



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

52525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

<b>DOCKET NO:</b> I-6	<b>BOARD MEETING:</b> May 10, 2011	<b>PROJECT NO:</b> 11-013	<b>PROJECT COST:</b> Original: \$49,093,972
<b>FACILITY NAME:</b> Bel-Wood Nursing Home		<b>CITY:</b> Peoria	Current: \$
<b>TYPE OF PROJECT:</b> Substantive			<b>HSA:</b> II

**EXECUTIVE SUMMARY**

**PROJECT DESCRIPTION:**

- The County of Peoria (“County”) is proposing to discontinue a 300-bed skilled nursing facility, and establish a 214-bed, 145,126 GSF replacement facility; approximately 5 miles from the present site. The total cost of the project is \$49,093,972.

**WHY THE PROJECT IS BEFORE THE STATE BOARD:**

- The applicants are before the State Board because the applicants are proposing the discontinuation and establishment a category of service as defined by the State Board.

**PURPOSE OF THE PROJECT:**

- The purpose of the project is to improve the health and well-being of its existing patient population, and its patient population in the future. The County proposes to move Bel-Wood Nursing home to a more central location in Peoria, and help to reduce an excess of LTC beds in the planning area.

**REASON FOR THE PROJECT:**

- The project will provide a more modern home like environment for the residents and will be more centrally located in the City of Peoria thus providing greater access to the Medicaid population the facility serves.

**BACKGROUND/COMPLIANCE ISSUES:**

- The existing facility has a One Star rating from Medicare and the IDPH survey conducted on 02/10/2011 noted a failure to conduct background checks of residents. The facility is required to check for the individual's name on the Illinois Sex Offender Registration and the Illinois Department of Corrections sex registrant to determine if the individual is listed as a registered sex offender.

**FINANCIAL AND ECONOMIC FEASIBILITY:**

- The entirety of the project will be funded through Cash & Securities and a project-related bond issuance. The construction and contingency cost per bed is \$159,057 while the 2011 RS Mean’s construction and contingency cost per bed is \$82,400 per bed. The project costs have exceeded the State Board standards for site survey, construction and A& E fees.

**CONCLUSIONS:**

- The County of Peoria is discontinuing an aging 300 bed facility and replacing it with a 214 bed facility 5 miles from the current site. The County is reducing the excess beds in this planning area by 86 beds. (300 beds-214 beds=86 beds) leaving the planning area with an excess of 38 long term care beds (124 beds-86 beds =38 beds) in the planning area should this project be approved.

<b>State Board Standards Not Met</b>	
<b>Criteria</b>	<b>Reasons for Non-Compliance</b>
<b>1110.130 Discontinuation</b>	The applicant failed to submit impact letters from area facilities based on the current excess of LTC beds in HSA-02 (124 beds), and their proposal to reduce this overage by 84 beds. The applicant felt this was not germane to the project's scope.
<b>1110.1430 (b) Planning Area Need</b>	There is an excess of 124 long term care beds in this planning area
<b>1110.1430 (c) Unnecessary Duplication of Service/Maldistribution</b>	There are existing facilities in the planning area that are underutilized.
<b>1120.140(c): Reasonableness of Project and Related Costs</b>	The applicant provided project costs that exceeded State Standards for Site Survey/Site Preparation, New Construction Contingencies, and Architectural/Engineering Fees



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**STATE AGENCY REPORT**  
**Bel-Wood Nursing Home**  
**PROJECT #11-013**

APPLICATION SUMMARY	
Applicants(s)	County of Peoria
Facility Name	Bel-Wood Nursing Home
Location	Peoria
Application Received	February 18, 2011
Application Deemed Complete	February 24, 2011
Review Period Ended	April 25, 2011
Public Hearing Held	No
Can Applicants Request Deferral?	Yes
Review Period Extended by the State Agency?	No
Applicants' Modified the project?	No

**I. The Proposed Project**

The applicants propose to discontinue a 300 bed long term care facility and establish a modernized 214 bed facility as replacement for the current long term care facility. The cost of the project is \$49,093,972.

**II. Summary of Findings**

- A. The State Agency finds the proposed project does not appear to be in conformance with the provisions of Part 1110.**
- B. The State Agency finds the proposed project does not appear to be in conformance with the provisions of Part 1120.**

**III. General Information**

The applicant is the County of Peoria. The current facility is located at 6701 West Plank Road, West Peoria. The skilled nursing facility is located in HSA 2, and the Peoria County Long Term Care ("LTC") Planning Area. The 2008 LTC Data Summary lists 2 hospital-based units, and 6 free-standing Long Term Care (LTC) facilities in this LTC Planning area. **The March 2011 Inventory Update for General Long Term Care services shows an excess of 124 LTC beds in the planning area.**

The project is substantive and subject to Part 1110 and Part 1120 review. Obligation will occur after permit issuance. The anticipated project completion date is September 30, 2013.

### Summary of Support and Opposition Comments

An opportunity for a public hearing was offered on this project; however, no hearing was requested. The State Agency received 17 letters of support regarding this project and no letters of opposition. The letters of support urged the passage of the certificate of need application to maintain 150 years of the long term service in the County of Peoria.

