

ORIGINAL

10-072

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

OCT 27 2010

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Warrior's Gateway		
Street Address: 254 Elm Street		
City and Zip Code: Rockford 61104		
County: Winnebago	Health Service Area: 1	Health Planning Area: Winnebago

Applicant Identification

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

Exact Legal Name: Partners for Caring Development Inc.
Address: 112 Cary Street, Cary Illinois 60013
Name of Registered Agent: Grant C. Shumway
Name of Chief Executive Officer: Not Applicable
CEO Address: Not Applicable
Telephone Number: 847-516-4900

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

Type of Ownership

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

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.

Primary Contact

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

Name: Grant Shumway
Title: President CEO
Company Name: Revere Healthcare, Ltd.
Address: 112 Cary Street Cary Illinois 60013
Telephone Number: 847-516-4900
E-mail Address: gshumway@reverehc.com
Fax Number: 847-516-2260

Additional Contact

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

Name: Alan Belcher
Title: Executive Director
Company Name: Transitional Living Services
Address: 645 McHenry Avenue Woodstock Illinois 60098
Telephone Number: 815-334-0540
E-mail Address: abelcher@tlsveterans.org
Fax Number: 815-648-2212

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

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Street Address: 254 Elm Street		
City and Zip Code: Rockford 61104		
County: Winnebago	Health Service Area: 1	Health Planning Area: Winnebago

Applicant Identification

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

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

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

Type of Ownership

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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.

Primary Contact

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

Name: Christopher J. Dials
Title: Director
Company Name: Revere Healthcare LTD
Address: 112 Cary Street, Cary, IL 60013
Telephone Number: 847-516-4900 x312
E-mail Address: cdials@reverehc.com
Fax Number: 847-516-2260

Additional Contact

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

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

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Warrior's Gateway		
Street Address: 254 Elm Street		
City and Zip Code: Rockford 61104		
County: Winnebago	Health Service Area: 1	Health Planning Area: Winnebago

Applicant Identification

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

Exact Legal Name: Transitional Living Services		
Address: 645 McHenry Avenue, Woodstock, IL 60098		
Name of Registered Agent: Grant C. Shumway		
Name of Chief Executive Officer: Alan Belcher		
CEO Address: 645 McHenry Avenue, Woodstock, IL 60098		
Telephone Number: 815-334-0413		

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

Type of Ownership

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

o Corporations and limited liability companies must provide an Illinois certificate of good standing.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Primary Contact

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

Name: Alan Belcher
Title: Executive Director
Company Name: Transitional Living Services
Address: 645 McHenry Avenue Woodstock Illinois 60098
Telephone Number: 815-334-0540
E-mail Address: abelcher@tlsveterans.org
Fax Number: 815-648-2212

Additional Contact

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: John Smith
Title: Board Member
Company Name: Partners for Caring Development Inc.
Address: 112 Cary Street, Cary Illinois 60013
Telephone Number: 847-516-4900
E-mail Address: chartacjs@aol.com
Fax Number: 847-516-2260

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Partners for Caring Development Inc.
Address of Site Owner: 112 Cary Street Cary Illinois 60013
Street Address or Legal Description of Site: See attached

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Partners for Caring Development
Address: 112 Cary Street Cary Illinois 60013
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> 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.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as defined in Part 1130.140). If the related person 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-3, 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 or 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.idph.state.il.us/about/hfpb.htm>).

APPEND DOCUMENTATION AS ATTACHMENT 4, 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-5, 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)]

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

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery					
General Long Term Care	X				120 beds
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

3. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Partners for Caring Development Inc. along with Transitional Living Services, proposes to construct and operate Warrior's Gateway, a campus offering a continuum of services including skilled nursing care, residential care, and vocational training center for special populations age 22-64. These special populations will include individuals with traumatic brain and spinal cord injuries, veterans with severe multiple injuries known as polytraumas, and other adults under the age of 65 who can benefit from our rehabilitative program. The proposed project will consist of 120 skilled nursing beds to be located in Rockford, Winnebago County, Illinois.

Warrior's Gateway will be located in the 254 Elm Street, located in the City of Rockford, Winnebago County, Illinois

Warrior's Gateway will be Medicare and Medicaid certified along with VA contracts and will offer specialized nursing care, intensive rehabilitative therapies, respite care, community outreach services, and vocational training.

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

By offering state-of-the-art design, operations and resident care, Warrior's Gateway will provide residents with the appropriate physical environment and programs to improve their quality of life. The services to be offered will be enhanced by a design that incorporates residential features that support the physical, social and psychological needs of the residents. This will be done in partnership with area medical professionals and acute care treatment centers. The building design will meet functional needs of the staff, without sacrificing quality of life features.

The proposed skilled nursing facility will be a one-story building containing 74,737 gross square feet. The facility will contain all private one bed skilled nursing rooms.

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

Construction is projected to commence March 2011, and the facility is projected to open 12 months thereafter.

A review of this project is classified as 'substantive' as it involves the development of 120 new long-term care beds with a capital expenditure in excess of the threshold amount.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs	282,539	182,461	465,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	8,312,086	5,367,868	13,679,954
Modernization Contracts			
Contingencies	674,840	435,805	1,110,645
Architectural/Engineering Fees	457,165	295,233	752,397
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	420,467	271,533	692,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	292,261	188,739	481,000
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	769,170	496,723	1,265,893
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	11,208,527	7,238,362	18,446,889
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	12,189,943	7,872,152	20,062,095
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	12,189,943	7,872,152	20,062,095
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project Yes No
 Purchase Price: \$ 4.0 million
 Fair Market Value: \$ 4.0 million

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 \$ (1,268,089).

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): March 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.

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry N/A
 APORS N/A
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted N/A
 All reports regarding outstanding permits N/A

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. 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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL	8,312,086		45,411	45,411			
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON CLINICAL	5,367,868		29,326	29,326			
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	13,679,954		74,737	74,737			

APPEND DOCUMENTATION AS ATTACHMENT-3, 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**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Warrior's Gateway			CITY: Rockford, IL 61104		
REPORTING PERIOD DATES: From: 1/1/2008 to: 12/31/2008					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	2,338*	5,130	673,028		120
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					120

*As of the 4/26/2010 Update to the LTC Inventory

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

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



SIGNATURE

John Smith

PRINTED NAME

Board Member

PRINTED TITLE



SIGNATURE

Pamela Shumway

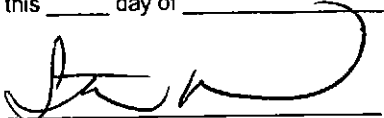
PRINTED NAME

Board Member

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of _____



Signature of Notary

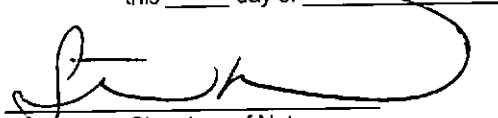
Seal

*Insert EXACT legal name of the applicant



Notarization:

Subscribed and sworn to before me
this ____ day of _____



Signature of Notary

Seal



T. Financial Feasibility

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

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?
 Yes No X.

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

1. Balance sheet
2. Income statement
3. Change in fund balance
4. Change in financial position

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				16.04
Net Margin Percentage				9.98%
Percent Debt to Total Capitalization				80%
Projected Debt Service Coverage				2.33
Days Cash on Hand				121
Cushion Ratio				2.31

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. Insert the worksheets after this page.

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

Warriors' Gateway
 Criterion 1120.210(a) Financial Viability Viability Ratios
 Using first full year of stabilized occupancy

	Category A or Category B (last three years)	Category B (Projecte d)
Provide Data for Projects Classified as:		
Enter Historical and/or Projected Years:		
Current Ratio		16.04
Net Margin Percentage		9.98%
Percent Debt to Total Capitalization		80%
Projected Debt Service Coverage		2.33
Days Cash on Hand		121.19
Cushion Ratio		2.31

calculation and applicable line item amounts from the financial statements. Complete a

Year 3

Current Assets \$5,102,233
 Current Liabilities \$318,139
 Current ratio (A/B) 16.04

Net Income/(Loss) \$1,223,821
 Net Operating Revenue \$12,259,246
 Net Margin percentage (C/D) 9.98%

LT Debt \$19,665,827
 LT Debt + Equity \$24,619,590
 Debt service coverage ratio (E/F) 80%

Net inc + depr+int+amort/P&I payment \$3,084,577
 Principal and interest payment \$1,324,613
 Debt capitalization ratio (G/H) 2.33

Cash + investments \$3,053,428
 Operating expense-depreciation/365 \$25,194
 Days cash on hand (I/J) 121

Cash + investments \$3,053,428
 Max Annual Debt Service \$1,324,613
 Cushion Ratio (K/L) 2.31

Additional 1 yearsof operating results
 will generate an additional \$1.6 million in
 cash, which will meet the target cushion
 ratio.

U. Economic Feasibility

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

SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)**A. Criterion 1120.310(a), Reasonableness of Financing Arrangements**

Is the project classified as a Category B project? Yes No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing? Yes No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. 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. Criterion 1120.310(b), Conditions of Debt Financing

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

B. Criterion 1120.310(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 Care	174		74,737				13,028,528			13,028,528
Contingency	9		74,737				651,426			651,426
TOTALS	183		74,737				13,679,954			13,679,954

* Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE
Page 60 CON

Department (listed 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)	Gross Sq. Ft.	Circ.	Const. \$ (A x C)	Mod. \$ (B x E)			
Nursing Care	\$ 174			74,737									\$ 13,028,528			\$ 13,028,528	
Contingency	\$ 94			74,737									\$ 651,426			\$ 651,426	
TOTALS	\$ 183			74,737									\$ 13,679,954			\$ 13,679,954	

**REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)
(continued)**

- a. that the lowest net cost available has been selected; or
 - b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

D. Criterion 1120.310(d), Projected Operating Costs

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs

Is the project classified as a category B project? Yes No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

F. Criterion 1120.310(f), Non-patient Related Services

Is the project classified as a category B project and involve non-patient related services? Yes No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

APPEND DOCUMENTATION AS ATTACHMENT-76, 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:

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Applicant Information

List of Board of Directors

Pamela Shumway	10265 North River Road Algonquin Illinois 60102
John Smith	6337 Nimtz Road Loves Park Illinois 61111
James Swarhout	10275 North River Road Algonquin Illinois 60102

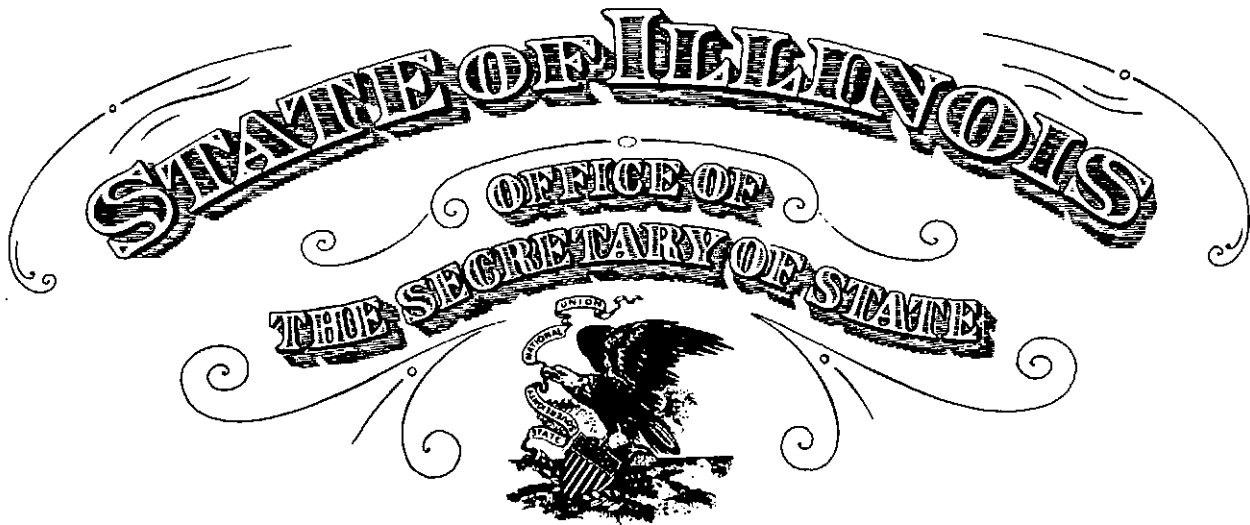
ATTACHMENT 1A

Co-Applicant Information

List of Board Members

Hank Enstrom	901 Winslow Avenue Woodstock Illinois 60098
Don Schellhaass	3350 Executive Drive Marengo Illinois 60152
Patrick T. Green	834 Greenwood Court Carpentersville Illinois 60110
Dan McGrath	1911 Rohlwing Road Rolling Meadows Illinois 60008
Dave O'Brien	2004 Island Road Harvard Illinois 60033
George Mathes	10505 Deerpath Road Woodstock Illinois 60098
Louie Sharp	227 W. State Road Island Lake Illinois 60042
Rebecca Tews-Kozlowski	999 N. Plaza Drive, Suite 111 Schaumburg Illinois 60173
Tammy Tope	10513 IL Route 47 Hebron Illinois 60034

ATTACHMENT 1C



To all to whom these Presents Shall Come, Greeting:

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

REVERE HEALTHCARE, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



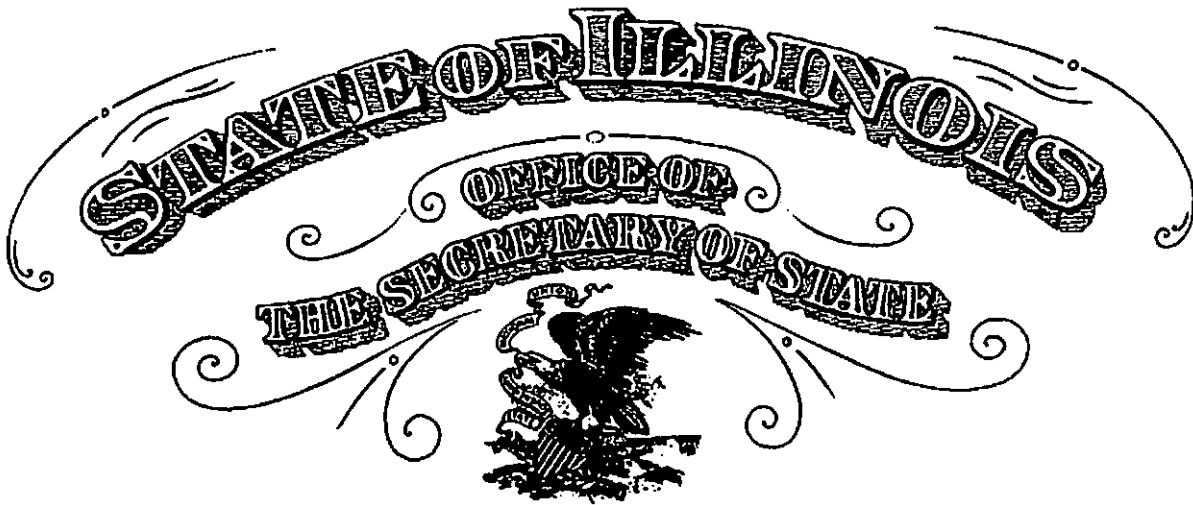
Authentication #: 1013101792

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

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

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

PARTNERS FOR CARING DEVELOPMENT INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 2009, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

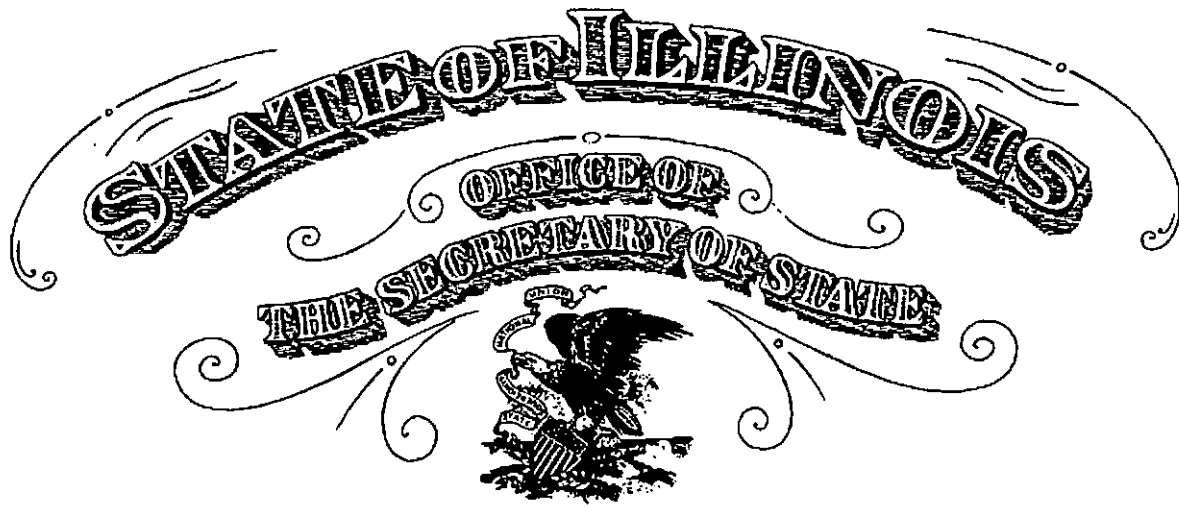


Authentication #: 1013500384
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MAY A.D. 2010 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

TRANSITIONAL LIVING SERVICES, INC., AN ILLINOIS NOT-FOR-PROFIT CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 17, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1013701086

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of MAY A.D. 2010 .

Jesse White

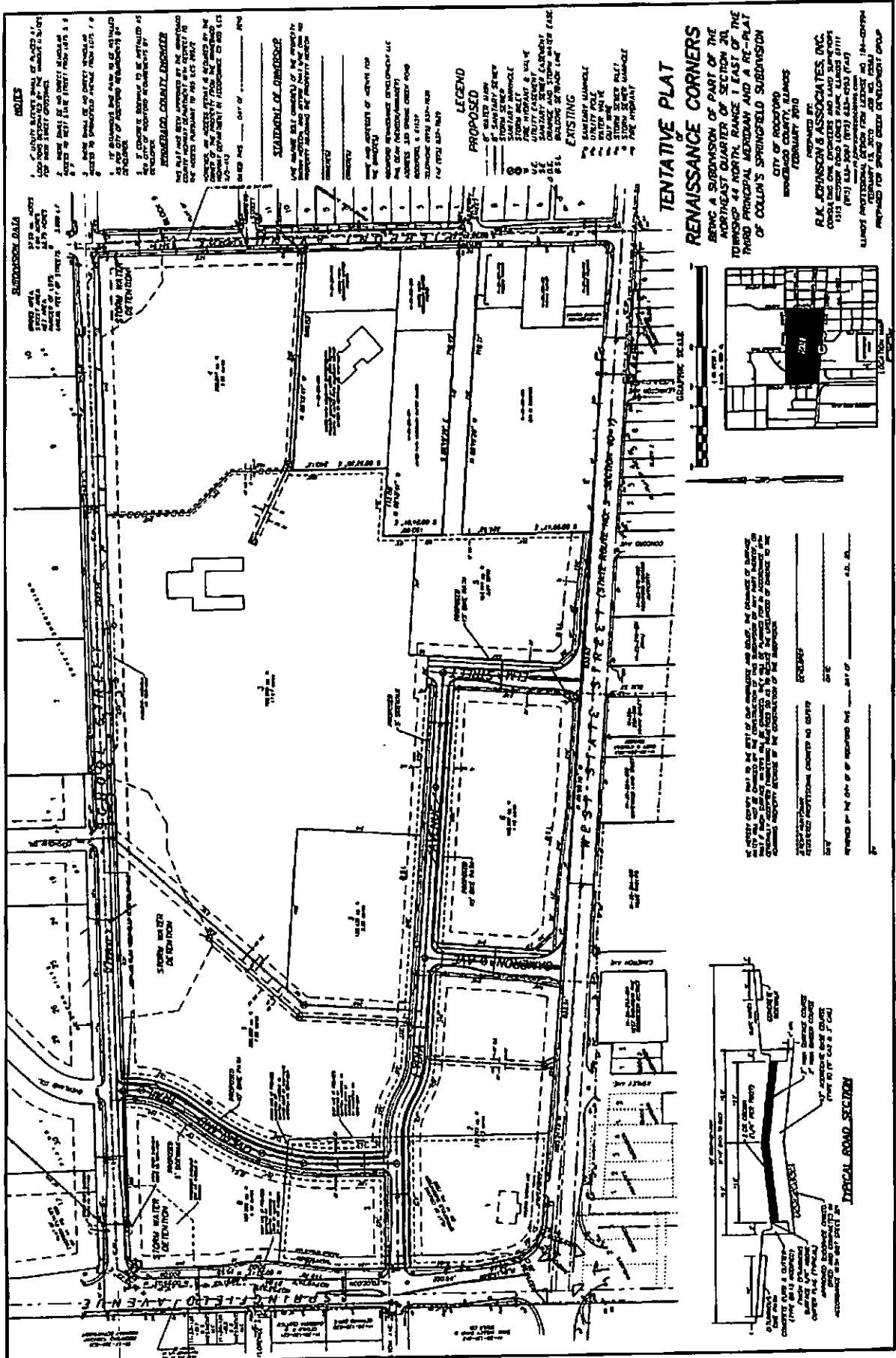
SECRETARY OF STATE

Site Ownership

The legal description of the site is as follows:

Parcel number	Name of Site Owner	Address of Site Owner	CSZ
11-20-201-003	Partners for Caring Development Inc.	Rockford IL	61104
11-20-226-002	Partners for Caring Development Inc.	Rockford IL	61104
11-20-226-001	Partners for Caring Development Inc.	Rockford IL	61104
11-20-226-007	Partners for Caring Development Inc.	Rockford IL	61104
11-20-201-005	Partners for Caring Development Inc.	Rockford IL	61104

See attached purchase agreement and tentative plat of survey.



NOTES

1. ALL UTILITIES SHOWN ARE BASED ON RECORD PLANS AND FIELD SURVEY. THE LOCATION OF UTILITIES IS NOT GUARANTEED BY THE ENGINEER.
2. THE ENGINEER HAS CONDUCTED VISUAL INSPECTIONS OF THE SITE AND HAS OBSERVED THE UTILITIES AT THE LOCATIONS SHOWN ON THIS PLAN.
3. THE ENGINEER HAS CONDUCTED VISUAL INSPECTIONS OF THE UTILITIES AT THE LOCATIONS SHOWN ON THIS PLAN.
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9. THE ENGINEER HAS CONDUCTED VISUAL INSPECTIONS OF THE UTILITIES AT THE LOCATIONS SHOWN ON THIS PLAN.
10. THE ENGINEER HAS CONDUCTED VISUAL INSPECTIONS OF THE UTILITIES AT THE LOCATIONS SHOWN ON THIS PLAN.

STATEMENT OF OBSERVATIONS

ONE MONTH HAS ELAPSED SINCE THE COMPLETION OF THE VISUAL INSPECTIONS OF THE UTILITIES AT THE LOCATIONS SHOWN ON THIS PLAN. THE ENGINEER HAS CONDUCTED VISUAL INSPECTIONS OF THE UTILITIES AT THE LOCATIONS SHOWN ON THIS PLAN.

LEGEND

PROPOSED

- 1. SANITARY SEWER
- 2. STORM WATER DETENTION
- 3. STORM WATER DETENTION
- 4. STORM WATER DETENTION
- 5. STORM WATER DETENTION
- 6. STORM WATER DETENTION
- 7. STORM WATER DETENTION
- 8. STORM WATER DETENTION
- 9. STORM WATER DETENTION
- 10. STORM WATER DETENTION

EXISTING

- 1. SANITARY SEWER
- 2. STORM WATER DETENTION
- 3. STORM WATER DETENTION
- 4. STORM WATER DETENTION
- 5. STORM WATER DETENTION
- 6. STORM WATER DETENTION
- 7. STORM WATER DETENTION
- 8. STORM WATER DETENTION
- 9. STORM WATER DETENTION
- 10. STORM WATER DETENTION

TENTATIVE PLAT

RENAISSANCE CORNERS

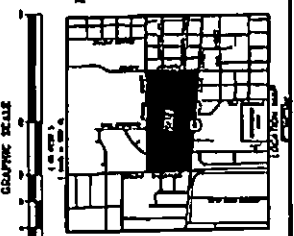
BEING A SUBDIVISION OF PART OF THE SOUTHWEST QUARTER OF SECTION 20, TOWNSHIP 44 NORTH, RANGE 1 EAST OF THE THIRD PRINCIPAL MERIDIAN AND A RE-PLAT OF COLLIN'S SPRINGFIELD SUBDIVISION

CITY OF ROCKFORD
 ROCKFORD, ILLINOIS
 FEBRUARY, 2010

PREPARED BY:
 R.L. JOHNSON & ASSOCIATES, INC.
 CONSULTING CIVIL ENGINEERS AND LAND SURVEYORS
 1315 WILSON ROAD, SUITE 100, ROCKFORD, ILLINOIS 61101
 (815) 398-7000 (FAX) (815) 398-7001
 LICENSED PROFESSIONAL ENGINEER, LICENSE NO. 184-000000
 LICENSED PROFESSIONAL SURVEYOR, LICENSE NO. 184-000000
 PREPARED FOR: SPENCER GREEN DEVELOPMENT GROUP

GRAPHIC SCALE

1" = 100'



TYPICAL ROAD SECTION

12' PAVEMENT
 10' SHOULDER
 4' CURB
 12' TOTAL WIDTH

IF ANY PART OF THIS PLAT IS FOUND TO BE IN VIOLATION OF ANY LAW, RULE, OR ORDER OF ANY COURT OF RECORD, THE ENGINEER HEREBY AGREES TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY OF ROCKFORD FROM AND AGAINST ALL SUCH LIABILITY, INCLUDING REASONABLE ATTORNEY'S FEES AND COSTS, THAT MAY BE INCURRED BY THE CITY OF ROCKFORD AS A RESULT OF THE ENGINEER'S NEGLIGENCE OR WILLFUL MISFEASANCE IN THE PERFORMANCE OF HIS PROFESSIONAL SERVICES FOR THE CITY OF ROCKFORD.

DATE: _____ BY: _____

APPROVED BY THE CITY OF ROCKFORD: _____

REAL ESTATE PURCHASE AGREEMENT
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REAL ESTATE PURCHASE AGREEMENT

This Real Estate Sale and Purchase Agreement ("Agreement") dated as of May 14, 2010 is entered into by and between Rockford Renaissance Development LLC, an Illinois limited liability company ("Seller") and **Partners for Caring Development Inc.**, an Illinois Not-For-Profit Corporation ("Purchaser") together with Purchaser's sponsoring parent organization, Transitional Living Services, Inc., an Illinois Not-For-Profit Corporation ("Sponsor")

RECITALS

- A. Seller is the owner of the approximately 55 acres of land in the 3300 block of West State Street that is bounded by W. State Street, School Street, and Springfield Avenue, located in the City of Rockford, Winnebago County, Illinois (which entire tract of land is hereinafter referred to as "Real Estate"). The Real Estate is identified by PINs 11-20-201-003, 11-20-226-002, 11-20-226-001, 11-20-226-007, and 11-20-201-005 and is the legal description of said Real Estate that is attached as Exhibit A; and
- B. Seller is developing the Real Estate to create a first-class commercial development focused on specialized medical and nursing services for underserved segments of the population; and
- C. Purchaser desires to acquire land for development as a Poly-Trauma (Traumatic Brain Injury) Skilled Nursing Center in Rockford, Illinois, ("Intended Use") in order to facilitate the care, diagnosis and treatment of returning veterans and others ("Project"); and
- D. Purchaser, or Sponsor has to date, through the input of its design professionals, legal counsel, and consultants with the participation of Seller and its consultants, identified the program needs and facility requirements for the Purchaser's Intended Use as expressed in schematic design documents for the building improvements and a preliminary site plan of the Project; and
- E. Seller and Sponsor have retained design professionals, attorneys, medical consultants and other professionals to perform the preliminary planning and feasibility studies and to submit the necessary informal presentations and formal applications to the required governmental and quasi-governmental entities appropriate to gain approvals and funding guarantees for the Project; and
- F. Seller desires to sell to Purchaser and Purchaser desires to purchase from Seller the land for the Project; and
- G. Seller is establishing a master plan and design guidelines and other appropriate covenants, conditions, and restrictions for Seller's Real Estate, including, but not limited to, cross circulation easements, common storm water facilities including detention easements and use restrictions, all in order to maintain the first class nature of the development; and
- H. Seller and Purchaser acknowledge that the final subdivision plat is in process and will be completed by Seller as set forth in this Agreement.

THEREFORE, in consideration of the mutual promises and undertakings which are set forth in this Agreement, the Seller and the Purchaser acknowledge that the recitals set forth above are a part of this Agreement and further agree as follows:

ARTICLE ONE PROPERTY SALE/PRICE

- 1 Purchase and Sale. Subject to the terms and conditions of this Agreement, Seller agrees to sell and convey to, and/or cause to be sold and conveyed to Purchaser and the Purchaser agrees to purchase and accept conveyance of all the following (all of which are collectively referred to herein as the "Property"):

1.1 that parcel of land located in the City of Rockford, County of Winnebago, State of Illinois, that is to be legally described as Lot 3 of Plat of Renaissance Corners, as finally approved ("Land"); and

1.2 such interest of Seller, if any, that will allow Purchaser the use and benefit of and to the access easement and private streets on or abutting the Land which provide ingress and egress to the Land from any public streets adjoining the Real Estate and to any drainage easements for conveyance and detention or retention of stormwater from the Land to dedicated stormwater facilities created and maintained for the benefit of the Land as evidenced by the final recorded plat of subdivision of other recorded grant of easements ("Appurtenances").

2 Purchase Price. The "Purchase Price" to be paid by Purchaser's assignee to Seller for the Property shall be the lesser of either (a) Ten Dollars (\$10.00) per gross square foot of area of the Land, or (b) the amount calculated as follows: (i) the "Appraised Value of the Land" (ii) reduced by the "Net HUD Required Equity". Notwithstanding the foregoing, in no event shall the Purchase Price be less than Five Dollars (\$5.00) per gross square foot of area of the Land. The "Appraised Value of the Land" shall mean that fair market value of the Land as determined by the appraisal of the same. The "Net HUD Required Equity" shall mean five (5%) of the project determined HUD for the HUD loan guarantee commitment described in Section 4.

3 Payment of the Purchase Price. The Purchase Price shall be paid as follows:

3.1 Earnest Money. Within twenty (20) business days after the full execution and delivery of this Agreement (which date is set forth on the signature page hereof and is referred to herein as the "Contract Date"), the parties shall enter into the Strict Joint Order Escrow Instructions (the "Escrow Agreement" and the escrow created thereby being referred to herein as the "Escrow") Title Underwriters Agency, Inc. of Rockford Inc. as the escrow agent ("Escrowee"). The parties hereby authorize their respective officers or attorneys to execute the Strict Joint Order Escrow Instructions in a mutually agreeable form and to make such amendments thereto as they shall deem necessary or convenient to reflect the transaction contemplated hereby. Contemporaneously with the execution of the Escrow Agreement, Purchaser shall deposit in the Escrow the amount of Five Thousand Dollars (\$5,000.00). Such deposit shall be referred to as the "Earnest Money". Subject to the provisions of the Escrow Agreement, the Earnest Money shall secure Purchaser's obligations under this Agreement until applied to the payment of the Purchase Price due at the Closing or disbursed as provided herein or permitted by law. If an Earnest Money dispute otherwise arises, Escrowee shall be authorized to release the Earnest Money ONLY upon written direction executed by all parties or order of court. In the event agreement cannot be reached by the parties within thirty (30) days after delivery of written notice from Escrowee that such dispute has arisen, the parties agree that Escrowee may deposit the funds with the Clerk of the Circuit Court of Winnebago County, Illinois by the filing of an action in the nature of an interpleader. The parties agree that Escrowee shall be reimbursed from the Earnest Money at the time of filing its court appearance for reasonable attorney's fees not to exceed \$250.00 and court costs incurred in initiating or responding in an interpleader action or defense. If Purchaser elects, the Earnest Money shall be held in a separate interest-bearing escrow account, any interest earned shall accrue to the benefit of the Purchaser.

3.2 Payment of the Balance. The balance of the Purchase Price (plus or minus the adjustments and prorations described in this Agreement) shall be paid in immediately available funds to Seller by Purchaser, or Purchaser's assignee at Closing.

ARTICLE TWO CONTINGENCIES/COVENANTS

4 Financing Contingency. The Seller's and Purchaser's obligations under the Contract are contingent upon Purchaser and its assignee obtaining on or before October 1, 2010 HUD loan guarantee of the Project for financing of the Project upon such terms and conditions as are reasonably satisfactory to Purchaser ("Purchaser's Financing").

5 CON Contingency. The Seller's and Purchaser's obligations under the Contract are contingent upon Purchaser obtaining a CON for the Project on or before October 1, 2010.

- 6 Purchaser's Covenants. Purchaser and its assignee shall proceed with all due diligence to continue with and/or commence the following actions in furtherance of the accomplishing the above referred to contingencies as follows:
- 6.1 Retain design professionals, attorneys, medical consultants and other professionals and authorize the same to promptly perform the planning, design, and feasibility studies and to submit the necessary informal presentations and formal applications to the required governmental and quasi-governmental entities appropriate to gain approvals and funding guarantees and construction funding for the Project; and
 - 6.2 Negotiate with and enter into a design/build contract with John Fridh & Sons, Inc. or entity identified by it, as general contractor to construct the improvements for the Purchaser's Project for a cost that can be funded by the financing available for the Project as described above; and
 - 6.3 At Closing, reimburse Seller and Dean Realty Partners for costs incurred and services rendered to further the Project on behalf of and for the benefit of Purchaser, including those categories of costs and services ("Reimbursements") that are set forth on Exhibit B that is attached.
- 7 Seller's Covenants. Subject to the right of reimbursement as described in Section 6.3 above, Seller shall proceed with all due diligence to continue with or commence the following actions in furtherance of the accomplishing the above referred to contingencies as follows:
- 7.1 Advise and advocate for Purchaser and its assignee to facilitate the design, funding and construction of the Project; and
 - 7.2 Assist Purchaser and its assignee in negotiating the design/build contract with the general contractor; and
 - 7.3 Obtain zoning map amendment and such Special Use Permits from the City of Rockford to permit the Intended Use.

ARTICLE THREE
PROPERTY CLOSING

- 8 Seller's Development Deliverables. Seller shall deliver to Purchaser the following "Development Deliverables":
- 8.1 Covenants, Conditions and Restrictions. Within forty-five (45) days of the Contract Date, Seller shall deliver to Purchaser the proposed Covenants, Conditions and Restrictions for the Real Estate.
 - 8.2 Final Plat. Within thirty (30) days of approval of same by the City of Rockford, Seller shall deliver to Purchaser the Phase One Final Plat which encompasses the Land.
- 9 Title Commitment.
- 9.1 Within fifteen (15) days of the filing for recording of the final subdivision plat for the Land, Seller shall deliver, or cause to be delivered at Seller's sole cost and expense a title commitment (the "Title Commitment") to issue an Owner's ALTA (most recent version) Policy of title insurance with respect to the Land issued by Title Underwriters Agency (the "Title Company"). The initial amount of the commitment may be in the minimum amount for such commitments but the amount shall be increased to the Purchase Price when that is determined under this Agreement. The commitment shall show merchantable title in Seller subject to any standard printed exceptions and "Permitted Title Exceptions" as defined below. In addition, the commitment shall provide at the Closing for full extended coverage over general title exceptions one through and including five contained in such policies. The term "Permitted Title Exceptions" shall mean the following: 1) public utility easements as are now existing or as may be established by the final plat which will not underlie the proposed building improvements; 2) covenants, conditions, and Restrictions ("CCRs") to be established by Seller at or prior to Closing, that shall provide, among other matters, for cross circulation and parking

easements on the subdivision lots (which cross circulation and parking easements, property owner's association with attendant assessment for common storm water detention management maintenance which CCRs shall be prepared by Seller and recorded at or prior to the Closing as further provided in this Agreement, provided, that the same do not contain a right of reverter or right of entry; 3) zoning and building laws, building lines, use and occupancy restrictions, provided they will not be violated by the contemplated improvements or the Intended Use; 4) general real estate taxes which are not yet due and payable; 5) the provisions of any final plat which will be established as part of the Seller's Development of the Real Estate; and 6) Seller incurred liens or encumbrances of a definite ascertainable amount which may be removed by the payment of money at Closing from the net proceeds otherwise due to Seller. Notwithstanding the foregoing, none of the foregoing exceptions shall be considered "Permitted Title Exceptions" if (i) they will hinder or materially restrict the Purchaser's Intended Use of the Property; and also (ii) if Purchaser timely objects to same. Any other exceptions to title disclosed on the Title Commitment as to which Purchaser does not object in the manner provided shall be Permitted Title Exceptions.

9.2 Within thirty (30) days following delivery to Purchaser of the Title Commitment, Purchaser may deliver to Seller written notice (the "Title Notice") of exceptions included therein as to which Purchaser objects (collectively, the "Non-permitted Exceptions"). If Purchaser delivers the Title Notice to Seller, Seller shall have the right, but not the obligation, to cure the defect provided Seller exercises that right to cure by giving written notice to Purchaser ("Seller's Cure Notice") during the thirty (30) day period following delivery of the Title Notice ("Cure Period").

9.3 Seller may accomplish a cure as follows: (1) Seller may cause the Non-permitted Exceptions to be removed from the Title Commitment; or (2) with the consent of Purchaser given at its discretion, Seller may cause the Title Company to issue an endorsement (on a form customarily used by the Title Company which is acceptable to Purchaser) insuring Purchaser against loss or damage that may result from such Non-permitted Exceptions, at no additional cost to Purchaser.

9.4 If Seller does not cause the Non-permitted Exceptions so to be removed from the Title Commitment or to be endorsed over, Seller shall not be deemed to be in default under this Agreement; however, a condition to the performance by Purchaser of its obligations hereunder with respect to the Property shall be deemed not to have been fulfilled, and in such event Purchaser, as its sole right and remedy on account thereof, may elect by written notice thereof delivered to Seller within ten (10) days after the expiration of said Cure Period either to (x) terminate this Agreement, in which event the Earnest Money (and all net interest earned thereon) shall be returned to Purchaser, and, except as otherwise expressly provided herein to the contrary, neither party hereto shall have any further rights or liabilities under this Agreement accruing after said termination; or (y) accept the conveyance of the Property subject to such Non-permitted Exceptions, with the right to deduct from the Purchase Price any liens or encumbrances of a definite or ascertainable amount (except for mechanics liens which are insured over by the Title Company provided a sufficient escrow or security for same is established with and for the benefit of the Title Company), in which case the remainder of the terms and provisions of this Agreement shall remain in full force and effect. Failure of Purchaser to give timely notice to Seller as provided above shall be deemed to be an election by Purchaser to terminate this Agreement in accordance with clause (x) above.

10 Survey. No later than fifteen (15) days prior to Closing, Seller shall deliver to Purchaser, at Seller's expense, a current survey of the Property made and certified by an Illinois Registered land surveyor, which survey shall meet ALTA/ACSM and Illinois Land Survey standards. The Survey shall be certified to the Title Company and to the Purchaser and Purchaser's assignee. The Survey shall show all easements and building setback lines and such other matters as are reflected in the Title Commitment that are Permitted Title Exceptions.

- 11 Date of Closing. The date of the Closing under this Contract shall be on the date of the construction loan closing for the financing of the Project for Purchaser which shall be a date no later than December 15, 2010, at a mutually agreeable time of day.
- 12 Place of Closing. The Closing shall occur at the office of Title Underwriters Agency of Rockford, 126 N. Water Street, Rockford, Illinois or such other mutually agreeable title company issuing the owner's and loan title commitments.
- 13 Deliveries at Closing.
- 13.1 At the Closing, Seller shall deposit the following:
- 13.1.1 Seller's stamped recordable warranty deed for the Property, subject only to Permitted Title Exceptions and such other matters to which Purchaser shall approve in writing together with the required Plat Act Exception Affidavit, if required;
- 13.1.2 Seller's itemized statement of expense reimbursements and time and expenses for Reimbursable Services as contemplated by Exhibit D;
- 13.1.3 Seller' ALTA statement in form required by the Title Insurer (owner's affidavit) and Affidavit of Title;
- 13.1.4 The Illinois PTAX-203 and related forms for the deed, together with funds sufficient to pay all local state and county real estate transfer fees which are payable;
- 13.1.5 Settlement Statement in mutually acceptable form;
- 13.1.6 Such other documents, instruments, certifications and confirmations as may be reasonably required to fully effect and consummate the transaction contemplated hereby and to meet the requirements of the Purchaser's assignee's lender.
- 13.2 At the Closing, Purchaser shall cause its assignee to deliver and deposit the following:
- 13.2.1 Purchaser's immediately available funds in the amount of the part of the Purchase Price due at Closing, less applicable prorations and credits;
- 13.2.2 Settlement Statement in mutually acceptable form; and
- 13.2.3 Such other documents, instruments, certifications and confirmations as may be reasonably required to fully effect and consummate the transaction contemplated hereby and to meet the requirements of the Purchaser's assignee's lender.
- 13.3 All closing documents to be furnished by either party shall be in form, execution and substance reasonably satisfactory to the other and its counsel.
- 14 Prorations. The general real estate taxes shall be prorated as of the Closing, with Seller being responsible for that portion of said taxes attributable to the period prior to the date of the Closing. The general real estate tax proration will be estimated as of the Closing based upon the actual tax bill if known, otherwise based on then available information, but with the same to be re-prorated by the parties upon receipt of the 2010 tax bill in 2011. All outstanding installments of special assessments, special service area taxes, or fees or other similar items charged against the Property approved, enacted or confirmed prior to the Contract Date by a public body, private association or a Court that are then due and payable shall be paid by Seller at Closing. All taxes levied upon the amount of any instant or other assessments upon the improvements to the Property made by or for the Purchaser shall be the obligation of the Purchaser.
- 15 Real Estate Transfer Act. Each party agrees to provide the information necessary to complete the portions of the Illinois Department of Revenue PTAX-203 and any applicable supplemental forms, and to execute same pursuant to the Real Estate Transfer Act Law, 35 ILCS 200/31-1 et.seq. In addition, Seller shall provide the information for and execute all county or local declarations, affidavits or transfer

statements required for the transfer of the Property. Seller shall pay all such transfer taxes, except as the same may be assessed specifically against the Purchaser.

16 Conditions/Contingencies to Closing. Purchaser shall not be obligated to close the purchase and sale transaction contemplated by this Agreement until all of the following conditions have been satisfied or waived by Seller and Purchaser:

16.1 The Title Company shall be prepared to issue to Purchaser's assignee an ALTA owner's fee policy of title insurance for Property insuring title to the Property being acquired to be in the name of Purchaser in an amount not less than the Purchase Price of the Property that is subject only to Permitted Title Exceptions and otherwise consistent with the Title Commitment referred to in Section 9 of this Agreement or, in the alternative, the Title Company shall be prepared to issue at Closing an irrevocable commitment for the issuance thereof showing that all requirements have been satisfied;

16.2 Seller shall have delivered to Purchaser a certification by Seller that Seller has not received notice of any violations in respect of the Property regarding statutes, ordinances, regulations, licenses and permits required by any governmental body having jurisdiction over the Property;

16.3 All representations, warranties and covenants of Seller set forth herein shall have been true and correct when made and shall be true and correct at and as of the Closing;

16.4 The Phase One Final Plat, and the Covenants, Conditions, and Restrictions for the Real Estate have been recorded; and

16.5 Elm Street and Lydia Road as established by the Final Plat shall be open, improved and available for unlimited public access.

ARTICLE FOUR REPRESENTATIONS

17 Representations of Seller. Seller represents to Purchaser on the date hereof and on and as of the Closing that to the best of its knowledge without investigation:

17.1 There are no persons in possession or occupancy of the Property or any part thereof, nor are there any persons who have possessory rights in respect to the Property other than Seller;

17.2 Seller has not received notice of any claims, causes of action or other litigation or proceedings pending or threatened with respect to the ownership or operation or leasing of the Property or any part thereof (including disputes with the holder of the mortgage or any other mortgagees, governmental authorities, utilities, contractors or adjoining land owners) except possible claims for workers' compensation, personal injury or property damage which are fully insured and as to which the insurer has accepted defense without reservation;

17.3 Seller has not received any notice of any violations of any legal requirements with respect to the Property which have not been entirely corrected;

17.4 Seller has not received any notice of any pending, contemplated, threatened or anticipated (i) condemnation of any part of the Property, (ii) widening, change of grade or limitation on use of streets abutting the Property, or (iii) special tax or assessment to be levied against the Property.

17.5 To the best of Seller's knowledge without investigation (i) the Property was and is in material compliance with all applicable Environmental Laws; (ii) the presence of any "hazardous substances" or "hazardous wastes" or "hazardous materials" on the Property or any portion thereof, (iii) no Hazardous Materials (as defined below) have been released into the environment, or discharged, placed or disposed of at, on or under the Property in violation of applicable Environmental Laws; (iv) no underground storage tanks now exist on the Property; (v) the Property has not been used for the treatment, collection, storage or disposal of Hazardous Materials so as to require a permit under applicable Environmental Laws; (vi) the Property does not contain any wetlands, as that term is

defined in 33 CFR §320, et seq.; (vii) Seller has not received from the United States Environmental Protection Agency any request for information pursuant to the authority of Section 104(e) of CERCLA, as amended by SARA, Pub. L. 99 499, and pursuant to Section 3007 of RCRA, for the Property; and (viii) Seller has not directed nor knowingly allowed any third party to release any Hazardous Material from or onto the Property. The term "Hazardous Materials" shall mean any substance, material, waste, gas or particulate matter which is regulated by any local governmental authority, the State of Illinois or the United States Government, including, but not limited to, any material or substance which is (i) defined as a "hazardous waste," "hazardous material," "hazardous substance," "extremely hazardous waste," or "restricted hazardous waste" under any provision of Illinois law, (ii) petroleum, (iii) asbestos, (iv) polychlorinated biphenyl, (v) radioactive material, (vi) designated as a "hazardous substance" pursuant to Section 311 of the Clean Water Act, 33 U.S.C. §1251 et seq. (33 U.S.C. §1317), (vii) defined as "hazardous waste" pursuant to Section 1004 of the Resource Conservation and Recovery Act, 42 U.S.C. §6901 et seq. (42 U.S.C. §6903), or (viii) defined as a "hazardous substance" pursuant to Section 101 of the Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S.C. §9601 et seq. (42 U.S.C. § 9601). The term "Environmental Laws" shall mean all statutes specifically described in the foregoing sentence and all federal, state and local environmental health and safety statutes, ordinances, codes, rules, regulations, orders and decrees regulating, relating to or imposing liability or standards concerning or in connection with Hazardous Materials.

18 Purchaser's Representations and Warranties. Purchaser represents and warrants to Seller the following, each of which shall survive Closing:

18.1 Authority. Purchaser has full power and authority to enter into this Agreement and perform Purchaser's obligations and consummate the transactions contemplated by this and all institutional action and approvals required in order to authorize the execution and consummation of the transactions contemplated by this Agreement by Purchaser have been duly taken and obtained; and

18.2 Non-Contravention of Existing Contracts. Neither the execution or delivery of this Agreement, the consummation or the fulfillment of the transaction contemplated by this Agreement, nor the fulfillment of, or compliance with the terms and conditions of this Agreement conflict with, or result in a material breach of any terms, conditions or provisions of any contract or instrument to which Purchaser is a party or bound, or constitutes a default under any of the foregoing; and this Agreement is valid and enforceable in accordance with its terms and each instrument to be executed and delivered by Purchaser pursuant to this Agreement shall be valid and enforceable in accordance with its terms.

18.3 Availability of Funds. Subject to the Finance Contingency, all funds obligated by Purchaser under this Agreement are committed and available by and to Purchaser as required to complete the obligations of the Purchaser under the Agreement.

ARTICLE FIVE

GENERAL PROVISIONS

19 Broker Disclosure/Brokerage Commission.

19.1 Purchaser represents to Seller that it has not agreed to or incurred any liability for brokerage fees in connection with the negotiation or execution of this Agreement and shall indemnify and hold harmless the Seller against any claim of broker's fee or commission arising through Purchaser or its assigns. Seller shall be responsible for any broker's fee or commission to which it has agreed to in writing in connection with the marketing of the Real Estate.

19.2 Seller hereby discloses that Phillip G. Dean CCIM, is a licensed real estate broker and has an economic interest in the Seller.

20 Default. Seller and Purchaser each have the legal duty to use good faith and due diligence in completing the terms and conditions of this Agreement. A material failure to perform any obligation under this Agreement is a default which may subject the defaulting party to liability as follows:

20.1 If Purchaser defaults, Seller shall have the right to pursue any and all available remedies at law or equity.

20.2 If Seller defaults, Purchaser shall have the right to either: (a) sue for specific performance, provided Purchaser shall have given written notice of its election to do so within thirty (30) days of the default; or (b) terminate this Agreement and receive a refund of its Earnest Money; or (c) pursue any and all available remedies at law or equity.

21 Time of the Essence. Time is of the essence as to the dates and deadlines in this Agreement.

22 Notices. All notices required to be given or delivered under this Agreement shall be in writing and shall be validly given when (a) hand-delivered, or (b) one day following deposit with a courier or express service guaranteeing overnight delivery:

If intended for Seller, to:
Rockford Renaissance Development LLC
Attention: Phil Dean
330 Spring Creek Road
Rockford, IL 61107
Phone: (815) 654-4363

If intended for Purchaser, to:
Partners of r Caring Development Inc.
10 Spring Street
Cary, IL 60013
Phone: (847) 516-4900 ext 306

With a copy to:
Russell D. Anderson
WilliamsMcCarthy LLP
120 W. State Street, Suite 400
P.O. Box 219
Rockford, IL 61105
Phone: (815) 987-8989

With a copy to;
Transitional Living Services, Inc.,
Attention: Alan D. Belcher
645 McHenry Ave.
Woodstock, IL 60098
Phone

or such other person or address which Seller or Purchaser shall have given upon notice as herein provided.

23 Attorney's Fees - Litigation. In the event of litigation between the parties with respect to the Premises, this Agreement, the performance of their obligations hereunder or the effect of a termination under this Agreement, the losing party shall pay all costs and expenses incurred by the prevailing party in connection with such litigation, including reasonable attorneys' fees. Notwithstanding any provision of this Agreement to the contrary, the obligations of the parties under this Section 23 shall survive termination of this Agreement.

24 Miscellaneous.

24.1 The provisions of this Agreement shall not be amended, waived or modified except by an instrument, in writing, signed by the parties hereto.

24.2 In construing this Agreement, the singular shall include the plural, the plural shall include the singular, and the use of any gender shall include every other and all genders.

24.3 All sections and descriptive headings of this Agreement are inserted for convenience only, and shall not affect the construction or interpretation hereof.

24.4 This Agreement and the exhibits hereto constitute the entire understanding between the parties and supersedes all prior written and oral agreements, understandings, representations and statements; there being no oral representation, warranty, promise or inducement or statement of intention not contained in this Agreement.

24.5 The waiver of any party of any breach or default by any other party under any of the terms of this Agreement shall not be deemed to be, nor shall the same constitute, a waiver of any subsequent breach or default on the part of any other party.

24.6 This Agreement shall be construed and enforced pursuant to the laws of the State of Illinois.

24.7 Seller and Purchaser each hereby submits itself to the original jurisdiction of the 17th Judicial Circuit, Winnebago County, Illinois, or any federal court therein, with regard to any controversy or dispute in any way relating to the execution or performance of this Agreement.

24.8 If any date herein set forth for the performance of any obligations by Seller or Purchaser or for the delivery of any instrument or notice as herein provided should be on a Saturday, Sunday or legal holiday, the compliance with such obligations or delivery shall be deemed acceptable on the next business day following such Saturday, Sunday or legal holiday. As used herein, the term "legal holiday" means any state or federal holiday for which financial institutions or post offices are generally closed in the State of Illinois for observance thereof. As used in this Agreement, the term "business day" means a day other than a Saturday, Sunday or legal holiday.

24.9 Any investigation or inspection conducted by Purchaser, or any agent or representative of Purchaser, pursuant to this Agreement, in order to verify independently Seller's satisfaction of any conditions precedent to Purchaser's obligations hereunder or to determine whether Seller's warranties are true and accurate, shall not excuse (or constitute a waiver by Purchaser of) any of Seller's obligations hereunder or Purchaser's reliance thereon.

24.10 The covenants and obligations of the Seller and Purchaser under this Agreement shall survive the Closing and shall inure to the benefit of and be binding upon the Purchaser's successor and assigns.

24.11 Whenever this Agreement states a period of time and a number of days, it shall be construed to mean calendar days. If the date of performance of a condition shall fall on a Saturday, Sunday or legal holiday, it may be performed on the next business day.

25 Counterparts and Exhibits. This Agreement may be executed in any number of counterparts, which together shall constitute one document, and all Exhibits hereto shall be incorporated into and form a part of this Agreement with the Exhibits being as follows:

25.1 Exhibit A – Real Estate Legal Description

25.2 Exhibit B – Reimbursements

This Agreement is open for acceptance by the Seller by the execution and delivery of two (2) original counterparts to Purchaser within ten (10) business days following the date of Purchaser's signature set forth below. In the event the Seller does not execute and deliver this Agreement within said ten (10) business days, this Agreement shall be null and void.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, each party hereto has caused this Agreement to be executed and delivered on the date set forth beneath its signature, with the effective date of this Agreement ("Contract Date") being the later of said dates. Any signed document transmitted by fax shall be considered an original document and shall have the binding and legal effect of an original document. The signature of any Party upon a faxed document shall be considered an original signature.

