

10-065

**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.

**ORIGINAL RECEIVED****Facility/Project Identification**

Facility Name:	Park Pointe - South Elgin Healthcare & Rehabilitation Center	SEP 2 2010
Street Address:	SWC IL. Route 25 and East Middle Street	
City and Zip Code:	South Elgin	
County:	Kane	Health Service Area : 8

Health Planning Area: KANE  
ILLINOIS HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Applicant /Co-Applicant Identification**

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

Exact Legal Name:	South Elgin Real Estate Holdings I, L.L.C. and South Elgin Healthcare & Rehabilitation Center, L.L.C.
Address:	999 Oakmont Plaza Drive, Suite 540 Westmont, Illinois, 60559
Name of Registered Agent:	National Registered Agents, Inc.
Name of Chief Executive Officer:	Kim Westerkamp, Manager
CEO Address:	Same as above
Telephone Number:	630-655-9104

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

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

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

**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:	Kim Westerkamp
Title:	Manager
Company Name:	South Elgin Real Estate Holdings I, L.L.C.
Address:	999 Oakmont Plaza Drive, Suite 540, Westmont, Illinois 60559
Telephone Number:	630-655-9104
E-mail Address:	Kim@prismhealthcaregroup.com
Fax Number:	630-655-9104

**Additional Contact**

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

Name:	Anthony Tiritilli
Title:	Director of Development
Company Name:	Prism Healthcare Management Group
Address:	999 Oakmont Plaza Drive, Suite 540, Westmont, Illinois 60559
Telephone Number:	630-655-9104 or 312-343-3522 Mobile
E-mail Address:	anthony@prismhealthcaregroup.com
Fax Number:	630-655-9104

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City and Zip Code:	South Elgin		
County:	Kane	Health Service Area :	8
		Health Planning Area:	KANE

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Name of Chief Executive Officer:	Kim Westerkamp, Manager
CEO Address:	Same as above
Telephone Number:	630-655-9104

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

<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

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Name:	Kim Westerkamp
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E-mail Address:	Kim@prismhealthcaregroup.com
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Address:	999 Oakmont Plaza Drive, Suite 540, Westmont, Illinois 60559
Telephone Number:	630-655-9104 or 312-343-3522 Mobile
E-mail Address:	anthony@prismhealthcaregroup.com
Fax Number:	630-655-9104

**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:	Rita Bonnici Borsellino
Title:	Director of Finance
Company Name:	South Elgin Real Estate Holdings, L.L.C.
Address:	999 Oakmont Plaza Drive, Suite 540, Westmont, Illinois 60559
Telephone Number:	630-655-9104
E-mail Address:	Rita@prismhealthcaregroup.com
Fax Number:	630-655-9104

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Bluff City, L.L.C - Member of South Elgin Real Estate Holdings I, L.L.C.
Address of Site Owner:	2250 Southwind Blvd, Bartlett, IL 60103
Street Address or Legal Description of Site:	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 <u>ATTACHMENT-2</u> , 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:	South Elgin Healthcare & Rehabilitation Center, L.L.C.		
Address:	999 Oakmont Plaza Drive, Suite 540, Westmont, Illinois 60559		
<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 <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , 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.

**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)]

## Part 1110 Classification:

- Substantive  
 Non-substantive

Part 1120 Applicability or Classification:  
[Check one only.]

- Part 1120 Not Applicable  
 Category A Project  
 Category B Project  
 DHS or DVA Project



## 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.

**This project is classified as SUBSTANTIVE as this project is for the establishment of the General Long-Term Care category of service and not a construction project that is solely and entirely limited in scope as identified in the 77 IAC 1110.40.**

The Applicant (South Elgin Real Estate Holdings I, LLC) and the Operating Entity/Licensee (South Elgin Healthcare & Rehabilitation Center, LLC) are proposing to develop a state-of-art, 120 bed skilled nursing facility at the Southwest Corner of Illinois Route 25 and East Middle Street in South Elgin, Kane County, Illinois.

The proposed facility will be commonly known as Park Pointe - South Elgin Healthcare and Rehabilitation Center and will be both Medicare and Medicaid certified. The 120 beds at the facility will have a mix as follows: 90 skilled nursing beds (24 semi-private rooms and 42 private rooms) as well as 30 Medicare beds all of which will be private rooms. Not only will the 30 Medicare rooms be private, the entire Medicare Wing will be its own "neighborhood" or "household" including common areas, dining, etc. and will be completely separate from the other skilled nursing units. All 120 units have their own bathroom. Additional services provided include physical, speech and occupational therapy in a cutting edge, professionally staffed and fully equipped inpatient and outpatient rehabilitation center.

The physical plant will be of a single story design, which improves maneuverability and safety for our residents, containing a total gross building area of 82,030 square feet and has a total project cost (not including land) of \$21,711,784.

This state-of-art facility includes a commercial kitchen servicing multiple private dining rooms, nursing stations, a physical and occupational therapy center, recreation and activity areas, family rooms, outdoor areas in controlled and secured courtyards, spa bathing rooms, administrative/support offices, beauty/barber and gift shops.

The Park Pointe - South Elgin Healthcare and Rehabilitation Center has been designed from the ground-up to capitalize on the latest trends and advancements in design, equipment, and operations to provide the residents with unparalleled care in an environment that will dramatically improve their overall quality of life. The fully integrated approach to design allows for the functional needs of the staff to be met while still providing for the physical, social and psychological needs of the residents.

Furthermore, the proposed skilled nursing facility is to be part of a larger "senior campus" that will also include 60 assisted living units (ALF) and 60 memory care units (ALZ) for an additional 120 beds on the one campus. This is very significant as the ALF and ALZ components of the campus will most definitely provide a direct referral source for the proposed subject skilled nursing facility.

Lastly, it is important to note that this project is being financed in large part through a \$14,880,000 RECOVERY FACILITY BOND ALLOCATION WHICH IS PART OF THE "AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009". The allocation is being awarded to this project by Kane County and represents 60% of their total Recovery Bond Allocation of \$25.2m. Being that this project received such a large percentage of the total amount available indicates the extent to which Kane County desires this new project within its boundaries. It is important to note that the Applicant is seeking Approval of the Certificate of Need prior to year as the Recovery Facility Bond Program is scheduled to expire on December 31, 2010.

**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>NON-CLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$ 44,240	\$ 11,760	\$ 56,000
Site Survey and Soil Investigation	\$ 7,900	\$ 2,100	\$ 10,000
Site Preparation	\$ 395,000	\$ 105,000	\$ 500,000
Off Site Work	\$ 316,000	\$ 84,000	\$ 400,000
New Construction Contracts	\$ 10,724,764	\$ 2,850,887	\$ 13,575,650
Modernization Contracts	\$ -	\$ -	\$ -
Contingencies	\$ 703,175	\$ 186,920	\$ 890,096
Architectural/Engineering Fees	\$ 518,559	\$ 137,845	\$ 656,404
Consulting and Other Fees	\$ 1,631,620	\$ 433,722	\$ 2,065,342
Movable or Other Equipment (not in construction contracts)	\$ 1,142,571	\$ 303,721	\$ 1,446,292
Bond Issuance Expense (project related)	\$ 474,000	\$ 126,000	\$ 600,000
Net Interest Expense During Construction (project related)	\$ 1,028,580	\$ 273,420	\$ 1,302,000
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ 165,900	\$ 44,100	\$ 210,000
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ -
<b>TOTAL USES OF FUNDS</b>	<b>\$ 17,152,309</b>	<b>\$ 4,559,475</b>	<b>\$ 21,711,784</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NON-CLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$ -	\$ -	\$ -
Pledges	\$ -	\$ -	\$ -
Gifts and Bequests	\$ -	\$ -	\$ -
Bond Issues (project related)	\$ 15,444,500	\$ 4,105,500	\$ 19,550,000
Mortgages	\$ -	\$ -	\$ -
Leases (fair market value)	\$ -	\$ -	\$ -
Governmental Appropriations	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -
Other Funds and Sources - Land Value, Dev Fee	\$ 1,707,809	\$ 453,975	\$ 2,161,784
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$ 17,152,309</b>	<b>\$ 4,559,475</b>	<b>\$ 21,711,784</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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	2,750,000 _____	

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 \$ 1,840,655

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

<input type="checkbox"/> None or not applicable	<input checked="" type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working

Anticipated project completion date (refer to Part 1130.140): September, 2012

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

Purchase orders, leases or contracts pertaining to the project have been executed.  
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies  
 Project obligation will occur after permit issuance.

**APPEND DOCUMENTATION AS ATTACHMENT-8, 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>CLINICAL AREAS:</b>				<b>BGSF</b>			
Nursing							
Patient Bedrooms	\$6,676,314			25,224			
Patient Bathrooms & Assisted Bathing	\$1,722,544			8,508			
Nurse Station, Medication Room & Oxygen	\$330,322			1,248			
Living, Dining, Activity Rooms	\$2,490,119			9,408			
Exam Room	\$101,373			383			
P.T. & O.T.	\$828,452			3,130			
Kitchen & Food Service	\$812,306			3,069			
Laundry	\$301,207			1,138			
Housekeeping	\$33,879			128			
Soiled & Clean Utility, Soiled Linen & Clean Linen	\$383,787			1,450			
Beauty Shop	\$80,198			303			
Corridor / Public Toilets	\$3,391,808			13,143			
<b>TOTAL CLINICAL</b>	<b>\$17,152,309</b>			<b>65,132</b>			
<b>NON-CLINICAL AREAS:</b>				<b>BGSF</b>			
Office, Administration & Conference Room	\$1,467,471			5,216			
Employee Lounge	\$153,515			580			
Mechanical & Electrical	\$549,213			2,075			
Lobby & Reception	\$553,448			2,091			
Storage & Maintenance	\$708,551			2,877			
Corridor & Public Toilets	\$961,321			3,632			
Structure & Miscellaneous	\$165,955			627			
<b>TOTAL NON-CLINICAL</b>	<b>\$4,559,475</b>			<b>16,898</b>			
<b>GRAND TOTAL</b>	<b>\$21,711,784</b>			<b>82,030</b>			

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

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. 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:</b> South Elgin Healthcare & Rehab Ctr.		<b>CITY:</b> South Elgin			
<b>REPORTING PERIOD DATES:</b> From: _____ to: _____					
<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					
Specialized Long Term Care					
Long Term Acute Care				120	120
Other ((identify))					
<b>TOTALS:</b>				120	120

**CERTIFICATION**

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

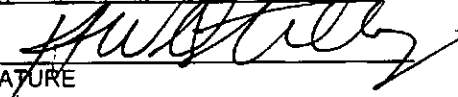
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of 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.

South Elgin Real Estate Holdings I, L.L.C. and

**This Application for Permit is filed on the behalf of South Elgin Healthcare & Rehabilitation Center, 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.

SOUTH ELGIN REAL ESTATE HOLDINGS I, L.L.C.

SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER, L.L.C.

  
SIGNATURE

  
SIGNATURE

Kim Westerkamp  
PRINTED NAME

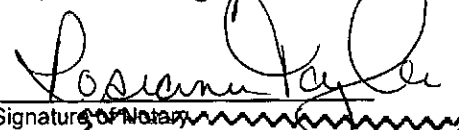
Kim Westerkamp  
PRINTED NAME

Manager  
PRINTED TITLE

Manager  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 16<sup>th</sup> day of September

Notarization:  
Subscribed and sworn to before me  
this 16<sup>th</sup> day of September

  
Signature of Notary

  
Signature of Notary

Seal

Official Seal  
 Roseann Taylor  
 Notary Public State of Illinois  
 My Commission Expires 08/04/2012

Seal

Official Seal  
 Roseann Taylor  
 Notary Public State of Illinois  
 My Commission Expires 08/04/2012

\*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?
SEE ATTACHMENT - 14				

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	SEE ATTACHMENT - 15				
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:

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

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

**ASSURANCES:**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA**

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

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

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

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

Indicate # of beds changed by

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> General Long Term Care		120

2. 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
<b>APPEND DOCUMENTATION AS ATTACHMENT-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>					

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:**

<u>\$0.00</u>	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>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</li> <li>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;</li> </ol>
<u>\$0.00</u>	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.
<u>\$0.00</u>	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>\$19,550.00.00</u>	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: <ol style="list-style-type: none"> <li>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;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; (see ATTACHMENT 39-A &amp; 39-B)</li> <li>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.;</li> <li>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;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
<u>\$0.00</u>	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;
<u>\$0.00</u>	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>\$2,161,784.00</u>	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.(Deferred Developer Fee and Contributed Value of Land)
<u>\$21,711,784.00</u>	<b>TOTAL FUNDS AVAILABLE</b>	

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
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
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

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.

**OWNER - South Elgin Real Estate Holdings I, LLC**

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				2014
Current Ratio				18.62
Net Margin Percentage				21.75%
Percent Debt to Total Capitalization				76%
Projected Debt Service Coverage				2.07
Days Cash on Hand				590
Cushion Ratio				1.63

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.**

## OWNER - South Elgin Real Estate Holdings I, LLC

South Elgin Healthcare & Rehabilitation Projected Ratio Analysis CY 2014	Owner
<b>Current Ratio</b>	
1. Current Assets	\$ 2,234,114
2. Current Liabilities	\$ 120,000
3. Current Ratio (Line 1 divided by Line 2)	\$ 18.62
<b>Net Margin Percentage</b>	
4. Net Income or (Loss)	\$ 652,614
5. Net Operating Revenue	\$ 3,000,000
6. Net Margin Percentage (Line 4 divided by Line 5)	21.75%
<b>Projected Debt Service</b>	
7. Net Income (Loss) + Depr+ Interest + Amortization	\$ 2,830,000
8. Principal & Interest	\$ 1,368,500
9. Debt Service Coverage Ratio (Line 7 divided by Line 8)	2.07
<b>% Debt to Total Capitalization</b>	
10. Long Term Debt	\$ 19,550,000
11. Long Term Debt & Equity	\$ 25,761,291
12. Debt Capitalization Ratio (Line 10 divided by Line 11)	0.76
<b>Days Cash on Hand</b>	
13. Cash & Investments	\$ 2,234,114
14. Operating Expense less Depr/365	\$ 3,783.51
15. Days Cash on Hand (Line 13 divided by Line 14)	590
<b>Cushion Ratio</b>	
16. Cash & Investments	\$ 2,234,114
17. Max Annual Debt Service	\$ 1,368,500
18. Cushion Ratio (Line 16 divided by Line 17)	\$ 1.63



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
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
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

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.

**OPERATOR - South Elgin Healthcare & Rehabilitation Center, LLC**

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				2014
Current Ratio				2.12
Net Margin Percentage				7.31%
Percent Debt to Total Capitalization				0%
Projected Debt Service Coverage				17.00
Days Cash on Hand				45
Cushion Ratio				18.78

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.**

## OPERATOR - South Elgin Healthcare & Rehab Center

South Elgin Healthcare & Rehabilitation Projected Ratio Analysis CY 2014	Operator
<b>Current Ratio</b>	
1. Current Assets	\$ 3,067,083
2. Current Liabilities	\$ 1,448,661
3. Current Ratio	\$ 2.12
(Line 1 divided by Line 2)	
<b>Net Margin Percentage</b>	
4. Net Income or (Loss)	\$ 815,860
5. Net Operating Revenue	\$ 11,156,062
6. Net Margin Percentage	7.31%
(Line 4 divided by Line 5)	
<b>Projected Debt Service</b>	
7. Net Income (Loss) + Depr+ Interest + Amortization	\$ 815,860
8. Principal & Interest	\$ 48,000
9. Debt Service Coverage Ratio	17.00
(Line 7 divided by Line 8)	
<b>% Debt to Total Capitalization</b>	
10. Long Term Debt	\$ -
11. Long Term Debt & Equity	\$ 1,618,422
12. Debt Capitalization Ratio	0.00
(Line 10 divided by Line 11)	
<b>Days Cash on Hand</b>	
13. Cash & Investments	\$ 901,500
14. Operating Expense less Depr/365	\$ 19,978.64
15. Days Cash on Hand	45
(Line 13 divided by Line 14)	
<b>Cushion Ratio</b>	
16. Cash & Investments	\$ 901,500
17. Max Annual Debt Service	\$ 48,000
18. Cushion Ratio	\$ 18.78
(Line 16 divided by Line 17)	

**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
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
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

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.

**COMBINED – Owner & Operator**

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
<b>Enter Historical and/or Projected Years:</b>				<b>2014</b>
Current Ratio				<b>3.38</b>
Net Margin Percentage				<b>10.0%</b>
Percent Debt to Total Capitalization				<b>71%</b>
Projected Debt Service Coverage				<b>2.57</b>
Days Cash on Hand				<b>132</b>
Cushion Ratio				<b>2.21</b>

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.**

## Combined - Owner & Operator Ratios

South Elgin Healthcare & Rehabilitation Projected Ratio Analysis CY 2014	Combined
<b>Current Ratio</b>	
1. Current Assets	\$ 5,301,197
2. Current Liabilities	\$ 1,568,661
3. Current Ratio	\$ 3.38
(Line 1 divided by Line 2)	
<b>Net Margin Percentage</b>	
4. Net Income or (Loss)	\$ 1,468,473
5. Net Operating Revenue	\$ 14,156,062
6. Net Margin Percentage	\$ 0.10
(Line 4 divided by Line 5)	
<b>Projected Debt Service</b>	
7. Net Income (Loss) + Depr+ Interest + Amortization	\$ 3,645,860
8. Principal & Interest	\$ 1,416,500
9. Debt Service Coverage Ratio	\$ 2.57
(Line 7 divided by Line 8)	
<b>% Debt to Total Capitalization</b>	
10. Long Term Debt	\$ 19,550,000
11. Long Term Debt & Equity	\$ 27,379,713
12. Debt Capitalization Ratio	\$ 0.71
(Line 10 divided by Line 11)	
<b>Days Cash on Hand</b>	
13. Cash & Investments	\$ 3,135,614
14. Operating Expense less Depr/365	\$ 23,762
15. Days Cash on Hand	132
(Line 13 divided by Line 14)	
<b>Cushion Ratio</b>	
16. Cash & Investments	\$ 3,135,614
17. Max Annual Debt Service	\$ 1,416,500
18. Cushion Ratio	\$ 2.21
(Line 16 divided by Line 17)	

**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
- 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**

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).

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	Foot Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
<b>See Attachment - 42</b>									
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.

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/Co-Applicant Identification including Certificate of Good Standing	27-28
2	Site Ownership	29-33
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	34
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	35
5	Flood Plain Requirements	36-37
6	Historic Preservation Act Requirements	38-39
7	Project and Sources of Funds Itemization	40-41
8	Project Status & Completion Schedule	42
9	Cost Space Requirements	Body of Report
11	Background of the Applicant	43-62
12	Purpose of the Project	63-68
13	Alternatives to the Project	69-70
14	Size of the Project	71-77
15	Project Service Utilization	78
16	Unfinished or Shell Space	79
17	Assurances for Unfinished/Shell Space	80
	<b>Service Specific:</b>	
28	General Long Term Care	81-515
	<b>Financial and Economic Feasibility:</b>	
39	Availability of Funds	516-521
40	Financial Waiver	522
41	Financial Viability	523-535
42	Economic Feasibility	536-543

**Type of Ownership of Applicant– Attachment 1**

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- 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.

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The Applicant for the Park Pointe - South Elgin Healthcare and Rehabilitation Center is South Elgin Real Estate Holding I, L.L.C which is a newly formed entity organized in Illinois as a Limited Liability Company with the sole intentions of owning the above cited facility. The certificate of good standing is attached.

The Co-Applicant for the proposed project is South Elgin Healthcare and Rehabilitation Center, L.L.C. which is also a newly formed entity organized in Illinois as a Limited Liability Company with the sole intentions of operating the above cited facility. The ownership structure and the certificate of good standing are appended to the application (See ATTACHMENT 3 – Operating Identity/Licensee).

**South Elgin Real Estate Holdings I, L.L.C.: Ownership Structure**

	<b>Ownership/ Membership</b>	<b>Manager or Member</b>
<b>Prism South Elgin Real Estate Holdings I, L.L.C.</b>	<b>80%</b>	<b>Manager</b>

**Members: of Prism South Elgin Real Estate Holdings I, L.L.C.**

Mr. Lewis Borsellino 999 Oakmont Plaza Drive Suite 540 Westmont, Illinois 60559	80%	Co-Manager*
Mrs. Kim Westerkamp 999 Oakmont Plaza Drive Suite 540 Westmont, Illinois 60559	20%	Co-Manager*

\*Manager of B&W Real Estate Holdings – South Elgin I

**ATTACHMENT -1**



<b>Bluff City, L.L.C.</b>	<b>20%</b>	<b>Member</b>
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**Members: of Bluff City, L.L.C.**

The 1992 Mike Vondra Trust Trustee William E. Haworth 2250 Southwind Blvd Bartlett, Illinois 60103	92.90%	Member
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Michael P. Vondra, Personally 1021 Fox Glen Drive St. Charles, IL 60174	4.00%	Member
---	-------	--------

5555 Ventures, LLC 2250 Southwind Blvd Bartlett, Illinois 60103	2.50%	Member
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Bluff City Material, Inc 2252 Southwind Blvd Bartlett, IL 60103	0.60%	Member
---	-------	--------

**Managers: of Bluff City, L.L.C.**

Mike Vondra	Manager
William E. Haworth	Manager
Dean Kelley	Manager

**ATTACHMENT - 2**

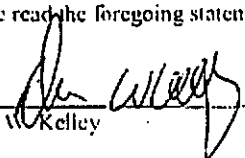
**PROOF OF OWNERSHIP**

I, Dean W. Kelley, being the Manager of BLUFF CITY, LLC, do hereby certify that BLUFF CITY, LLC is the sole owner of the following property: -

County of Record: Kane County, Illinois  
Property Tax ID/Parcel No.: 06-36-400-031  
Property Description: Southwest Corner of Illinois Route 25 and Middle Street/West Bartlett Road  
Acreage: 42.619 acres more or less

Attached is a copy of the Kane County 2009 Property Tax Bill payable in 2010.

I have read the foregoing statement and it is true and correct.

  
\_\_\_\_\_  
Dean W. Kelley

July 1, 2010  
Date

State of Illinois }  
County of Kane } ss

Subscribed and Sworn to before me  
this 1<sup>st</sup> day of July, 2010.

  
\_\_\_\_\_  
Notary Public



# PROPERTY INSIGHT, LLC.

A California Limited Liability Company

505 E NORTH AVENUE, CAROL STREAM, IL 60188

(630) 588-4870

## TRACT INDEX SEARCH

PROPERTY INSIGHT  
505 E NORTH AVE  
CAROL STREAM, ILLINOIS 60188  
DONNA ELISCHER @ BLUFF CITY LLC

Order No.: 1404 C562719 SSS  
Cover Date: AUGUST 26, 2010  
Ref: D ELISCHER - SWC MIDDLE ST & RT 25, ELGIN

JMM

Legal Description of Land Searched: (See Attached)

Permanent Tax Number (P.I.N.):  
06-36-400-031

Street Address of Land Search (as furnished by Applicant):  
SWC MIDDLE STREET & ROUTE 25  
SOUTH ELGIN, ILLINOIS

Grantee(s) in last recorded conveyance:  
BLUFF CITY LLC

In accordance with the application, a search of tract indices discloses the following items.

DOCUMENT/CASE NO.:	2004K164612
GRANTOR:	COLE TAYLOR BANK AS TRUSTEE UNDER TRUST AGREEMENT DATED SEPTEMBER 15, 1989 KNOWN AS TRUST NUMBER 94580
GRANTEE:	BLUFF CITY LLC
INSTRUMENT:	TRUSTEE'S DEED
DATE:	09/02/2004
RECORDED:	12/27/2004

NO APPARENT UNRELEASED MORTGAGES, TRUST DEEDS, MECHANICS' LIEN CLAIMS OR OTHER  
PROPERTY LIENS FOUND OF RECORD.

## ATTACHMENT-2

PROPERTY INSIGHT

By: 

SEE ATTACHED FOR TERMS AND CONDITIONS OF SEARCH AND EXPLANATION OF ABBREVIATIONS

This is not a title insurance policy, guarantee, or opinion of title and should not be relied upon as such.



# PROPERTY INSIGHT, LLC.

A California Limited Liability Company

505 E NORTH AVENUE, CAROL STREAM, IL 60188

## TRACT INDEX SEARCH

Order No.: 1404 C562719 SSS

Additional Tax Numbers:

### Legal Description:

THAT PART OF SECTION 36, TOWNSHIP 41 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED AS FOLLOWS: COMMENCING AT THE POINT OF INTERSECTION OF THE EAST LINE OF THE AURORA, ELGIN AND CHICAGO RAILWAY COMPANY PER DOCUMENT NUMBER 52794 RECORDED SEPTEMBER 21, 1901 IN KANE COUNTY, ILLINOIS AND THE CENTERLINE OF VACATED MIDDLE STREET AS IT WAS MONUMENTED AND OCCUPIED PER DOCUMENT NUMBER 90K05692 RECORDED JANUARY 31, 1990; THENCE NORTH 89 DEGREES 47 MINUTES 25 SECONDS EAST ALONG SAID CENTERLINE OF MIDDLE STREET, A DISTANCE OF 300.52 FEET TO A POINT LYING 300 FEET NORMALLY DISTANT FROM THE EASTERLY LINE OF SAID AURORA, ELGIN AND CHICAGO RAILWAY COMPANY FOR THE POINT OF BEGINNING; THENCE CONTINUING NORTH 89 DEGREES 47 MINUTES 25 SECONDS EAST ALONG SAID CENTER LINE OF VACATED MIDDLE STREET, A DISTANCE OF 1097.86 FEET TO THE CENTERLINE OF ILLINOIS ROUTE 25; THENCE SOUTHERLY ALONG THE CENTERLINE OF ILLINOIS ROUTE 25, ALONG A CURVE TO THE RIGHT, HAVING A RADIUS OF 375,714.50 FEET, A DISTANCE OF 1805.00 FEET; THENCE SOUTH 88 DEGREES 37 MINUTES 14 SECONDS WEST ALONG A LINE PARALLEL WITH THE SOUTH LINE OF SAID SECTION 36, A DISTANCE OF 1289.39 FEET TO A POINT 300 FEET NORMALLY DISTANT FROM THE EASTERLY LINE OF SAID AURORA, ELGIN AND CHICAGO RAILWAY COMPANY; THENCE NORTH 03 DEGREES 10 MINUTES 03 SECONDS EAST ALONG A LINE PARALLEL WITH AND 300 FEET NORMALLY DISTANT FROM THE EASTERLY LINE OF SAID AURORA, ELGIN AND CHICAGO RAILWAY COMPANY, A DISTANCE OF 1832.59 FEET TO THE POINT OF BEGINNING; EXCEPT THAT PORTION OF THE ABOVE PARCEL LYING NORTH OF THE SOUTHERLY LINE OF RELOCATED MIDDLE STREET, AS PER DOCUMENT NUMBERS 95K011266 AND 95K011268 AND ALSO EXCEPT THAT PORTION OF THE ABOVE PARCEL LYING EAST OF THE WEST LINE OF ILLINOIS ROUTE 25, IN THE VILLAGE OF SOUTH ELGIN, KANE COUNTY, ILLINOIS.



David J. Ricker Kane County Treasurer  
 Make Checks Payable to: KANE COUNTY TREASURER  
 Please remit to: P.O. Box 4025, Geneva, IL 60134-4025

Parcel Number: 06-38-400-031



1st Installment for 2009

**DUE BY 06/01/10 \$10,394.50**

BLUFF CITY LLC  
 2250 SOUTHWIND BLVD  
 BARTLETT, IL 60103

ABATEMENT  
 PENALTY  
 OTHER FEES  
**TOTAL DUE** Paid on 5/26/2010

0636400031200010394600603302



David J. Ricker Kane County Treasurer  
 Make Checks Payable to: KANE COUNTY TREASURER  
 Please remit to: P. O. Box 4025, Geneva, IL 60134-4025

Parcel Number: 06-38-400-031



2nd Installment for 2009

**DUE BY 09/01/10 \$10,394.00**

2nd  
 2  
 0  
 0  
 9

"DUPLICATE"

BLUFF CITY LLC  
 2250 SOUTHWIND BLVD  
 BARTLETT, IL 60103

ABATEMENT  
 PENALTY  
 OTHER FEES  
**TOTAL DUE** Paid on

0636400031200010394600903309

Check here for address change - Please complete and sign form on back

Rate 2008	Tax 2008	Taxing District	Rate 2009	Tax 2009	Parcel Number	TYP BASE	N/A	
0.27458	\$719.52	KANE COUNTY	0.28314	\$802.74	06-38-400-031	FAIR CASH VALUE	N/A	
0.45398	\$118.29	KANE COUNTY PENSION	0.50880	\$140.71		Paying List	LAND VALUE	850,617
0.19693	\$528.82	KANE FOREST PRESERVE	0.19376	\$544.52		Payable amount	LAND VALUE	283,530
0.80314	\$8.83	KANE FOREST PRESERVE PENSION	0.00418	\$11.71		Jan 2 Thru Jul 1	BUILDING VALUE	0
0.46808	\$117.42	ELGIN TOWNSHIP	0.08798	\$191.11		Jul 2 Thru Aug 1	HOME IMPROVEMENT	0
0.80314	\$8.83	ELGIN TOWNSHIP PENSION	0.00321	\$8.90		Aug 2 Thru Sept 1	ASSESSED VALUE	283,530
0.80083	\$142.77	ELGIN TWP ROAD DIST	0.05107	\$144.81		Sept 2 Thru Oct 1	STATE MULTIPLE	1.000000
0.80108	\$12.86	ELGIN TWP ROAD DIST PENSION	0.00138	\$3.71		Oct 2 Thru Oct 31	EQUALIZED VALUE	283,530
0.80008	\$1.09	SOUTH ELGIN VILLAGE	0.18821	\$511.28		County of Kane, Illinois, within which, above parcel is located	HOMESTEAD EXEMPTION	0
0.80008	\$1.09	SOUTH ELGIN VILLAGE PENSION	0.18821	\$511.28		City of Elgin, Illinois, within which, above parcel is located	SENIOR EXEMPTION	0
4.40043	\$11,477.85	ELGIN SCH DIST 148	4.40148	\$11,478.92		Mail To:	OTHER EXEMPTIONS	0
0.17616	\$498.86	ELGIN SCH DIST 148 PENSION	0.14798	\$418.82		BLUFF CITY LLC	FARM LAND	0
0.32283	\$916.83	ELGIN COLLEGE SCH	0.37883	\$1,074.61		2250 SOUTHWIND BLVD	FARM BUILDING	0
0.88487	\$111.88	ELGIN COLLEGE SCH PENSION	0.80438	\$112.75		BARTLETT, IL 60103	FIREYACQUES VAL	283,530
0.83198	\$1,886.16	BARTLETT PARK DISTRICT	4.37981	\$1,267.89		Property Location:	TAX RATE	7.332039
0.83198	\$28.77	BARTLETT AMK DISTRICT PENSION	0.02183	\$57.89		Parcel Number:	CURRENT TAX	\$20,789.20
0.79428	\$633.86	OAK BORDEN LIBRARY	0.21213	\$527.86		Other Fees:	DISCOUNT	\$0.00
0.02248	\$68.83	OAK BORDEN LIBRARY PENSION	0.82483	\$237.86	Abatement	BACK TAX/FORM AMOUNT	\$0.00	
0.49148	\$1,392.88	SOUTH ELGIN FIRE DISTRICT	0.88819	\$1,434.46	Penalty	ENTERPRISE ZONE	\$0.00	
0.02228	\$63.08	SOUTH ELGIN FIRE DISTRICT PENSION	0.02947	\$82.21	Other Fees	<b>TOTAL TAX DUE</b>	\$20,789.20	

2009 Kane County Real Estate Tax Bill  
 David J. Ricker, County Treasurer  
 218 S. Main Avenue, 11th Fl.  
 Geneva, IL 60134

David J. Rickert, CPA  
Kane County Treasurer



719 South Batavia Ave  
Geneva, Illinois 60134

**Kane County 2009 Payable 2010 Property Taxes**

Parcel	06-38-400-031	
Property Location . IL	Mailing Address BLUFF CITY LLC 2250 SOUTHWIND BLVD BARTLETT, IL 60103-	Tax Rate 7.332039 Tax Code EL-015

	1st Installment Due 8/1/2010	2nd Installment Due 9/1/2010	Total
Tax Amount	10,394.60	10,394.60	20,789.20
Abated Amount (-)	0.00	0.00	0.00
Penalty Amount (+)	0.00	0.00	0.00
Additional Costs (+)	0.00	0.00	0.00
Amount Due	10,394.60	10,394.60	20,789.20
Paid Amount	10,394.60	0.00	10,394.60
Paid Date	05/26/2010	UNPAID	

**Net Taxable Value**

Equalized Assessed Value (EVA)		283,539
Senior Assessment Freeze (-)		0
Senior Exemption (-)		0
Homestead Exemption (-)		0
Other Adjustments (-)		0
Net Taxable Value		283,539

Kane County Clerk, John A. Cunningham  
Tax Redemption Department 630/232-5964

**Tax Sale/Redemption Information:**

**Tax History**

Year	Base Tax Due
Current Year	20789.20
2008	16883.96
2007	17665.58

<http://www.co.kane.il.us/TaxAssessment/PrintPage.aspx?ParcelNumber=0636400031>

7/1/2010

**Operating Identity/Licensee – Attachment 3**

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- 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.
- 

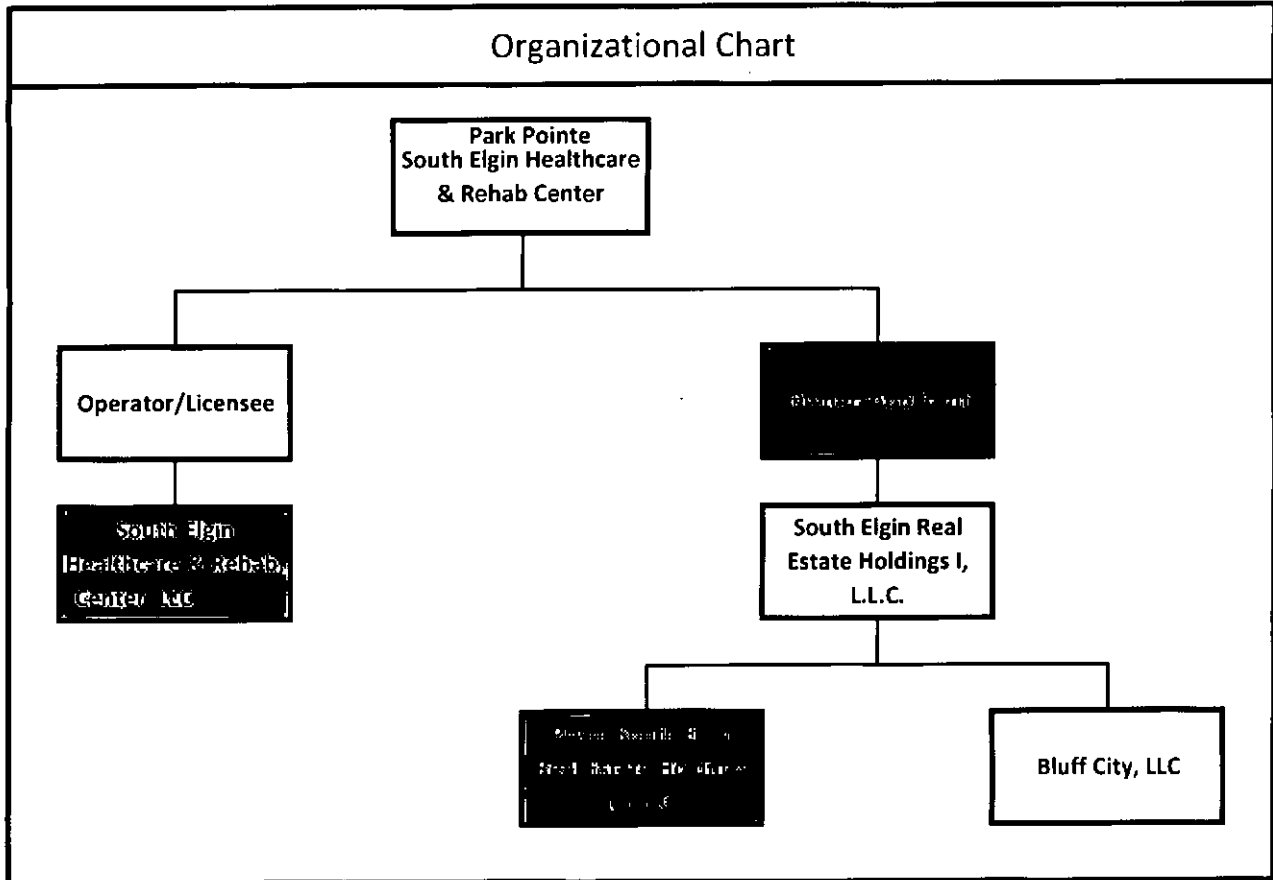
The Operator for the Park Pointe - South Elgin Healthcare and Rehabilitation Center is the South Elgin Healthcare and Rehabilitation Center, L.L.C. which is newly formed entity organized in the State of Illinois as a Limited Liability Company with the sole intentions of operating the above cited facility. The certificate of good standing is attached.

**South Elgin Healthcare & Rehabilitation Center, L.L.C Ownership Structure**

	<b>Ownership/ Membership</b>	<b>Manager or Member</b>
Mr. Lewis Borsellino 999 Oakmont Plaza Drive Suite 540 Westmont, Illinois 60559	80%	Co-Manager
Mrs. Kim Westerkamp 999 Oakmont Plaza Drive Suite 540 Westmont, Illinois 60559	20%	Co-Manager

**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.



**Organizational Structure:**

- South Elgin Real Estate Holding I, L.L.C will own the real estate as Lessor and lease the property to South Elgin Healthcare & Rehabilitation Center, L.L.C.
- South Elgin Healthcare & Rehabilitation Center, L.L.C. will be the Lessee and pay rent to South Elgin Real Estate Holdings I, L.L.C.

**Related Person or Entity:**

- The related Entities are Prism South Elgin Real Estate Holdings I, L.L.C. and South Elgin Healthcare & Rehabilitation Center, L.L.C.
- The related person(s) are as follows:
  - Mr. Lewis Borsellino: 80% membership interest in both entities
  - Ms. Kim Westercamp: 20% Membership interest in both entities

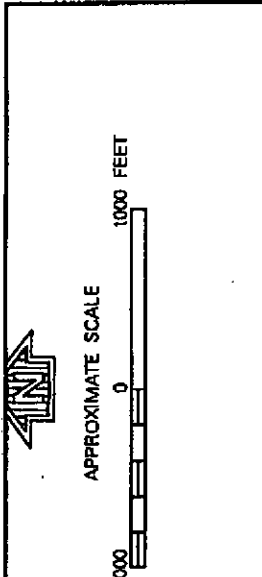


## Flood Plain Requirements

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>).

Per the attached Floor Insurance Rate Map, the property is located in a Zone X (unshaded) which is not in a Special Flood Area and is not located in a designated 100-year floodplain.

As a result, it does not fall under the requirements of Executive Order #2005-5 and is "in compliance".



**NATIONAL FLOOD INSURANCE PROGRAM**

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

PANEL 280 OF 410  
 (SEE MAP INDEX FOR PANELS NOT PRINTED)


CONTAINS:

COMMUNITY	SUBSIDIZED	PANEL	SHEET
KANE COUNTY	THREE	ONE	7
SOUTH ELGIN, VILLAGE OF	THREE	ONE	7
ST. CHARLES, CITY OF	THREE	ONE	7

Notice: This map was prepared from data which is not  
 being used for any other purpose. The COMMUNITY MAPS  
 shown should be used for insurance purposes for the subject  
 community.

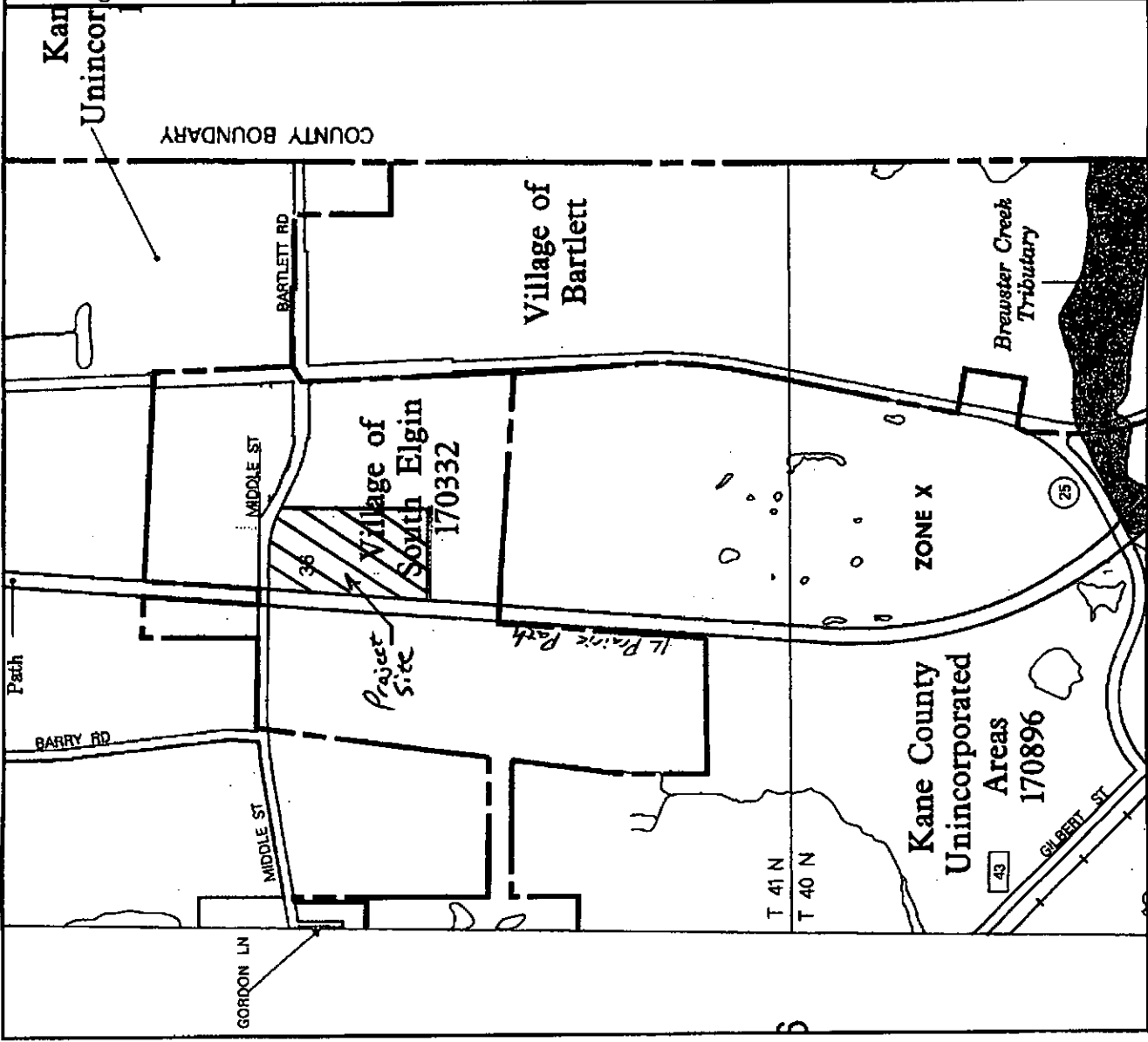
MAP NUMBER  
 1708960280F

EFFECTIVE DATE:  
 DECEMBER 20, 2002



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It  
 was extracted using F-EM On-Line. This map does not reflect changes  
 or amendments which may have been made subsequent to the date on the  
 title block. For the latest product information about National Flood Insurance  
 Program flood maps check the FEMA Flood Map Store at [www.fema.gov](http://www.fema.gov)



### Historic Resources Preservation Act Requirements

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

Attachment 5 (subsequent page) is a letter from the Illinois Historical Preservation Agency stating that **“based upon the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area”**.

Accordingly, this project is **EXEMPT** pursuant to the Illinois State Agency Historic Resources Preservation Act (**20 ICLS 3420m as amended, 17 IAC 4180**).



**Illinois Historic  
Preservation Agency**

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

Kane County  
South Elgin  
Illinois 25 and West Bartlett Road  
120 Bed Skilled Nursing Facility

PLEASE REFER TO: IHPA LOG #035082010

August 23, 2010

Ms. Rita Borsellino  
Prism Healthcare Group, Inc.  
Director of Finance  
999 Oakmont Plaza Drive, Suite 540  
Westmont, Illinois 60559

Dear Madam:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

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

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

AEH

**ATTACHMENT - 6**

*A teletypewriter for the speech/hearing impaired is available at 217-524-7128. It is not a voice or fax line.*

<b>Miscellaneous Project Cost</b>	
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<b>Preplanning Costs</b>	
Appraisal Market Study	\$ 15,000
Legal	\$ 10,000
Concept Design (Arch)	\$ 25,000
Due Diligence	\$ 6,000
	<b>\$ 56,000</b>

<b>Site Survey &amp; Soil Invest</b>	
Topo & Boundary Sruvey	\$ 6,500
Soil Testing	\$ 3,500
	<b>\$ 10,000</b>

<b>Site Prep</b>	
Clearing	\$ 25,000
Rough Grading & Earthwork	\$ 125,000
Utilities & Infrastrucutre	\$ 350,000
	<b>\$ 500,000</b>

<b>Off Site Work</b>	
Stormwater Detention	\$ 125,000
Roads & Paving	\$ 175,000
Utilities & Infrastrucutre	\$ 100,000
	<b>\$ 400,000</b>

<b>Consulting &amp; Other Fees</b>	
Legal & Consultants	\$ 265,000
Designer Fees	\$ 50,000
Developer Fee	\$ 1,750,342
	<b>\$ 2,065,342</b>

<b>Other Costs to be Capitalized</b>	
Utility Connection & Tap Fees	\$ 50,000
Printing Fees	\$ 10,000
Accounting/Certification Fees	\$ 20,000
Title & Recording	\$ 20,000
Bank Inspection Fees	\$ 15,000
RE Taxes During Construction	\$ 15,000
Property/Builders Risk Ins.	\$ 80,000
	<b>\$ 210,000</b>

EQUIPMENT BREAKDOWN	Cost	
	Item	Category Total
<b><u>Major Medical</u></b>		
Beds/Mattresses	\$ 240,000	
Therapy Equipment	\$ 60,000	
Medical Equipment Misc	\$ 276,000	
<b>Total</b>		<b>\$ 576,000</b>
<b><u>Major Non-Moveable - In GMP</u></b>		
Kitchen Equipment	\$ 450,000	
Laundry & Sanitation	\$ 80,000	
Wander Guard System	\$ 63,744	
Nurse Call System	\$ 67,606	
Outdoor Specialty Items	\$ 20,000	
Card Swipe	\$ 12,749	
Beauty Shop Equipment	\$ 10,000	
Misc. Non-Medical (Win Trmt, Cub Curt.)	\$ 156,000	
<b>Total</b>		<b>\$ 860,099</b>
<b><u>Major Moveable - Not in GMP</u></b>		
Phone Systems	\$ 60,000	
Computers	\$ 120,000	
FF&E		
Furniture & Fixtures	\$ 360,000	
Artwork	\$ 50,038	
Audio/Video	\$ 48,000	
Outdoor Furniture	\$ 50,000	
<b>Total</b>		<b>\$ 688,038</b>
<b><u>Minor Movable - Not in GMP</u></b>		
Linens	\$ 42,254	
Kitchen Smallwares	\$ 75,000	
Time Clock	\$ 5,000	
Misc	\$ 10,000	
<b>Total</b>		<b>\$ 182,254</b>
<b>Grand Total</b>		<b>\$ 2,306,391</b>

**Project Status and Completion Schedule**

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

Project obligation will occur after permit issuance. The anticipated project completion is September 2012. Also the architectural drawings are preliminary with construction documents in progress.

**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.

There are not any facilities owned and operated by the Applicant. However, it should be noted that there are healthcare facilities owned and operated by entities related to the Applicant according to 77 IAC 1110.230(a) showing that the applicant is fit, willing and able, and has the qualifications, background of character, to adequately provide a proper standard of health care service for the community. Copies of the licenses for the listed facilities are appended as ATTACHMENT 11-A:

**Skilled Nursing Facilities:**

- (1) **Morris Healthcare & Rehabilitation Center (Owner & Operator)**  
1223 Edgewater Drive  
Morris, Illinois 60450
- (2) **Amboy Healthcare & Rehabilitation Center (Owner & Operator)**  
15 W. Wasson Road  
Amboy, Illinois 61310
- (3) **Mattoon Healthcare & Rehabilitation Center (Lessee & Operator)**  
2121 South 9<sup>th</sup> Street  
Mattoon, Illinois 61938
- (4) **Dixon Healthcare & Rehabilitation Center (Lessee & Operator)**  
800 Division Street  
Dixon, Illinois 61021

**Supportive Living Facilities:**

- (1) **Morris Senior Living (Owner & Operator)**  
1221 Edgewater Drive  
Morris, Illinois 60450
- (2) **Timberlake Senior Living (Management Agreement)**  
2521 Empowerment Road  
Springfield, Illinois 62703



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 11-B is a notarized letter from each of the Applicant's related entities advising that no adverse action has been taken against the Applicant or against any healthcare facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of this 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.**

Appended as ATTACHMENT 11-C is a letter from each of the Applicants related entities authorizing access to any documents necessary to verify the information submitted herein.

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 provision is not applicable at this Applicant has not submitted any other application during this calendar year.

**State of Illinois 1993867**  
**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

EXPIRES DATE 11/05/2010	CATEGORY 863E	ID NUMBER D050898
----------------------------	------------------	----------------------

**LONG TERM CARE LICENSE  
 SKILLED  
 PROBATIONARY 142 TOTAL BEDS**

BUSINESS ADDRESS  
 MORRIS HEALTHCARE & REHABILITATION CENTER  
 MORRIS HEALTHCARE & REHAB CTR  
 1223 WEDGEMATER  
 MORRIS ILL 60450

EFFECTIVE DATE: 08/08/10

This license was issued pursuant to the authority of the State of Illinois

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois 1993867**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

EXPIRES DATE 11/05/2010	CATEGORY 863E	ID NUMBER D050898
----------------------------	------------------	----------------------

**LONG TERM CARE LICENSE  
 SKILLED  
 PROBATIONARY 142 TOTAL BEDS**

CT/CB/LC  
 MORRIS HEALTHCARE & REHAB CTR  
 1223 WEDGEMATER  
 MORRIS ILL 60450

FEE RECEIPT NO.



State of Illinois 1889522

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	ID. NUMBER
07/30/2010	BGBE	0047696
LONG TERM CARE LICENSE SKILLED 097		
UNRESTRICTED 097 TOTAL BEDS		

BUSINESS ADDRESS  
LICENSEE

AMBOY NURSING ACQUISITION & MANAGEMENT, L.L.C.

AMBOY NURSING ACQUISITION  
15 WEST WASSON ROAD  
AMBOY, IL 61310

EFFECTIVE DATE: 07/31/08

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



State of Illinois 1940528

Department of Public Health

LICENSE PERMIT, CERTIFICATION, REGISTRATION

The corporation whose name appears on this certificate has complied with the provisions of the Statutes and/or rules and regulations and is hereby authorized to practice as reported below.

DR. J. M. D.

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

EXPIRES	DATE	CLASS	ISSUE NO.
12/31/2018	01/05/2018	HCHS	0020095
LONG TERM CARE LICENSE			
148			
UNRESTRICTED 148 TOTAL BEDS			

BUSINESS ADDRESS

CHENIERE

HEALTHCARE & REHABILITATION CENTER

HEALTHCARE & REHAB CTR

1000 17TH STREET

SPRINGFIELD, IL 62760

TEL: 217-244-0000

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



02/23/10

DIXON HEALTHCARE & REHAB CTR  
800 DIVISION ST.  
DIXON IL 61021

FEE RECEIPT NO.

**State of Illinois 1971220**  
**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  
Beginning 03/18/10

EXPIRY DATE	CATEGORY	ID NUMBER
03/19/2011	RCPR	0050054

**LONG TERM CARE LICENSE**  
SKILLED  
097

**UNRESTRICTED 997 TOTAL BEDS**

**BUSINESS ADDRESS**  
**LICENSEE**  
**DIXON HEALTHCARE & REHABILITATION CENTER, LL**  
**DIXON HEALTHCARE & REHAB CTR**  
**800 DIVISION ST.**  
**DIXON IL 61021**

**EXPIRES DATE: 03/18/10**

For each additional licensee, contact the Department of Public Health at (618) 241-5987.

ATTACHMENT - 11-A1-a

**State of Illinois**  
**Department of Healthcare and Family Services**

**Supportive Living Program  
Certification**

This certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

Name Morris Senior Living

Address 1221 South Edgewater

City/State/Zip Morris, Illinois 60450

Number of Units 58 Maximum Number of Residents 76

Effective Date August 18, 2009

**Pat Quinn, Governor**  
**Barry S. Maram, Director**



**State of Illinois**  
**Department of Healthcare and Family Services**

**Supportive Living Program  
Certification**

This certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

Name Timberlake Senior Living

Address 2521 Empowerment Road

City/State/Zip Springfield, Illinois 62703

Number of Units 60 Maximum Number of Residents 109

Effective Date May 25, 2010

**Pat Quinn, Governor**

**Julie Hamos, Director**



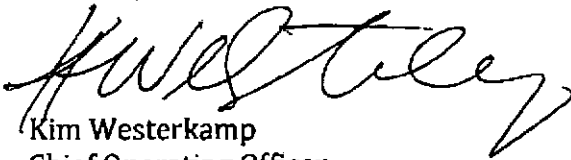
**Morris Senior Living LLC  
1221 Edgewater Drive  
Morris, IL 60450**

September 1, 2010


To Whom It May Concern:

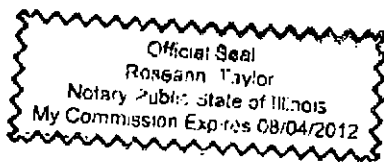
Morris Senior Living hereby certifies that no adverse action has been taken against the facility during the three (3) years prior to filing of the Certificate of Need Application.

Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me,  
This 1<sup>st</sup> day of September, 2010  
  
Notary Public





**Morris Healthcare and Rehabilitation Center LLC  
1223 Edgewater Drive  
Morris, IL 60450**

September 1, 2010


To Whom It May Concern:

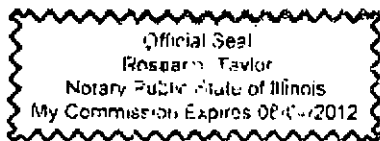
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Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me  
This 1<sup>st</sup> day of September, 2010  
  
Notary Public



**Mattoon Healthcare and Rehabilitation Center LLC**  
**2121 South 9<sup>th</sup> Street**  
**Mattoon, IL 61021**

September 1, 2010

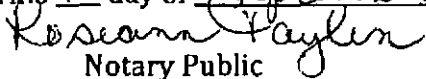
To Whom It May Concern:

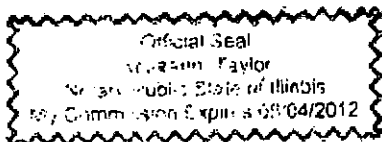
Morris Healthcare and Rehabilitation Center hereby certifies that no adverse action has been taken against the facility during the three (3) years prior to filing of the Certificate of Need Application.

Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me  
This 1<sup>st</sup> day of September, 2010  
  
Notary Public



**Dixon Healthcare and Rehabilitation Center LLC  
800 Division Street  
Dixon, IL 61021**

September 1, 2010


To Whom It May Concern:

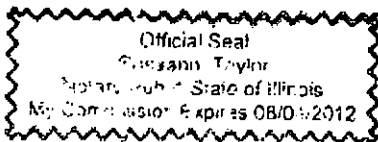
Dixon Healthcare and Rehabilitation Center hereby certifies that no adverse action has been taken against the facility during the three (3) years prior to filing of the Certificate of Need Application.

Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me,  
This 1<sup>ST</sup> day of September, 2010  
  
Notary Public



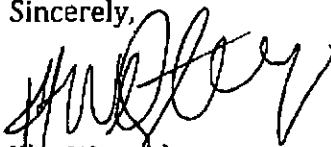
**Amboy Nursing Acquisitions and Management LLC  
15 W. Wasson Road  
Amboy, IL 61310**

September 1, 2010


To Whom It May Concern:

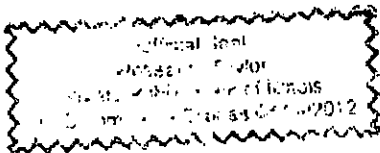
Amboy Nursing Acquisitions and Management hereby certifies that no adverse action has been taken against the facility during the three (3) years prior to filing of the Certificate of Need Application.

Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me  
This 1<sup>st</sup> day of September 2010  
  
Notary Public



**Timberlake Senior Living LLC  
2521 Empowerment Road  
Springfield, IL 62703**

September 1, 2010


To Whom It May Concern:

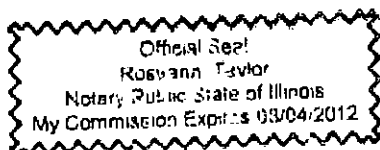
Timberlake Senior Living hereby certifies that no adverse action has been taken against the facility during the three (3) years prior to filing of the Certificate of Need Application.

Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me  
This 1<sup>st</sup> day of September, 2010  
  
Notary Public



**Morris Senior Living LLC  
1221 Edgewater Drive  
Morris, IL 60450**

September 7, 2010


To Whom It May Concern:

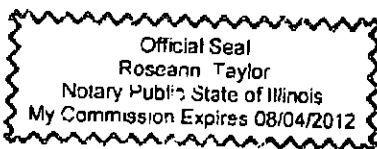
Morris Senior Living hereby authorizes the Health Facilities Planning Board and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including but not limited to: official records of IDPH or other state agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me  
This 7<sup>th</sup> day of September, 2010  
  
Notary Public



**Morris Healthcare and Rehabilitation Center LLC  
1223 Edgewater Drive  
Morris, IL 60450**

September 7, 2010

To Whom It May Concern:

Morris Healthcare and Rehabilitation Center hereby authorizes the Health Facilities Planning Board and 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.

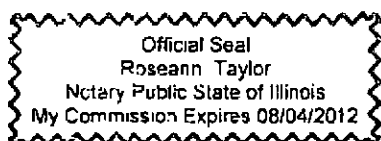
Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me  
This 7<sup>th</sup> day of September, 2010

  
Notary Public



**Mattoon Healthcare and Rehabilitation Center LLC**  
**2121 South 9<sup>th</sup> Street**  
**Mattoon, IL 61938**

September 7, 2010

To Whom It May Concern:

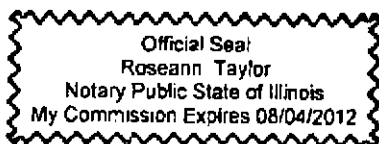
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Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me  
This 7<sup>th</sup> day of September, 2010  
Roseann Taylor  
Notary Public





**Dixon Healthcare and Rehabilitation Center LLC  
800 Division Street  
Dixon, IL 60450**

September 7, 2010

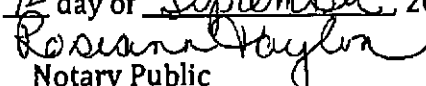
To Whom It May Concern:

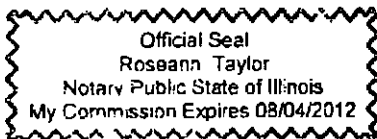
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Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me  
This 7<sup>th</sup> day of September, 2010  
  
Notary Public



**Amboy Nursing Acquisitions and Management LLC  
15 W. Wasson Road  
Amboy, IL 61310**

September 7, 2010


To Whom It May Concern:

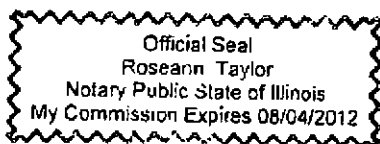
Amboy Nursing Acquisitions and Management hereby authorizes the Health Facilities Planning Board and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including but not limited to: official records of IDPH or other state agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me,  
This 7<sup>th</sup> day of September 2010  
  
Notary Public



**Timberlake Senior Living LLC  
2521 Empowerment Road  
Springfield, IL 62703**

September 7, 2010


To Whom It May Concern:

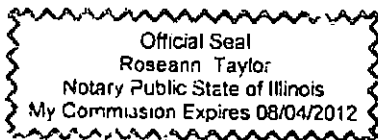
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Sincerely,



Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare Management Group, LLC.

Subscribed and Sworn to me  
This 7<sup>th</sup> day of September, 2010  
  
Notary Public



## 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.

The proposed development of a 120 bed Skilled Nursing Facility will without question improve the healthcare and well-being of the market area population. The subject location is extremely unique and was strategically identified by the Applicant as it is situated at the center of a market area that is considerably under served at the present time. The proposed development is technically located within Planning Area 8 – Kane County, which at the drafting of this application, had a cited bed need of only 30 beds (according to the Inventory of Health Care Facilities and Services and Need Determinations 2008 Report last update 8/16/2010 – ATTACHMENT 12-A).

However, it is critical to note, that the subject site is located approximately 625 yards west of Planning Area 7.A – Northwest Cook County, and 850 yards northwest of Planning Area 7.C – DuPage County which, according to the same report referenced above, have bed needs of 891 beds and 614 beds respectively. This results in a grant total of bed need within all three cited planning areas of 1,535 total beds.

Furthermore, the subject is in close proximity (20 to 25 minute drive time) to two other surrounding planning areas: Planning Area 8 – McHenry County with a total bed need of 316, Planning Area 8 – Lake County with a total bed need of 73. While these Planning Area's are potential markets for the proposed project, the Applicant is primarily focused on the aforementioned Planning Areas of 8-Kane County, 7.A – Northwest Cook County, and 7.C – DuPage County which it considers to be far more relevant and will be discussed in greater detail in the subsequent section (Defined Planning or Market Area).

What this data illustrates is that while Planning Area 8 – Kane County is currently indicating bed need of less than the 120 beds for which the Applicant is seeking approval, The proposed project's pivotal location at the literal "axis" of two adjacent Planning Areas demonstrates the substantially under served nature of this market area.

Furthermore, the proposed skilled nursing facility is to be part of a larger "senior campus" that will also include 60 assisted living units (ALF) and 60 memory care units (ALZ) for an additional 120 beds on the one campus. This is very significant as the ALF and ALZ components of the campus will most definitely provide a direct referral source for the proposed subject skilled nursing facility.

Therefore, by the Applicant developing this project, at this specific location, access to healthcare services and well being of the population being served will be greatly improved.

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

As stated, the proposed subject facility is technically located within Planning Area 8 – Kane County, however, two other substantial planning areas are immediately adjacent to the subject location (both within 1000 yards of the subject parcel) and therefore the Proposed Skilled Nursing Facility's market area will most certainly overlap into these other planning areas. Said planning areas are 7.A - Northwest Cook County and 7.C - DuPage County both with substantial bed need at the present time.

The Applicant strategically selected this land parcel for the exact reason of the overlapping planning areas in which the current bed need is considerable. The Applicant is very aware of the fact that at the present time the technical planning area in which its proposed project is located, 8 – Kane County, is showing a bed need of 30 total beds and the Applicant is requesting 120 beds. However, given this sites unique locational characteristics of having the immediate benefit of two (2) large planning areas, with a combined bed need of 1,505 beds, within yards of the proposed facilities "front door", the true effective bed need for the subject market area is undeniably greater than 30 beds as cited for Kane County.

The Applicant has determined that area, which it will call it's "Primary Market Area (PMA)", to be within a 30 minute drive time of the subject property. This area also roughly equates to a concentric ring of approximately seventeen (17) miles of the proposed subject facility. (See ATTACHMENT 12-B) for a map outlining the PMA and the respective bed need by planning area)

**3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]**

The existing problems or issues that need to be addressed within the subject planning area are primarily related to three factors.

First and foremost being, that the PMA's demographics when compared to the supply of Skilled Nursing Beds, are out of equilibrium. Furthermore, the SMA, which includes the adjacent planning areas of 7.A – Northwest Cook County & 7.C – DuPage County, are dramatically under-bedded. The combined bed need of the PMA and SMA (1,535 beds) is the primary issue the Applicant is seeking to address with the development of the proposed facility.

Second, the facilities within the subject's service area (30 minute drive time according to the requirements of this application) that make-up the existing bed supply have an average physical age in excess of 25 years old with the upper end range being 40 to 50 years old. This is not an uncommon issue in the State of Illinois or across the country for that matter. The older facilities suffer from many forms of physical obsolescence, ranging from the physical plant, which may need major rehabilitation to cure deferred maintenance issues, to aging and outdated mechanical systems that may need to be entirely replaced. The biggest issues facing many of the older facilities are the need to bring their buildings up to code to meet current life standard standards (i.e., fire protection) which will require substantial capital improvements that are cost prohibitive.

The remaining physical life expectancy for these facilities gets lower with each passing year and the effect of this fact will be a steady decline in existing bed inventories over time. If new facilities are not brought on-line now, the problem will become much greater.

Thirdly, not only do many of the properties in the immediate subject planning area suffer from physical obsolescence but from functional obsolescence as well. The functional obsolescence is actually a more acute issue than the physical condition of the facilities. Many of the properties in the subject planning area are designed to standards that DO NOT meet the demands or standards of the residents in today's marketplace. The functional obsolescence or design issues that are most prevalent within the subject market area include, lack of amenities (adequate activity areas, family visitation lounges, outdoor spaces, etc), lack of services (on-site rehab, dialysis rooms, etc) inadequate resident room sizes (too small), lack of in-room bathrooms (shared common bathrooms), too many beds to a room (4 beds to one room and 8 beds to 1 bathroom in some cases), lack of private rooms to handle the ever increasing incidence of isolation cases, lack of adequate space to provide for current staffing needs (offices, admissions, nurse stations, etc), no true separation between varying type of services offered (Medicare short term stay patients intermixed with end-of-life hospice care and advanced Alzheimer patients).

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

The Applicant's sources of information to address the aforementioned issues come from the *Inventory of Health Care Facilities and Services and Need Determinations 2008, updated 08/16/2010, Illinois Long-Term Care Profile-Calendar Year 2008, Illinois Department Of Public Health Long-Term Care Facility Profiles Year 2005, Nielsen/Claritas Site Reports Demographics, Illinois Long-Term Care Profile-Calendar Year 2008, Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development and the Illinois Department of Health Care and Family Services facility Cost Reports, 2009.*

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

The Applicant's proposed project directly addresses and improves each of the above cited problems and/or issues. By adding 120 beds into the subject planning area, the Applicant will not solve the bed need issue but will certainly begin to improve conditions on a micro level.

The Applicant is an experienced Operator and has a successful background in providing excellent levels of care in its other skilled nursing facilities within the State, including a brand new SNF in Grundy County that opened in July, 2010. The Applicant is uniquely qualified to design, construct and operate a new, state-of-the-art facility in the subject planning area that meets or exceeds the current expectations of residents in terms of quality and range of care provided, as well as dramatically improving their overall quality of life by providing them with dignity, comfort and professional care.

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

The goals of the Applicant are clear and straightforward. **First objective** is to obtain all necessary approvals, specifically the CON, to construct, open and operate its 120 bed state-of-the-art Skilled Nursing Facility within the Completion Schedule cited within the body of this application. **Second objective** is to provide the best possible care at the lowest possible cost to the residents within the aforementioned Service Area. This will in turn enable the Applicant to lease-up the facility within the initial 12 months of operations, thereby reaching its **Third objective**, which is to achieve and maintain a 90% or greater utilization rate by the second full year of operations.

Lastly, it is important to note that this project is being financed in large part through a \$14,880,000 RECOVERY FACILITY BOND ALLOCATION WHICH IS PART OF THE "AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009. The Applicant is seeking Approval of the Certificate of Need prior to year as the Recovery Facility Bond Program is scheduled to expire on December 31, 2010. See ATTACHMENT 12-C for a explanation of Recovery Facility Bonds.

**LONG-TERM CARE BED INVENTORY UPDATES**

03/19/2008 - 08/16/2010

**LONG-TERM CARE GENERAL NURSING BED NEED**

<b>PLANNING AREA</b>	<b>CALCULATED BED NEED</b>	<b>APPROVED BEDS</b>	<b>ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()</b>
Perry	215	210	5
Randolph	550	492	58
Richland	333	309	24
Union	347	293	54
Washington	169	263	( 94)
Wayne	133	169	( 36)
White	337	355	( 18)
Williamson	574	563	11

**HEALTH SERVICE AREA 006**

Planning Area 6-A	5,766	7,290	(1,524)
Planning Area 6-B	4,283	4,210	73
Planning Area 6-C	4,706	5,015	( 309)

**HEALTH SERVICE AREA 007**

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

**HEALTH SERVICE AREA 008**

Kane	2,948	2,918	30
Lake	4,884	4,811	73
McHenry	1,344	1,028	316

**HEALTH SERVICE AREA 009**

Grundy	239	265	( 26)
Kankakee	1,259	1,368	( 109)
Kendall	213	185	28
Will	3,055	2,810	245

**HEALTH SERVICE AREA 010**

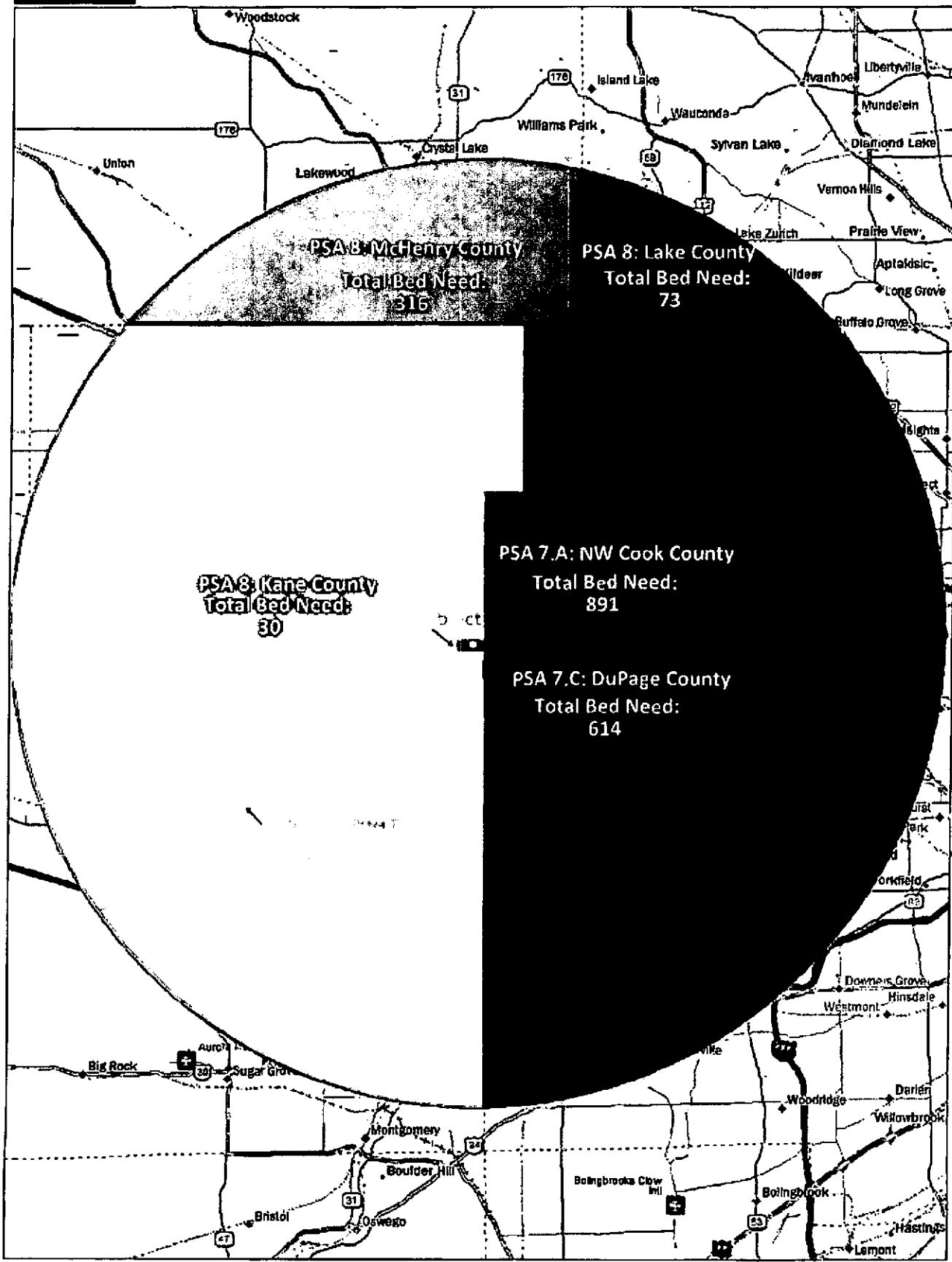
Henry	428	518	( 90)
Mercer	182	172	10
Rock Island	1,259	1,308	( 49)

**HEALTH SERVICE AREA 011**

Clinton	402	407	( 5)
Madison	2,073	2,216	( 143)
Monroe	447	324	123
St. Clair	2,187	2,294	( 107)

**LONG-TERM CARE ICF/DD 16 BED NEED**

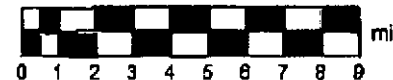
<b>PLANNING AREA</b>	<b>CALCULATED BED NEED</b>	<b>APPROVED BEDS</b>	<b>ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()</b>
HSA 1	257	360	( 103)
HSA 2	265	333	( 68)
HSA 3	228	383	( 155)
HSA 4	319	334	( 15)
HSA 5	253	703	( 450)
HSA 6,7,8 & 9	3,316	1,121	2,195
HSA 10	84	40	44
HSA 11	222	384	( 162)



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ATTACHMENT 12-B



# Recovery Zone Bonds

June 2009

In February 2009, President Barack Obama signed into law the American Recovery and Reinvestment Act of 2009 (the "Recovery Act"), which creates a new category of bonds called Recovery Zone Bonds (RZBs). RZBs are intended to stimulate economic recovery in areas identified as recovery zones. The two types of RZBs – Recovery Economic Development Bonds and Recovery Zone Facility Bonds – may only be issued prior to January 1, 2011.

Under the Recovery Act, the federal government will allocate each type of RZB to states based on each state's 2008 decrease in employment when compared to the national decrease in employment. Each state shall then distribute its allocation to counties and large municipalities (defined as having a population in excess of 100,000) based on their 2008 decrease in employment compared to the state's decrease in employment. The amount of the RZB bond cannot exceed the amount of allocation.

A "recovery zone" is defined as any area that has been designated by the county/large municipality as having significant poverty, unemployment, home foreclosure or general distress, or any area affected by military realignment, or any area that has been designated as an empowerment zone or a renewal community.

**Recovery Zone Facility Bonds (Tax-Exempt Private Purpose Bonds)** - The Recovery Act earmarks \$15 billion of Recovery Zone Facility Bonds (RZFBs) nationwide. RZFBs permit counties/large municipalities to provide tax-exempt financing for projects that historically would not qualify (*e.g., Office Buildings, Warehouses and Storage Facilities, Commercial Development, Retail Businesses, Shopping Centers, Auto Dealerships, Restaurants, Medical Office Buildings, Agricultural Facilities, and Manufacturing Facilities*). RZFBs are private activity bonds and are classified as "exempt facility bonds" for tax purposes. RZFBs may be issued for any depreciable property that (a) was acquired after the date of designation as a recovery zone, (b) the original use of which occurs in the recovery zone, and (c) substantially all of the use of the property is in the active conduct of qualified businesses.

A "qualified business" includes virtually any trade or business. Bond proceeds CANNOT be used to finance specific activities

such as: skyboxes, health clubs, golf courses, country clubs, massage parlors, hot tub facilities, tanning facilities, racetracks or other gambling facilities, or liquor stores. State allocation of Volume Cap is not required for RZFBs, and there is no prohibition against acquiring existing property.

**Recovery Zone Economic Development Bonds (Taxable Governmental Purpose Bonds)** - The Recovery Act earmarks \$10 billion of Recovery Zone Economic Development Bonds (RZEDBs) nationwide. These are governmental bonds to be used for governmental purposes that will allow the county/large municipality to borrow on a lower cost than traditional tax-exempt financing. RZEDBs may be issued for purposes of promoting development or other economic activity, including public infrastructure and construction of public facilities or job training and educational facilities, in an area that has been designated by the county/large municipality as a "recovery zone." RZEDBs are taxable bonds (the interest earned by the holders of the bonds is subject to taxation and the rate of interest paid by the county/large municipality would presumably be higher than that on tax-exempt bonds). However, the federal government would reimburse the county/large municipality for 45% of the interest paid, thus making the true cost of the interest paid lower than that paid on tax-exempt bonds. For example, if a 20-year AAA tax-exempt bond had an interest rate of 4.5% and a taxable equivalent was at 6.5%, after the rebate was applied, the effective interest rate would be 3.5%.

**Build America Bonds (Taxable Governmental Use Bonds)** - These are governmental bonds to be used for governmental purposes that will allow the county/large municipality to borrow at a taxable rate rather than traditional tax-exempt financing. Build America Bonds may be issued for public infrastructure and construction of public facilities. They are taxable bonds (the interest earned by the holders of the bonds is subject to taxation and the rate of interest paid by the county/large municipality would presumably be higher than that on tax-exempt bonds). However, the federal government would provide a rebate to the bond issuer for 35% of the interest paid or the bond holders can receive a federal tax credit equal to 35% of the taxable interest, thus making the true cost of the interest paid closer to that paid on tax-exempt bonds.



The Upper Illinois  
River Valley Development  
Authority

For more information, contact:  
Andrew Hamilton, Executive Director  
Upper Illinois River Valley Development Authority  
Tel: 866-325-7525 Fax: 866-325-7569  
email: andrew.hamilton@uirvda.com

Page 68 of 543

ATTACHMENT 12-C

Ottawa Office  
633 LaSalle Street, Suite 401  
Ottawa, IL 61350

Capitol Office  
P.O. Box 13112  
Springfield, IL 62791

## 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;**

The Applicant is proposing the development of a new 120 bed skilled nursing care facility which meets the needs of the area in the most cost effective method possible. Alternative projects of greater or lesser scope and their respective cost were evaluated by the Applicant. However, lesser scope facilities typically resulted in higher cost per bed both on a total project cost basis as well as on an operating cost basis. Efficiencies within a smaller project could not be achieved to make the facility financially feasible and thus this option was rejected as an alternative

Projects of greater scope in terms of beds and overall square footage were analyzed as well. While efficiencies are somewhat superior in a larger facility it's difficult to maintain a sense of "Home" when the scale of the project gets much larger than what the Applicant has proposed. It is considered detrimental to the residents and their quality of life and dignity when a skilled nursing facility becomes "institutional" in nature. Therefore, it was determined that the efficiencies that could potentially be gained from a larger project would be more than offset by the risks associated with creating an institutional environment for the residents. Thus this option was rejected as an alternative as well.

**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;**

In order to meet all or a portion of the project's intended purpose, the Applicant considered the alternatives of entering into a joint venture or to purchase an existing facility. This approach has been successful for the Applicant within several other market areas where they have successfully purchased, leased or managed existing facilities in lieu of constructing a new facility. However, in this particular market, these alternatives were rejected as no suitable buildings existed that could be acquired or leased that would not have required a cost prohibitive amount of renovation costs. Even after having committed excessive renovation costs, the facility could never be as functional when compared to a new facility designed from the ground up in which all of the current issues in the marketplace can be addressed (i.e., amenities, room size, number of private rooms and privacy, on-site rehabilitation centers, outdoor and activity areas, etc). If a suitable building were found, the cost of this option would be somewhat less than what the Applicant has proposed, but it would be inferior in terms of accessibility, quality of care and financial benefit to the resident/patients. Therefore, this option was rejected as a viable alternative.

**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;**

As stated the Applicant is proposing a state-of-the-art skilled nursing facility that will provide continuous nursing care, observation and other services that require medical supervision. In addition the proposed subject facility will be providing 30 private rooms fully dedicated to Medicare patients that are in need of inpatient and outpatient rehabilitation services. The only other alternatives providing these services are a more acute care hospital setting or home health care provider that would require continuous 24-hour care by a nurse. Both of the alternatives are far more costly than what is being proposed by the Applicant and therefore, utilizing other health care resources as an alternative was rejected.

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

The Applicant has chosen to construct a new state-of-the-art skilled nursing facility to address multiple issues facing the current market area. First and foremost is the need for additional beds within the subject's primary and secondary market areas.

The second reason "new construction" was the chosen alternative, is that it provided the Applicant, who is an experienced skilled nursing operator, the opportunity to design a modernized facility tailored to meet the needs demanded by residents and patients today and well into the foreseeable future.

The construction of this 120 bed facility will dramatically improve access to the highest quality of care, in an environment that is dignified and comfortable yet cutting-edge in terms of services, equipment technology and techniques.

This is the most expensive alternative explored by the Applicant with a total project cost of \$21,711,784. However, this is also the only alternative to fully address patient access, quality and financial benefits both in the short term and long term.

It is important to note that this project is being funded in large part through the issuance of Recovery Facility Bonds which have been awarded by Kane County. As previously stated these bonds are part of the American Recovery and Reinvestment Act (ARRA) (i.e. "Stimulus Plan"). These bonds are unique as they are a one-time opportunity for business owner's to utilize tax-exempt bonds for projects that do not typically qualify for such bonds. Once this program expires on December 31, 2010, these bonds will no longer be available to help promote the development of project's such as the Applicant has proposed.

**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.

The Applicant is proposing a 120 bed, single-story skilled nursing care facility containing 82,030 square feet of gross building area. The indicated BGSF/Bed is 684 square feet which is within the State's Standards of between 435 to 715 square feet/bed. (SEE: Adopted Amendment in the 77 Ill. Adm. Code 1110 Appendix B). The proposed facility is towards the upper end of the cited range due to the high number of private rooms with private bathrooms which increases the overall square footage. One of the Applicant's objectives of this new facility is to improve the access for area residents to the highest quality of care as well as improving their overall well being and quality of life. Improving resident's access to private rooms provides them with privacy and dignity as well as assists in the operations by providing more rooms to treat isolation cases and control the risk of infections for all the residents. Clearly, the increased square footage is a necessity and is not excessive by today's standards.

Additionally, the proposed physical space of 684sf/bed is necessary and not excessive given the programmatic, clinical (physical & occupational therapy center), and operational needs of a modern, state-of-the-art facility like the Applicant has planned for this site.

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::

The Applicant's proposed square footage DOES NOT exceed the BGSF standards in Appendix B and thus this section is NOT APPLICABLE.

- 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;

N/A

- 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;

N/A

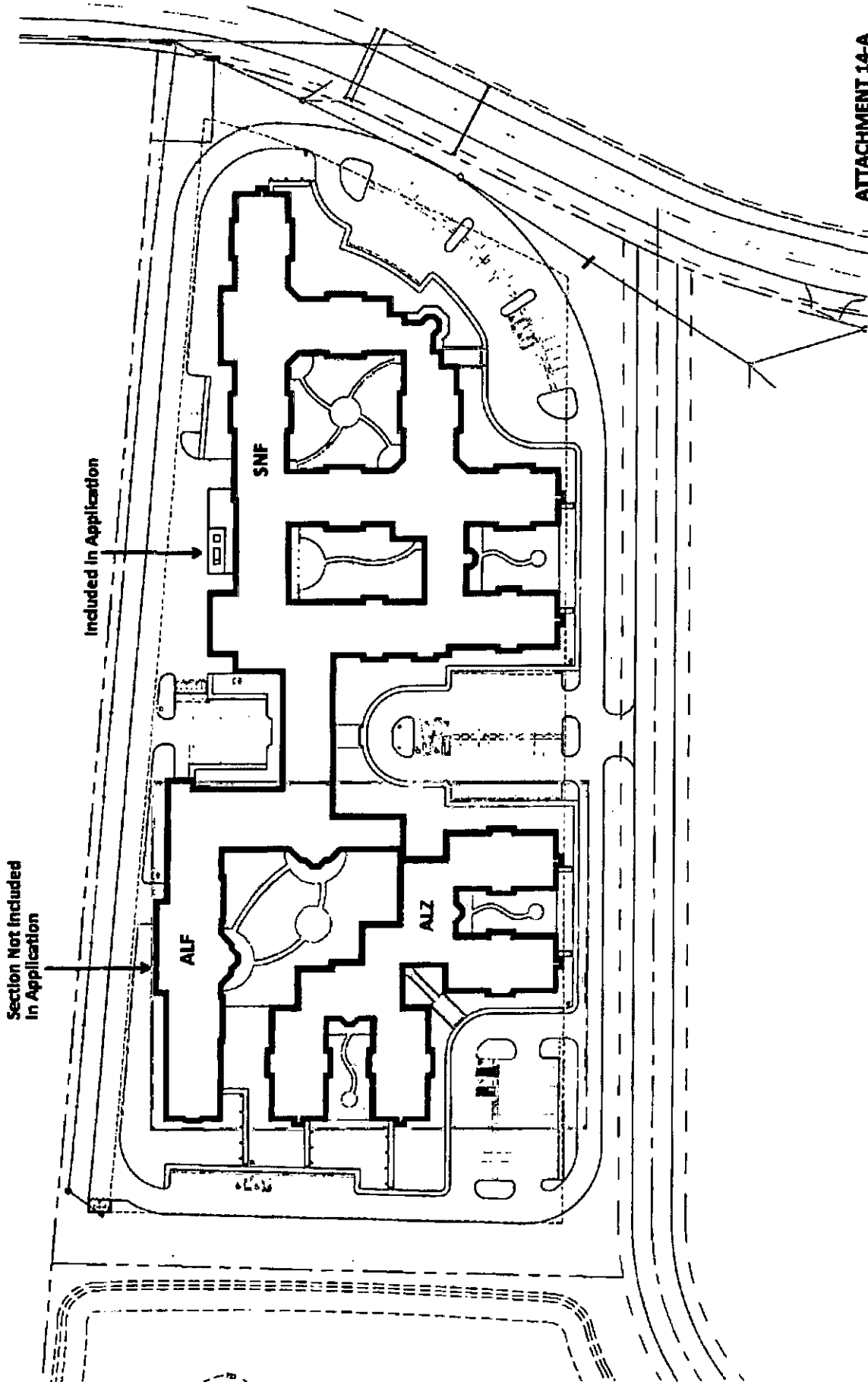
- c. The project involves the conversion of existing space that results in excess square footage.

N/A

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?
General Long-Term Care	684 BGSF/Bed	435-713 BGSF/Bed	NONE	YES

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



13 Old Hwy - Albany, NY 12212 - (518) 437-7200

**GRUBBS & ASSOCIATES**

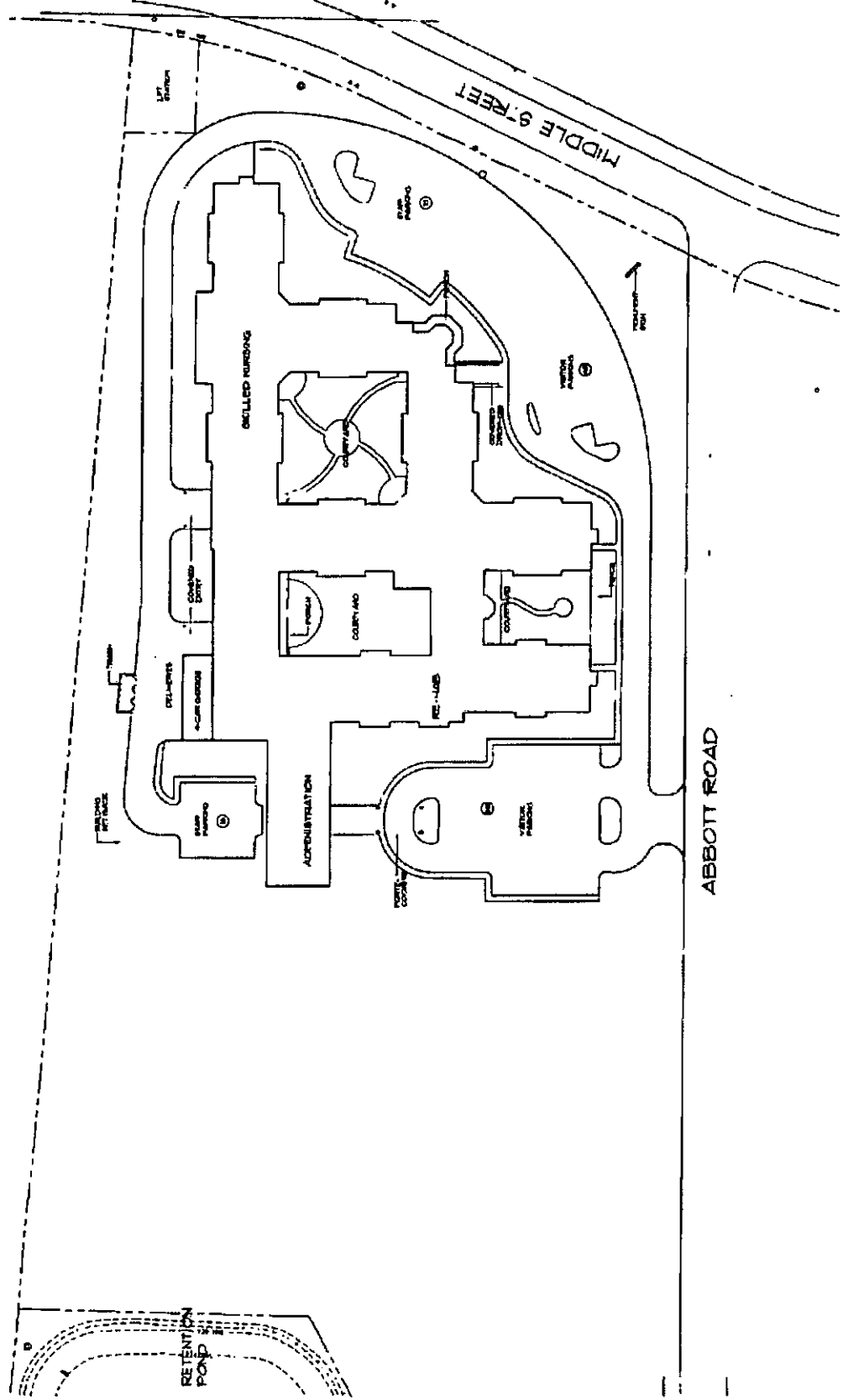
ARCHITECTS  
PLANNERS  
ENGINEERS

PRELIMINARY SET  
SUBMITTED FOR CON. APPLICATION

**PRISM**

SOUTH ELGIN SENIOR  
LIVING COMMUNITY

180 SOUTH ELGIN DRIVE  
ELGIN, NY 12120  
TEL: 518 437 4400



PROPOSED SITE PLAN

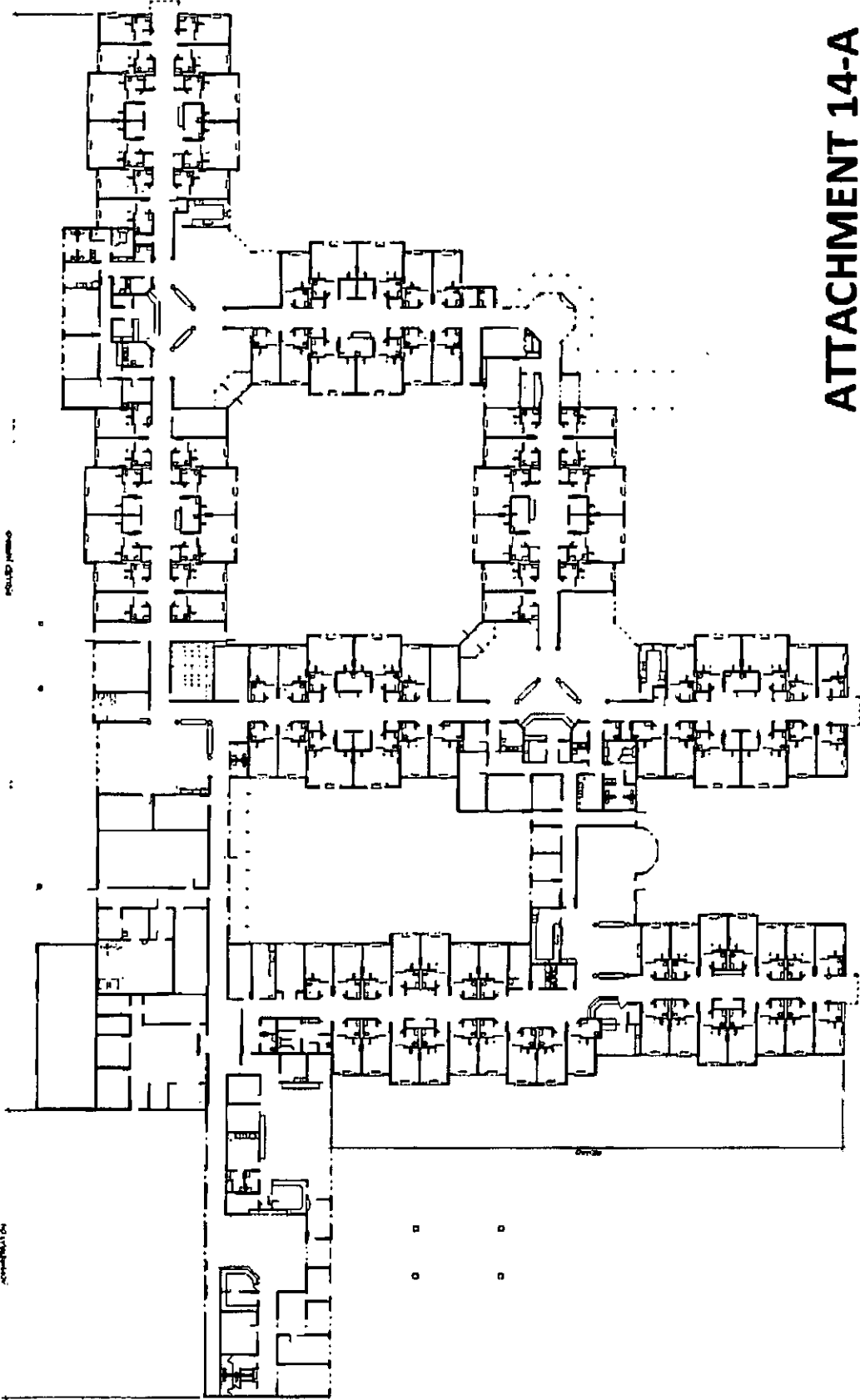
**ATTACHMENT 14-A**

GRUBBS & ASSOCIATES  
 ARCHITECTS  
 1000 N. 10TH ST., SUITE 100  
 DENVER, CO 80202  
 (303) 733-1111

PRELIMINARY SET  
 SUBMITTED FOR CON. APPLICATION

PRISM  
 SOUTH ELGIN SENIOR  
 LIVING COMMUNITY  
 228 SOUTH ELGIN DRIVE  
 SUITE 500  
 DENVER, CO 80202  
 (303) 733-1111

2



ATTACHMENT 14-A

BUILDING	UNITS	SOFT	UNITS	BEDS
ADMINISTRATION	1	1,100	0	0
REHAB	30	1,100	0	30
SKILLED NURSING	64	8,100	64	96
TOTAL	95	10,300	64	126

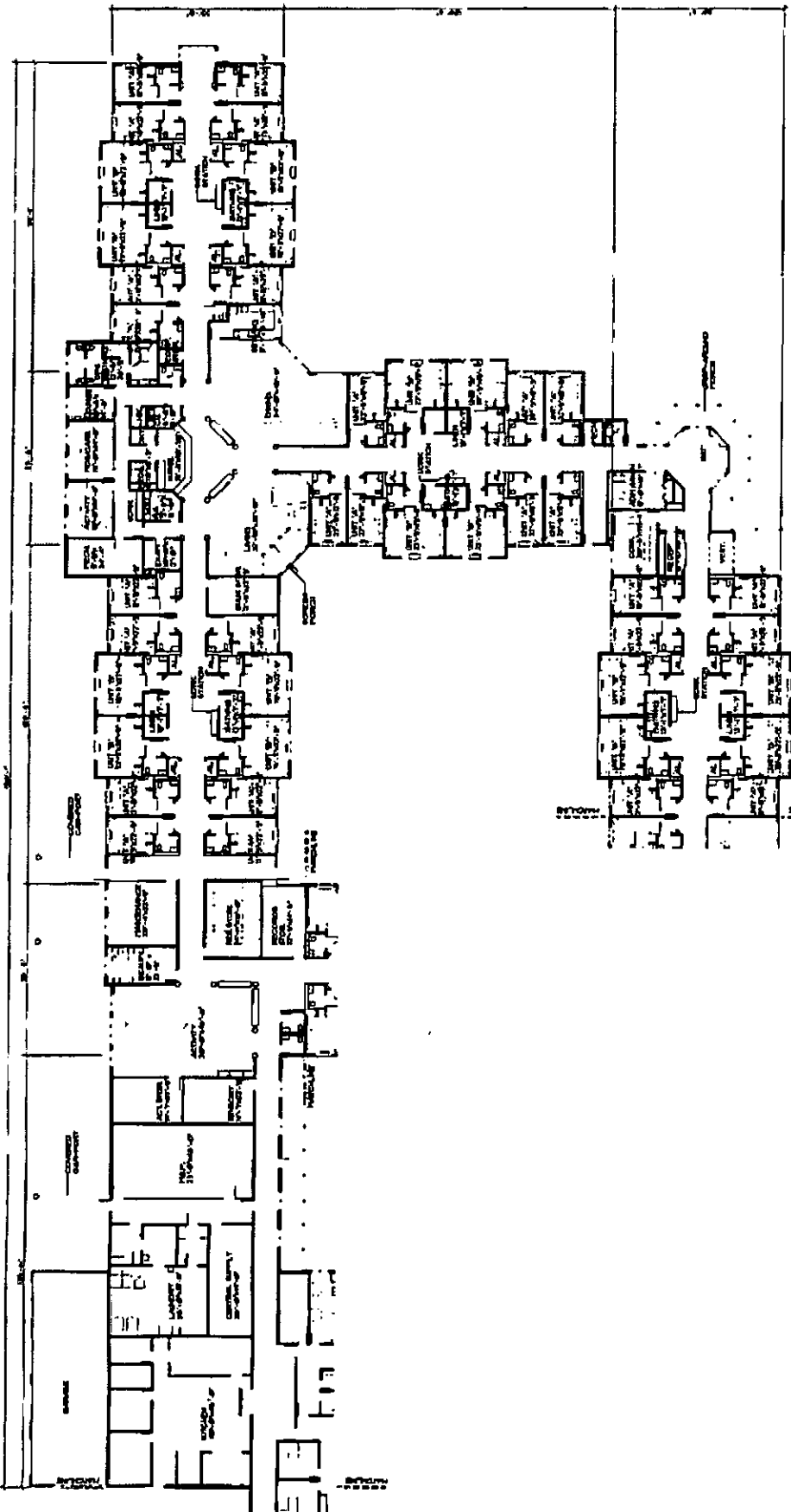


GRUBBS & ASSOCIATES  
 ARCHITECTS  
 10000 W. 10th Ave.  
 Suite 100  
 Golden, CO 80401  
 (303) 440-1000

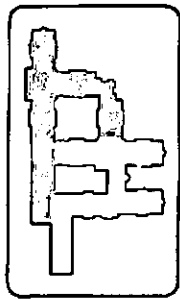
PRELIMINARY SET  
 SUBMITTED FOR CON. APPLICATION

PRISM  
 SOUTH ELGIN SENIOR  
 LIVING COMMUNITY  
 10000 W. 10th Ave.  
 Suite 100  
 Golden, CO 80401

3



ATTACHMENT 14-A



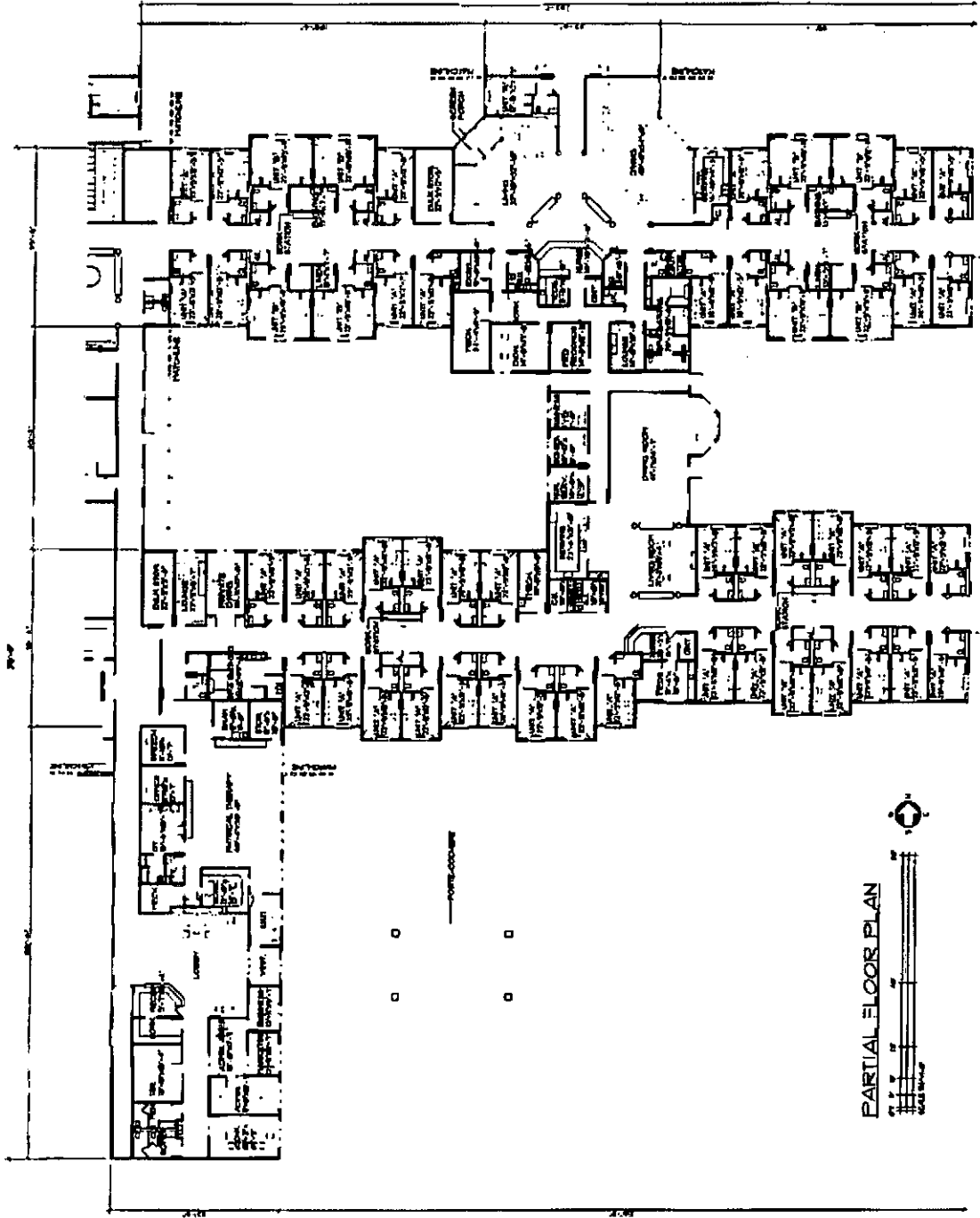
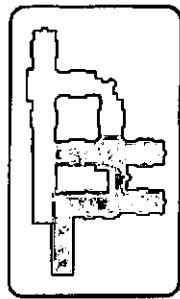


GRUBBS & ASSOCIATES  
 ARCHITECTS  
 1000 WEST 10TH AVENUE  
 DENVER, CO 80202  
 (303) 733-4400

PRELIMINARY SET  
 SUBMITTED FOR CON. APPLICATION

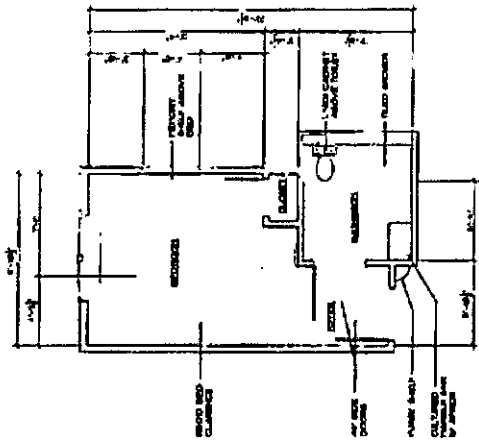
PRISM  
 SOUTH ELGIN SENIOR  
 LIVING COMMUNITY  
 1750 SOUTH ELGIN DRIVE  
 DENVER, CO 80202

4

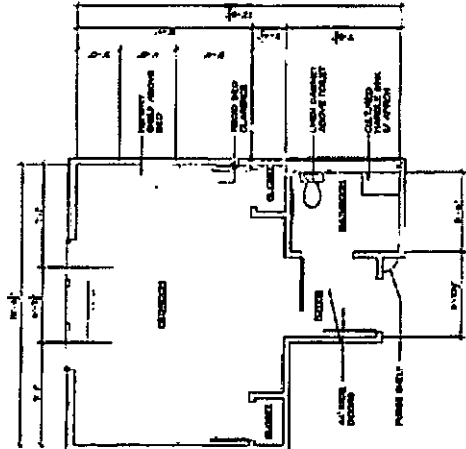


ATTACHMENT 14-A

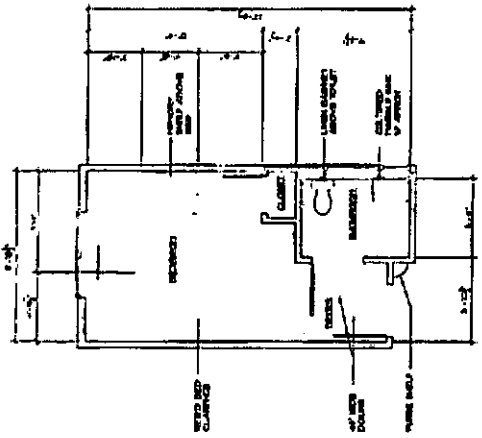
PARTIAL FLOOR PLAN  
 0' 10' 20' 30' 40'



SPECIAL CARE UNIT



SEMI-PRIVATE UNIT



PRIVATE UNIT

ATTACHMENT 14-A



**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

**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.

The operating pro-forma model projects an initial occupancy of 20 in month one (which is the result of an aggressive pre-leasing campaign), and anticipates occupancy will increase at a rate of 11 beds per month until achieving stabilized occupancy of 90% or 108 total beds. The resulting lease-up period is therefore projected 12 months.

The rationale for the forecasted lease-up rates is based upon several factors.

1. The Applicant's experience and familiarity with lease-up on other facilities in which they have been involved.
2. The Applicant's expertise with the "pre-leasing" phase of a development. The Applicant will have a staff hired and trained with all necessary collateral materials out in the marketplace "selling" the new facility to all potential referral sources. This approach is a proven method and is critical that an adequate amount of "resources" be allocated for this crucial phase and that it continues until stabilized occupancy is achieved and thereafter.
3. The Applicant has personally met or spoken with area hospitals, physical groups, individual doctors and home healthcare providers to ascertain the level of referrals the proposed facility may receive. The Applicant has received verbal commitments that far exceed that which would be necessary to support a stabilized occupancy of 90%. In addition, several referral letters were received including one from the CEO of an area hospital (St. Alexius) that indicated that annual referrals would exceed 200 patients from these two facilities alone. The verbal commitments, which the Applicant is already working to solidify into written commitments, is in excess of 400 per year for a combined total of 600 potential referrals annually. This equates into a total bed need on 170 total beds to meet the referral rate of 600 per year. This is based upon an average stay of 125 day per resident referral. The Applicant has only applied for 120 beds, thus even without any marketing as of yet, adequate market demand exists today to support the subject facility at utilization rates that meet or exceed the state standard of 90%.

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	General Long - Term Care	Occupancy	90%	90%	Yes
YEAR 2	General Long - Term Care	Occupancy	90%	90%	Yes

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

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

**There will be no unfinished or shell space; therefore, this criterion does not apply.**

1. Total gross square footage of the proposed shell space; **N/A**
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function; **N/A**
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. **N/A**
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and **N/A**
  - 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. **N/A**

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

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

**ASSURANCES:**

Submit the following:

**There will be no unfinished or shell space; therefore, this criterion does not apply**

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. **N/A**
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and **N/A**
3. The anticipated date when the shell space will be completed and placed into operation. **N/A**

**APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

I. Criterion 1110.1730 - General Long Term Care

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

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 upon the following:

1) 77 Ill Adm. Code 1100 (formula Calculation)

Appended as ATTACHMENT 12-A is a copy of the Illinois Health Facilities Planning Board's bed need by Planning Area. The proposed project lies at the intersection of three (3) Planning Areas: Planning Area 8 – Kane County, Planning Area 7.A – Northwest Cook County and Planning Area 7.C – DuPage County. The three (3) planning areas have a combined bed need of 1,535 total beds.

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

The subject location is extremely unique and was strategically indentified by the Applicant as it is situated at the center of a market area that is considerably under served at the present time. The proposed development is technically located within Planning Area 8 – Kane County, which at the drafting of this application, had a cited bed need of only 30 beds (according to the Inventory of Health Care Facilities and Services and Need Determinations 2008 Report last update 8/16/2010 – ATTACHMENT 12-A).

However, it is critical to note, that the subject site is located approximately 625 yards west of Planning Area 7.A – Northwest Cook County, and 850 yards northwest of Planning Area 7.C – DuPage County which, according to the same report referenced above, have bed needs of 891 beds and 614 beds respectively. This results in a grant total of bed need within all three cited planning areas of 1,535 total beds.

Furthermore, the subject is in close proximity (20 to 25 minute drive time) to two other surrounding planning areas: Planning Area 8 – McHenry County with a total bed need of 316, Planning Area 8 – Lake County with a total bed need of 73. While these Planning Area's are potential markets for the proposed project, the Applicant is primarily focused on the aforementioned Planning Areas of 8-Kane County, 7.A – Northwest Cook County, and 7.C – DuPage County which it considers to be far more relevant.

What this data illustrates is that while Planning Area 8 – Kane County is currently indicating bed need of less than the 120 beds for which the Applicant is seeking approval, the proposed project's pivotal location at the literal "axis" of two adjacent Planning Areas will without question result in market referrals for the nearby portions of all three (3) counties.

As further support for the market referrals from adjacent counties are the referral and support letters the Applicant received from providers in those Planning Areas. Most notably were the letters from the CEO of St. Alexius Hospital (in Planning Area 7.A) and the COO of DuPage Medical Group (in Planning Area 7.C) both of which are very prominent healthcare providers within the local marketplace.

Lastly, the proposed skilled nursing facility is to be part of a larger "senior campus" that will also include 60 assisted living units (ALF) and 60 memory care units (ALZ) for an additional 120 beds on the one campus. This is very significant as the ALF and ALZ components of the campus will most definitely provide a direct referral source for the proposed subject skilled nursing facility.

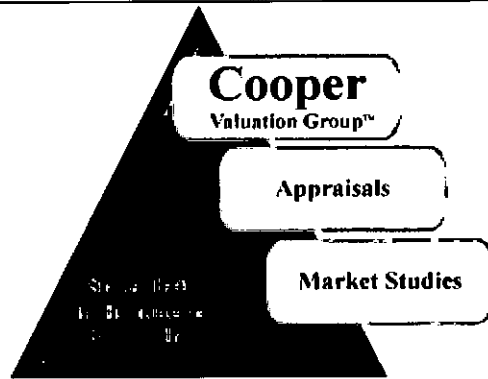
- B) The number of beds proposed shall not exceed the number of the projected deficit, to meet health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.**

As stated previously, the subject project exceeds the current bed need for Planning Area 8 – Kane County by 90 beds (120 requested less 30 Bed Need = 90 beds). However, this property is at the intersection of three (3) Illinois counties. So although located in Kane County, the subject is less than 1000 yards from the borders of both Cook (Planning Area 7.A bed need of 891) and DuPage (Planning Area 7.C bed need of 614) Counties. The combined bed need is then 1,535 beds and therefore the population served is far greater than Kane County's 30 bed need. The Applicant is not suggesting that the total bed need for the population being served is as high as 1,535 beds, but clearly it is somewhere in between that range.

