

ORIGINAL

11-055

RECEIVED

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

JUL 11 2011

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Transitional Care Center of Naperville		
Street Address: Arbiter Court and Diehl Road		
City and Zip Code: Naperville, IL 60563		
County: DuPage	Health Service Area 7	Health Planning Area: 7-C

Applicant /Co-Applicant Identification

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

Exact Legal Name: Transitional Care Center of Naperville LLC		
Address: Arbiter Court and Diehl Road, Naperville, IL 60563		
Name of Registered Agent: Steve Cloch		
Name of Chief Executive Officer: Brian Cloch		
CEO Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018		
Telephone Number: 847-309-6000		

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

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

Primary Contact

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

Name: Brian Cloch
Title: CEO
Company Name: Transitional Care Center of Naperville, LLC
Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018
Telephone Number: 847-309-6000
E-mail Address: bcloch@tc-mgmt.com
Fax Number:

Additional Contact

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

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

**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.**

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County: DuPage	Health Service Area 7	Health Planning Area: 7-C

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: Transitional Care Management		
Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018		
Name of Registered Agent: Steve Cloch		
Name of Chief Executive Officer: Brian Cloch		
CEO Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018		
Telephone Number: 847-309-6000		

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

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
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[Person to receive all correspondence or inquiries during the review period]

Name: Brian Cloch
Title: CEO
Company Name: Transitional Care Management
Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018
Telephone Number: 847-309-6000
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Fax Number:

**Additional Contact**

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

**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: Brian Cloch
Title: CEO
Company Name: Transitional Care Center of Naperville, LLC
Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018
Telephone Number: 847-309-6000
E-mail Address: bcloch@tc-mgmt.com
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Transitional Care Center of Naperville, LLC
Address of Site Owner: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018
Street Address or Legal Description of Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: Transitional Care Management
Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018
<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>
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**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.

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT**

**1. Project Classification**

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

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

Transitional Care Management proposes to construct and operate Transitional Care Center of Naperville, a short-term skilled rehabilitation skilled nursing facility offering post-acute rehabilitation services for patients with high rehabilitation and complex care needs, focusing primarily on high acuity patients. This facility will consist of 120 beds permitted under the general long-term care category to be located in Naperville, DuPage County, Illinois.

Transitional Care Center of Naperville will be located near the intersection of Arbiter Court and Diehl Road, located in the Village of Naperville, DuPage County, Illinois

Transitional Care Center of Naperville will be Medicare and Medicaid certified along with insurance contracts and will offer skilled nursing care, intensive rehabilitative therapies, as well as specialized programs in orthopedics, wound care, cardiac rehabilitation.

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

The proposed skilled nursing facility will be a two-story building containing 72,543 gross square feet. The facility will contain virtually all private one bed skilled nursing rooms.

In addition, it will contain a dining room, nurse stations, physical and occupational therapy room, recreational therapy, family rooms, beauty/barber shop, a kitchen, administrative offices, and support areas. For rehabilitation, the facility will have a purpose built space in a high visibility location with state-of-the-art therapy and rehabilitation equipment in a large therapy gym (approximately 4,800 sq feet).

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

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

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-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	172,666	102,334	275,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	8,589,342	5,090,658	13,680,000
Modernization Contracts			
Contingencies	313,938	186,062	500,000
Architectural/Engineering Fees	675,908	400,592	1,076,500
Consulting and Other Fees	502,301	297,699	800,000
Movable or Other Equipment (not in construction contracts)	637,294	377,706	1,015,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	497,255	294,709	791,964
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	117,670	69,739	187,409
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>11,506,374</b>	<b>6,819,499</b>	<b>18,325,873</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	622,464	368,917	991,381
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	10,883,909	6,450,583	17,334,492
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>11,506,374</b>	<b>6,819,499</b>	<b>18,325,873</b>

**Related Project Costs**

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

Land acquisition is related to project <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Purchase Price:    \$ <u>2,350,000</u> Fair Market Value: \$ <u>2,350,000</u>
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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.  Estimated start-up costs and operating deficit cost is \$ <u>(493,026)</u> .

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:  <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> None or not applicable</span> <span><input checked="" type="checkbox"/> Preliminary</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Schematics</span> <span><input type="checkbox"/> Final Working</span> </div>
Anticipated project completion date (refer to Part 1130.140): _____
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):  <div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.  <input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies  <input checked="" type="checkbox"/> Project obligation will occur after permit issuance.                 </div>

**State Agency Submittals**

Are the following submittals up to date as applicable: <input type="checkbox"/> Cancer Registry <input type="checkbox"/> APORS <input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted <input type="checkbox"/> All reports regarding outstanding permits <b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>
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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>							
General Long-Term Care	\$11,506,374		45,548 BGSF	45,548 BGSF			
Total Clinical	\$11,506,374		45,548 BGSF	45,548 BGSF			
<b>NON REVIEWABLE</b>							
Office/Admin	\$ 378,931		1,500	1,500			
Kitchen	\$ 126,310		500	500			
EE Lounge	\$ 176,835		700	700			
Locker, Training	\$ 143,994		570	570			
Mechanical	\$ 378,931		1,500	1,500			
Lobby	\$ 429,455		1,700	1,700			
Storage/Maint	\$ 631,552		2,500	2,500			
Corridor/Public Toilet	\$ 3,233,547		12,800	12,800			
Structure/Misc	\$ 877,857		3,475	3,475			
Stairs/Elevators	\$ 442,086		1,750	1,750			
Total Non-clinical	\$6,819,499		26,995 BGSF	26,995 BGSF			
<b>TOTAL</b>	<b>\$18,325,873</b>		<b>72,543 BGSF</b>	<b>72,543 BGSF</b>			

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



**Facility Bed Capacity and Utilization**

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

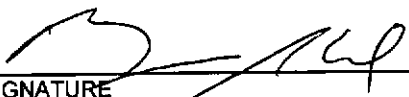
<b>FACILITY NAME:</b> Transitional Care Center		<b>CITY:</b> Naperville, IL			
<b>REPORTING PERIOD DATES:</b>		From: 1/1/2011		to: 12/31/2011	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	0	0	0	0	120
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	0	0	0	0	120


**CERTIFICATION**

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

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

This Application for Permit is filed on the behalf of Transitional Care Center of Naperville 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.

  
 SIGNATURE  
Brian Cloch  
 PRINTED NAME  
Principal  
 PRINTED TITLE

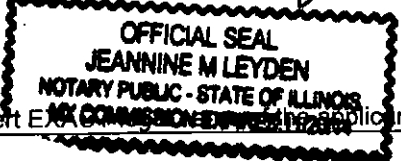
  
 SIGNATURE  
Jason Schreiber  
 PRINTED NAME  
Principal  
 PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 28<sup>th</sup> day of June 2011

Notarization:  
Subscribed and sworn to before me  
this 28<sup>th</sup> day of June 2011

  
Signature of Notary

  
Signature of Notary

Seal  
  
 OFFICIAL SEAL  
 JEANNINE M LEYDEN  
 NOTARY PUBLIC - STATE OF ILLINOIS  
 MY COMMISSION EXPIRES: 11/2014  
 \*Insert EX-109 in the applicant

Seal  
  
 OFFICIAL SEAL  
 JEANNINE M LEYDEN  
 NOTARY PUBLIC - STATE OF ILLINOIS  
 MY COMMISSION EXPIRES: 11/2014

**SECTION II. DISCONTINUATION**

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

**Criterion 1110.130 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

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

**IMPACT ON ACCESS**

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

**APPEND DOCUMENTATION AS ATTACHMENT 10 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### 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 (1-8) 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 ATTACHMENTS 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.

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

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

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

Indicate # of beds changed by

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> General Long Term Care	0	120

- 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

**APPEND DOCUMENTATION AS ATTACHMENT-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



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

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

**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:**

\$3,341,381	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$17,334,492	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:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>\$20,675,873</b>	<b>TOTAL FUNDS AVAILABLE</b>	

**IX. 1120.130 - Financial Viability**

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

**Financial Viability Waiver**

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

1. All of the projects capital expenditures are completely funded through internal sources
2. 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
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

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

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

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				2015
Current Ratio				5.83
Net Margin Percentage				7.21%
Percent Debt to Total Capitalization				78%
Projected Debt Service Coverage				2.82
Days Cash on Hand				923
Cushion Ratio				2.21

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

**2. Variance**

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

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

**X. 1120.140 - Economic Feasibility**

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.	Mod. Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
	\$ 175		72,543				\$12,695,025		\$12,695,025
Contingency	\$ 6		72,543				\$452,424		\$452,424
<b>TOTALS</b>	<b>\$ 181</b>		<b>72,543</b>				<b>\$13,147,449</b>		<b>\$13,147,449</b>

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

Naperville SNF  
 COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE  
 Page 52 CON

Department (listed below)	A		B		C		D		E		F		G		H		Total cost (G + H)
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$		Mod. \$		(A x C)		(B x E)				
	New	Mod.	New	Circ.	Mod.	Circ.											
Nursing Care	\$ 175	\$ -	72,543	-	-	-	-	-	-	-	-	\$ 12,695,025	\$ -	\$ 12,695,025			
Contingency	\$ 6	\$ -	72,543	-	-	-	-	-	-	-	-	\$ 452,424	\$ -	\$ 452,424			
<b>TOTALS</b>	<b>\$ 181</b>	<b>\$ -</b>	<b>72,543</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$13,147,449</b>	<b>\$ -</b>	<b>\$13,147,449</b>			

**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 43 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

**XI. Safety Net Impact Statement**

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

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

**XII. Charity Care Information**

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			

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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	24-25
2	Site Ownership	26-70
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	71-72
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	73-74
5	Flood Plain Requirements	75-76
6	Historic Preservation Act Requirements	77-78
7	Project and Sources of Funds Itemization	79-80
8	Obligation Document if required	81-87
9	Cost Space Requirements	88-89
10	Discontinuation	-
11	Background of the Applicant	90-96
12	Purpose of the Project	97-99
13	Alternatives to the Project	100-101
14	Size of the Project	102-103
15	Project Service Utilization	104-106
16	Unfinished or Shell Space	-
17	Assurances for Unfinished/Shell Space	-
18	Master Design Project	-
19	Mergers, Consolidations and Acquisitions	-
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	107-189
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
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	
38	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
39	Availability of Funds	190-193
40	Financial Waiver	-
41	Financial Viability	194-197
42	Economic Feasibility	198-201
43	Safety Net Impact Statement	202-204
44	Charity Care Information	205-206

# 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

TRANSITIONAL CARE CENTER OF NAPERVILLE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 06, 2011, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1115901748

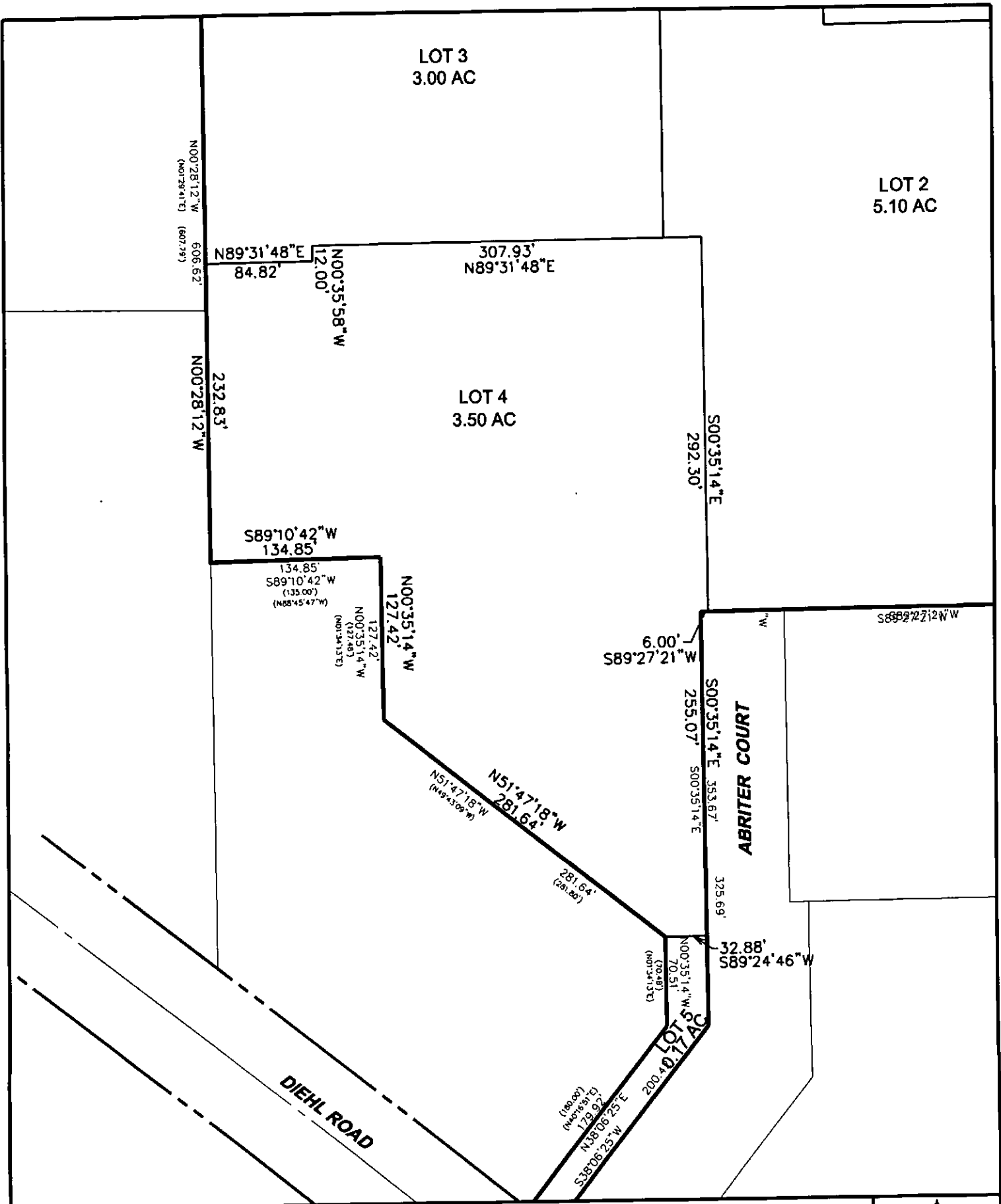
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of JUNE A.D. 2011 .

*Jesse White*

SECRETARY OF STATE

## Attachment 2



LOT 3  
3.00 AC

LOT 2  
5.10 AC

LOT 4  
3.50 AC

LOT 5  
0.77 AC

ABRITER COURT

DIEHL ROAD



V3 Companies  
7325 Janes Avenue  
Woodridge, IL 60517  
630.724.9200 phone  
630.724.9202 fax  
www.v3co.com

FREEDOM PLAZA  
LOT 4 BOUNDARY EXHIBIT

Application Page 2



NAPERVILLE

ILLINOIS

SCALE: 1"=100'

## PURCHASE AGREEMENT

THIS PURCHASE AGREEMENT (the "Agreement") is made and entered into as of this 16<sup>th</sup> day of June, 2011 (the "Effective Date") by and between SNF Holdings, LLC, an Illinois limited liability company ("Purchaser"), and Lakhany Group Investments, LLC, an Illinois limited liability company ("Seller").

### R E C I T A L S

A. Seller currently owns fee simple title to certain real estate located in Naperville, Illinois, consisting of approximately 3.5 acres and legally described on Exhibit "A" attached hereto and made a part hereof (the "Land").

B. Purchaser desires to purchase from Seller and Seller desires to sell to Purchaser the Land and all appurtenant property in accordance with the terms and conditions hereinafter set forth.

NOW, THEREFORE, in consideration of the mutual covenants and conditions hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by the parties hereto, the parties hereby agree as follows:

1. Agreement to Purchase. Subject to the terms and conditions of this Agreement and the above recitals which are by this reference incorporated herein, Seller agrees to sell to Purchaser and Purchaser agrees to purchase from Seller all of the following described property (collectively, the "Property"):

A. The Land and all rights, privileges, easements and appurtenances to the Land owned by Seller, including, without limitation, all mineral rights, easements, rights-of-way, gas and hydrocarbons, and other appurtenances used or connected with the beneficial use or enjoyment of the Land; (the "Real Property"); and

B. All intangible property now or hereafter owned, controlled or held by Seller between the date hereof and the Closing (as hereinafter defined), solely in connection with the Land, including, but not limited to: (i) all development rights relating or appurtenant to the Land; (ii) all rights to obtain utility service in connection with the Land; and (iii) assignable licenses and other governmental permits and permissions relating to the Land and the development and use thereof (collectively, "Intangible Property").

2. Purchase Price. Subject to prorations and credits hereinafter provided, the Purchase Price ("Purchase Price") for the Property shall be Two Million Three Hundred Seventy Five Thousand and no/100 Dollars (\$2,375,000.00) DOLLARS, which shall be payable and allocated as follows:

A. Earnest Money. Purchaser shall deliver to Chicago Title Insurance Company ("Escrowee" or "Title Company") the sum of Seventy Five Thousand and no/100 Dollars (\$75,000.00) as earnest money (said money, including any additional deposits made pursuant to this Agreement and all interest accrued thereon, is collectively, the "Earnest Money") within three (3) business days after the Effective Date. The Earnest Money shall be held in a joint order escrow to be entered into between Seller and Purchaser with Escrowee in the form of Exhibit "B" attached hereto and made a part hereof, and shall be invested for Purchaser's benefit and all income earned thereon shall be paid to Purchaser. The Earnest Money shall be fully refundable to Purchaser until the expiration of the Inspection Period. Following the expiration of the Inspection Period, a portion of the Earnest Money shall become non-refundable to Purchaser upon the terms set forth in Section 6 of this Agreement, except as otherwise

specifically provided herein. The Earnest Money shall be applied toward the Purchase Price at Closing (as hereinafter defined).

B. Balance. On or before the Closing Date (as hereinafter defined), Purchaser shall deposit with Escrowee the balance of the Purchase Price by wire transfer, together with such additional funds for Purchaser's share of closing costs and prorations as may be required pursuant to this Agreement.

3. Closing. Subject to the terms and conditions contained in this Agreement, the consummation of the transactions herein contemplated ("Closing") shall take place on a date ("Closing Date") designated by Purchaser no later than sixty (60) days after the expiration of the Zoning and CON Period (as hereinafter defined). The transaction herein contemplated shall be closed through an escrow with Escrowee at its offices in Chicago, Illinois on the Closing Date, in accordance with the general provisions of the usual form of "New York Style" Deed and Money Escrow Agreement then in use by Escrowee, with such special provisions inserted in the escrow agreement as may be required to conform with this Agreement.

4. Title and Survey.

A. Conditions of Title. At Closing, good and marketable fee simple title to the Real Property shall be conveyed by Seller to Purchaser or its nominee by a special warranty deed ("Deed"), subject only to the Permitted Exceptions (as hereinafter defined).

(i) Title Commitment. No later than thirty (30) days after the Effective Date, Seller shall deliver to Purchaser (a) a commitment (the "Title Commitment") for an Owner's Policy of Title Insurance issued by the Title Company (the "Title Company") showing title to the Real Property in Seller, and including the following endorsements, if applicable (the "Endorsements"): (i) an ALTA 3.0 zoning endorsement, (ii) an access endorsement, (iii) a subdivision endorsement, (iv) a utility facility endorsement, (v) a restrictions endorsement insuring over any recorded covenants, conditions or restrictions of record, (vi) an endorsement insuring that the real estate tax bills relating to the Property do not include real estate taxes pertaining to any other real estate, (vii) a creditor's rights endorsement, (viii) a contiguity endorsement, if applicable, and (ix) encroachment endorsements, if applicable; and (b) legible copies of all documents cited, raised as exceptions or noted in the Commitment (the "Title Documents").

(ii) Survey. No later than thirty (30) days after the Effective Date, Seller shall deliver to Purchaser a survey dated subsequent to the Effective Date, prepared by a land surveyor licensed in Illinois and certified to have been prepared in accordance with the most recent ALTA Land Survey Standards for urban properties (and containing Table A, Nos. 1, 2, 3, 4, 6, 7(a), 7(b), 7(c), 8, 9, 10, 11, 13, 14, 15, and 16) for the benefit of Purchaser, Purchaser's lender as identified by Purchaser, if any, and Title Company ("Survey"). In addition to, and without limiting the foregoing, the Survey shall show any areas denoted or restricted in reciprocal easement agreements appurtenant to the Property and shall include a note stating that it describes the same property as described in the Title Commitment and shall show all plottable exceptions to title identified in the Title Commitment.

(iii) Title and Survey Approval. Purchaser shall have a period of ten (10) days from receipt of the later of the Survey, the Title Commitment and the Title Documents ("Title Review Period") in which to review the Title Commitment, the Survey and the Title Documents and deliver to Seller notice in writing ("Purchaser's Objection Notice"), of any objections Purchaser may have to any matters contained in the Title Commitment, Title Documents or

Survey (the "**Objectionable Exceptions**"). Within ten (10) days after receipt of Purchaser's Objection Notice, Seller shall notify Purchaser in writing whether or not it will cause each of the Objectionable Exceptions to be removed or cured at or before Closing, and specifically identifying the means or method by which each Objectionable Exception will be removed or cured and any Objectionable Exceptions which will not be removed at or before Closing. All exceptions to title and survey matters not objected to by Purchaser in Purchaser's Objection Notice shall be deemed Permitted Exceptions. In the event Seller fails to cure or to agree to cause the cure or removal of any of said Objectionable Exceptions to Purchaser's satisfaction within said ten (10) day period, Purchaser shall have the right to either: (a) terminate this Agreement by delivering written notice to Seller on or prior to the expiration of the Inspection Period, in which event, the Earnest Money shall be returned by Purchaser and each party shall be released from further liability to the other; or (b) consummate the transaction contemplated by this Agreement in accordance with the terms hereof, in which event, subject to the provisions of Section 4.A(iv) below, all Objectionable Exceptions, except those which Seller has agreed to remove or cure, shall conclusively be deemed to constitute Permitted Exceptions. The parties agree to amend this Agreement prior to the expiration of the Inspection Period to attach to this Agreement, as Exhibit "C", the Permitted Exceptions determined pursuant to this Section 4.A(iii). If an exception to title or other title or survey defect other than a Permitted Exception is added to the Title Commitment or any revised Survey subsequent to the expiration of the Inspection Period, but prior to the Closing Date ("**Unpermitted Exceptions**"), then, prior to the Closing Date, Seller shall be affirmatively obligated to cure any such Unpermitted Exception the failure of which shall constitute a default by Seller under this Agreement.

B. Title Policy. On the Closing Date, Seller shall cause Title Company to issue to Purchaser an ALTA 1992 Owner's Policy of Title Insurance ("**Title Policy**") in the amount of the Purchase Price, showing fee simple title vested in Purchaser or Purchaser's nominee, with extended coverage over all general exceptions and the Endorsements, subject only to (a) Permitted Exceptions; and (b) matters created by, through or under Purchaser. Seller shall be responsible for the cost of the title premium, including extended coverage and Endorsement charges.

5. Documents to be Delivered by Seller at Closing.

A. Seller's Closing Documents. Seller shall deliver to Purchaser or Escrowee, on or before the Closing Date, the following documents, all of which shall be subject to Purchaser's prior review and approval as to form, scope and substance, the delivery of all of which shall be a specific condition to Closing:

- (i) The Deed;
- (ii) The Title Policy;
- (iii) A bill of sale executed by Seller in the form of Exhibit "D" attached hereto and made a part hereof;
- (iv) A non-foreign affidavit ("FIRPTA");
- (v) A certificate from Seller stating that the representations and warranties set forth in Section 7 are true and correct as of the Closing Date in the form of Exhibit "E" attached hereto;

(vi) An original executed assignment of the Intangible Property in the form of Exhibit "F" attached hereto ("Assignment of Intangible Property");

(vii) An ALTA statement;

(viii) A personal "GAP" undertaking of Seller;

(ix) Such proof of Seller's authority and authorization to enter into this Agreement and perform Seller's obligations under this Agreement as may be reasonably required by Title Company; and

(x) Such other documents as Purchaser may reasonably request to enable Purchaser to consummate the transaction contemplated by this Agreement; provided none of said additional documents imposes any cost or obligation upon Seller not otherwise specifically imposed upon Seller pursuant to the terms of this Agreement.

B. Purchaser's Closing Documents. Purchaser shall deliver to Seller or Escrowee, on or before the Closing Date, the following monies and documents, the delivery of all of which shall constitute a specific condition to Closing.

(i) The balance of the Purchase Price, plus or minus prorations, plus Purchaser's share of Closing costs pursuant to the terms of this Agreement;

(ii) Proof of Purchaser's authority and authorization to enter into this Agreement and perform Purchaser's obligations under this Agreement as may be reasonably required by Seller and/or Title Company; and

(iii) Such other documents as Seller may reasonably request to enable Seller to consummate the transaction contemplated by this Agreement, provided none of said additional documents impose any cost or obligation upon Purchaser not otherwise specifically imposed upon Purchaser pursuant to the terms of this Agreement.

C. Joint Closing Documents. Each of Seller and Purchaser shall deliver to Escrowee on or before the Closing Date, the mutual delivery of which shall be a specific condition to Closing:

(i) Executed originals of the easement documents attached hereto as Exhibits I, J and K;

(ii) Three (3) copies of a Closing Statement, prepared in strict accordance with Section 10 hereof;

(iii) To the extent required, State, County and Municipal transfer tax declarations; and

(iv) A joint direction to Escrowee to deposit the Earnest Money into the Escrow.

6. Inspection Period and Zoning and CON Period.

A. Inspection Period.

(i) Time Period. Purchaser shall have a period of time beginning on the Effective Date and continuing for ninety (90) days after the Effective Date (the "Inspection Period") to inspect and examine the Property. Purchaser shall have the right, in its sole and absolute discretion, to terminate this Agreement for any reason whatsoever, or for no reason, by delivering written notice to Seller on or before the 5:00pm CST on the last day of the Inspection Period. Upon such termination, the Earnest Money, together with all interest thereon, shall be returned immediately to Purchaser and neither party shall have any further obligations or liability to the other pursuant to this Agreement. In the event that Purchaser does not terminate this Agreement on or before the expiration of the Inspection Period, then \$15,000 of the Earnest Money shall become non-refundable to Purchaser, except as otherwise provided in this Agreement.

(ii) Property Inspection. From and after the Effective Date, including after the expiration of the Inspection Period, Purchaser, its agents and representatives shall be entitled to conduct an inspection of the Property, which will include, but shall not be limited to, the right to: (i) enter upon the Real Property at reasonable times and upon prior notice to Seller to perform inspections and tests of the Property; (ii) make investigations and inquiries with regard to zoning, environmental, building, code and other legal requirements including, but not limited to, conducting a Phase I and/or Phase II environmental assessment; (iii) make or obtain market studies and real estate tax analyses; and (iv) analyze the financial feasibility of ownership, development and use of the Property. Within five (5) days after the Effective Date, Seller shall provide Purchaser copies of all engineering and environmental reports and other information in Seller's possession regarding the condition of the Property. Seller shall extend its full cooperation (but without third party expense to Seller) to Purchaser and its agents and consultants, including, without limitation, providing access to all files and fully and completely answering all questions.