SELLER:

Rockford Renaissance Development LLC

By: Dean Realty Partners LLC

By: Phillip D. Dean
Its Manager

Dated: May 14, 2010

PURCHASER:

Partners for Caring Development Inc.,

By: Parvula Munnaray
Its President

Dated: May 14th, 2010

REAL ESTATE PURCHASE AGREEMENT

EXHIBIT A

Real Estate Legal Description

PARCEL I: (PIN: 11-20-201-003) Common Address: 33XX W. State Street

Part of the Northeast Quarter (1/4) of Section 20, Township 44 North, Range 1 East of the Third Principal Meridian, Winnebago County, Illinois, bounded and described as follows, to-wit: Commencing at the Northwest corner of said Northeast Quarter (1/4); thence North 89 degrees 03 minutes 46 seconds East, along the North line of said Northeast Quarter (1/4), 1397.06 feet; thence South 00 degrees 06 minutes 19 seconds West, along a line parallel with the East line of the said Northeast Quarter (1/4), 33.0 feet to the point of beginning for the following described parcel; thence South 00 degrees 06 minutes 19 seconds West, along said line parallel with the East line of the said Northeast Quarter (1/4), 651.19 feet to its intersection with a line which is 150.0 feet North of (as measured along the Westerly Right-of-Way line of Pierpont Avenue), and parallel with the North line of Mulberry Street, as designated upon the Plat of Franz Park Subdivision, the Plat of which Subdivision is recorded in Book 12 of Plats on Page 47 in the Recorder's Office of Winnebago County, Illinois, extended Westerly; thence South 85 degrees 39 minutes 40 seconds East along a line which is parallel with the North line of said Mulberry Street extended Westerly, 516.17 feet to its intersection with the East line of Concord Avenue, as designated upon the Replat of Washington Park Subdivision, the Plat of which Subdivision is recorded in Book 13 of Plats on Page 32 in said Recorder's Office, extended Northerly; thence South 00 degrees 15 minutes 00 seconds West, along the East line of said Concord Avenue extended Northerly, 150.24 feet to its intersection with the North line of said Mulberry Street extended Westerly; thence South 85 degrees 40 minutes 38 seconds East, along the North line of said Mulberry Street, extended Westerly, 718.45 feet to a point on the West Right-of-Way line of said Pierpont Avenue; thence South 00 degrees 06 minutes 26 seconds West, along the West Right-of-Way line of said Pierpont Avenue, 50.07 feet to its intersection with the South line of said Mulberry Street extended Westerly; thence North 85 degrees 40 minutes 27 seconds West, along the South line of said Mulberry Street extended Westerly, 718.31 feet to its intersection with the East line of said Concord Avenue extended Northerly; thence South 00 degrees 09 minutes 14 seconds West, along the East line of said Concord Avenue extended Northerly, 326.52 feet to its intersection with the North Right-of-Way line of State Route No. 5 Section 40-Y (West State Street), said line also being the North line of premises conveyed by Herbert W. Day and Freida H. Day to the State of Illinois by Deed dated September 14, 1935, and recorded in Book 395 of Deeds on Page 497 in said Recorder's Office; thence North 85 degrees 29 minutes 15 seconds West, along the North Right-of-Way line of said State Route No. 5 Section 40-Y (West State Street), 930.80 feet to a point; thence North 84 degrees 42 minutes 47 seconds West, along the North Right-of-Way line of said State Route No. 5 Section 40-Y (West State Street), 592.56 feet to the Southeast corner of premises conveyed by Clayton Andrews to United Bank of Southgate recorded in Microfilm No. 8209-2291 in said Recorder's Office; thence North 00 degrees 10 minutes 44 seconds East, along the East line of said premises so conveyed by Clayton Andrews to United Bank of Southgate, 662.31 feet to the Northeast corner of said premises so conveyed by Clayton Andrews to United Bank of Southgate; thence North 84 degrees 40 minutes 44 seconds West along the North line of said premises so conveyed by Clayton Andrews to United Bank of Southgate, 308.54 feet to its intersection with the East Right-of-Way line of

premises conveyed by Clayton Andrews to the State of Illinois by Warranty Deed dated September 30, 1994 and recorded as Document No. 9450623 in said Recorder's Office; thence North 08 degrees 32 minutes 34 seconds East along said Right-of-Way line, 27.04 feet; thence North 00 degrees 05 minutes 19 seconds East along said Right-of-Way line, 50.00 feet; thence North 07 degrees 22 minutes 42 seconds West along said Right-of-Way line 75.55 feet; thence North 00 degrees 13 minutes 58 seconds East along said Right-of-Way line, 200.04 feet; thence North 37 degrees 34 minutes 40 seconds East along said Right-of-Way line, 32.19 feet; thence North 89 degrees 03 minutes 48 seconds East, 1296.39 feet to the point of beginning; situated in the County of Winnebago and State of Illinois.

PARCEL II: (PIN: 11-20-226-002) Common Address: 33XX School Street

Part of the Northeast Quarter (1/4) of Section 20, Township 44 North, Range 1 East of the Third Principal Meridian, Winnebago County, Illinois, bounded and described as follows, to-wit: Commencing at the Northwest corner of said Northeast Quarter (1/4); thence North 89 degrees 03 minutes 46 seconds East, along the North line of said Northeast Quarter (1/4), 1397.06 feet; thence South 00 degrees 06 minutes 19 seconds West, along a line parallel with the East line of the said Northeast Quarter (1/4), 33.0 feet to the point of beginning for the following described parcel; thence South 00 degrees 06 minutes 19 seconds West, along said line parallel with the East line of the said Northeast Quarter (1/4), 651.19 feet to its intersection with a line which is 150.0 feet North of (as measured along the Westerly Right-of-Way line of Pierpoint Avenue), and parallel with the North line of Mulberry Street, as designated upon the Plat of Franz Park Subdivision, the Plat of which Subdivision is recorded in Book 12 of Plats on Page 47 in the Recorder's Office of Winnebago County, Illinois, extended Westerly; thence South 85 degrees 39 minutes 40 seconds East, along a line which is parallel with the North line of said Mulberry Street extended Westerly, 688.50 feet to the Southwest corner of premises conveyed by United Faith Baptist Church to United Faith Missionary Baptist Church recorded in Microfilm No. 9116-1609 in the Recorder's Office of Winnebago County, Illinois; thence North 00 degrees 06 minutes 26 seconds East parallel with the Westerly Right-of-Way line of Pierpoint Avenue, 240.12 feet to the Northwest corner of said premises so conveyed by United Faith Baptist Church to United Faith Missionary Baptist Church; thence South 85 degrees 39 minutes 40 seconds East along the North line of said premises so conveyed by United Faith Baptist Church to United Faith Missionary Baptist Church, 546.03 feet to the Northeast corner of said premises so conveyed by United Faith Baptist Church to United Faith Missionary Baptist Church, said point also being on the Westerly Right-of-Way line of Pierpoint Avenue; thence North 00 degrees 06 minutes 26 seconds East along the Westerly Right-of-Way line of Pierpoint Avenue, 524.94 feet to a point on the South Right-of-Way line of School Street; thence South 89 degrees 03 minutes 48 seconds West along the South Right-of-Way line of School Street, 716.10 feet to a point on the East line of premises conveyed by First National Bank and Trust Company of Rockford to Roosevelt National Development Corporation recorded in Microfilm No. 7106-0741 in said Recorder's Office; thence South 00 degrees 07 minutes 54 seconds West along the East line of said premises so conveyed by First National Bank and Trust Company of Rockford to Roosevelt National Development Corporation, 404.61 feet to the Southeast corner of said premises so conveyed by First National Bank and Trust Company of Rockford to Roosevelt National Development Corporation; thence South 89 degrees 02 minutes 09 seconds West along the South line of said

premises so conveyed by First National Bank and Trust Company of Rockford to Roosevelt National Development Corporation, 215.30 feet to the Southwest corner of said premises so conveyed by First National Bank and Trust Company of Rockford to Roosevelt National Development Corporation; thence North 00 degrees 07 minutes 02 seconds East along the West line of said premises so conveyed By First National Bank and Trust Company of Rockford to Roosevelt National Development Corporation, 404.71 feet to a point on the South Right-of-Way line of said School Street; thence South 89 degrees 03 minutes 48 seconds West along the South Right-of-Way line of said School Street, 299.67 feet to the point of beginning; EXCEPTING THEREFROM the following described premises, to-wit: Part of the Northeast Quarter (1/4) of Section 20, Township 44 North, Range 1 East of the Third Principal Meridian, Winnebago County, Illinois, bounded and described as follows, to-wit: Commencing at a point on the West line of Pierpont Avenue and 390.0 feet North of the North line of Mulberry Street, extended to the point of beginning; thence North along the West line of said Pierpont Avenue to a point 341.00 feet South of the North line of the Northeast Quarter (1/4) of said Section; thence West 150.0 feet; thence South to a point 390.0 feet North of the North line of said Mulberry Street, extended; thence Southeasterly to the point of beginning; situated in the County of Winnebago and State of Illinois.

PARCEL III: (PIN: 11-20-226-007) Common Address: 3XX Pierpont

Part of the Northeast Quarter (1/4) of Section 20, Township 44 North, Range 1 East of the Third Principal Meridian, Winnebago County, Illinois, bounded and described as follows, to-wit: Commencing at a point on the West line of Pierpoint Avenue and 390.0 feet North of the North line of Mulberry Street, extended, to the point of beginning; thence North along the West line of said Pierpont Avenue to a point 341.00 feet South of the North line of the Northeast Quarter (1/4) of said Section; thence West 150.0 feet; thence South to a point 390.0 feet North of the North line of said Mulberry Street, extended; thence Southeasterly to the point of beginning; situated in the County of Winnebago and State of Illinois.

PARCEL IV: (PIN: 11-20-201-007) Common Address: 3993 W. State Street

Lot One (1) as designated upon the Plat of Collins' Springfield Subdivision, being a Subdivision of part of the Northeast Quarter (1/4) of Section 20, Township 44 North, Range 1 East of the Third Principal Meridian, the Plat of which Subdivision is recorded in Book 41 of Plats on Page 152B in the Recorder's Office of Winnebago County, Illinois; EXCEPTING THEREFROM that part deeded to County of Winnebago for roadway purposes by Corporate Warranty Deed recorded as Document No. 0136999; situated in the County of Winnebago and State of Illinois.

PARCEL V: PIN: 11-20-201-005 Common Address: 201 N. Springfield

Lot Two (2) as designated upon the Plat of Collins' Springfield Subdivision, being a Subdivision of part of the Northeast Quarter (1/4) of Section 20, Township 44 North, Range 1 East of the Third Principal Meridian, the Plat of which Subdivision is recorded in Book 41 of Plats on Page 152B in the Recorder's Office of Winnebago County, Illinois;

PARCEL VI: (PIN: 11-20-226-001) Common Address: 3520 School Street

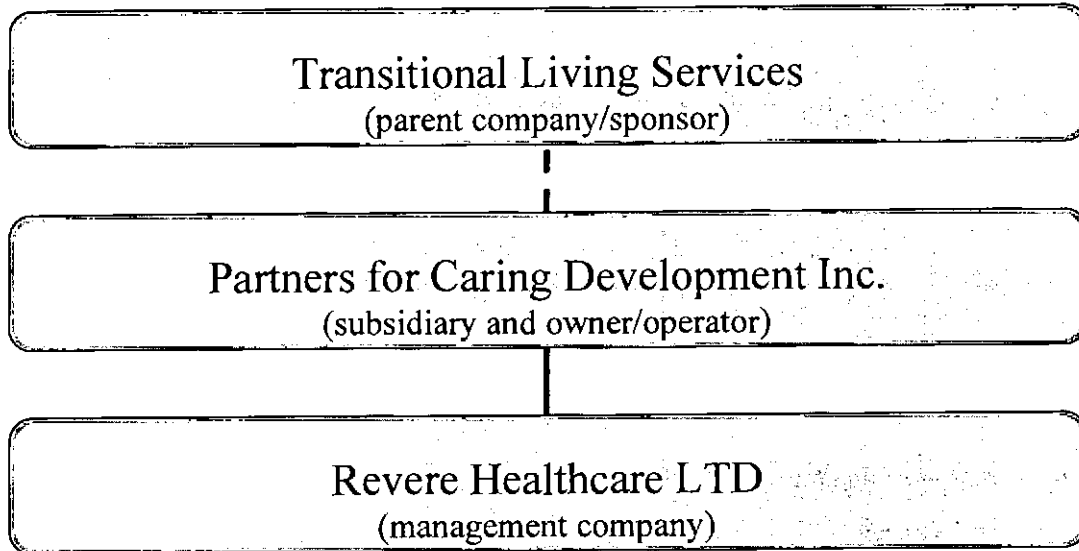
Part of the Northeast Quarter (1/4) of Section 20, Township 44 North, Range 1 East of the Third Principal Meridian, bounded and described as follows, to-wit: Beginning at a point in the North line of said Quarter (1/4) Section, which bears South 89 degrees 03' 48" West, 749.00 feet from the Northeast corner of said Quarter (1/4) Section; thence South 00 degrees 08' 29" West, 437.52 feet; thence South 89 degrees 03' 48" West, parallel with the North line of said Quarter (1/4) Section, 215.38 feet; thence North 00 degrees 08' 29" East, 437.52 feet to the North line of said Quarter (1/4) Section; thence North 89 degrees 03' 48" East, along the North line of said Quarter (1/4) Section, 215.38 feet to the point of beginning; situated in the County of Winnebago and State of Illinois.

**REAL ESTATE PURCHASE AGREEMENT
EXHIBIT B
REIMBURSEMENTS**

	<u>Budget</u>	<u>Phil</u>	<u>Total</u>
Market Study	15,000		
Financial Study & Demographics	30,000		
Consumer Research Study/Expenses	12,500		
Legal & Other ExpenseExpense	5,000	25,000	
Certified Clinical Consultant Fee & Expense	27,000		
Autism Consultant Fee & Expense	24,000		
Certified Clinical Consultant Fee & Expense	27,000		
Certificate of Need	30,000		
HUD/Underwriter Fee	75,000		
Project Engineering, Legal and Other Fees	-	8,000	
Legal - TIF/Zoning/City Fees	-		
Expenses - Travel	-		
Other Outside Consultants	-	10,000	
	245,500	43,000	288,500

s

**ATTACHMENT 3:
ORGANIZATIONAL RELATIONSHIPS**



The co-applicants of Warrior's Gateway are Transitional Living Services (sponsor) Alan Belcher, Partners for Caring Development Inc. (subsidiary and owner/operator) Pamela Shumway, John Smith, James Swarthout, and Revere Healthcare, LTD Grant Shumway (management company).

Owner/operator Partners for Caring Development Inc. has engaged Revere Healthcare LTD via management contract to operate the proposed project. Per the definition of "related person" as defined in Part 1130.140 there are no related persons to either co-applicant.

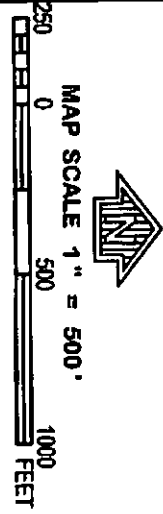
Flood Plain Requirements


Per map attached as Attachment-4, the property is not located in a Special Flood Hazard Area or a shaded Zone X flood zone.

ATTACHMENT-4

JOINS PANEL 0242 2575000 FT

16 Additional Flood Insurance Program at 1-800-639-8620.



NATIONAL FLOOD INSURANCE PROGRAM	
NFIP	PANEL 0240
FIRM FLOOD INSURANCE RATE MAP WINNEBAGO COUNTY, ILLINOIS AND INCORPORATED AREAS	
PANEL 244 OF 415 (SEE MAP INDEX FOR FIRM PANEL LAYOUT)	
CONTAINS COMMUNITY ROBERTSON CITY OF WINNEBAGO COUNTY	INSURER PANEL SURFS 17272 044 0 15720 044 0
 Federal Emergency Management Agency	
MAP NUMBER 17201C02440	
EFFECTIVE DATE SEPTEMBER 6, 2008	

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MAIL 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

Historic Resources Preservation Act Requirements

Per letter attached as Attachment-5, the property is in compliance with the requirements of the Historic Resources Preservation Act.

ATTACHMENT-5



Illinois Historic
Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Winnebago County
Rockford

New Construction, Assisted Living/Skilled Nursing Home
3520 School St.
IHPA Log #016032610

April 5, 2010

Marilyn Miller
Revere Healthcare, Inc.
112 Cary St.
Cary, IL 60013

Dear Ms. Miller:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

Project Costs and Sources of Funds

Itemization of project costs and sources of funds follows this page.

ATTACHMENT-7

Warrior's Gateway

Project Costs and Sources of Funds

USE OF FUNDS	CLINICAL	SUBTOTAL CL	NON-CLINICAL	SUBTOTAL NON-CL	TOTAL
Preplanning Costs		282,539		182,461	
	-		-		-
Legal and Accounting	27,342		17,658		45,000
Initial Marketing	218,740		141,260		360,000
Taxes, Title & Insurance	36,457		23,543		60,000
Site Survey and Soil Investigation		-		-	-
Included in construction	-		-		-
	-		-		-
Site Preparation		-		-	-
Included in construction	-		-		-
	-		-		-
	-		-		-
Off Site Work		-		-	-
	-		-		-
	-		-		-
	-		-		-
New Construction Contracts		8,312,086		5,367,868	
Construction	7,896,482		5,099,474		12,995,956
Builder profit	415,604		268,393		683,998
	-		-		-
Modernization Contracts		-		-	-
	-		-		-
	-		-		-
	-		-		-
Contingencies		674,840		435,805	
Working capital allowance	310,273		200,372		510,645
Construction contingency	-		-		-
Minor movable escrow	-		-		-
Working capital	364,566		235,434		600,000
Architectural/Engineering Fees		457,165		295,233	
Architect's fee (5.5% of construction cost)	457,165		295,233		752,397
	-		-		-
Consulting and Other Fees		-		-	-
Development fee	-		-		-
	-		-		-
	-		-		-
Movable or Other Equipment (not in construction contracts)		420,467		271,533	
Furnishings and security	420,467		271,533		692,000
	-		-		-
	-		-		-
Bond Issuance Expense (project related)		-		-	-
	-		-		-
	-		-		-
	-		-		-
Net Interest Expense During Construction (project related)		292,261		188,739	
	292,261		188,739		481,000
	-		-		-
	-		-		-
Fair Market Value of Leased Space or Equipment		-		-	-
	-		-		-
	-		-		-
	-		-		-
Other Costs to be Capitalized		769,170		496,723	

Financing Fees and Underwriting Costs	769,170		496,723		1,265,893
	-		-		-
Acquisition of Building or Other Property (excluding land)		-		-	
	-		-		-
TOTAL USES OF FUNDS	11,208,527	11,208,527	7,238,362	7,238,362	18,446,889
SOURCE OF FUNDS	CLINICAL		NON-CLINICAL		
Cash and Securities		-		-	
Owner cash (TIF)	-		-		-
	-		-		-
Pledges		-		-	
	-		-		-
	-		-		-
Gifts and Bequests		-		-	
	-		-		-
	-		-		-
Bond Issues (project related)		-		-	
	-		-		-
	-		-		-
Mortgages		12,189,943		7,872,152	
HUD 40 year nonrecourse loan	12,189,943		7,872,152		20,062,095
	-		-		-
Leases (fair market value)		-		-	
	-		-		-
	-		-		-
Governmental Appropriations		-		-	
	-		-		-
	-		-		-
Grants		-		-	
	-		-		-
	-		-		-
Other Funds and Sources		-		-	
	-		-		-
	-		-		-
	-		-		-
TOTAL SOURCES OF FUNDS	12,189,943	12,189,943	7,872,152	7,872,152	20,062,095

Cost Space Requirements

Documentation for GSF by Department and area follows this page.

Dept./Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet that is			
		Existing	Proposed	New Construction	Modernized	As Is	Vacated Space
CLINICAL							
Patient Rooms	\$4,119,160	-	22,504	22,504	-	-	-
Patient Bathrooms	\$1,454,995	-	7,949	7,949	-	-	-
Nurses Station/Med Prep	\$333,867	-	1,824	1,824	-	-	-
LR/DR/Activity	\$700,865	-	3,829	3,829	-	-	-
Exam Room	\$37,706	-	206	206	-	-	-
Kitchen/Food Svc	\$446,621	-	2,440	2,440	-	-	-
PT/OT	\$953,096	-	5,207	5,207	-	-	-
Laundry	\$67,176	-	367	367	-	-	-
Janitor Closet	\$56,560	-	309	309	-	-	-
Clean/Soiled Linen	\$84,931	-	464	464	-	-	-
Beauty/Barber	\$57,109	-	312	312	-	-	-
Total CLINICAL	\$8,312,086	-	45,411	45,411	-	-	-
				-			
NON CLINICAL							
Office/Admin	\$536,311	-	2,930	2,930	-	-	-
Kitchen	\$446,621	-	2,440	2,440	-	-	-
EE Lounge	\$101,405	-	554	554	-	-	-
Locker, Training	\$53,814	-	294	294	-	-	-
Mechanical	\$375,235	-	2,050	2,050	-	-	-
Lobby	\$64,064	-	350	350	-	-	-
Storage/Maint	\$364,618	-	1,992	1,992	-	-	-
Corridor/Public Toilet	\$2,677,527	-	14,628	14,628	-	-	-
Structure/Misc	\$650,529	-	3,554	3,554	-	-	-
Stairs/Elevators	\$97,744	-	534	534	-	-	-
				-			
				-			
				-			
				-			
Total NON CLINICAL	\$5,367,868	-	29,326	29,326	-	-	-
				-			
TOTAL	\$13,679,954	-	74,737	74,737	-	-	-

Background of Applicant

- 1) There are no facilities owned or operated by the Applicant. However, it should be noted that there are health care facilities operated by Revere Healthcare LTD, which is related to the Applicant by means of a management contract. Copies of the licenses for the listed facilities are appended as **Attachment-10 Item 1**.


Facilities currently managed by Revere Healthcare LTD:

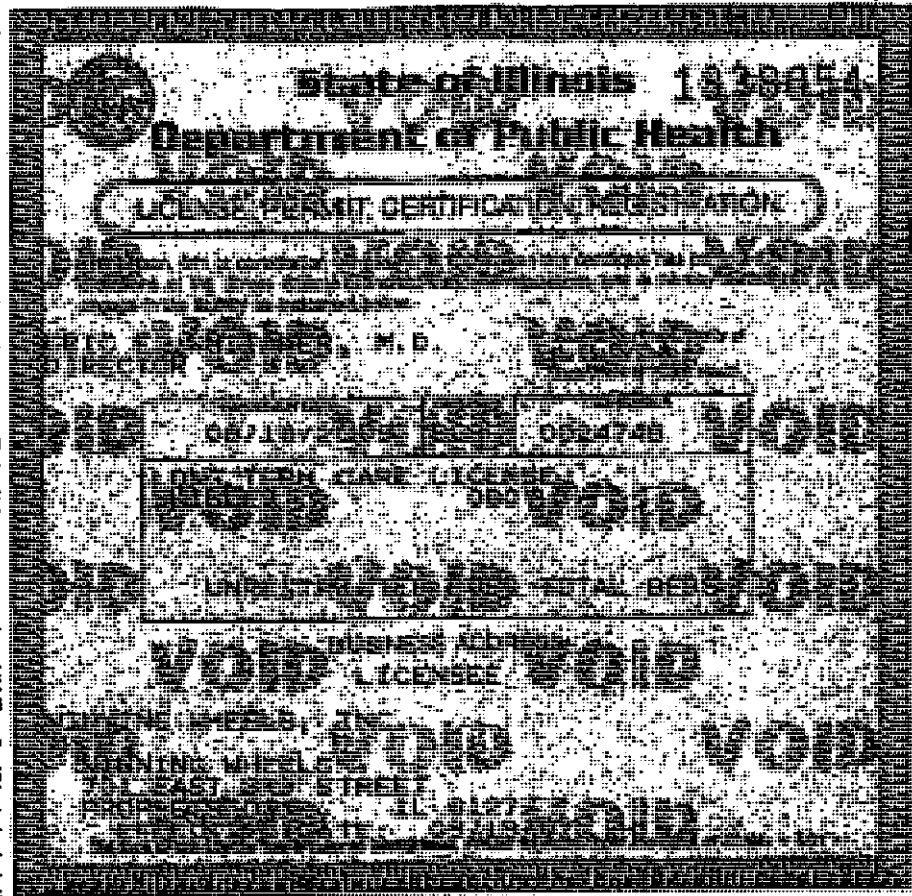
Hanover Place, Tinely Park, IL	Senior housing building	(not licensed)
Valley Hi, Woodstock, IL	Licensed Nursing Care Facility	

Facilities managed in the past three years by Revere Healthcare LTD:

Winning Wheels, Prophetstown, IL	Licensed Nursing Care Facility
Sunny Acres, Petersburg, IL	Licensed Nursing Care Facility

- 2) A certified listing of adverse actions is attached as **Attachment-10 Item 2**.
- 3) Letters authorizing HFSRB and DPH to access any documents necessary to verify the information submitted are appended as **Attachment-10 Item 3**.
- 4) The applicant has not submitted more than one application for permit. Therefore, this item is not applicable.

 State of Illinois 1922437 Department of Public Health		
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
<p>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.</p>		
DAMON T. ARNOLD, M.D. DIRECTOR		<small>Issued under the authority of The State of Illinois Department of Public Health</small>
<small>EXPIRATION DATE</small>	<small>CATEGORY</small>	<small>LS NUMBER</small>
04/01/2011	BGBE	0005009
LONG TERM CARE LICENSE SKILLED 106		
UNRESTRICTED 106 TOTAL BEDS		
BUSINESS ADDRESS LICENSEE		
MENARD COUNTY		
SUNNY ACRES NURSING HOME 19130 SUNNY ACRES ROAD PETERSBURG IL 62675 EFFECTIVE DATE: 04/02/09		
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •</small>		





State of Illinois 1747552
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.

ERIC E. WHITAKER, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	LIC. NUMBER
05/24/2008	BGBE	0004820
LONG TERM CARE LICENSE		
SKILLED 097		
INTERMEDIATE 099		
UNRESTRICTED 117 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

MCHENRY COUNTY

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK IL 60098

EFFECTIVE DATE: 05/25/06

The face of this license has a colored background. Printed by Authority of the State of Illinois • 497 •



State of Illinois 1930715
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	LIC. NUMBER
06/26/2010	BGBE	0046821
LONG TERM CARE LICENSE		
SKILLED 128		
UNRESTRICTED 128 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

MCHENRY COUNTY

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK IL 60098

EFFECTIVE DATE: 06/27/09

The face of this license has a colored background. Printed by Authority of the State of Illinois • 497 •

May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

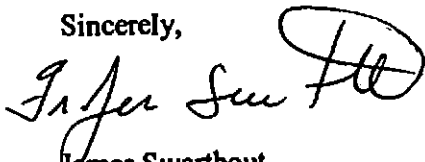
RE: Warrior's Gateway, Rockford IL

Dear Secretary:

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

Thank you.

Sincerely,



James Swarthout
Board Member
Partners for Caring Development Inc.



May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

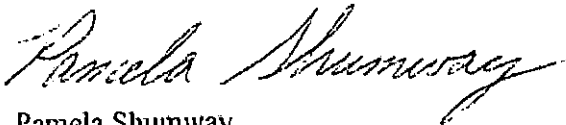
RE: Warrior's Gateway, Rockford IL

Dear Secretary:

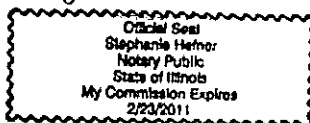
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Thank you.

Sincerely,



Pamela Shumway
Board Member
Partners for Caring Development Inc.



May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

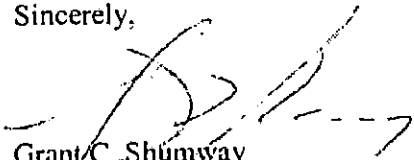
RE: Warrior's Gateway, Rockford IL

Dear Secretary:

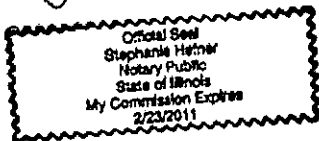
Please be advised that no adverse action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Thank you.

Sincerely,



Grant C. Shumway
President and CEO
Revere Healthcare, Ltd.



May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: Warrior's Gateway, Rockford IL

Dear Secretary:

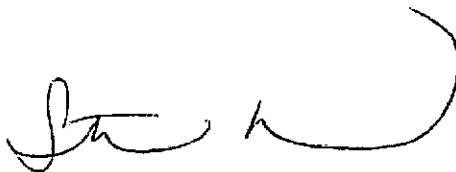
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Thank you.

Sincerely,



John Smith
Board Member
Partners for Caring Development Inc.



May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL 62761


RE: Warrior's Gateway, Rockford IL

Dear Secretary:

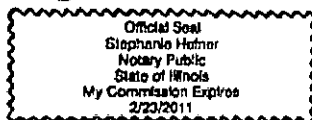
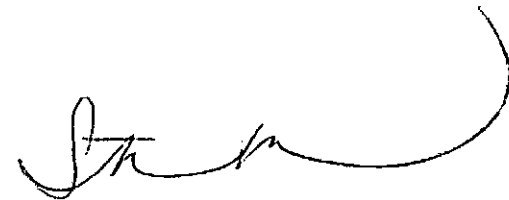
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Thank you.

Sincerely,



Alan Belcher
Executive Director
Warrior's Gateway/TLS



Transitional Living Services



Education & Training for Veterans

Alan Belcher
Executive Director

615 McHenry Avenue
Woodstock, Illinois 60098
Phone: (815) 334-0540
Fax: (815) 334-0218
abelcher@tlsveterans.org
www.tlsveterans.org

May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: Warrior's Gateway, Rockford IL

Dear Secretary:

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

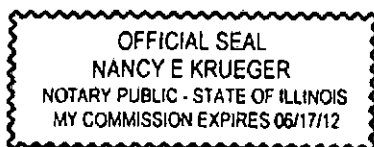
Thank you.

Sincerely,

Alan Belcher
Executive Director
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th day
of May, 2010.*

Nancy Krueger



Transitional Living Services



Education & Training for Veterans

Alan Belcher
Executive Director

645 McHenry Avenue
Woodstock, Illinois 60098
Phone: (815) 334-0540
Fax: (815) 334-0419
abelcher@tlsveterans.org
www.tlsveterans.org

May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: Warrior's Gateway, Rockford IL

Dear Secretary:

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

Thank you.

Sincerely,

George Mathcs
Vice-President
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th
day of May, 2010.*



Transitional Living Services



Education & Training for Veterans

Alan Belcher
Executive Director

645 McHenry Avenue
Woodstock, Illinois 60093
Phone: (815) 331-0540
Fax: (815) 331-0413
abelcher@tlsveterans.org
www.tlsveterans.org

May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL 62761

RE: Warrior's Gateway, Rockford IL

Dear Secretary:

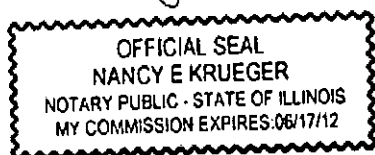
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Thank you.

Sincerely,

Patrick T. Green
Board Member
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th day
of May, 2010.*



Transitional Living Services



Education & Training for Veterans

Alan Belcher
Executive Director

645 McHenry Avenue
Woodstock, Illinois 60098
Phone: (815) 332-0540
Fax: (815) 332-0213
abelcher@tlsveterans.org
www.tlsveterans.org

May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: Warrior's Gateway, Rockford IL

Dear Secretary:

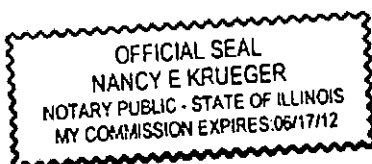
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Thank you.

Sincerely,

Don Schellhaass
Secretary
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th
day of May 2010.*



May 13, 2010



Alan Belcher
Executive Director
645 McHenry Avenue
Woodstock, Illinois 60093
Phone: (815) 334-0540
Fax: (815) 334-0413
abelcher@tlsveterans.org
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Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: Warrior's Gateway, Rockford IL

Dear Secretary:

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Thank you.

Sincerely,

Louie Sharp
Treasurer
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th day
of May, 2010.*

Nancy E Krueger



Transitional Living Services



Education & Training for Veterans

Alan Belcher
Executive Director

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May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: Warrior's Gateway, Rockford IL

Dear Secretary:

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Thank you.

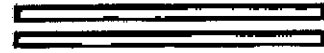
Sincerely,

Hank Enstrom
President
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th day
of May, 2010*



Transitional Living Services



Education & Training for Veterans

Alan Belcher
Executive Director

645 McHenry Avenue
Woodstock, Illinois 60098
Phone: (815) 834-0540
Fax: (815) 834-0478
abelcher@tlsveterans.org
www.tlsveterans.org

May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: Warrior's Gateway, Rockford IL

Dear Secretary:

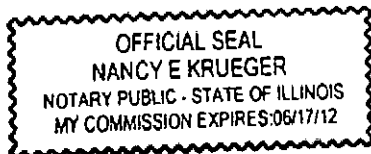
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Thank you.

Sincerely,

Dan McGrath
Board Member
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th day
of May, 2010
Nancy Krueger*



May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL 62761

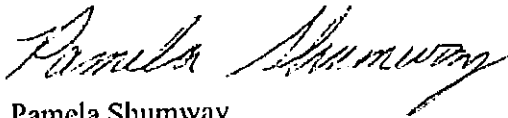
RE: Warrior's Gateway, Rockford IL

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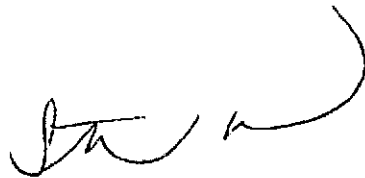
I authorized the Illinois Health Facilities Planning Board and the Illinois Department of Public Health to obtain access to information in order to verify any documentation or information submitted in this permit application regarding the requirements of the Background of Applicant Criteria, or to obtain any additional documentation or information which the State Board or Agency finds pertinent to this subsection.

Thank you.

Sincerely,



Pamela Shumway
Board Member
Partners for Caring Development, Inc.





Where Excellence Is Expected

May 12, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

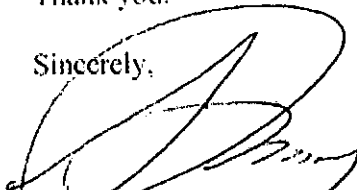
RE: Warrior's Gateway, Rockford IL

Dear Secretary:

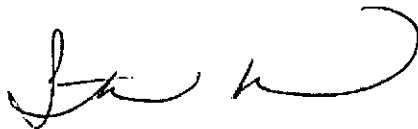
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Thank you.

Sincerely,



Grant Shumway
President and CEO



May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL 62761


RE: Warrior's Gateway, Rockford IL

Dear Secretary:

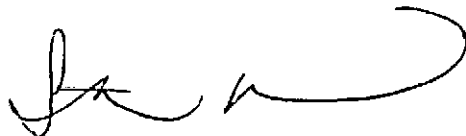
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Thank you.

Sincerely,



John Smith
Board Member
Partners for Caring Development, Inc.



May 13, 2010

**Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761**

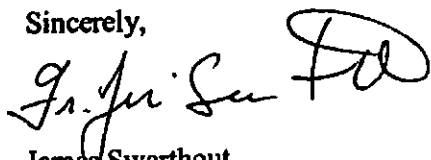
RE: Warrior's Gateway, Rockford IL

Dear Secretary:

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Thank you.

Sincerely,



**James Swarthout
Board Member
Partners for Caring Development, Inc.**



May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

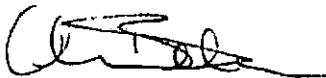
RE: Warrior's Gateway, Rockford IL

Dear Secretary:

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Thank you.

Sincerely,



Alan Belcher
Executive Director
Warrior's Gateway/TLS



Transitional Living Services



Education & Training for Veterans

Alan Belcher
Executive Director

645 McHenry Avenue
Woodstock, Illinois 60093
Phone: (815) 352-0540
Fax: (815) 352-0516
abelcher@tlsveterans.org
www.tlsveterans.org

May 13, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL 62761

RE: Warrior's Gateway, Rockford IL

Dear Secretary:

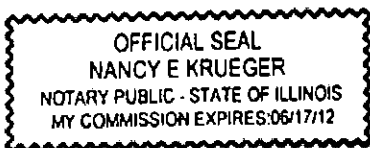
I authorized the Illinois Health Facilities Planning Board and the Illinois Department of Public Health to obtain access to information in order to verify any documentation or information submitted in this permit application regarding the requirements of the Background of Applicant Criteria, or to obtain any additional documentation or information which the State Board or Agency finds pertinent to this subsection.

Thank you.

Sincerely,

Hank Enstrom
President
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th day
of May, 2010*



Transitional Living Services



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Alan Belcher
Executive Director

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Springfield, IL 62761

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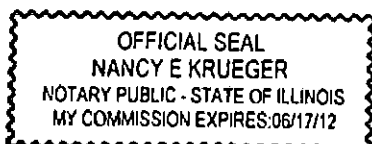
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Thank you.

Sincerely,

George Mathes
Vice-President
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th
day of May 2010
Nancy E Krueger*



Transitional Living Services



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Alan Belcher
Executive Director

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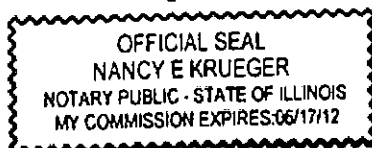
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Thank you.

Sincerely,

Patrick T. Green
Board Member
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th
day of May, 2010*



Transitional Living Services



Education & Training for Veterans

Alan Belcher
Executive Director

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525 West Jefferson St., Second Floor
Springfield, IL 62761

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Thank you.

Sincerely,

Don Schellhaass
Secretary
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th day
of May, 2010*

Nancy E Krueger



Transitional Living Services



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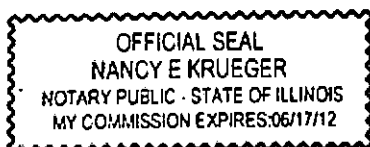
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Thank you.

Sincerely,

Alan Belcher
Executive Director
Warrior's Gateway/TLS

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before me this 17th day
of May 2010
Nancy Krueger*



Transitional Living Services



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Thank you.

Sincerely,

Louie Sharp
Treasurer
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th day
of May, 2010.*

Nancy Krueger



Transitional Living Services



Alan Belcher
Executive Director

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www.tlsveterans.org

May 13, 2010

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Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

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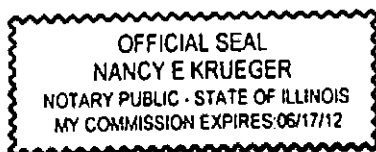
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Thank you.

Sincerely,

Dan McGrath
Board Member
Warrior's Gateway/TLS

*Subscribed & sworn to
before me this 17th day
of May, 2010*



Purpose of Project

1. The Warrior's Gateway project will provide specialized skilled nursing and rehabilitative services to the following populations:

- Returning veterans
- Local population

The project will not serve residents over the age of 65 years old.

The following special needs will be the particular focus of the facility:

- Traumatic Brain Injury (TBI)
- Spinal Cord Injury
- Poly Traumatic Injuries (PTI)
- Post Traumatic Stress Disorder (PTSD)

2. The primary service area is Winnebago County. Two thirds of patients will originate from Winnebago County. The remaining one third will originate from the surrounding area.

3. Existing problems that exist that will be addressed by the proposed project include:

Target clients

Warriors' Gateway will serve special populations such as individuals with traumatic brain and/or spinal cord injury, disabled veterans who have suffered multiple severe injuries (polytrauma) both on and off the battlefield, and other adults who can benefit from our rehabilitative program.

Admission criteria will include:

- 18 – 64 years of age
- Medically stable, no longer requires acute hospitalization
- Can participate in and benefit from services offered
- Needs rehabilitation and nursing care to strive for independence

The ultimate goal in most cases is for residents to move on to less structured living situations. However, it is recognized that due to the severity of their wounds, some veterans will not be able to return to their communities. The expectation for these residents is stabilization of their disability and progression to a less intensive level of care on the campus, such as assisted or supportive living.

PTSD & TBI

TBI is suspected to be one of the causes of PTSD. According to the Department of Defense, 25 to 40 percent of soldiers who come back from war will experience PTSD so severely that they will require treatment, counseling, and medications "for many years, if not for the rest of their lives". Further, between 2001 and 2007, the US has deployed 1.6 million troops into Iraq and Afghanistan. The VA's Special Committee on PTSD estimates that fifteen to twenty percent of these troops will suffer from a diagnosable mental health disorder, with another like number at risk for "significant symptoms short of full diagnosis, but severe enough to cause significant functional impairment." Also, "early screenings at medical facilities suggest that 10 to 20 percent of returning soldiers may have experienced head wounds."

In total, the VA estimates 30% of the 1.6 million troops have PTSD, TBI or other significant health needs for a total of 480,000.

The Department of Defense finds that a soldier diagnosed with PTSD is 50% more likely to be diagnosed with substance abuse issues or depression. These in turn lead to risky behaviors and poor decision making that can increase the rate of car accidents.

Traumatic Brain Injury in the General Population

According to the National Institute on Disability and Rehabilitation Research (NIDRR), approximately 1.9 million new cases of traumatic brain injury (TBI) occur each year and about half of these cases result in at least short-term disability. For the purposes of determining incidence, the article by LaPlante et al considered all injuries classified as "skull fractures and intracranial injuries" as TBI. Therefore, the incidence rates correspond to ICD-9 codes 800-804 and 850-854.

The incidence rate for TBI is 0.8%, or 8 out of every 1,000 persons experience a skull fracture or intracranial injury in any given year. The incidence rate varies with gender (0.9% for men versus 0.7% for women) and with age.

TBI is caused by injuries involving moving motor vehicles (31% of cases), household accidents (26.3% of cases), injuries involving firearms, and workplace accidents. Approximately half (49.2%) of TBI cases result in limitations in activity and about a third (36.8%) cause the person to be restricted to bed for at least half a day. Those TBI cases that do experience short-term disability as a result of TBI are at risk for long-term disability.

According to the CDC, there was a 14.4% increase in TBI-related emergency department visits and 19.5% increase in hospitalizations from 2002 to 2006.

The CDC (Center for Disease Control) reports that, as a result of a TBI, an estimated 5.3 million Americans have a long-term need for assistance with activities of daily life. Other effects of TBI include the development of Alzheimer's disease, Parkinson's disease, and other aging-related disorders.

4. Sources of information for above:

Newhouse, Eric. *Faces of Combat: PTSD & TBI*. Emunclaw, (WA). Issues Press; 2008.

J. G. Collins, "Types of Injuries by Selected Characteristics: United States, 1985-1987," National Center for Health Statistics. *Vital Health Statistics 10(175)*. Washington D.C.: GPO, 1990.

Joel Anton Forkosch, H. Stephen Kaye, and Mitchel P. LaPlante, "The Incidence of Traumatic Brain Injury in the United States," *Disability Statistics Abstract 14* (March 1996): 1-4.

Faul M et al. *Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths 2002 – 2006*. Atlanta (GA): Centers for Disease Control and Prevention. National Center for Injury Prevention and Control; 2010.

5. Detail of how the proposed project will address the above:

The proposed project is a new treatment, rehabilitation, and residential care program serving adults who have suffered TBI/PTI or who possess other similar conditions. This is necessary due to lack of comprehensive programs and services for long-term treatment and care of these individuals. Improved understanding and diagnosis of TBI/PTI and an absence of comprehensive residential, rehabilitative and treatment programs specifically targeting people with these injuries combine to create a strong need for the proposed project.

Continuum of Services for TBI/PTI Patients

Vocational Programs

For adults with TBI/PTI symptoms, rehabilitation and job training are critical first steps toward self-determination and financial independence. Programs help people with TBI/PTI:

- Assess their skills
- Identify employment goals
- Provide rehabilitation as required
- Create training to meet personal goals

Residential

Adults who have suffered TBI/PTI can live independently when assistance is available. Residential programs combine an assisted living environment with 24-hour staff supervision and assistance with activities of daily living. Residents build skills that increase their capabilities in areas such as cooking, personal grooming, as well as working on rehabilitation and vocational development.

TBI/PTI Center Benefits

Existing TBI/PTI facilities are insufficient in size and number to serve the population affected by TBI/PTI. They are more often hospitals, which are unable to house patients for an extended length of time. Occupational training is not offered. The proposed TBI/PTI center will provide the following benefits to patients:

- Long-term residential care with training and rehabilitation
- Different levels of care provided based on need
- Less of a hospital-like, clinical environment

6. Goals with measurable objectives and timeframes.

Discharge 30 TBI residents to the least restrictive setting possible – either home or a supportive housing arrangement – by 2013.

Place 15 residents in jobs by 2013.

Alternatives

1. Do nothing

This alternative was rejected due to the unmet need of special populations in Winnebago County e.g. residents who sustain a traumatic brain or spinal cord injury.

1. Purchase existing facility

This alternative was rejected because of the licensed general long term care facilities that exist in Rockford today, all have been designed specifically for the needs of a geriatric population. The mission of the proposed project to serve the specialized needs of returning veterans, many of whom are in their upper 20s, requires common areas and resident rooms designed with this age group in mind.

2. Expand an existing facility

This was rejected because the applicant does not own an existing facility.

3. Purchase or lease a building to convert

This was rejected because there are no buildings in Rockford or surrounding communities suitable for the proposed program.

4. Construct a smaller facility

Although the need identified in the market study is more than more than the number of beds proposed for the project, the size of the facility being proposed meets the needs of the program in the most cost efficient method possible. A facility of smaller size (eg 80 beds) still requires certain common area spaces, such as a therapy room, whose construction cost would then be spread over fewer beds.

5. Construct a new facility

The proposed skilled and assisted living facilities will be a one and two-story buildings containing **74,737** gross square feet of skilled nursing care. The facility will contain all private one bed skilled nursing rooms.

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

The total project will be constructed for \$13.7 million. Locating 120 licensed skilled nursing beds and other programs specializing in TBI and polytrauma in Rockford greatly improves access to these services due to Rockford's position as a regional medical hub.

Construction is projected to commence March 2011, and the facility is projected to open 12 months thereafter.

ATTACHMENT-12

Project Scope, Utilization, and Unfinished/Shell Space

Size of Project:

1. The physical space is necessary for delivering the program – 120 skilled nursing beds, nurses stations, therapy rooms, clean and dirty linen rooms, shower rooms, etc.
2. The gross square footage is in line with the BGSF standards in Appendix B.

SIZE OF PROJECT

DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
General Long-Term Care	623 BGSF/Bed	435-713 BGSF/Bed	N/A	Yes

Project Scope, Utilization, and Unfinished/Shell Space

PROJECT SERVICES UTILIZATION:

The operating proforma model projects a starting occupancy of 36 beds in month 1, and the project's occupancy will ramp up at a rate of 4.94 beds per month until achieving stabilized occupancy of 90% or 104 beds in month 16.

The rationale behind this fill rate is as follows:

1. The unmet need of veterans and the general population for the proposed services.
2. Thirteen local physicians estimate that they will refer between 54 patients per year to the facility.

UTILIZATION

	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	General Long-Term Care	Occupancy	75%	90%	NO
YEAR 2	General Long-Term Care	Occupancy	98%	90%	YES

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Warriors' Gateway																	
2	PROJECTED OCCUPANCY																	
3					First year													
4																		Total
5				Calculated	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12		
6	Number of Days in Month			Fill	31	31	30	31	30	31	31	28	31	30	31	30		365
7	Private	\$0	28	1.10	8	9	10	11	12	13	14	16	17	18	19	20		186
8	Medicaid		40	1.60	12	14	15	17	18	20	22	23	25	26	28	30		250
9	VA		42	1.70	13	14	16	18	19	21	23	25	26	28	30	31		263
10	Medicare	\$0	12	0.50	4	4	5	5	6	6	7	7	8	8	9	9		76
11			0															0
12			0															0
13			0															0
14			0															0
15			0															0
16	Monthly Fill			4.94														0
17	Additional Persons				0	0	0	0	0	0	0	0	0	0	0	0		0
18																		
19	Resident Days (Occupied)				1116	1268	1374	1572	1668	1878	2027	1968	2331	2403	2635	2697		22935
20	Occupancy Percentage				30%	34%	38%	42%	46%	50%	55%	59%	63%	67%	71%	75%		52.36%
21																		
22					36	41	48	51	56	61	65	70	75	80	85	90		
23	First Month Fill Factor				30%													
24	MONTHS TO Fill				18.00													
25																		
26																		
27					Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12		
28	Number of Days in Month				31	31	30	31	30	31	31	28	31	30	31	30		365
29	Private		26		21	22	23	24	25	26	26	26	26	26	26	26		298
30	Medicaid		40		31	33	34	36	38	39	40	40	40	40	40	40		451
31	VA		42		33	35	36	38	40	42	42	42	42	42	42	42		476
32	Medicare		12		10	10	11	11	12	12	12	12	12	12	12	12		137
33			0															0
34			0															0
38	Monthly Fill																	
39																		
40	Additional Persons																	0
41																		
42	Resident Days (Occupied)				2288	3091	3138	3395	3432	3680	3720	3360	3720	3600	3720	3600		40743
43	Occupancy Percentage				78%	63%	87%	91%	95%	99%	100%	100%	100%	100%	100%	100%		93.02%
44																		
45					95	100	105	110	114	119	120	120	120	120	120	120		

General Long Term Care:

1110.1730(b)(1) Formula Calculation

The project proposes 120 beds. The project site is in Rockford, which is in Winnebago County. As of the 2008 Inventory of LTC Facilities, this county has the following need/(surplus):

Winnebago (4) beds

As of the April 26, 2010 update to the Inventory, the need/(surplus) calculation show the following:

Winnebago (6) beds

Both are attached as attachment 33.

Therefore, the project is not in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100. However, this calculation is based primarily on older adults. Warriors Gateway is a campus specifically designed for individuals with poly trauma or traumatic brain injury (TBI) and post-traumatic stress disorder, which is typically a much younger population. Therefore, the bed need calculations prepared by the HFSRB staff do not adequately account for the growing number of young adults who require substantial rehabilitative services with the goal of returning home. Please refer to the Purpose of the Project for more information.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
 General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Winnebago

Facility Name	City	County/Area	General Nursing Care			Sheltered Care		
			Beds	2005 Patient Days	Beds	2005 Patient Days		
ALDEN GARDENS OF ROCKFORD	ROCKFORD	Winnebago County	0		0			
Formerly "Rockford Manor" and "Rockford Healthcare Center".								
7/18/2006 05-050 Board deemed the facility discontinued; 75 nursing care beds removed from inventory.								
ALDEN-ALMA NELSON MANOR	ROCKFORD	Winnebago County	268	78,137	0	0	0	
ALDEN-PARK STRATHMOOR	ROCKFORD	Winnebago County	189	54,781	0	0	0	
ALPINE FIRESIDE HEALTH CENTER	ROCKFORD	Winnebago County	66	16,220	33	9,815	0	
AMBERWOOD NURSING & REHAB CTR	ROCKFORD	Winnebago County	162	25,445	0	0	0	
8/1/2005 Name Change Formerly "Courtyard Terrace Nursing Home".								
ASTA CARE CENTRE OF ROCKFORD	ROCKFORD	Winnebago County	130	37,385	0	0	0	
EAST BANK CENTER, LLC.	LOVES PARK	Winnebago County	54	8,917	0	0	0	
Formerly "Fountain Terrace", "Park Ridge Terrace" and "River View Manor, Ltd".								
FAIR OAKS REHAB & HCC	SOUTH BELOIT	Winnebago County	78	24,423	0	0	0	
Formerly "Maplewood Nursing Home" and "Fair Oaks Health Care Center of South Beloit".								
7/18/2006 Bed Change Added 7 nursing care beds; total now 78 nursing care beds.								
FAIRHAVEN CHRISTIAN RETIREMENT	ROCKFORD	Winnebago County	96	29,401	135	27,735	0	
FAIRVIEW NURSING PLAZA	ROCKFORD	Winnebago County	213	71,252	0	0	0	
MEDINA NURSING CENTER	DURAND	Winnebago County	89	27,776	0	0	0	
P. A. PETERSON CENTER FOR HEALTH.	ROCKFORD	Winnebago County	127	36,503	32	4,597	0	
10/21/2005 Bed Change Added 10 nursing care beds and discontinued 19 sheltered care beds. Bed totals now 132 nursing care and 32 sheltered care beds.								
3/23/2006 Bed Change Discontinued 5 nursing care beds, bed total now 127 nursing care and 32 sheltered care beds.								
PROVENA COR MARIAE CENTER	ROCKFORD	Winnebago County	73	22,282	61	26,628	0	
12/7/2005 Bed Change Added 10 nursing care beds; facility now has 73 nursing care and 61 sheltered care beds.								
PROVENA ST. ANNE CENTER	ROCKFORD	Winnebago County	179	59,679	0	0	0	
RIVER BLUFF NURSING HOME	ROCKFORD	Winnebago County	304	90,572	0	0	0	
ROSEWOOD CARE CENTER - ROCKFORD	ROCKFORD	Winnebago County	120	34,835	0	0	0	
ASPRINGWOOD NURSING & REHAB	ROCKFORD	Winnebago County	97	29,960	0	0	0	
12/1/2005 Name Change Formerly "Willows on Main".								
WILLOWS HEALTHCARE	ROCKFORD	Winnebago County	91	27,317	202	52,486	0	

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
 General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Facility Name	City	County/Area	General Nursing Care			Sheltered Care		
			2005 Patient Days	Beds	2005 Patient Days	Beds	2005 Patient Days	Beds
Health Service Area: 001			2,336	674,885	463	121,261		
AGE GROUPS	2005 HSA Estimated Population	2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates				
0-64 Years Old	579,700	373.8	224.3	598.0				
65-74 Years Old	44,100	3,901.1	2,340.7	6,241.8				
75+ Years Old	45,200	30,452.1	18,271.3	48,723.4				
2005 PSA Patient Days	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	2015 PSA Planned Average Daily Census	2015 PSA Planned Bed Need (90% Occ.)	Excess Beds	
0-64 Years Old	111,802	224.3	273,800	122,446	119,215	2,332	4	
65-74 Years Old	82,186	2,340.7	26,400	119,215	524,382			
75+ Years Old	480,897	18,271.3	20,500	766,043	2,098.7			
			Planning Area Totals	766,043	2,098.7	2,332	4	

LONG-TERM CARE BED INVENTORY UPDATES

03/19/2008 - 04/26/2010

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HEALTH SERVICE AREA 001			
Boone	310	279	31
Carroll	204	170	34
DeKalb	694	742	(48)
Jo Daviess	217	155	62
Lee	310	342	(32)
Ogle	573	553	20
Stephenson	662	616	46
Whiteside	717	822	(105)
Winnebago	2,332	2,338	(6)
HEALTH SERVICE AREA 002			
Bureau/Putnam	413	440	(27)
Fulton	532	718	(186)
Henderson/Warren	259	217	42
Knox	816	965	(149)
LaSalle	1,329	1,410	(81)
McDonough	388	376	12
Marshall/Stark	373	427	(54)
Peoria	1,698	1,822	(124)
Tazewell	1,621	1,293	328
Woodford	672	597	75
HEALTH SERVICE AREA 003			
Adams	1,338	1,511	(173)
Brown/Schuyler	184	215	(31)
Calhoun/Pike	265	337	(72)
Cass	207	221	(14)
Christian	412	472	(60)
Greene	159	119	40
Hancock	196	241	(45)
Jersey	387	359	28
Logan	494	468	26
Macoupin	683	744	(61)
Mason	135	164	(29)
Menard	202	192	10
Montgomery	563	624	(61)
Morgan/Scott	608	654	(46)
Sangamon	1,395	1,254	141
HEALTH SERVICE AREA 004			
Champaign	1,003	1,025	(22)
Clark	296	255	41
Coles/Cumberland	724	954	(230)
DeWitt	187	190	(3)
Douglas	233	233	0
Edgar	282	299	(17)
Ford	247	427	(180)
Iroquois	477	564	(87)
Livingston	500	541	(41)
McLean	1,277	1,112	165
Macon	1,307	1,292	15
Moultrie	309	369	(60)
Piatt	160	160	0
Shelby	252	265	(13)
Vermilion	680	757	(77)
HEALTH SERVICE AREA 005			
Alexander/Pulaski	116	83	33
Bond	179	198	(19)
Clay	145	209	(64)
Crawford	245	215	30
Edwards/Wabash	145	139	6
Effingham	404	432	(28)
Fayette	246	340	(94)
Franklin	430	400	30
Gallatin/Hamilton/Saline	701	667	34
Hardin/Pope	94	109	(15)
Jackson	336	427	(91)
Jasper	69	82	(13)
Jefferson	399	346	53
Johnson/Massac	339	312	27
Lawrence	338	381	(43)
Marion	837	605	232

1110.1730(b)(2) Service to Planning Area Residents

The project's primary service area incorporates Winnebago County, where the project is physically located. Although the project will serve a wider region, two thirds of patients will originate from Winnebago County.

