

11-021

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

**RECEIVED**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAY 20 2011

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Facility/Project Identification**

Facility Name: Meadowbrook Manor LaGrange
Street Address: 339 9 <sup>th</sup> Avenue
City and Zip Code: LaGrange 60525
County: Cook                      Health Service Area: VII                      Health Planning Area: 7-E

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: MML Properties, LLC
Address: 335-337 Remington Boulevard, Bolingbrook, Illinois 60440
Name of Registered Agent: Kenneth F. Lorch
Name of Chief Executive Officer: Christopher Vangel
CEO Address: 335-337 Remington Boulevard, Bolingbrook, Illinois 60440
Telephone Number: (630) 759-1112

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

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

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

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

**Primary Contact**

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

Name: John P. Kniery
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: Christopher Vangel
Title: Executive Director
Company Name: Meadowbrook Manor
Address: 431 West Remington Boulevard, Bolingbrook, Illinois 60440
Telephone Number: (630) 759-1112 ext. 162
E-mail Address: cvangel@meadowbrookmanor.com
Fax Number: (630) 759-9244

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

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

**Facility/Project Identification**

Facility Name: <b>Meadowbrook Manor LaGrange</b>		
Street Address: <b>339 9<sup>th</sup> Avenue</b>		
City and Zip Code: <b>LaGrange 60525</b>		
County: <b>Cook</b>	Health Service Area: <b>VII</b>	Health Planning Area: <b>7-E</b>

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: <b>Butterfield Health Care VII, LLC</b>
Address: <b>335-337 Remington Boulevard, Bolingbrook, Illinois 60440</b>
Name of Registered Agent: <b>Charles P. Sheets</b>
Name of Chief Executive Officer: <b>Christopher Vangel</b>
CEO Address: <b>335-337 Remington Boulevard, Bolingbrook, Illinois 60440</b>
Telephone Number: <b>(630) 759-1112</b>

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

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

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**Primary Contact**

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

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

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

Name: <b>Christopher Vangel</b>
Title: <b>Executive Director</b>
Company Name: <b>Meadowbrook Manor</b>
Address: <b>431 West Remington Boulevard, Bolingbrook, Illinois 60440</b>
Telephone Number: <b>(630) 759-1112 ext. 162</b>
E-mail Address: <b>cvangel@meadowbrookmanor.com</b>
Fax Number: <b>(630) 759-9244</b>

**Post Permit Contact**

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

Name: <b>David Shires</b>
Title: <b>Administrator</b>
Company Name: <b>Meadowbrook Manor LaGrange</b>
Address: <b>339 9<sup>th</sup> Avenue, LaGrange, Illinois 60525</b>
Telephone Number: <b>(708) 354-4660</b>
E-mail Address: <b>dshires@meadowbrookmanor.com</b>
Fax Number: <b>(708)354-1760</b>

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <b>MML Properties, LLC</b>
Address of Site Owner: <b>335-337 Remington Boulevard, Bolingbrook, Illinois 60440</b>
Street Address or Legal Description of Site: <b>339 9<sup>th</sup> Avenue, LaGrange, Illinois 60525</b>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Operating Identity/Licensee**

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

Exact Legal Name: <b>Butterfield Health Care VII, LLC</b>
Address: <b>335-337 Remington Boulevard, Bolingbrook, Illinois 60440</b>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li> </ul>
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Organizational Relationships**

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

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

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT****1. Project Classification**

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

Part 1110 Classification:

- Substantive  
 Non-substantive

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

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

**2. Narrative Description**

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

The proposed project is for the renovation and partial on-site replacement of the nearly 100 year old structure home to Meadowbrook Manor, an existing operating 197 bed nursing facility of which 94 beds are currently licensed as Skilled and 103 beds are licensed as Intermediate Care that is in good standing with the State of Illinois and the Illinois Department of Public Health. The facility is located at 339 South 9<sup>th</sup> Street in LaGrange, Illinois. In totality, this project will result in a mostly new, state-of-the-art nursing home with 197 Skilled care beds or a zero net change in nursing beds. The entities related to this nursing facility are MMC Properties, LLC (owner) and Butterfield Health Care VII, LLC d/b/a Meadowbrook Manor and are considered the Applicants to this application.

The current facility has 3 components; North and South wings and common core structure. The South wing is unutilized and has two floors and a basement. The North wing has three floors and a basement. The first through third floors contain patient rooms. The basement is storage and an administrator's office. The third floor is dormered, does not meet licensure standards, and has no accessibility to elevators. The remaining areas include all support services including lobby, administrative offices, therapy kitchen, laundry and central supply. The existing building has an approximate size of 115,332 gross square feet of which 25,300 gross square feet will remain with 15,790 square feet being fully modernized and 9,510 square feet remaining vacant (abandoned attic/crawl) space. It should be known that the space to be modernized is the main original building which will house core activities such as administration, main kitchen, dialysis, housekeeping and laundry.

The proposed project will be a three story building with a basement comprising a total of 138,902 gross square feet. New construction will have 123,112 square feet in addition to the modernized and vacated space identified above. All of the resident rooms and corresponding nursing and support space will be located in the newly constructed space.

As the parameters of this project as provided herein do not coincide with those of an "Emergency" review or "Non-Substantive" review classification, this project is considered as Substantive per part 1110.40 of the rules addressing this item.

**Project Costs and Sources of Funds**

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

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$232,564	\$206,236	\$438,800
Site Survey and Soil Investigation	\$18,550	\$16,450	\$35,000
Site Preparation	\$871,585	\$772,915	\$1,644,500
Off Site Work	39,750	\$35,250	\$75,000
New Construction Contracts	\$10,096,951	\$8,953,900	\$19,050,850
Modernization Contracts	\$0	\$789,400	\$789,400
Contingencies	\$739,800	\$1,005,120	\$1,744,920
Architectural/Engineering Fees	\$520,460	\$461,540	\$982,000
Consulting and Other Fees	\$238,619	\$211,606	\$450,255
Movable or Other Equipment (not in construction contracts)	\$747,300	\$662,700	\$1,410,000
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$622,077	\$551,653	\$1,173,730
Fair Market Value of Leased Space or Equipment	0	0	0
Other Costs To Be Capitalized	\$443,008	\$392,856	\$835,864
Acquisition of Building or Other Property (excluding land)	0	0	0
<b>TOTAL USES OF FUNDS</b>	<b>\$14,570,664</b>	<b>\$14,059,625</b>	<b>\$28,630,369</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$0	\$0	\$0
Pledges	0	0	0
Gifts and Bequests	0	0	0
Bond Issues (project related)	0	0	0
Mortgages	\$14,570,664	\$14,059,625	\$28,630,369
Leases (fair market value)	0	0	0
Governmental Appropriations	0	0	0
Grants	0	0	0
Other Funds and Sources	0	0	0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$14,570,664</b>	<b>\$14,059,625</b>	<b>\$28,630,369</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

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

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all <b>non-capitalized</b> 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.</p> <p>Estimated start-up costs and operating deficit cost is \$ _____.</p>

**Project Status and Completion Schedules**

<p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2014</u></p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><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</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>
<p><b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>

**State Agency Submittals**

<p>Are the following submittals up to date as applicable:</p> <p><input type="checkbox"/> Cancer Registry</p> <p><input type="checkbox"/> APORS</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits – Project Number 08-099 Meadowbrook Manor-Geneva</p> <p><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b></p>
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**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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS ATTACHMENT 9 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM



**Facility Bed Capacity and Utilization**

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

FACILITY NAME: Meadowbrook Manor LaGrange		CITY: LaGrange			
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	197	339	43,347	0	197
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	197	339	43,347	0	197

**IT SHOULD BE KNOWN THAT ALL BEDS WILL BE DUAL CERTIFIED FOR MEDICARE AND MEDICAID.**

**CERTIFICATION**

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

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

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

*Kianooch Jafari*  
SIGNATURE  
Kianooch Jafari  
PRINTED NAME  
Manager  
PRINTED TITLE

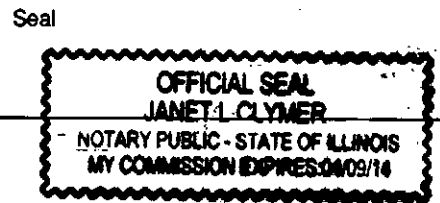
*Christopher P. Vangel*  
SIGNATURE  
Christopher P. Vangel  
PRINTED NAME  
Chief Executive Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 20<sup>th</sup> day of January

Notarization:  
Subscribed and sworn to before me  
this 20<sup>th</sup> day of January

*Janet R Clymer*  
Signature of Notary

*Janet R Clymer*  
Signature of Notary



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

*Kim Jari*  
 SIGNATURE  
Kianoosh Jafari  
 PRINTED NAME  
Manager  
 PRINTED TITLE

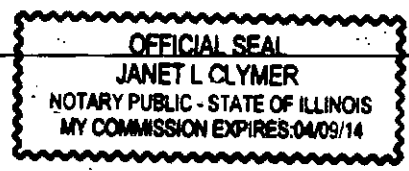
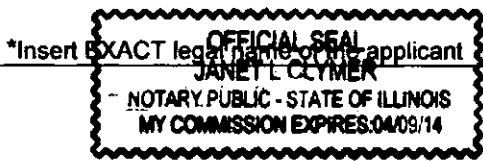
*[Signature]*  
 SIGNATURE  
Christopher P. Vangel  
 PRINTED NAME  
Chief Executive Officer  
 PRINTED TITLE

Notarization:  
Subscribed and sworn to before me this 20<sup>th</sup> day of January

Notarization:  
Subscribed and sworn to before me this 20<sup>th</sup> day of January

*Janet Clymer*  
 Signature of Notary  
 Seal

*Janet Clymer*  
 Signature of Notary  
 Seal



### 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: This item is not germane.**

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 tot 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: This item is 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**

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

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

Indicate # of beds changed by

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> General Long Term Care	197	197

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

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



APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(f)(4) - Utilization			X		
1110.1730(g) - Staffing Availability	X	X		X	X
1110.1730(h) - Facility Size	X	X	X	X	X
1110.1730(i) - Community Related Functions	X		X	X	X
1110.1730(j) - Zoning	X		X	X	X
1110.1730(k) - Assurances	X	X	X	X	X
<b>APPEND DOCUMENTATION AS ATTACHMENT-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>					

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

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

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

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

	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
	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;
<u>\$28,630,369</u>	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
	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;
<u>\$28,630,369</u>	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	<b>TOTAL FUNDS AVAILABLE</b>	

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

IX. 1120.130 - Financial Viability - MML Properties, LLC

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)
	2008	2009	2010	2016
Enter Historical and/or Projected Years:				
Current Ratio	.03	.05	.02	2.89
Net Margin Percentage	42.08%	47.30%	47.07%	5.16
Percent Debt to Total Capitalization	54%	45%	47%	93%
Projected Debt Service Coverage	2.83	1.64	1.53	1.39
Days Cash on Hand	0	3	4	181
Cushion Ratio	0	.01	.01	.85

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.

**IX. 1120.130 - Financial Viability – Butterfield Health Care VII, LLC**

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)
	2008	2009	2010	2016
Enter Historical and/or Projected Years:				
Current Ratio	.83	.83	(1.62)	7.82
Net Margin Percentage	(21.97)	(9.57)	27.67	6.38
Percent Debt to Total Capitalization	0%	0%	0%	0%
Projected Debt Service Coverage	0	0	0	0
Days Cash on Hand	2	12	0	141
Cushion Ratio	0	0	0	0

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 NUMERIC ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability – Combined**

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)
	2008	2009	2010	2016
Enter Historical and/or Projected Years:				
Current Ratio	.83	.83	(1.62)	5.72
Net Margin Percentage	(21.97)	(9.57)	27.67	7.48
Percent Debt to Total Capitalization	0%	0%	0%	78%
Projected Debt Service Coverage	(27.31)	(19.69)	129.29	2.07
Days Cash on Hand	2	12	0	179
Cushion Ratio	.98	8.40	0	3.80

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 NUMERIC ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

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

**A. Reasonableness of Financing Arrangements**

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 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)	
Nursing	\$154.74	\$49.99	123,112		15,790		\$19,050,850	\$ 789,400	\$19,840,250
Contingency	\$ 11.34	\$22.10	123,112		15,790		\$ 1,395,920	\$ 349,000	\$ 1,744,920
<b>TOTALS</b>	<b>\$166.08</b>	<b>\$72.09</b>	<b>123,112</b>		<b>15,790</b>		<b>\$20,446,770</b>	<b>\$1,138,400</b>	<b>\$21,585,170</b>

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

**D. Projected Operating Costs**

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

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

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

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

**XI. Safety Net Impact Statement – NOT GERMANE**

**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			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

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 – NOT GERMANE**

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	26-28
2	Site Ownership	29-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33-34
5	Flood Plain Requirements	35-36
6	Historic Preservation Act Requirements	37-50
7	Project and Sources of Funds Itemization	51-58
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9	Cost Space Requirements	59
10	Discontinuation	
11	Background of the Applicant	60-90
12	Purpose of the Project	91-259
13	Alternatives to the Project	260-275
14	Size of the Project	276
15	Project Service Utilization	277-281
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
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21	Comprehensive Physical Rehabilitation	
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23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
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29	Specialized Long Term Care	
30	Selected Organ Transplantation	
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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	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
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	<b>Financial and Economic Feasibility:</b>	
39	Availability of Funds	432
40	Financial Waiver	
41	Financial Viability	433-455
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43	Safety Net Impact Statement	
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## **SECTION 1. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

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

The Applicants are MML Properties, LLC (ownership entity) and Butterfield Health Care VII, LLC d/b/a Meadowbrook Manor (operator/licensee). A Certificate of Good Standing for each entity respectively is appended as **ATTACHMENT-1A**.

**ATTACHMENT-1**



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

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

MML PROPERTIES, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 31, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of APRIL A.D. 2011*

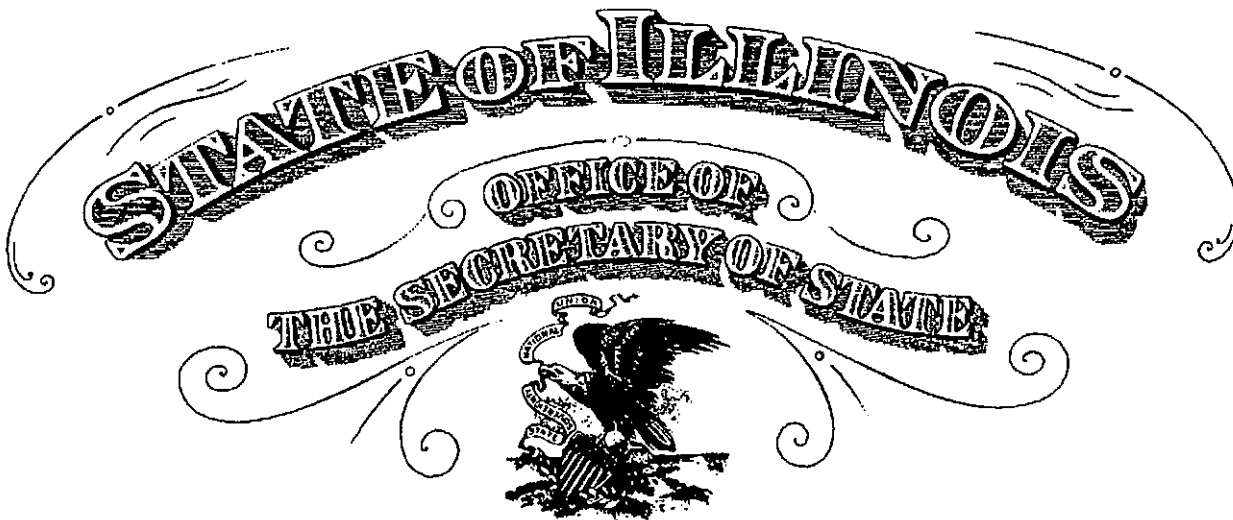


*Jesse White*

Authentication #: 1111802122

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

SECRETARY OF STATE



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

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

BUTTERFIELD HEALTH CARE VII, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANACT BUSINESS IN ILLINOIS ON MAY 31, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1111802064

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

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of APRIL A.D. 2011 .***

*Jesse White*

SECRETARY OF STATE

## 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 who is the owner of the site and building is MML Properties, LLC. Appended as ATTACHMENT-2A is the latest property tax bill providing proof of site control. The Certificate of Good Standing for this entity is appended as ATTACHMENT-1A.

ATTACHMENT-2A



**PAY ONLY THIS AMOUNT**  
**\$ 153,775.78**  
 BY 12/01/09 (on time)

**2008 Second Installment Property Tax Bill**

Property Index Number (PIN) 18-04-423-001-0000 Volume 076 Code 21030 Tax Year 2008 (Payable In) 2009 Township LYONS

IF PAID LATE 12/02/09 - 01/01/10 \$ 156,082.42  
 IF PAID LATE 01/02/10 - 02/01/10 \$ 158,389.06  
 IF PAID LATE 02/02/10 - 03/01/10 \$ 160,695.70

**TAX CALCULATOR**

THANK YOU FOR YOUR FIRST INSTALLMENT PAYMENT OF:  
 \$ 150,224.85 ON 04-22-09  
 PAY THIS BILL AT COOKCOUNTYTREASURER.COM OR ANY CHASE BANK.

**LATE PENALTY**  
 IS 1.5% PER MONTH,  
 BY STATE LAW.

2007 Assessed Value  
 1,436,398

KEEP UPPER PORTION FOR YOUR RECORDS

Property location and classification for this PIN  
 339 9TH AVE LA GRANGE IL 60525 6429 Property Classification 5-97

Taxing District	2008 Tax	2008 Rate	2008 %	Penalty	2007 Tax	2007 Rate
<b>MISCELLANEOUS TAXES</b>						
Des Plaines Valley Mosq Abatement	541.17	0.012	0.18%		490.20	0.012
Metro Water Reclamation District	11,304.51	0.252	3.74%	876.45	10,743.48	0.253
La Grange Park District	15,964.43	0.354	5.25%	947.04	16,825.84	0.407
Miscellaneous Taxes Total	27,870.11	0.618	9.17%		27,869.52	0.882
<b>SCHOOL TAXES</b>						
DuPage Community College Dist 502	8,703.77	0.193	2.86%	90.19	8,498.74	0.208
Lyons Twp High School 204	65,834.14	1.482	21.98%	1,894.08	68,064.00	1.817
School District 102	121,942.99	2.704	40.11%	2,866.22	117,769.74	2.883
School Taxes Total	197,480.80	4.379	64.95%		192,320.48	4.708
<b>MUNICIPALITY/TOWNSHIP TAXES</b>						
La Grange Library Fund	16,099.72	0.357	5.30%		16,380.74	0.401
Village of La Grange	34,589.60	0.767	11.38%	10,056.68	36,846.45	0.902
Lyons Mental Health	3,337.20	0.074	1.10%		3,908.83	0.081
Road & Bridge Lyons	1,443.11	0.032	0.47%		1,388.89	0.034
General Assistance Lyons	90.19	0.002	0.03%		122.55	0.003
Town Lyons	2,074.47	0.046	0.68%		1,348.04	0.033
Municipality/Township Taxes Total	67,634.29	1.278	18.98%		69,395.60	1.464
<b>COOK COUNTY TAXES</b>						
Cook County Forest Preserve District	2,299.96	0.051	0.76%	45.09	2,165.04	0.053
Consolidated Elections	0.00	0.000	0.00%		490.20	0.012
County of Cook	10,101.80	0.224	3.32%	3,111.71	7,598.03	0.188
Cook County Public Safety	4,735.21	0.105	1.56%		6,821.90	0.167
Cook County Health Facilities	3,878.36	0.086	1.28%		3,799.02	0.093
Cook County Taxes Total	21,015.33	0.468	6.92%		20,874.18	0.511
(Do not pay those totals)	304,000.63	6.741	100.00%		300,448.89	7.355

2008 Assessed Value = 1,514,042  
 2008 State Equalization Factor X 2.9786  
 2008 Equalized Assessed Value (EAV) = 4,509,726  
 2008 Local Tax Rate X 6.741X  
 2008 Total Tax Before Exemptions = 304,000.63  
 Homeowner's Exemption - .00  
 Senior Citizen Exemption - .00  
 Senior Assessment Freeze Exemption - .00  
 2008 Total Tax After Exemptions = 304,000.63  
 First Installment 160,224.85  
 Second Installment + 153,775.78  
 Total 2008 Tax (Payable in 2009) = 304,000.63

*ADD 10/27/09* *DOE 12/1/09*

MML PROPERTIES LLC  
 431 W REKINGTON BLVD  
 BOLLINGBROOK IL 60440-4918

IF YOUR TAXES ARE PAID BY MORTGAGE ESCROW, BE SURE NOT TO DOUBLE PAY.

**PAYMENT COUPON**  
**\$ 153,775.78**  
 BY 12/01/09 (on time)  
 If paying later, refer to amounts above.

See the reverse side of this bill for detailed payment instructions. Please include only one check and one original payment coupon per envelope. Use of this coupon authorizes Treasurer's Office to reduce check amount to prevent overpayment.

Property Index Number (PIN) 18-04-423-001-0000  
 Volume 076

Amount Paid

Name/Mailing Address changed? Check box and complete form on back to update your name and/or mailing address.

Include name, PIN, address, location, phone and e-mail on check payable to Cook County Treasurer.

00153775784 180442300100001 00829 00156082427 00158389068 00160695709



COOK COUNTY TREASURER  
 PD BOX 4488  
 CAROL STREAM IL 60197-4488

SEE ACCOUNTANTS' COMPILATION REPORT

DETACH & INCLUDE WITH PAYMENT

### 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 Butterfield Health Care VII, LLC d/b/a Meadowbrook Manor. Appended as ATTACHMENT-1A, is this entity's Certificate of Good Standing. This document indicates that this Limited Liability Corporation was organized in Illinois as a for-profit entity. The operating entity/licensee is made up of the following six general partner entities:

Louis William Dimas Family Limited Partnership	15%
Christopher Vangel Descendants GST Exempt Trust	5%
Katherine Vangel Descendants GST Exempt Trust	5%
Jafari Family LLC	25%
RBJ Investments LP	25%
Vangel Family Limited Partnership	25%

ATTACHMENT-3



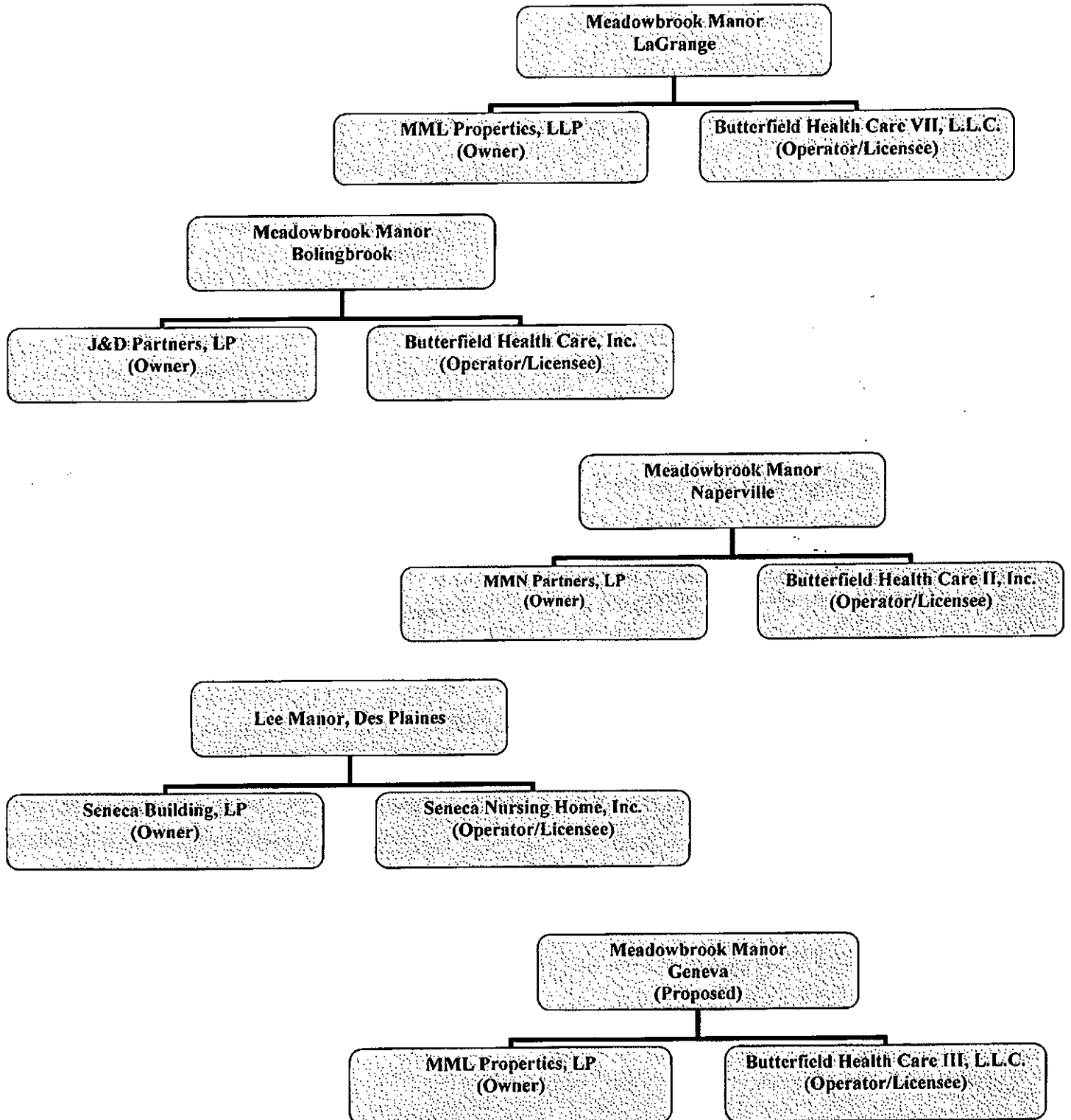
## **Organizational Relationships**

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

Appended as ATTACHMENT-4A, is a chart providing the "corporate" organizational structure of the Subject facility, Meadowbrook Manor LaGrange and that of the related facilities, Meadowbrook Manor (Bolingbrook), Meadowbrook Manor-Naperville, and Lee Manor. Meadowbrook Manor Geneva is a recently approved permit but it is not yet complete. As the Applicants represent an existing entity, the funding of this project in whole is derived from the Applicants' existing cash/securities, existing revenue streams and existing equity and not from individuals with interest in either the ownership or operating entity.

ATTACHMENT-4

# ORGANIZATIONAL STRUCTURE



### **Flood Plain Requirements**

[Refer to application instructions.] Provide documentation that the project complies with the requirements of Illinois Executive Order # 2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

The floodplain map indicating the Applicant's site is not within a special flood hazard area is appended as **ATTACHMENT-5A**.

ATTACHMENT-5



### **Historic Resources Preservation Act Requirements**

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

As this project concerns the existing building this issue is of concern to the Applicant. On March 31, 2010, on behalf of the Applicant, contact was made with the Illinois Historic Preservation Agency regarding this project. A copy of this correspondence is appended as **ATTACHMENT-6A**. Additionally, on March 29, 2010 the project's architect also submitted a letter to this agency narratively explaining how the proposed project is taking into consideration of the Agency's previously mentioned concerns through keeping the central and original structure, demolition of the two side buildings that will accommodate the replacement of the majority of the facility's beds and services. This letter is appended as **ATTACHMENT-6B**. At the time of this filing, the Agency has made a site visit to Meadowbrook Manor (LaGrange), however, it has not yet made any response or finding. Upon receipt of such an Agency response or finding, it will be immediately forwarded as supplemental information to this Application.

ATTACHMENT-6

March 29, 2010

Illinois Historic Preservation Agency  
1 Old State Capitol Plaza  
Springfield, Illinois 62701-1512

Re: Meadowbrook Manor  
339 S. 9<sup>th</sup> Ave.  
LaGrange, Illinois

Dear Sirs:

This letter and submittal is intended to introduce your agency with the proposed development plans for the existing Meadowbrook Manor Nursing Center. The existing skilled nursing facility, located on a 4.14-acre site, is housing in a structure originally constructed as an orphanage for the Illinois Masonic Children's Home. In the mid-1960's the Illinois Masonic Children's Home constructed a new facility on land adjoining this site and the facility was sold and converted into a nursing home. Over the years the north and south wings were directly attached to the center core and an east wing, containing the present kitchen and dining room was added.

The present Ownership has been operating the facility since 2007. However the physical layout and constraints of the existing structure necessitate the construction of a replacement facility in order to be able to continue to provide state of the art healthcare service for the residents in an environment specifically design for skilled nursing care. The present facility is not handicapped accessible. Due to the nature of the 6-foot raised 1<sup>st</sup> floor accessibility is all but impossible to attain. The existing building layout and construction makes interior renovation almost as costly as new construction and end results would still provide an inefficient layout and a significant loss of beds making the work uneconomical.

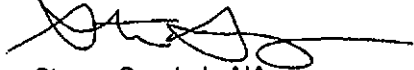
Many options were explored included a total demolition and replacement back in 2007. This concept was abandoned due to neighbors and your agency's initial objection and cost. The present plan involves the construction of new facility while retaining the most prominent portion of the existing structure. The plan is to demolish the south and north existing wings and construct a new "T" shaped building along the south and east of the central building. These new three story elements would be connected to the remaining existing elevated three story building which would then be renovated into patient activity spaces, administrative offices and patient support functions all of which would not be constrained by the existing building layout or construction.

This new concept would allow for a faster construction duration and maintain the most prominent portion of the existing building. Neighborhood presentations and the public hearings both the Village and the neighbors have expressed unanimous approve of this approach. We trust that your agency will also find this an acceptable solution to this matter.

Attached please find an aerial photograph of the site, existing and proposed site plans, photographs of the existing structure and exterior elevations for the proposed completed project.

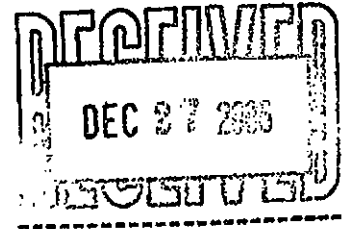
If you have any questions or require any additional information please do not hesitate to call.

Respectfully,  
SAS Architects & Planners



Steven Sussholz AIA

CC: Chris Vangel – Meadowbrook Manor  
John Maze – Meadowbrook Manor  
John Kniery – Foley & Associates Inc.



**Illinois Historic  
Preservation Agency**

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • Teletypewriter Only (217) 524-7128

Voice (217) 782-4836

[www.illinois-history.gov](http://www.illinois-history.gov)

Kane County  
Geneva

PLEASE REFER TO: IHPA LOG #009121506

37 West 220 Keslinger Road, Section:5-Township:39N-Range:8E  
5.323-acre Long-Term Care Facility

December 19, 2006

Ms. Gina M. Kniery  
Charles H. Foley & Associates, Inc.  
1638 South MacArthur Boulevard  
Springfield, Illinois 62704

Dear Madam:

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

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

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

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

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

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

AEH

ATTACHMENT-6A  
ATTACHMENT IDEN-5A



# 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**

March 31, 2010

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

Re: 2007 IHPA Log #048031406.

Dear Ms. Haaker:

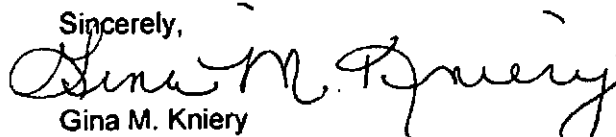
The Applicant, Butterfield Health Care VII, L.L.C. is proposing to renovate the existing 197 bed nursing care facility to include new construction. Please see attached letter and attachments from S A S Architects & Planners dated March 29, 2010.

The required information is as follows:

- a. General project address: 339 South 9<sup>th</sup> Street, LaGrange, Illinois.
- b. Map indicating project location: See letter with attachments and also land title survey to include the legal description.
- c. Photographs of any standing building/structures within the project area: See letter with attachments.
- d. Total acres of project: See letter with attachments.
- e. Other State Agencies involved: Centers for Medicare and Medicaid Services and Illinois Department of Public Health and the Village of LaGrange.

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 me.

Sincerely,

  
Gina M. Kniery

Enclosures



Health Care Consulting



**SAS ARCHITECTS & PLANNERS**

630 DUNDEE ROAD NORTHBROOK, ILLINOIS 60062  
TEL 847-564 8333 FAX 847-564 9989

March 29, 2010

Illinois Historic Preservation Agency  
1 Old State Capitol Plaza  
Springfield, Illinois 62701-1512

Re: Meadowbrook Manor  
339 S. 9<sup>th</sup> Ave.  
LaGrange, Illinois

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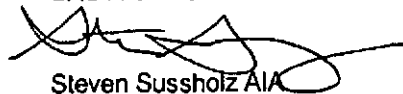
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Respectfully,  
SAS Architects & Planners



Steven Sussholz AIA

CC: Chris Vangel – Meadowbrook Manor  
John Maze – Meadowbrook Manor  
John Kniery – Foley & Associates Inc.



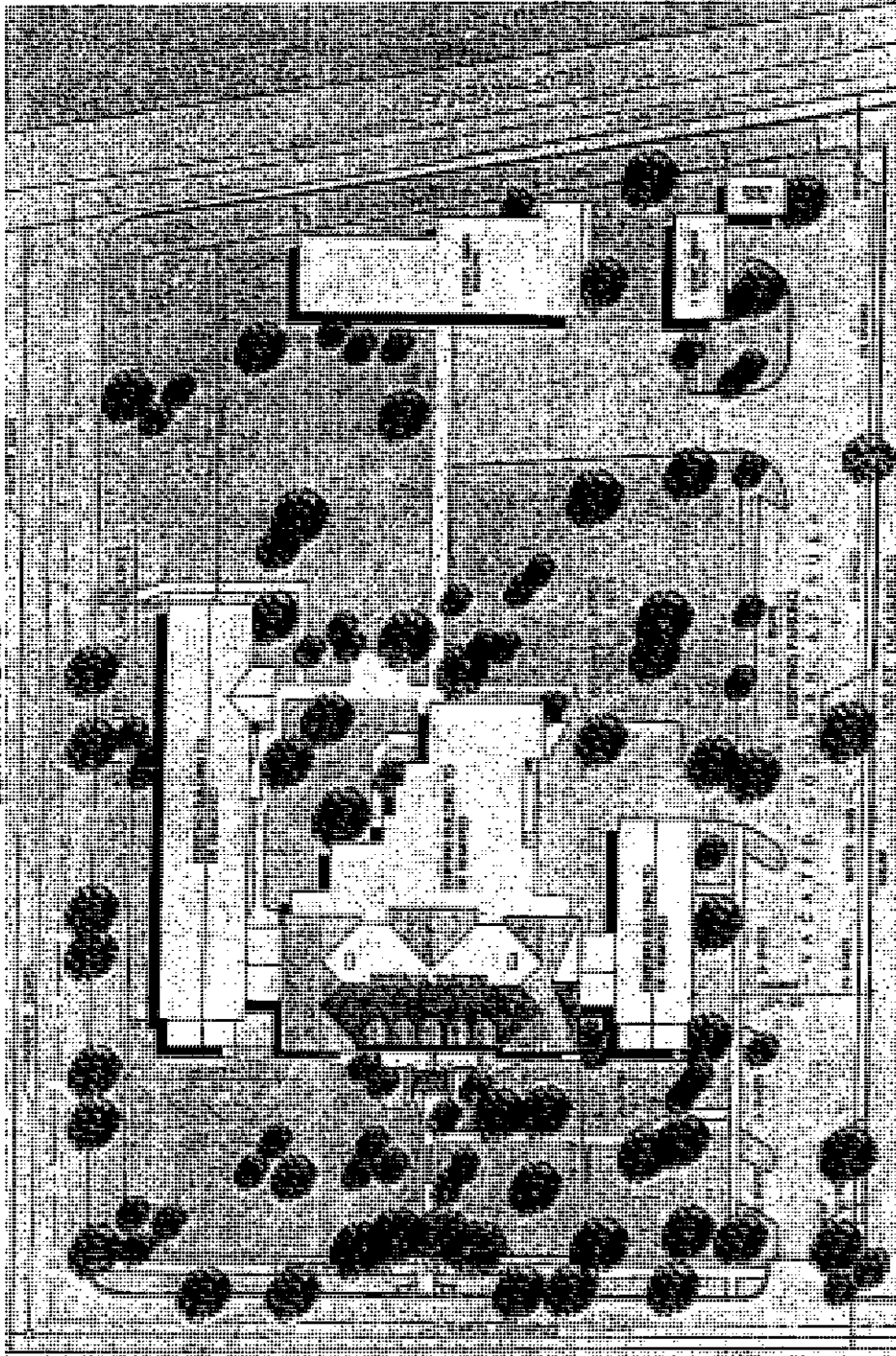
# Meadowbrook Manor

Nursing Home  
LaGrange, Illinois  
January 18, 2010

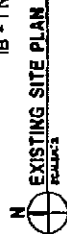
SAS Architects & Planners  
25 South West Avenue, Suite 100, Chicago, Illinois 60606

R-5 SINGLE FAMILY RESIDENTIAL  
BENTON AVENUE

R-4 SINGLE FAMILY RESIDENTIAL  
NINTH AVENUE



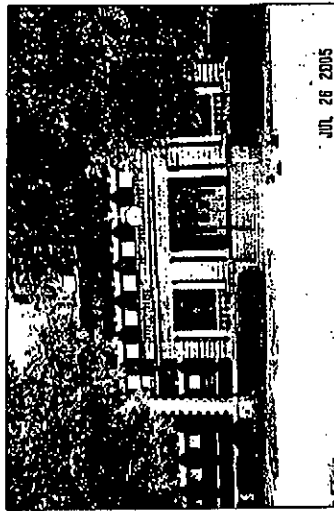
MASONS SCHOOL  
IB - INSTITUTIONAL BUILDINGS



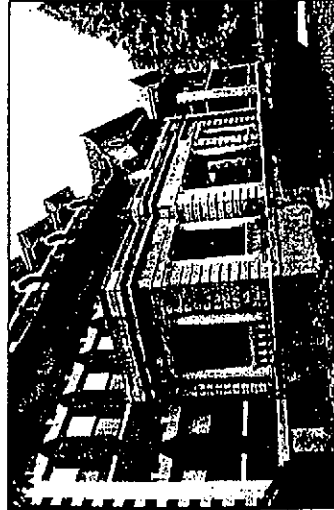
# Meadowbrook Manor

Nursing Home  
LaGrange, Illinois  
January 18, 2010

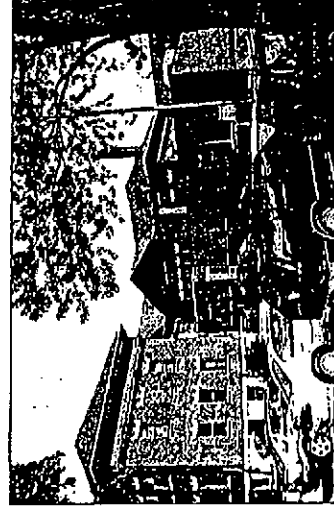
SAS Architects & Planners  
114 SOUTH STATE STREET, CHICAGO, ILLINOIS 60604  
TEL: 312.467.1000 FAX: 312.467.1001



WEST - MAIN ENTRANCE



WEST - MAIN ENTRANCE



SOUTH EAST - REAR



NORTH - WING



EAST - BUILDINGS

# Meadowbrook Manor

Nursing Home  
 LaGrange, Illinois  
 January 18, 2010

SAS Architects & Planners  
 100 EASTERN BLVD., SUITE 100, CHICAGO, IL 60611



3 STORY-  
 MULTIFAMILY  
 RESIDENTIAL BUILDINGS

EXISTING BUILDING  
 TO BE DEMOLISHED

3 STORY-  
 MULTIFAMILY  
 RESIDENTIAL BUILDINGS

1 STORY-  
 INDUSTRIAL BUILDING

MASONIC  
 CHILDRENS HOME

2 STORY-  
 RESIDENTIAL HOMES

EXISTING  
 MEADOWBROOK  
 MANOR

2 STORY-  
 RESIDENTIAL HOMES

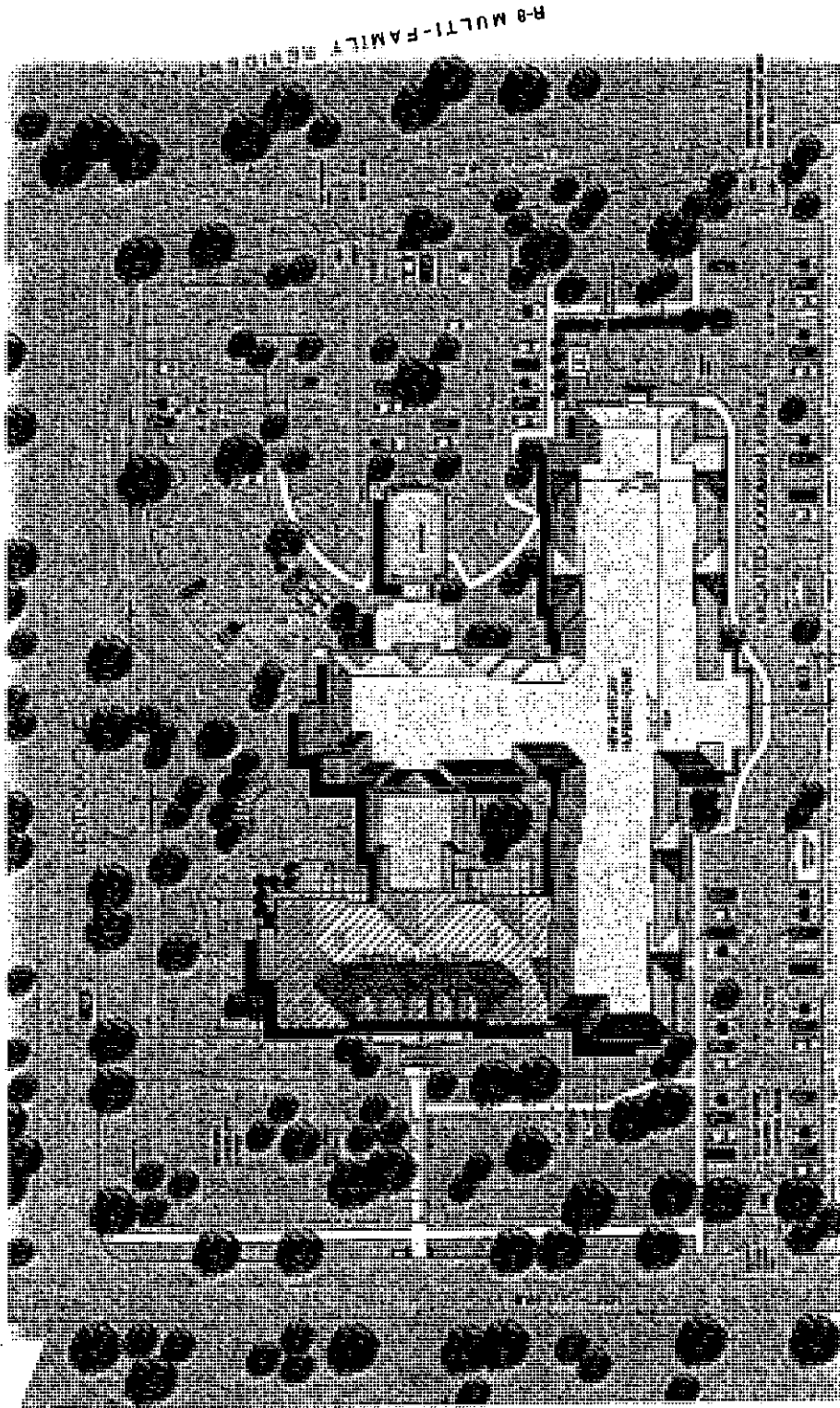


# Meadowbrook Manor

Rising Home  
 LeGrange, Illinois  
 January 18, 2010

SAS Architects & Planners  
 100 EAST WISCONSIN AVENUE, SUITE 100  
 CHICAGO, ILLINOIS 60601

R-5 SINGLE FAMILY RESIDENTIAL



MASON'S SCHOOL

B - INSTITUTIONAL BUILDINGS

N PROPOSED SITE PLAN

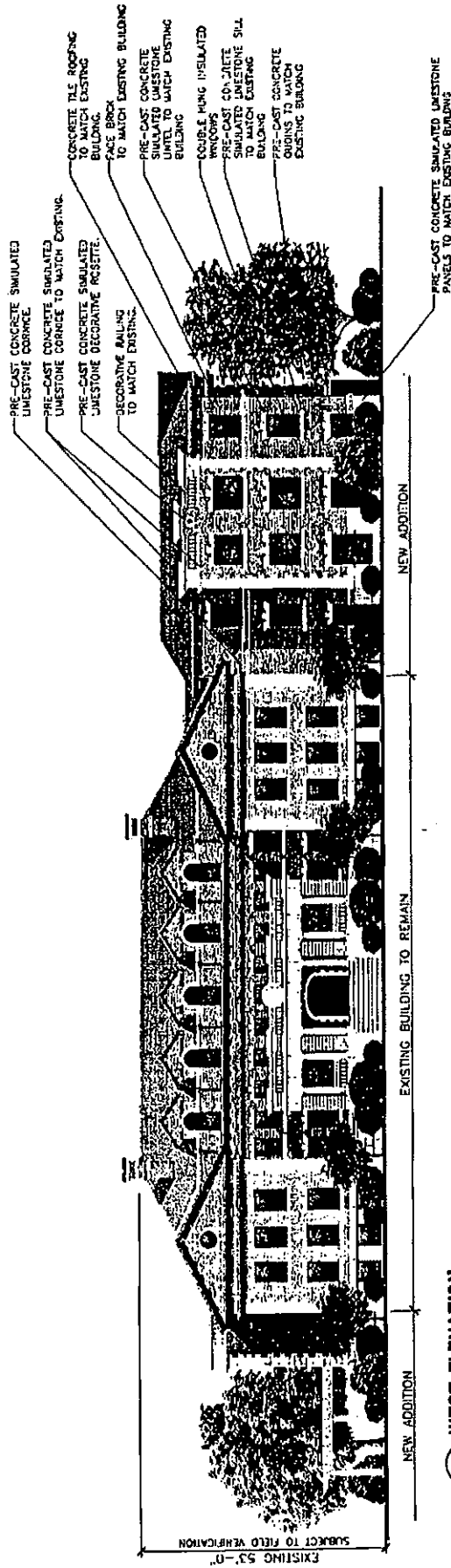
EXISTING BUILDING TO REMAIN



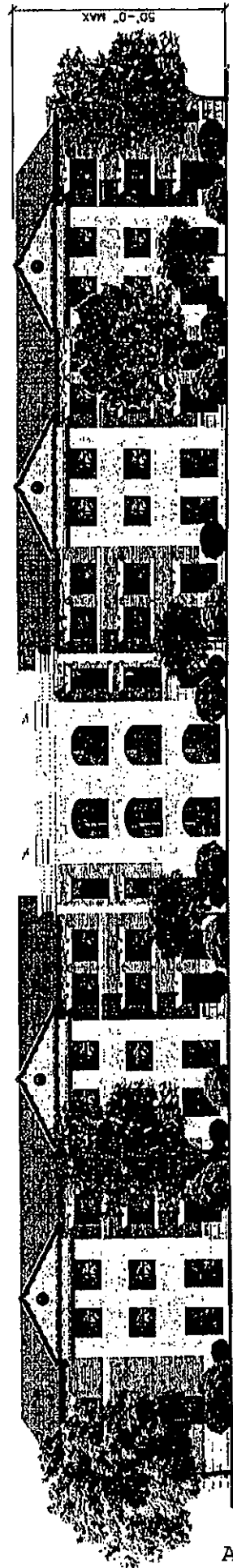
# Meadowbrook Manor Nursing Home

LaGrange, Illinois  
January 18, 2010

SAS Architects & Planners  
100 SOUTH WEST WASHINGTON, SUITE 100, CHICAGO, ILLINOIS 60606



1 WEST ELEVATION  
SCALE: 1/8" = 1'-0"



2 SOUTH ELEVATION (NEW ADDITION)  
SCALE: 1/8" = 1'-0"

NOTE:  
ALL NOTED FINISHES ARE TYPICAL  
FOR ALL ELEVATIONS.



**Project Uses and Sources of Funds 3/14/2011**

**USE OF FUNDS**

Preplanning Costs		438,800.00
Insurance	20,000.00	
CON Application and Preparation	108,000.00	
Legal /Organizational	68,800.00	
Pre Marketing	50,000.00	
Title	20,000.00	
Landscape Arch	27,000.00	
Civil Engineer	45,000.00	
Real Estate tax Escrow	20,000.00	
Water-IEPA-MWRD	5,000.00	
Appraisal	75,000.00	
<b>Total</b>	<b>438,800.00</b>	
Site Preparation		675,000.00
Demolition		434,750.00
Site Improvement		35,000.00
Site Survey and Soil Investigation		
New Construction Contracts		
Preconstruction Move Kitchen	50000	
Reroute electrical	50000	
<b>Phase 1</b>		
Asbestos	350,000.00	
New Construction 103,657@ \$185.00	19,176,545.00	
<b>Phase 2</b>		
Asbestos	428,755.00	
Remodeling 5,788@ \$25.00/sq.ft.	394,700.00	
<b>Total Construction cost</b>		<b>20,450,000.00</b>
Modernization Contracts		2,045,000.00
Contingencies		982,000.00
Archetectual and Engineering Fees		450,225.00
Consulting and Other Fees		
IDPH Review-Inspection fee	20,000.00	
Processing Fee (Cambridge)	128,043.00	
HUD Exam Fee	76,826.00	
HUD Inspection Fee	97,313.00	
HUD Application Fee	128,043.00	
<b>Total</b>	<b>450,225.00</b>	
Movable and Other Equipment		1,410,000.00
Land -		1,173,730.00
Net Interest Expense During Construction		835,864.00
Fair Market value of Leased Space or Equipment		
Other Costs to be Capitalized		
MIP	291,943.00	
Audit - Cost Cert	10,000.00	
Paydown Existing Mortgage	528,921.00	
State Fire Marshall Fee	5,000.00	
<b>Total</b>	<b>835,864.00</b>	
<b>TOTAL USES OF FUNDS 28,630,369</b>		<b>28,930,369.00</b>
	Less Contingency	(\$2,045,000.00)
	<b>Total Project Budget</b>	<b>\$26,885,369.00</b>

	A	B	C	D	E
1	MEADOWBROOK MANOR				
2	LaGRANGE, ILLINOIS				
3					
4	PRELIMINARY FURNITURE				
5	FIXTURE AND EQUIPMENT				
6	LIST & BUDGET				
7					
8	MARCH 14, 2011.				
9					
10	Room Category	Description	Qty.	Cost(\$)	Total Cost(\$)
11					
12	BASEMENT				
13					
14	Staff Lounge	Tables	5	280	1,400
15		Chairs	20	125	2,500
16		Microwave	1	150	150
17		Refrigerator	1	450	450
18		TV 42"	1	700	700
19		Garbage can	1	50	50
20					
21	Laundry	65 lb. Washer	2	8,250	16,500
22		35 lb Washer	1	4,245	4,245
23		75 lb. Dryer	3	2,935	8,805
24		Washer/Dryer Install, tax, freight, etc	1	5,300	5,300
25		Laundry Bins	6	200	1,200
26		Folding Tables	2	300	600
27		Garbage Can	1	50	50
28					
29	Clean Linen Storage	Linen Exchange Carts (covered)	8	300	2,400
30					
31	Soiled Linen Holding	Laundry Bins	3	200	600
32		Garbage Can	1	50	50
33					
34	Housekeeping	Wet Vac	1	900	900
35		Walk Behind Scrubber	1	2,800	2,800
36		High Speed Buffer	2	938	1,876
37		Low Speed Buffer	1	845	845
38		Vacumn	6	190	1,140
39		Air Blower	4	200	800
40		Carpet extractor	1	1,900	1,900
41		Carpet Sweeper	6	45	270
42		Rubbermaid Brute Dollies	4	65	260
43		Rubbermaid Flatbeds	2	334	668
44		Rubbermaid Housekeeping carts	8	124	992
45		Rubbermaid Locking Cabinet for carts	6	65	520
46		Rubbermaid Utility Carts	6	127	762
47		Bucket/Wringer Combo	8	70	560
48		Wet Floor signs	16	8	128
49		Dust Mop Handles	16	10	160
50		Garbage Cans - 32 gal	4	25	100
51		Metal wire shelving 18X72	10	208	2080
52					
53	Storage Room	Shelving	20	193	3860
54					
55	Mechanical/Maintainance	Desk	1	350	350
56		Chairs	2	200	400
57		Metal Shelving	8	208	1664
58		Tools	Existing		
59		Ladders	Existing		
60		Tool Carts	Existing		
61		Snow Blower	Existing		
62		Tool racks	Existing		
63		Misc. equipment	Existing		
64					

	A	B	C	D	E
65	Receiving Office	Desk	1	450	450
66		Chair	1	200	200
67		Computer	1	1,500	1500
68		File Cabinets	2	200	400
69					0
70	Kitchen Office	Desk	2	450	900
71		Chairs	2	200	400
72		File Cabinets	3	200	600
73					
74	<b>FIRST FLOOR</b>				
75	<b>NURSING UNIT</b>				
76					
77	Patient Rooms	Electric Bed	59	1,000	59000
78	34 Room - 59 Patients	Overbed tables	20	85	1700
79		Pressure Mattress	59	219	12921
80		Wardrobe Unit/Dresser	59	800	47200
81		Guest Chair	59	350	20650
82		Bed side table	59	200	11800
83		Bedsread	59	80	4720
84		Cubical Curtain	50	100	5000
85		Window Treatment	59	350	20650
86		Garbage can	59	16	944
87		26" Flat Screen TV	59	400	23600
88					
89	Nurse Station	Chairs	4	200	800
90		Crash Cart	Existing		
91		Chart Carts	2	1500	3000
92		Computer System	4	1500	6000
93					
94	Medication Room	Undercounter Refig.	1	800	800
95		Countertop Refig	1	200	200
96		Medication Carts	Existing		
97					
98	Bathing Spas	Therapy Tub	2	12,000	24000
99		Shower Chairs	4	146	584
100		Soiled Linen hampers	2	179	358
101		Garbage can	1	25	25
102					
103	Nurses Lounge	Table	1	300	300
104		Chairs	4	175	700
105		Bulletin board	1	136	136
106		Garbage can	1	25	25
107					
108	Solid Utility				0
109					
110	Clean Utility				0
111					
112	Offices	Desk	1	450	450
113		Chair	1	200	200
114		File Cabinet	2	200	400
115		Computer	1	1500	1500
116					
117	Exam Room	Exam Table	1	1,455	1455
118		Chair	1	125	125
119					
120	Dining Room	Table	14	500	7000
121		Chairs	56	350	19600
122		Window Treatment	4	500	2000
123					
124	Living Room	Lounge Chairs	6	500	3000
125		Wall Mounted TV 46"	1	1000	1000
126		Sofa	2	1750	3500
127		End Tables	4	225	900
128		Window Treatment	2	350	700

	A	B	C	D	E
129					
130	Nurishment/Café	Undercounter Refrig.	1	800	800
131		Countertop Ice makers	1	3,010	3010
132		Vending Machine	by Vendor		
133		Coffee brewer	1	384	384
134		Microwave	1	150	150
135		Juice Dispenser	by Vendor		
136					
137	Misc. Equipment	Recessed patient scale	1	1900	1900
138		Lifts-Total	Existing		
139					
140		<b>FIRST FLOOR</b>			
141		<b>AMINISTRATION, ACTIVITY and</b>			
142		<b>TREATMENT</b>			
143					
144	Offices (7)	Desk	7	1200	8400
145		Chair	7	350	2450
146		Computer/printer	7	1,500	10500
147		File cabinets	14	200	2800
148		Guest chairs	14	250	3500
149		Credenza	3	1250	3750
150		Trash can	7	25	175
151		Window Treatment	7	350	2450
152					
153	Administrator	Desk	1	2500	2500
154		Chair	1	350	350
155		Computer/printer	1	2000	2000
156		File cabinet	3	250	750
157		Guest chairs	2	250	500
158		Credenza	1	1500	1500
159		Trash can	1	25	25
160		Window treatment	2	350	700
161					
162	Beauty Shop	Wahing Chair	1	550	550
163		Cutting Chair	2	750	1500
164		Hair drying Chair & dryer	2	650	1300
165		Waiting room chairs	2	250	500
166		Trash can	1	50	50
167		Window Treatment	4	250	1000
168					
169	Ice Cream Parlor	Table	5	500	2500
170		Chair	10	350	3500
171		Undercounter refrig.	1	800	800
172		Undercounter ice maker	1	1200	1200
173		Window Treatment	3	250	750
174					
175	Multi-Purpose Activity Room	Tables	10	400	4000
176		Chairs	60	250	15000
177		Wall Mounted TV 55"	1	2000	2000
178		Window Treatment	8	350	2800
179		Trash can	1	50	50
180					
181	Private Dining Room	Table	3	500	1500
182		Chairs	14	250	3500
183		Window Treatment	2	350	700
184		Trash can	1	25	25
185					
186	Arts & Crafts	Tables	4	450	1800
187		Chairs	16	250	4000
188		Window treatment	4	350	1400
189		Trash Can	1	50	50
190					
191					
192					

	A	B	C	D	E
193					
194	Reception & Lobby	Desk chair	1	400	400
195		Computer/printer/fax	1	1500	1500
196		Lounge Chair	6	600	3600
197		End Tables	3	250	750
198		Accent table	1	800	800
199		Coffee table	1	500	500
200		Window treatment	2	500	1000
201					
202	<b>SECOND FLOOR</b>				
203	<b>NURSING UNIT</b>				
204					
205	Patient Rooms	Electric Bed	68	1,000	68000
206	39 Room - 68 Patients	Overbed tables	20	85	1700
207		Pressure Mattress	68	219	14892
208		Wardrobe Unit/Dresser	68	800	54400
209		Guest Chair	68	350	23800
210		Bed side table	68	200	13600
211		Bedsprad	68	80	5440
212		Cubical Curtain	58	100	5800
213		Window Treatment	29	350	10150
214		Garbage can	68	16	1088
215		26" Flat Screen TV	68	400	27200
216					
217	Nurse Station	Chairs	4	200	800
218		Crash Cart	Existing		
219		Chart Carts	2	1500	3000
220		Computer System	4	1500	6000
221					
222	Medication Room	Undercounter Refig.	1	800	800
223		Countertop Refig.	1	200	200
224		Medication Carts	Existing		
225					
226	Bathing Spas	Therapy Tub	2	12,000	24000
227		Shower Chairs	4	146	584
228		Soiled Linen hampers	2	179	358
229		Garbage can	1	25	25
230					
231	Nurses Lounge	Table	1	300	300
232		Chairs	4	175	700
233		Bulletin board	1	136	136
234		Garbage can	1	25	25
235					
236	Solid Utility				0
237					
238	Clean Utility				0
239					
240	Offices	Desk	1	1200	1200
241		Chair	1	200	200
242		File Cabinet	2	200	400
243		Computer	1	1500	1500
244					
245	Exam Room	Exam Table	1	1,455	1455
246		Chair	1	125	125
247					
248	Dining Room	Table	16	500	8000
249		Chairs	64	350	22400
250		Window Treatment	7	500	3500
251					
252	Living Room	Lounge Chairs	6	500	3000
253		Wall Mounted TV 46"	1	1000	1000
254		Sofa	2	1750	3500
255		End Tables	4	225	900
256		Window Treatment	2	350	700

ATTACHMENT - 7

	A	B	C	D	E
257					
258	Nurishment/Café	Undercounter Refrig.	1	800	800
259		Countertop ice makers	1	3,010	3010
260		Vending Machine	by Vendor		
261		Coffee brewer	1	384	384
262		Microwave	1	150	150
263		Juice Dispenser	by Vendor		
264					
265	Misc. Equipment	Recessed patient scale	1	1900	1900
266		Lifts-Total	Existing		
267		Lifts-Sit-toStand	Existing		
268					
269	<b>SECOND FLOOR</b>				
270	<b>ACTIVITY &amp; TREATMENT</b>				
271					
272	PT/OT	Hi-lo mat tables	2	3,370	6740
273		Crank-hydraulic - power mat (4x6)	1	1,482	1482
274		Stairs	1	519	519
275		Weight rack with mirror	2	1,038	2076
276		NuStep	2	4,534	9068
277		Treadmill	2	4,061	8122
278		Hydro collator	1	938	938
279		Upper body bike	2	691	1382
280		OT treatment table	2	311	622
281		Electric parrallel bars	1	4,578	4578
282		Standing Frame	1	2,100	2100
283		Tilt table	1	2,724	2724
284		Fluidotherapy	1	4,990	4990
285		Paraffin bath	1	128	128
286		Mobile mirror	1	549	549
287		Mobil bx stool	8	129	1032
288		Cold pak freezer	1	1,195	1195
289		Hand evaluation kit	1	479	479
290		18" therapy ball	1	22	22
291		22" therapy ball	1	22	22
292		Flaghouse shoulder ladder	1	109	109
293		Utility poly cart	1	172	172
294		Set of dumbbells	1	239	239
295		Triplex pully weight	1	935	935
296		Unweighting system gt stander	1	6,975	6975
297		OL ADL equipment	20	75	1500
298		Speech material equip.	1	1,000	1000
299		Splinting equipment	1	500	500
300		Trash cans	2	50	100
301					
302	Library	Lounge Chairs	4	700	2800
303		Game Table	1	350	350
304		Chairs	4	400	1600
305		Table lamps	2	125	250
306		End tables	4	250	1000
307		Computer/Printer	1	1,500	1500
308		Window treatment	2	350	700
309		Books	1	2,000	2000
310		Trash can	1	50	50
311					
312	Office	Desk	2	550	1100
313		Chair	2	250	500
314		Guest Chair	2	175	350
315		File cabinet	2	200	400
316		Credenza	1	750	750
317		Computer/Printer	1	1,500	1500
318		Trash can	1	25	25
319					
320					



	A	B	C	D	E
321	Classroom	Table	1	800	800
322		Chairs	8	125	1000
323		Wall mounted TV 42"	1	700	700
324		Window treatment	2	350	700
325		Computer/Printer	1	1,500	1500
326		Trash can	1	50	50
327					
328	Activity Room	Tables	3	400	1200
329		Chairs	12	200	2400
330		Trash can	1	50	50
331					
332	Dialysis	Recliner chairs	8	600	4800
333		TV's and swing arms	8	600	4800
334		Scale	Existing		
335		Refrigs	Existing		
336		Cubical Curtains	8	250	2000
337		Window treatment	12	250	3000
338		Other equipment	Existing		
339					
340	THIRD FLOOR				
341	NURSING UNIT				
342					
343	Patient Rooms	Electric Bed	70	1,000	70000
344	40 Room - 70 Patients	Overbed tables	20	85	1700
345		Pressure Mattress	70	219	15330
346		Wardrobe Unit/Dresser	70	800	56000
347		Guest Chair	70	350	24500
348		Bed side table	70	200	14000
349		Bedsprad	70	80	5600
350		Cubical Curtain	60	100	6000
351		Window Treatment	40	350	14000
352		Garbage can	70	16	1120
353		24" Flat Screen TV	70	400	28000
354					
355	Nurse Station	Chairs	4	200	800
356		Crash Cart	Existing		
357		Chart Carts	2	1500	3000
358		Computer System	4	1500	6000
359					
360	Medication Room	Undercounter Refig.	1	800	800
361		Countertop Refig	1	200	200
362		Medication Carts	Existing		
363					
364	Bathing Spas	Therapy Tub	2	12,000	24000
365		Shower Chairs	4	146	584
366		Soiled Linen hampers	2	179	358
367		Garbage can	1	25	25
368					
369	Nurses Lounge	Table	1	300	300
370		Chairs	4	175	700
371		Bulletin board	1	136	136
372		Garbage can	1	25	25
373					
374	Solid Utility				0
375					
376	Clean Utility				0
377					
378	Offices	Desk	1	450	450
379		Chair	1	200	200
380		File Cabinet	2	200	400
381		Computer	1	1500	1500
382					
383	Exam Room	Exam Table	1	1,455	1455
384		Chair	1	125	125

	A	B	C	D	E
385					
386	Dining Room	Table	17	500	8500
387		Chairs	68	350	23800
388		Window Treatment	7	500	3500
389					
390	Living Room	Lounge Chairs	6	500	3000
391		Wall Mounted TV 55"	1	1800	1800
392		Sofa	2	1750	3500
393		End Tables	4	225	900
394		Window Treatment	2	350	700
395					
396	Nurishment/Café	Undercounter Refrig.	1	800	800
397		Countertop ice makers	1	3,010	3010
398		Vending Machine	by Vendor		
399		Coffee brewer	1	384	384
400		Microwave	1	150	150
401		Juice Dispenser	1	2,000	2000
402					
403	Misc. Equipment	Recessed patient scale	1	1900	1900
404		Lifts-Total	Existing		
405					
406	<b>MISC EQUIPMENT</b>				
407	<b>AND SYSTEMS</b>	Bed assist Bars	40	75	3000
408		Wheel chairs	Existing		
409		Blood pressure Machine	Existing		
410		Suction machines	Existing		
411		Shower chairs -see each floor			
412		Shower chairs - wide/heavy	6	186	1116
413		Trapexe Unit	Existing		
414		Trapexe stand	Existing		
415		Shower gurney	3	703	2109
416		32 gal garbage cans	6	98	588
417		Telephone system	1	45,000	45000
418		Computer system Server	1	9,000	9000
419		Interior signs	1	20,000	20000
420		Hampers- floor	16	226	3616
421		Personnal clothing delivery racks	6	399	2394
422					
423	<b>OUTDOOR PATIO</b>	Tables	8	450	3600
424		Chairs	32	175	5600
425		Umbrellas	6	300	1800
426		Benches	6	350	2100
427					0
428	<b>FURNITURE WAREHOUSING,</b>		1		30,000
429	<b>UNCRATING, DELIVERY &amp;</b>				
430	<b>SETUP</b>			Total	1,343,517
431					0
432					0
433					0
434					0
435					0
436					0
437					0
438					0
439					0
440					0
441					0
442					0
443					0
444					0
445					0
446					0
447					0
448					0

## Cost Space Requirements

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>CLINICAL</b>	-	-	-	-	-	-	-
Nursing	\$8,667,887	21,619	38,482	38,482	0		
Living/Dining/Activity	\$1,481,438	9,017	6,577	5,867	711		
Kitchen/Food Service	\$770,339	3,735	3,420	3,420	0		
P.T./O.T.	\$561,987	1,001	2,495	2,215	280		
Laundry	\$161,050	1,886	715	715	0		
Janitor Closets	\$188,530	634	837	746	91		
Clean/Soiled Utility	\$376,160	447	1,670	1,670	0		
Beauty/Barber	\$104,739	235	465	0	465		
Dialysis	\$623,254	1,652	2,767	0	2,767		
Nurses Station & Toilet	\$611,540	1,103	2,715	2,715	0		
Med. Room	\$85,143	299	378	378	0		
Exam Room	\$79,737	457	354	354	0		
Arts & Craft/Lib./Conf.	\$287,638	0	1,277	656	621		
Ammenities (Multi-purpose, Gift, Ice Cream)	\$1,058,653	0	4,700	2,312	2,388		
Medical Records	\$166,001	0	515	515	0		
<b>Total Clinical</b>	<b>\$15,174,096</b>	<b>42,085</b>	<b>67,367</b>	<b>60,045</b>	<b>7,323</b>		
<b>NON CLINICAL</b>							
Office/Administration	\$648,408	5,407	3,447	2,258	1,189		
Employee Lounge/Locker/Training	\$186,038	1,886	989	989	0		
Mechanical/Electrical	\$896,709	8,181	4,767	4,254	513		
Lobby	\$376,027	468	1,999	1,742	257		
Storage/Maintenance	\$1,096,479	9,137	5,829	5,574	255		
Corridor/Public Toilets	\$6,214,321	13,766	33,036	27,920	3,754		
Stair/Elevators	\$794,190	6,027	4,222	3,768	454		
Tunnels	-	2,695	0	0	0		
Abandoned	-	25,680	0	0	0		9,510*
Walls	\$3,244,103	0	17,246	16,562	2,045		
<b>Total Non-clinical</b>	<b>\$13,456,273</b>	<b>73,247</b>	<b>71,535</b>	<b>63,067</b>	<b>8,467</b>		
<b>TOTAL</b>	<b>\$ 28,630,369</b>	<b>115,332</b>	<b>138,902</b>	<b>123,112</b>	<b>15,790</b>		

\* The 9,510sqft identified as abandoned and to be vacated will be considered as attic and crawl space respectively (with no usage whatsoever). Therefore, it is not appropriate to be considered in the total project size.

## 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.

As appended in the organizational chart, **ATTACHMENT-4A**, there are four nursing facilities related to Meadowbrook Manor (LaGrange). Meadowbrook Manor Bolingbrook, Meadowbrook Manor Naperville, and Lee Manor are existing facilities while Meadowbrook Manor Geneva is a newly approved Certificate of Need permit being developed. Copies of the Illinois Department of Public Health licenses for the existing facilities are 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.

## BACKGROUND OF APPLICANT (Continued ii)

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.

Meadowbrook Manor Geneva, Project Number 08-099 was approved on September 9, 2009. Although it is more than one year old, it contains the same information as presented herein.

ATTACHMENT-11



State of Illinois 1890556

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

Table with 3 columns: EXPIRATION DATE (09/01/2010), CATEGORY (HCBE), and LS NUMBER (0037366). Below the table, it reads 'LONG TERM CARE LICENSE SKILLED 298' and 'UNRESTRICTED 298 TOTAL BEDS'.

BUSINESS ADDRESS

LICENSEE

BUTTERFIELD HEALTH CARE, INC.

MEADOWBROOK MANOR
431 WEST REMINGTON BOULEVARD
BOLINGBROOK, ILL. 60440

EFFECTIVE DATE: 09/02/08

The Seal of the State of Illinois is a registered trademark of the State of Illinois. 4/87



State of Illinois 1967694

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	ISS. NUMBER
02/08/2012	BGBE	0041285
LONG TERM CARE LICENSE SKILLED 245		
UNRESTRICTED 245 TOTAL BEDS		

BUSINESS ADDRESS  
LICENSEE

BUTTERFIELD HEALTH CARE II, INC.

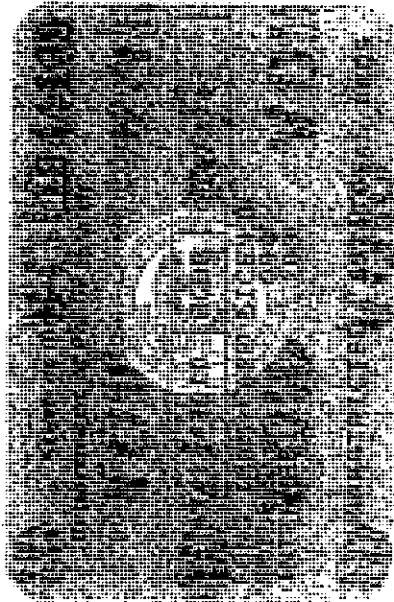
MEADOWBROOK MANOR-NAPERVILLE  
720 RAYMOND DRIVE  
NAPERVILLE IL 60563

EFFECTIVE DATE: 02/09/10

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



08/26/09

MEADOWBROOK MANOR LAGRANGE  
339 9TH AVENUE  
LAGRANGE IL 60525

FEE RECEIPT NO.

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

**LICENSE PERMIT CERTIFICATION REGISTRATION**

This person is not to be held responsible for any violations of the provisions of the Health Statistics and Reporting Act which require an individual to engage in the activity as indicated below.

**DAVID T. ARNOE, M.D., M.P.H.**  
**DIRECTOR**

08/26/2010 | **ROBERT J. BOYNTON**  
**LONG TERM CARE LICENSE**  
**SKILLED NURSING HOME**  
**INTERMEDIATE** | **108**

**UNRESTRICTED 197 TOTAL BEDS**

**BUSINESS ADDRESS**  
**LICENSER**

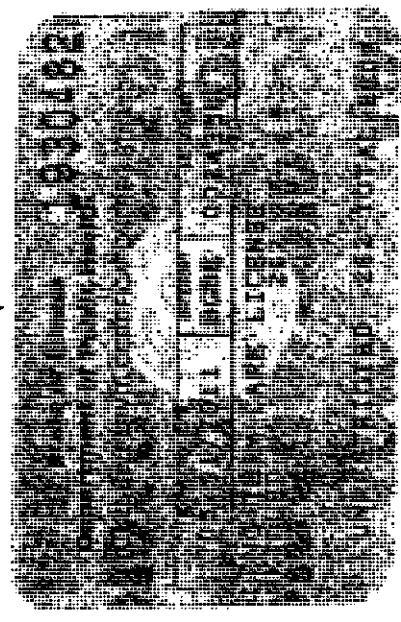
**BUTTERFIELD HEALTH CARE VII, L.L.C.**  
**MEADOWBROOK MANOR LAGRANGE**  
**339 9TH AVENUE**  
**LAGRANGE IL 60525**  
**EFFECTIVE DATE: 08/26/09**

The fee of this document is covered by the State of Illinois. All other fees are the responsibility of the licensee.



← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION →

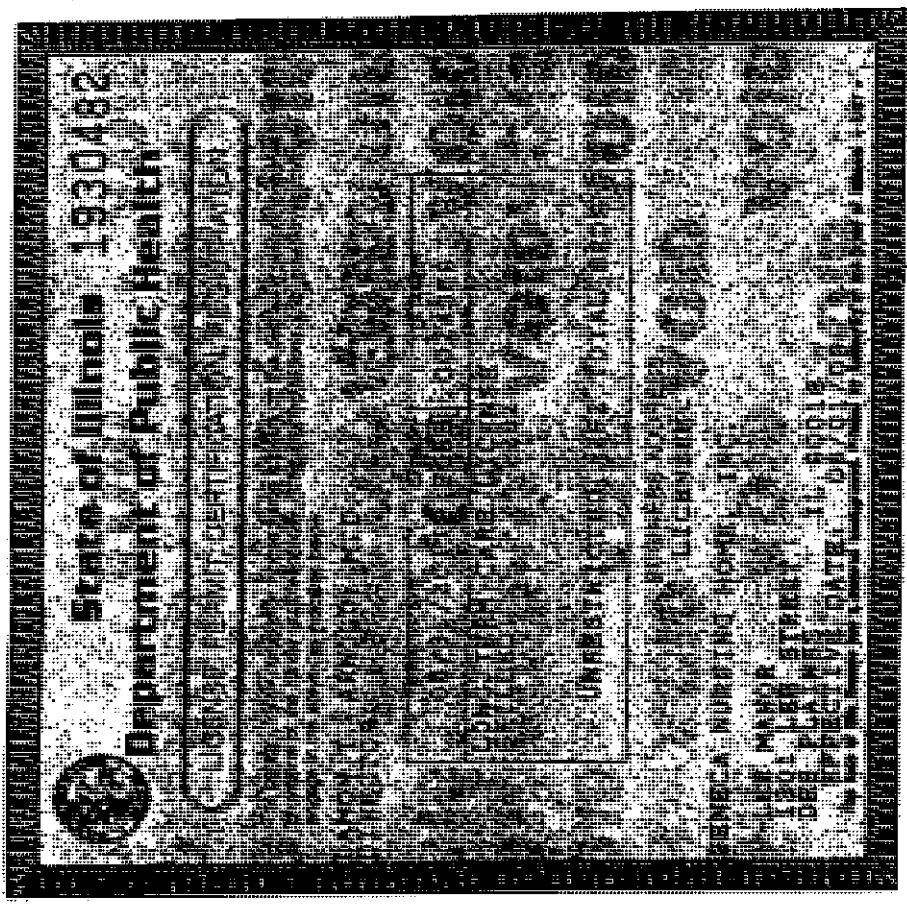


08/20/09

LEE MANOR  
1301 LEE STREET  
DES PLAINES

IL 60018

FEE RECEIPT NO.



**Meadowbrook Manor of Bolingbrook  
Butterfield Health Care, Inc.**

Facility ID number  
0037366

Tax ID number  
36-3596557

Medicare Provider Number  
14-5710

Medicaid Provider Number  
363596557001

Date business formed  
1991

**Meadowbrook Manor of Naperville  
Butterfield Health Care II, Inc.**

Facility ID number  
0041285

Tax ID number  
36-3782227

Medicare Provider Number  
14-5874

Medicaid Provider Number  
363782227001

Date business formed  
1996

**Meadowbrook Manor of La Grange  
Butterfield Health Care VII, LLC**

Facility ID Number  
0047274

Tax ID Number  
202905802

Medicare Provider Number  
14-6093

ATTACHMENT IDEN-3B

ATTACHMENT-11A

Medicaid Provider Number  
202905802001

Date business formed  
August 2005

**Lee Manor, Des Plaines,  
Seneca Building L.P.**

Facility ID Number  
0024356

Tax ID Number  
362998136

Medicare  
14-5382

Medicaid  
362998136

Date business formed  
1979



May 18, 2011

Ms. Courtney Avery  
Administrator  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Ms. Avery:

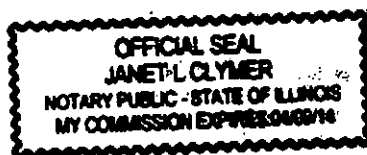
Please be advised that no Adverse action@ as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application. However, in light of the vagueness of the definition of "adverse action" in the rule, and in the spirit of full disclosure, the Applicant has provided a listing of all actions taken by the federal and state governments that resulted in Civil Money Penalties to the applicants' facility or related facilities within the most recent past three years.