(iii) Insurance and Indemnification. In the event that, as a result of Purchaser's exercise of its rights under Section 7A, any damage occurs to the Property, then Purchaser shall promptly repair such damage, at Purchaser's sole cost and expense. Purchaser hereby indemnifies, protects, defends and holds Seller harmless from and against any and all losses, damages, causes of action, judgments, damages, costs and expenses that Seller actually suffers or incurs as a direct result of any damage caused at, to, in, or at the Property as a result of any or all of the studies, investigations and inspections that Purchaser elects to perform (or cause to be performed) pursuant to this Section 7. Purchaser shall cause all third-party consultants or other contractors to name Seller as an additional insured on their liability insurance, from an insurer reasonably acceptable to Seller, in the amount of \$1,000,000.00 combined single limit for personal injury and property damage per occurrence, which insurance shall provide coverage against any claim for personal liability or property damage caused by such third party consultants or other contractors in connection with such inspections and tests at the Property.

B. Zoning and CON Period. Purchaser shall have a period of time beginning on the first day after the expiration of the Inspection Period and continuing for up to two hundred seventy five (275) days (the "Zoning and CON Period") to obtain all zoning, Certificate of Need, construction and permit approvals necessary or desirable for Purchaser's intended development and use of the Property. During the Zoning and CON Period, Seller shall cooperate and assist Purchaser in filing any necessary applications, including without limitation, any subdivision and zoning applications, provided that Seller shall not be obligated to incur any out-of-pocket expenses. Purchaser shall have the right to terminate the Agreement at any time prior to the expiration of the Zoning and CON Period by delivering written notice to Seller on or before the 5:00pm CST on the last day of the Zoning and CON Period. In the event



Purchaser terminates the Agreement after the expiration of the Inspection Period but on or before the 90<sup>th</sup> day of the Zoning and CON Period, then \$15,000 of the Earnest Money shall be paid to Seller, and the remaining Earnest Money shall be returned to Purchaser. In the event that Purchaser terminates the Agreement after the 90<sup>th</sup> day of the Zoning and CON Period but on or before the 180<sup>th</sup> day of the Zoning and CON Period, then \$45,000 of the Earnest Money shall be paid to Seller and the remaining Earnest Money shall be returned to Purchaser. In the event that Purchaser terminates the Agreement after the 180<sup>th</sup> day of the Zoning and CON Period but on or before the 275<sup>th</sup> day of the Zoning and CON Period, then \$75,000 of the Earnest Money shall be paid to Seller and the remaining Earnest Money (if any) shall be returned to Purchaser. Following termination of this Agreement and disbursement of the Earnest Money pursuant to this Section 7, neither party shall have any further obligations or liability to the other pursuant to this Agreement.

7. **Representations and Warranties of Seller.**

A. **Seller's Representations and Warranties.** In order to induce Purchaser to enter into this Agreement, Seller hereby represents and warrants to Purchaser as follows, and all of the foregoing and following representations and warranties shall be true and correct both as of the Effective Date and as of the Closing Date:

(i) Seller is not a party to any contract, agreement or commitment to sell, convey, assign, transfer, provide rights of first refusal or other similar rights or otherwise transfer or dispose of all or any portion of the Property.

(ii) This Agreement has been duly authorized and executed on behalf of Seller and constitutes a valid and binding agreement, enforceable in accordance with its terms.

(iii) There are no unrecorded leases, licenses, contracts or occupancy agreements currently affecting any portion of the Property which will be binding on Purchaser following the Closing, except as set forth on **Exhibit "H"**.

(iv) To Seller's knowledge, Seller is not now or will not at the Closing be in default in respect of any of its obligations or liabilities pertaining to the Property (including, but not limited to, any obligations and liabilities under the Permitted Exceptions).

(v) There is no litigation pending or to the best of knowledge of Seller, threatened, against Seller or the Property, including, without limitation, proceedings for or involving collections, condemnation, eminent domain, alleged environmental or zoning violations, or personal injuries or property damage alleged to have occurred on the Property or by reason of the condition, use of, or operations on, the Property.

(vi) There are no presently pending, and Seller has received no notice of, any special assessments of any nature with respect to the Property or any part thereof, nor has Seller received any notice of any special assessments being contemplated.

(vii) There are no pending or threatened requests, applications or proceedings to alter or restrict the zoning or other use restrictions applicable to the Property. Seller has received no notice from any municipal, state, federal or other governmental authority of zoning, building, fire, water, use, health, environmental or other statute, ordinance, code or regulatory violations issued in respect of the Property, and, to Seller's knowledge, no such violations exist.

(viii) No insolvency proceeding of any character, voluntary or involuntary, relating to the Seller is pending or, to Seller's knowledge, threatened against Seller by any person or entity.

(ix) The provisions of Section 902(d) of the Illinois Income Tax Act and Section 444(j) of the Illinois Retailer's Occupation Tax Act are not applicable to the transaction contemplated by this Agreement, because the conveyance of the Property to Purchaser will not constitute a sale by Seller of a "major part" of Seller's real estate assets.

(x) No service, maintenance or other agreements or contracts exist with respect to the Property which would be binding upon Purchaser after Closing, except as set forth on Exhibit "H".

B. Seller's Certificate. At the Closing, Seller shall deliver to Purchaser a certificate in the form attached hereto as Exhibit "E", certifying that each of Seller's representations and warranties contained in this Section 7 are true and correct as of the Closing Date. Notwithstanding the preceding sentence, if, prior to the Closing Date, Seller acquires knowledge of any material fact which it did not previously have and such fact would make a representation and warranty of Seller contained in this Agreement untrue or materially inaccurate, then Seller shall have the right to qualify the aforesaid certificate by taking exception therein for such fact, provided, however, that at all times prior to the Closing Date Seller shall act diligently and in good faith to maintain the truth and accuracy of the representations and warranties of Seller contained in this Agreement, and, provided further, that in the event Seller so qualifies such certificate, Purchaser may, at its option, either (a) terminate this Agreement and receive a full refund of the Earnest Money (notwithstanding the expiration of the Inspection Period or Zoning and CON Period), or (b) elect to proceed with the Closing notwithstanding such qualification in the aforesaid certificate.

#### 8. Conditions Precedent to Closing.

A. Conditions Precedent. In addition to any conditions provided in other provisions of this Agreement, Purchaser's obligation to purchase the Property is and shall be conditioned on the following:

(i) The due performance by Seller of each and every covenant, undertaking and agreement to be performed by it hereunder and the truth of each representation and warranty made in this Agreement by Seller at the time as of which the same is made and as of the Closing Date.

(ii) That at no time prior to the Closing Date shall any of the following have been done by or against or with respect to Seller: (a) the commencement of a case under Title 11 of the U.S. Code, as now constituted or hereafter amended, or under any other applicable federal or state bankruptcy law or other similar law; (b) the appointment of a trustee or receiver of any property interest; or (c) an assignment for the benefit of creditors.

(iii) The non-existence of any Unpermitted Exception or of any violation of law, ordinance, order or requirement relating to the Property which is imposed by any governmental authority relating to the Property which is not remedied by Seller.

(iv) That between the Effective Date and the Closing Date, Seller shall: (a) not, without first obtaining the written consent of Purchaser, enter into any contracts, agreements, licenses, easements or leases pertaining to the Property which would be binding upon Purchaser after Closing, except as set forth on Exhibit "H"; (b) remedy all violations of laws, ordinances,

orders or the requirements relating to the Property which are or may be imposed by any governmental authority having jurisdiction over, or affecting all or any part of the Property and provide Purchaser evidence of same; (c) not cancel or permit cancellation of any hazard or liability insurance carried with respect to the Property; and (d) maintain the Property in compliance with applicable law and in the same manner as the Property has been maintained prior to the Effective Date.

(v) The physical condition of the Property shall be the same on the Closing Date as on the Effective Date.

B. Failure of Conditions/Waiver. Either party may at any time or times, at its election, waive any of the conditions to its obligations hereunder, but any such waiver shall be effective only if contained in a writing signed by such party. No such waiver shall reduce the rights or remedies of a party by reason of any breach by the other party (but if a condition is waived, the party waiving the same may not rescind this Agreement on the basis of the failure of such waived condition). In the event that for any reason any item required to be delivered to a party by the other party hereunder shall not be delivered when required, then such other party shall nevertheless remain obligated to deliver the same to the first party, and nothing (including, but not limited to, the closing of the transaction hereunder) shall be deemed a waiver by the first party of any such requirement. The failure of any of the aforesaid conditions shall entitle Purchaser, at its option, to cancel and terminate this Agreement without liability and upon such termination this Agreement shall be null and void, the full amount of the Earnest Money shall be refunded to Purchaser (notwithstanding the expiration of the Inspection Period or Zoning and CON Period), and Seller shall have no further liability hereunder, unless the failure of any of the aforesaid conditions is a result of Seller's intentional acts or omissions.

9. Covenants of Seller. Seller hereby covenants with Purchaser as follows:

A. New Contracts. Seller shall not enter into any contract with respect to the ownership development or operation of the Property on or after the Effective Date that will survive the Closing, or that would otherwise affect the use, development or enjoyment of the Property, without Purchaser's prior written consent, which consent may be withheld in Purchaser's sole discretion.

B. Maintenance of the Property. Seller shall maintain the Property in the same manner as the Property has heretofore been maintained; and shall perform, when due, all of Seller's obligations under any agreements relating to the Property and otherwise in accordance with applicable laws, ordinances, rules and regulations affecting the Property. Seller shall deliver the Property at Closing in substantially the same condition as it is on the Effective Date.

C. Change in Conditions. Seller shall promptly notify Purchaser of any change in any condition with respect to the Property or of the occurrence of any event or circumstance that makes any representation or warranty of Seller to Purchaser under this Agreement untrue or misleading, or any covenant of Purchaser under this Agreement incapable or less likely of being performed, it being understood that Seller's obligation to provide such notice to Purchaser shall in no way relieve Seller of any liability for a breach by Seller of any of its representations, warranties or covenants under this Agreement.

10. Covenants and Agreement Regarding Development of Property and Adjacent Lands. Purchaser and Seller acknowledge and agree that the Real Property is currently a part of a larger parcel of land owned by Seller (the "Development"), which Seller intends to subdivide prior to Closing. In order to facilitate

the future use and development of the Development, Purchaser and Seller agree to enter into the following easement agreements at Closing:

A. Parking and Signage. Purchaser and Seller shall enter into a Reciprocal Easement Agreement, in substantially the form of Exhibit "I" attached hereto, pursuant to which Purchaser shall allow Seller, its successors or assigns, to utilize the parking lots to be developed by Purchaser on the Real Property for purposes of overflow parking by guests or invitees of the parcel located adjacent to and South of the Real Property (the "Hotel Parcel"), to the extent such adjacent land is developed and used by Seller, or its successors or assigns, as a hotel/convention center, and to allow employees, guests or invitees of Purchaser, or its successors or assigns, to utilize the parking lots to be developed on the Hotel Parcel during daytime hours. In addition, Seller shall grant Purchaser, its successors or assigns, an easement to install and maintain a monument sign on a portion of the Hotel Parcel, as more fully described in the Reciprocal Easement Agreement.

B. Retention Pond. Purchaser and Seller shall enter into a Retention Pond Easement Agreement, in substantially the form of Exhibit "J" attached hereto, pursuant to which Seller, its successors and assigns, shall construct a detention pond on land currently owned by Seller, for use by Purchaser, its successors and assigns, as well as other adjacent property owners.

C. Access, Signage, and Utilities. Purchaser and Seller shall enter into an Access, Signage and Utilities Easement Agreement, in substantially the form of Exhibit "K" attached hereto, pursuant to which Purchaser, its successors and assigns, shall grant an access easement to Seller, its successors or assigns, over and across the Real Property, for vehicular access to the land located adjacent to and East of the Real Property (the "Adjacent Parcel") to the extent that such parcel's use is approved by Purchaser, and also to grant an easement allowing the placement of signage for such Adjacent Parcel to be located upon the Real Property, and to allow use and tap in accessibility to water and sewer lines located upon the Real Property.

## 11. Adjustments.

A. General. Proration of taxes, assessments, and other expenses, if any, affecting the Property shall be prorated as of 11:59 p.m. on the day prior to the Closing Date ("Proration Date").

B. Taxes. Seller shall pay all taxes and assessments on the Property due prior to the Closing Date, including, without limitation, all special assessments. Unpaid taxes and assessments on the Property for any period prior to the Closing Date shall be prorated on an accrual basis as of the Closing Date based upon the most recent ascertainable assessed valuation, tax multiples and tax rate, but re-proration of such taxes shall be made between Purchaser and Seller at such time as the actual amount of taxes due shall become known, in order that actual real estate taxes for the periods before and after the Closing Date may be equitably prorated as of the Closing Date and paid between the parties when known. Seller shall be liable for any back tax bill which may be imposed by taxing authorities related to the period prior to the Closing Date, which obligation of Seller shall survive Closing.

C. Operating Expenses. All utility services charges, common area maintenance charges, taxes or governmental assessments other than real estate taxes, and any other expenses incurred in the ongoing maintenance or ownership of the Property shall be prorated on an accrual basis. Seller shall pay all such expenses that accrue prior to the Closing Date and Purchaser shall pay all such expenses accruing on and after the Closing Date. To the extent possible, Seller and Purchaser shall obtain billings as of the Closing Date to aid in such prorations.

D. Method of Proration. Except as expressly provided herein, all apportionments shall be made in accordance with customary practice in DuPage County, Illinois. The parties agree to cause a

schedule of tentative adjustments to be prepared prior to the Closing Date. Such adjustments, if and to the extent known and agreed upon as of the Closing Date, shall be paid by Purchaser to Seller (if the prorations result in a net credit to the Seller) or by Seller to Purchaser (if the prorations result in a net credit to Purchaser), by increasing or reducing the amount to be paid by Purchaser at Closing.

12. **Closing Costs.** Seller shall bear the cost of the Title Policy, included extended coverage and all Endorsements, the cost to record any instruments necessary to clear Seller's title, one-half the cost of the Escrow and all state and county transfer taxes. Purchaser shall bear the cost of recording fees with respect to the Deed and one-half the cost of the Escrow. The cost of any municipal transfer taxes applicable to this transaction shall be paid for the party made responsible for the payment of the same by the applicable ordinance with respect thereto. All other costs and expenses in connection with the transaction contemplated by this Agreement shall be borne by Purchaser and Seller in the manner in which such cost and expenses are customarily allocated between the parties at closings of real property similar to the Property in the DuPage County, Illinois area. Except as provided in Section 27 below, each party hereto shall pay its own attorneys' fees incurred with respect to the preparation and negotiation of this Agreement and the closing of the transaction contemplated hereby.

13. **Damage or Destruction to Property.** In the event that between the Effective Date and the Closing Date, all or any portion of the Property is damaged or destroyed by casualty, Purchaser may elect to:

(i) terminate this Agreement by written notice to Seller within thirty (30) days after receipt of notice of such damage, in which event all Earnest Money shall be returned to Purchaser (notwithstanding the expiration of the Inspection Period and Zoning and Con Period), and neither party shall have any further rights or obligations under this Agreement; or

(ii) consummate the transaction contemplated hereby, in which event Seller shall: (1) provide Purchaser with a credit against the Purchase Price in an amount equal to the lesser of: (X) the applicable insurance deductible, and (Y) the parties' reasonable estimated cost for the repair or restoration of the Property required by such casualty, and (2) transfer and assign to Purchaser all of Seller's right, title and interest in and to all proceeds from all casualty and lost profits insurance policies maintained by Seller with respect to the Property (except those proceeds allocable to lost profits and costs incurred by Seller for the period prior to the Closing).

Purchaser shall notify Seller within thirty (30) days after receipt of notice from Seller of such damage or destruction of its election. If Purchaser fails to notify Seller of its election to terminate the Agreement within said 30-day period, such failure shall constitute an election to consummate the transaction as set forth in this Agreement as aforesaid. Closing shall be adjusted to allow for such election.

14. **Condemnation.** In the event that between the Effective Date and the Closing Date any condemnation or eminent domain proceedings are initiated which might result in the taking of any part of the Real Property, Purchaser, at its sole option, may elect to terminate this Agreement by written notice to Seller within thirty (30) days after receipt of notice of such condemnation, in which event all Earnest Money shall be refunded to Purchaser (notwithstanding the expiration of the Inspection Period and Zoning and CON Period) and neither party shall have any further rights or obligations under this Agreement. In the event Purchaser does not elect to terminate this Agreement, Seller shall assign to Purchaser at Closing all of Seller's title and interest in and to any award pertaining to the Property made in connection with such condemnation or eminent domain proceedings. If Purchaser fails to notify Seller of its election to terminate the Agreement within said 30-day period, such failure shall constitute an election to consummate the transaction as set forth in this Agreement as aforesaid. Closing shall be adjusted to allow for such election.

15. Remedies.

A. If Seller should breach any of its covenants, conditions, representations or warranties contained in this Agreement or should fail to consummate the sale contemplated herein for any reason other than Purchaser's default, Purchaser may, upon five (5) days written notice to Seller, if such breach or failure is not cured within such five-day period: (i) terminate this Agreement and receive a full refund of the Earnest Money (notwithstanding the expiration of the Inspection Period or Zoning and CON Period); (ii) enforce specific performance of this Agreement by instituting litigation within ninety (90) days of the scheduled Closing Date; or (iii) in the event that specific performance is unavailable as a remedy, seek money damages from Seller in an amount equal to the actual damages sustained by Purchaser by reason of Seller's default hereunder; provided, however, that in no event shall Purchaser have the right to recover any damages from Seller under this Agreement in an amount which is in excess of Three Hundred Eighteen Thousand Dollars (\$318,000). Seller and Purchaser hereby acknowledge that to secure the performance of Seller's obligations hereunder, and as additional consideration for Purchaser's entering into this Agreement upon the terms hereof, Ashraf Lakhany and Merunisa Lakhany (together, "Lakhany"), members of Seller, have agreed to grant to Purchaser a security interest in certain assets owned by Lakhany pursuant to that certain Security Agreement of even date herewith, and in substantially the form attached hereto as Exhibit "G". Purchaser and Seller acknowledge and agree that a default under said Security Agreement shall be deemed to be a default by Seller hereunder, and a breach by Seller of its obligations under this Agreement shall be deemed an Event of Default under the Security Agreement.

B. If Purchaser should breach any of its covenants contained in this Agreement (and Seller shall not be in default hereunder), Seller may, upon five (5) days written notice to Purchaser, if such breach is not cured within such five-day period, terminate this Agreement without further liability on Seller's part and retain the Earnest Money as liquidated damages, and not as a penalty, it being understood that Seller's actual damages in the event of such a default are difficult to ascertain and that such Earnest Money represents the parties' best estimate of such damages. Seller shall not have any other remedy for any default by Purchaser.

16. Brokers. The parties mutually warrant and represent to the other that neither has authorized any broker to act on its behalf in respect of the transactions contemplated hereby other than Phillips Martin Real Estate, and that neither has dealt with a broker in connection therewith other than Phillips Martin Real Estate. Each of the parties shall indemnify and save the other harmless from any claim by any broker or other person for commissions or other compensation for bringing about the transactions contemplated hereby where such claim is based on the purported employment or authorization of such broker or other person by such party. Purchaser shall pay the commission due Phillips Martin Real Estate and provide a statutory lien waiver with respect thereto at Closing.

17. Environmental Matters.

A. Definitions. The term "Hazardous Materials" shall mean any substance, material, waste, gas or particulate matter which is regulated by any local governmental authority, the State of Illinois, or the United States Government, including, but not limited to, any material or substance which is (i) defined as a "hazardous waste," "hazardous material," "hazardous substance," "extremely hazardous waste," or "restricted hazardous waste" under any provision of Illinois law, (ii) petroleum, (iii) asbestos, (iv) polychlorinated biphenyl, (v) radioactive material, (vi) designated as a "hazardous substance" pursuant to Section 311 of the Clean Water Act, 33 U.S.C. §1251 et seq., (vii) defined as a "hazardous waste" pursuant to Section 1004 of the Resource Conservation and Recovery Act, 42 U.S.C. § 6901 et seq., or (viii) defined as a "hazardous substance" pursuant to Section 101 of the

Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S.C. §9601 et seq. The term "Environmental Laws" shall mean all federal, state and local environmental, health and safety statutes, ordinances, codes, rules, regulations, orders and decrees regulating, relating to or imposing liability or standards concerning or in connection with Hazardous Materials, including without limitation, all statutes specifically described in the foregoing sentence.

B. Seller's Representations. Seller represents and warrants that, to Seller's knowledge, as of the Effective Date (which representation and warranty shall be remade as of the Closing Date): (i) the Property is in compliance with all Environmental Laws; (ii) no notice, demand, claim or other communication has been given to or served on Seller, and Seller has no knowledge of any such notice given to previous owners or tenants of the Property, from any entity, governmental body or individual claiming any violation of any Environmental Law or demanding payment, contribution, indemnification, remedial action, removal action or any other action or inaction with respect to any actual or alleged environmental damage or injury to persons, property or natural resources (any of the foregoing, whether now existing or hereafter brought, is herein called a "Claim"), and no basis for any Claim exists; (iii) no above ground or underground storage tanks are currently located on the Property; (iv) the soil, surface water and ground water of, under, or on the Property are free from any Hazardous Material; (v) the Property has never been used for or in connection with, and the Seller shall not permit or acquiesce in the use for or in connection with the manufacture, refinement, treatment, storage, generation, transport or hauling of any Hazardous Material; (vi) no Hazardous Material has been discharged, dispersed, released, disposed of, or allowed to escape on, under or in the Property; (vii) no asbestos or asbestos-containing materials have been installed, used, incorporated into or disposed of on the Property; (viii) no polychlorinated biphenyls ("PCBs") are or ever have been located on, in, or used in connection with the Property; and (ix) no investigation, administrative order, administrative order by consent, consent order, agreement, litigation or settlement is proposed or in existence or, to the best knowledge of Seller, threatened or anticipated, with respect to or arising from the presence of any Hazardous Material or the transport of Hazardous Material with respect to the Property.

18. Entire Agreement. It is understood and agreed that all understandings and agreements heretofore made between the parties hereto are merged in this Agreement, the exhibits annexed hereto and the instruments and documents referred to herein, which alone fully and completely express their agreements, and that neither party is relying upon any statement or representation, not embodied in this Agreement, made by the other. Each party expressly acknowledges that, except as expressly provided in this Agreement, the other party and the agents and representatives of the other party have not made, and the other party is not liable for or bound in any manner by, any express or implied warranties, guaranties, promises, statements, inducements, representations or information pertaining to the transactions contemplated hereby. The preparation of this Agreement has been a joint effort of the parties hereto and the resulting documents shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the other.

19. Modifications. No modification, amendment, discharge or change of this Agreement, except as otherwise provided herein, shall be valid unless the same is in writing and signed by the party against which the enforcement of such modification, amendment, discharge or change is sought.

20. Notices. All notices, demands, requests and other communications under this Agreement shall be in writing and shall be deemed properly served (i) on the date sent, if delivered by hand; (ii) one day after the date such notice is deposited with an overnight delivery service; (iii) on the date sent, if delivered via email at the addresses set forth below, with a hard copy to follow by overnight delivery service; (iv) on the date when received with proof of receipt to the party to whose attention it is directed or when such party refuses to accept receipt if sent, postage prepaid, by registered or certified mail, return receipt requested, postage prepaid, addressed as follows:

If intended for Purchaser: Jason Schreiber  
SNF Holdings, LLC  
2135 N. Clifton Ave.  
Chicago, IL 60614  
jschreiber@tc-mgmt.com

And to: Transitions Care Management  
6400 Shafer Court  
Rosemont, IL 60018  
Attn: Brian Speck  
bspeck@tc-mgmt.com

With a copy to: Marilyn Dunn  
Attorney at Law  
55 W. Wacker, 9<sup>th</sup> Floor  
Chicago, IL 60601  
mdunn.law@att.net

If intended for Seller: Ash Lakhany  
Superhost Enterprise  
8615 US 24 West  
Fort Wayne, IN 46804

With a copy to: Salman Azam  
Lakeshore Law Group LLP  
333 N. Michigan Ave., Suite 1317  
Chicago, IL 60601  
azam@lakeshorelawgroup.com

or such other address or to such other party which any party entitled to receive notice hereunder designates to the others in writing by a notice duly given hereunder.

21. **Governing Law and Interpretation.** The validity, meaning and effect of this Agreement shall be determined in accordance with the laws of the State of Illinois applicable to contracts made and to be performed in that state.

22. **Survival and Indemnification.** All representations, warranties and indemnities of Seller contained in this Agreement or in any of the documents to be delivered by Seller to Purchaser at Closing shall survive the Closing for a period of one (1) year. This Agreement shall not be canceled or merged into the Deed on the Closing. Each and every warranty and representation of Seller shall be deemed to have been relied upon by Purchaser, notwithstanding any investigation Purchaser may have made with respect thereto, or any information developed by or made available to Purchaser prior to the Closing and consummation of this transaction. Seller agrees to defend, indemnify and hold Purchaser free and harmless from and against any losses, damages, costs or expenses (including attorneys' fees) resulting from (i) any inaccuracy in or breach of any representation or warranty of Seller; and (ii) any breach or default by Seller under any of Seller's covenants or agreements under this Agreement, provided that, if Purchaser has prior actual knowledge of a breach at or prior to Closing, upon consummation of the purchase and sale, Purchaser shall be deemed to have waived such breach. To the extent Seller elects to make distribution to its stockholders, partners or members, as the case may be, after Closing, such that Seller has insufficient funds to satisfy the indemnity obligations of Seller contained herein, such indemnity



obligations shall be deemed to be distributed with any such distributions to such stockholders, partners or members, as the case may be, and their respective successors and such stockholders, partners or members, as the case may be, receiving such distributions shall be deemed successors to Seller and to have assumed such indemnity obligations.

23. **Counterparts.** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

24. **Captions.** The captions in this Agreement are inserted for convenience of reference only and in no way define, describe or limit the scope or intent of this Agreement of any of the provisions thereof.

25. **Memorandum.** Either party shall execute a memorandum of this Agreement at the request of the other party which may be recorded with the appropriate county authority.

26. **Binding Effect.** This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and assigns.

27. **Time for Performance.** Time is of the essence of this Agreement. Whenever under the terms of this Agreement the time for performance falls on a Saturday, Sunday or Legal Holiday, as defined in 205 ILCS 630/17, such time for performance shall be on the next day that is not a Saturday, Sunday or Legal Holiday. In computing any period of time pursuant to this Agreement, the day of the act or event from which the designated period of time begins to run will not be included.

28. **Professional Fees.** In the event of the bringing of any action or suit by a party hereto against another party hereunder by reason of any breach of any of the covenants, agreements or provisions on the part of the other party arising out of this Agreement, the prevailing party shall be entitled to have and recover of and from the other party all costs and expenses of the action or suit, including actual attorneys' fees, accounting and engineering fees.


29. **Possession.** Possession of the Property shall be delivered to Purchaser on the Closing Date.