1110.1730(b)(3) Establishment of Long Term Care

The projected demand for service is based on the attached market study, which includes projected service demand based on growth in the special populations served, as well as projected referrals from physicians. The bed need was also recalculated using population estimates and projections from IDPH, then applying the methodology presented in the market study.

The market study (attachment 35 item 1) explored the need for post-acute care for individuals suffering from traumatic brain injury or TBI. This study had the following findings relevant to this application:

- i) The primary service area was defined as Winnebago County, Illinois, with 2/3rds of residents originating from the County.
- ii) The total population is estimated at 303,907 in 2009 by Claritas. Applying an incidence ratio of 0.8% to this population yields 1,409 cases of TBI in 2009. The study identifies a need for 159 general long-term care beds serving this population in 2009.

According to the Inventory of LTC Facilities and Services and Need Determinations 2008 (attachment 35 item 2), the 2005 population estimate for Winnebago County was 287,000. Using this population estimate, there were 2,296 cases of TBI in 2005 and applying the market study methodology yields a need for 258 general long-term care beds serving this population in 2005.

- iii) From the market study, the total population is projected to increase 5.1% by 2014 to 319,444. Cases are expected to increase a like amount.

According to the Inventory of LTC Facilities and Services and Need Determinations 2008 (attachment 35 item 2), the 2015 population projection for Winnebago County was 319,700. Using this population estimate, there were 2,558 cases of TBI in 2015 and applying the market study methodology yields a need for 288 general long-term care beds serving this population in 2015.

- v) Documentation on methodology, data sources, assumptions and special adjustments is included in the market study (attachment 35 item 1).

In conclusion, the project does not meet the full need for TBI services identified in the market study or in calculations using population estimates from IDPH.

The physician referral letters (attachment 35 item 3) reinforces the need identified in the market study. Thirteen letters document 54 referrals per year from physicians for the proposed services.

MARKET FEASIBILITY ANALYSIS

- **Traumatic Brain Injury**

FINAL

Prepared For:

**Rockford Renaissance
Development, LLC**
Rockford, Illinois

Prepared By:

Revere Healthcare, Ltd.
Cary, Illinois

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I. EXECUTIVE SUMMARY

Rockford Renaissance Development, LLC. (the Sponsor) has engaged Revere Healthcare, Ltd., to conduct a market research study regarding proposed programs and services for adults with traumatic brain injury. Based on the information contained in this report, Revere identifies a need for between 144-159 skilled nursing units and between 48-53 residential assisted living units. Based on the determined need Revere recommends the following:

- 53 residential assisted living units for adults with traumatic brain injury.
- 120 skilled nursing units for adults with traumatic brain injury.

Summary of Key Indicators

- The service area is defined as Winnebago County, Illinois.
- In 2009 the total population of 303,907 in the market represents 2,431 cases of traumatic brain injury using prevalence rates from the Demand section of this report. This population is projected to increase 5.1% by 2014.
- In 2009 the adult population (ages 21-64) of 176,165 in the market represents 1,409 cases of traumatic brain injury using prevalence rates from the Demand section of this report. This population is projected to increase 3.7% by 2014.
- There are no facilities specializing in care of adults with traumatic brain injury in the market area.

II. INTRODUCTION

OBJECTIVES

The Sponsor contracted Revere Healthcare to conduct a market research analysis of the need for facility based traumatic brain injury services in Rockford, Illinois. The primary objectives of this market analysis were to determine the following:

- Supply, future need, and demand for facility based services specializing in traumatic brain injury.

RISKS

This report must be read thoroughly in order to gain insight into the methodology and concepts used in forming our conclusions and recommendations. The analyses contain estimates of future events and trends based upon our market research, industry experience, and interaction with the Sponsor and other organizations in both the State and the nation. The conclusions and recommendations included in this report assume future developments in the economy, local real estate market, and the housing and health care industry. The viability of the proposed project depends on the timing and probability of a complex series of events both internal and external to the enterprise. Accordingly, we do not guarantee either the attainability of our recommendations or the viability of the proposed project.

Assumptions and Limitations

In order to make valid recommendations and conclusions, it is necessary to make certain assumptions about economic, political, and social forces that lie outside the control of the project coordinators and consultants. Several basic assumptions exist that pertain specifically to this study. First, the concept, planning, execution, and management of the proposed development will incorporate the features necessary to create a substantial impact in the service area. Second, neither the service area, the geographic region, nor the nation as a whole will suffer any long-term or major economic decline or catastrophe during the period under consideration. Finally, this study assumes that population

growth, demand for housing and health care services, reimbursement for these services, and other related factors in the market area will perform at or above the rate predicted.

Market Risk

There is a possibility the project will not be accepted by the marketplace. Management of any risk begins with this feasibility study. However, Revere does not recommend proceeding with the proposed project until the Sponsor obtains the proper certification or licensure, conducts all appropriate consumer research, explores facility design and composition options, and analyzes several operating proforma scenarios. These actions will further minimize market risk.

Managing Project Risk

The project risks must be carefully assessed and managed. The currently known risks are not excessive or unusual; however, risks should be specifically addressed and contingency plans should be prepared, documented, and practiced as part of the development management plan.

INDUSTRY ANALYSIS

Home & Community Based Waiver Programs

The following is from the Illinois Department of Healthcare and Family Services website <http://www.hfs.illinois.gov/hcbswaivers/bi.html> describing the HCBS Waiver program for persons with brain injury.

HCBS Waiver for Persons with Brain Injury (BI)

The HCBS waiver for persons with brain injury serves individuals of any age who have been diagnosed with an acquired brain injury and who require the level of care provided in nursing facilities but who, with special services, may remain in their homes and communities. DHS, Division of Rehabilitation Services Home Services Program (DHS-DRS) is the operating agency. During fiscal year 2007, 3,657 persons were served.

Operating State Agency: Department of Human Services (DHS), Division of Rehabilitation Services

Eligible Population: Persons with Brain Injury (BI), of any age, who would otherwise require care in a nursing facility (NF).

Eligibility Criteria:

- U.S. Citizen or legal alien
- Be a resident of the State of Illinois
- Under age 18, family non-exempt assets less than \$35,000*
- Over age 18, individual non-exempt assets under \$17,500*
- Medical determination of an acquired brain injury and disabilities resulting from the brain injury, which is expected to last for at least 12 months or for the duration of life. Diagnosis includes traumatic brain injury, infection (encephalitis, meningitis), anoxia, stroke, aneurysm, electrical injury, malignant or benign neoplasm of the brain and toxic encephalopathy. Eligible diagnosis does not include degenerative, congenital or neurological disorders related to aging.
- Be at risk of nursing facility placement, as measured by the Determination of Need (DON) assessment, with a minimum score of 15 on functional impairment and a total of 29 points
- Not require in-home services that are expected to cost more than NF care

Ability to be maintained safely in the home at a service cost which does not exceed that of NF care as measured by the DON

Level of Care: Nursing Facility

Services:

Personal Assistant (PA) – Services provided by individuals who are selected, employed and supervised by the customer. These individuals may assist with household tasks, personal care and, with the permission of a physician, certain health care procedures.

Homemaker (HM) – Personal care and household tasks provided by trained and professionally supervised staff employed by homemaker agencies for customers who are unable to direct the services of a PA. Instructions and assistance in household management and self-care are also available.

Adult Day Care (ADC) – The direct care and supervision of customers provided outside the home by a community-based organization to provide personal attention and to promote social, physical and emotional well-being.

Environmental/Accessibility Modifications - Services to physically modify the customer's home to accommodate the customer's loss of function in the completion of his/her ADLs.

Assistive Equipment – Devices or equipment that increase an individual's independence and ability to perform household or personal care tasks safely in the home or as necessary to promote safety of the customer/caregiver in the performance of activities of daily living.

Specialized Medical Equipment and Supplies – Specified in Plan of Care to increase ability to perform ADLs, or to perceive, control, or communicate with home environment. This applies to services not available under the State Plan.

Home Delivered Meals – One or more ready-to-eat meals per day which are delivered to the home. This service is provided to individuals who can feed themselves but are unable to prepare a meal.

Personal Emergency Response System (PERS) – A rented signaling device from a community service organization that provides 24-hour emergency coverage permitting individuals to alert trained professionals at hospitals, fire and police departments.

Respite - Temporary care for adults and children with disabilities aimed at relieving the family's stress. Respite may be provided for vacations, rest, errands, taking a break, a family crisis or emergency. Services may include personal assistant, homemaker, home health, or adult day care. Services are available for a maximum of 240 hours per year.

Individual and Agency-based Home Health Services (Extended State Plan Services) - Services may be provided under the waiver if the individual does not meet the approved eligibility requirements for the State Plan services.

- Home health care (includes skilled nursing and home health aide)
- Therapies: speech, hearing, and language (ST); physical (PT); and occupational (OT)

Day Habilitation – Assist the individual with the acquisition, retention or improvement in self-help, socialization and adaptive skills. These services are provided in a setting separate from residence. Services are provided four or more hours per day for one or more days a week.

Prevocational Services – Services provided that prepare an individual for paid or unpaid employment by teaching concepts such as compliance, attendance, task completion, problem solving and safety.

Supported Employment Services – Provided to an individual for whom competitive employment is unlikely. These services include intensive ongoing support to enable the person to perform in a paid employment work setting.

Cognitive/Behavioral Services - Remedial therapies to decrease maladaptive behaviors and/or to enhance cognitive functioning of the individual. These services are intended to enable the customer to better manage his or her behavior and therefore be more capable of living independently. These services are not available under the State Plan.

Service Exclusion:

The waiver does not cover items or services that are otherwise available under the State's approved Medical program.

Services Setting: Individual home, Approved adult day care; or Day habilitation settings

III. SERVICE AREA DEFINITION

METHODOLOGY

A service area can be defined as the area within a county's borders for a rural or suburban location and within the boundaries of those neighborhoods surrounding the site for an urban or dense suburban location. The area is usually limited by natural and cultural boundaries. The service area can be divided into primary and secondary market areas. Depending on the location of a proposed facility, the primary market area may extend beyond the above guidelines. In addition, natural and cultural barriers may diminish or even eliminate what might have normally been defined as a secondary market area.

MARKET DEFINITION

Project Draw

Revere has set the primary market area (PMA) as the region from which 2/3 of the project's market will originate. The region from which the remaining 1/3 of the prospective residents will most likely be drawn is referred to as the secondary market area (SMA).

For planning purposes, Revere estimates that 33% of residents or participants will come from beyond the boundaries of the primary market area.

Primary Market Area

For the purpose of this study, the target market for traumatic brain injury care will be represented by individuals in Winnebago County, Illinois, depicted in Figure 3.1. This area represents the county boundary for Winnebago County, Illinois.

Revere has set this area as the primary market area for the project for the following reasons:

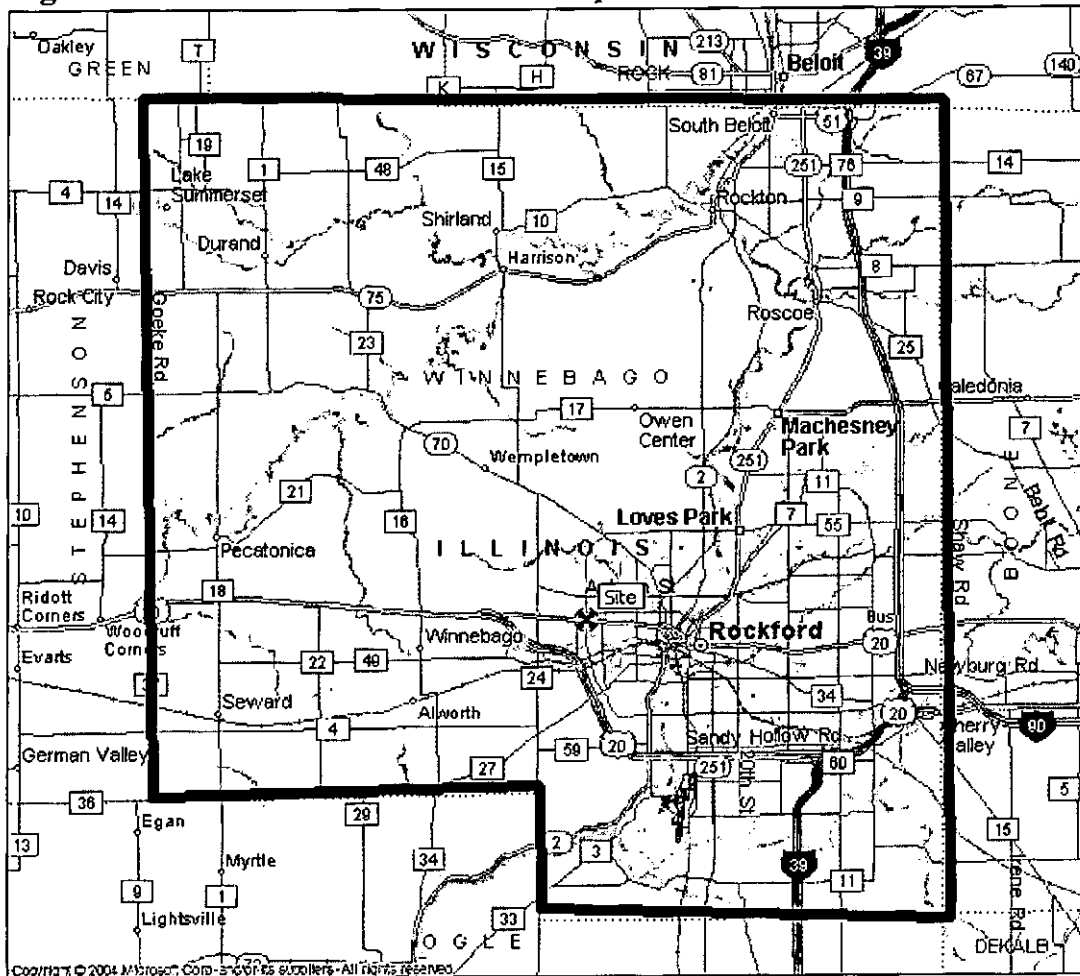
- Drive times for individuals living within the service would be less than 30 minutes.
- Accessibility from I-90 and I-39, US Route 20, and State Routes 75, 251, 2, and 173.

The geographic description of the primary market area is the county boundary for Winnebago County, Illinois.

Map

Figure 3.1 illustrates the boundaries of the service area.

Figure 3.1 Service Area Definition Map



Secondary Market Area

For planning purposes, Revere has set the area within the boundaries illustrated on the map in Figure 3.2 as the secondary market area for the project. The geographic description of the secondary market area follows:

Chicago-Naperville-Joliet, IL Metropolitan Division

- Cook County
- DeKalb County
- DuPage County
- Grundy County
- Kane County
- Kendall County
- McHenry County
- Will County

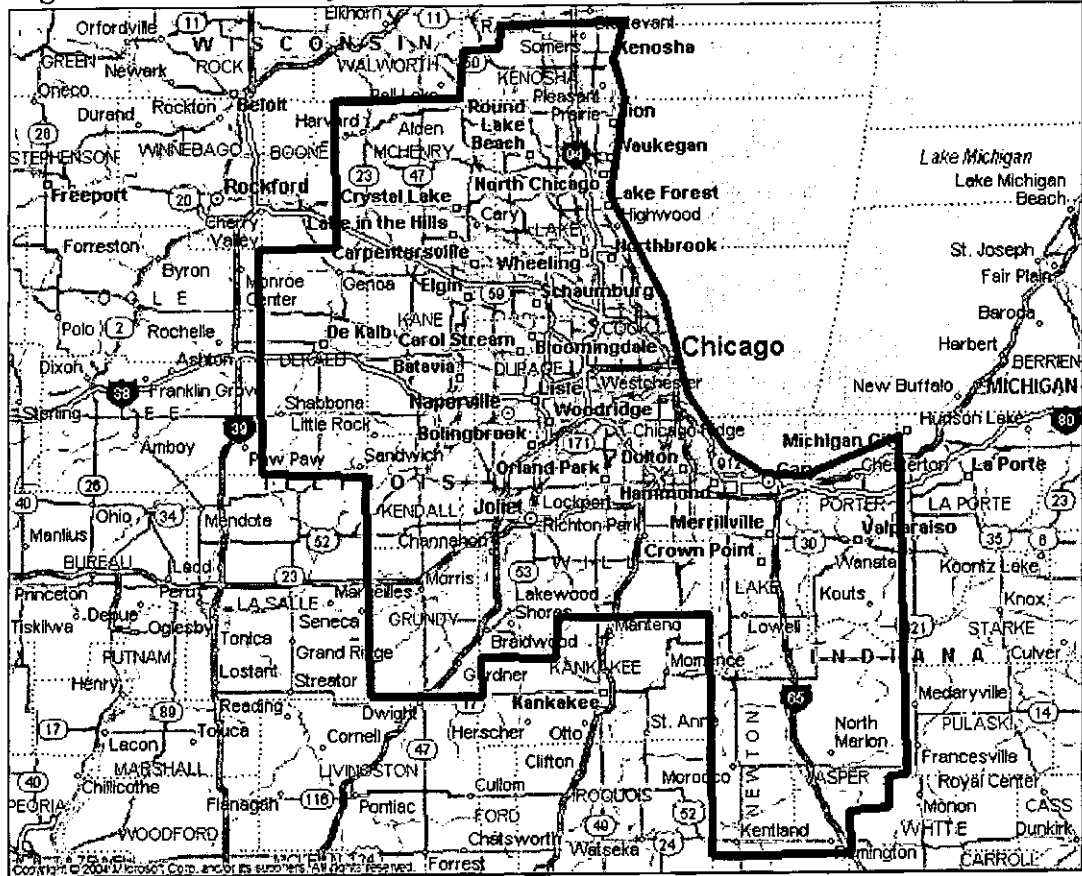
Gary, IN Metropolitan Division

- Jasper County
- Lake County, Indiana
- Newton County
- Porter County

Lake County-Kenosha County, IL-WI Metropolitan Division

- Lake County, Illinois
- Kenosha County, Wisconsin

Figure 3.2 Secondary Market Area Map



Revere Healthcare, Ltd. Copyright 2009

IV. DEMOGRAPHIC STUDY

MARKET CHARACTERISTICS

The market can be analyzed by identifiable traits or characteristics. Typical market characteristics include population and income distribution.

Methodology

Demographic information was obtained using the services of Claritas, Inc. The information is based on the based on the 2000 census, which is projected by Claritas for 2009 and 2014. Revere Healthcare analyzed and interpreted this information for the demographic study. The following section of this report will analyze historical economic and demographic growth trends in the service area. The data included in this section are useful indicators of the potential strengths and weaknesses of the proposed project. Due to limitations of the demographic data, the entire market population and the age 21-64 population is highlighted for the purpose of determining demand for the proposed adult services.

Population Distribution

The strength of a market area is most accurately measured by growth trends. Total population is growing in the market area. Table 4.1 illustrates the population distribution of the market. Services for adults with traumatic brain injury are used by the age 22-64 population. Due to limitations in the demographic data, the demographic study used the population age 21-64. As a result, table 4.1 illustrates the distribution of the target market. The target adult population is growing in the market area.

Table 4.1 PMA Population Distribution

Age Group	2000	2009	% Change	2014	% Change
Age 21 - 24	12,741	14,862	16.6%	16,285	9.6%
Age 25 - 34	38,437	42,385	10.3%	41,643	-1.8%
Age 35 - 44	44,645	41,693	-6.6%	41,858	0.4%
Age 45 - 49	20,427	22,172	8.5%	21,386	-3.5%
Age 50 - 54	17,944	21,040	17.3%	22,265	5.8%
Age 55 - 59	13,991	18,755	34.1%	20,940	11.7%
Age 60 - 64	10,714	15,258	42.4%	18,323	20.1%
Population 21-64	158,899	176,165	10.9%	182,700	3.7%
Total Population	278,418	303,907	9.2%	319,444	5.1%
% of Total Population	57.1%	58.0%		57.2%	

Source: Claritas

The target market is projected to increase from 2009 to 2014. The total population (278,418 in 2000) has increased 9.2% (303,907 total in 2009) and is projected to increase another 5.1% (319,444 total individuals) by 2014. The target adult population ages 21 to 64 years (158,899 in 2000) has increased 10.9% (176,165 total in 2009) and is projected to increase another 3.7% (182,700 total individuals) by 2014.

The target population (ages 21 to 64 years) will slightly increase their share of the total population and their total numbers increase from 2009–2014. In 2009 the 158,899 individuals age 21 to 64 years represented 57.1% of the total population. By 2014 this percentage is projected to reach 57.2% (182,700 individuals).

Household Tenure

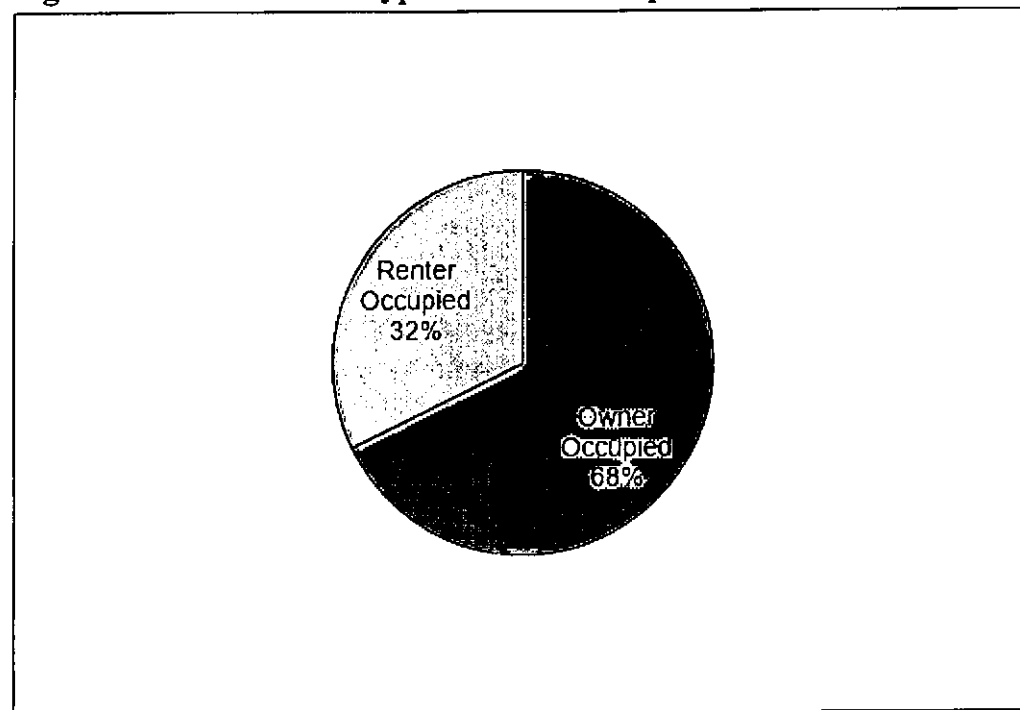
Table 4.2 shows that the majority of the target market owns their residence. At 68% of households, the percentage of owners is just below the national average of 70%.

Table 4.2 Household Tenure

Tenure	Ages 18-64	Percent
Owner Occupied	57,604	68%
Renter Occupied	27,330	32%
Total Age 18-64 Households	84,934	

Source: Claritas

Figure 4.1 Household Type & Relationship



Housing Values

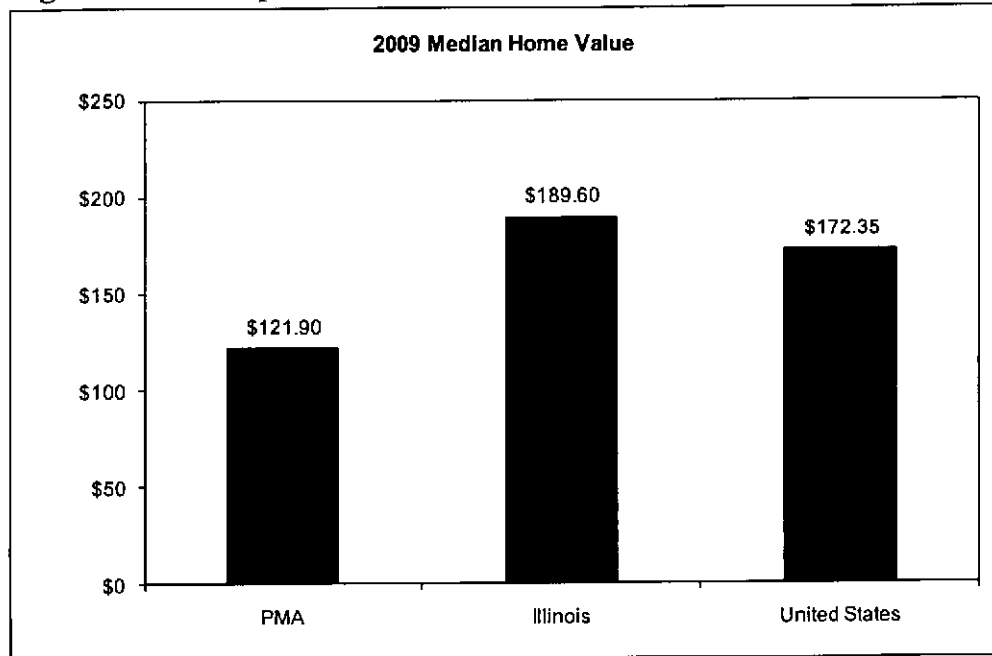
Housing values are both an indicator of the economic wellbeing of a market and a factor in determining entrance fees. The median housing value for the PMA is estimated to be \$121,896 in 2009 and that is below both the state and national averages.

Table 4.3 Median Housing Values (All Households)

Housing Value	2000	2009	% Change	2014	% Change
Less than \$60,000	13,448	8,046	-40.2%	7,482	-7.0%
\$60,000-\$99,999	31,077	20,716	-33.3%	18,396	-11.2%
\$100,000-\$199,999	27,234	43,736	60.6%	47,616	8.9%
\$200,000-\$299,999	2,797	7,610	172.1%	10,203	34.1%
\$300,000-\$400,000	628	1,819	189.6%	2,250	23.7%
\$400,000-\$500,000	239	534	123.4%	853	59.7%
\$500,000+	244	622	154.9%	825	32.6%
Total Units	75,667	83,083	9.8%	87,625	5.5%
Median Housing Value	\$ 91,694	\$ 121,896	32.9%	\$ 129,115	5.9%

Source: Claritas, Inc.

Figure 4.2 Comparison: Median Housing Values (All Households)



Income Distribution

Income distribution is an indicator of the economic wellbeing of a market. For the adult services population (householders age 18-64) the median household income for the primary market area (PMA) is estimated to be \$51,489 in 2009 and \$54,009 in 2014. The median income for all households in the PMA is below both the state and national averages. The following tables illustrate the median income (table 4.4), median income by age group (table 4.5), and a comparison of the regional, state, and national averages (figure 4.3).

Table 4.4 Median Household Income (All Households)

Household Income	2000	2009	% Change	2014	% Change
Less than \$15,000	14,673	14,184	-3.3%	14,118	-0.5%
\$15,000-\$34,999	27,260	26,776	-1.8%	26,684	-0.3%
\$35,000-\$74,999	43,168	45,409	5.2%	46,677	2.8%
\$75,000-\$150,000	19,398	25,951	33.8%	29,450	13.5%
\$150,000-\$499,999	3,238	4,531	39.9%	5,609	23.8%
\$500,000 and over	229	368	60.7%	472	28.3%
Total	107,966	117,219	8.6%	123,010	4.9%
Average Household Income	\$ 53,964	\$ 60,550	12.2%	\$ 63,829	5.4%
Median Household Income	\$ 44,466	\$ 48,306	8.6%	\$ 50,526	4.6%
Per Capita HH Income	\$ 21,194	\$ 23,586	11.3%	\$ 24,802	5.2%

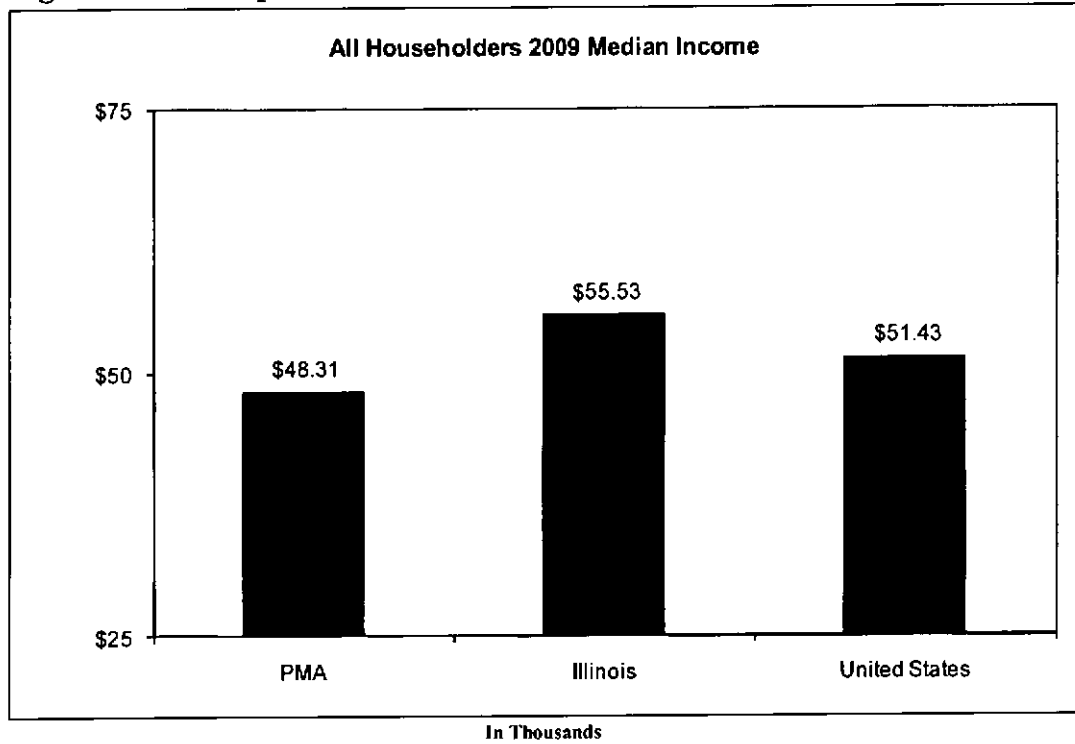
Source: Claritas, Inc.

Table 4.5 Median Household Income by Age Group (15-64 Households)

Age Group	2000	2009	% Change	2014	% Change
15-24	\$ 25,557	\$ 29,294	14.6%	\$ 31,178	6.4%
25-34	\$ 42,841	\$ 47,403	10.7%	\$ 50,064	5.6%
35-44	\$ 53,188	\$ 56,745	6.7%	\$ 59,072	4.1%
45-54	\$ 58,802	\$ 63,940	8.7%	\$ 66,718	4.3%
55-59	\$ 52,783	\$ 57,702	9.3%	\$ 60,279	4.5%
60-64	\$ 49,354	\$ 53,852	9.1%	\$ 56,745	5.4%

Source: Claritas, Inc.

Figure 4.3 Comparison: Median Income All Households



V. COMPETITION STUDY

METHODOLOGY

Revere conducted an analysis of the supply of facilities that offer services for traumatic brain injury in the service area. This section of the report analyzes the overall service area through a summary of special care facilities available to the adult populations of the service area.

The purpose of the study was to locate all existing and planned programs and facilities in the targeted market area, to identify the greatest competition to the proposed project, and to compare specific areas of operations and services. This summary represents Revere's best effort to identify all competitors, existing and potential, to the proposed project; however, facilities in the planning stages are difficult to identify and may not be reflected here.

At no time were competitors aware that Revere was gathering information for the proposed project.

SOURCES

There are several sources of information on competitive facilities and alternative services. Revere used the following sources in conducting this analysis:

- The RAMP Center for Independent Living for Boone, Dekalb, Stephenson and Winnebago Counties.
- Illinois Department of Healthcare and Family Services.
- Independent research conducted by Revere Healthcare, Ltd.

SUPPLY OF COMPETITIVE FACILITIES & SERVICES

Revere conducted an analysis of the supply of facilities that offer services for autistic adults in the PMA. However, Revere found that no facilities exist within the PMA that cater specifically to the residential needs of adults with traumatic brain injury. Although facilities exist within the PMA that provide residences and services to adults with TBI, these facilities mix developmental disabilities, mental illness, and nursing care. Some adults with TBI are currently residing within nursing facilities, assisted living facilities, group homes or facilities that focus on other mentally or physically challenged residents, but these facilities do not specifically cater or focus on traumatic brain injury. Generally speaking, continuing care and services designed to meet the specific needs of adults with traumatic brain injury are limited or, in many cases, non-existent.

CONCLUSIONS

The defined market area for the proposed project does not currently have a comprehensive program specializing in residential traumatic brain injury for adults. A void currently exists in the targeted marketplace for a facilities and services for individuals with traumatic brain injury.

VI. DEMAND ANALYSIS

METHODOLOGY

The demand analysis draws on the service area definition, demographic, and competition sections of this report. Relevant information collected to determine demand for the proposed services is summarized briefly in this section; however, the aforementioned sections must be read in order to fully understand the methodology used in this section. The market capture calculation is presented below.

TRAUMATIC BRAIN INJURY

Sources

Demographic data were obtained from Claritas, Inc. The incidence rate for traumatic brain injury was obtained from the following sources:

J. G. Collins, "Types of Injuries by Selected Characteristics: United States, 1985-1987," National Center for Health Statistics. *Vital Health Statistics* 10(175). Washington D.C.: GPO, 1990.

Joel Anton Forkosch, H. Stephen Kaye, and Mitchel P. LaPlante, "The Incidence of Traumatic Brain Injury in the United States," *Disability Statistics Abstract* 14 (March 1996): 1-4.

Introduction

According to the National Institute on Disability and Rehabilitation Research (NIDRR), approximately 1.9 million new cases of traumatic brain injury (TBI) occur each year and about half of these cases result in at least short-term disability. For the purposes of determining incidence, the article by LaPlante et al considered all injuries classified as "skull fractures and intracranial injuries" as TBI. Therefore, the incidence rates correspond to ICD-9 codes 800-804 and 850-854.

The incidence rate for TBI is 0.8%, or 8 out of every 1,000 persons experience a skull fracture or intracranial injury in any given year. The incidence rate varies with gender

(0.9% for men versus 0.7% for women) and with age. Young males under age 18 have the highest incidence rate at 1.6%.

TBI is caused by injuries involving moving motor vehicles (31% of cases), household accidents (26.3% of cases), injuries involving firearms, and workplace accidents. Approximately half (49.2%) of TBI cases result in limitations in activity and about a third (36.8%) cause the person to be restricted to bed for at least half a day. Those TBI cases that do experience short-term disability as a result of TBI are at risk for long-term disability.

Demographics

Due to the varying incidence rates, the number of TBI cases will vary depending on which method is used in the calculation. As a result, Revere performed calculations using the total population incidence rate, the incidence by gender rate, and the incidence by age rate. The results present a range of TBI cases for each area.

Total Population

As cited in the introduction, the incidence of TBI in the total population is 0.8%. The total population of the Primary Market Area (PMA) is estimated at 303,907 in 2009. Revere estimates 2,431 TBI cases per year in the PMA. The total population in Illinois is estimated at 12.9 million in 2009 resulting in approximately 103,500 TBI cases per year.

Gender

The incidence of TBI in males is 0.9% versus 0.7% for females. When analyzed by gender, we estimate 1,347 TBI cases among males in the PMA and 1,080 among females (2,427 total). The number of cases using the incidence by gender rate total 103,315 in Illinois.

Age

The incidence of TBI is highest among younger age groups (1.1% for ages 0–18 and 0.9% for ages 18–44) and lower among older age groups (0.5% for ages 44–64 and 0.6% for ages 65+). We estimate TBI cases in the PMA by age group as follows: 836 among those age 0–18, 998 among those age 18–44, 386 among those age 44–64, and 239 among those age 65+ (2,459 total). The number of cases using the incidence by age rate total 105,034 in Illinois.

In summary, each year there are between 2,427 and 2,459 TBI cases in the Primary Market Area (shown in table 6.1), between 103,315 and 105,034 in Illinois (shown in table 6.2).

Table 6.1 Incidence of TBI in the Primary Market Area

	2009 Population	Incidence Rate (Percent)	Estimated # of Cases in 2009
Total Population	303,907	0.8%	2,431
Gender			
Male	149,668	0.9%	1,347
Female	154,239	0.7%	1,080
Total	303,907		2,427
Age			
0-17	75,982	1.1%	836
18-44	110,935	0.9%	998
45-64	77,225	0.5%	386
65+	39,765	0.6%	239
Total	303,907		2,459

Source: 1985-1987 National Health Interview Survey, tabulated in Collins, J.G., Types of Injuries by Selected Characteristics: United States, 1985-1987. National Center for Health Statistics. Vital Health Statistics 10(175). 1990.

Table 6.2 Incidence of TBI in Illinois

	2009 Population	Incidence Rate (Percent)	Estimated # of Cases in 2009
Total Population	12,937,547	0.8%	103,500
Gender			
Male	6,375,931	0.9%	57,383
Female	6,561,616	0.7%	45,931
Total	12,937,547		103,315
Age			
0-17	3,212,607	1.1%	35,339
18-44	4,868,954	0.9%	43,821
45-64	3,261,343	0.5%	16,307
65+	1,594,643	0.6%	9,568
Total	12,937,547		105,034

Source: 1985-1987 National Health Interview Survey, tabulated in Collins, J.G., Types of Injuries by Selected Characteristics: United States, 1985-1987. National Center for Health Statistics. Vital Health Statistics 10(175). 1990.

In the adult population (ages 21-64) in the Primary market area, shown in table 6.3, there are between 1,277 and 1,409 TBI cases each year. In the adult population (ages 21-64) in Illinois, shown table 6.4, there are between 55,037 and 60,518 TBI cases each year.

Table 6.3 Incidence of TBI in the Primary Market Area - Adults (Age 21-64)

	2009 Population	Incidence Rate (Percent)	Estimated # of Cases in 2009
Total Adult Population (21-64)	176,165	0.8%	1,409
Gender			
Male	87,776	0.9%	790
Female	88,389	0.7%	619
Total	176,165		1,409
Age			
21-44	98,940	0.9%	890
45-64	77,225	0.5%	386
Total	176,165		1,277

Source: 1985-1987 National Health Interview Survey, tabulated in Collins, J.G., Types of Injuries by Selected Characteristics: United States, 1985-1987. National Center for Health Statistics. Vital Health Statistics 10(175). 1990.

Table 6.4 Incidence of TBI in the Illinois - Adults (Age 21-64)

	2009 Population	Incidence Rate (Percent)	Estimated # of Cases in 2009
Total Adult Population (21-64)	7,564,725	0.8%	60,518
Gender			
Male	3,779,990	0.9%	34,020
Female	3,784,735	0.7%	26,493
Total	7,564,725		60,513
Age			
21-44	4,303,382	0.9%	38,730
45-64	3,261,343	0.5%	16,307
Total	7,564,725		55,037

Source: 1985-1987 National Health Interview Survey, tabulated in Collins, J.G., Types of Injuries by Selected Characteristics: United States, 1985-1987. National Center for Health Statistics. Vital Health Statistics 10(175). 1990.

Table 6.5 TBI Residential Assisted and Skilled Nursing Unit Demand

	<u>2009</u>	Total Population	By Gender	By Age
Total TBI Incidence		1,409	1,409	1,277
Capture Rate		10.00%	10.00%	10.00%
2/3 of Participants from PMA		141	141	128
1/3 of Participants from SMA		70	70	64
Estimated TBI Program Participants		211	211	192
Estimated Residential Assisted TBI Units Demand (25%)		53	53	48
Estimated Skilled Nursing TBI Units Demand (75%)		159	159	144

Table 6.5 shows the projected average annual demand for residential assisted and skilled nursing TBI care units in the Rockford PMA. To be conservative, Revere assumed capture rates of 10%, estimating a population of between 192 and 211 individuals with traumatic brain injury based on the above calculations. A potential development could support between 48-53 residential assisted living units and between 144-159 skilled nursing units.

CONCLUSIONS AND RECOMMENDATIONS

Based on the information reviewed and contained in this report, Revere recommends further analysis regarding the potential development of 53 residential assisted living units and 120 skilled nursing units in a project that provides housing and services to the population with traumatic brain injury in Rockford.

GLOSSARY

absorption rate. The anticipated rate that housing units will be filled. Industry norms, product demand, existing competition, and the real estate market within the primary market area are used to determine this rate.

activities of daily living (ADLs). Actions or events concerning personal appearance, hygiene, or health performed on a regular or daily basis, including but not limited to dressing, bathing, grooming, hygiene, and supervised self-administered medication. Also called *personal care*.

ADLs. *See activities of daily living.*

ALU. *See assisted living units.*

assisted living units (ALU). A housing facility type integrating shelter and services for a more frail elderly population, typically those who are functionally and/or socially impaired and need 24-hour supervision. Unlike retirement housing, this is a service-intensive living environment with social and support services combined with assistance (as required) in activities of daily living. Residents must generally be ambulatory and not require actual nursing care, but even these requirements are relaxing. Physical standards and staffing requirements for these facilities may be, but are not always, licensed by the state. May also be known as *domiciliary care, board and care, personal care, sheltered care, or adult foster care facilities* depending on the state.

Department of Health and Human Services (DHHS). Governmental agency charged with maintaining public health.

DHHS. *See Department of Health and Human Services.*

home health care. Also called home care. Home care uses the patient's residence as an alternative site for the delivery of health care services. This level of care is suitable for patients who are medically stable enough to return home but who still require some health care services. Because home care reduces the need for extended, costly hospitalization, this sector of the health care industry has realized amazing growth over the past few years.

hospice care. A supportive care environment for the terminally ill patient. Hospice care can be provided in a variety of settings, including hospital and nursing facility units and stand-alone facilities.

ICF. *See intermediate care facilities.*

ILU. *See independent living units.*

independent living units (ILU). A housing facility type integrating shelter and services for the older adult who is willing and able to remain living independently, but who requires assistance in coordinating the support and services they need. Older adults who choose independent living want to be a part of a supportive and caring group of neighbors while maintaining their independence and privacy. ILU facilities must successfully coordinate environment, services, and community support in order to increase independence and offset social isolation. Residents will have different levels of service requirements, with some needing no additional services. Services generally include housekeeping, personal care, nutrition, and transportation. May also be known as *congregate living facilities, Continuing Care Retirement Communities (CCRCs), and retirement villages*.

- intermediate care facilities (ICF).** ICFs serve patients whose needs are custodial in nature, and these facilities generally provide a lower level of nursing care and a lower staff-to-patient ratio than SNFs. ICFs are licensed by the state and may participate only in the Medicaid program.
- long-term care (LTC).** A residential housing or health care delivery setting that focuses on patients in need of care for a chronic condition, convalescence or rehabilitation from an acute episode, assistance with personal care, supervision (as in dementia cases), or any other situation involving a diagnosis with no short-term resolution.
- LTC.** *See long-term care.*
- market penetration rate.** A measurement that the financial community utilizes to determine market risk for housing projects. The higher the penetration rate, the higher the market risk. The calculation involves defining a qualified population based on several standard criteria. For example, an age and income screen would produce the qualified population for a retirement housing project. Several deductions may be used to further define a project's target population. The number of competitive units is typically deducted.
- Medicaid.** Title XIX of the Social Security Act as amended in 1966. A program of federal grants to the states for the purpose of providing medical assistance to those unable to afford the cost of these services. There are four categories of Medicaid recipients: 1) families with dependent children; 2) older adults; 3) the blind; 4) the disabled; and comparable groups of medically indigent persons. Medically needy is defined as those individuals whose medical expenses reduce their income below the Medicaid eligibility level. Each state must provide at least partial coverage for inpatient, outpatient, laboratory, nursing, and medical services.
- Medicare.** Title XVIII of the Social Security Act as amended in 1965. A federal government program providing medical care to everyone receiving Social Security. Medicare coverage is divided into Plan A and Plan B. Plan A covers everyone for hospital, nursing facility, and home health care costs. Hospital care is reimbursed based on DRG, nursing facility care on up to 100 days, and home health on any one spell of illness provided that it is brief. Plan B is a voluntary program covering those who pay a small monthly premium in order to participate. Additional services are covered under Plan B, but the Medicare recipient must pay a 50% deductible to receive them. These services include medical expenses, outpatient treatment, and home health care.
- nursing facility.** In a 1986 survey, the National Center for Health Statistics stated that to be classified as a nursing or related care home, a facility must have three or more beds and have provided nursing care, personal care, and/or custodial care to its residents. Based on this survey and several more recent reports, approximately 15,000–16,000 free-standing nursing facilities exist in the United States. These facilities tend to be 50–150 beds in size and 93% occupied on average.
- nursing home.** *See nursing facility.*
- personal care.** Assistance with daily activities relating to the person or body. For example, assistance with grooming and dressing are personal care services.
- PMA.** *See primary market area.*
- primary market area (PMA).** The majority (in this case 80%–85%) of a project's market originates from this part of the service area. Market-specific analysis, the market areas of primary competitors, and a Sponsor's historical draw for similar services are common methods of primary market definition.
- proforma.** A financial model of a project's estimated operating results to be used as a basis for financing and development. Common components include notes and assumptions, a balance sheet, cash a flow statement, and a revenues over expenses statement.
- provider.** Any supplier of health care services, from a physician to a hospital.
- registered nurse (RN).** A graduate trained nurse who has been licensed by a state authority after meeting the criteria set for registration.
- rehabilitation.** The process of restoring an individual who has experienced an illness or other traumatic event to a condition of health or former activity. Common types of rehabilitation include speech, occupational, and physical therapies.

RN. *See* registered nurse.

secondary market area (SMA). The portion of the service area outside of the primary market area. Approximately 10%–15% of a project's market originates from this area.

service area. The most likely consumers for a particular service reside in the area surrounding the proposed site. This area is limited by geographic, political, and socio-economic boundaries. Sponsorship by a not-for-profit organization or a hospital may also affect the size and scope of a service area. ZIP codes, communities, or counties are frequently used to define a service area.

skilled nursing facilities (SNF). A nursing facility providing medical and rehabilitation services to patients. Services are of lower acuity than those provided by a hospital, but they are also generally provided for a longer period of time. Skilled nursing beds provide patient's with a high level of nursing, supervision, and health care. Admission to a SNF is by order of a physician only. SNFs render intensive nursing, such as convalescence from a hospital stay, and generally provide a high level of nursing care (RNs) and staff-to-patient ratios.

SLF. *See* supportive living facility.

SLP. *See* supportive living program.

supportive living facility (SLF). An affordable housing facility type integrating shelter and services for either a disabled adult or frail elderly population, typically those who are functionally and/or socially impaired and need 24-hour supervision. This is a service-intensive living environment with social and support services combined with assistance (as required) in activities of daily living. Residents must generally be ambulatory and not require actual nursing care. Physical standards and staffing requirements for these facilities are licensed by the State of Illinois. *See* supportive living program.

supportive living program (SLP). This assisted living-style waiver program is designed for the frail elderly aged 65 years and older, or those 22 to 64 years of age with disabilities. The program combines affordable apartment-like housing, personal care, and health related services in an assisted living-style setting for individuals who would otherwise be placed in a nursing facility. This waiver received approval to operate for five years ending June 2007. The waiver has been renewed beginning July 1, 2007. At the end of fiscal year 2007, there were 78 SLFs in operation that were serving over 3,200 Medicaid-eligible residents. Enrolled sites offer the following services to residents: intermittent nursing services, personal care, medication oversight and assistance in self-administration, meals, laundry, housekeeping, maintenance, social and recreational programming, ancillary services (i.e., group activities, arranging outside services, shopping assistance), 24-hour response/security staff, health promotion and exercise programming, and emergency call system. Service rates paid by the Department are based on 60 percent of what would be spent on nursing facility care in the same geographic area. *See* supportive living facility.

SMA. *See* secondary market area.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
 General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Winnebago

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
ALDEN GARDENS OF ROCKFORD	ROCKFORD	Winnebago County	0	0	0	0
Formerly "Rockford Manor" and "Rockford Healthcare Center".						
7/18/2006 05-050 Board deemed the facility discontinued; 75 nursing care beds removed from inventory.						
ALDEN-ALMA NELSON MANOR	ROCKFORD	Winnebago County	268	78,137	0	0
ALDEN-PARK STRATHMOOR	ROCKFORD	Winnebago County	189	54,781	0	0
ALPINE FIRESIDE HEALTH CENTER	ROCKFORD	Winnebago County	66	16,220	33	9,815
AMBERWOOD NURSING & REHAB CTR	ROCKFORD	Winnebago County	162	25,445	0	0
8/1/2005 Name Change Formerly "Courtyard Terrace Nursing Home".						
ASTA CARE CENTRE OF ROCKFORD	ROCKFORD	Winnebago County	130	37,365	0	0
EAST BANK CENTER, LLC.	LOVES PARK	Winnebago County	54	8,917	0	0
Formerly "Fountain Terrace", "Park Ridge Terrace" and "River View Manor, Ltd".						
FAIR OAKS REHAB & HCC	SOUTH BELOIT	Winnebago County	78	24,423	0	0
Formerly "Maplewood Nursing Home" and "Fair Oaks Health Care Center of South Beloit".						
7/18/2006 Bed Change Added 7 nursing care beds; total now 78 nursing care beds.						
FAIRHAVEN CHRISTIAN RETIREMENT	ROCKFORD	Winnebago County	96	29,401	135	27,735
FAIRVIEW NURSING PLAZA	ROCKFORD	Winnebago County	213	71,252	0	0
MEDINA NURSING CENTER	DURAND	Winnebago County	89	27,776	0	0
P. A. PETERSON CENTER FOR HEALTH.	ROCKFORD	Winnebago County	127	36,503	32	4,597
10/21/2005 Bed Change Added 10 nursing care beds and discontinued 19 sheltered care beds. Bed totals now 132 nursing care and 32 sheltered care beds.						
3/23/2006 Bed Change Discontinued 5 nursing care beds, bed total now 127 nursing care and 32 sheltered care beds.						
PROVENA COR MARIAE CENTER	ROCKFORD	Winnebago County	73	22,262	61	26,628
12/7/2005 Bed Change Added 10 nursing care beds; facility now has 73 nursing care and 61 sheltered care beds.						
PROVENA ST. ANNE CENTER	ROCKFORD	Winnebago County	179	59,679	0	0
RIVER BLUFF NURSING HOME	ROCKFORD	Winnebago County	304	90,572	0	0
ROSEWOOD CARE CENTER - ROCKFORD	ROCKFORD	Winnebago County	120	34,835	0	0
SPRINGWOOD NURSING & REHAB	ROCKFORD	Winnebago County	97	29,960	0	0
12/1/2005 Name Change Formerly "Willows on Main".						
WILLOWS HEALTH CARE	ROCKFORD	Winnebago County	91	27,317	202	52,486

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area:	Winnebago	General Nursing Care				Sheltered Care	
		2005 Patient Days	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 Patient Days	2005 Patient Beds	2005 Patient Days
Health Service Area: 001		2005 HSA Estimated Population		2005 HSA Minimum Use Rates		2005 HSA Maximum Use Rates	
AGE GROUPS		2005 HSA Patient Days	2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 PSA Patient Days	2005 PSA Projected Populations
0-64 Years Old	250,000	216,669	373.8	224.3	598.0	111,802	273,800
65-74 Years Old	18,200	172,039	3,901.1	2,340.7	6,241.8	82,186	26,400
75+ Years Old	18,800	1,376,437	30,452.1	18,271.3	48,723.4	480,897	20,500
				Planning Area Totals		2005 PSA Patient Days	
						766,043	
						2,098.7	
						2,332	
						121,261	

LONG-TERM CARE BED INVENTORY UPDATES
03/19/2008 - 04/26/2010

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HEALTH SERVICE AREA 001			
Boone	310	279	31
Carroll	204	170	34
DcKalb	694	742	(48)
Jo Daviess	217	155	62
Lee	310	342	(32)
Ogle	573	553	20
Stephenson	662	616	46
Whiteside	717	822	(105)
Winnebago	2,332	2,338	(6)
HEALTH SERVICE AREA 002			
Bureau/Putnam	413	440	(27)
Fulton	532	718	(186)
Henderson/Warren	259	217	42
Knox	816	965	(149)
LaSalle	1,329	1,410	(81)
McDonough	388	376	12
Marshall/Stark	373	427	(54)
Peoria	1,698	1,822	(124)
Tazewell	1,621	1,293	328
Woodford	672	597	75
HEALTH SERVICE AREA 003			
Adams	1,338	1,511	(173)
Brown/Schuyler	184	215	(31)
Calhoun/Pike	265	337	(72)
Cass	207	221	(14)
Christian	412	472	(60)
Greene	159	119	40
Hancock	196	241	(45)
Jersey	387	359	28
Logan	494	468	26
Macoupin	683	744	(61)
Mason	135	164	(29)
Menard	202	192	10
Montgomery	563	624	(61)
Morgan/Scott	608	654	(46)
Sangamon	1,395	1,254	141
HEALTH SERVICE AREA 004			
Champaign	1,003	1,025	(22)
Clark	296	255	41
Coles/Cumberland	724	954	(230)
DeWitt	187	190	(3)
Douglas	233	233	0
Edgar	282	299	(17)
Ford	247	427	(180)
Iroquois	477	564	(87)
Livingston	500	541	(41)
McLean	1,277	1,112	165
Macon	1,307	1,292	15
Moultrie	309	369	(60)
Piatt	160	160	0
Shelby	252	265	(13)
Vermilion	680	757	(77)
HEALTH SERVICE AREA 005			
Alexander/Pulaski	116	83	33
Bond	179	198	(19)
Clay	145	209	(64)
Crawford	245	215	30
Edwards/Wabash	145	139	6
Effingham	404	432	(28)
Fayette	246	340	(94)
Franklin	430	400	30
Gallatin/Hamilton/Saline	701	667	34
Hardin/Pope	94	109	(15)
Jackson	336	427	(91)
Jasper	69	82	(13)
Jefferson	399	346	53
Johnson/Massac	339	312	27
Lawrence	338	381	(43)
Marion	837	605	232



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Illinois Health Facilities & Services Review Board
 525 West Jefferson Street, Second Floor
 Springfield, IL 62761

Dear Sir or Madam,

I am writing this letter in support of the proposed Warrior's Gateway Certificate of Need application to construct and operate a 120 bed skilled nursing facility in Rockford, Illinois. A facility specializing in the needs of the patient population with a traumatic brain injury is needed in the area.