To assist in making that determination the Applicant engaged a reputable appraiser, Michael Cooper of Cooper Valuation Services, who is familiar with skilled nursing facilities and the local marketplace to conduct an independent market study (see ATTACHMENT 28-A.1). The findings suggested that the bed need for the subject property's service area is 742 total beds.

Therefore, the number of beds proposed DO NOT exceed the number of the projected deficit, to meet health care needs of the population served.

(See Attachment 12-B for a Map of the Subject Planning Area and Corresponding Bed Need per PSA).



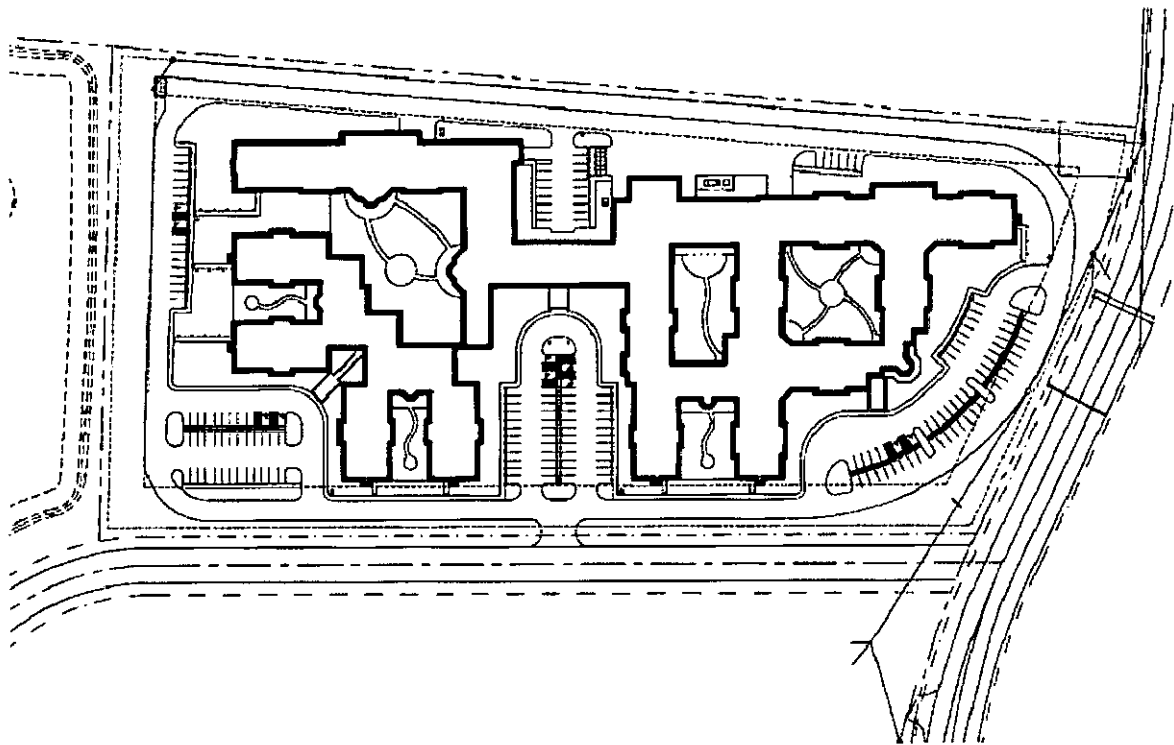
Cooper Valuation Group, 5 South Monroe, Hinsdale, Illinois 60521  
Phone 630-734-3215 [www.CooperValuationGroup.com](http://www.CooperValuationGroup.com)

**CONSULTING REPORT**

**Property:**

**Proposed 120-Bed Skilled Nursing Facility**

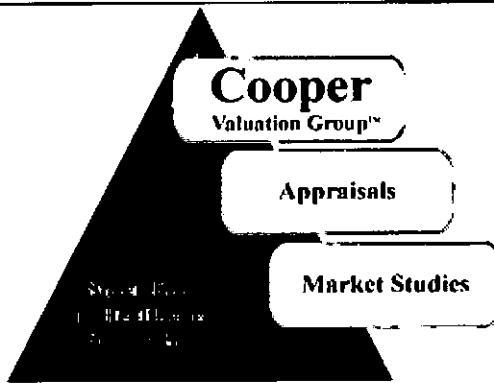
Southwest Corner of Illinois Route 25 & East Middle Street, South Elgin, Kane County, Illinois 60177



Date of Report: September 17, 2010

**Prepared For:**  
Anthony B. Tiritilli  
Prism Healthcare Management Group  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559





**Cooper Valuation Group**, 5 South Monroe, Hinsdale, IL 60521  
Phone 630-734-3215 [www.CooperValuationGroup.com](http://www.CooperValuationGroup.com)

September 17, 2010

Anthony B. Tiritilli  
Prism Healthcare Management Group  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

**Assignment: Consulting Report** - Proposed 120-Bed Skilled Nursing Facility, Southwest Corner of Illinois Route 25 & East Middle Street, South Elgin, Kane County, Illinois 60177.

In accordance with your authorization, we present this Consulting Report. Thank you for the opportunity to be of service. Should you have any questions or desire further information, please contact us at any time.

Respectfully,

Cooper Valuation Group

A handwritten signature in black ink, appearing to read 'Michael L. Cooper', is written over a horizontal line.

Michael L. Cooper, President

CVG#1024

## Assumptions and Limiting Conditions

This report is subject to the following conditions and to other specific and limiting conditions as described in the report.

1. We assume no responsibility for matters legal in nature affecting the property or its title, nor do we render any opinion as to the title, which is assumed to be good and marketable. All existing liens and encumbrances, if any, have been disregarded, and the property is treated as though free and clear and held under responsible ownership and competent management.
2. Information, estimates and opinions furnished to us and contained in the report were obtained from sources considered to be reliable and are believed to be true and correct. However, we assume no responsibility for their accuracy.
3. Although parcel dimensions were taken from a source considered reliable, this should not be construed as a land survey. The exact land size and legal description should be verified by a licensed engineer or land surveyor.
4. Sketches presented in the report may show approximate dimensions and are included to assist the reader in visualizing the property. We assume no responsibility for their accuracy, and we have made no survey of the property.
5. It is assumed that the utilization of the land and improvements is within the boundaries or property lines of the property and that there is no encroachment or trespass unless noted in the report.
6. This report is prepared for the sole and exclusive use of the client. No third parties are authorized to rely upon this report without express written consent.
7. It is assumed that all applicable zoning and use regulations and restrictions have been complied with unless a nonconformity was stated, defined and considered in the report.
8. It is assumed that all required licenses, certificates of occupancy, consents or other legislative or administrative authority from any local, state or national government or private entity or organization have been or can be obtained or renewed for any use on which this report is based.
9. Full compliance with all applicable federal, state and local environmental regulations and laws is assumed unless noncompliance is stated, defined and considered in the report.
10. In this assignment, the existence of potentially hazardous material, gases, toxic waste and mold, which may or may not be present on the property, was not observed; nor do we have any knowledge of the existence of such materials on or in the property. To the best of our knowledge, the presence of potentially hazardous waste, materials or gases has not been detected, or if they have been detected, it has been determined that the amount or level is considered to be safe according to standards established by the Environmental Protection Agency. However, we are not qualified to detect such substances and do not make any guarantees or warranties that the property has been tested for the presence of potentially hazardous waste material or gases or, if tested, that the tests were conducted pursuant to EPA-approved procedures. The existence of any potentially hazardous waste, gases, or mold may have an effect of the property. We urge the client to retain an expert in this field if desired. We are not property or environmental inspectors and do not guarantee that the property is free of defects of environmental issues.
11. It is assumed that the property will have an adequate supply of energy in the future.
12. The Americans with Disabilities Act (ADA) became effective January 26, 1992. We have not made a specific compliance survey and analysis of this property to determine whether or not it is in conformity with the various detailed requirements of the ADA. It is possible that a compliance survey of the property together with a detailed analysis of the requirements of the ADA could reveal that the property is not in compliance with one or more of the requirements of the act. If so, this fact could have a negative impact on the property. Since we have no direct evidence relating to this issue, possible noncompliance with the requirements of the ADA was not considered.
13. We assume there are no hidden or unapparent conditions of the property, subsoil or structures and we assume no responsibility for such conditions or for engineering that might be required to discover such factors.
14. No requirement shall be made of us to give testimony or appear in court by reason of this report of the property in question, unless arrangements have been made previously. If any courtroom or administrative testimony is required in connection with this report, an additional fee shall be charged for those services.
15. Possession of this report, or copy hereof, does not carry with it the right of publication nor may it be used for any purposes whatsoever by any but the client without the previous written consent of us or the client.
16. Neither all nor any part of the contents of this study shall be disseminated to the public through advertising media or public means of communication without prior written consent and approval.
17. Our inspection of the subject should in no way be construed as an engineering inspection for its structural soundness, its physical condition or for the condition of the mechanical systems; we recommend that interested parties obtain an engineering inspection by a competent engineer.

## INTRODUCTION

### Client/Intended User(s)

The client identified on the certification page and the State of Illinois are the intended users of this report. This report is not intended to be (a) used by others and/or (b) used for other purposes.

### Intended Use & Purpose of the Opinions and Conclusions

This report will likely be used by our client and the State of Illinois HUD in determining need for additional SNF beds in the market. This report is not intended to be (a) used by others and/or (b) used for other purposes.

### Effective Date of Opinions and Conclusions

September 13, 2010.

### Scope of Work

Per our discussions with our client, the following is the scope of work:

- Michael L. Cooper visited the property on September 8, 2010.
- We reviewed the preliminary site and building plans for the subject.
- We analyzed demographic info provided by Claritas, Inc.
- We researched the Primary Market Area as defined by our client for competing facilities – both existing and proposed.
- We present demand indicators.

The scope of work completed provides credible assignment results.

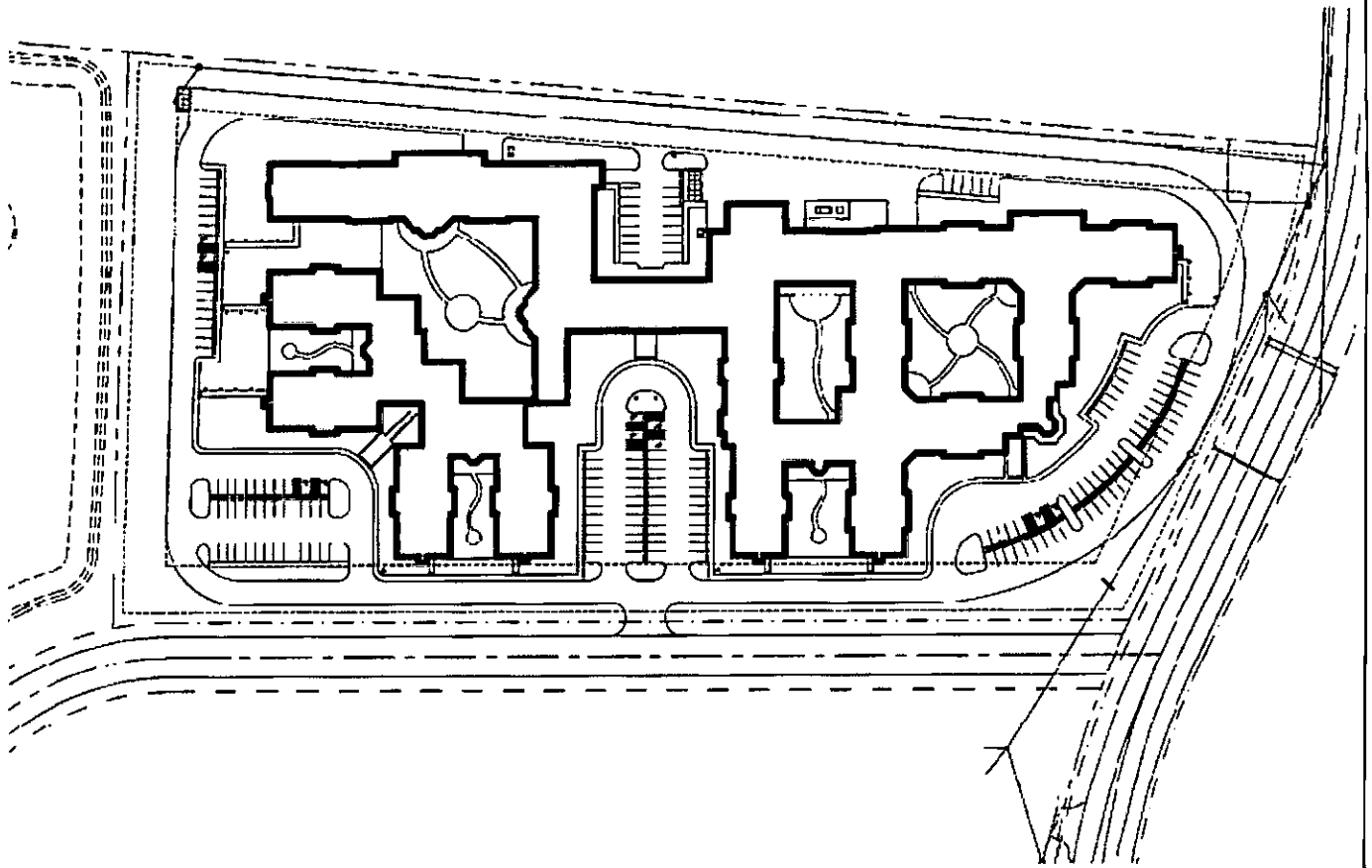
### Abbreviations

The following are industry abbreviations we use in this report: CCRC = Continuing Care Retirement Community; NF = Nursing Facility; SNF = Skilled Nursing Facility; ICF = Intermediate Care Facility; DD = Developmental Disability; MI = Mentally Ill; SLF = Supportive Living Facility; ALF = Assisted Living Facility; ILF = Independent Living Facility; SCF = Sheltered Care Facility; ADLs = Activities of Daily Living; PRD = Per Occupied Resident Day.

## IDENTIFICATION OF THE PROPOSED SUBJECT PROPERTY AND SERVICES

The subject is a proposed 120-bed Skilled Nursing Facility to be located at the southwest corner of Illinois Route 25 and East Middle Street in South Elgin, Kane County, Illinois 60177. The preliminary unit mix is (80) 1-bed units and (20) 2-bed units. The preliminary building plan and floorplans indicate that the SNF will have a separate Medicare wing with (30) 1-bed units, its own nurse's station, and a dedicated dining room. The layout will also include ample common areas including lounges, salon, gift shop, activity rooms, large kitchen, etc. Overall, the proposed layout and design will be superior to all the competitors in the market.

The subject SNF is to be part of a larger "senior campus" that will also include 120 assisted living beds – a mix of "standard" ALF beds and memory care ALF beds. The ALF component of the campus will likely provide a direct referral source for the proposed subject SNF. The following is the preliminary site plan for the senior campus. Please refer to the addenda for detailed layouts of the subject SNF and the ALF components.



### On-Site Services

The subject is a proposed Skilled Nursing Facility (SNF). SNFs typically concentrate on the long-term, skilled geriatric care market as well as on rehabilitation (Medicare).

- Nursing: includes long-term medical and/or nursing care and short-term rehabilitation for injured, disabled or sick persons. Such services are generally at levels above those offered at ALFs or by most home health care services due to mental or physical conditions that are most appropriately handled in an institutional setting. Staff typically includes RNs, LPNs, and other staff such as Nursing Aides and Orderlies. This includes proper administering of medications and nursing programs.
- Rehabilitation: includes physical, occupational, speech therapy staff and services to return or improve the resident's overall health.
- Social services and activities: includes social interaction programs and activities designed to improve the resident's overall health.
- Dietary: includes specialized meals to provide proper nutrition.

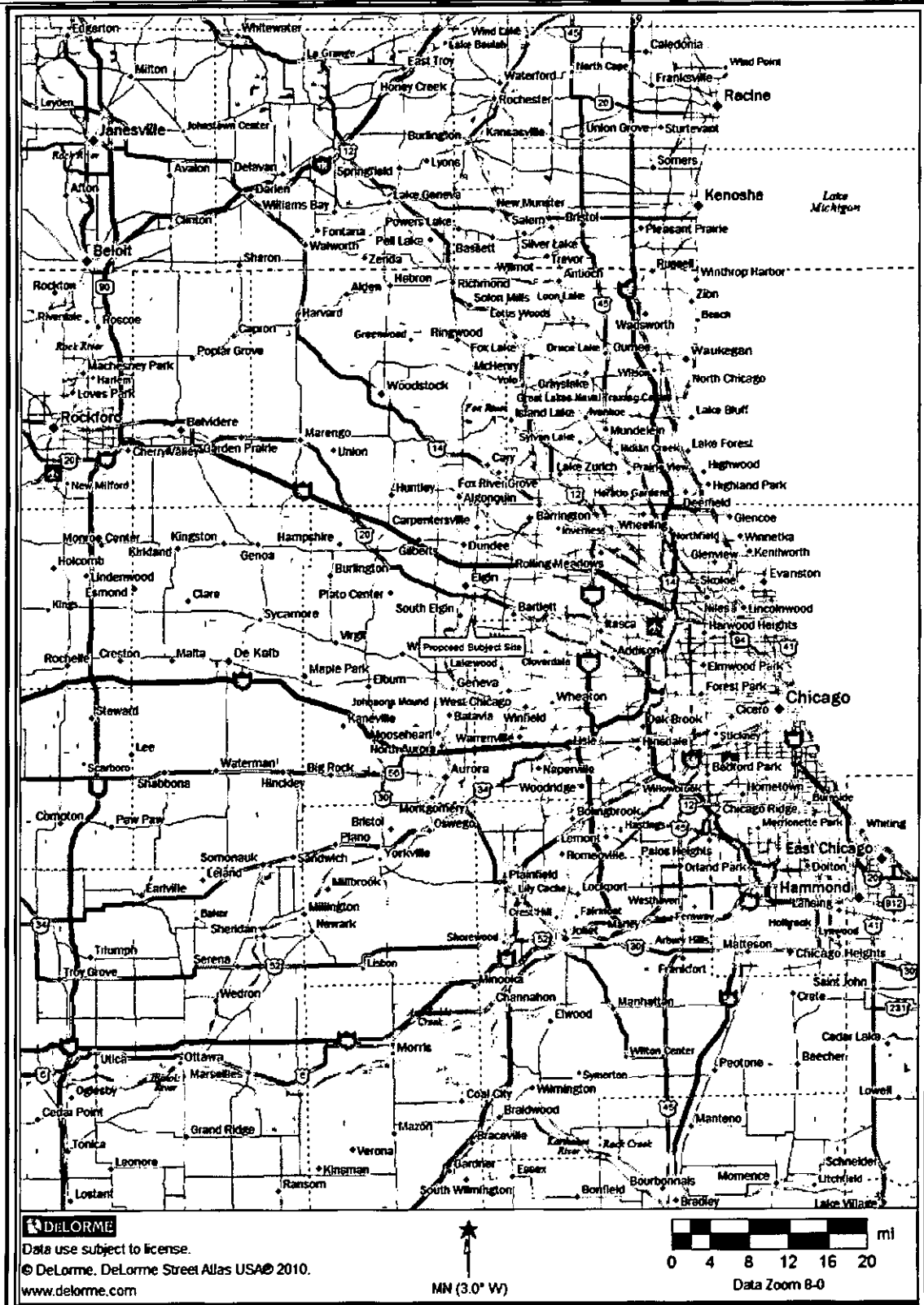
The following is a list of services typically provided to all SNF residents regardless of census type (private pay, Medicare, etc.):

- 24-hour nursing care
- 3 meals per day with snacks and special diets
- laundry services (personal and linens)
- full housekeeping services
- activities & social services,
- accounting records (payment assistance)

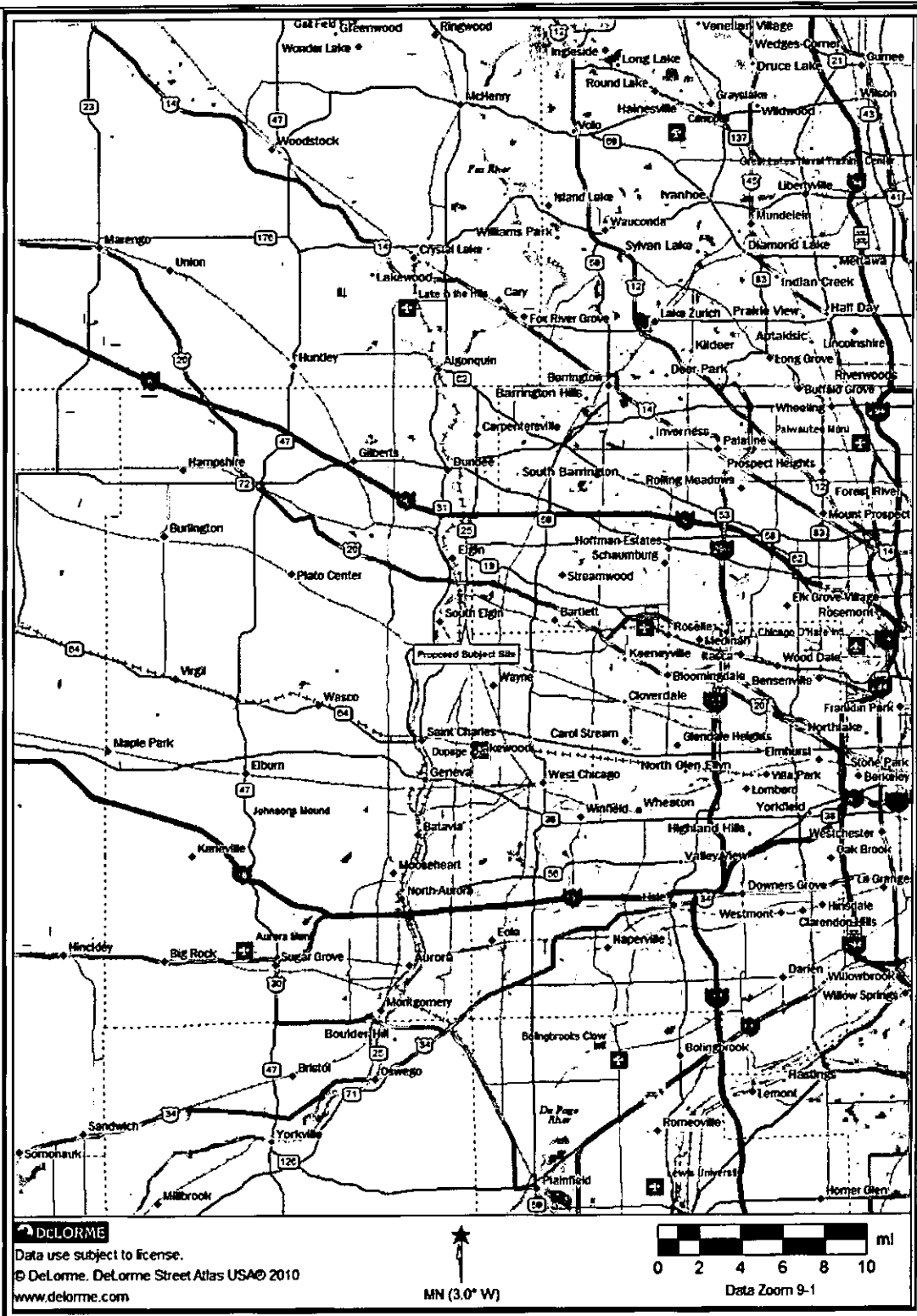
Additional charges are typical for therapy, supplies, prescription drugs, and other specific personal needs. The following is a list of additional charges that is generally allocated to the "Other Income" category:

- Cable TV
- Telephone
- Personal items (cigarettes, novelties, etc.)
- Gift shop purchases
- Special food requests not related to special diets

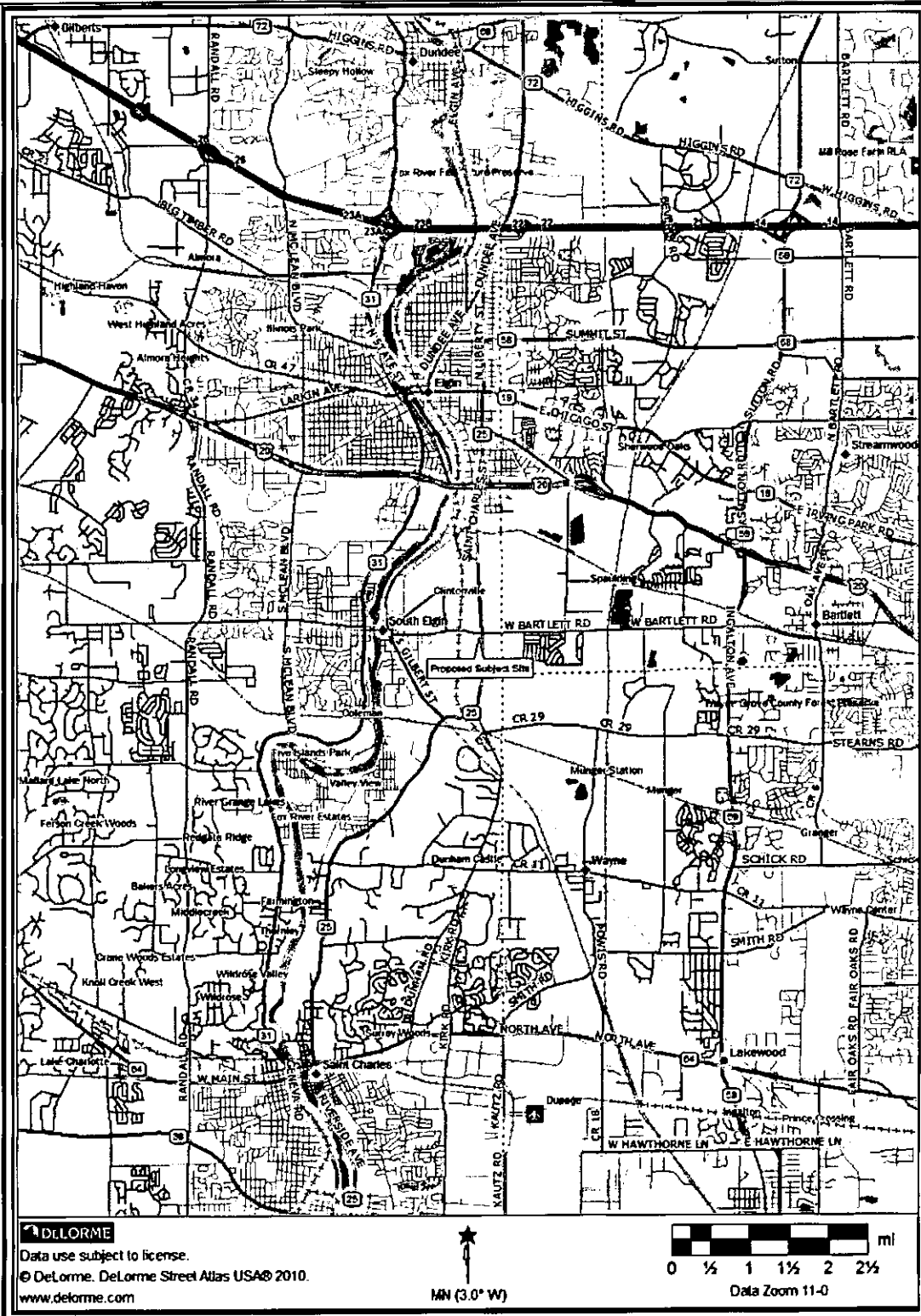
➤ Conclusion: The subject's proposed basic services and additional charges are consistent with market.



Location Map

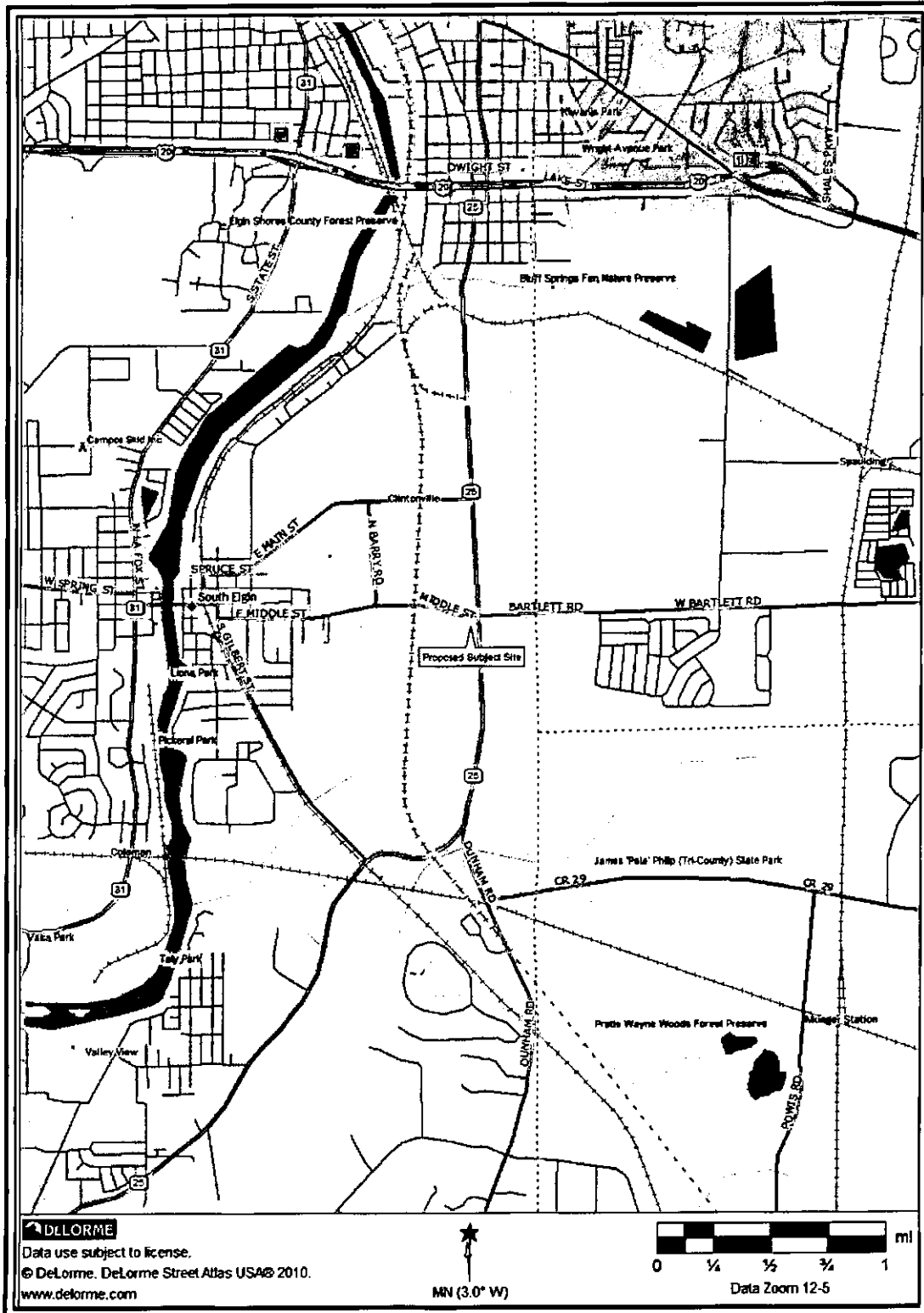


Location Map

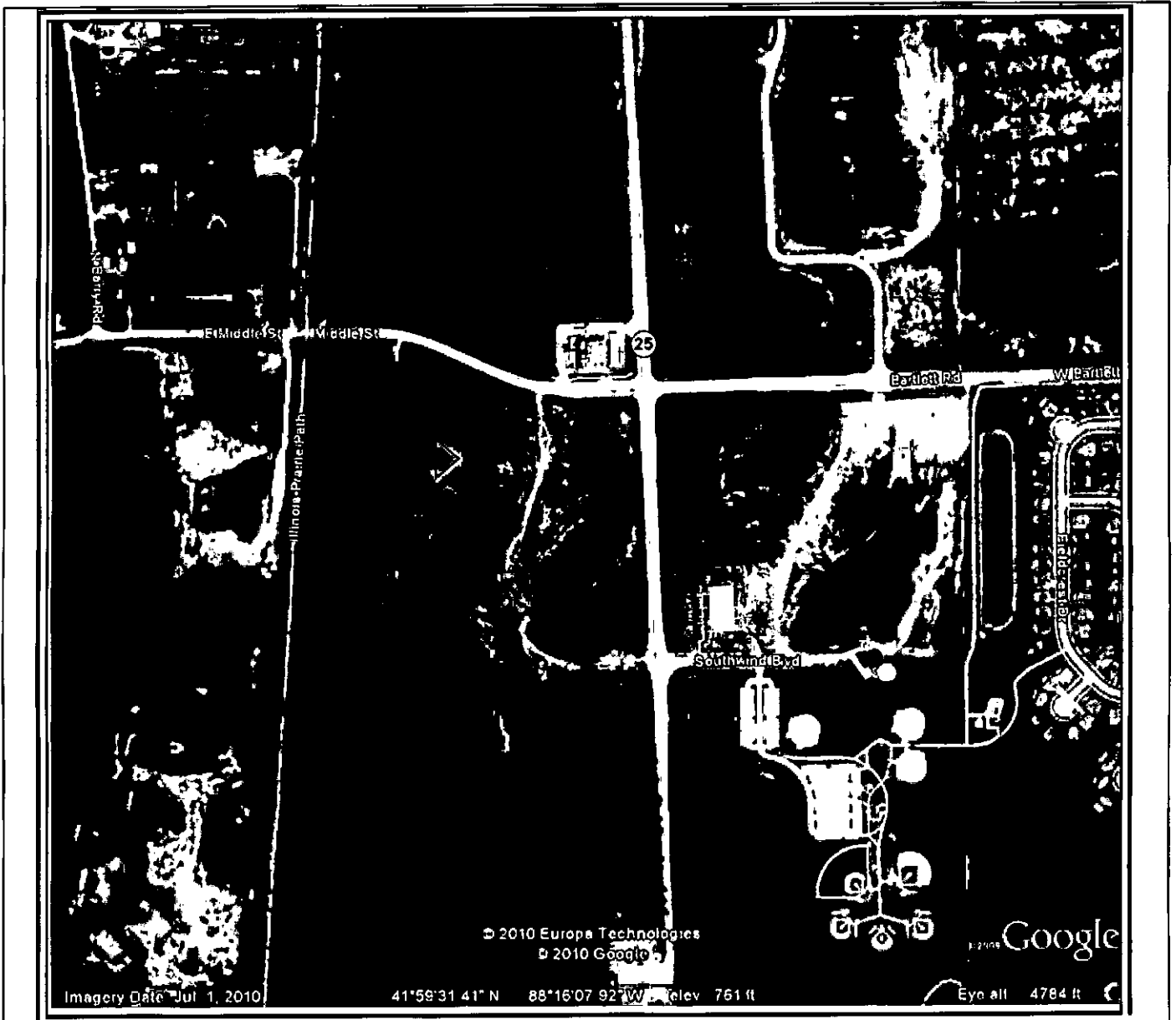


Location Map





Location Map

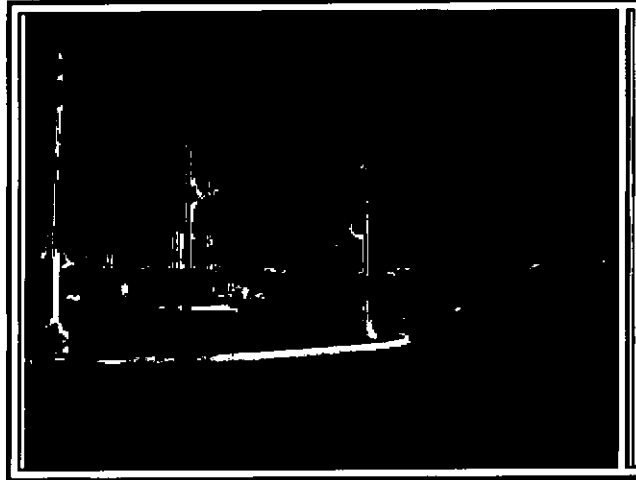


**Aerial Map**

**Land Uses Adjacent to the Subject Property**

- The subject is in a relatively undeveloped portion of South Elgin at the corner of Middle Street (which turns into Bartlett Road east of Route 25) and Illinois Route 25. On the northwest corner is a newer development that includes a gas station, mini-mart, car wash, and small restaurant. The other 3 corners remain undeveloped.

North: Across Middle Street on the northwest corner are a gas station, mini-mart, car wash, and small restaurant.



*View North Along Route 25*

South: Vacant land with a sign advertising a future single-family development.



*View South Along Route 25*

East: Vacant land with a sign advertising a future residential development including townhomes.



*View East Along Bartlett Road*

West: Vacant land.



*View West Along Middle Street*

## MARKET ANALYSIS

The Primary Market Area (PMA) is defined as the area from which most of the prospective residents originate. A variety of issues influence the boundaries of the PMA including factors such as drive times, man-made or natural boundaries, mileage, and social characteristics. Urban vs. rural locations can obviously have vastly different boundary characteristics based on density of land uses. In our experience, the PMA typically provides 70% to 80% of the residents with the remaining 20% to 30% coming from the SMA.

### Definitions of the Primary Market Area (PMA) and Secondary Market Area (SMA)

- The proposed subject SNF will concentrate on the long-term skilled geriatric care and short-term rehabilitation (Medicare) markets.
- The target residents for private pay are persons aged 75+ in need of long-term skilled care with incomes above \$50,000. The target residents for Medicaid are persons aged 75+ (age 21+ for MI) in need of long-term skilled care with incomes below \$25,000. The target residents for Medicare are people age 65 and older, some disabled people under 65 years of age, and for people with end stage renal disease (permanent kidney failure treated with dialysis or transplant). Medicare is age and need driven only (not income driven).

The subject is at the intersection of 3 Illinois counties – Kane, DuPage, and Cook (please see following map). Per our client's directions, the Primary Market Area (PMA) is defined as a 17-mile ring around the subject site. This 17-mile radius includes portion of 5 Illinois Counties (see following maps).

Claritas, Inc. does not have the ability to directly segregate the 17-mile ring data into those 5 county areas. So we ordered separate reports that approximate the boundaries of the 17-mile radius. The population totals do not exactly match the aggregated 17-mile radius totals. The 17-mile radius indicated a total 2010 population of 1,658,627 which compares to the 5 county section totals of 1,676,919. This is a minor difference of less than 1.1% so the results are considered similar enough to provide credible results to analyze.

### Demographics

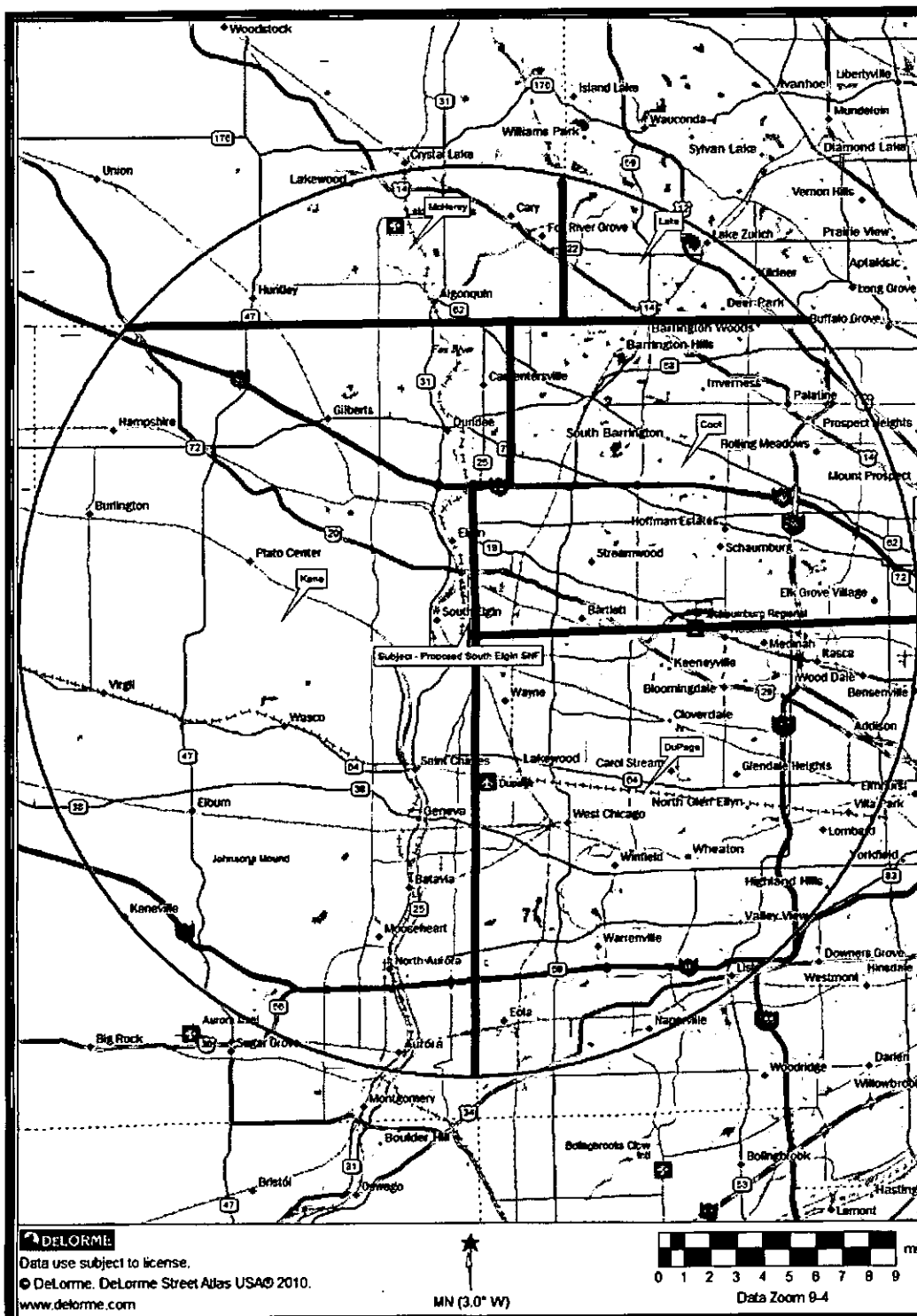
#### Total Population

<b>PMA (17 miles) Population Projections</b>							
	2000 Census		2010 Estimate		2015 Projection		Annual Change 2010 - 2015
	Number	% Total	Number	% Total	Number	% Total	
Total Population	1,500,443	100%	1,658,627	100%	1,719,607	100%	0.7%
Source: Claritas			% Change 2010-2015:		3.7%		
<i>Proposed South Elgin SNF</i>							

The PMA population is projected to increase at a rate of 0.7% per year, which is a modest growth rate. We note that the Kan County portion of the PMA is growing faster. The slower PMA rate is likely due to less available developable land in the eastern portion of the subject's SMA.

<b>PMA (17 miles) Population Projections by Age Cohort</b>							
Population Age Bracket	2000 Census		2010 Estimate		2015 Projection		Annual Change 2010 - 2015
	Number	% Total	Number	% Total	Number	% Total	
0-64	1,368,099	91%	1,491,375	90%	1,514,851	88%	0.3%
65-74	71,261	5%	97,331	6%	126,642	7%	6.0%
75+	61,083	4%	69,921	4%	78,115	5%	2.3%
Total	1,500,443	100%	1,658,627	100%	1,719,608	100%	0.7%
Source: Claritas			% Change 2010-2015:		3.7%		
<i>Proposed South Elgin SNF</i>							

The population growth in the PMA is driven by the elderly segments. The age 65-74 segment is increasing 6% per year and the age 75+ segment is projected to grow at a rate of 2.3% per year. Both rates indicate solid future demand for SNFs as a significant percentage of the 75+ and 85+ cohorts typically require assistance with ADLs and skilled nursing care.



**Primary Market Area Map = 17 mile radius (Portions of 5 Different Counties)**

### Area Map

Prepared For: mlc  
Project Code: Prism

Order #: 969101140  
Site: 01

IL 25 AT E MIDDLE ST  
SOUTH ELGIN, IL 60177  
Coord: 41.993499, -88.268038  
Radius - See Appendix for Details



- ★ Port
- ▨ Interstate Highways
- ▨ US Highways
- ▨ State Highways
- ▨ Major Highways
- ▨ Major Roads
- ▨ Roads
- ▨ Railroads
- ▨ Landmarks
- ▨ Parks
- ▨ Hydrography
- ▨ Airports
- ▨ Zip Codes
- ▨ State
- ▨ County

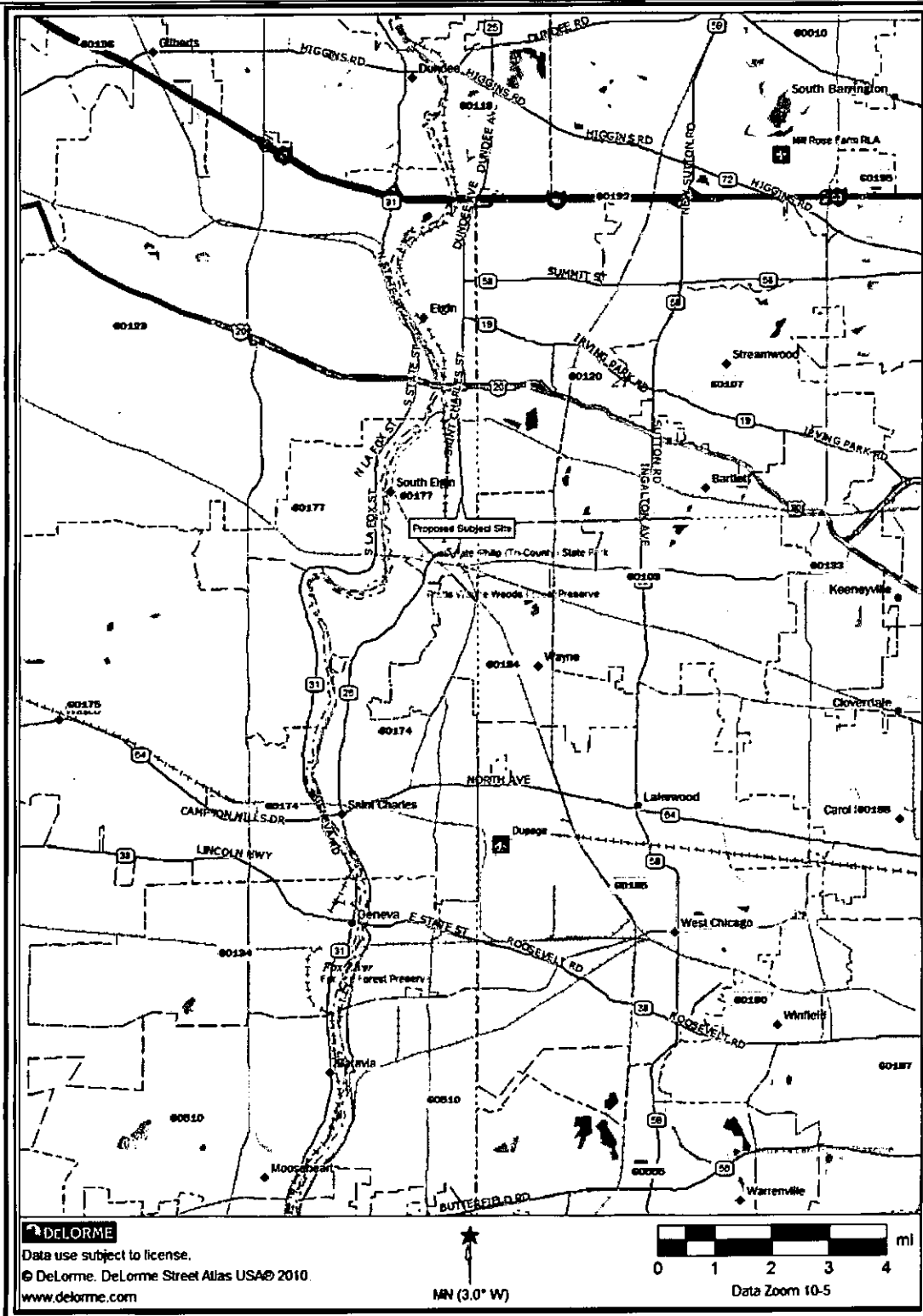


nielsen Prepared on: August 24, 2010  
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Page 1 of 2  
Nielsen Solution Center 1 800 856 6511



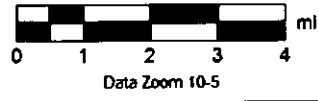
Primary Market Area Map = 17-mile radius (Source: Claritas)



DeLORME

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www.delorme.com

MN (3.0° W)



Local Zip Code Map



## PMA (17 miles) Population By County Sections

Kane County - PSA 8							
Population Age Bracket	2000 Census		2010 Estimate		2015 Projection		Annual Change 2010 - 2015
	Number	% Total	Number	% Total	Number	% Total	
0-64	332,862	92%	424,589	91%	457,242	90%	1.5%
65-74	15,997	4%	24,304	5%	33,231	7%	7.3%
75+	14,316	4%	17,156	4%	19,957	4%	3.3%
Total	363,175	100%	466,049	100%	510,430	100%	1.9%

McHenry County - PSA 8							
Population Age Bracket	2000 Census		2010 Estimate		2015 Projection		Annual Change 2010 - 2015
	Number	% Total	Number	% Total	Number	% Total	
0-64	106,330	29%	137,442	29%	147,523	29%	1.5%
65-74	4,336	1%	7,793	2%	10,220	2%	6.2%
75+	3,147	1%	5,343	1%	6,291	1%	3.5%
Total	113,813	31%	150,578	32%	164,034	32%	1.8%

Lake County - PSA 8							
Population Age Bracket	2000 Census		2010 Estimate		2015 Projection		Annual Change 2010 - 2015
	Number	% Total	Number	% Total	Number	% Total	
0-64	37,107	10%	39,800	9%	40,156	8%	0.2%
65-74	2,119	1%	3,228	1%	4,252	1%	6.3%
75+	1,537	0%	1,954	0%	2,298	0%	3.5%
Total	40,763	11%	44,982	10%	46,706	9%	0.8%

Cook County - PSA 7							
Population Age Bracket	2000 Census		2010 Estimate		2015 Projection		Annual Change 2010 - 2015
	Number	% Total	Number	% Total	Number	% Total	
0-64	395,162	109%	387,688	83%	377,863	74%	-0.5%
65-74	23,001	6%	27,765	6%	33,918	7%	4.4%
75+	19,219	5%	20,573	4%	22,057	4%	1.4%
Total	437,382	120%	436,026	94%	433,838	85%	-0.1%

DuPage County - PSA 7							
Population Age Bracket	2000 Census		2010 Estimate		2015 Projection		Annual Change 2010 - 2015
	Number	% Total	Number	% Total	Number	% Total	
0-64	509,920	140%	518,950	111%	510,302	100%	-0.3%
65-74	25,790	7%	35,104	8%	46,478	9%	6.5%
75+	22,940	6%	25,230	5%	28,068	5%	2.2%
Total	558,650	154%	579,284	124%	584,848	115%	0.2%

Totals							
Population Age Bracket	2000 Census		2010 Estimate		2015 Projection		Annual Change 2010 - 2015
	Number	% Total	Number	% Total	Number	% Total	
0-64	1,381,381	380%	1,508,469	324%	1,533,086	300%	0.3%
65-74	71,243	20%	98,194	21%	128,099	25%	6.1%
75+	61,159	17%	70,256	15%	78,671	15%	2.4%
Total	1,513,783	417%	1,676,919	360%	1,739,856	341%	0.8%

Elderly Population

PMA (17 miles) Elderly Population							
Population Over Age 75	2000 Census		2010 Estimate		2015 Projection		Annual Change 2010 - 2015
	Number	% Total	Number	% Total	Number	% Total	
75-84	44,869	73%	48,604	70%	54,306	70%	2.3%
85 and Over	16,214	27%	21,317	30%	23,809	30%	2.3%
Total	61,083	100%	69,921	100%	78,115	100%	2.3%
Source: Claritas					% Change 2010-2015:		11.7%
<i>Proposed South Elgin SNF</i>							

The elderly population in the PMA is projected to increase a substantial 11.7% from 2010 to 2015 (8,194 people). This points to solid future demand in the PMA for long-term care facilities (ALFs, SNFs, etc.) as a significant percentage of the 75+ and 85+ cohorts typically require assistance with ADLs and skilled nursing care.

Adult Children Population

Adult children are often the decision-makers for housing options for their parents and are also a factor in relocating parents to be near their children and grandchildren.

PMA (17 miles) Adult Children Population							
	2000 Census		2010 Estimate		2015 Projection		Annual Change 2010 - 2015
	Number	% Total	Number	% Total	Number	% Total	
Ages 45-64	326,309	100%	444,768	100%	473,636	100%	1.3%
Source: Claritas					% Change 2010-2015:		6.5%
<i>Proposed South Elgin SNF</i>							

The "adult children" segment in the PMA is projected to increase at a rate of 1.3% per year (6.5% from 2010 to 2015) which bodes well for long-term care facilities (ALFs, SNFs, etc.).

Incomes

Average Household Income Comparison				
	2000 Census	2010 Estimate	2015 Projection	Annual Change 2010 - 2015
PMA (17 miles)	\$80,131	\$94,866	\$100,329	1.2%
Illinois	\$61,544	\$74,593	\$80,020	1.5%
USA	\$56,644	\$71,071	\$77,465	1.8%
Source: Claritas				
<i>Proposed South Elgin SNF</i>				

The PMA has an average household income that is far higher than state and national averages. Although income growth rates are below the state and nation, the income levels are high enough to support private pay long-term care beds.

## Housing Values

## Median All Owner-Occupied Housing Unit Values

	2000 Census	2010 Estimate	2015 Projection	Annual Change 2010 - 2015
<b>PMA (17 miles)</b>	\$178,214	\$250,519	\$268,484	1.4%
<b>Illinois</b>	\$127,527	\$180,875	\$197,002	1.8%
<b>USA</b>	\$112,467	\$170,676	\$187,560	2.0%

Source: Claritas

*Proposed South Elgin SNF*

The PMA has a median housing value far higher than state and national averages. The sale of a home is often the main source of assets/income available to a senior to pay for long-term care. An American Seniors Housing Association survey in May 2008 stated that 74% of seniors 75+ have paid off their mortgages. Assuming no debt, 10% sales costs, and a 3-year length of stay in a long-term care facility, the 2010 PMA data indicates \$6,263 per month (\$206 per day) available just from the sale of a home. Combined with income levels (investments, retirement funds, adult children assistance, etc.), these levels are sufficient to cover private pay rates for SNF care in the market.

## EXISTING & PROPOSED SUPPLY – PMA (17 MILES)

Facility Name & Location County	Licensed Beds Effective Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total	Source Date
1 North Aurora Care Center 310 Banbury Road, North Aurora, IL Kane	129	108	104	5	-	-	Medicaid Cost Report 2009
	122	89.3%	95%	5%	0%	0%	
			Quality Mix = 5%				
2 Aurora Rehab & Living Center 1601 North Farnsworth, Aurora, IL Kane	195	146	114	9	18	5	Medicaid Cost Report 2009
	182	80.4%	78%	6%	12%	4%	
			Quality Mix = 19%				
3 Covenant Healthcare Center 831 N. Batavia Avenue, Batavia, IL Kane	99	96	32	9	7	49	Medicaid Cost Report FY 2009
	99	96.6%	33%	9%	7%	51%	
			Quality Mix = 16%				
4 Batavia Rehab & Healthcare Center 520 Fabyan Parkway, Batavia, IL Kane	63	43	37	4	-	2	Medicaid Cost Report 2009
	68	74.2%	87%	9%	0%	4%	
			Quality Mix = 9%				
5 Provena Geneva Care Center 1101 East State Street, Geneva, IL Kane	107	89	54	16	18	1	Medicaid Cost Report 2009
	106	83.8%	61%	18%	20%	1%	
			Quality Mix = 38%				
6 Provena Pine View Care Center 611 Allen Lane, St. Charles, IL Kane	120	96	49	21	24	2	Medicaid Cost Report 2009
	120	79.7%	51%	22%	25%	2%	
			Quality Mix = 47%				
7 South Elgin Rehab & Healthcare Center 746 Spring Street, South Elgin, IL Kane	90	65	40	9	6	0	Medicaid Cost Report 2009
	80	89.1%	73%	16%	11%	0%	
			Quality Mix = 27%				
8 Tower Hill Healthcare Center 759 Kane Street, South Elgin, IL Kane	206	187	129	38	19	-	Medicaid Cost Report 2009
	206	90.6%	69%	20%	10%	0%	
			Quality Mix = 31%				
9 Rosewood Care Ctr St. Charles 850 Dunham Road, Saint Charles, IL Kane	109	72	18	41	13	-	Medicaid Cost Report FY 2009
	109	66.4%	28%	57%	18%	0%	
			Quality Mix = 74%				
10 Rosewood Care Center of Elgin 2355 Royal Boulevard, Elgin, IL Kane	139	114	37	63	24	-	Medicaid Cost Report FY 2009
	139	81.7%	33%	46%	21%	0%	
			Quality Mix = 67%				
11 Sherman West Court 1950 Larkin Avenue, Elgin, IL Kane	120	88	10	42	36	-	Medicaid Cost Report FY 2009
	120	73.7%	12%	48%	40%	0%	
			Quality Mix = 88%				
12 Maplewood Care 50 North Jane Drive, Elgin, IL Kane	203	188	177	5	5	2	Medicaid Cost Report 2009
	203	82.8%	94%	3%	2%	1%	
			Quality Mix = 5%				
13 Asta Care Center Of Elgin 134 North Mclean Boulevard, Elgin, IL Kane	102	87	69	3	11	3	Medicaid Cost Report 2009
	100	86.7%	80%	3%	13%	4%	
			Quality Mix = 16%				
14 Apostolic Christian Resthaven 2750 West Highland Avenue, Elgin, IL Kane	50	48	17	31	-	-	Medicaid Cost Report 2009
	50	96.8%	36%	84%	0%	0%	
			Quality Mix = 64%				
15 Manorcare of Elgin 180 South State Street, Elgin, IL Kane	88	71	39	9	17	8	Medicaid Cost Report FY 2009
	80	86.9%	55%	12%	24%	9%	
			Quality Mix = 36%				
16 Heritage Manor - Elgin 355 Raymond Street, Elgin, IL Kane	94	79	60	8	11	-	Medicaid Cost Report 2009
	94	83.7%	76%	10%	14%	0%	
			Quality Mix = 24%				
17 Assisi Healthcare Center at Clare Oaks 775 W Bartlett Rd, Bartlett, IL Cook	120	60	17	11	27	5	Medicaid Cost Report FY 2009
	120	50.3%	28%	18%	45%	9%	
			Quality Mix = 63%				
18 Lexington Of Streamwood 815 East Irving Park Road, Streamwood, IL Cook	214	171	120	12	27	12	Medicaid Cost Report 2009
	214	80.1%	70%	7%	16%	7%	
			Quality Mix = 23%				

Facility Name & Location County	Licensed Beds Effective Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total	Source Date																												
19 Lexington Of Schaumburg 675 South Roselle Road, Schaumburg, IL Cook	214 214	188 87.6%	127 68%	11 6%	35 19%	14 8%	Medicaid Cost Report 2009																												
					Quality Mix = 24%																														
20 Friendship Village Schaumburg 350 West Schaumburg Road, Schaumburg, IL Cook	250 248	218 87.9%	52 24%	50 23%	38 17%	78 36%	Medicaid Cost Report FY 2009																												
					Quality Mix = 40%																														
21 Rosewood Care Center Inverness 1800 Colonial Parkway, Inverness, IL Cook	142 142	88 62.3%	23 26%	38 43%	28 31%	- 0%	Medicaid Cost Report FY 2009																												
					Quality Mix = 74%																														
22 Alden Estates of Barrington 1420 South Barrington Road, Barrington, IL Cook	150 160	119 79.5%	53 45%	19 16%	44 37%	3 3%	Medicaid Cost Report 2009																												
					Quality Mix = 53%																														
23 Manor Care - Elk Grove Village 1920 Nerge Road, Elk Grove Village, IL Cook	190 190	175 92.3%	52 30%	29 17%	79 45%	16 9%	Medicaid Cost Report FY 2009																												
					Quality Mix = 61%																														
24 Alden Poptar Creek 1545 Barrington Road, Hoffman Estates, IL Cook	217 193	167 86.8%	107 64%	18 11%	32 19%	10 6%	Medicaid Cost Report 2009																												
					Quality Mix = 30%																														
25 West Chicago Terrace 928 Joliet Road, West Chicago, IL DuPage	120 120	116 96.8%	111 96%	5 4%	- 0%	- 0%	Medicaid Cost Report 2008																												
					Quality Mix = 4%																														
26 Winfield Woods 28W141 Liberty Street, Winfield, IL DuPage	138 138	132 95.3%	119 91%	12 9%	- 0%	0 0%	Medicaid Cost Report 2009																												
					Quality Mix = 9%																														
27 Dupage Convalescent Home 400 N County Farm Road, Wheaton, IL DuPage	508 360	326 90.7%	258 79%	43 13%	22 7%	3 1%	Medicaid Cost Report PY 2009																												
					Quality Mix = 20%																														
*Effective capacity is only 360 beds.																																			
28 Wynscape 2180 Manchester Road, Wheaton, IL DuPage	209 161	139 86.6%	27 19%	59 42%	47 33%	8 5%	Medicaid Cost Report FY 2009																												
					Quality Mix = 75%																														
29 Wheaton Care Center 1325 Manchester Road, Wheaton, IL DuPage	123 123	113 91.8%	102 91%	4 4%	6 5%	0 0%	Medicaid Cost Report 2009																												
					Quality Mix = 9%																														
30 Wood Glen Nursing & Rehab Center County Farm Rd & SR-64, West Chicago, IL DuPage	207 207	201 97.1%	184 92%	13 6%	4 2%	0 0%	Medicaid Cost Report 2009																												
					Quality Mix = 8%																														
31 Lexington Health Care Center-Bloomington 165 South Bloomington Road, Bloomington, IL DuPage	166 166	141 85.2%	90 64%	18 13%	22 16%	11 8%	Medicaid Cost Report 2009																												
					Quality Mix = 29%																														
32 Abington Rehab & Nursing Center 31 West Central, Roselle, IL DuPage	82 82	64 77.8%	54 84%	5 8%	5 8%	- 0%	Medicaid Cost Report 2009																												
					Quality Mix = 16%																														
33 Alden-Valley Ridge Rehab & Care 275 East Army Trail Road, Bloomington, IL DuPage	207 207	168 81.1%	114 68%	16 10%	14 8%	24 14%	Medicaid Cost Report 2009																												
					Quality Mix = 18%																														
34 West Suburban Nursing & Rehab Center 311 Edgewater Drive, Bloomington, IL DuPage	259 259	184 70.9%	143 78%	13 7%	25 13%	3 2%	Medicaid Cost Report 2009																												
					Quality Mix = 21%																														
35 Windsor Park Manor 110 Windsor Park Drive, Carol Stream, IL DuPage	80 80	61 76.3%	- 0%	50 82%	8 13%	3 5%	IDPH Profile 4/20/2009																												
					Quality Mix = 95%																														
36 Prairieview Nursing Unit at Garlands 6000 Garlands Ave., Barrington, IL Lake	20 20	13 65.0%	- 0%	11 85%	2 15%	- 0%	IDPH Profile 3/18/2009																												
					Quality Mix = 100%																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Licensed Beds</th> <th>Occupied Beds % Occupancy</th> <th># Medicaid % of Total</th> <th># Private Pay % of Total</th> <th># Medicare % of Total</th> <th># Other % of Total</th> </tr> </thead> <tbody> <tr> <td>Totals:</td> <td>5,530</td> <td>4,414</td> <td>2,741</td> <td>739</td> <td>672</td> <td>262</td> </tr> <tr> <td></td> <td>5,262</td> <td>83.8%</td> <td>62%</td> <td>17%</td> <td>16%</td> <td>6%</td> </tr> <tr> <td></td> <td colspan="2">Vacancy = 16.1%</td> <td colspan="4">Quality Mix = 32%</td> </tr> </tbody> </table>									Licensed Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total	Totals:	5,530	4,414	2,741	739	672	262		5,262	83.8%	62%	17%	16%	6%		Vacancy = 16.1%		Quality Mix = 32%			
	Licensed Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total																													
Totals:	5,530	4,414	2,741	739	672	262																													
	5,262	83.8%	62%	17%	16%	6%																													
	Vacancy = 16.1%		Quality Mix = 32%																																

- > The 17-mile PMA has an average occupancy of 83.9% with a solid quality census mix of 32% (private pay and Medicare).
- > We note that some SNFs have very high Medicare census mixes which means that they need to keep available/open beds for the volatile Medicare census – so the result is that the effective bed capacity total is likely lower than shown on the table.

**CONs Approved Beds / New Construction**

37	Asbury Pavilion Nursing & Rehab Ctr 210 Airport Road, North Aurora, IL Kane	75	Permit issued 6/9/2010 for 75 beds
38	Greenfields of Geneva Lot 2 & 3 Mill Creek, Geneva, IL Kane	43	Permit issued 9/1/2009 for 43 beds
39	Meadowbrook Manor 37W220 Kestinger Road, Geneva, IL Kane	150	Permit issued 9/2/2009 for 150 beds
40	Addison Rehabilitation & Living Center 1754 Capital Street, Elgin, IL Kane	120	Permit issued 3/2/2010 for 120 beds
41	Monarch Landing 2255 Erickson Drive, Naperville, IL DuPage	24	Permit issued 3/11/2009 for 24 beds
42	Church Creek Station Skilled Nursing 2016 West Lake Street, Hanover Park, IL Cook	150	Construction underway for 150 beds
<b>Total Proposed Bed Supply</b>		<b>562</b>	
<b>Total Existing &amp; Proposed Bed Supply</b>		<b>5,824</b>	

> Of the above, only the Greenfields of Geneva and Church Creek has started development. The Greenfields of Geneva SNF will be part of an entry fee CCRC that has just started site prep. The Church Creek SNF is nearing completion as of September 2010.

## DEMAND ANALYSIS (BED NEED)

### Bed Need Indicator #1: State-Calculated Bed Need

As previously stated, the subject is at the intersection of 3 Illinois counties – Kane, Cook, and DuPage. So although located in Kane County and a part of Planning Area 8, the subject is less than 1,000 yards from the borders of both Cook (Planning area 7-A) and DuPage (Planning Area 7-C) Counties. As such, the subject's market for referrals will include the nearby portions of all 3 counties.

The subject site is technically located within Planning Area 8 – Kane County, which has a current state-calculated bed need of **30 beds** (according to the Inventory of Health Care Facilities and Services and Need Determinations 2008 Report - 8/16/2010). Planning Area 7-A – Cook County has a bed need of **891 beds** and Planning Area 7-C – DuPage County has a bed need of **614 beds**. The combined total bed need is then 1,535 beds as follows:

County & Planning Area	Bed Need
Kane PA-8	30
Cook PA 7-A	891
DuPage PA 7-C	614
	1,535

### Bed Need Indicator #2: Applying Use Rates to the PMA

The following are the 2015 "use rates" as calculated by the state. We calculated an average "use rate" for Kane, Cook, and DuPage Counties as follows:

2015 Planned - Use Rates				
Age	Kane	Cook	DuPage	Average
0-64	368.6	415.0	415.0	399.5
65-74	4,863.7	2,970.0	4,759.0	4,197.6
75+	25,594.0	22,270.0	26,003.0	24,622.3

The next step is applying the average use rates to the 3-county PMA population forecasts as supplied by Claritas, Inc.

Based Upon: AVERAGE PSA Use Rates							
Age	PMA Population in Kane, DuPage, Cook)	Avg PSA Use Rate (Kane, DuPage, Cook)	Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ)	Less Total Beds	Bed Need
0-64	1,237,944	399.5	494,599.9	1,355.1	1,505.6		
65-74	64,788	4,197.6	271,951.9	745.1	827.9		
75+	56,475	24,622.3	1,390,546.3	3,809.7	4,233.0		
<b>Market Area Totals</b>			<b>2,157,098.1</b>	<b>5,909.9</b>	<b>6,566.5</b>	<b>5,824.0</b>	<b>742.5</b>

The bed need through use rates applied to the Kane, Cook, and DuPage portions of Primary Market Area is then 742.5.

### Bed Need Indicator #3: General Population Use Rate

From our research, the vast majority of the PMA facilities focus on elderly residents as opposed to those aged 0-64. We also note that most SNFs accept Medicare (age 65 eligibility), so using the age 75+ segment would understate demand. Therefore, we use the age 65+ segment to calculate use rates for the substantially geriatric nursing facilities in the PMA.

The age 65+ PMA population for 2010 is 167,252 people. Our research of the 17-mile PMA indicates 4,414 occupied SNF beds, which is a use rate of 2.64% of the age 65+ PMA population. This is a similar ratio to other ratios we have calculated for similar markets.

The projected age 65+ PMA population for 2015 is 204,757 and using the same 2.64% use rate equates to 5,404 projected occupied beds in 2015. This is an increase of 990 beds from the current level, which indicates growing demand in the PMA for the proposed subject.

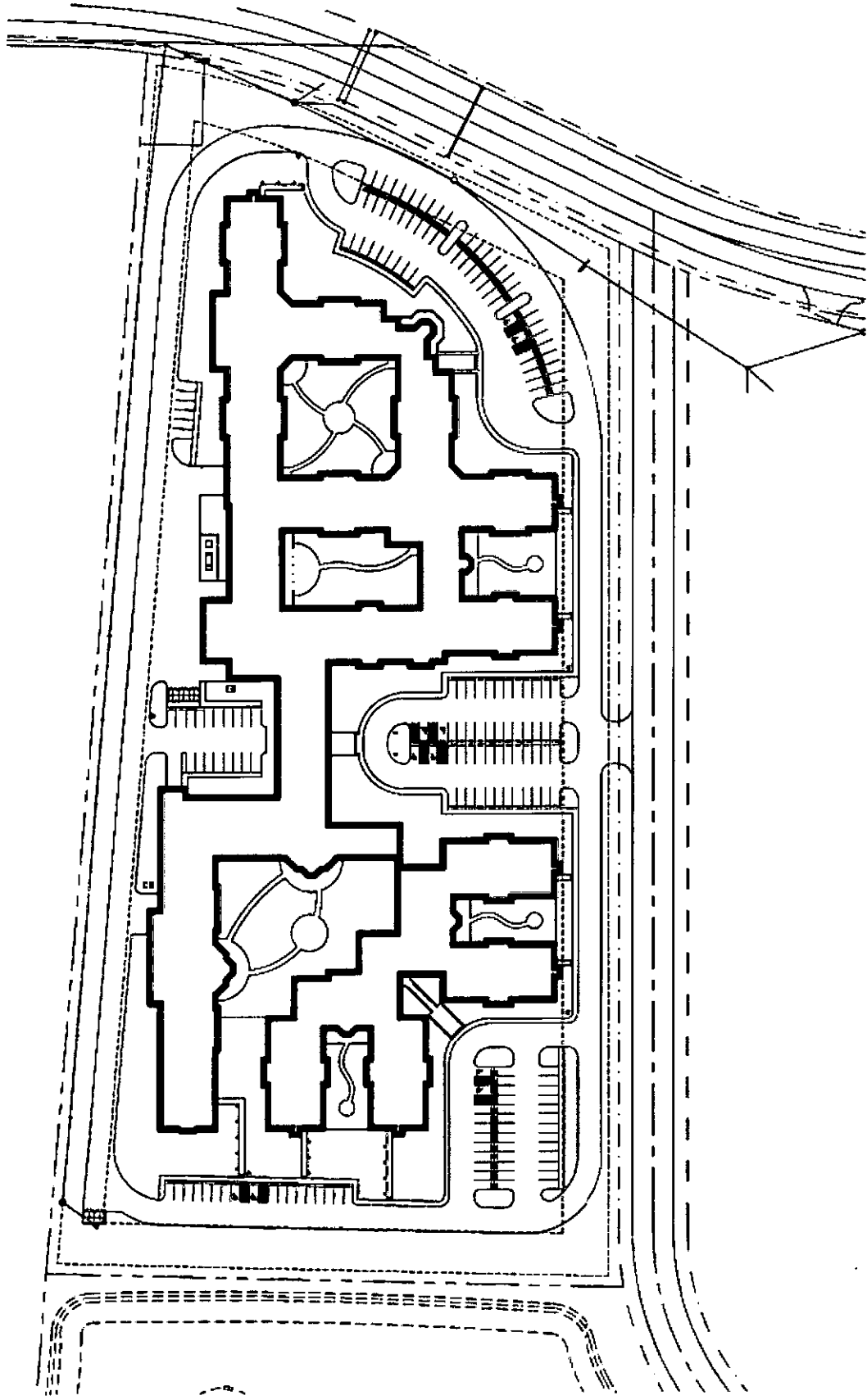
The current PMA average occupancy is 83.9% (4,414 occupied beds / 5,262 available beds). After including the 562 beds already approved for the PMA plus the subject's proposed 120 beds, the supply will increase to 5,944 beds. With a projected occupancy of 5,404 beds in 2015, this would equate to an average PMA occupancy of 90.92% which is higher than the current occupancy meaning that the impact on other facilities in the PMA is non-existent. The following table summarizes our calculations:

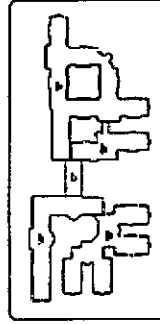
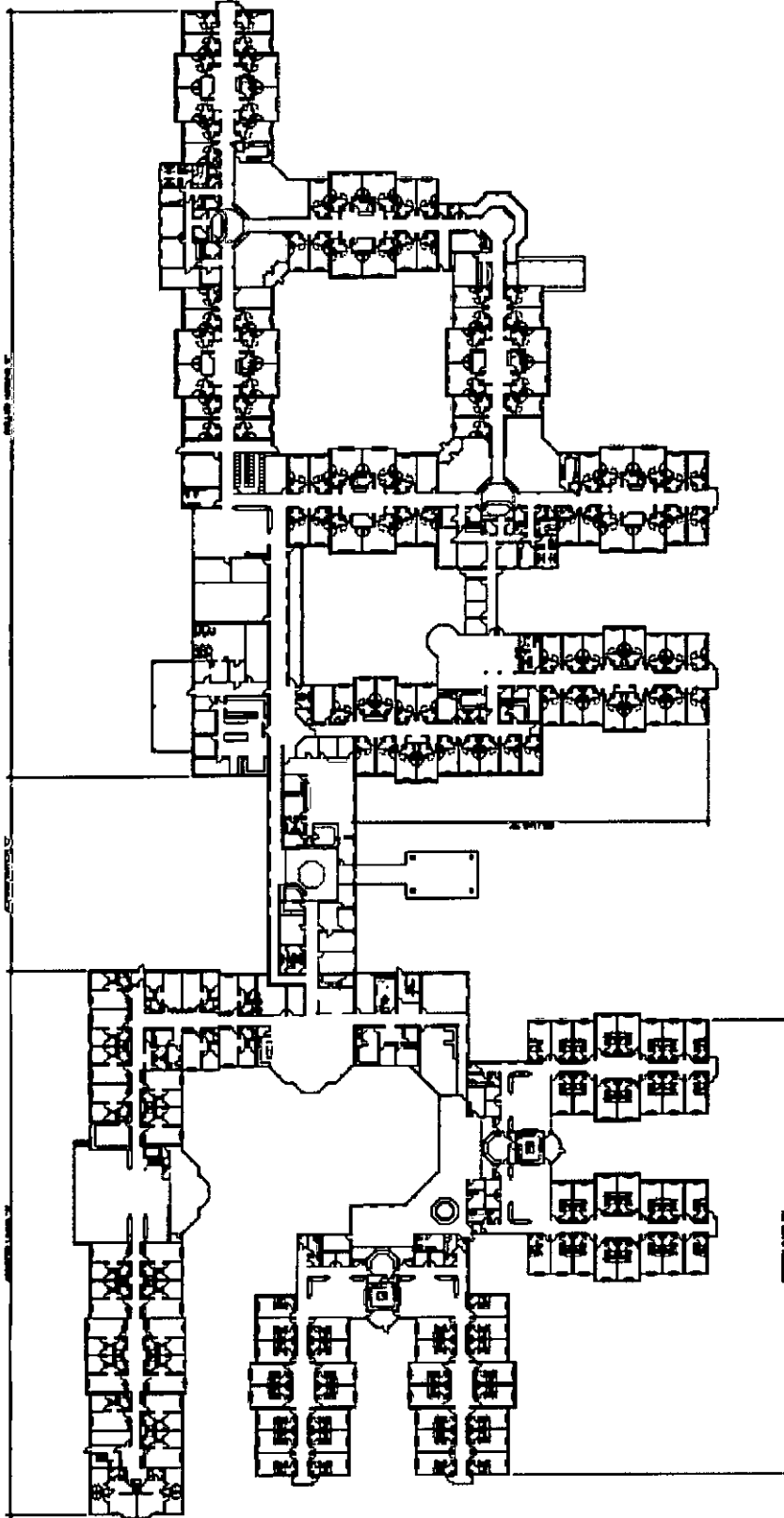
2010 Age 65+ Population in PMA	167,252
2009 Occupied Beds in PMA	4,414
Current Age 65+ Use Rate in PMA	2.64%
2015 Age 65+ Population in PMA	204,757
Current Age 65+ Use Rate in PMA	2.64%
Projected 2015 PMA Occupied Beds	5,404

Current PMA Bed Supply	5,262
Current PMA Occupied Beds	4,414
Current PMA Occupancy %	83.9%
Projected PMA Bed Supply	5,944
Projected 2015 PMA Occupied Beds	5,404
Current PMA Occupancy %	90.9%



**ADDENDA**





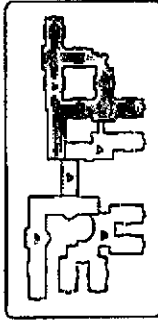
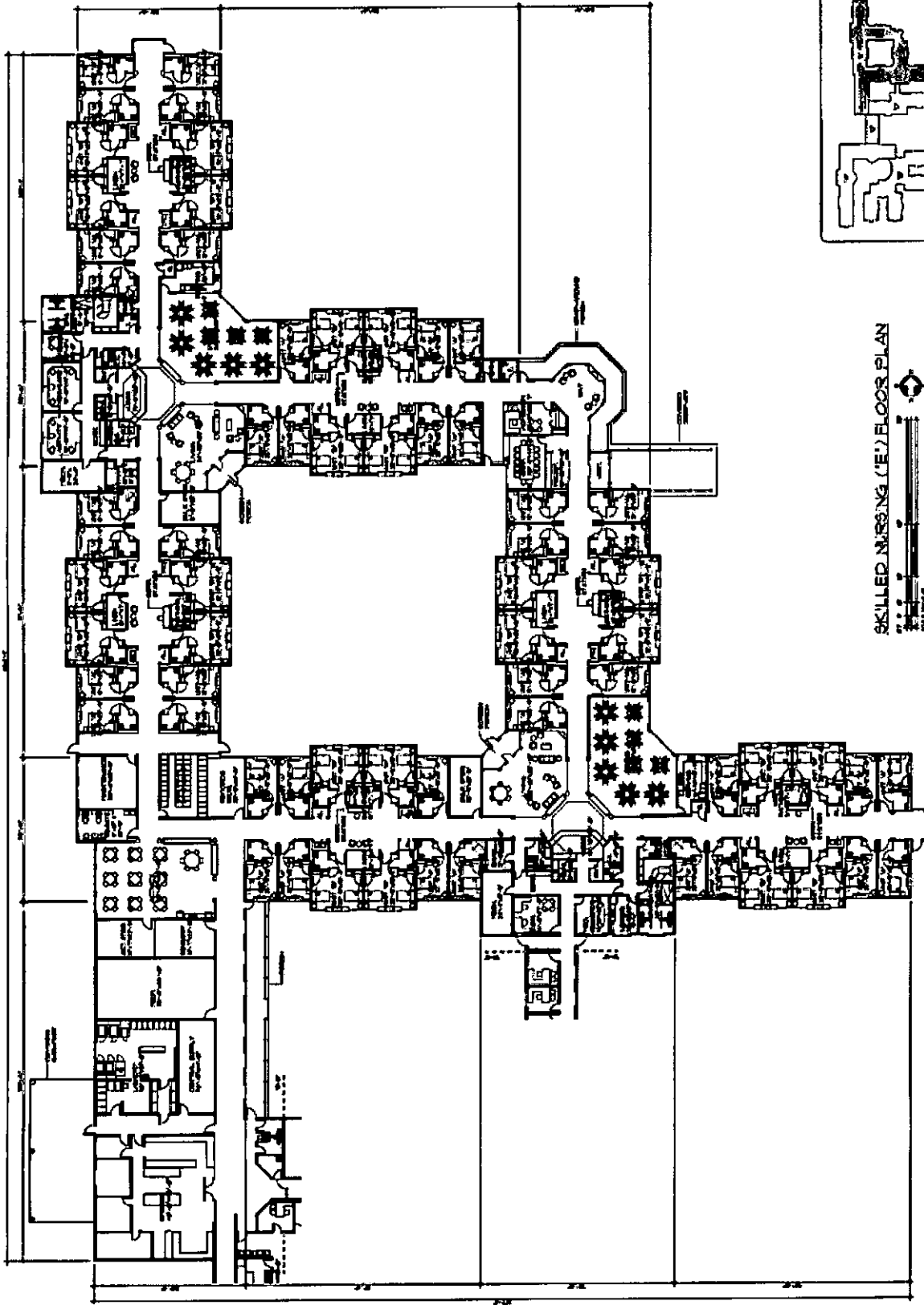
BUILDING	NO. OF	UNITS	DETA
ADMITTED LIVING 'A'	NO. OF	24	24
ADMITTED LIVING 'B'	NO. OF	24	24
ADMITTED LIVING 'C'	NO. OF	24	24
ADMITTED LIVING 'D'	NO. OF	24	24
ADMITTED LIVING 'E'	NO. OF	24	24
ADMITTED LIVING 'F'	NO. OF	24	24
ADMITTED LIVING 'G'	NO. OF	24	24
ADMITTED LIVING 'H'	NO. OF	24	24
ADMITTED LIVING 'I'	NO. OF	24	24
ADMITTED LIVING 'J'	NO. OF	24	24
ADMITTED LIVING 'K'	NO. OF	24	24
ADMITTED LIVING 'L'	NO. OF	24	24
ADMITTED LIVING 'M'	NO. OF	24	24
ADMITTED LIVING 'N'	NO. OF	24	24
ADMITTED LIVING 'O'	NO. OF	24	24
ADMITTED LIVING 'P'	NO. OF	24	24
ADMITTED LIVING 'Q'	NO. OF	24	24
ADMITTED LIVING 'R'	NO. OF	24	24
ADMITTED LIVING 'S'	NO. OF	24	24
ADMITTED LIVING 'T'	NO. OF	24	24
ADMITTED LIVING 'U'	NO. OF	24	24
ADMITTED LIVING 'V'	NO. OF	24	24
ADMITTED LIVING 'W'	NO. OF	24	24
ADMITTED LIVING 'X'	NO. OF	24	24
ADMITTED LIVING 'Y'	NO. OF	24	24
ADMITTED LIVING 'Z'	NO. OF	24	24
TOTAL	NO. OF	24	24

GRUBBS & ASSOCIATES  
ARCHITECTS

PRELIMINARY  
STATUS SET 02/2010

PRISM  
SOUTH ELGIN SENIOR  
LIVING COMMUNITY  
PHASE 1 & 2

1



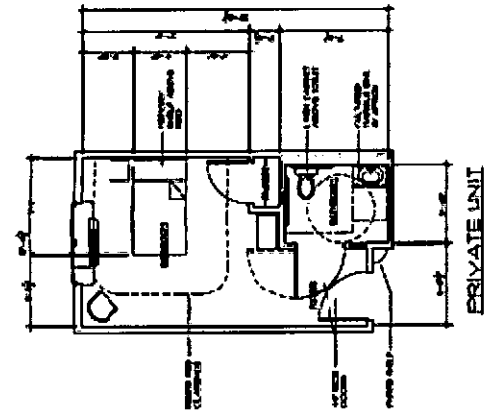
SKILLED MISSING (E) FLOOR PLAN  
 1/8" = 1'-0"

GRUBBS & ASSOCIATES  
 ARCHITECTS

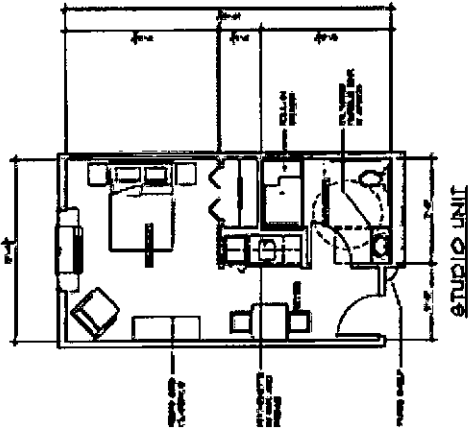
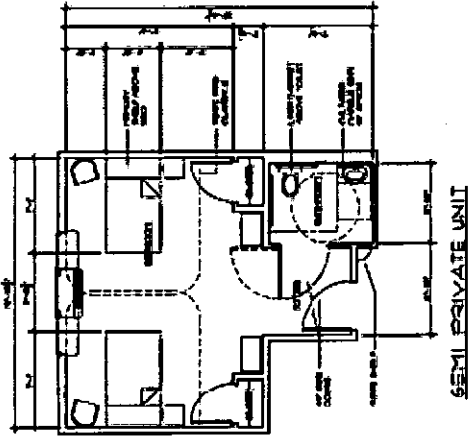
PRELIMINARY  
 STATUS SET

PRISM  
 LYONS COMPANY  
 SOUTH ELGIN SQUARE  
 100 NORTH PLAZA DRIVE  
 SUITE 200  
 ELGIN, ILLINOIS

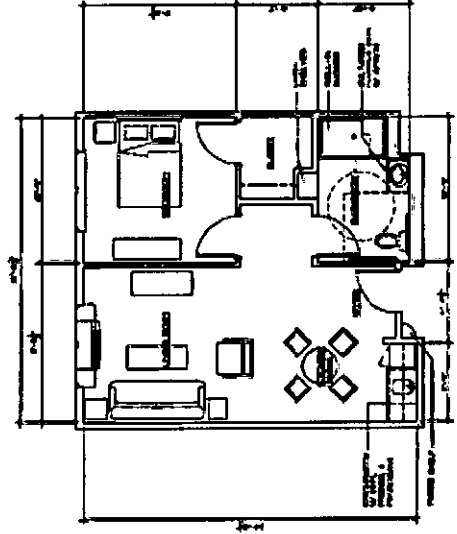
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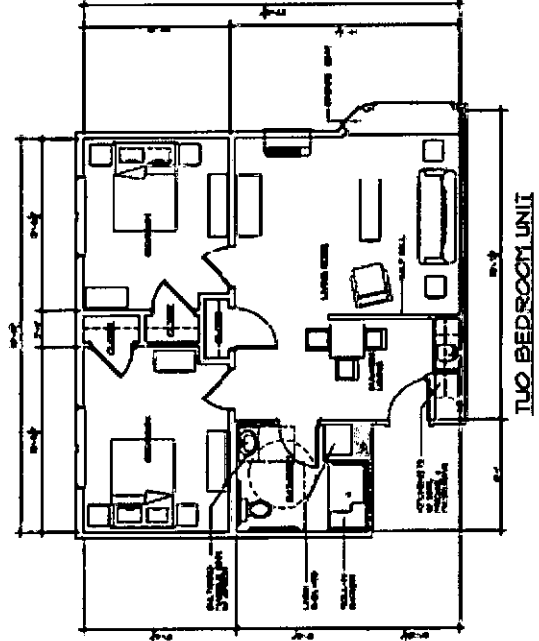
SKILLED NURSING UNITS



MEMORY CARE UNIT



ASSISTED LIVING UNITS



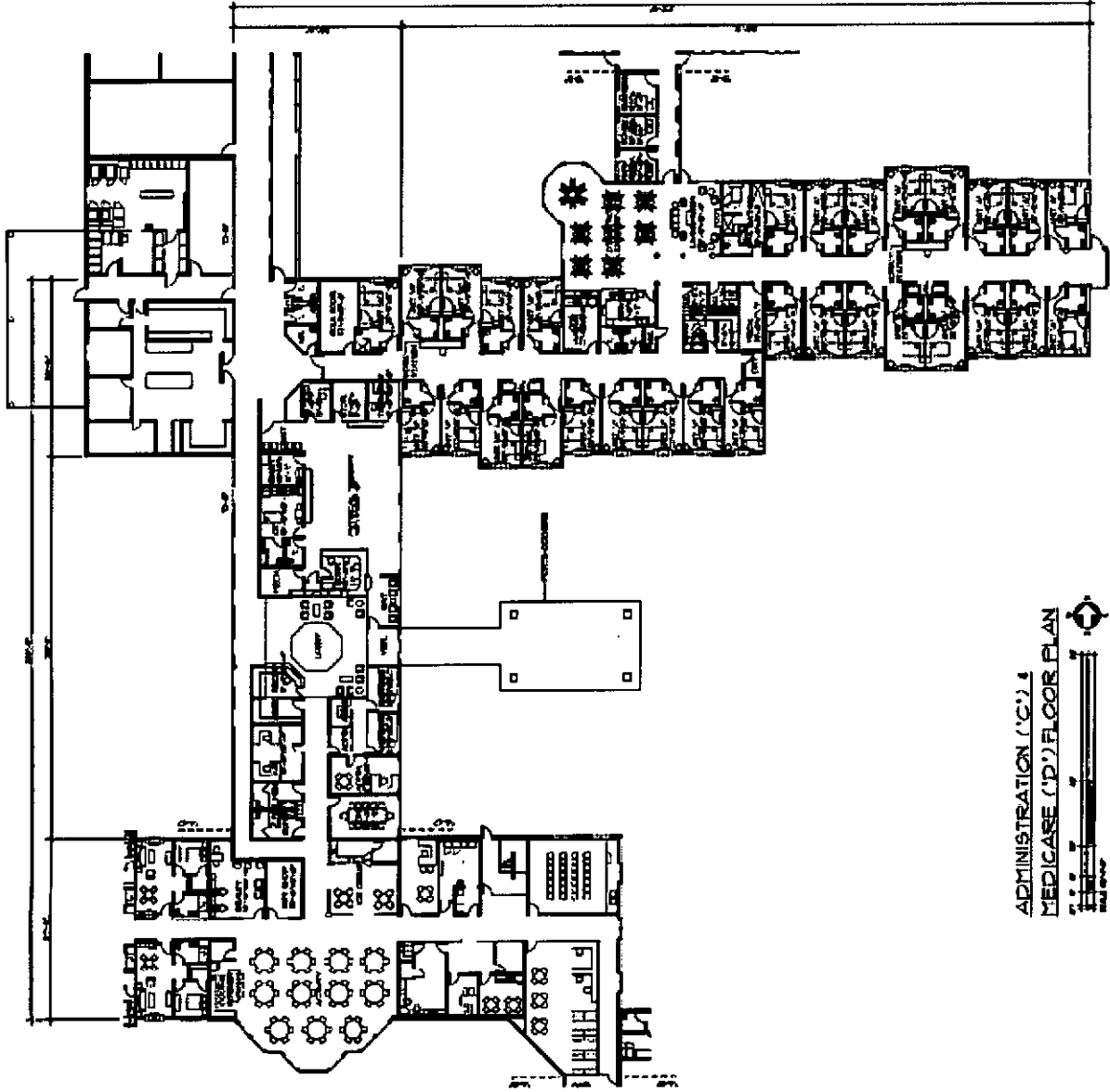
ASSISTED LIVING UNITS

GERBBS & ASSOCIATES  
 ARCHITECTS  
 1000 W. 10TH ST. SUITE 100  
 DENVER, CO 80202

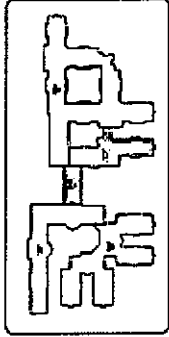
PRELIMINARY  
 STATUS SET 09/2010

PRISM  
 SOUTH ELMO RESIDE  
 LIVING COMMUNITY  
 1000 W. 10TH ST. SUITE 100  
 DENVER, CO 80202





ADMINISTRATION (C) &  
 MEDICARE (D) FLOOR PLAN

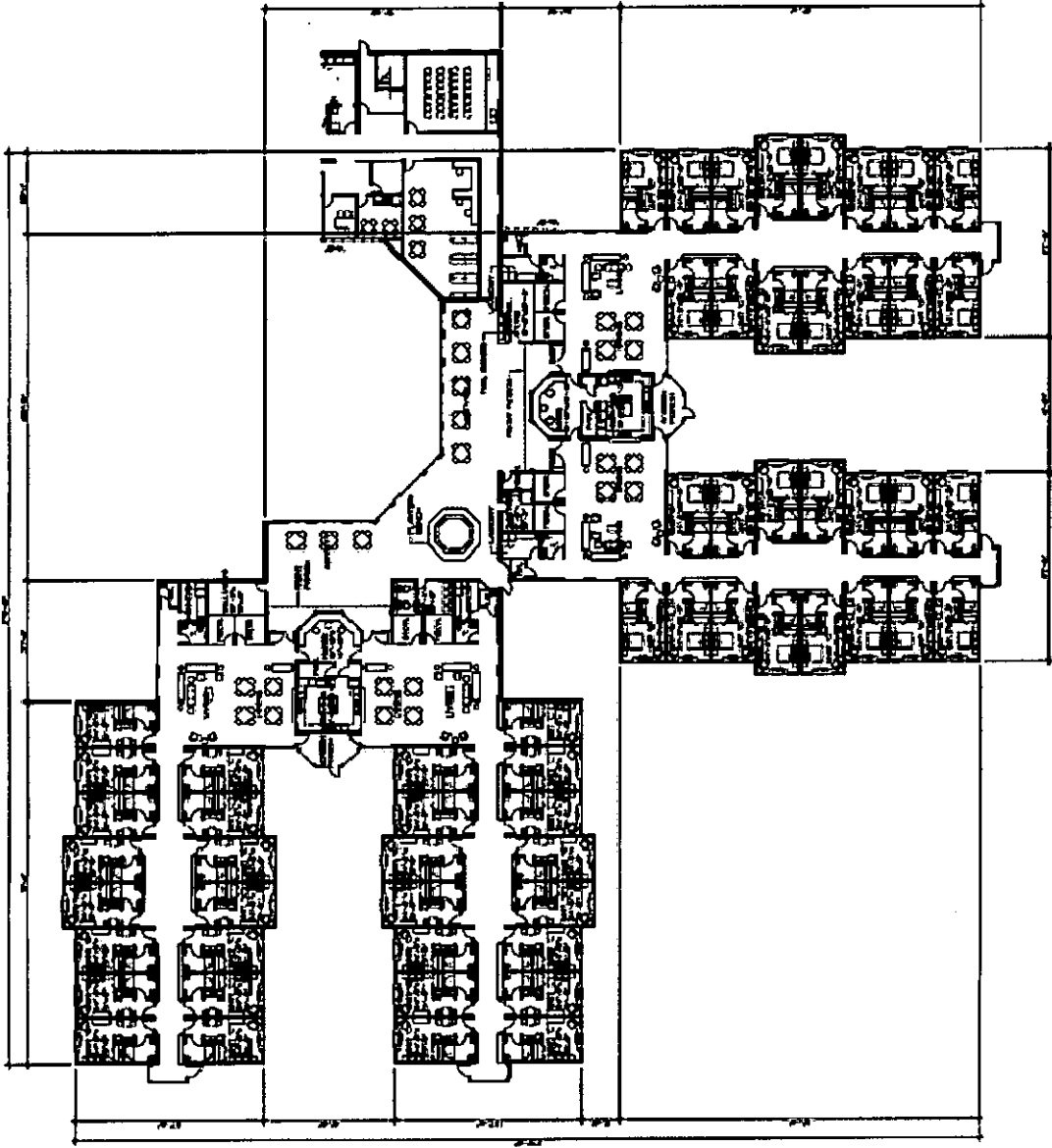


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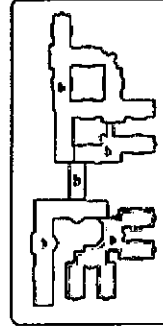
**PRISM**  
 SOUTH ELGIN SENIOR  
 LIVING COMMUNITY  
 1100 SOUTH ELGIN AVE  
 SOUTH ELGIN, ILL 60120

PRELIMINARY  
 STATUS SET 09/2010

**GRUBBS & ASSOCIATES**  
 ARCHITECTS  
 1100 SOUTH ELGIN AVE  
 SOUTH ELGIN, ILL 60120



**DECKY CASE 'B' FLOOR PLAN**

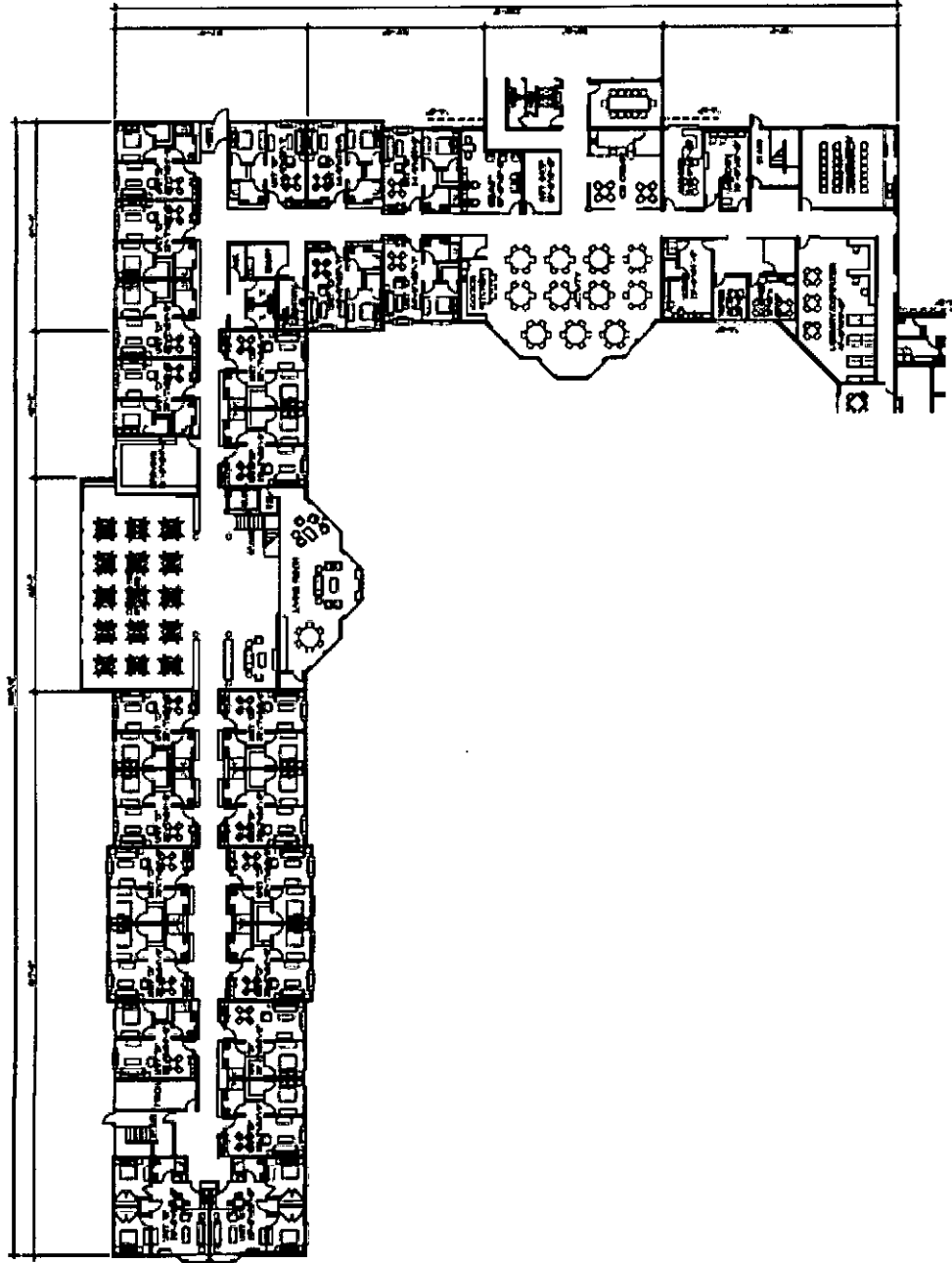


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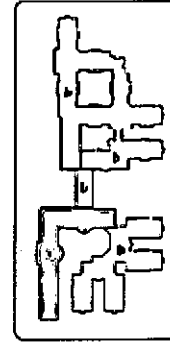
**PRISM**  
 SOUTH ELAN SENIOR  
 LIVING COMMUNITY  
 1000 S. ELAN BLVD.  
 SUITE 100  
 DENVER, CO 80202

**PRELIMINARY**  
 STATUS SET 02.00

**GRUBBS & ASSOCIATES**  
 ARCHITECTS  
 1000 S. ELAN BLVD.  
 SUITE 100  
 DENVER, CO 80202



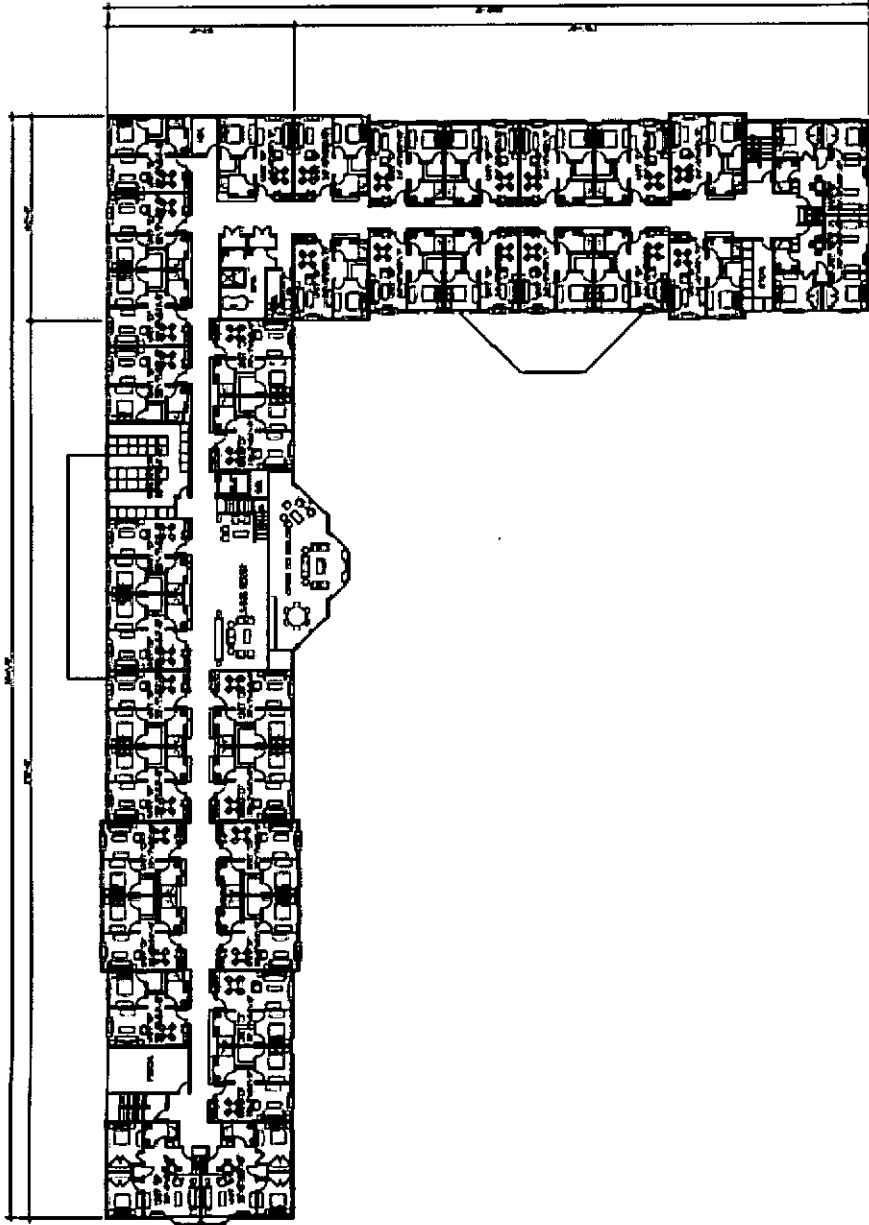
ASSISTED LIVING C.A.2 FIRST FLOOR PLAN



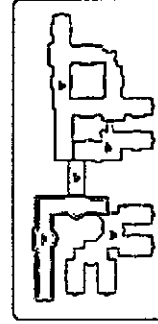
**PRISM**  
 SOUTH ELGIN SENIOR LIVING COMMUNITY  
 100 SOUTH ELGIN AVENUE  
 ELGIN, ILLINOIS 60120

PRELIMINARY STATUS SET 02.08.10

**GRUBBS & ASSOCIATES**  
 ARCHITECTS  
 100 SOUTH ELGIN AVENUE  
 ELGIN, ILLINOIS 60120



ASSISTED LIVING C.A.V. SECOND FLOOR PLAN



AS AN PART OF THE DESIGN OF THIS PROJECT, THE ARCHITECT HAS BEEN ADVISED BY THE BOARD OF SUPERVISORS THAT THE PROJECT IS SUBJECT TO THE DESIGN REVIEW PROCESS OF THE BOARD OF SUPERVISORS.

**GRUBBS & ASSOCIATES**  
ARCHITECTS  
1000 S. GARDEN BLVD., SUITE 100  
SOUTH ELGIN, ILLINOIS 60120  
TEL: 630.330.1000  
WWW.GRUBBS-AND-ASSOCIATES.COM

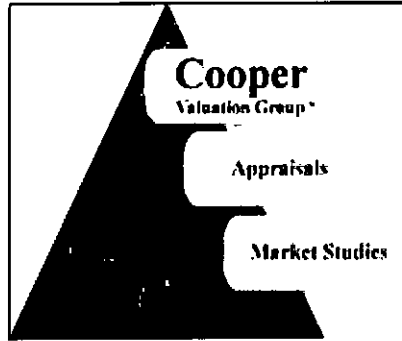
PRELIMINARY  
STATUS SET 03/2010

**PRISM**  
SOUTH ELGIN SENIOR LIVING COMMUNITY  
1000 S. GARDEN BLVD., SUITE 100  
SOUTH ELGIN, ILLINOIS 60120  
TEL: 630.330.1000  
WWW.PRISMCOMMUNITY.COM





**MICHAEL L. COOPER**



**STATE CERTIFICATIONS:**

**Missouri Certified General Real Estate Appraiser**  
**Wisconsin Certified General Appraiser**  
**Indiana Certified General Appraiser**  
**Michigan Certified General Appraiser**  
**Missouri State Certified General Real Estate Appraiser**

**PROFESSIONAL EXPERIENCE:**

Cooper Valuation Group, President; January 2010 to present.  
Appraisal Research Counselors, Chicago, IL; May 1993 to January 2010.

**EDUCATION:**

Bachelor of Business Administration Degree in Real Estate and Finance from the University of Wisconsin-Madison, December 1991.

**PROFESSIONAL AFFILIATIONS:**

Appraisal Institute; General Associate Member

**EXPERIENCE:**

Property types appraised include vacant land, multi-family apartment buildings, office, retail, and industrial properties. Experience includes reports for the purpose of tax appeals, mortgage financing, planning, foreclosure, and marketing. Clients have included major financial institutions, corporations, government institutions, private investors and attorneys.

Significant experience with senior care facilities including Market Studies and Appraisals for:

- Skilled Nursing Facilities (geriatric and pediatric)
- Intermediate Care Facilities, including MI and DD facilities
- Assisted Living Facilities
- Supportive Living Facilities
- Independent Living Facilities
- Age-Restricted Senior Housing
- Continuum of Care Retirement Communities
- Alzheimer / Dementia Facilities

➤ **Completed HUD LEAN Appraisals**

- 2009 :Manor Court of Peoria, 50-Bed SNF & 68-Bed ALF, Peoria, Illinois
- 2010: Heritage at Deer Creek RCAC/CBRF, 43 ALF Units and 33 Memory Care ALF Units, New Berlin, Wisconsin.

Attended HUD Lean Training:

- Seattle – December 2008
- Chicago – January 2010

➤ **Partial List of Completed HUD MAP Appraisals**

**Missouri:**

**Skilled & Assisted Living**

Morris Rehabilitation and Nursing Center, Proposed 142-Licensed Bed SNF, Morris  
Church Street Station, Proposed 150-Licensed Bed SNF, Hanover Park  
GlenBridge Nursing and Rehabilitation Centre, 302-Licensed Bed SNF, Niles  
Alden Village North, Pediatric SNF, 128 Licensed Beds, 7464 North Sheridan Road, Chicago  
Alden–Wentworth, 300-Bed SNF, Chicago  
Pine Acres, 119-Bed SNF, DeKalb  
Glenbridge, 302-Bed SNF, Niles  
4 Supportive Living Facilities, 288 Total SLF Units, Flora, Ottawa, Watseka, Manteno  
Ridgeview, 136-Bed SNF, Chicago  
Community Care N&RC, 153-Bed SNF, Naperville  
Wealshire, 132-Bed SNF, Lincolnshire  
Whitehall North, 180-Bed SNF, Deerfield  
Metropolis Nursing and Rehabilitation Center, 94-Bed SNF, Metropolis  
Alden–Governor's Park, 150-Bed SNF, Barrington  
Westmont Convalescent Center, 215-Bed SNF, Westmont  
Alden Village Health Facility, 109-Bed Pediatric SNF, Bloomingdale

**Elderly Apartments**

Maple Pointe, 342-Unit Apartment Building, Chicago (HAP and Section 42)

**Wisconsin**

Alden–Meadow Park Nursing Center, 94-Bed SNF, Clinton

**Missouri**

Festus Manor Care Center, 120-Bed SNF, Festus  
Willow Care Center, 103-Bed SNF, Hannibal

**1110.1730(b)(2) – Planning Area Need – Service to Planning Area Resident**

- 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.**

The proposed facility is located in the easternmost portion of Planning Area 8 within Kane County. As stated previously, the location of this parcel is unique as it is at the intersection of three (3) counties, Kane, Cook and DuPage which are also the geographical boundaries for the States planning areas. The Applicant's primary commitment is to the residents Kane County and the nearby communities within both Cook and DuPage County. The primary communities in which the subject facilities will directly service are South Elgin, Elgin, Bartlett, St.Charles, Wayne, Streamwood, Hoffman Estates and Carol Stream. These communities are the subject's geographical service area to which the proposed facility will provide necessary health care to their respective residents for all categories of service included in the project.

- 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 mentioned in the above section, it is the primary purpose and intent to serve all residents from the geographical planning area. The Applicant has projected that well over 50% of the referrals will be for residents within this geographical planning area.

- 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).**

This section is not applicable as the Applicant is proposing to establish a category of service and is not proposing to expand an existing service.

**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 subsections (b)(3)(A) and subsection (b)(3)(B) or (C).

The Applicant has personally met or spoken with area hospitals, physical groups, individual doctors and home healthcare providers to ascertain the level of referrals the proposed facility may receive. The Applicant has received verbal commitments that far exceed that which would be necessary to support a stabilized occupancy of 90%. In addition, several referral letters were received including two(2) from the CEO's of an area hospitals (St. Alexius and Provena St. Joseph) and one from a local physicians group that indicated that annual referrals would exceed 200 patients from these facilities alone. The verbal commitments, which the Applicant is already working to solidify into written commitments, is in excess of 400 per year for a combined total of 600 potential referrals annually. This equates into a total bed need on 170 total beds to meet the referral rate of 600 per year. This is based upon an average stay of 125 day per resident referral. The Applicant has only applied for 120 beds, thus even without any marketing as of yet, adequate market demand exists today to support the subject facility at utilization rates that meet or exceed the state standard of 90%.

**A) Historical Referrals**

This section is not applicable as the Applicant is proposing to establish a category of service and is not proposing to expand an existing service.

**B) Project Referrals**

- 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:

The Applicant was able to get met this criteria as it received a letter from an area hospital, St. Alexius, that attested to a number of patients who have received care within the last 12 months. The total number reported was 1,848 patients. (See ATTACHMENT 28-C.1)

- ii) An estimated number of patients the hospital will refer annually to the applicant's facility within a 24-period after project completion. The anticipated number of referrals cannot exceed the hospital's experienced LTC caseload;

According to the above referenced letter, St. Alexius will refer a minimum of 50 patients a year or 100 patients over a 24-month period after project completion.