[Remainder of this page left blank intentionally; signature page follows.]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.


**PURCHASER:**

SNF Holdings LLC, an Illinois limited liability company

By:   
Its: Principal

**SELLER:**

Lakhany Group Investments LLC, an Illinois limited liability company

By:   
Its: Principal

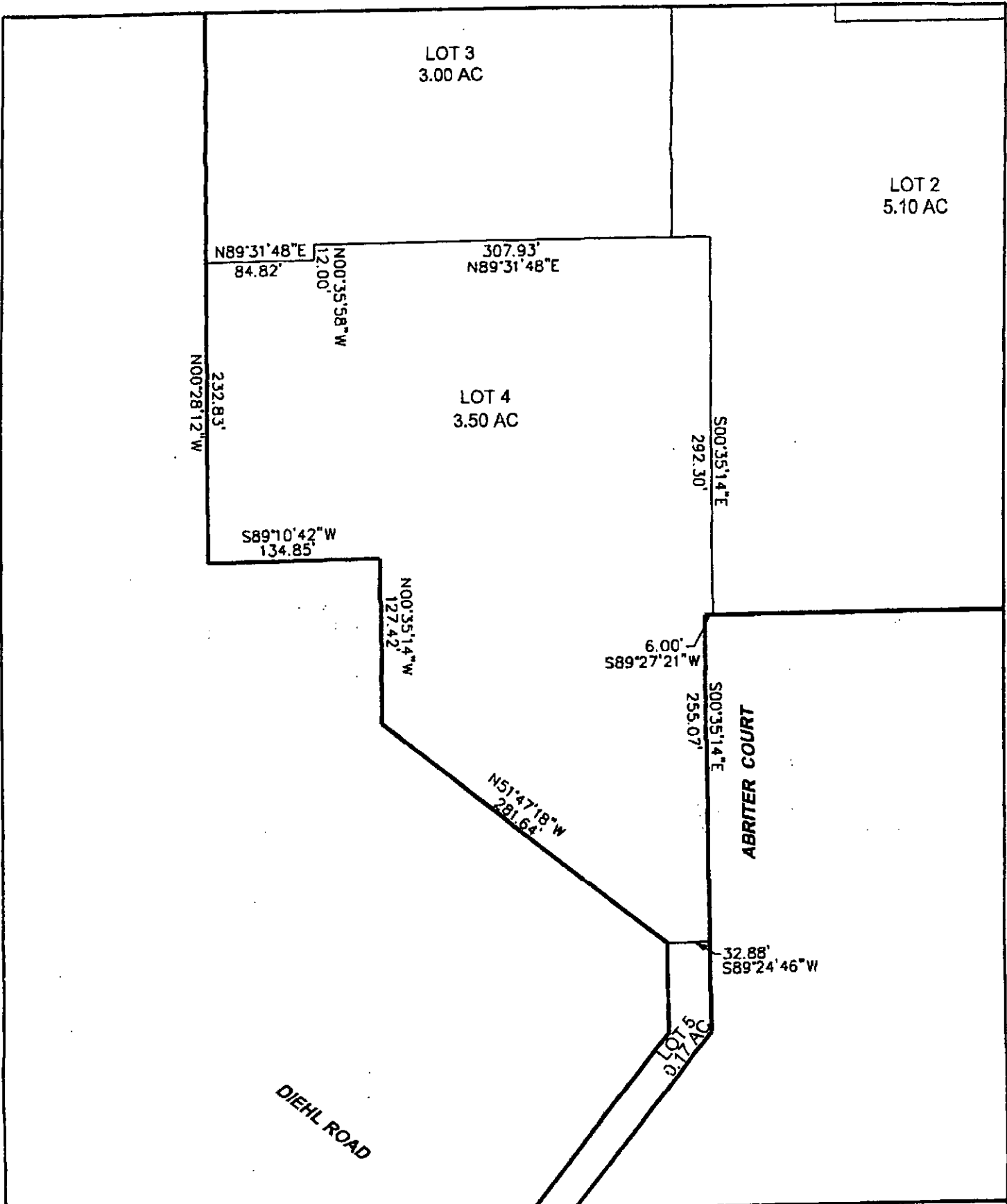
**SCHEDULE OF EXHIBITS**

- EXHIBIT "A" - Legal Description
- EXHIBIT "B" - Earnest Money Escrow Agreement
- EXHIBIT "C" - Permitted Exceptions
- EXHIBIT "D" - Bill of Sale
- EXHIBIT "E" - Seller's Certificate Re-affirming Representations and Warranties
- EXHIBIT "F" - Assignment of Intangible Property
- EXHIBIT "G" - Security Agreement
- EXHIBIT "H" - Contracts and Agreements Affecting the Property
- EXHIBIT "I" - Reciprocal Easement Agreement
- EXHIBIT "J" - Retention Pond Easement Agreement
- EXHIBIT "K" - Access, Signage, and Utilities Easement Agreement

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

Lot 4 in Freedom Plaza as shown on the attached exhibit. Complete legal description to be provided by Seller within ten days after the Effective Date.



V3 Companies  
 7325 Janes Avenue  
 Woodridge, IL 60517  
 630.724.9200 phone  
 630.724.9202 fax  
 www.v3co.com

**FREEDOM PLAZA**  
**LOT 4 BOUNDARY EXHIBIT**



EXHIBIT "B"

EARNEST MONEY ESCROW AGREEMENT

TO: Chicago Title and Trust Company  
171 North Clark Street  
Chicago, Illinois 60601  
Attention: \_\_\_\_\_

RE: Escrow Trust No. \_\_\_\_\_

DATE: \_\_\_\_\_, 2011

I. PARTIES

- A. Seller: Lakhany Group Investments LLC
- B. Purchaser: SNF Holdings, LLC
- C. Escrow Holder: Chicago Title and Trust Company  
171 North Clark Street  
Chicago, Illinois 60601  
Attention: \_\_\_\_\_

II. PRELIMINARY STATEMENTS

A. Concurrently with the execution and delivery of this Earnest Money Escrow Agreement, Seller and Purchaser have executed and delivered a certain Purchase Agreement ("Agreement"). Under the terms of the Agreement, Seller has agreed to sell to Purchaser that certain parcel of land and improvements thereon located at \_\_\_\_\_, Naperville, Illinois.

B. Pursuant to Section 2.A. of the Agreement, Purchaser is required to deposit with the Escrow Holder the sum of Seventy Five Thousand and no/100 Dollars (\$75,000.00) ("**Earnest Money**") to be held by Escrow Holder pursuant to the terms and provisions of this Earnest Money Escrow Agreement.

C. Pursuant to Section 6 of the Agreement, Purchaser has the right to terminate the Agreement and to have the Earnest Money, or a portion thereof, returned to Purchaser.

III. DEPOSIT OF EARNEST MONEY; INVESTMENT DIRECTIONS

A. Concurrently herewith, Purchaser has deposited the Earnest Money with the Escrow Holder in accordance with the Agreement.

B. Escrow Holder is hereby authorized and directed to invest the Earnest Money or any portion thereof in accordance with the written direction of Purchaser (or Purchaser's Counsel). Unless otherwise provided pursuant to the provisions of Section IV hereof, such investment shall be for the benefit of Purchaser. The Federal Taxpayer Identification Number of the Purchaser is \_\_\_\_\_.

IV. INSTRUCTIONS

A. In the event Escrow Holder receives from Purchaser a certification in the form attached hereto as Schedule 1 on or before \_\_\_\_\_, 2011, then Escrow Holder is authorized and directed to return to Purchaser, within one (1) business day thereafter, the Earnest Money, together with all interest earned thereon.

B. Except as set forth in Paragraph IV.A. above, the Escrow Holder is instructed to hold and invest the Earnest Money, together with all interest earned thereon, until the Escrow Holder is in receipt of (i) a joint written direction from Seller (or Seller's Counsel) and Purchaser (or Purchaser's Counsel) or (ii) an order, judgment or decree addressed to Escrow Holder which shall have been entered or issued by any court and which shall determine the disposition of the Earnest Money and all interest earned thereon.

C. Any party delivering a notice required or permitted hereunder shall simultaneously deliver copies of such notice to all parties listed in Section I of this Earnest Money Escrow Agreement. All notices required herein shall be either personally delivered, sent by certified or registered mail, postage prepaid, return receipt requested, or sent by overnight courier and shall, in all instances, be deemed to have been received upon delivery thereof.

D. Except as otherwise expressly set forth in this Earnest Money Escrow Agreement, Escrow Holder shall disregard any and all notices or warnings given by any of the parties hereto.

E. In case Escrow Holder obeys or complies with any order, judgment or decree of any court with respect to the Earnest Money, Escrow Holder shall not be liable to any of the parties hereto or any other person, firm or corporation by reason of such compliance, notwithstanding any such order, judgment or decree be entered without jurisdiction or be subsequently reversed, modified, annulled, set aside or vacated. In case of any suit or proceeding regarding this Earnest Money Escrow Agreement to which Escrow Holder is or may be at any time a party, Seller and Purchaser shall each be liable for one-half of all such costs, fees and expenses incurred or sustained by Escrow Holder and shall forthwith pay the same to Escrow Holder upon demand; provided, however, that in the event Escrow Holder is made a party to any suit or proceeding between Seller and Purchaser, the prevailing party in such suit or proceeding shall have no liability for the payment of Escrow Holder's costs, fees and expenses.

F. Escrow Holder is not to be held responsible for any loss of principal or interest which may be incurred as a result of making the investments or redeeming said investment for the purposes of this Earnest Money Escrow Agreement.

G. In no case shall the above mentioned deposits be surrendered except (i) in the manner specifically described in this Earnest Money Escrow Agreement; (ii) on an order signed by the Seller (or Seller's Counsel) and Purchaser (or Purchaser's Counsel); or (iii) in obedience to the process of order of a court as aforesaid.

H. All fees of Escrow Holder shall be charged one-half to Seller and one-half to Purchaser.

I. Except as to deposits of funds for which Escrow Holder has received express written direction from Purchaser (or Purchaser's Counsel) concerning investment or other handling, the parties hereto agree that the Escrow Holder shall be under no duty to invest or reinvest any deposits at any time held by it hereunder; and, further, that Escrow Holder may commingle such deposits with other deposits or with its own funds in the manner provided for the administration of funds under Section 2-8 of the Illinois Corporate Fiduciary Act 205 ILCS 620/2-8 and may use any part or all such funds for its own benefit without obligation to any party for interest or earnings derived thereby, if any, provided, however, nothing herein shall diminish Escrow Holder's obligation to apply the fully amount of the deposits in accordance with the terms of this Earnest Money Escrow Agreement.

J. Any order, judgment or decree requiring the Escrow Holder to disburse the Earnest Money shall not be binding upon Purchaser or Seller as to the ultimate disposition of the Earnest Money unless and until a final, non-appealable order, judgment or decree is entered by a court having jurisdiction thereof.

K. This Earnest Money Escrow Agreement and all provisions hereof shall be binding upon and shall inure to the benefit of the parties hereto and their respective legal representatives, successors and permitted assigns.

**FOR SELLER:**

\_\_\_\_\_  
Attorney for Seller

**FOR PURCHASER:**

\_\_\_\_\_  
Attorney for Purchaser

Accepted this \_\_\_\_\_ day of  
\_\_\_\_\_, 2011

Chicago Title and Trust Company  
Escrow Holder

By: \_\_\_\_\_

**SCHEDULE 1**

**CERTIFICATION**

The undersigned hereby certifies to Chicago Title and Trust Company, as Escrow Holder under that certain Earnest Money Escrow Agreement dated \_\_\_\_\_, 2011, Escrow Trust Number \_\_\_\_\_, that the undersigned has elected to terminate that certain Purchase Agreement dated \_\_\_\_\_, 2011 by and between SNF Holdings LLC as Purchaser and \_\_\_\_\_ as Seller pursuant to Section 6.A. of the Purchase Agreement.

**SNF Holdings LLC**

By: \_\_\_\_\_

Its: \_\_\_\_\_



**EXHIBIT "C"**

**PERMITTED EXCEPTIONS**

[To be inserted pursuant to the provisions of Section 4.A.]

**EXHIBIT "D"**

**BILL OF SALE**

\_\_\_\_\_ ("Seller") having its principal place of business at \_\_\_\_\_, in consideration of TEN AND NO/100 (\$10.00) DOLLARS, receipt of which is hereby acknowledged, does hereby sell, assign, transfer and set over to \_\_\_\_\_ ("Purchaser"), the following described personal property, to-wit:

All signs, site plans, surveys, soil and substrata studies, architectural renderings, plans and specifications, engineering plans and studies, and other plans or studies of any kind, and personal and tangible property, if any, owned by Seller and used or usable in connection with the operation, development and ownership of the Land (hereinafter referred to as the "Personal Property").

Seller hereby represents and warrants to Purchaser that (a) Seller is the absolute owner of the Personal Property, (b) the Personal Property is free and clear of all liens, charges and encumbrances, and (c) Seller has full right, power and authority to sell the Personal Property and to make this Bill of Sale. ALL WARRANTIES OF QUALITY, FITNESS AND MERCHANTABILITY ARE HEREBY EXCLUDED.

IN WITNESS WHEREOF, Seller has caused this Bill of Sale to be signed and sealed in its name by its officers thereunto duly authorized this \_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
By: \_\_\_\_\_  
Its: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
  ) )  
COUNTY OF \_\_\_\_\_ )

SS.

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me appeared \_\_\_\_\_, to me personally known, who being by me duly sworn, did say that he/she is the \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_, the \_\_\_\_\_ that executed the within and foregoing instrument and that said instrument was signed and sealed in behalf of said \_\_\_\_\_ and that the seal affixed is the corporate seal of said corporation and said \_\_\_\_\_ acknowledged said instrument to be the free act and deed of said \_\_\_\_\_.

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

\_\_\_\_\_ County  
My Commission Expires:

\_\_\_\_\_

**EXHIBIT "E"**

**RE-AFFIRMATION OF REPRESENTATIONS AND WARRANTIES**

**THIS RE-AFFIRMATION OF REPRESENTATIONS AND WARRANTIES ("Re-Affirmation")**  
is made as of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
("Seller").

**WITNESSETH:**

**WHEREAS**, that certain Purchase Agreement dated as of \_\_\_\_\_, \_\_\_\_\_ ("Agreement") was entered into between Seller and SNF Holdings, LLC, an Illinois limited liability company ("Purchaser"), pertaining to the purchase and sale of the property legally described on Exhibit "A" attached hereto and made a part hereof ("Property"); and

**WHEREAS**, as a condition to the closing of the transaction contemplated under the Agreement, Seller is required to execute and deliver this Re-Affirmation.

**NOW, THEREFORE**, for Ten Dollars (\$10.00) in hand paid, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Seller hereby certifies to Purchaser that all of the representations and warranties made by Seller pursuant to the Agreement are true and correct as of the date hereof and are reaffirmed and remade as of the date hereof to Purchaser by Seller, except as shown on Exhibit "B" attached hereto and made a part hereof. This Affirmation has been delivered by Seller to Purchaser pursuant to the terms of the Agreement and nothing herein contained is intended to modify the terms of the Agreement.

**IN WITNESS WHEREOF**, Seller has executed and delivered this Re-Affirmation as of the day and year first above written.

\_\_\_\_\_  
By: \_\_\_\_\_  
Its: \_\_\_\_\_

EXHIBIT "A"

LEGAL DESCRIPTION

**EXHIBIT "B"**

**EXCEPTIONS TO REPRESENTATIONS AND WARRANTIES**

**EXHIBIT "F"**

**ASSIGNMENT OF  
INTANGIBLE PROPERTY AND OTHER RIGHTS**

**FOR VALUE RECEIVED,** \_\_\_\_\_ ("Assignor"), hereby conveys, assigns, transfers, and sets over unto \_\_\_\_\_ ("Assignee") all the right, title and interest of Assignor in and to any and all intangible property now or hereafter owned, controlled or held by Seller, solely in connection with the Land and Personal Property, including, but not limited to: (i) all development rights relating or appurtenant to the Land; (ii) all rights to obtain utility service in connection with the Land; and (iii) assignable licenses and other governmental permits and permissions relating to the Land and the development and use thereof (collectively, the "Intangible Property"). All defined terms utilized herein without definition shall have the meaning ascribed to such terms in that certain Purchase Agreement dated \_\_\_\_\_ by and between Assignor and Assignee.

This Assignment shall be binding upon and shall inure to the benefit of Assignor, Assignee and their respective successors and assigns.

**IN WITNESS WHEREOF,** Assignor has executed this Assignment of Intangible Property and Other Rights on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, which instrument is effective this date.

**ASSIGNOR:**

\_\_\_\_\_  
By: \_\_\_\_\_  
Its:

**EXHIBIT "G"**

**See Attached**



## SECURITY AGREEMENT

THIS SECURITY AGREEMENT (this "Agreement") is made and delivered as of \_\_\_\_\_, 2011 by Ashraf Lakhany and Merunisa Lakhany, whose address is 1409 Sycamore Hills Pkwy., Fort Wayne, IN 46814 (together "Lakhany"), to and for the benefit of SNF Holdings, LLC, an Illinois limited liability company, having its principal place of business at 2135 N. Clifton Ave., Chicago, IL 60614 ("SNF").

### RECITALS:

A. SNF and Lakhany Group Investments, L.L.C., an Illinois limited liability company ("Seller") have entered into that certain Purchase Agreement dated of even date herewith (the "Purchase Agreement"), pursuant to which Seller has agreed to sell and Buyer has agreed to purchase certain real property located in Naperville, Illinois and more particularly described therein (the "Property"), subject to the terms and conditions set forth in the Purchase Agreement.

B. As a condition to SNF's obligation to purchase the Property, Seller has agreed to enter into certain agreements to establish various easement rights and to provide for the sharing of certain costs relating to the development and operation of the Property and adjacent lands (the "Development Agreements"). The parties acknowledge and agree that SNF is entering into the Purchase Agreement in reliance upon the Seller's covenant and agreement to enter into and perform its obligations under the Development Agreements, and in the event that Seller breaches its obligations under the Purchase Agreement, SNF will suffer significant losses that cannot be adequately remedied by enforcement of remedies available under the Purchase Agreement. As a condition to entering into the Purchase Agreement, SNF is requiring that Lakhany secure the Seller's obligations under the Purchase Agreement (the "Seller's Obligations")

C. Lakhany is a member of Seller and will benefit from the consummation of the transaction as set forth in the Purchase Agreement. Lakhany is willing, on the terms and conditions contained herein, and in the Purchase Agreement to secure Seller's Obligations by granting to SNF a security interest in certain assets of Lakhany.

NOW, THEREFORE, for and in consideration of entering into the Purchase Agreement, and as an inducement for SNF to do so, upon the terms and conditions set forth therein, and in consideration of the mutual promises, covenants and agreements set forth in the Purchase Agreement and in this Security Agreement, Lakhany and SNF hereby agree as follows:

1. Creation of Security Interest. Lakhany hereby grants to SNF a lien on and security interest in and does hereby collaterally assign, pledge, mortgage, convey and set over unto SNF all of Lakhany's rights and interest in that certain Merrill Lynch Account #675-11560, together with all interest and dividends thereon, including all securities, investment properties, cash and cash equivalents and other property now or any time on deposit in such account, and all proceeds, products and distributions from such account (hereinafter referred to collectively as the "Collateral")

2. Lakhany's Obligations.

(a) Performance of Seller's Obligations. The security interest created herein is given as additional security for the performance of all Seller's Obligations.

(b) Protection of Collateral. Lakhany shall take any and all steps required to protect the Collateral and to protect the priority of the security interest granted herein, and in pursuance of this obligation, Lakhany agrees that:

(i) Lakhany shall not sell, transfer, lease or otherwise dispose of any of the Collateral or any interest therein or offer to do so, without the prior written consent of SNF, or permit anything to be done that may impair the value of any of the Collateral or the security intended to be afforded by this Agreement;

(ii) Lakhany shall sign and execute and deliver to SNF a Pledged Collateral Account Control Agreement in the form attached hereto as Exhibit A, as well as any financing statement or other document, and pay all connected costs, expenses and fees, including, without limitation, attorneys' fees, necessary to protect the security interest under this Agreement against the rights, interests or claims of third persons;

(iii) Lakhany shall reimburse SNF for all costs, expenses and fees, including, without limitation, court costs and reasonable attorneys' fees, incurred for any action taken by SNF to remedy a default of Lakhany under this Agreement;

(iv) Lakhany shall (A) from time to time execute and deliver to SNF all such other assignments, certificates, supplemental writings, and financing statements, and do all other acts or things as SNF may request in order to more fully evidence and perfect the security interest created herein; (B) properly perform or cause the performance of all of Seller's Obligations under the Purchase Agreement; (C) furnish SNF with any information or writings which SNF may request concerning the Collateral; (D) allow SNF to inspect all records relating to the Collateral; (E) notify SNF of any claim, action or proceeding affecting title to the Collateral, or any part thereof, or the security interest created herein, and, at the request of SNF, appear in and defend, at Lakhany's sole cost and expense, any such action or proceeding; and (F) after being requested by SNF, pay to SNF the amount of all expenses, including, without limitation, reasonable attorneys' fees, court costs and other legal expenses, incurred by SNF in enforcing the security interest created herein;

(v) Lakhany shall not, without the prior written consent of SNF: create any other security interest in, mortgage, pledge, or otherwise encumber the Collateral, or any part thereof, or permit the same to be or become subject to any lien, attachment, execution, sequestration, other legal or equitable process, or any encumbrance of any kind or character;

(vi) Should the Collateral, or any part thereof ever be in any manner converted by its issuer or maker into another type of property or any money or other proceeds ever

be paid or delivered to Lakhany as a result of Lakhany's rights in the Collateral, then, in any such event, all such property, money and other proceeds shall become part of the Collateral, and Lakhany covenants to forthwith pay or deliver to SNF all of the same which is susceptible of delivery and, at the same time, if SNF deems it necessary and so requests, Lakhany will properly endorse or assign the same. With respect to any of such property of a kind requiring any additional security agreement, financing statement or other writing to perfect a security interest therein in favor of SNF, Lakhany will forthwith execute and deliver to SNF whatever SNF shall deem necessary or proper for such purpose.

3. Default. The occurrence of any one or more of the following shall be an "Event of Default" for purposes of this Agreement:

(a) Untrue Representations and Warranties: The breach of any of the representations or warranties of Lakhany as set forth in this Agreement;

(b) Non-performance of Seller's Obligations: Any default shall occur in the due performance of any of the Seller's Obligations as set forth in the Purchase Agreement or in the performance of any of Lakhany's obligations under this Agreement (other than as described in any other provision of this Section);

(c) Bankruptcy: A petition under any section or chapter of the Bankruptcy Code or any similar law or regulation shall be filed by Lakhany or Seller, or if either Lakhany or Seller shall make an assignment for the benefit of its creditors or if any case or proceeding is filed by Seller for its dissolution or liquidation; or Seller is enjoined, restrained or in any way prevented by court order from conducting all or any material part of its business affairs or if a petition under any section or chapter of the Bankruptcy Code or any similar law or regulation is filed against Lakhany or Seller or any case or proceeding is filed against Seller for its dissolution or liquidation and such injunction, restraint or petition is not dismissed or stated within sixty (60) days after the entry or filing thereof; or an application is made by Lakhany or Seller for the appointment of a receiver, trustee or custodian for any of its assets; or an application is made by any person other than Lakhany or Seller for the appointment of a receiver, trustee or custodian for the Collateral and the same is not dismissed within sixty (60) days after the application therefore.

(d) Insolvency. Lakhany or Seller becomes insolvent or admits in writing that it is unable generally to pay its debts as they become due; or

(e) Mortgage Default. Seller shall be in default (after passage of any applicable cure or grace periods) under the terms of any mortgage encumbering the Property; or a foreclosure action is instituted against the Property, or any part thereof; or

(f) Transfer of Property. Seller's interest in the Property, or any part thereof or interest of any kind therein, shall be sold, transferred, conveyed, encumbered or otherwise hypothecated, whether voluntarily or involuntarily, by operation of law or otherwise.

4. Consequences of Default. Upon the occurrence of any such Event of Default, or at any time thereafter while such Event of Default continues to exist, SNF shall have available to it the following rights and remedies:

(a) Right of Enforcement. SNF shall have and may exercise any and all rights of enforcement and remedies before or after default afforded to a secured party under the Uniform Commercial Code in force in the State of Illinois (the "Uniform Commercial Code") together with any and all other rights and remedies otherwise provided and available to SNF at law or in equity as of the date of this Agreement or the date of default

(b) Right of Sale.

(i) SNF may, at its option, sell or dispose of the Collateral at public or private sale without any previous demand of performance or notice to Lakhany of any such sale whatsoever, except as provided under the Uniform Commercial Code, and from the proceeds of sale retain: (A) all costs and charges incurred by SNF in taking and causing the removal and sale of said property, including such attorneys' fees as shall have been incurred by SNF; and (B) all sums due pursuant to the Purchase Agreement and this Agreement, and all accrued interest thereon. Any surplus of such proceeds remaining shall be paid to Lakhany.

(ii) At any sale or sales made pursuant to this Agreement or in a suit to foreclose the same, the Collateral may be sold in masse or separately, at the same or at different times, at the option of SNF or its assigns. Such sale may be public or private, with notice as required by the Uniform Commercial Code, and the Collateral need not be present at the time or place of sale. At any such sale, SNF or its assigns may bid for and purchase any of the property sold, notwithstanding that such sale is conducted by SNF or its attorneys, agents, or assigns, and no irregularity in the manner of sale or of giving notice shall operate to preclude SNF from recovering any amount due.

(iii) If any notification of intended sale or other disposition of the Collateral or any part thereof is required under the Uniform Commercial Code or other law, such notification, if mailed, shall be deemed reasonably and properly given if mailed to Lakhany at least ten (10) days before such sale or disposition.

(c) Miscellaneous. SNF shall have the right at all times to enforce the provisions of this Agreement in strict accordance with the terms hereof, notwithstanding any conduct or custom on the part of SNF in refraining from so doing at any time or times. The failure of SNF at any time or times to enforce its rights under said provisions strictly in accordance with the same shall not be construed or operate as a waiver of any of the rights and remedies granted SNF hereunder or as having created a custom in any way or manner contrary to the specific provisions of this Agreement or as having in any way or manner modified the same. All rights and remedies of SNF are cumulative and concurrent, and the exercise of one right or remedy by SNF shall not be deemed a waiver or release of any other right or remedy. Except as otherwise specifically required herein, notice of the exercise of any right, remedy or power granted to SNF by this Agreement is not required to be given.