As a physician serving residents in the Rockford area, I am familiar with the growing need for a facility capable of meeting the post-acute care needs of individuals following a traumatic brain injury.

Currently, patients must leave the Rockford area to receive these services – some of whom must travel to other states for care. I am confident that Warrior's Gateway will provide quality specialized care to the community of Rockford.

Based on recent experience, I could refer 2 – 3 patients per month from this area to the Warrior's Gateway facility for specialized skilled nursing services and/or rehabilitation. These prospective resident referrals have not been used to support another pending or approved CON application.

I fully support the proposed Warrior's Gateway facility.

Sincerely,

Jocelyn Go-Linn
 Jocelyn Go-Linn, M.D.



State of Illinois
 County of Winnebago

Signed before me on May 7, 2010
 by Debra J. Bruesewitz
Debra J. Bruesewitz
 Signature of Notary Public



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Sincerely,

Roselia deRosales



Roselia deRosales, M.D.

State of Illinois County of Winnebago Signed before me on <u>May 7, 2010</u> by <u>Debra J. Bruesewitz</u> <u><i>Debra J. Bruesewitz</i></u> Signature of Notary Public
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I fully support the proposed Warrior's Gateway facility.

Sincerely,

Michael Koumelis, M.D.



State of Illinois County of Winnebago Signed before me on <u>May 7, 2010</u> by <u>Debra J. Bruesewitz</u> Signature of Notary Public



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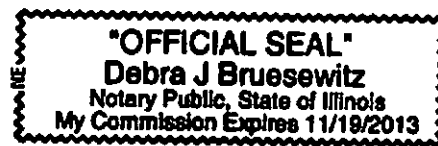
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I fully support the proposed Warrior's Gateway facility.

Sincerely,

William E. Kobler, M.D.

William Kobler, M.D.



State of Illinois
 County of Winnebago

Signed before me on May 7, 2010

by Debra J. Bruesewitz

Debra J. Bruesewitz
 Signature of Notary Public



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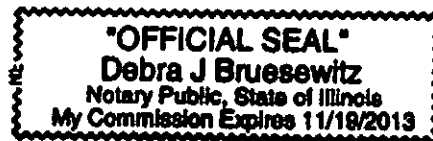
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I fully support the proposed Warrior's Gateway facility.

Sincerely,

Varsha Bilokikar, M.D.



State of Illinois
 County of Winnebago

Signed before me on May 7, 2010

by Debra J. Bruesewitz

Debra J. Bruesewitz
 Signature of Notary Public



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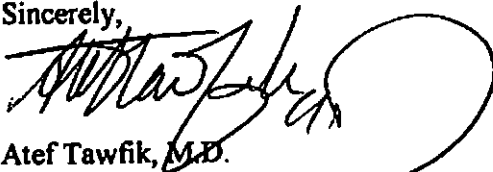
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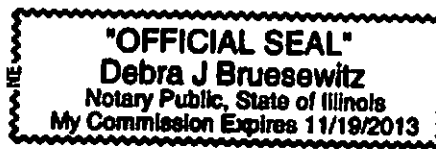
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I fully support the proposed Warrior's Gateway facility.

Sincerely,


 Atef Tawfik, M.D.



State of Illinois
 County of Winnebago

Signed before me on May 7, 2010

by Debra J. Bruesewitz


 Signature of Notary Public



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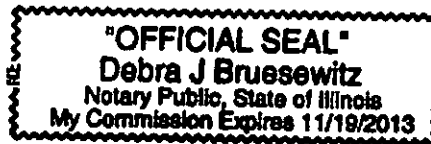
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Based on recent experience, I could refer 2 – 3 patients per month from this area to the Warrior's Gateway facility for specialized skilled nursing services and/or rehabilitation. These prospective resident referrals have not been used to support another pending or approved CON application.

I fully support the proposed Warrior's Gateway facility.

Sincerely,

William Bitsas, M.D.



State of Illinois County of Winnebago Signed before me on <u>May 7, 2010</u> by <u>Debra J. Bruesewitz</u> Signature of Notary Public



OSF[®]
MEDICAL GROUP
A commitment to life.

Illinois Health Facilities & Services Review Board
 525 West Jefferson Street, Second Floor
 Springfield, IL 62761

Dear Sir or Madam,

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I fully support the proposed Warrior's Gateway facility.

Sincerely,

B O'Malley M.D.

Bernard O'Malley, M.D.



State of Illinois
 County of Winnebago

Signed before me on May 7, 2010

by Debra J. Bruesewitz

Debra J. Bruesewitz
 Signature of Notary Public



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Illinois Health Facilities & Services Review Board
 525 West Jefferson Street, Second Floor
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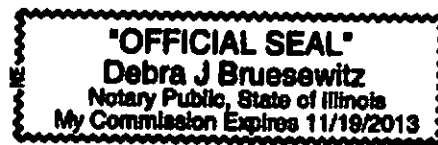
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I fully support the proposed Warrior's Gateway facility.

Sincerely,

Kimberland Anderson, M.D.



State of Illinois County of Winnebago Signed before me on <u>May 7, 2010</u> by <u>Debra J. Bruesewitz</u> Signature of Notary Public



Illinois Health Facilities & Services
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed Warrior's Gateway Certificate of Need application to construct and operate a 120-bed skilled nursing facility in Rockford, Illinois. A facility specializing in the needs of the patient population with a neurologic injury is needed in the area


As a physician serving residents in the Rockford area, I am familiar with the growing need for a facility capable of meeting the post-acute care needs of individuals following traumatic brain injury, stroke, spinal cord injury, and other disease affecting the nervous system.


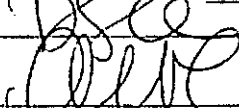
Currently, patients must leave the Rockford area to receive these services...some of whom must travel to other States for care. I am confident that Warrior's Gateway will provide quality specialized care to the community of Rockford.

Based on recent experience, I could refer 5 patients per month from this area to the Warrior's Gateway facility for specialized skilled nursing services and/or rehabilitation. These prospective resident referrals have not been used to support another pending or approved CON application.

I fully support the proposed the Warrior's Gateway facility.

Sincerely,


Dongwoo John Chang, MD, FRCS(C)
Neurological Surgery
Medical Director

State of Illinois County of Winnebago	
Signed before me on <u>5/7/10</u>	
By 	
Signature of notary public	



Illinois Neurological Institute

Illinois Health Facilities & Services
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed Warrior's Gateway Certificate of Need application to construct and operate a 120-bed skilled nursing facility in Rockford, Illinois. A facility specializing in the needs of the patient population with a neurologic injury is needed in the area

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Based on recent experience, I could refer 7 patients per month from this area to the Warrior's Gateway facility for specialized skilled nursing services and/or rehabilitation. These prospective resident referrals have not been used to support another pending or approved CON application.

I fully support the proposed the Warrior's Gateway facility.

Sincerely,

Denise Crute, M.D., FACS
Neurological Surgery

State of Illinois County of Winnebago	
Signed before me on <u>5-5-10</u>	
By: <u>Denise Crute, MD</u>	
 _____ Signature of notary public	



Illinois Health Facilities & Services
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed Warrior's Gateway Certificate of Need application to construct and operate a 120-bed skilled nursing facility in Rockford, Illinois. A facility specializing in the needs of the patient population with a neurologic injury is needed in the area

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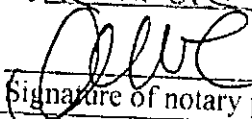
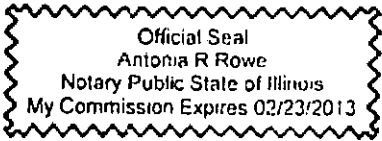
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I fully support the proposed the Warrior's Gateway facility.

Sincerely,

Richard Freeman, M.D., FACS
Neurological Surgery

State of Illinois County of Winnebago	
Signed before me on <u>5-3-10</u>	
By <u>Richard E. Freeman</u>	
	
Signature of notary public	



Illinois Health Facilities & Services
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed Warrior's Gateway Certificate of Need application to construct and operate a 120-bed skilled nursing facility in Rockford, Illinois. A facility specializing in the needs of the patient population with a neurologic injury is needed in the area


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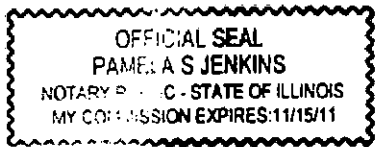
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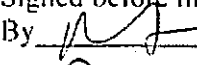
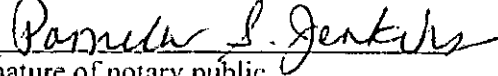
Based on recent experience, I could refer 10 patients per month from this area to the Warrior's Gateway facility for specialized skilled nursing services and/or rehabilitation. These prospective resident referrals have not been used to support another pending or approved CON application.

I fully support the proposed the Warrior's Gateway facility.

Sincerely,


Monica Simionescu, M.D.
Neurology/Vascular Neurology
Medical Director of Stroke Services



State of Illinois
County of Winnebago
Signed before me on 5-11-10
By  MONICA SIMIONESCU

Signature of notary public

1110.1730(b)(5) Planning Area Need – Service Accessibility

The 120 beds established as part of the project are necessary for improving access to licensed skilled nursing beds in Winnebago County. Specifically, the proposed project seeks to improve access to specialized programs for veterans and the general population with poly trauma and/or traumatic brain injury.

The planning area is currently served by 17 facilities with 2,338 beds. However, these facilities do not possess many critical components to serve this population: staff with the appropriate qualifications; common areas designed for the needs of a younger, active population; programs capable of returning this population to the most independent living setting possible with employment; and equipment specific to such a program.

1110.1730(e)(1) Unnecessary Duplication of Services

ZIP Code List:

61008
61010
61011
61016
61020
61024
61032
61039
61047
61052
61063
61067
61072
61073
61084
61088
61101
61102
61103
61104
61107
61108
61109
61111
61115

Total Population of ZIP Codes:

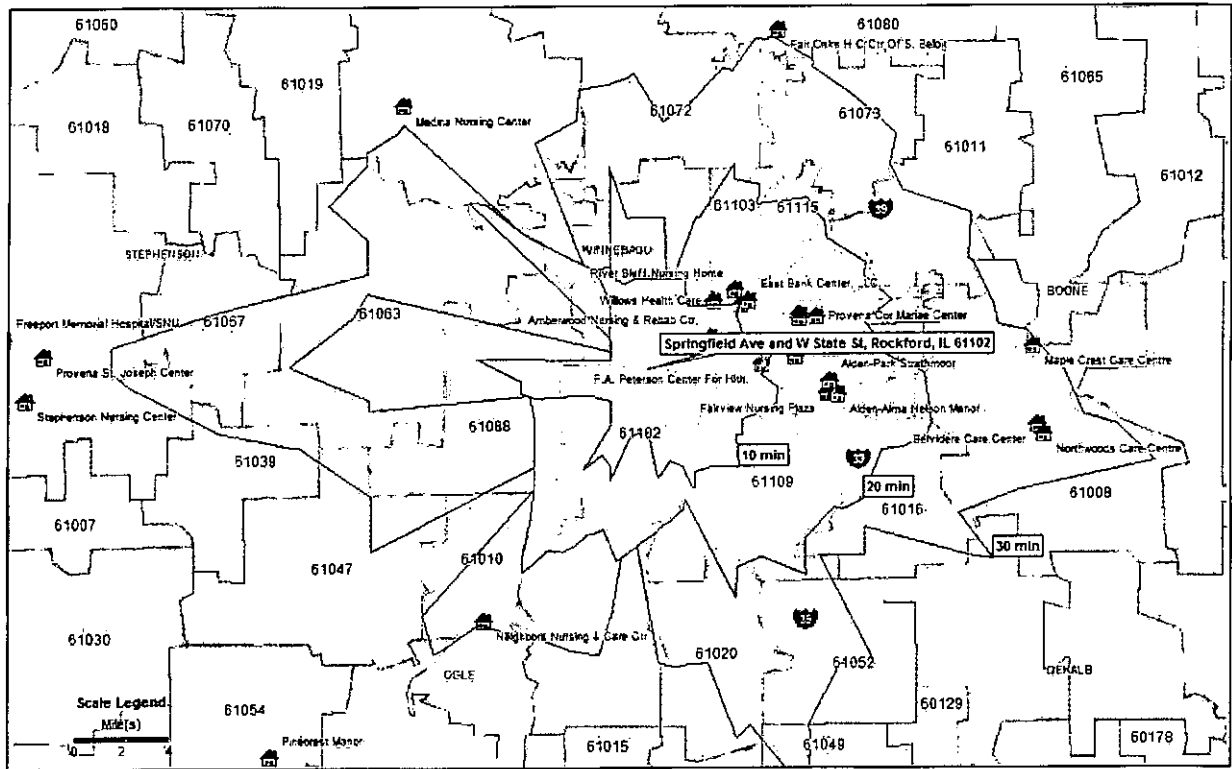
362,542 in 2009

Approved General Long Term Care Facilities

Approved health care facilities within a 30 minute drive time are as follows:

Medina Nursing Center
Amberwood Care Center
Willows Health Center
Asta Care Center of Rockford
Rockford Nursing & Rehab Center
East Bank Center
Rosewood Care Center of Rockford
Alden Alma Nelson Manor
River Bluff Nursing Home
PA Peterson
Fairview Nursing Plaza
Fairhaven Christian Retirement Center
Provena St. Anne Center
Alpine Fireside Health
Provena Cor Mariae Center
Alden Park Strathmoor
Northwoods Care Center
Home Bridge Center
Four Oaks Rehab
Maple Crest Care Center
Stephenson Nursing Center

Map of Facilities within a 30 Minute Drive Time



1110.1730(e)(2) Maldistribution

The project will not result in a maldistribution of services.

A) Ratio of Beds to Population

In the project's primary service area of Winnebago County, the number of beds totals:

Current Supply	2,338
Project	120
Total	2,458

Total population in 2009 = 303,907

Beds per 1,000 population = 8.09

State average = 8.00*

Therefore, the ratio of beds to population does not exceed one and one-half times the State average.

*State total population in 2009 was 12,937,547, and there were 103,544 licensed beds.

Source: Claritas, LTC State Profiles 2008

In the project's planning area of Winnebago County, the number of beds totals:

Medina	2,332
Project	120
Total	2,458

Total population in 2005 = 287,000

Beds per 1,000 population = 8.5

State average = 8.00*

Therefore, the ratio of beds to population does not exceed one and one-half times the State average.

*State total population in 2009 was 12,937,547, and there were 103,544 licensed beds.

Source: LTC Inventory 2008

B) Historical Utilization

The pages from LTC Profiles 2008 for each facility within a 30 minute drive time are attached (attachment 45).

C) Sufficient Population

The market study by Revere Healthcare, Ltd. (attachment 35 item 1) illustrates that sufficient population exists within the proposed project's service area to ensure the necessary volume to utilize the proposed services at or above occupancy standards.



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



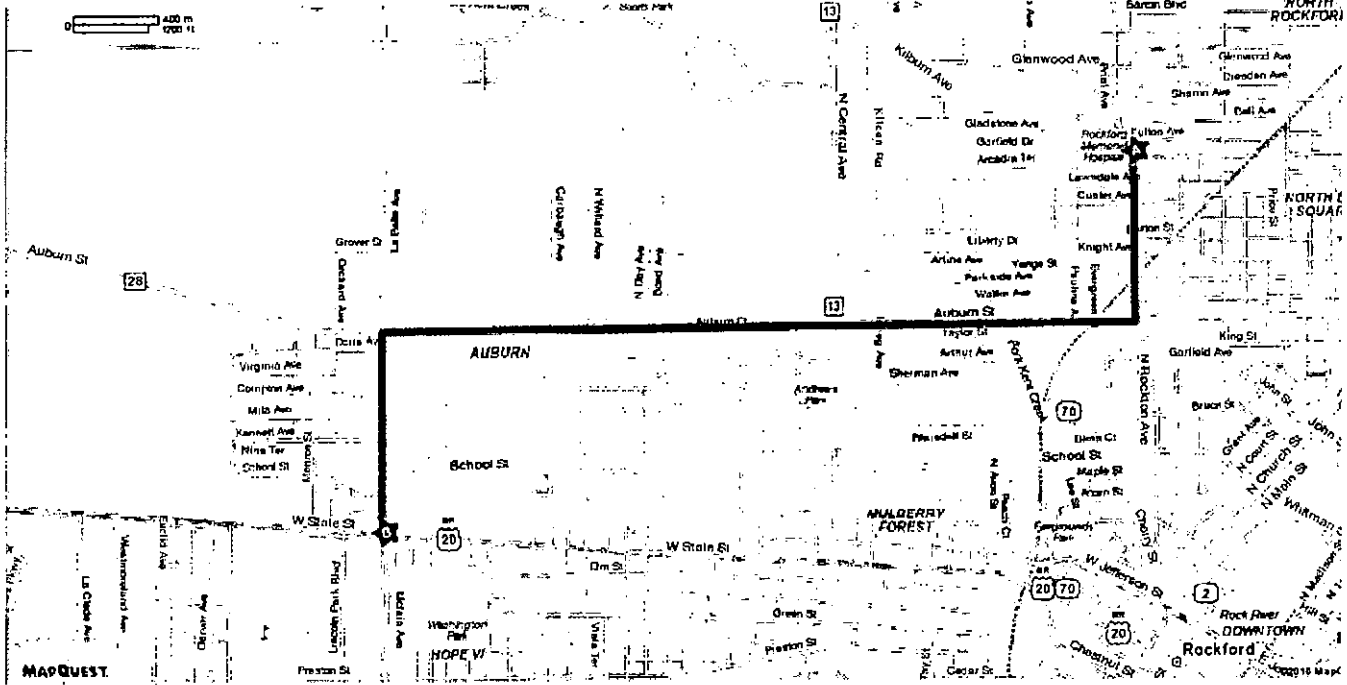
Starting Location
2313 N Rockton Ave
 Rockford, IL 61103-3618



Ending Location
115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 8 minutes / 3.79 miles Fuel Cost: [Calculate](#)

Amberwood Care Center



2313 N Rockton Ave Edit
 Rockford, IL 61103-3618

- | | | |
|--|--|--------|
| | Start out going SOUTH on N ROCKTON AVE toward VAN WIE AVE. | 0.6 mi |
| | Turn RIGHT onto AUBURN ST. | 2.5 mi |
| | Turn LEFT onto N SPRINGFIELD AVE. | 0.7 mi |
| | 115 N SPRINGFIELD AVE is on the LEFT. | |



115 N Springfield Ave Edit
 Rockford, IL 61101

Total Travel Estimate: 8 minutes / 3.79 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.

AMBERWOOD CARE CENTRE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2313 North Rockton ROCKFORD, IL. 61103		Aggressive/Anti-Social	1	DIAGNOSIS	
Reference Numbers Facility ID 6001267		Chronic Alcoholism	0	Neoplasms	1
Health Service Area 001 Planning Service Area 201		Developmentally Disabled	0	Endocrine/Metabolic	19
Administrator		Drug Addiction	1	Blood Disorders	1
Julie Logan		Medicaid Recipient	0	*Nervous System Non Alzheimer	3
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	11
Julie Logan		Mental Illness	0	Mental Illness	8
815-964-2200		Non-Ambulatory	0	Developmental Disability	2
Registered Agent Information		Non-Mobile	0	Circulatory System	14
Marc A. Benjamin, Amberwood CC, LLC		Public Aid Recipient	0	Respiratory System	12
801 Skokie Blvd., Suite 100		Under 65 Years Old	0	Digestive System	2
Northbrook, IL 60062		Unable to Self-Medicat	0	Genitourinary System Disorders	1
Date Completed 4/24/2009		Ventilator Dependent	1	Skin Disorders	1
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0
LIMITED LIABILITY CO		Other Restrictions	0	Injuries and Poisonings	2
		No Restrictions	0	Other Medical Conditions	5
		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
				TOTALS	82

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	162	143	103	137	82	80	19	162	80	187
Skilled Under 22	0	0	0	0	0	0		0		185
Intermediate DD	0	0	0	0	0	0		0		82
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	162	143	103	137	82	80	19	162		

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						TOTAL Pat. days	TOTAL Pat. days	TOTAL Pat. days	TOTAL Pat. days		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days						
Nursing Care	3520	50.6%	28378	44.5%	0	709	2181	0	32768	55.3%	62.6%	
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	3520	50.6%	26378	44.5%	0	709	2161	0	32768	55.3%	62.6%	

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		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2	2
45 to 59	11	6	0	0	0	0	0	0	11	6	17	17
60 to 64	4	4	0	0	0	0	0	0	4	4	8	8
65 to 74	8	10	0	0	0	0	0	0	8	10	18	18
75 to 84	9	15	0	0	0	0	0	0	9	15	24	24
85+	4	9	0	0	0	0	0	0	4	9	13	13
TOTALS	37	45	0	0	0	0	0	0	37	45	82	82

AMBERWOOD CARE CENTRE

2313 North Rockton
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6001267
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	70	0	2	3	0	82
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	7	70	0	2	3	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.00
LPN's	10.00
Certified Aides	35.00
Other Health Staff	8.00
Non-Health Staff	26.00
Totals	90.00

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
30.4%	57.8%	0.0%	5.5%	6.3%	100.0%		0.0%
1,404,602	2,670,541	0	252,994	289,895	4,618,032	0	



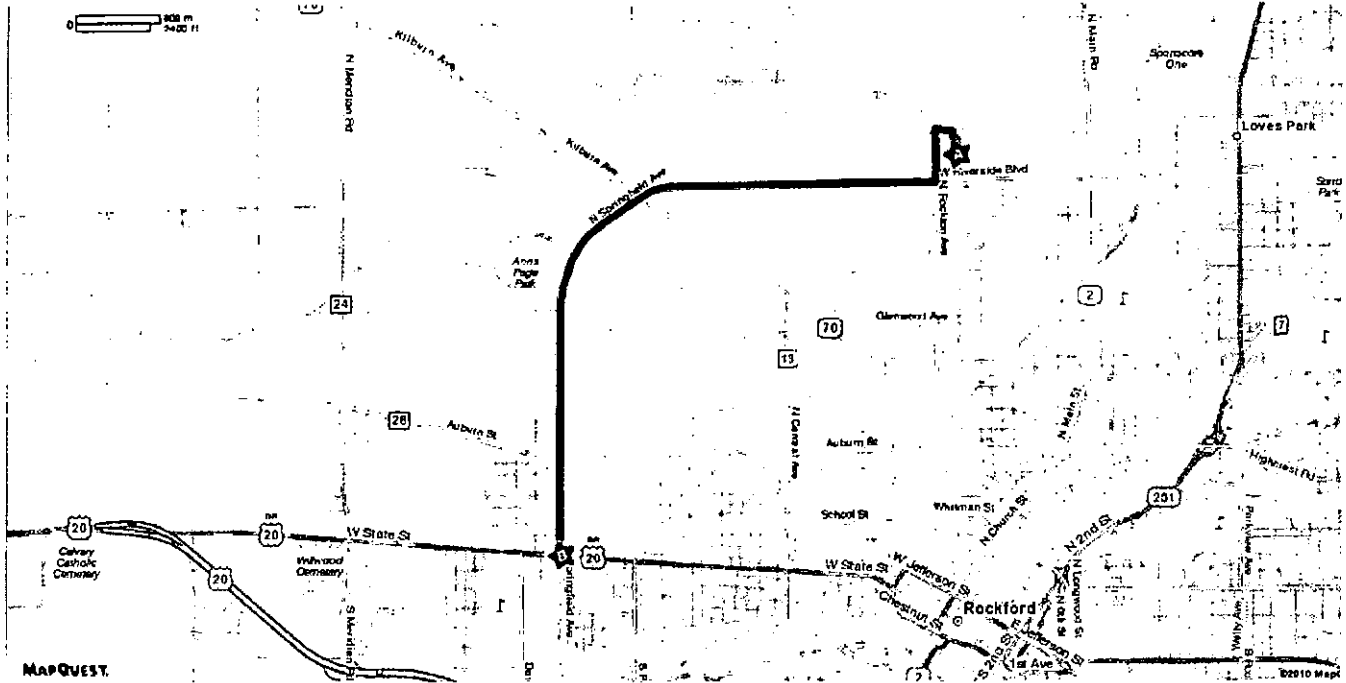
Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

Starting Location
4054 Albright Ln
 Rockford, IL 61103-1576

Ending Location
115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 9 minutes / 5.35 miles Fuel Cost: [Calculate](#)

Willows Health Center



4054 Albright Ln Edj
 Rockford, IL 61103-1576

- | | | |
|--|---|--------|
| | 1. Start out going NORTH on ALBRIGHT LN toward EMBURY DR. | 0.2 mi |
| | 2. Turn LEFT to stay on ALBRIGHT LN. | 0.1 mi |
| | 3. Turn LEFT onto N ROCKTON AVE. | 0.4 mi |
| | 4. Turn RIGHT onto W RIVERSIDE BLVD. | 2.0 mi |
| | 5. W RIVERSIDE BLVD becomes N SPRINGFIELD AVE. | 2.7 mi |
| | 6. 115 N SPRINGFIELD AVE is on the LEFT. | |

115 N Springfield Ave Edj
 Rockford, IL 61101

Total Travel Estimate: 9 minutes / 5.35 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.

WILLOWS HEALTH CARE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
4054 ALBRIGHT LANE ROCKFORD, IL. 61103		Aggressive/Anti-Social 1		DIAGNOSIS	
Reference Numbers Facility ID 6010037		Chronic Alcoholism 1		Neoplasms 6	
Health Service Area 001 Planning Service Area 201		Developmentally Disabled 1		Endocrine/Metabolic 28	
Administrator		Drug Addiction 1		Blood Disorders 0	
Debra Adkins		Medicaid Recipient 0		*Nervous System Non Alzheimer 14	
		Medicare Recipient 0		Alzheimer Disease 20	
		Mental Illness 1		Mental Illness 40	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
Debra Adkins		Non-Mobile 0		Circulatory System 76	
(815)316-1500		Public Aid Recipient 0		Respiratory System 14	
		Under 65 Years Old 0		Digestive System 3	
		Unable to Self-Medicare 0		Genitourinary System Disorders 1	
Registered Agent Information		Ventilator Dependent 1		Skin Disorders 0	
William Pratt		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 37	
4141 N. Rockton Ave.		Other Restrictions 0		Injuries and Poisonings 5	
Rockford, IL 61103		No Restrictions 0		Other Medical Conditions 0	
		Note: Reported restrictions denoted by '1'		Non-Medical Conditions 0	
FACILITY OWNERSHIP				TOTALS 244	
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	91	91	87	91	83	8	0	91	237	
Skilled Under 22	0	0	0	0	0	0		0	266	
Intermediate DD	0	0	0	0	0	0		0	259	
Sheltered Care	202	202	175	202	161	41			244	
TOTAL BEDS	293	293	262	293	244	49	0	91		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									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	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5002	0.0%	5157	15.5%	0	0	19946	302	30407	91.3%	91.3%
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	10952	452	11404	15.4%	15.4%
TOTALS	5002	0.0%	5157	15.5%	0	0	30898	754	41811	39.0%	39.0%

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	1	0	1	1
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	2	0	0	0	0	0	1	2	3	2	5
75 to 84	7	16	0	0	0	0	9	35	16	51	67
85+	16	42	0	0	0	0	29	83	45	125	170
TOTALS	25	58	0	0	0	0	39	122	64	180	244

WILLOWS HEALTH CARE

4054 ALBRIGHT LANE
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6010037
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	11	0	1	59	2	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	158	3	161
TOTALS	10	11	0	1	217	5	244

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	141	75

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	1	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	156	238
Race Unknown	1	0	0	3	4
Total	83	0	0	161	244

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	161	244
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	161	244

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	30.00
Certified Aides	82.00
Other Health Staff	5.00
Non-Health Staff	137.00
Totals	269.00

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
26.1%	2.5%	0.0%	0.0%	71.4%	100.0%		1.0%
2,315,312	222,671	0	0	6,344,635	8,882,618	85,800	



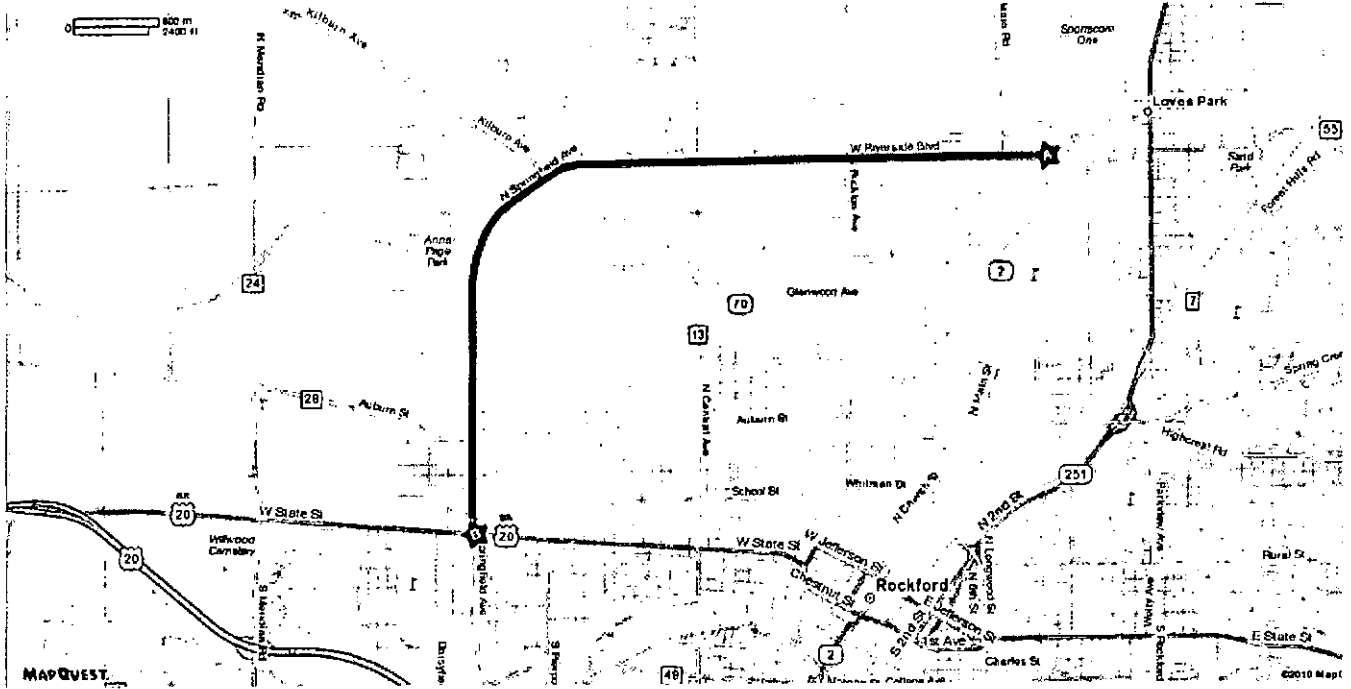
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Starting Location
 707 W Riverside Blvd
 Rockford, IL 61103-2125

Ending Location
 115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 9 minutes / 6.00 miles Fuel Cost: [Calculate](#)

Asta Care Center of Rockford



707 W Riverside Blvd Edit
 Rockford, IL 61103-2125

- Start out going WEST on W RIVERSIDE BLVD toward TRILLING AVE. 3.3 mi
- W RIVERSIDE BLVD becomes N SPRINGFIELD AVE. 2.7 mi
- 115 N SPRINGFIELD AVE is on the LEFT.

115 N Springfield Ave Edit
 Rockford, IL 61101

Total Travel Estimate: 9 minutes / 6.00 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 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.

ASTA CARE CENTRE OF ROCKFORD		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
707 WEST RIVERSIDE BOULEVARD		Aggressive/Anti-Social	1	DIAGNOSIS		
ROCKFORD, IL. 61103		Chronic Alcoholism	0	Neoplasms	7	
Reference Numbers	Facility ID 6008049	Developmentally Disabled	1	Endocrine/Metabolic	24	
Health Service Area 001	Planning Service Area 201	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	15	
Judith L. Zbinden		Medicare Recipient	0	Alzheimer Disease	16	
		Mental Illness	0	Mental Illness	10	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Judith L. Zbinden		Non-Mobile	0	Circulatory System	16	
815-877-5752		Public Aid Recipient	0	Respiratory System	7	
	Date Completed	Under 65 Years Old	0	Digestive System	0	
	4/22/2009	Unable to Self-Medicate	0	Genitourinary System Disorders	10	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1	
		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	0	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			TOTALS	106
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	130	126	112	122	106	24	69	130	103	150
Skilled Under 22	0	0	0	0	0	0		0		147
Intermediate DD	0	0	0	0	0	0		0		108
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	130	126	112	122	106	24	69	130		

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	4275	16.9%	23316	49.0%	8213	576	1741	0	38121	80.1%	82.7%	
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	4275	16.9%	23316	49.0%	8213	576	1741	0	38121	80.1%	82.7%	

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	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	0	0	0	0	3	4	7
45 to 59	12	9	0	0	0	0	0	0	12	9	21
60 to 64	5	9	0	0	0	0	0	0	5	9	14
65 to 74	13	14	0	0	0	0	0	0	13	14	27
75 to 84	12	12	0	0	0	0	0	0	12	12	24
85+	5	8	0	0	0	0	0	0	5	8	13
TOTALS	50	56	0	0	0	0	0	0	50	56	106

ASTA CARE CENTRE OF ROCKFORD

707 WEST RIVERSIDE BOULEVARD

ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008049

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	55	0	18	21	0	106
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	12	55	0	18	21	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	165
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	22	0	0	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	12.00
Certified Aides	40.00
Other Health Staff	17.00
Non-Health Staff	36.00
Totals	113.00

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
32.0%	60.3%	0.0%	2.6%	5.1%	100.0%		0.0%
1,901,797	3,583,791	0	153,023	300,857	5,939,268	0	



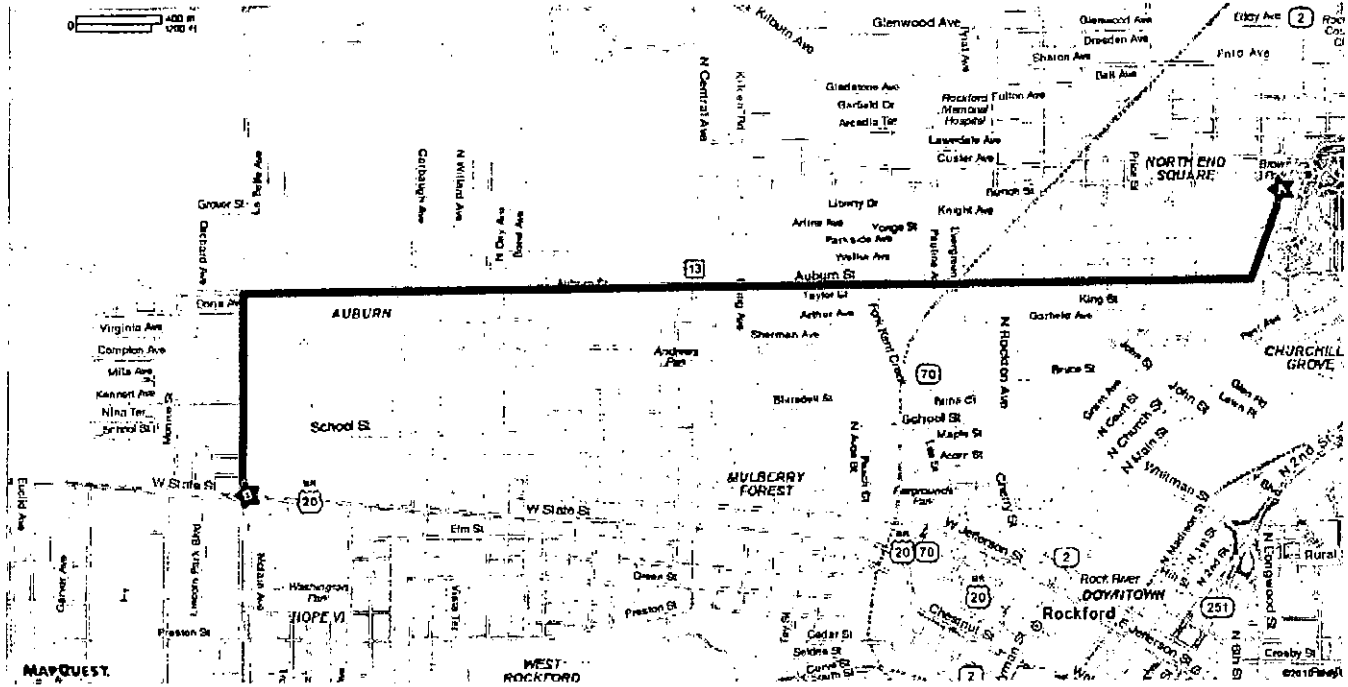
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Starting Location
 1920 N Main St
 Rockford, IL 61103-4708

Ending Location
 115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 10 minutes / 4.36 miles Fuel Cost [Calculate](#)

Rockford Nursing & Rehab Center



1920 N Main St Edit
 Rockford, IL 61103-4708

1. Start out going SOUTH on N MAIN ST/IL-2 toward BURTON ST. 0.3 mi
2. Turn RIGHT onto AUBURN ST. 3.3 mi
3. Turn LEFT onto N SPRINGFIELD AVE. 0.7 mi
4. 115 N SPRINGFIELD AVE is on the LEFT.

115 N Springfield Ave Edit
 Rockford, IL 61101

Total Travel Estimate: 10 minutes / 4.36 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.

ROCKFORD HEALTHCARE AND REHAB CENTER
 1920 NORTH MAIN STREET
 ROCKFORD, IL. 61103
Reference Numbers Facility ID 6006613
 Health Service Area 001 Planning Service Area 201

Administrator
 Gregory Taylor

Contact Person and Telephone
 Gregory Taylor
 815-964-6834

Registered Agent Information
 Date Completed 4/24/2009

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	9
Mental Illness	12
Developmental Disability	1
Circulatory System	18
Respiratory System	2
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	64

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	97	97	79	97	64	33	52	97	76	104
Skilled Under 22	0	0	0	0	0	0	0	0		118
Intermediate DD	0	0	0	0	0	0	0	0		64
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	97	97	79	97	64	33	52	97		

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						TOTAL Pat. days	TOTAL	TOTAL	TOTAL		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days						
Nursing Care	1811	9.5%	19661	55.4%	0	83	2190	0	23725	66.8%	66.8%	
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	1811	9.5%	19661	55.4%	0	83	2190	0	23725	66.8%	66.8%	

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	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	4	3	0	0	0	0	0	0	4	3	7
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	4	18	0	0	0	0	0	0	4	18	22
TOTALS	21	43	0	0	0	0	0	0	21	43	64

Source: Long-Term Care Facility Questionnaire for 2006, Illinois Department of Public Health, Health Systems Development

ROCKFORD HEALTHCARE AND REHAB CENTER
 1920 NORTH MAIN STREET
 ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006613
 Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	7	52	0	0	5	0	64
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	7	52	0	0	5	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	179
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	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	10.00
Certified Aides	26.00
Other Health Staff	2.00
Non-Health Staff	14.00
Totals	56.00

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
20.3%	58.1%	0.0%	8.4%	13.2%	100.0%		0.0%
484,010	1,387,716	0	199,907	315,134	2,386,768	0	

FACILITY NOTES

Name Change 4/1/2008 Name changed from North Main Nursing & Rehabilitation Center.



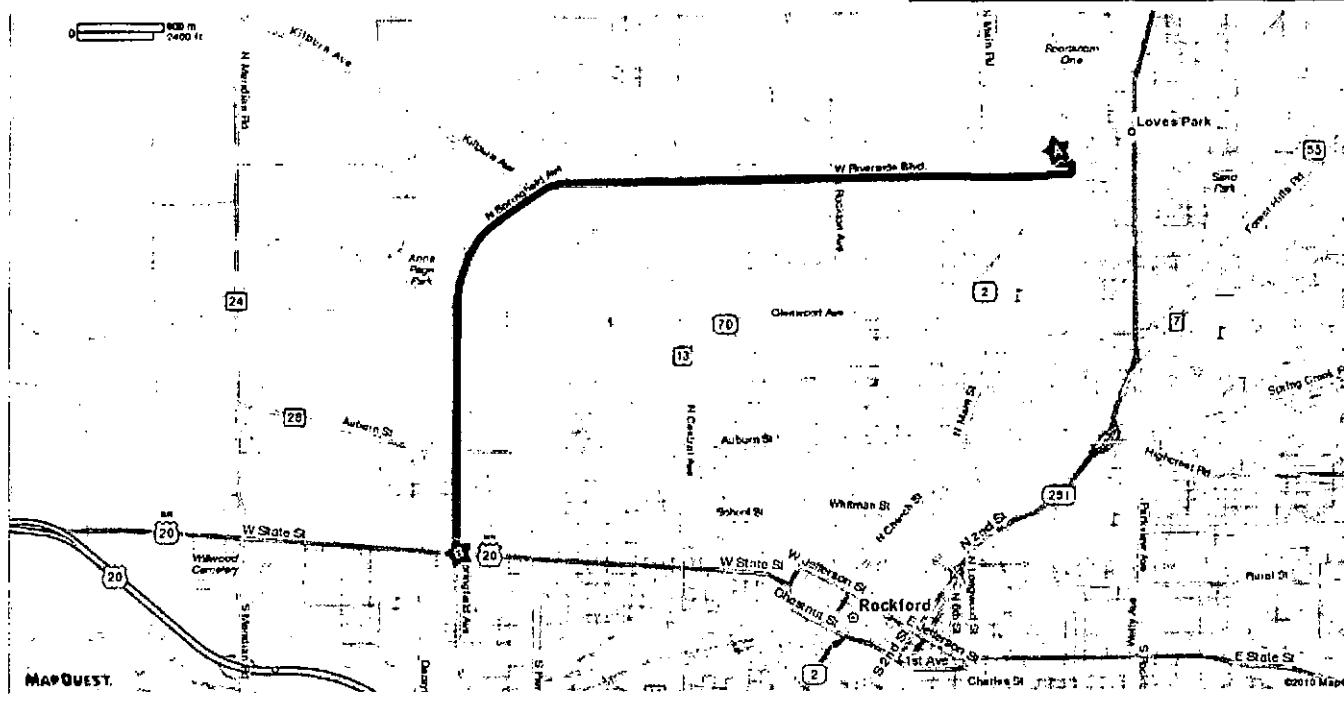
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Starting Location
 6131 Park Ridge Rd
 Loves Park, IL 61111-4029

Ending Location
 115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 11 minutes / 6.52 miles Fuel Cost: [Calculate](#)

East Bank Center



6131 Park Ridge Rd Ed||
 Loves Park, IL 61111-4029

- | | | |
|--|--|--------|
| | 1. Start out going SOUTH on PARK RIDGE RD toward CLIFFORD AVE. | 0.1 mi |
| | 2. Turn LEFT onto GRAND BLVD. | 0.1 mi |
| | 3. Turn RIGHT onto EAST DR. | 0.1 mi |
| | 4. Turn RIGHT onto E RIVERSIDE BLVD. | 3.6 mi |
| | 5. E RIVERSIDE BLVD becomes N SPRINGFIELD AVE. | 2.7 mi |
| | 6. 115 N SPRINGFIELD AVE is on the LEFT. | |

115 N Springfield Ave Ed||
 Rockford, IL 61101

Total Travel Estimate: 11 minutes / 6.52 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route suitability 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.

East Bank Center, LLC.		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
6131 Park Ridge Road		Aggressive/Anti-Social 1		DIAGNOSIS	
ROCKFORD, IL. 61111		Chronic Alcoholism 1		Neoplasms 1	
Reference Numbers Facility ID 6003222		Developmentally Disabled 1		Endocrine/Metabolic 0	
Health Service Area 001 Planning Service Area 201		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 3	
Deanna Kruse		Medicare Recipient 0		Alzheimer Disease 0	
		Mental Illness 1		Mental Illness 0	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
Edna Atanacio		Non-Mobile 0		Circulatory System 4	
815-633-8810		Public Aid Recipient 0		Respiratory System 3	
		Under 65 Years Old 0		Digestive System 0	
Registered Agent Information		Unable to Self-Medicare 0		Genitourinary System Disorders 1	
		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 0	
		Other Restrictions 0		Injuries and Poisonings 1	
		No Restrictions 0		Other Medical Conditions 19	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
LIMITED LIABILITY CO				TOTALS 32	

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	54	42	42	42	32	22	54	10	31	
Skilled Under 22	0	0	0	0	0	0		0	631	
Intermediate DD	0	0	0	0	0	0		0	630	
Sheltered Care	0	0	0	0	0	0		0		32
TOTAL BEDS	54	42	42	42	32	22	54	10		

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						TOTAL Pat. days	TOTAL Pat. days	TOTAL Pat. days		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days					
Nursing Care	8179	41.4%	113	3.1%	74	3196	1345	0	12907	65.3%	84.0%
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%
TOTALS	8179	41.4%	113	3.1%	74	3196	1345	0	12907	65.3%	84.0%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	7	6	0	0	0	0	0	0	7	6	13
	4	8	0	0	0	0	0	0	4	8	12
TOTALS	15	17	0	0	0	0	0	0	15	17	32

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

East Bank Center, LLC.

6131 Park Ridge Road
ROCKFORD, IL. 61111

Reference Numbers Facility ID 6003222

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other			Private Insurance	Charity Care	TOTALS
	Medicare	Medicaid	Public			
Nursing Care	26	0	0	5	1	32
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	26	0	0	5	1	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	300
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	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	1	0	0	0	1
Total	32	0	0	0	32

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	31	0	0	0	31
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	14.00
Other Health Staff	3.00
Non-Health Staff	15.00
Totals	49.00

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
63.5%	0.7%	0.0%	28.0%	7.8%	100.0%		0.0%
3,590,216	39,337	0	1,583,378	443,172	5,656,103	0	



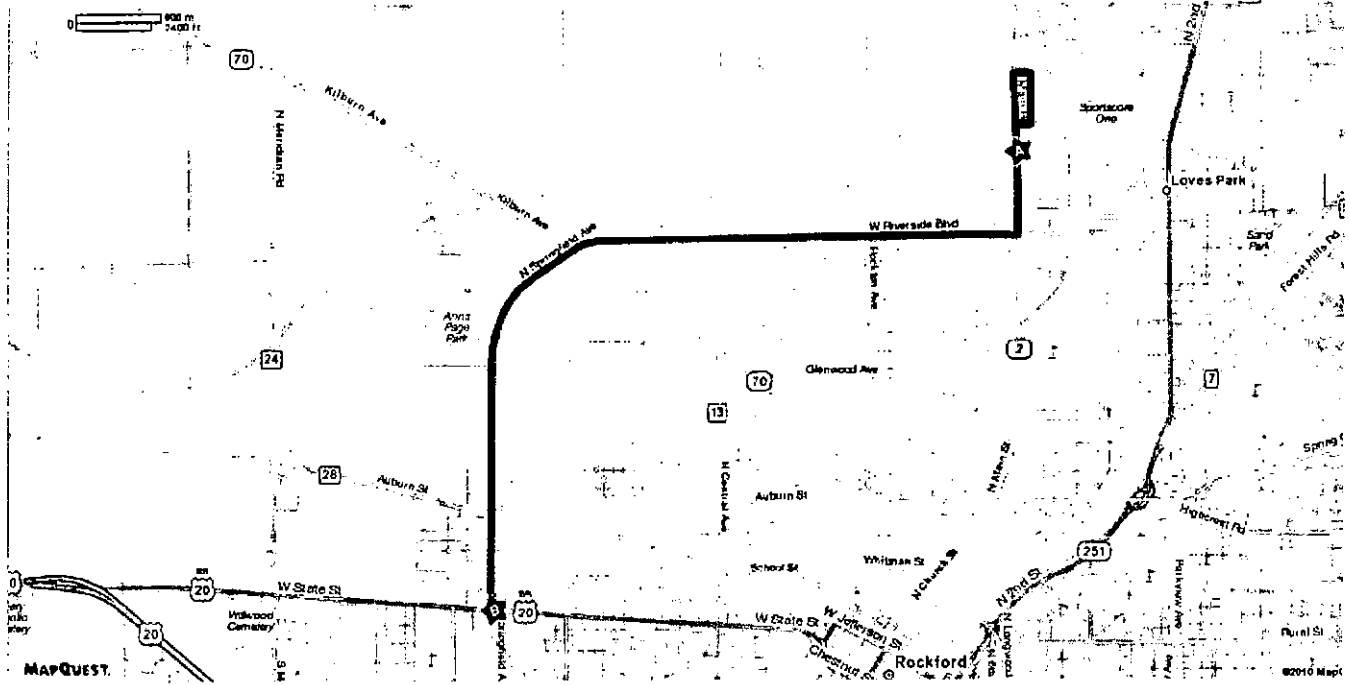
Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

Starting Location
 4401 N Main St
 Rockford, IL 61103-1277

Ending Location
 115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 12 minutes / 7.58 miles Fuel Cost: [Calculate](#)

River Bluff Nursing Home



4401 N Main St Edit
 Rockford, IL 61103-1277

- | | | |
|--|---|--------|
| | 1. Start out going NORTH on N MAIN ST/N MAIN RD/IL-2 toward SHEPHERD TRL. | 0.5 mi |
| | 2. Turn RIGHT onto ELMWOOD RD. | 0.1 mi |
| | 3. Turn RIGHT onto SHEPHERD TRL. | 0.4 mi |
| | 4. Turn RIGHT to stay on SHEPHERD TRL. | 0.1 mi |
| | 5. Turn LEFT onto N MAIN ST/N MAIN RD/IL-2. Continue to follow IL-2. | 0.8 mi |
| | 6. Turn RIGHT onto W RIVERSIDE BLVD. | 3.0 mi |
| | 7. W RIVERSIDE BLVD becomes N SPRINGFIELD AVE. | 2.7 mi |
| | 8. 115 N SPRINGFIELD AVE is on the LEFT. | |

115 N Springfield Ave Edit
 Rockford, IL 61101

Total Travel Estimate: 12 minutes / 7.58 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.

RIVER BLUFF NURSING HOME		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
4401 NORTH MAIN STREET		Aggressive/Anti-Social	0	DIAGNOSIS	
ROCKFORD, IL. 61103		Chronic Alcoholism	1	Neoplasms	5
Reference Numbers	Facility ID 6008007	Developmentally Disabled	1	Endocrine/Metabolic	25
Health Service Area 001	Planning Service Area 201	Drug Addiction	1	Blood Disorders	91
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	2
Pamela K. Gentner		Medicare Recipient	0	Alzheimer Disease	0
		Mental Illness	1	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Pamela Gentner		Non-Mobile	0	Circulatory System	88
815-877-8061		Public Aid Recipient	0	Respiratory System	8
	Date Completed	Under 65 Years Old	0	Digestive System	1
	3/31/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	3
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0
Scott Christiansen, Chairman, Winnebago		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	9
404 Elm St.		Other Restrictions	1	Injuries and Poisonings	1
Rockford, IL 61101		No Restrictions	0	Other Medical Conditions	5
		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
FACILITY OWNERSHIP				TOTALS	238
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	304	296	244	296	238	66	76	304	228	Total Admissions 2008
Skilled Under 22	0	0	0	0	0	0		0	133	Total Discharges 2008
Intermediate DD	0	0	0	0	0	0		0	123	Residents on 12/31/2008
Sheltered Care	0	0	0	0	0	0		0	238	
TOTAL BEDS	304	296	244	296	238	66	76	304		

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						TOTAL Pat. days	TOTAL			
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days			Private Pay Pat. days		
Nursing Care	1996	7.2%	65196	58.6%	0	0	18954	0	86146	77.4%	79.5%
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	1996	7.2%	65196	58.6%	0	0	18954	0	86146	77.4%	79.5%

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	
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	4	4	0	0	0	0	0	0	4	4	8
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	13	16	0	0	0	0	0	0	13	16	29
75 to 84	23	49	0	0	0	0	0	0	23	49	72
85+	20	104	0	0	0	0	0	0	20	104	124
TOTALS	62	176	0	0	0	0	0	0	62	176	238

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

RIVER BLUFF NURSING HOME

4401 NORTH MAIN STREET
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008007

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	154	0	0	72	0	238
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	12	154	0	0	72	0	238

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
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	26	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	212	0	0	0	212
Race Unknown	0	0	0	0	0
Total	238	0	0	0	238

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	235	0	0	0	235
Ethnicity Unknown	0	0	0	0	0
Total	238	0	0	0	238

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	18.00
Certified Aides	116.00
Other Health Staff	9.00
Non-Health Staff	91.00
Totals	254.00

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
6.9%	58.6%	0.0%	0.0%	34.5%	100.0%		0.0%
749,654	6,411,889	0	0	3,777,104	10,938,647	0	



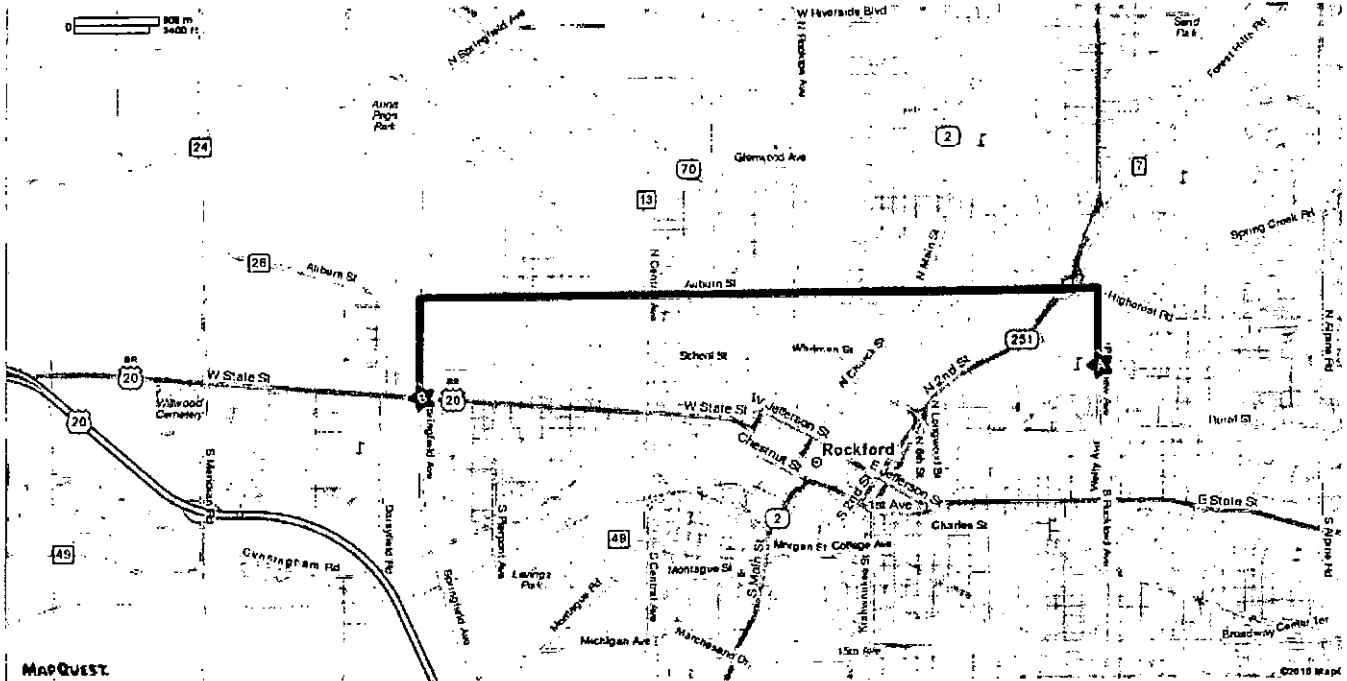
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Starting Location
1311 Parkview Ave
 Rockford, IL 61107-1818

Ending Location
115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 15 minutes / 5.74 miles Fuel Cost: [Calculate](#)

PA Peterson Center For Health



1311 Parkview Ave Edit
 Rockford, IL 61107-1818

1. Start out going **NORTH** on **PARKVIEW AVE** toward **BURRMONT RD.** 0.5 mi
2. Turn **LEFT** onto **SPRING CREEK RD.** 0.4 mi
3. **SPRING CREEK RD** becomes **AUBURN ST.** 4.1 mi
4. Turn **LEFT** onto **N SPRINGFIELD AVE.** 0.7 mi
5. **115 N SPRINGFIELD AVE** is on the **LEFT.**

115 N Springfield Ave Edit
 Rockford, IL 61101

Total Travel Estimate: 15 minutes / 5.74 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.