Sincerely,

Christopher Vangel  
Executive Director

Subscribed and sworn to me  
this 18<sup>th</sup> day of May, 2011

Notary Public



Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355  
www.meadowbrookmanor.com

ATTACHMENT-11B  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

Midwestern Consortium  
Division of Survey & Certification



CMS Certification Number (CCN): 145710

October 15, 2010  
(By Certified Mail and Facsimile)

Ralph Ricana, Administrator  
Meadowbrook Manor - Bolingbrook  
431 West Remington Boulevard  
Bolingbrook, IL 60440

Post-It® Fax Note	7671	Date	# of pages
<i>Ralph Ricana</i>		<i>Tamela Brown</i>	
<i>Meadowbrook Bolingbrook</i>		<i>10/15/10</i>	
Phone #		<i>312/353-1802</i>	
Fax # <i>630/759-6839</i>		Fax #	

Dear Mr. Ricana:

**SUBJECT: SURVEY FINDINGS AND IMPC**  
Cycle Start Date: June 11, 2010

**SURVEY RESULTS**

On June 11, 2010, a health survey was completed at Meadowbrook Manor - Bolingbrook by the Illinois Department of Public Health (IDPH) to determine if your facility was in compliance with the Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was not in substantial compliance, with the most serious deficiencies at scope and severity (S/S) level G, cited as follows:

- F224 -- S/S: G -- 483.13(c) -- Prohibit Mistreatment/Neglect/Misappropriation
- F309 -- S/S: G -- 483.25 -- Provide Care/Services for Highest Well Being
- F314 -- S/S: G -- 483.25(c) -- Treatment/Svcs to Prevent/Heal Pressure Sores
- F315 -- S/S: G -- 483.25(d) -- No Catheter, Prevent UTI, Restore Bladder
- F323 -- S/S: G -- 483.25(h) -- Free of Accident Hazards/Supervision/Devices

The IDPH advised you of the deficiencies that led to this determination and provided you with a copy of the survey report (CMS-2567).

The IDPH conducted a Life Safety Code (LSC) annual survey and revisit at your facility on June 16, 2010. As the IDPH informed you, these visits also revealed that your facility was not in substantial compliance, with the most serious deficiencies at S/S level F, cited as follows:

- K12 -- S/S: F -- NFPA 101 -- Life Safety Code Standard
- K50 -- S/S: F -- NFPA 101 -- Life Safety Code Standard
- K52 -- S/S: F -- NFPA 101 -- Life Safety Code Standard
- K54 -- S/S: F -- NFPA 101 -- Life Safety Code Standard

The IDPH advised you of the deficiencies that led to this determination and provided you with a copy of the survey report (CMS-2567).

On July 23, 2010, the IDPH conducted a health revisit at your facility. As the IDPH informed you, this visit also revealed that your facility was not in substantial compliance, with the most serious deficiencies at S/S level G, cited as follows:

233 North Michigan Avenue  
Suite 600  
Chicago, Illinois 60601-5519

Richard Bolling Federal Building  
601 East 12th Street, Room 235  
Kansas City, Missouri 64106-2808

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- F314 -- S/S: G -- 483.25(c) -- Treatment/Svcs to Prevent/heal Pressure Sores

The IDPH also advised you of the deficiency which led to this determination and provided you with a copy of the survey report (CMS-2567).

Due to your facility's current noncompliance with F314, Pressure Ulcers, we would like to emphasize the importance of corrective actions that ensure that avoidable pressure ulcers will not occur at your facility and that residents will receive appropriate care and services to prevent the increase in complexity of existing pressure ulcers. The pain, infection rates, and increased morbidity and mortality associated with pressure ulcers underscore the need for your facility to improve its systems for identifying residents at risk and for implementing preventive services. We ask that you carefully monitor your facility's compliance with Federal requirements related to the prevention of pressure ulcer development. Please consider contacting the Quality Improvement Organization (QIO), [www.medic.org](http://www.medic.org), in your state about basic quality improvement information and possible training opportunities. The QIO's ability to work directly with you will vary from state to state but, at a minimum, they can direct you to available quality improvement resources. If noncompliance continues in this area, more severe remedies will be imposed.

#### SUMMARY OF ENFORCEMENT REMEDIES

As a result of the survey findings, and as authorized by the Centers for Medicare & Medicaid Services (CMS), the IDPH notified you on July 9, 2010, of the imposition of the following remedy, as well as your appeal rights:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 11, 2010

Based on the survey findings, the IDPH notified you they were recommending that the CMS impose an additional remedy, as follows:

- Federal Civil Money Penalty of \$100.00 per day for the thirty-seven (37) days beginning June 16, 2010 and continuing through July 22, 2010 for a total of \$3,700.00
- Federal Civil Money Penalty of \$200.00 per day beginning July 23, 2010

The IDPH conducted revisits on July 30, 2010 and September 3, 2010. These revisits found that your facility was in substantial compliance as of August 13, 2010. As a result of these survey findings, the final status of remedies is as follows:

- Mandatory denial of payment for new Medicare and Medicaid admissions, which was to be effective September 11, 2010, is rescinded as of August 13, 2010. We are notifying National Government Services and the Illinois Department of Healthcare and Family Services of the rescission of the denial of payment remedy. Thus, there should be no interruption in payment for covered services
- Mandatory termination of your Medicare and Medicaid provider agreements, which was to be effective December 11, 2010, will not be imposed.
- See Civil Money Penalty below

The authority for the imposition of remedies is contained in subsections 1819(h) and 1919(h) of the Social Security Act ("Act") and Federal regulations at 42 CFR Subpart F, Enforcement of Compliance for Long-Term Care Facilities with Deficiencies.

#### CIVIL MONEY PENALTY

In determining the amount of the Civil Money Penalty (CMP) that we are imposing for each day of noncompliance, we have considered your facility's history, including any repeated deficiencies; its

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financial condition; and the factors specified in the Federal requirement at 42 CFR §488.404. We are imposing the following CMP:

- Federal Civil Money Penalty of \$100.00 per day for the thirty-seven (37) days beginning June 16, 2010 and continuing through July 22, 2010 for a total of \$3,700.00
- Federal Civil Money Penalty of \$200.00 per day for the twenty one (21) days beginning July 23, 2010 and continuing through August 12, 2010 for a total of \$4,200.00

The total CMP amount due is \$7,900.00.

If you believe that you have documented evidence that should be considered in establishing the amount of the CMP, the following documents should be submitted to this office within fifteen (15) days from the receipt of this notice:

- Written, dated request specifying the reason financial hardship is alleged
- List of the supporting documents submitted
- Current balance sheet
- Current income statements
- Current cash flow statements
- Most recent full year audited financial statements prepared by an independent accounting firm, including footnotes
- Most recent full year audited financial statements of the home office and/or related entities, prepared by an independent accounting firm, including footnotes
- Disclosure of expenses and amounts paid/accrued to the home office and/or related entities
- Schedule showing amounts due to/from related companies or individuals included in the balance sheets. The schedule should list the names of related organizations or persons and indicate where the amounts appear on the balance sheet (e.g., Accounts Receivable, Notes Receivable, etc.)
- If the nursing home requests an extended payment schedule of more than twelve (12) months duration, the provider must submit a letter from a financial institution denying the provider's loan request for the amount of the CMP

The CMP is due and payable fifteen days after one of the following:

- the time period for requesting a hearing has expired (within 60 days of receipt of this formal notice advising you of your appeal rights); or
- timely receipt of a written waiver of the right to a hearing (within 60 days of your receipt of this formal notice advising you of your appeal rights); or
- after a final administrative decision is made following a hearing.

**CMP CASE NUMBER**

A CMP case number will be assigned to your case only when the final CMP is due and payable. At that time you will receive a notice from this office with the CMP case number and payment instructions. Prior to the assignment of a CMP case number, you must ensure that your facility's name, CMS Certification Number (CCN), and the enforcement cycle start date appear on any correspondence pertaining to this CMP.

- Your CMS Certification Number (CCN) is 145710.
- The start date for this cycle is June 11, 2010.

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**CMP PAYMENT**

When due, the CMP is payable by check to CMS at the following address:

Centers for Medicare & Medicaid Services  
Division of Accounting Operations  
Mail Stop C3-11-03  
Post Office Box 7520  
Baltimore, MD 21207

If you use a delivery service, such as Federal Express, use the following address only:

Centers for Medicare & Medicaid Services  
Division of Accounting Operations  
Mail Stop C3-11-03  
7500 Security Boulevard  
Baltimore, MD 21244

Note that your check must be sent to one of the above addresses—not to the Chicago Regional Office. However, a copy of your check and, if applicable, your waiver of your right to a hearing must be sent to the attention of Tamika J. Brown at the Chicago Regional Office. Failure to do so could result in our office proceeding with collection of the full amount of the CMP.

If the total amount of the CMP is not received by the due date, interest will be assessed in accordance with the regulations at 42 CFR Section 488.442 on the unpaid balance of the penalty beginning on the due date. The Federal rate of interest is 11.00%. The CMP, and any interest accrued after the due date, will be deducted from sums owing to you without any further notification from this office.

**CMP REDUCED IF HEARING WAIVED**

If you request a hearing, the CMP will not be collected until after a final administrative decision upholding its imposition has been made. If you waive your right to a hearing, in writing, within 60 calendar days from receipt of this notice, the amount of your CMP will be reduced by thirty-five percent (35%). To receive this reduction, the written waiver should be sent to the Centers for Medicare & Medicaid Services, Division of Survey and Certification, 233 North Michigan Avenue, Suite 600, Chicago, Illinois 60601-5519. The failure to request a hearing within 60 calendar days from your receipt of this notice does not constitute a waiver of your right to a hearing for purposes of the 35% reduction.

**NURSE AIDE TRAINING PROHIBITION**

Please note that Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a §1819(b)(4)(C)(ii)(II) or §1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$5,000.00; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

As indicated above, a CMP, which to date has accrued in the amount of \$5,000 or more, is being imposed against Meadowbrook Manor - Bolingbrook. If you fail to request a hearing, in writing, within 60 calendar days from receipt of this letter; or if you submit a written waiver of your right to a hearing, which results in the CMP being reduced to an amount that is still \$5,000 or more; or if you timely request a hearing and there is a final administrative decision upholding the CMP in the amount of \$5,000 or more,

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your facility is subject to a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) prohibition for two years. The two-year prohibition will be effective, as applicable, with: (1) the expiration of the 60-day period for filing a written request for a hearing; or, (2) the receipt of your written waiver of the right to a hearing within the specified time period; or (3) the date of the final administrative decision upholding the CMP in the amount of \$5,000 or more. This prohibition is not subject to appeal. Further, this prohibition remains in effect for the specified period even though selected remedies may be rescinded at a later date if your facility attains substantial compliance. However, under Public Law 105-15, you may contact the IDPH and request a waiver of this prohibition if certain criteria are met.

#### APPEAL RIGHTS

This formal notice imposed the following remedy:

- Federal Civil Money Penalty of \$100.00 per day for the thirty-seven (37) days beginning June 16, 2010 and continuing through July 22, 2010 for a total of \$3,700.00
- Federal Civil Money Penalty of \$200.00 per day for the twenty-one (21) days beginning July 23, 2010 and continuing through August 12, 2010 for a total of \$4,200.00

If you disagree with the finding of noncompliance which resulted in this imposition, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. seq. A written request for a hearing must be filed no later than 60 days from the date of receipt of this notice. Such a request should be made to:

Department of Health and Human Services  
Departmental Appeals Board, MS 5132  
Civil Remedies Division  
Attention: Theodore J. Kim, Director  
330 Independence Avenue, SW  
Cohen Building, Room G-644  
Washington, D.C. 20201

**It is important that you send a copy of your request to our Chicago office to the attention of Tamika J. Brown. Failure to do so could result in our office proceeding with collection of the CMP.**

A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree, including a finding of substandard quality of care, if applicable. It should also specify the basis for contending that the findings and conclusions are incorrect. You do not need to submit records or other documents with your hearing request. The DAB will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing. Counsel may represent you at a hearing at your own expense.

#### INFORMAL DISPUTE RESOLUTION

The IDPH offered you an opportunity for informal dispute resolution (IDR) following its survey visit. A request for IDR will not delay the effective date of any enforcement action. However, IDR results will be considered when applicable.

#### CONTACT INFORMATION

If you have any questions regarding this matter, please contact Tamika J. Brown, Program Representative, at (312) 353-1502 or Mrs. Charlotte A. Hodder, RN, BSN, CRRN, Certification Specialist, at (312) 353-5169. Information may also be faxed to (312) 777-0280.

ATTACHMENT-11B

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All correspondence should be directed to Tamika J. Brown in our Chicago office.

Sincerely,

  
Heather A. Lang  
Branch Manager  
Long Term Care Certification  
& Enforcement Branch

cc: Illinois Department of Public Health  
Illinois Department of Healthcare and Family Services  
National Government Services  
Illinois Department on Aging  
Illinois Foundation for Quality Health Care

ATTACHMENT-11B

CMS Certification Number (CCN): 146093

June 9, 2010  
(By Certified Mail and Facsimile)

David Shires, Administrator  
Meadowbrook Manor – Lagrange  
339 9<sup>th</sup> Avenue  
La Grange, IL 60525

Dear Mr. Shires:

**SUBJECT: DISPOSITION OF REMEDIES**  
**Civil Money Penalty Case Number: 2010-05-LTC-564**  
**Cycle Start Date: February 11, 2010**

**PRIOR NOTICE**

On March 11, 2010, we informed you that we were imposing remedies due to the failure of your facility to be in substantial compliance with the applicable Federal requirements for nursing homes participating in the Medicare and Medicaid programs.

**SUBSEQUENT VISITS AND SUMMARY OF ENFORCEMENT REMEDIES**

On March 18, 2010, the Illinois Department of Public Health (IDPH) conducted a complaint investigation at your facility, which revealed continued non-compliance with the most serious deficiencies at scope and severity (S/S) level G, cited as follows:

- F309 -- S/S: G -- 483.25 -- Provide Care/Services for Highest Well Being
- F323 -- S/S: G -- 483.25(h) -- Free of Accident Hazards/Supervision/Devices

The IDPH conducted revisits at your facility on May 5, 2010. These revisits found your facility to be in substantial compliance with the participation requirements effective April 7, 2010. As a result of the survey findings, and in consideration of the results of the Informal Dispute Resolution you requested, the final status of remedies is as follows.

- Directed in-service training was to be completed effective March 14, 2010
- Mandatory denial of payment for new Medicare and Medicaid admissions, which was imposed effective May 11, 2010, is rescinded as of April 7, 2010. We are notifying your National Government Services and the Illinois Department of Healthcare and Family Services of the rescission of the denial of payment remedy. **Thus, there should be no interruption in payment for covered services**
- Mandatory termination of your Medicare and Medicaid provider agreements, which was to be effective August 11, 2010, will not be imposed
- See Civil money Penalty below

233 North Michigan Avenue  
Suite 600  
Chicago, Illinois 60601-5519

Richard Bolling Federal Building  
601 East 12th Street, Room 235  
Kansas City, Missouri 64106-2808

ATTACHMENT-11B

**CIVIL MONEY PENALTY (CMP)**

As we informed you on March 11, 2010, a CMP was imposed against your facility for failure to comply with the Federal requirements. This action was taken pursuant to the authority contained in Sections 1819(h) and 1919(h) of the Social Security Act and Federal regulations at 42 CFR Section 488.430. This CMP is as follows:

- Federal Civil Money Penalty of \$200.00 per day for the fifty-five (55) days beginning February 11, 2010 and continuing through April 6, 2010 for a total of \$11,000.00

The total CMP amount due is \$7,150.00. This total reflects a thirty-five percent (35%) reduction in the amount of the CMP since you waived your right to a hearing on the noncompliance, as specified at 42 CFR Section 488.436.

**CMP PAYMENT**

The CMP is due on July 5, 2010. The CMP is payable by check to CMS at the following address:

Centers for Medicare & Medicaid Services  
Division of Accounting Operations  
Mail Stop C3-11-03  
Post Office Box 7520  
Baltimore, MD 21207

If you use a delivery service, such as Federal Express, use the following address only:

Centers for Medicare & Medicaid Services  
Division of Accounting Operations  
Mail Stop C3-11-03  
7500 Security Boulevard  
Baltimore, MD 21244

Do not send your original CMP payment check to the Chicago Regional Office. Otherwise, your payment will be considered late and offset may be initiated and/or interest may be charged. A copy of the check and, if applicable, your waiver of your right to a hearing and any other correspondence submitted to either of the above addresses, must also be sent to this Chicago office, to the attention of Tamika J. Brown to ensure timely and accurate updating of your record.

Please note that, in accordance with the regulations at 42 CFR Section 488.442, CMS will assess interest on any unpaid balance of the penalty beginning on the due date. The rate of interest is 10.88%. If CMS does not receive a check for the full amount by the payment due date, both the CMP and any interest accrued after the payment due date will be deducted from sums owed to you without any further notification from this office.

The following CMP case number has been assigned to your case for future reference: 2010-05-1 TC-564. You must ensure that this number is shown on all correspondence related to

**NURSE AIDE TRAINING PROHIBITION**

In our formal notice dated March 11, 2010, we advised you that, in accordance with Section 1819(f)(2)(B)(iii)(I)(b) of the Social Security Act, your facility is prohibited from conducting a Nurse Aide Training and/or Competency Evaluation Program for two years from May 11, 2010 due to denial of payment for new admissions.

Since your facility attained substantial compliance on April 7, 2010, the original triggering remedy did not go into effect. However, your facility is still subject to a Nurse Aide Training and/or Competency Evaluation Program prohibition since a CMP in the amount of \$5,000 or more has been imposed.

This prohibition is effective May 10, 2010, the date of your request to waive your right to a hearing. You will receive further information regarding this from the Illinois Department of Public Health (IDPH). This prohibition remains in effect for the specified period even though other actions relating to remedies are being taken, as indicated above. This prohibition is not subject to appeal. However, under Public Law 105-15, you may contact the IDPH and request a waiver of this prohibition if certain criteria are met.

**APPEAL RIGHTS**

We have received your hearing waiver and, as noted above, the amount of the Civil Money Penalty has been reduced accordingly. There are no other outstanding appeal issues.

**CONTACT INFORMATION**

If you have any questions regarding this matter, please contact Mrs. Charlotte A. Hodder, RN, BSN, CRRN, Certification Specialist, at (312) 353-5169 or me, at (312) 353-1502. Information may also be faxed to (312) 777-0280. All correspondence should be directed to me in our Chicago office.

Sincerely,



Tamika J. Brown  
Principal Program Representative  
Long Term Care Certification  
& Enforcement Branch

- cc: Illinois Department of Public Health
- Illinois Department of Healthcare and Family Services
- National Government Services
- Illinois Department on Aging
- Illinois Foundation for Quality Health Care

ATTACHMENT-11C

Midwestern Consortium  
Division of Survey & Certification



CMS Certification Number (CCN): 145874

April 30, 2009  
By Certified Mail and Facsimile

Christopher Talley, Administrator  
Meadowbrook Manor - Naperville  
720 Raymond Drive  
Naperville, IL 60563

Dear Mr. Talley:

**SUBJECT: DISPOSITION OF REMEDIES**  
Cycle Start Date: January 15, 2009

**PRIOR NOTICE**

On March 3, 2009, we informed you that we were imposing remedies due to the failure of your facility to be in substantial compliance with the applicable Federal requirements for nursing homes participating in the Medicare and Medicaid programs.

**SUBSEQUENT VISITS AND SUMMARY OF ENFORCEMENT REMEDIES**

On March 4, 2009, the Illinois Department of Public Health (IDPH) conducted another complaint investigation at your facility. This survey also revealed that your facility was not in substantial compliance with the most serious deficiency cited as follows:

- F323 -- S/S: E -- 483.25(h) -- Accidents and Supervision

The IDPH previously advised you of the deficiency that led to this determination and provided you with a copy of the survey report (CMS-2567).

On April 9, 2009 and April 13, 2009, the IDPH conducted revisits of your facility. The revisits found your facility to be in substantial compliance with the participation requirements effective March 18, 2009. As a result of the survey findings, the final status of remedies is as follows:

- A Federal Civil Money Penalty was imposed effective January 15, 2009
- Directed in-service training was to be completed by March 1, 2009
- Mandatory denial of payment for new Medicare and Medicaid admissions, which was to be effective April 15, 2009, is rescinded. Wisconsin Physician Services and the Illinois Department of Healthcare and Family Services have been notified of the rescission of the denial of payment remedy
- Mandatory termination of your Medicare and Medicaid provider agreements, which was to be effective July 15, 2009, will not be imposed

**CIVIL MONEY PENALTY (CMP)**

As we informed you on March 3, 2009, a CMP was imposed against your facility for failure to comply with the Federal requirements. This action was taken pursuant to the authority contained in

233 North Michigan Avenue  
Suite 600  
Chicago, Illinois 60601-5519

Richard Bolling Federal Building  
601 East 12th Street, Room 235  
Kansas City, Missouri 64106-2808

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Sections 1819(h) and 1919(h) of the Social Security Act and Federal regulations at 42 CFR Section 488.430. This CMP is as follows:

- A Federal Civil Money Penalty of \$250 per day for 62 days beginning January 15, 2009 and continuing through March 17, 2009 for a total of \$15,500

**CMP PAYMENT**

The CMP is due and payable fifteen days after one of the following:

- The time period for requesting a hearing has expired (within 60 days of receipt of this formal notice advising you of your appeal/waiver rights)
- Timely receipt of a written waiver of the right to a hearing (within 60 days of your receipt of this formal notice advising you of your appeal/waiver rights)
- After a final administrative decision is made following a hearing

When due, the CMP is payable by check to CMS at the following address:

Centers for Medicare & Medicaid Services  
Division of Accounting Operations  
Mail Stop C3-11-03  
Post Office Box 7520  
Baltimore, MD 21207

If you use a delivery service, such as Federal Express, use the following address only:

Centers for Medicare & Medicaid Services  
Division of Accounting Operations  
Mail Stop C3-11-03  
7500 Security Boulevard  
Baltimore, MD 21244

**Do not send your original CMP payment check to the Chicago Regional Office.** Otherwise, your payment will be considered late and offset may be initiated and/or interest may be charged. A copy of the check and, if applicable, your waiver of your right to a hearing and any other correspondence submitted to either of the above addresses, **must also be sent to this Chicago office**, to the attention of Tamika J. Brown to ensure timely and accurate updating of your record.

Please note that, in accordance with the regulations at 42 CFR Section 488.442, CMS will assess interest on any unpaid balance of the penalty beginning on the due date. The rate of interest is 11%. If CMS does not receive a check for the full amount by the payment due date, both the CMP and any interest accrued after the payment due date will be deducted from sums owed to you **without any further notification from this office.**

**CMP CASE NUMBER**

A CMP case number will be assigned to your case only when the final CMP is due and payable. At that time you will receive a notice from this office with the CMP case number and payment instructions. Prior to the assignment of a CMP case number, you must ensure that your facility's name, CMS Certification Number (CCN), and the enforcement cycle start date appear on any correspondence pertaining to this CMP.

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Your facility's CMS Certification Number (CCN) is 145874  
The start date for this enforcement cycle is January 15, 2009

#### **CMP REDUCED IF HEARING WAIVED**

If you request a hearing, the CMP will not be collected until a final administrative decision upholding its imposition has been made. If you waive your right to a hearing, in writing, within 60 calendar days from receipt of this formal notice, the amount of your CMP will be reduced by thirty-five percent (35%). To receive this reduction, the written waiver must be sent to the Centers for Medicare & Medicaid Services, Division of Survey and Certification, 233 North Michigan Avenue, Suite 600, Chicago, Illinois 60601-5519. The failure to request a hearing within 60 calendar days from your receipt of this notice does not constitute a waiver of your right to a hearing for purposes of the 35% reduction.

#### **NURSE AIDE TRAINING PROHIBITION**

In our formal notice dated March 3, 2009, we advised you that, in accordance with Section 1819(f)(2)(B)(iii)(1)(b) of the Social Security Act, your facility is prohibited from conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from April 15, 2009 due to the imposition of denial of payment for new admissions.

Since your facility attained substantial compliance on March 18, 2009, the original triggering remedy did not go into effect. However, your facility is still subject to a NATCEP prohibition since a CMP in the amount of \$5,000 or more has been imposed.

This prohibition is effective for two years from: (1) a date 60 days from the date of receipt of our formal CMP imposition notice which advised you of your appeal rights, if you do not timely request a hearing or submit a written waiver of your right to request a hearing; or, (2) the date of our receipt of a timely written waiver of your right to a hearing; or, (3) if you timely request a hearing, a final administrative decision upholding the CMP in the amount of \$5,000 or more.

#### **APPEAL RIGHTS**

We have received a copy of your request for hearing to the Departmental Appeals Board in Washington, D.C., where an Administrative Law Judge will be designated to hear the case. You will be contacted by that office concerning the time and place of hearing. The CMP will not be collected until a final administrative decision upholding its imposition has been made.

In addition, if you disagree with the finding of noncompliance from the March 4, 2009 survey that resulted in the continuation of previously imposed remedies, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. seq. A written request for a hearing must be filed no later than 60 days from the date of receipt of this notice. Such a request should be made to:

Department of Health and Human Services  
Departmental Appeals Board, MS 6132  
Civil Remedies Division  
Attention: Oliver Potts, Chief  
330 Independence Avenue, SW  
Cohen Building, Room G-644  
Washington, D.C. 20201

ATTACHMENT-11C



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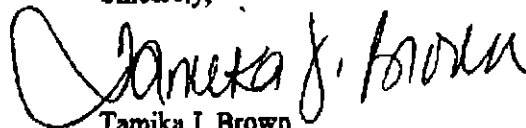
**It is important that you send a copy of your request to our Chicago office to the attention of Tamika J. Brown. Failure to do so could result in our office proceeding with collection of the CMP. Ensure that the CMP case number is shown on any correspondence related to the CMP.**

A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree, including a finding of substandard quality of care, if applicable. It should also specify the basis for contending that the findings and conclusions are incorrect. You do not need to submit records or other documents with your hearing request. The DAB will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing. Counsel may represent you at a hearing at your own expense.

**CONTACT INFORMATION**

If you have any questions regarding this matter, please contact me, at (312) 353-1502. Information may also be faxed to (312) 353-8053. All correspondence should be directed to me in our Chicago office.

Sincerely,



Tamika J. Brown  
Principal Program Representative  
Long Term Care Certification  
& Enforcement Branch

cc: Illinois Department of Public Health  
Illinois Department of Healthcare and Family Services  
Wisconsin Physicians Services  
Illinois Department on Aging  
Illinois Foundation for Quality Healthcare

Midwestern Consortium  
Division of Survey & Certification



CMS Certification Number (CCN): 145874

April 7, 2010  
(By Certified Mail and Facsimile)

Christopher Talley, Administrator  
Meadowbrook Manor - Naperville  
720 Raymond Drive  
Naperville, IL 60563

Post-It Fax Note	7871	Date	4/7/10
From	Talley	To	CMS
Phone #	630-717-5190	Phone #	312-353-1502
Fax #	630-717-5180	Fax #	

Dear Mr. Talley:

**SUBJECT: DISPOSITION OF REMEDIES**  
Cycle Start Date: December 23, 2009

**PRIOR NOTICE**

On February 8, 2010, we informed you that we were imposing remedies due to the failure of your facility to be in substantial compliance with the applicable Federal requirements for nursing homes participating in the Medicare and Medicaid programs.

**SUBSEQUENT VISITS AND SUMMARY OF ENFORCEMENT REMEDIES**

On February 11, 2010, the Illinois Department of Public Health (IDPH) conducted a revisit at your facility, which revealed continued non-compliance with the most serious deficiency at scope and severity (S/S) level D, cited as follows:

- F281 - S/S: D - 483.20(k)(3)(i) - Services Provided to Meet Professional Standards

The IDPH advised you of the deficiency that led to this determination and provided you with a copy of the survey report (CMS 2567). In response to your continued noncompliance, the IDPH recommended that the Centers for Medicare & Medicaid Services (CMS) continue the previously imposed remedies. We are in agreement with the recommendation.

The IDPH conducted a revisit at your facility on March 15, 2010. This revisit found your facility to be in substantial compliance with the participation requirements effective March 4, 2010. As a result of these survey findings, the final status of remedies is as follows:

- Directed in-service training was to be completed effective January 24, 2010
- Mandatory denial of payment for new Medicare and Medicaid admissions, which was to be effective March 23, 2010, is rescinded as of March 4, 2010. We are notifying Wisconsin Physician's Services and the Illinois Department of Healthcare and Family Services of the rescission of the denial of payment remedy. Thus, there should be no interruption in payment for covered services.
- Mandatory termination of your Medicare and Medicaid provider agreements, which was to be effective June 23, 2010, will not be imposed
- See Civil Money Penalty below

**CIVIL MONEY PENALTY (CMP)**

As we informed you on February 8, 2010, a CMP was imposed against your facility for failure to comply with the Federal requirements. This action was taken pursuant to the authority contained in Sections 1819(h) and 1919(h) of the Social Security Act and Federal regulations at 42 CFR Section 488.430. This

233 North Michigan Avenue  
Suite 600  
Chicago, Illinois 60601-5519

Richard Bolling Federal Building  
601 East 12th Street, Room 235  
Kansas City, Missouri 64106-2808

ATTACHMENT-11B

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CMP is as follows:

- Federal Civil Money Penalty of \$300.00 per day for the thirty-two (32) days beginning December 23, 2009 and continuing through January 23, 2010 for a total of \$9,600.00
- Federal Civil Money Penalty of \$100.00 per day for the thirty-nine (39) days beginning January 24, 2010 and continuing through March 3, 2010 for a total of \$3,900.00

The total CMP amount due is \$13,500.00.

A CMP case number will be assigned to your case only when the final CMP is due and payable. At that time you will receive a notice from this office with the CMP case number and payment instructions. Prior to the assignment of a CMP case number, you must ensure that your facility's name, CMS Certification Number (CCN), and the enforcement cycle start date appear on any correspondence pertaining to this CMP.

Your facility's CMS Certification Number (CCN) is 145874.  
The start date for this enforcement cycle is December 23, 2009.

**CMP PAYMENT**

The CMP is due and payable fifteen days after one of the following:

- the time period for requesting a hearing has expired (within 60 days of receipt of this formal notice advising you of your appeal rights); or
- timely receipt of a written waiver of the right to a hearing (within 60 days of your receipt of this formal notice advising you of your appeal rights); or
- after a final administrative decision is made following a hearing.

When due, the CMP is payable by check to CMS at the following address:

Centers for Medicare & Medicaid Services  
Division of Accounting Operations  
Mail Stop C3-11-03  
Post Office Box 7520  
Baltimore, MD 21207

If you use a delivery service, such as Federal Express, use the following address only:

Centers for Medicare & Medicaid Services  
Division of Accounting Operations  
Mail Stop C3-11-03  
7500 Security Boulevard  
Baltimore, MD 21244

Do not send your original CMP payment check to the Chicago Regional Office. Otherwise, your payment will be considered late and offset may be initiated and/or interest may be charged. A copy of the check and, if applicable, your waiver of your right to a hearing and any other correspondence submitted to either of the above addresses, must also be sent to this Chicago office, to the attention of Tanika J. Brown to ensure timely and accurate updating of your record.

Please note that, in accordance with the regulations at 42 CFR Section 488.442, CMS will assess interest on any unpaid balance of the penalty beginning on the due date. The rate of interest is 11.25%. IF CMS

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does not receive a check for the full amount by the payment due date, both the CMP and any interest accrued after the payment due date will be deducted from sums owed to you without any further notification from this office.

#### **CMP REDUCED IF HEARING WAIVED**

If you request a hearing, the CMP will not be collected until a final administrative decision upholding its imposition has been made. If you waive your right to a hearing, in writing, within 60 calendar days from receipt of this formal notice, the amount of your CMP will be reduced by thirty-five percent (35%). To receive this reduction, the written waiver must be sent to the Centers for Medicare & Medicaid Services, Division of Survey and Certification, 233 North Michigan Avenue, Suite 600, Chicago, Illinois 60601-5519. The failure to request a hearing within 60 calendar days from your receipt of this notice does not constitute a waiver of your right to a hearing for purposes of the 35% reduction.

#### **NURSE AIDE TRAINING PROHIBITION**

In our formal notice dated February 8, 2010, we advised you that, in accordance with Section 1819(f)(2)(B)(iii)(1)(b) of the Social Security Act, your facility is prohibited from conducting a Nurse Aide Training and/or Competency Evaluation Program for two years from March 23, 2010 due to denial of payment for new admissions.

Since your facility attained substantial compliance on March 4, 2010, the original triggering remedy did not go into effect. However, your facility is still subject to a Nurse Aide Training and/or Competency Evaluation Program prohibition since a CMP in the amount of \$5,000 or more has been imposed. This prohibition is effective for two years from: (1) a date 60 days from the date of receipt of our formal CMP imposition notice which advised you of your appeal rights, if you do not timely request a hearing or submit a written waiver of your right to request a hearing; or, (2) the date of our receipt of a timely written waiver of your right to a hearing; or, (3) if you timely request a hearing, a final administrative decision upholding the CMP in the amount of \$5,000 or more.

#### **APPEAL RIGHTS**

We previously advised of your right to appeal the noncompliance that resulted in the imposition of the CMP remedy. Please refer to that notice and note the deadline for that appeal. As of this date, we have not received a request for a hearing.

In addition, if you disagree with the finding of noncompliance mentioned in this notice which resulted in the continuation of previously imposed remedies, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. seq. A written request for a hearing must be filed no later than 60 days from the date of receipt of this notice. Such a request should be made to:

Department of Health and Human Services  
Departmental Appeals Board, MS 6132  
Civil Remedies Division  
Attention: Oliver Pous, Chief  
330 Independence Avenue, SW  
Cohen Building, Room G-644  
Washington, D.C. 20201

It is important that you send a copy of your request to our Chicago office to the attention of Tamika J. Brown. Failure to do so could result in our office proceeding with collection of the CMP. Ensure that the CMP case number is shown on any correspondence related to the CMP.

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A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree, including a finding of substandard quality of care, if applicable. It should also specify the basis for contending that the findings and conclusions are incorrect. You do not need to submit records or other documents with your hearing request. The DAB will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing. Counsel may represent you at a hearing at your own expense.

**INFORMAL DISPUTE RESOLUTION**

The IDPH offered you an opportunity for informal dispute resolution (IDR) following its survey visit. A request for IDR will not delay the effective date of any enforcement action. However, IDR results will be considered when applicable.

**CONTACT INFORMATION**

If you have any questions regarding this matter, please contact Mrs. Charlotte A. Hodder, RN, BSN, CRRN, Certification Specialist, at (312) 353-5169 or me, at (312) 353-1502. Information may also be faxed to (312) 777-0280. All correspondence should be directed to me in our Chicago office.

Sincerely,



Tamika J. Brown  
Principal Program Representative  
Long Term Care Certification  
& Enforcement Branch

cc: Illinois Department of Public Health  
Illinois Department of Healthcare and Family Services  
Wisconsin Physician's Services  
Illinois Department on Aging  
Illinois Foundation for Quality Health Care

ATTACHMENT-11B

CMS Certification Number (CCN): 145874

April 20, 2011  
(By Certified Mail and Facsimile)

Patricia Stambaugh, Administrator  
Meadowbrook Manor – Naperville  
720 Raymond Drive  
Naperville, IL 60563

Dear Ms. Stambaugh:

**SUBJECT: DISPOSITION OF REMEDIES**  
**Cycle Start Date: November 18, 2010**

**This notice replaces our April 13, 2011 notice changing the total amount of the CMP being imposed from \$24, 250.00 to \$27,750.00.**

**PRIOR NOTICE**

On January 4, 2011, we informed you that we were imposing remedies due to the failure of your facility to be in substantial compliance with the applicable Federal requirements for nursing homes participating in the Medicare and Medicaid programs.

**SUBSEQUENT VISITS AND SUMMARY OF ENFORCEMENT REMEDIES**

On February 10, 2010, the Illinois Department of Public Health (IDPH) conducted revisits at your facility, which revealed continued non-compliance, with the most serious deficiency at scope and severity (S/S) level E, cited as follows:

- F242 -- S/S: E -- 483.15(a) – Self-Determination-Right to Make Choices

In response to your continued noncompliance, the IDPH recommended that the Centers for Medicare & Medicaid Services (CMS) continue the previously imposed remedies. We are in agreement with the recommendation.

The IDPH conducted a revisit at your facility on March 22, 2011. This revisit found your facility to be in substantial compliance with the participation requirements effective March 4, 2011. As a result of these survey findings, the final status of remedies is as follows:

- Mandatory denial of payment for new Medicare and Medicaid admissions, which was imposed effective February 18, 2011, is no longer in effect as of March 4, 2011. We are notifying Wisconsin Physicians Service and the Illinois Department of Healthcare and Family Services of the discontinuation of the denial of payment remedy. **Thus, the remedy applies to any new Medicare and Medicaid admissions from February 18, 2011 through March 3, 2011**
- Mandatory termination of your Medicare and Medicaid provider agreements, which was to be effective May 18, 2011, will not be imposed
- See Civil Money Penalty below

**CIVIL MONEY PENALTY (CMP)**

As we informed you on January 4, 2011, a CMP was imposed against your facility for failure to comply with the Federal requirements. This action was taken pursuant to the authority contained in Sections 1819(h) and 1919(h) of the Social Security Act and Federal regulations at 42 CFR Section 488.430. This CMP is as follows:

- Federal Civil Money Penalty of \$450.00 per day for the forty-nine (49) days beginning November 18, 2010 and continuing through January 5, 2011 for a total of \$22,050.00
- Federal Civil Money Penalty of \$100.00 per day for the fifty-seven (57) days beginning January 6, 2011 and continuing through March 3, 2011 for a total of \$5,700.00

**The total CMP amount due is \$27,750.00.**

A CMP case number will be assigned to your case only when the final CMP is due and payable. At that time you will receive a notice from this office with the CMP case number and payment instructions. Prior to the assignment of a CMP case number, you must ensure that your facility's name, CMS Certification Number (CCN), and the enforcement cycle start date appear on any correspondence pertaining to this CMP.

Your facility's CMS Certification Number (CCN) is 145874.  
The start date for this enforcement cycle is November 18, 2010.

**CMP PAYMENT**

The CMP, for the noncompliance mentioned in this notice, is due and payable fifteen days after one of the following:

- the time period for requesting a hearing has expired (within 60 days of receipt of this formal notice advising you of your appeal rights); or
- timely receipt of a written waiver of the right to a hearing (within 60 days of your receipt of this formal notice advising you of your appeal rights); or
- after a final administrative decision is made following a hearing.

When due, the CMP is payable by check to CMS at the following address:

Centers for Medicare & Medicaid Services  
Division of Accounting Operations  
Mail Stop C3-11-03  
Post Office Box 7520  
Baltimore, MD 21207

If you use a delivery service, such as Federal Express, **use the following address only:**

Centers for Medicare & Medicaid Services  
Division of Accounting Operations  
Mail Stop C3-11-03  
7500 Security Boulevard  
Baltimore, MD 21244

ATTACHMENT - 11B

**Do not send your original CMP payment check to the Chicago Regional Office.** Otherwise, your payment will be considered late and offset may be initiated and/or interest may be charged. A copy of the check and, if applicable, your waiver of your right to a hearing and any other correspondence submitted to either of the above addresses, **must also be sent to this Chicago office**, to the attention of Tamika J. Brown to ensure timely and accurate updating of your record.

Please note that, in accordance with the regulations at 42 CFR Section 488.442, CMS will assess interest on any unpaid balance of the penalty beginning on the due date. The rate of interest is 11.25%. If CMS does not receive a check for the full amount by the payment due date, both the CMP and any interest accrued after the payment due date will be deducted from sums owed to you **without any further notification from this office.**

#### **CMP REDUCED IF HEARING WAIVED**

If you request a hearing, for the noncompliance mentioned in this notice, the CMP will not be collected until a final administrative decision upholding its imposition has been made. If you waive your right to a hearing, in writing, within 60 calendar days from receipt of this formal notice, the amount of your CMP will be reduced by thirty-five percent (35%). To receive this reduction, the written waiver must be sent to the Centers for Medicare & Medicaid Services, Division of Survey and Certification, 233 North Michigan Avenue, Suite 600, Chicago, Illinois 60601-5519. **The failure to request a hearing within 60 calendar days from your receipt of this notice does not constitute a waiver of your right to a hearing for purposes of the 35% reduction.**

#### **APPEAL RIGHTS**

We have received a copy of your request for hearing to the Departmental Appeals Board in Washington, D.C., where an Administrative Law Judge will be designated to hear the case. You will be contacted by that office concerning the time and place of hearing. The CMP will not be collected until a final administrative decision upholding its imposition has been made. There are no other outstanding appeal issues.

If you disagree with the finding of noncompliance mentioned in this notice, which resulted in the continuation of previously imposed remedies, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. seq. **A written request for a hearing must be filed no later than 60 days from the date of receipt of this notice.** Such a request should be made to:

Department of Health and Human Services  
Departmental Appeals Board, MS 6132  
Civil Remedies Division  
Attention: Theodore J. Kim, Director  
330 Independence Avenue, SW  
Cohen Building, Room G-644  
Washington, D.C. 20201

**It is important that you send a copy of your request to our Chicago office to the attention of Tamika J. Brown.** Failure to do so could result in our office proceeding with collection of the CMP. Ensure that the CMP case number is shown on any correspondence related to the CMP.

ATTACHMENT-11B



A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree, including a finding of substandard quality of care, if applicable. It should also specify the basis for contending that the findings and conclusions are incorrect. You do not need to submit records or other documents with your hearing request. The DAB will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing. Counsel may represent you at a hearing at your own expense.

#### **INFORMAL DISPUTE RESOLUTION**

The IDPH offered you an opportunity for informal dispute resolution (IDR) following its survey visit. A request for IDR will not delay the effective date of any enforcement action. However, IDR results will be considered when applicable.

#### **CONTACT INFORMATION**

If you have any questions regarding this matter, please contact Mrs. Charlotte A. Hodder, RN, BSN, CRRN, Certification Specialist, at (312) 353-5169 or me, at (312) 353-1502. Information may also be faxed to (312) 777-0280. All correspondence should be directed to me in our Chicago office.

Sincerely,

Tamika J. Brown  
Principal Program Representative  
Long Term Care Certification  
& Enforcement Branch

cc: Illinois Department of Public Health  
Illinois Department of Healthcare and Family Services  
Wisconsin Physicians Service  
Illinois Department on Aging  
Illinois Foundation for Quality Health Care

ATTACHMENT-11B



March 30, 2010

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Mark:

I hereby authorize the State Board and State Agency access to information from any licensing/certification agency in order to verify any and all documentation or information submitted in relation to this Certificate of Need application. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.d.4d.

Sincerely,

Chris Vangel  
Chief Executive Officer

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925  
ATTACHMENT-11C

[www.meadowbrookmanor.com](http://www.meadowbrookmanor.com)  
A Butterfield Health Care Group Affiliate

## 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. This project will improve the well-being of the existing residents and all new residents through a much improved physical environment. Furthermore, this project proposes better utilization of the existing 197 existing beds in a Health Service Area (HSA-7E) that currently calculates a need for an additional 273 nursing care beds with a zero net change in total beds in the State's or HSA's inventory.

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

The market area is defined as a 30-minute travel time, as identified through Microsoft's MapPoint North America 2009. This definition was determined through analysis of the original admission data which shows that 93% of all patients derived from zip code areas that were identified as within the 30-minute contour of the Applicant's existing site. Please note that this data does not include the readmit data as that would create duplication.

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 facing this Applicant is that the existing facility is nearing the end of its useful life (as it is 100 years old) and needs to undergo major modernization or full facility replacement to meet the needs of today's elderly seeking skilled nursing care.

## PURPOSE OF PROJECT (Continued ii)

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

- Appended as **ATTACHMENT-12A** is the patient origin data for all original admissions (not readmits) illustrating that over 90% of the admissions come from within the 30-minute travel time. Also included is a map illustrating the 30-minute travel time and the zip codes within said travel time.
- Appended as **ATTACHMENT-12B** is a project development narrative from the Applicant's architect SAS Architects & Planners.
- Appended as **ATTACHMENT-12C** is an existing Building Deficiencies and correction cost estimate from the Applicant's architect SAS Architects & Planners
- Appended as **ATTACHMENT-12D** are copies of Department of Public Health licensure surveys.
- Appended as **ATTACHMENT-12E** is a listing of all maintenance expenditures for Calendar Years 2008, 2009, and 2010 to date.
- Appended as **ATTACHMENT-12F** is an existing masonry veneer evaluation from a licensed structural engineer.
- Appended as **ATTACHMENT-12G** is letter from the Chicago Testing Laboratory, Inc. providing the results of field investigation and geotechnical evaluation.
- Appended as **ATTACHMENT-12H** are two reports prepared by Alpha Environmental, Inc. The first is an asbestos identification and paint survey report, while the second is an Asbestos operation and Maintenance Plan.

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

The issues pressing the Applicant are twofold. First and foremost, the building is nearing the end of its useful and marketable life as a skilled nursing facility. Secondly, the Illinois Historic Preservation Agency feels that a portion of the existing building has historical significance. To reconcile both of these issues, the Applicant is proposing to demolish the two side wings off of the main building, replace all of the resident bed rooms with total new construction as an addition to the main (existing) building, and renovate the existing main building. The renovations and new construction will totally replace all the mechanical systems,

### **PURPOSE OF PROJECT (Continued iii)**

provide consolidated admission and administration offices, and state-of-the art nursing units for those in need for skilled nursing care.

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 and modernize the existing service known as Meadowbrook Manor LaGrange. 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 in a new and more modern environment 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.

The structure currently known as Meadowbrook Manor LaGrange is made up of four buildings and a mechanical plant. The original building and mechanical plant was constructed in 1911 and the side buildings were additions in 1922, 1923, and 1928. The building was originally home to the Illinois Masonic Children's Home orphanage.

In summary of ATTACHMENTS-12B thru 12H, the main (center) building is on a different level as the North (left) wing and the South (right) wing. The fourth (east) building houses the HVAC and Mechanical systems. The entire facility only has only two elevators. The mechanical plant is connected to the three buildings through an extensive and long underground tunnel of more than 300 feet in distance. In 1963, the facility was sold and turned

#### **PURPOSE OF PROJECT (Continued iv)**

into a nursing home. Given the buildings original use as an orphanage, over half of the bedrooms shared a bathroom and many of the patient rooms were three and four bed ward rooms. There are not handicap accessible entrances other than the employee/loading dock on the east side of the center building. As a nursing home there are several inefficiencies realized from the physical layout such as numerous nurses' stations, ramps to adjoin floor levels of the four buildings. Due to the age of the building there are numerous physical plant deficiencies: the entire HVAC system, the failure of the brick veneer foundation system; the roof and gutter systems; the existing chilled water/hot water system; and the transportation of clean and soiled laundry thru the tunnel system. There are also life safety code deficiencies in fire ratings, dampers and prevention due to the structures age. All of these items, potential remedies and the cost of potential and proposed remedies are included in the documentation previously listed under item 4 of the subsection.

Meadowbrook Manor - LaGrange  
 Admission, Patient Origin, Referring Origin and Patient Days  
 by Month  
 (2 Years Ending December 2010)

	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
Jan-09	D.H.	60525	LA GRANGE	LA GRANGE MEMORIAL		ALDEN ORLAND PARK-PRAIRIE VILLAGE
	M.S.	60463	PALOS HTS.			LEXINGTON HCC-LA GRANGE
	S.K.	60524	LA GRANGE			
	A.H.	60546	RIVERSIDE	HINSDALE HOSPITAL	S. NYAEME-GERIATRICIAN	
	H.Z.	60836	CHICAGO		M. KOHLI-INTERNAL MED	MANOR CARE-HINSDALE
	J.L.	60561	DARIEN	GOOD SAMARITAN HOSP		
	B.A.	61032	FREEPORT			
	J.W.	60645	CHICAGO	METHODIST HOSPITAL		
	M.M.	60525	COUNTRYSIDE	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	
	R.B.	60325	COUNTRYSIDE	LA GRANGE MEMORIAL		
	E.P.	60525	LA GRANGE	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	
	H.P.	60154	WESTCHESTER	LA GRANGE MEMORIAL		
	V.R.	60525	LA GRANGE	LA GRANGE MEMORIAL		

TOTAL NEW ADMISSIONS = 13

TOTAL PATIENT DAYS = 3392

	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
Feb-09	V.L.	60525	COUNTRYSIDE	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	
	R.M.	60513	BROOKFIELD	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	
	R.B.	60455	BRIDGEVIEW	PALOS COMMUNITY		
	V.K.	60455	BRIDGEVIEW		P. RUPAN-INTERNAL MED	BRIDGEVIEW HCC
	M.G.	60459	BURBANK	CHRIST MEDICAL CTR		
	J.D.	60525	HODGKINS	HINSDALE HOSPITAL	M. KOHLI-INTERNAL MED	LEXINGTON HCC-LA GRANGE
	S.N.	60402	BERWYN			
	V.B.	60652	CHICAGO	METRO SOUTH HOSPITAL		AGING CARE CONNECTIONS
	M.D.	60455	BRIDGEVIEW	CHRIST MEDICAL CTR		BRITISH HOME
	N.D.	60513	BROOKFIELD		M. SCOTT-INTERNAL MED	
	R.C.	60038	CHICAGO	MAC NEAL HOSPITAL		
	J.H.	60540	N. RIVERSIDE	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	
	G.S.	60525	COUNTRYSIDE	LA GRANGE MEMORIAL		
	W.B.	60439	LEMONT	BOLINGBROOK HOSPITAL	S. NYAEME-GERIATRICIAN	VITAS HOSPICE
	L.C.	60527	BURR RIDGE			MANOR CARE-HINSDALE
	A.S.	60616	CHICAGO	MERCY HOSP & MED CTR		

TOTAL NEW ADMISSIONS = 16

TOTAL PATIENT DAYS = 3240

	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
Mar-09	D.S.	60501	SUMMIT		D. SHAH-INTERNAL MED	LEXINGTON HCC-LA GRANGE
	E.S.	60536	CHICAGO	MAC NEAL HOSPITAL	J. PATEL-INTERNAL MED	
	M.P.	60016	DES PLAINES			LEE MANOR
	C.M.	60187	WHEATON			MANOR CARE-HINSDALE
	B.K.	60162	HILLSIDE			MANOR CARE-HINSDALE
	L.K.	60162	HILLSIDE	ELMHURST MEMORIAL		
	P.C.	60160	MELROSE PARK	LOYOLA UNIV MED CTR		
	D.M.	60561	DARIEN	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	
	A.C.	60525	COUNTRYSIDE	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	
	M.S.	60501	SUMMIT	MAC NEAL HOSPITAL		
	C.Z.	60501	SUMMIT	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	

TOTAL NEW ADMISSIONS = 11

TOTAL PATIENT DAYS = 3492

	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
Apr-09	M.K.	60604	CICERO	MAC NEAL HOSPITAL		MANOR CARE-HINSDALE
	G.T.	60525	LA GRANGE			
	R.G.	60534	LYONS	LA GRANGE MEMORIAL		
	M.S.	49441	MUSKEGON, MI			OUT OF STATE
	A.D.	60513	BROOKFIELD			MANOR CARE-HINSDALE
	R.H.	60616	CHICAGO			BALLARD NURSING CENTER
	P.R.	60804	CICERO	MAC NEAL HOSPITAL		
	J.V.	60402	BERWYN	MAC NEAL HOSPITAL		
	M.S.	60501	SUMMIT	MAC NEAL HOSPITAL	M. SABBAGH-INTERNAL MED	
	M.M.	60525	COUNTRYSIDE	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	
	S.V.	60402	BERWYN	MAC NEAL HOSPITAL		
	J.K.	60436	ROCKDALE	LA GRANGE MEMORIAL	S. NYAEME-GERIATRICIAN	

TOTAL NEW ADMISSIONS = 12

TOTAL PATIENT DAYS = 3343

	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
May-09	M.J.	60526	LA GRANGE PARK	LA GRANGE MEMORIAL	M. DESAI-INTERNAL MED	LEXINGTON HCC-LA GRANGE
	M.H.	60523	LA GRANGE		S. NYAEME-GERIATRICIAN	
	L.H.	60809	CHICAGO			
	R.V.	60439	LEMONT	MOUNT SINAI HOSPITAL		
	L.B.	60513	BROOKFIELD	HINSDALE HOSPITAL	M. KOHLI-INTERNAL MED	ST. THOMAS HOSPICE
	D.J.	60556	WESTERN SPRINGS		M. DESAI-INTERNAL MED	RESPIRE STAY
	S.C.	60455	MIDLOTHIAN	RUSH UNIV MED CTR		
	S.M.	60536	CHICAGO	MAC NEAL HOSPITAL	C. BHAKTA-INTERNAL MED	

TOTAL NEW RESIDENTS = 8

TOTAL PATIENT DAYS = 3384

	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
Jun-09	B.P.	60302	OAK PARK			BRITISH HOME
	M.M.	60525	COUNTRYSIDE	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	
	S.D.	60534	LYONS	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED	
	M.H.	60836	CHICAGO	LA GRANGE MEMORIAL		
	E.P.	60525	LA GRANGE			A TOUCH OF GRACE HOSPICE
	A.L.	60523	OAK BROOK	GOOD SAMARITAN HOSP		MAC NEAL TCU
	D.K.	60513	BROOKFIELD			BRITISH HOME
	W.R.	60164	MELROSE PARK		G. MC CRAY-INTERNAL MED	
	P.W.	60647	CHICAGO	RUSH UNIV MED CTR		
	E.W.	60456	JUSTICE	HINSDALE HOSPITAL	M. KOHLI-INTERNAL MED	
	M.V.	60525	COUNTRYSIDE		M. SCOTT-INTERNAL MED	MANOR CARE-WESTMONT
	L.C.	60534	LYONS	MAC NEAL HOSPITAL		
	N.P.	60402	BERWYN		T. ROHAIL-INTERNAL MED	MANOR CARE-HINSDALE
	L.V.	60527	WILLOWBROOK	LA GRANGE MEMORIAL		

TOTAL NEW RESIDENTS = 14

TOTAL PATIENT DAYS = 3287

Meadowbrook Manor - LaGrange  
Admission, Patient Origin, Referring Origin and Patient Days  
by Month  
(2 Years Ending December 2010)

	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>	
Jul-09	D.H.	60528	LA GRANGE PARK	UNIV OF CHICAGO HOSPITAL			
	W.S.	60525	COUNTRYSIDE			LEXINGTON HCC-LA GRANGE	
	M.B.	60526	LA GRANGE PARK	LA GRANGE MEMORIAL	T. ROHAIL-INTERNAL MED		
	P.L.	60458	JUSTICE	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED		
	S.R.	60160	MELROSE PARK	HINES VA HOSPITAL			
	J.B.	60455	BRIDGEVIEW	LA GRANGE MEMORIAL	O. SHAH-INTERNAL MED		
	G.O.	60402	BERWYN			RESPIRE STAY HOME	
	D.B.	60559	WESTMONT				
TOTAL NEW RESIDENTS = 8		TOTAL PATIENT DAYS = 3385					
Aug-09	M.P.	60546	N. RIVERSIDE				
	E.I.	60623	CHICAGO				
	V.K.	60430	HOMewood				
	A.S.	60164	NORTHLAKE				
	G.S.	60632	CHICAGO				
	TOTAL NEW RESIDENTS = 5		TOTAL PATIENT DAYS = 3499				
Sep-09	J.H.	60104	BELLYWOOD	LOYOLA UNIV MED CTR			
	B.O.	60518	DOWNERS GROVE			FAIRVIEW BAPTIST HOME	
	S.W.	60406	BLUE ISLAND	LOYOLA UNIV MED CTR			
	D.L.	60402	STICKNEY	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED		
	M.T.	60638	CHICAGO	MAC NEAL HOSPITAL			
	E.D.	60402	BERWYN	LOYOLA UNIV MED CTR			
	F.N.	60402	STICKNEY				
	D.O.	60155	BROADVIEW	MAC NEAL HOSPITAL	M. WISE-INTERNAL MED		
	A.Q.	60432	JOLIET				
	S.B.	60526	LA GRANGE PARK				
	P.G.	60183	BERKELEY				
	H.L.	60513	BROOKFIELD	LA GRANGE MEMORIAL	R. MELVANI-INTERNAL MED	HILLCREST HC CENTER	
	J.G.	60471	RICHTON PARK	ST. JAMES HOSPITAL	S. NYAEME-GERIATRICIAN	LEXINGTON HCC-LA GRANGE	
	R.B.	60402	BERWYN		J. WALKER-INTERNAL MED	FAIRVIEW BAPTIST HOME	
TOTAL NEW RESIDENTS = 14		TOTAL PATIENT DAYS = 3468					
Oct-09	P.D.	60513	BROOKFIELD	LA GRANGE MEMORIAL	S. NYAEME-GERIATRICIAN		
	R.S.	60513	BROOKFIELD	HINSDALE HOSPITAL	T. ROHAIL-INTERNAL MED		
	E.P.	60638	CHICAGO	MAC NEAL HOSPITAL			
	E.B.	60153	MAYWOOD			BRITISH HOME	
	R.R.	60458	JUSTICE	MAC NEAL HOSPITAL	S. NYAEME-GERIATRICIAN		
	F.C.	60445	MIDLOTHIAN	PALOS COMMUNITY	W. WISE-INTERNAL MED		
	M.R.	60606	CHICAGO	MOUNT SINAI HOSPITAL			
	A.H.	62812	BENTON			HOME	
	L.L.	60646	CHICAGO			WEST RIDGE REHAB CENTER	
	J.P.	60632	CHICAGO			LEXINGTON HCC-CHICAGO RIDGE	
	J.P.	60525	MC COOK	LA GRANGE MEMORIAL			
	A.I.	60527	WILLOWBROOK	GOTTLIEB MEMORIAL			
	TOTAL NEW RESIDENTS = 12		TOTAL PATIENT DAYS = 3622				
	Nov-09	A.K.	60546	N. RIVERSIDE	MAC NEAL HOSPITAL		
		M.B.	60546	N. RIVERSIDE	MAC NEAL HOSPITAL		
M.M.		60458	JUSTICE	LA GRANGE MEMORIAL	T. ROHAIL-INTERNAL MED		
A.R.		60546	RIVERSIDE			MAC NEAL TCU	
M.J.		60513	BROOKFIELD	GOOD SAMARITAN			
T.C.		60142	HUNTLEY			VITAS HOSPICE	
W.C.		60480	WILLOW SPRINGS	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED		
E.V.		60540	RIVERSIDE			MAC NEAL TCU	
J.B.		60439	LEMONT			LEMONT NURSING & REHAB	
T.F.		60642	CHICAGO			EVERGREEN HC CTR	
C.B.		60513	BROOKFIELD		S. NYAEME-GERIATRICIAN	MANOR CARE-HINSDALE	
TOTAL NEW RESIDENTS = 11		TOTAL PATIENT DAYS = 3453					
Dec-09		S.P.	60907	CHICAGO	RUSH UNIV MED CTR		
	J.M.	60525	LA GRANGE			LEXINGTON HCC-LA GRANGE	
	E.P.	60638	CHICAGO		S. NYAEME-GERIATRICIAN	BRITISH HOME	
	M.R.	60526	LA GRANGE PARK		M. DESAI-INTERNAL MED	FAMILY CENTERED HOSPICE	
	I.S.	60629	CHICAGO	HOLY CROSS HOSPITAL			
	V.N.	60458	JUSTICE			HOME	
	R.M.	60513	BROOKFIELD	LA GRANGE MEMORIAL	M. KOHLI-INTERNAL MED		
	M.T.	60036	CHICAGO	RML SPECIALTY HOSP			
	D.K.	60534	LYONS	LA GRANGE MEMORIAL			
TOTAL NEW RESIDENTS = 9		TOTAL PATIENT DAYS = 3576					
Jan-10	L.N.	60534	LYONS	MAC NEAL HOSPITAL			
	J.J.	60638	CHICAGO	STROGER HOSPITAL			
	A.C.	60525	INDIAN HEAD PARK		M. GLICK-GERIATRICIAN	LEXINGTON HCC-LA GRANGE	
	M.D.	60525	COUNTRYSIDE	LA GRANGE MEMORIAL	S. JONG-INTERNAL MED		
	L.H.	60534	LYONS	LA GRANGE MEMORIAL			
	F.S.	60154	WESTCHESTER	LOYOLA UNIV MED CTR			
	J.P.	60439	LEMONT	LA GRANGE MEMORIAL	E. VIZINAS-INTERNAL MED		
	M.G.	60501	SUMMIT	LA GRANGE MEMORIAL			
	J.L.	60527	WILLOWBROOK	HINSDALE HOSPITAL	M. KOHLI-INTERNAL MED		
	M.S.	60334	LYONS	LOYOLA UNIV MED CTR	M. WISE-INTERNAL MED		
	J.C.	60525	LA GRANGE	HINES VA HOSPITAL	S. NYAEME-GERIATRICIAN		
	TOTAL NEW RESIDENTS = 11		TOTAL PATIENT DAYS = 3747				



Meadowbrook Manor - LaGrange  
Admission, Patient Origin, Referring Origin and Patient Days  
by Month  
(2 Years Ending December 2010)

	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
Feb-10	J.K.	60620	CHICAGO			PROVIDENCE HC-PALOS HTS
	B.P.	60527	BURR RIDGE	MAC NEAL HOSPITAL		
	M.C.	60608	CHICAGO	UNIV OF IL @ CHICAGO HOSP		
	R.A.	60513	BROOKFIELD	LA GRANGE MEMORIAL		
	T.J.	60513	BROOKFIELD	LA GRANGE MEMORIAL		
	A.P.	60402	BERWYN	MAC NEAL HOSPITAL		
	M.Q.	60525	HOGKINS	LA GRANGE MEMORIAL	T. ROHAIL-INTERNAL MED	
	A.F.	60513	BROOKFIELD	LA GRANGE MEMORIAL	M. GLICK-INTERNAL MED	LEXINGTON HCC-CHICAGO RIDGE
	R.H.	60638	CHICAGO			
	C.G.	60459	BURBANK	LA GRANGE MEMORIAL	D. HUNTER-SMITH-INTERNAL MED	
TOTAL NEW RESIDENTS = 10			TOTAL PATIENT DAYS = 3499			
Mar-10	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
	M.D.	60525	COUNTRYSIDE	LA GRANGE MEMORIAL	S. JONG-INTERNAL MED	
	C.J.	60525	HODGKINS	LA GRANGE MEMORIAL	M. KOHL-INTERNAL MED	HERITAGE WOODS-BOLINGBROOK
	R.C.	60440	BOLINGBROOK			
	M.M.	60402	BERWYN	MAC NEAL HOSPITAL		
	R.L.	60626	CHICAGO	WEISS MEMORIAL		RESPIRE STAY
	C.B.	60162	HILLSIDE			
	E.O.	60612	CHICAGO	NORWEGIAN AMERICAN		
	A.C.	60482	WORTH	LA GRANGE MEMORIAL		
	TOTAL NEW RESIDENTS = 8			TOTAL PATIENT DAYS = 3815		
10-Apr	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
	J.M.	60477	TINLEY PARK			LEXINGTON HCC-LA GRANGE
	E.M.	60510	BATAVIA			HERITAGE WOODS OF BATAVIA
	D.P.	60513	BROOKFIELD	LOYOLA UNIV MED CTR	S. NYAEME-GERIATRICIAN	
	A.M.	60623	CHICAGO	MAC NEAL HOSPITAL	T. ROHAIL-INTERNAL MED	
	E.M.	60548	N. RIVERSIDE			PROVIDENCE HC & REHAB HOME
	G.C.	60006	CHICAGO			
	R.B.	60513	BROOKFIELD	LA GRANGE MEMORIAL	M. KOHL-INTERNAL MED	
	P.L.	60458	JUSTICE	LA GRANGE MEMORIAL	M. KOHL-INTERNAL MED	
	M.C.	60707	ELMWOOD PARK	RUSH OAK PARK HOSPITAL		
	A.P.	60402	BERWYN	MAC NEAL HOSPITAL		
	L.D.	60202	EVANSTON	ST. FRANCIS HOSPITAL		
	TOTAL NEW RESIDENTS = 11			TOTAL PATIENT DAYS = 3708		
May-10	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
	B.R.	60632	CHICAGO	RML SPECIALTY HOSPITAL		
	G.G.	60302	OAK PARK		S. NYAEME-GERIATRICIAN	FAIRVIEW BAPTIST HOME
	L.M.	60804	CICERO	MAC NEAL HOSPITAL		
	A.M.	60526	LA GRANGE PARK	LA GRANGE MEMORIAL	T. ROHAIL-INTERNAL MED	
	E.K.	60707	ELMWOOD PARK	MAC NEAL HOSPITAL		
	M.K.	60638	CHICAGO		P. PUNJAB-INTERNAL MED	LEXINGTON HCC-LA GRANGE
	M.Z.	60516	OWNERS GROVE			FAIRVIEW BAPTIST HOME
	M.Y.	60525	LA GRANGE	HINSDALE HOSPITAL	T. ROHAIL-INTERNAL MED	
	TOTAL NEW RESIDENTS = 8			TOTAL PATIENT DAYS = 3716		
Jun-10	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
	D.G.	60463	PALOS HEIGHTS			MANOR CARE-PALOS HTS WEST
	W.P.	60513	BROOKFIELD	LA GRANGE MEMORIAL		
	B.P.	60513	BROOKFIELD			WESTMONT NURSING & REHAB
	J.P.	60638	CHICAGO	CHRIST MEDICAL CENTER		
	R.J.	60126	ELMHURST			ELMHURST MEM HH & HOSPICE
	L.O.	60804	CICERO	GOTTLIEB MEM HOSPITAL	M. KOHL-INTERNAL MED	
	R.S.	60154	WESTCHESTER	LA GRANGE MEMORIAL	L. POTEMPA-NEPHROLOGY	LEXINGTON HCC-LA GRANGE
	H.P.	60501	SUMMIT			
	B.P.	60459	BURBANK	LA GRANGE MEMORIAL	D. HUNTER-SMITH-INTERNAL MED	BRENTWOOD SUB-ACUTE HCC
	J.B.	60638	CHICAGO			
	TOTAL NEW RESIDENTS = 10			TOTAL PATIENT DAYS = 3385		
Jul-10	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
	F.A.	60154	WESTCHESTER	LOYOLA UNIV MED CTR		
	T.R.	60301	SUMMIT	GOOD SAMARITAN HOSP		BERKSHIRE NURSING & REHAB CTR
	S.B.	60402	BERWYN			
	E.N.	60525	LA GRANGE	LA GRANGE MEMORIAL	S. ELAHI-NEPHROLOGY	MANOR CARE-SOUTH HOLLAND
	R.C.	60419	DOLTON			COUNTRYSIDE CARE CENTRE
	G.M.	60502	AURORA			
	D.M.	60804	CICERO	RML SPECIALTY HOSPITAL		
	E.S.	60546	N. RIVERSIDE	LA GRANGE MEMORIAL	M. KOHL-INTERNAL MED	
	J.S.	60182	HILLSIDE			OAKRIDGE NURSING & REHAB
	R.B.	60182	HILLSIDE			OAKRIDGE NURSING & REHAB
	E.M.	60162	HILLSIDE			OAKRIDGE NURSING & REHAB
	J.R.	60429	HAZEL CREST			WATERFORD ESTATES-AL
	J.B.	60130	FOREST PARK		S. NYAEME-GERIATRICIAN	BRITISH HOME
	D.O.	60402	BERWYN			RESPIRE STAY
TOTAL NEW RESIDENTS = 14			TOTAL PATIENT DAYS = 3817			
Aug-10	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
	D.P.	60513	BROOKFIELD	LA GRANGE MEMORIAL		
	A.H.	60525	COUNTRYSIDE	LA GRANGE MEMORIAL	G. SIMON-INTERNAL MED	
	J.R.	60459	BRIDGEVIEW	LA GRANGE MEMORIAL	R. YALLAPRAGADA-INTERNAL MED	
	F.R.	60402	STICKNEY	MAC NEAL HOSPITAL		
	A.H.	60804	CICERO	LA GRANGE MEMORIAL		
	T.S.	60651	CHICAGO	WEST SUBURBAN MED CTR	R. YALLAPRAGADA-INTERNAL MED	
TOTAL NEW RESIDENTS = 6			TOTAL PATIENT DAYS = 3553			

Meadowbrook Manor - LaGrange  
Admission, Patient Origin, Referring Origin and Patient Days  
by Month  
(2 Years Ending December 2010)

	<u>RESIDENT</u>	<u>ZIP CODE</u>	<u>TOWN</u>	<u>REFERRING HOSPITAL</u>	<u>REFERRING MD/SPECIALTY</u>	<u>REFERRING SNF/SOURCE</u>
Sep-10	C.P.	60638	CHICAGO	LA GRANGE MEMORIAL	E. VIZINAS-INTERNAL MED	MORRAINE COURT
	F.R.	60455	BRIDGEVIEW		H. SABBAGH-INTERNAL MED	MANOR CARE-HINSDALE
	N.J.	60513	BROOKFIELD		S. NYAEME-GERIATRICIAN	
	D.S.	60480	WILLOW SPRINGS	PALOS COMM HOSPITAL		
	E.L.	60804	CICERO	LA GRANGE MEMORIAL	M. DESAI-INTERNAL MED	RESPITE STAY
	G.O.	60402	BERWYN			
	S.D.	60480	WILLOW SPRINGS	HINSDALE HOSPITAL	M. GLICK-INTERNAL MED	HOME
	S.H.	60525	LAGRANGE HLAND		M. DESAI-INTERNAL MED	
	J.K.	60629	CHICAGO	MAC NEAL HOSP TCU		
	M.D.	60458	JUSTICE	LA GRANGE MEMORIAL	M. KOHL-INTERNAL MED	
TOTAL NEW RESIDENTS = 10			TOTAL PATIENT DAYS = 3355			
Oct-10	R.B.	60153	MAYWOOD	HINSDALE HOSPITAL	T. ROHAIL-INTERNAL MED	
	R.D.	60525	LA GRANGE	LA GRANGE MEMORIAL	M. KOHL-INTERNAL MED	
	N.G.	60525	LA GRANGE	LA GRANGE MEMORIAL	D. HUNTER-SMITH-INTERNAL MED	
	M.M.	60638	CHICAGO	LA GRANGE MEMORIAL	S. NYAEME-GERIATRICIAN	MANOR CARE-HINSDALE
	Y.S.	60130	FOREST PARK			
	G.M.	60193	SCHAUMBURG	ALEXIAN BROS REHAB HOSP	G. SIMON-INTERNAL MED	
	E.O.	60402	BERWYN	MAC NEAL HOSPITAL		
	J.P.	60131	FRANKLIN PARK	HINES VA HOSPITAL		HOME
	J.R.	60938	CHICAGO			
	R.R.	60938	CHICAGO	LOYOLA UNIV MED CTR		
	D.D.	60638	CHICAGO	RUSH UNIV MED CTR		
	L.P.	60558	WESTERN SPRINGS		S. NYAEME-GERIATRICIAN	BURGESS SQUARE
	E.S.	60483	PALOS HTS	RML SPECIALTY HOSPITAL		
	C.S.	60638	CHICAGO	HINES VA HOSPITAL		
	M.N.	60611	CHICAGO	REHAB INST OF CHICAGO	S. NYAEME-GERIATRICIAN	WESTCHESTER HEALTH & REHAB
	T.W.	60402	BERWYN			
	C.I.	60154	WESTCHESTER	MORRIS HOSPITAL		
TOTAL NEW RESIDENTS = 17			TOTAL PATIENT DAYS = 3588			
Nov-10	R.M.	60632	CHICAGO	MAC NEAL HOSPITAL	P. PUNJABI-INTERNAL MED	
	L.T.	60130	FOREST PARK	LA GRANGE MEMORIAL	R. YALLAPRAGADA-INTERNAL MED	BRIGHTON GARDEN/ORLAND PARK
	I.C.	60467	ORLAND PARK			
	I.W.	60402	BERWYN	WEST SUBURBAN HOSPITAL		
	F.S.	60521	HINSDALE			MANOR CARE-HINSDALE
	E.L.	60440	BOLINGBROOK			MEADOWBROOK MANOR-BOLINGBROOK
	A.H.	60517	WOODRIDGE			MANOR CARE-HINSDALE
	D.F.	60804	CICERO	LA GRANGE MEMORIAL	M. DESAI-INTERNAL MED	
	P.R.	60482	ORLAND PARK	PALOS COMMUNITY		
	I.S.	60130	FOREST PARK		M. KOHL-INTERNAL MED	MANOR CARE-HINSDALE
	S.H.	60525	HODGKINS	LA GRANGE MEMORIAL	D. HUNTER-SMITH-INTERNAL MED	
	M.D.	60526	LA GRANGE PARK	MAC NEAL HOSPITAL	M. DESAI-INTERNAL MED	
	TOTAL NEW RESIDENTS = 12			TOTAL PATIENT DAYS = 3529		
Dec-10	C.L.	60513	BROOKFIELD	LA GRANGE MEMORIAL		
	M.A.	60526	LA GRANGE PARK	LA GRANGE MEMORIAL	M. KOHL-INTERNAL MED	
	A.G.	60804	CICERO			MAC NEAL TCU
	L.V.	60457	HICKORY HILLS			MANOR CARE-HINSDALE
	M.S.	60528	LA GRANGE PARK	LA GRANGE MEMORIAL		
	W.J.	60163	BERKELEY		M. KOHL-INTERNAL MED	VILLA SCALABRINI
	J.L.	60513	BROOKFIELD	LA GRANGE MEMORIAL	R. YALLAPRAGADA-INTERNAL MED	
	A.O.	60134	WESTCHESTER	HINSDALE HOSPITAL		
	A.O.	60455	BRIDGEVIEW	LA GRANGE MEMORIAL	R. YALLAPRAGADA-INTERNAL MED	
	C.A.	60521	HINSDALE	HINSDALE HOSPITAL		
	L.E.	60523	OAK BROOK	HINSDALE HOSPITAL		
	E.V.	60402	STICKNEY	MAC NEAL HOSPITAL	T. ROHAIL-INTERNAL MED	HOME
	A.D.	60525	LA GRANGE			
	R.U.	60513	BROOKFIELD	LA GRANGE MEMORIAL	O. FRUMKIN-INTERNAL MED	
TOTAL NEW RESIDENTS = 14			TOTAL PATIENT DAYS = 3744			

**2010 ADMITS/RE-ADMITS**

JANUARY	ADMITS=11	RE-ADMITS=21	TOTAL=32
FEBRUARY	ADMITS=10	RE-ADMITS=17	TOTAL=27
MARCH	ADMITS=8	RE-ADMITS=20	TOTAL=28
APRIL	ADMITS=11	RE-ADMITS=19	TOTAL=30
MAY	ADMITS=8	RE-ADMITS=16	TOTAL=24
JUNE	ADMITS=10	RE-ADMITS=20	TOTAL=30
JULY	ADMITS=14	RE-ADMITS=14	TOTAL=28
AUGUST	ADMITS=6	RE-ADMITS=19	TOTAL=25
SEPTEMBER	ADMITS=10	RE-ADMITS=13	TOTAL=23
OCTOBER	ADMITS=16	RE-ADMITS=11	TOTAL=27
NOVEMBER	ADMITS=12	RE-ADMITS=10	TOTAL=22
DECEMBER	ADMITS=14	RE-ADMITS=29	TOTAL=43
<b>YEAR END</b>	<b>ADMITS=130</b>	<b>RE-ADMITS=209</b>	<b>TOTAL=339</b>

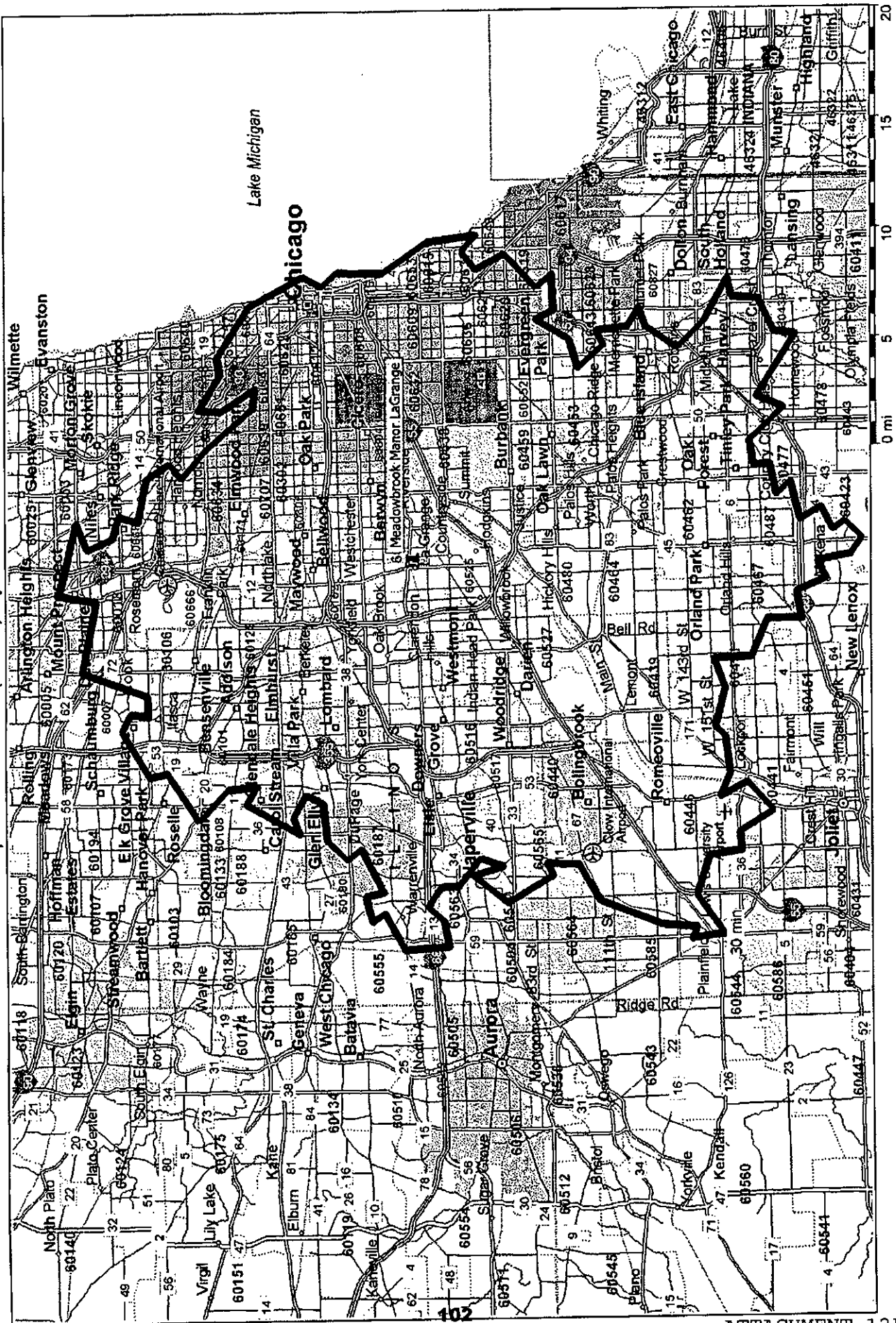
**2009 ADMITS/RE-ADMITS**

JANUARY	ADMITS=13	RE-ADMITS=27	TOTAL=40
FEBRUARY	ADMITS=16	RE-ADMITS=21	TOTAL=37
MARCH	ADMITS=11	RE-ADMITS=25	TOTAL=36
APRIL	ADMITS=12	RE-ADMITS=16	TOTAL=28
MAY	ADMITS=8	RE-ADMITS=18	TOTAL=26
JUNE	ADMITS=14	RE-ADMITS=19	TOTAL=33
JULY	ADMITS=8	RE-ADMITS=31	TOTAL=39
AUGUST	ADMITS=5	RE-ADMITS=21	TOTAL=26
SEPTEMBER	ADMITS=14	RE-ADMITS=15	TOTAL=29
OCTOBER	ADMITS=12	RE-ADMITS=18	TOTAL=30
NOVEMBER	ADMITS=11	RE-ADMITS=18	TOTAL=29
DECEMBER	ADMITS=9	RE-ADMITS=34	TOTAL=43
<b>YEAR END</b>	<b>ADMITS=133</b>	<b>RE-ADMITS=263</b>	<b>TOTAL=396</b>

Meadowbrook Manor Admissions  
 Compared to the 30-minute Travel Time  
 for Two Year Period Ending December 2010

ZIP CODE	TOWN	30-Minute Travel Time		ZIP CODE	TOWN	30-Minute Travel Time	
		Within	Outside			Within	Outside
49441	MUSKEGON, MI		1	60510	BATAVIA		1
60018	DES PLAINES	In	1	60513	BROOKFIELD	In	23
60104	BELLWOOD	In	1	60516	DOWNERS GROVE	In	2
60126	ELMHURST	In	1	60517	WOODRIDGE	In	1
60130	FOREST PARK	In	4	60521	HINSDALE	In	2
60131	FRANKLIN PARK	In	1	60523	OAK BROOK	In	2
60142	HUNTLEY	Out	1	60525	LaGrange	In	33
60153	MAYWOOD	In	2	60526	LA GRANGE PARK	In	9
60154	WESTCHESTER	In	6	60527	BURR RIDGE	In	5
60155	BROADVIEW	In	1	60534	LYONS	In	7
60160	MELROSE PARK	In	2	60546	N. RIVERSIDE	In	9
60162	HILLSIDE	In	6	60558	WESTERN SPRINGS	In	2
60163	BERKELEY	In	2	60559	WESTMONT	In	1
60164	MELROSE PARK	In	2	60561	DARIEN	In	2
60187	WHEATON	In	1	60607	CHICAGO	In	1
60193	SCHAUMBURG	Out	1	60608	CHICAGO	In	3
60202	EVANSTON	Out	3	60609	CHICAGO	In	1
60402	BERWYN	In	20	60611	CHICAGO	In	1
60406	BLUE ISLAND	In	1	60612	CHICAGO	In	1
60419	DOLTON	Out	1	60616	CHICAGO	In	1
60429	HAZEL CREST	In	1	60618	CHICAGO	Out	1
60430	HOMERWOOD	In	1	60620	CHICAGO	In	1
60432	JOLIET	Out	1	60623	CHICAGO	In	2
60436	ROCKDALE	Out	1	60626	CHICAGO	Out	1
60439	LEMONT	In	4	60629	CHICAGO	In	2
60440	BOLINGBROOK	In	2	60632	CHICAGO	In	4
60445	MIDLOTHIAN	In	9	60636	CHICAGO	In	2
60457	HICKORY HILLS	In	1	60638	CHICAGO	In	18
60458	JUSTICE	In	7	60645	CHICAGO	Out	1
60459	BURBANK	In	3	60646	CHICAGO	Out	1
60462	ORLAND PARK	In	1	60647	CHICAGO	In	1
60463	PALOS HEIGHTS	In	3	60651	CHICAGO	In	1
60467	ORLAND PARK	In	1	60652	CHICAGO	In	2
60471	RIGHTON PARK	Out	1	60707	ELMWOOD PARK	In	2
60477	TINLEY PARK	Out	1	60804	CICERO	In	9
60480	WILLOW SPRINGS	In	3	61032	FREEPORT	Out	1
60482	WORTH	In	1	62812	BENTON	Out	1
60501	SUMMIT	In	7				
60502	AURORA	Out	1	264			
			95				150
			12				245
							93%
							7%

# Population: total (2007) by ZIP Code



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Zip Code and Population Data  
for  
30-Minute Travel Time

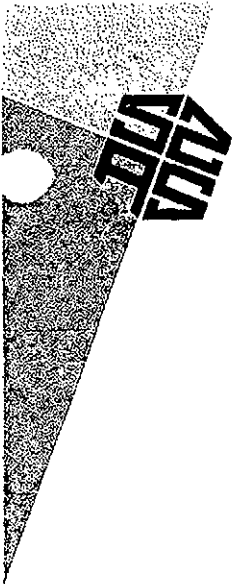
<u>ZIP Code</u>	<u>Population: total (2007) by ZIP Code</u>	<u>ZIP Code</u>	<u>Population: total (2007) by ZIP Code</u>
60018	28,886	60515	27,520
60101	38,735	60516	33,675
60104	19,583	60517	31,546
60106	23,175	60521	19,178
60126	45,966	60523	9,394
60130	15,010	60525	30,693
60131	18,303	60526	12,623
60137	39,513	60527	28,548
60139	32,598	60532	28,878
60141	238	60534	9,960
60143	9,922	60540	44,106
60148	52,294	60546	15,088
60153	25,678	60558	11,945
60154	15,770	60559	26,008
60155	8,011	60561	24,109
60157	2,958	60565	44,030
60160	21,930	60601	6,553
60162	7,831	60602	853
60163	4,916	60603	423
60164	21,045	60604	348
60165	4,910	60605	17,879
60171	10,048	60606	2,011
60176	11,521	60607	19,240
60181	31,362	60608	83,243
60187	64,065	60609	76,898
60191	14,157	60610	54,860
60301	2,008	60611	26,878
60302	30,985	60612	41,693
60304	17,017	60614	64,007
60305	11,098	60615	43,859
60402	57,981	60616	51,579
60406	24,476	60619	72,597
60415	13,606	60620	81,261
60426	33,837	60621	45,284
60428	12,187	60622	78,448
60429	15,679	60623	113,167
60430	19,543	60624	44,942
60439	21,593	60629	109,898
60440	60,908	60631	27,482
60445	25,408	60632	85,858
60446	28,447	60634	72,867
60452	27,513	60636	48,539
60453	53,325	60637	55,455
60455	15,282	60638	54,048
60456	4,185	60639	89,836
60457	12,736	60644	57,681
60458	13,648	60647	96,444
60459	26,717	60651	74,934
60462	37,919	60652	37,044
60463	13,486	60653	35,769
60464	10,332	60654	3
60465	17,563	60655	28,055
60467	24,284	60656	26,469
60469	4,827	60661	7,081
60472	6,500	60666	-
60480	5,200	60706	21,587
60482	10,316	60707	41,489
60487	22,859	60803	22,436
60490	16,974	60804	81,992
60501	10,882	60805	19,723
60513	18,426	Total	1,305,856
60514	9,684		

Source: Microsoft MapPoint North America 2009.