6. Representations and Warranties. Lakhany represent and warrant that:

- (a) Lakhany has authority to execute and deliver this Agreement;
- (b) other than in favor of SNF, no other security agreement covering the Collateral, or any part thereof, has been made and no security interest, other than the one herein created, has attached or been perfected in the Collateral or in any part thereof; and no account control agreement has been entered into, other than in favor of SNF;
- (c) no dispute, right of set-off, counterclaim or defenses exist with respect to any part of the Collateral;
- (d) all information supplied and statements made in any financial or credit statement or application for credit heretofore delivered to SNF by or on behalf of Lakhany or Seller are true and correct in all material respects as of the date hereof;
- (e) at the time SNF's security interest created herein attaches to any of the Collateral or its proceeds, Lakhany will be the lawful owner with the right to transfer any interest therein, and Lakhany will make such further assurances so as to prove title to the Collateral in Lakhany as may be required and will defend the Collateral and its proceeds against the lawful claims and demands of all persons whomsoever; and
- (f) the Collateral currently consists of Wells Fargo Money Market account, and as of the date hereof, has a market value of \$318,000. Lakhany shall not trade or substitute any securities held as part of the Collateral without the prior written consent of SNF.

7. Mutual Agreements. Lakhany and SNF mutually agree as follows:

- (a) "Lakhany" and "SNF" as used in this Agreement include the successors and permitted assigns of those parties.
- (b) This Agreement includes all amendments and supplements thereto and all assignments thereof. This Agreement shall not be amended, modified or supplemented without the written agreement of Lakhany and SNF at the time of such amendment, modification or supplement.
- (c) This Agreement shall be construed in accordance with and governed by the laws of the State of Illinois. All provisions of this Agreement shall be deemed valid and enforceable to the extent permitted by law. Any provision or provisions of this Agreement which are held unenforceable, invalid or contrary to law by a court of competent jurisdiction, or the inclusion of which would affect the validity or enforceability of this Agreement, shall be of no force or effect, and in such event each and all of the remaining provisions of this Agreement shall subsist and remain and be fully effective according to the tenor of this Agreement as though such invalid, unenforceable or unlawful provision or provisions had not been included in this Agreement.
- (d) All notices, demands, requests and other communications under this Agreement shall be in writing and shall be deemed properly served (i) on the date sent, if delivered by

hand; (ii) one day after the date such notice is deposited with an overnight delivery service; (iii) on the date sent, if delivered via email at the addresses set forth below, with a hard copy to follow by overnight delivery service; (iv) on the date when received with proof of receipt to the party to whose attention it is directed or when such party refuses to accept receipt if sent, postage prepaid, by registered or certified mail, return receipt requested, postage prepaid, addressed as follows:

If intended for SNF:	Jason Schreiber SNF Holdings, LLC 2135 N. Clifton Ave. Chicago, IL 60614
With a copy to:	Transitions Care Management 6400 Shafer Court Rosemont, IL 60018 Attn: Brian Speck
and a copy to:	Marilyn Dunn Attorney at Law 55 W. Wacker, 9 <sup>th</sup> Floor Chicago, IL 60601 mdunn.law@atl.net
If intended for Lakhany:	Ash Lakhany Superhost Enterprise 8615 US 24 West Fort Wayne, IN 46804
With a copy to:	Salman Azam Lakeshore law Group LLP 333 N. Michigan Ave., Suite 1317 Chicago, IL 60601

or such other address or to such other party which any party entitled to receive notice hereunder designates to the others in writing by a notice duly given hereunder.

(e) This Agreement shall inure to the benefit of SNF, its successors and assigns and shall be binding upon Lakhany and its successors and permitted assigns.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, Lakhany has executed this Agreement as of the date first above written.

\_\_\_\_\_  
Ashraf Lakhany

\_\_\_\_\_  
Merunisa Lakhany

Exhibit A

Form of Account Control Agreement





## **Pledged Collateral Account Control Agreement**

---

# Pledged Collateral Account Control Agreement

## PLEGGED COLLATERAL ACCOUNT CONTROL AGREEMENT

**INSTRUCTIONS:** Complete Boxes A, B, and C.

### 1. The Parties

The Parties to this agreement ("Agreement") are the Client named below, the Creditor named below and Merrill Lynch, Pierce, Fenner & Smith Incorporated ("Merrill Lynch").

### 2. The Pledged Account

#### Box A

Client has granted Creditor a security interest in Merrill Lynch account 675-11560 ("Account") pursuant to a separate Security Agreement between Client and Creditor.

If the Account will be a new Merrill Lynch account, Client hereby instructs Merrill Lynch to transfer the assets listed in Exhibit A to the Account. The Account shall be maintained as a cash securities account, and will be titled "[Name of Client] Pledged Collateral Account for [Name of Creditor]" or a substantially similar title.

The purpose of this Agreement is to perfect the Creditor's security interest in the Account by granting Creditor control over the Account; however, this Agreement does not create Creditor's security interest in the Account inasmuch as Client and Creditor have a separate Security Agreement for that purpose.

Client has not granted a security interest in the Account to any party other than Creditor, except for Merrill Lynch's broker lien referenced in section 7 and any lien for service fees to an Investment Manager or Agent named in Box B in section 4. Merrill Lynch has not entered into a Control Agreement with respect to the Account with any other party and agrees that it will not do so while this Agreement is in effect. The manager signing this Agreement on behalf of Merrill Lynch hereby represents, to the best of his or her knowledge, that no person other than Client, Creditor, Merrill Lynch and any Investment Manager or Agent named in Box B in section 4 has any claim, lien or interest in the Account or the assets in the Account.

All assets in the Account will be treated as financial assets under Article 5 of the New York Uniform Commercial Code.

### 3. Excluded Assets

Client and Creditor acknowledge that the following assets (each an "Excluded Asset" and, collectively, "Excluded Assets") are not covered by this Agreement even if shown, for information purposes, on a periodic account statement for the Account, because Merrill Lynch is not the legal custodian of such assets: money market deposit account (MMDA) balances, shares of the Merrill Lynch Institutional Funds (unless such shares are held directly by Merrill Lynch), non-listed limited partnership interests, annuities and life insurance contracts, and precious metals. Merrill Lynch will not be responsible for assuring that any Excluded Assets are not acquired with assets from the Account.

### 4. Client's Authority over the Account

Until Creditor delivers to Merrill Lynch a Notice of Exclusive Control pursuant to section 6, Client will have full authority to give instructions with respect to assets in the Account in regard to voting and other rights, but will not have the authority to give any entitlement orders with respect to, or terminate or withdraw assets from the Account, except as may be provided in Box C, without written consent by Creditor. Client's authority with respect to trading in the Account and receipt of income from the Account will be governed by the completion of boxes B and C, which authority Creditor may revoke at any time by written notice delivered to Merrill Lynch.

#### Box B

Is Client permitted to trade in the Account?

Yes  No

If yes, except as otherwise provided in section 6, Merrill Lynch may comply with any trading instructions from Client or the Investment Manager or Agent named below without further consent by Creditor.

Print name of Merrill Lynch advisory service, Investment Manager or Agent designated by separate power of attorney or equivalent document on file with Merrill Lynch

#### Box C

Is Client permitted to withdraw income?

Yes  No

If yes, Client is authorized to receive all interest and regular cash dividends earned on assets in the Account monthly:

by check

or

by transfer to account no. \_\_\_\_\_

If an Investment Manager or Agent is named in Box B, Creditor agrees that the assets in the Account are subject to Client's agreement with such manager or agent and that periodic payment of normal advisory and service fees from assets in the Account pursuant to such an agreement is permitted without consent of Creditor.

### 5. Control by Creditor

Merrill Lynch agrees to comply with any instructions it receives from Creditor at any time to transfer, sell, redeem, close open trades or otherwise liquidate any assets in the Account (including

## Pledged Collateral Account Control Agreement

675 11560

instructions to transfer assets directly to, or into an account in the name of, Creditor, without further consent by Client. All instructions to transfer assets from the Account must be in writing. If Creditor is an entity, Merrill Lynch is authorized to take instructions from any person Merrill Lynch reasonably believes represents Creditor.

### 6. Notice of Exclusive Control

Creditor may at any time deliver to Merrill Lynch a "Notice of Exclusive Control" substantially in the form of Exhibit B. Upon receipt of such notice by the manager of the Merrill Lynch office servicing the Account, Merrill Lynch will cease complying with trading instructions from, or on behalf of, Client with respect to the Account, cease distributing to Client interest and regular cash dividends earned on assets in the Account, and refuse to accept any other instructions from Client intended to exercise any authority with respect to the Account except upon instruction of Creditor.

### 7. Priority of Creditor's Security Interest

So long as this Agreement is in effect, Merrill Lynch subordinates in favor of Creditor any security interest, lien, or right of setoff it may have, now or in the future, against assets in the Account, except Merrill Lynch may retain a prior lien on assets in the Account to secure payment for assets purchased for the Account and to collect normal commissions and service fees.

### 8. Duplicate Statements and Confirmations

Merrill Lynch will send Creditor duplicate copies of periodic account statements and trade confirmations, if any, contemporaneously with those sent to Client.

### 9. Responsibility and Protection of Merrill Lynch

Except for permitting a transfer of assets from the Account in violation of section 4, Merrill Lynch will not be liable to Creditor for complying with instructions from Client that are received by Merrill Lynch before Merrill Lynch receives a Notice of Exclusive Control in accordance with section 6. Merrill Lynch will not be liable to Client for complying with a Notice of Exclusive Control or any instructions received from any person Merrill Lynch reasonably believes represents Creditor. Merrill Lynch has no duty to investigate whether Creditor is authorized under the Security Agreement to give such Notice of Exclusive Control or such instructions.

Client hereby agrees to indemnify and hold harmless Merrill Lynch, its officers, directors, employees and agents, and any Investment Manager or Agent named in Box B in section 4, against claims, liabilities and expenses arising out of maintenance of the Account pursuant to this Agreement (including reasonable attorneys' fees), except if such claims, liabilities or expenses are caused solely by Merrill Lynch's or such manager's or agent's gross negligence or willful misconduct, respectively.

Creditor hereby agrees to indemnify and hold harmless Merrill Lynch, its officers, directors, employees and agents, and any Investment Manager or Agent named in Box B in section 4,

against claims, liabilities and expenses (including reasonable attorneys' fees) arising out of Merrill Lynch's compliance with any instructions from Creditor with respect to the Account except if such claims, liabilities or expenses are caused solely by Merrill Lynch's or such manager's or agent's gross negligence or willful misconduct, respectively.

This Agreement does not create any obligations for Merrill Lynch except for those expressly set forth in this Agreement.

### 10. Termination; Survival

Creditor may terminate this Agreement by written notice to Merrill Lynch. Upon notification by Creditor to Merrill Lynch that Creditor's security interest in the Account has terminated, this Agreement will automatically terminate. Merrill Lynch may terminate this Agreement on thirty (30) days written notice to Creditor and Client. In the event that Merrill Lynch voluntarily terminates this Agreement, Merrill Lynch shall transfer the assets in the Account as directed in writing by the Creditor. Section 9, "Responsibility and Protection of Merrill Lynch," will survive termination of this Agreement.

### 11. Effect of Agreement

Client and Creditor agree that this Agreement supplements the applicable Merrill Lynch account agreement with respect to the Account, and any related agreement if the Account is a managed account under a Merrill Lynch advisory program with a manager named in Box B, and that it does not abridge any rights that Merrill Lynch might otherwise have, except as provided in section 7. If there is any inconsistency between this Agreement and such Merrill Lynch account agreements this Agreement will control. The Parties also acknowledge that there are no other understandings or agreements with Merrill Lynch concerning the Account except for this Agreement, the Merrill Lynch account agreements and any agreement with an Investment Manager or Agent named in Box B to which Merrill Lynch may be a party.

### 12. Governing Law

This Agreement and the Account will be governed by the internal laws of the State of New York with respect to interpretation and enforcement.

### 13. Amendments

No amendment of, or waiver of a right under, this Agreement will be binding unless it is in writing and signed by the party to be charged.

### 14. Severability

To the extent a provision of this Agreement is unenforceable, this Agreement will be construed as if the unenforceable provision were omitted.

### 15. Successors and Assigns of Creditor

A successor to or assignee of Creditor's rights and obligations under the Security Agreement between Creditor and Client will succeed to Creditor's rights and obligations under this Agreement.

Pledged Collateral Account Control Agreement 675 11560

SIGNATURE PAGE

INSTRUCTIONS: Fill in names and addresses and sign. Use Exhibit A to ratify the assets to be transferred into the Merrill Lynch Pledged Collateral Account.

PLEASE NOTE: This Agreement may be executed in counterparts, but the proper should provide the completed original to Merrill Lynch with signed photocopy counterparts provided to Client and Creditor.

Client:

Client's Name (Print) ASHRAF LAKHANY
Signature [Signature] Date 3/3/11
Name of Individual Signing (Print)
Title
Client's Address: Street 1409 SYCAMORE HILLS PKWY
City FORT WAYNE State/Province IN
Postal Code (zip code) 46814 Country USA

Creditor:

Creditor's Name (Print)
Signature Date
Name of Individual Signing (Print)
Title (an authorized officer)
Creditor's Address: Street
City State/Province
Postal Code (zip code) Country

Merrill Lynch, Pierce, Fenner, & Smith Incorporated:

Managing Director/Director (or designee) Name (Print)
Signature Date



Pledged Collateral Account Control Agreement

675 115160

EXHIBIT B SAMPLE NOTICE OF EXCLUSIVE CONTROL

NOT TO BE USED AT ACCOUNT OPENING - TO BE USED IN EVENT OF DEFAULT OR OTHER EVENT IN WHICH CREDITOR REQUIRES EXCLUSIVE CONTROL.

PLEASE NOTE:

If this notice is sent by fax, it must be addressed to Managing Director/Director with receipt confirmed by telephone, and the original mailed or delivered to the office servicing the Account as indicated on the account statement.

[Letterhead of Creditor]

Date: \_\_\_\_\_

To: Managing Director/Director  
Merrill Lynch, Pierce, Fenner & Smith Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Insert address of Merrill Lynch office servicing account as indicated on Account Statement)

Pledged Collateral Account number \_\_\_\_\_

In the name of " \_\_\_\_\_ Pledged Collateral Account for \_\_\_\_\_"  
Name of Client Name of Creditor

This is to notify Merrill Lynch that the above-referenced pledged collateral account ("Account") is now under the exclusive control of Creditor named above. Merrill Lynch is hereby instructed to cease complying with trading instructions given by or on behalf of Client (named above) relating to said Account, to cease distributing interest and regular cash dividends earned on property in the Account, and to refuse to accept any other instructions from Client intended to exercise any authority with respect to the Account unless instructed by the undersigned on behalf of Creditor.

Creditor warrants to Merrill Lynch that this Notice of Exclusive Control is lawful and authorized by the Security Agreement between Client and Creditor.

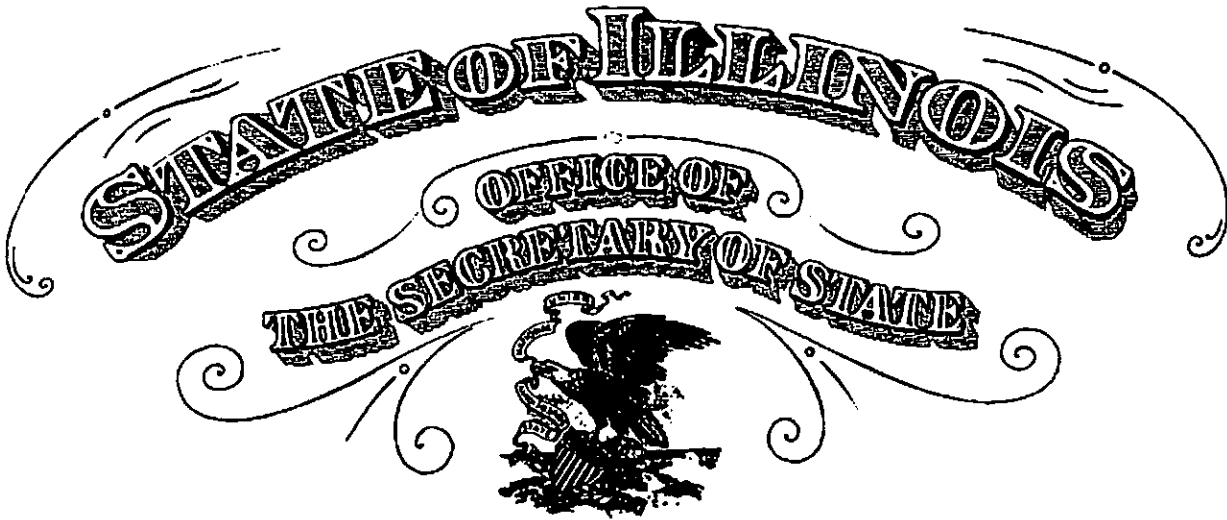
All future instructions on the Account shall be given solely by the undersigned on behalf of Creditor unless further evidence of authority is provided to Merrill Lynch.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (an authorized officer) \_\_\_\_\_

# Attachment 3



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

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

TRANSITIONAL CARE MANAGEMENT LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 26, 2009, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1100501470

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 5TH day of JANUARY A.D. 2011 .**

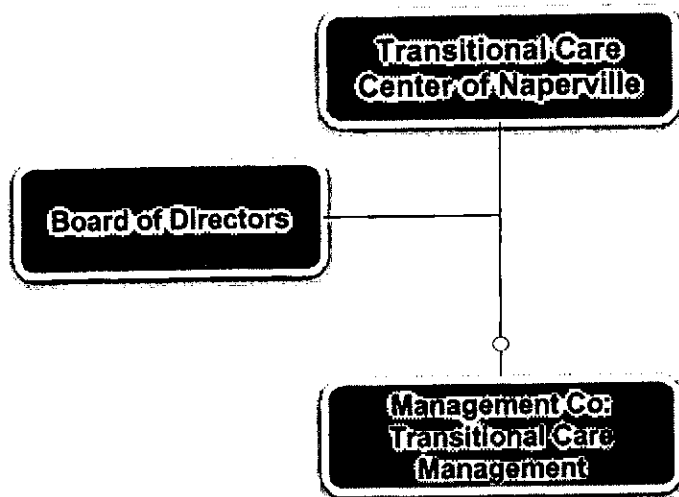
*Jesse White*

SECRETARY OF STATE



# Attachment 4

# Organizational Structure



# Attachment 5



# Attachment 6



# Illinois Historic Preservation Agency

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

DuPage County  
Naperville  
Arbiter Court  
New Construction, Transitional Care Center

PLEASE REFER TO: IHPA LOG #014040511

April 22, 2011

Christopher Dials  
Revere Healthcare, Inc.  
112 Cary St.  
Cary, IL 60013

Dear Mr. Dials:

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

*App Page 78*

# Attachment 7

Naperville SNF

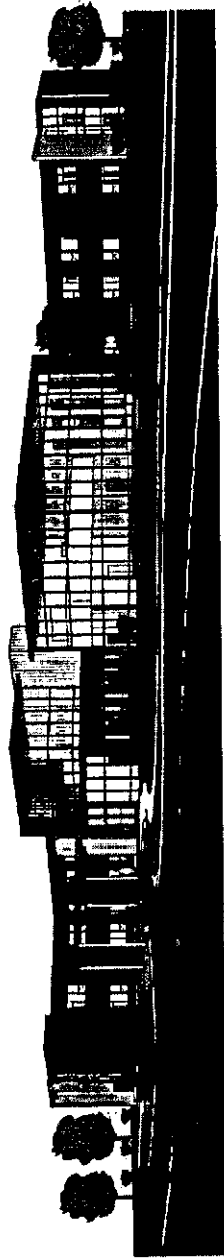
Project Costs and Sources of Funds

USE OF FUNDS	CLINICAL	SUBTOTAL CL	NON-CLINICAL	SUBTOTAL NON-CL	TOTAL
<b>Preplanning Costs</b>		<b>172,666</b>		<b>102,334</b>	
Third party Reports	15,697		9,303		25,000
Organizational Costs and legal	125,575		74,425		200,000
Taxes, Title & Insurance	31,394		18,606		50,000
<b>Site Survey and Soil Investigation</b>					
Included in construction	-	-	-	-	-
	-	-	-	-	-
<b>Site Preparation</b>					
Included in construction	-	-	-	-	-
	-	-	-	-	-
<b>Off Site Work</b>					
<b>New Construction Contracts</b>		<b>8,589,342</b>		<b>5,090,658</b>	
Construction	8,495,161		5,034,839		13,530,000
Landscaping	94,181		55,819		150,000
	-	-	-	-	-
<b>Modernization Contracts</b>					
<b>Contingencies</b>		<b>313,938</b>		<b>186,062</b>	
Working capital allowance	-	-	-	-	-
Construction contingency	313,938		186,062		500,000
Minor movable escrow	-	-	-	-	-
Financing working capital	-	-	-	-	-
<b>Architectural/Engineering Fees</b>		<b>675,908</b>		<b>400,592</b>	
Architect's fee (3.5% of construction cost)	675,908		400,592		1,076,500
	-	-	-	-	-
	502,301	502,301	297,699	297,699	
<b>Consulting and Other Fees</b>					
<b>Movable or Other Equipment (not in construction contracts)</b>		<b>637,294</b>		<b>377,706</b>	
Furnishings and security	637,294		377,706		1,015,000
	-	-	-	-	-
	-	-	-	-	-
<b>Bond Issuance Expense (project related)</b>					
<b>Net Interest Expense During Construction (project related)</b>		<b>497,255</b>		<b>294,709</b>	
	497,255		294,709		791,964
	-	-	-	-	-
	-	-	-	-	-
<b>Fair Market Value of Leased Space or Equipment</b>					
<b>Other Costs to be Capitalized</b>		<b>117,670</b>		<b>69,739</b>	
Cost of financing (3.5% of financed amount)	117,670		69,739		187,409
Cost of financing (1.93% of financed amount)	-	-	-	-	-
<b>Acquisition of Building or Other Property (excluding land)</b>					
<b>TOTAL USES OF FUNDS</b>	<b>11,506,374</b>	<b>11,506,374</b>	<b>6,819,499</b>	<b>6,819,499</b>	<b>18,325,873</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>		<b>NON-CLINICAL</b>		
<b>Cash and Securities-Less cost of land</b>		<b>622,464</b>		<b>368,917</b>	
	622,464		368,917		991,381
	-	-	-	-	-
<b>Pledges</b>					
<b>Gifts and Bequests</b>					
<b>Bond Issues (project related)</b>					
<b>Mortgages</b>		<b>10,883,909</b>		<b>6,450,583</b>	
HUD 40 year nonrecourse loan	10,883,909		6,450,583		17,334,492
<b>Leases (fair market value)</b>					
<b>Governmental Appropriations</b>					
<b>Grants</b>					
<b>Other Funds and Sources</b>					
	-	-	-	-	-
<b>TOTAL SOURCES OF FUNDS</b>	<b>11,506,374</b>	<b>11,506,374</b>	<b>6,819,499</b>	<b>6,819,499</b>	<b>18,325,873</b>



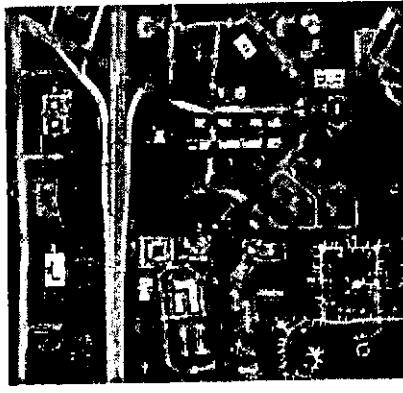
# Attachment 8

**TRANSITIONAL CARE MANAGEMENT - NAPERVILLE**  
ABRITER COURT AND DIEHL RD., NAPERVILLE, IL 60563



PERSPECTIVE DRAWING

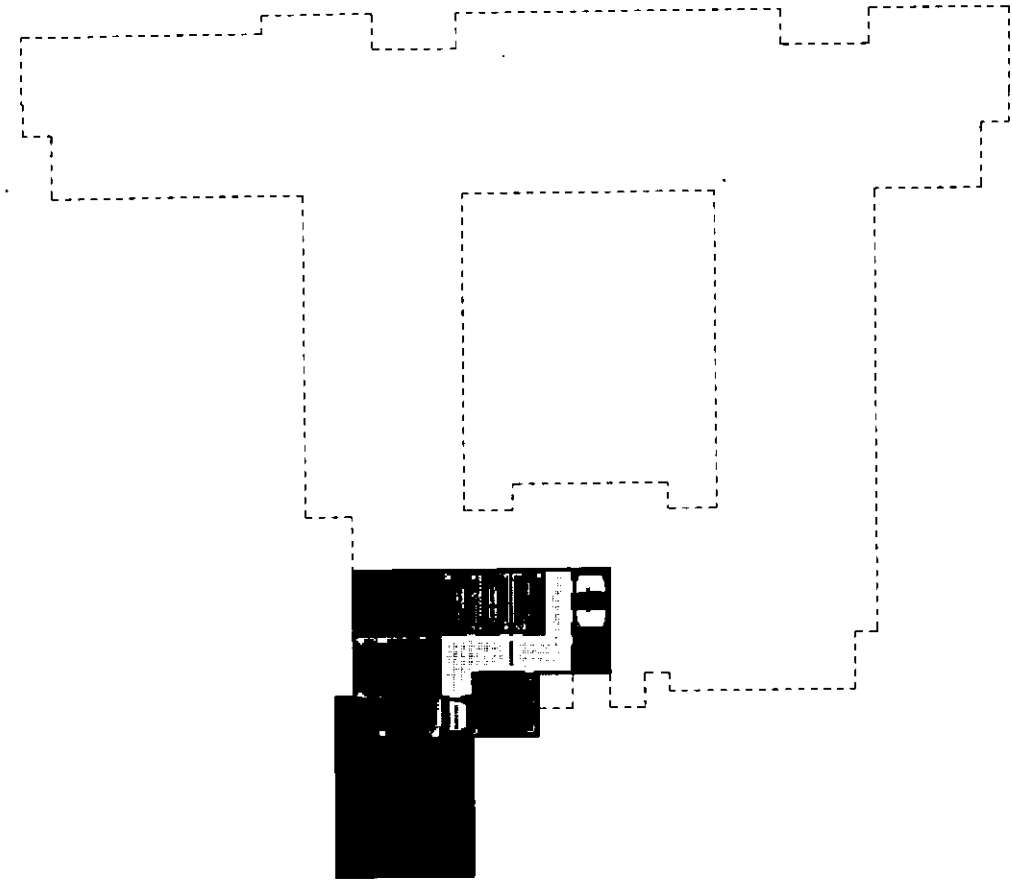
**2401**  
CORPORATED  
ARCHITECTS - CHICAGO, ILLINOIS  
2401 INCORPORATED OF ILLINOIS  
300 N. STATE ST. #3812  
CHICAGO, IL 60610  
T. 312.661.0140  
F. 312.661.0270  
2401ARCHITECTS@GMAIL.COM



Ⓛ NORTH LOCATION MAP

Copyright © 2011 2401 Incorporated. All rights reserved.