P.A. PETERSON CENTER FOR HLTH.		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1311 PARKVIEW AVENUE		Aggressive/Anti-Social 1		DIAGNOSIS	
ROCKFORD, IL. 61107		Chronic Alcoholism 1		Neoplasms 3	
Reference Numbers Facility ID 6007041		Developmentally Disabled 1		Endocrine/Metabolic 4	
Health Service Area 001 Planning Service Area 201		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 4	
Peggy Holt		Medicare Recipient 0		Alzheimer Disease 18	
		Mental Illness 1		Mental Illness 24	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
Christina Messineo		Non-Mobile 0		Circulatory System 24	
815-399-8832		Public Aid Recipient 0		Respiratory System 8	
		Under 65 Years Old 0		Digestive System 1	
Registered Agent Information		Unable to Self-Medicate 0		Genitourinary System Disorders 1	
CRAIG P COLMAR		Ventilator Dependent 1		Skin Disorders 0	
1001 TOUHY AVE		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 13	
Des Plaines, IL 60018		Other Restrictions 0		Injuries and Poisonings 18	
		No Restrictions 0		Other Medical Conditions 9	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
NON-PROF CORPORATION				TOTALS 127	

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	127	127	116	127	111	16	38	117	128	781
Skilled Under 22	0	0	0	0	0	0		0		782
Intermediate DD	0	0	0	0	0	0		0		127
Sheltered Care	32	20	17	20	16	16				
TOTAL BEDS	159	147	133	147	127	32	38	117		

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						TOTAL Pat. days	TOTAL	TOTAL	TOTAL		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days						
Nursing Care	8613	61.9%	8044	18.8%	0	3355	21980	0	41992	90.3%	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	6180	0	6180	52.8%	84.4%	
TOTALS	8613	61.9%	8044	18.8%	0	3355	28160	0	48172	82.8%	89.5%	

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	2	0	0	0	0	0	0	1	2	3
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	10	17	0	0	0	0	2	5	12	22	34
85+	13	62	0	0	0	0	0	9	13	71	84
TOTALS	27	84	0	0	0	0	2	14	29	98	127

P.A. PETERSON CENTER FOR HLTH.

1311 PARKVIEW AVENUE
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6007041
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	24	0	8	56	0	111
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	16	0	16
TOTALS	23	24	0	8	72	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	193
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	139	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	111	0	0	16	127
Race Unknown	0	0	0	0	0
Total	111	0	0	16	127

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	111	0	0	16	127
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	16	127

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.91
LPN's	20.75
Certified Aides	50.04
Other Health Staff	5.10
Non-Health Staff	66.44
Totals	158.24

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
32.7%	7.9%	0.0%	8.5%	50.8%	100.0%		0.0%
3,788,854	920,312	0	987,425	5,888,916	11,585,507	0	



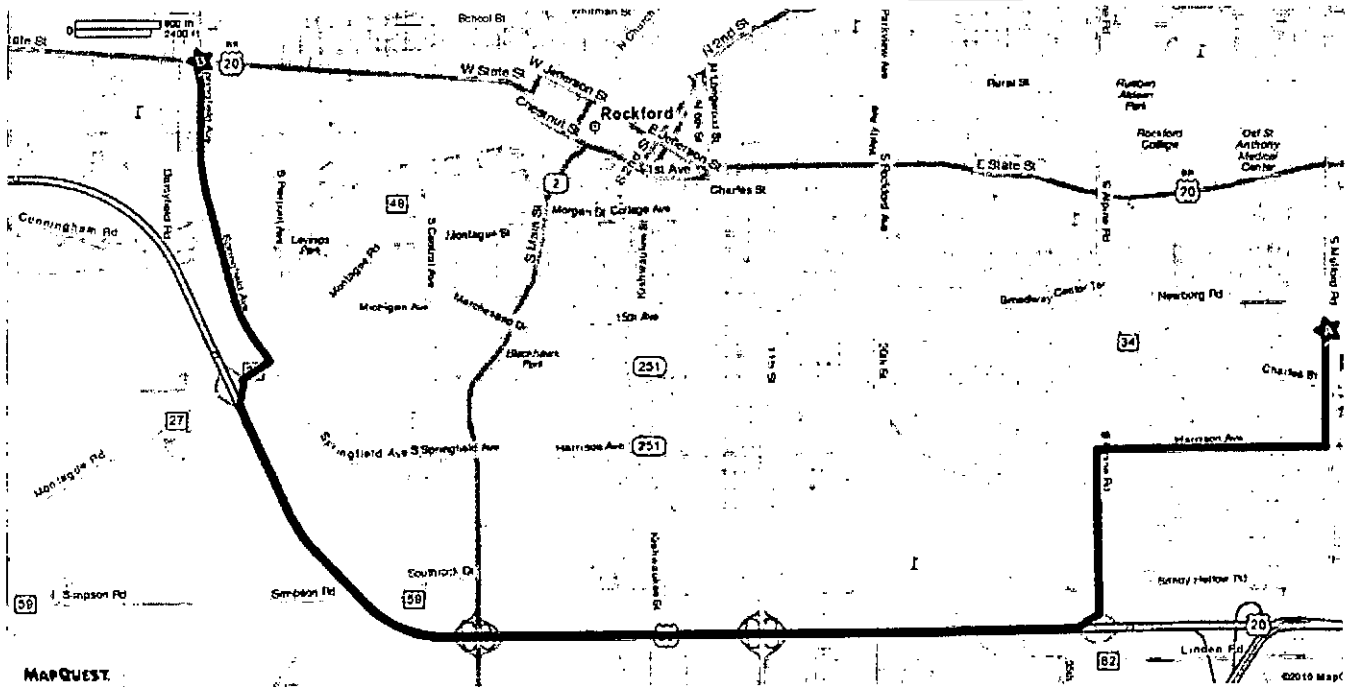
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A Starting Location
1660 S Mulford Rd
 Rockford, IL 61108-6760

B Ending Location
115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 10 minutes / 12.68 miles Fuel Cost: Calculate

Rosewood Care Center of Rockford



A 1660 S Mulford Rd Edit
 Rockford, IL 61108-6760

- | | | |
|--|--|--------|
| | Start out going SOUTH on S MULFORD RD toward CARRIAGE GREEN WAY. | 0.8 mi |
| | Turn RIGHT onto HARRISON AVE. | 1.5 mi |
| | Turn LEFT onto S ALPINE RD. | 1.2 mi |
| | Merge onto US-20 WULYSES S GRANT MEMORIAL HWY toward FREEPORT. | 6.5 mi |
| | Take the MONTAGUE RD exit. | 0.3 mi |
| | Turn RIGHT onto MONTAGUE RD/CR-27. | 0.2 mi |
| | Turn LEFT onto SPRINGFIELD AVE. | 2.2 mi |
| | 115 N SPRINGFIELD AVE is on the RIGHT. | |

B 115 N Springfield Ave Edit
 Rockford, IL 61101

Total Travel Estimate: 16 minutes / 12.69 miles Fuel Cost: Calculate

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ROSEWOOD CARE CENTER OF ROCKFORD		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1660 SOUTH MULFORD		Aggressive/Anti-Social	0	DIAGNOSIS		
ROCKFORD, IL. 61108		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6014658	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area 001	Planning Service Area 201	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	1	
Bart Becker		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	10	
314-994-9070x3025		Public Aid Recipient	0	Respiratory System	10	
	Date Completed	Under 65 Years Old	0	Digestive System	3	
	4/24/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	2	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	5	
Daniel L. Maher		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	12	
412 E. Lawrence		Other Restrictions	0	Injuries and Poisonings	12	
Springfield, IL 62703		No Restrictions	0	Other Medical Conditions	16	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			TOTALS	71
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	120	120	95	120	71	49	58	36	Total Admissions 2008	75
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	377
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	381
Sheltered Care	0	0	0	0	0	0	0	0		71
TOTAL BEDS	120	120	95	120	71	49	58	36		

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						TOTAL Pat. days	TOTAL Occ. Pct.						
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Other Public Occ. Pct.			Private Insurance Pat. days	Private Insurance Occ. Pct.			Private Pay Pat. days	Private Pay Occ. Pct.
Nursing Care	7908	37.3%	10595	80.4%	0	0.0%	1660	65.7%	8712	65.7%	0	0.0%	28875	65.7%
Skilled Under 22			0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Intermediate DD			0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sheltered Care					0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTALS	7908	37.3%	10595	80.4%	0	0.0%	1660	65.7%	8712	65.7%	0	0.0%	28875	65.7%

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	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	0	2	0	2
60 to 64	1	1	0	0	0	0	0	0	0	1	1	2
65 to 74	1	8	0	0	0	0	0	0	0	1	8	9
75 to 84	8	17	0	0	0	0	0	0	0	8	17	25
85+	7	26	0	0	0	0	0	0	0	7	26	33
TOTALS	19	52	0	0	0	0	0	0	0	19	52	71

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

ROSEWOOD CARE CENTER OF ROCKFORD

1660 SOUTH MULFORD
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6014658

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other			Private	Charity	TOTALS	
	Medicare	Medicaid	Public	Insurance	Pay		Care
Nursing Care	18	29	0	3	21	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
TOTALS	18	29	0	3	21	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	137
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	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	12.00
Non-Health Staff	39.00
Totals	97.00

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
51.7%	15.4%	0.0%	8.1%	24.8%	100.0%		0.0%
1,856,937	552,950	0	290,187	892,219	3,592,293	0	



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

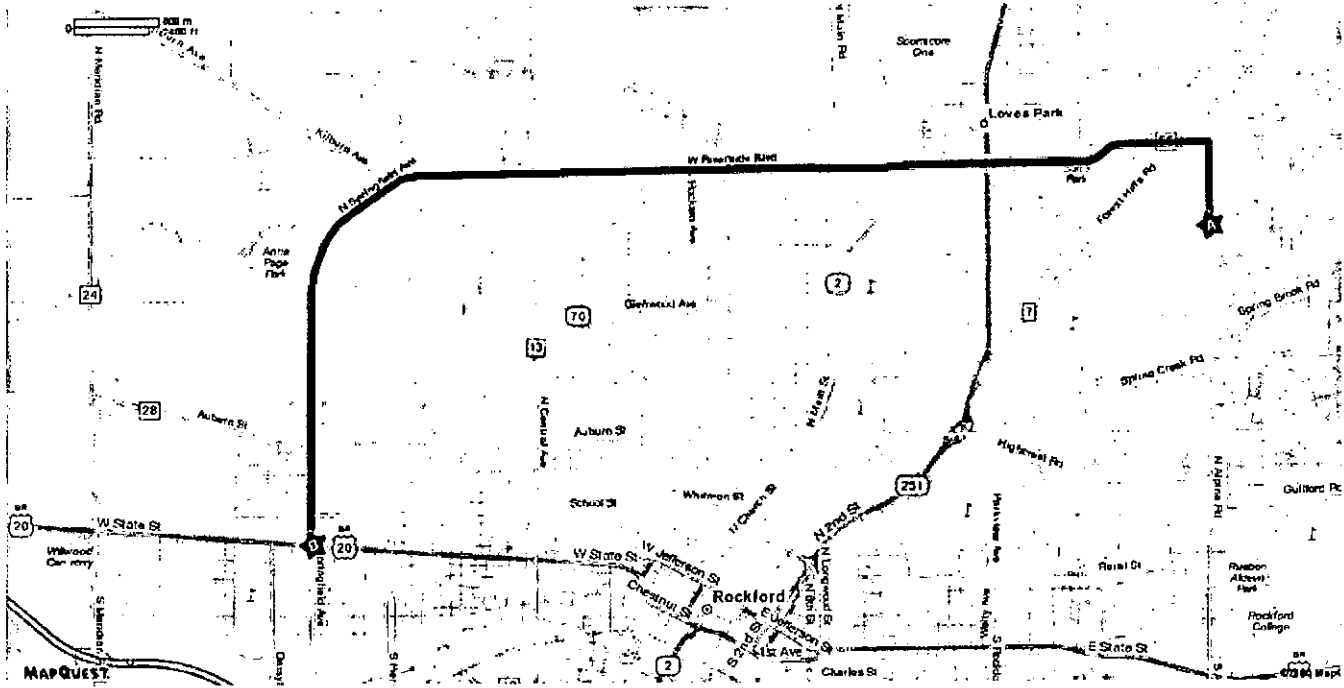
3470 N Alpine Rd
Rockford, IL 61114-4802

B Ending Location

115 N Springfield Ave
Rockford, IL 61101

Total Travel Estimate: 16 minutes / 8.78 miles Fuel Cost: [Calculate](#)

Fairhaven Christian Retirement Center



A 3470 N Alpine Rd Edit

Rockford, IL 61114-4802

1. Start out going NORTH on N ALPINE RD toward INNSBRUCK DR. 0.6 mi
2. Turn LEFT onto E RIVERSIDE BLVD/CR-55. Continue to follow E RIVERSIDE BLVD. 5.5 mi
3. E RIVERSIDE BLVD becomes N SPRINGFIELD AVE. 2.7 mi
4. 115 N SPRINGFIELD AVE is on the LEFT.

B 115 N Springfield Ave Edit

Rockford, IL 61101

Total Travel Estimate: 16 minutes / 8.78 miles Fuel Cost: [Calculate](#)

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FAIRHAVEN CHRISTIAN RET CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
3470 NORTH ALPINE ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
ROCKFORD, IL. 61114		Chronic Alcoholism	1	Neoplasms	4	
Reference Numbers	Facility ID 6003024	Developmentally Disabled	0	Endocrine/Metabolic	7	
Health Service Area	001	Drug Addiction	1	Blood Disorders	0	
Planning Service Area	201	Medicaid Recipient	0	*Nervous System Non Alzheimer	20	
Administrator		Medicare Recipient	1	Alzheimer Disease	31	
Thomas T. Bleed		Mental Illness	0	Mental Illness	29	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Jeff Reiersen		Non-Mobile	0	Circulatory System	31	
815-877-1441		Public Aid Recipient	0	Respiratory System	2	
	Date Completed	Under 65 Years Old	0	Digestive System	1	
	4/20/2009	Unable to Self-Medicat	0	Genitourinary System Disorders	2	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
Thomas T. Bleed		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	22	
3470 N. Alpine Road		Other Restrictions	0	Injuries and Poisonings	1	
Rockford, IL 61114		No Restrictions	0	Other Medical Conditions	4	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			TOTALS	154
NON-PROF CORPORATION						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2008		Residents on 1/1/2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED		
Nursing Care	98	91	89	91	81	15	0	96	157	112
Skilled Under 22	0	0	0	0	0	0	0	0	115	115
Intermediate DD	0	0	0	0	0	0	0	0	154	154
Sheltered Care	135	135	81	135	73	62				
TOTAL BEDS	231	226	170	226	154	77	0	96		

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.			Occ. Pct.
Nursing Care	0	0.0%	12264	34.9%	0	0	18253	366	30883	87.9%	92.7%		
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	26460	2378	28838	58.4%	58.4%		
TOTALS	0	0.0%	12264	34.9%	0	0	44713	2744	59721	70.6%	72.2%		

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	0	0	0	0	0	0	2	0	2	2
75 to 84	7	16	0	0	0	0	2	12	9	28	37
85+	12	46	0	0	0	0	10	47	22	93	115
TOTALS	19	62	0	0	0	0	12	61	31	123	154

FAIRHAVEN CHRISTIAN RET CENTER

3470 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6003024

Health Service Area 001 Planning Service Area 201

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	35	0	0	45	1	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	66	7	73
TOTALS	0	35	0	0	111	8	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	174
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	135	94

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	81	0	0	73	154
Race Unknown	0	0	0	0	0
Total	81	0	0	73	154

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	73	154
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	73	154

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	5.90
LPN's	11.40
Certified Aides	32.00
Other Health Staff	5.00
Non-Health Staff	49.20
Totals	105.70

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%	9.7%	0.0%	0.0%	90.3%	100.0%		2.7%
0	893,302	0	0	8,280,822	9,174,124	245,263	



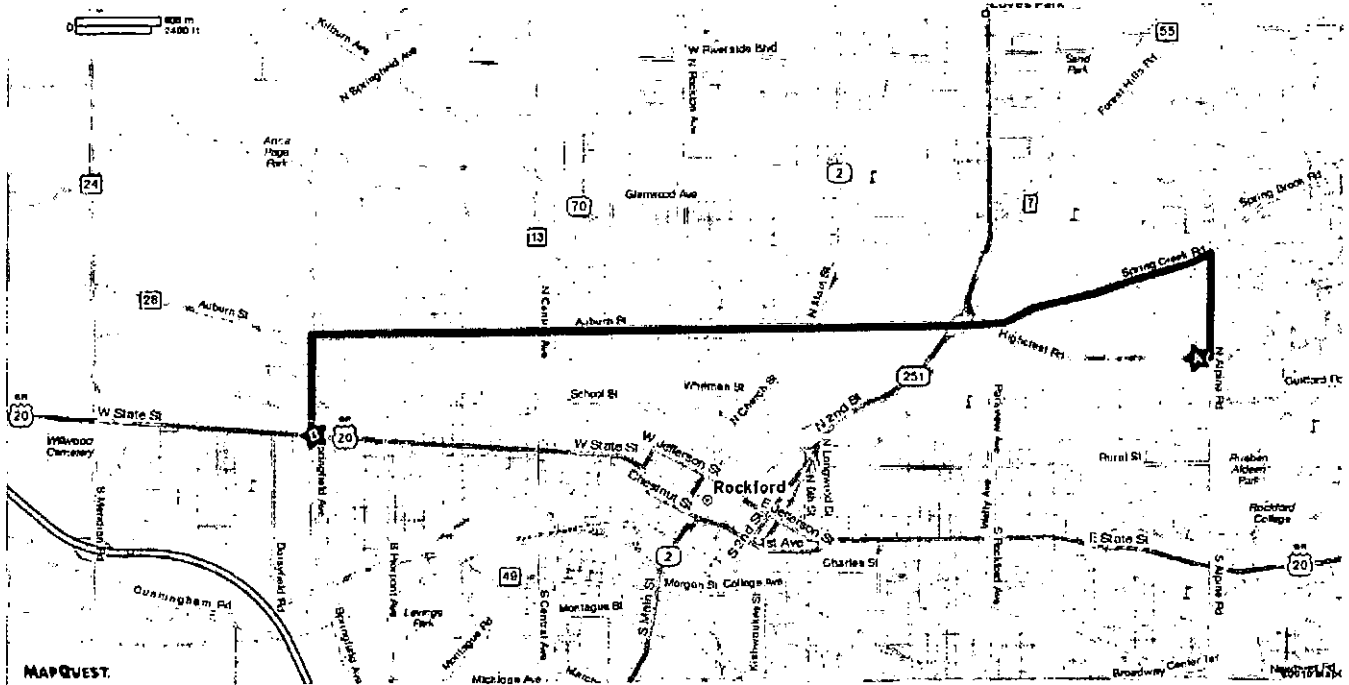
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Starting Location
4405 Highcrest Rd
 Rockford, IL 61107-1452

Ending Location
115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 17 minutes / 7.58 miles Fuel Cost [Calculate](#)

Provena St Anne Center



4405 Highcrest Rd Edit
 Rockford, IL 61107-1452

- | | | |
|--|--|--------|
| | Start out going EAST on HIGHCREST RD toward N ALPINE RD. | 0.1 mi |
| | Turn LEFT onto N ALPINE RD. | 0.7 mi |
| | Turn LEFT onto SPRING CREEK RD. | 2.0 mi |
| | SPRING CREEK RD becomes AUBURN ST. | 4.1 mi |
| | Turn LEFT onto N SPRINGFIELD AVE. | 0.7 mi |
| | 115 N SPRINGFIELD AVE is on the LEFT. | |

115 N Springfield Ave Edit
 Rockford, IL 61101

Total Travel Estimate: 17 minutes / 7.58 miles Fuel Cost [Calculate](#)

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PROVENA ST. ANNE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
4405 HIGHCREST ROAD		Aggressive/Anti-Social 1		DIAGNOSIS	
ROCKFORD, IL. 61107		Chronic Alcoholism 1		Neoplasms 5	
Reference Numbers Facility ID 6008817		Developmentally Disabled 1		Endocrine/Metabolic 6	
Health Service Area 001 Planning Service Area 201		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 5	
Janelle Chadwick		Medicare Recipient 0		Alzheimer Disease 3	
		Mental Illness 1		Mental Illness 0	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
JANELLE CHADWICK		Non-Mobile 0		Circulatory System 42	
815-229-1999		Public Aid Recipient 0		Respiratory System 13	
		Under 65 Years Old 0		Digestive System 7	
Registered Agent Information		Unable to Self-Medicate 0		Genitourinary System Disorders 7	
Date Completed 4/20/2009		Ventilator Dependent 1		Skin Disorders 4	
Meghan Kieffer		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 22	
19608 Hickory Creek Drive Suite 300		Other Restrictions 0		Injuries and Poisonings 36	
Mokena, IL 60448		No Restrictions 0		Other Medical Conditions 3	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
NON-PROF CORPORATION				TOTALS 153	

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	179	179	173	179	153	26	119	60	Total Admissions 2008	792
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	799
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	153
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	179	179	173	179	153	26	119	80		

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	17810	40.9%	17796	81.0%	1667	3324	15720	0	56317	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%	
TOTALS	17810	40.9%	17796	81.0%	1667	3324	15720	0	56317	86.0%	86.0%	

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	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	13	33	0	0	0	0	0	0	13	33	46
85+	17	70	0	0	0	0	0	0	17	70	87
TOTALS	42	111	0	0	0	0	0	0	42	111	153

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

PROVENA ST. ANNE CENTER

4405 HIGHCREST ROAD
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6008817
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	54	43	0	3	53	0	153
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	54	43	0	3	53	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	189
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	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	151	0	0	0	151
Race Unknown	0	0	0	0	0
Total	153	0	0	0	153

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	0	0	0	0	0
Total	153	0	0	0	153

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	60.00
Certified Aides	99.00
Other Health Staff	9.00
Non-Health Staff	49.00
Totals	236.00

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
42.4%	19.5%	0.0%	6.7%	31.4%	100.0%		0.0%
5,154,571	2,374,094	0	808,983	3,820,011	12,157,659	0	



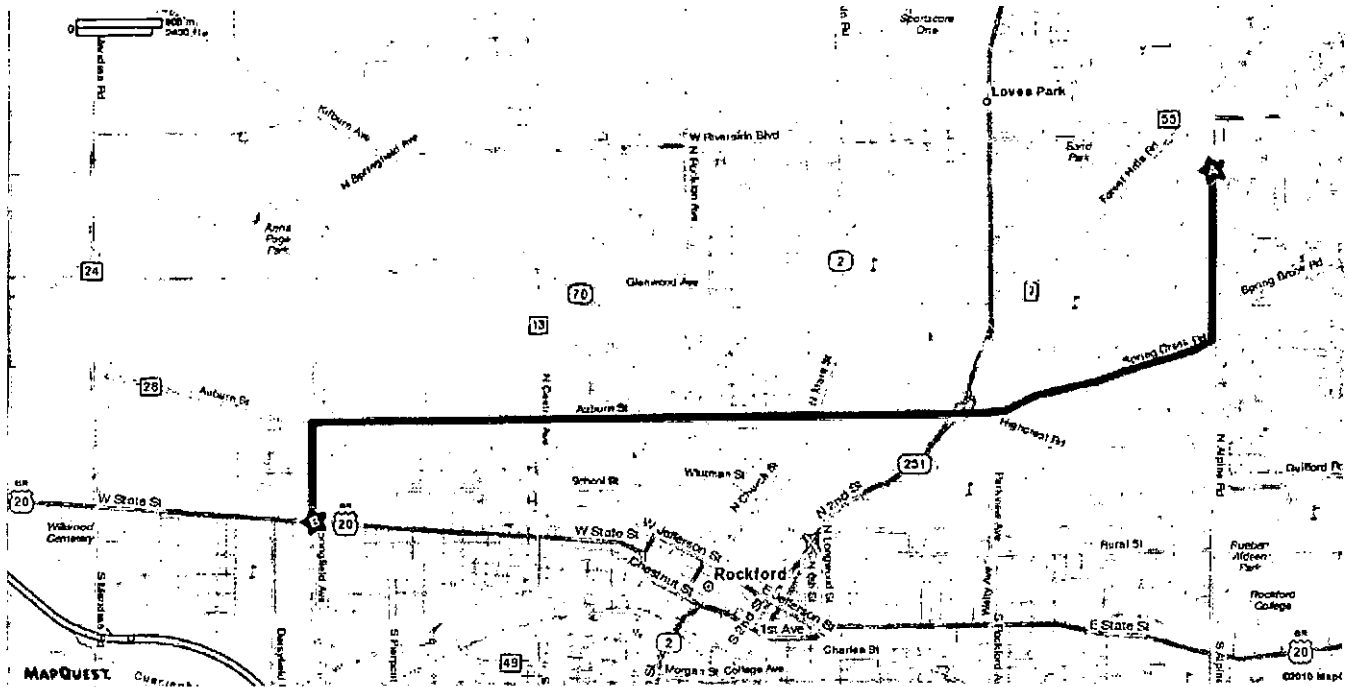
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Starting Location
 3650 N Alpine Rd
 Rockford, IL 61114-4806

Ending Location
 115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 17 minutes / 7.95 miles Fuel Cost: [Calculate](#)

Alpine Fireside Health Center



Starting Location
 3650 N Alpine Rd Edg
 Rockford, IL 61114-4806

1. Start out going **SOUTH** on **N ALPINE RD** toward **INNSBRUCK DR.** 1.2 mi
2. Turn **RIGHT** onto **SPRING CREEK RD.** 2.0 mi
3. **SPRING CREEK RD** becomes **AUBURN ST.** 4.1 mi
4. Turn **LEFT** onto **N SPRINGFIELD AVE.** 0.7 mi
5. **115 N SPRINGFIELD AVE** is on the **LEFT.**

Ending Location
 115 N Springfield Ave Edg
 Rockford, IL 61101

Total Travel Estimate: 17 minutes / 7.95 miles Fuel Cost: [Calculate](#)

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ALPINE FIRESIDE HEALTH CENTER

3650 NORTH ALPINE ROAD
 ROCKFORD, IL. 61114
Reference Numbers Facility ID 6000129
 Health Service Area 001 Planning Service Area 201

Administrator
 Gordon Oksnevad

Contact Person and Telephone
 Gordon Oksnevad
 815-877-7408

Registered Agent Information

Date Completed
 4/8/2009

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	1
Circulatory System	20
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	75

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

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

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	LICENSED BEDS	PEAK	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	66	66	61	66	48	20	32	66	82
Skilled Under 22	0	0	0	0	0	0	0	0	297
Intermediate DD	0	0	0	0	0	0	0	0	304
Sheltered Care	33	33	33	33	29	4			75
TOTAL BEDS	99	99	94	99	75	24	32	66	

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	4302	36.7%	8332	34.5%	0	0	6562	0	19196	79.5%	79.5%
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	10867	0	10867	90.0%	90.0%
TOTALS	4302	36.7%	8332	34.5%	0	0	17429	0	30063	83.0%	83.0%

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	2	0	0	0	0	0	0	0	2	2
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	1	5	0	0	0	0	2	3	3	8	11
85+	4	32	0	0	0	0	7	17	11	49	60
TOTALS	6	40	0	0	0	0	9	20	15	60	75

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

ALPINE FIRESIDE HEALTH CENTER

3650 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6000129

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	18	0	7	18	0	46
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	29	0	29
TOTALS	3	18	0	7	47	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	140	125

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	46	0	0	29	75
Race Unknown	0	0	0	0	0
Total	46	0	0	29	75

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	29	75
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	29	75

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	30.00
Other Health Staff	5.00
Non-Health Staff	28.00
Totals	78.00

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
24.8%	15.0%	0.0%	13.6%	46.7%	100.0%		0.0%
1,219,100	739,260	0	667,216	2,295,929	4,921,505	0	



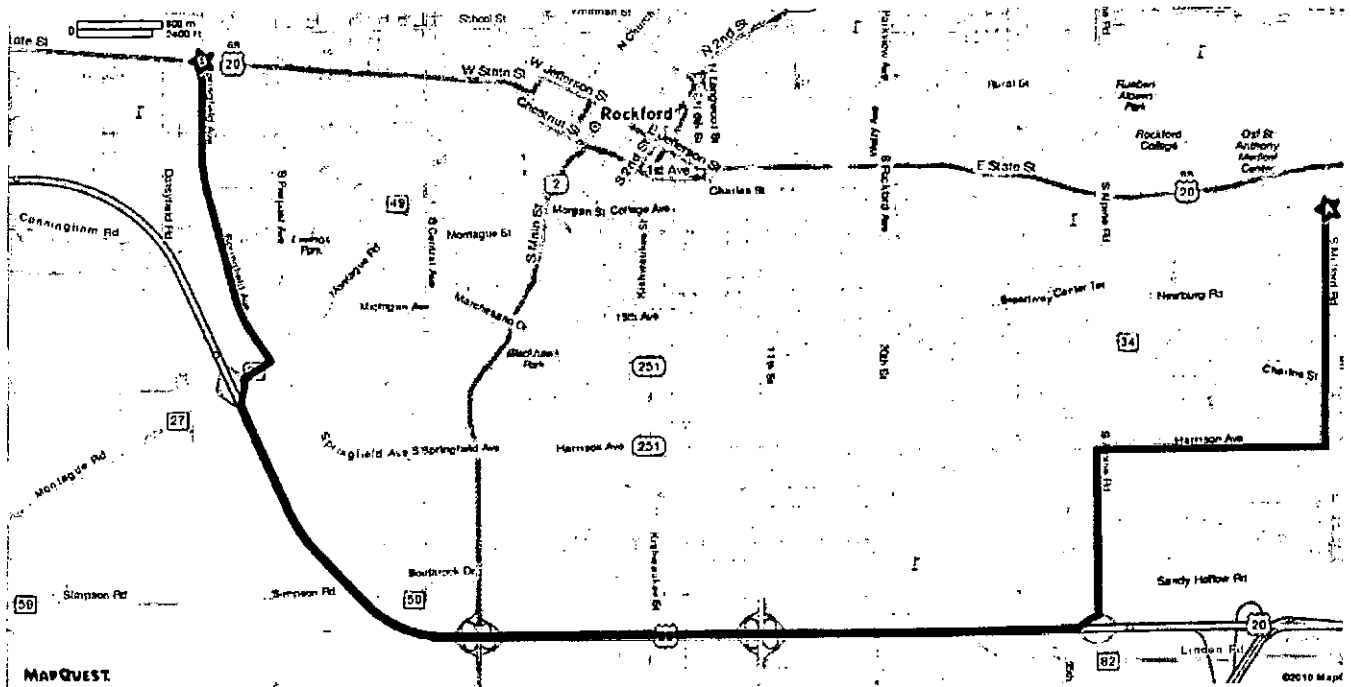
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A Starting Location
550 S Mulford Rd
 Rockford, IL 61108-2511

B Ending Location
115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 18 minutes / 13.53 miles Fuel Cost: [Calculate](#)

Alden Alma Nelson Manor



A 550 S Mulford Rd Edit
 Rockford, IL 61108-2511

- | | | |
|--|--|--------|
| | 1. Start out going SOUTH on S MULFORD RD toward ALMA DR. | 1.7 mi |
| | 2. Turn RIGHT onto HARRISON AVE. | 1.5 mi |
| | 3. Turn LEFT onto S ALPINE RD. | 1.2 mi |
| | 4. Merge onto US-20 WULYSESSES S GRANT MEMORIAL HWY toward FREEPORT. | 6.5 mi |
| | 5. Take the MONTAGUE RD exit. | 0.3 mi |
| | 6. Turn RIGHT onto MONTAGUE RD/CR-27. | 0.2 mi |
| | 7. Turn LEFT onto SPRINGFIELD AVE. | 2.2 mi |
| | 8. 115 N SPRINGFIELD AVE is on the RIGHT. | |

B 115 N Springfield Ave Edit
 Rockford, IL 61101

Total Travel Estimate: 18 minutes / 13.53 miles Fuel Cost: [Calculate](#)

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ALDEN-ALMA NELSON MANOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
550 SOUTH MULFORD ROAD		Aggressive/Anti-Social 0		DIAGNOSIS	
ROCKFORD, IL. 61108		Chronic Alcoholism 0		Neoplasms 3	
Reference Numbers Facility ID 6000103		Developmentally Disabled 1		Endocrine/Metabolic 2	
Health Service Area 001 Planning Service Area 201		Drug Addiction 0		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 10	
Sherry Gillihan		Medicare Recipient 0		Alzheimer Disease 5	
		Mental Illness 0		Mental Illness 11	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 4	
Chris Reinhofer		Non-Mobile 0		Circulatory System 46	
773-286-3883		Public Aid Recipient 0		Respiratory System 18	
		Under 65 Years Old 0		Digestive System 7	
Registered Agent Information		Unable to Self-Medicare 0		Genitourinary System Disorders 7	
Kenneth J. Fisch		Ventilator Dependent 1		Skin Disorders 2	
4200 W. Peterson Ave Suite 140		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 8	
Chicago, IL 60646		Other Restrictions 0		Injuries and Poisonings 19	
		No Restrictions 0		Other Medical Conditions 27	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
FOR-PROF CORPORATION				TOTALS 169	

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	268	268	191	268	169	99	128	268	180	541
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		169
TOTAL BEDS	268	268	191	268	169	99	128	288		

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	11707	25.0%	48084	49.0%	0	2910	2555	0	65256	66.5%	66.5%	
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	11707	25.0%	48084	49.0%	0	2910	2555	0	65256	66.5%	66.5%	

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	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	10	11	0	0	0	0	0	0	10	11	21
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	11	14	0	0	0	0	0	0	11	14	25
75 to 84	14	28	0	0	0	0	0	0	14	28	42
85+	4	62	0	0	0	0	0	0	4	62	66
TOTALS	48	121	0	0	0	0	0	0	48	121	169

ALDEN-ALMA NELSON MANOR

550 SOUTH MULFORD ROAD
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6000103

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	40	121	0	3	5	0	169
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	40	121	0	3	5	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	207	158
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	1	0	0	0	1
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	169	0	0	0	169

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	163	0	0	0	163
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.47
LPN's	16.34
Certified Aides	37.54
Other Health Staff	4.14
Non-Health Staff	45.70
Totals	111.19

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
42.5%	40.1%	3.5%	10.2%	3.7%	100.0%		0.0%
5,154,105	4,864,150	427,077	1,236,343	450,640	12,132,315	0	



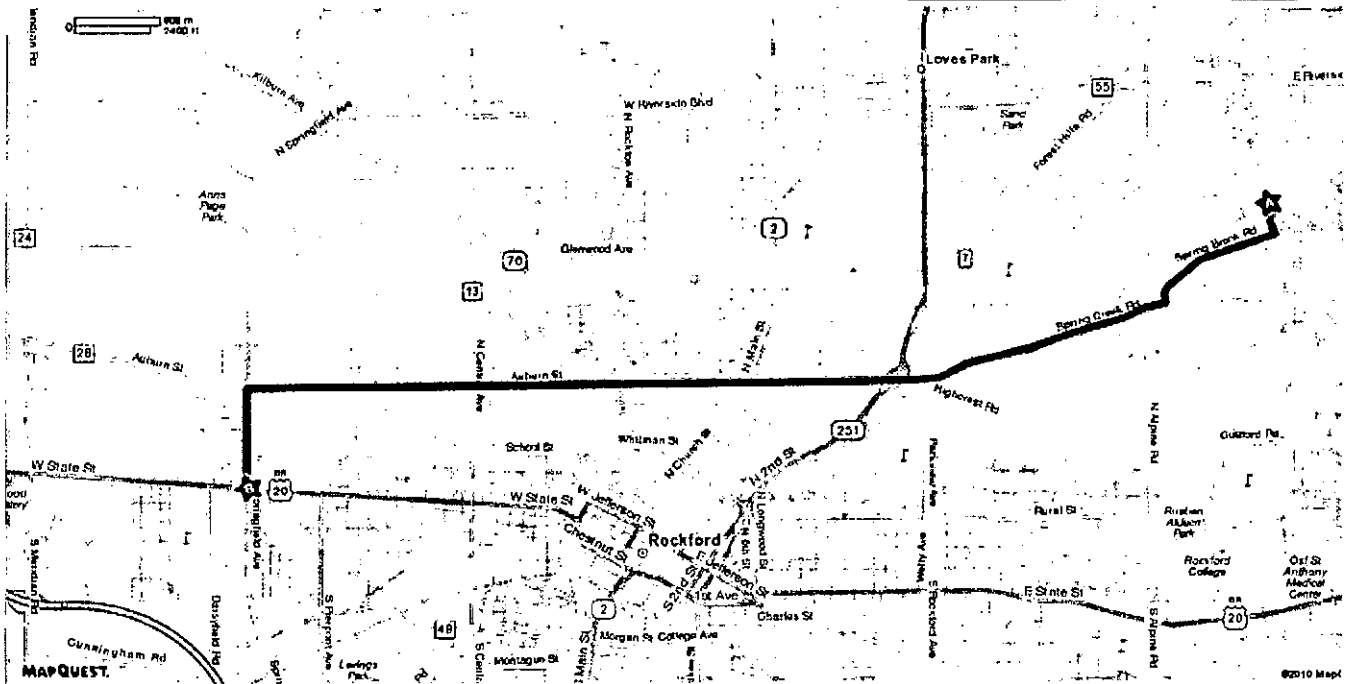
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Starting Location
 3330 Maria Linden Dr
 Rockford, IL 61114-5480

Ending Location
 115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 19 minutes / 8.05 miles Fuel Cost: [Calculate](#)

Provena Cor Mariae Center



3330 Maria Linden Dr Ed||
 Rockford, IL 61114-5480

- | | | |
|--|---|--------|
| | 1. Start out going SOUTH on MARIA LINDEN DR toward MARIA LINDEN CLOS. | 0.1 mi |
| | 2. Turn RIGHT onto APPLEWOOD LM. | 0.2 mi |
| | 3. Turn RIGHT onto SPRING BROOK RD. | 0.9 mi |
| | 4. Turn RIGHT onto SPRING CREEK RD. | 2.1 mi |
| | 5. SPRING CREEK RD becomes AUBURN ST. | 4.1 mi |
| | 6. Turn LEFT onto N SPRINGFIELD AVE. | 0.7 mi |
| | 7. 115 N SPRINGFIELD AVE is on the LEFT. | |

115 N Springfield Ave Ed||
 Rockford, IL 61101

Total Travel Estimate: 19 minutes / 8.05 miles Fuel Cost: [Calculate](#)

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PROVENA COR MARIAE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
3330 MARIA LINDEN DRIVE		Aggressive/Anti-Social	0	DIAGNOSIS		
ROCKFORD, IL. 61114		Chronic Alcoholism	0	Neoplasms	3	
Reference Numbers	Facility ID 6005771	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area 001	Planning Service Area 201	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0	
Teresa Wester-Peters		Medicare Recipient	0	Alzheimer Disease	0	
		Mental Illness	0	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Sandra Fuller		Non-Mobile	0	Circulatory System	29	
815-877-7416		Public Aid Recipient	0	Respiratory System	7	
	Date Completed	Under 65 Years Old	0	Digestive System	10	
	4/22/2009	Unable to Self-Medicat	0	Genitourinary System Disorders	7	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	1	
Teresa Wester-Peters		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8	
3330 Maria Linden Drive		Other Restrictions	0	Injuries and Poisonings	14	
Rockford, IL 61114		No Restrictions	0	Other Medical Conditions	21	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	11
NON-PROF CORPORATION				TOTALS	111	

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	73	73	63	73	63	10	73	12	119	Total Admissions 2008
Skilled Under 22	0	0	0	0	0	0		0	304	Total Discharges 2008
Intermediate DD	0	0	0	0	0	0		0	312	Residents on 12/31/2008
Sheltered Care	61	61	48	61	48	13			111	
TOTAL BEDS	134	134	111	134	111	23	73	12		

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	8892	33.3%	3818	86.9%	0	2299	7631	418	23058	86.3%	86.3%			
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	17566	0	17566	78.7%	78.7%			
TOTALS	8892	33.3%	3818	86.9%	0	2299	25197	418	40624	82.8%	82.8%			

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	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	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	5	2	0	0	0	0	1	1	6	3	9
75 to 84	3	10	0	0	0	0	9	4	12	14	26
85+	11	28	0	0	0	0	4	28	15	56	71
TOTALS	21	42	0	0	0	0	14	34	35	76	111

PROVENA COR MARIAE CENTER

3330 MARIA LINDEN DRIVE
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6005771

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	27	11	4	0	21	0	63
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	48	0	48
TOTALS	27	11	4	0	69	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	174
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	94	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	62	0	0	48	110
Race Unknown	0	0	0	0	0
Total	63	0	0	48	111

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	62	0	0	48	110
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	48	111

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.20
LPN's	14.50
Certified Aides	38.40
Other Health Staff	3.00
Non-Health Staff	53.00
Totals	117.10

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
36.8%	4.9%	0.0%	7.1%	51.2%	100.0%		0.4%
3,140,356	415,682	0	609,503	4,368,815	8,534,356	33,419	



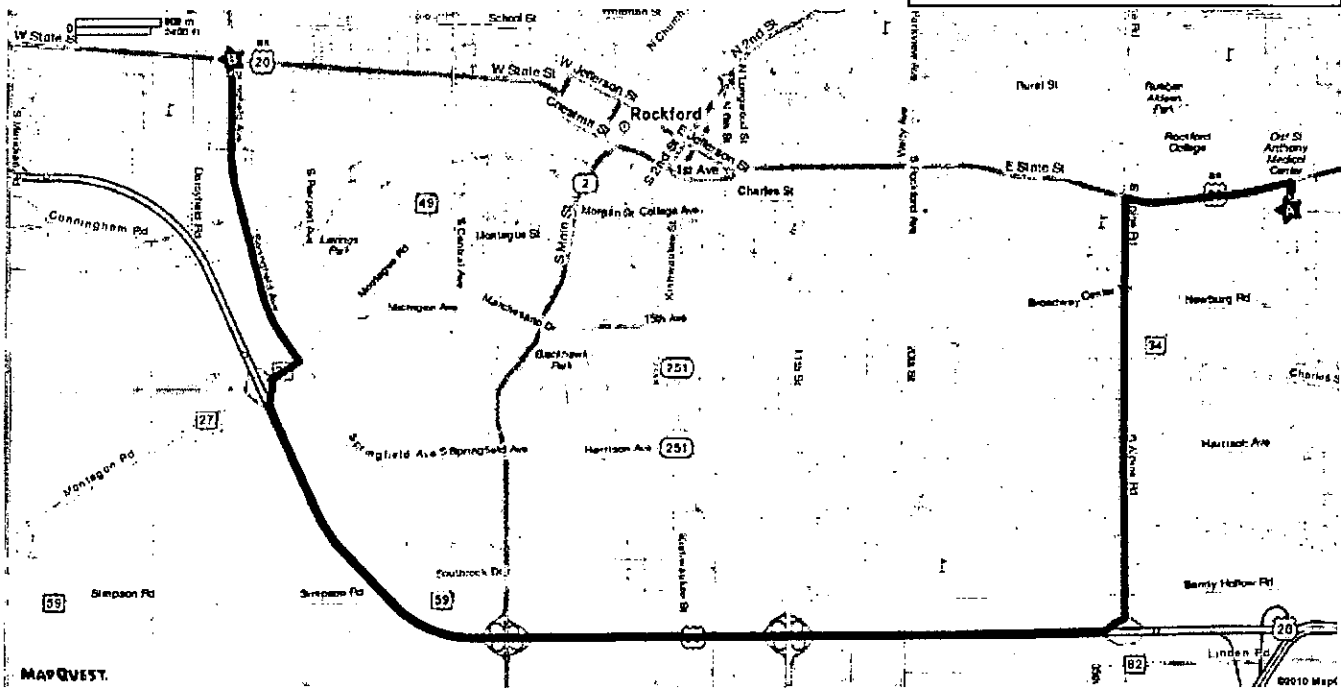
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Starting Location
321 Arnold Ave
 Rockford, IL 61108-2315

Ending Location
115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 19 minutes / 13.44 miles Fuel Cost: [Calculate](#)

Fairview Nursing Plaza



321 Arnold Ave Edit
 Rockford, IL 61108-2315

1. Start out going NORTH on ARNOLD AVE toward JUSTIN CT. 0.2 mi
2. Turn LEFT onto E STATE ST/US-20 BR. 1.1 mi
3. Turn LEFT onto S ALPINE RD. 3.0 mi
4. Merge onto US-20 WULYSES S GRANT MEMORIAL HWY toward FREEPORT. 6.5 mi
5. Take the MONTAGUE RD exit. 0.3 mi
6. Turn RIGHT onto MONTAGUE RD/CR-27. 0.2 mi
7. Turn LEFT onto SPRINGFIELD AVE. 2.2 mi
8. 115 N SPRINGFIELD AVE is on the RIGHT.

115 N Springfield Ave Edit
 Rockford, IL 61101

Total Travel Estimate: 19 minutes / 13.44 miles Fuel Cost: [Calculate](#)

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FAIRVIEW NURSING PLAZA		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
321 ARNOLD AVENUE		Aggressive/Anti-Social 0		DIAGNOSIS	
ROCKFORD, IL. 61108		Chronic Alcoholism 0		Neoplasms 0	
Reference Numbers Facility ID 6001135		Developmentally Disabled 0		Endocrine/Metabolic 2	
Health Service Area 001 Planning Service Area 201		Drug Addiction 0		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 7	
Michael E Toral		Medicare Recipient 0		Alzheimer Disease 4	
		Mental Illness 0		Mental Illness 164	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 4	
Mike Toral		Non-Mobile 0		Circulatory System 5	
815-397-5531		Public Aid Recipient 0		Respiratory System 1	
		Under 65 Years Old 0		Digestive System 1	
Registered Agent Information		Unable to Self-Medicare 0		Genitourinary System Disorders 1	
ERIC ROTHNER		Ventilator Dependent 1		Skin Disorders 0	
2201 W. MAIN STREET		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 3	
Evanston, IL 60201		Other Restrictions 0		Injuries and Poisonings 6	
		No Restrictions 0		Other Medical Conditions 4	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
FOR-PROF CORPORATION				TOTALS 202	

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	205
Nursing Care	213	213	205	213	202	11	28	213	Total Admissions 2008	64
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	202
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEOS	213	213	205	213	202	11	28	213		

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	1441	14.1%	68759	88.2%	2284	7	1256	0	73747	94.6%	94.6%	
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	1441	14.1%	68759	88.2%	2284	7	1256	0	73747	94.6%	94.6%	

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	16	15	0	0	0	0	0	0	16	15	31
45 to 59	52	31	0	0	0	0	0	0	52	31	83
60 to 64	18	17	0	0	0	0	0	0	18	17	35
65 to 74	15	17	0	0	0	0	0	0	15	17	32
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	107	95	0	0	0	0	0	0	107	95	202

FAIRVIEW NURSING PLAZA

321 ARNOLD AVENUE
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6001135

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	192	0	1	4	0	202
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	5	192	0	1	4	0	202

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	127
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	35	0	0	0	35
Hawaiian/Pac. Isl.	0	0	0	0	0
White	164	0	0	0	164
Race Unknown	0	0	0	0	0
Total	202	0	0	0	202

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	197	0	0	0	197
Ethnicity Unknown	0	0	0	0	0
Total	202	0	0	0	202

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	47.00
Other Health Staff	8.00
Non-Health Staff	42.00
Totals	114.00

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
2.7%	94.9%	0.0%	0.0%	2.4%	100.0%		0.0%
193,421	6,725,623	0	2,100	167,400	7,088,545	0	



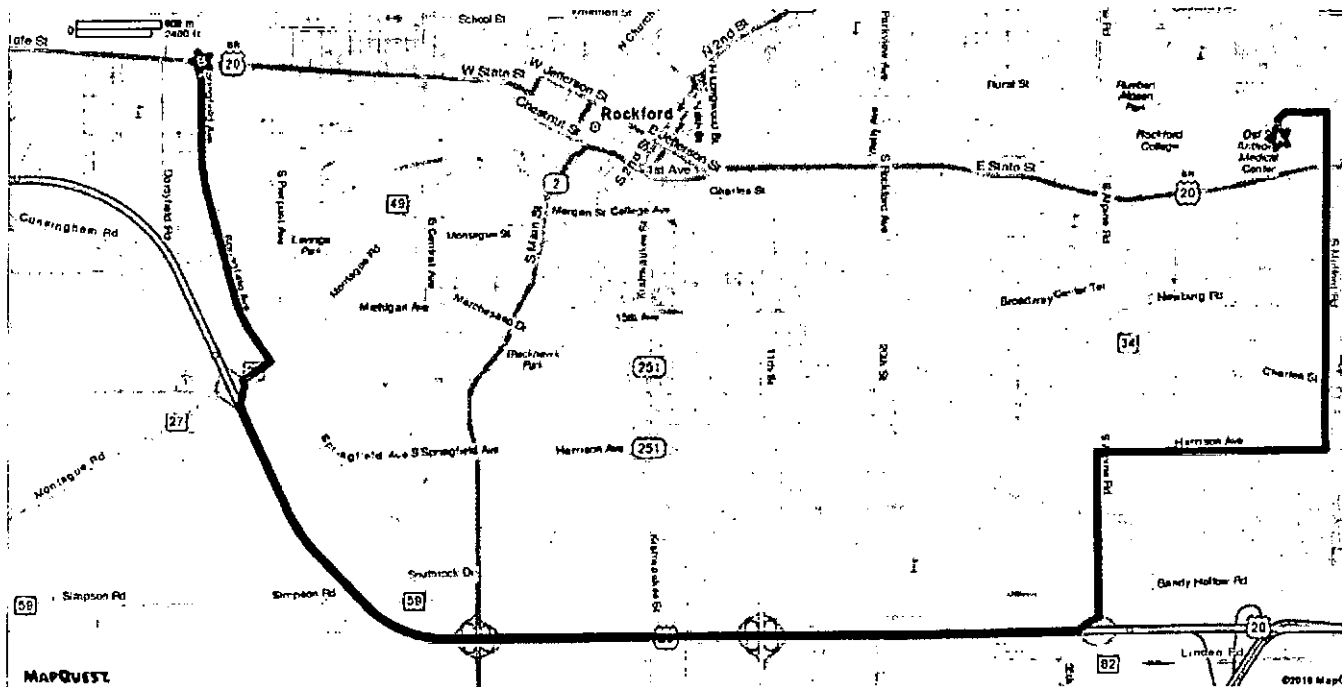
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A Starting Location
5668 Strathmoor Dr
 Rockford, IL 61107-5110

B Ending Location
115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 20 minutes / 14.70 miles Fuel Cost: [Calculate](#)

Alden Park Strathmoor



A 5668 Strathmoor Dr [Edit](#)
 Rockford, IL 61107-5110

- | | | |
|--------------|--|--------|
| START | 1. Start out going NORTHEAST on STRATHMOOR DR toward GRAMERCY DR. | 0.5 mi |
| | 2. Turn RIGHT onto N MULFORD RD. | 2.4 mi |
| | 3. Turn RIGHT onto HARRISON AVE. | 1.5 mi |
| | 4. Turn LEFT onto S ALPINE RD. | 1.2 mi |
| | 5. Merge onto US-20 WULYSES S GRANT MEMORIAL HWY toward FREEPORT. | 6.5 mi |
| | 6. Take the MONTAGUE RD exit. | 0.3 mi |
| | 7. Turn RIGHT onto MONTAGUE RD/CR-27. | 0.2 mi |
| | 8. Turn LEFT onto SPRINGFIELD AVE. | 2.2 mi |
| END | 9. 115 N SPRINGFIELD AVE is on the RIGHT. | |

B 115 N Springfield Ave [Edit](#)
 Rockford, IL 61101

Total Travel Estimate: 20 minutes / 14.70 miles Fuel Cost: [Calculate](#)

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ALDEN-PARK STRATHMOOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
5668 STRATHMOOR DRIVE		Aggressive/Anti-Social	0	DIAGNOSIS		
ROCKFORD, IL. 61107		Chronic Alcoholism	1	Neoplasms	3	
Reference Numbers	Facility ID 6007165	Developmentally Disabled	0	Endocrine/Metabolic	22	
Health Service Area 001	Planning Service Area 201	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	15	
Georgette Parent		Medicare Recipient	0	Alzheimer Disease	8	
		Mental Illness	0	Mental Illness	30	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Chris Reinhofer		Non-Mobile	0	Circulatory System	6	
773-286-3883		Public Aid Recipient	0	Respiratory System	23	
	Date Completed	Under 65 Years Old	0	Digestive System	14	
	4/22/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	3	
Registered Agent Information		Ventilator Dependent	0	Skin Disorders	1	
Ken Fisch		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	2	
4200 W. Peterson Ave. #140		Other Restrictions	0	Injuries and Poisonings	1	
Chicago, IL 60646		No Restrictions	0	Other Medical Conditions	22	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			TOTALS	150
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	189	175	166	175	150	39	189	189	Total Admissions 2008	168
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	159
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	150
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	189	175	166	175	150	39	189	189		

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	3973	5.7%	48196	69.7%	0	1067	2332	0	55568	80.3%	86.8%	
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	3973	5.7%	48196	69.7%	0	1067	2332	0	55568	80.3%	86.8%	

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	2	3	0	0	0	0	0	0	2	3	5
45 to 59	12	19	0	0	0	0	0	0	12	19	31
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	11	13	0	0	0	0	0	0	11	13	24
75 to 84	12	33	0	0	0	0	0	0	12	33	45
85+	9	28	0	0	0	0	0	0	9	28	37
TOTALS	49	101	0	0	0	0	0	0	49	101	150

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

ALDEN-PARK STRATHMOOR

5668 STRATHMOOR DRIVE
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6007165

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	136	0	2	2	0	150
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	10	136	0	2	2	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
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	17	0	0	0	17
Hawaiian/Pac. Isl.	0	0	0	0	0
White	131	0	0	0	131
Race Unknown	2	0	0	0	2
Total	150	0	0	0	150

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	2	0	0	0	2
Total	150	0	0	0	150

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	2.00
Cerified Aides	30.00
Other Health Staff	8.50
Non-Health Staff	27.00
Totals	71.00

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
19.1%	69.2%	3.1%	4.7%	3.9%	100.0%		0.0%
1,582,222	5,719,205	253,035	387,883	322,455	8,264,800	0	



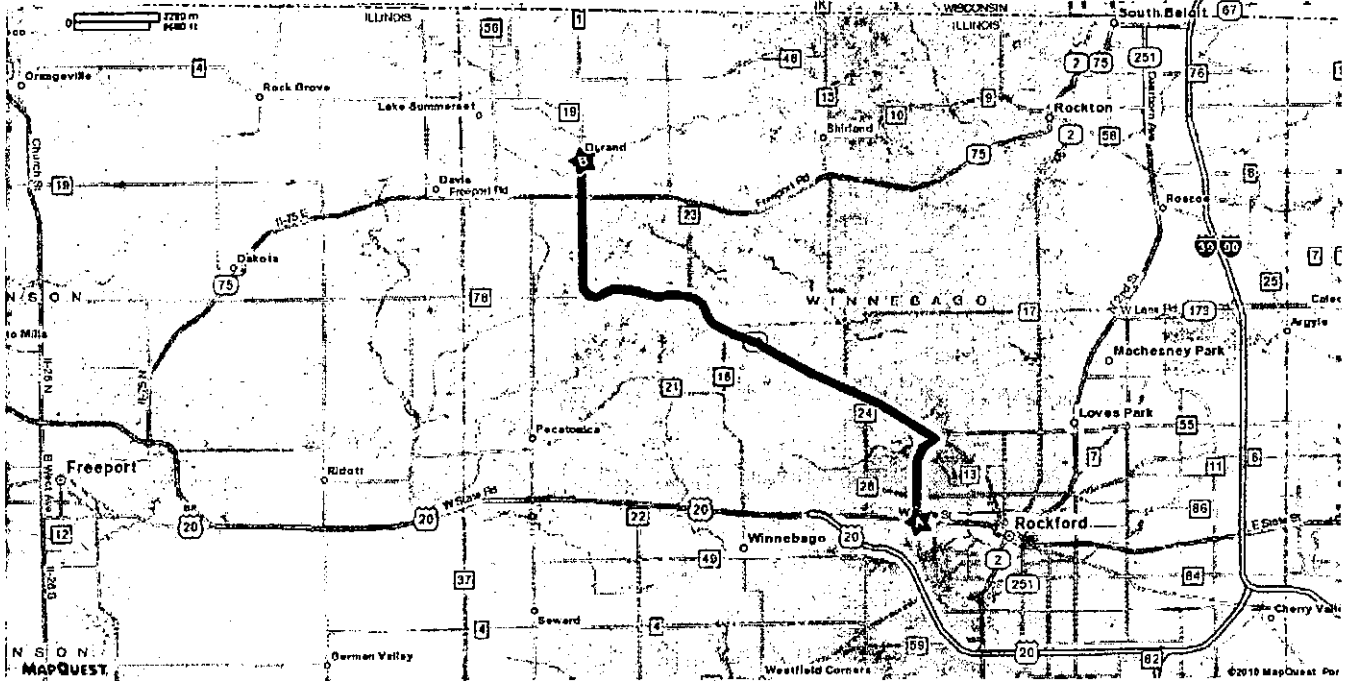
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A Starting Location
115 N Springfield Ave
 Rockford, IL 61101

B Ending Location
402 S Center St
 Durand, IL 61024-9590

Total Travel Estimate: 22 minutes / 18.14 miles Fuel Cost: [Calculate](#)

Medina Nursing Center



A 115 N Springfield Ave Edit
 Rockford, IL 61101

- Start out going NORTH on N SPRINGFIELD AVE toward LYDIA AVE. 2.7 mi
- Turn LEFT onto KILBURN AVE/IL-70. Continue to follow IL-70. 15.4 mi
- 402 S CENTER ST.