- 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**

According to the above referenced letter from the CEO of St. Alexius this condition has been met.

- 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.**

Based upon the Applicant's interview with the CEO of St. Alexius it was indicated that the referral cited in his letter had not been used to support another facility, pending or approved.



**ALEXIAN**  
**BROTHERS**  
St. Alexius Medical Center

September 15, 2010

Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

Dear Mrs. Westerkamp,

I am writing this letter in support of your plans to build a 120-Bed skilled nursing facility. It is to my understanding that this facility will serve the skilled care need of post hospital patients and assist in additional therapy/treatment prior to returning to the community. As a healthcare professional, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

A review of our files indicates that from September 1, 2009 thru September 1, 2010, we have referred 1,858 patients to Skilled Nursing facilities. We believe that we would be able to potentially refer an approximate 50 patients annually to your facility for quality, post hospital, nursing care.

This letter is to serve as a confirmation of my support of the 120 bed skilled nursing facility.

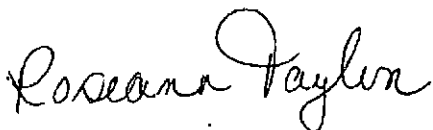
Thank you and I wish you success in your endeavor of this project.

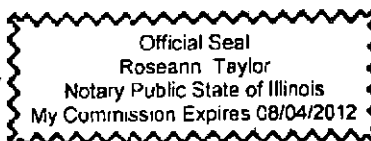
Please don't hesitate to contact me if I can be of assistance to you in any manner whatsoever. I am available 24 hours a day via the hospital switchboard.

Sincerely,

  
Edward M. Goldberg  
President and Chief Executive Officer

9/15/10





1555 Barrington Road  
Hoffman Estates, Illinois 60169  
847.843.2000

\\Admin\tr\ED\2010\Sep\09-14-10-ek.doc 8 Created by E.Krug

**Stephen O. Scogna**  
President & CEO

77 North Airlite Street  
Elgin, IL 60123-4912  
847-888-5474 Tel  
847-888-5475 Fax

 **PROVENA**  
Saint Joseph Hospital

---

September 15, 2010

Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

Dear Mrs. Westerkamp,

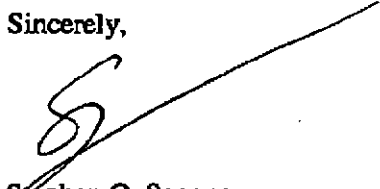
I am writing this letter in support of your plans to build a 120-Bed skilled nursing facility. It is to my understanding that this facility will serve the skilled care need of post hospital patients prior to returning to the community. As a healthcare professional, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

A sufficient review of our files indicates that we have historically referred approximately 700 skilled nursing patients annually to area facilities. The number of patients we would be able to potentially refer annually to your facility for quality, post hospital, nursing care will need to be determined.

This letter is to serve as a confirmation of my support of the 120 bed skilled nursing facility.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

  
Stephen O. Scogna  
President & CEO

SOS/par

 9/15/10  


Provena Health ministries are sponsored by the Franciscan Sisters of the Sacred Heart,  
the Servants of the Holy Heart of Mary and the Sisters of Mercy of the Americas.

# DuPage Medical Group

WE CARE FOR YOU

September 13, 2010

Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

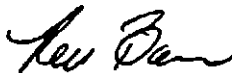
Dear Mrs. Westerkamp,

I am writing this letter in support of your plans to build a 120-Bed skilled nursing facility in South Elgin, Illinois. It is my understanding that this facility will serve the skilled care need of post hospital patients and assist in additional therapy/treatment prior to returning to the community. As a healthcare employee, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

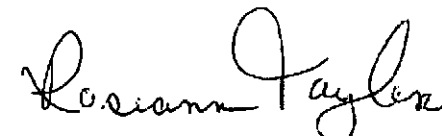
This letter is to serve as a confirmation of my support of the 120 bed skilled nursing facility in South Elgin, Illinois.

Thank you and I wish you success in your endeavor of this project.

Sincerely,



Rik Baier, CMPE  
Chief Operating Officer  
DuPage Medical Group  
1100 W. 31<sup>st</sup> Street, Suite 300  
Downers Grove, IL 60515

 9/13/10  
Official Seal  
Roseann Taylor  
Notary Public State of Illinois  
My Commission Expires 08/04/2012



Midwest Oncology Hematology, Ltd.

Thomas L. Cao, M.D. Ph.D.  
Hematology and Oncology  
(blood malignancies and solid tumors)  
Board Certified

1435 N. Randall Road  
Suite 402  
Elgin, IL 60123

Phone: 847-717-6860  
Fax: 847-717-6872  
www.midwestoncology.net

Mrs. Kim Westerkamp  
Prism Healthcare  
Chief Operating Officer  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

RE: Park Pointe South Elgin

Dear Mrs. Westerkamp,

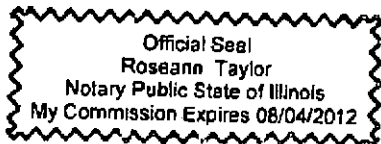
I am writing this letter in support of your plans to build a 120-bed skilled nursing facility in South Elgin, Illinois. It is to my understanding that this facility will serve the skilled care need of post hospital patients and assist in additional therapy / treatment prior to returning to the community. As a healthcare professional, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

A sufficient review of our files indicates that we had previously referred approximately ~~30~~ patients each month to area facilities. I believe I would be able to refer in the future at least ~~30~~ to ~~40~~ patients per month to your facility for quality, post hospital, nursing care.

Thank you and I wish you success on your endeavor.

Sincerely,

*[Handwritten signature: Thomas L. Cao, M.D.]*  
*[Handwritten address: 1435 N. Randall Rd, Suite 402, Elgin, IL 60123]*  
*[Handwritten phone number: (847) 717-6860]*



*[Handwritten signature: Roseann Taylor]*

9/13/10



**Barrington Orthopedic Specialists**

*Keith E. Schroeder, MD*

*Ciro Cirrincione, MD*

*Terry I. Younger, MD*

*Richard S. Rebinowitz, MD*

*Narendra R. Patel, DPM*

*Paul S. Nourbakh, MD*

*Daryl L. Luke, MD*

*Matthew A. Barnstah, MD*

*Sean E. Jereb, MD*

*Mark N. Levin, MD*

*Raymond T. O'Hara, DPM*

*Lawrence G. Sullivan, MD*

*Lynette M. Mahoney, DPM*

*Jonathan H. Dunn, MD*

*Brooke A. Belcher, MD*

*David A. Levin, MD*

*David L. Tashma, MD*

Mrs. Kim Westerkamp  
Prism Healthcare  
Chief Operating Officer  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

RE: Park Pointe South Elgin


Dear Mrs. Westerkamp,

I am writing this letter in support of your plans to build a 120-bed skilled nursing facility in South Elgin, Illinois. It is my understanding that this nursing facility will serve the skilled care need of posthospital patients and assist in additional therapy and treatment prior to the patients returning to the community. As a healthcare professional, I recognize the importance of giving quality care to various personnel regardless of age and economic status.


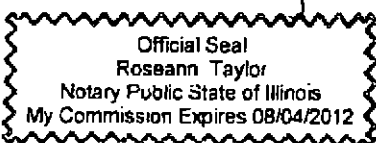
This letter is to serve as a confirmation of my support of the 120-bed skilled nursing facility.

Thank you and I wish you success on your endeavor.

Sincerely,

  
Ciro Cirrincione, MD

CC:clw

9/14/10

Contact any of our locations at 1-847-285-4200

1030 W. Higgins Road  
Hoffman Estates, IL 60189

160 Biesterfeld Road  
Elk Grove Village, IL 60007

404 N. McHenry Road  
Buffalo Grove, IL 60089

864 W. Stearns Road  
Bartlett, IL 60103

[www.barringtonortho.com](http://www.barringtonortho.com)



**Barrington Orthopedic Specialists**

*Keith E. Schroeder, MD*

*Ciro Cirrincione, MD*

*Terry I. Younger, MD*

*Richard S. Rabinowitz, MD*

*Narendra R. Patel, DPM*

*Paul S. Nourbash, MD*

*Deryl L. Luke, MD*

*Matthew A. Bernstein, MD*

*Sean E. Jereb, MD*

*Mark N. Levin, MD*

*Raymond T. O'Hara, DPM*

*Lawrence G. Sullivan, MD*

*Lynette M. Mahoney, DPM*

*Jonathan H. Dunn, MD*

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Mrs. Kim Westerkamp  
Prism Healthcare  
Chief Operating Officer  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

RE: Park Pointe South Elgin

Dear Mrs. Westerkamp,

I am writing this letter in support of your plans to build a 120-bed skilled nursing facility in South Elgin, Illinois. It is my understanding that this nursing facility will serve the skilled care need of posthospital patients and assist in additional therapy and treatment prior to the patients returning to the community. As a healthcare professional, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

A sufficient review of our files indicates that we had previously referred many patients to area facilities. I would be happy to add your facility to our referral base.

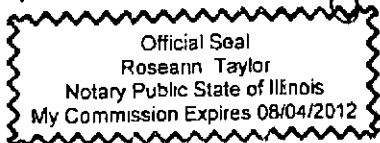
Thank you and I wish you success on your endeavor.

Sincerely,

Ciro Cirrincione, MD

CC:clw

*Roseann Taylor*



9/12/10

Contact any of our locations at 1-847-285-4200

1030 W. Higgins Road  
Hoffman Estates, IL 60169

160 Biesterfeld Road  
Elk Grove Village, IL 60007

404 N. McHenry Road  
Buffalo Grove, IL 60089

864 W. Stearns Road  
Bartlett, IL 60103

www.barringtonortho.com

**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:

- 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, individual with health care coverage through Medicare, Medicaid, managed care or charity care;**

According to the Illinois Department of Public Health, Illinois Long-Term Care Profile-Calendar Year 2008, 19 of the total 36 facilities in operation within a 30 min drive time of the proposed facility limit their bed access from residents on Medicaid. This indicates that 45% of the facilities have some type of restriction to Medicaid residents. The Applicant also analyzed how many total beds were restricted, which indicated that 1,115 beds or a total of 22.4% were not accessible to patients with a payor source of Medicaid.

The same analysis was conducted on Medicare restrictions in the marketplace. The result was that 24 of the total 36 facilities in operation within a 30 min drive time of the proposed facility limit their bed access from residents on Medicare. This indicates that 65% of the facilities have some type of restriction to Medicare residents. The Applicant also analyzed how many total beds were restricted which indicated that 2,274 beds or a total of 45.6% were not accessible to patients with a payor source of Medicare. The restrictions on Medicare are even more severe than Medicaid.

The Applicant has proposed to build a 120 bed, state-of-the-art facility that has been intentionally designed to meet the State standards to ensure that all 120 beds will be dually certified as both Medicaid and Medicare. As a result, the new facility will not have any resident restrictions regardless of payor source.

In addition the new facility will have its own Medicare "Household" which will be a self-contained unit specifically designed to meet the needs of the short term Medicare patients. Yet any of these beds could be and would be used for Medicaid residents should the need arise. By having a dual certification on all 120 beds the Applicant will have maximum flexibility to address and improve the accessibility needs of the marketplace today and well into the foreseeable future.

**ATTACHMENT 28-D**

iii) Restrictive admission policies of existing providers;

N/A

iv) The area population and existing care system exhibit indicators of medical care problems, such as 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;

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.

N/A

**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  
The Applicant analyzed the location, utilization and mix of certified beds (i.e., Medicare, Medicaid and Private Pay) of all the service area providers (SEE ATTACHMENT 28-E)

ii) Patient location information by zip code;

N/A

iii) Independent time-travel studies;

(SEE ATTACHMENT 28-E)

iv) A certification of a waiting list

N/A

v) Scheduling or admission restrictions that exist in area providers;

(SEE ATTACHMENT 28-E)

**ATTACHMENT 28-D**

**Criterion 1110.1730 - General Long Term Care**

**1110.730(e)(1) – Unnecessary Duplication of Services**

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 site;

Zip Codes		
60005	60124	60184
60007	60126	60185
60008	60133	60187
60010	60134	60188
60013	60136	60190
60014	60137	60191
60021	60139	60192
60067	60140	60193
60074	60142	60194
60101	60143	60195
60102	60148	60504
60103	60151	60505
60106	60156	60506
60107	60157	60510
60108	60172	60540
60110	60173	60542
60118	60174	60555
60119	60175	60563
60120	60177	60564
60123	60181	

- B.) The total population of the identified zip code area (based upon recent population numbers available for the State of Illinois population); and

Total Population of Identified Zip Codes areas: 1,658,627 as of 2010

(See ATTACHMENT 28-E1 Claritas Demographic Trends 2010 Report)

- 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.

Appended, as ATTACHMENT 28-E.2 is a spreadsheet providing a list of the facilities in order of estimated drive time with the 1.15 adjusted time factor.

Immediately following the spreadsheet listing all the facilities is a map identifying each property and subsequent to that is a individual MapQuest generated map with a copy of the excerpts from the Cost Certification and Questionnaire reports for each.

## Pop-Facts: Demographic Trend

Radius 1: IL 25 AT E MIDDLE ST, SOUTH ELGIN, IL 60177, 0.00 - 17.00 Miles, Total

Description	2000		2010		2015	
	Census	%	Estimate	%	Projection	%
<b>Population by Age</b>	1,500,443		1,658,627		1,719,607	
Age 0 - 4	116,980	7.80%	121,586	7.33%	126,163	7.34%
Age 5 - 9	119,174	7.94%	120,655	7.27%	122,619	7.13%
Age 10 - 14	113,622	7.57%	120,597	7.27%	120,818	7.03%
Age 15 - 17	66,053	4.40%	76,463	4.61%	76,373	4.44%
Age 18 - 20	53,668	3.58%	63,030	3.80%	65,835	3.83%
Age 21 - 24	71,883	4.79%	86,029	5.19%	93,390	5.43%
Age 25 - 34	232,834	15.52%	213,173	12.85%	209,894	12.21%
Age 35 - 44	267,576	17.83%	245,074	14.78%	226,123	13.15%
Age 45 - 54	208,324	13.88%	257,822	15.54%	254,742	14.81%
Age 55 - 64	117,985	7.86%	186,946	11.27%	218,894	12.73%
Age 65 - 74	71,261	4.75%	97,331	5.87%	126,642	7.36%
Age 75 - 84	44,869	2.99%	48,604	2.93%	54,306	3.16%
Age 85 and over	16,214	1.08%	21,317	1.29%	23,809	1.38%
Age 16 and over	1,128,535	75.21%	1,269,862	76.56%	1,324,161	77.00%
Age 18 and over	1,084,615	72.29%	1,219,326	73.51%	1,273,634	74.07%
Age 21 and over	1,030,947	68.71%	1,156,295	69.71%	1,207,799	70.24%
Age 65 and over	132,344	8.82%	167,251	10.08%	204,757	11.91%
<b>Median Age</b>	33.97		36.13		36.98	
<b>Average Age</b>	34.30		36.20		37.10	
<b>Population by Sex</b>	1,500,443		1,658,627		1,719,607	
Male	746,830	49.77%	829,861	50.03%	859,375	49.98%
Female	753,614	50.23%	828,765	49.97%	860,232	50.02%
Male/Female Ratio	0.99		1.00		1.00	

**ATTACHMENT 28-E.1**



Prepared On: Tues Aug 24, 2010 Page 1 Of 4

Project Code: Prism

Prepared For: mlc

Prepared By:

Nielsen Solution Center 1 800 866 6511

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## Pop-Facts: Demographic Trend

Radius 1: IL 25 AT E MIDDLE ST, SOUTH ELGIN, IL 60177, 0.00 - 17.00 Miles, Total

Description	2000		2010		2015	
	Census	%	Estimate	%	Projection	%
<b>Pop. by Single Race Class. and Hispanic or Latino</b>						
<b>Hispanic or Latino:</b>	205,149		308,559		361,649	
White Alone	110,907	54.06%	164,807	53.41%	192,191	53.14%
Black or African American Alone	1,578	0.77%	2,270	0.74%	2,717	0.75%
American Indian and Alaska Native Alone	1,531	0.75%	2,159	0.70%	2,534	0.70%
Asian Alone	583	0.28%	747	0.24%	916	0.25%
Native Hawaiian and Other Pacific Islander Alone	151	0.07%	150	0.05%	163	0.05%
Some Other Race Alone	79,783	38.89%	122,663	39.75%	144,722	40.02%
Two or More Races	10,617	5.18%	15,763	5.11%	18,407	5.09%
<b>Not Hispanic or Latino:</b>	1,295,294		1,350,067		1,357,958	
White Alone	1,130,614	87.29%	1,125,658	83.38%	1,104,411	81.33%
Black or African American Alone	48,901	3.78%	62,379	4.62%	68,334	5.03%
American Indian and Alaska Native Alone	1,653	0.13%	2,212	0.16%	2,496	0.18%
Asian Alone	95,015	7.34%	133,756	9.91%	153,006	11.27%
Native Hawaiian and Other Pacific Islander Alone	341	0.03%	509	0.04%	714	0.05%
Some Other Race Alone	1,366	0.11%	1,329	0.10%	1,305	0.10%
Two or More Races	17,404	1.34%	24,224	1.79%	27,691	2.04%
<b>Households by Age of Householder</b>						
	529,770		581,580		601,050	
Householder Under 25 Years	18,315	3.46%	16,310	2.80%	17,702	2.95%
Householder 25 to 34 Years	104,046	19.64%	89,416	15.37%	84,974	14.14%
Householder 35 to 44 Years	142,108	26.82%	129,094	22.20%	117,660	19.58%
Householder 45 to 54 Years	117,530	22.19%	143,050	24.60%	140,425	23.36%
Householder 55 to 64 Years	68,436	12.92%	106,561	18.32%	123,377	20.53%
Householder 65 to 74 Years	43,155	8.15%	57,170	9.83%	73,223	12.18%
Householder 75 to 84 Years	27,994	5.28%	29,502	5.07%	32,138	5.35%
Householder 85 Years and over	8,186	1.55%	10,477	1.80%	11,551	1.92%
<b>Median Age of Householder</b>	45.04		48.91		50.71	

**ATTACHMENT 28-E.1**



Prepared On: Tues Aug 24, 2010 Page 2 Of 4

Prepared By:

Project Code: Prism

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Prepared For: mlc

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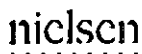
## Pop-Facts: Demographic Trend

Radius 1: IL 25 AT E MIDDLE ST, SOUTH ELGIN, IL 60177, 0.00 - 17.00 Miles, Total

Description	2000		2010		2015	
	Census	%	Estimate	%	Projection	%
<b>Households by Household Income</b>	529,907		581,580		601,050	
Income Less than \$15,000	30,685	5.79%	27,905	4.80%	27,338	4.55%
Income \$15,000 - \$24,999	34,291	6.47%	30,232	5.20%	29,230	4.86%
Income \$25,000 - \$34,999	45,066	8.50%	39,586	6.81%	38,039	6.33%
Income \$35,000 - \$49,999	76,542	14.44%	71,323	12.26%	69,057	11.49%
Income \$50,000 - \$74,999	125,526	23.69%	120,736	20.76%	119,498	19.88%
Income \$75,000 - \$99,999	88,364	16.68%	98,945	17.01%	100,420	16.71%
Income \$100,000 - \$124,999			71,982	12.38%	76,035	12.65%
Income \$100,000 - \$149,999	81,657	15.41%				
Income \$125,000 - \$149,999			45,682	7.85%	51,102	8.50%
Income \$150,000 - \$199,999			35,878	6.17%	43,146	7.18%
Income \$150,000 - \$249,999	35,247	6.65%				
Income \$200,000 - \$499,999			32,869	5.65%	38,907	6.47%
Income \$250,000 - \$499,999	8,634	1.63%				
Income \$500,000 or more	3,896	0.74%	6,441	1.11%	8,277	1.38%
<b>Average Household Income</b>	\$80,131		\$94,866		\$100,329	
<b>Median Household Income</b>	\$65,608		\$75,255		\$79,323	
<b>Per Capita Income</b>	\$28,544		\$33,451		\$35,257	
<b>2010 Median HH Inc. by Single Race Class</b>						
White Alone	66,913		77,573		81,887	
Black or African American Alone	47,364		57,509		61,341	
American Indian and Alaska Native Alone	58,042		60,868		65,189	
Asian Alone	69,616		81,241		85,720	
Native Hawaiian and Other Pacific Islander Alone	54,545		54,651		57,143	
Some Other Race Alone	49,743		58,963		61,937	
Two or More Races	54,628		62,541		65,957	
Hispanic or Latino	50,794		58,599		61,545	
Not Hispanic or Latino	67,224		78,797		83,441	

Some fields are intentionally left blank due to lack of data in those particular data vintages.

**ATTACHMENT 28-E.1**



Prepared On: Tues Aug 24, 2010 Page 3 Of 4

Project Code: Prism

Prepared For: mlc

Prepared By:

Nielsen Solution Center 1 800 866 6511

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## Pop-Facts: Demographic Trend

### Appendix: Area Listing

**Area Name:**

Type: Radius 1

Reporting Detail: Aggregate

Reporting Level: Block Group

**Radius Definition:**

---

IL 25 AT E MIDDLE ST  
SOUTH ELGIN, IL 60177

Latitude/Longitude 41.993499 -88.268038  
Radius 0.00 - 17.00

**Project Information:**

---

Site: 1

Order Number: 969101140

**ATTACHMENT 28-E.1**

**nielsen**  
.....

Prepared On: Tues Aug 24, 2010 Page 4 Of 4

Project Code: Prism

Prepared For: mlc

Prepared By:

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 **SITEREPORTS**

#	Facility Name	Address	City	Zip	LTC Beds	Planning Area	Miles From South Elgin	ETA - Mins	Adjusted Time Factor 1.15	Medicare Certified	Medicaid
1	South Elgin Rehab & Hlticare Ctr	746 Spring Street	South Elgin	60177-0000	90	8	2.09	5	6	14	90
2	Assisi Healthcare Center at Clare Oaks	775 W Bartlett Rd	Bartlett	60103	140	7A	3.73	6	7	66	29
3	Heritage Manor - Elgin	355 Raymond Street	Elgin	60120-0000	94	8	2.71	6	7	94	94
4	Tower Hill Healthcare Center	759 Kane Street	South Elgin	60177-0000	206	8	2.25	6	7	206	206
5	Manorcare of Elgin	180 South State Street	Elgin	60123-0000	88	8	3.35	7	8	88	61
6	Rosewood Care Ctr St. Charles	850 Dunham Road	St. Charles	60174-0000	109	8	5.09	8	9	38	20
7	Asa Care Center Of Elgin	134 North McLean Boulevard	Elgin	60123-0000	102	8	5.21	9	10	52	102
8	Provena Pine View Care Center	611 Allen Lane	St. Charles	60174-0000	120	8	5.89	120	9	10	60
9	Maplewood Care	50 North Jane Drive	Elgin	60123-0000	203	8	5.31	10	12	23	203
10	Sherrman West Court	1950 Larkin Avenue	Elgin	60123-0000	120	8	5.62	10	12	54	20
11	Apostolic Christian Resthaven	2750 West Highland Avenue	Elgin	60123-0000	50	8	7.28	11	13	0	50
12	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	60107-3073	214	7A	7.06	11	13	214	214
13	Rosewood Care Center of Elgin	2355 Royal Boulevard	Elgin	60123	139	8	7.60	11	13	42	41
14	Church Creek Station Skilled Nursing	2016 West Lake Street	Hanover Park	60133	150	7A	7.59	12	14	63	69
15	Provena Geneva Care Center	1101 East State Street	Geneva	60134-0000	107	8	8.06	13	15	15	15
16	Addison Rehabilitation & Living Center	1754 Capital Street	Elgin	60124-0000	120	8	9.42	14	16	217	217
17	Alden-Poplar Creek Rehab & Care	1545 Barrington Road	Hoffman Estates	60194-0000	217	7A	9.71	14	16	16	17
18	Wood Glen Nursing & Rehab Ctr	Country Farm Rd & SR-64	West Chicago	60185-0000	207	7C	10.55	15	17	207	207
19	Batavia Rehab & Hlticare Ctr.	520 Fabyan Parkway	Batavia	60510-0000	63	8	10.87	17	20	0	63
20	Covenant Health Care Center	831 Batavia Avenue	Batavia	60510-0000	99	8	10.85	17	20	99	99
21	West Chicago Terrace	928 Joliet Road	West Chicago	60185-0000	120	7C	12.05	18	21	0	120
22	Meadowbrook Manor	37W220 Keslinger Road	Geneva	60134-0000	150	8	11.93	19	22	32	0
23	Windsor Park Manor	110 Windsor Park Drive	Carol Stream	60188-0000	80	7C	13.10	20	23	19	74
24	Abbingdon Rehab & Nursing Ctr	31 West Central	Roselle	60172-0000	82	7C	12.71	21	24	19	74
25	Alden Estates of Barrington	1420 South Barrington Road	Barrington	60010-0000	150	7A	14.48	21	24	134	94
26	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	60194-0000	250	7A	11.78	21	24	250	180
27	Alden Valley Ridge Rehab & Care	275 East Army Trail Road	Bloomingtondale	60108-0000	195	7C	14	22	25	207	207
28	Aurora Rehab & Living Center	1601 North Farnsworth	Aurora	60505-0000	508	7C	14.27	22	25	189	189
29	Durpage Convalescent Home	400 N County Farm Road	Wheaton	60187-0000	508	7C	14.63	22	25	50	508
30	Greenfields of Geneva	lot 2 & 3 Mill Creek	Geneva	60134-0000	43	8	14.13	22	25	224	224
31	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	60193-0000	214	7A	13.23	22	25	109	105
32	Manor Care - Elk Grove Village	1920 Nerge Road	Elk Grove Village	60007-0000	190	7A	13.31	22	25	166	166
33	Lexington Health Care Center-Bloomngdale	165 South Bloomngdale Road	Bloomngdale	60108-0000	166	7C	14.16	23	26	20	20
34	Maranjoy Rehab Hospital	2050 W Roosevelt Rd	Wheaton	60187	20	7C	14.82	23	26	0	129
35	North Aurora Care Center	310 Banbury Road	North Aurora	60542-0000	129	8	14.80	23	26	108	30
36	Wynscape	1800 Manchester Road	Wheaton	60187-0000	209	7C	14.82	23	26	58	24
37	Rosewood Care Center Inverness	1800 Colonial Parkway	Inverness	60067-0000	142	7A	15.27	24	28	30	259
38	West Suburban Nursing & Rehab Center	311 Edgewater Drive	Bloomngdale	60108-0000	259	7C	14.56	24	28	0	138
39	Winfield Woods	28W141 Liberty Street	Winfield	60190-0000	138	7C	14.32	24	28	81	123
40	Monarch Landng	2255 Erickson Drive	Naperville	60563-0000	24	7C	15.62	25	29	2	0
41	Wheaton Care Center	1325 Manchester Road	Wheaton	60187-0000	75	8	15.68	25	29	3276	4435
42	Asbury Pavilion Nursing & Rehab Ctr	210 Airport Road	North Aurora	60542	20	8	16.04	26	30	2	0
43	Prairieview at the Garlands	6000 Garlands Lane	Barrington	60010	6112	7A	16.19	26	30	2	0
					<b>6112</b>	<b>43</b>	<b>17</b>	<b>26</b>	<b>19</b>	<b>3276</b>	<b>4435</b>

\* Total Beds of 6,112 contain 562 of proposed beds therefore the actual number of Licensed beds in operation is 5,550.

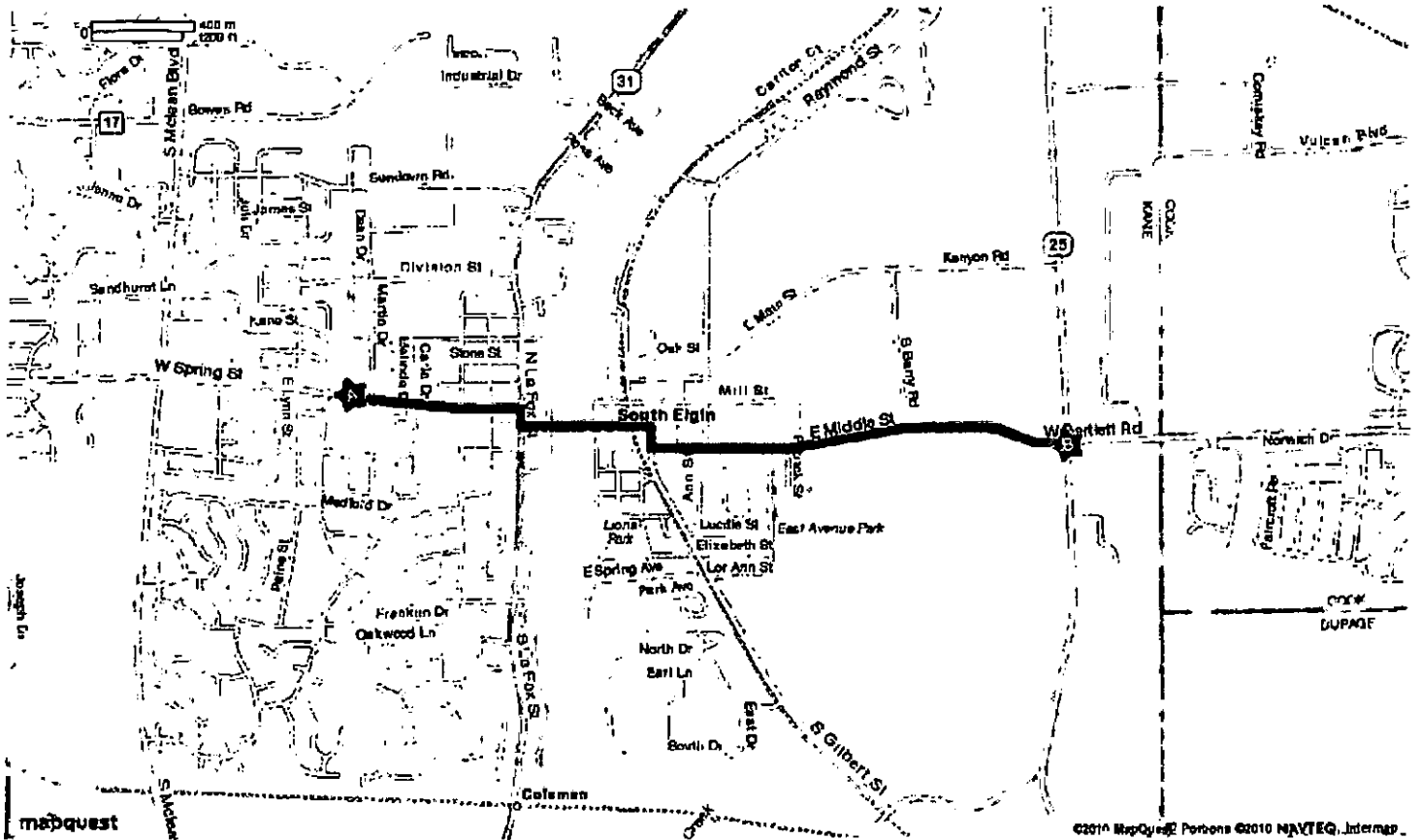
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

**Starting Location**  
**746 W Spring St**  
 South Elgin, IL 60177-1424


**Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 5 minutes / 2.09 miles Fuel Cost: [Calculate](#)



**746 W Spring St**  
 South Elgin, IL 60177-1424

- |  |   |        |
|--|---|--------|
|  | 1 Start out going EAST on W SPRING ST toward LEXINGTON AVE. | 0.5 mi |
|  | 2 Turn RIGHT onto N LA FOX ST/IL-31.                        | 0.1 mi |
|  | 3. Turn LEFT onto W STATE ST                                | 0.1 mi |
|  | 4. W STATE ST becomes STATE ST BRIDGE.                      | 0.1 mi |
|  | 5. STATE ST BRIDGE becomes E STATE ST.                      | 0.2 mi |
|  | 6 Turn RIGHT onto S GILBERT ST                              | 0.1 mi |
|  | 7. Turn LEFT onto E MIDDLE ST                               | 1.1 mi |
|  | 8 E MIDDLE ST & IL ROUTE 25                                 |        |

 **E Middle St & Il Route 25** [Link](#)  
South Elgin, IL 60177

Total Travel Estimate: 5 minutes / 2.09 miles Fuel Cost: [Calculate](#)

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South E in Rehab & Hlthcare Ct

746 SPRING STREET  
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6008718  
Health Service Area 008 Planning Service Area 089

Administrator  
Mary Karson

Contact Person and Telephone  
Markay Snyder  
309-689-5880

Registered Agent Information  
Markay Snyder  
830 W. Trailcreek Dr  
Peoria, IL 61614

FACILITY OWNERSHIP  
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
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-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	49

Date Completed  
4/17/2009

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

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		BEDS SET-UP	BEDS USED						Residents on 1/1/2008	60
Nursing Care	90	80	63	80	49	41	14	90	Total Admissions 2008	128
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	139
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	49
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	90	80	63	80	49	41	14	90		

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	2212	43.2%	16376	49.7%	0	41	1983	0	20612	62.6%	70.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2212	43.2%	16376	49.7%	0	41	1983	0	20612	62.6%	70.4%

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

AGE GROUPS	NURSING CARE		SKL 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	2	2	0	0	0	0	0	0	2	2	4
45 to 59	5	8	0	0	0	0	0	0	5	8	13
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	17	32	0	0	0	0	0	0	17	32	49

South Elgin Rehab &amp; Hlthcare Ct

746 SPRING STREET

SOUTH ELGIN, IL 60177

Reference Numbers Facility ID 6008718

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	5	38	0	0	0	6	0	49
Skilled Under 22	0	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0	0
Sheltered Care			0	0	0	0	0	0
<b>TOTALS</b>	<b>5</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>49</b>

## AVERAGE DAILY PAYMENT RATES

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

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	2	0	0	0	2
<b>Total</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	15.00
<b>Totals</b>	<b>37.00</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
33.4%	56.0%	0.1%	1.9%	8.7%	100.0%		0.0%
1,225,721	2,056,839	5,403	68,193	317,950	3,674,206	0	



Facility Name & ID Number: South Elgin Rehabilitation & Health Care Center

III. STATISTICAL DATA

A. Licensee/certification level(s) of care: enter number of bed/days days. (must agree with license; Date of change in licensed beds)

1	2	3	4
Bed(s) at Beginning of Report Period	Licensed Level of Care	Bed(s) at End of Report Period	Licensed Bed Days During Report Period
1	Subbed (SNF)	14	5,110
2	Subbed Pediatric (SNF/PED)		
3	Intermediate (ICF)	76	27,740
4	Intermediate/AD		
5	Skilled Care (SC)		
6	ICF/ID 16 or LIS		
7	TOTALS	90	31,850

B. Census for the entire report period:

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Other	Total	
8 SNF		2,267	2,267	8
9 SNF/PED				0
10 ICF	14,657		14,657	10
11 ICF/AD		19	19	11
12 SC				12
13 ID 16 OR LESS				13
14 TOTALS	14,657	2,286	16,943	14

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 61.40%

# 0941621 Report Period Beginning: 1/1/2009 Ending: 12/31/2009

D. How many bed/days during this year were paid by the Department? None (Do not include bed/days in Section B)

E. List all services provided by your facility for non-patients (E.g., day care, "walk on wheels", outpatient therapy)

F. Does the facility maintain a daily midnight census? Yes

G. Do parts 3 & 4 include expenses for services or investments not directly related to patient care? Non-allowable costs have been eliminated in Schedule V, Column 7

H. Do the BALANCE SHEET (page 12) reflect any non-care assets? YES

I. On what date did you start providing long term care at this location? Date started: 1/8/2005

J. Was the facility purchased or leased after January 1, 1978? YES

K. Was the facility certified for Medicare during the reporting year? YES

L. Medicare Intermediary: National Government Services

M. Medicare Accounting Basis: MODIFIED

N. Your fiscal year identical to your tax year? YES

O. Tax Year: 12/31/2009 Fiscal Year: 12/31/2009

P. All facilities other than governmental must report on the attached form.

A. Square Feet: 13,169 B. General Construction Type: Exterior Brick Frame Wood Number of Stories: 1  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)  
 E. List all other buildings owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.). List entity name, type of business, square footage, and number of beds/nurses available (where applicable).  
 N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_  
 Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Facility	131,116	2008/5	467,319
2				
3	TOTALS	131,116		467,319

Facility Name & ID Number: South Tazewell Rehabilitation & Health Care Center  
 STATE OF ILLINOIS  
 04/7/2011  
 Report Period Beginning: 1/1/2009 Ending: 12/31/2009  
 Page 12  
 X: OPERATING COSTS (excluding depreciation)  
 D: Bonding Depreciation (including Fixed Equipment, (See Instructions.) Round all numbers to nearest dollar.

Bed*	FOR BHF USE ONLY	Year Acquired	Year Commenced	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		2005	1970	15,275	411	25	611	611	5173
2				14,275	575	25	742	573	2,805
3				25,500	172	25	142	142	417
4				18,400	570	25	230	528	1,200
5				2,907	235	25	172	235	631
6				2,500	172	15	108	172	250
7				2,500	202	15	108	202	250
8				2,500	202	15	108	202	250
9				2,500	202	15	108	202	250
10				2,500	202	15	108	202	250
11				2,500	202	15	108	202	250
12				2,500	202	15	108	202	250
13				2,500	202	15	108	202	250
14				2,500	202	15	108	202	250
15				2,500	202	15	108	202	250
16				2,500	202	15	108	202	250
17				2,500	202	15	108	202	250
18				2,500	202	15	108	202	250
19				2,500	202	15	108	202	250
20				2,500	202	15	108	202	250
21				2,500	202	15	108	202	250
22				2,500	202	15	108	202	250
23				2,500	202	15	108	202	250
24				2,500	202	15	108	202	250
25				2,500	202	15	108	202	250
26				2,500	202	15	108	202	250
27				2,500	202	15	108	202	250
28				2,500	202	15	108	202	250
29				2,500	202	15	108	202	250
30				2,500	202	15	108	202	250
31				2,500	202	15	108	202	250
32				2,500	202	15	108	202	250
33				2,500	202	15	108	202	250
34				2,500	202	15	108	202	250
35				2,500	202	15	108	202	250
36				2,500	202	15	108	202	250

\*All beds on this schedule must agree with page 1.  
 \*\*If improvement type must be established in order for the cost report to be considered complete.  
 See Page 12A, Line 70 for total

ACQUISITION COSTS (continued)  
 B. Building Depreciation including Fixed Equipment (See instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Improvement Type <sup>1</sup>	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
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53									
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55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
TOTAL (lines 4 thru 69)		116,247	3,154		4,287	1,475	4,233		

<sup>1</sup>Improvement type must be disclosed in order for the cost report to be calculated correctly.

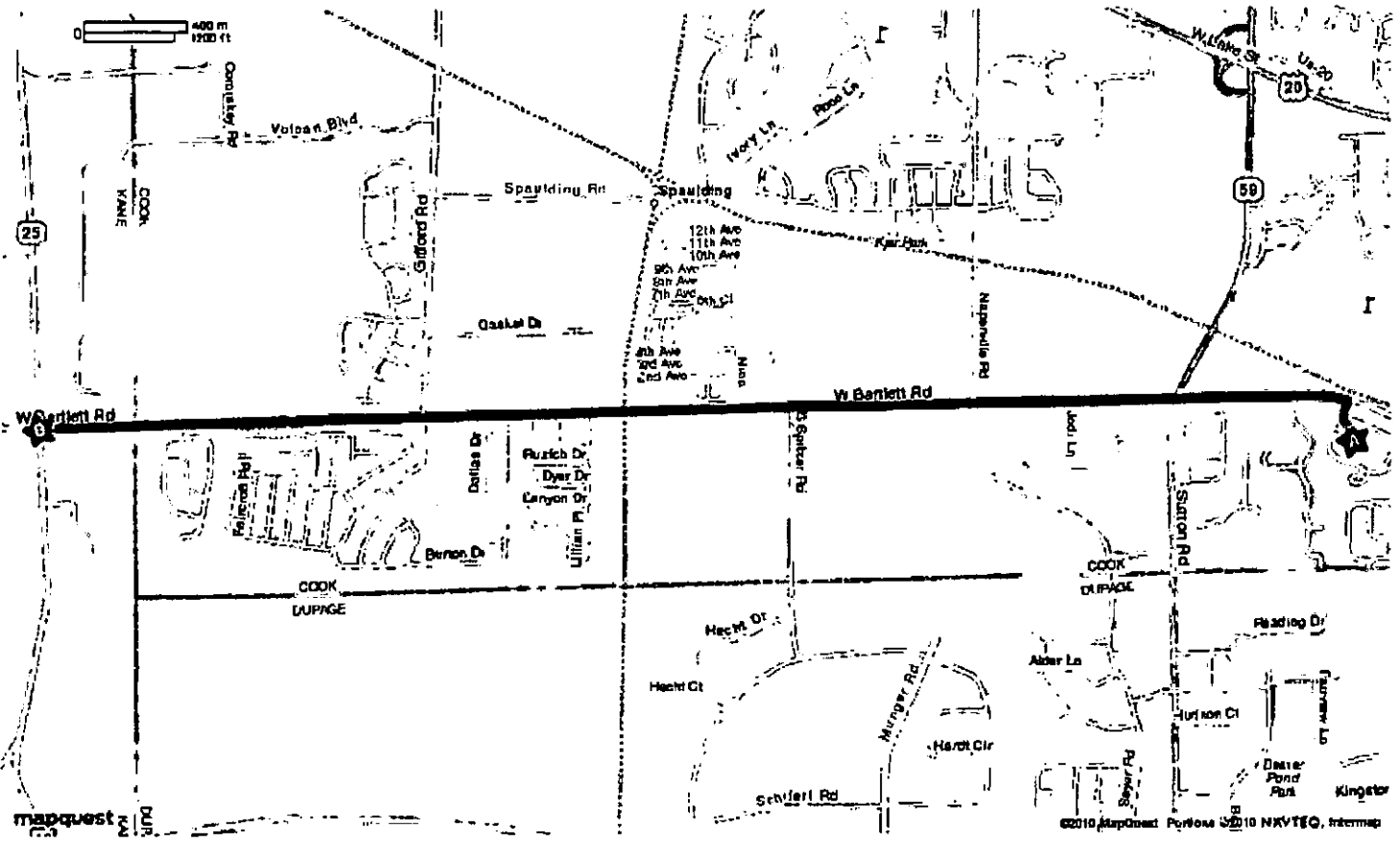
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.




**Starting Location**  
 825 Carillon Dr  
 Bartlett, IL 60103-4581

**Ending Location**  
 E Middle St & Il Route 25  
 South Elgin, IL 60177

Total Travel Estimate: 5 minutes / 3.73 miles Fuel Cost: [Calculate](#)



**825 Carillon Dr** [Link](#)  
 Bartlett, IL 60103-4581

-  Start out going NORTH on  
 1. CARILLON DR toward CARILLON DRIVE LOOP 0.1 mi
-  2. Turn LEFT onto W BARTLETT RD. 3.6 mi
-  3. E MIDDLE ST & IL ROUTE 25

**E Middle St & Il Route 25** [Link](#)  
 South Elgin, IL 60177

Total Travel Estimate: 6 minutes / 3.73 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or exactness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

ASSISI HCC AT CLARE OAKS		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
829 CARILLON DRIVE		Aggressive/Anti-Social	1	DIAGNOSIS		
BARTLETT, IL. 60103		Chronic Alcoholism	1	Neoplasms	3	
Reference Numbers	Facility ID 6016273	Developmentally Disabled	1	Endocrine/Metabolic	5	
Health Service Area 007	Planning Service Area 701	Drug Addiction	1	Blood Disorders	1	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	4	
Susan Polier		Medicare Recipient	0	Alzheimer Disease	1	
		Mental Illness	1	Mental Illness	1	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Maxine Bergman		Non-Mobile	0	Circulatory System	14	
630-483-4742		Public Aid Recipient	0	Respiratory System	3	
	Date Completed	Under 65 Years Old	0	Digestive System	4	
	4/24/2009	Unable to Self-Medicate	0	Genitourinary System Disorders	3	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	2	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3	
		Other Restrictions	0	Injuries and Poisonings	13	
		No Restrictions	0	Other Medical Conditions	10	
				Non-Medical Conditions	4	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	71
NON-PROF CORPORATION						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	120	120	71	120	71	49	0	0	Total Admissions 2008	168
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	97
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	71
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>120</b>	<b>120</b>	<b>71</b>	<b>120</b>	<b>71</b>	<b>49</b>	<b>0</b>	<b>0</b>		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	3504	0.0%	2761	0.0%	0	533	1062	0	7860	17.9%	17.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>3504</b>	<b>0.0%</b>	<b>2761</b>	<b>0.0%</b>	<b>0</b>	<b>533</b>	<b>1062</b>	<b>0</b>	<b>7860</b>	<b>17.9%</b>	<b>17.9%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008											
AGE GROUPS	NURSING CARE		SKL 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 69	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	7	0	0	0	0	0	0	0	7	7
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	11	15	0	0	0	0	0	0	11	15	26
85+	8	20	0	0	0	0	0	0	8	20	28
<b>TOTALS</b>	<b>24</b>	<b>47</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>47</b>	<b>71</b>

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

**ASSISI HCC AT CLARE OAKS**

829 CARILLON DRIVE  
BARTLETT, IL 60103

Reference Numbers Facility ID 6016273  
Health Service Area 007 Planning Service Area 701

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	18	0	5	9	71
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>39</b>	<b>18</b>	<b>0</b>	<b>5</b>	<b>9</b>	<b>71</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	240
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

ETHNICITY	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.50
LPN's	7.50
Certified Aides	39.50
Other Health Staff	8.00
Non-Health Staff	19.00
<b>Totals</b>	<b>95.50</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
51.9%	26.4%	0.0%	7.9%	13.8%	100.0%		0.0%
865,820	438,870	0	132,500	230,195	1,668,385	0	

III. STATISTICAL DATA

A. License/certification level(s) of center/room number of bed/holiday days.  
(must agree with license). Date of change in licensed beds

1	2	3	4
Bed(s) at Beginning of Report Period	License Level of Care	Bed(s) at End of Report Period	Licensed Bed Days During Report Period
128	Skilled (SNF) Skilled (SNF) (SNF/PRD)	120	43,800
	Intermediate (ICF)		
	Intermediate (ICF)		
	Skilled Care (SCI)		
	ICF/PRD 16 or Less		
128	TOTALS	120	43,800

B. Census For the entire report period

1	2	3	4	5
Level of Care	Partners Day by Level of Care and Primary Source of Payment	Private Pay	Other	Total
8 SNF	Medicaid 6,437	4,057	1,763	22,967
9 SNF/PRD				
10 ICF				
11 ICF/PRD				
12 SC				
13 DD 16 OR LESS				
14 TOTALS	4,277	4,057	11,763	22,047

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 54.34%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, meals on wheels, outpatient therapy)  
N/A

F. Does the facility maintain a daily audit log census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-cash assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started 6/2/2008

J. Was the facility purchased or leased after January 1, 1978?  
YES  NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  IF YES, enter number of beds certified 130 and days of care provided 9,825

Medicare Intermediary: National Government Services, Inc.

IV. ACCOUNTING BASIS  
ACCRUAL  MODIFIED CASH   
CASH  CASH

By your fiscal year identical to your tax year? YES  NO

Tax Year: 7/1/2008 Fiscal Year: 6/30/2009

\* All facilities other than governmental must report on the accrual basis.



A. Square Feet: 72088 B. General Construction Type: Reinforced Concrete Frame Steel and Concrete Number of Stories: 5

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. Let all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
Care Oaks Independent Living Facility (54 Apartments, 10 Cottages)  
Care Oaks Assisted Living Facility (15 Units)  
Care Oaks Memory Support (15 Units)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: 10,363,725 2. Number of Years Over Which It is Being Amortized: Marketing - 15; Planning - 33

3. Current Period Amortization: 558,467 4. Dates Incurred: 2/1/2008

Nature of Costs: Deferred marketing costs and deferred planning costs. See detailed attachment (Attaches a complete schedule detailing (F-705) amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

1	Use	2	Square Feet	3	Year Acquired	4	Cost
1							
2							
3	TOTAL						

Facility Name & ID Number: Asst's Health CC at Clark Oaks  
 # 0047613

STATE OF ILLINOIS

Report Period Beginning: 7/1/2008

Ending: 6/30/2009

Page 12

1. OPERATING COSTS (Excludes)  
 5. Building Depreciation-Including: Fixed Equipment, (See Instructions), Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Bed#	FOR BHF USE ONLY	Year Acquired	Year Constructed	Orig. Cost	Current Book Depreciation	Use In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		2008	2008	870,243	21,923	40	85,235		21,923
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
				7278	444	15	444		444

\*Total beds on this schedule must agree with page 2  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete  
 See Page 12A, Line 70 for total

Facility Name & ID Number: Aerial Health CC at Clark Lake

STATE OF ILLINOIS  
 0047613

Report Period Beginning:

7/1/2008 Ending: 6/30/2009 Page 11A

**B. Building Depreciation-Including Fixed Equipment (See Instructions) Round all numbers to nearest dollar.**

Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight-Line Depreciation	Adjustments	Accumulated Depreciation
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
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62							
63							
64							
65							
66							
67							
68							
69							
70							
<b>TOTAL (Lines 41-69)</b>		<b>2,306,253</b>	<b>213,676</b>		<b>213,676</b>		<b>213,676</b>

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the [Printer-Friendly](#) button.

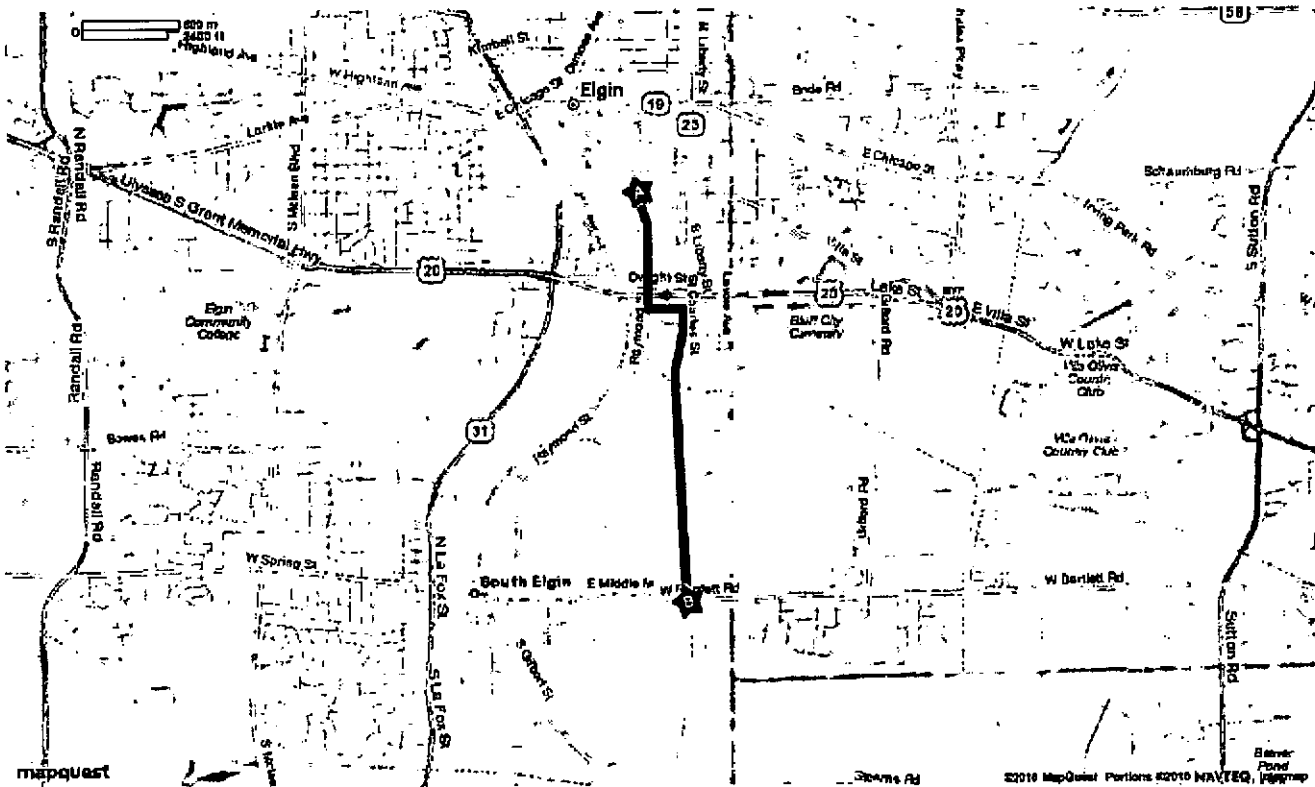
### Starting Location

**355 Raymond St**  
Elgin, IL 60120-7875

### Ending Location






**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 8 minutes / 2.71 miles Fuel Cost: [Calculate](#)



### 355 Raymond St Ld.

Elgin, IL 60120-7875

-  Start out going SOUTH on
-  1. RAYMOND ST toward BARTLETT PL. 0.7 mi
-  2. Turn LEFT onto BLUFF CITY BLVD. 0.2 mi
-  3. Turn RIGHT onto ST CHARLES ST/IL-25. Continue to follow IL-25. 1.8 mi
-  4. E MIDDLE ST & IL ROUTE 25.

### E Middle St & Il Route 25 Ect

South Elgin, IL 60177

Total Travel Estimate: 8 minutes / 2.71 miles Fuel Cost: [Calculate](#)

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HERITAGE MANOR ELGIN LLC		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
355 RAYMOND STREET		Aggressive/Anti-Social	1	DIAGNOSIS		
ELGIN, IL. 60120		Chronic Alcoholism	1	Neoplasms	1	
Reference Numbers	Facility ID 6006902	Developmentally Disabled	1	Endocrine/Metabolic	4	
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	4	
Linda S. Hartmann		Medicare Recipient	0	Alzheimer Disease	1	
		Mental Illness	1	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Linda S. Hartmann		Non-Mobile	0	Circulatory System	29	
847-697-6636		Public Aid Recipient	0	Respiratory System	5	
	Date Completed	Under 65 Years Old	0	Digestive System	4	
	4/10/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	9	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8	
		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	11	
FACILITY OWNERSHIP		<i>Note. Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
LIMITED LIABILITY CO				TOTALS	76	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	94	94	92	94	76	18	94	94	Total Admissions 2008	89
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	89
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	76
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>94</b>	<b>94</b>	<b>92</b>	<b>94</b>	<b>76</b>	<b>18</b>	<b>94</b>	<b>94</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE										
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL		
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	PaL days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4580	13.3%	22274	64.7%	0	0	3615	0	30469	88.6%	88.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>4580</b>	<b>13.3%</b>	<b>22274</b>	<b>64.7%</b>	<b>0</b>	<b>0</b>	<b>3615</b>	<b>0</b>	<b>30469</b>	<b>88.6%</b>	<b>88.6%</b>

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	6	37	0	0	0	0	0	0	6	37	43
<b>TOTALS</b>	<b>14</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>62</b>	<b>76</b>

HERITAGE MANOR ELGIN LLC  
 355 RAYMOND STREET  
 ELGIN, IL 60120

Reference Numbers Facility ID 6006902  
 Health Service Area 008 Planning Service Area 089

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	7	58	0	0	11	0	76
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>7</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>76</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>76</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>76</b>

ETHNICITY	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>76</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>76</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	4.00
Certified Aides	34.00
Other Health Staff	15.00
Non-Health Staff	11.00
<b>Totals</b>	<b>80.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
40.1%	46.3%	0.0%	0.0%	13.6%	100.0%		0.0%
2,315,203	2,669,867	0	0	782,366	5,767,436	0	

Facility, Name & ID Number: Heritage Manor-Eight

# 0049132 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

III. STATISTICAL DATA

A. Licensee certification levels (if zero; enter number of bed-hold days. (must agree with license); Date of change in licensed beds

1	2	3	4
Beginning of Report Period	Licensee Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
94	Skilled (SNP)	94	34,310
	Skilled (SNP) (SNR/PEP)		
	Intermediate (ICP)		
	Intermediate/ED		
	Skilled (SNR)		
	ICP/ED 16 or Less		
94	TOTALS	94	34,310

B. Create For the entire report period

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
8 SNP	21,963	2,805	3,964	28,732
9 SNR/PEP				
10 ICP				
11 ICP/ED				
12 SC				
13 DD 16 OR LESS				
14 TOTALS	21,963	2,805	3,964	28,732

C: Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 83.74%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "overs on wheels", independent therapy) none

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? NO

I. On what date did you start providing long-term care at this location? Date started 8/2008

J. Was the facility purchased or leased after January 1, 1978? NO

K. Was the facility certified for Medicare during the reporting year? NO If YES, enter number of beds certified and days of care provided 3,964

Medicare intermediary WPPS

IV. ACCOUNTING BASIS  
 ACCRUAL  MODIFIED CASH   
 CASH  CASH

Is your fiscal year identical to your tax year? YES  NO

A. Square Feet: 20,204 B. General Construction Type: Exterior brick Frame wood Number of Stories: 1  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)  
 E. List all other business entities owned by the operating entity or related to the operating entity that are licensed or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day trading facilities, day care, independent living facilities, CNA training facilities etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 NONE

P. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If no, please complete the following:  YES  NO  
 1. Total Amount Incurred: \_\_\_\_\_  
 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Dates Incurred: \_\_\_\_\_  
 Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

1	Use	2	Square Feet	3	Year Acquired	4	Cost
1							20,000
2							
3	TOTALS						20,000



1	2	3	4	5	6	7	8	9	
Bed's	FOR BHP LNK ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
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13									
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98									
99									
100									

\*\*Total beds on this worksheet must agree with page 2.  
 \*\*\*Inspection type must be defined in order for the total report to be considered complete.

See Page 12A, Line 70 for total

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	2000	14,133	1,413	10	1,413		1,413	37
38	2000	1,455	145	10	145		145	38
39	2000	17,642	1,764	10	1,764		1,764	39
40	2001	4,335	433	10	433		433	40
41	2001	4,320	432	10	432		432	41
42	2001	2,819	282	10	282		282	42
43	2001	2,043	204	10	204		204	43
44	2001	2,299	230	10	230		230	44
45	2001	21,012	2,101	10	2,101		2,101	45
46	2002	14,533	1,453	10	1,453		1,453	46
47	2002	4,814	481	10	481		481	47
48	2002	14,747	1,475	10	1,475		1,475	48
49	2002	2,052	205	10	205		205	49
50	2002	2,052	205	10	205		205	50
51	2002	2,052	205	10	205		205	51
52	2002	2,052	205	10	205		205	52
53	2002	2,052	205	10	205		205	53
54	2002	1,400	140	10	140		140	54
55	2002	5,777	578	10	578		578	55
56	2003	9,599	960	10	960		960	56
57	2003	320	32	10	32		32	57
58	2003	4,497	450	10	450		450	58
59	2003	4,160	416	10	416		416	59
60	2003	4,428	443	10	443		443	60
61	2003	1,195	120	10	120		120	61
62	2003	1,744	174	10	174		174	62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70		233,320	23,332		23,332		23,332	70

\*\*Improvement type must be described in order for the cost report to be considered complete

Facility Name & ID Number Heritage Manor-Eglin  
 M/TWNRGRSHPTX32575 (continued)  
 B. Building, Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Desc.	Year	Cost	Current Book Depreciation	Life in Years	Straight-Line Depreciation	Adjustments	Accumulated Depreciation	
1 Total from Part 13A (net of forward)		\$ 1,332,380	\$ 262,286		\$ 107,194	\$ 6,914	\$ 1,217,880	1
2 Electrical	2016	1,580						2
3 Entry Air Doors	2008	4218						3
4 Concrete	2002	1400						4
5 Fire Alarm	2006	1779						5
6 Fire Alarm	2006	2354						6
7 Fire Alarm	2006	4078						7
8 Fire Alarm	2006	1779						8
9 Fire Alarm	2006	1779						9
10 Fire Alarm	2006	1779						10
11 Fire Alarm	2006	1779						11
12 Fire Alarm	2006	1779						12
13 Fire Alarm	2006	1779						13
14 Fire Alarm	2006	1779						14
15 Fire Alarm	2006	1779						15
16 Fire Alarm	2006	1779						16
17 Fire Alarm	2006	1779						17
18 Fire Alarm	2006	1779						18
19 Fire Alarm	2006	1779						19
20 Fire Alarm	2006	1779						20
21 Fire Alarm	2006	1779						21
22 Fire Alarm	2006	1779						22
23 Fire Alarm	2006	1779						23
24 Fire Alarm	2006	1779						24
25 Fire Alarm	2006	1779						25
26 Fire Alarm	2006	1779						26
27 Fire Alarm	2006	1779						27
28 Fire Alarm	2006	1779						28
29 Fire Alarm	2006	1779						29
30 Fire Alarm	2006	1779						30
31 Fire Alarm	2006	1779						31
32 Fire Alarm	2006	1779						32
33 Fire Alarm	2006	1779						33
34 Fire Alarm	2006	1779						34
35 Fire Alarm	2006	1779						35
36 Fire Alarm	2006	1779						36
37 Fire Alarm	2006	1779						37
38 Fire Alarm	2006	1779						38
39 Fire Alarm	2006	1779						39
40 Fire Alarm	2006	1779						40
41 Fire Alarm	2006	1779						41
42 Fire Alarm	2006	1779						42
43 Fire Alarm	2006	1779						43
44 Fire Alarm	2006	1779						44
45 Fire Alarm	2006	1779						45
46 Fire Alarm	2006	1779						46
47 Fire Alarm	2006	1779						47
48 Fire Alarm	2006	1779						48
49 Fire Alarm	2006	1779						49
50 Fire Alarm	2006	1779						50
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68 Fire Alarm	2006	1779						68
69 Fire Alarm	2006	1779						69
70 Fire Alarm	2006	1779						70
71 Fire Alarm	2006	1779						71
72 Fire Alarm	2006	1779						72
73 Fire Alarm	2006	1779						73
74 Fire Alarm	2006	1779						74
75 Fire Alarm	2006	1779						75
76 Fire Alarm	2006	1779						76
77 Fire Alarm	2006	1779						77
78 Fire Alarm	2006	1779						78
79 Fire Alarm	2006	1779						79
80 Fire Alarm	2006	1779						80
81 Fire Alarm	2006	1779						81
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83 Fire Alarm	2006	1779						83
84 Fire Alarm	2006	1779						84
85 Fire Alarm	2006	1779						85
86 Fire Alarm	2006	1779						86
87 Fire Alarm	2006	1779						87
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89 Fire Alarm	2006	1779						89
90 Fire Alarm	2006	1779						90
91 Fire Alarm	2006	1779						91
92 Fire Alarm	2006	1779						92
93 Fire Alarm	2006	1779						93
94 Fire Alarm	2006	1779						94
95 Fire Alarm	2006	1779						95
96 Fire Alarm	2006	1779						96
97 Fire Alarm	2006	1779						97
98 Fire Alarm	2006	1779						98
99 Fire Alarm	2006	1779						99
100 Fire Alarm	2006	1779						100

\*Improvement type must be detailed in order for the cost report to be considered complete.

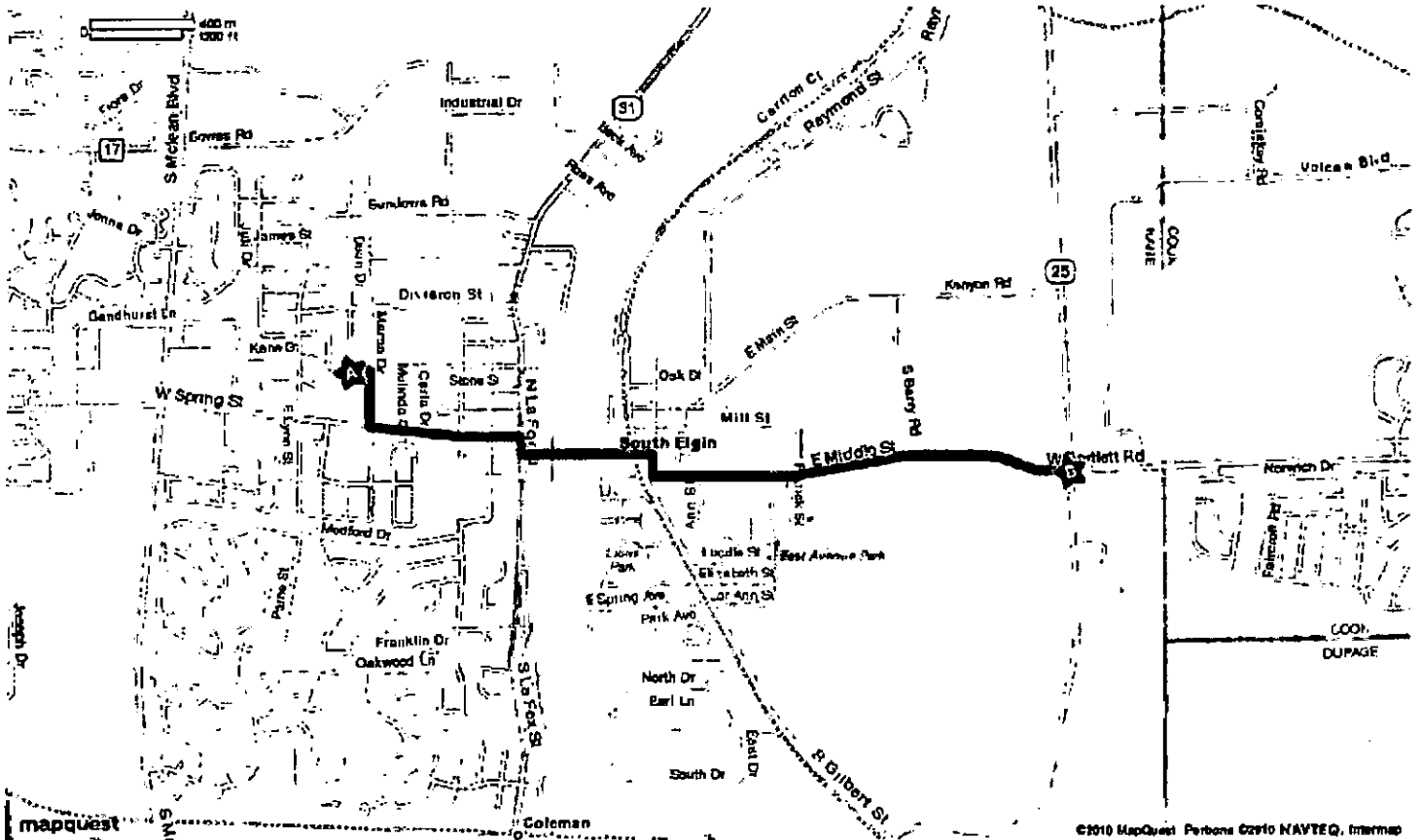
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correct. For best result, try clicking the Printer-Friendly button




**Starting Location**  
**759 Kane St**  
 South Elgin, IL 80177-1418

**Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate 6 minutes / 2.25 miles Fuel Cost [Calculate](#)



**759 Kane St**  
 South Elgin, IL 60177-1418

-  1. Start out going EAST on KANE ST toward MARTIN DR. 0.1 mi
-  2. Turn RIGHT onto MARTIN DR. 0.2 mi
-  3. Turn LEFT onto W SPRING ST. 0.4 mi
-   4. Turn RIGHT onto N LA FOX ST/IL-31. 0.1 mi
-  5. Turn LEFT onto W STATE ST. 0.1 mi
-  6. W STATE ST becomes STATE ST BRIDGE. 0.1 mi
-  7. STATE ST BRIDGE becomes E STATE ST. 0.2 mi
-  8. Turn RIGHT onto S GILBERT ST. 0.1 mi



9. Turn **LEFT** onto E MIDDLE ST. 1.1 mi



10. E MIDDLE ST & IL ROUTE 25.

**E Middle St & Il Route 25** Link  
South Elgin, IL 60177

Total Travel Estimate: 6 minutes / 2.25 miles Fuel Cost: [Calculate](#)

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TOWER HILL HEALTHCARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
759 KANE STREET		Aggressive/Anti-Social	0	DIAGNOSIS	
SOUTH ELGIN, IL. 60177		Chronic Alcoholism	0	Neoplasms	3
Reference Numbers	Facility ID 6003263	Developmentally Disabled	0	Endocrine/Metabolic	7
Health Service Area 008	Planning Service Area 089	Drug Addiction	0	Blood Disorders	4
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	6
JEREMY AMSTER		Medicare Recipient	0	Alzheimer Disease	8
		Mental Illness	0	Mental Illness	18
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
CHERYL CARL		Non-Mobile	0	Circulatory System	41
847-982-2300		Public Aid Recipient	0	Respiratory System	24
	Date Completed	Under 65 Years Old	0	Digestive System	10
	4/22/2009	Unable to Self-Medicate	0	Genitourinary System Disorders	21
Registered Agent Information		Ventilator Dependent	0	Skin Disorders	5
SHELDON WOLFE		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	6
7434 SKOKIE BLVD		Other Restrictions	0	Injuries and Poisonings	23
Skokie, IL 60077		No Restrictions	1	Other Medical Conditions	7
				Non-Medical Conditions	0
FACILITY OWNERSHIP				TOTALS	183
LIMITED LIABILITY CO					

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2008		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	206	206	195	206	183	23	206	206	Total Admissions 2008	184
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	121
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	122
Sheltered Care	0	0	0	0	0	0		0		183
TOTAL BEDS	206	206	195	206	183	23	206	206		

## FACILITY UTILIZATION - 2008

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	5899	7.8%	47530	63.0%	0	0	13927	0	67356	89.3%	89.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5899	7.8%	47530	63.0%	0	0	13927	0	67356	89.3%	89.3%

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

AGE GROUPS	NURSING CARE		SKL 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	3	0	0	0	0	0	0	0	3	3
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	16	50	0	0	0	0	0	0	16	50	66
85+	20	71	0	0	0	0	0	0	20	71	91
TOTALS	42	141	0	0	0	0	0	0	42	141	183

## TOWER HILL HEALTHCARE CENTER

759 KANE STREET  
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6003263

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	13	130	0	0	40	0	183
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>13</b>	<b>130</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>0</b>	<b>183</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>183</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>183</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	178	0	0	0	178
<b>Total</b>	<b>183</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>183</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	7.00
Certified Aides	55.00
Other Health Staff	0.00
Non-Health Staff	94.00
<b>Totals</b>	<b>175.00</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.5%	39.1%	0.0%	0.0%	37.4%	100.0%		0.0%
2,845,193	4,728,566	0	0	4,530,676	12,103,835	0	

III. STATISTICAL DATA

A. License/certification level(s) of care: enter number of beds/bed days. (must agree with license). Date of change in licensed beds

1	2	3	4	5
Beginning of Report Period	Licensee Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
206	Skilled (SNF)	206	75,190	1
	Skilled Pediatric (SNF/PED)			2
	Intermediate (ICF)			3
	Intermediate/DD			4
	Sheltered Care (SC)			5
	ICF/DD 16 or Less			6
206	TOTALS	206	75,190	7

B. Census-For the entire report period.

1	2	3	4	5	6
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total	
8 SNF	Medical Recipient	13,943	7,098	68,133	8
9 SNF/PED					9
10 ICF					10
11 ICF/DD					11
12 SC					12
13 DD 16 OR LESS					13
14 TOTALS	47,092	13,943	7,098	68,133	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4)

90.61%

SEE ACCOUNTANTS' COMPILATION REPORT

# 0045930 Report Period Beginning: 01/01/09 Ending: 12/31/09

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES  NO  Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES  NO

I. On what date did you start providing long term care at this location? Date started 7/1/02

J. Was the facility purchased or leased after January 1, 1978? YES  Date 7/1/02 NO

K. Was the facility certified for Medicare during the reporting year? YES  NO  If YES, enter number of beds certified 206 and days of care provided 7,098

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS MODIFIED ACCRUAL  CASH  CASH+

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/09 Fiscal Year: 12/31/09 \* All facilities other than governmental must report on the accrual basis.



Facility Name & ID Number Tower Hill Healthcare Center  
 X BUILDING AND GENERAL INFORMATION:

STATE OF ILLINOIS # 0045930 Report Period Beginning: 01/01/09 Ending: 12/31/09 Page 11

A. Square Feet: 41,038 B. General Construction Type: Exterior Brick Frame Concrete Number of Stories: Two

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartment, assisted living facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

- 1. Total Amount Incurred: \_\_\_\_\_
- 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_
- 3. Current Period Amortization: \_\_\_\_\_
- 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Resident Care		2000	\$ 150,000
2				
3	TOTALS			\$ 150,000

SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9	10
Bed#	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
216		2002	2002	426,595	3	39	108,320	169,270	1,628,725
	Allocation from Management Company	1995		49,479		19	1,114	1,413	20,718
	Improvement Type**								
9	Nursing Stations	2002	2002	10,600		5			10,600
10	Garage	2002	2002	3,239		7	474	423	3,219
11	Time Recorder	2002	2002	6,505		5			6,505
12	Fire Alarm System	2003	2003	2,072		7	296	296	2,073
13	Receivly Tower Pump	2003	2003	2,600		5			2,600
14	Hot Water Heater	2004	2004	38,024	1,383	20	1,907	518	10,457
15	Alarm System	2005	2005	24,807	902	20	1,230	338	6,872
16	Boiler	2005	2005	19,350	704	20	958	764	4,353
17	Water softener valves & filter media	2005	2005	9,955	362	20	498	136	2,240
18	Hardware for 8 doors	2005	2005	5,177	188	20	259	71	1,165
19	Wire glass in frames	2005	2005	1,194	43	20	60	17	769
20	Door alarm system	2005	2005	2,743	99	20	137	38	615
21	Resurface parking lot	2005	2005	25,256	1,749	20	1,763	(486)	5,683
22	Elevators door edget	2005	2005	2,400	87	20	120	33	540
23	Elevators door edget	2005	2005	74	53	20	74	20	376
24	Play for lawn	2006	2006	8,700	670	20	435	66	847
25	Sealant	2006	2006	4,832	176	20	242	66	1,522
26	Cable tile & Derrall	2006	2006	7,600	585	20	380	(205)	1,130
27	SPRINKLER SYSTEM	2006	2006	20,639	751	20	1,033	282	5,615
28	Boiler	2006	2006	89,975	3,770	20	4,496	1,276	15,737
29	Boiler	2006	2006	2,473	90	20	124	34	433
30	Practical-Building Protect	2006	2006	10,326	777	20	518	(259)	1,813
31	Cooling Tower & Water Chiller	2006	2006	5,954	216	20	298	82	1,032
32	Chlorinator	2006	2006	4,090	145	20	200	35	740
33	Chlorinator	2006	2006	3,980	217	20	209	82	1,047
34	Landscape	2006	2006	60,182	4,634	20	3,009	(1,625)	10,532
35									
36									

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total  
 SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tower Hill Healthcare Center  
 A. Ownership Costs (Fiduciary)  
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.


Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation	
1	2	3	4	5	6	7	8	9
37 Paint and Decorative Entire Facility	2007	14,600	98	20	730	730	1,025	37
38 Fire alarm	2007	2,696	181	20	135	37	337	38
39 Boiler and valves	2007	14,131	616	20	710	194	1,794	39
40 The 88 Bathroom	2007	17,915	648	20	891	243	2,227	40
41 Landscaping-Retaining Wall	2007	15,979	1,384	20	799	(585)	1,997	41
42 Landscaping-Paver Walk & Fence	2007	11,475	1,020	10	1,148	128	2,959	42
43 Elevator	2008	34,050	2,887	20	2,833	146	4,249	43
44 Retaining wall	2008	26,000	1,215	20	1,300	65	1,950	44
45 Replace sidewalk-2 squares	2008	2,515	119	10	125	7	189	45
46 Vape	2008	2,500	120	20	165	45	248	46
47 Vape	2008	10,900	464	20	500	136	750	47
48 Vape	2008	11,796	484	20	1,630	1,630	2,535	48
49 Automatic door opener	2009	3,900	102	20	195	59	293	49
50 2" Pipe at Water Heater	2009	3,100	80	20	78	78	78	50
51 Hot Water Heater	2009	3,525	68	20	88	8	89	51
52 Flooding and Ceiling Tiles	2009	31,023	611	20	716	7	76	52
53 Flooring	2009	68,677	104	20	1,717	165	716	53
54						1,611	1,717	54
55								55
56								56
57								57
58								58
59								59
60 Allocation of SW Management - Landhold Improvement	1995	5,279		20	264	264	4,240	60
61 Allocation of SW Management - Landhold Improvement	1996	972		20	46	46	625	61
62 Allocation of SW Management - Landhold Improvement	1997	1,318		20	55	55	997	62
63 Allocation of SW Management - Landhold Improvement	1998	914		20	46	46	537	63
64 Allocation of SW Management - Landhold Improvement	1999	2,538		20	127	127	1,280	64
65 Allocation of SW Management - Landhold Improvement	2005	5,250		20	262	262	1,181	65
66 Allocation of SW Management - Landhold Improvement	2007	4,972		20	149	149	372	66
67 Allocation of SW Management - Landhold Improvement	2009	6,205		20	155	155	155	67
68								68
69								69
70 TOTAL (Lines 1 thru 69)		\$ 402,170	\$ 26,257		\$ 133,576	\$ 117,879	\$ 1,777,161	70


\*\*Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

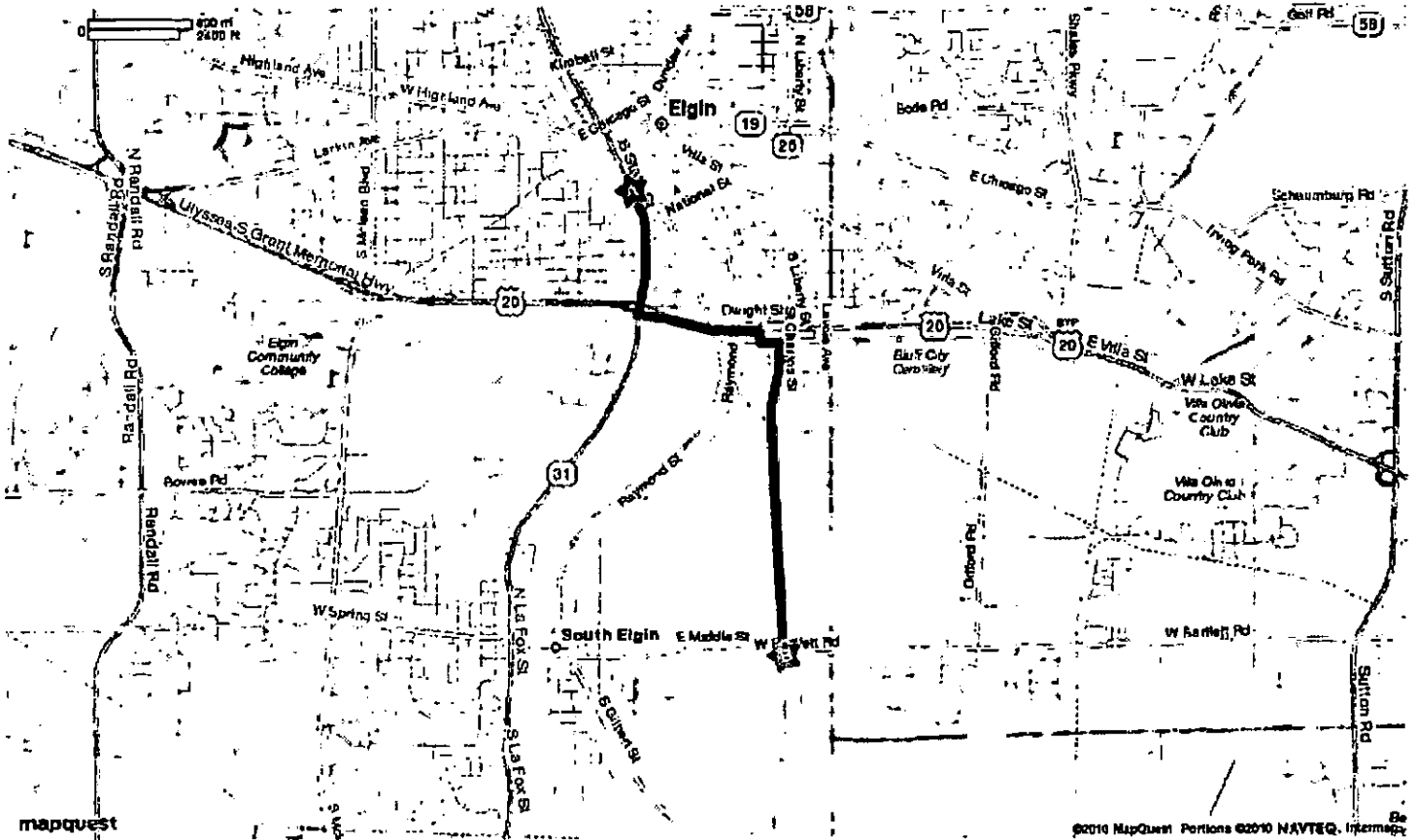
# MAPQUEST.


Sorry! When printing directly from the browser your directions or map may not print correctly. For best results try clicking the Printer-Friendly button.








 **Starting Location**  
**180 S State St**  
 Elgin, IL 60123-6429


 **Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 7 minutes / 3.35 miles Fuel Cost: [Calculate](#)



 **180 S State St**  
 Elgin, IL 60123-6429

-  1. Start out going **SOUTH** on **S STATE ST/IL-31** toward **STANDISH CT.** 0.7 mi
-  2. Merge onto **US-20 E/ULYSSES S GRANT MEMORIAL HWY** via the ramp on the **LEFT** toward **CHICAGO.** 0.7 mi
-  3. Take the ramp toward **IL-25.** 0.1 mi
-  4. Stay **STRAIGHT** to go onto **GRACE ST.** 0.0 mi
-  5. Turn **LEFT** onto **BLUFF CITY BLVD.** 0.1 mi
-  6. Turn **RIGHT** onto **ST CHARLES ST/IL-25.** Continue to follow **IL-25.** 1.8 mi
-  7. **E MIDDLE ST & IL ROUTE 25.**

 **E Middle St & Il Route 25 Eci:**  
South Elgin, IL 60177

Total Travel Estimate: 7 minutes / 3.35 miles Fuel Cost: [Calculate](#)

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MANOR CARE - ELGIN		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
180 SOUTH STATE STREET		Aggressive/Anti-Social	1	DIAGNOSIS		
ELGIN, IL. 60123		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6000277	Developmentally Disabled	1	Endocrine/Metabolic	23	
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	2	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0	
Pam Crenshaw		Medicare Recipient	0	Alzheimer Disease	1	
		Mental Illness	1	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Pam Crenshaw		Non-Mobile	0	Circulatory System	14	
847-742-3310		Public Aid Recipient	0	Respiratory System	22	
	Date Completed	Under 65 Years Old	0	Digestive System	0	
	4/23/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	4	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4	
		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
LIMITED LIABILITY CO				TOTALS	70	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2008		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	88	80	78	80	70	18	88	61	Total Admissions 2008	258
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	260
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	70
Sheltered Care	0	0	0	0	0	0		0		
<b>TOTAL BEDS</b>	<b>88</b>	<b>80</b>	<b>78</b>	<b>80</b>	<b>70</b>	<b>18</b>	<b>88</b>	<b>61</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008								TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare		Medicaid		Other Public		Private Insurance	Private Pay				Charity Care
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days				Pat. days
Nursing Care	6781	21.1%	13666	61.2%	1230	1181	2946	0	25804	80.1%	88.1%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>6781</b>	<b>21.1%</b>	<b>13666</b>	<b>61.2%</b>	<b>1230</b>	<b>1181</b>	<b>2946</b>	<b>0</b>	<b>25804</b>	<b>80.1%</b>	<b>88.1%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	6	21	0	0	0	0	0	0	6	21	27
<b>TOTALS</b>	<b>27</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>43</b>	<b>70</b>

MANOR CARE - ELGIN  
 180 SOUTH STATE STREET  
 ELGIN, IL. 60123

Reference Numbers Facility ID 6000277  
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	39	0	1	9	0	70
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>21</b>	<b>39</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>70</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	216
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	7.00
Certified Aides	27.00
Other Health Staff	23.00
Non-Health Staff	6.00
<b>Totals</b>	<b>76.00</b>

ETHNICITY	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
48.7%	26.5%	2.8%	6.0%	15.9%	100.0%		0.0%
2,810,362	1,528,208	162,816	347,991	914,650	5,765,027	0	

FACILITY NOTES

Name Change 11/10/2008 Name changed from Manor Care - Elgin.

Facility Name & ID Number \_\_\_\_\_ Measure of Days

DL STATISTICAL DATA

A. Admission/Verification Level(s) of care; enter number of bed/days days.  
(must agree with license; Date of change in licensed beds)

1	2	3	4
Bed(s) at Beginning of Report Period	License Level of Care	Bed(s) at End of Report Period	Licensed Bed Days During Report Period
88	Skilled (SNF)	88	32,120
	Skilled Pediatric (SNRPED)		
	Intermediate (ICM)		
	Intermediate/D		
	Skilled Care (SC)		
	ICP/DD 16 or Less		
88	TOTALS	88	32,120

B. Create T for the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Trial
1	Medical			
2	Resident	1,184	\$,440	25,949
3	SNF	1,125		8
4	SNRPED			9
5	ICM			10
6	ICP			11
7	ICP/DD			12
8	DD 16 OR LESS			13
9	TOTALS	14,184	\$,440	25,949

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days see line 7, column 4) 82.79%

# 0009692 Report Period Beginning: 6/88 Ending: 5/1/89

D. How many bed-hold days during this year were paid by the Department? 0  
(Do not include bed-hold days in Section B.)

E. List all services provided by your facility for outpatients.  
(E.g., day care, "walk on wheels", outpatient therapy)  
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or benefits not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started 1/20/83

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 11/01/81 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 6316 and days of care provided \_\_\_\_\_

Medicare Intermediary Highmark Medicare Services

IV. ACCOUNTING BASIS  
ACCRUAL  MODIFIED CASH  CASH  CASH  CASH

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 11/31/89 Fiscal Year: 05/1/89  
\* All facilities other than governmental must report on the accrual basis.



A. Square Feet: 23,117 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories: 2  
 C. Does the Operating Entity?  (a) Own the facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI or Schedule XI-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XI-E. See instructions.)  
 E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this mailing, home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CHA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: \_\_\_\_\_  
 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Date Incurred: \_\_\_\_\_  
 Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule showing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Facility		1/6/78	10,295
2			2/80	1,261
3	TOTALS			12,176



Facility Name & ID Number: Measure of Effort: \_\_\_\_\_  
 MT OPERATING COSTS (continued)  
 B. Balance Depreciation-Including Fixed Equipment. (See Instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Impersonal Type*	Year	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 15 DOORS for resident room 12 R 2 Bnls.	2003	7,700						37
38 WINDOW ROOM DOORS	2003	2,205						38
39 NEW ADDITION - Insured for work	2003	17,111						39
40 NEW ADDITION - Carpet & wall-covering	2003	9,233						40
41 NEW ADDITION - Millwork	2003	2,319						41
42 VVC FLOORING & PAINTING	2003	15,124						42
43 VINYL CUTTING & PAINTING	2003	6,274						43
44 ADULT ASSETS 153 & 154 CARPET - sec audit 5/1/02	2003	3,817						44
45 PAINTING AND BONDING	2003	2,317						45
46 15 DOORS for resident room 12 R 2 Bnls.	2003	2,317						46
47 TRIVIT HANDLE/COURTYARD DOOR	2003	439						47
48 DOORS	2003	2,438						48
49 NEW ADDITION - Soil & concrete testing	2003	5,045						49
50 NEW ADDITION - Site preparation for audit include w/ride.	2003	2,003						50
51 OUTSIDE LIGHT	2003	1,742						51
52 VENTILATION DOORS 11 of 1 Bnls	2003	2,000						52
53 VENTILATION DOORS 12 of 1 Bnls	2003	2,000						53
54 VENTILATION DOORS 12 of 1 Bnls	2003	2,000						54
55 VENTILATION DOORS 9 of 1 Bnls	2003	630						55
56 DOORS AND REPAIRS	2003	3,827						56
57 WALL COVERING	2003	859						57
58 FLOORING LIGHT FIXTURES	2005	21,157						58
59 DOORS AND NOVELTIES	2005	1,195						59
60 ARCH & ENGINEERING COST	2005	5,718						60
61 OH & BY BEST Available per audit	2005	2,405						61
62 FLOORING 451 80.45C	2005	2,540						62
63 WALL COVERING 456 03A.06C	2005	1,105						63
64 CARPET FLOOR WORK 456 03A.06C	2005	10,352						64
65 WINDOW 45 003.56C	2005	35,300						65
66 GENERATOR EMERGENCY LIGHT	2005	1,304						66
67 RESURFACING ASPHALT PARKING LOT	2005	23,537						67
68 CONCRETE STONE WALL & GRADE AREAS	2005	2,110						68
69 DOORS (2) BOLLARD METAL	2005	3,272						69
70 VINYL FLOORING	2005	3,342						70
TOTAL (lines 4 thru 69)		357,364	143,595		143,595		213,769	70

\*Impersonal type must be detailed in order for the cost report to be considered complete.

X: DEPRECIATION COSTS (excluding) Report Period Beginning: 01/03 Endline: 3/1/09

B: Building Depreciation (excluding) Report Period Beginning: 01/03 Endline: 3/1/09

1	2	3	4	5	6	7	8	9
Imp/Asset Type*	Year	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation	
1	2006	3,871,854	143,808	26	147,598		2,708,889	34
2	2006	4,122						33
3	2006	21,257						32
4	2006	35,410						31
5	2005	1,547						30
6	2005	1,400						29
7	2005	5,090						28
8	2005	4,235						27
9	2007	3,210						26
10	2007	5,280						25
11	2007	3,220						24
12	2007	39,220						23
13	2007	4,215						22
14	2007	5,524						21
15	2007	1,459						20
16	2007	2,100						19
17	2008	5,030						18
18	2008	1,238						17
19	2008	2,786						16
20	2008	2,786						15
21	2008	33,297						14
22	2008	2,569						13
23	2008	1,080						12
24	2008	3,060						11
25	2008	1,560						10
26	2008	11,760						9
27	2008	3,350						8
28	2008	1,350						7
29	2008	1,100						6
30	2008	36,260						5
31	2008	2,751						4
32	2008							3
33	2008							2
34	2008							1
Totals (lines 1 thru 33)		3,885,436	143,808		147,598		2,708,889	

\*Imp/Asset Type have be detailed in order for the cost report to be considered complete.

Facility Name & ID Number: Manureure of Padu  
 AT OWNERSHIP COSTS (estimated)

STATE OF ILLINOIS  
 # 004997

Report Period Beginning: 07/08

Ending: 03/09

Page 1X  
 03/09

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	1
2 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	2
3 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	3
4 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	4
5 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	5
6 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	6
7 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	7
8 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	8
9 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	9
10 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	10
11 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	11
12 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	12
13 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	13
14 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	14
15 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	15
16 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	16
17 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	17
18 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	18
19 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	19
20 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	20
21 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	21
22 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	22
23 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	23
24 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	24
25 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	25
26 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	26
27 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	27
28 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	28
29 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	29
30 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	30
31 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	31
32 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	32
33 00000001 04 12x4 1/2" Iron & Aluminum	2004	1,700	14,398		14,398		1,700	33
TOTAL (Lines 1 thru 33)		3070310	143,358		143,358		1,700	33

\*\*Improvement type must be defined in order for the cost report to be considered complete.

ACCELERATED COSTS (concrete) B. Stand Up Depreciation-Includes: Fixed Equipment (See Instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		3370310	143598		143598		143598	1
2								2
3								3
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29								29
30								30
31								31
32								32
33								33
TOTAL (Line 1 thru 33)		3370310	143598		143598		143598	TOTALS

\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number: Manassas of Effin  
 XT OVERSIGHT COSTS (continued)

STATE OF ILLINOIS

Report Period Beginning: 6/1/88

Ending: 5/31/89

Page 128

a. Building Depreciation-Including Plant Equipment (See Instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1		3370210	128258		142508		2782818		
2									
3									
4									
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100									
TOTAL (Lines 1 thru 100)		3370210	144598		142508		2782818		

\*\*Improvements type may be detailed in order for the final report to be considered complete.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								
2								
3								
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100								
TOTAL (Lines 1 thru 33)		4470310	145588		145588		2786458	

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



Facility Name & ID Number: \_\_\_\_\_ Major(s) of Equip: \_\_\_\_\_  
 XL OWNERSHIP COSTS (omitted)

STATE OF ILLINOIS # 0045697

Report Period Begins: \_\_\_\_\_

6/1/88

Page 11C

B. Building Depreciation-Including Fixed Equipment. (See Instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight-Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 370,210	\$ 145,548	5	\$ 145,548	\$	\$ 270,265	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
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95								95
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97								97
98								98
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100								100
TOTAL (lines 1 thru 33)		\$ 370,210	\$ 145,548	5	\$ 145,548	\$	\$ 270,265	100

\*In parentheses type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number: \_\_\_\_\_

STATE OF ILLINOIS # 0049692

Report Period Beginning: 6/1/08

Ending: 5/31/09

Page 1311

**B. Building Depreciation - Including Fixed Equipment (See Instructions) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
OPEN AREA PAVE (C) CURB/FORM	8	147,010	143,948	8	143,948		1,062,847	1
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								99
								100

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

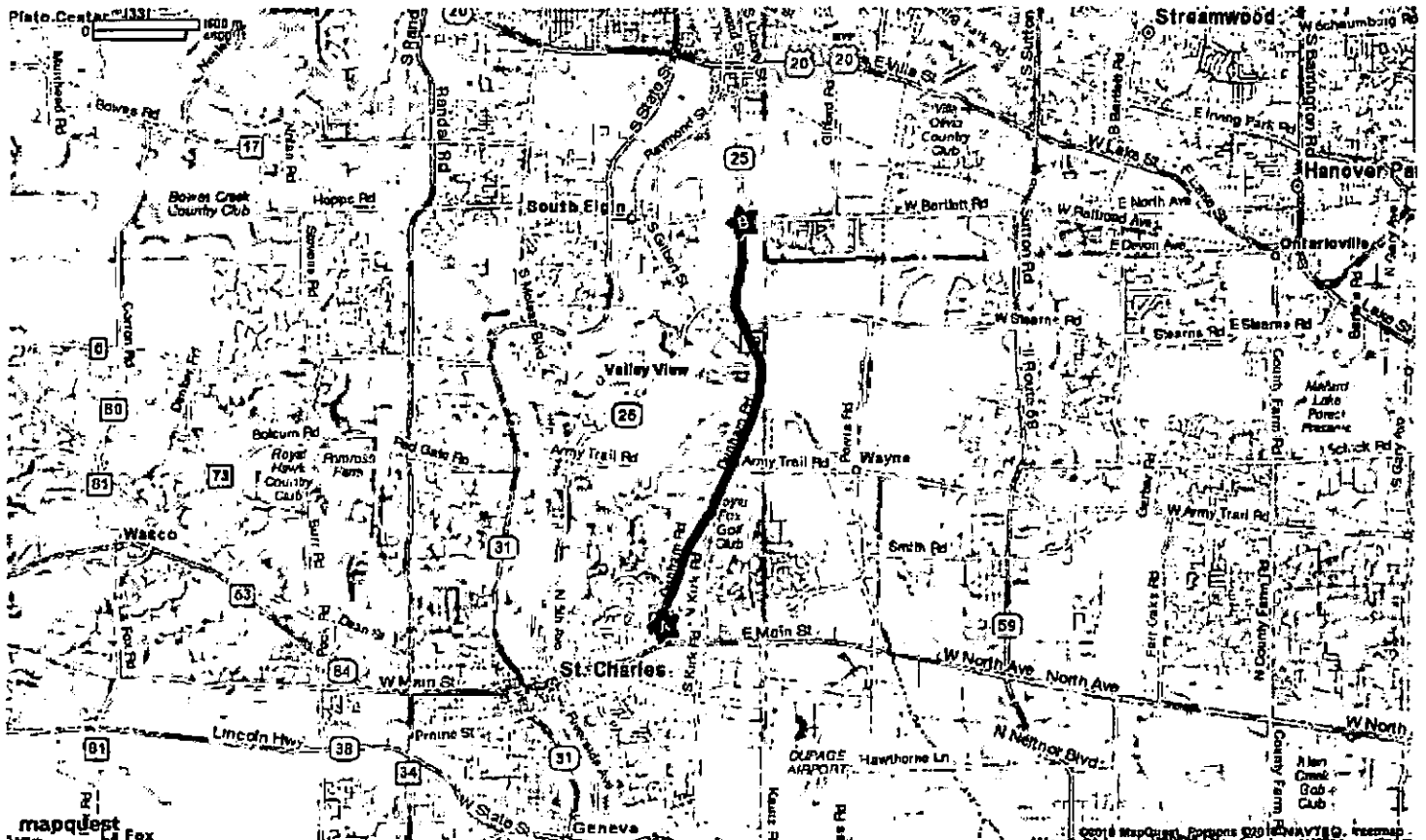
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, by clicking the Printer-Friendly button.

**Starting Location**  
**850 Dunham Rd**  
 St Charles, IL 60174-1494

**Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 8 minutes / 5.09 miles Fuel Cost [Calculate](#)



**850 Dunham Rd** | **St Charles, IL 60174-1494**

- 1. Start out going **NORTH** on **DUNHAM RD/CR-19** toward **FAIRFAX RD.** 1.5 mi
- 2. Turn **LEFT** to stay on **DUNHAM RD/CR-19.** 2.7 mi
- 3. **DUNHAM RD/CR-19** becomes **IL-25.** 0.9 mi
- 4. **E MIDDLE ST & IL ROUTE 25.**

**E Middle St & Il Route 25** | **South Elgin, IL 60177**

Total Travel Estimate: 8 minutes / 5.09 miles Fuel Cost [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of these internet road conditions or route usability or timeliness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

ROSEWOOD CARE CTR ST. CHARLES

ADMISSION RESTRICTIONS

RESIDENTS BY PRIMARY DIAGNOSIS

850 DUNHAM ROAD  
ST. CHARLES, IL 60174  
Reference Numbers Facility ID 6014866  
Health Service Area 008 Planning Service Area 089  
Administrator  
Joli Koch

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
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
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

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

Contact Person and Telephone  
Jan Poelker  
314-994-9070, ext. 3025

Date Completed  
4/21/2009

Registered Agent Information  
Daniel L. Maher  
419 E. Lawrence  
Springfield, IL 62703

FACILITY OWNERSHIP  
FOR-PROF CORPORATION

Note: Reported restrictions denoted by '1'

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

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2008	Residents on 12/31/2008
Nursing Care	109	109	91	109	71	38	20	73	71
Skilled Under 22	0	0	0	0	0	0	0	260	262
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>109</b>	<b>109</b>	<b>91</b>	<b>109</b>	<b>71</b>	<b>38</b>	<b>20</b>		

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.						Occ Pct.	Set Up
Nursing Care	5710	41.1%	8349	86.7%	0	331	16736	0	29126	73.0%	73.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>5710</b>	<b>41.1%</b>	<b>6349</b>	<b>86.7%</b>	<b>0</b>	<b>331</b>	<b>16736</b>	<b>0</b>	<b>29126</b>	<b>73.0%</b>	<b>73.0%</b>

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

AGE GROUPS	NURSING CARE		SKL 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	1	2	0	0	0	0	0	0	1	2	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	5	43	0	0	0	0	0	0	5	43	48
<b>TOTALS</b>	<b>12</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>59</b>	<b>71</b>

**ROSEWOOD CARE CTR ST. CHARLES**

850 DUNHAM ROAD  
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6014666  
Health Service Area 008 Planning Service Area 089

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance				
Nursing Care	9	18	0	0	44	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>9</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>44</b>	<b>0</b>	<b>71</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	6.00
Certified Aides	30.00
Other Health Staff	9.00
Non-Health Staff	37.00
<b>Totals</b>	<b>101.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
41.5%	9.7%	0.0%	2.5%	46.3%	100.0%		0.0%
1,627,139	381,767	0	96,560	1,816,521	3,921,987	0	

Facility Name & ID Number: Reverend Care Ctr St. Charles

III. STATISTICAL DATA

A. Admission/Discharge Level(s) of care, enter number of bed/days days.  
(must agree with license). Date of change in licensed beds: \_\_\_\_\_

1	2	3	4
Beds at Beginning of Report Period	Licensed Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
109	SKILLED (SNF)	109	39,785
2	SKILLED Pediatric (SNF/PED)		
3	Intermediate (IFP)		
4	Intermediate/D		
5	Skilled Care (SC)		
6	ICF/D 16 or Less		
7	TOTALS	109	39,785

B. Census for the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pj	Other	Total
6 SNF			4,647	4,647
9 SNF/PED	4,717	15,419		31,755
10 ICF				
11 ICF/D 16				
12 SC				
13 DD 16 OR LESS				
14 TOTALS	4,717	15,019	4,647	24,403

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 66.34%

SBE ACCOUNTANTS' COMPILATION REPORT

Report Period Beginning: 7/1/08

Ending: 6/30/09

D. How many bed/days during this year were paid by the Department? 0  
(Do not include bed/days in Section B.)

E. List all services provided by your facility for non-patients.  
(E.g., day care, meals for beds, outpatient therapy)  
None

F. Does the facility maintain a daily malpractice census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started: 1/1/81

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date: 12/1/07 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified: 38 and days of care provided: 4,647

Medicare Intermediary: Salvato CBA

IV. ACCOUNTING BASIS

ACCURAL  MODIFIED CASH  CASH   
Is your fiscal year identical to your tax year? YES  NO

Tax Year: 6/30/09 Fiscal Year: 6/30/09  
\* All facilities other than governmental must report on the accrual basis.

- A. Square Feet: 40,153 B. General Construction Type: Refrigerator Brick Veneer Frame: Steel Number of Stories: 1
- C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.
- D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.
- E. Use all other business entities owned by the operating entity or related to the operating entity that are located on or adjacent to the nursing home's grounds (such as but not limited to, apartments, assisted living facilities, day care, independent living facilities, CNA training facilities, etc.)  
 The entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None

- F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which It is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Balance Incurred: \_\_\_\_\_  
 Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule explaining the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

1	2	3	4
Year Acquired	Square Feet	Year Amortized	Cost
1	5,000	1	1
2	5,000	2	2
3	5,000	3	3
SEE ACCOUNTANTS' COMPILATION REPORT			

1	2	3	4	5	6	7	8	9	10
Beats*	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
10	Impressed Air Type		2009	15172	489	7	469		489
11	Garage								
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

\*Total books on this schedule must agree with page 2.  
 \*\*Impressment type must be defined in order for the cost report to be considered complete.  
 See Page 12A, Line 70 for total SEE ACCOUNTANTS' COMPILATION REPORT



B. Building Depreciation-Including Fixed Equipment (See Instructions) Round all numbers to nearest dollar.

37	Improvement Type**	3	4	5	6	7	8	9	10
	Building Improvements made by: Rosewood Care Ctr St Charles	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
38	Cooling Tower	2008	118,243						38
39	Compressor	2008	5,000						39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (Line 4 Item 89)		123,243	469		469		469	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.  
 SEE ACCOUNTANT'S COMPILATION REPORT

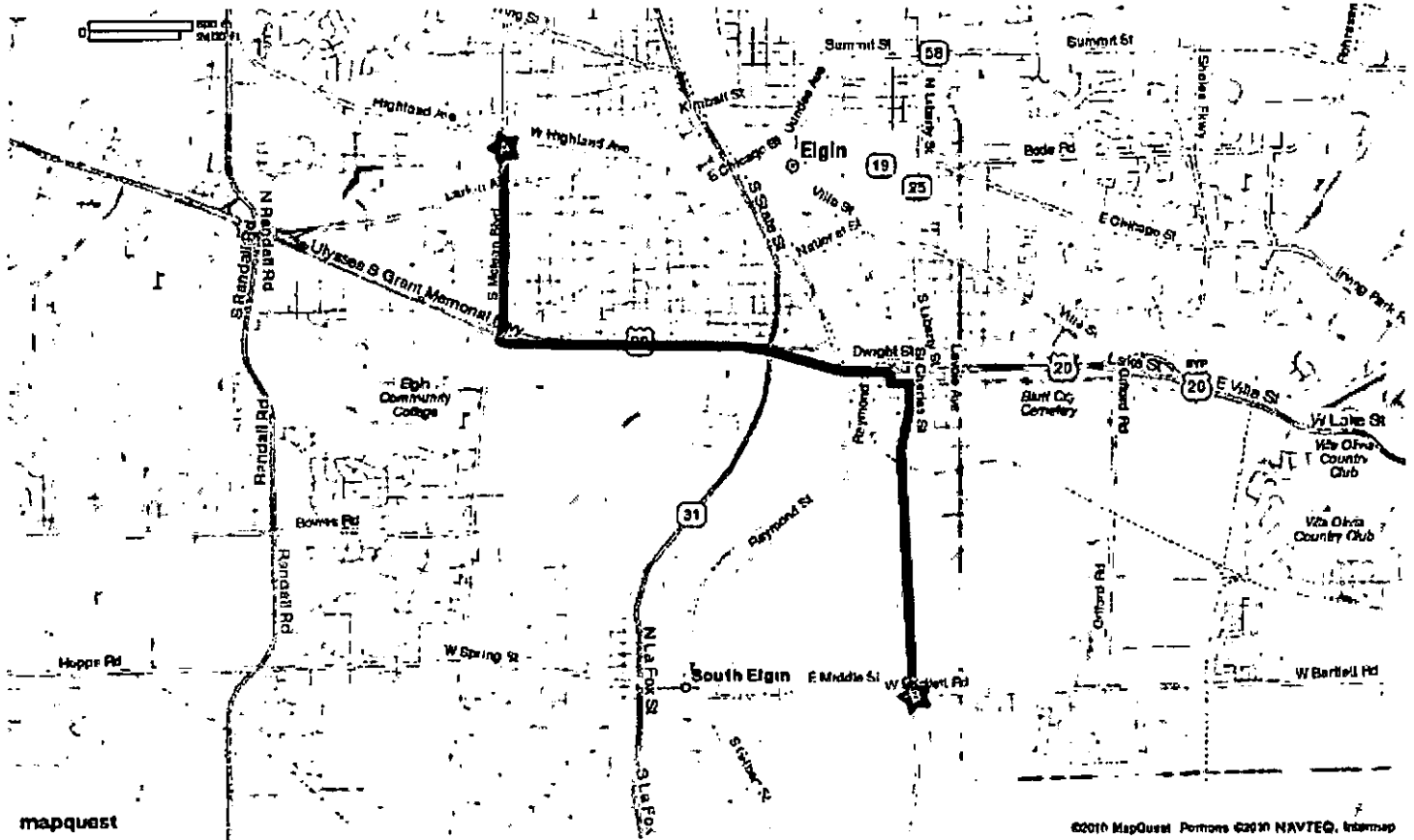
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

**Starting Location**  
 134 N McLean Blvd  
 Elgin, IL 60123-5162

**Ending Location**  
 E Middle St & Il Route 25  
 South Elgin, IL 60177








Total Travel Estimate: 8 minutes / 5.21 miles Fuel Cost:  Calculate




mapquest

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**134 N McLean Blvd** [red pin]  
 Elgin, IL 60123-5169

- |   |  |        |
|---|--|--------|
|  | 1 Start out going SOUTH on N MCLEAN BLVD toward EASY ST                    | 1.1 mi |
|  | 2 Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY via the ramp on the LEFT | 2.1 mi |
|  | 3 Take the ramp toward IL-25.  | 0.1 mi |
|  | 4 Stay STRAIGHT to go onto GRACE ST.                                       | 0.0 mi |
|  | 5 Turn LEFT onto BLUFF CITY BLVD.  | 0.1 mi |
|  | 6 Turn RIGHT onto ST CHARLES ST/IL-25. Continue to follow IL-25.           | 1.8 mi |
|  | 7 E MIDDLE ST & IL ROUTE 25.   |        |

 **E Middle St & Il Route 26** Edin  
South Elgin, IL 60177

Total Travel Estimate: **9 minutes** / **5.21 miles** Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions, or route usability or express business. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for loss or delay resulting from any use of this product.

ASTA CARE CENTER OF ELGIN		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
134 NORTH MCLEAN BOULEVARD		Aggressive/Anti-Social	1	DIAGNOSIS		
ELGIN, IL. 60123		Chronic Alcoholism	0	Neoplasms	3	
Reference Numbers	Facility ID 6005947	Developmentally Disabled	0	Endocrine/Metabolic	17	
Health Service Area 008	Planning Service Area 089	Drug Addiction	0	Blood Disorders	1	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	6	
david melselman		Medicare Recipient	0	Alzheimer Disease	8	
		Mental Illness	0	Mental Illness	25	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
David Melselman		Non-Mobile	0	Circulatory System	10	
847-742-8822		Public Aid Recipient	0	Respiratory System	4	
	Date Completed	Under 65 Years Old	0	Digestive System	0	
	4/22/2009	Unable to Self-Medicat	0	Genitourinary System Disorders	7	
Registered Agent Information		Ventilator Dependent	0	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1	
		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	1	Other Medical Conditions	0	
				Non-Medical Conditions	3	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	85
LIMITED LIABILITY CO						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	102	100	97	100	85	17	52	102	Total Admissions 2008	67
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	67
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	85
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>102</b>	<b>100</b>	<b>97</b>	<b>100</b>	<b>85</b>	<b>17</b>	<b>52</b>	<b>102</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare			Medicaid		Other Public	Private Insurance	Private Pay	Charity Care			TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days			Pat. days
Nursing Care	4886	25.7%	23364	62.6%	1359	980	2085	0	32674	87.5%	89.3%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>4886</b>	<b>25.7%</b>	<b>23364</b>	<b>62.6%</b>	<b>1359</b>	<b>980</b>	<b>2085</b>	<b>0</b>	<b>32674</b>	<b>87.5%</b>	<b>89.3%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL 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	8	2	0	0	0	0	0	0	8	2	10
45 to 59	13	12	0	0	0	0	0	0	13	12	25
60 to 64	3	8	0	0	0	0	0	0	3	8	11
65 to 74	9	7	0	0	0	0	0	0	9	7	16
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	3	8	0	0	0	0	0	0	3	6	9
<b>TOTALS</b>	<b>39</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>39</b>	<b>46</b>	<b>85</b>

ASTA CARE CENTER OF ELGIN  
134 NORTH MCLEAN BOULEVARD  
ELGIN, IL. 60123

Reference Numbers Facility ID 6005847

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	61	5	4	6	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>9</b>	<b>61</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>0</b>	<b>85</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	1	0	0	0	1
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>85</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>85</b>

ETHNICITY	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>85</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>85</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	22.00
Other Health Staff	4.00
Non-Health Staff	35.00
<b>Totals</b>	<b>76.00</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
40.1%	51.8%	0.0%	3.0%	5.1%	100.0%		0.0%
2,240,368	2,891,435	0	165,097	284,498	5,581,398	0	

**III. STATISTICAL DATA**

A. Licensee/verification level(s) of care, enter number of bed/hour days. (must agree with license). Date of change to licensed beds

1	2	3	4
Bed at Beginning of Report Period	Licensee Level of Care	Bed at End of Report Period	Licensed Bed Days During Report Period
50	Skilled SNF	52	18,980
2	Skilled Rehab (SNF/REH)		2
3	Intermediate ICF	50	18,250
4	Intermediate/IDD		3
5	Skilled Care (SC)		4
6	ICF/ID 16 or Less		5
7	TOTALS	102	37,230

B. Census for the entire report period.

1	2	3	4	5
Level of Care	Public/Domestic Receptant	Private Pay	Other	Total
8 SNF	2,320	190	5,820	7,440
9 SNF/REH				
10 ICF	21,014	881	315	24,210
11 ICF/IDD				
12 ISC				
13 ID 16 OR LESS				
14 TOTALS	24,334	981	6,135	31,450

C. Percent Occupancy (Column 4, line 14 divided by total licensed bed days on line 7, column 4) 85.04%

# 0041408 Report Period Beginning: 01/01/2009 Ending: 12/31/2009  
 D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
 NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include responses for services or investments not directly related to patient care?  
 YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
 YES  NO

I. On what date did you stop providing long term care at this location?  
 Date started: 02/20/06

J. Was the facility purchased or leased after January 1, 1978?  
 YES  Date: 06/20/96 NO

K. Was the facility certified for Medicare during the reporting year?  
 YES  NO  If YES, enter number of beds certified: 52 and days of care provided: 4063

Medicare Intermediary: NATIONAL GOVERNMENT SERVICES

IV. ACCOUNTING BASIS  
 ACCRUAL  MODIFIED CASH   
 CASH  CASH

Is your fiscal year identical to your tax year? YES  NO   
 Tax Year: 12/31/2009 Fiscal Year: 12/31/09  
 \* All facilities other than governmental must report on the accrual basis.

