

ORIGINAL

11-013

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- May 2010 Edition

ORIGINAL SIGNATURES

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

FEB 18 2011

Facility/Project Identification

Facility Name: Bel-Wood Nursing Home	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: 2223 West Heading Avenue		
City and Zip Code: West Peoria		
County: Peoria	Health Service Area: 2	Health Planning Area: Peoria (143)

Applicant /Co-Applicant Identification

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

Exact Legal Name: County of Peoria
Address: 324 Main Street, Peoria, Illinois 61602
Name of Registered Agent:
Name of Chief Executive Officer: Thomas H. O'Neill, III
CEO Address: 324 Main Street, Room 502, Peoria, Illinois 61602
Telephone Number: (309) 672-6056

Type of Ownership of Applicant/Co-Applicant

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

- 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.

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

Primary Contact

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

Name: Charles H. Foley
Title: Health Care Consultant
Company Name: Charles H. Foley & Associates, Inc.
Address: 1638 South MacArthur Boulevard
Telephone Number: (217) 544-1551
E-mail Address: foley.associates@sbcglobal.net
Fax Number: (217) 544-3615

Additional Contact

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

Name: Michael A. Scavotto
Title: President
Company Name: Management Performance Associates
Address: Woods Mill Towers, 14323 South Outer Forty, Suite 501 South, Chesterfield, MO 63017
Telephone Number: (314) 434-4227
E-mail Address: mas@healthcareperformance.com
Fax Number: (314) 434-4337

Post Permit Contact

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

Name: Scott A. Sorrell
Title: Assistant to the County Administrator
Company Name: County of Peoria
Address: 324 Main Street, Room 502, Peoria, Illinois 61602
Telephone Number: (309) 672-6052
E-mail Address: ssorrel@peoriacounty.org
Fax Number: (309) 672-6054

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: County of Peoria
Address of Site Owner: 324 Main Street, Peoria, Illinois 61602
Street Address or Legal Description of Site: 2223 West Heading Avenue
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of Intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: County of Peoria
Address: 324 Main Street, Peoria, Illinois 61602
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<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. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov 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.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

<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 type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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2. Narrative Description

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

The Applicant is the County of Peoria, i.e., the Peoria County Board. They are proposing a bed-for-bed off-site replacement (with a net reduction of 86 beds) of the nearly 44 year old structure known as Bel-Wood Nursing Home. Therefore, this project will discontinue the existing Bel-Wood Nursing Home and establish a new category of service to be known as Bel-Wood Nursing Home. However, no operations currently known as Bel-Wood Nursing Home will cease as they will only change location. This long-term care facility is considered a "county home"; as such its mission statement is:

"Bel-Wood Nursing Home is a skilled care facility serving the elderly of Peoria County. As an agency of Peoria County, Bel-Wood serves the residents and infirm of Peoria County in a dignified, compassionate, homelike environment regardless of their financial resources. Bel-Wood strives to provide these services at the lowest appropriate cost."

The existing facility has 300 Skilled nursing care beds of which 50 beds are currently certified for Medicare and 250 beds are certified as Medicaid. This facility is located at 6701 West Plank Road, Peoria. It provides its services in approximately 110,310 gross square feet (hereafter know as GSF) or 383 GSF per bed.

The proposed facility will reestablish 214 Skilled care beds of which 168 will be certified for Medicaid and 86 beds will be certified for Medicare (40 dual certified beds) to be located at 2223 West Heading Avenue, Peoria. Therefore, the net result in total beds will be a decrease of 86 beds. The proposed structure will have 145,126 GSF or 678 GSF per bed. It will offer 42 or 20 percent of its resident rooms as private accommodations; however, all resident rooms will have their own bath room. Furthermore, 47 percent of the double occupancy rooms will be in a "T" concept furthering the mission of providing more privacy in a homelike environment.

Although this is a replacement project, it is on a new site; therefore, the project is considered "for the establishment of a new health care facility". Moreover, the project cost is in excess of the Certificate of Need Review thresholds for capital expenditures to be made by a long-term care provider. Therefore, in accordance with the parameters of this project as provided, they do not coincide with those of an "Emergency" review or "Non-Substantive" review classification, thus this project is considered as Substantive per part 1110.40 of the rules.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$343,980	\$206,585	\$550,565
Site Survey and 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
Modernization Contracts	0	0	0
Contingencies	\$1,931,539	\$1,160,029	\$3,091,568
Architectural/Engineering Fees	\$2,148,007	\$1,290,034	\$3,438,041
Consulting and Other Fees	\$954,560	\$573,283	\$1,527,843
Movable or Other Equipment (not in construction contracts)	\$922,787	\$554,201	\$1,476,988
Bond Issuance Expense (project related)	\$334,255	\$200,745	\$535,000
Net Interest Expense During Construction (project related)	\$2,161,727	\$1,298,273	\$3,460,000
Fair Market Value of Leased Space or Equipment	0	0	0
Other Costs To Be Capitalized	0	0	0
Acquisition of Building or Other Property (excluding land)	0	0	0
TOTAL USES OF FUNDS	\$30,672,762	\$18,421,210	\$49,093,972
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$3,405,032	\$2,044,968	\$5,450,000
Pledges	0	0	0
Gifts and Bequests	0	0	0
Bond Issues (project related)	\$27,267,730	\$16,376,242	\$43,643,972
Mortgages	0	0	0
Leases (fair market value)	0	0	0
Governmental Appropriations	0	0	0
Grants	0	0	0
Other Funds and Sources	0	0	0
TOTAL SOURCES OF FUNDS	\$30,672,762	\$18,421,210	\$49,093,972
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Clinical costs are 62.5% of total project cost to be in line with percentage of clinical square footage.

Non-clinical costs are 37.5% of total project cost to be in line with percentage of non-clinical square footage.

Related Project Costs

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

Land acquisition is related to project	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase Price:	\$ <u>775,000</u>	
Fair Market Value:	\$ _____	
The project involves the establishment of a new facility or a new category of service		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 \$ <u>N/A</u>		

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input checked="" type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>September, 2013</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input type="checkbox"/> All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area DGSF or the building/area BGSF and cost. The type of gross square footage either DGSF or BGSF must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE	-	-	-	-	-	-	-
Nursing	\$26,816,988	76,066	79,273	79,273	0	0	0
Living/Dining/Activity	\$896,456	7,694	2,650	2,650	0	0	0
Kitchen/Food Service	\$1,066,275	4,180	3,152	3,152	0	0	0
P.T./O.T.	\$881,233	988	2,605	2,605	0	0	0
Laundry	\$746,595	2,554	2,207	2,207	0	0	0
Janitor Closets	\$265,216	245	784	784	0	0	0
Total Clinical	\$30,672,762	91,727	90,671	90,671	0	0	0
NON REVIEWABLE							
Office/Administration	\$1,137,335	4,911	3,362	3,362	0	0	0
Employee Lounge/ Locker/Training	\$339,300	1,439	1,003	1,003	0	0	0
Ice Cream Parlor	\$83,895	-	248	248	0	0	0
Mechanical/Electrical	\$1,108,560	1,539	3,277	3,277	0	0	0
Lobby	\$226,651	155	670	670	0	0	0
Storage/Maintenance Corridor/Public Toilets	\$1,381,895	2,215	4,085	4,085	0	0	0
Toilets	\$199,927	384	591	591	0	0	0
Circulation	\$13,943,647	7,940	41,219	41,219	0	0	0
Total Non-clinical	\$18,421,210	18,583	54,455	54,455	0	0	0
TOTAL	\$49,093,972	110,310	145,126	145,126	0	0	0

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year** for which the data are available. **Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Bel-Wood Nursing Home		CITY: Peoria			
REPORTING PERIOD DATES: From: January 2010 to: December 2010					
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	300	143	83,311	-300 +214	214
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	300	143	83,311	-300 +214	214

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 County of Peoria 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.

Thomas O'Neill, III
 SIGNATURE
Thomas O'Neill, III
 PRINTED NAME
County Board Chair
 PRINTED TITLE
man

James C. Dillon
 SIGNATURE
JAMES C DILLON
 PRINTED NAME
County Board member
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 10th day of February, 2011

Virginia Pearl
Signature of Notary

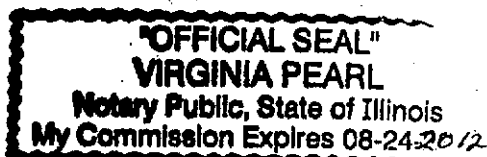
Seal

Notarization:
Subscribed and sworn to before me this 10th day of February, 2011

Virginia Pearl
Signature of Notary

Seal

*Insert EXACT legal name of the applicant



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

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

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

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative.
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

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

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

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

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.

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

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

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE

Provide the following information:

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

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

ASSURANCES: NOT GERMANE

Submit the following:

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

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

I. Criterion 1110.1730 - General Long Term Care

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

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

Indicate # of beds changed by

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> General Long Term Care	300	214

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X				
1110.1730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X			
1110.1730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X				
1110.1730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X			
1110.1730(b)(5) - Planning Area Need - Service Accessibility	X				
1110.1730(c)(1) - Description of Continuum of Care				X	
1110.1730(c)(2) - Components				X	
1110.1730(c)(3) - Documentation				X	
1110.1730(d)(1) - Description of Defined Population to be Served					X
1110.1730(d)(2) - Documentation of Need					X
1110.1730(d)(3) - Documentation Related to Cited Problems			X		
1110.1730(e)(1) - Unnecessary Duplication of Services	X				
1110.1730(e)(2) - Maldistribution	X				
1110.1730(e)(3) - Impact of Project on Other Area Providers	X				
1110.1730(f)(1) - Deteriorated Facilities			X		
1110.1730(f)(2) & (3) - Documentation			X		
1110.1730(f)(4) - Utilization			X		

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(g) - Staffing Availability	X	X		X	X
1110.1730(h) - Facility Size	X	X	X	X	X
1110.1730(i) - Community Related Functions	X		X	X	X
1110.1730(j) - Zoning	X		X	X	X
1110.1730(k) - Assurances	X	X	X	X	X
APPEND DOCUMENTATION AS <u>ATTACHMENT-28</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.					

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

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

Appended as ATTACHMENT-39 is a copy of the Applicant's Moody's Aa2 bond rating.

VIII. - 1120.120 - Availability of Funds – NOT APPLICABLE

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

	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
		TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability – NOT APPLICABLE

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

Financial Viability Waiver

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

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through Internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

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

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

X. 1120.140 - Economic Feasibility – NOT APPLICABLE

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

This item is not germane to General Long-Term Care facilities

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

This item is not germane to General Long-Term Care facilities

Charity Care information MUST be furnished for ALL projects.

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

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

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

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	23-28
2	Site Ownership	31-33
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	34
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	35-37
5	Flood Plain Requirements	38-42
6	Historic Preservation Act Requirements	43-54
7	Project and Sources of Funds Itemization	80
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9	Cost Space Requirements	
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12	Purpose of the Project	146-176
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	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
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22	Acute Mental Illness	
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32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
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37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	582-587
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	
43	Safety Net Impact Statement	
44	Charity Care Information	

SECTION 1. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Applicant/Co-Applicant Identification

The Applicant of Bel-Wood Nursing Home is the **County of Peoria, Illinois** and therefore, control lies with the Peoria County Board. As this entity is a governmental entity, a Certificate of Good Standing is not germane. However, to document that the **County of Peoria, Illinois** is not only the Applicant but that it also has made the determination to proceed with the proposed project, appended as **ATTACHMENT-1A** is a copy of the County Ordinance approving the project and the financing of the proposed project.

ATTACHMENT-1

AN ORDINANCE AUTHORIZING THE ISSUANCE OF GENERAL OBLIGATION ALTERNATE REVENUE SOURCE BONDS OF THE COUNTY OF PEORIA, ILLINOIS, FOR THE PURPOSE OF FINANCING A NEW PEORIA COUNTY NURSING HOME

PREAMBLES

WHEREAS, the County Board (the "**Corporate Authorities**") of the County of Peoria, Illinois (the "**County**") has determined that it is advisable, necessary and in the best interests of the County's public health, safety and welfare to finance the acquisition, construction, and installation of facilities and improvements constituting a new Peoria County nursing home, and related facilities, improvements and costs (collectively, the "**Project**") to be constructed in the most advantageous location, both geographically and demographically for Medicaid eligible seniors; and

WHEREAS, the County operates in accordance with the provisions of the Counties Code [Section 5/1-1001 *et seq.* of Chapter 55 of the Illinois Compiled Statutes, as supplemented and amended, including by the Local Government Debt Reform Act (collectively, the "**Act**")], and is entitled to receive **(A)** a certain distributive revenue a share of proceeds of the: **(i)** Retailers' Occupation Taxes, Service Occupation Taxes, Use Taxes and Service Use Taxes (collectively, "**General Sales Taxes**"); and **(ii)** public facilities sales taxes under Section 5-1006.5 of the Counties Code (collectively, "**Public Facilities Sales Taxes**") **((i)** and **(ii)**, collectively, and subject to any prior lien or pledge, "**Sales Taxes**"), imposed, collected, received and distributed pursuant to applicable law, and **(B)** receipts from a referendum approved county nursing home property tax under Section 5-21001 of the Counties Code (55 ILCS 5/5-21001) (the "**County Nursing Home Tax**"); and

WHEREAS, the estimated cost of the Project, including necessary interest, design, legal, financial, bond discount, printing and publication costs and other expenses preliminary to and in connection with the Project is anticipated not to exceed the sum of \$51,000,000, which is to be paid from proceeds of the hereinafter described alternate bonds, being general obligation in lieu of revenue bonds as authorized by Section 15 of the Local Government Debt Reform Act, but nevertheless expected to be paid from receipts of one or more of General Sales Taxes, Public Facilities Sales Taxes and the County Nursing Home Tax, rather than by any levy of taxes; and

WHEREAS, costs of the Project are expected to be paid from available funds therefor and from proceeds from the sale of alternate bonds, to be payable from Sales Taxes and issued pursuant to the Act, this ordinance and one or more ordinances supplemental to this ordinance authorizing and providing for the issuance of such alternate bonds, prescribing the details of such alternate bonds and providing for the collection, segregation and distribution of one or more of General Sales Taxes, Public Facilities Sales Taxes and the County Nursing Home Tax in lieu of any levy of general taxes; and

WHEREAS, the County has insufficient funds to pay costs of the Project and, therefore, must borrow money and issue alternate Bonds in evidence thereof, at one time or from

time to time and in one or more series, up to the aggregate principal amount of \$51,000,000 for such purposes, pursuant to and in accordance with the provisions of the Act.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNTY BOARD OF THE COUNTY OF PEORIA, ILLINOIS, as follows:

Section 1. Incorporation of Preambles and Determination to Issue Bonds.

The Corporate Authorities hereby find that all of the recitals contained in the preambles to this ordinance are true, complete and correct and hereby incorporate them into this Section 1 of this ordinance by this reference thereto. It is necessary and in the best interests of the County to undertake the Project for the public health, safety and welfare, and that for the purpose of financing the Project there are hereby authorized to be issued and sold, at one time or from time to time, including as the Project may proceed in phases, general obligation bonds (General Sales Taxes and/or Public Facilities Sales Tax and/or the County Nursing Home Tax alternate revenue source(s)) of the County in an aggregate principal amount up to but in any event not to exceed \$51,000,000 (howsoever styled, the "Bonds"). The alternate revenue source to pay debt service on the Bonds is receipts of one or more of General Sales Taxes and/or Public Facilities Sales Tax and/or the County Nursing Home Tax.

Section 2. Publication and Notice. After the adoption and approval of this ordinance by the Corporate Authorities, this ordinance, preceded by the notice hereinafter described, shall be published in a newspaper (as described in the Notice by Publication Act) published in Peoria County, Illinois, and of general circulation within the County, and if no petition, signed by not less than the number of electors of the County being equal to the greater of (i) 7.5% of the registered voters within the County or (ii) 200 of those registered voters or 15% of those registered voters, whichever is less, asking that the Project be undertaken and of issuing the alternate Bonds to pay the costs of the Project be submitted to the electors of the County, is filed with the County Clerk within thirty (30) days after the date of the publication of this ordinance, preceded by a notice conforming with the provisions of the Local Government Debt Reform Act, then this ordinance shall be in full force and effect and the Bonds shall be authorized to be issued. If such a petition is filed, an election on the question shall be held as set forth in a form of notice complying with Section 15 of the Local Government Debt Reform Act and not inconsistent with this ordinance, and this ordinance shall not become effective until such question shall have been duly approved by a majority of the votes cast on the question at the election held as set forth in such form of notice. The County Clerk shall have available and provide a form of petition to any person requesting one. The County Clerk shall give notice of the foregoing provisions as set forth in substantially the form of such notice as is presented before the meeting of the Corporate Authorities at which this ordinance is adopted, subject to completion and modification to conform with the Local Government Debt Reform Act.

Section 3. Additional Ordinances. If no petition meeting the requirements of applicable law is filed as provided above in Section 2, or if the question is approved as above set forth, then the Corporate Authorities in accordance with and pursuant to the Act may adopt additional ordinances or other proceedings supplemental to or amending this ordinance, at one time or from time to time as the Project may proceed in phases, providing for the issuance and sale of up to but in any event not to exceed the amount of the alternate Bonds set forth above,

prescribing the details of such alternate Bonds, and providing for a levy of taxes and the collection, segregation and distribution of, as applicable, Sales Taxes, Public Facilities Sales Taxes and the County Nursing Home Tax for the payment of the alternate Bonds issued. Such additional or supplemental ordinances or other proceedings shall in all instances become effective in accordance with applicable law; and this ordinance, together with such supplemental and additional ordinances or other proceedings, shall constitute complete authority for the issuance of the alternate Bonds under applicable law.

Section 4. Severability and Repealer. If any section, paragraph, clause or provision of this ordinance shall be held invalid, the invalidity of such section, paragraph, clause or provision shall not affect any of the other provisions of this ordinance. All ordinances, resolutions or orders, or parts thereof, in conflict with the provisions of this ordinance are to the extent of such conflict hereby repealed.

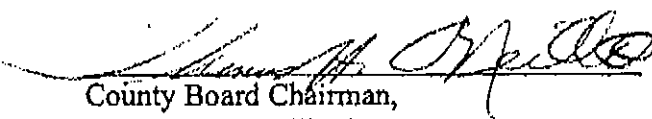
Upon motion by Dillon, seconded by Mayer, adopted, this 12th day of August, 2010, by roll call vote, as follows.

Voting "yes" (names): Baietto, Bartolo, Dillon, Hester, Mayer, O'Neill, Pearson, Phelan, Prather, Rand, Salzer and Sous.


Voting "no" (names): Elsasser, Harding, Morris, Trumpe and Widmer

Other (names): Watkins absent

Approved: August 12, 2010:


County Board Chairman,
Peoria County, Illinois

Attest:


County Clerk, as *ex officio* clerk to the
County Board, Peoria County, Illinois

**NOTICE OF INTENT TO ISSUE BONDS
AND RIGHT TO FILE PETITION**

Notice is hereby given that pursuant to an authorizing ordinance adopted August 12, 2010 (the "Ordinance"), The County of Peoria, Illinois (the "County"), intends to issue its alternate bonds (the "Bonds") at one time or from time to time as funds are needed up to the amount of but in any event not to exceed \$51,000,000 in aggregate principal amount, bearing interest at not to exceed the rate limitation provided by law, for the purpose of paying the costs of to finance the acquisition, construction, and installation of facilities and improvements constituting a new Peoria County nursing home, and related facilities, improvements and costs (collectively, the "Project"). The Bonds are to be paid from receipts of one or more of General Sales Taxes, Public Facilities Sales Taxes and the County Nursing Home Tax (as defined in the Ordinance), as the alternate revenue source(s), and not from any levy of general taxes.

In addition, notice is hereby given that if a petition signed by not less than 9,849 electors of the County [being equal to the greater of (i) 7.5% of the registered voters in the County or (ii) 200 of those registered voters or 15% of those registered voters, whichever is less], requesting that the question of the issuance of the Bonds for the Project be submitted to the County Clerk within thirty (30) days of the date of publication hereof and of the above Ordinance, the question of the issuance of such Bonds for the Project shall be submitted to the electors of the County at the consolidated primary election to be held on February 22, 2011, if such question can be and is presented at such election, and otherwise at the next election at which such question could be presented under the general election laws. A form of petition is available to any person requesting one in the County Clerk's office.

/s/ R. Steve Sonnemaker
County Clerk, Peoria County,
Illinois

Note to publisher: The full text of the ordinance is to follow the above notice. Please check with R. Steve Sonnemaker, County Clerk ((309) 672-6059) as to any blanks in the notice or ordinance. Send your publication statement to The County of Peoria, 324 Main Street – Room 101, Peoria, IL 61602 Attention: County Clerk, and send two certificates of publication and published text to Evans, Frochlich, Beth & Chamley, 44 Main Street, Third Floor, Champaign, Illinois, 61820.

NOTICE

The County Board of The County of Peoria will hold a public hearing on September 9, 2010 at 6:00 p.m. The hearing will be held in the County Board's meeting room in the Peoria County Courthouse, 324 Main Street, in Peoria, Illinois. The purpose of the hearing will be to receive public comments on the proposal to sell bonds in the amount of up to \$51,000,000 for the purpose of financing the acquisition, construction, and installation of facilities and improvements constituting a new Peoria County nursing home, and related facilities, improvements and costs.

By: /s/ R. Steve Sonnemaker _____

Title: County Clerk

Note to Publisher: The above notice is to be published one time at least 7 days before the hearing, but not prior to 30 days before the hearing. The publication may be in the "legals" or "classified" section of the paper. **NO SPECIAL BORDER IS REQUIRED FOR THIS PUBLICATION. DO NOT USE ANY SPECIAL BORDER.** Please send your statement to:

The County of Peoria
Peoria County Courthouse
324 Main Street
Peoria, Illinois 61602
Attn: County Clerk

and send two publication certificates (and text) to Evans, Froehlich, Beth & Chamley, 44 E. Main Street, Suite 310, Champaign, Illinois 61820-3649.

PUBLISHER: DO NOT PRINT THE FOLLOWING:

County Board Chairman's Approval and Order Setting Public Hearing:

The undersigned, County Board Chairman of the above County hereby approves and orders the setting of the above Bond Issue Notification Act hearing.

Date: August 26, 2010


County Board Chairman

When signed by the County Board Chairman, please fax back to Evans, Froehlich, Beth & Chamley at 217/359-6468.

Site Ownership

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

The Applicant, the County of Peoria, Illinois currently owns the existing site (6701 West Plank Road, Peoria) and holds an option to purchase the proposed site (2223 West Heading Avenue, Peoria). It should be noted that the existing site is part of a larger Peoria County complex, therefore, this site will remain in the Applicant's possession and repurposed for other county uses. The proposed site, will allow the County's nursing home to be freestanding and separate from its existing neighbor the Peoria County Jail. Appended as **ATTACHMENT-2A**, is a copy of the option to purchase agreement.

ATTACHMENT-2

The Cross Baptist Church, of 2223 West Heading Avenue, West Peoria, Peoria County, Illinois, optionor, gives an option to purchase real property under the terms below to the County of Peoria, 324 Main Street, Peoria County, Illinois, optionee.

Section 1. Grant of Option

Optionor, in consideration of Thirty Eight Thousand Seven Hundred Fifty Dollars (\$38,750.00) paid by optionee to optionor, Sixty Six Thousand Two Hundred Fifty Dollars (\$66,250.00) loaned to optionor by optionee, and Eighty Five Thousand Dollars (\$85,000.00) and other real estate (PIN #18-07-228-032 and PIN# 18-07-228-033) from other sources, grants to optionee the exclusive right and option to purchase, on the following terms and conditions. Receipt of One Hundred Five Thousand Dollars (\$105,000) is hereby acknowledged by optionor, with the understanding that the Eighty Five Thousand Dollars (\$85,000) and other real estate cited above is to be provided by another entity at a later date and failure to tender that amount at the time of execution of this agreement does not invalidate this agreement. The real property subject to this option agreement is located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois, described as follows: Lots 5 and 6 in DOBBINS' SUBDIVISION of the Southeast Quarter of Section 6, Township 8 North, Range 8 East of the Fourth Principal Meridian, situated in the County of Peoria and State of Illinois;

EXCEPTING THEREFROM all that part conveyed by Warranty Deed recorded May 25, 1971 as document no. 71-07211, more particularly described as follows:

A part of lots 5 and 6 of DOBBIN'S SUBDIVISION in the Southeast Quarter of Section 6, Township 8 North, Range 8 East of the Fourth Principal Meridian, described in detail as follows: Beginning at the point of intersection of the existing Southerly right of way line of State Bond Issue Route 8 (Farmington Road) and the Westerly line of said Lot 6, said point being 55.7 feet, more or less, normally distant Southwesterly from the centerline pavement in place of said Route 8; running thence Easterly 208.5 feet, more or less, to a point 40.0 feet normally distant Southwesterly from the said center line of said Route 8 at Station 29+61; thence Southeasterly 261.0 feet, more or less, parallel to the said center line of said Route 8 to a point 40.0 feet normally distant Southwesterly from the said center line of said Route 8 at Station 27+00; thence Southeasterly 211.9 feet, more or less, to a point 110 feet normally distant Southwesterly from the said center line of said Route 8 at Station 25+00; thence Easterly 11.9 feet, more or less, parallel to the said center line of said Route 8 to a point on the Easterly line of said lot 5, said point being 110.0 feet normally distant Southwesterly from the said center line of said center line of said Route 8; (the last four mentioned courses are distances being along the existing Southerly right of way line of said Route 8 as recorded in Book 399 at page 476 at the County Recorder's Office of Peoria County.) Thence Northwesterly 168.4 feet, more or less, to a point 125.0 feet normally distant Southwesterly from the Survey line of Federal Aid Route 9 at Station 276+64.47; thence Northwesterly 433.4 feet, more or less, to a point 145.0 feet normally distant Southwesterly from the said center line of said Route 8 at Station 30+88.72, said point being also 124.80 feet radially distant

Southeasterly from the said Survey line of said Route 9 at Station 272+19.28; thence Southwesterly 65.2 feet, more or less, to a point on the Westerly line of said lot 6, said point being 160.0 feet normally distant Southwesterly from the said center line of said Route 8 and 133.38 feet radially distant Southwesterly from the said Survey line of said Route 9; thence Northerly 105.7 feet, more or less, along the Westerly line of said Lot 6 to the Point of Beginning; situated in the County of Peoria and State of Illinois.

COMMONLY KNOWN AS: 2223 West Heading Avenue, West Peoria, Illinois

P.I.N.: 18-06-404-006 and 18-06-404-007, together with improvements, consisting of a building and a parking area.

Any improvements salvaged by optionor shall not be included in this grant of option and optionor may retain salvage title.

Section 2. Option Period

The term of this option will start on the date both parties sign this document, and continue until the County obtains a Certificate of Need from the Health Facilities Planning Board for a nursing home facility and an additional 180 days beyond the date the Certificate of Need is obtained. If the Certificate of Need is not obtained within 18 months of signing this document, the option to purchase will expire.

Section 3. Purchase Price

The full purchase price of the property is Seven Hundred Seventy Five Thousand Dollars (\$775,000), which will be payable as provided below if optionee elects to exercise this option.

Section 4. Application of Consideration to Purchase Price

If optionee purchases the property described in this option, the consideration paid for this option will be applied to the purchase price of the property.

Section 5. Exercise of Option

Optionee may exercise this option by giving optionor written notice, signed by optionee, before the option's expiration date. Within 30 days after receipt of notice, but no sooner than May 31, 2011 optionor will deliver to optionee, against payment of the purchase price, a Warranty Deed to the property. Tender of optionee's valid certified check for the total purchase price less any amount already paid by optionee and to be credited to optionee, will constitute a sufficient tender. In the event optionee exercises this option, the amount loaned to optionor will be applied to the purchase price and the obligation to repay that amount will be cancelled.

Section 6. Proof of Title

Optionor will at optionor's expense, furnish optionee a policy of title insurance, written by a title insurer acceptable to optionee. Title to the property must be insured to be free and clear of all defects except those specifically mentioned below.

Title to the property will be conveyed free and clear of all encumbrances, except those specifically listed as follows:

1. Easement in favor of Central Illinois Light Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded filed as document no. 68-15037.
2. Easement in favor of the Greater Peoria Sanitary and Sewage Disposal District, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed in Book 508, page 179.
3. Matters of Survey shown on the Survey Plat of the Real Property prepared by Consolidated Land Surveying, Inc. dated February 17, 2005.
4. Rights of the public, the State of Illinois and the municipality in and to that part of the land, if any, taken or used for road purposes.
5. All applicable zoning laws and building ordinances relating to the Real Property, and
6. All easements, restrictions, reservations, conditions and covenants of record as of the date of this agreement.

Real property taxes on the property, whether a lien or not, to be assessed for the year in which this transaction is completed will be prorated between the parties to the deed's delivery date. No taxes are expected to be due but in the event that any taxes are due, such taxes will be prorated. If taxes are not ascertainable at delivery of the deed, the prior year's taxes will be used as a basis of proration. All special assessments and special ad valorem levies, if any, will be paid by optionor. If it appears optionee is unable to obtain necessary permits to construct and maintain a nursing home, buildings, driveways, approaches and equipment to operate its business on the property, optionee may terminate this option and be under no obligation to complete the purchase.

Section 7. Failure to Exercise Option

If optionee does not exercise this option before it expires, this option and the rights of optionee will automatically terminate without notice. If optionee fails to exercise this option, optionor will retain the Thirty Eight Thousand Seven Hundred Fifty Dollars

Section 8. Notices

All notices provided for in this instrument will be deemed delivered when deposited in the United States mail with sufficient postage affixed, properly addressed to the party's above listed address, or when delivered personally to the party.

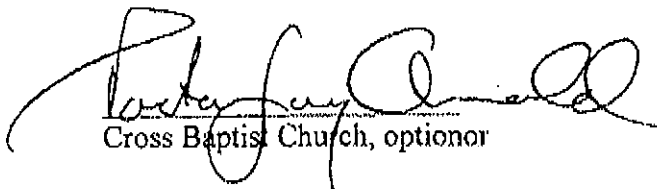
Section 9. Time of Essence

Time is of the essence of this option.

Section 10. Binding Effect

This option will be binding on and will inure to the benefit of the parties and their heirs, successors or assigns.

The optionor and optionee have executed this option in the City of Peoria, County of Peoria, Illinois, on December 7, 2010.


Cross Baptist Church, optionor


County of Peoria, optionee

This instrument was prepared by William W. P. Atkins, Assistant State's Attorney, 324 Main St., Peoria, Illinois 61602.

Operating Identity/Licensee

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the State in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

The Applicant who is the operator/licensee is also the County of Peoria, Illinois, i.e., Peoria County Board. This structure will remain upon completion of the proposed replacement project and for the foreseeable future.

Organizational Relationships

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

The organization as it relates to control of Bel-Wood Nursing Center's control is simply the County of Peoria, Illinois, via the Peoria County Board. Appended as **ATTACHMENT-4A**, is a listing of the County of Peoria, Illinois Board members.

ATTACHMENT-4

THE PEORIA COUNTY BOARD

324 MAIN ST., ROOM 502

PEORIA, ILLINOIS 61602

(309) 672-6056

(309) 672-6054

CHAIRMAN, THOMAS H. O'NEILL, III
VICE-CHAIRPERSON, CAROL A. TRUMPE

<p>HON. MARY ARDAPPLE 414 W. Altorfer Lane Peoria, IL 61615 District 11 - Republican (2012) Cell: 657-8722 Email: mardapple@peoriacounty.org</p>	<p>HON. BONNIE J. HESTER 2215 W. Butler St Peoria, IL 61605 District 1 - Democrat (2012) Residence: 676-1596 Email: bhester@peoriacounty.org</p>
<p>HON. ROBERT E. BAIETTO 6211 N. Chad Court Peoria, IL 61615 District 12 - Republican (2012) Residence: 691-3734 Email: rbaietto@sbcglobal.net</p>	<p>HON. G. ALLEN MAYER 3300 N Isabell Ave Peoria, IL 61604 District 6 - Democrat (2012) Residence: 685-1495 Email: amayer@peoriacounty.org</p>
<p>HON. JAMES C. DILLON 2613 W. Belle Vista Court West Peoria, IL 61604 District 7 - Democrat (2012) Residence: 637-7721 Email: jdillon@peoriacounty.org</p>	<p>HON. STEPHEN MORRIS 5516 N. Briarcrest Ct Peoria, IL 61614 District 10 - Republican (2012) Business: 671-4555 Cell: 453-9691 Email: smorris@peoriacounty.org</p>
<p>HON. BRIAN ELSASSER 330 S. Kennedy Princeville, IL 61559 District 14 - Republican (2012) Residence: 385-1173 Email: belsasser@frontier.net</p>	<p>HON. THOMAS H. O'NEILL, III 4908 W. Wanda Bartonville, IL 61607-1568 District 17 - Democrat (2012) Business: 494-8886 Residence: 697-9546 Email: toneill@peoriacounty.org</p>
<p>HON. JAMES T. FENNELL 98 N Second St. Chillicothe IL 61523 District 13 - Republican (2012) Home: 274-5583 Business: 274-2145 Fax: 274-2147 Email: jfennell@peoriacounty.org</p>	<p>HON. RACHAEL PARKER 2101 N. Bigelow St Peoria, IL 61604 District 5 - Democrat (2012) Residence: 688-5990 Cell: 648-2946 Email: raparker@peoriacounty.org</p>
<p>HON. BRAD HARDING 1024 N. Moran Road Trivoli, IL 61569 District 16 - Republican (2012) Residence: 362-2313 Email: 4hfarm@gmail.com</p>	<p>HON. LYNN SCOTT PEARSON 1201 N.E. Madison Peoria, IL 61603-4141 District 3 - Democrat (2012) Residence: 673-3853 Email: pearsonlscott@sbcglobal.net</p>

<p>HON. MICHAEL PHELAN 1513 E. Moneta Avenue Peoria Heights, IL 61614 District 9 - Democrat (2012) Cell: 363-4804 Email: mpheLAN@peoriacounty.org</p>	<p>HON. PHILLIP SALZER 3101 N. Old Trail Road Peoria, IL 61604 District 8 - Democrat (2012) Cell: 251-4868 Email: psalzer@peoriacounty.org</p>
<p>HON. ANDREW A. RAND 1230 W. Moss Avenue Peoria, IL 61606 District 4 - Democrat (2012) Business: 494-6215 Residence: 637-3843 Email: arand@peoriacounty.org</p>	<p>HON. CAROL A. TRUMPE 6904 W. Challacombe Rd. Edwards, IL 61528-9739 District 15 - Republican (2012) Residence: 243-7273 Email: ctrumpe@peoriacounty.org</p>
<p>HON. PAUL ROSENBOHM 1400 S. Cameron Lane Peoria, IL 61607 District 18 - Republican (2012) Home: 697-0963 Business: 697-0963 Email: prosenbohm@peoriacounty.org</p>	<p>HON. WILLIAM (JUNIOR) WATKINS, JR. 125 S.W. Jefferson Peoria, IL 61601 District 2 - Democrat (2012) Residence: 674-0566 Email: wwatkins@peoriacounty.org</p>

G:\Administration\OFFICE\OTHER LISTS\County Board 2011.doc

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.hfsrb.illinois.gov>).

The proposed site is not located in a special flood hazard area. Specifically, the Applicant had Hanson Professional Services, Inc provide the mapping and determination as to the flood plain requirements. Their data is appended as **ATTACHMENT-5A**.

ATTACHMENT-5



Engineering Architecture Planning Allied Services

Hanson Professional Services Inc.
7025 N. University St., Suite 200
Peoria, IL 61614
(309) 691-0902
Fax: (309) 681-1327
www.hanson-inc.com

January 26, 2011

Mr. Richard S. McClelland
Larson & Darby Group
4949 Harrison Avenue, Suite 100
Rockford, Illinois 61125-0207

Dear Rich:

The Bel-Wood (BW2) project at 2223 West Heading Avenue in West Peoria, Illinois (Permanent Identification Numbers 18-07-228-032 and 18-07-228-033), as proposed, lies within a Zone C (areas of minimal flooding) as shown on Panel 175 of 200 (Community Panel Number 170533 0175 B) of the Flood Insurance Rate Map of Peoria County, Illinois (unincorporated areas), effective February 15, 1980, and revised June 1, 1983, and prepared by the Federal Emergency Management Agency.

The referenced Flood Insurance Rate Map, extracted from www.fema.gov, as of the date above, is attached to this letter. Also attached is a map of the proposed project improvements showing the areas of 100-year flood.

Please contact our office with any questions.

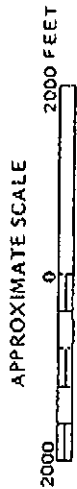
Sincerely,

HANSON PROFESSIONAL SERVICES INC.

Andrew D. Canopy, PE, PLS
Project Manager

Enclosures: FEMA FIRMette Map, Proposed Project Map

cc: Mr. Michael A. Scavotto
Mr. Gary Kobes



NATIONAL FLOOD INSURANCE PROGRAM

FIRM FLOOD INSURANCE RATE MAP

COUNTY OF
PEORIA,
ILLINOIS
(UNINCORPORATED AREAS)

PANEL 175 OF 200

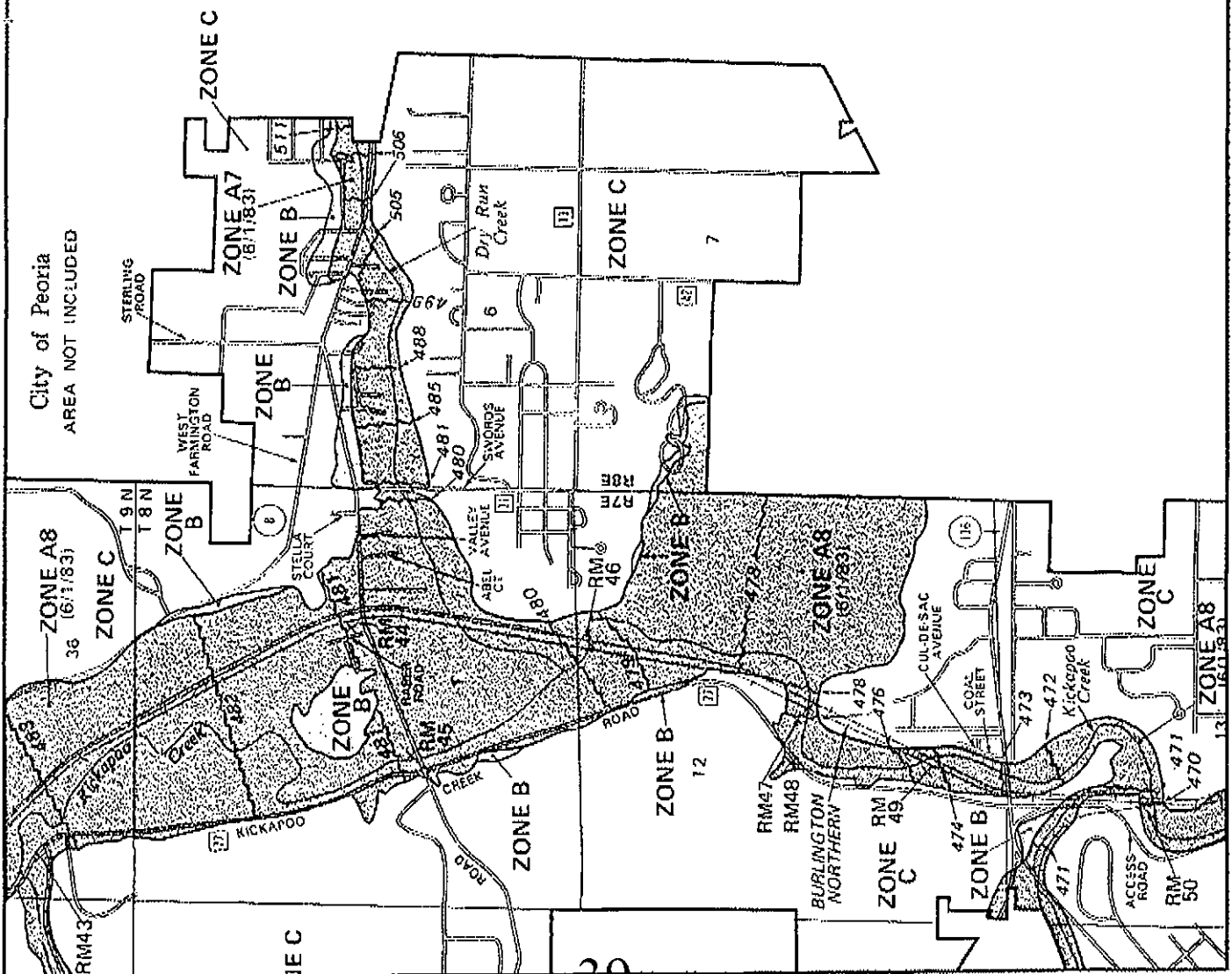
COMMUNITY-PANEL NUMBER
170533 0175 B

MAP REVISED:
JUNE 1, 1983

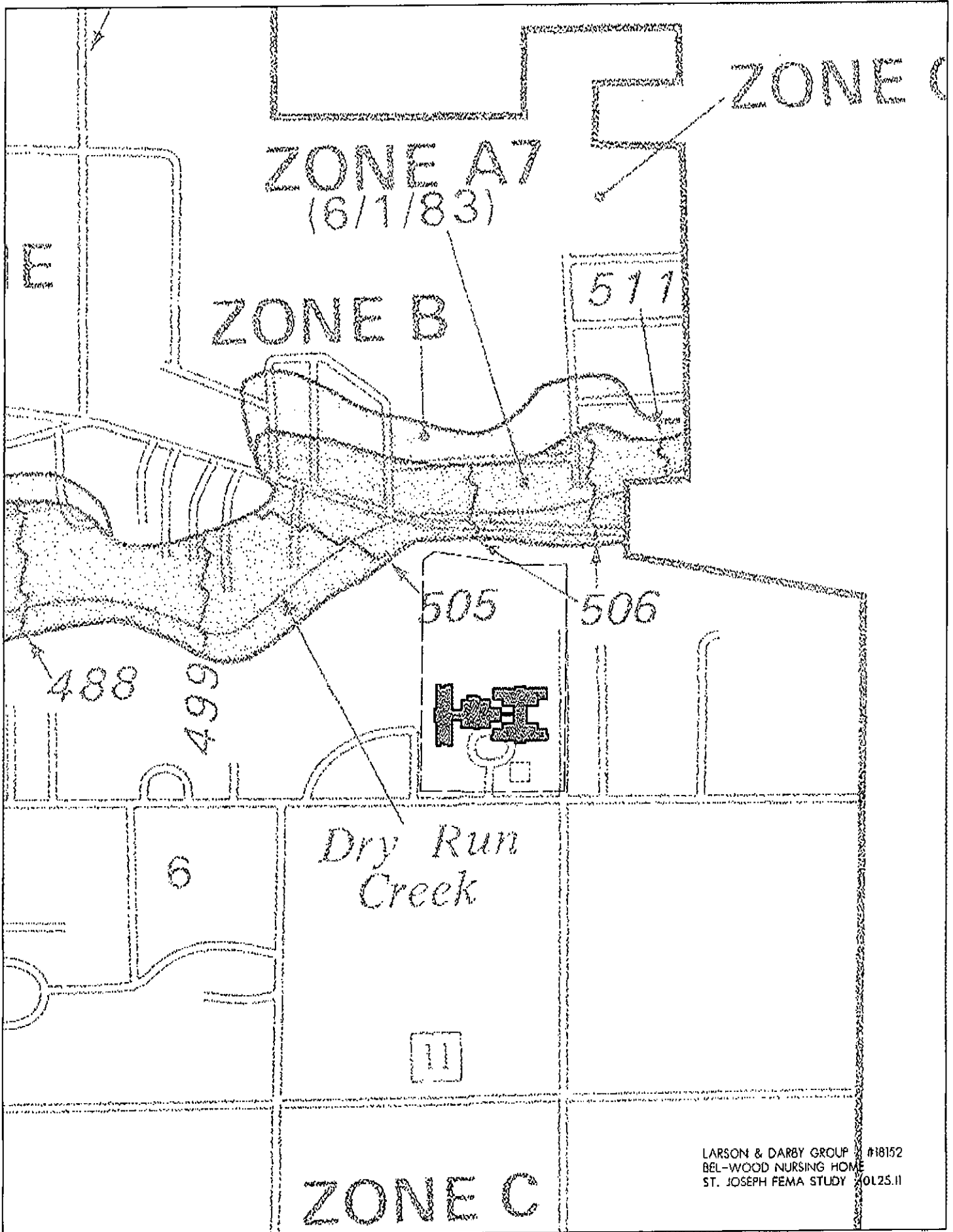


Federal Emergency Management Agency

This is an official copy of a portion of the above referenced Flood Map. It was extracted using F-MIF 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.msc.fema.gov



City of Peoria
AREA NOT INCLUDED



LARSON & DARBY GROUP #18152
 BEL-WOOD NURSING HOME
 ST. JOSEPH FEMA STUDY 0125.11

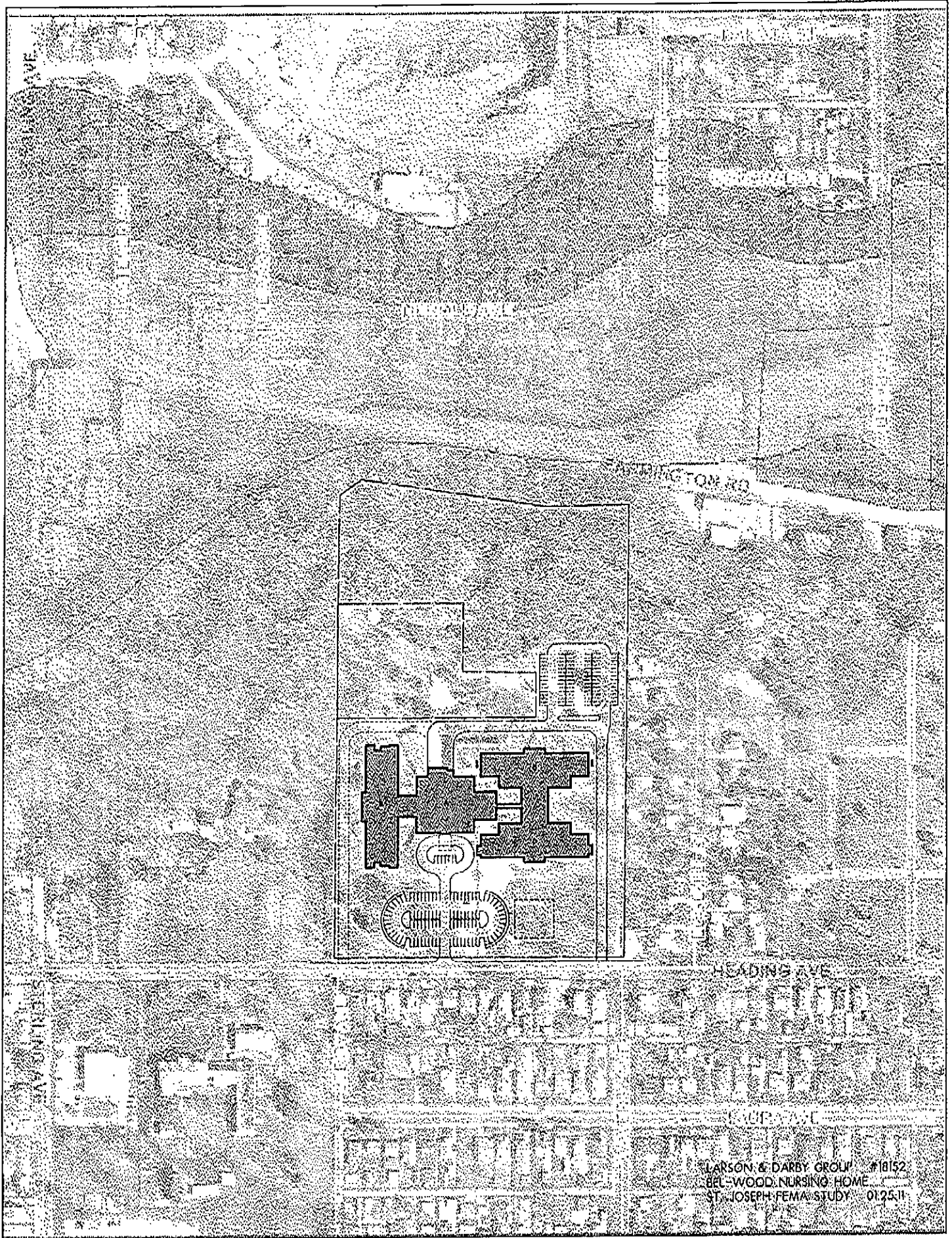
DATE: 01-23-11	SCALE FOR DATE
PROJECT NUMBER: 18152	
DEPT. NUMBER	
DRAWN	APPROVED

A NEW FACILITY FOR
BEL-WOOD NURSING HOME
 WEST PEORIA, ILLINOIS

ERRY ARCHITECTS
 1000 SEVEN STREET
 PEORIA, ILLINOIS 61603
 PHONE: 309-241-1111

Larson & Darby Group
 Architects Engineers Planners

18152



LARSON & DARBY GROUP #18152
 BEL-WOOD NURSING HOME
 ST. JOSEPH FEMA STUDY 01.25.11

DATE: 01.25.11	ISSUED FOR: DATE
PROJECT NUMBER: 18152	
SHEET NUMBER	DRAWN APPROVED

A NEW FACILITY FOR
BEL-WOOD NURSING HOME
 WEST PEORIA, ILLINOIS

FERRY - ARCHITECTS
 372 SOUTH BOWEN STREET
 PEORIA, ILLINOIS 61601
 PHONE: 309-691-7000
 FAX: 309-691-7001

PRINCIPAL PERMIT
 FOR GOVERNMENT
 PER. 01-25-11
 LARSON & DARBY GROUP
 18152 BEL-WOOD NURSING HOME

Larson & Darby Group
 Architects Engineers Planners

Historic Resources Preservation Act Requirements

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

The Applicant has submitted to the Illinois State Historic Preservation Agency, Preservation Service Division, Deputy State Historic Preservation Officer a request for determination. A copy of this request is appended as ATTACHMENT-6A and the Agency's determination will be submitted upon receipt.

ATTACHMENT-6

CHARLES H. FOLEY & ASSOCIATES INC.

1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

SENT VIA U.S. MAIL

February 9 2011

Anne E. Haaker
Deputy State Historic Preservation Officer
Illinois Historic Preservation Agency
Preservation Service Division
Old State Capitol
Springfield, Illinois 62701

Dear Ms. Haaker:

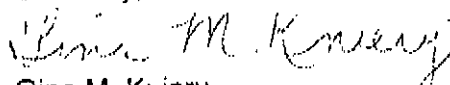
The Applicant, the County of Peoria is proposing to replace Bel-Wood Nursing Home currently located at 6701 West Plank Road, Peoria, Peoria County, Illinois.

The required information is as follows:

- a. General project description and address: Demolition of a former catholic nursing home. The wings as noted in the aerial photographs are currently unoccupied. The center core of the structure is used as a church and church school. The property address for structure is 2223 West Heading Avenue, West Peoria, Illinois.
- b. Map indicating project location: See attached.
- c. Photographs of any standing building/structures within the project area: See attached.
- d. Total acres of project: 16.00+/- gross acres
- e. Other State Agencies involved: Centers for Medicare and Medicaid Services and the Illinois Department of Public Health.

According to the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420et.seq) and other applicable Illinois laws, it is my understanding that you will review the attached information and provide evaluation comments, with respect to any historic resources. If you have any questions or need additional information, please do not hesitate to contact myself or John P. Kniery.

Sincerely,


Gina M. Kniery

Enclosures



Health Care Consulting

To: Illinois Health Facilities and Services Review Board

From: Patrick Urich
County Administrator
Peoria County Government

Date: Monday, February 07, 2011

Re: Bel-Wood Nursing Home
Replacement Facility
Illinois Historic Preservation Act requirements

Item A: 2223 W Heading Ave, West Peoria, IL 61604. Demolition of a former catholic nursing home. The wings as noted in the attached Aerial photograph are currently unoccupied. The center core of the structure is used as a church and church school.

Item B: See attached.

Item C: See attached.

Item D: Property Address for existing structure is 2223 W Heading Ave, West Peoria, IL 61604. Existing structure is a former catholic nursing home currently occupied by a church. There are no other structures on the property.

Item E: 16.00± gross acres

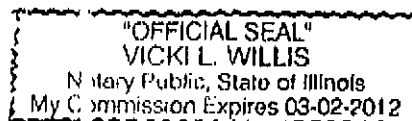
By: Patrick Urich
Patrick Urich, County Administrator

Date: 2/7/11

Attest: Vicki L. Willis
Notary Public

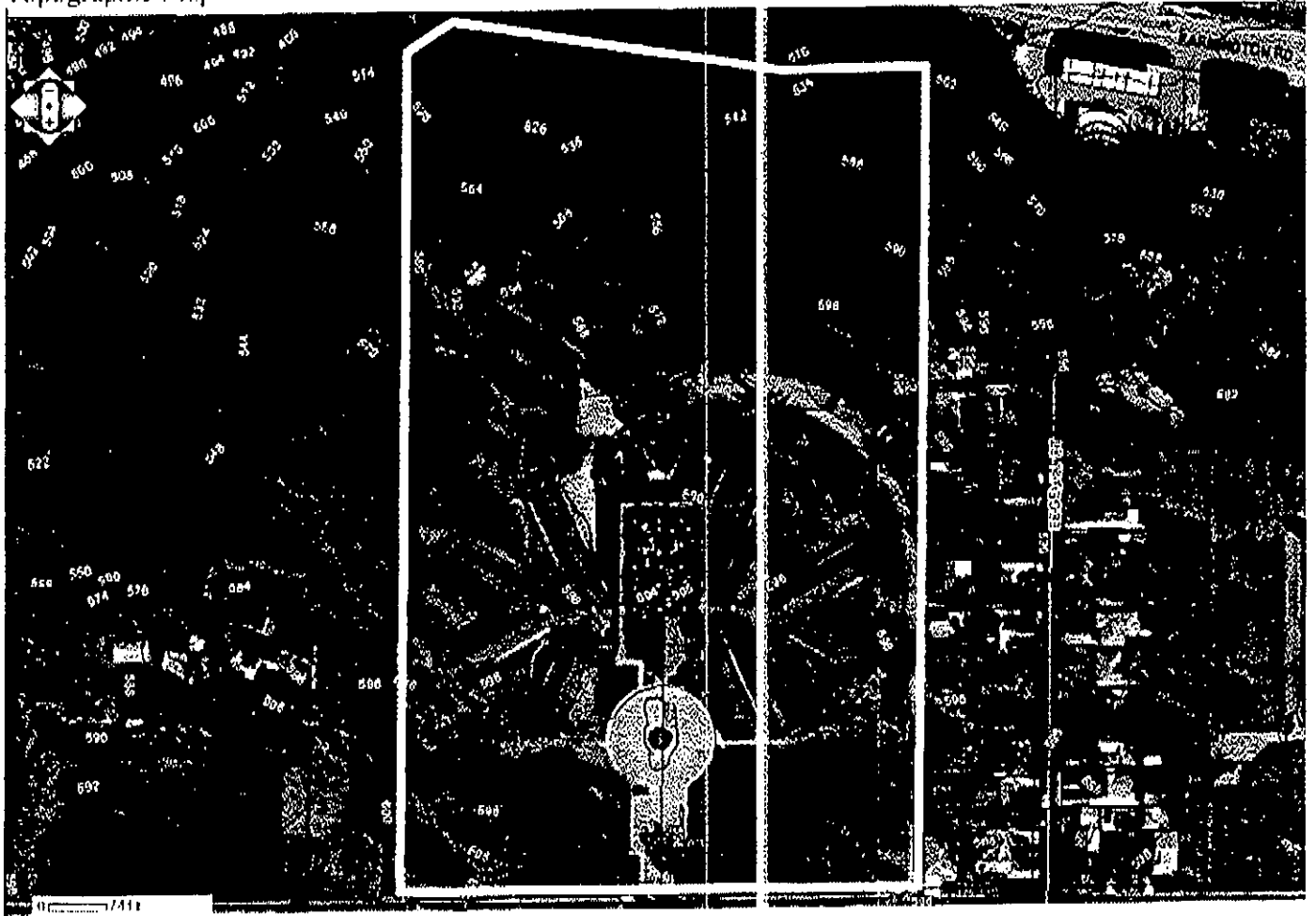
2-7-11

My Commission Expires 3-2-2012



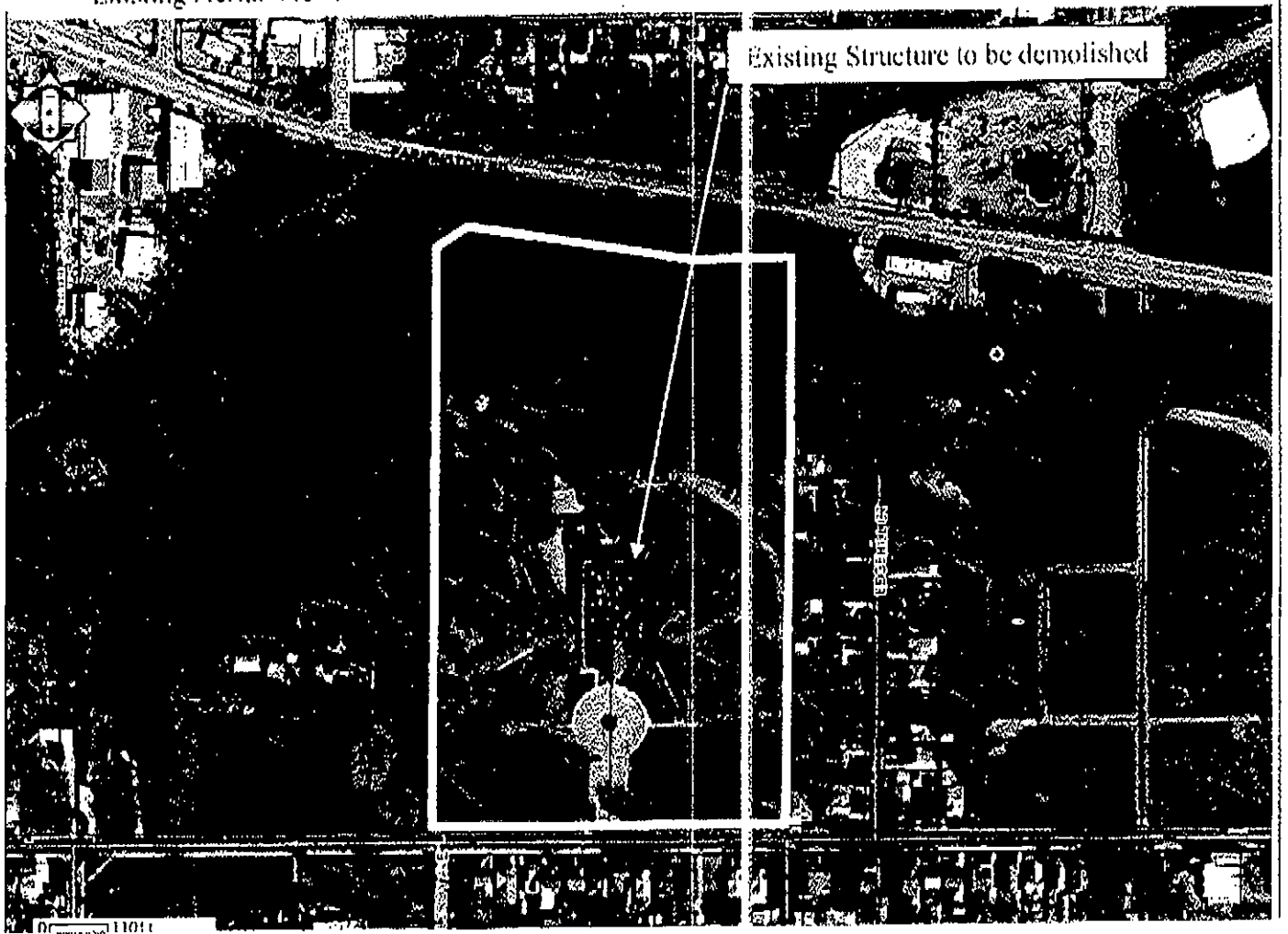
ITEM B

Topographic Map of Site:



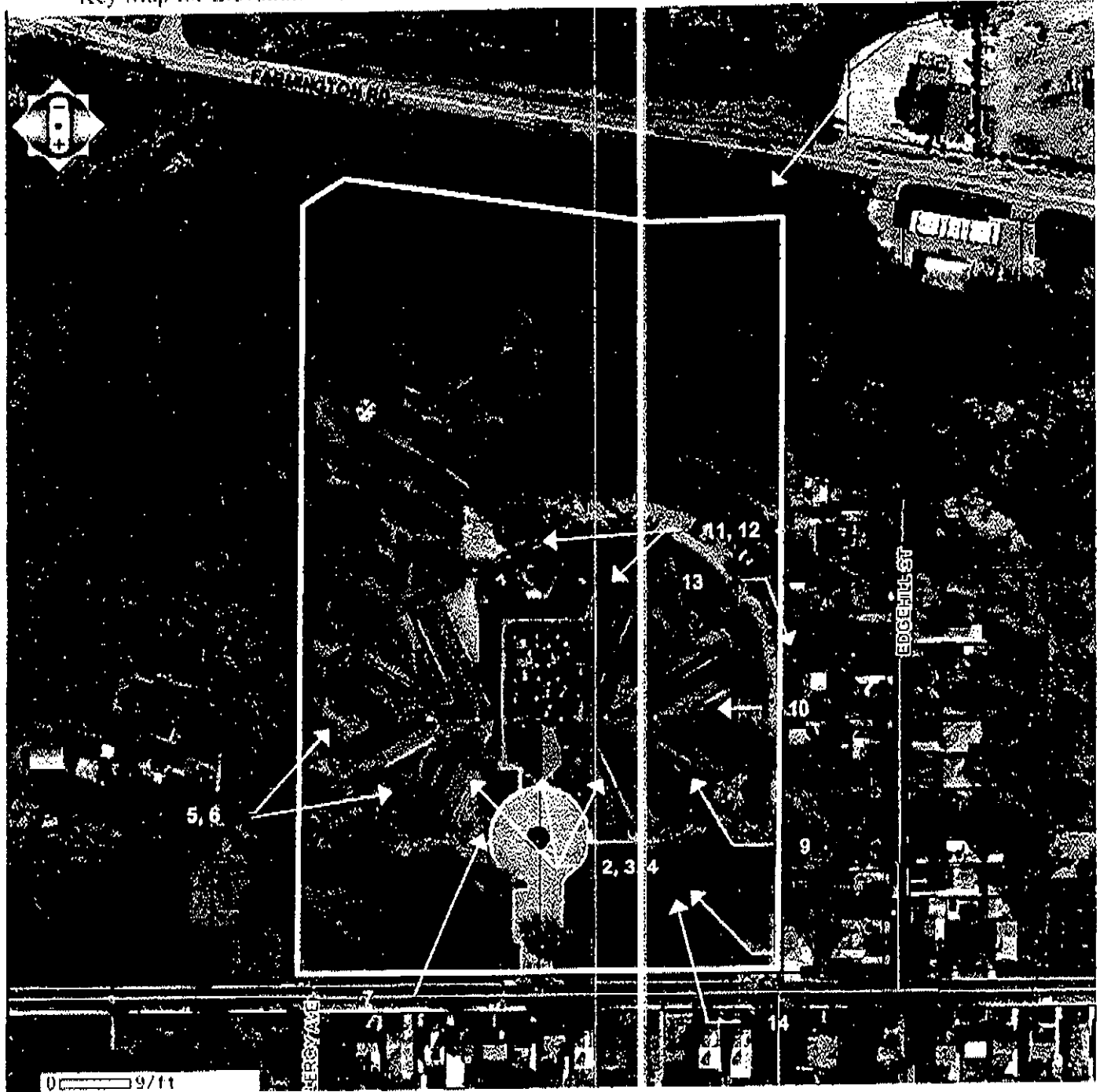
ITEM C

Existing Aerial View:

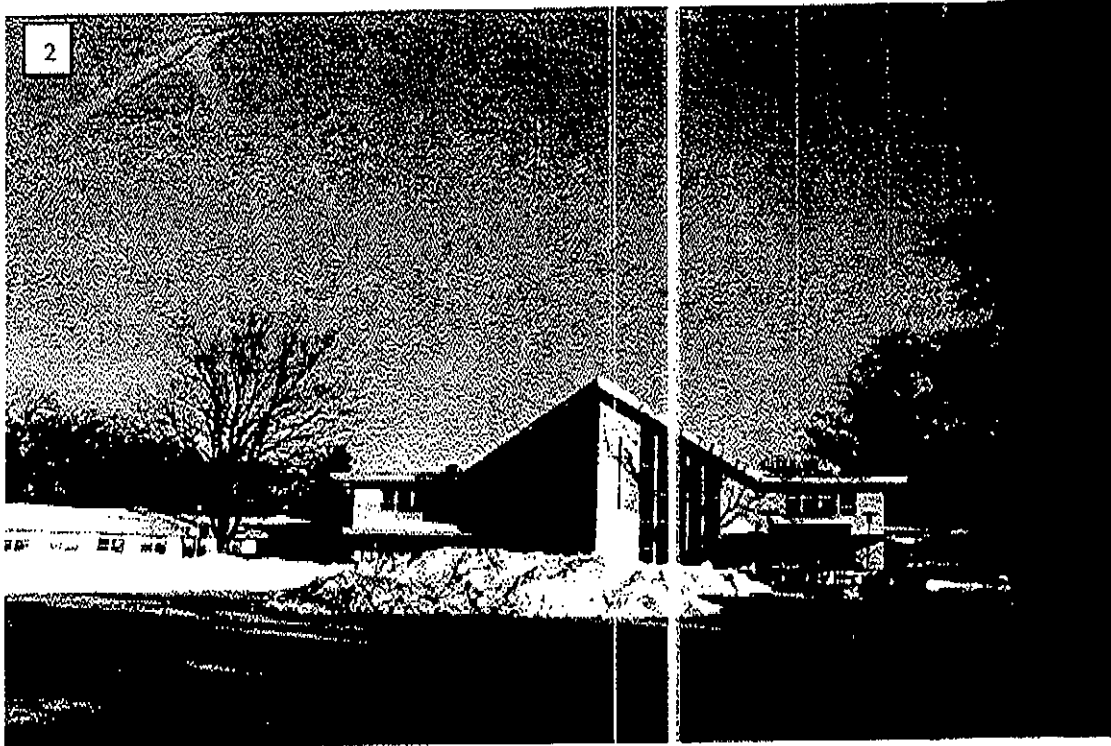
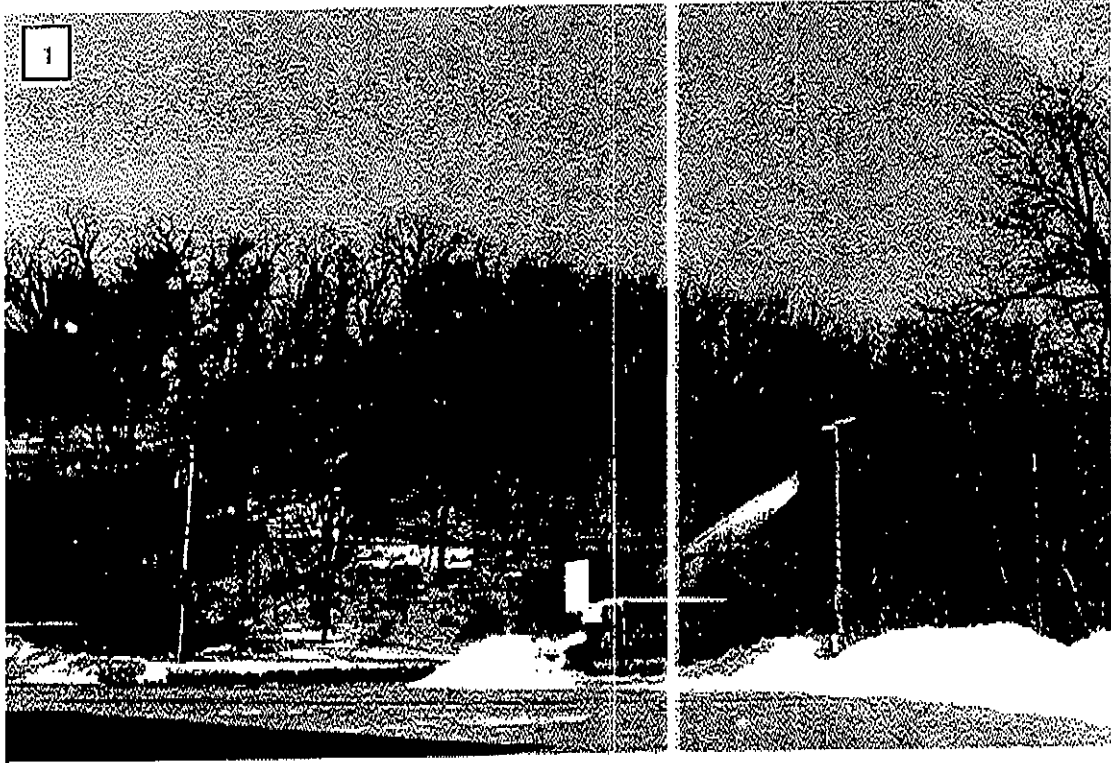


ITEM C

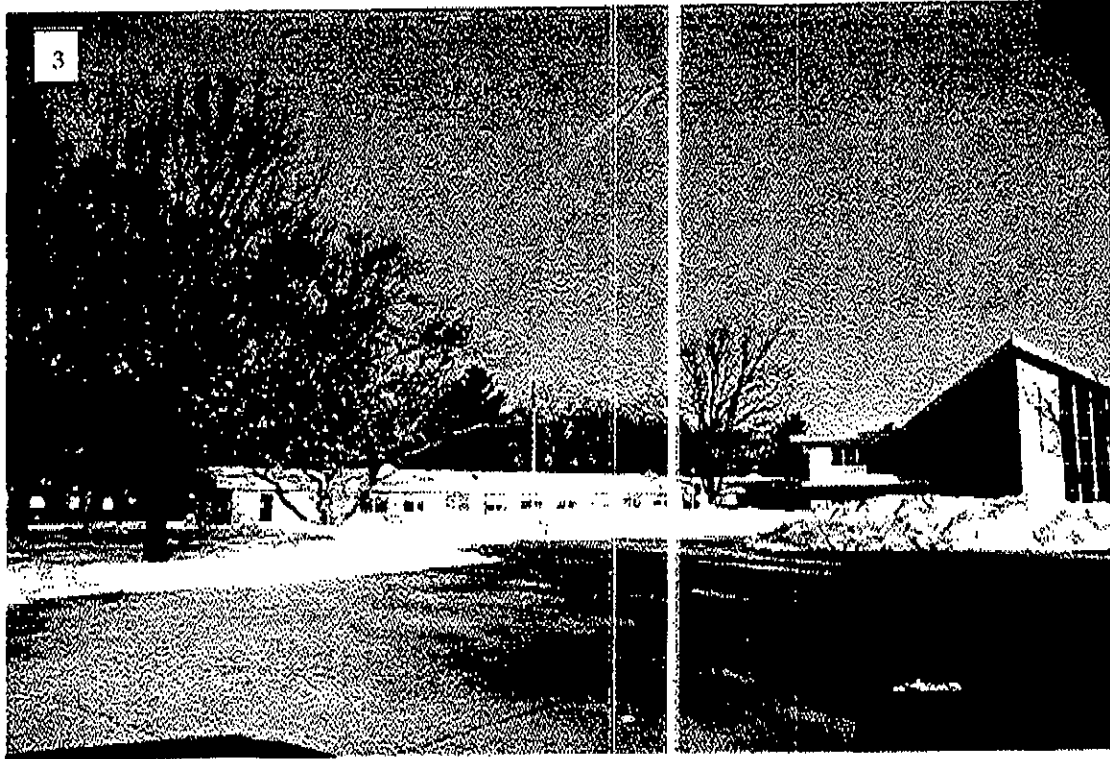
Key Map for Elevation Views:



ITEM C



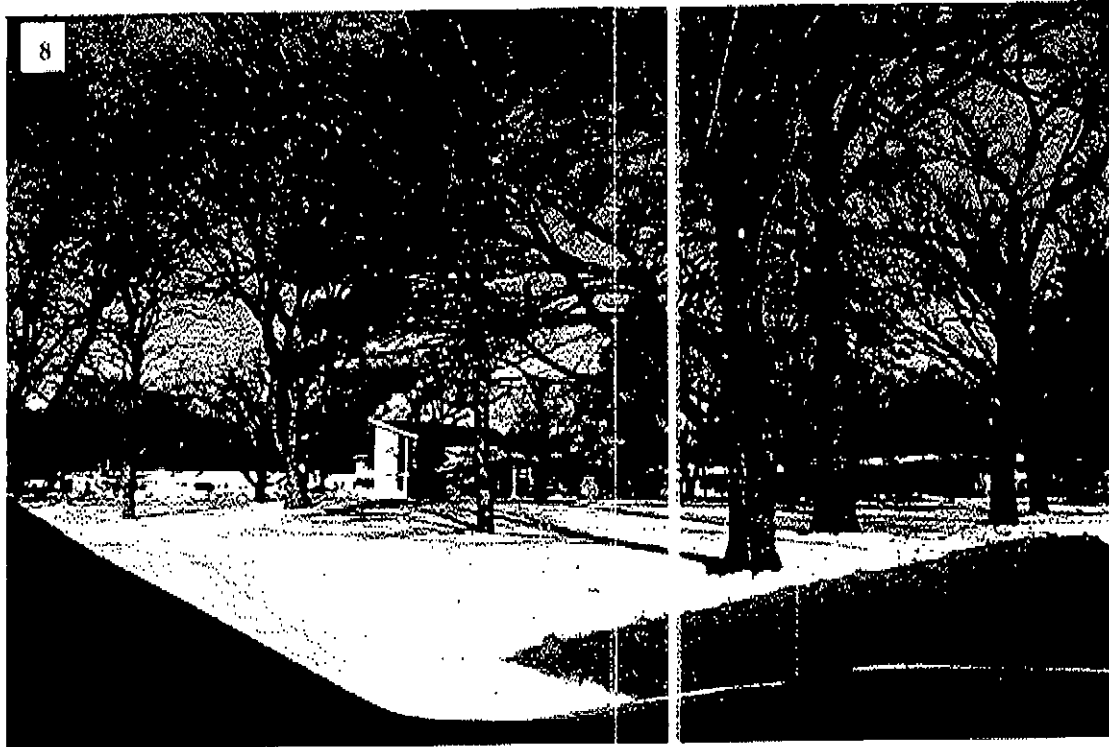
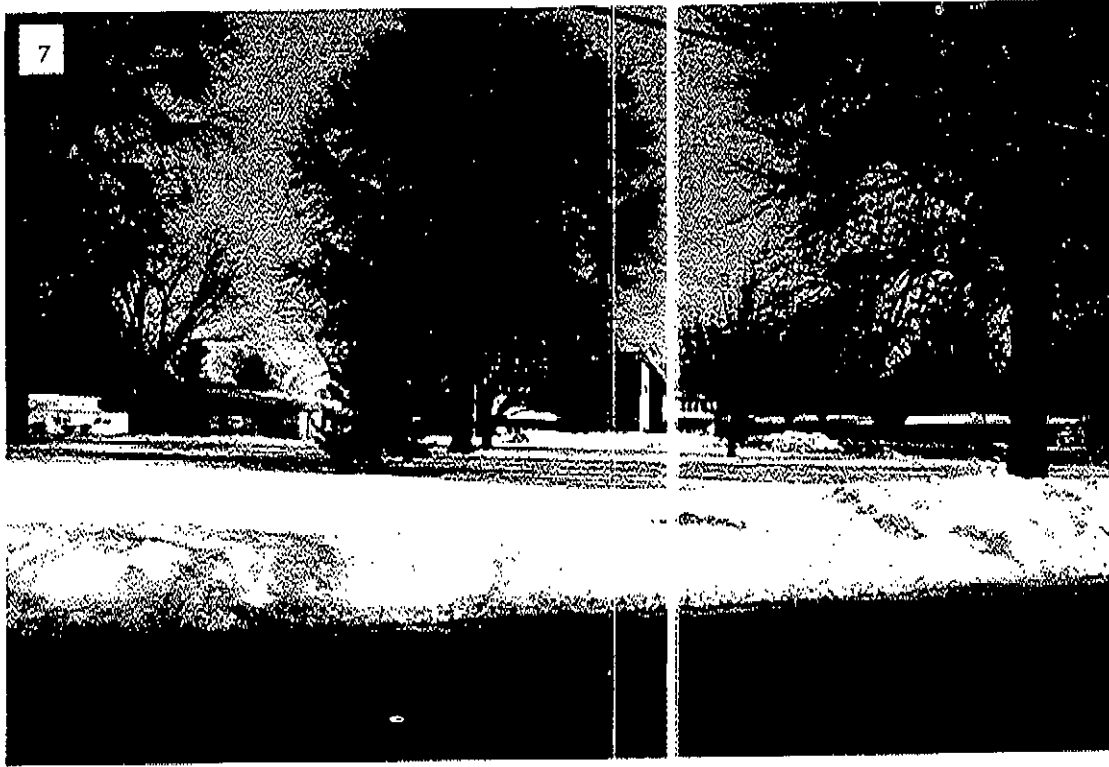
ITEM C



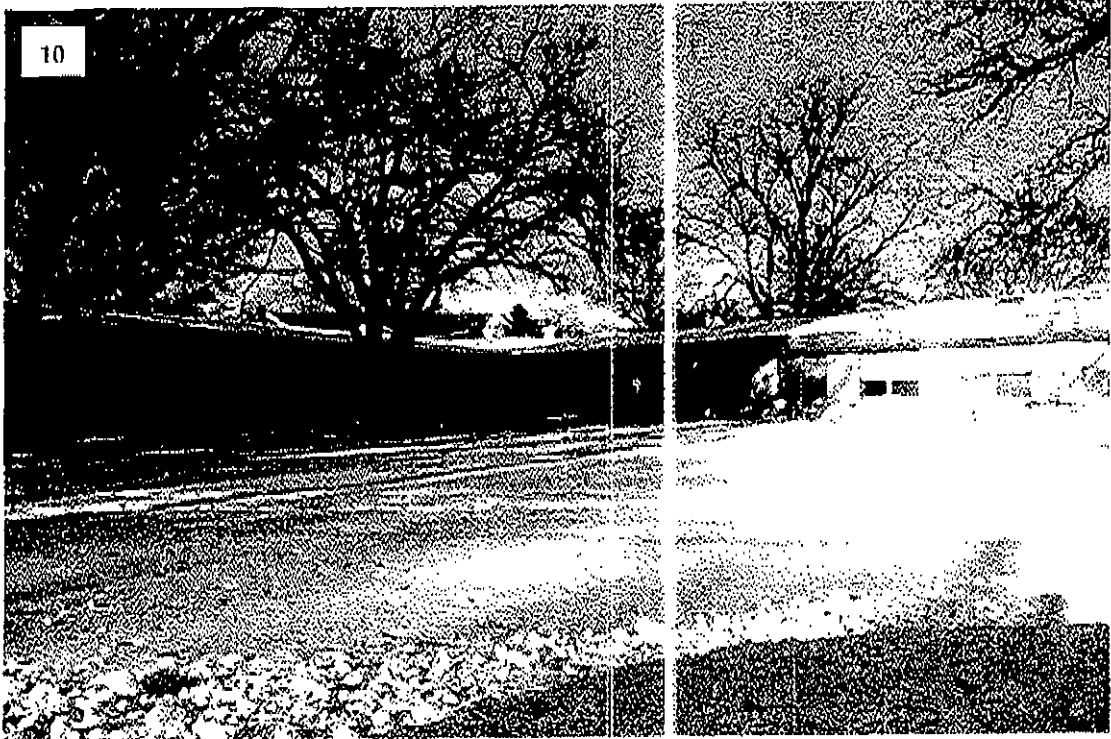
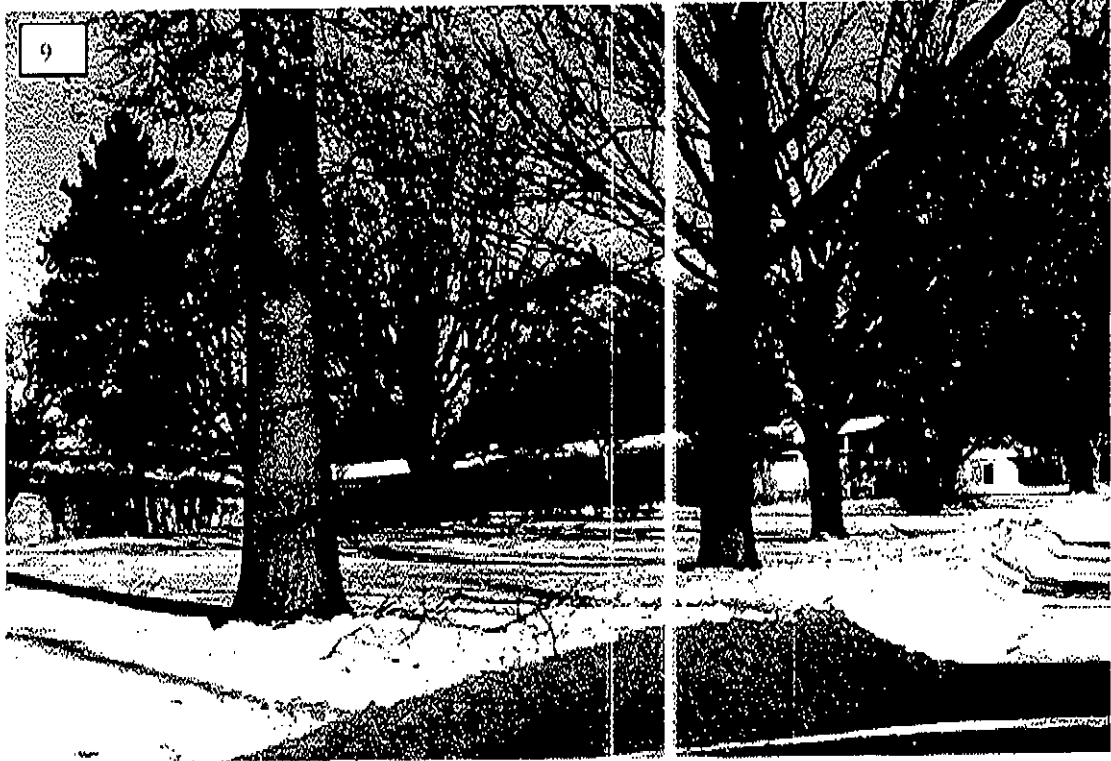
ITEM C



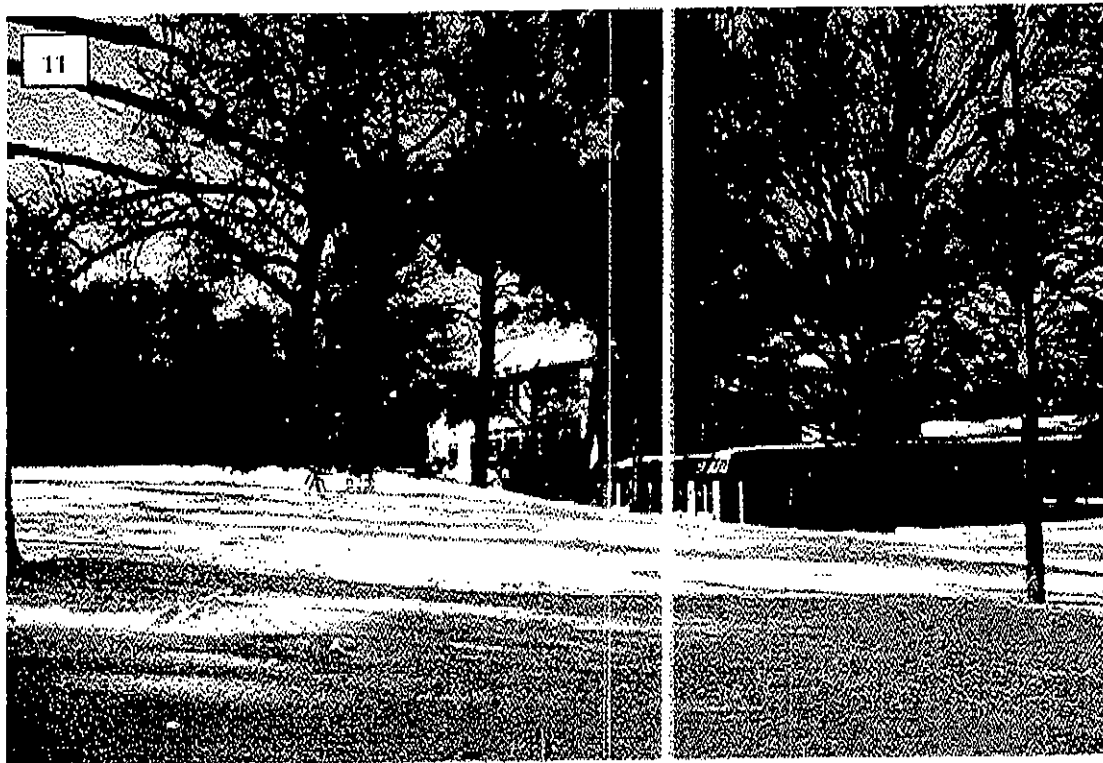
ITEM C



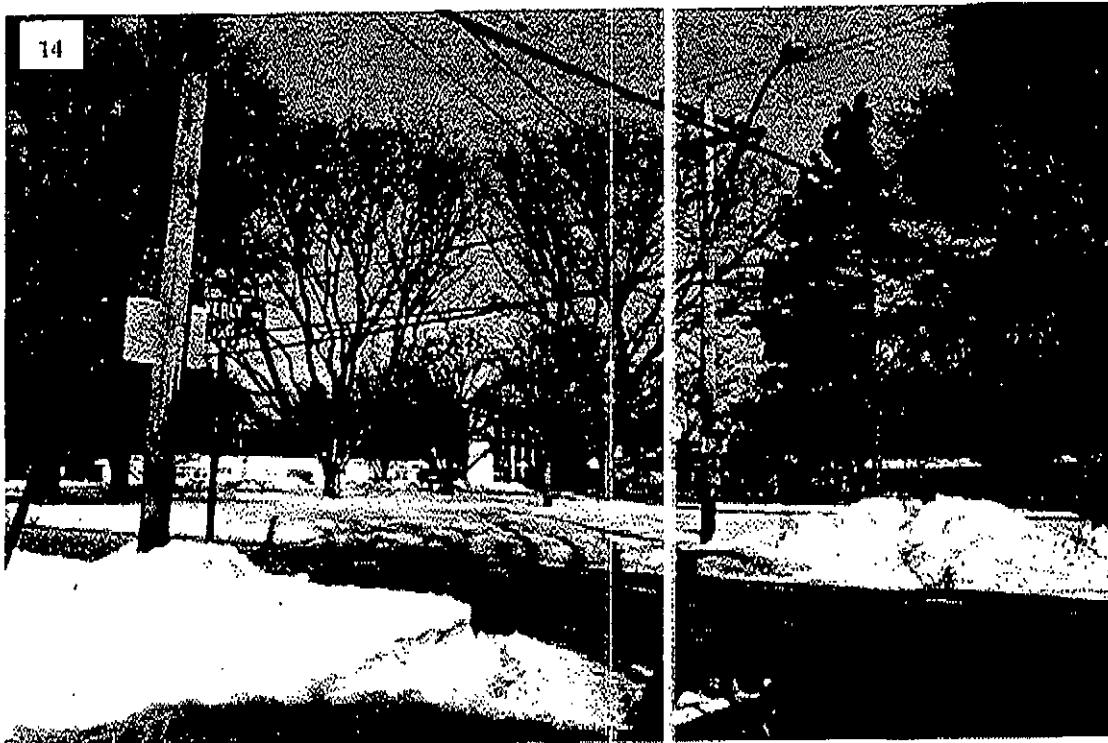
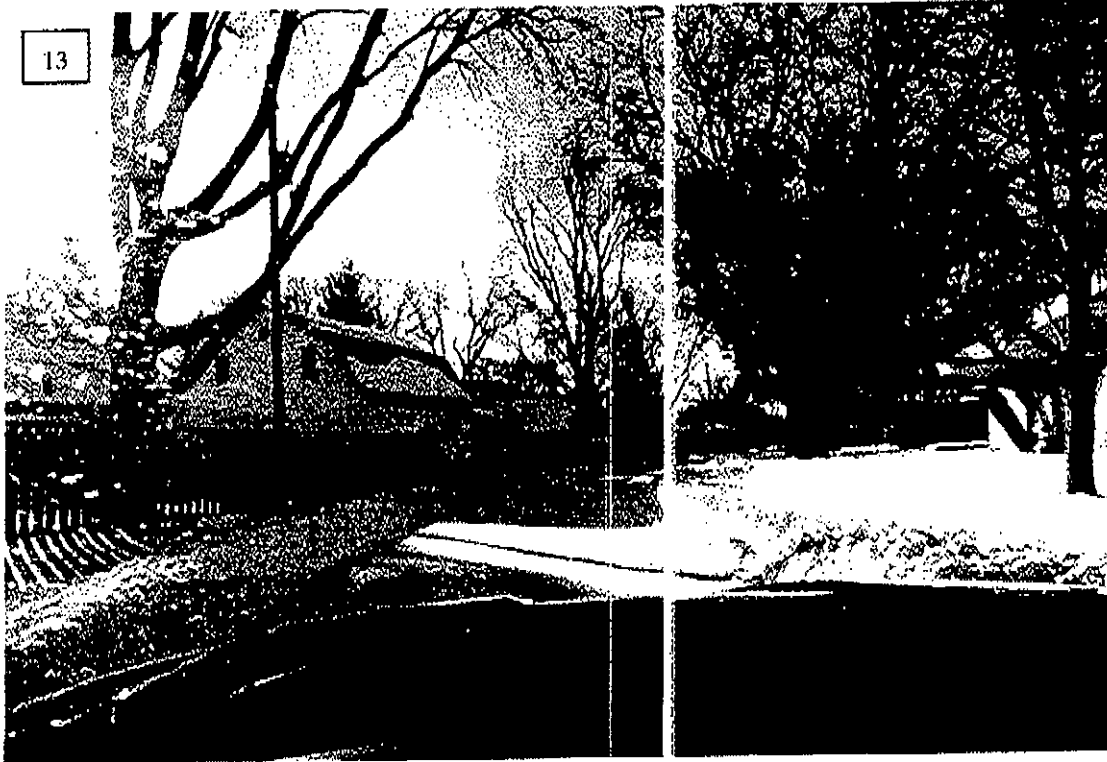
ITEM C



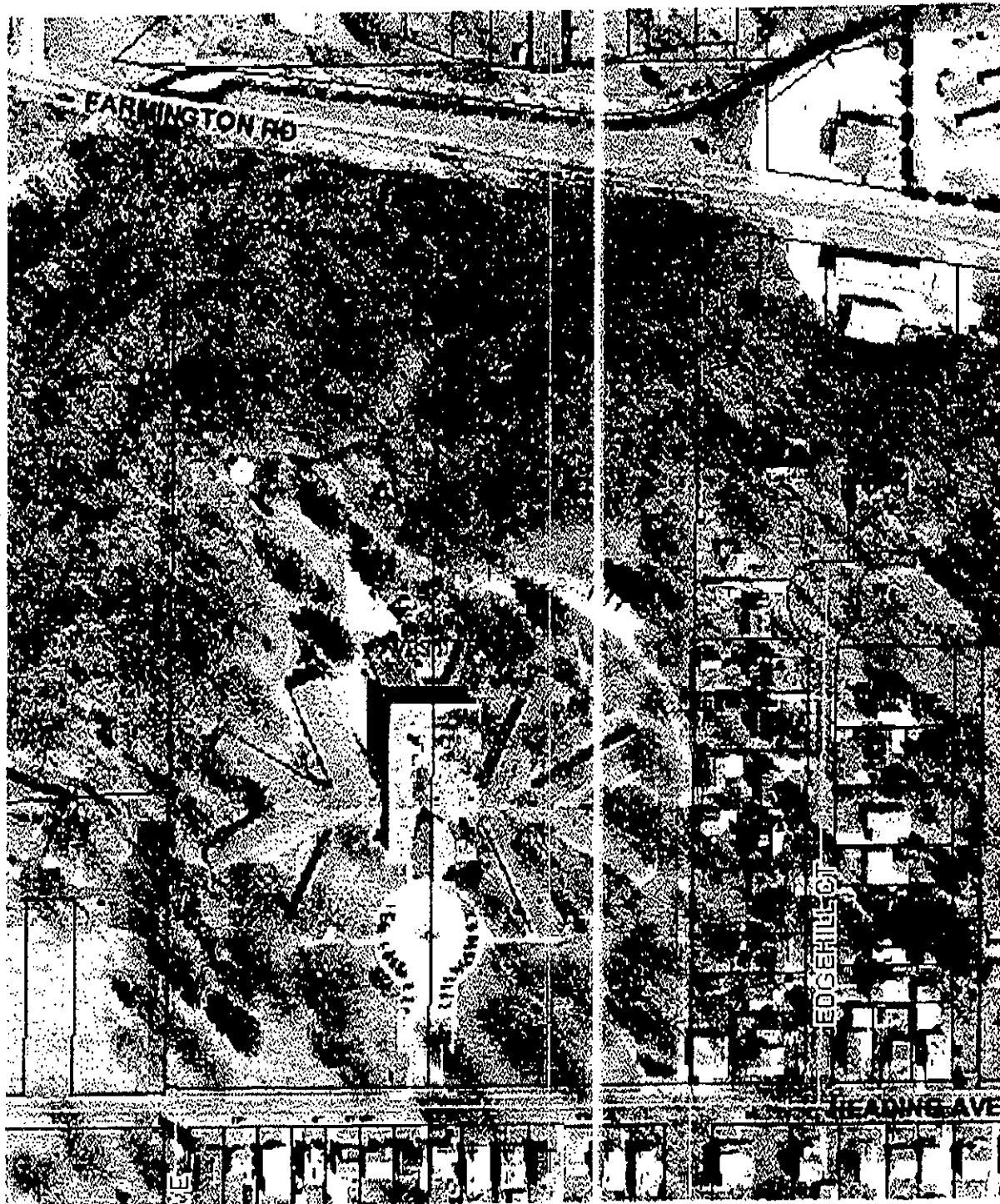
ITEM C



ITEM C



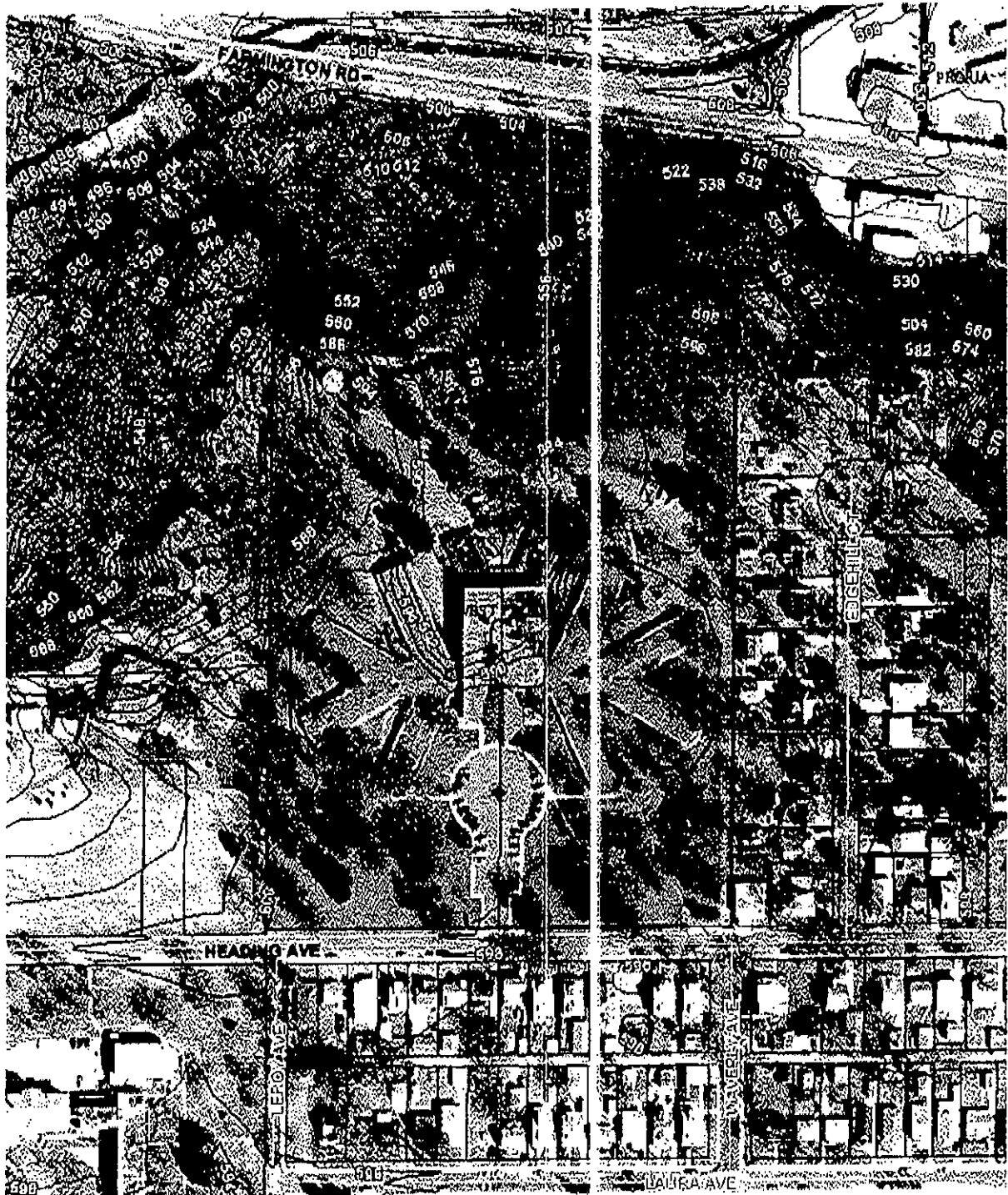
Former St. Joseph's on Heading Ave in West Peoria
About 16 total acres (gross)



Former St. Joseph's on Heading Ave in West Peoria
About 16 total acres (gross)
Topo shown at 2' contours



Former St. Joseph's on Heading Ave in West Peoria
About 12.2 usable acre (net)



		Budget
1. PERSONNEL		
11	Personnel Services	200,000
12	Personnel Services - Salary	150,000
13	Personnel Services - Fringe	50,000
14	Personnel Services - Other	10,000
15	TOTAL	310,000
2. SITE SURVEY AND SOIL INVESTIGATION		
21	Site Survey	15,000
22	Soil Investigation	15,000
23	Other	5,000
24	TOTAL	35,000
3. SITE PREPARATION		
31	Site Preparation - Excavation	100,000
32	Site Preparation - Foundation	100,000
33	Site Preparation - Other	50,000
34	TOTAL	250,000
4. CONSTRUCTION		
41	Construction - Building	1,000,000
42	Construction - Site Work	500,000
43	Construction - Other	100,000
44	TOTAL	1,600,000
5. OPERATIONAL CONTRACTS (NOT USED)		
51	Operational Contracts	0
52	TOTAL	0
6. CONTINGENCIES		
61	Contingencies	100,000
62	TOTAL	100,000
7. MAINTENANCE AND REPAIRS		
71	Maintenance and Repairs	50,000
72	TOTAL	50,000
8. UTILITIES AND OTHER FEES		
81	Utilities	100,000
82	Other Fees	50,000
83	TOTAL	150,000
9. COMPUTING AND OTHER FEES		
91	Computing	50,000
92	Other Fees	50,000
93	TOTAL	100,000
10. MISCELLANEOUS OTHER EXPENSES		
101	Miscellaneous	50,000
102	TOTAL	50,000
11. INVESTIGATIVE EXPENSES		
111	Investigative	50,000
112	TOTAL	50,000
12. NET DIFFERENTIAL COSTS		
121	Net Differential	0
122	TOTAL	0
13. TOTAL PROJECT COSTS		
131	Total Project Costs	3,000,000
132	TOTAL	3,000,000

SECTION II. DISCONTINUATION

Criterion 1110.130 - Discontinuation

GENERAL INFORMATION REQUIREMENTS

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

This project proposes the discontinuation as off-site replacement of Bel-Wood Nursing Home. Specifically, the current home is licensed for 300 beds which are occupied with 210 residents at the time of this writing. Therefore, all 300 long term care nursing beds will be discontinued at the existing site, 6701 West Plank Road, Peoria, Illinois. As the replacement of the facility is off-site, this project is not considered a renovation project but an establishment of a new 214-bed health care facility and a new category of service. Upon project completion, the facility's capacity will be reduced by 86 General Long-Term Nursing Care beds. It should also be noted that the facility currently has a census of 210 (at the time of this writing). Therefore, no residents or full-time staff will be displaced. Please note this discontinuation is contingent upon the approval of the re-establishment of the entire 214-bed facility as being proposed.