**MEADOWBROOK MANOR LA GRANGE  
13 MONTHS OF ADMISSIONS THROUGH APRIL 2010**

ADMITTED FROM	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	TOTAL
Aden														0
Dallard Nursing Center	1													1
Brentwood Health Care					1									1
British Home			1				1		1					3
Central DuPage Hospital														0
Christ Hospital														0
Edward Hospital														0
Eimhurst Memorial Hospital														0
Evergreen HC Center								1						1
Fairview Baptist Home						2								2
Good Samaritan Hospital			1					1						2
Gottlieb Hospital							1							1
Hillcrest Healthcare						1								1
Hines VA Hospital				1						1				2
Hinsdale Hospital		1	1				1			1				4
Holy Cross Hospital									1					1
Holy Family Med Ctr					1									1
Home		1	1	2	1		1		1			2	2	11
Hospice		1	1					1	1					4
Ingalls Memorial Hospital														0
La Grange Mem Hospital	3	1	4	3		2	2	2	2	4	5	3	2	33
Lee Manor														0
Lemont Nursing & Rehab								1						1
Lexington		1		1		1	1		1	1	1		1	8
Little Co of Mary Hospital														0
Loyola Univ Med Ctr						3				2			1	6
JacNeal Hospital	5	1	2			2	2	4		1	2	1	2	22
Manor Care	2		2		1	1		1						7
MM-Bolingbrook														0
MM-Naperville														0
Metro South Hospital														0
Mt. Sinai Hospital		1					1							2
Norwegian American Hosp												1		1
Out of state	1													1
Palos Comm Hospital							1							1
Provena Mercy Hospital														0
Providence HC & Rehab					1						1		1	3
RML Specialty Hospital									1					1
Rush-Oak Park Hospital						1							1	2
Rush Univ Med Ctr		1	1						1					3
St. Francis Hospital													1	1
St. James Hospital						1								1
Stroger Hospital										1				1
University of Chicago Hosp				1							1			2
University of IL @ Chicago														0
West Ridge Rehab Ctr							1							1
Weiss Memorial Hospital												1		1
<b>TOTAL</b>	<b>12</b>	<b>8</b>	<b>14</b>	<b>8</b>	<b>5</b>	<b>14</b>	<b>12</b>	<b>11</b>	<b>9</b>	<b>11</b>	<b>10</b>	<b>8</b>	<b>11</b>	<b>133</b>





**PROJECT DEVELOPMENT NARRATIVE  
MEADOWBROOK MANOR  
LaGRANGE, ILLINOIS**

**Facility Background Information:**

Meadowbrook Manor in LaGrange, Illinois is currently licensed for a 197 bed nursing facility. The nursing home is housed in a structure constructed in 1911, which was originally designed as an orphanage of the Illinois Masonic Children's Home. The existing home is a three-story structure with the ground floor elevated 6 feet above grade and the basement level is located 4 feet below grade. The three story center structure is connected to a south and north wing that house the majority patient rooms while the center core houses patient and administrative space on the basement and first floor and patient rooms on the second floor. The third floor of the center structure is not used since it has no access by an elevator. A wing to the east contains the Kitchen and Dining Room while additional buildings on the property contain the mechanical plant, electrical service and laundry. The remote structures are connected to the main structure by means of underground tunnels.

**Structure Deficiencies:**

In the mid-1960's the building was sold by the Illinois Masonic Children's Home and converted into a nursing home. Due to the layout and limitations of the existing structure over half the patient room share a bathroom and many of the patients are housed in three and four bed rooms. The 'E' floor layouts require the use of 7 nursing stations to supervise the care of the residents. There are two elevators in the facility but only one services the 3<sup>rd</sup> floor.

Because of the elevated first floor there are no handicapped accessible public entrances or exits. In order for a handicapped individual to access the building they must access the facility through the employee/ loading dock by the Kitchen on the east side of the facility. None of the public facilities or patient toilets are handicapped accessible and cannot be renovated to compliance with reducing the size of the patient room rendering some non compliant as patient rooms.

The existing structure was adapted as a nursing home from a structure that was design for another use. The north and south wings were originally connected at the second floor only but later in-filled to connect the first floors. Because the floor elevations of the three original structures were not constructed at the same elevation interior ramps exist to connect the floor level. Because of access issues, meals not served in the first floor Dining Room must be transported out of the kitchen outdoors and then back into the facility after accessing the elevators.

Over the years water has infiltrated the exterior masonry façade, which is resulting in deterioration of the metal ties and is causing masonry failure. Leaks have caused this failure and additional collapse of portions of the elaborate copper gutter system and subsequent failure of the tile roofing. The existing chilled water/hot water system dates back to 1911 and requires constant maintenance to keep the plant in operation. Transporting clean and soiled laundry thru a tunnel system is antiquated and time consuming and labor intensive.

Renovation of the facility into a state of the art nursing home would be extremely difficult given the fact that the building was constructed with a cast-in-place concrete floor and column system. There are no surviving construction documents of the existing facility so the exact composition of the structural elements is unknown making extensive floor layout changes next to impossible and/or prohibitive in cost. Even if this could somehow be over come with x-raying all the structure elements construction would need to be sequenced to allow for simultaneous construction on portions of all three floors at the same time. This would require the relocation or discharge of present residents in order to provide isolated work segments making the facility uneconomical to operate. Further complicating the matter would be the need to provide and maintain at all times two fire exits from each floor without the creation of any 'dead end' corridors.

### PROPOSED PROJECT

The proposed project would be a combination of new construction and the renovation the architecturally significant portion of the existing structure.

The project would be constructed in a series of continuous phases over a 24-month period. The initial Phase would involve consolidating all the residents in the north and center structure and demolishing the south wing and the Kitchen wing. Food service would be provided by means of an outside vendor. With the two existing elements removed, a new 'T' shaped three story facility would be constructed. There would be a lower level that will house the new Kitchen, Mechanical and Electrical facilities. Laundry, Staff facilities, Storage and limited Patient Activity and Therapy functions will also be located in the lower level. The first floor will contain Administration, Patient Therapy and Activities as well as a Nursing unit containing 40 Patient Rooms – 22 private room & 18 semi-private rooms for a total bed count of 58. The second floor will have 45 Patient Rooms – 22 private rooms & 23 semi-private rooms for a total bed count of 68. The third floor will have 46 Patient Rooms – 21 private rooms & 25 semi-private rooms for a total bed count of 71. The new facility will have a bed count of 197 beds with almost 50% of the beds in private rooms.

Once the 'T' shaped building is completed and approved for occupancy by IDPH, all the patients in the existing center structure and the north wing would be transferred to the new building. Once the transfer is completed the north wing will be demolished and the first and second floors of the remaining existing center structure would be remodeled into Patient Activity/ Treatment areas as well as additional Administrative uses. Simultaneously the exterior of the remaining structure will be repaired, windows replaced, roofing repaired and/or replaced and a new mechanical/electrical system installed throughout both floors.

After all the construction and remodeling activities are completed, all areas of the facility will be handicapped accessible. Each patient room will have an adjoining toilet for the exclusive use of each individual room and designed to be handicapped accessible.



**MEADOWBROOK MANOR  
LaGRANGE, ILLINOIS**

**EXISTING BUILDING DEFICIENCIES AND CORRECTION COST ESTIMATE**

**BUILDING HISTORY**

Meadowbrook Manor located in LaGrange, Illinois is currently licensed as a 197 bed nursing facility. The nursing home occupies a structure constructed in 1911 and that was originally designed as an orphanage for the Illinois Masonic Children's Home. The existing home is a two & three-story structure. The ground floor is elevated 6 feet above grade and the basement is located 4 feet below grade. An addition to the north wing was constructed in 1927 and a kitchen addition was added in the 1960's.

The building has a layout similar to an 'E'. Radiating from the three-story center core are three wings with a basement under the entire structure. The basement contains patient activity and treatment areas as well as administrative, support and storage spaces. Feeding into the basement is a tunnel system connecting the main structure with an outlying building which contains the boiler/mechanical room, emergency generator and the main electrical distribution panels. The first floor of the center core contains administrative and patient activity areas, a Dining Room and Kitchen as well as nursing units in the wings to the north and south. The second floor contains 4 nursing units in located in the 3 wings. The third floor of the north wing contains the 7<sup>th</sup> nursing unit and is not connected to the third floor in the center core. The third floor of the center core was originally constructed as an auditorium with a raised stage and support spaces. This space appears to have never been used for any nursing home functions due to the fact that there is no elevator access and the existing floor space layout. The south wing is only two stories.

When originally constructed the north and south wings were connected to the center core by a connecting corridor at the second floor and there was no structure extended from the center core to the east. When the property was sold in the mid-1960's it was converted to a nursing home, the north and south wings were connected to the center core at all levels, including the basement, and an east wing was added which presently contains the Dining Room and Kitchen. Because the ground floors of the original three structures did have the same floor elevations internal ramps connect the buildings.

With the exception of normal maintenance and some recent decoration of the first floor public spaces by the new Ownership the original facility remains unchanged. The internal systems date back to the 1911/1927/1960's facility and need modernization. The building exterior skin needs repair and/or replacement. The 1960's conversion resulted in a layout requiring 7 nursing station which cannot be changed due to the 'E' shape layout of the building, the need to provide visual control of the resident rooms and travel distance requirements. There are 82 existing patient room with 46 of the patient room share a toilet. In some instances a 2-bed room and a 3-bed room share a common toilet. Of the 82 patient rooms 12 are 3-bed room and 17 are 4-bed rooms. None of the 12 rooms and 31 beds in the South wing are presently being used due the size and configuration of the existing nursing units and the fact that 1<sup>st</sup> and 2<sup>nd</sup> floor units in the south wing have no dining rooms, living rooms or clean and soiled utility rooms. None of the existing patient rooms or toilets throughout the entire facility is handicapped accessible and neither are any of the entrances or exits.

Renovation of the nursing units to provide only single and semi-private rooms as well as handicapped accessible rooms and toilets will require the total interior demolition of each floor and will result in a reduced bed count of 109 beds for the North and Center wings, due to the need to construct the new work in compliance with the all the new construction standards of the State Administrative Code, Title 77 Subchapter c Part 300.

Rooms will have to be designed to meet the area and clearance standards, the corridors will need to be expanded to a minimum of 8 feet wide, nursing stations will need to be repositioned to provide direct visual control and assisted bathing will need to be expanded just to name a few of the requirements that need to be accommodated on the renovated floors as well as providing for staff and patient support service spaces. Accommodating all of these requirements not only reduces the patient bed capacity but still results in the need for at least 4 nursing stations.

The South two-story wing has existing physical constraints that make renovating this wing impractical. The corridor accessing this wing is less than 8 feet wide and cannot be expanded due to the fact that the corridor is between the elevator and stair on one side and the exterior wall on the other. There is also another stair, at the east end of the unit that projects into the floor and prevents remodeling the nursing unit to obtain direct visual control from a nursing station. The existing stair location would limit the nursing unit to no more than 8 beds. The present nursing unit in this wing has no Dining or Living Room or any of the other support spaces required for a nursing unit. Because of the limited size of the south wing none of the code required activity and support spaces can be accommodated and still attain a viable nursing unit. Therefore this wing is impractical and uneconomical to renovate and use.

Renovation in any portion of the existing building will be difficult and expensive due to the fact that there are no construction documents available for the original structure. The very nature of the existing structure, which is cast-in-place concrete, will impact on the ability to penetrate the existing floor and roof with new shafts, ducts, plumbing piping and risers and electrical conduit runs. Ignoring the massive loss of patient beds renovation of the existing facility would require working on all three floors simultaneously in order to install new plumbing, electrical and HVAC systems. Work for these trades must be constructed both vertically and horizontally requiring sections of all 3 floors to be vacated. Vacating portions of all 3 floors raises the question of where to relocate the present patients since the facility does not have suitable float space to house any patients. Further complicating any type of renovation project would be the need to remove any hazardous materials such as plaster, pipe insulation, paint and flooring before any significant work could take place.

The existing facility is costly to operate and inefficient due to the needed heat and cool unusable spaces to prevent frozen and ruptured water piping in the winter and excessive heat during the summer months. Additionally lack of insulation in the exterior walls, due to the 1911 construction standards and insufficient roof insulation increase the operation costs of the building systems. The exterior masonry walls are exhibiting evidence of ongoing corrosion of concealed tie supports, which will require extensive rehabilitation and tuckpointing. There is significant visual evidence showing that water has penetrated the exterior walls has resulting in the deterioration and spalling of the interior plaster walls. The roofing system has failed in many locations and has been patched but in reality need to be stripped off and replaced. Patient rooms and activity/treatment areas have no ducted ventilation air instead rely on windows to provide the outside air because that was the standard when the conversion took place in the 1960's. During the winter months or warm summer months no outdoor air can be introduced into the facility.

## RENOVATION

In order to correct these and other deficiencies and well as bring the facility up to some semblance of a modern efficient nursing facility will require extensive and expensive renovation. A scope of work and an estimated budget is attached. The ability to actually carry out the extensive work and still maintain full occupancy levels is highly questionable due to the need to vacate vertical portions of the existing building to be able to run new systems and the need to always provide two accessible fire exits from each floor while complying with all life safety regulations.

A summary and projected cost for the renovation work is included as a separate attachment. The project will have a direct construction cost of \$15,140,629.00 plus soft costs of about 20% to cover required expenditures such as consultant and professional fees, financing, construction interest, and patient relocation/transportation expenses. With a renovated building containing 109 to 125 patient beds the cost per bed exceeds the cost per bed of a new facility while still being located in a 1911 era structure and all the inherent future issues of a 99-year-old building.

**MEADOWBROOM MANOR - LaGRANGE  
EXISTING FACILITY RENOVATION BUDGET ESTIMATE**

**BUILDING EXTERIOR:**

<b>Remove and replace flat roof with new single ply EPDM roofing, Install 6" avg. tapered insulation</b>	\$65,000.00
<b>Remove and replace existing tile roofing with new cement tile roofing, underlayment and flashing. Replace sheathing as required</b>	\$275,000.00
<b>Repair and/or replace existing cooper gutter and downspouts.</b>	\$80,000.00
<b>Tuckpoint and clean exterior masonry and limestone. Replace any damaged sections and support ties.</b>	\$75,000.00

**SITE:**

<b>Remove and resurface parking lots &amp; drives.</b>	
1. Demo/grading 2,785 sy @\$7.80	\$21,723
2. 12" Base course - 5,220 sy @ \$21.50	\$112,230
3. 4 1/2" Wear & Binder - 5,220 sy@\$17.35	\$90,567
4. 675LF or curb/gutter@ \$17.85	\$12,049
5. New side walks - 1,550 sf @ \$5.75	\$8,912
<b>New parking lot lighting.</b>	
10 -35' high pole, luminaire, concrete base, and wiring @ \$5600 ea.	\$56,000
<b>New directional signs.</b>	
Assume 4 illuminated signs	\$12,000
<b>Construct new outdoor patio &amp; garden areas for patients.</b>	
Includes new 5' high fencing & gates, walks, hard surface seating area,landscaping, etc.	\$50,000

**INTERIOR:**

<b>New elevator to access 3rd floor - North wing</b>	\$125,000.00
<b>Extend north elevator to access 3rd floor -Center</b>	\$75,000.00
<b>Remove &amp; dispose of hazardous material</b> Includes paint, flooring, plaster and pipe insulation.	\$800,000.00

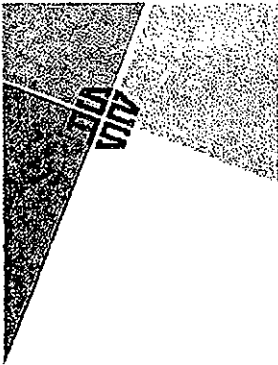
MEADOWBROOM MANOR - LaGRANGE  
EXISTING FACILITY RENOVATION BUDGET ESTIMATE

<p><b>Remove and replace existing 2-pipe hot &amp; chilled water heating/cooling system including boilers, chillers, pumps, piping and terminal room units.</b> Includes 2 new boilers &amp; pumps as well as ducted ventilation air for patient rooms and all other spaces required by codes 65,000 sf of bldg @ \$40 /sf</p>	2,600,000.00
<p><b>Replace fire sprinkler system due to remodeled floors</b> 65,000sf of bldg @\$5/sf</p>	325,000.00
<p><b>Replace electrical distribution system, new detection and support system, switchgear and distribution panels, new outlets, lighting, fire detection and alarm systems, etc.</b> <b>Replace emergency generator with new larger unit complying with latest standards and sized to operate NFPA 101- 2000 mandated systems</b> 65,000 sf of building @\$30/sf</p>	1,950,000.00
<p><b>Plumbing associated with remodeling of building .</b> Including new risers and waste lines, new bathroom, tub &amp; shower rooms, roof drain leaders,branch &amp; distribution piping. 65,000 sf of building @\$20/sf</p>	1,300,000.00
<p><b>New ramps and entrances/exits to make building handicapped accessible.</b> New ramps at front entrance and kitchen - approx 72' long each. Including heating cables, handrails, lighting and drainage.</p>	\$80,000.00
<p><b>New elevator cabs for 2 existing elevators and add fire recall feature to each elevator</b></p>	\$28,000
<p><b>Remodel each patient unit floor to provide separate toilet room for each patient room, provide nursing station visual control of corridors, eliminate all 3 and 4 bed rooms, new lighting, ceiling, support service rooms and finishes.</b> Includes remodeling of all public, patient and staff areas to bring building in compliance with State handicapped accessibility standards 65,000 sf of building @\$70/sf</p>	4,550,000.00

**MEADOWBROOM MANOR - LaGRANGE  
EXISTING FACILITY RENOVATION BUDGET ESTIMATE**

<b>New furnishings</b>	
125 beds @ \$4,000 per bed	\$500,000.00
<b>Sub-Total</b>	<b>\$13,191,481.00</b>
<b>Contingency</b>	1,319,148
<b>Premium Cost due to multi-phased construction</b>	630,000.00
<b>Preliminary Budget Estimate</b>	<b>\$15,140,629.00</b>
<b>Professional Fees @ 6.5%</b>	984,100
<b>Permit Fees</b>	120,000
<b>HUD Finance Costs, reserves, insurance, bond costs, etc.</b>	1,798,900
<b>Misc Other Soft Costs</b>	125,000
Including Zoning Attorney, CON Consultant, Surveys	
Soil Testing, Environmental Consultant, Filing Fees,	
Reimbursable Expenses, etc.	
<b>Project Management Fees</b>	150,000
<b>Total Project Preliminary Budget Estimate</b>	<b>\$18,318,629.00</b>

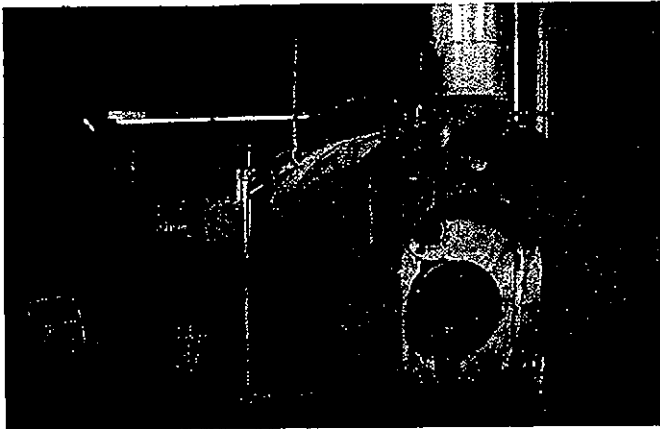
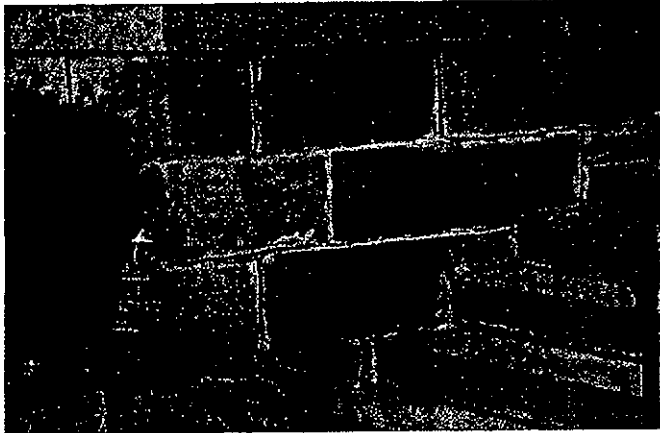
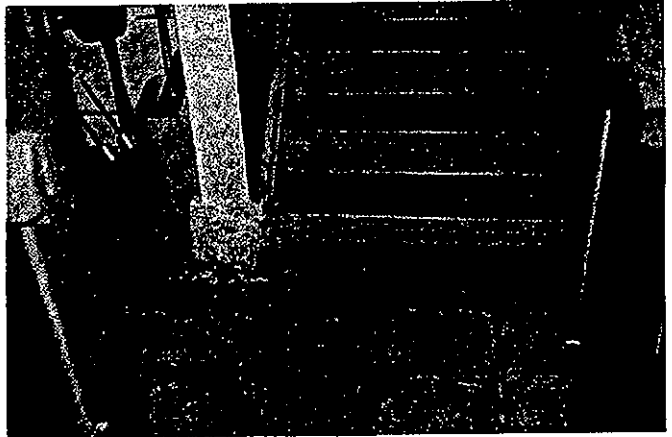


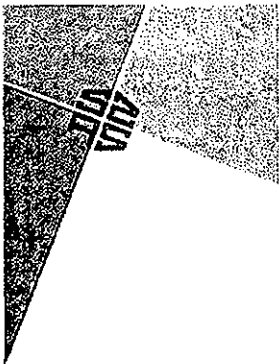


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## MEADOWBROOK MANOR LaGrange, Illinois

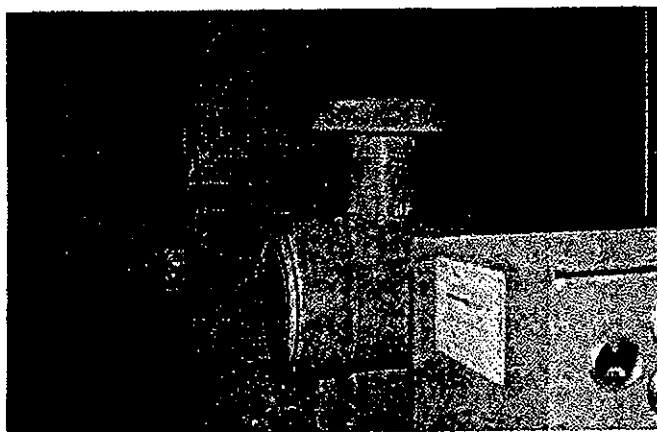
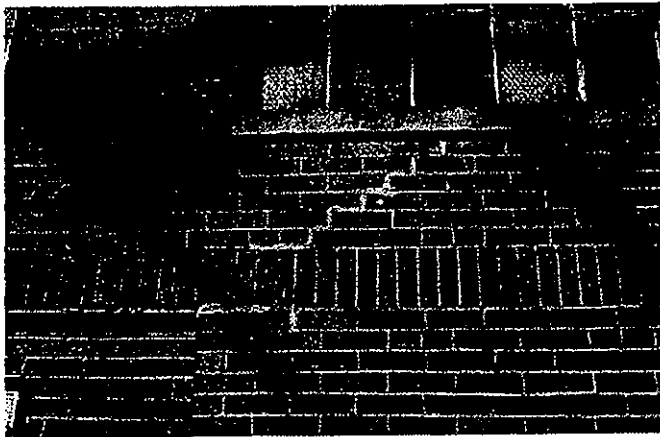
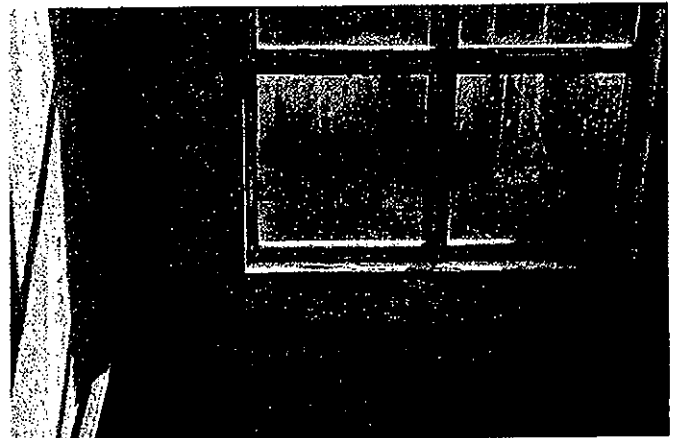
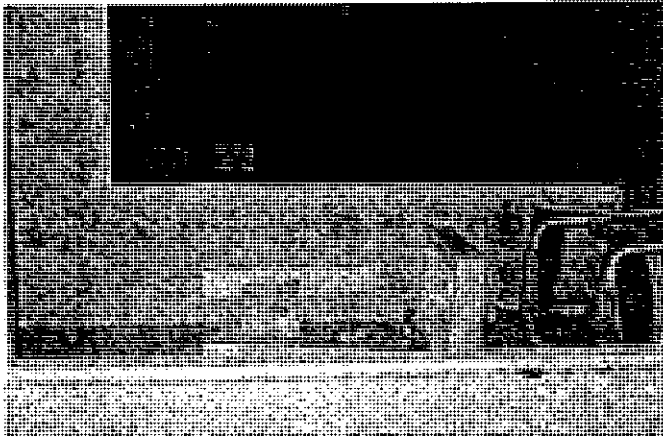


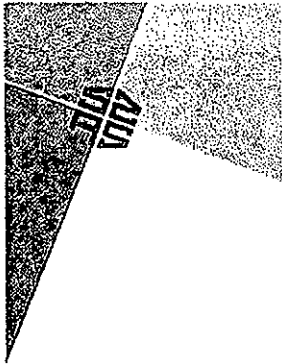


# SAS Architects & Planners

630 Dundee Road Northbrook, IL 60062 tel.: 847-564 1333 fax: 847-564 9989 www.sasarch.com

## MEADOWBROOK MANOR LaGrange, Illinois

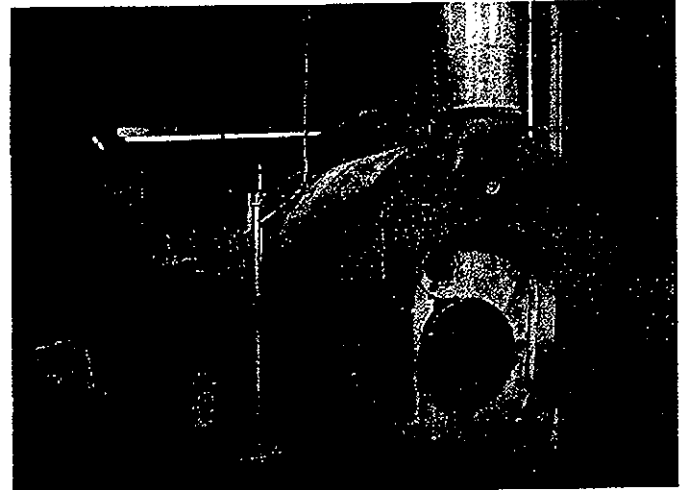
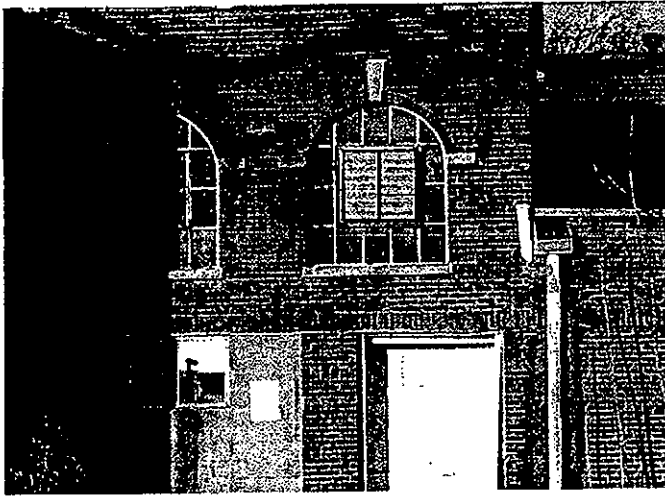




# SAS Architects & Planners

630 Dundee Road Northbrook, IL 60062 tel.: 847-564 8333 fax: 847-564 9989 www.sasarch.com

## MEADOWBROOK MANOR LaGrange, Illinois





Pat Quinn, Governor  
Damon T. Arnold, M.D., M.P.H., Director

525-636 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

October 15, 2010

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

David Shires, Administrator  
Meadowbrook Manor-LaGrange  
339 9th Avenue  
La Grange, IL 60525

REFERENCE: Provider #: 14-6093/0047274  
Cycle Date: August 13, 2010  
Survey Date: October 15, 2010  
Survey Type: Annual  
LSC Survey: August 25, 2010

Dear Mr. Shires:

On August 13, 2010, an inspection was conducted at Meadowbrook Manor-LaGrange by staff of the Illinois Department of Public Health to determine compliance with federal certification requirements for nursing homes participating in the Medicare/Medicaid programs. As a result of that inspection, the facility was determined to not be in "Substantial Compliance" with regulatory requirements as found in Title 42, Code of Federal Regulations. Written deficiencies and proposed remedies were sent to the facility in an initial notice and any amendments thereto dated August 27, 2010.

After review of all "Plans of Correction" related to those deficiencies, the Department conducted a revisit to the facility and determined that all previous deficiencies related to the "Health" portion of the survey had been corrected. (See Enclosure #5, "Post Certification Revisit Report", CMS form 2567B.)

Verification of correction of outstanding Life Safety Code deficiencies has not been completed as of this date. Following completion and processing of the Life Safety Code revisit, the facility will be notified whether or not remedies as proposed in the "Initial Notice" will be recommended for imposition.

If you have any questions concerning this notice, please contact my staff at (217) 782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

*Richard L. Dees*  
Richard L. Dees, Chief  
Bureau of Long-Term Care

cc: Centers for Medicare and Medicaid Services  
Illinois Department of Healthcare & Family Services  
Illinois Department on Aging  
Division of LTC-FO  
Charles Sheets, Registered Agent

File 2  
B7a/CM:cm

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ATTACHMENT-12D

Department of Health and Human Services  
Centers for Medicare & Medicaid Services

Form Approved  
OMB NO. 0938-0390

**Post-Certification Revisit Report**

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26884, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 145093	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/15/2010
---	--	------------------------------------

Name of Facility MEADOWBROOK MANOR - LAGRANGE	Street Address, City, State, Zip Code 339 9TH AVENUE LA GRANGE, IL 60525
--	--

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 09/09/2010	ID Prefix F0276 Reg. # 483.20(c) LSC	Correction Completed 09/01/2010	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 09/03/2010
ID Prefix F0325 Reg. # 483.26(i) LSC	Correction Completed 09/09/2010	ID Prefix F0329 Reg. # 483.25(i) LSC	Correction Completed 09/27/2010	ID Prefix F0365 Reg. # 483.35(d)(3) LSC	Correction Completed 09/10/2010
ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 09/07/2010	ID Prefix F0372 Reg. # 483.35(i)(3) LSC	Correction Completed 09/09/2010	ID Prefix F0406 Reg. # 483.45(a) LSC	Correction Completed 09/27/2010
ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 09/08/2010	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By S+ Agency Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 8/13/2010	Reviewed By	Date:	Signature of Surveyor:	Date:
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?			YES	NO

# PUBLIC HEALTH

Received  
9/1/2010  
SPM

Pat Quinn, Governor  
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

August 27, 2010

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

David Shires, Administrator  
Meadowbrook Manor-LaGrange  
339 9th Avenue  
La Grange, IL 60525

REFERENCE: Provider #: 14-6093/0047274  
Cycle Date: August 13, 2010  
Survey Date: August 13, 2010  
Survey Type: Annual & Complaint #1093156/TL48891  
LSC Survey: Under Separate Cover

Dear Mr. Shires:

On August 13, 2010, an inspection was conducted at Meadowbrook Manor-LaGrange by staff of the Illinois Department of Public Health to determine compliance with federal certification requirements for nursing homes participating in the Medicare/Medicaid programs. As a result of that inspection, the facility was determined to not be in "Substantial Compliance" with regulatory requirements as found in Title 42, Code of Federal Regulations. A Statement of Deficiencies is enclosed (See Enclosure #1). An explanation of the scope and severity assigned to each deficiency can be found on Enclosure #2.

The facility must submit a Plan of Correction (POC) for all deficiencies at the "B" level or higher. "A" deficiencies must be corrected, but do not require a written POC. All required POCs must be submitted to the Department within 10 days after receipt of the written "Statement of Deficiencies" (CMS Form 2567L). The POC cannot be submitted on the CMS-2567. Only the first page of the CMS-2567 must be submitted with the signature of the facility's representative and the date. The POC itself should be on separate sheets of paper which are attached to the first page of the CMS-2567. Please do not use proper names or trademarks in the POC. The POC is not to be used to dispute a deficiency or to make comments about the survey process. Information disputing a deficiency may be provided through the IDR process on separate sheets of paper, and comments about the survey process may be provided on the Provider Feedback Survey.

Each POC *must* include:

- Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice;
- How the facility will identify other residents having the potential to be affected by the same deficient practice;

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ATTACHMENT-12D

- The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur. The facility must look at the existing system and determine if a change is necessary to correct the deficiency. If a system does not exist or if a revision to an existing system is necessary, then the facility must develop one.
- Quality Assurance Plans to monitor facility performance to make sure that corrections are achieved and are permanent.
- Dates when corrective action will be completed. (To avoid remedies for this survey cycle, all deficiencies must be corrected no later than September 27, 2010).

Failure to submit a POC which includes the above-listed components within 10 days following receipt of the written "Statement of Deficiencies" may result in imposition of remedies, effective as soon as notice requirements are met.

Facilities with no deficiencies or deficiencies at the "A", "B", or "C" levels are considered to be in "Substantial Compliance" with the regulations and will continue to be certified. Facilities NOT in "Substantial Compliance", i.e., deficiencies at level "D" or above, may be subject to remedies, including:

- Denial of Payment for all new Medicare/Medicaid admissions;
- Denial of Payment for all current Medicare/Medicaid residents;
- Civil Money Penalties of up to \$10,000 per day per instance;
- Transfer of residents;
- Transfer of residents with facility closure;
- Termination of the provider agreement;
- Temporary management of the facility;
- State monitoring of the facility;
- Directed Plan of Correction;
- Directed In-Service training

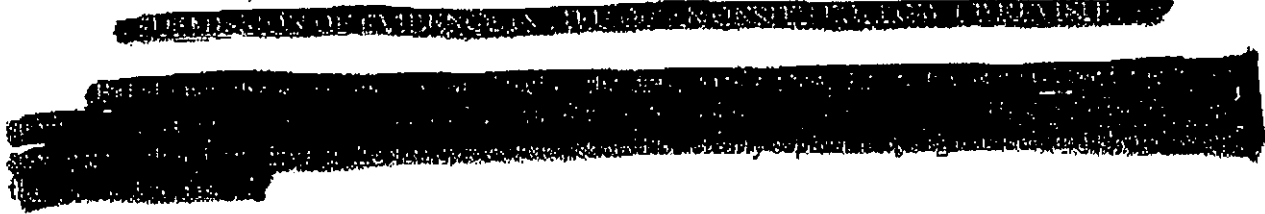
Those facilities that have not achieved "Substantial Compliance" within 3 months following the survey will be subject to mandatory Denial of Payment for all New Program Admissions and Mandatory Termination from the Medicare/Medicaid programs if "Substantial Compliance" is not achieved within six months following the survey:

As a result of the above-referenced survey, proposed remedies for this facility are the following:

- Directed Inservice Training

The facility will be allowed an "Opportunity to Correct" the cited deficiencies before remedies are actually imposed. If all deficiencies are found to be in "Substantial Compliance" by the opportunity to correct date, the Department will withdraw its proposal that remedies be imposed. If, however, upon revisit, "Substantial Compliance" with ALL regulations has not been achieved, the Department will impose or recommend to the federal Centers for Medicare and Medicaid Services (CMS) to impose the above-listed proposed remedies. The Department may also recommend or impose an increase or decrease in those proposed remedies based upon the results of the revisit. Generally, all imposed Civil Money Penalties will be effective from the date of the original survey and will accrue until the date the facility achieves "Substantial Compliance" with the regulations or is terminated from the Medicare/Medicaid programs.

An acceptable POC will also serve as the facility's "Allegation of Compliance" thereby signifying that the facility attests that it will be in "Substantial Compliance" with all federal certification requirements by the date stated in the above paragraph. The Department will presume that the facility will be in "Substantial Compliance" based upon the acceptable POC.

- 
- Put into place systemic changes as identified in its Plan of Correction to ensure that the deficient practices will not recur, and;
  - Initiated a program to monitor the continued effectiveness of its Plan of Correction.

Evidence of correction should include documentation such as copies of written policies and procedures, completed (i.e., filled out) monitoring sheets, outline of in-service programs, in-service attendance sheets, quality assurance monitoring reports, committee minutes, licenses or other credentials, invoices, receipts, photographs or other credible evidence.

If the evidence that the facility submits is determined by the Department to show correction of the deficiencies, an on-site health revisit will not be conducted. If the evidence does not prove correction, or is not submitted in a timely manner, an on-site revisit will be scheduled. Please submit the above evidence as soon as possible after the receipt of this notice.

If the Life Safety Code portion of an Annual survey has deficiencies that are not in substantial compliance, the enforcement cycle may still continue after review of evidence for the health portion of the survey. Remedies may be imposed based upon the Life Safety Code survey if the facility remains not in substantial compliance after the Life Safety Code revisit.

The facility may request an 'Informal Dispute Resolution' (See Enclosure #3) to challenge any deficiency that renders the facility not in substantial compliance ("D" or above). *The Informal Dispute Resolution process will not delay the effective date of any enforcement action!* If the facility requests an Informal Dispute Resolution without submitting an acceptable POC and the Department's decision, as a result of the dispute resolution process does not result in the deletion of the deficiency, please be advised that the Department will then proceed to impose or recommend imposition of the remedies.

Please submit all documents or other material relating to this survey to:

Illinois Department of Public Health  
Division of Long-Term Care, Quality Assurance  
525 West Jefferson Street, 5th Floor  
Springfield, IL 62761-0001  
Attn: Ted Zclinski



If you have any questions concerning this notice, please contact my staff at the address above or telephone 217-782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,



Richard L. Dees, Chief  
Bureau of Long Term Care

Enclosures

cc: IL Department Health Care and Family Services  
IL Department on Aging  
Division of LTC-FO  
Charles Sheets, Registered Agent  
File 2

A Evidence/CM:cm

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/13/2010
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525		
(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	
F 000	INITIAL COMMENTS  Annual Licensure and Certification Complaint Investigation #1093156/IL48891-No deficiency	F 000			
F 253 SS=D	LICENSURE SURVEY FOR SUBPART S: SMI 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to maintain the call system on 1 of 4 nursing units, failed to provide vacuum breakers in 3 of 3 janitor closets, failed to maintain the walls in the central supply, clean holding linen room and medical record storage rooms  Findings include:  On 8/11/10 during the environmental tour between 9:30 a.m. to 11:30 a.m. with E5 (Maintenance Director), the following noted:  1) The exterior doors on the East building, which houses the 1 North, 2 North and 3 North Units, were tested for exterior alarms and the result was there is no working alarm on these exits. One exit is from the basement stairwell adjacent to the auditorium and the other exit doors is off the stairwell to the 3 nursing units. E10 (receptionist) stated there is no camera monitor on these two doors. E10 has the cameras to the monitors at her desk along with exit alarm system. E10	F 253			

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

*David Shue*

TITLE

*Administrator*

(X6) DATE

*9/9/2010*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  148093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/13/2010
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525	
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F 253	Continued From page 1 confirmed that she did not know we had exited those doors into the patio areas for residents.  2) The call system on the 1 North was noted not to alarm at the central nurses' call located at the nurses' station. The call system was noted to alarm and light outside the corresponding rooms but it did not indicate which room on the central board. In fact, the central board was fixed on one room number, C103. E5 stated he had changed the phone last night to the call system and believes maybe that has something to do with it. The call light at the shower in the men's common bathroom on 1 North was noted not to stay on or light outside of the room when solely activated. If the toilet call light is activated first, the shower call light will stay on and activate outside the room.  3) In the 1st, 2nd and 3rd floor janitorial closets, there was a hose attached to the sink faucet which lead to chemicals. There was no back-flow device/vacuum breaker present at any of the sinks. E5 stated that the housekeepers do not use the chemicals. On 8/13/10 at 11:45 a.m., E5 stated the tubing was removed from the sinks.  4) In the medical record storage room and the central supply room, the plaster on the walls was crumbling with holes. The coving was missing. There were bubbles in the paint from water damage. The ceiling tiles were noted with dried brown, ringlets and black mold-like substances.  5) In the clean linen holding area, three quarters of the back wall was covered with a black, mold-like substance.	F 253		
F 276 SS=E	483.20(c) QUARTERLY ASSESSMENT AT LEAST EVERY 3 MONTHS	F 276		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/13/2010
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525		
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F 276	<p>Continued From page 2</p> <p>A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to perform dietary assessments in a timely manner for 6 residents (R3, R5, R9, R12, R13 and R15) in the sample size of 23. This failure has the potential to affect all 115 residents of the facility.</p> <p>Findings include:</p> <p>1) R9 is a 79 year old with diagnoses including Hypothyroidism, Deep Vein Thrombosis and Paranoid Personality. R9 has a history of developing edema in the legs and feet. R9 is alert and oriented to person and place and is able to state her needs. R9 often refuses to be touched by staff and reluctant to elevate her edematous legs during the day. R9 was admitted to the hospital in April, 2010 with nausea, severe abdominal pain and distension, and surgical service thought resident had an infarcted bowel but R9 refused any further work-up or surgical intervention. R9's weight record for April, 2010 showed an increase of 15 pounds.</p> <p>Review of the nutritional notes showed that the last notation was made Jan. 25, 2010, then the annual nutritional assessment was done June 14, 2010. There was no nutritional progress note to address R9's readmission to the facility in April, nor the 15 pound weight gain in April. This information was pointed out to E1 (Administrator).</p>	F 276			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/13/2010
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF OFFICIENCIES (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
F 276	<p>Continued From page 3</p> <p>E2 (Assistant Director of Nursing) and E3 (Director of Nursing) on 8/12/10 at 3:30 PM. On 8/13/10 at 1:00 PM, E2 stated that she could not find any additional dietary notes.</p> <p>2) R5 is an 88 year old awake and alert female with diagnoses of Diabetes Mellitus, Hypertension, Anemia Depression and Alzheimer's Disease.</p> <p>An annual nutritional assessment was completed by E12 (Food Service Director) on 4/16/10 and a quarterly assessment on 6/12/10 that stated a goal to continue stable weight. R5's weight on June 2010- 100.6# and July 2010 - 91.1#, indicated a weight loss of 9.5# and the weight between July 2010 (91.1#) and August 2010 = 85.6# showed a weight loss of 5.5#. There was no nutritional assessment or recommendation completed for the significant weight loss in July.</p> <p>On 8/12/10, a nutritional progress note did not address nor indicate any recommendation for the significant weight loss in July or August, nor was there a documentation indicating the physician was notified.</p> <p>On 8/10/10 at 1:00pm, E13 (restorative aide) provided the surveyor R5's weight for 8/2010 as 91.1# in July and 85.6# for 8/2010. The same weight information was written by E13 on the weight entry form under column "new value" for July and August.</p> <p>On 8/13/10 at 1:00pm, E2 (ADON) provided a re-weight documentation of 89.4#, "entered by E3 (DON) on 8/12/10." When asked why the information was not on the weight log, E2 stated E3 who is responsible for entering all residents'</p>	F 276		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/13/2010
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525	
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F 276	<p>Continued From page 4</p> <p>weights in the computer has not yet entered the weight in the computer.</p> <p>On 8/11/10 at 10:00am, Z2 (Registered Dietitian) stated that the wrong entry for June triggered a weight gain that she is not responsible to address and she has not received nor was she informed of the significant weight loss for July and August. E3 stated on 8/13/10 at 10:05am that Z2 was aware of R5's August weight.</p> <p>On 8/12/10 at 11:54am, E15 (Dietary Supervisor) stated E3 enters the weight information on the computer and should have notified her of R5's weights. E15 also stated she started on 7/15/10 and has no assessment for R5 and doesn't remember doing any.</p> <p>The following information shows the inconsistent weight information documented on the R5's medical record:</p> <p>a) Monthly weights and vitals form Computerized weights log Monthly Summary 2/10 - 93.0# 3/10 - 92.3 4/10 - 93.0 5/10- 92.8# -----May 7, 2010-92.8-----92.0 6/10 - 100.6# -----June 10, 2010--- 31.4 ,corrected 6/13/10- 100.492.8 7/10 - 91.1# ----- July 11, 2010-- 91.1 100.6 8/10 - "blank", re-weight 89.4 ----- blank</p> <p>3) Review of R3's dietary assessments show assessments for 10/21/09 and 3/24/10. Review of the R3's weights show he weighed 161.7 in January '10, 181.7 in February '10, 183.3# in May '10, 174.8# in June '10 and 18.4# in July '10.</p>	F 276		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/13/2010
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F 276	Continued From page 5 There is no documentation provided that assessments were done quarterly and as needed.  Review of R12's dietary assessment dated 7/19/10 document the June weight of 223# when the July's weight was done on 7/8/10 and documented to be 230#, a significant gain. The July assessment is inaccurate and the weight gain was not addressed.  Review of R15's dietary assessments show assessments done on 12/3/09, 3/1/10 and 3/8/10. There is no other assessments seen or provided since March '10. The assessment for 3/1/10 by the Registered dietician does not document a weight. Review of the facility's computerized weight record documents a weight of 162.5# on 1/25/10, 171# on 2/8/10, 155.7# on 3/11/10 and 168# on 5/7/10 and 7/10/10. There was no assessments seen or provided on the significant weight change.  On 8/12/10 at 11:30 a.m., Z2 (Registered Dietician) stated that the weights are not always available when it is time to do the assessments. Z2 stated that the previous dietary manager was let go because she was behind with the dietary assessments. The facility is in the process of catching up with the assessments. Z2 stated she is responsible for doing the assessments on the high risk residents, such as, residents with significant weight losses/gains, residents with stage 3 and 4 pressure sores, residents with enteral feedings and new admissions and re-admissions	F 276			
F 281 SS=E	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility	F 281			

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F 281	Continued From page 6 must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to consistently establish the baseline status of 4 (R17, R18, R19 and R20) dialysis residents in the sample of 23 as well as 9 supplemental samples (R26, R27, R28, R29, R30, R31, R32, R33 and R34. This failure has the potential to affect the safe and individualized care of all of the 13 dialysis residents in the facility.  Findings include:  R18 is a 74 year old who was admitted to the facility on 5/6/10. R18 has End Stage Renal Disease and receives dialysis three times a week (Monday, Wednesday and Friday). A review of R18's medical record did not show any pre-dialysis assessment performed by the facility nurse. There was a Dialysis Communication Report for each dialysis session on the chart. The form has two parts to be filled out. The top portion is supposed to be filled out by the facility nurse before dialysis. The form calls for the resident's vital signs, pain scale and interventions, medications within past six hours and in general, a current update on the resident's condition. Per the facility policy, this is to be done prior to each dialysis session. During interview on 8/12/10 at 2:00 PM, E11 (Registered Nurse) stated that this was his first time seeing the form. On 8/13/10 at 11:00 AM, Z4 (Dialysis Nurse) stated that the Dialysis Communication Report is a tool to increase the communication between the facility and dialysis nurses and to provide for continuity of care. Z4 stated that the nurses on 1st floor	F 281			



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F 281	Continued From page 7 sometimes filled them out, but none of the nurses on the remaining two floors.	F 281		
F 325 SS=E	Further surveyor review of the medical charts of R17, R19, R20, R26, R27, R28, R29, R30, R31, R32, R33 and R34 revealed only one Dialysis Communication Form for R33 which was completely filled out. That form, dated 7/28/10 was noted to be incomplete for the dialysis nurse portion and was not signed by Z4. Z4 consistently signed all of the other Dialysis Communication Forms.  483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE  Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to address significant weight changes, failed to determine the reason for the weight loss and provide intervention when warranted for 7 residents (R3, R5, R11, R12, R13, R15, R16) out of a sample of 23 residents. This failure has the potential to affect all 115 residents within the facility. The findings include:	F 325		

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F 325	<p>Continued From page 8</p> <p>Findings include:</p> <p>1) R16 is a 75 year old, wheel-chair bound female who was admitted to the facility on 10/12/09 and re-admitted on 2/27/10 and again on 3/24/10 per face sheet. R16 was in the hospital on 2/18/10 to 2/27/10 and again 3/18/10 to 3/24/10 per face sheet. R16's diagnoses include history of cerebral vascular disease with hemiplegia, dementia/Alzheimer's disease, arthritis and depression.</p> <p>On 8/11/10 during the noon meal, R16 fed herself and ate well.</p> <p>Review of the R16's minimum data set (MDS) dated 3/11/10 documents height at 66 inches and 194# and the MDS dated 5/25/10 documents 66 inches in height and 156# with weight loss noted.</p> <p>Review of the facility's computerized weight log documents R16's weight to be 195# in January 25, '10, 203# in March 11, '10, 156# in May 7, '10, 155.4# in June 10, '10 and 149.6# in July 8, '10.</p> <p>Review of the dietary assessments dated 3/8/10, 3/11/10 and 4/19/10 documents no weights. The dietary assessment dated 5/10/10 documents the March's weight but does not have the April or May weights documented because not available. The assessment (5/10/10) documents unable to determine oral adequacy due to no weights. The dietary assessment dated 6/14/10 documents significant weights loss noted in May '10. The Registered Dietician documents that she questions the accuracy of the weight because it would be about a 50# weight loss. The recommendation is for weekly weights and to add a supplement of 120 cc three times a day. R16's</p>	F 325		

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F 325	<p>Continued From page 9</p> <p>current diet is a general pureed diet with thin liquids.</p> <p>The dietary assessment dated 7/26/10 documents the weight of 149.6# and recommends supercereal and again the supplement of 120 cc three times a day.</p> <p>Review of the physician order sheets (POS) from 4/12/10 to 5/11/10 up to present revealed no order for weekly weights, supplements or supercereal. The recommendations were not addressed.</p> <p>On 8/12/10 at 11:30 a.m., Z2 (Registered Dietician) stated that the weights are not always available when it is time to do the assessments. Z2 stated that the previous dietary manager was let go because she was behind with the dietary assessments. The facility is in the process of catching up with the assessments. Z2 stated she is responsible for doing the assessments on the high risk residents, such as, residents with significant weight losses/gains, residents with stage 3 and 4 pressure sores, residents with enteral feedings and new admissions and re-admissions.</p> <p>2) R11 is a 58 year old male who was admitted to the facility on 4/3/07 with diagnoses that include status post gastric tube, dysphagia, schizo-affective disorder, anemia and chronic obstructive pulmonary disease.</p> <p>R11, who is total care, was mostly in his room throughout the survey week. R11 was fed through a feeding tube. He was noted to have the feeding transfusing at 90 cc/hour on 8/11/10 at 11:45 a.m.. R11 was not in distress. The MDS dated</p>	F 325			

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F 325	<p>Continued From page 10 6/12/10 documents total care.</p> <p>Review of the current POS documents nothing by mouth (NPO) and receives Jevity 1.2 at 90 cc/hour times 18 hours.</p> <p>Review of the facility's computerized weight list documents 159.4# on April 20, '10, 152.2# on June 10, '10 and 150.2# on July 8, '10.</p> <p>Review of the dietary assessment done on 4/19/10, 5/17/10, 6/28/10 and 7/26/10 does not document the rationale for weight loss and no intervention recommended. The April '10 assessment does not have a documented weight. The enteral feeding has been the same (no changes in the feeding) since March '10 per dietary assessments.</p> <p>3) R3 is 57 year old male who was admitted on 3/5/07 with diagnoses that include respiratory failure, hypoxemia, insulin dependent diabetes mellitus, depression, cerebral vascular with left hemiparesis and a history of alcohol and drug abuse per face sheet and POS.</p> <p>R3 was in his room all week due to being on isolation. R3, who is maximum assist per observation and the current MDS, took his meals in his room. R3's current diet is a regular mechanical soft diet with thin liquids and he is able to feed self.</p> <p>Review of the facility's computerized weights documents his weight at 161.7# in January '10, 181.7# in February '10, 183.3# in June '10, 174.8# in June '10 and 183.4# in July '10. Review of the dietary assessments document assessments done on July '09, 10/21/09 and</p>	F 325		

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F 325	<p>Continued From page 11</p> <p>3/24/10. There were no diet assessments provided on the weight discrepancies for January '10 to February '10 and no assessment done on the June significant weight loss. The assessments done in October '09 and March '10 were done by the food service supervisor.</p> <p>On 8/12/10 at 11:30 a.m., Z2 stated she would need to evaluate R11 and R3 because she is not sure why the discrepancies.</p> <p>4) Review of R12's dietary assessment dated 7/19/10 document the June weight of 223# when the July's weight was done on 7/8/10 and documented to be 230#, a significant gain. The July assessment is inaccurate and the weight gain was not addressed.</p> <p>5) Review of R15's dietary assessments show assessments done on 12/3/09, 3/1/10 and 3/8/10. There is no other assessments seen or provided since March '10. The assessment for 3/1/10 by the Registered dietician does not document a weight. Review of the facility's computerized weight record documents a weight of 162.5# on 1/25/10, 171# on 2/8/10, 155.7# on 3/11/10 and 168# on 5/7/10 and 7/10/10. There was no assessments seen or provided on the significant weight change.</p> <p>6) R5 is an 88 year old awake and alert female with diagnoses of Diabetes Mellitus, Hypertension, Anemia Depression and Alzheimer's Disease.</p> <p>An annual nutritional assessment was completed by E12 (Food Service Director) on 4/16/10 and a quarterly assessment on 6/12/10 that stated a goal to continue stable weight. R5's weight on</p>	F 325		

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F 325	<p>Continued From page 12</p> <p>June 2010- 100.6# and July 2010 - 91.1#, indicated a weight loss of 9.5# and the weight between July 2010 (91.1#) and August 2010 = 85.8# showed a weight loss of 5.5#. There was no nutritional assessment or recommendation completed for the significant weight loss in July.</p> <p>On 8/12/10, a nutritional progress note did not address nor indicate any recommendation for the significant weight loss in July or August, nor was there a documentation indicating the physician was notified.</p> <p>On 8/10/10 at 1:00pm, E13 (restorative aide) provided the surveyor R5's weight for 8/2010 as 91.1# in July and 85.6# for 8/2010. The same weight information was written by E13 on the weight entry form under column "new value" for July and August.</p> <p>On 8/13/10 at 1:00pm, E2 (ADON) provided a re-weigh documentation of 89.4#, "entered by E3 (DON) on 8/12/10." When asked why the information was not on the weight log, E2 stated E3 who is responsible for entering all residents' weights in the computer has not yet entered the weight in the computer.</p> <p>On 8/11/10 at 10:00am, Z2 (Registered Dietitian) stated that the wrong entry for June triggered a weight gain that she is not responsible to address and she has not received nor was she informed of the significant weight loss for July and August. E3 stated on 8/13/10 at 10:05am that Z2 was aware of R5's August weight.</p> <p>On 8/12/10 at 11:54am, E15 (Dietary Supervisor) stated E3 enters the weight information on the computer and should have notified her of R5's</p>	F 325			

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F 325	<p>Continued From page 13</p> <p>weights. E15 also stated she started on 7/15/10 and has no assessment for R5 and doesn't remember doing any.</p> <p>The following information shows the inconsistent weight information documented on the R5's medical record:</p> <p>a) Monthly weights and vitals form Computerized weights log Monthly Summary 2/10 - 93.0# 3/10 - 92.3 4/10 - 93.0 5/10- 92.8#-----May 7, 2010 --- 92.8 ----- -92.0 6/10 - 100.6# -----June 10, 2010--- 31.4 ,corrected 6/13/10- 100.4 -92.8 7/10 - 91.1#----- July 11, 2010--- 91.1 ----- -100.6 8/10 - "blank", re-weight 89.4 ----- blank 7. R13 has a history of weight loss and is receiving a general diet. R13's March weight was 275 pounds. Record review indicated that on 4-9 she was discharged to the hospital with a complaint of shortness of breath . She was returned to the facility on 4-15-10. R13's weight on 4-15-10 was 264 lbs. She had a weighed loss of 11 pounds in 30 days.</p> <p>In May 2010, R13 weight was taken and was recorded at 242 pounds . An additional 22 lbs weight loss. For a total of with loss of 33 pounds in 3 months. This is more than 10 percent loss in 3 months.</p> <p>A dietary note dated 5-14-10 address the weight</p>	F 325		

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F 325	Continued From page 14 loss for the month of May. It stated that " the weight loss was desired and planned." However the amount lost in such a short time exceeds the standards of care safety guidelines. No other dietary note or assessment of weight loss was available for this resident at this survey.  Interview with the E2 (ADON) stated that there were no reweighs done for any of the weights to ensure that the scales were accurate. E2 also stated that there was a month in which R13 did not get weighed although she had lost a large amount s of weight. When E2 was weighted in August she had lost an additional 2 lbs and weighted 240 pounds. R13 weight loss for 6 months totaled a loss of 35 lbs, greater than 10%total loss of weight. The amount was clinically unsafe at this amount of loss. Monthly assessments and closer monitoring was not done according to interview and record review.	F 325		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical	F 329		



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F 329	<p>Continued From page 15</p> <p>record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that residents receiving pain medication receive adequate monitoring and quarterly assessment of pain. This affected one (R6) of four residents (R1, R2, R4, and R6) receiving pain medication in a sample of 23 residents.</p> <p>Findings Include:</p> <p>On August 10, 2010 at 1:30 p.m. during record review of (R6's) medical record, the documentation of the Comprehensive Initial Pain and Quarterly Assessment Tool shows that an initial assessment for pain was completed on February 13, 2010. The next assessment was not completed until July 14, 2010. (R6) did not receive a quarterly pain assessment for the month of May 2010. (R6) receives the following pain medications, Fentanyl patch 50 mcg. every 72 hours and Hydrocodone APAP 10/325 mg. 1-2 tabs (PRN) as needed for pain.</p> <p>On August 10, 2010 at 1:45 p.m. during review of the Controlled Substance Record, the hydrocodone medication is listed as a PRN</p>	F 329		

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F 329	Continued From page 16 medication, however the facility's narcotic drug sheet shows that (R6) received the PRN medication every day from February 2010 through August 2010.  On August 11, 2010 review of The Policy and Procedure for Pain indicates that a quarterly assessment is completed on all resident to monitor the effectiveness of the medication. The facility failed to follow this practice for (R6). The facility failed to obtain an order from the physician to change the PRN medication to a scheduled dose medication.  On August 10, 2010 at 2:00 p.m. during an interview with (E2) Assistant Administrator, when asked why (R1) did not get a quarterly pain assessment, (R6) responded "she should have".	F 329		
F 365 SS=E	483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS  Each resident receives and the facility provides food prepared in a form designed to meet individual needs.  This REQUIREMENT is not met as evidenced by: Based on observation, tasting and interview the facility failed to ensure food prepared for residents on pureed diets was the appropriate consistency. This had the potential to effect 19 of 19 residents on pureed diets.  Findings include:  During the lunch observation on 08/10/10 it was observed that the entree turkey rice casserole and capri vegetables had lumps in both products	F 365		

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F 365	Continued From page 17 being served on the tray line to the residents. E6 (dietary manager) and this surveyor taste test these products immediately after the tray line finished serving the residents. E6 confirmed during an interview during the tasting that both products contained lumps.	F 365			
F 366 SS-C	483.35(d)(4) SUBSTITUTES OF SIMILAR NUTRITIVE VALUE  Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served.  This REQUIREMENT is not met as evidenced by: Based on review of documents, observation and interview the facility failed to ensure substitutions/alternates were planned in such a manner so two exact food items were not served on the same day. This has the potential to effect 25 of 25 residents receiving meal substitutions on 08/10/10.  Findings include:  On 08/10/10, the facility menus were reviewed they documented that at the evening meal on 08/10/10, grilled cheese sandwiches was the entree. The substitution list was reviewed it required a cheese sandwich as one possible alternate along with other choices.  During the lunch observation on 08/10/10, dietary staff told this surveyor that 25 grilled cheese sandwiches were prepared for any resident who did not like the menu item of turkey rice casserole. These grilled cheese sandwiches were served to residents with or without a request	F 366			

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F 366	Continued From page 18	F 366		
F 371 SS=F	<p>even though grilled cheese sandwiches were menued for the evening meal as the entree.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation and staff interview the facility failed to ensure food is serve to the residents in a safe and sanitary manner. This had the potential to effect all residents of the facility.</p> <p>Findings include:</p> <p>The following was observed on 08/10/10, while on the initial tour of the facility's dietary Kitchen.</p> <ul style="list-style-type: none"> <li>-The dishmachine was running completing the dishes from the morning meal. E6 was asked to test the machine for sanitizer. E6 tested the machine multiple time with the same result of 10ppm and not the required 100ppm of chlorine used to sanitize the dishware. After several attempts the chlorine solution was brought up to the appropriate level.</li> <li>-The cook's area contained a broken sink that was heavily soiled with food debris and grease.</li> <li>-The racks for the clean pots and pans contained</li> </ul>	F 371		

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F 371	Continued From page 19 several bowls and pans that were greasy the the touch and were puddle with water. -Several stacks of dishes and covers were observed in the kitchen stored upright without covering this posed the potential for food splatters and dust to accumulate on the food plating surface. -In the dishmachine room several stacks of trays were leaning against the wall. This wall and others in the dishmachine had peeling paint. -The three compartment sink's bleach dispenser was broken. -Freezer #2 contained cases of food items, examples are 1 case waffles, 2 cases of diced beef, 1 tray of sliced liver sausage, and several bags of zucchini, that had ice from condensation on the food product. -E7 (diet aide) was observed in the dishmachine using a plastic pitcher used for water and juice service to hold a cleaning solution while E7 washed down the stripping table attached to the dishmachine. -The dietary ice machine was observed to have a white substance on the outside and inside walls of the unit. The unit also, had a black substance on and about the rubber stripping on the inside of the door and on the inside surface of the door. -The dry storeroom contained several cases and cans of food product which were undated. Without dating the practice of FIFO (first in first out) could not be practiced. E6 (dietary manager) stated the department practices FIFO. -One of the ceiling tiles was heavily spotted with black and the nearby ceiling light fixture was not working. -The coffee machine was heavily soiled with spilled dried coffee concentrate. -The hot water heater next to the coffee machine overflow and water release had no floor drain to	F 371			

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F 371	Continued From page 20 drain into and if necessary would drain directly onto the floor. -Oven racks were stored directly on the floor and not the required 6 inches or more above the floor. -The elevated dock area to the kitchen contained several bread racks soiled plastic utensils and various pieces of cardboard boxes on the deck of the dock.  At 12:10pm while the lunch line was in operation it was observed that the cart holding the "clean" dishes had standing waster of the shelves and several dishes were heavily soiled.	F 371		
F 372 SS=E	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY  The facility must dispose of garbage and refuse properly.  This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to dispose and maintain the area around and the garbage dumpster in a sanitary manner.  Findings include:  On 08/10/10, during the initial tour of the kitchen at 10:10pm it was observed that the area around the facility's garage dumpster by a rear exit used by residents and visitors the driveway was stained with dried liquid and debris from the dumpster. The dumpster also, had trash on the top of the unit. E6 confirmed during an interview his and the surveyor's observation of two residents and a visitor walking with a walker and self-propelling in a wheel chair through the spill surrounding the dumpster.	F 372		

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F 406 SS=E	<p><b>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES</b></p> <p>If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide documentation on the progress each resident is making within the Psychiatric Rehabilitation Services for 4 (R1,R3, R11, R12) out of 7 residents identified as serious mentally ill residents within the sample of 23 residents. This failure has the potential to affect 11 residents who have serious mental illness, who reside in the facility. The findings include:</p> <p>1) R3 has been assessed to have problems with anger management, community skills, symptom management and medication management. Review of the social service note 3/24/10 documents R3 attends psych-social group. On 8/12/10 at 9:15 a.m., in the 3rd floor dayroom, R3 was present and awaiting for the psych-social group to start.</p> <p>Review of R3's daily psycho-social notes document the areas that are discussed and the participation level. Review of the Specialized</p>	F 406			

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F 406	<p>Continued From page 22</p> <p>Rehabilitation Service Quarterly Reviews reiterates the same information as the daily documentation. There is no measurable goal or triggers identified as to why the problems occur, how to diminish the behavior and the progress he has made or not made and why.</p> <p>R3 is 57 year old male who has diagnoses that includes Depression, anxiety, a history of substance and alcohol abuse per POS. R3's medication includes Seroquel and Zoloft per the current POS.</p> <p>2) R11 has been assessed to have problems in anger management, community living skills, symptom management and medication management. Review of R11's daily psycho-social notes and the Specialized Rehabilitation Services document the problems, the discussions and participation but not the progress that has been made. Another area identified for R11 is his isolative behavior within the facility. He continues to be isolative but there is no documentation provided to say how the facility is helping with this problem and the progress he has made or why he has not progressed.</p> <p>R11 is a 58 year old male who has the diagnoses that includes Schizo-affective disorder and receives no medication for it.</p> <p>Review of the social service note 6/11/10 documents he attends subpart S (Serious Mentally Ill) groups.</p> <p>On 8/12/10 at 9:15 a.m., R11 was in the 3rd floor dayroom awaiting for the psych-social group to start at 9:30 a.m.</p>	F 406			



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F 406	<p>Continued From page 23</p> <p>3) R12 has been assessed to have problems in anger management, community living skills, symptom management, medication management and self-harm. R12 is 50 year old female with a diagnoses that includes schizophrenia, anxiety, agitation, schizo-affective disorder and is receiving Zoloft, Risperdal and Lorazepam, anti-psychotic and anti-depressant medications per the current POS.</p> <p>Review of the daily psych-social notes and the Specialized Rehabilitation Service notes document the problems, the discussion and the participation. There are no measurable goals, no triggers or measurable progress documented.</p> <p>Review of the social service note 5/7/10 documents R12 attends psych-social groups.</p> <p>On 8/12/10 and 8/13/10 in the morning, Z3 (psychiatric aide) stated he was unaware of the need to document the progress and/or lack of progress in a measurable way.</p> <p>4. On August 10, 2010 at 9:45 a.m. during initial tour (R1) was observed in her bedroom having a conversation out loud with no one present in the room but herself. (R1) speaks with disorganized speech and does not always address the questions asked of her. (R1) has a diagnosis of Schizophrenia and Psychotic Mental Disorder. (R1) is listed as an SMI resident who requires specialized programs and a comprehensive care plan of her care in these services.</p> <p>On August 10, 2010 at 1:00 p.m. during review of (R1's) medical record, the facility did not have a careplan addressing the resident as an SMI resident.</p>	F 406			

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F 406	Continued From page 24  On August 10, 2010 at 9:00 a.m. during entrance of the survey, (E4) Administrator was asked if the facility had any residents identified as SMI, his response was no.  On August 11, 2010 at 12:45 p.m. (E4) presented to the surveyor team a list of residents identified by surveyors as residents that were SMI.  On August 11, 2010 during review of (R1's) psychosocial attendance sheets, it shows that (R1) does not attend the majority of her groups. (R1) is documented as NA which means not in attendance on the attendance sheet.  Review of the Specialized rehab notes documented non attendance, but does not address the reason R1 refused to attend. There is no measurable goals or triggers to identify behavior, why behavior occurred, how to diminish behavior and the progress R1 has made or not made. There is no documentation to show the facility is helping R1 with behavior, the progress she has made or why R1 has not progressed.  On August 11, 2010 at 10:55 a.m. during an interview with (E1) Medical Doctor (MD) facilitator for psychosocial program, (E1) was asked what is done to monitor SMI residents who refuse to attend programs. (E1) stated that he does not document or report to the Interdisciplinary Team (IDT) or the Social Worker (SW) when SMI residents or (R1) has missed her psychosocial programs.	F 406		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of	F 431		

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F 431	<p>Continued From page 25</p> <p>a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to label opened medications and discard expired medications on 2 of 4 medication carts and 3 medication rooms on 3 of 3 floors.</p>	F 431			

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F 431	Continued From page 26  Findings include:  A. On 8/12/10 at 9:00am, the following medications on bingo cards were observed on the 1st floor medication room, stored on top of the counter: a) Warfarin Na 5mg tablet #8 b) Vesicare 5mg tablet #30 c) Diclofenac 75mg tabs #60 d) Ciprofloxacin HCL 500mg tabs #20  The medication cart contained Patanol Ophthalmic Sol 1%, opened not dated and Fluticasone prop 50 mcg spray #3, opened not dated.  E4 (Treatment Nurse) stated on 8/12/10 at 9:00am, expired and medications of discharged/expired residents should be returned to pharmacy who comes twice day to drop off and pick up these medications; insulin, eye drops and nasal sprays are supposed to be dated when opened.  B. On 8/12/10 at 1:30pm, the following were stored on a cabinet on the 3rd floor medication room: a) Atenolol 25mg tablets, Simvastatin 20mg tabs, Aricept 10mg tabs, ferrous SO4 325mg tabs, Lasix 20mg tabs, Klor Con tabs, Lisinopril 20mg tabs, metformin 500mg tabs and Hydrocodone APAP 5-500mg tabs; the date of expiration for all these medications is 12/26/09; E9 (Licensed Practical Nurse) stated the medications belonged to an expired resident. b) 2 hexagonal shaped pill boxes filled with	F 431		

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F 431	<p>Continued From page 27</p> <p>different sizes and colored pills had no label.</p> <p>c) Lantus 100 u/ml 1 vial expired 6/24/09</p> <p>d) Front medcart - haldol 5mg/ml, opened, no date - artificial tears ointment 1/8oz opened, no date - Alphagan ophthalmic Sol 1% ml, opened, no date - carteolol Hcl 1% eye drops 5ml, opened, no date</p> <p>e) Back medcart - Liquitears lubricant eye drops 1/2floz, opened, no date - Advair 250-50 Diskus opened, no date</p> <p>On 8/12/10 at 1:30pm, E9 stated those medications were overlooked and should have been picked up by pharmacy, eyedrops and inhalers should be dated when opened.</p> <p>C. On the 2nd floor, the following medications on bingo cards with left over pills were stored in the medication room by the fax machine counter:</p> <ul style="list-style-type: none"> <li>- Sertraline 50mg</li> <li>- Warfarin Na 10mg</li> <li>- Warfarin 3mg</li> <li>- Warfarin 2.5 mg</li> <li>- Warfarin 1mg</li> <li>- Simvastatin 20mg</li> <li>- Seroquel 200mg</li> <li>- Zosyn 3.375gm 100ml, #7 bags</li> <li>- Vancomycin 250ml, #3 bags</li> </ul> <p>E16 (Registered Nurse) stated on 8/12/10 at 2:00pm, these medications were supposed to be returned to the pharmacy.</p> <p>Facility policy on storage and expiration dating of drugs, biologicals, syringes, needles stated: 3. The facility should ensure that drugs and biological 1) have an expired data on the label are</p>	F 431		

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F 431	Continued From page 28 stored separate from other medications until destroyed or returned to the supplier. 3.1 Once any drug or biological package is opened, the facility should follow manufacturer's guidelines with respect to expiration dates for opened medications.	F 431			

**Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange**

- F253 - 483.15 (h)(2) Housekeeping and Maintenance Services  
The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.
- a) The doors on 1 North, 2 North, and 3 North have all been repaired in house. All three basement stairwell alarms do function normally and will appear on the receptionist's computer monitor to indicate their status.
  - b) The call light system on 1 North was repaired on 08/19/2010 by Interstate Electronics and is functioning normally.
  - c) The hoses were removed from the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> floor janitor closets, and vacuum breaks were installed.
  - d) The walls were repaired in the Medical Records storage room and the Central Supplies room. All ceiling tiles that were soiled or stained were replaced.
  - e) The back wall in the clean linen holding area was cleaned and sealed with a water-proof masonry sealer.
  - f) The Maintenance Director or designee will complete a log weekly to check the status on all door alarms and nursing station call lights.
  - g) An Environmental Log will be completed weekly, randomly checking the janitor closets, ceiling tiles, light fixtures, and the walls for peeling paint or cracks. This will be an ongoing process addressed immediately when necessary and reviewed in the quarterly QA meeting.
  - h) The Maintenance Director or designee will monitor for compliance.
  - i) Date of Compliance: 09/09/2010

**Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange**

- F276 - 483.20(c) Quarterly Assessment at least every 3 months**  
A facility must assess a resident using the quarterly review instrument specified by the State and approved CMS not less frequently than once every 3 months.
- a) A complete facility audit was completed to ensure all dietary assessments were current
  - b) All overdue assessments were referred to the Registered Dietician and Food Service Director
  - c) All overdue assessments, including those for residents R3, R5, R9, R12, R13, R15, are now current
  - d) All dietary recommendations have been reviewed with the Resident's physician
  - e) Based on the QA process, a revised Nutritional Management Program is being implemented
  - f) All dietary assessments will be done according to quarterly MDS calendar
  - g) The medical records consultant will on a monthly basis conduct random chart audits and inform Administrator and DON of the findings
  - h) Completion of dietary assessments will be audited by MDS nurses and Registered Dietician. This is an ongoing process. All issues will be reviewed immediately and reviewed in the quarterly QA meeting.
  - i) Date of completion: 09/08/2010



**Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange**

- F281 - 483.20(k)(3)(i) Services provided meet professional standards  
The services provided or arranged by the facility must meet profession standards of quality
- a) Nursing Staff were re-in serviced by Affiliated Dialysis Nurse Manager on Dialysis Communication Forms
  - b) Dialysis Communication Forms has been added to Facility Orientation to ensure proper orientation to dialysis procedures
  - c) Random audits will be conducted by DON or designee weekly to monitor compliance
  - d) Audit results will be reported to QI/QA team
  - e) Date of Compliance: 09/08/2010

**Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange**

- F325 - 483.23(i) Maintain nutrition status unless unavoidable  
Based on a resident's comprehensive assessment, the facility must ensure that a resident—
- (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and
  - (2) Receives a therapeutic diet when there is a nutritional problem
- 
- a) Based on the QA process, a revised Nutritional Management Program is being implemented
  - b) R16 was identified as a weight loss. On 08/12/2010, the physician was notified of weight loss, dietary recommendations was discussed with him, new orders were received and implemented. Facility will continue to monitor weight accordingly
  - c) R11 was re-evaluated by the Registered Dietician on 08/16/2010. The physician was notified of the weight loss and dietary recommendations. New orders received and implemented. Facility will continue to monitor weight accordingly
  - d) R3 was re-assessed by the Registered Dietician on 08/12/2010
  - e) R12 was re-assessed by the Registered Dietician on 08/12/2010; Medication list was reviewed and discussed with the physician. Notably psychotropic meds, diuretic medication, and Prednesone, may cause weight fluctuations
  - f) R15 was re-assessed by the Registered Dietician on 08/12/2010. Facility continues to monitor monthly weights
  - g) R5 was assessed by the Registered Dietician on 08/12/2010 and on 08/25/2010 by the Dietary Manager. Re-weight on 08/12/2010 was 89.4lbs, and re-weighted on 08/25/2010 was 91.4lbs. Facility will continue to monitor monthly weights and will notify the physician as warranted
  - h) R13 was admitted to the hospital on 04/09/2010, and discharged 04/15/2010. Per conversation with the primary physician, R13 was admitted with CHF, pulmonary hypertension. Per physician statement weight loss from admission on 04/09/2010 until discharge on 04/15/2010 equaled to 18lbs. This weight loss occurred under controlled medical direction. Upon re-admission to this facility, diuresis has continued. Additionally, thyroid medication has been adjusted to correct profound hypothyroidism. Physician continues to be aware of weight loss, is monitoring monthly weights, labs, and overall medical condition

- i) The QA tool will be the monthly weight log. This log is to be monitored y ADON for any weight fluctuations. Any weight fluctuations will be referred to the Registered Dietician for evaluation. Physician will be notified of any new recommendations.
- j) Date of compliance: 09/09/2010

Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange

- F329 - 483.25(l) Drug regimen is free from unnecessary drugs  
Each resident drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive doses (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the doses should be reduced or discontinued; or any combinations of the reasons above.
- a) R6's Quarterly Pain Assessment was reviewed with the Physician
  - b) R6 has been discharged to an Assisted Living Facility
  - c) A facility-wide audit of pain assessments was conducted by the DON and ADON's. All pain assessments were updated. Recommendations were forwarded to physicians
  - d) Nursing staff were re-instructed on timely pain assessments to be done with significant change, admission, re-admission and quarterly, according to MDS calendar
  - e) DON / ADON to monitor and ensure pain assessment are completed upon admission and re-admission. Any significant changes with the residents are documented on the 24-hour report sheet and reviewed by the DON / ADON
  - f) An existing audit tool will be completed on admission, with significant changes, and quarterly
  - g) The medical records consultant will on a monthly basis conduct a random chart audit and inform the Administrator and DON of the findings
  - h) Compliance will be monitored by MDS nurses and reported to the QI/QA committee
  - i) Date of compliance: 09/08/2010

**Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange**

- F365 - 483.35(d)(3) Food in form to meet individual needs  
Each resident receives and the facility provides food prepared in a form designed to meet individual needs
- a) Dietary employees have been in-serviced on the importance of serving acceptable consistencies of mechanically altered foods. This included a review of the recipes and appropriate finished texture. Please see the attached in-service attendance log
  - b) The Food Service Director or designee is responsible for overseeing the finished textures of mechanically altered foods
  - c) The Food Service Director will monitor the finished texture of the foods on an ongoing daily basis
  - d) The Speech Therapist will randomly audit the food consistency of specialized diets weekly prior to tray preparation
  - e) The facility purchased a new blender for pureeing foods
  - f) The consulting Dietician and the Speech Therapist will review the consistencies of foods routinely for compliance and consistency and report any abnormalities to the Administrator
  - g) Date of compliance: 09/10/2010

**Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange**

- F366 - 483.35(d)(4) Substitutes of similar nutritive value  
Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served
- a) The facility offers a standard substitution menu that is nutritively similar for the food substituted. Please see the attached substitute menu. The only time that a food item would be repeated for two consecutive meals would be by resident choice. There are five set entrees in addition to the one to two entrees offered at each lunch and dinner meal
  - b) Substitutes, preference, and quality will be discussed in the monthly Resident Dietary Meetings, which are held on the last Tuesday of every month
  - c) Resident Council minutes will be reviewed on a monthly basis for concerns
  - d) Dietary Director of designee to monitor for compliance
  - e) Date of compliance: 09/10/2010

**Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange**

- F371 - 483.35(i) Food procure, Store/Prepare/Serve - Sanitary  
The facility must-
- (1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; and
  - (2) Store, prepare, distribute, and serve food under sanitary conditions
- 
- a) The dish machine was checked by Meikem Supply Inc. and was found to be operating properly
  - b) The dietary staff was in-serviced on the proper technique on how to measure and adjust the PPM for appropriate sanitation
  - c) The sink in the cook's area was completely cleaned and the valves were repaired
  - d) The staff was in-serviced on the proper cleaning and storage of pots and pans
  - e) The affected were scaped of peeling paint and repaired
  - f) The 3 compartments sink bleach dispenser was repaired by Meikem Supply Inc. and the staff was in-serviced on its proper use
  - g) The food products affected by the condensation were disposed of. The freezer was defrosted and the condensation drain lines were cleared
  - h) The dietary ice machine was completely cleaned and placed back into service
  - i) All dry good were checked, and any unlabeled and open products were disposed of. All products will be dated with the FIFO practice with all dietary staff being in-serviced on dating and the First In and First Out practice
  - j) The coffee machine was completely cleaned of all debris
  - k) An overflow drain line was put in place on the hot water heater next to the coffee machine and drained to the floor drain
  - l) The oven racks were moved and the staff were in-service on the proper storage of the oven racks
  - m) The loading dock was completely cleaned of all boxes and debris were removed
  - n) The dishes affected by this practice were re-washed and the staff were in-serviced on the proper storage and handling of clean dishware
  - o) An environmental rounds sheets will be completed by the Dietary Director or designee on a daily basis
  - p) The Dietary Director of designee will monitor for compliance
  - q) Date of Compliance: 09/10/2010

Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange

F372 - 483.35 (i)(3) Dispose garbage & refuse properly  
The facility must dispose of garbage and refuse properly.