TRANSITIONAL CARE NAPERVILLE

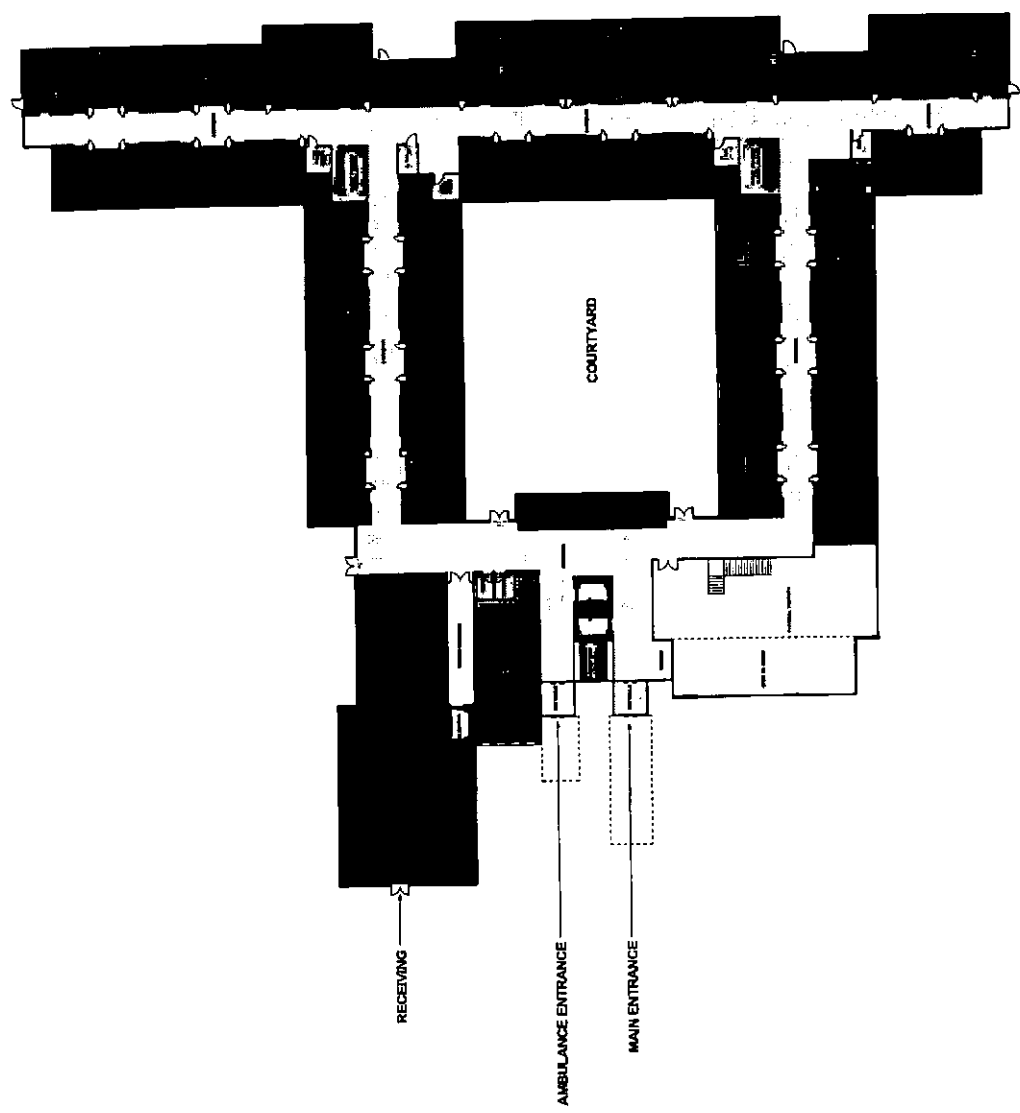


CONCEPTUAL LOWER LEVEL



2401  
INCORPORATED  
ARCHITECTURAL FIRM

TRANSITIONAL CARE NAPERVILLE

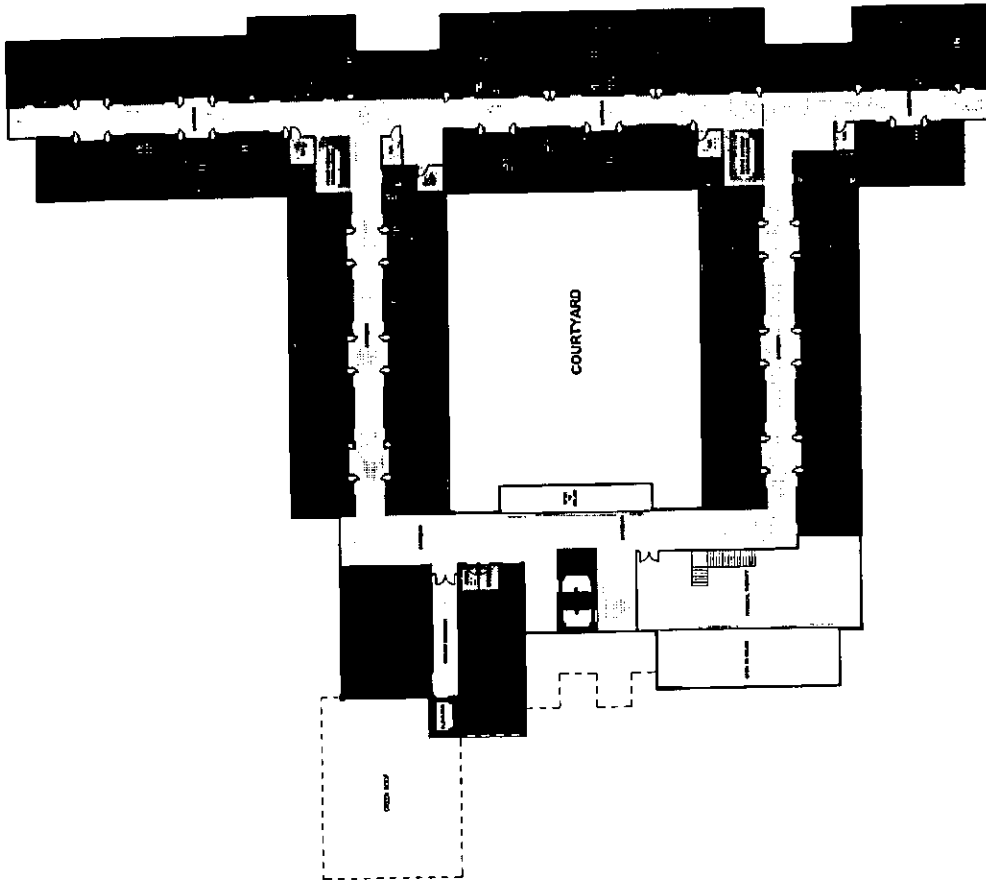


CONCEPTUAL FIRST FLOOR



2401  
CORNOLETTI  
ARCHITECTS

TRANSITIONAL CARE NAPERVILLE

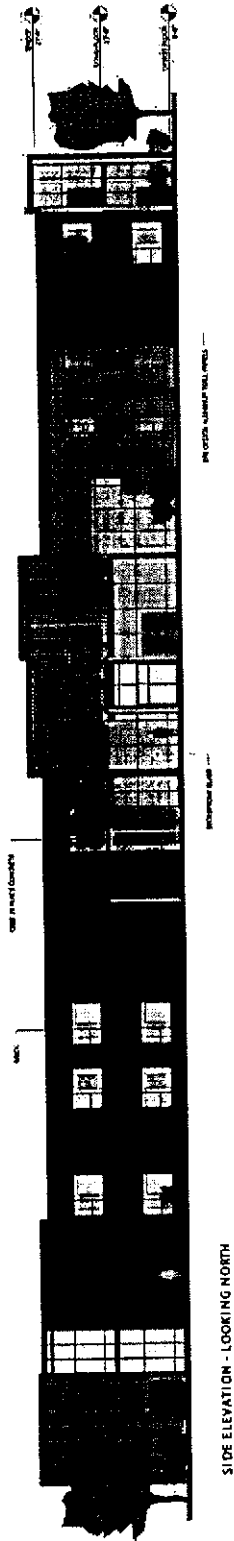


CONCEPTUAL SECOND FLOOR

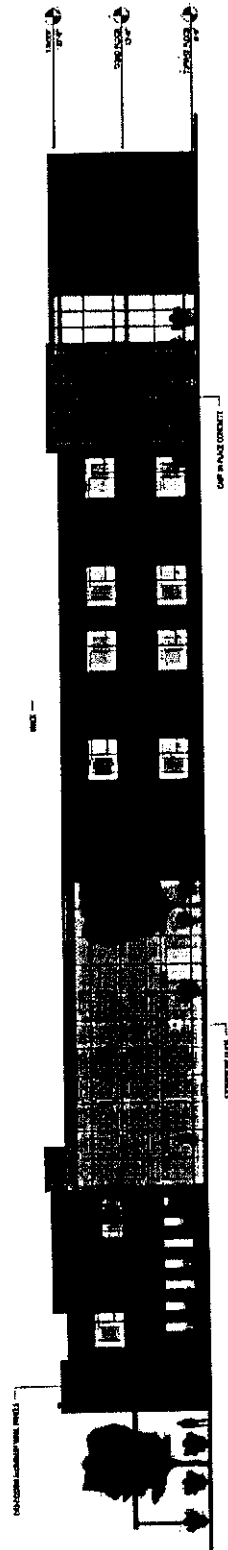


2401  
ARCHITECTS  
ARCHITECTS

TRANSITIONAL CARE NAPERVILLE



SIDE ELEVATION - LOOKING NORTH



FRONT ELEVATION - LOOKING WEST

Criterion 1120.210c Operating Start Up Costs

Naperville SNF

**PROJECTED STATEMENTS OF REVENUES, EXPENSES AND  
CHANGES IN RETAINED EARNINGS**

	Year 1
<b>SERVICE REVENUES</b>	
Private	144,415
Medicaid	512,978
VA	7,997,686
Medicare	
HMO	
<b>TOTAL SERVICE REVENUES</b>	10,931,053
Less Vacancy	<u>907,277</u>
Net Income	9,948,597
<b>OPERATING EXPENSES</b>	
Management Fee	825,734
Adminlstrator	120,016
RN	998,494
LPN	305,327
CNA	623,528
PT	331,820
Rehab Aides	59,254
Speech	169,860
Unit Secretary	-
DON	95,056
Food service Director	49,309
Food service Supervisor	36,844
Activity Asst	22,297
Enviromental Director	27,432
Driver	13,167
Housekeepers	64,191
Laundry	29,627
Maintenance tech	46,800
Social Service	91,312
Social Service Aide	8,290
Billing Clerk	-
Office Manager	26,379
Human Resources	39,502
Admissions	41,085
Receptionists	46,960
Employee Benefits and payroll taxes	1,456,356
Therapy -employed see above	-
Pharmacy	<u>546,850</u>
	-
	-
<b>OTHER EXPENSES (INCOME)</b>	
Depreciation and Amortization	(718,751)
Interest Expense	<u>(950,339)</u>
<b>TOTAL OTHER EXPENSES (INCOME)</b>	<u>(1,669,089)</u>
<b>NET INCOME (LOSS)</b>	<u>(493,026)</u>

# Attachment 9



Naperville SNF	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet that is:			
		Existing	Proposed	New Construction	Modernized	As Is	Vacated Space
<b>CLINICAL</b>							
Patient Rooms	5,618,287	-	22,240	22,240	-	-	-
Patient Bathrooms	1,591,511	-	6,300	6,300	-	-	-
Nurses Station/Med Prep	252,621	-	1,000	1,000	-	-	-
LR/DR/Activity	1,485,410	-	5,880	5,880	-	-	-
Exam Room	73,260	-	290	290	-	-	-
Kitchen/Food Svc	540,103	-	2,138	2,138	-	-	-
PT/OT	1,206,264	-	4,775	4,775	-	-	-
Laundry	442,086	-	1,750	1,750	-	-	-
Janitor Closet	50,524	-	200	200	-	-	-
Clean/Soiled Linen	119,995	-	475	475	-	-	-
Beauty/Barber	126,310	-	500	500	-	-	-
<b>Total CLINICAL</b>	<b>11,506,374</b>	<b>-</b>	<b>45,548</b>	<b>45,548</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>NON CLINICAL</b>							
Office/Admin	378,931	-	1,500	1,500	-	-	-
Kitchen	126,310	-	500	500	-	-	-
EE Lounge	176,835	-	700	700	-	-	-
Locker, Training	143,994	-	570	570	-	-	-
Mechanical	378,931	-	1,500	1,500	-	-	-
Lobby	429,455	-	1,700	1,700	-	-	-
Storage/Maint	631,552	-	2,500	2,500	-	-	-
Corridor/Public Toilet	3,233,547	-	12,800	12,800	-	-	-
Structure/Misc	877,857	-	3,475	3,475	-	-	-
Stairs/Elevators	442,086	-	1,750	1,750	-	-	-
<b>Total NON CLINICAL</b>	<b>6,819,499</b>	<b>-</b>	<b>26,995</b>	<b>26,995</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL</b>	<b>18,325,873</b>	<b>-</b>	<b>72,543</b>	<b>72,543</b>	<b>-</b>	<b>-</b>	<b>-</b>

# Attachment 11

June 28, 2011

Illinois Health Facilities and Services Review Board  
525 West Jefferson St., Second Floor  
Springfield IL 62761

RE: Transitional Care Center of Naperville

Dear Chairman:

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

Thank you.

Sincerely,



Brian Cloch

June 28, 2011

Illinois Health Facilities and Services Review Board  
525 West Jefferson St., Second Floor  
Springfield IL 62761

RE: Transitional Care Center of Naperville

Dear Chairman:

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

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "J Schrieber".

Jason Schrieber

The applicant does not currently operate licensed facilities. However, the applicant has significant experience in doing so, as evidence by the following.

**a. Executive Bios**

1. **Brian Cloch, Chief Executive Officer:** Brian is a career healthcare operator and developer. Brian is responsible for the overall strategic vision of the company and oversees all operational aspects of the company including the establishment of strategic partner relationships and development of clinical programs.
  - a. 26 years experience owning and operating skilled nursing and senior housing properties
  - b. As founder of a skilled nursing that operated as many ten facilities in IL, WI and OH:
    - i. Managed all phases of operations
    - ii. Created new clinical relationships with Hospitals, Physicians and Payers
    - iii. Implemented specific programs (such as a complex wound program) that met service needs of strategic partners
    - iv. Acquired long term care assets from Hospital partners (including not-for-profits Advocate in Illinois and Columbia St. Mary's in Wisconsin)
    - v. Significantly improved operations and census/payer mix at acquisitions (census at one property exceeded 100 Medicare/Managed Care Patients per day, while another topped 80 after starting with next to none)
    - vi. Founded state of the art rehab and therapy company and managed institutional pharmacy
  - c. As a founder of Pathway Senior Living, a developer and operator of assisted and independent living facilities:
    - i. Managed all phases of operations from pre-opening through stabilization
    - ii. Intimate in all aspects of design and development of 17 facilities
    - iii. Developed corporate infrastructure that enables the company to effectively manage 17 properties
  - d. Active and influential in Regulatory and Reimbursement matters
    - i. An architect of Illinois' successful supportive living program which has become the premiere affordable assisted living model in the country
    - ii. Past-President and founder of the Affordable Assisted Living Coalition
    - iii. Chairman of the Illinois Department of Professional Regulation Nursing Home Administrator licensing board
    - iv. Board member of Life Services Network and serves as President of the supportive living cabinet
    - v. Past member of Illinois' Medicaid Transition Team
    - vi. Government Relations Roundtable for Assisted Living Federation of America
2. **Jason Schreiber, President:** Jason is a career healthcare finance professional. Jason is responsible for all financial aspects of the company, including capital raising, investor and lender relations, financial reporting, capital planning, development and feasibility.
  - a. 13+ years experience in healthcare real estate transactions and investments
  - b. Completed over \$8B in financings, acquisitions and advisory assignments across full post-acute/senior housing spectrum (LTACH, Acute Rehab, SNF, ALF, IL, CCRC)
  - c. Most recently was one of initial leadership hires in Merrill Lynch Capital's Healthcare Real Estate business
    - i. Involved in all aspects of Healthcare Real Estate lending business since its inception in 2003 through its growth to over \$3B in assets

- ii. Expert in valuation, market assessment, loan structuring, due diligence and strategic planning for senior housing and healthcare assets
- d. Healthcare real estate finance related roles at various companies including:
  - i. Private equity backed owner/operator of skilled nursing facilities; responsible for acquisitions, financings and development of financial and operational strategies
  - ii. Ziegler Capital Markets: Healthcare investment banking boutique; responsible for financings (including tax exempt bonds and HUD 232) and advisory assignments, including extensive experience with workouts, restructurings, recapitalizations and divestitures
  - iii. Daiwa Securities: Wall street conduit lender; originated, underwrote, securitized and sold healthcare loans
  - iv. Health Care REIT: evaluated new investment opportunities including developments and acquisitions.

June 28, 2011

Illinois Health Facilities and Services Review Board  
525 West Jefferson St., Second Floor  
Springfield IL 62761

RE: Transitional Care Center of Naperville

Dear Chairman:

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

Thank you.

Sincerely,



Brian Cloch

June 28, 2011

Illinois Health Facilities and Services Review Board  
525 West Jefferson St., Second Floor  
Springfield IL 62761

RE: Transitional Care Center of Naperville

Dear Chairman:

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

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "J Schrieber", written in a cursive style.

Jason Schrieber



# Attachment 12

## Purpose of Project

1. Transitional Care Center of Naperville is bringing skilled nursing facilities (SNFs) into a new realm in terms of:

- (1) Quality of care
- (2) Acuity and coordination with other components of the healthcare delivery continuum
- (3) Patient comfort, satisfaction and outcomes

2. The market area is planning area 7-C,, also known as DuPage County Illinois.

3. Existing problems that exist that will be addressed by PP include:

Over the last 30 years a dramatic shift in the utilization of hospitals coupled with the aging of America has created growing demand for quality post-acute care.

- Since 1980 the average length of stay ("ALOS") in a hospital for those over the age of 65 decreased from 10.7 days to 5.5 days. As a result of the shortened stays, patients are being discharged more quickly and with more intense post-acute care needs. This trend will continue as cost containment efforts are refined.
- Approximately 35% of the rapidly growing age 65+ population are admitted to a hospital each year.

Year	1990	2010	2020
65+ Population	30mm	40mm	54mm

- In 2009 SNF revenue for short-term stays (generally less than 30 days, paid for by insurers, managed care companies and Medicare) will exceed \$40B (28% of their total revenue). By 2018 expenditures on short-term SNF stays are projected to grow to \$60B (25%). Rehab Hospitals and Long Term Hospitals generate another \$15B in revenue as providers of post-acute.

4. Sources of information for above:

Centers for Medicare & Medicaid Services

5. Detail of how PP will address the above

TRANSITIONAL CARE CENTER focuses on high acuity patients treated in coordination with hospital and physician partners. The delivery of care across the acute and post-acute settings will be highly coordinated and generate positive outcomes at a lower cost.

- Care: specialized clinical pathways working within the healthcare continuum to properly manage care for each patient
- Physical plant: purpose-built, state-of-the-art transitional care centers that are differentiated from traditional skilled nursing facilities
- Licensed as skilled nursing but with quality and service mix unlike existing SNFs

TRANSITIONAL CARE CENTER's delivery model will offer seamless, high quality post-acute

care to patients that also benefits strategic partners (who control referrals and reimbursements) including:

- Hospitals – seek positive outcomes while managing capacity and reimbursement
- Physicians – seek positive outcomes in a systematic manner enabling them to effectively manage and grow their practices
- Payers - motivated to provide positive outcomes in a cost effective manner

TRANSITIONAL CARE CENTER's role in the healthcare continuum will be that of a post-acute "relief-valve" for all of its strategic partners; TRANSITIONAL CARE CENTER provides high acuity care ...

- At a lower cost than other settings (such as hospitals, rehab hospitals, or long term acute care hospitals) and
- In a more coordinated manner, located in a physical plant far more desirable than the typical skilled nursing facility.

TRANSITIONAL CARE CENTER's role as the low-cost provider of high acuity post-acute services positions TRANSITIONAL CARE CENTER to capitalize on efforts to reform healthcare; whether reform measures result in bundling, a single post-acute reimbursement system, or a managed care model, TRANSITIONAL CARE CENTER will be poised for success.

While select traditional skilled nursing facilities currently serve patients that may approach the acuity levels TRANSITIONAL CARE CENTER contemplates, TRANSITIONAL CARE CENTER will have competitive advantages relative to the traditional nursing home, including:

1. TRANSITIONAL CARE CENTER's state of the art physical plants with a rehab focus versus the traditional model that is dated (semi-private rooms, no in-room showers, limited therapy space/equipment) and combines a mix of high acuity patients with long term indigent patients.
  2. TRANSITIONAL CARE CENTER's strategic partnerships with hospitals and physicians enable TRANSITIONAL CARE CENTER to admit patients with higher care needs than the traditional SNF while still generating positive outcomes.
  3. TRANSITIONAL CARE CENTER's high acuity focus does not require payers (Medicare, Managed Care, Private Insurance) to subsidize long term patients in the facility who are reimbursed by lesser payers.
6. Goals with measurable objectives and timeframes.

Serve 300 residents requiring skilled nursing and rehabilitative services and discharge to home by 2013.

# Attachment 13

## Alternatives

### 1. Do nothing

Although this alternative is no longer recognized by the Board, doing nothing was rejected due to the absence of a facility providing transitional care to residents of Naperville and surrounding communities.

### 2. Purchase existing facility

This alternative was rejected because there are no facilities are currently offered for sale in Naperville.

### 3. Expand an existing facility

This was rejected because the applicant does not currently own a facility in the market.

### 4. Purchase or lease a building to convert

This was rejected because there are no suitable buildings for the proposed program in existence in Naperville, and conversion cost of those buildings that are available would be prohibitive.

### 5. Construct a smaller facility

The size of the facility being proposed meets the needs of the area in the most cost efficient method possible. A facility of smaller size (eg 80 beds) still requires certain staff, such as an Administrator and a Director of Nursing, whose salaries would then be spread over fewer beds.

### 6. Construct a new facility

The final option, to construct a new facility, is the option chosen. The proposed skilled nursing facility will be a two-story building containing 72,543 gross square feet. The facility will contain nearly all private skilled nursing rooms. The total project will be constructed for \$21 million. The facility will be built specifically for the intended population requiring transitional care. A new, purpose built facility will allow Transitional Care Center to accomplish the following:

- deliver high quality transitional care in an efficient, coordinated manner;
- deliver high quality rehabilitative care outside of traditional settings significantly reduces the cost of care in comparison to an acute care medical/surgical or acute care rehabilitation stay;
- develop clinical pathways and have specialized staffing is especially beneficial to orthopedic groups that do a high volume of joint replacements.\*

\* In these relationships Transitional Care Center develops clinical pathways to address specific care needs specified by the physicians. These pathways result in cost effective care that is well coordinated and generates the best patient outcomes. The facility is designed to facilitate this innovative program.

# Attachment 14

**Project Scope, Utilization, and Unfinished/Shell Space**

**Size of Project:**

1. The physical space is necessary for delivering the program – 120 skilled nursing beds, nurses station, therapy room, clean and dirty linen rooms, shower rooms, etc.

The physical space is necessary to deliver the proposed transitional care program. First, the patients to be served will be high acuity and require substantial medical and rehabilitative services. Private rooms are required to deliver these services in their room, particularly to accommodate medical equipment and multiple staff at any given time. A large therapy gym is required to deliver one or more modalities to the large number of patients receiving services at any given time.

2. The gross square footage is in line with the BGSF standards in Appendix B.

**SIZE OF PROJECT**

DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
General Long-Term Care	604 BGSF/Bed	435-713 BGSF/Bed	N/A	Yes

# Attachment 15





**Project Scope, Utilization, and Unfinished/Shell Space**

**PROJECT SERVICES UTILIZATION:**

The operating proforma model projects a starting occupancy of 36 beds in month 1, and the project's occupancy will ramp up at a rate of 5 beds per month until achieving stabilized occupancy of 96% or 115 beds in month 16.

The rationale behind this fill rate is as follows:

1. The bed need calculation prepared by HFSRB for planning area 7-C identifies a need for 640 beds by 2015.
2. Edward Hospital estimates that they will refer 400 patients per year to the facility.

**UTILIZATION**

	<b>DEPT./ SERVICE</b>	<b>HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.</b>	<b>PROJECTED UTILIZATION</b>	<b>STATE STANDARD</b>	<b>MET STANDARD?</b>
<b>YEAR 1</b>	General Long-Term Care	Occupancy	75%	90%	NO
<b>YEAR 2</b>	General Long-Term Care	Occupancy	96%	90%	YES

# Attachment 28

**General Long Term Care:**

**1110.1730(b)(1) Formula Calculation**

The project proposes 120 beds. The project site is in Naperville, Illinois in DuPage County, which is known as planning area 7-C. As of the 2008 Inventory of LTC Facilities, this planning area has the following need/(surplus):

576 bed need

As of the June 23, 2011 update to the Inventory, the need/(surplus) calculations show the following:

640 bed need

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

- A) The primary purpose of the project is to provide necessary health care to residents in planning area 7-C, also known as DuPage County, Illinois.
- B) As indicated in the hospital referral letter in the following section, in excess of 50% of project patient volume will be from residents of the area.

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

- B) Projected referrals from Edward Hospital are attached.
- C) The projected demand for service is based on the bed need calculation in the 2008 Inventory of LTC Facilities and Services and Need Determinations pages A-108 and A-109 and its June 23, 2011 update (attached).

June 8, 2010

Dale Galassie, Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Galassie:

We anticipate that Transitional Care Center of Naperville will become a crucial discharge destination for Edward Hospital, and we look forward to the increased access to high quality post-acute care that will be provided as a result of the proposed project.

Edward Hospital would expect to refer approximately 400 patients annually to Transitional Care Center of Naperville within 24 months of the project's opening.

These projected patient referrals:

- Do not exceed Edward Hospital's total discharges to long term care facilities in the period between May 1, 2009 and April 30, 2010.
- Have not been used to support another pending or approved CON application.

Sincerely,

Pamela Meyer Davis  
President/CEO  
Edward Hospital & Health Services

ACKNOWLEDGEMENT

State of Illinois  
County of DuPage

This instrument was acknowledged before me on June 10, 20 10, by Pam Davis

Mary Anne Marker  
Notary Public



PMD:jep

711

June 8, 2010

Dale Galassie, Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Galassie:

Edward Hospital referred 2,736 patients to area long term care facilities in the twelve months ending April 30, 2010. The number of referrals by the ZIP code of patient residence is provided on the following pages. Thank you.