Table One displays information pertaining to other LTC providers within a 45-minute travel radius. Data includes authorized beds, distance and travel times from the applicants' facility and respective occupancy rates. Data on authorized beds and occupancy rates were obtained from IDPH's 2009 Hospital and LTC profiles, distance and travel times were obtained from Map Quest, and the Medicare Star Rating was obtained from the Department of Health & Human Services' Medicare website ([www.medicare.gov](http://www.medicare.gov)). The data in the table is sorted by travel time.

As Table One shows, there are 31 other providers of LTC service in a 45-minute drive radius. Of the providers identified in Table One, 9 (29%), achieved the State Board's target utilization (90%) for 2009. The State Agency notes the applicant's facility has a 1-star Medicare rating, and reported 86.8% occupancy on the 2009 LTC profile.

TABLE ONE Facilities within 45 Minutes Travel Time						
Facility	City	Time (minutes)	Distance (miles)	Medicare Star Rating	Beds	Occupancy%
John C. Proctor Endow Home	Peoria	8	3.3	N/A	59	88.1 %
Sharon Health Care Woods	Peoria	8	3.5	5	152	95.7 %
Sharon Healthcare Willows	Peoria	8	3.6	4	219	92.4 %
Sharon Health Care Elms	Peoria	9	3.7	4	98	82.6 %
Sharon Health Care Pines	Peoria	9	3.7	5	116	92.4 %
Christian Buehler Memorial Home	Peoria	11	3.7	N/A	78	73 %
Proctor Memorial Hospital	Peoria	13	5.5	4	30	49.6 %
Rosewood Care Ctr. of Peoria	Peoria	13	6.4	4	120	63 %
Heartland of Peoria	Peoria	14	5.8	2	144	92.5 %
Fondulac Rehab & Health Care	East Peoria	16	7.2	2	98	79.9 %
Hawthorne Manor of Peoria	Peoria	16	7.7	4	50	86.8 %
Heartland of Riverview	East Peoria	16	8.2	4	71	89.7 %
Rosewood Care Ctr. East Peoria	East Peoria	17	8.6	3	120	62.9 %
Saint Clare Home	Peoria Heights	19	8.2	1	94	66.6 %
Bella Vista Care Center	Peoria Heights	20	8.7	2	110	75.3 %
The Lutheran Home	Peoria	21	9.6	4	85	90 %
Apostolic Christian Skylines	Peoria	21	9.7	5	57	92.2 %
Morton Villa Care Ctr.	Morton	21	13.4	1	106	70.4 %

TABLE ONE Facilities within 45 Minutes Travel Time						
Facility	City	Time (minutes)	Distance (miles)	Medicare Star Rating	Beds	Occupancy%
Morton Terrace	Morton	21	13.4	1	166	69.8 %
Apostolic Christian Restmore	Morton	24	13.6	4	116	92.3 %
Pekin Memorial Hospital	Pekin	28	12.1	4	27	44.2 %
Timbercreek Rehab & Healthcare	Pekin	28	12.9	1	202	59.2 %
Washington Christian Village	Washington	28	15.2	3	122	79.9 %
Hallmark House Nursing Ctr.	Pekin	31	13.2	4	71	86.1 %
Pekin Manor	Pekin	33	13.7	2	120	77.3 %
Apostolic Christian-Eureka	Eureka	35	22.1	5	105	93.8 %
Heritage Manor-Chillicothe	Chillicothe	35	23	3	110	89.2 %
Snyder Village	Metamora	36	20.5	4	105	91 %
Maple Lawn Health Care Ctr.	Eureka	37	23	3	89	82.6 %
Hopedale Nursing Home	Hopedale	39	27.1	N/A	74	59.8 %
Farmington Country Manor	Farmington	40	21.8	5	92	86.6 %
Source: Occupancy % 2009 IDPH LTC Profiles Time and Distance determined by MapQuest and adjusted per 77 IAC 1100.560 Star rating determined from <a href="http://www.Medicare.gov">www.Medicare.gov</a>						

**IV. The Proposed Project - Details**

The applicants propose to discontinue an existing 300-bed skilled care facility, located at 6701 West Plank Road, West Peoria, and re-establish 214 of these beds in a new facility at 2223 West Heading Avenue, Peoria. The new facility will be approximately 5 miles away, and the estimated cost of the project is \$49,093,972. The applicants note the existing and proposed facility has and will continue to be a county-owned, and will continue to accept patients regardless of their ability to pay.

**V. Project Costs and Sources of Funds**

The applicants' provided the project costs for both clinical and non-clinical aspects of the proposed project. Table Two shows the project costs and funding sources using these considerations.