B 402 S Center St Edit
 Durand, IL 61024-9590

Total Travel Estimate: 22 minutes / 18.14 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.

MEDINA NURSING CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
402 S. Center St DURAND, IL. 61024		Aggressive/Anti-Social	0	DIAGNOSIS	
Reference Numbers Facility ID 6006019		Chronic Alcoholism	0	Neoplasms	4
Health Service Area 001 Planning Service Area 201		Developmentally Disabled	1	Endocrine/Metabolic	6
Administrator		Drug Addiction	0	Blood Disorders	0
Holgeir Oksnevad		Medicaid Recipient	0	*Nervous System Non Alzheimer	3
		Medicare Recipient	0	Alzheimer Disease	7
		Mental Illness	1	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	1
Holgeir Oksnevad		Non-Mobile	0	Circulatory System	11
815-248-2151		Public Aid Recipient	0	Respiratory System	8
		Under 65 Years Old	0	Digestive System	10
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	2
		Ventilator Dependent	1	Skin Disorders	1
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	9
		Other Restrictions	0	Injuries and Poisonings	4
		No Restrictions	0	Other Medical Conditions	5
		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
FACILITY OWNERSHIP				TOTALS	71
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	89	87	87	87	71	18	89	89	Total Admissions 2008	87
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	88
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	71
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	89	87	87	87	71	18	89	89		

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	2284	7.0%	16567	50.9%	0	490	7946	0	27287	83.8%	85.7%			
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	2284	7.0%	16567	50.9%	0	490	7946	0	27287	83.8%	85.7%			

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	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	8	25	0	0	0	0	0	0	8	25	33
TOTALS	17	54	0	0	0	0	0	0	17	54	71

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

MEDINA NURSING CENTER

402 S. Center St
DURAND, IL. 61024

Reference Numbers Facility ID 6006019

Health Service Area 001 Planning Service Area 201

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	41	0	0	21	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
TOTALS	9	41	0	0	21	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	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	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
Total	71	0	0	0	71

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
Total	71	0	0	0	71

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	3.00
Non-Health Staff	28.00
Totals	63.00

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
23.9%	41.0%	0.0%	5.3%	29.8%	100.0%		0.0%
1,045,275	1,792,906	0	231,447	1,303,120	4,372,748	0	



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Starting Location

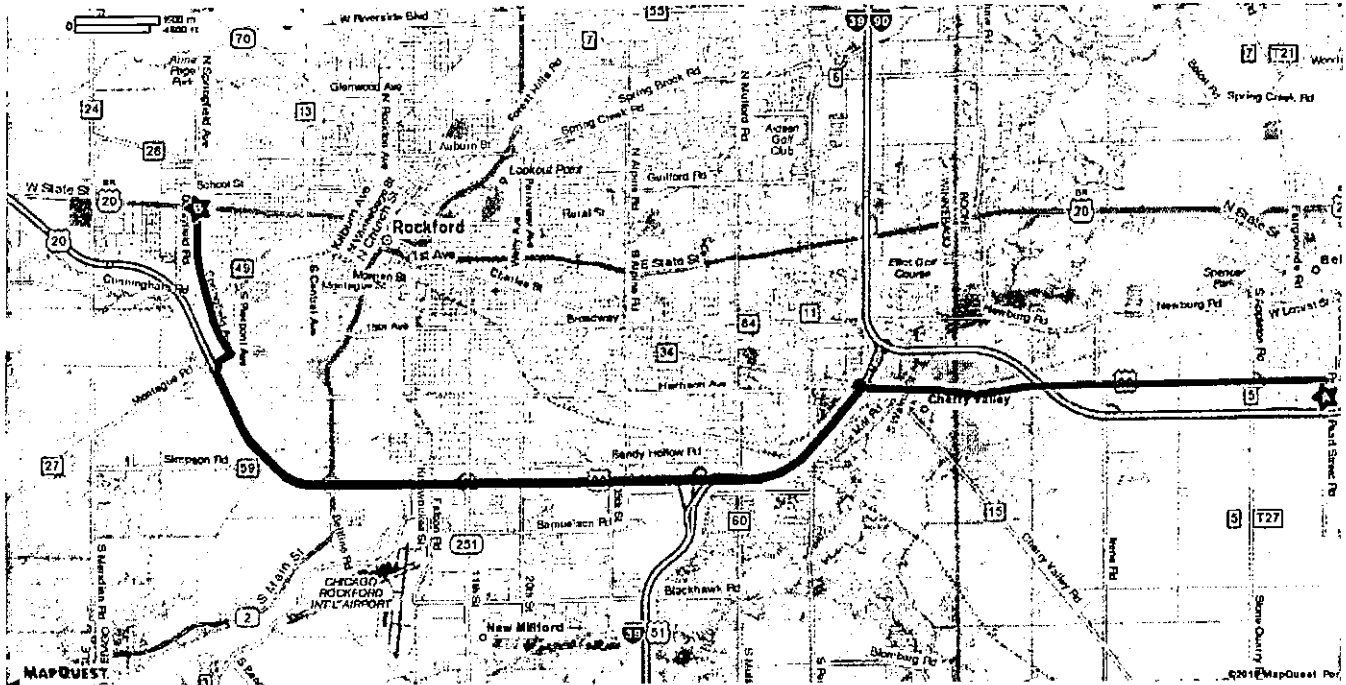
2250 Pearl St
Belvidere, IL 61008-6022

Ending Location

115 N Springfield Ave
Rockford, IL 61101

Total Travel Estimate: 23 minutes / 18.94 miles Fuel Cost [Calculate](#)

Northwoods Care Centre



2250 Pearl St Edit
Belvidere, IL 61008-6022

1. Start out going NORTH on PEARL ST toward SEASONS PKWY. 0.3 mi
2. Turn LEFT onto US-20 W/GRANT HWY/ULYSSES S GRANT MEMORIAL HWY. Continue to follow US-20 W. 6.4 mi
3. Merge onto ULYSSES S GRANT MEMORIAL HWY/US-20 W toward FREEPORT/BLOOMINGTON. 10.6 mi
4. Take the MONTAGUE RD exit. 0.3 mi
5. Turn RIGHT onto MONTAGUE RD/CR-27. 0.2 mi
6. Turn LEFT onto SPRINGFIELD AVE. 2.2 mi
7. 115 N SPRINGFIELD AVE is on the RIGHT.

115 N Springfield Ave Edit
Rockford, IL 61101

Total Travel Estimate: 23 minutes / 18.94 miles Fuel Cost [Calculate](#)

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NORTHWOODS CARE CENTRE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2250 PEARL STREET		Aggressive/Anti-Social 1		DIAGNOSIS	
BELVIDERE, IL. 61008		Chronic Alcoholism 1		Neoplasms 3	
Reference Numbers	Facility ID 6006670	Developmentally Disabled 1		Endocrine/Metabolic 9	
Health Service Area 001	Planning Service Area 007	Drug Addiction 1		Blood Disorders 8	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 7	
susan mead		Medicare Recipient 0		Alzheimer Disease 12	
		Mental Illness 1		Mental Illness 4	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
SUSAN K. MEAD		Non-Mobile 0		Circulatory System 22	
815-544-0358		Public Aid Recipient 0		Respiratory System 12	
	Date Completed 5/1/2009	Under 65 Years Old 0		Digestive System 5	
Registered Agent Information		Unable to Self-Medicare 0		Genitourinary System Disorders 7	
		Ventilator Dependent 1		Skin Disorders 1	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 2	
		Other Restrictions 0		Injuries and Poisonings 7	
		No Restrictions 0		Other Medical Conditions 0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
LIMITED PARTNERSHIP				TOTALS 99	

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	113	113	113	113	99	14	113	113	Total Admissions 2008	105
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	231
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	237
Sheltered Care	0	0	0	0	0	0		0		99
TOTAL BEDS	113	113	113	113	99	14	113	113		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds	Peak 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	3495	8.5%	21942	53.1%	3621	1265	6632	0	36955	89.4%	89.4%	
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	3495	8.5%	21942	53.1%	3621	1265	6632	0	36955	89.4%	89.4%	

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	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	13	0	0	0	0	0	0	1	13	14
75 to 84	8	32	0	0	0	0	0	0	8	32	40
85+	11	30	0	0	0	0	0	0	11	30	41
TOTALS	22	77	0	0	0	0	0	0	22	77	99

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

NORTHWOODS CARE CENTRE

2250 PEARL STREET
 BELVIDERE, IL. 61008

Reference Numbers Facility ID 6006670

Health Service Area 001 Planning Service Area 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	58	12	1	16	0	99
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	12	58	12	1	16	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	2.00
Non-Health Staff	47.00
Totals	102.00

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
23.3%	55.0%	0.0%	6.3%	15.4%	100.0%		0.0%
1,432,530	3,380,787	0	386,846	947,824	6,147,987	0	



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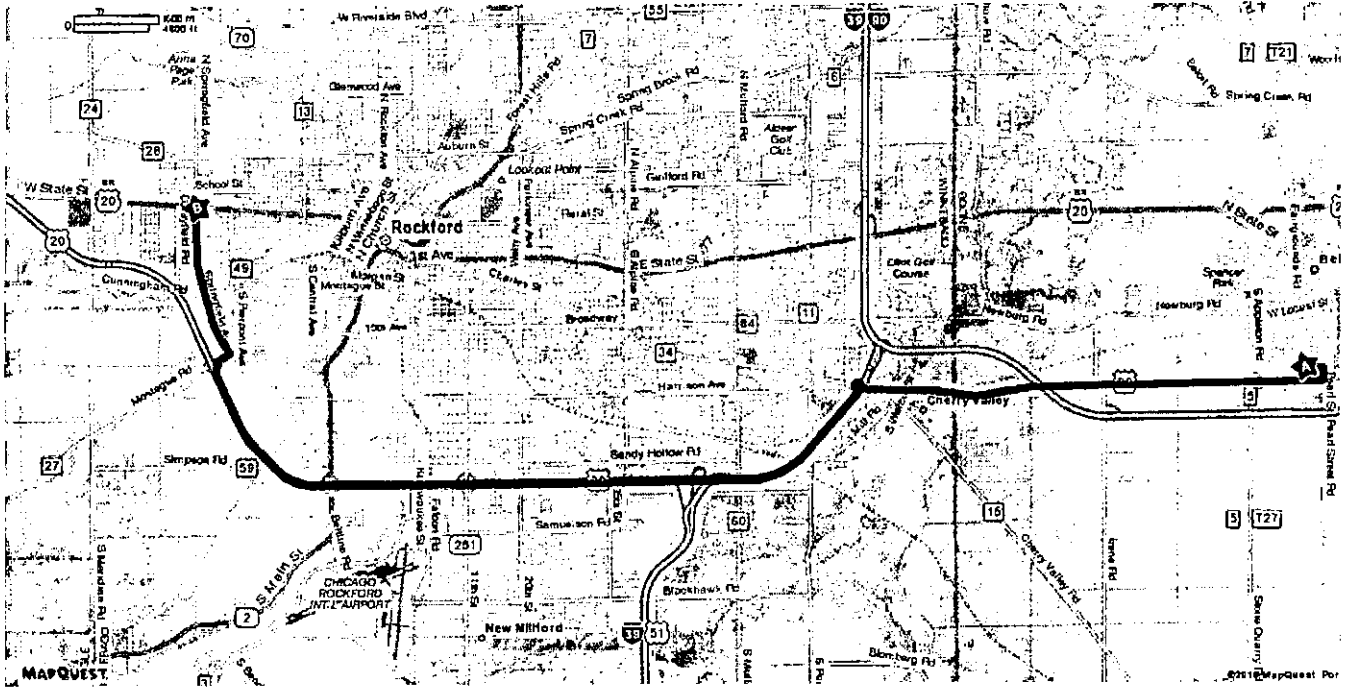
Starting Location
1701 5th Ave
 Belvidere, IL 61008-5517



Ending Location
115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 24 minutes / 20.11 miles Fuel Cost: [Calculate](#)

Home Bridge Center - Boone



1701 5th Ave Edit
 Belvidere, IL 61008-5517

1. Start out going NORTH on 5TH AVE toward W 10TH ST. 0.0 mi
2. Turn RIGHT onto W 10TH ST. 0.3 mi
3. Turn RIGHT onto PEARL ST. 0.2 mi
4. Turn RIGHT onto US-20 WGRANT HWY/ULYSSES S GRANT MEMORIAL HWY. Continue to follow US-20 W. 0.4 mi
5. Merge onto ULYSSES S GRANT MEMORIAL HWY/US-20 W toward FREEPORT/BLOOMINGTON. 10.6 mi
6. Take the MONTAGUE RD exit. 0.3 mi
7. Turn RIGHT onto MONTAGUE RD/CR-27. 0.2 mi
8. Turn LEFT onto SPRINGFIELD AVE. 2.2 mi
9. 115 N SPRINGFIELD AVE is on the RIGHT.



115 N Springfield Ave Edit
 Rockford, IL 61101

Total Travel Estimate: 24 minutes / 20.11 miles Fuel Cost: [Calculate](#)

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Home Bridge Center		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1701 5TH AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS		
BELVIDERE, IL. 61008		Chronic Alcoholism	1	Neoplasms	1	
Reference Numbers	Facility ID 6003073	Developmentally Disabled	0	Endocrine/Metabolic	2	
Health Service Area	001	Drug Addiction	1	Blood Disorders	0	
Planning Service Area	007	Medicaid Recipient	0	*Nervous System Non Alzheimer	6	
Administrator		Medicare Recipient	0	Alzheimer Disease	12	
Patrick L. Scales		Mental Illness	1	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	2	
Jennifer Ashlin		Non-Mobile	0	Circulatory System	0	
815-547-5451		Public Aid Recipient	0	Respiratory System	3	
	Date Completed	Under 65 Years Old	0	Digestive System	0	
	4/24/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	0	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
Houvde and Tufo, PC		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	13	
107 S. Third Street, Suite #3		Other Restrictions	0	Injuries and Poisonings	0	
Bloomington, IL 60108		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	39	

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	45	39	39	41	0	80	41	
Skilled Under 22	0	0	0	0	0	0		0	62	
Intermediate DD	0	0	0	0	0	0		0	64	
Sheltered Care	0	0	0	0	0	0		0	39	
TOTAL BEDS	80	80	45	39	39	41	0	80		

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	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1469	0.0%	7191	24.6%	0	150	1107	0	9917	33.9%	33.9%	
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%	
TOTALS	1469	0.0%	7191	24.6%	0	150	1107	0	9917	33.9%	33.9%	

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	2	1	0	0	0	0	0	0	2	1	3	
60 to 64	1	3	0	0	0	0	0	0	1	3	4	
65 to 74	2	4	0	0	0	0	0	0	2	4	6	
75 to 84	3	11	0	0	0	0	0	0	3	11	14	
85+	1	11	0	0	0	0	0	0	1	11	12	
TOTALS	9	30	0	0	0	0	0	0	9	30	39	

Home Bridge Center
 1701 5TH AVENUE
 BELVIDERE, IL. 61008

Reference Numbers Facility ID 6003073
 Health Service Area 001 Planning Service Area 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	26	0	1	6	0	39
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	6	26	0	1	6	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
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	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

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	19.00
Other Health Staff	2.00
Non-Health Staff	12.00
Totals	45.00

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
37.0%	47.6%	0.0%	3.5%	11.9%	100.0%		0.0%
608,010	783,500	20	58,051	195,311	1,644,894	0	

FACILITY NOTES

Name Change 10/10/2008 Name changed from Biltmore Rehab & Nursing Center.



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

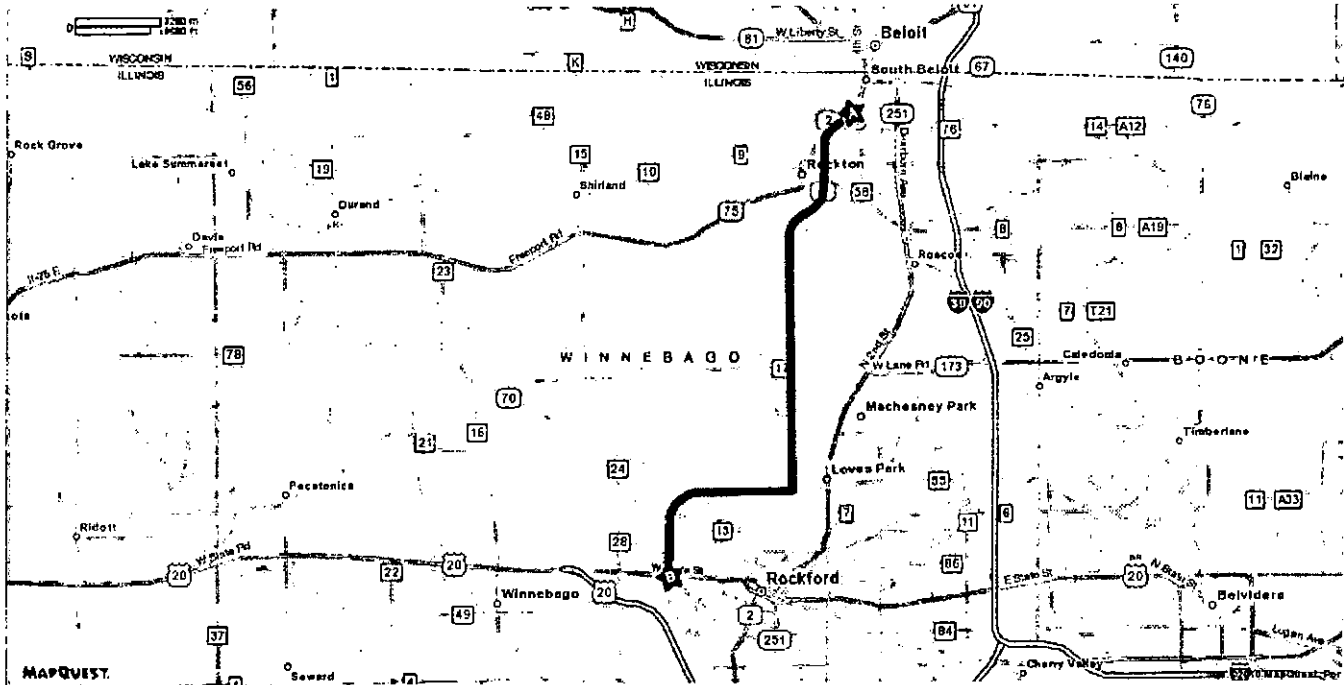
1515 Blackhawk Blvd
South Beloit, IL 61080-2227

Ending Location

115 N Springfield Ave
Rockford, IL 61101

Total Travel Estimate: 24 minutes / 17.76 miles Fuel Cost: [Calculate](#)

Fair Oaks Rehab & HCC



1515 Blackhawk Blvd Edit
South Beloit, IL 61080-2227

- START** 1. Start out going **NORTHEAST** on **BLACKHAWK BLVD/IL-2 N/IL-75 E** toward **OAKLAND AVE.** 0.0 mi
- LEFT** 2. Make a **U-TURN** at **OAKLAND AVE** onto **IL-2 S.** 12.1 mi
- RIGHT** 3. Turn **RIGHT** onto **W RIVERSIDE BLVD.** 3.0 mi
- UP** 4. **W RIVERSIDE BLVD** becomes **N SPRINGFIELD AVE.** 2.7 mi
- END** 5. **115 N SPRINGFIELD AVE** is on the **LEFT.**

115 N Springfield Ave Edit
Rockford, IL 61101

Total Travel Estimate: 24 minutes / 17.76 miles Fuel Cost: [Calculate](#)

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FAIR OAKS REHAB & HCC		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1515 BLACKHAWK BOULEVARD		Aggressive/Anti-Social	0	DIAGNOSIS		
SOUTH BELOIT, IL. 61080		Chronic Alcoholism	0	Neoplasms	2	
Reference Numbers	Facility ID 6002984	Developmentally Disabled	0	Endocrine/Metabolic	14	
Health Service Area 001	Planning Service Area 201	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5	
Sheila Storey		Medicare Recipient	0	Alzheimer Disease	3	
		Mental Illness	1	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Sheila Storey		Non-Mobile	0	Circulatory System	11	
815-389-3911		Public Aid Recipient	0	Respiratory System	8	
	Date Completed	Under 65 Years Old	0	Digestive System	0	
	4/24/2009	Unable to Self-Medicate	0	Genitourinary System Disorders	0	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	14	
		Other Restrictions	0	Injuries and Poisonings	6	
		No Restrictions	0	Other Medical Conditions	8	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
NON-PROF CORPORATION				TOTALS	71	

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	78	78	76	78	71	7	78	78	74	74
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2008	118
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2008	121
Sheltered Care	0	0	0	0	0	0		0	Residents on 12/31/2008	71
TOTAL BEDS	78	78	76	78	71	7	78	78		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									TOTAL	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	4172	14.6%	18348	64.3%	0	802	3453	0	26775	93.8%	93.8%	
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	4172	14.6%	18348	64.3%	0	802	3453	0	26775	93.8%	93.8%	

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	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	6	30	0	0	0	0	0	0	6	30	36
TOTALS	16	55	0	0	0	0	0	0	16	55	71

FAIR OAKS REHAB & HCC
 1515 BLACKHAWK BOULEVARD
 SOUTH BELOIT, IL. 61080

Reference Numbers Facility ID 6002964
 Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	52	0	0	5	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
TOTALS	14	52	0	0	5	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	315	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	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	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

STAFFING

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	48.00
Other Health Staff	0.00
Non-Health Staff	29.00
Totals	91.00

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
37.1%	44.1%	0.0%	7.3%	11.5%	100.0%		0.0%
1,666,592	1,977,414	0	327,122	518,696	4,487,824	0	



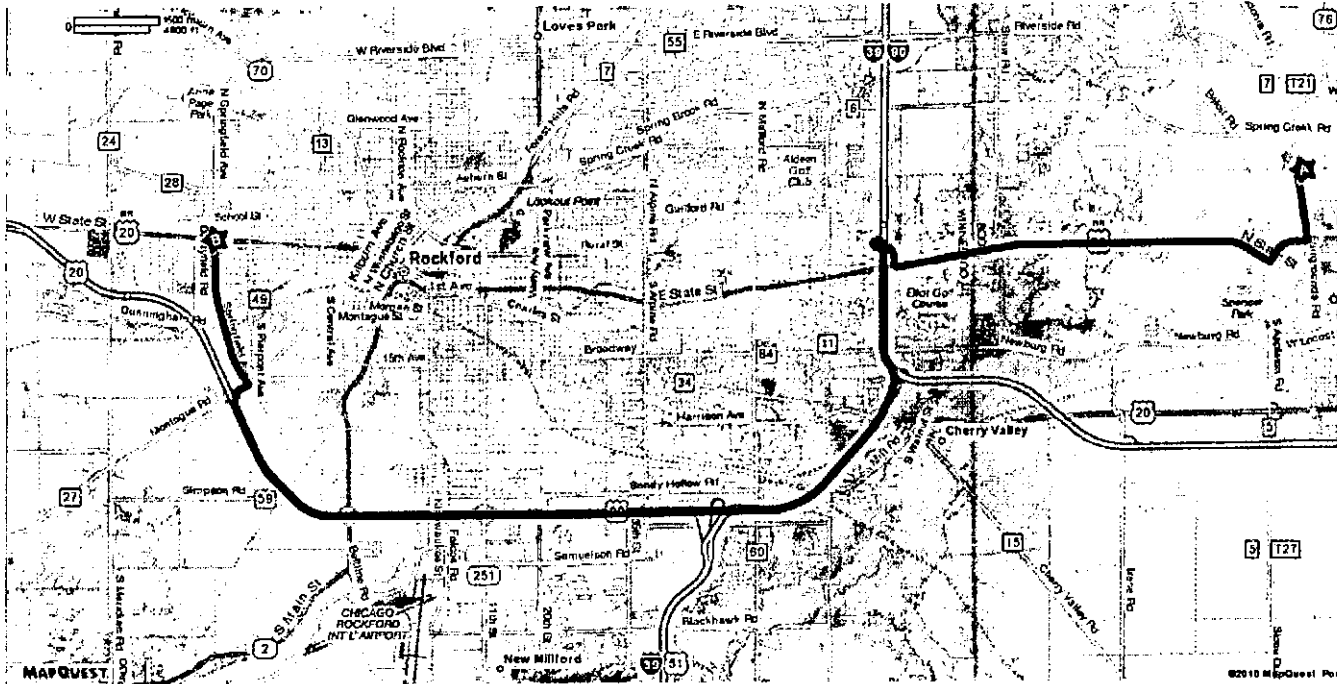
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A Starting Location
4452 Squaw Prairie Rd
 Belvidere, IL 61008-8801

B Ending Location
115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 28 minutes / 23.35 miles Fuel Cost: [Calculate](#)

Maple Crest Care Centre - Boone



A **4452 Squaw Prairie Rd** Edit
 Belvidere, IL 61008-8801

- | | | |
|--|--|--------|
| | 1. Start out going WEST on SQUAW PRAIRIE RD toward IL-76. | 0.1 mi |
| | 2. Turn LEFT onto IL-76. | 1.0 mi |
| | 3. Turn RIGHT onto US-20 BR. | 0.6 mi |
| | 4. Turn RIGHT onto N STATE ST/US-20 BR. Continue to follow US-20 BR. | 5.2 mi |
| | 5. Take the I-90 W/US-51 N/1-39 N ramp. | 0.2 mi |
| | 6. Merge onto I-39 S/US-51 S toward CHICAGO AND EAST (Portions to R) | 5.4 mi |
| | 7. Merge onto US-20 WULYSESSE S GRANT MEMORIAL HWY. | 8.1 mi |
| | 8. Take the MONTAGUE RD exit. | 0.3 mi |
| | 9. Turn RIGHT onto MONTAGUE RD/CR-27. | 0.2 mi |
| | 10. Turn LEFT onto SPRINGFIELD AVE. | 2.2 mi |
| | 11. 115 N SPRINGFIELD AVE is on the RIGHT. | |

B **115 N Springfield Ave** Edit
 Rockford, IL 61101

Total Travel Estimate: 28 minutes / 23.35 miles Fuel Cost: [Calculate](#)

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MAPLE CREST CARE CENTRE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
4452 SQUAW PRAIRIE ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
BELVIDERE, IL. 61008		Chronic Alcoholism	0	Neoplasms	3	
Reference Numbers	Facility ID 6005706	Developmentally Disabled	1	Endocrine/Metabolic	5	
Health Service Area 001	Planning Service Area 007	Drug Addiction	1	Blood Disorders	4	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	14	
Judith Wright		Medicare Recipient	0	Alzheimer Disease	12	
		Mental Illness	1	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	8	
Judith Wright		Non-Mobile	0	Circulatory System	8	
815-547-6377		Public Aid Recipient	0	Respiratory System	5	
	Date Completed	Under 65 Years Old	0	Digestive System	7	
	4/16/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	3	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	10	
Marc Benjamin		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0	
801 Skokie Blvd		Other Restrictions	0	Injuries and Poisonings	0	
Northbrook, IL 60062		No Restrictions	0	Other Medical Conditions	1	
		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
FACILITY OWNERSHIP				TOTALS	80	
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	86	86	86	86	80	6	86	86	81	150
Skilled Under 22	0	0	0	0	0	0		0		151
Intermediate DD	0	0	0	0	0	0		0		80
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	86	86	86	86	80	6	86	86		

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						TOTAL Pat. days	TOTAL Pat. days	TOTAL Pat. days	TOTAL Pat. days		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days						
Nursing Care	4007	12.7%	9645	30.6%	0	1111	13505	0	28268	89.8%	89.8%	
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	4007	12.7%	9645	30.6%	0	1111	13505	0	28268	89.8%	89.8%	

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	1	8	0	0	0	0	0	0	1	8	9
75 to 84	0	13	0	0	0	0	0	0	0	13	13
85+	7	51	0	0	0	0	0	0	7	51	58
TOTALS	8	72	0	0	0	0	0	0	8	72	80

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

MAPLE CREST CARE CENTRE

4452 SQUAW PRAIRIE ROAD
 BELVIDERE, IL. 61008

Reference Numbers Facility ID 6005706

Health Service Area 001 Planning Service Area 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	23	10	5	27	0	80
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	15	23	10	5	27	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	143
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	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	9.50
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	70.00

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
30.7%	32.5%	0.0%	6.7%	30.0%	100.0%		0.0%
1,519,028	1,808,954	0	333,299	1,483,275	4,944,556	0	



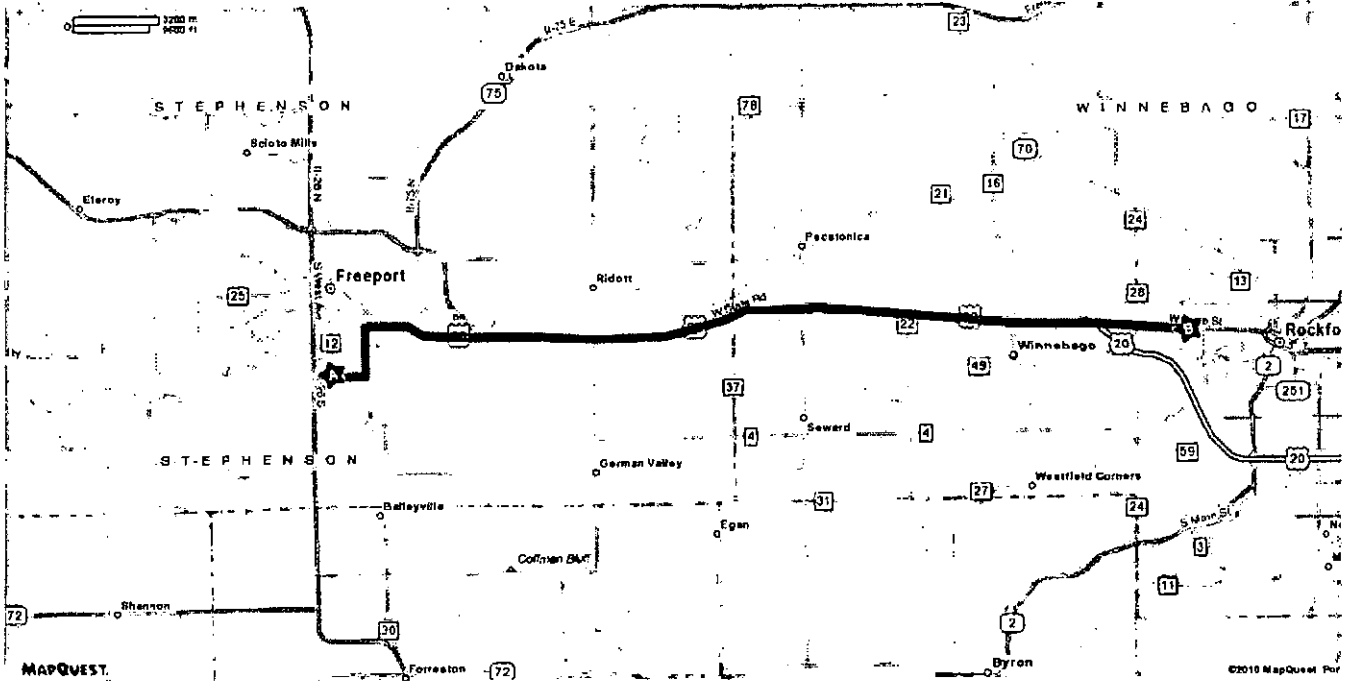
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Starting Location
 2946 S Walnut Rd
 Freeport, IL 61032-9528

Ending Location
 115 N Springfield Ave
 Rockford, IL 61101

Total Travel Estimate: 30 minutes / 26.20 miles Fuel Cost: [Calculate](#)

Stephenson Nursing Center - Stephenson



2946 S Walnut Rd Ed
 Freeport, IL 61032-9528

- | | | |
|--|---|---------|
| | 1. Start out going SOUTH on CR-12/S WALNUT RD/CR-12 toward W LAMM RD. | 0.1 mi |
| | 2. Turn LEFT onto LAMM RD/W LAMM RD. | 1.0 mi |
| | 3. Turn LEFT onto S BAILEYVILLE RD/CR-11. Continue to follow CR-11. | 1.5 mi |
| | 4. Turn RIGHT onto E SOUTH ST/US-20 BR. Continue to follow US-20 BR. | 2.1 mi |
| | 5. US-20 BR becomes US-20-BR E. | 1.1 mi |
| | 6. Merge onto US-20 EULYSSES S GRANT MEMORIAL HWY. | 17.4 mi |
| | 7. Take the US-20-BR/STATE ST ramp. | 0.6 mi |
| | 8. Merge onto US-20 BR/W STATE ST. | 2.5 mi |
| | 9. Turn LEFT onto N SPRINGFIELD AVE. | 0.0 mi |
| | 10. 115 N SPRINGFIELD AVE is on the RIGHT. | |

115 N Springfield Ave Ed
 Rockford, IL 61101

Total Travel Estimate: 30 minutes / 26.20 miles Fuel Cost: [Calculate](#)

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STEPHENSON NURSING CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2946 SOUTH WALNUT ROAD		Aggressive/Anti-Social	0	DIAGNOSIS		
FREEPORT, IL. 61032		Chronic Alcoholism	0	Neoplasms	5	
Reference Numbers	Facility ID 6009161	Developmentally Disabled	1	Endocrine/Metabolic	8	
Health Service Area 001	Planning Service Area 177	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7	
Darnell Fortney		Medicare Recipient	0	Alzheimer Disease	32	
		Mental Illness	0	Mental Illness	5	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Penny Smith		Non-Mobile	0	Circulatory System	40	
815-235-6173		Public Aid Recipient	0	Respiratory System	2	
	Date Completed	Under 65 Years Old	0	Digestive System	2	
	4/16/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	3	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	8	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			TOTALS	117
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	112
Nursing Care	182	162	121	162	117	45	160	162	Total Admissions 2008	99
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	94
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	117
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	182	162	121	162	117	45	160	162		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	Pat. days			
Nursing Care	2147	3.7%	31439	53.0%	0	0	8139	0	41725	70.4%	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	2147	3.7%	31439	53.0%	0	0	8139	0	41725	70.4%	70.4%	

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		
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	4	2	0	0	0	0	0	0	4	2	6
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	13	25	0	0	0	0	0	0	13	25	38
85+	13	34	0	0	0	0	0	0	13	34	47
TOTALS	42	75	0	0	0	0	0	0	42	75	117

STEPHENSON NURSING CENTER

2946 SOUTH WALNUT ROAD
 FREEPORT, IL. 61032

Reference Numbers Facility ID 6009161
 Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	5	87	0	0	25	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
TOTALS	5	87	0	0	25	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
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	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	10.00
Certified Aides	58.00
Other Health Staff	2.00
Non-Health Staff	31.00
Totals	121.00

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
9.4%	57.1%	5.1%	28.3%	0.0%	100.0%		0.0%
505,582	3,072,018	276,246	1,523,870	0	5,377,716	0	

1110.1730(e)(3) Impact of Project on Other Area Providers

The proposed project will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100 of 90%; and will not lower to a further extend the utilization of other facilities currently operating below the occupancy standards. Our rationale is as follows:

First, one third of the beds will be filled from outside the planning area. The proposed program will benefit from a regional draw due to the special populations served, the nature of the services and programming offered, and the age of the residents whom are not currently served by geriatric skilled nursing facilities in the market.

Second, the remaining two thirds of beds will be filled by patients with clinical needs requiring specialized care, rehabilitation, and vocational training not currently offered by programs in the planning area. Therefore, those who will benefit from Warrior's Gateway must either accept inadequate services from existing area providers or leave the planning area. Furthermore, the vast majority of beds in the planning area are occupied by geriatric residents. Rarely does a younger, clinically complex resident possibly with behaviors reside in this type of facility.

Therefore, the impact on occupancy at other area providers is anticipated to be negligible.

1110.1730(g) Staffing Availability

The professional staffing needs of the proposed project are as follows:

Administrator	1.0
RN	14.4
LPN	13.1
CNA	46.5
Rehab Aides	6.5
Nursing admin	3.0
Dietary Supervisor	1.0
Dietary	12.0
Activities	4.0
Laundry	3.0
Housekeeping	5.0
THERAPY EXPENSE	-
Maintenance	1.0
Social Service	3.0
Clerical	2.5
Total	116.0

The management company, Revere Healthcare, Ltd. has an Administrator and a Director of Nursing on staff. Professional nursing staff – RNs, LPNs, and CNAs – can be recruited from each of the nursing schools in Rockford. These schools are Saint Anthony College of Nursing, Rock Valley College, UIC Rockford, and Rockford College. Projections from Illinois Department of Employment Security for Winnebago County (attached) show growth in nurse aides of 268 to 1,811 by 2012, and in LPNs by 66 to 681.

The remaining facility staffing needs can be met by the local labor pool in Rockford.

**Illinois Department of Employment Security
2002 - 2012 Occupational Employment Projections
Winnebago County**

SOC Code	Standard Occupational Classification (SOC) Title	Base Year Employment 2002	Projected Year Employment 2012	Employment Change		Average Annual Job Openings		Total
				Number	Percent	Growth	Replacements	
29-1126	Respiratory Therapists	113	147	34	29.87	3	4	7
29-1127	Speech-Language Pathologists	121	143	22	18.54	2	3	5
29-1131	Veterinarians	83	97	13	16.01	1	2	3
29-1199	Health Diagnosing and Treating Practitioners, AO	425	526	101	23.80	10	9	19
29-2000	Health Technologists and Technicians	2,472	2,884	412	16.67	41	43	84
29-2011	Medical and Clinical Laboratory Technologists	194	218	25	12.64	2	5	7
29-2012	Medical and Clinical Laboratory Technicians	132	145	13	10.11	1	4	5
29-2021	Dental Hygienists	82	100	18	22.23	2	1	3
29-2031	Cardiovascular Technologists and Technicians	54	70	16	29.08	2	1	3
29-2032	Diagnostic Medical Sonographers	48	57	9	18.72	1	1	2
29-2033	Nuclear Medicine Technologists	18	21	3	17.74	0	0	0
29-2034	Radiologic Technologists and Technicians	177	200	23	13.06	2	3	5
29-2041	Emergency Medical Technicians and Paramedics	217	265	49	22.53	5	2	7
29-2051	Dietetic Technicians	60	67	7	16.04	1	1	2
29-2052	Pharmacy Technicians	211	265	54	25.43	5	3	8
29-2053	Psychiatric Technicians	184	175	-9	-4.99	-1	2	1
29-2054	Respiratory Therapy Technicians	51	66	15	29.92	2	1	3
29-2055	Surgical Technologists	84	103	19	22.28	2	1	3
29-2056	Veterinary Technologists and Technicians	71	92	21	29.57	2	1	3
29-2061	Licensed Practical Nurses	615	681	66	10.70	7	13	20
29-2071	Medical Records/Health Information Technicians	187	260	72	38.63	7	3	10
29-2081	Opticians, Dispensing	87	96	9	10.54	1	2	3
29-2091	Orthotists and Prosthetists	11	13	2	18.48	0	0	0
29-9000	Other Health Practitioners and Technical Occs	35	40	5	13.55	0	0	0
29-9010	Occupational Health & Safety Specialists/Techs	22	25	3	13.70	0	0	0
29-9091	Athletic Trainers	13	15	2	13.31	0	0	0
29-9100	Other Health Practitioners and Technical Workers	352	421	68	19.35	7	6	13
29-9199	Health Professionals and Technicians, AO	362	421	68	19.35	7	6	13
31-0000	Healthcare Support Occupations	3,555	4,323	767	21.58	77	58	135
31-1000	Nursing, Psychiatric and Home Health Aides	1,938	2,327	389	20.08	39	25	64
31-1011	Home Health Aides	364	482	117	32.19	12	5	17
31-1012	Nursing Aides, Orderlies and Attendants	1,543	1,811	268	17.38	27	20	47
31-1013	Psychiatric Aides	31	35	4	13.31	0	0	0

Source: IDES Economic Information & Analysis Division. AO = All Other *** Data suppressed due to confidentiality requirements.

1110.1730(h) Facility Size

The criterion reads:

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 IDPA's licensure standards.

This does not apply, as the facility is only proposing 120 SNF beds.

1110.1730(i) Community Related Functions

Support letters are attached.



SAINT ANTHONY MEDICAL CENTER

June 10, 2010

RE: Revere Healthcare Post Acute Care Project: Winnebago County, Illinois

To Whom It May Concern:

We anticipate that that the Revere Healthcare Post Acute Care project will become a crucial discharge destination for OSF Saint Anthony Medical Center, and we look forward to the increased access to high quality post-acute care that will be provided as a result of the proposed project.

OSF Saint Anthony Medical Center will refer twenty four (24) patients annually to Revere Healthcare within a 24 month period after the project is completed.

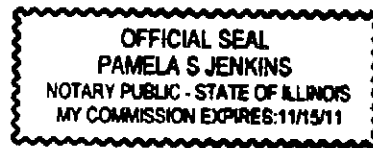
These projected patient referrals:

- Do not exceed OSF Saint Anthony Medical Center's total discharges to long term care facilities from May 31, 2009 through May 31 2010.
- Have not been used to support another pending or approved CON application.

Sincerely,

David A. Schertz, FACHE
President and CEO

Pj



Notary Seal

Date: June 11, 2010

Notary Signature: Pamela S. Jenkins



SAINT ANTHONY MEDICAL CENTER

June 17, 2010

To Whom It May Concern:

OSF Saint Anthony Medical Center sent 2,433 patients to area long term care facilities in the last twelve months. These facilities where patients were transferred include the following:

- Skilled care
- Intermediate care
- Long term care hospital

The attached list addresses the referrals per month by the ZIP code of the patient's residence.

If you have any questions or require further information, please contact me.

Sincerely,

David A. Schertz, FACHE
President and CEO

OSF SAINT ANTHONY MEDICAL CENTER
 REVERE HEALTHCARE DATA REQUEST - DISCHARGES TO LONG TERM CARE FACILITY
 DATE RANGE: JUNE 2009 - MAY 2010

Pat Home Zip Code & Name	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10
	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases
09054-0001 APO	0	0	0	0	0	0	0	0	0	0	0	1
15213 PITTSBURGH	0	0	0	0	0	1	1	0	0	0	0	0
20011 WASHINGTON	1	0	0	0	0	0	0	0	0	0	0	0
25427 HEDGESVILLE	1	0	0	0	0	0	0	0	0	0	0	0
32566 NAVARRE	0	0	0	0	0	0	0	0	0	0	0	1
33446 DELRAY BEACH	0	0	0	2	0	0	0	0	0	0	0	0
33957 SANIBEL	0	1	0	0	0	0	0	0	0	0	0	0
34281 BRADENTON	0	0	0	0	0	1	0	0	0	0	0	0
46319 GRIFFITH	0	0	0	0	0	0	0	1	0	0	0	0
46902 KOKOMO	0	0	0	0	1	0	0	0	0	0	0	0
50636 GREENE	0	0	0	0	0	0	0	1	0	0	0	0
53066 OCONOMOWOC	0	0	0	0	0	0	0	0	0	0	1	0
53128 GENOA CITY	0	0	0	0	0	1	0	0	0	0	0	0
53190 WHITEWATER	0	0	0	1	0	0	0	0	0	0	0	1
53510 BELMONT	0	0	0	1	0	0	0	0	0	0	0	0
53511 БЕЛОIT	0	0	1	5	1	0	0	0	0	0	0	0
53525 CLINTON	0	0	0	0	1	0	0	0	0	0	0	0
53546 JANESVILLE	0	0	0	0	0	1	0	0	0	0	0	0
53548 JANESVILLE	0	0	0	0	0	0	1	1	0	1	2	0
53703 MADISON	0	0	1	0	0	0	0	0	0	0	0	0
54982 WAUTOMA	1	0	0	0	0	0	0	0	0	0	0	0
60002 ANTIOCH	0	0	0	0	0	0	0	0	0	0	0	1
60012 CRYSTAL LAKE	0	0	0	0	1	1	0	0	0	0	0	0
60013 CARY	0	1	0	0	0	0	0	0	1	0	1	0
60017 DES PLAINES	0	0	0	1	0	0	0	0	0	0	0	0
60020 FOX LAKE	0	1	0	0	0	0	0	0	0	0	0	0
60033 HARVARD	2	2	1	3	2	1	1	0	0	2	0	2
60045 LAKE FOREST	0	0	0	0	0	0	0	0	0	1	1	0
60051 MCHENRY	0	1	0	0	0	0	0	0	0	0	0	0
600517714 MCHENRY	0	0	0	0	0	1	0	0	0	0	0	0
60073 ROUND LAKE	0	0	0	0	0	0	0	1	0	0	0	0
60076 SKOKIE	0	0	0	1	0	0	0	0	0	0	0	0
60090 WHEELING	0	0	0	0	0	1	0	0	0	0	0	0
60098 WOODSTOCK	1	2	1	0	0	1	0	0	0	0	1	1
60102 ALGONQUIN	0	0	1	0	0	1	0	0	0	0	0	0
60113 CRESTON	0	1	0	0	0	0	0	0	0	0	0	0
60115 DEKALB	5	3	4	2	3	3	2	5	6	3	2	4
60120 ELGIN	0	0	0	0	0	0	1	0	0	0	0	0
60135 GENOA	1	1	0	1	2	0	1	1	2	1	1	0
60140 HAMPSHIRE	0	0	0	0	0	0	0	1	0	0	0	0
60142 HUNTLEY	0	1	0	0	0	0	0	0	0	0	0	0
60143 ITASCA	1	0	0	0	0	0	0	0	0	0	0	0
60145 KINGSTON	0	0	1	0	0	1	0	0	0	0	0	0
60146 KIRKLAND	2	2	4	3	1	1	1	5	1	0	2	1
60150 MALTA	0	2	0	0	1	0	0	0	0	0	0	1
60152 MARENGO	2	1	2	4	8	0	3	3	2	4	4	2
60156 LAKE IN THE HILLS	1	0	0	0	0	0	0	0	0	0	0	0
60174 SAINT CHARLES	0	0	0	1	0	0	0	0	0	0	0	0
60178 SYCAMORE	0	1	1	0	3	3	3	2	2	3	3	1
60181 VILLA PARK	0	0	0	0	0	0	0	1	0	0	0	0
60185 WEST CHICAGO	0	0	1	0	0	0	0	0	0	0	0	0
60409 CALUMET CITY	0	0	0	0	0	0	0	1	0	0	0	0

Jun-09 Jul-09 Aug-09 Sep-09 Oct-09 Nov-09 Dec-09 Jan-10 Feb-10 Mar-10 Apr-10 May-10
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Pat Home Zip Code & Name	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases
60510 BATAVIA	0	0	0	0	0	0	1	1	0	0	0	0
60511 BIG ROCK	0	0	0	0	0	0	0	0	0	0	0	1
60518 EARLVILLE	0	0	0	0	0	0	0	0	1	0	0	0
60527 WILLOWBROOK	0	0	0	0	0	0	1	0	0	0	0	0
60530 LEE	0	0	0	0	0	0	0	0	0	0	1	0
60541 NEWARK	0	0	0	1	0	0	0	0	0	0	0	1
60545 PLANO	0	0	0	0	0	0	0	0	0	1	0	0
60546 NORTH RIVERSIDE	0	0	0	0	0	0	0	1	0	0	0	0
60548 SANDWICH	0	0	0	1	1	1	2	0	0	0	0	1
60550 SHABBONA	1	0	0	0	0	0	0	1	0	0	0	1
60553 STEWARD	0	0	1	0	0	1	0	0	0	1	0	0
60556 WATERMAN	0	0	0	0	0	0	0	0	0	2	0	0
60560 YORKVILLE	0	0	0	0	0	0	0	0	0	0	0	1
60622 CHICAGO	1	0	0	0	0	0	0	0	0	0	0	0
60654 CHICAGO	0	0	0	0	0	0	0	1	0	0	0	0
60659 CHICAGO	0	0	0	0	0	2	0	0	0	0	0	0
60919 CABERY	0	0	0	0	0	1	0	0	0	0	0	0
61006 ASHTON	0	0	2	0	0	0	0	0	0	1	1	1
61007 BAILEYVILLE	0	0	0	0	0	0	0	0	0	0	1	0
61008 BELVIDERE	28	22	25	27	28	23	16	22	27	22	25	26
61010 BYRON	1	1	1	1	2	0	1	1	1	0	1	2
61011 CALEDONIA	2	1	4	2	1	0	0	2	2	4	5	3
61012 CAPRON	0	1	0	1	0	1	1	2	0	1	0	0
61013 CEDARVILLE	0	0	0	0	0	0	0	0	1	0	0	0
61015 CHANA	0	1	0	0	0	0	0	1	1	0	0	0
61016 CHERRY VALLEY	5	1	0	1	5	4	2	1	3	5	7	4
61018 DAKOTA	1	0	0	0	0	0	0	0	0	0	0	0
61019 DAVIS	1	0	0	2	0	0	0	0	2	0	0	1
61020 DAVIS JUNCTION	1	0	0	1	0	0	1	1	0	1	1	1
61021 DIXON	2	3	3	4	3	4	0	1	2	4	2	2
61024 DURAND	0	0	1	0	0	0	2	0	1	1	1	0
61028 ELIZABETH	0	0	1	0	1	0	0	0	0	0	0	0
61031 FRANKLIN GROVE	0	0	0	1	0	1	0	0	0	0	0	1
61032 FREEPORT	4	1	0	0	2	2	0	0	0	1	3	1
61036 GALENA	0	0	0	1	0	0	1	0	0	2	0	0
61038 GARDEN PRAIRIE	1	1	1	0	0	2	1	0	0	0	0	0
61041 HANOVER	0	0	0	0	0	0	1	0	0	0	0	0
61046 LANARK	0	1	2	0	0	0	0	0	0	0	0	1
61047 LEAF RIVER	0	0	0	0	0	1	0	1	0	0	1	0
61048 LENA	0	0	0	0	0	0	0	0	0	0	0	1
61049 LINDENWOOD	0	0	1	0	0	0	0	1	1	0	0	0
61051 MILLEDGEVILLE	0	1	0	1	0	0	0	0	0	0	0	0
61052 MONROE CENTER	0	1	2	0	1	0	0	0	0	0	1	0
61053 MOUNT CARROLL	0	0	0	0	0	0	0	0	0	0	1	0
61054 MOUNT MORRIS	1	1	1	1	0	1	0	0	0	2	1	0
61060 ORANGEVILLE	0	0	1	0	0	0	0	0	0	0	0	0
61061 OREGON	1	1	1	1	2	0	3	1	5	1	3	2
61063 PECATONICA	0	2	0	0	1	0	1	1	0	0	0	1
61064 POLO	0	1	0	0	1	1	0	1	0	0	1	0
61065 POPLAR GROVE	3	1	4	1	3	4	2	7	4	5	4	3
61067 RIDOTT	0	0	0	0	0	0	0	0	1	0	0	0
61068 KINGS	0	0	0	0	0	0	0	0	0	0	0	1
61068 ROCHELLE	4	1	6	4	6	1	1	2	7	3	5	3
61070 ROCK CITY	0	0	1	0	0	0	0	0	0	0	0	0
61071 ROCK FALLS	1	1	1	3	0	0	1	1	1	0	3	2

Pat Home Zip Code & Name	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10
Pat Home Zip Code & Name	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases

61072 ROCKTON	4	3	5	0	2	2	0	3	4	2	4	2
61073 ROSCOE	4	6	6	3	9	3	4	4	5	6	7	4
61074 SAVANNA	1	0	0	3	2	0	0	0	1	0	0	1
61075 SCALES MOUND	0	0	0	0	0	0	1	0	0	0	0	0
61078 SHANNON	0	0	0	1	0	0	0	0	0	0	0	0
61080 SOUTH BELOTT	1	0	0	0	1	0	0	1	1	2	3	2
61081 STERLING	0	1	0	1	1	1	2	1	1	0	6	2
61084 STILLMAN VALLEY	0	1	1	1	1	1	0	1	0	2	0	3
61085 STOCKTON	0	0	0	1	0	1	0	0	0	1	0	0
61087 WARREN	0	0	0	0	1	0	0	0	0	0	0	0
61088 WINNEBAGO	0	2	2	0	1	0	1	0	1	1	0	1
61101 ROCKFORD	2	7	5	6	8	4	4	2	5	5	5	2
61102 ROCKFORD	2	1	1	3	4	3	2	3	4	2	2	3
61103 ROCKFORD	12	14	8	12	5	4	9	4	10	16	16	12
61104 ROCKFORD	5	5	4	7	4	7	5	3	7	6	1	6
61106 ROCKFORD	0	0	0	1	0	1	0	0	0	0	0	0
61107 ROCKFORD	22	20	31	19	27	21	22	31	23	20	37	23
61108 ROCKFORD	27	27	32	25	28	24	17	25	21	21	29	17
61109 ROCKFORD	13	9	12	9	14	9	9	9	11	9	7	10
61110 ROCKFORD	0	0	0	0	0	1	1	0	0	0	0	1
61111 LOVES PARK	6	10	6	6	11	8	8	5	7	4	17	7
61112 ROCKFORD	1	0	0	0	0	2	0	0	2	1	0	1
61114 ROCKFORD	9	10	11	11	18	13	17	13	9	15	9	8
61115 MACHESNEY PARK	11	9	11	9	4	13	5	14	11	12	9	8
61125 ROCKFORD	0	0	1	0	0	0	0	0	0	0	0	0
61126 ROCKFORD	0	0	0	1	0	0	0	1	0	0	1	1
61131 LOVES PARK	0	0	0	0	0	0	0	0	0	0	0	2
61132 LOVES PARK	0	0	0	0	0	0	1	0	0	0	0	0
61250 ERIE	0	1	0	0	0	0	0	0	0	0	0	0
61252 FULTON	0	0	0	0	0	1	0	0	0	0	1	0
61258 HOOPPOLE	0	0	1	0	0	0	0	0	0	0	0	0
61261 LYNDON	0	0	0	0	0	0	0	0	0	0	0	1
61270 MORRISON	0	0	0	0	1	0	0	2	1	0	0	1
61277 PROPHETSTOWN	0	0	0	0	1	0	0	0	0	1	0	0
61301 LA SALLE	0	1	0	1	0	0	0	0	0	0	0	0
61330 LA MOILLE	1	0	0	0	0	0	0	0	0	0	0	0
61342 MENDOTA	0	1	2	0	0	1	0	1	2	1	1	0
61348 OGLESBY	1	0	0	0	0	0	0	0	0	0	0	0
61349 OHIO	0	1	0	0	0	0	0	0	0	0	0	0
61350 OTTAWA	0	0	0	0	0	0	0	0	0	1	0	0
61353 PAW PAW	0	0	0	0	0	0	0	1	1	0	1	0
61354 PERU	0	0	0	0	1	0	0	0	0	0	1	1
61356 PRINCETON	0	0	0	0	0	0	0	0	0	0	0	2
61362 SPRING VALLEY	0	0	0	0	0	0	0	0	0	0	1	0
61367 SUBLETTE	0	0	0	0	0	0	0	0	0	0	0	1
61372 TROY GROVE	1	0	0	0	0	0	0	0	0	0	0	0
61376 WALNUT	0	0	0	0	1	0	0	0	0	0	0	0
61378 WEST BROOKLYN	0	0	0	0	0	0	0	0	0	0	0	1
61571 WASHINGTON	0	0	0	0	0	0	1	0	0	0	0	0
61938 MATTOON	0	0	0	0	0	0	1	0	1	0	0	0
62274 PINCKNEYVILLE	0	1	0	0	0	0	0	0	0	0	0	0
62522 DECATUR	0	0	0	0	0	0	1	0	0	0	0	0
62938 GOLCONDA	1	0	0	0	1	0	0	0	0	0	0	0
67215 WICHITA	0	0	0	1	0	0	0	0	0	0	0	0
76092 SOUTHLAKE	0	1	0	0	0	0	0	0	0	0	0	0

Pat Home Zip Code & Name	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10
	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases

85351 SUN CITY	0	0	0	1	0	0	0	0	0	0	0	0
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Application Page 219 0

93292 VISALIA	0	0	0	0	0	0	0	0	0	0	0	1
Totals/Averages	200	194	216	201	227	188	163	197	202	200	244	201

March 22, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,


Scott Eckburg



Date:

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

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Sincerely,

Your name

LINDA McNEELY, 13th Granddaddy

Address

502 S. Johnston Ave.

City, state, zip

Springfield, Ill 61102

Date:

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

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Sincerely,

Leonard Jacobson

Your name

3724 Lockwood Dr.

Address

Rockford, IL 61109

City, State, zip

Date:

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

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Sincerely,

Your name

Address

City, state, zip

John Beck (BA)
500 Cumberland
Rockford, IL 61103



ROCKFORD
PUBLIC
SCHOOLS

March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

LaVonne M. Sheffield, Ph.D.
Superintendent
201 South Madison Street
Rockford, Illinois 61104-2092
Phone 815 / 966-3101
Fax 815 / 966-3193

Dear Sir or Madam:

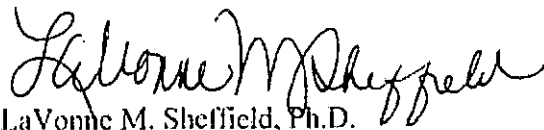
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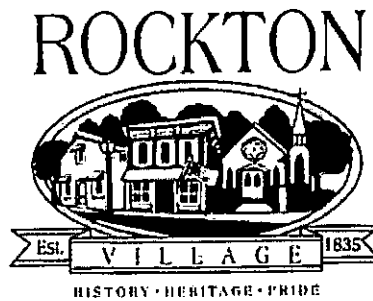
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Sincerely,


LaVonne M. Sheffield, Ph.D.