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

The Peoria County Board only proposes the discontinuation of its existing 300-bed General Long-Term Nursing facility. It should be noted that as this project is more appropriately classified as the off-site replacement of the facility. A net of 86-licensed beds will actually be discontinued with no residents to be displaced. In reality, this discontinuation should be considered a paper transaction only. No other clinical services will be discontinued as part of this project.

GENERAL INFORMATION REQUIREMENTS (Continued)

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

The anticipated date for discontinuation of the original service known as Bel-Wood Nursing Home will be upon completion and licensing of the replacement Bel-Wood Nursing Home. It is anticipated that the date for total facility discontinuation will be September 2013. This should allow sufficient time for the replacement facility to be opened, licensed and the existing residents transferred. It should be known that the service will not actually be discontinued but rather replaced with no cessation in service.

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

The County of Peoria, Illinois is considering several alternatives for the existing physical plant. One alternative is to demolish the building. Another is for the County to repurpose the building for administrative or other uses. PLEASE NOTE, the Applicant agrees that the existing Bel-Wood Nursing Home will never be reopened as a health 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 **County of Peoria** will dispose or retain all medical records of Bel-Wood Nursing Home in accordance with its internal procedures and timeline for maintaining records. It should be known that the **County of Peoria** is not going out of business as a General Long-Term Care provider but rather only replacing an existing facility. A copy of the **County of Peoria's** policy and procedure manual as it pertains to the nursing home record keeping process is appended as ATTACHMENT-10A.

GENERAL INFORMATION REQUIREMENTS (Continued)

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

As this project is more of a replacement project than a total discontinuation and all records to submit accurate IDPH annual questionnaires or Department of Healthcare and Family Services Medicare/Medicaid Cost reports will be maintained and submitted as required. Moreover, both the existing and the proposed Applicants are one and the same and as a replacement it will continue its HFSRB, IDPH and HFS reporting requirements in the State of Illinois.

REASONS FOR DISCONTINUATION

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

This project is for a discontinuation of Bel-Wood Nursing Home. However, the facility will not cease operations. The existing 300-bed nursing care facility will be replaced with a 214-bed nursing home. Essentially, the discontinuation of this project is to more centrally locate the facility to Bel-Woods core Medicaid population and equally important is to provide a more modern and homelike physical plant for its existing residents.

To justify whether to renovate or to replace, the Applicant utilized the architectural services of Ferry and Associates Architects and Larson & Darby Group, Architects Engineers Planners. Ferry and Associates performed a cost study to determine the feasibility of renovating the existing physical plant of the Subject facility to determine the possibility of bringing the facility up to compliance with current licensure and life safety code standards (refer to **ATTACHMENT-10B** for a copy of this study). Larson & Darby Group analyzed the Ferry and Associates study and provided an analysis of how the two alternatives actually and practically compared, i.e., to renovate or replace the Subject facility (refer to **ATTACHMENT-10C** for a copy of this report). The commonality in both analyses is that neither found rationale to recommend the alternative of renovation.

In addition to deciding whether to renovate or replace, the Applicant questioned whether the current locale best served its market as a "County Home". A market study, performed by Management Performance Associates (the executive summary is appended as **ATTACHMENT-10D**), showed that the existing location which is part of a larger County of Peoria complex that

REASONS FOR DISCONTINUATION (Continued)

includes the County Jail, is not central to its core Medicaid population. With the demographic data as a guide and the knowledge that it was equally as expensive to renovate as to replace, the County of Peoria decided judiciously to proceed with the proposed replacement project.

IMPACT ON ACCESS

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

As ultimately there will be no cessation of care or service, presuming that this project is approved, there will not be an adverse effect upon access to care for the general geriatric resident of Peoria County. In justification of this point, appended as ATTACHMENT-10D is a copy of the latest IDPH Inventory Update to the State's Inventory of Health Care Facilities and Services and Need Determinations that shows an excess of 124 nursing care beds in Peoria County. This project will reduce the inventory by a net total of 86 nursing beds reducing the total excess capacity to only 38. Additionally, as an existing provider anticipating this proposed project, the Applicant has reduced through attrition its average daily census from approximately 230 residents to around 210 residents. At this current level, the replacement facility will immediately realize an occupancy rate of 97.7 percent (January 2011 patient days of 6,537 or an average daily census of 210 residents). Therefore, in reducing excess capacity in licensed beds and an overall reduction in residents, this project should have an immediate positive impact for area nursing homes. Moreover, in replacing itself, the proposed project improves access to more modern care in a more homelike setting.

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

This project is for the replacement of a general nursing care facility. As a result of the technicality that it is changing sites and the existing facility must be discontinued while the replacement is to be established, this Applicant must go through the actions of discontinuing and then re-establishing to be approved. Therefore, this project is not discontinuing and therefore it shall have no adverse impact on area providers. Additionally,

IMPACT ON ACCESS (Continued)

the Applicant is reducing capacity in both licensed capacity and actual capacity, i.e., reduction in the facility's 300 licensed beds and reestablishment of 214 beds and in the reduction of the historical average daily census of 230 residents to the current average daily census of 210 residents. Thus, this item is not germane to this project's scope.

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

This project is not discontinuing as explained throughout this entire application. Furthermore, the project will reduce the overall excess capacity as documented in **ATTACHMENT-10D**, the IDPH Inventory Update. Thus, it shall have no adverse impact on area providers. Therefore, this item is not germane to this project's scope.

ATTACHMENT-10

APPLICATION FOR AUTHORITY TO
DISPOSE OF LOCAL RECORDS

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
100.	<p style="text-align: center;"><u>ADMINISTRATIVE FILES</u></p> <p><u>APPLICATIONS FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS AND RECORDS DISPOSAL CERTIFICATES</u></p> <p>Dates: 2006- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain permanently.</p>
101.	<p><u>ADMINISTRATIVE FILES</u></p> <p>Dates: 2005- Volume: 1 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for one (1) year, then dispose of records no longer possessing any further administrative, fiscal, legal, and/or historical value.</p>
102.	<p><u>AGENDAS</u></p> <p>Dates: 2004- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain one copy of each agenda permanently. Retain convenience copies until administrative use is complete, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
103.	<p><u>BIDS, SPECIFICATIONS, PROPOSALS</u></p> <p>Dates: 1995- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain successful bids for ten (10) years after terms of the related contract are completed, then dispose of. Retain unsuccessful bids for three (3) years after rejection, then dispose of. Retain departmental copies until the bidding process is complete, then dispose of.</p>
104.	<p><u>COMPLAINTS</u></p> <p>Dates: 1995- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for three (3) years after settlement, then dispose of.</p>
105.	<p><u>CONTRACTS AND CONTRACT RENEWALS, AGREEMENTS AND LEASES FOR GOODS AND SERVICES (I.E. LEASE AGREEMENTS FOR COPY MACHINES, LEASES FOR RENTAL PROPERTY, CONTRACTS FOR ARTISTIC SERVICES)</u></p> <p>Dates: 1988- Volume: ¼ Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain contracts and contract renewals for ten (10) years after termination or completion of the terms of the contract, agreement, or lease, then dispose of. Copies: retain for two (2) years, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
106.	<p data-bbox="355 387 781 419"><u>POLICES AND PROCEDURES</u></p> <p data-bbox="355 459 1036 604">Dates: 1984- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p data-bbox="355 640 1521 710">Recommendation: Retain permanently. (Any changes made need to be recorded in the minutes.)</p>
107.	<p data-bbox="355 753 948 785"><u>VISITOR SIGN IN-SIGN OUT SHEETS</u></p> <p data-bbox="355 825 1036 970">Dates: 2002- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p data-bbox="355 1006 1521 1038">Recommendation: Retain for two (2) years, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
	<u>FISCAL RECORDS</u>
200.	<u>ACCOUNTS RECEIVABLE RECORDS</u>
	Dates: 1998- Volume: 3 Cu. Ft. Annual Accumulation: ¼ Cu. Ft. Arrangement: Chronological
	Recommendation: Retain for seven (7) years, then dispose of.
201.	<u>AUDIT TRAILS</u>
	Dates: 2002- Volume: 3 Cu. Ft. Annual Accumulation: ½ Cu. Ft. Arrangement: Chronological
	Recommendation: Retain for seven (7) years, then dispose of.
202.	<u>AUDIT REPORTS</u>
	Dates: 2004- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological
	Recommendation: Retain one copy of each audit report permanently. Retain duplicate audits for one (1) year, then dispose of.
203.	<u>BUDGET REPORTS</u>
	Dates: 1998- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological
	Recommendation: Retain for seven (7) years, then dispose of.

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
204.	<p><u>CANCELLED CHECKS, BANK STATEMENTS, DEPOSIT SLIPS, PAID BILLS, INVOICES, VOUCHERS, ETC.</u></p> <p>Dates: 1998- Volume: 8 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for seven (7) years, then dispose of.</p>
205.	<p><u>CHECK COPIES, CHECK STUBS, RECEIPTS, RECEIPT BOOKS</u></p> <p>Dates: 2004- Volume: ½ Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
206.	<p><u>FINANCIAL REPORTS (MONTHLY)</u></p> <p>Dates: 2003- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
207.	<p><u>HOLIDAY COMPENSATION SHEETS</u></p> <p>Dates: 1994- Volume: 2 Cu. Ft. Annual Accumulation: ¼ Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years if recorded in personnel records, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
208.	<p><u>HOSPITAL MEDICARE AND MEDICAID STATEMENTS</u></p> <p>Dates: 1997- Volume: 18 Cu. Ft. Annual Accumulation: 2 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for seven (7) years, then dispose of.</p>
209.	<p><u>ILLINOIS DEPARTMENT OF PUBLIC AID FISCAL TRANSFER TO BELLWOOD</u></p> <p>Dates: 2003- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for seven (7) years, then dispose of.</p>
210.	<p><u>LEDGERS (ACCRUALS AND DAILY PRINTOUTS)</u></p> <p>Dates: 1994- Volume: 10 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
211.	<p><u>LEDGERS (GENERAL ACCOUNT RECEIVABLE AND PAYABLES)</u></p> <p>Dates: 1997- Volume: 1 Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for seven (7) years, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
212.	<p><u>MEDICAID BILLINGS (DAILY)</u></p> <p>Dates: 1997- Volume: 28 Cu. Ft. Annual Accumulation: 4 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
213.	<p><u>SALARY COST REPORTS</u></p> <p>Dates: 1997- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for five (5) years, then dispose of. Or retain until administrative use is complete, then dispose of.</p>
214.	<p><u>STATE & FEDERAL TAX STATEMENTS AND REPORTS (W-2'S, W-3'S, W-4'S, IL-941'S, IL-1099'S, ETC.)</u></p> <p>Dates: 1998- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain W-4's for five (5) years after termination of employment or until W-4 is superseded by a new W-4, then dispose of. Retain all other tax forms in this record series for seven (7) years, then dispose of.</p>
215.	<p><u>TRIAL BALANCE SHEETS, BILLING PRINT OUTS (DAILY)</u></p> <p>Dates: 2000- Volume: 30 Cu. Ft. Annual Accumulation: 4 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
216.	<p><u>TRIAL RUN BALANCE SHEETS (MONTHLY)</u></p> <p>Dates: 2001- Volume: 3 Cu. Ft. Annual Accumulation: ½ Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
	<u>PATIENT RECORDS</u>
300.	<u>BIRTH AND DEATH CERTIFICATES</u> Dates: 1990- Volume: ½ Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain for six (6) years following ineligibility or inactivation of patient, then dispose of.
301.	<u>CASE WORKERS ADMISSION FORMS (COPIES)</u> Dates: 2005- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain until usefulness of record is complete, then dispose of.
302.	<u>HOME HEALTH CARE VISIT RECORDS</u> Dates: 2001- Volume: 3 Cu. Ft. Annual Accumulation: ½ Cu. Ft. Arrangement: Chronological & Alphabetical Recommendation: Retain for six (6) years following ineligibility or inactivation of patient, then dispose of.

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
303.	<p><u>PATIENT ACCOUNT LEDGERS</u></p> <p>Dates: 1995- Volume: ¼ Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological & Alphabetical</p> <p>Recommendation: Retain for six (6) years after transfer, death or discharge of patient, then dispose of.</p>
304.	<p><u>PATIENT CHECK SHEETS (DAILY)</u></p> <p>Dates: 1997- Volume: 7 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Alphabetical</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
305.	<p><u>PATIENT FILES (APPLICATION FOR LONG TERM FACILITIES, POWER OF ATTORNEY, MEDICAL FILES, FINANCIAL RECORDS)</u></p> <p>Dates: 2001- Volume: 200 Cu. Ft. Annual Accumulation: 40 Cu. Ft. Arrangement: Alphabetical</p> <p>Recommendation: Retain for six (6) years after inactivation of patient in program, then dispose of.</p>
306.	<p><u>PATIENT LAB REPORTS</u></p> <p>Dates: 1998- Volume: 7 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Alphabetical</p> <p>Recommendation: Positive: File with case file. Negative: Retain for six (6) months, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
307.	<p><u>PATIENTS RE-ADMISSION MEDICAL RECORDS</u></p> <p>Dates: 1997- Volume: 2 Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical</p> <p>Recommendation: Retain for six (6) years following inactivation or ineligibility of client, then dispose of.</p>
308.	<p><u>RESIDENTS INCIDENTS AND ACCIDENT REPORTS</u></p> <p>Dates: 1997- Volume: 1 Cu. Ft. Annual Accumulation: ¼ Cu. Ft. Arrangement: Alphabetical</p> <p>Recommendation: Retain for six (6) years following inactivation of patient in program, then dispose of.</p>
309.	<p><u>RESIDENCE MEDICAL WORKSHEETS (DAILY)</u></p> <p>Dates: 2001- Volume: 5 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years after transferred to residents permanent file, then dispose of.</p>
310.	<p><u>RESIDENTS MONITORING REPORT SHEETS (TWENTY FOUR HOUR)</u></p> <p>Dates: 1997- Volume: 8 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>

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ITEM
NO.

DESCRIPTION OF ITEMS OR RECORDS SERIES

PERSONNEL RECORDS

400.

APPLICATIONS FOR EMPLOYMENT (SOLICITED AND UNSOLICITED) AND
SUPPORTING DOCUMENTS (I.E. RESUMES, LETTERS OF
RECOMMENDATION)

Dates: 2000-
Volume: ½ Cu. Ft.
Annual Accumulation: Negligible
Arrangement: Alphabetical

Recommendation: Retain solicited applications and supporting documents for two (2) years from date of the application, then dispose of. Retain unsolicited applications and supporting documents for one (1) year from date of the application, then dispose of.

401.

CRIMINAL HISTORY BACKGROUND INVESTIGATIONS REQUESTS FORMS,
RELATED CORRESPONDENCE DOCUMENTS, AND BACKGROUND REPORTS

Dates: 1996-
Volume: ¼ Cu. Ft.
Annual Accumulation: Negligible
Arrangement: Alphabetical

Recommendation: Retain until the hiring process is complete, then dispose of.

402.

DISCIPLINARY CASE FILES

Dates: 1992-
Volume: ½ Cu. Ft.
Annual Accumulation: Negligible
Arrangement: Alphabetical

Recommendation: Retain major offenses (drugs, felony crimes, etc.) for five (5) years after termination of employment, then dispose of. Retain other cases for three (3) years after settlement, then dispose of.

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
403.	<p><u>DISCRIMINATION COMPLAINTS</u></p> <p>Dates: 1998- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for three (3) years after settlement of complaint, then dispose of.</p>
404.	<p><u>EMPLOYEE CANCELLATION SHEETS (DAILY)</u></p> <p>Dates: 2000- Volume: 6 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Alphabetical</p> <p>Recommendation: Retain for two (2) years if recorded in permanent records, then dispose of.</p>
405.	<p><u>EMPLOYEE PAYROLL ADVICE</u></p> <p>Dates: 1994- Volume: Negligible Annual Accumulation: Negligible Arrangement: Alphabetical</p> <p>Recommendation: Retain for seven (7) years, then dispose of.</p>
406.	<p><u>EMPLOYEE SUMMARY SHEETS (MONTHLY)</u></p> <p>Dates: 1979- Volume: 23 Cu. Ft. Annual Accumulation: 2 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
407.	<p><u>EMPLOYERS FIRST REPORT OF INJURY</u></p> <p>Dates: 1994- Volume: ½ Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical</p> <p>Recommendation: Retain for seven (7) years, then dispose of.</p>
408.	<p><u>EMPLOYMENT OF MINORS</u></p> <p>Dates: 1997- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for five (5) years after termination of employment, then dispose of.</p>
409.	<p><u>HOME HEALTH CARE SHIFT SHEETS</u></p> <p>Dates: 2001- Volume: 1 Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
410.	<p><u>OVERTIME SLIPS (SCHEDULING)</u></p> <p>Dates: 1998- Volume: 3 Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical</p> <p>Recommendation: Retain for two (2) years if recorded in the permanent records, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
411.	<u>PAYROLL DEDUCTIONS AND AUTHORIZATIONS</u> Dates: 1994- Volume: 3 Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain deduction authorizations for five (5) years following termination of employment, then dispose of. Retain garnishment records for seven (7) years after settlement, then dispose of.
412.	<u>PERSONNEL ACTION NOTIFICATION (YELLOW SHEETS)</u> Dates: 1992- Volume: 3 Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain for seven (7) years, then dispose of.
413.	<u>REQUESTS FOR TIME OFF (VACATION, SICK LEAVE ETC.)</u> Dates: 1994- Volume: 3 Cu. Ft. Annual Accumulation: ¼ Cu. Ft. Arrangement: Alphabetical Recommendation: Retain for two (2) years, then dispose of.
414.	<u>SALARY SCHEDULES</u> Dates: 1997- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain permanently.

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
415.	<p><u>STAFF SCHEDULES</u></p> <p>Dates: 1993- Volume: ½ Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
416.	<p><u>STAFFING REQUESTS</u></p> <p>Dates: 1996- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
417.	<p><u>TIME SHEETS</u></p> <p>Dates: 1992- Volume: 54 Cu. Ft. Annual Accumulation: 6 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
418.	<p><u>WORK ORDERS</u></p> <p>Dates: 2003- Volume: 3 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for sixty (60) days after completion of work, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
419.	<p><u>WORKMAN'S COMPENSATION RECORDS</u></p> <p>Dates: 1988- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for seven (7) years following settlement, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
500.	<p style="text-align: center;"><u>REPORTS</u></p> <p><u>ADMISSION CENSUS REPORTS (DAILY)</u></p> <p>Dates: 1998- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for five (5) years, then dispose of.</p>
501.	<p><u>APPOINTMENT MESSAGE BOOKS</u></p> <p>Dates: 1998- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
502.	<p><u>EMPLOYEE SURVEYS</u></p> <p>Dates: 1998- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years, then dispose of.</p>
503.	<p><u>ILLINOIS DEPARTMENT OF PUBLIC HEALTH INCIDENT AND ACCIDENT REPORTS</u></p> <p>Dates: 2000- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for seven (7) years after settlement, then dispose of.</p>

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
504.	<p><u>ILLINOIS DEPARTMENT OF PUBLIC HEALTH INSPECTIONS</u></p> <p>Dates: 1997- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for three (3) years, then dispose of.</p>
505.	<p><u>ILLINOIS DEPARTMENT OF PUBLIC HEALTH STATE SURVEY REPORTS (ANNUAL)</u></p> <p>Dates: 2003- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for seven (7) years, then dispose of.</p>
506.	<p><u>INVENTORIES OF EQUIPMENT</u></p> <p>Dates: 2000- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological</p> <p>Recommendation: Retain for two (2) years after superseded by a new inventory, then dispose of.</p>
507.	<p><u>LONG TERM CARE FACILITY NOTIFICATION FORM TO ILLINOIS DEPARTMENT OF PUBLIC AID (CHANGES OF RESIDENCE LEVEL OF CARE)</u></p> <p>Dates: 1997- Volume: 3 Cu. Ft. Annual Accumulation: ¼ Cu. Ft. Arrangement: Chronological</p> <p>Recommendation: Retain for seven (7) years, then dispose of.</p>

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508.	<u>MEDICARE SUPPLIES RECORDS</u> Dates: 1993- Volume: 1 Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.
509.	<u>ORBITS REPORTS (DAILY SUPPLY USAGE)</u> Dates: 1998- Volume: 32 Cu. Ft. Annual Accumulation: 6 Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.

BUILDING ANALYSIS
BEL-WOOD NURSING HOME
PEORIA, ILLINOIS

Ferry and Associates Architects
217 South Seventh Street
Springfield, Illinois

Chatain and Company
Consulting Engineers
8150 Central Park Avenue
Skokie, Illinois

August 22, 2007

1. DESCRIPTION OF EXISTING FACILITY

The Bel-Wood Nursing Home as originally built in 1967, it does not appear that significant alterations or additions have been constructed since then. It is a single story building with a steel frame, masonry exterior walls, and masonry and metal stud interior partitions. Interior finishes consist of painted plaster walls, sheet vinyl floors, and concealed spine acoustical ceiling tiles. Windows are aluminum with insulated glazing in resident areas and single glazing in administrative areas. Interior doors are of wood veneer. The roof is an EPDM single membrane roof over polyisocyanurate insulation with the exception of one wing which has an older built-up roof. Both types of roofs are laid over a poured gypsum roof deck.

The facility is approximately 115,000 gross square feet in area, and is licensed for 300 skilled care beds. Support areas include living, dining, and activity rooms, therapy areas, and dietary and mechanical area.

2. BUILDING CONDITION

Overall the building structure appears to be in sound condition. However, several components of the building area worn and are near the end of their useful life. The windows in the administrative area appear to be the original single glazed units, so they are both worn and inefficient from an energy standpoint. Many of the interior doors show wear. The EPDM roof was installed approximately 20 years ago; we have been informed that is ten years past its warranty period and leaks in several areas. The original built-up roof is due for replacement; the original drawings indicate that there is minimal insulation under it which has an impact on the facilities utility costs. The condition of the interior finishes is generally good. Please see Section 6 for a discussion of the mechanical and electrical systems of the building.

We recommend that the existing single glazed windows, interior corridor doors and roof be replaced. We estimate the costs associated with this work to be as follows:

Replace Windows	\$ 27,800.00
Replace Roof	\$2,000,000.00

(estimate obtained from
Facility Administrator)

Replace Corridor Doors	\$ <u>271,000.00</u>
TOTAL	\$2,298,800.00

3. IDPH DEFICIENCIES

On January 24, 2007, the Illinois Department of Public Health (IDPH) conducted a life safety survey and noted several deficiencies, some new and some carried over from an earlier survey. Many of these deficiencies have been corrected, but some of the larger issues remain unresolved.

K017C – requires that corridor walls be completed to a fire resistance rating of thirty minutes. This rating is required because the building is not sprinklered. The surveyor indicated that this was noted throughout the facility. Unfortunately the design of the HVAC system requires the use of the areas above the ceiling as a plenum; the openings mentioned in the citation are required for the operation of the mechanical system. See Section 6 for additional discussion of the HVAC system.

No cost is provided for this work as our recommendation is to provide a sprinkler system. See Section 6.

K025B – requires that smoke barriers be completed above the cross corridor doors. Again, the openings above the smoke doors are necessary for the movement of air within the plenum and are integral to the system.

If the recommendation of Section 6 are adopted and a ducted system is put in place, we estimate the cost associates with closing these openings to be \$24,000.00. Note that we are assuming that there are six smoke barriers, the actual number is not known and would need to be field verified.

K067 – requires that floor registers be raised a minimum of three inches above the adjacent finish floor. This condition occurs in several locations, including corridors used by residents. It may be possible to box around some of these extensions, but it is not possible to do so where the registers occur in corridors because the extensions will reduce the width of the corridor to below eight feet which is not permitted by the Life Safety Code. Please note that it may be possible to apply for a waiver for this condition. However, see Section 6 for a discussion of the replacement of the mechanical system.

As mentioned above, there were several other tags which have been addressed; however, it is worth noting that many of these, and the unresolved K017C above, could have been avoided had the facility been fully sprinklered. We recommend that a sprinkler system be installed. Please see Section 6 for further discussion.

4. ANALYSIS OF BUILDING FEATURES

Although the existing building is still sound in many respects, the design reflects conventions which may have been state of the art in the late sixties, but which are no longer considered to be desirable in the present marketplace. These are not deficiencies, but are features which may not be competitive when compared to a more modern facility.

A. Toilet Facilities

Although IDPH regulations still permit a single toilet room to be shared by two resident rooms, in our experience the shared toilets are considered by the industry to be outdated and not as marketable as providing a toilet for each room.

Unfortunately the existing resident rooms are minimally sized, so it would be necessary to change one out of each pair of semi-private rooms to a private room in order to accommodate the second toilet room. We would not recommend this course of action.

B. Continuum of Care

Many newer facilities are offering multiple levels of care, allowing their residents to remain within the facility as their needs change. Currently the Bel-Wood facility only offers skilled care. Frequently a dementia unit is included in the levels of care offered, and it is recommended that Bel-Wood consider this approach. This recommendation echoes that made by Bel-Wood's consultant, Management Performance Associates (MPA).

Currently the regulations developed by IDPH for Alzheimer's Units are vague, only requiring additional "social space" above what is required for a standard skilled nursing unit. The industry, however, has developed guidelines which are for more specific; many of these guidelines are incorporated into proposed revisions to the IDPH Alzheimer regulations. We expect that these revised regulations will be eventually adopted by the State of Illinois.

When built to these industry guidelines, Alzheimer's "neighborhoods" units are typically limited to twenty residents, with fourteen being considered optimum. MPA has suggested that the local market conditions will support as many as 100 Alzheimer's beds, which would mean the creation of a minimum of five "neighborhoods"; we have been informed by the facility administrator that a forty bed unit would be more practical for the facility. Due to Alzheimer's patient's potentially aggressive behavior, private rooms are preferred in lieu of semi-private. The residents are separated from the main body of the facility's population in a "locked down" unit, which is totally independent except for laundry and food preparation.

Within these "locked down" units care must be taken to avoid excessive noise or other distractions, so paging systems must be minimal. Indirect lighting must be employed, and glare shall be avoided. An interior wander path and access to an exterior courtyard should be provided.

Although the provision of an interior wander path often makes it difficult to provide an up-to-date dementia unit within an older facility it is often achievable. Unfortunately the existing Bel-Wood facility is configured in such a way that making the necessary modifications or additions is impossible; there are simply too many corners in the floor plan of the building to make it practical to expand a wing to include the wander paths.

If the facility desires to include a dementia unit in its program we believe the best course would be to either add a unit to one side of the building or to demolish one or more of the existing wings and create the new units. Either approach has disadvantages; a simple addition may require the facility to file a certificate of need, while the replacement of one or more wings will lower the census of the facility during the period of construction. However, an analysis of the impact of either of these two choices is outside the scope of this report.

For purposes of this report we will assume that two twenty bed neighborhoods will be sufficient to meet Bel-Wood's needs; a very rough estimate to demolish one wing and build a new Alzheimer's Wing would be \$5,600,000.00.

C. Handicapped Accessibility

The toilets in the Special Care rooms are not configured to be accessible. It has been observed that some of the existing door hardware is not accessible, and that some of the signage is not in Braille, etc.

As many of the residents will have some form of disability we recommend that any outstanding accessibility issue is addressed where it is possible to do so.

We estimate the cost to perform various accessibility upgrades will be

\$ 50,000.00. Please note that a detailed accessibility survey of the facility has not been performed, so this is a very rough estimate.

D. Life Safety

As mentioned before the building has certain design elements which may have been permissible at the time of construction but which are no longer permitted. The following observations are not intended to suggest that an imminent danger exists for the residents, but are instead are illustrations of the changes made in the approach to resident safety since the building was built.

1. Cross corridor doors: the current Life Safety Code requires cross corridor pairs of doors to swing opposite from one another in order to permit egress from either side. There are several areas of the existing building which are separated from other areas by pairs of doors which swing against the direction of egress; although grandfathered into acceptance they remain areas where it may be difficult to evacuate residents in the event of an emergency.

We suggest removing non-essential cross corridor doors and correcting the swing of the others where they occur at smoke or fire barriers. We estimate the cost of this work will be \$32,000.00.

Please note that without a detailed survey we do not know exactly where the smoke barriers are located. As we did in Section 3 above we will assume that there are six smoke barriers that should be reconfigured, and sixteen pairs of doors to be removed.

2. Egress through living/dining rooms: It has been observed that in some of the nursing wings there are exit signs directing the path of egress through the living/dining rooms situated at the center of each of the units. It is no longer permissible to pass from an egress corridor through a room in the way to an exit. Again, this may have been grandfathered, but we would

suggest removing the exit signage and directing residents down another of the adjacent corridors instead.

5. ADDITIONAL REMODELING CONCERNS

A. Sprinklers

Currently the only areas of the facility that are sprinklered are the service and storage areas. In accordance with the 2000 Life Safety Code any areas of a long term care facility that is remodeled must receive sprinklers in the smoke compartment being remodeled. If the recommendations in this report are put into effect, the entire building will be subject to this requirement. This may entail the replacement of suspended ceilings, as well as the removal and reinstallation of ceiling mounted lighting fixtures.

See Section 6B. for additional information and costs.

B. Hazardous Materials

Based on the report prepared by M & O Environmental Company, it appears that there are significant amounts of asbestos containing materials (ACM) present in the existing nursing home. If stable or encapsulated these materials may remain, but any disturbance of these materials will require at least a partial abatement. If the above presented recommendations are adopted the extent of the remodeling would be considerable, which would result in a sizeable amount of demolition of existing ACM's, particularly the floor finishes.

While it is possible to abate only what is necessary and encapsulate or abandon the remainder, it is our recommendation that Bel-Wood considers a complete abatement. The intent of this study is to provide recommendations which are intended to allow the Bel-Wood to become competitive for the future as well as the present. If the life of the building extended by prolonging the viability of the nursing home, it is certain that future remodeling will be required to accommodate the changing needs of future residents. To us it makes economic sense to eliminate this issue while the building is being disrupted by this modernization project.

1. M & O Environmental have estimated the cost of a phased abatement to be \$540,000.00.

C. Phasing

It is of paramount importance that the health, safety, and welfare of the residents be maintained during any construction project. It is also important to maintain the income stream of the nursing home during this period. In our experience the conflict between these two issues is usually very difficult to resolve, with the end result often being complex sequencing of phases, each of which must feature adequate fire separation and egress protection of the residents while still allowing them the quality of life they are accustomed to.

It is our understanding that the current census of the nursing home will require that any improvements and/or remodeling projects be phased; the number of phases will be dictated by the amount of space the facility is able to vacate for the work. **In our experience the costs associated with phasing a project, which includes construction of temporary fire barriers, temporary exits, etc. can add as much as 100% to the costs of construction.** In addition to the added expense phased projects typically create anxiety difficulties for residents, family and staff.

6. MECHANICAL / ELECTRICAL / FIRE PROTECTION SYSTEMS

A. PLUMBING

1. General:

- a. The following Building Codes govern this project:

Peoria, Illinois: International Building Code - 2006; International Plumbing Code - 2003

- b. The building was designed in 1967. Many of the existing building systems have never been replaced, unchanged, while others have been replaced at least once

2. Domestic Water Systems

- a. The domestic water service for the entire complex is a 6" main which splits into (2) two 4" galvanized steel lines with meters and then recombines. At one time, there was a concrete pad mounted pumping system, Chicago Pumps. Currently, there are two vertically mounted, non-operating ITT Bell & Gossett pumps on the existing pads. These are installed in the supply line and add additional friction loss to the already pressure challenged system. (See below, #1.D)
- b. The cold water distribution system is designed as a gravity system, piped in copper. The piping is reported to be original, copper, and although it is reported to be in fair condition, it is at 40 years of its projected 50 year life span, perhaps less due to the hardness of the water and liming of the free area of the supply piping. Lines to new fixtures should be replaced, but if as reported by the maintenance staff; the rest of the piping could remain in service for another five to ten years. Although the system is not compromised at this time, it would be good to replace the system now, rather

that do a general renovation and have to open ceilings and walls in another five to ten years.

Estimated Cost: \$365,000.00

- c. Water quality varies, depending on the supply source of the water utility in use at a given time. The utility uses two sources, a well and river water with characteristics as follows:

Well water: Hardness: 18 grains

River water: Hardness: 33 grains

The existing water softening system and brine tank were modified, with new equipment being installed or added, about 6 years ago. This system is maintained by an outside consulting firm and cares for the domestic hot water needs of the facility. The existing system, serving the hot water only, has an expected life span of another nine years.

Consideration should be given to softening both cold and hot water systems. This should be done if the existing piping is replaced.

Estimated Cost: \$50,000.00

- d. Water pressure varies, depending on the pump operation of the municipal water system. When the City contracted water supplier runs the municipal pumping system, there is 80 psi pressure available. When the City pumps are not "On", there is only 20 PSI pressure.

- e. A new water supply entrance train and pressure booster system (triplex with pressure tank) should be installed. This system will provide the needed pressure boost when the City system is not being supplied by pressure pumps. This will also clean up the entrance piping and meter arrangement which appears to have been changed at least twice since the building was first opened. New meter and back flow prevention devices will be included, as well as a new piping connection point for the automatic sprinkler system (See Fire Protection, below).

Estimated Cost: \$40,000.00

2. Plumbing Equipment

- a.. There are three (3) gas fired hot water boilers (Raypak) that provide product for the domestic hot water, kitchen hot water, and laundry hot water. At the time of the site visit, one unit is down for repair, while one unit serves domestic and the other serves laundry and kitchen needs. There are two hot water storage tanks, measuring 96" high by 48" diameter, approximately.

Currently 160 degree, F., water is being supplied to the Laundry, 140 degree, F.; water is being supplied to the Dishwasher in the Kitchen. Domestic water is provided through a Leonard #TM 805083 tempering valve at 120 degrees, F., at the outlet of the valve, and delivered at point of use as 110 degree, F., maximum.

Proposed hot water requirements, based on the current requirements of IDPH Skilled Nursing Home Code and a census of 317 beds, shall be:

180 degree, F., water for Laundry (washing machines) = 1,427 GPH

140 degree, F., Kitchen (general sanitizing and food preparation) =

1,268 GPH

110 degree, F., Domestic hot water usage = 2,061 GPH

New domestic hot water systems would be made up of:

1. System #1 would supply 180 degree, F., water. This system would provide the requirements for the Laundry, and would also provide the 140 degree, F. water to the Kitchen by means of a thermostatic mixing valve.
2. System #2 would supply 140 degree, F. water. This system would provide the needed 110 degree, F., water for the domestic building requirements (private room lavatories, showers, tubs, etc.) The temperature reduction would be made through a thermostatic mixing valve. Additionally, per the IDPH Plumbing Code, unitary mixing valves would be provided at all public lavatories.

Each master mixing valve should be specified and installed with a temperature alarm signaling system and valve which shuts down when detecting hot water temperature above the set limit high temperature limit. When installed, the valves must be set up under the direction of the valve manufacturer and in conjunction with their instruction sheets. Additionally, training on installation, care, and maintenance of the thermostatic mixing valves, should be requested under any construction or remodeling contracts.

b. Softened water is provided for the domestic hot water only. (See Above, #1.C).

c. Mean service equipment lives (per ASHRAE) for the plumbing equipment are:

Description	Equipment Life	Age	Replacement Cost
a. Gas Water Heater/Storage Tank (High Temperature)	10	0	\$ 35,000.00

b. Gas Water Heater/Storage Tank (High Temperature)	10	0	\$ 45,000.00
c. Thermostatic Mixing Valve (High Temperature)	15	0	\$ 15,000.00
d. Thermostatic Mixing Valve (Low Temperature)	5	0	\$ 15,000.00
e. 3 Hot Water Circulation Pumps	15	0	\$ 6,000.00
f. Water Softening Equipment (hot water only)	15	0	\$ 15,000.00

3. Sanitary Drainage, Waste, and Vent System:

- a. Existing sanitary, waste, and vent is cast iron, with a life expectancy of 50 years, min. Sanitary drains collect below the 1st Floor slab from each wing to the two central corridors and collect; one 6" building drain on the West and one 6" building drain on the East. Each changes from a 6" building drain to an 8" building sewer 6'-0" outside the building foundation. These then collect to a building sewer, which the drawing does not indicate a size for, running West to East and on to the municipal sewer system.
- b. These systems, at the minimum, should be rodded out and flushed.

- c. It is reported that at least one floor drain in the Kitchen has a broken underground trap. The underground plumbing should be rodded and scoped for any breaks. The single underground grease trap should be serviced and piping extending from the basin rodded and scoped to find any additional problems of obstructions in the system.

4. Storm Drainage System:

- a. The building is equipped with a dedicated cast iron storm water system that conveys water from roof drains. As with the sanitary DWV system, the life expectancy of cast iron pipe is 50 years, min. The interior storm building drain collects in four building drains, located so that there is minimal passage under building slab. Most collection is done under the outdoor and garden areas. The storm drainage system leaves the building at four locations on the North Side of the building. The outfalls combine and run to the municipal sewer system, north of the building.
- b. These systems should, at the minimum, be rodded out and flushed. If the Roof is projected to be replaced/modified, the roof drain bodies and heads should be replaced with new cast iron bodies and brass/bronze nickel heads.

ESTIMATED COST \$ 9,000.00

5. Plumbing Fixtures:

- a. Lavatory trim is original to the building and it is time to replace the faucet sets, waste drains, stops and trap. For this patient wing, central and administrative area lavatories (approximately 125):

ESTIMATED COST \$ 7,500.00

- b. Water Closet flush valves in the patient wings, are original to the building and it is time to at least service all of the mechanisms, if not replace them.

Service of these valves including checking mechanism and replacing the diaphragms (125, minimum):

ESTIMATED COST: \$ 14,500.00

Replacement of the full valve, including flush valve, and riser tube:

ESTIMATED COST: \$ 30,800.00

- c. Shower / Bath valves in the patient wings are Powers "Hydroguard". From the description given during the walk-thru, it appears that some of the shower valves may not have check stops installed, as there is time that the water system pressures between cold and hot over power each other. The showers valves should be commercial anti-scald, pressure balanced type. These valves (30 minimum) should be replaced if they are original.

ESTIMATED COST \$ 15,000.00

- d. Additional basin style plumbing fixtures (e.g., sinks) in the building general services and administrations should be checked and serviced as necessary. Material and labor should be estimated at approximately \$ 250.00 per fixtures for general service of

ESTIMATED COST \$ 8,500.00

- e. Water coolers must be of the high/low dual basin type. New standards require that the equipment be accessible without lead or lead leaching components.

ESTIMATED COST \$ 8,500.00

B. FIRE PROTECTION

1. The Nursing Home was designed in 1967. The building was not provided with an automatic sprinkler system, although specifically designated areas (such as Service Areas and Storage Rooms), at the Fire Prevention Bureau's request, have been upgraded with A/S heads served from the domestic water system. These piping systems are not served through approved backflow prevention devices.
2. An 8", minimum, fire protection water service should be brought in to the Nursing Home, with a water meter, backflow preventor and supply to the exterior, underground storage tank (normally closed bypass line and valve, in the building) . It is reported that the water supply is as low as 20 PSI at times. This is insufficient to serve a one story building of this size and allow for the required 15 PSI at the top of the automatic sprinkler riser. So a fire pump (which will also be on the emergency generator power system) and private storage tank (large enough to maintain a fire stream with proper pressure head for at least two hours) would be required. The entire building should then be sprinklered complete with alarms, drains, and fire department connection.

Description	Equipment Life	Age	New Cost
a. Fire Pump and Jockey Pump	30	0	\$ 75,000.00
b. Fire Pump Controller (with automatic transfer switch)	30	0	\$ 50,000.00
c. Complete Automatic Sprinkler System	30	0	\$235,000.00
d. Underground Water Storage Tank (30,000 gallon storage, min.)	30	0	\$ 50,000.00
e. Water service for Fire Storage Tank	30	0	\$ 20,000.00

C. HVAC SYSTEMS

1. The following Building Codes govern this project:

Peoria, Illinois: IBC Building Code - 2006; International Mechanical Code - 2003

Illinois Department of Public Health: Intermediate and Skilled Care

Facilities Code

2. Nursing Home (1967):

- a. Heating and cooling is by sixteen gas-fired rooftop multi-zone HVAC units. All rooftop units were replaced after twenty years and are now twenty years old again - so need to be replaced again. ASHRAE estimates the mean service life of rooftop equipment to be 15 years. With the replacement of the roof and roof deck, these units should be replaced. These air handlers have 30% filters. The state now requires 78% filters with filter manometers for new nursing homes.

ESTIMATED COST \$ 600,000.00

- b. The typical resident room has a return register high on the wall that returns air through a plenum ceiling in the Corridor. Plenum ceilings are not allowed by IDPH. These registers should be hard ducted back to the existing duct in the Corridor ceiling. The fire damper used in the transfer register in each Resident Room would no longer be required once these walls become full height and the building becomes sprinklered. There may be some smoke dampers required as the smoke zones become clearly identified.

ESTIMATED COST \$ 240,000.00

- c. The resident toilet rooms are served by ceiling mounted, NuTone, exhaust fans which exhaust individually through the exterior of the building. These should be removed and replaced with central exhaust fans. Currently there is more supply than exhaust in the typical Resident Washroom making them positively pressurized. IDPH code requires a negative pressure in the Toilet room and a resultant neutral pressure within the Resident Suite.

ESTIMATED COST \$ 120,000.00

- d. The nursing home has been cited by the state for floor registers located in the end Dining Rooms of each wing and the exterior Corridors. These are supply registers from the underground duct system. Although the 4" minimum above floor violation would also to the supplies in each Resident Room (as detailed on the drawings this was a violation), the actual installation has a boot bringing the supply up above this minimum. These other supply registers should be ducted overhead. The ones in the Dining Room and some other areas cannot be ducted overhead and would need to be raised above the floor. The exterior full height window in the Dining Rooms should be replaced with a knee wall and windows to accommodate the raised floor registers. The price below does not include the architectural cost for this work.

ESTIMATED COST \$100,000.00

ADD Knee Wall and Change Windows \$60,000.00

- e. There is a building management system with temperature sensors located in common spaces around the facility. None of the HVAC units connect to this system. It is about 10 years old and is already obsolete. It is time to replace this system. The replacement rooftop units could come from the factory pre-wired with building management type controls for hook up to a computer system. This is not mandatory, but would be recommended.

ESTIMATED COST \$ 100,000.00

- f. There are ceiling mounted electric unit heaters at the exit doors at the end of each wing. The life expectancy of these units is about 10 years and will need to be replaced.

ESTIMATED COST \$ 10,000.00

HVAC SUMMARY

All HVAC equipment has been well maintained and would run for a while with tender care and a large reserve fund. But all are beyond their life expectancy and need replacement. The plenum air ceilings and the floor registers need to be rectified.

D. ELECTRICAL SYSTEMS

1. The following Building Codes govern this project:

Peoria, Illinois: IBC Building Code - 2006; National Electric Code - 2005

Illinois Department of Public Health (current): NFPA Life Safety Code #101-1997;
NFPA National Electric Code #70-1996

Illinois Department of Public Health (proposed): International Building Code -2003;
NFPA Life Safety Code #101-XXXX; NFPA #70 National Electric Code - XXXX.

2. Specific Electrical Systems

- a. The Nursing Home has its own electrical service from overhead lines. The incoming service is 1,600 amps, 480 volt, 3 phase. The main switchboard, one automatic transfer switch, and transformer in the Emergency Generator Room; and the main distribution panels are located in the Boiler Room. While grandfathered, with remedial work going on in the Facility, it may be time to separate this equipment into different rated Electrical Rooms. The actual electrical service can remain, unchanged.

- b. The 500 KVa (400 @ .8 power factor) emergency generator appears to be the original equipment, now about 40 years old. It is located in the same room as the automatic transfer switch and main electrical service switch. This could not be installed this way if constructed today. The entire building is served by this equipment during a power failure. The HVAC units are served from this system, however two of the units need to be re-set to run after it kicks in (except cooling). Current code would require that loads be separated between life safety (exit lighting, fire alarm), critical (other lighting, nurse call, heating), and general (the remainder of the Facility). With work going on in the building, we assume that the loads would have to be separated. The fire pump should be added to this system.

The diesel supply is from a 1,000 gallon, buried tank outside of the footprint of the building. The tank appears to have been replaced in compliance with the Illinois Environmental Protection Agency and State fire Marshall guidelines for such storage tanks. This location for the fuel supply would allow for installation of a new emergency generator, designed for outdoor installation. This would be consistent with maintaining a separation between existing equipment and emergency equipment, as outlined by current Code.

- c. The existing electrical panels are typically located in Electric Rooms off the Corridor system. Each Nursing wing has an electric room. The room has a power panel, serving the respective HVAC and other equipment. There are

lighting and receptacle panels, but no dedicated emergency panel, either life safety or critical branches. The security, fire alarm panels are located in this room also. There is a transformer which serves the step down in the room, serving lighting and power in the wing.

The rooms are completely filled and it does not appear that additional panels would be able to be installed in these rooms

There are electric panels installed in the Corridor serving the Boiler Room/Laundry area.

Electrical panels are FPL, original equipment. These panels should be changed out with new panels. This will allow change out of breakers which are more up to date and readily obtainable from the manufacturer.

- d. Lighting fixtures throughout the building are 277 volt, on magnetic ballasts. There is currently an ongoing project to replace the magnetic ballasts with electronic ballasts serving T8 lamps. About 30% of the existing fixtures have been adapted to date.

Lighting should continue to be replaced both inside and outside of the building as part of the normal maintenance schedule.

- e. Electrical wiring is predominantly copper and has reached about 40 years of its 50 year life expectancy. As it is so close to its life expectancy, it is recommended to replace the wiring now, rather than perform Facility remedial work now, and come back in 10 years to pull this wire. Any aluminum wiring found in the facility should be replaced. Where the ceiling assembly is removed and new walls up to the roof deck are installed, new wiring should be provided to serve lighting. Additionally, new wiring should be pulled to the receptacles, with old style receptacle devices being replaced. Ground Fault Interrupter devices should be provided in the toilet rooms, and anywhere close to existing sink fixtures or water using equipment.

- t. The existing telephone system and communications comes from the existing communications center.

- g. There is no central data system in the Nursing Home. It has not been address if one is intended in the future - but that could be handled as a future item. What data systems exist are tied into the County system.

- h. All rooms now have cable TV. There is a central service entry point in the Facility.

- i. The existing Public Address system is tied to the existing telephone system. Voice paging is a function of using the telephone system and making a system wide announcement.

- k. The existing Nurse Call system is an Edwards Nurse Call System and is the original building system. It is a simple one way system, which illuminates a light in the corridor and at the Nurse's Station. The Nurse panel is in a state of disrepair, with a paper template taped onto the panel above the light serving the room. Although this system is obsolete and patched, it is reported to be fully working. These systems should be completely replaced and provided power from the Critical System.

- l. The Nursing Home has a new Simplex Fire Alarm system, which was installed in the last 5 years. The system Fire Alarm Control Panel is located in the Boiler Room. It may not need to be replaced; however, it may need to be increased in size to accept the patient room smoke alarm signals.

- m. The Patient Rooms do not have door closers that are connected to individual smoke alarms in each patient rooms and alarms at the Nurse's Station. This Facility has been grandfathered. The extent of the remedial work requires that this system be reviewed as to completeness and any remedial work necessary performed. If a wing is entirely remodeled, the fire/door system should be installed and connected to the Fire Alarm system and the Nurse Call system.

Mean service equipment lives for the main electrical system components are:

Description	Equipment Life	Age	Replacement Cost
1. Emergency Generator	20	40	\$ 80,000.00
2. 1 Automatic Transfer Switches	50	40	\$ 25,000.00
3. 2 Automatic Transfer Switches	50	NEW	\$ 50,000.00
4. Replace Panel Boards	50	40	\$ 77,710.00
5. Replace Transformers	50	40	\$ 22,000.00
6. Lighting Fixtures	--	--	
New Fixtures:	--	NEW	\$376,050.00 (recommended)
Re-ballast/Lamp	20	40	\$ 78.00 / ballast
7. Electrical Wiring & Conduit	50	40	\$313,950.00
8. Electrical Devices	50	40	\$ 54,050.00

9. Telephone System	20	40	\$ 5,000.00
10. Nurse Call System	20	40	\$140,000.00
11. Security System	20	40	\$ 57,000.00
12. Fire Alarm System - Patient Door	20	NEW	\$ 95,000.00

E. CEILING REPLACEMENT

1. The extent of mechanical, electrical, and fire protection work being recommended will require the existing concealed spline acoustical tile ceiling to be replaced. We estimate the cost to remove and replace the suspended ceiling will be approximately \$360,000.00.

7. NEW FACILITY

While all of the changes to the existing building that have been discussed are certainly feasible, it is worth remembering that even with the work described above the building will still be forty years old, and will still have all of the maintenance issues associated with a structure of that age.

A new facility could be truly state of the industry and could accommodate the needs of Peoria County's residents much more competitively than the current Bel-Wood facility.

Based on a conversation with Bel-Wood's administrator it is understood that a 200 bed capacity would much better suit the County's needs and resources. A very rough estimate for a 200 bed facility, including 40 Alzheimer's beds, is \$20,350,000.00 in 2007 dollars. This does not include site, permitting, design fees or other soft costs, and does not include furniture or equipment.

SUMMARY OF COSTS

Following is a summary of the estimated costs of items described in the preceding pages. Please note that the estimated costs have not been developed using detailed drawings are therefore intended to provide an idea of the probable cost only. Estimates do not include design fees, review fees, permits or site utility work and are based on 2007 dollars.

<u>Report Item No.</u>	<u>Costs</u>
2. Building Condition	\$ 2,298,800.00
3. IDPH Deficiencies	\$ 24,000.00
4. Building Features	
B. Continuum of Care	\$ 5,600,000.00
C. Handicapped Accessibility	\$ 50,000.00
D. Life Safety	\$ 32,000.00
5. Remodeling	
B. Hazardous Materials	\$ 540,000.00

6. Mechanical / Electrical / Fire Protection Systems

A.	Plumbing	\$ 679,800.00
B.	Fire Protection	\$ 430,000.00
C.	HVAC Systems	\$ 1,230,000.00
D.	Electrical	\$ 1,295,760.00
E.	Ceiling Replacement	<u>\$ 360,000.00</u>
TOTAL – ALL RECOMMENDATIONS		\$ 12,540,360.00



Larson & Darby Group
Architects Engineers Planners

May 19, 2009

ARCHITECTS

Mr. Patrick E. Urich
County Administrator
Peoria County

ENGINEERS

324 Main St., Room 502
e-mail: purich@peoriacounty.org

PLANNERS

RE: Bel-Wood Nursing Home: Peoria County
Renovate vs. Replace
L&D #18152

Offices in:

Rockford, Illinois
Peoria, Illinois
St. Charles, Illinois

Dear Mr. Urich:

You have asked for our recommendation on whether to replace or to renovate Bel-Wood Nursing Home. Based on the following summary information from professional studies that have been completed, our recommendation is to replace it.

Initial Study and Scope

Initially, Ferry and Associates evaluated the existing Bel-Wood and concluded in its 2007 report (attached) that approximately \$12.5 million would be required to bring the existing Bel-Wood facility up to Code. The Ferry estimate from this report did not include soft costs, phasing costs, or lost revenue; all of which if included in the 2007 Ferry estimate, would result in renovation projected cost over \$21 million.

It is important to note that this investment (as originally studied) also did not include upgrading Bel-Wood's capability or marketability – i.e., program. To be sure, Bel-Wood would benefit from newer and safer systems such as sprinklers and HVAC. It would have hazardous materials abated. Some handicapped accessibility would be improved. The major limitations of the resident rooms and their associated toileting/bath capabilities would remain. Bel-Wood would not have a competitive dementia facility.

Advanced Study and Programming

Subsequent to the 2007 Ferry report, the design team of Larson Darby/Ferry developed a space program and preliminary planning diagrams, completed in early 2009. The space program represents the space and services Bel-Wood would need to compete in today's market. At that point in time, the space program included 80 dementia, 50 rehab, and 90 skilled nursing beds for a total of 220.

This program was conceptually applied at a Master Planning level to the existing facility layout. Care was taken not to get too carried away in terms of matching room configurations to the ideal program definition. This was done to use as much as possible of existing facility wall locations; constraining cost as much as possible while still attaining a workable program solution.



Mr. Patrick E. Urich
 May 19, 2009 Page 2 of 3

Using the services of River City Construction, we had the space Program and Master Plan priced for two scenarios:

- a. Renovation of the existing Bel-Wood
- b. Replacement of the existing Bel-Wood

This element of Step 2 is significant as it presents the space program applied as much as possible to a renovation direction – as well as, replacement. In other words, we have a relatively accurate comparison.

There is little benefit in evaluating Bel-Wood under the Initial Study & Scope. If this were done, it is our opinion that Bel-Wood would be non-competitive in the market.

Cost Estimates

Our conclusion is that a renovated Bel-Wood would be just as expensive as a new facility. River City Construction provides the following cost estimates. With the renovation option, River City has identified three types of costs: moderate renovation areas, intense renovation space, and new space (specifically for the 80-bed dementia unit).

The cost estimates are for hard (construction) costs only. Soft costs represent another 20-25 percent. For decision-making purposes, hard costs provide a realistic basis for evaluating the scope of the replace v. renovate assessment. In all estimates, construction inflation was 6.75 percent to mid construction which is projected at mid-year 2011.

**Construction Cost Estimates
 Hard Costs Only**

Facility Study	Type	Square Feet	Low Range	High Range
Existing	Renovate	139,070	\$26.6 million	\$29.4 million
Scheme 1	Replace	129,029		\$26.4
Scheme 4	Replace	131,325		\$26.3
Scheme 6	Replace	131,647		\$27.4

The River City estimates indicate that renovating Bel-Wood will be just as expensive as replacement.



Larson & Darby Group
Architects Engineers Planners

Mr. Patrick E. Urich
May 19, 2009 Page 3 of 3

Given the flexibility that modern replacement design can offer – including design for sustainability - and the ability to design to the full extent for marketable program requirements, there is little reason to recommend renovation.

Let us know if you have any questions or concerns regarding this recommendation.

Thank you very much.

Sincerely,
Larson & Darby Group

Richard S. McClelland, AIA, NCARB, HCC, LEED AP
Principal Architect

Enclosures: Ferry Report



Management Performance Associates
Woods Mill Towers • Suite 501 South
14323 South Outer Forty Road
Chesterfield, Missouri 63017
314 • 434-4227 FAX 314 • 434-4337
www.healthcareperformance.com

Executive Summary

Market Study for Proposed Bel-Wood Replacement Facility

**Peoria County Government
Peoria, Illinois**

March 2009

Peoria County Zip Code Analysis

Patient Origin Data

In 2008, 63 percent of the admissions came from three zip codes, 61604, 61605, and 61607.

Primary Service Area

Zip Code	Town(s)	Admissions	Cumulative % of Admissions
61604	Peoria, Bellevue, West Peoria	51	30.9%
61605	Peoria	27	47.3%
61607	Peoria, Bartonville	26	63.0%

The table below summarizes the secondary service area. Admissions from these four zip codes made up 19.4 percent of the admissions in 2008.

Secondary Service Area

Zip Code	Town(s)	Admissions	Cumulative % of Admissions
61554	Pekin	9	68.5%
61614	Peoria	9	73.9%
61615	Peoria	8	78.8%
61533	Glasford	6	82.4%

Collectively, 82 percent of the 2008 admissions originated from these 7 zip codes that make up the primary and secondary service area. The remaining 18 percent of the 2008 admissions came from 17 additional zip codes.

Total Population

Demographic data from Claritas was used to determine the population trends by zip code in Peoria County. The data includes 2000 census data, population estimates for 2008 and population projections for 2013.

The tables show the population projection for 2013: 45% of the county population is found in three zip codes, 61604, 61614, and 61615.

**Most Populated Zip Codes
Peoria County - 2013**

Zip Code	Town(s)	2013 Population	% of Total Population	Cumulative % of Total Population
61604	Peoria	30,854	16.9%	16.9%
61614	Peoria	28,029	15.4%	32.3%
61615	Peoria	22,930	12.6%	44.8%

The secondary concentration of county population is found in zip codes 61603, 61605, 61523 and 61607. These four zip codes represent 29% of the county population in 2013. The data is summarized in the table below.

**Secondary Tier of Zip Code Population
Peoria County - 2013**

Zip Code	Town(s)	Population	% of Total Population	Cumulative % of Total Population
61603	Peoria	17,127	9.4%	9.4%
61605	Peoria	16,179	8.9%	18.3%
61523	Chillicothe	10,427	5.7%	24.0%
61607	Peoria/Bartonville	9,636	5.3%	29.3%

Collectively, these seven zip codes collectively represent 74 percent of the county population. These zip codes are all located on the eastern side of Peoria County.

Population Growth

The total population of Peoria County is projected to remain relatively unchanged between 2000 and 2013. Claritas projects the County population will decrease slightly by 0.7 percent, from 183,682 to 182,472.

The population in these seven zip codes is expected to decline by 1.7 percent between 2000 and 2013. Six of the seven most populated zip codes are projected to decline between 2000 and 2013. Only one zip code, 61615 is projected to grow by 26.7 percent between 2000 and 2013.

Zip Code	Town(s)	2000 Population	2013 Population	% Change
61604	Peoria	33,002	30,854	-6.5%
61614	Peoria	28,344	28,029	-1.1%
61615	Peoria	18,102	22,930	26.7%
61603	Peoria	18,453	17,127	-7.2%
61605	Peoria	18,458	16,179	-12.3%
61523	Chillicothe	10,963	10,427	-4.9%
61607	Peoria/Bartonville	10,216	9,636	-5.7%
7 Zip Code Total		137,538	135,182	-1.7%
Rest of County		46,144	47,290	2.5%
Total County		183,682	182,472	-0.7%

The population in the rest of the County is expected to increase by 2.5 percent, from 46,144 to 47,290.

Senior Population

The list of zip codes with the highest number of seniors is the same as the zip codes with the largest total population. The top three zip codes represent almost 53 percent of the senior population in the County.

Senior Population Primary Zip Codes
Peoria County - 2013

Zip Code	Town(s)	2013 Population	% of Total Population	Cumulative % of Total Population
61614	Peoria	6,014	22.1%	22.1%
61604	Peoria	5,045	18.5%	40.6%
61615	Peoria	3,306	12.1%	52.7%

The secondary tier of population zip codes is also the same zip codes for the secondary tier of senior population zip codes. These four zip codes represent 24.8 percent of the senior population in the County.

**Senior Population Secondary Zip Codes
Peoria County - 2013**

Zip Code	Town(s)	Population	% of Total Population	Cumulative % of Total Population
61603	Peoria	1,808	6.6%	59.3%
61605	Peoria	1,783	6.5%	65.9%
61523	Chillicothe	1,605	5.9%	71.8%
61607	Peoria/Bartonville	1,580	5.8%	77.6%

The seven zip codes combined account for 77.6 percent of the senior population in Peoria County.

Senior Population Growth

Zip Code	Town(s)	2000 Population	2013 Population	% Change
61614	Peoria	5,906	6,014	1.8%
61604	Peoria	5,526	5,045	-8.7%
61615	Peoria	2,219	3,306	49.0%
61603	Peoria	1,861	1,808	-2.8%
61605	Peoria	2,294	1,783	-22.3%
61523	Chillicothe	1,576	1,605	1.8%
61607	Peoria/Bartonville	1,535	1,580	2.9%
7 Zip Code Total		20,917	21,141	1.1%
Rest of County		5,099	6,115	19.9%
County Total		26,016	27,256	4.8%

The senior population of Peoria County is expected to grow by 4.8 percent between 2000 and 2013. In the top seven zip codes, the senior population is expected to grow by 1.1 percent during the same period. The largest growth is expected in the 61615 zip code at 49 percent. The remaining county population is expected to increase by almost 20 percent, from 5,099 to 6,115.

Medicaid Senior Population

The zip codes with the highest number of Medicaid seniors are 61604, 61614 and 61605. These three zip codes represent nearly 52 percent of the Medicaid seniors in the County.

Medicaid Senior Population Peoria County - 2013

Zip Code	Town(s)	2013 Population	% of Total Population	Cumulative % of Total Population
61604	Peoria	1,477	22.0%	22.0%
61614	Peoria	1,053	15.7%	37.6%
61605	Peoria	951	14.1%	51.8%

The secondary tier of population zip codes is also the same zip codes for the secondary tier of senior population zip codes. These four zip codes represent 30 percent of the senior population in the County.

Medicaid Senior Population Secondary Zip Codes Peoria County - 2013

Zip Code	Town(s)	Population	% of Total Population	Cumulative % of Total Population
61615	Peoria	706	10.5%	62.3%
61603	Peoria	601	8.9%	71.2%
61607	Peoria/Bartonville	364	5.4%	76.7%
61523	Chillicothe	359	5.3%	82.0%

All seven zip codes combined account for 82 percent of the Medicaid seniors in the County.

Medicaid Senior Population Growth (Households Age 65+ with Income <\$30,000)

We determine the senior (65+) Medicaid population using households with an income level less than \$30,000. The highest number of senior households at this income level is found in the same seven zip codes with the highest total population and senior population.

82 percent of the senior Medicaid population for the County is found in these seven zip codes based on 2013 projections; this is an increase from 80.3 percent in 2000.

Zip Code	Town(s)	2000 Households	2013 Households	% Change
61604	Peoria	1,897	1,477	-22.1%
61614	Peoria	1,317	1,053	-20.0%
61605	Peoria	1,404	951	-32.3%
61615	Peoria	597	706	-18.3%
61603	Peoria	787	601	-23.6%
61607	Peoria/Bartonville	547	364	-33.5%
61523	Chillicothe	576	359	-37.7%
7 Zip Code Total		7,125	5,511	-22.7%
Rest of County		1,749	1,210	-30.8%
County Total		8,874	6,721	-24.3%

Summary

- The population of the County is concentrated in the following seven zip codes: 61604, 61614, 61615, 61603, 61605, 61523, and 61607.
- The top three zip codes, 61604, 61614 and 61615 account for 45% of the total population, 53% of the senior population and 52% of the senior Medicaid population in the County.
- The next four zip codes, 61603, 61605, 61523 and 61607 represents 29 percent of the total population, 25% of the senior population and 30 percent of the senior Medicaid population in the County.
- Within Peoria County, all seven zip codes capture 74 percent of the total population, 78 percent of the senior population and 82 percent of the senior Medicaid population.
- Within this core area of the County, the population is expected to decline by 1.7 percent. The only one zip code, 61615 is expected to increase, and at a high rate of 27 percent between 2000 and 2013. The zip code of 61528, Edwards which is directly west of 61615, while a much less populated area is expected to grow by 30 percent.

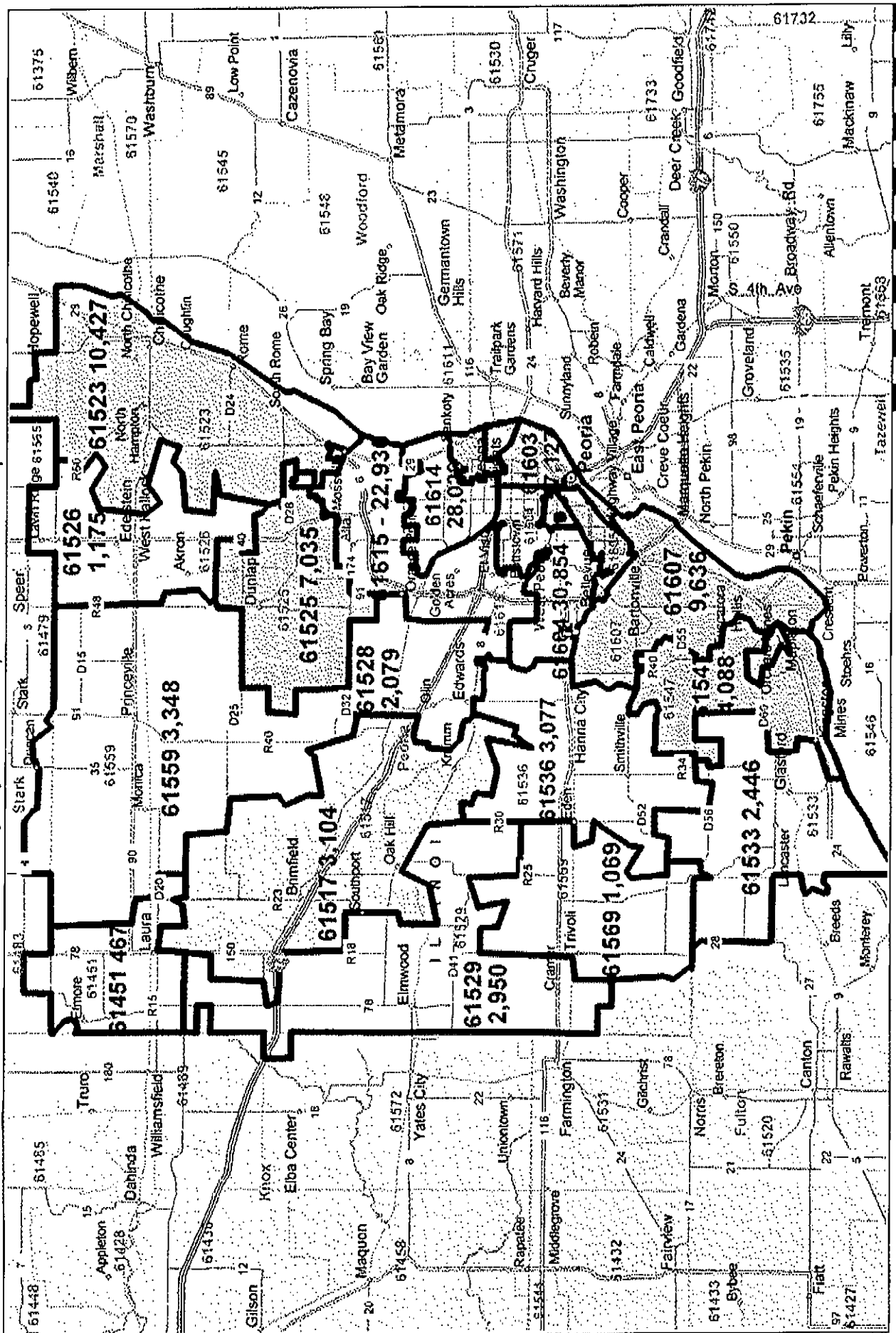
Clearly, the growth areas are north/northeast of the current Bel-Wood facility.

- The senior population in the County is expected to increase by 4.8 percent. In the core 7 zip code area, the senior population is expected to increase by 1.1 percent. In the rest of the County, the number of seniors is expected to increase by 20 percent. The 61615 zip code is expected to see an increase of 49 percent.
- The seven zip code core area represents 82 percent of the Medicaid senior population. The number of Medicaid seniors is expected to decrease by 23 percent between 2000 and 2013.
- Seven zip codes account for 82.4 percent of the admissions to Bel-Wood in 2008 – 61604, 61605, 61607, 61554, 61614, 61615, and 61533. Of these seven zip codes, two are not in the seven core population zip codes. These two zip codes are 61554, Pekin and 61533, Glasford. Adjusting for these two zip codes, the remaining 5 zip codes that fall within the core populated area of the County (61604, 61605, 61607, 61614 and 61615) account for 73 percent of the admissions at Bel-Wood.

Peoria County Population Projections by Zip Code

Total Population Growth							Cumulative
Rank	Zip Code	2000	2008	2013	% Change	% of Total	% Total
1	61604	33,002	31,559	30,854	-6.5%	16.9%	16.9%
2	61614	28,344	28,058	28,029	-1.1%	15.4%	32.3%
3	61615	18,102	21,321	22,930	26.7%	12.6%	44.8%
4	61603	18,453	17,592	17,127	-7.2%	9.4%	54.2%
5	61605	18,458	16,981	16,179	-12.3%	8.9%	63.1%
6	61523	10,963	10,621	10,427	-4.9%	5.7%	68.8%
7	61607	10,216	9,905	9,636	-5.7%	5.3%	74.1%
8	61606	8,073	7,651	7,379	-8.6%	4.0%	78.1%
9	61525	6,023	6,646	7,035	16.8%	3.9%	82.0%
10	61616	6,334	5,897	5,657	-10.7%	3.1%	85.1%
11	61547	3,766	4,028	4,088	8.6%	2.2%	87.3%
12	61559	3,036	3,235	3,348	10.3%	1.8%	89.2%
13	61517	3,090	3,148	3,104	0.5%	1.7%	90.9%
14	61536	3,018	3,042	3,077	2.0%	1.7%	92.5%
15	61529	2,688	2,860	2,950	9.7%	1.6%	94.2%
16	61533	2,310	2,374	2,446	5.9%	1.3%	95.5%
17	61528	1,603	1,919	2,079	29.7%	1.1%	96.6%
18	61625	1,752	1,829	1,878	7.2%	1.0%	97.7%
19	61526	1,156	1,159	1,175	1.6%	0.6%	98.3%
20	61569	1,174	1,069	1,069	-8.9%	0.6%	98.9%
21	61602	1,128	1,078	1,031	-8.6%	0.6%	99.5%
22	61552	578	534	507	-12.3%	0.3%	99.7%
23	61451	415	445	467	12.5%	0.3%	100.0%
Total		183,682	182,951	182,472	-0.7%		

Peoria County Zip Code Map - 2013 Total Population

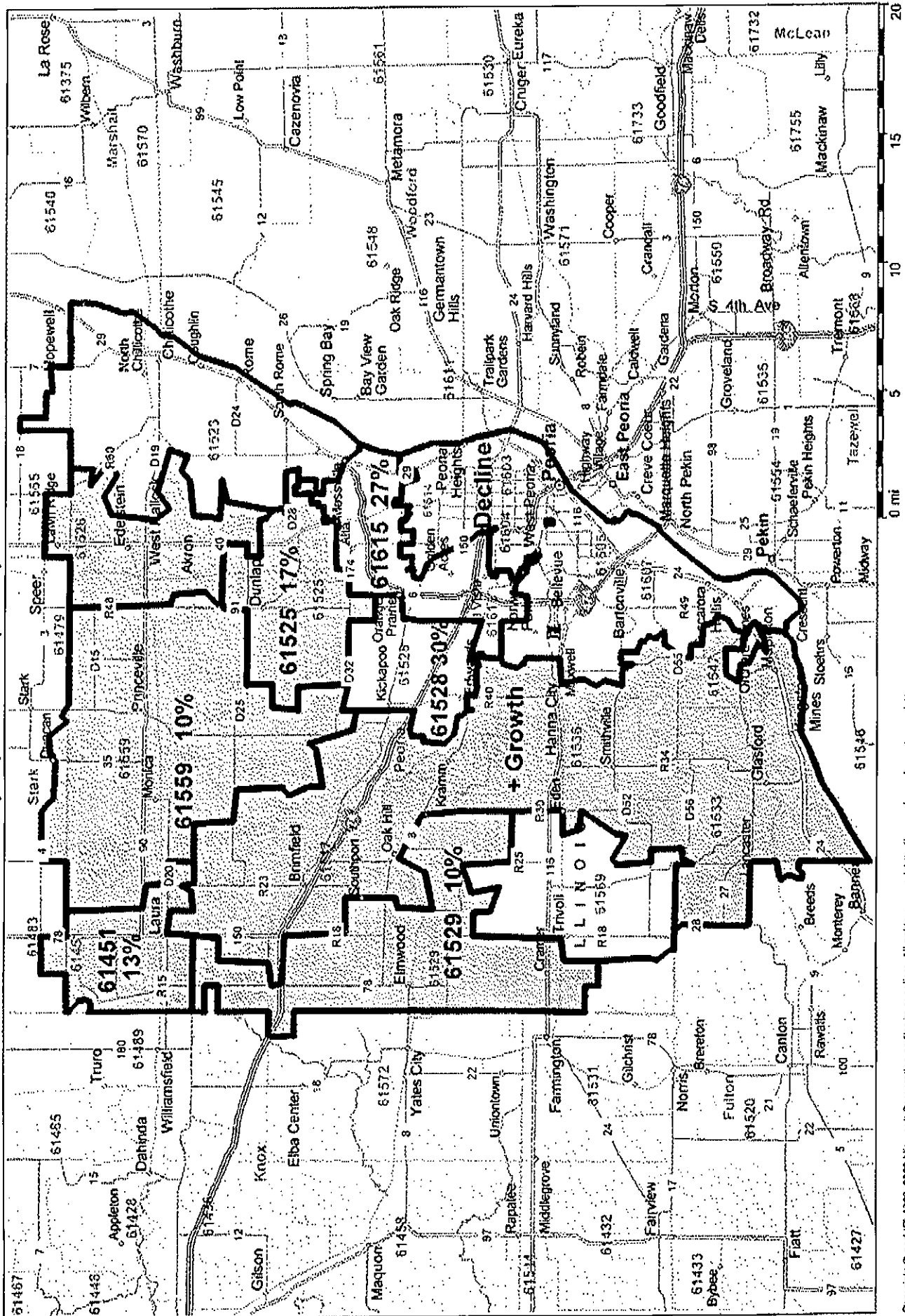


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Peoria County Senior Population Projections by Zip Code

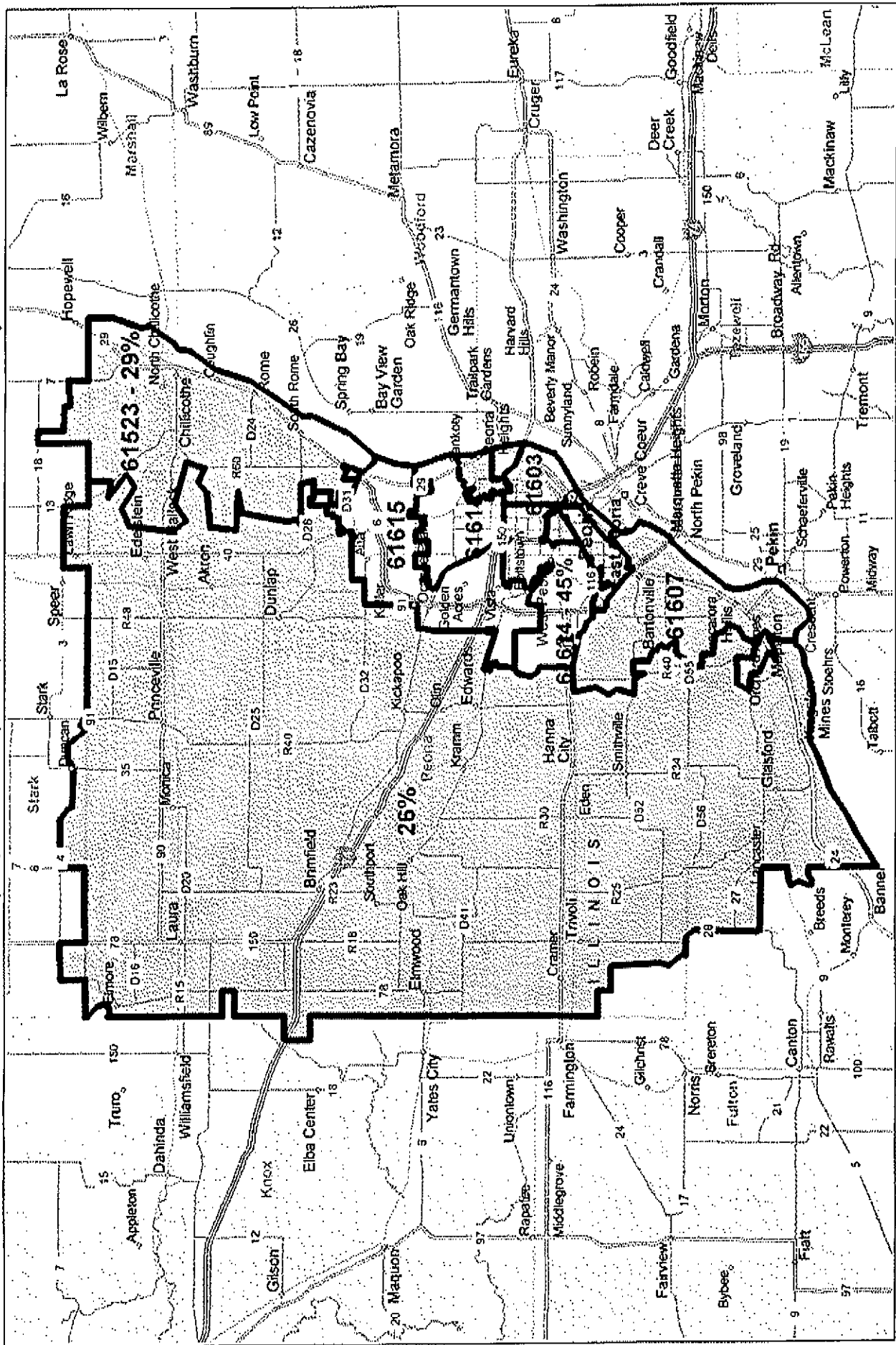
Rank	Zip Code	2000	2008	2013	% Change	% of Total	Cumulative % Total
1	61614	5,906	5,756	6,014	1.8%	28.4%	28.4%
2	61604	5,526	5,042	5,045	-8.7%	23.9%	52.3%
3	61615	2,219	2,778	3,306	49.0%	15.6%	67.9%
4	61603	1,861	1,723	1,808	-2.8%	8.6%	76.5%
5	61605	2,294	1,918	1,783	-22.3%	8.4%	84.9%
6	61523	1,576	1,527	1,605	1.8%	7.6%	92.5%
7	61607	1,535	1,512	1,580	2.9%	7.5%	100.0%
8	61616	1,012	917	942	-6.9%	4.5%	104.5%
9	61525	613	760	931	51.9%	4.4%	108.9%
10	61606	540	516	556	3.0%	2.6%	111.5%
11	61547	343	442	544	58.6%	2.6%	114.1%
12	61559	427	460	508	19.0%	2.4%	116.5%
13	61529	424	439	470	10.8%	2.2%	118.7%
14	61517	347	388	448	29.1%	2.1%	120.8%
15	61536	376	405	445	18.4%	2.1%	122.9%
16	61533	297	319	365	22.9%	1.7%	124.6%
17	61528	175	224	284	62.3%	1.3%	126.0%
18	61569	163	161	183	12.3%	0.9%	126.8%
19	61526	127	141	164	29.1%	0.8%	127.6%
20	61602	124	122	121	-2.4%	0.6%	128.2%
21	61451	59	66	71	20.3%	0.3%	128.5%
22	61552	47	55	62	31.9%	0.3%	128.8%
23	61625	25	16	21	-16.0%	0.1%	128.9%
		26,016		27,256	4.8%		

Peoria County Zip Code Map - Population Growth



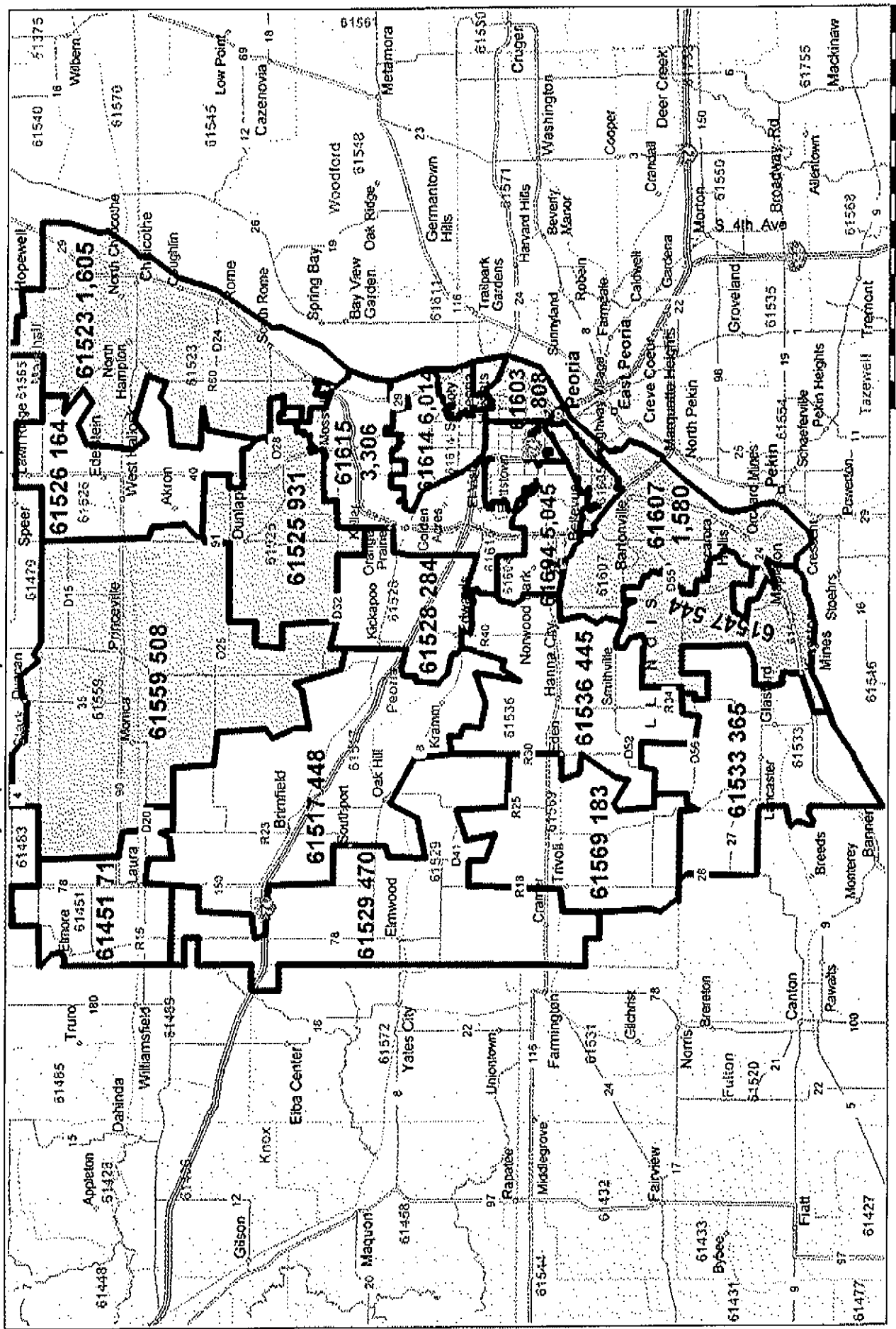
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Peoria County Zip Code Map - Population Distribution in County



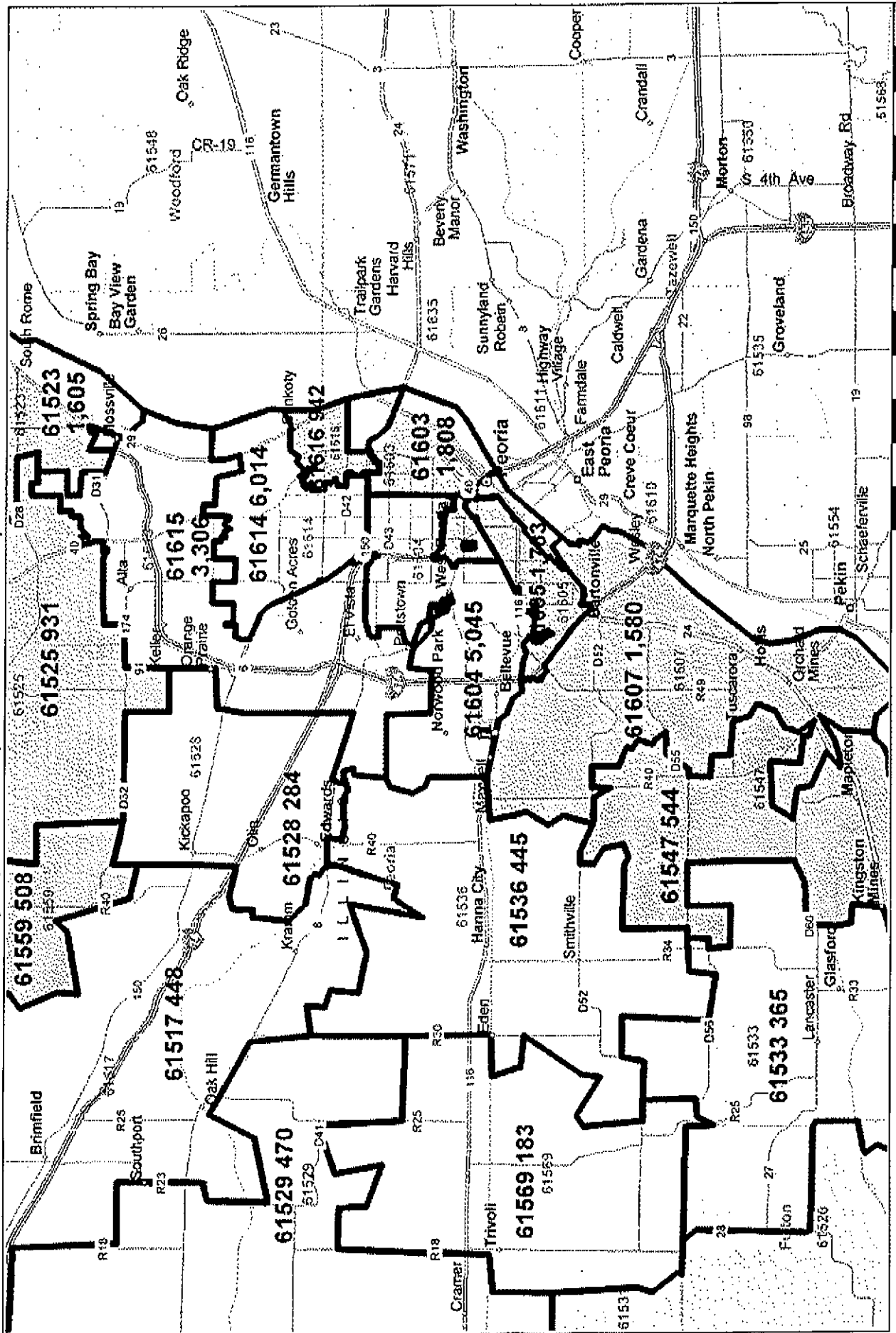
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Peoria County Zip Code Map - 2013 Senior Population



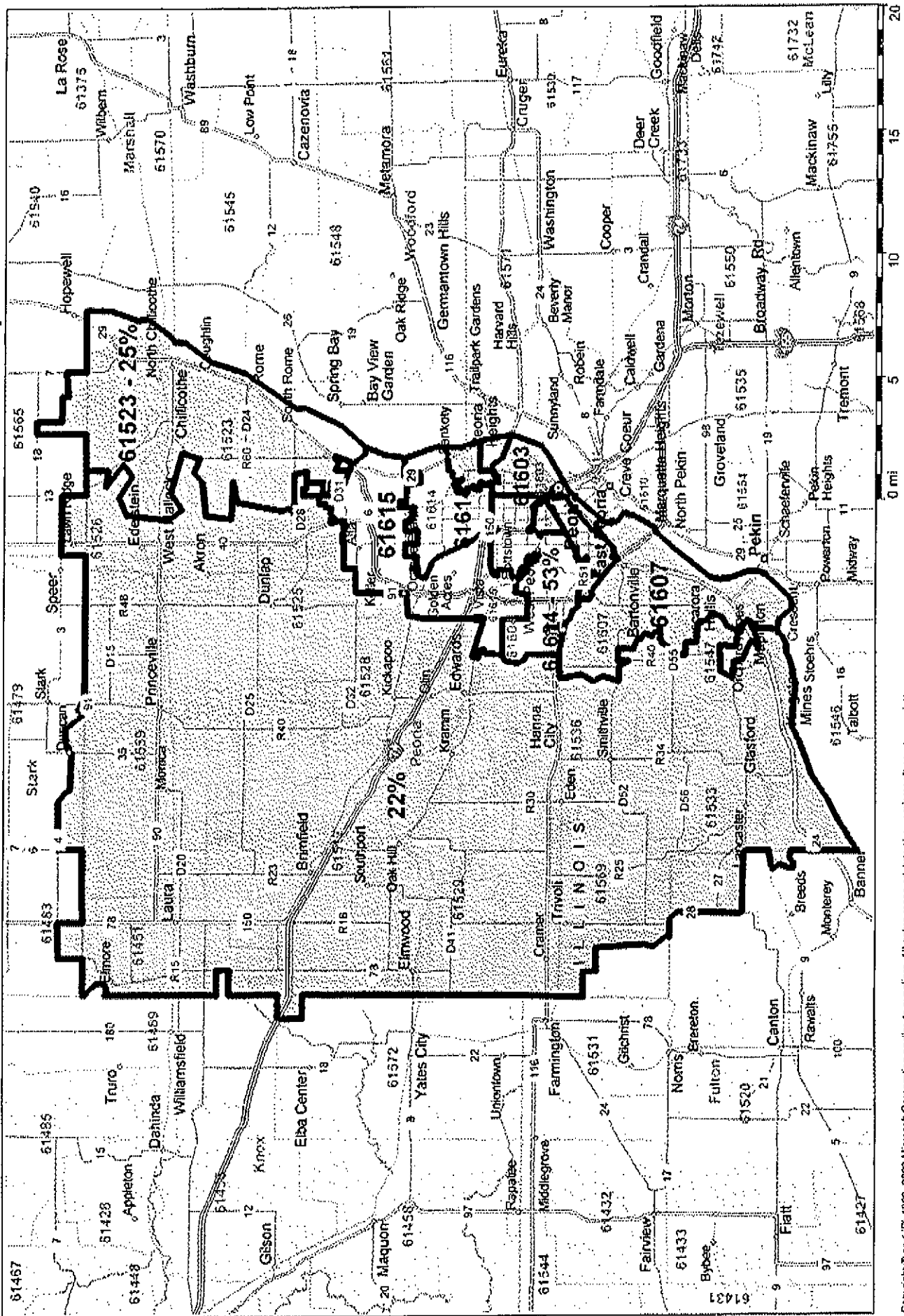
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Peoria County Zip Code Map - 2013 Senior Population - Closer View



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Peoria County Zip Code Map - Distribution of Seniors in County

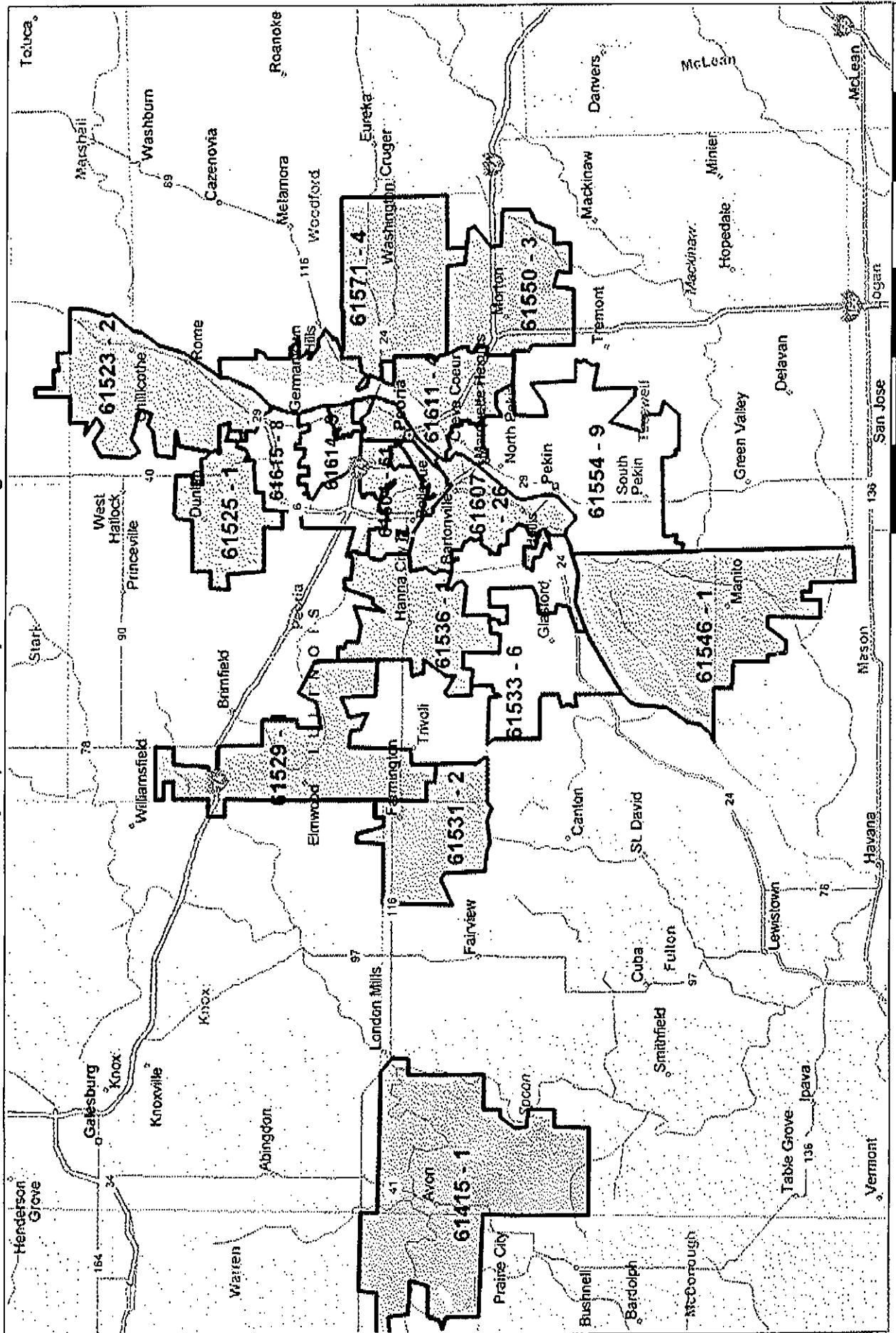


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Peoria County Senior Population Projections by Zip Code

Rank	Zip Code	2000	2008	2013	% Change	% of Total	Cumulative % Total
1	61614	5,906	5,756	6,014	1.8%	28.4%	28.4%
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4	61603	1,861	1,723	1,808	-2.8%	8.6%	76.5%
5	61605	2,294	1,918	1,783	-22.3%	8.4%	84.9%
6	61523	1,576	1,527	1,605	1.8%	7.6%	92.5%
7	61607	1,535	1,512	1,580	2.9%	7.5%	100.0%
8	61616	1,012	917	942	-6.9%	4.5%	104.5%
9	61525	613	760	931	51.9%	4.4%	108.9%
10	61606	540	516	556	3.0%	2.6%	111.5%
11	61547	343	442	544	58.6%	2.6%	114.1%
12	61559	427	460	508	19.0%	2.4%	116.5%
13	61529	424	439	470	10.8%	2.2%	118.7%
14	61517	347	388	448	29.1%	2.1%	120.8%
15	61536	376	405	445	18.4%	2.1%	122.9%
16	61533	297	319	365	22.9%	1.7%	124.6%
17	61528	175	224	284	62.3%	1.3%	126.0%
18	61569	163	161	183	12.3%	0.9%	126.8%
19	61526	127	141	164	29.1%	0.8%	127.6%
20	61602	124	122	121	-2.4%	0.6%	128.2%
21	61451	59	66	71	20.3%	0.3%	128.5%
22	61552	47	55	62	31.9%	0.3%	128.8%
23	61625	25	16	21	-16.0%	0.1%	128.9%
		26,016		27,256	4.8%		

Peoria County Zip Code Map - Patient Origin 2008



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LONG-TERM CARE BED INVENTORY UPDATES

03/19/2008 - 01/16/2011

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	551	22
Stephenson	662	663	(1)
Whiteside	717	822	(105)
Winnebago	2,332	2,338	(6)
HEALTH SERVICE AREA 002			
Bureau/Putnam	413	447	(34)
Fulton	532	672	(140)
Henderson/Warren	259	217	42
Knox	816	965	(149)
LaSalle	1,329	1,410	(81)
McDonough	388	376	12
Marshall/Stark	373	427	(54)
Peoria	1,698	1,822	(124)
Tazewell	1,621	1,293	328
Woodford	672	594	78
HEALTH SERVICE AREA 003			
Adams	1,338	1,495	(157)
Brown/Schuyler	184	215	(31)
Callison/Pike	265	337	(72)
Cass	207	150	57
Christian	412	472	(60)
Greene	159	119	40
Hancock	196	241	(45)
Jersey	387	369	18
Logan	494	468	26
Maconpin	683	744	(61)
Mason	135	164	(29)
Menard	202	192	10
Montgomery	563	501	62
Morgan/Scott	608	654	(46)
Sangamon	1,395	1,254	141
HEALTH SERVICE AREA 004			
Champaign	1,003	908	95
Clark	296	255	41
Coles/Cumberland	724	939	(215)
DeWitt	187	190	(3)
Douglas	233	233	0
Edgar	282	299	(17)
Ford	247	427	(180)
Iroquois	477	486	(9)
Livingston	500	541	(41)
McLean	1,277	1,112	165
Macon	1,307	1,292	15
Moultrie	309	369	(60)
Piatt	160	160	0
Shelby	252	265	(13)
Vermilion	680	773	(93)
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
Fifflingham	404	432	(28)
Fayette	246	261	(15)
Franklin	430	390	40
Gallatin/Hamilton/Saline	701	667	34
Hardin/Pope	94	109	(15)
Jackson	336	427	(91)
Jasper	69	82	(13)
Jefferson	399	346	53
Johnson/Massac	339	312	27
Lawrence	338	360	(22)
Marion	837	605	232

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

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

BACKGROUND OF APPLICANT

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

Bel-Wood Nursing Home is and will be the only health care facility owned and/or operated by the **County of Peoria, Illinois**. A Copy of the IDPH license is appended as **ATTACHMENT-11A**.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

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

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records or DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further by HFSRB.