TABLE TWO Project Costs and Source of Funds Project 11-013 Bel-Wood Nursing Home			
Use of Funds	Clinical	Non -Clinical	Total
Preplanning Costs	\$343,980	\$206,585	\$550,565
Site Survey & Soil Investigation	\$38,299	\$23,001	\$61,300
Site Preparation	\$2,264,762	\$1,360,154	\$3,624,916
Off Site Work	\$257,451	\$154,618	\$412,069
New Construction Contracts	\$19,315,393	\$11,600,290	\$30,915,683

<b>TABLE TWO</b>			
<b>Project Costs and Source of Funds</b>			
<b>Project 11-013 Bel-Wood Nursing Home</b>			
Contingencies	\$1,931,539	\$1,160,029	\$3,091,568
Architectural & Engineering Fees	\$2,148,007	\$1,290,034	\$3,438,041
Consulting & Other Fees	\$954,560	\$573,283	\$1,527,843
Moveable & Other Equipment	\$922,787	\$554,201	\$1,476,988
Bond Issuance Expense	\$334,255	\$200,745	\$535,000
Net Interest Expense During Construction	\$2,161,727	\$1,298,273	\$3,460,000
<b>Totals</b>	<b>\$30,672,762</b>	<b>\$18,421,210</b>	<b>\$49,093,972</b>
<b>Source of Funds</b>			
Cash & Securities	\$3,405,032	\$2,044,968	\$5,450,000
Bond Issues (Project Related)	\$27,267,730	\$16,376,242	\$43,643,972
<b>Total</b>	<b>\$30,672,762</b>	<b>\$18,421,210</b>	<b>\$49,093,972</b>

**VI. Cost/Space Requirements**

Table Three displays the project’s space requirements for the clinical and non-clinical portions of the project. The definition of non-clinical as defined in the Planning Act [20 ILCS 3960/3] states, “non-clinical service area means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving treatment at the health care facility.” The State Agency notes the project involves the relocation of an existing skilled care facility to a new facility, and no modernization or use of existing space will occur.

<b>TABLE THREE</b>			
<b>Space Requirements</b>			
Department/Area	Existing GSF	GSF of New Construction	Cost
<b>Clinical</b>			
Nursing	76,066	79,273	\$26,816,988
Living/Dining/ Activity	7,694	2,650	\$896,456
Kitchen/Food Service	4,180	3,152	\$1,066,275
P.T./O.T.	988	2,605	\$881,233
Laundry	2,554	2,207	\$746,595
Janitor Closets	245	784	\$265,216
<b>Total Clinical</b>	<b>91,727</b>	<b>90,671</b>	<b>\$30,672,763</b>
<b>Non-Clinical</b>			
Administrative	4,911	3,362	\$1,137,335
Employee Lounge/Locker	1,439	1,003	\$339,300

TABLE THREE Space Requirements			
Department/Area	Existing GSF	GSF of New Construction	Cost
Ice Cream Parlor	0	248	\$83,895
Mechanical	1,539	3,277	\$1,108,560
Lobby	155	670	\$226,651
Storage/Maintenance/Corridors	2,215	4,085	\$1,381,895
Toilets	384	591	\$199,927
Circulation	7,940	41,219	\$13,943,647
<b>Total Non-Clinical</b>	<b>18,583</b>	<b>54,455</b>	<b>\$18,421,210</b>
<b>TOTAL</b>	<b>107,310</b>	<b>145,126</b>	<b>\$49,093,972</b>

**V. Review Criterion 1110.130 - Discontinuation**

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

The applicants propose to discontinue a 300-bed skilled nursing facility (currently housing 210 residents), and re-establish 214 of these beds in a new LTC facility approximately five miles away in Peoria.

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

The Peoria County Board (applicants) proposes to only discontinue the 300-bed Long Term Care category of service at Bel-Wood Nursing Home, in Peoria. The applicants note this project is more appropriately identified as an off-site replacement project, based on plans to re-establish 214 long term care beds at a new facility in Peoria.

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

The applicants note the discontinuation of the 300-bed facility will occur immediately after the new facility is licensed, and residents are transferred to the replacement facility. The applicants anticipate this to occur in September 2013.

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

The County of Peoria (applicant) has considered several alternatives for the disposal/reutilization of the existing facility. The applicant is considering the reutilization of the building for administrative purposes,

or demolition of the entire facility. Regardless of the decision, the applicant is certain that the existing facility will not be reutilized as a long term care facility.

5. **Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.**

The applicant notes the medical records will continue to be retained/maintained in accordance with existing medical record retention/maintenance policy, and there will be no interruption in service.

6. **For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.**

The applicant notes that Bel-Wood Nursing Home will continue to operate as a 214-bed LTC facility in a new building, and will continue to complete all questionnaires and submit all data required by the State Board and IDPH in a manner consistent with Board/IDPH requirements.

#### **Reasons for Discontinuation**

**The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.**

The applicant notes the reason for discontinuation is based on the need to relocate the long term care facility to a more central location that is easily accessible to Medicaid residents, and provide a more modern/home-like atmosphere for these residents. The applicant conducted feasibility studies to determine if modernization would be a more viable alternative than replacement of the existing facility. The results of the study proved conclusively that facility replacement was the most financially viable alternative, and relocation of the facility to a more centrally located site was more beneficial to the Medicaid population that is presently served.

#### **Impact on Access**



**1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.**

The applicant notes the proposed project will not result in the cessation of any skilled care service, and instead provide the community with 214 skilled care beds in a new, up-to-date facility. The applicant also notes the proposed project will reduce the current LTC bed overage in Peoria County from 124 to 38. This bed overage is based on the March 2011 LTC Bed Inventory Update.