- a) The are around the dumpster was completely cleaned
- b) The driveway was power washed and cleaned of all stained and dried liquid and debris
- c) This area will be monitored on a daily basis. Dietary, Housekceping, and Maintenance staff will be in-serviced on maintaining the area in a clean and sanitary manner
- d) The Maintenance Director or designee will monitor this area for compliance
- e) This area will be part of the environmental log completed on a weekly basis
- f) Maintenance Director will review findings the quarterly QA meeting
- g) Date of compliance: 09/10/2010



**Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange**

- F406 - 483.45(a) Provide / obtain specialized rehab services  
If specialized rehabilitative services such as, but not limited to, physical \ therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of the facility must provide the required services or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.

Corrective actions for R1, R3, R11, and R12:

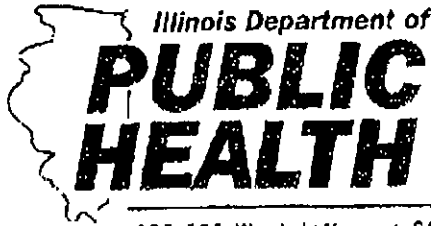
- A) Each of these SMI resident's comprehensive psychiatric assessments will be completed by the facility social work director, under supervision and review of the facility LCSW social work consultant. Assessments will include:
- a. Psychosocial History
  - b. Level of Functioning Assessment
  - c. Discharge Plan Evaluation / Resident Expectations
  - d. Community Survival Skills Assessments
  - e. Risk for Aggression Screening
  - f. Psychiatric Assessment Summary
- B) Each SMI resident will have a treatment plan reflecting the resident's needs as a mentally ill individual, and will include measurable goals and interventions targeting key SMI and behavior problems. The SMI treatment plans will be based on information gathered from the psychiatric assessments.
- C) R1's treatment plan will be amended to address her frequent refusal to attend psychiatric group sessions. The treatment plan will include why she frequently refuses to attend groups, and any identified obstacles that stand in the way of her participating regularly
- D) The facility will review all residents who have a SMI diagnosis and are enrolled in psychiatric group programs. Special attention will be given to the level of

progress or lack-of-progress each resident is experiencing in the group, in terms of identified SMI symptoms or behavioral issues. In addition, any resident who does not attend regularly will be assessed concerning the reasons why he/she refuses sessions. A treatment plan will be developed for each such resident, targeting the reasons why attendance is poor and describing any obstacles that stand in the way of full participation. The treatment plan will also include 1:1 sessions to discuss missed-group topics with residents who refuse. Each SMI resident will have a treatment plan which targets SMI related problems and behaviors. Each treatment plan will have measurable goals and clear interventions.

- E) In order to ensure these situations do not recur, the social work staff and director will be trained by the MSW LCSW consultant in development of SMI treatment plans and measurable goals, as well as the appropriateness of group attendance for SMI residents. The same staff will also be trained on the importance of clearly identifying resident progress or lack of progress both within and outside of groups.
- F) Results from the resident reviews (described above) and staff training will be entered into the facility Quality Assurance process. Problems and/or improvements in the area of SMI assessment and treatment will be discussed at every QA meeting.
- G) Social Work Director or designee and MSW/LCSW consultant will monitor for compliance
- H) Date of compliance: 09/27/2010

**Plan of Corrections  
Annual Survey 08/13/2010  
Meadowbrook Manor of LaGrange**

- F431 - 483.60(b), (d), (e) Drug records, label/store drugs & biologicals  
The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.
- a) Audit of all med rooms were done by the Nursing Administration
  - b) Audit of all medication carts were done by the Nursing Administration
  - c) All expired, discontinued medications were disposed of according to facility policy
  - d) Nursing staff were re-in serviced in regards to dating medications, procedure for returning meds to pharmacy
  - e) Nursing staff were in-serviced on following manufacturers guidelines with respect to expiration dates for open medications
  - f) Medication Rooms and carts to be audited monthly by Pharmacy Nurse Consultant
  - g) Date of compliance: 09/08/2010



Pat Quinn, Governor  
Damon T. Arnold, M.D., M.P.H., Director

625-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

July 13, 2009

**BY CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Davis Shire, Administrator  
Meadowbrook Manor  
339 South Ninth Avenue  
LaGrange, Illinois 60525

Reference: Provider #: 146093/0047274  
Cycle Date: 06/29/09  
Survey Date: 06/29/09  
Survey Type: Annual Life Safety Code  
LSC Survey: 07/02/09  
Highest S/S: "F", K12

Dear Mr. Shire:

On 06/29/09, a Health Inspection was conducted at the above-named facility by staff of the Illinois Department of Public Health to determine compliance with federal certification requirements for nursing homes participating in the Medicare and/or Medicaid programs. Deficiencies were identified with remedies have been proposed, recommended or imposed in an "Initial Notice" dated 07/02/09, and any amendments thereto. On 07/02/09, an Annual Life Safety Code (LSC) survey was conducted. As a result of that survey, ADDITIONAL DEFICIENCIES were identified. (See Enclosure #1, "Statement of Deficiencies," CMS Form 2567.)

*Although no additional remedies will be recommended or imposed as a result of the revisit, all remedies proposed, recommended or imposed in the "Initial Notice" and any subsequent notices will continue in effect. Time lines and effective dates established in the "Initial Notice" or any amendments thereto remain unchanged.*

The facility must submit a Plan of Correction (POC) for all deficiencies at "B" Level or higher; Level "A" deficiencies must be corrected, but do not require a written POC. All required POCs must be submitted to the Department within ten (10) calendar days after receipt of the written "Statement of Deficiencies." The POC cannot be submitted on the CMS-2567, but on separate sheets of paper which are attached to the first page of the CMS-2567. The first page of the CMS-2567 must be returned with the facility representative's signature and date. The POC is not to be used to dispute a deficiency or to make comments about the survey process. Information disputing a deficiency may be provided through the informal dispute resolution (IDR) process on the enclosed form, and, if necessary, separate sheets of paper; comments about the survey process may be provided on the enclosed Provider Feedback Survey. In order for a POC to be acceptable, it must:

1. Address corrective actions taken and/or how the deficiency will be corrected;

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*printed on recycled paper*

ATTACHMENT-12D

2. Address actions the facility will take to assure that no other examples of the deficiency exist in other parts of the building. Cited deficiencies may not identify all locations where a condition may occur. It is the facility's responsibility to review its building to assure that similar conditions do not exist in other areas:
3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur;
4. Indicate how the facility plans to monitor its performance to make sure those solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. This plan of correction is integrated into the quality assurance system; and
5. Include a **specific** date when corrective action will be completed for any deficiency at Level "D" or higher. Effective July 1, 2005, per direction received from the Regional Office of the Centers for Medicare & Medicaid Services (CMS), a provider will be allowed three (3) months for completion of corrective actions for LSC deficiencies. No LSC revisit will occur until after the latest POC date provided.

\*\*\*See the ORANGE attachment that further explains POC requirements for Life Safety Code\*\*\*

Further, in accordance with the State Operations Manual (Sections 7304D and 7316), the facility must submit POCs to the Department within ten (10) calendar days after receipt of the CMS-2567. Therefore, our Department cannot grant an extension of the time for which the POC is to be submitted.

Failure to submit a POC which includes the above-listed components and in the mandated timeframes will result in our Department imposing or recommending immediate imposition of remedies and/or termination from the Medicare and/or Medicaid programs.

In some cases, while certain provisions of the LSC might not be met but the facility provides a reasonable degree of fire safety, an Annual Waiver may be requested with proper justification. The Annual Waiver justification must include facility fire safety characteristics to support granting of the waiver would not adversely affect patient health and safety and would impose an unreasonable hardship on the facility. For those cases of unreasonable hardship an actual estimate from a licensed contractor or consulting firm in support of the statement of estimated cost must be submitted. The Annual Waiver request must provide specific information described in the State Operations Manual (Section 2480) and must be signed and dated by the facility's representative. One (1) Annual Waiver request form (Enclosure #4) must be completed, signed and dated for each K tag/deficiency. Only Plans of Correction (POCs) or Annual Waivers will be accepted and reviewed for deficiencies at Levels "B" and/or "C". Failure to submit cost for correction, proof of financial hardship and/or no plan for safe guarding resident safety will result in a CMS denial of the waiver.

The Regional CMS Office has authorized our Department to review and issue notice of our approval of Temporary Waivers up to six (12) months duration from the survey cycle date for Medicare/Medicaid certified nursing homes. The Temporary Waiver response/request must address increased fire safety awareness as required by the State Operation Manual (Section 7410F1) to be deemed acceptable. You will be notified of Department approval of the request following review of all POC documents. Temporary Waivers for more than six (12) months from the survey cycle date will be forwarded to CMS for review. Notification of CMS approval or denial of these requests will be issued by our Department when received from CMS. The Temporary Waiver request form must be completed, signed and dated by the facility's representative. One (1) Temporary Waiver request form (Enclosure #4A) must be completed, signed and dated for each K tag/deficiency. Temporary Waiver requests will not be accepted or reviewed for deficiencies at Levels "B" and/or "C". [NOTE: The survey cycle date is included in the information reference block on the first page of the "Initial Notice" accompanying the LSC Statement of Deficiencies.] If any deficiency cited on the Annual LSC survey has a previously requested Temporary Waiver on file, the POC response submitted for that deficiency for the Annual survey cannot exceed the date previously requested.

CMS has final authority to approve or deny all Waiver or FSES requests.

If the facility is subject to a LSC Federal Monitoring Survey (FMS), that survey will in most instances become part of an existing enforcement cycle. No revisit activity for the Annual LSC will occur until our office has received authorization from the Regional CMS Office to conduct a revisit for the FMS survey. The Regional CMS Office has final authority for review and approval of POCs, Waiver requests and FSES requests for a LSC FMS. All inquiries regarding Denial of Payments for New Admissions (DOPNA) in these cases should be made to the CMS Illinois Principal Program Representative.

Before a revisit will be scheduled, the facility must provide to the Department an acceptable POC for all deficiencies. An acceptable POC will also serve as the facility's allegation of compliance, thereby signifying the facility attests it will be in substantial compliance with all federal certification requirements. Based upon the acceptable POC, a revisit will be conducted to verify compliance.

#### SUBMISSION OF EVIDENCE IN LIEU OF AN ONSITE FOLLOW-UP REVISIT

Based upon the scope and severity level of the LSC deficiencies cited, the facility may be considered eligible to submit evidence in lieu of an onsite revisit. This evidence must be submitted within thirty days of the survey exit date, should be clearly separated by tag number, and should show that the facility has:

1. Put into place systemic changes as identified in its Plan of Correction to ensure that the deficient practices will not recur, and
2. Initiated a program to monitor the continued effectiveness of its Plan of Correction.

Evidence of correction should include documentation such as copies of written policies and procedures, completed (i.e., filled out) monitoring sheets, outline of in-service programs, in-service attendance sheets, quality assurance monitoring reports, committee minutes, licenses or other credentials, invoices, receipts, photographs or other credible evidence. If the evidence that the facility submits is determined by the Department to show correction of the deficiencies, an on-site health revisit will not be conducted. If the evidence does not prove correction, or is not submitted in a timely manner, an on-site revisit will be scheduled. All information submitted as evidence will be reviewed by the Architect that conducted the Annual Survey.

#### PLEASE SUBMIT THE ABOVE EVIDENCE WITHIN 30 DAYS OF THE LSC SURVEY EXIT DATE.

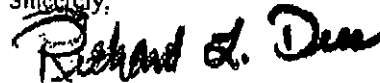
The facility may request an "Informal Dispute Resolution" (IDR) to challenge any deficiency that renders the facility not in substantial compliance (Level "D" or above). The facility may only question whether or not a deficiency existed at the time of the survey, not the scope/severity or any recommended or imposed remedies. The IDR process will not delay the effective date of any enforcement action! If the facility requests an IDR without submitting an acceptable POC and the Department's decision, as a result of the process, does not result in the deletion of the deficiency, our Department will then proceed to impose or recommend immediate imposition of remedies, to include termination from the Medicare and/or Medicaid programs. The provider is allowed one (1) opportunity for IDR. (See Enclosure #3).

Please submit all documents or other materials relating to this survey to:

Illinois Department of Public Health  
Division of Long-Term Care, Field Operations  
Quality Review Section; Attention: Jan Siegel  
525 West Jefferson, Fifth Floor  
Springfield, Illinois 62761-0001

If you have questions concerning this notice, please contact my staff at the above address or telephone (217) 782-5180. You may also telephone the Department's TTY number (hearing impaired use only) at 1-800-547-0466.

Sincerely,



Richard L. Dees, Chief  
Bureau of Long Term Care

Enclosures

cc: State Medicaid Agency  
II. Department on Aging  
Charles Sheets, Registered Agent  
File (3)  
G2/ddb/012408/as/CM

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

708 354 1760

PRINTED: 07/14/2009  
 FORM APPROVED  
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146093	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/02/2009
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE		STREET ADDRESS CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525	

(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	K 000		
	<p>AN ANNUAL LIFE SAFETY CODE (LSC) CERTIFICATION SURVEY WAS CONDUCTED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH. AT THIS SURVEY, MEADOWBROOK MANOR 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.</p> <p>BUILDING 0101: THREE STORY BUILDING WITH A RAISED BASEMENT (USED BY RESIDENTS) WAS DETERMINED TO BE OF I[000] CONSTRUCTION. THE FACILITY HAS AN AUTOMATIC FIRE ALARM SYSTEM WITH SMOKE DETECTORS IN CORRIDORS AND SPACES OPEN TO THE CORRIDORS.</p> <p>THE BUILDING IS TOTALLY SPRINKLERED.</p> <p>THE FACILITY HAS A CAPACITY OF 197 BEDS WITH A CENSUS OF 112 AT THE TIME OF THE SURVEY.</p> <p>THE REQUIREMENTS AT 42 CFR SUBPART 483.70(a) ARE NOT MET AS EVIDENCED BY:</p>			
K 012 SS-F	NFPA 101 LIFE SAFETY CODE STANDARD	K 012	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	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any 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:  146093	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/02/2009
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NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525
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(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
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K 012 Continued From page 1  
 This STANDARD is not met as evidenced by:  
 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY FAILED TO PROVIDE THE MINIMUM CONSTRUCTION TYPE REQUIRED OF A THREE STORY BUILDING AS REQUIRED BY NFPA 101, 2000 EDITION, SECTIONS 19.3.3.2(1) AND 10.2. THIS DEFICIENT PRACTICE COULD EFFECT ALL 112 OF 112 RESIDENTS AND INNUMERABLE STAFF AND VISITORS. THE FINDING IS:  
 ON July 02, 2009 AT APPROXIMATELY 9 AM, REVIEW OF THE LAST TWELVE MONTHS OF FACILITY DOCUMENTS SHOWED NO CHANGE TO THE PRE-EXISTING CONDITIONS RENDERING THE BUILDING A CONSTRUCTION TYPE II[000] DUE TO THE THIRD FLOOR ROOF STRUCTURE. THIS STRUCTURAL CONDITION RENDERS THE BUILDING CAPABLE OF SUPPORTING ONLY TWO STORIES.  
 E-1[ADMINISTRATOR], E-2[DIRECTOR OF MAINTENANCE] AND E-3[REGIONAL DIRECTOR OF MAINTENANCE] CONCURRED WITH THE FINDING.

K 012  
 K 018

K 018 SS=E NFPA 101 LIFE SAFETY CODE STANDARD  
 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6

K 018

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:  146093	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  07/02/2009
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS CITY, STATE, ZIP CODE 338 9TH AVENUE LA GRANGE, IL 60525		
(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 018	Continued From page 2 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.  This STANDARD is not met as evidenced by: BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY FAILED TO MAINTAIN CORRIDOR DOORS SO AS TO RESIST THE PASSAGE OF SMOKE AS REQUIRED BY NFPA 101, 2000 EDITION, SECTION 19.3.6.3. THIS DEFICIENT PRACTICE COULD EFFECT ONE SMOKE COMPARTMENT OF APPROXIMATELY 10 RESIDENTS AND UNTOLD STAFF AND VISITORS IN THE EVENT OF A FIRE. THE FINDING IS:  ON July 02, 2009 AT APPROXIMATELY 3:10 PM, WHILE IN THE COMPANY OF E-2 AND E-3, THE CORRIDOR DOOR TO THE RENAL DIALYSIS TREATMENT ROOM [ACROSS FROM ROOM #126] WAS OBSERVED TO HAVE SEVERAL UNPLUGGED SCREW HOLES IN THE DOOR.  E-2 AND E-3 CONCURRED WITH THE FINDING.	K 018			
K 020 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation	K 020			

*Door Guard*

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

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 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146093	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/02/2009
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NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 338 9TH AVENUE LA GRANGE, IL 60525
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(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
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K 020 Continued From page 3  
 shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.

K 020:

This STANDARD is not met as evidenced by: BASED ON OBSERVATION AND INTERVIEW WITH STAFF, THE FACILITY FAILED TO PROVIDE A CONSTRUCTION RATING OF AT LEAST ONE HOUR FOR AN EXIT STAIR SERVING THREE STORIES AS REQUIRED BY NFPA 101, 2000 EDITION, SECTION 8.2.5.6 AND 19.3.1.1. THIS DEFICIENT PRACTICE COULD RESULT IN FIRE AND SMOKE ENTERING THE EXIT STAIR EFFECTING UP TO 35 RESIDENTS WITH THE OCCURRENCE OF A FIRE IN THREE SMOKE ZONES(ONE AT EACH RESIDENT FLOOR). THE FINDING IS:

ON July 02, 2009 AT APPROXIMATELY 3:35 PM, WHILE IN THE COMPANY OF E-2 AND E-3, THE DOOR LEADING INTO THE WESTERN THREE STORY EXIT STAIR WAS OBSERVED TO HAVE SEVERAL HOLES IN THE FACE OF THE DOOR.

DOOR GUARD

E-2 AND E-3 CONCURRED WITH THE FINDING.

K 029 : NFPA 101 LIFE SAFETY CODE STANDARD  
 SS=E

K 029:

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

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NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE	STREET ADDRESS CITY, STATE, ZIP CODE 339 0TH AVENUE LA GRANGE, IL 60525
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(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
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K 029 - Continued From page 4  
 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

K 029

This STANDARD is not met as evidenced by: BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY FAILED TO PROVIDE PROPER SELF-CLOSING CORRIDOR DOORS FOR A HAZARDOUS SPACE OPENING ONTO AN EXIT CORRIDOR AS REQUIRED BY NFPA 101, 2000 EDITION, SECTION 19.3.2.1. THIS DEFICIENT PRACTICE COULD EFFECT APPROXIMATELY 35 RESIDENTS AND AN UNKNOWN NUMBER OF STAFF AND VISITORS IN THE EVENT OF A FIRE. THE FINDING IS:

ON July 02, 2009 WHILE IN THE COMPANY OF E-2 AND E-3, THE FOLLOWING STORAGE DOORS WERE NOTED:

A) AT APPROXIMATELY 3:12 PM, THE DOOR TO THE DIALYSIS STORAGE OFFICE WAS OBSERVED TO HAVE A DOOR THAT WAS NOT FITTED WITH AN AUTOMATIC CLOSURE. THIS STORAGE ROOM IS IN EXCESS OF 50 SQUARE FEET.

B) AT APPROXIMATELY 3:40 PM, THE MEDICAL RECORDS STORAGE ROOM AT THE BASEMENT ADJACENT TO THE THERAPY OFFICE WAS FOUND WITH OUT AN AUTOMATIC CLOSURE.

C) AT APPROXIMATELY 3:30 PM, THE DOOR LOCATED IN THE PHYSICAL THERAPY ROOM AT THE BASEMENT THAT LEADS TO A

*DOOR CLOSER*

*DOOR CLOSER*

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146083	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/02/2009
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NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL, 60525
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(K4) 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
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K 029 Continued From page 5  
 SUITE OF STORAGE ROOMS WAS NOT FITTED WITH AN AUTOMATIC CLOSURE. D) THE DOOR TO THE CENTRAL SUPPLY LOCATED IN THE BASEMENT HAS A HOLE IN IT, ALLOWING SMOKE TO PASS INTO THE CORRIDOR.

K 029  
 DOOR CLOSER

E-2 AND E-3 CONCURRED WITH THE FINDINGS.  
 K 038 NFPA 101 LIFE SAFETY CODE STANDARD  
 SS=E Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

K 038

This STANDARD is not met as evidenced by: BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY FAILED TO PROVIDE DOOR HARDWARE AT THE EXIT STAIRS THAT PROVIDED A READILY ACCESSIBLE EGRESS/EXIT ACCESS AS REQUIRED BY NFPA 101, 2000 EDITION, SECTIONS 7.1, 7.2.1.7.1 AND 19.2.1. THIS DEFICIENT PRACTICE COULD RESULT IN A DELAYED EXITING IN THE CASE OF AN EMERGENCY.  
 THE FINDING IS:

ON July 02, 2009 BETWEEN 12:05 AND 3 PM, WHILE IN THE COMPANY OF E-2 AND E-3, THE STAIRWAY DOORS OPENING INTO THE STAIR/EGRESS PATHS WERE FOUND TO BE FIT WITH SPECIAL MAGNETIC TIMED LOCKING DEVICES. THE FIFTEEN SUCH DOORS OBSERVED WERE FIT WITH A

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NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE		STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 80525	

(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
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K 038 Continued From page 6  
 REQUIRED DOUBLE-ACTION SYSTEM REQUIRING OF APPLYING PRESSURE TO THE DOOR THEN TURNING A DOOR KNOB TO OPEN THE DOOR. THE PROCESS IS NOT CORRECTLY DESCRIBED ON THE DIRECTIONS PLACARD.

K 038  
*PANIC BARS*

E-1, E-2 AND E-3 CONCUR WITH THE FINDING.  
 K 051 NFPA 101 LIFE SAFETY CODE STANDARD  
 SS=E  
 A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6

K 051

This STANDARD is not met as evidenced by:

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NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525		
(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 051	Continued From page 7 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY FAILED TO PROVIDE APPROVED COMPONENT DEVICES/SMOKE DETECTORS IN LOCATIONS AS REQUIRED BY NFPA 101, 2000 EDITION, SECTIONS 19.3.4 AND 9.6 AND NFPA 72, SECTION 5.6.5.3. THIS DEFICIENT PRACTICE COULD EFFECT APPROXIMATELY 6 RESIDENTS AND AN UNTOLD NUMBER OF STAFF AND VISITORS IN THE SMOKE ZONES EFFECTED. THE FINDINGS ARE:  ON July 02, 2009, THE FOLLOWING CONDITIONS WERE NOTED: A) AT APPROXIMATELY 9 AM, REVIEW OF THE SERVICE CONTRACTORS INSPECTION/TEST REPORT DATED 01/16/2009 STATED THAT AT THE BASEMENT OLD PHYSICAL THERAPY AREA, FOUR MERCOID DUCT DETECTORS WERE LOCATED. THESE WERE NOT TESTED BY THE SERVICE CONTRACTOR. THESE ARE TWO STAGE REPORTING DEVICES. B) AT APPROXIMATELY 3:10 PM, WHILE IN THE COMPANY OF E-2 AND E-3, THE SPACE AT THE FIRST FLOOR USED AS THE TELEVISION ROOM WAS OBSERVED TO HAVE A COFFERED CEILING WITH SYSTEMS OF BEAMS RUNNING AT 90 DEGREE ANGLES AND FORMING TROUGH AREAS BOUNDED BY BARRIERS FOUR INCHES PLUS FROM THE CEILING PLANE. FOUR OF EIGHT OF THESE COFFERED AREAS WAS FIT WITH SMOKE DETECTORS. THE ROOM IS OPEN, IS IN EXCESS OF 600 SQUARE FEET AND FORMS AN EXIT PATHWAY IN MULTIPLE DIRECTIONS.  E-2 AND E-3 CONCURRED WITH THE	K 051			

*SMOKE DAMPERS REPLACED*

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NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE		STREET ADDRESS, CITY, STATE, ZIP CODE 338 9TH AVENUE LA GRANGE, IL 60525		
(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 051	Continued From page 8 FINDINGS. K 062 : NFPA 101 LIFE SAFETY CODE STANDARD SS=F Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: BASED ON SERVICE CONTRACTORS' REPORT REVIEW AND STAFF INTERVIEW, THE FACILITY FAILED TO PROVIDE CONTINUED MAINTENANCE OF THE FIRE SUPPRESSION SYSTEM AS REQUIRED BY NFPA 101, 2000 EDITION, SECTIONS 19.7.6, 4.6.12, NFPA 13, NFPA 25, SECTION 9.7.5. THIS DEFICIENT PRACTICE COULD RESULT IN A FAILURE OF THE SUPPRESSION SYSTEM DUE TO AN UNDIAGNOSED PROBLEM, EFFECTING ALL 112 RESIDENTS AND AN UNKNOWN NUMBER OF STAFF AND VISITORS. THE FINDING IS:  ON July 02, 2009 AT APPROXIMATELY 10:10 AM, REVIEW OF THE SERVICE CONTRACTOR'S REPORT DATED 01/16/2009 FOR THE SPRINKLER INSPECTION INDICATED THAT:  A) THE PRESSURE GAGES HAD NOT HAD THE REQUIRED FIVE YEAR CALIBRATION CHECKED B) THE PRESSURE REDUCING VALVES ANNUAL FULL FLOW TEST HAS NOT BEEN DONE.	K 051  K 062		

*FILE PUMP GAGES*  
*GRANGER SWJ63*

*PRESSURE & VACUUM GAGES*



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NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525
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K 062 Continued From page 9  
 E-2 AND E-3 CONCURRED WITH THE FINDINGS.

K 104 SS=E NFPA 101 LIFE SAFETY CODE STANDARD  
 Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.

This STANDARD is not met as evidenced by: BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY FAILED TO PROVIDE A SMOKE SEALED BARRIER FOR A FLOOR CONTAINING ALZHEIMER'S RESIDENCE AS REQUIRED BY NFPA 101, 2000 EDITION, SECTION 8.3.5. THIS DEFICIENT PRACTICE COULD EFFECT ALL 20 RESIDENTS AND NUMEROUS STAFF AND VISITORS IN THE EVENT OF A FIRE EVENT. THE FINDING IS:

ON July 02, 2009 AT APPROXIMATELY 12:10 PM WHILE IN THE COMPANY OF E-2 AND E-3, THE SMOKE BARRIER IN THE 3RD FLOOR ALZHEIMER'S UNIT WAS OBSERVED WITH A HOLE APPROXIMATELY 12 SQUARE INCHES AROUND A SMOKE DAMPER INSTALLATION.

E-2 AND E-3 CONCURRED WITH THE FINDING.

K 160 SS=E NFPA 101 LIFE SAFETY CODE STANDARD  
 K 160

All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3.

*REPAIR HOLE*

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NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 338 9TH AVENUE LA GRANGE, IL 60525	
(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 160	Continued From page 10 Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2  This STANDARD is not met as evidenced by: BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY FAILED TO ENFORCE THE FIRE FIGHTER'S SERVICE REQUIREMENTS AS REQUIRED BY ASME/ANSI A 17.3, SECTIONS 19.5.3 AND 9.4.3.2. THIS DEFICIENT PRACTICE COULD EFFECT THE RESCUE OF APPROXIMATELY 25 INDIVIDUALS AND AN UNTOLD NUMBER OF STAFF AND VISITORS AT THE THIRD FLOOR NORTH WING IN THE EVENT OF AN EMERGENCY. THE FINDING IS:  ON July 02, 2009 AT APPROXIMATELY 3:40 PM, IT WAS NOTED THAT THE SINGLE ELEVATOR SERVICING THE THIRD FLOOR SECTION OF THE BUILDING WAS NOT CONFORMING WITH ASME/ANSI A 17.3. THIS FLOOR HOUSES THE ALZHEIMER'S UNIT.  E-1, E-2 AND E-3 CONCURRED WITH THE FINDING.	K 160		

Period	EF Date	Batch-Ent	Source	Description	Ref #	Debits	Credits	Previous Balance	Net Change	Balance
5776.000 - Repairs and Maintenance										
1	01/07/10	3188-21	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	010710	63.16	0.00			
1	01/11/10	3209-21	AP-IN	HO SUPPLY	91006501Z7	379.45	0.00			
1	01/11/10	3309-32	AP-IN	ALCO SALES AND SERVICE CO	2340542	169.79	0.00			
1	01/16/10	3209-40	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	011610	105.82	0.00			
1	01/16/10	3225-7	AP-IN	ALCO SALES AND SERVICE CO	2341751	71.27	0.00			
1	01/21/10	3234-5	AP-IN	HO SUPPLY	9100824980	191.20	0.00			
1	01/21/10	3234-19	AP-IN	ALCO SALES AND SERVICE CO	2342421	160.21	0.00			
1	01/25/10	3234-35	AP-IN	MSW ELECTRIC & CONSTRUCTION, INC.	012510	350.00	0.00			
1	01/30/10	3247-11	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	013010	70.41	0.00			
Net Change and Ending Balance for Period 1										1,561.31

2	02/01/10	3248-12	AP-IN	SPECIALTY WATER CHEMICALS, INC	10361	760.88	0.00			
2	02/04/10	3269-5	AP-IN	ALCO SALES AND SERVICE CO	2344596	127.52	0.00			
2	02/13/10	3294-41	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	021310	30.59	0.00			
2	02/12/10	3294-46	AP-IN	ALCO SALES AND SERVICE CO	2345916	114.26	0.00			
2	02/20/10	3294-58	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	022010	4.14	0.00			
2	02/16/10	3301-25	AP-IN	MIDWEST HEALTHCARE SYSTEMS INC	12839	173.29	0.00			
2	02/25/10	3313-2	AP-IN	DIRECT SUPPLY HEALTHCARE EQUIPMENT	17696042	84.89	0.00			
2	02/26/10	3313-5	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	022610	22.82	0.00			
2	02/23/10	3313-52	AP-IN	ALCO SALES AND SERVICE CO	2347600	86.37	0.00			
2	02/24/10	3344-18	AP-IN	WEST TOWN REFRIGERATION CORP	167477	1,069.56	0.00			
2	02/18/10	3385-27	AP-IN	WEST TOWN REFRIGERATION CORP	167379	27,070.81	0.00			
2	02/12/10	3385-34	AP-IN	WEST TOWN REFRIGERATION CORP	167232	8,483.13	0.00			
2	02/28/10	3432-1	GL-JE	Journal Entries - 02/10 - Redass West Town Refrigeration #187379 - 02/18/10		0.00	27,070.81			
Net Change and Ending Balance for Period 2										10,977.15

3	03/02/10	3334-13	AP-IN	ALCO SALES AND SERVICE CO	2348848	105.22	0.00			
3	03/05/10	3344-3	AP-IN	MIDWEST HEALTHCARE SYSTEMS INC	12928	332.72	0.00			
3	03/03/10	3344-10	AP-IN	ALCO SALES AND SERVICE CO	2348924	99.32	0.00			
3	03/05/10	3344-15	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	030510	112.10	0.00			
3	03/13/10	3371-31	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	031310	12.11	0.00			
3	03/08/10	3372-6	AP-IN	ALCO SALES AND SERVICE CO	2348840A	43.80	0.00			
3	03/20/10	3385-47	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	032010	8.03	0.00			
3	03/15/10	3401-36	AP-IN	ALCO SALES AND SERVICE CO	2350969	121.22	0.00			
3	03/23/10	3401-48	AP-IN	HO SUPPLY	9101771781	446.63	0.00			
3	03/27/10	3401-50	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	032710	65.92	0.00			
3	03/30/10	3420-21	AP-IN	ALCO SALES AND SERVICE CO	2353635	42.19	0.00			
Net Change and Ending Balance for Period 3										1,369.26
Net Change and Ending Balance for Period 4										12,538.46

Period	Eff. Date	Batch-Ent.	Source	Description	Ref #	Debits	Credits	Net Change	Balance
4	04/17/10	3448-43	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	041710	55.06	0.00		
4	04/17/10	3452-3	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	041710A LAG	55.06	0.00		
4	04/08/10	3479-42	AP-IN	ALCO SALES AND SERVICE CO	2355006	117.35	0.00		
4	04/14/10	3489-22	AP-IN	ALCO SALES AND SERVICE CO	2356044	278.41	0.00		
4	04/26/10	3508-17	AP-IN	ALCO SALES AND SERVICE CO	2357858	159.65	0.00		
4	04/29/10	3508-21	AP-IN	ALCO SALES AND SERVICE CO	2358398	72.40	0.00		
<b>Net Change and Ending Balance for Period 4</b>								<b>737.89</b>	<b>14,665.65</b>
<b>TOTALS</b>						<b>41,738.46</b>	<b>27,070.81</b>	<b>14,665.65</b>	<b>14,665.65</b>

Days Accounts

Grand Totals	41,738.46	27,070.81	14,665.65
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Grand Totals (Days)

Grand Totals	0.00	0.00	0.00
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Period	Eff. Date	Batch-Ent. Source	Description	Ref #	Debits	Credits	Previous Balance
5778,000 - Repairs and Maintenance							
1	01/03/09	2258-13 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	010309	121.82	0.00	
1	01/08/09	Z273-9 AP-IN	ALCO SALES AND SERVICE CO	2284112	67.98	0.00	
1	01/09/09	Z283-31 AP-IN	INTERSTATE ELECTRONICS COMPANY	54003	543.00	0.00	
1	01/17/09	Z288-4 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	011709	76.34	0.00	
1	01/28/09	Z298-11 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16143	114.00	0.00	
1	01/23/09	Z298-19 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16141	151.00	0.00	
1	01/24/09	Z298-57 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	012409	35.45	0.00	
1	01/31/09	Z298-94 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	013109	31.59	0.00	
1	01/26/09	Z301-9 AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE021402	691.00	0.00	
1	01/30/09	Z332-41 AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE021460	569.50	0.00	
1	01/28/09	Z332-55 AP-IN	ALCO SALES AND SERVICE CO	2287609	40.54	0.00	
1	01/13/09	Z338-15 AP-IN	LIONHEART ENGINEERING	2019185	872.00	0.00	
1	01/30/09	Z375-3 AP-IN	METRO POWER INC.	6928	3,695.00	0.00	
1	03/18/08	Z396-7 AP-IN	M & S DISTRIBUTING CO., INC.	19560	299.89	0.00	
					<b>Net Change</b>		<b>7,439.11</b>
							<b>Balance</b>
							<b>7,439.11</b>

Period	Eff. Date	Batch-Ent. Source	Description	Ref #	Debits	Credits	Previous Balance
Net Change and Ending Balance for Period 1							
2	02/07/09	Z532-28 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	020709	23.79	0.00	
2	02/09/09	Z338-5 AP-IN	HAGES MACHINERY INC	ST55335	214.00	0.00	
2	02/04/09	Z338-27 AP-IN	ALCO SALES AND SERVICE CO	2288736	104.46	0.00	
2	02/04/09	Z338-1 AP-IN	WASHBURN MACHINERY INC	020409 DOWN PYMT	1,724.00	0.00	
2	02/04/09	Z338-2 AP-IN	WASHBURN MACHINERY INC	020409 BALANCE	6,895.00	0.00	
2	02/14/09	Z349-6 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	021409	61.55	0.00	
2	02/19/09	Z350-15 AP-IN	YOUNGS EQUIPMENT SUPPLIES	021909	414.80	0.00	
2	02/16/09	Z350-21 AP-IN	ALCO SALES AND SERVICE CO	2290696	305.05	0.00	
2	02/21/09	Z367-10 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	022109	106.41	0.00	
2	02/23/09	Z373-1 AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE021610	831.25	0.00	
2	02/28/09	Z373-23 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	022809	8.73	0.00	
2	02/16/09	Z373-26 AP-IN	DIRECT SUPPLY HEALTHCARE EQUIPMENT	16745982	66.17	0.00	
2	02/23/09	Z373-48 AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE021611	391.35	0.00	
2	02/26/09	Z373-52 AP-IN	WASHBURN MACHINERY INC	73365	8,620.00	0.00	
2	02/24/09	Z373-56 AP-IN	WASHBURN MACHINERY INC	73373	456.00	0.00	
2	02/27/09	Z384-38 AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE021662	1,109.15	0.00	
2	02/26/09	Z503-1 GL-JE	Journal Entries - 02/09 - Redass Washburn Machinery - 2/4/09 Down Pmt		0.00	1,724.00	
2	02/28/09	Z503-1 GL-JE	Journal Entries - 02/09 - Redass Washburn Machinery - 2/4/09 Balance		0.00	6,895.00	
2	02/28/09	Z503-1 GL-JE	Journal Entries - 02/09 - Redass Washburn Machinery - Inv #73395		0.00	8,620.00	

Source: ALL

Period	Eff. Date	Batch-Ent.	Source	Description	Ref #	Debits	Credits	Net Change	Balance
<b>Net Change and Ending Balance for Period 2</b>									
3	03/13/09	2394-1	AP-IN	WASHBURN MACHINERY INC - Reversed	73395	0.00	8,620.00	4,102.71	11,541.82
3	03/08/09	2396-14	AP-IN	COMMERCIAL APPLIANCE SERVICE CO	1223	155.30	0.00		
3	03/11/09	2396-15	AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16235	281.08	0.00		
3	03/09/09	2396-26	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE021690	758.50	0.00		
3	03/14/09	2405-19	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	031409	63.34	0.00		
3	03/24/09	2422-9	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE021792	233.50	0.00		
3	03/25/08	2422-12	AP-IN	WASHBURN MACHINERY INC	73822	198.00	0.00		
3	03/25/09	2422-13	AP-IN	WASHBURN MACHINERY INC	73822A	0.00	10.00		
3	03/31/09	2585-1	GL-JE	Journal Entries - 03/09 - Reverse Washburn Machinery Recd Inv#73395		8,620.00	0.00		
<b>Net Change and Ending Balance for Period 3</b>									
4	04/04/09	2450-9	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	040409	26.12	0.00	1,680.72	13,222.54
4	04/10/09	2506-3	AP-IN	WASHBURN MACHINERY INC	74094	430.06	0.00		
4	04/10/09	2506-4	AP-IN	WASHBURN MACHINERY INC	74094A	0.00	10.00		
4	04/16/09	2517-2	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	041809	66.78	0.00		
4	04/25/08	2517-3	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	042509	28.83	0.00		
4	04/29/09	2541-21	AP-IN	HD SUPPLY	80789600	255.35	0.00		
4	04/28/09	2544-16	AP-IN	ALCO SALES AND SERVICE CO	2302967	252.91	0.00		
4	03/25/09	2572-16	AP-IN	WASHBURN MACHINERY INC	CM 4324	0.00	198.00		
<b>Net Change and Ending Balance for Period 4</b>									
5	05/09/09	2550-12	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	050809	12.00	0.00	851.05	14,073.59
5	05/11/09	2557-28	AP-IN	ALCO SALES AND SERVICE CO	2304337	49.55	0.00		
5	05/16/09	2572-3	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	051609	60.62	0.00		
5	05/12/09	2572-31	AP-IN	GATEWAY LOCKSMITH, INC.	138656-4400	178.00	0.00		
5	05/14/09	2581-13	AP-IN	ALCO SALES AND SERVICE CO	2304968	154.11	0.00		
5	05/19/09	2581-15	AP-IN	ALCO SALES AND SERVICE CO	2305606	125.58	0.00		
5	05/28/09	2593-3	AP-IN	CITIBANK	052809 PAYMENT	195.97	0.00		
5	05/23/09	2606-17	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	052309	22.67	0.00		
5	05/29/09	2620-3	AP-IN	ALCO SALES AND SERVICE CO	2306416A	86.31	0.00		
5	12/09/08	2670-15	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE021922	1,077.00	0.00		
5	08/15/08	2670-16	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE020348	1,520.82	0.00		
5	08/15/08	2670-19	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE020352	264.00	0.00		
5	12/30/07	2670-20	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE018632	820.00	0.00		
5	08/15/08	2670-21	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE020350	359.00	0.00		
5	12/28/07	2670-22	AP-IN	COMPLETE TEMPERATURE SYS INC	JC2137	5,350.00	0.00		
5	05/31/09	2724-1	GL-JE	Journal Entries - 05/09 - Redress Complete Temperature #JC2137 - 12/28/07		0.00	5,350.00		

Source: ALL

Period	Eff. Date	Batch-Ent	Source	Description	Ref #	Debits	Credits	Net Change	Balance
<b>Net Change and Ending Balance for Period 5</b>									
6	08/02/09	2819-6	AP-IN	LIONHEART ENGINEERING	2021119	1,556.96	0.00	1,556.96	18,799.02
6	08/02/09	2847-9	AP-IN	TIM GABEL	060209	264.74	0.00	264.74	
6	08/05/09	2847-14	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	060609	50.93	0.00	50.93	
6	06/04/09	2847-20	AP-IN	ALCO SALES AND SERVICE CO	2307908	207.28	0.00	207.28	
6	08/02/09	2861-31	AP-IN	LIONHEART ENGINEERING	2021119A	1,469.76	0.00	1,469.76	
6	08/09/09	2861-33	AP-IN	HOME PRIDE	29501	1,312.00	0.00	1,312.00	
6	08/17/09	2862-1	AP-IN	LIONHEART ENGINEERING - Reversed	2021119	0.00	1,956.96	1,956.96	
6	08/13/09	2870-8	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	061309	24.55	0.00	24.55	
6	08/09/09	2870-14	AP-IN	ALCO SALES AND SERVICE CO	2308639	79.03	0.00	79.03	
6	08/20/09	2870-16	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	062009	12.99	0.00	12.99	
6	08/27/09	2870-48	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	062709	181.68	0.00	181.68	
6	08/25/09	2881-2	AP-IN	WASHBURN MACHINERY INC	75331	211.25	0.00	211.25	
6	08/29/09	2707-7	AP-IN	ALCO SALES AND SERVICE CO	2311572	340.21	0.00	340.21	
6	06/26/09	2707-9	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE022180	442.50	0.00	442.50	
6	08/28/09	2707-10	AP-IN	ALCO SALES AND SERVICE CO	2311405	25.03	0.00	25.03	
6	08/19/09	2710-2	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN11201	136.40	0.00	136.40	
6	06/30/09	2739-45	AP-IN	WASHBURN MACHINERY INC	75459	136.57	0.00	136.57	
<b>Net Change and Ending Balance for Period 6</b>									
7	07/18/09	2739-68	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	071809	67.87	0.00	67.87	
7	07/15/09	2742-1	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE022341	5,203.50	0.00	5,203.50	
7	07/25/09	2770-18	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	072509	38.43	0.00	38.43	
7	07/29/09	2770-21	AP-IN	ALCO SALES AND SERVICE CO	2318166	91.27	0.00	91.27	
7	12/28/07	2788-2	AP-IN	COMPLETE TEMPERATURE SYS INC	JC2137 ADDL	1,596.00	0.00	1,596.00	
7	07/31/09	2797-10	AP-IN	ALCO SALES AND SERVICE CO	2316431	193.80	0.00	193.80	
7	07/31/09	2873-1	GL-JE	Journal Entries - 07/09 - SHC Const CH91247 - Prebuild - 8/12/09		210.11	0.00	210.11	
7	07/31/09	2873-1	GL-JE	Journal Entries - 07/09 - BHCG CK491155 - Joe Wittinger - 7/27/09 - LAG		228.46	0.00	228.46	
<b>Net Change and Ending Balance for Period 7</b>									
8	08/04/09	2775-39	AP-IN	HD SUPPLY	81014744	89.17	0.00	89.17	
8	08/10/09	2797-7	AP-IN	WASHBURN MACHINERY INC	78058	64.90	0.00	64.90	
8	08/05/09	2797-12	AP-IN	GRAINGER	904951439	122.91	0.00	122.91	
8	08/15/09	2813-8	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	081509	153.94	0.00	153.94	
8	08/14/09	2843-2	AP-IN	ALCO SALES AND SERVICE CO	2318719	332.80	0.00	332.80	
8	08/22/09	2849-22	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	082209	6.01	0.00	6.01	
								<b>Net Change</b>	<b>Balance</b>
								7,629.44	31,335.36

Period	Eff. Date	Batch-Entl. Source	Description	Ref #	Debits	Credits	Net Change	Balance
8	09/20/09	2853-29 AP-IN	ALCO SALES AND SERVICE CO	2319449-CM	0.00	83.07		
8	09/26/09	2853-30 AP-IN	ALCO SALES AND SERVICE CO	2320476	1,295.52	0.00		
8	09/29/09	2864-10 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	082909	59.24	0.00		
8	01/12/09	2905-1 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16128	364.75	0.00		
8	03/16/09	2905-2 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16239	175.28	0.00		
8	02/29/09	2905-3 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16163	223.03	0.00		
8	07/10/09	2905-5 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	15005	114.00	0.00		
8	01/07/09	2905-6 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	1224	74.00	0.00		
8	02/13/09	2905-7 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16154	452.10	0.00		
8	02/24/09	2905-8 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16243	352.35	0.00		
8	04/03/09	2905-9 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16170	322.08	0.00		
8	04/01/09	2905-10 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16219	124.00	0.00		
8	02/20/09	2905-11 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16189	197.00	0.00		
8	04/20/09	2905-13 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	16175	251.13	0.00		
<b>Net Change and Ending Balance for Period 8</b>								<b>38,026.50</b>
9	09/12/09	2894-2 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	091209	28.47	0.00		
9	09/08/09	2894-10 AP-IN	ALCO SALES AND SERVICE CO	2322216	288.03	0.00		
9	09/09/09	2894-11 AP-IN	ALCO SALES AND SERVICE CO	2322285	91.98	0.00		
9	09/14/09	2903-11 AP-IN	SPECIALTY WATER CHEMICALS, INC	10181	505.96	0.00		
9	09/19/09	2903-17 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	091909	53.78	0.00		
9	09/19/09	2933-4 AP-IN	HD SUPPLY	81121660A	1,215.35	0.00		
9	09/15/09	2933-5 AP-IN	HD SUPPLY	81121660B	543.26	0.00		
9	09/21/09	2933-9 AP-IN	WASHBURN MACHINERY INC	76647	54.82	0.00		
9	09/21/09	2933-19 AP-IN	ALCO SALES AND SERVICE CO	2324134	96.33	0.00		
9	09/22/09	2933-23 AP-IN	WASHBURN MACHINERY INC	76719	64.87	0.00		
9	09/24/09	2933-30 AP-IN	ALCO SALES AND SERVICE CO	2324591	188.73	0.00		
9	09/30/09	2958-27 AP-IN	ALCO SALES AND SERVICE CO	2325510	63.88	0.00		
9	09/30/09	2958-38 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	093009	33.14	0.00		
<b>Net Change and Ending Balance for Period 9</b>								<b>3,208.61</b>
10	10/05/09	2994-34 AP-IN	YOUNGS EQUIPMENT SUPPLIES	539882	49.29	0.00		
10	10/13/09	2994-39 AP-IN	WEST TOWN REFRIGERATION CORP	184317	2,474.31	0.00		
10	10/14/09	2994-45 AP-IN	ALCO SALES AND SERVICE CO	2327730	404.11	0.00		
10	10/17/09	2994-53 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	101709	42.32	0.00		
10	10/27/09	2994-5 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	102709	47.52	0.00		
<b>Net Change and Ending Balance for Period 10</b>								<b>42,232.66</b>
11	11/03/09	3018-1 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	110309	45.00	0.00		
11	11/12/09	3036-1 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	111209 LAG	27.63	0.00		
11	11/06/09	3041-2 AP-IN	MIDWEST HEALTHCARE SYSTEMS INC	12224	71.64	0.00		



Source: ALL

Period	Eff. Date	Batch-Ent. Source	Description	Ref #	Debits	Credits	Net Change	Balance	
11	04/08/08	3043-5 AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE016525A	716.00	0.00			
11	08/27/09	3088-1 AP-IN	WEST TOWN REFRIGERATION CORP	183402	1,082.37	0.00			
11	09/23/09	3088-2 AP-IN	WEST TOWN REFRIGERATION CORP	183927	587.85	0.00			
11	11/19/09	3088-4 AP-IN	ALCO SALES AND SERVICE CO	2333757	138.99	0.00			
11	11/16/09	3068-12 AP-IN	SPECIALTY WATER CHEMICALS, INC	10270	760.88	0.00			
11	11/21/09	3077-1 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	112109	101.17	0.00			
11	11/30/09	3097-10 AP-IN	ALCO SALES AND SERVICE CO	2334689	91.83	0.00			
Net Change and Ending Balance for Period 11								3,593.36	45,846.02
12	12/02/09	3097-15 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	120209	19.04	0.00			
12	12/10/09	3131-21 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	121009	390.44	0.00			
12	12/19/09	3147-34 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	121909	65.04	0.00			
12	12/23/09	3157-2 AP-IN	WASHBURN MACHINERY INC	78111	313.39	0.00			
12	12/23/09	3157-4 AP-IN	WASHBURN MACHINERY INC	78102	588.45	0.00			
12	12/17/09	3294-13 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	15100	245.30	0.00			
12	11/25/09	3284-14 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	15062	114.00	0.00			
12	11/02/09	3294-15 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	15050	149.80	0.00			
12	10/28/09	3294-16 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	15046	142.28	0.00			
12	10/20/09	3294-17 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	15036	391.76	0.00			
12	10/05/09	3294-23 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	15028	124.00	0.00			
12	10/02/09	3294-24 AP-IN	COMMERCIAL APPLIANCE SERVICE CO	15026	571.58	0.00			
12	12/31/09	3322-1 GL-JE	Journal Entries - 12/09 - Reclass the Electric Company #07C208 - 07/02/08		539.90	0.00			
12	12/31/09	3322-1 GL-JE	Journal Entries - 12/09 - Reclass JPS Designs Inv#100 - 07/28/09		1,200.00	0.00			
Net Change and Ending Balance for Period 12								4,853.00	90,699.02
TOTALS					84,168.05	33,469.03		60,699.02	

Days Accounts

Grand Totals

Meadowbrook - LaGrange  
GIL Transactions  
from 1/1/2008 - 12/31/2008

Date: May 0  
Time: 12:23:00  
User: Jaime Williams

Period	Eff. Date	Batch-Ent.	Source	Description	Ref #	Debits	Credits	Previous Balance
5776.000 - Repairs and Maintenance								
1	01/07/08	1253-54	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	010708	96.30	0.00	0.00
1	01/12/08	1298-8	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	011208	51.29	0.00	0.00
1	01/10/08	1298-29	AP-IN	INTERSTATE ELECTRONICS COMPANY	51414	416.00	0.00	0.00
1	01/11/08	1312-5	AP-IN	ALCO SALES AND SERVICE CO	2228292	382.26	0.00	0.00
1	01/10/08	1312-13	AP-IN	INTERSTATE ELECTRONICS COMPANY	51406	312.00	0.00	0.00
1	01/23/08	1329-19	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9440	835.81	0.00	0.00
1	01/23/08	1328-20	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9439	170.00	0.00	0.00
1	01/28/08	1329-28	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	012808	68.35	0.00	0.00
1	01/28/08	1329-43	AP-IN	ALCO SALES AND SERVICE CO	Z230857-CM	0.00	293.32	0.00
1	01/31/08	1329-44	AP-IN	J A SEXAUER INC	173437495	358.69	0.00	0.00
1	01/30/08	1329-55	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE019107	4,699.25	0.00	0.00
1	01/24/08	1329-60	AP-IN	LIONHEART ENGINEERING	2015913	2,745.84	0.00	0.00
1	01/30/08	1369-7	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9455	368.60	0.00	0.00
1	01/03/08	1369-12	AP-IN	INTERSTATE ELECTRONICS COMPANY	51544	502.50	0.00	0.00
1	09/25/07	1413-14	AP-IN	SLICK'S CONSTRUCTION INC	092507	850.00	0.00	0.00
Net Change and Ending Balance for Period 1								
2	02/02/08	1328-47	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	020208	410.16	0.00	11,702.17
2	02/09/08	1369-11	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	020908	65.07	0.00	11,702.17
2	02/09/08	1369-44	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	020908A	139.21	0.00	11,702.17
2	02/08/08	1368-57	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE0191483	1,476.00	0.00	11,702.17
2	02/08/08	1368-62	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE019184	753.75	0.00	11,702.17
2	02/19/08	1372-1	AP-IN	J A SEXAUER INC - Reversed	173437435	0.00	358.69	11,702.17
2	02/14/08	1392-1	AP-IN	J A SEXAUER INC	174247205 CM	0.00	358.69	11,702.17
2	02/19/08	1400-15	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE018258	728.00	0.00	11,702.17
2	02/23/08	1400-19	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	022308	78.19	0.00	11,702.17
2	02/28/08	1413-15	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE019330	655.50	0.00	11,702.17
2	02/28/08	1425-5	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9535	170.00	0.00	11,702.17
Net Change and Ending Balance for Period 2								
3	03/01/08	1400-20	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	030108	166.01	0.00	11,702.17
3	03/08/08	1413-26	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	030808	276.63	0.00	11,702.17
3	03/14/08	1440-6	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	031408	109.00	0.00	11,702.17
3	03/17/08	1480-5	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	031708	201.87	0.00	11,702.17
Net Change								
						3,780.50		15,482.67
								0.00

Source: ALL

Period	Eff. Date	Batch-Ent.	Source	Description	Ref #	Debits	Credits	Net Change	Balance
3	03/13/08	1523-10	AP-IN	ALCO SALES AND SERVICE CO	2238523	274.41	0.00		
3	03/18/08	1523-55	AP-IN	HD SUPPLY	989-9191	187.82	0.00		
3	03/14/08	1523-72	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9375	471.70	0.00		
3	03/29/08	1533-6	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	032908	63.16	0.00		
3	03/27/08	1535-13	AP-IN	ALCO SALES AND SERVICE CO	2241050	111.81	0.00		
3	03/31/08	1535-14	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9814	828.83	0.00		
<b>Net Change and Ending Balance for Period 3</b>									
4	04/08/08	1578-4	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE019525	716.00	0.00		17,951.71
4	04/11/08	1578-21	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	041108	246.51	0.00		2,489.04
4	03/27/08	1593-6	AP-IN	J A SEXAUER INC	176659268A	244.87	0.00		
4	04/14/08	1610-11	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE019541	485.90	0.00		
4	04/17/08	1610-19	AP-IN	ALCO SALES AND SERVICE CO	2244235	119.57	0.00		
4	01/11/08	1610-20	AP-IN	ALCO SALES AND SERVICE CO	2228269A	333.08	0.00		
4	04/17/08	1610-25	AP-IN	HD SUPPLY	80037461	135.00	0.00		
4	04/26/08	1613-6	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	042608	15.66	0.00		
4	12/03/07	1619-6	AP-IN	SLUCK'S CONSTRUCTION INC	120307	1,044.50	0.00		
4	04/23/08	1619-9	AP-IN	J A SEXAUER INC	176237079	97.04	0.00		
4	04/25/08	1619-24	AP-IN	ALCO SALES AND SERVICE CO	2245829	72.39	0.00		
4	04/24/08	1619-34	AP-IN	HD SUPPLY	80051284	377.18	0.00		
4	04/21/08	1619-37	AP-IN	HD SUPPLY	43284825	108.95	0.00		
4	04/21/08	1623-6	AP-IN	HD SUPPLY	43281128 CM	0.00	108.95		
4	04/29/08	1627-18	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE019607	511.00	0.00		
4	04/01/08	1627-30	AP-IN	MIDWEST HEALTHCARE SYSTEMS INC	9719	160.76	0.00		
4	04/22/08	1627-31	AP-IN	J A SEXAUER INC	178153854	257.82	0.00		
4	04/12/08	1627-38	AP-IN	MIDWEST HEALTHCARE SYSTEMS INC	9733	971.23	0.00		
4	04/29/08	1639-4	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE019616	7,867.30	0.00		
4	04/20/08	1683-2	GL-JE	April 2008 Adm'l JE - Redass Shkts Const Inv#120307		0.00	1,044.50		
<b>Net Change</b>									
									12,431.31
<b>Balance</b>									
									50,363.02
<b>Net Change and Ending Balance for Period 4</b>									
5	05/02/08	1617-1	AP-IN	ALCO SALES AND SERVICE CO - Reversed	2228268A	0.00	333.08		
5	05/03/08	1627-5	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	050308	45.27	0.00		
5	05/10/08	1627-34	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	051008	98.93	0.00		
5	05/17/08	1643-8	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	051708	53.94	0.00		
5	05/20/08	1687-1	AP-IN	COMPLETE TEMPERATURE SYS INC - Reversed	SRVCE019525	0.00	716.00		
5	05/31/08	1688-6	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	053108	10.75	0.00		
5	05/24/08	1688-11	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	052408	123.97	0.00		
									123.97

Period	Eff. Date	Batch-Ent.	Source	Description	Ref #	Debits	Credits	Net Change	Balance
5	05/23/08	1698-18	AP-IN	ALCO SALES AND SERVICE CO	2250234	293.42	0.00		
5	05/31/08	1713-3	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	053108A	41.89	0.00		
5	05/20/08	1713-7	AP-IN	SLICKS CONSTRUCTION INC	1523	570.00	0.00		
5	05/30/08	1713-26	AP-IN	LARRY'S LOCK SERVICE	053008	183.97	0.00		
5	06/13/08	1713-32	AP-IN	J.A. SEXAUER INC	178437603	544.40	0.00		
5	05/23/08	1713-42	AP-IN	TITAN ELECTRONICS INC	1463	1,069.90	0.00		
<b>Net Change and Ending Balance for Period 5</b>									
6	05/03/08	1713-63	AP-IN	INTERSTATE ELECTRONICS COMPANY	52488	321.00	0.00	1,987.46	32,370.48
6	05/02/08	1713-76	AP-IN	ALCO SALES AND SERVICE CO	2251262	82.89	0.00		
6	06/11/08	1733-4	AP-IN	INTERSTATE ELECTRONICS COMPANY	52539	1,837.28	0.00		
6	06/14/08	1733-5	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	061408	75.01	0.00		
6	06/12/08	1746-36	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9865	843.00	0.00		
6	06/13/08	1746-39	AP-IN	ALCO SALES AND SERVICE CO	2253377	155.31	0.00		
6	06/21/08	1763-8	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	062108	150.21	0.00		
6	06/05/08	1763-18	AP-IN	J.A. SEXAUER INC	180782930	1,029.60	0.00		
6	06/05/08	1763-19	AP-IN	J.A. SEXAUER INC	180782948	315.38	0.00		
6	04/24/08	1789-1	AP-IN	ALCO SALES AND SERVICE CO	2230197 LAG	31.46	0.00		
6	06/27/08	1794-1	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9606	255.00	0.00		
6	06/27/08	1794-22	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9905	170.00	0.00		
6	06/27/08	1794-23	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9907	219.70	0.00		
6	06/27/08	1794-31	AP-IN	HD SUPPLY	80170727	455.89	0.00		
6	06/30/08	1794-65	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE020017	176.00	0.00		
<b>Net Change and Ending Balance for Period 6</b>									
7	07/07/08	1790-1	AP-IN	HOME DEPOT	070708	707.36	0.00	5,897.43	38,267.91
7	07/03/08	1794-54	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	070508	117.96	0.00		
7	07/03/08	1830-12	AP-IN	ALCO SALES AND SERVICE CO	2256630	15.46	0.00		
7	07/10/08	1830-50	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN9943	170.00	0.00		
7	07/16/08	1846-3	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE020112	449.00	0.00		
7	06/24/08	1846-15	AP-IN	HD SUPPLY	80162326	76.25	0.00		
7	07/19/08	1846-20	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	071908	5.40	0.00		
7	07/29/08	1871-28	AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN10020	935.40	0.00		

Period	Eff. Date	Batch-Ent. Source	Description	Ref #	Debits	Credits
7	07/18/08	1871-35 AP-IN	COMPLETE TEMPERATURE SYS INC	SRCVED20139	732.00	0.00
7	07/24/08	1871-36 AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN8988	170.00	0.00
7	07/28/08	1871-37 AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN10021	142.80	0.00
7	07/31/08	1871-40 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	073108	52.28	0.00
7	07/24/08	1871-43 AP-IN	COMPLETE TEMPERATURE SYS INC	JC2222	19,884.00	0.00
7	07/17/08	1871-44 AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN8974	922.84	0.00
7	07/28/08	1871-48 AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN10022	401.70	0.00
7	07/31/08	1878-8 AP-IN	ALCO SALES AND SERVICE CO	2260664	67.78	0.00
7	07/31/08	1984-1 GL-JE	July 08 - Complete Temp - Red Complete Temperature	ALC2222	0.00	19,884.00

Net Change and Ending Balance for Period 7

Net Change 4,786.23 Balance 43,054.14

Period	Eff. Date	Batch-Ent. Source	Description	Ref #	Debits	Credits
8	08/06/08	1876-1 AP-IN	LIONHEART ENGINEERING	2017955	1,662.88	0.00
8	08/07/08	1876-4 AP-IN	LIONHEART ENGINEERING	2017868	1,852.67	0.00
8	08/09/08	1889-25 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	080908	161.22	0.00
8	08/13/08	1893-1 AP-IN	ALCO SALES AND SERVICE CO - Reversed	2230197 LAG	0.00	31.45
8	08/07/08	1901-30 AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN10051	255.00	0.00
8	08/23/08	1924-25 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	082308	68.29	0.00
8	05/28/08	1925-1 AP-IN	ALECK PLUMBING	17288	1,500.00	0.00
8	08/13/08	1925-3 AP-IN	BEFOUR, INC.	040047	82.70	0.00
8	08/24/08	1935-22 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	082408	213.92	0.00
8	08/26/08	1935-29 AP-IN	ALCO SALES AND SERVICE CO	2263775	57.67	0.00
8	08/20/08	1947-5 AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN10107	240.00	0.00
8	08/20/08	1947-14 AP-IN	TOP NOTCH COMMERCIAL KITCHEN REPAIR INC	TN10108	170.00	0.00

Net Change and Ending Balance for Period 8

Net Change 6,232.89 Balance 49,287.03

Period	Eff. Date	Batch-Ent. Source	Description	Ref #	Debits	Credits
9	09/03/08	1974-8 AP-IN	ALCO SALES AND SERVICE CO	2265772	440.47	0.00
9	09/11/08	1980-29 AP-IN	ALCO SALES AND SERVICE CO	2267220	130.44	0.00
9	09/20/08	1980-49 AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	092008	58.22	0.00
9	09/15/08	2008-2 AP-IN	ALCO SALES AND SERVICE CO	2267700	89.11	0.00

Meadowbrook I - LaGrange  
G/L Transactions  
from 1/1/2008 - 12/31/2008

Date: May 0  
Time: 12:23...  
User: Jaime Guilliams

Fac: 16016281  
Page # 5

Period	Eff. Date	Batch-Ent.	Source	Description	Ref #	Debits	Credits	Net Change	Balance
9	09/30/08	2035-8	AP-IN	COMMERCIAL APPLIANCE SERVICE CO	11424	283.23	0.00		
<b>Net Change and Ending Balance for Period 9</b>									
10	10/01/08	2019-66	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	100408	66.68	0.00	1,001.47	50,286.50
10	10/11/08	2050-13	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	101108	153.11	0.00		
10	10/13/08	2062-9	AP-IN	INTERSTATE ELECTRONICS COMPANY	53435	444.00	0.00		
10	10/15/08	2075-15	AP-IN	ALCO SALES AND SERVICE CO	2272858	67.77	0.00		
10	10/16/08	2075-21	AP-IN	GATEWAY LOCKSMITH, INC.	101508	1,078.00	0.00		
10	10/25/08	2077-18	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	102508	128.43	0.00		
10	10/28/08	2135-19	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE020769	508.00	0.00		
10	10/31/08	2145-9	AP-IN	HD SUPPLY	80422440	105.40	0.00		
10	10/10/08	2151-4	AP-IN	SLICKS CONSTRUCTION INC	101008	380.00	0.00		
<b>Net Change and Ending Balance for Period 10</b>									
11	11/08/08	2107-13	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	110108	119.86	0.00	2,941.39	53,229.89
11	11/08/08	2139-9	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	110808	48.67	0.00		
11	11/19/08	2151-3	AP-IN	COMMERCIAL APPLIANCE SERVICE CO	11389	458.45	0.00		
11	11/13/08	2151-25	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE020860	151.52	0.00		
11	11/15/08	2151-33	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	111508	78.09	0.00		
11	11/22/08	2155-38	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	112208	49.24	0.00		
11	11/29/08	2157-7	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	112908	169.10	0.00		
<b>Net Change and Ending Balance for Period 11</b>									
12	12/03/08	2187-1	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	120608	6.27	0.00	1,070.73	54,300.12
12	12/13/08	2206-1	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	121308	92.62	0.00		
12	12/15/08	2206-18	AP-IN	CHICAGO CLOCK CO.	121508	95.00	0.00		
12	12/10/08	2228-18	AP-IN	HD SUPPLY	80486085	281.30	0.00		
12	12/18/08	2229-36	AP-IN	HD SUPPLY	80515049	308.60	0.00		
12	12/20/08	2229-40	AP-IN	BUTTERFIELD HEALTHCARE - ACTIVITIES	122008	184.79	0.00		
12	12/30/08	2266-3	AP-IN	COMPLETE TEMPERATURE SYS INC	SRVCE021184	3,045.30	0.00		
12	12/23/08	2266-12	AP-IN	H-O-H CHEMICALS, INC.	00312253	1,040.88	0.00		
12	12/22/08	2273-7	AP-IN	HD SUPPLY	46887619	0.00	168.78		
12	12/22/08	2273-10	AP-IN	HD SUPPLY	46887632	0.00	112.52		
12	12/31/08	2463-1	GL-JE	Final Entries - 2008 - Bank of America CC - R&M Supplies Pd by Corp		5,508.93	0.00		
<b>Net Change and Ending Balance for Period 12</b>									<b>Balance</b>
								<b>Net Change</b>	<b>Balance</b>
								10,263.19	64,563.81
<b>TOTALS</b>								<b>Net Change</b>	<b>Balance</b>
								23,349.99	64,563.81
<b>Grand Totals</b>								<b>Net Change</b>	<b>Balance</b>
								87,913.80	23,349.99
<b>Days Accounts</b>								<b>Net Change</b>	<b>Balance</b>
								87,913.80	23,349.99



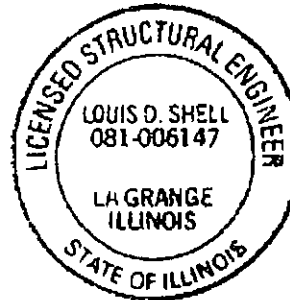
**MEMORANDUM**

TO: John Maze  
BHC Construction LLC  
335 Remington Blvd.  
Bolingbrook, IL

FROM: Louis Shell, PE SE

DATE: July 22, 2009

RE: Existing Masonry Veneer Evaluation  
Meadowbrook Manor  
339 S. 9<sup>th</sup> Ave.  
La Grange, Illinois



*M. S.*

At the request of John Maze of BHC Construction LLC, Louis Shell Structures, Inc. (LSS) performed a visual evaluation of the masonry veneer of the Meadowbrook Manor building complex at 339 S. 9<sup>th</sup> Ave. in La Grange on July 15, 2009. The evaluation was limited to those aspects of the structure that were readily accessible and clearly visible to the naked eye. No destructive or invasive testing was performed.

In general, the masonry veneer appears to be in good structural condition. Isolated areas throughout the complex are evident where the mortar is deteriorating to some degree, including a number of stairstep cracks. These areas do not appear to threaten the structural integrity of the veneer and are reparable with minor tuckpointing. In select areas, primarily at the roofline of the south elevation and in the north courtyard, surface water was observed on the face of the veneer. In more extreme cases such as the roofline near the center of the north elevation, it appears that water may be finding its way behind the veneer as evidenced in part by the appearance of efflorescence on the face of the veneer. In both examples, the drainage path should be corrected to ensure rainwater is channeled from the building in the proper manner. Finally, at the north courtyard, it appears that three ground-floor limestone lintels appear to have cracked near their midspan. It is our recommendation that these should be removed and replaced.

The roof configuration at the west-central elevation is unique to the complex. Five dormers occupy the majority of the top floor in this area. A low parapet wall spans between each dormer, in contrast to most of the rest of the complex where the roof drains unimpeded to the gutters along the eaves. Scuppers in the center of each of the parapet walls ideally allow for drainage to downspouts that ultimately drain onto the formed-copper cornice below. Approximately two to three months ago, the brick veneer from the parapet wall between the two northernmost dormers reportedly separated and fell onto the formed-copper cornice below. The fallen veneer appears to have been adequately reset or replaced and retrofit brick ties were



## LOUIS SHELL STRUCTURES

reportedly installed. Additionally, the veneers of the two adjacent parapet walls to the south appear to have been recently tuckpointed. Water infiltration is evident at the interior of the building in this area, and it may be causing the metal ties that brace the brick veneer to the backup wall to corrode and ultimately fail. Contributing to this theory, corroded ties were reportedly observed at the time of the brick repair operations. Additionally, the damage to the cornice remains, and several of the wood rafters that penetrate the masonry wall to support the cornice have broken at the face of the wall. Finally, the previously-obscured brick veneer that is now visible where the cornice has separated from the face of the wall is in need of tuckpointing.

It is recommended that the cornice be repaired as required, as well as the roof in the scupper areas in order to prevent further water infiltration and damage to the integrity of the existing masonry and metal ties. It is further recommended that the remaining parapet walls to the south be tuckpointed to serve as a baseline for periodic observation. These parapet walls should be inspected in the spring after a full freeze-thaw cycle to determine if any new cracks have developed. The presence of cracks would more conclusively indicate that the brick veneer ties have been compromised in these areas and would therefore suggest the need for the veneer in these areas to be removed and rebuilt with new retrofit ties similar to the previously-repaired northernmost dormer area.