Appended as **ATTACHMENT-11C**, is a letter of authorization permitting the HFSRB and IDPH access to any documents necessary to verify the information submitted.

4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

This item is not germane as no other application for permit has been previously filed.

ATTACHMENT-11



State of Illinois 1967678

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M. D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/26/2011	BGBE	0004499
LONG TERM CARE LICENSE SKILLED 300		
UNRESTRICTED 300 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

PEORIA COUNTY BOARD

BEL-WOOD NURSING HOME
6701 WEST PLANK ROAD
PEORIA IL 61604

EFFECTIVE DATE: 02/27/10

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

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH



LICENSE TO OPERATE A
NURSING HOME

Issued to Peoria County To operate Bel-Wood Nursing Home
Located at 6701 West Plank Road, Peoria, Illinois County of Peoria
License no. NH 1932 Date issued March 28, 1969
Capacity 300



WHEREAS, the above named HOME has satisfactorily complied with requirements of the "Nursing Homes, Sheltered Care Homes, and Homes for the Aged Act," this license is herewith issued. Unless renewed, this license shall expire one year after date of issuance.

WITNESS my hand and seal of said Department in Springfield, Illinois, this 28th day of March 19 69

Franklin D. Johnson
Director of Public Health M. D.

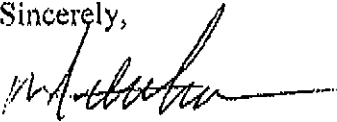
January 14, 2011

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

Dear Mr. Constantino:

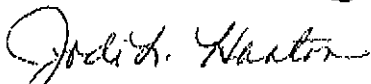
Please be advised that no Adverse action as defined under 1120.230.a)3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,



Matt Niekirk
Administrator

Subscribed and sworn to me
This 14th day of January, 2010


Notary Public



January 14, 2011

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

Dear Mr. Constantino:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation of information that said agency deems necessary for the review of this Application as it pertains to 1120.230.a)3)C.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Nieukirk", with a long horizontal flourish extending to the right.

Matt Nieukirk

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

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

As an existing facility, the project already services the health care of the market area population. The proposed project seeks to improve the health and well being of not only its existing population and residents but for those within Peoria County. Through the Applicant’s attempt to “right size” Bel-Wood from 300 beds to 214 nursing care beds, the State will be able to clean up its inventory of the “dead” beds within the existing facility. In putting these beds back into the inventory, the County’s excess of nursing beds is significantly decreased to only 38 excess beds. With the County population, as provided in the chart below, the overall population

Table 1 Demographic Projections

State/County	Age Group	2005	2015	2020	2025	2030
Peoria	All	185,245	190,903	194,083	195,266	193,314
	65+	25,461	30,017	34,478	38,712	40,962
	75+	13,089	12,823	14,191	17,286	20,601
	85+	3,553	4,191	4,324	4,675	5,675
State/County	Age Group	2005-2015		2015-2020	2020-2025	2025-2030
% Change	All	3.1%		1.7%	0.6%	-1.0%
	65+	17.9%		14.9%	12.3%	5.8%
	75+	-2.0%		10.7%	21.8%	19.2%
	85+	18.0%		3.2%	8.1%	21.4%
Source: http://www.illinoisbiz.biz/dceo/Bureaus/Facts_Figures/Population_Projections/						

appears to be stagnant. However, the data, as taken from the Illinois Department of Commerce and Economic Opportunity’s website shows that the elderly population is ever increasing especially the 75 and 85 plus age cohorts. Even more impressive is the percent increase in the elderly Peoria County population who are of ethnicity. Refer to the chart below that illustrates

PURPOSE OF PROJECT (Continued)

that the over 65 population cohort is increasing substantially faster than that of the total population.

State/County	Race	Age Group	2005-2015	2015-2020	2020-2025	2025-2030
Peoria	Asian	All	14.4%	7.1%	5.5%	3.3%
% Increase In population	Black	65+	51.6%	29.8%	25.0%	18.0%
	Hispanic					
	Other					

Source: http://www.illinoisbiz.biz/dceo/Bureaus/Facts_Figures/Population_Projections/

Table 2 Percent Increase in Ethnic Population

The facility’s relocation allows it to “right site” or place it more centrally within Bel-Wood’s core Medicaid population. To capitalize on the opportunity of the ever changing Long-Term Care market place, the replacement facility is allowing for the “right shift” in facility services and total programming. Specifically, the proposed project makes a large commitment to dementia population. This project will have four 20-bed Alzheimer’s Disease and Related Dementia units that will be programmed and IDPH certified for State-of-the-art dementia care.

The entire facility also incorporates many resident-centered care features from a dedicated rehabilitation unit, its large number of private and concept “t” rooms (semi-private) that offer greater privacy, all resident rooms having private path rooms, and the implementation of Personal Care Assistants (PCA’s) that allows for each nursing unit to have primary assigned staff to increase consistency on every shift, every day. The PCA’s will allow for more activities and to engage residents in more spontaneous activities to achieve an increased sense of purpose for each resident at their respective capabilities. This approach differs from traditional programming in that rather than staff directing decisions based upon schedules and preferences, decisions will be driven by the residents’ wants and needs. Finally, the proposed facility is made up of a total of 10 small neighborhoods that are self contained, i.e., each has its own living, dining and activity space. Residents do not have to leave the neighborhood as it is their home.

PURPOSE OF PROJECT (Continued)

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

The Planning Area for the proposed project is the County of Peoria, Illinois. In further justification of Bel-Wood Nursing Home's market area, appended as **ATTACHMENT-12A** is a summary of the patient origin for all facility admissions for a two year period ending December 31, 2010. This data shows that 85% of all admissions were derived from within the County.

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

The issues as facing this Applicant is that the existing facility is nearing the end of its useful life and needs to undergo major modernization or full facility replacement to meet the needs of today's elderly in need of skilled nursing care.

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

- Appended as **ATTACHMENT-12A** is the patient origin data for admissions illustrating that over 85% of the admissions come from within the Peoria County Planning Area.
- Appended as **ATTACHMENT-10B** is a facility study performed by Ferry and Associates Architect outlining the physical plant issues as they relate to current licensure and life safety codes.
- Appended as **ATTACHMENT-10C** is Larson & Darby Group analyzed the Ferry and Associates study and provided an analysis of how the two alternatives actually and practically compared, i.e., to renovate or replace the Subject facility.
- Appended as **ATTACHMENT-12B** are copies of Department of Public Health licensure surveys and the Department of Health and Human Services Center for Medicare and Medicaid surveys.

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

As the existing physical plant environment is approaching the end of its useful life as a General Long-Term Nursing Care facility, it is apparent and documented that it severely needs to either be substantially renovated or replaced to effectively continue in providing nursing

PURPOSE OF PROJECT (Continued)

services. As those crossroads were studied, it was determined that the cost to renovate was comparable to the cost of replacement. The Applicant then sought whether the replacement, a better use of tax payer dollars, should be on-site or off-site. A zip code analysis of the County's demographics and the facility's admission data illustrated that the core Medicaid population that the facility currently serves was not central to the existing location. With these determinations guiding the County leaders, the decision was easy to make. To effectively replace Bel-Wood Nursing Home the Applicant is proposing to: relocate the existing facility more central to its core Medicaid population; create a specific focus on dementia care; establish a dedicated rehab unit; and to construct a structure that is more homelike and allows administration and staff the ability to initiate innovative approach to resident care through the use of primary assigned staff and Personal Care Assistants (PCA's). These four areas allow decisions to be driven by residents', over their wants and needs as opposed to staff driven decisions based on schedules and preferences.

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

The stated goals are to replace the existing service known as Bel-Wood Nursing Home. The quantified and measurable timeframes are those timelines set forth in this Application to identify project completion. Furthermore, reaching and maintaining the State's optimal utilization as outlined in the 77 Illinois Administrative Code Part 1100 is the Applicant's long term goal.

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

PURPOSE OF PROJECT (Continued)

The structure currently known as Bel-Wood Nursing Home is technically being replaced not modernized. As such this item is not applicable. However, appended in **ATTACHMENTS-10B** and **10C** and in the physical plant surveys appended in **ATTACHMENT-12B** the existing building's condition and regulatory citations are provided. The building was constructed in 1967 with steel framing and masonry exterior walls. As a nursing home there are several inefficiencies realized from the physical plant such as shared bathrooms that are not fully ADA accessible, institutional feel and appearance, residents with dementia have programming that is limited by the existing physical plant configuration instead of having the physical plant designed around the dementia program, existing corridor walls do not meet required minimum fire resistant rating of 30-minutes, numerous nurses' stations, many paths of egress are directed through a room which is no longer permissible, the entire facility does not have an automatic sprinkler system, and there appears to be significant amounts of asbestos containing material (ACM) throughout the structure without going further in-depth of the mechanical, electrical and plumbing systems.

ATTACHMENT-12

Summary of Patient Origin by Zip Code(2 years ending 12/2010)

<u>Admit Date</u>	<u>Res. Initials</u>	<u>Zip Code</u>	<u>Community</u>	<u># of Admits</u>
Jun-10	PF	14450	New York	1
Jun-10	EM	60804	Cicero	1
Apr-10	ZG	61081	Sterling	2
Oct-10	AP	61401	Galesburg	1
Feb-09	TA	61491	Wyoming	2
Dec-09	MP	61517	Brimfield	1
Dec-10	BB	61523	Chillicothe	1
Sep-10	NO	61525	Dunlap	1
Aug-09	RA	61528	Edwards	2
Jan-10	VK	61529	Elmwood	1
Aug-09	WL	61533	Glasford	5
Feb-09	VD	61536	Hanna City	15
May-10	ZL	61539	Kingston	1
Mar-09	MT	61547	Mapleton	3
Nov-09	EA	61550	Morton	4
Oct-09	MY	61554	Marquette Heights	1
Mar-09	ES	61554	Pekin	8
Apr-09	GW	61559	Princeville	1
Jul-09	FS	61563	Naperville	1
Jun-10	EF	61571	Washington	3
Sep-09	BH	61602	Peoria	5
Jan-09	SD	61603	Peoria	9
Aug-09	LB	61604	Bellevue	6
Jan-09	JS	61604	Peoria	55
May-09	AG	61604	West Peoria	4
Feb-09	RC	61605	Peoria	47
Nov-09	EB	61606	Peoria Heights	2
Feb-09	BT	61607	Bartonville	37
Jun-09	LT	61607	Peoria	10
Sep-09	JS	61610	Creve Coeur	2
Apr-09	VC	61611	East Peoria	13
Jan-10	PO	61612	Peoria	1
Jan-09	BT	61614	Peoria	22
Mar-09	ED	61615	Peoria	15
Aug-09	DS	61616	Peoria Heights	4
Jan-09	KM	61747	Hopedale	2
Jun-09	SH	61759	Minier	1
Mar-09	EB	78596	Texas	1
				291

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145961	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER OR SUPPLIER BEL-WOOD NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6701 WEST PLANK ROAD PEORIA, IL 61604	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of Public Health. At this survey, Bel-Wood Nursing Home, Peoria was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care. Building 0101: One story facility without basement was determined to be of Type II (111) construction. The facility has a partial sprinkler system with coverage in some hazardous areas. The facility has a fire alarm system with smoke detection in corridors and open spaces. All sleeping rooms have single station battery powered smoke detectors. The facility has a capacity of 300 and had a census of 274 at the time of survey.	K 000		
K 012 SS=F	The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a building with an acceptable construction type in	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE
Administrator

(X6) DATE
1/25/10

Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145961	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER OR SUPPLIER BEL-WOOD NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6701 WEST PLANK ROAD PEORIA, IL 61604		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 012	Continued From page 1 accordance with LSC Section 19.1.6.2 and NFPA 220, 1999 Edition. This deficient practice could affect all of the 300 residents, as well as an indeterminable number of staff and visitors if the building did not maintain its structural fire integrity for the required length of time. Findings include: On 1/12/10 at 11:00 AM, while accompanied by E-1, Maintenance Director, E-2 Environmental Director and E-3 Administrator observations determined the building was constructed with 1-hour fire rated ceiling systems with fire dampers at air openings. A review of the facility records revealed there were no inspection and testing documents provided for the fire damper within the last four years in accordance with the NFPA 90 A, Section 3-4.7 This record deficiency was verified by the exit interview with E-1 and E-2.	K 012			
K 017 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145961	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER OR SUPPLIER BEL-WOOD NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6701 WEST PLANK ROAD PEORIA, IL 61604	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 017	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to provide complete corridor walls in accordance with LSC Section 19.3.6.2.1. This deficient practice could affect all of the 300 residents, as well as an indeterminable number of staff and visitors, if undetected smoke or fire was allowed to move from a room into the exit access corridor through an opening in the corridor wall. Findings include: On 1/12/10 at 12:25 PM, while accompanied by E-1, E-2 and E-3 observations determine the corridor walls were incomplete and did not meet the 1/2-hour fire resistance rating in accordance with the LSC 19.3.6.2.1, Exceptions No.1 to 19.3.6.2.1 does not apply because the building is not completely protected by an automatic sprinkler system, exception No.2 is not applicable and exception No.3 does not apply because the ceiling in the corridor is not considered monolithic. The corridor walls above the spline ceiling in all sleeping wings contained pipe and wire penetrations with voids not sealed to meet a 1/2-hour fire resistance rated assemblies.	K 017		
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass	K 025		

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NAME OF PROVIDER OR SUPPLIER BEL-WOOD NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6701 WEST PLANK ROAD PEORIA, IL 61604	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025	<p>Continued From page 3</p> <p>panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide fire rated smoke barriers in accordance with LSC Sections 19.3.7.3. This deficient practice could affect 300 of the 300 residents, as well as in indeterminable number of staff and visitors, if smoke was allowed to move from one smoke compartment to another.</p> <p>Findings include: On 1/12/10 at 12:15 PM, while accompanied by E-1, E-2 and E-3 observations determined the smoke barriers were not properly fire stopped with 1/2 -hour fire resistant rating in accordance with LSC 19.3.7.3 and LSC 8.2.2 as evidence by:</p> <p>A. The smoke barrier for the Bellevue, Peoria, Chillicothe, Norwood, Hanna City and Glasford wings separating the nursing station cores from the sleeping wings contained wire and pipe penetrations with voids not sealed to provide a 1/2 hour fire resistance assemblies found above the ceilings at the cross corridor smoke doors.</p> <p>B. The smoke barrier walls between Bellevue, Peoria, Chillicothe, Norwood, Hanna City and Glasford wings separating the long hall wings from the service core areas contained wire and pipe penetrations with voids not sealed to provide</p>	K 025		

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K 025	Continued From page 4 a 1/2 hour fire resistance assemblies found above the ceilings at the cross corridor smoke doors.	K 025		
K 029 SS=F	<p>These observations were verified by the exit interview with E-1 and E-2.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the enclosures required for hazardous areas in accordance with LSC Section 19.3.2.1. This deficient practice could affect 300 of the 300 residents, as well as an indeterminable number of staff and visitors, if smoke or fire were allowed to move from a hazardous area to other portions of the facility.</p> <p>Findings include: On 1/12/10 at 12:30 PM, while accompanied by E-1, E-2 and E-3 observations determined the hazardous areas were not properly maintained as evidence by.</p> <p>A. The clean linen rooms in the Bellevue, Peoria wings were considered hazardous areas because</p>	K 029		

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K 029	Continued From page 5 these rooms were greater than 50 square feet storings combustibles. These rooms were protected by sprinkler heads but were not considered smoke tight because there were a pipe penetrations at the ceiling with voids not sealed. B. The storage rooms in the clinic cores between the sleeping wings were considered hazardous areas because the rooms were greater than 50 square feet storings combustibles. These rooms were protected by sprinkler heads but were not considered smoke tight because there were pipe penetrations at the ceiling with voids not sealed and the doors to the corridor were not self closing. C. In the Chillicithe winng resident room 22 was being use has a storage area containing conbustible medical supplies. The room was not protected by sprinklers and the enclosure was not 1-hour because the door did not have a 3/4-hour rating label and the dor was not self-closing. D. The central service core central supply room 140 and the medical supplies storage room were considered hazardous areas because these rooms were greater than 50 square feet storings combustibles. These rooms were protected by sprinkler heads but were not considered smoke tight because there were pipe penetrations at the ceiling with voids. These observations were verified by the exit interview with E-1 and E-2.	K 029		
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section	K 038		

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K 038	Continued From page 6 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation, review of facility records and interview, the facility failed to maintain the mean of egress and the exit discharge in accordance with the LSC 19.2 and 7.1. This deficient practice could affect 300 of the 300 residents, as well as an indeterminable number of staff and visitors, if evacuation via a deficient means of egress was necessary. Findings include: On 1/12/10 at 12:35 PM, while accompanied by E-1, E-2 and E-3 observations determined the means of egress for the exit discharges were not maintained because the walks at the exit doors were more than 1/2 below the level of the side walks causing a tripping hazardous in accordance with LSC, Section 7.1.6.2. Healthcare residents may shuffle or drag their feet and even small variations in the walking surface may cause them to trip and fall. This observation was verified by the exit interview with E-1 and E-2.	K 038			
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded	K 050			

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K 050	Continued From page 7 announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills at unexpected times under varied conditions at least quarterly on each shift in accordance with LSC Section 19.7.1.2. This deficient practice could affect all of the 300 residents, as well as in indeterminable number of staff and visitors, if the staff failed to respond properly during an emergency due to a lack of proper fire drills. Findings include: On 1/12/10 at 11:15 AM, while reviewing the facility's records with E-1 it was determined the fire drills were not properly conducted because there was no fire drill provided for the first shift for the second quarter of 2009. This record deficiency was verified by the exit interview with E-1 and E-2.	K 050		
K 075 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5	K 075		

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K 075	Continued From page 8 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a trash receptacles with a limited capacity of 32 gallons in accordance with the LSC 19.7.5.5. This deficient practice could affect of the 150 of 300 residents in the adjacent dining room, as well as an indeterminable number of staff and visitors, if there were a fire in the trash container that could not be extinguished. Findings include: On 1/12/10 at 1:50 PM, while accompanied by E-1, E-2 and E-3 observations determined there was a 55 gallon waste paper container in the kitchen. A limit of 32 gallons has been established for soiled or trash containers not stored in a hazardous area because container greater than 32 gallons can support a fire greater than can be extinguisher by a sprinkler head or fire extinguisher. This observation was verified by the exit interview with E-1 and E-2.	K 075			
K 143 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and	K 143			

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K 143	Continued From page 9 (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide proper fire resistance rated enclosure at the liquid oxygen transfilling room in accordance with LSC Section 19.3.2.4 and NFPA 99, 1999 Edition. This deficient practice could affect 150 of the 300 residents in adjacent smoke compartments, as well as an indeterminable number of staff and visitors, if proper protection and precautions were not taken for the liquid oxygen transfilling room. Findings include: On 1/12/10 at 1:45 PM, while accompanied by E-1, E-2 and E-3 observations determined the enclosure walls and ceiling for the liquid oxygen transfilling rooms central service core were not properly maintained because there were four 1-inch holes found at the ceiling not sealed with a 1-hour fire rated assemble in accordance with the NFPA 99 Section 8-6.2.5.2(a). This observation was verified by the exit interview with E-1 and E-2.	K 143		
K 211 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor;	K 211		

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K 211	<p>Continued From page 10</p> <ul style="list-style-type: none"> o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide placement for the Alcohol Based Hand Rub (ABHR). This deficient practice could affect 150 of the 300 residents in the adjacent dining room smoke zone, as well as an indeterminable number of staff and visitors, if proper protection and precautions were not taken for the ABHR dispensers.</p> <p>Findings include: On 1/12/10 at 2:10 PM, while accompanied by E-1 and E-2 observations determined the ABHR in the conference room and Administration wing were not properly maintained because these ABHR were installed over carpeting in a non-sprinklered building.</p> <p>This observation was verified by the exit interview with E-1 and E-2.</p>	K 211		

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F 000	INITIAL COMMENTS	F 000		
F 248 SS#E	<p>Annual Licensure and Certification Survey</p> <p>Complaint 1020024/IL45323--No Deficiency 483.15(f)(1) ACTIVITIES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and observations the facility failed to provide activity therapy for one of the units housing mainly dementia residents, potentially affecting the 40 residents residing on that unit.</p> <p>Findings include:</p> <p>During observations on 1/5/10 from 9:00 am through 11:00 am (the time residents were being placed in the unit dining room for lunch), the only activity observed was an "exercise" class from 10:30 am until 10:50 am involving 8 female residents. E12 (Unit Activity Aid) ran the class and stated, "I think we should try this class a couple times a week but the ones not participating I won't bring back."</p> <p>No other activities were observed during this time. Other unit residents were noted sitting in their wheelchairs at the nurses station or in their rooms with no active interaction by staff.</p> <p>During observations on 1/6/10 from 9:00 am</p>	F 248		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *1/25/10*

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 248	<p>Continued From page 1</p> <p>through 11:00 am, the only activity observed was from 9:20 am until 9:40 am involving 6 female residents folding clothing protectors run by E12.</p> <p>No other activities were noted during this time. Other unit residents were noted sitting in their wheelchairs at the nurses station or in their rooms with no active interaction by staff.</p> <p>During observations on 1/7/10 from 9:00 am through 11:00 am, the only activity noted was from 10:30 am until 10:40 am when E12 took 4 female residents to the dining room to fold clothing protectors.</p> <p>No other activities were noted during this time. Other unit residents were noted sitting in their wheelchairs at the nurses station or in their rooms with no active interaction by staff.</p> <p>On 01/05/10 at 02:00 PM E9, (Registered Nurse, Minimum Data Set Coordinator for Norwood) was discussing activities provided for the cognitively impaired residents. When asked about what activities are provided the residents who cannot participate in events such as napkin folding or crafts E9 had no applicable response as to what the facility is offering for them.</p> <p>On 01/07/09 at 01:30 PM interview with E13, (Licensed Practical Nurse, LPN) included the topic of activities. When asked about activities provided for the cognitively impaired E13 LPN, stated "We have the television for them, in their rooms. We also play music throughout the hallways. I don't know of individual, programs for the cognitively impaired."</p> <p>On 01/07/09 at 02:20 PM E8, (Activity Director)</p>	F 248			

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F 248	Continued From page 2 stated that she "didn't have authority to direct the Certified Nursing Assistants' participation/ leading of activities on the units; and that activity staff which are under her direction were required to lead/ participate in activities in the main dining room" for two out of three days observed by surveyors. E8, Activity Director made reference to the lack of training/ understanding by staff of the Alzheimer's disease process and the potential benefit of hiring a consultant/ further education of staff.	F 248		
F 279 SS=D	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on observation and record review, the	F 279		

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F 279	<p>Continued From page 3</p> <p>facility failed to release lap belts for 2 of 7 sampled residents as stated in the resident's care plan (R12, R15) and failed to turn the personal safety alarms on for 2 of 7 sampled residents with personal alarms as stated (R12, R15).</p> <p>Findings include:</p> <p>1. On 1/5/10 at 7:50 am, R12 was in the unit dining room at the table eating her breakfast meal with her lap belt on and secured. On 1/5/10 at 12:45 pm, R12 was eating lunch in the unit dining room with the lap belt on and secured. Facility staff were noted feeding another resident at the same table where R12 was seated.</p> <p>The care plan dated 11/10/2009 under "approaches" states: (lap belt) when up in wheelchair; Release often and at meals when under supervision."</p> <p>2. On 1/5/10 at 7:50 am, R15 was in the unit dining room in a high back wheelchair at the dining room table. At 8:30 am, R15 was served his meal. A unit CNA (Certified Nursing Assistant) was feeding R15 on a one to one basis. The lap belt on R15 was left on and secured. On 1/5/10 at 12:45 pm, R15 was being fed one on one in the unit dining room by facility staff. The lap belt was noted on and secured.</p> <p>The care plan dated 10/20/09 under "approaches" states: Apply (lap belt) as ordered; Release (lap belt) at meals and as needed/requested while under direct supervision."</p> <p>3. On 1/5/10 at 12:45 pm, R12 was in the unit dining room. The personal alarm was hanging on the wheelchair of R12 but not "blinking." E9 (Unit</p>	F 279		

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F 279	Continued From page 4 Coordinator) was asked to check the device at 1:00 pm. The device was noted in the "off" position. The care plan dated 11/10/09 states: "Alarms in bed and on wheelchair-History of transferring self without assist." 4. On 1/4/10 at 7:50 pm, R15 was in his room in a high back wheelchair. No personal alarm was on the chair at this time. A personal alarm was on his bed. On 1/6/10 at 1:10 pm, the hospice CNA moved R15 from the dining room to his bedroom. The personal alarm was on the back of the chair but not "blinking." R15 was followed to his room and E10 (Licensed Practical Nurse) was asked to check the personal alarm to ensure it was working properly. E10 and hospice CNA checked the alarm. The alarm was in the "off" position.	F 279			
F 281 SS=E	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to document medications given late for two of two residents during medication administration (R35, R36); and failed to assess patients' pain on an ongoing basis as stated in facility policy for 4 of 9 (R23-26) residents with pain.	F 281			

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F 281	Continued From page 5 Findings include: 1. The facility policy "Administering Medications" revised 4/2007 states: "Policy Statement - Medications shall be administered in a safe and timely manner, and as prescribed. Under the section "Policy Interpretation and Implementation" #15 states "If a drug is withheld, refused or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR (Medication Administration Record) space provided for that drug and dose." Z1(Agency Registered Nurse) delivered medications to R35 at 6:10 pm and R36 at 6:24 pm.on 1/4/2010. Upon reconciliation of the medications with the physician's orders these medications were ordered to be administered at 4:00 pm. The MAR (Medication Administration Record) did not reflect the late administration. 2. Facility policy titled "Pain--Clinical Protocol" with a revision date of April 2007 states, "The staff will reassess the individual's pain and consequences of pain at regular intervals; at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain." Facility policy titled "Administering Pain Medications" with a revision date of April 2007 states that the resident's level of pain should be assessed prior to administering analgesics (pain medications) and that "the pain assessment consists of gathering both subjective and objective data." The policy further states the following data should be included in the subjective	F 281			

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F 281	<p>Continued From page 6</p> <p>information regarding pain obtained from the resident: location, intensity, quality, onset and duration, aggravating factors, alleviating factors, and accompanying symptoms. Objective data to be obtained through assessment includes: behavioral responses to pain, physiologic responses to pain, psychological responses to pain, and the effect of pain on the residents activities of daily living.</p> <p>Facility policy titled "Pain Assessment" with a revision date of August 2002 stated that "All assessment data obtained during the procedure... should be recorded in the resident's medical record when performing the pain assessment."</p> <p>On 1-7-09 at 8:45 AM, E2/DON (Director of Nursing) stated that the form "Pain Assessment" is completed upon admission for each resident and the sections on the back, titled "Pain Updates" are completed whenever there is a change in pain medications. E2 also stated that pain assessments would be charted either on the "Daily Skilled Nursing Notes" for residents on the Medicare unit or on the "Interdisciplinary Nursing Notes" for residents on the other units.</p> <p>Physician's orders sheets for R26 indicate that R26 was admitted to the facility on 12-11-09 with the following orders for pain medications: "Hydrocodone-APAP (acetaminophen) 5/500 1 tablet orally 4 times a day, Ultram 50 mg (milligrams) to 100 mg orally every 6 hours as needed, and Tylenol 650 mg orally every 6 hours as needed." Physician's order sheets for R26 indicate that the following changes were made to R26's orders for pain medications: 12-14-09 Tylenol 500 mg orally 4 times per day, 12-22-09 Lidoderm patch-apply daily to area of back with</p>	F 281			

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F 281	<p>Continued From page 7</p> <p>most pain, 12-29-09 Roxanol 5 mg twice a day and every 3 hours as needed for back pain, and discontinue Vicodin (Hydrocodone-APAP) per family request.</p> <p>Medication Administration Record for December 2009 documents that R26 received pain medication 7 times on an as needed basis between 12-12-09 and 12-24-09.</p> <p>Pain Assessment, dated 12-11-09, indicates R26 denied pain at the time of admission. The back side of the form, containing the "Pain Updates" sections is blank. On 1-7-09 at 8:45 AM, E2/DON stated, "They should have been doing that documentation" when discussing the absence of documentation in the pain updates sections while R26's pain medications were being adjusted.</p> <p>Daily Skilled Nurses Notes for R26, dated 12-11-09 to 1-6-09, indicate that a pain assessment for R26 was never documented more than once daily except on 12-30-09, when it was documented on day shift and evening shift. In the 21 day span, the location of the pain was documented 10 times and intensity was documented 6 times. Quality, onset and duration, aggravating factors, alleviating factors, and accompanying symptoms were not documented.</p> <p>3. Physician's orders sheets for R25 indicate that R25 was re-admitted to the facility on 7-3-09 with the following orders for pain medications: "Lyrica 50 mg orally three times daily for myalgia (muscle pain) and peripheral neuropathy." Physician's orders dated 7-4-09 include, "Tylenol 325 mg, 2 tablets by mouth every 4 hours as needed for pain/fever" and hydrocodone/APAP 5/500, 1</p>	F 281		

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F 281	<p>Continued From page 8</p> <p>tablet every 4 hours as needed for pain." Physician's order dated 11-23-09 states, "increase Lyrica to 75mg orally three times a day." Physician's order dated 12-7-09 states, "increase morning Lyrica to 100 mg and continue 75 mg at 12 noon and 4 PM. Remind patient she has as needed pain meds please."</p> <p>Pain Assessment for R25, dated 7-3-09, states, "Res(ident) denies pain at this time. The only documentation included on the opposite side in the under "Pain Updates" is an entry from 11-5-09 that lists the reason for the update is "QMDS", the quarterly Minimum Data Set Assessment.</p> <p>Medication Administration Records indicate that R25 had 8 doses of as needed narcotic pain medication in October 2009, 14 doses in November 2009, and 4 doses in December 2009.</p> <p>Interdisciplinary Nursing Notes for R25 for October, November, and December 2009 have a total of 2 entries related to pain. A note on 10-17-09 at 2:30 PM states "Resident had...aching this AM..." and a note on 11-18-09 at 5PM states"...c/o (complains of) leg pain and abdomen pain. PRN Vicodin given with relief." Intensity, quality, onset and duration, aggravating factors, alleviating factors, and accompanying symptoms were never documented.</p> <p>5. The facility matrix lists pain as an issue for R23. The physicians orders for 1/1/2010 - 1/31/2010 list Tylenol 650 mg (milligrams) ordered on 11/14/07 every 6 hours for pain.</p> <p>The nurses notes do not contain documentation as to whether the pain medication is effective, any aggravating factors, intensity, quality, onset or</p>	F 281		

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F 281	Continued From page 9 duration.. No pain scale usage was found on the medical record. The Pain Updates are currently being completed on a quarterly basis. The most recent MDS (Minimum Data Set) dated 10/23/09 shows R23 continues to have mild pain on a daily basis. There is no documentation the physician has been notified of the continued pain experienced by R23. 6. The facility matrix lists pain as an issue for R23. The physicians orders for 1/1/2010 - 1/31/2010 show current medications as Vicodin 5/500 mg - one tablet at 8:00 am and 8:00 pm as well as Tylenol 650 mg at 12:00 pm and 4:00 pm. The nurses notes do not contain documentation as to whether the pain medication is effective, any aggravating factors, intensity, quality, onset or duration.. No pain scale usage was found on the medical record. The pain updates are currently being completed on a quarterly basis. The most recent MDS on 11/13/09 shows R24 still experiences moderate pain on a daily basis. There is no documentation the physician has been notified of the continued pain experienced by R24.	F 281		
F 323 SS=E	483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 323		

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F 323	<p>Continued From page 10</p> <p>Based on observation, interview and record review the facility failed to keep biohazard waste containers secured in the soiled utility rooms located on 6 of 6 resident care units. This has the potential to effect all confused ambulatory residents on the 6 resident care units. Nurse call cords are missing from nurse call stations at bathroom locations on 2 of 6 resident care units.</p> <p>Findings include:</p> <p>On 01/05/10 at 1:00 p.m. during the environmental tour of the facility the soiled utility rooms on resident care units: Peoria, Chillicothe, Bellevue, Norwood, Hanna City, and Glasford contain unlocked biohazard containers accessible to residents.</p> <p>Nurse call cords were missing from Chillicothe common men's bathroom at the shower and toilet locations. Nurse call cord was missing from Norwood common men's bathroom at the toilet location.</p> <p>E4(Maintenance Director) and E5(Laundry Supervisor) verified at this time (1/05/10 at 1 p.m.) that the biohazard containers were not secure and the nurse call cords were missing. call stations.</p> <p>No residents were observed to be in any of the soiled utility rooms or toilet locations.</p> <p>The resident census and conditions of residents report (Centers for Medicare and Medicaid Form 672) documents 115 residents with Dementia:multi-infarct, senile, Alzheimer's type, or other than Alzheimer's type. The resident</p>	F 323		

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F 323	Continued From page 11	F 323		
F 332	census on 01/05/10 when entering the facility was 243 residents.			
SS=E	483.25(m)(1) MEDICATION ERRORS The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility committed 10 medication errors out of 41 medication administration opportunities for a medication error rate of 24.3%. Medications were not given at the correct time. Findings include: On 1/5/2010 at 6:10 pm Z1 (Agency Registered Nurse) delivered the following medications to R35 at 6:10 pm while R35 was in the dining room during supper: Lovastatin 20 mg (milligrams), Calcium 600 mg with Vitamin D and Cranberry powder capsule 425 mg. Upon reconciliation with the physician's orders the above medications for R35 were ordered to be given at 4:00 pm. On 1/5/2010 at 6:24 pm Z1 delivered the following medications to R36 at 6:24 pm while R36: Metoprolol 12.5 mg, Oyster Shell Calcium 500 mg with Vitamin D, Senna S 8.6 mg with Colace 50 mg, Ultram 50 mg, Risperidone 0.25 mg and Ativan 0.5 mg. Upon reconciliation of these medications with the physicians orders the above medications for R36	F 332		

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F 332	Continued From page 12 were ordered to be given at 4:00 pm.	F 332			
F 466 SS=F	<p>E2 (Director of Nurses) was informed of this medication error rate on 1/6/2010 during the daily status meeting. On 1/7/2010 E2 was unable to offer additional information regarding why the medications were delivered over 2 hours after the prescribed time.</p> <p>483.70(h)(1) OTHER ENVIRONMENTAL CONDITIONS - WATER</p> <p>The facility must establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to have a written protocol that defines the source of water provisions for storing the water, both potable and non-potable, a method for distributing water, and a method for estimating the volume of water required. This could potentially affect all 243 residents currently in the facility.</p> <p>Findings include:</p> <p>On 01/07/10 at 1:05p.m. E1(Administrator) stated that the facility does not have a policy establishing estimated amounts of water needed for emergency use. Record review shows the facility only has a current written agreement with the local naval reserve unit to provide water to the facility.</p>	F 466			

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F 466	Continued From page 13 Centers for Medicare and Medicaid Form 672 documented that at the time of survey, the facility census was 243 residents.	F 466		

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

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

ALTERNATIVES

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

Alternative options must include:

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

Throughout the entire preplanning process for the County of Peoria, Illinois there were numerous schemes and financial models prepared and analyzed. However, all alternatives stemmed from whether to renovate or replace and then whether to do so on-site or off-site. Therefore, the following alternatives were considered.

1. Renovate plus addition – High and low range was provided for this alternative;
2. Replace 214 beds on the proposed site (proposed project);
3. Replace 214 beds on Catholic Charities site;
4. Replace 174 beds on the proposed site; and
5. Replace 174 beds on the Catholic Charities site.

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

The existing provider is currently licensed as a 300-bed General Long-Term Nursing Care facility. As such this project is not truly establishing a service or proposing to meet unmet needs within the Peoria County Planning Area. Therefore, this item is not germane. However, towards this criterion's end, the Applicant is proposing to reduce total and effective capacity from 300 nursing beds to 214 beds, a 86 bed reduction. This

ALTERNATIVES (Continued)

“right sizing” puts nursing beds back into the State’s Inventory of Health Care Facilities and Services and Need Determinations, 2008 (refer to ATTACHMENT-13A) resulting in the excess number of beds to be reduced from 124 to only 38 beds lessening the severity of the Planning Area’s under utilization. As the County feels it is a leader in General Long-Term Care within the Peoria County Planning Area, it is providing an example for others to “right size” or to innovatively refocus existing services to meet the ever changing needs of residents seeking nursing services and to become more relevant to current and future marketability.

- 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

In “right sizing”, refocusing services and relocating, this Applicant is utilizing an existing available health care resource. Moreover, Bel-Wood Nursing home is considered a County Home or a provider that will not turn away a resident based upon their financial resources. As an available health care resource serving the proposed population and in “right sizing” the facility through a net reduction of 86 nursing care beds, this project addresses this item and plainly is the reason for the project.

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

The alternative to replace at the Heading Avenue site was chosen because it allowed for the relocation to a locale central to the existing facility’s core Medicaid population; it “right sizes” the facility capacity in line with historical average daily census; it has the most flexibility in site layout and capacity for expansion in related uses, i.e., Supportive Living Facility units; it allows for the refocus of facility programming.

ALTERNATIVES (Continued)

i.e., a dedicated dementia program, a dedicated rehab unit and a homelike environment with small autonomous neighborhoods; and it has very strong financial performance.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.

For a side-by-side analytical view of these alternatives please review to **ATTACHMENT-13B**. This attachment has been prepared by River City Construction and was used in the Applicant's decision making process. Several sites were considered throughout this process, however, they narrowed the selection down to only two due to availability and cost. The two off-site locations primarily considered are the proposed Heading Avenue site which is the former home to St. Joseph's Home for the Aged, a General Long-Term Nursing Care facility. It should be noted that this existing structure will be demolished should this project be approved. The alternate site is Catholic Charities site located at 2900 West Heading Avenue, West Peoria. The two locations are .67 miles West of the proposed site.

1. Renovate plus addition – High and low range was provided for this alternative;

Costs

This alternative has a construction cost that ranges from \$26,601,214 or \$191.28 per square foot to \$29,443,809 or \$211.72 per square foot. This alternative assumes addressing all licensure and life safety code compliance issues and the addition of newly constructed square footage to replace the loss resident rooms that would be the result of moving walls and rooms to

ALTERNATIVES (Continued)

meet nursing facility minimum standards. Although a vast number of issues would be addressed and the new constructed areas could be state-of-the-art, the majority of the existing building would still be of 1960's design and maintain an institutional feel. Furthermore, this alternative does little to address the issue of shared bath rooms that currently exist and does not attempt to factor in the remediation of creating resident rooms with private bathrooms as up to half the existing beds would have to be replaced with new construction. Most importantly, this alternative does not address the refocusing of programs and services as in the dedicated rehab unit and the state-of-the-art dementia program and its necessary physical plant attributes. For these reasons, this alternative was rejected.

Patient Access

The Applicant has had success in utilizing the existing location. Therefore, this alternative does not negatively impact patient access. However, this alternative does not improve patient accessibility either. The proposed project is to be located at 2223 West Heading Avenue, Peoria, Illinois 61604. This Zip Code area is the top tiered Zip Code for number of Medicaid Seniors within the County (refer to the executive summary of the market study performed by Management Performance Associates appended as **ATTACHMENT-10C**). Thus, this alternative does not improve accessibility in terms of placing the facility in a more central location to its core Medicaid Population. For this reason this alternative was rejected.

Quality

The existing quality of care being provided is not in question as this project is for either the renovation or replacement of the existing facility. Specifically, this project has come to

ALTERNATIVES (Continued)

fruition due to the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. However, this alternative does little to improve quality as compared to the alternative of a total replacement project that would allow the facility design around and to follow the new and innovative facility programming. For this reason, this alternative was not considered.

Financial Benefits

Although the construction cost alone may put this alternative slightly under that of the other alternatives, the renovation of the existing facility does not go far enough to improve marketability to ensure future optimal occupancy. Specifically, this alternative has a construction cost ranging from \$26.6 million to \$29.4 million as compared to the alternatives for the replacement project that range from \$28.3 million to \$31.9 million. Thus, this alternative is 83.3 percent to 92.2 percent of or nearly equal to the construction cost of the proposed project. This alternative was rejected because when complete, the Applicant would have an equitable investment into a facility that is nearing the end of its competitive life for its present use.

2. Replace 214 beds on the proposed site (proposed project);

Costs

This project has a construction cost of \$31,937,900 and a total project cost of \$47,887,300.

Patient Access

This alternative provides the best of all options, i.e., it continues the operations and services of Bel-Wood Nursing Home and it relocates the facility to a locale more central to its

ALTERNATIVES (Continued)

core Medicaid population. Although this alternative reduces the licensed capacity of the facility by 86 nursing care beds, the proposed capacity of 214 nursing care beds is in-line with most recent average daily census of the existing facility. Therefore, there will be no difference to effective capacity as many of Bel-Wood Nursing Home's 86 beds to be discontinued were not in use. By putting the beds back into the State's Inventory of Health Care Facilities and Services and Need Determinations, 2008, it may allow another provider in the future when the need for additional services develops, to establish or expand General Long-Term Nursing Care in a manner to fill a need that is otherwise unmet.

Quality

The existing quality of care being provided is not in question as this alternative is for the replacement of the existing facility to address the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. An additional bonus is that in being able to redesigning of the facility, quality can be improved as the facility will be designed around and follow the function of the new and innovative facility programming. For this reason, this alternative was considered.

Financial Benefits

As is illustrated throughout **ATTACHMENT-13B**, this alternative (Scheme A) has the highest overall cost due to the demolition and remediation costs of the site's existing structure. However, it also is a very close second in financial performance as compared to total project cost. Actually there is only a 1.8% difference in the percent of project return after annual debt service as compared to project cost. The distinction between alternatives regardless of project

ALTERNATIVES (Continued)

size is that the proposed site offers the greatest flexibility for future expansion and potentially for the sale of a portion of the site to recoup some of the higher development costs. The flexibility that the site offers adds extra weight to the Applicant's positive consideration of this alternative.

3. Replace 214 beds on Catholic Charities site;

Costs

This alternative also has a construction cost of \$31,937,900. However, its total project cost of \$46,161,000 is \$1.7 million less than the proposed project's total cost (\$47,887,300).

Patient Access

This alternative is equal to that of the alternative of the proposed project. They both continue the operations and services of Bel-Wood Nursing Home and the relocation of the facility to a locale more central to its core Medicaid population. This alternative also reduces the licensed capacity of the facility by 86 nursing care beds. The proposed capacity of 214 nursing care beds however, is in-line with most recent average daily census of the existing facility. Therefore, there will be no difference to effective capacity as many of Bel-Wood Nursing Home's 86 beds to be discontinued were not in use. Furthermore, in returning the underutilized beds back into the State's Inventory of Health Care Facilities and Services and Need Determinations, 2008, it may allow another provider in the future when the need for additional services develops, to establish or expand General Long-Term Nursing Care in a manner to fill an need that is currently unmet.

ALTERNATIVES (Continued)

Quality

This alternative is equal to that of the alternative of the proposed project in terms of quality. The existing quality of care being provided is not in question as this alternative is for the replacement of the existing facility specifically addressing the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. An additional bonus is that in being able to redesign the facility, quality can be improved through allowing the new design to follow the function of having new and innovative facility programming. For this reason, this alternative was considered.

Financial Benefits

As is illustrated throughout **ATTACHMENT-13B**, this alternative (Scheme B) has the second highest overall cost due to the significantly reduced need for demolition and remediation costs of the site's existing structure. Moreover, it has the highest financial performance as compared to total project cost. This alternative differs from the proposed project in that the land costs are more and there is less flexibility in land use and building orientation. The higher land cost, the inability to negotiate a sales contract and the lack of flexibility that the site offers added extra weight to the Applicant's consideration of rejecting this alternative.

4. Replace 174 beds on the proposed site; and

Costs

This alternative has a construction cost of \$28,256,000; however, its total project cost (\$43,256,000) is \$4.6 million less than the proposed project's.

ALTERNATIVES (Continued)

Patient Access

This alternative proposes to reduce Bel-Wood Nursing Home's licensed capacity from 300 down to 174 a net reduction of 126 nursing care beds. This alternative has two serious flaws. The first is that it will displace existing residents. Bel-Wood Nursing Home had 6,537 patient days in January 2011. This equates to an average daily census of nearly 211 (210.9) residents. Moreover, for the twelve months ending December 31, 2010, the facility realized 83,311 patient days or an average daily census of 228 residents. Therefore, this reduction will present an access issue to Bel-Wood Nursing Home's existing population. The second issue is that a reduction of 126 beds will create a need for additional beds albeit only for two beds. This alternative offers a reduction in capacity that in no way ensures existing residents access nor potential access to the residents of Peoria County in need for General Long-Term Nursing Services. Thus, patient accessibility is cause for potential concern which weighed heavily in the Applicant's rejection of this alternative.

Quality

This alternative is equal to that of the alternative of the proposed project in terms of quality. The existing quality of care being provided is not in question as this alternative is for the replacement of the existing facility specifically addressing the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. An additional bonus is that in being able to redesign the facility, quality can be improved through allowing design to follow the function of having new and innovative facility programming. For this reason, this alternative was considered.

ALTERNATIVES (Continued)

Financial Benefits

As is illustrated throughout **ATTACHMENT-13B**, this alternative (Scheme C) is third as it relates to total cost for facility replacement. However, its resultant percent return as compared to project cost, i.e., financial performance is dead last of all alternatives to replace the Subject project. This alternative still has a strong percentage return which is 12.3 percent of the project cost; yet, the return is almost seven (6.67) percent less than the project as being proposed. This is directly related to the project's size. Positively influencing this alternative is the site which offers the greatest flexibility for future expansion and potentially for the sale of a portion of the site to recoup some of the higher development costs. However, the significantly reduced scope which does not fully accommodate the Home's existing population added extra weight to the Applicant's consideration to rejecting this alternative.

5. Replace 174 beds on the Catholic Charities site.

Costs

This alternative also has a construction cost of \$28,256,000 and a total project cost of \$41,540,200 which is \$1.7 million less than the previous alternative.

Patient Access

This alternative is equal to the previous alternative in-terms of patient accessibility. This alternative proposes to reduce Bel-Wood Nursing Home's licensed capacity from 300 down to 174 a net reduction of 126 nursing care beds. This alternative has two serious flaws in terms of accessibility. The first is that it will displace existing residents. Bel-Wood Nursing Home had 6,537 patient days in January 2011. This equates to an average daily census of nearly 211

ALTERNATIVES (Continued)

(210.9) residents. Moreover, for the twelve months ending December 31, 2010, the facility realized 83,311 patient days or an average daily census of 228 residents. Therefore, this reduction will present an access issue to Bel-Wood Nursing Home's existing population. The second issue is that a reduction of 126 beds will create a need for additional beds albeit only for two beds. This alternative offers a reduction in capacity that in no way ensures existing residents access nor potential access to the residents of Peoria County in need for General Long-Term Nursing Services. Thus, patient accessibility is cause for potential concern which weighed heavily in the Applicant's consideration and ultimate rejection of this alternative.

Quality

This alternative is equal to that of the alternative of the proposed project in terms of quality. The existing quality of care being provided is not in question as this alternative is for the replacement of the existing facility specifically addressing the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. An additional bonus is that in being able to redesign the facility, quality can be improved through allowing design to follow the function of having new and innovative facility programming. For this reason, this alternative was considered.

Financial Benefits

As is illustrated throughout **ATTACHMENT-13B**, this alternative (Scheme D) has the lowest overall cost for facility replacement. However, due to its scope it has a significantly reduced financial performance as compared to the project as being proposed. That is not to say that the percentage return is not strong as it comes in at 14.22 percent. However, as compared to

ALTERNATIVES (Continued)

project as being proposed the financial performance is 4.75 percentage points less. This is directly related to the project's size. This alternative differs from the proposed project and the previous alternative in that the land costs are more and there is less flexibility in land use and building orientation. The higher land cost, the lower percent return in financial performance, the inability to negotiate a sales contract and the lack of flexibility that the site offers added extra weight to the Applicant's consideration of rejecting this alternative.

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

The existing quality of care being provided is not in question as this alternative is for the replacement of the existing facility specifically addressing the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. Therefore, this item is not germane.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Nursing Care

HEALTH
SERVICE
AREA
2

Inventory of Health Care Facilities and Services and Need Determinations
 State Summary of General Long-Term Nursing Care Beds, Bed Need and
 Additional Beds Needed/Excess Beds - Health Service Area 2

PLANNING AREA Category of Service	EXISTING BEDS	PROJECTED BEDS NEEDED	ADDITIONAL NEED/ (EXCESS BEDS)
Bureau/Putnam Counties Nursing Care Sheltered Care	473 29	413	(60)
Fulton County Nursing Care Sheltered Care	720 16	532	(188)
Henderson/Warren Counties Nursing Care Sheltered Care	262 0	259	(3)
Knox County Nursing Care Sheltered Care	965 0	816	(149)
LaSalle County Nursing Care Sheltered Care	1,472 42	1,329	(143)
McDonough County Nursing Care Sheltered Care	376 0	388	12
Marshall/Stark Counties Nursing Care Sheltered Care	427 0	373	(54)
Peoria County Nursing Care Sheltered Care	1,822 33	1,698	(124)
Tazewell County Nursing Care Sheltered Care	1,392 12	1,621	229
Woodford County Nursing Care Sheltered Care	601 62	672	71
HSA 2 TOTALS Nursing Care Sheltered Care	8,510 194	8,101	(409)

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		
			Beds	2005 Patient Days	Beds	2005 Patient Days	
APOSTOLIC CHRISTIAN SKYLINES	PEORIA	Peoria County	57	20,256	29	0	
BELWOOD NURSING HOME	PEORIA	Peoria County	300	104,064	0	0	
CHRISTIAN BUEHLER MEM HOME	PEORIA	Peoria County	78	23,416	0	0	
HAWTHORNE MANOR OF PEORIA	PEORIA	Peoria County	50		0		
8/3/2006 04-059 Facility licensed to begin operation.							
HERITAGE MANOR - CHILLICOTHE	CHILLICOTHE	Peoria County	110	34,247	0	0	
JOHN C PROCTOR ENDOW HOME	PEORIA	Peoria County	59	19,620	0	0	
LUTHERAN HOME	PEORIA	Peoria County	85	29,306	0	0	
MANOR CARE - PEORIA	PEORIA	Peoria County	144	48,907	0	0	
METHODIST MEDICAL CENTER OF ILLINOIS	PEORIA	Peoria County	0	5,314	0	0	
5/1/2007 07-007 Permit issued to discontinue 24 bed Skilled Nursing (Long-Term Care) category of service. Service discontinued effective 5/1/2007.							
PROCTOR MEMORIAL HOSPITAL	PEORIA	Peoria County	30	5,738	0	0	
ROSE GARDEN CONVALESCENT CENTER	PEORIA HEIGHTS	Peoria County	110	22,669	0	0	
ROSEWOOD CARE CENTER - PEORIA	PEORIA	Peoria County	120	30,497	0	0	
SAINI CLARE HOME	PEORIA HEIGHTS	Peoria County	94	30,614	4	906	
SHARON HEALTH CARE ELMS	PEORIA	Peoria County	98	30,423	0	0	
SHARON HEALTH CARE PINES	PEORIA	Peoria County	116	39,509	0	0	
SHARON HEALTH CARE WILLOWS	PEORIA	Peoria County	219	72,298	0	0	
SHARON HEALTH CARE WOODS	PEORIA	Peoria County	152	53,769	0	0	
ST. JOSEPH'S HOME FOR AGED	PEORIA	Peoria County	0		0		
5/3/2005 04-105 Completed project to discontinue facility with 43 nursing care and 146 sheltered care beds.							
Health Service Area: 002			Planning Area Totals	1,822	570,647	33	906
AGE GROUPS	2005 HSA Patient Days	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	331,139	564,400	586.7	352.0	938.7		
65-74 Years Old	266,802	50,500	5,283.2	3,169.9	8,453.1		
75+ Years Old	1,895,370	55,600	34,089.4	20,453.6	54,543.0		
2005 PSA Estimated Populations	2005 HSA Minimum Use Rates (Per 1,000)	2005 HSA Maximum Use Rates	2015 PSA Planned Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)
0-64 Years Old	167,772	155,900	938.7	160,900	151,043	151,043	151,043
65-74 Years Old	50,636	12,300	8,453.1	4,929.8	17,200	84,792	84,792
75+ Years Old	342,239	13,600	25,164.6	25,164.6	12,800	322,107	322,107
			Planning Area Totals	557,942	557,942	1,528.6	1,698
							124

Bel-Wood Nursing Home Renovation

Existing Renovation/Addition Study						
Category	LOW COST RANGE		HIGH COST RANGE		Cost (\$)	Unit Cost (\$/sf)
	6.75% Inflation to Mid 2011	Gross Area (sf)	6.75% Inflation to Mid 2011	Gross Area (sf)		
Moderate Renovation Area	85,202		85,202			
Intense Renovation Area	24,105		24,105			
Addition Area	29,703		29,703			
	Cost (\$)	Unit Cost (\$/sf)	Cost (\$)	Unit Cost (\$/sf)	Cost (\$)	Unit Cost (\$/sf)
BUILDING RENOVATION BREAKDOWN						
Division 2 Site Work/Landscape (Allowance)	350,000	3.20	350,000	3.20		
Division 2 Building Demolition	911,645	6.34	1,116,231	10.21		
Division 2 Hazardous Abatement	757,218	6.93	1,435,788	13.14		
Division 3 CIP Concrete	210,478	2.01	268,476	2.46		
Division 4 Masonry	200,156	1.63	347,002	3.17		
Division 5 Metals	74,255	0.68	126,392	1.16		
Division 6 Carpentry	375,810	3.44	443,018	4.05		
Division 7 Moisture Protection	1,627,938	14.89	1,820,701	16.66		
Division 8 Doors & Windows	833,185	7.62	1,072,197	9.81		
Division 9 Finishes	1,975,473	18.07	2,285,392	21.00		
Division 10 Specialties	413,656	3.78	413,656	3.78		
Division 12 Furnishings	373,625	3.42	373,625	3.42		
Division 14 Conveying Systems	-	0.00	-	0.00		
Division 15 Mechanical & Sprinkler	5,393,293	49.34	5,855,238	53.67		
Division 16 Electrical	2,910,993	26.70	2,242,326	20.51		
BUILDING RENOVATION BREAKDOWN PER RENOVATION SF	16,424,715	169.28	18,100,122	189.14		
BUILDING ADDITION BREAKDOWN						
Division 2 Building Excavation	191,310	4.41	155,001	5.21		
Division 3 CIP Concrete	532,448	17.89	530,088	18.31		
Division 4 Masonry	249,345	8.39	321,798	10.81		
Division 5 Metals	519,027	17.44	586,912	19.72		
Division 6 Carpentry	211,921	7.12	224,192	7.53		
Division 7 Moisture Protection	218,821	7.35	262,261	8.61		
Division 8 Doors & Windows	426,923	14.41	579,653	19.48		
Division 9 Finishes	1,051,018	35.31	1,069,683	35.84		
Division 10 Specialties	104,498	3.51	135,030	4.54		
Division 12 Furnishings	73,038	2.48	73,038	2.48		
Division 14 Conveying Systems	-	0.00	-	0.00		
Division 15 Mechanical & Sprinkler	1,604,816	63.25	1,068,732	62.79		
Division 16 Electrical	956,165	32.13	1,110,576	37.31		
BUILDING ADDITION BREAKDOWN PER ADDITION SF	6,081,220	203.65	6,025,856	202.70		
MISC PROJECT COSTS						
General Conditions (per total sf) (30 month duration)	1,839,315	13.23	1,839,315	13.23		
Liability Insurance	60,813	0.44	67,313	0.78		
Performance Bond	147,495	1.00	162,446	1.01		
Building Permit	-	0.00	-	0.00		
Contingency 5% of Cost of Work	1,216,263	8.75	1,346,270	15.60		
CM Fee 3-1/2% of Cost of Work	851,384	6.12	942,389	6.78		
TOTAL RENOVATION/ADDITION COST PER SF	26,601,214	181.28	29,443,809	211.72		



Bel-Wood Redevelopment Scheme A:

Program: 214 Beds
 Facility size: 144,498 SF
 SF/Bed: 675 SF
 Project Cost: \$47,887,300
 Site: St. Joseph's

Average Daily Census Range 2010 (YTD) 215-220

Resident Centered Care Program Beds:	
Medicaid/Medicare	134
Alzheimer	80
Total	214

Finance: County Contribution \$ 5,450,000

Debt 30 year bonds \$42,393,400

Annual Debt Service \$ 3,058,100

Debt Service Coverage:	
Year 1	1.56
Year 2	1.58
Year 3	1.61
Year 4	1.61
Year 5	1.63

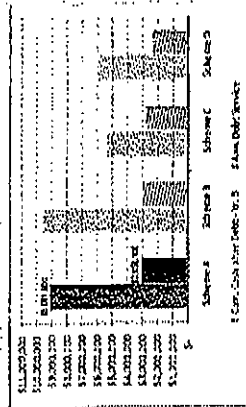
REVENUE

Net Cash after Debt Service

Year 1	\$1,681,800
Year 2	\$1,794,700
Year 3	\$1,854,600
Year 4	\$1,868,900
Year 5	\$1,941,800

Cumulative Cash after Debt Service

Year 1	\$1,681,800
Year 2	\$3,416,500
Year 3	\$5,271,100
Year 4	\$7,140,000
Year 5	\$9,081,800



Net Cash after Debt - m. 5 \$ Ann Debt Service

Bel-Wood Redevelopment Scheme B:

Program: 214 Beds
 Facility size: 144,498 SF
 SF/Bed: 675 SF
 Project Cost: \$46,161,000
 Site: Catholic Charities

Average Daily Census -% Dementia/Alzheimer's 2010 (YTD) 215-220

Resident Centered Care Program Beds:	
Medicaid/Medicare	134
Alzheimer	80
Total	214

Finance: County Contribution \$ 5,450,000

Debt 30 year bonds \$40,667,100

Annual Debt Service \$ 2,956,200

Debt Service Coverage:	
Year 1	1.62
Year 2	1.63
Year 3	1.67
Year 4	1.67
Year 5	1.69

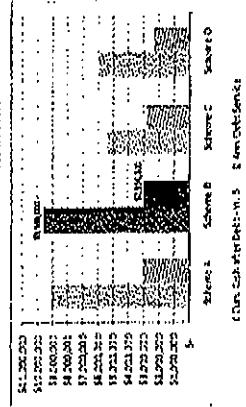
REVENUE

Net Cash after Debt Service

Year 1	\$1,768,800
Year 2	\$1,839,100
Year 3	\$1,858,200
Year 4	\$1,971,600
Year 5	\$2,043,300

Cumulative Cash after Debt Service

Year 1	\$1,768,800
Year 2	\$3,625,900
Year 3	\$5,584,100
Year 4	\$7,555,700
Year 5	\$9,599,000



Net Cash after Debt - m. 5 \$ Ann Debt Service

Bel-Wood Redevelopment Scheme C:

Program: 174 Beds
 Facility size: 124,069 SF
 SF/Bed: 718 SF
 Project Cost: \$43,256,000
 Site: St. Joseph's

Average Daily Census -% Dementia/Alzheimer's 2010 (YTD) 215-220

Resident Centered Care Program Beds:	
Medicaid/Medicare	134
Alzheimer	40
Total	174

Finance: County Contribution \$ 5,450,000

Debt 30 year bonds \$37,762,100

Annual Debt Service \$ 2,784,800

Debt Service Coverage:	
Year 1	1.36
Year 2	1.37
Year 3	1.41
Year 4	1.40
Year 5	1.42

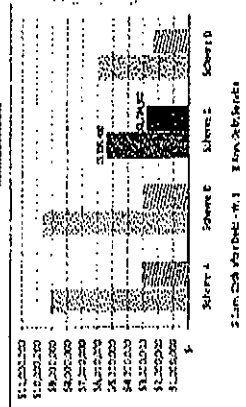
REVENUE

Net Cash after Debt Service

Year 1	\$ 982,200
Year 2	\$1,017,900
Year 3	\$1,118,600
Year 4	\$1,172,500
Year 5	\$1,169,200

Cumulative Cash after Debt Service

Year 1	\$ 982,200
Year 2	\$2,000,100
Year 3	\$3,118,700
Year 4	\$4,231,200
Year 5	\$5,394,400



Net Cash after Debt - m. 5 \$ Ann Debt Service

Bel-Wood Redevelopment Scheme D:

Program: 174 Beds
 Facility size: 124,009 SF
 SF/Bed: 718 SF
 Project Cost: \$41,540,200
 Site: Catholic Charities

Average Daily Census -% Dementia/Alzheimer's 2010 (YTD) 215-220

Resident Centered Care Program Beds:	
Medicaid/Medicare	134
Alzheimer	40
Total	174

Finance: County Contribution \$ 5,450,000

Debt 30 year bonds \$36,090,200

Annual Debt Service \$ 2,683,700

Debt Service Coverage:	
Year 1	1.42
Year 2	1.43
Year 3	1.46
Year 4	1.46
Year 5	1.47

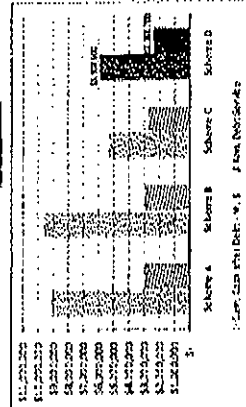
REVENUE

Net Cash after Debt Service

Year 1	\$1,086,561
Year 2	\$1,121,700
Year 3	\$1,221,500
Year 4	\$1,234,600
Year 5	\$1,264,200

Cumulative Cash after Debt Service

Year 1	\$1,086,561
Year 2	\$2,208,200
Year 3	\$3,429,700
Year 4	\$4,664,300
Year 5	\$5,928,500



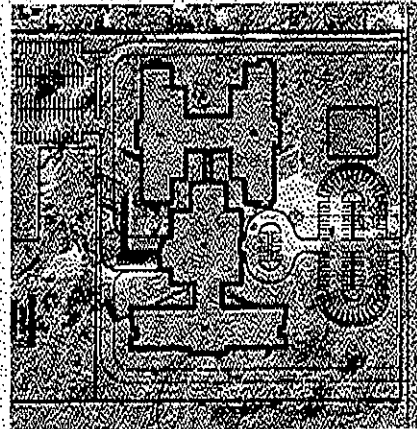
Net Cash after Debt - m. 5 \$ Ann Debt Service

Bel-Wood Redevelopment Scheme A:

Program: 214 Beds
 Facility size: 144,498 SF
 Site: St. Josephs
 Catholic Charities

Project Cost	
Land Cost	\$ 775,000
Demolition & Remediation	\$ 1,272,000
On-site costs	\$ 2,259,100
Off-site costs	\$ 379,500
Subtotal Land & Site Costs	\$ 4,685,600
Development Costs	
Architecture & Engineering	\$ 3,333,000
Financing Costs	\$ 3,053,500
Building Cost	\$ 31,937,900
Furniture, Fixtures & Equip.	\$ 743,700
Contingency	\$ 2,237,300
Total Project Cost	\$ 47,687,300
Add Opportunity Cost	\$ 0
Building Cost/SF	\$ 220
Total Cost/SF	\$ 329
Cost/Bed	\$ 223,772

- Additional Cost Saving Opportunities**
- Eliminate LEEDs program \$ 356,000
 - Competitive Bid saving \$ 717,000
 - Consultant CM, PM & Cont. \$ 87,800
 - Sale of excess land \$ 750,000
- TOTAL** \$ 1,910,800

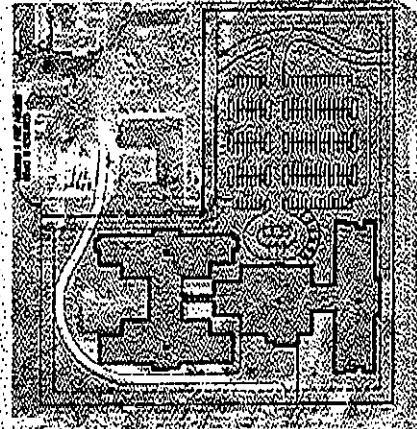


Bel-Wood Redevelopment Scheme B:

Program: 214 Beds
 Facility size: 144,498 SF
 Site: Catholic Charities

Project Cost	
Land Cost	\$ 1,000,000
Demolition & Remediation	\$ 135,000
On-site costs	\$ 1,995,100
Off-site costs	\$ 182,600
Subtotal Land & Site Costs	\$ 3,312,700
Development Costs	
Architecture & Engineering	\$ 1,831,200
Financing Costs	\$ 3,303,000
Building Cost	\$ 2,897,900
Furniture, Fixtures & Equip.	\$ 31,937,900
Contingency	\$ 743,700
Total Project Cost	\$ 46,161,000
Add Opportunity Cost	\$ 0
Building Cost/SF	\$ 220
Total Cost/SF	\$ 317
Cost/Bed	\$ 215,706

- Additional Cost Saving Opportunities**
- Eliminate LEEDs program \$ 356,000
 - Competitive Bid saving \$ 685,000
 - Consultant CM, PM & Cont. \$ 83,900
- TOTAL** \$ 1,124,900

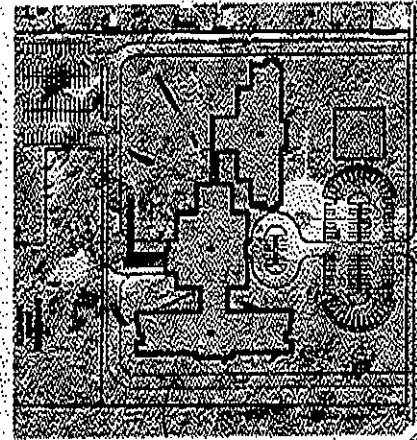


Bel-Wood Redevelopment Scheme C:

Program: 174 Beds
 Facility size: 124,006 SF
 Site: St. Josephs

Project Cost	
Land Cost	\$ 775,000
Demolition & Remediation	\$ 1,272,000
On-site costs	\$ 2,259,100
Off-site costs	\$ 379,500
Subtotal Land & Site Costs	\$ 4,685,600
Development Costs	
Architecture & Engineering	\$ 3,333,000
Financing Costs	\$ 2,587,600
Building Cost	\$ 28,256,000
Furniture, Fixtures & Equip.	\$ 629,700
Contingency	\$ 2,010,800
Total Project Cost	\$ 43,256,000
Add Opportunity Cost	\$ 2,420,000*
Building Cost/SF	\$ 228
Total Cost/SF	\$ 347
Cost/Bed	\$ 247,067

- Additional Cost Saving Opportunities**
- Eliminate LEEDs program \$ 356,000
 - Competitive Bid saving \$ 643,300
 - Consultant CM, PM & Cont. \$ 78,800
 - Sale of excess land \$ 750,000
- TOTAL** \$ 3,437,100

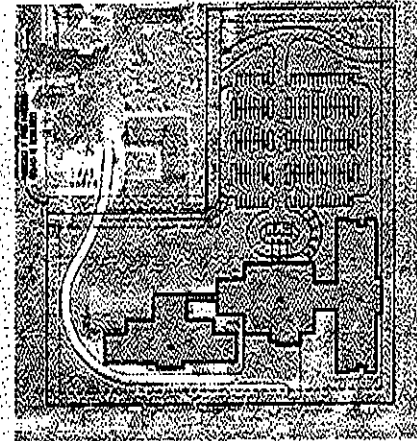


Bel-Wood Redevelopment Scheme D:

Program: 174 Beds
 Facility size: 124,009 SF
 Site: Catholic Charities

Project Cost	
Land Cost	\$ 1,000,000
Demolition & Remediation	\$ 135,000
On-site costs	\$ 1,995,100
Off-site costs	\$ 182,600
Subtotal Land & Site Costs	\$ 3,312,700
Development Costs	
Architecture & Engineering	\$ 1,897,800
Financing Costs	\$ 3,303,000
Building Cost	\$ 2,415,000
Furniture, Fixtures & Equip.	\$ 28,256,000
Contingency	\$ 629,700
Total Project Cost	\$ 41,540,200
Add Opportunity Cost	\$ 2,420,000*
Building Cost/SF	\$ 228
Total Cost/SF	\$ 334
Cost/Bed	\$ 238,198

- Additional Cost Saving Opportunities**
- Eliminate LEEDs program \$ 356,000
 - Competitive Bid saving \$ 611,400
 - Consultant CM, PM & Cont. \$ 74,900
- TOTAL** \$ 1,051,300



Bel-Wood Redevelopment Scheme A:

Program: 214 Beds
 Facility size: 144,493 SF
 Project Cost: \$47,887,300
 Site: St. Joseph's
 Catholic Charities

- PRO:**
- Program:**
 - Best response to market demand
 - Best response to past occupancy
 - Site:**
 - Level, open, easily developable site
 - Surroundings, views better
 - Capacity for future expansion of related uses, i.e. SJ, etc.
 - Better resident room orientation to street
 - Present zoning use and context exists
 - Site can accommodate a variety of building layouts
 - Cost:**
 - Lowest project cost 214 bed scheme
 - Third overall in project costs
 - Schedule:**
 - Potential for earlier start than St. Joseph's
 - Finances:**
 - Best financial performance of all redevelopment schemes
 - Characteristics:**
 - Plan optimizes operations and resident mix flexibility
 - Enablers:**
 - Start of site work probably later than Catholic Charities
 - Disablers:**
 - Second best financial performance (94.5% of Scheme B)*
 - Does not recognize the additional use capacity of site
 - Best positioning for "exit strategy"
 - Operations:**
 - Plan optimizes operations and resident mix flexibility
 - Separate staff and visitor parking
 - Staff parking adjacency to staff entrance

- CON:**
- Program:**
 - None
 - Site:**
 - On and off site work more extensive than Catholic Charities
 - Cost:**
 - Highest initial project cost
 - Demol/renovation more expensive than Catholic Charities
 - Schedule:**
 - Probable later start date than Catholic Charities site
 - Finances:**
 - Highest project first cost
 - Performance 8.5% less than Scheme B*
 - Characteristics:**
 - None

Bel-Wood Redevelopment Scheme B:

Program: 214 Beds
 Facility size: 144,498 SF
 Project Cost: \$45,161,000
 Site: Catholic Charities

- PRO:**
- Program:**
 - Best response to market demand
 - Best response to past occupancy
 - Site:**
 - Level, open, easily developable site
 - Surroundings, views better
 - Capacity for future expansion of related uses, i.e. SJ, etc.
 - Better resident room orientation to street
 - Present zoning use and context exists
 - Site can accommodate a variety of building layouts
 - Cost:**
 - Lowest project cost 214 bed scheme
 - Third overall in project costs
 - Schedule:**
 - Potential for earlier start than St. Joseph's
 - Finances:**
 - Best financial performance of all redevelopment schemes
 - Characteristics:**
 - Plan optimizes operations and resident mix flexibility
 - Enablers:**
 - Start of site work probably later than Catholic Charities
 - Disablers:**
 - Second best financial performance (94.5% of Scheme B)*
 - Does not recognize the additional use capacity of site
 - Best positioning for "exit strategy"
 - Operations:**
 - Plan optimizes operations and resident mix flexibility
 - Separate staff and visitor parking
 - Staff parking adjacency to staff entrance

- CON:**
- Program:**
 - None
 - Site:**
 - Orientation; no street frontage for main building entrance
 - Very tight front to back of building
 - No expandability for separate entrance
 - Cost:**
 - Second highest initial project cost
 - Schedule:**
 - None
 - Finances:**
 - Second highest project first cost
 - More restrictive positioning for "exit strategy"
 - Characteristics:**
 - No separate staff and visitor parking
 - No staff parking adjacency to staff entrance

Bel-Wood Redevelopment Scheme C:

Program: 174 Beds
 Facility size: 124,009 SF
 Project Cost: \$43,256,000
 Site: St. Joseph's

- PRO:**
- Program:**
 - None
 - Site:**
 - Surroundings, views better
 - Capacity for future expansion of related uses, i.e. SJ, etc.
 - Better resident room orientation to street
 - Present zoning use and context exists
 - Site can accommodate a variety of building layouts
 - Cost:**
 - Mature vegetation may reduce cost of landscaping
 - Possible sale of piece of excess property
 - Second lowest cost 174 bed scheme
 - Schedule:**
 - Start of site work probably later than Catholic Charities
 - Finances:**
 - Does not recognize the additional use capacity of site
 - Characteristics:**
 - Separate staff and visitor parking
 - Staff parking adjacency to staff entrance

- CON:**
- Program:**
 - Cuts Alzheimer's program by 40 beds
 - Strong market demand for Alzheimer beds
 - Reduces Bel-Wood's commitment to Alzheimer program
 - Regulations effectively limit Alzheimer beds to ground level
 - Site:**
 - On and off site work more extensive than Catholic Charities
 - Cost:**
 - Highest cost per bed and SF of the four schemes
 - Much less cost effective per bed or SF than 214 bed schemes
 - Demol/renovation more expensive than Catholic Charities
 - Opportunity cost not included in current project costs
 - Resident attrition to meet 160 beds \$ 800,000
 - Excess SF in building to support expansion \$ 120,000
 - Add cost for future construction of 40 beds \$4,500,000
 - Total \$4,620,000
 - Schedule:**
 - Probable later start date than Catholic Charities site
 - Finances:**
 - Weakest financial performance compared to other schemes
 - Cost/revenue structure diminishes "exit strategy" prospects
 - Characteristics:**
 - None

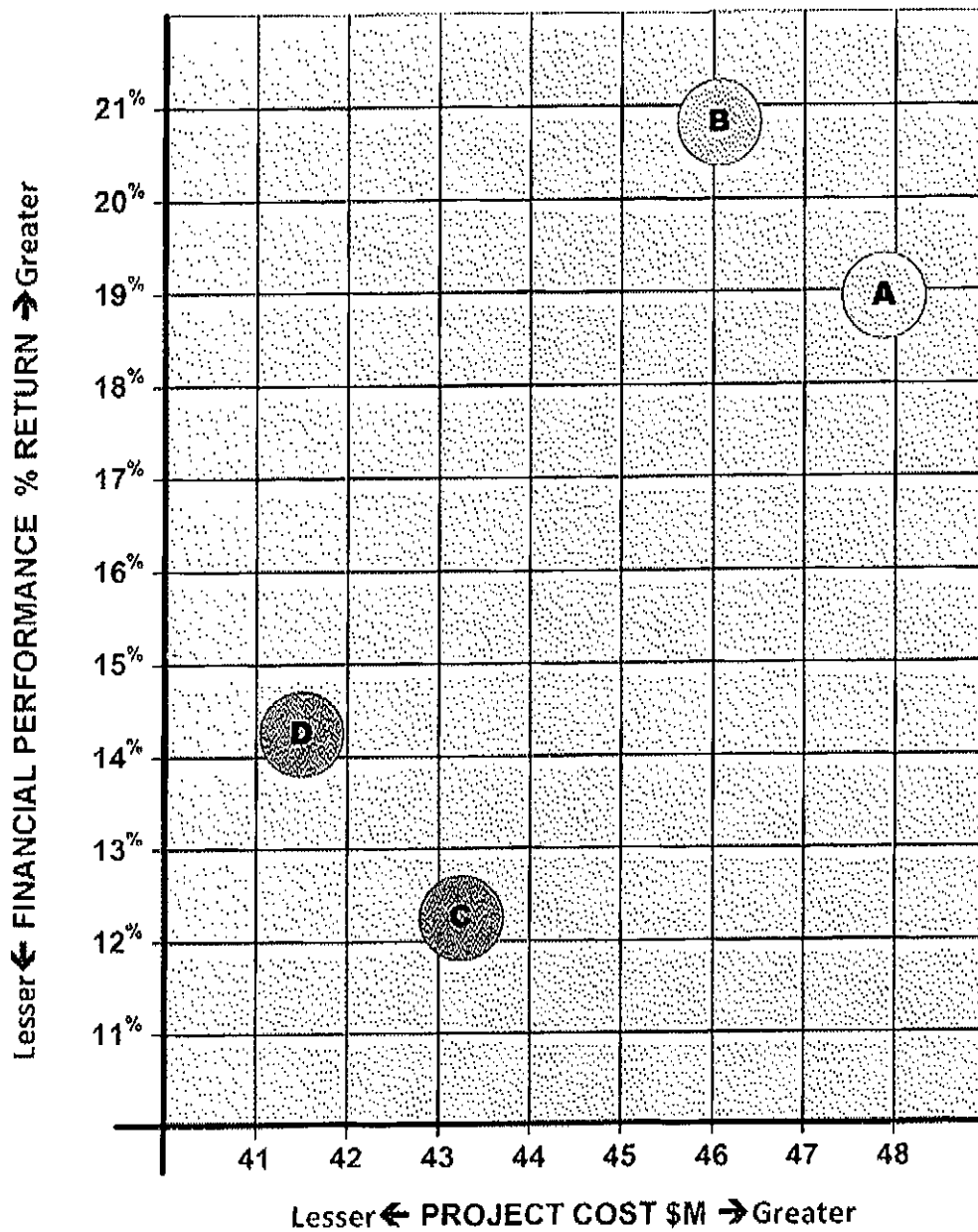
Bel-Wood Redevelopment Scheme D:

Program: 174 Beds
 Facility size: 124,009 SF
 Project Cost: \$41,540,200
 Site: Catholic Charities

- PRO:**
- Program:**
 - None
 - Site:**
 - Level, open, easily developable site
 - On and off site costs are \$1,373,000 less than St. Joseph's
 - Present zoning use and context exists
 - Least overall project cost 174 bed scheme
 - If lease first cost is main consideration this is the best option
 - Cost:**
 - Potential for earlier start than St. Joseph's
 - Schedule:**
 - None
 - Finances:**
 - Plan optimizes operations and resident mix flexibility
 - Characteristics:**
 - None
 - Operations:**
 - None

- CON:**
- Program:**
 - Cuts Alzheimer's program by 40 beds
 - Strong market demand for Alzheimer beds
 - Reduces Bel-Wood's commitment to Alzheimer program
 - Regulations effectively limit Alzheimer beds to ground level
 - Site:**
 - Orientation; no street frontage for main building entrance
 - Very tight front to back of building
 - No expandability for separate related uses
 - Cost:**
 - Highest cost per bed and SF of the four schemes
 - Much less cost effective per bed or SF than 214 bed schemes
 - Opportunity cost not included in current project costs
 - Resident attrition to meet 160 beds \$ 900,000
 - Excess SF in building to support expansion \$ 120,000
 - Add cost for future construction of 40 beds \$4,500,000
 - Total \$4,620,000
 - Schedule:**
 - None
 - Finances:**
 - Weaker financial performance compared to schemes A & B
 - Cost/revenue structure diminishes "exit strategy" prospects
 - Characteristics:**
 - None

BEL-WOOD REPLACEMENT FACILITY



SCHEME	A	B	C	D
PROJECT COST \$M	\$47.887	\$46.161	\$43.256	\$41.540
5 YR CUM. CADS \$M	\$ 9.082	\$9.599	\$5.394	\$5.909
RETURN/COST	18.97%	20.79%	12.30%	14.22%

M/M BEDS	134	134	134	134
ALZ BEDS	80	80	40	40
SITE	STJ	CC	STJ	CC

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

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

SIZE OF PROJECT

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative.

The proposed project comprises 145,126 gross square foot (gsf) or 678 gsf per bed. The proposed facility utilizes the autonomous neighborhood concept for the entire facility with 4 smaller 20 bed units programmed for dementia residents, a designated rehab unit, and five additional skilled neighborhoods ranging from 23 to 25 beds. The proposed facility promotes dignity and privacy through providing each resident room with its own bathroom. The facility design employs a "T" concept room for thirty-one percent of the resident rooms creating additional privacy in a semi-private room configuration. Approximately thirty-three percent of the resident rooms will be private as compared with the minimum standards that require only three percent or seven beds to be in private rooms. Therefore, sixty-four percent of the resident rooms will be either private or "T" concept rooms promoting privacy and personal dignity. The facility design is so to allow for primary assigned staff and Personal Care Assistances. This approach will allow activities to be driven by the residents based upon their wants and needs instead of being directed by staff based on schedules and preferences. It is an elementary approach to care but fundamental to quality care. These are the factors that dictate the gross square feet being proposed. The form follows function in that the physical plant was developed around a distinct program and service specific units. Therefore it would appear that the proposed project's physical space is necessary for the proposed project.

SIZE OF PROJECT (Continued)

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

The BGSF standards in Appendix B allow for "435-713 bgsf/bed". The proposed facility is well within that standard as it is 678 gsf/bed. Therefore, this item is not germane.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. A narrative of the rationale that supports the projections must be provided.

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

Utilization					
	Dept./Service	Historical Utilization (Patient Days)	Project Utilization	State Standard	Standard Met?
Year 1	Nursing	CY2010	76,650-98.1%	90%	Yes
Year 2	Nursing	83,311	74,205-95%	90%	Yes

UNFINISHED OR SHELL SPACE:

All of the proposed square footage will be finished and has been justified. Therefore with no unfinished or shell space, this item is not germane.

ASSURANCES:

As no space will be unfinished or shell space, this item is also not applicable.

ATTACHMENT-17

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

I. Criterion 1110.1730 - General Long Term Care

Section 1110.1730 General Long Term Care - Review Criteria

a) Introduction

This Section applies to projects involving General Long Term Care. Applicants proposing to establish, expand or modernize General Long Term Care category of service shall comply with the applicable subsections of this Section, as follows:

This section will address the following items: 1110.1730.b1, b2, b3, b5, d3, e1, e2, e3, f, g, h, I, j, and k of this section addressing the criteria for establishment.

- 2) If the proposed project involves the replacement of a facility or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (k) (Assurances).

This item is not applicable as this project does not involve the replacement of a facility or service onsite.

- 3) If the proposed project involves the replacement of a facility or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".

As this project does involve the replacement of a facility on a new site and as indicated in item 1 above, this item will address the requirements of subsection (a)(1) for "Establishment of Services or Facility".

- 4) If the proposed project involves the replacement of a facility or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

As this project does involve the replacement of a facility on a new site, this item is germane. Moreover, appended as ATTACHMENT-28A are the last two years of Annual Facility Questionnaire Data (annual facility profiles) that shows in Calendar Year 2008 and

1. Criterion 1110.1730 - General Long Term Care (Continued)

2009, the facility reported an experienced occupancy rate of 89.1 and 86.8 percents respectively. As documented in this Application form, the Applicant has reported that for Calendar Year 2010 it had patient days totaling 83,311 days which equates to a utilization of 76 percent. Therefore, in the most recent three years of history the Applicant could justify 298 beds, 288 beds and 234 beds respectively over years 2008, 2009 and 2010. These numbers more than justify the number of beds being proposed.

b) **Planning Area Need – Review Criterion**

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

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

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

The beds to be established for General Long-Term Care are currently in the inventory. This project is for the “right sizing” and replacement of the existing Bel-Wood Nursing Home. The latest Inventory Update (January 16, 2011) (appended as **ATTACHMENT-10E**) to the 2008 IDPH Inventory of Health Care Facilities and Services and Need Determinations calculates that there are currently 124 excess nursing care beds in the Peoria County Planning Area. Bel-Wood Nursing Home has a current licensed capacity of 300 nursing care beds. This project will result in 86 nursing care beds being put back into the inventory, thereby decreasing the number of excess beds to thirty-eight. This project, although for the (technical) establishment for General Long-Term Care services does not alter the projected bed deficit as this project is only replacing existing beds that are already in the State’s 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.

This project, although for the (technical) establishment for General Long-Term Care services, it does not alter the projected bed deficit as this project is only replacing existing beds that are already in the State’s Inventory. Moreover, this project positively

b) **Planning Area Need – Review Criterion**

affects the projected excess number of nursing beds by placing 86 beds back into the State's inventory, thereby decreasing the excess need for additional beds down to only thirty-eight. In doing so, the proposed off-site replacement project will effectively have a starting utilization of 98 percent since the license capacity will be reduced to 214 nursing beds and the facility currently maintains an average daily census of 210 resident for the month of January 2011. At 98 percent occupancy this item is well in excess of the target occupancy rate of 90 percent.

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.

The proposed project for the establishment of a replacement and "right sized" Bel-Wood Nursing Home is not your traditional project to establish services. This Applicant, the County of Peoria, Illinois, i.e., the Peoria County Board has a proven track record of providing care for the residents of Peoria County. Appended as **ATTACHMENT-12A**, is a summary of patient origins for all admissions for the past two years (CY2009 and CY2010). This data illustrates that 248 of the 291 or 85 percent of all admissions to Bel-Wood Nursing Home were derived from Peoria County. As a County Home, the Applicant's mission will remain unchanged and therefore, the focus as to where to develop admissions will remain unchanged.

b) **Planning Area Need – Review Criterion (Continued)**

On a more specific issue of target geographic service area, one of the reasons for the facility relocation is to locate the facility in a locale more central to its core Medicaid population. This project is proposing to move from the existing site to one within Zip Code area 61604. The market study (appended as **ATTACHMENT-10D**) performed by Management Performance Associates found that Zip Code area 61604 has the single highest level of elderly Medicaid population. Therefore, in all accounts this project is being proposed to more acutely focus on its core constituents and primary service area populations.

- 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.

This project will result in an establishment of a facility under the General Long-Term Care category of service that net a total reduction in nursing care beds. As such this item is not germane.

- 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).

The proposed project is not for the expansion of an existing General Long-Term Care service but rather for the relocation and “right sizing” of said service that will reduce license capacity by 86 nursing beds. Therefore, this item is not germane.

b) **Planning Area Need – Review Criterion (Continued)**

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.