**2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.**

The applicant notes the proposed project will not have an adverse impact on the Peoria County service area, and will instead contribute to a reduction in the 124 bed excess in the Peoria County service area. The applicant notes the proposed bed reduction will not only reduce the bed overage from 124 to 38 LTC beds, but increase utilization at the facility to an estimated 95% operational capacity. Based on the existing, and continuing bed overage in Peoria County, the applicant felt the need for impact statements from area facilities was not germane to the project's scope.

**3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.**

The applicants did not provide copies of impact statements sent to area facilities, due to the fact that the proposed project will relocate 214 of the existing 300 beds to a modernized facility, and reduce the current excess of 124 LTC beds in the Peoria County service area to 38 beds. Based on these overages, the applicants felt this item was not germane to the project's scope. The State Agency notes this criterion requires impact letters be sent to facilities within a 45-minute radius of the applicant's facility, and copies of these letters and any responses be provided in the application. The absence of these letters has resulted in a negative finding for this criterion.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE DISCONTINUATION REVIEW CRITERION (77 IAC 1110.130)**

**VIII. Project Purpose, Background and Alternatives**

**A. Criterion 1110.230(a) - Background of Applicant**

The criterion:

*“An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character, to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFPB shall consider whether adverse action 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 application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").”*

The applicant provided licensure and certification information as required, and the State Agency notes the existing facility is the only LTC facility owned/operated by the County of Peoria. The applicant has provided representations attesting that no adverse actions have been taken against Bel-Wood Nursing Home, and the State Agency can access any and all information to determine whether adverse actions have been taken against the applicant. The applicant provided all the necessary information required to address this criterion.

**B. Criterion 1110.230(b) - Purpose of the Project**

The criterion states:

*“The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.*

- 1) The applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to

address or solve. Information to be provided shall include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project. Examples of such information include:

- A) The area's demographics or characteristics (e.g., rapid area growth rate, increased aging population, higher or lower fertility rates) that May affect the need for services in the future;
  - B) The population's morbidity or mortality rates;
  - C) The incidence of various diseases in the area;
  - D) The population's financial ability to access health care (e.g., financial hardship, increased number of charity care patients, changes in the area population's insurance or managed care status);
  - E) The physical accessibility to necessary health care (e.g., new highways, other changes in roadways, changes in bus/train routes or changes in housing developments).
- 2) The applicant shall cite the source of the information (e.g., local health department Illinois Project for Local Assessment of Need (IPLAN) documents, Public Health Futures, local mental health plans, or other health assessment studies from governmental or academic and/or other independent sources).
  - 3) The applicant shall detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being. Further, the applicant shall provide goals with quantified and measurable objectives with specific time frames that relate to achieving the stated goals.
  - 4) For projects involving modernization, the applicant shall describe the conditions being upgraded. For facility projects, the applicant shall include statements of age and condition and any regulatory citations. For equipment being replaced, the applicant shall also include repair and maintenance records."

According to the applicant, the purpose of the project is to improve the health and well-being of its existing patient population, and its patient population in the future. The applicant proposes to move Bel-Wood Nursing home to a more central location in Peoria, one that is more

accessible to its Medicaid population, and help reduce the current coverage of LTC beds in the Peoria County Planning Area. **The State Agency notes the proposed project will result in a reduction of 86 LTC beds from the current coverage of 124 LTC beds in Peoria County, leaving an excess of 38 skilled care beds in the planning area.**

The State Agency concurs with the 124-bed excess in the Peoria County Planning Area, and acknowledges the proposed project will reduce the bed coverage in this service area to 38 beds. All data supplied by the State Agency was obtained from the March 2011 Update to the Inventory of Health Care Facilities and Need Determination.

### **C. Criterion 1110.230 (c) Alternatives to the Proposed Project**

**The criterion states:**

**“The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.**

- 1) Alternative options shall be addressed. Examples of alternative options include:**
  - A) Proposing a project of greater or lesser scope and cost;**
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;**
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and**
  - D) Other considerations.**
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This May vary by project or situation.**

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

The applicant considered the following three alternatives:

1. **A Project of Greater or Lesser Scope and Cost**

Under this alternative, the applicant considered the following options:

**Renovate Plus Addition:** The applicant identified a price range for this alternative from \$26,601,214 to 29,443,809. This cost assumes the addition of newly constructed square footage will replace the loss of resident rooms that resulted from the moving of walls in the existing facility to meet minimum nursing facility standards. The applicant notes the inadequacy of this alternative is based on continued patient access issues by utilizing the current site, and the physical plant deficiencies that will continue to exist if the present facility is utilized. The applicant also notes the current facility is nearing the end of its useful life, and an equitable investment into its renovation would be fiscally imprudent.

**Replace 214 beds on the proposed site (proposed project):** The applicant notes the total estimated project cost of this alternative to be \$47,887,300. The applicant identified this option as most viable based on the improved patient access, enhanced quality of patient life/services, and the financial benefits of establishing a new, centrally located facility.