From a public safety standpoint, it is fortunate that the majority of the suspect area lies above a covered entryway. However, it is recommended that a temporary construction fence be erected to restrict access to the area south of the covered entryway at least until the recommended tuckpointing can be evaluated in the spring.



Founded 1912

**Chicago Testing Laboratory, Inc.**

18000 South Williams Street, Thornton, IL 60476 p 708.877.1801 f 708.877.6926  
3966 West Dayton Street, Unit A, McHenry, IL 60050 p 815.385.8351 f 815.385.8456  
1612 Landmeier Road, Unit C, Elk Grove Village, IL 60007 p 847.228.1079 f 847.228.0633  
1432 Sadler Circle East Drive, Indianapolis, IN 46239 p 317.322.9500 f 317.322.9501

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info@chicagotestinglab.com

November 6, 2006

Mr. Christopher Vangel  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re: Results of Field Investigation & Geotechnical Evaluation  
Victorian Manor Nursing Home, 339 9<sup>th</sup> Avenue, La Grange, Illinois  
CTL Project No. 05EG222

Dear Mr. Vangel:

Chicago Testing Laboratory, Inc. (CTL) has prepared this letter to discuss the Geotechnical related elements of design and possible construction considerations at the referenced site.

Scope and Purpose

Geotechnical borings were performed throughout the site to characterize the subsurface, soil and groundwater conditions in the proposed building area, as well as the parking lot/drive areas. Upon completion of drilling activities, the samples and field logs from the borings were brought to our facility for laboratory testing and analysis to determine the engineering characteristics of the subsurface soils.

The purpose of this report is to analyze the various soil profile components, the engineering characteristics of the subsoil and anticipated foundation materials, and to provide general criteria for use by the design engineers and architects in preparing foundation designs. This report does not address environmental concerns.

General

The analysis of the soil conditions reported herein is considered sufficient in detail and scope to form a reasonable basis for design.

The recommendations submitted herein are based on the available soil information and preliminary design details outlined in this report. Any revision in the plans for the proposed structures from those enumerated in this report should be brought to the attention of the Soils Engineer so that he may determine if changes in the recommendations are required. If deviations from the noted subsurface conditions are encountered during construction, they should also be brought to the attention of the Soils Engineer.

The Soils Engineer warrants that the recommendations and professional advice contained herein have been prepared in accordance with generally accepted professional engineering practice in the fields of foundation engineering, soil mechanics and engineering geology. No other warranties are implied or expressed.

ATTACHMENT-12G

After the plans and specifications are more complete, it is recommended that the Soils Engineer be provided the opportunity to review the final design and specifications, in order that the earthwork and foundation recommendations may be properly interpreted and implemented. At that time, it may be necessary to submit supplementary recommendations.

This report has been prepared for the exclusive use and specific application to the proposed project.

## SITE LOCATION & DESCRIPTION

### General

The approximately 4 acre site is located at 339 9<sup>th</sup> Avenue just south of Benton Avenue in La Grange, Illinois. Mr. Vangel with the Meadowbrook Manor authorized the subsurface soil conditions be evaluated for support of a new nursing home facility. The new building is expected to be an approximately 25,000 square foot, 4-story steel framed structure with a full basement. Adjacent drive and parking areas are planned to the south and west of the proposed building.

Minimal structural/loading details are known at this time, however, for purposes of preparing this report we have assumed maximum wall and column loads of 15 kips/linear foot and 300 kips, respectively.

We understand the proposed building will have a basement finished floor elevation of 632.91 feet, and a first floor finished elevation of 644.91 feet (approximately 2 to 4 feet above the existing ground surface).

The site is currently partially developed, with the existing 3 story nursing home facility occupying the western third of the site. A few small mechanical/out buildings are located in the eastern portion of the site along its boundary with Bluff Avenue. Based on the site map provided to us, an underground utility tunnel connects the existing facility (west-central part of the site) to the mechanical building (east part of the site); passing directly under the northern wing of the proposed building. Information about this tunnel was not provided to us.

The undeveloped portions of the site are relatively flat (with a gentle slope downwards to the east), grass covered areas with scattered mature trees.

## FIELD EXPLORATION

### General

The soil and groundwater conditions were investigated by drilling and sampling of the subsurface materials at the site. The drilling and sampling methods used are described herein.

### Scope

A total of eleven (11) soil borings were performed to depths of 15 to 25 feet below the existing ground surface (bgs) throughout the proposed building and parking lot/drive areas. Borings B-1 through B-7 were drilled to depths of 25 feet bgs in the proposed building area. Borings B-8 through B-11 were drilled to depths of 15 feet bgs in the proposed parking/drive areas. The subsurface exploration program and boring locations were selected by others to represent the general subsurface conditions across the site. The approximate locations of the borings are

illustrated in the Boring Location Plan included in the Appendix. The site contact, Mr. David Shires, was contacted and notified of our drilling schedule prior to our mobilization.

#### Soil Drilling & Sampling Procedures

The borings were performed with a conventional truck mounted drill rig equipped with a rotary head. Hollow stem augers (HSA) were used to advance the boreholes. Soils were sampled at 2½ foot intervals to a depth of 10 feet below the existing ground surface (bgs) and at 5-foot intervals below a depth of 10 feet bgs.

At sampling elevations, advancement of the borehole was stopped and representative soil samples were obtained with a sampling device known as a split-spoon or split-barrel sampler. The sampler was attached to the drill rods and lowered into the borehole. The advancement of the sampler into the soil was conducted in general accordance with the Standard Penetration Test (SPT) (ASTM D-1586). The sampling spoon was advanced, by driving, using a drop hammer. The number of blows required to drive the sampler 12 inches with a hammer weighing 140 lbs is known as the standard penetration resistance (N). Upon completion of the drilling, the boreholes were backfilled with auger cuttings and topped with asphalt colf patch where applicable.

The results of the standard penetration tests indicate the relative density of granular soils and comparative consistency of cohesive soils, and thereby provide a basis for estimating the relative strength and compressibility of the soil profile components. The results of standard penetration tests can be found on the Boring Logs (B-1 through B-11) included in the Appendix.

#### Field Logs

The results of Standard Penetration Testing (SPT) and field descriptions of the soils encountered, approximate measurements of strata thicknesses, groundwater observations, as well as other pertinent remarks were recorded on the field logs. The field logs were maintained by the drill crew. The soil samples and field logs were submitted for lab testing upon completion of the field exploration.

#### Water Level Measurements

Groundwater level measurements were made at the boring locations during and immediately following the drilling operations. Groundwater information is indicated on the Boring Logs located in the Appendix. In relatively pervious soils, such as sandy soils, the indicated elevations are considered reliable short-term groundwater levels. In relatively impervious soils, the accurate determination of the groundwater elevation may not be possible, even after several days of observation. Additionally, seasonal variations, temperature, recent rainfall conditions, permeability of the soil and other factors can influence the groundwater level.

### LABORATORY TESTING

#### Scope

Upon completion of the field exploration, the soil samples and field logs were brought to Chicago Testing Laboratory for further testing. The sampled soils were tested by our laboratory staff. Detailed soil descriptions were prepared by an experienced geotechnical geologist. Estimations

of grain sizes and physical properties of the sampled soils were used to prepare soil descriptions based on the Visual/Manual Classification System (ASTM D 2488) and the Unified Classification System (ASTM D 2487). The visual descriptions given emphasize pertinent soil properties and reflect local practice. The Unified classification is given in parentheses for clarity.

A laboratory testing program was conducted to determine the pertinent engineering characteristics of the subsurface materials encountered. The soils laboratory work was performed in general accordance with applicable ASTM standards. The laboratory testing program included supplementary visual description and water content determinations (Wc) on all samples. In addition, reasonably intact samples of fine-grain cohesive soils were subjected to unconfined compressive strength testing using a calibrated hand held penetrometer. Consideration must be given to the manner in which the values of the unconfined compressive strengths (Qp) were obtained. Split-spoon sampling techniques provide a representative, though somewhat disturbed, soil sample. The values presented must be considered approximate unconfined compressive strength values.

The results of the standard penetration tests (N), water content tests (Wc) and unconfined compressive strength estimates (Qp) along with the visual descriptions are presented on the Boring Logs included in the Appendix.

## SUBSURFACE CONDITIONS

### General

The type of soils encountered during the exploration were sampled and visually classified by others in the field. The sampled soils were tested and detailed visual descriptions were prepared by an experienced geotechnical geologist. The results of the field penetration tests, laboratory testing and descriptions of the soil materials encountered are presented on the Boring Logs.

The stratification of the soils, as presented on the Boring Logs, was prepared using the field logs. Variations in the subsurface conditions may occur between the boring locations and lines of demarcation represent the approximate vertical boundaries between the soil types, but the transition may be more gradual. The subsurface conditions described are representative of those conditions encountered at each specific boring location or other point of exploration.

Representative samples of the soils are now stored in our laboratory for further analysis, if desired. Unless notified to the contrary, all samples will be disposed of after three (3) months.

### Subsurface Description

TOPSOIL, or organic laden materials were generally encountered to depths of 5 to 24 inches bgs. Further, in Borings B-2, B-4 and B-5, an additional approximately 12 inches (to a total depth of 36 inches), the soil was mixed with varying amounts of organics.

At Borings B-6, B-8, B-9 and B-10, performed on the existing pavement, 3 to 4 inches of bituminous ASPHALT was underlain by CRUSHED LIMESTONE & SAND (Aggregate) subbase to a depth of 1 to 3 feet bgs.

Beneath the topsoil/pavement structure surface layers, the general soil profile was made up primarily of very stiff to hard CLAY (CL) to depths of about 17 to 20 feet bgs. Exceptions were noted in Borings B-2 and B-5 where medium dense SILT soil was encountered at depths of 3 to 6 feet, and 3 to 8 feet bgs, respectively. The CLAY soils generally had water content values in the range of 11 to 24% and exhibited unconfined compressive strength values of 1 ½ to greater than

4½ tsf. The SILT soils was medium dense in relative density with N-values of 12 to 24 blows per foot (bfp) and was observed to be in a dry to moist condition.

Below the depths of 17 to 20 feet bgs, the soil profile was generally made up of loose to dense SILT (ML) soil with sand and gravel. These relatively granular soils generally identified to be dry to moist.

In Boring B-7, a dense poorly graded SAND was encountered at approximate depths of 19 to 21 feet bgs.

Details of the soil encountered at each boring location are presented on the Boring Logs included in the Appendix.

#### Groundwater Observations

Groundwater observations were made by the drilling personnel and noted on the field logs. Based on the field logs, it appears that groundwater was not encountered in the borings, with the exception of Borings B-6 and B-7, where water seepage was encountered at depths of approximately 19 feet bgs upon completion of the drilling operations.

Glacial till soils in the Midwest frequently oxidize from gray to brown above the level at which the soil remains saturated. The long-term groundwater level is often interpreted to be near this zone of color change. Based on the results of this exploration and our observation of the soil samples, the long-term groundwater level may be located at a depth of approximately 12 feet bgs (or elevations of 628 to 633 feet).

## FOUNDATION DESIGN DISCUSSION AND RECOMMENDATIONS

### Project Description

The new building is expected to be an approximately 25,000 square foot, 4-story steel framed structure with a full basement. We understand the proposed building will have a basement finished floor elevation of 632.91 feet, and a first floor finished elevation of 644.91 feet (approximately 2 to 4 feet above the existing ground surface). A schematic layout of the proposed building, prepared by SAS Architects & Planners and dated June 13, 2006, was provided to us for this study and is included in the Appendix as Test Boring Locations.

Minimal structural/loading details are known at this time, however, for purposes of preparing this report we have assumed maximum wall and column loads of 15 kips/linear foot and 300 kips, respectively.

### Site Preparation

The existing ground surface should be completely stripped of vegetation, topsoil and any potentially deleterious materials as part of the site preparation. Based on the borings, we anticipate up to 36 inches of topsoil, or other organic laden materials, may be encountered. Topsoil, or any soils containing organic materials should not be reused in any proposed structural areas; they may be reused in landscape areas.

Once stripping is completed, the exposed soils should be proofrolled to verify stability prior to the placement of engineered fill to raise the grade if required. The proofroll should be performed with a loaded dump truck and be observed by an experienced Geotechnical Engineer or his/her representative. Unstable or yielding materials should be removed to the depth encountered and replaced with compacted engineered fill to the design elevation.

Undercutting for the proposed parking lot and drive areas should be minimal provided good surface drainage is maintained during construction, and subgrade disturbance by construction vehicles, particularly rubber tired traffic, is kept to a minimum.

#### Site Drainage

Site drainage is important for long term performance of the proposed structure. Final site grading around the proposed building should be sloped away from the structure to reduce the percolation of water into the underlying soils. Ponding of surface water should not be allowed adjacent to structures.

#### Engineered Fill

Properly placed and compacted granular fill such as IDOT gradation CA06 or other similar well graded granular material is suggested to backfill areas where unsuitable or unstable soils have been removed. The Engineered fill should have a liquid limit and plasticity index less than 40 and 15, respectively, and be free of organic material and free of debris. As an alternative to granular fill, the onsite cohesive soils can be re-used as engineered fill provided it meets the fore mentioned criteria. However, moisture control, including the use of disking or appropriate drying equipment and techniques, should be anticipated by the contractor prior to or during backfilling operations to attain adequate compaction when utilizing cohesive soils.

Based on the water content values measured for the soils in the upper 10 feet of the subsurface profile (those that will be removed during basement excavation), the in-situ water content values are near to slightly above the estimated optimum moisture content values. As a result, some drying of these soils should be anticipated prior to placement and compaction as engineered fill.

The material should be placed in lifts not to exceed nine (9) inches loose measure and compacted to a minimum 95% of the maximum dry density as defined by ASTM D 1557, 'Laboratory Compaction Characteristics of Soil Using Modified Effort' at a moisture content between -2% and +2% of the optimum moisture content.

#### Recommended Foundation Type

Based on the subsurface conditions encountered, the type of structure and anticipated foundation loading; a foundation system consisting of continuous wall and spread footings is considered most economical and can be generally recommended for this project. We have estimated maximum column and wall line loads on the order of 300 kips and 15 kips per linear foot, respectively. We recommend that Chicago Testing Laboratory be notified once the building layout, actual column loads and design loads have been determined for the proposed structure, so that we may review and revise our recommendations.

#### Footing Design Criteria

The foundations for the proposed structures may be designed as continuous wall and spread footings. We anticipate the basement footings will bear on natural very stiff to hard CLAY (CL) soils at depths of approximately 8 to 11 feet bgs (near an elevation of 632 feet). Footings bearing on natural very stiff to hard CLAY (CL) soils at a depth of 8 to 11 feet bgs (near and elevation of 632 feet), can be proportioned for a net allowable soil bearing pressure of 4,000 psf.

The settlement of footings, designed in accordance with our recommendations is anticipated to be within tolerable limits of the proposed building. Maximum total settlement is anticipated to be in the range of 1 inch or less, with the maximum differential settlement expected to be half of the total settlement.

Exterior footings (if any) should be located at a minimum depth of 3½ feet below final exterior grade to minimize the effects of frost action and alleviate the effects of seasonal variation in moisture content on the behavior of the foundation system. Interior footings should be located at the depth required for installation of the floor slab and footing section on competent foundation soil, a minimum depth of 24 inches below the slab grade.

#### Bearing Soil Preparation

Foundation excavations should be dug with vertical sidewalls and a flat, clean bottom. If the sidewalls will not stand vertically, they should be formed. The excavation bottom should be firm, undisturbed soils with all loose soil removed. Water should not be allowed to stand on the bearing surface soils. The bearing surface should not be allowed to freeze prior to concrete placement.

During construction, CTL should carefully evaluate all foundations for bearing capacity to a minimum depth of 4 feet below the bottom of the footing. This evaluation should consist of a hand auger hole with dynamic cone penetrometer and hand penetrometer tests to document the bearing capacity of the in-situ soils within the foundations zone of influence. The intent of this evaluation is to establish that the actual soil bearing conditions are consistent with the general conditions described above, and are compatible with the design.

#### Lateral Earth Pressures on Below Grade Walls

The below grade basement walls are considered to be rigidly restrained, therefore an at-rest earth pressure condition is appropriate for design for these walls. Equivalent fluid pressures of 60 and 95 pounds per square foot per foot depth for the drained and undrained cases, respectively, should be used, assuming drainage elements are installed behind the walls and at the foundation perimeter. Long term groundwater is estimated to be about 12 feet below the existing grade (between elevations of 628 and 633 feet).

We recommend the installation of free-draining material immediately adjacent to the basement walls; granular material or pre-fabricated composite product. The wall drainage should flow into a perimeter foundation drain. Free-draining granular material should also be installed under the slab within the basement area to relieve the potential for hydrostatic pressure; it should also discharge into the perimeter foundation drain. The perimeter drain should be tied into a sump pump and/or storm water sewer.

#### Below Grade Floor Slab

It is anticipated that the basement floor slab will be supported on granular subbase followed by the underlying stiff to hard CLAY soils as part of the site preparation. Granular subbase material for the floor slab should be prepared to minimize capillary action (minimal fines content) and mitigation of moisture from the underlying subgrade. The foundation should be isolated from the floor slab to allow for differential movement in the vertical plane due to loading conditions or uneven settlement.

#### Pavement Design

Details regarding the traffic loads and design life of the proposed pavements were not provided to CTL. However, we anticipate light duty traffic for the proposed exterior pavements. The pavement subgrade should be prepared as previously discussed.

As guidelines to the design engineer, we propose that the light duty bituminous concrete pavement be underlain by a minimum of 8 inches of granular base course material similar to



IDOT gradation CA06. Prior to the placement of the granular base course material, the exposed subgrade should be proofrolled, with the soft and unsuitable soils removed as needed. A light duty pavement consisting of a minimum pavement section of 1½ inches of wearing course and 2 inches of leveling course can be considered. These guidelines should be verified against local code to meet requirements.

Portland cement concrete pavement, rather than bituminous concrete pavement, should be considered for areas in front of trash dumpsters. Front loading dump trucks frequently impose concentrated wheel loads resulting in rutting and failure of asphalt pavements. The concrete pavement in this area should be a minimum of 6 inches in thickness.

#### Existing Underground Utilities Tunnel

Details and condition of the existing underground utilities tunnel linking the existing mechanical building to the main nursing building were not provided. The presence of the tunnel should be accounted for in the design of the basement foundations. It is possible that the tunnel can interfere with the proposed basement foundations. Care should be taken such that the tunnel is not disturbed during installation of the new facility basement foundations. We welcome the opportunity to provide further consultation for this matter.

### CONSTRUCTION CONSIDERATIONS

OSHA regulations regarding soil excavation should be followed and is the responsibility of the contractor. Excavations exceeding a depth of 5 feet will need to be appropriately sloped or benched. The proposed basement excavation will extend through stiff to hard clay soils with unconfined compressive strength values of 1½ to greater than 4½ tsf. Slightly softer surface soils were encountered in Borings B-2 and B-3, but were contained to the upper 2 feet bgs, and as a result should not negatively impact the stability of the excavation slopes. Temporary slopes can be constructed in accordance with OSHA Type 'A' soils. These general observations must be confirmed, or modified, by the contractors' competent person responsible for excavation safety.

Groundwater infiltration should not be a significant concern during construction. Some isolated sand seams may be encountered in the basement excavation sidewalls; however, they should be small and isolated, resulting in a temporary perched condition. We believe that conventional sump and pump techniques should be sufficient in remove the infiltration.

Concrete should not be placed in water or on frozen ground.

All underground utilities in the vicinity of the proposed building area should be positively located and protected prior to construction. Abandoned utilities should be removed and properly backfilled or completely filled with grout.

### SUMMARY

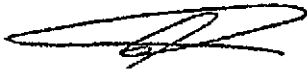
The recommendations submitted herein are based on the information available at the time of this writing. After the plans and specifications are more complete, we welcome the opportunity to review them with respect to prevailing soil and groundwater conditions. The general foundation recommendations contained within must be reviewed as structure type, building loads, and structure grades are established.

Victorian Manor Nursing Home  
La Grange, Illinois  
CTL Project No. 05EG222

Closure

Thank you for the opportunity to be of service. Please do not hesitate to contact us with any questions regarding the information contained herein.

Sincerely,  
CHICAGO TESTING LABORATORY, INC.



Christopher Chan, P.E.  
Geotechnical Engineer

Appendix

Cc: Mr. Steve Sussholz – SAS Architects & Planners

Victorian Manor Nursing Home  
La Grange, Illinois  
CTL Project No. 05EG222

## **Appendix**

Test Boring Locations

Boring Logs  
(B-1 through B-11)

Key to Boring Log

General Notes

# Victorian Manor Replacement Nursing Home

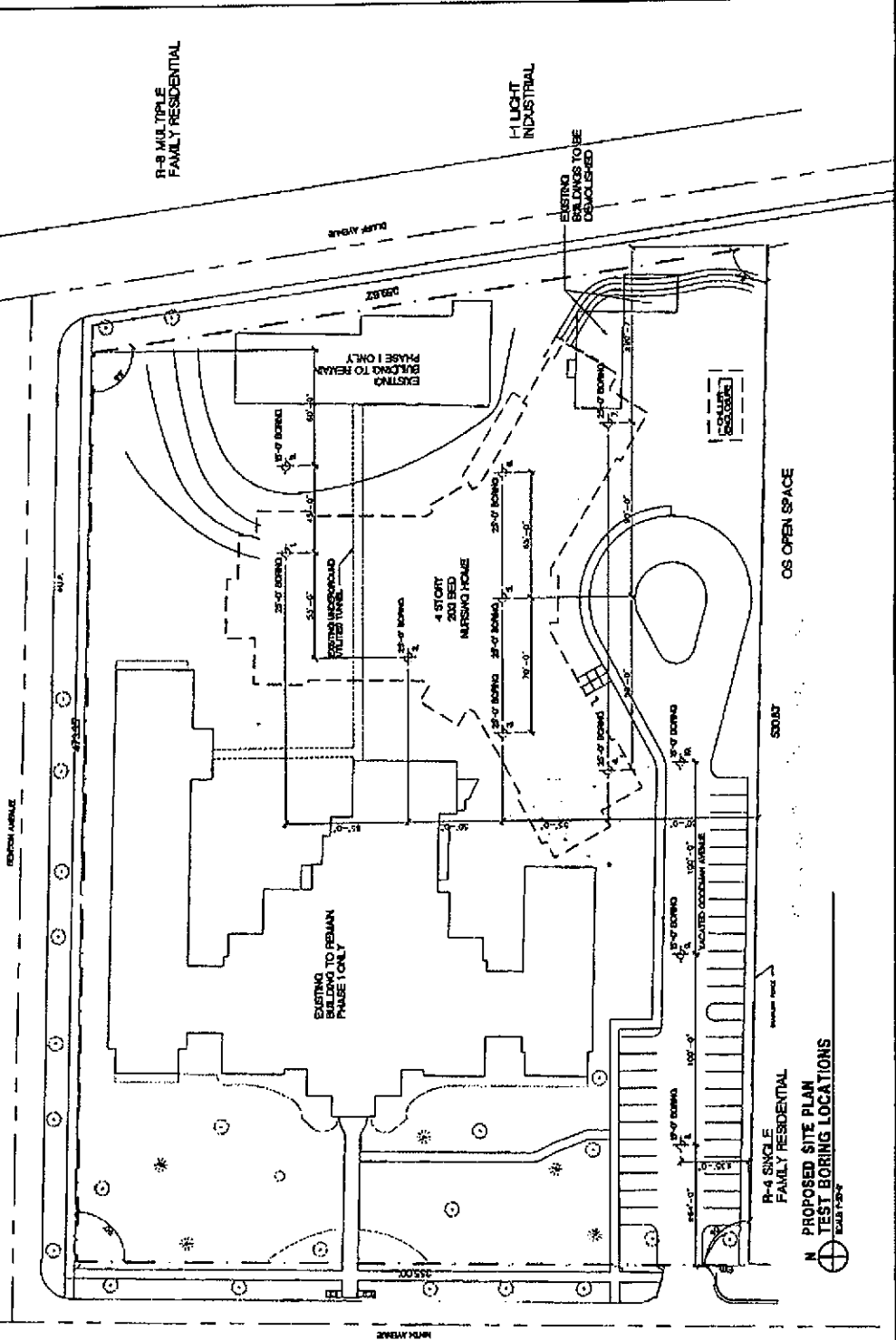
## PRELIMINARY PLANS

La Grange, Illinois  
DATE: June 15, 1984

**SAS Architects & Planners**  
100 SOUTH LAKE STREET, SUITE 200, LA GRANGE, ILL. 60142

LEGEND	
	EXISTING BUILDING
	PROPOSED BUILDING
	EXISTING ROAD
	PROPOSED ROAD
	EXISTING DEPTH
	PROPOSED MARKER

R-5 SINGLE FAMILY RESIDENTIAL



OS OPEN SPACE

R-4 SINGLE FAMILY RESIDENTIAL

N  
PROPOSED SITE PLAN  
TEST BORING LOCATIONS

Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-1**  
 Sheet 1 of 1

Date(s) Drilled	October 6, 2006	Logged By	Precon-Larry	Checked By	Christopher Chan
Drilling Method	Hollow Stem Auger	Drill Bit Size/Type		Total Depth of Borehole	25 feet bgs
Drill Rig Type	CME 45/55 ATV	Drilling Contractor	Precon Drilling	Approximate Surface Elevation	640.6 feet MSL
Groundwater Level	Dry	Sampling Method(s)	SPT, Grab	Hammer Data	140 lb, 30 in drop, auto trip
Borehole Backfill	Cuttings	Location			

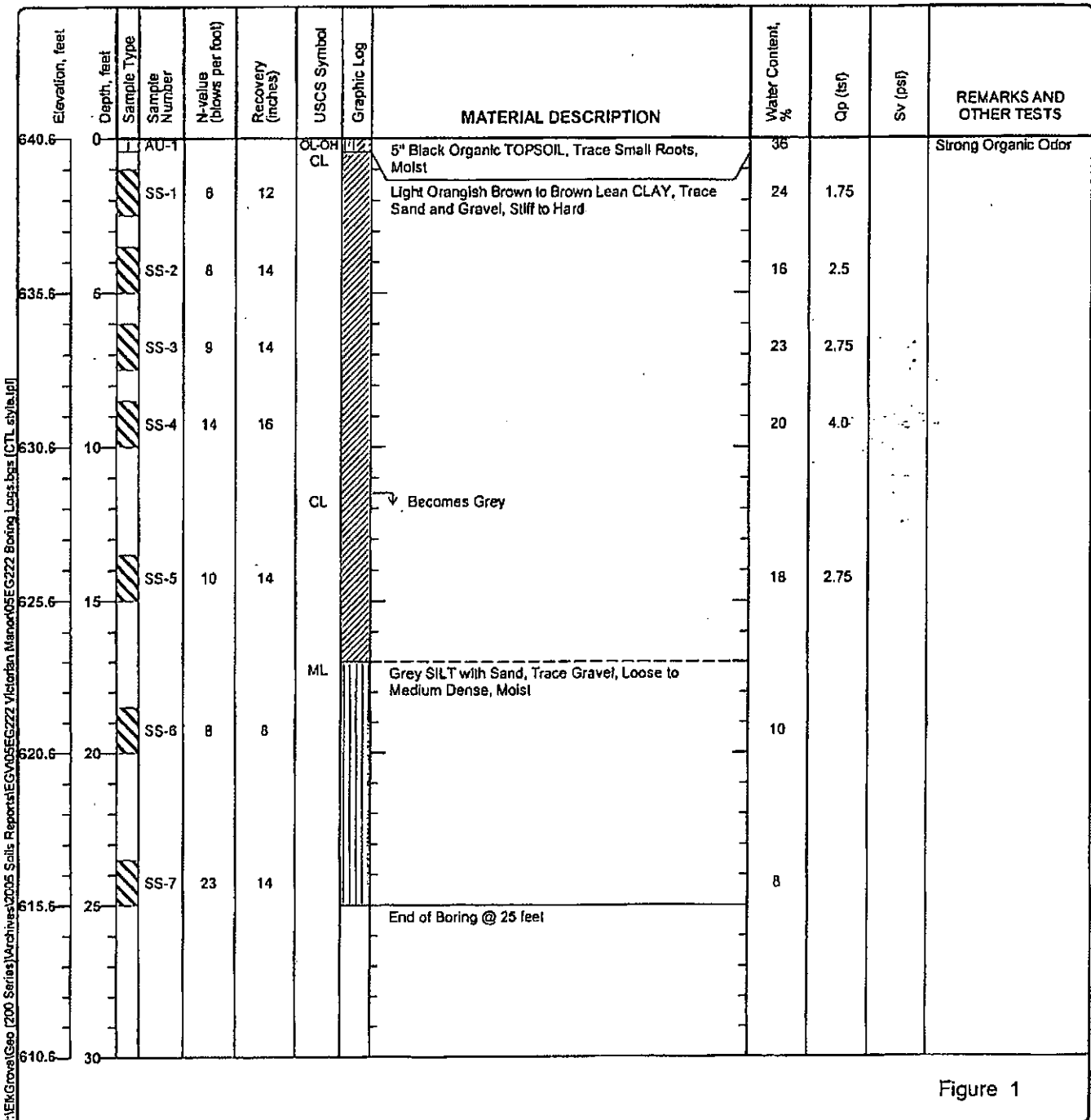


Figure 1

Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-2**  
 Sheet 1 of 1

Date(s) Drilled: <b>October 6, 2006</b>	Logged By: <b>Precon-Larry</b>	Checked By: <b>Christopher Chan</b>
Drilling Method: <b>Hollow Stem Auger</b>	Drill Bit Size/Type:	Total Depth of Borehole: <b>25 feet bgs</b>
Drill Rig Type: <b>CME 45/55 ATV</b>	Drilling Contractor: <b>Precon Drilling</b>	Approximate Surface Elevation: <b>642.9 feet MSL</b>
Groundwater Level: <b>Dry</b>	Sampling Method(s): <b>SPT, Grab</b>	Hammer Data: <b>140 lb, 30 in drop, auto trip</b>
Borehole Backfill: <b>Cuttings</b>	Location:	

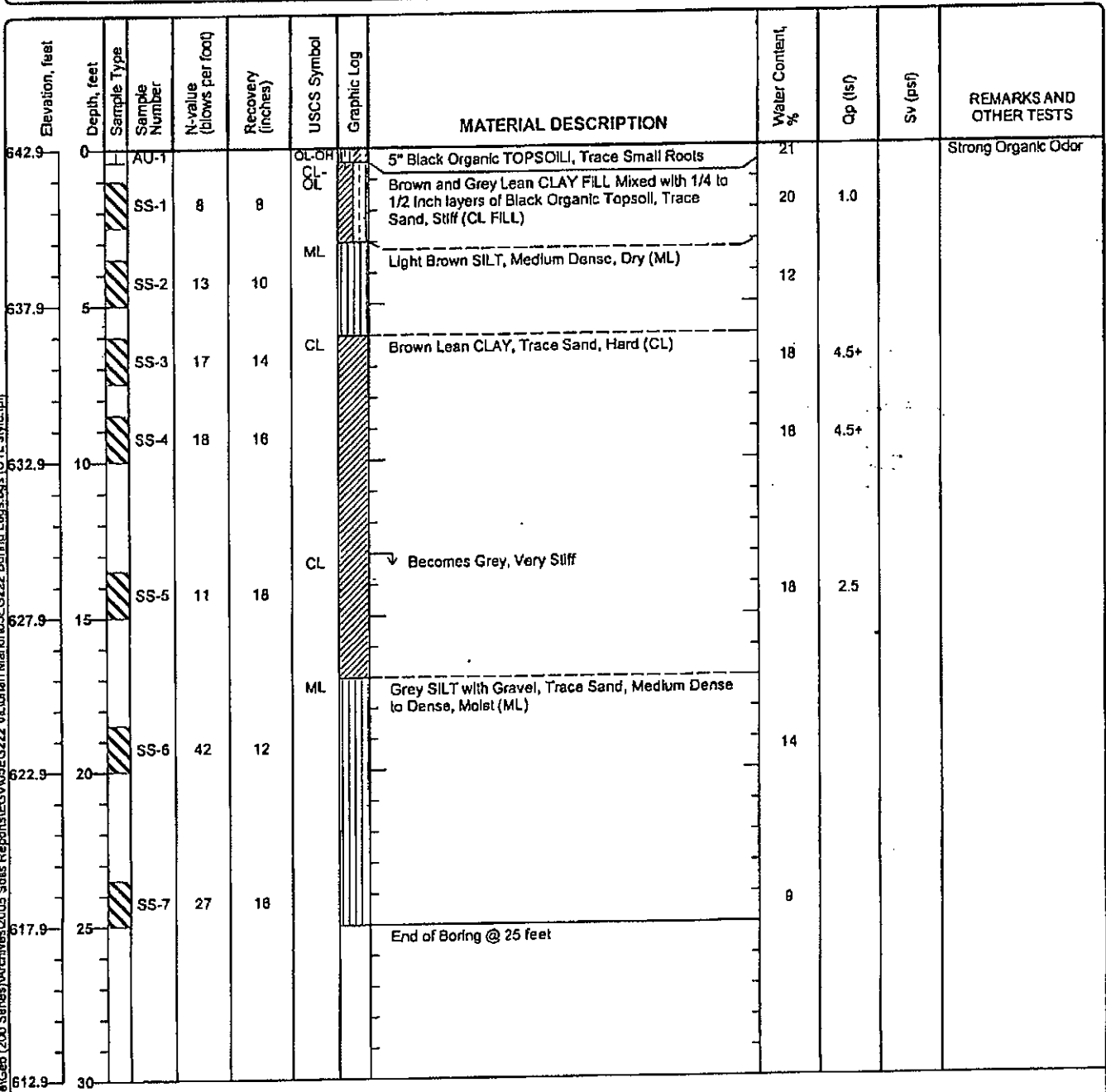


Figure 2

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Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-3**  
 Sheet 1 of 1

Date(s) Drilled	October 6, 2006	Logged By	Precon-Larry	Checked By	Christopher Chan
Drilling Method	Hollow Stem Auger	Drill Bit Size/Type		Total Depth of Borehole	25 feet bgs
Drill Rig Type	CME 45/55 ATV	Drilling Contractor	Precon Drilling	Approximate Surface Elevation	643.5 feet MSL
Groundwater Level	Dry	Sampling Method(s)	SPT, Grab	Hammer Data	140 lb, 30 in drop, auto trip
Borehole Backfill	Cuttings	Location			

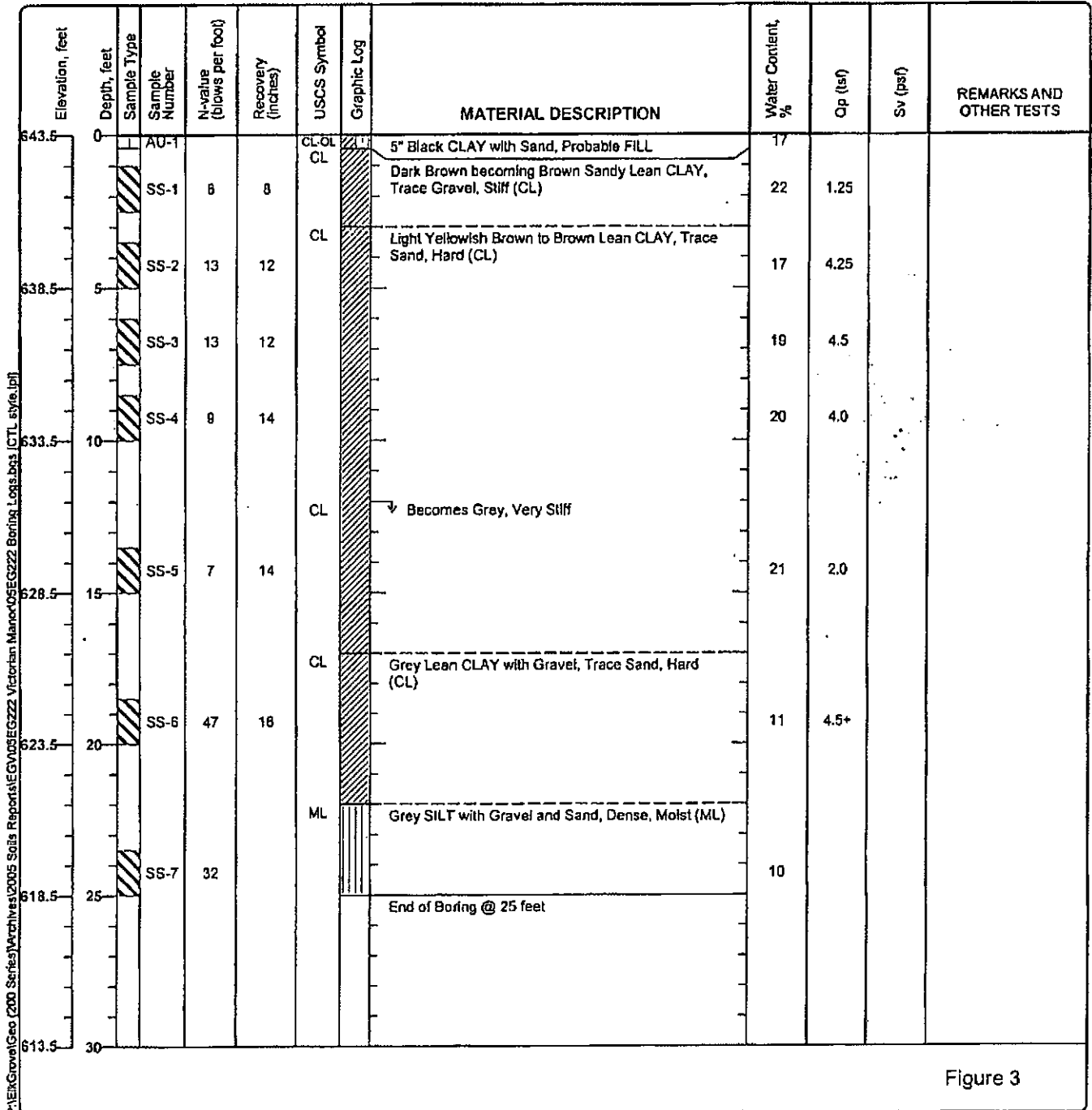


Figure 3

Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-4**  
 Sheet 1 of 1

Date(s) Drilled: <b>October 9, 2006</b>	Logged By: <b>Precon-Larry</b>	Checked By: <b>Christopher Chan</b>
Drilling Method: <b>Hollow Stem Auger</b>	Drill Bit Size/Type:	Total Depth of Borehole: <b>25 feet bgs</b>
Drill Rig Type: <b>CME 75</b>	Drilling Contractor: <b>Precon Drilling</b>	Approximate Surface Elevation: <b>643 feet MSL</b>
Groundwater Level: <b>Dry</b>	Sampling Method(s): <b>SPT, Grab</b>	Hammer Data: <b>140 lb, 30 in drop, auto trip</b>
Borehole Backfill: <b>Cuttings</b>	Location:	

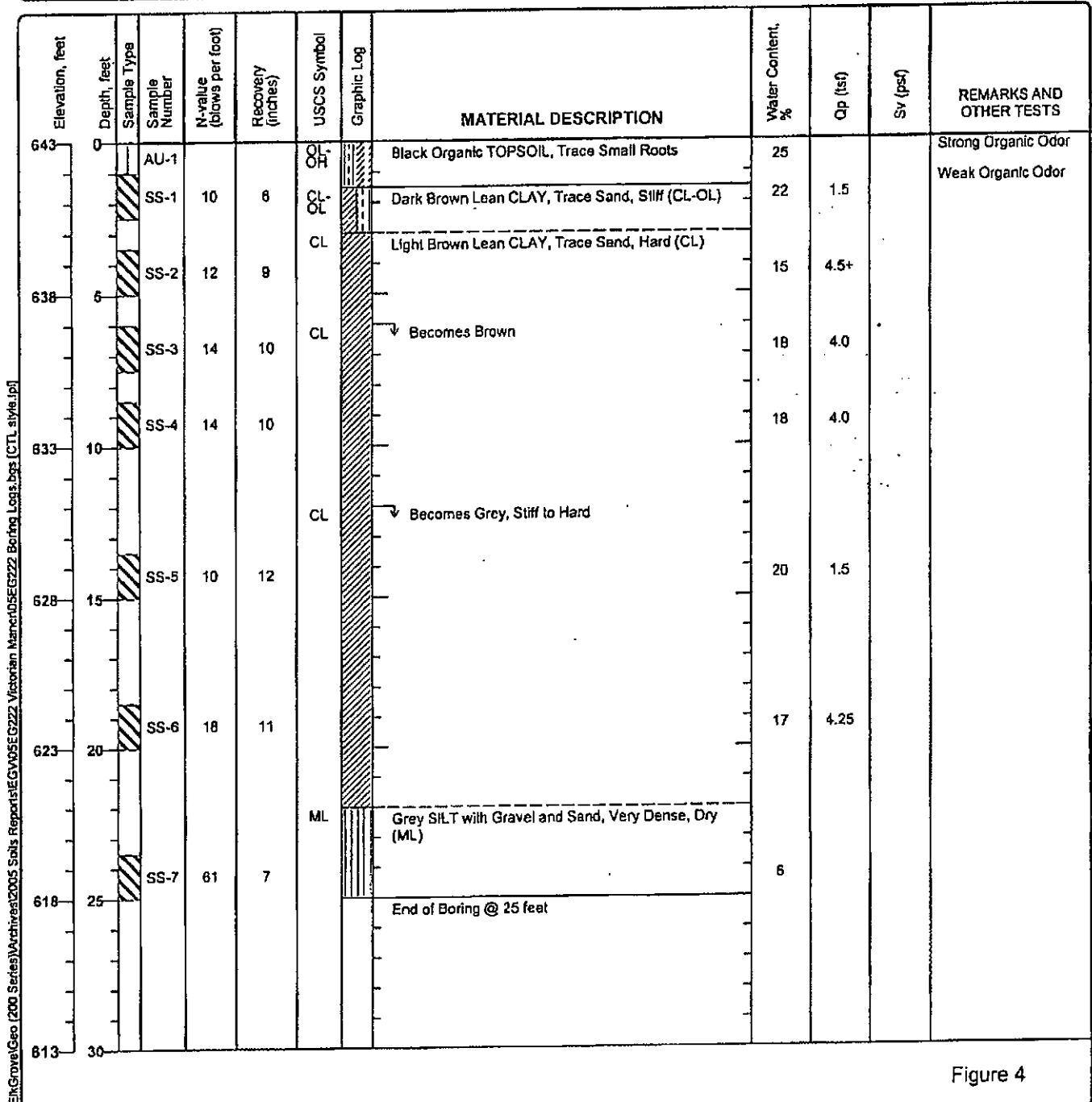


Figure 4

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Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-5**  
 Sheet 1 of 1

Date(s) Drilled	October 9, 2006	Logged By	Precon-Larry	Checked By	Christopher Chan
Drilling Method	Hollow Stem Auger	Drill Bit Size/Type		Total Depth of Borehole	25 feet bgs
Drill Rig Type	CME 75	Drilling Contractor	Precon Drilling	Approximate Surface Elevation	642 feet MSL
Groundwater Level	Dry	Sampling Method(s)	SPT, Grab	Hammer Data	140 lb, 30 in drop, auto trip
Borehole Backfill	Cuttings	Location			

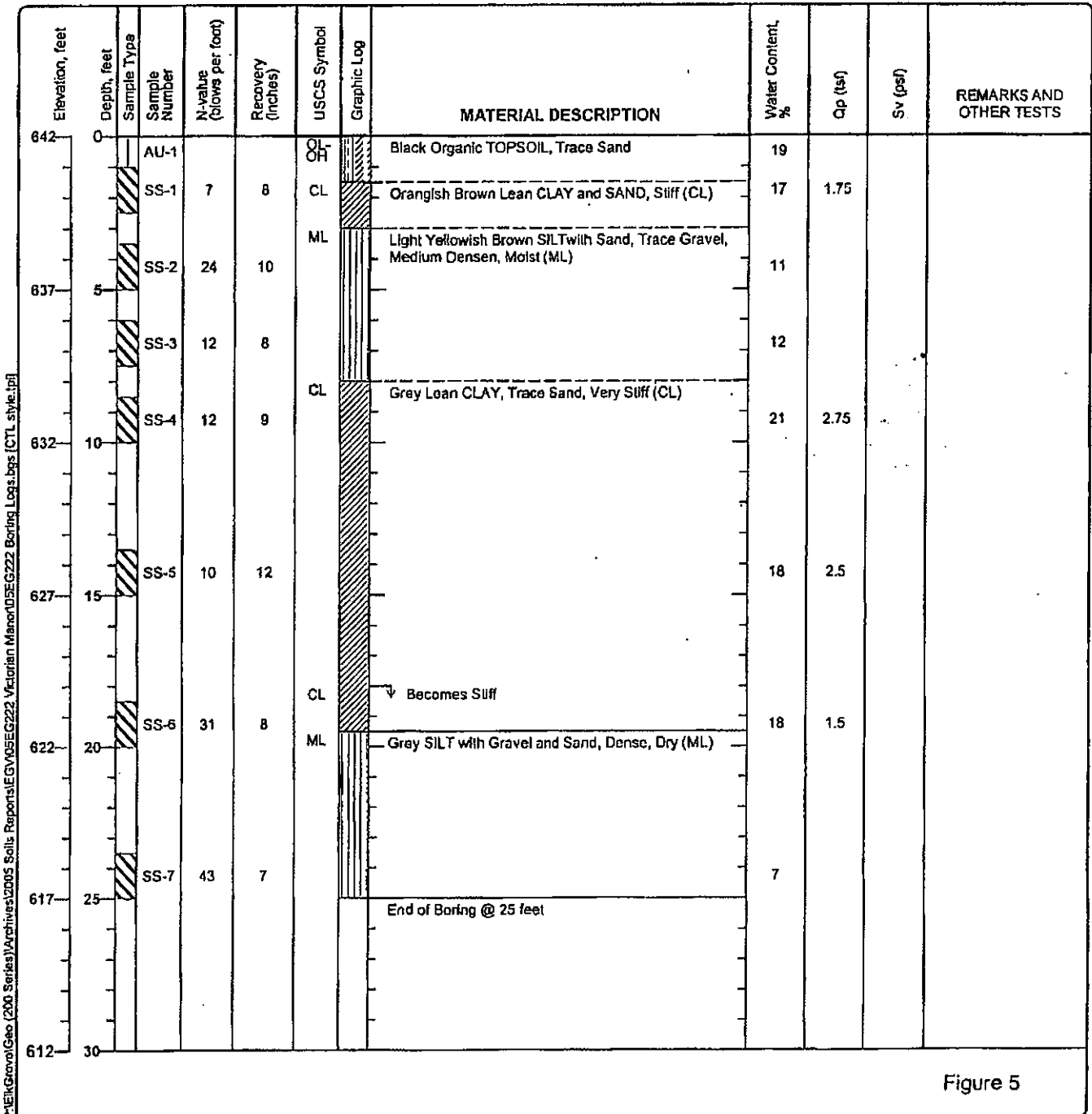


Figure 5

Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-6**  
 Sheet 1 of 1

Date(s) Drilled: October 9, 2006	Logged By: Precon-Larry	Checked By: Christopher Chan
Drilling Method: Hollow Stem Auger	Drill Bit Size/Type:	Total Depth of Borehole: 25 feet bgs
Drill Rig Type: CME 75	Drilling Contractor: Precon Drilling	Approximate Surface Elevation: 640.1 feet MSL
Groundwater Level: 19 feet (during drilling)	Sampling Method(s): SPT, Grab	Hammer Data: 140 lb, 30 in drop, auto trip
Borehole Backfill: Cuttings and Asphalt Patch	Location:	

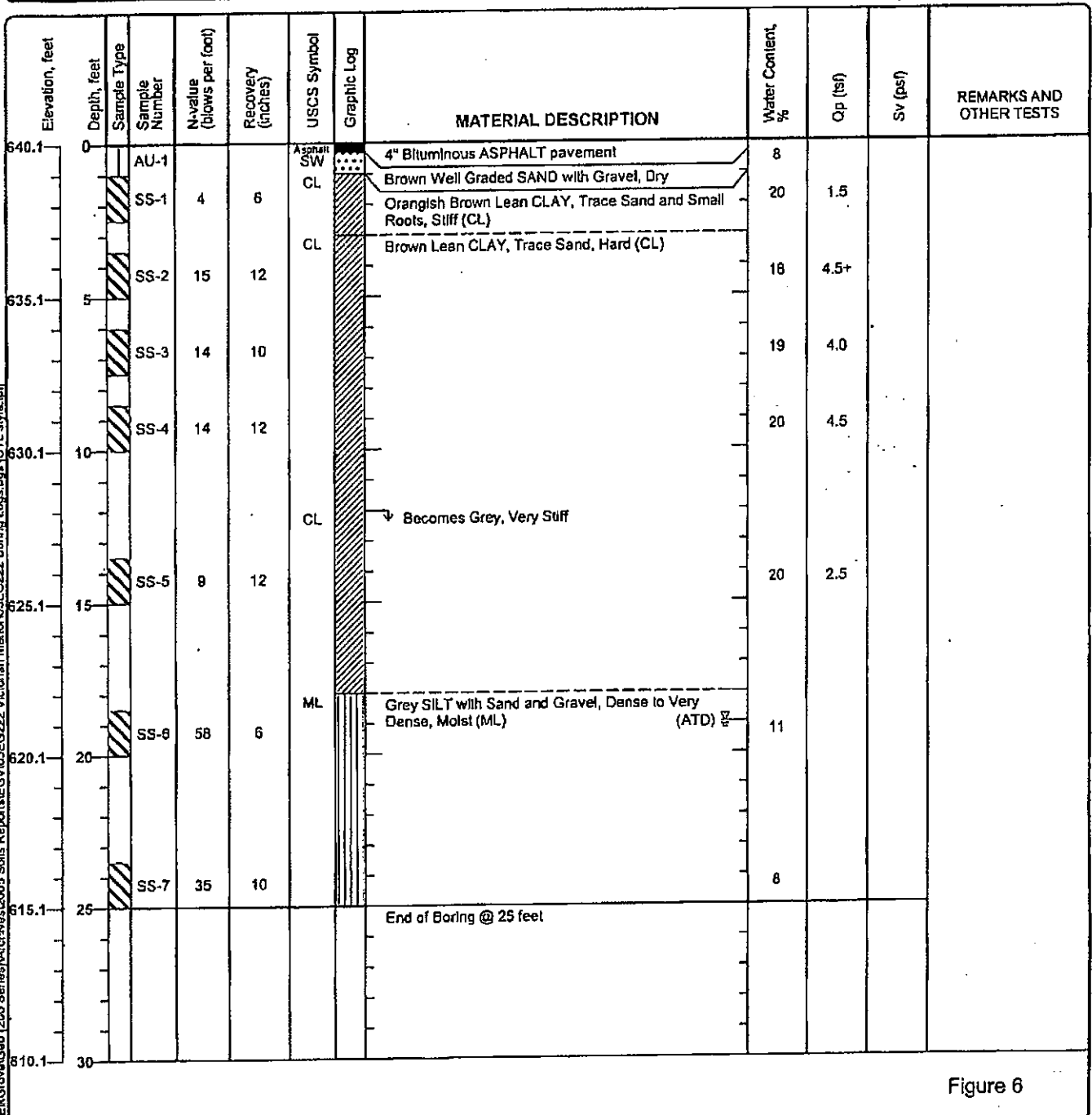


Figure 6

Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-7**  
 Sheet 1 of 1

Date(s) Drilled	October 9, 2006	Logged By	Precon-Larry	Checked By	Christopher Chan
Drilling Method	Hollow Stem Auger	Drill Bit Size/Type		Total Depth of Borehole	25 feet bgs
Drill Rig Type	CME 75	Drilling Contractor	Precon Drilling	Approximate Surface Elevation	641.7 feet MSL
Groundwater Level	19 feet (during drilling)	Sampling Method(s)	SPT, Grab	Hammer Data	140 lb, 30 in drop, auto trip
Borehole Backfill	Cuttings	Location			

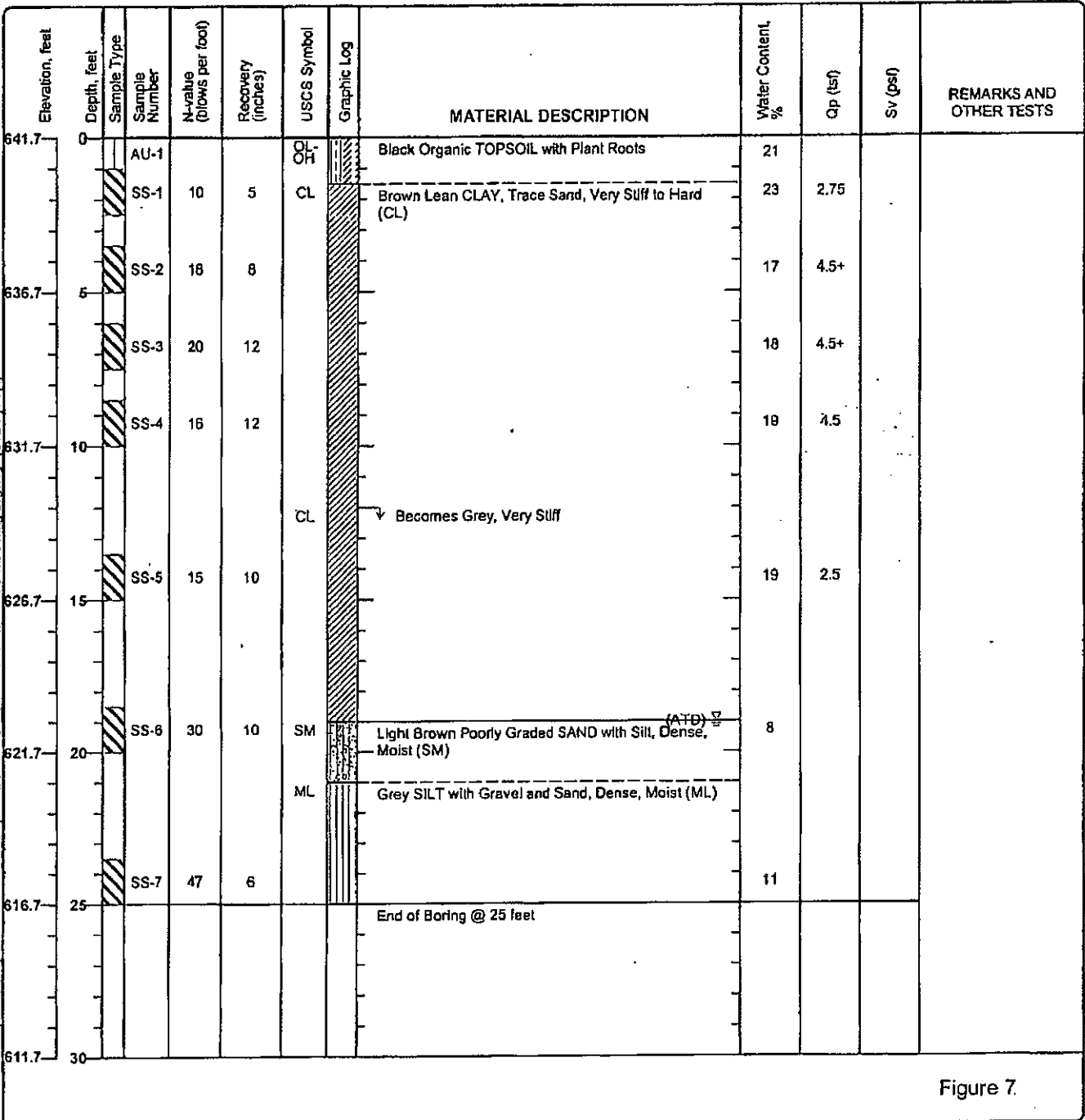
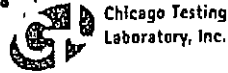


Figure 7.

P:\ER\Grove\Geo (200 Series)\Archives\2005 Soils Reports\EG\05EG222 Victorian Manor\05EG222 Boring Logs.bgs [CTL style.lpl]

Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-8**  
 Sheet 1 of 1

Date(s) Drilled	October 9, 2006	Logged By	Precon-Larry	Checked By	Christopher Chan
Drilling Method	Hollow Stem Auger	Drill Bit Size/Type		Total Depth of Borehole	15 feet bgs
Drill Rig Type	CME 75	Drilling Contractor	Precon Drilling	Approximate Surface Elevation	640.1 feet MSL
Groundwater Level	Dry	Sampling Method(s)	SPT, Grab	Hammer Data	140 lb, 30 in drop, auto trip
Borehole Backfill	Cuttings and Asphalt Patch	Location			

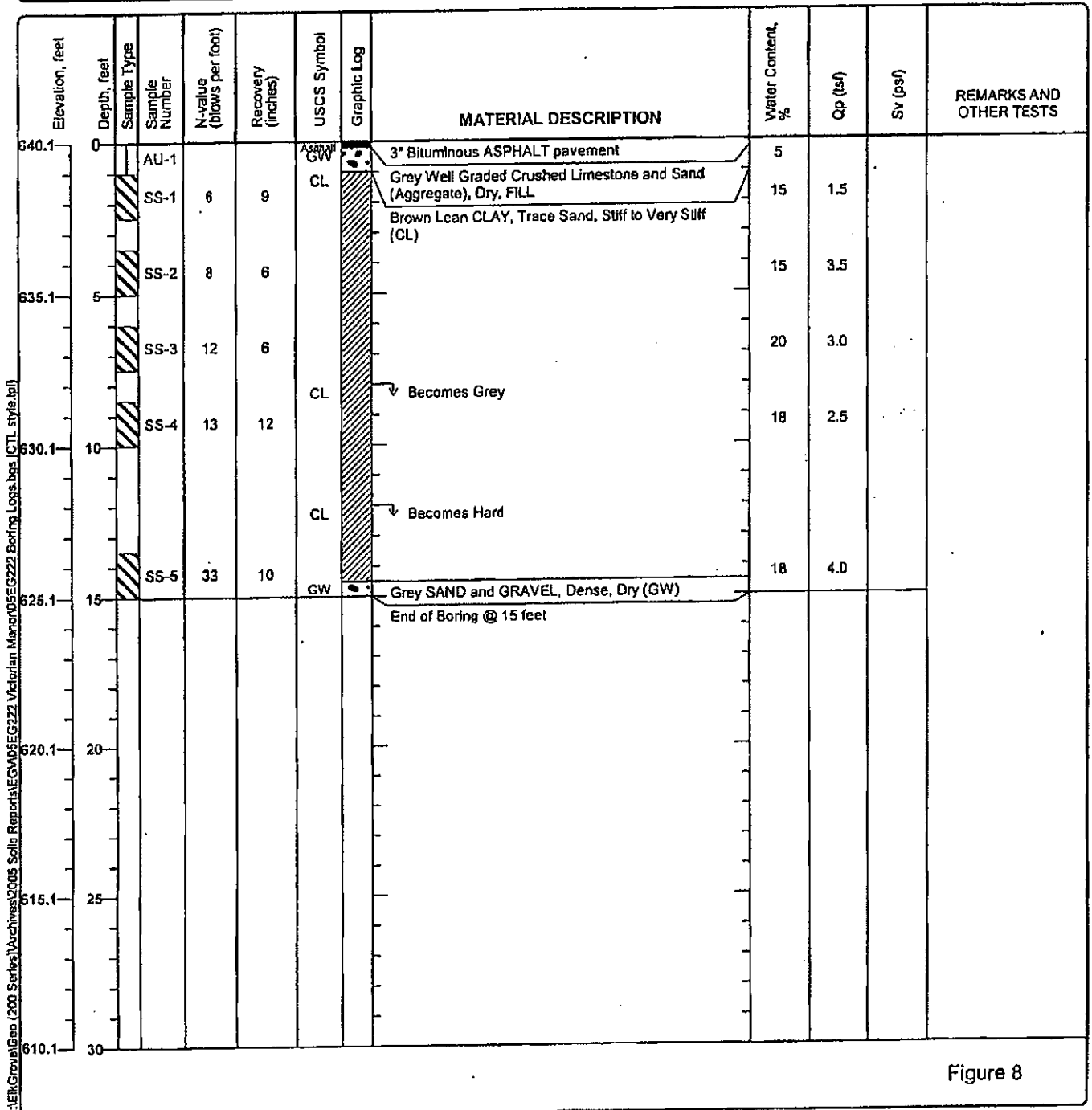


Figure 8

P:\Etk\Growth\Geo (200 Series)\Archives\2005 Soils Reports\EGM\05EG222 Victorian Manor\05EG222 Boring Logs.bgs (CTL style.tbl)

Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-9**  
 Sheet 1 of 1

Date(s) Drilled	October 9, 2006	Logged By	Precon-Larry	Checked By	Christopher Chan
Drilling Method	Hollow Stem Auger	Drill Bit Size/Type		Total Depth of Borehole	15 feet bgs
Drill Rig Type	CME 75	Drilling Contractor	Precon Drilling	Approximate Surface Elevation	642.2 feet MSL
Groundwater Level	Dry	Sampling Method(s)	None	Hammer Data	140 lb, 30 in drop, auto trip
Borehole Backfill	Cuttings and Asphalt Patch	Location			

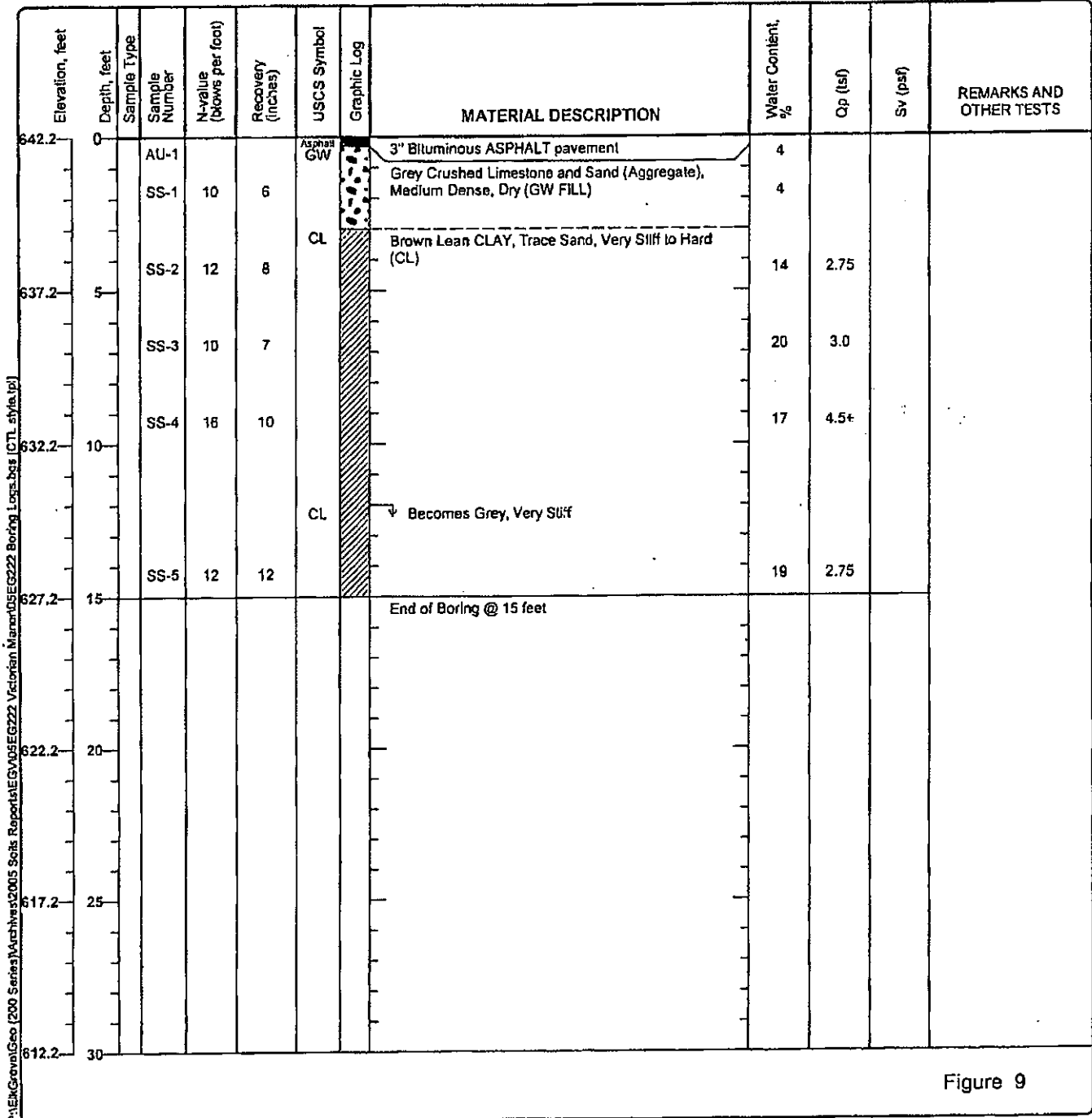


Figure 9

Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-11**  
 Sheet 1 of 1

Date(s) Drilled	October 6, 2006	Logged By	Precon-Larry	Checked By	Christopher Chan
Drilling Method	Hollow Stem Auger	Drill Bit Size/Type		Total Depth of Borehole	15 feet bgs
Drill Rig Type	CME 45/55 ATV	Drilling Contractor	Precon Drilling	Approximate Surface Elevation	639 feet MSL
Groundwater Level	Dry	Sampling Method(s)	SPT, Grab	Hammer Data	140 lb, 30 in drop, auto trip
Borehole Backfill	Cuttings	Location			

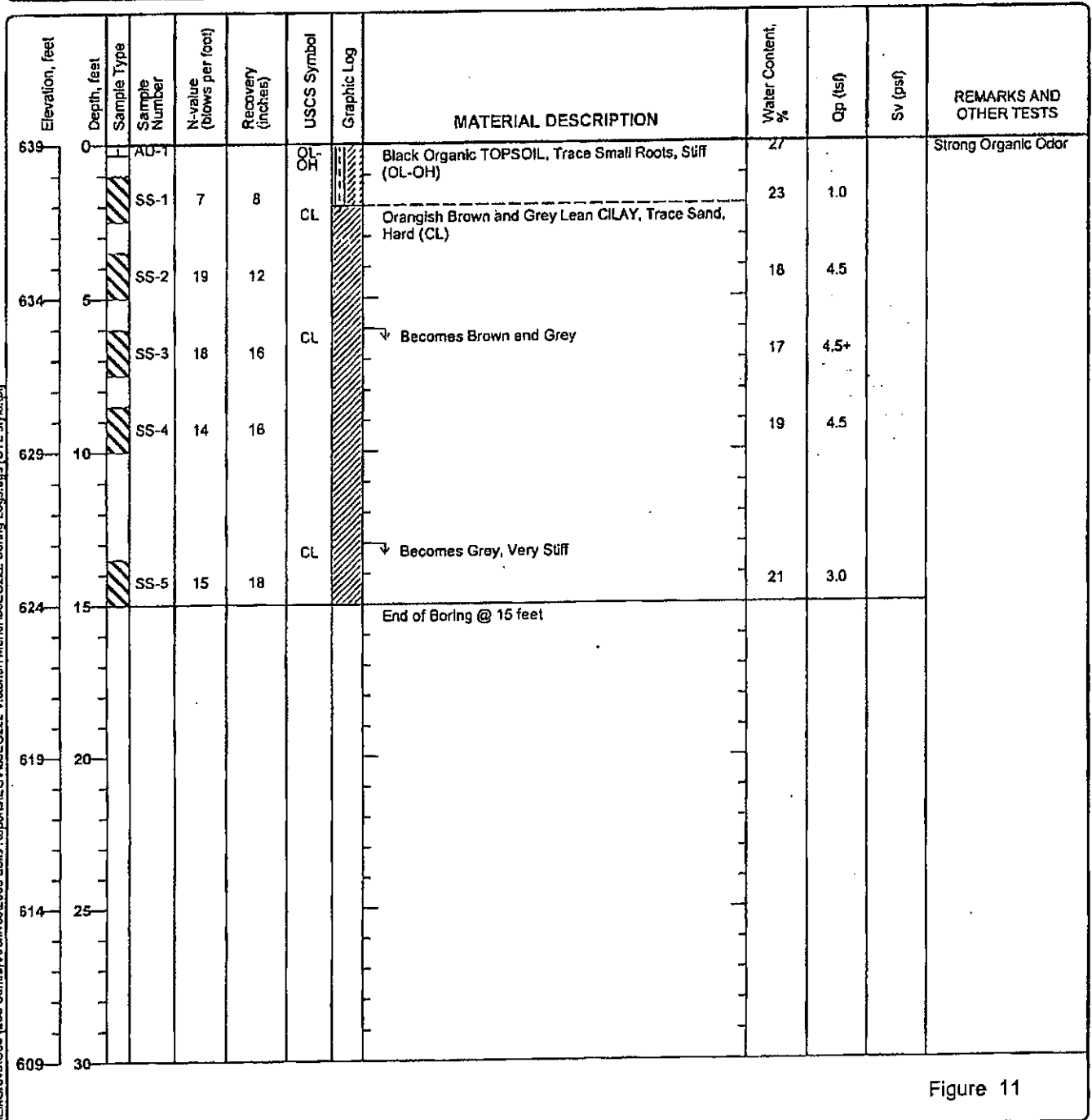


Figure 11

P:\Elk\Growth\Geo (200 Series)\Archives\2005 Soils Reports\EGV\05EG222 Victorian Manor\05EG222 Boring Logs.bgs (CTL style.tbl)

Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



**Boring Log B-10**  
 Sheet 1 of 1

Date(s) Drilled	October 9, 2006	Logged By	Precon-Larry	Checked By	Christopher Chan
Drilling Method	Hollow Stem Auger	Drill Bit Size/Type		Total Depth of Borehole	15 feet bgs
Drill Rig Type	CME 75	Drilling Contractor	Precon Drilling	Approximate Surface Elevation	642.6 feet MSL
Groundwater Level	Dry	Sampling Method(s)	SPT, Grab	Hammer Data	140 lb, 30 in drop, auto trip
Borehole Backfill	Cuttings and Asphalt Patch	Location			

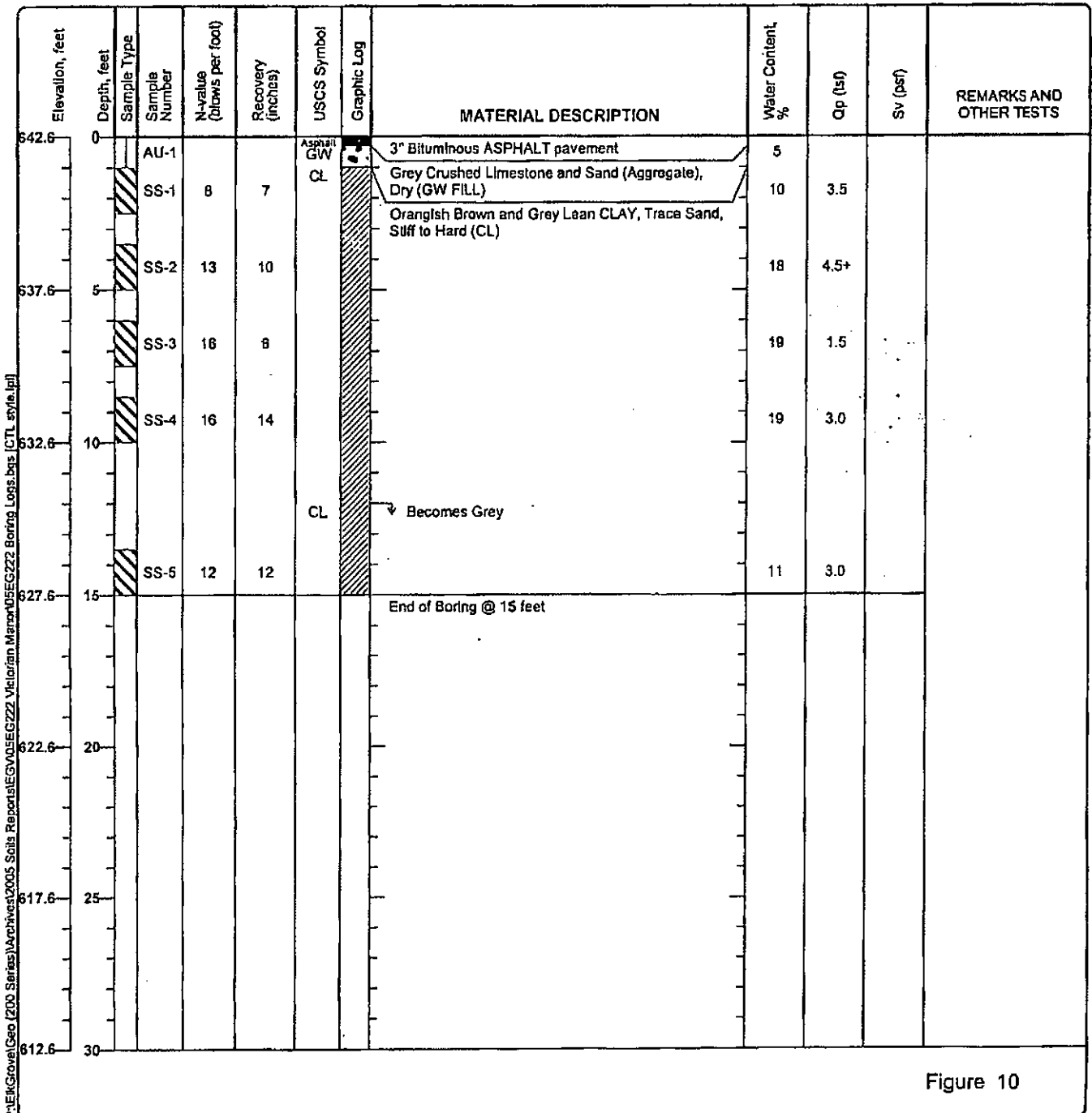


Figure 10

Project: Victorian Manor Nursing Home  
 Project Location: LaGrange, IL  
 Project Number: 05EG222



Key to Log  
 Sheet 1 of 1

Elevation, feet	Depth, feet	Sample Type	Sample Number	N-value (blows per foot)	Recovery (inches)	USCS Symbol	Graphic Log	MATERIAL DESCRIPTION	Water Content, %	Qp (tsf)	Sv (psf)	REMARKS AND OTHER TESTS
-----------------	-------------	-------------	---------------	--------------------------	-------------------	-------------	-------------	----------------------	------------------	----------	----------	-------------------------

1 2 3 4 5 6 7 8 9 10 11 12 13

COLUMN DESCRIPTIONS

- 1 **Elevation, feet:** Elevation (MSL, feet)
- 2 **Depth, feet:** Depth in feet below the ground surface.
- 3 **Sample Type:** Type of soil sample collected at the depth interval shown.
- 4 **Sample Number:** Sample identification number.
- 5 **N-value (blows per foot):** Number of blows to advance driven sampler foot (or distance shown) beyond seating interval using the hammer identified on the boring log.
- 6 **Recovery (Inches):** Length of sample recovered in sampler.
- 7 **USCS Symbol:** USCS symbol of the subsurface material.
- 8 **Graphic Log:** Graphic depiction of the subsurface material encountered.
- 9 **MATERIAL DESCRIPTION:** Description of material encountered. May include consistency, moisture, color, and other descriptive text.
- 10 **Water Content, %:** Water content of the soil sample, expressed as percentage of dry weight of sample.
- 11 **Qp (tsf):** Unconfined Compressive Strength with calibrated hand held penetrometer.
- 12 **Sv (psf):** Shear Strength from hand held Torvane shear tester.
- 13 **REMARKS AND OTHER TESTS:** Comments and observations regarding drilling or sampling made by driller or field personnel.

FIELD AND LABORATORY TEST ABBREVIATIONS

CHEM: Chemical tests to assess corrosivity  
 COMP: Compaction test  
 CONS: One-dimensional consolidation test  
 LL: Liquid Limit, percent  
 PI: Plasticity Index, percent

SA: Sieve analysis (percent passing No. 200 Sieve)  
 WA: Wash sieve (percent passing No. 200 Sieve)

TYPICAL MATERIAL GRAPHIC SYMBOLS

	Poorly graded SAND (SP)		Low plasticity PEAT (OL)
	Lean CLAY, CLAY w/SAND, SANDY CLAY (CL)		FILL

TYPICAL SAMPLER GRAPHIC SYMBOLS

	2-inch-OD unlined split spoon (SPT)		Shelby Tube (Thin-walled, fixed head)		Pitcher Sample
	2.5-inch-OD Modified California w/ brass liners		Grab Sample		Other sampler
	3-inch-OD California w/ brass rings		Bulk Sample		

OTHER GRAPHIC SYMBOLS

- Water level (at time of drilling, ATD)
- Water level (after waiting a given time)
- Minor change in material properties within a stratum
- Inferred or gradational contact between strata
- Queried contact between strata

GENERAL NOTES

- Soil classifications are based on the Unified Soil Classification System. Descriptions and stratum lines are interpretive, and actual lithologic changes may be gradual. Field descriptions may have been modified to reflect results of lab tests.
- Descriptions on these logs apply only at the specific boring locations and at the time the borings were advanced. They are not warranted to be representative of subsurface conditions at other locations or times.

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## GENERAL NOTES

### PARTICLE SIZE DESCRIPTION & TERMINOLOGY

Coarse Grained or Granular Soils have more than 50% of their dry weight retained on a #200 sieve; they are described as: boulders, cobbles, gravel or sand. Fine Grained soils have less than 50% of their dry weight retained on a #200 sieve; they are described as: clays or clayey silts if they are cohesive and silts if they are non-cohesive. In addition to gradation, granular soils are defined on the basis of their relative in-place density and the fine grained soils on the basis of their strength or consistency and their plasticity

Major Component of Sample	Size Range	Descriptive Term of Components Also Present in Sample	Approximate Quantity (Percent)
Boulders	Over 8 in. (200 mm)	Trace	1 - 9
Cobbles	8 inches to 3 inches (200 mm to 75mm)		
Gravel	3 inches to #4 sieve (75mm to 4.75mm)	Little	10 - 19
Sand	#4 to #200 sieve (4.75mm to 75mm)	Some	20 - 34
Silt	Passing #200 sieve (75mm to 2mm)	And	35 - 50
Clay	Smaller than 2mm		

### RELATIVE DENSITY AND CONSISTENCY CLASSIFICATION

#### GRANULAR SOILS

DENSITY CLASSIFICATION	APPROXIMATE RANGE OF N *
Very Loose	0 - 3
Slightly Dense	4 - 9
Medium Dense	10 - 29
Dense	30 - 49
Very Dense	50 - 80
Extremely Dense	80 +

#### COHESIVE SOILS

CONSISTENCY	UNCONFINED COMPRESSIVE STRENGTH, $Q_u$ - TSF	APPROXIMATE RANGE OF N *
Very Soft	0.25	0 - 2
Soft	0.25 - 0.49	3 - 4
Firm	0.50 - 0.99	5 - 8
Stiff	1.00 - 1.99	9 - 15
Very Stiff	2.00 - 3.99	16 - 30
Hard	4.00 - 8.00	31 - 50
Very Hard	8.00 +	Over 50

\* **STANDARD PENETRATION TEST (ASTM D1586)** - A 2.0" outside-diameter, split barrel sampler is driven into undisturbed soil by means of a 140 pound weight falling freely through a vertical distance of 30 inches. The sampler is normally driven 3 successive 6 inch increments. The total number of blows required for the final 12 inches of penetration is the Standard Penetration Resistance (N).