The Applicant is an existing facility and this project is proposing an off-site replacement of Bel-Wood Nursing Home. However, the Applicant has not nor will make referrals to other facilities as admission into a nursing home must be made by a physician. In the spirit of this criterion, appended as **ATTACHMENT-28B** is a complete listing of admissions, patient origin for each admission, name of referring physician, and where the residents has come from. In calendar year 2009 Bel-Wood Nursing Home realized 148 referrals that resulted in admissions. In calendar year 2010 the Subject facility realized 142 referrals that resulted in admissions. Combined 248 of the 290 referrals were from within Peoria County. Moreover, the facility has maintained average daily census over the past two calendar years that more than justify utilization for the proposed project. As document in the 2009 IDPH annual facility profile, Bel-Wood Nursing Home realized a 94,998 patient days or an average daily census of 260 residents

b) **Planning Area Need – Review Criterion (Continued)**

(94,998 annual patient days divided by 365 days in a year). The Applicant has also provided through this application form that in calendar year 2010, it had 83,311 patient days or an average daily census of 228 (83,311 annual patient days divided by 365 days in a year). The facility census numbers justify 289 beds and 254 beds per year respectively at the State's target utilization rate of 90 percent. Most current utilization data provides the patient days Bel-Wood Nursing Home has realized for the month of January 2010. The month of January, Bel-Wood Nursing Home experienced 6,537 patient days which equates to an average daily census of 210 residents (6,537 patient days in January 2011 divided by 31 days in the month of January). This justifies 234 beds at the State's target rate of 90%. This 210 resident census is now more in-line with projected facility utilization upon project completion. Therefore, the last two years of referrals and ultimately admissions had fueled a more than adequate utilization rate to justify the continued use of the proposed project's services and beds.

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

b) **Planning Area Need – Review Criterion (Continued)**

- iv) Verification by the hospital that the patient referrals have not been used to support another pending or approved CON application for the subject services.

The Applicant, tried repeatedly to obtain a letter from OSF St. Francis Medical Center, Methodist Medical Center and Proctor Hospitals with no response. Furthermore, this item is confusing as placement in a nursing home requires physician orders and not the hospitals. However, this proposed project is not a typical establishment project. This project is for the replacement of an existing and effectively utilized nursing home. The existing residents and their families have made a choice to live at and receive care from Bel-Wood Nursing Home. The Applicant contends that this project is an extension of that freedom of choice and has given the existing residents the choice to move into the new relocated facility or to utilize other health care resources in the area. Appended as **ATTACHMENT-28C** are 180 resident transfer letters for existing residents. Only one resident stated they would seek other health care resources, three residents stated that they were undecided, and 176 residents who returned the survey request indicated that they were undecided to relocate with the proposed project. As these letters indicate, the Applicant has its initial admissions to immediately fill the proposed project without extra marketing efforts. Furthermore, the facility is relocating to be more centrally located with the County's elderly Medicaid population. The facility will remain true to its roots as a County Home.

b) **Planning Area Need – Review Criterion (Continued)**

C) **Projected Service Demand – Based on Rapid Population Growth**

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
- ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
- iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
- iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
- v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
- vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and
- vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

This item is not germane to the need for this off-site replacement project.

b) **Planning Area Need – Review Criterion (Continued)**

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.

Collectively the proposed project cannot document the above listed service restriction. However, this project is an example of one size does not fit all. Specifically, this project is for the off-site replacement of an existing General Long-Term Nursing Care facility with a large existing number of residents. Since the replacement is off-site it is classified by the Certificate of Need rules as a project for the establishment of a General Long-Term Nursing Care Facility. As an existing active and effective provider not adding beds in the Planning Area, none of the five listed service restrictions could apply. The service restrictions that are

b) **Planning Area Need – Review Criterion (Continued)**

present are the historically underutilized nursing beds that the Applicant is proposing to put back into the inventory resulting in correcting the appearance of a large excess supply of nursing care beds. This criterion is ultimately in-place to ensure that the number of beds being established is necessary to improve access for planning area residents. This CON application is not proposing to improve access; it only desires to maintain accessibility through the “right sizing”, relocation, and refocus of programming for the existing services as being currently provided. Therefore, this item is not germane to the proposed project.

B) **Supporting Documentation**

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

As stated above, the Applicant is an existing active and effective General Long-Term Nursing Care provider and as such none of the listed service restrictions could apply. Therefore, this item is also not applicable. However, many of the items listed have already been provided and in the spirit of cooperation and full disclosure, the following items will be addressed as possible.

i) The location and utilization of other planning area service providers;

A listing of all providers within a 30-minute travel time from the Applicant’s proposed site is appended as **ATTACHMENT-28D**. This list also provides their respective locations and utilization rates.

b) **Planning Area Need – Review Criterion (Continued)**

ii) Patient location information by zip code;

A full listing of all admissions made to Bel-Wood Nursing Home over the past two years is appended as **ATTACHMENT-28B**. A summary of this list is appended as **ATTACHMENT-12A**.

iii) Independent time-travel studies;

An independent travel time for each facility within 30-minutes travel time from the Applicant's proposed site is appended as **ATTACHMENT-28E**.

iv) A certification of a waiting list;

There is not a waiting list in the sense that potential residents are seeking care, however, this Applicant currently cares for and services 210 residents based on January's average daily census. Furthermore, in lieu of a waiting list, 176 residents have signed letters indicating that it is their desire to transfer to the proposed facility once it is open. Refer to **ATTACHMENT-28C** for a copy of the residents transfer letters.

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

There are no scheduling or admissions restrictions that this Applicant can document as this Applicant is an existing provider with potentially available nursing care beds.

vi) An assessment of area population characteristics that document that access problems exist;

The Applicant had commissioned a market study to analyze area population characteristics. To compliment this study the Applicant had this study

b) **Planning Area Need – Review Criterion (Continued)**

take into account the patient origin for existing admissions. A copy of the market study is appended as **ATTACHMENT-10D**. However, the issues prompting this project stem from physical plant deficiencies and non-compliance to IDPH licensure and life safety code requirements. A listing of the physical plant deficiencies and the CMMS facility surveys are appended as **ATTACHMENT-12B**.

vii) Most recently published IDPH Long Term Care Questionnaire.

The most recently published IDPH annual questionnaire form for the Subject facility is appended as **ATTACHMENT-28A**. Additionally, appended as **ATTACHMENT-28F** are profiles for all of the facilities identified within a 30-minute travel time from the project's proposed site.

c) Continuum of Care – Review Criterion

1110.1730(c) - Continuum of Care

The applicant proposing a continuum of care project shall provide the following:

As this project is for the replacement of Bel-Wood Nursing Home and not to add or establish additional beds within a “continuum of care”, this item is not germane.

d) Defined Population – Review Criterion

1110.1730(d) – Defined Population

The applicant proposing a project for a defined population shall provide the following:

As this project is for the replacement of Bel-Wood Nursing Home and not to add or establish additional beds for a “defined population”, this item is not applicable.

e) **Unnecessary Duplication/Maldistribution – Review Criterion**

1110.1730(e) – Unnecessary Duplication of Services

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;

A list of all zip code areas that are within Peoria County is appended as **ATTACHMENT-28G**. For convenience, a map identifying all zip code areas is also attached.

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

The total population for the identified zip code areas also known as Peoria County for estimated Calendar Year 2010 is 187,876 persons. Calendar year 2010 is the most current year that population estimates are made. The

State/County	Age Group	2010
Peoria	All	187,876
	65+	26,575
	75+	12,807
	85+	3,971

Source:
http://www.illinoisbiz.biz/dceo/Bureaus/Facts_Figures/Population_Projections/

Illinois Department of Commerce and Economic Opportunity compiled the 2000 census data and has provided five year population estimates thru 2030. The table to the left not only identifies the total population

for the Peoria County Planning Area but it also provides a breakout of elderly population, i.e., those most likely to utilize General Long-Term Nursing Care.

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.

A listing of all existing nursing care facilities located within 30-minutes from the proposed project site is appended as **ATTACHMENT-28D**.

e) Unnecessary Duplication/Maldistribution – Review Criterion (Continued)

In summation of above three items requested to document that the proposed project will not result in an unnecessary duplication, none solicit the issue that the proposed project is for the replacement of an existing nursing care facility. Therefore, no further duplication can result. This issue of unnecessary duplication is one that is of concern to this Applicant as part of this proposal is for the reduction of 86 nursing beds from the existing licensed capacity. Thus, this project reduces the appearance of the existing unnecessary duplication as noted by the State Inventory's calculation of 124 excess beds.

e) **Unnecessary Duplication/Maldistribution – Review Criterion (Continued)**

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;

State/County	Age Group	2010	2015	2010-2015
Illinois	All	13,279,091	13,748,695	3.5%
	65+	1,658,029	1,889,689	14.0%
	75+	804,549	840,003	4.4%
	85+	269,950	298,054	10.4%
Peoria	All	187,876	190,903	1.6%
	65+	26,575	30,017	13.0%
	75+	12,807	12,823	0.1%
	85+	3,971	4,191	5.5%

Source: http://www.illinoisbiz.biz/dceo/Bureaus/Facts_Figures/Population_Projections/

In the Peoria County Planning Area, the State Inventory of Health Care Facilities and Services and Need Determinations – 2008 (appended as ATTACHMENT-13A) lists a total of 1,822 nursing care beds. To be consistent with the current Inventory, a population estimate for 2015 was used. Therefore, according to the Illinois Department of Commerce and Economic Opportunity, Peoria County in 2015 is projected to have a total population of 190,903 people. Thus the County has a bed to population ratio of 0.0095 nursing bed to each person. This ratio is more easily understood if it is calculated on a per thousand basis of population. Then the same ratio is 9.54 nursing beds for every 1000 people. The proposed project reduces the total beds by 86 thereby, increasing the ratio by a half a bed per thousand population (9.09 nursing beds per 1000 people).

According to a tally of approved beds listed in the State's Inventory updates, statewide there are 102,895 nursing beds. According to the Illinois Department of

e) **Unnecessary Duplication/Maldistribution – Review Criterion (Continued)**

Commerce and Economic Opportunity, in 2015 Illinois will have a population of 13,748,695. Therefore, the ratio of beds to population per 1000 people equates to 7.48 nursing beds per thousand people. The allowance of 1 and one half times the state's ratio brings the State's ratio to 11.23 nursing beds per thousand populations. Therefore, the County's ration is approximately one and one fifth that of the State's and under the one and one half times allotment. Thus, this project is in compliance with this indicator.

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

Although historical utilization of Bel-Wood Nursing Home is less than the occupancy standard of 90 percent for both calendar years 2009 and 2010, the Applicant has proposed to remedy this issue by only replacing the number of beds that the existing historical utilization can support at or in excess of the 90 percent target. The 2009 IDPH annual facility profile for Bel-Wood Nursing Home realized 94,998 patient days or an average daily census of 260 residents (94,998 annual patient days divided by 365 days in a year). In calendar year 2010, it had 83,311 patient days or an average daily census of 228 (83,311 annual patient days divided by 365 days in a year). The facility census numbers justify 289 beds and 254 beds per year respectively at the State's target utilization rate of 90 percent. Most current utilization data provides the patient days Bel-Wood Nursing Home has realized for the month of January 2010. The month of January, Bel-Wood Nursing Home experienced 6,537 patient days which equates to an average daily census of 210 residents (6,537 patient days in January 2011 divided by

e) **Unnecessary Duplication/Maldistribution – Review Criterion (Continued)**

31 days in the month of January). An average daily census of 210 residents equates to a utilization rate of 98 percent which is well above the occupancy target of 90 percent. Thus, this project is in compliance with this indicator.

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

The issue with this entire Maldistribution Criterion is that this project is replacing an existing service even though it is off-site. This project already had resident volume or an existing caseload to utilize services at or above the occupancy standards. Furthermore, this Applicant has received resident transfer letters indicating that 176 current residents are exercising their freedom of choice to stay with the Applicant upon the opening of the proposed replacement project. Thus, this project is in compliance with this indicator.

e) **Unnecessary Duplication/Maldistribution – Review Criterion (Continued)**

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

The Applicant is one of those “other area providers” and is also concerned with the overall utilization of Peoria County providers. As such, the proposed project is reducing licensed capacity by 86 beds. The existing Bel-Wood Nursing Home has enjoyed healthy utilization rates of 89.1 percent and 86.8 percent respectively for calendar years 2008 and 2009 especially for a 300 bed facility. In anticipation for this project, this Applicant has slowly reduced its utilization rate through attrition. This overall reduction in capacity will allow other providers to potentially increase utilization. Therefore, this project would not appear to lower or have any negative impact on the utilization of other area providers in Peoria County.

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 is one of those “other area providers” and is also concerned with the overall utilization of Peoria County providers. As such, the proposed project is reducing licensed capacity by 86 beds. The existing Bel-Wood Nursing Home has enjoyed healthy utilization rates of 89.1 percent and 86.8 percent respectively for calendar years 2008 and 2009 especially for a 300 bed facility. In anticipation for this project, this Applicant has slowly reduced its utilization rate through attrition. This overall reduction in capacity will allow other providers to potentially increase utilization.

c) **Unnecessary Duplication/Maldistribution – Review Criterion (Continued)**

Therefore, this project would not appear to lower or have any negative impact on the utilization of other area providers in Peoria County regardless of their respective utilization rates are currently below the 90 percent target rate.

f) **Category of Service Modernization**

1110.1730(f) – Modernization

- i) If the project involves modernization of a category of hospital facility bed service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

This project, as an off-site replacement, is technically classified as a project for the establishment of a new health care facility. Therefore, this item is not germane. However, much of the documentation throughout this application revolves around the need for the existing Bel-Wood Nursing Home to be modernized. Documentation of the need for replacement are as follows:

- Non-compliance with licensing or life safety codes;

Appended as **ATTACHMENT-10B**, is a study performed by Ferry and Associates Architects documenting non-compliance to licensing and life safety codes as well as physical plant deficiencies.

- Changes in standards of care (e.g., private versus multiple bed rooms)

The existing nursing home meets the minimum standard of three percent for the total number of private rooms. The proposed project is to have 42 out of the 128 resident rooms as private equating to thirty-two percent of the rooms. The Applicant takes a further step in providing a more progressive "T" concept semi-private resident room for an additional 40 rooms. This provides greater privacy within a more efficient semi-private accommodation. Together sixty-four percent of the resident rooms offer greater privacy and therefore resident dignity.

f) **Category of Service Modernization (Continuation)**

- Additional space for diagnostic or therapeutic purposes

This proposal, although well within the range for compliance with the State standard for gross square feet per bed does require additional space in order to effectively design the proposed building around the programming. Specifically, the proposed facility will have a dedicated rehab unit, four-20-bed Alzheimer's Disease and Related Dementia units, a total of ten autonomous neighborhoods, and the implementation of a primary assigned staffing of each unit along with Personal Care Assistants.

- IDPH CMMS inspection reports

The IDPH CMMS inspection reports are appended as **ATTACHMENT-12B**.

- 2) Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

Although historical utilization of Bel-Wood Nursing Home is less than the occupancy standard of 90 percent for both calendar years 2009 and 2010, the Applicant has proposed to remedy this issue by only replacing the number of beds that the existing historical utilization can support at or in excess of the 90 percent target. The 2009 IDPH annual facility profile for Bel-Wood Nursing Home realized 94,998 patient days or an average daily census of 260 residents (94,998 annual patient days divided by 365 days in a year). In calendar year 2010, it had 83,311 patient days or an average daily census of 228 (83,311 annual patient days divided by 365 days in a year). The facility census numbers justify 289 beds and 254 beds per year respectively at the State's target utilization rate of 90 percent. Most current

f) **Category of Service Modernization (Continuation)**

utilization data provides the patient days Bel-Wood Nursing Home has realized for the month of January 2010. The month of January, Bel-Wood Nursing Home experienced 6,537 patient days which equates to an average daily census of 210 residents (6,537 patient days in January 2011 divided by 31 days in the month of January). An average daily census of 210 residents equates to a utilization rate of 98 percent which is well above the occupancy target of 90 percent. Thus, this project is in compliance with this indicator.

g) Staffing Availability – Review Criterion

1110.1730(g) – Staffing Availability

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 currently owns and operates Bel-Wood Nursing Home, a 300 bed facility with an effective capacity of 234 nursing beds based on its most recent months (January 2011) average daily census assuming 90 percent utilization. Therefore, the Applicant has the staff in place to more than fully staff the proposed 214 bed nursing replacement facility.

The existing and proposed staffing patterns for Bel-Wood Nursing Home are:

Fixed Positions	2010	Bel-Wood Nursing Home	
	FTE	Variable Labor Positions	
		2008	2013
		Current	Projected
		FTEs	FTE
Asst Dir Nsg	1		
Dir Nursing	1		
Medicare Rehab RN	1		
Nursing Scheduler	1		
Central Supply Clerk	1		
Unit Coordinator	2		
Alzheimer's Coordinator	1		
MDS Coordinator	2		
Subtotal	10		
Exec Dir	1		
Admissions Coord	1		
Medical Records Clerks	1		
Soc Svcs Asst	2		
Director Soc Svcs/Activities	1		
		Clinical Departments	
		Activity Aide	4.0
		LPN	22.5
		Nurses Aide	86.4
		Registered Nurse	5.8
		CNA Temporary	9.7
		Clinical Subtotals	128.5
		Support Service Departments	
		Food Service Aide I	11.9
		Food Svc Aide II	2.9
		Food Svc Aide III	0.8
		Temp Food Svc Assts	2.1
		Maint Engineer	1.6
		Environ Svcs Tech	9.6

g) Staffing Availability – Review Criterion (Continued)

		Temp Hskprs	0.9	0.7
		Laundry Techs	5.7	4.5
Tele Op/Recp	2	Support Service Subtotals	43.6	34.1
Compliance Officer	1			
		Grand Totals	207.8	162.6
SubTotal	9			
Malnt Supervisor	1			
Asst Dir Environ Svcs	1			
Mgr Environmen Svcs	1			
Mgr Food Service	1			
Supv Food Service	1			
Janitor, Kitchen	1			
Subtotal	6			
Total Fixed	25			

Although the staff are in-place and available to transfer to the replacement Bel-Wood Nursing Home with the existing residents, and that staffing of the proposed project will become more efficient, the Applicant has received three letters of support for this project from staffing agencies that have been utilized by the Applicant indicating their ability to continue supporting the staffing needs of this facility. These letters are appended as **ATTACHMENT-28I**. Appended as **ATTACHMENT-28J**, is a staffing study performed by the Illinois Department of Employment Security further documenting the availability of health care staff for the nursing care facility. Finally, appended as **ATTACHMENT-28K** is a listing of job applicants seeking employment at Bel-Wood Nursing Home throughout 2010. Thus, it appears that staffing requirements for the proposed project has been met.

h) Performance Requirements – Facility Size

1110.1730(h) – 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 Applicant is proposing as part of this application to “right size” the existing Bel-Wood Nursing Home from 300 beds down to 214 nursing care beds. As such, the proposed project is in under the maximum size requirement for a General Long-Term Care facility and therefore, this item is not germane.

i) Community Related Functions – Review Criterion

1110.1730(i) – Community Related Functions

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.

Appended as ATTACHMENT-28L, are seven letters of community support for this project. The letters are from: Passages Hospice, John J. Coon, MD, ERS Inc. Staffing & Health Care Services, Alliance Rehab, the Central Illinois Chapter of the Alzheimer's Association, Enloe Drugs, LLC, and the Illinois Long Term Care Ombudsman Program from Region 4.

j) Zoning – Review Criterion

1110.1730(j) – Zoning

The applicant shall document one of the following:

- 1) The property to be utilized has been zoned for the type of facility to be developed;
- 2) Zoning approval has been received; or
- 3) A variance in zoning for the project is to be sought.

Appended as ATTACHMENT-28M is a memo from the Applicant stating that the Subject property allows for the conditional permitted use as being proposed and that a variance in zoning for the project is being sought to the extent that an application is already on file and a positive public hearing on the zoning for the project showed interest and excitement for the project.

k) Assurances

1110.1730(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.

Appended as ATTACHMENT-28N is a certified statement from the Applicant's representative providing assurances to the proposed occupancy.

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

This item is not germane as this project has made no representation for continuum of care or defined populations to justify this project.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 BELWOOD NURSING HOME PEORIA

BELWOOD NURSING HOME
6711 WEST PLANK ROAD
PEORIA, IL 61604
Reference Numbers Facility ID 6000814
Health Service Area 022 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Private Care	County	TOTALS
Nursing Care	15	179	0	0	0	245
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	15	179	0	0	0	245

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Sub-22	ICF/DD	Skilled	TOTALS
White	0	0	0	0	0
Black	25	0	0	0	25
Hispanic	0	0	0	0	0
Other	200	0	0	0	200
Unk/Unknown	0	0	0	0	0
TOTAL	245	0	0	0	245

NET REVENUE BY PAYOR SOURCE (Fiscal Year Total)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
18.7%	89.7%	0.0%	1.8%	14.6%	0.0%
2,993,851	11,997,028	0	300,640	2,619,233	0
TOTALS					17,913,912

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 BELWOOD NURSING HOME PEORIA

BELWOOD NURSING HOME
6711 WEST PLANK ROAD
PEORIA, IL 61604
Reference Numbers Facility ID 6000814
Health Service Area 022 Planning Service Area 143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	4
Nervous System (Not Alzheimer)	12
Alzheimer Disease	40
Mental Illness	4
Developmental Disability	4
Circulatory System	25
Respiratory System	7
Digestive System	2
Genitourinary System (Scrotum)	2
Sex Disorders	3
Musculoskeletal Disorders	34
Injuries and Poisonings	59
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	245

ADMISSIONS AND DISCHARGES - 2009

Category	Count
Residents on 11/1/2009	289
Total Admissions 2009	146
Total Discharges 2009	172
Residents on 12/31/2009	265
Identified Offenders	2
TOTALS	245

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Discharged as Monthly #1	0
Admissions and Discharges - 2009	245

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 BELWOOD NURSING HOME PEORIA

BELWOOD NURSING HOME
6711 WEST PLANK ROAD
PEORIA, IL 61604
Reference Numbers Facility ID 6000814
Health Service Area 022 Planning Service Area 143

ADMISSION RESTRICTIONS

Restriction	Count
Aggressive/Unstable/Sober	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Psychiatric Resident	0
Substance Abuse	0
Sexual Abuse	0
Non-Abusive	0
Public Aid Resident	0
Under 18 Years Old	0
Unable to Self-Medicate	0
Verbalizer Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Adm. Reported/Returned/Admitted	0
TOTALS	245

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Discharged as Monthly #1	0
Admissions and Discharges - 2009	245

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Discharged as Monthly #1	0
Admissions and Discharges - 2009	245

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 BELWOOD NURSING HOME PEORIA

BELWOOD NURSING HOME
6711 WEST PLANK ROAD
PEORIA, IL 61604
Reference Numbers Facility ID 6000814
Health Service Area 022 Planning Service Area 143

ADMISSION RESTRICTIONS

Restriction	Count
Aggressive/Unstable/Sober	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Psychiatric Resident	0
Substance Abuse	0
Sexual Abuse	0
Non-Abusive	0
Public Aid Resident	0
Under 18 Years Old	0
Unable to Self-Medicate	0
Verbalizer Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Adm. Reported/Returned/Admitted	0
TOTALS	245

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Discharged as Monthly #1	0
Admissions and Discharges - 2009	245

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Discharged as Monthly #1	0
Admissions and Discharges - 2009	245

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 BELWOOD NURSING HOME PEORIA

BELWOOD NURSING HOME
6711 WEST PLANK ROAD
PEORIA, IL 61604
Reference Numbers Facility ID 6000814
Health Service Area 022 Planning Service Area 143

ADMISSION RESTRICTIONS

Restriction	Count
Aggressive/Unstable/Sober	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Psychiatric Resident	0
Substance Abuse	0
Sexual Abuse	0
Non-Abusive	0
Public Aid Resident	0
Under 18 Years Old	0
Unable to Self-Medicate	0
Verbalizer Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Adm. Reported/Returned/Admitted	0
TOTALS	245

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Discharged as Monthly #1	0
Admissions and Discharges - 2009	245

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Discharged as Monthly #1	0
Admissions and Discharges - 2009	245

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 BELWOOD NURSING HOME PEORIA

BELWOOD NURSING HOME
6711 WEST PLANK ROAD
PEORIA, IL 61604
Reference Numbers Facility ID 6000814
Health Service Area 022 Planning Service Area 143

ADMISSION RESTRICTIONS

Restriction	Count
Aggressive/Unstable/Sober	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Psychiatric Resident	0
Substance Abuse	0
Sexual Abuse	0
Non-Abusive	0
Public Aid Resident	0
Under 18 Years Old	0
Unable to Self-Medicate	0
Verbalizer Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Adm. Reported/Returned/Admitted	0
TOTALS	245

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Discharged as Monthly #1	0
Admissions and Discharges - 2009	245

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Discharged as Monthly #1	0
Admissions and Discharges - 2009	245

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

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0
60 to 74	1	2	0	0	0	0	0	0	3
75 to 84	13	15	0	0	0	0	10	15	33
85+	12	63	0	0	0	0	12	63	75
TOTALS	25	114	0	0	0	0	25	114	139

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009 (Continued)

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0
60 to 74	1	2	0	0	0	0	0	0	3
75 to 84	13	15	0	0	0	0	10	15	33
85+	12	63	0	0	0	0	12	63	75
TOTALS	25	114	0	0	0	0	25	114	139

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009 (Continued)

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0
60 to 74	1	2	0	0	0	0	0	0	3
75 to 84	13	15	0	0	0	0	10	15	33
85+	12	63	0	0	0	0	12	63	75
TOTALS	25	114	0	0	0	0	25	114	139

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 BELWOOD NURSING HOME PEORIA

BELWOOD NURSING HOME
6701 WEST PLANK ROAD
PEORIA, IL 61654
Reference Numbers Facility ID 6000814
Health Service Area 002 Planning Service Area 143
Administrator
Facility Director

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity	TOTALS
Skilled Under 22	23	192	0	52	0	268
Intermediate DD	0	0	0	0	0	0
Sheltered Care	23	193	0	52	0	268
TOTALS	23	193	0	52	0	268

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Residing	Suburban	Suburban	Suburban	Shelter	Total
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	31	0	0	0	0	31
Hispanic	0	0	0	0	0	0
White	237	0	0	0	0	237
Race Unknown	0	0	0	0	0	0
Total	268	0	0	0	0	268

NET REVENUE BY PAYER SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	County Care
17.7%	68.8%	0.0%	2.0%	11.5%	0.0%	0.0%
3,243,825	12,233,664	0	371,559	2,674,127	0	0
TOTALS	18,148,075	0	371,559	2,674,127	0	0

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 BELWOOD NURSING HOME PEORIA

BELWOOD NURSING HOME
6701 WEST PLANK ROAD
PEORIA, IL 61654
Reference Numbers Facility ID 6000814
Health Service Area 002 Planning Service Area 143
Administrator
Facility Director

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Alzheimer's Disease	51
Arthritis	22
Cardiovascular Disease	1
Diabetes	3
Dementia	3
Fractures	40
Other Medical Conditions	114
Non-Medical Conditions	0
TOTALS	268

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

LEVEL OF CARE	PEAK	USED	SET-UP	AVAILABLE	MEDICARE	MEDICAID	CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	300	268	300	300	50	300	300	Residents on 11/20/08: 271 Total Admissions 2008: 240 Total Discharges 2008: 243 Residents on 12/31/08: 268
Skilled Under 22	0	0	0	0	0	0	0	
Intermediate DD	0	0	0	0	0	0	0	
Sheltered Care	0	0	0	0	0	0	0	
TOTALS	300	268	300	300	50	300	300	

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	County Care
Skilled Under 22	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intermediate DD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sheltered Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTALS	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 24	0	0	0	0	0	0	0
25 to 34	0	0	0	0	0	0	0
35 to 44	0	0	0	0	0	0	0
45 to 54	0	0	0	0	0	0	0
55 to 64	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	1/1/2009	MMC	152	Coon	Hopedale	61747	km
	1/2/2009	OSF	15	Coon	Peoria	61604	js
	1/5/2009	MMC	371	Coon	Peoria	61614	bt
	1/6/2009	OSF	13	Coon	Peoria	61603	sd
	1/7/2009	OSF	101	Coon	Peoria	61603	ts
	1/16/2009	MMC	22	Coon	Peoria	61604	dm
	1/17/2009	Home	209	Coon	Peoria	61536	fb
	1/18/2009	OSF	52	Coon	Hanna City	61605	vd
	1/19/2009	Villa Vista Care Center	208	Coon	Peoria	61604	jw
	1/19/2009	MMC	207	Coon	Peoria	61604	ig
	1/20/2009	MMC	206	Coon	Peoria	61604	od
	1/28/2009	OSF	9	Coon	Peoria	61614	fp

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	2/2/2009	Proctor	48	Coon	Peoria	61614	em
	2/3/2009	MMC	57	Coon	Peoria	61614	dw
	2/4/2009	MMC	31	Coon	Hanna City	61536	vd
	2/5/2009	OSF	16	Coon	Peoria	61605	rc
	2/10/2009	Heartland	175	Coon	Wyoming	61491	ta
	2/12/2009	Proctor	2	Coon	Peoria	61604	rl
	2/18/2009	Proctor	47	Coon	Peoria	61604	gg
	2/20/2009	OSF	12	Coon	Bartonville	61607	bt
	2/26/2009	Proctor	169	Coon	Peoria	61614	rb
	2/26/2009	MMC	118	Coon	Peoria	61605	jl
	2/28/2009	OSF	42	Coon	Peoria	61604	sw

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	3/1/2009	home	166	Coon	Peoria	61604	em
	3/5/2009	MMC	162	Coon	Bartonville	61607	wm
	3/6/2009	Proctor	14	Coon	Peoria	61604	ep
	3/9/2009	Home	158	Coon	Peoria	61604	er
	3/10/2009	MMC	45	Coon	Peoria	61605	le
	3/11/2009	home	141	Coon	Bartonville	61607	iz
	3/19/2009	MMC	13	Coon	Peoria	61614	dw
	3/20/2009	John Evans	137	Coon	Pekin	61554	es
	3/20/2009	Valley Grande Manor, TX	143	Coon	Alamo, TX	78596	eb
	3/20/2009	home	129	Coon	Peoria	61614	jr
	3/24/2009	home	153	Coon	Peoria	61614	mc
	3/27/2009	John Evans	83	Coon	Mapleton	61547	mt
	3/30/2009	Proctor	137	Coon	Peoria	61615	ed

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	4/3/2009	Riverview Apts	122	Coon	East Peoria	61611	vc
	4/7/2009	MMC	69	Coon	Peoria	61604	ds
	4/7/2009	MMC	98	Coon	Bartonville	61607	vp
	4/8/2009	Proctor	97	Coon	Peoria	61603	dp
	4/8/2009	Rosewood	97	Coon	Princeville	61559	gw
	4/13/2009	MMC	48	Coon	Peoria	61605	ad
	4/15/2009	MMC	120	Coon	Bartonville	61607	ws
	4/16/2009	OSF	19	Coon	Peoria	61605	jl
	4/21/2009	OSF	33	Coon	Peoria	61605	dd
	4/24/2009	MMC	16	Coon	Peoria	61604	ee
	4/27/2009	Rosewood	71	Coon	Peoria	61605	sw
	4/29/2009	OSF	107	Coon	Peoria	61605	rr

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	5/5/2009	MMC	4	Coon	Peoria	61604	ee
	5/7/2009	MMC	1	Coon	Bartonville	61607	jk
	5/11/2009	Heartland Manor Care	95	Coon	Peoria	61614	fd
	5/12/2009	MMC	94	Coon	Bartonville	61607	bh
	5/13/2009	Home	93	Coon	East Peoria	61611	pl
	5/16/2009	MMC	31	Coon	West Peoria	61604	ag
	5/21/2009	OSF	85	Coon	East Peoria	61611	jh
	5/29/2009	Proctor	61	Coon	Hanna City	61536	pp
	5/29/2009	Proctor	10	Gross	Peoria	61614	wt

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	6/2/2009	Home	72	Coon	Peoria	61603	as
	6/3/2009	Proctor	71	Coon	Peoria	61614	jt
	6/5/2009	MMC	12	Coon	Peoria	61605	mj
	6/6/2009	MMC	69	Coon	Peoria	61615	rm
	6/10/2009	Home	64	Coon	Peoria	61604	jl
	6/11/2009	OSF	1	Coon	Minier	61759	sh
	6/15/2009	Proctor	12	Coon	Peoria	61604	hb
	6/16/2009	Home	59	Coon	Hopedale	61747	km
	6/18/2009	MMC	57	Coon	Bartonville	61607	hw
	6/20/2009	MMC	4	Cohen	Peoria	61604	se
	6/21/2009	OSF	27	Coon	Peoria	61607	lt
	6/23/2009	MMC	52	Coon	Peoria	61605	rs
	6/27/2009	MMC	22	Coon	Peoria	61605	vm

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	7/6/2009	Rosewood	39	Coon	Peoria	61614	
	7/7/2009	Home	38	Coon	Peoria	61607	
	7/13/2009	Home	32	Coon	Peoria	61604	
	7/15/2009	Home	30	Coon	Bartonville	61607	
	7/17/2009	OSF	28	Coon	Peoria	61607	
	7/18/2009	OSF	27	Coon	Peoria	61605	
	7/24/2009	OSF	14	Coon	Peoria	61604	
	7/25/2009	Pekin	20	Coon	Hanna City	61536	
	7/28/2009	MMC	10	Coon	Edwards	61528	
	7/29/2009	Buehler Home	16	Coon	Peoria	61604	
	7/31/2009	OSF	14	Coon	Bartonville	61607	
	7/31/2009	Liberty Village	14	Coon	Peoria	61615	
	7/31/2009	St. Patrick Nursing Home	14	Coon	Naperville	60563	

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	8/3/2009	MMC	15	Johnson	Bartonville	61607	sh
	8/3/2009	Proctor	1	Rufus	Hanna City	61536	fa
	8/8/2009	MMC	19	Johnson	Bartonville	61607	nc
	8/11/2009	MMC	102	Johnson	Edwards	60528	ra
	8/14/2009	OSF	60	Coon	Bellevue	61604	lb
	8/19/2009	home	223	Johnson	Glasford	61533	wl
	8/19/2009	MMC	48	Johnson	Pekin	61554	hh
	8/20/2009	MMC	51	Johnson	Peoria	61615	hg
	8/20/2009	Proctor	137	Johnson	Peoria Hgts	61616	ds
	8/20/2009	Heartland Healthcare	125	Coon	Peoria	61604	rg
	8/22/2009	home	6	Bauer	Peoria	61605	lt
	8/23/2009	OSF	11	Johnson	Bartonville	61607	lt
	8/25/2009	OSF	18	Johnson	Hanna City	61536	js
	8/26/2009	OSF	27	Popp	Peoria	61604	mc
	8/28/2009	OSF	1	Johnson	Peoria	61604	wm

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	9/1/2009	home	130	Johnson	Bartonville	61607	rh
	9/4/2009	OSF	38	Johnson	Peoria	61602	bh
	9/11/2009	MMC	29	Johnson	Peoria	61615	hg
	9/16/2009	OSF	64	Johnson	East Peoria	61611	jk
	9/23/2009	MMC	188	Johnson	Peoria	61603	js
	9/24/2009	home	187	Johnson	Peoria	61604	ne
	9/25/2009	OSF	9	Johnson	Peoria	61604	rc
	9/25/2009	OSF	50	Johnson	Creve Coeur	61610	js
	9/26/2009	MMC	107	Johnson	Bellevue	61604	bt
	9/30/2009	Heartland Healthcare	90	Johnson	Peoria	61615	jk

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	10/1/2009	Mardell Manor	180	Johnson	Pekin	61554	hf
	10/2/2009	MMC	4	Johnson	Pekin	61554	hh
	10/6/2009	OSF	40	Johnson	Peoria	61605	je
	10/12/2009	Proctor	13	Johnson	Peoria Hgts	61616	ts
	10/13/2009	Rosewood	168	Johnson	East Peoria	61611	hs
	10/15/2009	OSF	27	Johnson	Peoria	61605	bs
	10/15/2009	OSF	166	Coon	Pekin	61554	es
	10/16/2009	Home	165	Johnson	Marquette Hgts	61554	my
	10/21/2009	Pekin Hospital	17	Johnson	Pekin	61554	ds
	10/23/2009	MMC	158	Coon	Peoria	61604	mf
	10/26/2009	OSF	138	Johnson	Peoria	61615	ht
	10/27/2009	MMC	154	Johnson	Peoria	61604	cr
	10/28/2009	MMC	23	Johnson	Peoria	61604	ar
	10/30/2009	MMC	151	Johnson	Bartonville	61607	hk

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	11/3/2009	MMC	35	Johnson	Peoria	61603	eg
	11/5/2009	Bella Vista	125	Coon	Peoria Hgts	61606	eb
	11/5/2009	Proctor ER	125	Johnson	Morton	61550	ea
	11/8/2009	Proctor	122	Johnson	Peoria	61615	wh
	11/11/2009	Proctor	41	Johnson	Peoria	61604	jp
	11/13/2009	Home	137	Johnson	Peoria	61603	eb
	11/13/2009	Proctor	137	Johnson	Peoria	61615	ig
	11/13/2009	MMC	76	Johnson	Peoria	61605	ch
	11/19/2009	Mercy Memorial Hosp.	29	Johnson	Morton	61550	mb
	11/23/2009	MMC	55	Johnson	Peoria	61605	so
	11/26/2009	MMC	126	Johnson	Peoria	61604	af
	11/26/2009	MMC	57	Johnson	East Peoria	61611	el
	11/29/2009	OSF	8	Johnson	Peoria	61604	lb
	11/30/2009	MMC	120	Johnson	Battonville	61607	hk

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	12/1/2009	OSF	119	Johnson	Peoria	61604	mh
	12/1/2009	OSF	16	Johnson	Peoria	61604	ag
	12/2/2009	MMC	56	Johnson	Peoria	61605	il
	12/5/2009	home	115	Johnson	Bartonville	61607	dg
	12/10/2009	Rush Medical Center	2	Johnson	Wyoming	61491	jh
	12/10/2009	OSF	2	Johnson	Brimfield	61517	mp
	12/10/2009	Proctor	54	Johnson	Hanna City	61536	kg
	12/11/2009	Heartland Care Center	109	Johnson	Peoria	61614	rh
	12/16/2009	OSF	12	Johnson	Hanna City	61536	vs
	12/22/2009	Proctor	15	Johnson	Bartonville	61607	mp
	12/24/2009	MMC	6	Johnson	Peoria	61605	ah
	12/29/2009	MMC	91	Johnson	Peoria	61604	m

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
	1/1/2010	Pekin Hospital	7	Johnson	Creve Coeur	61611	bb
	1/5/2010	OSF	13	Johnson	East Peoria	61611	hw
	1/6/2010	OSF	84	Johnson	Peoria	61602	bh
	1/6/2010	OSF	52	Johnson	Bartonville	61607	dg
	1/8/2010	home	81	Johnson	Peoria	61603	eg
	1/11/2010	MMC	78	Cohen	Peoria	61605	or
	1/11/2010	MMC	39	Johnson	Peoria	61607	rm
	1/12/2010	OSF	28	Johnson	Creve Coeur	61610	ck
	1/13/2010	Proctor	55	Johnson	Peoria	61615	lf
	1/14/2010	OSF	1	Johnson	Hanna City	61536	jp
	1/21/2010	OSF	68	Johnson	Peoria	61612	po
	1/25/2010	MMC	64	Johnson	Elmwood	61529	vk
	1/26/2010	MMC	63	Johnson	Peoria	61605	so
	1/27/2010	Proctor	62	Johnson	Peoria	61605	em
	1/28/2010	Proctor	41	Johnson	Glasford	61533	sj
	1/29/2010	Proctor	42	Johnson	Bartonville	61607	rc
	1/29/2010	OSF	17	Johnson	Peoria	61605	js
	1/29/2010	OSF	13	Johnson	Peoria	61605	jf

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
B	2/2/2010	OSF	28	Johnson	Peoria	61605	bc
E	2/11/2010	OSF	47	Johnson	Glasford	61533	et
A	2/12/2010	Home	46	Johnson	Peoria	61605	ah
D	2/19/2010	Home	36	Johnson	Peoria	61604	db
R	2/23/2010	Home	35	Johnson	Peoria	61603	rs
S	2/26/2010	OSF	32	Johnson	East Peoria	61611	sb
B	2/26/2010	OSF	32	Johnson	Peoria	61602	bh

Resident	Date	Admitted From	Patient Days	Referring Physician	City	Zip code	Initials
Ve	3/1/2010	Proctor	29	Johnson	Peoria	61614	vs
Er	3/1/2010	OSF	29	Johnson	Peoria	61604	eb
Jc	3/5/2010	MMC	25	Johnson	Peoria	61605	jt
Fr	3/9/2010	OSF	21	Johnson	Peoria	61604	fw
Fl	3/11/2010	OSF	3	Johnson	Peoria	61615	fm
Es	3/16/2010	MMC	14	Johnson	East Peoria	61611	el
D	3/21/2010	MMC	8	Johnson	Peoria	61604	ds
W	3/26/2010	OSF	3	Johnson	Peoria	61605	ll

Resident	Date	Admitted From	Patient Days	Referring Physician	Origin	Zip code	Initials
	4/5/2010	OSF	21	Johnson	Morton	61550	wmh
	4/9/2010	MMC	63	Johnson	Sterling	61081	zag
	4/15/2010	Proctor	19	Johnson	Bartonville	61607	jt
	4/19/2010	OSF	31	Johnson	Bartonville	61607	jwh
	4/20/2010	Rosewood	256	Johnson	Peoria	61614	ncd
	4/21/2010	Home	89	Johnson	Peoria	61605	rhb
	4/26/2010	MMC	1	Dawalibi	Peoria	61604	ay
	4/30/2010	MMC	11	Johnson	Peoria	61604	rea

Resident	Date	Admitted From	Patient Days	Referring Physician	Origin	Zip code	Initials
D	5/6/2010	Home	240	Johnson	Peoria	61614	dmc
B	5/7/2010	MMC	241	Johnson	Bellevue	61604	bjt
J	5/8/2010	OSF	20	Johnson	Peoria	61604	jsf
J	5/8/2010	OSF	42	Johnson	Peoria	61615	jlm
M	5/10/2010	Fonduliac	236	Johnson	East Peoria	61611	ms
ir	5/11/2010	OSF	8	Olsson	Peoria	61607	iet
P	5/18/2010	Proctor	218	Gross	Peoria	61605	pt
H	5/25/2010	Home	211	Johnson	Peoria	61615	hc
Z	5/25/2010	Pekin Hosp.	15	Johnson	Kingston	61539	zrl
T	5/25/2010	Home	211	Johnson	Hanna City	61536	trh
A	5/25/2010	Home	6	Johnson	Peoria Heights	61606	aef
B	5/27/2010	Home	104	Johnson	Peoria	61607	bjl
J	5/27/2010	Proctor	20	Johnson	Peoria	61605	jm
M	5/28/2010	MMC	126	Johnson	Hanna City	61536	mhj
W	5/29/2010	OSF	217	Johnson	Peoria	61604	wk
L	5/31/2010	Independence Village	215	Johnson	Peoria	61614	lf

Resident	Date	Admitted From	Patient Days	Referring Physician	Origin	Zip code	Initials
[REDACTED]	6/1/2010	Home	214	Johnson	Cicero	60804	em
[REDACTED]	6/1/2010	MMC	214	Johnson	Bartonville	61607	lk
[REDACTED]	6/3/2010	MMC	211	Johnson	Peoria	61604	ler
[REDACTED]	6/3/2010	Proctor	14	Johnson	Mapleton	61547	km
[REDACTED]	6/3/2010	MMC	20	Johnson	Peoria	61605	elm
[REDACTED]	6/6/2010	Home	7	Johnson	Peoria	61605	lt
[REDACTED]	6/7/2010	Proctor	15	Johnson	Washington	61571	ef
[REDACTED]	6/9/2010	Proctor	205	Johnson	Peoria Heights	61616	epp
[REDACTED]	6/10/2010	Pekin Hosp.	91	Johnson	Peoria Heights	61616	emo
[REDACTED]	6/12/2010	Heartland M.C.	213	Johnson	Bartonville	61607	eb
[REDACTED]	6/16/2010	MMC	40	Johnson	Peoria	61614	hcs
[REDACTED]	6/22/2010	Fairport, NY	187	Johnson	Peoria	61605	pef
[REDACTED]	6/22/2010	MMC	20	Johnson	Fairport, NY	14450	vtf
[REDACTED]	6/24/2010	OSF	12	Johnson	Peoria	61604	joh
[REDACTED]	6/25/2010	Proctor	5	Johnson	Bartonville	61607	ef
[REDACTED]	6/26/2010	MMC	189	Johnson	Washington	61571	ef
[REDACTED]					Peoria	61605	vrn

Resident	Date	Admitted From	Patient Days	Referring Physician	Origin	Zip code	Initials
	7/1/2010	Proctor	174	Johnson	Peoria	61614	mf
	7/2/2010	OSF	43	Johnson	Peoria	61605	dad
	7/2/2010	Proctor	15	Johnson	Pekin	61554	dad
	7/8/2010	Pekin Hosp.	117	Johnson	Pekin	61554	mc
	7/14/2010	MMC	51	Johnson	Peoria	61605	mcj
	7/15/2010	Home	9	Johnson	Peoria	61605	lt
	7/15/2010	MMC	6	Johnson	East Peoria	61611	ra
	7/22/2010	OSF	6	Johnson	Peoria	61604	af
	7/22/2010	Home	163	Johnson	Bartonville	61607	oer
	7/22/2010	B'Nai B'rith	163	Johnson	Peoria	61605	pjm

Resident	Date	Admitted From	Patient Days	Referring Physician	Origin	Zip code	Initials
	8/2/2010	Home	10	Johnson	Bellevue	61604	jt
	8/2/2010	MMC	80	Johnson	Bartonville	61607	hws
	8/3/2010	OSF	103	Johnson	West Peoria	61604	emv
	8/4/2010	MMC	150	Johnson	Bellevue	61604	aw
	8/4/2010	Proctor	51	Johnson	Peoria	61607	dh
	8/6/2010	Heartland M.C.	38	Johnson	Bartonville	61607	ws
	8/6/2010	Home	158	Johnson	Bartonville	61607	ncs
	8/7/2010	OSF	5	Pancholi	Peoria	61604	mlc
	8/14/2010	Proctor	14	Johnson	Peoria	61604	vp
	8/17/2010	MMC	15	Johnson	Peoria	61602	mjg
	8/18/2010	Proctor	22	Johnson	Peoria	61607	djc
	8/18/2010	MMC	146	Johnson	Peoria	61605	deb
	8/31/2010	Home	6	Johnson	Sterling	61081	zag

Resident	Date	Admitted From	Patient Days	Referring Physician	Origin	Zip code	Initials
N	9/3/2010	OSF	28	Johnson	Bartonville	61607	nmk
E	9/3/2010	Heartland	138	Johnson	Peoria	61605	ef
P	9/3/2010	OSF	21	Johnson	Peoria	61607	pjc
M	9/13/2010	MMC	130	Johnson	Peoria	61604	mic
M	9/14/2010	MMC	129	Johnson	Peoria	61602	mjg
D	9/16/2010	MMC	11	Johnson	Hanna City	61536	dwl
G	9/17/2010	OSF	102	Johnson	Peoria	61607	gaa
C	9/20/2010	Home	123	Johnson	Peoria Heights	61616	cwp
N	9/27/2010	OSF	15	Hoffman	Duniap	61525	nro

Resident	Date	Admitted From	Patient Days	Referring Physician	Origin	Zip code	Initials
K	10/1/2010	Home	35	Johnson	Peoria	61605	kck
A	10/1/2010	Rosewood	112	Johnson	Galesburg	61401	agp
E	10/8/2010	OSF	68	Johnson	Washington	61571	ejs
C	10/8/2010	MMC	105	Johnson	Peoria	61605	qe
D	10/14/2010	OSF	44	Johnson	Peoria	61604	dmh
C	10/15/2010	Lutheran Hillside	98	Johnson	Peoria	61614	ceg
J	10/19/2010	Proctor	94	Johnson	Bartonville	61607	jh
K	10/20/2010	MMC	93	Johnson	Peoria	61604	kas
N	10/28/2010	OSF	85	Johnson	Hanna City	61536	neb
J	10/29/2010	MMC	5	Johnson	Bartonville	61607	jm
		Greater Peoria Specialty Hospital					
	10/29/2010	Hospital	84	Johnson	Peoria	61605	cg

Resident	Date	Admitted From	Patient Days	Referring Physician	Origin	Zip code	Initials
D	11/1/2010	Home	56	Johnson	Peoria	61604	dmb
M	11/1/2010	MMC	3	Johnson	Glasford	61533	mlh
V	11/2/2010	Proctor	2	Johnson	Peoria	61604	vjr
D	11/3/2010	Home	79	Johnson	Peoria	61615	dis
M	11/4/2010	MMC	34	Johnson	Glasford	61533	mlh
R	11/10/2010	Proctor	14	Johnson	Bartonville	61607	rnc
F	1/11/2010	MMC	42	Johnson	Bartonville	61607	fmw
R	11/13/2010	OSF	48	Johnson	Mapleton	61547	rdd
D	11/17/2010	MMC	65	Johnson	West Peoria	61604	dfs
T	11/19/2010	MMC	63	Johnson	Peoria	61605	lew
D	11/22/2010	OSF	60	Johnson	Bellevue	61604	dg
R	11/26/2010	OSF	3	Hicok	Bartonville	61607	rb
D	11/27/2010	Proctor	55	Johnson	Hanna City	61536	dmb
M	11/29/2010	Riverview	53	Johnson	East Peoria	61611	mea
R	11/29/2010	MMC	53	Johnson	Bartonville	61607	rsf
K	11/30/2010	Home	11	Johnson	Bartonville	61607	kw

Resident	Date	Admitted From	Patient Days	Referring Physician	Origin	Zip code	Initials
D	12/1/2010	OSF	20	Hoffman	Peoria	61604	dmd
N	12/3/2010	OSF	49	Johnson	Hanna City	61536	neb
B	12/10/2010	Home	42	Johnson	Chillicothe	61523	bmb
S	12/10/2010	Hearland M.C.	42	Johnson	Peoria	61614	snb
P	12/13/2010	MMC	39	Johnson	Peoria	61605	pvs
S	12/16/2010	OSF	6	Johnson	Peoria	61605	slb
O	12/21/2010	Home	31	Johnson	Peoria	61615	ch
P	12/22/2010	OSF	30	Johnson	Morton	61550	pac
P	12/28/2010	St. Francis Woods	24	Hinz	Peoria	61604	plr
J	12/28/2010	OSF	17	Johnson	Peoria	61604	jdr
N	12/29/2010	OSF	15	Johnson	Peoria	61614	mam



6701 West Plank Road
 Peoria, IL 61604
 Phone: (309) 697-4541
 Fax: (309) 697-6622
 www.peoriacounty.org

Mission Statement:

As an agency of Peoria County, Bel-Wood Nursing Home serves the elderly and the infirm of Peoria County in a dignified, compassionate, home-like, and safe environment, regardless of their financial resources. Bel-Wood will strive to provide these services at the lowest appropriate cost.

Date: December 21, 2010

Dear Resident or Responsible Party:

The purpose of this letter is to determine your current preference regarding your residence at Bel-Wood Nursing Home in Peoria, Illinois.

As you may know, Bel-Wood Nursing Home is in the process of obtaining the necessary approvals to replace their existing facility. It is estimated that the new construction will be completed in 36 months. We feel the new facility will be a more pleasant and functional place for both the residents and staff.

Each responsible party has a right under state and federal laws to choose, within parameters of cost and availability, where they reside. Please check one of the three items below. Keep one copy of this letter and return the other.

I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.

I wish to find new residence.

I am undecided at this time.

[redacted]
 Responsible Party

X 1-23-11
 Date

[redacted]
 Printed Name

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator





6701 West Plank Road
 Peoria, IL 61604
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- I wish to find new residence.
- I am undecided at this time.

S [redacted] Responsible Party 1/21/11 Date
 [redacted] Printed Name

Sincerely,

 Matt Nieukirk
 Bel-Wood Administrator





6701 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
Fax: (309) 697-6622
www.peoriacounty.org

Mission Statement:

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I wish to find new residence.

I am undecided at this time.

[redacted] Responsible Party

1-24-11
Date

Printed Name

Sincerely,

Matt Nieu Kirk
Bel-Wood Administrator





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() I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.

() I wish to find new residence.

() I am undecided at this time.

[redacted] _____
Responsible Party

1-23-2011
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





670 1/2 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
Fax: (309) 697-6622
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I wish to find new residence.

I am undecided at this time.

[redacted] 0-11
Signature Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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- I wish to find new residence.
- I am undecided at this time.

[redacted]

✓ 1-13-11
 Date

Printed Name

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator





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Peoria, IL 61604
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- I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.
- I wish to find new residence.
- I am undecided at this time.

Sig [redacted] rty

Printed Name

1-25-11
Date

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





6701 West Plank Road
 Peoria, IL 61604
 Phone: (309) 697-4541
 Fax: (309) 697-6622
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I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.

I wish to find new residence.

I am undecided at this time.

[redacted] Party
 [redacted]
 Printed Name

Jan 25, 2011
 Date

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator





6701 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
Fax: (309) 697-6622
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[redacted] _____
Party

1-21-11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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I wish to find new residence.

I am undecided at this time.

Signature line with a large black redaction box covering the name.

Date line with the handwritten date 1/14/11.

Printed Name

Sincerely, [Handwritten signature]

Matt Nieukirk
Bel-Wood Administrator





6701 West Plank Road
 Peoria, IL 61604
 Phone: (309) 697-4641
 Fax: (309) 697-6622
 www.peoriacounty.org

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[redacted] Responsible Party

1-13-11
Date

Printed Name

Sincerely,

Matt Niekirk
 Bel-Wood Administrator





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S [redacted]

12/22/2010
Date

Printed Name [redacted]

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator



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I wish to find new residence.

I am undecided at this time.

[redacted]

P.O.A 1-20-2011
 Party Date

P.O.A

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator





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[Redacted signature area]

12/21/10
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





6701 West Plank Road
 Peoria, IL 61604
 Phone: (309) 697-4544
 Fax: (309) 697-6622
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I wish to find new residence.

I am undecided at this time.

[REDACTED] Party

1-21-2011
Date

Printed Name

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator





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 Peoria, IL 61604
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I wish to find new residence.

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[redacted] _____
 Signature

12/24/2011
 Date

[redacted] _____
 Printed Name

Sincerely,

Matt Nieu Kirk
 Bel-Wood Administrator





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[redacted] _____
Responsible Party

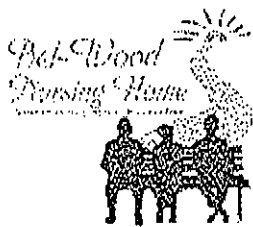
1-19-11
Date

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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[redacted]

1-19-11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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[redacted] Responsible Party

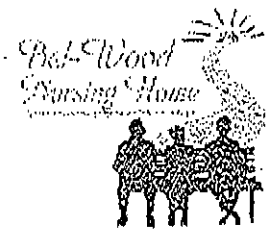
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Date

Printed Name

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I wish to find new residence.

I am undecided at this time.

[redacted signature]

Responsible Party

1/18/11

Date

Printed Name

Sincerely,

[Handwritten signature]

Matt Nieukirk
Bel-Wood Administrator





6704 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
Fax: (309) 697-6622
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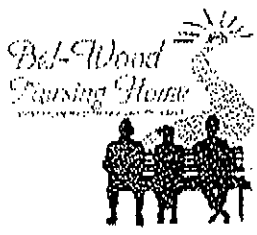
Date: 1-14-11

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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[redacted] Party
Printed Name

1/14/11
Date

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I wish to find new residence.

I am undecided at this time.

Signature of Responsible Party

1/15/11
Date

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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- I wish [REDACTED] to be a resident in Bel-Wood Nursing Home upon completion.
- I wish to find new residence.
- I am undecided at this time.

[REDACTED] _____
 Signature Party

 Printed Name

12-28-2011
 Date

Sincerely,

 Matt Nieukirk
 Bel-Wood Administrator





6701 West Plank Road
 Peoria, IL 61604
 Phone: (309) 697-4544
 Fax: (309) 697-6622
 www.peoriacounty.org

Mission Statement:

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- I wish to find new residence.
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Signature: [redacted] Responsible Party

Date: 1/18/11

Printed Name

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator





670 1/2 West Plank Road
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I wish to find new residence.

I am undecided at this time.

[redacted signature]

01/15/11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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Signature: [redacted] Party

Date: 1-16-11

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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Signature of Resident or Responsible Party

Date

Printed Name

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator

11/10/2011



7.



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Signature of Resident or Responsible Party

1-18-2011
Date


Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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[REDACTED] Party
Printed Name

1-18-2011
Date

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[redacted signature area]

12-21-2011
Date

Printed Name

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Bel-Wood Administrator





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Signature: [redacted]

Date: 12-18-2011

Printed Name

Sincerely, [Signature]

Matt Nieukirk
Bel-Wood Administrator





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Responsible Party

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[redacted] _____
 Responsible Party

Jan 18 2011
 Date

Printed Name

Sincerely,

Matt Niekirk
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670 1/2 West Plank Road
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1-18-2011
Date

Printed Name

Sincerely,

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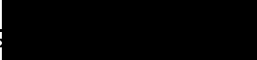
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Printed Name

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[redacted]

Signature of Resident or Responsible Party

1-18-2011
Date

[redacted]

F

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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 Responsible Party

 Printed Name

 Date 1-18-2-011

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 Bel-Wood Administrator





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[redacted] Responsible Party

1-18-2011
Date

Printed Name

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X [redacted] 1-13-2011
Signature of Resident or Responsible Party Date

X [redacted]
Printed Name

Sincerely,

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[REDACTED] _____
Party

1-12-11
Date

Printed Name

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Signature of Resident or Responsible Party Date

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[redacted] _____
 S [redacted] nsible Party

1-14-11
 Date

Printed Name

Sincerely,

Matt Nieukirk
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Printed Name

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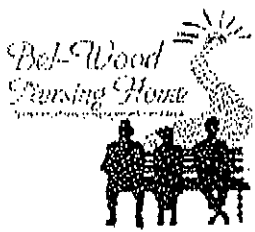
[REDACTED] 1/13/11
Responsible Party Date

[REDACTED]
Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





670 1/2 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
Fax: (309) 697-6622
www.peoriacounty.org

Mission Statement:

As an agency of Peoria County, Bel-Wood Nursing Home serves the elderly and the infirm of Peoria County in a dignified, compassionate, home-like, and safe environment, regardless of their financial resources. Bel-Wood will strive to provide these services at the lowest appropriate cost.

Date: December 21, 2010

Dear Resident or Responsible Party:

The purpose of this letter is to determine your current preference regarding your residence at Bel-Wood Nursing Home in Peoria, Illinois.

As you may know, Bel-Wood Nursing Home is in the process of obtaining the necessary approvals to replace their existing facility. It is estimated that the new construction will be completed in 36 months. We feel the new facility will be a more pleasant and functional place for both the residents and staff.

Each responsible party has a right under state and federal laws to choose, within parameters of cost and availability, where they reside. Please check one of the three items below. Keep one copy of this letter and return the other.

I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.

I wish to find new residence.

I am undecided at this time.

[redacted]

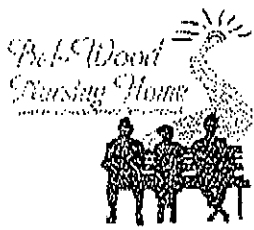
14 Jan 2011
Date

Printed Name

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Matt Nieukirk
Bel-Wood Administrator





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I wish to find new residence.

I am undecided at this time.

[redacted]
Signature of Resident or Responsible Party

Jan 14 2011
Date

[redacted]
Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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I wish to find new residence.

I am undecided at this time.

Signature: [redacted] A. _____ Date: 1/13/11

Printed Name: _____

Sincerely,

Matt Nieu Kirk
Bel-Wood Administrator



ALTERNATIVES (Continued)

meet nursing facility minimum standards. Although a vast number of issues would be addressed and the new constructed areas could be state-of-the-art, the majority of the existing building would still be of 1960's design and maintain an institutional feel. Furthermore, this alternative does little to address the issue of shared bath rooms that currently exist and does not attempt to factor in the remediation of creating resident rooms with private bathrooms as up to half the existing beds would have to be replaced with new construction. Most importantly, this alternative does not address the refocusing of programs and services as in the dedicated rehab unit and the state-of-the-art dementia program and its necessary physical plant attributes. For these reasons, this alternative was rejected.

Patient Access

The Applicant has had success in utilizing the existing location. Therefore, this alternative does not negatively impact patient access. However, this alternative does not improve patient accessibility either. The proposed project is to be located at 2223 West Heading Avenue, Peoria, Illinois 61604. This Zip Code area is the top tiered Zip Code for number of Medicaid Seniors within the County (refer to the executive summary of the market study performed by Management Performance Associates appended as **ATTACHMENT-10C**). Thus, this alternative does not improve accessibility in terms of placing the facility in a more central location to its core Medicaid Population. For this reason this alternative was rejected.

Quality

The existing quality of care being provided is not in question as this project is for either the renovation or replacement of the existing facility. Specifically, this project has come to

ALTERNATIVES (Continued)

fruition due to the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. However, this alternative does little to improve quality as compared to the alternative of a total replacement project that would allow the facility design around and to follow the new and innovative facility programming. For this reason, this alternative was not considered.

Financial Benefits

Although the construction cost alone may put this alternative slightly under that of the other alternatives, the renovation of the existing facility does not go far enough to improve marketability to ensure future optimal occupancy. Specifically, this alternative has a construction cost ranging from \$26.6 million to \$29.4 million as compared to the alternatives for the replacement project that range from \$28.3 million to \$31.9 million. Thus, this alternative is 83.3 percent to 92.2 percent of or nearly equal to the construction cost of the proposed project. This alternative was rejected because when complete, the Applicant would have an equitable investment into a facility that is nearing the end of its competitive life for its present use.

2. Replace 214 beds on the proposed site (proposed project);

Costs

This project has a construction cost of \$31,937,900 and a total project cost of \$47,887,300.

Patient Access

This alternative provides the best of all options, i.e., it continues the operations and services of Bel-Wood Nursing Home and it relocates the facility to a locale more central to its

ALTERNATIVES (Continued)

core Medicaid population. Although this alternative reduces the licensed capacity of the facility by 86 nursing care beds, the proposed capacity of 214 nursing care beds is in-line with most recent average daily census of the existing facility. Therefore, there will be no difference to effective capacity as many of Bel-Wood Nursing Home's 86 beds to be discontinued were not in use. By putting the beds back into the State's Inventory of Health Care Facilities and Services and Need Determinations, 2008, it may allow another provider in the future when the need for additional services develops, to establish or expand General Long-Term Nursing Care in a manner to fill a need that is otherwise unmet.

Quality

The existing quality of care being provided is not in question as this alternative is for the replacement of the existing facility to address the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. An additional bonus is that in being able to redesigning of the facility, quality can be improved as the facility will be designed around and follow the function of the new and innovative facility programming. For this reason, this alternative was considered.

Financial Benefits

As is illustrated throughout **ATTACHMENT-13B**, this alternative (Scheme A) has the highest overall cost due to the demolition and remediation costs of the site's existing structure. However, it also is a very close second in financial performance as compared to total project cost. Actually there is only a 1.8% difference in the percent of project return after annual debt service as compared to project cost. The distinction between alternatives regardless of project

ALTERNATIVES (Continued)

size is that the proposed site offers the greatest flexibility for future expansion and potentially for the sale of a portion of the site to recoup some of the higher development costs. The flexibility that the site offers adds extra weight to the Applicant's positive consideration of this alternative.

3. Replace 214 beds on Catholic Charities site;

Costs

This alternative also has a construction cost of \$31,937,900. However, its total project cost of \$46,161,000 is \$1.7 million less than the proposed project's total cost (\$47,887,300).

Patient Access

This alternative is equal to that of the alternative of the proposed project. They both continue the operations and services of Bel-Wood Nursing Home and the relocation of the facility to a locale more central to its core Medicaid population. This alternative also reduces the licensed capacity of the facility by 86 nursing care beds. The proposed capacity of 214 nursing care beds however, is in-line with most recent average daily census of the existing facility. Therefore, there will be no difference to effective capacity as many of Bel-Wood Nursing Home's 86 beds to be discontinued were not in use. Furthermore, in returning the underutilized beds back into the State's Inventory of Health Care Facilities and Services and Need Determinations, 2008, it may allow another provider in the future when the need for additional services develops, to establish or expand General Long-Term Nursing Care in a manner to fill an need that is currently unmet.

ALTERNATIVES (Continued)

Quality

This alternative is equal to that of the alternative of the proposed project in terms of quality. The existing quality of care being provided is not in question as this alternative is for the replacement of the existing facility specifically addressing the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. An additional bonus is that in being able to redesign the facility, quality can be improved through allowing the new design to follow the function of having new and innovative facility programming. For this reason, this alternative was considered.

Financial Benefits

As is illustrated throughout ATTACHMENT-13B, this alternative (Scheme B) has the second highest overall cost due to the significantly reduced need for demolition and remediation costs of the site's existing structure. Moreover, it has the highest financial performance as compared to total project cost. This alternative differs from the proposed project in that the land costs are more and there is less flexibility in land use and building orientation. The higher land cost, the inability to negotiate a sales contract and the lack of flexibility that the site offers added extra weight to the Applicant's consideration of rejecting this alternative.

4. Replace 174 beds on the proposed site; and

Costs

This alternative has a construction cost of \$28,256,000; however, its total project cost (\$43,256,000) is \$4.6 million less than the proposed project's.

ALTERNATIVES (Continued)

Patient Access

This alternative proposes to reduce Bel-Wood Nursing Home's licensed capacity from 300 down to 174 a net reduction of 126 nursing care beds. This alternative has two serious flaws. The first is that it will displace existing residents. Bel-Wood Nursing Home had 6,537 patient days in January 2011. This equates to an average daily census of nearly 211 (210.9) residents. Moreover, for the twelve months ending December 31, 2010, the facility realized 83,311 patient days or an average daily census of 228 residents. Therefore, this reduction will present an access issue to Bel-Wood Nursing Home's existing population. The second issue is that a reduction of 126 beds will create a need for additional beds albeit only for two beds. This alternative offers a reduction in capacity that in no way ensures existing residents access nor potential access to the residents of Peoria County in need for General Long-Term Nursing Services. Thus, patient accessibility is cause for potential concern which weighed heavily in the Applicant's rejection of this alternative.

Quality

This alternative is equal to that of the alternative of the proposed project in terms of quality. The existing quality of care being provided is not in question as this alternative is for the replacement of the existing facility specifically addressing the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. An additional bonus is that in being able to redesign the facility, quality can be improved through allowing design to follow the function of having new and innovative facility programming. For this reason, this alternative was considered.

ALTERNATIVES (Continued)

Financial Benefits

As is illustrated throughout **ATTACHMENT-13B**, this alternative (Scheme C) is third as it relates to total cost for facility replacement. However, its resultant percent return as compared to project cost, i.e., financial performance is dead last of all alternatives to replace the Subject project. This alternative still has a strong percentage return which is 12.3 percent of the project cost; yet, the return is almost seven (6.67) percent less than the project as being proposed. This is directly related to the project's size. Positively influencing this alternative is the site which offers the greatest flexibility for future expansion and potentially for the sale of a portion of the site to recoup some of the higher development costs. However, the significantly reduced scope which does not fully accommodate the Home's existing population added extra weight to the Applicant's consideration to rejecting this alternative.

5. Replace 174 beds on the Catholic Charities site.

Costs

This alternative also has a construction cost of \$28,256,000 and a total project cost of \$41,540,200 which is \$1.7 million less than the previous alternative.

Patient Access

This alternative is equal to the previous alternative in-terms of patient accessibility. This alternative proposes to reduce Bel-Wood Nursing Home's licensed capacity from 300 down to 174 a net reduction of 126 nursing care beds. This alternative has two serious flaws in terms of accessibility. The first is that it will displace existing residents. Bel-Wood Nursing Home had 6,537 patient days in January 2011. This equates to an average daily census of nearly 211

ALTERNATIVES (Continued)

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Quality

This alternative is equal to that of the alternative of the proposed project in terms of quality. The existing quality of care being provided is not in question as this alternative is for the replacement of the existing facility specifically addressing the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. An additional bonus is that in being able to redesign the facility, quality can be improved through allowing design to follow the function of having new and innovative facility programming. For this reason, this alternative was considered.

Financial Benefits

As is illustrated throughout **ATTACHMENT-13B**, this alternative (Scheme D) has the lowest overall cost for facility replacement. However, due to its scope it has a significantly reduced financial performance as compared to the project as being proposed. That is not to say that the percentage return is not strong as it comes in at 14.22 percent. However, as compared to

ALTERNATIVES (Continued)

project as being proposed the financial performance is 4.75 percentage points less. This is directly related to the project's size. This alternative differs from the proposed project and the previous alternative in that the land costs are more and there is less flexibility in land use and building orientation. The higher land cost, the lower percent return in financial performance, the inability to negotiate a sales contract and the lack of flexibility that the site offers added extra weight to the Applicant's consideration of rejecting this alternative.

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

The existing quality of care being provided is not in question as this alternative is for the replacement of the existing facility specifically addressing the physical plant deficiencies and non compliance to licensure and life safety code requirements and not as a result of inferior quality. Therefore, this item is not germane.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Nursing Care

HEALTH
SERVICE
AREA
2

Inventory of Health Care Facilities and Services and Need Determinations
 State Summary of General Long-Term Nursing Care Beds, Bed Need and
 Additional Beds Needed/Excess Beds - Health Service Area 2

PLANNING AREA Category of Service	EXISTING BEDS	PROJECTED BEDS NEEDED	ADDITIONAL NEED/ (EXCESS BEDS)
Bureau/Putnam Counties Nursing Care Sheltered Care	473 29	413	(60)
Fulton County Nursing Care Sheltered Care	720 16	532	(188)
Henderson/Warren Counties Nursing Care Sheltered Care	262 0	259	(3)
Knox County Nursing Care Sheltered Care	965 0	816	(149)
LaSalle County Nursing Care Sheltered Care	1,472 42	1,329	(143)
McDonough County Nursing Care Sheltered Care	376 0	388	12
Marshall/Stark Counties Nursing Care Sheltered Care	427 0	373	(54)
Peoria County Nursing Care Sheltered Care	1,822 33	1,698	(124)
Tazewell County Nursing Care Sheltered Care	1,392 12	1,621	229
Woodford County Nursing Care Sheltered Care	601 62	672	71
HSA 2 TOTALS Nursing Care Sheltered Care	8,510 194	8,101	(409)

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		
			Beds	2005 Patient Days	Beds	2005 Patient Days	
APOSTOLIC CHRISTIAN SKYLINES	PEORIA	Peoria County	57	20,256	29	0	
BELWOOD NURSING HOME	PEORIA	Peoria County	300	104,064	0	0	
CHRISTIAN BUEHLER MEM HOME	PEORIA	Peoria County	78	23,416	0	0	
HAWTHORNE MANOR OF PEORIA	PEORIA	Peoria County	50		0		
8/3/2006 04-059 Facility licensed to begin operation.							
HERITAGE MANOR - CHILLICOTHE	CHILLICOTHE	Peoria County	110	34,247	0	0	
JOHN C PROCTOR ENDOW HOME	PEORIA	Peoria County	59	19,620	0	0	
LUTHERAN HOME	PEORIA	Peoria County	85	29,306	0	0	
MANOR CARE - PEORIA	PEORIA	Peoria County	144	48,907	0	0	
METHODIST MEDICAL CENTER OF ILLINOIS	PEORIA	Peoria County	0	5,314	0	0	
5/1/2007 07-007 Permit issued to discontinue 24 bed Skilled Nursing (Long-Term Care) category of service. Service discontinued effective 5/1/2007.							
PROCTOR MEMORIAL HOSPITAL	PEORIA	Peoria County	30	5,738	0	0	
ROSE GARDEN CONVALESCENT CENTER	PEORIA HEIGHTS	Peoria County	110	22,669	0	0	
ROSEWOOD CARE CENTER - PEORIA	PEORIA	Peoria County	120	30,497	0	0	
SAINT CLARE HOME	PEORIA HEIGHTS	Peoria County	94	30,614	4	906	
SHARON HEALTH CARE ELMS	PEORIA	Peoria County	98	30,423	0	0	
SHARON HEALTH CARE PINES	PEORIA	Peoria County	116	39,509	0	0	
SHARON HEALTH CARE WILLOWS	PEORIA	Peoria County	219	72,298	0	0	
SHARON HEALTH CARE WOODS	PEORIA	Peoria County	152	53,769	0	0	
ST. JOSEPH'S HOME FOR AGED	PEORIA	Peoria County	0		0		
5/3/2005 04-105 Completed project to discontinue facility with 43 nursing care and 146 sheltered care beds.							
Health Service Area: 002			Planning Area Totals	1,822	570,647	33	906
AGE GROUPS	2005 HSA Patient Days	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	331,139	564,400	586.7	352.0	938.7		
65-74 Years Old	266,802	50,500	5,283.2	3,169.9	8,453.1		
75+ Years Old	1,895,370	55,600	34,089.4	20,453.6	54,543.0		
2005 PSA Estimated Populations	2005 PSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)
0-64 Years Old	167,772	1,076.2	352.0	160,900	151,043	151,043	
65-74 Years Old	60,636	4,929.8	8,453.1	17,200	84,792	84,792	
75+ Years Old	342,239	25,164.6	20,453.6	12,800	322,107	322,107	
Planning Area Totals			557,942	1,528.6	1,528.6	1,698	124

Bel-Wood Nursing Home Renovation

Existing Renovation/Addition Study						
Category	LOW COST RANGE		HIGH COST RANGE		Cost (\$)	Unit Cost (\$/sf)
	6.75% Inflation to Mid-2011	Gross Area (sf)	6.75% Inflation to Mid-2011	Gross Area (sf)		
Moderate Renovation Area	85,202		85,202			
Minor Renovation Area	24,105		24,105			
Addition Area	29,763		29,763			
	Cost (\$)	Unit Cost (\$/sf)	Cost (\$)	Unit Cost (\$/sf)	Cost (\$)	Unit Cost (\$/sf)
BUILDING RENOVATION BREAKDOWN						
Division 2 Site Work/Landscape (Allowance)	350,000	3.20	350,000	3.20		
Division 2 Building Demolition	911,645	6.34	1,116,231	10.21		
Division 2 Hazardous Abatement	757,218	6.93	1,435,788	13.14		
Division 3 CIP Concrete	219,478	2.01	268,476	2.48		
Division 4 Masonry	200,156	1.83	347,002	3.17		
Division 5 Metals	74,255	0.68	126,392	1.16		
Division 6 Carpentry	375,810	3.44	443,010	4.06		
Division 7 Moisture Protection	1,827,938	14.89	1,820,781	16.66		
Division 8 Doors & Windows	833,185	7.62	1,072,197	9.81		
Division 9 Finishes	1,975,473	18.07	2,285,392	21.00		
Division 10 Specialties	413,656	3.78	413,656	3.78		
Division 12 Furnishings	373,625	3.42	373,625	3.42		
Division 14 Conveying Systems	-	0.00	-	0.00		
Division 15 Mechanical & Sprinkler	5,393,293	49.34	5,855,230	53.57		
Division 16 Electrical	2,918,983	26.70	2,242,326	20.61		
BUILDING RENOVATION BREAKDOWN PER RENOVATION SF	10,423,478	18.26	11,630,182	18.64		
BUILDING ADDITION BREAKDOWN						
Division 2 Building Excavation	131,310	4.41	155,001	5.21		
Division 3 CIP Concrete	532,448	17.89	539,088	18.11		
Division 4 Masonry	249,345	8.38	321,708	10.81		
Division 5 Metals	519,027	17.44	596,912	19.72		
Division 6 Carpentry	211,821	7.12	224,102	7.59		
Division 7 Moisture Protection	218,821	7.35	282,261	9.01		
Division 8 Doors & Windows	428,923	14.41	579,653	19.48		
Division 9 Finishes	1,051,018	35.31	1,069,683	35.04		
Division 10 Specialties	104,498	3.51	135,090	4.54		
Division 12 Furnishings	73,038	2.45	73,038	2.45		
Division 14 Conveying Systems	-	0.00	-	0.00		
Division 15 Mechanical & Sprinkler	1,584,816	63.25	1,068,732	62.79		
Division 16 Electrical	958,165	32.13	1,110,576	37.31		
BUILDING ADDITION BREAKDOWN PER ADDITION SF	8,081,229	203.65	6,925,956	292.70		
MISC PROJECT COSTS						
General Conditions (per total sf) (30 month duration)	1,039,315	13.23	1,039,315	13.23		
Liability Insurance	80,813	0.44	87,313	0.78		
Performance Bond	147,495	1.08	162,446	1.01		
Building Permit - <i>العمارة</i>		0.00		0.00		
Contingency 5% of Cost of Work	1,216,263	8.79	1,346,270	15.80		
CM Fee 3-1/2% of Cost of Work	851,384	6.12	942,389	8.78		
TOTAL RENOVATION/ADDITION COST PER SF	26,801,214	181.28	29,443,809	211.72		



Bel-Wood Redevelopment Scheme A:

Program: 214 Beds
 Facility size: 144,498 SF
 SF/Bed: 675 SF
 Project Cost: \$47,387,300
 Site: St. Joseph's

Average Daily Census Range 2010 (YTD) 215-220

Resident Centered Care Program Beds:

Medicaid/Medicare	134
Alzheimer	80
Total	214

Finance: County Contribution \$ 5,450,000

Debt 30 year bonds \$42,393,400

Annual Debt Service \$ 3,088,100

Debt Service Coverage

Year 1	1.56
Year 2	1.58
Year 3	1.61
Year 4	1.61
Year 5	1.63

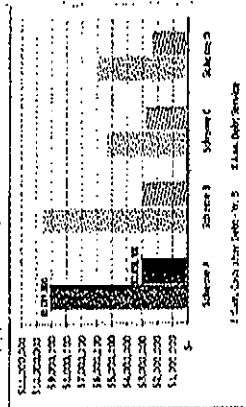
REVENUE

Net Cash after Debt Service

Year 1	\$1,681,800
Year 2	\$1,734,700
Year 3	\$1,854,600
Year 4	\$1,868,900
Year 5	\$1,941,600

Cumulative Cash after Debt Service

Year 1	\$1,681,800
Year 2	\$3,416,500
Year 3	\$5,271,100
Year 4	\$7,140,000
Year 5	\$9,081,600



Net Cash after Debt - Scheme A

Bel-Wood Redevelopment Scheme B:

Program: 214 Beds
 Facility size: 144,498 SF
 SF/Bed: 675 SF
 Project Cost: \$46,161,000
 Site: Catholic Charities

Average Daily Census -% Dementia/Alzheimer's 2010 (YTD) 215-220

Resident Centered Care Program Beds:

Medicaid/Medicare	134
Alzheimer	80
Total	214

Finance: County Contribution \$ 5,450,000

Debt 30 year bonds \$40,667,100

Annual Debt Service \$ 2,255,200

Debt Service Coverage

Year 1	1.62
Year 2	1.63
Year 3	1.67
Year 4	1.67
Year 5	1.69

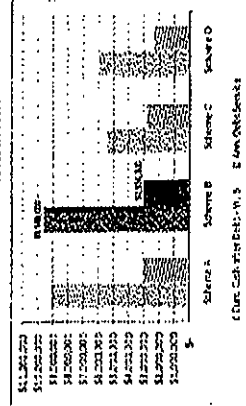
REVENUE

Net Cash after Debt Service

Year 1	\$1,765,800
Year 2	\$1,839,100
Year 3	\$1,958,700
Year 4	\$1,971,600
Year 5	\$2,043,300

Cumulative Cash after Debt Service

Year 1	\$1,765,800
Year 2	\$3,604,900
Year 3	\$5,563,600
Year 4	\$7,535,200
Year 5	\$9,578,500



Net Cash after Debt - Scheme B

Bel-Wood Redevelopment Scheme C:

Program: 174 Beds
 Facility size: 124,009 SF
 SF/Bed: 718 SF
 Project Cost: \$43,256,000
 Site: St. Joseph's

Average Daily Census -% Dementia/Alzheimer's 2010 (YTD) 215-220

Resident Centered Care Program Beds:

Medicaid/Medicare	134
Alzheimer	40
Total	174

Finance: County Contribution \$ 5,450,000

Debt 30 year bonds \$37,762,100

Annual Debt Service \$ 2,734,900

Debt Service Coverage

Year 1	1.36
Year 2	1.37
Year 3	1.41
Year 4	1.40
Year 5	1.42

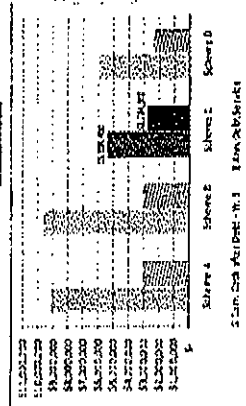
REVENUE

Net Cash after Debt Service

Year 1	\$ 982,200
Year 2	\$1,017,900
Year 3	\$1,118,600
Year 4	\$1,122,500
Year 5	\$1,163,200

Cumulative Cash after Debt Service

Year 1	\$ 982,200
Year 2	\$2,000,100
Year 3	\$3,118,700
Year 4	\$4,241,200
Year 5	\$5,404,400



Net Cash after Debt - Scheme C

Bel-Wood Redevelopment Scheme D:

Program: 174 Beds
 Facility size: 124,009 SF
 SF/Bed: 718 SF
 Project Cost: \$41,540,200
 Site: Catholic Charities

Average Daily Census -% Dementia/Alzheimer's 2010 (YTD) 215-220

Resident Centered Care Program Beds:

Medicaid/Medicare	134
Alzheimer	40
Total	174

Finance: County Contribution \$ 5,450,000

Debt 30 year bonds \$36,090,200

Annual Debt Service \$ 2,683,700

Debt Service Coverage

Year 1	1.42
Year 2	1.43
Year 3	1.46
Year 4	1.46
Year 5	1.47

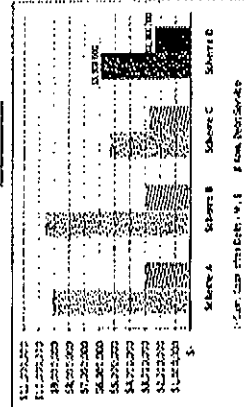
REVENUE

Net Cash after Debt Service

Year 1	\$1,086,561
Year 2	\$1,121,700
Year 3	\$1,221,500
Year 4	\$1,214,600
Year 5	\$1,264,200

Cumulative Cash after Debt Service

Year 1	\$1,086,561
Year 2	\$2,208,261
Year 3	\$3,429,761
Year 4	\$4,644,361
Year 5	\$5,908,561



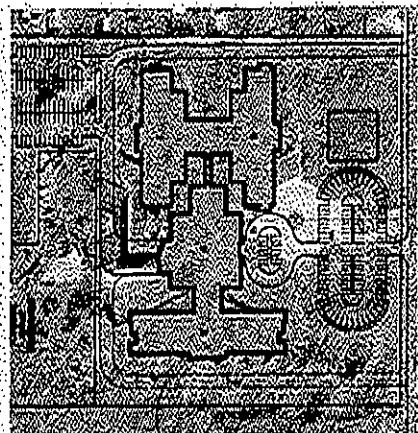
Net Cash after Debt - Scheme D

Bel-Wood Redevelopment Scheme A:

Program: 214 Beds
 Facility size: 144,498 SF
 Site: St. Josephs
 Catholic Charities

Project Cost:	
Land Cost	\$ 775,000
Demolition & Remediation	\$ 1,272,000
On-site costs	\$ 2,259,100
Off-site costs	\$ 379,500
Subtotal Land & Site Costs	\$ 4,685,600
Development Costs	
Architecture & Engineering	\$ 3,303,000
Financing Costs	\$ 3,053,500
Building Cost	\$ 31,937,900
Furniture, Fixtures & Equip.	\$ 743,700
Contingency	\$ 2,237,300
Total Project Cost	\$ 47,887,300
Add Opportunity Cost	\$ 0
Building Cost/SF	\$ 220
Total Cost/SF	\$ 329
Cost/Bed	\$ 223,772

Additional Cost Saving Opportunities	
• Eliminate LEEDs program	\$ 356,000
• Competitive Bid saving	\$ 717,000
• Resultant CM, PM & Cont.	\$ 87,800
• Sale of excess land	\$ 750,000
TOTAL	\$ 1,910,800

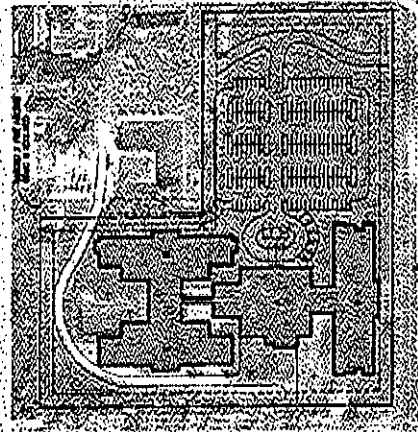


Bel-Wood Redevelopment Scheme B:

Program: 214 Beds
 Facility size: 144,498 SF
 Site: Catholic Charities

Project Cost:	
Land Cost	\$ 1,000,000
Demolition & Remediation	\$ 135,000
On-site costs	\$ 1,995,100
Off-site costs	\$ 182,600
Subtotal Land & Site Costs	\$ 3,312,700
Development Costs	
Architecture & Engineering	\$ 3,303,000
Financing Costs	\$ 2,897,900
Building Cost	\$ 31,937,900
Furniture, Fixtures & Equip.	\$ 743,700
Contingency	\$ 2,152,500
Total Project Cost	\$ 46,161,000
Add Opportunity Cost	\$ 0
Building Cost/SF	\$ 220
Total Cost/SF	\$ 317
Cost/Bed	\$ 215,706

Additional Cost Saving Opportunities	
• Eliminate LEEDs program	\$ 356,000
• Competitive Bid saving	\$ 685,000
• Resultant CM, PM & Cont.	\$ 83,900
TOTAL	\$ 1,124,900

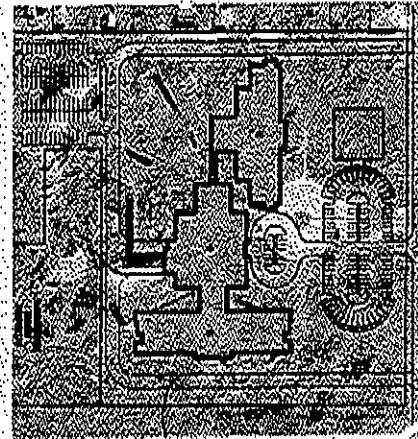


Bel-Wood Redevelopment Scheme C:

Program: 174 Beds
 Facility size: 124,009 SF
 Site: St. Josephs
 Catholic Charities

Project Cost:	
Land Cost	\$ 775,000
Demolition & Remediation	\$ 1,272,000
On-site costs	\$ 2,259,100
Off-site costs	\$ 379,500
Subtotal Land & Site Costs	\$ 4,685,600
Development Costs	
Architecture & Engineering	\$ 3,333,000
Financing Costs	\$ 2,587,600
Building Cost	\$ 28,256,000
Furniture, Fixtures & Equip.	\$ 629,700
Contingency	\$ 2,010,800
Total Project Cost	\$ 43,256,000
Add Opportunity Cost	\$ 2,420,000*
Building Cost/SF	\$ 228
Total Cost/SF	\$ 347
Cost/Bed	\$ 247,067

Additional Cost Saving Opportunities	
• Eliminate LEEDs program	\$ 356,000
• Competitive Bid saving	\$ 643,300
• Resultant CM, PM & Cont.	\$ 78,800
• Sale of excess land	\$ 750,000
TOTAL	\$ 1,828,100

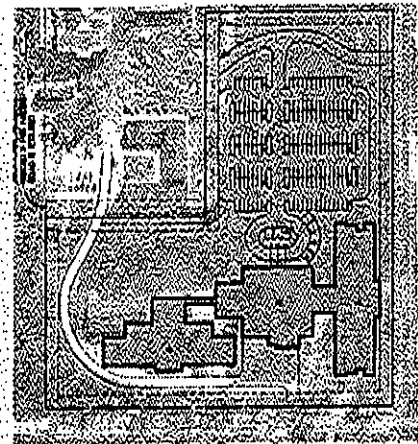


Bel-Wood Redevelopment Scheme D:

Program: 174 Beds
 Facility size: 124,009 SF
 Site: Catholic Charities

Project Cost:	
Land Cost	\$ 1,000,000
Demolition & Remediation	\$ 135,000
On-site costs	\$ 1,995,100
Off-site costs	\$ 182,600
Subtotal Land & Site Costs	\$ 3,312,700
Development Costs	
Architecture & Engineering	\$ 3,303,000
Financing Costs	\$ 2,415,000
Building Cost	\$ 28,256,000
Furniture, Fixtures & Equip.	\$ 629,700
Contingency	\$ 1,926,000
Total Project Cost	\$ 41,540,200
Add Opportunity Cost	\$ 2,420,000*
Building Cost/SF	\$ 228
Total Cost/SF	\$ 334
Cost/Bed	\$ 238,158

Additional Cost Saving Opportunities	
• Eliminate LEEDs program	\$ 356,000
• Competitive Bid saving	\$ 611,400
• Resultant CM, PM & Cont.	\$ 74,900
TOTAL	\$ 1,042,300



Bel-Wood Redevelopment Scheme A:

Program: 214 Beds
 Facility size: 144,498 SF
 Project Cost: \$47,887,300
 Site: St. Josephs
 Catholic Charities

- PRO:**
- Program:**
 - Best response to market demand.
 - Best response to past occupancy.
 - Site:**
 - Level, open, easily developable site.
 - Capacity for future expansion of related uses, i.e. SF, etc.
 - Better resident room orientation to street.
 - Present zoning use and context exists.
 - Site can accommodate a variety of building layouts.
 - Cost:**
 - Least project cost 214 bed scheme.
 - Third overall in project costs.
 - Schedule:**
 - Potential for earlier start than St. Joseph.
 - Finances:**
 - Best financial performance of all redevelopment schemes.
 - Second best financial performance (91.5% of Scheme B).
 - Does not recognize the additional use capacity of site.
 - Best positioning for "cut strategy".
 - Operations:**
 - Plan optimizes operations and resident mix flexibility.
 - Eligible:**
 - Mature vegetation may reduce cost of landscaping.
 - Possible sale of piece of excess property.
 - Schedule:**
 - Start of site work probably later than Catholic Charities.
 - Eligible:**
 - Plan optimizes operations and resident mix flexibility.
 - Operations:**
 - Separate staff and visitor parking.
 - Staff parking adjacency to staff entrance.

- CON:**
- Program:**
 - None.
 - Site:**
 - On and off site work more extensive than Catholic Charities.
 - Cost:**
 - Highest initial project cost.
 - Demolition/remediation more expensive than Catholic Charities.
 - Schedule:**
 - Probable later start date than Catholic Charities site.
 - Eligible:**
 - Highest project first cost.
 - Performance 8.3% less than Scheme B.
 - Operations:**
 - None.

Bel-Wood Redevelopment Scheme B:

Program: 214 Beds
 Facility size: 144,498 SF
 Project Cost: \$48,161,000
 Site: St. Josephs
 Catholic Charities

- PRO:**
- Program:**
 - Best response to market demand.
 - Best response to past occupancy.
 - Site:**
 - Level, open, easily developable site.
 - Capacity for future expansion of related uses, i.e. SF, etc.
 - Better resident room orientation to street.
 - Present zoning use and context exists.
 - Site can accommodate a variety of building layouts.
 - Cost:**
 - Least project cost 214 bed scheme.
 - Third overall in project costs.
 - Schedule:**
 - Potential for earlier start than St. Joseph.
 - Finances:**
 - Best financial performance of all redevelopment schemes.
 - Second best financial performance (91.5% of Scheme B).
 - Does not recognize the additional use capacity of site.
 - Best positioning for "cut strategy".
 - Operations:**
 - Plan optimizes operations and resident mix flexibility.
 - Eligible:**
 - Mature vegetation may reduce cost of landscaping.
 - Possible sale of piece of excess property.
 - Schedule:**
 - Start of site work probably later than Catholic Charities.
 - Eligible:**
 - Plan optimizes operations and resident mix flexibility.
 - Operations:**
 - Separate staff and visitor parking.
 - Staff parking adjacency to staff entrance.

- CON:**
- Program:**
 - None.
 - Site:**
 - Orientation, no street frontage for main building entrance.
 - Very tight front to back of building.
 - No expandability for separate entries.
 - Cost:**
 - Second highest initial project cost.
 - Schedule:**
 - None.
 - Eligible:**
 - Second highest project first cost.
 - More restrictive positioning for "cut strategy".
 - Operations:**
 - No separate staff and visitor parking.
 - No staff parking adjacency to staff entrance.

Bel-Wood Redevelopment Scheme C:

Program: 174 Beds
 Facility size: 124,009 SF
 Project Cost: \$43,256,000
 Site: St. Josephs
 Catholic Charities

- PRO:**
- Program:**
 - None.
 - Site:**
 - Surroundings, views better.
 - Capacity for future expansion of related uses, i.e. SF, etc.
 - Better resident room orientation to street.
 - Present zoning use and context exists.
 - Site can accommodate a variety of building layouts.
 - Cost:**
 - Mature vegetation may reduce cost of landscaping.
 - Possible sale of piece of excess property.
 - Second lowest cost 174 bed scheme.
 - Schedule:**
 - Start of site work probably later than Catholic Charities.
 - Finances:**
 - Does not recognize the additional use capacity of site.
 - Operations:**
 - Separate staff and visitor parking.
 - Staff parking adjacency to staff entrance.

- CON:**
- Program:**
 - Cuts Alzheimer's program by 40 beds.
 - Strong market demand for Alzheimer beds.
 - Reduces Bel-Wood's commitment to Alzheimer program.
 - Regulations effectively limit Alzheimer beds to ground level.
 - Site:**
 - On and off site work more extensive than Catholic Charities.
 - Cost:**
 - Highest cost per bed and SF of the four schemes.
 - Much less cost effective per bed or SF than 214 bed schemes.
 - Demolition/remediation more expensive than Catholic Charities.
 - Opportunity cost not included in current project costs.
 - Resident attribution to meet 160 beds \$ 800,000
 - Access SF in building to support expansion \$ 120,000
 - Add cost for future construction of 40 beds \$3,500,000
 - Total \$4,420,000
 - Schedule:**
 - Probable later start date than Catholic Charities site.
 - Eligible:**
 - Weakest financial performance compared to other schemes.
 - Cost/revenue structure diminishes "cut strategy" prospects.
 - Operations:**
 - None.