**Replace 214 beds on Catholic Charities Site:** The applicant estimated the cost of this alternative to be \$46,161,000. It is noted this alternative is less costly, and provides similar benefits related to patient access. However, this alternative was rejected on the basis that higher land costs at the Catholic Charities site has resulted in an inability to negotiate a sales contract, and the lack of flexibility with the building site made the rejection of this alternative necessary.

**Replace 174 beds on the proposed site:** This alternative has a total projected cost of \$43,256,000, which is less than the proposed project. However, this alternative was rejected due to its potential to displace existing residents from the facility, and create a need for two skilled nursing beds in the service area. The potential to displace residents and create a bed shortage in the service area resulted in the applicant's decision to reject this alternative.

**Replace 174 beds on the Catholic Charities Site:** This alternative has a project cost of \$41,540,200, but was rejected based on land costs, an inflexibility associated with site development, and the potential to displace existing residents of Bel-Wood Nursing Home.

2. **Pursue a Joint Venture or Similar Arrangement with Another Provider**

The applicant rejected this alternative, based on the fact that the proposed project is a combination of relocation and downsizing designed to "right size" the State's Inventory of skilled care beds in the planning area, and enhance the health care services offered by Peoria County to its residents. The applicant notes its predominance in serving the skilled care need of the planning area, and is merely refocusing its efforts to provide comprehensive nursing services to residents of its service area. **No cost was provided for this alternative.**

3. **Utilize Other Health Care Resources to Serve All or a Portion of the Population.**

The applicant notes the current facility is considered a "County Home" that will not turn away a resident based on their financial resources. Thus, the applicant simply wishes to adjust its bed inventory, relocate to a more central location, and renovate its facility, making the need to utilize other resources inapplicable. **The applicants rejected this alternative, and no cost was provided for this alternative.**

The applicant has supplied the information requested in accordance with this criterion.

IX. **Project Scope and Size, Utilization and Unfinished/Shell Space**

A. **Criterion 1110.234(a) - Size of Project**

**The criterion states:**

**“The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards of Appendix B, unless the additional GSF can be justified by documenting one of the following:**

- 1) Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;**
- 2) The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;**
- 3) The project involves the conversion of existing bed space that results in excess square footage.”**

The applicant notes the project proposes to discontinue an existing 300-bed LTC facility, and establish another 214-bed LTC facility approximately five miles away in a more central location of Peoria. The total square footage of the proposed project is 145,126 square feet, with the total clinical gross square feet being 90,671 GSF or 423 GSF/bed (See Table Four). The current State Board standard is 435-713 BGSF per bed, which was effective April 2010. A positive finding can be made for this criterion.

**TABLE FOUR  
 Project #11-013 Bel-Wood Nursing Home**

<b>Departments</b>	<b>Unit of Measure</b>	<b>State Standard/Unit of Measure</b>	<b>State Standard GSF</b>	<b>Proposed GSF</b>	<b>Difference</b>	<b>Meets Standards</b>
Nursing Care Beds	214 beds/ 423 GSF per bed	435-713 BGSF/Bed	152,582	90,671 GSF	61,911	Yes

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE SIZE OF PROJECT - REVIEW CRITERION (77 IAC 1110.234(A)).**

**B. Criterion 1110.234(b) Project Services Utilization**

**The criterion states:**

**“This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has not established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100. The applicant shall document that, in the second year of**

**operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in Appendix B.”**

The State Board standard for LTC utilization is 90%. The applicant projects the following occupancy rates for the first two years after project completion. (See Table Five)

TABLE FIVE		
Year	Capacity*	% Occupancy
2013	209	98.1%
2014	203	95%
*100% capacity: 214		

**THE STATE AGENCY FINDS THE PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT UTILIZATION CRITERION. - REVIEW CRITERION (77 IAC 1110.234(B)).**

**VIII. Section 1110.1730 General Long Term Care - Review Criteria**

**A) Criterion 1110.1730 (b) - Planning Area Need**

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

**1) 77 Ill. Adm. Code 1100 (formula calculation)**

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

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

**2) Service to Planning Area Residents**

**A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.**



- B) Applicants proposing to add beds to an existing general long term care service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.
- C) Applicants proposing to expand an existing general long term care service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) **Service Demand - Establishment of General Long Term Care**  
The number of beds proposed to establish a new general long term care service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new long term care (LTC) facility, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and subsection (b)(3)(B) or (C).

- A) **Historical Referrals**  
If the applicant is an existing facility and is proposing to establish this category of service, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient LTC facility.
- B) **Projected Referrals**  
An applicant proposing to establish a category of service or establish a new LTC facility shall submit the following:
  - i) Hospital referral letters that attest to the number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;
  - ii) An estimated number of patients the hospital will refer annually to the applicant's facility within a 24-

month period after project completion. The anticipated number of referrals cannot exceed the hospital's experienced LTC caseload;

- iii) Each referral letter shall contain the Chief Executive Officer's notarized signature, the typed or printed name of the referral resources, and the referral resource's address; and
- iv) Verification by the hospital that the patient referrals have not been used to support another pending or approved CON application for the subject services.