- A. Square Feet: \_\_\_\_\_ B. General Construction Type: \_\_\_\_\_ Exterior \_\_\_\_\_ Frame \_\_\_\_\_ Number of Stories \_\_\_\_\_  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)  
 E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 N/A

- F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Amortized: \_\_\_\_\_  
 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete retainer drawing for total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1				
2				
3				
TOTALS				

1	2	3	4	5	6	7	8	9	10
Build	FOR DRF USE ONLY	Year Acquired	Year (underused)	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	FLOOR DRAIN	1997	1997	1,287	11	38	33		33
2	INSTALL SHOWER VALVE AND DRAIN	1997	1997	4,132	185	18	108		108
3	REKEY DOOR LOCKS	1997	1997	4,035	184	39	109		109
4	NEW AIR VENTS	1997	1997	616	18	38	18		18
5	FIRE ALARM SYSTEM	1997	1997	2,192	56	39	56		56
6	ANNUNCIATORS	1997	1997	1,020	26	39	26		26
7	SMOKE ELECTRON PUMP	1998	1998	3,961	182	39	182		182
8	HOT WATER PUMP	1998	1998	5,439	129	39	139		139
9	ANNUNCIATORS	1999	1999	635	25	37.5	25		25
10	FLOORING	1999	1999	2,422	80	37.5	80		80
11	ELECTRICAL WORK	1999	1999	9,219	311	37.5	311		311
12	ELECTRICAL WORK	1999	1999	2,054	74	37.5	74		74
13	ELECTRICAL WORK	1999	1999	2,368	141	37.5	141		141
14	BOILER	1999	1999	4,890	178	37.5	178		178
15	BOILER	2000	2000	16,219	592	37.5	592		592
16	CONDENSING UNIT	2000	2000	4,483	170	37.5	170		170
17	WATER HEATER	2000	2000	8,731	317	37.5	317		317
18	POWER VENT FOR WATER HEATER	2000	2000	2,887	98	37.5	98		98
19	NEW WALLS	2000	2000	2,800	98	37.5	98		98
20	HOT WATER PIPING	2000	2000	4,708	171	37.5	171		171
21	DUCTWORK	2001	2001	2,303	79	37.5	79		79
22	DUCTWORK	2001	2001	1,401	51	37.5	51		51
23	ROOF	2001	2001	6,118	226	37.5	226		226
24	KOMPRESSOR	2001	2001	2,507	92	37.5	92		92
25	PRESSURE BATH FLOW PREVENTER	2002	2002	2,590	94	37.5	94		94
26	FIRE ALARM SYSTEM	2002	2002	3,425	126	37.5	126		126
27	RENTALS	2002	2002	1,246	49	37.5	49		49
28	PATIENT SECURITY SYSTEM	2002	2002	2,719	99	37.5	99		99

\*Total books on this schedule must agree with page 2.  
 \*\*Improvement type and be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total



Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
37 WATER HEATER	2002	1,000	97	5	197		133
38 NEW PIPE	2002	1,219	57	5	57		34
39 NEW FLOORING	2002	17,719	631	27.5	631		1,779
40 HANGERS AND BUMPERS CORNER	2003	17,063	69	27.5	69		40
41 SMOKE DAMPERS	2003	1,604	113	14.5	113		41
42 DOOR LAMP SYSTEM	2003	3,097	75	27.5	75		41
43 MOJING FLOOR	2003	762	28	27.5	28		43
44 WALLCOVERING & WALLPAPER	2003	26,191	316	5	316		2,797
45 DIALYSIS ROOM	2004	2,217	115	19.5	115		848
46 ALUMINUM DOOR	2004	3,240	115	27.5	115		565
47 HOT WATER HEATER	2004	6,307	248	27.5	248		1,350
48 CURTAINS	2005	1,313	172	5	172	27	1,513
49 FIRE ALARM SYSTEM	2005	4,016	146	27.5	146		653
50 SPRINKLER HEADS	2005	2,500	92	27.5	92		418
51 FLOORING	2005	2,485	70	35	70		91
52 ASPHALT	2006	4,060	109	37.5	109		1,317
53 ELECTRICAL EMERGENCY STOP SWITCH	2007	1,248	67	18	67		237
54 PARKING LOT	2007	26,200	1,742	15	1,742		4,395
55 POLISH	2007	4,226	154	27.5	154		379
56 WATER HEATER	2007	6,493	235	27.5	235		577
57 NOISE CANCEL SYSTEM	2007	2,536	91	27.5	91		216
58 AC CONDENSER	2007	5,978	216	27.5	216		531
59 STATION A/C	2007	3,000	109	27.5	109		158
60 BLOCKS TO PAVI SEAL THE PARKING LOT	2008	10,900	713	15	713		2,002
61 ROOF	2008	3,300	137	27.5	137		200
62 GENERATOR WE FAN	2008	4,578	165	27.5	165		245
63 ELECTRIC FAN	2009	5,175	82	27.5	82		52
64 ELECTION CABINETS IN PET ROOM	2009	6,700	136	27.5	136		136
65 GENERATOR PANELS	2009	4,397	72	27.5	72		72
66							
67							
68							
69							
70							
TOTAL (Item 4 thru 69)		383,762	12,211		12,210	67	22,219

\*\*Improvement type must be detailed in order for the cost report to be considered complete

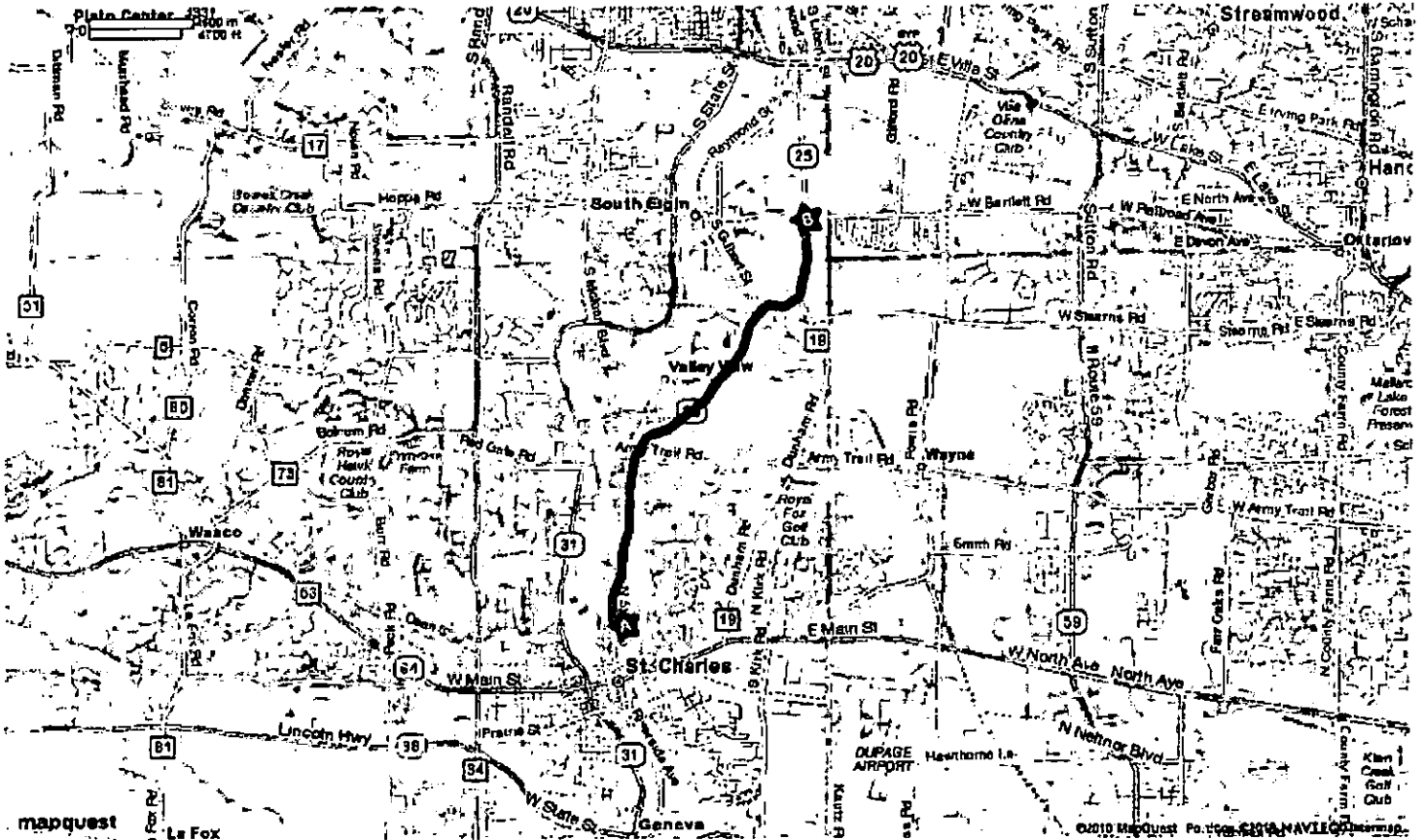
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Print-Friendly button.

**Starting Location**  
 611 Allen Ln  
 Saint Charles, IL 60174-1355

**Ending Location**  
 E Middle St & Il Route 25  
 South Elgin, IL 60177

Total Travel Estimate: 9 minutes / 6.89 miles Fuel Cost: [Calculate](#)



**611 Allen Ln Ld**  
 Saint Charles, IL 60174-1355

1. Start out going WEST on ALLEN LN toward N 6TH AVE. 0.1 mi
2. Turn RIGHT onto N 5TH AVE/IL-25. Continue to follow IL-25. 5.8 mi
3. E MIDDLE ST & IL ROUTE 25.

**E Middle St & Il Route 25 Exit**  
 South Elgin, IL 60177

Total Travel Estimate: 9 minutes / 6.89 miles Fuel Cost: [Calculate](#)

Directions and map are informational only. We make no warranties on the accuracy of their content, road conditions or route usability, or expediency. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

**PROVENA PINE VIEW CARE CENTER**

611 ALLEN LANE  
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6007439  
Health Service Area 008 Planning Service Area 089

Administrator  
Mary Pat Wright

Contact Person and Telephone  
Mary Pat Wright  
630-377-2211

Registered Agent Information

Date Completed  
4/21/2009

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	14
Respiratory System	18
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	18
Non-Medical Conditions	0
<b>TOTALS</b>	<b>89</b>

FACILITY OWNERSHIP  
NON-PROF CORPORATION

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		BEDS	BEDS USED						Residents on 1/1/2008	
Nursing Care	120	120	101	120	89	31	120	60	90	256
Skilled Under 22	0	0	0	0	0	0	0	0		257
Intermediate DD	0	0	0	0	0	0	0	0		89
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>120</b>	<b>120</b>	<b>101</b>	<b>120</b>	<b>89</b>	<b>31</b>	<b>120</b>	<b>60</b>		

**FACILITY UTILIZATION - 2008**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	7847	17.9%	18858	85.9%	0	355	7451	0	34511	78.6%	78.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>7847</b>	<b>17.9%</b>	<b>18858</b>	<b>85.9%</b>	<b>0</b>	<b>355</b>	<b>7451</b>	<b>0</b>	<b>34511</b>	<b>78.6%</b>	<b>78.6%</b>

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

AGE GROUPS	NURSING CARE		SKL 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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	6	18	0	0	0	0	0	0	6	16	22
85+	9	51	0	0	0	0	0	0	9	51	60
<b>TOTALS</b>	<b>17</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>72</b>	<b>89</b>

## PROVENA PINE VIEW CARE CENTER

611 ALLEN LANE

ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6007439

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	21	41	0	1	26	0	89
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>21</b>	<b>41</b>	<b>0</b>	<b>1</b>	<b>26</b>	<b>0</b>	<b>89</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	318	218
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>89</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>89</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.60
LPN's	11.30
Certified Aides	33.50
Other Health Staff	0.00
Non-Health Staff	32.31
<b>Totals</b>	<b>95.71</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
37.9%	31.9%	0.0%	1.4%	28.8%	100.0%		0.0%
2,571,555	2,162,916	0	97,570	1,950,007	6,782,048	0	

Facility Name & ID Number: Provena Blue View Care Center

III. STATISTICAL DATA

A. Licenses/Permit/Action level(s) of care; enter number of foodbed days. (must agree with license). Date of change in licensed beds

1	2	3	4
Beds at Beginning of Report Period	Licenses Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
128	Skilled (SNF)	120	43,800
	Skilled Bedside; SNF/PEED		
	Intermediate; ICF		
	Intermediate/D		
	Skilled Care/SO		
	ICF/ID 16 or Less		
	TOTALS	120	43,800

B. Create for the entire report period.

1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment		4 Other	5 Total
	3 Medicaid	Private Pn		
8 SNF	12,874	7,333	9,502	34,909
9 SNF/PEED				
10 ICF				
11 ICF/D				
12 SC				
13 DD 16 OR LESS				
14 TOTALS	12,874	7,333	9,502	34,909

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4)

79.70%

# 004340 Report Period Beginning: 01/01/99 Ending: 12/31/99

D. How many bed-hold days during the year were paid by the Department? 0 (do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients (E.g., day care, meals on wheels, outpatient therapy) N/A - None

F. Does the facility maintain a daily mid-night census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES  NO

H. Does the BALANCE SHEET (page 17) reflect any other assets? YES  NO

I. On what date did you start providing long term care at this location? Date started 3/1/98

J. Was the facility purchased or leased after January 1, 1978? YES  NO

K. Was the facility certified for Medicare during the reporting year? YES  NO  If YES, enter number of beds certified 120 and days of care provided 8,895

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS ACCRUAL  MODIFIED CASH  CASH

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/99 Fiscal Year: 12/31/99  
\* All facilities other than governmental must report on the accrual basis.

- A. Square Feet: \_\_\_\_\_ B. General Construction Type: \_\_\_\_\_ Extender: \_\_\_\_\_ With: \_\_\_\_\_ From: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ 2
- C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization  (c) Rent from Completely Unrelated Organization
- (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)
- D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization  (c) Rent equipment from Completely Unrelated Organization
- (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)
- E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to the existing home's grounds (such as, but not limited to, apartments, assisted living facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/kitchen available (where applicable).
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If no, please complete the following:

1. Total Amount Amortized: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1				
2				
3	TOTALS			

Facility Name & ID Number: Program Plan View: Core Center  
 XI. DEPRECIATION COSTS (continued)  
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Bed#	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	20								
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

\*Total book on this schedule must agree with page 2.  
 \*\*Improvement 07s must be drafted in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment (See instruction.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Imp/overall Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation		
37	1909	6,420	111	3	665	30	111		
38	1989	40,263	2,312	8	5,034	2,312	2,312		
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
TOTAL (lines 40-69)		46,683	2,423		5,700	2,342	2,423		300,748

\*\*Improvement type must be decided in order for the cur. report to be considered complete.



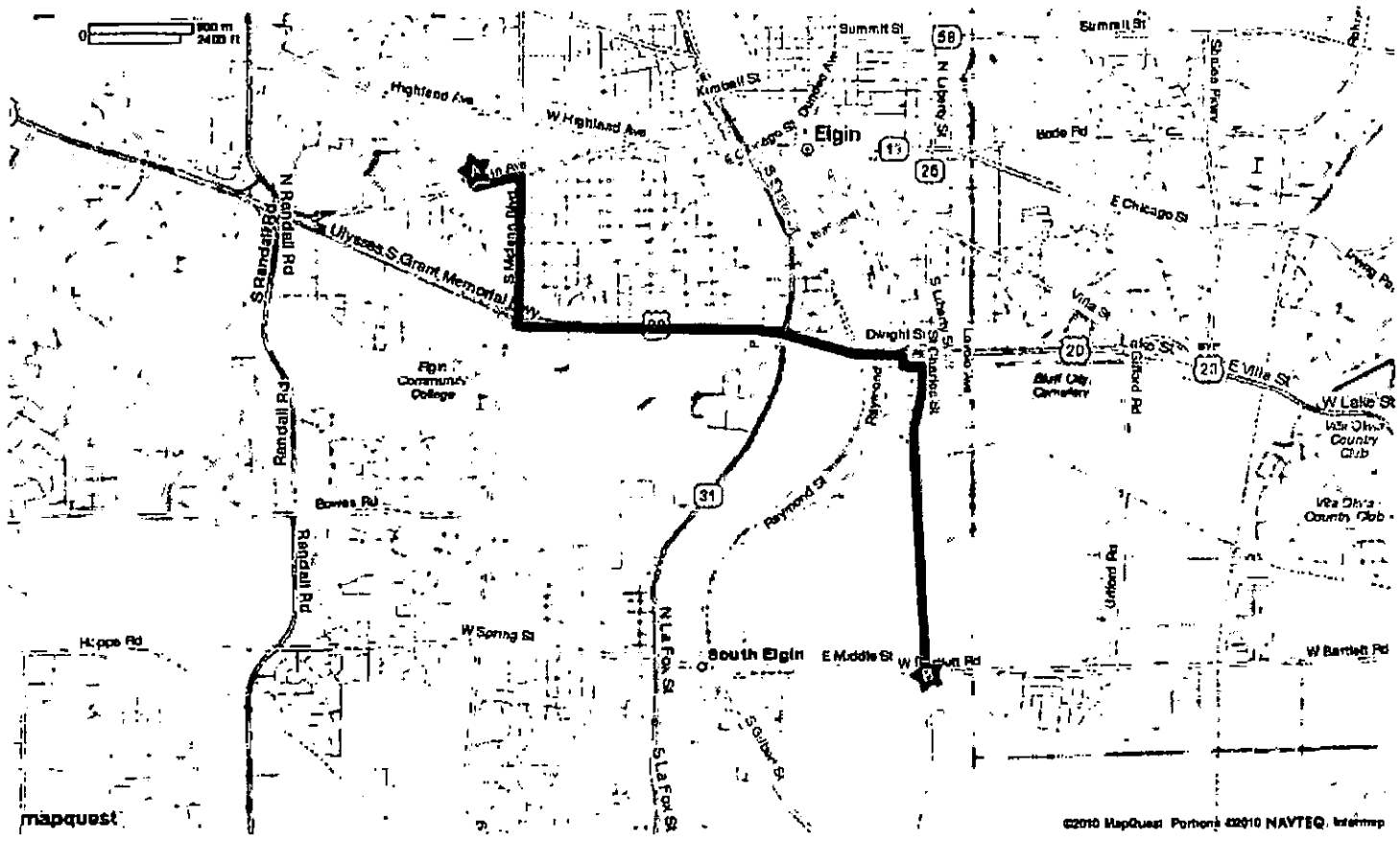
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

**Starting Location**  
 50 N Jane Dr  
 Elgin, IL 60123-5118

**Ending Location**  
 E Middle St & Il Route 25  
 South Elgin, IL 60177

Total Travel Estimate: 10 minutes / 5.31 miles Fuel Cost: [Calculate](#)



**50 N Jane Dr**  
 Elgin, IL 60123-5118

- |   |  |        |
|---|--|--------|
|  | 1. Start out going SOUTH on N JANE DR toward LARKIN AVE.                     | 0.1 mi |
|  | 2. Turn LEFT onto LARKIN AVE.  | 0.3 mi |
|  | 3. Turn RIGHT onto S MCLEAN BLVD.  | 0.9 mi |
|  | 4. Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY via the ramp on the LEFT. | 2.1 mi |
|  | 5. Take the ramp toward IL-25.   | 0.1 mi |
|  | 6. Stay STRAIGHT to go onto GRACE ST   | 0.0 mi |
|  | 7. Turn LEFT onto BLUFF CITY BLVD  | 0.1 mi |
|  | 8. Turn RIGHT onto ST CHARLES ST/IL-25. Continue to follow IL-25             | 1.8 mi |



9. E MIDDLE ST & IL ROUTE 25



E Middle St & Il Route 25, Eog  
South Elgin, IL 60177

Total Travel Estimate: 10 minutes / 5.31 miles Fuel Cost: Calculate

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

MAPLEWOOD CARE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
50 NORTH JANE DRIVE		Aggressive/Anti-Social	0	DIAGNOSIS		
ELGIN, IL. 60123		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6004758	Developmentally Disabled	0	Endocrine/Metabolic	21	
Health Service Area 008	Planning Service Area 089	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0	
Jamie Lloyd		Medicare Recipient	0	Alzheimer Disease	59	
		Mental Illness	0	Mental Illness	105	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Jim Lloyd		Non-Mobile	0	Circulatory System	0	
847-897-3750	Date Completed	Public Aid Recipient	0	Respiratory System	1	
	4/23/2009	Under 65 Years Old	0	Digestive System	0	
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	0	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	2	
		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
FOR-PROF CORPORATION					TOTALS	188

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEOS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	203	203	196	203	188	15	23	203	194	194
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2008	110
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2008	116
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2008	188
<b>TOTAL BEDS</b>	<b>203</b>	<b>203</b>	<b>196</b>	<b>203</b>	<b>188</b>	<b>15</b>	<b>23</b>	<b>203</b>		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	1464	17.4%	69174	93.1%	0	0	1098	0	71738	96.6%	96.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>1464</b>	<b>17.4%</b>	<b>69174</b>	<b>93.1%</b>	<b>0</b>	<b>0</b>	<b>1098</b>	<b>0</b>	<b>71736</b>	<b>96.6%</b>	<b>96.6%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008												
AGE GROUPS	NURSING CARE		SKL 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	21	7	0	0	0	0	0	0	21	7	28	
45 to 59	43	32	0	0	0	0	0	0	43	32	75	
60 to 64	14	13	0	0	0	0	0	0	14	13	27	
65 to 74	12	15	0	0	0	0	0	0	12	15	27	
75 to 84	11	12	0	0	0	0	0	0	11	12	23	
85+	3	5	0	0	0	0	0	0	3	5	8	
<b>TOTALS</b>	<b>104</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>104</b>	<b>84</b>	<b>188</b>	

MAPLEWOOD CARE  
50 NORTH JANE DRIVE  
ELGIN, IL. 60123

Reference Numbers Facility ID 6004758  
Health Service Area 008 Planning Service Area 089

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	181	0	0	3	0	188
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>4</b>	<b>181</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>188</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	167	0	0	0	167
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>188</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>188</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>188</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>188</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	7.00
Certified Aides	52.00
Other Health Staff	0.00
Non-Health Staff	68.00
<b>Totals</b>	<b>141.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.4%	89.9%	0.0%	0.2%	6.5%	100.0%		0.0%
265,362	6,914,902	0	16,350	496,362	7,692,977	0	

III. STATISTICAL DATA

A. Licensee/identification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change to licensed beds

1	2	3	4
Beds at Beginning of Report Period	Licensee Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
203	Skilled SNF	203	74,095
	Subacute/Intermediate SNF (SNF/IED)		
	Intermediate ICF		
	Intermediate/OD		
	Skilled Care (SC)		
	ICF/OD 16 or Less		
203	TOTALS	203	74,095

B. Census For the entire report period

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
3 SNF	38,116	1,236	2,403	41,754
9 SNF/IED	26,313	714		27,027
10 ICF				
11 ICF/OD				
12 SC				
13 OD 16 OR LESS				
14 TOTALS	64,429	1,950	2,403	68,777

C. Percent Occupancy (Column 5, Line 14 divided by total licensed bed days on line 7, column 4) 92.81%

SEE ACCOUNTANTS' COMPILATION REPORT

D. How many bed-held days during this year were paid by the Department? 1,702 (Do not include bed-held days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, meals on wheels, outpatient therapy)  
 Name: \_\_\_\_\_

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
 YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
 YES  NO

I. On what date did you start providing long term care at this location?  
 Date started: 04/01/93

J. Was the facility purchased or leased after January 1, 1978?  
 YES  NO

K. Was the facility certified for Medicare during the reporting year?  
 YES  NO  If YES, enter number of beds certified: 203 and days of care provided: 1,700

Medicare Intermediary: National Government Services

IV. ACCOUNTING BASIS  
 ACCRUAL  MODIFIED CASH   
 CASH  CASH

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/2009 Fiscal Year: 12/31/2009  
 \* All facilities other than governmental must report on the accrual basis.

A. Square Feet: 36,780 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories 1  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Whether checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)  
 E. List all other business entities owned by this operating entity or related to the operating entity that are licensed or otherwise regulated by the state (such as, but not limited to, apartments, assisted living facilities, day care, independent living facilities, CNA training facilities, etc.). List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: \_\_\_\_\_  
 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Dates Incurred: \_\_\_\_\_

XI. OWNERSHIP COSTS:

A. Land:

1	Use	2	3	4
		Square Feet	Year Acquired	Cost
1	Factory		05	475211
2				
3	TOTALS		5	475211

SEE ACCOUNTANTS' COMPILATION REPORT

B. Building Depreciation- including Fitted Equipment. (See Instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Build.	FOR SHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	Various	1993	1993	9,624		20	2,160		66,161
2	Various	1994	1994	15,733		20	631		117,008
3	Various	1995	1995	5,179		20	259		17,216
4	Various	1996	1996	19,200		20	960		133,696
5	Various	1997	1997	21,655		20	1,083		129,926
6	Various	1998	1998	19,017		20	956		107,647
7	Various	1999	1999	37,015		20	2,195		227,270
8	Various	2000	2000	58,008		20	3,250		308,623
9	Various	2001	2001	72,848		20	4,267		372,417
10	Various	2002	2002	15,524		20	1,132		85,916
11	Various	2003	2003	22,249		20	1,719		123,367
12	Various	2004	2004	14,038		20	1,099		48,879
13	Various	2005	2005	114,777		20	5,739		357,867
14	Various								
15	Various								
16	Various								
17	Various								
18	Various								
19	Various								
20	Various								
21	Various								
22	Various								
23	Various								
24	Various								
25	Various								
26	Various								
27	Various								
28	Various								
29	Various								
30	Various								
31	Various								
32	Various								
33	Various								
34	Various								
35	Various								
36	Various								

\*Total books on this schedule must agree with page 1. See Page 124, Line 70 for Total  
 \*\*Paper amounts type must be detailed in order for the cost report to be considered complete. SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
								37
								38
								39
								40
								41
								42
								43
								44
								45
								46
								47
								48
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								62
								63
								64
								65
								66
								67
								68
								69
								70
67	Balance Building Company (Banc 125 S. 1701)	5412315	18378		182580	129718	224217	67
68	Balance Building Company (Banc 125 S. 1701)	115208	2502		2184	11180	25457	68
69	Balance Building Company (Banc 125 S. 1701)	636,270	4479		210122	14729	25457	69
70	TOTAL (Lines 67-69)		186147			101595	241130	70

\*Improvement type must be decided in order for the cost report to be considered complete.

SEE ACCOUNTANT'S CONSOLIDATION REPORT



ADDITIONAL DEPRECIATION INFORMATION  
B. Building Depreciation Including Road Equipment (See Instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvment Type**	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
1 starts from Page 12B (Initial Forward)	Completed		Depreciation	In Years	Depreciation		Depreciation	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
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14								
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16								
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97								
98								
99								
100								
TOTAL (Use Form 32)		7183200	106137		240147	134000	3184198	

\*\*Improvement type must be added in order for the cost report to be considered complete.

SEE ACCOUNTANT'S COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 713,130	166,747		210,147	\$ 134,680	100,208	21
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
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15								15
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92								92
93								93
94								94
95								95
96								96
97								97
98								98
99								99
100								100
TOTAL (Lines 1 thru 39)								101

\*\*Improvement type must be classified in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type: Building & contents Information Building:	Year Commenced	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
	1972	5,210.00	1,330	31	1,635.00	1,671.00	1,561.64	1
								2
								3
								4
								5
								6
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								31
								32
								33
								34

\*\*Improvement(s) per mass be deleted in order for the form report to be considered complete. SEE ACCOUNTANTS' COMPILATION REPORT

X: DEPRECIATION (USFR) (Assessment)  
 B: Building Depreciation-Including Fixed Equipment (See Instructions) Record all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
1	Contracted	\$	Depreciation	In Years	Depreciation	\$	Depreciation	
1								
2								
3								
4								
5								
6								
7								
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100								
TOTAL (LINE # 750 From 1 thru 33)		\$ 248,306	\$ 13,240	8	\$ 13,240	\$ 13,270	\$ 134,126	

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	1993	36,100	1,210		1,209	(721)	17,981	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
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15								15
16								16
17								17
18								18
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92								92
93								93
94								94
95								95
96								96
97								97
98								98
99								99
100								100

\*\*Import error: Type must be checked in order for the cost report to be calculated correctly.

SEE ACCOUNTANTS COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Referral	Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1								
2								
3								
4								
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7								
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94								
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99								
100								
TOTAL (20) & (21) thru 35			135000	323		435	(174)	358

\* In prior report type must be detailed in order for the rest report to be considered complete. SEE ACCOUNTANTS COMPILATION REPORT

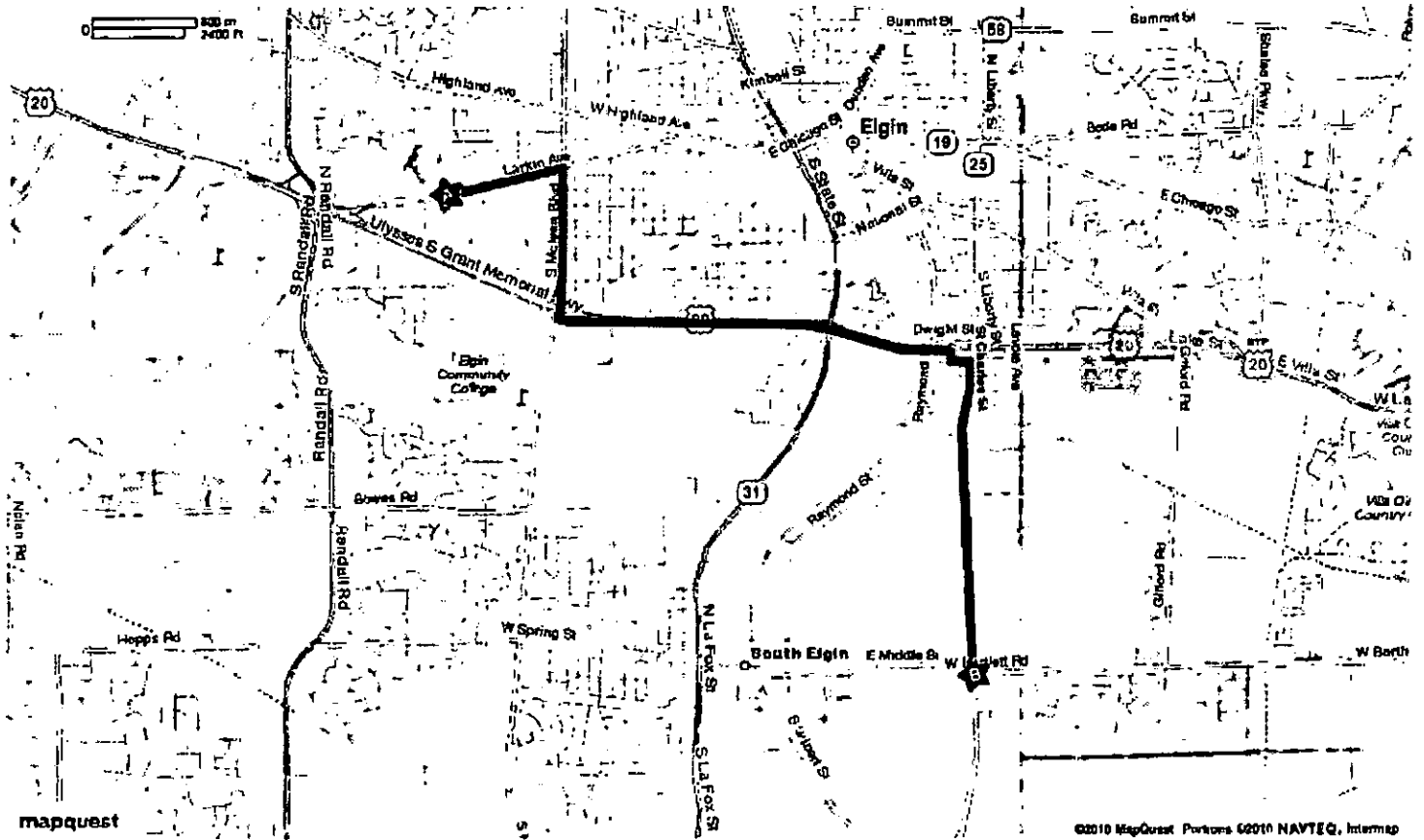
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.









**Starting Location**  
 1950 Larkin Ave  
 Elgin, IL 60123-5843


**Ending Location**  
 E Middle St & IL Route 25  
 South Elgin, IL 60177

Total Travel Estimate: 10 minutes / 5.62 miles Fuel Cost: [Calculate](#)



**1950 Larkin Ave**  
 Elgin, IL 60123-5843

-  1. Start out going EAST on LARKIN AVE toward S MAPLE ST 0.7 mi
-  2. Turn RIGHT onto S MCLEAN BLVD. 0.9 mi
-  3. Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY via the ramp on the LEFT. 2.1 mi
-  4. Take the ramp toward IL-25. 0.1 mi
-  5. Stay STRAIGHT to go onto GRACE ST 0.0 mi
-  6. Turn LEFT onto BLUFF CITY BLVD 0.1 mi
-  7. Turn RIGHT onto ST CHARLES ST/IL-25. Continue to follow IL-25. 1.8 mi
-  8. E MIDDLE ST & IL ROUTE 25.

 **E Middle St & Il Route 25** [Map]  
South Elgin, IL 60177

Total Travel Estimate: 10 minutes / 5.62 miles Fuel Cost: [Calculate](#)

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SHERMAN WEST COURT		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1950 LARKIN AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS	
ELGIN, IL. 60123		Chronic Alcoholism	1	Neoplasms	7
Reference Numbers	Facility ID 6012827	Developmentally Disabled	1	Endocrine/Metabolic	2
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	1
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0
Joseph McManus		Medicare Recipient	0	Alzheimer Disease	0
		Mental Illness	1	Mental Illness	1
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Mary LaRiviere		Non-Mobile	0	Circulatory System	12
847-429-5201		Public Aid Recipient	0	Respiratory System	6
	Date Completed	Under 65 Years Old	0	Digestive System	2
	4/24/2009	Unable to Self-Medicat	0	Genitourinary System Disorders	2
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	3
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4
		Other Restrictions	0	Injuries and Poisonings	6
		No Restrictions	0	Other Medical Conditions	43
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
NON-PROF CORPORATION				TOTALS	89

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	120	120	108	120	89	31	54	20	Total Admissions 2008	649
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	660
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	89
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>120</b>	<b>120</b>	<b>108</b>	<b>120</b>	<b>89</b>	<b>31</b>	<b>64</b>	<b>20</b>		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13807	69.9%	3627	49.5%	0	1005	15772	151	34362	78.2%	78.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>13807</b>	<b>69.9%</b>	<b>3627</b>	<b>49.5%</b>	<b>0</b>	<b>1005</b>	<b>15772</b>	<b>151</b>	<b>34362</b>	<b>78.2%</b>	<b>78.2%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	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	3	1	0	0	0	0	0	0	3	1	4	
60 to 64	0	1	0	0	0	0	0	0	0	1	1	
65 to 74	4	2	0	0	0	0	0	0	4	2	6	
75 to 84	8	15	0	0	0	0	0	0	8	15	23	
85+	13	42	0	0	0	0	0	0	13	42	55	
<b>TOTALS</b>	<b>28</b>	<b>61</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>61</b>	<b>89</b>	

SHERMAN WEST COURT  
 1950 LARKIN AVENUE  
 ELGIN, IL. 60123

Reference Numbers Facility ID 6012827  
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	32	11	0	5	41	0	89
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>32</b>	<b>11</b>	<b>0</b>	<b>5</b>	<b>41</b>	<b>0</b>	<b>89</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	191	161
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>89</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>89</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	4.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	39.00
<b>Totals</b>	<b>90.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
61.6%	4.5%	0.0%	6.2%	27.7%	100.0%		0.3%
7,858,044	563,115	0	767,176	3,439,916	12,428,251	41,930	

Facility Name & ID Number: Sherman West Court

III. STATISTICAL DATA

A. Licensed utilization level(s) of center: enter number of occupied beds  
(must agree with license). Date of change in licensed beds

1	2	3	4
Bed(s) at Beginning of Report Period	Licensed Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
128	Skilled (SNF) Skilled (SNF) Intermediate (ICF) Intermediate/D/D Skilled Care (SC) ICF/DD (6 or Less)	120	43,800
			1
			2
			3
			4
			5
			6
			7
	TOTALS	120	43,800

B. Census: For the entire report period.

1	2	3	4	5
Level of Care	Medicaid Reimbursement	Private Pay LFT4	Other	Total
8 SNF			13,029	14,963
9 SNF/DED				
10 ICF	3,733	13,636	0	17,369
11 ICF/DD				
12 SC				
13 DD (6 OR LESS)				
14 TOTALS	3,733	15,510	13,029	32,272

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 71.88%

FREFT

# 0083507 Report Period Begins: 05/01/08 Ending: 04/30/09

D. How many bed-days during this year were paid by the Department?  
Name: (Do not include bed-days in Section B.)

E. List all services provided by your facility for non-patients (E.g. day care, meals on wheels, outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include responses for services or payments not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 12) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long-term care at this location?  
Date entered: 2/18/91

J. Was the facility purchased or leased after January 1, 1978?  
YES  NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified: \$8 and days of care provided: 13,029

L. Medicare reimbursement: National Government Services

IV. ACCOUNTING BASIS  
MODIFIED  
ACCRUAL  CASH

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 4/30/09 Fiscal Year: 4/30/09

\* All facilities with a base governmental must report on the accrual basis.

A. Square Feet: 40,260 B. General Construction Type: Brick Exterior: Brick Frame: Wood / Masonry Number of Stories: One

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this building's grounds (such as, but not limited to, apartments, student living facilities, day care, independent living facilities, CNA training facilities, etc.) (List entity name, type of business, square footage, and number of beds/units available (where applicable)).  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Date Invented: N/A

Nature of Costs: N/A

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

1	2	3	4
Use	Square Feet	Year Acquired	Cost
1	Residential Care	1997	20,179
2			2
3	TOTALS	11,200	504,197

AREP

8. Building Depreciation-Including Fixed Equipment (See Instructional Record all numbers to record date).

1	2	3	4	5	6	7	8	9
Build.	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Accumulated Depreciation
1	IMPROVEMENTS	1991	1991	97,031	62,171	40	1,577	1,577
2	Landscaping Improvements	1991	1991	219,039		10		219,039
3	Building Improvements	1991	1991	2,022,543		15		2,022,543
4	Building Improvements	1991	1991	828,676	412,334	20	41,234	2,462,581
5	Building Improvements	1991	1991	91,155	3,826	25	3,826	72,722
6	Building Improvements	1991	1991	21,500		15		64,359
7	Building Improvements	1991	1991	3,398		15		21,500
8	Building Improvements	1992	1992	1,950		15		1,198
9	Building Improvements	1992	1992	4,800		15		2,980
10	Building Improvements	1992	1992	962		15		709
11	Building Improvements	1993	1993	12,219		15		842
12	Building Improvements	1993	1993	1,750	125	15	125	13,219
13	Building Improvements	1993	1993	14,225	80	20	7,25	7,719
14	Building Improvements	1994	1994	6,581	208	20	11,44	11,44
15	Building Improvements	1995	1995	1,500		10		8,083
16	Building Improvements	1995	1995	1,348		10		1,500
17	Building Improvements	1995	1995	2,338		10		3,338
18	Building Improvements	1995	1995	4,800		10		4,800
19	Building Improvements	1997	1997	2,500		10		3,920
20	Building Improvements	1997	1997	12,500		10		12,500
21	Building Improvements	1997	1997	4,165	217	10	217	4,165
22	Building Improvements	1998	1998	4,540		10		4,540
23	Building Improvements	1999	1999	4,475	224	10	224	4,480
24	Building Improvements	1999	1999	1,819		10		1,819
25	Building Improvements	1999	1999	937		10		937
26	Building Improvements	2000	2000	948,914	23,713	40	23,713	23,713
27	Building Improvements	2000	2000	7,165		10		7,165
28	Building Improvements	2000	2000	6,280	3,203	30	1,242	1,658
29	Building Improvements	2000	2000	1,587	197	30	197	1,576
30	Building Improvements	2000	2000	1,587		30		1,576
31	Building Improvements	2000	2000	1,587		30		1,576
32	Building Improvements	2000	2000	1,587		30		1,576
33	Building Improvements	2000	2000	1,587		30		1,576
34	Building Improvements	2000	2000	1,587		30		1,576
35	Building Improvements	2000	2000	1,587		30		1,576
36	Building Improvements	2000	2000	1,587		30		1,576
37	Building Improvements	2000	2000	1,587		30		1,576
38	Building Improvements	2000	2000	1,587		30		1,576
39	Building Improvements	2000	2000	1,587		30		1,576
40	Building Improvements	2000	2000	1,587		30		1,576
41	Building Improvements	2000	2000	1,587		30		1,576
42	Building Improvements	2000	2000	1,587		30		1,576
43	Building Improvements	2000	2000	1,587		30		1,576
44	Building Improvements	2000	2000	1,587		30		1,576
45	Building Improvements	2000	2000	1,587		30		1,576
46	Building Improvements	2000	2000	1,587		30		1,576
47	Building Improvements	2000	2000	1,587		30		1,576
48	Building Improvements	2000	2000	1,587		30		1,576
49	Building Improvements	2000	2000	1,587		30		1,576
50	Building Improvements	2000	2000	1,587		30		1,576
51	Building Improvements	2000	2000	1,587		30		1,576
52	Building Improvements	2000	2000	1,587		30		1,576
53	Building Improvements	2000	2000	1,587		30		1,576
54	Building Improvements	2000	2000	1,587		30		1,576
55	Building Improvements	2000	2000	1,587		30		1,576
56	Building Improvements	2000	2000	1,587		30		1,576
57	Building Improvements	2000	2000	1,587		30		1,576
58	Building Improvements	2000	2000	1,587		30		1,576
59	Building Improvements	2000	2000	1,587		30		1,576
60	Building Improvements	2000	2000	1,587		30		1,576
61	Building Improvements	2000	2000	1,587		30		1,576
62	Building Improvements	2000	2000	1,587		30		1,576
63	Building Improvements	2000	2000	1,587		30		1,576
64	Building Improvements	2000	2000	1,587		30		1,576
65	Building Improvements	2000	2000	1,587		30		1,576
66	Building Improvements	2000	2000	1,587		30		1,576
67	Building Improvements	2000	2000	1,587		30		1,576
68	Building Improvements	2000	2000	1,587		30		1,576
69	Building Improvements	2000	2000	1,587		30		1,576
70	Building Improvements	2000	2000	1,587		30		1,576
71	Building Improvements	2000	2000	1,587		30		1,576
72	Building Improvements	2000	2000	1,587		30		1,576
73	Building Improvements	2000	2000	1,587		30		1,576
74	Building Improvements	2000	2000	1,587		30		1,576
75	Building Improvements	2000	2000	1,587		30		1,576
76	Building Improvements	2000	2000	1,587		30		1,576
77	Building Improvements	2000	2000	1,587		30		1,576
78	Building Improvements	2000	2000	1,587		30		1,576
79	Building Improvements	2000	2000	1,587		30		1,576
80	Building Improvements	2000	2000	1,587		30		1,576
81	Building Improvements	2000	2000	1,587		30		1,576
82	Building Improvements	2000	2000	1,587		30		1,576
83	Building Improvements	2000	2000	1,587		30		1,576
84	Building Improvements	2000	2000	1,587		30		1,576
85	Building Improvements	2000	2000	1,587		30		1,576
86	Building Improvements	2000	2000	1,587		30		1,576
87	Building Improvements	2000	2000	1,587		30		1,576
88	Building Improvements	2000	2000	1,587		30		1,576
89	Building Improvements	2000	2000	1,587		30		1,576
90	Building Improvements	2000	2000	1,587		30		1,576
91	Building Improvements	2000	2000	1,587		30		1,576
92	Building Improvements	2000	2000	1,587		30		1,576
93	Building Improvements	2000	2000	1,587		30		1,576
94	Building Improvements	2000	2000	1,587		30		1,576
95	Building Improvements	2000	2000	1,587		30		1,576
96	Building Improvements	2000	2000	1,587		30		1,576
97	Building Improvements	2000	2000	1,587		30		1,576
98	Building Improvements	2000	2000	1,587		30		1,576
99	Building Improvements	2000	2000	1,587		30		1,576
100	Building Improvements	2000	2000	1,587		30		1,576

\* Total basis on this schedule must agree with page 2.  
 \*\* Improved type must be deleted in order for the cost report to be considered complete.  
 See Page 12A, Line 70 for total GREFF.

1. Building Depreciation-Including Fixed Equipment (See Instructions.) Round all numbers to nearest dollar.

Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Carpentry	2002	19,778	5			19,778	57
38	Wallpaper	2002	19,593	5			19,593	58
39	Roofing	2001	1,400	10	140		1,260	35
40	Door	2001	1,125	15	75		850	40
41	Carpentry	2003	5,232	5			5,232	61
42	Carpentry	2003	1,855	5		133	1,722	62
43	Wiring for liberal rooms	2003	4,801	5			4,801	63
44	HVAC upgrade and replace	2003	52,982	10	5,298		47,684	31
45	Partitions	2003	15,179	20	759		14,420	47
46	HVAC upgrade and testing	2004	51,875	10	5,188	599	46,687	32
47	Light fixtures and wiring for cafeteria	2004	3,987	5	797		3,190	39
48	Wall paint	2004	6,248	5	1,249	437	4,562	41
49	Vent pipe	2004	1,684	5	337	(1)	1,347	42
50	Plum pipe	2004	960	5	192		768	43
51	HVAC upgrade and testing	2004	8,507	5	1,701	292	6,504	36
52	Door ladder	2004	1,346	15	89		1,257	37
53	Door handle	2004	2,250	15	150		2,100	38
54	Door plate	2004	1,053	15	70		983	39
55	Sewer line and trap	2005	2,900	15	193		2,707	40
56	Decor	2005	5,817	5	1,163		4,654	41
57	Carpentry	2005	11,175	5	2,235		8,940	42
58	Wiring	2005	9,400	10	940		8,460	43
59	Light fixtures and wiring	2005	6,267	10	627		5,640	44
60	Sign for dining room	2005	2,019	10	202		1,817	45
61	Partitions	2005	12,230	15	815		11,415	46
62	Sewer line	2005	2,950	15	197		2,753	47
63	Fire Doors - 4	2006	8,270	15	551		7,719	48
64	Painting doors	2006	1,745	15	116		1,629	49
65	Painting doors	2006	1,920	15	128		1,792	50
66	Painting doors	2006	1,920	15	128		1,792	51
67	Partitions	2006	3,200	15	213		2,987	52
68								53
69								54
70	TOTAL		523,173		133,309		389,864	55

\*Improvement type may be detailed in order for the cost report to be considered complete.

1	Improvement Type*	2	3	4	5	6	7	8	9
		Year	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Total from Page 1A, Carried Forward	2006	\$231,179	153,395	15	154,167	1,380	3,916,584	1
2	Upgrade fire alarm system	2006	4,038	401	15	401	0	1,603	2
3	Refrigerator	2008	2,012	201	10	201	0	1,209	3
4	Generator - 150 amp street breaker	2006	1,183	236	5	236	0	1,120	4
5	Generator - 150 amp street breaker	2006	4,400	320	10	320	0	1,120	5
6	Installation of handrail	2007	2,020	202	10	202	(111)	985	6
7	Refrigerator	2007	2,020	202	10	202	(111)	533	7
8	OT V. units & connections	2007	2,183	619	15	3,189	(3,070)	8,288	8
9	Rod shutoffs	2007	7,035	87	15	38	(25)	185	9
10	Wallpaper for exhibit room	2007	7,145	1,429	5	1,430	1	1,145	10
11	Removal of pipe and under system	2007	2,805	240	12	240	0	386	11
12	New water heater	2008	12,743	1,183	15	1,182	(1)	1,773	12
13	PTAC Zone/line heater	2009	75,809	2,407	10	2,405	(1)	5,909	13
14	PTAC Zone/line heater	2009	75,809	2,407	10	2,405	(1)	5,909	14
15	Water 3, 4 & 6" sprinkler rain	2005	39,719	1,991	15	1,991	0	1,991	15
16	Water 3, 4 & 6" sprinkler rain	2006	2,392	98	12	98	0	98	16
17	Water 3, 4 & 6" sprinkler rain	2006	2,310	144	10	144	0	144	17
18	Water 3, 4 & 6" sprinkler rain	2009	4,434	149	12	149	0	149	18
19	Water 3, 4 & 6" sprinkler rain	2009	4,434	149	12	149	0	149	19
20	Shower stalls plumbing, etc. hardware	2007	44,000	1,487	15	1,487	0	1,487	20
21									21
22									22
23									23
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95									95
96									96
97									97
98									98
99									99
100									100
TOTAL (Lines 1-99)			\$207,902	170,361		166,615	(1,736)	3,063,333	

\*Improvement type must be defined in order for the cost report to be considered complete.

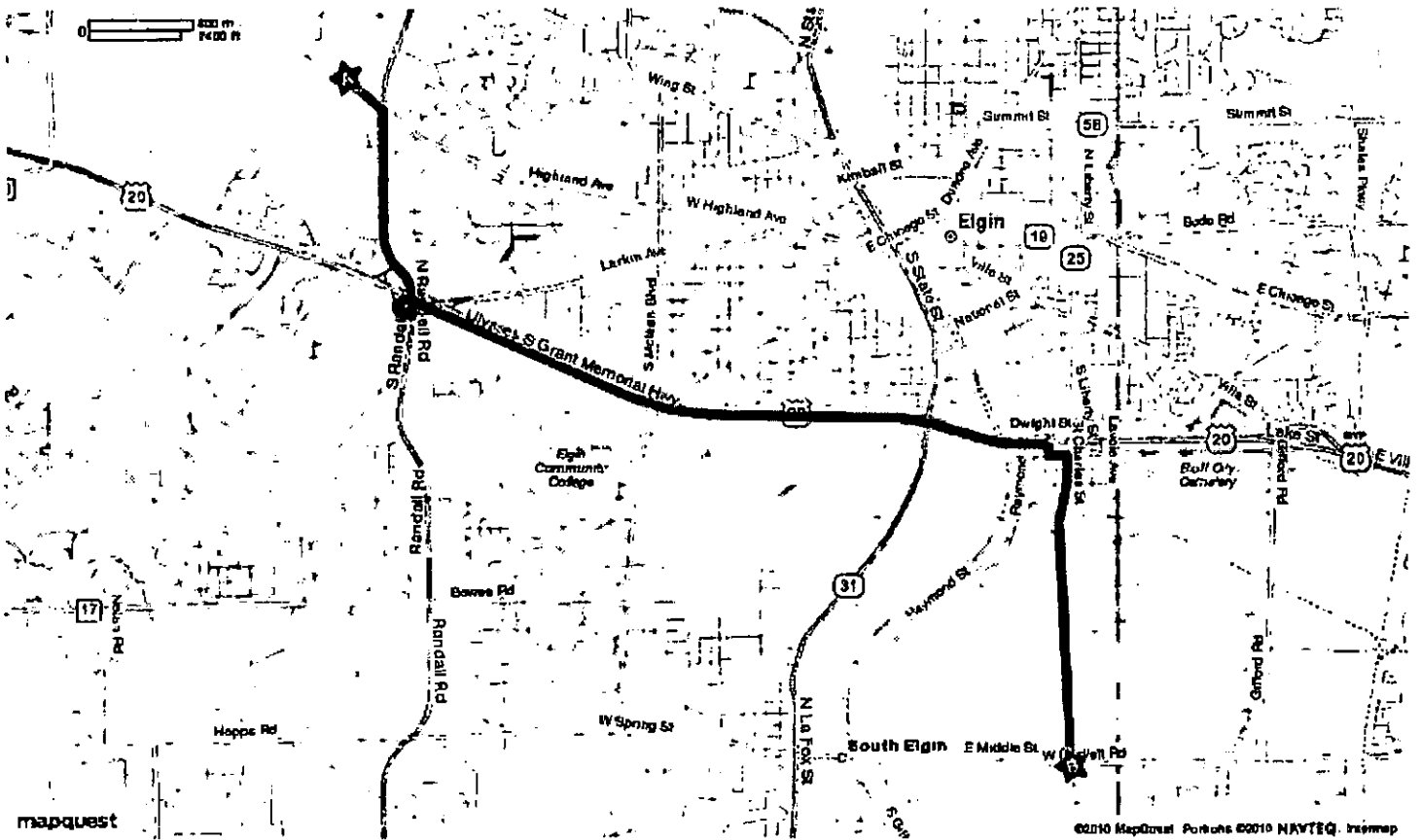
# MAPQUEST.

Some! When printing directly from the browser, the directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.








**★ Starting Location**  
**2750 W Highland Ave**  
 Elgin, IL 60124-4202

**★ Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 11 minutes / 7.28 miles Fuel Cost: Calculate




**★ 2750 W Highland Ave** Elgin, IL 60124-4202

- |   |  |        |
|---|--|--------|
|  | Start out going <b>SOUTHEAST</b> on <b>HIGHLAND AVE/CR-47</b> toward <b>WESTVIEW ST.</b> | 0.3 mi |
|  | Turn <b>SLIGHT RIGHT</b> onto <b>N RANDALL RD/CR-34.</b>                                 | 1.2 mi |
|  | Merge onto <b>US-20 E/ULYSSES S GRANT MEMORIAL HWY</b> toward <b>ELGIN/CHICAGO.</b>      | 3.8 mi |
|  | Take the ramp toward <b>IL-25.</b>   | 0.1 mi |
|  | Stay <b>STRAIGHT</b> to go onto <b>GRACE ST.</b>   | 0.0 mi |
|  | Turn <b>LEFT</b> onto <b>BLUFF CITY BLVD.</b>  | 0.1 mi |
|  | Turn <b>RIGHT</b> onto <b>ST CHARLES ST/IL-25.</b> Continue to follow <b>IL-25</b>       | 1.8 mi |





8. E MIDDLE ST & IL ROUTE 25.

 **E Middle St & Il Route 25 Exit**  
South Elgin, IL 60177

Total Travel Estimate: 11 minutes / 7.28 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expediency. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

APOSTOLIC CHRISTIAN RESTHAVEN		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2750 WEST HIGHLAND AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS		
ELGIN, IL. 60124		Chronic Alcoholism	1	Neoplasms	1	
Reference Numbers	Facility ID 6000392	Developmentally Disabled	1	Endocrine/Metabolic	3	
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	4	
David G. Stieglitz		Medicare Recipient	0	Alzheimer Disease	7	
		Mental Illness	1	Mental Illness	21	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
David Stieglitz		Non-Mobile	0	Circulatory System	5	
847-741-4543		Public Aid Recipient	0	Respiratory System	1	
	Date Completed	Under 65 Years Old	0	Digestive System	0	
	4/15/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	1	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
David G. Stieglitz		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
5N598 Meadowview Lane		Other Restrictions	1	Injuries and Poisonings	0	
St Charles, IL 60175		No Restrictions	0	Other Medical Conditions	1	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	49
NON-PROF CORPORATION				TOTALS	49	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	50	50	50	50	49	1	0	50	Total Admissions 2008	47
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	21
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	19
Sheltered Care	0	0	0	0	0	0	0	0		49
<b>TOTAL BEDS</b>	<b>60</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>49</b>	<b>1</b>	<b>0</b>	<b>50</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE										
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL		
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	7114	38.9%	0	0	10737	0	17851	97.5%	97.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>7114</b>	<b>38.9%</b>	<b>0</b>	<b>0</b>	<b>10737</b>	<b>0</b>	<b>17851</b>	<b>97.5%</b>	<b>97.5%</b>

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	5	29	0	0	0	0	0	0	5	29	34
<b>TOTALS</b>	<b>9</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>40</b>	<b>49</b>

## APOSTOLIC CHRISTIAN RESTHAVEN

2750 WEST HIGHLAND AVENUE

ELGIN, IL. 60124

Reference Numbers Facility ID 6000392

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance	Private Pay		
Nursing Care	0	17	0	0	32	0	49
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>0</b>	<b>49</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	191	168
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.00
Certified Aides	27.00
Other Health Staff	1.00
Non-Health Staff	24.00
<b>Totals</b>	<b>67.00</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	33.6%	0.0%	0.0%	66.4%	100.0%		0.0%
10	960,262	0	0	1,896,372	2,856,644	0	

11. STATISTICAL DATA

A. Licensee/Staff/Resident level(s) of care enter number of bed/days days.  
(omit square with license). Date of change in licensed beds

1	2	3	4
Beginning of Report Period	Licenture Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
50	Skilled (SNF)	50	18,250
	Skilled Private (SNF/P2D)		
	Intermediate (ICP)		
	Intermediate/D		
	Skilled Care/SSCI		
	ICF/D 16 or Less		
50	TOTALS	50	18,250

B. Census For the entire report period.

1	2	3	4	5
Level of Care	Partial Days by Level of Care and Primary Source of Payment	Private Pys	Other	Total
8 SNF	Medical Referred 3,187	2,607		5,794
9 SNF/P2D				
10 ICP	3,197	2,577		11,874
11 ICF/D				
12 SC				
13 DD 16 OR LESS				
14 TOTALS	4,384	11,284		17,668

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.01%

D. How many bed-hold days during this year were paid by the Department? 2 (Do not include bed-hold days to Section B.)

E. List all services provided by your facility for non-formal (i.e. day care, meals on wheels, outpatient therapy) meal, housekeeping for apartment residents

F. Does the facility maintain a daily mileage record? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES  NO

H. Does the BALANCE SHEET (page 17), reflect any non-care assets? YES  NO

I. On what date did you start providing long term care at this location? Date started: 11/07/1988

J. Was the facility purchased or leased after January 1, 1978? YES  NO

K. Was the facility certified for Medicare during the reporting year? YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary \_\_\_\_\_

IV. ACCOUNTING BASIS MODIFIED ACCRUAL  CASH  CASH  CASH  YES  NO

Tax Year: December 31 Fiscal Year: December 31  
\* All facilities other than governmental must report on the accrual basis.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Build.	FOR BIF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
41	1985	1985	2720,317	61,241	40	1,525	(283)	1,242	
42	1987	1987	1,200	252	40	3,000		2,748	
43	1988	1988	91,817	1,861	40	2,295		1,861	
44	1989	1989	14,379	3,013	40	1,350	(283)	2,730	
45	1985	1985	22,867	3	20	1,143		1,140	
46	1986	1986	4,800	3	18	2,667		2,664	
47	1989	1989	2,609	305	20	1,305		1,302	
48	1990	1990	590	357	20	2,925		2,568	
49	1992	1992	4,525	312	20	2,263		2,260	
50	1992	1992	26,596	1,002	15	1,773		1,770	
51	1997	1997	16,291	347	15	1,086		1,083	
52	2001	2001	5,200	140	15	1,133		1,130	
53	2005	2005	2,095	354	15	1,380		1,377	
54	2009	2009	4,100	137	10	4,063		4,060	
55	2009	2009	8,669	15	20	4,335		4,332	
56	2009	2009	22,867	3	20	1,143		1,140	
57	2009	2009	500	3	20	2,500		2,497	
58	1989	1989	4,891	305	20	2,446		2,443	
59	1990	1990	4,891	357	20	2,446		2,443	
60	1992	1992	13,779	618	20	6,889		6,886	
61	1992	1992	1,311	67	20	6,513		6,510	
62	1992	1992	885	41	20	4,425		4,422	
63	1995	1995	1,944	18	18	1,080		1,077	
64	1995	1995	1,312	18	18	730		727	
65	1995	1995	2,989	10	10	2,989		2,986	
66	1995	1995	4,267	10	10	4,267		4,264	
67	1995	1995	4,702	10	10	4,702		4,699	
68	1995	1995	844	10	10	844		841	
69	1995	1995	1,244	10	10	1,244		1,241	
70	1996	1996	510	10	10	510		507	

\* Total beds on this schedule must agree with page 1.  
 \*\* Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

1. DEPRECIATION COSTS (continued)  
 B. Building Depreciation - Building Fixed Equipment (See instructions) Report all numbers to nearest dollar.

Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
21 Building Improvements - Drapes in Lobby	1986	419	1	10	1		412
22 Building Improvements - Carpet in Lobby	1986	3,653	182	10	1		3,471
23 Building Improvements - Sound System Lobby	1986	800	40	20	1		760
24 Building Improvements - Drapes in Lobby	1986	182	1	10	1		181
25 Building Improvements - Code Alert	1987	1,454	72	20	1		1,382
26 Building Improvements - Exit Door	1988	1,100	55	20	1		1,045
27 Building Improvements - Automatic Door	1988	2,271	113	20	1		2,158
28 Building Improvements - Carpet in Music Room	1988	699	35	20	1		664
29 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
30 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
31 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
32 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
33 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
34 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
35 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
36 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
37 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
38 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
39 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
40 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
41 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
42 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
43 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
44 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
45 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
46 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
47 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
48 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
49 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
50 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
51 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
52 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
53 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
54 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
55 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
56 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
57 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
58 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
59 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
60 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
61 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
62 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
63 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
64 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
65 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
66 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
67 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
68 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
69 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
70 Building Improvements - Carpet in Music Room	1989	699	35	20	1		664
TOTAL		2,541,284	64,743		64,743		1,498,288

\*Improvement type code is detailed in order for the cost report to be considered complete.

AC DWORNSHIP COSTS (continued)  
 B. Building Depreciation - including Fixed Equipment. (See instructions.) Record all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments (7e3)	Accumulated Depreciation	
1 Truck Shop - Erection	2004	2,241,294	64,733	18	124,279	(7e3)	1,247,268	1
2 Building - Improvement - Smoke Detectors	2006	3,150	228	15	210		2,492	2
3 Building - Improvement - RN Station Cabinet and Counters	2006	2,400	181	13	181		1,800	3
4 Building - Improvement - A/C Condenser for Kitchen	2006	2,700	740	4	724		2,405	4
5 Building - Improvement - RN Station Carpeting	2006	2,400	181	13	181		1,800	5
6 Building - Improvement - Bedside Windows & Labels	2006	2,400	181	13	181		1,800	6
7 Building - Improvement - Bedside Windows	2006	2,400	181	13	181		1,800	7
8 Building - Improvement - Generator	2008	2,350	413	5	406		1,637	8
9 Building - Improvement - RN Station	2009	6,699	406	15	406		2,837	9
10 Building - Improvement - RN Station	2009	6,699	413	15	413		2,837	10
11 Building - Improvement - New Yd	2009	1,215	91	10	91		724	11
12 Building - Improvement - Kiosk Wall	2009	2,100	91	20	91		1,444,901	12
13								13
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96								96
97								97
98								98
99								99
100								100
TOTAL (Lines 1-100)		2,241,294	68,718		68,317		1,444,901	

\*Improvement type must be detailed in order for the cost report to be considered complete.

# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

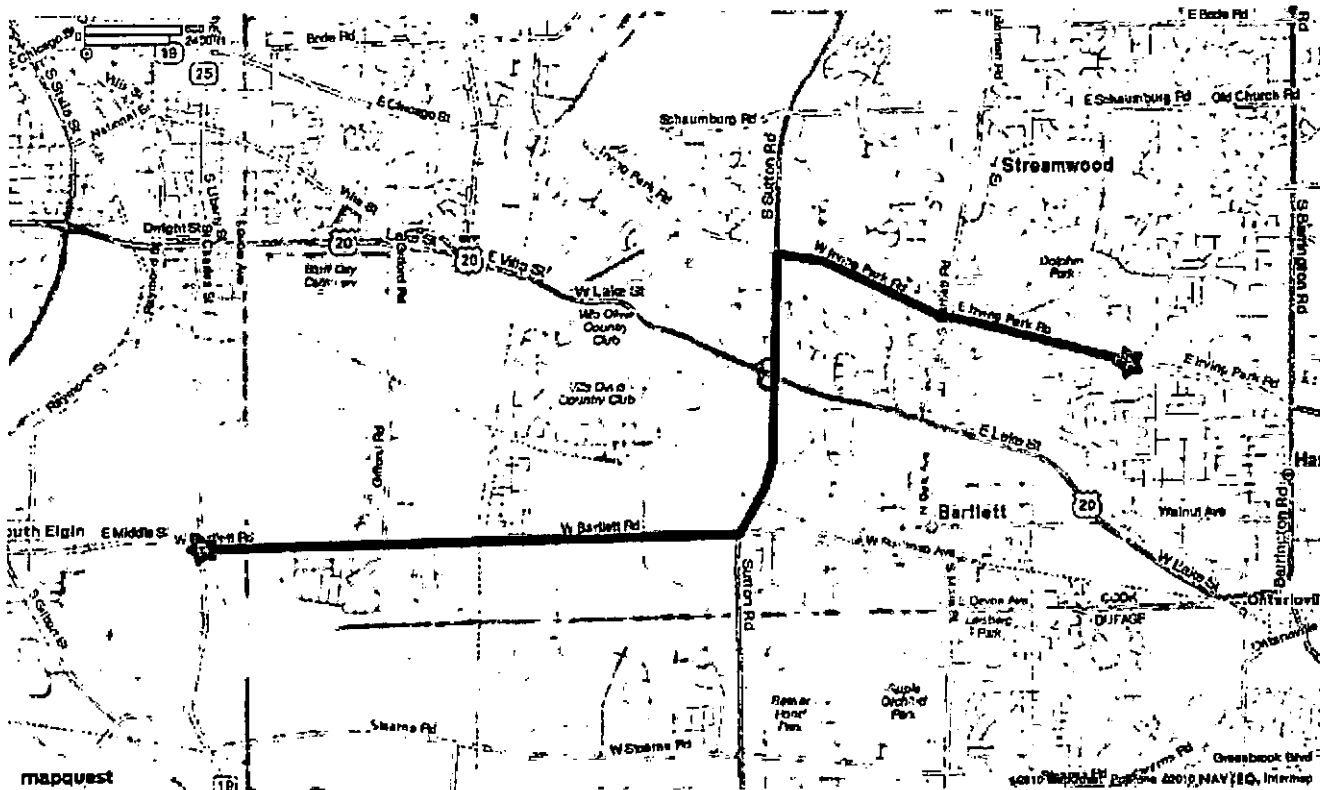
 **Starting Location**


**815 E Irving Park Rd**  
Streamwood, IL 60107-3073





 **Ending Location**


**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 11 minutes / 7.06 miles Fuel Cost: [Calculate](#)



 **815 E Irving Park Rd Ldt**  
Streamwood, IL 60107-3073

-  1. Start out going WEST on E IRVING PARK RD/IL-19 toward SHIRLEY AVE. 2.2 mi
-  2. Turn LEFT onto S SUTTON RD/IL-69. 1.8 mi
-  3. Turn RIGHT onto W BARTLETT RD. 3.1 mi
-  4. E MIDDLE ST & IL ROUTE 25.

 **E Middle St & Il Route 25 Edt**  
South Elgin, IL 60177

Total Travel Estimate: 11 minutes / 7.06 miles Fuel Cost: [Calculate](#)

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LEXINGTON OF STREAMWOOD		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
815 EAST IRVING PARK ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
STREAMWOOD, IL. 60107		Chronic Alcoholism	1	Neoplasms	1	
Reference Numbers	Facility ID 6012975	Developmentally Disabled	1	Endocrine/Metabolic	7	
Health Service Area 007	Planning Service Area 701	Drug Addiction	1	Blood Disorders	2	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5	
Gina McCarthy		Medicare Recipient	0	Alzheimer Disease	5	
		Mental Illness	1	Mental Illness	16	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Bridgett Rummel		Non-Mobile	0	Circulatory System	28	
630-458-4635		Public Aid Recipient	0	Respiratory System	12	
	Date Completed	Under 65 Years Old	0	Digestive System	2	
	4/20/2009	Unable to Self-Medicate	0	Genitourinary System Disorders	10	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	5	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	22	
		Other Restrictions	0	Injuries and Poisonings	6	
		No Restrictions	0	Other Medical Conditions	60	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
FOR-PROF CORPORATION					TOTALS	181

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	BEDS AVAILABLE BEOS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	214	214	186	214	181	33	214	214	167	355
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2008	341
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2008	181
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2008	
TOTAL BEDS	214	214	186	214	181	33	214	214		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds	Peak Beds Set Up
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Occ. Pct.		
Nursing Care	11544	14.7%	43057	55.0%	0	1157	5811	0	61569	78.6%	78.6%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	11544	14.7%	43057	55.0%	0	1157	5811	0	61569	78.6%	78.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		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	4	3	0	0	0	0	0	0	4	3	7
60 to 64	1	10	0	0	0	0	0	0	1	10	11
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	25	43	0	0	0	0	0	0	25	43	68
85+	12	61	0	0	0	0	0	0	12	61	73
TOTALS	52	129	0	0	0	0	0	0	52	129	181

**LEXINGTON OF STREAMWOOD**

815 EAST IRVING PARK ROAD  
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6012975

Health Service Area 007 Planning Service Area 701

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	32	132	0	5	12	0	181
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>32</b>	<b>132</b>	<b>0</b>	<b>5</b>	<b>12</b>	<b>0</b>	<b>181</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	221	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	1	0	0	0	1
Black	16	0	0	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>181</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>181</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	171	0	0	0	171
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>181</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>181</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	11.00
Certified Aides	54.00
Other Health Staff	4.00
Non-Health Staff	66.00
<b>Totals</b>	<b>159.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS
42.8%	40.3%	0.0%	3.5%	13.4%	100.0%
5,082,872	4,780,299	0	415,627	1,590,915	11,869,713

Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0	0.0%

**FACILITY NOTES**

Bed Change 6/17/2008 Received permission to decrease Nursing Care beds from 224 to 214.

11) STATISTICAL DATA

A. Licensee/credential level(s) of care under number of bedded days.  
(used agree with license). Date of change in licensed beds

1	2	3	4
Beginning of Report Period	Licensee Level of Care	End of Report Period	Licensed Bed Days During Report Period
214	Skilled (SNP)	214	78,110
	Skilled Pediatric (SNP/PED)		
	Intermediate (ICP)		
	Intermediate/D		
	Skilled Geriatric (CVIID)		
	ICVID (Low Line)		
214	TOTALS	214	78,110

B. Census for the entire report period.

1	2	3	4	5
Level of Care	Public Days, Level of Care and Payment Source	Private Pay	Other	Total
8 SNF			14,335	14,335
9 SNRP/D		43,681		43,681
10 ICF		4,550		4,550
11 IOP/D				
12 SC				
13 IDH OR LESS				
14 TOTALS	43,681	4,550	14,335	62,566

C. Percent Occupancy: (Column 5, Line 14 divided by total licensed bed days on line 7, column 4)

SEE ACCOUNTANTS' COMPLIATION REPORT

D. How many bedded days during this year were paid by the Department? (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients (E.g., day care, "nurs on wheels", outpatient therapy)

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES

I. On what date did you start providing long term care at this location? Date started: 09/1

J. Was the facility purchased or leased after January 1, 1998? YES

K. Was the facility certified for Medicare during the reporting year? YES

L. Medicare intermediary: National Governmental Services

M. Accounting Basis: MODIFIED ACCRUAL

N. Tax Year: 12/31/09 Fiscal Year: 12/31/09

O. All facilities other than governmental must report on the actual basis.

P. All facilities other than governmental must report on the actual basis.

Q. All facilities other than governmental must report on the actual basis.

R. All facilities other than governmental must report on the actual basis.

S. All facilities other than governmental must report on the actual basis.

T. All facilities other than governmental must report on the actual basis.

U. All facilities other than governmental must report on the actual basis.

V. All facilities other than governmental must report on the actual basis.

W. All facilities other than governmental must report on the actual basis.

X. All facilities other than governmental must report on the actual basis.

Y. All facilities other than governmental must report on the actual basis.

Z. All facilities other than governmental must report on the actual basis.

AA. All facilities other than governmental must report on the actual basis.

AB. All facilities other than governmental must report on the actual basis.

AC. All facilities other than governmental must report on the actual basis.

AD. All facilities other than governmental must report on the actual basis.

AE. All facilities other than governmental must report on the actual basis.

AF. All facilities other than governmental must report on the actual basis.

Facility Name & ID Number: Leighton of Streamwood  
 X BUILDING AND GENERAL INFORMATION:

STATE OF ILLINOIS

01/01/2009 Ending: 12/31/2009  
 Page 11

Report Period Beginning: 01/01/2009

A. Square Feet: 83,932 B. General Construction Type: Erector Concrete Block Frame Steel Number of Stories: 3

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this owner's premises (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which It is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Basis Incurred: N/A

Nature of Costs: (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

1	2	3	4
Report Type	Square Feet	Year Acquired	Cost
1 REVENUE	30,000	1991	211,400
2 ALLOCATED FROM MANAGEMENT COMPANY		2002	20,000
3 TOTALS	30,000		231,400

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number	Valuation of Screen wood	1	2	3	4	5	6	7	8	9
X1. OWNERSHIP COSTS (continue)										
B. Building Depreciation-Including fitted Equipment. (See instructions.) Record all numbers to nearest dollar.										
1	2	3	4	5	6	7	8	9	10	11
Bed#	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
206		1991	1991	\$318,322	\$	35	\$147,932	\$	\$170,390	\$147,932
193		1993	1993	\$5,235	\$	35	\$1,497	\$	\$4,738	\$5,235
195		1995	1995	\$2,250	\$	35	\$281	\$	\$1,969	\$2,250
194		1995	1995	\$2,250	\$	35	\$281	\$	\$1,969	\$2,250
196		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
197		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
198		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
199		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
200		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
201		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
202		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
203		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
204		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
205		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
206		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
207		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
208		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
209		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
210		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
211		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
212		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
213		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
214		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
215		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
216		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
217		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
218		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
219		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
220		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
221		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
222		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
223		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
224		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
225		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
226		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
227		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
228		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
229		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
230		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
231		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
232		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
233		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
234		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
235		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
236		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
237		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
238		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
239		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
240		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
241		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
242		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
243		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
244		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
245		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
246		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
247		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
248		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
249		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200
250		1991	1991	\$1,200	\$	15	\$107	\$	\$1,093	\$1,200

\*\* Item used on this schedule must agree with page 2  
 \*\*\* Improvement type must be detailed in order for this cost report to be considered complete  
 See Page 12A, Line 70 for total  
 SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type**	Year	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adj. amounts	Accumulated Depreciation	
37 Kitchen fire protection upgrade	2004	1,417	743	10	142		871	37
38 Landscaping	2005	6,085	425	20	425		1,815	38
39 Kitchen renovation	2005	12,034	601	20	601		2,467	39
40 Lobby, lounge and reception renovation	2005	37,233	1,872	20	1,872		5,487	40
41 Theater room renovation	2005	11,123	561	20	561		1,719	41
42 Create first floor retail room	2005	44,781	2,239	20	2,239		13,285	42
43 Paintball wall	2007	66,676	3,334	20	3,334		15,306	43
44 Create 2nd floor retail yard	2007	16,300	724	20	724		2,599	44
45 Alterations and elevators	2005	52,910	196	20	196		1,719	45
46 Basement renovation	2005	46,581	2,325	20	2,325		5,700	46
47 Upgrade ball and basketball 1	2006	2,414	225	15	225		797	47
48 HVAC	2006	17,175	858	20	858		2,430	48
49 Door closer	2006	4,246	212	20	212		825	49
50 Elevator	2006	1,566	783	20	783		965	50
51 King of the Hill Dr. in rd. bk	2006	2,883	144	20	144		528	51
52 Staircase door lock	2006	2,243	112	20	112		407	52
53 Double glass Shelton	2006	6,732	337	20	337		1,128	53
54 Fire alarm	2006	7,038	352	20	352		1,210	54
55 Archwair d. sc	2006	2,229	111	20	111		387	55
56 Landscaping	2007	18,296	915	20	915		1,084	56
57 Perimeter	2007	2,277	114	20	114		313	57
58 HVAC	2007	1,201	60	20	60		206	58
59 PAINTING BUILDING	2008	16,740	838	20	838		1,852	59
60 Maintenance	2008	32,747	2,150	15	2,150		4,357	60
61 Common areas - all decks	2008	7,985	399	20	399		816	61
62 V. deck yard	2008	3,982	199	20	199		582	62
63 Lawn irrigation	2009	18,175	907	15	907		139	63
64 Landscaping	2009	4,138	139	15	139		199	64
65 Office computers	2009	9,275	313	20	313		62	65
66 In-line motion picture line (out of phase)	2009	13,248	41	20	41		23	66
67 Fire alarm system	2009	1,251		20				67
68 Fire alarm system	2009	4,380		20				68
69 Fire alarm system	2009	2,180		20				69
70 TOTAL (lines 4 thru 69)		6,497,738	64,034		218,217	133,169	3,267,878	70

\*\* Improvement type used has detailed in order for the cost report to be considered complete

SEE ACCOUNTANTS COMPILATION REPORT

1	2	3	4	5	6	7	8	9	10
Imp. Component Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustable	Accumulated Depreciation		
Totals from Page 12A (Copy) Forward	2008	6,291,745	80,566	10	213,517	153,109	3,287,637		
2		7,830	24		204		204		
3									
4									
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TOTAL (Lines 1 thru 23)		60,312	278,824		278,824	216,176	3,208,923		

SEE ACCOUNTANT'S COMPILATION REPORT

Improvement type must be detailed in order for this cost report to be considered complete

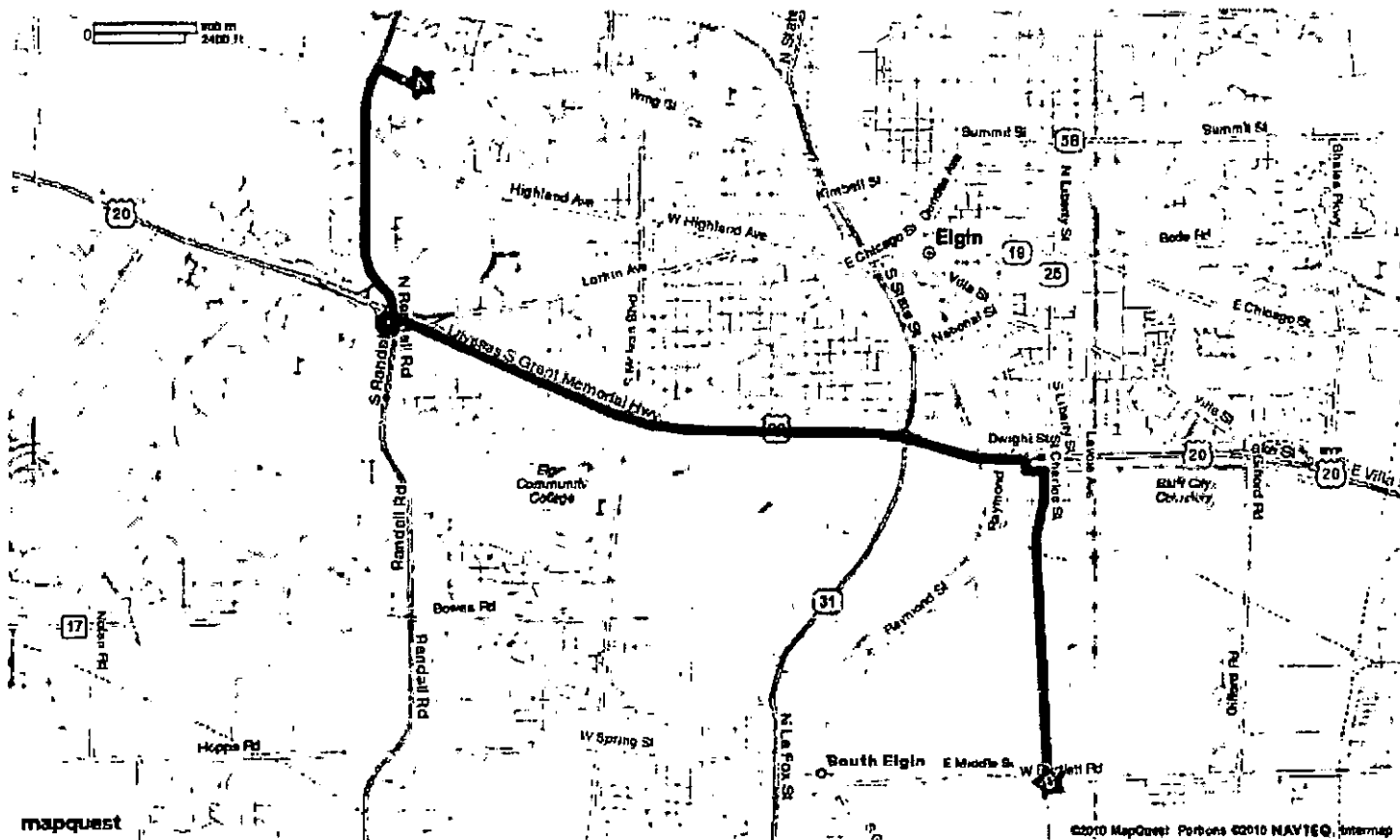
# MAPQUEST.

Sorry! When printing directly from the browser, your directions or map may not print correctly. For best results, by clicking the Printer-Friendly button









**Starting Location**  
 2355 Royal Blvd  
 Elgin, IL 60123-4716

**Ending Location**  
 E Middle St & IL Route 25  
 South Elgin, IL 60177


Total Travel Estimate: 11 minutes / 7.60 miles Fuel Cost: [Calculate](#)



**2355 Royal Blvd**  
 Elgin, IL 60123-4716

- |   |  |        |
|---|--|--------|
|  | 1. Start out going WEST on ROYAL BLVD toward VALLEY CREEK DR.            | 0.2 mi |
|  | 2. Turn LEFT onto N RANDALL RD/CR-34.                                    | 1.6 mi |
|  | 3. Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY toward ELGIN/CHICAGO. | 3.8 mi |
|  | 4. Take the ramp toward IL-25.   | 0.1 mi |
|  | 5. Stay STRAIGHT to go onto GRACE ST.                                    | 0.0 mi |
|  | 6. Turn LEFT onto BLUFF CITY BLVD.                                       | 0.1 mi |
|  | 7. Turn RIGHT onto ST CHARLES ST/IL-25. Continue to follow IL-25.        | 1.8 mi |
|  | 8. E MIDDLE ST & IL ROUTE 25.  |        |



 **E Middle St & Il Route 25** Log,  
South Elgin, IL 60177

Total Travel Estimate: 11 minutes / 7.60 miles Fuel Cost: [Calculate](#)

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ROSEWOOD CARE CENTER OF ELGIN		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2355 ROYAL BOULEVARD		Aggressive/Anti-Social	0	DIAGNOSIS		
ELGIN, IL 60123		Chronic Alcoholism	0	Neoplasms	5	
Reference Numbers	Facility ID 6014237	Developmentally Disabled	0	Endocrine/Metabolic	4	
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	13	
Peggy Aschenbrenner		Medicare Recipient	0	Alzheimer Disease	17	
		Mental Illness	0	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Jan Poelker		Non-Mobile	0	Circulatory System	27	
314-994-9070, ext. 9025	Date Completed 4/23/2009	Public Aid Recipient	0	Respiratory System	4	
		Under 65 Years Old	0	Digestive System	3	
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	6	
Daniel L. Maher		Ventilator Dependent	1	Skin Disorders	3	
419 E. Lawrence		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	14	
Springfield, IL 62703		Other Restrictions	0	Injuries and Poisonings	10	
		No Restrictions	0	Other Medical Conditions	11	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
FOR-PROF CORPORATION				TOTALS	117	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	139	139	139	139	117	22	42	41	Total Admissions 2008	330
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	332
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	117
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>139</b>	<b>139</b>	<b>139</b>	<b>139</b>	<b>117</b>	<b>22</b>	<b>42</b>	<b>41</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare			Medicaid		Other Public	Private Insurance	Private Pay	Charity Care			TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days			
Nursing Care	8506	55.3%	13180	87.8%	0	601	20863	0	43150	84.8%	84.8%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>6506</b>	<b>55.3%</b>	<b>13180</b>	<b>87.8%</b>	<b>0</b>	<b>601</b>	<b>20863</b>	<b>0</b>	<b>43150</b>	<b>84.8%</b>	<b>84.8%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	12	17	0	0	0	0	0	0	12	17	29
85+	13	62	0	0	0	0	0	0	13	62	75
<b>TOTALS</b>	<b>31</b>	<b>86</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31</b>	<b>86</b>	<b>117</b>

## ROSEWOOD CARE CENTER OF ELGIN

2355 ROYAL BOULEVARD

ELGIN, IL. 60123

Reference Numbers Facility ID 6014237

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	25	39	0	1	52	0	117
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>25</b>	<b>39</b>	<b>0</b>	<b>1</b>	<b>52</b>	<b>0</b>	<b>117</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>117</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>117</b>

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>117</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>117</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	12.00
Certified Aides	44.00
Other Health Staff	10.00
Non-Health Staff	45.00
<b>Totals</b>	<b>131.00</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
39.2%	15.3%	0.0%	3.3%	42.2%	100.0%		0.0%
2,051,248	802,775	0	172,115	2,206,485	5,232,623	0	

Facility Name & ID Number: Reswood Care Ctr of Bldg

Report Period Beginning: 7/1/88 Ending: 6/30/89

III. STATISTICAL DATA

A. Licensee/ certification level(s) of care; enter number of bed-hold days. (must agree with license) Date of change in licensed beds: \_\_\_\_\_

1	2	3	4
Level of Care	Level of Care	Level of Care	Level of Care
1	139	139	50,735
2	Skilled (SNF)		
3	Skilled (SNF)		
4	Intermediate (ICF)		
5	Intermediate (ICF)		
6	Skilled (SNF)		
7	Skilled (SNF)		
TOTALS	139	139	50,735

1	2	3	4	5
Level of Care	Level of Care	Level of Care	Level of Care	Level of Care
8	13,515	19,239	8,717	41,471
9	13,515	19,239	8,717	41,471
10	13,515	19,239	8,717	41,471
11	13,515	19,239	8,717	41,471
12	13,515	19,239	8,717	41,471
13	13,515	19,239	8,717	41,471
TOTALS	13,515	19,239	8,717	41,471

C. Percent Occupancy (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 81.74%

SEE ACCOUNTANTS' COMPLETION REPORT

B. List all services provided by your facility for non-patients. (E.g., day care, meals on wheels, occupational therapy) \_\_\_\_\_

F. Does the facility maintain a daily midnight census? Yes \_\_\_\_\_

G. Do pages 3 & 4 include expenses for services or treatments not directly related to patient care? YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES  NO

I. On what date did you start providing long term care at this location? Date started: 1/1/87

J. Was the facility purchased or leased after January 1, 1979? YES  NO

K. Was the facility certified for Medicare during the reporting year? YES  NO  If YES, enter number of beds certified: 43 and days of care provided: 3,977

Medicare Intermediary: Estimate CBA

IV. ACCOUNTING BASIS  
 ACCRUAL  MODIFIED   
 CASH  CASH   
 Is your fiscal year identical to your tax year? YES  NO

Tax Year: 6/30/89 Fiscal Year: 6/30/89  
 \* A-B facilities other than governmental must report on the accrual basis.

A. Square Feet: 43,248 B. General Construction Type: Exterior Brick Interior Frame Wood None Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from a Completely Unrelated Organization.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to the nursing home's grounds (parent, but not limited to, partnerships, assisted living facilities, day training facilities, day care, independent living facilities, CVA training facilities, etc.)  
 Last entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Amortized: \_\_\_\_\_  
 2. Number of Years Over Which It Is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Date Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land

1	2	3	4
Lot	Square Feet	Year Acquired	Cost
1	SCHEDULE N/A		
2			
3	107,000	1985	1,000,000

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number: Reservoir Care Co of Kajan STATE OF ILLINOIS 0092346 Report Period Beginning: 7/1/88 Ending: 6/30/09  
 C. OWNERSHIP COSTS (continued) B. Building Depreciation-Including Fixed Equipment. See instructions. Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Brk's	FOB BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11	Painting on 2nd Flr	2008		4,131	250	7	590		787
12	Work on Lobby & Lounge	2009		7,850	500	7	500		381
13	Work on Work Areas of Clean Rooms	2008		2,500	475	7	475		475
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

\* Total ends on this schedule must agree with page 2.

\*\* In government type must be detailed in order for this cost report to be considered complete.

See Page 12A, Line 70 for Total  
SEE ACCOULTANTS' COMPILATION REPORT

B. Building Depreciation-Including Fixed Equipment. (See Instructions.) Round all numbers to nearest dollar.

37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation																										
37	2008	1,800																															
38	2008	1,220																															
39	2008	5,175																															
40	2009	9,017																															
41	2009	7,192																															
42	2009	24,500																															
43	2009	40,251																															
44	2008	4,651																															
45	2008	7,475																															
46	2009	4,018																															
47																																	
48																																	
49																																	
50																																	
51																																	
52																																	
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64																																	
65																																	
66																																	
67																																	
68																																	
69																																	
70	TOTAL (Lines 4 thru 69)	211,144	1,573		1,573		1,570																										

\*\*Improvement type must be checked in order for the cost report to be considered complete.

SEZ ACCOUNTANTS' COMPILATION REPORT

# MAPQUEST.

Sorry! When printing directly from the browser, your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button

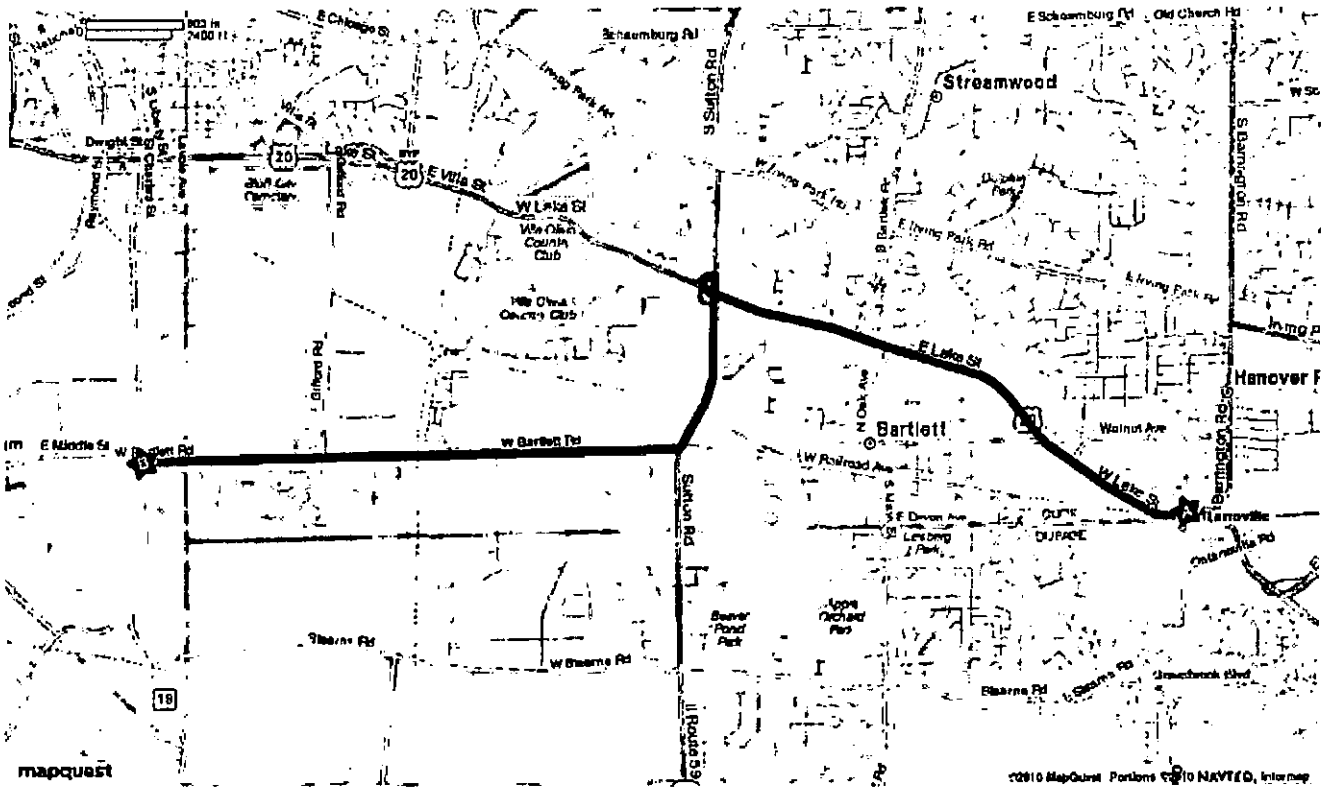
**Starting Location**

**2000 W Lake St**  
Hanover Park, IL 60133-4302

**Ending Location**

**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 12 minutes / 7.59 miles Fuel Cost: [Calculate](#)



**2000 W Lake St**  
Hanover Park, IL 60133 4302

1. Start out going WEST on W LAKE ST/US-20/ULYSSES S GRANT MEMORIAL HWY toward CENTER AVE. 3.2 mi
2. Take the IL-59 ramp toward BARRINGTON/WEST CHICAGO. 0.2 mi
3. Turn RIGHT onto IL-59/SUTTON RD. 1.1 mi
4. Turn RIGHT onto W BARTLETT RD. 3.1 mi
5. E MIDDLE ST & IL ROUTE 25.

**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 12 minutes / 7.59 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content; road conditions or route usability, or experience. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.



# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button

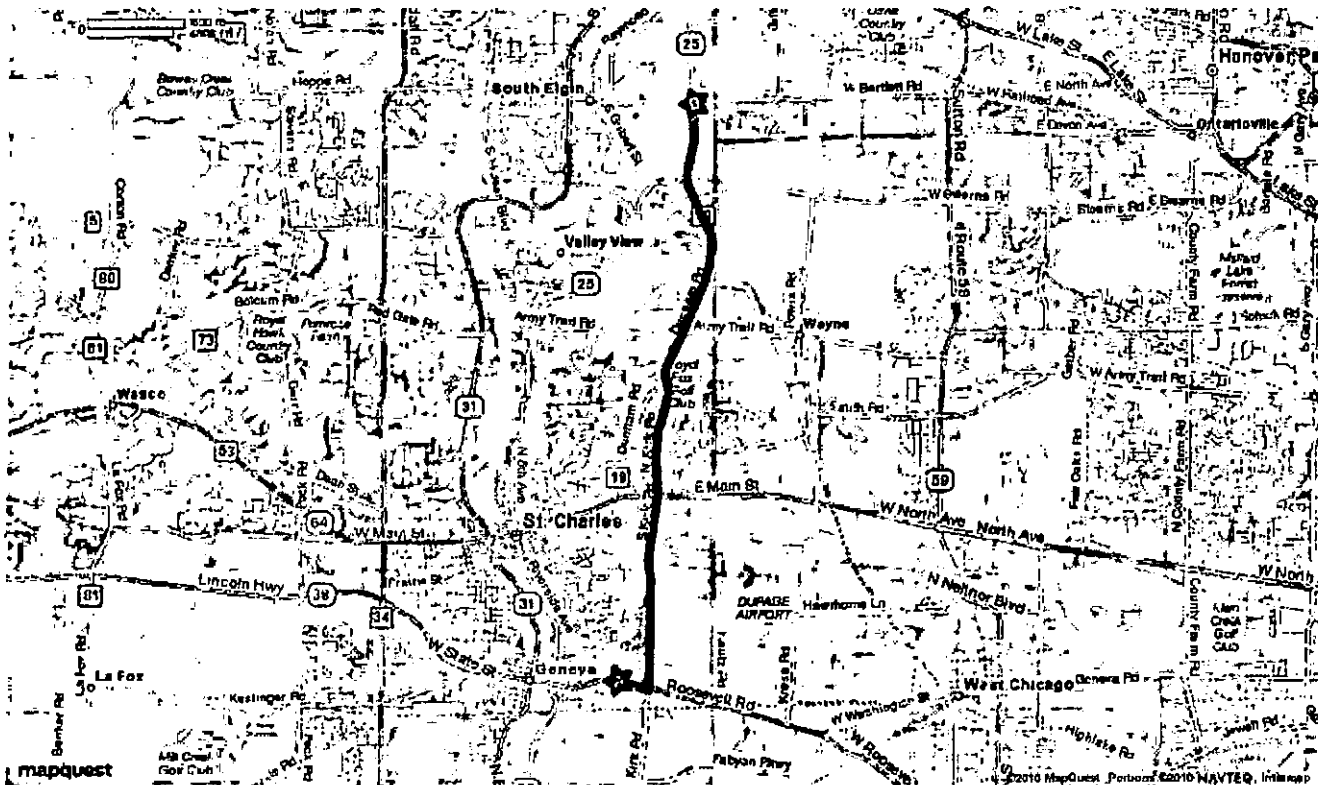
**★ Starting Location**

**1101 E State St**  
Geneva, IL 60134-2438

**★ Ending Location**

**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 13 minutes / 8.06 miles Fuel Cost: [Calculate](#)



**★ 1101 E State St [Edit](#)**  
Geneva, IL 60134-2438

- START** Start out going EAST on E STATE 0.4 mi
- LEFT** 1. ST/IL-38 toward S GLENGARRY DR. 4.0 mi
- UP** 2. Turn LEFT onto KIRK RD/CR-77. 2.7 mi
- UP** 3. KIRK RD/CR-77 becomes DUNHAM RD/CR-19. 0.9 mi
- UP** 4. DUNHAM RD/CR-19 becomes IL-25. 0.9 mi
- END** 5. E MIDDLE ST & IL ROUTE 25.

**★ E Middle St & Il Route 25 [Edit](#)**  
South Elgin, IL 60177

Total Travel Estimate: 13 minutes / 8.06 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability, or expediency. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss, or delay resulting from your use of MapQuest.

PROVENA GENEVA CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1101 EAST STATE STREET		Aggressive/Anti-Social 0		DIAGNOSIS	
GENEVA, IL. 60134		Chronic Alcoholism 1		Neoplasms 1	
Reference Numbers	Facility ID 6003503	Developmentally Disabled 1		Endocrine/Metabolic 3	
Health Service Area 008	Planning Service Area 089	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 1	
Dawn Renee' Furman		Medicare Recipient 0		Alzheimer Disease 20	
		Mental Illness 0		Mental Illness 30	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
Dawn Renee' Furman		Non-Mobile 0		Circulatory System 20	
630-397-5401		Public Aid Recipient 0		Respiratory System 7	
	Date Completed	Under 65 Years Old 0		Digestive System 2	
	4/20/2009	Unable to Self-Medicare 0		Genitourinary System Disorders 1	
Registered Agent Information		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 5	
		Other Restrictions 0		Injuries and Poisonings 4	
		No Restrictions 0		Other Medical Conditions 0	
				Non-Medical Conditions 0	
FACILITY OWNERSHIP		Note: Reported restrictions denoted by 'I'		TOTALS 94	
NON-PROF CORPORATION					

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2008		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	107	106	99	106	94	13	63	69	Total Admissions 2008	84
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	220
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	210
Sheltered Care	0	0	0	0	0	0	0	0		94
<b>TOTAL BEDS</b>	<b>107</b>	<b>106</b>	<b>99</b>	<b>106</b>	<b>94</b>	<b>13</b>	<b>63</b>	<b>69</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE										
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL		
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7285	31.6%	21023	83.2%	267	136	4648	0	33359	85.2%	86.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>7285</b>	<b>31.6%</b>	<b>21023</b>	<b>83.2%</b>	<b>267</b>	<b>136</b>	<b>4648</b>	<b>0</b>	<b>33359</b>	<b>85.2%</b>	<b>86.0%</b>

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	8	47	0	0	0	0	0	0	8	47	55
<b>TOTALS</b>	<b>20</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>74</b>	<b>94</b>

## PROVENA GENEVA CARE CENTER

1101 EAST STATE STREET  
GENEVA, IL 60134

Reference Numbers Facility ID 6003503

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	25	56	0	0	13	0	94
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>25</b>	<b>56</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>94</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	263	215
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>94</b>

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>94</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.70
LPN's	7.80
Certified Aides	38.80
Other Health Staff	22.90
Non-Health Staff	9.60
<b>Totals</b>	<b>93.80</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Not Revenue
37.7%	40.4%	0.0%	0.9%	21.0%	100.0%		0.0%
2,315,650	2,482,124	0	52,719	1,292,076	6,142,569	0	

Facility Name & ID Number: Provena Geneva Care Center

III. STATISTICAL DATA

A. Location/fertilization level(s) of care: enter number of beds, kind etc., (must agree with license); Date of change in licensed beds: \_\_\_\_\_

1	2	3	4
Begin of Reporting Period	License Level of Care	Bed at End of Reporting Period	Licensed Bed Days During Reporting Period
03	Skilled (SNF)	43	22,995
04	Skilled Intermediate (SN/IFED)		
05	Intermediate (IC/I)	44	15,060
06	Intermediate/D		
07	Skilled Care (SC)		
08	IC (PAD) 16 or Less		
09	TOTALS	107	38,055

B. Count for the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
03 SNF	11,582	3,517	6,992	21,891
04 SN/IFED	8,038	2,456		10,494
05 ICF				
06 ICF/D				
07 SC				
08 ICF/D 16 OR LESS			6,992	6,992
09 TOTALS	19,620	5,973	6,992	32,585

C. Percent Occupancy: (Column 2, line 14 divided by total licensed bed days on line 7, column 4) 83.08%

4. 003448 Report Period Beginning: 01/01/09 Ending: 12/31/09

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients (i.e., day care, "wells on wheels", outpatient therapy)

N/A - None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES

I. On what date did you start providing long term care at this location? Date started: 1/1/09

J. Was the facility purchased or leased after January 1, 1978? NO

K. Was the facility certified for Medicare during the reporting year? YES If YES, enter number of beds certified: 43 and days of care provided: 6,481

L. Medicare (intermediate) National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH

CASH  CASH

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/09 Fiscal Year: 12/31/09

\* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number: Provena Green Care Center STATE OF ILLINOIS  
 X. BUILDING AND GENERAL INFORMATION: # 0043449 Report Period Beginning: 01/01/09 Ending: 12/31/09 Page 11

A. Square Feet: 36,000 B. General Construction Type: Exterior Brick Frame Number of Stories: 2

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization  (c) Rent from Completely Unrelated Organization

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization  (c) Rent equipment from Completely Unrelated Organization

E. List all other business entities owned by the operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day trading facilities, day care, independent living facilities, CNA trading facilities, etc.) List entity name, type of business, square footage, and number of beds, units available (where applicable).

F. Does this cost report reflect any organizational or pre-operating costs which are being amortized?  YES  NO  
 (Yes, please complete the following):

1. Total Amount Incurred: \_\_\_\_\_
2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_
3. Current Period Amortization: \_\_\_\_\_
4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the full amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1				140,000
2				150,000
3				150,000
TOTALS				440,000

**MOVING COSTS (excluding)**  
 B. Building Depreciation-Including Fixed Equipment (See instruction) Round all numbers to nearest dollar.

Code	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

\*Total beds on this schedule must agree with page 2  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number: Provena Geneva Care Center  
 XT OWNERSHIP COSTS (General)

STATE OF ILLINOIS  
 # 004446

Report Period Beginning: 01/01/09

Ending: 12/31/09

Page 114

1	2	3	4	5	6	7	8	9	10
Impairment Type**	Year	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37 NEW FLOODING FOR PRAYER	2006	31,168	4,133	15	2,074		17,094	37	
38 NEW ELECTRICAL PANELS	2006	14,319	908	15	968		13,351	38	
39 ROOF REPAIRS ON 100-300 &	2006	12,385	1,389	10	1,239		11,146	39	
40								40	
41 PARKING LOT SEALCOAT RESURFACE OVERLAY REPAIRS	2007	60,490	6,324	8	6,314		1,176	41	
42 STRAINE COOLING UNITS	2007	44,562	2,591	17	2,591		1,176	42	
43 NEW AUTO SLIDING DOORS IN ENTRYWAY	2007	42,276	4,835	10	4,835		1,176	43	
44 CONSTRUCTION ELECTRICAL/WINDOWS TO OPEN PROCHOW	2007	30,055	1,317	15	1,317		1,176	44	
45 CONVERSION OF 1ST TO 2ND	2007	3,250	219	15	219		219	45	
46 PHONE SYSTEM PORT INSTALL	2007	1,712	171	10	171		171	46	
47								47	
48								48	
49								49	
50								50	
51								51	
52								52	
53								53	
54								54	
55								55	
56								56	
57								57	
58								58	
59								59	
60								60	
61								61	
62								62	
63								63	
64								64	
65								65	
66								66	
67								67	
68								68	
69								69	
70								70	
TOTAL (Lines 4 thru 69)		6,189,198	146,362		159,308	2,784	1,377,516		

\*\*Impairment type must be classified in order for US-GAAP report to be considered complete.

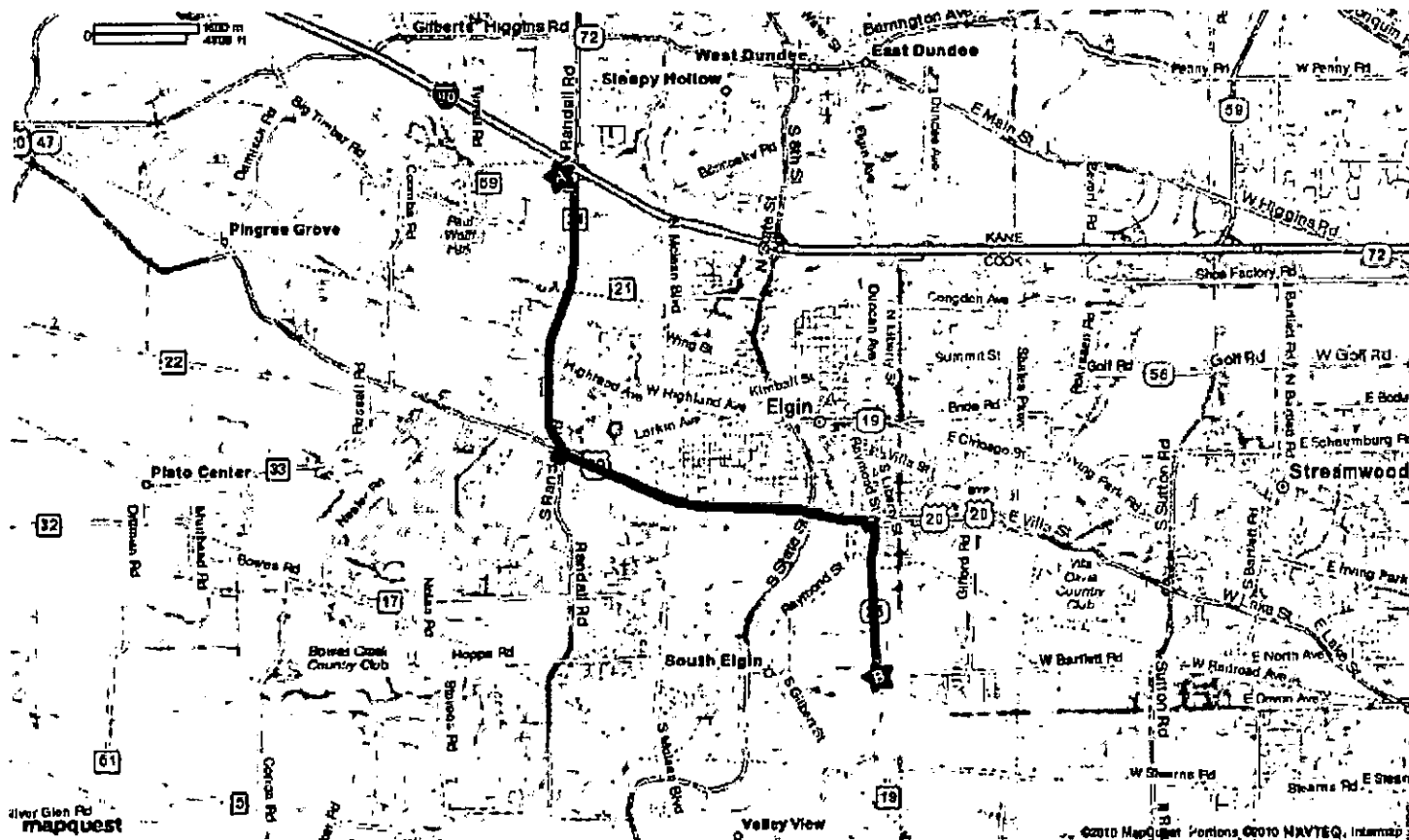
# MAPQUEST.