VILLAGE PRESIDENT

Dale Adams



March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

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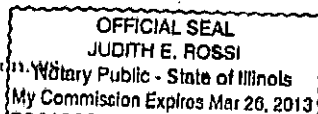
The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

A handwritten signature in black ink that reads 'Dale B. Adams'.

Dale B. Adams
Village President

A handwritten signature in black ink that reads 'Judith E. Rossi'.



www.Rockton, WI

10 East Main Street • Rockton, Illinois 61072

Fax 815.624.0418
Phone 815.624.7600
Application Page 226

The Village of Rockton is committed to provide leadership, services and direction for growth while preserving our unique community.

DISTRICT OFFICE:
STATE OF IL BUILDING
200 S. WYMAN, STE. 302
ROCKFORD, IL 61101
815/987-7555

FAX 815/987-7563
E-MAIL: info@senatordaveosyverson.com

CAPITOL OFFICE:
103D STATE HOUSE
SPRINGFIELD, IL 62706
217/782-5413
FAX 217/782-9586



SENATOR DAVE SYVERSON
ILLINOIS SENATE • 34TH DISTRICT
SENATE REPUBLICAN CAUCUS CHAIR

COMMITTEES:
REPUBLICAN SPOKESMAN
PUBLIC HEALTH
HUMAN SERVICES
GAMING
MEMBER:
INSURANCE
APPROPRIATIONS I
ENERGY
COMMISSION ON GOVERNMENT
FORECASTING & ACCOUNTABILITY

March 8, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson, Street, Second Floor
Springfield, IL 62761

Dear Review Board,


As a legislator of Winnebago County, I am concerned about creating the availability of health care for individuals with traumatic brain injury in our community. Access to appropriate post-acute care is limited for this population.

Warrior's Gateway has undertaken the initiative to improve access to quality post-acute care in our community. I support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one a significant need in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,


DAVE SYVERSON
State Senator



DS:jg

*Subscribed - I Sworn before me this
19th day of March 2010.
Phyllis M. Sandine*

County of Winnebago

HIGHWAY DEPARTMENT

424 North Springfield Avenue
Rockford, Illinois 61101-5097

Joseph A. Vanderwerff, Sr. P.E.
County Engineer

Phone (815) 319-4000
Fax (815) 319-4001

March 9, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

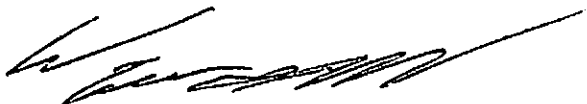
As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

Warrior's Gateway has undertaken the initiative to improve access to quality post-acute care in our community. I support this endeavor as it will address a significant need in Winnebago County. It is my understanding that Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Very truly yours
Winnebago County Highway Department



Wayne Vik P.E.
Assistant County Engineer



Date: *Mar 20, 2010*

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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Sincerely,

Your name: *Angie Goral*
Address: *1108 N. Rockton Ave*
City, state, zip: *Rockford, IL 61103*



WilliamsMcCarthy^{LLP}

Russell D. Anderson
Attorney at Law
Direct: 815 987-8980

120 West State Street
P.O. Box 219
Rockford, IL 61105-0219
Direct Fax: 815 968-0019
randerson@wilmac.com
www.wilmac.com

March 19, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Rockford, Winnebago County, Illinois I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. Appropriate post-acute care for this population is a very real unserved need. Ensuring that we have adequate access to health care services in our community should be a priority.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

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The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Very truly yours,

Russell D. Anderson

RDA/jmh
R03140.003;Letter of Support.doc



WILLIAMS-MANNY
INSURANCE EXCLUSIVELY SINCE 1896

March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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Sincerely,

Daniel Ross
Chief Operating Officer



3923 East State St. • Rockford, IL 61108
(815) 398-6800 • Fax: (815) 398-1733

555 South Perryville Rd. • P.O. Box 5466
Rockford, IL 61125-0466
(815) 398-6800 • Fax: (815) 398-1733

700 West South St. • P.O. Box 300
Freeport Application: Page 231
(815) 235-7194 • Fax: (815) 235-4499





WILLIAMS-MANNY
INSURANCE EXCLUSIVELY SINCE 1896

March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

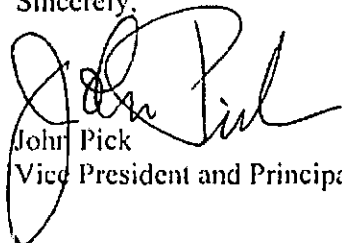
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Sincerely,



John Pick
Vice President and Principal



3923 East State St. • Rockford, IL 61108
(815) 398-6800 • Fax: (815) 398-1733

555 South Perryville Rd. • P.O. Box 5466
Rockford, IL 61125-0466
(815) 398-6800 • Fax: (815) 398-1733

700 West South St. • P.O. Box 300
Freeport, IL 61032
(815) 235-7194 • Fax: (815) 235-4400





rockford rescue mission
rescue + recover + restore

March 3, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

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Sincerely,

Sherry Pitney
Executive Director



Reid Montgomery
Director
Community and Economic
Development Department

March 5, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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Very truly yours,



Todd Cagnoni, AICP, Deputy Director
Community & Economic Development
Construction & Development Services

March 3, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

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Sincerely,



Timothy Hinkens, P.E.
Project Engineer
McClure Engineering Associates, Inc.
7282 Argus Drive
Rockford, IL 61107

Thomas Graceffa and Associates, Inc.

Planning · Landscape Architecture

March 3, 2010



Illinois Health Facilities & Services Review Board
525 West Jefferson Street. Second Floor
Springfield, IL 62761

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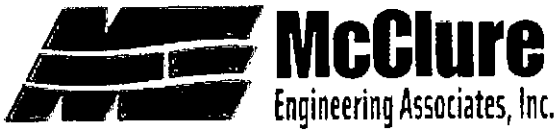
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Sincerely,

THOMAS GRACEFFA AND ASSOCIATES, INC.

Thomas Graceffa, ASLA

TG/dh



March 3, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

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Sincerely,

A handwritten signature in black ink that reads "Gary W. Camling".

Gary W. Camling, P.E.
Vice President
McClure Engineering Associates, Inc.
7282 Argus Drive
Rockford, IL 61107

March 16, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

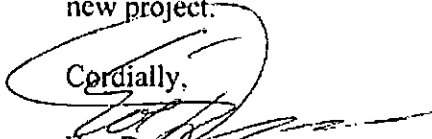
As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Cordially,


Eve Dano, CMS, e-pro, GRI, QSC
Accredited Buyer Representative
Gambino Realtors
3815 N. Mulford Road
Rockford, IL 61114
815-637-0116 direct

3815 N. Mulford Rd
Rockford, IL 61114

P: 1-815-287-2222
F: 1-815-287-2268

4936 Hononegah Rd
PO Box 920
Roscoe, IL 61073

P: 1-815-623-3333
F: 1-815-623-3155

923 Logan Avenue
Belvidere, IL 61008

P: 1-815-547-2226
F: 1-815-547-3400



gambino
REALTORS

Go to www.gambinorealty.com



Venita Hervey
Alderman
Fifth Ward

March 17, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Warrior's Gateway Initiative

Dear Sir or Madam:

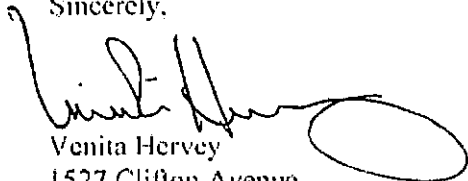
As a resident of Winnebago County, and Alderman of the City of Rockford's 5th Ward, I am writing to express my unequivocal support for the Warrior's Gateway initiative to provide skilled nursing care and rehabilitation services to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries caused by automobile and other serious accidents. I have reviewed the proposal for the Warrior's Gateway facility and, in conjunction with my fellow City Council members, gave unanimous support to the project.

Access to appropriate post-acute care is severely limited for individuals in Winnebago County who need high quality recovery and rehabilitation services. I am confident that Warrior's Gateway will help to fill this void. Without it, our citizens may be required to leave Winnebago County in order to receive these services and move forward with their lives greatly improved.

Although there are facilities in the Winnebago County area that provide post-acute services, many are either fully occupied or are restricted to serving geriatric populations. Additionally, not all facilities are capable of providing the scope, intensity, and quality of services required by the patients that will be served by Warrior's Gateway.

The Warrior's Gateway facility will address a critical need in our community and I respectfully request that members of the Board give your support to the project.

Sincerely,


Venita Hervey
1527 Clifton Avenue
Rockford, Illinois 61102-3368



CITY OF ROCKFORD, ILLINOIS

LAWRENCE J. MORRISSEY
MAYOR

CITY COUNCIL
425 EAST STATE STREET
61104

CARL R. WASCO
FOURTH WARD ALDERMAN

March 18, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Alderman Carl R. Wasco
City of Rockford, Ill

5230 Springbrook Rd.
Rockford, Ill 61114



RENO & ZAHM

ESTABLISHED 1923

CRAIG P. THOMAS
CPT@RENOZAHM.COM

March 16, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir/Madam:

As a Winnebago County employer, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

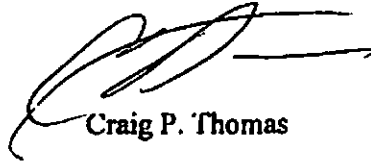
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While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

Illinois Health Facilities & Services Review Board
March 16, 2010
Page 2

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

A handwritten signature in black ink, appearing to read "CPT", with a horizontal line extending to the right.

Craig P. Thomas

CPT:jmc

F:\Doc\CPTPERS\MISC\0910091.WPD

March 15, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:


As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,



Ernie Hunter, Realtor
2662 Driftwood Ln.
Rockford, IL 61107

Timothy C. Gaffney
Managing Director - Investments

Tel 815-637-6363
Fax 815-637-6603
timothy.gaffney@wfadvisors.com

Wells Fargo Advisors, LLC
6801 Spring Creek Road, Suite 2B
Rockford, IL 61114



March 16, 2010

ILLINOIS HEALTH FACILITIES & SERVICES REVIEW BOARD
525 WEST JEFFERSON STREET, SECOND FLOOR
SPRINGFIELD IL 62761

Dear Sir or Madame:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning fro Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy C. Gaffney".

TIMOTHY C GAFFNEY
1816 National Ave
Rockford IL 61103



March 15, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: Letter of Support for Warrior's Gateway Certificate of Need

Dear Sir or Madam:

I am writing in support of a Certificate of Need for the Warrior's Gateway skilled nursing care and rehabilitation facility. As you will see, this project will provide services to a segment of our population who desperately needs treatment but may not be served well by the traditional nursing home.

Warrior's Gateway has undertaken an initiative to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need for those who have sacrificed so much for our country. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan as well as area residents recovering from traumatic brain injuries resulting from accidents. Without this facility, some patients who need this level of care may need to leave the area for treatment.

It is my understanding that this facility will fill a significant gap in the spectrum of skilled nursing care. Specifically, Warrior's Gateway will help address the need for these services by those who are not in the geriatric population.

I urge you to lend your support to this project which will provide a rehabilitation home for our severely-injured veterans and others in our community who have suffered severe accidents.

Thank you.

Sincerely,

FRIDH CONSTRUCTION SERVICES

A handwritten signature in black ink that reads "Kevin R. Behling". The signature is written in a cursive style with a large, stylized 'K' and 'B'.

Kevin R. Behling
Vice President of Operations

FIVE FORKS MARKET
6565 LEXUS DRIVE * ROCKFORD, IL * 815 229 5500

March 13, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address a significant need in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,



Randy Baker
President, Five Forks Market
6565 Lexus Drive
Rockford, IL 61108



CITY OF ROCKFORD, ILLINOIS

LAWRENCE J. MORRISSEY
MAYOR

CITY COUNCIL
425 EAST STATE STREET
61104

FRANKLIN C. BEACH
11TH WARD ALDERMAN

March 10, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

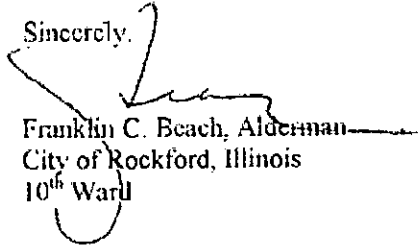
As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the activity of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received from falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,


Franklin C. Beach, Alderman
City of Rockford, Illinois
10th Ward

NORTHERN ILLINOIS SERVICE CO.

4781 Sandy Hollow Road · Rockford, Illinois 61109
Phone: (815) 874-4422 · Fax: (815) 874-1944 · www.northernillinoiservice.com

March 15, 2010

Illinois Health Facilities & Service Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

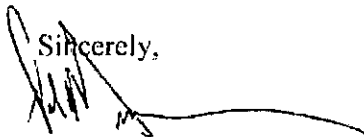
As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health services in our community is important to me and my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,



Paul Munson, Corporate Manager

Northern Illinois Service Company
4781 Sandy Hollow Road
Rockford, IL 61109

Date: 3/11/10

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Your name: L.C. Wilson City Board Dist. #12
Address: 2615 Arthur Avenue
City, state, zip: Rockford, Illinois 61101

**NATURAL
LAND
INSTITUTE**
Conserving Land
in Northern Illinois

320 South Third Street
Rockford, Illinois 61104
815 964 6666
815 964 6661 (fax)
nlri@aol.com
www.naturalland.org

Officers:

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Rockford, Illinois

Vice President

Mark Matka
Rosene, Illinois

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Rock City, Illinois

Keith Blackmore
Forreston, Illinois

Karen Blomgren
Rockford, Illinois

Sheryl Almqvist Hall
Rockford, Illinois

Terrie Hall
Rockford, Illinois

Mark Keister
Winslow, Illinois

John Lichy
Monroe Center, Illinois

Rebecca Olson
Rockford, Illinois

Mike Paul
Rockford, Illinois

Tom Paeon
Roscoe, Illinois

Charles Sjurm
Rockford, Illinois

Scott Sullivan
Rockford, Illinois

Trip Thoenemann
Rockford, Illinois

Daniel Williams
Rockford, Illinois

Donald Wortman
Rockford, Illinois

Staff:

Executive Director
Jerry Paulson

Andrew Bacon

Lucas Bradley

Greg Korbach

Jill Kenney

Suzette Merchart

March 12, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

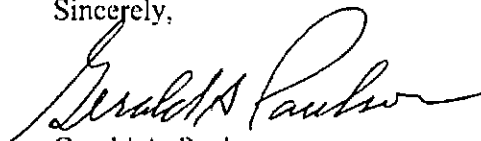
As a non-profit organization that serves the residents of Winnebago County, we are very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. Access to appropriate post-acute care is severely limited in our community. Ensuring access to adequate health care services in is important to our members and staff.

Warrior's Gateway has undertaken an initiative to improve access to quality post-acute care in our community. I strongly support this endeavor because it will help to address a significant need in our county. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from the Middle East, as well as for residents recovering from traumatic brain injuries received from falls, car collisions, and other accidents. Some patients who need this level of care may now have to leave the county for services.

While there are other facilities in the area, many are either fully occupied or are restricted to serving geriatric patients. Not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I support this new project and urge you to approve their application for a Certificate of Need..

Sincerely,



Gerald A. Paulson
Executive Director

HYNES
A S S O C I A T E S
ARCHITECTURE & INTERIORS
305 E. RIVERSIDE BLVD. LOVES PARK, IL 61111 815/637-8737

March 10, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

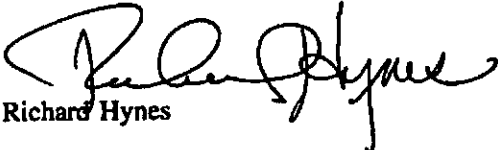
As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted due to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patients who will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,


Richard Hynes



FurstSearchGroup

Helping companies achieve greatness through effective talent acquisition.

March 10, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing to express my concerns regarding the need in our community for increased availability of health care for individuals with traumatic brain injury. I also wish to point out that access to appropriate post-acute care is very limited for the Winnebago County area. Knowing individuals that are faced with this lack of available service makes ensuring that we have adequate access to healthcare services in our community important to me and my employees and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Thomas C. Furst

PG
ARCHITECTURE
DESIGN-BUILD

March 11, 2010

Illinois Health Facilities & Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Respectfully,



Steven W. Howlett, Architect

2601 Reid Farm Road, Suite C

Rockford, Illinois 61114



March 12, 2010

Bill Robertson
Alderman
Fourteenth Ward

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Robertson".

Bill Robertson
Alderman 14th Ward
5882 Alma Drive
Rockford, IL 61108

Rock Valley College

3301 North Mulford Road, Rockford, IL 61114-5699 (815) 921-7821 Toll-free (800) 973-7821 www.rockvalleycollege.edu

3/12/2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County and an administrator in nursing education at Rock Valley College, I am concerned about the health needs of our community, especially those relating to health care access for persons with traumatic brain injury. Our community needs post-acute care for these individuals. Providing a broad spectrum of skilled nursing services and post acute care in our state line area is important to me and members of our community—especially since our area has high quality acute trauma service.

The Warrior's Gateway initiative to improve post-acute care quality in our region is a significant step forward in rehabilitative health care. I strongly support this endeavor because it will provide both skilled nursing and rehabilitation services for impaired veterans returning from duty, as well as for accident victims. Many patients are forced to leave Winnebago County for service in Chicago, the suburbs, and Wisconsin. Travel for their family members is a serious financial and emotional cost in providing support to their recovering family members.

The development of licensed nursing beds at Warrior's Gateway will provide a complete continuum of care for those with traumatic brain injury in our community. I fully support Warrior's Gateway, and strongly urge that the Board members act to support this project.

Sincerely,



Lois Lundgren
Associate Dean, Nursing
Rock Valley College

Date:

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Karen Slyea

Your name

Address

City, state, zip

1302 Broadway

Foolford IL 61104

March 12, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

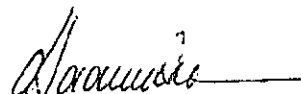
As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,
Saavedra Gehlhausen Architects


Daniel G. Saavedra, AIA
Partner



March 10, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

On behalf of the Rockford Chamber members, I am very supportive of addressing critical needs in our community, including those relating to the availability of health care of individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is limited for this population. Ensuring that we have adequate access to health care services in our community is important to the members of the business community.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

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Sincerely,

A handwritten signature in black ink, appearing to read "Einar K. Forsman". The signature is written in a cursive style with a large, stylized initial "E".

Einar K. Forsman
President/CEO
Rockford Chamber of Commerce

GARY W. ANDERSON & ASSOCIATES, INC.

ARCHITECTS

333 E. STATE ST.

ROCKFORD, ILLINOIS 61104

815/963-1900

March 11, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

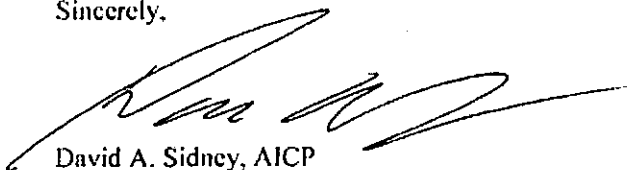
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Sincerely,



David A. Sidney, AICP
Principal Urban Planner

333 E. State Street
Rockford, IL 61104

R. K. Johnson & Associates, Inc.
Consulting Civil Engineers and Land Surveyors

1515 Windsor Road
P.O. Box 2205
Loves Park, Illinois
61131
815/633-5097

March 10, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

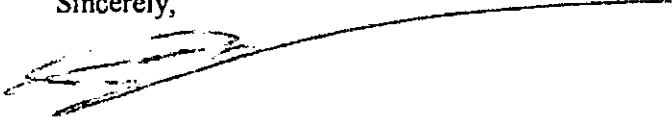
As a business owner in Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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Sincerely,



Jeremy D. Huntsman
Professional Engineer

CP COURIER PRINTING

March 11, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I full support Warrior's Gateway and I appeal to members of the Boards to lend your support to this new project.

Sincerely,



Robert Corirossi
323 North Second Street
Rockford, IL 61107



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
<http://dnr.state.il.us>

Pat Quinn, Governor
Marc Miller, Director

Rock Cut State Park 7318 Harlem Road Loves Park, IL 61111 815/885-3311 Fax 815/885-3664

March 10, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:


As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,


Daniel S. Riggs
Site Superintendent
Rock Cut State Park
7318 Harlem Road
Loves Park, IL 61111



COUNTY OF WINNEBAGO

REGIONAL PLANNING & ECONOMIC DEVELOPMENT DEPARTMENT

County Administration Building
404 Elm Street Room 403
Rockford, IL 61101

Sue Mroz - Director
Phone: (815) 319-4366
Fax: (815) 319-4351
smroz@wincoil.us

March 10, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam,

As a resident of Winnebago County, I am concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

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The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

A handwritten signature in cursive script that reads "Sue Mroz".

Sue Mroz
Director
Economic Development
Winnebago County

It is our mission to provide high quality services and promote a safe community for all people in Winnebago County

9 March 2010

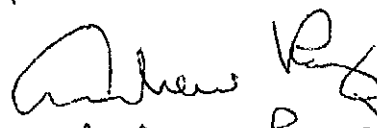
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois
62761

Dear Sir,

We are concerned about the availability of healthcare for individuals with traumatic brain injuries, geriatric healthcare and the overall need for skilled nursing care in our community - ~~Rockford~~ Belvidere

I support the efforts of Warrior's Gateway to address the needs we have listed. Your Board's support would be most appreciated to move this project forward.

Sincerely,


Andrew Racz, Alderman Ward 1
City of Belvidere
1716 8th Avenue
Belvidere, Illinois
61008

KANEY AEROSPACE

3-10-2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County and a business owner, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to service geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,



Jeffrey J. Kaney, Sr
President & CEO

HINSHAW

& CULBERTSON LLP

March 10, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

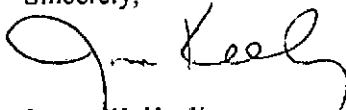
As a resident of Winnebago County and as an attorney working closely with the Winnebago County Housing Authority ("WCHA"), I am aware of unmet needs in our community for individuals with traumatic brain injury ("TBI"). Access to appropriate post-acute care is severely limited for this population. We are thankful for the others in our community working to address this need within already strained resources. An example is the collaboration of WCHA with RAMP, a local not for profit serving the disabled who have partnered to establish a single independent home to assist four TBI survivors as they strive to live independently. There is much more unmet need.

I also am already aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in western Rockford where it will be located but serving those in need throughout our community. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care have to leave Winnebago County for services. This project also serves other important development goals for our community in that the overall Renaissance Corners Campus of Cure, of which Warrior's Gateway will be an integral component, is being developed through creative and efficient private-public cooperation among Spring Creek Development, OSF Healthcare, the City of Rockford and others.

While there are other excellent medical facilities in the area that can provide TBI services, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,



James W. Keeling
815-490-4904
jkeeling@hinshawlaw.com

JWK:cw

cc: Alan Zais
Jim Pirages
John Anderson

ATTORNEYS AT LAW

100 Park Avenue
P.O. Box 1389
Rockford, IL 61105-1389

815-490-4900

815-490-4901 (fax)

www.hinshawlaw.com



Lawrence J. Morrissey
Mayor
Office of the Mayor

March 9, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, and Mayor of the City of Rockford, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me, and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County to obtain services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Best Regards,

A handwritten signature in black ink, appearing to read "Lawrence J. Morrissey".

Mayor Lawrence J. Morrissey



A handwritten signature in black ink, appearing to read "M. P. Bradley".

March 10, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,



Michael M. Woldman
6424 Weaver Road
Rockford, Illinois 61114

County of Winnebago

HIGHWAY DEPARTMENT

424 North Springfield Avenue
Rockford, Illinois 61101-5097

Joseph A. Vanderwerff, Sr. P.E.
County Engineer

Phone (815) 319-4000
Fax (815) 319-4001

March 9, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

Warrior's Gateway has undertaken the initiative to improve access to quality post-acute care in our community. I support this endeavor as it will address a significant need in Winnebago County. It is my understanding that Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Very truly yours
Winnebago County Highway Department


Joseph A. Vanderwerff, Sr. P.E.
County Engineer





CITY OF ROCKFORD, ILLINOIS

LAWRENCE J. MORRISSEY
MAYOR

CITY COUNCIL
425 EAST STATE STREET
61104

ANN THOMPSON
SEVENTH WARD ALDERMAN

March 10 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care service in our community is important to me and to my family and friends.

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The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Alderman Ann T. Thompson-Kelley
425 East State Street
Rockford, IL 61104

We the residents of West Rockford support the Warrior's Gateway Project

	Print Name	Signature
1	MARLET THRONDSOEN	MARLET THRONDSOEN
2	BLENN THRONDSOEN	BLENN THRONDSOEN
3	CATHERINE BROWN	CATHERINE BROWN
4	JAMES DEWEE	JAMES DEWEE
5	STEVEN B LANTOW	STEVEN B LANTOW
6	CAL PEARL	CAL PEARL
7	MARY LOND	MARY LOND
8	EMMA SHORTER	EMMA SHORTER
9	ARLETHA SANDERS	ARLETHA SANDERS
10	KEVIN PHILBRICK	KEVIN PHILBRICK
11	CAROLYN BETH MILLER	CAROLYN BETH MILLER
12	WILLIAM WICKHAM	WILLIAM WICKHAM
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WCHA WINNEBAGO COUNTY HOUSING AUTHORITY

3617 Delaware Street • Rockford, IL 61102
phone 815.963.2133 • fax 815.316.2860
www.co.winnebago.il.us

March 5, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As the Executive Director of the Winnebago County Housing Authority, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to health care services in our community is important to me and to my family and friends.


The Winnebago County Housing Authority is aware of the importance of facilities for TBI survivors. WCHA recently partnered with RAMP, a local organization that serves individuals with disabilities, to develop Whitehall Place. Whitehall Place is a five bedroom home where shared resources allow four TBI survivors to live independently. Whitehall House has won several awards for housing innovation, and has been used as a model to develop other independent living situations for TBI survivors.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

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Sincerely,



Alan Zais
Winnebago County Housing Authority
3617 Delaware Street
Rockford, IL 61102



March 10, 2010

Derek A. Bergsten
Chief
Fire Department

Illinois Health Facilities & Services Review Board
525 West Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Sir or Madam...

As a resident of Winnebago County and someone who is involved in healthcare delivery within the EMS arena, I am very concerned about the health care needs of our community as a whole. However, I am also aware that for individuals with traumatic brain injury living in our community access to appropriate post-acute care is severely limited. I believe ensuring that there is adequate access to health care services for these individuals is as important to the community as it is to me individually and in my professional capacity as Chief of the Rockford Fire Department and consequently a healthcare provider.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address this issue and I fully support Warrior's Gateway and ask the members of the Board to lend their support to this new project.

Sincerely,

A handwritten signature in black ink that reads "Derek Bergsten".

Derek Bergsten, Chief
Rockford Fire Department

DB/jy

March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street
Springfield, IL 62761

Dear Sir or Madame,

Access to great health care is one of the reasons we love Rockford and think it is a great place to live. However, there is a shortage in the area of beds for patients who need post-acute care for traumatic brain injury.

I support the construction of the Warrior's Gateway project to provide for patients with traumatic brain injuries. Rehabilitation is always time-sensitive and often a very long, arduous process for patient and family alike.

Our family learned that these services are highly specialized as a family member recovered from a traumatic brain injury. Our family member waited in the hospital for several days in order to get into a facility that could provide highly-skilled nursing care along with physical, speech and occupational therapies. Our family member was fortunate and progressed well because she was given the highly specialized care she needed in a timely fashion.

We want this excellent post-acute care more readily available to patients when they need it. Waiting for a bed in a rehabilitation facility, or being faced with the decision to go into Chicago and commute daily to help a loved-one is not desirable.

Please support the development of the Warrior's Gateway facility. This facility would be a critical resource for our community. Help us keep jobs and injured family members close to home!

Respectfully,



David Preece
5324 Parliament Place
Rockford, IL 61107

March 10, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, Illinois 62761

To Whom It May Concern:

I live in Rockford and care for my 88 year old mother. Last March she had her third stroke and spent six weeks in the hospital with that brain injury. During the last few days of her hospital stay we found out that there is a shortage of rehabilitation beds for patients with brain injuries such as hers. She waited for a bed at an appropriate rehab facility.

Eventually she was able to move to an excellent facility and spent an additional month there receiving highly-skilled nursing care, occupational, speech and physical therapies. Literally, as she left, the patient occupying her room was arriving for that same bed.

I understand that a new facility on West State Street in Rockford is proposed for individuals, just like my mother, needing skilled nursing care and rehabilitation services. As a result of our experience with mom we know there are *not enough beds* for this kind of *highly skilled, but also highly time-sensitive care*. We learned that timing with stroke recovery is critical and every day missing rehabilitation is a huge missed opportunity.

As a resident of Rockford and Winnebago County *I urge you to lend support* to the proposed Warrior's Gateway facility. There is unsatisfied demand for these services in our community and we need facilities that allow family members to be cared for close to their homes and families.

Kind regards,



Laurie Preece
5324 Parliament Place
Rockford, IL 61107

ILLINOIS HOUSE OF REPRESENTATIVES



DAVE WINTERS
68TH DISTRICT

DISTRICT OFFICE:
3444 NORTH MAIN STREET, SUITE 80
ROCKFORD, ILLINOIS 61103
815/282-0083
815/282-0085 FAX

SPRINGFIELD OFFICE:
215-N STRATTON BUILDING
SPRINGFIELD, ILLINOIS 62706
217/782-0455
217/782-1130 FAX
repwinters@aol.com

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

March 5, 2010

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

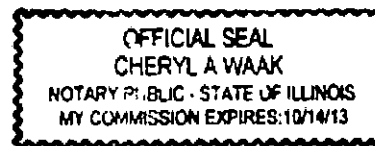
While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Dave Winters
DAVE WINTERS
STATE REPRESENTATIVE
68th District

3444 N Main Street, Suite 80
Rockford, IL 61103



Cheryl A. Waak



4304 EAST STATE STREET
ROCKFORD, IL

P: 815.877.4401



4401 PEAK DRIVE
LOVES PARK, IL

03/09/2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Mark A. Banz
President
Peak Fitness, Inc.
4304 East State St.
Rockford, IL 61108



William Charles, Ltd.

March, 5, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

1401 North
Second Street

Dear Sir or Madam;

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

Rockford
Illinois 61107

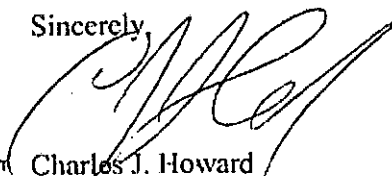
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815.963.7400
Fax 815.963.7415

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely



Charles J. Howard
Chairman

www.williamcharles.com



March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Lee County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post acute care in our community. I strongly support this endeavor as it will address a significant need in Lee County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave the area for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

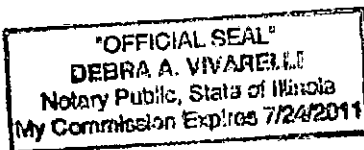
The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in the community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Charles Phillips
Charles Phillips

822 Chula Vista
Dixon, IL 61021

Signed before me on March 4, 2010 by Charles Phillips



Debra A. Vivarelli
Notary Public

Sauk Valley Bank & Trust Company
Phone: (866) 626-5996
201 W. 3rd Street, Sterling, IL 61081
901 1st Avenue, Rock Falls, IL 61071
300 Walton Drive, Dixon, IL 61021
www.saukvalleybank.com

Application Page 279



March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Whiteside County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post acute care in our community. I strongly support this endeavor as it will address a significant need in Whiteside County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave the area for services.

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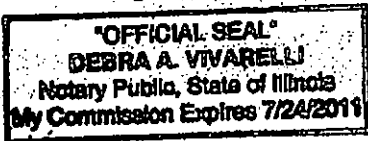
The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in the community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Suzy Perino

31915 E. Thome Rd
Rock Falls, IL 61071

Signed before me on March 4, 2010 by Suzy Perino



Debra A. Vivarelli
Notary Public

Sauk Valley Bank & Trust Company
Phone: (866) 626-5996
201 W. 3rd Street, Sterling, IL 61081
904 Poplar Avenue, Rock Falls, IL 61071
300 Walton Drive, Dixon, IL 61021
www.saukvalleybank.com

Date: 3/4/10

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Paul Hawks, Winnebago County Board Rep. Dist. 6

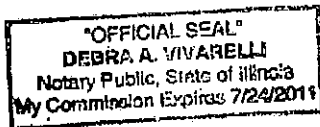
Your name

Address *713 Lexington Ave*

City, state, zip

Rockford, IL 61107

Signed before me on March 4, 2010 by Nathan Kloster



Debra A. Vivarelli
Notary Public

Sauk Valley Bank & Trust Company
Phone: (866) 626-5996
201 W. 3rd Street, Sterling, IL 61081
Application Page 2 of 2
www.saukvalleybank.com



REALTORS® AND DEVELOPERS

March 5, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street. Second Floor
Springfield, IL 62761

Dear Sir or Madam;

As a resident of Winnebago County, I am concerned about the availability of health care for individuals with tramatic brain injury.

I am aware of the initative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support the endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from tramaic brain injuries.

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The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

A handwritten signature in black ink that reads "Steve Clark".

Steve Clark
Doyle Woodhouse Moore Realtors
5995 Spring Creek Road
Rockford, IL 61114



Spring Creek & Mulford • 5995 Spring Creek Road
Rockford, IL 61114 • 815/877-5995 • Fax: 815/877-6002

National Association of Realtors • Illinois Association of Realtors • Rockford Area Association of Realtors

Application Form # 2
MILWAUKEE LISTING SERVICE
MLS

Northwest

QUARTERLY

*Bill Hughes
Publisher, Editor-In-Chief*

March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam,

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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Best to you,



Bill Hughes
Publisher/Editor-In-Chief

The Quality Lifestyle & Business Magazine of the Old Northwest Territory

728 North Prospect Street, Rockford, Illinois 61107
Phone: (815) 316-2300 • Fax: (815) 316-2301

Application Page 283



March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Ogle County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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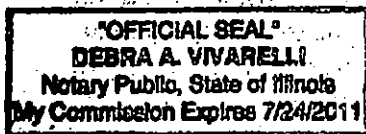
The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in the community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Dirk J. Meminger

6429 N. Townhall Road
Oregon, IL 61061

Signed before me on March 4, 2010 by Dirk J. Meminger



Debra A. Vivarelli
Notary Public

Sauk Valley Bank & Trust Company
Phone: (866) 626-5996
201 W. 3rd Street, Sterling, IL 61081
904 1st Avenue, Rock Falls, IL 61071
300 Walton Drive, Dixon, IL 61021
www.saukvalleybank.com



The Salvation Army

Founded in 1863 by William Booth

DOING THE MOST GOOD™

Winnebago County

Shaw Clifton
General

Commissioner Barry Swanson
Territorial Commander

March 3, 2010

Lt. Colonel David E. Grindle
Divisional Commander

Illinois Health Facilities and Service Review Board

Major Randy Holstrom
Winnebago County Coordinator

525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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1st Vice Chairman

Greg Graber
2nd Vice Chairman

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Ted Brokum

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Mark Lewis

Wesley E. Lindberg

Charles Porteleo

Peter T. Roche

Nichole Schiro

Richard Todd

Linda M. Vaughn

Verne Winter

LIFE MEMBERS

Alderman Franklin C. Beach

City of Rockford

Richard Carlson

MEMBER EMERITUS

Curtiss Reynolds

WOMEN'S AUXILIARY

Gardonia VanKessel

President

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing bed at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Have a Bless'd day.

Thomas C. Lewis
Colonel

Have You Remembered The Salvation Army of Winnebago County in Your Will?





The Salvation Army

Founded in 1865 by William Booth

DOING THE MOST GOOD™

Winnebago County

Shaw Clifton
General

March 3, 2010

Commissioner Barry Swanson
Territorial Commander

Lt. Colonel David E. Grindle
Divisional Commander

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Major Randy Hellstrom
Winnebago County Coordinator

Advisory Board
Daniel S. Marsitz
Chairman

Helen Hill
1st Vice Chairman

Greg Graber
2nd Vice Chairman

John Martin
Treasurer

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

Pat Bachrodt
Tara Blazer
Amy Bresver
Ted Brolund
John Frigh
Richard Gott
Mark Lewis
Wesley E. Lindberg
Charles Perlece
Peter T. Roche
Nichole Schiro
Richard Todd
Linda M. Vaughn
Verne Winter

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Lee Members
Alderman Franklin C. Beach
City of Rockford
Roland Carlson

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

Member Emeritus
Curtiss Reynolds

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Women's Auxiliary
Gardenia VanKessel
President

Sincerely,

Norma J. Baker
Director of Community Relations

P.O. Box 4159, Rockford, Illinois 61110

Have You Remembered The Salvation Army of Winnebago County in Your Will?

CAPITOL OFFICE.
309-F STATE HOUSE
SPRINGFIELD, IL 62706
PHONE: 217/782-1977
FAX: 217/782-4885



DISTRICT OFFICES:
1101 DEKALB AVE.
SYCAMORE, IL 60178
PHONE: 815/895-6318
FAX: 815/895-2005
email: senatorbrad@verizon.net

- COMMITTEES:
- EDUCATION
 - EXECUTIVE
 - HIGHER EDUCATION MS
 - INSURANCE
 - LOCAL GOVERNMENT
 - REDISTRICTING
 - JOINT COMMITTEE ON ADMINISTRATIVE RULES

SENATOR J. BRADLEY BURZYNSKI
ASSISTANT REPUBLICAN LEADER
35TH SENATE DISTRICT

STATE OF ILLINOIS BLDG.
200 S WYLIAM, STE 301
ROCKFORD IL 61101
PHONE 815.987.7557
FAX: 815.987.7529

March 4, 2010

Illinois Health Facilities & Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As State Senator for the 35th District, representing parts of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. Access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to the constituents I represent.

Warrior's Gateway has undertaken an initiative to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

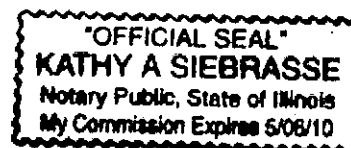
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The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I urge members of the Board to give your highest consideration and support to this new project.

Sincerely,

A handwritten signature in black ink that reads "J. Bradley Burzynski".

J. Bradley Burzynski
State Senator, 35th District
Senate Republican Caucus Chairman



Kathy A. Siebrasse
3/4/2010



March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Lee County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post acute care in our community. I strongly support this endeavor as it will address a significant need in Lee County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave the area for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

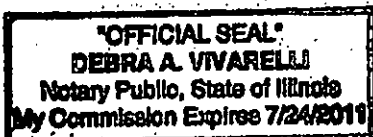
The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in the community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Richard A. Erdman

2434 Shoreline Heights
Sterling, IL 61081

Signed before me on March 4, 2010 by Richard A. Erdman.



Debra A. Vivarelli
Notary Public

Sauk Valley Bank & Trust Company
Phone: (866) 626-5996
201 W. 3rd Street, Sterling, IL 61081
Application Page 2 of 8
904 N. Prairie Ave., Rock Falls, IL 61071
300 Walton Drive, Dixon, IL 61021
www.saukvalleybank.com



HARLEM TOWNSHIP

SUPERVISOR
DOUGLAS R. AURAND

819 MELBOURNE AVENUE, MACHESNEY PARK, ILLINOIS 61115-1694
SUPERVISOR'S OFFICE: 815-633-9382 • FAX 815-633-6334

March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam,

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling high acuity patients that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Douglas R. Aurand
Harlem Township Supervisor
Member of the Winnebago County Board, District Three



March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street
Second Floor Springfield, IL 62761

Dear Sir or Madam:

As a resident of DeKalb County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post acute care in our community. I strongly support this endeavor as it will address a significant need in DeKalb County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave the area for services.

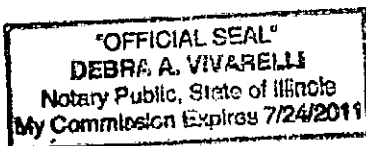
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Sincerely,

Nathan Kloster
1436 Larson Street
Sycamore, IL 60178

Signed before me on March 4, 2010 by Nathan Kloster



Debra A. Vivarelli
Notary Public

Sauk Valley Bank & Trust Company
Phone: (866) 626-5996
201 W. 3rd Street, Sterling, IL 61081
900 Application Page 250 Falls, IL 61071
300 Walton Drive, Dixon, IL 61021
www.saukvalleybank.com



Scott H. Christiansen

County Board Chairman

County of Winnebago

March 5, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield IL 62761

Dear Sir or Madam:

As County Board Chairman of Winnebago County, I am very concerned about the need of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me, my family and friends, and to my constituents.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients, who need this important level of care, may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,


Scott H. Christiansen, Chairman
Winnebago County Board

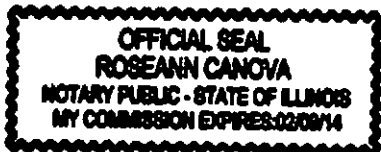
Page Two
Warrior's Gateway
March 5, 2010

Attestation:

State of Illinois }
County of Winnebago }

The foregoing instrument was acknowledged and signed before me this 5th day of March, 2010, by Scott H. Christiansen, Chairman of the Winnebago County Board, County of Winnebago, Illinois, who is personally known to me.


Roseann Canova
Notary Public



OUR TEAM WORKS FOR YOU



DICK ECKBURG, CRS, GRI

COLDWELL BANKER
PREMIER
6755 WEAVER ROAD
ROCKFORD, IL 61114
BUS: 815-231-4166
FAX: 815-227-9783
E-MAIL: dick@coldwellbanker.com



Dick Eckburg and Coldwell Banker are two names you can trust with all your real estate needs.

March 4, 2010

Illinois Health Facilities and Services
Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Review Board:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor, as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, etc. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in our area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway and I appeal to members of the Board to lend your support to this new and worthwhile project.

Thank you.

Very truly,
COLDWELL BANKER PREMIER

Dick Eckburg, CRS, GRI

*TERRY ANDERSON
6687 Shadow Ridge Road
Rockford, IL 61107-2625*

March 3, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

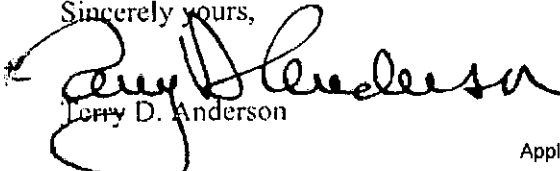
As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may still have to leave Winnebago County for services.

This is more than just a general concern about access to health care services in our community because in 1986, my sister-in-law suffered a traumatic brain injury. There were no appropriate post-acute care facilities available in Winnebago County. Thankfully we were able to get her placed at the New Medico Rehabilitation Center of Wisconsin located at 1701 Sharp Road, Waterford, IL 53185. While the occupational therapy, physical therapy, rehabilitation therapy, vocational retraining and other related services provided to her by New Medico had a wonderful outcome for her, a facility that was a 110 mile, three hour round trip away made it difficult for family to be as involved in her rehabilitation as might have been beneficial. Family being physically present for support in connection with her rehabilitation was limited to primarily weekend visits because of the time and distance involved. The counselors and therapists working with her uniformly reported that the more family is available to be involved and support an individual with traumatic brain injury, the faster and more thorough their recovery and rehabilitation.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely yours,


Terry D. Anderson



March 4, 2010

Illinois Health Facilities & Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir/Madam:

I am a resident of Winnebago County and have become increasingly concerned about the availability of health care for people with traumatic brain injury. My awareness of this health issue has been growing as the steady stream of veterans from Iraq and Afghanistan are returning with serious brain injuries from roadside bombs and other causes.

As a veteran myself, I have become aware of the efforts by Warrior's Gateway to improve post-acute care in our community. There is a real need for skilled care in Winnebago County, not only for returning veterans, but also for people that have been in car collisions and other accidents. We have good facilities in this area but many are filled and some are not able to handle the high acuity patients that Warrior's Gateway will.

I am a strong supporter of Warrior's Gateway. It will address a significant need in our community and I appeal to the Board to support this new project.

Sincerely,

John M. Fridh
1111 S. Alpine Road, Ste. 101
Rockford, IL 61108



Mailing Address
1200 West State Street
Rockford, Illinois 61102-2112
p 815.490.1600
f 815.490.1625
www.crusaderhealth.org

Locations: Rockford Crusader Community Health on West State Street - Woodward Campus for Community Healthcare
Rockford Crusader Community Health on Broadway - Uram Building
Belvidere Crusader Community Health Belvidere

March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As residents of Winnebago County, we are very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to us and to our family and friends.

We are aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. We support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

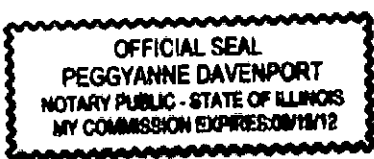
While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. We fully support Warrior's Gateway, and we appeal to members of the Board to lend you support to this new project.

Sincerely,

Gordon Eggers, Jr., President & CEO
Crusader Community Health

Linda Niemiec, CFRE, Vice President Development
Crusader Community Health



Peggyanne Davenport
3/4/10

Care Within Reach

Dickerson & Nieman COMMERCIAL

www.dickersonnieman.com

Office: 815.381.1111 • Fax: 815.381.1222

March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,



Tracy Eastman
815-381-1120

Rockford
6277 E. Riverside Boulevard
Rockford, IL 61114
815.227.5900
fax 815.227.5599

Belvidere
1255 Logan Avenue
Belvidere, IL 61008
815.544.3530
fax 815.544.7129

Oregon
400 W. Washington Street
Oregon, IL 61061
815.732.3365
fax 815.732.2283

Roseoe/Rockton
11742 Main Street
Roseoe, IL 61073
815.623.3880
fax 815.623.9870

Byron
137 N. Walnut • P.O. Box 443
Byron, IL 61010
815.234.5133
fax 815.234.8500

Application Page 297



March 3, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely yours,

ROCK VALLEY BUSINESS PARK, INC.

A handwritten signature in cursive script that reads "Kurt Carlson".

Kurt Carlson
President

7125 Windsor Lake Pkwy.
Rockford, Illinois 61111
815-654-7722
Fax 815-654-6133

Rockford

ILLINOIS USA
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL

Illinois Health Facilities & Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

March 2, 2010

To Whom It May Concern:

On behalf of the Rockford Area Economic Development Council (RAEDC), I am writing in support of the Warrior's Gateway proposal to bring a 120-bed skilled nursing facility to Rockford. While there are other excellent facilities in the area, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway. You may not be aware that access to appropriate post-acute care for individuals with traumatic brain injury is severely limited for this population. Ensuring that a community has adequate access to health care is crucial.

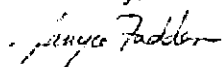
The primary role of the Rockford Area Economic Development Council (RAEDC) is to enhance wealth creation in the Rockford Region by marketing the area and helping employers retain and create quality jobs. The RAEDC works closely with many partners to serve as a one-stop resource for clients, to improve the competitiveness of the region and to engage the community in the work of economic development. The RAEDC promotes those priorities which address challenges identified by existing employers, adhere to the mission and vision of the organization, and build on the values of our founders. Improving the quality of life for the people in our region is key in securing its economic vitality.

The RAEDC is aware of the initiative Warrior's Gateway has undertaken to improve access to quality post acute care in our community. We support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering for traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this special level of care may have to leave the area for services.

Initiatives that demonstrate our state's willingness to support investment in our region are vital as the RAEDC asks relocating or expanding businesses to invest in the area. The development of licensed nursing beds at Warrior's Gateway will address one of the most significant needs on our community.

We strongly support the Warrior's Gateway initiative, and appeal to members of the Review Board to lend support to this project. We appreciate your consideration.

Sincerely,



Janyce Fadden
President



Rockford Park District

www.rockfordparkdistrict.org



March 3, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

The Rockford Park District supports the concept of licensed and skilled nursing care at Warrior's Gateway development on the west end of Rockford, Illinois.

While there are several excellent rehabilitative facilities in the area, many are either fully occupied or are restricted to serving elderly populations, and not all are capable of handling the high level of care and service that will be served by Warrior's Gateway.

In addition, our community has the highest unemployment rate in the state, currently at 16%. Skilled jobs such as nursing, physical and occupational therapy, and administration, as well as less-skilled positions such as food service, housekeeping, and maintenance would be a tremendous benefit to the citizens of the west side of Rockford.