5) **Service Accessibility**

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

A) **Service Restrictions**

The applicant shall document that at least one of the following factors exists in the planning area, as applicable:

- i) The absence of the proposed service within the planning area;
- ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;
- iii) Restrictive admission policies of existing providers;
- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;
- v) For purposes of this subsection (b)(5) only, all services within the 45-minute normal travel time

**meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.**

**1) 77 Ill. Adm. Code 1100 (formula calculation)**

The applicant notes there is a calculated excess of 124 long term care beds in the Peoria County Planning Area, according to the March 2011 LTC Update. **However, the proposed project calls for the discontinuation of a 300-bed skilled nursing facility and the replacement of 214 long term care beds already included in the bed need inventory. Therefore the approval of this application will reduce the excess bed capacity in the service area from 124 to 38 skilled care beds. In turn, the proposed bed reduction combined with an average daily census of 210 residents at Bel-Wood Nursing Home would effectively elevate the starting utilization capacity of the replacement facility to 98%.**

**2) Service to Planning Area Residents**

The applicant attests that the existing facility has served the residents of the service area by operating at the occupancy standards outlined in Table 7. The applicants note the proposed project will actually reduce the number of LTC beds at the facility from 300 to 214, and reduce the excess bed count in the Peoria County service area from 124 to 38 LTC beds. In the application, the applicant speculates the bed historical utilization, combined with the reduction of 86 beds, will result in the facility operating at a capacity of 98%. The applicant notes that it has historically served the residents of Peoria County, and provided evidence that shows 85% of the patient population originates from within the service area. The applicant notes that as a County Nursing Home, their mission will remain unchanged, and that the move to a more central location within the City of Peoria, will improve accessibility to a population that stands to benefit the most from the proposed project.

**3) Service Demand - Establishment of General Long Term Care**

Contingent with the discontinuation/relocation of Bel-Wood Nursing Home, the applicant proposes to reduce its bed complement from 300 to 214 LTC beds and reduce the excess bed count in the Peoria County Planning Area from 124 to 38 LTC beds. The applicant speculates the proposed bed reduction combined with the existing patient population that would transfer to the new facility will result in start-up utilization figures of 98%, which exceed the State standard (90%). The State Agency notes that if the proposed project is approved by the State Board, an excess of 38 LTC beds will still exist in Peoria County planning area.

4) **Service Accessibility**

The applicant notes the 214 LTC beds are simply replacement beds, and not newly established beds. The applicant has supplied historical utilization data which indicates the applicant facility has the potential to exceed the State Board minimum upon project completion. (See Table 6).

TABLE SIX Historical Utilization Figures, Bel-Wood Nursing Home					
	Service	Patient Days	Historical Utilization	State Standard	Met Standard?
2007	LTC	99,280	90.7%	90%	Yes
2008	LTC	97,820	89.1%	90%	No
2009	LTC	94,998	86.8%	90%	No
2010	LTC	83,311	76%	90%	No

There is an excess of long term care beds in this planning area therefore the establishment of a new facility is not warranted.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE PLANNING AREA NEED - REVIEW CRITERION (77 IAC 1110.1730(b)).**

B) **Criterion 1110.1730 (e) - Unnecessary Duplication/Maldistribution**

1) **The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:**

- A) **A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;**
- B) **The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and**
- C) **The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.**

- 2) **The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:**
  - A) **A ratio of beds to population that exceeds one and one-half times the State average;**
  - B) **Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or**
  - C) **Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.**
  
- 3) **The applicant shall document that, within 24 months after project completion, the proposed project:**
  - A) **Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and**
  - B) **Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.**

The applicant identified 29 other LTC facilities in a 30-minute drive radius, and the State Agency identified 31 other facilities in a 45-minute drive radius (See Table One). The applicant addressed all requirements of this criterion by supplying the names and addresses of these facilities, with zip codes and Mapquest calculations showing drive time and distance (Application p 439-469). The applicant also notes it is unlikely that the proposed transaction would affect current utilization rates for these facilities, because the project proposes to replace its existing 300 LTC bed LTC facility with 214 beds in a new, more modern replacement facility, reducing the excess of inventory of LTC beds in HSA-02 from 124 to 38. According to the State Agency findings, it appears that 22 of the 31 LTC facilities (71%) in a 45-minute radius are operating below the 90% operational capacity. Underutilized beds exist in the planning area; therefore establishment of the new facility may result in a maldistribution of service in the planning area.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE UNNECESSARY DUPLICATION/MALDISTRIBUTION REVIEW CRITERION (77 IAC 1110.1730(e)).**

- g) Staffing Availability – Review Criterion**  
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

The applicant notes the existing skilled care facility is already fully staffed, and maintains a staffing pattern for 234 operational beds. The applicant expects all current staff to transfer to the new facility, and because the proposed facility will contain 214 LTC beds, the applicant does not anticipate any staffing shortages.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE STAFFING AVAILABILITY REVIEW CRITERION (77 IAC 1110.1730(g)).**

- h) Performance Requirements – Facility Size**  
The maximum size of a general long term care facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c – Long-Term Care Facilities) over a two-year period of time.