Sincerely,



Pamela Meyer Davis  
President/CEO  
Edward Hospital & Health Services

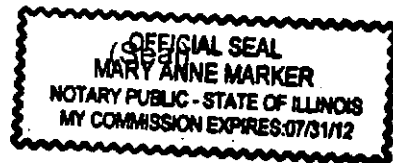
ACKNOWLEDGEMENT

State of Illinois  
County of DuPage

This instrument was acknowledged before me on June 10, 20 10, by

Pam Davis

  
Notary Public



Attachment  
PMD:jep

112



Sorted by Grand Total Trans to TLS, descending		
Zip Code (5 digit only)	City	Grand Total- Transferred to Long Term Care
60563	Naperville	756
60540	Naperville	367
60565	Naperville	252
60532	Lisle	213
60440	Bolingbrook-East	128
60544	Plainfield-Central	125
60564	Naperville-South	111
60517	Woodridge	81
60446	Romeoville	62
60585	Plainfield-North	31
60504	Aurora	30
60543	Oswego	30
60137	Glen Ellyn	27
60505	Aurora	26
60555	Warrenville	26
60403	Joliet/Crest Hill	23
60502	Aurora	23
60490	Bolingbrook-West	21
60586	Plainfield-South	20
60516	Downers Grove	19
60189	Wheaton	17
60148	Lombard	16
60506	Aurora	16
60561	Darien	15
60515	Downers Grove	14
60187	Wheaton	13
60548	Sandwich	12
60188	Carol Stream	10
60503	Aurora	9
60185	West Chicago	8
60542	North Aurora	8
60560	Yorkville	8
60435	Joliet	7
60439	Lemont	6
60491	Homer Glen	6
60523	Oak Brook	6
60538	Montgomery	6
60552	Somonauk	6
60404	Joliet/Shorewood	5
60108	Bloomingtondale	4
60447	Minooka	4
60510	Batavia	4
60526	La Grange Park	4
60527	Oak Brook	4

Sorted by Grand Total Trans to TLS, descending		
Zip Code (5 digit only)	City	Grand Total- Transferred to Long Term Care
60545	Plano	4
60554	Sugar Grove	4
60559	Westmont	4
60126	Elmhurst	3
60131	Franklin Park	3
60174	Saint Charles	3
60441	Lockport	3
60521	Hinsdale	3
60558	Western Springs	3
60804	Cicero	3
61350	Ottawa	3
20190		2
23168		2
26155		2
34607		2
53115		2
55424		2
55731		2
60007	Elk Grove Villa	2
60010	Barrington	2
60074	Palatine	2
60101	Addison	2
60103	Bartlett	2
60115	Dekalb	2
60139	Glendale Height	2
60190	Winfield	2
60406	Blue Island	2
60431	Joliet	2
60518	Earlville	2
60525	La Grange	2
60531	Leland	2
60551	Sheridan	2
60567	Naperville	2
60620	Chicago	2
94131		2
94521		2
6563		1
7044		1
27615		1
33707		1
33852		1
43080		1
46321		1
46807		1

Sorted by Grand Total Trans to TLS, descending		
Zip Code (5 digit only)	City	Grand Total- Transferred to Long Term Care
49031		1
51201		1
60035	Highland Park	1
60068	Park Ridge	1
60107	Streamwood	1
60112	Cortland	1
60119	Elburn	1
60143	Itasca	1
60154	Westchester	1
60175	Saint Charles	1
60181	Villa Park	1
60401	Beecher	1
60408	Braidwood	1
60416	Coal City	1
60420		1
60429	Hazel Crest	1
60433	Joliet	1
60434	Joliet	1
60451	New Lenox	1
60453	Oak Lawn	1
60459	Burbank	1
60463	Palos Heights	1
60473	South Holland	1
60477	Tinley Park	1
60480	Willow Springs	1
60501	Summit Argo	1
60534	Lyons	1
60541	Newark	1
60549	Serena	1
60614	Chicago	1
60616	Chicago	1
60625	Chicago	1
60630	Chicago	1
60632	Chicago	1
60638	Chicago	1
60641	Chicago	1
60652	Chicago	1
60655	Chicago	1
60707	Elmwood Park	1
61021		1
61081		1
61107		1
61270		1
61301	La Salle	1

Sorted by Grand Total Trans to TLS, descending		
Zip Code (5 digit only)	City	Grand Total- Transferred to Long Term Care
61325	Grand Ridge	1
61342	Mendota	1
61349		1
61364	Streator	1
61373	Utica	1
61607		1
61727		1
61729		1
61761		1
61853		1
62223		1
68776		1
76082		1
78239		1
80134		1
85204		1
89113		1
91316		1
95502		1
Grand Total		2736

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

Illinois Health Facilities Planning Board  
Illinois Department of Public Health

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
ABBINGTON REHAB & NURSING CTR	ROSELLE	Bloomingtondale Township	82	24,543	0	0
ALDEN-NAPERVILLE REHAB & CARE	NAPERVILLE	Naperville Township	203	55,521	0	0
ALDEN-VALLEY RIDGE REHAB & CARE	BLOOMINGDALE	Bloomingtondale Township	207	64,816	0	0
ANCHORAGE OF BENSENVILLE	BENSENVILLE	Addison Township	222	51,216	0	0
2/5/2007 Bed Change Discontinued 3 nursing care beds; bed totals now 222 nursing care beds.						
ARBON OF ITASCA	ITASCA	Addison Township	144	41,027	0	0
BEACON HILL	LOMBARD	York Township	108	36,465	0	0
BRIGHTON GARDENS-BURR RIDGE	BURR RIDGE	Downers Grove Township	30	7,476	120	34,499
6/2/2005 Changed ID Changed facility id from 6014302 to comply with the Federal Data Entry System.						
BURGESS SQUARE	WESTMONT	Downers Grove Township	207	65,448	0	0
CHATEAU NRSNG & REHAB CENTER	WILLOWBROOK	Downers Grove Township	150	49,619	0	0
Formerly "Adventist Living Center", "Church Creek Nursing Center" and "Chateau Center".						
COMMUNITY NSG & REHAB CENTER	NAPERVILLE	Naperville Township	153	49,522	0	0
DUPAGE CONVALESCENT HOME	WHEATON	Milton Township	508	125,880	0	0
ELM BROOK HEALTHCARE & REHAB CENTER	ELMHURST	York Township	180	63,732	0	0
ELMHURST EXTENDED CARE CENTER	ELMHURST	York Township	112	31,358	0	0
ELMHURST MEMORIAL HOSPITAL	ELMHURST	York Township	38	11,483	0	0
FAIRVIEW BAPTIST HOME	DOWNERS GROVE	Downers Grove Township	160	52,552	72	1,548
LEXINGTON HLTH CARE CTR-BLOOMINGDALE	BLOOMINGDALE	Bloomingtondale Township	172	55,896	0	0
LEXINGTON HLTH CARE CTR-LOMBARD	LOMBARD	York Township	224	71,608	0	0
LEXINGTON OF ELMHURST	ELMHURST	York Township	150	50,802	0	0
LEXINGTON OF ELMHURST(PERMIT)	ELMHURST	York Township	85		0	
6/12/2007 07-014 Permit issued to add 85 Nursing Care beds to an existing long-term care facility; facility with have 235 beds upon project completion.						
MANOR CARE - HINSDALE	HINSDALE	Downers Grove Township	200	66,475	0	0
8/24/2006 Bed Change Added 8 nursing care beds; facility now has 200 nursing care beds.						
MANOR CARE - NAPERVILLE	NAPERVILLE	Naperville Township	118	36,390	0	0
MANOR CARE - WESTMONT	WESTMONT	Downers Grove Township	155	57,660	0	0
MARIANJOY REHAB HOSPITAL(PERMIT)	WHEATON	Milton Township	20		0	
7/24/2007 07-042 Permit issued to establish 20-bed skilled nursing care category of service.						
MEADOWBROOK MANOR	NAPERVILLE	Naperville Township	245	86,286	0	0
OAK BROOK HEALTH CARE CENTER	OAK BROOK	York Township	156	54,395	0	0
REST HAVEN WEST	DOWNERS GROVE	Downers Grove Township	145	47,388	96	27,166
SNOW VALLEY NURSING & REHAB CENTER	LISLE	Lisle Township	51	16,697	0	0

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

Planning Area: Planning Area 7-C

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			2005 Patient Days	Beds	2005 Patient Days	Beds
ST. PATRICK'S RESIDENCE	NAPERVILLE	Naperville Township	71,569	208	2,391	2
Formerly "Snow Valley Center".						
7/7/2005 Bed Change	Discontinued ten sheltered care beds and added ten nursing care beds, total now two sheltered care beds and 208 nursing care beds.					
TABOR HILLS HEALTHCARE	NAPERVILLE	Naperville Township	71,472	211	0	0
WEST CHICAGO TERRACE	WEST CHICAGO	Winfield Township	43,800	120	0	0
WEST SUBURBAN CARE CENTER	BLOOMINGDALE	Bloomington Township	57,888	259	0	0
6/1/2006 Name Change Name changed from Bloomington Pavilion.						
WESTBURY CARE CENTER	LISLE	Liste Township	16,696	55	9,125	27
WESTMONT CONVALESCENT CENTER	WESTMONT	Downers Grove Township	71,884	215	0	0
WHEATON CARE CENTER	WHEATON	Milton Township	43,066	123	0	0
WINDSOR PARK MANOR	CAROL STREAM	Bloomington Township	24,824	80	0	0
WINFIELD WOODS	WINFIELD	Winfield Township	43,078	138	0	0
Formerly "Zace Health Care Center", "Liberty Hill Healthcare Center" and "Winfield Health Care Center".						
WOOD GLEN NURSING & REHAB CENTER	WEST CHICAGO	Wayne Township	71,221	207	0	0
WYNSCAPE	WHEATON	Milton Township	65,810	209	0	0
			<b>Planning Area Totals</b>	<b>6,050</b>	<b>1,865,563</b>	<b>317</b>

Health Service Area: 007		2005 HSA Estimated Population	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates
AGE GROUPS	2005 HSA Patient Days	2005 HSA Use Rates (Per 1,000)	2005 HSA Use Rates	2005 HSA Use Rates	2005 HSA Use Rates	2005 HSA Use Rates
0-64 Years Old	2,015,805	691.7	415.0	1,106.7	1,106.7	1,106.7
65-74 Years Old	1,051,032	4,950.7	2,970.4	7,921.1	7,921.1	7,921.1
75+ Years Old	5,326,390	23,949.6	14,369.8	38,319.4	38,319.4	38,319.4
2005 PSA Estimated Populations	2005 PSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 HSA Minimum Use Rates
0-64 Years Old	370.2	415.0	1,106.7	415.0	1,106.7	415.0
65-74 Years Old	4,769.0	2,970.4	7,921.1	2,970.4	7,921.1	2,970.4
75+ Years Old	26,003.3	14,369.8	38,319.4	14,369.8	38,319.4	14,369.8
2005 PSA Patient Days	2005 PSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 HSA Minimum Use Rates
0-64 Years Old	308,620	833,600	342,733	825,800	342,733	825,800
65-74 Years Old	225,574	47,300	364,829	76,500	364,829	76,500
75+ Years Old	1,331,369	51,200	1,469,186	56,500	1,469,186	56,500
			<b>Planning Area Totals</b>	<b>2,176,748</b>	<b>5,963.7</b>	<b>6,626</b>
			<b>Planning Area Totals</b>	<b>6,050</b>	<b>1,865,563</b>	<b>317</b>

**LONG-TERM CARE BED INVENTORY UPDATES**  
03/19/2008 - 06/16/2011

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

<b>PLANNING AREA</b>	<b>CALCULATED BED NEED</b>	<b>APPROVED BEDS</b>	<b>ADDITIONAL BEDS NEEDED OR EXCESS BEDS ( )</b>
Perry	215	210	5
Randolph	550	492	58
Richland	333	309	24
Union	347	293	54
Washington	169	263	( 94)
Wayne	133	169	( 36)
White	337	355	( 18)
Williamson	574	563	11
<b>HEALTH SERVICE AREA</b>		<b>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</b>		<b>007</b>	
Planning Area 7-A	4,101	3,210	891
Planning Area 7-B	6,896	7,099	( 203)
Planning Area 7-C	6,626	5,986	640
Planning Area 7-D	2,342	2,904	( 562)
Planning Area 7-E	9,242	8,989	253
<b>HEALTH SERVICE AREA</b>		<b>008</b>	
Kane	2,948	3,030	( 82)
Lake	4,884	4,781	103
McHenry	1,344	1,032	312
<b>HEALTH SERVICE AREA</b>		<b>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</b>		<b>010</b>	
Henry	428	518	( 90)
Mercer	182	186	( 4)
Rock Island	1,259	1,316	( 57)
<b>HEALTH SERVICE AREA</b>		<b>011</b>	
Clinton	402	407	( 5)
Madison	2,073	2,199	( 126)
Monroe	447	324	123
St.Clair	2,187	2,294	( 107)

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

<b>PLANNING AREA</b>	<b>CALCULATED BED NEED</b>	<b>APPROVED BEDS</b>	<b>ADDITIONAL BEDS NEEDED OR EXCESS BEDS ( )</b>
HSA 1	257	360	( 103)
HSA 2	265	333	( 68)
HSA 3	228	383	( 155)
HSA 4	319	334	( 15)
HSA 5	253	687	( 434)
HSA 6,7,8 & 9	3,316	1,133	2,183
HSA 10	84	40	44
HSA 11	222	384	( 162)

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

The 120 beds established as part of the project are necessary for improving access to a particular type of patient requiring transitional care following a hospital stay. This service is not currently offered in the planning area. See the project scope attachment 14 for more information.



**1110.1730(e)(1) Unnecessary Duplication of Services**

- A) The list of ZIP codes all zip codes that are located within 30 minutes normal travel time of Arbiter Court and Diehl Road are listed on the following page.

# ZIP Code Radius Finder and Search



## ZIP Code Tools Mobile App

Get the FREE ZIP Code Tools app for iPhone, iPad, iPod, Android, and webOS.

### 15 mile radius of 60563, NAPERVILLE, IL

Printable Version


Driving Distance & Directions

Get the U.S. ZIP Code Database

Add the Radius Finder tool to your website

#	Zip	City	County	St	Country	Distance	
1	60563	NAPERVILLE	DUPAGE	IL	US	0.00 miles	
2	60566	NAPERVILLE	DUPAGE	IL	US	1.58 miles	
3	60567	NAPERVILLE	DUPAGE	IL	US	1.58 miles	
4	60555	WARRENVILLE	DUPAGE	IL	US	2.49 miles	
5	60540	NAPERVILLE	DUPAGE	IL	US	2.83 miles	
6	60519	EOLA	DUPAGE	IL	US	3.97 miles	
7	60187	WHEATON	DUPAGE	IL	US	4.43 miles	
8	60532	LISLE	DUPAGE	IL	US	4.49 miles	
9	60572	AURORA	DUPAGE	IL	US	4.77 miles	
10	60502	AURORA	DUPAGE	IL	US	4.85 miles	
11	60190	WINFIELD	DUPAGE	IL	US	5.01 miles	
12	60504	AURORA	DUPAGE	IL	US	5.21 miles	
13	60189	WHEATON	DUPAGE	IL	US	5.64 miles	
14	60565	NAPERVILLE	DUPAGE	IL	US	5.88 miles	
15	60186	WEST CHICAGO	DUPAGE	IL	US	6.10 miles	
16	60564	NAPERVILLE	WILL	IL	US	6.83 miles	
17	60505	AURORA	KANE	IL	US	6.90 miles	
18	60185	WEST CHICAGO	DUPAGE	IL	US	6.98 miles	
19	60137	GLEN ELLYN	DUPAGE	IL	US	7.25 miles	
20	60515	DOWNERS GROVE	DUPAGE	IL	US	7.31 miles	
21	60503	AURORA	DUPAGE	IL	US	7.59 miles	
22	60138	GLEN ELLYN	DUPAGE	IL	US	7.60 miles	
23	60517	WOODRIDGE	DUPAGE	IL	US	7.95 miles	
24	60116	CAROL STREAM	DUPAGE	IL	US	8.00 miles	
25	60128	CAROL STREAM	DUPAGE	IL	US	8.00 miles	
26	60132	CAROL STREAM	DUPAGE	IL	US	8.00 miles	
27	60197	CAROL STREAM	DUPAGE	IL	US	8.01 miles	
28	60568	AURORA	KANE	IL	US	8.15 miles	
29	60507	AURORA	KANE	IL	US	8.16 miles	
30	60188	CAROL STREAM	DUPAGE	IL	US	8.27 miles	
31	60516	DOWNERS GROVE	DUPAGE	IL	US	8.45 miles	
32	60490	BOLINGBROOK	WILL	IL	US	8.52 miles	
33	60440	BOLINGBROOK	WILL	IL	US	8.52 miles	
34	60585	PLAINFIELD	WILL	IL	US	8.71 miles	
35	60539	MOOSEHEART	KANE	IL	US	8.72 miles	
36	60199	CAROL STREAM	DUPAGE	IL	US	8.96 miles	

37	60510	BATAVIA	KANE	IL	US	9.06 miles	
38	60542	NORTH AURORA	KANE	IL	US	9.27 miles	
39	60148	LOMBARD	DUPAGE	IL	US	9.45 miles	
40	60139	GLENDALE HEIGHTS	DUPAGE	IL	US	9.64 miles	
41	60599	FOX VALLEY	DUPAGE	IL	US	9.75 miles	
42	60134	GENEVA	KANE	IL	US	9.98 miles	
43	60561	DARIEN	DUPAGE	IL	US	10.22 miles	
44	60559	WESTMONT	DUPAGE	IL	US	10.33 miles	
45	60506	AURORA	KANE	IL	US	10.82 miles	
46	60514	CLARENDON HILLS	DUPAGE	IL	US	10.93 miles	
47	60108	BLOOMINGDALE	DUPAGE	IL	US	11.05 miles	
48	60174	SAINT CHARLES	KANE	IL	US	11.13 miles	
49	60538	MONTGOMERY	KENDALL	IL	US	11.18 miles	
50	60117	BLOOMINGDALE	DUPAGE	IL	US	11.28 miles	
51	60184	WAYNE	DUPAGE	IL	US	11.45 miles	
52	60181	VILLA PARK	DUPAGE	IL	US	11.53 miles	
53	60523	OAK BROOK	DUPAGE	IL	US	11.55 miles	
54	60446	ROMEDEVILLE	WILL	IL	US	11.97 miles	
55	60522	HINSDALE	DUPAGE	IL	US	12.07 miles	
56	60101	ADDISON	DUPAGE	IL	US	12.13 miles	
57	60133	HANOVER PARK	COOK	IL	US	12.27 miles	
58	60103	BARTLETT	DUPAGE	IL	US	12.34 miles	
59	60521	HINSDALE	DUPAGE	IL	US	12.58 miles	
60	60543	OSWEGO	KENDALL	IL	US	12.60 miles	
61	60439	LEMONT	COOK	IL	US	12.64 miles	
62	60172	ROSELLE	DUPAGE	IL	US	12.69 miles	
63	60527	WILLOWBROOK	DUPAGE	IL	US	12.80 miles	
64	60544	PLAINFIELD	WILL	IL	US	12.95 miles	
65	60126	ELMHURST	DUPAGE	IL	US	13.30 miles	
66	60157	MEDINAH	DUPAGE	IL	US	13.36 miles	
67	60147	LAFOX	KANE	IL	US	13.62 miles	
68	60196	SCHAUMBURG	COOK	IL	US	13.66 miles	
69	60558	WESTERN SPRINGS	COOK	IL	US	13.80 miles	
70	60441	LOCKPORT	WILL	IL	US	14.11 miles	
71	60143	ITASCA	DUPAGE	IL	US	14.19 miles	
72	60162	HILLSIDE	COOK	IL	US	14.58 miles	
73	60163	BERKELEY	COOK	IL	US	14.80 miles	
74	60154	WESTCHESTER	COOK	IL	US	14.96 miles	
#	Zip	City	County	St	Country	Distance	



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**1110.1730(e)(1) Unnecessary Duplication of Services**

B) Total Population of ZIP Codes: 1,594,971

C) Approved General Long Term Care Facilities

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

Tabor Hills Healthcare	Naperville
Meadowbrook Manor	Naperville
St. Patrick's Residence	Naperville
Community Nursing & Rehab Center	Naperville
West Chicago Terrace	West Chicago
Aurora Rehab & Living Center	Aurora
Dupage Convalescent Home	Wheaton
Marianjoy Rehabilitation Institute	Wheaton
North Aurora Care Center	North Aurora
Wynscape	Wheaton
Provena Mcauley Manor	Aurora
Batavia Rehab & Healthcare Center	Batavia
Manor Care – Naperville	Naperville
Provena Geneva Care Center	Geneva
Winfield Woods	Winfield
Alden of Waterford	Aurora
Snow Valley Nursing & Rehab Center	Lisle
Westbury Care Center	Lisle
Wheaton Care Center	Wheaton
Wood Glen Nursing & Rehab Center	West Chicago
Alden-Naperville	Naperville
Covenant Health Care Center	Batavia
Beacon Hill	Lombard
Countryside Care Center	Aurora
Fox River Pavilion	Aurora
Lexington Health Care Center	Lombard
Rest Haven West	Downers Grove
Windsor Park Manor	Carol Stream
Jennings Terrace	Aurora
Oak Brook Health Care Center	Oak Brook
Rosewood Care Center St. Charles	St. Charles
Elmwood Terrace	Aurora
Tiller's Health Care Residenc	Oswego
Lexington Health Care Center	Elmhurst
Fairview Baptist Home	Downers Grove
Lakewood Nursing & Rehab Center	Elmhurst
Provena Pine View Care Center	St. Charles
Burgess Square	Westmont
Manor Care – Hinsdale	Hinsdale
Manor Care – Westmont	Westmont
Westmont Convalescent Center	Westmont
Alden-Valley Ridge	Bloomingtondale
Mariner Health of Westchester	Westchester
Meadowbrook Manor	Bolingbrook
Lexington of Streamwood	Streamwood
Oakridge Convalescent Home	Hillside

1110.1730(e)(2) Maldistribution

The project will not result in a maldistribution of services.

A) Ratio of Beds to Population

In the project's market area of DuPage County, the number of beds totals:

5,986

Total population = 927,524

Beds per 1,000 population = 6.58

State average = 8.00\*

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

Population age 65+ = 110,285

Beds per 1,000 population 65+ = 55.37

State average = 64.94\*\*

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

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

\*\*State population age 65+ years in 2009 was 1,594,643, and there were 103,544 licensed beds.

Source: Claritas, LTC State Profiles 2008

B) Historical Utilization

The pages from LTC Profiles 2008 for each facility within a 30 minute drive time, and the corresponding Mapquest, are attached as Appendix 1.

B) Sufficient Population

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

# MARKET FEASIBILITY ANALYSIS

- Licensed Nursing Care

INTERIM DRAFT

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**Prepared For:**

**Transitional Care**  
Arlington Heights, Illinois

**Prepared By:**

**Revere Healthcare, Ltd.**  
Cary, Illinois

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## I. EXECUTIVE SUMMARY

Transitional Care (the Client or Sponsor) has engaged Revere Healthcare, Ltd., to conduct a market feasibility analysis for licensed nursing care services in the community of Naperville, Illinois. Demographic and utilization trends advocate further exploration of programs designed to meet the unique housing and health care needs of the mature adult population. Based on the information contained in this report, Revere identifies a need in 2010 with the following:

- A total demand for 164-beds in the Planning Area for older adults requiring licensed nursing care.

For a project opening in 2015, Revere identifies a need for the following:

- A total demand for 636-beds in the Planning Area for older adults requiring licensed nursing care. Sufficient need exists to support the client's proposed project of a 120-bed development targeting older adults requiring licensed nursing care.

### Summary of Key Indicators

- The service area for The Primary market area is based on the HSA (Health Service Area) that the project's site is in, HSA 7 which is made up of suburban Cook County and DuPage County. Specifically the primary market area is based on the planning area subdivision, Planning Area 7-C which is composed of DuPage County. HSA Planning Area 7-C encompasses the following townships of DuPage County: Wayne Township, Bloomingdale Township, Addison Township, Winfield Township, Milton Township, York Township, Naperville Township, Lisle Township, and Downers Grove Township.
- The age screen for the proposed project was set at age 65+ for the licensed nursing care population. This population is growing significantly in the market area. The number of 65+ individuals (88,794 in 2000) has increased an estimated 21.0% (107,458 total in 2010) and is projected to increase another 21.5% (130,551 total individuals) by 2015.

- In the Primary Market Area, there are thirty eight competitive facilities with licensed nursing care beds (5,993 beds, 80.33% average occupancy).
- Using the State's published Bed Need Calculation updated for 2009 for the DuPage County HSA Planning Area (7-C), the projections indicate that a surplus of 164 beds exists in 2005 in the Planning Area and bed need is projected to increase to 636 beds by 2015.

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## II. INTRODUCTION

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Revere Healthcare, Ltd. is pleased to submit this market feasibility analysis regarding the need for senior housing and care services in Naperville, Illinois. The market feasibility plan is determined by characterizing a few key areas:

- The current number of age-, income-, and disability-qualified adults in a defined geographic area relative to the number of units/homes available.
- The inventory of competitive units in the area.

### Objectives

The primary objectives of this market analysis were to determine the following:

- Supply, future need, and demand for licensed nursing care in the service area of the Sponsor.
- Strength of market activity in the mature adult housing and geriatric nursing care market, at the present and in the near future, for determining and maximizing a product package.

### Criteria and Scope

The scope of this report is defined in Phase 1 in the Approach and Methodology section of the agreement. In summary, the scope of this study is described below:

- A definition of the project's service area (Service Area Definition).
- A demographic analysis of primary market (Demographic).
- An analysis of facilities offering comparable services (Competitive).
- An analysis of market area demand for the proposed service(s) (Demand).

## RISKS

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

### Assumptions and Limitations

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

### Market Risk

There is a possibility the project will not be accepted by the marketplace. Management of any risk begins with this strategic plan, which incorporates demographic, competitive, and demand analyses. However, Revere Healthcare does not recommend proceeding with the proposed project until the Sponsor conducts all appropriate consumer research, explores facility design and composition options, and analyzes several operating pro forma scenarios. These actions will further minimize market risk.

### Managing Project Risk

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

## INDUSTRY ANALYSIS

### Nursing Care Facilities

Admissions to nursing facilities are by order of a physician. Nursing homes, as either free-standing facilities or as distinct wings, provide a living arrangement that integrates shelter with medical, nursing, psychological, and rehabilitative services for persons who require 24-hour supervision. Meals, utilities, housekeeping, laundry, and a social/activities program are all included in the fee.

States may classify nursing home beds as either skilled or intermediate care. Skilled Nursing Facilities (SNFs) are primarily for patients who require intensive nursing care; e.g., convalescence from a hospital stay. SNFs are state licensed and may be certified to participate in Medicare and/or Medicaid programs. Intermediate Care Facilities (ICF) are intended for patients whose needs are more custodial in nature. ICFs are also licensed by the state and may participate only in the Medicaid program. Medicare does not cover ICF services. SNFs generally provide a higher level of nursing care and a higher staff-to-patient ratio than ICFs. In addition to Medicare and Medicaid, nursing homes may also receive payment through third-party insurance and private cash payments.

## CLIENT PROJECT DESCRIPTION

### Client's Proposed Facility

The client is planning a short-term skilled rehabilitation skilled nursing facility offering post-acute rehabilitation services for patients with high rehabilitation and complex care needs, focusing primarily on high acuity patients. The facility won't have a long term care component. This differs from the typical skilled nursing facilities which mix long-term care as well as short-term rehabilitation care and multiple levels of patient acuity. The facility will be more appealing to a client who desires a standalone short-term rehabilitation facility that does not have a long-term care component and thus won't be perceived as a typical senior nursing home. Because the client will focus on high acuity short-term stay patients the payers will be Medicare, managed care and private insurance, no typical long-term care Medicaid patients.