**ASBESTOS IDENTIFICATION &  
PAINT SURVEY REPORT FOR  
339 9<sup>th</sup> AVENUE  
LAGRANGE, ILLINOIS**

*Prepared for:*

**JP Morgan Chase Bank  
131 S. Dearborn  
Chicago, IL 60670**

*29 July 2005*

*Prepared by*

**ALPHA ENVIRONMENTAL, INC.  
5 Pembroke Court  
Streamwood, IL 60107  
(630) 837-7703**

*Alpha Environmental, Inc.*

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APPENDICES

Appendix A	Qualifications
Appendix B	Analytical Data
Appendix C	Photo Log

## *Alpha Environmental, Inc.*

### 1. SUMMARY

Alpha Environmental, Inc. (AE) was contracted by Mr. Luke Kowal, of JP Morgan Chase Bank, to conduct an asbestos identification survey and collect paint samples for lead analysis at the three buildings associated with the Victorian Manor Nursing Home located at 339 9<sup>th</sup> Avenue, in LaGrange, Illinois. The project work was requested as a result of the Phase I investigation findings as presented in the report prepared by AE dated 12 July 2005. The report identified three structures on the site. The largest building is the Victorian Manor nursing home that consists of three floors and a basement. The laundry rooms and boiler rooms are housed in an annex building to the east of the nursing home. A tunnel extends from the basement of the nursing home to the basement of the eastern building. A vacant residential structure and garage is located at the southeast corner of the property.

During the Phase I site visit, areas of 9 and 12 inch floor tiles with suspect asbestos containing material (ACM) were found throughout the nursing home and in the eastern annex building. Areas with 12 inch square ceiling tiles with suspect ACM were also identified at a couple of locations in the nursing home and eastern building. Spray on insulation was found on the ceiling in the basement laundry room. It appeared that the visible pipe wrap, insulation, and elbow joints found throughout the basements and tunnel consisted of fiberglass materials. Areas of peeling paint that were suspected to be lead based were found in the nursing home, eastern building, and residence.

AE conducted the asbestos identification and paint survey on 25 July 2005. The survey involved the assessment of each floor of the buildings and the collection of a total of 36 samples for asbestos fiber analysis and 4 paint samples for lead analysis. Samples for asbestos fiber analysis were collected of flooring materials, ceiling materials, pipe insulation, plaster, and spray on insulation materials. The samples were delivered under chain-of-custody to United Analytical Services and analyzed for ACM using polarized light microscopy. Paint samples for lead analysis were collected in areas where peeling paint was identified and sent to Stat Analysis Corporation.

This report describes the sampling activities, provides the analytical results, and discusses the areas where ACM and lead paint was identified. Appendix A contains copies of

## *Alpha Environmental, Inc.*

personnel certifications and qualifications. The laboratory data is in Appendix B and the photo log is in Appendix C.

### **2. PROCEDURES**

#### **2.1 SAMPLING PROCEDURES**

AE conducted the asbestos identification survey and paint sampling project work in accordance with all applicable regulatory requirements and standard operating procedures. All project work was performed in conformance with OSHA, IEPA, and IDPH standards. The asbestos samples were collected by personnel certified as an asbestos inspector.

AE surveyed each floor of the buildings and the basements/tunnel associated with the nursing home and eastern building. At least one sample of each suspect ACM media was collected. The samples were collected into plastic zip-loc type bags and labeled with a sample number and description. The samples were numbered sequentially from #1 to #23. Samples #7, #8, #17, and #23 consisted of paint samples collected for lead analysis with the remainder consisting of those to be analyzed for asbestos fibers. Tile samples that were to be analyzed separately for the adhesive mastic were provided with both a number and a second designation of "A". Additionally, the laboratory identified one sample with two tile layers and mastic and another tile sample with two layers of mastic. The laboratory denoted the underlying layers of tile and mastic and analyzed each separately. Therefore, although a total of 19 discrete samples were collected during the asbestos identification survey, analysis was performed on a total of 36 samples.

Photos were taken to document the sampling activities. The sample information was transferred onto chain-of-custody forms and the samples were delivered to the laboratory on 25 July 2005.

#### **2.2 ANALYTICAL PROCEDURES**

The ACM samples were analyzed by United Analytical Services, in Downers Grove, Illinois and the paint samples were analyzed by Stat Analysis Corporation, in Chicago, Illinois.

## *Alpha Environmental, Inc.*

United Analytical transferred the 4 paint samples to Stat Analysis Corporation for lead analysis. Both are licensed laboratories accredited by NVLAP and IAHA.

The ACM samples were analyzed using polarized light microscopy (PLM) in accordance with standard EPA methods and procedures. The sample results are reported in percentage of asbestos fibers detected with greater than 1% indicating a positive test result. The paint samples were analyzed for lead using Method N7082. The lead standard used by HUD for residential occupancy of a building is 5,000 mg/kg.

### 3. SITE ACTIVITIES

#### 3.1 VICTORIAN MANOR NURSING HOME

The nursing home building is comprised of three stories and a basement. AE began the investigation activities on the third floor which consists of patient rooms along the north wing and an auditorium over the central portion of the building. The third floor does not extend over the south wing of the building. Sample #1 was collected of the 12 inch ceiling tile in the dining room. Samples #2, #3, and #4 were collected in room 312. Sample #2 was of a tan 12 inch floor tile and a lower layer of tile was designated by the laboratory as #2AM. Sample #3 was of blue linoleum in the bathroom and Sample #4 was of a layer of tile found underneath the linoleum. Samples #5 and #6 were collected in the auditorium area. Sample #5 was of a beige 12 inch floor tile in a bathroom and Sample #6 was of plaster material within an open wall. Two paint samples were also collected from the third floor auditorium. Sample #7 was a peeling white paint layer and Sample #8 was a peeling brown paint layer. Generally, throughout the patient wing of the third floor, tan 12 inch floor tiles were found in the patient rooms and the blue linoleum was found in bathrooms and the hallways.

Similar floor tile conditions were found on the second floor. Sample #9 was collected of a tan 12 inch floor tile from room 215. The same tiles were also found in some of the hallway areas. Carpeting had been laid through the central and southern building hallways. It is assumed that the carpeting was placed over the tiles.

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On the first floor of the building, the southern wing with patient rooms has been closed. Samples #10-12 were collected in areas on the south wing of the first floor. Sample #10 was collected of a brown 9 inch floor tile in the hallway outside of room 508. Sample #11 was collected of a pink 9 inch floor tile in room 508. Sample #12 was collected of a blue/green 9 inch floor tile in room 509. Different dark green and light green 12 inch tiles were found in the hallway on the north wing of the first floor. Sample #13 was of the dark green tile and Sample #14 was of the light green tile. Both were collected outside of room 101. A survey of the patient rooms on the north wing of the first floor identified the same 9 inch tiles as sampled on the south wing. Carpeting and 12 inch tiles are found through the central portion of the first floor which contains the reception area, offices, and dining/activity rooms. Again, based on findings elsewhere in the building, it is assumed that the carpeting and 12 inch tiles have been placed over older layers of tile.

The same 9 inch floor tiles as identified on the first floor also were found in the basement of the nursing home. AE collected Sample #15 of a brown 9 inch floor tile in the vending room.

Table 1 provides a summary of the asbestos sample results for the nursing home. The laboratory analysis shows that the 9 inch floor tiles and/or underlying mastic found throughout the nursing home tested positive for chrysotile asbestos fibers. Additionally, the analysis confirms that the tan 12 inch floor tiles and blue linoleum have been laid directly over older tiles which tested positive for asbestos. On the first floor, the dark and light green 12 inch floor tiles and mastic also tested positive for asbestos fibers. Based on these results, AE estimates that the entirety of the floor coverage of the nursing home has floor tiles/mastic with asbestos on either surface or underlying layers.

The paint sample analytical results for Samples #7 and #8, collected from the third floor auditorium, tested positive for lead paint. The auditorium area is not generally accessible to patients or to staff. Peeling and flaking paint was found primarily in the small office and dressing room areas to the east of the stage. Sample #7 had a lead concentration of 1300 mg/kg and Sample #8 had a lead concentration of 86,000 mg/kg. It would appear that the brown paint represents one of the original layers of paint applied to the building interior.

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SAMPLE LOCATION	Sample Description	ACM Yes/ND (not detected)	Chrysotile %/ND (not detected)
1	Ceiling tile 3 <sup>rd</sup> floor dining room	ND	ND
2	12" floor tile tan	ND	ND
2M	Mastic	ND	ND
2A	Underlying tile layer	YES	3%
2AM	Mastic	YES	<1%
3	Blue linoleum	ND	ND
3A	Mastic	ND	ND
4	Underlying tile	YES	2%
4A	Mastic	YES	3%
5	12" floor tile beige	YES	2%
5A	Mastic	YES	5%
6	Plaster on 3 <sup>rd</sup> floor	ND	ND
9	12" floor tile brown	ND	ND
9A	Mastic	ND	ND
10	9" floor tile brown	YES	3%
10A	Mastic	YES	5%
11	9" floor tile pink	ND	ND
11A	Mastic	YES	8%
12	9" floor tile blue/green	YES	5%
12A	Mastic	YES	8%
13	12" floor tile green	YES	<1%
13A	Mastic	YES	10%
14	12" floor tile lt. green	YES	2%
14A	Mastic	YES	2%
15	9" floor tile brown	YES	2%
15A	Mastic	YES	8%

**TABLE 1  
NURSING HOME ACM RESULTS**



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### 3.2 EASTERN LAUNDRY/BOILER ROOM BUILDING

The eastern building contains a basement/garden level area which houses the laundry room and the mechanical systems. A first floor has a kitchen and a couple of small office type areas. As noted, the basements of the nursing home and eastern building are connected via an underground tunnel. Pipe wrap, elbow joints, and insulation material was assessed throughout the nursing home basement, the tunnel, and the eastern basement. All of the insulation appeared to consist of the same fiberglass materials throughout these areas. AE collected a representative Sample #16 of the pipe wrap found in the boiler room basement of the eastern building. Sample #18 was collected of the spray on insulation material found on the ceiling of the laundry rooms. Sample #19 was collected of the 12 inch light brown floor tile on the first floor. Sample #20 was collected of a 12 inch ceiling tile on the first floor. It appears that there could be two layers of ceiling tile in this area; however, it was only possible to obtain one sample.

Sample #17 was collected from the peeling paint found on a landing just to the north of the main laundry room.

Table 2 displays the asbestos sample results for the eastern building. No ACM was found in any of the samples collected from the eastern building. Based on the nursing home results, it is possible that older floor tiles with asbestos may exist under the brown tiles which tested negative for asbestos fibers.

The paint sample collected from the basement tested positive for lead with a concentration of 1,200 mg/kg; below the residential occupancy standard. However, the peeling paint is located in an area commonly accessible to nursing home and laundry room staff.

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SAMPLE LOCATION	Sample Description	ACM Yes/ND (not detected)	Chrysotile %/ND (not detected)
16	Pipe wrap basement	ND	ND
18	Spray on insulation basement	ND	ND
19	12" tile light brown	ND	ND
19A	Mastic	ND	ND
20	12" ceiling tile	ND	ND

**TABLE 2**  
**EASTERN BUILDING ACM RESULTS**

**3.3 RESIDENTIAL BUILDING**

The residential building on the southeast corner of the property consists of a single story structure that was not accessible during the original Phase I Assessment. AE was still not able to access the attached garage/lower level during this survey. According to the nursing home administrator, the garage entrances have not been used in a number of years and are basically sealed shut. Sample #21 was collected of a 9 inch brown floor tile in the laundry area and Sample #22 was of a peel and stick type floor tile collected from the west side of the kitchen. Sample #23 was collected of the peeling white paint found throughout the entirety of the residence.

Table 3 displays the asbestos sample results. Asbestos fibers were detected in one of the two mastic layers found underlying the floor tile of Sample #22. However, even though the 9 inch tile in the kitchen tested negative for asbestos fibers, based on the analysis of similar tile samples, it is believed that this result is an anomaly and that the tile probably contains asbestos fibers.

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The peeling paint tested positive for lead at a concentration of 370 mg/kg; below the residential occupancy standard. The peeling paint is found throughout the entirety of the residential structure.

SAMPLE LOCATION	Sample Description	ACM Yes/ND (not detected)	Chrysotile %/ND (not detected)
21	9" brown floor tile	ND	ND
21A	Mastic	ND	ND
22	Peel & stick floor tile	ND	ND
22A	Mastic	YES	2%
22B	Mastic	ND	ND

**TABLE 3**  
**RESIDENTIAL BUILDING ACM RESULTS**

**4. CONCLUSIONS**

Asbestos fibers were detected in the floor tiles/mastic found in either surface or underlying layers throughout the nursing home. ACM was also detected in the floor tile mastic of the residence and it is believed that the negative 9 inch floor tile result in the residential kitchen was an anomaly. No ACM was detected in any of the ceiling tile samples collected. Additionally, none of the insulation material, pipe wrap, or plaster within either the nursing home or the eastern building was found to contain asbestos.

AE estimates that a total of about 72,450 square feet of floor space in the nursing home has tiles with ACM. Based on the nursing home sample results, a potential total of approximately 2,000 square feet of floor tile could be present in the eastern building underneath other non-asbestos flooring materials. Additionally, the residence could have a total of about 1,000 square feet of floor tiles with ACM. Remodeling or renovation activities which involve the removal of floor tiles on the site should be undertaken by a licensed asbestos abatement contractor. AE will prepare an Operations & Maintenance (O&M) plan for management of the material in place.

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The analytical results detected lead based paint in each of the four samples. The only result above the residential occupancy standard of 5,000 mg/kg was detected in the brown paint from the auditorium at a concentration of 86,000 mg/kg. AE recommends that either access to the auditorium be restricted or that the lead paint be abated by a licensed contractor.

The residence is in poor condition with water damage and layers of peeling paint on the ceiling, walls, and floor surfaces throughout the building. AE recommends that this structure remain off-limits to nursing home staff until conditions are either abated or the building is demolished.

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**APPENDIX A  
QUALIFICATIONS**

## RENEE HIX MAYS

### EDUCATION:

MBA Management - Illinois Benedictine University, 1991.  
BS Biology - University of Illinois - Champaign, 1980.

### SUMMARY:

Ms. Hix Mays is an environmental management and communications professional specializing in Phase I & II site assessments, regulatory compliance and chemical handling issues, and technical report writing. She is an effective communicator and has participated in environmentally based community outreach programs and designed employee training programs. She has written technical compliance manuals and has co-authored a book on environmental community relations.

### EXPERIENCE:

Ms. Hix Mays has performed over 300 Phase I environmental site assessments. Typical sites involved the identification of underground storage tanks, asbestos containing material, and the potential for contaminated soil and water. She has performed Phase II soil and groundwater site investigation activities including data assessment and preparation of necessary plans and reports.

She has participated in leaking underground storage tank projects with activities including the preparation of 45-day reports, site classification and corrective action plans, and corrective action completion reports. She has provided data assessment and technical overview for comprehensive site investigation plans and reports for sites enrolled the IEPA's voluntary site remediation program.

She has prepared Spill Prevention Control and Countermeasures (SPCC) Plans and Storm Water Pollution Prevention (SWPP) Plans. She has assessed chemical storage and waste handling practices at RCRA and solid waste transfer facilities and provided written procedures and protocols. She has prepared remedial investigation and feasibility study reports for sites on the Superfund List, Illinois State Priorities List, and for the Department of Defense.

She is the author of five technical manuals on topics of the Oil Pollution Act of 1990, Environmental Site Investigations, OSHA Electrical Standards, OSHA Personal Protective Equipment Standards, and the Clean Air Act Amendments. She is the co-author of *The Practical Guide to Environmental Community Relations* published by John Wiley & Sons.

Ms. Hix Mays has assisted in the performance of environmental community relations presentations and community assessments, prepared community relations plans, and wrote fact sheets relating to environmental investigation and cleanup activities.

## **BARBARA L. CISSELL**

### **EDUCATION:**

BS Environmental Sciences – DePaul University, 1997.

### **SUMMARY:**

Ms. Cissell has broad experience in the field of environmental consulting, including work in the areas of environmental assessments, subsurface investigations, lead paint investigations, indoor air quality investigations, asbestos inspections and oversight, NEPA reviews for cellular tower construction, and geotechnical investigations. In addition, Ms. Cissell is experienced in the coordination and implementation of emergency response actions.

### **EXPERIENCE:**

Ms. Cissell's Phase I experience has included the performance of hundreds of assessments of commercial, multi-family residential, industrial, cellular tower, and vacant land for varied clientele, including commercial mortgage lenders, municipalities, private developers, and government agencies. She is familiar with a wide range of client-specific scopes of work and needs. In addition, Ms. Cissell has managed environmental and historical reviews for multi-site portfolios of cellular tower construction sites.

Her Phase II experience has included subsurface investigations, underground tank removal and oversight, project management, and screenings for asbestos, lead-based paint, radon, drinking water, and mold. In addition, she performs Waste Characterization of soils for large excavation projects to determine appropriate disposal requirements. Ms. Cissell develops cleanup plans and provides cost estimates for cleanup activities. Where appropriate, Ms. Cissell submits documentation and plans for site closure through state-regulated cleanup programs.

Ms. Cissell's previous experience includes compliance monitoring for a private waste management firm. In that capacity, she was responsible for the preparation and submittal of state-required annual reports for five waste management facilities and the completion of state-required chemical inventory reports for forty-one facilities throughout four states.

### **REGISTRATION & CERTIFICATIONS:**

AHERA and Illinois Department of Public Health - Licensed Asbestos Building Inspector  
AHERA and Illinois Department of Public Health Trained-Asbestos Management Planner



State of Illinois

A158341

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.

DR. P. WILLIAMS, M.D. M.P.H.  
INSTRUCTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
01/15/2007	219	100-0011
<p>ANDREAS HEALTH</p>		

BUSINESS ADDRESS

1000 N. WASHINGTON ST. SUITE 100  
 CHICAGO, ILLINOIS 60610  
 (773) 327-1000  
 WWW.ANDREASHEALTH.COM  
 STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
 DIVISION OF PROFESSIONAL REGULATION  
 PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS • 2/91 •



*ALPHA ENVIRONMENTAL, INC.*

**APPENDIX B  
ANALYTICAL DATA**



UNITED ANALYTICAL SERVICES, INC.  
 1429 CENTRE CIRCLE DRIVE, DOWNERS GROVE, IL 60515  
 PHONE (630) 691-8271 FAX (630) 691-1818

**PLM LABORATORY REPORT**

<b>METHOD:</b> EPA/600/R-93/116 July 1993 PLM w/ Dispersion Staining	<b>REPORT DATE:</b> July 27, 2005
<b>CLIENT:</b> Alpha Environmental, Inc.	<b>DATE RECEIVED:</b> July 25, 2005
<b>ATTENTION:</b> Renee Hix Mays	<b>UAS SAM#: 0511420</b>
<b>FAX:</b> 630-837-7850	<b>JOB LOCATION:</b> Sunrise Nursing Home

CLIENT SAMPLE #	LAB SAMPLE #	COLOR	DESCRIPTION/ LOCATION	ASBESTOS TYPE	%	OTHER FIBERS	%	MATRIX	%
1	0511420-01	Gray	Ceiling Tile Dining Room	ND	-	CELL FBG	35 35	O	30
2	0511420-02	Tan	12 Inch Floor Tile - Tan	ND	-	CELL	<1	O	100
2M	0511420-03	Yellow	12 Inch Floor Tile - Tan Mastic	ND	-	CELL SYN	10 5	O	85
2A	0511420-04	Blue	12 Inch Floor Tile Underlayer	CHRY	3	CELL	<1	O	97
2AM	0511420-05	Brown	12 Inch Floor Tile Underlayer Mastic	CHRY	<1	CELL	10	O	90
3	0511420-06	Blue White	Blue Linoleum	ND	-	CELL	<1	O	100

<b>Analysis Comments:</b> Samples analyzed according to the EPA/600/R-93 166 July 1993 entitled Method for the Determination of Asbestos in Bulk Building Materials. Further testing by gravimetric or TEM Methods are recommended for samples that are non-friable, i.e., floor tiles, mastics, etc. Report shall not be reproduced except in full, without the written approval of the laboratory. Laboratory results pertain to those delivered for analysis. Samples will be discarded if not notified by the client within 90 days.	<b>CODES- ASBESTOS</b>	<b>CODES- OTHER FIBERS</b>	<b>CODES- MATRIX</b>
	ND-None Detected CHRY-Chrysotile AMOS-Amosite CROC-Crocidolite TREM-Tremolite ACTN-Actinolite ANTH-Anthophyllite	FBG-Fiber Glass CELL-Cellulose SYN-Synthetic WOLL-Wollastonite H-Hair O-Other(Specify)	G-Gypsum C-Calcium Carbonate M-Mica O-Other Matrix

*Karla Smith-Kaaton*  
 ANALYZED BY- Karla Smith-Kaaton

July 27, 2005  
 DATE ANALYZED

*Rebecca Frajek*  
 REVIEWED BY- Rebecca Frajek

July 27, 2005  
 DATE REVIEWED

PLM & TEM



NVLAP Laboratory # 101732



AIHA Laboratory # 101212

This report must not be used by the client to claim product endorsement by AIHA, NVLAP or any agency of the United States Government.

United Analytical Services, Inc./Laboratory/General/Laboratory PLM Report/12.03



UNITED ANALYTICAL SERVICES, INC.  
 1420 CENTRE CIRCLE DRIVE, DOWNERS GROVE, IL 60515  
 PHONE (630) 691-8271 FAX (630) 691-1010

PLM LABORATORY REPORT

<b>METHOD:</b> EPA/600/R-93/116 July 1993 PLM w/ Dispersion Staining	<b>REPORT DATE:</b> July 27, 2005
<b>CLIENT:</b> Alpha Environmental, Inc.	<b>DATE RECEIVED:</b> July 25, 2005
<b>ATTENTION:</b> Renee Hix Mays	<b>UAS SAM#:</b> 0511420
<b>FAX:</b> 630-837-7850	<b>JOB LOCATION:</b> Sunrise Nursing Home

CLIENT SAMPLE #	LAB SAMPLE #	COLOR	DESCRIPTION/ LOCATION	ASBESTOS TYPE	%	OTHER FIBERS	%	MATRIX	%
3A	0511420-07	Gray Yellow	Mastic	ND	-	CELL FBG	5 10	0	85
4	0511420-08	Gray	Tile Under Blue Linoleum	CHRY	2	CELL	<1	0	98
4A	0511420-09	Brown Yellow Black	Mastic	CHRY	3	CELL	3	0	94
5	0511420-10	Gray	Floor Tile - Beige Auditorium	CHRY	2	CELL	<1	0	98
5A	0511420-11	Black	Mastic	CHRY	5	CELL	2	0	93
6	0511420-12	Gray	Plaster Behind Walls 3rd Floor	ND	-	CELL	<1	0	100

<b>Analysis Comments:</b>  Samples analyzed according to the EPA/600/R-93 166 July 1993 entitled Method for the Determination of Asbestos in Bulk Building Materials. Further testing by gravimetric or TEM Methods are recommended for samples that are non-friable, i.e., floor tiles, mastics, etc. Report shall not be reproduced except in full, without the written approval of the laboratory. Laboratory results pertain to those delivered for analysis. Samples will be discarded if not notified by the client within 90 days.	<b>CODES- ASBESTOS</b>	<b>CODES- OTHER FIBERS</b>	<b>CODES- MATRIX</b>
	ND-None Detected CHRY-Chrysotile AMOS-Amosite CROC-Crocidolite TREM-Tremolite ACTN-Acclinolite ANTH-Anthophyllite	FBG-Fiber Glass CELL-Cellulose SYN-Synthetic WOLL-Wollastonite H-Hair O-Other(Specify)	G-Gypsum C-Calcium Carbonate M-Mica O-Other Matrix

*Karla Smith-Kasten*  
 ANALYZED BY- Karla Smith-Kasten

July 27, 2005  
 DATE ANALYZED

*Rebecca Frejek*  
 REVIEWED BY- Rebecca Frejek

July 27, 2005  
 DATE REVIEWED

PLM & TEM



NVLAP Laboratory # 101732



AIHA Laboratory # 101212

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United Analytical Services, Inc./Laboratory/General/Laboratory PLM Report/12.03



UNITED ANALYTICAL SERVICES, INC.  
 1420 CENTRAL CIRCLE DRIVE, DOWNERS GROVE, IL 60519  
 PHONE (630) 601-1827 FAX (630) 601-1819

PLM LABORATORY REPORT

METHOD: <u>EPA/600/R-93/116 July 1993</u> <u>PLM w/ Dispersion Staining</u>	REPORT DATE: <u>July 27, 2005</u>
CLIENT: <u>Alpha Environmental, Inc.</u>	DATE RECEIVED: <u>July 25, 2005</u>
ATTENTION: <u>Renee Hix Mays</u>	UAS SAM#: <u>0511420</u>
FAX: <u>630-837-7850</u>	JOB LOCATION: <u>Sunrise Nursing Home</u>

CLIENT SAMPLE #	LAB SAMPLE #	COLOR	DESCRIPTION/ LOCATION	ASBESTOS TYPE	%	OTHER FIBERS	%	MATRIX	%
9	0511420-13	Lt Brown	Brown 12" Tile # 215	ND	-	CELL	<1	O	100
9A	0511420-14	Yellow	Mastic	ND	-	CELL SYN	2 2	O	96
10	0511420-15	Brown	Brown 9" Floor Tile 1st Floor	CHRY	3	CELL FBG	<1 <1	O	97
10A	0511420-16	Black	Mastic	CHRY	5	CELL	2	O	93
11	0511420-17	Pink	Pink 9" Floor Tile	ND	-	CELL	2	O	98
11A	0511420-18	Black	Mastic	CHRY	8	CELL	3	O	89

Analysis Comments:  Samples analyzed according to the EPA/600/R-93 166 July 1993 entitled Method for the Determination of Asbestos in Bulk Building Materials. Further testing by gravimetric or TEM Methods are recommended for samples that are non-friable, i.e., floor tiles, mastics, etc. Report shall not be reproduced except in full, without the written approval of the laboratory. Laboratory results pertain to those delivered for analysis. Samples will be discarded if not notified by the client within 90 days.	CODES- ASBESTOS	CODES- OTHER FIBERS	CODES- MATRIX
	ND-None Detected CHRY-Chrysotile AMOS-Amosite CROC-Crocidolite TREM-Tremolite ACTN-Actinolite ANTH-Anthophyllite	FBG-Fiber Glass CELL-Cellulose SYN-Synthetic WOLL-Wollastonite H-Hair O-Other(Specify)	G-Gypsum C-Calcium Carbonate M-Mica O-Other Matrix

*Marie Smith-Kasten*  
 ANALYZED BY: Marie Smith-Kasten

July 27, 2005  
 DATE ANALYZED

*Rebecca Frejek*  
 REVIEWED BY: Rebecca Frejek

July 27, 2005  
 DATE REVIEWED

PLM & TEM



NVLAP Laboratory # 101732



AIHA Laboratory # 101212

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United Analytical Services, Inc./Laboratory/General/Laboratory PLM Report/12.03



UNITED ANALYTICAL SERVICES, INC.  
 1429 CENTRE CIRCLE DRIVE, DOWNERS GROVE, IL 60510  
 PHONE (630) 691-8271 FAX (630) 691-1819

PLM LABORATORY REPORT

METHOD: EPA/600/R-93/116 July 1993 PLM w/ Dispersion Staining	REPORT DATE: July 27, 2005
CLIENT: Alpha Environmental, Inc.	DATE RECEIVED: July 25, 2005
ATTENTION: Renee Hix Mays	UAS SAM#: 0511420
FAX: 630-837-7850	JOB LOCATION: Sunrise Nursing Home

CLIENT SAMPLE #	LAB SAMPLE #	COLOR	DESCRIPTION/ LOCATION	ASBESTOS TYPE	%	OTHER FIBERS	%	MATRIX	%
12	0511420-19	Blue Green	Blue 9" Tile 1st Floor	CHRY	5	CELL	2	0	93
12A	0511420-20	Black	Mastic	CHRY	8	CELL	2	0	90
13	0511420-21	Green	Green 12 Inch Tile Hall	CHRY	<1	CELL	<1	0	100
13A	0511420-22	Black	Mastic	CHRY	10	CELL	2	0	88
14	0511420-23	Lt Green	Light Green 12 Inch Tile Hallway	CHRY	2	CELL	3	0	95
14A	0511420-24	Brown Black	Mastic	CHRY	2	CELL	5	0	93

<b>Analysis Comments:</b>  Samples analyzed according to the EPA/600/R-93 186 July 1993 entitled Method for the Determination of Asbestos in Bulk Building Materials. Further testing by gravimetric or TEM Methods are recommended for samples that are non-friable, i.e., floor tiles, mastics, etc. Report shall not be reproduced except in full, without the written approval of the laboratory. Laboratory results pertain to those delivered for analysis. Samples will be discarded if not notified by the client within 90 days.	<b>CODES-ASBESTOS</b> ND-None Detected CHRY-Chrysotile AMOS-Amosite CROC-Crocidolite TREM-Tremolite ACTN-Acclinolite ANTH-Anthophyllite	<b>CODES-OTHER FIBERS</b> FBG-Fiber Glass CELL-Cellulose SYN-Synthetic WOLL-Wollastonite H-Hair O-Other(Specify)	<b>CODES-MATRIX</b> G-Gypsum C-Calcium Carbonate M-Mica O-Other Matrix
---	--	--	--

*Karla Smith-Kasten*  
 ANALYZED BY- Karla Smith-Kasten

July 27, 2005  
 DATE ANALYZED

*Rebecca Frejek*  
 REVIEWED BY- Rebecca Frejek

July 27, 2005  
 DATE REVIEWED

PLM & TEM



NVLAP Laboratory # 101732



AIHA Laboratory # 101212

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United Analytical Services, Inc./Laboratory/General/Laboratory PLM Report/12.03



UNITED ANALYTICAL SERVICES, INC.  
 1429 CENTRE CIRCLE DRIVE, DOWNERS GROVE, IL 60515  
 PHONE (630) 691-6271 FAX (630) 691-1819

PLM LABORATORY REPORT

<b>METHOD:</b> EPA/600/R-93/116 July 1993 PLM w/ Dispersion Staining	<b>REPORT DATE:</b> July 27, 2005
<b>CLIENT:</b> Alpha Environmental, Inc.	<b>DATE RECEIVED:</b> July 25, 2005
<b>ATTENTION:</b> Renee Hix Mays	<b>UAS SAM#:</b> 0511420
<b>FAX:</b> 630-837-7850	<b>JOB LOCATION:</b> Sunrise Nursing Home

CLIENT SAMPLE #	LAB SAMPLE #	COLOR	DESCRIPTION/ LOCATION	ASBESTOS TYPE	%	OTHER FIBERS	%	MATRIX	%
15	0511420-25	Gray Brown	9 Inch Brown Tile Basement	CHRY	2	CELL	<1	0	98
15A	0511420-26	Black	Mastic	CHRY	8	CELL	2	0	90
16	0511420-27	Tan	Pipe Wrap Basement	ND	-	CELL FBG	2 50	0	48
18	0511420-28	White	spies on insulation	ND	-	CELL FBG	<1 95	0	5
19	0511420-29	LI Brown	Light Brown Tile	ND	-	CELL	<1	0	100
19A	0511420-30	Yellow	Mastic	ND	-	CELL	<1	0	100

<b>Analysis Comments:</b>  Samples analyzed according to the EPA/600/R-93 166 July 1993 entitled Method for the Determination of Asbestos in Bulk Building Materials. Further testing by gravimetric or TEM Methods are recommended for samples that are non-friable, i.e., floor tiles, mastics, etc. Report shall not be reproduced except in full, without the written approval of the laboratory. Laboratory results pertain to those delivered for analysis. Samples will be discarded if not notified by the client within 90 days.	<b>CODES- ASBESTOS</b> ND-None Detected CHRY-Chrysotile AMOS-Amosite CROC-Crocidolite TREM-Tremolite ACTN-Acclinolite ANTH-Anthophyllite	<b>CODES- OTHER FIBERS</b> FBG-Fiber Glass CELL-Cellulose SYN-Synthetic WOLL-Wollastonite H-Hair O-Other(Specify)	<b>CODES- MATRIX</b> G-Gypsum C-Calcium Carbonate M-Mica O-Other Matrix
	<b>Analysis Comments:</b>  Samples analyzed according to the EPA/600/R-93 166 July 1993 entitled Method for the Determination of Asbestos in Bulk Building Materials. Further testing by gravimetric or TEM Methods are recommended for samples that are non-friable, i.e., floor tiles, mastics, etc. Report shall not be reproduced except in full, without the written approval of the laboratory. Laboratory results pertain to those delivered for analysis. Samples will be discarded if not notified by the client within 90 days.		

*Karla Smith-Kasten*  
 ANALYZED BY- Karla Smith-Kasten

July 27, 2005  
 DATE ANALYZED

*Rebecca Frejek*  
 REVIEWED BY- Rebecca Frejek

July 27, 2005  
 DATE REVIEWED

PLM & TEM  
**NVLAP**  
 NVLAP Laboratory # 101732

PCM  
  
 AIHA Laboratory # 101212

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United Analytical Services, Inc./Laboratory/General/Laboratory PLM Report/12.03



UNITED ANALYTICAL SERVICES, INC.  
 1420 CENTRE CIRCLE DRIVE, DOWNERS GROVE, IL 60515  
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PLM LABORATORY REPORT

<b>METHOD:</b> EPA/600/R-93/116 July 1993 PLM w/ Dispersion Staining	<b>REPORT DATE:</b> July 27, 2005
<b>CLIENT:</b> Alpha Environmental, Inc.	<b>DATE RECEIVED:</b> July 25, 2005
<b>ATTENTION:</b> Renee Hix Mays	<b>UAS SAM#:</b> 0511420
<b>FAX:</b> 630-837-7850	<b>JOB LOCATION:</b> Sunrise Nursing Home

CLIENT SAMPLE #	LAB SAMPLE #	COLOR	DESCRIPTION/ LOCATION	ASBESTOS TYPE	%	OTHER FIBERS	%	MATRIX	%
20	0511420-31	White Brown	12 Inch Ceiling Tile	ND	-	CELL FBG	30 30	O	40
21	0511420-32	Gray	Floor Tile Kitchen	ND	-	CELL	<1	O	100
21A	0511420-33	Black	Mastic	ND	-	CELL FBG	2 <1	O	98
22	0511420-34	White	Floor Tile Kitchen	ND	-	CELL	<1	O	100
22A	0511420-35	Black	Mastic	CHRY	2	CELL	2	O	96
22B	0511420-36	Yellow	Mastic	ND	-	CELL SYN	2 2	O	96

<b>Analysis Comments:</b> Samples analyzed according to the EPA/600/R-93 166 July 1993 entitled Method for the Determination of Asbestos in Bulk Building Materials. Further testing by gravimetric or TEM Methods are recommended for samples that are non-friable, i.e., floor tiles, mastics, etc. Report shall not be reproduced except in full, without the written approval of the laboratory. Laboratory results pertain to those delivered for analysis. Samples will be discarded if not notified by the client within 90 days.	<b>CODES- ASBESTOS</b> ND-None Detected CHRY-Chrysotile AMOS-Amosite CROC-Crocidolite TREM-Tremolite ACTN-Actinolite ANTH-Anthophyllite	<b>CODES- OTHER FIBERS</b> FBG-Fiber Glass CELL-Celulose SYN-Synthetic WOLL-Wollastonite H-Hair O-Other(Specify)	<b>CODES- MATRIX</b> G-Gypsum C-Calcium Carbonate M-Mica O-Other Matrix
---	--	--	---

*Marie Smith-Kasten*  
 ANALYZED BY: Marie Smith-Kasten

July 27, 2005  
 DATE ANALYZED

*Rebecca Frejek*  
 REVIEWED BY: Rebecca Frejek

July 27, 2005  
 DATE REVIEWED

PLM & TEM



NVLAP Laboratory # 101732



AIHA Laboratory # 101212

This report must not be used by the client to claim product endorsement by AIHA, NVLAP or any agency of the United States Government.

United Analytical Services, Inc./Laboratory/Geners/Laboratory PLM Report/12.03

**STAT Analysis Corporation**

2253 West Harrison St., Suite B, Chicago, IL 60612-3505  
 Tel: (312) 733-0551 Fax: (312) 733-2386 STATinfo@STATanalysis.com  
 Accreditation Numbers: IEPA ELAP 100445 | ORELAP IL300001 | ATEA 10248



Date Reported: July 28, 2005

Date Printed: July 28, 2005

Client: United Analytical Service, Inc.  
 Lab Order: 0507771  
 Project: 072505, Sunrise Nursing Home #0511419

Client ID	Additional Info	Sample ID	Matrix	Lead Result	Units	Qualifier	Analyst	Date Analyzed	Analytical Method
#7 White Paint Auditorium		0507771-001A	Paint Chips	1300	mg/Kg		ASM	07/27/2005	N7082
#8 Brown Paint Auditorium		0507771-002A	Paint Chips	86000	mg/Kg		ASM	07/27/2005	N7082
#17 White Paint Annex Basement		0507771-003A	Paint Chips	1200	mg/Kg		ASM	07/27/2005	N7082
#17 White Paint Annex Basement		0507771-003A	Paint Chips	1200	mg/Kg		ASM	07/27/2005	N7082
#23 White Paint Cottage		0507771-004A	Paint Chips	370	mg/Kg		ASM	07/27/2005	N7082

Reporting limit for paints is 100 mg/Kg based on 0.05 g sample digested.

Qualifiers: B - Analyte detected in the associated Method Blank  
 S - Spike Recovery outside accepted recovery limits

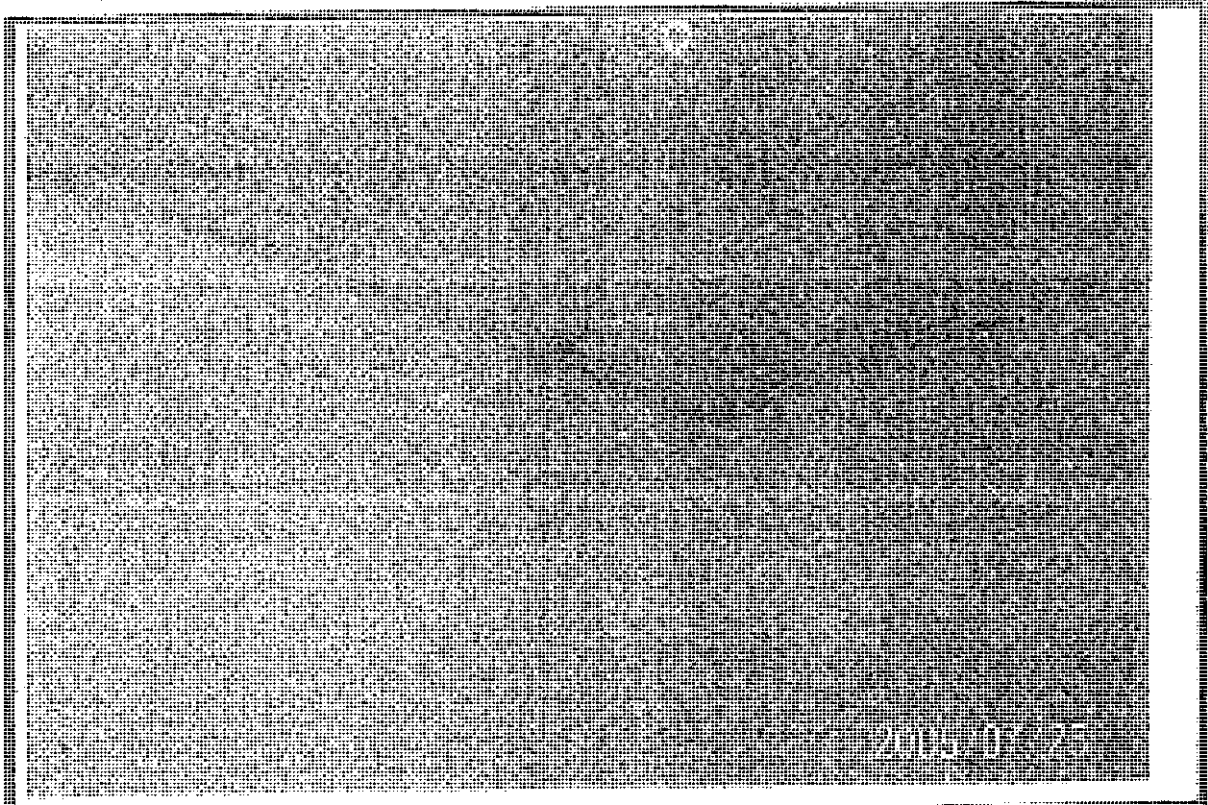
R - RPD outside accepted recovery limits  
 E - Value above quantitation range  
 \* - Non-accredited parameter



*ALPHA ENVIRONMENTAL, INC.*

**APPENDIX C  
PHOTO LOG**

ATTACHMENT-12H



**COMMENTS:**

Sample of ceiling tile on 2<sup>nd</sup> floor

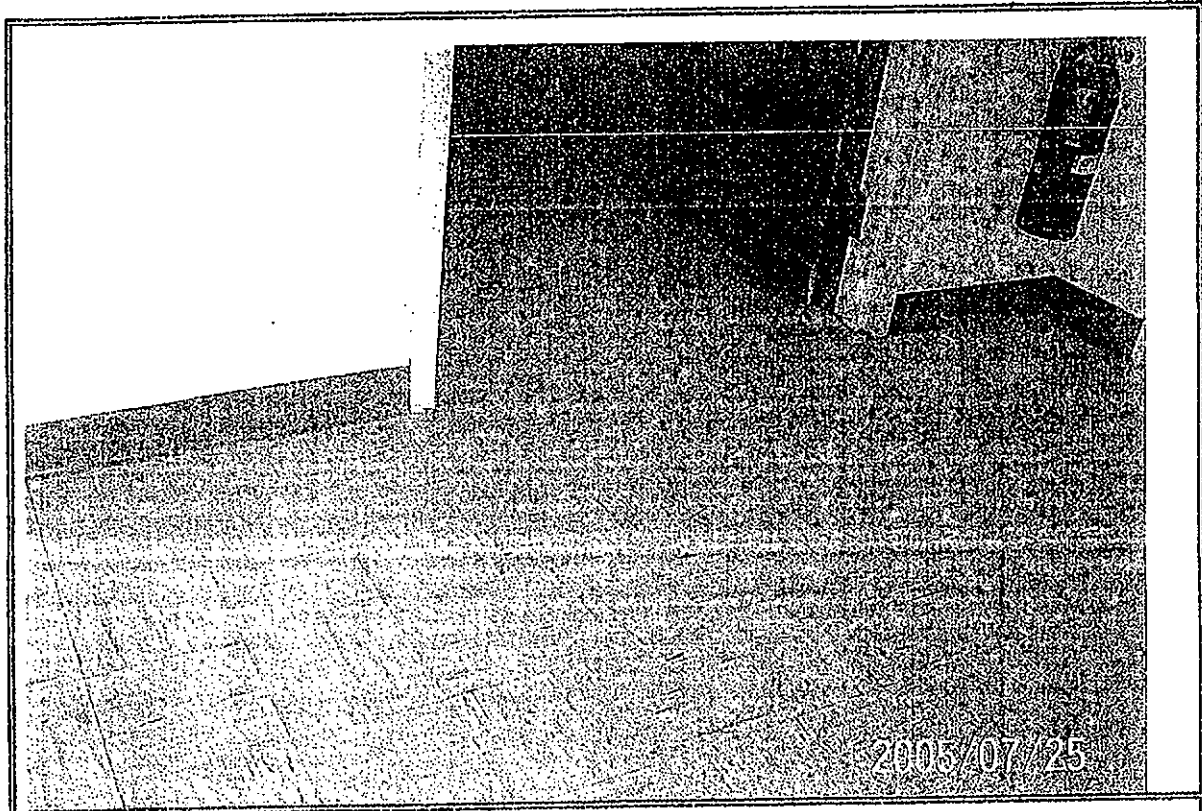


**COMMENTS:**

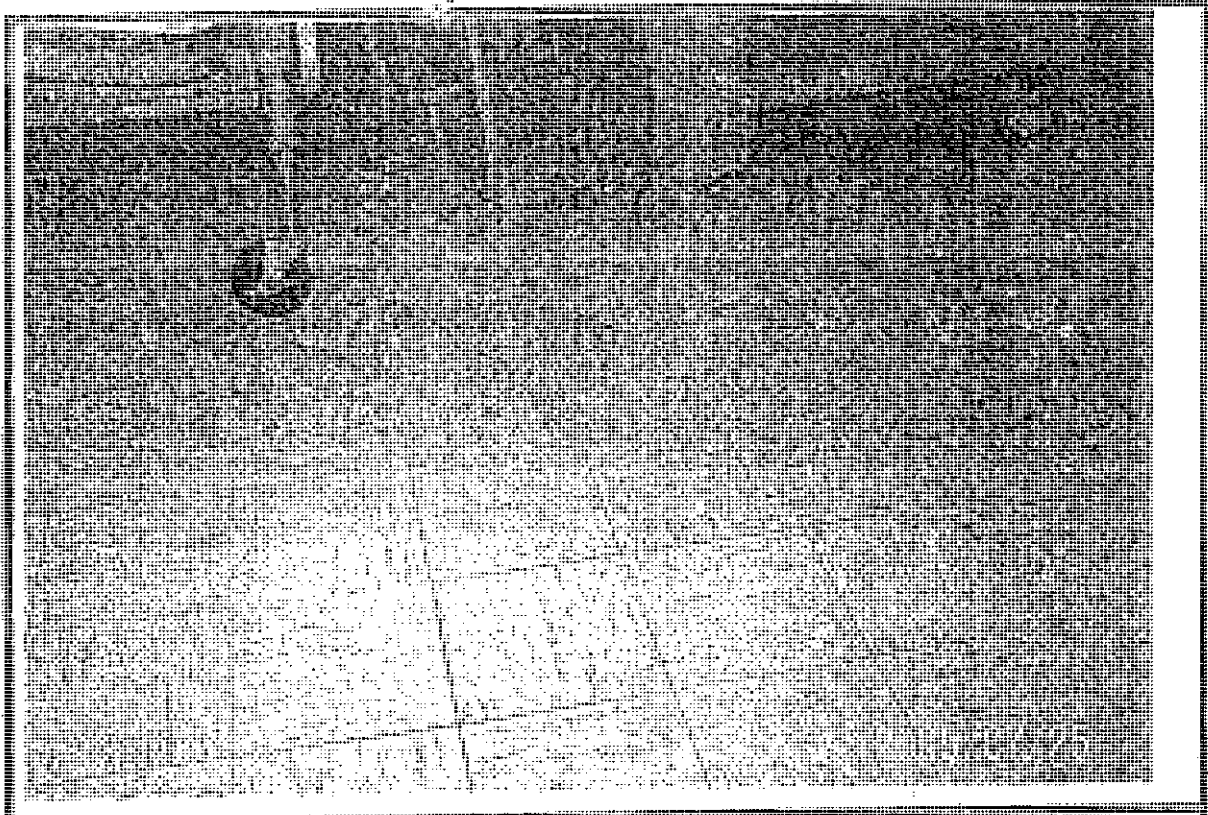
Sample of floor tile from auditorium on 3<sup>rd</sup> floor



**COMMENTS:**  
Sample of plaster material behind wall on 3<sup>rd</sup> floor

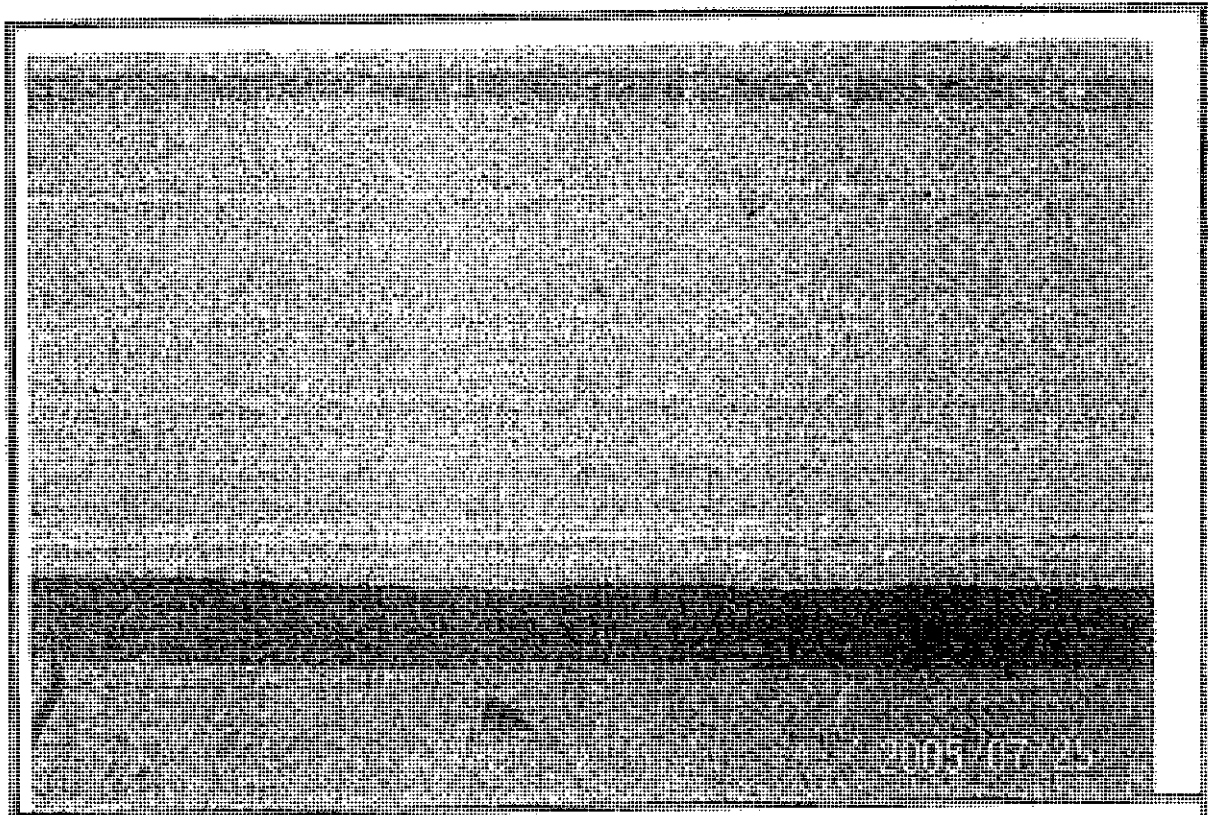


**COMMENTS:**  
Sample of 9 inch tile from 1<sup>st</sup> floor



**COMMENTS:**

Sample of black/green floor tile on 1<sup>st</sup> floor



**COMMENTS:**

Sample of floor tile from basement

**ASBESTOS OPERATIONS AND  
MAINTENANCE PLAN FOR  
339 9<sup>th</sup> AVENUE  
LAGRANGE, ILLINOIS**

*Prepared for:*

**Meadowbrook Manor  
431 W. Remington Blvd  
Bolingbrook, IL 60440**

*05 April 2006*

*Prepared by*

**ALPHA ENVIRONMENTAL, INC.  
5 Pembroke Court  
Streamwood, IL 60107  
(630) 837-7703**

*Alpha Environmental, Inc.*

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3. ASBESTOS CONTROL PROGRAM .....	5
4. RECORD KEEPING & TRAINING .....	6
5. FLOOR TILE MAINTENANCE .....	7
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- TABLE 1 - NURSING HOME ACM RESULTS
- TABLE 2 - EASTERN BUILDING ACM RESULTS
- TABLE 3 - RESIDENTIAL BUILDING ACM RESULTS

**LIST OF FORMS**

- FORM 1 - TRAINING RECORD
- FORM 2 - INSPECTION RECORD
- FORM 3 - MAINTENANCE RECORD

# *Alpha Environmental, Inc.*

## 1. INTRODUCTION

Alpha Environmental, Inc. (AE) was contracted to prepare this Asbestos Operations & Maintenance (O&M) Plan for the buildings associated with the Meadowbrook Manor of LaGrange Nursing Home located at 339 9<sup>th</sup> Avenue, in LaGrange, Illinois. There are three structures on the site. The largest building is the nursing home that consists of three floors and a basement. The laundry and boiler rooms are housed in an annex building to the east of the nursing home. A tunnel extends from the basement of the nursing home to the basement of the eastern building. A vacant residential structure and garage is located at the southeast corner of the property.

Historic information obtained for the original Phase I ESA report indicated that the subject property was developed in 1910 for the Illinois Masonic Orphans Home. Additions were constructed to the orphanage building in 1922, 1923, and 1928. The eastern building and residence were likely constructed around 1910, at the same time as the original orphanage structure. Around 1963, the subject property was converted to use as a nursing home facility called Colonial Manor and later Sunrise Care & Rehabilitation and finally, Victorian Manor.

AE conducted an asbestos identification survey in July 2005. The survey involved the assessment of each floor of the buildings and the collection of a total of 36 samples for asbestos fiber analysis. Samples were collected of flooring materials, ceiling materials, pipe insulation, plaster, and spray on insulation. The asbestos samples were sent to United Analytical Services for analysis.

Asbestos fibers were detected in the floor tiles/mastic found in either surface or underlying layers throughout the nursing home. ACM was also detected in the floor tile mastic of the residence. No ACM was detected in the ceiling tiles, the insulation material, pipe wrap, or plaster samples within either the nursing home or the eastern building. Additionally, no ACM was detected in the surface floor tile samples of the eastern building.

An estimated total of about 72,450 square feet of floor space in the nursing home has tiles with ACM. Based on the nursing home sample results, a potential total of approximately 2,000 square feet of floor tile is expected in the eastern building underneath other non-asbestos

## *Alpha Environmental, Inc.*

flooring materials. Additionally, the residence could have a total of about 1,000 square feet of floor tiles with ACM.

This O&M Plan is designed to manage the asbestos floor tile material in place. Remodeling or renovation involving the removal of the tiles will need to be undertaken by a licensed asbestos abatement contractor. The primary function of this Plan is to manage the 9 inch and areas of 12 inch surface tile layers with ACM that were found throughout the nursing home. Floor tile management in the eastern building should primarily consist of maintaining the integrity of the surface layer of tiles that tested negative for asbestos fibers. The original survey found the residence to be in an extremely deteriorated condition. Management of the asbestos tile in the residence is recommended through prohibiting access to the building. Renovation or demolition activities will require the services of an abatement contractor.

## **2. ASBESTOS SURVEY ANALYTICAL RESULTS**

Table 1 provides a summary of the asbestos sample results for the nursing home. The laboratory analysis shows that the 9 inch floor tiles and/or underlying mastic found throughout the nursing home tested positive for chrysotile asbestos fibers. Additionally, the analysis confirms that the tan 12 inch floor tiles and blue linoleum have been laid directly over older tiles which tested positive for asbestos. On the first floor, the dark and light green 12 inch floor tiles and mastic also tested positive for asbestos fibers. Based on these results, AE estimated that the entirety of the floor coverage of the nursing home has floor tiles/mastic with asbestos on either surface or underlying layers.

Table 2 displays the asbestos sample results for the eastern building. No ACM was found in any of the samples collected from the eastern building. However, based on the nursing home results, it is expected that older floor tiles with asbestos exist under the brown tiles which tested negative for asbestos fibers.



*Alpha Environmental, Inc.*

SAMPLE LOCATION	Sample Description	ACM Yes/ND (not detected)	Chrysotile %/ND (not detected)
1	Ceiling tile 3 <sup>rd</sup> floor dining room	ND	ND
2	12" floor tile tan	ND	ND
2M	Mastic	ND	ND
2A	Underlying tile layer	YES	3%
2AM	Mastic	YES	<1%
3	Blue linoleum	ND	ND
3A	Mastic	ND	ND
4	Underlying tile	YES	2%
4A	Mastic	YES	3%
5	12" floor tile beige	YES	2%
5A	Mastic	YES	5%
6	Plaster on 3 <sup>rd</sup> floor	ND	ND
9	12" floor tile brown	ND	ND
9A	Mastic	ND	ND
10	9" floor tile brown	YES	3%
10A	Mastic	YES	5%
11	9" floor tile pink	ND	ND
11A	Mastic	YES	8%
12	9" floor tile blue/green	YES	5%
12A	Mastic	YES	8%
13	12" floor tile green	YES	<1%
13A	Mastic	YES	10%
14	12" floor tile lt. green	YES	2%
14A	Mastic	YES	2%
15	9" floor tile brown	YES	2%
15A	Mastic	YES	8%

**TABLE 1**  
**NURSING HOME ACM RESULTS**

339 9th Avenue, LaGrange, Illinois - Asbestos Operations & Maintenance Plan

*Alpha Environmental, Inc.*

SAMPLE LOCATION	Sample Description	ACM Yes/ND (not detected)	Chrysotile %/ND (not detected)
16	Pipe wrap basement	ND	ND
18	Spray on insulation basement	ND	ND
19	12" tile light brown	ND	ND
19A	Mastic	ND	ND
20	12" ceiling tile	ND	ND

**TABLE 2  
EASTERN BUILDING ACM RESULTS**

SAMPLE LOCATION	Sample Description	ACM Yes/ND (not detected)	Chrysotile %/ND (not detected)
21	9" brown floor tile	ND	ND
21A	Mastic	ND	ND
22	Peel & stick floor tile	ND	ND
22A	Mastic	YES	2%
22B	Mastic	ND	ND

**TABLE 3  
RESIDENTIAL BUILDING ACM RESULTS**

Table 3 displays the asbestos sample results for the residence. Asbestos fibers were detected in one of the two mastic layers found underlying one of the floor tile samples. Although the 9 inch floor tile in the kitchen tested negative for asbestos fibers, based on the analysis of similar tile samples, it is believed that the result is an anomaly and the kitchen tile contains asbestos.

## *Alpha Environmental, Inc.*

### 3. ASBESTOS CONTROL PROGRAM

The goal of the O&M Plan is to: 1) manage the asbestos containing floor tile in place to ensure that exposures to nursing home staff, maintenance personnel, and patients are minimized and; 2) ensure that if small quantities of the tile must be repaired or removed that such activities comply with all OSHA, U.S. EPA, and state regulations.

OSHA regulates occupational exposure to employees who are involved in the removal of ACM or whose jobs require them to potentially disturb or otherwise be exposed to ACM (29 CFR 1926.1101, Construction Standard and 29 CFR 1910.1001, General Industry Standard). OSHA has classified asbestos work in the following categories:

- Class I - activities involving the removal of thermal system insulation (TSI) and surfacing asbestos containing material (ACM) and presumed asbestos containing materials (PACM).
- Class II - activities involving the removal of ACM, which is not TSI or surfacing materials. This includes the removal of asbestos containing wallboard, floor tile and sheeting, roofing and shingles, and construction mastics.
- Class III - repair and maintenance operations where ACM including TSI and surfacing materials can be disturbed.
- Class IV - the OSHA standards also cover workers who may come into contact with ACM in buildings. This includes maintenance and custodial staff.

Floor tile is a Class II material meaning that it is considered to be non-friable which is defined as a material that cannot be crumbled, pulverized or reduced to a powder form by using hand pressure.

Pertinent Federal regulations are found in 40 CFR Part 763 and in 40 CFR Part 61. The EPA classifies asbestos floor tiles as a Category I non-friable material. According to the EPA, floor tiles in good condition generally do not require removal. Leaving good condition floor tiles in place will not release any significant quantity of asbestos fibers. However, floor tile that is in poor condition, or remodeling or renovation activities that damage the tiles, could result in the material becoming friable. In such cases, removal or repair of the asbestos floor

## *Alpha Environmental, Inc.*

tile could be required. Pertinent Illinois regulations are contained in the Commercial and Public Building Asbestos Abatement Act and Title 77, Part 855; Asbestos Abatement for Public and Private Schools and Commercial and Public Buildings in Illinois.

### **4. RECORD KEEPING & TRAINING**

Relevant nursing home and maintenance staff should be notified regarding the known and potential locations of the asbestos floor tiles. The nursing home will appoint a designated person who is in charge of maintaining and implementing the O&M Plan. The designated person should be a maintenance staff supervisor or building engineer who is familiar with the building operations and maintenance schedule.

Duties of the designated person are as follows:

1. Ensure that this O&M Plan is available for inspection.
2. Post warning labels as required (a warning label indicating the potential hazard should be affixed to ACM that is located in routine maintenance areas).
3. Ensure that all maintenance staff with a responsibility for cleaning and/or maintaining the floor tile is familiar with the Plan.
4. Document and maintain records of inspections and maintenance activities.
5. Ensure that cleaning and routine maintenance activities are conducted in accordance with the Plan.
6. Document and take the appropriate action in the case of a fiber release in accordance with the Plan.

A copy of the plan should be maintained in the administrative or maintenance office and be available for inspection by any staff member, patient, or contractor. A copy of the O&M Plan should also be maintained at the Meadowbrook Manor corporate office.

Pertinent maintenance personnel, including but not limited to the designated person, need to receive two hours of asbestos awareness training. The training should include information regarding the type, location, and quantity of asbestos on site; information on the health effects associated with asbestos exposure; and information on how to recognize damage to the floor tiles and determine the appropriate actions. The designated person should also receive instruction on the use of respiratory protection, if required.

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Re-inspection of the floor tile conditions should take place every 6 months with the designated person providing documentation of the inspection and results. Every 3 years, a re-inspection should take place by a licensed asbestos inspector with the results documented in a report.

Forms are provided in support of this O&M Plan. Form 1 is a training form, Form 2 is an inspection record, and Form 3 is a maintenance record.

### **5. FLOOR TILE MAINTENANCE**

Floor tile maintenance activities should be conducted in a manner that reduces the potential for the material to be damaged which could result in the release of asbestos fibers.

#### **Floor Tile Care & Maintenance**

1. Use a manually operated wet mop for routine cleaning whenever possible. Do not use a petroleum based cleaning solution, it will degrade the floor wax.
2. If wet scrubbing the floor with machinery, use a neutral cleaner and the least abrasive pad possible. The machine should be run at the lowest possible setting (under 300 rpms). A wet vacuum equipped with a HEPA filtration system should be used to remove the remaining liquids.
3. OSHA recommends at least three layers of wax be applied to the asbestos floor tiles prior to buffing. Floor buffing should be performed using the lowest abrasion pads possible with the machine set at the lowest possible setting, again under 300 rpms.
4. Spray buffing with a polishing or rejuvenating liquid is also allowable using the least abrasive pad and a machine setting under 300 rpms.

#### **Stripping Asbestos Floor Tiles**

1. Asbestos containing floor tiles should be stripped as infrequently as possible. The area where the floor stripping is taking place should be off limits and accessible only by the maintenance persons responsible for conducting the activities.

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2. A compatible floor finish remover (stripper) should be applied manually with a mop. Sufficient time should be allowed, as per the container instructions, for the finish to be completely liquefied.
3. The floor should only be stripped when it is wet. The machinery should be equipped with the least abrasive pad or brush possible. The machine should be run at a low rate of speed (between 175-190 rpms).
4. Use a wet vacuum equipped with a HEPA filtration system to thoroughly clean the floor removing the old wax and remaining water.
5. Three layers of a good sealer should be applied to the floor tiles prior to the finishing coat. This will help to keep contact with the floor tiles at a minimum during future floor maintenance activities.
6. Apply three thin coats of the finish. Allow each finish coat to soak in completely, cure, and dry prior to applying the next coat.
7. Buff the floors after ensuring that all coats of the sealer and finish have completely dried. Use the least abrasive pads possible on the buffing machine which should be set at the lowest setting possible (less than 300 rpms).

If at any time, during the routine cleaning or maintenance of asbestos containing floor tiles, the tile becomes damaged, dislodged, or broken, the activities should cease and the designated person should be notified.

Floor tile that is covered with carpeting is generally not an O&M concern as long as the carpet remains undisturbed and in place. Carpet can be safely removed only as long as the glue that may be adhering to the underlying tile does not cause damage. Also, care needs to be taken if a solvent is used to dissolve the glue layer between the carpet and tile. Many solvents can result in tile damage or deterioration. If removal of the carpeting results in tile damage, the activity should cease and the designated person should be notified. At that point, it may be necessary for a licensed contractor to supervise the carpet removal.

## **6. FLOOR TILE REPAIR**

The Illinois Department of Public Health (IDPH) provides for the unregulated repair of minor damage and removal of ACM with a volume of less than 3 square feet or 3 linear feet.

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The designated person should be notified immediately by any personnel that come into contact with damaged floor tile. Generally, there is no hazard associated with asbestos floor tile that is cracked, as long as it remains properly adhered to the floor. Under no circumstances should broken or crumbled tiles be swept up or removed by anyone other than a designated maintenance person.

The area where the floor tiles are being repaired or removed should be placed off-limits to nursing home staff and patients. If at all possible, such activities should take place during off-hours when access can be more easily controlled. The only persons who should be involved in tile removal activities are designated and trained maintenance staff. Any repair activities involving areas in excess of 3 square feet of floor tile need to be conducted by a licensed asbestos abatement contractor.

Guidelines for the repair or removal of less than 3 square feet of floor tile are as follows:

1. Clean any existing dust or debris from the floor and nearby surfaces using a damp mop and if necessary, a vacuum with a HEPA filtration system. Close any vents or shut off the air handling system to the room.
2. The area around the damaged floor tile should be completely wetted with water and the water should then be allowed to soak into the tile to loosen the underlying glue mastic.
3. Only hand scrapers or similar tools should be used to loosen and remove any small areas of damaged tile. Electric tools or sanders should never be used as the tile material may become friable.
4. Work only one small area at a time, wetting and removing the floor tile and placing it in a plastic garbage bag. If necessary, a small amount of solvent suitable for indoor use may be applied to loosen the underlying mastic glue.
5. After the damaged asbestos tile and mastic has been removed, the area should be cleaned with a damp mop. Any remaining water should be removed using a vacuum with a HEPA filter.

Although these steps should be sufficient to remove a small volume of floor tile without any danger of the material becoming friable, precautions are required for the maintenance workers involved in the activities. At a minimum, a half mask respirator with a NIOSH

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approved HEPA filter, a disposable tyvek type covering to protect clothing, and disposable gloves should be worn by any workers engaged in removing the tiles. The mask filter, tyvek, and gloves should be disposed in the garbage bag along with the tile. The garbage bag should be sealed and placed in the dumpster.



TRAINING FORM

FACILITY NAME:

EMPLOYEE NAME:

JOB TITLE:

COMPLETION DATE OF TRAINING:

NUMBER OF TRAINING HOURS:

COURSE TITLE:

COURSE PROVIDER:

SIGNATURE OF EMPLOYEE:

SIGNATURE OF TRAINER:

ACM 6 MONTH INSPECTION FORM

DATE OF INSPECTION:

EMPLOYEE NAME:

JOB TITLE:

AREA(S) OF BUILDING INSPECTED:

INSPECTION CHECKLIST:

Floor tile condition changes/locations:

Evidence of deterioration:

Areas requiring routine cleaning or maintenance:

Areas of damaged tiles requiring repair or removal:

ACM MAINTENANCE RECORD

LOCATION OF MAINTENANCE ACTIVITY:

START DATE:

COMPLETION DATE:

EMPLOYEE NAMES:

MAINTENANCE WORK REQUIRES:

Repair of asbestos floor tiles:

Removal of asbestos floor tiles:

DESCRIPTION OF WORK ACTIVITIES:

Workers informed area contains damaged asbestos tiles (Y/N):

Access restricted to designated personnel (Y/N):

Asbestos control methods to be used (i.e., HEPA vacuum, wet mopping, etc.):

Protective equipment to be used (i.e., gloves, respirator, etc.):

Quantity of material removed and disposed:

SIGNATURE OF DESIGNATED PERSON:

## 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;
- 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.

This project is unique as it proposes to build a bed-for-bed on-site replacement which retains and modernizes one of the existing campus buildings. Therefore, in proceeding, the Applicant explored the alternatives of maintaining the status quo or closing of the existing home (an alternative of lesser scope), build to meet the existing bed need (an alternative of greater scope), and the project as proposed.

- 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.

#### MAINTAINING THE STATUS QUO OR FACILITY CLOSURE

This alternative is not as it appears. The Applicant does not have the opportunity to maintain the status quo due to its Illinois Department of Public Health Licensure "Plan of Corrections" which requires the substantial modernization and/or replacement of said nursing

## **ALTERNATIVES (Continued ii)**

home. Therefore, to proceed in only continuing operations would require a substantial expenditure of over \$18 million as documented by SAS Architects renovation budget estimate appended as **ATTACHMENT-12C**. As this cost is over the Certificate of Need "review threshold" of \$6,504,250 (effective July 1, 2010) this project would require a CON application anyway. To continue without a CON application for modernization would most likely require the Applicant to proceed with closure of the subject nursing facility. With these facts in mind this alternative was explored.

### Costs

The Applicant considered the alternative to "maintaining the status quo" and found that if the facility is not replaced it is at the point that significant modernization is necessary. Just going back thru calendar year 2008, this Applicant has spent on average just over \$90,000 annually on repairs and maintenance (operational maintenance budget items). Based on the repairs and maintenance transaction in the first four months of Calendar Year 2010, the Applicant is on track to expend approximately \$125,000 which equates to nearly a 40 percent increase to date. Furthermore, this facility's average annual capital expenditures are approximately over \$88,000 a year according to its Department of Health Care and Family Services "Medicaid Cost Report" appended as **ATTACHMENT-13A**. This does not include the capital budget items that have been put off due to the planning of this project. Therefore, at a minimum, the Applicant could expect to continue expending operational and capital costs in excess of \$213,000 each year. Please refer to **ATTACHMENT-12E** for a copy of the Applicant's repairs and maintenance report.

### **ALTERNATIVES (Continued iii)**

As previously mentioned above, it has been determined that the existing facility cannot continue without major renovations. The choice to continue Meadowbrook Manor LaGrange as it is would result in the overall reduction in accessibility as the licensed capacity. Currently due to the physical plant layout and the need to provide other services or expand existing services, the existing actual capacity currently is down from 197 beds to 142 beds. These beds are made up of the following room arrangements: nine of the bed rooms or 36 beds are in 4-bed ward rooms, seven rooms or 21 beds are in 3-bed ward rooms, thirty-eight rooms or 76-beds are in double occupancy rooms leaving only 9 beds as private rooms. To proceed with the existing building as is would require major modernization and would further erode the license bed capacity. The study performed by SAS Architects and Planners projects the number of beds able to be retained to range from 109-125 beds. This reduction in overall license would be accompanied by cost of correcting the existing building deficiencies. Please refer to **ATTACHMENT-12C** for a thorough explanation of deficiencies and estimated cost of bringing the building up to code. The result of this alternative is reduced revenue from the continuing decline in licensed beds and utilization as the building continues to be less and less marketable.

#### Patient Access

In exploring this alternative, the Applicant took the initiative to re-evaluate the optimal size that the facility should be. The Applicant currently has a practical capacity of 142 nursing care beds based upon its physical plant environment. This is in an environment that has seen its occupancy grow from 52.4% in 2008 to 57.2% in 2009 to 60.3% in 2010 based upon total licensed capacity. Compared to its practical capacity (142 beds), the utilization rates would

## **ALTERNATIVES (Continued iv)**

reflect 72.6% in 2008, 79.4% in 2009 and 83.6% in 2010 respectively. Either way, the historical experience has been an increase in overall utilization.

The need for additional beds is also documented through the State's bed need calculation which has illustrated a need for 273 additional beds in HSA-7E. This is in addition to the 197 existing beds in the inventory. Thus, it appears that anything short ensuring that all 197 nursing beds are available is a reduction in patient access.

### Quality

It is the Applicant's contention that the quality of care for the existing residents is a non-issue. However, it concedes that without an improved physical plant environment, the opportunity to improve quality is limited. The physical plant environment plays such an important role in the residents' outlooks but also that of the staff and direct care givers. Without the ability to significantly improve the quality of the physical environment, this Applicant could be forced to significantly reduce license capacity to as low as 109 beds or to even close its doors. Either way, this alternative would reduce the ability of the Applicant to continue providing a high quality product to its existing resident capacity and to that of its service area. This would constitute the reduction of quality care as compared to the existing resources available for nursing care services.

### Financial Benefits

There are no financial benefits to this alternative. This alternative represents the modernization of the entire physical plant without the optimization of the bed capacity in addition to the facility's existing debt. This alternative has a cost estimate of over \$18 million or

## **ALTERNATIVES (Continued v)**

one that is equivalent to the closure of the facility. Neither has a financial benefit as to modernize would also require the reduction of beds with no potential for return on investment.

### **BUILD A TOTAL FACILITY REPLACEMENT TO MEET BED NEED**

There is currently a need for 273 nursing care beds in HSA-7E. As this number includes the 197 beds known as Meadowbrook Manor LaGrange, this alternative would require the Applicant to build a 470 bed nursing care facility.

#### Costs

If the total project cost for the projected project is used as the basis for the cost per bed the cost for a single nursing bed could be \$145,332. The alternative of a 470 bed facility could cost well over \$63 million.

#### Patient Access

This alternative would potentially offer the best option for patient accessibility as it totally fulfills the identified need for additional nursing beds.

#### Quality

The Applicant would presume that the quality of care that it would provide would be comparable to that as it currently provides with the added benefit of a new modern physical plant. Therefore, quality is considered a constant to the project as being proposed.

#### Financial Benefits

This alternative has the best potential for achieved financial benefits as it has the greatest potential to earn income. However, the Certificate of Need process has a maximum facility size of 250 beds (77 Illinois Administrative Code, Section 1110.1730(h)). Realistically, it is much



## **ALTERNATIVES (Continued vi)**

harder for facilities of this size and larger to be able to maintain personalization of care as well in a less institutional environment. Therefore, the potential financial benefits do not outweigh the substantially larger project cost and potential risks as interpreted by the Applicant.

## **THE PROJECT AS PROPOSED**

The project as being proposed is for the modernization of the existing facility's core building, the demolition of its two side wings and the replacement of those wings and the majority of the nursing beds in a new adjacent and connected building. This alternative is evaluated as follows:

### Costs

This project has a project cost of \$28,630,369.

### Patient Access

This alternative maintains the existing capacity while improving the accessibility to the existing bed compliment. This alternative allows for improved access although it does not fully address the outstanding need for additional beds.

### Quality

The Applicant does not have an issue with quality as it is currently being provided. However, the impact that a more convenient, modern and residential environment can make cannot be denied. The physical environment plays a crucial role in the daily attitudes of not only the residents but of the staff. Together this allows for improved satisfaction of both parties which can translate to improve resident health.

## ALTERNATIVES (Continued vii)

### Financial Benefits

This alternative allows the Applicant to use its full complement of beds and services, therefore, maximizing its potential for income within its current capacity.

The Applicant has also analyzed the alternatives of utilizing other health care resources available in the area. Appended as **ATTACHMENT-13B** is map identifying all facilities with nursing beds within a 30-minute travel time in accordance with the Board's rules (77IAC Section 1100.510(d)). The travel time for all facilities identified is provided in **ATTACHMENT-13C**. A summary listing of each facility and its utilization and performance for calendar year 2009 is provided as **ATTACHMENT-13D**. As this project is classified as a modernization, there are in the grand scope a large number of existing residents who have chosen to make this Subject facility their home. To indulge the alternative of utilizing other area facilities would disregard that the total bed compliment is part of the bed need calculation which calculates a need for additional beds and services. It would also mean that the Meadowbrook Manor – LaGrange would most definitely have to close and displace all of its residents. The Applicant would have no control over the other area health care resources operations to ensure a similar philosophy of care would be provided. Therefore, this alternative was rejected.

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

This project is for the major modification and partial replacement of a structure that is in its third life and nearing the end of its usefulness as a modern skilled nursing care facility. This project is not in any way questioning quality of care and therefore, this item is not germane.