The existing Bel-Wood Nursing Home Facility is a 300-bed facility with an operational capacity for 234 LTC beds. The applicant proposes to replace the existing 300-bed facility with a modernized, more centrally located, 214-bed LTC facility, which in turn, would significantly reduce a 124 bed excess in HSA-02 to an excess of 38 LTC beds. No additional bed licenses are being requested as part of the proposed project, and this criterion is inapplicable.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE FACILITY SIZE CRITERION (77 IAC 1110.1730(h)).**

**i) Community Related Functions – Review Criterion**

The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from such organizations.

The applicant supplied 7 letters from individuals and businesses from within the community, and in surrounding areas, expressing support for the project. A positive finding can be made for this criterion.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE WITH THE COMMUNITY RELATED FUNCTIONS CRITERION (77 IAC 1110.1730(i)).**

**j) Zoning – Review Criterion**

The applicant notes the proposed zoning of the property for a long-term care facility has been accepted by the community at large, and the County is awaiting final approval from the West Peoria City Council, (application, p. 579).

**THE STATE AGENCY FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE WITH THE ZONING CRITERION (77 IAC 1110.1730(j)).**

**k) Assurances**

1) The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

2) For beds that have been approved based upon representations for continuum of care (subsection (c)) or defined population (subsection (d)), the facility shall provide assurance that it will maintain admissions limitations as specified in those subsections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFPB will be required.

The applicant provided the required signed documents to satisfy the Assurances Review criterion 1110.1730(k) (application, p. 598).

**THE STATE AGENCY FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE WITH THE ASSURANCES REVIEW FUNCTIONS CRITERION (77 IAC 1110.1730(k)).**

**IX. Criterion 1120.120 – Availability of Funds**

**The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources.**

The applicant is funding the proposed project with cash and securities of \$5,450,000, and bond issuances totaling \$43,643,972. The applicant has supplied proof of an “A” bond rating from Moody’s Investors Services (application p. 580). Therefore, the applicant is not required to address this criterion.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO MEET THE REQUIREMENTS FOR THE AVAILABILITY OF FUNDS CRITERION (77 IAC 1120.120 (a)).**

**X. 1120.130 - Financial Viability**

**a) Financial Viability Waiver**

**The applicant is NOT required to submit financial viability ratios if:**

- 1) all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or**

**HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.**

- 2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA), or its equivalent; or**

**HFSRB NOTE: MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.**



- 3) **the applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.**

The applicant is funding the proposed project with cash and securities of \$5,450,000, and bond issuances totaling \$43,643,972. The applicant has supplied proof of an "A" bond rating from Moody's Investors Services (application p. 580). Therefore, the applicant is not required to address this criterion.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT MEETS THE REQUIREMENTS FOR THE FINANCIAL VIABILITY CRITERION (77 IAC 1120.130 (a))**

### **XIII. 1120.140 - Economic Feasibility**

#### **a) Reasonableness of Financing Arrangements**

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

- 1) **That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or**
- 2) **That the total estimated project costs and related costs will be funded in total or in part by borrowing because:**
  - A) **A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or**
  - B) **Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.**

The applicant is funding the proposed project with cash and securities of \$5,450,000, and bond issuances totaling \$43,643,972. Therefore, the applicant is not required to address this criterion.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO MEET THE REQUIREMENTS FOR THE REASONABLENESS OF FINANCING ARRANGEMENTS CRITERION (77 IAC 1120.140)**

**b) Conditions of Debt Financing**

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

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

The applicant has supplied the necessary verification to meet the needs of this criterion (application, p. 588).

**THE STATE AGENCY FINDS THE PROPOSED PROJECT MEETS THE REQUIREMENTS OF THE TERMS OF DEBT FINANCING CRITERION (77 IAC 1120.140(b))**

**c) Reasonableness of Project and Related Costs**

**The applicant shall document that the estimated project costs are reasonable and shall document compliance with the following:**

- 1) Preplanning costs shall not exceed the standards detailed in Appendix A of this Part.**
- 2) Total costs for site survey, soil investigation fees and site preparation shall not exceed the standards detailed in Appendix A unless the applicant documents site constraints or complexities and provides evidence that the costs are similar to or consistent**

with other projects that have experienced similar constraints or complexities.

- 3) Construction and modernization costs per square foot shall not exceed the standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.

**HFSRB NOTE:** Construction and modernization costs (i.e., all costs contained in construction and modernization contracts) plus contingencies shall be evaluated for conformance with the standards detailed in Appendix A.

- 4) Contingencies (stated as a percentage of construction costs for the project's stage of architectural development) shall not exceed the standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.

**HFSRB NOTE:** Contingencies shall be limited in use for construction or modernization (line item) costs only and shall be included in construction and modernization cost per square foot calculations and evaluated for conformance with the standards detailed in Appendix A. If, subsequent to permit issuance, contingencies are proposed to be used for other component (line item) costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by HFSRB prior to that use.