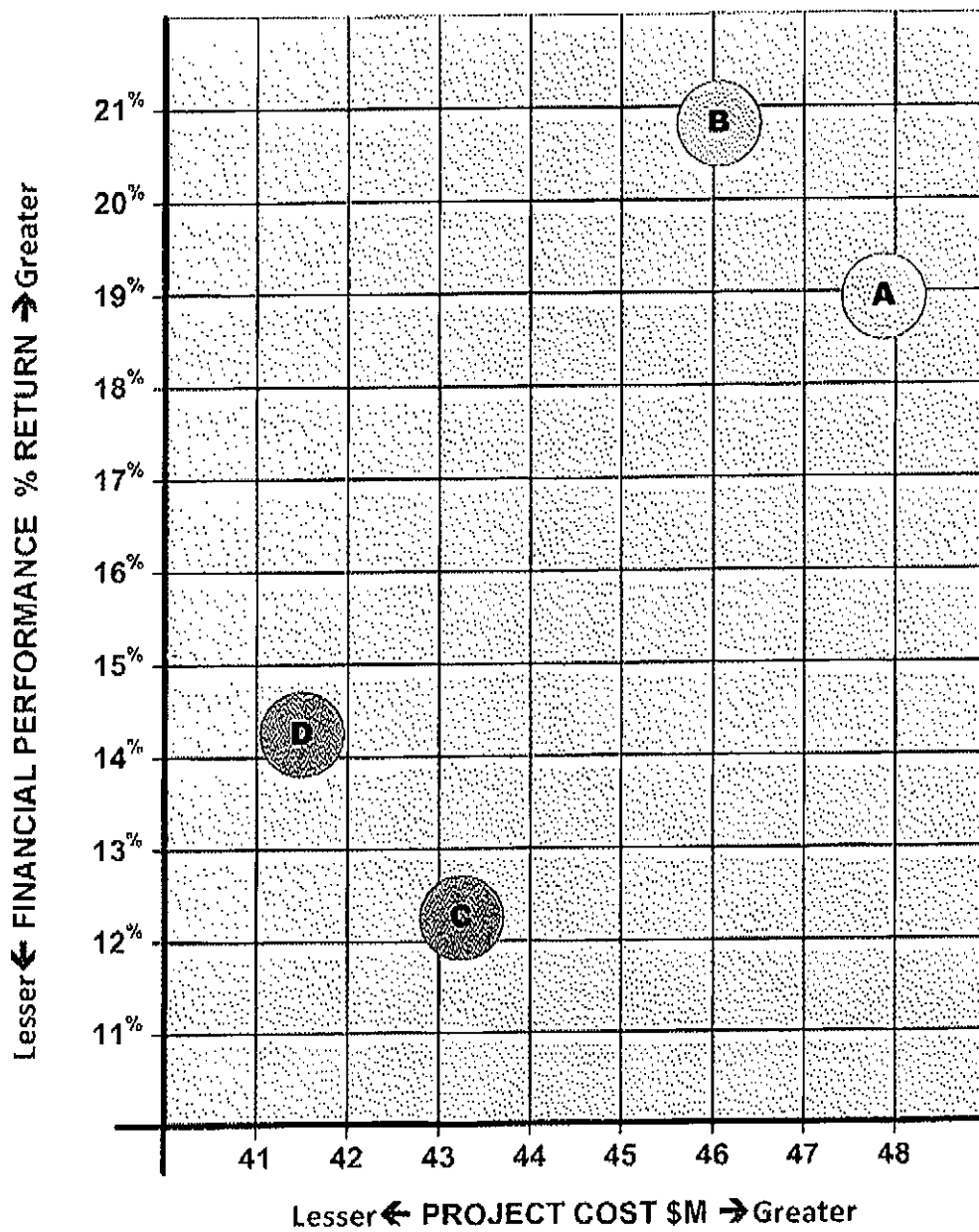
Bel-Wood Redevelopment Scheme D:

Program: 174 Beds
 Facility size: 124,009 SF
 Project Cost: \$41,550,200
 Site: Catholic Charities

- PRO:**
- Program:**
 - None.
 - Site:**
 - Level, open, easily developable site.
 - On and off site costs are \$3,379,000 less than St. Joseph.
 - Present zoning use and context exists.
 - Least overall project cost 174 bed scheme.
 - If less first cost is main consideration this is the best option.
 - Cost:**
 - Potential for earlier start than St. Joseph.
 - Schedule:**
 - None.
 - Finances:**
 - Plan optimizes operations and resident mix flexibility.
 - Operations:**
 - None.
 - Eligible:**
 - None.
 - Operations:**
 - None.

- CON:**
- Program:**
 - Cuts Alzheimer's program by 40 beds.
 - Strong market demand for Alzheimer beds.
 - Requires Bel-Wood's commitment to Alzheimer program.
 - Regulations effectively limit Alzheimer beds to ground level.
 - Site:**
 - Orientation, no street frontage for main building entrance.
 - Very tight front to back of building.
 - No expandability for separate related uses.
 - Cost:**
 - Highest cost per bed and SF of the four schemes.
 - Much less cost effective per bed or SF than 214 bed schemes.
 - Opportunity cost not included in current project costs.
 - Resident attribution to meet 160 beds \$ 800,000
 - Access SF in building to support expansion \$ 120,000
 - Add cost for future construction of 40 beds \$3,500,000
 - Total \$4,420,000
 - Schedule:**
 - None.
 - Eligible:**
 - Weaker financial performance compared to schemes A & B.
 - Cost/revenue structure diminishes "cut strategy" prospects.
 - Operations:**
 - None.

BEL-WOOD REPLACEMENT FACILITY



SCHEME	A	B	C	D
PROJECT COST \$M	\$47.887	\$46.161	\$43.256	\$41.540
5 YR CUM. CADS \$M	\$ 9.082	\$9.599	\$5.394	\$5.909
RETURN/COST	18.97%	20.79%	12.30%	14.22%

M/M BEDS	134	134	134	134
ALZ BEDS	80	80	40	40
SITE	STJ	CC	STJ	CC

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

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

SIZE OF PROJECT

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative.

The proposed project comprises 145,126 gross square foot (gsf) or 678 gsf per bed. The proposed facility utilizes the autonomous neighborhood concept for the entire facility with 4 smaller 20 bed units programmed for dementia residents, a designated rehab unit, and five additional skilled neighborhoods ranging from 23 to 25 beds. The proposed facility promotes dignity and privacy through providing each resident room with its own bathroom. The facility design employs a "T" concept room for thirty-one percent of the resident rooms creating additional privacy in a semi-private room configuration. Approximately thirty-three percent of the resident rooms will be private as compared with the minimum standards that require only three percent or seven beds to be in private rooms. Therefore, sixty-four percent of the resident rooms will be either private or "T" concept rooms promoting privacy and personal dignity. The facility design is so to allow for primary assigned staff and Personal Care Assistances. This approach will allow activities to be driven by the residents based upon their wants and needs instead of being directed by staff based on schedules and preferences. It is an elementary approach to care but fundamental to quality care. These are the factors that dictate the gross square feet being proposed. The form follows function in that the physical plant was developed around a distinct program and service specific units. Therefore it would appear that the proposed project's physical space is necessary for the proposed project.

SIZE OF PROJECT (Continued)

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

The BGSF standards in Appendix B allow for "435-713 bgsf/bed". The proposed facility is well within that standard as it is 678 gsf/bed. Therefore, this item is not germane.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.

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

Utilization					
	Dept./Service	Historical Utilization (Patient Days)	Project Utilization	State Standard	Standard Met?
Year 1	Nursing	CY2010	76,650-98.1%	90%	Yes
Year 2	Nursing	83,311	74,205-95%	90%	Yes

ATTACHMENT-15

UNFINISHED OR SHELL SPACE:

All of the proposed square footage will be finished and has been justified. Therefore with no unfinished or shell space, this item is not germane.

ASSURANCES:

As no space will be unfinished or shell space, this item is also not applicable.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

I. Criterion 1110.1730 - General Long Term Care

Section 1110.1730 General Long Term Care – Review Criteria

a) Introduction

This Section applies to projects involving General Long Term Care. Applicants proposing to establish, expand or modernize General Long Term Care category of service shall comply with the applicable subsections of this Section, as follows:

This section will address the following items: 1110.1730.b1, b2, b3, b5, d3, e1, e2, e3, f, g, h, i, j, and k of this section addressing the criteria for establishment.

- 2) If the proposed project involves the replacement of a facility or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (k) (Assurances).

This item is not applicable as this project does not involve the replacement of a facility or service onsite.

- 3) If the proposed project involves the replacement of a facility or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".

As this project does involve the replacement of a facility on a new site and as indicated in item 1 above, this item will address the requirements of subsection (a)(1) for "Establishment of Services or Facility".

- 4) If the proposed project involves the replacement of a facility or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

As this project does involve the replacement of a facility on a new site, this item is germane. Moreover, appended as ATTACHMENT-28A are the last two years of Annual Facility Questionnaire Data (annual facility profiles) that shows in Calendar Year 2008 and

1. Criterion 1110.1730 - General Long Term Care (Continued)

2009, the facility reported an experienced occupancy rate of 89.1 and 86.8 percents respectively. As documented in this Application form, the Applicant has reported that for Calendar Year 2010 it had patient days totaling 83,311 days which equates to a utilization of 76 percent. Therefore, in the most recent three years of history the Applicant could justify 298 beds, 288 beds and 234 beds respectively over years 2008, 2009 and 2010. These numbers more than justify the number of beds being proposed.

b) **Planning Area Need – Review Criterion**

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

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

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

The beds to be established for General Long-Term Care are currently in the inventory. This project is for the “right sizing” and replacement of the existing Bel-Wood Nursing Home. The latest Inventory Update (January 16, 2011) (appended as **ATTACHMENT-10E**) to the 2008 IDPH Inventory of Health Care Facilities and Services and Need Determinations calculates that there are currently 124 excess nursing care beds in the Peoria County Planning Area. Bel-Wood Nursing Home has a current licensed capacity of 300 nursing care beds. This project will result in 86 nursing care beds being put back into the inventory, thereby decreasing the number of excess beds to thirty-eight. This project, although for the (technical) establishment for General Long-Term Care services does not alter the projected bed deficit as this project is only replacing existing beds that are already in the State’s 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.

This project, although for the (technical) establishment for General Long-Term Care services, it does not alter the projected bed deficit as this project is only replacing existing beds that are already in the State’s Inventory. Moreover, this project positively

b) **Planning Area Need – Review Criterion**

affects the projected excess number of nursing beds by placing 86 beds back into the State's inventory, thereby decreasing the excess need for additional beds down to only thirty-eight. In doing so, the proposed off-site replacement project will effectively have a starting utilization of 98 percent since the license capacity will be reduced to 214 nursing beds and the facility currently maintains an average daily census of 210 resident for the month of January 2011. At 98 percent occupancy this item is well in excess of the target occupancy rate of 90 percent.

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.

The proposed project for the establishment of a replacement and “right sized” Bel-Wood Nursing Home is not your traditional project to establish services. This Applicant, the County of Peoria, Illinois, i.e., the Peoria County Board has a proven track record of providing care for the residents of Peoria County. Appended as **ATTACHMENT-12A**, is a summary of patient origins for all admissions for the past two years (CY2009 and CY2010). This data illustrates that 248 of the 291 or 85 percent of all admissions to Bel-Wood Nursing Home were derived from Peoria County. As a County Home, the Applicant’s mission will remain unchanged and therefore, the focus as to where to develop admissions will remain unchanged.

b) **Planning Area Need – Review Criterion (Continued)**

On a more specific issue of target geographic service area, one of the reasons for the facility relocation is to locate the facility in a locale more central to its core Medicaid population. This project is proposing to move from the existing site to one within Zip Code area 61604. The market study (appended as ATTACHMENT-10D) performed by Management Performance Associates found that Zip Code area 61604 has the single highest level of elderly Medicaid population. Therefore, in all accounts this project is being proposed to more acutely focus on its core constituents and primary service area populations.

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.

This project will result in an establishment of a facility under the General Long-Term Care category of service that net a total reduction in nursing care beds. As such this item is not germane.

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).

The proposed project is not for the expansion of an existing General Long-Term Care service but rather for the relocation and “right sizing” of said service that will reduce license capacity by 86 nursing beds. Therefore, this item is not germane.

b) **Planning Area Need – Review Criterion (Continued)**

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.

The Applicant is an existing facility and this project is proposing an off-site replacement of Bel-Wood Nursing Home. However, the Applicant has not nor will make referrals to other facilities as admission into a nursing home must be made by a physician. In the spirit of this criterion, appended as **ATTACHMENT-28B** is a complete listing of admissions, patient origin for each admission, name of referring physician, and where the residents has come from. In calendar year 2009 Bel-Wood Nursing Home realized 148 referrals that resulted in admissions. In calendar year 2010 the Subject facility realized 142 referrals that resulted in admissions. Combined 248 of the 290 referrals were from within Peoria County. Moreover, the facility has maintained average daily census over the past two calendar years that more than justify utilization for the proposed project. As document in the 2009 IDPH annual facility profile, Bel-Wood Nursing Home realized a 94,998 patient days or an average daily census of 260 residents

b) Planning Area Need – Review Criterion (Continued)

(94,998 annual patient days divided by 365 days in a year). The Applicant has also provided through this application form that in calendar year 2010, it had 83,311 patient days or an average daily census of 228 (83,311 annual patient days divided by 365 days in a year). The facility census numbers justify 289 beds and 254 beds per year respectively at the State's target utilization rate of 90 percent. Most current utilization data provides the patient days Bel-Wood Nursing Home has realized for the month of January 2010. The month of January, Bel-Wood Nursing Home experienced 6,537 patient days which equates to an average daily census of 210 residents (6,537 patient days in January 2011 divided by 31 days in the month of January). This justifies 234 beds at the State's target rate of 90%. This 210 resident census is now more in-line with projected facility utilization upon project completion. Therefore, the last two years of referrals and ultimately admissions had fueled a more than adequate utilization rate to justify the continued use of the proposed project's services and beds.

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

b) **Planning Area Need – Review Criterion (Continued)**

- iv) Verification by the hospital that the patient referrals have not been used to support another pending or approved CON application for the subject services.

The Applicant, tried repeatedly to obtain a letter from OSF St. Francis Medical Center, Methodist Medical Center and Proctor Hospitals with no response. Furthermore, this item is confusing as placement in a nursing home requires physician orders and not the hospitals. However, this proposed project is not a typical establishment project. This project is for the replacement of an existing and effectively utilized nursing home. The existing residents and their families have made a choice to live at and receive care from Bel-Wood Nursing Home. The Applicant contends that this project is an extension of that freedom of choice and has given the existing residents the choice to move into the new relocated facility or to utilize other health care resources in the area. Appended as **ATTACHMENT-28C** are 180 resident transfer letters for existing residents. Only one resident stated they would seek other health care resources, three residents stated that they were undecided, and 176 residents who returned the survey request indicated that they were undecided to relocate with the proposed project. As these letters indicate, the Applicant has its initial admissions to immediately fill the proposed project without extra marketing efforts. Furthermore, the facility is relocating to be more centrally located with the County's elderly Medicaid population. The facility will remain true to its roots as a County Home.

b) **Planning Area Need – Review Criterion (Continued)**

C) **Projected Service Demand – Based on Rapid Population Growth**

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
- ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
- iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
- iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
- v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
- vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and
- vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

This item is not germane to the need for this off-site replacement project.

b) **Planning Area Need – Review Criterion (Continued)**

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.

Collectively the proposed project cannot document the above listed service restriction. However, this project is an example of one size does not fit all. Specifically, this project is for the off-site replacement of an existing General Long-Term Nursing Care facility with a large existing number of residents. Since the replacement is off-site it is classified by the Certificate of Need rules as a project for the establishment of a General Long-Term Nursing Care Facility. As an existing active and effective provider not adding beds in the Planning Area, none of the five listed service restrictions could apply. The service restrictions that are

b) **Planning Area Need – Review Criterion (Continued)**

present are the historically underutilized nursing beds that the Applicant is proposing to put back into the inventory resulting in correcting the appearance of a large excess supply of nursing care beds. This criterion is ultimately in-place to ensure that the number of beds being established is necessary to improve access for planning area residents. This CON application is not proposing to improve access; it only desires to maintain accessibility through the “right sizing”, relocation, and refocus of programming for the existing services as being currently provided. Therefore, this item is not germane to the proposed project.

B) Supporting Documentation

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

As stated above, the Applicant is an existing active and effective General Long-Term Nursing Care provider and as such none of the listed service restrictions could apply. Therefore, this item is also not applicable. However, many of the items listed have already been provided and in the spirit of cooperation and full disclosure, the following items will be addressed as possible.

i) The location and utilization of other planning area service providers;

A listing of all providers within a 30-minute travel time from the Applicant’s proposed site is appended as **ATTACHMENT-28D**. This list also provides their respective locations and utilization rates.

b) **Planning Area Need – Review Criterion (Continued)**

ii) Patient location information by zip code;

A full listing of all admissions made to Bel-Wood Nursing Home over the past two years is appended as **ATTACHMENT-28B**. A summary of this list is appended as **ATTACHMENT-12A**.

iii) Independent time-travel studies;

An independent travel time for each facility within 30-minutes travel time from the Applicant's proposed site is appended as **ATTACHMENT-28E**.

iv) A certification of a waiting list;

There is not a waiting list in the sense that potential residents are seeking care, however, this Applicant currently cares for and services 210 residents based on January's average daily census. Furthermore, in lieu of a waiting list, 176 residents have signed letters indicating that it is their desire to transfer to the proposed facility once it is open. Refer to **ATTACHMENT-28C** for a copy of the residents transfer letters.

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

There are no scheduling or admissions restrictions that this Applicant can document as this Applicant is an existing provider with potentially available nursing care beds.

vi) An assessment of area population characteristics that document that access problems exist;

The Applicant had commissioned a market study to analyze area population characteristics. To compliment this study the Applicant had this study

b) **Planning Area Need – Review Criterion (Continued)**

take into account the patient origin for existing admissions. A copy of the market study is appended as **ATTACHMENT-10D**. However, the issues prompting this project stem from physical plant deficiencies and non-compliance to IDPH licensure and life safety code requirements. A listing of the physical plant deficiencies and the CMMS facility surveys are appended as **ATTACHMENT-12B**.

vii) Most recently published IDPH Long Term Care Questionnaire.

The most recently published IDPH annual questionnaire form for the Subject facility is appended as **ATTACHMENT-28A**. Additionally, appended as **ATTACHMENT-28F** are profiles for all of the facilities identified within a 30-minute travel time from the project's proposed site.

c) **Continuum of Care – Review Criterion**

1110.1730(c) - Continuum of Care

The applicant proposing a continuum of care project shall provide the following:

As this project is for the replacement of Bel-Wood Nursing Home and not to add or establish additional beds within a “continuum of care”, this item is not germane.

d) Defined Population – Review Criterion

1110.1730(d) – Defined Population

The applicant proposing a project for a defined population shall provide the following:

As this project is for the replacement of Bel-Wood Nursing Home and not to add or establish additional beds for a “defined population”, this item is not applicable.

e) **Unnecessary Duplication/Maldistribution – Review Criterion**

1110.1730(e) – Unnecessary Duplication of Services

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;

A list of all zip code areas that are within Peoria County is appended as **ATTACHMENT-28G**. For convenience, a map identifying all zip code areas is also attached.

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

The total population for the identified zip code areas also known as Peoria County for estimated Calendar Year 2010 is 187,876 persons. Calendar year 2010 is the most current year that population estimates are made. The

State/County	Age Group	2010
Peoria	All	187,876
	65+	26,575
	75+	12,807
	85+	3,971

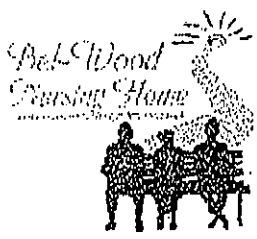
Source:
http://www.illinoisbiz.biz/dceo/Bureaus/Facts_Figures/Population_Projections/

Illinois Department of Commerce and Economic Opportunity compiled the 2000 census data and has provided five year population estimates thru 2030. The table to the left not only identifies the total population

for the Peoria County Planning Area but it also provides a breakout of elderly population, i.e., those most likely to utilized General Long-Term Nursing Care.

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.

A listing of all existing nursing care facilities located within 30-minutes from the proposed project site is appended as **ATTACHMENT-28D**.



Date: December 21, 2010

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Each responsible party has a right under state and federal laws to choose, within parameters of cost and availability, where they reside. Please check one of the three items below. Keep one copy of this letter and return the other.

6701 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
Fax: (309) 697-6622
www.peoriacounty.org

Mission Statement:

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I wish [REDACTED] to be a resident in Bel-Wood Nursing Home upon completion.

I wish to find new residence.

I am undecided at this time.

[REDACTED]

Responsible Party

1-14-11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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Signature: 

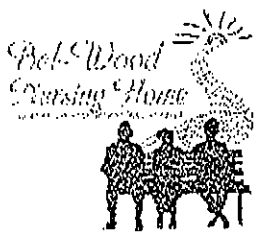
Date: 20/12/11

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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[redacted] Party

1-13-11
Date

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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[redacted]
Printed Name

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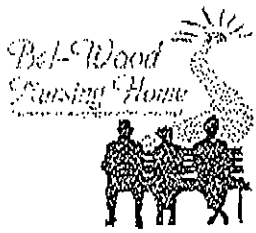
Printed Name

1-11-10
Date

Sincerely,

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[redacted]

Signature of Resident or Responsible Party

[redacted]

Printed Name

Sincerely,

Matt Niekirk
 Bel-Wood Administrator

1-10-11
Date





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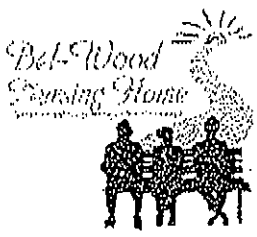
X [redacted] (POA) X 1-10-11
 Signature Party Date

Printed Name

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1-5-11
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Printed Name

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1-5-2011
Date

Printed Name

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Responsible Party

1-6-11

Date

Printed Name

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Viola Coats

Date: December 21, 2010



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Signature of Resident or Responsible Party

Jan 6, 11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator

too far





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- I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.
- I wish to find new residence.
- I am undecided at this time.

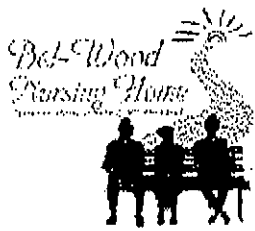
[redacted] _____
 Responsible Party 1-6-11
Date

[redacted] _____
 Printed Name

Sincerely,

 Matt Niekirk
 Bel-Wood Administrator





670 1/2 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
Fax: (309) 697-6622
www.peoriacounty.org

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I wish to find new residence.

I am undecided at this time.

[redacted] Party

1-7-11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.

I wish to find new residence.

I am undecided at this time.

[redacted]
Signature of Resident or Responsible Party

1-5-11
Date

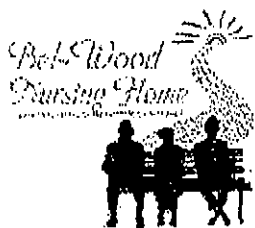
[redacted]

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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- I am undecided at this time.

Signature [REDACTED]

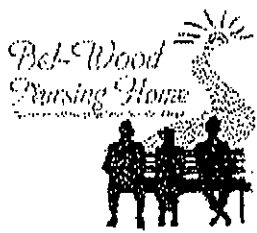
Print Name [REDACTED]

1-5-2011
Date

Sincerely,


Matt Niekirk
 Bel-Wood Administrator





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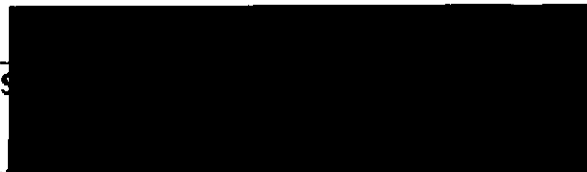
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I wish to find new residence.

I am undecided at this time.

 Party

1-5-11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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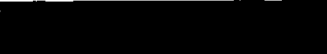
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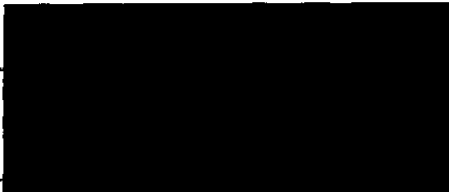
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I wish to find new residence.

I am undecided at this time.

 _____
Responsible Party

1-5-11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





6701 West Plank Road
Peoria, IL 61604
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Fax: (309) 697-6622
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I wish to find new residence.

I am undecided at this time.

[redacted] _____
Responsible Party

1-5-11
Date

Printed Name

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Matt Nieukirk
Bel-Wood Administrator





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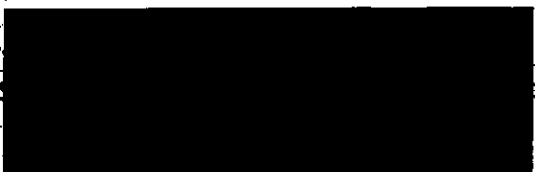
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I wish to find new residence.

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 _____
Responsible Party

1-5-11
Date

Printed Name

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I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.

I wish to find new residence.

I am undecided at this time.

[redacted] Party

1/5/11
Date

Printed Name

Sincerely,

Matt Nieu Kirk
Bel-Wood Administrator





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I wish to find new residence.

I am undecided at this time.

[redacted] Responsible Party

01-03-11
Date

Printed Name

Sincerely,

Matt Niekirk
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- I wish to find new residence.
- I am undecided at this time.

[redacted] _____
Responsible Party

1/13/11
Date

Printed Name

Sincerely,

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I wish to remain a resident in Bel-Wood Nursing Home upon completion of the new facility.

I wish to find new residence.

I am undecided at this time.

[Redacted Signature Area]

1-4-11
Date

Printed Name

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator



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Responsible Party

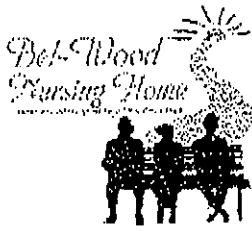
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I wish to find new residence.

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Signature [redacted] **Responsible Party**

Date 1-4-11

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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I am undecided at this time.

Signature of Resident or Responsible Party

1-04-11
Date

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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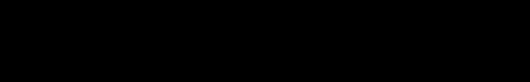
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I wish to find new residence.

I am undecided at this time.



Signature of Resident or Responsible Party



Printed Name

1/5/11
Date

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Bel-Wood Administrator





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I wish to find new residence.

I am undecided at this time.

[redacted]

Printed Name

1/3/2011
Date

Sincerely,

Matt Nieukirk
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I wish to find new residence.

I am undecided at this time.

[REDACTED]

Signature of Resident or Responsible Party

12/27/10
Date

[REDACTED]

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





670 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4544
Fax: (309) 697-6622
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- I wish to find new residence.
- I am undecided at this time.

[Redacted Signature Area]

1-3-11
Date

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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I wish to find new residence.

I am undecided at this time.

 _____
Responsible Party

1-3-11
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I wish to find new residence.

I am undecided at this time.

[redacted] Party

1-3-2011
Date

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator

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670 1/2 West Plank Road
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Phone: (309) 697-4544
Fax: (309) 697-6622
www.peoriacounty.org

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I wish  to be a resident in Bel-Wood Nursing Home upon completion.

I wish to find new residence.

I am undecided at this time:



1-4-2011
Date

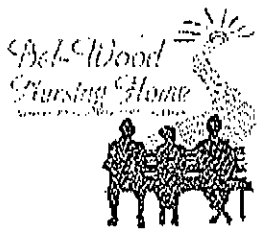
Printed Name

Sincerely,



Matt Nieukirk
Bel-Wood Administrator





6701 West Plank Road
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Fax: (309) 697-6622
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Betty Beckler

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() I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.

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I am undecided at this time.

[redacted signature area]

12-30-10
Date

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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 _____
 S _____ party

 Date 12 - 27 - 10

Printed Name

Sincerely,



Matt Nieukirk
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I am undecided at this time.

[redacted] ty

Printed Name

12/31/2010
Date

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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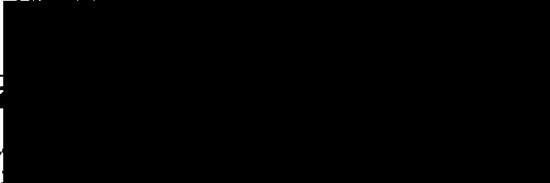
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 _____
 Signature Party

12-28-10
 Date

Printed Name

Sincerely,



Matt Nieukirk
 Bel-Wood Administrator





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Responsible Party

12-28-10
Date

Printed Name

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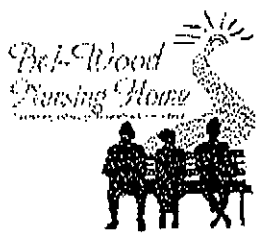
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[redacted] Responsible Party

Dec. 28, '10
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





670 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4641
Fax: (309) 697-6622
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Signature



12-29-10
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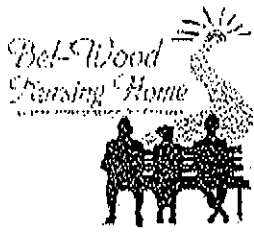
Printed Name

Sincerely,



Matt Nieukirk
Bel-Wood Administrator





6701 West Plank Road
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[redacted]
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12/29/2010
 Date

[redacted]
 Printed Name

Sincerely,

Matt Nieukirk
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12-31-10
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





6701 West Plank Road
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 Phone: (309) 697-4543
 Fax: (309) 697-6622
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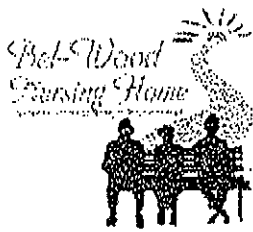
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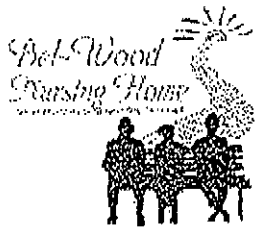
Sign [redacted] **Responsible Party** 12-21-10 **Date**

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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[redacted] _____
 Responsible Party 12-27-10
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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Printed Name

12-23-2010
Date

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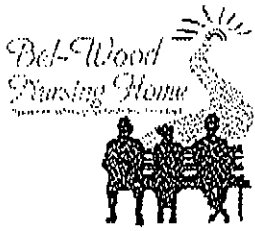
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6704 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
Fax: (309) 697-6622
www.peoriacounty.org

Mission Statement:

As an agency of Peoria County, Bel-Wood Nursing Home serves the elderly and the infirm of Peoria County in a dignified, compassionate, home-like, and safe environment, regardless of their financial resources. Bel-Wood will strive to provide these services at the lowest appropriate cost.

Date: December 21, 2010

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I wish [redacted] be a resident in Bel-Wood Nursing Home upon completion.

I wish to find new residence.

I am undecided at this time.

[redacted] Party

12/22/10
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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Peoria, IL 61604
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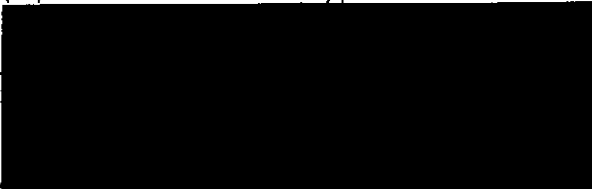
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 Party

12/30/10
Date

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





6701 West Plank Road
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[redacted] Responsible Party

12-29-10
Date

Printed Name

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator





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[redacted] _____
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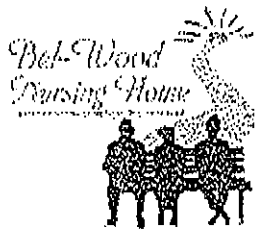
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Date

Printed Name

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Matt Nieukirk
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I am undecided at this time.

[redacted] Party

12-27-2010
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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I wish to find new residence.

I am undecided at this time.

[redacted] _____
Responsible Party

1/2/11
Date

Printed Name

Sincerely,

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I am undecided at this time.

[redacted] Responsible Party

1-4-11
Date

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





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- I wish [REDACTED] be a resident in Bel-Wood Nursing Home upon [REDACTED]
- I wish to find new residence.
- I am undecided at this time.

[REDACTED] _____ Party 1-5-11 Date
[REDACTED] _____
Printed Name

Sincerely,

 Matt Niekirk
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[redacted] Party

1/5/11
Date

Printed Name

Sincerely,

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I wish to find new residence.

I am undecided at this time.

[redacted]

1-6-11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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[REDACTED] _____
Responsible Party

1-5-11
Date

Printed Name

Sincerely,

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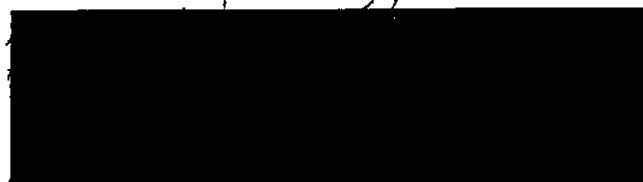
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Printed Name

Sincerely,



Matt Nieukirk
Bel-Wood Administrator

Jan 10, 2011
Date



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Peoria, IL 61604
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Fax: (309) 697-6622
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 _____
Party

11/5/11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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Signature: [redacted] Responsible Party

Date: 1-8-11

Printed Name

Sincerely,

Matt Niekirk
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[REDACTED] _____
 Resident or Responsible Party 1-10-11
Date

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Date: 1-10-2011

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Signature: [Redacted] Responsible Party

Date: 01/10/2011

Printed Name: [Redacted]

Sincerely, [Signature]

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Date: 1-10-11

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Signature of [redacted] Party

Date 1-10-11

Printed Name

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[REDACTED]

Printed Name

1-8-11
Date

Sincerely,

Matt Nieukirk
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[redacted] **Responsible Party** 1-8-11 **Date**
 [redacted] **Printed Name**

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I wish to find new residence.

I am undecided at this time.

[redacted]

Responsible Party

12-9-11
Date

Printed Name

Sincerely,

Matt Niekirk
Bel-Wood Administrator





6701 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
Fax: (309) 697-6622
www.peoriacounty.org

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Signature line with a large black redaction box covering the name.

Printed Name

Date: 1-8-2011

Sincerely,

Handwritten signature of Matt Nieukirk

Matt Nieukirk
Bel-Wood Administrator





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[redacted] DOA
Responsible Party

JAN 8 2011
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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Date

Printed Name

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Signature of Resident or Responsible Party

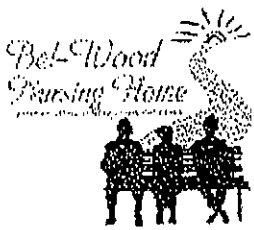
1-10-11
Date

[redacted]
Printed Name

Sincerely,

Matt Nieu Kirk
Bel-Wood Administrator





670 1/2 West Plank Road
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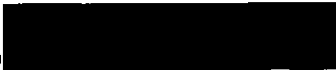
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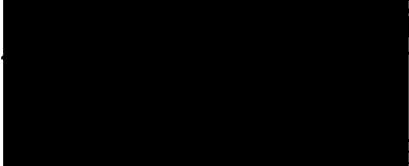
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Responsible Party

1/11/11
_____ Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





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[redacted] P.O.A. Responsible Party 1-10-11 Date

[redacted] Printed Name

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[redacted] _____
Signature of Resident or Responsible Party 1/10/11
_____ **Date**

[redacted] _____
Printed Name

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Matt Nieukirk
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[redacted signature area]

Jan 11, 2011
 Date

Printed Name

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator



670 1/2 West Plank Road
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[REDACTED]

Printed Name

1-9-11
Date

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[REDACTED] _____ 12-10-11
S _____ **Responsible Party** **Date**

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator



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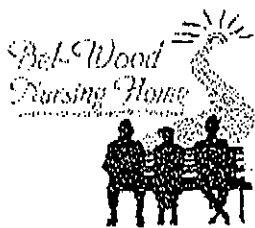
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Printed Name

Sincerely,

Matt Nieukirk
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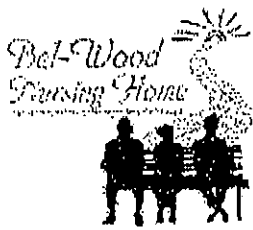
S
P
[redacted]

Jan. 10, 2011
Date

Sincerely,

Matt Nieukirk
 Bel-Wood Administrator





670 1/2 West Plank Road
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1-12-11
Date

Printed Name

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Matt Nieukirk
Bel-Wood Administrator





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[REDACTED]
Responsible Party

Jan 11, 2011
Date

Printed Name

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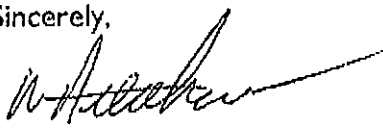
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Responsible Party

Date
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Responsible Party

1/12/11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator



Dorothy
McMurtry



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Responsible Party

1-8-11

Date

Printed Name

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Bel-Wood Administrator





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I wish to find new residence.

I am undecided at this time.

[redacted] Responsible Party

1.12.11
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





670 1/2 West Plank Road
 Peoria, IL 61604
 Phone: (309) 697-4541
 Fax: (309) 697-6622
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[redacted] _____
 Responsible Party
 [redacted] _____
 Printed Name

1-17-2011
 Date

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Sig [redacted] **Date** 1-19-2011

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[redacted signature area]

01/19/11
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Printed Name

Sincerely,

[Handwritten signature]

Matt Nieukirk
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12-19-2011
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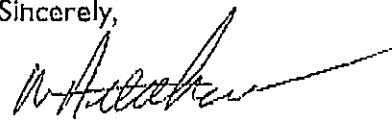
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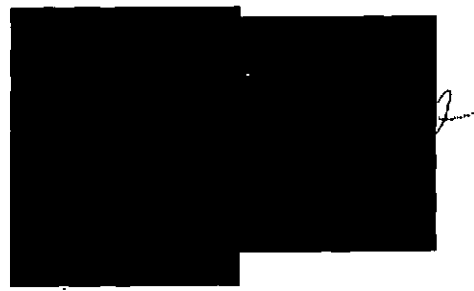
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[redacted] Party 1-20-11 Date
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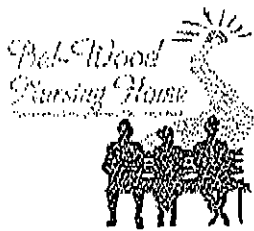
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[REDACTED]
Responsible Party
Printed Name

1-13-2011
Date

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[redacted] 1/21/2011
Responsible Party Date

[redacted]
Printed Name

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[redacted]
 Signature of Resident or Responsible Party

X _____
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[redacted]
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Printed Name

4-1-21-2011
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www.peoriacounty.org

Mission Statement:

As an agency of Peoria County, Bel-Wood Nursing Home serves the elderly and the infirm of Peoria County in a dignified, compassionate, home-like, and safe environment, regardless of their financial resources. Bel-Wood will strive to provide these services at the lowest appropriate cost.

Date: December 21, 2010

Dear Resident or Responsible Party:

The purpose of this letter is to determine your current preference regarding your residence at Bel-Wood Nursing Home in Peoria, Illinois.

As you may know, Bel-Wood Nursing Home is in the process of obtaining the necessary approvals to replace their existing facility. It is estimated that the new construction will be completed in 36 months. We feel the new facility will be a more pleasant and functional place for both the residents and staff.

Each responsible party has a right under state and federal laws to choose, within parameters of cost and availability, where they reside. Please check one of the three items below. Keep one copy of this letter and return the other.

I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.

I wish to find new residence.

I am undecided at this time.

Signature

Print Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





6701 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
Fax: (309) 697-6622
www.peoriacounty.org

Mission Statement:

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- I wish [redacted] to be a resident in Bel-Wood Nursing Home upon completion.
- I wish to find new residence.
- I am undecided at this time.

[redacted]
Signature of Resident or Responsible Party

1-21-11
Date

[redacted]
Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator





6701 West Plank Road
Peoria, IL 61604
Phone: (309) 697-4541
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I wish to find new residence.

I am undecided at this time.

[redacted] ty

1-21-2011
Date

Printed Name

Sincerely,

Matt Nieukirk
Bel-Wood Administrator



Nursing Facility List
(all within 30-Minute travel Time
of Proposed Bel-Wood Site)

FACID	FACNAME	ADDRESS	CITY	ZIP	Gen Beds	Nursing Care Patient Days	Nursing Care Occupancy	Admissions	ALOS
6000814	Belwood Nursing Home	6701 West Plank Road	Peoria	61604-0000	300	94,998	86.8%	148	641.9
6016190	Hawthorne Manor of Peoria	6900 North Stalworth Drive	Peoria	61615	50	15,833	86.8%	138	114.7
6011712	Pekin Manor	1520 El Camino Drive	Pekin	61554-0000	120	33,875	77.3%	144	235.2
6003933	Hallmark House Nursing Center	2501 Allentown Road	Pekin	61554-0000	71	22,320	86.1%	198	112.7
6013742	Pekin Memorial Hospital	600 South 13th Street	Pekin	61554-0000	27	4,359	44.2%	471	9.3
6007330	Timbercreek Rehab & Health Care	2220 State Street	Pekin	61554-0000	202	43,663	59.2%	242	180.4
6007272	Sharon Health Care Willowis	3520 North Rochelle	Peoria	61604-0000	219	73,831	92.4%	57	1,295.3
6007288	Sharon Health Care Pines	3614 North Rochelle	Peoria	61604-0000	116	39,121	92.4%	68	575.3
6007306	Sharon Health Care Elms	3611 North Rochelle	Peoria	61604-0000	98	29,539	82.6%	68	434.4
6007611	John C Proctor Endow Home	2724 West Reservoir	Peoria	61615-0000	59	18,963	88.1%	93	203.9
6007926	Sharon Health Care Woods	3223 West Richwoods Boulevard	Peoria	61604-0000	152	53,106	95.7%	37	1,435.3
6012165	Rosewood Care Center of Peoria	1500 West Northmoor Road	Peoria	61614-0000	120	27,575	63.0%	308	89.5
6010813	Christian Buehler Mem Home	3415 North Sheridan Road	Peoria	61604-0000	78	20,781	73.0%	89	233.5
6000293	Proctor Memorial Hospital	5409 North Knoxvill Avenue	Peoria	61614-0000	30	5,430	49.6%	576	9.4
6004147	Heartland of Peoria	5600 Glen Elm Drive	Peoria	61614-0000	144	48,596	92.5%	537	90.5
6004147	Bella Vista Care Center	1629 Gardner Lane	Peoria Heights	61614-0000	110	30,245	75.3%	76	398.0
6000426	Apostolic Christian Skylines	7023 North East Skyline Drive	Peoria	61614-0000	57	20,129	96.8%	58	499.2
6003198	Fondulac Rehab & Health Care Ctr	901 Ilirni Drive	East Peoria	61611-0000	98	28,568	79.9%	75	380.9
6005615	Lutheran Home, The, Peoria	6901 North Galena Road	Peoria	61614-0000	85	27,926	90.0%	188	148.5
6008056	Rosewood Care Center - East Peoria	900 Centennial Drive	East Peoria	61611-0000	120	27,568	62.9%	201	137.2
6003420	Hearland of Riverview	500 Centennial Drive	East Peoria	61611-0000	71	23,258	89.7%	465	50.0
6006399	Saint Clare Home	5533 North Galena Road	Peoria Heights	61616-0000	94	22,738	66.3%	221	107.8
6006407	Morton Villa Care Center	190 East Queenwood Road	Morton	61550-0000	106	27,233	70.4%	11	2,475.7
6000400	Morton Terrace	191 East Queenwood Road	Morton	61550-0000	166	42,271	69.8%	113	374.1
6009740	Apostolic Christian Restmor (1)	1500 Parkside Drive	Morton	61550-0000	116	39,064	92.3%	96	443.1
6002885	Washington Christian Village	1201 New Castle	Washington	61571-0000	122	35,597	79.9%	213	167.1
6007199	Apostolic Christian - Eureka (2)	610 Cruger	Eureka	61530-0000	105	35,950	93.8%	45	865.5
6011464	Heritage Manor - Chillicothe	1028 Hillcrest Drive	Chillicothe	61523-0000	110	35,804	89.2%	158	226.6
	Snyder Village	1200 East Partridge	Metamora	61548-0000	105	34,859	91.0%	127	274.5
					3251	963,200	81.2%	5221	187.6
6000814	Belwood Nursing Home	2223 West Heading Avenue	West Peoria	61604-0000	-86				
6002885	Apostolic Christian - Eureka (2)	610 Cruger	Eureka	61530-0000	-3				
					3162	963,200	83.5%		

(1) P-05-003 issued to construct a replacement facility with four fewer nursing care beds and 14 less sheltered care beds, total will be 116 nursing care beds and 12 sheltered care beds on 8/4/2005. New facility licensed on 4/1/2008.

(2) Discontinued three nursing care beds and all ten sheltered care beds, total now 102 nursing care beds effective 6/03/2010.

Source: Long-Term Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development Inventory of Health Care Facilities and Services and Need Determinations-2008-Long-Term Care Services www.mapquest.com

Travel Time Distance Chart
30-Minute Market Area
(Nursing Facility List)

FACID	FACNAME	ADDRESS	CITY	ZIP	Gen Beds	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
6000814	Belwood Nursing Home	6701 West Plank Road	Peoria	61604-0000	300	11	5.23
6016190	Hawthorne Manor of Peoria	6900 North Stalworth Drive	Peoria	61615	50	14	7.77
6011712	Pekin Manor	1520 El Camino Drive	Pekin	61554-0000	120	29	13.73
6003933	Hallmark House Nursing Center	2501 Allentown Road	Pekin	61554-0000	71	27	13.29
6013742	Pekin Memorial Hospital	600 South 13th Street	Pekin	61554-0000	27	25	12.17
6007330	Timbercreek Rehab & Health Care	2220 State Street	Pekin	61554-0000	202	25	12.95
6007272	Sharon Health Care Willows	3520 North Rochelle	Peoria	61604-0000	219	7	3.64
6007298	Sharon Health Care Pines	3614 North Rochelle	Peoria	61604-0000	116	8	3.73
6007306	Sharon Health Care Elms	3611 North Rochelle	Peoria	61604-0000	98	8	3.72
6007611	John C. Proctor Endow Home	2724 West Reservoir	Peoria	61615-0000	59	7	3.33
6007926	Sharon Health Care Woods	3223 West Richwoods Boulevard	Peoria	61604-0000	152	7	3.55
6012165	Rosewood Care Center of Peoria	1500 West Northmoor Road	Peoria	61614-0000	120	12	6.42
6001721	Christian Buehler Mem Home	3415 North Sheridan Road	Peoria	61604-0000	78	10	3.75
6010813	Proctor Memorial Hospital	5409 North Knoxville Avenue	Peoria	61614-0000	30	12	5.53
6000293	Hearthland of Peoria	5600 Glen Elm Drive	Peoria	61614-0000	144	13	5.87
6004147	Bella Vista Care Center	1629 Gardner Lane	Peoria Heights	61614-0000	110	18	7.78
6000426	Apostolic Christian Skylines	7023 North East Skyline Drive	Peoria	61614-0000	57	19	9.78
6003198	Fondulac Rehab & Health Care Ctr	901 Illini Drive	East Peoria	61611-0000	98	14	7.27
6005615	Lutheran Home, The, Peoria	6901 North Galena Road	Peoria	61614-0000	85	19	9.54
6012017	Rosewood Care Center - East Peoria	900 Centennial Drive	East Peoria	61611-0000	120	15	8.65
6008056	Hearthland of Riverview	500 Centennial Drive	East Peoria	61611-0000	71	14	8.22
6003420	Saint Clare Home	5533 North Galena Road	Peoria Heights	61616-0000	94	16	8.24
6006399	Morton Villa Care Center	190 East Queenwood Road	Morton	61550-0000	106	19	13.44
6006407	Morton Terrace	191 East Queenwood Road	Morton	61550-0000	166	19	13.44
6000400	Apostolic Christian Restmor (1)	1500 Parkside Drive	Morton	61550-0000	116	22	14.81
6009740	Washington Christian Village	1201 New Castle	Washington	61571-0000	122	25	14.39
6002885	Apostolic Christian - Eureka (2)	610 Cruger	Eureka	61530-0000	105	31	22.15
6007199	Heritage Manor - Chillicothe	1028 Hillcrest Drive	Chillicothe	61523-0000	110	31	19.97
6011464	Snyder Village	1200 East Partridge	Metamora	61548-0000	105	32	20.52
					3251		
6000814	Belwood Nursing Home	2223 West Heading Avenue	West Peoria	61604-0000	-86		
6002885	Apostolic Christian - Eureka (2)	610 Cruger	Eureka	61530-0000	-3		
					3162		

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Source: Long-Term Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development
Inventory of Health Care Facilities and Services and Need Determinations-2008-Long-Term Care Services
www.mapquest.com



Notes

Belwood Nursing Home

Trip to:
 6701 W Plank Rd
 Peoria, IL 61604-5242
 5.23 miles
 11 minutes

- |  2223 W Heading Ave
West Peoria, IL 61604-5139 | Miles Per Section |
|---|--------------------------|
| <ul style="list-style-type: none"> 1. Start out going WEST on W HEADING AVE toward LEROY AVE. | Go 0.2 Mi |
| <ul style="list-style-type: none"> 2. Take the 2nd LEFT onto N STERLING AVE.
<i>If you reach N HEADING CT you've gone a little too far</i> | Go 1.1 Mi |
| <ul style="list-style-type: none"> 3. Turn RIGHT onto DR MARTIN LUTHER KING JR DR. | Go 0.4 Mi |
| <ul style="list-style-type: none"> 4. Turn SLIGHT RIGHT onto W LINCOLN AVE / IL-116. Continue to follow IL-116.
<i>IL-116 is 0.2 miles past ELKS DR</i> | Go 3.5 Mi |
| <ul style="list-style-type: none"> 5. 6701 W PLANK RD is on the RIGHT.
<i>Your destination is just past FRED ROGERS WAY</i>
<i>If you reach NED WOODS WAY you've gone a little too far</i> | Go 0.01 Mi |
|  6701 W Plank Rd
Peoria, IL 61604-5242 | 5.2 mi |

Total Travel Estimate: 5.23 miles - about 11 minutes

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Notes

Hawthorne Manor of Peoria

Trip to:
 6900 N Stalworth Dr
 Peoria, IL 61615-9444
 7.77 miles
 14 minutes

- | | Miles Per Section |
|---|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| 2. Turn LEFT onto W MAIN ST. | Go 0.1 Mi |
| 3. Turn LEFT onto IL-8 / N FARMINGTON RD.
<i>IL-8 is just past N REBECCA PL</i> | Go 0.8 Mi |
| 4. Turn RIGHT onto N STERLING AVE.
<i>N STERLING AVE is just past N STEVER AVE</i> | Go 3.0 Mi |
| 5. Turn LEFT onto US-150 W / N WAR MEMORIAL DR.
<i>US-150 W is 0.2 miles past W SCENIC DR</i> | Go 3.3 Mi |
| 6. Turn LEFT onto N SUMMERSHADE CIR.
<i>N SUMMERSHADE CIR is 0.7 miles past N FROSTWOOD PKWY</i> | Go 0.1 Mi |
| 7. Turn RIGHT onto W LANDENS WAY.
<i>If you reach W BRADFORD WOODS CIR you've gone about 0.5 miles too far</i> | Go 0.07 Mi |
| 8. Take the 1st LEFT onto N STALWORTH DR.
<i>If you reach THOMAS DAVIS DR you've gone about 0.2 miles too far</i> | Go 0.2 Mi |
| 9. 6900 N STALWORTH DR is on the LEFT.
<i>Your destination is just past W FLAGSTONE DR</i>
<i>If you reach W FLAGSTONE DR you've gone about 0.1 miles too far</i> | Go 0.01 Mi |
| 6900 N Stalworth Dr
Peoria, IL 61615-9444 | 7.8 mi |

Total Travel Estimate: 7.77 miles - about 14 minutes

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Notes

Pekin Manor

Trip to:
 1520 El Camino Dr
 Pekin, IL 61554-6062
 13.73 miles
 29 minutes

- | | Miles Per Section |
|---|-------------------|
| A 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going WEST on W HEADING AVE toward LEROY AVE. | Go 0.2 Mi |
| 2. Take the 2nd LEFT onto N STERLING AVE.
<i>If you reach N HEADING CT you've gone a little too far</i> | Go 1.1 Mi |
| 3. Turn RIGHT onto DR MARTIN LUTHER KING JR DR. | Go 0.2 Mi |
| 4. Take the 1st LEFT onto S LIGONIER ST.
<i>If you reach ELKS DR you've gone a little too far</i> | Go 0.05 Mi |
| 5. Take the 2nd LEFT onto W HOWETT ST.
<i>If you reach W EDWARDS ST you've gone a little too far</i> | Go 0.1 Mi |
| 6. Take the 1st RIGHT onto S GRISWOLD ST / IL-116, Continue to follow S GRISWOLD ST. | Go 1.4 Mi |
| 7. Turn RIGHT onto SW ADAMS ST / US-24 W. Continue to follow US-24 W.
<i>US-24 W is just past W MONTANA ST</i> | Go 5.9 Mi |
| 8. Turn LEFT onto IL-9 E.
<i>IL-9 E is 0.1 miles past PEKIN RD</i> | Go 3.1 Mi |
| 9. Turn RIGHT onto S 14TH ST.
<i>S 14TH ST is 0.1 miles past S 13TH ST</i> | Go 1.6 Mi |
| 10. Turn LEFT onto EL CAMINO DR.
<i>EL CAMINO DR is just past EXECUTIVE CT</i> | Go 0.1 Mi |
| 11. 1520 EL CAMINO DR is on the RIGHT.
<i>If you reach ALFS CT you've gone a little too far</i> | Go 0.01 Mi |
| B 1520 El Camino Dr
Pekin, IL 61554-6062 | 13.7 mi |

Total Travel Estimate: 13.73 miles - about 29 minutes

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Notes

Hallmark House Nursing Center

Trip to:

2501 Allentown Rd
 Pekin, IL 61554-9401
 13.29 miles
 27 minutes

- | | Miles Per Section |
|---|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going WEST on W HEADING AVE toward LEROY AVE. | Go 0.2 Mi |
| 2. Take the 2nd LEFT onto N STERLING AVE.
<i>If you reach N HEADING CT you've gone a little too far</i> | Go 1.1 Mi |
| 3. Turn RIGHT onto DR MARTIN LUTHER KING JR DR. | Go 0.2 Mi |
| 4. Take the 1st LEFT onto S LIGONIER ST.
<i>If you reach ELKS DR you've gone a little too far</i> | Go 0.05 Mi |
| 5. Take the 2nd LEFT onto W HOWETT ST.
<i>If you reach W EDWARDS ST you've gone a little too far</i> | Go 0.1 Mi |
| 6. Take the 1st RIGHT onto S GRISWOLD ST / IL-116. Continue to follow S GRISWOLD ST. | Go 1.4 Mi |
| 7. Turn RIGHT onto SW ADAMS ST / US-24 W. Continue to follow US-24 W.
<i>US-24 W is just past W MONTANA ST</i> | Go 5.9 Mi |
| 8. Turn LEFT onto IL-9 E.
<i>IL-9 E is 0.1 miles past PEKIN RD</i> | Go 4.3 Mi |
| 9. Turn LEFT onto ALLENTOWN RD.
<i>ALLENTOWN RD is just past HILLTOP DR</i> | Go 0.08 Mi |
| 10. 2501 ALLENTOWN RD is on the RIGHT.
<i>If you reach WOODSCAPE CT you've gone about 0.2 miles too far</i> | Go 0.01 Mi |
| 2501 Allentown Rd
Pekin, IL 61554-9401 | 13.3 mi |

Total Travel Estimate: 13.29 miles - about 27 minutes

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Notes

Pekin Memorial Hospital

Trip to:
 600 S 13th St
 Pekin, IL 61554-4936
 12.17 miles
 25 minutes

- | | Miles Per Section |
|---|-------------------|
| A 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going WEST on W HEADING AVE toward LEROY AVE. | Go 0.2 Mi |
| 2. Take the 2nd LEFT onto N STERLING AVE.
<i>If you reach N HEADING CT you've gone a little too far</i> | Go 1.1 Mi |
| 3. Turn RIGHT onto DR MARTIN LUTHER KING JR DR. | Go 0.2 Mi |
| 4. Take the 1st LEFT onto S LIGONIER ST.
<i>If you reach ELKS DR you've gone a little too far</i> | Go 0.05 Mi |
| 5. Take the 2nd LEFT onto W HOWETT ST.
<i>If you reach W EDWARDS ST you've gone a little too far</i> | Go 0.1 Mi |
| 6. Take the 1st RIGHT onto S GRISWOLD ST / IL-116. Continue to follow S GRISWOLD ST. | Go 1.4 Mi |
| 7. Turn RIGHT onto SW ADAMS ST / US-24 W. Continue to follow US-24 W.
<i>US-24 W is just past W MONTANA ST</i> | Go 5.9 Mi |
| 8. Turn LEFT onto IL-9 E.
<i>IL-9 E is 0.1 miles past PEKIN RD</i> | Go 3.1 Mi |
| 9. Turn RIGHT onto S 14TH ST.
<i>S 14TH ST is 0.1 miles past S 13TH ST</i> | Go 0.06 Mi |
| 10. Take the 1st RIGHT onto PARK AVE.
<i>If you reach CENTER ST you've gone a little too far</i> | Go 0.09 Mi |
| 11. Take the 1st RIGHT onto S 13TH ST.
<i>If you reach S 12TH ST you've gone a little too far</i> | Go 0.03 Mi |
| 12. 600 S 13TH ST is on the RIGHT.
<i>Your destination is at the end of S 13TH ST</i> | Go 0.01 Mi |
| B 600 S 13th St
Pekin, IL 61554-4936 | 12.2 mi |

Total Travel Estimate: 12.17 miles - about 25 minutes

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Notes

Timbercreek Rehab & Health Care

Trip to:
 2220 State St
 Pekin, IL 61554-3937
 12.95 miles
 25 minutes

- | | Miles Per Section |
|--|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going WEST on W HEADING AVE toward LEROY AVE. | Go 0.2 Mi |
| 2. Take the 2nd LEFT onto N STERLING AVE.
<i>If you reach N HEADING CT you've gone a little too far</i> | Go 1.1 Mi |
| 3. Turn RIGHT onto DR MARTIN LUTHER KING JR DR. | Go 0.4 Mi |
| 4. Turn SLIGHT RIGHT onto W LINCOLN AVE / IL-116. Continue to follow IL-116.
<i>IL-116 is 0.2 miles past ELKS DR</i> | Go 1.0 Mi |
| 5. Turn LEFT onto S AIRPORT RD.
<i>S AIRPORT RD is 0.3 miles past S HILLSDALE AVE</i> | Go 1.0 Mi |
| 6. Merge onto I-474 E via the ramp on the LEFT.
<i>If you reach W WOODFERN RD you've gone about 0.2 miles too far</i> | Go 4.1 Mi |
| 7. Take the IL-29 exit, EXIT 9, toward PEKIN / EAST PEORIA. | Go 0.2 Mi |
| 8. Merge onto IL-29 S toward PEKIN. | Go 0.3 Mi |
| 9. Turn SLIGHT LEFT onto N MAIN ST.
<i>N MAIN ST is 0.1 miles past LASALLE BLVD</i> | Go 1.5 Mi |
| 10. Turn LEFT onto IL-98 / EDGEWATER DR. | Go 0.4 Mi |
| 11. Take the 1st RIGHT onto N PARKWAY DR / CR-25.
<i>If you reach GIRL SCOUT RD you've gone about 0.8 miles too far</i> | Go 2.1 Mi |
| 12. Turn RIGHT onto WILLOW ST.
<i>WILLOW ST is 0.1 miles past SEPTEMBER LN</i> | Go 0.3 Mi |
| 13. Turn LEFT onto MANOR ST.
<i>MANOR ST is 0.1 miles past VEERMAN AVE</i> | Go 0.2 Mi |
| 14. Take the 3rd LEFT onto STATE ST.
<i>If you reach LIGHTER ST you've gone a little too far</i> | Go 0.02 Mi |

● 15, 2220 STATE ST is on the RIGHT.
If you reach WINDSOR ST you've gone a little too far

Go 0.01 Mi



2220 State St
Pekin, IL 61554-3937

12.9 mi

Total Travel Estimate: 12.95 miles - about 25 minutes

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Notes

Sharon Health Care Willows

Trip to:

3520 N Rochelle Ln
Peoria, IL 61604-1037
3.64 miles
7 minutes

- | | Miles Per Section |
|--|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| 2. Turn LEFT onto W MAIN ST. | Go 0.1 Mi |
| 3. Turn LEFT onto IL-8 / N FARMINGTON RD.
<i>IL-8 is just past N REBECCA PL</i> | Go 0.8 Mi |
| 4. Turn RIGHT onto N STERLING AVE.
<i>N STERLING AVE is just past N STEVER AVE</i> | Go 1.7 Mi |
| 5. Turn LEFT onto W RICHWOODS BLVD.
<i>W RICHWOODS BLVD is 0.1 miles past W ALBANY AVE</i> | Go 0.6 Mi |
| 6. Turn RIGHT onto N ROCHELLE LN.
<i>N ROCHELLE LN is just past N KNOTT LN</i> | Go 0.1 Mi |
| 7. 3520 N ROCHELLE LN is on the RIGHT.
<i>If you reach W KIVA CT you've gone a little too far</i> | Go 0.01 MI |
| 3520 N Rochelle Ln
Peoria, IL 61604-1037 | 3.6 mi |

Total Travel Estimate: 3.64 miles - about 7 minutes

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Notes

Sharon Health Care Pines

Trip to:
 3614 N Rochelle Ln
 Peoria, IL 61604-1039
 3.73 miles
 8 minutes

- |  | 2223 W Heading Ave
West Peoria, IL 61604-5139 | Miles Per Section |
|---|--|--------------------------|
| ● | 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| ● | 2. Turn LEFT onto W MAIN ST. | Go 0.1 Mi |
| ↩ | 3. Turn LEFT onto IL-8 / N FARMINGTON RD.
<i>IL-8 is just past N REBECCA PL</i> | Go 0.8 Mi |
| ↩  | 4. Turn RIGHT onto N STERLING AVE.
<i>N STERLING AVE is just past N STEVER AVE</i> | Go 1.7 Mi |
| ↩ | 5. Turn LEFT onto W RICHWOODS BLVD.
<i>W RICHWOODS BLVD is 0.1 miles past W ALBANY AVE</i> | Go 0.6 Mi |
| ↩ | 6. Turn RIGHT onto N ROCHELLE LN.
<i>N ROCHELLE LN is just past N KNOTT LN</i> | Go 0.2 Mi |
| ● | 7. 3614 N ROCHELLE LN is on the RIGHT.
<i>If you reach W KIVA CT you've gone a little too far</i> | Go 0.01 Mi |
|  | 3614 N Rochelle Ln
Peoria, IL 61604-1039 | 3.7 mi |

Total Travel Estimate: 3.73 miles - about 8 minutes

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Notes

Sharon Health Care Elms

Trip to:

3611 N Rochelle Ln
Peoria, IL 61604-1038
3.72 miles
8 minutes

A 2223 W Heading Ave West Peoria, IL 61604-5139 **Miles Per Section**

1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. **Go 0.3 Mi**

2. Turn LEFT onto W MAIN ST. **Go 0.1 Mi**

3. Turn LEFT onto IL-8 / N FARMINGTON RD. **Go 0.8 Mi**
IL-8 is just past N REBECCA PL

4. Turn RIGHT onto N STERLING AVE. **Go 1.7 Mi**
N STERLING AVE is just past N STEVER AVE

5. Turn LEFT onto W RICHWOODS BLVD. **Go 0.6 Mi**
W RICHWOODS BLVD is 0.1 miles past W ALBANY AVE

6. Turn RIGHT onto N ROCHELLE LN. **Go 0.2 Mi**
N ROCHELLE LN is just past N KNOTT LN

7. 3611 N ROCHELLE LN is on the LEFT. **Go 0.01 MI**
If you reach W KIVA CT you've gone a little too far

B 3611 N Rochelle Ln Peoria, IL 61604-1038 **3.7 mi**

Total Travel Estimate: 3.72 miles - about 8 minutes

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Notes

John C Proctor Endowment Home

Trip to:
2724 W Reservoir Blvd
Peoria, IL 61615-4137
3.33 miles
7 minutes

- | | Miles Per Section |
|--|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| | |
| 2. Turn LEFT onto W MAIN ST. | Go 0.1 Mi |
| | |
| 3. Turn LEFT onto IL-8 / N FARMINGTON RD.
<i>IL-8 is just past N REBECCA PL</i> | Go 0.8 Mi |
| | |
| 4. Turn RIGHT onto N STERLING AVE.
<i>N STERLING AVE is just past N STEVER AVE</i> | Go 2.0 Mi |
| | |
| 5. Turn LEFT onto W RESERVOIR BLVD.
<i>W RESERVOIR BLVD is 0.1 miles past N EL VISTA AVE</i> | Go 0.2 Mi |
| | |
| 6. 2724 W RESERVOIR BLVD is on the LEFT.
<i>Your destination is 0.1 miles past N ROCKWOOD RD
If you reach N MILLBROOK RD you've gone a little too far</i> | Go 0.01 Mi |
| | |
| 2724 W Reservoir Blvd
Peoria, IL 61615-4137 | 3.3 mi |

Total Travel Estimate: 3.33 miles - about 7 minutes

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Notes

Sharon Health Care Woods

Trip to:
3223 W Richwoods Blvd
Peoria, IL 61604-1082
3.55 miles
7 minutes

- |  2223 W Heading Ave
West Peoria, IL 61604-5139 | Miles Per
Section |
|---|----------------------|
|  <p>1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE.</p> | Go 0.3 Mi |
|  <p>2. Turn LEFT onto W MAIN ST.</p> | Go 0.1 Mi |
|   <p>3. Turn LEFT onto IL-8 / N FARMINGTON RD.
<i>IL-8 is just past N REBECCA PL</i></p> | Go 0.8 Mi |
|  <p>4. Turn RIGHT onto N STERLING AVE.
<i>N STERLING AVE is just past N STEVER AVE</i></p> | Go 1.7 Mi |
|  <p>5. Turn LEFT onto W RICHWOODS BLVD.
<i>W RICHWOODS BLVD is 0.1 miles past W ALBANY AVE</i></p> | Go 0.6 Mi |
|  <p>6. 3223 W RICHWOODS BLVD is on the RIGHT.
<i>Your destination is just past N ROCHELLE LN</i>
<i>If you reach N MOLLECK DR you've gone about 0.1 miles too far</i></p> | Go 0.01 Mi |
|  3223 W Richwoods Blvd
Peoria, IL 61604-1082 | 3.6 mi |

Total Travel Estimate: **3.55 miles - about 7 minutes**

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












Notes

Rosewood Care Center of Peoria

Trip to:

1500 W Northmoor Rd
Peoria, IL 61614-3435
6.42 miles
12 minutes

- | | Miles Per Section |
|---|-------------------|
|  2223 W Heading Ave
West Peoria, IL 61604-5139 | |
|  1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
|  2. Turn LEFT onto W MAIN ST. | Go 0.1 Mi |
|   3. Turn LEFT onto IL-8 / N FARMINGTON RD.
<i>IL-8 is just past N REBECCA PL</i> | Go 0.8 Mi |
|  4. Turn RIGHT onto N STERLING AVE.
<i>N STERLING AVE is just past N STEVER AVE</i> | Go 3.0 Mi |
|   5. Turn LEFT onto US-150 / N WAR MEMORIAL DR.
<i>US-150 is 0.2 miles past W SCENIC DR</i> | Go 1.0 Mi |
|  6. Take the 3rd RIGHT onto N ALLEN RD.
<i>If you are on W WAR MEMORIAL DR and reach W BACON DR you've gone about 0.3 miles too far</i> | Go 0.4 Mi |
|  7. Take the 1st RIGHT onto W NORTHMOOR RD.
<i>If you reach WOODSIDE CRK you've gone about 0.2 miles too far</i> | Go 0.9 Mi |
|  8. 1500 W NORTHMOOR RD is on the RIGHT.
<i>Your destination is 0.1 miles past N ROSEMEAD DR
If you reach N UNIVERSITY ST you've gone about 0.1 miles too far</i> | Go 0.01 Mi |
|  1500 W Northmoor Rd
Peoria, IL 61614-3435 | 6.4 mi |

Total Travel Estimate: 6.42 miles - about 12 minutes

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Notes



Christian Buehler Memorial Home

Trip to:

3415 N Sheridan Rd
 Peoria, IL 61604-1430
 3.75 miles
 10 minutes

- |  2223 W Heading Ave
West Peoria, IL 61604-5139 | Miles Per Section |
|--|--|
| <ul style="list-style-type: none"> 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. 2. Turn LEFT onto W MAIN ST. 3. Turn LEFT onto N UNIVERSITY ST.
<i>If you reach N UNDERHILL ST you've gone a little too far</i> 4. Turn RIGHT onto US-150 E / E WAR MEMORIAL DR.
<i>US-150 E is just past N MEADOWBROOK RD</i> 5. Take the 2nd RIGHT onto N SHERIDAN RD.
<i>If you reach N BIGELOW ST you've gone about 0.3 miles too far</i> 6. 3415 N SHERIDAN RD is on the RIGHT.
<i>If you reach W RICHWOODS BLVD you've gone a little too far</i> | <p>Go 0.3 Mi</p> <p>Go 0.5 Mi</p> <p>Go 2.3 Mi</p> <p>Go 0.5 Mi</p> <p>Go 0.2 Mi</p> <p>Go 0.01 Mi</p> |
|  3415 N Sheridan Rd
Peoria, IL 61604-1430 | 3.7 mi |

Total Travel Estimate: 3.75 miles - about 10 minutes

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Notes

Proctor Memorial Hospital

Trip to:
 5409 N Knoxville Ave
 Peoria, IL 61614-5069
 5.53 miles
 12 minutes

- | | Miles Per Section |
|--|--------------------------|
| <p> 2223 W Heading Ave
 West Peoria, IL 61604-5139</p> | |
| <p>1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE.</p> | Go 0.3 Mi |
| <p>2. Turn LEFT onto W MAIN ST.</p> | Go 0.5 Mi |
| <p>3. Turn LEFT onto N UNIVERSITY ST.
 <i>If you reach N UNDERHILL ST you've gone a little too far</i></p> | Go 0.4 Mi |
| <p>4. Merge onto I-74 E toward BLOOMINGTON.
 <i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i></p> | Go 0.6 Mi |
| <p>5. Take the IL-40 N / KNOXVILLE AVE exit, EXIT 92A.</p> | Go 0.5 Mi |
| <p>6. Turn LEFT onto N KNOXVILLE AVE / IL-40 N. Continue to follow IL-40 N.
 <i>If you are on E PENNSYLVANIA AVE and reach N DECHMAN AVE you've gone a little too far</i></p> | Go 3.3 Mi |
| <p>7. 5409 N KNOXVILLE AVE is on the LEFT.
 <i>Your destination is just past E CHERRY RIDGE RD</i>
 <i>If you reach E ELAINE AVE you've gone a little too far</i></p> | Go 0.01 Mi |
| <p> 5409 N Knoxville Ave
 Peoria, IL 61614-5069</p> | 5.5 mi |

Total Travel Estimate: 5.53 miles - about 12 minutes

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Notes

Heartland of Peoria

Trip to:

5600 N Glen Elm Dr
 Peoria, IL 61614-4340
 5.87 miles
 13 minutes

- | | Miles Per Section |
|--|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| 2. Turn LEFT onto W MAIN ST. | Go 0.5 Mi |
| 3. Turn LEFT onto N UNIVERSITY ST.
<i>If you reach N UNDERHILL ST you've gone a little too far</i> | Go 0.4 Mi |
| 4. Merge onto I-74 E toward BLOOMINGTON.
<i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i> | Go 0.6 Mi |
| 5. Take the IL-40 N / KNOXVILLE AVE exit, EXIT 92A. | Go 0.5 Mi |
| 6. Turn LEFT onto N KNOXVILLE AVE / IL-40 N. Continue to follow IL-40 N.
<i>If you are on E PENNSYLVANIA AVE and reach N DECHMAN AVE you've gone a little too far</i> | Go 3.3 Mi |
| 7. Turn RIGHT onto E ELAINE AVE.
<i>E ELAINE AVE is just past E CHERRY RIDGE RD</i> | Go 0.2 Mi |
| 8. Turn LEFT onto N GLEN ELM DR. | Go 0.09 Mi |
| 9. 5600 N GLEN ELM DR is on the RIGHT.
<i>If you reach the end of N GLEN ELM DR you've gone a little too far</i> | Go 0.01 Mi |
| 5600 N Glen Elm Dr
Peoria, IL 61614-4340 | 5.9 mi |

Total Travel Estimate: 5.87 miles - about 13 minutes

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Notes

Bella Vista Care Center

Trip to:
 1629 E Gardner Ln
 Peoria Heights, IL 61616-3613
 7.78 miles
 18 minutes

- | | Miles Per Section |
|---|-------------------|
|  2223 W Heading Ave
West Peoria, IL 61604-5139 | |
|  1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
|  2. Turn LEFT onto W MAIN ST. | Go 0.5 Mi |
|  3. Turn LEFT onto N UNIVERSITY ST.
<i>If you reach N UNDERHILL ST you've gone a little too far</i> | Go 0.4 Mi |
|   4. Merge onto I-74 E toward BLOOMINGTON.
<i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i> | Go 0.6 Mi |
|  5. Take the IL-40 N / KNOXVILLE AVE exit, EXIT 92A. | Go 0.5 Mi |
|   6. Turn LEFT onto N KNOXVILLE AVE / IL-40 N. Continue to follow IL-40 N.
<i>If you are on E PENNSYLVANIA AVE and reach N DECHMAN AVE you've gone a little too far</i> | Go 3.8 Mi |
|  7. Turn RIGHT onto N PROSPECT RD.
<i>N PROSPECT RD is 0.4 miles past E ELAINE AVE</i> | Go 0.8 Mi |
|  8. Turn LEFT onto N FOREST PARK DR.
<i>N FOREST PARK DR is just past N MONTCLAIR AVE</i> | Go 0.7 Mi |
|  9. Take the 1st RIGHT onto E GARDNER LN.
<i>If you reach the end of N FOREST PARK DR you've gone about 0.1 miles too far</i> | Go 0.3 Mi |
|  10. 1629 E GARDNER LN is on the LEFT.
<i>Your destination is 0.2 miles past N EUGENIA LN</i>
<i>If you reach N CORD CT you've gone a little too far</i> | Go 0.01 Mi |
|  1629 E Gardner Ln
Peoria Heights, IL 61616-3613 | 7.8 mi |

Total Travel Estimate: 7.78 miles - about 18 minutes

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Notes

Apostolic Christian Skylines



Trip to:
 7023 NE Skyline Dr
 Peoria, IL 61614-2207
 9.78 miles
 19 minutes



2223 W Heading Ave
 West Peoria, IL 61604-5139

Miles Per Section

1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE.

Go 0.3 Mi



2. Turn LEFT onto W MAIN ST.

Go 0.5 Mi



3. Turn LEFT onto N UNIVERSITY ST.
If you reach N UNDERHILL ST you've gone a little too far

Go 0.4 Mi



4. Merge onto I-74 E toward BLOOMINGTON.
If you reach W NEBRASKA AVE you've gone about 0.3 miles too far

Go 1.7 Mi



5. Take the WASHINGTON ST exit, EXIT 93, toward US-24 / GREATER PEORIA REGIONAL AIRPORT / IL-29.

Go 0.3 Mi

6. Turn LEFT onto NE WASHINGTON ST.

Go 0.07 Mi



7. Stay STRAIGHT to go onto EATON ST.

Go 0.1 Mi



8. Turn SLIGHT RIGHT onto US-24 E / NE ADAMS ST / IL-29 N. Continue to follow IL-29 N.
IL-29 N is just past HANCOCK ST

Go 6.3 Mi



9. Turn LEFT onto NE SKYLINE DR.
NE SKYLINE DR is 0.1 miles past E HILLSIDE DR

Go 0.1 Mi



10. 7023 NE SKYLINE DR is on the LEFT.
*Your destination is just past N APOSTOLIC LN
 If you reach N VANDER SCHAAF DR you've gone a little too far*

Go 0.01 Mi



7023 NE Skyline Dr
 Peoria, IL 61614-2207

9.8 mi

Total Travel Estimate: 9.78 miles - about 19 minutes

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Notes

Fondulac Rehab & Health Care Center

Trip to:
 901 Illini Dr
 Peoria, IL 61611-1840
 7.27 miles
 14 minutes

- | | Miles Per Section |
|--|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| 2. Turn LEFT onto W MAIN ST. | Go 0.5 Mi |
| 3. Turn LEFT onto N UNIVERSITY ST.
<i>If you reach N UNDERHILL ST you've gone a little too far</i> | Go 0.4 Mi |
| 4. Merge onto I-74 E toward BLOOMINGTON.
<i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i> | Go 3.5 Mi |
| 5. Merge onto E CAMP ST via EXIT 95B toward US-150 E / IL-8 E. | Go 0.7 Mi |
| 6. E CAMP ST becomes E WASHINGTON ST / IL-8. | Go 1.8 Mi |
| 7. Turn LEFT onto ILLINI DR.
<i>ILLINI DR is 0.1 miles past BETHANY ST</i> | Go 0.09 Mi |
| 8. 901 ILLINI DR is on the LEFT.
<i>If you reach MANOR LN you've gone about 0.1 miles too far</i> | Go 0.01 Mi |
| 901 Illini Dr
Peoria, IL 61611-1840 | 7.3 mi |

Total Travel Estimate: 7.27 miles - about 14 minutes

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Notes

Lutheran Home, The, Peoria



Trip to:

6901 N Galena Rd
Peoria, IL 61614-3111

9.54 miles

19 minutes



		Miles Per Section
	2223 W Heading Ave West Peoria, IL 61604-5139	
	1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE.	Go 0.3 Mi
	2. Turn LEFT onto W MAIN ST.	Go 0.5 Mi
	3. Turn LEFT onto N UNIVERSITY ST. <i>If you reach N UNDERHILL ST you've gone a little too far</i>	Go 0.4 Mi
	4. Merge onto I-74 E toward BLOOMINGTON. <i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i>	Go 1.7 Mi
	5. Take the WASHINGTON ST exit, EXIT 93, toward US-24 / GREATER PEORIA REGIONAL AIRPORT / IL-29.	Go 0.3 Mi
	6. Turn LEFT onto NE WASHINGTON ST.	Go 0.07 Mi
	7. Stay STRAIGHT to go onto EATON ST.	Go 0.1 Mi
	8. Turn SLIGHT RIGHT onto US-24 E / NE ADAMS ST / IL-29 N. Continue to follow IL-29 N. <i>IL-29 N is just past HANCOCK ST</i>	Go 6.1 Mi
	9. Make a U-TURN at E HILLSIDE DR onto IL-29 S. <i>If you reach NE SKYLINE DR you've gone about 0.1 miles too far</i>	Go 0.05 Mi
	10. 6901 N GALENA RD. <i>If you reach E SANKOTY DR you've gone a little too far</i>	Go 0.01 Mi
	6901 N Galena Rd Peoria, IL 61614-3111	9.5 mi

Total Travel Estimate: 9.54 miles - about 19 minutes

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Notes

Rosewood Care Center - East Peoria

Trip to:

900 Centennial Dr
Peoria, IL 61611-4928
8.65 miles
15 minutes

- | | Miles Per Section |
|---|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| 2. Turn LEFT onto W MAIN ST. | Go 0.5 Mi |
| 3. Turn LEFT onto N UNIVERSITY ST.
<i>If you reach N UNDERHILL ST you've gone a little too far</i> | Go 0.4 Mi |
| 4. Merge onto I-74 E toward BLOOMINGTON.
<i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i> | Go 3.4 Mi |
| 5. Take the US-150 W / IL-116 / NORTH MAIN ST exit, EXIT 95A. | Go 0.3 Mi |
| 6. Turn LEFT onto US-150 / IL-116 / N MAIN ST. Continue to follow US-150 W / IL-116 E.
<i>If you reach I-74 E you've gone about 0.3 miles too far</i> | Go 3.3 Mi |
| 7. Turn RIGHT onto CENTENNIAL DR.
<i>CENTENNIAL DR is 0.8 miles past ACCESS ROAD 6</i> | Go 0.5 Mi |
| 8. 900 CENTENNIAL DR is on the LEFT.
<i>Your destination is 0.4 miles past N MAIN ST</i>
<i>If you reach COLLEGE DR you've gone about 0.2 miles too far</i> | Go 0.01 Mi |
| 900 Centennial Dr
Peoria, IL 61611-4928 | 8.7 mi |

Total Travel Estimate: **8.65 miles - about 15 minutes**

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Notes

Heartland of Riverview

Trip to:

500 Centennial Dr
Peoria, IL 61611-4912
8.22 miles
14 minutes



2223 W Heading Ave
West Peoria, IL 61604-5139

Miles Per
Section

1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE.

Go 0.3 Mi



2. Turn LEFT onto W MAIN ST.

Go 0.5 Mi



3. Turn LEFT onto N UNIVERSITY ST.
If you reach N UNDERHILL ST you've gone a little too far

Go 0.4 Mi



4. Merge onto I-74 E toward BLOOMINGTON.
If you reach W NEBRASKA AVE you've gone about 0.3 miles too far

Go 3.4 Mi



5. Take the US-150 W / IL-116 / NORTH MAIN ST exit, EXIT 95A.

Go 0.3 Mi



6. Turn LEFT onto US-150 / IL-116 / N MAIN ST. Continue to follow US-150 W / IL-116 E.
If you reach I-74 E you've gone about 0.3 miles too far

Go 3.3 Mi



7. Turn RIGHT onto CENTENNIAL DR.
CENTENNIAL DR is 0.8 miles past ACCESS ROAD 6

Go 0.03 Mi



8. 500 CENTENNIAL DR is on the LEFT.
If you reach N MAIN ST you've gone a little too far

Go 0.01 Mi



500 Centennial Dr
Peoria, IL 61611-4912

8.2 mi

Total Travel Estimate: 8.22 miles - about 14 minutes

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Notes

Saint Clare Home

Trip to:

5533 N Galena Rd
 Peoria Heights, IL 61616-4447
 8.24 miles
 16 minutes

- | | | Miles Per Section |
|--|--|-------------------|
| | 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| | 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| | 2. Turn LEFT onto W MAIN ST. | Go 0.5 Mi |
| | 3. Turn LEFT onto N UNIVERSITY ST.
<i>If you reach N UNDERHILL ST you've gone a little too far</i> | Go 0.4 Mi |
| | 4. Merge onto I-74 E toward BLOOMINGTON.
<i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i> | Go 1.7 Mi |
| | 5. Take the WASHINGTON ST exit, EXIT 93, toward US-24 / GREATER PEORIA REGIONAL AIRPORT / IL-29. | Go 0.3 Mi |
| | 6. Turn LEFT onto NE WASHINGTON ST. | Go 0.07 Mi |
| | 7. Stay STRAIGHT to go onto EATON ST. | Go 0.1 Mi |
| | 8. Turn SLIGHT RIGHT onto US-24 E / NE ADAMS ST / IL-29 N. Continue to follow IL-29 N.
<i>IL-29 N is just past HANCOCK ST</i> | Go 4.9 Mi |
| | 9. 5533 N GALENA RD.
<i>Your destination is just past E LINNETT ST</i>
<i>If you reach ROBIN CT you've gone a little too far</i> | Go 0.01 Mi |
| | 5533 N Galena Rd
Peoria Heights, IL 61616-4447 | 8.2 mi |

Total Travel Estimate: 8.24 miles - about 16 minutes

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Notes

Morton Villa Care Center



Trip to:
 190 E Queenwood Rd
 Morton, IL 61550-2926
 13.44 miles
 19 minutes

A 2223 W Heading Ave West Peoria, IL 61604-5139 **Miles Per Section**

1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. **Go 0.3 Mi**

2. Turn LEFT onto W MAIN ST. **Go 0.5 Mi**

3. Turn LEFT onto N UNIVERSITY ST.
If you reach N UNDERHILL ST you've gone a little too far **Go 0.4 Mi**

4. Merge onto I-74 E toward BLOOMINGTON.
If you reach W NEBRASKA AVE you've gone about 0.3 miles too far **Go 9.2 Mi**

5. Merge onto I-155 S via EXIT 101 toward LINCOLN. **Go 2.3 Mi**

6. Take the QUEENWOOD RD exit, EXIT 30. **Go 0.3 Mi**

7. Turn LEFT onto W QUEENWOOD RD. **Go 0.5 Mi**

8. 190 E QUEENWOOD RD is on the RIGHT.
Your destination is 0.1 miles past QUEENWOOD PROFESSIONAL CT
If you reach S 2ND AVE you've gone a little too far **Go 0.01 Mi**

B 190 E Queenwood Rd Morton, IL 61550-2926 **13.4 mi**

Total Travel Estimate: 13.44 miles - about 19 minutes

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Notes
Morton Terrace



Trip to:
191 E Queenwood Rd
Morton, IL 61550-2956
13.44 miles
19 minutes

- | | Miles Per Section |
|--|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| 2. Turn LEFT onto W MAIN ST. | Go 0.5 Mi |
| 3. Turn LEFT onto N UNIVERSITY ST.
<i>If you reach N UNDERHILL ST you've gone a little too far</i> | Go 0.4 Mi |
| 4. Merge onto I-74 E toward BLOOMINGTON.
<i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i> | Go 9.2 Mi |
| 5. Merge onto I-155 S via EXIT 101 toward LINCOLN. | Go 2.3 Mi |
| 6. Take the QUEENWOOD RD exit, EXIT 30. | Go 0.3 Mi |
| 7. Turn LEFT onto W QUEENWOOD RD. | Go 0.5 Mi |
| 8. 191 E QUEENWOOD RD is on the LEFT.
<i>Your destination is 0.1 miles past QUEENWOOD PROFESSIONAL CT</i>
<i>If you reach S 2ND AVE you've gone a little too far</i> | Go 0.01 Mi |
| 191 E Queenwood Rd
Morton, IL 61550-2956 | 13.4 mi |

Total Travel Estimate: 13.44 miles - about 19 minutes

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Notes

Apostolic Christian Restmor



Trip to:

[1400-1499] Parkside Ave
 Morton, IL 61550
 14.81 miles
 22 minutes



- | | Miles Per Section |
|--|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| 2. Turn LEFT onto W MAIN ST. | Go 0.5 Mi |
| 3. Turn LEFT onto N UNIVERSITY ST.
<i>If you reach N UNDERHILL ST you've gone a little too far</i> | Go 0.4 Mi |
| 4. Merge onto I-74 E toward BLOOMINGTON.
<i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i> | Go 9.2 Mi |
| 5. Merge onto I-155 S via EXIT 101 toward LINCOLN. | Go 2.3 Mi |
| 6. Take the QUEENWOOD RD exit, EXIT 30. | Go 0.3 Mi |
| 7. Turn LEFT onto W QUEENWOOD RD. | Go 1.0 Mi |
| 8. Turn LEFT onto S 4TH AVE.
<i>S 4TH AVE is 0.1 miles past COPPERFIELD AVE</i> | Go 0.5 Mi |
| 9. Take the 3rd RIGHT onto E IDLEWOOD ST.
<i>If you reach E HAZELWOOD ST you've gone a little too far</i> | Go 0.3 Mi |
| 10. Take the 1st LEFT onto PARKSIDE AVE.
<i>If you reach BRENTWOOD RD you've gone about 0.1 miles too far</i> | Go 0.03 Mi |
| 11. [1400-1499] PARKSIDE AVE.
<i>If you reach E HAZELWOOD ST you've gone a little too far</i> | Go 0.01 Mi |
| [1400-1499] Parkside Ave
Morton, IL 61550 | 14.8 mi |

Total Travel Estimate: 14.81 miles - about 22 minutes

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Notes

Washington Christian Village



Trip to:
1201 Newcastle Rd
Washington, IL 61571-1243
14.39 miles
25 minutes



-  **2223 W Heading Ave**
West Peoria, IL 61604-5139 Miles Per Section
-  1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. Go 0.3 Mi
-  2. Turn LEFT onto W MAIN ST. Go 0.5 Mi
-  3. Turn LEFT onto N UNIVERSITY ST.
If you reach N UNDERHILL ST you've gone a little too far Go 0.4 Mi
-   4. Merge onto I-74 E toward BLOOMINGTON.
If you reach W NEBRASKA AVE you've gone about 0.3 miles too far Go 0.6 Mi
-  5. Take the IL-40 N / KNOXVILLE AVE exit, EXIT 92A. Go 0.5 Mi
-   6. Turn LEFT onto N KNOXVILLE AVE / IL-40 N.
If you are on E PENNSYLVANIA AVE and reach N DECHMAN AVE you've gone a little too far Go 1.9 Mi
-   7. Turn RIGHT onto E WAR MEMORIAL DR / US-150 E / N WAR MEMORIAL DR. Continue to follow US-150 E.
US-150 E is 0.1 miles past E EMBERT PL Go 3.4 Mi
-   8. US-150 E becomes US-24 E. Go 5.5 Mi
-  9. Turn RIGHT onto NOFSINGER RD.
NOFSINGER RD is 0.8 miles past N CUMMINGS LN Go 0.3 Mi
-  10. Turn LEFT onto W CRUGER RD. Go 0.2 Mi
-  11. Take the 1st RIGHT onto DALLAS RD.
If you reach DEVONSHIRE RD you've gone about 0.6 miles too far Go 0.7 Mi
-  12. Turn SLIGHT LEFT onto NEWCASTLE RD.
NEWCASTLE RD is just past ROYAL CT Go 0.1 Mi
-  13. 1201 NEWCASTLE RD is on the RIGHT.
If you reach N WILMORE RD you've gone about 0.1 miles too far Go 0.01 Mi
-  **1201 Newcastle Rd**
Washington, IL 61571-1243 14.4 mi

Total Travel Estimate: 14.39 miles - about 25 minutes

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




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Notes

Apostolic Christian - Eureka

Trip to:
 610 W Cruger Ave
 Eureka, IL 61530-1329
 22.15 miles
 31 minutes

- | | | Miles Per Section |
|--|--|-------------------|
|  | 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
|  | 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
|  | 2. Turn LEFT onto W MAIN ST. | Go 0.5 Mi |
|  | 3. Turn LEFT onto N UNIVERSITY ST.
<i>If you reach N UNDERHILL ST you've gone a little too far</i> | Go 0.4 Mi |
|   | 4. Merge onto I-74 E toward BLOOMINGTON.
<i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i> | Go 3.4 Mi |
|   | 5. Take the US-150 W / IL-116 / NORTH MAIN ST exit, EXIT 95A. | Go 0.3 Mi |
|   | 6. Turn LEFT onto US-150 / IL-116 / N MAIN ST. Continue to follow US-150 W / IL-116 E.
<i>If you reach I-74 E you've gone about 0.3 miles too far</i> | Go 3.7 Mi |
|   | 7. Merge onto US-24 E toward WASHINGTON. | Go 13.5 Mi |
|  | 8. Turn RIGHT onto S WALNUT ST.
<i>S WALNUT ST is 0.3 miles past PARKWAY DR</i> | Go 0.07 Mi |
|  | 9. Turn LEFT onto W CRUGER AVE. | Go 0.01 Mi |
|  | 10. 610 W CRUGER AVE is on the RIGHT.
<i>If you reach VALLEY CT you've gone a little too far</i> | Go 0.01 Mi |
|  | 610 W Cruger Ave
Eureka, IL 61530-1329 | 22.1 mi |

Total Travel Estimate: **22.15 miles - about 31 minutes**

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Notes

Heritage Manor - Chillicothe

Trip to:
 1028 W Hillcrest Dr
 Chillicothe, IL 61523-2258
 19.97 miles
 31 minutes

- | | Miles Per Section |
|---|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| 2. Turn LEFT onto W MAIN ST. | Go 0.1 Mi |
| 3. Turn LEFT onto IL-8 / N FARMINGTON RD.
<i>IL-8 is just past N REBECCA PL</i> | Go 0.8 Mi |
| 4. Turn RIGHT onto N STERLING AVE.
<i>N STERLING AVE is just past N STEVER AVE</i> | Go 3.0 Mi |
| 5. Turn LEFT onto US-150 / N WAR MEMORIAL DR.
<i>US-150 is 0.2 miles past W SCENIC DR</i> | Go 1.0 Mi |
| 6. Take the 3rd RIGHT onto N ALLEN RD.
<i>If you are on W WAR MEMORIAL DR and reach W BACON DR you've gone about 0.3 miles too far</i> | Go 3.1 Mi |
| 7. Merge onto IL-6 N via the ramp on the LEFT toward CHILLICOTHE.
<i>If you reach W VAN WINKLE WAY you've gone about 0.3 miles too far</i> | Go 4.0 Mi |
| 8. Merge onto IL-29 N via EXIT 9 toward CHILLICOTHE. | Go 7.5 Mi |
| 9. Turn LEFT onto HILLCREST DR.
<i>HILLCREST DR is 0.2 miles past MCGRATH RD</i> | Go 0.1 Mi |
| 10. Turn RIGHT onto S SWEETBRIAR DR. | Go 0.05 Mi |
| 11. Take the 1st LEFT onto W HILLCREST DR.
<i>If you reach S HOLLYBROOK DR you've gone about 0.2 miles too far</i> | Go 0.04 Mi |
| 12. 1028 W HILLCREST DR is on the LEFT.
<i>If you reach S RIDGEWOOD DR you've gone a little too far</i> | Go 0.01 Mi |
| 1028 W Hillcrest Dr
Chillicothe, IL 61523-2258 | 20.0 mi |

Total Travel Estimate: 19.97 miles - about 31 minutes

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Notes

Snyder Village

Trip to:

1200 E Partridge St
Metamora, IL 61548-9619

20.52 miles
32 minutes

- | | Miles Per Section |
|---|-------------------|
| 2223 W Heading Ave
West Peoria, IL 61604-5139 | |
| 1. Start out going EAST on W HEADING AVE toward N WAVERLY AVE. | Go 0.3 Mi |
| 2. Turn LEFT onto W MAIN ST. | Go 0.5 Mi |
| 3. Turn LEFT onto N UNIVERSITY ST.
<i>If you reach N UNDERHILL ST you've gone a little too far</i> | Go 0.4 Mi |
| 4. Merge onto I-74 E toward BLOOMINGTON.
<i>If you reach W NEBRASKA AVE you've gone about 0.3 miles too far</i> | Go 3.4 Mi |
| 5. Take the US-150 W / IL-116 / NORTH MAIN ST exit, EXIT 95A. | Go 0.3 Mi |
| 6. Turn LEFT onto US-150 / IL-116 / N MAIN ST. Continue to follow IL-116 E.
<i>If you reach I-74 E you've gone about 0.3 miles too far</i> | Go 15.6 Mi |
| 7. Turn LEFT onto E PARTRIDGE ST.
<i>E PARTRIDGE ST is 0.2 miles past HONEYSUCKLE LN</i> | Go 0.02 Mi |
| 8. Turn LEFT to stay on E PARTRIDGE ST. | Go 0.04 Mi |
| 9. 1200 E PARTRIDGE ST is on the LEFT.
<i>If you reach PARTRIDGE ST you've gone a little too far</i> | Go 0.01 Mi |
| 1200 E Partridge St
Metamora, IL 61548-9619 | 20.5 mi |