Sorry! When printing directly from the browser, your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

**A** Starting Location  
**1754 Capital St**  
 Elgin, IL 60124-7890

**B** Ending Location  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 14 minutes / 9.42 miles Fuel Cost [Calculate](#)



**A** 1754 Capital St Fd  
 Elgin, IL 60124-7890

-  **START** Start out going **SOUTHEAST** on  
**1. CAPITAL ST** toward **WESTFIELD DR.** 0.2 mi
-  **2. Turn LEFT** onto **WESTFIELD DR.** 0.1 mi
-  **3. WESTFIELD DR** becomes **MASON RD.** 0.0 mi
-  **4. Turn RIGHT** onto **N RANDALL RD/CR-34 S.** 3.4 mi
-   **5. Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY** toward **ELGIN/CHICAGO.** 3.8 mi
-  **6. Take the ramp** toward **IL-25.** 0.1 mi
-  **7. Stay STRAIGHT** to go onto **GRACE ST.** 0.0 mi
-  **8. Turn LEFT** onto **BLUFF CITY BLVD.** 0.1 mi



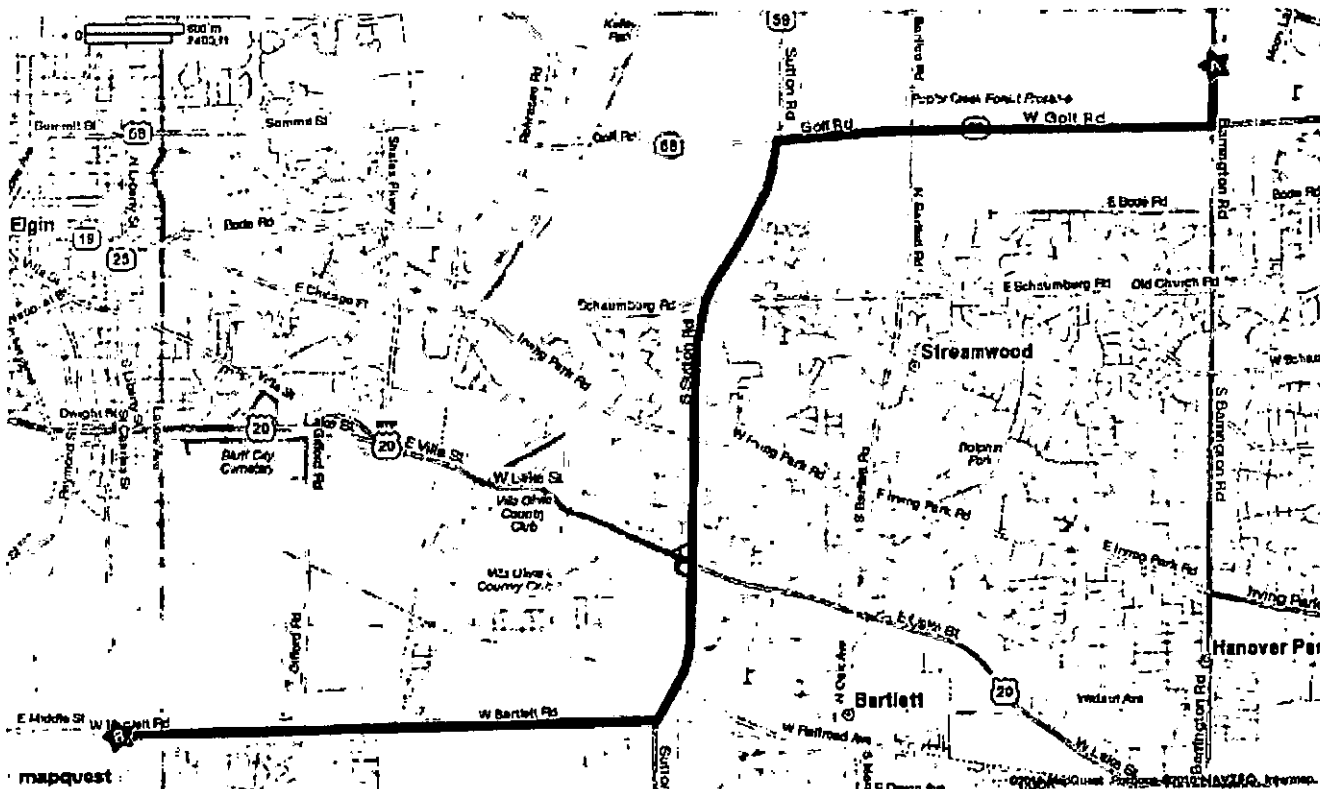


Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

**Starting Location**  
**1545 Barrington Rd**  
 Hoffman Estates, IL 60169-1018

**Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 14 minutes / 9.71 miles Fuel Cost: [Calculate](#)



**1545 Barrington Rd** [Edit](#)  
 Hoffman Estates, IL 60169-1018

- Start out going SOUTH on  
**1. BARRINGTON RD toward W GOLF RD/IL-58.** 0.4 mi
- 2. Turn RIGHT onto IL-58/W GOLF RD.** 2.5 mi
- 3. Turn LEFT onto IL-59/SUTTON RD.** 3.7 mi
- 4. Turn RIGHT onto W BARTLETT RD.** 3.1 mi
- 5. E MIDDLE ST & IL ROUTE 25.**

**E Middle St & Il Route 25** [Edit](#)  
 South Elgin, IL 60177

Total Travel Estimate: 14 minutes / 9.71 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

**ALDEN-POPLAR CREEK REHAB & CARE**

1545 BARRINGTON ROAD  
 HOFFMAN ESTATES, IL. 60194  
 Reference Numbers Facility ID 6001366  
 Health Service Area 007 Planning Service Area 701

Administrator  
 Janine Ciemny

Contact Person and Telephone  
 Chris Reinhofer  
 773-286-3883

**Registered Agent Information**

Ken Fisch  
 4200 W Peterson Ave, Suite 140  
 Chicago, IL 60646

**FACILITY OWNERSHIP**  
 FOR-PROF CORPORATION

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	11
Mental Illness	27
Developmental Disability	2
Circulatory System	27
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	60
Non-Medical Conditions	0
<b>TOTALS</b>	<b>172</b>

Date Completed  
 4/24/2009

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
									Residents on 1/1/2008	174
Nursing Care	217	193	181	193	172	45	217	217	Total Admissions 2008	374
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	376
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	172
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>217</b>	<b>193</b>	<b>181</b>	<b>193</b>	<b>172</b>	<b>45</b>	<b>217</b>	<b>217</b>		

**FACILITY UTILIZATION - 2008**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	12191	15.3%	42809	53.9%	0	1622	6049	0	62671	78.9%	88.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>12191</b>	<b>15.3%</b>	<b>42809</b>	<b>53.9%</b>	<b>0</b>	<b>1622</b>	<b>6049</b>	<b>0</b>	<b>62671</b>	<b>78.9%</b>	<b>88.7%</b>

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

AGE GROUPS	NURSING CARE		SKL 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	1	0	0	0	0	0	0	0	1	1
45 to 59	8	3	0	0	0	0	0	0	8	3	11
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	18	48	0	0	0	0	0	0	16	48	64
85+	11	58	0	0	0	0	0	0	11	58	69
<b>TOTALS</b>	<b>44</b>	<b>128</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>	<b>128</b>	<b>172</b>

**ALDEN-POPLAR CREEK REHAB & CARE**

1545 BARRINGTON ROAD  
HOFFMAN ESTATES, IL. 60194

Reference Numbers Facility ID 6001366

Health Service Area 007 Planning Service Area 701

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	34	116	0	3	19	0	172
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>34</b>	<b>116</b>	<b>0</b>	<b>3</b>	<b>19</b>	<b>0</b>	<b>172</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	274
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	164	0	0	0	164
Race Unknown	1	0	0	0	1
<b>Total</b>	<b>172</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>172</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	1	0	0	0	1
<b>Total</b>	<b>172</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>172</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.52
LPN's	7.77
Certified Aides	31.73
Other Health Staff	0.00
Non-Health Staff	34.19
<b>Totals</b>	<b>91.21</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
42.0%	40.0%	2.0%	4.8%	11.2%	100.0%		0.0%
5,458,803	5,191,896	261,034	620,607	1,454,829	12,987,169	0	

E. List all services provided by your facility for non-patients (e.g., day care, "meals on wheels", outpatient therapy) done

F. Does the facility maintain a daily midnight census? Yes  No

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES  NO

I. On what date did you start providing long term care at this location? Date started: 05/01/88

J. Was the facility purchased or leased after January 1, 1978? YES  NO

K. Was the facility certified for Medicare during the reporting year? YES  NO  If YES, enter number of beds certified: 217 and days of care provided: 11,826

Medicare Intermediary: National Government Services, Inc.

IV. ACCOUNTING BASIS  
 ACCRUAL  MODIFIED CASH  CASH

Is your fiscal year identical to year on file? YES  NO

Tax Year: 12/31/89 Fiscal Year: 12/31/89

\* All facilities other than governmental must report on the accrual basis.

III. STATISTICAL DATA

A. Licensed (Classification level(s) of care; enter number of bed/hold days, (must agree with license). Date of change in licensed beds

1	2	3	4
Bed(s) at Beginning of Report Period	Licensed Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
1	SNP	317	79,265
2	Skilled Facility (SNF/PED)		
3	Intermediate (ICF)		
4	Intermediate/ID		
5	Skilled Care (SC)		
6	ICF/DD 16 or Less		
7	TOTALS	317	79,265

B. Census For the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
8	Medicaid			
9	SNF	23,590	15,659	43,763
10	ICF	4,674		4,674
11	ICF/DD	15,317	0	17,361
12	SC			
13	DD 16 OR LESS			
14	TOTALS	39,047	15,659	61,124

C. Percent Occupancy (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 77.17%

A. Square Feet: 249,325 B. General Construction Type:  (a) Own the Facility  (b) Rent from a Related Organization  (c) Rent from Completely Unrelated Organization  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization  (c) Rent from Completely Unrelated Organization  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization  (c) Rent equipment from Completely Unrelated Organization

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to the nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None

F. Does this cost represent any organizations or pre-operating costs which are being amortized?  
 If so, please complete the following:  
 1. Total Amount Incurred:  YES  NO  
 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Date Incurred: \_\_\_\_\_

Nature of Costs:  
 (Attach a complete schedule itemizing the total amount of organizations and pre-operating costs.)

X1 OWNERSHIP COSTS:

A. Land

1	2	3	4
Type	Square Feet	Year Acquired	Cost
1	Nursing facility	1973	90,500
2			
3	TOTALS		90,500

4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Bed#	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation														
217	1998	1980	9,345.60	230.692	40	230.652		3,452.849														
FOR BHP USE ONLY																						
1			11,669		25			13,868														
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
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22																						
23																						
24																						
25																						
26																						

See Page 12A, Line 70 for total

\* Total book on this schedule must agree with page 2.  
 \*\* Improvement type must be deduced in order for the cost report to be considered complete

Item	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
37	Welded steel pipe wall and deck	1988	1,773		5			1,773
38	A&B new overhead crane and floor cover	1988	1,650		5			1,650
39	CEILING, SHEDGE and floor supplies	1988	1,250		19			1,250
40	CEILING, SHEDGE and floor supplies	1988	1,250	152	15	152		1,100
41	CEILING, SHEDGE and floor supplies	1988	1,250		10			1,250
42	CEILING, SHEDGE and floor supplies	1988	1,250	37,253	5-20	37,253		58,745
43	A&B	1992	18,050		10			18,050
44	Alpha Systems in tubs and	1999	9,311	793	30	793		8,518
45	CEILING, SHEDGE and floor cover	1999	1,278	101	10	101		1,177
46	Firewater fire & smoke detectors	1999	6,542	543	10	543		6,000
47	CEILING, SHEDGE and floor cover	1999	1,272	125	15	125		1,147
48	CEILING, SHEDGE and floor cover	1999	1,331	102	15	102		1,229
49	CEILING, SHEDGE and floor cover	1999	1,936		5			1,936
50	A&B - concrete	1999	12,735	849	15	849		11,886
51	CEILING, SHEDGE and floor cover	1999	5,725		10			5,725
52	CEILING, SHEDGE and floor cover	2000	1,863	124	15	124		1,739
53	New floor	2000	521		3			521
54	New floor	2000	697		3			697
55	New floor	2000	714		3			714
56	New floor	2000	824		3			824
57	New floor	2000	1,210	122	10	122		1,088
58	Alden Deck	2000	5,500	275	20	275		5,225
59	Welder Night-Scheduler in B&B	2000	4,800	267	15	267		4,533
60	Welder Night-Scheduler in B&B	2000	19,211		5			19,211
61	B&B window treatment	2000	1,500		5			1,500
62	Equipment for central J/c	2000	1,864		5			1,864
63	A&B window and door repair in 1st floor approx.	1995	5,788		5			5,788
64								
65								
66								
67								
68								
69								
70	TOTAL Items # thru 69		\$ 117,653.59	\$ 3,083.47		\$ 3,083.47		\$ 120,737.06

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9
Investment Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Washburn Pys. Lab. Control Room	2000	11,359,279	508,947	3	3,786,293		3,277,346	1
2 Washburn Lab. Storage Office	2000	928		3	309,517		309,517	2
3 Washburn Lab. Storage Office	2000	1,530		3			1,530	3
4 Washburn Lab. Storage Office	2000	2,356		3			2,356	4
5 Washburn Lab. Storage Office	2000	3,027		3			3,027	5
6 ABC misc. construction work	2000	1,036		3			1,036	6
7 Equipment for research	2000	1,036		3			1,036	7
8 Equipment for research	2000	1,036		3			1,036	8
9 Washburn Lab. Storage Office	2001	573		3			573	9
10 CAPS - Phumblin	2001	2,585	137	19	577		2,008	10
11 Aiden Health Construction (misc. work)	2001	6,817		3			6,817	11
12 Aiden Health Construction (misc. work)	2001	2,180		3			2,180	12
13 CAPS - Phumblin (misc. work)	2001	1,565		3			1,565	13
14 Aiden Health Construction (misc. work)	2001	4,309	310	15	210		4,099	14
15 Fire Protection (misc. work)	2001	1,639	165	18	165		1,474	15
16 Mechanical (misc. work)	2001	2,793		3			2,793	16
17 The Home Services (misc. work)	2001	2,315		3			2,315	17
18 CAPS - Phumblin (misc. work)	2002	2,970		3			2,970	18
19 ABC - Phumblin (misc. work)	2002	273		3			273	19
20 Aiden Health Construction (misc. work)	2002	6,817		3			6,817	20
21 Aiden Health Construction (misc. work)	2002	1,845		3			1,845	21
22 CAPS - Phumblin (misc. work)	2002	1,635		3			1,635	22
23 CAPS - Phumblin (misc. work)	2002	2,505	251	18	251		2,254	23
24 CAPS - Phumblin (misc. work)	2002	7,709	777	18	777		6,932	24
25 Aiden Health Construction (misc. work)	2002	3,172		3			3,172	25
26 CAPS - Phumblin (misc. work)	2002	2,505		3			2,505	26
27 CAPS - Phumblin (misc. work)	2002	5,337		3			5,337	27
28 CAPS - Phumblin (misc. work)	2002	3,808	381	16	381		3,427	28
29 CAPS - Phumblin (misc. work)	2002	2,540	278	18	278		2,262	29
30 CAPS - Phumblin (misc. work)	2002	1,651	165	18	165		1,486	30
31 CAPS - Phumblin (misc. work)	2002	1,651	165	18	165		1,486	31
32 CAPS - Phumblin (misc. work)	2002	1,651	165	18	165		1,486	32
33 TOTAL (Lines 1 thru 32)		1,382,331	3,973,566		3,973,566		4,695,309	33

\*\* Investment type must be detailed in order for the cost report to be considered complete.



Item	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Storable Line Depreciation	Adjustments	Accumulated Depreciation
1	Electrical Panel 120 Amps	2003	11,203.87	207.56	10	207.56		207.56
2	Water Treatment Construction (See Insurances)	2003	4,333	378	1	378		378
3	Alden Building Construction (See Insurances)	2003	5,731	973	10	973		973
4	Alden Building Construction (See Insurances)	2003	2,253	193	10	193		193
5	CSL Color Services (Refrigerator repair)	2003	5,283		5			5,283
6	CSL Color Services (Washing and repair)	2003	4,433		5			4,433
7	Printer (A/C) (MS. Billings) (See Insurances)	2003	1,233		5			1,233
8	GT Mechanical (plumbing repair)	2003	2,511		5			2,511
9	Alden Building Construction (See Insurances)	2003	1,237		5			1,237
10	GT Mechanical (plumbing repair)	2004	2,810	47	5	47		2,857
11	GT Mechanical (plumbing repair)	2004	1,267	23	5	23		1,290
12	GT Mechanical (plumbing repair)	2004	2,055	270	5	270		2,325
13	GT Mechanical (plumbing repair)	2004	2,659	325	5	325		2,984
14	Alden Building Construction (See Insurances)	2004	1,133	106	5	106		1,239
15	GT Mechanical (plumbing repair)	2005	1,090	325	5	325		1,415
16	System Electric (electrical work)	2005	1,216	216	5	216		1,432
17	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
18	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
19	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
20	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
21	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
22	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
23	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
24	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
25	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
26	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
27	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
28	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
29	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
30	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
31	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
32	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
33	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
34	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
35	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
36	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
37	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
38	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
39	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
40	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
41	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
42	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
43	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
44	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
45	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
46	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
47	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
48	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
49	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
50	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
51	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
52	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
53	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
54	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
55	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
56	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
57	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
58	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
59	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
60	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
61	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
62	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
63	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
64	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
65	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
66	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
67	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
68	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
69	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
70	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
71	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
72	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
73	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
74	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
75	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
76	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
77	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
78	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
79	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
80	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
81	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
82	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
83	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
84	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
85	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
86	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
87	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
88	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
89	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
90	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
91	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
92	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
93	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
94	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
95	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
96	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
97	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
98	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
99	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
100	GT Mechanical (plumbing repair)	2005	1,216	216	5	216		1,432
TOTAL			1,216,000	318,384		318,384		4,654,324

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Improvement Type**	Year Constructed	CMV	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1. Kitchen Equip. Remodeling	1978	12,888.75	314,284	5	2,585,294		16,167
2. Kitchen Equip. Remodeling	1978	10,169		5			427,724
3. Kitchen Equip. Remodeling	1978	10,222		5			16,122
4. Kitchen Equip. Remodeling	1978	8,96		5			836
5. Kitchen Equip. Remodeling	1978	3,681		5			2,681
6. Kitchen Equip. Remodeling	1978	1,977	187	16	187		2,311
7. Kitchen Equip. Remodeling	1978	1,037	64	16	64		931
8. Kitchen Equip. Remodeling	1978	1,609	152	10	152		1,766
9. Kitchen Equip. Remodeling	1978	659	36	7	36		53
10. Kitchen Equip. Remodeling	1978	575	54	5	54		47
11. Kitchen Equip. Remodeling	1978	739	75	9	75		316
12. Kitchen Equip. Remodeling	1978	2,715	241	7	241		1,745
13. Kitchen Equip. Remodeling	1978	460	83	10	83		458
14. Kitchen Equip. Remodeling	1978	91	23	7	23		77
15. Kitchen Equip. Remodeling	1978	331	67	7	67		155
16. Kitchen Equip. Remodeling	1978	548	64	7	64		87
17. Kitchen Equip. Remodeling	1978	793	15	7	15		15
18. Kitchen Equip. Remodeling	1978	3,555		7			5,555
19. Kitchen Equip. Remodeling	1978	318	42	7	42		289
20. Kitchen Equip. Remodeling	1978	8,977	1,238	7	1,238		8,748
21. Kitchen Equip. Remodeling	1978	6,067	153	30	153		1,724
22. Kitchen Equip. Remodeling	1978	2,699	117	20	117		1,238
23. Kitchen Equip. Remodeling	1978	31		3			31
24. Kitchen Equip. Remodeling	1978	39		3			39
25. Kitchen Equip. Remodeling	1978	30		3			30
26. Kitchen Equip. Remodeling	1978	301	(22)		(22)		(22)
27. Kitchen Equip. Remodeling	1978	(203)	(4)		(4)		(4)
28. Kitchen Equip. Remodeling	1978						
29. Kitchen Equip. Remodeling	1978						
30. Kitchen Equip. Remodeling	1978						
31. Kitchen Equip. Remodeling	1978						
32. Kitchen Equip. Remodeling	1978						
33. Kitchen Equip. Remodeling	1978						
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35. Kitchen Equip. Remodeling	1978						
36. Kitchen Equip. Remodeling	1978						
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93. Kitchen Equip. Remodeling	1978						
94. Kitchen Equip. Remodeling	1978						
95. Kitchen Equip. Remodeling	1978						
96. Kitchen Equip. Remodeling	1978						
97. Kitchen Equip. Remodeling	1978						
98. Kitchen Equip. Remodeling	1978						
99. Kitchen Equip. Remodeling	1978						
100. Kitchen Equip. Remodeling	1978						
TOTAL (lines 1 thru 33)		\$ 12,069,265	\$ 317,033		\$ 331,003		\$ 4,734,639

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Impvements/Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1 Utility from Hwy. 110. Calculated backward	2007	12,065.00	31,000.00	10	315.00		893.00
2 Jerr's Central office center	2007	3,183.00	31,000.00	10	315.00		1,119.00
3 ABC - Parking lot center	2007	7,083.00	789.00	10	708.30		2,811.00
4 ABC - new asphalt driveway	2007	2,528.00	263.00	10	252.80		725.00
5 ABC - new floor	2007	17,058.00	1,705.80	10	1,705.80		4,859.00
6 ABC - new carpet	2007	4,559.00	911.80	5	911.80		1,311.00
7 ABC - new carpet	2007	4,559.00	2,279.50	2	2,279.50		10,097.00
8 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
9 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
10 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
11 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
12 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
13 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
14 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
15 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
16 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
17 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
18 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
19 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
20 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
21 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
22 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
23 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
24 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
25 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
26 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
27 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
28 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
29 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
30 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
31 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
32 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
33 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
34 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
35 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
36 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
37 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
38 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
39 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
40 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
41 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
42 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
43 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
44 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
45 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
46 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
47 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
48 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
49 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
50 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
51 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
52 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
53 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
54 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
55 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
56 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
57 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
58 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
59 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
60 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
61 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
62 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
63 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
64 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
65 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
66 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
67 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
68 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
69 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
70 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
71 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
72 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
73 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
74 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
75 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
76 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
77 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
78 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
79 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
80 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
81 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
82 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
83 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
84 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
85 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
86 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
87 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
88 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
89 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
90 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
91 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
92 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
93 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
94 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
95 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
96 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
97 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
98 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
99 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
100 ABC - new carpet	2007	2,528.00	252.80	10	252.80		2,187.00
TOTAL (Lines 1 thru 100)		\$ 1,216,261	\$ 547,210		\$ 547,210		\$ 1,394,874

\*\*Improvements type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment (See instructions.) Round all numbers to nearest dollar.

Line	Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	Leads from Post-125 Unleaded Engine	2008	12,346.15	347,220	10	12,346.15		12,346.15
2	ABC - new floor hardware - shelving unit removed	2004	16,312	1,631	10	1,631		1,631
3	ABC - service sign	2004	1,632	163	10	163		163
4	ABC - new HVAC - unit	2008	6,454	645	10	645		645
5								
6								
7	WVA - VAC - SPA - VENT	2008	17,195	1,719	10	1,719		1,719
8	ABC - new sign	2008	1,243	124	10	124		124
9	ABC - new sign	2008	1,243	124	10	124		124
10	ABC - new sign	2008	1,243	124	10	124		124
11	ABC - new sign	2008	1,243	124	10	124		124
12	ABC - new sign	2008	1,243	124	10	124		124
13	ABC - new sign	2008	1,243	124	10	124		124
14	ABC - new sign	2008	1,243	124	10	124		124
15	ABC - new sign	2008	1,243	124	10	124		124
16	ABC - new sign	2008	1,243	124	10	124		124
17	ABC - new sign	2008	1,243	124	10	124		124
18	ABC - new sign	2008	1,243	124	10	124		124
19	ABC - new sign	2008	1,243	124	10	124		124
20	ABC - new sign	2008	1,243	124	10	124		124
21	ABC - new sign	2008	1,243	124	10	124		124
22	ABC - new sign	2008	1,243	124	10	124		124
23	ABC - new sign	2008	1,243	124	10	124		124
24	ABC - new sign	2008	1,243	124	10	124		124
25	ABC - new sign	2008	1,243	124	10	124		124
26	ABC - new sign	2008	1,243	124	10	124		124
27	ABC - new sign	2008	1,243	124	10	124		124
28	ABC - new sign	2008	1,243	124	10	124		124
29	ABC - new sign	2008	1,243	124	10	124		124
30	ABC - new sign	2008	1,243	124	10	124		124
31	ABC - new sign	2008	1,243	124	10	124		124
32	ABC - new sign	2008	1,243	124	10	124		124
33	ABC - new sign	2008	1,243	124	10	124		124
34	TOTAL (lines 1 thru 33)		12,997.64	12,997.64		12,997.64		12,997.64

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

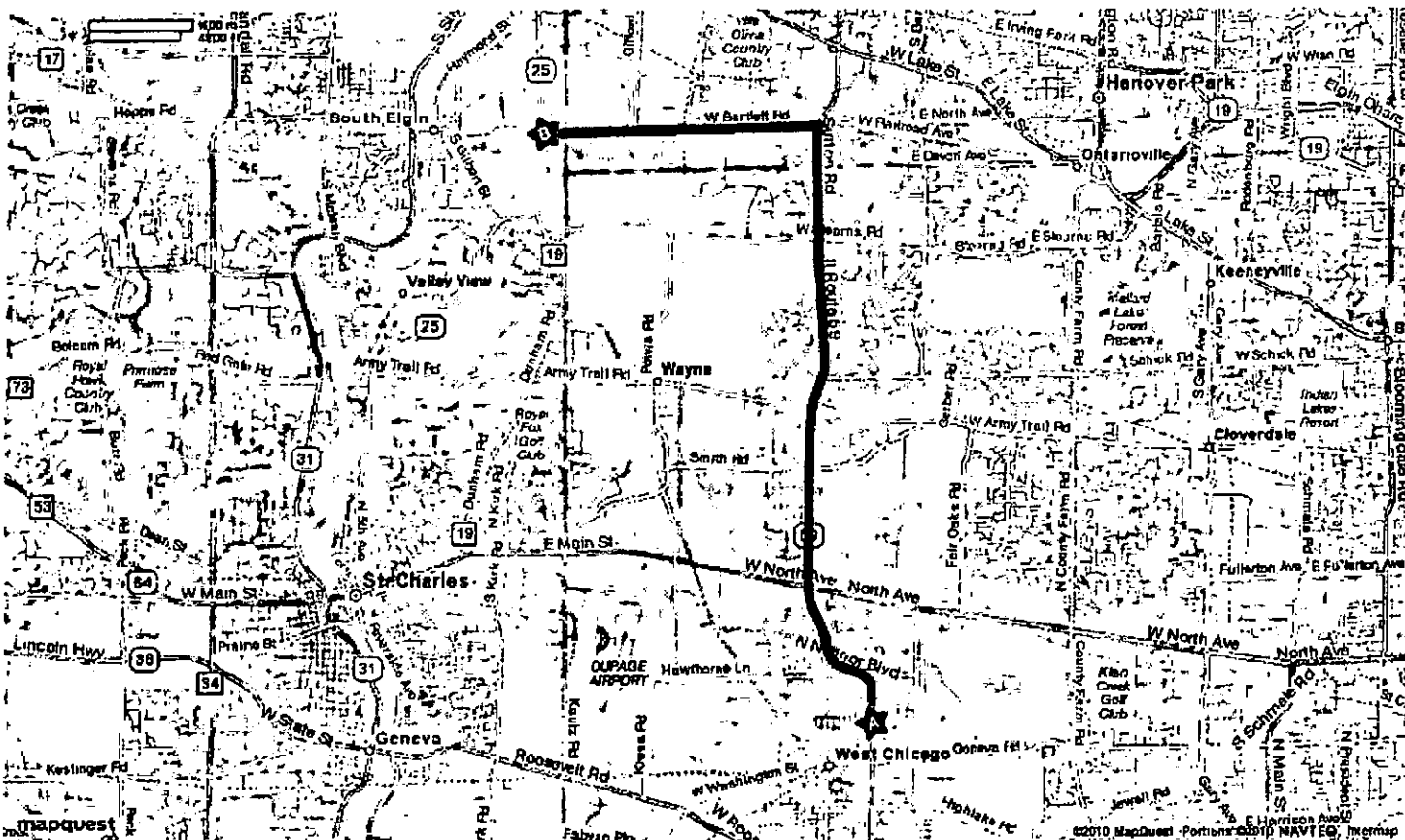
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

**A** Starting Location  
**[1n300-1n399] N Neltnor Blvd**  
 West Chicago, IL 60185

**B** Ending Location  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 15 minutes / 10.55 miles Fuel Cost: [Calculate](#)



**A** **[1n300-1n399] N Neltnor Blvd**  
 West Chicago, IL 60185

- START** 1. Start out going NORTH on IL-59/N NELTNOR BLVD toward NATIONAL ST/NATIONAL AVE. Continue to follow IL-59. 7.4 mi
- LEFT** 2. Turn LEFT onto W BARTLETT RD. 3.1 mi
- END** 3. E MIDDLE ST & IL ROUTE 25.

**B** **E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 15 minutes / 10.55 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability, or expediency. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

WOOD GLEN NURSING & REHAB CTR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
30 WEST 300 NORTH AVENUE		Aggressive/Anti-Social	0	DIAGNOSIS		
WEST CHICAGO, IL. 60185		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6001713	Developmentally Disabled	1	Endocrine/Metabolic	15	
Health Service Area 007	Planning Service Area 703	Drug Addiction	0	Blood Disorders	7	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	10	
Jeffrey S White		Medicare Recipient	0	Alzheimer Disease	3	
		Mental Illness	0	Mental Illness	103	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	4	
Trisha Goodnough		Non-Mobile	0	Circulatory System	18	
630-876-8100	Date Completed	Public Aid Recipient	0	Respiratory System	3	
	4/9/2009	Under 65 Years Old	0	Digestive System	8	
Registered Agent Information		Unable to Self-Medicate	0	Genitourinary System Disorders	4	
		Ventilator Dependent	0	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8	
		Other Restrictions	1	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	19	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			TOTALS	200
LIMITED LIABILITY CO						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	207	207	207	207	200	7	207	207	Total Admissions 2008	196
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	82
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	78
Sheltered Care	0	0	0	0	0	0	0	0		200
<b>TOTAL BEDS</b>	<b>207</b>	<b>207</b>	<b>207</b>	<b>207</b>	<b>200</b>	<b>7</b>	<b>207</b>	<b>207</b>		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2043	2.7%	67695	89.4%	0	27	3833	0	73598	97.1%	97.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>2043</b>	<b>2.7%</b>	<b>67695</b>	<b>89.4%</b>	<b>0</b>	<b>27</b>	<b>3833</b>	<b>0</b>	<b>73598</b>	<b>97.1%</b>	<b>97.1%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008												
AGE GROUPS	NURSING CARE		SKL 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	41	19	0	0	0	0	0	0	41	19	60	
45 to 59	36	22	0	0	0	0	0	0	36	22	58	
60 to 64	8	15	0	0	0	0	0	0	8	15	23	
65 to 74	19	15	0	0	0	0	0	0	19	15	34	
75 to 84	4	11	0	0	0	0	0	0	4	11	15	
85+	1	9	0	0	0	0	0	0	1	9	10	
<b>TOTALS</b>	<b>109</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>	<b>91</b>	<b>200</b>	

**WOOD GLEN NURSING & REHAB CTR**

30 WEST 300 NORTH AVENUE  
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6001713

Health Service Area 007 Planning Service Area 703

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	7	183	0	0	10	0	200	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
<b>TOTALS</b>	<b>7</b>	<b>183</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>200</b>	

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawallan/Pac. Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>200</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>200</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	191	0	0	0	191
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>200</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>200</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	4.00
Certified Aides	19.00
Other Health Staff	14.00
Non-Health Staff	37.00
<b>Totals</b>	<b>87.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.2%	88.4%	0.0%	0.1%	4.4%	100.0%		0.0%
648,530	8,002,482	0	8,753	407,584	9,267,349	0	

III. STATISTICAL DATA

A. Licensee/certification level(s) of care, enter number of beds, bed days, (must agree with license), Date of change in licensed beds

1	2	3	4
Beginning of Report Period	Licensee Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
1	Skilled (SNP)	207	75,855
2	Skilled Pediatric (SNP/PED)		
3	Intermediate (ICF)		
4	Intermediate/OD		
5	Skilled Care (SC)		
6	ICF/OD 16 or Less		
7	TOTALS	207	75,855

B. Census-For the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Other	Total	
8 SNP	Medical 67,253		67,253	8
9 SNF/PED		1,340	1,340	9
10 JCF		4,745	4,745	10
11 ICF/OD				11
12 SC				12
13 OD 16 OR LESS				13
14 TOTALS	67,253	4,745	72,000	14

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4) **97.07%**

E. List all services provided by your facility for non-patients (E.g.-day care, "meals on wheels", outpatient therapy)  
**N/A**

F. Does the facility maintain a daily midnight census? **YES**

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
 YES  NO

H. Does the BALANCE SHEET (page 12) reflect any non-cash assets?  
 YES  NO

I. On what date did you start providing long term care at this location?  
 Date entered **3/2/95**

J. Was the facility purchased or leased after January 1, 1978?  
 YES  NO

K. Was the facility certified for Medicare during the reporting year?  
 YES  NO  If YES, enter number of beds certified **207** and days of care provided **1,278**

Medicare Intermediary: **NATIONAL GOVERNMENT SERVICES**

IV. ACCOUNTING BASIS  
 ACCRUAL  CASH

Is your fiscal year identical to your tax year?  
 YES  NO

Tax Year: **12/31/99** Fiscal Year: **12/31/99**  
 \* All facilities other than Governmental must report on the accrual basis.



Facility Name & ID Number: WOOD GLEN NURSING & REHAB CTR  
 X-BI ADING AND GENERAL INFORMATION:

STATE OF ILLINOIS Report Period Beginning: 1/1/09 Ending: 12/31/09  
 # 0049315

Page 11

- A. Square Feet: \_\_\_\_\_ B. General Description Type: \_\_\_\_\_ Exterior \_\_\_\_\_ Frame \_\_\_\_\_ Number of Stories \_\_\_\_\_
- C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.
- (Facilities checking (a) or (b) must complete Schedule XI, Those checking (c) may complete Schedule XI or Schedule XI-A. See instructions.)
- D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.
- (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XI-B. See instructions.)
- E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If no, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 A. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI OWNERSHIP COSTS

A. Land:

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Facility		1993	485,000
2				
3	TOTALS			485,000

B. Building Depreciable Leasing Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Build#	FOR BNF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment (RMV)	Accumulated Depreciation
1		1995		3,087,715	78,245	20	87,632		1,753,578
2									
3									
4									
5									
6									
7									
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40									
41									
42									
43									
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45									
46									
47									
48									
49									
50									

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.  
 See Page 12A, Line 70 for total.

Improvement Type**	Year	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
31 LOBBY IMPROVEMENTS	1997	3,330		20	189	188	1,068
32 WATER HEATER	1997	4,100		10	208	208	2,081
33 CONTRACTOR	1997	919		10	46	46	143
34 PUMP	1997	1,587		10	94	94	305
35 PLUMBING SYSTEM	1997	757		10	38	38	124
36 ELECTRIC SERVICE	1997	1,281		10	67	67	282
37 ROOF	1997	1,084		10	56	56	187
38 AIR CONDITIONING	1997	612		10	31	31	98
39 SERVICE CONTRACT	1997	718		10	35	35	1,584
40 PIPING SYSTEMS	1997	692		10	35	35	449
41 PLUMBING	2000	6,380		10	320	310	1,126
42 WATER HEATER	2000	1,234		10	62	62	392
43 WATER	2000	1,244		10	62	62	592
44 PLUMBING	2000	1,740		10	87	87	1,728
45 FLOOR	2000	5,275		10	261	261	2,571
46 PLUMBING	2000	2,219		10	121	121	1,176
47 FLOOR	2000	905		10	45	45	325
48 FLOOR	2000	2,412		10	121	121	1,139
49 WATER DISTRIBUTION	2001	3,370		10	99	99	1,337
50 BURST PIPE & PARTS	2001	1,253		10	61	61	557
51 LOUVER OUTLETS	2001	2,275		10	115	115	316
52 WATER HEATER PIPING	2001	2,597		10	131	131	2,031
53 HOT WATER BOILER	2001	3,580		10	99	99	771
54 BRICK WALL	2001	521		10	27	27	103
55 EXTENSION ROOF	2001	547		10	27	27	103
56 FLOOR	2001	1,031		10	52	52	320
57 FLOOR	2001	1,677		10	84	84	307
58 PHONE CABLES	2001	544		10	27	27	243
59 LIGHTING	2001	1,021		10	51	51	217
60 ELECTRICAL WIRE PER CAP COST ADJUST	2001	750		10	38	38	307
61 HEATING COILING WORK	2001	649		10	32	32	359
62 TOTAL (Lines 4 thru 61)	2001	3,376,451	30,205	10	97,589	171,884	1,247,997

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9	10
Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Strategic Line Depreciation	Adjustments	Accumulated Depreciation		
1	1001	902	80208	20	42	45	139	1	
2	1001	547	547	20	27	27	219	2	
3	1001	503	503	20	45	45	30	3	
4	1001	1444	1444	20	52	52	119	4	
5	1001	150	150	20	32	32	108	5	
6	1001	8433	8433	20	287	287	2192	6	
7	1001	511	511	20	27	27	249	7	
8	1001	543	543	20	29	29	242	8	
9	1001	943	943	20	45	45	40	9	
10	1001	943	943	20	45	45	108	10	
11	1001	943	943	20	45	45	384	11	
12	1001	943	943	20	45	45	384	12	
13	1001	943	943	20	45	45	384	13	
14	1001	943	943	20	45	45	384	14	
15	1001	943	943	20	45	45	384	15	
16	1001	1240	1240	20	70	70	24	16	
17	1001	1038	1038	20	51	51	57	17	
18	1002	2250	2250	16	225	225	148	18	
19	1002	2529	2529	10	131	131	287	19	
20	1002	1348	1348	10	131	131	982	20	
21	1002	1240	1240	10	121	121	920	21	
22	1002	858	858	10	53	53	31	22	
23	1002	847	847	10	53	53	31	23	
24	1002	2092	2092	10	60	60	21	24	
25	1002	1560	1560	10	70	70	48	25	
26	1002	2400	2400	10	120	120	120	26	
27	1002	547	547	10	20	20	28	27	
28	1002	150	150	10	30	30	110	28	
29	1002	348	348	10	22	22	208	29	
30	1002	1240	1240	10	61	61	455	30	
31	1002	1240	1240	10	61	61	455	31	
32	1002	1240	1240	10	61	61	455	32	
33	1002	1240	1240	10	61	61	455	33	
34	1002	1240	1240	10	61	61	455	34	
35	1002	1240	1240	10	61	61	455	35	
36	1002	1240	1240	10	61	61	455	36	
37	1002	1240	1240	10	61	61	455	37	
38	1002	1240	1240	10	61	61	455	38	
39	1002	1240	1240	10	61	61	455	39	
40	1002	1240	1240	10	61	61	455	40	
41	1002	1240	1240	10	61	61	455	41	
42	1002	1240	1240	10	61	61	455	42	
43	1002	1240	1240	10	61	61	455	43	
44	1002	1240	1240	10	61	61	455	44	
45	1002	1240	1240	10	61	61	455	45	
46	1002	1240	1240	10	61	61	455	46	
47	1002	1240	1240	10	61	61	455	47	
48	1002	1240	1240	10	61	61	455	48	
49	1002	1240	1240	10	61	61	455	49	
50	1002	1240	1240	10	61	61	455	50	
51	1002	1240	1240	10	61	61	455	51	
52	1002	1240	1240	10	61	61	455	52	
53	1002	1240	1240	10	61	61	455	53	
54	1002	1240	1240	10	61	61	455	54	
55	1002	1240	1240	10	61	61	455	55	
56	1002	1240	1240	10	61	61	455	56	
57	1002	1240	1240	10	61	61	455	57	
58	1002	1240	1240	10	61	61	455	58	
59	1002	1240	1240	10	61	61	455	59	
60	1002	1240	1240	10	61	61	455	60	
61	1002	1240	1240	10	61	61	455	61	
62	1002	1240	1240	10	61	61	455	62	
63	1002	1240	1240	10	61	61	455	63	
64	1002	1240	1240	10	61	61	455	64	
65	1002	1240	1240	10	61	61	455	65	
66	1002	1240	1240	10	61	61	455	66	
67	1002	1240	1240	10	61	61	455	67	
68	1002	1240	1240	10	61	61	455	68	
69	1002	1240	1240	10	61	61	455	69	
70	1002	1240	1240	10	61	61	455	70	
71	1002	1240	1240	10	61	61	455	71	
72	1002	1240	1240	10	61	61	455	72	
73	1002	1240	1240	10	61	61	455	73	
74	1002	1240	1240	10	61	61	455	74	
75	1002	1240	1240	10	61	61	455	75	
76	1002	1240	1240	10	61	61	455	76	
77	1002	1240	1240	10	61	61	455	77	
78	1002	1240	1240	10	61	61	455	78	
79	1002	1240	1240	10	61	61	455	79	
80	1002	1240	1240	10	61	61	455	80	
81	1002	1240	1240	10	61	61	455	81	
82	1002	1240	1240	10	61	61	455	82	
83	1002	1240	1240	10	61	61	455	83	
84	1002	1240	1240	10	61	61	455	84	
85	1002	1240	1240	10	61	61	455	85	
86	1002	1240	1240	10	61	61	455	86	
87	1002	1240	1240	10	61	61	455	87	
88	1002	1240	1240	10	61	61	455	88	
89	1002	1240	1240	10	61	61	455	89	
90	1002	1240	1240	10	61	61	455	90	
91	1002	1240	1240	10	61	61	455	91	
92	1002	1240	1240	10	61	61	455	92	
93	1002	1240	1240	10	61	61	455	93	
94	1002	1240	1240	10	61	61	455	94	
95	1002	1240	1240	10	61	61	455	95	
96	1002	1240	1240	10	61	61	455	96	
97	1002	1240	1240	10	61	61	455	97	
98	1002	1240	1240	10	61	61	455	98	
99	1002	1240	1240	10	61	61	455	99	
100	1002	1240	1240	10	61	61	455	100	

\*If improvement type must be updated in order for the CPA report to be successful complete.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost (\$)	Current Book Depreciation (\$)	Life in Years	Straight Line Depreciation (\$)	Adjustment (\$)	Accumulated Depreciation (\$)	
1	1983	3,887,932	80,185	5	134,277	34,311	1,508,924	34
2	1983	1,004		5			2,074	3
3	1983	3,000		5			3,000	3
4	1983	1,763		5			1,063	3
5	1983	600		10			543	6
6	1983	2,287		10			1,431	9
7	1983	3,515		5			2,255	3
8	1984	2,519		10			2,252	9
9	1984	7,714		10			5,381	10
10	1984	3,606		10			2,435	11
11	1984	4,702		15			1,540	12
12	1984	3,350		10			3,311	12
13	1984	6,743		10			2,015	15
14	1984	7,322		10			1,767	15
15	1984	6,200		10			1,261	15
16	1984	4,370		15			1,311	15
17	1984	11,231		5			4,850	15
18	1984	24,751		10			3,850	15
19	1984	2,500		10			1,800	15
20	1984	2,500		10			1,800	15
21	1984	2,500		10			1,800	15
22	1984	2,500		10			1,800	15
23	1984	2,500		10			1,800	15
24	1984	2,500		10			1,800	15
25	1984	2,500		10			1,800	15
26	1984	2,500		10			1,800	15
27	1984	2,500		10			1,800	15
28	1984	2,500		10			1,800	15
29	1984	2,500		10			1,800	15
30	1984	2,500		10			1,800	15
31	1984	2,500		10			1,800	15
32	1984	2,500		10			1,800	15
33	1984	2,500		10			1,800	15
34	1984	2,500		10			1,800	15
35	1984	2,500		10			1,800	15
36	1984	2,500		10			1,800	15
37	1984	2,500		10			1,800	15
38	1984	2,500		10			1,800	15
39	1984	2,500		10			1,800	15
40	1984	2,500		10			1,800	15
41	1984	2,500		10			1,800	15
42	1984	2,500		10			1,800	15
43	1984	2,500		10			1,800	15
44	1984	2,500		10			1,800	15
45	1984	2,500		10			1,800	15
46	1984	2,500		10			1,800	15
47	1984	2,500		10			1,800	15
48	1984	2,500		10			1,800	15
49	1984	2,500		10			1,800	15
50	1984	2,500		10			1,800	15
51	1984	2,500		10			1,800	15
52	1984	2,500		10			1,800	15
53	1984	2,500		10			1,800	15
54	1984	2,500		10			1,800	15
55	1984	2,500		10			1,800	15
56	1984	2,500		10			1,800	15
57	1984	2,500		10			1,800	15
58	1984	2,500		10			1,800	15
59	1984	2,500		10			1,800	15
60	1984	2,500		10			1,800	15
61	1984	2,500		10			1,800	15
62	1984	2,500		10			1,800	15
63	1984	2,500		10			1,800	15
64	1984	2,500		10			1,800	15
65	1984	2,500		10			1,800	15
66	1984	2,500		10			1,800	15
67	1984	2,500		10			1,800	15
68	1984	2,500		10			1,800	15
69	1984	2,500		10			1,800	15
70	1984	2,500		10			1,800	15
71	1984	2,500		10			1,800	15
72	1984	2,500		10			1,800	15
73	1984	2,500		10			1,800	15
74	1984	2,500		10			1,800	15
75	1984	2,500		10			1,800	15
76	1984	2,500		10			1,800	15
77	1984	2,500		10			1,800	15
78	1984	2,500		10			1,800	15
79	1984	2,500		10			1,800	15
80	1984	2,500		10			1,800	15
81	1984	2,500		10			1,800	15
82	1984	2,500		10			1,800	15
83	1984	2,500		10			1,800	15
84	1984	2,500		10			1,800	15
85	1984	2,500		10			1,800	15
86	1984	2,500		10			1,800	15
87	1984	2,500		10			1,800	15
88	1984	2,500		10			1,800	15
89	1984	2,500		10			1,800	15
90	1984	2,500		10			1,800	15
91	1984	2,500		10			1,800	15
92	1984	2,500		10			1,800	15
93	1984	2,500		10			1,800	15
94	1984	2,500		10			1,800	15
95	1984	2,500		10			1,800	15
96	1984	2,500		10			1,800	15
97	1984	2,500		10			1,800	15
98	1984	2,500		10			1,800	15
99	1984	2,500		10			1,800	15
100	1984	2,500		10			1,800	15

\*\*Improvement type must be attached in order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Use in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	1975	3,353,321		28	120,797	39,372	7,509,933	1
2	2002	12,998		10	650	853	4,117	3
3	2002	2,149		10	240	240	1,080	3
4	2002	2,287		10	460	460	1,993	4
5	2002	47,574		13	2,717	2,717	11,433	3
6	2002	3,814		10	241	454	1,269	3
7	2006	2,233		10	332	312	1,247	4
8	2006	2,772		10	447	447	1,713	4
9	2006	2,746		15	453	358	2,202	10
10	2006	2,580		20	235	295	817	11
11	2006	1,251		10	153	165	578	12
12	2006	1,251		10	153	153	1,251	12
13	2006	1,251		10	153	153	1,251	12
14	2006	1,251		10	153	153	1,251	12
15	2006	1,251		10	153	153	1,251	12
16	2007	2,315		10	322	322	1,235	12
17	2007	2,576		15	172	172	242	12
18	2007	4,313		8	566	566	1,213	12
19	2007	2,335		10	259	259	300	12
20	2008	1,623,115		10	162,312	10,825	1,512	12
21	2008	3,100		10	310	310	1,037	12
22	2008	2,597		10	260	260	305	12
23	2008	17,210		10	1,721	1,721	2,312	12
24	2008	9,740		10	974	974	1,252	12
25	2008	2,312		10	231	221	1,157	12
26	2008	6,365		10	637	627	1,157	12
27	2008	6,191		10	619	619	1,157	12
28	2008	8,740		10	874	874	1,252	12
29	2008	6,318		10	632	632	1,157	12
30	2008	1,999		10	199	199	250	12
31	2008	1,106		10	109	109	140	12
32	2008	33,520		10	3,352	1,270	1,701	12
33	2009	1,173,540		10	117,354	7,187	1,291,841	12
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\*\*Improvement type used but identified in order for the cost report to be considered complete.

1	Improvement Type**	2	3	4	5	6	7	8	9
		Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
		Commenced		Depreciation	in Years	Depreciation		Depreciation	
1	Totals Group Part 1210, Current Furnished								
2	CHILDREN REPAIRMENT	2089	1773.00	68.28	10	177.30		137.02	1
3	REMOVE REPAIR RUBBER WALL DETAIL	2089	186.07		10	18.61		18.61	2
4	INSTALL NEW DOORS & MAGNETIC GLASS	2089	638.9		10	63.89		63.89	3
5	BACKUP GENSEP PLANK GOOD ASY. HR. HOSES, FILTER	2089	1208		10	120.8		120.8	4
6	PLUMBING WITH IN CLOSE BATH WASTE	2089	1386		10	138.6		138.6	5
7	TYPE WREST MOVABLE PLANNED BLOWERS	2089	1747		10	174.7		174.7	6
8	BOILER REPAIR	2089	4135		10	413.5		413.5	7
9	BOILER REPAIR	2089	3245		10	324.5		324.5	8
10	SPRINKLER REPAIRS ATG. HEADS	2089	5292		10	529.2		529.2	9
11	SPRINKLER INSPECTION	2089	1243		10	124.3		124.3	10
12	REFURB. COUININE LEANS	2089	715		10	71.5		71.5	11
13							(2834)		12
14									13
15									14
16									15
17									16
18									17
19									18
20									19
21									20
22									21
23									22
24	TOTAL (Lines 1-23)		4387.24	102.94		1533.87	46.91	1259.35	23

\*\*Improvement Type must be detailed in order for the cost report to be transferred correctly.

1	2	3	4	5	6	7	8	9
Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1. Finish from Page 121: Garage Remodel	2004	4287244	108968	15	153287	48919	1579375	
2. PAINTING	2004	34711						
3. BUILDING GLASS/PACTED GLASS PULCHON PIPE	2004	130						
4. FIRE ALARM & SECURITY SYSTEM	2004	400						
5. PAINTING	2004	113						
6. CARPETING	2005	165						
7. BLINDS	2005	1227						
8. REMODELING-FLOOR, LIGHTS, FURNITURE & WALLS	2005	2485						
9. REMODELING-WALL	2005	165						
10. REMODELING-REMODELING	2005	165						
11. REMODELING-REMODELING	2005	165						
12. REMODELING-REMODELING	2005	165						
13. REMODELING-REMODELING	2005	165						
14. REMODELING-REMODELING	2005	165						
15. REMODELING-REMODELING	2005	165						
16. REMODELING-REMODELING	2005	165						
17. REMODELING-REMODELING	2005	165						
18. REMODELING-REMODELING	2005	165						
19. REMODELING-REMODELING	2005	165						
20. REMODELING-REMODELING	2005	165						
21. REMODELING-REMODELING	2005	165						
22. REMODELING-REMODELING	2005	165						
23. REMODELING-REMODELING	2005	165						
24. REMODELING-REMODELING	2005	165						
25. REMODELING-REMODELING	2005	165						
26. REMODELING-REMODELING	2005	165						
27. REMODELING-REMODELING	2005	165						
28. REMODELING-REMODELING	2005	165						
29. REMODELING-REMODELING	2005	165						
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31. REMODELING-REMODELING	2005	165						
32. REMODELING-REMODELING	2005	165						
33. REMODELING-REMODELING	2005	165						
34. REMODELING-REMODELING	2005	165						
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36. REMODELING-REMODELING	2005	165						
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48. REMODELING-REMODELING	2005	165						
49. REMODELING-REMODELING	2005	165						
50. REMODELING-REMODELING	2005	165						
51. REMODELING-REMODELING	2005	165						
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60. REMODELING-REMODELING	2005	165						
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62. REMODELING-REMODELING	2005	165						
63. REMODELING-REMODELING	2005	165						
64. REMODELING-REMODELING	2005	165						
65. REMODELING-REMODELING	2005	165						
66. REMODELING-REMODELING	2005	165						
67. REMODELING-REMODELING	2005	165						
68. REMODELING-REMODELING	2005	165						
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70. REMODELING-REMODELING	2005	165						
71. REMODELING-REMODELING	2005	165						
72. REMODELING-REMODELING	2005	165						
73. REMODELING-REMODELING	2005	165						
74. REMODELING-REMODELING	2005	165						
75. REMODELING-REMODELING	2005	165						
76. REMODELING-REMODELING	2005	165						
77. REMODELING-REMODELING	2005	165						
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79. REMODELING-REMODELING	2005	165						
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81. REMODELING-REMODELING	2005	165						
82. REMODELING-REMODELING	2005	165						
83. REMODELING-REMODELING	2005	165						
84. REMODELING-REMODELING	2005	165						
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89. REMODELING-REMODELING	2005	165						
90. REMODELING-REMODELING	2005	165						
91. REMODELING-REMODELING	2005	165						
92. REMODELING-REMODELING	2005	165						
93. REMODELING-REMODELING	2005	165						
94. REMODELING-REMODELING	2005	165						
95. REMODELING-REMODELING	2005	165						
96. REMODELING-REMODELING	2005	165						
97. REMODELING-REMODELING	2005	165						
98. REMODELING-REMODELING	2005	165						
99. REMODELING-REMODELING	2005	165						
100. REMODELING-REMODELING	2005	165						
TOTAL (Lines 1 thru 100)		4287244	110228		153287	48919	1579375	

\*Improvement type must be identified in order for the final report to be considered complete.



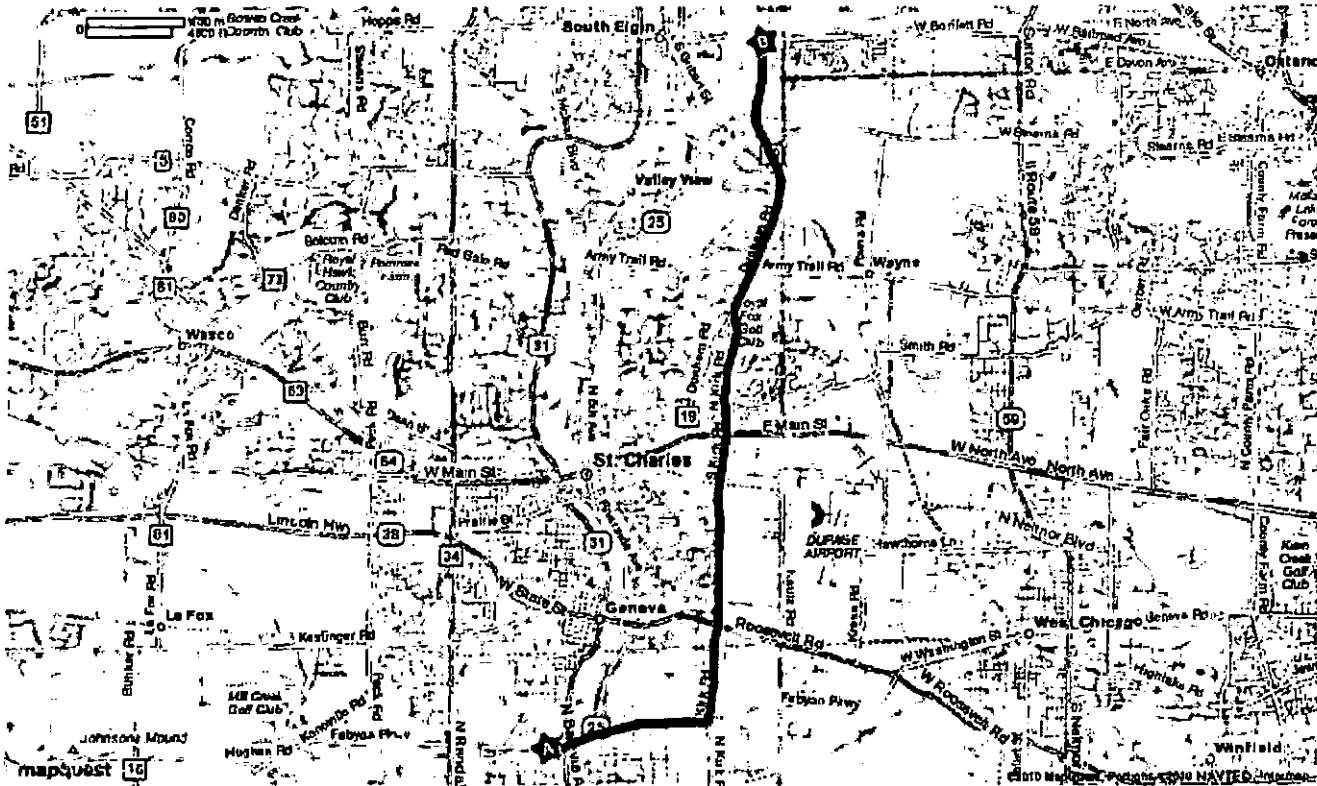


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**A** Starting Location  
**520 W Fabyan Pkwy**  
 Batavia, IL 60510-1245

**B** Ending Location  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 17 minutes / 10.67 miles Fuel Cost: [Calculate](#)



**A** **520 W Fabyan Pkwy** [Edit](#)  
 Batavia, IL 60510-1245

1. Start out going EAST on W FABYAN PKWY/CR-8 toward RIVER ROCK RD. 2.0 mi
2. Turn LEFT onto KIRK RD/CR-77. 5.2 mi
3. KIRK RD/CR-77 becomes DUNHAM RD/CR-19. 2.7 m
4. DUNHAM RD/CR-19 becomes IL-25. 0.9 mi
5. E MIDDLE ST & IL ROUTE 25.

**B** **E Middle St & Il Route 25** [Edit](#)  
 South Elgin, IL 60177

Total Travel Estimate: 17 minutes / 10.67 miles Fuel Cost: [Calculate](#)

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# MAPQUEST.

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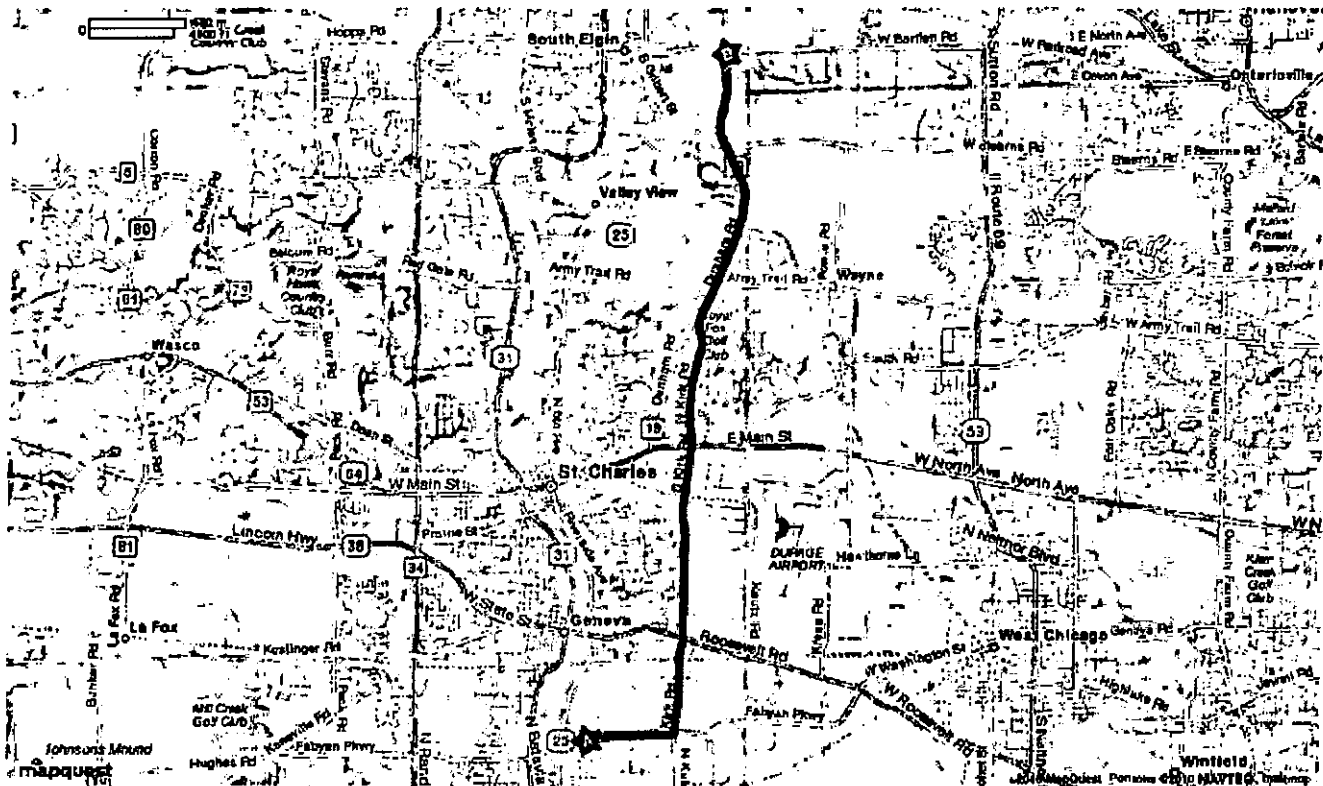
 **Starting Location**

**520 E Fabyan Pkwy**  
Batavia, IL 60510-1323







 **Ending Location**


**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 15 minutes / 9.92 miles Fuel Cost: Calculate



 **520 E Fabyan Pkwy** [\[Edit\]](#)  
Batavia, IL 60510-1323

-  1. Start out going EAST on E FABYAN PKWY/CR-8 toward NAGEL BLVD. 1.1 mi
-  2. Turn LEFT onto KIRK RD/CR-77. 5.2 mi
-  3. KIRK RD/CR-77 becomes DUNHAM RD/CR-19. 2.7 mi
-   4. DUNHAM RD/CR-19 becomes IL-25. 0.9 mi
-  5. E MIDDLE ST & IL ROUTE 25.

 **E Middle St & Il Route 25** [\[Edit\]](#)  
South Elgin, IL 60177

Total Travel Estimate: 15 minutes / 9.92 miles Fuel Cost: Calculate

Directions and maps are informational only. We make no warranty on the accuracy of their content, road conditions or route usability or expediency. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

Batavia Rehab & Hlthcare Ctr.		ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
520 FABYAN PARKWAY		Aggressive/Anti-Social 0	DIAGNOSIS
BATAVIA, IL. 60510		Chronic Alcoholism 0	Neoplasms 1
Reference Numbers	Facility ID 6008171	Developmentally Disabled 0	Endocrine/Metabolic 7
Health Service Area 008	Planning Service Area 089	Drug Addiction 0	Blood Disorders 0
Administrator		Medicaid Recipient 0	*Nervous System Non Alzheimer 1
Teri Rebstock		Medicare Recipient 0	Alzheimer Disease 0
		Mental Illness 0	Mental Illness 1
Contact Person and Telephone		Non-Ambulatory 0	Developmental Disability 2
Marikay Snyder		Non-Mobile 0	Circulatory System 15
309-689-5880		Public Aid Recipient 0	Respiratory System 2
	Date Completed	Under 65 Years Old 0	Digestive System 0
	4/16/2009	Unable to Self-Medicate 0	Genitourinary System Disorders 0
Registered Agent Information		Ventilator Dependent 1	Skin Disorders 0
Marikay Snyder		Infectious Disease w/ Isolation 0	Musculo-skeletal Disorders 2
830 W. Trailcreek Dr.		Other Restrictions 0	Injuries and Poisonings 0
Peoria, IL 61614		No Restrictions 0	Other Medical Conditions 18
FACILITY OWNERSHIP			Non-Medical Conditions 0
LIMITED LIABILITY CO			TOTALS 50

Note: Reported restrictions denoted by '1'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	63	58	55	58	50	13	0	63	49	Total Admissions 2008 28
Skilled Under 22	0	0	0	0	0	0	0	0	27	Total Discharges 2008 27
Intermediate DD	0	0	0	0	0	0	0	0	50	Residents on 12/31/2008 50
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>63</b>	<b>58</b>	<b>55</b>	<b>58</b>	<b>50</b>	<b>13</b>	<b>0</b>	<b>63</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare			Medicaid		Other Public	Private Insurance	Private Pay	Charity Care			TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days			
Nursing Care	0	0.0%	15816	68.6%	0	2	2589	0	18407	79.8%	86.7%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>15816</b>	<b>68.6%</b>	<b>0</b>	<b>2</b>	<b>2589</b>	<b>0</b>	<b>18407</b>	<b>79.8%</b>	<b>86.7%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	4	22	0	0	0	0	0	0	4	22	26
<b>TOTALS</b>	<b>13</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>37</b>	<b>50</b>

Batavia Rehab & Hlthcare Ctr.

520 FABYAN PARKWAY

BATAVIA, IL. 60510

Reference Numbers Facility ID 6008171

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	PAYMENT SOURCE					TOTALS
	Medicare	Medicaid	Other Public	Private Insurance	Charity Pay	
Nursing Care	0	43	0	0	7	50
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>50</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	2.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	13.00
<b>Totals</b>	<b>30.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	83.2%	0.1%	0.0%	16.7%	100.0%		0.0%
0	1,786,907	2,242	0	357,604	2,146,753	0	



Facility Name & ID Number: Barnett Rehabilitation & Health Care Center STATE OF ILLINOIS  
 BUILDING AND GENERAL INFORMATION # 0047399 Report Period Beginning: 1/1/2009 Ending: 12/31/2009 Page 41

- A. Square Feet: 14,390 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)  
 E. List all other business entities owned by the operating entity or related to the operating entity that are located on or adjacent to this building's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: \_\_\_\_\_  
 2. Number of Years Over Which It is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

1	Use	2	3	4
		Square Feet	Year Acquired	Cost
1	Facility	79,279	2005	110,500
2				
3	TOTALS	79,279		110,500

4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36				
Bed#	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation																											
10	STAIRWELL	2005	2005	6,119	405	20	405	405	1,377																											
11	STAIRWELL	2006	2006	14,185	940	15	940	940	2,580																											
12	STAIRWELL	2006	2006	18,960	1,260	15	1,260	1,260	3,360																											
13	STAIRWELL	2007	2007	9,500	633	15	633	633	1,688																											
14	STAIRWELL	2007	2007	6,250	417	15	417	417	1,118																											
15	STAIRWELL	2007	2007	7,430	495	15	495	495	1,323																											
16	STAIRWELL	2007	2007	2,899	193	15	193	193	518																											
17	STAIRWELL	2008	2008	4,288	286	15	286	286	778																											
18	STAIRWELL	2008	2008	2,288	153	15	153	153	418																											
19	STAIRWELL	2008	2008	2,288	153	15	153	153	418																											
20	STAIRWELL	2008	2008	12,577	840	15	840	840	2,240																											
21	STAIRWELL	2008	2008	14,139	942	15	942	942	2,500																											
22	STAIRWELL	2009	2009	16,775	1,118	15	1,118	1,118	2,978																											
23	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
24	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
25	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
26	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
27	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
28	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
29	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
30	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
31	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
32	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
33	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
34	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
35	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											
36	STAIRWELL	2009	2009	20,748	1,383	15	1,383	1,383	3,718																											

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be decided in order for the cost report to be considered complete.  
 See Page 12A, Line 70 for total.





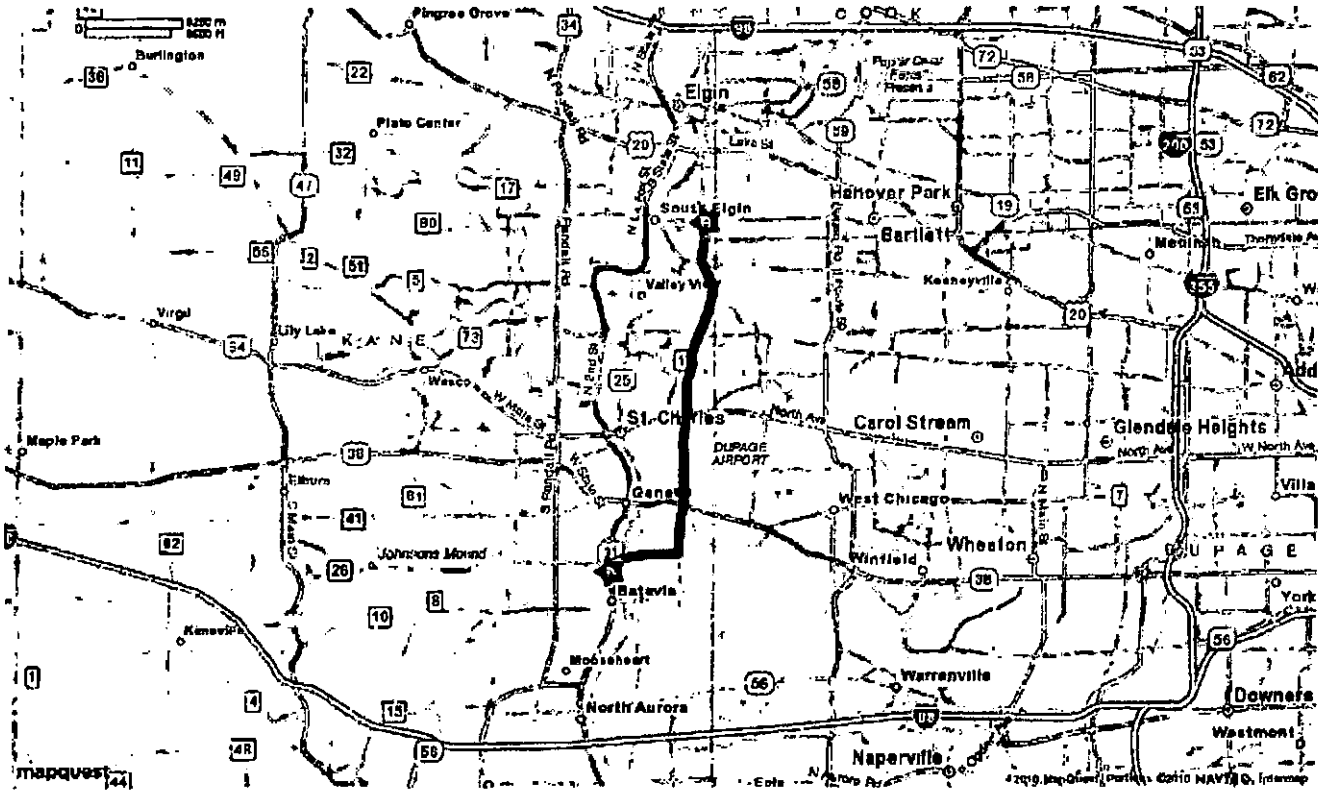
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

**Starting Location**  
 831 N Batavia Ave  
 Batavia, IL 60510-2198

**Ending Location**  
 E Middle St & Il Route 25  
 South Elgin, IL 60177

Total Travel Estimate: 17 min-tas / 10.85 miles Fuel Cost: [Calculate](#)



**831 N Batavia Ave Left**  
 Batavia, IL 60510-2198

- Start out going NORTH on N BATAVIA AVE/IL-31 toward W FABYAN PKWY/CR-8. 0.2 mi
- Turn RIGHT onto W FABYAN PKWY/CR-8. 1.8 mi
- Turn LEFT onto KIRK RD/CR-77. 5.2 mi
- KIRK RD/CR-77 becomes DUNHAM RD/CR-18. 2.7 mi
- DUNHAM RD/CR-18 becomes IL-25. 0.9 mi
- E MIDDLE ST & IL ROUTE 25.

**E Middle St & Il Route 25 Right**  
 South Elgin, IL 60177

Total Travel Estimate: 17 minutes / 10.85 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or auto usability or performance. You assume all risk of use. MapQuest and its suppliers shall not be liable in any way for any loss or delay resulting from your use of MapQuest.

Covenant Health Care Center		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
831 N. Batavia Avenue		Aggressive/Anti-Social	0	DIAGNOSIS		
BATAVIA, IL. 60510		Chronic Alcoholism	0	Neoplasms	1	
Reference Numbers	Facility ID 6002208	Developmentally Disabled	0	Endocrine/Metabolic	2	
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5	
Jeanne Held-Grubman		Medicare Recipient	0	Alzheimer Disease	1	
		Mental Illness	0	Mental Illness	5	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Jeanne Held-Grubman		Non-Mobile	0	Circulatory System	14	
630-879-4300	Date Completed 4/30/2009	Public Aid Recipient	0	Respiratory System	9	
Registered Agent Information		Under 65 Years Old	0	Digestive System	7	
Illinois Corporation Service Corp.		Unable to Self-Medicare	0	Genitourinary System Disorders	8	
801 Adlai Stevenson Drive		Ventilator Dependent	1	Skin Disorders	2	
Springfield, IL 62703		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4	
		Other Restrictions	1	Injuries and Poisonings	22	
		No Restrictions	0	Other Medical Conditions	14	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
NON-PROF CORPORATION				TOTALS	94	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	99	99	99	99	94	5	99	99	Total Admissions 2008	105
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	105
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	94
Sheltered Care	49	0	0	0	0	49				
<b>TOTAL BEDS</b>	<b>148</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>94</b>	<b>54</b>	<b>99</b>	<b>99</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Nursing Care	Pat. days 2412	Occ. Pct. 6.7%	Pat. days 11290	Occ. Pct. 31.2%	Pat. days 0	Pat. days 12	Pat. days 21276	Pat. days 0	Pat. days 34990	Occ. Pct. 96.6%	Occ. Pct. 96.6%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>2412</b>	<b>6.7%</b>	<b>11290</b>	<b>31.2%</b>	<b>0</b>	<b>12</b>	<b>21276</b>	<b>0</b>	<b>34990</b>	<b>64.6%</b>	<b>96.6%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	11	67	0	0	0	0	0	0	11	67	78
<b>TOTALS</b>	<b>18</b>	<b>76</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>76</b>	<b>94</b>

Covenant Health Care Center

831 N. Batavia Avenue  
BATAVIA, IL. 60510

Reference Numbers Facility ID 6002208

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance	Private Pay	Insurance		
Nursing Care	5	29	0	1	59	0	94
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>5</b>	<b>29</b>	<b>0</b>	<b>1</b>	<b>59</b>	<b>0</b>	<b>94</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	313	231
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>94</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>94</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.10
LPN's	2.00
Certified Aides	45.00
Other Health Staff	2.60
Non-Health Staff	40.50
<b>Totals</b>	<b>108.20</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.3%	17.3%	0.0%	0.0%	69.3%	100.0%		0.1%
959,181	1,251,899	0	1,791	5,005,571	7,218,442	5,759	

A. Licensee identification level(s) of care enter number of bed/days days. (must agree with license). Date of change to licensed beds: N/A  
 B. Census for the entire report period.

1	2	3	4
Begining of Report Period	Licensee Level of Care	Bed at End of Report Period	Unoccupied Bed Days During Report Period
99	Skilled (SNF)	99	36,134
	Skilled Resident (SNFRP)		
	Intermediate (IC)		
	Intermediate (ICP)		
	Subacute Care (SAC)		
	ICP/IDD 15 or Less		
99	TOTALS	99	36,134

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Medical	Private Pay	Other
8 SNF	11,583	20,176	36,990	8
9 SNFRP	3,131			9
10 ICE				10
11 ICP/IDD				11
12 SC				12
13 DD 16 OR LESS				13
14 TOTALS	11,914	20,176	36,990	14

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 96.57%  
 SEE ACCOUNTANTS' COMPILED AYTON REPORT

D. How many bed/days during this year were paid by the Department? None (Do not include bed/days to Section B.)  
 E. List all services provided by your facility for non-patients (E.g., day care, "meals on wheels", outpatient therapy)  
 None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include responses for services or investments not directly related to patient care?  
 YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
 YES  NO

I. On what date did you start providing long term care at this location?  
 Date entered: 10/06/79

J. Was the facility purchased or leased after January 1, 1978?  
 YES  Date: \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?  
 YES  NO  If YES, enter number of beds certified: 99 and days of care provided: 2,412

Medicare Intermediary: National Government Services

IV. ACCOUNTING BASIS  
 ACTUAL  MODIFIED   
 CASH  CASH

Is your fiscal year identical to your tax year?  
 YES  NO

Tax Year: 01/31/09 Fiscal Year: 01/31/09  
 \* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number: Conestoga Health Care Center - Baltimore  
 BUILDING AND GENERAL INFORMATION:

STATE OF ILLINOIS  
 # 0023577 Report Period Beginning: 03/01/08 Ending: 01/31/09  
 Page 11

A. Square Feet: 36,884 B. General Construction Type: Exterior Masonry Brick Frame C.  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization. Number of Stories: \_\_\_\_\_

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization. (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI or Schedule XI-A. See Instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to the same premises (such as, but not limited to, apartments, assisted living facilities, day care, independent living facilities, CNA or other facilities, etc.) List entity name, type of business, square footage, and number of beds/cots available (where applicable).  
The Independent Living Program - 205 Units

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If no, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which It is Being Amortized: \_\_\_\_\_  
 A. Current Period Amortization: \_\_\_\_\_ 4. Date Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land

1	Use	2	3	4
		Square Feet	Year Acquired	Cost
1	Facility		1980	\$2,750
2				
3	TOTALS			\$2,750

SEE ACCOUNTANTS' COMPILATION REPORT

X-COMPREHENSIVE COSTS (continued) Fixed Equipment (See Instructions) Round all numbers to nearest dollar.  
 B. Building Depreciation-Intangible Fixed Equipment

1	2	3	4	5	6	7	8	9	10
Bed#	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
0	Various	1982	1982	4,566		25			4,566
1	Various	1982	1982	16,682		25			16,682
2	Various	1982	1982	837		25			837
3	Various	1986	1986	14,434		25			14,434
4	Various	1987	1987	12,081		25			12,081
5	Various	1988	1988	9,128		25			9,128
6	Various	1990	1990	15,726		25			15,726
7	Various	1991	1991	30,883		25			30,883
8	Various	1992	1992	18,554		25			18,554
9	Various	1992	1992	18,931		25			18,931
10	Various	1992	1992	90,076		25			90,076
11	Various	1995	1995	58,935		25			58,935
12	Various	1996	1996	82,378		25			82,378
13	Various	1997	1997	9,974		25			9,974
14	Various	1998	1998	4,578		25			4,578
15	Various	1998	1998	81,323		25			81,323
16	Various	1998	1998	5,092		25			5,092
17	Various	2001	2001	9,018		25			9,018
18	Various	2001	2001	1,541		25			1,541
19	Various	2004	2004	31,438		25			31,438
20	Various	2005	2005	8,735,509		25			8,735,509
21	Various								
22	Various								
23	Various								
24	Various								
25	Various								
26	Various								
27	Various								
28	Various								
29	Various								
30	Various								
31	Various								
32	Various								
33	Various								
34	Various								
35	Various								
36	Various								

\*Total books on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total SEE ACCOUNTANTS' COMPILATION REPORT

Line	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
37								37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
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84								84
85								85
86								86
87								87
88								88
89								89
90								90
91								91
92								92
93								93
94								94
95								95
96								96
97								97
98								98
99								99
100								100
TOTAL			\$ 11,369,997	\$ 711,201		\$ 21,918	\$ (199,384)	\$ 2,607,992

\*\*If you cannot type must be described in order for the report to be considered complete.  
 SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	2007	11,708,731	711,301	20	58,565	(1,083,367)	4,460,392	1
2	2007	11,338		20	567	867	1,692	2
3	2007	11,337		20	564	845	1,915	3
4	2007	61		20	3	3	6	4
5	2007	2,337		20	117	131	132	5
6	2007	444		20	22	25	87	6
7	2007	115		20	6	7	13	7
8	2007	13,592		20	675	784	1,378	8
9	2007	18,827		20	941	1,084	1,825	9
10	2007	4,177		20	209	247	454	10
11	2007	26,497		20	1,325	1,515	2,840	11
12	2007	4,071		20	204	237	441	12
13	2007	1,500		20	75	87	162	13
14	2007	1,500		20	75	87	162	14
15	2007	51		20	3	3	6	15
16	2007	46		20	3	3	6	16
17	2007	46		20	3	3	6	17
18	2007	43		20	3	3	6	18
19	2007	41		20	3	3	6	19
20	2007	41		20	3	3	6	20
21	2007	18		20	9	10	19	21
22	2007	18		20	9	10	19	22
23	2007	1,510		20	76	88	164	23
24	2007	4,177		20	209	247	454	24
25	2007	476		20	24	28	52	25
26	2007	19,728		20	985	1,135	2,120	26
27	2007	133		20	7	8	15	27
28	2007	11		20	1	1	2	28
29	2007	11,244		20	562	643	1,205	29
30	2007	4,857		20	243	283	526	30
31	2007	4,857		20	243	283	526	31
32	2007	2,321		20	116	134	250	32
33	2007	2,321		20	116	134	250	33
34	2007	2,321		20	116	134	250	34
35	2007	2,321		20	116	134	250	35
36	2007	2,321		20	116	134	250	36
37	2007	2,321		20	116	134	250	37
38	2007	2,321		20	116	134	250	38
39	2007	2,321		20	116	134	250	39
40	2007	2,321		20	116	134	250	40
41	2007	2,321		20	116	134	250	41
42	2007	2,321		20	116	134	250	42
43	2007	2,321		20	116	134	250	43
44	2007	2,321		20	116	134	250	44
45	2007	2,321		20	116	134	250	45
46	2007	2,321		20	116	134	250	46
47	2007	2,321		20	116	134	250	47
48	2007	2,321		20	116	134	250	48
49	2007	2,321		20	116	134	250	49
50	2007	2,321		20	116	134	250	50
51	2007	2,321		20	116	134	250	51
52	2007	2,321		20	116	134	250	52
53	2007	2,321		20	116	134	250	53
54	2007	2,321		20	116	134	250	54
55	2007	2,321		20	116	134	250	55
56	2007	2,321		20	116	134	250	56
57	2007	2,321		20	116	134	250	57
58	2007	2,321		20	116	134	250	58
59	2007	2,321		20	116	134	250	59
60	2007	2,321		20	116	134	250	60
61	2007	2,321		20	116	134	250	61
62	2007	2,321		20	116	134	250	62
63	2007	2,321		20	116	134	250	63
64	2007	2,321		20	116	134	250	64
65	2007	2,321		20	116	134	250	65
66	2007	2,321		20	116	134	250	66
67	2007	2,321		20	116	134	250	67
68	2007	2,321		20	116	134	250	68
69	2007	2,321		20	116	134	250	69
70	2007	2,321		20	116	134	250	70
71	2007	2,321		20	116	134	250	71
72	2007	2,321		20	116	134	250	72
73	2007	2,321		20	116	134	250	73
74	2007	2,321		20	116	134	250	74
75	2007	2,321		20	116	134	250	75
76	2007	2,321		20	116	134	250	76
77	2007	2,321		20	116	134	250	77
78	2007	2,321		20	116	134	250	78
79	2007	2,321		20	116	134	250	79
80	2007	2,321		20	116	134	250	80
81	2007	2,321		20	116	134	250	81
82	2007	2,321		20	116	134	250	82
83	2007	2,321		20	116	134	250	83
84	2007	2,321		20	116	134	250	84
85	2007	2,321		20	116	134	250	85
86	2007	2,321		20	116	134	250	86
87	2007	2,321		20	116	134	250	87
88	2007	2,321		20	116	134	250	88
89	2007	2,321		20	116	134	250	89
90	2007	2,321		20	116	134	250	90
91	2007	2,321		20	116	134	250	91
92	2007	2,321		20	116	134	250	92
93	2007	2,321		20	116	134	250	93
94	2007	2,321		20	116	134	250	94
95	2007	2,321		20	116	134	250	95
96	2007	2,321		20	116	134	250	96
97	2007	2,321		20	116	134	250	97
98	2007	2,321		20	116	134	250	98
99	2007	2,321		20	116	134	250	99
100	2007	2,321		20	116	134	250	100
TOTAL		132,843,313	7,713,301		582,337	(14,448,871)	4,091,139	31

\*If any zero value must be detailed in order for the cost report to be considered complete. SEE ACCOUNTANTS COMPILATION REPORT



1	2	3	4	5	6	7	8	9	10
Impressment Type**	Year	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1. Cash Type IIR - Curved Four-yr	2007	12,058.314	911,201	10	516,347	(174,856)	4,291,130	1	1
2. Metal Fencing Around Milk Dams	2007	7,000		30	107	102	652	2	2
3. Metal Pig Chastet Vails	2007	1,185		20	105	109	788	3	3
4. Metal Trim Sides	2007	18		20	1	1	7	4	4
5. Installation	2007	7		20	0	0	7	5	5
6. Siding Configuration	2007	89		20	4	4	4	6	6
7. Siding, Bluing Area, Bath	2007	315		20	15	16	4	7	7
8. Wash Fencord	2007	576		20	29	29	22	8	8
9. Leaking Sump	2007	1,223		20	89	79	58	9	9
10. Leaking Sump	2007	141		20	0	0	177	10	10
11. Leaking Sump - On Bank of Milk	2007	2,007		20	219	213	478	11	11
12. Leaking Sump - On Bank of Milk	2007	165		20	2	2	17	12	12
13. Leaking Sump - On Bank of Milk	2007	48,170		20	2,308	2,288	4,817	13	13
14. Metal Medium OH	2007	157		20	8	8	16	14	14
15. Metal Paddock	2007	136		20	11	11	24	15	15
16. Metal Sides for 1st Barn	2007	435		20	17	17	43	16	16
17. Metal Sides for 1st Barn	2007	8,289		20	305	305	618	17	17
18. Metal Sides for 1st Barn	2007	2,007		20	285	285	429	18	18
19. Metal Sides for 1st Barn	2007	5,249		20	777	777	555	19	19
20. Metal Sides for 1st Barn	2007	20		20	1	1	2	20	20
21. Metal Sides for 1st Barn	2007	92,59		20	492	492	985	21	21
22. Metal Sides for 1st Barn	2007	81		20	4	4	8	22	22
23. Metal Sides for 1st Barn	2007	231		20	11	11	22	23	23
24. Metal Sides for 1st Barn	2007	1,206		20	50	50	101	24	24
25. Metal Sides for 1st Barn	2007	1,118		20	61	61	122	25	25
26. Metal Sides for 1st Barn	2007	1,130		20	58	58	113	26	26
27. Metal Sides for 1st Barn	2007	1,148		20	57	57	114	27	27
28. Metal Sides for 1st Barn	2007	7,250		20	367	367	734	28	28
29. Metal Sides for 1st Barn	2007	1,245		20	91	91	182	29	29
30. Metal Sides for 1st Barn	2007	27,205		20	1,380	1,380	2,765	30	30
31. Metal Sides for 1st Barn	2007	77		20	4	4	8	31	31
32. Metal Sides for 1st Barn	2007	409		20	20	20	40	32	32
33. Metal Sides for 1st Barn	2007	13,946.315	711,201	20	512,911	(183,191)	4,304,450	33	33

\*\*Impressment Type may be deleted to order for the most report to be considered complete.

SEE ACCUMULATED DEPRECIATION REPORT

B. Building Depreciation-Including Fixed Equipment, (See Instructional) Round All numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Wash from Page 11 (Fixed Furnace)	14,180,228	71,201	30	472,674	188,297	4,501,536	1
2	Reception And Storage Park	43,841		20	2,192	2,153	4,385	2
3	Shower	2,807		20	140	21	41	3
4	Sidewalk	15		20	1	1	1	4
5	Tile And Plumbing Single	2,807		20	140	49	93	5
6	Vacuum	21		20	1	1	1	6
7	W. Pipe Vahes	2,807		20	140	49	93	7
8	Zonitons	2,807		20	140	49	93	8
9	Concrete Patch Supplies	2,807		20	140	49	93	9
10	Concrete Driveway/Walkways	2,807		20	140	49	93	10
11	Bedch Lobby	2,807		20	140	49	93	11
12	Security Camera Equipment	2,807		20	140	49	93	12
13	Remodel Storage Building	11,245		20	562	564	1,124	13
14	Wallpaper/demolition	1,502,629		20	75,131	75,131	1,502,629	14
15	Concrete Walkway	33,546		20	1,677	1,677	33,546	15
16	Plumbing And Decoration	4,379		20	219	219	4,379	16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
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27								27
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29								29
30								30
31								31
32								32
33								33
34								34
35								35
36								36
37								37
38								38
39								39
40								40
41	(Total lines 35)	14,248,566	71,201		535,998	188,297	4,501,536	41

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number: Government Health Care Center - Bensenville  
 XI OPPRESSION CURBS (Confidential)

STATE OF ILLINOIS 0225577

Report Period Begins: 01/01/08

Ending: 01/31/09 Page 12E

1	2	3	4	5	6	7	8	9
Item	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	Roofs from Park Blvd. General Erection		17,480,000	971,507		858,909	(183,392)	4,520,277
2								
3								
4								
5								
6								
7								
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\*\*Improvements type may be included in order for the last report to be calculated complete.

SEE ACCORDANTANTS COMPILATION REPORT

Facility Name & ID Number: Covenant Health Care Center - Basalia  
 XT OWNERSHIP COSTS (Finished)

STATE OF ILLINOIS # 0073577

Report Period Beginning: 02/01/08

Ending: 01/31/09

Page 125

1	2	3	4	5	6	7	8	9
Buildings (Include Interim)	Year Constructed	Cost	Current Book Depreciation	Life in Years	Bright Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
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19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
35								35

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number: Covenant Health Care Center - Bannock

STATE OF ILLINOIS # 0025377

Report Period Beginning:

02/01/08

Ending:

01/31/09

Page 126

X: DEPRECIATION (Including 129) Fixed Equipment. (See Instructions.) Record all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								
2								
3								
4								
5								
6								
7								
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99								
100								
TOTAL (129 & 130 Items) (Line 33)								

\*\*Improvement type must be detailed in order for the final report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34

\*\*Improvement type may be defined in order for the cost report to be reconciled complete.

SEE ACCOUNTANTS' CONSOLIDATION REPORT

Facility Name & ID Number: Government Health Care Center - Bannock  
 NC ORPHANSHIP COSTS (continued)  
 B. Building Depreciation including Fixed Equipment (See Instructions) Round all numbers to nearest dollar.

STATE OF ILLINOIS # 0025877 Report Period Begins: 02/01/08 Ending: 01/31/09 Page 121

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life to Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1									
2									
3									
4									
5									
6									
7									
8									
9									
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100									
TOTAL (LINE 1 thru 33)									

\*\*Improrved type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS CONSOLIDATION REPORT

# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button

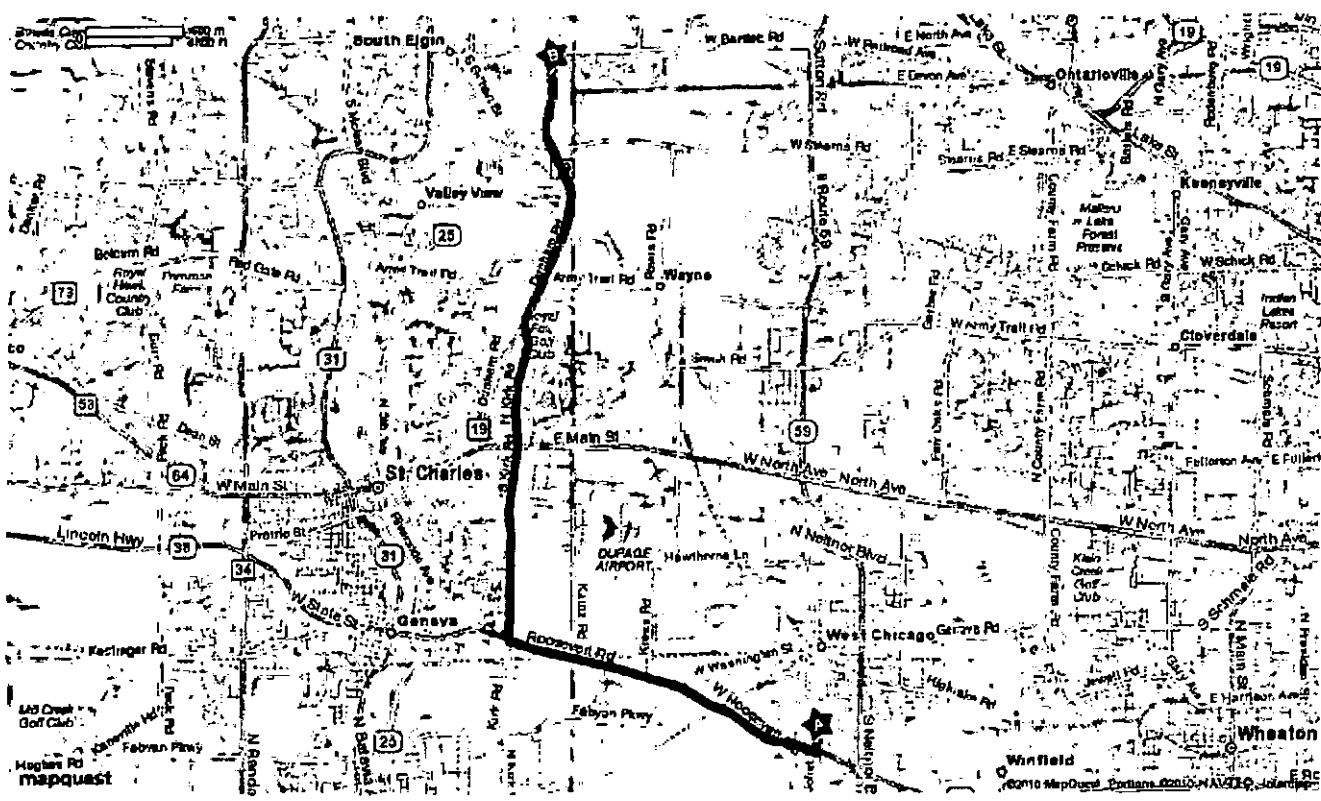
**Starting Location**

**928 Joliet St**  
West Chicago, IL 60185-3725







**Ending Location**

**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 18 minutes / 12.05 miles Fuel Cost: Calculate



**928 Joliet St**  
West Chicago, IL 60185-3725

-  1. Start out going SOUTH on JOLIET ST toward GLEN AVE. 0.4 mi
-  2. Turn RIGHT onto W ROOSEVELT RD/IL-38. 4.1 mi
-  3. Turn RIGHT onto KIRK RD/CR-77 4.0 mi
-  4. KIRK RD/CR-77 becomes DUNHAM RD/CR-19. 2.7 mi
-  5. DUNHAM RD/CR-19 becomes IL-25. 0.9 mi
-  6. E MIDDLE ST & IL ROUTE 25.

**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 18 minutes / 12.05 miles Fuel Cost: Calculate

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability, or expediency. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.



West Chicago Terrace		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
928 Joliet Road		Aggressive/Anti-Social	0	DIAGNOSIS		
WEST CHICAGO, IL. 60185		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6009872	Developmentally Disabled	1	Endocrine/Metabolic	0	
Health Service Area 007	Planning Service Area 703	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	3	
Margaret Eberspacher		Medicare Recipient	1	Alzheimer Disease	12	
		Mental Illness	0	Mental Illness	63	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Margaret Eberspacher		Non-Mobile	0	Circulatory System	6	
630-231-9292		Public Aid Recipient	0	Respiratory System	11	
	Date Completed	Under 65 Years Old	0	Digestive System	2	
	4/27/2009	Unable to Self-Medicate	0	Genitourinary System Disorders	1	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	4	
Avrum Winfield		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0	
6865 N. Lincoln		Other Restrictions	0	Injuries and Poisonings	0	
Lincolnwood, IL 60712		No Restrictions	0	Other Medical Conditions	18	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	120
LIMITED LIABILITY CO						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	120	120	120	120	120	0	0	120	119	Total Admissions 2008
Skilled Under 22	0	0	0	0	0	0	0	0	38	Total Discharges 2008
Intermediate DD	0	0	0	0	0	0	0	0	37	Residents on 12/31/2008
Sheltered Care	0	0	0	0	0	0	0	0	120	
TOTAL BEDS	120	120	120	120	120	0	0	120		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds	Peak Beds Set Up
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Occ. Pct.		
Nursing Care	0	0.0%	41610	94.7%	0	0	2190	0	43800	99.7%	99.7%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	0	0.0%	41610	94.7%	0	0	2190	0	43800	99.7%	99.7%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	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	22	18	0	0	0	0	0	0	22	18	40
45 to 59	21	26	0	0	0	0	0	0	21	26	47
60 to 64	12	8	0	0	0	0	0	0	12	8	20
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	62	58	0	0	0	0	0	0	62	58	120

## West Chicago Terrace

928 Joliet Road

WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6009872

Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	116	0	4	0	0	120
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>116</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>120</b>

## AVERAGE DAILY PAYMENT RATES

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

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	34.00
Other Health Staff	2.00
Non-Health Staff	34.00
<b>Totals</b>	<b>82.00</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	94.3%	0.0%	0.0%	5.7%	100.0%		0.0%
0	4,124,738	0	0	247,009	4,371,747	0	

Facility Name & ID Number: WEST CHICAGO TERRACE  
 STATE OF ILLINOIS  
 # 0048105 Report Period Beginning: 01/01/2009 Ending: 12/31/2009  
 Page 11

A. Square Feet: 26,698 B. General Construction Type: Exterior BRICK  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization. Number of Stories: 1

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to the nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 Last entity name, type of business, square footage, and number of beds/furniture available (where applicable).  
 N/A

F. Does this report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: 2,500 2. Number of Years Over Which it is Being Amortized: 5  
 3. Current Period Amortization: 500 4. Dates Incurred: 11/06

Nature of Costs: (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

	1	2	3	4
	Est	Square Foot	Year Acquired	Cost
1				
2				
3				
TOTALS				

XI. OWNERSHIP COSTS:

A. Land.


XI. OWNERSHIP COSTS (continued)  
 B. Building Depreciation-Including Fixed Equipment (See Instructions) Record all numbers to nearest dollar.

31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation												
01																			
02																			
03																			
04																			
05																			
06																			
07																			
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67																			
68																			
69																			
70																			
71	TOTAL (Lines 1 thru 69)																		

\*\*Improvement type must be denoted in order for the 1091 report to be considered complete.

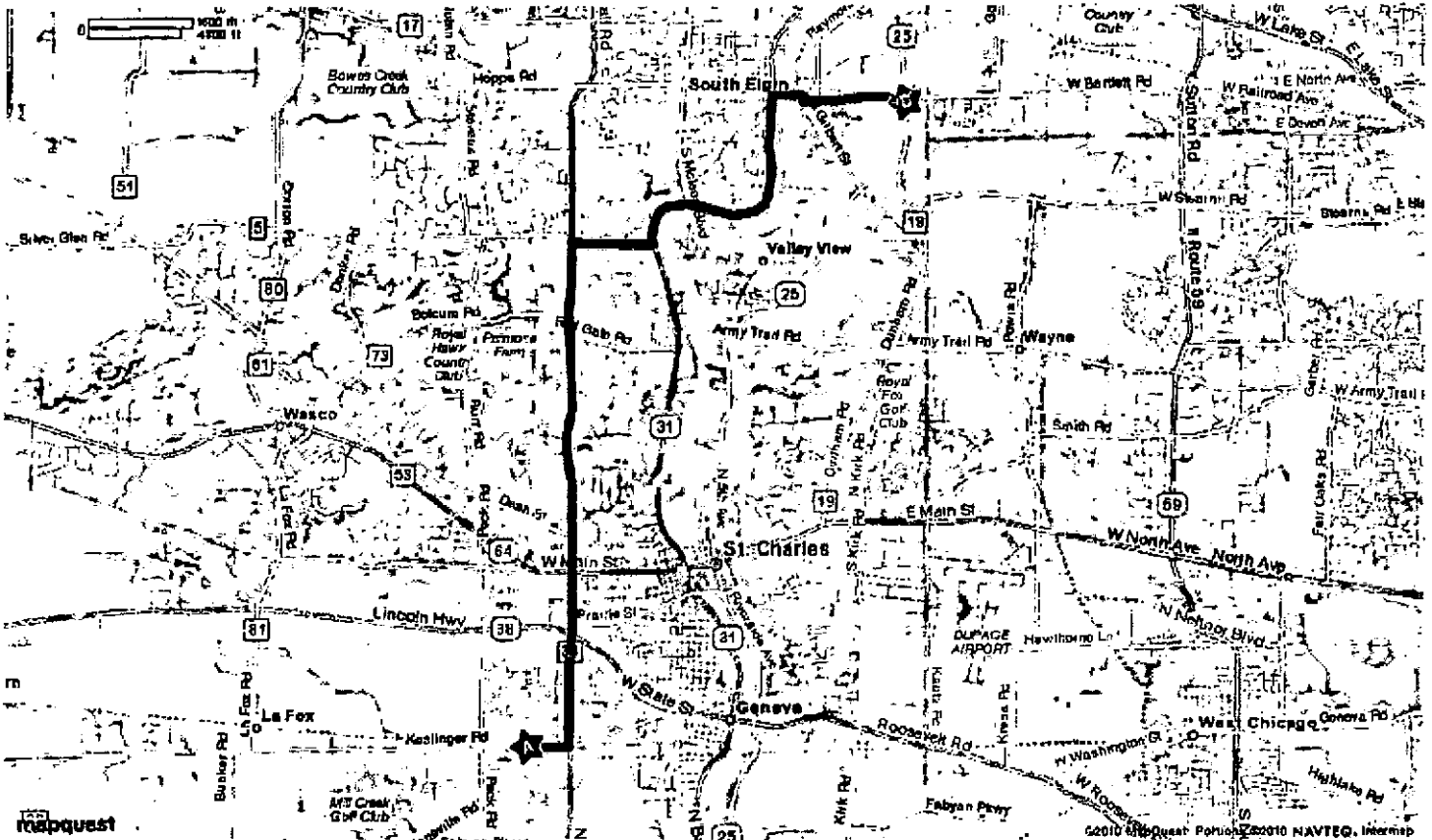
# MAPQUEST.


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 Starting Location  
**37w220 Keslinger Rd**  
 Geneva, IL 60134-3532

 Ending Location  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 19 minutes / 11.03 miles Fuel Cost [Calculate](#)



 **37w220 Keslinger Rd** [Edit](#)  
 Geneva, IL 60134-3532

- |   |  |        |
|---|--|--------|
|    | Start out going EAST on                              |        |
|   | 1. <b>KESLINGER RD/CR-41</b> toward S FISHER DR.     | 0.5 mi |
|    | 2. Turn LEFT onto <b>RANDALL RD/CR-34 N.</b>         | 5.0 mi |
|    | 3. Turn RIGHT onto <b>SILVER GLEN RD/CR-5.</b>       | 0.9 mi |
|   | 4. Turn LEFT onto <b>IL-31.</b>                      | 2.9 mi |
|    | 5. Turn RIGHT onto <b>W STATE ST</b>                 | 0.1 mi |
|    | 6. <b>W STATE ST</b> becomes <b>STATE ST BRIDGE.</b> | 0.1 mi |
|    | 7. <b>STATE ST BRIDGE</b> becomes <b>E STATE ST.</b> | 0.2 mi |
|    | 8. Turn RIGHT onto <b>S GILBERT ST</b>               | 0.1 mi |



9. Turn LEFT onto E MIDDLE ST. 1.1 mi



10. E MIDDLE ST & IL ROUTE 26.



**E Middle St & Il Route 25** Ltd:  
South Elgin, IL 60177

Total Travel Estimate: 19 minutes / 11.93 miles Fuel Cost: [Calculate](#)

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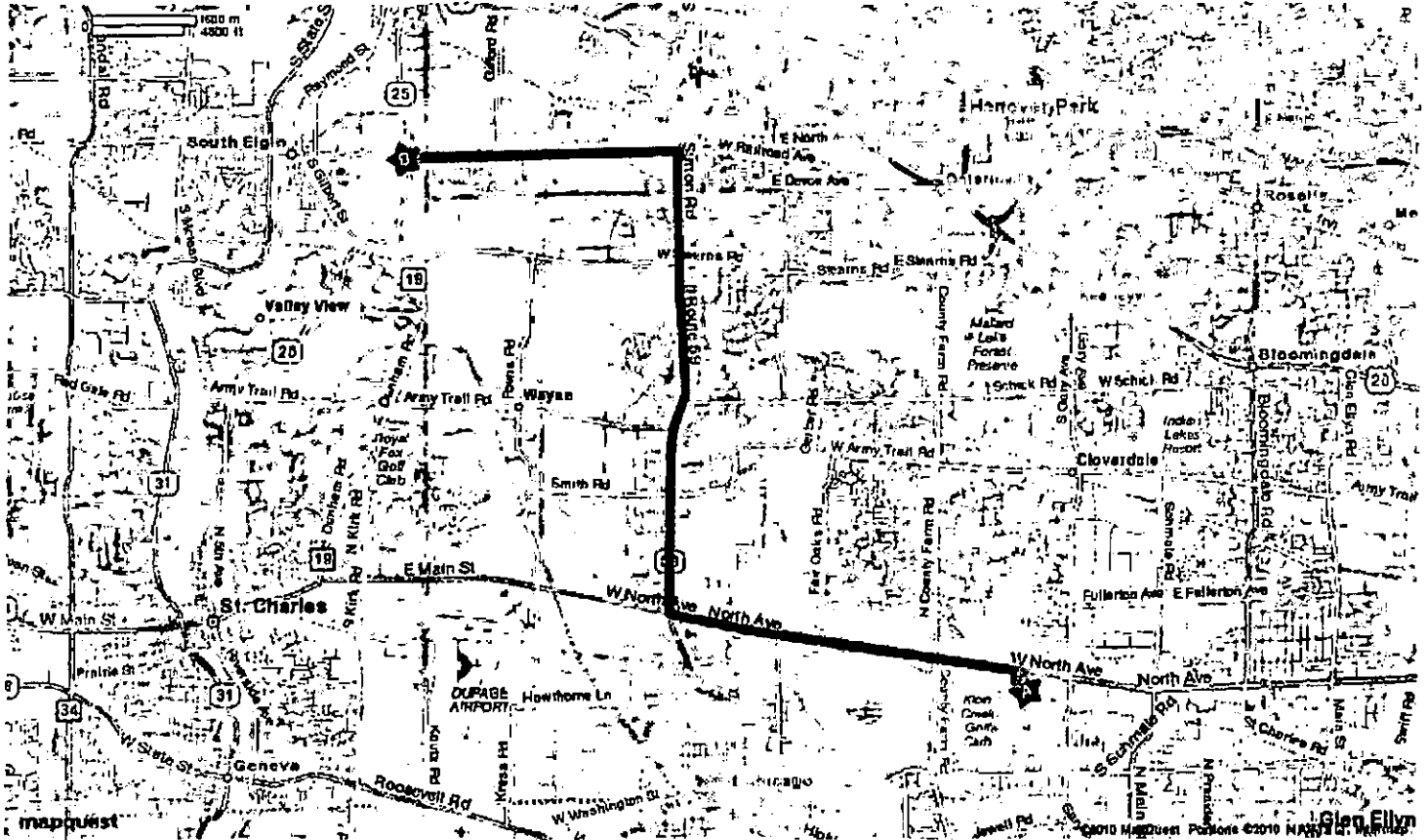
# MAPQUEST.

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**A Starting Location**  
**110 Windsor Park Dr**  
 Carol Stream, IL 60188-1986


**B Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 20 minutes / 13.10 miles Fuel Cost: Calculate



**A 110 Windsor Park Dr**  
 Carol Stream, IL 60188-1986

-  Start out going **NORTHWEST** on **1. WINDSOR PARK DR** toward **NOTTINGHAM LN.** 0.2 mi
-  2. Turn **RIGHT** to stay on **WINDSOR PARK DR.** 0.1 mi
-  3. Turn **LEFT** to stay on **WINDSOR PARK DR.** 0.1 mi
-  4. Turn **LEFT** onto **NORTH AVE/IL-64 W.** 4.1 mi
-  5. Turn **SLIGHT RIGHT** onto **IL-59/N NELTNOR BLVD/PRAMUKH SWAM/ RD.** Continue to follow **IL-59.** 5.5 mi
-  6. Turn **LEFT** onto **W BARTLETT RD.** 3.1 mi
-  7 **E MIDDLE ST & IL ROUTE 25.**

 **E Middle St & Il Route 25 Exit**  
South Elgin, IL 60177

Total Travel Estimate: 20 minutes / 13.10 miles Fuel Cost: [Calculate](#)

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WINDSOR PARK MANOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
124 WINDSOR PARK DRIVE		Aggressive/Anti-Social	0	DIAGNOSIS		
CAROL STREAM, IL. 60188		Chronic Alcoholism	1	Neoplasms	4	
Reference Numbers	Facility ID 6011753	Developmentally Disabled	1	Endocrine/Metabolic	4	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	3	
Administrator		Medicaid Recipient	1	*Nervous System Non Alzheimer	3	
Courtney Littlejohn		Medicare Recipient	0	Alzheimer Disease	0	
		Mental Illness	1	Mental Illness	1	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	1	
Courtney Littlejohn		Non-Mobile	0	Circulatory System	23	
630-510-5200	Date Completed 4/20/2009	Public Aid Recipient	0	Respiratory System	1	
		Under 65 Years Old	0	Digestive System	1	
Registered Agent Information		Unable to Self-Medicate	0	Genitourinary System Disorders	1	
Grant Erickson		Ventilator Dependent	1	Skin Disorders	1	
1625 Shermer Road		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	6	
Northbrook, IL 60062		Other Restrictions	0	Injuries and Poisonings	6	
		No Restrictions	0	Other Medical Conditions	6	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
NON-PROF CORPORATION				TOTALS	61	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	80	80	61	80	61	19	32	0	71	Total Admissions 2008 211
Skilled Under 22	0	0	0	0	0	0	0	0		Total Discharges 2008 221
Intermediate DD	0	0	0	0	0	0	0	0		Residents on 12/31/2008 81
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	80	80	61	80	61	19	32	0		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.		
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE													
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL					
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days		
Nursing Care	3435	29.3%	0	0.0%	0	95	17464	1098	22092	75.5%	75.5%			
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%			
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%			
Sheltered Care					0	0	0	0	0	0.0%	0.0%			
TOTALS	3435	29.3%	0	0.0%	0	95	17464	1098	22092	75.5%	75.5%			

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	10	35	0	0	0	0	0	0	10	35	45
TOTALS	14	47	0	0	0	0	0	0	14	47	61

WINDSOR PARK MANOR  
124 WINDSOR PARK DRIVE  
CAROL STREAM, IL 60188

Reference Numbers Facility ID 6011753  
Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	8	0	0	0	50	3	61
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	0	0	50	3	61

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	293	235
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

## STAFFING


EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	5.50
Certified Aides	33.00
Other Health Staff	3.00
Non-Health Staff	24.00
Totals	77.50


## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
20.5%	0.0%	0.0%	0.0%	79.5%	100.0%		2.3%
1,391,169	0	0	0	5,380,050	6,771,219	153,686	

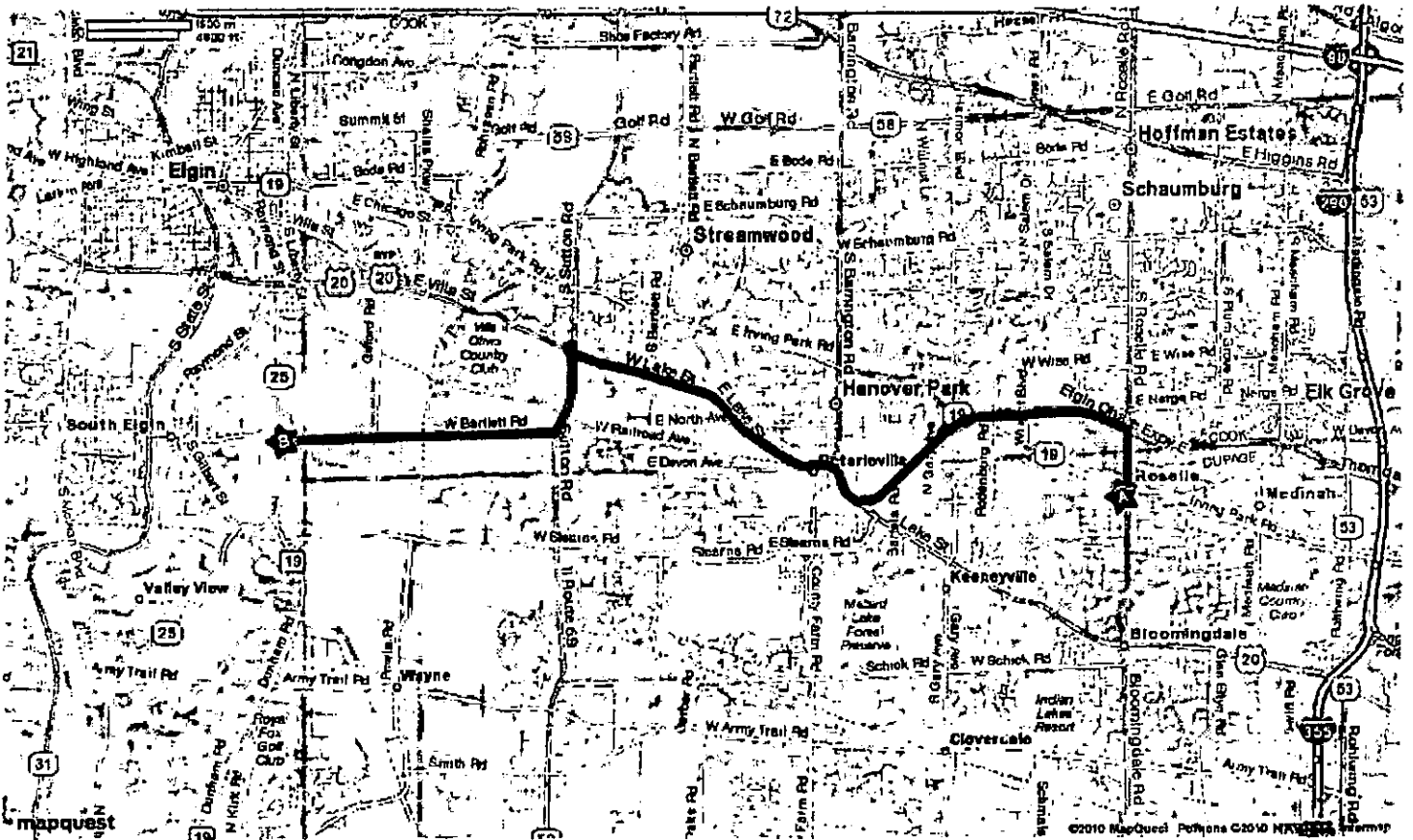
# MAPQUEST.