The planned facility will be a short term skilled rehabilitation facility with 120 units. Rooms will be private with full bathrooms including showers. This differs from a typically skilled nursing unit which usually have shared rooms and shared bathrooms and the bathrooms usually have only a toilet with sink and mirror. Additionally skilled nursing facilities typically have shared showers and bathing facilities. Rooms will also have amenities like state-of-the-art patient monitoring systems, and flat screen

televisions. The facility will have a hotel-like design, and conveniences designed for patients with significant rehabilitation needs and will include amenities like common area lounges with computers, wireless internet, flat screen televisions, library, and high quality dining facilities. For rehabilitation therapy the facility will have therapy spaces in high visibility locations with State-of-the-art therapy and rehabilitation equipment, an Inpatient therapy room (approximately 3,000 sq feet), and an Outpatient therapy room (approximately 1,500 sq feet). There will be specialized programs in orthopedics, wound care, and cardiac rehab.

The client facility will offer a care level between a rehabilitation hospital and a traditional skilled nursing facility. A highly integrated continuum of care will be developed for treating patients with coordination between hospitals and physician partners.

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## III. SERVICE AREA DEFINITION

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### METHODOLOGY

Traditionally, the service area for licensed nursing care has been typically within a 20- to 30-mile radius of a rural or suburban location and within a 5-mile radius of an urban or dense suburban location. The area is usually limited by natural and cultural boundaries. The service area can be divided into primary and secondary market areas.

Depending on the location of a proposed facility, the primary market area may extend beyond the above guidelines. In addition, natural and cultural barriers may diminish or even eliminate what might have normally been defined as a secondary market area. Therefore, a market is defined through analysis of the above characteristics and verified through interviews with local planning officials.

### MARKET DEFINITION

#### Primary Market Area

For the purpose of this study, the target market for licensed nursing care will be represented by age- and income-qualified individuals residing in the area depicted in Figure 3.1.

#### Project Draw

Revere has set the primary market area (PMA) as the region from which 70 percent of the project's market will originate. The region from which the remaining 30 percent of the prospective residents will most likely be drawn is referred to as the secondary market area (SMA).

For planning purposes, Revere estimates that 30% of residents will come from beyond the boundaries of the service area.



Service Area

The service area for licensed nursing care is the area within the boundaries illustrated on the map in Figure 3.1, which is in Health Service Area (HSA) 7, Planning Area 7-C, DuPage County, Illinois. For planning purposes, Revere has set the area within these boundaries as the primary market area for the project for the following reasons:

- Political boundaries; specifically, Naperville and the proposed project's site are located at the southwestern corner of DuPage County, Illinois. The primary market area is bordered by three counties in Illinois, Cook County to the North, East and Southeast, Kane to the West and Will to the South. The service area for The Primary market area is based on the HSA (Health Service Area) that the project's site is in, HSA 7 which is made up of suburban Cook County and Dupage County. Specifically the primary market area is based on the planning area subdivision, Planning Area 7-C which is composed of Dupage County, HSA Planning Area 7-C encompasses the following townships of DuPage County: Wayne Township, Bloomingdale Township, Addison Township, Winfield Township, Milton Township, York Township, Naperville Township, Lisle Township, and Downers Grove Township.
- Geographical boundaries; the Des Plaines River marks the southeastern boundary of DuPage County. The DuPage River has two branches, the East Branch generally in the eastern area of the County and the West Branch generally in the western area. For the remainder of the primary market area there are no distinct geographical boundaries however beyond the primary market area to the West is the Fox River.
- Drive times for most individuals living within the service area would be 30 minutes or less.
- Accessibility from Interstate Highways 55, 88, 290, 294, and 355, U.S. Highways 34, and 20 and IL Routes 59, 53, 38, 64, 19, and 83. Other smaller roads traverse the service area. Additionally, a major public airport (O'Hare Airport) is located approximately seventeen miles to the northeast of the proposed site.

Parts or all of the following Illinois communities make up this area: Bensenville, Elmhurst, Lombard, Villa Park, Addison Wood Dale, Itasca, Medinah, Roselle, Bloomingdale, Glendale Heights, Carol, Glen Elyn, Wheaton, Winfield, Carol Stream, West Chicago, Bartlett, Hanover Park, Wayne, St. Charles, Warrenville, Lisle, Aurora, Naperville, Woodridge, Darien, Downers Grove, Willowbrook, Wetmont, Clarendon Hills, Hinsdale, Oak Brook, and Yorkfield.

Maps

Figures 3.1 and 3.2 illustrate the boundaries of the primary and secondary service areas.

Figure 3.1 Service Area Definition Map (PMA)

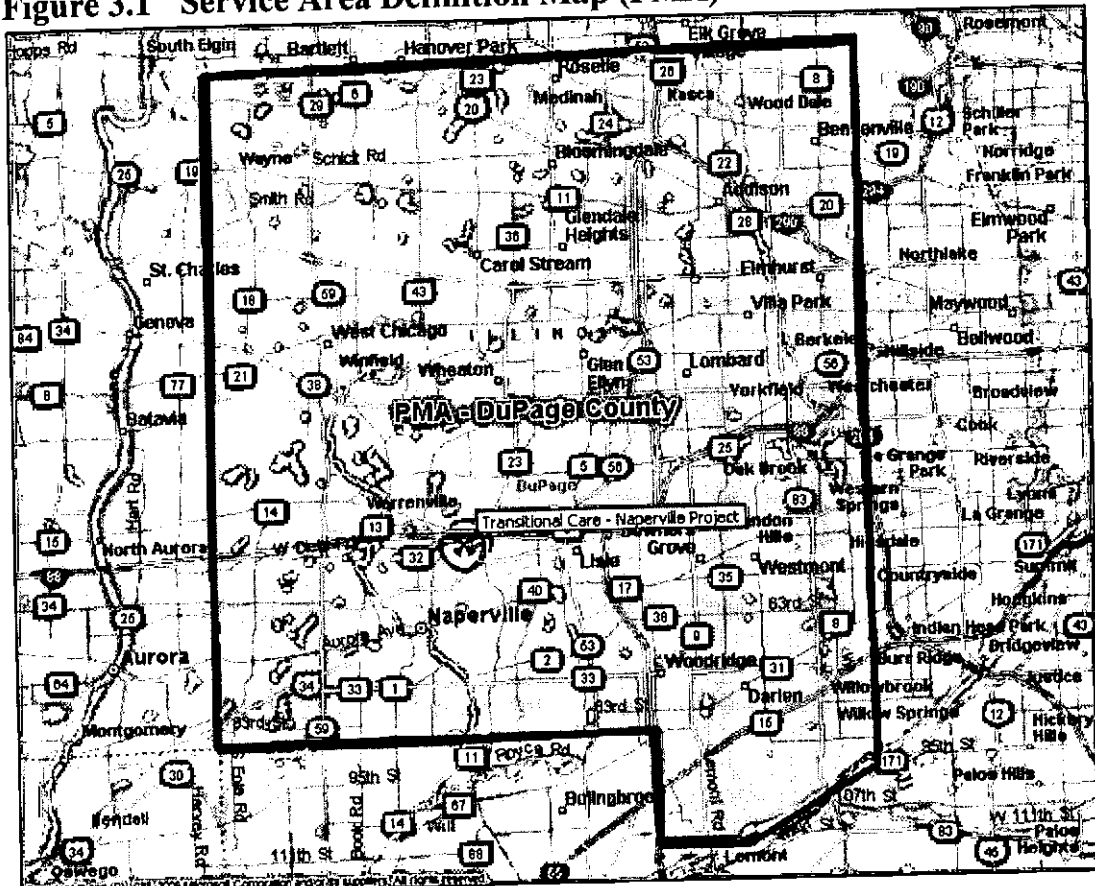


Figure 3.2 Service Area Definition Map (SMA): 30-Minute Drive Time



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## IV. DEMOGRAPHIC STUDY

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### METHODOLOGY

Demographic information was obtained using the services of Claritas, Inc. The information is based on the based on the 2000 census, which is projected by Claritas for 2010 and 2015. Revere Healthcare analyzed and interpreted this information for the demographic study.

The following section of the market feasibility will analyze historical economic and demographic growth trends in the market area. The data included in this section are useful indicators of the potential strengths and weaknesses in key target markets for assisted living and licensed nursing care.

### NATIONAL DEMOGRAPHICS

- This country's already significant 55+ population is expected to continue to grow over the next several years and then, after 2010, surge as the baby-boom generation born between 1942 and 1964 begins to hit retirement age. The U.S. census expects today's senior population of approximately 35 million to jump to nearly 40 million this year and then rocket to close to 70 million by 2030.
- During this time, the 85-and-over population will be growing faster than the 65-84 age group, and it is estimated that by 2050 approximately 25% of the senior population will be 85 or older; the percentage of seniors 85 or older today is approximately 14%. The following trends discussed below will be crucial in shaping the housing choices of this population.

*Living Longer with Spouses* – Women will continue to make up a disproportionate share of the senior population, but recent trends indicate that men are closing the longevity gap. Because the presence of a spouse is critical to the ability of seniors to remain at home, this should mean less demand for assisted living communities and nursing homes than would otherwise be expected.

*Higher Education Levels* – Higher levels of education among seniors are likely to mean more demand for high-quality healthcare and other support services, as well as a stronger demand to live independently.

*Longer Work Life* – Improved health and policy changes that increase the incentive to continue working make it both possible and likely that seniors will be increasingly active in the labor force.

*Greater Financial Resources* – Due to social security and the expansion of private pension funds and other retirement accounts (IRA's, 401k's, etc.) there is good reason to believe that tomorrow's seniors will have a somewhat stronger buying power despite the current economic climate.

*Fewer Children to Support* – The availability of children to help provide care plays an important role in the choice of living arrangements for seniors. While today's seniors tend to have larger families, baby-boomers have smaller families, meaning that shared housing – a senior living with an adult child – is likely to become less common. The lack of children living nearby should also boost demand for alternatives like active adult communities and assisted living.

Sources: Current year projections are provided by Claritas, Inc. Historical data and future projections are from the US Census Bureau except where otherwise noted. Housing trends by the Joint Center for Housing Studies at Harvard University.

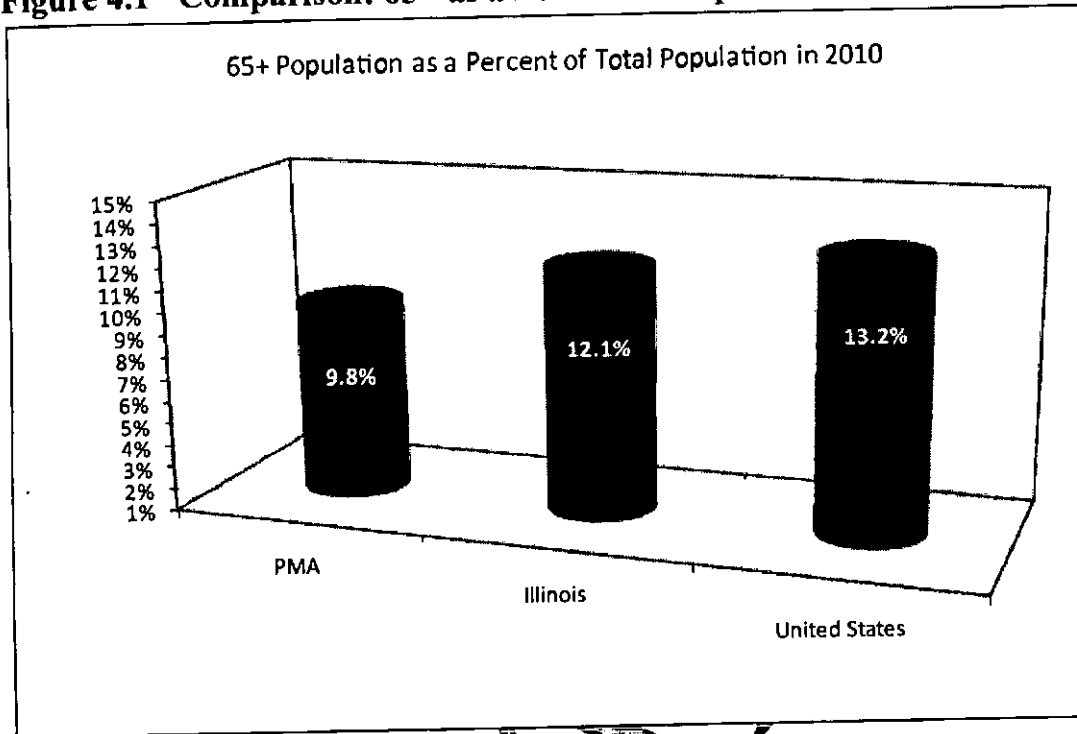
## MARKET CHARACTERISTICS

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

### Population Distribution

- As highlighted in table 4.1 and figure 4.1 (below), the market is considered "young" with individuals age 65 and over representing an estimated 9.8% of the total population in 2010. Nationally, the 65+ age group represents over an estimated 13.2% of the total population. An old market has more 65+ households relative to young families for example.

Figure 4.1 Comparison: 65+ as a Percent of Population



Source: Claritas, Inc.

The strength of a market area is most accurately measured by growth trends. For the licensed nursing care population, the target market will be individuals age 65 years or more. This population is growing significantly in the market area. The number of 65+ individuals (88,794 in 2000) has increased an estimated 21.0% (107,458 total in 2010) and is projected to increase another 21.5% (130,551 total individuals) by 2015.

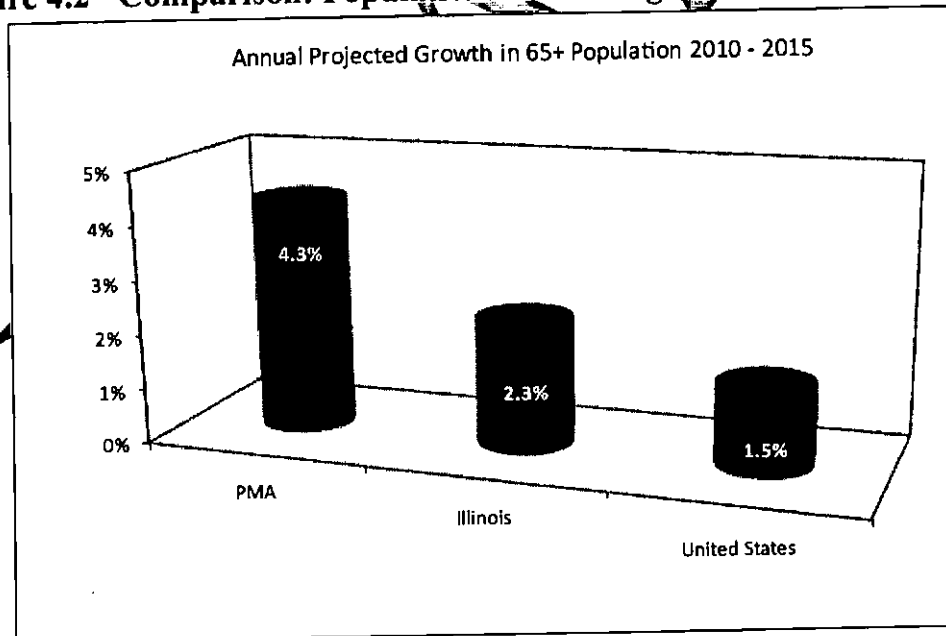
The percentage of adult children in the target market (individuals between the age of 55 and 64) is also experiencing significant growth in the service area. The number of 55-64 individuals (74,582 in 2000) has increased an estimated 56.9% (117,000 total in 2010) and is projected to increase another 13.9% (133,238 total individuals) by 2015 (an approximately 78.6% increase over the 2000 census). Adult children can influence seniors residing outside of the primary market area to move.

**Table 4.1 Population Distribution by Age Group 55+**

Age Group	2000	2010	% Change	2015	% Change
55-64	74,582	117,000	56.9%	133,238	13.9%
65-74	45,558	60,772	33.4%	79,325	30.5%
75-84	31,621	31,998	1.2%	34,892	9.0%
85+	11,615	14,688	26.5%	16,334	11.2%
55-74 Population	120,140	177,772	48.0%	212,563	19.6%
65+ Population	88,794	107,458	21.0%	130,551	21.5%
75+ Population	43,236	46,686	8.0%	51,226	9.7%
Total Population	904,161	933,941	3.3%	941,304	0.8%
Active (55-74) % of Population	13.3%	19.0%		22.6%	
Older (65+) % of Population	9.8%	11.5%		13.9%	
Elderly (75+) % of Population	4.8%	5.0%		5.4%	

Source: Claritas, Inc.

**Figure 4.2 Comparison: Population Growth Age 65+**



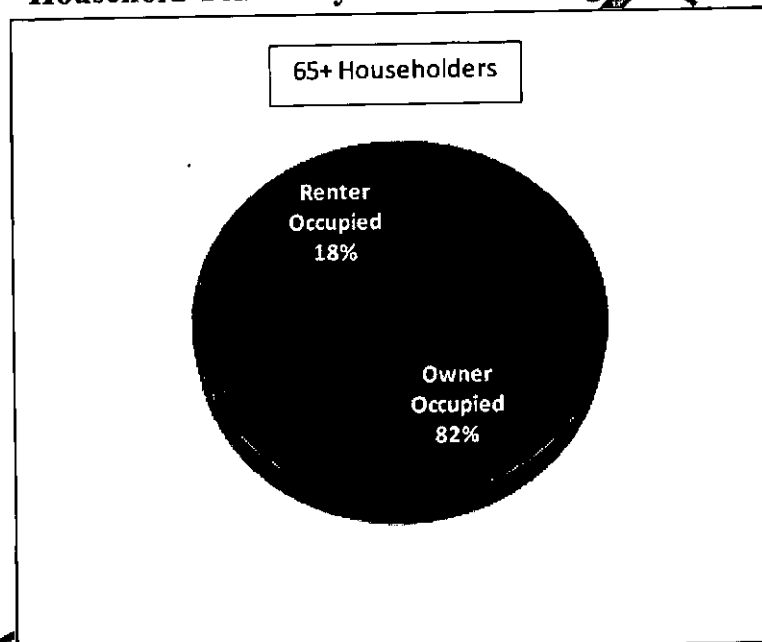
Source: Claritas, Inc.

As seen in Figure 4.2, growth in the target market for nursing care is projected to be well above the state and nation.

Households by Tenure

Of 52,877 households with a householder age 65 years or more (licensed nursing care population), 82% own and 18% rent. The percentage of owners in the market area is greater than the national average of 78% and the percentage of renters in the market area is less than the national average of 22% renters. The ratio of renters to owners can influence the types of pricing options offered. Figure 4.3 illustrates household tenure by age group for the population age 65+.

**Figure 4.3 Household Tenure by Householder Age 65+**



Source: Claritas, Inc.

Income Distribution

Income distribution is an indicator of the economic wellbeing of a market.

- For the nursing care population (householders age 65+) the median household income for the primary market area (PMA) is estimated to be \$45,202 in 2010 which is above the state and national averages. For 2015, this age population is estimated to have a median household income of \$49,835, which remains above both the state and national projections.

The following tables illustrate the median income (table 4.2), median income by age group (table 4.3), and comparisons of the regional, state, and national averages (figures 4.4 through 4.6).



**Table 4.2 Median Household Income (All Households)**

Household Income	2000	2010	% Change	2015	% Change
Less than \$15,000	18,256	16,052	-12.1%	15,444	-3.8%
\$15,000-\$34,999	46,280	40,045	-13.5%	38,118	-4.8%
\$35,000-\$74,999	117,125	108,270	-7.6%	105,013	-3.0%
\$75,000-\$99,999	108,468	124,397	14.7%	127,265	2.3%
\$100,000-\$499,999	86,365	113,392	31.3%	121,857	7.5%
\$500,000 and over	3,447	4,632	34.4%	5,526	19.3%
<b>Total</b>	<b>379,941</b>	<b>406,788</b>	<b>7.1%</b>	<b>413,223</b>	<b>1.6%</b>
<b>Average Household Income</b>	<b>\$ 86,077</b>	<b>\$ 99,010</b>	<b>15.0%</b>	<b>\$ 103,596</b>	<b>4.6%</b>
<b>Median Household Income</b>	<b>\$ 68,641</b>	<b>\$ 77,185</b>	<b>12.4%</b>	<b>\$ 80,538</b>	<b>4.3%</b>
<b>Per Capita HH Income</b>	<b>\$ 31,315</b>	<b>\$ 36,160</b>	<b>15.5%</b>	<b>\$ 37,918</b>	<b>4.9%</b>

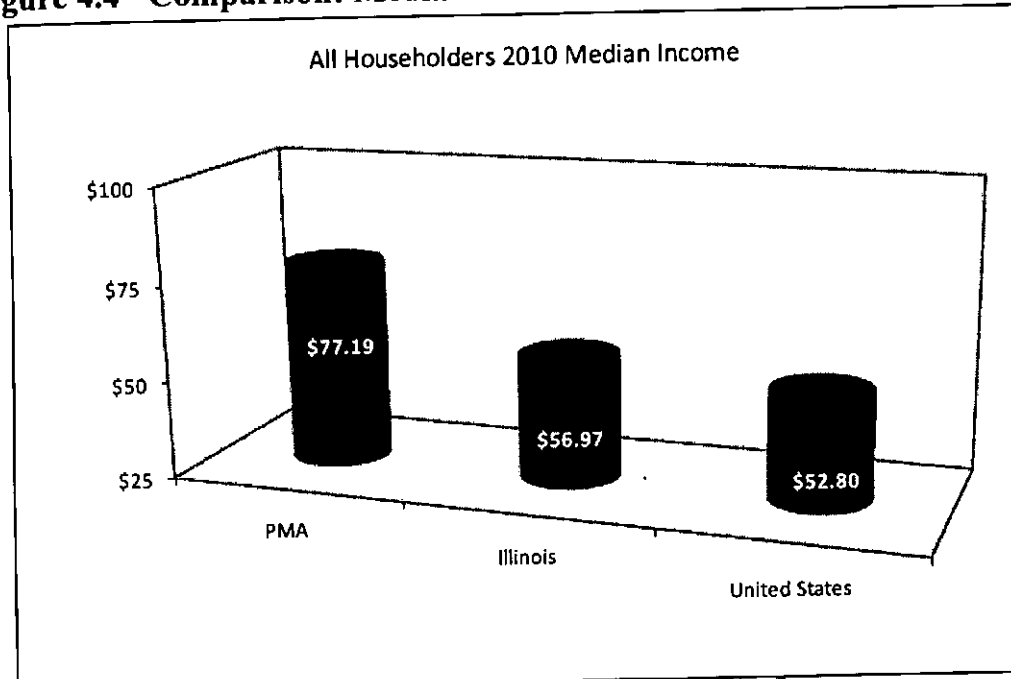
Source: Claritas, Inc.

**Table 4.3 Median Household Income by Age Group (55+ Households)**

Age Group	2000	2010	% Change	2015	% Change
55-64	\$ 76,820	\$ 86,132	12.1%	\$ 91,123	5.8%
65-74	\$ 46,992	\$ 54,036	15.0%	\$ 58,225	7.8%
75-84	\$ 29,771	\$ 34,522	16.0%	\$ 37,704	9.2%
85+	\$ 24,186	\$ 28,651	18.5%	\$ 31,267	9.1%
<b>55-74 Population</b>	<b>\$ 65,247</b>	<b>\$ 75,063</b>	<b>15.0%</b>	<b>\$ 78,801</b>	<b>5.0%</b>
<b>65+ Population</b>	<b>\$ 38,279</b>	<b>\$ 45,202</b>	<b>18.1%</b>	<b>\$ 49,835</b>	<b>10.2%</b>
<b>75+ Population</b>	<b>\$ 28,600</b>	<b>\$ 32,952</b>	<b>15.2%</b>	<b>\$ 35,935</b>	<b>9.1%</b>
<b>Total Population</b>	<b>\$ 68,641</b>	<b>\$ 77,185</b>	<b>12.4%</b>	<b>\$ 80,538</b>	<b>4.3%</b>

Source: Claritas, Inc.

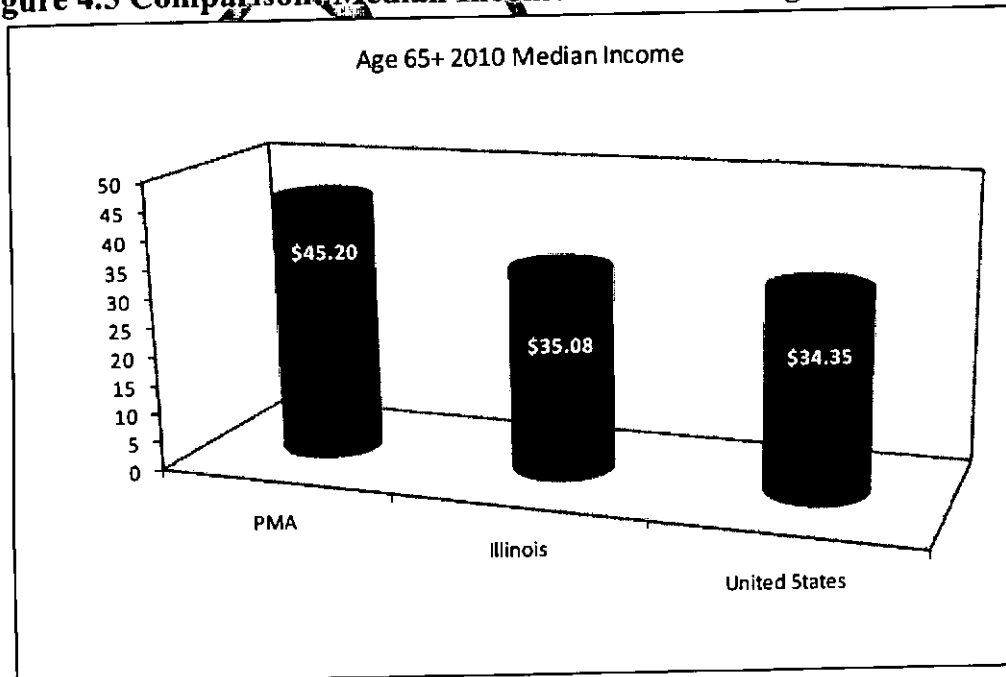
Figure 4.4 Comparison: Median Income All Households



Source: Claritas, Inc.