ATTACHMENT-13

FOR BHF USE					

LL1

**IMPORTANT NOTICE**  
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 5/2-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

**2009**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT (COST REPORT)**  
**FOR LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2009)**

**I. IDPH License ID Number:** 0047274

**Facility Name:** Meadowbrook Manor LaGrange

**Address:** 339 9th Avenue LaGrange City 60525 Zip Code

**County:** Cook

**Telephone Number:** (708) 354-4660 Fax # (708) 354-1355

**HFS ID Number:** 202905802001

**Date of Initial License for Current Owners:** 9/25/05

**Type of Ownership:**

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
Charitable Corp.	Individual	State
Trust	Partnership	County
IRS Exemption Code	Corporation	Other
	"Sub-S" Corp.	
	Limited Liability Co.	
	Trust	
	Other	

In the event there are further questions about this report, please contact:  
 Name: Michael W. Martin Telephone Number: (217) 258-8888  
 Email Address:

ATTACHMENT - 13A

HFS 3745 (N-4-99)

IL478-2471

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/09 to 12/31/09 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed) _____ (Date) _____
Paid Preparer	(Type or Print Name) _____ (Date) _____
	(Title) _____
	(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date) _____
	(Print Name and Title) _____
	(Firm Name and Address) McCladrey & Pullen, L.L.P. 20 N. Marfingale Road, Ste. 500, Schaumburg, IL 60173
	(Telephone) (847) 517-7070 Fax # (847) 517-7067

MAIL TO: BUREAU OF HEALTH FINANCE  
 ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES  
 201 S. Grand Avenue East  
 Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

# 0047274 Report Period Beginning: 01/01/09 Ending: 12/31/09

Facility Name & ID Number Meadowbrook Manor LaGrange

III. STATISTICAL DATA

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

N/A

1	2	3	4
Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
1	94 Skilled (SNF)	94	34,310
2	103 Skilled Pediatric (SNE/PED)		
3	103 Intermediate (ICF)	103	37,595
4	Intermediate/DB		
5	Sheltered Care (SC)		
6	ICF/DD 16 or Less		
7	TOTALS	197	71,905

B. Census-For the entire report period.

1	2	3			5
		Medicaid Recipient	Private Pay	Other	
Level of Care	Patient Days by Level of Care and Primary Source of Payment	4			Total
8 SNF	2,108	15	6,169	8,292	8
9 SNE/PED					9
10 ICF	28,198	4,587	74	32,859	10
11 ICF/DD					11
12 SC					12
13 DD 16 OR LESS					13
14 TOTALS	30,306	4,602	6,243	41,151	14

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

57.23%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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

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

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

I. On what date did you start providing long term care at this location? Date started 08/25/05

J. Was the facility purchased or leased after January 1, 1978? YES  Date 09/25/05 NO

K. Was the facility certified for Medicare during the reporting year? YES  NO  IF YES, enter number of beds certified 94 and days of care provided 5,379

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCURAL  CASH\*  MODIFIED CASH\*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

SEE ACCOUNTANTS' COMPILATION REPORT

A. Square Feet: 74,985 B. General Construction Type: Brick Exterior Brick Frame Wood Number of Stories Three

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

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

E. (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XII-A. See instructions.)  
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XII-B. See instructions.)  
List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
List entity name, type of business, square footage, and number of beds/units available (where applicable).  
None

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

1	2	3	4
Use	Square Feet	Year Acquired	Cost
1 Resident Care	178,272	2005	\$ 1,561,408
2			
3 TOTALS	178,272		\$ 1,561,408

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor LaGrange

XL OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	203	2005	1911	\$ 2,646,175	\$	40	\$ 66,154	\$ 66,154	\$ 297,693
5		2009		510,195		40	6,377	6,377	6,377
6									
7									
8									
9	Improvement type**								
9	Install compressor	2005	2005	1,750	175	10	175		787
10	Elevator overhaul	2005	2005	4,245	424	10	424		1,908
11	Front porch carpentry	2005	2005	2,086	209	10	209		941
12	Remodel 1st floor - tile & paint	2005	2005	26,770	2,677	10	2,677		11,973
13	Refurbish boiler	2005	2005	21,650	2,165	10	2,165		9,743
14	Refurbish boiler	2005	2005	2,750	275	10	275		1,238
15	Furnish & install boiler feed pump	2005	2005	2,565	256	10	256		1,152
16	Furnish & install condensate pump	2005	2005	1,729	173	10	173		778
17	Furnish & install extrol & relief valve	2005	2005	873	87	10	87		3,055
18	Sign	2006	2006	3,781	378	10	378		13,233
19	Remodel 1st floor - tile, paint & draperies	2006	2006	6,831	683	10	683		2,591
20	Remodel 1st floor - carpet	2006	2006	1,443	144	10	144		504
21	Fire Department standpipe connections	2006	2006	3,395	339	10	339		1,960
22	Furnish & install new heating coil on MUA unit	2006	2006	3,300	330	10	330		1,155
23	Repair MUA	2006	2006	4,800	480	10	480		1,680
24	Repair water line/pipe	2006	2006	5,747	574	10	574		19,905
25	Dialysis room	2006	2006	3,590	359	10	359		1,257
26	Replace family fuses	2006	2006	840	84	10	84		2,940
27	Install panic exit door devices	2006	2006	4,590	459	10	459		1,148
28	Electrical Repairs	2007	2007	15,787	1,579	10	1,579		3,947
29	Wire mold, covers, cables & supplies for Satellite TV	2007	2007	5,825	582	10	582		14,565
30	Cable & Phone Lines - Installation & Termination	2007	2007	2,569	257	10	257		642
31	Remove, repair & replace tile & wood, repair downspout	2007	2007	4,160	416	10	416		1,440
32	Install 5 new 1 1/2 fire hose valves	2007	2007	11,225	1,122	10	1,122		2,505
33	Demolition & removal of house and garage - 339 S. Ninth St.								
34									
35									
36									

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange  
 XI. OWNERSHIP COSTS (continued)  
 B. Building Depreciation-Including Fixed Equipment (See instructions.) Round all numbers to nearest dollar.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
37 New doors, hardware, laminating & refinishing for Demencia	2008	7,540	754	10	754		1,131
38 Repair parking lot lights (ballasts, cutting asphalt, trenching & running new wiring)	2008	4,989	499	10	499		748
39 Roof Repairs (rear emergency room entrance & front entrance)	2008	3,949	395	10	395		592
40 Wiring - Therapy room	2008	5,879	588	10	588		882
41 Chimney Cap & Tuckpointing	2008	1,199	119	10	1,199		1,799
42 Rebuild compressor for HVAC unit	2008	19,864	1,986	10	1,986		2,979
43 R&M Replaces							
44 - Emergency service for steam leak on heating system- furnished & installed new diaphragm & steam trap.	2008	4,699		10	470	470	705
45 - Emergency service for no heat - furnished & installed new fluid head & valve body.	2008	3,045		10	305	305	457
46 - Tile flooring for facility	2008	14,037		10	1,464	1,464	2,196
47 Concrete flooring, electrical, new tub & faucet, drywall, studs & reframe door for Laundry Room Remodel	2009	26,068		10	1,303	1,303	1,303
48 Repair masonry on top of building	2009	6,241		10	312	312	312
49 Install outdoor lighting	2009	11,332		10	567	567	567
50 replace 2 shower valves & trims	2009	2,755		10	138	138	138
51 Fill & roll potholes, crack sealing, sealcoating & striping parking lot	2009	6,000		10	300	300	300
52 R&M Replaces							
53 -Remove and replace automatic transfer switch	2009	3,695		10	185	185	185
54 -Replace air separator and rework piping for new stove	2009	5,250		10	268	268	268
55 air separator.	2009	5,204		10	260	260	260
56 -Air conditioner -repair leaks, add drier cores and refrigerant							
57 replace belt and pulley							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70 TOTAL (lines 4 thru 69)		\$ 3,597,695	\$ 35,230		\$ 113,333	\$ 78,103	\$ 419,637

\*\*Improvement type must be detailed in order for the cost report to be considered complete.  
 SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor LaGrange

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

Category of Equipment	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Component Life	6 Accumulated Depreciation
71 Purchased in Prior Years	\$ 767,905	\$ 25,157	\$ 78,523	\$ 53,366	5-10	\$ 336,570
72 Current Year Purchases	34,514		1,726	1,726	10	1,726
73 Fully Depreciated Assets						
74 Allocated from Management Company			10,220	10,220		
75 TOTALS	\$ 802,419	\$ 25,157	\$ 90,469	\$ 65,312		\$ 338,296

D. Vehicle Depreciation (See instructions)\*

1 Use	2 Model, Make and Year	3 Year Acquired	4 Cost	5 Current Book Depreciation	6 Straight Line Depreciation	7 Adjustments	8 Life in Years	9 Accumulated Depreciation
76			\$	\$	\$	\$		\$
77	N/A							
78								
79								
80 TOTALS			\$	\$	\$	\$		\$

E. Summary of Care-Related Assets

Reference	1 Description	2 Amount
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 5,961,522
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 60,387
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 203,802
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 143,415
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 757,933

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

1 Description & Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation
86	\$	\$	\$
87 N/A			
88			
89			
90			
91 TOTALS	\$	\$	\$

G. Construction-in-Progress

Description	Cost
92 CIP	\$ 71,144
93	
94	
95	\$ 71,144

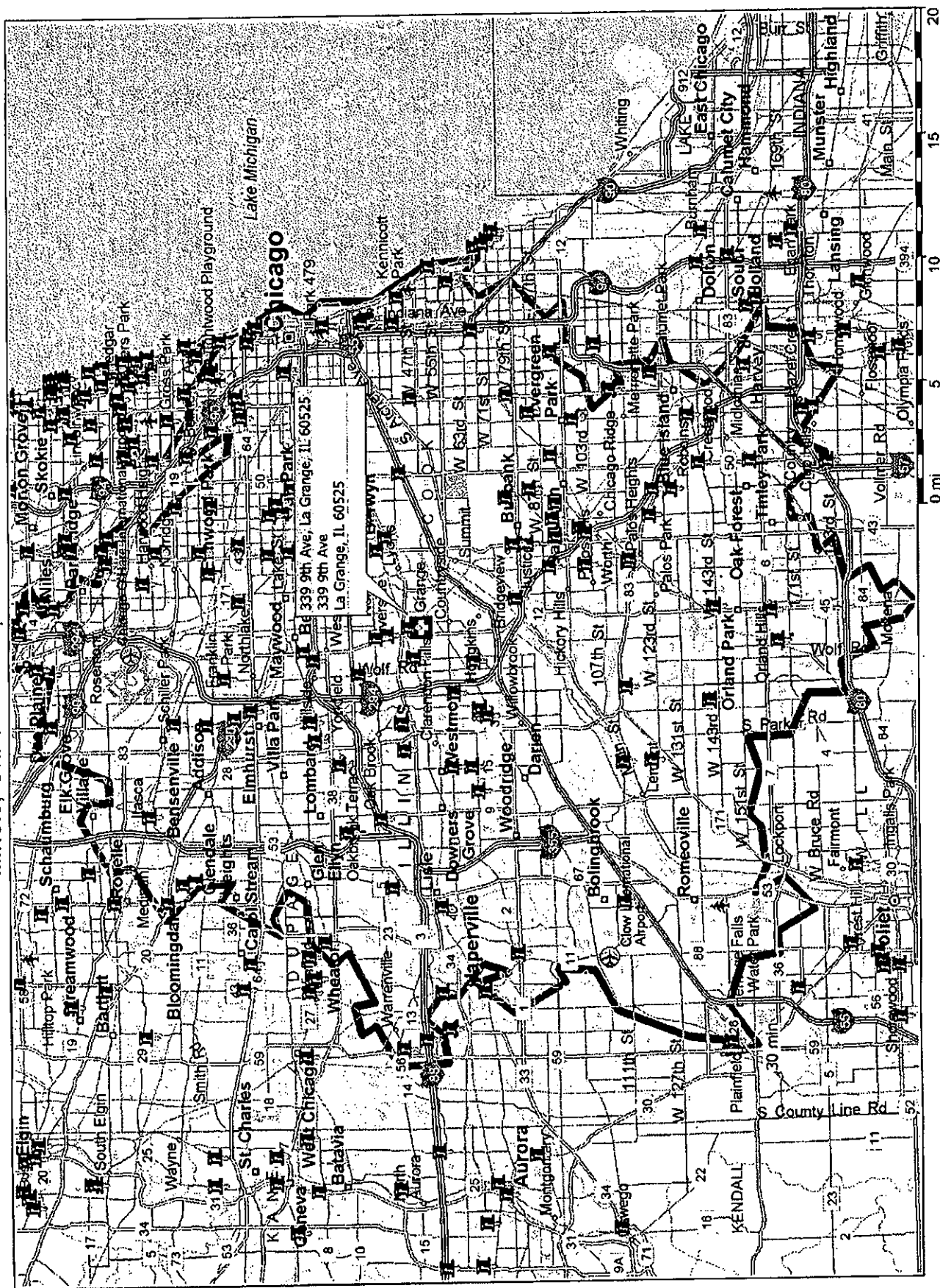
\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8

SEE ACCOUNTANTS' COMPILATION REPORT



Illinois, United States, North America



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Travel Time per 77 Illinois Administrative Code, Section 1100.510(d)

2009

FACILITY NAME	Travel Time Adjusted	
	77 IAC 1100.510(d)	Gen Beds
MEADOWBROOK MANOR LAGRANGE	0	197
Lexington Of Lagrange	4.6	110
Plymouth Place	4.6	86
Fairview Care Center of La Grange	6.9	131
Briar Place	9.2	232
British Home	10.35	72
Brighton Gardens-Burr Ridge	12.65	30
King-Bruwaert House	12.65	49
Westchester Health & Rehab	12.65	120
Berwyn Rehabilitation Center	12.65	145
Scottish Old Peoples Home	12.65	36
Chateau Nrsng & Rehab Center	13.8	150
Pershing Convalescent Center	13.8	51
Rosary Hill Home	14.95	29
Manor Care of Hinsdale	16.1	200
Oakridge Nursing & Rehab Ctr	16.1	73
Berkshire Nursing & Rehab Center	16.1	188
Renaissance At Midway	16.25	249
Bridgeview Health Care Center	17.25	146
Manor Care of Westmont	18.4	155
Midway Neurological/Rehab Center	18.4	404
Alden-Town Manor Rehab & Hhc	18.4	237
The Renaissance At Hillside	18.4	232
Burgess Square	19.55	207
Hickory Nursing Pavilion	19.55	74
Westmont Nursing & Rehab Center	20.7	215
Lexington Health Care Center	20.7	145
Park Place Christian Community	20.7	
Manor Care - Oak Lawn/95th	20.7	192
Concord Extended Care	20.7	134
Rush Oak Park Hospital	20.7	36
Oak Brook Health Care Center	21.85	156
Manorcare of Palos Heights West	21.85	130
Palos Hill Extended Care	21.85	203
Chicago Ridge Nursing Center	21.85	231
Exceptional Health Care	21.85	55
California Gardens Nrg & Rehab	22.5	297
Manor Care of Health Services	23	174
Regal Health And Rehab Center	23	143
Oak Park Healthcare Center	23	204
Columbus Park N & Rehab Center	23.75	218
Fairview Baptist Home	24.15	160
Holy Family Villa	24.15	99
Lexington Of Chicago Ridge	24.15	203
Westshire Nursing & Rehab Ctr	24.15	485
Providence Healthcare and Rehab Center	25.3	145
Elmhurst Extended Care Center	25.3	112
Elmhurst Memorial Hospital	25.3	38
Lexington Health Care Center	25.3	278
Brentwood Sub-Acute Hlth-Care	25.3	163
Gottlieb Memorial Hospital	25.3	34
Mayfield Care Center	26.25	156
Park House Nursing & Rehab Ctr	26.25	106
Beacon Hill	26.45	108
Elm Brook Hlth C & Rehab Ctr	26.45	180
West Suburban Hospital & Med C	26.45	50
International Nursing & Rehab Center	27.5	218
Columbus Manor Residential	27.5	189
Jackson Square Nrg & Rehab Ctr	27.5	234
Schwab Rehabilitation Hospital	27.5	21
Lemont Nrsng & Rehab Center	27.6	158
Franciscan Village	27.6	127
Villa Scalabrini Nsg & Rehab	27.6	246
Providence Healthcare & Rehab of Palos	27.6	193
Meadowbrook Manor	28.75	298
Lexington Health Care Center-Lombard	28.75	224
Crestwood Terrace	28.75	126
Ridgeland Nrsng & Rehab Center	28.75	101
Berkeley Nursing & Rehab. Ctr	28.75	66
Boulevard Care Nursing & Rehab. Center	28.75	155
Southview Manor	28.75	200
Central Plaza Residential Home	28.75	280
St. Agnes Health Care Center	28.75	197
Alden-Orland Park Rehab & Hcc	29.9	200
Crestwood Care Centre	29.9	303
Community Care - Chicago	30	204
Bronzeville Park Skilled Nsg & Living Ctr	30	302
All Faith Pavilion	30	274

FACILITY NAME	CITY	2009						
		Gen Beds	Nursing Patient Days	Nursing Occupancy	ALOS	Point Avail Beds	Peak Beds Set-up	Peak Beds Util.
<b>Hospital w/LTC Units</b>								
Rush Oak Park Hospital	Oak Park	35	7,924	80.3%	15.1	10.7	28	78%
Elmhurst Memorial Hospital	Elmhurst	38	12,829	92.5%	15.0	(0.9)	38	92%
Gottlieb Memorial Hospital	Melrose Park	34	9,833	80.0%	13.0	3.4	34	80%
Schwab Rehabilitation Hospital	Chicago	21	4,854	83.5%	13.8	5.8	21	83%
West Suburban Hospital & Med C	Oak Park	50	12,061	85.1%	15.2	12.0	50	85%
		178	47,811	72.9%	14.8	30.7	171	76%
<b>LTC for the Mentally Ill</b>								
Fairview Care Center of La Grange	LaGrange Park	131	25,874	54.3%	161.3	48.7	118	61%
Hickory Nursing Pavilion	Hickory Hills	74	24,484	90.8%	720.1	(0.5)	74	91%
Chicago Ridge Nursing Center	Chicago Ridge	231	78,916	94.8%	1,024.8	(11.0)	231	95%
Park House Nursing & Rehab Ctr	Chicago	106	34,598	89.4%	115.3	0.8	108	89%
Columbus Manor Residential	Chicago	189	46,720	87.7%	933.5	42.1	189	88%
Crestwood Terrace	Crestwood	126	45,504	98.9%	409.9	(11.3)	126	99%
Ridgeland Nrg & Rehab Center	Palos Heights	101	32,084	87.0%	196.8	3.0	101	87%
Southview Manor	Chicago	200	59,839	95.7%	275.0	(11.3)	200	98%
Central Plaza Residential Home	Chicago	260	83,365	87.8%	784.8	5.8	260	88%
		1,418	442,484	85.8%	361.5	63.8	1,403	86%
<b>General LTC</b>								
MEADOWBROOK MANOR LAGRANGE	LaGrange	197	41,141	57.2%	103.9	64.8	187	57%
Lexington Of LaGrange	LaGrange	110	35,125	87.5%	47.8	2.8	110	87%
Plymouth Place	LaGrange Park	86	22,307	71.1%	68.8	19.3	86	71%
Briar Place	Indian Head Park	232	77,229	91.2%	627.9	(2.8)	232	91%
British Home	Brookfield	72	20,669	79.4%	82.5	7.8	72	79%
Brighton Gardens-Burr Ridge	Burr Ridge	30	9,558	87.3%	132.7	0.8	30	87%
King-Brunauer House	Burr Ridge	49	17,520	98.0%	1,130.3	(3.9)	49	98%
Westchester Health & Rehab	Westchester	120	36,162	87.1%	153.9	3.4	120	87%
Berwyn Rehabilitation Center	Berwyn	145	31,229	89.0%	201.5	44.9	145	89%
Scottish Old Peoples Home	North Riverside	36	10,142	77.2%	815.2	4.8	36	77%
Chateau Nrg & Rehab Center	Wilmette	150	48,369	90.2%	223.4	(0.3)	150	90%
Pershing Convalescent Center	Berwyn	51	14,358	77.1%	495.0	6.8	51	77%
Rosary Hill Home	Jurupa	29	10,585	100.0%	1,794.8	(2.9)	29	100%
Manor Care of Hinsdale	Hinsdale	200	64,878	88.9%	43.8	2.3	200	89%
Oakridge Nursing & Rehab Ctr	Hillside	73	22,995	88.3%	223.3	2.7	73	86%
Berkshire Nursing & Rehab Center	Forest Park	188	61,934	90.3%	102.4	(0.5)	188	90%
Renaissance At Midway	Chicago	249	81,857	90.1%	442.5	(0.2)	249	90%
Bridgeview Health Care Center	Bridgeview	146	47,915	89.7%	179.8	0.4	146	90%
Manor Care of Westmont	Westmont	155	48,593	82.4%	71.8	11.8	155	82%
Midway Neurological/Rehab Center	Bridgeview	404	108,817	72.4%	490.0	71.0	404	72%
Alden-Town Manor Rehab & Hhc	Cicero	237	87,031	77.5%	101.4	29.7	237	77%
The Renaissance At Hillside	Hillside	232	46,972	55.5%	443.1	80.1	149	65%
Burgess Square	Westmont	207	50,968	80.7%	127.5	19.3	203	82%
Westmont Nursing & Rehab Center	Westmont	215	64,748	82.5%	135.5	16.1	215	83%
Lexington Health Care Center	Elmhurst	145	48,059	87.0%	171.9	4.3	145	87%
Manor Care - Oak Lawn/95th	Oak Lawn	192	59,884	85.1%	63.3	9.3	191	86%
Concord Extended Care	Oak Lawn	134	44,357	90.7%	382.5	(1.0)	133	91%
Oak Brook Health Care Center	Oak Brook	156	49,995	87.8%	189.7	3.4	156	88%
Manorcare of Palos Heights West	Palos Heights	130	42,961	90.5%	45.2	(0.7)	130	91%
Palos Hill Extended Care	Palos Hills	203	45,285	81.1%	172.8	58.6	129	66%
Exceptional Health Care	Burbank	55	14,783	73.8%	92.4	8.0	65	74%
California Gardens Nrg & Rehab	Chicago	297	98,222	90.8%	414.4	(1.8)	297	91%
Manor Care of Health Services	Palos Heights	174	58,271	83.3%	56.1	(5.8)	174	83%
Regis Health And Rehab Center	Oak Lawn	143	27,881	83.4%	150.6	52.4	143	83%
Oak Park Healthcare Center	Oak Park	204	54,245	72.9%	114.4	35.0	204	73%
Columbus Park N & Rehab Center	Chicago	218	70,124	88.9%	1,348.5	2.3	218	89%
Fairview Baptist Home	Downers Grove	160	31,467	53.9%	88.2	57.8	143	60%
Holy Family Villa	Palos Park	89	35,046	87.0%	443.6	(8.9)	89	87%
Lexington Of Chicago Ridge	Chicago Ridge	203	68,295	92.1%	147.8	(4.3)	203	92%
Westshire Nursing & Rehab Ctr	Chicago	485	114,442	84.8%	752.9	123.0	444	71%
Providence Healthcare and Rehab Center	Downers Grove	145	37,214	70.3%	76.8	26.5	141	72%
Elmhurst Extended Care Center	Elmhurst	112	27,384	67.0%	107.4	25.7	108	69%
Lexington Health Care Center	Orland Park	278	87,508	88.2%	220.4	10.5	278	88%
Brentwood Sub-Acute Hth-Care	Burbank	183	45,851	77.2%	29.0	20.8	183	77%
Mayfield Care Center	Chicago	156	45,845	80.5%	116.4	14.8	156	81%
Beacon Hill	Lombard	108	38,008	91.3%	238.5	(1.4)	108	91%
Elm Brook Hill C & Rehab Ctr	Elmhurst	180	57,907	88.1%	133.7	3.4	180	88%
International Nursing & Rehab Center	Chicago	218	59,738	75.1%	1,991.2	32.5	218	75%
Jackson Square Nrg & Rehab Ctr	Chicago	224	72,784	65.2%	317.8	11.2	234	65%
Lemont Nrg & Rehab Center	Lemont	158	50,972	88.4%	70.9	2.6	158	88%
Franciscan Village	Lemont	127	41,195	88.9%	78.2	1.4	127	89%
Villa Scarsbrini Nrg & Rehab	Northlake	246	93,648	93.2%	202.0	(7.8)	253	91%
Providence Healthcare & Rehab of Palos	Palos Heights	183	51,283	72.8%	58.8	33.2	159	88%
Meadowbrook Manor	Boeingbrook	298	101,717	83.5%	281.0	(10.8)	298	84%
Lexington Health Care Center-Lombard	Lombard	224	67,887	82.8%	181.9	16.2	224	83%
Berkeley Nursing & Rehab. Ctr	Oak Park	66	18,453	70.8%	615.1	8.8	66	77%
Boulevard Care Nursing & Rehab. Center	Chicago	155	48,032	81.4%	438.4	13.4	155	81%
St. Agnos Health Care Center	Chicago	197	54,375	75.8%	280.3	28.3	197	76%
Alden-Orland Park Rehab & Hcc	Orland Park	200	63,252	72.9%	48.5	34.1	184	79%
Crestwood Care Center	Crestwood	303	85,818	77.6%	96.2	37.8	303	78%
		10,370	3,037,028	80.2%	129.8	1,012.4	10,098	82%

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

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

**SIZE OF PROJECT:**

DEPARTMENT/ SERVICE	SIZE OF PROJECT		DIFFERENCE	MET STANDARD?
	PROPOSED BGSF/DGSF	STATE STANDARD		
Nursing 197 Beds	705.1 BGSF/Bed 138,902 BGSF	435-713 BGSF/Bed < 140,461 BGSF	<1,559>	YES

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

As the proposed project is not in excess of the “building gross square footage standard as set forth in Appendix B of the 77 Illinois Administrative Code, Section 1110, the amount of physical space is necessary and not excessive. Therefore, this item is not germane.

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

As the proposed project is not in excess of the “building gross square footage standard as set forth in Appendix B of the 77 Illinois Administrative Code, Section 1110, the amount of physical space is necessary and not excessive. Therefore, this item is not germane.

**PROJECT SERVICES UTILIZATION:**

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

UTILIZATION					
	Dept./ Service	Historical Utilization	Projected Utilization	State Standard	Met Requirements
Year 1	Nursing	43,347	60.3%		
Year 2	Nursing	64,714	90%	90%	Yes

Appended as **ATTACHMENT-15A**, is a letter from Mr. Rick Wright CEO of Adventist LaGrange Memorial Hospital. This letter indicates that the hospital will continue to refer to the Subject facility and that it expects to increase its number of referrals to Said facility. Appended as **ATTACHMENT-15B**, is a listing of other area facilities that have also referred residents to Meadowbrook Manor – LaGrange. As the referrals have been historically consistent, the Applicant expects this trend to continue or increase. Additionally, the Applicant has seen an increase in its overall utilization over the past few years which it attributes to the announcement of this replacement project (refer to **ATTACHMENT-15C**). If the existing utilization only holds steady and does not continue its increasing trend, then upon project completion it will immediately be over 60 percent utilized. Based on the facilities existing realized demand and the demand illustrated through the State’s outstanding need for additional beds, it does not appear that meeting the utilization standard within two years of project completion will be an issue.

ATTACHMENT-15



June 8, 2010

Chris Vangel  
Meadowbrook Manor  
339 S. 9<sup>th</sup> Avenue  
La Grange, IL 60525


RE: Certificate of Need Application for Meadowbrook Manor of La Grange

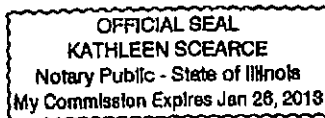
Dear Mr. Vangel:

Adventist La Grange Memorial Hospital is geographically the closest hospital to Meadowbrook Manor of La Grange. In the last year, April 2009 to April 2010, Meadowbrook Manor has received 68 patient referrals from Adventist La Grange Memorial Hospital. Of those 68 referrals, 33 patients were admitted to Meadowbrook Manor.

In anticipation of a new state of the art building, Adventist La Grange Memorial Hospital projects a minimum of 72 patients per year will be referred to Meadowbrook Manor of La Grange.

Sincerely,

  
Rick Wright  
Chief Executive Officer



*Kathleen Scearce*

**MEADOWBROOK MANOR LA GRANGE  
13 MONTHS OF ADMISSIONS THROUGH APRIL 2010**

ADMITTED FROM	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	TOTAL
Alden														0
Ballard Nursing Center	1													1
Brentwood Health Care					1									1
British Home			1				1		1					3
Central DuPage Hospital														0
Christ Hospital														0
Edward Hospital														0
Elmhurst Memorial Hospital														0
Evergreen HC Center								1						1
Fairview Baptist Home						2								2
Good Samaritan Hospital			1					1						2
Gottlieb Hospital							1							1
Hillcrest Healthcare						1								1
Hines VA Hospital				1						1				2
Hinsdale Hospital		1	1				1			1				4
Holy Cross Hospital									1					1
Holy Family Med Ctr					1									1
Home		1	1	2	1		1					2	2	11
Hospice		1	1					1	1					4
Ingalls Memorial Hospital														0
La Grange Mem Hospital	3	1	4	3		2	2	2	2	4	5	3	2	33
Lee Manor														0
Lemont Nursing & Rehab								1						1
Lexington		1		1		1	1		1	1	1		1	8
Little Co of Mary Hospital														0
Loyola Univ Med Ctr						3				2			1	6
MacNeal Hospital	5	1	2			2	2	4		1	2	1	2	22
Manor Care	2		2		1	1		1						7
MM-Bolingbrook														0
MM-Naperville														0
Metro South Hospital														0
Mt. Sinai Hospital		1					1							2
Norwegian American Hosp												1		1
Out of state	1													1
Palos Comm Hospital							1							1
Provena Mercy Hospital														0
Providence HC & Rehab					1						1		1	3
RML Specialty Hospital									1					1
Rush-Oak Park Hospital						1							1	2
Rush Univ Med Ctr		1	1						1					3
St. Francis Hospital													1	1
St. James Hospital						1								1
Stroger Hospital										1				1
University of Chicago Hosp				1							1			2
University of IL @ Chicago								1						1
West Ridge Rehab Ctr							1							1
Weiss Memorial Hospital												1		1
<b>TOTAL</b>	<b>12</b>	<b>8</b>	<b>14</b>	<b>8</b>	<b>5</b>	<b>14</b>	<b>12</b>	<b>11</b>	<b>9</b>	<b>11</b>	<b>10</b>	<b>8</b>	<b>11</b>	<b>133</b>

Meadowbrook Manor-LaGrange  
Utilization and Average Length of Stay  
for 2 Year Period Ending December 2010

Month	Total Admissions	Total Patient Days	Ave. Length Of Stay	Occupancy Rate
Jan-09	13	3,392	260.9	55.5%
Feb-09	16	3,240	202.5	58.7%
Mar-09	11	3,492	317.5	57.2%
Apr-09	12	3,343	278.6	56.6%
May-09	8	3,384	423.0	55.4%
Jun-09	14	3,287	234.8	55.6%
Jul-09	8	3,385	423.1	55.4%
Aug-09	5	3,499	699.8	57.3%
Sep-09	14	3,468	247.7	58.7%
Oct-09	12	3,622	301.8	59.3%
Nov-09	11	3,453	313.9	58.4%
Dec-09	9	3,576	397.3	58.6%
	<b>133</b>	<b>41,141</b>	<b>309.3</b>	<b>57.2%</b>

Month	Total Admissions	Total Patient Days	Ave. Length Of Stay	Occupancy Rate
Jan-10	11	3,747	340.6	61.4%
Feb-10	10	3,490	349.0	63.3%
Mar-10	8	3,815	476.9	62.5%
10-Apr	11	3,708	337.1	62.7%
May-10	8	3,716	464.5	60.8%
Jun-10	10	3,385	338.5	57.3%
Jul-10	14	3,617	258.4	59.2%
Aug-10	6	3,553	592.2	58.2%
Sep-10	10	3,355	335.5	56.8%
Oct-10	17	3,588	211.1	58.8%
Nov-10	12	3,629	302.4	61.4%
Dec-10	14	3,744	267.4	61.3%
	<b>131</b>	<b>43,347</b>	<b>330.9</b>	<b>60.3%</b>



# of BEDS	Original Layout	Current
4 Bed Rooms	16	9
3 Bed Rooms	12	7
2 Bed Rooms	44	38
Private Rooms	9	9
<b>Total</b>	<b>197</b>	<b>142</b>

\*\* Original Layout does not include beds utilized for Dialysis Unit \*\*

\*\* 301 (Day room counted as 4 Bed Room)

\*\* 306 and 314 (counted as 4 Bed Room)

## I. Criterion 1110.1730 - General Long Term Care

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

This application is for the onsite modernization and partial replacement of its full complement of 197 nursing care beds. Furthermore, due to its existing physical plant condition and non-compliance with IDPH licensure standards and life safety code requirements the historical utilization of the building is less than the 90% requirement. For the above reasons, the following criteria will be addressed: 1110.1730(b)(2), (b)(4), (f)(1-4), and (g-k).

- 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:

- 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.

This project does not propose to establish or add beds as the project is for the modernization of the existing 197 nursing care beds that will result in the renovation of and partial replacement of the entire facility. Therefore, this item is not applicable.

- 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 does not propose to add beds as the project is for the modernization of the existing 197 nursing care beds that will result in the

**I. Criterion 1110.1730 - General Long Term Care (Continued ii)**

renovation of and partial replacement of the entire facility. Therefore, this item is not applicable.

- C) Applicants proposing to expand an existing general long term care service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

The market area is defined as a 30-minute travel time, as identified through Microsoft's MapPoint North America 2009. This definition was determined through analysis of the original admission data which shows that 93% of all patients derived from zip code areas that were identified as within the 30-minute contour of the Applicant's existing site. Please note that this data does not include the readmit data as that would create duplication. This data is provided under ATTACHMENT-12A.

- 4) Service Demand – Expansion of Bed Category of Service  
The number of beds to be added at an existing facility is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):

- A) Historical Service Demand

- i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

Meadowbrook Manor LaGrange provided patient days for calendar year 2009 and 2010. Respectively, the facility realized total patient days of 41,141 days and 43,347 days equating to utilization rates of 57.2% and 60.3%. While this rate is not in compliance with the occupancy standard of 90%, it appears that

### **I. Criterion 1110.1730 - General Long Term Care (Continued iii)**

the low utilization is the result of the state of physical plant environment and not the lack of need. The utilization of the subject facility has been increasing over the past three years in part to the public knowledge that the Applicant was proposing this project. Since calendar year 2008, the Applicant has improved its occupancy situation from 52.4% nearly eight percentage points to 60.3% all in a 100 year old building that started out as an orphanage for children. Today, many of the licensed 197 beds are not set up due to being located in areas of the building (the 3<sup>rd</sup> floor) that are not accessible from an elevator. Many of said rooms are very small dormered rooms in which an adult would have difficulties in standing erect. Many of not most of the rooms were originally ward type rooms to allow for the largest number of children and did not have bathrooms and if they did the baths were shared. But due to the good reliable quality of service that the facility provides, the utilization rate has been increasing.

There are two other issues to this project as it relates to need for the nursing care category of service. The first is that all 197 beds AND its lower than optimal utilization rate are reflected in the State's Inventory of Health Care Facilities and Services and Need Determinations-2008. Even with the beds included and accounted for the population for the service area was such that a

## I. Criterion 1110.1730 - General Long Term Care (Continued iv)

need for additional beds and services was found. This is the second issue. This project does not propose even a single bed increase to the existing inventory. This project only seeks to optimally utilize its existing license complement which will allow the proposed project to be financially feasible. Without the ability to realize economies-of-scale from this so called expansion of existing resources (beds), the modernization of the existing facility would not be able to financially support itself in addition to its existing mortgage.

- ii) If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.

It is interesting to note that the subject facility received prospective residents from other facilities more so than referring residents out to other area resources. Meadowbrook Manor LaGrange does not nor will discriminate against residents on the basis of race, sex, creed, or ability to pay.

### B) Projected Referrals

The Applicant received letters of support from MacNeal Hospital CEO Mr. Brian Lemon, Adventist LaGrange Memorial Hospital CEO Mr. Rich Wright and RML Specialty Hospital President and CEO Mr. Jim

## **I. Criterion 1110.1730 - General Long Term Care (Continued v)**

Prister each expressing support for the 197 bed renovation/replacement project being proposed. These hospitals and primarily Adventist LaGrange Memorial Hospital and MacNeal Hospital are the primary referral hospitals for Meadowbrook Manor LaGrange. Refer to **ATTACHMENT-28A** for a copy of the referral letters. The patient origin listing appended as **ATTACHMENT-12A** also provides the referral source for all primary admissions.

It should be noted that further information was requested from the area hospitals to document the requested referral information but the information was either too laborious to gather or not accessible and therefore, the above letters were all that was received.

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

The project as being proposed is not based upon “rapid population growth” per se as it is to enhance or modernize the existing service which will result in a major renovation of the subject facility’s main building and the replacement of the remaining services and beds. Furthermore, the Applicant is only requesting to modernize to its existing licensed capacity and not in any way effect the State’s inventory. However, it would be amiss should the issue that there is an outstanding need for additional beds and services not be addressed.

As previously stated, the existing liccned capacity is recognized and its utilization is accounted for in the State’s Inventory of Health Care

**I. Criterion 1110.1730 - General Long Term Care (Continued vi)**

Facilities and Services and Need Determinations -2008. As such, the bed need calculation, appended as **ATTACHMENT-28B**, has identified a need for additional beds. In utilizing the existing area use rates that are low as typified by the subject facility's situation, the projected population is estimated to be such that there is still an outstanding need for additional beds and services. Therefore, it appears that the situation does exist for a significant population growth spurring the need for additional beds.

**ATTACHMENT-28b**

**I. Criterion 1110.1730 - General Long Term Care (Continued vii)**

f) Category of Service Modernization

- 1) 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:

A) High cost of maintenance;

From calendar year 2008 through present, this Applicant has spent on average just over \$90,000 annually on repairs and maintenance (operational maintenance budget items). Based on the repairs and maintenance transaction in the first four months of Calendar Year 2010, the Applicant is on track to expend approximately \$125,000 which equates to nearly a 40 percent increase to date. Furthermore, this facility's average annual capital expenditures are approximately over \$88,000 a year according to its Department of Health Care and Family Services "Medicaid Cost Report" appended as ATTACHMENT-13A. This does not include the capital budget items that have been put off due to the planning of this project. Therefore, at a minimum, the Applicant could expect to continue expending operational and capital costs in excess of \$213,000 each year. Please refer to ATTACHMENT-12E for a copy of the Applicant's repairs and maintenance report.

Appended as ATTACHMENT-12C is the architectural report from SAS Architects providing the building deficiencies and a cost estimate for renovations to bring the facility up to current licensure and



**I. Criterion 1110.1730 - General Long Term Care (Continued viii)**

life safety code standards. This report estimates the cost to be over \$18 million.

B) Non-compliance with licensing or life safety codes;

Appended as **ATTACHMENT-12D** are the most recent licensure surveys. Additionally, appended as **ATTACHMENT-28C**, is the most recent "plan of correction, waiver request, and allegation of compliance" for the life safety survey. This plan of correction (POC) lists this project as a remedy for the existing situation of overall compliance.

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

It should be known that this building is one hundred years old. It had additions in 1922, 1923 and 1928 but essentially it is a century old structure originally designed for the use as a children's' orphanage. This building has been retrofitted so many times and especially in 1963 when it was actually turned into a nursing home. Therefore, there have been changes in standards of care and in life safety code standards themselves. The building was designed with ward rooms and shared bathrooms. Some of that environment is still in-place today.

D) Additional space for diagnostic or therapeutic purposes.

This project proposes the demolition of the 1922, 1923, and 1928 additions to the original building with the addition of 123,112 square feet. The addition is needed to replace the majority of the bed complement being proposed. Through this renovation project, the Applicant will be

**I. Criterion 1110.1730 - General Long Term Care (Continued ix)**

able to provide modern resident rooms that are less institutional with more privacy. The nursing units themselves are more homelike as they are designed to create semi-autonomous neighborhoods. Although more space is needed for the proposed project in-part that is due to the need to utilize and maintain the original structure and yet replacing the existing capacity. This project only seeks to replace itself to be able to optimally utilize its entire bed compliment.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

The licensure surveys are appended as **ATTACHMENT-12D**.

B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.

There are no JCAHO reports on this facility.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

Appended as **ATTACHMENT-12E**, is a listing of maintenance expenditures.

B) Copies of citations for life safety code violations; and

Appended as **ATTACHMENT-28C**, is the most recent "plan of correction, waiver request, and allegation of compliance" for the life safety survey. This plan of correction (POC) lists this project as a remedy for the existing situation of overall compliance.

**I. Criterion 1110.1730 - General Long Term Care (Continued x)**

C) Other pertinent reports and data.

Appended as ATTACHMENT-12C is a building deficiency and cost estimate for remedy as prepared by SAS Architects. Appended as ATTACHMENT-12F, is a masonry veneer evaluation on the existing structures exterior issues. Appended as ATTACHMENT-12G, is the Chicago Testing Laboratory evaluation of the geotechnical issues of the existing building. Finally, appended as ATTACHMENT-12H, are two reports from Alpha Environmental providing the asbestos report and the maintenance plan.

4) 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.

This project has addressed the 1110.1730 items ((b)(2) and (b)(4)) for facility expansion as required by the rules (77 Illinois Administrative Code, Section 1110.1730(a)(4)) as it could not meet the requirements of this item. Therefore, it appears that this item is not germane.

ATTACHMENT-28f

**I. Criterion 1110.1730 - General Long Term Care (Continued xi)**

g) Staffing Availability – Review Criterion

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

**CURRENT STAFFING PATTERN FOR 139 BEDS**

Nursing Staffing Assumptions						
Shift	RNs/LPNs	SPVR	CNAs	Trt Nurs.	Restorative Nurse	Total
1	5	0	10	1	1	17
2	5	0	10	0	0	15
3	5	1	8	0	0	14
Total	15	1	28	1	1	46

**PROPOSED STAFFING PATTERN FOR 197 BEDS**

Nursing Staffing Assumptions						
Shift	RNs/LPNs	SPVR	CNAs	Trt Nurs.	Restorative Nurse	Total
1	6	0	14	1	1	22
2	6	0	14	0	0	20
3	6	1	6	0	0	13
Total	18	1	34	1	1	55

Meadowbrook Manor LaGrange has 139 beds set-up and staffed as illustrated in the above chart which provides the existing staffing pattern in full-time equivalents. The facility is in compliance with State and Federal minimum staffing standards and as such maintains staffing levels equal to or in excess of the staffing pattern provided above. Representing the staff in place are 109 letters from said staff expressing their interest and intent to continue in their position should the position be retained. These 109 staffing letters are appended as **ATTACHMENT-28D**.

**I. Criterion 1110.1730 - General Long Term Care (Continued xii)**

The second chart as provided above represents the proposed staffing pattern. The proposed facility design allows for economies-of-scale to be factored in through back-to-back nurses' stations to allow for smaller/more residential neighborhoods (nursing units).

Butterfield Health Care Group, Inc. management company for the existing facility not only has the existing staff as identified in the first chart provided above, but it has existing employees within the Chicago Metropolitan statistical area. These employees will, as will the proposed employees of Meadowbrook Manor, have paid continuing education credits, competitive wages, and pension offered. With such a large number of existing employees one strong focus of recruitment will be by word of mouth by these existing employees to their respective communities. Furthermore, the management company would provide an upward mobility transfer for those employees within the market area.

ATTACHMENT-28g

**I. Criterion 1110.1730 - General Long Term Care (Continued xiii)**

h) Performance Requirements – Facility Size

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

The Applicant is proposing the substantial renovation and partial replacement of its existing 197 bed nursing facility and to maintain all 197 nursing beds, therefore, this item is not germane.

ATTACHMENT-28h

**I. Criterion 1110.1730 - General Long Term Care (Continued xiv)**

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

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

Appended as **ATTACHMENT-28E** are nine letters of support from community groups. The letters are from the Village of LaGrange police department Elderly Service Officer Officer Steven Kneifel, MacNeal Hospital CEO, Mr. Brian Lemon, Village of LaGrange President Ms. Elizabeth Asperger, LaGrange Business Association President Mr. Ryan Williamson, Village of LaGrange Community Development Director Mr. Patrick Benjamin, Interfaith Community Partners Executive Director Ms. Gail Stone, WestSuburban Chamber of Commerce & Industry Executive Director Mr. Robert Ware, RML Speciatly Hospital President and CEO Mr. Jim Prister, and Adventist LaGrange Memorial Hospital CEO Mr. Rich Wright.

ATTACHMENT-28i

**I. Criterion 1110.1730 - General Long Term Care (Continued xv)**

j) Zoning – Review Criterion

The applicant shall document one of the following:

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

A letter from Mr. Patrick Benjamin, Director of Community Development for the Village of LaGrange is appended as **ATTACHMENT-28F** indicating that the property is currently zoned appropriately with a “valid special use permit”. Furthermore, the proposed project will have to amend the existing special use permit. The letter outlines the steps for the amendment process. Also included under **ATTACHMENT-28F**, is a second letter updating the status of zoning for the Applicant.

ATTACHMENT-28j



**I. Criterion 1110.1730 - General Long Term Care (Continued xvi)**

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-28G** 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.

ATTACHMENT-28k

April 30, 2010

Dear Mr. Vangel,

I would like to express my support for Meadowbrook Manor's application for a Certificate of Need to build a 197 bed state of the art skilled nursing and rehabilitation facility located at 339 S. 9<sup>th</sup> Avenue in LaGrange, Illinois. A new facility would be a needed asset for short and long-term care in the area.

I strongly support your goal of a new facility and hope that Meadowbrook Manor is given reasonable consideration for your application. If I can be of additional assistance, please do not hesitate to contact me.

Sincerely,



Brian Lemon  
Chief Executive Officer  
MacNeal Hospital



June 8, 2010

Chris Vangel  
Meadowbrook Manor  
339 S. 9<sup>th</sup> Avenue  
La Grange, IL 60525

RE: Certificate of Need Application for Meadowbrook Manor of La Grange

Dear Mr. Vangel:

Adventist La Grange Memorial Hospital is geographically the closest hospital to Meadowbrook Manor of La Grange. In the last year, April 2009 to April 2010, Meadowbrook Manor has received 68 patient referrals from Adventist La Grange Memorial Hospital. Of those 68 referrals, 33 patients were admitted to Meadowbrook Manor.

In anticipation of a new state of the art building, Adventist La Grange Memorial Hospital projects a minimum of 72 patients per year will be referred to Meadowbrook Manor of La Grange.

Sincerely,

Rick Wright  
Chief Executive Officer

OFFICIAL SEAL  
KATHLEEN SCEARCE  
Notary Public - State of Illinois  
My Commission Expires Jan 26, 2013



May 5, 2010

Dear Mr. Vangel:

I would like to express my support for Meadowbrook Manor's application for a Certificate of Need to build a 197 bed state of the art skilled nursing facility located at 339 S. 9<sup>th</sup> Avenue in LaGrange, Illinois. A new facility would be a needed asset for short and long-term care in the area.

I strongly support your goal of a new facility and hope that Meadowbrook Manor is given reasonable consideration for your application. If I can be of additional assistance, please do not hesitate to contact me. I can be reached at (630) 286-4120.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Prister", is written over a light blue horizontal line.

Jim Prister  
President/CEO  
RML Specialty Hospital

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 04/16/2011

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
			NORRIDGE	care beds.
	Name Change	11/06/2007	BERKSHIRE NURSING & REHAB CTR., FOREST PARK	Name changed from The Pavilion of Forest Park.
	Bed Change	02/15/2008	CENTRAL BAPTIST VILLAGE, NORRIDGE	Discontinued four nursing care beds, total now 120 nursing care beds.
	Bed Change	04/10/2008	VILLA SCALABRINI NSG & REHAB, NORTHLAKE	Added ten nursing care beds and discontinued ten sheltered care beds, total now 246 nursing care beds and seven sheltered care beds.
	Name Change	05/12/2008	COURTYARD HEALTHCARE CENTER, BERWYN	Name changed from Fairfax of Berwyn, The.
	Bed Change	09/09/2008	THE RENAISSANCE AT HILLSIDE, HILLSIDE	Facility added ten nursing care beds, total now 188 nursing care beds.
	CHOW	01/13/2009	OAKRIDGE NURSING & REHAB CTR, HILLSIDE	Change of ownership occurred.
	Name Change	01/13/2009	OAKRIDGE NURSING & REHAB CTR, HILLSIDE	Name changed from Oakridge Convalescent Home.
	Bed Change	01/23/2009	NORRIDGE HLTHCR & REHAB CENTRE, NORRIDGE	Discontinued 11 nursing care beds, total now 292 nursing care beds.
	Bed Change	04/22/2009	GOTTLIEB MEMORIAL HOSPITAL, MELROSE PARK	Board discontinued ten nursing care beds, total now 34 nursing care beds.
	Bed Change	04/22/2009	WEST SUBURBAN HOSPITAL & MED C, OAK PARK	Board discontinued 29 nursing care beds, total now 50 nursing care beds.
	Bed Change	06/11/2009	ALDEN-TOWN MANOR REHAB & HHC, CICERO	Discontinued 12 nursing care beds, total now 237 nursing care beds.
	CHOW	09/01/2009	BERKELEY NRSG & REHAB CENTER, OAK PARK	Change of ownership occurred.
	Name Change	09/01/2009	BERKELEY NRSG & REHAB CENTER, OAK PARK	Name changed from The Woodbine Nursing Home.
	CHOW	02/02/2010	COURTYARD HEALTHCARE CENTER, BERWYN	Change of ownership occurred.
	Name Change	02/08/2010	COURTYARD HEALTHCARE CENTER, BERWYN	Name changed from Berwyn Rehabilitation Center.
	CHOW	05/20/2010	CEDAR POINTE REHAB & NURSING, CICERO	Change of ownership occurred.
	Name Change	05/20/2010	CEDAR POINTE REHAB & NURSING, CICERO	Name changed from Westshire Nursing & Rehab Ctr.
	Bed Change	06/01/2010	VILLA SCALABRINI NSG & REHAB, NORTHLAKE	Discontinued all seven sheltered care beds and added seven nursing care beds, total now 253 nursing care beds.
	Bed Change	10/06/2010	THE RENAISSANCE AT HILLSIDE, HILLSIDE	Added ten nursing care beds, total now 198 nursing care beds.
Planning Area 7-E	Bed Change	08/25/2006	ROSARY HILL HOME, JUSTICE	Added eleven nursing care beds and one sheltered care bed, total now 29 nursing care beds and 31 sheltered care beds.
	Name Change	11/30/2007	HALSTED SHELTER CARE, HARVEY	Name changed from Halsted Manor.
	Name Change	12/20/2007	MANORCARE OF SOUTH HOLLAND, SOUTH HOLLAND	Name changed from Manor Care - South Holland.
	Name Change	12/20/2007	MANORCARE OF HOMEWOOD, HOMEWOOD	Name changed from Manorcare Health SVS Homewood.
	Name Change	12/20/2007	MANORCARE OF OAK LAWN WEST, OAK LAWN	Name changed from Manor Care - Oak Lawn/95th.
	Name Change	12/20/2007	MANORCARE OF PALOS HTS EAST, PALOS HEIGHTS	Name changed from Manor Care - Palos Heights.
	Name Change	12/20/2007	MANORCARE OF OAK LAWN EAST, OAK LAWN	Name changed from Manor Care - Oak Lawn/Kostner.
	Name Change	12/20/2007	MANORCARE OF PALOS HTS WEST, PALOS HEIGHTS	Name changed from Manor Care - Palos Hgts West.
	Name Change	02/14/2008	SOUTH SUBURBAN REHAB CENTER, HOMEWOOD	Name changed from Mercy Care and Rehab Center.
	Name Change	03/17/2008	MCALLISTER NURSING & REHAB, TINLEY PARK	Name changed from McAllister Nursing Home.
	Closure	04/09/2008	EMERALD PARK HEALTHCARE CENTER, EVERGREEN PARK	Board deemed facility discontinued as of April 9, 2008. 249 nursing care beds removed from inventory as of that date.
P-05-017		04/25/2008	PLYMOUTH PLACE, LAGRANGE PARK	Replacement facility licensed 4-25-2008.
	Name Change	04/30/2008	RIVIERA CARE CENTER, CHICAGO HEIGHTS	Name changed from Riviera Manor. ATTACHMENT - 2 8 B
	Bed Change	06/03/2008	LEXINGTON OF CHICAGO RIDGE, CHICAGO	Received permission to decrease beds from 224 to 214.

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 04/16/2011

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
			RIDGE	
	Name Change	06/04/2008	PLAZA NURSING & REHAB CENTER, MIDLOTHIAN	Name changed from Plaza Terrace.
	Bed Change	08/14/2008	LEXINGTON OF LAGRANGE, LAGRANGE	Discontinued nine nursing care beds, total now 110 nursing care beds.
	Name Change	11/10/2008	PROVIDENCE PALOS HEIGHTS, PALOS HEIGHTS	Name changed from Rest Haven Central.
	Bed Change	04/22/2009	SOUTH SUBURBAN HOSPITAL, HAZEL CREST	Board discontinued five nursing care beds, total now 41 nursing care beds.
	Bed Change	04/22/2009	OAK FOREST HOSPITAL, OAK FOREST	Board discontinued 884 nursing care beds, total now ten nursing care beds.
	Name Change	06/01/2009	THE GROVE OF LAGRANGE PARK, LAGRANGE PARK	Name changed from Fairview Care Center-Lagrange.
	CHOW	06/01/2009	THE GROVE OF LAGRANGE PARK, LAGRANGE PARK	Change of ownership occurred.
	Bed Change	07/01/2009	PINE CREST HEALTH CARE, HAZEL CREST	Discontinued five nursing care beds, total now 199 nursing care beds.
	CHOW	07/15/2009	HALSTED SHELTER CARE, HARVEY	Change of ownership occurred.
	Name Change	07/15/2009	HALSTED SHELTER CARE, HARVEY	Name changed from Halsted Shelter Care Facility.
	Bed Change	09/03/2009	LEXINGTON OF CHICAGO RIDGE, CHICAGO RIDGE	Discontinued 11 nursing care beds, total now 203 nursing care beds.
	Bed Change	12/01/2009	MANORCARE OF OAK LAWN EAST, OAK LAWN	Discontinued 22 nursing care beds, total now 122 nursing care beds.
	CHOW	12/16/2009	COUNTRYSIDE NRSG & REHAB CTR, DOLTON	Change of ownership occurred.
	Name Change	12/16/2009	COUNTRYSIDE NRSG & REHAB CTR, DOLTON	Name changed from Countryside Healthcare Center.
	P-09-056	03/02/2010	SOUTH SUBURBAN HOSPITAL, HAZEL CREST	Permit issued to discontinue the 41 bed nursing care unit. Project completed.
	P-07-084	04/20/2010	PALOS HILLS HEALTHCARE, PALOS HILLS	Permit to discontinue existing facility and establish a replacement facility with 24 fewer beds was abandoned.
	Closure	06/03/2010	HALSTED SHELTER CARE, HARVEY	Facility closed by legal order, it had 42 shelter care beds.
	Bed Change	08/06/2010	EXCEPTIONAL HEALTH CARE, BURBANK	Added one nursing care bed, total now 56 nursing care beds.
	CHOW	09/16/2010	OAK LAWN RESPIRATORY & REHAB, OAK LAWN	Change of ownership occurred.
	Name Change	09/16/2010	OAK LAWN RESPIRATORY & REHAB, OAK LAWN	Name changed from Regal Health and Rehab Center.
	CHOW	09/22/2010	PALOS HILLS HEALTHCARE, PALOS HILLS	Change of ownership occurred.
	Name Change	09/22/2010	PALOS HILLS HEALTHCARE, PALOS HILLS	Name changed from Palos Hill Extended Care.
	CHOW	10/25/2010	DOLTON NURSING & REHAB, DOLTON	Change of ownership occurred.
	Name Change	10/25/2010	DOLTON NURSING & REHAB, DOLTON	Name changed from Dolton Healthcare Centre.
	Closure	10/26/2010	BLUE ISLAND NURSING HOME, BLUE ISLAND	Board deemed facility discontinued as of October 26, 2010. 30 nursing care beds removed from inventory as of that date.
	P-09-056	10/27/2010	SOUTH SUBURBAN HOSPITAL, HAZEL CREST	Permit abandoned to discontinue the 41 bed nursing care unit.
	CHOW	11/23/2010	CONCORD NURSING & REHAB CENTER, OAK LAWN	Change of ownership occurred.
	Name Change	11/23/2010	CONCORD NURSING & REHAB CENTER, OAK LAWN	Name changed from Concord Extended Care.
	CHOW	03/01/2011	PINE CREST HEALTH CARE, HAZEL CREST	Change of ownership occurred.
	Name Change	03/01/2011	PINE CREST HEALTH CARE, HAZEL CREST	Name changed from Imperial of Hazel Crest.
	CHOW	03/17/2011	APPLEWOOD REHABILITATION CTR, MATTESON	Change of ownership occurred.
	Name Change	03/17/2011	APPLEWOOD REHABILITATION CTR, MATTESON	Name changed from Applewood Nrsng & Rehab Center.
	CHOW	04/05/2011	PARK VILLA NRSG & REHAB CENTER, PALOS HEIGHTS	Change of ownership occurred.

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 04/16/2011

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	Name Change	04/05/2011	PARK VILLA NRSG & REHAB CENTER, PALOS HEIGHTS	Name changed from Ridgeland Nrsng & Rehab Center.	New
Health Service Area 008					
Kane	Bed Change	10/24/2002	COVENANT HEALTH CARE CENTER, BATAVIA	Discontinued 49 sheltered care beds, total now 99 nursing care beds.	
	Name Change	12/01/2007	ROSEWOOD CARE CTR OF ELGIN, ELGIN	Name changed from Rosewood Care Center at Elgin.	
	P-05-064	09/18/2008	ASBURY PAVILION NUR. & REHAB C, NORTH AURORA	Project abandoned to establish a 75 bed nursing care facility.	
	Name Change	11/10/2008	MANORCARE OF ELGIN, ELGIN	Name changed from Manor Care - Elgin.	
	Bed Change	01/01/2009	COUNTRYSIDE CARE CENTER, AURORA	Discontinued four nursing care beds, total now 203 nursing care beds.	
	P-08-083	09/01/2009	GREENFIELDS OF GENEVA, GENEVA	Permit issued to establish a 40 bed nursing care facility.	
	P-08-099	09/02/2009	MEADOWBROOK MANOR, GENEVA	Permit issued to establish a 150 bed nursing care facility.	
	P-08-083	03/02/2010	GREENFIELDS OF GENEVA, GENEVA	Permit altered to add three more nursing care beds, total now 43 nursing care beds.	
	P-09-030	03/02/2010	ADDISON REHABILITATION & LIVIN, ELGIN	Permit issued to establish a 120 bed nursing care facility.	
	P-09-077	06/09/2010	ASBURY PAVILION NUR. & REHAB C, NORTH AURORA	Permit issued to establish a 75 bed nursing care facility.	
	Bed Change	08/01/2010	SHERMAN WEST COURT, ELGIN	Discontinued eight nursing care beds, total now 112 nursing care beds.	
	P-10-065	12/14/2010	PARK POINT-SOUTH ELGIN REH.&HC, SOUTH ELGIN	Permit issued to establish a 120 nursing care bed facility.	
Lake	Bed Change	05/22/2007	BRENTWOOD NORTH HC & REHAB CTR, RIVERWOODS	Discontinued eight nursing care beds, total now 240 nursing care beds.	
	Name Change	04/02/2008	PAVILION OF WAUKEGAN, WAUKEGAN	Name changed from Pavilion of Waukegan II.	
	Closure	04/09/2008	JOHN J. KELLY IL. VET'S HOME, NORTH CHICAGO	Board deemed facility discontinued as of April 9, 2008. 58 nursing care beds removed from inventory as of that date.	
	Bed Change	06/03/2008	LEXINGTON OF LAKE ZURICH, LAKE ZURICH	Received permission to decrease beds from 214 to 209.	
	Name Change	09/01/2008	BRENTWOOD NORTH HC & REHAB CTR, RIVERWOODS	Name changed from Brentwood-North Nursing Center.	
	Bed Change	10/15/2008	VILLAGE AT VICTORY LAKES, THE, LINDENHURST	Discontinued 84 shelter care beds, total now 120 nursing care beds.	
	Name Change	10/31/2008	MANORCARE OF LIBERTYVILLE, LIBERTYVILLE	Name changed from Manor Care - Libertyville.	
	CHOW	04/08/2009	HELIA HEALTHCARE OF ZION, ZION	Change of ownership occurred.	
	Name Change	04/08/2009	HELIA HEALTHCARE OF ZION, ZION	Name changed from Arbor View Nursing & Rehab Ctr.	
	Bed Change	04/22/2009	LAKE FOREST HOSP-WESTMORELAND, LAKE FOREST	Board discontinued ten nursing care beds, total now 88 nursing care beds.	
	P-05-036	06/15/2009	SEDGEBROOK HEALTH CENTER, LINCOLNSHIRE	Licensed 44 permit nursing care beds, still have 44 permit nursing care beds.	
	Name Change	06/15/2009	SEDGEBROOK HEALTH CENTER, LINCOLNSHIRE	Name changed from Sedgebrook Retirement Community.	
	Bed Change	09/02/2009	LEXINGTON OF LAKE ZURICH, LAKE ZURICH	Discontinued 11 nursing care beds, total now 198 nursing care beds.	
	Bed Change	12/29/2009	WAUCONDA HEALTHCARE & REHAB, WAUCONDA	Added ten beds, total now 135 nursing care beds.	
	Bed Change	07/01/2010	SHERIDAN HEALTH CARE CENTER, ZION	Discontinued 20 nursing care beds, total now 230 nursing care beds.	
	Bed Change	09/20/2010	HIGHLAND PARK NURSING & REHAB, HIGHWOOD	Added nine nursing care beds, total now 104 nursing care beds.	
	CHOW	11/19/2010	SEDGEBROOK HEALTH CENTER, LINCOLNSHIRE	Change of ownership occurred.	
	Name Change	11/19/2010	SEDGEBROOK HEALTH CENTER, LINCOLNSHIRE	Name changed from Renaissance Gardens Sedgebrook.	
	Bed Change	12/21/2010	LEXINGTON OF LAKE ZURICH, LAKE ZURICH	Added five nursing care beds, total now 203 nursing care beds.	

**LONG-TERM CARE BED INVENTORY UPDATES**

03/19/2008 - 04/16/2011

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

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
Perry	215	210	5
Randolph	550	492	58
Richland	333	309	24
Union	347	293	54
Washington	169	263	( 94)
Wayne	133	169	( 36)
White	337	355	( 18)
Williamson	574	563	11
<b>HEALTH SERVICE AREA 006</b>			
Planning Area 6-A	5,766	7,290	(1,524)
Planning Area 6-B	4,283	4,210	73
Planning Area 6-C	4,706	5,039	( 333)
<b>HEALTH SERVICE AREA 007</b>			
Planning Area 7-A	4,101	3,210	891
Planning Area 7-B	6,896	7,103	( 207)
Planning Area 7-C	6,626	5,990	636
Planning Area 7-D	2,342	2,898	( 556)
Planning Area 7-E	9,242	8,969	273
<b>HEALTH SERVICE AREA 008</b>			
Kane	2,948	3,030	( 82)
Lake	4,884	4,825	59
McHenry	1,344	1,028	316
<b>HEALTH SERVICE AREA 009</b>			
Grundy	239	265	( 26)
Kankakee	1,259	1,368	( 109)
Kendall	213	185	28
Will	3,055	2,810	245
<b>HEALTH SERVICE AREA 010</b>			
Henry	428	518	( 90)
Mercer	182	172	10
Rock Island	1,259	1,316	( 57)
<b>HEALTH SERVICE AREA 011</b>			
Clinton	402	407	( 5)
Madison	2,073	2,222	( 149)
Monroe	447	324	123
St. Clair	2,187	2,294	( 107)
<b>LONG-TERM CARE ICF/DD 16 BED NEED</b>			
PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HSA 1	257	360	( 103)
HSA 2	265	333	( 68)
HSA 3	228	383	( 155)
HSA 4	319	334	( 15)
HSA 5	253	687	( 434)
HSA 6,7,8 & 9	3,316	1,133	2,183
HSA 10	84	40	44
HSA 11	222	384	( 162)



# Polsinelli Shughart<sup>pc</sup>

Charles P. Sheets  
(312) 873-3605  
csheets@polsinelli.com

161 N. Clark Street, Suite 4200  
Chicago, IL 60601  
(312) 819-1900  
Facsimile: (312) 819-1910  
www.polsinelli.com

November 5, 2010

## VIA FEDERAL EXPRESS

Mr. George Walgren  
Illinois Department of Public Health  
Office of Long Term Care Quality Assurance  
525 W. Jefferson Street, 5th Flr.  
Springfield, IL 62761-0001

**Re: Revised LSC Plan of Correction and Waiver Request, Meadowbrook Manor  
of LaGrange, Survey of 8/25/2010**

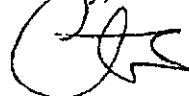
Dear Mr. Walgren:

I have enclosed a revised plan of correction for K12 and an annual waiver request for K012. As I explained in the waiver, the facility will file this modernization project with the Illinois Health Facilities Services and Review Board by December 31, 2010. The project will involve the demolition and renovation of the area noted by the surveyor in this survey as well as other areas sited by surveyors in the past. As you may recall, this building is over 100 years old. The Owners are using a HUD loan to finance the project and the estimated completion date is December 2013. The facility has requested an annual waiver from this requirement to avoid the financial hardship of repairing the areas that will be demolished. The cost of the repairs to the area is \$296,000 (See attached estimate, floor plans and scope of work). The Medicaid Cost Report is also attached to demonstrate the hardship.

The facility is fully sprinkled and has smoke detection in the corridors and open areas in place.

Thank you in advance for your consideration of this request. Should you or your staff need anything further please contact me at the above number.

Sincerely,



Charles P. Sheets

CPS:tlm  
Encs.

Chicago Kansas City St. Louis Denver Phoenix Washington, DC New York Wilmington DE

112053.1

ATTACHMENT-28C



November 1, 2010

Mr. Joe Potts  
Life Safety Resources  
Springfield, IL

RE: Meadowbrook, LaGrange, IL Life Safety Improvements

Dear Joe:

After our meeting I have prepared proposals for the following.

**Life Safety Corrections**

3rd Floor: Complete items as outlined in A-E of the attached. TOTAL COST \$23,000.00

2nd Floor: Complete items F-J of the attached TOTAL COST \$28,000.00

1st Floor: Complete items F-K and M of the attached TOTAL COST \$45,000.00

Basement: Complete items X and Y of the attached TOTAL COST \$10,000.00

Items L and N replace wood framed floor assembly approx 2000sf BUDGET AMOUNT \$150,000.00\*

\*A complete structural and architectural analysis will need to be complete in order to determine if this work is feasible and determine the exact scope of the work. The cost for this analysis and any demolition required to complete analysis is NOT included in the above budget. Cost of this engineering should be budgeted at a least \$40,000.00

Qualifications: All work completed during normal working hours 7:00am to 3:30pm. Patching of areas above lay in ceilings will be by double layer 5/8" gyp screwed to existing plaster ceiling and sealed

The following items are not included in any budget: Permits and fees, premium time work all work to be completed during normal working hours.

This proposal will remain valid for a period of 90 days.

Thank for the opportunity to prepare the preceding proposal please call me if you have any questions or would like to go over the scope in greater detail.

Sincerely,

Steve Koss  
Ostrander Construction, Inc

**Plan of Correction and Allegations of Compliance  
Meadowbrook Manor – LaGrange  
339 South Ninth Avenue  
LaGrange, Illinois 60525**

**Survey Cycle: 8/25/2010**

**Survey Date: 8/25/2010**

**Survey Type: Annual Life Safety Code**

Preparation and execution of this Plan of Correction does not constitute admission or agreement by Meadowbrook Manor – LaGrange to the allegations or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by provisions of federal and State law. None of the actions taken by Meadowbrook Manor - LaGrange pursuant to its Plan of Correction should be considered an admission that a deficiency existed or that additional measures should have been in place at the time of the survey.

**BUILDING 01**

**K012 NFPA 101 Life Safety Code Standard**

**Scope/Severity = F**

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.

**Surveyor's Allegations:** *Facility failed to provide the minimum construction type needed for a three story building as required by NFPA 101, 2000 Edition, Sections 19.3.3.2[1] and 10.2.*

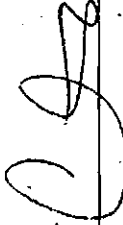
Meadowbrook Manor – LaGrange (“Meadowbrook”) is of appropriate construction type and height.

Meadowbrook of LaGrange has a long term capital plan to substantially renovate its current physical plant. This project will be filed with the Illinois Health Facilities Services and Review Board by December 1, 2010. The project will involve the destruction and renovation of the areas noted by the surveyor in this survey. The facility is using a HUD loan to finance this project and the estimated completion date is December 2013. The facility has requested an annual waiver from this requirement to avoid the financial hardship of repairing the areas that will be demolished. The Medicaid Cost report is attached to the waiver request. Please rest assured that the facility is fully sprinkled and has smoke detection in the corridors and open areas. Meadowbrook's maintenance director will be responsible for continued compliance.

**Completion date:** \*Annual waiver requested.

**PART IV RECOMMENDATIONS FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS**

For each item of the Life Safety Code requested for waiver, list the survey report form item # and state the reason for the conclusion that: (a) the specific provisions of the Code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of the unmet provisions will not adversely affect the health and safety of the patients. (If additional space is required, use reverse side.)

<b>PROVISION NUMBER</b>	<b>PROVIDER JUSTIFICATION FOR REQUESTING WAIVER</b>		
K84	<b>REQUEST FOR ANNUAL WAIVER OF SPECIFIC LSC REQUIREMENTS</b>		
K012	Meadowbrook Manor – LaGrange (“Meadowbrook”) has a long term capital plan to substantially renovate its current physical plant. This project will be filed with the Illinois Health Facilities Services and Review Board by December 31, 2010. The project will involve the demolition and renovation of the area noted by the surveyor in this survey as well as other areas cited by surveyors in the past. The facility is using a HUD loan to finance this project and the estimated completion date is December 2013. The facility has requested an annual waiver from this requirement to avoid the financial hardship of repairing the areas that will be demolished. The cost of the repairs to the area is \$296,000. (See attached estimate, floor plans and scope of work) The Medicaid Cost Report is also attached to demonstrate the hardship.		
LSC: <u>19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</u>	The facility is fully sprinkled and has smoke detection in the corridors and open areas.		
<b>NAME OF FACILITY:</b>			
Meadowbrook Manor – LaGrange 339 9th Avenue LaGrange, Illinois 60525			
<b>PROVIDER #:</b> 146093 / 0047274			
<b>FIRE AUTHORITY OFFICIAL</b>			
(Initials)	RECOMMEND WAIVER (TEMP)		
	DO NOT RECOMMEND WAIVER (TEMP)		
<b>SURVEYOR RECOMMENDATIONS ATTACHED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Provider Representative Signature:  Date: <u>12/29/2010</u>		
<b>FIRE AUTHORITY (SIGNATURE)</b>	TITLE	OFFICE	DATE

## Meadowbrook Manor of LaGrange

### Scope of Work

#### First Floor

- F. Appropriately seal pipe penetrations in floor/CLG assembly.
- G. Repair all holes in plaster ceiling above ATC as necessary to restore separation for floor/CLG assembly.
- K. 2' x 8' hole in plaster above ATC.
- L. Demo Type V Floor/CLC assembly and replace with Type II (III).
- M. Replace ATC with new as necessary to meet Type II(III) construction.

#### Basement

- X. Seal penetration(s) in floor/CLG assembly appropriately for Type II(III) construction.
- Y. Fireproof unprotected steel beam.

#### Third Floor North Wing

- A. Fireproof bottom of unprotected steel beam above corridor ATC.
- B. Complete plaster ceiling above ATC to adequately separate unprotected steel in roof/ceiling assembly. Run corridor walls to completed CLG this area.
- C. Repair 1' x 2' hole in wall above ATC.
- E. Repair all holes in plaster CLG above ATC as necessary to restore separation of roof/CLG assembly.
- N. Demo Type V floor/CLG between floors 2 & 3. Replace with Type II (III) minimum.

#### Second Floor

- F. Appropriately seal pipe penetration(s) in floor/ceiling assembly.
- G. Repair all holes in Plaster CLG above ATC as necessary to restore separation for floor/CLG assembly.
- H. Fireproof underside of unprotected steel beam.
- I. Repair 2' x 2' hole in plaster CLG.
- J. Repair 2' x 10' hole in plaster CLG.



(DATE) April 6<sup>th</sup>, 2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMENT-28D



(DATE) 2/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my ~~present position~~ be available in your facility, it is my intent to transfer to this position.

Sincerely,

A handwritten signature in cursive script that reads "May Jane Rice".

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 04/06/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is ~~(full time part time)~~ and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Laundry

Sincerely,

Rosa Ramirez

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D





(DATE)  
4/4/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Vicki Schaefer  
Activity*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925  
ATTACHMENT-28D

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(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

ATTACHMENT-28D

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(DATE) 4-6-2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Maile Smith*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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A Butterfield Health Care Group Affiliate

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

ATTACHMENT - 28D



(DATE) 9/6/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary) etc.... Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, *Rene Spriggs*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



Nursing & Rehabilitation

(DATE)

4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Jodie  
Stevenson-Wiley

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Melinda RN*

*Marjorie  
Victoria*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4-6-2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Sianna Walker*  
*Restorative Aide*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4/6/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RNCNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Melissa Williams*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMENT-28D





(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Vangel".

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

www.meadowbrookmanor.com  
A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Alec M. Wasko*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 04-06-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

A handwritten signature in black ink, appearing to read "Felix Yeboah".

Felix  
Yeboah

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4-4-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Cynthia Sekeli*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4-9-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, *Regine Claude*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

ATTACHMENT - 28D



(DATE) 04-09-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Brianne Carter*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4-9-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Yanisha Adams*

ATTACHMENT - 28D



(DATE) 4/2/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

A handwritten signature in cursive script, appearing to read "Augusta Larson", is written over the word "Sincerely,".

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D





(DATE) 4-9-2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*John P. Stanson*  
P.T. ASSISTANT

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4/8/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Virginia Bayro*  
*Medical Records*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4/7/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925  
ATTACHMENT-28D

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(DATE)

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

ATTACHMENT-28D

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(DATE)

4/08/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Miguel Sanchez

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4/8/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Jatira Scott*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 04-08-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RNCNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Carmella Smith*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 7-28-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Richard Duke*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D





(DATE) 4/7/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housckeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Kaya Watson*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 04-07-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

A handwritten signature in cursive script that reads "Carlos A. Suter".

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4/7/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Elaine Anderson  
Reception

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 7/7/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel: STEVE BRENTUO

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary/etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, SBrentuo

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 04-07-10.

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

*Dietary.*

Sincerely,

*Elen Cabana*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE)

4-7-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Shawntonia V. Hider*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4/7/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Angela J. Johnson*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4/7/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Houskeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

A handwritten signature in cursive script, appearing to read "Elizabeth J. J.".

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D





(DATE) 4/7/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Jenna Halder

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4/7/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE)

04-07-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Julia Martinez

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4-7-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Angeles Ramirez.

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4/7/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D



(DATE) 4/7/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

BRITTANY WEDDINGTON

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Mz. Tracy Arce*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Sheba M. Foxen*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D





(DATE) *April 7, 2010*

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, *Linda M. Gallegos, RN*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/CPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, *PAULA GILL LPN*  
*Paula Gill*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D



(DATE) 4-7-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Maria Gomez* CNA

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D



(DATE) 4-7-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

A handwritten signature in cursive script that reads "Wilene A. Resly".

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
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ATTACHMENT - 28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Tommy Puchner*  
Reception

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
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ATTACHMENT-28D



(DATE)

4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Barbara Tate*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE)

4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Lynnda Todd*  
*if transportation*  
*available*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D



(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Barbara Jenkins*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
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ATTACHMENT-28D





(DATE) *April 7, 2010*

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to ~~replace~~ Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Claribel Valdez*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
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ATTACHMENT-28D



(DATE)

4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Lynn Banks COTA/R

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
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ATTACHMENT-28D



(DATE)

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kathryn Chip".

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE)

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Opal Rogers  
COTA/L

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4-6-10

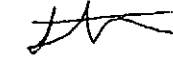
Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

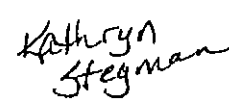
It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Kathi 

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

  
431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE)

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

*Dietary Director*  
*Elsie Vangel*

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4/7/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). *Restorative* Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, *Nadine Watkins*  
*Restorative Nurse*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE)

April 6-2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to ~~replace~~ Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my ~~present~~ position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Donald Penn*  
Central Supply

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D





(DATE)

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

4/6/10  
Maintenance Director  
William G. Minge

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE)

4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re: *Employment*

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Cheryl A. Holt*  
*activity director*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925  
ATTACHMENT-28D

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(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Karen A. Puchalski RN  
Med/SR Coordinator*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re: Beverley Domaleczny

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Beverley Domaleczny*  
Admissions Director  
Marketing Liaison

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

ATTACHMENT - 28D

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A Butterfield Health Care Group Affiliate



(DATE)

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Pamela Nowak, Social Service*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
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ATTACHMENT - 28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full) time/part time and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

HR Director

Sincerely, *Kathleen Seaman*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925



(DATE) 4/6/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Administrator Sincerely,

David Shi

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D





(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

John Baerwald  
John Baerwald

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Darlene Barnick*  
~RECEPTION~

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D



(DATE) 4/16/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D



(DATE) 04/06/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

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LaGrange, IL 60525  
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ATTACHMENT - 28D



(DATE) 4/6/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

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ATTACHMENT - 28D



(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
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ATTACHMENT-28D



(DATE) 04/06/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Valencia J. Childs*  
*activities*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
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ATTACHMENT-28D



(DATE) 04/06/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, Gustavo Cornelio

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D





(DATE) 04/06/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Ward Clerk

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT-28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Rashawn Dunn*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D



(DATE) 04-06-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Robin  
Duran

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT-28D



(DATE) 4-06-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, *Genoveva Flores*  
*Mante*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT-28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, *Leticia Pulgencio*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT-28D



(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

JUAN GALLARDO.

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
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ATTACHMENT - 28D



(DATE)

4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Regina Jones*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE)

27/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Alicia Gutierrez

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D





(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, *Enrique Gutierrez*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Regulo C. Rivera*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4-6-2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

J. Barry Hardin

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



(DATE) 4/16/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Monique Harris*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE)

4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

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Naperville, IL 60563  
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Bolingbrook, IL 60440  
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ATTACHMENT - 28D



(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary) etc.... Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Patricia A. Hilton*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4/6/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
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ATTACHMENT - 28D



(DATE)

04/06/2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RNCNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Patricia Jenkins*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D





(DATE)

4/6/2018

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position. <sup>activities</sup> <sub>prn</sub>

Sincerely,

*Esther A. Jordan*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT - 28D



(DATE) 4/06/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to ~~replace~~ Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Ruby Justice*  
*AD*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

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ATTACHMENT - 28D



(DATE)

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Paul Allen Klevinsky*  
PAUL ALLEN KLEVINSKY  
Activities

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
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ATTACHMENT - 28D



(DATE)

4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re: |

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

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ATTACHMENT - 28D



(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Michelle Knowles - Thomas*  
Michelle Knowles - Thomas

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

www.meadowbrookmanor.com  
A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D



(DATE)

04/02/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Akwaleski*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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ATTACHMENT-28D



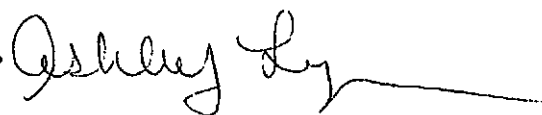
(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, 

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

[www.meadowbrookmanor.com](http://www.meadowbrookmanor.com)  
A Butterfield Health Care Group Affiliate

ATTACHMENT-28D



(DATE)

4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Domingo  
Lopez

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMENT-28D





(DATE) 4-06

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Guadalupe Lopez

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMENT-28D



(DATE)

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re: 4-6-2010

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*[Handwritten Signature]*  
Restorative - CNA

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D



(DATE) 4-06-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Pablo Martinez*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMNT - 28D



(DATE) 4 06 010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is full time/part time and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely, *Amelia mendoza*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

www.meadowbrookmanor.com  
A Butterfield Health Care Group Affiliate

ATTACHMENT-28D



(DATE) 4/6/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re: *Yes, I want to keep my employment!*

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

*Debbie  
Noble*

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D



(DATE)

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re: *Available LPN*

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

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A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D



(DATE) 4-6-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

www.meadowbrookmanor.com  
A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D



(DATE) 04-06-2010

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

A handwritten signature in cursive script, appearing to read "D. [unclear]".