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 **Starting Location**  
**31 Central Ave**  
 Roselle, IL 60172-1903



 **Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177


Total Travel Estimate: 21 minutes / 12.71 miles Fuel Cost: [Calculate](#)





 **31 Central Ave** (id:  
 Roselle, IL 60172-1903

-  1. Start out going EAST on CENTRAL AVE toward S ROSELLE RD/CR-4. 0.1 mi
-  2. Turn LEFT onto N ROSELLE RD. 0.8 mi
-  3. Turn LEFT to take the WEST ELGIN-O'HARE EXPY ramp. 0.3 mi
-  4. Merge onto ELGIN OHARE EXPY W. 3.1 mi
-  5. Take the LAKE ST/US-20 ramp. 0.1 mi
-  Turn RIGHT onto LAKE ST/ULYSSES S GRANT
-  6. MEMORIAL HWY/US-20 W. Continue to follow LAKE ST/US-20 W. 4.0 mi
-  7. Take the IL-59 ramp toward BARRINGTON/WEST CHICAGO. 0.2 mi

  8. Turn RIGHT onto IL-59/SUTTON RD. 1.1 mi

 9. Turn RIGHT onto W BARTLETT RD. 3.1 mi

 10. E MIDDLE ST & IL ROUTE 25.

 **E Middle St & Il Route 25**   
South Elgin, IL 60177

Total Travel Estimate: 21 minutes / 12.74 miles Fuel Cost: [Calculate](#)

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**ABBINGTON REHAB & NURSING CTR**

31 WEST CENTRAL  
ROSELLE, IL. 60172

Reference Numbers Facility ID 6000020  
Health Service Area 007 Planning Service Area 703

Administrator  
VICKI ANDERSEN

Contact Person and Telephone  
Jeffrey Webster  
847-679-2121

Registered Agent Information  
ABRAHAM J. STERN  
105 WACKER DRIVE  
Chicago, IL 60606

FACILITY OWNERSHIP  
FOR-PROF CORPORATION

**ADMISSION RESTRICTIONS**

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

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>68</b>

Date Completed  
4/15/2009

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
									Residents on 1/1/2008	
Nursing Care	82	82	71	82	68	14	19	74	65	Total Admissions 2008 143
Skilled Under 22	0	0	0	0	0	0	0	0	140	Total Discharges 2008 140
Intermediate DD	0	0	0	0	0	0	0	0	68	Residents on 12/31/2008 68
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>82</b>	<b>82</b>	<b>71</b>	<b>82</b>	<b>68</b>	<b>14</b>	<b>19</b>	<b>74</b>		

**FACILITY UTILIZATION - 2008**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	2955	42.5%	19143	70.7%	0	0	1806	0	23904	79.6%	79.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>2955</b>	<b>42.5%</b>	<b>19143</b>	<b>70.7%</b>	<b>0</b>	<b>0</b>	<b>1806</b>	<b>0</b>	<b>23904</b>	<b>79.6%</b>	<b>79.6%</b>

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

AGE GROUPS	NURSING CARE		SKL 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	1	0	0	0	0	0	0	0	1	1
45 to 59	8	7	0	0	0	0	0	0	8	7	15
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	4	11	0	0	0	0	0	0	4	11	15
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	7	13	0	0	0	0	0	0	7	13	20
<b>TOTALS</b>	<b>24</b>	<b>44</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>44</b>	<b>68</b>

**ABBINGTON REHAB & NURSING CTR**

31 WEST CENTRAL  
ROSELLE, IL. 60172

Reference Numbers Facility ID 6000020  
Health Service Area 007 Planning Service Area 703

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	10	54	0	0	4	0	68	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
<b>TOTALS</b>	<b>10</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>68</b>	

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	188
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>68</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>68</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>68</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>68</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	16.00
<b>Totals</b>	<b>50.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
34.4%	57.6%	0.0%	0.0%	8.1%	100.0%		0.0%
1,284,406	2,151,365	0	0	300,960	3,736,731	0	

Facility Name & ID Number: Abingdon Rehab & Nursing, Ctr Report Period Beginning: 01/01/09 Ending: 12/31/09

III. STATISTICAL DATA  
 A. Certification level(s) of care: enter number of bedded days. (Enter separate with license). Date of change in licensed beds: N/A

1	2	3	4	5
Beginning of Report Period	License Level of Care	End of Report Period	Licensed Bed Days During Report Period	
22	Skilled (SNP)	22	4,830	1
60	Skilled Rehab (SNR/REH)	60	21,900	2
	Intermediate (IT)			3
	Intermediate/D			4
	Skilled Care (SC)			5
	ICF/IID 16 or Less			6
	TOTALS	82	26,730	7

B. Counts for the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
8 SNP	13,412	1,275	1,831	16,518
9 SNR/REH	4,140	551		4,691
10 ICF				
11 ICF/D				
12 SC				
13 ID 16 OR LESS				
14 TOTALS	19,552	1,826	1,831	23,209

C. Patient Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.81%

SEE ACCOUNTANTS' CONSOLIDATION REPORT

# 003693 Report Period Beginning: 01/01/09 Ending: 12/31/09  
 D. How many bedded days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients (E.g., day care, "outs" on wheels, outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or treatments not directly related to patient care?  
 YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
 YES  NO

I. On what date did you start providing long term care at this location?  
 Date started: 02/01/94

J. Was the facility purchased or leased after January 1, 1978?  
 YES  NO

K. Was the facility certified for Medicare during the reporting year?  
 YES  NO  If YES, enter number of beds certified 15 and days of care provided 1,931

Medicare Intermediary: Wisconsin Physician Services

IV. ACCOUNTING BASIS

MODIFIED CASH+  CASH+

ACCUAL  CASH+

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/09 Fiscal Year: 12/31/09  
 \* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number: Abington Bank & Nursing Cr  
BUILDING/CAMP GENERAL IMPROVEMENT

STATE OF ILLINOIS

# 0039693 Report Period Beginning: \_\_\_\_\_

8/01/09 Ending: \_\_\_\_\_

Page 11  
12/1/09

A. Square Feet: \_\_\_\_\_ B. General Construction Type: \_\_\_\_\_

Exterior Brick

Frame

Number of Stories \_\_\_\_\_

2

C. Does the Operating Entity?  (a) Own the Facility

(b) Rent from a Related Organization.

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment

(b) Rent equipment from a Related Organization.

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XII-C. Those checking (c) may complete Schedule XII-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartment, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List facility name, type of business, square footage, and number of bedrooms available (where applicable).  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

If so, please complete the following:

- Total Amount Incurred: \_\_\_\_\_
- Number of Years Over Which it is Being Amortized: \_\_\_\_\_
- Current Period Amortization: \_\_\_\_\_
- Date Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

1	2	3	4
Year	Square Feet	Year Acquired	Cost
1	Facility	1984	100,000
2	Albertical Jean Double Van	2003	5,250
3	TOTALS		105,250

SEE ACCOUNTANT'S CONSOLIDATION REPORT



1	2	3	4	5	6	7	8	9	
Bed*	POB BIF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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23									
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26									
27									
28									
29									
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31									
32									
33									
34									
35									
36									

\*Total bedson this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost reported to be considered complete. See Page 12A, Line 70 for total SEE ACCORDANTS COMPILATION REPORT

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37									
38									
39									
40									
41									
42									
43									
44									
45									
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65									
66									
67									
68									
69									
70									
TOTAL (Lines 1 thru 69)		2,865,333	91,988		62,277	27,389	1,280,785		
67 Hospital Building (Lines 17 & 17A)		2,812,000	82,795		62,514	6,719	989,543		
68 Hospital Facility Alterations (Lines 17B & 17C)		55,333	7,293		1,287	121	181,712		
69 Hospital Equipment (Lines 17D & 17E)		28,000	1,899						
70 TOTAL (Lines 1 thru 69)		2,865,333	91,988		62,277	27,389	1,280,785		

\*\*Improvements type shall be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPLIANCE REPORT

1	2	3	4	5	6	7	8	9
Improvement Type	Year	Cost	Current Book	Life	Straight Line	Adjustment	Accumulated	
	Constructed		Depreciation	In Years	Depreciation		Depreciation	
1	1986	138,433	7,928	20	6,928	1,104	1,397,628	1
2	2006	11,000		20	100	100	403	1
3	2007	17,000		20	1,250	1,250	1,250	1
4	2008	2,500		20	125	125	125	1
5	2008	1,350		20	67.5	67.5	67.5	1
6	2008	9,718		20	485.9	485.9	485.9	1
7	2008	4,719		20	235.95	235.95	235.95	1
8	2009	2,550		20	127.5	127.5	127.5	1
9	2009	3,310		20	165.5	165.5	165.5	1
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
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23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
TOTAL (lines 1 thru 33)		203,996	7,928		10,215	3,019	1,30,276	

\*Important! (S)PC must be checked in order for the cost report to be considered complete.  
 SEE ACCOUNTANTS COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
3		2,971,810	74,988	5	1,962,716	3,338	1,407,336	1
4								2
5								3
6								4
7								5
8								6
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27								25
28								26
29								27
30								28
31								29
32								30
33								31
34								32
TOTAL Gross Value \$11		2,971,810	74,988		1,962,716	3,338	1,407,336	33

\*\*Improvement type must be detailed in order for the row report to be considered complete.

SEE ACCOUNTANTS' CONSOLIDATION REPORT

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1 Finish from Page 120 (Carried Forward)		2992750	74,688		108226	35228	1368,276
2							
3							
4							
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29							
30							
31							
32							
33							
34							
35							
TOTAL (Line 1)		2992750	74,688		108226	35228	1368,276

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANT'S COMPILATION REPORT

Facility Name & ID Number: Abbington Rehabilitation & Nursing Center  
 XT (IMPROVEMENT COSTS (continued))  
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers in amount dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation	
1		2972570	74985		100.00%	33,333	1,301,775	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
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94								94
95								95
96								96
97								97
98								98
99								99
100								100
TOTAL (Lines 1 thru 33)		2972570	74985		100.00%	33,333	1,301,775	101

\*\*Improvement type must be detailed to order for the cost report to be considered complete.

SEE ACCOUNTANTS COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Impressed Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Buildings (See Instructions)								
3	1976	2,292,000	487,980	38	65,314	5,719	982,413	1
4								2
5								3
6								4
7								5
8								6
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92								90
93								91
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96								94
97								95
98								96
99								97
100								98

\*\*Impressed type must be detailed in order for the data report to be considered complete. SEE ACCOUNTANTS COMPILATION REPORT





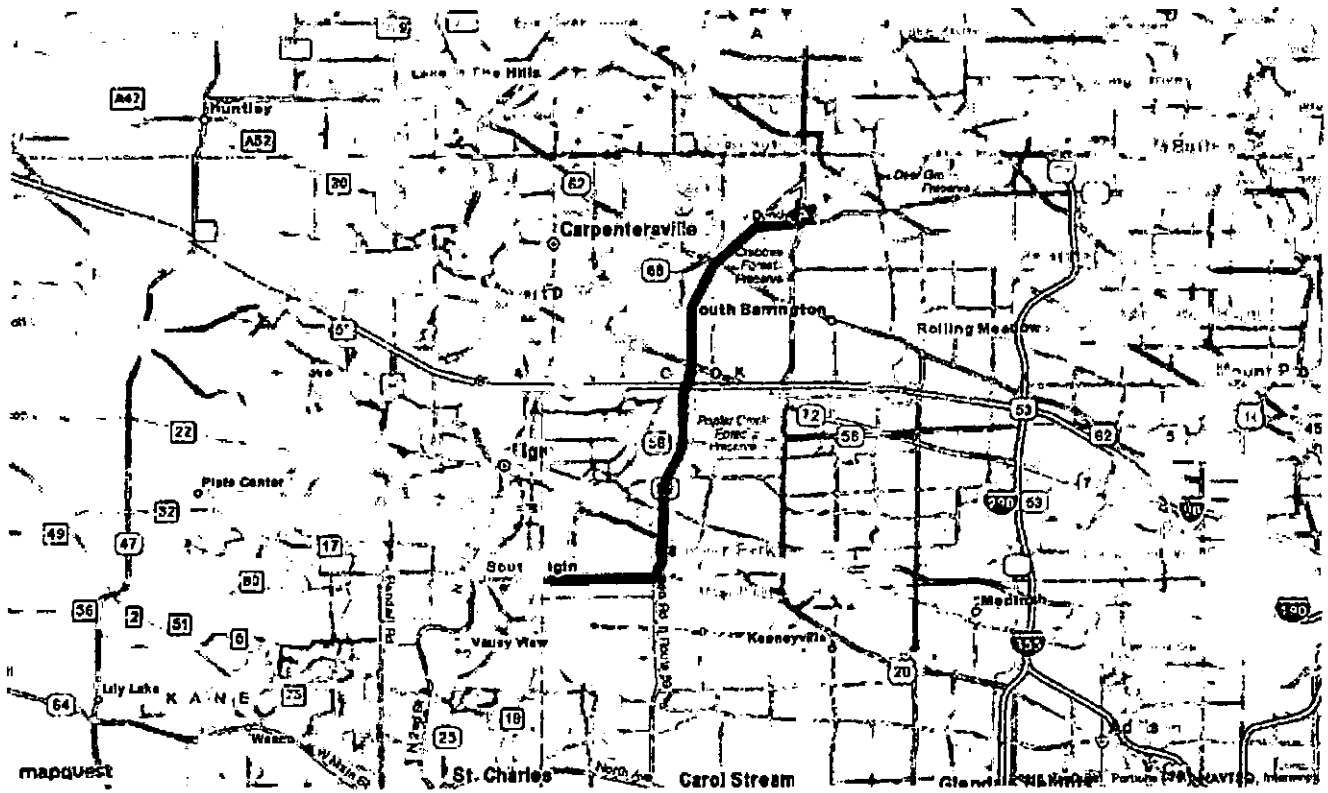
# MAPQUEST.

Sony! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

★ Starting Location  
1420 S Barrington Rd  
Barrington, IL 60010-5206

✪ Ending Location  
E Middle St & Il Route 25  
South Elgin, IL 60177

Total Travel Estimate: 21 minutes / 14.48 miles Fuel Cost: Calculate



★ 1420 S Barrington Rd [Link](#)  
Barrington, IL 60010-5206

- Start out going SOUTH on S BARRINGTON RD toward MANCHESTER OR. 0.2 mi
- Turn RIGHT onto IL-68/DUNDEE RD. 1.1 mi
- Turn SLIGHT LEFT onto NEW SUTTON RD/IL-69/IL-68. Continue to follow IL-69 S. 10.0 mi
- Turn RIGHT onto W BARTLETT RD. 3.1 mi
- 5. E MIDDLE ST & IL ROUTE 25.

✪ E Middle St & Il Route 25 [Link](#)  
South Elgin, IL 60177

Total Travel Estimate: 21 minutes / 14.48 miles Fuel Cost: Calculate

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from use of MapQuest.

<b>ALDEN ESTATES OF BARRINGTON, INC.</b>		<b>ADMISSION RESTRICTIONS</b>		<b>RESIDENTS BY PRIMARY DIAGNOSIS</b>		
1420 SOUTH BARRINGTON ROAD		Aggressive/Anti-Social	1	<b>DIAGNOSIS</b>		
BARRINGTON, IL 60010		Chronic Alcoholism	0	Neoplasms	3	
Reference Numbers	Facility ID 6003735	Developmentally Disabled	1	Endocrine/Metabolic	8	
Health Service Area 007	Planning Service Area 701	Drug Addiction	1	Blood Disorders	3	
<b>Administrator</b>		Medicaid Recipient	0	*Nervous System Non Alzheimer	4	
Greg Nianaber		Medicare Recipient	0	Alzheimer Disease	1	
		Mental Illness	1	Mental Illness	0	
<b>Contact Person and Telephone</b>		Non-Ambulatory	0	Developmental Disability	0	
Chris Reinhofer		Non-Mobile	0	Circulatory System	28	
773-286-3883		Public Aid Recipient	0	Respiratory System	30	
	<b>Date Completed</b>	Under 65 Years Old	0	Digestive System	2	
	4/24/2009	Unable to Self-Medicat	0	Genitourinary System Disorders	4	
<b>Registered Agent Information</b>		Ventilator Dependent	0	Skin Disorders	0	
Kenneth J. Fisch		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	15	
4200 West Peterson Ave, Suite 140		Other Restrictions	0	Injuries and Poisonings	5	
Chicago, IL 60646		No Restrictions	0	Other Medical Conditions	7	
				Non-Medical Conditions	0	
<b>FACILITY OWNERSHIP</b>		<i>Note: Reported restrictions denoted by '1'</i>			<b>TOTALS</b>	<b>108</b>
<b>FOR-PROF CORPORATION</b>						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	150	150	131	150	108	42	134	94	Total Admissions 2008	563
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	560
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	108
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>150</b>	<b>150</b>	<b>131</b>	<b>150</b>	<b>108</b>	<b>42</b>	<b>134</b>	<b>94</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare			Medicaid		Other Public	Private Insurance	Private Pay	Charity Care			TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days			
Nursing Care	15136	30.9%	17088	49.7%	0	2627	5111	0	39962	72.8%	72.8%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>15136</b>	<b>30.9%</b>	<b>17088</b>	<b>49.7%</b>	<b>0</b>	<b>2627</b>	<b>5111</b>	<b>0</b>	<b>39962</b>	<b>72.8%</b>	<b>72.8%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	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	9	2	0	0	0	0	0	0	9	2	11
45 to 59	4	5	0	0	0	0	0	0	4	5	9
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	14	16	0	0	0	0	0	0	14	16	30
85+	11	25	0	0	0	0	0	0	11	25	36
<b>TOTALS</b>	<b>49</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>	<b>59</b>	<b>108</b>

## ALDEN ESTATES OF BARRINGTON, INC.

1420 SOUTH BARRINGTON ROAD  
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6003735

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	36	51	0	9	12	0	108
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>36</b>	<b>51</b>	<b>0</b>	<b>9</b>	<b>12</b>	<b>0</b>	<b>108</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	356	264
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	1	0	0	0	1
<b>Total</b>	<b>108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	1	0	0	0	1
<b>Total</b>	<b>108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	6.00
Certified Aides	25.00
Other Health Staff	2.00
Non-Health Staff	39.00
<b>Totals</b>	<b>86.00</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
55.6%	26.0%	0.6%	9.9%	7.9%	100.0%		0.0%
7,010,115	3,283,536	79,308	1,247,927	998,444	12,619,330	0	

Facility Name & ID Number: Alden Estates of Barrington

III. STATISTICAL DATA

A. Accreditation level of care center number of bed/days (must agree with General Date of Change in Licensed Beds)

1	2	3	4
Bed at Beginning of Report Period	Licensee Level of Care	Bed at End of Report Period	Licensed Bed Days During Report Period
1	Skilled (SNF)	150	54,750
2	Skilled/Intermediate (SNF/IFP)		
3	Intermediate (IFP)		
4	Intermediate/AD		
5	Skilled Care (SC)		
6	ICF/D 16 or Less		
7	TOTALS	150	54,750

B. Fees for the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
8 SNF	Medical Reimbursement	3,014	17,351	27,068
9 SNF/IFP				
10 ICF		13,576		16,434
11 ICF/D			0	
12 SC				
13 DD 16 OR LESS				
14 TOTALS	19,275	6,776	17,351	43,902

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 79.46%

# 0846324 Report Period Beginning: 12/09 Ending: 12/31/09  
 D. How many bed/days during the year were paid by the Department? NONE (Do not include bed/days in Section B)

E. List all services provided by your facility for outpatients (e.g., day care, "walk-in" services, outpatient therapy)

F. Does the facility maintain a daily midnight census? Yes

G. Do items 3 & 4 include expenses for services or investments not directly related to patient care? YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES  NO

I. On what date did you start providing long term care at this location? Date started: 12/1/2003

J. Was the facility purchased or leased after January 1, 1978? YES  NO

K. Was the facility certified for Medicare during the reporting year? YES  NO  If YES, enter number of beds certified: 150 and days of care provided: 16,102

Medicare Intermediary: National Government Services, Inc.

IV. ACCOUNTING BASIS  
 ACCRUAL  MODIFIED CASH   
 CASH  CASH

Is your fiscal year identical to your tax year? YES  NO   
 Tax Year: 12/31/09 Fiscal Year: 12/31/09  
 \* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number: Alden Estate of Burlington  
 X BUILDING AND GENERAL INFORMATION:

STATE OF ILLINOIS

Report Period Beginning: 09/6/21

1/1/09

Ending: 12/31/09

Page: 11

A. Square Feet: 59,500

B. General Construction Type

Exterior: Brick

Frame: Steel

Number of Stories: 1

C. Does the Operating Entity?

(a) Own the Facility

(b) Rent from a Related Organization

(Facilities checked (a) or (b) must complete Schedule XI. Those checked (c) may complete Schedule XI or Schedule XI-A. See instructions.)

D. Does the Operating Entity?

(a) Own the Equipment

(b) Rent equipment from a Related Organization

(c) Rent equipment from Completely Unrelated Organization

(Facilities checked (a) or (b) must complete Schedule XI-C. Those checked (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartment, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating cost which are being amortized?

YES

NO

If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_ 4. Date Incurred: \_\_\_\_\_

Nature of Cost:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

1	2	3	4
Year Acquired	Square Feet	Year Acquired	Cost
1	150 Bed Facility	2005	1,200,000
2			
3	TOTALS		1,200,000

Facility Name & ID Number: Alden Estate of Barrington  
 K17VWESHHP1C01S1 (Continued)

STATE OF ILLINOIS 00464574

Report Period Beginning: 1/1/99

Ending: 12/31/09

Page 12

B. Building Depreciation-Including Fixed Equipment. (See Instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10	11	12
Book#	FOR BHF USE ONLY	Year Acquired	Year Commenced	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Building Acquisition: GL 1700144			4,312,711	154,917	39	112,977		1,235,848	4	5
2	Renovation: Imbroglio Ct 1700144	2007	2007	4,281,854	117,577	39	112,577		302,847	3	6
3	Add. Value on BHT prior owner (A17)			207,700	5,244	39	5,244		31,397	4	7
4	Related Party Transactions			13,200		25			12,569	8	8
5	Imbroglio Ct 1700144	2008	2008	31,500	2,157	10	2,157		11,739	9	9
6	Imbroglio Ct 1700144	2004	2004	6,400	427	10	427		2,411	10	10
7	Imbroglio Ct 1700144	2004	2004	3,120	208	10	208		1,092	11	11
8	Imbroglio Ct 1700144	2004	2004	2,274	147	12	147		3,279	12	12
9	Imbroglio Ct 1700144	2004	2004	1,603	104	10	104		315	13	13
10	Imbroglio Ct 1700144	2004	2004	7,388	164	10	164		7,240	14	14
11	Imbroglio Ct 1700144	2005	2005	13,771	1,372	10	1,372		7,240	15	15
12	Imbroglio Ct 1700144	2005	2005	3,245	349	10	349		4,848	16	16
13	Imbroglio Ct 1700144	2005	2005	1,743	182	10	182		4,848	17	17
14	Imbroglio Ct 1700144	2005	2005	1,281	128	10	128		4,848	18	18
15	Imbroglio Ct 1700144	2005	2005	4,290	429	10	429		4,848	19	19
16	Imbroglio Ct 1700144	2005	2005	11,243	1,124	10	1,124		4,848	20	20
17	Imbroglio Ct 1700144	2006	2006	3,874	724	5	724		4,848	21	21
18	Imbroglio Ct 1700144	2006	2006	4,189	419	10	419		4,848	22	22
19	Imbroglio Ct 1700144	2006	2006	5,258	526	10	526		4,848	23	23
20	Imbroglio Ct 1700144	2006	2006	14,500	725	20	725		4,848	24	24
21	Imbroglio Ct 1700144	2006	2006	4,407	240	10	240		4,848	25	25
22	Imbroglio Ct 1700144	2006	2006	13,838	1,384	10	1,384		4,848	26	26
23	Imbroglio Ct 1700144	2007	2007	271,260	21,244	15	21,244		4,848	27	27
24	Imbroglio Ct 1700144	2007	2007	1,243	243	10	243		4,848	28	28
25	Imbroglio Ct 1700144	2007	2007	382,004	20,501	10	20,501		4,848	29	29
26	Imbroglio Ct 1700144	2007	2007	7,971	779	10	779		4,848	30	30
27	Imbroglio Ct 1700144	2007	2007	2,871	189	10	189		4,848	31	31
28	Imbroglio Ct 1700144	2007	2007	2,765	176	10	176		4,848	32	32
29	Imbroglio Ct 1700144	2007	2007	3,947	256	15	256		4,848	33	33
30	Imbroglio Ct 1700144	2007	2007	3,947	256	15	256		4,848	34	34
31	Imbroglio Ct 1700144	2007	2007	3,947	256	15	256		4,848	35	35
32	Imbroglio Ct 1700144	2007	2007	3,947	256	15	256		4,848	36	36

\* Total book on this schedule must agree with page 2.  
 \*\* Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number: Alden Estate of Barrington

STATE OF ILLINOIS

Report Period Beginning:

1/1/09

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11. OWNERSHIP COSTS (continued)

B. Building Depreciation-Residential (See instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10	11	12
Improvement Type**	Year	Cost	Current Book	Life	Straight Line	Adjustment	Accumulated				
	(Covered)		Depreciation	in Years	Depreciation		Depreciation				
1	2009	12,000.00	19,200.00	5	2,400.00	(0)	19,200.00				
2	2009	1,200.00	1,200.00	5	240.00	(0)	1,200.00				
3	2009	4,200.00	4,200.00	5	840.00	(0)	4,200.00				
4	2009	4,100.00	4,100.00	5	820.00	(0)	4,100.00				
5	2009	4,250.00	4,250.00	5	850.00	(0)	4,250.00				
6	2009	3,300.00	3,300.00	5	660.00	(0)	3,300.00				
7											
8											
9											
10	2009	141	141	5	28.20	(0)	141				
11											
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TOTAL (Lines 1 thru 33)		\$ 123,600.00	\$ 41,768		\$ 21,768	(0)	\$ 159,230				

\*\*Improvement type must be specified in order for the total report to be considered complete.

1	2	3	4	5	6	7	8	9
Requirement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment (0)	Accumulated Depreciation	
1	1979	12,237,667	344,930	30	344,930		1,591,360	1
2	1980	16,192		15			16,160	2
3	1985	10,512		13			18,311	3
4	1985	135		13			135	4
5	1990	4,481		18			4,481	5
6	1994	2,997		15			5,811	6
7	1995	1,457		15			3,111	7
8	2000	7,469		15			7,469	8
9	2001	450		7			450	9
10	2001	575		5			575	10
11	2003	729		0			729	11
12	2003	2,275		7			2,275	12
13	2005	400		10			400	13
14	2006	91		2			91	14
15	2007	417		7			417	15
16	2008	241		7			241	16
17	2009	762		7			762	17
18	2009	5,555		7			5,555	18
19	2009	218		7			218	19
20	2009	1,907		7			1,907	20
21	1998	4,837	152	40	152		1,732	21
22	1999	4,899	117	40	117		1,730	22
23	2002	31		4			31	23
24	2003	20		3			20	24
25	2003	20		3			20	25
26	2003	20		3			20	26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34

\*If report control type must be detailed in order for the report to be considered complete.



# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

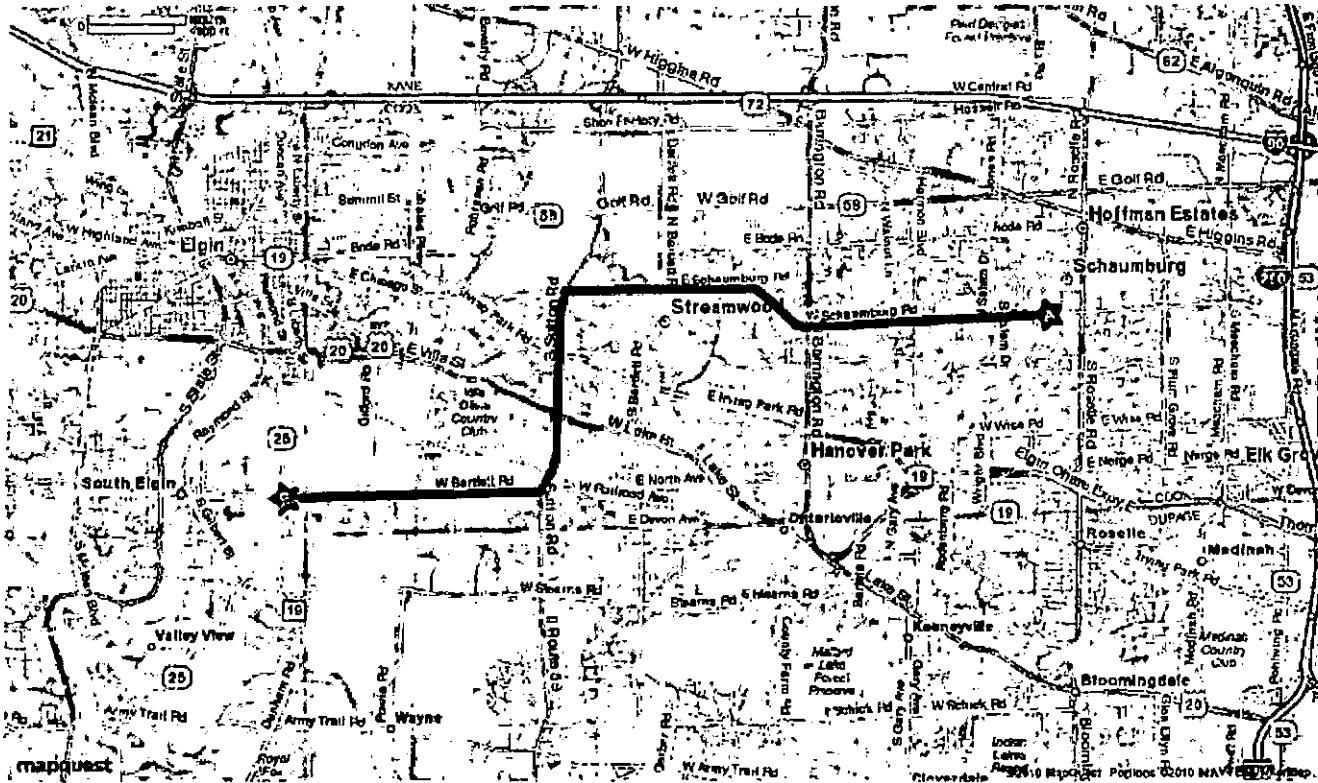
**A Starting Location**

**350 W Schaumburg Rd**  
Schaumburg, IL 60194-3464





**B Ending Location**

**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 21 minutes / 11.78 miles Fuel Cost: [Calculate](#)



**A 350 W Schaumburg Rd**  
Schaumburg, IL 60194-3464

-  Start out going WEST on W SCHAUMBURG RD toward HILLTOP DR. 6.0 mi
-  Turn LEFT onto IL-59/SUTTON RD. 2.8 mi
-  Turn RIGHT onto W BARTLETT RD. 3.1 mi
-  E MIDDLE ST & IL ROUTE 25.

**B E Middle St & Il Route 25 E.**  
South Elgin, IL 60177

Total Travel Estimate: 21 minutes / 11.78 miles Fuel Cost: [Calculate](#)

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**FRIENDSHIP VILLAGE SCHAUMBURG**

350 WEST SCHAUMBURG ROAD  
 SCHAUMBURG, IL. 60194  
 Reference Numbers Facility ID 6003404  
 Health Service Area 007 Planning Service Area 701  
 Administrator  
 Judy Pitzele

Contact Person and Telephone  
 Fred A. Saviano  
 847-843-4259

Registered Agent Information  
 N/A

Date Completed  
 4/27/2009

**ADMISSION RESTRICTIONS**

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

Note: Reported restrictions denoted by '1'

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	5
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	32
Digestive System	15
Genitourinary System Disorders	10
Skin Disorders	5
Musculo-skeletal Disorders	16
Injuries and Poisonings	32
Other Medical Conditions	37
Non-Medical Conditions	0
<b>TOTALS</b>	<b>210</b>

**FACILITY OWNERSHIP**  
 NON-PROF CORPORATION

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2008	
Nursing Care	250	248	236	210	40	250	190	Total Admissions 2008	815
Skilled Under 22	0	0	0	0	0	0	0	Total Discharges 2008	626
Intermediate DD	0	0	0	0	0	0	0	Residents on 12/31/2008	210
Sheltered Care	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>250</b>	<b>248</b>	<b>236</b>	<b>210</b>	<b>40</b>	<b>250</b>	<b>190</b>		

**FACILITY UTILIZATION - 2008**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	13127	14.3%	22395	32.2%	0	0	42410	1726	79658	87.1%	87.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>13127</b>	<b>14.3%</b>	<b>22395</b>	<b>32.2%</b>	<b>0</b>	<b>0</b>	<b>42410</b>	<b>1726</b>	<b>79658</b>	<b>87.1%</b>	<b>87.8%</b>

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

AGE GROUPS	NURSING CARE		SKL 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 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	8	0	0	0	0	0	0	0	8	8
75 to 84	18	21	0	0	0	0	0	0	18	21	39
85+	28	135	0	0	0	0	0	0	28	135	163
<b>TOTALS</b>	<b>46</b>	<b>164</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46</b>	<b>164</b>	<b>210</b>

**FRIENDSHIP VILLAGE SCHAUMBURG**

350 WEST SCHAUMBURG ROAD  
SCHAUMBURG, IL. 60194

Reference Numbers Facility ID 6003404

Health Service Area 007 Planning Service Area 701

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	41	54	0	0	115	0	210	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
<b>TOTALS</b>	<b>41</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>210</b>	

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	312	259
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawallan/Pac. Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	210	0	0	0	210
<b>Total</b>	<b>210</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>210</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	210	0	0	0	210
<b>Total</b>	<b>210</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>210</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	11.00
Certified Aides	88.00
Other Health Staff	13.75
Non-Health Staff	7.00
<b>Totals</b>	<b>150.75</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
33.5%	12.4%	0.0%	0.0%	54.1%	100.0%		2.1%
6,574,272	2,431,483	0	0	10,596,845	19,602,600	414,440	

Facility Name & ID Number: Friendship Village - Schaumburg

11. STATISTICAL DATA

A. Licensee certification level(s) of care: enter number of unoccupied days, (most agree with license, Date of change in licensed beds)

1	2	3	4
Beds at Beginning of Report Period	Licensee Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
250	Skilled (SNF)	250	91,490
	Skilled (Private (SNYPRD))		
	Intermediate (ICF)		
	Intermediate/D		
	Subacute Care (SAC)		
	IC/NPD 16 or Less		
250	TOTALS	250	91,500

B. Census For the entire report period:

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
8 SNF	Medical	15,130	35,364	50,494
9 SNYPRD	Medical	15,130	35,364	50,494
10 ICF	Private Pay	3,791	7,021	10,812
11 ICF/D	Private Pay	3,791	7,021	10,812
12 SAC	Private Pay			
13 0D 16 OR LESS	Private Pay			
14 TOTALS	19,920	19,300	42,315	79,775

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 87.19%

SEE ACCOUNTANTS' COMPILATION REPORT

# 0033106 Report Period Beginning: 04/01/88 Ending: 03/31/89

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients (e.g., day care, meals on wheels, outpatient therapy) Home Health Clinic, Adult Day Care

F. Does the facility maintain a daily midnight census? Yes

G. Do items 3 & 4 include expenses for services or investments not directly related to patient care? YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES  NO

I. On what date did you start providing long term care at this location? Date started: 01/01/77

J. Was the facility purchased or leased after January 1, 1978? YES  Date: NO

K. Was the facility certified for Medicare during the reporting year? YES  NO  If YES, enter number of beds certified: 150 and days of care provided: 13,397

Medicare Insurer(s): Wisconsin Physicians Services

IV. ACCOUNTING BASIS MODIFIED CASH+  CASH\*

ACCRUAL  CASH+  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 03/31 Fiscal Year: 03/31

\* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number: Freedom Village - Schaumburg  
BUILDING AND GENERAL INFORMATION

STATE OF ILLINOIS

Report Period Beginning: 06/23/18

Ending: 04/30/19

Page 11

A. Square Feet: 137,510

B. General Construction Type:

Exterior: Brick

Frame: Steel

Number of Stories: 3

C. Does the Operating Entity?  (a) Own the Facility

(b) Rent from a Related Organization.

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See last sections.)

D. Does the Operating Entity?

(a) Own the Equipment

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by the operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/nursing units/beds (where applicable).

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

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Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

Bridge out Apartments - Independent Living Apartments - Building Square Feet: 100,000 Separate from SHF

XI. OWNERSHIP COSTS:

A. Land:

1	Use	2	3	4
		Square Feet	Year Acquired	Cost
1		Approx. 10 Acres	1971	12,200,000
2				
3	TOTALS			12,200,000

SEE ACCOUNTANTS' COMPILATION REPORT

F. Does this cost report reflect any or part of the cost of construction or pre-operating costs which are being amortized?  YES  NO

1. Total Amount Incurred: \_\_\_\_\_

2. Current Period Amortization: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

3. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

4. Dates Incurred: \_\_\_\_\_

A. DEPRECIATION COSTS (continued)  
 B. Building Depreciation-including Fixed Equipment (See instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Books	MOB BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Accumulated Depreciation
1		1977	1977	1,060,035	44,027	40	21,469	
2		1995	1995	1,107,711	27,589	40	70,282	
3		1998	1998	1,747,065	73,357	40	70,282	
4								
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33								
34								
35								
36								

\* Total books on this schedule must agree with page 2.  
 \*\* Depreciation type must be defined in order for use cost report to be considered complete.  
 See Page 12A, Line 70 for total SEE ACCOUNTANT'S COMPILATION REPORT

37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation																										
47																																	
48																																	
49																																	
50																																	
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66																																	
67																																	
68																																	
69																																	
70																																	
TOTAL																																	

\*Improvement type must be included in order for the cost report to be considered complete.

SEE ACCOUNTANTS COMPILATION REPORT

Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	1	178,000	369,897	20	369,897		
2	2	17,400		20			
3	3	8,500		20			
4	4	7,141		20			
5	5	14,071		20			
6	6	59,539		20			
7	7	13,377		20			
8	8	11,207		20			
9	9	5,320		20			
10	10	4,240		20			
11	11	3,722		20			
12	12	1,212		20			
13	13	3,247		20			
14	14	179		20			
15	15	1,259		20			
16	16	272		20			
17	17	471		20			
18	18	282		20			
19	19	887		20			
20	20	10,739		20			
21	21	402		20			
22	22	204		20			
23	23	416		20			
24	24	350		20			
25	25	211		20			
26	26	278		20			
27	27	125		20			
28	28	342		20			
29	29	2,215		20			
30	30	4,971		20			
31	31	18,441		20			
32	32	1,249		20			
33	33	11,247		20			
34	34	207		20			
35	35	13,257		20			
36	36	369,897		20			

\*Improvement type must be checked in order for the cost report to be considered complete.  
 SEE ACCOUNTANTS COMPILATION REPORT



Facility Name & ID Number: Friendly Village - Schaumburg  
 XT OVERSHPSHIP COSTS (continued)  
 B. Building Depreciation-Including Fixed Equipment (See instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type*	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
	Completed		Depreciation	In Years	Depreciation		Depreciation	
1. Wash from Page 12A. (not fact forward)	2007	1,330,000	369,097	20	369,097			
2. Wiring circuit breaker repair	2007	1,261		20				
3. Bathroom Grab Bar	2007	4,300		20				
4. Install Valve, Tub & Shower	2007	2,885		20				
5. Repair Broken Sprinkler Heads (2750)	2007	344		20				
6. Repair Leak in Fire System Sprinkler (6005)	2007	411		20				
7. Repair To Front Entrance (5231)	2007	685		20				
8. Change Compression Nuts And Felt Washers On Hoses (5835)	2007	200		20				
9. Roof Repair (2815)	2007	200		20				
10. Roof Repair (2110)	2007	300		20				
11. Renovation Of Assecape Store (805)	2008	69		10				
12. Sunfield Kitchen Steel Double Slider Doors (1575)	2008	171		20				
13. The Replacement In Kitchen And Crit Room (7000)	2008	528		20				
14. Siderwall Slab Replacement (5415)	2008	417		20				
15. Garden Way To Pice Slab (6500)	2008	244		20				
16. Concreting Garden Way To Pleasant Drive (2795)	2008	215		20				
17. Special Care Phase II Renovation	2008	74,919		20				
18. Garden Landscaping	2008	2,348		20				
19. Special Care Phase II Renovation	2008	174,000		20				
20. Garage Restoration	2008	15,348		20				
21. Gascon Restoration	2008	4,351		20				
22. Air Conditioner In Porches	2008	2,300		20				
23. Waterproofed Repairs	2008	3,000		20				
24. Retain Fence Along Lake For EPR Ventilation Inlet	2008	3,000		20				
25. Automobile Door Lock For North Lane	2008	3,000		20				
26. Floor for Men's Lamin	2008	675		20				
27. Plumber and Interior Wall Repair	2008	315		20				
28. Plumber and Interior Wall Repair	2008	315		20				
29. Restore Gasket and Seal in Oil Tank	2008	1,228		20				
30. Repair Perimeter Cover Blue Motor (1800)	2008	222		20				
31. Electrical To Fix Post Light Above Staircase (5171)	2008	37		20				
32. Electric To Fix Post Light Above Staircase (5171)	2008	37		20				
33. Electric To Fix Post Light Above Staircase (5171)	2008	37		20				
34. Electric To Fix Post Light Above Staircase (5171)	2008	37		20				
35. TOTAL (used 1870)	2008	1,230,125	369,097		369,097			

\*Improvement type must be detailed in order for the cost report to be considered complete.  
 SEE ACCOUNTANTS COMPILATION REPORT

B. Building Depreciated - including Fixed Equipment (See instructions) Round all numbers to nearest dollar.

Line #	Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	Furniture Page 121, (Article 4) 1/1/00		12,800.00	287.097		384.097		
2								
3								
4								
5								
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26								
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28								
29								
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33								
34	<b>TOTAL (Lines 1 thru 33)</b>		12,800.00	287.097		384.097		

\*Improvement type must be detailed in order for the cost report to be considered complete.  
 SEE ACCOUNTANT'S COMPILATION REPORT

KTOWNDEPARTMENT (CONTRACT) B. Building Depreciation-see Building Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
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27								27
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30								30
31								31
32								32
33								33
34								34

\*\*Improvement type equal be detailed in order for the cost report to be considered complete. SEE ACCOUNTANTS' COMPILATION REPORT

KTOWNERSHIP COSTS (continued)  
 B. Building Depreciation-Excluding Fixed Equipment (See Instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1									
2									
3									
4									
5									
6									
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100									

\*\*Improvement type must be detailed in order for the cost report to be reconciled completely.  
 SEE ACCOUNTANTS COMPILATION REPORT

B. Building Depreciation-Including Fixed Equipment (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
Buildings	Constructed		Depreciation	In Years	Depreciation		Depreciation	
1								
2								
3								
4								
5								
6								
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34								

\*\*Improvement Type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS COMPILATION REPORT

X1. DEPRECIATION COSTS (consolidated) Round all numbers to nearest dollar.

B. Building Depreciation-Residential Fixed Equipment (See Instructions)

1	2	3	4	5	6	7	8	9
Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
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94								94
95								95
96								96
97								97
98								98
99								99
100								100
TOTAL (NET OF LINE 33)								101

\*\*Improvement type must be disclosed in order for the cost report to be considered complete.


SEE ACCOUNTANT'S COMPILATION REPORT

# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

 Starting Location


**275 E Army Trail Rd**  
Bloomington, IL 60108-2135





 Ending Location


**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 22 minutes / 14.00 miles Fuel Cost: [Calculate](#)



 **275 E Army Trail Rd** [Get](#)  
Bloomington, IL 60108-2135

-  Start out going WEST on ARMY TRAIL RD/CR-11 W toward GLEN ELLYN RD. 7.5 mi
-  2. Turn RIGHT onto IL-59/SUTTON RD. 3.3 mi
-  3. Turn LEFT onto W BARTLEY RD. 3.1 mi
-  4. E MIDDLE ST & IL ROUTE 25.

 **E Middle St & Il Route 25** [Get](#)  
South Elgin, IL 60177

Total Travel Estimate: 22 minutes / 14.00 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditionness. You assume all risk of use. MapQuest and its supplier, shall not be liable to you for any loss or delay resulting from your use of MapQuest.

ALDEN-VALLEY RIDGE REHAB & CARE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
275 EAST ARMY TRAIL ROAD		Aggressive/Anti-Social	0	DIAGNOSIS		
BLOOMINGDALE, IL. 60108		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6000459	Developmentally Disabled	0	Endocrine/Metabolic	7	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	4	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	3	
Donald L. Dalicandro		Medicare Recipient	0	Alzheimer Disease	53	
		Mental Illness	1	Mental Illness	5	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Chris Reinhofer		Non-Mobile	0	Circulatory System	5	
773 286-3883	Date Completed 4/18/2009	Public Aid Recipient	0	Respiratory System	10	
Registered Agent Information		Under 65 Years Old	0	Digestive System	11	
Kannath J Fisch		Unable to Self-Medicare	0	Genitourinary System Disorders	0	
4200 W Peterson Avenue, Suite 140		Ventilator Dependent	1	Skin Disorders	2	
Chicago, IL 60646		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	16	
		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	20	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	34
FOR-PRDF CORPORATION				TOTALS	170	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	207	207	207	207	170	37	207	207	Total Admissions 2008	176
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	216
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	170
Sheltered Care	0	0	0	0	0	0		0		
<b>TOTAL BEDS</b>	<b>207</b>	<b>207</b>	<b>207</b>	<b>207</b>	<b>170</b>	<b>37</b>	<b>207</b>	<b>207</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ.	Peak Beds Set Up Occ. Pct.	
	Medicare			Medicaid		Other Public	Private Insurance	Private Pay	Charity Care			TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days			
Nursing Care	6780	8.9%	49736	65.6%	1291	473	6608	0	64888	85.6%	85.6%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>6780</b>	<b>8.9%</b>	<b>49736</b>	<b>65.6%</b>	<b>1291</b>	<b>473</b>	<b>6608</b>	<b>0</b>	<b>64888</b>	<b>85.6%</b>	<b>85.6%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	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	5	6	0	0	0	0	0	0	5	6	11
45 to 59	13	10	0	0	0	0	0	0	13	10	23
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	10	17	0	0	0	0	0	0	10	17	27
75 to 84	18	29	0	0	0	0	0	0	18	29	47
85+	8	44	0	0	0	0	0	0	8	44	52
<b>TOTALS</b>	<b>60</b>	<b>110</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>110</b>	<b>170</b>



**ALDEN-VALLEY RIDGE REHAB & CARE**

275 EAST ARMY TRAIL ROAD  
BLOOMINGDALE, IL 60108

Reference Numbers Facility ID 6000459

Health Service Area 007 Planning Service Area 703

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	134	6	1	12	0	170
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>17</b>	<b>134</b>	<b>6</b>	<b>1</b>	<b>12</b>	<b>0</b>	<b>170</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	14	0	0	0	14
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>170</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>170</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>170</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>170</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.81
LPN's	7.93
Certified Aides	27.76
Other Health Staff	19.00
Non-Health Staff	22.16
<b>Totals</b>	<b>88.66</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
27.8%	53.6%	6.5%	1.9%	10.3%	100.0%		0.0%
2,900,262	5,590,140	680,134	193,336	1,070,414	10,434,286	0	

III. STATISTICAL DATA

A. License/certification level of each center number of bedded days.  
(must agree with license); Date of change in licensed beds

1	2	3	4
Bed at Beginning of Report Period	License Level of Care	Bed at End of Report Period	Licensed Bed Days During Report Period
207	Skilled (SNF), Intermediate (ICF), Intermediate (ICF)	207	75,555
	Skilled (SNF), Intermediate (ICF)		
	Intermediate (ICF)		
	Intermediate (ICF)		
	Skilled Care (SQ)		
	ICF/DD 16 or Less		
207	TOTALS	207	75,555

B. Census for the entire report period.

1	2	3	4	5
Level of Care	Patient Days	Level of Care and Primary Source of Payment	Other	Total
4 SNF	8213	Private Pay	13,432	25,200
9 SNF/PPD				
10 ICF	32318	3338	427	36,104
11 ICF/DD				
12 ICF				
13 DD 16 OR LESS				
14 TOTALS	41,553	5,903	13,869	61,304

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4); 81.14%

# 083640 Report Period Beginning 1/1/09 Ending 12/31/09

D. How many bed-hold days during this year were paid by the Department? none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for outpatients. (E.g., day care, "meals on wheels", outpatient therapy)

F. Does the facility maintain a daily all-night census? Yes

G. Do pages 3 & 4 include expenses for rentals or investments not directly related to patient care? YES  NO

H. Does the BALANCE SHEET (page 17) reflect any unsecured assets? YES  NO

I. On what date did you start providing long term care at this location? Date started 02/01/91

J. Was the facility purchased or leased after January 1, 1978? YES  Date 02/01/91 NO

K. Was the facility certified for Medicare during the reporting year? YES  NO  If YES, enter number of beds certified 207 and days of care provided 5181

Medicare Intermediary: National Governmental Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH  CASH

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/09 Fiscal Year: 12/31/09

\* All facilities other than Governmental must report on the internal book.

A. Square Feet: 72,846 B. General Construction Type: Exterior Brick Frame: Steel Number of Stories: 3

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

- Total Amount Incurred: \_\_\_\_\_
- Number of Years Over Which it is Being Amortized: \_\_\_\_\_
- Current Period Amortization: \_\_\_\_\_
- Days Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

1	2	3	4
Use	Square Feet	Year Acquired	Cost
1 Nursing Facility	72,846	1995	317,263
2			
3 TOTALS	72,846	3	317,263

1. DEPARTMENT: 2. BUILDING: 3. DEPARTMENT: 4. BUILDING: 5. DEPARTMENT: 6. BUILDING: 7. DEPARTMENT: 8. BUILDING: 9. DEPARTMENT: 10. BUILDING: 11. DEPARTMENT: 12. BUILDING: 13. DEPARTMENT: 14. BUILDING: 15. DEPARTMENT: 16. BUILDING: 17. DEPARTMENT: 18. BUILDING: 19. DEPARTMENT: 20. BUILDING: 21. DEPARTMENT: 22. BUILDING: 23. DEPARTMENT: 24. BUILDING: 25. DEPARTMENT: 26. BUILDING: 27. DEPARTMENT: 28. BUILDING: 29. DEPARTMENT: 30. BUILDING: 31. DEPARTMENT: 32. BUILDING: 33. DEPARTMENT: 34. BUILDING: 35. DEPARTMENT: 36. BUILDING:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
Item #	Description	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation																										
1	FOR BHP USE ONLY	1991	1978	14,055	191,589	20	704,908	9,288	32,876																										
2	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	1991	1991	1,444,499	51,122	5	61,607	3,187	1,062,113																										
3	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	1992	1992	1,441,115	51,015	5	61,607	3,187	1,062,113																										
4	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	1993	1993	1,441,115	51,015	5	61,607	3,187	1,062,113																										
5	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	1994	1994	1,441,115	51,015	5	61,607	3,187	1,062,113																										
6	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	1995	1995	1,441,115	51,015	5	61,607	3,187	1,062,113																										
7	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	1996	1996	1,441,115	51,015	5	61,607	3,187	1,062,113																										
8	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	1997	1997	1,441,115	51,015	5	61,607	3,187	1,062,113																										
9	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	1998	1998	1,441,115	51,015	5	61,607	3,187	1,062,113																										
10	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	1999	1999	1,441,115	51,015	5	61,607	3,187	1,062,113																										
11	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2000	2000	1,441,115	51,015	5	61,607	3,187	1,062,113																										
12	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2001	2001	1,441,115	51,015	5	61,607	3,187	1,062,113																										
13	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2002	2002	1,441,115	51,015	5	61,607	3,187	1,062,113																										
14	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2003	2003	1,441,115	51,015	5	61,607	3,187	1,062,113																										
15	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2004	2004	1,441,115	51,015	5	61,607	3,187	1,062,113																										
16	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2005	2005	1,441,115	51,015	5	61,607	3,187	1,062,113																										
17	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2006	2006	1,441,115	51,015	5	61,607	3,187	1,062,113																										
18	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2007	2007	1,441,115	51,015	5	61,607	3,187	1,062,113																										
19	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2008	2008	1,441,115	51,015	5	61,607	3,187	1,062,113																										
20	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2009	2009	1,441,115	51,015	5	61,607	3,187	1,062,113																										
21	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2010	2010	1,441,115	51,015	5	61,607	3,187	1,062,113																										
22	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2011	2011	1,441,115	51,015	5	61,607	3,187	1,062,113																										
23	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2012	2012	1,441,115	51,015	5	61,607	3,187	1,062,113																										
24	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2013	2013	1,441,115	51,015	5	61,607	3,187	1,062,113																										
25	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2014	2014	1,441,115	51,015	5	61,607	3,187	1,062,113																										
26	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2015	2015	1,441,115	51,015	5	61,607	3,187	1,062,113																										
27	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2016	2016	1,441,115	51,015	5	61,607	3,187	1,062,113																										
28	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2017	2017	1,441,115	51,015	5	61,607	3,187	1,062,113																										
29	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2018	2018	1,441,115	51,015	5	61,607	3,187	1,062,113																										
30	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2019	2019	1,441,115	51,015	5	61,607	3,187	1,062,113																										
31	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2020	2020	1,441,115	51,015	5	61,607	3,187	1,062,113																										
32	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2021	2021	1,441,115	51,015	5	61,607	3,187	1,062,113																										
33	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2022	2022	1,441,115	51,015	5	61,607	3,187	1,062,113																										
34	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2023	2023	1,441,115	51,015	5	61,607	3,187	1,062,113																										
35	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2024	2024	1,441,115	51,015	5	61,607	3,187	1,062,113																										
36	REPAIR ACFT CONTROL SYSTEM & PROGRAMING	2025	2025	1,441,115	51,015	5	61,607	3,187	1,062,113																										

\*Total costs on this schedule must agree with page 2.  
 \*\*Improvement type must be decided in order for the cost report to be considered complete.  
 See Page 12A, Line 70 for total

Facility Name & ID Number: Alden Valley Ridge Rehabilitation & Health Care Center  
 X: OWNERSHIP COSTS (continued)  
 B: Building Depreciation-Including Fixed Equipment (See Instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	(Current Book Depreciation)	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation		
37 FOLIURBEK ON STAGE COMPRESSOR	1986	2,700	197	14	53		2,200	37	
38 REPAIR WORK	1996	2,729	187	15	188		2,542	38	
39 REPAIR OF PRESSURE RELIEF VALVE	1996	1,800	124	15	156		1,676	39	
40 PAINTING	1996	1,267	84	5	1,183		1,183	40	
41 PAINTING	1996	1,267	84	5	1,183		1,183	41	
42 PAINTING	1996	1,267	84	5	1,183		1,183	42	
43 PAINTING	1996	1,267	84	5	1,183		1,183	43	
44 PAINTING	1996	1,267	84	5	1,183		1,183	44	
45 PAINTING	1996	1,267	84	5	1,183		1,183	45	
46 PAINTING	1996	1,267	84	5	1,183		1,183	46	
47 PAINTING	1996	1,267	84	5	1,183		1,183	47	
48 PAINTING	1996	1,267	84	5	1,183		1,183	48	
49 PAINTING	1996	1,267	84	5	1,183		1,183	49	
50 PAINTING	1996	1,267	84	5	1,183		1,183	50	
51 PAINTING	1996	1,267	84	5	1,183		1,183	51	
52 PAINTING	1996	1,267	84	5	1,183		1,183	52	
53 PAINTING	1996	1,267	84	5	1,183		1,183	53	
54 PAINTING	1996	1,267	84	5	1,183		1,183	54	
55 PAINTING	1996	1,267	84	5	1,183		1,183	55	
56 PAINTING	1996	1,267	84	5	1,183		1,183	56	
57 PAINTING	1996	1,267	84	5	1,183		1,183	57	
58 PAINTING	1996	1,267	84	5	1,183		1,183	58	
59 PAINTING	1996	1,267	84	5	1,183		1,183	59	
60 PAINTING	1996	1,267	84	5	1,183		1,183	60	
61 PAINTING	1996	1,267	84	5	1,183		1,183	61	
62 PAINTING	1996	1,267	84	5	1,183		1,183	62	
63 PAINTING	1996	1,267	84	5	1,183		1,183	63	
64 PAINTING	1996	1,267	84	5	1,183		1,183	64	
65 PAINTING	1996	1,267	84	5	1,183		1,183	65	
66 PAINTING	1996	1,267	84	5	1,183		1,183	66	
67 PAINTING	1996	1,267	84	5	1,183		1,183	67	
68 PAINTING	1996	1,267	84	5	1,183		1,183	68	
69 PAINTING	1996	1,267	84	5	1,183		1,183	69	
70 PAINTING	1996	1,267	84	5	1,183		1,183	70	
TOTAL		4,391,346	374,631		288,386		4,012,715		

\*\*Improvement type must be defined in order for the report to be considered complete.

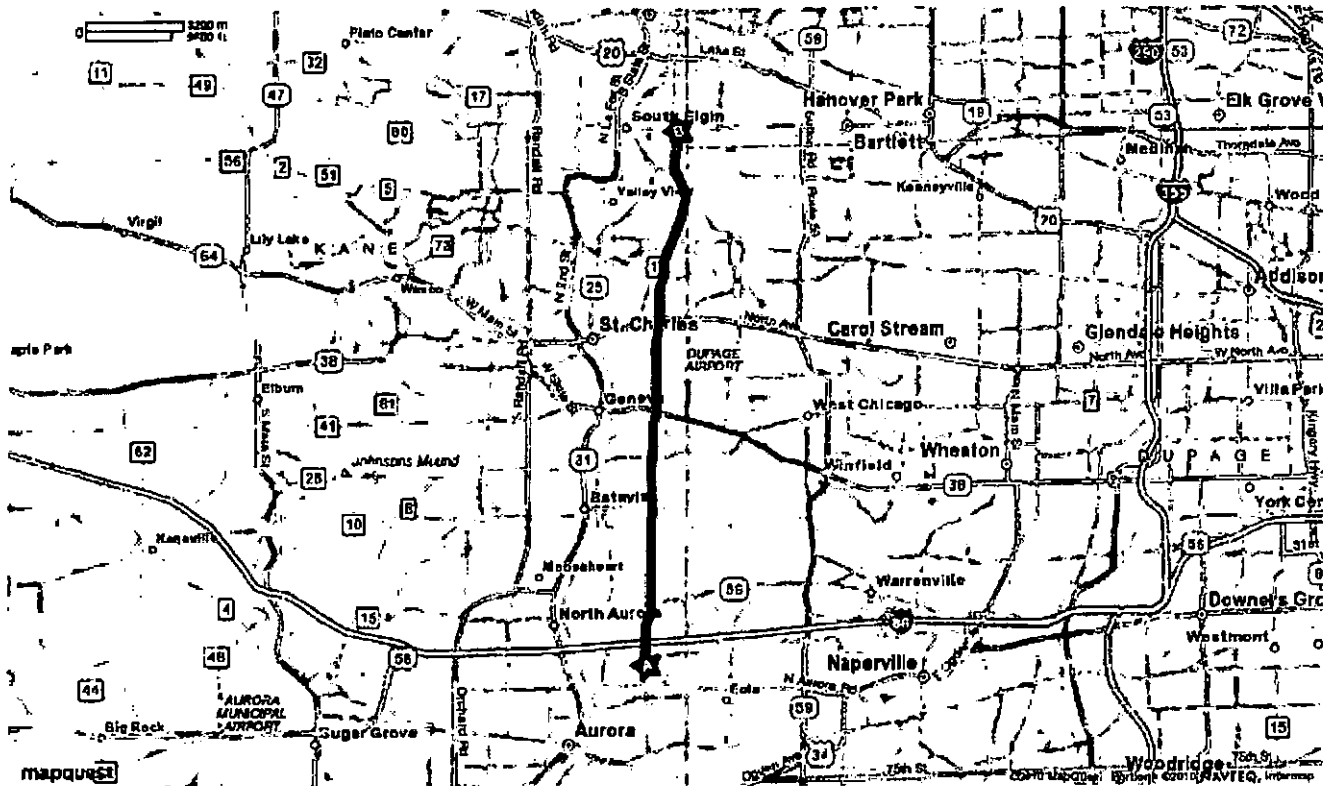
# MAPQUEST.


Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button







**Starting Location**  
 1601 N Farnsworth Ave  
 Aurora, IL 60505-1509


**Ending Location**  
 E Middle St & Il Route 25  
 South Elgin, IL 60177

Total Travel Estimate: 22 minutes / 14.27 miles Fuel Cost: [Calculate](#)



**1601 N Farnsworth Ave**   
 Aurora, IL 60505-1509

-  1. Start out going NORTH on N FARNSWORTH AVE toward MOLITOR RD. 1.6 mi
-  2. N FARNSWORTH AVE becomes KIRK RD/CR-77. 9.1 mi
-  3. KIRK RD/CR-77 becomes DUNHAM RD/CR-19. 2.7 mi
-   4. DUNHAM RD/CR-19 becomes IL-25. 0.8 mi
-  5. E MIDDLE ST & IL ROUTE 25.

**E Middle St & Il Route 25**   
 South Elgin, IL 60177

Total Travel Estimate: 22 minutes / 14.27 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of the content, road conditions or route usability. Use at your own risk. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

AURORA REHAB & LIVING CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1601 NORTH FARNSWORTH		Aggressive/Anó-Social	0	DIAGNOSIS		
AURORA, IL. 60505		Chronic Alcoholism	1	Neoplasms	8	
Reference Numbers	Facility ID 6000574	Developmentally Disabled	0	Endocrine/Metabolic	8	
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	1	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	14	
William H Pfeiffer		Mental Illness	1	Alzheimer Disease	24	
		Non-Ambulatory	0	Mental Illness	29	
Contact Person and Telephone		Non-Mobile	0	Developmental Disability	2	
William H. Pfeiffer		Public Aid Recipient	0	Circulatory System	44	
630-898-1180		Under 65 Years Old	0	Respiratory System	5	
	Date Completed	Unable to Self-Medicate	0	Digestive System	1	
	4/23/2009	Ventilator Dependent	1	Genitourinary System Disorders	5	
Registered Agent Information		Infectious Disease w/ Isolation	0	Skin Disorders	1	
Charles Sheets		Other Restrictions	0	Musculo-skeletal Disorders	5	
180 N. Stetson Ave. Suite 4525		No Restrictions	0	Injuries and Poisonings	14	
Chicago, IL 60601				Other Medical Conditions	0	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	161
FOR-PROF CORPORATION						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2008			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	195	189	182	189	161	34	189	189	Total Admissions 2008	292
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	289
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	161
Sheltered Care	0	0	0	0	0	0		0		
<b>TOTAL BEDS</b>	<b>195</b>	<b>189</b>	<b>182</b>	<b>189</b>	<b>161</b>	<b>34</b>	<b>189</b>	<b>189</b>		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private	Private	Charity	TOTAL	Licensed	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Insurance	Pay	Care		Pat. days	Occ. Pct.
Nursing Care	9488	13.7%	44658	64.6%	0	2882	5652	0	62680	87.8%	90.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>9488</b>	<b>13.7%</b>	<b>44658</b>	<b>64.6%</b>	<b>0</b>	<b>2882</b>	<b>5652</b>	<b>0</b>	<b>62680</b>	<b>87.8%</b>	<b>90.6%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	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	9	2	0	0	0	0	0	0	9	2	11
45 to 59	18	7	0	0	0	0	0	0	18	7	25
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	20	12	0	0	0	0	0	0	20	12	32
75 to 84	12	25	0	0	0	0	0	0	12	25	37
85+	15	32	0	0	0	0	0	0	15	32	47
<b>TOTALS</b>	<b>77</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>77</b>	<b>84</b>	<b>161</b>

## AURORA REHAB &amp; LIVING CENTER

1601 NORTH FARNSWORTH

AURORA, IL. 60505

Reference Numbers Facility ID 6000574

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	114	0	5	18	0	161
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>24</b>	<b>114</b>	<b>0</b>	<b>5</b>	<b>18</b>	<b>0</b>	<b>161</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	141	0	0	0	141
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>161</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>161</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>161</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>161</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	9.00
Certified Aides	45.00
Other Health Staff	3.00
Non-Health Staff	46.00
<b>Totals</b>	<b>115.00</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
32.9%	52.8%	0.0%	6.8%	7.5%	100.0%	0	0.0%
3,359,187	5,388,835	0	697,142	768,150	10,213,318	0	



Facility Name & ID Number: Arrows Rehab & Living Center

III. STATISTICAL DATA

A. Licensee/credential level(s) of care: enter number of bed/days. (must agree with item(s) Date of change in licensed beds)

1	2	3	4
Begin at beginning of Report Period	Licensee Level of Care	End at End of Report Period	Licensed Bed Days During Report Period
1	Skilled (SNF)	195	71,175
2	Skilled Pediatric (SNF/PED)		2
3	Intermediate (CF)		3
4	Intermediate (OD)		4
5	Subacute Care (SN)		5
6	HC/DD 16 or Less		6
7	TOTALS	195	71,175

B. Counts for the entire report period.

1	2	3	4	5
Level of Care	Primary Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
8 SNF	41,571	3,429	8,430	53,430
9 SNF/PED				9
10 ICF				10
11 HC/DD				11
12 SC				12
13 DD 16 OR LESS				13
14 TOTALS	41,571	3,429	8,430	53,430

C. Percent Occupancy - (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.87%

SEE ACCOUNTANTS' COMPILATION REPORT

# 000097 Report Period Beginning: 1/01/09 Ending: 12/31/09

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patient (E.g., day care, "meals on wheels", outpatient therapy) N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? NO

I. On what date did you start providing long term care of this hospital? 1971

J. Was the facility purchased or leased after January 1, 1978? NO

K. Was the facility certified for Medicare during the reporting year? NO If YES, enter number of beds certified 195 and days of care provided AS4

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS MODIFIED CASH\*

ACCRIUAL X CASH X CASH\*

Is your fiscal year identical to your tax year? YES X NO

Tax Year: 12/31/09 Fiscal Year: 12/31/09

\* All facilities other than governmental must report on the accrual basis.

A. Square Feet: 21,911 B. General Construction Type:  (a) Over the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization. Number of Stories: 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

E. List all other business entities owned by the operating entity or related to the operating entity that are located on or adjacent to this operating unit's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA visiting facilities, etc.)  
 Unit entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_  
 Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Ac	Square Foot	Year Acquired	Cost
1	130768	328754	1973	77314
2	130768	328754		77314
3	130768			

SEE ACCOUNTANTS' COMPILATION REPORT

B. Building Depreciation-Including Fixed Equipment (See Instructions). Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Bed*	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation
1	Improvement 1 EXP								
2	Various		1985	12,315		20	417	417	4,143
3	Various		1984	14,577		20	849	849	11,258
4	Various		1982	25,100		20	1,255	1,758	18,714
5	Various		1989	4,534		20	227	5,281	3,613
6	Various		2009	2,634		20	132	1,228	11,200
7	Various		2001	4,534		20	227	2,346	9,420
8	Various		2002	1,310,257		20	65,513	71,546	1,484,177
9	Various		2002	452,043		20	22,602	25,817	1,484,177
10	Various		2004	60,283		20	3,014	6,087	31,154
11	Various		2005	41,184		20	2,059	4,089	20,545
12									
13									
14									
15									
16									
17									
18									
19									
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25									
26									
27									
28									
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36									

\* Total beds on this schedule must agree with page 1  
 \*\* Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total  
 SEE ACCOUNTS COMPILATION REPORT

Facility Name & ID Number Aurora Rehab & Living Center

STATE OF ILLINOIS

0040097

Report Period Beginning: 01/01/09

Ending: 12/31/09

Page 12A

12/31/09

REPAIR/REPLACEMENT COSTS (continued)  
B. Building Depreciation-technology Kind Equipment. (See instruction.) Round all numbers to nearest dollar.

37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation																										
100	08	14,410.00	1,000.00	5	1,442.00	(410.00)	1,450.00																										
101	08	1,400.00	100.00	5	1,400.00		1,400.00																										
102	08	1,400.00	100.00	5	1,400.00		1,400.00																										
103	08	1,400.00	100.00	5	1,400.00		1,400.00																										
104	08	1,400.00	100.00	5	1,400.00		1,400.00																										
105	08	1,400.00	100.00	5	1,400.00		1,400.00																										
106	08	1,400.00	100.00	5	1,400.00		1,400.00																										
107	08	1,400.00	100.00	5	1,400.00		1,400.00																										
108	08	1,400.00	100.00	5	1,400.00		1,400.00																										
109	08	1,400.00	100.00	5	1,400.00		1,400.00																										
110	08	1,400.00	100.00	5	1,400.00		1,400.00																										
111	08	1,400.00	100.00	5	1,400.00		1,400.00																										
112	08	1,400.00	100.00	5	1,400.00		1,400.00																										
113	08	1,400.00	100.00	5	1,400.00		1,400.00																										
114	08	1,400.00	100.00	5	1,400.00		1,400.00																										
115	08	1,400.00	100.00	5	1,400.00		1,400.00																										
116	08	1,400.00	100.00	5	1,400.00		1,400.00																										
117	08	1,400.00	100.00	5	1,400.00		1,400.00																										
118	08	1,400.00	100.00	5	1,400.00		1,400.00																										
119	08	1,400.00	100.00	5	1,400.00		1,400.00																										
120	08	1,400.00	100.00	5	1,400.00		1,400.00																										
121	08	1,400.00	100.00	5	1,400.00		1,400.00																										
122	08	1,400.00	100.00	5	1,400.00		1,400.00																										
123	08	1,400.00	100.00	5	1,400.00		1,400.00																										
124	08	1,400.00	100.00	5	1,400.00		1,400.00																										
125	08	1,400.00	100.00	5	1,400.00		1,400.00																										
126	08	1,400.00	100.00	5	1,400.00		1,400.00																										
127	08	1,400.00	100.00	5	1,400.00		1,400.00																										
128	08	1,400.00	100.00	5	1,400.00		1,400.00																										
129	08	1,400.00	100.00	5	1,400.00		1,400.00																										
130	08	1,400.00	100.00	5	1,400.00		1,400.00																										
131	08	1,400.00	100.00	5	1,400.00		1,400.00																										
132	08	1,400.00	100.00	5	1,400.00		1,400.00																										
133	08	1,400.00	100.00	5	1,400.00		1,400.00																										
134	08	1,400.00	100.00	5	1,400.00		1,400.00																										
135	08	1,400.00	100.00	5	1,400.00		1,400.00																										
136	08	1,400.00	100.00	5	1,400.00		1,400.00																										
137	08	1,400.00	100.00	5	1,400.00		1,400.00																										
138	08	1,400.00	100.00	5	1,400.00		1,400.00																										
139	08	1,400.00	100.00	5	1,400.00		1,400.00																										
140	08	1,400.00	100.00	5	1,400.00		1,400.00																										
141	08	1,400.00	100.00	5	1,400.00		1,400.00																										
142	08	1,400.00	100.00	5	1,400.00		1,400.00																										
143	08	1,400.00	100.00	5	1,400.00		1,400.00																										
144	08	1,400.00	100.00	5	1,400.00		1,400.00																										
145	08	1,400.00	100.00	5	1,400.00		1,400.00																										
146	08	1,400.00	100.00	5	1,400.00		1,400.00																										
147	08	1,400.00	100.00	5	1,400.00		1,400.00																										
148	08	1,400.00	100.00	5	1,400.00		1,400.00																										
149	08	1,400.00	100.00	5	1,400.00		1,400.00																										
150	08	1,400.00	100.00	5	1,400.00		1,400.00																										
151	08	1,400.00	100.00	5	1,400.00		1,400.00																										
152	08	1,400.00	100.00	5	1,400.00		1,400.00																										
153	08	1,400.00	100.00	5	1,400.00		1,400.00																										
154	08	1,400.00	100.00	5	1,400.00		1,400.00																										
155	08	1,400.00	100.00	5	1,400.00		1,400.00																										
156	08	1,400.00	100.00	5	1,400.00		1,400.00																										
157	08	1,400.00	100.00	5	1,400.00		1,400.00																										
158	08	1,400.00	100.00	5	1,400.00		1,400.00																										
159	08	1,400.00	100.00	5	1,400.00		1,400.00																										
160	08	1,400.00	100.00	5	1,400.00		1,400.00																										
161	08	1,400.00	100.00	5	1,400.00		1,400.00																										
162	08	1,400.00	100.00	5	1,400.00		1,400.00																										
163	08	1,400.00	100.00	5	1,400.00		1,400.00																										
164	08	1,400.00	100.00	5	1,400.00		1,400.00																										
165	08	1,400.00	100.00	5	1,400.00		1,400.00																										
166	08	1,400.00	100.00	5	1,400.00		1,400.00																										
167	08	1,400.00	100.00	5	1,400.00		1,400.00																										
168	08	1,400.00	100.00	5	1,400.00		1,400.00																										
169	08	1,400.00	100.00	5	1,400.00		1,400.00																										
170	08	1,400.00	100.00	5	1,400.00		1,400.00																										
171	08	1,400.00	100.00	5	1,400.00		1,400.00																										
172	08	1,400.00	100.00	5	1,400.00		1,400.00																										
173	08	1,400.00	100.00	5	1,400.00		1,400.00																										
174	08	1,400.00	100.00	5	1,400.00		1,400.00																										
175	08	1,400.00	100.00	5	1,400.00		1,400.00																										
176	08	1,400.00	100.00	5	1,400.00		1,400.00																										
177	08	1,400.00	100.00	5	1,400.00		1,400.00																										
178	08	1,400.00	100.00	5	1,400.00		1,400.00																										
179	08	1,400.00	100.00	5	1,400.00		1,400.00																										
180	08	1,400.00	100.00	5	1,400.00		1,400.00																										
181	08	1,400.00	100.00	5	1,400.00		1,400.00																										
182	08	1,400.00	100.00	5	1,400.00		1,400.00																										
183	08	1,400.00	100.00	5	1,400.00		1,400.00																										
184	08	1,400.00	100.00	5	1,400.00		1,400.00																										
185	08	1,400.00	100.00	5	1,400.00		1,400.00																										
186	08	1,400.00	100.00	5	1,400.00		1,400.00																										
187	08	1,400.00	100.00	5	1,400.00		1,400.00																										
188	08	1,400.00	100.00	5	1,400.00		1,400.00																										
189	08	1,400.00	100.00	5	1,400.00		1,400.00																										
190	08	1,400.00	100.00	5	1,400.00		1,400.00																										
191	08	1,400.00	100.00	5	1,400.00		1,400.00																										
192	08	1,400.00	100.00	5	1,400.00		1,400.00																										
193	08	1,400.00	100.00	5	1,400.00		1,400.00																										
194	08	1,400.00	100.00	5	1,400.00		1,400.00																										
195	08	1,400.00	100.00	5	1,400.00		1,400.00																										
196	08	1,400.00	100.00	5	1,400.00		1,400.00																										
197	08	1,400.00	100.00	5	1,400.00		1,400.00																										
198	08	1,400.00	100.00	5	1,400.00		1,400.00																										
199	08	1,400.00	100.00	5	1,400.00		1,400.00																										
200	08	1,400.00	100.00	5	1,400.00		1,400.00																										

\*Improvements type must be identical in order for the cost figures to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number: Aurora Rehab & Living Center  
 X: DEPARTMENT COSTS: corrected  
 B: Building Depreciation - including Fixed Equipment (See instructions) Record all numbers to nearest dollar.

STATE OF ILLINOIS # 0040097 Report Period Begins: 01/01/09 Ending: 12/31/09 Page 118

1	2	3	4	5	6	7	8	9	10
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	2005	6076,617	184,143	20	130,008	56,359	1,062,317	1	1
2	2005	72,308		20	4,090	4,667	16,216	2	2
3	2005	1,350		20	243	243	912	3	3
4	2005	8,100		20	400	406	1,468	4	4
5	2005	6,325		20	316	316	1,200	5	5
6	2005	2,300		20	192	192	856	6	6
7	2005	4,300		20	217	217	723	7	7
8	2005	3,800		20	188	188	682	8	8
9	2005	7,291		20	365	365	1,215	9	9
10	2005	5,842		20	299	299	997	10	10
11	2005	5,216		20	261	261	850	11	11
12	2005	5,716		20	278	278	1,289	12	12
13	2005	2,815		20	140	140	429	13	13
14	2005	5,378		20	269	269	877	14	14
15	2005	2,854		20	143	143	462	15	15
16	2005	2,197		20	110	110	357	16	16
17	2007	4,431		20	222	210	709	17	17
18	2007	3,285		20	164	152	485	18	18
19	2007	3,298		20	165	152	485	19	19
20	2007	3,791		20	189	175	550	20	20
21	2007	5,598		20	275	260	815	21	21
22	2007	2,817		20	141	131	411	22	22
23	2007	1,712		20	86	81	271	23	23
24	2007	1,712		20	86	81	271	24	24
25	2007	4,811		20	241	226	707	25	25
26	2007	5,578		20	279	264	837	26	26
27	2007	4,811		20	241	226	707	27	27
28	2007	4,718		20	236	221	692	28	28
29	2007	4,718		20	236	221	692	29	29
30	2007	1,375		20	69	64	209	30	30
31	2007	8,243		20	412	387	1,199	31	31
32	2007	3,836		20	192	181	586	32	32
33	2007	22,700		20	1,135	1,050	3,204	33	33
34	2007	6,267,774	194,143		167,862	16,500	1,074,156	34	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS COMPILATION REPORT

Paraly Name & ID Number: Aurora Rehab & Living Center  
 N. OWENSTOWN (CUSTS) (Fostersville)  
 B. Building Depreciation-Including a Fixed Equipment (See Instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Impovement Type**	Year	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation		
1	2007	\$ 163,856	\$ 19,413	20	\$ 167,862	\$ (4,006)	\$ 2,074,468	1	1
2	2007	21,200		10	1,864	1,864	2,371	1	1
3	2007	10,610		10	932	932	3,013	1	1
4	2007	7,779		10	778	778	1,415	1	1
5	2007	16,821		10	1,682	1,682	1,685	1	1
6	2007	6,212		10	621	621	2,862	1	1
7	2007	18,977		10	1,898	1,898	1,189	1	1
8	2007	5,166		10	517	517	1,972	1	1
9	2007	14,625		10	1,463	1,463	2,734	1	1
10	2007	4,271		10	427	427	1,657	1	1
11	2008	2,799		10	280	280	241	1	1
12	2008	4,329		10	433	433	248	1	1
13	2008	4,329		10	433	433	248	1	1
14	2008	4,329		10	433	433	248	1	1
15	2008	4,329		10	433	433	248	1	1
16	2008	4,329		10	433	433	248	1	1
17	2008	4,329		10	433	433	248	1	1
18	2008	4,329		10	433	433	248	1	1
19	2008	4,329		10	433	433	248	1	1
20	2008	4,329		10	433	433	248	1	1
21	2008	4,329		10	433	433	248	1	1
22	2008	4,329		10	433	433	248	1	1
23	2008	4,329		10	433	433	248	1	1
24	2008	4,329		10	433	433	248	1	1
25	2008	4,329		10	433	433	248	1	1
26	2008	4,329		10	433	433	248	1	1
27	2008	4,329		10	433	433	248	1	1
28	2008	4,329		10	433	433	248	1	1
29	2008	4,329		10	433	433	248	1	1
30	2008	4,329		10	433	433	248	1	1
31	2008	4,329		10	433	433	248	1	1
32	2008	4,329		10	433	433	248	1	1
33	2008	4,329		10	433	433	248	1	1
34	2008	4,329		10	433	433	248	1	1
35	2008	4,329		10	433	433	248	1	1
TOTAL (lines 1 thru 35)		\$ 533,623	\$ 19,413		\$ 187,758	\$ (4,006)	\$ 2,108,655		

\*\*Improvement type must be provided in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

XX DEPRECIATION COSTS (continued)  
 B. Building Depreciation-Including Fixed Equipment (See Instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Line Item	Description	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	Install. Floor Joist (General Form and	2008	6,888.00	19,810.00	20	18,718.00		21,088.00
2	Install. Roof Repairs	2009	5,310.00		20	262.00	292.00	2,107.00
3	Build Wall, S-Sterce Rort Work	2009	7,970.00		20	291.00	291.00	2,910.00
4	Repair Broken Pipe And Water Damage	2009	3,400.00		20	165.00	396.00	396.00
5	Nurse Call System, Life Safety Survey	2009	3,400.00		20	165.00	153.00	153.00
6	Replace Jpgl Exchanger On Hydraulic Boiler	2009	4,200.00		20	174.00	174.00	174.00
7	Service To Pier Drain	2009	1,500.00		20	62.00	62.00	62.00
8	Build Out Of Wing 500	2009	17,300.00		20	863.00	850.00	863.00
9	Plaster - Studs, Ceiling Panels, Walls, Stairs, Grout	2009	4,900.00		20	245.00	406.00	406.00
10	Demol. Rmt & Stida Rmt Ceiling, Drywall, Wallpaper, Flooring	2009	4,700.00		20	235.00	235.00	235.00
11	Demolition, Repair, Scaffolding Rem. Wallpaper, Drywall, Dryer	2009	16,100.00		20	805.00	809.00	809.00
12	During Rmt & Migle Ren. Wallwork, Electrical Dryer, Ceiling, Pad	2009	46,707.00		20	2,335.00	2,310.00	2,310.00
13	Repairs To Hall Ceiling, Liner & System/Painting	2009	28,917.00		20	1,446.00	1,406.00	1,406.00
14	Repair To Loss/Fading/Replacement Of Drywall To Ceiling &	2009	3,397.00		20	169.00	169.00	169.00
15	Welding/Office/Reception, Public, Waiting, Reception	2009	16,207.00		20	812.00	812.00	812.00
16	Demol. Office Flooring, Wall Work, Pol, Vitr Removal, Painting	2009	12,813.00		20	640.00	640.00	640.00
17	Repairs Of Aluminum Sills/Windows To Bidler Room	2009	6,392.00		20	319.00	319.00	319.00
18	Re-Place Doors	2009	2,794.00		20	139.00	139.00	139.00
19	Re-Place Doors, Bathroom Repr. Life Safety Survey	2009	2,910.00		20	145.00	145.00	145.00
20	Replac. Nurse Call System, Life Safety Survey	2009	17,018.00		20	850.00	851.00	851.00
21	Install Nurse Call System	2009	12,218.00		20	610.00	610.00	610.00
22	Demol. 1st Flr Elevator, Tuba, Install Nurse Call System	2009	21,118.00		20	1,055.00	1,055.00	1,055.00
23	Change, Repair, Tuba, Install Nurse Call System	2009	25,000.00		20	1,250.00	1,250.00	1,250.00
24	Change, Repair, Tuba, Install Nurse Call System	2009	29,240.00		20	1,462.00	1,462.00	1,462.00
25	Removal Work	2009	2,278.00		20	113.00	113.00	113.00
26	Fire Protection Work	2009	4,383.00		20	219.00	219.00	219.00
27	Fire Protection Work	2009	11,317.00		20	565.00	565.00	565.00
28	Electrical Work	2009	58,760.00		20	2,938.00	2,938.00	2,938.00
29	Install New Wiring In Basement And Awn	2009	12,710.00		20	635.00	635.00	635.00
30	Install New Appliances, Condens. And Vitr Rem. for Entrance Main	2009	56,188.00		20	2,809.00	2,809.00	2,809.00
31	Architectural Fees							
32								
33								
34	TOTAL (lines 1 thru 33)		1,374,426.00	1,967,143.00		215,291.00	21,250.00	211,041.00

\*\*Imprecise amount type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

**MOVING COSTS (See Instructions) Round all numbers to nearest dollar.**

**B. Building Depreciation-Including Fixed Equipment (See Instructions)**

1	2	3	4	5	6	7	8	9
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		739,286	184,183		118,691	21,528	1,385,589	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
<b>TOTAL (Line 1 thru 33)</b>		739,286	184,183		118,691	21,528	1,385,589	

\*\*Improvement type must be defined in order for the out report to be successful complete.

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number: Aurora Rehab & Long Center

STATE OF ILLINOIS # 0040097

Report Period Beginning:

01/01/09

Ending: 12/31/09

**OWNERSHIP COSTS (continued)**

**B. Building Depreciated-Including Field Equipment (See instruction). Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Building	1982	671250	121061	35		(121061)	671099	1
2 Aurora Account LLC	1996	671709		35				2
3 Aurora Account LLC	1983	35681		35				3
4 Aurora Account LLC	1984	2486		35				4
5 Aurora Account LLC	1983	2338		35				5
6 Aurora Account LLC	1984	67325		35				6
7 Aurora Account LLC	1984	18387		35				7
8 Aurora Account LLC	1992	4332		35				8
9 Aurora Account LLC	1991	39239		35				9
10 Aurora Account LLC	1998	137277		35				10
11 Aurora Account LLC	1988	10080		35				11
12 Aurora Account LLC	1987	186312		35				12
13 Aurora Account LLC	1985	25712		35				13
14 Aurora Account LLC	1985	25712		35				14
15 Aurora Account LLC	1984	22377		35				15
16 Aurora Account LLC	1983	18028		35				16
17 Aurora Account LLC	1982	48137		35				17
18 Aurora Account LLC	1981	4178		35				18
19 Aurora Account LLC	1980	31212		35				19
20 Aurora Account LLC	1979	32325		35				20
21 Aurora Account LLC	1978	16382		35				21
22 Aurora Account LLC	1977	16282		35				22
23 Aurora Account LLC	1973	2486		35				23
24 Aurora Account LLC	2007	97233		35				24
25 Aurora Account LLC	2007	15115		35				25
26 Aurora Account LLC	2007	82518		35				26
27 Aurora Account LLC	2007			35				27
28 Aurora Account LLC	2007			35				28
29 Aurora Account LLC	2007			35				29
30 Aurora Account LLC	2007			35				30
31 Aurora Account LLC	2007			35				31
32 Aurora Account LLC	2007			35				32
33 Aurora Account LLC	2007			35				33
34 Aurora Account LLC	2007			35				34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS COMPILATION REPORT

Facility Name & ID Number: Aurora Rehab & Living Center

STATE OF ILLINOIS # 0040999

Report Period Beginning:

01/01/99

Page 136

Ending: 12/31/99

B. Building Depreciation-Including Fixed Equipment (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
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85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL DEP & DISC								975,290

\*\*Improvement life must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPLETION REPORT

1	2	3	4	5	6	7	8	9
Improved Property	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
35								35

\*\*Improvements (if any) must be detailed in order for the cost report to be considered complete. SEE ACCOUNTANTS' COMPILATION REPORT



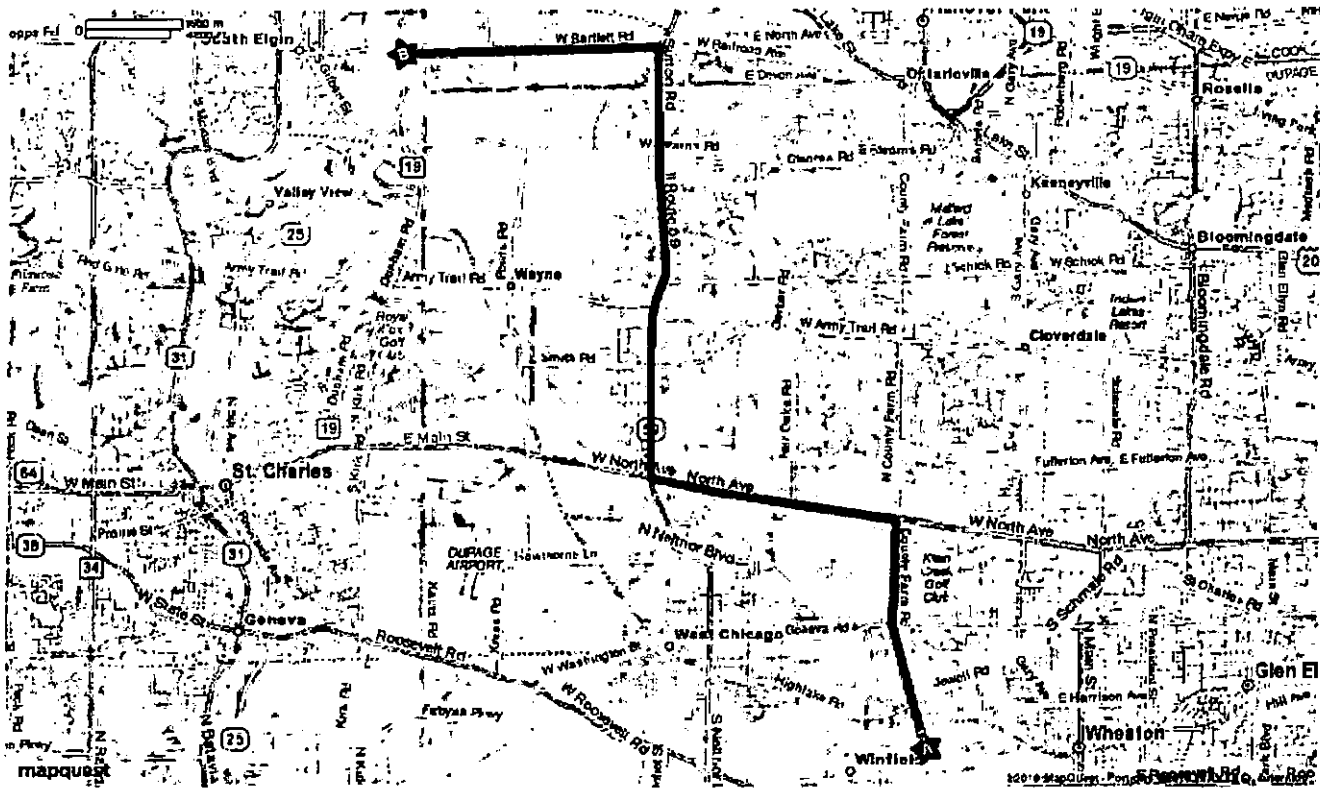
# MAPQUEST.

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




**A** Starting Location  
**400 N County Farm Rd**  
 Wheaton, IL 60187-3908

**B** Ending Location  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 22 minutes / 14.63 miles Fuel Cost: [Calculate](#)



**A** 400 N County Farm Rd [Leil](#)  
 Wheaton, IL 60187-3908

-  Start out going NORTH on N COUNTY FARM RD/CR-43 toward CURTISS AVE. 3.0 mi
-  2. Turn LEFT onto NORTH AVE/IL-64 W. 3.0 mi
-  3. Turn SLIGHT RIGHT onto IL-69/N NELTNOR BLVD/PRAMUKH SWAMI RD. Continue to follow IL-59. 5.5 mi
-  4. Turn LEFT onto W BARTLETT RD 3.1 mi
-  5. E MIDDLE ST & IL ROUTE 25.

**B** E Middle St & Il Route 25 [Leil](#)  
 South Elgin, IL 60177

Total Travel Estimate: 22 minutes / 14.63 miles Fuel Cost: [Calculate](#)

Directions and maps are information only. We make no warranties on the accuracy of their content. Road conditions or route usability or expediency is not assumed. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

DUPAGE CONVALESCENT CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
400 N COUNTY FARM RD		Aggressive/Anti-Social	1	DIAGNOSIS		
WHEATON, IL 60187		Chronic Alcoholism	1	Neoplasms	7	
Reference Numbers	Facility ID 6002612	Developmentally Disabled	0	Endocrine/Metabolic	8	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	67	
Beth Welch		Medicare Recipient	0	Alzheimer Disease	57	
		Mental Illness	1	Mental Illness	17	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	5	
Barbara Hyde		Non-Mobile	0	Circulatory System	58	
630-784-4201		Public Aid Recipient	0	Respiratory System	8	
	Date Completed	Under 65 Years Old	0	Digestive System	0	
	4/22/2009	Unable to Self-Medicate	0	Genitourinary System Disorders	3	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	22	
		Other Restrictions	0	Injuries and Poisonings	8	
		No Restrictions	0	Other Medical Conditions	69	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	329
COUNTY						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2008			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	508	360	336	360	329	179	50	508	Total Admissions 2008	414
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	410
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	329
Sheltered Care	0	0	0	0	0	0		0		
<b>TOTAL BEDS</b>	<b>508</b>	<b>360</b>	<b>336</b>	<b>360</b>	<b>329</b>	<b>179</b>	<b>50</b>	<b>508</b>		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	9137	49.9%	92890	50.0%	0	632	16327	0	118986	64.0%	90.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>9137</b>	<b>49.9%</b>	<b>92890</b>	<b>50.0%</b>	<b>0</b>	<b>632</b>	<b>16327</b>	<b>0</b>	<b>118986</b>	<b>64.0%</b>	<b>90.3%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008												
AGE GROUPS	NURSING CARE		SKL 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	19	8	0	0	0	0	0	0	19	8	27	
45 to 59	29	26	0	0	0	0	0	0	29	26	55	
60 to 64	2	8	0	0	0	0	0	0	2	8	10	
65 to 74	10	18	0	0	0	0	0	0	10	18	28	
75 to 84	30	40	0	0	0	0	0	0	30	40	70	
85+	26	113	0	0	0	0	0	0	26	113	139	
<b>TOTALS</b>	<b>116</b>	<b>213</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116</b>	<b>213</b>	<b>329</b>	

DUPAGE CONVALESCENT CENTER

400 N COUNTY FARM RD  
WHEATON, IL. 60187

Reference Numbers Facility ID 6002612

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	22	254	0	2	51	0	329
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>22</b>	<b>254</b>	<b>0</b>	<b>2</b>	<b>51</b>	<b>0</b>	<b>329</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	212
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	315	0	0	0	315
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>329</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>329</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	328	0	0	0	328
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>329</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>329</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	13.00
Certified Aides	141.00
Other Health Staff	27.00
Non-Health Staff	138.00
<b>Totals</b>	<b>361.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
21.2%	64.3%	0.0%	14.4%	0.0%	100.0%		0.0%
6,171,723	18,702,179	0	4,190,527	0	29,064,429	0	

Facility Name & ID Number Du Page Convalescent Center

# 0008201 Report Period Beginning: Dec. 1, 2008 Ending: Nov. 30, 2009

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; count number of bed/days during (must agree with license). Date of change in licensured beds

N/A

1	2	3	4
Bed(s) at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
1	SKILLED (SNF)	508	188,430
2	Skilled Rehabilitation (SN/RP/PS)		
3	Intermediate ICF		
4	Intermediate ICF		
5	Skilled Care/SC		
6	ICF/DD 16 or Less		
7	TOTALS	508	188,430

B. Census for the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Other	Total	
8	SNF	9,223	15,545	11,817
9	SNF/RP/D			9
10	ICF	974		974
11	ICF/DD			11
12	SC			12
13	DD 16 OR LESS			13
14	TOTALS	9,497	15,545	119,165

C. Percent Discrepancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.32%

D. How many bed-hold days during this year were paid by the Department? (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy, Engl. Media, Engl. Pharmacy & Therapy, Contry Laundry & Pharmacy)

F. Does the facility maintain a daily midlight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES

H. Does the BALANCE SHEET (page 17) reflect non-care assets? YES

I. On what date did you start providing long term care at this location? Date started 1/01/1985

J. Was the facility purchased or leased after January 1, 1978? YES

K. Was the facility certified for Medicare during the reporting year? YES

L. Medicare Intermediary: Wronson Physicians Services (WFS)

M. ACCOUNTING BASIS: ACCRUAL

N. Tax Year: YE 11/30/2009

O. As facilities other than governmental must report on the accrual basis.



Facility Name & ID Number Du Page Convalescent Center  
 BUILDING AND GENERAL INFORMATION

STATE OF ILLINOIS  
 # 062701 Report Period Beginning: Dec. 1, 2004 Ending: Nov. 30, 2009  
 Page 11

A. Square Feet: 297,371 B. General Construction Type: Exterior Masonry Reinforced Frame Steel Number of Stories: 5

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

E. List all other business entities owned by the operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 Last entity name, type of business, square footage, and number of beds/users available (where applicable).  
 Du Page County Government (Parent Organization) office and buildings are next to and across the street (County Farm Road) from Du Page Convalescent Center.

F. Does this year report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: N/A  
 2. Number of Years Over Which it is Being Amortized: N/A  
 3. Current Period Amortization: N/A  
 4. Dates Incurred: N/A  
 Nature of Costs: N/A  
 (Attach a complete schedule showing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

	1	2	3	4
	Year Acquired	Square Feet	Year Acquired	Cost
1		Nursing Home Bldg	1975	754,357
2				
3		TOTAL		754,357

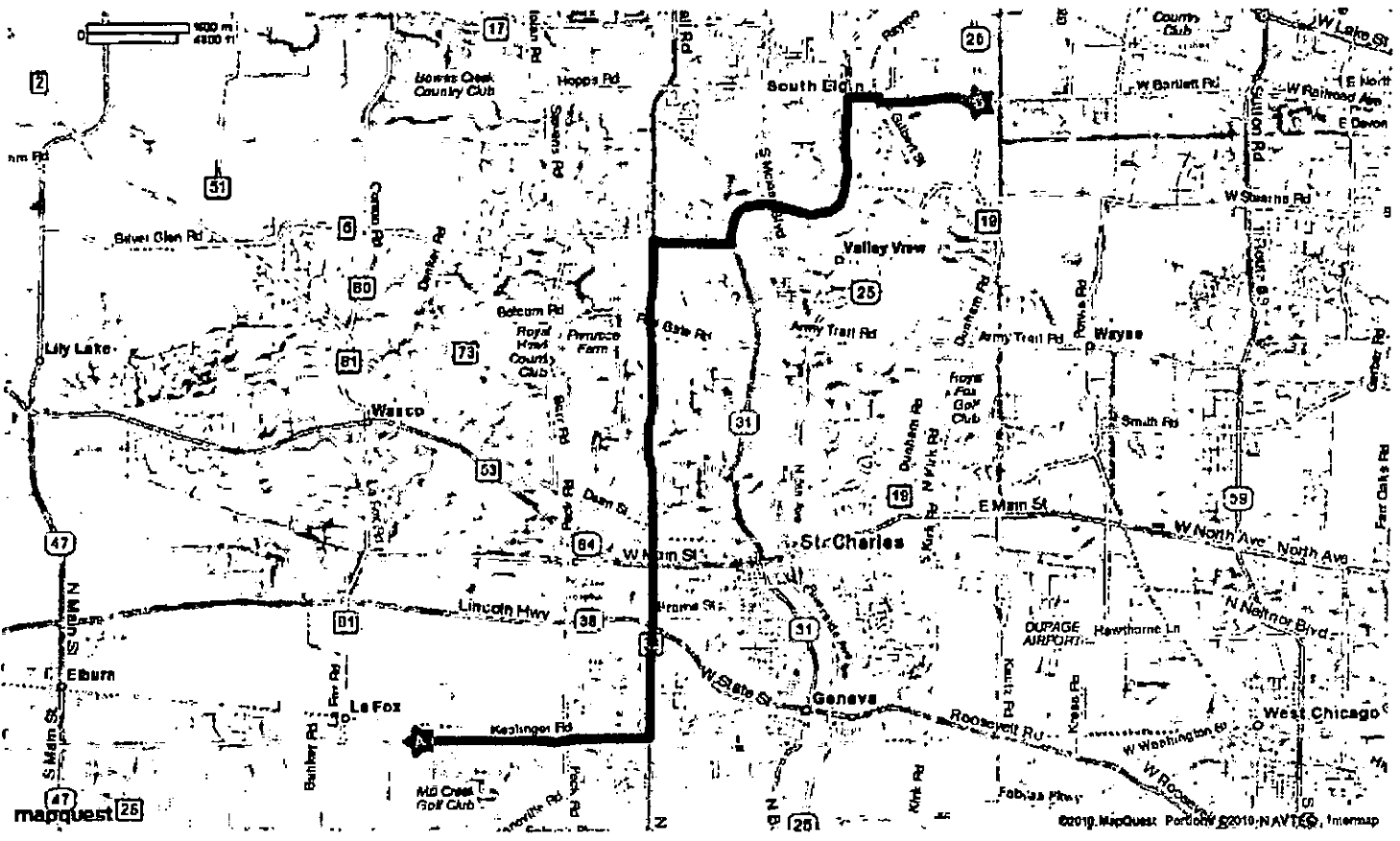
# MAPQUEST.

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**A** Starting Location  
**Keslinger Rd & Friendship Way**  
 Geneva, IL 60134

**B** Ending Location  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 22 minutes / 14.13 miles Fuel Cost: [Calculate](#)



**A Keslinger Rd & Friendship Way** [Edit](#)  
 Geneva, IL 60134

-  Start out going EAST on  
**1. KESLINGER RD/CR-41 toward BRUNDIGE DR.** 2.7 mi
-  Turn LEFT onto RANDALL RD/CR-34 N. 6.0 mi
-  Turn RIGHT onto SILVER GLEN RD/CR-5. 0.9 mi
-   Turn LEFT onto IL-31 2.9 mi
-  Turn RIGHT onto W STATE ST 0.1 mi
-  W STATE ST becomes STATE ST BRIDGE. 0.1 mi
-  STATE ST BRIDGE becomes E STATE ST. 0.2 mi
-  Turn RIGHT onto S GILBERT ST. 0.1 mi

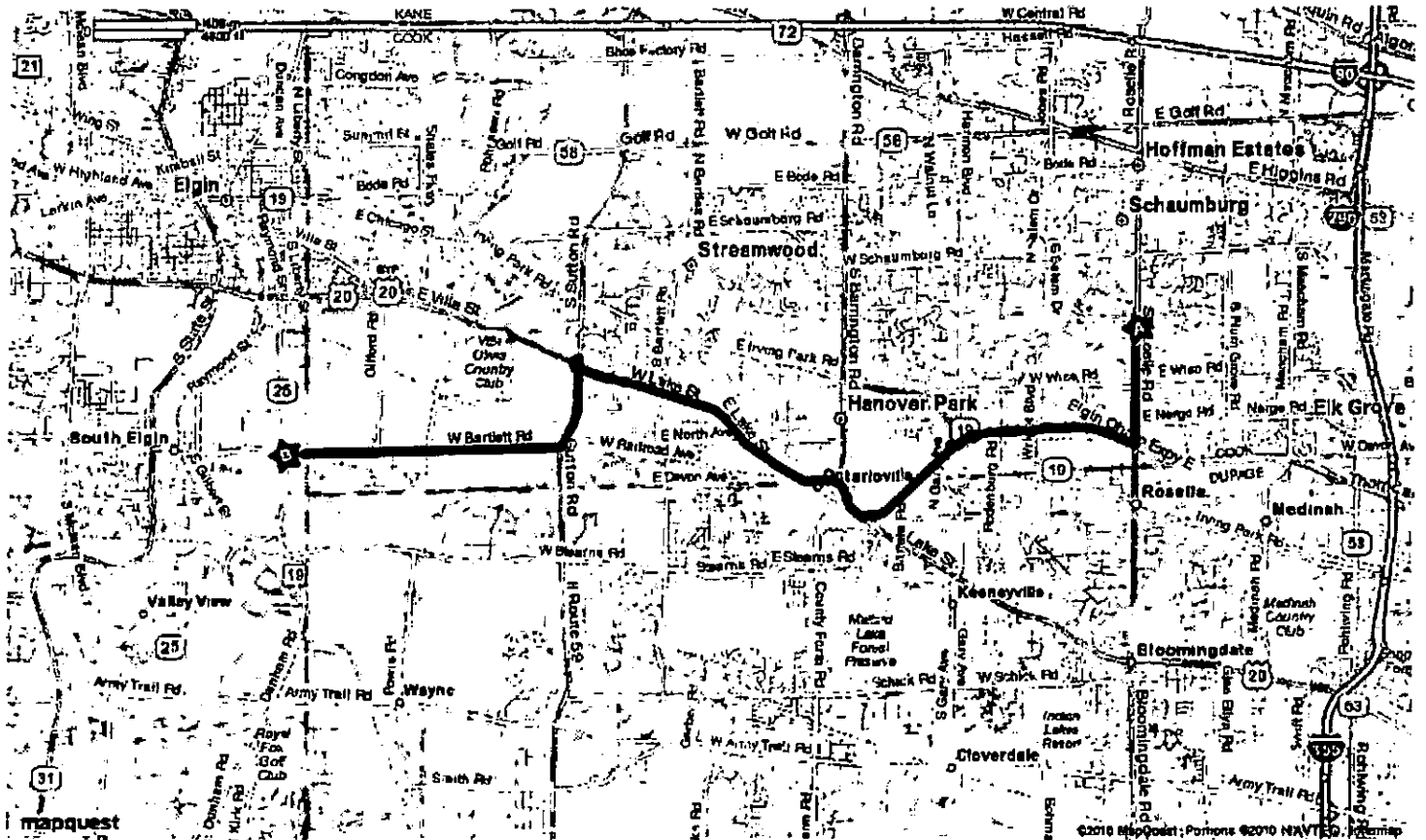
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.








**A** Starting Location  
**675 S Roselle Rd**  
 Schaumburg, IL 60193-3100

**B** Ending Location  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 22 minutes / 13.23 miles Fuel Cost: [Calculate](#)



**A** **675 S Roselle Rd** (L)  
 Schaumburg, IL 60193-3100

- |   |   |        |
|---|---|--------|
|  | Start out going SOUTH on S ROSELLE RD toward S WATERFORD RD.  | 1.4 mi |
|  | 2. Take the WEST ELGIN-O'HARE EXPY ramp.  | 0.3 mi |
|  | 3. Merge onto ELGIN OHARE EXPY W  | 3.1 mi |
|  | 4. Take the LAKE ST/US-20 ramp.   | 0.1 mi |
|  | 5. Turn RIGHT onto LAKE ST/ULYSSES S GRANT MEMORIAL HWY/US-20 W. Continue to follow LAKE ST/US-20 W | 4.0 mi |
|  | 6. Take the IL-59 ramp toward BARRINGTON/WEST CHICAGO.  | 0.2 mi |
|  | 7. Turn RIGHT onto IL-59/SUTTON RD  | 1.1 mi |

LEXINGTON OF SCHAUMBURG		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
675 SOUTH ROSELLE ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
SCHAUMBURG, IL. 60193		Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID 6012553	Developmentally Disabled	1	Endocrine/Metabolic	5	
Health Service Area 007	Planning Service Area 701	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7	
Terri Bowen		Medicare Recipient	0	Alzheimer Disease	3	
		Mental Illness	1	Mental Illness	22	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Bridgett Rummel		Non-Mobile	0	Circulatory System	30	
630-458-4635		Public Aid Recipient	0	Respiratory System	9	
	Date Completed	Under 65 Years Old	0	Digestive System	1	
	4/17/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	3	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	2	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	48	
		Other Restrictions	0	Injuries and Poisonings	9	
		No Restrictions	0	Other Medical Conditions	52	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note. Reported restrictions denoted by '1'</i>			TOTALS	191
FOR-PROF CORPORATION						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2008		
	LICENSED BEDS	PEAK 8BDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	214	214	204	214	191	23	224	224	196	Total Admissions 2008
Skilled Under 22	0	0	0	0	0	0		0	376	Total Discharges 2008
Intermediate DD	0	0	0	0	0	0		0	381	Residents on 12/31/2008
Sheltered Care	0	0	0	0	0	0		0	191	
<b>TOTAL BEDS</b>	<b>214</b>	<b>214</b>	<b>204</b>	<b>214</b>	<b>191</b>	<b>23</b>	<b>224</b>	<b>224</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds	Peak Beds Set Up		
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											TOTAL	Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	Pat. days				
Nursing Care	10537	12.9%	53547	65.3%	0	884	4625	0	69593	88.9%	88.9%		
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Sheltered Care					0	0	0	0	0	0.0%	0.0%		
<b>TOTALS</b>	<b>10537</b>	<b>12.9%</b>	<b>53547</b>	<b>65.3%</b>	<b>0</b>	<b>884</b>	<b>4625</b>	<b>0</b>	<b>69593</b>	<b>88.9%</b>	<b>88.9%</b>		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		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	2	0	0	0	0	0	0	0	2	2
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	9	16	0	0	0	0	0	0	9	16	25
75 to 84	18	43	0	0	0	0	0	0	18	43	61
85+	18	73	0	0	0	0	0	0	18	73	91
<b>TOTALS</b>	<b>48</b>	<b>143</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48</b>	<b>143</b>	<b>191</b>

## LEXINGTON OF SCHAUMBURG

675 SOUTH ROSELLE ROAD

SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE					TOTALS	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care
Nursing Care	39	139	0	3	10	0	191
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>39</b>	<b>139</b>	<b>0</b>	<b>3</b>	<b>10</b>	<b>0</b>	<b>191</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	176
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	2	0	0	0	2
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	173	0	0	0	173
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>191</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>191</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	188	0	0	0	188
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>191</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>191</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	6.00
Certified Aides	63.00
Other Health Staff	4.00
Non-Health Staff	64.00
<b>Totals</b>	<b>163.00</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
37.8%	51.1%	0.0%	2.1%	8.9%	100.0%		0.0%
5,311,634	7,176,464	0	301,896	1,254,750	14,044,744	0	

III. STATISTICAL DATA

A. Discharge/termination level(s) of carry over number of bed/days days, (must agree with Section 4, Date of change in licensed beds)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

1	2	3	4
Bed(s) at Beginning of Report Period	Licensed Level of Care	Bed(s) at End of Report Period	Licensed Bed Days During Report Period
214	Skilled (SNF) Standard Evaluation (SNF/EP)	214	78,110
3	Intermediate (ICF)		
4	Intermediate (ICF)		
5	Skilled Care (SC)		
6	ICF/IDD 16 or 1499		
7	TOTALS	214	78,110

B. Census for the entire report period.

1	2	3	4	5
Level of Care	Medicaid Recipient	Private Pay	Other	Total
8 SNF			17,221	17,221
9 SNF/EPD		3,890		3,890
10 ICF	46,786			46,786
11 ICF/IDD		365		365
12 SC				
13 IDD 16 OR LESS				
14 TOTALS	46,786	3,890	18,086	68,662

C. Percent Occupancy: (Column 5, Item 14 divided by total licensed bed days on Item 7, column 4) 87.65%

SEE ACCOUNTANTS' COMPLIANCE REPORT

D. How many bed/days during this year were paid by the Department? (Do not include bed-hold days in Section B.)

None

E. List all services provided by your facility for non-patient (E.g., day care, "nursing on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes  No

G. Do pages J & K include expenses for purchase or investment not directly related to patient care? Yes  No  Note: Non-allowable costs have been identified on Schedule V, column 7.

H. Does the BALANCE SHEET (see pg 17) reflect any non-care assets? Yes  No

I. On what date did you start providing long term care at this location? Their street 0401/08

J. Was the facility purchased or leased after January 1, 1978? Yes  No  Date None Construction NO

K. Was the facility certified for Medicare during the reporting year? Yes  No  If YES, enter number of beds certified 214 and days of care provided 12,405

Medicare Intermediary: National Government Services

IV. ACCOUNTING BASIS ACCRUAL  RODOIFIED CASH\*  ACCRUAL  CASH\*

Is your fiscal year identical to your tax year? Yes  No

Tax Year: 12/31/09 Fiscal Year: 12/31/09

\* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPLIANCE REPORT

A. Square Feet: 85,511 B. General Construction Type: Concrete Exterior Concrete Frame Steel Number of Stories 3  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-L. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)  
 E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/nursing units (where applicable).  
N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A  
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A  
 Nature of Cost: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

1	2	3	4
Use	Square Feet	Year Acquired	Cost
1. <u>Resident Care</u>	<u>219,000</u>	<u>1988</u>	<u>311,487</u>
2. <u>Allocated from Management contract by MCHS</u>			<u>20,800</u>
3. <u>ROYALS</u>			<u>431,230</u>

SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9	10
Line	Description	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	105 Beds	1995	1998	609,132	4,178	35	174,002	174,002	81,530
2				18,217			4,798		
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
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25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

\*Total beds on this schedule must agree with page 1.  
 \*\*Improvement type must be described in order for the cost report to be considered complete.  
 See Page 12A, Line 70 for Total SEE ACCOUNTANTS' COMPILATION REPORT



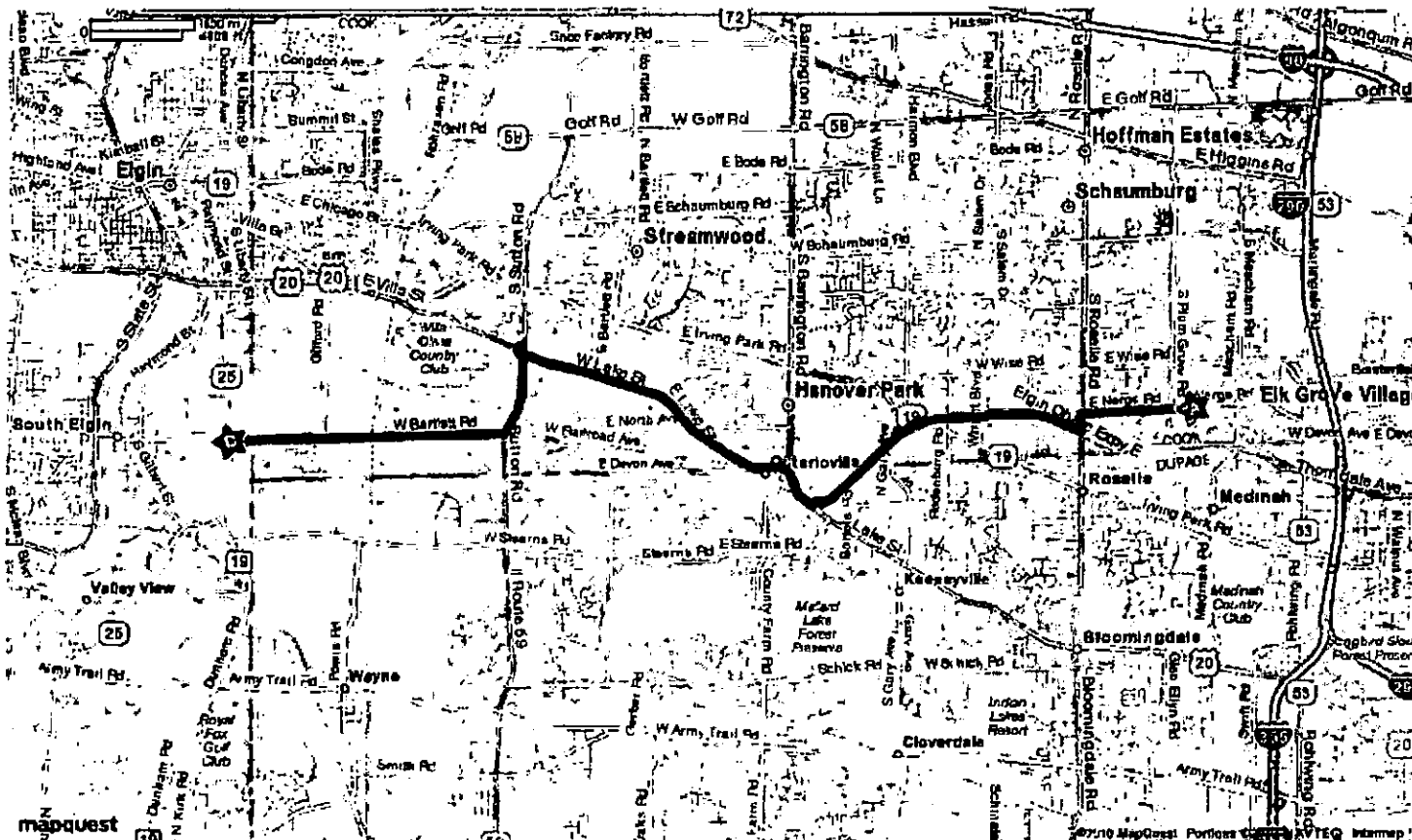
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.