Total Travel Estimate: 20.52 miles - about 32 minutes

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ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2009 BELWOOD NURSING HOME

BELWOOD NURSING HOME
5901 WEST FLANK ROAD
PEORIA, IL 61624

Reference Numbers Facility ID 6000314
Health Service Area 002 Planning Service Area 143

Administration Facility ID 6000314
Health Service Area 002 Planning Service Area 143

Contact Person and Telephone
308-697-4541

Registered Agent Information
Date Completed 4/28/2010

FACILITY OWNERSHIP
CONTINUING CARE COMMUNITY

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

LEVEL OF CARE	PEAK	BEDS IN USE	BEDS AVAILABLE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	288	300	53	300
Skilled Under 22	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTAL BEDS	300	288	300	53	300

ADMISSION RESTRICTIONS

RESTRICTION	Count
Aggressive/Abuse	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicals Resident	0
Medicare Recipient	0
Mental Illness	0
Non-ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Verbal Dependent	1
Violent Disease w/Inmate	0
Other Restrictions	0
No. Reported Restrictions	1
TOTALS	245

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	ADMISSIONS	DISCHARGES
Nursing Care	289	289
Skilled Under 22	148	148
Intermediate DD	172	172
Skilled Care	245	245
TOTAL	612	612

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Cherry Care
Nursing Care	612	33.6%	72015	64.1%
Skilled Under 22	0	0.0%	0	0.0%
Intermediate DD	0	0.0%	0	0.0%
Skilled Care	0	0.0%	0	0.0%
TOTALS	612	33.6%	72015	64.1%

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

AGE GROUP	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	3	0	0	0	3
60 to 64	1	2	0	0	3
65 to 74	19	15	0	0	34
75 to 84	12	52	0	0	64
85+	25	114	0	0	139
TOTALS	51	196	0	0	247

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Hypertension	5
Endocrine/Allopathic	8
Blood Disorders	4
Nervous System Non Alzheimer	12
Alzheimer Disease	40
Arthritis	4
Developmental Disability	4
Circulatory System	25
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Stroke Disorders	3
Musculoskeletal Disorders	35
Injuries and Fracturing	69
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	245

RESIDENTS BY RACE/ETHNICITY GROUPINGS

RACE	Nursing	Skilled	ICF-DD	Shelter	Totals
Amer Indian	0	0	0	0	0
Black	25	0	0	0	25
Hispanic	0	0	0	0	0
White	208	0	0	0	208
Race Unknown	0	0	0	0	0
Total	245	0	0	0	245

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Cherry Care	TOTALS
Nursing Care	18	179	0	0	197
Skilled Under 22	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTALS	18	179	0	0	197

RESIDENTS BY ETHNICITY

ETHNICITY	Nursing	Skilled	ICF-DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	245	0	0	0	245
Ethnicity Unknown	0	0	0	0	0
Total	245	0	0	0	245

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Payor Source	Medicare	Medicaid	Private Pay	Cherry Care	Total Revenue
Medicare	63.7%	0.5%	1.9%	14.9%	81.0%
Medicaid	11,657,028	0	349,640	2,016,333	13,992,999
Private Pay	0	0	0	0	0
Cherry Care	0	0	0	0	0
TOTALS	17,913,912	0	0	0	17,913,912

*Cherry Care does not include expenses which may be considered a community benefit

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2009 BELWOOD NURSING HOME

BELWOOD NURSING HOME
5901 WEST FLANK ROAD
PEORIA, IL 61624

Reference Numbers Facility ID 6000314
Health Service Area 002 Planning Service Area 143

Administration Facility ID 6000314
Health Service Area 002 Planning Service Area 143

Contact Person and Telephone
308-697-4541

Registered Agent Information
Date Completed 4/28/2010

FACILITY OWNERSHIP
CONTINUING CARE COMMUNITY

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

LEVEL OF CARE	PEAK	BEDS IN USE	BEDS AVAILABLE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	288	300	53	300
Skilled Under 22	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTAL BEDS	300	288	300	53	300

ADMISSION RESTRICTIONS

RESTRICTION	Count
Aggressive/Abuse	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicals Resident	0
Medicare Recipient	0
Mental Illness	0
Non-ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Verbal Dependent	1
Violent Disease w/Inmate	0
Other Restrictions	0
No. Reported Restrictions	1
TOTALS	245

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	ADMISSIONS	DISCHARGES
Nursing Care	289	289
Skilled Under 22	148	148
Intermediate DD	172	172
Skilled Care	245	245
TOTAL	612	612

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Cherry Care
Nursing Care	612	33.6%	72015	64.1%
Skilled Under 22	0	0.0%	0	0.0%
Intermediate DD	0	0.0%	0	0.0%
Skilled Care	0	0.0%	0	0.0%
TOTALS	612	33.6%	72015	64.1%

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

AGE GROUP	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	3	0	0	0	3
60 to 64	1	2	0	0	3
65 to 74	19	15	0	0	34
75 to 84	12	52	0	0	64
85+	25	114	0	0	139
TOTALS	51	196	0	0	247

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Hypertension	5
Endocrine/Allopathic	8
Blood Disorders	4
Nervous System Non Alzheimer	12
Alzheimer Disease	40
Arthritis	4
Developmental Disability	4
Circulatory System	25
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Stroke Disorders	3
Musculoskeletal Disorders	35
Injuries and Fracturing	69
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	245

RESIDENTS BY RACE/ETHNICITY GROUPINGS

RACE	Nursing	Skilled	ICF-DD	Shelter	Totals
Amer Indian	0	0	0	0	0
Black	25	0	0	0	25
Hispanic	0	0	0	0	0
White	208	0	0	0	208
Race Unknown	0	0	0	0	0
Total	245	0	0	0	245

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Cherry Care	TOTALS
Nursing Care	18	179	0	0	197
Skilled Under 22	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTALS	18	179	0	0	197

RESIDENTS BY ETHNICITY

ETHNICITY	Nursing	Skilled	ICF-DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	245	0	0	0	245
Ethnicity Unknown	0	0	0	0	0
Total	245	0	0	0	245

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Payor Source	Medicare	Medicaid	Private Pay	Cherry Care	Total Revenue
Medicare	63.7%	0.5%	1.9%	14.9%	81.0%
Medicaid	11,657,028	0	349,640	2,016,333	13,992,999
Private Pay	0	0	0	0	0
Cherry Care	0	0	0	0	0
TOTALS	17,913,912	0	0	0	17,913,912

*Cherry Care does not include expenses which may be considered a community benefit

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HAYTHORNE MANOR OF PEORIA PEORIA

HAYTHORNE MANOR OF PEORIA
 950 NORTH STRALVORTH DRIVE
 PEORIA, IL 61615
 Reference Numbers Facility ID 6018160
 Health Service Area 002 Primary Services 440 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private	Charity	TOTALS
Nursing Care	10	5	0	2	28	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	10	5	0	2	28	0	45
TOTALS	10	5	0	2	28	0	45

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	TOTALS
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
TOTAL	45	0	0	0	45

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Expense as % of Total Net Revenue
45.5%	9.8%	0.0%	3.7%	44.0%	3.8%	
1,775,577	287,556	0	142,850	1,720,053	146,534	

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HAYTHORNE MANOR OF PEORIA PEORIA

HAYTHORNE MANOR OF PEORIA
 950 NORTH STRALVORTH DRIVE
 PEORIA, IL 61615
 Reference Numbers Facility ID 6018160
 Health Service Area 002 Primary Services 440 143

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	Diagnoses	Count
Aggressive/Anti-Social	Alcohol Abuse	0
Chronic Alcoholism	Developmentally Disabled	1
Developmentally Disabled	Drug Addiction	1
Drug Addiction	Neurological Disorder	2
Neurological Disorder	Neurological Disorder	2
Neurological Disorder	Neurological Disorder	3
Neurological Disorder	Neurological Disorder	1
Neurological Disorder	Neurological Disorder	3
Neurological Disorder	Neurological Disorder	5
Neurological Disorder	Neurological Disorder	4
Neurological Disorder	Neurological Disorder	0
Neurological Disorder	Neurological Disorder	1
Neurological Disorder	Neurological Disorder	1
Neurological Disorder	Neurological Disorder	13
Neurological Disorder	Neurological Disorder	3
Neurological Disorder	Neurological Disorder	10
Neurological Disorder	Neurological Disorder	1
Neurological Disorder	Neurological Disorder	45
Neurological Disorder	Neurological Disorder	1

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	50	30	138
Skilled Under 22	0	0	122
Intermediate DD	0	0	45
Skilled Care	50	30	138
TOTAL BEDS	50	30	138

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

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE	MEDICAID	CERTIFIED
Nursing Care	50	30	0	0	0
Skilled Under 22	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	50	30	0	0	0
TOTAL BEDS	50	30	0	0	0

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	TOTAL
Nursing Care	347	155	0	373	553	1373
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	347	155	0	373	553	1373
TOTALS	347	155	0	373	553	1373

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2009 PERIN MAJOR

PERIN MAJOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSES	
150 EL CAMINO DRIVE	Aggressive/Non-Social	0	0	0	0
PERIN, IL 61556	Chronic Abuse/Abuse	0	0	0	0
Reference Numbers Facility ID 5011712	Developmentally Disabled	1	1	13	13
Health Services Area 002 Planning Services Area 173	Drug Addiction	0	0	0	0
Administrator Sanny J. Perkins	Medical Resident	0	0	4	4
Contact Person and Telephone	Medical Resident	0	0	14	14
Betty J. Perkins	Mental Illness	0	0	0	0
335-353-1059	Non-ambulatory	0	0	0	0
Registered Agent Information	Psychiatric	0	0	27	27
Atia Bio-RFAS Inc	Substance Abuse	0	0	0	0
295 S. Franklin St	Unable to Self-Maintain	0	0	4	4
Galesburg, IL 61401	Ventilator Dependent	1	1	5	5
FACILITY OWNERSHIP	Infectious Disease w/ Isolation	0	0	0	0
UNLIMITED LIABILITY CO	Other Residents	0	0	15	15
CONTINUING CARE COMMUNITY	No Residents	0	0	0	0
LIFE CARE FACILITY	None Reported/Restrictions denoted by '1'	0	0	37	37
	TOTALS			97	97

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS		PEAK		ADMISSIONS AND DISCHARGES - 2009						
LEVEL OF CARE	BEDS	SETUP	USED	BEDS	IN USE	BEDS	AVAILABLE	MEDICARE	MEDICAID	CERTIFIED
Nursing Care	120	130	100	120	97	23	120	120	120	120
Skilled Under 22	0	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0	0	0
TOTAL BEDS	120	130	100	120	97	23	120	120	120	120

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE											
LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Private	Charity	Private	Private	Private	Private	Private
Nursing Care	5688	13658	1181	314	12757	855	33875	77.3%	77.3%	77.3%	77.3%
Skilled Under 22	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
Skilled Care	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
TOTALS	5688	13658	1181	314	12757	855	33875	77.3%	77.3%	77.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	6	0	0	0	0	0	0	0	7	7
75 to 84	12	33	0	0	0	0	0	0	0	45	45
85+	4	34	0	0	0	0	0	0	0	38	38
TOTALS	21	76	0	0	0	0	0	0	0	21	76

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2009 PERIN MAJOR

PERIN MAJOR		ADMISSION RESTRICTIONS		RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE	
150 EL CAMINO DRIVE	Aggressive/Non-Social	0	0	0	0
PERIN, IL 61556	Chronic Abuse/Abuse	0	0	0	0
Reference Numbers Facility ID 5011712	Developmentally Disabled	1	1	13	13
Health Services Area 002 Planning Services Area 173	Drug Addiction	0	0	0	0
Administrator Sanny J. Perkins	Medical Resident	0	0	4	4
Contact Person and Telephone	Medical Resident	0	0	14	14
Betty J. Perkins	Mental Illness	0	0	0	0
335-353-1059	Non-ambulatory	0	0	0	0
Registered Agent Information	Psychiatric	0	0	27	27
Atia Bio-RFAS Inc	Substance Abuse	0	0	4	4
295 S. Franklin St	Unable to Self-Maintain	0	0	5	5
Galesburg, IL 61401	Ventilator Dependent	1	1	0	0
FACILITY OWNERSHIP	Infectious Disease w/ Isolation	0	0	0	0
UNLIMITED LIABILITY CO	Other Residents	0	0	15	15
CONTINUING CARE COMMUNITY	No Residents	0	0	0	0
LIFE CARE FACILITY	None Reported/Restrictions denoted by '1'	0	0	37	37
	TOTALS			97	97

RESIDENTS BY RACE/ETHNICITY GROUPING											
RACE	Nursing	Sub-22	ICF-DD	ICF-DD	Private	Private	Private	Private	Private	Private	Private
Asian	0	0	0	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0	0	0	0
White	97	0	0	0	0	0	0	0	0	0	97
Other	0	0	0	0	0	0	0	0	0	0	0
TOTALS	97	0	0	0	0	0	0	0	0	0	97

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)											
Medicare	34.4%	10.9%	3.6%	2.5%	38.3%	160.0%	1.5%	5,982,640	83,911	100.0%	100.0%
Medicaid	2,300,990	1,226,140	222,933	142,903	2,167,124	160.0%	1.5%	5,982,640	83,911	100.0%	100.0%
Other Public	0	0	0	0	0	0	0	0	0	0	0
Private Pay	0	0	0	0	0	0	0	0	0	0	0
Charity	0	0	0	0	0	0	0	0	0	0	0
TOTALS	2,300,990	1,226,140	222,933	142,903	2,167,124	160.0%	1.5%	5,982,640	83,911	100.0%	100.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HALLMARK HOUSE NURSING CENTER PEKIN

HALLMARK HOUSE NURSING CENTER
 2501 ALLENTOWN ROAD
 PEKIN, IL 61554
 Reference Numbers Facility ID 602333
 Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Payers	Private Insurance	Charity Care	TOTALS
Housing Care	16	23	0	0	0	39
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	16	23	0	0	0	39

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
TOTAL	23	0	0	0	23

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Payers	Private Insurance	Charity Care
27.6%	8.3%	0.0%	64.2%	0.0%
1,160,311	358,482	0	2,792,434	0

HALLMARK HOUSE NURSING CENTER PEKIN

HALLMARK HOUSE NURSING CENTER
 2501 ALLENTOWN ROAD
 PEKIN, IL 61554
 Reference Numbers Facility ID 602333
 Health Service Area 002 Planning Service Area 179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Number of Residents
Neoplasms	3
Endocrinologic/Metabolic Disorders	1
Blood Disorders	0
Nervous System Non Alzheimer	7
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	1
Musculoskeletal Disorders	4
Injury and Poisonings	16
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	63

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Admissions	Discharges
Housing Care	134	134
Skilled Under ZZ	0	0
Intermediate DD	0	0
Skilled Care	0	0
TOTAL	134	134

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Payers	Private Insurance	Charity Care	TOTAL
Housing Care	568	477	0	0	0	1,045
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	568	477	0	0	0	1,045

HALLMARK HOUSE NURSING CENTER PEKIN

HALLMARK HOUSE NURSING CENTER
 2501 ALLENTOWN ROAD
 PEKIN, IL 61554
 Reference Numbers Facility ID 602333
 Health Service Area 002 Planning Service Area 179

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	1
60 to 64	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	5
75 to 84	7	13	0	0	0	0	20
85+	7	35	0	0	0	0	42
TOTALS	17	51	0	0	0	0	68

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

AGE GROUPS	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	1	0	0	0	1
60 to 64	0	0	0	0	0
65 to 74	2	3	0	0	5
75 to 84	7	13	0	0	20
85+	7	35	0	0	42
TOTALS	17	51	0	0	68

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

AGE GROUPS	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	1	0	0	0	1
60 to 64	0	0	0	0	0
65 to 74	2	3	0	0	5
75 to 84	7	13	0	0	20
85+	7	35	0	0	42
TOTALS	17	51	0	0	68

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 PEKIN MEMORIAL HOSPITAL

PEKIN MEMORIAL HOSPITAL

650 SOUTH 13TH STREET
PEKIN, IL 61654

Reference Numbers Facility ID 6013742

Health Service Area 002 Peating Service Area 179

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 PEKIN MEMORIAL HOSPITAL

PEKIN MEMORIAL HOSPITAL

650 SOUTH 13TH STREET
PEKIN, IL 61654

Reference Numbers Facility ID 6013742

Health Service Area 002 Peating Service Area 179

Administrator Kevin Andrews

Contact Person and Telephone TRACY FREWETT RN

309-353-9525

Registered Agent Information 4/6/2010

PEKIN

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	CHARGES	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Abusive	1	CHARGES
Alcoholism	0	Neoplasms
Developmentally Disabled	0	Endocrine/Metabolic
Drug Addiction	0	Brain Disorders
Medicaid Recipient	0	Nervous System Non-Alzheimer
Medicare Recipient	0	Alzheimer's Disease
Mental Illness	0	Mental Illness
Non-Applicable	1	Developmental Disability
Non-Applicable	0	Circulatory System
Public Aid Recipient	1	Respiratory System
Unable to Self-Medicate	0	Spine System
Unstable/Dependent	3	Cardiovascular System Disorders
Infectious Disease w/ Isolation	0	Skin Disorders
Other Restrictions	0	Neurological Disorders
No Restrictions	0	Injury and Poisonings
Note: Residents restricted/denied by: 1	0	Other Medical Conditions
	0	Non-Medical Conditions
	0	TOTALS
	0	Total Residents Diagnosed as Mentally Ill

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	RESIDENTS ON 11/20/09	ADMISSIONS AND DISCHARGES - 2009
Nursing Care	471	Residents on 11/20/09
Skilled Under 22	476	Total Admissions 2009
Intermediate DD	10	Total Discharges 2009
Skilled Care	0	Residents on 12/31/2009
Skilled Care	0	Identified Offenders
TOTAL BEDS	0	

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	RESIDENTS ON 11/20/09	ADMISSIONS AND DISCHARGES - 2009
Nursing Care	471	Residents on 11/20/09
Skilled Under 22	476	Total Admissions 2009
Intermediate DD	10	Total Discharges 2009
Skilled Care	0	Residents on 12/31/2009
Skilled Care	0	Identified Offenders
TOTAL BEDS	0	

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE	Private Pay	Medicaid	Other Public	Charity	Learned Post Bets
Nursing Care	494	55.4%	0	0	0
Skilled Under 22	0	0%	0	0	0
Intermediate DD	0	0%	0	0	0
Skilled Care	0	0%	0	0	0
TOTALS	494	55.4%	0	0	0

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

AGE GROUPS	Male	Female	TOTAL	GRAND TOTAL
Under 18	0	0	0	0
18 to 44	0	0	0	0
45 to 59	0	0	0	0
60 to 74	0	0	0	0
75 to 84	2	1	3	3
85+	1	2	3	3
TOTALS	4	6	10	10

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 PEKIN MEMORIAL HOSPITAL

PEKIN MEMORIAL HOSPITAL

650 SOUTH 13TH STREET
PEKIN, IL 61654

Reference Numbers Facility ID 6013742

Health Service Area 002 Peating Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Private Pay	Charity	TOTALS
Nursing Care	10	0	0	10
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	10	0	0	10

RESIDENTS BY RACE/ETHNICITY GROUPINGS

RACE	Nursing	Skilled 22	Intermediate DD	Skilled	TOTALS
Asian	0	0	0	0	0
African American	0	0	0	0	0
Black	0	0	0	0	0
Hispanic or Latino	0	0	0	0	0
White	10	0	0	10	10
Race Unknown	0	0	0	0	0
Total	10	0	0	10	10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care Expense as % of Total Net Revenue
25.5%	0.0%	0.0%	13.5%	0.0%	0	0.0%
1,531,605	0	0	208,521	0	0	1,740,126

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 TAMBORCREEK REHAB AND HEALTH CARE PEER

TAMBORCREEK REHAB AND HEALTH CARE

2220 STATE STREET

PERIN, IL 61554

Reference Numbers Facility ID 6007330
Health Services Area 002 Planning Services Area ITS

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

Lvl-2L OF CARE	Medicare			Medicaid			Private Pay			Charity Care			TOTALS		
	Medicare	Medicaid	Private Pay	Medicare	Medicaid	Private Pay	Medicare	Medicaid	Private Pay	Medicare	Medicaid	Private Pay	Medicare	Medicaid	Private Pay
Nursing Care	9	92	0	3	16	0	0	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Intermediate 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skilled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	9	92	0	3	16	0	0	0	0	0	0	0	0	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Skilled	Skilled	Totals
Asian	0	0	0	0	0	0	0
Asian Indian	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0	0	0
White	119	0	0	0	0	0	119
Race Unknown	1	0	0	0	0	0	1
TOTALS	120	0	0	0	0	0	120

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Payers	Private Insurance	Private Pay	Charity Care	Expense % of Total Net Revenue
28.1%	53.3%	0.7%	2.3%	14.5%	0.0%	0.0%
1,872,972	5,510,893	49,379	56,589	961,413	0	

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 TAMBORCREEK REHAB AND HEALTH CARE PEER

TAMBORCREEK REHAB AND HEALTH CARE

2220 STATE STREET

PERIN, IL 61554

Reference Numbers Facility ID 6007330
Health Services Area 002 Planning Services Area ITS

RESIDENTS BY PRIMARY DIAGNOSIS

Diagnosis	Residents
Dementia	0
Alzheimer's Disease	0
Psychosis	0
Depression	0
Substance Abuse	0
Other Mental Health	0
Physical Disabilities	12
Neurological	10
Cardiovascular	18
Respiratory	3
Diabetes	21
Other Chronic	13
Other	4
TOTALS	99

ADMISSIONS AND DISCHARGES - 2009

Category	Admissions	Discharges
Total Admissions 2009	174	262
Total Discharges 2009	266	120
Residents on 12/31/09	120	0
Identified Offenders	0	0

FACILITY UTILIZATION - 2009

Level of Care	Medicare	Medicaid	Other Payers	Private Insurance	Private Pay	Charity Care	Peak Beds
Nursing Care	41.2%	55.5%	0.7%	2.3%	14.5%	0.0%	78.7%
Skilled Under 22	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intermediate 20	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Skilled	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTALS	41.2%	55.5%	0.7%	2.3%	14.5%	0.0%	78.7%

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

AGE GROUPS	Nursing Care		Skilled Under 22		Intermediate 20		Skilled		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0
45 to 59	4	2	0	0	0	0	0	0	4	2
60 to 74	3	4	0	0	0	0	0	0	3	4
75 to 84	13	14	0	0	0	0	0	0	13	14
85+	15	25	0	0	0	0	0	0	15	25
TOTALS	47	73	0	0	0	0	0	0	47	73

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 SHARON HEALTH CARE WILLOWS PEORIA

SHARON HEALTH CARE WILLOWS
 3520 NORTH ROCKWELL
 PEORIA, IL 61604
 Facility ID 6007272
 Health Service Area 032 Planning Service Area 143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	RESIDENTS
Aggressive/Anxiety	6
Alzheimer's	1
Chronic Alcoholism	0
Endocrine/Endocrine	0
Blood Disorders	1
Nervous System Non-Alzheimer's	3
Alzheimer's Disease	12
Mental Illness	17
Developmental Disability	2
Circulatory System	5
Respiratory System	25
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Neuro-muscular Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	202

RESIDENTS BY RACIAL/ETHNICITY GROUPINGS

RACE	Nursing	Skilled	ICF/DD	Skilled	Shelter	Totals
Asian	0	0	0	0	0	0
Black	29	0	0	0	0	29
Hispanic	0	0	0	0	0	0
White	160	0	0	0	0	160
Other	1	0	0	0	0	1
TOTALS	197	0	0	0	0	197

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	219	219	219
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
TOTALS	219	219	219

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

AGE GROUP	NURSING CARE		INTERMEDIATE DD		SHeltered		TOTAL	GRAND TOTAL
	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0
18-39	25	0	0	0	0	0	25	25
40-59	50	29	0	0	0	0	79	79
60-69	14	20	0	0	0	0	34	34
70-79	15	17	0	0	0	0	32	32
80-89	4	7	0	0	0	0	11	11
90+	0	1	0	0	0	0	1	1
TOTALS	119	83	0	0	0	0	119	202

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Other Payers		Charity		TOTAL	Licensed Beds	Peak Beds
	Pat. Days	Occ. Pay	Pat. Days	Occ. Pay	Pat. Days	Occ. Pay			
Nursing Care	72510	30.5%	813	0	703	0	73311	92.4%	92.4%
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	0.0%	0.0%
TOTALS	72510	30.5%	813	0	703	0	73311	92.4%	92.4%

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	219	219	219
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
TOTALS	219	219	219

NET REVENUE BY PAYER SOURCE (Fiscal Year Data)

Payer Source	Medicaid	Other Payer	Private Insurance	Private Pay	Charity	Case Expense	Total Net Revenue
Medicaid	97.8%	1.2%	0.0%	0.0%	0.0%	0.0%	1.06M
Other Payer	0.0%	1.2%	0.0%	0.0%	0.0%	0.0%	7,362,302
Private Insurance	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%	75,935
Private Pay	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0
Charity	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0
TOTALS	97.8%	1.2%	1.2%	1.0%	0.0%	0.0%	7,362,302

RESIDENTS BY RACIAL/ETHNICITY GROUPINGS

RACE	Nursing	Skilled	ICF/DD	Skilled	Shelter	Totals
Asian	0	0	0	0	0	0
Black	29	0	0	0	0	29
Hispanic	0	0	0	0	0	0
White	160	0	0	0	0	160
Other	1	0	0	0	0	1
TOTALS	197	0	0	0	0	197

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	219	219	219
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
TOTALS	219	219	219

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 SHARON HEALTH CARE PINES PEORIA

SHARON HEALTH CARE PINES
3812 NORTH ROCHELLE
PEORIA, IL 61604
Reference Number Facility ID 609758
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	TOTALS
Nursing Care	0	109	0	0	0	109
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	109	0	0	0	109
TOTALS	0	109	0	0	0	109

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Shelter	TOTALS
Asian	1	0	0	0	0	1
Arctic Indian	0	0	0	0	0	0
Black	16	0	0	0	0	16
Hawaiian/Pacific	0	0	0	0	0	0
White	52	0	0	0	0	52
Race Unknown	0	0	0	0	0	0
Total	109	0	0	0	0	109

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Pay	Charity
3.0%	100.0%	0.0%	0.0%	0.0%
0	3,807,358	0	0	0
TOTALS	100.0%	0.0%	0.0%	0.0%
	3,807,358	0	0	0

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 SHARON HEALTH CARE PINES PEORIA

SHARON HEALTH CARE PINES
3812 NORTH ROCHELLE
PEORIA, IL 61604
Reference Number Facility ID 609758
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PRIMARY DIAGNOSIS

Diagnosis	Count
Alzheimer's Disease	0
Arthritis	17
Cardiovascular Disease	0
Diabetes	10
Dementia	2
Depression	41
Developmental Disability	2
Fractures	6
Headaches	7
High Blood Pressure	3
Infectious Diseases	7
Intestinal Disorders	2
Musculoskeletal Disorders	5
Neurological Disorders	3
Other Medical Conditions	0
Psychiatric Conditions	4
TOTALS	109

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Admissions	Discharges
Nursing Care	114	58
Skilled Under 22	0	73
Intermediate DD	0	139
Skilled Care	114	17
TOTALS	114	170

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	Total
Nursing Care	0	3313	0	0	0	3313
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	3313	0	0	0	3313
TOTALS	0	3313	0	0	0	3313

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

AGE GROUP	Male	Female	Total
Under 18	0	0	0
18 to 44	39	22	61
45 to 59	22	14	36
60 to 74	5	3	8
75 to 84	2	2	4
85+	0	0	0
TOTALS	68	41	109

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 SHARON HEALTH CARE ELMS PEORIA

SHARON HEALTH CARE ELMS
3811 NORTH ROCHELLE
PEORIA, IL 61624
Reference Numbers Facility ID 6007306
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICARE				MEDICAID				OTHER			
	Medicare	Medicaid	Private Pay	Charity	Medicare	Medicaid	Private Pay	Charity	Medicare	Medicaid	Private Pay	Charity
Nursing Care	5	74	0	0	0	0	0	0	0	0	0	0
Skilled Under ZZ	0	0	0	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0	0	0	0
Skilled Care	5	74	0	0	0	0	0	0	0	0	0	0
TOTALS	5	74	0	0	0	0	0	0	0	0	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPS

RACE	Nursing	Skilled	Intermediate	Skilled	Intermediate	Skilled	Intermediate	Totals
Asian	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0	0	0	0
White	5	74	0	0	0	0	0	79
TOTALS	5	74	0	0	0	0	0	79

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Payor Source	Medicaid	Other Public	Private Insurance	Private Pay	Charity	County Care
Medicaid	3,035,103	30,927	0	24,141	0	0
Other Public	71,000	0	0	0	0	0
Private Insurance	0	0	0	0	0	0
Private Pay	0	0	0	0	0	0
Charity	0	0	0	0	0	0
County Care	0	0	0	0	0	0
TOTALS	3,106,103	30,927	0	24,141	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 SHARON HEALTH CARE ELMS PEORIA

SHARON HEALTH CARE ELMS
3811 NORTH ROCHELLE
PEORIA, IL 61624
Reference Numbers Facility ID 6007306
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Medicare	Medicaid	Private Pay	Charity
Agitation/Anxiety	0	0	0	0
Alcohol Abuse	0	0	0	0
Alzheimer's Disease	0	0	0	0
Arthritis	0	0	0	0
Back Pain	0	0	0	0
Cardiovascular Disease	0	0	0	0
Chronic Obstructive Pulmonary Disease	0	0	0	0
Diabetes	0	0	0	0
Dementia	0	0	0	0
Depression	0	0	0	0
Fractures	0	0	0	0
Headaches	0	0	0	0
Hypertension	0	0	0	0
Incontinence	0	0	0	0
Ischemic Heart Disease	0	0	0	0
Joint Replacement	0	0	0	0
Loss of Consciousness	0	0	0	0
Medication Management	0	0	0	0
Mental Health	0	0	0	0
Musculoskeletal	0	0	0	0
Neurological	0	0	0	0
Obesity	0	0	0	0
Other	0	0	0	0
TOTALS	0	0	0	0

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Admissions	Discharges	Net Change
Nursing Care	77	68	9
Skilled Under ZZ	0	0	0
Intermediate DD	0	0	0
Skilled Care	77	68	9
TOTALS	77	68	9

FACILITY UTILIZATION, 2009

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Charity
Nursing Care	2,558	20,173	73,256	2,460
Skilled Under ZZ	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	2,558	20,173	73,256	2,460
TOTALS	2,558	20,173	73,256	2,460

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare				Medicaid				Private Pay				Charity			
	Medicare	Medicaid	Private Pay	Charity	Medicare	Medicaid	Private Pay	Charity	Medicare	Medicaid	Private Pay	Charity	Medicare	Medicaid	Private Pay	Charity
Nursing Care	2,558	20,173	73,256	2,460	0	0	0	0	0	0	0	0	0	0	0	0
Skilled Under ZZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skilled Care	2,558	20,173	73,256	2,460	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	2,558	20,173	73,256	2,460	0	0	0	0	0	0	0	0	0	0	0	0

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

AGE GROUPS	Nursing Care		Skilled Under ZZ		Intermediate DD		Skilled Care	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0
18 to 24	1	1	0	0	0	0	0	0
25 to 34	15	2	0	0	0	0	0	0
35 to 44	7	4	0	0	0	0	0	0
45 to 54	11	7	0	0	0	0	0	0
55 to 64	12	5	0	0	0	0	0	0
65 to 74	1	7	0	0	0	0	0	0
75 to 84	1	7	0	0	0	0	0	0
85+	1	7	0	0	0	0	0	0
TOTALS	47	32	0	0	0	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 JOHN C PROCTOR ENDOVMENT HOME PEORIA

JOHN C PROCTOR ENDOVMENT HOME
 2724 WEST RESERVOIR BLVD
 PEORIA, IL 61615
 Reference Numbers Facility ID 6007811
 Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	0	0	0	0	56	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	0	0	0	0	56	0	56

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF-DD	Section	Total
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Quality Care
0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0	0	0	0	4,712,059	0	1,633,425
TOTALS	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 JOHN C PROCTOR ENDOVMENT HOME PEORIA

JOHN C PROCTOR ENDOVMENT HOME
 2724 WEST RESERVOIR BLVD
 PEORIA, IL 61615
 Reference Numbers Facility ID 6007811
 Health Service Area 002 Planning Service Area 143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents
Hypertension	2
Exacerbated Chronic Obstructive Pulmonary Disease	2
Stroke	0
Neurological System (Non-Alzheimer)	7
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Cerebral Palsy	1
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculoskeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Alcohol-Related Conditions	0
TOTALS	56

ADMISSIONS AND DISCHARGES - 2009

Category	Residents on 11/01/09	Total Admissions 2009	Total Discharges 2009	Residents on 12/31/2009
Admissions	52	83	90	58
Discharges	0	0	0	0
TOTALS	52	83	90	58

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
Nursing Care	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Skilled Under 22	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intermediate DD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Skilled Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTALS	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%

BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
Nursing Care	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Skilled Under 22	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intermediate DD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Skilled Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTALS	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	1	3	0	0	0	0	4
85+	10	37	0	0	0	0	47
TOTALS	11	45	0	0	0	0	56

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2009 SHARON HEALTH CARE WOODS PEORIA

SHARON HEALTH CARE WOODS
 3225 WEST RICHWOODS BOULEVARD
 PEORIA, IL 61604
 Facility ID: 607928
 Health Service Area: 002 Primary Service Area: 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Private Insurance	Private Pay	Charmy Care	TOTALS
Nursing Care	0	145	1	0	1	148
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0	145	1	0	1	148

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Asian	Hispanic	Black	White	Other	Unknown	Other Health Staff	Non-Health Staff	TOTALS
Asian	0	0	0	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charmy Care	Expense as % of Total Net Revenue
0.0%	0	5,251,335	38,212	0	21,735	92%
TOTALS	0	5,251,335	38,212	0	21,735	92%

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2009 SHARON HEALTH CARE WOODS PEORIA

SHARON HEALTH CARE WOODS
 3225 WEST RICHWOODS BOULEVARD
 PEORIA, IL 61604
 Facility ID: 607928
 Health Service Area: 002 Primary Service Area: 143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9	TOTALS
Alzheimer's Disease	0	0	0	0	0	0	0	0	0	0	0
Endocrine/Metabolic	0	0	0	0	0	0	0	0	0	0	0
Blood Disorders	0	0	0	0	0	0	0	0	0	0	0
Heart Disease	0	0	0	0	0	0	0	0	0	0	0
Neurological	0	0	0	0	0	0	0	0	0	0	0
Respiratory System	0	0	0	0	0	0	0	0	0	0	0
Digestive System	0	0	0	0	0	0	0	0	0	0	0
Genitourinary System	0	0	0	0	0	0	0	0	0	0	0
Skin Disorders	0	0	0	0	0	0	0	0	0	0	0
Musculoskeletal Disorders	0	0	0	0	0	0	0	0	0	0	0
Injuries and Poisonings	0	0	0	0	0	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0

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

LEVEL OF CARE	Medicaid	Medicaid	Private Insurance	Private Pay	Charmy Care	Peak Beds
Nursing Care	0	152	1	0	0	154
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTAL BEDS	0	152	1	0	0	154

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicaid	Medicaid	Private Insurance	Private Pay	Charmy Care	Peak Beds
Nursing Care	0	152	1	0	0	154
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0	152	1	0	0	154

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 24	26	12	0	0	0	0	38
25 to 34	55	33	0	0	0	0	88
35 to 44	5	4	0	0	0	0	9
45 to 54	6	7	0	0	0	0	13
55 to 64	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0
TOTALS	92	56	0	0	0	0	148

BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

LEVEL OF CARE	Medicaid	Medicaid	Private Insurance	Private Pay	Charmy Care	Peak Beds
Nursing Care	0	152	1	0	0	154
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0	152	1	0	0	154

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Admissions	Discharges	Net Change
Nursing Care	150	37	113
Skilled Under ZZ	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTALS	150	37	113

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charmy Care	Expense as % of Total Net Revenue
0.0%	0	5,251,335	38,212	0	21,735	92%
TOTALS	0	5,251,335	38,212	0	21,735	92%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 ROSEWOOD CARE CTR OF PEORIA PEORIA

ROSEWOOD CARE CTR OF PEORIA
 1500 WEST NORTHDOR ROAD
 PEORIA, IL 61614
 Reference Numbers Facility ID 6012165
 Health Service Area 002 Planning Service Area 143

RESIDENTS BY PATIENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICARE				MEDICAID				OTHER				TOTALS	
	Private	Charmy	Pay	Charmy	Private	Charmy	Pay	Charmy	Private	Charmy	Pay	Charmy	Charmy	Pay
Nursing Care	20	22	0	3	35	0	0	0	0	0	0	0	0	
Skilled Under ZZ	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	
Skilled Care	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTALS	20	22	0	3	35	0	0	0	0	0	0	0	0	

RESIDENTS BY RACIAL/ETHNICITY GROUPS

RACE	Nursing	Skilled	IC/DD	Skilled	TOTALS
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hispanic/Latino	0	0	0	0	0
White	71	6	0	0	77
Race Unknown	0	0	0	0	0
Total	74	6	0	0	80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Category	Medicare	Other Payors	Private Pay	Charmy Care	Expense as % of Total Net Revenue
Medicare	3,892,403	683,391	0	0	90.3%
Other Payors	0	0	273,422	0	6.9%
Private Pay	0	0	1,769,412	0	45.1%
Charmy Care	0	0	0	8,469,933	213.0%
TOTALS	3,892,403	683,391	1,769,412	8,469,933	213.0%

*Charmy Expenses does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 ROSEWOOD CARE CTR OF PEORIA PEORIA

ROSEWOOD CARE CTR OF PEORIA
 1500 WEST NORTHDOR ROAD
 PEORIA, IL 61614
 Reference Numbers Facility ID 6012165
 Health Service Area 002 Planning Service Area 143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents
Alzheimer's Disease	3
Arthritis	4
Cardiovascular Disease	0
Diabetes	0
Hypertension	5
Obstructive Pulmonary Disease	0
Stroke	14
Other	13
TOTALS	39

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Admissions	Discharges
Nursing Care	67	308
Skilled Under ZZ	0	265
Intermediate DD	0	60
Skilled Care	0	0
TOTALS	67	633

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Other Payors	Private Pay	Charmy Care	Set Up	Peak Beds
Nursing Care	1130	65.8%	0	100%	0	63.0%
Skilled Under ZZ	0	0.0%	0	0	0	0.0%
Intermediate DD	0	0.0%	0	0	0	0.0%
Skilled Care	0	0.0%	0	0	0	0.0%
TOTALS	1130	65.8%	0	100%	0	63.0%

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

AGE GROUPS	Nursing Care		Skilled Under ZZ		Intermediate DD		Skilled Care		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0
45 to 59	1	0	0	0	0	0	0	0	1	0
60 to 74	3	2	0	0	0	0	0	0	5	0
75 to 84	6	6	0	0	0	0	0	0	12	0
85+	7	18	0	0	0	0	0	0	25	0
TOTALS	16	26	0	0	0	0	0	0	42	0

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2009 PROCTOR HOSPITAL/SKILLED NURSING PEORIA

PROCTOR HOSPITAL/SKILLED NURSING
5409 NORTH ROCKWILLE AVENUE
PEORIA, IL 61614
Facility ID 6010813
Reference Numbers Planning Service Area 143
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare				Other				Private		Charity		TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Pay	Pay	Pay	Care	Care			
Nursing Care	5	0	0	0	1	0	0	0	0	0	0	16	
Skilled Under ZZ	0	0	0	0	0	0	0	0	0	0	0	0	
Intermediate DO	0	0	0	0	0	0	0	0	0	0	0	0	
Skilled Care	0	0	0	0	0	0	0	0	0	0	0	0	
TOTALS	5	0	0	0	1	0	0	0	0	0	0	16	

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under ZZ	Intermediate DO	Skilled Care	Private	Charity	TOTALS
Asian	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0
White	10	0	0	0	0	0	10
Race Unknown	0	0	0	0	0	0	0
TOTAL	10	0	0	0	0	0	10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
79.7%	0.0%	0.0%	20.3%	0.0%	0	0.0%
1,897,732	0	0	421,325	0	0	

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

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2009 PROCTOR HOSPITAL/SKILLED NURSING PEORIA

PROCTOR HOSPITAL/SKILLED NURSING
5409 NORTH ROCKWILLE AVENUE
PEORIA, IL 61614
Facility ID 6010813
Reference Numbers Planning Service Area 143
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	DIAGNOSIS	RESIDENTS
Aggravated Back Spinal	Nephritis	0
Chronic Alcoholism	Endocrine/Metabolic	0
Developmentally Disabled	Blood Clotting	0
Drug Abuse	*Nervous System Non-Alzheimer	0
Medicaid Recipient	Alzheimer Disease	0
Insurance Recipient	Mental Illness	0
Non-ambulatory	Developmental Disability	0
Non-tubercle	Cerebral Palsy	0
Public Aid Recipient	Respiratory System	1
Under 55 Years Old	Digestive System	2
Unable to Self-Medicate	Genitourinary System Disorders	1
Verbal Dependent	Sex Disorders	2
Widespread Disease w/ Isolation	Musculoskeletal Disorders	2
Other Restrictions	Injuries and Poisonings	2
No Restrictions	Other Medical Conditions	0
	Non-Medical Conditions	0
	TOTALS	10

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	33	20	20
Skilled Under ZZ	0	0	0
Intermediate DO	0	0	0
Skilled Care	0	0	0
TOTAL	33	20	20

FACILITY UTILIZATION - 2009

LEVEL OF CARE	BEDS	SEDS	IN USE	AVAILABLE	CERTIFIED	CERTIFIED	CHARTERED	CHARTERED	CHARTERED	CHARTERED	CHARTERED	CHARTERED
Nursing Care	33	20	20	10	20	20	0	0	0	0	0	0
Skilled Under ZZ	0	0	0	0	0	0	0	0	0	0	0	0
Intermediate DO	0	0	0	0	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	33	20	20	10	20	20	0	0	0	0	0	0

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	Private	Private	Private	Private	Private	Private	Private
Nursing Care	4748	36.1%	0	0	0	0	0	0	0	0	0	0
Skilled Under ZZ	0	0.0%	0	0	0	0	0	0	0	0	0	0
Intermediate DO	0	0.0%	0	0	0	0	0	0	0	0	0	0
Skilled Care	0	0.0%	0	0	0	0	0	0	0	0	0	0
TOTALS	4748	36.1%	0	0	0	0	0	0	0	0	0	0

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

AGE GROUPS	Nursing Care		Skilled Under ZZ		Intermediate DO		Skilled Care		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 24	0	0	0	0	0	0	0	0	0	0
25 to 34	0	0	0	0	0	0	0	0	0	0
35 to 44	0	0	0	0	0	0	0	0	0	0
45 to 54	0	0	0	0	0	0	0	0	0	0
55 to 64	1	0	0	0	0	0	0	0	1	0
65 to 74	0	1	0	0	0	0	0	0	1	1
75 to 84	3	2	0	0	0	0	0	0	5	2
85+	0	0	0	0	0	0	0	0	0	0
TOTALS	4	3	0	0	0	0	0	0	4	4

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HEARTLAND OF PEORIA PEORIA

HEARTLAND OF PEORIA
5600 GLEN ELLI DRIVE
PEORIA, IL 61614
Reference Numbers Facility ID 6002289
Health Services Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICARE				MEDICAID				OTHER				TOTALS			
	Private	Medicare	Medicaid	Other	Private	Medicare	Medicaid	Other	Private	Medicare	Medicaid	Other	Private	Medicare	Medicaid	Other
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Intermediate CD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shelter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

RESIDENTS BY ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	18	0	0	0	18
Hispanic	0	0	0	0	0
White	164	0	0	0	164
Other Unknown	0	0	0	0	0
Total	182	0	0	0	182

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care Expense as % of Total Net Revenue
7,250,597	1,200,691	278,233	1,921,661	2,528,673	0	0.0%
						1.164675

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HEARTLAND OF PEORIA PEORIA

HEARTLAND OF PEORIA
5600 GLEN ELLI DRIVE
PEORIA, IL 61614
Reference Numbers Facility ID 6002289
Health Services Area 002 Planning Service Area 143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents
Agitation/Aggression	0
Chronic Alcoholism	0
Developmental Disability	8
End-stage Dementia	2
Stroke Disorders	0
Nervous System Non-Alzheimer	2
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	1
Circulatory System	24
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	11
Skin Disorders	4
Musculoskeletal Disorders	3
Injuries and Poisonings	19
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	122

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	PEAK	ADMISSIONS	DISCHARGES
Skilled Under 22	0	0	120	120
Intermediate CD	0	0	517	517
Sheltered Care	0	0	545	545
TOTALS	0	0	1182	1182

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	Utilized Beds	Peak Beds
Nursing Care	14138	12039	312%	0	0	42536	92.5%
Skilled Under 22	0	0	0%	0	0	0	0.0%
Intermediate CD	0	0	0%	0	0	0	0.0%
Sheltered Care	14103	13328	91.2%	0	0	42695	92.5%
TOTALS	14103	13328	91.2%	0	0	42695	92.5%

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

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE CD		SHELTERED		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	3	4	0	0	0	0	0	0	3	4
60 to 74	2	2	0	0	0	0	0	0	2	2
75 to 84	7	15	0	0	0	0	0	0	7	10
85 to 94	16	38	0	0	0	0	0	0	16	36
95+	9	35	0	0	0	0	0	0	9	35
TOTALS	37	85	0	0	0	0	0	0	37	85

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 BELLA VISTA CARE CENTER PEORIA HEIGHTS

BELLA VISTA CARE CENTER
 1629 GARDNER LANE
 PEORIA HEIGHTS, IL 61678
 Facility ID: 6024147
 Health Services Area: 002 Peoria/Senior Area 143
 Administrator: Lorene Foust
 Contact Person and Telephone: LORENE FOST 309-653-1345
 Registered Agent Information: 4/15/2013

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	RESIDENTS
Alzheimer's Disease	2
Chronic Alcoholism	11
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-ambulatory	0
Non-scholarship	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbal Abuse	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
None Reported (residence Assisted by J)	0
TOTALS	25

ADMISSION RESTRICTIONS

RESTRICTION	Count
Aggravated/Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-ambulatory	0
Non-scholarship	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbal Abuse	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
None Reported (residence Assisted by J)	0
TOTALS	0

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Charity	TOTALS
Nursing Care	3	57	0	0	60
Skilled Under 22	0	0	0	0	0
ICF/OD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTALS	3	57	0	0	60

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Number	SHIP/ZZ	ICF/OD	Skilled	Totals
Asian	0	0	0	0	0
Black	21	0	0	0	21
Hispanic/Latino	0	0	0	0	0
White	50	0	0	0	50
Pacific Islander	0	0	0	0	0
Total	71	0	0	0	71

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Payor Source	Medicare	Medicaid	Private Pay	Private Insurance	Private Pay	Charity	Charity Care Expense % of Total Net Revenue
Medicare	18.4%	76.2%	0.6%	1.6%	3.3%	0.0%	0.0%
Medicaid	753,740	3,311,265	0	59,076	171,000	4,344,081	0

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.00
LPNs	16.00
Certified Nurses	23.00
Other Health Staff	9.00
Non-Health Staff	30.00
Totals	96.00

Facility Notes: 2/12/2009 Name changed from Rose Garden Convalescent Center.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 BELLA VISTA CARE CENTER PEORIA HEIGHTS

BELLA VISTA CARE CENTER
 1629 GARDNER LANE
 PEORIA HEIGHTS, IL 61678
 Facility ID: 6024147
 Health Services Area: 002 Peoria/Senior Area 143
 Administrator: Lorene Foust
 Contact Person and Telephone: LORENE FOST 309-653-1345
 Registered Agent Information: 4/15/2013

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

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	15	10	0	0	0	0	0	0	25
60 to 74	4	3	0	0	0	0	0	0	7
75 to 84	6	11	0	0	0	0	0	0	17
85+	5	8	0	0	0	0	0	0	13
TOTALS	33	38	0	0	0	0	0	0	71

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Admissions	Discharges	Residents on 1/1/2009	Total Admissions 2009	Total Discharges 2009	Residents on 12/31/2009
Nursing Care	86	75	86	86	75	86
Skilled Under 22	0	0	0	0	0	0
ICF/OD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	86	75	86	86	75	86

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Private Insurance	Private Pay	Charity	Charity Care	Unreimbursed Beds	Set Up
Nursing Care	21.9%	2693	66.5%	0	132	0	3024	75.3%	75.3%
Skilled Under 22	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%
ICF/OD	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%
Skilled Care	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%
TOTALS	21.9%	2693	66.5%	0	132	0	3024	75.3%	75.3%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Private Insurance	Private Pay	Charity	Charity Care	Unreimbursed Beds	Set Up
Nursing Care	21.9%	2693	66.5%	0	132	0	3024	75.3%	75.3%
Skilled Under 22	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%
ICF/OD	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%
Skilled Care	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%
TOTALS	21.9%	2693	66.5%	0	132	0	3024	75.3%	75.3%

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Admissions	Discharges	Residents on 1/1/2009	Total Admissions 2009	Total Discharges 2009	Residents on 12/31/2009
Nursing Care	86	75	86	86	75	86
Skilled Under 22	0	0	0	0	0	0
ICF/OD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	86	75	86	86	75	86

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 APOSTOLIC CHRISTIAN SKYLINES

FEORIA

APOSTOLIC CHRISTIAN SKYLINES

7203 NORTH EAST SKYLINE DRIVE
 PEORIA, IL 61614
 Reference Numbers Facility ID 6000428
 Health Service Area 022 Priority Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private Pay	Charity	TOTALS
Nursing Care	1	12	0	0	39	0	52
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Shared Care	1	12	0	0	26	0	26
TOTALS	1	12	0	0	65	0	78

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under ZZ	Intermediate DD	Shared Care	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	52	0	0	26	78
Race Unknown	0	0	0	0	0
Total	52	0	0	26	78

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	20.00
Certified Nurses	100.00
Other Health Staff	8.00
Non-Health Staff	93.00
Totals	246.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care Expense as % of Total Net Revenue
6.1%	11.1%	0.0%	0.0%	82.8%	1.0%	
239,480	529,564	0	0	3,920,645	45,409	
*Charity Expense does not include expenses which may be considered a community benefit						

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 APOSTOLIC CHRISTIAN SKYLINES

PEORIA

APOSTOLIC CHRISTIAN SKYLINES

7203 NORTH EAST SKYLINE DRIVE
 PEORIA, IL 61614
 Reference Numbers Facility ID 6000428
 Health Service Area 022 Priority Service Area 143

REQUIREMENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	REQUIREMENTS
Alzheimer's Disease	2
Endocrine/Metabolic	0
Blood Disorders	0
Neurological/Non-Alzheimer	9
Neurological Disease	19
Limited Mobility	2
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	25
Injuries and Fractures	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	78

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	57	57	57
Skilled Under ZZ	0	0	0
Intermediate DD	0	0	0
Shared Care	29	29	29
TOTALS	86	86	86

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Peak Beds
Nursing Care	600	11.7%	459	21.9%	0	2893	92.2%
Skilled Under ZZ	0	0.0%	0	0.0%	0	0	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0	0.0%
Shared Care	500	11.7%	459	21.9%	0	2893	92.2%
TOTALS	1100	11.7%	918	21.9%	0	2893	92.2%

BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Peak Beds
Nursing Care	600	11.7%	459	21.9%	0	2893	92.2%
Skilled Under ZZ	0	0.0%	0	0.0%	0	0	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0	0.0%
Shared Care	500	11.7%	459	21.9%	0	2893	92.2%
TOTALS	1100	11.7%	918	21.9%	0	2893	92.2%

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

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 13	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 55	0	0	0	0	0	0	0
56 to 64	1	1	0	0	0	0	2
65 to 74	2	2	0	0	0	0	4
75 to 84	2	6	0	0	0	0	8
85+	4	32	0	0	0	0	36
TOTALS	9	43	0	0	0	0	52

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 FONDULAC REHABILITATION & HEALTH CARE CT EAST PEORIA

FONDULAC REHABILITATION & HEALTH CARE CT
 924 LUMINOUS DRIVE
 EAST PEORIA, IL 61611
 Reference Numbers Family ID 603155
 Health Service Area 002 Planning Service Area 179

ADMISSION RESTRICTIONS

Aggression/Abuse-Social	0
Chronic Absentism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-ambulatory	0
Non-Mobile	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Welder Dependent	0
Infection Disease At Risk	0
Other Restrictions	0
No Restrictions	0
None Reported restrictions identified by:	0
TOTALS	0

RESIDENTS BY PRIMARY DIAGNOSIS

Hypertension	1
Erectile Dysfunction	3
Brain Disorders	1
Nervous System (Non-Alcoholic)	13
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	1
Cerebral Palsy	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	4
Musculoskeletal Disorders	2
Injuries and Poisonings	15
Other Medical Conditions	0
Non-Alcoholic Comorbidities	0
TOTALS	77

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	71
Total Admissions 2009	75
Total Discharges 2009	69
Residents on 12/31/2009	77
Identified Offenders	0
TOTAL BEDS	98

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 FONDULAC REHABILITATION & HEALTH CARE CT EAST PEORIA

FONDULAC REHABILITATION & HEALTH CARE CT
 924 LUMINOUS DRIVE
 EAST PEORIA, IL 61611
 Reference Numbers Family ID 603155
 Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	10	58	0	3	6	0	77
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	10	58	0	3	6	0	77

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	3	0	0	0	3
Hispanic	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.06
Physicians	3.00
Supervisor of Nursing	1.00
Registered Nurses	2.00
LPNs	12.00
Certified Aides	25.00
Other Health Staff	3.00
Non-Health Staff	2.00
Totals	50.00

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

LEVEL OF CARE	PEAK	SETUP	USED	IN USE	AVAILABLE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	CHARTERED	PEAK BEBS
Nursing Care	88	88	77	21	88	58	88	88	71
Skilled Under ZZ	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0	0	0
TOTAL BEDS	88	88	77	21	88	58	88	88	71

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTAL	Unmet Peak Beds
Nursing Care	2286	6456	6456	6456	6456	6456	20668	79.9%
Skilled Under ZZ	0	0	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0	0	0	0.0%
TOTALS	2286	6456	6456	6456	6456	6456	28588	79.9%

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Payor Source	Applied	Other Funds	Private Insurance	Private Pay	Charity	Expense as % of Total Net Revenue
Medicare	24,474	69,556	0.1%	11,075	0	0.5%
Medicaid	1,010,737	2,565,895	4,587	165,853	455,893	4,142,855

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

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0
45 to 59	3	6	0	0	0	0	3	9
60 to 74	2	3	0	0	0	0	2	5
75 to 84	5	15	0	0	0	0	5	20
85+	5	10	0	0	0	0	5	15
TOTALS	20	57	0	0	0	0	23	57

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Payor Source	Applied	Other Funds	Private Insurance	Private Pay	Charity	Expense as % of Total Net Revenue
Medicare	24,474	69,556	0.1%	11,075	0	0.5%
Medicaid	1,010,737	2,565,895	4,587	165,853	455,893	4,142,855

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

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2009 ROSENWOOD CARE CTR-EAST PEORIA EAST PEORIA

ROSENWOOD CARE CTR-EAST PEORIA
 900 CENTENNIAL DRIVE
 EAST PEORIA, IL 61611
 Facility ID 4012017
 Reference Numbers Planning Service Area 179
 Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Nursing Care	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	41	0	0	0	15	0	74
Skilled Under ZZ	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Subsidized Care	0	0	0	0	0	0	0	0
TOTALS	3	41	0	0	0	15	0	74

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Asian	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0
Black	2	0	0	0	0	0	2
Hispanic	0	0	0	0	0	0	0
White	72	0	0	0	0	0	72
Race Unknown	0	0	0	0	0	0	0
Total	74	0	0	0	0	0	74

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPNs	9.00
Certified Aides	54.00
Other Health Staff	11.00
Non-Health Staff	47.00
Totals	112.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Payor Source	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Medicare	41.4%				31.1%	
Medicaid		25.4%	0.6%		2.1%	
Other Public		1,426,575	0	126,127	1,820,415	0
TOTALS	1,426,575	126,127	1,820,415	0	5,659,724	0

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

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 ROSENWOOD CARE CTR-EAST PEORIA EAST PEORIA

ROSENWOOD CARE CTR-EAST PEORIA
 900 CENTENNIAL DRIVE
 EAST PEORIA, IL 61611
 Facility ID 4012017
 Reference Numbers Planning Service Area 179
 Health Service Area 002 Planning Service Area 179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Nephrosis	1
Endocrine/Metabolic	1
Blood Disorders	6
Hemato System Non Alzheim	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	8
Sub Disorders	0
Musculoskeletal Disorders	3
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	74

Year Residents Diagnosed as Mentally Ill

Year	Count
2009	1
2008	0
2007	0
2006	0
2005	0
2004	0
2003	0
2002	0
2001	0
2000	0
1999	0
1998	0
1997	0
1996	0
1995	0
1994	0
1993	0
1992	0
1991	0
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1867	0
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1761	0
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1759	0
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1745	0
1744	0
1743	0
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1741	0
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1739	0
1738	0
1737	0
1736	0
1735	0
1734	0
1733	0
1732	0
1731	0
1730	0
1729	0
1728	0
1727	0
1726	0
1725	0
1724	0
1723	0
1722	0
1721	0
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1719	0
1718	0
1717	0
1716	0
1715	0
1714	0
1713	0
1712	0
1711	0
1710	0
1709	0
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1706	0
1705	0
1704	0
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1702	0
1701	0
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1690	0
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1686	0
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1675	0
1674	0
1673	0
1672	0
1671	0
1670	0
1669	0
1668	0
1667	0
1666	0
1665	0
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1661	0
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1638	0
1637	0
1636	0
1635	0
1634	0
1633	0
1632	0
1631	0
1630	0
1629	0
1628	0
1627	0
1626	

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HEARTLAND OF RIVERVIEW EAST PEORIA

HEARTLAND OF RIVERVIEW
 500 CENTENNIAL DRIVE
 EAST PEORIA, IL 61611
 Facility ID 600856
 Reference Numbers 002 Planning Service Area 179
 Health Service Area 012 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	26	0	14	18	0	58
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	26	0	14	18	0	58

RESIDENTS BY RACE/ETHNICITY GROUPINGS

RACE	Nursing	Skilled	ICF/DD	Skilled	Totals
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Final Pay
64.9%	0.2%	0.9%	17.4%	17.4%	100.0%
\$2,911,712	14,122	0	1,412,358	1,413,343	\$1,911,600

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HEARTLAND OF RIVERVIEW EAST PEORIA

HEARTLAND OF RIVERVIEW
 500 CENTENNIAL DRIVE
 EAST PEORIA, IL 61611
 Facility ID 600856
 Reference Numbers 002 Planning Service Area 179
 Health Service Area 012 Planning Service Area 179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Resident Count
Alzheimer's Disease	3
Endocrine/Metabolic	1
Stroke/Paralysis	2
Nervous System Non-Alzheimer	1
Alzheimer Disease	0
Alcohol Abuse	0
Developmental Disability	12
Chronic Pain	8
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	18
Musculoskeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	59
TOTALS	96

ADMISSIONS AND DISCHARGES - 2009

Category	Count
Resident on 1/1/2009	96
Total Admissions 2009	465
Total Discharges 2009	473
Resident on 12/31/2009	96
Identified Offenders	0

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Diagnosed as Mentally Ill	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HEARTLAND OF RIVERVIEW EAST PEORIA

HEARTLAND OF RIVERVIEW
 500 CENTENNIAL DRIVE
 EAST PEORIA, IL 61611
 Facility ID 600856
 Reference Numbers 002 Planning Service Area 179
 Health Service Area 012 Planning Service Area 179

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

AGE GROUP	Male	Female	Total
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	1	1	2
60 to 64	0	0	0
65 to 74	1	6	7
75 to 84	3	9	12
85+	7	22	29
TOTALS	18	40	58

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009 (Continued)

AGE GROUP	Male	Female	Total
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	1	1	2
60 to 64	0	0	0
65 to 74	1	6	7
75 to 84	3	9	12
85+	7	22	29
TOTALS	18	40	58

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HEARTLAND OF RIVERVIEW EAST PEORIA

HEARTLAND OF RIVERVIEW
 500 CENTENNIAL DRIVE
 EAST PEORIA, IL 61611
 Facility ID 600856
 Reference Numbers 002 Planning Service Area 179
 Health Service Area 012 Planning Service Area 179

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Diagnosed as Mentally Ill	0

ADMISSIONS AND DISCHARGES - 2009 (Continued)

Category	Count
Total Residents Diagnosed as Mentally Ill	0

FACILITY UTILIZATION - 2009

Category	Count
Resident on 1/1/2009	96
Total Admissions 2009	465
Total Discharges 2009	473
Resident on 12/31/2009	96
Identified Offenders	0

BY LEVEL OF CARE PROMISED AND PATIENT PAYMENT SOURCE

Level of Care	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
Nursing Care	1109	42.9%	134	13.6%	0	576
Skilled Under 22	0	0.0%	0	0.0%	0	0
ICF/DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1109	42.9%	134	13.6%	0	576

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

AGE GROUP	Male	Female	Total
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	1	1	2
60 to 64	0	0	0
65 to 74	1	6	7
75 to 84	3	9	12
85+	7	22	29
TOTALS	18	40	58

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2009 SAINT CLARE HOME PEORIA HEIGHTS

SAINT CLARE HOME
 5533 NORTH GALENA ROAD
 PEORIA HEIGHTS, IL 61616
 Facility ID: 6003420
 Health Service Area: 022 Primary Services Area: 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private	Charity	TOTALS
Nursing Care	7	35	0	2	12	0	56
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Shelter	0	0	0	0	0	0	0
TOTALS	7	35	0	2	12	0	56

RESIDENTS BY FACILITY/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Is.	0	0	0	0	0
White	56	0	0	0	56
Other	0	0	0	0	0
Total	56	0	0	0	56

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Expense as % of Total Medicare
27.9%	33.0%	0.0%	0.0%	59.1%	0.0%	0.0%
1,114,310	1,315,225	0	0	1,502,206	0	0
*Charity Expense does not include expenses which may be considered a community benefit.						

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2009 SAINT CLARE HOME PEORIA HEIGHTS

SAINT CLARE HOME
 5533 NORTH GALENA ROAD
 PEORIA HEIGHTS, IL 61616
 Facility ID: 6003420
 Health Service Area: 022 Primary Services Area: 143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	3
Nervous System - Non Alcoholic	0
Alzheimer Disease	2
Arthritis	0
Developmental Disability	0
Cerebrovascular Disease	19
Respiratory System	4
Digestive System	0
Circulatory System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	59

ADMISSIONS AND DISCHARGES - 2009

Category	Residents on 1/1/2009	Total Admissions 2009	Total Discharges 2009	Residents on 12/31/2009
Admissions	69	221	231	59
Discharges	0	0	0	0
Identified Offenders	0	0	0	0

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTAL
Nursing Care	12555	3631	0	0	0	0	16186
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	12555	3631	0	0	0	0	16186

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

AGE GROUPS	SKILLED UNDER ZZ		INTERMEDIATE DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

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

AGE GROUPS	SKILLED UNDER ZZ		INTERMEDIATE DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MORTON VILLA CARE CENTER

MORTON VILLA CARE CENTER
190 EAST GREENWOOD ROAD
MORTON, IL 61550

Reference Numbers Facility ID 6006329
Health Service Area 002 Planning Services Area 175

Administrative Contact Person and Telephone
Rita Swid 309-266-5741

Registered Agent Information
Araban Ghobri
3209 State Blvd, Suite 100
Stanh, IL 60077

Facility Ownership
Continuing Care Community
Life Care Facility

Admission Restrictions
Aggressive/Abuse/Social
Chronic Anemia
Developmentally Disabled
Drug Addiction
Moderate Resident
Moderate Residents
Mental Illness
Non-ambulatory
Non-Alcohol
Public Aid Recipient
Under 65 Years Old
Unable to Self Administer
Vaccination Delinquent
Infectious Diseases w/ Isolation
Other Restrictions
No Residents

Admissions and Discharges - 2009
Residents on 1/1/2009
Total Admissions 2009
Total Discharges 2009
Residents on 12/31/2009
Identified Offenders

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	53	0	1	5	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	7	53	0	1	5	0	71
TOTALS	7	53	0	1	5	0	71

RESIDENTS BY RACIALE/ETHNICITY GROUPINGS

RACE	Nursing	Skilled	ICF/DD	Skilled	Private Pay	Charity Care	TOTALS
Asian	0	0	0	0	0	0	0
Black	2	0	0	0	0	0	2
White	68	0	0	0	0	0	68
Other	0	0	0	0	0	0	0
TOTALS	71	0	0	0	0	0	71

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPNs	3.00
Certified Aides	22.00
Other Health Staff	3.00
Non-Health Staff	26.00
TOTALS	71.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
35.9%	0.0%	4.5%	8.9%	0
1,687,065	0	210,059	457,491	0
2,343,800	0	210,059	457,491	0

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MORTON VILLA CARE CENTER

MORTON VILLA CARE CENTER
190 EAST GREENWOOD ROAD
MORTON, IL 61550

Reference Numbers Facility ID 6006329
Health Service Area 002 Planning Services Area 175

Administrative Contact Person and Telephone
Rita Swid 309-266-5741

Registered Agent Information
Araban Ghobri
3209 State Blvd, Suite 100
Stanh, IL 60077

Facility Ownership
Continuing Care Community
Life Care Facility

Admission Restrictions
Aggressive/Abuse/Social
Chronic Anemia
Developmentally Disabled
Drug Addiction
Moderate Resident
Moderate Residents
Mental Illness
Non-ambulatory
Non-Alcohol
Public Aid Recipient
Under 65 Years Old
Unable to Self Administer
Vaccination Delinquent
Infectious Diseases w/ Isolation
Other Restrictions
No Residents

Admissions and Discharges - 2009
Residents on 1/1/2009
Total Admissions 2009
Total Discharges 2009
Residents on 12/31/2009
Identified Offenders

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

AGE GROUPS	Male	Female	Skilled	ICF/DD	Skilled	Private Pay	Charity Care	TOTALS
Under 18	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0
45 to 54	0	0	0	0	0	0	0	0
55 to 64	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensee Peak Beds
Nursing Care	353	3.2%	1974	51.0%	0	2733
Skilled Under 22	0	0.0%	0	0.0%	0	0.0%
ICF/DD	0	0.0%	0	0.0%	0	0.0%
Skilled Care	353	3.2%	1974	51.0%	0	2733
TOTALS	353	3.2%	1974	51.0%	0	2733

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensee Peak Beds
Nursing Care	353	3.2%	1974	51.0%	0	2733
Skilled Under 22	0	0.0%	0	0.0%	0	0.0%
ICF/DD	0	0.0%	0	0.0%	0	0.0%
Skilled Care	353	3.2%	1974	51.0%	0	2733
TOTALS	353	3.2%	1974	51.0%	0	2733

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

AGE GROUPS	Male	Female	Skilled	ICF/DD	Skilled	Private Pay	Charity Care	TOTALS
Under 18	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0
45 to 54	0	0	0	0	0	0	0	0
55 to 64	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health System Development

15 MONTHS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MORTON TERRACE

MORTON TERRACE
 191 EAST CHESTERWOOD ROAD
 MORTON, IL 61550
 Reference Numbers Facility ID 6026407
 Health Service Area 002 Planning Service Area 179
 Administrator
 Vail/Wade
 Contact Person and Telephone
 VEB Wade
 305-356-5331
 Registered Agent Information
 Date Completed
 6/16/2010

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Private	Insurance	Private Pay	Charity	TOTALS
Skilled Under 22	17	82	0	1	15	0	115
Intermediate DC	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	17	82	0	1	15	0	115

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Subtotal	ICF/OD	Skilled	Totals
Asian	0	0	0	0	0
Asian Indian	0	0	0	0	0
Black	4	0	0	0	4
Hispanic/Latino	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Pmts	Private Pay	Charity	Expense as % of Total Net Revenue
23.1%	51.8%	0.0%	2.3%	7.7%	0.0%
1,935,371	4,233,557	0	160,887	432,359	0

15 MONTHS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MORTON TERRACE

MORTON TERRACE
 191 EAST CHESTERWOOD ROAD
 MORTON, IL 61550
 Reference Numbers Facility ID 6026407
 Health Service Area 002 Planning Service Area 179
 Administrator
 Vail/Wade
 Contact Person and Telephone
 VEB Wade
 305-356-5331
 Registered Agent Information
 Date Completed
 6/16/2010

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Alzheimer's Disease	22
Arthritis	9
Developmental Disability	10
Cardiovascular System	5
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	7
Skin Disorders	15
Musculoskeletal Disorders	14
Injury and Fractures	20
Other Medical Conditions	0
Neurological Conditions	0
TOTALS	115

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Admissions	Discharges
Nursing Care	125	125
Skilled Under 22	113	113
Intermediate DC	128	128
Skilled Care	115	115
Skilled Care	0	0
TOTALS	481	481

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Charity	TOTAL
Nursing Care	4176	34700	442	323	4271
Skilled Under 22	0	0	0	0	0
Intermediate DC	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTALS	4176	34700	442	323	4271

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

AGE GROUP	Male	Female	Total
Under 18	0	0	0
18-19	1	0	1
20-29	3	2	5
30-39	1	4	5
40-49	10	13	23
50-59	11	23	34
60-69	10	27	37
70-79	35	75	110
80-89	35	75	110
90-99	0	0	0
TOTALS	115	115	230

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Private Pay	Charity	TOTAL
Nursing Care	4176	34700	442	323	4271
Skilled Under 22	0	0	0	0	0
Intermediate DC	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTALS	4176	34700	442	323	4271

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

AGE GROUP	Male	Female	Total
Under 18	0	0	0
18-19	1	0	1
20-29	3	2	5
30-39	1	4	5
40-49	10	13	23
50-59	11	23	34
60-69	10	27	37
70-79	35	75	110
80-89	35	75	110
90-99	0	0	0
TOTALS	115	115	230

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 APOSTOLIC CHRISTIAN RESTIMOR MORTON

APOSTOLIC CHRISTIAN RESTIMOR
 1500 PARKSIDE DR.
 MORTON, IL 61559
 Reference Numbers Facility ID 6090400
 Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Private	Private	Charity	TOTALS
Nursing Care	12	15	0	4	76	0
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled	0	0	0	0	0	0
Shelter	0	0	0	7	0	7
TOTALS	12	15	0	4	83	0

RESIDENTS BY RACIAL/ETHNICITY GROUPS

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0
White	107	0	0	7	114
Race Unknown	0	0	0	0	0
TOTAL	107	0	0	7	114

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
15.9%	7.1%	0.0%	1.7%	25.3%	0.5%
1,560,222	691,318	0	170,200	7,367,860	48,812
*Charity Expense does not include expenses which may be considered a community benefit.					

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 APOSTOLIC CHRISTIAN RESTIMOR MORTON

APOSTOLIC CHRISTIAN RESTIMOR
 1500 PARKSIDE DR.
 MORTON, IL 61559
 Reference Numbers Facility ID 6090400
 Health Service Area 002 Planning Service Area 179

RESIDENTS BY PRIMARY DIAGNOSIS

Diagnosis	Count
Alzheimer's Disease	2
Arthritis	5
Back Disorders	0
Bladder System Non-Symptomatic	14
Chronic Disease	17
Developmental Disability	11
Diabetes Mellitus	35
Digestive System	1
Respiratory System	1
Genitourinary System	1
Skin Disorders	1
Musculoskeletal Disorders	11
Injury and Poisoning	3
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	114

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	116	111	107
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled	12	10	7
Shelter	128	121	114
TOTALS	256	242	235

ADMISSIONS AND DISCHARGES - 2009 (Continued)

LEVEL OF CARE	Private Insurance	Private Pay	Charity	Medicaid	CERTIFIED
Nursing Care	4581	20.5%	537	42.2%	0
Skilled Under 22	0	0.0%	0	0.0%	0
Intermediate DD	0	0.0%	0	0.0%	0
Skilled	0	0.0%	0	0.0%	0
Shelter	4081	28.5%	537	43.2%	0
TOTALS	4081	28.5%	537	43.2%	0

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Private Insurance	Private Pay	Charity	Medicaid	CERTIFIED
Nursing Care	4581	20.5%	537	42.2%	0
Skilled Under 22	0	0.0%	0	0.0%	0
Intermediate DD	0	0.0%	0	0.0%	0
Skilled	0	0.0%	0	0.0%	0
Shelter	4081	28.5%	537	43.2%	0
TOTALS	4081	28.5%	537	43.2%	0

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	3	21	0	0	0	0	24
85+	15	65	0	0	2	5	87
TOTALS	18	86	0	0	2	5	111

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 WASHINGTON CHRISTIAN VILLAGE WASHINGTON

WASHINGTON CHRISTIAN VILLAGE
 1201 NEW CASTLE RD
 WASHINGTON, IL 61571
 Reference Numbers Facility ID 5305740
 Health Service Area 002 Primary Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Other	Private	Charity	TOTALS
Nursing Care	23	44	0	0	100
Skilled Under ZZ	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTALS	23	44	0	0	100

RESIDENTS BY RACIAL/ETHNICITY GROUPINGS

RACE	Nursing	Skilled	Intermediate	Skilled	TOTALS
Asian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	100	0	0	0	100
Other	0	0	0	0	0
TOTALS	100	0	0	0	100

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity	Charity Care Expense as % of Total Net Revenue
37,155	20,850	3,876	25,276	1,057,592	0.9%
2,619,618	1,931,220	222,669	1,987,213	7,659,449	

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 WASHINGTON CHRISTIAN VILLAGE WASHINGTON

WASHINGTON CHRISTIAN VILLAGE
 1201 NEW CASTLE RD
 WASHINGTON, IL 61571
 Reference Numbers Facility ID 609740
 Health Service Area 002 Primary Service Area 179

RESIDENTS BY PRIMARY DIAGNOSES

DIAGNOSIS	Count
Nephritis	7
Exocrine/Metabolic	8
Blood Clots	6
Metabolic System Non-Adjuster	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Chronic System	23
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	2
Musculoskeletal Disorders	14
Injuries and Poisonings	14
Other Medical Conditions	4
Neurological Conditions	0
TOTALS	100

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	122	114	122
Skilled Under ZZ	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTALS	122	114	122

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Other Public	Private Insurance	Private Pay	Charity	Peak Beds
7784	1744	16176	1155	10519	35597
16176	48776	0	0	0	7998
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
7784	1744	16176	1155	10519	35597

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	10	22	0	0	10	22	32
85+	5	51	0	0	5	51	56
TOTALS	22	75	0	0	22	75	122

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	10	22	0	0	10	22	32
85+	5	51	0	0	5	51	56
TOTALS	22	75	0	0	22	75	122

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HERITAGE MANOR - CHILlicothe

HERITAGE MANOR - CHILlicothe
 1008 HILLCREST DRIVE
 CHILlicothe, IL 61523
 Reference Numbers Facility ID 6007189
 Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL \$	AVERAGE DAILY PAYMENT RATES
								Single Room
Nursing Care	12	59	0	2	27	0	100	130
Skilled Under ZZ	0	0	0	0	0	0	0	0
Intermediate DC	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
TOTALS	12	59	0	2	27	0	100	130

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under ZZ	Intermediate DC	Skilled Care	TOTALS
Asian	0	0	0	0	0
Black	2	0	0	0	2
Hispanic/Latino	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
TOTAL	52	0	0	0	52

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
25.3%	30.9%	0.0%	0.0%	22.0%	0.0%	0.0%
1,435,307	2,480,688	0	0	2,022,755	0	6,338,130

*Charity Expense does not include expenses which may be considered a continuity benefit

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HERITAGE MANOR - CHILlicothe

HERITAGE MANOR - CHILlicothe
 1008 HILLCREST DRIVE
 CHILlicothe, IL 61523
 Reference Numbers Facility ID 6007189
 Health Service Area 002 Planning Service Area 143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Alzheimer's Disease	4
Neoplasms	3
Schizophrenia	3
Blood Disorders	0
Human System Non-Alzheimer	12
Alzheimer Disease	7
Alzheimer's Disease	8
Developmental Disability	1
Concussion System	21
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	1
Stroke Disorders	1
Musculoskeletal Disorders	9
Injuries and Poisonings	3
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	100

ADMISSIONS AND DISCHARGES - 2009

Category	Count
Admissions on 1/1/2009	104
Total Admissions 2009	159
Total Discharges 2009	162
Residents on 12/31/2009	100
Identified Offenders	1

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensee Beds	Set Up
Nursing Care	110	110	110	110	110	110	110	110
Skilled Under ZZ	0	0	0	0	0	0	0	0
Intermediate DC	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
TOTALS	110	110	110	110	110	110	110	110

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensee Beds	Set Up
Nursing Care	3775	3416	3416	3416	3416	3416	3416	3416
Skilled Under ZZ	0	0	0	0	0	0	0	0
Intermediate DC	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
TOTALS	3775	3416	3416	3416	3416	3416	3416	3416

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

AGE GROUP	Male	Female	Total
Under 18	0	0	0
18-24	0	0	0
25-34	0	0	0
35-44	0	0	0
45-54	0	0	0
55-64	0	0	0
65-74	0	0	0
75-84	0	0	0
85+	0	0	0
TOTALS	0	0	0

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

AGE GROUP	Male	Female	Total
Under 18	0	0	0
18-24	0	0	0
25-34	0	0	0
35-44	0	0	0
45-54	0	0	0
55-64	0	0	0
65-74	0	0	0
75-84	0	0	0
85+	0	0	0
TOTALS	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 SKYDOR VILLAGE METACORA

SKYDOR VILLAGE
1200 EAST PARTIDGE
METACORA, IL 61548
Reference Numbers Facility ID 8011484
Health Service Area 032 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Private	Insurance	Private	County	TOTALS
	9	26	0	0	55	0	91
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled	0	0	0	0	0	0	0
Shelter	0	0	0	0	0	0	0
TOTALS	9	26	0	0	55	0	91

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Medicaid	Medicaid	Private	Insurance	Private	County	TOTALS
	0 <th>0 <th>0 <th>0 <th>0 <th>0 <th>0 </th></th></th></th></th></th>	0 <th>0 <th>0 <th>0 <th>0 <th>0 </th></th></th></th></th>	0 <th>0 <th>0 <th>0 <th>0 </th></th></th></th>	0 <th>0 <th>0 <th>0 </th></th></th>	0 <th>0 <th>0 </th></th>	0 <th>0 </th>	0
Asian	0	0	0	0	0	0	0
Amer Indian	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0	0	0
White	91	0	0	0	0	0	91
Race Unknown	0	0	0	0	0	0	0
Total	91	0	0	0	0	0	91

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Payers	Private Insurance	Private Pay
15.1%	12.5%	0.0%	19.6%
1,103,032	97,849	0	1,437,202
			3,858,337
TOTALS	100.0%	7,322,538	0

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 SKYDOR VILLAGE METACORA

SKYDOR VILLAGE
1200 EAST PARTIDGE
METACORA, IL 61548
Reference Numbers Facility ID 8011484
Health Service Area 032 Planning Service Area 203

RESIDUES BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residues
Neoplasms	1
Endocrine, Metabolic, & Immunity Disorders	4
Blood Disorders	4
Genitourinary System Disorders	9
Respiratory System	28
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	15
Circulatory System	3
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	5
Musculoskeletal Disorders	5
Infectious and Parasitic	3
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	91

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Admissions	Discharges
Nursing Care	127	127
Skilled Under 22	135	135
Intermediate DD	91	91
Skilled	0	0
Shelter	0	0
TOTALS	353	353

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicaid	Other Payers	Private Insurance	Private Pay
100.0%	28.7%	0.0%	0.0%	
3,592	3,027	0	268	
			2,751	
TOTALS	91.0%	91.0%	91.0%	

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicaid	Other Payers	Private Insurance	Private Pay
100.0%	28.7%	0.0%	0.0%	
3,592	3,027	0	268	
			2,751	
TOTALS	91.0%	91.0%	91.0%	

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTALS
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	2	2	0	0	2	2	4
75 to 84	5	28	0	0	5	28	33
85+	16	38	0	0	16	38	54
TOTALS	23	68	0	0	23	68	91

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTALS
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	2	2	0	0	2	2	4
75 to 84	5	28	0	0	5	28	33
85+	16	38	0	0	16	38	54
TOTALS	23	68	0	0	23	68	91



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ZIP Codes in Peoria County with Associated Cities & Towns

Peoria County, IL - PO Box ZIP Codes

61539 61552 61562 61601 61612 61650 61651 61652 61653 61654 61655 61656

Peoria County, IL - Standard ZIP Codes

61451 61479 61489 61517 61523 61525 61526 61528 61529 61531 61533 61536 61547 61559 61565 61569 61602 61603
61604 61605 61606 61607 61614 61615 61616

Peoria County, IL - Unique - Single Entity ZIP Codes

61613 61625 61629 61630 61633 61634 61635 61636 61637 61638 61639 61641 61643

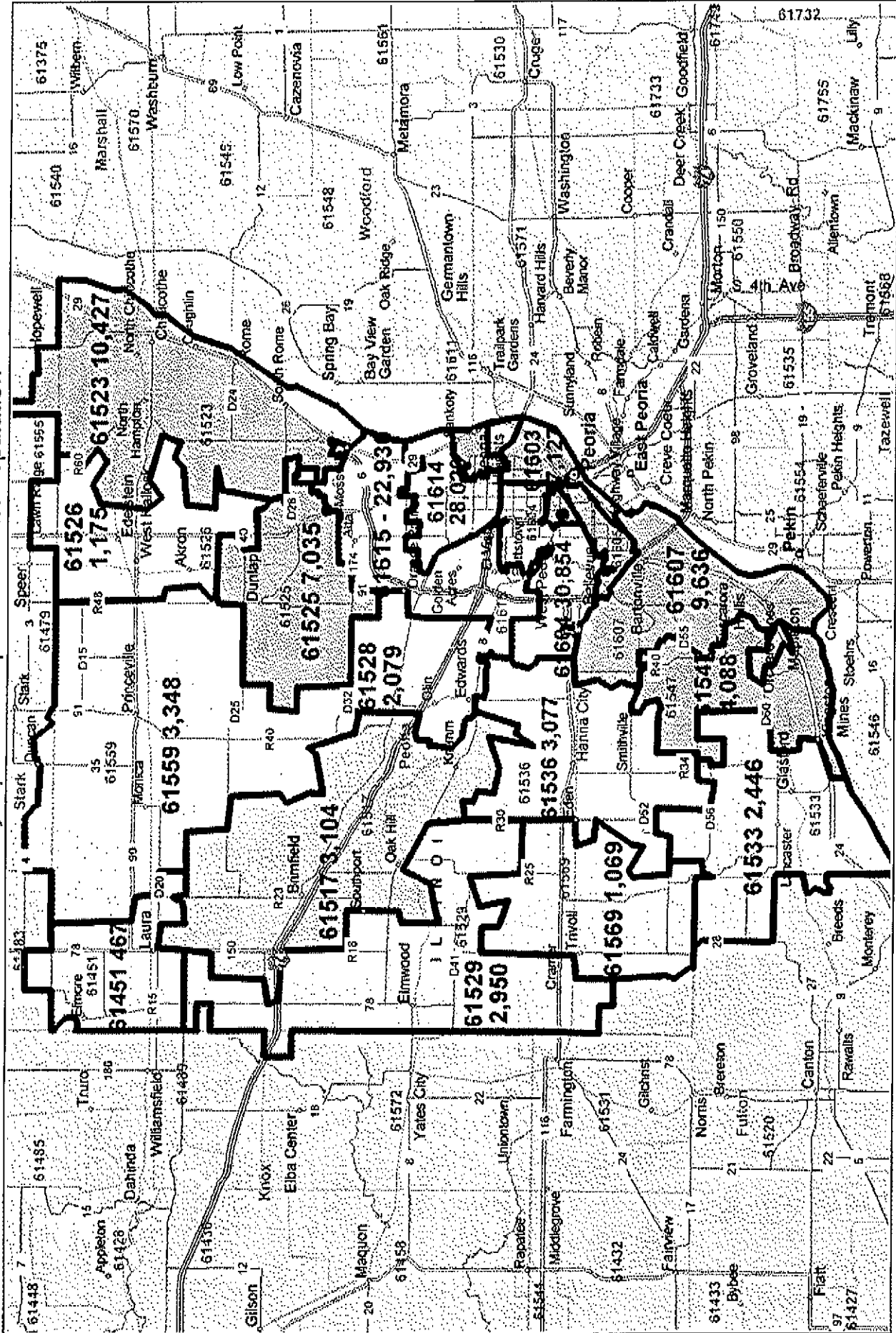
Note: Every ZIP Code has a single ACTUAL City Name assigned by the US Postal Service (USPS).
See the specific ZIP Code for acceptable Alternate City Names and spelling variations.