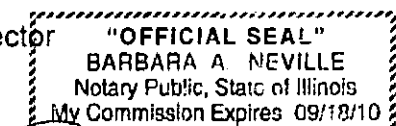
The Rockford Park District welcomes the opportunity to serve rehabilitation patients upon their discharge, including war veterans and accident victims, with recreation programs and services through our Therapeutic Recreation Department.

We hope you will lend your support to this new project.

Sincerely,

Douglas J. Brooks
President, Board of Commissioners

Tim Dimke
Executive Director



BOARD OF COMMISSIONERS

Jack L. Armstrong • Douglas J. Brooks • Chuck Brown, Ph.D. • Nate Martin • Tyler Smith

GUYER & ENICHEN

A PROFESSIONAL CORPORATION COMPRISED
OF PROFESSIONAL CORPORATIONS

LAWYERS

STANLEY H. GUYER (1903-1990)
EDWARD J. ENICHEN (1929-2009)
G. MICHAEL SCHEURICH
JAMES E. TUNEBERG
EDWARD M. MAHER
JOHN D. LANPHER
TIMOTHY A. MULDOWNEY
LORI E. MCCIRK
JAMES A. RODRIGUEZ

8501 REID FARM ROAD
ROCKFORD, ILLINOIS 61114-6508
AREA CODE 815
TELEPHONE 636-9000
FAX 636-9668
guyer@guyerlaw.com

March 9, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a lawyer living and practicing in Winnebago County, I share with other residents a desire that this community have its health care needs adequately met. With respect to health care for individuals with traumatic brain injuries, it is my understanding that appropriate post-acute care is not adequately provided locally for the patient population.

I am aware of the initiative which Warrior's Gateway has undertaken to improve access to quality post-acute care in my community. I support this endeavor as it will better assure adequate access to such care and will address a significant existing community need. It is my understanding that the Warrior's Gateway project will provide skilled nursing care, not only to area residents in need of the service, but also to returning Iraq and Afghanistan veterans. It is further my understanding that without the Warrior's Gateway project, some patients in need of the service to be provided may be required to leave Winnebago County. It is my understanding that while our community does have other excellent facilities, many are either full or restricted to geriatric populations. In any event, not all are capable of handling the high acuity patients which will be served by Warrior's Gateway.

I support the project and urge members of your Board to also support this project.

Very truly yours,



G. MICHAEL SCHEURICH

GMS/kl



Cooling Land Concepts, LLC

P.O. Box 506 • Cherry Valley, IL 61016 • Phone: 815.332.2380 • Fax: 815.332.3130

March 5, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Christopher J. Cooling
4400 Wheeler Rd.
Cherry Valley, IL 61016

**YOUNGS CONSULTING SERVICES, INC.
305 EAST RIVERSIDE BLVD.
LOVES PARK, IL 61111**

MARCH 8, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

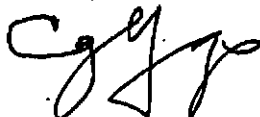
As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,



Craig Youngs
Youngs Consulting Services, Inc.
305 E. Riverside Blvd.
Loves Park, IL 61111



CITY OF LOVES PARK

100 HEART BOULEVARD
LOVES PARK, ILLINOIS 61111
815- 654-5030 • Fax: 815-633-2359

Darryl F. Lindberg, *Mayor* • Robert J. Burden, *City Clerk* • John C. Danielson, *City Treasurer*

March 8, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As Mayor of the City of Loves Park and a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor, as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Mayor Darryl F. Lindberg
City of Loves Park



Notary: Gail C. Daughtry 3/8/2010



We build strong kids, strong families,
strong communities.

March 8, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,

Wray Howard
President & CEO

:jl

YMCA of Rock River Valley • 200 Y Boulevard • Rockford, IL 61107-3094
815-489-1252 • fax: 815-987-3767 • www.rockfordymca.org



ROCKFORD
6277 E. Riverside Boulevard
Rockford, IL 61114

815.227.5900
fax 815.227.5599

March 8, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely

Frank Wehrstein

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE
AT ROCKFORD



World Health Organization
Collaborating Center in Educational
Development of Health Professionals
and Health Care Systems

Martin S. Lipsky, MD
Office of the Regional Dean
1601 Parkview Avenue · Rockford, Illinois 61107-1897
Tel: 1.815.395.5600 · Fax: 1.815.395.5887
E-mail: mlipsky@uic.edu

March 2, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I believe this project will address a need to provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services, away from family and their social support systems.

While there are other excellent facilities in the area, many are either fully occupied or serve primarily older adults. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address a significant community. I fully support Warrior's Gateway, and I encourage members of the Board to lend their support to this new project.

Sincerely,

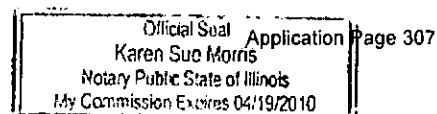
A handwritten signature in cursive script that reads "Martin S. Lipsky".

Martin S. Lipsky, M.D.
Dean
University of Illinois
College of Medicine at Rockford

A handwritten signature in cursive script that reads "Karen Sue Morris".
Notary Public

March 2, 2010

Date





MCGREEVY • WILLIAMS

March 11, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield IL 62761

Dear Sir or Madam,

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Very truly yours,

BRUCE ROSS-SHANNON

BRS/bls
00509891

Date:

3/9/10

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

I am aware of the initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries received in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving geriatric populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Warrior's Gateway.

The development of licensed nursing beds at Warrior's Gateway will help address one of the most significant needs in our community. I fully support Warrior's Gateway, and I appeal to members of the Board to lend your support to this new project.

Sincerely,



Your name

Rick Pollack Winnebago County Board

Address

112 Lawn Pl

City, state, zip

Richard, IL 61102



**KELLER
WILLIAMS**

Signature

March 8, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

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Sincerely,



Vito J. Addotta
Keller Williams Realty Signature
695 N. Perryville Rd Suite #4
Rockford, Illinois 61107

KELLER WILLIAMS REALTY SIGNATURE - teamAddotta
695 N. Perryville Rd - Suite 4 Rockford, IL 61107
315-315-4630 phone 315-315-4640 fax
www.teamaddotta.com



March 8, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

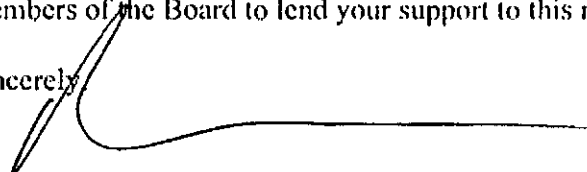
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Sincerely,



Brent R. Brodeski, MBA, CPA, CFP®, CFA, AIFA®

Date: 3-2-10

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

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Sincerely,

David Tassoni

Your name *David Tassoni County Board District 7*

Address *4217 Safford Rd*

City, state, zip
Rockford IL 61101

BRIDGE MINISTRIES

O F R O C K F O R D

March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

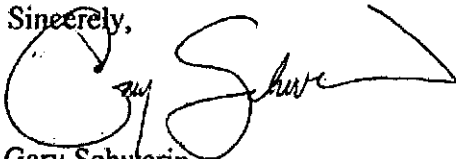
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Sincerely,



Gary Schwerin
Executive Director
Bridge Ministries

James F. Thiede
Managing Director - Investments

Tel 815-637-6363
Fax 815-637-6603
james.thiede@wfidvisors.com

Wells Fargo Advisors, LLC
6801 Spring Creek Road, Suite 2B
Rockford, IL 61114



March 4, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

The initiative Warrior's Gateway has undertaken to improve access to quality post-acute care in our community is imperative. I strongly support this endeavor as it will address a significant need in Winnebago County. Warrior's Gateway will provide skilled nursing care and rehabilitation to veterans returning from Iraq and Afghanistan, as well as area residents recovering from traumatic brain injuries in falls, car collisions, and so on. Without Warrior's Gateway, some patients who need this important level of care may have to leave Winnebago County for services.

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Sincerely,

A handwritten signature in black ink, appearing to read "James F. Thiede", written in a cursive style.

James F. Thiede



Cooling Land Concepts, LLC

P.O. Box 506 • Cherry Valley, IL 61016 • Phone: 815.332.2380 • Fax: 815.332.3130

March 5, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and to my family and friends.

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Sincerely,

Robert Lee Lichty
Monroe Center, IL 61052

03-08-2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Board Members,

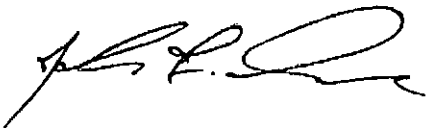
As a resident and Winnebago County Board member, I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me, and to my family and friends.

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Sincerely,



John F. Sweeney, Winnebago County Board Member

3811 Burrmont Rd
Rockford, IL 61107

25 March 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

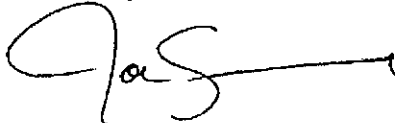
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Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Sosnowski', with a long horizontal flourish extending to the right.

Joe Sosnowski
8628 Blue River Road
Rockford, IL. 61107

Date:

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

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Sincerely,

A. Marie Holmes

Your name *5th WARD AIDERMAN*

Address *5643 MAYAPPLE DR*

City, state, zip *LOVES PARK, IL 61111*

Date:

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

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Sincerely,

Carolyn E. Gardner County Board Dist. 9
Your name

Address

CAROLYN E. GARDNER
COUNTY BOARD MEMBER DIST. 9

City, state, zip

5328 EAST DRIVE
LOUES PARK ILL 61111



United Way
of Rock River Valley

612 North Main Street, Suite 300
Rockford, Illinois 61103
p 815.968.5400
f 815.968.5878
www.unitedwayrrv.org

March 22, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

As a resident of Winnebago County and President and CEO of our local United Way I am very concerned about the needs of our community, particularly those relating to the availability of health care for individuals with traumatic brain injury. You may not be aware that access to appropriate post-acute care is severely limited for this population. Ensuring that we have adequate access to health care services in our community is important to me and my family and friends.

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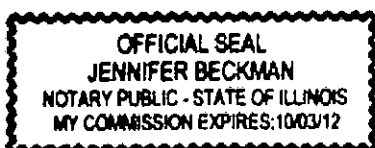
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Sincerely,

A handwritten signature in black ink, appearing to read "Paul A. Logli".

Paul A. Logli
President and CEO



A handwritten signature in black ink, appearing to read "Jennifer Beckman".

1110.1730(j) Zoning

As noted in the attached letter from the City of Rockford, the property is zoned C-2 and C-1 which is suitable for the proposed use.



Roid Montgomery
Director
Community and Economic
Development Department

May 14, 2010

Mrs. Gloria Fay
Spring Creek Development Group, LLC
330 Spring Creek Road
Rockford, Illinois 61107

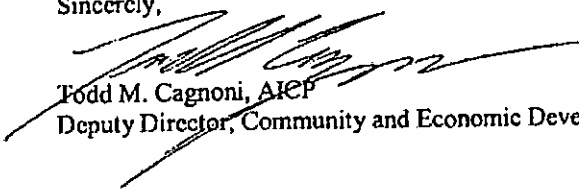
RE: 254 Elm Street
Renaissance Corners

Dear Mrs. Fay:

This letter is verification that the property located at 254 Elm Street, is zoned C-2, Limited Commercial District and C-1, Limited Office and that the proposed use of the property as TBI Clinic is permitted on the property.

Should you have any questions, please contact me directly at 815-967-6769.

Sincerely,


Todd M. Cagnoni, AICP
Deputy Director, Community and Economic Development

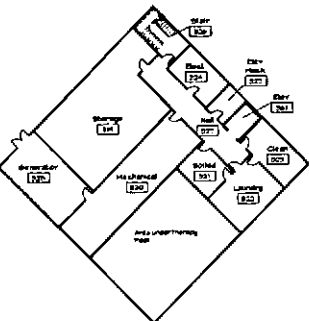


Tyson and Billy Architects, P.C.
 4000 North Drive
 Rockford, IL 61107
 Phone: (815) 398-4222
 Fax: (815) 398-4218
 www.tysonandbilly.com

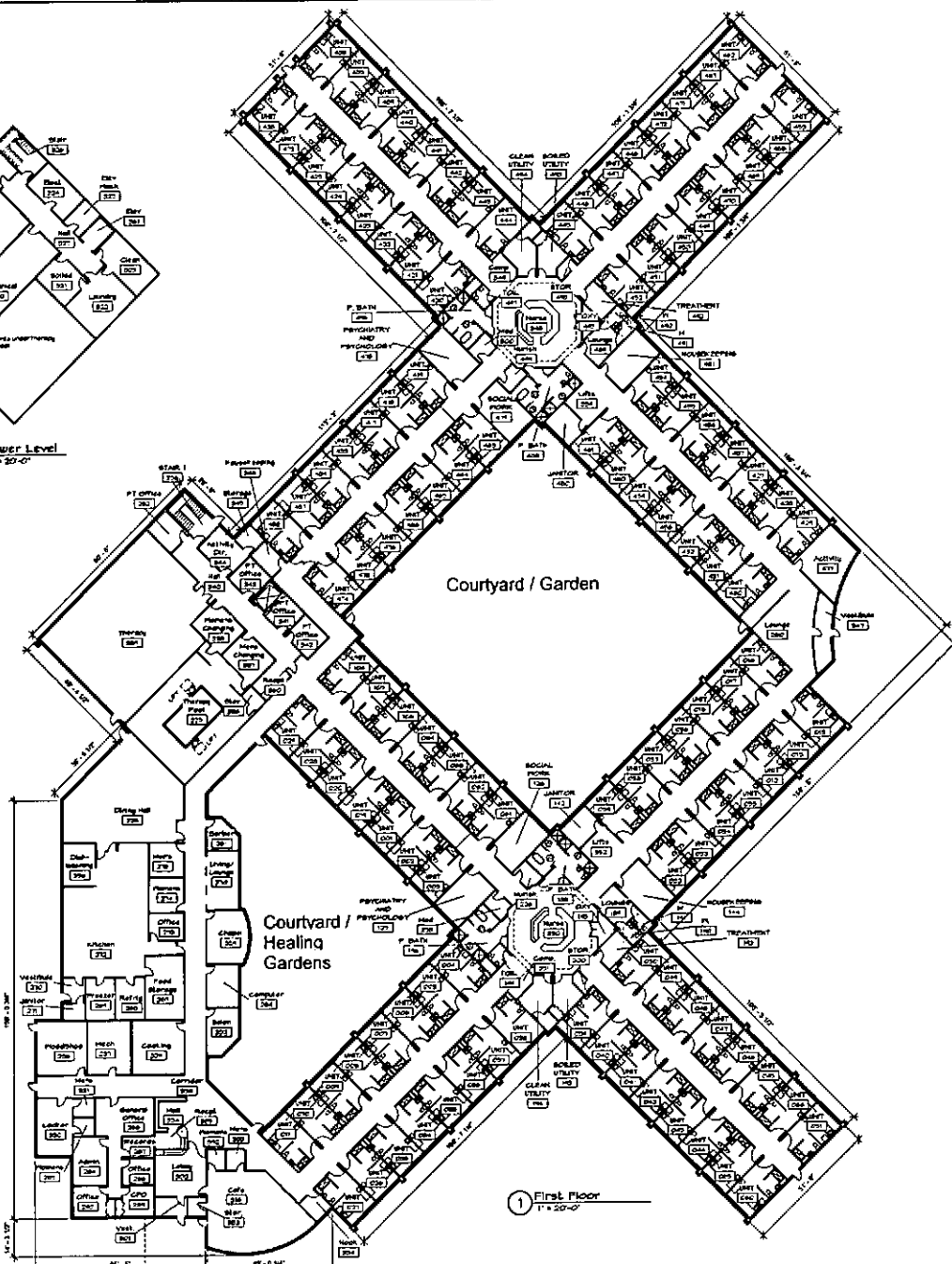
RENAISSANCE CORNERS
 CAMPUS OF CARE
 ROCKFORD, IL
 SHEET NO. 1100
 DATE: 11/11/10
 DRAWN: JACOBUS
 CHECKED: BOBBERG

SCALE: 1/8" = 1'-0"
 DATE: 11/11/10
 A1

NO.	NAME	PROOF	DATE	BY	REVISION
1	PROOF	11/11/10	JACOBUS		
2	REVISION				
3	REVISION				
4	REVISION				
5	REVISION				
6	REVISION				
7	REVISION				
8	REVISION				
9	REVISION				
10	REVISION				



2 Lower Level
1" = 20'-0"



1 First Floor
1" = 20'-0"

NO.	NAME	PROOF	DATE	BY	REVISION
1	PROOF	11/11/10	JACOBUS		
2	REVISION				
3	REVISION				
4	REVISION				
5	REVISION				
6	REVISION				
7	REVISION				
8	REVISION				
9	REVISION				
10	REVISION				

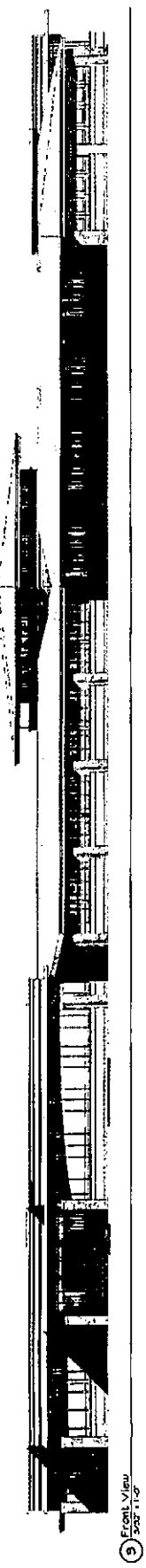
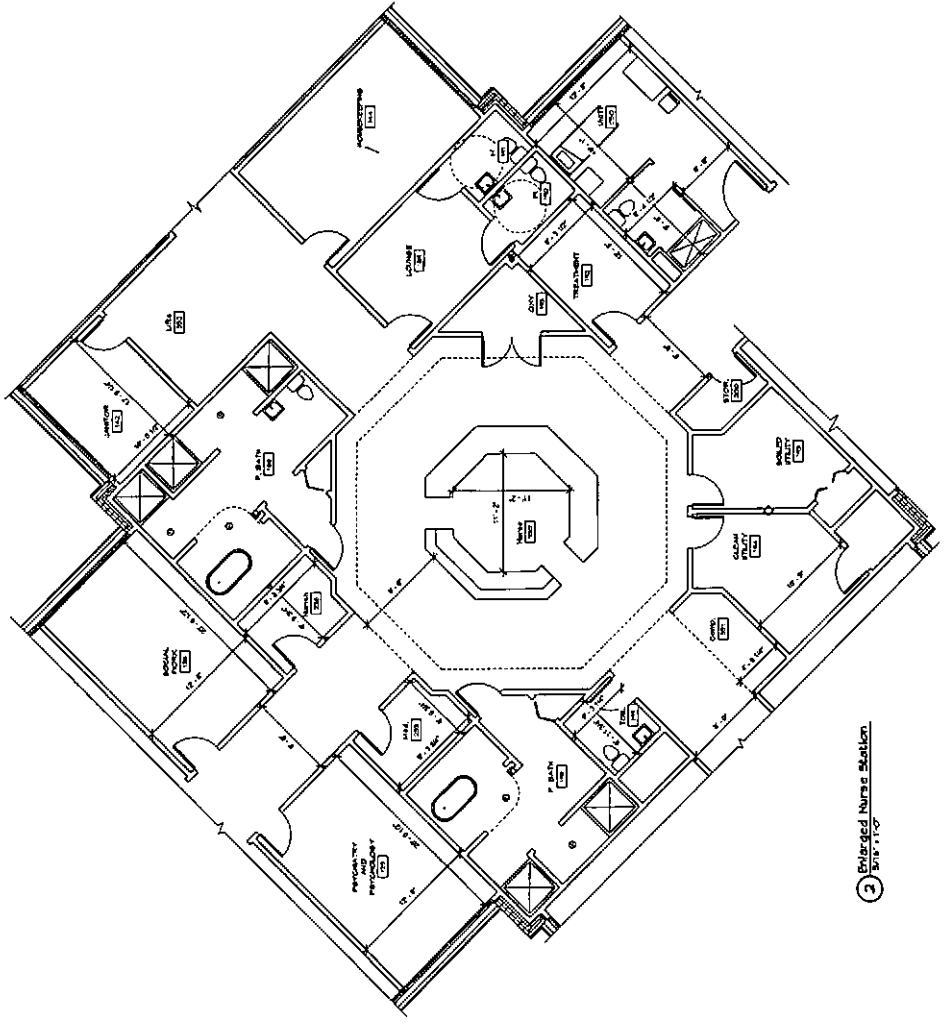
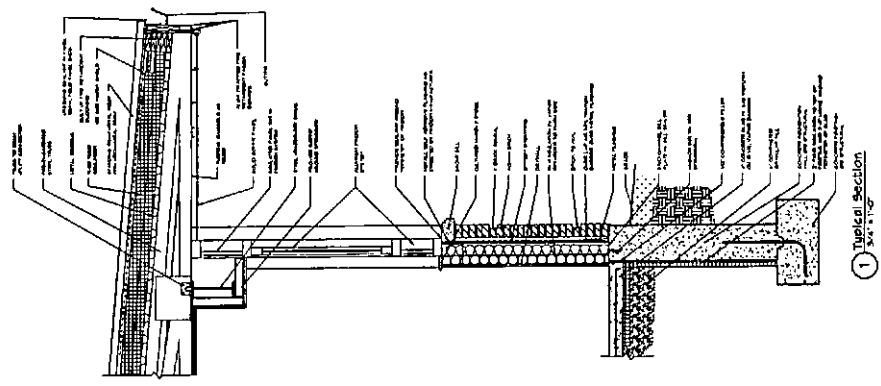
NO.	NAME	PROOF	DATE	BY	REVISION
1	PROOF	11/11/10	JACOBUS		
2	REVISION				
3	REVISION				
4	REVISION				
5	REVISION				
6	REVISION				
7	REVISION				
8	REVISION				
9	REVISION				
10	REVISION				

AS
Sheet No.

REVISION AND DETAILS

PROJECT	10/2/2010	DATE
CLIENT	LAUCH	NAME
CONTRACTOR	ROBERT CO.	CONTRACTOR RECORD CO.
OWNER		OWNER
ARCHITECT		ARCHITECT

Tyson and Billy Architects, P.C.
4000 North Drive
Rockford, IL 61107
Phone 815-398-2222
Fax 815-398-2210
www.tysonandbilly.com



1110.1730(k) Assurances

Assurances from the applicant representative regarding occupancy follows this page.

ATTACHMENT-54

Assurances Statement


This statement is being filed pursuant to Section 1110.1730(K) of the Board's Rules (771L Adm.Code 1110.1730). The undersigned is an authorized representative of the applicant and attests that the applicant understands that by the second year of operation after the project completion the applicant will make every attempt to achieve and maintain the occupancy standards specified in Part 1100 of the Board's Rules for the long term care category of service.

May 14, 2010



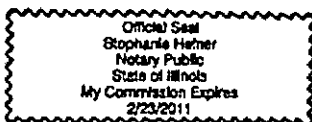
Pamela Shumway

May 14, 2010



John Smith





Warriors' Gateway

120 Units

\$1,223,821
2.33

SQUARE FOOTAGE -
EST'D COST PER SQ FT -
EST'D END FINANCING INT RT 6.00%
EST'D CONST FINANCING INT RT 6.00%

Second Year Inflation factor	103.50%
Third Year Inflation Factor	103.50%

YEARS PROJECTED		2010	2011	2012
Private	26	\$190	\$197	\$204
Medicaid	40	\$140	\$145	\$150
VA	42	\$416	\$431	\$446
Medicare	12	\$416	\$431	\$446
TOTAL NUMBER OF UNITS	120			

AMOUNT MORTGAGED \$20,062,095 Term = 40 years
CONSTRUCTION PERIOD 12

ILU/ALU CONSTRUCTION COSTS:				
Construction Cost				\$13,679,954
Cost Adjustments needed	incl in building			
Construction Contingency				
Subtotal Construction Cost			\$13,678,854	
Land Cost	Estimated	3	538402	\$1,615,206
Incremental land value				\$4,000,000
Architectural and Engineering Fees, Permits and Associated Costs		5.5%		\$752,397
Owners Contingency				
Organizational Costs				\$445,000
Capitalized Interest				\$481,000
Working Capital		2%		\$510,645
Insurance during construction and rounding				\$20,000
Working Capital Allowance to cover initial deficits	4 mos op deficit			\$600,000
Subtotal Estimated Replacement Costs				\$22,104,202
Underwriter Financing fee		2.00%		\$442,084
Underwriter Placement fee		1.50%		\$331,563
Furnishings & Equipment:				\$692,000
Application inspection insurance fees				\$492,246
Subtotal: Escrows/Additional Costs				\$1,957,893
Total uses of Funds				\$24,062,095

ILU/ALU SOURCE OF FUNDS:	
Mortgage	\$20,082,095
2nd Mortgage	
Additional Cash	
Land Equity	\$4,000,000
	\$4,000,000
Total Funds	\$24,062,095

Construction cost per unit \$114,000
Fully loaded cost per unit \$195,517

Source Of Equity

18,446,889
-\$5,615,206

Architectural and Engineering:		
A&E Fees	5.50% of construction cost	
Permits & Other		\$752,397
Total A&E		\$752,397

Organizational:		
Legal and Accounting		\$45,000
Initial Marketing	3000	\$360,000
Title and recording		\$25,000
Development fee		
Taxes, Title & Insurance		\$15,000
Organization Costs		\$445,000

Furnishings & Equipment:			
Furniture/Furnishings (included)	120	5000	\$600,000
Phone system, cable, computer			\$50,000
minor moveable escrow	350		\$42,000
			\$692,000

Attachment 75A
App Page 328

CASH FLOWS FROM OPERATING ACTIVITIES			
Net Income (Loss)	(1,130,756)	860,699	1,223,821
Adjustments to Reconcile Net Revenues (Expenses) to Net Cash Provided (Used) By Operating Activities:			
Depreciation and Amortization	674,213	675,213	676,213
Changes in Current Assets and Liabilities:			
Accounts Receivable	(1,394,761)	(584,761)	(69,283)
Other Current Assets	-	-	-
Accounts Payable	250,231	78,282	(10,375)
Accrued Payroll and Payroll Taxes	-	-	-
Operating Deficit Reserve	-	-	-
Working Capital Reserve	-	-	-
Deposits	-	-	-
Replacement Reserves	(60,000)	(60,000)	(60,000)
TOTAL CASH PROVIDED (USED) BY OPERATING ACTIVITIES	(1,661,073)	969,433	1,760,375
CASH FROM (USED IN) FINANCING ACTIVITIES			
Equity Contribution	4,000,000	-	-
Loan Acquisition Costs	(442,084)	-	-
Proceeds from Long-Term Debt	20,062,095	-	-
Principal Payments on Long-Term Debt	(124,267)	(131,932)	(140,069)
TOTAL CASH FROM (USED IN) FINANCING ACTIVITIES	23,495,743	(131,932)	(140,069)
CASH FROM (USED IN) INVESTING ACTIVITIES			
Capitalized Organization Costs	(445,000)		
Application inspection insurance fees	-		
Purchase of Land	(5,615,206)		
TOTAL CASH FROM (USED IN) INVESTING ACTIVITIES	17,435,537	(\$131,932)	(\$140,069)
CASH FROM (USED IN) INVESTING ACTIVITIES			
Capitalized Organization Costs	(\$445,000)		
Purchase of Land	(\$5,615,206)		
Purchase of Plant and Equipment	(\$14,676,599)	(\$5,000)	(\$5,000)
TOTAL CASH FROM (USED IN) INVESTING ACTIVITIES	(\$21,229,050)	(\$5,000)	(\$5,000)
INCREASE (DECREASE) IN CASH	\$605,621	\$832,501	\$1,615,306
INVESTMENT INCOME			
CASH - BEGINNING OF PERIOD		\$605,621	\$1,438,122
CASH - END OF PERIOD	\$605,621	\$1,438,122	\$3,053,428

Warriors' Gateway
PROJECTED STATEMENTS OF REVENUES, EXPENSES AND
CHANGES IN RETAINED EARNINGS

	As of December 31		
	2010	2011	2012
SERVICE REVENUES			
Private	\$962,483	\$1,783,498	\$1,931,526
Medicaid	\$1,065,008	\$1,989,999	\$2,189,584
VA	\$3,339,606	\$6,231,409	\$6,831,502
Medicare	\$966,160	\$1,795,263	\$1,951,858
TOTAL SERVICE REVENUES	\$6,333,257	\$11,800,168	\$12,904,469
Less Vacancy	\$316,663	\$590,008	\$645,223
Net Income	\$6,016,595	\$11,210,159	\$12,259,246
OPERATING EXPENSES			
Management Fee	\$300,830	\$560,508	\$612,962
Administrator	\$83,200	\$86,112	\$89,126
Assistant Admin/SLF			
Nursing Salaries:			
RN	\$361,712	\$673,926	\$737,141
LPN	\$256,975	\$478,784	\$523,694
CNA	\$610,315	\$1,137,112	\$1,243,773
Rehab Aides	\$107,073	\$192,747	\$203,697
Nursing admin	\$218,400	\$226,044	\$233,956
Dietary Supervisor	\$33,280	\$34,445	\$35,650
Dietary	\$131,201	\$244,448	\$267,378
Activities	\$43,734	\$81,483	\$89,126
Laundry	\$29,520	\$55,001	\$60,160
Housekeeping	\$49,200	\$91,668	\$100,267
Maintenance	\$29,120	\$30,139	\$31,194
Social Service	\$106,080	\$109,793	\$113,636
Business Office/Clerical	\$70,200	\$72,657	\$75,200
Employee Benefits and payroll taxes	\$486,168	\$702,872	\$760,800
Therapy	\$931,536	\$1,736,540	\$1,900,246
Pharmacy	\$362,264	\$675,321	\$738,985
Medical Supplies	\$92,590	\$166,676	\$176,145
Medicare Ancillary	\$77,186	\$143,887	\$157,451
Raw Food	\$172,675	\$321,720	\$351,897
Dietary Supplies	\$19,222	\$34,603	\$36,569
Laundry	\$5,756	\$10,724	\$11,730
Utilities	\$149,474		
Maintenance	\$50,000	\$51,750	\$53,561
Housekeeping Supplies	\$22,500	\$40,504	\$42,805
Accounting and Legal	\$24,000	\$36,225	\$37,493
Office Supplies	\$6,677	\$12,440	\$13,607
Social Service Supplies	\$10,098	\$17,587	\$19,237
Telephone/Internet	\$4,800	\$8,073	\$8,356
Property Taxes	\$256,140	\$265,105	\$274,384
Insurance	\$50,000	\$51,750	\$53,561
Medical Director and Physiatrist	\$30,000	\$31,050	\$32,137
Consulting	\$30,000	\$31,050	\$32,137
Bed Taxes	\$65,700	\$65,700	\$65,700
Auto-Transportation	\$5,986	\$11,153	\$12,199
TOTAL OPERATING EXPENSES	\$5,283,612	\$8,489,596	\$9,195,959
INCOME (LOSS) BEFORE OTHER EXPENSE (INCOME)	\$732,982	\$2,720,563	\$3,063,287
OTHER EXPENSES (INCOME)			
Depreciation and Amortization	(\$674,213)	(\$675,213)	(\$676,213)
Interest Income	\$10,820	\$8,029	\$21,290
Interest Expense	(\$1,200,345)	(\$1,192,681)	(\$1,184,543)
TOTAL OTHER EXPENSES (INCOME)	(\$1,863,738)	(\$1,859,864)	(\$1,839,466)
NET INCOME (LOSS)	(\$1,130,756)	\$860,699	\$1,223,821
RETAINED EARNINGS			
Beginning of Period		(\$1,130,756)	(\$270,057)
End of Period	(\$1,130,756)	(\$270,057)	\$953,764

Attachment 75A
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Warriors' Gateway
PROJECTED BALANCE SHEETS

	As of December 31		
	2010	2011	2012
ASSETS			
CURRENT ASSETS			
Cash	\$605,621	\$1,438,122	\$3,053,428
Accounts Receivable	\$1,394,761	\$1,979,522	\$2,048,805
TOTAL CURRENT ASSETS	\$2,000,381	\$3,417,644	\$5,102,233
PLANT, PROPERTY & EQUIPMENT			
Land	\$5,615,206	\$5,615,206	\$5,615,206
Land Improvements			
Building	\$14,160,954	\$14,160,954	\$14,160,954
Equipment	\$515,645	\$520,645	\$525,645
	\$20,291,805	\$20,296,805	\$20,301,805
Less Accumulated Depreciation	(\$574,161)	(\$1,149,322)	(\$1,725,482)
TOTAL PLANT, PROPERTY & EQUIPMENT	\$19,717,644	\$19,147,483	\$18,576,322
OTHER ASSETS			
Financing Costs (Net of Amortization)	\$431,032	\$419,980	\$408,928
Organizational Costs (Net of Amortization)	\$356,000	\$267,000	\$178,000
Debt Service Reserve Fund	\$492,246	\$492,246	\$492,246
Replacement Reserve - Building			
Replacement Reserve - Equipment	\$60,000	\$120,000	\$180,000
TOTAL OTHER ASSETS	\$1,339,277	\$1,299,225	\$1,259,173
TOTAL ASSETS	\$23,057,303	\$23,864,352	\$24,937,729
LIABILITIES AND STOCKHOLDERS' EQUITY			
CURRENT LIABILITIES			
Accounts Payable	\$250,231	\$328,514	\$318,139
Current Portion of Long-Term Debt			
Accrued Payroll and Payroll Taxes			
TOTAL CURRENT LIABILITIES	\$250,231	\$328,514	\$318,139
LONG-TERM DEBT			
Mortgage	\$19,937,828	\$19,805,896	\$19,665,827
Bank Letter of Credit			
TOTAL LONG-TERM DEBT	\$19,937,828	\$19,805,896	\$19,665,827
OTHER LIABILITIES			
Deposits			
TOTAL OTHER LIABILITIES			
TOTAL LIABILITIES	\$20,188,059	\$20,134,409	\$19,983,965
Unrestricted Net Assets			
FUND BALANCE	\$4,000,000	\$4,000,000	\$4,000,000
Retained Earnings	(\$1,130,756)	(\$270,057)	\$953,764
TOTAL STOCKHOLDERS' EQUITY	\$2,869,244	\$3,729,943	\$4,953,764
TOTAL LIABILITIES AND STOCKHOLDERS'	\$23,057,303	\$23,864,352	\$24,937,729

Warrent Outborn
PROJECTED REVENUE AND EXPENSES - YEAR ONE

Rem	Month 1		Month 2		Month 3		Month 4		Month 5		Month 6		Month 7		Month 8		Month 9		Month 10		Month 11		Month 12	
	31	31	28	31	31	31	30	31	30	31	30	31	31	31	30	31	31	31	30	31	30	31	30	31
Number of Days in Month	31	31	28	31	31	31	30	31	30	31	30	31	31	31	30	31	31	31	30	31	30	31	30	31
Private	190.00	190.00	168.00	190.00	190.00	190.00	185.00	190.00	185.00	190.00	185.00	190.00	190.00	185.00	190.00	190.00	190.00	185.00	190.00	190.00	185.00	190.00	190.00	
Medicaid	140.00	140.00	128.00	140.00	140.00	140.00	138.00	140.00	138.00	140.00	138.00	140.00	140.00	138.00	140.00	140.00	140.00	138.00	140.00	140.00	138.00	140.00	140.00	
VA	416.00	416.00	372.00	416.00	416.00	416.00	402.00	416.00	402.00	416.00	402.00	416.00	416.00	402.00	416.00	416.00	416.00	402.00	416.00	416.00	402.00	416.00	416.00	
Medicare	416.00	416.00	372.00	416.00	416.00	416.00	402.00	416.00	402.00	416.00	402.00	416.00	416.00	402.00	416.00	416.00	416.00	402.00	416.00	416.00	402.00	416.00	416.00	
Resident Days (Occupied)	1116	1116	1145	1420	1420	1420	1521	1724	1815	1815	2027	2179	2268	2483	2650	2787	2873	2650	2787	2650	2787	2650	2787	
Occupancy Percentage	30%	30%	34%	40%	40%	40%	42%	49%	53%	53%	53%	59%	60%	67%	71%	73%	75%	67%	71%	67%	71%	67%	73%	

Service	Rate	Units	Typ
Private	\$45,942	547,348	11/16
Medicaid	\$37,500	450,000	11/16
VA	\$182,400	\$182,400	11/16
Medicare	\$46,428	\$46,428	11/16
Enrollment Fees	\$0	\$0	
Ancillary Revenue	\$200,937	\$200,937	
TOTAL SERVICE REVENUES	\$1,847,328		
Less Vacancy 5%	\$92,366		
Net Income	\$1,754,962		

Category	Rate	Units	Typ
Operating Expenses	\$14,580	\$14,580	
Management Fees	\$7,096	\$7,096	
Administrator	\$0	\$0	
Assistant Admin/Slf	\$0	\$0	
Nursing Salaries:	\$17,533	\$17,533	
RN	\$12,456	\$12,456	
LPN	\$2,077	\$2,077	
CNA	\$3,000	\$3,000	
REHAB Aides	\$15,100	\$15,100	
Nursing admin	\$18,649	\$18,649	
Dietary Supervisor	\$2,827	\$2,827	
Dietary	\$0	\$0	
Activities	\$0	\$0	
Laundry	\$0	\$0	
Housekeeping	\$0	\$0	
THEATRY EXPENSE	\$0	\$0	
Maintenance	\$14,000	\$14,000	
Social Services	\$17,000	\$17,000	
Business Office/Clerical	\$13,500	\$13,500	
Employee Benefits and payroll taxes	\$27,905	\$27,905	
Pharmacy	\$17,577	\$17,577	
Medical Supplies	\$4,488	\$4,488	
Medicare Ancillary	\$8,370	\$8,370	
Raw Food	\$0	\$0	
Voluntary supplies	\$0	\$0	
Laundry	\$0	\$0	
Utilities	\$0	\$0	
Maintenance	\$0	\$0	
Housekeeping Supplies	\$0	\$0	
Accounting and Legal	\$0	\$0	
Office Supplies	\$0	\$0	
Social Services	\$0	\$0	
Telephone/Internet	\$0	\$0	
Property Taxes	\$0	\$0	
Insurance	\$0	\$0	
Medical Director and Physical	\$0	\$0	
Consulting	\$0	\$0	
REG Taxes	\$0	\$0	
AUTO-Transportation	\$0	\$0	
TOTAL OPERATING EXPENSES	\$130,149	\$130,149	
INCOME (LOSS) BEFORE	\$1,624,813		
OTHER EXPENSE (INCOME)	\$0	\$0	
OTHER (EXPENSES) INCOME	\$0	\$0	
Depreciation and Amortization	\$0	\$0	
Interest Income	\$0	\$0	
Interest Expense	\$0	\$0	
TOTAL OTHER (EXPENSES) INCOME	\$0	\$0	
NET INCOME (LOSS)	\$1,624,813		
RETAINED EARNINGS - Beginning of Period	\$0		
RETAINED EARNINGS - End of Period	\$1,624,813		

Warriors' Gateway
PROJECTED REVENUE AND EXPENSES - YEAR TWO

	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	2011
Number of Days in Month		31	28	31	31	30	31	30	31	30	31	30	31	365
Private	\$197	21	22.1	23.2	24.3	25.4	26.5	27.6	28.7	29.8	30.9	32.0	33.1	385
Medicaid	\$165	31.2	32.1	33.0	33.9	34.8	35.7	36.6	37.5	38.4	39.3	40.2	41.1	472
VA	\$431	33	34.7	36.4	38.1	39.8	41.5	43.2	44.9	46.6	48.3	50.0	51.7	612
Medicare	\$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Persons	\$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Resident Days (Occupied)		3028	3252	3243	3245	3245	3245	3245	3245	3245	3245	3245	3245	41445.4
Occupancy Percentage		78%	83%	87%	91%	95%	99%	100%	100%	100%	100%	100%	100%	
SERVICE REVENUES														
Private	\$128,019	\$141,431	\$141,431	\$141,431	\$141,431	\$141,431	\$141,431	\$141,431	\$141,431	\$141,431	\$141,431	\$141,431	\$141,431	\$1,783,488
Medicaid	\$140,147	\$143,521	\$143,521	\$143,521	\$143,521	\$143,521	\$143,521	\$143,521	\$143,521	\$143,521	\$143,521	\$143,521	\$143,521	\$1,783,488
VA	\$440,463	\$485,644	\$485,644	\$485,644	\$485,644	\$485,644	\$485,644	\$485,644	\$485,644	\$485,644	\$485,644	\$485,644	\$485,644	\$5,945,809
Medicare	\$128,335	\$141,482	\$141,482	\$141,482	\$141,482	\$141,482	\$141,482	\$141,482	\$141,482	\$141,482	\$141,482	\$141,482	\$141,482	\$1,783,488
Additional Person Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rental Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Auxiliary Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL SERVICE REVENUES														
Less Vacancy 5%	\$794,928	\$855,278	\$855,278	\$855,278	\$855,278	\$855,278	\$855,278	\$855,278	\$855,278	\$855,278	\$855,278	\$855,278	\$855,278	\$10,691,911
NET INCOME														
OPERATING EXPENSES														
Management Fee	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$38,080
Administrative	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$38,080
Assistant Admin	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$3,140	\$38,080
Resident Salaries:														
RN	\$23,811	\$23,811	\$23,811	\$23,811	\$23,811	\$23,811	\$23,811	\$23,811	\$23,811	\$23,811	\$23,811	\$23,811	\$23,811	\$291,732
LPN	\$18,339	\$18,339	\$18,339	\$18,339	\$18,339	\$18,339	\$18,339	\$18,339	\$18,339	\$18,339	\$18,339	\$18,339	\$18,339	\$228,237
CNA	\$12,462	\$12,462	\$12,462	\$12,462	\$12,462	\$12,462	\$12,462	\$12,462	\$12,462	\$12,462	\$12,462	\$12,462	\$12,462	\$155,775
Rehab aides	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$187,500
Washing admin	\$6,231	\$6,231	\$6,231	\$6,231	\$6,231	\$6,231	\$6,231	\$6,231	\$6,231	\$6,231	\$6,231	\$6,231	\$6,231	\$77,787
Director Supervisor	\$10,336	\$10,336	\$10,336	\$10,336	\$10,336	\$10,336	\$10,336	\$10,336	\$10,336	\$10,336	\$10,336	\$10,336	\$10,336	\$129,192
Activities	\$5,778	\$5,778	\$5,778	\$5,778	\$5,778	\$5,778	\$5,778	\$5,778	\$5,778	\$5,778	\$5,778	\$5,778	\$5,778	\$72,225
Laundry	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$116,535
Housekeeping	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$9,330	\$116,535
MAINTENANCE	\$14,448	\$14,448	\$14,448	\$14,448	\$14,448	\$14,448	\$14,448	\$14,448	\$14,448	\$14,448	\$14,448	\$14,448	\$14,448	\$180,600
Social Service	\$17,600	\$17,600	\$17,600	\$17,600	\$17,600	\$17,600	\$17,600	\$17,600	\$17,600	\$17,600	\$17,600	\$17,600	\$17,600	\$220,000
Clerical	\$13,671	\$13,671	\$13,671	\$13,671	\$13,671	\$13,671	\$13,671	\$13,671	\$13,671	\$13,671	\$13,671	\$13,671	\$13,671	\$170,888
Employee Benefits and payroll	\$51,407	\$51,407	\$51,407	\$51,407	\$51,407	\$51,407	\$51,407	\$51,407	\$51,407	\$51,407	\$51,407	\$51,407	\$51,407	\$642,588
Therapy fees related orginal	\$123,014	\$123,014	\$123,014	\$123,014	\$123,014	\$123,014	\$123,014	\$123,014	\$123,014	\$123,014	\$123,014	\$123,014	\$123,014	\$1,537,674
Therapy	\$47,939	\$47,939	\$47,939	\$47,939	\$47,939	\$47,939	\$47,939	\$47,939	\$47,939	\$47,939	\$47,939	\$47,939	\$47,939	\$598,737
Medical Supplies	\$4,021	\$4,021	\$4,021	\$4,021	\$4,021	\$4,021	\$4,021	\$4,021	\$4,021	\$4,021	\$4,021	\$4,021	\$4,021	\$50,262
Medicare Ancillary	\$11,819	\$11,819	\$11,819	\$11,819	\$11,819	\$11,819	\$11,819	\$11,819	\$11,819	\$11,819	\$11,819	\$11,819	\$11,819	\$147,867
Raw Food	\$2,812	\$2,812	\$2,812	\$2,812	\$2,812	\$2,812	\$2,812	\$2,812	\$2,812	\$2,812	\$2,812	\$2,812	\$2,812	\$35,150
Dietary supplies	\$2,454	\$2,454	\$2,454	\$2,454	\$2,454	\$2,454	\$2,454	\$2,454	\$2,454	\$2,454	\$2,454	\$2,454	\$2,454	\$30,675
Laundry	\$760	\$760	\$760	\$760	\$760	\$760	\$760	\$760	\$760	\$760	\$760	\$760	\$760	\$9,520
Utilities	\$2,071	\$2,071	\$2,071	\$2,071	\$2,071	\$2,071	\$2,071	\$2,071	\$2,071	\$2,071	\$2,071	\$2,071	\$2,071	\$25,887
Maintenance	\$43,125	\$43,125	\$43,125	\$43,125	\$43,125	\$43,125	\$43,125	\$43,125	\$43,125	\$43,125	\$43,125	\$43,125	\$43,125	\$539,062
Housekeeping Supplies	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,500
Accounting and Legal	\$3,018.75	\$3,018.75	\$3,018.75	\$3,018.75	\$3,018.75	\$3,018.75	\$3,018.75	\$3,018.75	\$3,018.75	\$3,018.75	\$3,018.75	\$3,018.75	\$3,018.75	\$37,734
Office Supplies	\$802	\$802	\$802	\$802	\$802	\$802	\$802	\$802	\$802	\$802	\$802	\$802	\$802	\$10,025
Social Service Supplies	\$1,247	\$1,247	\$1,247	\$1,247	\$1,247	\$1,247	\$1,247	\$1,247	\$1,247	\$1,247	\$1,247	\$1,247	\$1,247	\$15,587
Telephone/Internet	\$872.75	\$872.75	\$872.75	\$872.75	\$872.75	\$872.75	\$872.75	\$872.75	\$872.75	\$872.75	\$872.75	\$872.75	\$872.75	\$10,884
Property Taxes	\$265,105	\$265,105	\$265,105	\$265,105	\$265,105	\$265,105	\$265,105	\$265,105	\$265,105	\$265,105	\$265,105	\$265,105	\$265,105	\$3,313,812
Insurance	\$4,310	\$4,310	\$4,310	\$4,310	\$4,310	\$4,310	\$4,310	\$4,310	\$4,310	\$4,310	\$4,310	\$4,310	\$4,310	\$53,875
Medical Director	\$1,050	\$1,050	\$1,050	\$1,050	\$1,050	\$1,050	\$1,050	\$1,050	\$1,050	\$1,050	\$1,050	\$1,050	\$1,050	\$13,125
Consulting	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,500
Bed Taxes	\$5,475	\$5,475	\$5,475	\$5,475	\$5,475	\$5,475	\$5,475	\$5,475	\$5,475	\$5,475	\$5,475	\$5,475	\$5,475	\$68,437
Auto-Transport	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES		\$617,932	\$617,932	\$617,932	\$617,932	\$617,932	\$617,932	\$617,932	\$617,932	\$617,932	\$617,932	\$617,932	\$617,932	\$7,814,757
INCOME (LOSS) BEFORE OTHER EXPENSE (INCOME)		\$178,094	\$178,094	\$178,094	\$178,094	\$178,094	\$178,094	\$178,094	\$178,094	\$178,094	\$178,094	\$178,094	\$178,094	\$2,228,731
OTHER (EXPENSES) INCOME														
Depreciation and Amortization	\$525	\$525	\$525	\$525	\$525	\$525	\$525	\$525	\$525	\$525	\$525	\$525	\$525	\$6,562
Interest Income	\$69,509	\$69,509	\$69,509	\$69,509	\$69,509	\$69,509	\$69,509	\$69,509	\$69,509	\$69,509	\$69,509	\$69,509	\$69,509	\$868,861
Interest Expense	(\$155,452)	(\$155,452)	(\$155,452)	(\$155,452)	(\$155,452)	(\$155,452)	(\$155,452)	(\$155,452)	(\$155,452)	(\$155,452)	(\$155,452)	(\$155,452)	(\$155,452)	\$1,944,858
TOTAL OTHER (EXPENSES) INCOME		\$21,582	\$21,582	\$21,582	\$21,582	\$21,582	\$21,582	\$21,582	\$21,582	\$21,582	\$21,582	\$21,582	\$21,582	\$270,881
NET INCOME (LOSS)		\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$2,500,612
RETAINED EARNINGS - Beginning of Period		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
RETAINED EARNINGS - End of Period		\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$196,616	\$2,500,612

1120.210(b), AVAILABILITY OF FUNDS

A letter from the prospective lender, William Blair & Company, attesting to the expectation of making the loan in the amount and time indicated is attached.

ATTACHMENT-75b

William Blair & Company

May 14, 2010

Mrs. Pamela Shumway
Partners for Caring Development Inc.
112 Cary Street
Cary, IL. 60013

RE: Warrior's Gateway

Dear Ms. Shumway:

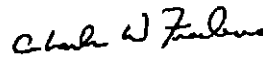
William Blair & Company is well experienced in funding not-for-profit nursing and supportive living facility ("SLF") projects across Illinois and neighboring states. For example, we have served as underwriter for Resthaven Christian Services, (one of the largest providers in Illinois), Lake Forest Place, (Presbyterian Homes), Little City Foundation (developmentally disabled), and numerous SLF providers (Blair Minton & Associates among others).

We have utilized tax-exempt nonprofit bonds supported by HUD mortgage issuance, or bank letters of credit and in many instances have underwritten the bonds supported only by the project and the first mortgage.

In the case of Transitional Living Services Project, we have examined the sources and uses of funds, the pro forma cash flows and the operational plan. We were pleased to find that the Project enjoys superior community support in the form of Tax Increment Financing from the City of Rockford and referral support from Hines VA Hospital as well as support from HUD. In addition, the land owners have expressed a willingness to work with the developer to make the Project a reality. Finally, as one of the largest underwriters of Illinois SLF projects, we can assure you that the SLF portion of the Project can stand on its own with regard to funding with or without credit enhancement.

In conclusion, we believe that the Project either as a whole or broken down into component parts will be underwritable and attractive to our bond buyers. We expect to underwrite one or two tax-exempt bond issues for this project in an amount of approximately \$34,000,000 in September 2010. We are pleased to be associated with your Project and are anxious to be of service.

Sincerely,



Chuck W. Freeburg

CWF/mjr

WILLIAM BLAIR & COMPANY, L.L.C.

222 WEST ADAMS STREET CHICAGO, ILLINOIS 60606 312.236.1600 www.williamblair.com Application Page 336

1120.210(c), OPERATING START-UP COSTS

A worksheet detailing the source and amount of the financial resources available to fund the operating start-up costs is attached.

ATTACHMENT-75C

Criterion 1120.210c Operating Start Up Costs

Warriors' Gateway

**PROJECTED STATEMENTS OF REVENUES, EXPENSES AND
CHANGES IN RETAINED EARNINGS**

Year 1	
SERVICE REVENUES	
Private	\$962,483
Medicaid	\$1,065,008
VA	\$3,339,606
Medicare	\$966,160
TOTAL SERVICE REVENUES	\$6,333,257
Less Vacancy	\$316,663
Net Income	\$6,016,595
OPERATING EXPENSES	
Management Fee	\$300,830
Administrator	\$83,200
Nursing Salaries:	\$0
RN	\$361,712
LPN	\$256,975
CNA	\$610,315
Rehab Aides	\$107,073
Nursing admin	\$218,400
Dietary Supervisor	\$33,280
Dietary	\$131,201
Activities	\$43,734
Laundry	\$29,520
Housekeeping	\$49,200
THERAPY EXPENSE	\$0
Maintenance	\$29,120
Social Service	\$108,080
Business Office/Clerical	\$70,200
Employee Benefits and payroll taxes	\$486,168
Therapy	\$931,536
Pharmacy	\$362,264
Medical Supplies	\$92,590
Medicare Ancillary	\$77,186
Raw Food	\$172,675
Dietary Supplies	\$19,222
Laundry	\$5,756
Utilities	\$149,474
Maintenance	\$50,000
Housekeeping Supplies	\$22,500
Accounting and Legal	\$24,000
Office Supplies	\$6,677
Social Service Supplies	\$10,098
Telephone/Internet	\$4,800
Property Taxes	\$256,140
Insurance	\$50,000
Medical Director and Physiatrist	\$30,000
Consulting	\$30,000
Bed Taxes	\$65,700
Auto-Transportation	\$5,986
TOTAL OPERATING EXPENSES	\$5,283,612
INCOME (LOSS) BEFORE OTHER EXPENSE (INCOME)	\$0 \$732,982
OTHER EXPENSES (INCOME)	\$0
Depreciation and Amortization	(\$674,213)
Interest Income	\$10,820
Interest Expense	(\$1,200,345)
TOTAL OTHER EXPENSES (INCOME)	(\$1,863,738)
NET INCOME (LOSS)	(\$1,130,756)

1120.310(e), TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

The total projected annual capital costs as defined in Part 1120.130(f) are attached on the following page.

1120.310(f), NON-PATIENT RELATED SERVICES

The project will be self-supporting and not result in increased charges to patients/residents. A breakdown of capital costs is also included on the following page.

Certificate of Financing at Lowest Net Cost Available

This statement is being filed pursuant to Section 1 120.310(b) of the Board's Rules (77 Ill. Adm. Code 1120.310). The undersigned are authorized representatives of the applicant and attest that the HUD 232 insured mortgage selected to finance the project is at the lowest net cost available.

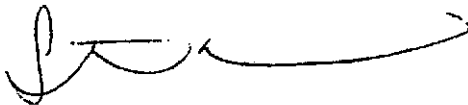
Dated this 13th day of May 2010:



Dated this 13th day of May 2010



Notary:





Criterion 1120.310(d) First full year of stabilized occupancy

Warriors' Gateway

Salaries	\$3,803,998
Supplies, Taxes, Contract	\$3,217,331
Benefits	\$1,900,246
Total Direct Costs	\$8,921,575

Year 3

Total patient days per year 41,610

Cost per day \$ 214.41

Criterion 1120.310 (e) To effect of the project on capital costs

Depreciation and Amortization	\$676,213
Interest	\$1,184,543
Property Tax	\$274,384

Total Annual Capital Cost \$2,135,140

Total patient days per year 41,610

Cost per day \$ 51.31

SAFETY NET IMPACT STATEMENT

This criterion does not apply.

ATTACHMENT-77

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