**Starting Location**  
**1920 Nerge Rd**  
 Elk Grove Vlg, IL 60007-2972

**Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 22 minutes / 13.31 miles Fuel Cost: 



**1920 Nerge Rd Loc**  
 Elk Grove Vlg, IL 60007-2972

- |   |   |        |
|---|---|--------|
|  | 1. Start out going WEST on E NERGE RD/NERGE RD toward S PLUM GROVE RD. Continue to follow E NERGE RD. | 1.2 mi |
|  | 2. Turn LEFT onto S ROSELLE RD.   | 0.2 mi |
|  | 3. Take the WEST ELGIN-O'HARE EXPY ramp.  | 0.3 mi |
|  | 4. Merge onto ELGIN OHARE EXPY W.   | 3.1 mi |
|  | 5. Take the LAKE ST/US-20 ramp.   | 0.1 mi |
|  | 6. Turn RIGHT onto LAKE ST/ILYSSSES S GRANT MEMORIAL HWY/US-20 W. Continue to follow LAKE ST/US-20 W. | 4.0 mi |
|  | 7. Take the IL-68 ramp toward BARRINGTON/WEST CHICAGO   | 0.2 mi |




8. Turn **RIGHT** onto IL-59/SUTTON RD. 1.1 mi



9. Turn **RIGHT** onto W BARTLETT RD. 3.1 mi



10. E MIDDLE ST & IL ROUTE 25.

 **E Middle St & Il Route 25** Edit  
South Elgin, IL 60177

Total Travel Estimate: 22 minutes / 13.31 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expediency. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

**MANOR CARE - ELK GROVE VILLAGE**

1920 NERGE ROAD  
 ELK GROVE VILLAGE, IL. 60007  
 Reference Numbers Facility ID 6012686  
 Health Service Area 007 Planning Service Area 701

Administrator  
 Brian Gross

Contact Person and Telephone  
 Brian Gross  
 847-301-0550

Registered Agent Information

Date Completed  
 4/10/2009

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	7
*Nervous System Non Alzheimer	0
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	21
Digestive System	12
Genitourinary System Disorders	13
Skin Disorders	6
Musculo-skeletal Disorders	9
Injuries and Poisonings	24
Other Medical Conditions	30
Non-Medical Conditions	0
<b>TOTALS</b>	<b>171</b>

**FACILITY OWNERSHIP**  
 LIMITED LIABILITY CO

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
									Residents on 1/1/2008	TOTAL
Nursing Care	190	190	188	190	171	19	190	105	176	1182
Skilled Under 22	0	0	0	0	0	0	0	0		1167
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		171
<b>TOTAL BEDS</b>	<b>190</b>	<b>190</b>	<b>188</b>	<b>190</b>	<b>171</b>	<b>19</b>	<b>190</b>	<b>105</b>		

**FACILITY UTILIZATION - 2008**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.						Pat. days	Pat. days
Nursing Care	28113	40.4%	17662	46.0%	1252	4373	12511	0	63911	91.9%	91.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>28113</b>	<b>40.4%</b>	<b>17662</b>	<b>46.0%</b>	<b>1252</b>	<b>4373</b>	<b>12511</b>	<b>0</b>	<b>63911</b>	<b>91.9%</b>	<b>91.9%</b>

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

AGE GROUPS	NURSING CARE		SKL 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	4	2	0	0	0	0	0	0	4	2	6
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	7	18	0	0	0	0	0	0	7	18	25
75 to 84	19	44	0	0	0	0	0	0	19	44	63
85+	15	59	0	0	0	0	0	0	15	59	74
<b>TOTALS</b>	<b>47</b>	<b>124</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>124</b>	<b>171</b>

MANOR CARE - ELK GROVE VILLAGE

1920 NERGE ROAD  
ELK GROVE VILLAGE, IL 60007

Reference Numbers Facility ID 6012686  
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance				
Nursing Care	83	55	1	5	27	0	171
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>83</b>	<b>55</b>	<b>1</b>	<b>5</b>	<b>27</b>	<b>0</b>	<b>171</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	26612	240
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawallian/Pac. Isl.	0	0	0	0	0
White	164	0	0	0	164
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>171</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>171</b>

ETHNICITY	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	169	0	0	0	169
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>171</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>171</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	7.00
Certified Aides	56.00
Other Health Staff	0.00
Non-Health Staff	64.00
<b>Totals</b>	<b>164.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
61.9%	11.0%	1.0%	8.2%	18.0%	100.0%		0.0%
12,185,161	2,157,847	189,739	1,607,699	3,550,335	19,690,781	0	

III. STATISTICAL DATA

A. License/certification level(s) of care: enter number of bed/days days.  
(must agree with Section 4). Date of change in licensed beds: \_\_\_\_\_

1	2	3	4
Bed(s) at Beginning of Report Period	Licensed Level of Care	Bed(s) at End of Report Period	Licensed Bed Days During Report Period
190	SKILLED (SNF), SKILLED Pediatric (SNFPED)	190	69,350
2	Intermediate (ICP)		
3	Intermediate (ICP)		
4	Intermediate (ICP)		
5	Skilled Care (SC)		
6	ICF/D 16 or Less		
7	TOTALS	190	69,350

B. Census for the entire report period:

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Medical Recipient	Private Pay	Other
8 SNF				
9 SNFPED	18,908	18,908	18,908	34,499
10 ICF				
11 ICF/D				
12 SC				
13 DB 16 OR LESS				
14 TOTALS	18,908	18,908	34,499	64,011

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.11%

D. How many bed/days during this year were paid by the Department? 0  
(Do not include bed/days in Section B.)

E. List all services provided by your facility for non-patients.  
(E.g. day care, "walk on wheels", outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include responses for services or investments not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started: 07/09/06

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date: \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified: 190 and days of care provided: 28,710

Medicare Intermediary: Highmark Medicare Services

IV. ACCOUNTING BASIS  
ACCRUAL  CASH   
MODIFIED CASH  CASH

In your fiscal year identical to your tax year? YES  NO   
Fiscal Year: 12/31 Fiscal Year: 05/31  
\* All facilities other than governmental must report on the accrual basis.

- A. Square Feet: 16,632 B. General Construction Type: Exterior Masonry Frame Steel, Fire Retardant Number of Stories 1  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XI-P.A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)  
 E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (check as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 Last entity name, type of business, square footage, and number of beds/nurses available (where applicable).  
 None

F. Does this report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: \_\_\_\_\_  
 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortized: \_\_\_\_\_  
 4. Dates Incurred: \_\_\_\_\_

Nature of Cost: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)  
 XI. OWNERSHIP COSTS:  
 A. Land:

	1	2	3	4
	Acres	Square Feet	Year Acquired	Cost
1	Facility		1980/5	85,1219
2	TOTALS		5	851,219



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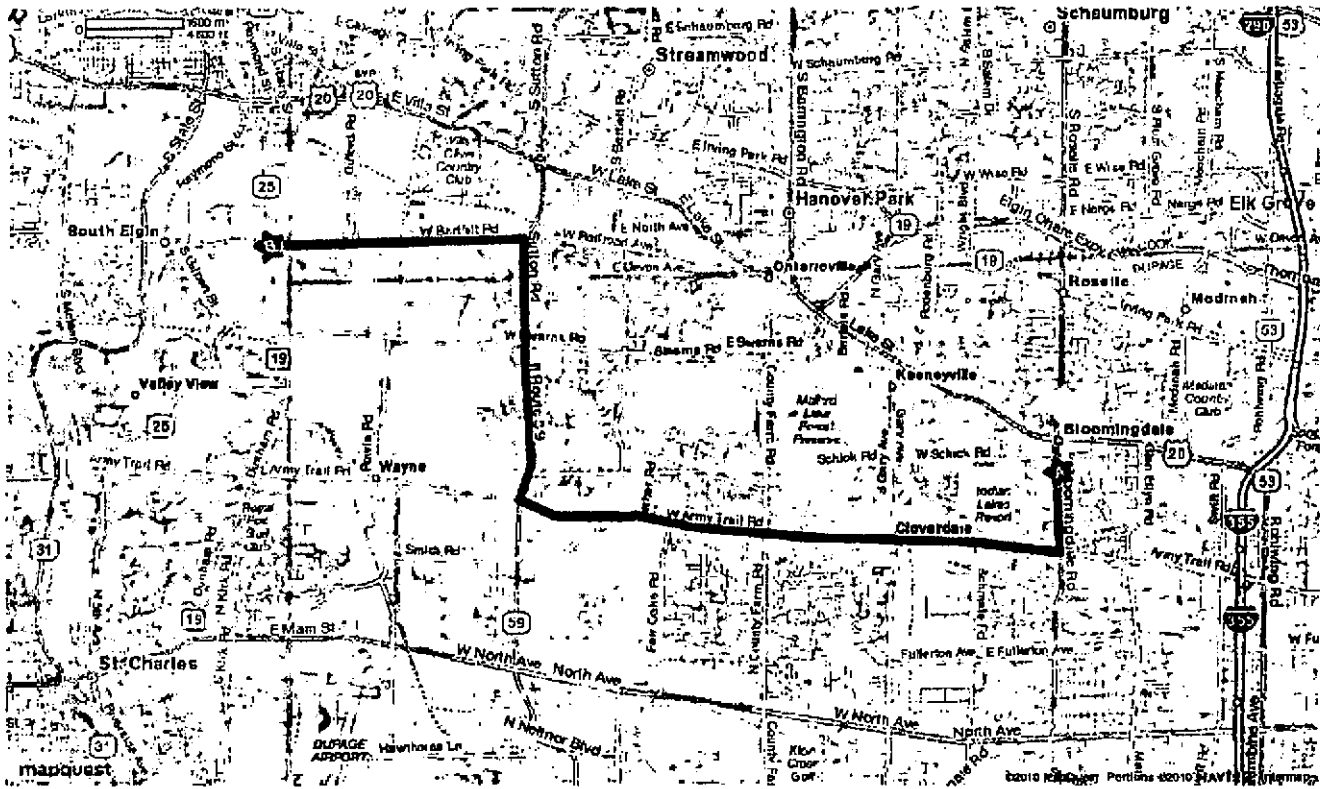
**Starting Location**

**165 S Bloomingdale Rd**  
Bloomingdale, IL 60108-1434

**Ending Location**

**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 23 minutes / 14.16 miles Fuel Cost: [Calculate](#)



**165 S Bloomingdale Rd Le**  
Bloomingdale, IL 60108-1434

- Start out going SOUTH on S BLOOMINGDALE RD toward FOUNDRING POINTE DR. 1.0 mi
- Turn RIGHT onto E ARMY TRAIL RD/CR-11 W. 6.7 mi
- Turn RIGHT onto IL-59/SUTTON RD. 3.3 mi
- Turn LEFT onto W BARTLETT RD. 3.1 mi
- E MIDDLE ST & IL ROUTE 25.

**E Middle St & Il Route 25 Ee**  
South Elgin, IL 60177

Total Travel Estimate: 23 minutes / 14.16 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranty as to the accuracy of their content, road conditions or route usability or exactness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

**LEXINGTON HEALTH CARE CENTER**

165 SOUTH BLOOMINGDALE ROAD  
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011993  
Health Service Area 007 Planning Service Area 703

Administrator  
Brian Celerio

Contact Person and Telephone  
Bridgett Rummel  
630-458-4635

Registered Agent Information

Date Completed  
4/24/2009

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	10
Developmental Disability	0
Circulatory System	44
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	18
Injuries and Poisonings	2
Other Medical Conditions	26
Non-Medical Conditions	0
<b>TOTALS</b>	<b>144</b>

FACILITY OWNERSHIP  
FOR-PROF CORPORATION

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
									Residents on 1/1/2008	
Nursing Care	166	166	150	166	144	22	166	166	Total Admissions 2008	226
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	228
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	144
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>166</b>	<b>166</b>	<b>150</b>	<b>166</b>	<b>144</b>	<b>22</b>	<b>166</b>	<b>166</b>		

**FACILITY UTILIZATION - 2008**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	6253	10.3%	39079	64.3%	0	503	6423	0	52258	86.0%	86.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>6253</b>	<b>10.3%</b>	<b>39079</b>	<b>64.3%</b>	<b>0</b>	<b>503</b>	<b>6423</b>	<b>0</b>	<b>62258</b>	<b>86.0%</b>	<b>86.0%</b>

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

AGE GROUPS	NURSING CARE		SKL 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	1	0	0	0	0	0	0	0	1	1
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	12	42	0	0	0	0	0	0	12	42	54
85+	11	62	0	0	0	0	0	0	11	62	73
<b>TOTALS</b>	<b>31</b>	<b>113</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31</b>	<b>113</b>	<b>144</b>



LEXINGTON HEALTH CARE CENTER  
 165 SOUTH BLOOMINGDALE ROAD  
 BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011993  
 Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	25	100	0	4	15	0	144
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>25</b>	<b>100</b>	<b>0</b>	<b>4</b>	<b>15</b>	<b>0</b>	<b>144</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	308	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>144</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>144</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>144</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>144</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	3.00
Certified Aides	46.00
Other Health Staff	2.00
Non-Health Staff	56.00
<b>Totals</b>	<b>128.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
33.7%	46.5%	0.0%	2.1%	17.7%	100.0%		0.0%
3,368,221	4,647,656	0	208,649	1,772,253	9,996,779	0	

III. STATISTICAL DATA

A. License/Verification Level(s) of care; enter number of bed/days days.  
(Insert after with license, Date of change in licensed beds)

1	2	3	4
Bed at Beginning of Report Period	License Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
166	Skilled (SNF)	166	60,590
2	Skilled Pediatric (SNF/PED)		
3	Intermediate (ICF)		
4	Intermediate/D		
5	Skilled Care (SC)		
6	ICF/D		
7	TOTALS	166	60,590

B. Census For the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
8 SNF			11,917	11,917
9 SNF/PED				
10 ICF	32,933	4,749	6	37,688
11 ICF/D				
12 SC				
13 DD OR LESS				
14 TOTALS	32,933	4,755	11,923	51,605

C. Percent Occupancy: (Column 5, Line 14 divided by total licensed bed days on line 7, column 4.) 83.17%

SEE ACCOUNTANTS' EXPLANATION REPORT

# 0035188 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

D. How many bed/days during that year were paid by the Department?  
None (Do not include bed/days in Section B.)

E. List all services provided by your facility for non-patients.  
(E.g., day care, meals on wheels, outpatient therapy)  
None

F. Does the facility maintain a daily unblight census? Yes

G. Do items 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO  Note: Non-allowable expenses have been eliminated in Schedule V, col. 7

H. Does the BALANCE SHEET (line 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started: 05/01/96

J. Was the facility purchased or leased after January 1, 1975?  
YES  Date: New Construction NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified: 166 and days of care provided: 8,013

Medicare Intermediary: National Government Service

IV. ACCOUNTING BASIS  
ACCRUAL  MODIFIED CASH  CASH

Tax Year: 12/31/09 Fiscal Year: 12/31/09

\* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' EXPLANATION REPORT

A. Square Feet: 24551 B. General Construction Type: Exterior Concrete Block Frame Steel Number of Stories 1  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Three checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Three checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)  
 E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/walks available (where applicable).  
NA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Amortized: \_\_\_\_\_ 2. Number of Years Over Which It is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Date Incurred: \_\_\_\_\_  
 Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

XI. OWNERSHIP COSTS:

A. Land:

1	2	3	4
Use	Square Feet	Year Acquired	Cost
1 Resident Care	43,709	1987	402,318
2 Management Company Allocation			1,536,212
3 TOTALS	43,709		1,938,530

SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9	10
Year	Cost	Current Book Depreciation	Life in Years	Straight-Line Depreciation	Adjustments	Accumulated Depreciation			
37	Automatic door closers	3800	10	380		380			37
38	Infrared emitting fire detector door	2800	10	280		280			38
39	Exit door pull	2450	10	245		245			39
40	Exit door pull	2450	10	245		245			40
41	Exit door pull	2450	10	245		245			41
42	Exit door pull	2450	10	245		245			42
43	Exit door pull	2450	10	245		245			43
44	Exit door pull	2450	10	245		245			44
45	Exit door pull	2450	10	245		245			45
46	Exit door pull	2450	10	245		245			46
47	Exit door pull	2450	10	245		245			47
48	Exit door pull	2450	10	245		245			48
49	Exit door pull	2450	10	245		245			49
50	Exit door pull	2450	10	245		245			50
51	Exit door pull	2450	10	245		245			51
52	Exit door pull	2450	10	245		245			52
53	Exit door pull	2450	10	245		245			53
54	Exit door pull	2450	10	245		245			54
55	Exit door pull	2450	10	245		245			55
56	Exit door pull	2450	10	245		245			56
57	Exit door pull	2450	10	245		245			57
58	Exit door pull	2450	10	245		245			58
59	Exit door pull	2450	10	245		245			59
60	Exit door pull	2450	10	245		245			60
61	Exit door pull	2450	10	245		245			61
62	Exit door pull	2450	10	245		245			62
63	Exit door pull	2450	10	245		245			63
64	Exit door pull	2450	10	245		245			64
65	Exit door pull	2450	10	245		245			65
66	Exit door pull	2450	10	245		245			66
67	Exit door pull	2450	10	245		245			67
68	Exit door pull	2450	10	245		245			68
69	Exit door pull	2450	10	245		245			69
70	TOTAL (Net of 10/09)	119,521	38,797	18,744	14,028	119,521			70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANT'S COMPILATION REPORT

B. Building Depreciation including Fixed Equipment (See Instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	2006	6125,921	38,787	18	422	148,728	2,107,780	1	
2	2006	7,934	136	20	146		1,592	2	
3	2006	2,312	119	26	119		427	3	
4	2006	19,200	3,800	5	3,900		13,326	4	
5	2006	53,305	1,754	18	2,882		28,957	5	
6	2007	3,450	197	15	189		52	6	
7	2007	17,850	853	20	453		2,288	7	
8	2007	4,320	217	20	288		52	8	
9	2007	18,500	325	20	388		633	9	
10	2007	43,700	420	20	388		1,780	10	
11	2007	10,370	323	15	233		1,016	11	
12	2007	25,177	525	28	728		2,530	12	
13	2008	4,060	75	20	238		45	13	
14	2008	15,300	238	20	238		1,278	14	
15	2008	5,500	148	20	238		45	15	
16	2008	4,700	238	20	238		217	16	
17	2008	116,395	5,910	27	8,026		6,413	17	
18	2008	557,202	331	15	370		3,070	18	
19	2009	1,435	143	10	143		22	19	
20	2009	16,250	143	10	143		22	20	
21	2009	49,330	411	20	411		411	21	
22	2009	19,292	81	20	81		81	22	
23	2009	41,315	2,099	18	3,099		3,099	23	
24	2009	17,250	529	18	2,160		529	24	
25	2009	14,783	348	18	348		348	25	
26	2009	9,517	300	18	300		300	26	
27	2009	3,543	50	18	50		50	27	
28	2009	2,580	188	18	188		188	28	
29	2009	1,930	132	18	132		132	29	
30	2009	1,300	345	18	345		345	30	
31	2009	2,018		27				31	
32								32	
33								33	
34								34	
35								35	
36								36	
37								37	
38								38	
39								39	
40								40	
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93								93	
94								94	
95								95	
96								96	
97								97	
98								98	
99								99	
100								100	
TOTAL (Lines 1 thru 3)		723,159	63,473		18,237	108,991	2,175,403		

\*Improvement type must be detailed in order for the cost report to be considered accurate.

SEE ACCOUNTANTS COMPILATION REPORT

1. Building Description-Including Fixed Equipment (See instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Item	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
12B (Initial Forward)	Contracted	2009	Depreciation	in Years	Depreciation	1/2009	Depreciation	
1			231,299	5	137,871		137,867	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
HTC/AC (lines 1 thru 33)			231,299	5	137,871		137,867	1

\*Improvement type must be checked in order for the report to be considered complete.

SEE ACCOUNTANTS COMPLIATION REPORT

# MAPQUEST

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the [Printer-Friendly](#) button.

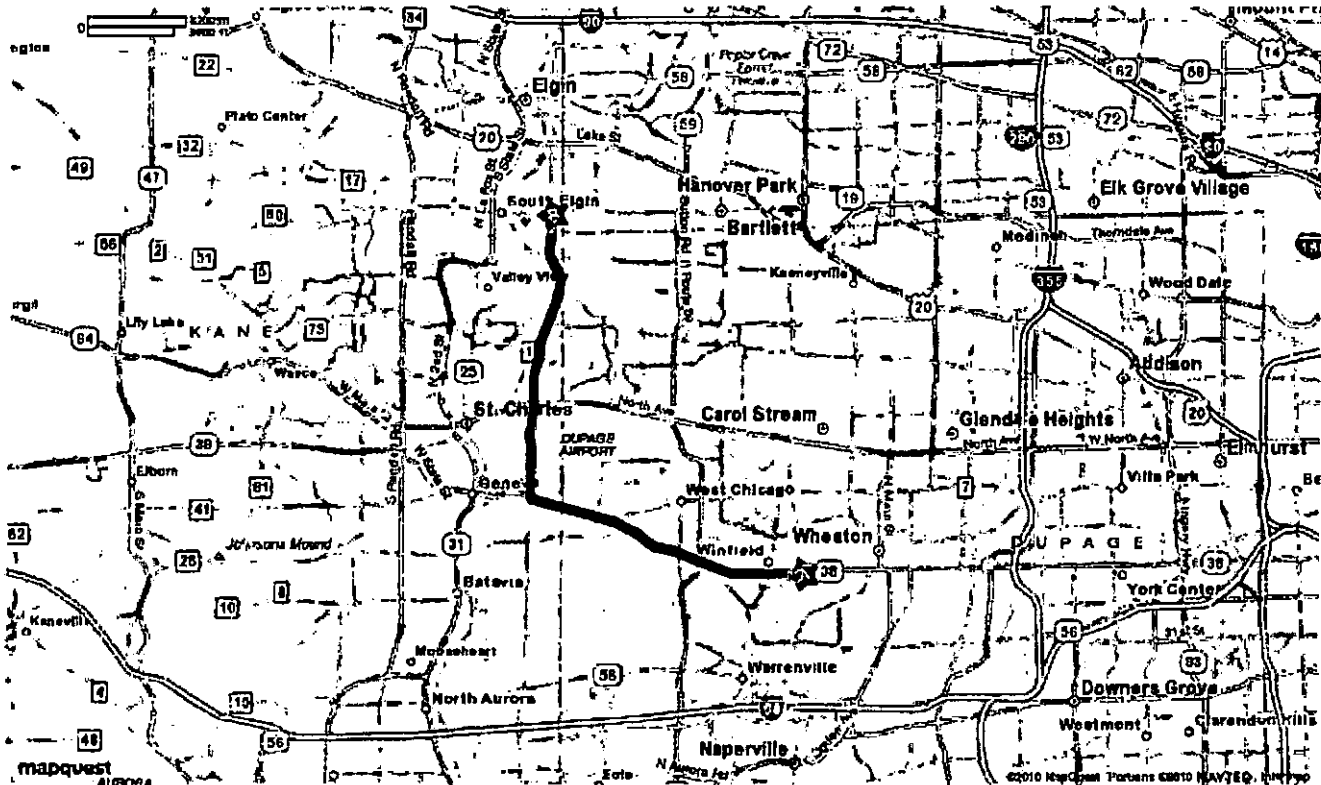
**Starting Location**

26w171 Roosevelt Rd  
Wheaton, IL 60187-6078

**Ending Location**







E Middle St & Il Route 25  
South Elgin, IL 60177

Total Travel Estimate: 23 minutes / 14.82 miles Fuel Cost: [Calculate](#)



**26w171 Roosevelt Rd** [Link](#)  
Wheaton, IL 60187-6078

There are 0.2 miles between your starting location and the beginning of your driving directions. Use local maps to get from your starting location to the beginning of your route.

-  Start out going WEST on
- 1. ROOSEVELT RD/IL-38 toward MYRTLE ST. 7.2 mi
-  2. Turn RIGHT onto KIRK RD/CR-77 4.0 mi
-  3. KIRK RD/CR-77 becomes DUNHAM RD/CR-19 2.7 mi
-   4. DUNHAM RD/CR-19 becomes IL-25 0.9 mi
-  5. E MIDDLE ST & IL ROUTE 25.

**E Middle St & Il Route 25** [Link](#)  
South Elgin, IL 60177

Total Travel Estimate: 23 minutes / 14.82 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions, route usability or timeliness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay, resulting from your use of MapQuest.

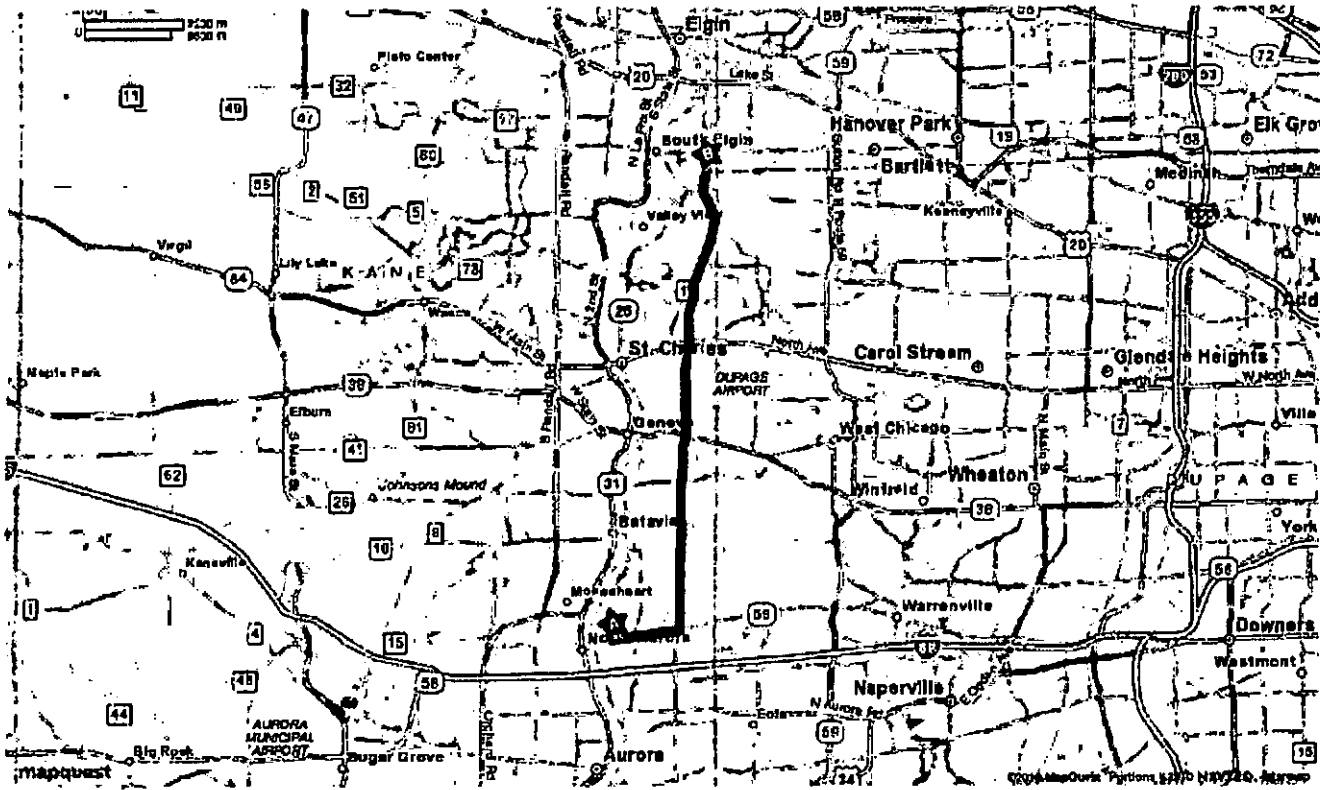
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

**Starting Location**  
**310 Banbury Rd**  
 North Aurora, IL 60542-1260

**Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 23 minutes / 14.80 miles Fuel Cost: [Calculate](#)



**310 Banbury Rd Lx**  
 North Aurora, IL 60542-1260

- 1. Start out going SOUTH on BANBURY RD toward FLAGSTONE CT. 0.4 mi
- 2. Turn LEFT onto BUTTERFIELD RD/IL-56. 1.7 mi
- 3. Turn LEFT onto KIRK RD/CR-77 9.1 mi
- 4. KIRK RD/CR-77 becomes DUNHAM RD/CR-19. 2.7 mi
- 5. DUNHAM RD/CR-19 becomes IL-25. 0.9 mi
- 6. E MIDDLE ST & IL ROUTE 25.

**E Middle St & Il Route 25 Egt**  
 South Elgin, IL 60177

Total Travel Estimate: 23 minutes / 14.80 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties or guarantees of the accuracy of their content, road conditions or route usability, or expeditionary. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.



NORTH AURORA CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
310 BANBURY ROAD		Aggressive/Anti-Social	0	DIAGNOSIS	
NORTH AURORA, IL. 60542		Chronic Alcoholism	0	Neoplasms	0
Reference Numbers	Facility ID 6008605	Developmentally Disabled	0	Endocrine/Metabolic	12
Health Service Area 008	Planning Service Area 089	Drug Addiction	0	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	4
Ken Bogard		Medicare Recipient	0	Alzheimer Disease	0
		Mental Illness	0	Mental Illness	88
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Marikay Snyder		Non-Mobile	0	Circulatory System	1
309-689-5880		Public Aid Recipient	0	Respiratory System	1
	Date Completed 4/17/2009	Under 65 Years Old	0	Digestive System	0
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	0
Marikay Snyder		Ventilator Dependent	1	Skin Disorders	0
830 W. Tralccreek Dr		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0
Peoria, IL 61614		Other Restrictions	0	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	3
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
LIMITED LIABILITY CO				TOTALS	109

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2008		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	129	129	122	129	109	20	0	129	111	
Skilled Under 22	0	0	0	0	0	0		0	59	Total Admissions 2008
Intermediate DD	0	0	0	0	0	0		0	61	Total Discharges 2008
Sheltered Care	0	0	0	0	0	0		0	109	Residents on 12/31/2008
<b>TOTAL BEDS</b>	<b>129</b>	<b>129</b>	<b>122</b>	<b>129</b>	<b>109</b>	<b>20</b>	<b>0</b>	<b>129</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	39290	83.2%	0	0	2175	0	41465	87.8%	87.8%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>39290</b>	<b>83.2%</b>	<b>0</b>	<b>0</b>	<b>2175</b>	<b>0</b>	<b>41465</b>	<b>87.8%</b>	<b>87.8%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	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	16	5	0	0	0	0	0	0	16	5	21
45 to 59	27	17	0	0	0	0	0	0	27	17	44
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	0	5	0	0	0	0	0	0	0	5	5
<b>TOTALS</b>	<b>59</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59</b>	<b>50</b>	<b>109</b>

**NORTH AURORA CARE CENTER**

310 BANBURY ROAD

NORTH AURORA, IL 60542

Reference Numbers Facility ID 6006605

Health Service Area 008 Planning Service Area 089

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	0	104	0	0	5	0	109
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>104</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>109</b>

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

**STAFFING**

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	45.00
<b>Totals</b>	<b>84.00</b>

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	93.2%	0.0%	0.0%	6.7%	100.0%		0.0%
0	3,964,424	344	0	286,708	4,251,476	0	

III. STATISTICAL DATA

A. License/certification level(s) of care: enter number of bed/days.  
 (not agree with license); Date of change in licensed beds

1	2	3	4
Begin of Report Period	License Level of Care	End of Report Period	Licensed Bed Days During Report Period
1	SNAP (SNF)		1
2	Skilled Pediatric (SNP/PED)		2
3	Intermediate (ICF)	1/29	47,085
4	Intermediate/OD		3
5	Skilled Care (SC)		4
6	ICF/PDD 16 or Less		5
7	TOTALS	1/29	47,085

B. Census For the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Medical Reimbursement	Private Pay	Other
8	SNF			8
9	SNP/PED			9
10	ICF	31,963	1,793	39,756
11	ICF/PDD			10
12	SC			11
13	PDD 16 OR LESS			12
14	TOTALS	31,963	1,793	39,756

C. Percent Occupancy: (Column 6, line 14 divided by total licensed bed days on line 7, column 4) 84.5%

D. How many bed/days during this year were paid by the Department? None (Do not include bed/days in Section B.)

E. List all services provided by your facility for non-patients: (E.g., day care, meals on wheels, outpatient therapy) None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? Yes

H. Does the BALANCE SHEET (page 12) reflect any non-care assets? Yes

I. On what date did you start providing long term care at this location? Date started: 10/1/2005

J. Was the facility purchased or leased after January 1, 1978? YES [X] Date: 10/1/2005 NO [ ]

K. Was the facility certified for Medicare during the reporting year? YES [ ] NO [X] If YES, enter number of beds certified: 0 and days of care provided: 0

Medicare Intermediary: N/A

IV. ACCOUNTING BASIS  
 ACCRUAL [X] MODIFIED CASH\* [ ]  
 CASH\* [ ] CASH\* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2009 Fiscal Year: 12/31/2009  
 \* All facilities other than governmental must report on the accrual basis.

A. Square Feet: 27,412 B. General Construction Type: Exterior Masonry Frame Brick Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

E. List all other business entities owned by the operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, motor housing facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/seats available (where applicable).  
NA

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:  
 1. Total Amount Incurred: \_\_\_\_\_  
 2. Number of Years Over Which It is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Delta Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

	1	Use	2	Square Foot	3	Year Acquired	4	Cost
1	Facility	ITALY	2008					72,200
2								
3	TOTALS			27,412				72,200

Facility Name & ID Number North Aurora Care Center

STATE OF ILLINOIS

0007514

Report Period Beginning: 1/1/2000

Page 12  
Ending: 12/31/2009

SI. OWNERSHIP (USFS (cont'd))  
B. Building, Depreciation-Including Fixed Equipment. (See Instructions, Round all numbers to nearest dollar.)

1	2	3	4	5	6	7	8	9	10
Beids*	POR BIF USE ONLY	Year Acquired (K05)	Year Constructed (197)	Cost	Current Book Depreciation	Life In Years (25)	Straight Line Depreciation (1,000)	Adjustments (1,200)	Accumulated Depreciation (2,579.00)
1	Improvement 1987		2005	17,000		15	1,133	1,000	4,500
2	Original Cost Improvement		2005	17,000		15	1,133	1,000	4,500
3	1987		2005	17,000		15	1,133	1,000	4,500
4			2005	17,000		15	1,133	1,000	4,500
5			2005	17,000		15	1,133	1,000	4,500
6			2005	17,000		15	1,133	1,000	4,500
7			2005	17,000		15	1,133	1,000	4,500
8			2005	17,000		15	1,133	1,000	4,500
9			2005	17,000		15	1,133	1,000	4,500
10			2005	17,000		15	1,133	1,000	4,500
11	Water Main Replacement		2005	1,700		25	68	97	348
12	Water Main Replacement		2005	1,700		25	68	97	348
13	Water Main Replacement		2005	1,700		25	68	97	348
14	Water Main Replacement		2005	1,700		25	68	97	348
15	Water Main Replacement		2005	1,700		25	68	97	348
16	Water Main Replacement		2005	1,700		25	68	97	348
17	Water Main Replacement		2005	1,700		25	68	97	348
18	Water Main Replacement		2005	1,700		25	68	97	348
19	Water Main Replacement		2005	1,700		25	68	97	348
20	Water Main Replacement		2005	1,700		25	68	97	348
21	Water Main Replacement		2005	1,700		25	68	97	348
22	Water Main Replacement		2005	1,700		25	68	97	348
23	Water Main Replacement		2005	1,700		25	68	97	348
24	Water Main Replacement		2005	1,700		25	68	97	348
25	Water Main Replacement		2005	1,700		25	68	97	348
26	Water Main Replacement		2005	1,700		25	68	97	348
27	Water Main Replacement		2005	1,700		25	68	97	348
28	Water Main Replacement		2005	1,700		25	68	97	348
29	Water Main Replacement		2005	1,700		25	68	97	348
30	Water Main Replacement		2005	1,700		25	68	97	348
31	Water Main Replacement		2005	1,700		25	68	97	348
32	Water Main Replacement		2005	1,700		25	68	97	348
33	Water Main Replacement		2005	1,700		25	68	97	348
34	Water Main Replacement		2005	1,700		25	68	97	348
35	Water Main Replacement		2005	1,700		25	68	97	348
36	Water Main Replacement		2005	1,700		25	68	97	348
37	Water Main Replacement		2005	1,700		25	68	97	348
38	Water Main Replacement		2005	1,700		25	68	97	348
39	Water Main Replacement		2005	1,700		25	68	97	348
40	Water Main Replacement		2005	1,700		25	68	97	348
41	Water Main Replacement		2005	1,700		25	68	97	348
42	Water Main Replacement		2005	1,700		25	68	97	348
43	Water Main Replacement		2005	1,700		25	68	97	348
44	Water Main Replacement		2005	1,700		25	68	97	348
45	Water Main Replacement		2005	1,700		25	68	97	348
46	Water Main Replacement		2005	1,700		25	68	97	348
47	Water Main Replacement		2005	1,700		25	68	97	348
48	Water Main Replacement		2005	1,700		25	68	97	348
49	Water Main Replacement		2005	1,700		25	68	97	348
50	Water Main Replacement		2005	1,700		25	68	97	348
51	Water Main Replacement		2005	1,700		25	68	97	348
52	Water Main Replacement		2005	1,700		25	68	97	348
53	Water Main Replacement		2005	1,700		25	68	97	348
54	Water Main Replacement		2005	1,700		25	68	97	348
55	Water Main Replacement		2005	1,700		25	68	97	348
56	Water Main Replacement		2005	1,700		25	68	97	348
57	Water Main Replacement		2005	1,700		25	68	97	348
58	Water Main Replacement		2005	1,700		25	68	97	348
59	Water Main Replacement		2005	1,700		25	68	97	348
60	Water Main Replacement		2005	1,700		25	68	97	348
61	Water Main Replacement		2005	1,700		25	68	97	348
62	Water Main Replacement		2005	1,700		25	68	97	348
63	Water Main Replacement		2005	1,700		25	68	97	348
64	Water Main Replacement		2005	1,700		25	68	97	348
65	Water Main Replacement		2005	1,700		25	68	97	348
66	Water Main Replacement		2005	1,700		25	68	97	348
67	Water Main Replacement		2005	1,700		25	68	97	348
68	Water Main Replacement		2005	1,700		25	68	97	348
69	Water Main Replacement		2005	1,700		25	68	97	348
70	Water Main Replacement		2005	1,700		25	68	97	348
71	Water Main Replacement		2005	1,700		25	68	97	348
72	Water Main Replacement		2005	1,700		25	68	97	348
73	Water Main Replacement		2005	1,700		25	68	97	348
74	Water Main Replacement		2005	1,700		25	68	97	348
75	Water Main Replacement		2005	1,700		25	68	97	348
76	Water Main Replacement		2005	1,700		25	68	97	348
77	Water Main Replacement		2005	1,700		25	68	97	348
78	Water Main Replacement		2005	1,700		25	68	97	348
79	Water Main Replacement		2005	1,700		25	68	97	348
80	Water Main Replacement		2005	1,700		25	68	97	348
81	Water Main Replacement		2005	1,700		25	68	97	348
82	Water Main Replacement		2005	1,700		25	68	97	348
83	Water Main Replacement		2005	1,700		25	68	97	348
84	Water Main Replacement		2005	1,700		25	68	97	348
85	Water Main Replacement		2005	1,700		25	68	97	348
86	Water Main Replacement		2005	1,700		25	68	97	348
87	Water Main Replacement		2005	1,700		25	68	97	348
88	Water Main Replacement		2005	1,700		25	68	97	348
89	Water Main Replacement		2005	1,700		25	68	97	348
90	Water Main Replacement		2005	1,700		25	68	97	348
91	Water Main Replacement		2005	1,700		25	68	97	348
92	Water Main Replacement		2005	1,700		25	68	97	348
93	Water Main Replacement		2005	1,700		25	68	97	348
94	Water Main Replacement		2005	1,700		25	68	97	348
95	Water Main Replacement		2005	1,700		25	68	97	348
96	Water Main Replacement		2005	1,700		25	68	97	348
97	Water Main Replacement		2005	1,700		25	68	97	348
98	Water Main Replacement		2005	1,700		25	68	97	348
99	Water Main Replacement		2005	1,700		25	68	97	348
100	Water Main Replacement		2005	1,700		25	68	97	348

\*Total beds on this schedule must agree with page 2.  
\*\*In parentheses type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Improvement Type	Year Constructed	Vol	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37								37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46	Land Improvements Leased		3,282			1,484		46
47	Building Leased		31,364			(31,747)		47
48	Building Improvement Leased		6,208			(6,208)		48
49								49
50	Land (Improvements Leased and Improvements)				12	12		50
51	2005 Home Office Allocation (600) for Improvement	12,108			483	483		51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
71								71
72								72
73								73
74								74
75								75
76								76
77								77
78								78
79								79
	TOTAL (Items 4 thru 69)	5	1,616,936	5	61,231	48,392	4,683	240,001

\*\*Improvement type and be detailed in order for the cost report to be considered complete

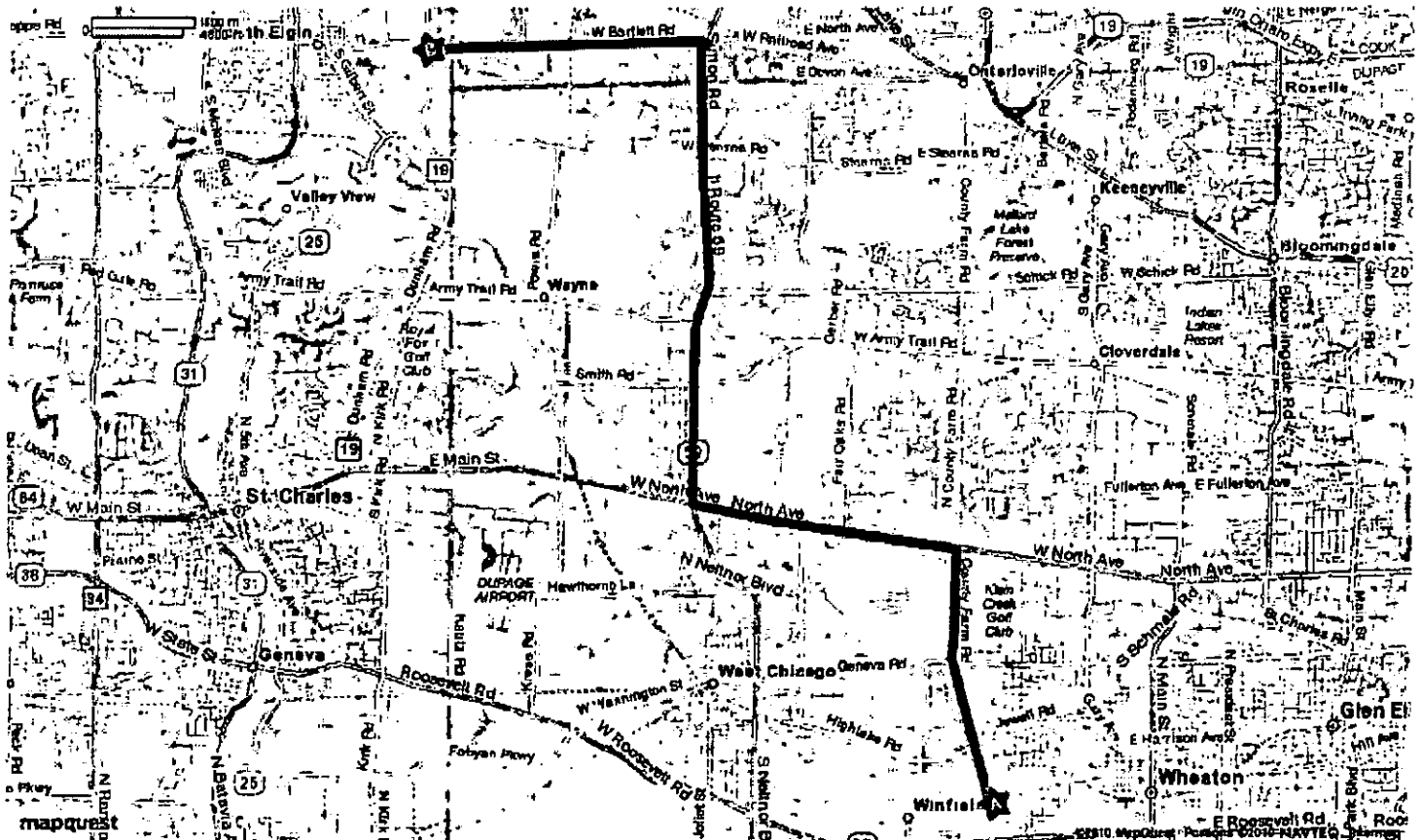
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

**Starting Location**  
**2180 Manchester Rd**  
 Wheaton, IL 60187-4580

**Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 23 minutes / 14.82 miles Fuel Cost: [Calculate!](#)



**Starting Location**  
**2180 Manchester Rd**  
 Wheaton, IL 60187-4580

1. Start out going WEST on MANCHESTER RD toward S COUNTY FARM RD/CR-43. 0.1 mi
2. Turn RIGHT onto N COUNTY FARM RD/CR-43. 3.1 mi
3. Turn LEFT onto NORTH AVE/IL-64 W. 3.0 mi
4. Turn SLIGHT RIGHT onto IL-59/N NELTNOR BLVD/PRAMUKH SWAMI RD. Continue to follow IL-59. 5.5 mi
5. Turn LEFT onto W BARTLETT RD. 3.1 mi
6. E MIDDLE ST & IL ROUTE 25.

**Ending Location**  
**E Middle St & Il Route 25**

South Elgin, IL 60177

Total Travel Estimate: 23 minutes / 14.82 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.



WYNSCAPE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2180 MANCHESTER ROAD		Aggressive/Anti-Social 1		DIAGNOSIS	
WHEATON, IL 60187		Chronic Alcoholism 1		Neoplasms 6	
Reference Numbers	Facility ID 6008361	Developmentally Disabled 1		Endocrine/Metabolic 7	
Health Service Area 007	Planning Service Area 703	Drug Addiction 1		Blood Disorders 1	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 3	
Aimee Musial		Medicare Recipient 0		Alzheimer Disease 3	
		Mental Illness 1		Mental Illness 0	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
Aimee Musial		Non-Mobile 0		Circulatory System 22	
630-681-4322		Public Aid Recipient 0		Respiratory System 16	
	Date Completed	Under 65 Years Old 0		Digestive System 11	
	5/3/2009	Unable to Self-Medicare 0		Genitourinary System Disorders 3	
Registered Agent Information		Ventilator Dependent 1		Skin Disorders 4	
James T. Spear		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 6	
25 N. Winfield Road		Other Restrictions 0		Injuries and Poisonings 33	
Wheaton, IL 60187		No Restrictions 0		Other Medical Conditions 16	
				Non-Medical Conditions 11	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>		TOTALS 142	
NON-PROF CORPORATION					

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	209	161	149	161	142	67	108	0	138	859
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2008	859
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2008	855
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2008	142
TOTAL BEDS	209	161	149	161	142	67	108	0		

FACILITY UTILIZATION - 2008												
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							Pat. days	Pat. days
Nursing Care	17138	43.4%	13278	0.0%	0	625	19795	193	51029	66.7%	86.6%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	17138	43.4%	13278	0.0%	0	625	19795	193	51029	66.7%	86.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008												
AGE GROUPS	NURSING CARE		SKL 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 64	0	1	0	0	0	0	0	0	0	1	1	
65 to 74	1	5	0	0	0	0	0	0	1	5	6	
75 to 84	11	25	0	0	0	0	0	0	11	25	36	
85+	27	72	0	0	0	0	0	0	27	72	99	
TOTALS	39	103	0	0	0	0	0	0	39	103	142	

WYNSCAPE  
2180 MANCHESTER ROAD  
WHEATON, IL. 60187

Reference Numbers Facility ID 6008361  
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	49	30	0	3	59	1	142
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>49</b>	<b>30</b>	<b>0</b>	<b>3</b>	<b>59</b>	<b>1</b>	<b>142</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	240
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	22	0	0	0	22
<b>Total</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>142</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	141	0	0	0	141
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>142</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	7.00
Certified Aides	65.00
Other Health Staff	29.00
Non-Health Staff	52.00
<b>Totals</b>	<b>177.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
52.6%	13.1%	0.0%	2.6%	31.8%	100.0%		0.4%
7,400,414	1,841,372	0	360,000	4,478,471	14,080,267	58,790	

Facility Name & ID Number: \_\_\_\_\_ Why we're: \_\_\_\_\_

III. STATISTICAL DATA

A. License/certification level(s) of care center number of bedded days (must agree with license), Date of change in licensed beds: \_\_\_\_\_

N/A

1	2	3	4
Bed at Beginning of Report Period	License Level of Care	Beds at End of Report Period	Unused Bed Days During Report Period
100	SNIP (SNP)	100	39,420
2	SNIP (SNP)		
3	SNIP (SNP)		
101	SNIP (SNP)	101	36,865
4	Intermediate (IG)		
5	Intermediate (IG)		
6	Skilled Care (SC)		
7	ICP/DD 18 or Later		
TOTALS	TOTALS	209	76,285

B. Group for the entire report period.

1	2	3	4	5
Level of Care	Patient Day	Level of Care and Primary Service of Payment	Other	Total
8 SNIP	31	31	18,560	18,713
9 SNIP/PD				
10 ICY	2,716	21,092	1,448	32,190
11 ICP/DD				
12 SC				
13 DD 16 OR LESS				
TOTALS	2,748	21,353	19,802	50,903

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 66.71%

# 0041426 Report Period Beginning: July 1, 2008 Ending: June 30, 2009

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B)

E. List all services provided by your facility for non-patients (e.g., day care, "respite on wheels", outpatient therapy) None

F. Does the facility maintain a daily overnight census? Yes

G. Do items 3 & 4 include expenses for services or investments not directly related to patient care? NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? NO

I. On what date did you start providing long term care at this location? 11/17/96

J. Was the facility purchased or leased after January 1, 1978? NO

K. Was the facility certified for Medicare during the reporting year? NO If YES, enter number of beds certified: 108 and days of care provided: 17,609

Medicare Intermediary: National Government Services

IV. ACCOUNTING BASIS

ACCUMULATED  MODIFIED

CASH  CASH

IF your fiscal year identical to your tax year: YES  NO

Tax Year: 6/30/2009 Fiscal Year: 6/30/2009

\* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number: WYSAWPS  
~~HOODING AND GENERAL INFORMATION~~

STATE OF ILLINOIS  
 # 0041326 Report Period Beginning: July 1, 2008 Ending: June 30, 2009 Page 11

A. Square Feet: 58,290 B. General Construction Type \_\_\_\_\_ E. Other \_\_\_\_\_ Brick \_\_\_\_\_ Frame \_\_\_\_\_ Steel \_\_\_\_\_ Number of Stories: Two

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land

1	2	3	4
Use	Square Feet	Year Acquired	Cost
1. <u>Operating Care</u>		<u>1997</u>	<u>1,280,000</u>
2.			
3. TOTALS		<u>5</u>	<u>1,280,000</u>

1	2	3	4	5	6	7	8	9	10
Bed#	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation
1		2000		2,248	14,331	40	145,170	11,913	1,360,116
2									
3									
4									
5									
6									
7									
8									
9	Improvements 1992-2003								
10	Demolition								
11	General construction project number R007			1,4310	14,310	40	145,170	11,913	1,360,116
12	Construction debris removal			1,783	17,830	40	178,300	14,264	1,534,780
13	Decorative			4,356	43,560	40	435,600	35,250	3,080,400
14	Concrete			21,718	217,180	40	2,171,800	173,744	15,000,000
15	Interior painting			39,446	394,460	40	3,944,600	315,568	27,298,400
16	Roof carpentry			1,245	12,450	40	124,500	10,125	87,375
17	Temporary protection cleanup			1,743	17,430	40	174,300	14,192	122,808
18	Wood doors			7,343	73,430	40	734,300	59,142	505,158
19	Sentry on the grounds			11,300	113,000	40	1,130,000	91,200	788,800
20	Maintenance tooling			4,301	43,010	40	430,100	34,608	295,492
21	Metal door and frames			4,469	44,690	40	446,900	35,752	301,148
22	Weld reinforcement door			4,381	43,810	40	438,100	35,048	295,492
23	Exterior and interior			28,394	283,940	40	2,839,400	227,152	1,912,248
24	Aluminum windows			12,740	127,400	40	1,274,000	101,920	873,080
25	Hardware			3,357	33,570	40	335,700	26,856	228,844
26	Interior painting			8,750	87,500	40	875,000	69,999	595,001
27	Overall			471,598	4,715,980	40	47,159,800	3,772,784	31,387,016
28	Crane lift			11,509	115,090	40	1,150,900	92,072	778,828
29	Residual Renovation			36,343	363,430	40	3,634,300	290,744	2,443,556
30	Door prep			1,909	19,090	40	190,900	15,272	125,628
31	Painting			2,607	26,070	40	260,700	20,856	176,844
32	Garage lift and necessary			26,015	260,150	40	2,601,500	208,120	1,793,380
33	Minor and building alterations			116,964	1,169,640	40	11,696,400	935,712	7,960,688
34	Roof treatment aluminum			17,238	172,380	40	1,723,800	137,904	1,155,896
35	Storage Rack			1,744	17,440	40	174,400	13,952	117,448
36	Final cleanup			11,225	112,250	40	1,122,500	89,800	732,700

\*Final beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Wyastgc  
 B. Building Depreciation Building Fixed Equipment (See instructions) Bond all numbers to nearest dollar.

Improvement Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
37 Field Irrigation	2007/97	900		48	21	71	116
38 Fire Protection	6307/97	17,741		48	21	417	5,530
39 Plumbing	6407/97	56,326		48	21	3,882	24,109
40 HVAC	6407/97	27,906		48	21	4,321	7,118
41 Electrical	6507/97	317,772		48	21	8,857	107,823
42 Fire Alarm System	6507/97	4,432		48	21	344	1,360
43 Fire Alarm Panel	6507/97	21,866		48	21	79	724
44 Fire Alarm Bell	6507/97	72,219		48	21	700	6,750
45 Fire Alarm Box	6507/97	17,277		48	21	1,269	12,813
46 Fire Alarm Bell Box	6507/97	41,715		48	21	432	5,200
47 Millwork	6207/97	150,980		48	21	1,528	19,080
48 V. Blower (see item changed in 08/08 Data)	6207/97	10,932		2			19,101
49 V. Blower (see item changed in 08/08 Data)	6207/97	7,416		2			10,952
50 V. Blower (see item changed in 08/08 Data)	6207/97	2,416		2			7,956
51 V. Blower (see item changed in 08/08 Data)	6207/97	4,371		2			4,882
52 V. Blower (see item changed in 08/08 Data)	6207/97	36,245		2			36,315
53 V. Blower (see item changed in 08/08 Data)	6207/97	1,024		2			1,034
54 V. Blower (see item changed in 08/08 Data)	6207/97	236		2			316
55 V. Blower (see item changed in 08/08 Data)	6207/97	4,187		2			4,200
56 V. Blower (see item changed in 08/08 Data)	6207/97	13,209		2			13,217
57 V. Blower (see item changed in 08/08 Data)	6207/97	1,799		2			1,800
58 V. Blower (see item changed in 08/08 Data)	6207/97	1,799		2			1,799
59 V. Blower (see item changed in 08/08 Data)	6207/97	1,200		2			1,200
60 V. Blower (see item changed in 08/08 Data)	6207/97	2,218		2			2,218
61 V. Blower (see item changed in 08/08 Data)	6207/97	1,369		2			1,369
62 V. Blower (see item changed in 08/08 Data)	6207/97	7,947		2			7,947
63 V. Blower (see item changed in 08/08 Data)	6207/97	2,225		2			2,225
64 V. Blower (see item changed in 08/08 Data)	6207/97	7,739		2			7,739
65 V. Blower (see item changed in 08/08 Data)	6207/97	6,249		2			6,249
66 V. Blower (see item changed in 08/08 Data)	6207/97	760		2			760
67 V. Blower (see item changed in 08/08 Data)	6207/97	2,799		2			2,799
68 V. Blower (see item changed in 08/08 Data)	6207/97	8,168,025		2			8,168,025
69 V. Blower (see item changed in 08/08 Data)	6207/97	121,343		2			121,343
70 V. Blower (see item changed in 08/08 Data)	6207/97	196,217		2			196,217
71 V. Blower (see item changed in 08/08 Data)	6207/97	21,616		2			21,616
72 V. Blower (see item changed in 08/08 Data)	6207/97	2,567,110		2			2,567,110

\*Improvement type must be detailed in order for the cost report to be considered complete.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1. Touch from Base J.A. (Annual Payment)	6/30/1997	13,836	3,326	40	3,408		6,734
2. General contractor repair to base pad No 66071	6/30/1997	14,740	268	40	218		2,725
3. Construction material for base pad No 66071	6/30/1997	4,117	718	40	1,721		2,123
4. Fire alarm system	6/30/1997	69,239	9,871	40	1,671		12,539
5. Electrical work	6/30/1997	62,233	2,158	40	2,158		26,850
6. HVAC improvement work	6/30/1997	7,296	52	40	52		59
7. Plumbing improvement work	6/30/1997	15,725	478	40	478		5,975
8. Electrical work	6/30/1997	14,732	354	40	354		5,415
9. Storm sewer and moving cost	6/30/1997	21,678	537	40	537		6,643
10. Window replacement improvement	6/30/1997	16,133	433	40	433		5,610
11. Painting work	6/30/1997	10,256	257	40	257		3,175
12. Repaint Deck	6/30/1997	8,296	716	40	716		2,825
13. Asbestos removal	6/30/1997	11,049	216	40	216		3,350
14. Storm sewer	6/30/1997	54,248	1,361	40	1,361		17,815
15. Hardware	6/30/1997	2,316	45	40	45		112
16. Window replacement	6/30/1997	13,842	339	40	339		4,342
17. Window replacement	6/30/1997	7,216	183	40	183		2,388
18. Window replacement	6/30/1997	1,202	28	40	28		35
19. Window replacement	6/30/1997	1,202	28	40	28		35
20. Window replacement	6/30/1997	1,202	28	40	28		35
21. Window replacement	6/30/1997	1,202	28	40	28		35
22. Window replacement	6/30/1997	1,202	28	40	28		35
23. Window replacement	6/30/1997	1,202	28	40	28		35
24. Window replacement	6/30/1997	1,202	28	40	28		35
25. Window replacement	6/30/1997	1,202	28	40	28		35
26. Window replacement	6/30/1997	1,202	28	40	28		35
27. Window replacement	6/30/1997	1,202	28	40	28		35
28. Window replacement	6/30/1997	1,202	28	40	28		35
29. Window replacement	6/30/1997	1,202	28	40	28		35
30. Window replacement	6/30/1997	1,202	28	40	28		35
31. Window replacement	6/30/1997	1,202	28	40	28		35
32. Window replacement	6/30/1997	1,202	28	40	28		35
33. Window replacement	6/30/1997	1,202	28	40	28		35
34. Window replacement	6/30/1997	1,202	28	40	28		35
35. Window replacement	6/30/1997	1,202	28	40	28		35
TOTAL Items 1 thru 35		716,737	136,704		136,704	51,276	238,275

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	1	6200000	32316	40	235784		270485
2	2	6300000	632	18	10		18
3	3	6000000	2118	40	53		407
4	4	5200000	2122	40	55		310
5	5	5200000	140	40	59		307
6	6	5200000	185	40	59		312
7	7	5200000	185	40	59		312
8	8	5200000	185	40	59		312
9	9	5200000	185	40	59		312
10	10	5200000	185	40	59		312
11	11	5200000	185	40	59		312
12	12	5200000	185	40	59		312
13	13	5200000	185	40	59		312
14	14	5200000	185	40	59		312
15	15	5200000	185	40	59		312
16	16	5200000	185	40	59		312
17	17	5200000	185	40	59		312
18	18	5200000	185	40	59		312
19	19	5200000	185	40	59		312
20	20	5200000	185	40	59		312
21	21	5200000	185	40	59		312
22	22	5200000	185	40	59		312
23	23	5200000	185	40	59		312
24	24	5200000	185	40	59		312
25	25	5200000	185	40	59		312
26	26	5200000	185	40	59		312
27	27	5200000	185	40	59		312
28	28	5200000	185	40	59		312
29	29	5200000	185	40	59		312
30	30	5200000	185	40	59		312
31	31	5200000	185	40	59		312
32	32	5200000	185	40	59		312
33	33	5200000	185	40	59		312
34	34	5200000	185	40	59		312
35	35	5200000	185	40	59		312
36	36	5200000	185	40	59		312
37	37	5200000	185	40	59		312
38	38	5200000	185	40	59		312
39	39	5200000	185	40	59		312
40	40	5200000	185	40	59		312
41	41	5200000	185	40	59		312
42	42	5200000	185	40	59		312
43	43	5200000	185	40	59		312
44	44	5200000	185	40	59		312
45	45	5200000	185	40	59		312
46	46	5200000	185	40	59		312
47	47	5200000	185	40	59		312
48	48	5200000	185	40	59		312
49	49	5200000	185	40	59		312
50	50	5200000	185	40	59		312
51	51	5200000	185	40	59		312
52	52	5200000	185	40	59		312
53	53	5200000	185	40	59		312
54	54	5200000	185	40	59		312
55	55	5200000	185	40	59		312
56	56	5200000	185	40	59		312
57	57	5200000	185	40	59		312
58	58	5200000	185	40	59		312
59	59	5200000	185	40	59		312
60	60	5200000	185	40	59		312
61	61	5200000	185	40	59		312
62	62	5200000	185	40	59		312
63	63	5200000	185	40	59		312
64	64	5200000	185	40	59		312
65	65	5200000	185	40	59		312
66	66	5200000	185	40	59		312
67	67	5200000	185	40	59		312
68	68	5200000	185	40	59		312
69	69	5200000	185	40	59		312
70	70	5200000	185	40	59		312
71	71	5200000	185	40	59		312
72	72	5200000	185	40	59		312
73	73	5200000	185	40	59		312
74	74	5200000	185	40	59		312
75	75	5200000	185	40	59		312
76	76	5200000	185	40	59		312
77	77	5200000	185	40	59		312
78	78	5200000	185	40	59		312
79	79	5200000	185	40	59		312
80	80	5200000	185	40	59		312
81	81	5200000	185	40	59		312
82	82	5200000	185	40	59		312
83	83	5200000	185	40	59		312
84	84	5200000	185	40	59		312
85	85	5200000	185	40	59		312
86	86	5200000	185	40	59		312
87	87	5200000	185	40	59		312
88	88	5200000	185	40	59		312
89	89	5200000	185	40	59		312
90	90	5200000	185	40	59		312
91	91	5200000	185	40	59		312
92	92	5200000	185	40	59		312
93	93	5200000	185	40	59		312
94	94	5200000	185	40	59		312
95	95	5200000	185	40	59		312
96	96	5200000	185	40	59		312
97	97	5200000	185	40	59		312
98	98	5200000	185	40	59		312
99	99	5200000	185	40	59		312
100	100	5200000	185	40	59		312
TOTAL (Lines 1-100)		11857951	276386		376370	1733	335385

\*\*Improvement type may be identified in order for the cost report to be considered complete.



1	2	3	4	5	6	7	8	9	10	11	12
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation				
1	2007	1257151	375318	20	318202	512531	2374005				
2	2007	615	31	20	31		602				
3	2007	19	1	20	1		6				
4	2007	187	43	20	41		280				
5	2007	45	1	20	1		19				
6	2007	236	42	20	42		242				
7	2007	16700	707	20	737		2981				
8	2007	216	28	20	28		181				
9	2007	4210	224	20	224		1412				
10	2007	448	22	20	22		112				
11	2007	36	4	20	4		22				
12	2007	1242	67	20	67		425				
13	2007	4780	229	20	219		1353				
14	2007	2310	117	20	117		705				
15	2007	643	33	20	33		215				
16	2007	154219	7746	20	7746		20389				
17	2007	6383	428	20	428		2782				
18	2007	679	34	20	34		218				
19	2007	8400	330	20	330		2115				
20	2007	418	22	20	22		141				
21	2007	153195	768	20	768		16410				
22	2007	11383	579	20	579		3704				
23	2007	4502005	1710	20	1710		468				
24	2007	4502005	1397	20	1397		381				
25	2007	4502005	1794	20	1794		468				
26	2007	158	8	20	8		65				
27	2007	4270	213	20	213		1227				
28	2007	4502004	316	20	316		181				
29	2007	4502004	346	20	346		208				
30	2007	4502004	122	20	122		66				
31	2007	33	2	20	2		16				
32	2007	179	152	10	179		99				
33	2007	6502004	1190177	10	239234	512919	4315710				
34	2007										
35	2007										
36	2007										
37	2007										
38	2007										
39	2007										
40	2007										
41	2007										
42	2007										
43	2007										
44	2007										
45	2007										
46	2007										
47	2007										
48	2007										
49	2007										
50	2007										
51	2007										
52	2007										
53	2007										
54	2007										
55	2007										
56	2007										
57	2007										
58	2007										
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61	2007										
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92	2007										
93	2007										
94	2007										
95	2007										
96	2007										
97	2007										
98	2007										
99	2007										
100	2007										

\*\*Improvement type may be obtained to order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9	10
Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	1	12,967,787	287,714	20	648,394		1,316,778	1	
2	1	3,733	187	20	187		187	2	
3	1	8,119	411	20	411		411	3	
4	1	2,343	117	20	117		117	4	
5	1	6,745	337	20	337		337	5	
6	1	1,150	57	20	57		57	6	
7	1	10,753	538	20	538		538	7	
8	1	12,985	649	20	649		649	8	
9	1	11,633	582	20	582		582	9	
10	1	6,310	315	20	315		315	10	
11	1	6,007,004	300	20	300		300	11	
12	1	1,210	60	20	60		60	12	
13	1	217	11	20	11		11	13	
14	1	203	10	20	10		10	14	
15	1	4,044	202	20	202		202	15	
16	1	17,240	862	20	862		862	16	
17	1	290	14	20	14		14	17	
18	1	3,623	181	20	181		181	18	
19	1	3,065	153	20	153		153	19	
20	1	5,750	288	20	288		288	20	
21	1	4,270	213	20	213		213	21	
22	1	51,317	2,566	20	2,566		2,566	22	
23	1	14,134	707	20	707		707	23	
24	1	1,340	67	20	67		67	24	
25	1	340	17	20	17		17	25	
26	1	24,478	1,224	20	1,224		1,224	26	
27	1	18,430	921	20	921		921	27	
28	1	35,506	1,775	20	1,775		1,775	28	
29	1	4,539	227	20	227		227	29	
30	1	18,130	907	20	907		907	30	
31	1	6,278	314	20	314		314	31	
32	1	5,928	296	20	296		296	32	
33	1	42,433	2,122	20	2,122		2,122	33	
34	1	13,217,729	660,874	20	660,874		660,874	34	
TOTAL (Lines 1 thru 33)							1,316,778		

\* (Depreciation) type must be detailed in order for the cost report to be considered complete.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	1	62007005	12384795	20	3118419	5	4585583
2	2	62007005	5086	20	254	1	125
3	3	62007005	31831	20	1591	1	747
4	4	62007005	3750	20	188	1	64
5	5	62007005	767	20	38	1	19
6	6	62007005	6930	20	346	1	137
7	7	62007005	6348	20	317	1	137
8	8	62007005	450	20	23	1	12
9	9	62007005	28170	20	1388	1	433
10	10	62007005	2300	20	115	1	23
11	11	62007005	6708	20	335	1	150
12	12	62007005	2281	20	124	1	50
13	13	62007005	2547	20	127	1	52
14	14	62007005	747	20	37	1	17
15	15	62007005	4717	20	236	1	103
16	16	62007005	466	20	23	1	11
17	17	62007005	18192	20	918	1	295
18	18	62007005	210	20	10	1	4
19	19	62007005	243	20	12	1	5
20	20	62007005	1718	20	86	1	28
21	21	62007005	493	20	25	1	11
22	22	62007005	75	20	4	1	2
23	23	62007005	63	20	3	1	1
24	24	62007005	342	20	17	1	6
25	25	62007005	134	20	7	1	3
26	26	62007005	154	20	8	1	4
27	27	62007005	347	20	17	1	6
28	28	62007005	18	20	1	1	0
29	29	62007005	835	20	41	1	14
30	30	62007005	272	20	14	1	5
31	31	62007005	124	20	6	1	3
32	32	62007005	758	20	38	1	13
33	33	62007005	1833	20	91	1	30
34	34	62007005	1241551	20	306708	5	4585583

\*\*Improvement type must be defined in order for the cost report to be considered complete.



1	2	3	4	5	6	7	8	9	10
Item	Improvement Type	Year	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Total from Dept 216, carried Forward	02/07/2018	125,913.00	328,825	10	377,202	56,777	4,674,248	1
2	Wyancong VADY # 22843	02/07/2018	170	19	10	19		24	2
3	Rose Garden	02/07/2018	6,111	1,236	5	1,236		1,236	3
4	Quincy POS Printer #32769	02/07/2018	104,138	10,719	10	11,518		10,719	4
5	AC Units 22840	02/07/2018	4,315	246	15	386		219	5
6	Printer	02/07/2018	1,314	12	10	12		154	6
7	Star Computer Center Tower	02/07/2018	60	12	5	12		154	7
8	Nipco Student Center Tower	02/07/2018	13,148	1,315	10	1,315		1,315	8
9	Perio Scanner	02/07/2018	158	13	10	13		25	9
10	Replacer A: Unit	02/07/2018	63	13	5	13		25	10
11	Peripherals for Nurse Station	02/07/2018	3,815	182	10	182		19	11
12	Printer for Nurse Station	02/07/2018	2,871	287	10	287		19	12
13	Printer for Nurse Station	02/07/2018	2,871	287	10	287		19	13
14	A.C. Units Building Rooms	02/07/2018	3,375	215	15	215		19	14
15	Peripherals for All Building Rooms	02/07/2018	4,219	215	15	215		19	15
16	AC Units	02/07/2018	7,663	471	15	471		19	16
17	Blinds	02/07/2018	3,333	215	15	215		19	17
18	Printer	02/07/2018	3,252	215	15	215		19	18
19	Printer	02/07/2018	3,252	215	15	215		19	19
20	Printer	02/07/2018	3,252	215	15	215		19	20
21	Superduplex System	02/07/2018	5,588	107	25	107		109	21
22	Building Shades, 3rd Level	02/07/2018	7,875	261	15	261		28	22
23	Handrail Replacement (all level)	02/07/2018	8,354	285	15	285		28	23
24	Handrail Replacement (all level)	02/07/2018	8,302	280	15	280		24	24
25	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	25
26	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	26
27	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	27
28	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	28
29	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	29
30	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	30
31	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	31
32	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	32
33	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	33
34	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	34
35	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	35
36	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	36
37	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	37
38	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	38
39	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	39
40	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	40
41	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	41
42	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	42
43	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	43
44	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	44
45	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	45
46	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	46
47	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	47
48	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	48
49	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	49
50	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	50
51	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	51
52	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	52
53	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	53
54	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	54
55	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	55
56	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	56
57	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	57
58	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	58
59	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	59
60	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	60
61	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	61
62	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	62
63	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	63
64	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	64
65	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	65
66	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	66
67	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	67
68	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	68
69	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	69
70	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	70
71	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	71
72	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	72
73	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	73
74	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	74
75	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	75
76	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	76
77	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	77
78	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	78
79	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	79
80	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	80
81	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	81
82	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	82
83	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	83
84	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	84
85	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	85
86	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	86
87	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	87
88	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	88
89	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	89
90	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	90
91	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	91
92	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	92
93	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	93
94	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	94
95	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	95
96	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	96
97	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	97
98	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	98
99	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	99
100	Handrail Replacement (all level)	02/07/2018	8,306	280	15	280		24	100

\*Improvements type must be detailed in order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	2008	12,278,500	58,337	10	1,227,850	28,777	4,112,319	1	1
2	2008	1,710	370	10	171,000		1,486	2	2
3	2008	24,779	1,105	10	2,477,900		1,105	3	3
4	2008	11,045	695	10	1,104,500		695	4	4
5	2008	6,859	1,189	10	685,900		1,189	5	5
6	2008	2,311	100	10	231,100		100	6	6
7	2008	1,300	100	10	130,000		100	7	7
8	2008	1,300	100	10	130,000		100	8	8
9	2008	9,921	409	10	992,100		409	9	9
10								10	10
11								11	11
12								12	12
13								13	13
14								14	14
15								15	15
16								16	16
17								17	17
18								18	18
19								19	19
20								20	20
21								21	21
22								22	22
23								23	23
24								24	24
25								25	25
26								26	26
27								27	27
28								28	28
29								29	29
30								30	30
31								31	31
32								32	32
33								33	33
34								34	34
35								35	35
TOTAL (Rows 1 thru 33)			12,962,541		1,227,850	28,777	4,112,319		

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

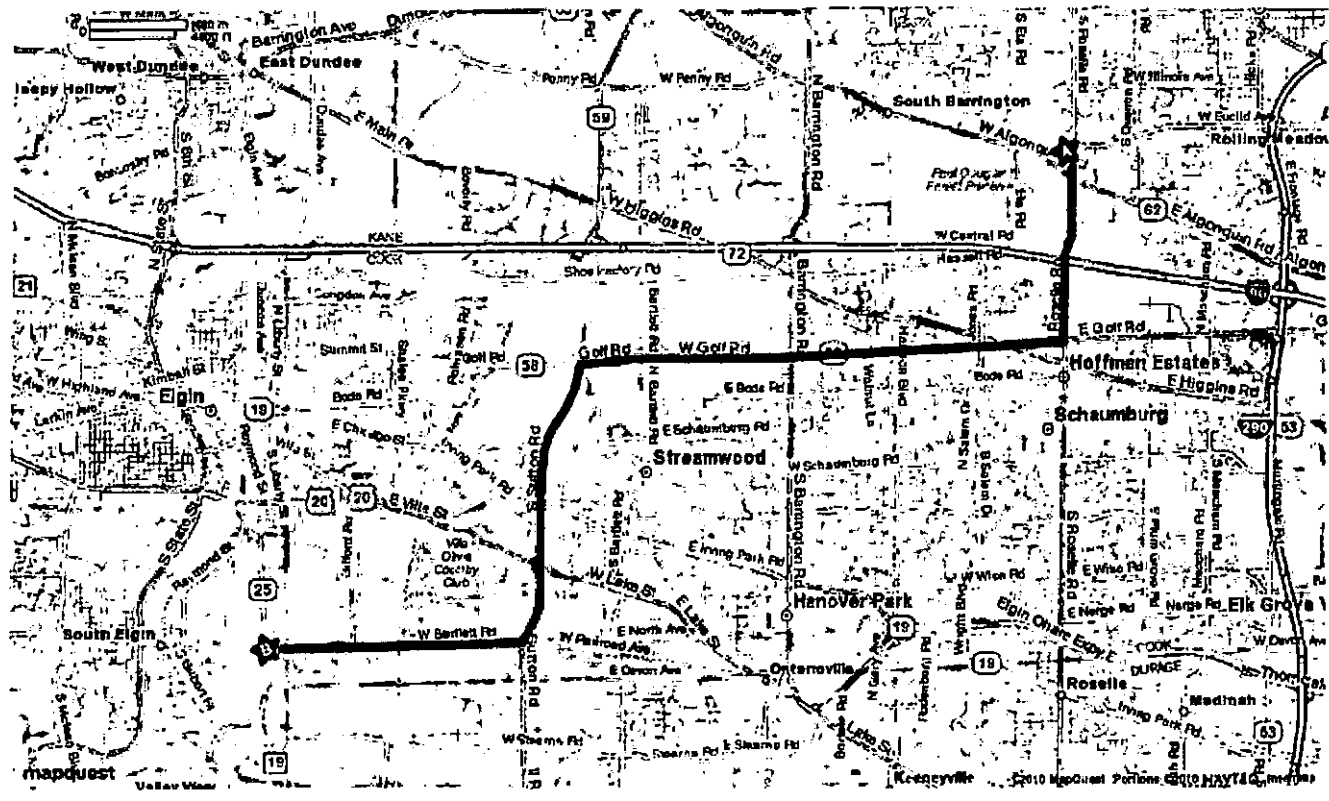
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.







**Starting Location**  
 1800 W Colonial Pkwy  
 Inverness, IL 60067-1216

**Ending Location**  
 E Middle St & Il Route 25  
 South Elgin, IL 60177

Total Travel Estimate: 24 minutes / 15.27 miles Fuel Cost: [Calculate](#)



**1800 W Colonial Pkwy**  
 Inverness, IL 60067-1216

-  Start out going **NORTHEAST** on **W COLONIAL PKWY** toward **S ROSELLE RD.** 0.1 mi
-  2. Turn **RIGHT** onto **S ROSELLE RD.** 2.5 mi
-  3. Turn **RIGHT** onto **W GOLF RD/IL-58 W.** 5.9 mi
-  4. Turn **LEFT** onto **IL-59/SUTTON RD.** 3.7 mi
-  5. Turn **RIGHT** onto **W BARTLETT RD.** 3.1 mi
-  6. **E MIDDLE ST & IL ROUTE 25.**

**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 24 minutes / 15.27 miles Fuel Cost: [Calculate](#)

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ROSEWOOD CARE CENTER INVERNESS			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1800 COLONIAL PARKWAY			Aggressive/Anti-Social	0	DIAGNOSIS		
INVERNESS, IL. 60067			Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID	6014633	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area	007	Planning Service Area	701	Drug Addiction	1	Blood Disorders	0
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	2	
Patrick DiPaolo			Medicare Recipient	0	Alzheimer Disease	0	
			Mental Illness	0	Mental Illness	0	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	0	
Jan Poelker			Non-Mobile	0	Circulatory System	9	
314-994-9070, ext 3025	Date Completed	4/23/2009	Public Aid Recipient	0	Respiratory System	13	
			Under 65 Years Old	0	Digestive System	12	
Registered Agent Information			Unable to Self-Medicate	0	Genitourinary System Disorders	16	
Daniel L. Maher			Ventilator Dependent	1	Skin Disorders	3	
419 E. Lawrence			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1	
Springfield, IL 62703			Other Restrictions	0	Injuries and Poisonings	2	
			No Restrictions	0	Other Medical Conditions	23	
FACILITY OWNERSHIP			<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
FOR-PROF CORPORATION					TOTALS	81	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	94
Nursing Care	142	142	122	142	81	61	58	24	Total Admissions 2008	445
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	458
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	81
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	142	142	122	142	81	61	58	24		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE					Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	TOTAL Pat. days		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days							
Nursing Care	11012	51.9%	8369	95.3%	0	619	15248	0	35248	67.8%	67.8%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	11012	51.9%	8369	95.3%	0	619	15248	0	35248	67.8%	67.8%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL 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 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	12	0	0	0	0	0	0	3	12	15
75 to 84	5	28	0	0	0	0	0	0	5	28	33
85+	11	22	0	0	0	0	0	0	11	22	33
TOTALS	19	62	0	0	0	0	0	0	19	62	81



**ROSEWOOD CARE CENTER INVERNESS**

1800 COLONIAL PARKWAY  
INVERNESS, IL. 60067

Reference Numbers Facility ID 6014633

Health Service Area 007 Planning Service Area 701

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	23	0	4	33	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>21</b>	<b>23</b>	<b>0</b>	<b>4</b>	<b>33</b>	<b>0</b>	<b>81</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>81</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>81</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>81</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>81</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	12.00
Certified Aides	35.00
Other Health Staff	13.00
Non-Health Staff	39.00
<b>Totals</b>	<b>116.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
50.6%	9.0%	0.0%	2.8%	37.6%	100.0%		0.0%
3,539,306	632,788	0	194,765	2,630,449	6,997,308	0	

Facility Name & ID Number: Keesewood Care Ctr, Joliet

III. STATISTICAL DATA

A. Licensee/identification level(s) of care: enter number of bed/days. (must agree with license); Date of change in licensed beds

1	2	3	4
Begin at Beginning of Report Period	Licensee Level of Care	End at End of Report Period	Licensed Bed Days During Report Period
142	Skilled (SNF) Skilled Pediatric (SNF/PED)	142	51,830
2	Intermediate (ICF) Intermediate/D		
3	Skilled Care (SC) Skilled Care (SC)		
4	ICF/PED 16 or Less		
5			
6			
7	TOTALS	142	51,830

B. Census: For the entire report period.

1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment			5 Total
	3 Medicaid	4 Private Pay	5 Other	
6 SNF			10,158	10,158
9 SNF/PED		8,317		8,317
10 ICF		13,724		13,724
11 ICF/PED				
12 SC				
13 DR 16 OR LESS				
14 TOTALS	8,317	13,724	10,158	22,179

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 02.25%

SEE ACCOUNTANTS' COMPILATION REPORT

Report Period Beginning: 7/1/08

Ending: 6/30/09

D. How many bed/days during this year were paid by the Department? 0 (Do not include bed/days in Section B.)

E. List all services provided by your facility (for out-patients (24-hr day care, "hotson wheels", outpatient therapy))  
None

F. Does the facility maintain a daily unit/night census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started: 10/01/07

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date: 10/01/07 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified: 58 add days of care provided: 10,158

L. Medicare Intermediary: Palmetto/GBA

M. ACCOUNTING BASIS  
ACCRUAL  MODIFIED CASH\*   
CASH\*  CASH\*

N. Is your fiscal year identical to your tax year? YES  NO

O. Tax Year: 6/30/09 Fiscal Year: 6/30/09  
\* All facilities other than governmental must report on the accrual basis.

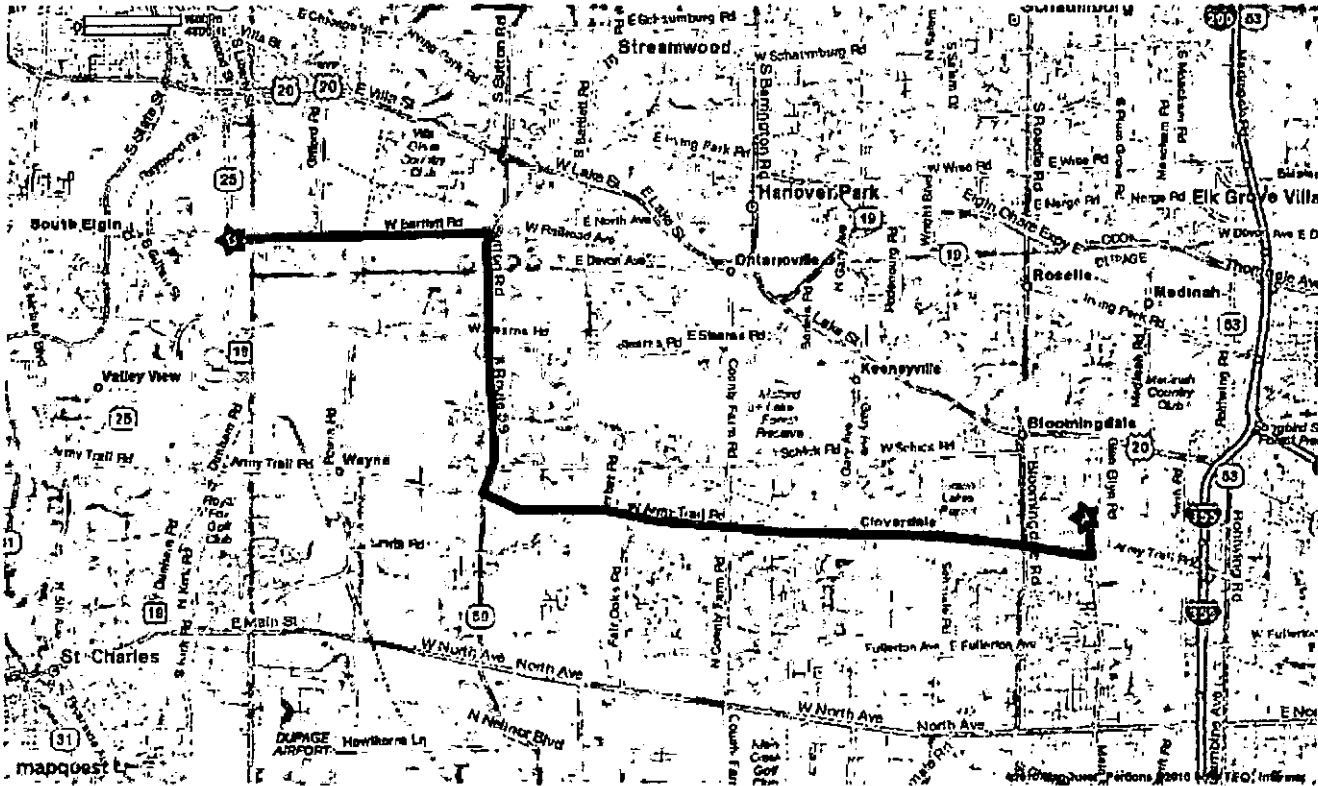
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.








**Starting Location**  
 311 Edgewater Dr  
 Bloomingdale, IL 60108-1979

**Ending Location**  
 E Middle St & Il Route 25  
 South Elgin, IL 60177

Total Travel Estimate: 24 minutes / 14.56 miles Fuel Cost: Calculate



**311 Edgewater Dr**  
 Bloomingdale, IL 60108-1979

-  Start out going **SOUTHEAST** on  
**1. EDGEWATER DR** toward COLONY GREEN DR. 0.2 mi
-  **2. Turn RIGHT** onto GLEN ELLYN RD. 0.4 mi
-  **3. Turn RIGHT** onto ARMY TRAIL RD/CR-11 W. 7.5 mi
-   **4. Turn RIGHT** onto IL-59/SUTTON RD. 3.3 mi
-  **5. Turn LEFT** onto W BARTLETT RD. 3.1 mi
-  **6. E MIDDLE ST & IL ROUTE 25.**

**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 24 minutes / 14.56 miles Fuel Cost: Calculate

Directions and maps are for information only. We make no guarantees on the accuracy of their content, road conditions or route usage, or expressiveness. You assume all risk of use. MapQuest and its suppliers shall not be liable for any loss or delay resulting from your use of MapQuest.

**WEST SUBURBAN NURSING & REHAB CENTER**

311 EDGEWATER DRIVE  
 BLOOMINGDALE, IL. 60108  
 Reference Numbers Facility ID 6001002  
 Health Service Area 007 Planning Service Area 703  
 Administrator  
 Colleen Kamin

**Contact Person and Telephone**

Colleen Kamin  
 630-894-7400

**Registered Agent Information**

Abraham Gutnicki  
 5940 West Touhy Ave.  
 Niles, IL 60714

**FACILITY OWNERSHIP**  
 LIMITED LIABILITY CO

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
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	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	8
*Nervous System Non Alzheimer	31
Alzheimer Disease	38
Mental Illness	3
Developmental Disability	4
Circulatory System	40
Respiratory System	26
Digestive System	13
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>191</b>

Date Completed  
 4/3/2009

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
									Residents on 1/1/2008	192
Nursing Care	259	259	195	259	191	68	30	259	Total Admissions 2008	208
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	209
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	191
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>259</b>	<b>259</b>	<b>195</b>	<b>259</b>	<b>191</b>	<b>68</b>	<b>30</b>	<b>259</b>		

**FACILITY UTILIZATION - 2008**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private	Private	Charity	TOTAL	Licensed	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Insurance	Pay	Care		Pat. days	Beds
Nursing Care	11437	104.2%	51880	54.7%	0	495	4937	0	68749	72.5%	72.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>11437</b>	<b>104.2%</b>	<b>51880</b>	<b>54.7%</b>	<b>0</b>	<b>495</b>	<b>4937</b>	<b>0</b>	<b>68749</b>	<b>72.5%</b>	<b>72.5%</b>

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

AGE GROUPS	NURSING CARE		SKL 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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	9	16	0	0	0	0	0	0	9	16	25
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	15	19	0	0	0	0	0	0	15	19	34
75 to 84	13	36	0	0	0	0	0	0	13	36	49
85+	7	58	0	0	0	0	0	0	7	58	65
<b>TOTALS</b>	<b>55</b>	<b>136</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>55</b>	<b>136</b>	<b>191</b>

WEST SUBURBAN NURSING & REHAB CENTER  
 311 EDGEWATER DRIVE  
 BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6001002  
 Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	149	0	0	12	0	191
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>30</b>	<b>149</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>191</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	43	0	0	0	43
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	136	0	0	0	136
Race Unknown	3	0	0	0	3
<b>Total</b>	<b>191</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>191</b>

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>191</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>191</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	26.00
Certified Aides	86.00
Other Health Staff	18.00
Non-Health Staff	61.00
<b>Totals</b>	<b>224.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
30.5%	53.7%	0.0%	8.5%	7.3%	100.0%		0.0%
3,947,855	6,946,260	0	1,096,713	941,198	12,932,026	0	

FACILITY NOTES

Name Change 5/16/2008 Name changed from "West Suburban Care Center".

11. STATISTICAL DATA

A. Licensee(s) (License Number, level of care, suite number or bed/den days. (must agree with license). Date of change in licensed beds

1	2	3	4
Beds at Beginning of Report Period	Licensee Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
259	SKILLED (SNF)	259	84,535
	SKILLED (Nursing Home)		
	Intermediate (ICF)		
	Intermediate (ICF)		
	Intermediate (ICF)		
	Skilled Care (SC)		
	ICF/PD 16 or Less		
259	TOTALS	259	84,535

B. Census for the entire report period:

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
6 SNF	52,081	4,878	10,079	67,029
9 SNF/PED				
10 ICF				
11 ICF/PD				
12 SC				
13 DD 16 or Less				
14 TOTALS	52,081	4,878	10,079	67,029

C. Percent Occupancy: (Column 6, line 14 divided by total licensed bed days on line 7, column 4) 70.90%

SEE ACCOUNTANTS' COMPLIATION REPORT

7 06/07/09 Report Period Beginning: 1/1/09 Bed(s) 12/31/09

D. How many bed/den days during this year were paid by the Department? 0 (Do not include bed/den days in Section B.)

E. List all services provided by your facility for non-patients (E.g., day care, meals on wheels, outpatient therapy) NONE

F. Does the facility maintain a daily (nightly) census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES

H. Does the BALANCE SHEET (page 17) reflect any non-current assets? YES

I. On what date did you start providing long term care at this location? Date entered 1/1/07

J. Was the facility purchased or leased after January 1, 1978? YES

K. Was the facility certified for Medicare during the reporting year? YES

L. Medicare Intermediate Physician Services 9,041

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH


Is your fiscal year identical to your tax year? YES  NO


Tax Year: 12/31/09 Fiscal Year: 12/31/09

All facilities other than governmental must report on the attached form.

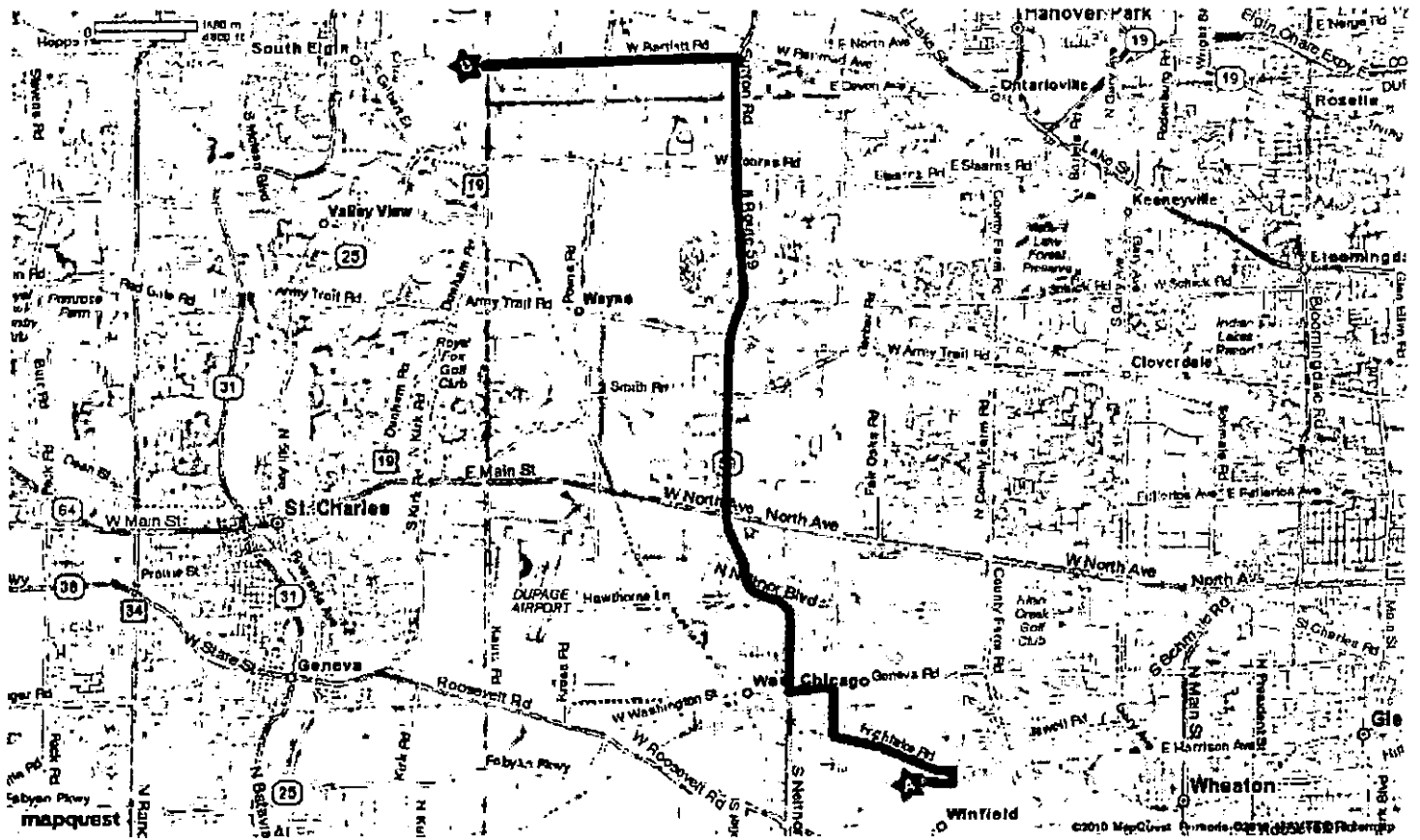
# MAPQUEST.


Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.










 Starting Location  
**28w141 Liberty St**  
 Winfield, IL 60190-1955

 Ending Location  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 24 minutes / 14.32 miles Fuel Cost: [Calculate](#)



 **28w141 Liberty St**  
 Winfield, IL 60190-1955

- |   |   |        |
|---|---|--------|
|    | 1. Start out going EAST on LIBERTY ST toward WYNWOOD RD           | 0.1 mi |
|    | 2. Turn LEFT onto WYNWOOD RD                                      | 0.1 mi |
|    | 3. Turn RIGHT onto BEECHER AVE.                                   | 0.4 mi |
|    | 4. Turn LEFT onto WINFIELD RD.                                    | 0.1 mi |
|    | 5. Turn LEFT onto HIGHLAKE RD/CR-27. Continue to follow CR-27     | 2.0 mi |
|    | 6. Turn LEFT onto GENEVA RD.                                      | 0.1 mi |
|    | 7. GENEVA RD becomes E WASHINGTON ST.                             | 0.4 mi |
|   | 8. Turn RIGHT onto IL-59/N NELTNOR BLVD. Continue to follow IL-59 | 7.9 mi |

WINFIELD WOODS		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
28 WEST 141 LIBERTY ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
WINFIELD, IL. 60190		Chronic Alcoholism	0	Neoplasms	2	
Reference Numbers	Facility ID 6005334	Developmentally Disabled	0	Endocrine/Metabolic	4	
Health Service Area 007	Planning Service Area 703	Drug Addiction	0	Blood Disorders	1	
Administrator		Medicaid Recipient	1	*Nervous System Non Alzheimer	3	
Deanna Dang		Medicare Recipient	0	Alzheimer Disease	2	
		Mental Illness	1	Mental Illness	118	
Contact Person and Telephone		Non-Ambulatory	1	Developmental Disability	0	
Deanna Dang		Non-Mobile	0	Circulatory System	0	
630-668-9696		Public Aid Recipient	0	Respiratory System	0	
	Date Completed	Under 65 Years Old	0	Digestive System	0	
	4/24/2009	Unable to Self-Medicate	1	Genitourinary System Disorders	0	
Registered Agent Information		Ventilator Dependent	0	Skin Disorders	0	
Michael Cramarosso		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0	
111 E. Wacker, Suite 2800		Other Restrictions	1	Injuries and Poisonings	2	
Chicago, IL 60601		No Restrictions	0	Other Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
LIMITED LIABILITY CO				TOTALS	132	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2008		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	138	138	138	138	132	6	0	138	Total Admissions 2008	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	22
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	132
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>138</b>	<b>138</b>	<b>138</b>	<b>138</b>	<b>132</b>	<b>6</b>	<b>0</b>	<b>138</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare			Medicaid		Other Public	Private Insurance	Private Pay	Charity Care			
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days				
Nursing Care	0	0.0%	43070	85.3%	0	0	5120	0	48190	95.4%	95.4%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>43070</b>	<b>85.3%</b>	<b>0</b>	<b>0</b>	<b>5120</b>	<b>0</b>	<b>48190</b>	<b>95.4%</b>	<b>95.4%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		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	4	6	0	0	0	0	0	0	4	6	10
45 to 59	37	25	0	0	0	0	0	0	37	25	62
60 to 64	9	8	0	0	0	0	0	0	9	8	17
65 to 74	7	25	0	0	0	0	0	0	7	25	32
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	0	4	0	0	0	0	0	0	0	4	4
<b>TOTALS</b>	<b>60</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>72</b>	<b>132</b>



WINFIELD WOODS  
 28 WEST 141 LIBERTY ROAD  
 WINFIELD, IL. 60190

Reference Numbers Facility ID 6005334  
 Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	0	118	0	0	14	0	132
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>118</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>132</b>

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	2	0	0	0	2
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	1	0	0	0	1
<b>Total</b>	<b>132</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>132</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	1	0	0	0	1
<b>Total</b>	<b>132</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>132</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	1.00
Non-Health Staff	33.00
<b>Totals</b>	<b>66.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	87.5%	0.0%	0.0%	12.5%	100.0%		0.0%
0	4,596,791	0	0	655,402	5,252,193	0	

Facility Name & ID Number: Winfield Woods

STATE OF ILLINOIS

III. STATISTICAL DATA

A. Licensee/verification level(s) of care; enter number of bed/days by  
(must agree with license); Date of change in licensed beds

1	2	3	4
Bed(s) at Beginning of Report Period	Licensee Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
1	Skilled (SNF)		
2	Skilled (SNF) - (SNF/PED)		
3	Intermediate (IC)	138	59,370
4	Intermediate/D		
5	Skilled Care (SC)		
6	IC/IBD 16 or 17/8		
7	TOTALS	138	59,370

B. Census for the entire report period

1 Level of Care	2 Patient Days by Level of Care and Patient Source of Payment		4 Other	5 Total
	3 Private Pay	4 Medicaid		
8 SNF				8
9 SNF/PED				9
10 ICF	43,637			43,637
11 ICF/D			161	161
12 SC				11
13 DD 16 OR LESS				12
14 TOTALS	43,637	4,366	161	44,009

C. Percent Occupancy (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 93.31%

SEE ACCOUNTANTS' COMPILATION REPORT

# 0045998 Report Period Begins: 01/01/09 Balance: 12/31/09

D. How many bed/days during this year were paid by the Department? 708  
(Do not include bed/days in Section B.)

E. List all services provided by your facility for non-patients (e.g., day care, "respite" or "witness", outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-cash assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started 01/01/02

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 01/01/02 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_ N/A

Medicare Intermediary N/A

IV. ACCOUNTING BASIS  
ACCRUAL  MODIFIED CASH   
CASH  CASH   
Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/09 Fiscal Year: 12/31/09  
\* All facilities other than governmental must report on the annual basis.

Facility Name & ID Number: Whitfield Woods STATE OF ILLINOIS # 0045898 Report Period Beginning: 01/01/09 Ending: 12/31/09 Page 11

X. BUILDING AND EQUIPMENT INFORMATION:

A. Square Feet: 20,991 B. Current Construction Type: Exterior Brick Frame Brick Number of Stories: 2

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XI-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by the operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a separate schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Facility	20,991	1995	276,000
2				
3	TOTALS	20,991	1995	276,000

SEE ACCOUNTANTS' COMPILATION REPORT

1. IMPROVEMENT TYPE  
 2. Bed#  
 3. PUR BNF USE ONLY  
 4. Year Acquired  
 5. Year Constructed  
 6. Cost  
 7. Current Book Depreciation  
 8. Life in Years  
 9. Straight Line Depreciation  
 10. Adjustments  
 11. Accumulated Depreciation

1	2	3	4	5	6	7	8	9	10	11
10		2087	63,500		20	3,175	63,500		63,500	63,500
11		2085	129,500		20	6,475	129,500		129,500	129,500
12		2085	153,842		20	7,692	153,842		153,842	153,842
13		2085	147,548		20	7,377	147,548		147,548	147,548
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
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27										
28										
29										
30										
31										
32										
33										
34										
35										
36										

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be defined in order for the cost report to be considered complete.  
 See Page 12A, Line 70 for total  
 SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37								37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
TOTAL (Line 69)		1,390,109	162,073		1,562,182	121,291	1,772,473	79
TOTAL (Line 70)								79
Related Building Company: <u>Page 11F &amp; 11G</u>		1,364,346	91,206		91,206		1,624,1	74
Related Party Allocation: <u>Page 11H &amp; 11I</u>		1,225	115		N2		57	75
Financial Statement Description			22,497				121,291	76
TOTAL (Line 69)		1,390,109	162,073		1,562,182	121,291	1,772,473	79

\*\*Improvement type must be detailed in order for the data report to be considered complete.

SEE ACCOUNTANT'S COMPLIATION REPORT

1	2	3	4	5	6	7	8	9
Impovement Type	Year	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Truck, Term, Page 13, Capital Expenditure	2006	6,339	16,413	5	126,714	(77,227)	440,913	1
2 Repaving Repairs	2006	4,332		5	86	86	3,316	1
3 Parking Lot Repairs	2006	1,115		5	223	223	1,977	1
4 Land Improvements	2006	2,880		5	576	576	3,284	1
5 Electrical Work	2005	2,880		5	576	576	903	5
6 Front Entrance	2005	5,500		5	1,100	1,100	1,712	6
7 Drive in parking structure	2005	6,715		5	1,343	1,343	1,259	7
8 New Heat Exchanger	2005	1,800		5	360	360	357	8
9 Heat Exchanger	2005	7,112		5	1,422	1,422	331	9
10 Repaving	2005	6,290		5	1,258	1,258	1,877	10
11 Concrete Full Repaved	2005	6,928		5	1,386	1,386	642	11
12 Concrete Repaired	2005	4,330		5	866	866	912	12
13 Concrete Repaired	2005	4,330		5	866	866	1,130	13
14 Concrete Repaired	2005	4,330		5	866	866	491	14
15 Concrete Repaired	2005	4,330		5	866	866	317	15
16 Concrete Repaired	2005	4,330		5	866	866	333	16
17 Concrete Repaired	2005	4,330		5	866	866	1,340	17
18 Concrete Repaired	2005	4,330		5	866	866	618	18
19 Concrete Repaired	2005	4,330		5	866	866	217	19
20 Concrete Repaired	2005	4,330		5	866	866	217	20
21 Concrete Repaired	2005	4,330		5	866	866	217	21
22 Concrete Repaired	2005	4,330		5	866	866	217	22
23 Concrete Repaired	2005	4,330		5	866	866	217	23
24 Concrete Repaired	2005	4,330		5	866	866	217	24
25 Concrete Repaired	2005	4,330		5	866	866	217	25
26 Concrete Repaired	2005	4,330		5	866	866	217	26
27 Concrete Repaired	2005	4,330		5	866	866	217	27
28 Concrete Repaired	2005	4,330		5	866	866	217	28
29 Concrete Repaired	2005	4,330		5	866	866	217	29
30 Concrete Repaired	2005	4,330		5	866	866	217	30
31 Concrete Repaired	2005	4,330		5	866	866	217	31
32 Concrete Repaired	2005	4,330		5	866	866	217	32
33 Concrete Repaired	2005	4,330		5	866	866	217	33
34 Concrete Repaired	2005	4,330		5	866	866	217	34
35 Concrete Repaired	2005	4,330		5	866	866	217	35
36 Concrete Repaired	2005	4,330		5	866	866	217	36
37 Concrete Repaired	2005	4,330		5	866	866	217	37
38 Concrete Repaired	2005	4,330		5	866	866	217	38
39 Concrete Repaired	2005	4,330		5	866	866	217	39
40 Concrete Repaired	2005	4,330		5	866	866	217	40
41 Concrete Repaired	2005	4,330		5	866	866	217	41
42 Concrete Repaired	2005	4,330		5	866	866	217	42
43 Concrete Repaired	2005	4,330		5	866	866	217	43
44 Concrete Repaired	2005	4,330		5	866	866	217	44
45 Concrete Repaired	2005	4,330		5	866	866	217	45
46 Concrete Repaired	2005	4,330		5	866	866	217	46
47 Concrete Repaired	2005	4,330		5	866	866	217	47
48 Concrete Repaired	2005	4,330		5	866	866	217	48
49 Concrete Repaired	2005	4,330		5	866	866	217	49
50 Concrete Repaired	2005	4,330		5	866	866	217	50
51 Concrete Repaired	2005	4,330		5	866	866	217	51
52 Concrete Repaired	2005	4,330		5	866	866	217	52
53 Concrete Repaired	2005	4,330		5	866	866	217	53
54 Concrete Repaired	2005	4,330		5	866	866	217	54
55 Concrete Repaired	2005	4,330		5	866	866	217	55
56 Concrete Repaired	2005	4,330		5	866	866	217	56
57 Concrete Repaired	2005	4,330		5	866	866	217	57
58 Concrete Repaired	2005	4,330		5	866	866	217	58
59 Concrete Repaired	2005	4,330		5	866	866	217	59
60 Concrete Repaired	2005	4,330		5	866	866	217	60
61 Concrete Repaired	2005	4,330		5	866	866	217	61
62 Concrete Repaired	2005	4,330		5	866	866	217	62
63 Concrete Repaired	2005	4,330		5	866	866	217	63
64 Concrete Repaired	2005	4,330		5	866	866	217	64
65 Concrete Repaired	2005	4,330		5	866	866	217	65
66 Concrete Repaired	2005	4,330		5	866	866	217	66
67 Concrete Repaired	2005	4,330		5	866	866	217	67
68 Concrete Repaired	2005	4,330		5	866	866	217	68
69 Concrete Repaired	2005	4,330		5	866	866	217	69
70 Concrete Repaired	2005	4,330		5	866	866	217	70
71 Concrete Repaired	2005	4,330		5	866	866	217	71
72 Concrete Repaired	2005	4,330		5	866	866	217	72
73 Concrete Repaired	2005	4,330		5	866	866	217	73
74 Concrete Repaired	2005	4,330		5	866	866	217	74
75 Concrete Repaired	2005	4,330		5	866	866	217	75
76 Concrete Repaired	2005	4,330		5	866	866	217	76
77 Concrete Repaired	2005	4,330		5	866	866	217	77
78 Concrete Repaired	2005	4,330		5	866	866	217	78
79 Concrete Repaired	2005	4,330		5	866	866	217	79
80 Concrete Repaired	2005	4,330		5	866	866	217	80
81 Concrete Repaired	2005	4,330		5	866	866	217	81
82 Concrete Repaired	2005	4,330		5	866	866	217	82
83 Concrete Repaired	2005	4,330		5	866	866	217	83
84 Concrete Repaired	2005	4,330		5	866	866	217	84
85 Concrete Repaired	2005	4,330		5	866	866	217	85
86 Concrete Repaired	2005	4,330		5	866	866	217	86
87 Concrete Repaired	2005	4,330		5	866	866	217	87
88 Concrete Repaired	2005	4,330		5	866	866	217	88
89 Concrete Repaired	2005	4,330		5	866	866	217	89
90 Concrete Repaired	2005	4,330		5	866	866	217	90
91 Concrete Repaired	2005	4,330		5	866	866	217	91
92 Concrete Repaired	2005	4,330		5	866	866	217	92
93 Concrete Repaired	2005	4,330		5	866	866	217	93
94 Concrete Repaired	2005	4,330		5	866	866	217	94
95 Concrete Repaired	2005	4,330		5	866	866	217	95
96 Concrete Repaired	2005	4,330		5	866	866	217	96
97 Concrete Repaired	2005	4,330		5	866	866	217	97
98 Concrete Repaired	2005	4,330		5	866	866	217	98
99 Concrete Repaired	2005	4,330		5	866	866	217	99
100 Concrete Repaired	2005	4,330		5	866	866	217	100
TOTAL (lines 1 thru 10)		4,330	16,413		156,277	(77,227)	440,913	

\*Impove amount (per) must be detailed in enter for the cost report to be established complete.  
 SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Winfield Woods

STATE OF ILLINOIS

Report Period Beginning:

01/01/09

Page 12C

NC OPERATING COSTS (continued)

B. Building Depreciation: Includes Fixed Equipment. (See instructions.) Bonded all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Impersonal Type*	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation		
1		\$ 4,013,341	\$ 16,013		\$ 15,137	\$ (12,730)	\$ 479,539		
2									
3									
4									
5									
6									
7									
8									
9									
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93									
94									
95									
96									
97									
98									
99									
100									
TOTAL (Lines 1-99)		\$ 4,013,341	\$ 16,013		\$ 15,137	\$ (12,730)	\$ 479,539		

\*Impersonal Type must be detailed in order for the final report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

**B. Building Depreciation-Including Fixed Equipment (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9
Improvement Type	Year Constructed	Cost (\$)	Current Book Depreciation (\$)	Life in Years	Straight Line Depreciation (\$)	Adjustments (\$)	Accumulated Depreciation (\$)	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
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96								
97								
98								
99								
100								
TOTAL (Line 1 thru 33)		4,191,841	184,013	28	151,277	112,785	279,349	

\*\*Improvements (if applicable) identified as under for the civil report to be considered complete.