**Map of Peoria County, IL ZIP Codes
With Actual (Default) City Names**

- Brimfield**
- Chillicothe**
- Duniap**
- Edelstein**
- Edwards**
- Elmwood**
- Glasford**
- Hanna City**
- Kingston**
- Mines**
- Laura**
- Mapleton**
- Mossville**
- Peoria**
- Peoria Heights**
- Princeville**
- Rome**
- Trivoli**

Search IL address: Show ZIP codes Select city or town:

Peoria County Zip Code Map - 2013 Total Population



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U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 61615

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	18,411			map	brief
Male	8,925	48.5	49.1%	map	brief
Female	9,486	51.5	50.9%	map	brief
Median age (years)	36.6	(X)	35.3	map	brief
Under 5 years	1,208	6.6	6.8%	map	
18 years and over	13,836	75.2	74.3%		
65 years and over	2,100	11.4	12.4%	map	brief
One race	18,123	98.4	97.6%		
White	15,352	83.4	75.1%	map	brief
Black or African American	1,931	10.5	12.3%	map	brief
American Indian and Alaska Native	24	0.1	0.9%	map	brief
Asian	694	3.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	3	0.0	0.1%	map	brief
Some other race	119	0.6	5.5%	map	
Two or more races	288	1.6	2.4%	map	brief
Hispanic or Latino (of any race)	310	1.7	12.5%	map	brief
Household population	18,308	99.4	97.2%	map	brief
Group quarters population	103	0.6	2.8%	map	
Average household size	2.38	(X)	2.59	map	brief
Average family size	3.00	(X)	3.14	map	
Total housing units	8,157			map	
Occupied housing units	7,707	94.5	91.0%		brief
Owner-occupied housing units	5,307	68.9	66.2%	map	
Renter-occupied housing units	2,400	31.1	33.8%	map	brief
Vacant housing units	450	5.5	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	12,519				
High school graduate or higher	11,324	90.5	80.4%	map	brief
Bachelor's degree or higher	4,835	38.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,897	13.6	12.7%	map	brief
Disability status (population 5 years and over)	2,162	12.5	19.3%	map	brief
Foreign born	926	5.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	4,427	63.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,513	58.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,262	7.3	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	10,265	71.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	17.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	51,548	(X)	41,994	map	
Median family income in 1999 (dollars)	64,958	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,784	(X)	21,587	map	
Families below poverty level	227	4.4	9.2%	map	brief
Individuals below poverty level	1,155	6.3	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	4,799				brief
Median value (dollars)	124,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,149	(X)	1,088	map	
Not mortgaged (dollars)	363	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)


U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 61607

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,473			map	brief
Male	5,089	48.4	49.1%	map	brief
Female	5,404	51.6	50.9%	map	brief
Median age (years)	40.3	(X)	35.3	map	brief
Under 5 years	583	5.6	6.8%	map	
18 years and over	8,081	77.2	74.3%		
65 years and over	1,566	15.0	12.4%	map	brief
One race	10,402	99.3	97.6%		
White	10,229	97.7	75.1%	map	brief
Black or African American	78	0.7	12.3%	map	brief
American Indian and Alaska Native	14	0.1	0.9%	map	brief
Asian	40	0.4	3.8%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	40	0.4	5.5%	map	
Two or more races	71	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	105	1.0	12.5%	map	brief
Household population	10,461	99.9	97.2%	map	brief
Group quarters population	12	0.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.91	(X)	3.14	map	
Total housing units	4,343			map	
Occupied housing units	4,195	96.6	91.0%		brief
Owner-occupied housing units	3,492	83.2	86.2%	map	
Renter-occupied housing units	703	16.8	33.8%	map	brief
Vacant housing units	148	3.4	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,317				
High school graduate or higher	6,215	84.9	80.4%	map	brief
Bachelor's degree or higher	804	11.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,350	16.8	12.7%	map	brief
Disability status (population 5 years and over)	1,292	13.2	19.3%	map	brief
Foreign born	90	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,716	66.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,646	59.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	205	2.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 18 years and over)	5,598	67.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	19.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	48,708	(X)	41,994	map	
Median family income in 1999 (dollars)	52,686	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,271	(X)	21,587	map	
Families below poverty level	110	3.6	9.2%	map	brief
Individuals below poverty level	544	5.2	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,252				brief
Median value (dollars)	85,800	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	802	(X)	1,088	map	
Not mortgaged (dollars)	278	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61604

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	33,587			map	brief
Male	15,609	46.5	49.1%	map	brief
Female	17,978	53.5	50.9%	map	brief
Median age (years)	37.2	(X)	35.3	map	brief
Under 5 years	2,528	7.5	6.8%	map	
18 years and over	25,331	75.4	74.3%		
65 years and over	5,889	17.5	12.4%	map	brief
One race	32,871	97.9	97.6%		
White	25,875	77.0	75.1%	map	brief
Black or African American	6,291	18.7	12.3%	map	brief
American Indian and Alaska Native	90	0.3	0.9%	map	brief
Asian	382	1.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	228	0.7	5.5%	map	
Two or more races	716	2.1	2.4%	map	brief
Hispanic or Latino (of any race)	563	1.7	12.5%	map	brief
Household population	31,598	94.1	97.2%	map	brief
Group quarters population	1,989	5.9	2.8%	map	
Average household size	2.34	(X)	2.59	map	brief
Average family size	2.95	(X)	3.14	map	
Total housing units	14,477			map	
Occupied housing units	13,508	93.3	91.0%		brief
Owner-occupied housing units	9,341	69.2	66.2%	map	
Renter-occupied housing units	4,167	30.8	33.8%	map	brief
Vacant housing units	969	6.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	22,637				
High school graduate or higher	18,496	81.7	80.4%	map	brief
Bachelor's degree or higher	4,315	19.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,434	13.5	12.7%	map	brief
Disability status (population 5 years and over)	5,506	18.7	19.3%	map	brief
Foreign born	763	2.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,552	54.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,705	45.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,621	5.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	15,895	60.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	17.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	35,878	(X)	41,994	map	
Median family income in 1999 (dollars)	42,757	(X)	50,046	map	
Per capita income in 1999 (dollars)	18,741	(X)	21,587	map	
Families below poverty level	957	11.2	9.2%	map	brief
Individuals below poverty level	4,422	14.0	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	8,350				brief
Median value (dollars)	75,200	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	772	(X)	1,088	map	
Not mortgaged (dollars)	282	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61517

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	3,139			map	brief
Male	1,590	50.7	49.1%	map	brief
Female	1,549	49.3	50.9%	map	brief
Median age (years)	38.9	(X)	35.3	map	brief
Under 5 years	195	6.2	6.8%	map	
18 years and over	2,279	72.6	74.3%		
65 years and over	348	11.1	12.4%	map	brief
One race	3,113	99.2	97.6%		
White	3,078	98.1	75.1%	map	brief
Black or African American	8	0.3	12.3%	map	brief
American Indian and Alaska Native	8	0.3	0.9%	map	brief
Asian	6	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	13	0.4	5.5%	map	
Two or more races	26	0.8	2.4%	map	brief
Hispanic or Latino (of any race)	43	1.4	12.5%	map	brief
Household population	3,138	100.0	97.2%	map	brief
Group quarters population	1	0.0	2.8%	map	
Average household size	2.74	(X)	2.59	map	brief
Average family size	3.07	(X)	3.14	map	
Total housing units	1,178			map	
Occupied housing units	1,145	97.2	91.0%		brief
Owner-occupied housing units	1,007	87.9	66.2%	map	
Renter-occupied housing units	138	12.1	33.8%	map	brief
Vacant housing units	33	2.8	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	2,152				
High school graduate or higher	1,961	91.1	80.4%	map	brief
Bachelor's degree or higher	460	21.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	356	15.3	12.7%	map	brief
Disability status (population 5 years and over)	349	11.7	19.3%	map	brief
Foreign born	54	1.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	844	69.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	854	67.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	45	1.5	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,777	73.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	25.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	63,077	(X)	41,994	map	
Median family income in 1999 (dollars)	66,496	(X)	50,046	map	
Per capita income in 1999 (dollars)	23,357	(X)	21,587	map	
Families below poverty level	31	3.3	9.2%	map	brief
Individuals below poverty level	141	4.5	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	819				brief
Median value (dollars)	110,700	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	940	(X)	1,088	map	
Not mortgaged (dollars)	312	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61523

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,835			map	brief
Male	5,319	49.1	49.1%	map	brief
Female	5,516	50.9	50.9%	map	brief
Median age (years)	39.2	(X)	35.3	map	brief
Under 5 years	658	6.1	6.8%	map	
18 years and over	8,177	75.5	74.3%		
65 years and over	1,592	14.7	12.4%	map	brief
One race	10,755	99.3	97.6%		
White	10,611	97.9	75.1%	map	brief
Black or African American	23	0.2	12.3%	map	brief
American Indian and Alaska Native	23	0.2	0.9%	map	brief
Asian	20	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	74	0.7	5.5%	map	
Two or more races	80	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	254	2.3	12.5%	map	brief
Household population	10,716	98.9	97.2%	map	brief
Group quarters population	119	1.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.96	(X)	3.14	map	
Total housing units	4,526			map	
Occupied housing units	4,298	95.0	91.0%		brief
Owner-occupied housing units	3,494	81.3	66.2%	map	
Renter-occupied housing units	804	18.7	33.8%	map	brief
Vacant housing units	228	5.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,266				
High school graduate or higher	6,297	86.7	80.4%	map	brief
Bachelor's degree or higher	1,084	14.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,331	16.5	12.7%	map	brief
Disability status (population 5 years and over)	1,840	18.3	19.3%	map	brief
Foreign born	131	1.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,656	63.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,628	59.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	430	4.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,692	67.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,453	(X)	41,994	map	
Median family income in 1999 (dollars)	51,443	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,931	(X)	21,587	map	
Families below poverty level	109	3.6	9.2%	map	brief
Individuals below poverty level	501	4.7	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,026				brief
Median value (dollars)	84,100	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	838	(X)	1,088	map	
Not mortgaged (dollars)	281	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61529

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	2,665			map	brief
Male	1,267	47.5	49.1%	map	brief
Female	1,398	52.5	50.9%	map	brief
Median age (years)	39.0	(X)	35.3	map	brief
Under 5 years	187	7.0	6.8%	map	
18 years and over	1,965	73.7	74.3%		
65 years and over	430	16.1	12.4%	map	brief
One race	2,651	99.5	97.6%		
White	2,627	98.6	75.1%	map	brief
Black or African American	3	0.1	12.3%	map	brief
American Indian and Alaska Native	13	0.5	0.9%	map	brief
Asian	3	0.1	3.8%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	5	0.2	5.5%	map	
Two or more races	14	0.5	2.4%	map	brief
Hispanic or Latino (of any race)	24	0.9	12.5%	map	brief
Household population	2,653	99.5	97.2%	map	brief
Group quarters population	12	0.5	2.8%	map	
Average household size	2.55	(X)	2.59	map	brief
Average family size	3.00	(X)	3.14	map	
Total housing units	1,085			map	
Occupied housing units	1,041	95.9	91.0%		brief
Owner-occupied housing units	857	82.3	66.2%	map	brief
Renter-occupied housing units	184	17.7	33.8%	map	brief
Vacant housing units	44	4.1	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	1,804				
High school graduate or higher	1,589	88.1	80.4%	map	brief
Bachelor's degree or higher	296	16.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	298	15.1	12.7%	map	brief
Disability status (population 5 years and over)	352	14.3	19.3%	map	brief
Foreign born	20	0.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	694	69.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	715	64.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	76	3.1	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,354	64.8	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,531	(X)	41,994	map	
Median family income in 1999 (dollars)	51,577	(X)	50,046	map	
Per capita income in 1999 (dollars)	20,095	(X)	21,587	map	
Families below poverty level	29	3.8	9.2%	map	brief
Individuals below poverty level	116	4.4	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	727				brief
Median value (dollars)	79,900	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	832	(X)	1,088	map	
Not mortgaged (dollars)	290	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)


U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 61525

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	5,477			map	brief
Male	2,725	49.8	49.1%	map	brief
Female	2,752	50.2	50.9%	map	brief
Median age (years)	37.3	(X)	35.3	map	brief
Under 5 years	377	6.9	6.8%	map	
18 years and over	3,863	70.5	74.3%		
65 years and over	433	7.9	12.4%	map	brief
One race	5,449	99.5	97.6%		
White	5,277	96.3	75.1%	map	brief
Black or African American	46	0.8	12.3%	map	brief
American Indian and Alaska Native	3	0.1	0.9%	map	brief
Asian	109	2.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	2	0.0	0.1%	map	brief
Some other race	12	0.2	5.5%	map	
Two or more races	28	0.5	2.4%	map	brief
Hispanic or Latino (of any race)	41	0.7	12.5%	map	brief
Household population	5,477	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.84	(X)	2.59	map	brief
Average family size	3.14	(X)	3.14	map	
Total housing units	1,999			map	
Occupied housing units	1,931	96.6	91.0%		brief
Owner-occupied housing units	1,611	83.4	66.2%	map	
Renter-occupied housing units	320	16.6	33.8%	map	brief
Vacant housing units	68	3.4	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	3,406				
High school graduate or higher	3,283	96.4	80.4%	map	brief
Bachelor's degree or higher	1,689	49.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	465	12.5	12.7%	map	brief
Disability status (population 5 years and over)	387	7.8	19.3%	map	brief
Foreign born	201	3.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,472	74.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,493	72.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	251	5.0	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	2,763	70.6	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	20.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	72,708	(X)	41,994	map	
Median family income in 1999 (dollars)	80,728	(X)	50,046	map	
Per capita income in 1999 (dollars)	33,331	(X)	21,587	map	
Families below poverty level	18	1.1	9.2%	map	brief
Individuals below poverty level	112	2.1	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	1,362				brief
Median value (dollars)	160,200	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,390	(X)	1,088	map	
Not mortgaged (dollars)	425	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61526

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	1,173			map	brief
Male	599	51.1	49.1%	map	brief
Female	574	48.9	50.9%	map	brief
Median age (years)	36.8	(X)	35.3	map	brief
Under 5 years	83	7.1	6.8%	map	
18 years and over	813	69.3	74.3%		
65 years and over	116	9.9	12.4%	map	brief
One race	1,164	99.2	97.6%		
White	1,140	97.2	75.1%	map	brief
Black or African American	4	0.3	12.3%	map	brief
American Indian and Alaska Native	5	0.4	0.9%	map	brief
Asian	14	1.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	1	0.1	5.5%	map	
Two or more races	9	0.8	2.4%	map	brief
Hispanic or Latino (of any race)	4	0.3	12.5%	map	brief
Household population	1,173	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.99	(X)	2.59	map	brief
Average family size	3.23	(X)	3.14	map	
Total housing units	400			map	
Occupied housing units	392	98.0	91.0%		brief
Owner-occupied housing units	353	90.1	66.2%	map	
Renter-occupied housing units	39	9.9	33.8%	map	brief
Vacant housing units	8	2.0	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	807				
High school graduate or higher	679	84.1	80.4%	map	brief
Bachelor's degree or higher	137	17.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	78	9.0	12.7%	map	brief
Disability status (population 5 years and over)	108	9.6	19.3%	map	brief
Foreign born	6	0.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	352	75.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	366	79.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	47	4.2	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	662	73.6	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	22.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	65,217	(X)	41,994	map	
Median family income in 1999 (dollars)	67,337	(X)	50,046	map	
Per capita income in 1999 (dollars)	24,575	(X)	21,587	map	
Families below poverty level	0	0.0	9.2%	map	brief
Individuals below poverty level	10	0.8	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	324				brief
Median value (dollars)	123,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,163	(X)	1,088	map	
Not mortgaged (dollars)	296	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61523

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,835			map	brief
Male	5,319	49.1	49.1%	map	brief
Female	5,516	50.9	50.9%	map	brief
Median age (years)	39.2	(X)	35.3	map	brief
Under 5 years	658	6.1	6.8%	map	
18 years and over	8,177	75.5	74.3%		
65 years and over	1,592	14.7	12.4%	map	brief
One race	10,755	99.3	97.6%		
White	10,611	97.9	75.1%	map	brief
Black or African American	23	0.2	12.3%	map	brief
American Indian and Alaska Native	23	0.2	0.9%	map	brief
Asian	20	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	74	0.7	5.5%	map	
Two or more races	80	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	254	2.3	12.5%	map	brief
Household population	10,716	98.9	97.2%	map	brief
Group quarters population	119	1.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.96	(X)	3.14	map	
Total housing units	4,526			map	
Occupied housing units	4,298	95.0	91.0%		brief
Owner-occupied housing units	3,494	81.3	66.2%	map	
Renter-occupied housing units	804	18.7	33.8%	map	brief
Vacant housing units	228	5.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,266				
High school graduate or higher	6,297	86.7	80.4%	map	brief
Bachelor's degree or higher	1,084	14.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,331	16.5	12.7%	map	brief
Disability status (population 5 years and over)	1,840	18.3	18.3%	map	brief
Foreign born	131	1.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,656	63.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,628	59.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	430	4.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,692	67.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,453	(X)	41,994	map	
Median family income in 1999 (dollars)	51,443	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,931	(X)	21,587	map	
Families below poverty level	109	3.6	9.2%	map	brief
Individuals below poverty level	501	4.7	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,026				brief
Median value (dollars)	84,100	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	838	(X)	1,088	map	
Not mortgaged (dollars)	281	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61528

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	1,608			map	brief
Male	805	50.1	49.1%	map	brief
Female	803	49.9	50.9%	map	brief
Median age (years)	41.0	(X)	35.3	map	brief
Under 5 years	105	6.5	6.8%	map	
18 years and over	1,180	73.4	74.3%		
65 years and over	183	11.4	12.4%	map	brief
One race	1,602	99.6	97.6%		
White	1,570	97.6	75.1%	map	brief
Black or African American	7	0.4	12.3%	map	brief
American Indian and Alaska Native	6	0.4	0.9%	map	brief
Asian	17	1.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	2	0.1	5.5%	map	
Two or more races	6	0.4	2.4%	map	brief
Hispanic or Latino (of any race)	10	0.6	12.5%	map	brief
Household population	1,607	99.9	97.2%	map	brief
Group quarters population	1	0.1	2.8%	map	
Average household size	2.76	(X)	2.59	map	brief
Average family size	3.07	(X)	3.14	map	
Total housing units	599			map	
Occupied housing units	583	97.3	91.0%		brief
Owner-occupied housing units	543	93.1	66.2%	map	brief
Renter-occupied housing units	40	6.9	33.8%	map	brief
Vacant housing units	16	2.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	1,129				
High school graduate or higher	969	85.8	80.4%	map	brief
Bachelor's degree or higher	333	29.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	161	13.2	12.7%	map	brief
Disability status (population 5 years and over)	140	9.0	19.3%	map	brief
Foreign born	22	1.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	439	67.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	443	66.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	36	2.3	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	912	71.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	63,867	(X)	41,994	map	
Median family income in 1999 (dollars)	68,250	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,248	(X)	21,587	map	
Families below poverty level	14	2.9	9.2%	map	brief
Individuals below poverty level	59	3.6	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	453				brief
Median value (dollars)	136,800	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	964	(X)	1,088	map	
Not mortgaged (dollars)	319	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61604

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	33,587			map	brief
Male	15,609	46.5	49.1%	map	brief
Female	17,978	53.5	50.9%	map	brief
Median age (years)	37.2	(X)	35.3	map	brief
Under 5 years	2,528	7.5	6.8%	map	
18 years and over	25,331	75.4	74.3%		
65 years and over	5,889	17.5	12.4%	map	brief
One race	32,871	97.9	97.6%		
White	25,875	77.0	75.1%	map	brief
Black or African American	6,291	18.7	12.3%	map	brief
American Indian and Alaska Native	90	0.3	0.9%	map	brief
Asian	382	1.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	228	0.7	5.5%	map	
Two or more races	716	2.1	2.4%	map	brief
Hispanic or Latino (of any race)	563	1.7	12.5%	map	brief
Household population	31,598	94.1	97.2%	map	brief
Group quarters population	1,989	5.9	2.8%	map	
Average household size	2.34	(X)	2.59	map	brief
Average family size	2.95	(X)	3.14	map	
Total housing units	14,477			map	
Occupied housing units	13,508	93.3	91.0%		brief
Owner-occupied housing units	9,341	69.2	66.2%	map	
Renter-occupied housing units	4,167	30.8	33.8%	map	brief
Vacant housing units	969	6.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	22,637				
High school graduate or higher	18,496	81.7	80.4%	map	brief
Bachelor's degree or higher	4,315	19.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,434	13.5	12.7%	map	brief
Disability status (population 5 years and over)	5,506	18.7	19.3%	map	brief
Foreign born	763	2.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,552	54.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,705	45.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,621	5.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	15,895	60.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	17.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	35,878	(X)	41,994	map	
Median family income in 1999 (dollars)	42,757	(X)	50,046	map	
Per capita income in 1999 (dollars)	18,741	(X)	21,587	map	
Families below poverty level	957	11.2	9.2%	map	brief
Individuals below poverty level	4,422	14.0	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	8,360				brief
Median value (dollars)	75,200	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	772	(X)	1,088	map	
Not mortgaged (dollars)	282	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61451

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	383			map	brief
Male	206	53.8	49.1%	map	brief
Female	177	46.2	50.9%	map	brief
Median age (years)	37.1	(X)	35.3	map	brief
Under 5 years	30	7.8	6.8%	map	
18 years and over	284	74.2	74.3%		
65 years and over	38	9.9	12.4%	map	brief
One race	381	99.5	97.6%		
White	381	99.5	75.1%	map	brief
Black or African American	0	0.0	12.3%	map	brief
American Indian and Alaska Native	0	0.0	0.9%	map	brief
Asian	0	0.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	0	0.0	5.5%	map	
Two or more races	2	0.5	2.4%	map	brief
Hispanic or Latino (of any race)	0	0.0	12.5%	map	brief
Household population	383	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.72	(X)	2.59	map	brief
Average family size	3.13	(X)	3.14	map	
Total housing units	146			map	
Occupied housing units	141	96.6	91.0%		brief
Owner-occupied housing units	121	85.8	66.2%	map	
Renter-occupied housing units	20	14.2	33.8%	map	brief
Vacant housing units	5	3.4	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	263				
High school graduate or higher	242	92.0	80.4%	map	brief
Bachelor's degree or higher	33	12.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	39	13.6	12.7%	map	brief
Disability status (population 5 years and over)	68	19.1	19.3%	map	brief
Foreign born	0	0.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	87	55.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	90	64.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	15	4.2	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	207	70.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	30.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	45,000	(X)	41,994	map	
Median family income in 1999 (dollars)	54,063	(X)	50,046	map	
Per capita income in 1999 (dollars)	18,145	(X)	21,587	map	
Families below poverty level	0	0.0	9.2%	map	brief
Individuals below poverty level	0	0.0	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	71				brief
Median value (dollars)	49,200	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	653	(X)	1,088	map	
Not mortgaged (dollars)	256	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61529

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	2,665			map	brief
Male	1,267	47.5	49.1%	map	brief
Female	1,398	52.5	50.9%	map	brief
Median age (years)	39.0	(X)	35.3	map	brief
Under 5 years	187	7.0	6.8%	map	
18 years and over	1,965	73.7	74.3%		
65 years and over	430	16.1	12.4%	map	brief
One race	2,651	99.5	97.6%		
White	2,627	98.6	75.1%	map	brief
Black or African American	3	0.1	12.3%	map	brief
American Indian and Alaska Native	13	0.5	0.9%	map	brief
Asian	3	0.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	5	0.2	5.5%	map	
Two or more races	14	0.5	2.4%	map	brief
Hispanic or Latino (of any race)	24	0.9	12.5%	map	brief
Household population	2,653	99.5	97.2%	map	brief
Group quarters population	12	0.5	2.8%	map	
Average household size	2.55	(X)	2.59	map	brief
Average family size	3.00	(X)	3.14	map	
Total housing units	1,085			map	
Occupied housing units	1,041	95.9	91.0%		brief
Owner-occupied housing units	857	82.3	66.2%	map	
Renter-occupied housing units	184	17.7	33.8%	map	brief
Vacant housing units	44	4.1	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	1,804				
High school graduate or higher	1,589	88.1	80.4%	map	brief
Bachelor's degree or higher	296	16.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	298	15.1	12.7%	map	brief
Disability status (population 5 years and over)	352	14.3	19.3%	map	brief
Foreign born	20	0.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	694	69.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	715	64.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	76	3.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,354	64.8	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,531	(X)	41,994	map	
Median family income in 1999 (dollars)	51,577	(X)	50,046	map	
Per capita income in 1999 (dollars)	20,095	(X)	21,587	map	
Families below poverty level	29	3.8	9.2%	map	brief
Individuals below poverty level	116	4.4	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	727				brief
Median value (dollars)	79,900	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			
With a mortgage (dollars)	832	(X)	1,088	map	
Not mortgaged (dollars)	290	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61523

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,835			map	brief
Male	5,319	49.1	49.1%	map	brief
Female	5,516	50.9	50.9%	map	brief
Median age (years)	39.2	(X)	35.3	map	brief
Under 5 years	658	6.1	6.8%	map	
18 years and over	8,177	75.5	74.3%		
65 years and over	1,592	14.7	12.4%	map	brief
One race	10,755	99.3	97.6%		
White	10,611	97.9	75.1%	map	brief
Black or African American	23	0.2	12.3%	map	brief
American Indian and Alaska Native	23	0.2	0.9%	map	brief
Asian	20	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	74	0.7	5.5%	map	
Two or more races	80	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	254	2.3	12.5%	map	brief
Household population	10,716	98.9	97.2%	map	brief
Group quarters population	119	1.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.96	(X)	3.14	map	
Total housing units	4,526			map	
Occupied housing units	4,298	95.0	91.0%		brief
Owner-occupied housing units	3,494	81.3	66.2%	map	
Renter-occupied housing units	804	18.7	33.8%	map	brief
Vacant housing units	228	5.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,266				
High school graduate or higher	6,297	86.7	80.4%	map	brief
Bachelor's degree or higher	1,084	14.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,331	16.5	12.7%	map	brief
Disability status (population 5 years and over)	1,840	18.3	19.3%	map	brief
Foreign born	131	1.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,856	63.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,628	59.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	430	4.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,692	67.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,453	(X)	41,994	map	
Median family income in 1999 (dollars)	51,443	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,931	(X)	21,587	map	
Families below poverty level	109	3.6	9.2%	map	brief
Individuals below poverty level	501	4.7	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,026				brief
Median value (dollars)	84,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	838	(X)	1,088	map	
Not mortgaged (dollars)	281	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61533

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	2,247			map	brief
Male	1,092	48.6	49.1%	map	brief
Female	1,155	51.4	50.9%	map	brief
Median age (years)	38.8	(X)	35.3	map	brief
Under 5 years	122	5.4	6.8%	map	
18 years and over	1,703	75.8	74.3%		
65 years and over	272	12.1	12.4%	map	brief
One race	2,237	99.6	97.6%		
White	2,232	99.3	75.1%	map	brief
Black or African American	0	0.0	12.3%	map	brief
American Indian and Alaska Native	3	0.1	0.9%	map	brief
Asian	0	0.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	2	0.1	5.5%	map	
Two or more races	10	0.4	2.4%	map	brief
Hispanic or Latino (of any race)	12	0.5	12.5%	map	brief
Household population	2,247	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.63	(X)	2.59	map	brief
Average family size	2.98	(X)	3.14	map	
Total housing units-	899			map	
Occupied housing units	855	95.1	91.0%		brief
Owner-occupied housing units	716	83.7	66.2%	map	
Renter-occupied housing units	139	16.3	33.8%	map	brief
Vacant housing units	44	4.9	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	1,460				
High school graduate or higher	1,272	87.1	80.4%	map	brief
Bachelor's degree or higher	131	9.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	253	15.4	12.7%	map	brief
Disability status (population 5 years and over)	427	20.5	19.3%	map	brief
Foreign born	13	0.6	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	587	69.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	614	66.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	40	1.9	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,192	68.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,042	(X)	41,994	map	
Median family income in 1999 (dollars)	51,250	(X)	50,048	map	
Per capita income in 1999 (dollars)	18,593	(X)	21,587	map	
Families below poverty level	30	4.6	9.2%	map	brief
Individuals below poverty level	103	4.8	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	524				brief
Median value (dollars)	84,200	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	824	(X)	1,088	map	
Not mortgaged (dollars)	325	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61607

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	10,473			map	brief
Male	5,069	48.4	49.1%	map	brief
Female	5,404	51.6	50.9%	map	brief
Median age (years)	40.3	(X)	35.3	map	brief
Under 5 years	583	5.6	6.8%	map	
18 years and over	8,081	77.2	74.3%		
65 years and over	1,566	15.0	12.4%	map	brief
One race	10,402	99.3	97.6%		
White	10,229	97.7	75.1%	map	brief
Black or African American	78	0.7	12.3%	map	brief
American Indian and Alaska Native	14	0.1	0.9%	map	brief
Asian	40	0.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	40	0.4	5.5%	map	
Two or more races	71	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	105	1.0	12.5%	map	brief
Household population	10,461	99.9	97.2%	map	brief
Group quarters population	12	0.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.91	(X)	3.14	map	
Total housing units	4,343			map	
Occupied housing units	4,195	96.6	91.0%		brief
Owner-occupied housing units	3,492	83.2	66.2%	map	brief
Renter-occupied housing units	703	16.8	33.8%	map	brief
Vacant housing units	148	3.4	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	7,317				
High school graduate or higher	6,215	84.9	80.4%	map	brief
Bachelor's degree or higher	804	11.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,350	16.8	12.7%	map	brief
Disability status (population 5 years and over)	1,292	13.2	19.3%	map	brief
Foreign born	90	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,716	66.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,646	59.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	205	2.1	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,598	67.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	19.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,708	(X)	41,994	map	
Median family income in 1999 (dollars)	52,686	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,271	(X)	21,587	map	
Families below poverty level	110	3.6	9.2%	map	brief
Individuals below poverty level	544	5.2	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	3,252				brief
Median value (dollars)	85,800	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	802	(X)	1,088	map	
Not mortgaged (dollars)	278	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61536

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	2,892			map	brief
Male	1,543	53.4	49.1%	map	brief
Female	1,349	46.6	50.9%	map	brief
Median age (years)	38.0	(X)	35.3	map	brief
Under 5 years	185	6.4	6.8%	map	
18 years and over	2,246	77.7	74.3%		
65 years and over	363	12.6	12.4%	map	brief
One race	2,874	99.4	97.6%		
White	2,611	90.3	75.1%	map	brief
Black or African American	210	7.3	12.3%	map	brief
American Indian and Alaska Native	12	0.4	0.9%	map	brief
Asian	17	0.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	23	0.8	5.5%	map	
Two or more races	18	0.6	2.4%	map	brief
Hispanic or Latino (of any race)	44	1.5	12.5%	map	brief
Household population	2,643	91.4	97.2%	map	brief
Group quarters population	249	8.6	2.8%	map	
Average household size	2.59	(X)	2.59	map	brief
Average family size	2.96	(X)	3.14	map	
Total housing units	1,074			map	
Occupied housing units	1,020	95.0	91.0%		brief
Owner-occupied housing units	864	84.7	66.2%	map	brief
Renter-occupied housing units	156	15.3	33.8%	map	brief
Vacant housing units	54	5.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	1,952				
High school graduate or higher	1,646	84.3	80.4%	map	brief
Bachelor's degree or higher	218	11.2	24.4%	map	
Civilian veterans (civilian population 18 years and over)	259	11.7	12.7%	map	brief
Disability status (population 5 years and over)	420	16.9	19.3%	map	brief
Foreign born	25	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	877	68.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	714	68.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	75	2.8	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 18 years and over)	1,445	63.2	63.9%		brief
Mean travel time to work in minutes (workers 18 years and older)	24.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	50,903	(X)	41,994	map	
Median family income in 1999 (dollars)	56,761	(X)	50,048	map	
Per capita income in 1999 (dollars)	21,714	(X)	21,587	map	
Families below poverty level	48	6.0	9.2%	map	brief
Individuals below poverty level	176	6.6	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	638				brief
Median value (dollars)	92,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	958	(X)	1,088	map	
Not mortgaged (dollars)	279	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61607

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,473			map	brief
Male	5,069	48.4	49.1%	map	brief
Female	5,404	51.6	50.9%	map	brief
Median age (years)	40.3	(X)	35.3	map	brief
Under 5 years	583	5.6	6.8%	map	
18 years and over	8,081	77.2	74.3%		
65 years and over	1,566	15.0	12.4%	map	brief
One race	10,402	99.3	97.6%		
White	10,229	97.7	75.1%	map	brief
Black or African American	78	0.7	12.3%	map	brief
American Indian and Alaska Native	14	0.1	0.9%	map	brief
Asian	40	0.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	40	0.4	5.5%	map	
Two or more races	71	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	105	1.0	12.5%	map	brief
Household population	10,461	99.9	97.2%	map	brief
Group quarters population	12	0.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.91	(X)	3.14	map	
Total housing units	4,343			map	
Occupied housing units	4,195	96.6	91.0%		brief
Owner-occupied housing units	3,492	83.2	66.2%	map	brief
Renter-occupied housing units	703	16.8	33.8%	map	brief
Vacant housing units	148	3.4	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,317				
High school graduate or higher	6,215	84.9	80.4%	map	brief
Bachelor's degree or higher	804	11.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,350	16.8	12.7%	map	brief
Disability status (population 5 years and over)	1,292	13.2	19.3%	map	brief
Foreign born	90	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,716	66.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,646	59.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	205	2.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,598	67.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	19.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,708	(X)	41,994	map	
Median family income in 1999 (dollars)	52,686	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,271	(X)	21,587	map	
Families below poverty level	110	3.6	9.2%	map	brief
Individuals below poverty level	544	5.2	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,252				brief
Median value (dollars)	85,800	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	802	(X)	1,088	map	
Not mortgaged (dollars)	278	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61523

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,835			map	brief
Male	5,319	49.1	49.1%	map	brief
Female	5,516	50.9	50.9%	map	brief
Median age (years)	39.2	(X)	35.3	map	brief
Under 5 years	658	6.1	6.8%	map	
18 years and over	8,177	75.5	74.3%		
65 years and over	1,592	14.7	12.4%	map	brief
One race	10,755	99.3	97.6%		
White	10,611	97.9	75.1%	map	brief
Black or African American	23	0.2	12.3%	map	brief
American Indian and Alaska Native	23	0.2	0.9%	map	brief
Asian	20	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	74	0.7	5.5%	map	
Two or more races	80	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	254	2.3	12.5%	map	brief
Household population	10,716	98.9	97.2%	map	brief
Group quarters population	119	1.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.96	(X)	3.14	map	
Total housing units	4,526			map	
Occupied housing units	4,298	95.0	91.0%		brief
Owner-occupied housing units	3,494	81.3	66.2%	map	brief
Renter-occupied housing units	804	18.7	33.8%	map	brief
Vacant housing units	228	5.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,266				
High school graduate or higher	6,297	86.7	80.4%	map	brief
Bachelor's degree or higher	1,084	14.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,331	16.5	12.7%	map	brief
Disability status (population 5 years and over)	1,840	18.3	19.3%	map	brief
Foreign born	131	1.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,656	63.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,628	59.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	430	4.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,692	67.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,453	(X)	41,994	map	
Median family income in 1999 (dollars)	51,443	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,931	(X)	21,587	map	
Families below poverty level	109	3.6	9.2%	map	brief
Individuals below poverty level	501	4.7	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,026				brief
Median value (dollars)	84,100	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	838	(X)	1,088	map	
Not mortgaged (dollars)	281	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61528

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	1,608			map	brief
Male	805	50.1	49.1%	map	brief
Female	803	49.9	50.9%	map	brief
Median age (years)	41.0	(X)	35.3	map	brief
Under 5 years	105	6.5	6.8%	map	
18 years and over	1,180	73.4	74.3%		
65 years and over	183	11.4	12.4%	map	brief
One race	1,602	99.6	97.6%		
White	1,570	97.6	75.1%	map	brief
Black or African American	7	0.4	12.3%	map	brief
American Indian and Alaska Native	6	0.4	0.9%	map	brief
Asian	17	1.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	2	0.1	5.5%	map	
Two or more races	6	0.4	2.4%	map	brief
Hispanic or Latino (of any race)	10	0.6	12.5%	map	brief
Household population	1,607	99.9	97.2%	map	brief
Group quarters population	1	0.1	2.8%	map	
Average household size	2.76	(X)	2.59	map	brief
Average family size	3.07	(X)	3.14	map	
Total housing units	599			map	
Occupied housing units	583	97.3	91.0%		brief
Owner-occupied housing units	543	93.1	66.2%	map	brief
Renter-occupied housing units	40	6.9	33.8%	map	brief
Vacant housing units	16	2.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	1,129				
High school graduate or higher	969	85.8	80.4%	map	brief
Bachelor's degree or higher	333	29.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	161	13.2	12.7%	map	brief
Disability status (population 5 years and over)	140	9.0	19.3%	map	brief
Foreign born	22	1.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	439	67.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	443	66.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	36	2.3	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	912	71.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	63,867	(X)	41,994	map	
Median family income in 1999 (dollars)	68,250	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,248	(X)	21,587	map	
Families below poverty level	14	2.9	9.2%	map	brief
Individuals below poverty level	59	3.6	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	453				brief
Median value (dollars)	136,800	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	964	(X)	1,088	map	
Not mortgaged (dollars)	319	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61539

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	224			map	brief
Male	112	50.0	49.1%	map	brief
Female	112	50.0	50.9%	map	brief
Median age (years)	33.4	(X)	35.3	map	brief
Under 5 years	12	5.4	6.8%	map	
18 years and over	167	74.6	74.3%		
65 years and over	36	16.1	12.4%	map	brief
One race	221	98.7	97.6%		
White	215	96.0	75.1%	map	brief
Black or African American	0	0.0	12.3%	map	brief
American Indian and Alaska Native	0	0.0	0.9%	map	brief
Asian	0	0.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	6	2.7	5.5%	map	
Two or more races	3	1.3	2.4%	map	brief
Hispanic or Latino (of any race)	8	3.6	12.5%	map	brief
Household population	224	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.67	(X)	2.59	map	brief
Average family size	3.26	(X)	3.14	map	
Total housing units	90			map	
Occupied housing units	84	93.3	91.0%		brief
Owner-occupied housing units	71	84.5	66.2%	map	brief
Renter-occupied housing units	13	15.5	33.8%	map	brief
Vacant housing units	6	6.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	139				
High school graduate or higher	106	76.3	80.4%	map	brief
Bachelor's degree or higher	3	2.2	24.4%	map	
Civilian veterans (civilian population 18 years and over)	22	13.2	12.7%	map	brief
Disability status (population 5 years and over)	46	22.7	19.3%	map	brief
Foreign born	0	0.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	42	45.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	44	50.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	0	0.0	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	101	57.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	27.2	(X)	25.5	map	brief
Median household income in 1999 (dollars)	32,500	(X)	41,994	map	
Median family income in 1999 (dollars)	45,833	(X)	50,046	map	
Per capita income in 1999 (dollars)	14,746	(X)	21,587	map	
Families below poverty level	2	3.4	9.2%	map	brief
Individuals below poverty level	13	6.1	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	58				brief
Median value (dollars)	50,700	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	555	(X)	1,088	map	
Not mortgaged (dollars)	207	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61547

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	3,412			map	brief
Male	1,755	51.4	49.1%	map	brief
Female	1,657	48.6	50.9%	map	brief
Median age (years)	38.0	(X)	35.3	map	brief
Under 5 years	226	6.6	6.8%	map	
18 years and over	2,543	74.5	74.3%		
65 years and over	268	7.9	12.4%	map	brief
One race	3,386	99.2	97.6%		
White	3,325	97.5	75.1%	map	brief
Black or African American	20	0.6	12.3%	map	brief
American Indian and Alaska Native	11	0.3	0.9%	map	brief
Asian	18	0.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	12	0.4	5.5%	map	
Two or more races	26	0.8	2.4%	map	brief
Hispanic or Latino (of any race)	23	0.7	12.5%	map	brief
Household population	3,412	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.82	(X)	2.59	map	brief
Average family size	3.06	(X)	3.14	map	
Total housing units	1,250			map	
Occupied housing units	1,211	96.9	91.0%		brief
Owner-occupied housing units	1,145	94.5	66.2%	map	
Renter-occupied housing units	66	5.5	33.8%	map	brief
Vacant housing units	39	3.1	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	2,373				
High school graduate or higher	2,167	91.3	80.4%	map	brief
Bachelor's degree or higher	500	24.8	24.4%	map	
Civilian veterans (civilian population 18 years and over)	315	12.1	12.7%	map	brief
Disability status (population 5 years and over)	273	8.3	19.3%	map	brief
Foreign born	27	0.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,005	71.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,059	76.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	163	4.9	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,987	72.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	24.9	(X)	25.6	map	brief
Median household income in 1999 (dollars)	63,953	(X)	41,994	map	
Median family income in 1999 (dollars)	67,560	(X)	50,046	map	
Per capita income in 1999 (dollars)	25,535	(X)	21,587	map	
Families below poverty level	5	0.5	9.2%	map	brief
Individuals below poverty level	52	1.5	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	1,051				brief
Median value (dollars)	128,900	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,152	(X)	1,088	map	
Not mortgaged (dollars)	372	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61525

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	5,477			map	brief
Male	2,725	49.8	49.1%	map	brief
Female	2,752	50.2	50.9%	map	brief
Median age (years)	37.3	(X)	35.3	map	brief
Under 5 years	377	6.9	6.8%	map	
18 years and over	3,863	70.5	74.3%		
65 years and over	433	7.9	12.4%	map	brief
One race	5,449	99.5	97.6%		
White	5,277	96.3	75.1%	map	brief
Black or African American	46	0.8	12.3%	map	brief
American Indian and Alaska Native	3	0.1	0.9%	map	brief
Asian	109	2.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	2	0.0	0.1%	map	brief
Some other race	12	0.2	5.5%	map	
Two or more races	28	0.5	2.4%	map	brief
Hispanic or Latino (of any race)	41	0.7	12.5%	map	brief
Household population	5,477	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.84	(X)	2.59	map	brief
Average family size	3.14	(X)	3.14	map	
Total housing units	1,999			map	
Occupied housing units	1,931	96.6	91.0%		brief
Owner-occupied housing units	1,611	83.4	66.2%	map	
Renter-occupied housing units	320	16.6	33.8%	map	brief
Vacant housing units	68	3.4	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	3,406				
High school graduate or higher	3,283	96.4	80.4%	map	brief
Bachelor's degree or higher	1,689	49.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	465	12.5	12.7%	map	brief
Disability status (population 5 years and over)	387	7.8	19.3%	map	brief
Foreign born	201	3.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,472	74.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,493	72.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	251	5.0	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	2,763	70.6	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	20.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	72,708	(X)	41,994	map	
Median family income in 1999 (dollars)	80,728	(X)	50,046	map	
Per capita income in 1999 (dollars)	33,331	(X)	21,587	map	
Families below poverty level	18	1.1	9.2%	map	brief
Individuals below poverty level	112	2.1	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	1,362				brief
Median value (dollars)	160,200	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,390	(X)	1,088	map	
Not mortgaged (dollars)	425	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61451

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>		Number	Percent	U.S.		
Total population		383			map	brief
Male		206	53.8	49.1%	map	brief
Female		177	46.2	50.9%	map	brief
Median age (years)		37.1	(X)	35.3	map	brief
Under 5 years		30	7.8	6.8%	map	
18 years and over		284	74.2	74.3%		
65 years and over		38	9.9	12.4%	map	brief
One race		381	99.5	97.6%		
White		381	99.5	75.1%	map	brief
Black or African American		0	0.0	12.3%	map	brief
American Indian and Alaska Native		0	0.0	0.9%	map	brief
Asian		0	0.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander		0	0.0	0.1%	map	brief
Some other race		0	0.0	5.5%	map	
Two or more races		2	0.5	2.4%	map	brief
Hispanic or Latino (of any race)		0	0.0	12.6%	map	brief
Household population		383	100.0	97.2%	map	brief
Group quarters population		0	0.0	2.8%	map	
Average household size		2.72	(X)	2.59	map	brief
Average family size		3.13	(X)	3.14	map	
Total housing units		146			map	
Occupied housing units		141	96.6	91.0%		brief
Owner-occupied housing units		121	85.8	66.2%	map	
Renter-occupied housing units		20	14.2	33.8%	map	brief
Vacant housing units		5	3.4	9.0%	map	
Social Characteristics - show more >>		Number	Percent	U.S.		
Population 25 years and over		263				
High school graduate or higher		242	92.0	80.4%	map	brief
Bachelor's degree or higher		33	12.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)		39	13.6	12.7%	map	brief
Disability status (population 5 years and over)		68	19.1	19.3%	map	brief
Foreign born		0	0.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)		87	55.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)		90	64.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)		15	4.2	17.9%	map	brief
Economic Characteristics - show more >>		Number	Percent	U.S.		
In labor force (population 16 years and over)		207	70.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)		30.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)		45,000	(X)	41,994	map	
Median family income in 1999 (dollars)		54,063	(X)	50,046	map	
Per capita income in 1999 (dollars)		18,145	(X)	21,587	map	
Families below poverty level		0	0.0	9.2%	map	brief
Individuals below poverty level		0	0.0	12.4%	map	
Housing Characteristics - show more >>		Number	Percent	U.S.		
Single-family owner-occupied homes		71				brief
Median value (dollars)		49,200	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)	(X)			brief
With a mortgage (dollars)		653	(X)	1,088	map	
Not mortgaged (dollars)		256	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61526

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	1,173			map	brief
Male	599	51.1	49.1%	map	brief
Female	574	48.9	50.9%	map	brief
Median age (years)	36.8	(X)	35.3	map	brief
Under 5 years	83	7.1	6.8%	map	
18 years and over	813	69.3	74.3%		
65 years and over	116	9.9	12.4%	map	brief
One race	1,164	99.2	97.6%		
White	1,140	97.2	75.1%	map	brief
Black or African American	4	0.3	12.3%	map	brief
American Indian and Alaska Native	5	0.4	0.9%	map	brief
Asian	14	1.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	1	0.1	5.5%	map	
Two or more races	9	0.8	2.4%	map	brief
Hispanic or Latino (of any race)	4	0.3	12.5%	map	brief
Household population	1,173	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.99	(X)	2.59	map	brief
Average family size	3.23	(X)	3.14	map	
Total housing units	400			map	
Occupied housing units	392	98.0	91.0%		brief
Owner-occupied housing units	353	90.1	66.2%	map	
Renter-occupied housing units	39	9.9	33.8%	map	brief
Vacant housing units	8	2.0	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	807				
High school graduate or higher	679	84.1	80.4%	map	brief
Bachelor's degree or higher	137	17.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	78	9.0	12.7%	map	brief
Disability status (population 5 years and over)	108	9.6	19.3%	map	brief
Foreign born	6	0.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	352	75.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	366	79.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	47	4.2	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	662	73.6	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	22.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	85,217	(X)	41,994	map	
Median family income in 1999 (dollars)	67,337	(X)	50,046	map	
Per capita income in 1999 (dollars)	24,575	(X)	21,587	map	
Families below poverty level	0	0.0	9.2%	map	brief
Individuals below poverty level	10	0.8	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	324				brief
Median value (dollars)	123,800	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,163	(X)	1,088	map	
Not mortgaged (dollars)	296	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)


U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 61547

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:**General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	3,412			map	brief
Male	1,755	51.4	49.1%	map	brief
Female	1,657	48.6	50.9%	map	brief
Median age (years)	38.0	(X)	35.3	map	brief
Under 5 years	226	6.6	6.8%	map	
18 years and over	2,543	74.5	74.3%		
65 years and over	268	7.9	12.4%	map	brief
One race	3,386	99.2	97.6%		
White	3,325	97.5	75.1%	map	brief
Black or African American	20	0.6	12.3%	map	brief
American Indian and Alaska Native	11	0.3	0.9%	map	brief
Asian	18	0.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	12	0.4	5.5%	map	
Two or more races	26	0.8	2.4%	map	brief
Hispanic or Latino (of any race)	23	0.7	12.5%	map	brief
Household population	3,412	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.82	(X)	2.59	map	brief
Average family size	3.06	(X)	3.14	map	
Total housing units	1,250			map	
Occupied housing units	1,211	96.9	91.0%		brief
Owner-occupied housing units	1,145	94.5	66.2%	map	
Renter-occupied housing units	66	5.5	33.8%	map	brief
Vacant housing units	39	3.1	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	2,373				
High school graduate or higher	2,167	91.3	80.4%	map	brief
Bachelor's degree or higher	588	24.8	24.4%	map	
Civilian veterans (civilian population 18 years and over)	315	12.1	12.7%	map	brief
Disability status (population 5 years and over)	273	8.3	19.3%	map	brief
Foreign born	27	0.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,005	71.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,059	76.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	163	4.9	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,987	72.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	24.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	63,953	(X)	41,994	map	
Median family income in 1999 (dollars)	67,560	(X)	50,046	map	
Per capita income in 1999 (dollars)	25,535	(X)	21,587	map	
Families below poverty level	5	0.5	9.2%	map	brief
Individuals below poverty level	52	1.5	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	1,051				brief
Median value (dollars)	128,900	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,152	(X)	1,088	map	
Not mortgaged (dollars)	372	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)


U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 61607

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:**General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	10,473			map	brief
Male	5,069	48.4	49.1%	map	brief
Female	5,404	51.8	50.9%	map	brief
Median age (years)	40.3	(X)	35.3	map	brief
Under 5 years	583	5.6	6.8%	map	
18 years and over	8,081	77.2	74.3%		
65 years and over	1,566	15.0	12.4%	map	brief
One race	10,402	99.3	97.6%		
White	10,229	97.7	75.1%	map	brief
Black or African American	78	0.7	12.3%	map	brief
American Indian and Alaska Native	14	0.1	0.9%	map	brief
Asian	40	0.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	40	0.4	5.5%	map	
Two or more races	71	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	105	1.0	12.5%	map	brief
Household population	10,461	99.9	97.2%	map	brief
Group quarters population	12	0.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.91	(X)	3.14	map	
Total housing units	4,343			map	
Occupied housing units	4,195	96.6	91.0%		brief
Owner-occupied housing units	3,492	83.2	66.2%	map	
Renter-occupied housing units	703	16.8	33.8%	map	brief
Vacant housing units	148	3.4	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,317				
High school graduate or higher	6,215	84.9	80.4%	map	brief
Bachelor's degree or higher	804	11.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,350	16.8	12.7%	map	brief
Disability status (population 5 years and over)	1,292	13.2	19.3%	map	brief
Foreign born	90	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,716	66.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,846	59.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	205	2.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,598	67.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	19.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,708	(X)	41,994	map	
Median family income in 1999 (dollars)	52,688	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,271	(X)	21,587	map	
Families below poverty level	110	3.6	9.2%	map	brief
Individuals below poverty level	544	5.2	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,252				brief
Median value (dollars)	85,800	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	802	(X)	1,088	map	
Not mortgaged (dollars)	278	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

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FACT SHEET

Zip Code Tabulation Area 61559

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	3,067			map	brief
Male	1,511	49.3	49.1%	map	brief
Female	1,556	50.7	50.9%	map	brief
Median age (years)	38.1	(X)	35.3	map	brief
Under 5 years	213	6.9	6.8%	map	
18 years and over	2,246	73.2	74.3%		
65 years and over	444	14.5	12.4%	map	brief
One race	3,035	99.0	97.6%		
White	2,985	97.3	75.1%	map	brief
Black or African American	2	0.1	12.3%	map	brief
American Indian and Alaska Native	10	0.3	0.9%	map	brief
Asian	3	0.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	34	1.1	5.5%	map	
Two or more races	32	1.0	2.4%	map	brief
Hispanic or Latino (of any race)	81	2.6	12.5%	map	brief
Household population	3,064	99.9	97.2%	map	brief
Group quarters population	3	0.1	2.8%	map	
Average household size	2.63	(X)	2.59	map	brief
Average family size	3.10	(X)	3.14	map	
Total housing units	1,283			map	
Occupied housing units	1,167	91.0	91.0%		brief
Owner-occupied housing units	932	79.9	66.2%	map	
Renter-occupied housing units	235	20.1	33.8%	map	brief
Vacant housing units	116	9.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	2,036				
High school graduate or higher	1,799	88.4	80.4%	map	brief
Bachelor's degree or higher	264	13.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	379	16.8	12.7%	map	brief
Disability status (population 5 years and over)	389	13.7	19.3%	map	brief
Foreign born	29	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	759	66.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	758	60.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	121	4.3	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,539	65.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	24.1	(X)	25.5	map	brief
Median household income in 1999 (dollars)	47,596	(X)	41,994	map	
Median family income in 1999 (dollars)	53,553	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,002	(X)	21,587	map	
Families below poverty level	31	3.5	9.2%	map	brief
Individuals below poverty level	120	3.9	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	734				brief
Median value (dollars)	89,100	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	888	(X)	1,088	map	
Not mortgaged (dollars)	321	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61552

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	135			map	brief
Male	64	47.4	49.1%	map	brief
Female	71	52.6	50.9%	map	brief
Median age (years)	40.1	(X)	35.3	map	brief
Under 5 years	9	6.7	6.8%	map	
18 years and over	90	66.7	74.3%		
65 years and over	20	14.8	12.4%	map	brief
One race	128	94.8	97.6%		
White	115	85.2	75.1%	map	brief
Black or African American	5	3.7	12.3%	map	brief
American Indian and Alaska Native	5	3.7	0.9%	map	brief
Asian	0	0.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	3	2.2	5.5%	map	
Two or more races	7	5.2	2.4%	map	brief
Hispanic or Latino (of any race)	2	1.5	12.5%	map	brief
Household population	135	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.55	(X)	2.59	map	brief
Average family size	3.19	(X)	3.14	map	
Total housing units	53			map	
Occupied housing units	53	100.0	91.0%		brief
Owner-occupied housing units	44	83.0	66.2%	map	
Renter-occupied housing units	9	17.0	33.8%	map	brief
Vacant housing units	0	0.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	91				
High school graduate or higher	67	73.6	80.4%	map	brief
Bachelor's degree or higher	5	5.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	20	17.5	12.7%	map	brief
Disability status (population 5 years and over)	5	3.4	19.3%	map	brief
Foreign born	0	0.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	49	79.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	40	64.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	0	0.0	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	114	95.8	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	16.2	(X)	25.5	map	brief
Median household income in 1999 (dollars)	48,214	(X)	41,994	map	
Median family income in 1999 (dollars)	48,214	(X)	50,046	map	
Per capita income in 1999 (dollars)	15,996	(X)	21,587	map	
Families below poverty level	5	11.4	9.2%	map	brief
Individuals below poverty level	30	18.1	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	39				brief
Median value (dollars)	102,100	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	950	(X)	1,088	map	
Not mortgaged (dollars)	438	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61523

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	10,835			map	brief
Male	5,319	49.1	49.1%	map	brief
Female	5,516	50.9	50.9%	map	brief
Median age (years)	39.2	(X)	35.3	map	brief
Under 5 years	658	6.1	6.8%	map	
18 years and over	8,177	75.5	74.3%		
65 years and over	1,592	14.7	12.4%	map	brief
One race	10,755	99.3	97.6%		
White	10,611	97.9	75.1%	map	brief
Black or African American	23	0.2	12.3%	map	brief
American Indian and Alaska Native	23	0.2	0.9%	map	brief
Asian	20	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	74	0.7	5.5%	map	
Two or more races	80	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	254	2.3	12.5%	map	brief
Household population	10,716	98.9	97.2%	map	brief
Group quarters population	119	1.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.96	(X)	3.14	map	
Total housing units	4,526			map	
Occupied housing units	4,298	95.0	91.0%		brief
Owner-occupied housing units	3,494	81.3	66.2%	map	brief
Renter-occupied housing units	804	18.7	33.8%	map	brief
Vacant housing units	228	5.0	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	7,266				
High school graduate or higher	6,297	86.7	80.4%	map	brief
Bachelor's degree or higher	1,084	14.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,331	16.5	12.7%	map	brief
Disability status (population 5 years and over)	1,840	18.3	19.3%	map	brief
Foreign born	131	1.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,656	63.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,628	59.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	430	4.2	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,692	67.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,453	(X)	41,994	map	
Median family income in 1999 (dollars)	51,443	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,931	(X)	21,587	map	
Families below poverty level	109	3.6	9.2%	map	brief
Individuals below poverty level	501	4.7	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	3,026				brief
Median value (dollars)	84,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	836	(X)	1,088	map	
Not mortgaged (dollars)	281	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61604

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	33,587			map	brief
Male	15,609	46.5	49.1%	map	brief
Female	17,978	53.5	50.9%	map	brief
Median age (years)	37.2	(X)	35.3	map	brief
Under 5 years	2,528	7.5	6.8%	map	
18 years and over	25,331	75.4	74.3%		
65 years and over	5,889	17.5	12.4%	map	brief
One race	32,871	97.9	97.6%		
White	25,875	77.0	75.1%	map	brief
Black or African American	6,291	18.7	12.3%	map	brief
American Indian and Alaska Native	90	0.3	0.9%	map	brief
Asian	382	1.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	228	0.7	5.5%	map	
Two or more races	716	2.1	2.4%	map	brief
Hispanic or Latino (of any race)	563	1.7	12.5%	map	brief
Household population	31,598	94.1	97.2%	map	brief
Group quarters population	1,989	5.9	2.8%	map	
Average household size	2.34	(X)	2.59	map	brief
Average family size	2.95	(X)	3.14	map	
Total housing units	14,477			map	
Occupied housing units	13,508	93.3	91.0%		brief
Owner-occupied housing units	9,341	69.2	66.2%	map	brief
Renter-occupied housing units	4,167	30.8	33.8%	map	brief
Vacant housing units	969	6.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	22,637				
High school graduate or higher	18,496	81.7	80.4%	map	brief
Bachelor's degree or higher	4,315	19.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,434	13.5	12.7%	map	brief
Disability status (population 5 years and over)	5,506	18.7	19.3%	map	brief
Foreign born	763	2.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,552	54.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,705	45.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,621	5.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	15,895	60.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	17.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	35,878	(X)	41,994	map	
Median family income in 1999 (dollars)	42,757	(X)	50,046	map	
Per capita income in 1999 (dollars)	18,741	(X)	21,587	map	
Families below poverty level	967	11.2	9.2%	map	brief
Individuals below poverty level	4,422	14.0	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	8,350				brief
Median value (dollars)	75,200	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			
With a mortgage (dollars)	772	(X)	1,088	map	
Not mortgaged (dollars)	282	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61607

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,473			map	brief
Male	5,069	48.4	49.1%	map	brief
Female	5,404	51.6	50.9%	map	brief
Median age (years)	40.3	(X)	35.3	map	brief
Under 5 years	583	5.6	6.8%	map	
18 years and over	8,081	77.2	74.3%		
65 years and over	1,566	15.0	12.4%	map	brief
One race	10,402	99.3	97.6%		
White	10,229	97.7	75.1%	map	brief
Black or African American	78	0.7	12.3%	map	brief
American Indian and Alaska Native	14	0.1	0.9%	map	brief
Asian	40	0.4	3.8%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	40	0.4	5.5%	map	
Two or more races	71	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	105	1.0	12.5%	map	brief
Household population	10,461	99.9	97.2%	map	brief
Group quarters population	12	0.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.91	(X)	3.14	map	
Total housing units	4,343			map	
Occupied housing units	4,195	96.6	91.0%		brief
Owner-occupied housing units	3,492	83.2	86.2%	map	brief
Renter-occupied housing units	703	16.8	33.8%	map	brief
Vacant housing units	148	3.4	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,317				
High school graduate or higher	6,215	84.9	80.4%	map	brief
Bachelor's degree or higher	804	11.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,350	16.8	12.7%	map	brief
Disability status (population 5 years and over)	1,292	13.2	19.3%	map	brief
Foreign born	90	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,716	66.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,646	59.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	205	2.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,598	67.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	19.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,708	(X)	41,994	map	
Median family income in 1999 (dollars)	52,886	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,271	(X)	21,587	map	
Families below poverty level	110	3.6	9.2%	map	brief
Individuals below poverty level	544	5.2	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,252				brief
Median value (dollars)	85,800	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	802	(X)	1,088	map	
Not mortgaged (dollars)	278	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61602

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	774			map	brief
Male	523	67.6	49.1%	map	brief
Female	251	32.4	50.9%	map	brief
Median age (years)	39.4	(X)	35.3	map	brief
Under 5 years	14	1.8	6.8%	map	
18 years and over	713	92.1	74.3%		
65 years and over	120	15.5	12.4%	map	brief
One race	750	96.9	97.6%		
White	473	61.1	75.1%	map	brief
Black or African American	244	31.5	12.3%	map	brief
American Indian and Alaska Native	1	0.1	0.9%	map	brief
Asian	19	2.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	13	1.7	5.5%	map	
Two or more races	24	3.1	2.4%	map	brief
Hispanic or Latino (of any race)	31	4.0	12.5%	map	brief
Household population	481	62.1	97.2%	map	brief
Group quarters population	293	37.9	2.8%	map	
Average household size	1.43	(X)	2.59	map	brief
Average family size	2.83	(X)	3.14	map	
Total housing units	374			map	
Occupied housing units	337	90.1	91.0%		brief
Owner-occupied housing units	74	22.0	66.2%	map	
Renter-occupied housing units	263	78.0	33.8%	map	brief
Vacant housing units	37	9.9	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	613				
High school graduate or higher	376	61.3	80.4%	map	brief
Bachelor's degree or higher	107	17.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	130	17.8	12.7%	map	brief
Disability status (population 5 years and over)	308	55.2	19.3%	map	brief
Foreign born	13	1.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	198	37.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	46	21.6	52.1%		brief
Speak a language other than English at home (population 5 years and over)	46	6.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	164	22.4	63.9%		brief
Mean travel time to work in minutes (workers 18 years and older)	16.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	11,711	(X)	41,994	map	
Median family income in 1999 (dollars)	23,750	(X)	50,046	map	
Per capita income in 1999 (dollars)	13,351	(X)	21,587	map	
Families below poverty level	19	36.5	9.2%	map	brief
Individuals below poverty level	283	50.7	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	15				brief
Median value (dollars)	23,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	0	(X)	1,088	map	
Not mortgaged (dollars)	285	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61603

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	19,433			map	brief
Male	9,302	47.9	49.1%	map	brief
Female	10,131	52.1	50.9%	map	brief
Median age (years)	30.9	(X)	35.3	map	brief
Under 5 years	1,691	8.7	6.8%	map	
18 years and over	13,456	69.2	74.3%		
65 years and over	1,938	10.0	12.4%	map	brief
One race	18,897	97.2	97.6%		
White	11,845	61.0	75.1%	map	brief
Black or African American	6,241	32.1	12.3%	map	brief
American Indian and Alaska Native	75	0.4	0.9%	map	brief
Asian	168	0.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	14	0.1	0.1%	map	brief
Some other race	554	2.9	5.5%	map	
Two or more races	536	2.8	2.4%	map	brief
Hispanic or Latino (of any race)	949	4.9	12.5%	map	brief
Household population	18,835	96.9	97.2%	map	brief
Group quarters population	598	3.1	2.8%	map	
Average household size	2.54	(X)	2.59	map	brief
Average family size	3.23	(X)	3.14	map	
Total housing units	8,213			map	
Occupied housing units	7,417	90.3	91.0%		brief
Owner-occupied housing units	4,256	57.4	66.2%	map	
Renter-occupied housing units	3,162	42.6	33.8%	map	brief
Vacant housing units	796	9.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	11,452				
High school graduate or higher	8,758	76.5	80.4%	map	brief
Bachelor's degree or higher	1,478	12.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,530	11.5	12.7%	map	brief
Disability status (population 5 years and over)	4,357	25.0	19.3%	map	brief
Foreign born	646	3.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,991	45.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,940	38.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,273	7.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	8,734	62.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	18.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	30,196	(X)	41,994	map	
Median family income in 1999 (dollars)	35,263	(X)	50,046	map	
Per capita income in 1999 (dollars)	14,243	(X)	21,587	map	
Families below poverty level	895	20.1	9.2%	map	brief
Individuals below poverty level	4,489	23.9	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,943				brief
Median value (dollars)	53,900	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	666	(X)	1,088	map	
Not mortgaged (dollars)	252	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61604

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	33,587			map	brief
Male	15,609	46.5	49.1%	map	brief
Female	17,978	53.5	50.9%	map	brief
Median age (years)	37.2	(X)	35.3	map	brief
Under 5 years	2,528	7.5	6.8%	map	
18 years and over	25,331	75.4	74.3%		
65 years and over	5,889	17.5	12.4%	map	brief
One race	32,871	97.9	97.6%		
White	25,875	77.0	75.1%	map	brief
Black or African American	6,291	18.7	12.3%	map	brief
American Indian and Alaska Native	90	0.3	0.9%	map	brief
Asian	382	1.1	3.8%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	228	0.7	5.5%	map	
Two or more races	716	2.1	2.4%	map	brief
Hispanic or Latino (of any race)	563	1.7	12.5%	map	brief
Household population	31,598	94.1	97.2%	map	brief
Group quarters population	1,989	5.9	2.8%	map	
Average household size	2.34	(X)	2.59	map	brief
Average family size	2.95	(X)	3.14	map	
Total housing units	14,477			map	
Occupied housing units	13,508	93.3	91.0%		brief
Owner-occupied housing units	9,341	69.2	66.2%	map	brief
Renter-occupied housing units	4,167	30.8	33.8%	map	brief
Vacant housing units	969	6.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	22,637				
High school graduate or higher	18,496	81.7	80.4%	map	brief
Bachelor's degree or higher	4,315	19.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,434	13.5	12.7%	map	brief
Disability status (population 5 years and over)	5,506	18.7	19.3%	map	brief
Foreign born	763	2.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,552	54.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,705	45.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,821	5.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	15,895	60.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	17.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	35,878	(X)	41,994	map	
Median family income in 1999 (dollars)	42,757	(X)	50,046	map	
Per capita income in 1999 (dollars)	18,741	(X)	21,587	map	
Families below poverty level	957	11.2	9.2%	map	brief
Individuals below poverty level	4,422	14.0	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	8,350				brief
Median value (dollars)	75,200	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	772	(X)	1,088	map	
Not mortgaged (dollars)	282	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61605

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	18,529			map	brief
Male	8,524	46.0	49.1%	map	brief
Female	10,005	54.0	50.9%	map	brief
Median age (years)	28.6	(X)	35.3	map	brief
Under 5 years	1,905	10.3	6.8%	map	
18 years and over	11,944	64.5	74.3%		
65 years and over	2,330	12.6	12.4%	map	brief
One race	17,983	97.1	97.6%		
White	6,920	37.3	75.1%	map	brief
Black or African American	10,739	58.0	12.3%	map	brief
American Indian and Alaska Native	46	0.2	0.9%	map	brief
Asian	26	0.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	247	1.3	5.5%	map	
Two or more races	546	2.9	2.4%	map	brief
Hispanic or Latino (of any race)	599	3.2	12.5%	map	brief
Household population	18,382	99.2	97.2%	map	brief
Group quarters population	147	0.8	2.8%	map	
Average household size	2.66	(X)	2.59	map	brief
Average family size	3.31	(X)	3.14	map	
Total housing units	7,886			map	
Occupied housing units	6,910	87.6	91.0%		brief
Owner-occupied housing units	3,258	47.1	66.2%	map	
Renter-occupied housing units	3,652	52.9	33.8%	map	brief
Vacant housing units	976	12.4	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	10,141				
High school graduate or higher	5,989	59.1	80.4%	map	brief
Bachelor's degree or higher	363	3.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,512	12.8	12.7%	map	brief
Disability status (population 5 years and over)	4,683	28.3	19.3%	map	brief
Foreign born	314	1.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,049	37.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,045	28.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	770	4.6	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	6,541	52.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	18.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	18,355	(X)	41,994	map	
Median family income in 1999 (dollars)	20,991	(X)	50,046	map	
Per capita income in 1999 (dollars)	9,903	(X)	21,587	map	
Families below poverty level	1,643	36.5	9.2%	map	brief
Individuals below poverty level	7,733	42.2	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	3,166				brief
Median value (dollars)	34,100	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	574	(X)	1,088	map	
Not mortgaged (dollars)	213	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)


U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 61606

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	9,674			map	brief
Male	4,813	49.8	49.1%	map	brief
Female	4,881	50.2	50.9%	map	brief
Median age (years)	21.8	(X)	35.3	map	brief
Under 5 years	412	4.3	6.8%	map	
18 years and over	8,234	85.1	74.3%		
65 years and over	519	5.4	12.4%	map	brief
One race	9,448	97.7	97.6%		
White	7,248	74.9	75.1%	map	brief
Black or African American	1,762	18.2	12.3%	map	brief
American Indian and Alaska Native	11	0.1	0.9%	map	brief
Asian	265	2.7	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	12	0.1	0.1%	map	brief
Some other race	150	1.6	5.5%	map	
Two or more races	226	2.3	2.4%	map	brief
Hispanic or Latino (of any race)	237	2.4	12.5%	map	brief
Household population	7,108	73.5	97.2%	map	brief
Group quarters population	2,566	26.5	2.8%	map	
Average household size	2.46	(X)	2.59	map	brief
Average family size	3.15	(X)	3.14	map	
Total housing units	3,259			map	
Occupied housing units	2,887	88.6	91.0%		brief
Owner-occupied housing units	1,141	39.5	66.2%	map	brief
Renter-occupied housing units	1,746	60.5	33.8%	map	brief
Vacant housing units	372	11.4	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	3,549				
High school graduate or higher	2,992	84.3	80.4%	map	brief
Bachelor's degree or higher	1,205	34.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	546	6.7	12.7%	map	brief
Disability status (population 5 years and over)	1,223	13.3	19.3%	map	brief
Foreign born	463	4.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,233	29.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,201	27.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	937	10.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,398	84.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	12.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	28,660	(X)	41,994	map	
Median family income in 1999 (dollars)	41,420	(X)	50,046	map	
Per capita income in 1999 (dollars)	13,391	(X)	21,587	map	
Families below poverty level	191	15.1	9.2%	map	brief
Individuals below poverty level	2,262	31.8	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	1,035				brief
Median value (dollars)	75,700	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	874	(X)	1,088	map	
Not mortgaged (dollars)	311	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)


U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 61607

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,473			map	brief
Male	5,069	48.4	49.1%	map	brief
Female	5,404	51.6	50.9%	map	brief
Median age (years)	40.3	(X)	35.3	map	brief
Under 5 years	583	5.6	6.8%	map	
18 years and over	8,081	77.2	74.3%		
65 years and over	1,566	15.0	12.4%	map	brief
One race	10,402	99.3	97.6%		
White	10,229	97.7	75.1%	map	brief
Black or African American	78	0.7	12.3%	map	brief
American Indian and Alaska Native	14	0.1	0.9%	map	brief
Asian	40	0.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	40	0.4	5.5%	map	
Two or more races	71	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	105	1.0	12.5%	map	brief
Household population	10,461	99.9	97.2%	map	brief
Group quarters population	12	0.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.91	(X)	3.14	map	
Total housing units	4,343			map	
Occupied housing units	4,195	96.6	91.0%		brief
Owner-occupied housing units	3,492	83.2	66.2%	map	brief
Renter-occupied housing units	703	16.8	33.8%	map	brief
Vacant housing units	148	3.4	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,317				
High school graduate or higher	6,215	84.9	80.4%	map	brief
Bachelor's degree or higher	804	11.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,350	16.8	12.7%	map	brief
Disability status (population 5 years and over)	1,292	13.2	19.3%	map	brief
Foreign born	90	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,716	66.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,646	59.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	205	2.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,598	67.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	19.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,708	(X)	41,994	map	
Median family income in 1999 (dollars)	52,686	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,271	(X)	21,587	map	
Families below poverty level	110	3.6	9.2%	map	brief
Individuals below poverty level	544	5.2	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,252				brief
Median value (dollars)	85,800	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	802	(X)	1,088	map	
Not mortgaged (dollars)	278	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61614

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	34,386			map	brief
Male	16,363	47.6	49.1%	map	brief
Female	18,023	52.4	50.9%	map	brief
Median age (years)	41.3	(X)	35.3	map	brief
Under 5 years	1,843	5.4	6.8%	map	
18 years and over	27,442	79.8	74.3%		
65 years and over	6,831	19.9	12.4%	map	brief
One race	33,999	98.9	97.6%		
White	30,802	89.0	75.1%	map	brief
Black or African American	1,914	5.6	12.3%	map	brief
American Indian and Alaska Native	50	0.1	0.9%	map	brief
Asian	1,237	3.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	2	0.0	0.1%	map	brief
Some other race	194	0.6	5.5%	map	
Two or more races	387	1.1	2.4%	map	brief
Hispanic or Latino (of any race)	492	1.4	12.5%	map	brief
Household population	33,599	97.7	97.2%	map	brief
Group quarters population	787	2.3	2.8%	map	
Average household size	2.17	(X)	2.59	map	brief
Average family size	2.82	(X)	3.14	map	
Total housing units	16,542			map	
Occupied housing units	15,485	93.6	91.0%		brief
Owner-occupied housing units	10,294	66.5	66.2%	map	brief
Renter-occupied housing units	5,191	33.5	33.8%	map	brief
Vacant housing units	1,057	6.4	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	24,704				
High school graduate or higher	22,447	90.9	80.4%	map	brief
Bachelor's degree or higher	9,175	37.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,891	14.2	12.7%	map	brief
Disability status (population 5 years and over)	5,089	15.8	19.3%	map	brief
Foreign born	2,086	6.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	8,061	60.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	8,135	53.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,785	8.5	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	17,959	63.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	15.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	47,030	(X)	41,994	map	
Median family income in 1999 (dollars)	60,977	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,485	(X)	21,587	map	
Families below poverty level	333	3.6	9.2%	map	brief
Individuals below poverty level	1,879	5.5	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	9,344				brief
Median value (dollars)	106,300	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	988	(X)	1,088	map	
Not mortgaged (dollars)	383	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)


U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 61615

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	18,411			map	brief
Male	8,925	48.5	49.1%	map	brief
Female	9,486	51.5	50.9%	map	brief
Median age (years)	36.6	(X)	35.3	map	brief
Under 5 years	1,208	6.6	6.8%	map	
18 years and over	13,836	75.2	74.3%		
65 years and over	2,100	11.4	12.4%	map	brief
One race	18,123	98.4	97.6%		
White	15,352	83.4	75.1%	map	brief
Black or African American	1,931	10.5	12.3%	map	brief
American Indian and Alaska Native	24	0.1	0.9%	map	brief
Asian	694	3.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	3	0.0	0.1%	map	brief
Some other race	119	0.6	5.5%	map	
Two or more races	288	1.6	2.4%	map	brief
Hispanic or Latino (of any race)	310	1.7	12.5%	map	brief
Household population	18,308	99.4	97.2%	map	brief
Group quarters population	103	0.6	2.8%	map	
Average household size	2.38	(X)	2.59	map	brief
Average family size	3.00	(X)	3.14	map	
Total housing units	8,157			map	
Occupied housing units	7,707	94.5	91.0%		brief
Owner-occupied housing units	5,307	68.9	65.2%	map	
Renter-occupied housing units	2,400	31.1	33.8%	map	brief
Vacant housing units	450	5.5	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	12,519				
High school graduate or higher	11,324	90.5	80.4%	map	brief
Bachelor's degree or higher	4,835	38.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,897	13.6	12.7%	map	brief
Disability status (population 5 years and over)	2,162	12.5	19.3%	map	brief
Foreign born	926	5.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	4,427	63.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,513	58.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,262	7.3	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	10,255	71.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	17.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	51,548	(X)	41,994	map	
Median family income in 1999 (dollars)	64,958	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,784	(X)	21,587	map	
Families below poverty level	227	4.4	9.2%	map	brief
Individuals below poverty level	1,155	6.3	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	4,789				brief
Median value (dollars)	124,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,149	(X)	1,088	map	
Not mortgaged (dollars)	363	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)


U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 61614

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	34,386			map	brief
Male	16,383	47.6	49.1%	map	brief
Female	18,023	52.4	50.9%	map	brief
Median age (years)	41.3	(X)	35.3	map	brief
Under 5 years	1,843	5.4	6.8%	map	
18 years and over	27,442	79.8	74.3%		
65 years and over	6,831	19.9	12.4%	map	brief
One race	33,999	98.9	97.6%		
White	30,602	89.0	75.1%	map	brief
Black or African American	1,914	5.6	12.3%	map	brief
American Indian and Alaska Native	50	0.1	0.9%	map	brief
Asian	1,237	3.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	2	0.0	0.1%	map	brief
Some other race	194	0.6	5.5%	map	
Two or more races	387	1.1	2.4%	map	brief
Hispanic or Latino (of any race)	492	1.4	12.5%	map	brief
Household population	33,599	97.7	97.2%	map	brief
Group quarters population	787	2.3	2.8%	map	
Average household size	2.17	(X)	2.59	map	brief
Average family size	2.82	(X)	3.14	map	
Total housing units	16,542			map	
Occupied housing units	15,485	93.6	91.0%		brief
Owner-occupied housing units	10,294	66.5	66.2%	map	
Renter-occupied housing units	5,191	33.5	33.8%	map	brief
Vacant housing units	1,057	6.4	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	24,704				
High school graduate or higher	22,447	90.9	80.4%	map	brief
Bachelor's degree or higher	9,175	37.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,891	14.2	12.7%	map	brief
Disability status (population 5 years and over)	5,089	15.8	19.3%	map	brief
Foreign born	2,086	6.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	8,061	60.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	8,135	53.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,785	8.5	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	17,959	63.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	15.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	47,030	(X)	41,994	map	
Median family income in 1999 (dollars)	60,977	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,485	(X)	21,587	map	
Families below poverty level	333	3.6	9.2%	map	brief
Individuals below poverty level	1,879	5.5	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	9,344				brief
Median value (dollars)	106,300	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	988	(X)	1,088	map	
Not mortgaged (dollars)	383	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)


U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 61559

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	3,067			map	brief
Male	1,511	49.3	49.1%	map	brief
Female	1,556	50.7	50.9%	map	brief
Median age (years)	38.1	(X)	35.3	map	brief
Under 5 years	213	6.9	6.8%	map	
18 years and over	2,246	73.2	74.3%		
65 years and over	444	14.5	12.4%	map	brief
One race	3,035	99.0	97.6%		
White	2,985	97.3	75.1%	map	brief
Black or African American	2	0.1	12.3%	map	brief
American Indian and Alaska Native	10	0.3	0.9%	map	brief
Asian	3	0.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	34	1.1	5.5%	map	
Two or more races	32	1.0	2.4%	map	brief
Hispanic or Latino (of any race)	81	2.6	12.5%	map	brief
Household population	3,064	99.9	97.2%	map	brief
Group quarters population	3	0.1	2.8%	map	
Average household size	2.63	(X)	2.59	map	brief
Average family size	3.10	(X)	3.14	map	
Total housing units	1,283			map	
Occupied housing units	1,167	91.0	91.0%		brief
Owner-occupied housing units	932	79.9	66.2%	map	
Renter-occupied housing units	235	20.1	33.8%	map	brief
Vacant housing units	116	9.0	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	2,036				
High school graduate or higher	1,799	88.4	80.4%	map	brief
Bachelor's degree or higher	264	13.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	379	16.8	12.7%	map	brief
Disability status (population 5 years and over)	389	13.7	19.3%	map	brief
Foreign born	29	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	759	66.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	758	60.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	121	4.3	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,539	65.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	24.1	(X)	25.5	map	brief
Median household income in 1999 (dollars)	47,596	(X)	41,994	map	
Median family income in 1999 (dollars)	53,553	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,002	(X)	21,587	map	
Families below poverty level	31	3.5	9.2%	map	brief
Individuals below poverty level	120	3.9	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	734				brief
Median value (dollars)	89,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	888	(X)	1,088	map	
Not mortgaged (dollars)	321	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61523

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	10,835			map	brief
Male	5,319	49.1	49.1%	map	brief
Female	5,516	50.9	50.9%	map	brief
Median age (years)	39.2	(X)	35.3	map	brief
Under 5 years	658	6.1	6.8%	map	
18 years and over	8,177	75.5	74.3%		
65 years and over	1,592	14.7	12.4%	map	brief
One race	10,755	99.3	97.6%		
White	10,611	97.9	75.1%	map	brief
Black or African American	23	0.2	12.3%	map	brief
American Indian and Alaska Native	23	0.2	0.9%	map	brief
Asian	20	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	74	0.7	5.5%	map	
Two or more races	80	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	254	2.3	12.5%	map	brief
Household population	10,716	98.9	97.2%	map	brief
Group quarters population	119	1.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.96	(X)	3.14	map	
Total housing units	4,526			map	
Occupied housing units	4,298	95.0	91.0%		brief
Owner-occupied housing units	3,494	81.3	66.2%	map	
Renter-occupied housing units	804	18.7	33.8%	map	brief
Vacant housing units	228	5.0	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	7,266				
High school graduate or higher	6,297	86.7	80.4%	map	brief
Bachelor's degree or higher	1,084	14.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,331	16.5	12.7%	map	brief
Disability status (population 5 years and over)	1,840	18.3	19.3%	map	brief
Foreign born	131	1.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,656	63.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,628	59.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	430	4.2	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,692	67.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,453	(X)	41,994	map	
Median family income in 1999 (dollars)	51,443	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,931	(X)	21,587	map	
Families below poverty level	109	3.6	9.2%	map	brief
Individuals below poverty level	501	4.7	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	3,026				brief
Median value (dollars)	84,100	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	838	(X)	1,088	map	
Not mortgaged (dollars)	281	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61523

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,835			map	brief
Male	5,319	49.1	49.1%	map	brief
Female	5,516	50.9	50.9%	map	brief
Median age (years)	39.2	(X)	35.3	map	brief
Under 5 years	658	6.1	6.8%	map	
18 years and over	8,177	75.5	74.3%		
65 years and over	1,592	14.7	12.4%	map	brief
One race	10,755	99.3	97.6%		
White	10,611	97.9	75.1%	map	brief
Black or African American	23	0.2	12.3%	map	brief
American Indian and Alaska Native	23	0.2	0.9%	map	brief
Asian	20	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	74	0.7	5.5%	map	
Two or more races	80	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	254	2.3	12.5%	map	brief
Household population	10,716	98.9	97.2%	map	brief
Group quarters population	119	1.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.96	(X)	3.14	map	
Total housing units	4,526		-	map	
Occupied housing units	4,298	95.0	91.0%		brief
Owner-occupied housing units	3,494	81.3	66.2%	map	
Renter-occupied housing units	804	18.7	33.8%	map	brief
Vacant housing units	228	5.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,266				
High school graduate or higher	6,297	86.7	80.4%	map	brief
Bachelor's degree or higher	1,084	14.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,331	16.5	12.7%	map	brief
Disability status (population 5 years and over)	1,840	18.3	19.3%	map	brief
Foreign born	131	1.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,656	63.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,628	59.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	430	4.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,692	67.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,453	(X)	41,994	map	
Median family income in 1999 (dollars)	51,443	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,931	(X)	21,587	map	
Families below poverty level	109	3.6	9.2%	map	brief
Individuals below poverty level	501	4.7	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,028				brief
Median value (dollars)	84,100	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	838	(X)	1,088	map	
Not mortgaged (dollars)	281	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61529

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	2,665			map	brief
Male	1,267	47.5	49.1%	map	brief
Female	1,398	52.5	50.9%	map	brief
Median age (years)	39.0	(X)	35.3	map	brief
Under 5 years	187	7.0	6.8%	map	
18 years and over	1,965	73.7	74.3%		
65 years and over	430	16.1	12.4%	map	brief
One race	2,651	99.5	97.6%		
White	2,627	98.6	75.1%	map	brief
Black or African American	3	0.1	12.3%	map	brief
American Indian and Alaska Native	13	0.5	0.9%	map	brief
Asian	3	0.1	3.8%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	5	0.2	5.5%	map	
Two or more races	14	0.5	2.4%	map	brief
Hispanic or Latino (of any race)	24	0.9	12.5%	map	brief
Household population	2,653	99.5	97.2%	map	brief
Group quarters population	12	0.5	2.8%	map	
Average household size	2.55	(X)	2.59	map	brief
Average family size	3.00	(X)	3.14	map	
Total housing units	1,085	--		map	
Occupied housing units	1,041	95.9	91.0%		brief
Owner-occupied housing units	857	82.3	66.2%	map	brief
Renter-occupied housing units	184	17.7	33.8%	map	brief
Vacant housing units	44	4.1	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	1,804				
High school graduate or higher	1,589	88.1	80.4%	map	brief
Bachelor's degree or higher	296	16.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	298	15.1	12.7%	map	brief
Disability status (population 5 years and over)	352	14.3	19.3%	map	brief
Foreign born	20	0.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	694	69.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	715	64.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	76	3.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,354	84.8	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,531	(X)	41,994	map	
Median family income in 1999 (dollars)	51,577	(X)	50,046	map	
Per capita income in 1999 (dollars)	20,095	(X)	21,587	map	
Families below poverty level	29	3.8	9.2%	map	brief
Individuals below poverty level	116	4.4	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	727				brief
Median value (dollars)	79,900	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	832	(X)	1,088	map	
Not mortgaged (dollars)	290	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61536

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	2,892			map	brief
Male	1,543	53.4	49.1%	map	brief
Female	1,349	46.6	50.9%	map	brief
Median age (years)	38.0	(X)	35.3	map	brief
Under 5 years	185	6.4	6.8%	map	
18 years and over	2,248	77.7	74.3%		
65 years and over	363	12.6	12.4%	map	brief
One race	2,874	99.4	97.6%		
White	2,611	90.3	75.1%	map	brief
Black or African American	210	7.3	12.3%	map	brief
American Indian and Alaska Native	12	0.4	0.9%	map	brief
Asian	17	0.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	23	0.8	5.5%	map	
Two or more races	18	0.6	2.4%	map	brief
Hispanic or Latino (of any race)	44	1.5	12.5%	map	brief
Household population	2,643	91.4	97.2%	map	brief
Group quarters population	249	8.6	2.8%	map	
Average household size	2.59	(X)	2.59	map	brief
Average family size	2.96	(X)	3.14	map	
Total housing units	1,074			map	
Occupied housing units	1,020	95.0	91.0%		brief
Owner-occupied housing units	864	84.7	66.2%	map	
Renter-occupied housing units	156	15.3	33.8%	map	brief
Vacant housing units	54	5.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	1,952				
High school graduate or higher	1,646	84.3	80.4%	map	brief
Bachelor's degree or higher	218	11.2	24.4%	map	
Civilian veterans (civilian population 18 years and over)	259	11.7	12.7%	map	brief
Disability status (population 5 years and over)	420	16.9	19.3%	map	brief
Foreign born	25	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	877	68.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	714	68.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	75	2.8	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,445	63.2	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	24.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	50,903	(X)	41,994	map	
Median family income in 1999 (dollars)	56,761	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,714	(X)	21,587	map	
Families below poverty level	48	6.0	9.2%	map	brief
Individuals below poverty level	176	6.6	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	638				brief
Median value (dollars)	92,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	958	(X)	1,088	map	
Not mortgaged (dollars)	279	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61523

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	10,835			map	brief
Male	5,319	49.1	49.1%	map	brief
Female	5,516	50.9	50.9%	map	brief
Median age (years)	39.2	(X)	35.3	map	brief
Under 5 years	658	6.1	6.8%	map	
18 years and over	8,177	75.5	74.3%		
65 years and over	1,592	14.7	12.4%	map	brief
One race	10,755	99.3	97.6%		
White	10,611	97.9	75.1%	map	brief
Black or African American	23	0.2	12.3%	map	brief
American Indian and Alaska Native	23	0.2	0.9%	map	brief
Asian	20	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	74	0.7	5.5%	map	
Two or more races	80	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	254	2.3	12.5%	map	brief
Household population	10,716	98.9	97.2%	map	brief
Group quarters population	119	1.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.98	(X)	3.14	map	
Total housing units	4,526			map	
Occupied housing units	4,298	95.0	91.0%		brief
Owner-occupied housing units	3,494	81.3	66.2%	map	
Renter-occupied housing units	804	18.7	33.8%	map	brief
Vacant housing units	228	5.0	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	7,266				
High school graduate or higher	6,297	86.7	80.4%	map	brief
Bachelor's degree or higher	1,084	14.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,331	16.5	12.7%	map	brief
Disability status (population 5 years and over)	1,840	18.3	19.3%	map	brief
Foreign born	131	1.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,656	63.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,628	59.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	430	4.2	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,892	67.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,453	(X)	41,994	map	
Median family income in 1999 (dollars)	51,443	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,931	(X)	21,587	map	
Families below poverty level	109	3.6	9.2%	map	brief
Individuals below poverty level	501	4.7	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	3,026				brief
Median value (dollars)	84,100	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	838	(X)	1,088	map	
Not mortgaged (dollars)	281	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61517

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	3,139			map	brief
Male	1,590	50.7	49.1%	map	brief
Female	1,549	49.3	50.9%	map	brief
Median age (years)	38.9	(X)	35.3	map	brief
Under 5 years	195	6.2	6.8%	map	
18 years and over	2,279	72.6	74.3%		
65 years and over	348	11.1	12.4%	map	brief
One race	3,113	99.2	97.6%		
White	3,078	98.1	75.1%	map	brief
Black or African American	8	0.3	12.3%	map	brief
American Indian and Alaska Native	8	0.3	0.9%	map	brief
Asian	6	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	13	0.4	5.5%	map	
Two or more races	26	0.8	2.4%	map	brief
Hispanic or Latino (of any race)	43	1.4	12.5%	map	brief
Household population	3,138	100.0	97.2%	map	brief
Group quarters population	1	0.0	2.8%	map	
Average household size	2.74	(X)	2.59	map	brief
Average family size	3.07	(X)	3.14	map	
Total housing units	1,178			map	
Occupied housing units	1,145	97.2	91.0%		brief
Owner-occupied housing units	1,007	87.9	68.2%	map	
Renter-occupied housing units	138	12.1	33.8%	map	brief
Vacant housing units	33	2.8	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	2,152				
High school graduate or higher	1,961	91.1	80.4%	map	brief
Bachelor's degree or higher	460	21.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	356	15.3	12.7%	map	brief
Disability status (population 5 years and over)	349	11.7	19.3%	map	brief
Foreign born	54	1.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	844	69.1	58.7%		brief
Female, Now married, except separated (population 15 years and over)	854	67.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	45	1.5	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,777	73.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	25.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	63,077	(X)	41,994	map	
Median family income in 1999 (dollars)	66,496	(X)	50,046	map	
Per capita income in 1999 (dollars)	23,357	(X)	21,587	map	
Families below poverty level	31	3.3	9.2%	map	brief
Individuals below poverty level	141	4.5	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	819				brief
Median value (dollars)	110,700	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	940	(X)	1,088	map	
Not mortgaged (dollars)	312	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61569

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	1,215			map	brief
Male	637	52.4	49.1%	map	brief
Female	578	47.6	50.9%	map	brief
Median age (years)	42.1	(X)	35.3	map	brief
Under 5 years	51	4.2	6.8%	map	
18 years and over	942	77.5	74.3%		
65 years and over	184	15.1	12.4%	map	brief
One race	1,201	98.8	97.6%		
White	1,187	97.7	75.1%	map	brief
Black or African American	4	0.3	12.3%	map	brief
American Indian and Alaska Native	4	0.3	0.9%	map	brief
Asian	3	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.1	0.1%	map	brief
Some other race	2	0.2	5.5%	map	
Two or more races	14	1.2	2.4%	map	brief
Hispanic or Latino (of any race)	6	0.5	12.5%	map	brief
Household population	1,215	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.59	(X)	2.59	map	brief
Average family size	2.89	(X)	3.14	map	
Total housing units	482			map	
Occupied housing units	470	97.5	91.0%		brief
Owner-occupied housing units	420	89.4	66.2%	map	brief
Renter-occupied housing units	50	10.6	33.8%	map	brief
Vacant housing units	12	2.5	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	905				
High school graduate or higher	837	92.5	80.4%	map	brief
Bachelor's degree or higher	148	16.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	224	23.1	12.7%	map	brief
Disability status (population 5 years and over)	196	16.7	19.3%	map	brief
Foreign born	0	0.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	377	71.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	402	79.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	6	0.5	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	603	59.6	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	26.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	53,542	(X)	41,994	map	
Median family income in 1999 (dollars)	62,344	(X)	50,046	map	
Per capita income in 1999 (dollars)	24,636	(X)	21,587	map	
Families below poverty level	11	2.8	9.2%	map	brief
Individuals below poverty level	47	3.9	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	348				brief
Median value (dollars)	102,700	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	980	(X)	1,088	map	
Not mortgaged (dollars)	328	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 61607

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	10,473			map	brief
Male	5,069	48.4	49.1%	map	brief
Female	5,404	51.6	50.9%	map	brief
Median age (years)	40.3	(X)	35.3	map	brief
Under 5 years	583	5.6	6.8%	map	
18 years and over	8,081	77.2	74.3%		
65 years and over	1,566	15.0	12.4%	map	brief
One race	10,402	99.3	97.6%		
White	10,229	97.7	75.1%	map	brief
Black or African American	78	0.7	12.3%	map	brief
American Indian and Alaska Native	14	0.1	0.9%	map	brief
Asian	40	0.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	40	0.4	5.5%	map	
Two or more races	71	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	105	1.0	12.5%	map	brief
Household population	10,461	99.9	97.2%	map	brief
Group quarters population	12	0.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.91	(X)	3.14	map	
Total housing units	4,343			map	
Occupied housing units	4,195	96.6	91.0%		brief
Owner-occupied housing units	3,492	83.2	66.2%	map	brief
Renter-occupied housing units	703	16.8	33.8%	map	brief
Vacant housing units	148	3.4	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	7,317				
High school graduate or higher	6,215	84.9	80.4%	map	brief
Bachelor's degree or higher	804	11.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,350	16.8	12.7%	map	brief
Disability status (population 5 years and over)	1,292	13.2	19.3%	map	brief
Foreign born	90	0.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,716	66.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,646	59.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	205	2.1	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,598	67.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	19.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,708	(X)	41,994	map	
Median family income in 1999 (dollars)	52,688	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,271	(X)	21,587	map	
Families below poverty level	110	3.6	9.2%	map	brief
Individuals below poverty level	544	5.2	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	3,252				brief
Median value (dollars)	85,800	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	802	(X)	1,088	map	
Not mortgaged (dollars)	278	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61523

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,835			map	brief
Male	5,319	49.1	49.1%	map	brief
Female	5,516	50.9	50.9%	map	brief
Median age (years)	39.2	(X)	35.3	map	brief
Under 5 years	658	6.1	6.8%	map	
18 years and over	8,177	75.5	74.3%		
65 years and over	1,592	14.7	12.4%	map	brief
One race	10,755	99.3	97.6%		
White	10,611	97.9	75.1%	map	brief
Black or African American	23	0.2	12.3%	map	brief
American Indian and Alaska Native	23	0.2	0.9%	map	brief
Asian	20	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	74	0.7	5.5%	map	
Two or more races	80	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	254	2.3	12.5%	map	brief
Household population	10,716	98.9	97.2%	map	brief
Group quarters population	119	1.1	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	2.98	(X)	3.14	map	
Total housing units	4,526			map	
Occupied housing units	4,298	95.0	91.0%		brief
Owner-occupied housing units	3,494	81.3	86.2%	map	brief
Renter-occupied housing units	804	18.7	33.8%	map	brief
Vacant housing units	228	5.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,266				
High school graduate or higher	6,297	86.7	80.4%	map	brief
Bachelor's degree or higher	1,084	14.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,331	16.5	12.7%	map	brief
Disability status (population 5 years and over)	1,840	18.3	19.3%	map	brief
Foreign born	131	1.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,656	63.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,628	59.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	430	4.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,692	67.3	83.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	21.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,453	(X)	41,994	map	
Median family income in 1999 (dollars)	51,443	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,931	(X)	21,587	map	
Families below poverty level	109	3.6	9.2%	map	brief
Individuals below poverty level	501	4.7	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,026				brief
Median value (dollars)	84,100	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	838	(X)	1,088	map	
Not mortgaged (dollars)	281	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61526

View a Fact Sheet for a race, ethnic, or ancestry group

Consus 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	1,173			map	brief
Male	599	51.1	49.1%	map	brief
Female	574	48.9	50.9%	map	brief
Median age (years)	36.8	(X)	35.3	map	brief
Under 5 years	83	7.1	6.8%	map	
18 years and over	813	69.3	74.3%		
65 years and over	116	9.9	12.4%	map	brief
One race	1,164	99.2	97.6%		
White	1,140	97.2	75.1%	map	brief
Black or African American	4	0.3	12.3%	map	brief
American Indian and Alaska Native	5	0.4	0.9%	map	brief
Asian	14	1.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	1	0.1	5.5%	map	
Two or more races	9	0.8	2.4%	map	brief
Hispanic or Latino (of any race)	4	0.3	12.5%	map	brief
Household population	1,173	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.99	(X)	2.59	map	brief
Average family size	3.23	(X)	3.14	map	
Total housing units	400			map	
Occupied housing units	392	98.0	91.0%		brief
Owner-occupied housing units	353	90.1	66.2%	map	
Renter-occupied housing units	39	9.9	33.8%	map	brief
Vacant housing units	8	2.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	807				
High school graduate or higher	679	84.1	80.4%	map	brief
Bachelor's degree or higher	137	17.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	78	9.0	12.7%	map	brief
Disability status (population 5 years and over)	108	9.6	19.3%	map	brief
Foreign born	6	0.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	352	75.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	366	79.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	47	4.2	17.9%	map	brief

Economic Characteristics - show more >>


	Number	Percent	U.S.		
In labor force (population 16 years and over)	662	73.6	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	22.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	65,217	(X)	41,994	map	
Median family income in 1999 (dollars)	67,337	(X)	50,046	map	
Per capita income in 1999 (dollars)	24,575	(X)	21,587	map	
Families below poverty level	0	0.0	9.2%	map	brief
Individuals below poverty level	10	0.8	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	324				brief
Median value (dollars)	123,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,163	(X)	1,088	map	
Not mortgaged (dollars)	296	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 61604

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	33,587			map	brief
Male	15,609	46.5	49.1%	map	brief
Female	17,978	53.5	50.9%	map	brief
Median age (years)	37.2	(X)	35.3	map	brief
Under 5 years	2,528	7.5	6.8%	map	
18 years and over	25,331	75.4	74.3%		
65 years and over	5,889	17.5	12.4%	map	brief
One race	32,871	97.9	97.6%		
White	25,875	77.0	75.1%	map	brief
Black or African American	6,291	18.7	12.3%	map	brief
American Indian and Alaska Native	90	0.3	0.9%	map	brief
Asian	382	1.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	228	0.7	5.5%	map	
Two or more races	716	2.1	2.4%	map	brief
Hispanic or Latino (of any race)	563	1.7	12.5%	map	brief
Household population	31,598	94.1	97.2%	map	brief
Group quarters population	1,989	5.9	2.8%	map	
Average household size	2.34	(X)	2.59	map	brief
Average family size	2.95	(X)	3.14	map	
Total housing units	14,477			map	
Occupied housing units	13,508	93.3	91.0%		brief
Owner-occupied housing units	9,341	69.2	66.2%	map	
Renter-occupied housing units	4,167	30.8	33.8%	map	brief
Vacant housing units	969	6.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	22,637				
High school graduate or higher	18,496	81.7	80.4%	map	brief
Bachelor's degree or higher	4,315	19.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,434	13.5	12.7%	map	brief
Disability status (population 5 years and over)	5,506	18.7	19.3%	map	brief
Foreign born	763	2.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,552	54.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,705	45.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,621	5.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	15,895	60.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	17.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	35,878	(X)	41,994	map	
Median family income in 1999 (dollars)	42,757	(X)	50,046	map	
Per capita income in 1999 (dollars)	18,741	(X)	21,587	map	
Families below poverty level	957	11.2	9.2%	map	brief
Individuals below poverty level	4,422	14.0	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	8,350				brief
Median value (dollars)	75,200	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	772	(X)	1,088	map	
Not mortgaged (dollars)	282	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



HEALTH STAFF INC.

January 20, 2011

Health Staff currently provides contract nursing services for Bel-Wood Nursing Home.

We look forward to the new facility and our ongoing efforts providing the residents of Bel-Wood with the best qualified staff upon completion of the newly constructed nursing Home.

:
:

Sincerely,

Kenneth D. Moore

Health Staff

FIDELITY ON CALL

Medical Staffing Specialists

January 20, 2011

Matt Niukirk, Administrator
Bel-Wood Nursing Home
6701 W Plank Road
Peoria, IL 61701

Dear Matt:

As you are aware, Fidelity On Call, Ltd currently provides nursing services to Bel-Wood Nursing Home.

We look forward to the new facility and to providing you with the best qualified staff upon its completion.

Sincerely,

FIDELITY ON CALL, LTD.



Pat Drake
Vice President

pd/lb



JCAHO Gold Seal
of approval



June 7, 2010

ERS, Inc. Staffing and Healthcare Services currently provides contract nursing services for Belwood County Nursing Home.

We look forward to the new facility and our ongoing efforts providing the residents of Belwood with the best qualified staff upon completion of the newly constructed nursing home.

Sincerely,

A handwritten signature in black ink, appearing to read "Pete Holman".

Pete Holman



September 4, 2009

Mr. John Kniery
 Foley & Associates
 1638 South MacArthur Boulevard
 Springfield, Illinois 62704

Dear John:

The requested data related to the registered nurse, licensed practical nurse, and nursing aide, orderly and attendant occupations in the Peoria, Illinois labor market is shown below. The counties of Peoria and Tazwell are considered the relevant labor market due to access to reliable and current data, although at least portions of Woodford, Marshall, and Fulton Counties could be included particularly at the higher skill levels and depending upon the employment situation in these respective locations.

**OCCUPATIONAL EMPLOYMENT PROJECTIONS
 2006 to 2016
 Peoria and Tazwell Counties**

	EMPLOYMENT			AVG. ANNUAL OPENINGS		
	2006	2016	Change	Total	Growth	Replacement
Registered Nurse	4,067	5,279	1,212-30%	188	121	67
Licensed Practical Nurse	884	1,027	143-16	39	15	24
Nursing Aides, Orderlies, & Attendants	2,153	2,633	480-22	67	48	19

Pat Quinn, Governor
 Maureen T. O'Donnell, Director

33 South State Street
 Chicago, Illinois 60603-2802
www.ides.state.il.us

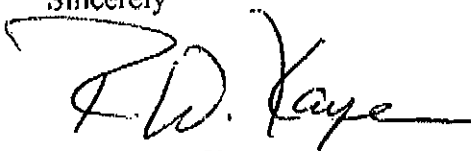
For these counties, the number of job seekers registered with the Illinois Department of Employment Security's Illinois Skills Match employment system for these occupations in the January 1, 2009 to August 31, 2009 time period is shown below. This is as always an indication, neither comprehensive nor complete of workforce availability in the Peoria and Tazwell County area. Not all job seekers, particularly RN's, register with Skills Match. These include individual job seekers available at least part of the 01/01/09-08/31/09 period but not necessarily the entire period.

RN-23

LPN-9

Aide/Orderly/Attendant-25

Sincerely

A handwritten signature in cursive script that reads "R. W. Kaye". The signature is written in black ink and is positioned below the word "Sincerely".