- 5) New construction or modernization fees and architectural/engineering fees shall not exceed the fee schedule standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.
- 6) The costs of all capitalized equipment not included in construction contracts shall not exceed the standards for equipment as detailed in Appendix A unless the applicant documents the need for additional or specialized equipment due to the scope or complexities of the services to be provided. As

documentation, the applicant must provide evidence that the costs are similar to or consistent with other projects of similar scope and complexity, and attest that the equipment will be acquired at the lowest net cost available, or 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.

- 7) **Building acquisition, net interest expense, and other estimated costs shall not exceed the standards detailed in Appendix A. If Appendix A does not specify a standard for the cost component, the applicant shall provide documentation that the costs are consistent with industry norms based upon a comparison with previously approved projects of similar scope and complexity.**
  
- 8) **Cost Complexity Index (to be applied to hospitals only)  
The mix of service areas for new construction and modernization will be adjusted by the table of cost complexity index detailed in Appendix A.**

Preplanning Costs – These costs total \$343,980, or 1.6% of construction and contingency costs. This appears reasonable compared to the State standard of 1.8%.

Site Survey / Site Preparation and Soil Investigation – These costs total \$2,303,061, or 10.8% of construction and contingency costs. This appears **high** compared to the State standard of 5.0%.

Off-Site Work – These costs total \$257,451. The State Board does not have a standard for this cost.

New Construction and Contingency Costs – This cost is \$21,246,932 or \$234.33 per GSF. This appears **high** when compared to the adjusted State Board standard of \$194.50 per GSF.

Contingencies – This cost is \$1,931,539 or 9.9% of construction cost. This appears reasonable when compared to the State Board standard of 10%.

Architectural and Engineering Fees – This cost is \$2,148,007 or 10.1% of new construction and contingency costs. This appears **high** when compared to the State Board standard of 5.52% to 8.28%.

Consulting and Other Fees – These costs total \$954,560. The State Board does not have a standard for this cost.

Moveable Equipment - These costs total \$922,787 or \$4,312 per bed. This cost appears reasonable when compared to the State Board standard of \$6,491 per bed.

Bond Issuance Expense - These costs total \$334,255. The State Board does not have a standard for this cost.

Net Interest Expense During Construction - These costs total \$2,161,727. The State Board does not have a standard for this cost.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COST CRITERION (77 IAC 1120.140 (c)).**

**d) Projected Operating Costs**

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

The applicant projects \$168.13 as the capital cost per patient day for the first year of operation. The State Board does not have a standard for this cost.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT OPERATING REVIEW CRITERION (77 IAC 1120.140 (d)).**

**e) Total Effect of the Project on Capital Costs**

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

The applicant projects \$53.84 as the operating cost per equivalent patient day for the first year of operation. The State Board does not have a standard for this cost.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS REVIEW CRITERION (77 IAC 1120.140 (e)).**

**BELWOOD NURSING HOME**6701 WEST PLANK ROAD  
PEORIA, IL. 61604Reference Numbers Facility ID 6000814  
Health Service Area 002 Planning Service Area 143Administrator  
Matthew Nieukirk**Contact Person and Telephone**BECKY POLHEMUS  
309-697-4541**Registered Agent Information**Date  
Completed  
4/29/2010**FACILITY OWNERSHIP**

COUNTY

**CONTINUING CARE COMMUNITY**

No

**LIFE CARE FACILITY**

No

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social	0
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 'I'***RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	8
Blood Disorders	4
*Nervous System Non Alzheimer	12
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	4
Circulatory System	25
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	39
Injuries and Poisonings	99
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	245

**Total Residents Diagnosed as Mentally Ill** 0**LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS****ADMISSIONS AND DISCHARGES - 2009**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	
Nursing Care	300	300	269	300	245	55	50	300	269	148
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	300	300	269	300	245	55	50	300		
									Total Admissions 2009	148
									Total Discharges 2009	172
									Residents on 12/31/2009	245
									Identified Offenders	2

**FACILITY UTILIZATION - 2009****BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	6123	33.6%	70216	64.1%	0	0	18659	0	94998	86.8%	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	6123	33.6%	70216	64.1%	0	0	18659	0	94998	86.8%	86.8%

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009**

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	3	0	0	0	0	0	0	0	3	0	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	10	15	0	0	0	0	0	0	10	15	25
75 to 84	12	63	0	0	0	0	0	0	12	63	75
85+	25	114	0	0	0	0	0	0	25	114	139
TOTALS	51	194	0	0	0	0	0	0	51	194	245

**BELWOOD NURSING HOME**6701 WEST PLANK ROAD  
PEORIA, IL. 61604

Reference Numbers Facility ID 6000814

Health Service Area 002 Planning Service Area 143

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	179	0	0	50	0	245
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>16</b>	<b>179</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>245</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	220	0	0	0	220
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>245</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>245</b>

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	245	0	0	0	245
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>245</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>245</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	29.00
Certified Aides	84.00
Other Health Staff	0.00
Non-Health Staff	64.00
<b>Totals</b>	<b>186.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.7%	66.7%	0.0%	1.9%	14.6%	100.0%		0.0%
2,999,851	11,957,028	0	340,640	2,616,393	17,913,912	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



# 11-013 Bel-Wood Nursing Home - Peoria