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

www.meadowbrookmanor.com  
A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D





(DATE) 04-06-10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Lilca Pena.

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

www.meadowbrookmanor.com  
A Butterfield Health Care Group Affiliate

ATTACHMENT-28D



(DATE) 4/06/10

Mr. Christopher Vangel  
Executive Director  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, Illinois 60440

Re:

Dear Mr. Vangel:

It is my understanding that you are proposing to replace Meadowbrook Manor-La Grange in La Grange, Illinois. Currently, my position is (full time/part time) and is classified as (RN/CNA/LPN/Housekeeping/Dietary, etc...). Should my present position be available in your facility, it is my intent to transfer to this position.

Sincerely,

Leticia Perez

720 Raymond Drive  
Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

339 S. 9th Avenue  
LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355

431 West Remington Boulevard  
Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

www.meadowbrookmanor.com  
A Butterfield Health Care Group Affiliate

ATTACHMENT - 28D



# aging care connections

Your Source For Senior Care

April 30, 2010

Dear Mr. Vangel,

I am the Director of Social Service at Aging Care Connections, the local Care Coordination Unit in the LaGrange area. We work with older adults who are in the process of transitioning from acute hospital stays, skilled rehab units and with older adults residing in the community. When placement is needed we need to refer older adults to facilities in their community whenever possible.

I would like to express my support for Meadowbrook Manor's application for a Certificate of Need to build a 197 bed state of the art skilled nursing and rehabilitation facility located at 339 S. 9<sup>th</sup> Avenue in LaGrange, Illinois. A new facility would be a needed asset for short and long term care in this area.

I strongly support your goal of a new facility and hope that Meadowbrook Manor is given every consideration for your application. If I can be of additional assistance, please do not hesitate to contact me.

Sincerely,

Louise Stajmann  
Director of Social Service

111 W. Harris Avenue  
La Grange, IL 60525  
t 708-354-1323  
f 708-354-0282

VILLAGE OF LA GRANGE  
DEPARTMENT OF POLICE

304 WEST BURLINGTON  
LA GRANGE, IL 60525

MICHAEL A. HOLUB  
Chief of Police

Phone: 708.579.2334  
Fax: 708.579.1085

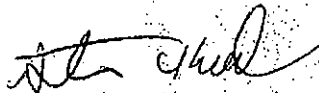
May 10, 2010

Dear Mr. Vangel,

I would like to express my support for Meadowbrook Manor's application for a Certificate of Need to build a 197 bed state of the art skilled nursing and rehabilitation facility located at 339 S. 9<sup>th</sup> Avenue in LaGrange, Illinois. A new facility would be a needed asset for the short and long-term care in the area.

I strongly support your goal of a new facility and hope that Meadowbrook Manor is given reasonable consideration for your application. If I can be of additional assistance, please do not hesitate to contact me.

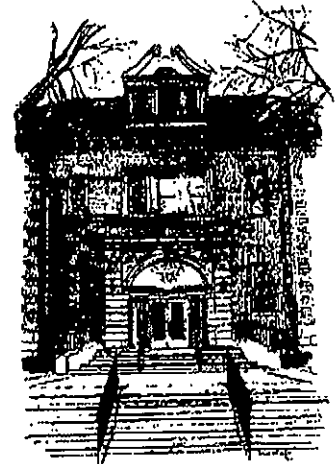
Sincerely,



Officer Steven Kneifel  
Elderly Service Officer  
LaGrange Police Department

ATTACHMENT-28E

# Village of La Grange



May 5, 2010

Mr. Christopher Vangel  
Meadowbrook Manor  
339 S. 9<sup>th</sup> Avenue  
La Grange, Illinois 60525

Dear Mr. Vangel,

Congratulations on your recent approval of the amendment to the special use for the renovation and addition to Meadowbrook Manor. We appreciate the effort you made throughout this process in communicating with the neighborhood and cooperation with Village Staff. Your commitment to the community and the support of the surrounding residents was apparent throughout this process. The Village recognizes that a new facility is a needed asset for short and long term care in our community.

The Village of La Grange strongly supports your goal of a new facility. We hope that Meadowbrook Manor will be given reasonable consideration in your application for Certificate of Need to build the 197 bed state of the art skilled nursing and rehabilitation facility at 330 S. 9<sup>th</sup> Avenue in La Grange.

If we can be of additional assistance, please do not hesitate to contact me.

Sincerely,  
VILLAGE OF LA GRANGE

  
Elizabeth Asperger  
Village President

April 30, 2010

Dear Mr. Vangel,

I would like to express my support for Meadowbrook Manor's application for a Certificate of Need to build a 197 bed state of the art skilled nursing and rehabilitation facility located at 339 S. 9<sup>th</sup> Avenue in LaGrange, Illinois. A new facility would be a needed asset for short and long-term care in the area.

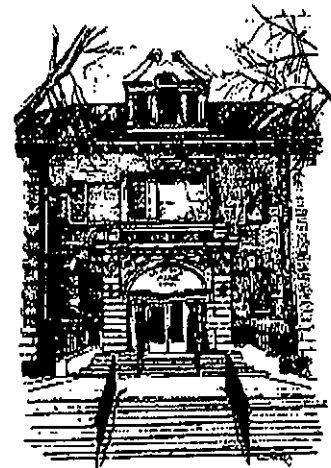
I strongly support your goal of a new facility and hope that Meadowbrook Manor is given reasonable consideration for your application. If I can be of additional assistance, please do not hesitate to contact me.

Sincerely,



Ryan Williamson  
President  
La Grange Business Association

# Village of La Grange



May 4, 2010

Dear Mr. Vangel:

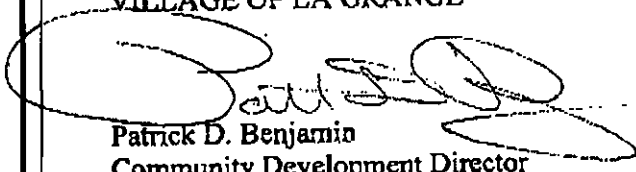
First let me congratulate you on your recent approval for the reconstruction of Meadowbrook Manor in La Grange. I would also like to compliment your team for the interactive work with Village Staff and more importantly the residents of our community in developing a redevelopment plan that is harmonious with the surrounding community.

Having had a relative staying in this facility a few years back, I can tell you that I am acutely aware of the need for the renovation of this facility. These residents of La Grange sorely need the improvements which you have planned. The dedicated staff at Meadowbrook Manor also deserve more up to date facilities in which to provide the services to our residents.

The Village of La Grange strongly supports the goal of a new 197 bed state of the art skilled nursing and rehabilitation facility at 339 South Ninth Avenue in La Grange. We see this as a needed asset within our community.

If we can be of any assistance going forward, please do not hesitate to contact me.

Sincerely,  
VILLAGE OF LA GRANGE



Patrick D. Benjamin  
Community Development Director

**Interfaith  
Community Partners**

*A faith-based alliance with older adults.*

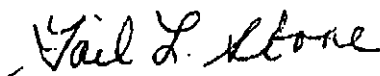
April 30, 2010

Dear Mr. Vangel,

I would like to express my support for Meadowbrook Manor's application for a Certificate of Need to build a 197 bed state of the art skilled nursing and rehabilitation facility located at 339 S. 9<sup>th</sup> Avenue in LaGrange, Illinois. A new facility would be a needed asset for short and long-term care in the area.

I strongly support your goal of a new facility and hope that Meadowbrook Manor is given reasonable consideration for your application. If I can be of additional assistance, please do not hesitate to contact me.

Sincerely,



Gail Stone  
Executive Director  
Interfaith Community Partners





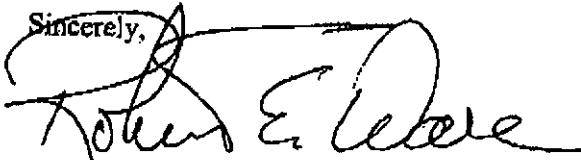
April 30, 2010

Dear Mr. Vangel,

I would like to express my support for Meadowbrook Manor's application for a Certificate of Need to build a 197 bed state of the art skilled nursing and rehabilitation facility located at 339 S. 9<sup>th</sup> Avenue in LaGrange, Illinois. A new facility would be a needed asset for short and long-term care in the area.

I strongly support your goal of a new facility and hope that Meadowbrook Manor is given reasonable consideration for your application. If I can be of additional assistance, please do not hesitate to contact me.

Sincerely,



Robert Ware  
Executive Director  
West Suburban Chamber of Commerce & Industry

708-387-7550.


April 30, 2010

Dear Mr. Vangel,

I would like to express my support for Meadowbrook Manor's application for a Certificate of Need to build a 197 bed state of the art skilled nursing and rehabilitation facility located at 339 S. 9<sup>th</sup> Avenue in LaGrange, Illinois. A new facility would be a needed asset for short and long-term care in the area.

I strongly support your goal of a new facility and hope that Meadowbrook Manor is given reasonable consideration for your application. If I can be of additional assistance, please do not hesitate to contact me.

Sincerely,



Brian Lemon  
Chief Executive Officer  
MacNeal Hospital



May 6, 2010

Dear Mr. Vangel,

I would like to express my support for Meadowbrook Manor's application for a Certificate of Need to build a 197 bed state-of-the-art skilled nursing and rehabilitation facility located at 339 S. 9<sup>th</sup> Avenue, La Grange, IL. A new facility would be a needed asset for short and long-term care in the area.

I strongly support your goal of a new facility and hope that Meadowbrook Manor is given reasonable consideration for your application. If I can be of additional assistance, please do not hesitate to contact me.

Sincerely,

Rick Wright  
Chief Executive Officer



May 5, 2010

Dear Mr. Vangel:

I would like to express my support for Meadowbrook Manor's application for a Certificate of Need to build a 197 bed state of the art skilled nursing facility located at 339 S. 9<sup>th</sup> Avenue in LaGrange, Illinois. A new facility would be a needed asset for short and long-term care in the area.

I strongly support your goal of a new facility and hope that Meadowbrook Manor is given reasonable consideration for your application. If I can be of additional assistance, please do not hesitate to contact me. I can be reached at (630) 286-4120.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Prister", is written over a light blue horizontal line.

Jim Prister  
President/CEO  
RML Specialty Hospital

# Village of La Grange



December 1, 2009

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

Re: Meadowbrook Manor - LaGrange, Illinois

Dear Mr. Constantino:

I am the Director of Community Development for the Village of La Grange. I am writing this letter at the request of MML Properties, LLC, the owner of the Meadowbrook Manor Nursing Home in La Grange, to explain the zoning process in which the owner is engaged as it seeks Village approvals to construct a nursing home that would replace the existing facility.

The nursing home is classified in the IB Institutional Buildings District under the La Grange Zoning Code. The IB District authorizes nursing homes as a special use, and the existing facility currently has a valid special use permit. To construct the proposed new facility, the owner must secure Village approval of an amendment to the existing special use permit. The amended special use permit, if approved, would authorize in specific detail the new facility. The process of amending the existing special use includes a public hearing before the Village's Plan Commission and, thereafter, review and approval by the Village's Board of Trustees. The process also includes simultaneous review of detailed site plans for the new facility. The owner has filed the application necessary to initiate the public hearing process.

It is difficult or impossible to estimate the amount of time that this zoning process might require.

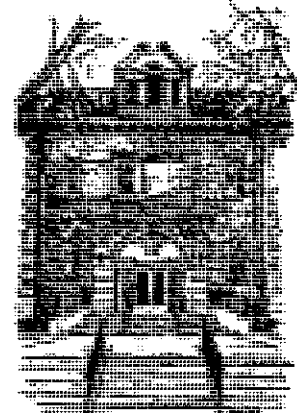
Please feel free to contact me if you have any questions about this letter.

Sincerely,

  
Patrick Benjamin  
Director of Community Development

53 South La Grange Road P.O. Box 668 La Grange, Illinois 60525 (708) 579-2313 Fax (708) 579-0980

# Village of La Grange



April 21, 2011

Glenn C. Sechen  
The Sechen Law Group, PC  
13909 Laque Drive  
Cedar Lake, Indiana 46303  
(312) 550-9220

Re: EXTENSION – SPECIAL USE PERMIT, ORDINANCE O-09-16

Dear Mr. Sechen:

In response to your request of March 16, 2011 for an extension of Village Ordinance O-10-09 granting a Special Use for the renovation of the Meadowbrook Manor skilled nursing facility, in accordance with Subsection 13-101-L "Extensions of Time," I hereby grant an extension of six months to October 31, 2011. In granting this extension we recognize, as cited in your letter, your due diligence in securing your required state approvals.

In granting this extension, we ask that you attain the following action items in the next six months: (1) Formally apply for your certificate of need with the new appraisal information and the financial reports; (2) Obtain conditional approval from Housing and Urban Development for financing; and (3) renew negotiations with the Park District of La Grange to obtain a resolution on the pocket park.

In the interim, if we can be of assistance in any way in preparing your project for development please feel free to contact Patrick Benjamin, Community Development Director at (708) 579-2320.

Sincerely,  
VILLAGE OF LA GRANGE

Robert J. Pilipiszyn  
Village Manager

Cc: Village President  
Village Board of Trustees  
Village Clerk  
Village Attorney  
Community Development Director

33 South La Grange Road P.O. Box 668 La Grange, Illinois 60525 (708) 579-2300 Fax (708) 579-0980



May 2, 2011

Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Occupancy Assurances**

Dear Chairman Galassie:

Pursuant to 77 Ill. Admin. Code § 1110.1730(k), I hereby certify that Meadowbrook Manor LaGrange will use its best efforts and fully expects to achieve 90% occupancy by the second year of operation after project completion.

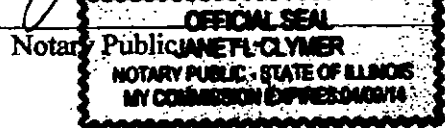
Sincerely,

A handwritten signature in black ink, appearing to read "Christopher Vangel", written over a horizontal line.

Christopher Vangel  
Executive Director

Subscribed and sworn to me  
This 2<sup>nd</sup> day of May, 2011

A handwritten signature in black ink, appearing to read "Janet L. Clymer", written over a horizontal line.



ATTACHMENT - 28G



**CAMBRIDGE**  
Realty Capital Ltd. of Illinois

March 21, 2011

Mr. Jeffrey Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street  
Springfield, IL 62761

RE: Meadowbrook Manor of LaGrange

Dear Mr. Mark:

This is to advise that Cambridge Realty Capital Ltd. of Illinois will entertain providing the construction and permanent first mortgage financing for the construction of the above referenced facility in LaGrange.

It is anticipated that the interest rate applicable to both the Construction loan and the permanent loan will be 6.5%. The construction term is anticipated to be 18 months. The permanent loan term is anticipated to be 40 years.

The total amount of the construction loan and permanent loan is anticipated to be the lower of \$29,251,200 or 80% LTV. Both the construction and the permanent financing are anticipated to be provided utilizing mortgage insurance issued by the United States Department of Housing and Urban Development through Section 232 of the National Housing Act.

We look forward to working with you on this transaction.

Very truly yours,

  
CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS

Andrew L. Erkes  
President  
Insured Financing  
Healthcare/Multifamily Housing

ALE/ks

PKimLetter to Jeffrey Mark Re Meadowbrook 3 21 2011



**MML Properties, LLC - Owner**  
**Viability Ratios**

	Three Years Ago	Two Years Ago	Last Year
Category A			
	2008	2009	2010
Current Ratio	0.03	0.05	0.02
Net Margin Percentage	42.08%	47.30%	47.07%
Percent Debt to Total Capitalization	54%	45%	47%
Projected Debt Service Coverage	2.83	1.64	1.53
Days Cash on Hand	0	3	4
Cushion Ratio	-	0.01	0.01

**MML Properties, LLC**  
**Viability Ratios**

	<u>2014</u>	<u>2015</u>	<u>2016</u>
CURRENT ASSETS	616,997	1,383,577	2,119,848
CURRENT LIABILITIES	695,157	721,147	732,791
<b>Current Ratio</b>	<b>0.89</b>	<b>1.92</b>	<b>2.89</b>
NET INCOME	17,568	174,694	170,376
NET OPERATING REVENUE	3,135,000	3,300,000	3,300,000
<b>Net Margin Percentage</b>	<b>0.56</b>	<b>5.29</b>	<b>5.16</b>
LONG-TERM DEBT	27,417,868	27,222,019	27,014,527
RETAINED EARNINGS	1,606,364	1,606,364	1,951,434
<b>Percent Debt to Total Capitalization</b>	<b>94%</b>	<b>94%</b>	<b>93%</b>
NET INCOME	17,568	174,694	170,376
DEPRECIATION	748,103	748,103	748,103
INTEREST AND AMORT EXPENSE	1,651,577	1,640,046	1,628,403
PRINCIPAL PAYMENTS	169,858	195,848	207,492
MAXIMUM ANNUAL DEBT SERVICE	1,835,895	1,835,895	1,835,895
<b>Projected Debt Service Coverage</b>	<b>1.32</b>	<b>1.40</b>	<b>1.39</b>
CASH	394,433	988,213	1,551,684
OPERATING EXPENSES	3,117,432	3,125,306	3,129,624
<b>Days Cash on Hand</b>	<b>46</b>	<b>115</b>	<b>181</b>
CASH	394,433	988,213	1,551,684
MAXIMUM ANNUAL DEBT SERVICE	1,835,895	1,835,895	1,835,895
<b>Cushion Ratio</b>	<b>0.21</b>	<b>0.54</b>	<b>0.85</b>

**Butterfield Health Care VII, Meadowbrook Manor of LaGrange - Operator**  
**Viability Ratios**

	Three Years Ago	Two Years Ago	Last Year
	N/A		
Category A			
	2008	2009	2010
Current Ratio	0.83	0.83	(1.62)
Net Margin Percentage	(21.97)	(9.57)	27.67
Percent Debt to Total Capitalization	0%	0%	0%
Projected Debt Service Coverage	-	-	-
Days Cash on Hand	2	12	0
Cushion Ratio	-	-	-

**Butterfield Health Care VII, Meadowbrook Manor of LaGrange**  
**Viability Ratios**

	<u>2014</u>	<u>2015</u>	<u>2016</u>
CURRENT ASSETS	5,167,607	6,397,342	7,677,077
CURRENT LIABILITIES	956,333	981,333	981,333
<b>Current Ratio</b>	<b>5.40</b>	<b>6.52</b>	<b>7.82</b>
NET INCOME	515,695	994,527	994,527
NET OPERATING REVENUE	13,899,915	15,577,016	15,577,016
<b>Net Margin Percentage</b>	<b>3.71</b>	<b>6.38</b>	<b>6.38</b>
LONG-TERM DEBT	0	0	0
RETAINED EARNINGS	(1,195,071)	(768,281)	226,245
<b>Percent Debt to Total Capitalization</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
NET INCOME	515,695	994,527	994,527
DEPRECIATION	254,501	285,208	285,208
INTEREST AND AMORT EXPENSE	19,378	21,716	21,716
PRINCIPAL PAYMENTS	-	-	-
MAXIMUM ANNUAL DEBT SERVICE	-	-	-
<b>Projected Debt Service Coverage</b>	<b>-</b>	<b>-</b>	<b>-</b>
CASH	2,998,901	4,228,636	5,508,371
OPERATING EXPENSES	13,129,720	14,297,281	14,297,281
<b>Days Cash on Hand</b>	<b>83</b>	<b>108</b>	<b>141</b>
CASH	2,998,901	4,228,636	5,508,371
MAXIMUM ANNUAL DEBT SERVICE	-	-	-
<b>Cushion Ratio</b>	<b>-</b>	<b>-</b>	<b>-</b>

**Butterfield Health Care VII, Meadowbrook Manor of LaGrange - Combined**  
**Viability Ratios**

	Three Years Ago	Two Years Ago	Last Year
	N/A		
	Category A		
	2008	2009	2010
Current Ratio	0.83	0.83	(1.62)
Net Margin Percentage	(21.97)	(9.57)	27.67
Percent Debt to Total Capitalization	0%	0%	0%
Projected Debt Service Coverage	(27.31)	(19.69)	129.29
Days Cash on Hand	2	12	0
Cushion Ratio	0.98	8.40	-

**Butterfield Health Care VII, Meadowbrook Manor of LaGrange**  
**Viability Ratios**

	2014	2015	2016
CURRENT ASSETS	5,784,604	7,780,919	9,796,925
CURRENT LIABILITIES	1,651,490	1,702,480	1,714,124
<b>Current Ratio</b>	<b>3.50</b>	<b>4.57</b>	<b>5.72</b>
NET INCOME	533,263	1,169,220	1,164,902
NET OPERATING REVENUE	13,899,915	15,577,016	15,577,016
<b>Net Margin Percentage</b>	<b>3.84</b>	<b>7.51</b>	<b>7.48</b>
LONG-TERM DEBT	27,417,868	27,222,019	27,014,527
RETAINED EARNINGS	5,949,594	6,551,078	7,715,980
<b>Percent Debt to Total Capitalization</b>	<b>82%</b>	<b>81%</b>	<b>78%</b>
NET INCOME	533,263	1,169,220	1,164,902
DEPRECIATION	1,002,605	1,033,312	1,033,312
INTEREST AND AMORT EXPENSE	1,670,955	1,661,763	1,650,119
PRINCIPLE PAYMENTS	169,858	195,848	207,492
MAXIMUM ANNUAL DEBT SERVICE	1,857,611	1,857,611	1,857,611
<b>Projected Debt Service Coverage</b>	<b>1.73</b>	<b>2.08</b>	<b>2.07</b>
CASH	3,393,334	5,216,849	7,060,055
OPERATING EXPENSES	13,366,652	14,407,795	14,412,114
<b>Days Cash on Hand</b>	<b>93</b>	<b>132</b>	<b>179</b>
CASH	3,393,334	5,216,849	7,060,055
MAXIMUM ANNUAL DEBT SERVICE	1,857,611	1,857,611	1,857,611
<b>Cushion Ratio</b>	<b>1.83</b>	<b>2.81</b>	<b>3.80</b>



MML Properties, LLC and Butterfield Health Care VII, LLC  
d/b/a Meadowbrook Manor of LaGrange

Financial Statements

February 28, 2010

Date: Apr 13, 2010  
 Time: 09:57:46 CT  
 User: Linda Sant Amour

Butterfield Health Care Group  
 Balance Sheet  
 As Of 2/28/2010

Page # 1

Include Adjustment Periods: NO Include Closing Periods: NO  
 Included: Meadowbrook Manor - LaGrange, MML Properties, LLC

	CURRENT PERIOD Actual \$
<b>Assets</b>	
<b>Current Assets</b>	
Cash	206,085
Accounts Receivable	
Gross Accounts Receivable	2,567,317
Less Allowance for Doubtful Accounts	(392,408)
<b>TOTAL Accounts Receivable</b>	<b>2,174,909</b>
Mortgage Escrows	0
Due From Related Party	(5,491,317)
Due from Stockholders	0
Rent Receivable, Related Party	0
Prepaid Insurance	55,043
Prepaid Expenses and Other	16,191
<b>TOTAL Current Assets</b>	<b>(3,039,089)</b>
<b>Property and Equipment</b>	
Property and Equipment	6,046,484
Less Accumulated Depreciation	(780,800)
<b>TOTAL Property and Equipment</b>	<b>5,265,684</b>
<b>Other Assets</b>	
Unamortized Mortgage Costs	7,322
Reserve for Replacements	0
Debt Service Reserve	0
<b>TOTAL Other Assets</b>	<b>7,322</b>
<b>TOTAL Assets</b>	<b>2,233,917</b>
<b>Liabilities and Equity</b>	
<b>Current Liabilities</b>	
Notes Payable - Bank	465,000
Notes Payable - Omnicare	133,689
Notes Payable - Stockholders	1,107,500
Notes Payable - McKesson	14,902
Notes Payable - Sysco	0
Notes Payable - State	95,362
Notes Payable - Other	0
Due to Prior Owner	0
Public Aid Integrity Audit Settlement	0
Rent Payable, Related Party	0
Accounts Payable	550,621
Due to Related Party	0
Resident Credit Balances	200,577
<b>Accrued Expenses</b>	
Compensation	215,955
Interest	13,368
Payroll Taxes	15,429
Property taxes	193,800
Other	(403)
<b>TOTAL Accrued Expenses</b>	<b>436,149</b>
<b>TOTAL Current Liabilities</b>	<b>3,005,799</b>
<b>Other Liabilities</b>	
Mortgage Payable	2,741,838
Notes Payable - Shareholders	0
<b>TOTAL Other Liabilities</b>	<b>2,741,838</b>
<b>Partners' Deficit and Shareholders' Equity</b>	
Retained Earnings	(3,606,889)
Net Income (Loss)	93,170
<b>TOTAL Partners' Deficit and Shareholders' Equity</b>	<b>(3,513,719)</b>
<b>TOTAL Liabilities and Equity</b>	<b>2,233,917</b>

Date: Apr 13, 2010  
 Time: 10:09:07 CT  
 User: Linda Sant Amour

Butterfield Health Care Group  
 Statement of Income vs Budget  
 2/1/2010 to 2/28/2010

Include Adjustment Periods: NO Include Closing Periods: NO  
 Included: Meadowbrook Manor - LaGrange, MML Properties, LLC

	CURRENT PERIOD			YEAR TO DATE		
	Actual \$	Actual / Day	Budget \$ / Budget / Day	Actual \$	Actual / Day	Budget \$ / Budget / Day
<b>Revenues</b>						
Net Resident Service	639,035	183.00	0	1,372,707	189.63	0
Rental Income	0	0.00	0	0	0.00	0
Other	1,499	0.43	0	2,994	0.41	0
<b>TOTAL Revenues</b>	<b>640,534</b>	<b>183.43</b>	<b>0</b>	<b>1,375,702</b>	<b>190.04</b>	<b>0</b>
<b>TOTAL</b>	<b>640,534</b>	<b>183.43</b>	<b>0</b>	<b>1,375,702</b>	<b>190.04</b>	<b>0</b>
<b>Expenses</b>						
Professional Care	310,372	88.88	0	679,297	93.84	0
Dietary	34,978	10.02	0	65,906	9.10	0
Housekeeping	18,052	5.17	0	37,109	5.13	0
Laundry and Linen	5,691	1.63	0	12,147	1.68	0
Building and Utilities	85,459	24.47	0	164,591	22.74	0
Employees' Health and Welfare	52,107	14.92	0	123,070	17.00	0
General & Administrative	57,357	16.43	0	122,838	16.97	0
Depreciation & Amortization	15,944	4.57	0	31,888	4.41	0
Interest	25,488	7.30	0	45,688	6.31	0
Rental of Land, Building & Equipment	0	0.00	0	0	0.00	0
Other	0	0.00	0	0	0.00	0
<b>TOTAL Expenses</b>	<b>605,450</b>	<b>173.38</b>	<b>0</b>	<b>1,282,532</b>	<b>177.17</b>	<b>0</b>
<b>TOTAL</b>	<b>605,450</b>	<b>173.38</b>	<b>0</b>	<b>1,282,532</b>	<b>177.17</b>	<b>0</b>
<b>Net Income</b>	<b>35,085</b>	<b>10.05</b>	<b>0</b>	<b>93,170</b>	<b>12.87</b>	<b>0</b>

MML PROPERTIES, L.L.C. AND BUTTERFIELD HEALTHCARE VII, LLC.  
D/B/A MEADOWBROOK MANOR OF LAGRANGE  
COMBINING STATEMENTS OF CASH FLOWS  
FOR THE TWO MONTHS ENDED FEBRUARY 28, 2010

CASH PROVIDED BY ( APPLIED TO ) OPERATING ACTIVITIES	
NET INCOME	\$ 93,170
ITEMS WHICH DID NOT EFFECT CASH	
DEPRECIATION AND AMORTIZATION	31,888
WRITE OFF OF BANK ONE MORTGAGE COSTS	1,464
CHANGES IN	
ACCOUNTS RECEIVABLE	(60,124)
MORTGAGE ESCROWS	
PREPAID EXPENSES AND OTHER	18,800
ACCOUNTS PAYABLE	(58,774)
ACCRUED EXPENSES AND OTHER	(80,226)
NET CASH PROVIDED BY ( APPLIED TO ) OPERATING ACTIVITIES	\$ (53,802)
CASH ( APPLIED TO ) INVESTING ACTIVITIES	
ADVANCES (TO)/FROM RELATED PARTIES, NET	\$ 74,232
PURCHASE OF PROPERTY AND EQUIPMENT	(50,448)
NET CASH ( APPLIED TO ) INVESTING ACTIVITIES	\$ 23,784
CASH PROVIDED BY ( APPLIED TO ) FINANCING ACTIVITIES	
PRINCIPAL REPAYMENT OF LONG - TERM DEBT	\$ (43,450)
PROCEEDS (REPAYMENTS) FROM LONG - TERM DEBT	(4,893)
PROCEEDS (REPAYMENTS) OF SHAREHOLDERS LINE OF CREDIT	-
PROCEEDS (REPAYMENTS) OF SHAREHOLDERS LOANS	-
PARTNERS AND SHAREHOLDERS CONTRIBUTIONS	-
OWNERS DISTRIBUTIONS	-
NET CASH PROVIDED BY ( APPLIED TO ) FINANCING ACTIVITIES	\$ (48,343)
INCREASE ( DECREASE ) IN CASH	\$ (78,361)
CASH, BEGINNING OF YEAR	\$ 284,446
CASH, February 28, 2010	\$ 206,085

FINAL



MML Properties, LLC and Butterfield Health Care VII, LLC  
d/b/a Meadowbrook Manor of LaGrange

Financial Statements

December 31, 2009



Date: Apr 13, 2010  
 Time: 12:04:43 CT  
 User: Scott Gabrys

Butterfield Health Care Group  
 Statement of Income  
 12/1/2009 to 12/31/2009

Include Adjustment Periods: NO Include Closing Periods: NO  
 Included: Meadowbrook Manor - LaGrange, MML Properties, LLC

	CURRENT PERIOD			YEAR TO DATE		
	Actual \$	Actual / Day	Budget \$ / Day	Actual \$	Actual / Day	Budget \$ / Day
<b>Revenues</b>						
Net Resident Service	696,004	194.63	718,884	7,761,356	188.61	8,440,413
Rental Income	0	0.00	0	0	0.00	0
Other	1,679	0.47	2,250	22,205	0.54	26,507
<b>TOTAL Revenues</b>	<b>697,683</b>	<b>195.10</b>	<b>719,104</b>	<b>7,783,561</b>	<b>189.15</b>	<b>8,466,920</b>
<b>Expenses</b>						
Professional Care	406,022	113.54	301,349	4,201,688	102.10	3,548,383
Dietary	43,746	12.23	37,038	446,131	10.84	436,105
Housekeeping	22,920	6.41	16,773	237,561	5.77	197,496
Laundry and Linen	7,494	2.10	10,133	102,240	2.48	119,308
Building and Utilities	83,135	23.26	84,186	936,128	22.75	1,002,008
Employees' Health and Welfare	31,037	8.68	57,827	638,172	15.51	685,873
General & Administrative	171,271	47.89	74,624	890,647	21.64	882,962
Depreciation & Amortization	15,760	4.41	14,667	185,710	4.51	176,000
Interest	21,475	6.01	28,554	267,269	6.49	336,199
Rental of Land, Building & Equipment	0	0.00	0	0	0.00	0
Other	0	0.00	0	0	0.00	0
<b>TOTAL Expenses</b>	<b>802,860</b>	<b>224.51</b>	<b>625,151</b>	<b>7,905,546</b>	<b>192.11</b>	<b>7,384,334</b>
<b>TOTAL</b>	<b>802,860</b>	<b>224.51</b>	<b>625,151</b>	<b>7,905,546</b>	<b>192.11</b>	<b>7,384,334</b>
<b>Net Income (Loss)</b>	<b>(105,177)</b>	<b>(29.41)</b>	<b>93,953</b>	<b>(121,985)</b>	<b>(2.96)</b>	<b>1,082,586</b>

Date: Apr 13, 2010  
 Time: 12:36:46 CT  
 User: Scott Gabrys

**Butterfield Health Care Group  
 Supplementary Schedule of Income  
 12/1/2009 to 12/31/2009**

Include Adjustment Periods: NO      Include Closing Periods: NO  
 Included: Meadowbrook Manor - LaGrange, MML Properties, LLC

	CURRENT PERIOD		YEAR TO DATE	
	Actual \$	Actual / Day	Actual \$	Actual / Day
<b>Supplementary Schedule of Income</b>				
<b>Revenues</b>				
<b>Resident Services</b>				
Private Pay	72,953	20.40	693,016	16.84
Insurance	2,871	0.80	5,871	0.14
Public Aid	338,496	94.66	4,178,879	101.55
Veterans Administration	0	0.00	0	0.00
Medicare	259,051	72.44	2,639,114	64.13
Allowance for Public Aid Pending	(9,525)	(2.66)	(48,010)	(1.12)
<b>TOTAL Resident Services</b>	<b>663,847</b>	<b>185.64</b>	<b>7,470,871</b>	<b>181.55</b>
<b>Ancillary Services</b>				
Medical Supplies	6,932	1.94	89,261	2.17
Pharmacy	24,958	6.98	264,870	6.44
Physical Therapy	28,878	8.08	367,408	8.93
Speech Therapy	14,812	4.14	166,714	4.05
Occupational Therapy	35,813	10.01	358,979	8.72
Oxygen	4,684	1.31	68,595	1.67
Radiology	840	0.18	8,160	0.20
Laboratory	292	0.08	3,698	0.09
Contractual Allowance	(84,862)	(23.73)	(1,037,199)	(25.20)
<b>TOTAL Ancillary Services</b>	<b>32,157</b>	<b>8.99</b>	<b>290,485</b>	<b>7.06</b>
Rental Income	0	0.00	0	0.00
<b>Other</b>				
Barber & Beauty	193	0.05	309	0.01
Interest	0	0.00	8,432	0.20
Laundry	660	0.18	7,235	0.18
Meal Tickets	36	0.01	858	0.02
Rehabilitation	0	0.00	0	0.00
Wheelchair Rental	897	0.19	6,905	0.17
Day Care	0	0.00	0	0.00
Telephone	0	0.00	0	0.00
Other	93	0.03	(1,534)	(0.04)
<b>TOTAL Other</b>	<b>1,679</b>	<b>0.47</b>	<b>22,205</b>	<b>0.54</b>
<b>TOTAL Revenues</b>	<b>697,683</b>	<b>195.10</b>	<b>7,783,561</b>	<b>189.15</b>
<b>TOTAL Supplementary Schedule of Income</b>	<b>697,683</b>	<b>195.10</b>	<b>7,783,561</b>	<b>189.15</b>

Date: Apr 13, 2010  
 Time: 12:29:24 CT  
 User: Scott Gabrys

**Butterfield Health Care Group**  
**Supplementary Schedule of Expenses**  
**12/1/2009 to 12/31/2009**

Include Adjustment Periods: NO      Include Closing Periods: NO  
 Included: Meadowbrook Manor - LaGrange, MML Properties, LLC

Supplementary Schedule of Expenses	CURRENT PERIOD		YEAR TO DATE	
	Actual \$	Actual / Day	Actual \$	Actual / Day
<b>Professional Care</b>				
<b>Nurses and Aides Salaries</b>				
Registered Nurses	26,546	7.42	273,831	6.65
L.P.N's	110,179	30.81	1,067,825	25.95
Aides	100,420	28.08	1,004,622	24.41
<b>TOTAL Nurses and Aides Salaries</b>	<b>237,145</b>	<b>66.32</b>	<b>2,346,178</b>	<b>57.01</b>
<b>Other Salaries</b>				
Director of Nursing	8,760	2.45	97,855	2.38
Asst Director of Nursing	4,946	1.38	66,888	1.63
Nursing Administration	10,799	3.02	89,741	2.18
Medical Records	4,936	1.38	28,698	0.70
Social Service	3,022	0.85	46,396	1.13
Therapy	38,168	10.67	369,650	8.98
Rehabilitation	17,602	4.92	175,740	4.27
Ward Clerks	2,524	0.71	27,246	0.66
Central Supply	6,841	1.91	37,289	0.91
Day Care	0	0.00	0	0.00
Activities	11,706	3.27	104,140	2.53
Dialysis	0	0.00	0	0.00
Pyschosocial	0	0.00	0	0.00
Respiratory Therapy	0	0.00	0	0.00
<b>TOTAL Other Salaries</b>	<b>109,302</b>	<b>30.57</b>	<b>1,043,631</b>	<b>25.36</b>
<b>Registry</b>				
Nurses	0	0.00	0	0.00
Respiratory Therapy	0	0.00	0	0.00
<b>TOTAL Registry</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
<b>Medical Director</b>	1,500	0.42	18,000	0.44
<b>Medical Supplies</b>	0	0.00	0	0.00
<b>Pharmacy</b>	1,697	0.47	243,217	5.91
<b>Laboratory</b>	0	0.00	3,061	0.07
<b>Radiology</b>	820	0.23	6,822	0.17
<b>Dialysis Services</b>	4,700	1.31	78,293	1.90
<b>Occupational Therapy</b>	7,632	2.13	29,411	0.71
<b>Physical Therapy</b>	11,893	3.33	44,072	1.07
<b>Respiratory Therapy</b>	0	0.00	0	0.00
<b>Speech Therapy</b>	0	0.00	0	0.00
<b>Therapy Supplies</b>	165	0.06	2,676	0.07
<b>Occupational Rehabilitation</b>	0	0.00	0	0.00
<b>Physical Rehabilitation</b>	0	0.00	0	0.00
<b>Nursing and Medical Supplies</b>	16,322	4.56	205,293	4.99
<b>Mattress Rental</b>	2,283	0.63	40,460	0.98
<b>Oxygen</b>	3,411	0.95	47,786	1.16
<b>Diapers</b>	4,228	1.18	41,807	1.02
<b>Physician &amp; Consolidated Billing Fees</b>	29	0.01	7,141	0.17
<b>Activities</b>	3,188	0.89	14,006	0.34
<b>Consultants</b>				
Activity	208	0.06	2,574	0.06
Social Service	171	0.05	2,537	0.06
Medical Records	0	0.00	390	0.01
Nursing	(282)	(0.08)	8,178	0.20
Pharmacy	280	0.08	6,495	0.16
Quality Assurance	0	0.00	0	0.00
Other	0	0.00	0	0.00
<b>TOTAL Consultants</b>	<b>377</b>	<b>0.11</b>	<b>20,173</b>	<b>0.49</b>
<b>Other</b>	1,350	0.38	9,663	0.23
<b>TOTAL Professional Care</b>	<b>406,022</b>	<b>113.54</b>	<b>4,201,688</b>	<b>102.10</b>
<b>Dietary</b>				
Salaries	25,393	7.10	234,006	5.69
Food	15,240	4.26	178,865	4.35
Supplies	2,021	0.57	19,811	0.48
Sales & Use Tax	0	0.00	26	0.00

Date: Apr 13, 2010  
 Time: 12:29:43 CT  
 User: Scott Gabrys

Butterfield Health Care Group  
 Supplementary Schedule of Expenses  
 12/1/2009 to 12/31/2009

	CURRENT PERIOD		YEAR TO DATE	
	Actual \$	Actual / Day	Actual \$	Actual / Day
Consultant (con't)				
Consultant	1,092	0.31	13,424	0.33
TOTAL Dietary	43,746	12.23	446,131	10.84
Housekeeping				
Salaries	20,327	5.68	204,427	4.97
Supplies	2,593	0.73	33,134	0.81
TOTAL Housekeeping	22,920	6.41	237,561	5.77
Laundry and Linen				
Salaries	6,397	1.79	55,943	1.36
Supplies	450	0.13	29,505	0.72
Linin Replacement	647	0.18	16,792	0.41
TOTAL Laundry and Linen	7,494	2.10	102,240	2.48
Building and Utilities				
Salaries	7,282	2.04	81,521	1.99
Supplies	2,615	0.73	20,710	0.50
Purchased Services	0	0.00	26	0.00
Ground Maintenance	200	0.06	11,338	0.28
Repairs and Maintenance	4,853	1.36	50,699	1.23
Painting & Decorating	1,828	0.51	11,976	0.29
Liability Insurance	15,720	4.40	193,971	4.71
Real Estate Taxes	29,700	8.31	309,507	7.52
Elevator Maintenance	420	0.12	9,510	0.23
Scavenger & Exterminating	2,672	0.75	34,791	0.85
Gas	5,906	1.65	60,030	1.46
Water	5,518	1.54	58,404	1.42
Electricity	6,421	1.80	84,503	2.05
Fire Safety Services & Security	0	0.00	6,242	0.15
TOTAL Building and Utilities	83,135	23.25	933,328	22.68
Employee Welfare				
Payroll Taxes				
FICA	26,683	7.46	314,123	7.63
Federal Unemployment	1,149	0.32	10,373	0.25
State Unemployment	7,471	2.09	94,395	2.29
TOTAL Payroll Taxes	35,303	9.87	418,891	10.16
Insurance				
Workmens' Compensation	(11,964)	(3.35)	45,732	1.11
Employees' Health	7,076	1.98	134,102	3.26
TOTAL Insurance	(4,888)	(1.37)	179,833	4.37
401k Contribution	995	0.28	10,913	0.27
Other Employee Benefits	(373)	(0.10)	28,535	0.69
TOTAL Employee Welfare	31,037	8.68	638,172	15.51
General and Administrative				
Salaries				
Accounting	0	0.00	0	0.00
Adminstrator	16,134	4.51	102,672	2.50
Admissions, Clerical & Other	19,533	5.46	174,695	4.25
Administration Wages	0	0.00	0	0.00
TOTAL Salaries	35,668	9.97	277,367	6.74
Other General & Administrative				
Advertising-Help Wanted	0	0.00	1,983	0.05
Bank Charges	220	0.06	2,161	0.05
Casual Labor	0	0.00	1,650	0.04
Computer Services	1,066	0.30	16,051	0.39
Contributions	0	0.00	0	0.00
Dues & Subscriptions	1,330	0.37	20,660	0.50
Employment Fees	0	0.00	0	0.00
Equipment Rental	466	0.13	9,885	0.24
Licenses, Fees & Subscriptions	0	0.00	7,591	0.18
Management Fees	0	0.00	0	0.00
Marketing	1,307	0.37	19,678	0.48
Office	3,777	1.06	28,936	0.70
Penalties	0	0.00	494	0.01
Postage	68	0.02	3,604	0.09
Professional Fees				
Accounting	(1,175)	(0.33)	22,140	0.54

Date: Apr 13, 2010  
 Time: 12:29:44 CT  
 User: Scott Gabrys

Butterfield Health Care Group  
 Supplementary Schedule of Expenses  
 12/1/2009 to 12/31/2009

	CURRENT PERIOD		YEAR TO DATE	
	Actual \$	Actual / Day	Actual \$	Actual / Day
Legal (con't)				
Legal	2,143	0.60	52,681	1.28
Other	4,120	1.15	83,922	1.55
TOTAL Professional Fees	5,088	1.42	138,743	3.37
Provision for Bad Debts	110,465	30.89	216,415	5.26
State Assessment Tax	9,161	2.56	107,858	2.62
State Replacement Tax	0	0.00	30	0.00
Telephone	2,146	0.60	32,760	0.80
Travel & Seminar	0	0.00	308	0.01
Other	510	0.14	7,274	0.18
TOTAL Other General & Administrative	135,603	37.92	616,081	14.97
TOTAL General and Administrative	171,271	47.89	893,448	21.71
Depreciation and Amortization	16,760	4.41	185,710	4.51
Interest				
Mortgage	18,662	5.22	220,697	5.36
Line of Credit	1,101	0.31	27,640	0.67
Other	1,712	0.48	18,931	0.46
TOTAL Interest	21,475	6.01	267,268	6.49
Rental of Land, Building&Equipment	0	0.00	0	0.00
Other	0	0.00	0	0.00
<b>TOTAL Supplementary Schedule of Expenses</b>	<b>802,860</b>	<b>224.51</b>	<b>7,905,546</b>	<b>192.11</b>

MML Properties, LLC  
Balance Sheets  
December 31

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
<b>Assets</b>						
<b>Current Assets</b>						
Cash and cash equivalents	\$215,272	\$382,629	\$561,104	\$394,433	\$988,213	\$1,551,684
Reserves & Escrows	9,764	49,764	49,764	222,564	395,364	568,164
Prepaid Expenses	-	-	-	-	-	-
Accounts Receivable	-	-	-	-	-	-
<b>Total current assets</b>	<b>225,036</b>	<b>432,393</b>	<b>610,868</b>	<b>616,997</b>	<b>1,383,577</b>	<b>2,119,842</b>
<b>Other Assets</b>						
Land	1,561,408	1,561,408	1,561,408	2,011,158	2,011,158	2,011,158
Building	3,156,369	3,156,369	3,156,369	26,616,617	26,616,617	26,616,617
Equipment	626,692	626,692	626,692	1,161,009	1,161,009	1,161,009
Vehicle	-	-	-	-	-	-
Accumulated Depreciation	(804,862)	(930,887)	(1,056,911)	(1,219,116)	(1,967,219)	(2,715,323)
Net property and equipment	4,539,607	4,413,582	4,287,558	28,569,668	27,821,565	27,073,461
Loan finance costs	734	734	734	532,724	519,083	505,443
Less accumulated amortization	-	-	-	-	-	-
<b>Total other assets</b>	<b>4,540,341</b>	<b>4,414,316</b>	<b>4,288,292</b>	<b>29,102,392</b>	<b>28,340,648</b>	<b>27,578,904</b>
<b>Total Assets</b>	<b>4,765,377</b>	<b>4,846,709</b>	<b>4,899,159</b>	<b>29,719,389</b>	<b>29,724,225</b>	<b>29,698,752</b>
<b>Liabilities and Net Assets</b>						
<b>Current Liabilities</b>						
Current portion of loan payable	559,946	575,540	576,390	169,858	195,848	207,492
Accounts payable and accrued interest	52,901	52,901	52,901	52,901	52,901	52,901
Other accrued expenses	472,398	472,398	472,398	472,398	472,398	472,398
<b>Total current liabilities</b>	<b>1,085,245</b>	<b>1,100,839</b>	<b>1,101,689</b>	<b>695,157</b>	<b>721,147</b>	<b>732,791</b>
<b>Other Liabilities</b>						
Loan payable	1,151,930	576,390	-	27,417,868	27,222,019	27,014,527
Operating loss loan	-	-	-	-	-	-
Working capital LOC	-	-	-	-	-	-
<b>Total other liabilities</b>	<b>1,151,930</b>	<b>576,390</b>	<b>-</b>	<b>27,417,868</b>	<b>27,222,019</b>	<b>27,014,527</b>
<b>Total liabilities</b>	<b>2,237,176</b>	<b>1,677,229</b>	<b>1,101,689</b>	<b>28,113,025</b>	<b>27,943,167</b>	<b>27,747,318</b>
<b>Members' Capital</b>						
Members Subordinated Contributions	-	-	-	-	-	-
Members' Capital/ RE	2,528,201	3,169,480	3,797,470	1,606,364	1,781,058	1,951,434
<b>Total Members' Capital</b>	<b>2,528,201</b>	<b>3,169,480</b>	<b>3,797,470</b>	<b>1,606,364</b>	<b>1,781,058</b>	<b>1,951,434</b>
<b>Total Liabilities and Members' Capital</b>	<b>4,765,377</b>	<b>4,846,709</b>	<b>4,899,159</b>	<b>29,719,389</b>	<b>29,724,225</b>	<b>29,698,752</b>

**MML Properties, LLC**  
**Statements of Operations and Changes in Members' Capital**  
**For the Years Ending December 31**

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Changes in unrestricted net assets						
Revenues and other support	\$0	\$0	\$0	\$0	\$0	\$0
Tenant service fee revenue	1,320,000	1,320,000	1,320,000	3,135,000	3,300,000	3,300,000
Other						
<b>Total revenue and other support</b>	<b>1,320,000</b>	<b>1,320,000</b>	<b>1,320,000</b>	<b>3,135,000</b>	<b>3,300,000</b>	<b>3,300,000</b>
Expenses						
Salaries and wages	0	0	0	0	0	0
Employee benefits	0	0	0	0	0	0
Utilities	0	0	0	0	0	0
Professional Care	0	0	0	0	0	0
Dietary	0	0	0	0	0	0
Housekeeping	0	0	0	0	0	0
Maintenance	0	0	0	0	0	0
Activities	0	0	0	0	0	0
Mortgage Insurance	0	0	0	161,181	160,088	160,088
General and administrative	35,000	35,000	40,000	40,000	45,000	45,000
Marketing / Advertising	0	0	0	0	0	0
Management Fees	0	0	0	0	0	0
Insurance	168,643	168,643	177,075	182,387	187,859	193,495
Real Estate Taxes	309,000	309,000	324,450	334,184	344,209	354,535
Bed Taxes	0	0	0	0	0	0
Interest Expense	55,226	40,054	24,460	1,637,936	1,626,406	1,614,762
Depreciation	126,000	126,000	126,000	748,103	748,103	748,103
Amortization	24	24	24	13,641	13,641	13,641
<b>Total expenses</b>	<b>693,893</b>	<b>678,721</b>	<b>692,009</b>	<b>3,117,432</b>	<b>3,125,306</b>	<b>3,129,624</b>
<b>Change in capital from operations</b>	<b>626,107</b>	<b>641,279</b>	<b>627,991</b>	<b>17,568</b>	<b>174,694</b>	<b>170,376</b>
Members' capital, beginning of year	1,902,094	2,528,201	3,169,480	3,797,470	1,606,364	1,781,058
Loss Write off of assets				(2,208,674)		
<b>Members' capital, end of year</b>	<b>2,528,201</b>	<b>3,169,480</b>	<b>3,797,470</b>	<b>1,606,364</b>	<b>1,781,058</b>	<b>1,951,434</b>

**MML Properties, LLC**  
**Statements of Cash Flows**  
**For the Years December 31**

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
<b>Operating Activities</b>						
Change in members' capital	626,107	641,279	627,991	17,568	174,694	170,376
Depreciation and amortization	126,024	126,024	126,024	761,744	761,744	761,744
Changes in						
Accounts receivable	-	-	-	-	-	-
Accounts payable	-	-	-	-	-	-
Accrued expenses	-	-	-	-	-	-
<b>Net cash provided by operating activities</b>	<b>752,131</b>	<b>767,303</b>	<b>754,015</b>	<b>779,312</b>	<b>936,438</b>	<b>932,120</b>
<b>Investing Activities</b>						
Purchases of land, property and equipment				(27,238,888)		
Deposit into Escrows		(40,000)	-	(172,800)	(172,800)	(172,800)
<b>Net cash applied to investing activities</b>	<b>-</b>	<b>(40,000)</b>	<b>-</b>	<b>(27,411,688)</b>	<b>(172,800)</b>	<b>(172,800)</b>
<b>Financing Activities</b>						
Working Capital Loan/LOC		-	-	-	-	-
Operating Loss Loan		-	-	27,784,519		
Mortgage Payable		-	-	(366,652)	(195,848)	(207,492)
Principal payments on note payable	(559,946)	(575,540)	(576,390)			
Capital Contribution		-	-			
Members Subordinated Contribution		-	-			
Payment of loan costs		-	-	(545,631)		
<b>Net cash provided by (applied to) financing activities</b>	<b>(559,946)</b>	<b>(575,540)</b>	<b>(576,390)</b>	<b>26,872,236</b>	<b>(195,848)</b>	<b>(207,492)</b>
<b>Increase in cash and cash equivalents</b>	<b>192,185</b>	<b>151,763</b>	<b>177,625</b>	<b>239,861</b>	<b>567,790</b>	<b>551,828</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>7,915</b>	<b>200,100</b>	<b>351,863</b>	<b>529,488</b>	<b>769,349</b>	<b>1,337,139</b>
<b>Cash and cash equivalents, end of year</b>	<b>200,100</b>	<b>351,863</b>	<b>529,488</b>	<b>769,349</b>	<b>1,337,139</b>	<b>1,888,967</b>



# Mortgage Amortization

Loan principal amount	\$28,353,440.00
Annual interest rate	5.789%
Loan period in years	40
Base year of loan	2014
Base month of loan	Feb

Annual loan payments	\$1,822,254.00
Monthly payments	\$151,854.50
Interest in first calendar year	\$1,500,541.23
Interest over term of loan	\$40,833,536.36
Sum of all payments	\$69,186,976.36

Year	Month	Balance	Interest	Principal	Payments	Unpaid
2014	Feb	\$28,353,440.00	\$1,500,541.23	\$317,702.77	\$1,818,243.96	\$28,035,737.23
2014	Mar	\$28,035,737.23	\$1,498,854.50	\$319,449.50	\$1,817,304.00	\$27,716,287.73
2014	Apr	\$27,716,287.73	\$1,497,167.77	\$321,186.23	\$1,816,364.00	\$27,395,101.50
2014	May	\$27,395,101.50	\$1,495,481.04	\$322,892.96	\$1,815,424.00	\$27,072,208.54
2014	Jun	\$27,072,208.54	\$1,493,794.31	\$324,579.69	\$1,814,484.00	\$26,747,628.85
2014	Jul	\$26,747,628.85	\$1,492,107.58	\$326,246.42	\$1,813,544.00	\$26,421,382.43
2014	Aug	\$26,421,382.43	\$1,490,420.85	\$327,893.15	\$1,812,604.00	\$26,093,489.28
2014	Sep	\$26,093,489.28	\$1,488,734.12	\$329,520.88	\$1,811,664.00	\$25,763,968.40
2014	Oct	\$25,763,968.40	\$1,487,047.39	\$331,128.61	\$1,810,724.00	\$25,432,839.79
2014	Nov	\$25,432,839.79	\$1,485,360.66	\$332,716.34	\$1,809,784.00	\$25,100,123.45
2014	Dec	\$25,100,123.45	\$1,483,673.93	\$334,284.07	\$1,808,844.00	\$24,765,839.38

2015	Jan	\$24,765,839.38	\$1,482,000.20	\$335,831.80	\$1,807,904.00	\$24,430,007.58
2015	Feb	\$24,430,007.58	\$1,480,326.47	\$337,359.53	\$1,806,964.00	\$24,092,648.05
2015	Mar	\$24,092,648.05	\$1,478,652.74	\$338,867.26	\$1,806,024.00	\$23,753,780.79
2015	Apr	\$23,753,780.79	\$1,476,979.01	\$340,355.99	\$1,805,084.00	\$23,413,424.80
2015	May	\$23,413,424.80	\$1,475,305.28	\$341,824.72	\$1,804,144.00	\$23,071,600.08
2015	Jun	\$23,071,600.08	\$1,473,631.55	\$343,273.45	\$1,803,204.00	\$22,728,326.63
2015	Jul	\$22,728,326.63	\$1,471,957.82	\$344,702.18	\$1,802,264.00	\$22,383,624.45
2015	Aug	\$22,383,624.45	\$1,470,284.09	\$346,110.91	\$1,801,324.00	\$22,037,513.54
2015	Sep	\$22,037,513.54	\$1,468,610.36	\$347,499.64	\$1,800,384.00	\$21,690,013.90
2015	Oct	\$21,690,013.90	\$1,466,936.63	\$348,868.37	\$1,799,444.00	\$21,341,145.53
2015	Nov	\$21,341,145.53	\$1,465,262.90	\$350,217.10	\$1,798,504.00	\$20,990,928.43
2015	Dec	\$20,990,928.43	\$1,463,589.17	\$351,545.83	\$1,797,564.00	\$20,639,382.60
2016	Jan	\$20,639,382.60	\$1,461,915.44	\$352,854.56	\$1,796,624.00	\$20,286,528.04
2016	Feb	\$20,286,528.04	\$1,460,241.71	\$354,143.29	\$1,795,684.00	\$19,932,384.75
2016	Mar	\$19,932,384.75	\$1,458,567.98	\$355,412.02	\$1,794,744.00	\$19,576,972.73
2016	Apr	\$19,576,972.73	\$1,456,894.25	\$356,660.75	\$1,793,804.00	\$19,220,312.98
2016	May	\$19,220,312.98	\$1,455,220.52	\$357,889.48	\$1,792,864.00	\$18,862,423.50
2016	Jun	\$18,862,423.50	\$1,453,546.79	\$359,098.21	\$1,791,924.00	\$18,503,325.29
2016	Jul	\$18,503,325.29	\$1,451,873.06	\$360,286.94	\$1,790,984.00	\$18,143,038.35
2016	Aug	\$18,143,038.35	\$1,450,200.33	\$361,455.67	\$1,790,044.00	\$17,781,582.68
2016	Sep	\$17,781,582.68	\$1,448,526.60	\$362,604.40	\$1,789,104.00	\$17,418,978.28
2016	Oct	\$17,418,978.28	\$1,446,852.87	\$363,733.13	\$1,788,164.00	\$17,055,245.15
2016	Nov	\$17,055,245.15	\$1,445,179.14	\$364,841.86	\$1,787,224.00	\$16,690,403.29
2016	Dec	\$16,690,403.29	\$1,443,505.41	\$365,930.59	\$1,786,284.00	\$16,324,472.70
2017	Jan	\$16,324,472.70	\$1,441,831.68	\$367,009.32	\$1,785,344.00	\$15,957,463.38
2017	Feb	\$15,957,463.38	\$1,440,157.95	\$368,068.05	\$1,784,404.00	\$15,589,395.33
2017	Mar	\$15,589,395.33	\$1,438,484.22	\$369,106.78	\$1,783,464.00	\$15,220,288.55
2017	Apr	\$15,220,288.55	\$1,436,810.49	\$370,125.51	\$1,782,524.00	\$14,850,163.04
2017	May	\$14,850,163.04	\$1,435,136.76	\$371,124.24	\$1,781,584.00	\$14,479,038.80
2017	Jun	\$14,479,038.80	\$1,433,463.03	\$372,102.97	\$1,780,644.00	\$14,106,935.83
2017	Jul	\$14,106,935.83	\$1,431,789.30	\$373,061.70	\$1,779,704.00	\$13,733,874.13
2017	Aug	\$13,733,874.13	\$1,430,115.57	\$374,000.43	\$1,778,764.00	\$13,359,873.70
2017	Sep	\$13,359,873.70	\$1,428,441.84	\$374,919.16	\$1,777,824.00	\$12,984,954.54
2017	Oct	\$12,984,954.54	\$1,426,768.11	\$375,817.89	\$1,776,884.00	\$12,609,136.65
2017	Nov	\$12,609,136.65	\$1,425,094.38	\$376,696.62	\$1,775,944.00	\$12,232,440.03
2017	Dec	\$12,232,440.03	\$1,423,420.65	\$377,555.35	\$1,775,004.00	\$11,854,884.68

Butterfield Health Care VII, Meadowbrook Manor of LaGrange  
Balance Sheets  
December 31

**Assets**

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
<b>Current Assets</b>						
Cash and cash equivalents	\$170,820	\$1,286,388	\$2,403,706	\$2,998,901	\$4,228,636	\$5,508,371
Reserves & Escrows	-	-	-	-	-	-
Prepaid Expenses	21,532	21,532	21,532	21,532	21,532	21,532
Accounts Receivable	1,997,174	997,174	1,997,174	2,147,174	2,147,174	2,147,174
<b>Total current assets</b>	<b>2,189,526</b>	<b>3,305,094</b>	<b>4,422,412</b>	<b>5,167,607</b>	<b>6,397,342</b>	<b>7,677,077</b>

**Other Assets**

Land	-	-	-	-	-	-
Building	919,047	919,047	919,047	919,047	919,047	919,047
Equipment	75,000	150,000	225,000	300,000	(404,589)	(404,589)
Vehicle	-	-	-	-	-	-
Accumulated Depreciation	(444,835)	(638,713)	(832,590)	(1,087,092)	(1,160,447)	(1,445,655)
Net property and equipment	549,212	430,334	311,457	131,955	(645,990)	(931,198)
Loan finance costs	-	-	-	-	-	-
Less accumulated amortization	-	-	-	-	-	-
<b>Total other assets</b>	<b>549,212</b>	<b>430,334</b>	<b>311,457</b>	<b>131,955</b>	<b>(645,990)</b>	<b>(931,198)</b>

**Total Assets**

	<b>2,738,737</b>	<b>3,735,428</b>	<b>4,733,868</b>	<b>5,299,563</b>	<b>5,751,353</b>	<b>6,745,879</b>
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**Liabilities and Net Assets**

**Current Liabilities**

Current portion of loan payable	-	-	-	-	-	-
Accounts payable and accrued interest	487,223	487,223	487,223	537,223	562,223	562,223
Other accrued expenses	419,110	419,110	419,110	419,110	419,110	419,110
<b>Total current liabilities</b>	<b>906,333</b>	<b>906,333</b>	<b>906,333</b>	<b>956,333</b>	<b>981,333</b>	<b>981,333</b>

**Other Liabilities**

Loan payable	-	-	-	-	-	-
Operating loss loan	-	-	-	-	-	-
Working capital LOC	-	-	-	-	-	-
<b>Total other liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total liabilities</b>	<b>906,333</b>	<b>906,333</b>	<b>906,333</b>	<b>956,333</b>	<b>981,333</b>	<b>981,333</b>

**Members' Capital**

Members Subordinated Contributions	5,538,301	5,538,301	5,538,301	5,538,301	5,538,301	5,538,301
Members' Capital/ RE	(3,705,897)	(2,709,206)	(1,710,766)	(1,195,071)	(768,281)	226,245
<b>Total Members' Capital</b>	<b>1,832,404</b>	<b>2,829,095</b>	<b>3,827,535</b>	<b>4,343,230</b>	<b>4,770,020</b>	<b>5,764,546</b>

**Total Liabilities and Members' Capital**

	<b>2,738,737</b>	<b>3,735,428</b>	<b>4,733,868</b>	<b>5,299,563</b>	<b>5,751,353</b>	<b>6,745,879</b>
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**Butterfield Health Care VII, Meadowbrook Manor of LaGrange  
Statements of Operations and Changes in Members' Capital  
For the Years Ending December 31**

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Changes in unrestricted net assets						
Revenues and other support						
Tenant service fee revenue	\$10,438,246	\$10,588,870	\$10,588,870	\$13,899,915	\$15,577,016	\$15,577,016
Other	0	0	0	0	0	0
<b>Total revenue and other support</b>	<b>10,438,246</b>	<b>10,588,870</b>	<b>10,588,870</b>	<b>13,899,915</b>	<b>15,577,016</b>	<b>15,577,016</b>
Expenses						
Salaries and wages	3,792,009	3,792,009	3,792,009	4,401,201	4,746,142	4,746,142
Employee benefits	432,041	432,041	432,041	567,137	635,565	635,565
Utilities	210,439	210,439	210,439	276,242	309,572	309,572
Professional Care	717,057	717,057	717,057	941,274	1,054,844	1,054,844
Dietary	523,131	523,131	523,131	686,709	769,565	769,565
Housekeeping	307,110	307,110	307,110	403,141	451,782	451,782
Maintenance	400,049	400,049	400,049	525,140	588,501	588,501
Activities	124,055	124,055	124,055	162,846	182,495	182,495
Mortgage Insurance	-	-	-	-	-	-
General and administrative	399,737	401,296	401,296	530,574	590,336	590,336
Marketing / Advertising	12,877	12,877	12,877	16,904	18,944	18,944
Management Fees	521,912	529,444	529,444	694,996	778,851	778,851
Insurance	235,708	235,708	235,708	309,411	346,743	346,743
Real Estate Taxes	-	-	-	-	-	-
Bed Taxes	243,000	375,939	375,939	459,766	502,225	502,225
Interest Expense	17,147	17,147	15,397	19,378	21,716	21,716
Depreciation and Amortization	193,877	193,877	193,877	254,501	285,208	285,208
Rent	1,320,000	1,320,000	1,320,000	3,135,000	3,300,000	3,300,000
<b>Total expenses</b>	<b>9,450,150</b>	<b>9,592,179</b>	<b>9,590,430</b>	<b>13,384,221</b>	<b>14,582,489</b>	<b>14,582,489</b>
<b>Change in capital from operations</b>	<b>988,096</b>	<b>996,691</b>	<b>998,440</b>	<b>515,695</b>	<b>994,527</b>	<b>994,527</b>
Members' capital, beginning of year	844,308	1,832,404	2,829,095	3,827,535	4,343,230	4,770,020
Loss on Early Retirement of Assets	-	-	-	-	(567,737)	-
<b>Members' capital, end of year</b>	<b>1,832,404</b>	<b>2,829,095</b>	<b>3,827,535</b>	<b>4,343,230</b>	<b>4,770,020</b>	<b>5,764,546</b>

**Butterfield Health Care VII, Meadowbrook Manor of LaGrange  
Statements of Cash Flows  
For the Years December 31**

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
<b>Operating Activities</b>						
Change in members' capital	988,096	996,691	998,440	515,695	994,527	994,527
Depreciation and amortization	193,877	193,877	193,877	254,501	285,208	285,208
Changes in						
Accounts receivable	(550,000)	-	-	(150,000)	-	-
Accounts payable	-	-	-	50,000	25,000	-
Accrued expenses	-	-	-	-	-	-
<b>Net cash provided by operating activities</b>	<b>631,974</b>	<b>1,190,568</b>	<b>1,192,318</b>	<b>670,196</b>	<b>1,304,735</b>	<b>1,279,735</b>
<b>Investing Activities</b>						
Purchases of land, property and equipment	(75,000)	(75,000)	(75,000)	(75,000)	(75,000)	-
Deposit into Escrows	-	-	-	-	-	-
<b>Net cash applied to investing activities</b>	<b>(75,000)</b>	<b>(75,000)</b>	<b>(75,000)</b>	<b>(75,000)</b>	<b>(75,000)</b>	<b>-</b>
<b>Financing Activities</b>						
Working Capital Loan/LOC	(386,154)	-	-	-	-	-
Operating Loss Loan	-	-	-	-	-	-
Mortgage Payable	-	-	-	-	-	-
Principal payments on note payable	-	-	-	-	-	-
Capital Contribution	-	-	-	-	-	-
Members Subordinated Contribution	-	-	-	-	-	-
Payment of loan costs	-	-	-	-	-	-
<b>Net cash provided by (applied to) financing activities</b>	<b>(386,154)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Increase in cash and cash equivalents</b>	<b>170,820</b>	<b>1,115,568</b>	<b>1,117,318</b>	<b>595,196</b>	<b>1,229,735</b>	<b>1,279,735</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>-</b>	<b>170,820</b>	<b>1,286,388</b>	<b>2,403,706</b>	<b>2,998,901</b>	<b>4,228,636</b>
<b>Cash and cash equivalents, end of year</b>	<b>170,820</b>	<b>1,286,388</b>	<b>2,403,706</b>	<b>2,998,901</b>	<b>4,228,636</b>	<b>5,508,371</b>

Butterfield Health Care VII, LLC and MML Properties LLC  
Balance Sheets  
December 31

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
<b>Assets</b>						
<b>Current Assets</b>						
Cash and cash equivalents	\$386,092	\$1,669,017	\$2,964,810	\$3,393,334	\$5,216,849	\$7,060,055
Reserves & Escrows	9,764	49,764	49,764	222,564	395,364	568,164
Prepaid Expenses	21,532	21,532	21,532	21,532	21,532	21,532
Accounts Receivable	1,997,174	1,997,174	1,997,174	2,147,174	2,147,174	2,147,174
<b>Total current assets</b>	<b>2,414,562</b>	<b>3,737,487</b>	<b>5,033,280</b>	<b>5,784,604</b>	<b>7,780,919</b>	<b>9,796,925</b>
<b>Other Assets</b>						
Land	1,561,408	1,561,408	1,561,408	2,011,158	2,011,158	2,011,158
Building	4,075,416	4,075,416	4,075,416	27,535,664	27,535,664	27,535,664
Equipment	701,692	776,692	851,692	1,461,009	756,419	756,419
Vehicle	-	-	-	-	-	-
Accumulated Depreciation	(1,249,698)	(1,569,600)	(1,889,502)	(2,306,207)	(3,127,666)	(4,160,978)
Net property and equipment	5,088,818	4,843,916	4,599,014	28,701,623	27,175,575	26,142,263
Loan finance costs	734	734	734	532,724	519,083	505,443
Less accumulated amortization	-	-	-	-	-	-
<b>Total other assets</b>	<b>5,089,552</b>	<b>4,844,650</b>	<b>4,599,748</b>	<b>29,234,348</b>	<b>27,694,658</b>	<b>26,647,706</b>
<b>Total Assets</b>	<b>7,504,114</b>	<b>8,582,137</b>	<b>9,633,028</b>	<b>35,018,952</b>	<b>35,475,577</b>	<b>36,444,631</b>
<b>Liabilities and Net Assets</b>						
<b>Current Liabilities</b>						
Current portion of loan payable	559,946	575,540	576,390	169,858	195,848	207,492
Accounts payable and accrued inter	540,124	540,124	540,124	590,124	615,124	615,124
Other accrued expenses	891,508	891,508	891,508	891,508	891,508	891,508
<b>Total current liabilities</b>	<b>1,991,578</b>	<b>2,007,172</b>	<b>2,008,022</b>	<b>1,651,490</b>	<b>1,702,480</b>	<b>1,714,124</b>
<b>Other Liabilities</b>						
Loan payable	1,151,930	576,390	-	27,417,868	27,222,019	27,014,527
Operating loss loan	-	-	-	-	-	-
Working capital LOC	-	-	-	-	-	-
<b>Total other liabilities</b>	<b>1,151,930</b>	<b>576,390</b>	<b>-</b>	<b>27,417,868</b>	<b>27,222,019</b>	<b>27,014,527</b>
<b>Total liabilities</b>	<b>3,143,509</b>	<b>2,583,562</b>	<b>2,008,022</b>	<b>29,069,358</b>	<b>28,924,500</b>	<b>28,728,651</b>
<b>Members' Capital</b>						
Members Subordinated Contributor	5,538,301	5,538,301	5,538,301	5,538,301	5,538,301	5,538,301
Members' Capital/ RE	(1,177,696)	460,274	2,086,704	411,293	1,012,777	2,177,679
<b>Total Members' Capital</b>	<b>4,360,605</b>	<b>5,998,575</b>	<b>7,625,005</b>	<b>5,949,594</b>	<b>6,551,078</b>	<b>7,715,980</b>
<b>Total Liabilities and Members' Capital</b>	<b>7,504,114</b>	<b>8,582,137</b>	<b>9,633,028</b>	<b>35,018,952</b>	<b>35,475,577</b>	<b>36,444,631</b>

**Butterfield Health Care VII, LLC and MML Properties LLC  
Statements of Operations and Changes in Members' Capital  
For the Years Ending December 31**

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Changes in unrestricted net assets						
Revenues and other support						
Tenant service fee revenue	\$10,438,246	\$10,588,870	\$10,588,870	\$13,899,915	\$15,577,016	\$15,577,016
Other	0	0	0	0	0	0
<b>Total revenue and other support</b>	<b>10,438,246</b>	<b>10,588,870</b>	<b>10,588,870</b>	<b>13,899,915</b>	<b>15,577,016</b>	<b>15,577,016</b>
Expenses						
Salaries and wages	3,792,009	3,792,009	3,792,009	4,401,201	4,746,142	4,746,142
Employee benefits	432,041	432,041	432,041	567,137	635,565	635,565
Utilities	210,439	210,439	210,439	276,242	309,572	309,572
Professional Care	717,057	717,057	717,057	941,274	1,054,844	1,054,844
Dietary	523,131	523,131	523,131	686,709	769,565	769,565
Housekeeping	307,110	307,110	307,110	403,141	451,782	451,782
Maintenance	400,049	400,049	400,049	525,140	588,501	588,501
Activities	124,055	124,055	124,055	162,846	182,495	182,495
Mortgage Insurance	-	-	-	161,181	160,088	160,088
General and administrative	434,737	436,296	441,296	570,574	635,336	635,336
Marketing / Advertising	12,877	12,877	12,877	16,904	18,944	18,944
Management Fees	521,912	529,444	529,444	694,996	778,851	778,851
Insurance	404,351	404,351	412,783	491,799	534,602	540,238
Real Estate Taxes	309,000	309,000	324,450	334,184	344,209	354,535
Bed Taxes	243,000	375,939	375,939	459,766	502,225	502,225
Interest Expense	72,372	57,201	39,857	1,657,314	1,648,122	1,636,478
Depreciation	319,877	319,877	319,877	1,002,605	1,033,312	1,033,312
Amortization	24	24	24	13,641	13,641	13,641
<b>Total expenses</b>	<b>8,824,043</b>	<b>8,950,901</b>	<b>8,962,440</b>	<b>13,366,652</b>	<b>14,407,795</b>	<b>14,412,114</b>
<b>Change in capital from operations</b>	<b>1,614,203</b>	<b>1,637,969</b>	<b>1,626,431</b>	<b>533,263</b>	<b>1,169,220</b>	<b>1,164,902</b>
Members' capital, beginning of year	844,308	2,458,511	4,096,481	5,722,911	6,256,174	6,857,658
Loss on Early Retirement of Assets	-	-	-	-	(567,737)	-
<b>Members' capital, end of year</b>	<b>2,458,511</b>	<b>4,096,481</b>	<b>5,722,911</b>	<b>6,256,174</b>	<b>6,857,658</b>	<b>8,022,560</b>

Butterfield Health Care VII, LLC and MML Properties LLC  
 Statements of Cash Flows  
 For the Years December 31

	2011	2012	2013	2014	2015	2016
<b>Operating Activities</b>						
Change in members' capital	1,614,203	1,637,969	1,626,431	533,263	1,169,220	1,164,902
Depreciation and amortization	319,902	319,902	319,902	1,016,245	1,046,952	1,046,952
Changes in:						
Accounts receivable	(550,000)	-	-	(150,000)	-	-
Accounts payable	-	-	-	50,000	25,000	-
Accrued expenses	-	-	-	-	-	-
<b>Net cash provided by operating activities</b>	<b>1,384,105</b>	<b>1,957,871</b>	<b>1,946,333</b>	<b>1,449,508</b>	<b>2,241,173</b>	<b>2,211,855</b>
<b>Investing Activities</b>						
Purchases of land, property and equipment	(75,000)	(75,000)	(75,000)	(27,313,888)	(75,000)	-
Deposit into Escrows	-	(40,000)	-	(172,800)	(172,800)	(172,800)
<b>Net cash applied to investing activities</b>	<b>(75,000)</b>	<b>(115,000)</b>	<b>(75,000)</b>	<b>(27,486,688)</b>	<b>(247,800)</b>	<b>(172,800)</b>
<b>Financing Activities</b>						
Working Capital Loan/LOC	(386,154)	-	-	-	-	-
Operating Loss Loan	-	-	-	-	-	-
Mortgage Payable	-	-	-	27,784,519	-	-
Principal payments on note payable	(559,946)	(575,540)	(576,390)	(366,652)	(195,848)	(207,492)
Capital Contribution	-	-	-	-	-	-
Members Subordinated Contribution	-	-	-	-	-	-
Payment of loan costs	-	-	-	(545,631)	-	-
<b>Net cash provided by (applied to) financing activities</b>	<b>(946,100)</b>	<b>(575,540)</b>	<b>(576,390)</b>	<b>26,872,236</b>	<b>(195,848)</b>	<b>(207,492)</b>
<b>Increase in cash and cash equivalents</b>	<b>363,005</b>	<b>1,267,331</b>	<b>1,294,943</b>	<b>835,057</b>	<b>1,797,524</b>	<b>1,831,562</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>7,915</b>	<b>370,920</b>	<b>1,638,251</b>	<b>2,933,194</b>	<b>3,768,251</b>	<b>5,565,775</b>
<b>Cash and cash equivalents, end of year</b>	<b>370,920</b>	<b>1,638,251</b>	<b>2,933,194</b>	<b>3,768,251</b>	<b>5,565,775</b>	<b>7,397,337</b>



Mr. Jeffrey Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street  
Springfield, Illinois 62761

Dear Mr. Mark,

Regarding Criteria 1120.310.a, Reasonableness of Financing Arrangements, we hereby certify that:

- 1) A portion or all of the cash and equivalents will be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
- 2) Borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christopher P. Vangel', written over a horizontal line.

Christopher P. Vangel  
Chief Executive Officer

State of Illinois  
County of Will

Sworn to before me this  
27 day of January, 2011

Notary Public Janet L. Clymer



Naperville, IL 60563  
630-355-0220 fax: 630-717-5180

LaGrange, IL 60525  
708-354-4660 fax: 708-354-1355  
www.meadowbrookmanor.com

Bolingbrook, IL 60440  
630-759-1112 fax: 630-759-6925

ATTACHMENT - 4 2





Mr. Jeffrey Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street  
Springfield, Illinois 62761

Dear Mr. Mark,

Regarding Criteria 1120.310.b, Conditions of Debt Financing, we hereby certify that:

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

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

Board Member or Officer

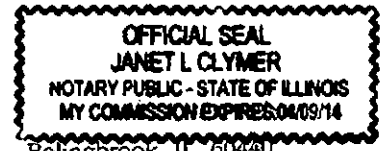
Board Member

Notarization:  
Subscribed and sworn to me  
this 27 day of January

Signature of Notary

Notarization:  
Subscribed and sworn before me  
this 27 day of January

Signature of Notary



**1120.140 (D)**

**Projected Stabilized Occupancy 2015**

Salaries	4746142
Benefits	635656
Supplies	759995

Total Operating Costs	6141793
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Total Patient Days	64970
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Projected Operating Cost per Day	94.53
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**1120.140 (E)**

Depreciation	777,942
Amortization	13,601
Interest Costs	1161003

Total Capital Costs	1952545
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Total Patient Days	64970
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Projected Operating Cost per Day	30.05
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