SEE ACCOUNTANTS COMPILATION REPORT



Facility Name & ID Number: Winfield Woods  
 AT OWNERSHIP COSTS (excluding)

STATE OF ILLINOIS # 004598

Report Period Beginning: 01/01/09

Ending: 12/31/09

B. Buildings Depreciation including Fixed Equipment. (See Instructions.) Record all numbers in semi-dollars.

1	2	3	4	5	6	7	8	9	10
Importment Type**	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated		
Trade Equip (Excl. Formed Furniture)	Constructed		Depreciation (6/01/13)	in Years	Depreciation		Depreciation		
1		417134			151277	(12780)	475249		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
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88									88
89									89
90									90
91									91
92									92
93									93
94									94
95									95
96									96
97									97
98									98
99									99
100									100
TOTAL (lines 1 thru 100)		417134	16203		151277	(12780)	475249		31

\*\*Improvement type must be described in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number: Wentz Wood 000898 01/01/09 Ending: 12/31/09  
 STATE OF ILLINOIS  
 # 000898 Report Period Beginning: 01/01/09 Ending: 12/31/09  
 Page 132

A. OWNERSHIP COSTS (CONTINUED)  
 B. Building Depreciation-Including Fixed Equipment. (See Instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Building	Improvement Type	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated
	(Construction, Internalize)	Constructed		Depreciation	in Years	Depreciation		Depreciation
1	Building	1971	3,500,000	9,200	39	91,300		180,141
2	Building - 130 Beds							
3								
4								
5								
6								
7								
8								
9	Land Held For Improvement							
10								
11								
12								
13								
14								
15								
16								
17								
18								
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97								
98								
99								
100								

\*Improvement type must be divided in order for the cost report to be considered complete. SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number: Windfield Woods

STATE OF ILLINOIS

Report Period Beginning:

01/01/99

Ending: 12/31/99

XX OWNERSHIP COSTS (see below)

B. Building Depreciation, including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Impersonal Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
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90								
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96								
97								
98								
99								
100								
TOTAL (IF APPLICABLE)								

\*\*The person whose name is listed in order for the report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Winfield Woods

STATE OF ILLINOIS # 604898

Report Period Beginning: 01/01/09

Ending: 12/31/09

Page 134

**A. TIMBERSHIP COSTS (cont'd)**

B. Building Depreciation - Includes Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Building:	Declared For Construction	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1								
2								
3								
4								
5								
6								
7								
8								
9	Large Mill Improvements	2009	124K	116	20	52	124	52
10	WTF Improvements							
11								
12								
13								
14								
15								
16								
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97								
98								
99								
100								

\*\*Unpermitted type must be checked in order for the cost report to be considered complete.

SEE ACCOUNTANTS' CONSOLIDATION REPORT

Facility Name & ID Number Winfield Woods

STATE OF ILLINOIS

0045598

Report Period Begins:

01/01/09

Ending:

12/31/09

Page 131

X1-OVERSIGHT COSTS (continued)  
B. Building Depreciations-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Impressed Type*	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
Reported from Information returned	Constructed		Depreciation	In Years	Depreciation		Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
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81								81
82								82
83								83
84								84
85								85
86								86
87								87
88								88
89								89
90								90
91								91
92								92
93								93
94								94
95								95
96								96
97								97
98								98
99								99
100								100
TOTAL/NET (Line 33)								101

\* Impressed type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

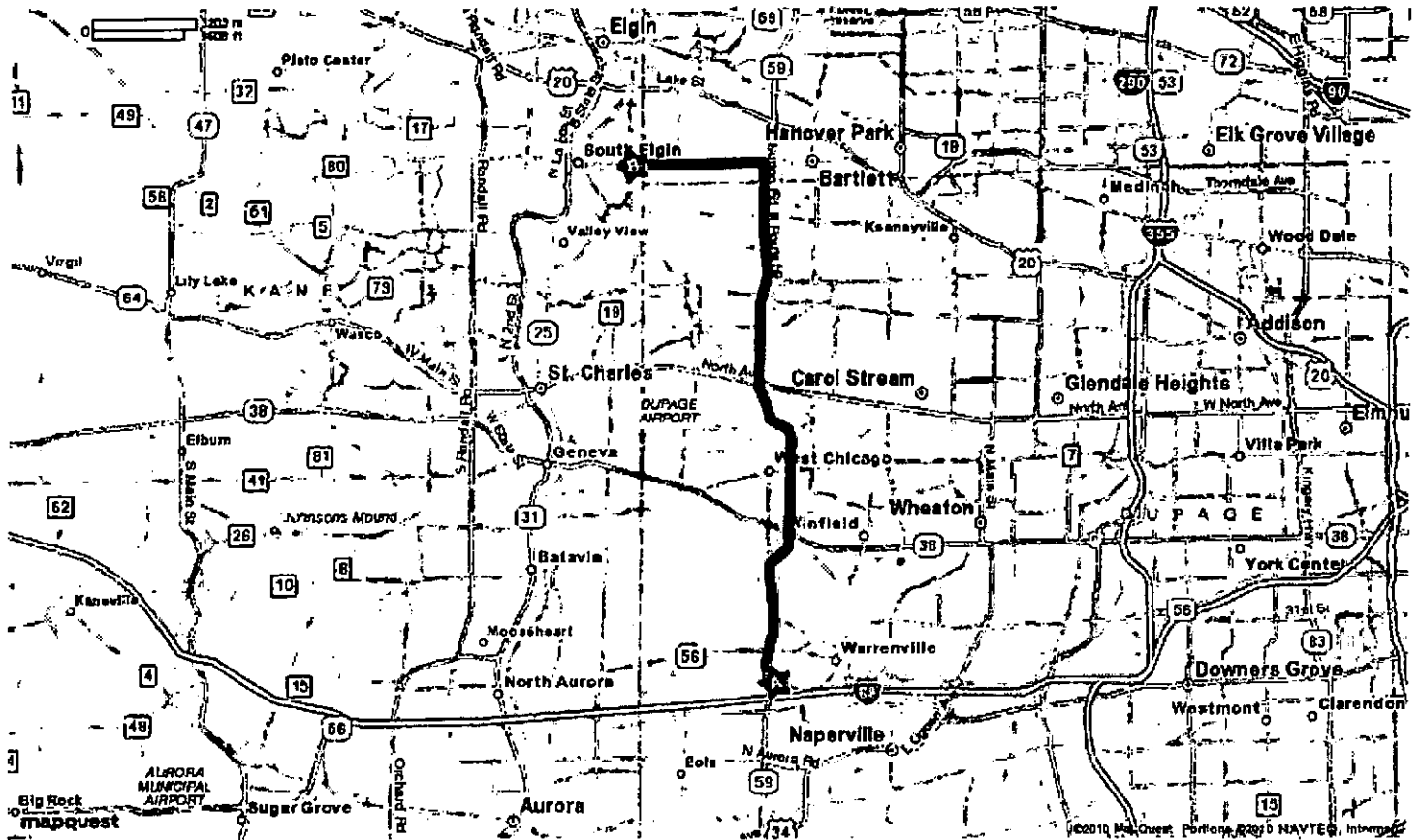
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.





**Starting Location**  
 2033 Butterfly Ln  
 Naperville, IL 60563-4166

**Ending Location**  
 E Middle St & Il Route 25  
 South Elgin, IL 60177

Total Travel Estimate: 25 minutes / 16.62 miles Fuel Cost: Calculate



**Starting Location**  
 2033 Butterfly Ln  
 Naperville, IL 60563-4166

-  1. Start out going WEST on W FERRY RD/CR-3 toward IL-59. 0.1 mi
-  2. Turn RIGHT onto IL-59. 13.4 mi
-  3. Turn LEFT onto W BARTLETT RD. 3.1 mi
-  4. E MIDDLE ST & IL ROUTE 25.

**Ending Location**  
 E Middle St & Il Route 25  
 South Elgin, IL 60177

Total Travel Estimate: 25 minutes / 16.62 miles Fuel Cost: Calculate

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or timeliness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

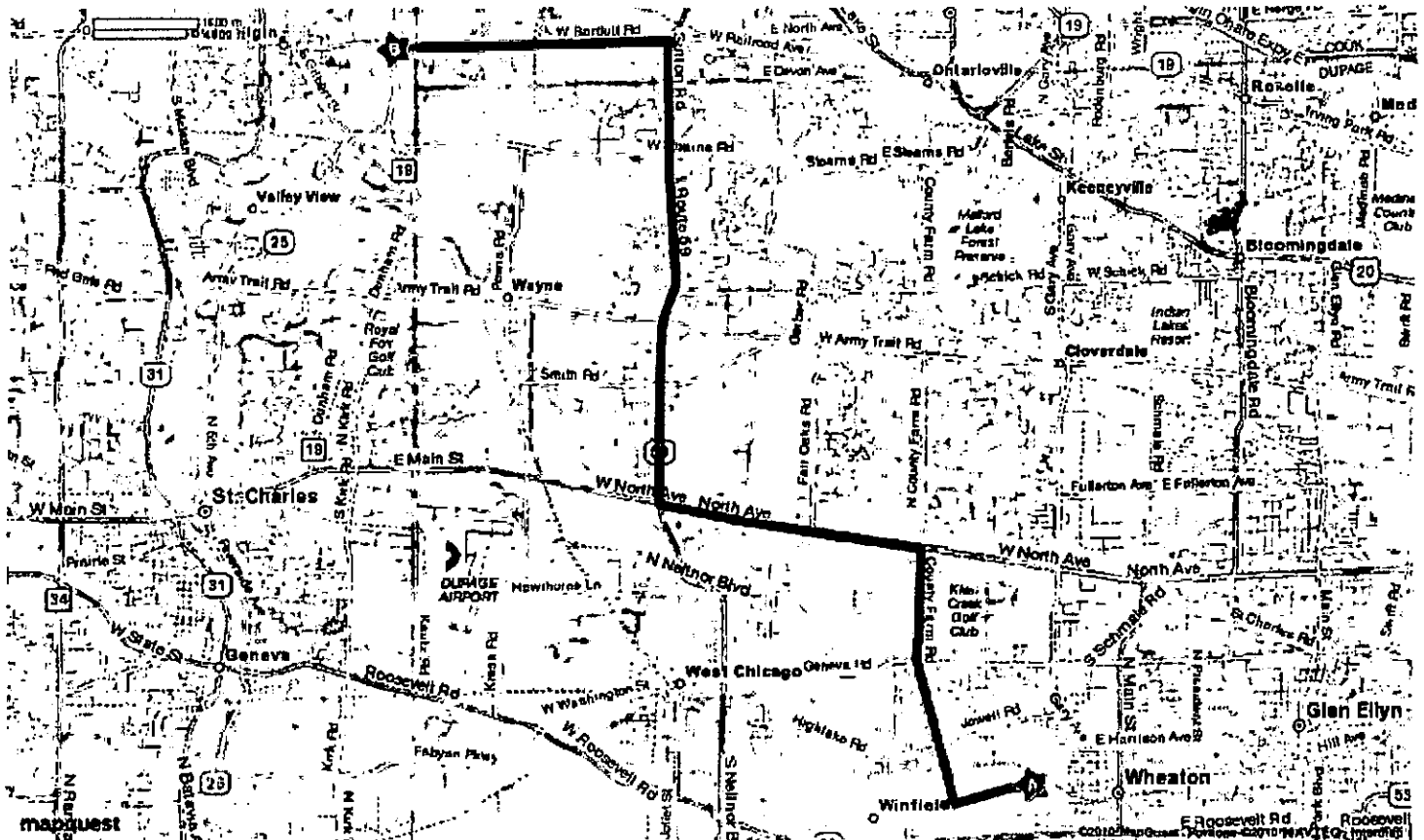
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.







**A** Starting Location  
**1325 Manchester Rd**  
 Wheaton, IL 60187-4760

**B** Ending Location  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 25 minutes / 15.68 miles Fuel Cost: Calculate



**A** 1325 Manchester Rd L, Ill  
 Wheaton, IL 60187-4760

-  1 Start out going WEST on MANCHESTER RD toward N DORCHESTER AVE 0.9 mi
-  2 Turn RIGHT onto N COUNTY FARM RD/CR-43. 3.1 mi
-  3 Turn LEFT onto NORTH AVE/IL-64 W 3.0 mi
-  4 Turn SLIGHT RIGHT onto IL-59/N NELTNOR BLVD/PRAMUKH SWAMI RD. Continue to follow IL-59. 5.5 mi
-  5 Turn LEFT onto W BARTLETT RD. 3.1 mi
-  6 E MIDDLE ST & IL ROUTE 25.

**B** E Middle St & Il Route 25 Egl

WHEATON CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1325 MANCHESTER ROAD		Aggressive/Anti-Social	0	DIAGNOSIS	
WHEATON, IL. 60187		Chronic Alcoholism	1	Neoplasms	2
Reference Numbers	Facility ID 6009983	Developmentally Disabled	0	Endocrine/Metabolic	5
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	2
Joseph G. Javier		Medicare Recipient	0	Alzheimer Disease	1
		Mental Illness	0	Mental Illness	17
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Joseph G. Javier		Non-Mobile	0	Circulatory System	17
630-668-2500		Public Aid Recipient	0	Respiratory System	7
	Date Completed	Under 65 Years Old	0	Digestive System	1
	5/4/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	1
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3
		Other Restrictions	0	Injuries and Poisonings	2
		No Restrictions	0	Other Medical Conditions	60
				Non-Medical Conditions	0
FACILITY OWNERSHIP				TOTALS	118
LIMITED PARTNERSHIP					

Note: Reported restrictions denoted by '1'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	123	123	123	123	118	5	81	123	Total Admissions 2008	115
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	60
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	57
Sheltered Care	0	0	0	0	0	0	0	0		118
<b>TOTAL BEDS</b>	<b>123</b>	<b>123</b>	<b>123</b>	<b>123</b>	<b>118</b>	<b>5</b>	<b>81</b>	<b>123</b>		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2047	6.9%	36499	81.1%	0	64	1988	0	40598	90.2%	90.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>2047</b>	<b>6.9%</b>	<b>36499</b>	<b>81.1%</b>	<b>0</b>	<b>64</b>	<b>1988</b>	<b>0</b>	<b>40598</b>	<b>90.2%</b>	<b>90.2%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008												
AGE GROUPS	NURSING CARE		SKL 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	8	5	0	0	0	0	0	0	8	5	13	
45 to 59	22	18	0	0	0	0	0	0	22	18	40	
60 to 64	9	5	0	0	0	0	0	0	9	5	14	
65 to 74	15	14	0	0	0	0	0	0	15	14	29	
75 to 84	2	12	0	0	0	0	0	0	2	12	14	
85+	2	6	0	0	0	0	0	0	2	6	8	
<b>TOTALS</b>	<b>58</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>58</b>	<b>60</b>	<b>118</b>	



WHEATON CARE CENTER  
 1325 MANCHESTER ROAD  
 WHEATON, IL 60187

Reference Numbers Facility ID 6009963  
 Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	PAYMENT SOURCE					TOTALS
	Medicare	Medicaid	Other Public	Private Insurance	Charity Pay	
Nursing Care	7	103	1	0	7	118
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>7</b>	<b>103</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>118</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	9	0	0	0	9
<b>Total</b>	<b>118</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>118</b>

ETHNICITY	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	9	0	0	0	9
<b>Total</b>	<b>118</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>118</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	32.00
<b>Totals</b>	<b>59.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
8.9%	84.1%	1.3%	0.5%	5.1%	100.0%		0.0%
500,248	4,723,928	74,535	30,447	288,529	5,617,685	0	

Facility Name & ID Number: Wheaton Care Center

III. STATISTICAL DATA

A. Licensee verification level(s) of care; enter number of bed/days days. (must agree with license). Date of change to licensed beds: N/A

1	2	3	4
Bed(s) at Beginning of Report Period	Licensee Level of Care	Bed(s) at End of Report Period	Estimated Bed Days During Report Period
42	Skilled (SNF)	92	29,920
2	Skilled Pediatric (SNF/PED)		
41	Intermediate (ICD)	41	14,065
4	Intermediate (IDD)		
5	Skilled Care (SSC)		
6	ICF/DD 16 or Less		
7	TOTALS	123	44,985

B. Continue For the entire report period.

1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment		5 Total
	3 Receivable	4 Private Pay / Other	
8 SNF	1,737	2,241	6,157
9 SNF/PED			8
10 ICF	33,634	1,420	35,054
11 ICF/DD			10
12 SC			11
13 DD 16 OR LESS			12
14 TOTALS	37,371	1,689	41,201

C. Percent Occupancy: (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 91.77%

SEE ACCOUNTANT'S COMPLIANCE REPORT

# 0039115 Report Period Beginning: 01/01/09 End Date: 12/31/09

D. How many bed/days during this year were paid by the Department? 1,958 (Do not include bed/days in Section B.)

E. List all services provided by your facility for non-patients (E.g. day care, meals on wheels, outpatient therapy)

None

F. Does the facility maintain a daily overnight census? Yes

G. Do items 3 & 4 include expenses for services or investments not directly related to patient care? YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES  NO

I. On what date did you start providing long term care at this location? Date started: 7/11/1993

J. Was the facility purchased or leased after January 1, 1978? YES  NO

K. Was this facility certified for Medicare during the reporting year? YES  NO  If YES, enter number of beds certified: 81 and type of care provided: 2,010

Medicare Intermediary: National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH  CASH

In your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/2009 Fiscal Year: 12/31/2009

\* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number: Wheaton Care Center  
BIRMINGHAM GENERAL INFORMATION

STATE OF ILLINOIS

# 0039115 Report Period Beginning:

01/01/09 Ending:

Page 11  
 12/21/09

A. Square Feet: 1480 B. General Construction Type: Brick Frame: 2

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization. Number of Stories: 2

(Facilities checking (a) or (b) must complete Schedule XI. These checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by the operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartment, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/nursing available (where applicable).  
 Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ YES  NO   
 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Date Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

1	2	3	4
Use	Square Feet	Year Acquired	Cost
1 Facility		2005	\$1,111,111
2 Acquisition from ETC consisting of 2307 N. Maple C. Chicago 2207 N. Maple			11,989
3 TOTALS			1,123,100

SEE ACCOUNTANTS' COMPILATION REPORT

Head*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
9	Various		1993	41,531		28	1,487	1,867	33,765
10	Various		1994	184,985		28	6,607	5,159	182,826
11	Various		1995	16,983		28	610	819	12,881
12	Various		1996	158,237		28	5,687	7,915	187,812
13	Various		1997	105,598		28	3,771	5,187	85,262
14	Various		1998	56,875		28	2,031	2,828	32,287
15	Various		1999	21,716		28	783	1,068	5,216
16	Various		2000	57,882		28	2,067	2,831	29,716
17	Various		2001	46,282		28	1,653	2,538	22,296
18	Various		2002	15,743		28	562	758	3,716
19	Various		2003	16,508		28	590	787	4,546
20	Various		2004	334,983		28	11,964	15,918	317,117
21	Various		2005	38,733		28	1,383	1,841	15,784
22									
23									
24									
25									
26									
27									
28									
29									
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31									
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33									
34									
35									
36									

\*Total based on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.  
 See Page 12A, Line 70 for Total  
 SEE ALL OWNERSHIP COMPILATION REPORT

B. Building Depreciation Including Fixed Equipment (See instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Instrument Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37									
38									
39									
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42									
43									
44									
45									
46									
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100									

\* Negative amount (if any) must be detailed in order for the report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

XF: DEPRECIATION COSTS (continued)  
 B. Building Depreciation-Including Fixed Equipment (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation (08/27)	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	2006	2,286,237	108,272	20	97,386	(19,196)	76,190	1
2	2006	1,781	178	20	178		549	2
3	2006	1,399	140	20	140		510	3
4	2006	1,165	117	20	117		382	4
5	2006	21,768	2,107	20	2,107		6,231	5
6	2006	4,176	418	20	418		1,255	6
7	2006	3,318	332	20	332		1,000	7
8	2006	2,779	278	20	278		837	8
9	2006	1,336	134	20	134		417	9
10	2006	8,900	890	20	890		2,670	10
11	2006	477	48	20	48		151	11
12	2006	1,228	123	20	123		359	12
13	2006	3,500	350	20	350		1,050	13
14	2006	1,240	124	20	124		372	14
15	2006	5,972	597	20	597		1,791	15
16	2006	1,695	170	20	170		513	16
17	2006	3,500	350	20	350		1,050	17
18	2006	2,710	272	20	272		816	18
19	2006	4,460	446	20	446		1,338	19
20	2006	1,350	135	20	135		405	20
21	2007	2,598	260	20	260		780	21
22	2007	8,313	831	20	831		2,493	22
23	2007	2,598	260	20	260		780	23
24	2007	24,399	2,440	20	2,440		7,320	24
25	2007	15,566	1,557	20	1,557		4,671	25
26	2007	11,460	1,146	20	1,146		3,438	26
27	2007	6,500	650	20	650		1,950	27
28	2007	10,077	1,008	20	1,008		3,024	28
29	2008	11,280	1,128	20	1,128		3,384	29
30	2008	1,420	142	20	142		426	30
31	2008	1,786	179	20	179		537	31
32	2008	2,435	244	20	244		732	32
33	2008	4,420	442	20	442		1,326	33
34	2008	2,430	243	20	243		729	34
35	2008	2,430	243	20	243		729	35
36	2008	2,430	243	20	243		729	36
37	2008	2,430	243	20	243		729	37
38	2008	2,430	243	20	243		729	38
39	2008	2,430	243	20	243		729	39
40	2008	2,430	243	20	243		729	40
41	2008	2,430	243	20	243		729	41
42	2008	2,430	243	20	243		729	42
43	2008	2,430	243	20	243		729	43
44	2008	2,430	243	20	243		729	44
45	2008	2,430	243	20	243		729	45
46	2008	2,430	243	20	243		729	46
47	2008	2,430	243	20	243		729	47
48	2008	2,430	243	20	243		729	48
49	2008	2,430	243	20	243		729	49
50	2008	2,430	243	20	243		729	50
51	2008	2,430	243	20	243		729	51
52	2008	2,430	243	20	243		729	52
53	2008	2,430	243	20	243		729	53
54	2008	2,430	243	20	243		729	54
55	2008	2,430	243	20	243		729	55
56	2008	2,430	243	20	243		729	56
57	2008	2,430	243	20	243		729	57
58	2008	2,430	243	20	243		729	58
59	2008	2,430	243	20	243		729	59
60	2008	2,430	243	20	243		729	60
61	2008	2,430	243	20	243		729	61
62	2008	2,430	243	20	243		729	62
63	2008	2,430	243	20	243		729	63
64	2008	2,430	243	20	243		729	64
65	2008	2,430	243	20	243		729	65
66	2008	2,430	243	20	243		729	66
67	2008	2,430	243	20	243		729	67
68	2008	2,430	243	20	243		729	68
69	2008	2,430	243	20	243		729	69
70	2008	2,430	243	20	243		729	70
71	2008	2,430	243	20	243		729	71
72	2008	2,430	243	20	243		729	72
73	2008	2,430	243	20	243		729	73
74	2008	2,430	243	20	243		729	74
75	2008	2,430	243	20	243		729	75
76	2008	2,430	243	20	243		729	76
77	2008	2,430	243	20	243		729	77
78	2008	2,430	243	20	243		729	78
79	2008	2,430	243	20	243		729	79
80	2008	2,430	243	20	243		729	80
81	2008	2,430	243	20	243		729	81
82	2008	2,430	243	20	243		729	82
83	2008	2,430	243	20	243		729	83
84	2008	2,430	243	20	243		729	84
85	2008	2,430	243	20	243		729	85
86	2008	2,430	243	20	243		729	86
87	2008	2,430	243	20	243		729	87
88	2008	2,430	243	20	243		729	88
89	2008	2,430	243	20	243		729	89
90	2008	2,430	243	20	243		729	90
91	2008	2,430	243	20	243		729	91
92	2008	2,430	243	20	243		729	92
93	2008	2,430	243	20	243		729	93
94	2008	2,430	243	20	243		729	94
95	2008	2,430	243	20	243		729	95
96	2008	2,430	243	20	243		729	96
97	2008	2,430	243	20	243		729	97
98	2008	2,430	243	20	243		729	98
99	2008	2,430	243	20	243		729	99
100	2008	2,430	243	20	243		729	100

\*\*Improvement type must be identified in order for the cost report to be considered complete.  
 SEE ACCOUNTANTS' COMPILATION REPORT

XI DEPRECIATION EXPENSE (continued)  
 B. Building Depreciation (including Fixed Equipment) (See instruction) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Line	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	Walls (over 12 ft. Ceiling)	2009	241,110	106,392	20	110,614	0	110,614
2	Painting	2009	6,303		20	315	2,616	2,616
3	Lobby & Dining Room Remodeling - Floor Tiles, Labor	2009	2,377		20	119	23	23
4	Awn. Remodeling Carport	2009	2,721		20	136	34	136
5								
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TOTAL (lines 1-80)			268,431	162,147		113,266	314	113,580

\*\* Installation type must be detailed in order for the value to be considered complete.

SEE ACCOUNTANTS COMPILATION REPORT

Facility Name & ID Number: Wheaton Care Center  
 XI OVERSIGHTSHIP COSTS (continued)

STATE OF ILLINOIS 0039115

Report Period Beginning: 01/01/09

Ending: 12/31/09

Page 120

R. Building Depreciation: including fixed equipment (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight-Line Depreciation	Adjustments	Accumulated Depreciation		
1									
2									
3									
4									
5									
6									
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99									
100									
TOTAL (Rows 1 thru 100)		752,211	105,217		113,306	8,204	785,317		

\*\*Improvements type must be identified in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number: Wheaton Care Center  
 XI OWNERSHIP COSTS (continued)  
 B. Building Depreciation-including Fixed Equipment. (See Instructions.) Round all numbers to nearest dollar.

STATE OF ILLINOIS 03/31/15 Report Period Beginning: 01/01/09 Ending: 12/31/09 Page 12E

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1									
2									
3									
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TOTAL (Lines 33)		242,211	105,292		112,206	8,304	762,337		

\*\*Improvements to be classified in order for the cost report to be considered complete.  
 SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number: Whiston Care Center

STATE OF ILLINOIS # 0039115 Report Period Beginning: 01/01/09 Ending: 12/31/09 Page 117

X: OVERSHP/CORT (continued)  
 B: Holiday Depreciation-Including Fixed Equipment (See instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Equipment Type*	Year	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Building (Other than Foundation)								
2 Building	1972	1540708	41318	39	39684	(2123)	130225	1
3 125 Hours								2
4								3
5								4
6								5
7								6
8 Leasehold Improvements								7
9								8
10								9
11								10
12								11
13								12
14								13
15								14
16								15
17								16
18								17
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20								19
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27								26
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30								29
31								30
32								31
33								32
34								33

\*\*Improvements type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

XEROX/SHARP COPIERS (functional)  
 B. Building Depreciation (including Fixed Equipment (See instructions) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation		
Handicap (Quantity) Installation (continued)									
1									
2									
3									
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TOTAL (Line 20-33)		\$ 1,583,078	\$ 1,118,283	10	\$ 1,118,283	\$ (2,124)	\$ 1,120,407		

\*\*Improvement type must be detailed in order for the tax cost report to be considered complete.  
 SEE ACCOUNTANT'S COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								
2								
3	2002	13,240	150	39	330		2,540	1
4	2002	1,505	39	39	150		261	2
5								3
6								4
7								5
8								6
9								7
10								8
11								9
12	2007	11,738	7,030	26	1,330		5,185	10
13	2003	13,379	1,214	30	1,214		7,291	11
14	2005	600	70	20	70		228	12
15	2005	119	6	20	6		8	13
16	2001	1,221	113	24	113		431	14
17	2003	1,469	134	24	134		401	15
18	2005	73	3	24	3		25	16
19	2009	13	1	24	1		1	17
20								18
21								19
22								20
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35								33

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								
2								
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TOTAL (Lines 1-100)		4279	2971		2971		18088	

\*\*Improvement type must be detailed in order for the cost report to be considered complete. SEE ACCOUNTANTS COMPILATION REPORT

# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

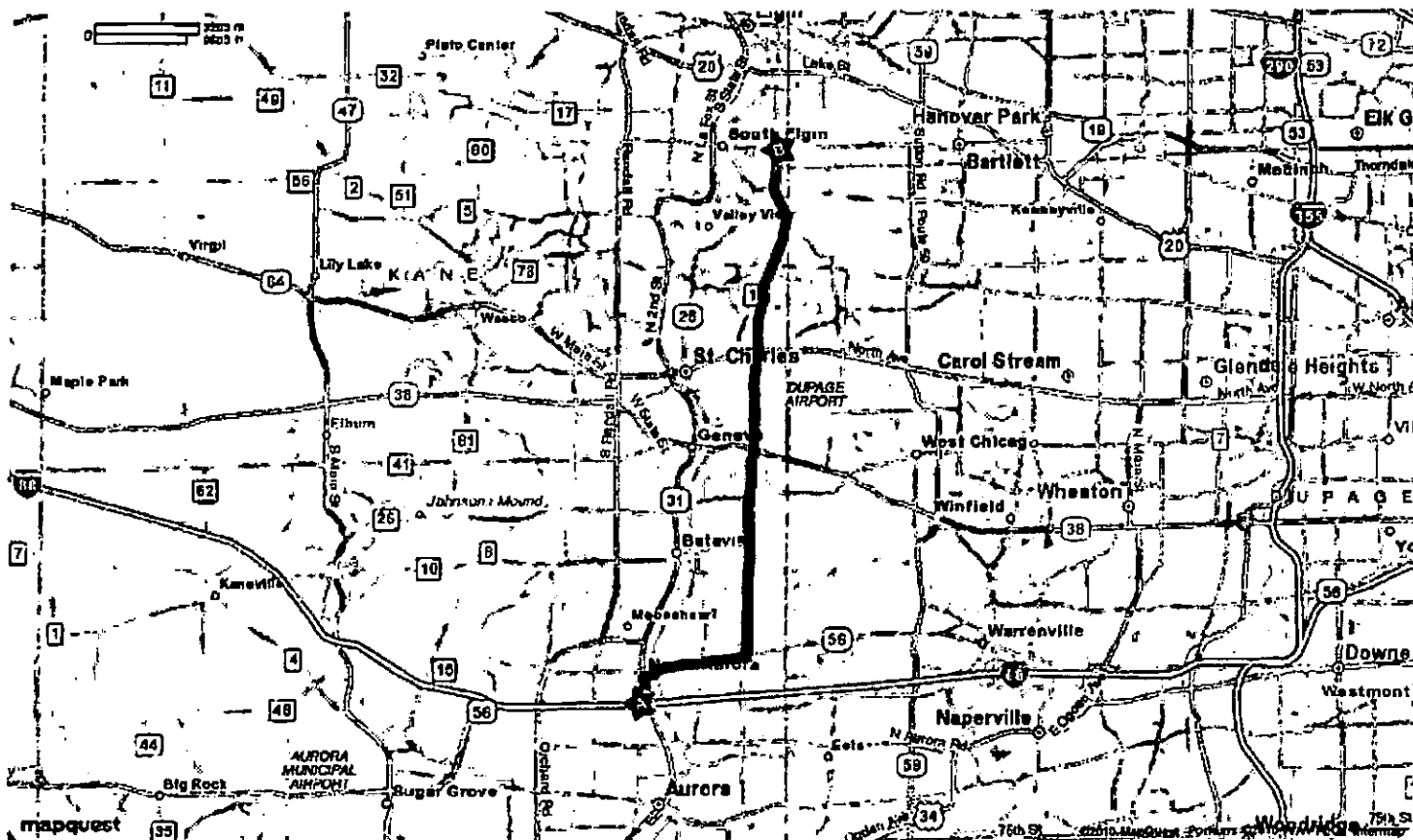
 Starting Location

**210 Airport Rd**  
North Aurora, IL 60542-1700









 Ending Location

**E Middle St & Il Route 25**  
South Elgin, IL 60177

Total Travel Estimate: 28 minutes / 18.04 miles Fuel Cost: Estimate:



 **210 Airport Rd** |   
North Aurora, IL 60542-1700

- |   |  |        |
|---|--|--------|
|  | Start out going <b>NORTHEAST</b> on<br>1. <b>AIRPORT RD</b> toward S<br><b>LINCOLNWAY/IL-31/IL-56.</b> | 0.2 mi |
|  | 2. Turn <b>LEFT</b> onto S<br><b>LINCOLNWAY/IL-31/IL-56.</b>   | 0.5 mi |
|  | 3. Turn <b>RIGHT</b> onto <b>W STATE ST/IL-56.</b>   | 0.3 mi |
|  | 4. Turn <b>LEFT</b> onto <b>E STATE ST/IL-56.</b><br>Continue to follow <b>IL-56.</b>                  | 2.3 mi |
|  | 5. Turn <b>LEFT</b> onto <b>KIRK RD/CR-77</b>  | 9.1 mi |
|  | 6. <b>KIRK RD/CR-77</b> becomes <b>DUNHAM RD/CR-19.</b>  | 2.7 mi |
|  | 7. <b>DUNHAM RD/CR-19</b> becomes <b>IL-25.</b>  | 0.9 mi |
|  | 8. <b>E MIDDLE ST &amp; IL ROUTE 25</b>  |        |

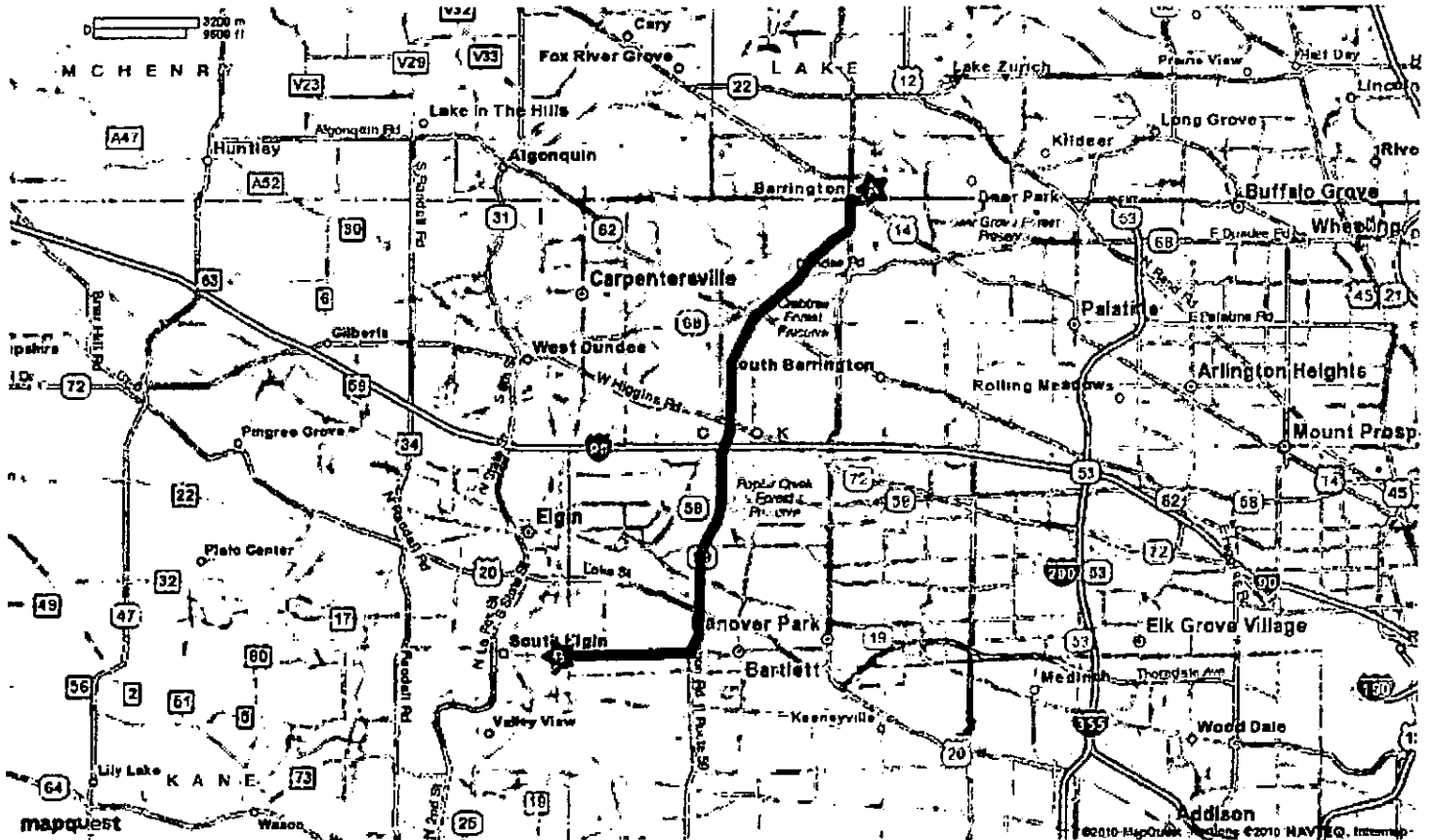
# MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.










**★ Starting Location**  
**6000 Garlands Ln**  
 Barrington, IL 60010-6025

**✪ Ending Location**  
**E Middle St & Il Route 25**  
 South Elgin, IL 60177

Total Travel Estimate: 26 minutes / 16.18 miles Fuel Cost: [Calculate](#)



**★ 6000 Garlands Ln |**  
 Barrington, IL 60010-6025

-  1. Start out going SOUTH on GARLANDS LN. 0.1 mi
-  2. Turn RIGHT 0.1 mi
-   3. Turn LEFT onto N NORTHWEST HWY/US-14. 0.2 mi
-  4. Turn RIGHT onto E LAKE COOK RD/E MAIN ST. 0.4 mi
-   5. Turn LEFT onto S HOUGH ST/IL-59 Continue to follow IL-59 S. 12.3 mi
-  6. Turn RIGHT onto W BARTLETT RD. 3.1 mi
-  7. E MIDDLE ST & IL ROUTE 25.

**✪ E Middle St & Il Route 25 Est**

**PRAIRIEVIEW AT THE GARLANDS**

6000 GARLANDS LANE  
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6016158  
Health Service Area 008 Planning Service Area 097

Administrator  
Lynn Laystrom

Contact Person and Telephone  
Lynn Laystrom  
847-852-3500

**Registered Agent Information**

Date Completed  
3/18/2009

**ADMISSION RESTRICTIONS**

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

Note: Reported restrictions denoted by '1'

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>13</b>

**FACILITY OWNERSHIP**  
LIMITED LIABILITY CO

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
									Residents on 1/1/2008	
Nursing Care	20	20	17	20	13	7	0	0	9	90
Skilled Under 22	0	0	0	0	0	0	0	0	86	86
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0	13	13
<b>TOTAL BEDS</b>	<b>20</b>	<b>20</b>	<b>17</b>	<b>20</b>	<b>13</b>	<b>7</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2008**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	1508	0.0%	0	0.0%	0	0	3230	0	4738	64.7%	64.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>1508</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>3230</b>	<b>0</b>	<b>4738</b>	<b>64.7%</b>	<b>64.7%</b>

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

AGE GROUPS	NURSING CARE		SKL 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 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	5	0	0	0	0	0	0	0	5	6
85+	3	4	0	0	0	0	0	0	3	4	7
<b>TOTALS</b>	<b>3</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>10</b>	<b>13</b>



## PRAIRIEVIEW AT THE GARLANDS

6000 GARLANDS LANE  
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6016158

Health Service Area 008 Planning Service Area 097

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	2	0	0	0	11	0	13
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>13</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	265
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	13	0	0	0	13
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	8.00
<b>Totals</b>	<b>21.00</b>

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
41.5%	0.0%	0.0%	0.0%	58.5%	100.0%		0.0%
594,766	0	0	0	838,770	1,433,536	0	

1110.1730(e)(2) – Maldistribution

2) The applicant shall document that the project will not result in Maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

Analysis Based upon: <u>30 Min Drive Time Service Area</u>	
<b>Ratio of Beds to Population for: TOTAL POPULATION 2010</b>	
Total Population in 2010	1,658,627*
Total Number of Licensed Beds in 2010	6,112*
<b>Indicated Beds Per 1000 in TOTAL Population</b>	<b>3.69</b>
<b>STATE AVERAGE:</b>	<b>8.00**</b>

\*See ATTACHMENT 28-E.1

\*\*State total population in 2009 was 12,937,547 and there were 103,544 licensed beds. (Source: Claritas & LTC State Profiles 2008)

<b>Ratio of Beds to Population for: POPULATION AGE 65+</b>	
Total Population 65+ in 2010	204,757*
Total Number of Licensed Beds in 2010	6,112*
<b>Indicated Beds Per 1000 in Population 65+</b>	<b>29.85</b>
<b>STATE AVERAGE:</b>	<b>64.94**</b>

\*See ATTACHMENT 28-E.1

\*\*State total population in 2009 was 1,594,643 and there were 103,544 licensed beds. (Source: Claritas & LTC State Profiles 2008)

Neither ratio cited, of total beds to total population, exceed one and one-half times the State averages, which does not indicate a Maldistribution of beds in the subject's service area. To the contrary, the indicated ratios are far below the State averages.

- 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 pursuant to 77 Ill. Adm. Code 1100; or**

The market study prepared by Cooper Valuation Group (CVG) has a complete analysis of the utilization rates of all the facilities within a 30 minute drive time of the proposed subject facility. (See ATTACHMENT 28-A.1)

- C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.**

The market study prepared by Cooper Valuation Group (CVG) illustrates that sufficient population exists within the proposed project's service area to ensure the facility operates at or above the occupancy standards cited by the State. (See ATTACHMENT 28-A.1)

1110.1730(e)(2) – Impact of Project on Other Area Providers

3) The Applicant shall document that, within 24 months after 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

Appended as ATTACHMENT 28 –G.1 is an exhibit summarizing the existing & proposed supply within a 30 minute drive time of the subject facility. Included in this table are all the utilization rates for the area’s facilities. Since the average utilization rate for these facilities is below the standards set forth in the 77 Ill. Adm. Code 1100, this items is not applicable.

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.

The proposed subject facility is anticipated to achieve stabilized occupancy in 2013 and it is the opinion of the Applicant that the introduction of the additional 120 beds the applicant is seeking will not adversely affect the utilization of other area facilities. This conclusion was based on the primary fact that adequate demand exists in the current marketplace to support both the proposed facility as well as other area facilities. The evidence for this market demand is supported by three basic factors.

1. Bed Need: The subject facility is uniquely located at the intersection of three planning areas that have a combined bed need of 1,535. Furthermore, being that the subject is located in the easternmost section of Planning Area 8 – Kane where competitive facilities are somewhat scarce, it will serve a population base that is currently under-bedded.
2. Large Population Base and Strong Growth in people over 75+: The subject facility will benefit from the large population base that is more than adequate, at its present level, to support the current bed supply and that which the applicant is proposing. Furthermore the population over 75+ is projected to increase a substantial 11.7% from 2010 to 2015 adding another 8,194 people in this age grouping. This points to solid future demand in the subject’s primary market area for long-term care facilities as a significant percentage of 75+ and 85+ cohorts typically require skilled nursing care.

3. Part of a larger "Senior Campus": The proposed skilled nursing facility is to be part of a larger "senior campus" that will also include 60 assisted living units (ALF) and 60 memory care units (ALZ) for an additional 120 beds on the one campus. This is very significant as the ALF and ALZ components of the campus will most definitely provide a direct referral source for the proposed subject skilled nursing facility.

The reader is referred to the market study prepared by Cooper Valuation Group (CVG) for a more in depth analysis of supply and demand in the marketplace (See ATTACHMENT 28-A.1)

Based upon the rationale cited above it is the opinion of the Applicant that the introduction of an additional 120 new skilled nursing beds into the local marketplace will have even a de minimis affect of the existing facilities.

While there is sufficient population to support the beds, it is important to recognize the effective age of the primary supply of skilled nursing facilities within the subject market-area. Many of the facilities cited in the 30 minute drive time supply analysis are older facilities that suffer from many forms of physical and functional obsolescence and the costs associated with mitigating this obsolescence in most cases is cost prohibitive. Therefore, it is logical to assume that in the foreseeable future some of the facilities within the current subject market area will no longer be maintained and will ultimately close. As there has been minimal new construction in recent years it seems obvious that the supply of beds will only deteriorate further unless new facilities like the one being proposed by the Applicant are approved.

## EXISTING & PROPOSED SUPPLY – PMA (17 MILES)

Facility Name & Location County	Licensed Beds Effective Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total	Source Date
1 North Aurora Care Center 310 Banbury Road, North Aurora, IL Kane	129	109	104	5	-	-	Medicaid Cost Report 2009
	122	89.3%	95%	5%	0%	0%	
Quality Mix = 5%							
2 Aurora Rehab & Living Center 1601 North Farnsworth, Aurora, IL Kane	195	148	114	9	18	5	Medicaid Cost Report 2009
	182	80.4%	78%	6%	12%	4%	
Quality Mix = 19%							
3 Covenant Healthcare Center 831 N. Batavia Avenue, Batavia, IL Kane	99	98	32	9	7	49	Medicaid Cost Report FY 2009
	99	96.6%	33%	9%	7%	51%	
Quality Mix = 16%							
4 Batavia Rehab & Healthcare Center 520 Fabyan Parkway, Batavia, IL Kane	63	43	37	4	-	2	Medicaid Cost Report 2009
	68	74.2%	87%	9%	0%	4%	
Quality Mix = 9%							
5 Provena Geneva Care Center 1101 East State Street, Geneva, IL Kane	107	89	54	16	16	1	Medicaid Cost Report 2009
	106	83.6%	61%	18%	20%	1%	
Quality Mix = 39%							
6 Provena Pine View Care Center 611 Allen Lane, St. Charles, IL Kane	120	96	49	21	24	2	Medicaid Cost Report 2009
	120	79.7%	51%	22%	25%	2%	
Quality Mix = 47%							
7 South Elgin Rehab & Healthcare Center 748 Spring Street, South Elgin, IL Kane	80	66	40	9	6	0	Medicaid Cost Report 2009
	80	88.1%	73%	16%	11%	0%	
Quality Mix = 27%							
8 Tower Hill Healthcare Center 759 Kane Street, South Elgin, IL Kane	206	187	129	38	19	-	Medicaid Cost Report 2009
	206	90.8%	69%	20%	10%	0%	
Quality Mix = 31%							
9 Rosewood Care Ctr St. Charles 850 Dunham Road, Saint Charles, IL Kane	109	72	18	41	13	-	Medicaid Cost Report FY 2009
	109	66.4%	26%	57%	18%	0%	
Quality Mix = 74%							
10 Rosewood Care Center of Elgin 2355 Royal Boulevard, Elgin, IL Kane	139	114	37	53	24	-	Medicaid Cost Report FY 2009
	139	81.7%	33%	46%	21%	0%	
Quality Mix = 67%							
11 Sherman West Court 1850 Larkin Avenue, Elgin, IL Kane	120	88	10	42	36	-	Medicaid Cost Report FY 2009
	120	73.7%	12%	48%	40%	0%	
Quality Mix = 88%							
12 Maplewood Care 50 North Jane Drive, Elgin, IL Kane	203	188	177	5	5	2	Medicaid Cost Report 2009
	203	92.8%	94%	3%	2%	1%	
Quality Mix = 5%							
13 Asta Care Center Of Elgin 134 North Mclean Boulevard, Elgin, IL Kane	102	87	69	3	11	3	Medicaid Cost Report 2009
	100	86.7%	60%	3%	13%	4%	
Quality Mix = 16%							
14 Apostolic Christian Resthaven 2750 West Highland Avenue, Elgin, IL Kane	60	48	17	31	-	-	Medicaid Cost Report 2009
	60	96.8%	36%	64%	0%	0%	
Quality Mix = 64%							
15 Manorcare of Elgin 180 South State Street, Elgin, IL Kane	88	71	39	9	17	6	Medicaid Cost Report FY 2009
	80	86.9%	55%	12%	24%	9%	
Quality Mix = 36%							
16 Heritage Manor - Elgin 355 Raymond Street, Elgin, IL Kane	84	79	60	8	11	-	Medicaid Cost Report 2009
	84	83.7%	78%	10%	14%	0%	
Quality Mix = 24%							
17 Assisi Healthcare Center at Clare Oaks 775 W Bartlett Rd, Bartlett, IL Cook	120	60	17	11	27	5	Medicaid Cost Report FY 2009
	120	50.3%	28%	18%	45%	9%	
Quality Mix = 63%							
18 Lexington Of Streamwood 815 East Irving Park Road, Streamwood, IL Cook	214	171	120	12	27	12	Medicaid Cost Report 2009
	214	80.1%	70%	7%	16%	7%	
Quality Mix = 23%							

Facility Name & Location County	Licensed Beds Effective Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total	Source Date
19 Lexington Of Schaumburg 675 South Roselle Road, Schaumburg, IL Cook	214 214	188 87.6%	127 68%	11 6%	35 19%	14 8%	Medicaid Cost Report 2009
Quality Mix = 24%							
20 Friendship Village Schaumburg 350 West Schaumburg Road, Schaumburg, IL Cook	250 248	218 87.8%	52 24%	50 23%	38 17%	78 38%	Medicaid Cost Report FY 2009
Quality Mix = 40%							
21 Rosewood Care Center Inverness 1800 Colonial Parkway, Inverness, IL Cook	142 142	88 62.3%	23 26%	38 43%	28 31%	- 0%	Medicaid Cost Report FY 2009
Quality Mix = 74%							
22 Alden Estates of Barrington 1420 South Barrington Road, Barrington, IL Cook	150 150	119 79.6%	53 45%	19 16%	44 37%	3 3%	Medicaid Cost Report 2009
Quality Mix = 53%							
23 Manor Care - Elk Grove Village 1920 Nerge Road, Elk Grove Village, IL Cook	190 190	176 92.3%	52 30%	29 17%	79 45%	16 9%	Medicaid Cost Report FY 2009
Quality Mix = 61%							
24 Alden Poplar Creek 1545 Barrington Road, Hoffman Estates, IL Cook	217 193	167 86.8%	107 64%	18 11%	32 19%	10 6%	Medicaid Cost Report 2009
Quality Mix = 30%							
25 West Chicago Terrace 928 Joliet Road, West Chicago, IL DuPage	120 120	118 96.8%	111 96%	5 4%	- 0%	- 0%	Medicaid Cost Report 2008
Quality Mix = 4%							
26 Winfield Woods 28W141 Liberty Street, Winfield, IL DuPage	138 138	132 95.3%	119 91%	12 9%	- 0%	0 0%	Medicaid Cost Report 2009
Quality Mix = 9%							
27 Dupage Convalescent Home 400 N County Farm Road, Wheaton, IL DuPage	508 360	326 90.7%	258 79%	43 13%	22 7%	3 1%	Medicaid Cost Report FY 2009
*Effective capacity is only 380 beds. Quality Mix = 20%							
28 Wynscape 2180 Manchester Road, Wheaton, IL DuPage	209 181	139 86.6%	27 19%	59 42%	47 33%	8 5%	Medicaid Cost Report FY 2009
Quality Mix = 75%							
29 Wheaton Care Center 1325 Manchester Road, Wheaton, IL DuPage	123 123	113 91.8%	102 91%	4 4%	6 5%	0 0%	Medicaid Cost Report 2009
Quality Mix = 9%							
30 Wood Glen Nursing & Rehab Center County Farm Rd & SR-64, West Chicago, IL DuPage	207 207	201 97.1%	184 92%	13 8%	4 2%	0 0%	Medicaid Cost Report 2009
Quality Mix = 8%							
31 Lexington Health Care Center-Bloomington 165 South Bloomingdale Road, Bloomingdale, IL DuPage	166 166	141 85.2%	90 64%	18 13%	22 16%	11 8%	Medicaid Cost Report 2009
Quality Mix = 29%							
32 Abbington Rehab & Nursing Center 31 West Central, Roselle, IL DuPage	82 82	64 77.8%	54 84%	5 8%	5 8%	- 0%	Medicaid Cost Report 2009
Quality Mix = 16%							
33 Alden-Valley Ridge Rehab & Care 275 East Army Trail Road, Bloomingdale, IL DuPage	207 207	168 81.1%	114 68%	16 10%	14 8%	24 14%	Medicaid Cost Report 2009
Quality Mix = 18%							
34 West Suburban Nursing & Rehab Center 311 Edgewater Drive, Bloomingdale, IL DuPage	259 259	184 70.9%	143 78%	13 7%	25 13%	3 2%	Medicaid Cost Report 2009
Quality Mix = 21%							
35 Windsor Park Manor 110 Windsor Park Drive, Carol Stream, IL DuPage	80 80	61 76.3%	- 0%	50 82%	8 13%	3 5%	IDPH Profile 4/20/2009
Quality Mix = 95%							
36 Preliminary Nursing Unit at Gerlands 6000 Garlands Ave., Barrington, IL Lake	20 20	13 65.0%	- 0%	11 85%	2 15%	- 0%	IDPH Profile 3/18/2009
Quality Mix = 100%							
<b>Totals:</b>	<b>5,630</b> <b>5,262</b>	<b>4,414</b> <b>83.9%</b>	<b>2,741</b> <b>62%</b>	<b>739</b> <b>17%</b>	<b>672</b> <b>16%</b>	<b>262</b> <b>6%</b>	
<b>Vacancy = 18.1%</b> <b>Quality Mix = 32%</b>							

- > The 17-mile PMA has an average occupancy of 83.9% with a solid quality census mix of 32% (private pay and Medicare).
- > We note that some SNFs have very high Medicare census mixes which means that they need to keep available/open beds for the volatile Medicare census – so the result is that the effective bed capacity total is likely lower than shown on the table.

### CONs Approved Beds / New Construction

37	Asbury Pavilion Nursing & Rehab Ctr 210 Airport Road, North Aurora, IL Kane	75	Permit issued 6/9/2010 for 75 beds
38	Greenfields of Geneva Lot 2 & 3 Mill Creek, Geneva, IL Kane	43	Permit issued 9/1/2009 for 43 beds
39	Meadowbrook Manor 37W220 Keslinger Road, Geneva, IL Kane	150	Permit issued 9/2/2009 for 150 beds
40	Addison Rehabilitation & Living Center 1754 Capital Street, Elgin, IL Kane	120	Permit issued 3/2/2010 for 120 beds
41	Monarch Landing 2255 Erickson Drive, Naperville, IL DuPage	24	Permit issued 3/11/2009 for 24 beds
42	Church Creek Station Skilled Nursing 2016 West Lake Street, Hanover Park, IL Cook	150	Construction underway for 150 beds
<b>Total Proposed Bed Supply</b>		<b>562</b>	
<b>Total Existing &amp; Proposed Bed Supply</b>		<b>5,824</b>	

- Of the above, only the Greenfields of Geneva and Church Creek has started development. The Greenfields of Geneva SNF will be part of an entry fee CCRC that has just started site prep. The Church Creek SNF is nearing completion as of September 2010.



**Criterion 1110.1730 - General Long Term Care**

**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 we 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 application for employment, or a narrative explanation of how the proposed staffing will be achieved.

The Applicant is proposing over 106 full time equivalents for this project. These staffing levels do meet licensure requirements.

The Applicant, through its related facilities, has the experience in recruiting and staffing qualified, reliable employees. It is the policy of the Applicant to follow all necessary procedures including but not limited to; background checks, license checks and fingerprint checks.

Recruitment will begin approximately six (6) months prior to project completion date (September 2012) to ensure that the new facility has all necessary positions filled by qualified personnel. The Applicant will advertise in local and regional newspapers, visit and meet with local nursing schools, and make every effort possible to hire workers from within the immediate market area of the subject facility.

Given the extensive labor pool within the Applicants related facilities, they have the ability to promote from within their organization as well as transfer employees from other facilities if particular positions become difficult to fill.

Giving effect to the current economic conditions, which are the worst since the Great Depression, as well as the high unemployment rate within Kane County of 10.6% (10% above the national average of 9.6%)\*, the applicant believes it will be successful in securing qualified and adequate professionals at each required position.

Therefore, the Applicant does not anticipate a problem in securing appropriate staff for this project.

\*U.S Bureau of Labor Statistics, September 8, 2010

<b>Staffing</b>	
<b>Position</b>	<b>FTE</b>
Administrator	1
Admissions/Marketing	1
Business Office/Accounting	1
Reception	4
Office Manager	1
Director of Nursing	1
Assistant Director of Nursing	1
Nursing Administrative Assistant	0
RN	5
LPN	8
Nursing Assistants (CNA)	30
MDS/Care Plan Nurse	2
Treatment Nurse	1
Restorative Nurse	1
Resorative Aides	2
Medical Records	2
Staffing Coordinator/Central Supply	1
Human Resources/Scheduling	1
Social Service Director	1
Social Service Staff	1
Physical Therapists	2
Occupational Therapists	2
Speech Therapists	1
PTA	1
COTA	1
Activity Director	1
Activity Staff	5
Dietary Director	1
Dietary Staff	8
Cooks	5
Housekeeping Staff	8
Floor and Grounds Maintenance	0
Laundry Staff	4
Maintenance Director	1
Assistant Maintenance Director	1
Maintenance Staff	0
<b>Total</b>	<b>106</b>

**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.

As the Applicant is only requesting 120 total nursing care beds the performance requirements are not applicable.

**1110.1730(l) – Community Related Functions – Review Criterion**

**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.

The Applicant has successfully received letters of support ranging from local residents to the State Senator. These letters of support clearly document the cooperation on all levels for the advancement of this project in South Elgin, Kane County Illinois.

As this project is being funded in large part from the Recovery Facility Bonds, which are part of the American Recovery and Reinvestment Act, the interest in seeing this project get completed is present on every level of government and the community.

ILLINOIS STATE SENATE

SPRINGFIELD OFFICE  
105C STATE CAPITOL  
SPRINGFIELD, ILLINOIS 62706  
217-782-8192  
217-782-0116 FAX

DISTRICT OFFICE  
299 SPRINGFIELD DRIVE  
SUITE 225  
BLOOMINGDALE, IL 60108  
830-351-9340  
830-351-9370 FAX



REPUBLICAN SPOKESPERSON  
CRIMINAL LAW

MEMBER  
EXECUTIVE APPOINTMENTS  
FINANCIAL INSTITUTIONS  
LICENSED ACTIVITIES  
TELECOMMUNICATION & TECHNOLOGY  
TRANSPORTATION

**SENATOR JOHN J. MILLNER**  
28TH DISTRICT

August 17, 2010

Illinois Health Facilities Planning Board  
c/o Kim Westerkamp  
Park Pointe South Elgin  
South Elgin, Illinois

Re: Park Pointe South Elgin

To Whom It May Concern:

It is my pleasure to write in support of the Park Pointe South Elgin Certificate of Need application to construct and operate a 120-bed skilled nursing facility located in South Elgin, Illinois.

I am familiar with the area and think that the project is in an excellent location and is compatible with current and future uses in the surrounding area. In particular, since it is adjacent to the Tri-County Park the project is positioned in an appealing environment for the users and visitors of the facility.

I believe the skilled nursing facility will provide highly needed healthcare and rehabilitation services in South Elgin as well as the surrounding communities. I am aware that the Village of South Elgin has provided preliminary support based on a project presentation made in front of the Village Committee of the Whole in July.

I am confident that many post hospital patients would also benefit from the skilled nursing and rehabilitation services that Park Pointe South Elgin will offer.

I fully support Park Pointe South Elgin's proposal.

Thank you for your consideration

Sincerely,

  
John Milner  
State Senator  
28<sup>th</sup> District

EMAIL: johnjmillner@aol.com

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WEBSITE: johnmillner.com

# County of Kane

KAREN McCONNAUGHAY  
Chairman

OFFICE OF COUNTY BOARD  
Kane County Government Center  
719 S. Batavia Avenue  
Geneva, IL 60134

Telephone: 630-232-5930  
Fax: 630-232-9188  
kmcconnaughay@kanecoboard.org

September 13, 2010

Park Pointe South Elgin  
Attn: Chief Operating Officer  
c/o Kim Westerkamp  
South Elgin, Illinois 60177

RE: Park Pointe South Elgin

To Whom It May Concern:

It is my pleasure to write in support of the Park Pointe South Elgin Certificate of Need application to construct and operate a 120-bed skilled nursing facility located in South Elgin, Illinois.

I believe the skilled nursing facility will provide highly needed healthcare and rehabilitation services in Kane County as well as the surrounding counties. I am confident that many post hospital patients would also benefit from the skilled nursing and rehabilitation services that Park Pointe South Elgin will offer.

I am aware that the Village of South Elgin has provided preliminary support based on the project presentation made in front of the Village Board as a whole in July 2010 and that the project is proceeding through the zoning process with approvals anticipated prior to year-end.

Earlier this year, Park Pointe South Elgin applied for 14,880,000 in Recovery Zone Facility Bonds (Part of the American Recovery and Reinvestment Act of 2009) to help finance the construction of a 120-bed skilled nursing facility in the village of South Elgin. I am pleased to inform you that the Kane County Economic Development Advisory board has endorsed Park Pointe South Elgin's application and forwarded it to the Kane County Board for consideration. This decision was based on the project's responsiveness to the evaluation criteria established for the Recovery Zone Facility Bond Program, including overall economic impact, potential for job creation, project readiness, and community benefit/support. Park Pointe South Elgin's project was ranked very favorably in these areas.

We would like to congratulate Park Pointe South Elgin on receiving the Economic Development Advisory Board's endorsement! We look forward to working with Park Pointe South Elgin's team in the next few months on this exciting project.

I fully support Park Pointe South Elgin's proposal.

Sincerely,

A handwritten signature in black ink, reading "Karen McConaughay". The signature is written in a cursive style with a large, looping "K" and a long, sweeping tail that extends downwards and to the right.

Karen McConaughay  
Chairman, Kane County Board

## VILLAGE OF SOUTH ELGIN

10 N. Water St. · South Elgin, Illinois 60177  
Office of the Village President  
847-742-5780 · Fax: 847-742-3253

*Village President*  
Jim W. Hansen

*Village Clerk*  
Margo Gray

*Village Administrator*  
Larry D. Jones

*Village Trustees*

William DiFulvio  
Lisa Guess  
Michael Kolodziej  
Scott Richmond  
John Sweet  
Steven Ward

August 20, 2010

Illinois Health Facilities Planning Board  
C/O Kim Westerkamp  
Park Pointe South Elgin  
South Elgin, IL 60177

Re: Park Pointe South Elgin

Ladies and Gentlemen:

It is my pleasure to write in support of the Park Pointe South Elgin Certificate of Need Application to construct and operate a 120-bed skilled nursing facility located in South Elgin, Illinois.

I believe the skilled nursing facility will provide highly needed healthcare services and rehabilitation in the South Elgin community as well as to the surrounding communities. I believe it will contribute to the welfare of many residents of our urban and rural communities.

I would be confident that many post hospital patients would benefit from the skilled nursing and rehabilitation services that Park Pointe South Elgin will offer.

I fully support Park Pointe South Elgin's proposal.

Very truly yours,



James W. Hansen, II  
Village President

cc: Larry Jones, Village Administrator, Village of South Elgin  
Steve Super, Director of Community Development, Village of South Elgin  
South Elgin Board of Trustees



**VILLAGE OF BARTLETT**

PROGRESS WITH PRIDE

Michael E. Kelly  
Village President

August 31, 2010

Illinois Health Facilities Planning Board  
c/o Kim Westerkamp  
Park Pointe South Elgin  
South Elgin, IL 60177

Re: Park Pointe South Elgin

To Whom It May Concern:

It is my pleasure to write in support of the Park Pointe South Elgin Certificate of Need application to construct and operate a 120-bed skilled nursing facility located in South Elgin, Illinois.

I believe the skilled nursing facility will provide highly needed healthcare services and rehabilitation in the South Elgin community as well as to the surrounding communities. I believe it will contribute to the welfare of many residents of our urban and rural communities.

I would be confident that many post hospital patients would benefit from the skilled nursing and rehabilitation services that Park Point South Elgin will offer.

I support Park Pointe South Elgin's proposal.

Very truly yours,

**VILLAGE OF BARTLETT**

  
Michael E. Kelly  
Village President

# COUNTY OF KANE

## OFFICE OF COMMUNITY REINVESTMENT

Paul Kuehnert, Executive Director



County Government Center  
719 South Batavia Avenue  
Geneva IL 60134  
Fax: 630-232-3411  
[www.countyofkane.org/Pages/OCR.aspx](http://www.countyofkane.org/Pages/OCR.aspx)

September 14, 2010

Kim Westerkamp  
South Elgin Real Estate Holding I, LLC  
999 Oakmont Plaza Drive, Suite 540  
Westmont IL 60559

Re: Park Pointe – South Elgin Healthcare & Rehabilitation Center

Dear Ms. Westerkamp,

Earlier this year, you applied for \$14,880,000 in Recovery Zone Facility Bonds to help finance the construction of a 120-bed skilled-nursing facility in the Village of South Elgin. I am pleased to inform you that the Kane County Economic Development Advisory Board has endorsed your application and forwarded it to the Kane County Board for consideration. This decision was based on your project's responsiveness to the evaluation criteria established for the Recovery Zone Facility Bond Program, including overall economic impact, potential for job creation, project readiness, and community benefit/support. Your project ranked very favorably in each of these areas.

The purpose of this letter is to advise you that your application will be presented to the County Board's Development Committee on Tuesday, September 21<sup>st</sup>, and Finance Committee on Thursday, September 23<sup>rd</sup>. Pending the Finance Committee's approval, it will be considered by the Executive Committee on Wednesday, October 6<sup>th</sup>, and the full County Board on Tuesday, October 12<sup>th</sup>. Please plan to have a representative of your organization at each of these meetings in the event there are questions about your project.

Congratulations on receiving the EDAB's endorsement! We look forward to working with you and your team in the next few months on this exciting project. If you have any questions, or require additional information, please don't hesitate to contact me at 630-208-5351.

Sincerely,

A handwritten signature in black ink that reads "Scott Berger". The signature is written in a cursive style with a large, sweeping "S" and "B".

Scott Berger  
Director

**VILLAGE OF SOUTH ELGIN**  
**COMMUNITY DEVELOPMENT DEPARTMENT**

*Village President*  
Jim W. Hansen

*Village Clerk*  
Margo M. Gray

*Village Administrator*  
Larry Jones

10 North Water Street · South Elgin, Illinois 60177  
847-741-3894 · Fax: 847-741-3959

*Village Trustees*

William DiFulvio  
Lisa Guess  
Michael Kolodziej  
Scott Richmond  
John Sweet  
Steven Ward

September 9, 2010

Prism Healthcare Management Group  
C/O Kim Westerkamp, Chief Operating Officer  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

Mrs. Westerkamp,

Please accept this letter of support for Prism's proposed health care center in South Elgin. As the person in charge of economic development for the Village, I strongly support your efforts. Not only will the new construction be a boon to the local economy in the short run, but the jobs created will benefit the area long term. Also, providing a high quality facility for the elderly can only be good for our residents. Please let me know if there is anything further that I can do to assist you with this effort. Thank you.

Sincerely,



Steven J. Super  
Director of Community Development

C:  
File

**VILLAGE OF SOUTH ELGIN  
COMMUNITY DEVELOPMENT DEPARTMENT**

*Village President*  
Jim W. Hansen

*Village Clerk*  
Margo M. Gray

*Village Administrator*  
Larry Jones

10 North Water Street · South Elgin, Illinois 60177  
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*Village Trustees*

William DiFulvio  
Lisa Guess  
Michael Kolodziej  
Scott Richmond  
John Sweet  
Steven Ward

September 9, 2010

Prism Healthcare Management Group  
C/O Kim Westerkamp, Chief Operating Officer  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

Mrs. Westerkamp,

Prism Healthcare Group has filed an application for the South Elgin Senior Living Community on July 2, 2010.

The current timeline has Prism Healthcare Group submitting plans on October 1, 2010 for staff review. This will allow for a November 17, 2010 Planning and Zoning Commission hearing. The Village Board will discuss the request at their December 6, 2010 meeting and subsequently vote on it at their December 20, 2010 meeting.

If you have any questions, please contact me at the number above.

Sincerely,



Marc McLaughlin  
Planner

C:  
File



**ALEXIAN**  
**BROTHERS**  
St. Alexius Medical Center

September 13, 2010

Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare  
Park Pointe South Elgin  
999 Oakmont Plaza Dr Ste 540  
Westmont IL 60559

Dear Mrs. Westerkamp:

I am writing this letter in support of your plans to build a 120-bed skilled nursing facility. It is my understanding that this facility will serve the skilled care need of post hospital patients and assist in additional therapy/treatment prior to returning to the community. As a healthcare employee, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

This letter is to serve as a confirmation of my support of the 120-bed skilled nursing facility.

I wish you success in your endeavor of this project. Please don't hesitate to contact me if I can be of assistance to you in any manner whatsoever. I am available 24 hours a day via the hospital switchboard. Thank you.

Sincerely,

Edward M. Goldberg  
President and Chief Executive Officer

**Stephen O. Scogna**  
President & CEO

77 North Alrite Street  
Elgin, IL 60123-4912  
847-888-5474 Tel  
847-888-5475 Fax



**PROVENA**  
**Saint Joseph Hospital**

---

September 15, 2010

Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

Dear Mrs. Westerkamp,

I am writing this letter in support of your plans to build a 120-Bed skilled nursing facility. It is to my understanding that this facility will serve the skilled care need of post hospital patients prior to returning to the community. As a healthcare professional, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

A sufficient review of our files indicates that we have historically referred approximately 700 skilled nursing patients annually to area facilities. The number of patients we would be able to potentially refer annually to your facility for quality, post hospital, nursing care will need to be determined.

This letter is to serve as a confirmation of my support of the 120 bed skilled nursing facility.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

Stephen O. Scogna  
President & CEO

SOS/par

Provena Health ministries are sponsored by the Franciscan Sisters of the Sacred Heart,  
the Servants of the Holy Heart of Mary and the Sisters of Mercy of the Americas.

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Kane County Senior Services  
Greater Elgin Senior Center  
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Elgin, IL 60120  
1-800-942-1724 \* (847) 741-0404  
Fax: (847) 741-2163

McHenry County Senior Services  
McHenry Township Recreation Center  
3519 N. Richmond Rd.  
McHenry, IL 60051  
1-800-339-3200 \* (815) 344-3555  
Fax: (815) 344-3593

Kane County Senior Services  
Aurora Township Senior Center  
900 N. Lake Street, Suite 205  
Aurora, IL 60506  
(630) 897-4035  
Fax: (630) 897-6901

Kendall County Senior Services  
908 Game Farm Road  
Yorkville, IL 60560  
(630) 553-5777  
Fax: (630) 553-6979

McHenry County Senior Services  
110 W. Woodstock Street  
Crystal Lake, IL 60014  
(815) 356-7451  
Fax: (815) 356-7754

Kim Westerkamp Chief  
Operating Officer  
Prism Healthcare  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

Dear Mrs. Westerkamp,

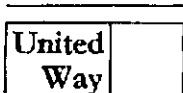
I am writing this letter in support of your plans to build a 120-Bed skilled nursing facility. It is to my understanding that this facility will serve the skilled care need of post hospital patients and assist in additional therapy/treatment prior to returning to the community. As a healthcare employee, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

This letter is to serve as a confirmation of my support of the 120 bed skilled nursing facility.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Roxanne Walston*  
*Senior Services Care*  
*Coordinator Supervisor*





915 Harger Rd #102  
Oak Brook, IL 60523  
(773) 233-3337  
(773) 233-5630  
www.summithh.com

September 14, 2010

Kim Westerkamp  
Chief Operating Officer  
Prism Healthcare  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

Dear Mrs. Westerkamp,

I am writing this letter in support of your plans to build a 120-Bed skilled nursing facility. It is to my understanding that this facility will serve the skilled care need of post hospital patients and assist in additional therapy/treatment prior to returning to the community. As a healthcare employee, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

This letter is to serve as a confirmation of my support of the 120 bed skilled nursing facility.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

Joe Smythe  
President  
Summit Home Health



**IJ Healthcare Nursing Resource, LLC**

**325 Spruce Street, South Elgin, IL 60177**

**Tel: 847.488.9423 / Fax: 847.717.0407**

**ij healthcare@sbeglobal.net**

---

Kim Westerkamp  
Chief Financial Officer  
Prism Healthcare  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

Dear Mrs. Westerkamp,

I am writing this letter in the support of your plans to build a 120-Bed skilled nursing facility. It is to my understanding that this facility will serve the skilled care need of post hospital patients and assist in additional therapy/treatment prior to returning to the community. As a healthcare employee, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

This letter is to serve as a confirmation of my support to the 120 bed skilled nursing facility.

Thank you and I wish you success in you endeavor of this project.

Sincerely,



Kathleen Vinson  
Director of Nursing  
IJ Healthcare Nursing Resource, LLC  
325 Spruce St.  
South Elgin, IL 60177  
(847) 488 - 9423



LIFECARE | KIDCARE | STAFFING

Kim Westerkamp  
Chief Financial Officer  
Prism Healthcare  
Park Pointe South Elgin  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

Dear Mrs Westerkamp,

I am writing this letter in the support of your plans to build a 120-Bed skilled nursing facility. It is to my understanding that this facility will serve the skilled care need of post hospital patients and assist in additional therapy/treatment prior to returning to the community. As a healthcare employee, I recognize the importance of giving quality care to various personnel regardless of age and economic status.

This letter is to serve as a confirmation of my support of the 120 bed skilled nursing facility.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

Independently Owned and Operated

1931 N Meacham Rd Suite 340 | Schaumburg, IL 60173  
P 847-925-0818 | F 847-925-1318 | [brightstarcare.com](http://brightstarcare.com)

**MAKING MORE POSSIBLE**

September 9, 2010

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Pointe South Elgin

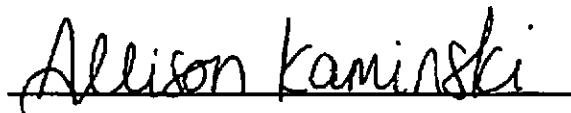
Dear Dale Galassie,

I am a resident of the community of Bartlett, Illinois and support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois, my neighboring community.

As a nearby resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area. Residents of our community, as well as residents from neighboring communities in the Fox Valley, will greatly benefit from this facility.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck on the project.

Sincerely,

A handwritten signature in cursive script that reads "Allison Kaminski". The signature is written in black ink and is positioned above a horizontal line.

From: Allison Kaminski  
226 Weston Ct.  
Bartlett, IL 60103

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

Manuel Rodriguez

From:

(Name) Manuel Rodriguez

(Address) 608 Juli Dr.  
South Elgin IL 60177

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin


Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

  
\_\_\_\_\_

From:

(Name) Austin Campbell

(Address) 1120 Adrienne  
Dr. South Elgin

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

Karen Dooley

From:

(Name) Karen Dooley

(Address) 655 Fenwick Ln  
So Elgin 60177

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

Juan Robles

From:

(Name) JUAN ROBLES

(Address) 610 JENNA DR  
South Elgin, IL 60177

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

Meghan Martin

From:

(Name) Meghan Martin

(Address) 491 Sandhurst  
South Elgin, IL



Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

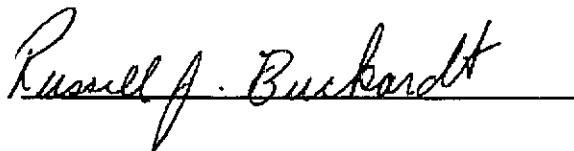
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As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

  
\_\_\_\_\_

From:

(Name) Russell J. Buckardt

(Address) 1113 Lafayette Dr.  
South Elgin, IL 60177

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

James Koch

From:

(Name) Jim Koch

(Address) 95 E LYNX ST  
S. ELGIN ILL 60127

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

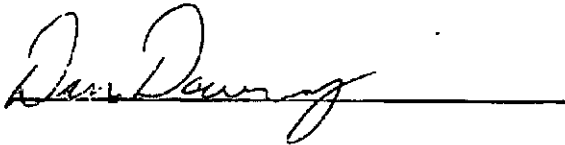
Dear Dale Galassie,

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As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

  
\_\_\_\_\_

From:

(Name) DAN DOWNING

(Address) 1069 LAFAYETTE  
SOUTH ELGIN IL

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

Andela Williams

From:

(Name) Andela Williams

(Address) 765 Elizabeth St  
South Elgin 60177

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

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As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

  
\_\_\_\_\_

From:

(Name) Bob Wall

(Address) 30. E Lynn  
South Elgin IL 60177

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

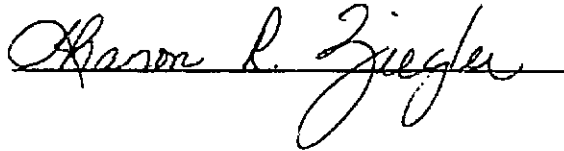
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I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,



From:

(Name) SHARON ZIEGLER

(Address) 764 ELIZABETH  
SOUTH ELGIN IL

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

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I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

Louie Gunter

From:

(Name) LOUIE GUNTER

(Address) 727 LUCILLE ST  
SOUTH ELGIN, ILL

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

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I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

Samantha Kulp

From:

(Name) Samantha Kulp

(Address) 216 E Lynn St  
South Elgin



Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

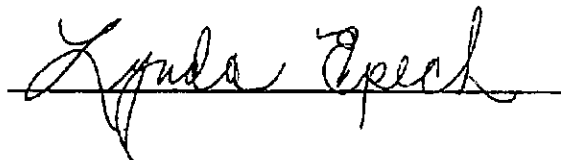
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I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,



From:

(Name) LYNDA EPICH

(Address) 1124 LAFAYETTE  
SOUTH ELGIN, IL

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

Kristine F. Walster

From:

(Name) Kristine F. Walster

(Address) 1003 Duncan Ave  
Elgin IL 60120

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,

Crystal Wallentin

From:

(Name) Crystal Wallentin

(Address) 669 Sullivan Drive

---

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Park Point South Elgin

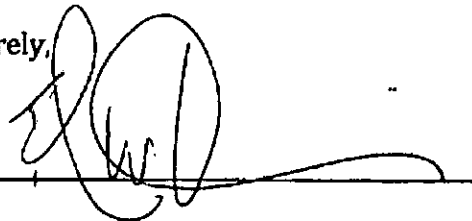
Dear Dale Galassie,

I have constructed this letter to inform you that I, a resident of the community of South Elgin, support Park Pointe South Elgin's Certificate of Need application to construct and operate a 120-bed skilled nursing facility in South Elgin, Illinois.

As a caring resident and patron of the community, I believe that Park Pointe South Elgin will provide a highly needed health care service facility in this area of Illinois. Residents of our community, as well as residents from neighboring communities, will greatly benefit from this facility; I support Park Point South Elgin and their efforts to better our community.

I fully support Park Pointe South Elgin's proposal and wish Prism Healthcare the best of luck in their endeavor.

Sincerely,



From:

(Name) FRANK W. TRAJCIA

(Address) 35 W. 822  
CHESHAM DR  
S. ELGIN IL. 60123

ATTACHMENT 28-J.1

**1110.1730(j) – Zoning Review Criterion**

**i) 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;**
- 2) Zoning approval has been received; or**
- 3) A variance in zoning for the project is to be sought.**

The Applicant has submitted an application seeking a zoning variance for the subject facility with the Village of South Elgin. The initial presentation to the full board was conducted in July of 2010 and was well received by all Board Members and Village President. The Applicant has appended as (ATTACHMENT 28-K.1) a letter from the Village of South Elgin's planner documenting that a variance is being sought by the applicant.

**VILLAGE OF SOUTH ELGIN  
COMMUNITY DEVELOPMENT DEPARTMENT**

*Village President*  
Jim W. Hansen

10 North Water Street · South Elgin, Illinois 60177  
847-741-3894 · Fax: 847-741-3959

*Village Trustees*

*Village Clerk*  
Margo M. Gray

William DiFulvio  
Lisa Guess  
Michael Kolodziej  
Scott Richmond  
John Sweet  
Steven Ward

*Village Administrator*  
Larry Jones

September 9, 2010

Prism Healthcare Management Group  
C/O Kim Westerkamp, Chief Operating Officer  
999 Oakmont Plaza Drive Suite 540  
Westmont, IL 60559

Mrs. Westerkamp,

Prism Healthcare Group has filed an application for the South Elgin Senior Living Community on July 2, 2010.

The current timeline has Prism Healthcare Group submitting plans on October 1, 2010 for staff review. This will allow for a November 17, 2010 Planning and Zoning Commission hearing. The Village Board will discuss the request at their December 6, 2010 meeting and subsequently vote on it at their December 20, 2010 meeting.

If you have any questions, please contact me at the number above.

Sincerely,



Marc McLaughlin  
Planner

C:  
File

**1110.1730(k) – Assurances**

**k) Assurances**

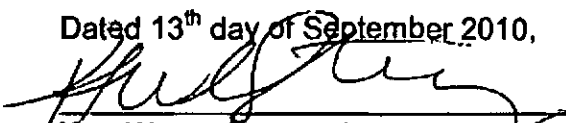
- 1) The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy of service involved in the proposal.**

See (ATTACHMENT 28-L.1) for the above reference letter of Assurance executed by Ms. Kim Westerkamp, Manager.

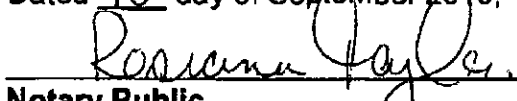
### Assurances Statement

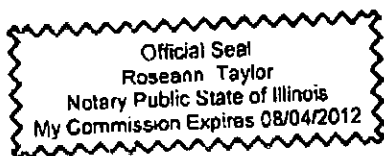
This statement is being filed pursuant to Section 1110.1730(k) of the Board's Rules (77 Ill. Administrative Code 1110.1730). The undersigned applicants understand that by the end of the second year of operation after the project completion, the applicant will make every effort to achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for the long term care category of service involved in this proposal.

Dated 13<sup>th</sup> day of September 2010,

  
Kim Westerkamp, Manager

Dated 13<sup>th</sup> day of September 2010,

  
Notary Public





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

The Applicant's debt financing will be provided entirely from bonds. Said bonds will come from two primary sources. The first and larger issuance is being provided by Kane County in which the applicant is receiving \$14,880,000 in Recovery Facility Bonds (ARRA). These bonds are tax exempt. The he second issuance is a Taxable Bond or a "taxable tail" which is being provided through William Blair in the amount of \$4,670,000 for a combined total of \$19,550,000. The combination of these two series of bonds will represent the Applicants "Debt" financing for the project.

Appended as ATTACHMENTS 39-A & 39-B are letters from the Applicants funding sources.

**\$14,880,000\* Kane County, Illinois  
Variable Rate Recovery Zone Facility Demand Revenue Bonds  
Park Point Skilled Nursing Project (Prism Healthcare Services)**

**Preliminary Term Sheet**

**ISSUER:** Kane County, Illinois

**BORROWER:** Prism Healthcare Services

**AMOUNT:** \$14,880,000\*

**BOND TYPE:** Variable Rate Recovery Zone Facility Demand Revenue Bonds

**GENERAL:** The Bonds will issued for the purpose of acquisition and construction of a new skilled nursing project located in the Village of South Elgin, Kane County, Illinois.

The direct pay Letter of Credit will be issued by \_\_\_\_\_ (the "Bank"), pursuant to a Reimbursement Agreement, dated as of \_\_\_\_\_ 21, 20\_\_ and all subsequent modifications and amendments thereto (the "Reimbursement Agreement"), by and between the Borrower and the Bank. The Reimbursement Agreement will provide, among other things, for payment to the Bank by the Borrower of all amounts drawn under the Letter of Credit.

If the Bank is not rated, payment of all amounts drawn under the Letter of Credit will be confirmed by (the "Confirming Bank"), pursuant to a Confirming Letter of Credit (the "Confirming Letter of Credit") issued and delivered by the Confirming Bank to the Trustee simultaneously with the issuance of the Bonds.

**INTEREST RATE** Variable Rate Bonds – will initially bear interest at a variable rate and reset on Wednesday of each week.

**LOC BANK:** TBD

**CONFIRMING LOC BANK:** TBD (if necessary)

**RATING:** TBD

**USE OF PROCEEDS:** The proceeds of the sale of the Bonds will be used to (i) finance the acquisition and construction of a new project located in the Village of South Elgin, Kane County, Illinois, and (ii) pay certain expenses incurred in connection with the issuance of the Bonds and initial costs of the Letter of Credit and the Confirming Letter of Credit (if necessary).

**BONDHOLDER SECURITY:** The Bonds are payable solely from:

- (i) Letter of credit from \_\_\_\_\_;
- (ii) a confirming letter of credit; (if necessary)
- (iii) for tenders, remarketing proceeds; and,
- (iv) funds and accounts held by the Trustee.

**DENOMINATION:** \$100,000 with increments of \$5,000 in excess thereof.

\*Estimated, subject to change.

**TAXATION:** The Bonds are not subject to federal income tax. The Bonds are subject to State of Illinois income tax. .

**THE PROJECT:** The Project will be the construction of a 100 unit skilled nursing facility.

**INTEREST PAYMENT DATES:** Commencing on \_\_\_\_\_ 1, 2011; Interest shall be payable on the first Business Day of each month, commencing the first Business Day of the month following the Issue Date.

**SIZE OF LETTER OF CREDIT:** The letter of credit will be in the amount of \$14,480,000 [plus 45 days interest at 11%.]

**INTEREST RATE MODE OPTIONS:** Daily, Weekly, Adjustable Rate and Fixed Rate Modes. Initially all Bonds in a Weekly Mode.

**PUT AND CALL FEATURES:** Bondholder may put the bonds upon 7 days notice and the owner may call the bonds upon 30 days notice.

**MANDATORY TENDER:** Upon expiration of the letter of credit or conversion to fixed rate bonds.

**INTEREST RATE SET:** The interest rate in the Initial Weekly mode will be set and effective on Wednesday through the following Tuesday.

**FINAL MATURITY:** December 1, 2040

**OPTIONAL REDEMPTION:** The Bonds will be subject to optional redemption on 30 days' notice while in the weekly mode.

**TRUSTEE:** Amalgamated

**BOND COUNSEL:** TBD

**UNDERWRITER:** William Blair & Company

**REMARKETING AGENT:** William Blair & Company

**DIRECT PURCHASE OPTION:** Rather than provide the LOC above, the Banks may directly purchase the Bonds from William Blair & Company at a tax-exempt rate conveyed by the Recovery Zone Facility Bonds.

# County of Kane

**KAREN McCONNAUGHAY**  
Chairman



Telephone: 630-232-5930  
Fax: 630-232-9188  
kmcconnaughay@kanecoboard.org

September 13, 2010

Park Pointe South Elgin  
Attn: Chief Operating Officer  
c/o Kim Westerkamp  
South Elgin, Illinois 60177

RE: Park Pointe South Elgin

To Whom It May Concern:

It is my pleasure to write in support of the Park Pointe South Elgin Certificate of Need application to construct and operate a 120-bed skilled nursing facility located in South Elgin, Illinois.

I believe the skilled nursing facility will provide highly needed healthcare and rehabilitation services in Kane County as well as the surrounding counties. I am confident that many post hospital patients would also benefit from the skilled nursing and rehabilitation services that Park Pointe South Elgin will offer.

I am aware that the Village of South Elgin has provided preliminary support based on the project presentation made in front of the Village Board as a whole in July 2010 and that the project is proceeding through the zoning process with approvals anticipated prior to year-end.

Earlier this year, Park Pointe South Elgin applied for 14,880,000 in Recovery Zone Facility Bonds (Part of the American Recovery and Reinvestment Act of 2009) to help finance the construction of a 120-bed skilled nursing facility in the village of South Elgin. I am pleased to inform you that the Kane County Economic Development Advisory board has endorsed Park Pointe South Elgin's application and forwarded it to the Kane County Board for consideration. This decision was based on the project's responsiveness to the evaluation criteria established for the Recovery Zone Facility Bond Program, including overall economic impact, potential for job creation, project readiness, and community benefit/support. Park Pointe South Elgin's project was ranked very favorably in these areas.

**Park Pointe South Elgin**  
**Page 2 of 2**

**We would like to congratulate Park Pointe South Elgin on receiving the Economic Development Advisory Board's endorsement! We look forward to working with Park Pointe South Elgin's team in the next few months on this exciting project.**

**I fully support Park Pointe South Elgin's proposal.**

**Sincerely,**

A handwritten signature in black ink, appearing to read "Karen McConaughay". The signature is fluid and cursive, with a large loop at the end of the last name.

**Karen McConaughay**  
**Chairman, Kane County Board**

# COUNTY OF KANE

## OFFICE OF COMMUNITY REINVESTMENT

Paul Kuehnert, Executive Director



County Government Center

719 South Batavia Avenue

Geneva IL 60134

Fax: 630-232-3411

[www.countyofkane.org/Pages/OCR.aspx](http://www.countyofkane.org/Pages/OCR.aspx)

September 14, 2010

Kim Westerkamp  
South Elgin Real Estate Holding I, LLC  
999 Oakmont Plaza Drive, Suite 540  
Westmont IL 60559

Re: Park Pointe – South Elgin Healthcare & Rehabilitation Center

Dear Ms. Westerkamp,

Earlier this year, you applied for \$14,880,000 in Recovery Zone Facility Bonds to help finance the construction of a 120-bed skilled-nursing facility in the Village of South Elgin. I am pleased to inform you that the Kane County Economic Development Advisory Board has endorsed your application and forwarded it to the Kane County Board for consideration. This decision was based on your project's responsiveness to the evaluation criteria established for the Recovery Zone Facility Bond Program, including overall economic impact, potential for job creation, project readiness, and community benefit/support. Your project ranked very favorably in each of these areas.

The purpose of this letter is to advise you that your application will be presented to the County Board's Development Committee on Tuesday, September 21<sup>st</sup>, and Finance Committee on Thursday, September 23<sup>rd</sup>. Pending the Finance Committee's approval, it will be considered by the Executive Committee on Wednesday, October 6<sup>th</sup>, and the full County Board on Tuesday, October 12<sup>th</sup>. Please plan to have a representative of your organization at each of these meetings in the event there are questions about your project.

Congratulations on receiving the EDAB's endorsement! We look forward to working with you and your team in the next few months on this exciting project. If you have any questions, or require additional information, please don't hesitate to contact me at 630-208-5351.

Sincerely,

Scott Berger  
Director

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
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
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

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 has not yet determined whether a Bond Rating will be sought therefore, the Financial Viability Waiver is not applicable.

**OWNER - South Elgin Real Estate Holdings I, LLC**

<b>South Elgin Healthcare &amp; Rehabilitation Center</b>	
<b>Projected Income Statement</b>	<b>Owner</b>
<b>CY 2014</b>	
<b>Income</b>	
Rent	\$ 3,000,000
Interest Income	
<b>Total Revenue</b>	<b>\$ 3,000,000</b>
<b>Operating Costs</b>	
Real Estate Taxes	\$ 120,000
Operating Overhead	\$ 50,000
<b>Total Operating Expenses</b>	<b>\$ 170,000</b>
<b>Net Operating Income</b>	<b>\$ 2,830,000</b>
<b>Capital Costs</b>	
Interest Expense	\$ 1,368,500
Depreciation	\$ 796,406
Amortization	\$ 12,480
<b>Total Capital Expenses</b>	<b>\$ 2,177,386</b>
<b>Net Income</b>	<b>\$ 652,614</b>



**OWNER - South Elgin Real Estate Holdings I, LLC**

South Elgin Healthcare & Rehabilitation Projected Balance Sheet CY 2014		Owner
<b>Cash</b>		
Operating Cash		\$ 1,954,114
Payroll Account		
Reserve/Escrow Accounts		\$ 280,000
Petty Cash		
<b>Total Cash</b>		<u>\$ 2,234,114</u>
<b>Receivables/Prepaid</b>		
Accounts Receivable		\$ -
Prepaid Expenses		\$ -
<b>Total Receivables/Prepaid</b>		<u>\$ -</u>
<b>Total Current Assets</b>		<u>\$ 2,234,114</u>
<b>Fixed Assets</b>		
Building/Lease Improvements		\$ 19,778,765
Computer Equipment		\$ 180,000
Furniture & Fixtures		\$ 1,266,292
Deferred Costs		\$ 486,726
Amortization		\$ (12,480)
Depreciation		\$ (796,406)
Land		\$ 2,744,280
<b>Total Fixed Assets/Depr</b>		<u>\$ 23,647,177</u>
Reserve/Escrow Accounts		
<b>Total Other Assets</b>		<u>\$ -</u>
<b>Total Assets</b>		<u>\$ 25,881,291</u>
<b>Liabilities and Equity</b>		
<b>Accrued Expenses</b>		
Accounts Payable		
Accrued Expenses		\$ 120,000
Accrued Mgmt Fee		\$ -
Resident Trust Clearing		
Line of Credit		\$ -
<b>Total Current Liabilities</b>		<u>\$ 120,000</u>
Mortgage Payable -Bonds		\$ 19,550,000
<b>Total Long Term Liabilities</b>		<u>\$ 19,550,000</u>
<b>Total Liabilities</b>		<u>\$ 19,670,000</u>
<b>Equity</b>		
Members Equity		\$ 4,906,064
Distributed Earnings		
Retained Earnings		\$ 1,305,227
<b>Total Equity/Capital</b>		<u>\$ 6,211,291</u>
<b>Total Liabilities &amp; Equity</b>		<u>\$ 25,881,291</u>

# OPERATOR - SOUTH ELGIN HEALTHCARE & REHAB CENTER, LLC

South Elgin Healthcare & Rehabilitation Projected Balance Sheet CY 2014	Operator
<b>Cash</b>	
Operating Cash	\$ 900,000
Payroll Account	
Reserve/Escrow Accounts	
Petty Cash	\$ 1,500
<b>Total Cash</b>	<b>\$ 901,500</b>
<b>Receivables/Prepaid</b>	
Accounts Receivable	\$ 2,064,800
Prepaid Expenses	\$ 100,783
<b>Total Receivables/Prepaid</b>	<b>\$ 2,165,583</b>
<b>Total Current Assets</b>	<b>\$ 3,067,083</b>
<b>Fixed Assets</b>	
Building/Lease Improvements	
Computer Equipment	
Furniture & Fixtures	
Deferred Costs	
Amortization	
Depreciation	\$ -
Land	
<b>Total Fixed Assets/Depr</b>	<b>\$ -</b>
Reserve/Escrow Accounts	
<b>Total Other Assets</b>	<b>\$ -</b>
<b>Total Assets</b>	<b>\$ 3,067,083</b>
<b>Liabilities and Equity</b>	
<b>Accrued Expenses</b>	
Accounts Payable	\$ 558,661
Accrued Expenses	\$ 70,000
Accrued Mgmt Fee	
Resident Trust Clearing	\$ 20,000
Line of Credit	\$ 800,000
<b>Total Current Liabilities</b>	<b>\$ 1,448,661</b>
Mortgage Payable -Bonds	
<b>Total Long Term Liabilities</b>	<b>\$ -</b>
<b>Total Liabilities</b>	<b>\$ 1,448,661</b>
<b>Equity</b>	
Members Equity	\$ 2,643,218
Distributed Earnings	
Retained Earnings	\$ (1,024,796)
<b>Total Equity/Capital</b>	<b>\$ 1,618,422</b>
<b>Total Liabilities &amp; Equity</b>	<b>\$ 3,067,083</b>

# OPERATOR - SOUTH ELGIN HEALTHCARE & REHAB CENTER, LLC

South Elgin Healthcare & Rehabilitation Center Projected Income Statement - Operator CY 2014	First Year w/ramp up	Full Stabilized Year
<b><u>INCOME</u></b>		
Total Routine Services	\$ 7,652,000	\$ 10,314,900
Other Medical Income	\$ 519,681	\$ 829,162
Vending / Other Income	\$ 11,662	\$ 12,000
<b>TOTAL INCOME</b>	<b>\$ 8,183,343</b>	<b>\$ 11,156,062</b>
<b><u>OPERATING EXPENSES</u></b>		
Nursing/Ancillary Costs	\$ 3,480,918	\$ 3,551,892
Activities/Social Service	\$ 238,689	\$ 238,576
Housekeeping and Plant	\$ 555,284	\$ 553,516
Dietary	\$ 522,113	\$ 579,374
Laundry and Linen	\$ 114,962	\$ 118,473
Employee Welfare	\$ 581,892	\$ 573,023
General and Administrative	\$ 1,120,972	\$ 1,119,543
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 6,614,831</b>	<b>\$ 6,734,399</b>
Management Fees 5%	\$ 409,167	\$ 557,803
<b><u>NET OPERATING INCOME</u></b>	<b>\$ 1,159,345</b>	<b>\$ 3,863,860</b>
<b><u>CAPITAL EXPENSES:</u></b>		
\$ 19,550,000	Rent	35%
	Interest on Line of Credit	\$ 3,000,000
	<b>TOTAL CAPITAL EXPENSES</b>	<b>\$ 48,000</b>
		<b>\$ 3,048,000</b>
<b>NET INCOME (LOSS)</b>	<b>\$ (1,840,655)</b>	<b>\$ 815,860</b>

# OPERATOR - SOUTH ELGIN HEALTHCARE & REHAB CENTER, LLC

South Elgin Healthcare & Rehabilitation Center  
 Projected Nursing - Operator  
 CY 2014

## NURSING COSTS

### Nursing Salaries:

Director of Nursing	\$ 72,800.00
Assistant Director	\$ 62,400.00
Registered Nurses	\$ 408,800.00
Licensed Practical Nurses	\$ 502,240.00
Nurse Aides	\$ 1,095,000.00
Restorative Nurse	\$ 42,120.00
Medical Records	\$ 54,080.00
Rehab Aides	\$ 62,400.00
MDS/Care Plan	\$ 95,680.00
Treatment Nurse	\$ 52,000.00
Staffing Coordinator	\$ 32,223.20
Payroll Taxes Nursing	\$ 189,700.36
<b>Total Nursing Salaries</b>	<b>\$ 2,669,443.56</b>
<b>Contract Nursing</b>	<b>\$ -</b>
<b>Total Nursing Labor</b>	<b>\$ 2,669,443.56</b>

Medical Supplies	\$ 68,985.00
Prescription Drugs	\$ 246,375.00
Misc Nursing Supplies/Minor Equipment	\$ 11,774.19
Rehab Supplies	\$ 5,887.10
Non-Covered Enterals/Urologicals	\$ -
<b>Consultants:</b>	<b>\$ -</b>

Speech Rehabilitation	\$ 79,996.80
Occupational Rehabilitation	\$ 220,001.60
Physical Rehabilitation	\$ 219,993.60
Social Service	\$ 3,532.26
Wound Care	\$ 4,120.97
Medical Records	\$ 3,532.26
Nurse/MDS Consultant	\$ 3,532.26
Pharmacy	\$ 2,943.55
Medical Director	\$ 11,774.19
Respiratory Therapy	\$ -
Alzheimer's	\$ -

Total Other Nursing	\$ 882,448.77
<b>TOTAL NURSING AND ANCILLARY COSTS:</b>	<b>\$ 3,551,892.33</b>

**OPERATOR - SOUTH ELGIN HEALTHCARE & REHAB CENTER, LLC**

**South Elgin Healthcare & Rehabilitation Center  
Projected Social Services/Activities  
CY 2014**

Social Service and Activities

Social Service Director	\$ 36,400.00
Social Service Staff	\$ 24,960.00
Activity Director	\$ 40,393.60
Activity Salaries	\$ 114,400.00
Activity Supplies	\$ 5,887.10
Payroll Taxes Activities	\$ 16,535.75
<b>Total Activity/Social Service Salaries</b>	<b>\$ 238,576.45</b>

**OPERATOR - SOUTH ELGIN HEALTHCARE & REHAB CENTER, LLC**

South Elgin Healthcare & Rehabilitation Center  
 Projected Housekeeping/Plant  
 CY 2014

<b>HOUSEKEEPING AND PLANT</b>	
Housekeeping salaries	\$ 199,680
Floor/Grounds Maintenance	\$ -
Director of Maintenance	\$ 41,621
Assistant Director Maintenance	\$ 31,852
Maintenance Salaries	\$ -
Housekeeping Supplies	\$ 9,855
Laundry	\$ -
Grounds Maintenance	\$ 17,661
Repairs and Maintenance	\$ 37,677
Painting and Decorating	\$ -
Building Repairs	\$ 19,427
Insurance Bldg	\$ -
Equipment	\$ 5,887
Alarm Service	\$ 17,661
Cable Television	\$ 5,887
Scavenger	\$ 8,831
Exterminator	\$ 2,355
Elevator Repair/Maintenance	\$ 14,129
Electricity	\$ 47,097
Gas	\$ 37,677
Water	\$ 35,323
Payroll Taxes Housekeeping & Plant	\$ 20,896
<b>TOTAL HOUSEKEEPING AND PLANT</b>	<b>\$ 553,516</b>

**OPERATOR - SOUTH ELGIN HEALTHCARE & REHAB CENTER, LLC**

South Elgin Healthcare & Rehabilitation Center Projected Dietary CY 2014	
<b>DIETARY</b>	
Dietary Manager	\$ 45,968.00
Dietary Staff	\$ 174,720.00
Dietary Cooks	\$ 137,800.00
Food	\$ 157,680.00
Supplements	\$ 9,855.00
Dietary Supplies	\$ 19,710.00
Sales Tax	\$ -
Purchasing Consultant	\$ -
Dietary Consultant	\$ 6,216.77
Payroll Taxes Dietary	\$ 27,424.33
<b>TOTAL DIETARY</b>	<b>\$ 579,374.11</b>

**OPERATOR - SOUTH ELGIN HEALTHCARE & REHAB CENTER, LLC**

South Elgin Healthcare & Rehabilitation Center  
 Projected Laundry  
 CY 2014

LAUNDRY AND LINEN	
Laundry Salaries	\$ 93,600.00
Laundry Supplies	\$ 11,826.00
Laundry Equipment & Repairs	\$ -
Linen Replacement	\$ 5,887.10
Outside Labor	\$ -
Mattresses	\$ -
Diaper Replacement	\$ -
Payroll Taxes Laundry	\$ 7,160.40
<b>TOTAL LAUNDRY AND LINEN</b>	<b>\$ 118,473.50</b>



**OPERATOR - SOUTH ELGIN HEALTHCARE & REHAB CENTER, LLC**

South Elgin Healthcare & Rehabilitation Center  
 Projected Laundry  
 CY 2014

<u>EMPLOYEE WELFARE</u>	
Worker's Compensation Insurance	\$ 70,645.16
Human Resource / Scheduling	\$ 32,420.40
Classified Advertising & Recruiting	\$ 5,887.10
Employee Benefits	\$ 5,887.10
Employee Education and Seminars	\$ 2,943.55
Employee Life Insurance	\$ 2,649.19
Employee Medical/Dental Insurance	\$ 374,419.35
Accrued Vacation/Sick Time	\$ 75,691.24
Payroll Taxes	\$ 2,480.16
<b>TOTAL EMPLOYEE WELFARE</b>	<b>\$ 573,023.26</b>

**OPERATOR - SOUTH ELGIN HEALTHCARE & REHAB CENTER, LLC**

South Elgin Healthcare & Rehabilitation Center Projected Administration CY 2014	
<b>GENERAL AND ADMINISTRATIVE</b>	
Administration	\$ 69,992.00
Business Office Manager	\$ 36,400.00
Admissions/Marketing	\$ 38,267.45
Office Manager	\$ 31,200.00
Reception	\$ 116,800.00
Van Expenses	\$ 5,887.10
Auto Expense	\$ 14,129.03
Accounting Fees	\$ 23,548.39
Advertising/Marketing	\$ 58,870.97
Bad Debts	\$ 50,552.50
Bank Charges	\$ 5,887.10
Computer Costs	\$ 23,548.39
Midwest Time Recorder/Accrued	\$ 7,064.52
Payroll Processing Fees	\$ 5,298.39
Contributions	\$ 8,830.65
Dues and Subscriptions	\$ 2,943.55
Equipment Rental/Maintenance	\$ 20,604.84
Holiday Expense	\$ 39,247.31
IDPA Provider License Fee (Bed Tax)	\$ 77,745.00
Insurance-GL/PL, Property	\$ 127,127.97
Legal	\$ 23,548.39
Licenses and Fees	\$ 2,943.55
Meals and Entertainment	\$ 5,887.10
Office Expenses	\$ 35,322.58
Professional Fees/Other	\$ 235,483.87
Postage	\$ 3,532.26
Telephone	\$ 20,604.84
Transportation and Travel	\$ 5,887.10
Trust Fees	\$ -
Payroll Taxes General & Administrative	\$ 22,388.45
<b>TOTAL GENERAL AND ADMINISTRATIVE</b>	<b>\$ 1,119,543.26</b>

## COMBINED - Owner & Operator

South Elgin Healthcare & Rehabilitation Projected Balance Sheet CY 2014	Combined
<b>Cash</b>	
Operating Cash	\$ 2,854,114
Payroll Account	\$ -
Reserve/Escrow Accounts	\$ 280,000
Petty Cash	\$ 1,500
<b>Total Cash</b>	<b>\$ 3,135,614</b>
<b>Receivables/Prepaid</b>	
Accounts Receivable	\$ 2,064,800
Prepaid Expenses	\$ 100,783
<b>Total Receivables/Prepaid</b>	<b>\$ 2,165,583</b>
<b>Total Current Assets</b>	<b>\$ 5,301,197</b>
<b>Fixed Assets</b>	
Building/Lease Improvements	\$ 19,778,765
Computer Equipment	\$ 180,000
Furniture & Fixtures	\$ 1,266,292
Deferred Costs	\$ 486,726
Amortization	\$ (12,480)
Depreciation	\$ (796,406)
Land	\$ 2,744,280
<b>Total Fixed Assets/Depr</b>	<b>\$ 23,647,177</b>
Reserve/Escrow Accounts	\$ -
<b>Total Other Assets</b>	<b>\$ -</b>
<b>Total Assets</b>	<b>\$ 28,948,374</b>
<b>Liabilities and Equity</b>	
<b>Accrued Expenses</b>	
Accounts Payable	\$ 558,661
Accrued Expenses	\$ 190,000
Accrued Mgmt Fee	\$ -
Resident Trust Clearing	\$ 20,000
Line of Credit	\$ 800,000
<b>Total Current Liabilities</b>	<b>\$ 1,568,661</b>
Mortgage Payable -Bonds	\$ 19,550,000
<b>Total Long Term Liabilities</b>	<b>\$ 19,550,000</b>
<b>Total Liabilities</b>	<b>\$ 21,118,661</b>
<b>Equity</b>	
Members Equity	\$ 7,549,282
Distributed Earnings	\$ -
Retained Earnings	\$ 280,431
	\$ -
<b>Total Equity/Capital</b>	<b>\$ 7,829,713</b>
<b>Total Liabilities &amp; Equity</b>	<b>\$ 28,948,374</b>

## COMBINED - Owner & Operator

South Elgin Healthcare & Rehabilitation Projected Income Statement CY 2014	Combined
<b><u>INCOME</u></b>	
Total Routine Services	\$ 10,314,900
Other Medical Income	\$ 829,162
Vending / Other Income	\$ 12,000
Rental Income	\$ 3,000,000
	\$ 14,156,062
<b><u>OPERATING EXPENSES</u></b>	
Nursing/Ancillary Costs	\$ 3,551,892
Activities/Social Service	\$ 238,576
Housekeeping and Plant	\$ 553,516
Dietary	\$ 579,374
Laundry and Linen	\$ 118,473
Employee Welfare	\$ 573,023
General and Administrative	\$ 1,169,543
	\$ 6,784,399
Management Fees 5%	\$ 557,803
	<b>\$ 6,813,860</b>
<b><u>NET OPERATING INCOME</u></b>	
<b><u>CAPITAL EXPENSES:</u></b>	
Rent	\$ 3,000,000
Depreciation/Amortization	\$ 808,886
Interest Expense	\$ 1,416,500
Real Estate Taxes	\$ 120,000
	\$ 5,345,386
<b>NET INCOME (LOSS)</b>	<b>\$ 1,468,473</b>

**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 **N/A**
  - 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. **(See ATTACHMENT 42-A for a notarized assurance statement)**

**B. Conditions of Debt Financing**

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; **(See ATTACHMENT 42-B for a notarized assurance statement)**
- 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; **N/A**
- 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. **N/A**

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE												
Department (list below)	A	B	C		D		E		F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)				
Nursing	\$165.49									\$13,575,650		\$13,575,650
Contingency	\$ 10.85									\$ 890,096		\$ 890,096
<b>TOTALS</b>	<b>\$176.34</b>									<b>\$14,465,746</b>		<b>\$14,465,746</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. (See ATTACHMENT 42-C for Projected Operating Costs Statement)

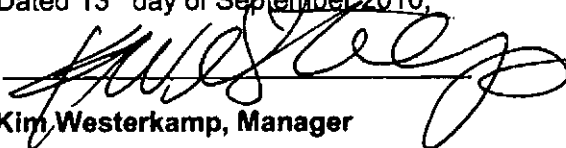
**E. Total Effect of the Project on Capital Costs**

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. (See ATTACHMENT 42-D for Total effect of Project on Capital Costs)

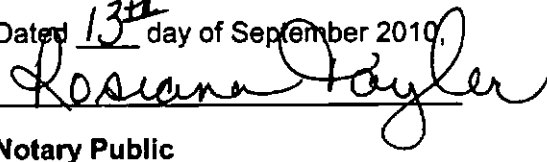
## Reasonableness of Financing Arrangements

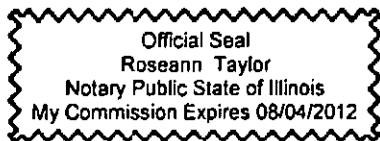
This statement is being filed pursuant to section 1120.140 a) 2) B). The undersigned applicant recognizes that the total estimated project costs and related costs will be funded in total or in part by borrowing, because borrowing is less costly than the liquidation of existing investments. The existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

Dated 13<sup>th</sup> day of September 2010,

  
Kim Westerkamp, Manager

Dated 13<sup>th</sup> day of September 2010,

  
Notary Public



ATTACHMENT 42-A

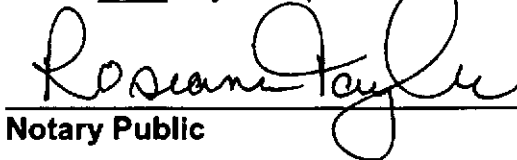
## Certification of Financing at Lowest Net Cost Available

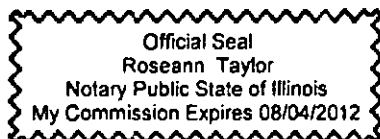
This statement is pursuant to section 1120.140 B) 1). The undersigned applicants are authorized representatives of the applicant and attest that the selected form of debt financing for the project will be at the lowest net cost available.

Dated 13<sup>th</sup> day of September 2010,

  
Kim Westerkamp, Manager

Dated 13<sup>th</sup> day of September 2010,

  
Notary Public



ATTACHMENT 42-B



**D. Criterion 1120.31 (d) Projected Operating Costs**

Salaries	\$ 3,707,950	Year of Target Utilization	CY 2014
Supplies	\$ 589,044	Patient Days per Year	39420
Welfare & Benefits	\$ 863,956	Resultant Cost PPD	\$ 130.92
Total Direct Costs	\$ 5,160,949		

Detail from projections

Salaries		Supplies		Benefits	
\$	2,479,743	\$	333,021	\$	189,700 Nursing
\$	216,154	\$	5,887	\$	16,536 Activities
\$	273,152	\$	9,855	\$	20,896 Housekeeping
\$	358,488	\$	187,245	\$	27,424 Dietary
\$	93,600	\$	17,713	\$	7,160 Laundry
\$	32,420	\$		\$	540,603 Welfare
\$	254,392	\$	35,323	\$	61,636 Administration
\$	<b>3,707,950</b>	\$	<b>589,044</b>	\$	<b>863,956 Total</b>

**E. Criterion 1120.310 (3e) Total Effect of the Project on Capital Costs**

Depreciation	\$ 796,406	Year of Target Utilization	CY 2014
Interest	\$ 1,416,500	Patient Days per Year	39420
Property Tax	\$ 120,000	Capital Cost PPD	\$ 59.50
Rent	0		
Other	\$ 12,480		
<b>Total Annual Capital Costs</b>	<b>\$ 2,345,386</b>		

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