Richard W. Kaye
Chicago Labor Market Economist
Illinois Department of Employment Security.

eFinancePlus

Job Applicant Viewer
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Search Applicants

[New Search](#)[Reset Search Page](#)

Applicant ID	Last Name	First Name	Date/Time	Category	Job Number	Hire Status
3974 (2)		TIFFANY	7/30/2010 1:40 PM	BEL	75LPN1STSHFT	APPL
4972 (4)		DEONNA	7/31/2010 3:11 AM	BEL	75LPN1STSHFT	APPL
6410 (3)		SHELIA	7/16/2010 10:57 AM	BEL	75LPN1STSHFT	APPL
6601 (2)		NATALIE	5/21/2010 1:49 PM	BEL	75LPN1STSHFT	APPL
7707 (4)		BRENDA	6/1/2010 9:06 AM	BEL	75LPN1STSHFT	APPL
8198 (6)		SHARRIECKIA	3/5/2010 1:41 PM	BEL	75LPN1STSHFT	APPL
8629 (1)		MEGAN	4/23/2010 11:23 AM	BEL	75LPN1STSHFT	APPL
8812 (1)		MELODY	5/26/2010 3:31 PM	BEL	75LPN1STSHFT	APPL
8843 (2)		DAVID	6/17/2010 11:22 AM	BEL	75LPN1STSHFT	APPL
8910 (1)		TINA	6/21/2010 6:24 PM	BEL	75LPN1STSHFT	APPL
8948 (2)		CAROLYN	6/23/2010 10:55 AM	BEL	75LPN1STSHFT	APPL
8964 (1)		HEATHER	6/26/2010 3:58 PM	BEL	75LPN1STSHFT	APPL
8976 (1)		JOHN	6/29/2010 12:51 PM	BEL	75LPN1STSHFT	APPL
9031 (2)		TOM	8/13/2010 3:24 PM	BEL	75LPN1STSHFT	APPL
9037 (1)		CARLA	7/11/2010 6:37 PM	BEL	75LPN1STSHFT	APPL
9111 (1)		JANITA	7/30/2010 1:15 PM	BEL	75LPN1STSHFT	APPL
9115 (1)		TANYA	8/4/2010 6:54 PM	BEL	75LPN1STSHFT	APPL
9179 (1)		EDITH	8/9/2010 9:11 PM	BEL	75LPN1STSHFT	APPL
9199 (1)		SHARON	8/15/2010 3:31 AM	BEL	75LPN1STSHFT	APPL

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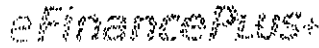
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Search Applicants

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Applicant ID	Last Name	First Name	Date/Time	Category	Job Number	Hire Status
6832 (4)		CATRINA	2/24/2010 4:19 PM	BEL	75LPN2NDSHFT	A
7764 (1)		MARY	1/27/2010 5:52 PM	BEL	75LPN2NDSHFT	
8010 (1)		TERESA	2/19/2010 4:38 AM	BEL	75LPN2NDSHFT	



Search Applicants

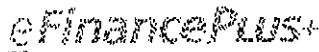
New Search

Reset Search Page

Applicant ID	Last Name	First Name	Date/Time	Category	Job Number	Hire Status
2445 (5)		TERRICA	1/10/2011 3:38 PM	BEL	75CNA2NDSHFT	APPL
2588 (3)		ESSENCE	12/29/2010 2:51 PM	BEL	75CNA2NDSHFT	
2831 (2)		JOANN	10/27/2010 12:44 PM	BEL	75CNA2NDSHFT	
3093 (7)		KASEY	8/26/2010 5:57 PM	BEL	75CNA2NDSHFT	APPL
3201 (2)		ANGELA	1/8/2011 3:18 PM	BEL	75CNA2NDSHFT	APPL
3204 (2)		LASHAWN	8/2/2010 12:51 PM	BEL	75CNA2NDSHFT	APPL
3618 (4)		JENNIFER	7/12/2010 4:21 PM	BEL	75CNA2NDSHFT	APPL
4129 (6)		RYAN	8/4/2010 8:15 PM	BEL	75CNA2NDSHFT	APPL
4129 (5)		RYAN	7/28/2010 10:52 PM	BEL	75CNA2NDSHFT	APPL
4209 (2)		BARBARA	11/9/2010 12:32 PM	BEL	75CNA2NDSHFT	APPL
4762 (3)		LAURA	7/12/2010 5:54 PM	BEL	75CNA2NDSHFT	APPL
4762 (2)		LAURA	7/8/2010 4:38 PM	BEL	75CNA2NDSHFT	APPL
5153 (1)		DYLISHA	7/28/2010 3:36 PM	BEL	75CNA2NDSHFT	APPL
5171 (2)		WENDY	11/4/2010 9:03 PM	BEL	75CNA2NDSHFT	APPL
5177 (5)		EVELYN	6/28/2010 9:41 AM	BEL	75CNA2NDSHFT	APPL
5177 (5)		TOMMIEKA	10/27/2010 6:43 PM	BEL	75CNA2NDSHFT	APPL
5685 (2)		CLARICE	1/8/2011 11:26 AM	BEL	75CNA2NDSHFT	
5742 (3)		MELINDA	1/7/2011 7:25 PM	BEL	75CNA2NDSHFT	
6050 (11)		KENDRIA	1/7/2011 3:15 PM	BEL	75CNA2NDSHFT	APPL
6050 (10)		KENDRIA	8/6/2010 3:31 PM	BEL	75CNA2NDSHFT	APPL
6050 (8)		KENDRIA	7/8/2010 9:13 AM	BEL	75CNA2NDSHFT	APPL
6257 (3)		PAULA	1/13/2011 1:28 PM	BEL	75CNA2NDSHFT	APPL
6257 (2)		PAULA	11/12/2010 10:16 AM	BEL	75CNA2NDSHFT	APPL
6304 (12)		DESTINEE	9/1/2010 9:36 AM	BEL	75CNA2NDSHFT	APPL
6495 (2)		JOEL	12/22/2010 6:21 PM	BEL	75CNA2NDSHFT	APPL
6665 (4)		MICHELLE	1/6/2011 9:31 PM	BEL	75CNA2NDSHFT	APPL
6665 (2)		MICHELLE	1/5/2011 9:04 PM	BEL	75CNA2NDSHFT	APPL
6769 (1)		RITA	10/6/2010 11:03 AM	BEL	75CNA2NDSHFT	
6986 (3)		EMILY	11/22/2010 8:08 PM	BEL	75CNA2NDSHFT	APPL
7100 (3)		TIERRA	8/25/2010 8:07 PM	BEL	75CNA2NDSHFT	APPL
7100 (2)		TIERRA	7/19/2010 3:27 PM	BEL	75CNA2NDSHFT	APPL
7223 (8)		TYNESA	7/20/2010 2:55 PM	BEL	75CNA2NDSHFT	APPL
7357 (5)		JUNIUS	8/8/2010 10:35 AM	BEL	75CNA2NDSHFT	APPL
7668 (1)		SHEMIA	8/11/2010 4:25 PM	BEL	75CNA2NDSHFT	APPL
7833 (3)		CIERA	7/19/2010 10:45 AM	BEL	75CNA2NDSHFT	APPL
7847 (1)		PHILLIP	9/22/2010 9:48 PM	BEL	75CNA2NDSHFT	
7919 (7)		MELANIE	1/20/2011 12:47 PM	BEL	75CNA2NDSHFT	APPL
7919 (5)		MELANIE	11/6/2010 2:48 PM	BEL	75CNA2NDSHFT	APPL
7919 (3)		MELANIE	8/10/2010 1:17 PM	BEL	75CNA2NDSHFT	APPL
7919 (2)		MELANIE	8/3/2010 3:29 PM	BEL	75CNA2NDSHFT	APPL
7940 (4)		VERA	9/13/2010 6:55 PM	BEL	75CNA2NDSHFT	APPL
7945 (2)		MARY	11/23/2010 3:50 PM	BEL	75CNA2NDSHFT	
8216 (4)		CHRISTEIA	11/20/2010 1:42 PM	BEL	75CNA2NDSHFT	APPL
8216 (3)		CHRISTEIA	8/4/2010 9:45 AM	BEL	75CNA2NDSHFT	APPL
8683 (2)		CHRISTAL	7/28/2010 7:55 PM	BEL	75CNA2NDSHFT	APPL
8750 (4)		WHITNEY	7/14/2010 1:56 PM	BEL	75CNA2NDSHFT	APPL
8788 (2)		MANDY	11/29/2010 9:23 AM	BEL	75CNA2NDSHFT	APPL
8879 (6)		FELICA	1/5/2011 8:10 AM	BEL	75CNA2NDSHFT	APPL

8879 (2)	FELICA	6/18/2010 8:33 AM	BEL	75CNA2NDSHFT	APPL
8908 (1)	MONTIA	6/16/2010 9:35 PM	BEL	75CNA2NDSHFT	APPL
(1)	COURTNEY	6/18/2010 10:15 AM	BEL	75CNA2NDSHFT	APPL
8917 (1)	BRITTNEY	6/19/2010 8:12 PM	BEL	75CNA2NDSHFT	ANUL
8928 (1)	VANESSA	6/21/2010 11:41 AM	BEL	75CNA2NDSHFT	APPL
8930 (1)	CHATAQUA	6/21/2010 3:45 PM	BEL	75CNA2NDSHFT	APPL
8931 (1)	KERISHENA	6/21/2010 11:39 PM	BEL	75CNA2NDSHFT	APPL
8941 (1)	VICKIE	6/22/2010 12:53 PM	BEL	75CNA2NDSHFT	APPL
8955 (1)	ANGELA	6/25/2010 12:59 AM	BEL	75CNA2NDSHFT	APPL
8967 (1)	BERNICE	6/28/2010 11:36 AM	BEL	75CNA2NDSHFT	APPL
8997 (2)	ASHLEY	7/2/2010 4:31 PM	BEL	75CNA2NDSHFT	APPL
8998 (2)	LA'SHERRAE	7/5/2010 11:44 AM	BEL	75CNA2NDSHFT	APPL
9002 (1)	RICHARD	7/5/2010 9:50 AM	BEL	75CNA2NDSHFT	APPL
9013 (2)	ANNETTE	9/14/2010 1:18 PM	BEL	75CNA2NDSHFT	APPL
9013 (1)	ANNETTE	7/8/2010 9:25 PM	BEL	75CNA2NDSHFT	APPL
9020 (1)	MICHAEL	7/8/2010 12:26 PM	BEL	75CNA2NDSHFT	APPL
9022 (3)	JESSICA	8/31/2010 2:46 PM	BEL	75CNA2NDSHFT	APPL
9022 (1)	JESSICA	7/8/2010 4:29 PM	BEL	75CNA2NDSHFT	APPL
9044 (1)	LISA	7/12/2010 4:35 PM	BEL	75CNA2NDSHFT	APPL
9047 (1)	OLYMPIA	7/12/2010 6:35 PM	BEL	75CNA2NDSHFT	APPL
9048 (3)	ELIZABETH	7/21/2010 11:16 AM	BEL	75CNA2NDSHFT	APPL
9052 (2)	MICHAEL	7/13/2010 11:22 AM	BEL	75CNA2NDSHFT	APPL
9065 (2)	BRANDY	10/26/2010 2:03 PM	BEL	75CNA2NDSHFT	
9077 (1)	ANNETTE	7/17/2010 2:55 PM	BEL	75CNA2NDSHFT	APPL
9081 (1)	JOLITA	7/19/2010 5:38 PM	BEL	75CNA2NDSHFT	APPL
9084 (6)	MACARA	10/18/2010 10:49 PM	BEL	75CNA2NDSHFT	APPL
9084 (5)	MACARA	10/13/2010 2:40 PM	BEL	75CNA2NDSHFT	APPL
9084 (4)	MACARA	8/30/2010 12:06 PM	BEL	75CNA2NDSHFT	APPL
9084 (2)	MACARA	7/27/2010 2:04 PM	BEL	75CNA2NDSHFT	APPL
9084 (1)	MACARA	7/20/2010 1:45 PM	BEL	75CNA2NDSHFT	APPL
(1)	BENJAMIN	7/20/2010 2:57 PM	BEL	75CNA2NDSHFT	APPL
9109 (1)	LADAVA	7/22/2010 1:53 PM	BEL	75CNA2NDSHFT	APPL
9109 (2)	ASHLEY	7/26/2010 11:35 AM	BEL	75CNA2NDSHFT	APPL
9138 (2)	CHANTAL	7/30/2010 4:50 PM	BEL	75CNA2NDSHFT	APPL
9143 (1)	ALEXA	8/1/2010 1:03 PM	BEL	75CNA2NDSHFT	APPL
9151 (2)	ASHLEA	8/4/2010 10:01 AM	BEL	75CNA2NDSHFT	APPL
9153 (1)	NATASHA	8/4/2010 10:03 AM	BEL	75CNA2NDSHFT	APPL
9159 (1)	MICHELLE	8/4/2010 7:59 PM	BEL	75CNA2NDSHFT	ANUL
9161 (1)	KRISTIE	8/5/2010 10:37 AM	BEL	75CNA2NDSHFT	APPL
9164 (1)	ONECO	8/5/2010 2:08 PM	BEL	75CNA2NDSHFT	APPL
9177 (1)	BRANDY	8/9/2010 3:57 PM	BEL	75CNA2NDSHFT	APPL
9178 (1)	CATHERINE	8/15/2010 3:18 AM	BEL	75CNA2NDSHFT	APPL
9184 (1)	SAMANTHA	8/10/2010 10:47 PM	BEL	75CNA2NDSHFT	APPL
9186 (1)	ANGEL	8/15/2010 9:20 PM	BEL	75CNA2NDSHFT	APPL
9188 (1)	LORI	8/11/2010 6:58 PM	BEL	75CNA2NDSHFT	APPL
9191 (1)	SKYLIESHA	8/12/2010 2:52 PM	BEL	75CNA2NDSHFT	APPL
9196 (1)	BRANDI	8/13/2010 4:37 PM	BEL	75CNA2NDSHFT	APPL
9197 (1)	DIANE	8/14/2010 10:10 AM	BEL	75CNA2NDSHFT	APPL
9203 (2)	ANITA	8/27/2010 11:19 AM	BEL	75CNA2NDSHFT	
9203 (1)	ANITA	8/27/2010 10:57 AM	BEL	75CNA2NDSHFT	
9219 (2)	DUSTIN	8/29/2010 1:42 PM	BEL	75CNA2NDSHFT	
9231 (1)	KRISTIE	8/25/2010 6:50 PM	BEL	75CNA2NDSHFT	
9233 (1)	ORA	8/26/2010 3:56 PM	BEL	75CNA2NDSHFT	
9239 (1)	GALANDRA	8/28/2010 5:46 PM	BEL	75CNA2NDSHFT	
9241 (2)	MONTEZ	10/13/2010 12:47 PM	BEL	75CNA2NDSHFT	
9241 (1)	MONTEZ	8/30/2010 3:17 PM	BEL	75CNA2NDSHFT	
9266 (1)	JAIRUS	9/4/2010 11:14 AM	BEL	75CNA2NDSHFT	
9278 (1)	ELIZABETH	9/8/2010 9:18 AM	BEL	75CNA2NDSHFT	
(1)	DEBRA	9/8/2010 10:11 PM	BEL	75CNA2NDSHFT	
(1)	HEATHER	9/10/2010 10:26 AM	BEL	75CNA2NDSHFT	
9327 (1)	TRACY	9/21/2010 10:55 AM	BEL	75CNA2NDSHFT	
9338 (2)	TEVA	9/22/2010 4:45 PM	BEL	75CNA2NDSHFT	
9344 (1)	COURTNEY	9/23/2010 10:22 AM	BEL	75CNA2NDSHFT	

9356 (1)	SHATIERA	9/26/2010 3:07 PM	BEL	75CNA2NDSHFT	
9370 (1)	JESSICA	9/29/2010 3:06 PM	BEL	75CNA2NDSHFT	
9370 (1)	JUSTIN	10/5/2010 11:52 AM	BEL	75CNA2NDSHFT	
9370 (1)	GARY L.	10/5/2010 12:50 PM	BEL	75CNA2NDSHFT	
9400 (1)	SABRINA	10/5/2010 2:22 PM	BEL	75CNA2NDSHFT	
9411 (1)	SHANNON	10/6/2010 12:39 PM	BEL	75CNA2NDSHFT	
9414 (3)	LATANGIA	10/12/2010 9:58 AM	BEL	75CNA2NDSHFT	
9427 (4)	ROSIE	1/10/2011 12:08 PM	BEL	75CNA2NDSHFT	APPL
9434 (2)	MARIAH	10/12/2010 2:37 AM	BEL	75CNA2NDSHFT	
9450 (3)	JONATHON	12/20/2010 10:29 AM	BEL	75CNA2NDSHFT	
9450 (1)	JONATHON	10/15/2010 12:53 PM	BEL	75CNA2NDSHFT	
9464 (1)	NICOLE	10/18/2010 4:21 PM	BEL	75CNA2NDSHFT	
9486 (1)	JANITH	10/20/2010 7:51 PM	BEL	75CNA2NDSHFT	
9487 (1)	CYNTHIA	10/20/2010 3:46 PM	BEL	75CNA2NDSHFT	
9488 (1)	JESSICA	10/20/2010 4:55 PM	BEL	75CNA2NDSHFT	
9509 (1)	MYCOLE	10/22/2010 2:18 PM	BEL	75CNA2NDSHFT	
9511 (1)	TORRI	10/23/2010 3:56 PM	BEL	75CNA2NDSHFT	
9518 (1)	BOBI	10/25/2010 1:57 PM	BEL	75CNA2NDSHFT	
9539 (2)	BRANDI	10/28/2010 1:17 PM	BEL	75CNA2NDSHFT	
9540 (1)	MEOTA	10/27/2010 2:52 PM	BEL	75CNA2NDSHFT	
9561 (1)	KARI	11/2/2010 9:33 AM	BEL	75CNA2NDSHFT	
9568 (2)	GERALD	11/3/2010 12:05 PM	BEL	75CNA2NDSHFT	
9592 (1)	TANIKA	11/7/2010 8:52 PM	BEL	75CNA2NDSHFT	
9603 (3)	TYANEZ	11/9/2010 10:48 AM	BEL	75CNA2NDSHFT	
9604 (1)	AMIE	11/9/2010 12:28 PM	BEL	75CNA2NDSHFT	
9607 (1)	LAKEISHA	1/8/2011 9:46 AM	BEL	75CNA2NDSHFT	
9610 (4)	ESTER	11/19/2010 11:41 AM	BEL	75CNA2NDSHFT	
9613 (1)	ANASTASIA	11/12/2010 7:42 PM	BEL	75CNA2NDSHFT	
9615 (1)	LADUCHESS	11/14/2010 8:15 PM	BEL	75CNA2NDSHFT	
9622 (1)	SHANE	11/15/2010 3:59 PM	BEL	75CNA2NDSHFT	
9622 (1)	DENNY	11/17/2010 11:41 AM	BEL	75CNA2NDSHFT	
9622 (1)	MARIONITA	11/18/2010 4:04 PM	BEL	75CNA2NDSHFT	
9639 (1)	ANDREA	11/18/2010 4:28 PM	BEL	75CNA2NDSHFT	
9645 (2)	THERESA	11/19/2010 2:57 PM	BEL	75CNA2NDSHFT	
9669 (2)	SUSAN	11/23/2010 6:10 PM	BEL	75CNA2NDSHFT	
9687 (1)	AMY	11/27/2010 11:26 PM	BEL	75CNA2NDSHFT	
9713 (1)	KEYONNA	12/1/2010 2:42 PM	BEL	75CNA2NDSHFT	
9720 (2)	GREGORY	1/10/2011 5:47 PM	BEL	75CNA2NDSHFT	
9722 (1)	DEMARCO	12/6/2010 11:41 AM	BEL	75CNA2NDSHFT	
9728 (1)	DEBORAH	12/7/2010 10:18 AM	BEL	75CNA2NDSHFT	
9792 (1)	JAMES	12/19/2010 10:54 AM	BEL	75CNA2NDSHFT	
9833 (3)	ANNETTE	1/3/2011 5:24 PM	BEL	75CNA2NDSHFT	APPL
9849 (1)	MARTISHA	1/4/2011 2:21 PM	BEL	75CNA2NDSHFT	
9852 (1)	SAVANNAH	1/5/2011 3:35 PM	BEL	75CNA2NDSHFT	
9855 (1)	LENA	1/10/2011 9:53 AM	BEL	75CNA2NDSHFT	
9859 (2)	JOANNA	1/6/2011 9:37 PM	BEL	75CNA2NDSHFT	
9867 (1)	MARYBETH	1/10/2011 10:55 AM	BEL	75CNA2NDSHFT	
9868 (1)	PRINCELLA	1/7/2011 1:47 PM	BEL	75CNA2NDSHFT	
9877 (1)	RUBIN	1/11/2011 9:47 AM	BEL	75CNA2NDSHFT	
9885 (1)	COURTNEY	1/11/2011 7:13 PM	BEL	75CNA2NDSHFT	
9895 (1)	RACHEL	1/18/2011 9:51 AM	BEL	75CNA2NDSHFT	
9901 (1)	MEREDITH	1/14/2011 1:53 PM	BEL	75CNA2NDSHFT	



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3533 (5)		CAMILLE	6/29/2010 11:40 AM	BEL	75CNA3RDSHFT	APPL
3564 (5)		SHALEHA	8/5/2010 11:28 AM	BEL	75CNA3RDSHFT	APPL
4978 (2)		WALKER	7/7/2010 10:45 AM	BEL	75CNA3RDSHFT	APPL
7357 (3)		JUNIUS	6/29/2010 1:30 PM	BEL	75CNA3RDSHFT	APPL
7833 (2)		CIERA	7/19/2010 10:44 AM	BEL	75CNA3RDSHFT	APPL
7884 (4)		LAKEISHA	6/22/2010 12:49 PM	BEL	75CNA3RDSHFT	APPL
8216 (2)		CHRISTEIA	8/4/2010 9:40 AM	BEL	75CNA3RDSHFT	APPL
8683 (3)		CHRISTAL	7/30/2010 12:44 PM	BEL	75CNA3RDSHFT	APPL
8750 (5)		WHITNEY	7/14/2010 1:58 PM	BEL	75CNA3RDSHFT	APPL
8879 (3)		FELICA	7/9/2010 12:28 PM	BEL	75CNA3RDSHFT	APPL
8907 (2)		WILLIAM	6/16/2010 2:23 PM	BEL	75CNA3RDSHFT	APPL
8908 (3)		MONTIA	6/16/2010 9:41 PM	BEL	75CNA3RDSHFT	APPL
8912 (3)		COURTNEY	6/18/2010 10:18 AM	BEL	75CNA3RDSHFT	APPL
8932 (1)		NAGTONE	6/21/2010 4:06 PM	BEL	75CNA3RDSHFT	APPL
8938 (1)		DOUGLAS	6/21/2010 7:59 PM	BEL	75CNA3RDSHFT	APPL
8945 (1)		ALICE	6/22/2010 6:11 PM	BEL	75CNA3RDSHFT	APPL
8945 (1)		KAJUANA	6/23/2010 11:21 AM	BEL	75CNA3RDSHFT	APPL
8968 (1)		ANGELA	6/28/2010 2:42 PM	BEL	75CNA3RDSHFT	APPL
8969 (2)		AMBER	6/29/2010 5:55 PM	BEL	75CNA3RDSHFT	APPL
8970 (1)		LAKISHA	6/28/2010 3:50 PM	BEL	75CNA3RDSHFT	APPL
8982 (1)		SHANTERRIA	6/30/2010 9:59 AM	BEL	75CNA3RDSHFT	APPL
8984 (1)		MEREDITH	7/1/2010 8:29 AM	BEL	75CNA3RDSHFT	APPL
8990 (1)		TIFFANY	7/8/2010 8:16 PM	BEL	75CNA3RDSHFT	APPL
8997 (1)		ASHLEY	7/2/2010 4:29 PM	BEL	75CNA3RDSHFT	APPL
9034 (1)		MIRANDA	7/10/2010 11:07 PM	BEL	75CNA3RDSHFT	APPL
9052 (1)		MICHAEL	7/13/2010 11:20 AM	BEL	75CNA3RDSHFT	APPL
9075 (1)		TAMMY	7/17/2010 2:40 PM	BEL	75CNA3RDSHFT	APPL
9091 (1)		L SARAH	7/30/2010 1:07 AM	BEL	75CNA3RDSHFT	APPL
9097 (1)		BENAZIR	7/22/2010 1:07 AM	BEL	75CNA3RDSHFT	APPL
9110 (3)		DEBORA	8/2/2010 4:12 PM	BEL	75CNA3RDSHFT	APPL
9145 (1)		JESTIAN	8/1/2010 4:09 PM	BEL	75CNA3RDSHFT	APPL
9150 (1)		DEBORAH	8/3/2010 4:47 PM	BEL	75CNA3RDSHFT	APPL
9157 (1)		TONYA	8/4/2010 8:33 PM	BEL	75CNA3RDSHFT	APPL
9165 (1)		VANESSA	8/5/2010 12:20 PM	BEL	75CNA3RDSHFT	APPL
9167 (1)		AMANDA	8/5/2010 4:41 PM	BEL	75CNA3RDSHFT	APPL

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Applicant ID	Last Name	First Name	Date/Time	Category	Job Number	Hire Status
2548 (9)	[REDACTED]	PATRICIA	1/19/2010 9:13 AM	BEL	75RNMEDICAR1	APPL
3692 (5)	[REDACTED]	SABRINA	1/4/2010 5:11 PM	BEL	75RNMEDICAR1	APPL
6114 (4)	[REDACTED]	DONALD	1/19/2010 5:54 AM	BEL	75RNMEDICAR1	APPL
7526 (1)	[REDACTED]	SARAH	1/3/2010 6:41 AM	BEL	75RNMEDICAR1	APPL

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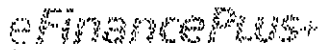
Reset Search Page

Applicant ID	Last Name	First Name	Date/Time	Category	Job Number	Hire Status
2588 (2)		ESSENCE	12/29/2010 2:44 PM	BEL	7599TEPCNA	
2679 (3)		BEVERLIN	3/2/2010 9:53 AM	BEL	7599TEPCNA	APPL
2748 (11)		CATHY	4/30/2010 6:13 PM	BEL	7599TEPCNA	APPL
2878 (8)		LATOYA	8/4/2010 1:32 PM	BEL	7599TEPCNA	APPL
2879 (6)		LATOYA	3/22/2010 5:58 PM	BEL	7599TEPCNA	APPL
2965 (3)		KATRINA	5/18/2010 12:45 PM	BEL	7599TEPCNA	APPL
3043 (17)		RASONYA	6/16/2010 10:15 PM	BEL	7599TEPCNA	APPL
3093 (6)		KASEY	5/25/2010 11:50 AM	BEL	7599TEPCNA	APPL
3093 (5)		KASEY	2/23/2010 8:11 PM	BEL	7599TEPCNA	APPL
3093 (4)		KASEY	1/17/2010 9:09 PM	BEL	7599TEPCNA	APPL
3270 (2)		TANISHA	6/7/2010 1:18 PM	BEL	7599TEPCNA	APPL
3322 (3)		TALENA	3/30/2010 12:54 AM	BEL	7599TEPCNA	APPL
3424 (16)		STEPHANIE	8/17/2010 8:44 PM	BEL	7599TEPCNA	APPL
3540 (10)		LONYA	11/18/2010 12:41 PM	BEL	7599TEPCNA	APPL
3774 (4)		LAURETTA	4/11/2010 11:44 PM	BEL	7599TEPCNA	APPL
3774 (6)		JOANGELA	12/8/2010 11:43 AM	BEL	7599TEPCNA	APPL
3759 (5)		JOANGELA	9/3/2010 3:54 PM	BEL	7599TEPCNA	APPL
3854 (4)		TAMEKA	9/8/2010 11:20 AM	BEL	7599TEPCNA	APPL
3873 (2)		CRYSTAL	3/23/2010 6:51 PM	BEL	7599TEPCNA	APPL
3971 (2)		TAMIKA	1/13/2011 8:28 PM	BEL	7599TEPCNA	APPL
4123 (3)		LAKISHA	12/2/2010 9:40 PM	BEL	7599TEPCNA	APPL
4129 (4)		RYAN	7/28/2010 10:43 PM	BEL	7599TEPCNA	APPL
4181 (2)		ANGELA	5/28/2010 10:13 AM	BEL	7599TEPCNA	APPL
4503 (3)		JENNIFER	10/19/2010 10:28 AM	BEL	7599TEPCNA	APPL
4652 (3)		WENDI	6/8/2010 12:06 PM	BEL	7599TEPCNA	APPL
4708 (3)		PAMELA	12/23/2010 1:37 PM	BEL	7599TEPCNA	
4711 (4)		MISSIE	6/9/2010 1:34 PM	BEL	7599TEPCNA	APPL
4792 (3)		FREDTASIA	8/4/2010 9:57 AM	BEL	7599TEPCNA	
4970 (3)		EVANGELINE	3/18/2010 11:34 AM	BEL	7599TEPCNA	APPL
4972 (3)		DEONNA	7/31/2010 3:09 AM	BEL	7599TEPCNA	APPL
5004 (10)		ALISHA	2/11/2010 7:23 PM	BEL	7599TEPCNA	APPL
5037 (8)		CHATAUQUA	8/11/2010 1:01 PM	BEL	7599TEPCNA	APPL
5092 (3)		PARIS	12/13/2010 2:36 PM	BEL	7599TEPCNA	APPL
5160 (2)		DOMINIQUE	9/20/2010 10:05 AM	BEL	7599TEPCNA	APPL
5189 (4)		SARA	8/7/2010 11:47 PM	BEL	7599TEPCNA	APPL
5271 (3)		PAULA	6/17/2010 7:04 PM	BEL	7599TEPCNA	APPL
5288 (2)		DIANA	3/4/2010 3:30 PM	BEL	7599TEPCNA	APPL
5548 (6)		TOMMIEKA	10/27/2010 6:50 PM	BEL	7599TEPCNA	APPL
5582 (2)		REBECCA	6/10/2010 4:41 PM	BEL	7599TEPCNA	APPL
5653 (2)		CHASITY	8/25/2010 10:07 AM	BEL	7599TEPCNA	APPL
5754 (4)		DONALD	4/29/2010 11:34 AM	BEL	7599TEPCNA	APPL
6016 (3)		CYNTIRA	2/8/2010 5:12 PM	BEL	7599TEPCNA	APPL
6059 (9)		KENDRIA	7/8/2010 9:19 AM	BEL	7599TEPCNA	APPL
6181 (1)		BARBARA	2/10/2010 6:44 PM	BEL	7599TEPCNA	
6245 (3)		TOMEKA	1/5/2011 10:45 AM	BEL	7599TEPCNA	APPL
6245 (2)		TOMEKA	2/7/2010 6:41 PM	BEL	7599TEPCNA	APPL
6255 (3)		CLOTILDE	12/6/2010 10:52 AM	BEL	7599TEPCNA	
6304 (8)		DESTINEE	9/1/2010 9:19 AM	BEL	7599TEPCNA	APPL

6304 (5)	DESTINEE	8/25/2010 8:19 AM	BEL	7599TE MPCNA	APPL
6304 (4)	DESTINEE	8/23/2010 1:02 PM	BEL	7599TE MPCNA	APPL
6304 (3)	MAURI	2/4/2010 12:53 PM	BEL	7599TE MPCNA	APPL
6475 (3)	JAMES	3/1/2010 6:00 PM	BEL	7599TE MPCNA	APPL
6487 (2)	SHEILA	11/18/2010 2:58 PM	BEL	7599TE MPCNA	APPL
6604 (4)	BREONA	3/2/2010 11:17 AM	BEL	7599TE MPCNA	APPL
6604 (3)	BREONA	3/2/2010 11:15 AM	BEL	7599TE MPCNA	APPL
6604 (2)	BREONA	1/19/2010 10:59 AM	BEL	7599TE MPCNA	APPL
6819 (2)	RIAN	1/26/2010 1:29 PM	BEL	7599TE MPCNA	APPL
6926 (2)	ELONDA	4/9/2010 8:36 PM	BEL	7599TE MPCNA	APPL
7063 (2)	KEAMBER	4/20/2010 1:12 PM	BEL	7599TE MPCNA	APPL
7100 (1)	TIERRA	4/12/2010 7:33 PM	BEL	7599TE MPCNA	APPL
7158 (4)	LAKENDRA	4/26/2010 1:02 PM	BEL	7599TE MPCNA	APPL
7223 (7)	TYNESHA	7/20/2010 2:44 PM	BEL	7599TE MPCNA	APPL
7223 (6)	TYNESHA	3/16/2010 11:45 AM	BEL	7599TE MPCNA	APPL
7275 (3)	KANIKA	1/18/2010 5:55 PM	BEL	7599TE MPCNA	APPL
7357 (4)	JUNIUS	8/8/2010 10:30 AM	BEL	7599TE MPCNA	APPL
7407 (3)	TRICIA	1/25/2010 9:56 AM	BEL	7599TE MPCNA	
7433 (1)	MISTY	2/10/2010 12:09 PM	BEL	7599TE MPCNA	
7475 (2)	JENNEL	8/18/2010 12:45 PM	BEL	7599TE MPCNA	
7485 (5)	DENISE	12/29/2010 6:50 PM	BEL	7599TE MPCNA	
7566 (2)	MARIA	1/19/2010 2:49 PM	BEL	7599TE MPCNA	
7613 (1)	SHANDA	1/14/2010 2:25 AM	BEL	7599TE MPCNA	
7615 (1)	JESSICA	1/14/2010 2:31 PM	BEL	7599TE MPCNA	
7628 (1)	DONITA	3/4/2010 11:14 AM	BEL	7599TE MPCNA	APPL
7656 (1)	MELODY	1/20/2010 9:43 AM	BEL	7599TE MPCNA	
7709 (1)	COREY	1/25/2010 9:24 AM	BEL	7599TE MPCNA	APPL
7764 (2)	MARY	2/23/2010 11:52 PM	BEL	7599TE MPCNA	
7796 (1)	KAYLA	1/29/2010 1:59 PM	BEL	7599TE MPCNA	
7801 (1)	TEMESHA	1/30/2010 9:20 AM	BEL	7599TE MPCNA	
7801 (1)	PATRICIA	10/25/2010 4:39 PM	BEL	7599TE MPCNA	
7806 (1)	MICHELLE	2/2/2010 7:28 PM	BEL	7599TE MPCNA	
7843 (1)	HEATHER	2/3/2010 11:55 AM	BEL	7599TE MPCNA	
7862 (1)	JESSICA	2/5/2010 4:27 PM	BEL	7599TE MPCNA	
7870 (1)	KRISHINA	2/8/2010 12:13 PM	BEL	7599TE MPCNA	
7873 (1)	SIERRA	2/8/2010 1:24 PM	BEL	7599TE MPCNA	
7874 (1)	JESSICA	2/8/2010 1:37 PM	BEL	7599TE MPCNA	
7878 (1)	DARLENE	2/8/2010 2:51 PM	BEL	7599TE MPCNA	
7884 (3)	LAKEISHA	4/24/2010 8:58 PM	BEL	7599TE MPCNA	APPL
7894 (1)	ELLIOTT	2/9/2010 12:59 PM	BEL	7599TE MPCNA	
7898 (3)	KAYLA	12/3/2010 10:38 AM	BEL	7599TE MPCNA	
7898 (1)	KAYLA	2/9/2010 8:10 PM	BEL	7599TE MPCNA	
7919 (4)	MELANIE	8/10/2010 1:21 PM	BEL	7599TE MPCNA	APPL
7919 (1)	MELANIE	2/11/2010 9:05 AM	BEL	7599TE MPCNA	APPL
7931 (1)	ALICIA	2/12/2010 9:52 AM	BEL	7599TE MPCNA	
7944 (1)	EMMA	2/13/2010 11:54 AM	BEL	7599TE MPCNA	
7974 (1)	JACQUELINE	2/16/2010 2:23 PM	BEL	7599TE MPCNA	
8012 (1)	NIKKI	2/19/2010 3:11 PM	BEL	7599TE MPCNA	
8026 (1)	CHRISTINE	2/22/2010 4:03 AM	BEL	7599TE MPCNA	
8031 (1)	LATOYA	2/22/2010 5:16 PM	BEL	7599TE MPCNA	
8070 (1)	ANNETTE	2/27/2010 11:21 AM	BEL	7599TE MPCNA	
8198 (14)	SHARRIECKIA	4/23/2010 11:45 AM	BEL	7599TE MPCNA	APPL
8202 (1)	JAMMIE	3/5/2010 5:10 PM	BEL	7599TE MPCNA	APPL
8215 (3)	ANEIKA	3/9/2010 3:22 PM	BEL	7599TE MPCNA	APPL
8216 (1)	CHRISTEIA	3/8/2010 12:33 PM	BEL	7599TE MPCNA	APPL
8225 (2)	BELLE	3/8/2010 6:28 PM	BEL	7599TE MPCNA	APPL
8258 (1)	SARAH	3/13/2010 2:18 PM	BEL	7599TE MPCNA	APPL
8270 (1)	RUFUS	3/16/2010 2:12 PM	BEL	7599TE MPCNA	APPL
8270 (2)	LATOSHA	3/20/2010 12:29 PM	BEL	7599TE MPCNA	APPL
8270 (2)	MICHELLE	3/26/2010 3:03 PM	BEL	7599TE MPCNA	APPL
8444 (2)	MICHELLE	4/1/2010 12:03 PM	BEL	7599TE MPCNA	APPL
8498 (2)	KATTIE	4/5/2010 5:04 PM	BEL	7599TE MPCNA	APPL
8558 (1)	LYNDSEY	4/15/2010 1:02 PM	BEL	7599TE MPCNA	APPL

8570 (2)	BRANDI	4/16/2010 5:33 PM	BEL	7599TE MPCNA	APPL
8570 (1)	BRANDI	4/12/2010 2:12 PM	BEL	7599TE MPCNA	APPL
8591 (1)	SHAMEKA	4/12/2010 2:37 PM	BEL	7599TE MPCNA	APPL
8591 (1)	JODI	4/14/2010 11:06 AM	BEL	7599TE MPCNA	APPL
8591 (1)	BREANNA	5/14/2010 2:34 PM	BEL	7599TE MPCNA	APPL
8612 (1)	HOPE	4/20/2010 10:12 AM	BEL	7599TE MPCNA	APPL
8615 (1)	SAMANTHA	4/20/2010 1:27 PM	BEL	7599TE MPCNA	APPL
8617 (1)	LATOYA	4/20/2010 5:14 PM	BEL	7599TE MPCNA	APPL
8624 (1)	KATIE	4/22/2010 2:48 AM	BEL	7599TE MPCNA	APPL
8630 (1)	ALENTAY	4/23/2010 11:50 AM	BEL	7599TE MPCNA	APPL
8646 (1)	LORI	4/27/2010 1:02 PM	BEL	7599TE MPCNA	APPL
8666 (1)	SHANIQUA	5/4/2010 10:34 AM	BEL	7599TE MPCNA	APPL
8667 (1)	CHELSEA	5/4/2010 10:28 AM	BEL	7599TE MPCNA	APPL
8669 (1)	BERNICE	5/4/2010 11:08 AM	BEL	7599TE MPCNA	APPL
8683 (4)	CHRISTAL	8/25/2010 8:31 AM	BEL	7599TE MPCNA	APPL
8683 (1)	CHRISTAL	5/6/2010 1:27 PM	BEL	7599TE MPCNA	APPL
8687 (1)	LAKEISHA	5/6/2010 9:12 PM	BEL	7599TE MPCNA	APPL
8692 (1)	LATOYA	5/7/2010 8:07 PM	BEL	7599TE MPCNA	APPL
8706 (2)	JAMARIA	5/10/2010 2:10 PM	BEL	7599TE MPCNA	APPL
8716 (2)	FAITH	9/27/2010 9:55 AM	BEL	7599TE MPCNA	APPL
8716 (1)	FAITH	5/11/2010 11:15 AM	BEL	7599TE MPCNA	APPL
8729 (1)	NICOLE	5/12/2010 2:33 PM	BEL	7599TE MPCNA	APPL
8731 (1)	COREY	5/18/2010 3:37 PM	BEL	7599TE MPCNA	APPL
8738 (1)	MELANIE	5/13/2010 12:33 PM	BEL	7599TE MPCNA	APPL
8745 (1)	BIANCA	5/13/2010 9:19 PM	BEL	7599TE MPCNA	APPL
8750 (3)	WHITNEY	7/14/2010 1:53 PM	BEL	7599TE MPCNA	APPL
8750 (2)	WHITNEY	5/14/2010 4:17 PM	BEL	7599TE MPCNA	APPL
8762 (1)	SHONTAE	5/17/2010 1:44 PM	BEL	7599TE MPCNA	APPL
8765 (2)	TIFFANY	6/29/2010 1:21 AM	BEL	7599TE MPCNA	APPL
8778 (1)	JUANITA	6/7/2010 4:12 PM	BEL	7599TE MPCNA	APPL
8788 (1)	SHAWANDA	5/19/2010 8:47 PM	BEL	7599TE MPCNA	APPL
8788 (1)	CHRISTIAN	5/20/2010 2:15 PM	BEL	7599TE MPCNA	APPL
8788 (1)	MANDY	5/20/2010 2:23 PM	BEL	7599TE MPCNA	APPL
8795 (1)	ANGELA	5/24/2010 3:33 PM	BEL	7599TE MPCNA	APPL
8815 (1)	KELLY	5/27/2010 8:41 PM	BEL	7599TE MPCNA	APPL
8828 (1)	MARY	6/3/2010 6:22 PM	BEL	7599TE MPCNA	APPL
8829 (1)	LAPORSHA	6/4/2010 2:35 PM	BEL	7599TE MPCNA	APPL
8830 (1)	DESHA	6/4/2010 2:54 PM	BEL	7599TE MPCNA	APPL
8832 (1)	DAWN	6/4/2010 8:43 PM	BEL	7599TE MPCNA	APPL
8851 (1)	SARAH	6/7/2010 8:17 PM	BEL	7599TE MPCNA	APPL
8868 (1)	SIERA	6/11/2010 3:47 PM	BEL	7599TE MPCNA	APPL
8869 (1)	MAXWELL	6/9/2010 6:15 PM	BEL	7599TE MPCNA	APPL
8879 (5)	FELICA	1/5/2011 8:02 AM	BEL	7599TE MPCNA	APPL
8879 (4)	FELICA	8/11/2010 2:40 PM	BEL	7599TE MPCNA	APPL
8879 (1)	FELICA	6/16/2010 11:01 AM	BEL	7599TE MPCNA	APPL
8884 (1)	DAYNA	6/14/2010 10:17 AM	BEL	7599TE MPCNA	APPL
8885 (1)	ROBYN	6/14/2010 9:55 AM	BEL	7599TE MPCNA	APPL
8886 (1)	DIANA	6/14/2010 10:16 AM	BEL	7599TE MPCNA	APPL
8888 (1)	BABE	6/14/2010 5:16 PM	BEL	7599TE MPCNA	APPL
8890 (1)	GWENDOLINE	6/14/2010 12:51 PM	BEL	7599TE MPCNA	APPL
8893 (1)	MARGUERITA	6/14/2010 1:38 PM	BEL	7599TE MPCNA	APPL
8895 (1)	JARED	6/14/2010 3:50 PM	BEL	7599TE MPCNA	APPL
8908 (2)	MONTIA	6/16/2010 9:39 PM	BEL	7599TE MPCNA	APPL
8912 (2)	COURTNEY	6/18/2010 10:16 AM	BEL	7599TE MPCNA	APPL
8934 (1)	TERENCE	8/21/2010 5:08 PM	BEL	7599TE MPCNA	APPL
8937 (1)	RACHEL	8/21/2010 7:18 PM	BEL	7599TE MPCNA	APPL
8955 (2)	ANGELA	6/25/2010 1:00 AM	BEL	7599TE MPCNA	APPL
9047 (2)	OLYMPIA	7/12/2010 6:39 PM	BEL	7599TE MPCNA	APPL
9047 (1)	ELIZABETH	7/12/2010 6:37 PM	BEL	7599TE MPCNA	APPL
9084 (3)	TAMMY	11/29/2010 2:54 PM	BEL	7599TE MPCNA	APPL
9084 (3)	MACARA	8/20/2010 11:28 AM	BEL	7599TE MPCNA	APPL
9097 (2)	BENAZIR	8/23/2010 10:07 PM	BEL	7599TE MPCNA	APPL
9127 (1)	BILLE JENE	7/29/2010 11:33 AM	BEL	7599TE MPCNA	APPL

9170 (2)	VICKI	11/19/2010 11:25 AM	BEL	7599TE MPCNA	
9174 (1)	TIFFINY	8/9/2010 9:56 AM	BEL	7599TE MPCNA	
3 (2)	BRANDI	8/13/2010 4:39 PM	BEL	7599TE MPCNA	APPL
9200 (1)	ZANETA	8/17/2010 1:55 PM	BEL	7599TE MPCNA	
9203 (3)	ANITA	8/27/2010 11:19 AM	BEL	7599TE MPCNA	
9204 (1)	ROBERTA	8/18/2010 10:31 AM	BEL	7599TE MPCNA	
9209 (1)	ROBIN	8/19/2010 3:31 PM	BEL	7599TE MPCNA	
9220 (1)	KAYLA	8/24/2010 9:57 PM	BEL	7599TE MPCNA	
9227 (1)	JANNAE	8/24/2010 10:33 PM	BEL	7599TE MPCNA	
9238 (2)	DORIS	1/19/2011 1:47 PM	BEL	7599TE MPCNA	APPL
9238 (1)	DORIS	8/27/2010 8:27 PM	BEL	7599TE MPCNA	APPL
9251 (1)	BETTIE	9/21/2010 10:53 AM	BEL	7599TE MPCNA	
9259 (1)	NIKIYA	9/2/2010 2:07 PM	BEL	7599TE MPCNA	
9279 (2)	SHALANDA	9/8/2010 8:33 AM	BEL	7599TE MPCNA	
9320 (1)	LAKISHA	9/20/2010 4:17 PM	BEL	7599TE MPCNA	
9331 (1)	KELLI	8/22/2010 2:33 PM	BEL	7599TE MPCNA	
9361 (1)	FELICIA	9/27/2010 1:55 PM	BEL	7599TE MPCNA	
9363 (1)	JULIA	9/27/2010 8:27 PM	BEL	7599TE MPCNA	
9364 (1)	AMY	9/27/2010 8:37 PM	BEL	7599TE MPCNA	
9383 (1)	CHELONDA	10/2/2010 3:59 PM	BEL	7599TE MPCNA	
9387 (1)	JENNIFER	10/7/2010 7:13 AM	BEL	7599TE MPCNA	
9427 (3)	ROSIE	1/10/2011 12:06 PM	BEL	7599TE MPCNA	APPL
9427 (2)	ROSIE	10/8/2010 12:20 PM	BEL	7599TE MPCNA	APPL
9434 (1)	MARIAH	10/12/2010 2:35 AM	BEL	7599TE MPCNA	
9450 (5)	JONATHON	12/20/2010 10:44 AM	BEL	7599TE MPCNA	
9463 (2)	SONDRA	10/18/2010 4:10 PM	BEL	7599TE MPCNA	
9468 (2)	JESSICA	10/20/2010 4:57 PM	BEL	7599TE MPCNA	
9509 (2)	MYCOLE	10/22/2010 2:51 PM	BEL	7599TE MPCNA	
9523 (2)	AARON	10/26/2010 6:54 PM	BEL	7599TE MPCNA	
9525 (1)	AISLYN	10/25/2010 10:58 PM	BEL	7599TE MPCNA	
2 (2)	MEOTA	10/27/2010 2:51 PM	BEL	7599TE MPCNA	
1 (2)	NATASHA	1/9/2011 12:01 PM	BEL	7599TE MPCNA	APPL
9581 (1)	NATASHA	11/4/2010 9:57 PM	BEL	7599TE MPCNA	APPL
9594 (1)	LINDA	11/8/2010 8:45 AM	BEL	7599TE MPCNA	
9595 (1)	ERIN	11/8/2010 1:28 PM	BEL	7599TE MPCNA	
9603 (1)	TYANEZ	11/9/2010 10:43 AM	BEL	7599TE MPCNA	
9604 (2)	AMIE	11/9/2010 12:29 PM	BEL	7599TE MPCNA	
9609 (1)	SARAH	11/9/2010 9:08 PM	BEL	7599TE MPCNA	
9610 (2)	ESTER	11/10/2010 1:23 PM	BEL	7599TE MPCNA	
9617 (1)	JOLENE	11/18/2010 6:07 PM	BEL	7599TE MPCNA	
9630 (1)	AMANDA	11/17/2010 12:21 PM	BEL	7599TE MPCNA	
9691 (1)	STEFANIE	11/29/2010 7:25 AM	BEL	7599TE MPCNA	
9807 (2)	COLLEEN	12/23/2010 5:19 PM	BEL	7599TE MPCNA	
9818 (1)	INDIA	12/28/2010 12:15 PM	BEL	7599TE MPCNA	
9822 (1)	AMY	12/28/2010 6:24 PM	BEL	7599TE MPCNA	
9833 (2)	ANNETTE	1/3/2011 5:22 PM	BEL	7599TE MPCNA	APPL
9861 (2)	TAMMY	1/6/2011 4:02 PM	BEL	7599TE MPCNA	APPL
9902 (1)	SARAH	1/15/2011 1:49 AM	BEL	7599TE MPCNA	APPL



Search Applicants

New Search

Reset Search Page

Applicant ID	Last Name	First Name	Date/Time	Category	Job Number	Hire Status
4972 (5)		DEONNA	9/9/2010 4:42 PM	BEL	7599TEMPLPN	APPL
6167 (2)		CHARLOTTE	10/14/2010 3:28 PM	BEL	7599TEMPLPN	APPL
6407 (4)		BAMBI	1/17/2011 4:42 AM	BEL	7599TEMPLPN	APPL
6407 (3)		BAMBI	12/21/2010 6:36 AM	BEL	7599TEMPLPN	APPL
6410 (4)		SHELIA	12/27/2010 11:12 AM	BEL	7599TEMPLPN	APPL
6601 (3)		NATALIE	12/22/2010 9:23 AM	BEL	7599TEMPLPN	APPL
7306 (3)		KRISTEN	10/24/2010 10:02 AM	BEL	7599TEMPLPN	APPL
8198 (11)		SHARRIECKIA	4/23/2010 11:36 AM	BEL	7599TEMPLPN	APPL
8592 (1)		SHANNON	4/15/2010 1:47 PM	BEL	7599TEMPLPN	APPL
8620 (1)		VENICE	4/21/2010 3:00 AM	BEL	7599TEMPLPN	APPL
8957 (2)		BILLI JO	9/9/2010 12:30 PM	BEL	7599TEMPLPN	
8971 (1)		JILL	6/28/2010 4:08 PM	BEL	7599TEMPLPN	
8995 (3)		SHARIKA	1/11/2011 7:01 PM	BEL	7599TEMPLPN	
9092 (2)		VALERIE	8/18/2010 8:51 AM	BEL	7599TEMPLPN	
9136 (3)		JANITA	10/18/2010 6:15 PM	BEL	7599TEMPLPN	APPL
9136 (2)		JANITA	7/30/2010 1:19 PM	BEL	7599TEMPLPN	APPL
9136 (2)		JESSICA	8/11/2010 9:00 PM	BEL	7599TEMPLPN	
9199 (2)		SHARON	8/15/2010 3:07 AM	BEL	7599TEMPLPN	APPL
9276 (1)		DORIS	9/7/2010 10:25 PM	BEL	7599TEMPLPN	
9299 (1)		MELISSA	9/13/2010 2:38 PM	BEL	7599TEMPLPN	
9339 (1)		ANGELA	9/22/2010 4:50 PM	BEL	7599TEMPLPN	
9357 (1)		AMY	9/26/2010 4:18 PM	BEL	7599TEMPLPN	
9388 (1)		MAUREEN	10/6/2010 9:59 AM	BEL	7599TEMPLPN	
9412 (2)		CYNTHIA	10/7/2010 2:27 AM	BEL	7599TEMPLPN	
9421 (1)		DONALD	10/7/2010 7:48 PM	BEL	7599TEMPLPN	
9521 (1)		JENNIFER	10/25/2010 8:45 PM	BEL	7599TEMPLPN	
9672 (1)		ANGELA	11/24/2010 11:47 AM	BEL	7599TEMPLPN	APPL
9857 (1)		CHERRA	1/6/2011 1:03 PM	BEL	7599TEMPLPN	
9875 (1)		MICHELLE	1/9/2011 1:55 PM	BEL	7599TEMPLPN	
9876 (1)		MICHELLE	1/9/2011 3:08 PM	BEL	7599TEMPLPN	
9910 (2)		TERRY	1/18/2011 8:22 PM	BEL	7599TEMPLPN	

eFinancePlus+

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Applicant ID	Last Name	First Name	Date/Time	Category	Job Number	Hire Status
2548 (17)		PATRICIA	1/3/2011 11:20 AM	BEL	7599TEMPRN	APPL
4401 (19)		ANNETTE	10/30/2010 3:05 PM	BEL	7599TEMPRN	APPL
4814 (3)		TANEEYA	6/21/2010 8:27 PM	BEL	7599TEMPRN	APPL
6833 (3)		CHRISTINE	4/26/2010 9:46 AM	BEL	7599TEMPRN	APPL
8188 (8)		SHARRIECKIA	4/23/2010 11:25 AM	BEL	7599TEMPRN	APPL
8198 (1)		SHARRIECKIA	3/5/2010 1:27 PM	BEL	7599TEMPRN	APPL
8210 (1)		HEATHER	3/7/2010 4:09 AM	BEL	7599TEMPRN	
8307 (1)		CHRISTINA	3/26/2010 12:10 PM	BEL	7599TEMPRN	APPL
8888 (3)		BABE	11/3/2010 12:11 PM	BEL	7599TEMPRN	APPL
9156 (1)		JULIE	8/4/2010 1:30 PM	BEL	7599TEMPRN	
9182 (1)		JOSHUA	8/12/2010 8:18 PM	BEL	7599TEMPRN	
9215 (1)		MEGAN	8/22/2010 6:05 AM	BEL	7599TEMPRN	
9304 (1)		JUANITA	9/15/2010 2:55 PM	BEL	7599TEMPRN	
9342 (1)		DENISE	9/22/2010 5:52 PM	BEL	7599TEMPRN	
9391 (4)		ANGELA	10/14/2010 4:08 PM	BEL	7599TEMPRN	A
9404 (5)		KATHY	11/19/2010 6:54 PM	BEL	7599TEMPRN	A
(2)		TERESA	11/9/2010 9:39 AM	BEL	7599TEMPRN	
9618 (1)		CHANEL	11/15/2010 10:18 AM	BEL	7599TEMPRN	

To whom it may concern,

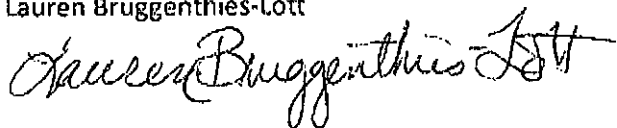
I have had the pleasure of working with Bel-Wood Nursing Home for two years. In August of 2008, Passages Hospice began providing end of life care for Bel-Wood residents with terminal diseases. We were warmly welcomed by the administration, as they share our mission of providing the best care possible to their residents. We greatly value the relationship we have with Bel-Wood, so, when we heard that they were looking to build a new facility, we were ecstatic.

Passages Hospice has relationships with several hundred skilled nursing facilities in the state of Illinois, and Bel-Wood ranks in the top five homes we serve state-wide. I personally supervise staff in forty facilities in Central and Southern Illinois, and I love to work with Bel-Wood. The administration is supportive, the staff is friendly, the care given to their patients is outstanding, and I can't help but feel like I am at home whenever I stop by to visit.

The Passages Hospice team wholeheartedly supports Bel-Wood in their goal to build a new and more efficient facility to continue their excellent care. I look forward to our companies continued collaboration with Bel-Wood Nursing Home. We are proud to assist them in their mission to become the best nursing home in Peoria County.

Sincerely,

Lauren Bruggenthies-Lott



Marketing Director

Passages Hospice

June 11, 2010

This letter is written in support of the new proposed facility to replace the current aging Bel-Wood Nursing Home. As medical director of Bel-Wood for more than twenty years, I am very familiar with the home. Patients, families, visitors, volunteers, administration and staff all have contributed to making Bel-Wood what it is today: a medical home for those that need it, as well as an outstanding facility for those that are able to recover and return to their private homes.

Time however has taken its toll, as I am sure you are aware. More and more residents require increasing amounts of technology and other supportive medical equipment for their day to day needs. Personal space and privacy issues also beg for more spacious rooms, quiet areas, increased space for group social activities, physical, speech and occupational therapies as well as recreational and family areas that are safe and appealing.

The next generation of Bel-Wood residents will come from a much different base than the current population. The baby boomers, for better or worse, will expect more privacy, space and technology in addition to the excellent care for which Bel-Wood is known. The time is right to plan for our next customers with a new facility which we will all be proud to consider home.

Sincerely,



John J. Coon MD
Medical Director
Bel-Wood Nursing Home



June 7, 2010

ERS, Inc. Staffing and Healthcare Services believes and supports a new County Nursing Home. Building a new nursing home will best serve the citizens of Peoria County.

Belwood Nursing Home has met the needs for many years and with the construction of a new facility will be able to do so for generations to come.

Sincerely,

A handwritten signature in black ink, appearing to read "Pete Holman", written over a horizontal line.

Pete Holman

2201 W TOWNLINE ROAD PEORIA, ILLINOIS 61615
309-691-1839-TELEPHONE 309-691-1829-FAX



Alliance
Rehab™

An HRA Company

June 7, 2010

To Whom It May Concern:

I am pleased to write this letter, on behalf of Alliance Rehab, Inc., to support the C.O.N for the construction of a new building submitted by Bel-wood Nursing Home. A new nursing home facility, replacing the current structure, will allow for the creation of a new design that will accommodate the consumers' needs while continuing to provide the highest quality of care. We believe this will be of great benefit to the future residents of Peoria County who may need long term care or rehabilitation at some point in their lives.

The new facility can serve those who are ill and functionally limited in an enhanced environment that utilizes technology to facilitate optimal functioning. All providers of care within the facility can more effectively work together to facilitate the most favorable functional capacities and outcomes, while preserving the resident's comfort, security, privacy and dignity.

Our organization provides therapy services at a number of the county nursing facilities in Illinois. Both Champaign County and Monroe County have rebuilt in recent years and we can testify that the overall quality of care and resident satisfaction has been improved from the updated architecture/floor plan as well as the state of the art equipment that are currently in use there.

We encourage the Certificate of Need Program to approve this application and thank you for your consideration.

Sincerely,

Linda Kolleng, MBA, OTR/L
Vice President
Alliance Rehab, Inc.



CENTRAL ILLINOIS CHAPTER | Locations:

PEORIA OFFICE
606 W. Glen Ave.
Peoria, IL 61614
Phone: 309.681.1100
Fax: 309.681.1101

QUINCY AREA OFFICE
639 York St., Rm. 200
Quincy, IL 62301
Phone: 217.228.1111
Fax: 217.592.3690

ROCK RIVER OFFICE
93 S. Hennepin Ave.
Dixon, IL 61021
Phone: 815.285.1100
Fax: 815.285.1116

www.alz.org/illinoiscentral 800.272.3900

June 4, 2010

To Whom It May Concern,

The Alzheimer's Association, Central Illinois Chapter supports the progress of a new Bel-Wood Nursing home for persons with Alzheimer's disease and the general geriatric population. Chapter staff has had an opportunity to provide input into early plans for the future Alzheimer's population.

Currently there are 5.3 million persons in the US today with Alzheimer's disease. The Trajectory Report that was released on Capital Hill on May 18, 2010 states that there will be 16 million Americans with the disease by the year 2050 due to the aging of the baby boomers. The country is due to experience a crisis over the coming years because of the disease and its impacts on the family and the American Society. In Peoria County we can feel more assured that persons with Alzheimer's disease will be kept out of harm's way with the new structure that Bel-Wood Nursing Home will provide.

As the Alzheimer's Association we are pleased to have had the opportunity to provide input into this most important project.

Please feel free to contact me should you have a need for further information.

Sincerely,

Nikki M. Vulgaris-Rodriguez
Executive Director



Enloe Drugs, LLC

2305 West Altorfer Drive
Peoria, Illinois 61615
800-475-9209
800-244-2105 Fax

June 4, 2010

To Whom It May Concern:

Enloe Pharmacy is a current vendor of Belwood Nursing Home and has had a very good working relationship with them over the last three years.

I would like to take this opportunity to let you know that we support them in their application for the Certificate of Need to build a new facility. Belwood is a great long term care facility and does an excellent job of taking care of their residents, but with a new facility, they can expand their services and offer a greater level of care.

Thank you for listening to the community and supporting this project.

Sincerely,

A handwritten signature in cursive script that reads "Jeff Medernach". The signature is written in black ink and is positioned above the printed name and title.

Jeff Medernach, RPH
Director of Operations
Enloe Drugs, LLC



Illinois Long Term Care Ombudsman Program

Region 4

Serving Fulton, Marshall, Peoria, Stark, Tazewell and Woodford Counties

*Senior Services - Center for Prevention of Abuse
720 W. Joan Ct; Peoria, IL 61614
(309)637-3905*

Dave Weiman, Culture Change Coordinator

September 10, 2009

To Whom it may Concern:

The Illinois Long Term Care Ombudsman Program – Region 4 is pleased to support the Certificate of Need application for the construction of a new skilled nursing home to replace the current Bel-Wood Nursing Home.

A few years ago I was the Community Ombudsman serving the residents at Bel-Wood and know first-hand of the limitations the current structure imposes on the delivery of quality care for the elders living there. Recently, I have participated in a number of planning discussions with the Bel-Wood Administrator and the architect selected by the county to design the new structure. I'm supportive of the plans to incorporate many of the practices and design directives which OBRA '87 mandates for 'Quality of Care' and 'Quality of Life'. Meeting these directives will only be made possible with a new state-of-the-art structure.

I respectfully urge the Illinois Health Planning Board to give full and fair consideration to the Certificate of Need application by the Peoria County Board for the purpose of constructing a new Bel-Wood Nursing Home.

Sincerely,

Dave Weiman, Culture Change Coordinator
Illinois Long Term Care Ombudsman Program –
Region 4

To: Illinois Health Facilities and Services Review Board

From: Patrick Urich
County Administrator
Peoria County Government

Date: Monday, February 07, 2011

Re: Bel-Wood Nursing Home
Replacement Facility
Section 1110.1730-j - Property Zoning

The proposed location for the replacement facility of Bel-Wood Nursing Home is 2223 W Heading Avenue in the City of West Peoria, Illinois. West Peoria is located within the County of Peoria. The current zoning of the subject property is "R1" Medium Density Residential. In the City of West Peoria, nursing homes are permitted as a special use in the "R2" Multi-Family Residential District.

The County has made application to the City of West Peoria to rezone the property and obtain the needed special use once rezoned. At this time, the City has conducted the public hearings for each request, and no objections were filed in the public record. In fact, the testimony of the neighbors at the public hearings showed interest and excitement in having Bel-Wood as a neighbor. At this time, the County is awaiting final approval by the West Peoria City Council.

As a caveat, the County, through intergovernmental agreement, will be deeding two (2) acres to the City of West Peoria as part of the project development so that the City may construct a much needed new City Hall.

By: Patrick Urich
Patrick Urich, County Administrator

Date: 2/7/11

Attest: Vicki L. Willis
Notary Public

2-7-11

My commission expires 3-2-2012



MOODY'S ASSIGNS Aa2 RATING TO PEORIA COUNTY'S (IL) \$9.6 MILLION GO BONDS (ALTERNATE REVENUE SOURCE), SERIES 2010E AND \$40 MILLION TAXABLE GO BONDS (ALTERNATE REVENUE SOURCE,) SERIES 2010F (BABS)

Aa2 RATING APPLIES TO \$60.4 MILLION OF POST-SALE GO DEBT

Peoria (County of) IL
County
Illinois

Moody's Rating

Issue	Rating
General Obligation Bonds (Alternate Revenue Source)	Aa2
Sale Amount	\$9,635,000
Expected Sale Date	12/09/10
Rating Description	General Obligation
Taxable General Obligation Bonds (Alternate Revenue Source)	Aa2
Sale Amount	\$30,965,000
Expected Sale Date	12/09/10
Rating Description	General Obligation

NEW YORK, December 3, 2010 -- Moody's Investors Service has assigned a Aa2 rating to Peoria County, Illinois \$9.635 million General Obligation Bonds (Alternate Revenue Source), Series 2010E and \$30.965 million Taxable General Obligation Bonds (Alternate Revenue Source), Series 2010F (Build America Bonds - Direct Payment to the Issuer). Concurrently, Moody's has affirmed the county's Aa2 rating on its \$51.7 million of outstanding general obligation unlimited tax debt and \$8.6 million of general obligation limited tax debt, including current offerings.

RATINGS RATIONALE

The bonds are secured by the county's unlimited tax pledge but are expected to be repaid with Public Facility Sales Tax revenues. The new sales tax, approved by voters in April 2009 and collected since January 1, 2010, consists of \$0.25 per \$100 purchase of tangible personal property purchased at retail. The Aa2 rating reflects the county's sound financial operations with relatively healthy reserve levels despite recent draws; growing and diversified economy located in central Illinois; and average debt burden with average principal amortization. The Series 2010E and 2010F Bonds will fund the county's portion of the construction cost of the planned Peoria Riverfront Museum, part of a \$150 million improvement project to a block in downtown Peoria.

SOUND FINANCIAL OPERATIONS WITH RELATIVELY HEALTHY RESERVE LEVELS DESPITE RECENT DRAWS

The county's financial operations are expected to remain stable over the near to medium term given the county's expected tax base growth and recent history of strong management strategies maintain sound reserves. The county ended fiscal 2009 with an operating shortfall of \$4.1 million, posting a balance of \$14.3 million in the General Fund, or a still healthy 34.7% of revenues. This primarily reflects capital outlays and a widely utilized early retirement incentive implemented in 2009. The voluntary separation package was accepted

by 66 employees showing an initial hit in fiscal 2009 but large expenditure reductions in fiscal 2010 and thereafter due to reduced replacement of open positions. County officials are addressing the narrowed financial position with additional tight expenditure controls, and strong fiscal management practices in order to build reserves back to historical levels. The Public Health Department laid-off 30 employees in early 2010 after the county scaled back the services provided due to a reduction in state aid. County officials also implemented a formalized General Fund policy to maintain reserves to support its annual cash flow, maintain an undesignated level at the prior year's highest monthly cash flow needs, and support undesignated reserves with an additional 8% of the current year's appropriations. Through third quarter, General Fund revenues in 2010 posted roughly \$3.5 million higher than in 2009 and expenditures lower than fiscal 2009. Proceeds from the Public Facility Sales Tax, which has been collected since January 1, 2010, are currently held in the General Fund and are expected to be transferred to the Capital Projects Fund at year-end. Officials estimate increasing the General Fund balance by roughly \$700,000 at the end of 2010. Officials anticipate a balanced budget in 2011. The County's pension funds are funded at 46.0% and 77.5% for Sheriff's Law Enforcement Personnel and all other qualified employees, respectively. Funding levels have declined moderately since 2007. Operations of the county's nursing home, Bel-Wood Nursing Home, appear to be stable and the nursing home is supported by a dedicated levy.

DIVERSE, REGIONAL ECONOMIC HUB LOCATED IN CENTRAL ILLINOIS

Tax base growth and moderate economic diversification are expected to continue over the long term for the county, based on the availability of developable land coupled with diversification efforts taking place within the city of Peoria (rated Aa2). The county serves as a major economic center for retail and health care for central Illinois. The regional economy has continued to diversify over the past few decades from a traditionally industrial-agricultural base. Evidencing the county's growth, the tax base, currently valued at \$9.8 billion, has grown an annual average 5.6% since 2004, primarily due to the county's new commercial development within the city of Peoria and residential development spurring additional annexation opportunities. Officials are anticipating a 1.5% growth rate in 2011. The county's largest employer and taxpayer is Caterpillar, Inc. (senior unsecured debt rated A2, stable outlook), at 1.6% of the full valuation. While Caterpillar's local manufacturing operations had been scaled down in previous decades, according to County officials, the company is in the process of transitioning some manufacturing space into research and development space. The county's overall employment base has also diversified with collaborative efforts between local universities and existing industries in the region, including Renaissance Park, a downtown business park for medical and biotechnology research and development, currently in its final phases of construction, and is expected to further diversify economic development efforts by the city of Peoria. In addition, an incubator program, Peoria Next, is expected to help the collaborative ties the county has with the local institutions, providing additional opportunities for business development and innovation to occur within the county over the long term. Income indices for county residents are below those of the state, with per capita and median family income at 91.8% and 91.1% of state levels, respectively.

MANAGEABLE DEBT BURDEN WITH AVERAGE PRINCIPAL AMORTIZATION

Including the current issue, the county anticipates issuing roughly \$35

million in the next year to fund the construction of a replacement for the existing Bel-Wood nursing facility. The county's direct burden of 0.2% is in line with the median of all US counties. The county's overall debt burden of 6.2% is above-average, in part attributable to the City of Peoria and overlapping school districts. Principal amortization is slightly below average with 58.2% of principal retired in ten years.

WHAT COULD MOVE THE RATING UP:

- Significant growth in the tax base
- Substantial increase in income indices
- Further diversification of the tax base

WHAT COULD MOVE THE RATING DOWN:

- Sizable year over year draws on General Fund Reserves
- Prolonged tax base contraction
- Weakened employment trends

KEY STATISTICS:

2009 population: 185,816 (EDC for Central Illinois)

2009 full valuation: \$9.8 billion

2000 Median family income: \$50,592 (91.1% of state, 101.1% of US)

2000 Per capita income: \$21,219 (91.8% of state, 98.3% of US)

Debt burden: 6.2% (direct 0.6%)

Principal amortization rate (10 years): 58.2%

Fiscal 2009 General Fund balance: \$14.3 million (34.7% of General Fund revenues)

Post-sale general obligation unlimited tax debt outstanding: \$51.7 million

The principal methodology used in this rating was General Obligation Bonds Issued by U.S. Local Governments published in October 2009.

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Bel-Wood Nursing Home FF&E	Qty.	Price	Extended Price
<u>Vestibule</u>			
<i>cabnet</i>	1	\$450.00	\$450.00
<i>Floral arrangement</i>	1	\$125.00	\$125.00
<i>Artwork</i>	1	\$100.00	\$100.00
		Subtotal:	\$675.00
<u>Lobby</u>			
<i>Sofa</i>	1	\$950.00	\$950.00
<i>Lounge Chair</i>	2		\$2,000.00
<i>Lounge Chair</i>	4	\$500.00	\$2,000.00
<i>End Table</i>	3	\$200.00	\$1,200.00
<i>Cocktail Table</i>	1	\$275.00	\$275.00
<i>Table Lamp</i>	3	\$130.00	\$390.00
<i>Artwork</i>	3	\$100.00	\$300.00
		Subtotal:	\$7,115.00
<u>Reception</u>			
<i>Task Chair</i>	1	\$150.00	\$200.00
<i>Artwork</i>	1	\$100.00	\$100.00
		Subtotal:	\$300.00
<u>Accounts</u>			
<i>Guest Chair</i>	0	\$120.00	\$100.00
<i>72" x 36" Single Left Pedestal Desk</i>	1	\$600.00	\$600.00
<i>48" x 24" Right Return</i>	1	\$370.00	\$370.00
<i>72" x 36" Single Right Pedestal Desk</i>	1	\$600.00	\$600.00
<i>48" x 24" Left Return</i>	1	\$370.00	\$370.00
<i>Task Chair</i>	2	\$150.00	\$300.00
<i>Bookcase</i>	2	\$280.00	\$560.00
<i>Artwork</i>	2	\$100.00	\$200.00
		Subtotal:	\$3,100.00
<u>Business Manager</u>			
<i>Guest Chair</i>	0	\$120.00	\$100.00
<i>72" x 36" Single Left Pedestal Desk</i>	1	\$600.00	\$600.00
<i>48" x 24" Right Return</i>	1	\$370.00	\$370.00
<i>Task Chair</i>	1	\$150.00	\$150.00
<i>Bookcase</i>	1	\$280.00	\$280.00
<i>Lateral File</i>	1	\$360.00	\$360.00
<i>Silk Plant</i>	1	\$125.00	\$125.00
<i>Artwork</i>	1	\$100.00	\$100.00
		Subtotal:	\$2,085.00
<u>Administrative Coordinator</u>			
<i>Guest Chair</i>	0	\$120.00	\$200.00
<i>72" x 36" Single Right Pedestal Desk</i>	1	\$600.00	\$600.00
<i>48" x 24" Left Return</i>	1	\$370.00	\$370.00
<i>Task Chair</i>	1	\$150.00	\$150.00
<i>Bookcase</i>	1	\$280.00	\$280.00
<i>Lateral File</i>	1	\$360.00	\$360.00
<i>Silk Plant</i>	1	\$125.00	\$125.00

	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$2,185.00
<u>Human Resources</u>				
	72" x 36" Single Left Pedestal Desk	1	\$600.00	\$600.00
	48" x 24" Right Return	1	\$370.00	\$370.00
	Task Chair	1	\$150.00	\$150.00
	Guest Chair	5	\$120.00	\$600.00
	36" Round Conference Table	1	\$275.00	\$275.00
	Bookcase	1	\$280.00	\$280.00
	Lateral File	1	\$360.00	\$360.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$2,735.00
<u>Office</u>				
	72" x 36" Single Left Pedestal Desk	1	\$600.00	\$600.00
	48" x 24" Right Return	1	\$370.00	\$370.00
	Task Chair	1	\$150.00	\$150.00
	Guest Chair	2	\$120.00	\$240.00
	Bookcase	1	\$280.00	\$280.00
	Silk Plant	1	\$125.00	\$125.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$1,865.00
<u>Storage/ Server</u>				
	Shelving by others	-		\$1,500.00
<u>Copy</u>				
	Copier by others	-		
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$1,600.00
<u>Business Conference</u>				
	48" Round Conference Table	1	\$350.00	\$350.00
	Conference Chairs	4	\$190.00	\$760.00
	Stackable Chairs			
	Silk Plant	1	\$125.00	\$125.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$1,335.00
<u>Resident Liason</u>				
	72" x 36" Single Left Pedestal Desk	1	\$600.00	\$600.00
	48" x 24" Right Return	1	\$370.00	\$370.00
	Task Chair	1	\$150.00	\$150.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$1,220.00
<u>Admin. Office</u>				
	72" x 36" Double Pedestal Desk	1	\$715.00	\$715.00
	72" x 24" Credenza	1	\$605.00	\$605.00
	Stack-on Storage Hutch	1	\$420.00	\$420.00
	72" x 36" Single Ped. Wood Bow Front Desk			\$1,000.00
	24" x 43" Wood Bridge			\$250.00
	72" x 24" Wood Credenza			\$500.00
	Wood Stack-on Storage Hutch			\$850.00
	42" Round Wood Conference Table			\$850.00
	Task Chair	1	\$150.00	\$150.00
	Guest Chair	5	\$120.00	\$600.00

	<i>Silk Plant</i>	1	\$125.00	\$125.00
	<i>Artwork</i>	3	\$100.00	\$300.00
			Subtotal:	\$5,515.00
<u>Conference Room</u>				
	<i>10' Boat-shaped Conference Table</i>	1	\$500.00	\$1,000.00
	<i>Conference Chairs</i>	10	\$190.00	\$1,900.00
	<i>Presentation Cabinet</i>	1	\$520.00	\$900.00
	<i>Stackable Chairs</i>	6	\$85.00	\$510.00
	<i>Artwork</i>	2	\$100.00	\$200.00
			Subtotal:	\$4,510.00
<u>Social Service</u>				
	<i>72" x 36" Double Pedestal Desk</i>	1	\$715.00	\$715.00
	<i>72" x 24" Credenza</i>	1	\$605.00	\$605.00
	<i>Stack-on Storage Hutch</i>	1	\$420.00	\$420.00
	<i>72" x 36" Double Pedestal Laminate Desk</i>			\$450.00
	<i>72" x 24" Laminate Credenza</i>			\$400.00
	<i>Laminate Stack-on Storage Hutch</i>			\$350.00
	<i>Task Chair</i>	1	\$150.00	\$150.00
	<i>Guest Chair</i>	2	\$120.00	\$240.00
	<i>Bookcase</i>	1	\$280.00	\$280.00
	<i>Silk Plant</i>	1	\$125.00	\$125.00
	<i>Artwork</i>	1	\$100.00	\$100.00
			Subtotal:	\$3,835.00
<u>Personal Care</u>				
	<i>Portable Hair Dryer</i>	3	\$280.00	\$840.00
	<i>Adjustable Styling Chair</i>	1	\$575.00	\$575.00
	<i>Manicure Table</i>	1	\$550.00	\$550.00
	<i>Stool</i>	1	\$110.00	\$110.00
	<i>Chair</i>	1	\$100.00	\$100.00
	<i>Sideboard/ Coffee Station</i>	1	\$300.00	\$300.00
	<i>Arm Chair</i>	4	\$250.00	\$1,000.00
	<i>End Table</i>	1	\$200.00	\$200.00
	<i>Silk Plant</i>	1	\$125.00	\$125.00
	<i>Artwork</i>	3	\$100.00	\$300.00
	<i>Sink stations by others</i>	-		\$3,600.00
			Subtotal:	\$7,700.00
<u>Record Storage</u>				
		-		
<u>Classroom</u>				
	<i>Folding Tables</i>	13	\$150.00	\$1,950.00
	<i>Stack Chair</i>	24	\$50.00	\$1,200.00
	<i>Presentation Cabinet</i>	1	\$520.00	\$520.00
	<i>Storage Cabinet</i>			\$450.00
	<i>Bookcase</i>			\$250.00
	<i>Podium</i>			\$200.00
	<i>Lecturn</i>	1	\$75.00	\$75.00
	<i>Artwork</i>	2	\$100.00	\$200.00
			Subtotal:	\$4,845.00
<u>Housekeeping</u>				

	72" x 36" Single Left Pedestal Desk	1	\$600.00	\$600.00
	48" x 24" Right Return	1	\$370.00	\$370.00
	72" x 36" Single Left Pedestal Steel Desk			\$600.00
	48" x 24" Steel Right Return			\$370.00
	Task Chair	1	\$150.00	\$150.00
	Shelving	5	\$150.00	\$750.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$2,940.00
<u>Employee Lounge</u>				
	Double Booth	2	\$775.00	\$1,550.00
	Single Booth	2	\$510.00	\$1,020.00
	Rectangular Table	3	\$175.00	\$525.00
	42" Square Table	2	\$200.00	\$1,500.00
	Stack Chair	8	\$50.00	\$750.00
	Trash Barrel	3	\$60.00	\$180.00
			Subtotal:	\$5,525.00
<u>Laundry</u>				
<u>Office</u>				
	72" x 36" Single Left Pedestal Desk	1	\$600.00	\$600.00
	48" x 24" Right Return	1	\$370.00	\$370.00
	Task Chair	1	\$150.00	\$150.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$1,220.00
<u>Staff Coordinator</u>				
	Single Left Pedestal Desk	1	\$600.00	\$600.00
	Right Return	1	\$370.00	\$370.00
	Bookcase	1	\$280.00	\$280.00
	72" x 36" Single Left Pedestal Steel Desk			\$400.00
	48" x 24" Steel Right Return			\$350.00
	Steel 5-shelf Bookcase			\$350.00
	Task Chair	1	\$150.00	\$150.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$2,600.00
<u>Maintenance Office</u>				
	Single Left Pedestal Desk	1	\$600.00	\$600.00
	Right Return	1	\$370.00	\$370.00
	72" x 36" Single Left Pedestal Steel Desk			\$450.00
	48" x 24" Steel Right Return			\$300.00
	Task Chair	1	\$150.00	\$150.00
	Bookcase			\$130.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$2,100.00
<u>Kitchen</u>				
<u>Kitchen Office</u>				
	Single Left Pedestal Desk	1	\$600.00	\$600.00
	Right Return	1	\$370.00	\$370.00
	Bookcase	1	\$280.00	\$280.00

	72" x 36" Single Left Pedestal Steel Desk			\$450.00
	48" x 24" Steel Right Return			\$300.00
	Steel 5-shelf Bookcase			\$150.00
	Task Chair	1	\$150.00	\$150.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$2,400.00
Chapel				
	5' Pew	4	\$940.00	\$3,760.00
	Pulpit	1	\$1,070.00	\$1,070.00
	6' Pew			\$4,100.00
	Pulpit			\$1,070.00
	Chair	2	\$210.00	\$420.00
			Subtotal:	\$10,420.00
Gift Shop				
	30" Round Café Table	2	\$130.00	\$260.00
	Café Chair w/ Arms	6	\$95.00	\$570.00
			Subtotal:	\$830.00
Activity				
	Exisiting Tables	-		
	Stack Chair w/arms			\$8,500.00
	Stack Chair	100	\$275.00	\$27,500.00
			Subtotal:	\$36,000.00
Activity Office				
	72" x 36" Single Right Pedestal Desk	1	\$600.00	\$600.00
	48" x 24" Left Return	1	\$370.00	\$370.00
	Stack on storage			\$150.00
	72" x 36" Single Left Pedestal Steel Desk			\$450.00
	48" x 24" Steel Right Return			\$350.00
	Task Chair	1	\$150.00	\$150.00
	Bookcase	1	\$280.00	\$280.00
	Steel 5-shelf Bookcase			\$200.00
	Stack on storage			\$400.00
	storage cabinet			\$400.00
	lockable tv cabinet			\$100.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$3,050.00
Bath				
		-		
Waiting				
	Arm Chair	4	\$250.00	\$1,000.00
	End Table	2	\$200.00	\$400.00
			Subtotal:	\$1,400.00
Physical Therapy				
		-		
	42" Round Table	1	\$200.00	\$200.00
	Arm Chair	4	\$265.00	\$1,060.00
	Task Chair			
			Subtotal:	\$1,260.00
Bedroom				

Manual 3-Function Bed
Mattress

Corridors

Artwork	20	\$100.00	\$2,000.00
		Subtotal:	\$2,000.00

Core Building Total: \$122,365.00

Alzheimer's Units

Nourishment Kitchen

-

Dining/ Living Room

42" Square Table	5	\$200.00	\$1,000.00
36" Square Table Top w/ QA Base			\$400.00
Existing Dining Chairs	-		
Loveseat	1	\$795.00	\$795.00
Lounge Chair	2	\$500.00	\$1,000.00
End Table	2	\$200.00	\$400.00
Table Lamp	2	\$130.00	\$260.00
Artwork	2	\$100.00	\$200.00
		Subtotal:	\$4,055.00

Exam

-

Living Room

Sofa	1	\$950.00	\$950.00
Loveseat	1	\$795.00	\$795.00
Lounge Chair	3	\$500.00	\$1,500.00
Glider Rocker	2	\$700.00	\$1,400.00
End Table	4	\$200.00	\$800.00

Table Lamp	4	\$130.00	\$520.00
		Subtotal:	\$5,965.00

Tub Room

Parker Tub	1	\$12,327.00	\$12,327.00
		Subtotal:	\$12,327.00

Nurse's Lounge

Loveseat	1	\$795.00	\$795.00
Lounge Chair	2	\$500.00	\$1,000.00
End Table	1	\$200.00	\$200.00
Table Lamp	1	\$130.00	\$130.00
Artwork	1	\$100.00	\$100.00
Small Refrigerator	1	\$500.00	\$500.00
Trash Barrel	1	\$60.00	\$60.00
		Subtotal:	\$2,785.00

<u>Meeting Room</u>			
72" x 36" Single Right Pedestal Desk	1	\$600.00	\$600.00
48" x 24" Left Return	1	\$370.00	\$370.00
Task Chair	1	\$150.00	\$150.00
48" Round Conference Table	1	\$350.00	\$350.00
72" Boat Shape Conf. Table w. Slab Base			\$300.00
Guest Chair	4	\$120.00	\$480.00
Bookcase	1	\$280.00	\$280.00
Silk Plant	1	\$125.00	\$125.00
Artwork	1	\$100.00	\$100.00
		Subtotal:	\$2,755.00
<u>Work Area</u>			
Task Chair	2	\$150.00	\$300.00
		Subtotal:	\$300.00
<u>Nurse Station</u>			
Task Chair	3	\$150.00	\$450.00
		Subtotal:	\$450.00
<u>Nourishment Kitchen</u>			
	-		
<u>Dining/ Living Room</u>			
42" Square Table	5	\$200.00	\$1,000.00
Existing Dining Chairs	-		
Loveseat	1	\$795.00	\$795.00
Lounge Chair	2	\$500.00	\$1,000.00
End Table	2	\$200.00	\$400.00
Table Lamp	2	\$130.00	\$260.00
Artwork	2	\$100.00	\$200.00
		Subtotal:	\$3,655.00
<u>Director</u>			
66" x 30" Double Pedestal Desk	1	\$715.00	\$715.00
66" x 24" Credenza	1	\$605.00	\$605.00
Stack-on Storage Hutch	1	\$420.00	\$420.00
60" x 36" Double Ped. Lam. Bow Front Desk			\$500.00
60" x 24" Kneespace Credenza			\$400.00
Stack-on Storage Hutch			\$350.00
Task Chair	1	\$150.00	\$150.00
Guest Chair	2	\$120.00	\$240.00
Artwork	2	\$100.00	\$200.00
		Subtotal:	\$3,580.00
<u>Living Room</u>			
Sofa	1	\$950.00	\$950.00
Loveseat	1	\$795.00	\$795.00
Lounge Chair	3	\$500.00	\$1,500.00
Glider Rocker	2	\$700.00	\$1,400.00
End Table	4	\$200.00	\$800.00

Table Lamp	4	\$130.00	\$520.00
		Subtotal:	\$5,965.00
Typical Private Room	STOP HERE		
Typical Private Room Package includes:			
Bed (Joerns 770 w/ Panels & Staff Control)	1	\$1,308.00	\$1,308.00
Mattress	1	\$150.00	\$150.00
Bedsread	1	\$125.00	\$125.00
Bedside Cabinet	1	\$190.00	\$190.00
Lamp	1	\$221.00	\$221.00
Resident Chair	1	\$300.00	\$300.00
4-Drawer Dresser	1	\$260.00	\$260.00
Wardrobe (2-Door, 2-Drawer)	1	\$360.00	\$360.00
Overbed Table	1	\$110.00	\$110.00
Artwork	1	\$90.00	\$90.00
Typical Private Room Package	11	\$3,114.00	\$34,254.00
		Subtotal:	\$34,254.00
Typical Semi-Private Room			
Typical Semi-Private Room Package includes:			
Bed (Joerns 770 w/ Panels & Staff Control)	2	\$1,308.00	\$2,616.00
Mattress	2	\$150.00	\$300.00
Bedsread	2	\$125.00	\$250.00
Bedside Cabinet	2	\$190.00	\$380.00
Lamp	2	\$221.00	\$442.00
Resident Chair	2	\$300.00	\$600.00
4-Drawer Dresser	2	\$260.00	\$520.00
Wardrobe (2-Door, 2-Drawer)	2	\$360.00	\$720.00
Overbed Table	2	\$110.00	\$220.00
Artwork	2	\$90.00	\$180.00
Typical Semi-Private Room Package	14	\$6,228.00	\$87,192.00
		Subtotal:	\$87,192.00
Corridors			
Artwork	20	\$100.00	\$2,000.00
		Subtotal:	\$2,000.00
Alzheimer's Building Total:			\$165,283.00

Skilled Nursing Building

Conference			
Formal Dining/ Conference Table	1	\$720.00	\$720.00
Ladderback Armchair	2	\$90.00	\$180.00
Ladderback Side Chair	6	\$68.00	\$408.00
		Subtotal:	\$1,308.00
Office			
Single Left Pedestal Desk	1	\$600.00	\$600.00
Right Return	1	\$370.00	\$370.00
Bookcase	1	\$280.00	\$280.00

	Task Chair	1	\$150.00	\$150.00
	Guest Chair	2	\$120.00	\$240.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$1,740.00
Living Room				
	Sofa	1	\$950.00	\$950.00
	Lounge Chair			
	Lounge Chair	3	\$500.00	\$1,500.00
	Recliner Rocker			
	Glider Rocker	4	\$700.00	\$2,800.00
	Rocking Chair	4	\$300.00	\$1,200.00
	Entertainment Center w/ Side Units	1	\$5,160.00	\$5,160.00
	Large TV	1	\$650.00	\$650.00
	Electric Fireplace	1	\$1,500.00	\$1,500.00
	End Table	4	\$200.00	\$800.00
	Table Lamp	4	\$130.00	\$520.00
	Silk Plant			
	Silk Plant	3	\$125.00	\$375.00
	Artwork	3	\$100.00	\$300.00
	Existing Aviary	-		
			Subtotal:	\$15,755.00
Tub Room				
	Parker Tub	1	\$12,327.00	\$12,327.00
			Subtotal:	\$12,327.00
Quiet/ Exam				
	Equipment by others	-		
DON				
	Desk Unit	1	\$1,185.00	\$1,185.00
	Return			
	Lateral file			
	Bookcase			
	Task Chair	1	\$150.00	\$150.00
	Guest Chair	2	\$120.00	\$240.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$1,675.00
ADON				
	Desk Unit	1	\$1,185.00	\$1,185.00
	Task Chair	1	\$150.00	\$150.00
	Credenza			
	Bookcase			
	Storage Hutch			
	Guest Chair	1	\$120.00	\$120.00
	Artwork	1	\$100.00	\$100.00
			Subtotal:	\$1,555.00
Nurse's Lounge				
	Loveseat	1	\$795.00	\$795.00
	Lounge Chair	1	\$500.00	\$500.00
	End Table	1	\$200.00	\$200.00
	Table Lamp	1	\$130.00	\$130.00

<u>Artwork</u>	1	\$100.00	\$100.00
		Subtotal:	\$1,725.00
<u>Work Area</u>			
Task Chair	2	\$150.00	\$300.00
		Subtotal:	\$300.00
<u>Nurse Station</u>			
Task Chair	3	\$150.00	\$450.00
		Subtotal:	\$450.00
<u>Tub Room</u>			
Rhapsody Tub	1	\$20,736.00	\$20,736.00
Alanti Seat Lift	1	\$5,249.00	\$5,249.00
		Subtotal:	\$25,985.00
<u>Dining Room</u>			
42" Square Table	9	\$200.00	\$1,800.00
Arm Chair	36	\$265.00	\$9,540.00
Equipment by others	-		
		Subtotal:	\$11,340.00
<u>Warming Kitchen</u>			
Equipment by others	-		
<u>Dining Room</u>			
42" Square Table	16	\$200.00	\$3,200.00
Arm Chair	64	\$265.00	\$16,960.00
Equipment by others	-		
		Subtotal:	\$20,160.00
<u>Typical Private Room</u>			
Typical Private Room Package includes:			
Bed (Joerns 770 w/ Panels & Staff Control)	1	\$1,308.00	
Mattress	1	\$150.00	
Bedsread	1	\$125.00	
Bedside Cabinet	1	\$226.00	
Lamp	1	\$221.00	
Resident Chair	1	\$300.00	
Armoire	1	\$304.00	
Wardrobe (2-Door, 2-Drawer)	1	\$630.00	
Overbed Table	1	\$110.00	
TV	1	\$350.00	
Artwork	1	\$90.00	
Typical Private Room Package	1	\$3,814.00	\$3,814.00
		Subtotal:	\$3,814.00
<u>Typical Semi-Private (zig-zag) Room</u>			
Typical Semi-Private Room Package includes:			
Bed (Joerns 770 w/ Panels & Staff Control)	2	\$1,308.00	
Mattress	2	\$150.00	
Bedsread	2	\$125.00	
Bedside Cabinet	2	\$226.00	
Lamp	2	\$221.00	
Resident Chair	2	\$300.00	
Wardrobe (2-Door, 2-Drawer)	2	\$630.00	
Overbed Table	2	\$110.00	

TV	2	\$350.00	
Artwork	2	\$90.00	
Typical Semi-Private Room Package	34	\$7,020.00	\$238,680.00
		Subtotal:	\$238,680.00

Typical Semi-Private (straight-walled) Room

Typical Semi-Private Room Package includes:

Bed (Joerns 770 w/ Panels & Staff Control)	2	\$1,308.00	
Mattress	2	\$150.00	
Bedsread	2	\$125.00	
Bedside Cabinet	2	\$226.00	
Lamp	2	\$221.00	
Resident Chair	2	\$300.00	
Armoire	2	\$304.00	
Wardrobe (2-Door, 2-Drawer)	2	\$630.00	
Overbed Table	2	\$110.00	
TV	2	\$350.00	
Artwork	2	\$90.00	

Typical Semi-Private Room Package	3	\$7,628.00	\$22,884.00
		Subtotal:	\$22,884.00

Typical Special Care Room

Typical Special Care Room Package includes:

Bed (Joerns 770 w/ Panels & Staff Control)	1	\$1,308.00	
Mattress	1	\$150.00	
Bedsread	1	\$125.00	
Bedside Cabinet	1	\$226.00	
Lamp	1	\$221.00	
Resident Chair	1	\$300.00	
Armoire	1	\$304.00	
Wardrobe (2-Door, 2-Drawer)	1	\$630.00	
Overbed Table	1	\$110.00	
TV	1	\$350.00	
Artwork	1	\$90.00	

Typical Special Care Room Package	1	\$3,814.00	\$3,814.00
		Subtotal:	\$3,814.00

Typical Special Care/ Hospice Room

Typical Special Care/ Hospice Room Package includes:

Bed (Joerns 770 w/ Panels & Staff Control)	1	\$1,308.00	
Mattress	1	\$150.00	
Bedsread	1	\$125.00	
Bedside Cabinet	1	\$226.00	
Lamp	2	\$221.00	
End Table	1	\$125.00	
Sleeper Loveseat	1	\$1,100.00	
Resident Chair	1	\$300.00	
Armoire	1	\$304.00	
Wardrobe (2-Door, 2-Drawer)	1	\$630.00	
Overbed Table	1	\$110.00	
TV	1	\$350.00	

Artwork	1	\$90.00	
Typical Special Care/ Hospice Rm Package	1	\$5,039.00	\$5,039.00
		Subtotal:	\$5,039.00
<u>Typical Semi-Private "T" Room</u>			
<i>Typical Semi-Private Room Package includes:</i>			
Bed (Joerns 770 w/ Panels & Staff Control)	2	\$1,308.00	
Mattress	2	\$150.00	
Bedsread	2	\$125.00	
Bedside Cabinet	2	\$226.00	
Lamp	2	\$221.00	
Resident Chair	2	\$300.00	
Overbed Table	2	\$110.00	
TV	2	\$350.00	
Wardrobe	2		
Artwork	2	\$90.00	
TV armoire		\$278.00	
Typical Semi-Private Room Package	15	\$5,760.00	\$86,400.00
		Subtotal:	\$86,400.00
			\$0.00
<u>Corridors</u>			
Overbed Table			\$0.00
Artwork (complement existing)	lot	\$1,100.00	\$1,100.00
		Subtotal:	\$1,100.00
		Skilled Nursing Building Total:	\$456,051.00
TOTAL FF&E for BEL-WOOD			\$ 743,699.00
	Round to		\$743,700

To: Illinois Health Facilities and Services Review Board

From: Patrick Urich
County Administrator
Peoria County Government

Date: February 7 2011

Re: Bel-Wood Nursing Home
Replacement Facility
Criterion 1110.1730(k)

On behalf of Peoria County, I certify that the projections contained in the Certificate of Need for a replacement Bel-Wood Nursing Home are accurate and reflect our current understanding of local market and industry conditions. The occupancy projections contained in the Certificate of Need represent the culmination of our planning efforts to re-size Bel-Wood to meet the needs of the Peoria County community and we believe that we will be able to achieve and maintain our projected occupancy level of 95 percent. We believe our projected number of beds and resultant occupancy are consistent both with Bel-Wood's historical occupancy patterns and with those of Peoria County; moreover, Bel-Wood should be in a position to transfer existing residents to the new facility and enjoy 95 percent occupancy from the date the new facility begins operation.

The projections contained in the Certificate of Need application represent the best efforts of the project team. While there is no assurance that every facet of the projections will materialize, we believe that they are realistic, reasonable, and prudent.

By: Patrick Urich
Patrick Urich, County Administrator

Attest: Virginia Pearl
Notary Public

Date: 2/17/11

2/17/2011
My commission expires 8-24-2012