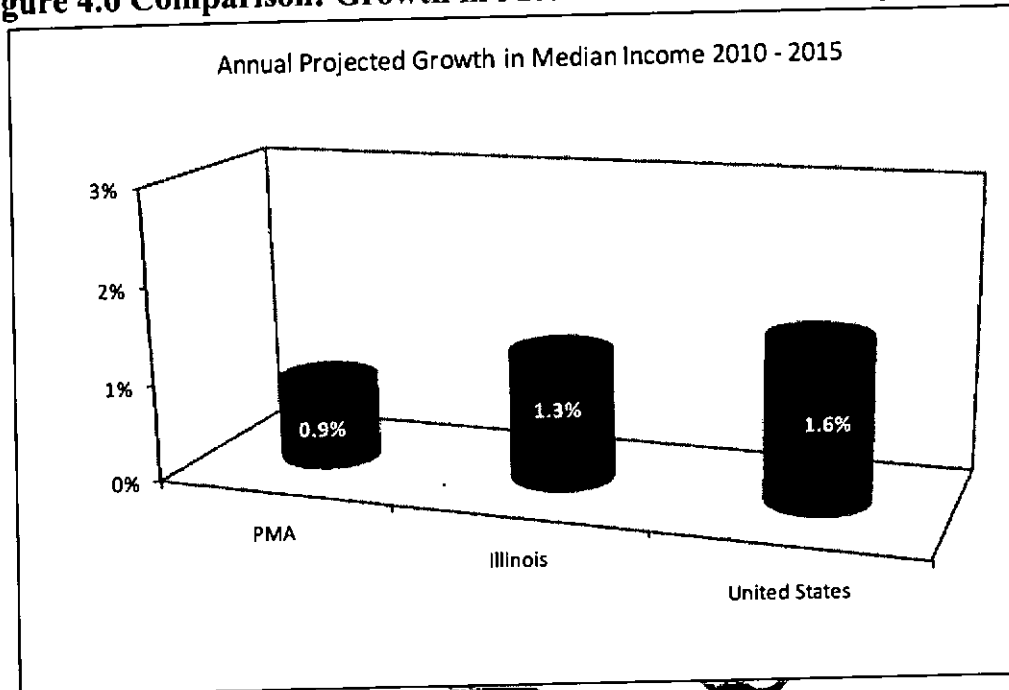
Figure 4.5 Comparison: Median Income Households Age 65+



Source: Claritas, Inc.

In Thousands

**Figure 4.6 Comparison: Growth in Median Income for All Ages**



Source: Claritas, Inc.

In Thousands

Housing Values

Housing values are both an indicator of the economic wellbeing of a market and a factor in determining entrance fees. The median housing value for the PMA is estimated to be \$275,233 in 2010, which is well above both the state and national averages.

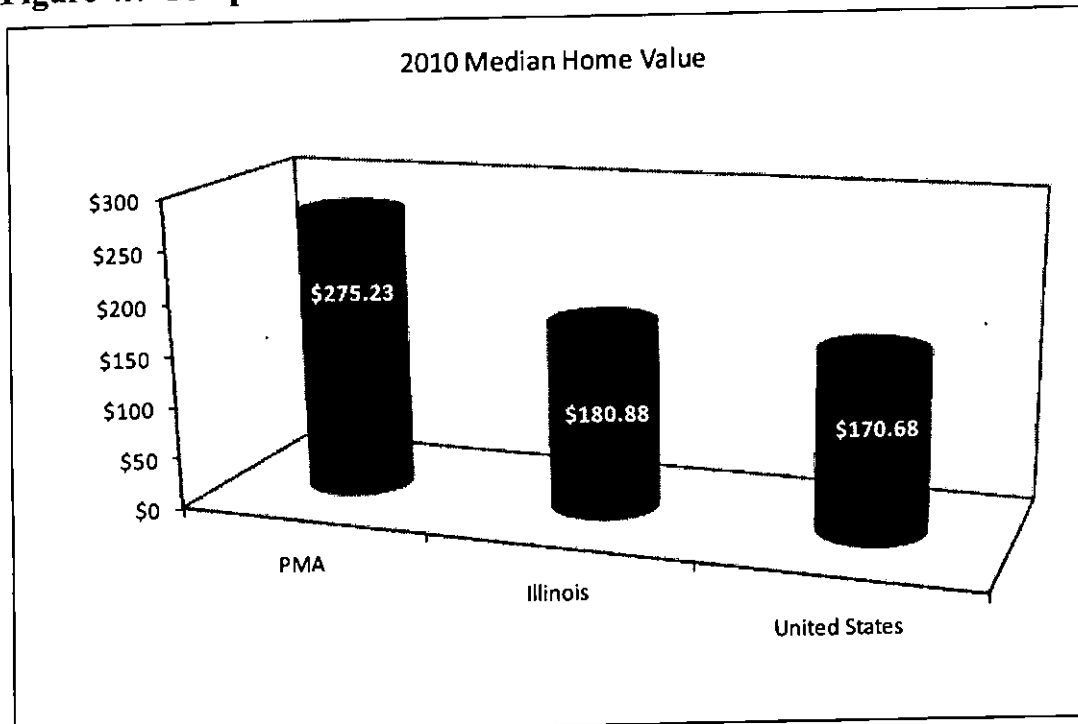
**Table 4.4 Median Housing Values (All Households)**

Housing Value	2000	2010	% Change	2015	% Change
Less than \$60,000	2,811	1,343	-52.2%	1,213	-9.7%
\$60,000-\$99,999	15,870	4,092	-74.2%	2,730	-33.3%
\$100,000-\$199,999	120,944	51,542	-57.4%	38,848	-24.6%
\$200,000-\$299,999	67,213	95,618	42.3%	90,082	-5.8%
\$300,000-\$400,000	21,654	50,564	133.5%	54,633	8.0%
\$400,000-\$500,000	9,376	22,107	135.8%	30,018	35.8%
\$500,000+	10,903	32,561	198.6%	42,137	29.4%
Total Units	248,771	257,827	3.6%	259,661	0.7%
Median Housing Value	\$ 189,259	\$ 275,233	45.4%	\$ 296,623	7.8%

Source: Claritas, Inc.

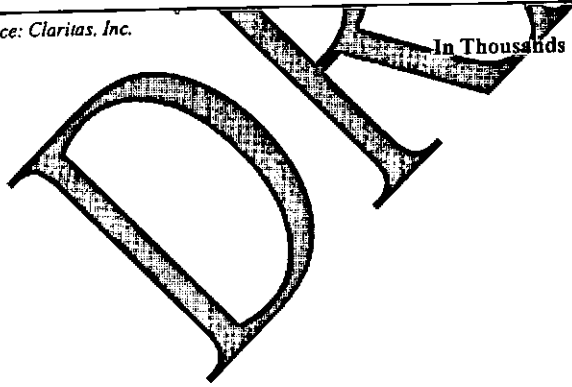
The affordability ratio of median house price to median household income is 3.57 for the PMA, which is considered to be in the 'marginally affordable' category. Marginally Affordable is defined as 3.0 to 3.9.

Figure 4.7 Comparison: Median Housing Values (All Households)



Source: Claritas, Inc.

In Thousands



## V. COMPETITION STUDY

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### METHODOLOGY

An analysis of the older adult housing market in the primary market area provides the Sponsor and consultant with specific data on the supply and availability of competitive facilities. This section of the report analyzes the overall service area through a summary of the licensed nursing care facilities available to the population of Naperville, Illinois, and surrounding communities.

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

Our survey of the competitive facilities identified thirty-eight nursing competitors directly inside the primary market area. At present, there is one facility currently being built (Park Place Christian Community) in the PMA. We have identified several comparable facilities in the primary market area. Our evaluation and the elements involved in establishing our conclusions are detailed below.

Revere visited comparable licensed nursing care communities in the primary market area. At no time were competitors aware that Revere was gathering information for the proposed project. Revere obtained information on the following comparative categories:

- Locations
- Number and type of units
- Occupancy levels
- Rates and payment structures
- Services and amenities

Sources

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

- Illinois Department of Public Health (*IDPH*) website (<http://www.idph.state.il.us>)
- The National Investment Center for the Seniors Housing & Care Industry (NIC MAP) website (<http://www.nicmap.org>)
- Medicare Compare - <http://www.medicare.gov>
- Independent research conducted by Revere Healthcare, Ltd.

**CLIENT FACILITY – PROJECT DESCRIPTION**

Please see the Introduction section of this report for a summary of the Client's proposed facility under Client Project Description.

**SUMMARY OF COMPETITIVE FACILITIES**

Licensed Nursing Care

Within the primary market area, there are thirty-eight nursing facilities. For its market research, Revere visited all six of the nursing homes in Naperville (6) and one competitive facility in Wheaton, all of which are considered competitive due to the distance from the proposed site and/or comparable care. The seven facilities have a combined total of 4,159 nursing beds, which had a combined average occupancy of 87.01 percent of licensed beds in 2009.

In the Planning Area 7-C there are thirty-eight nursing facilities. There is also one facility that is currently being built but has not yet opened, Park Place Christian Community. Those thirty-eight facilities have a combined total of 5,993 nursing beds, which had a combined average occupancy of 80.33 percent of licensed beds. However, if Park Place Christian Community is removed from the facilities list the remaining thirty-seven facilities have a combined total of 5,956 nursing beds, with a combined average occupancy of 80.83 percent of licensed beds.

Table 5.1 illustrates the facilities in the primary market area.

**Table 5.1 Competitive Nursing Facilities – Primary Market Area**

	Facility Name	Address	City	State	Zip	Beds	2009 Occupancy
1	Abbingdon Rehab & Nursing Center	31 West Central	Roselle	IL	60172	82	77.8%
2	Alden Estates of Naperville	1525 South Oxford Lane	Naperville	IL	60565	203	74.5%
3	Alden Valley Ridge Rehab & Care	275 E. Army Trail Rd.	Bloomington	IL	60108	207	81.1%
4	The Arbor	535 S. Elm	Itasca	IL	60143	144	63.5%
5	Beacon Hill	2400 S. Finley Rd.	Lombard	IL	60148	108	91.3%
6	Bridgeway Christian Village Rehab & SNF	111 E. Washington	Bensenville	IL	60106	222	72.4%
7	Burgess Square Healthcare Center	5801 S. Cass Ave.	Westmont	IL	60559	203	80.7%
8	Chateau Nursing & Rehab Center	7050 Madison St.	Willbrook	IL	60521	150	90.2%
9	Community Nursing & Rehab Center	1136 N. Mill St.	Naperville	IL	60563	153	81.9%
10	DuPage Convalescent Home	400 N County Farm Rd.	Wheaton	IL	60187	50	64.7%
11	Elm Brook Nursing	127 W. Diversy	Elmhurst	IL	60126	180	88.1%
12	Elmhurst Extended Care Center	200 E Lake St.	Elmhurst	IL	60126	112	67.0%
13	Elmhurst Memorial Hospital	200 Bertraw Ave.	Elmhurst	IL	60126	38	92.5%
14	Emeritus at Burr Ridge	6801 Highgrove Blvd.	Burr Ridge	IL	60521	30	80.2%
15	Fairview Baptist Home	250 Village Dr.	Downers Grove	IL	60516	160	53.9%
16	Lexington Health Care Center - Bloomington	1185 S. Bloomington Rd.	Bloomington	IL	60108	166	85.2%
17	Lexington Health Care Center - Lombard	1100 S. Finley Rd.	Lombard	IL	60148	224	82.8%
18	Lexington of Elmhurst	420 W. Butterfield Rd.	Elmhurst	IL	60126	150	87.0%
19	Manorcare of Hinsdale	600 W. Ogden Ave.	Hinsdale	IL	60521	200	88.9%
20	Manorcare of Naperville	200 Madison Ave.	Naperville	IL	60540	118	85.8%
21	Manorcare of Westmont	512 E. Ogden Ave.	Westmont	IL	60559	155	82.4%
22	Marianjoy Rehab Hospital**	21 W. 171 Roosevelt Rd.	Wheaton	IL	60187	20	0.0%
23	Meadowbrook Manor - Naperville	720 Raymond Dr.	Naperville	IL	60563	245	92.2%
24	Oak Brook Healthcare Center	2013 Midwest Rd.	Oak Brook	IL	60521	156	87.8%
25	Park Place Christian Community**	1050 Euclid Ave.	Elmhurst	IL	60126	37	0.0%

Continued on next page

**Table 5.1 Competitive Nursing Facilities – Primary Market Area  
CONTINUED**

26	Providence Downers Grove	3450 Saratoga Ave.	Downers Grove	IL	60515	145	70.3%
27	Snow Valley Nursing & Rehab Center	5000 Lincoln Ave.	Uisle	IL	60532	51	81.0%
28	St. Patrick's Residence	1400 Brookdale Rd.	Naperville	IL	60563	209	94.7%
29	Tabor Hills Health Care	1347 Crystal Court	Naperville	IL	60563	211	89.2%
30	West Chicago Terrace	928 Joliet Rd.	West Chicago	IL	60185	120	100.0%
31	West Suburban Nursing & Rehab Center	311 Edgewater Dr.	Bloomington	IL	60108	259	70.6%
32	Westbury Care Center	1800 Robin Lane	Uisle	IL	60532	55	83.4%
33	Westmont Nursing & Rehab Center	6501 S. Cass	Westmont	IL	60559	215	82.5%
34	Wheaton Care Center	1325 Manchester Rd.	Wheaton	IL	60187	123	94.1%
35	Windsor Park Manor	110 Windsor Park Dr.	Carol Stream	IL	60188	80	71.5%
36	Winfield Woods	28 W. 141 Liberty Rd.	Winfield	IL	60190	138	95.0%
37	Wood Glen Nursing & Rehab Center	201 W. North Ave.	West Chicago	IL	60185	207	98.5%
38	Wynscape	2180 Manchester Rd.	Wheaton	IL	60187	209	66.7%
Market Totals						5993	80.33%
Market Totals - 2009 Existing Facilities Only						5956	80.83%

*\*\* - Park Place Christian Community is currently being built. Because it did not exist in 2009 this facility has been excluded in the Existing Facility total numbers. Marianjoy Rehab Hospital sub acute rehab unit is included in the profile for the hospital so some of the profile is not directly comparable to the long term care profiles.*

Please note, some changes took place in 2010 that are not reflected in this table because it is only for updates that happened up to 2009 and we are using 2009 information in the Demand section of this report. In 2010, Manorcare of Hinsdale added two nursing care beds and now has 202 total nursing beds. Also, Monarch Landing was granted a permit for a 24 bed nursing care facility in 2009 but in 2010 this permit was declared null and void. Because the permit was declared void these beds were not included in the 2009 numbers.



Figure 5.1 Nursing Care Competition Map Overview – Naperville

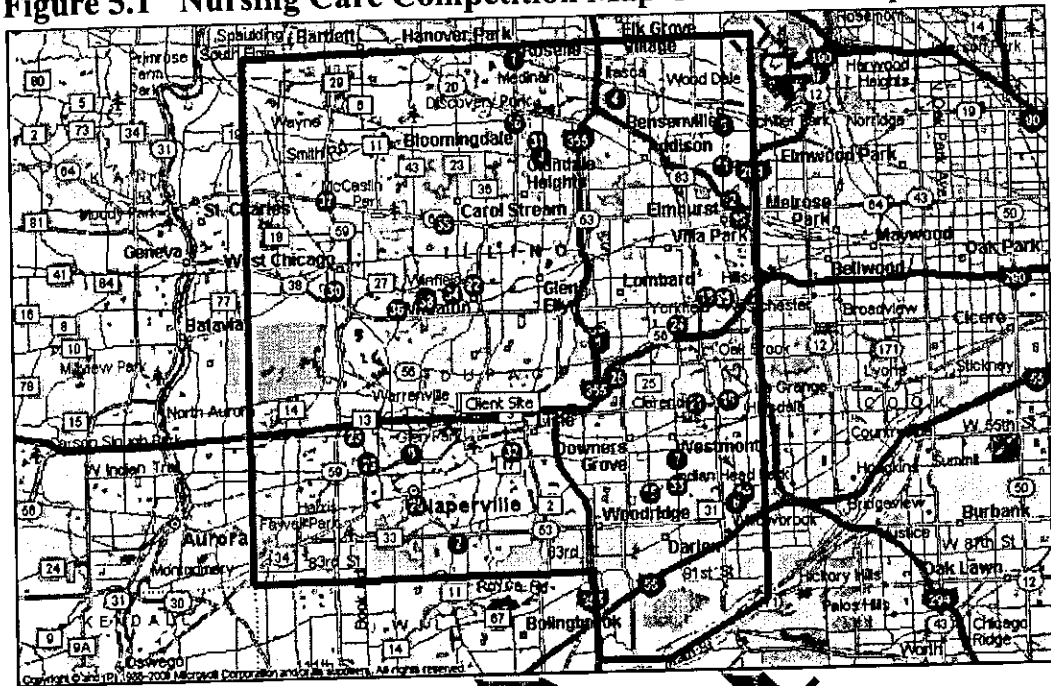
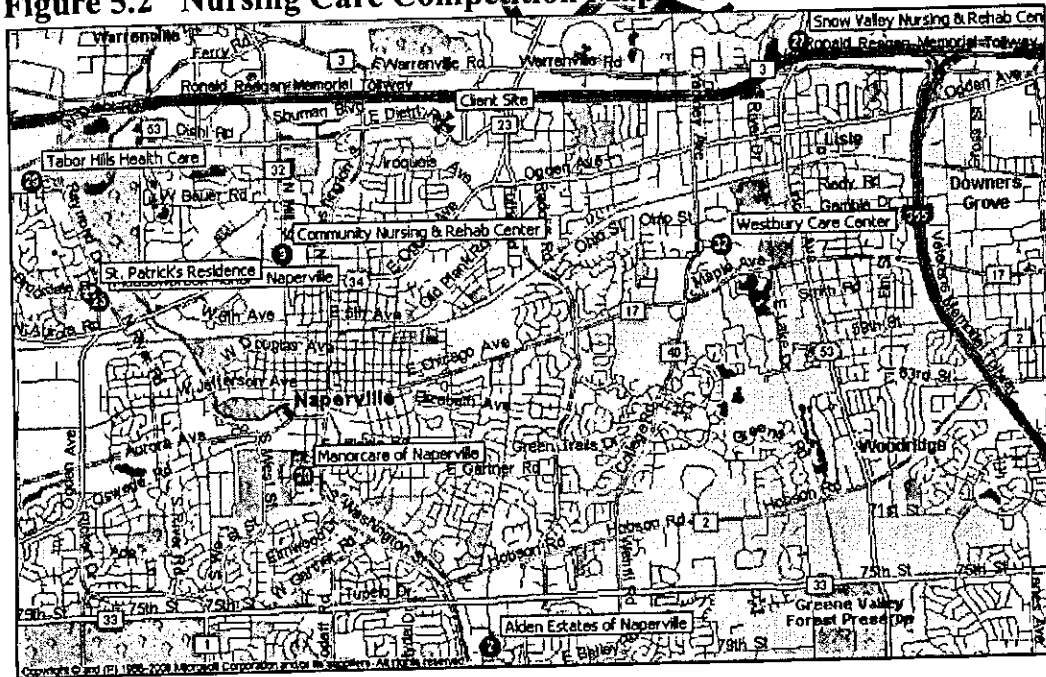
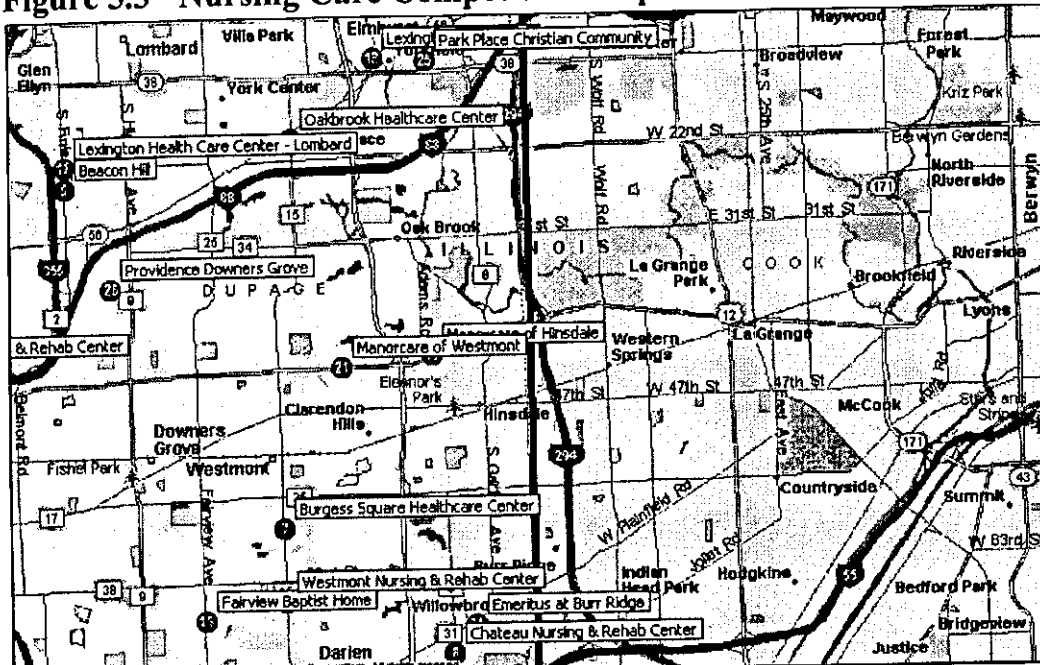


Figure 5.2 Nursing Care Competition Map – Southwest



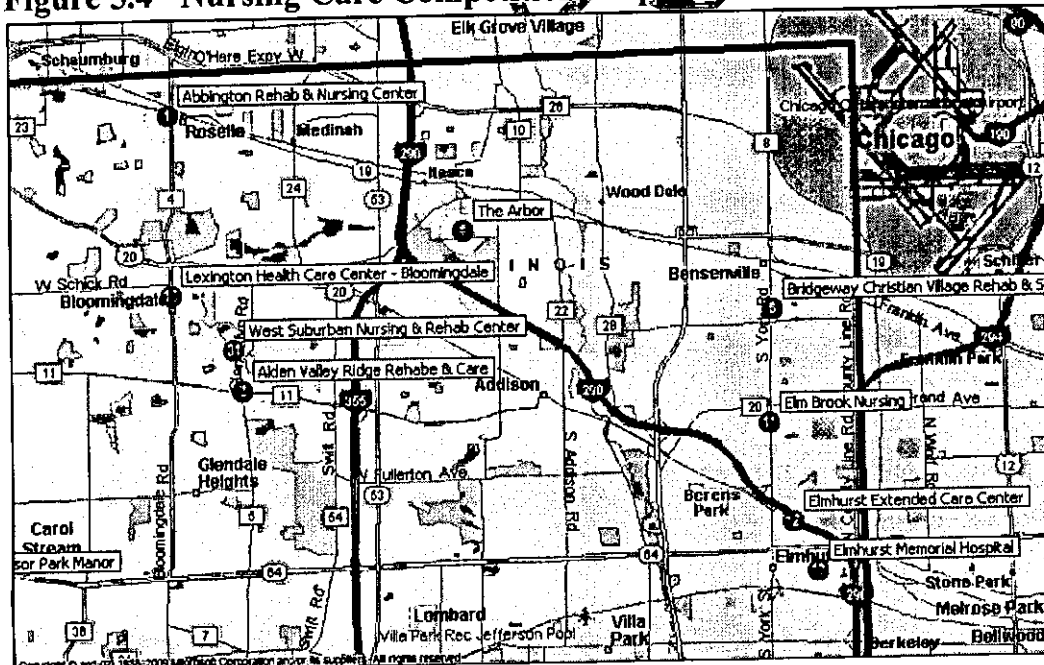
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Figure 5.3 Nursing Care Competition Map – PMA Southeast



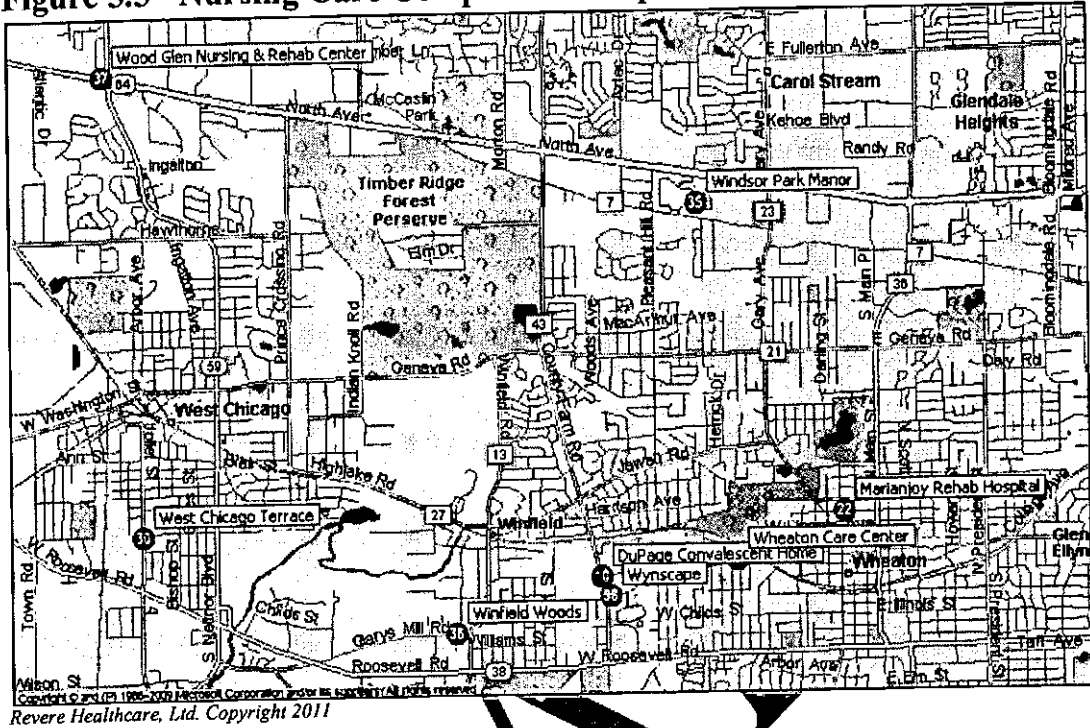
Revere Healthcare, Ltd. Copyright 2011

Figure 5.4 Nursing Care Competition Map – PMA Northeast



Revere Healthcare, Ltd. Copyright 2011

Figure 5.5 Nursing Care Competition Map – PMA Northwest



## COMPETITION ASSESSMENT

Service area competitors in Naperville and Wheaton were visited in person by a representative of Revere. The following facility profiles identify specific data about each facility.

### Skilled Nursing Facility Profiles

The following facility profiles identify specific data about primary market facilities which are considered comparable to aspects of the project as proposed.

**Community Nursing & Rehabilitation Center**  
 1136 N. Mill St.  
 Naperville, IL 60563  
 630-355-3300  
 www.cnrdlc.com  
**Project Type:** SNF/Alz.  
**Year Built:** 1970  
**Condition:** Good  
**Remodeled:** In the last year  
**Management:** Community Nursing & Rehab Realty, LLC  
 (For-profit)



**Entrance Fee:** NA  
**Date Visited:** April 7, 2011

**Resident Units Include:**

- Shared bathroom
- Bed
- Chair
- Dresser and wardrobe
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television
- Satellite included
- Phone available (local)
- Other:

**Campus Amenities:**

- Chapel
- Facility van
- Alarmed doors
- Library
- Computer room
- Fitness Center
- Beauty & barber salon
- Gift shop
- Other:

Skilled Nursing Unit Type	# of Beds	Overall 2009 Occupancy	Private Pay Rates	
			Daily	Monthly
Private	153	81.9%	\$223	\$6,783
Semi-private			\$210	\$6,388
3 or 4-Bed			\$194	\$5,901
<b>Totals</b>	<b>153</b>	<b>81.9%</b>		

Medicare Star Rating: 3 Stars		Inspected: 3/2/2010	
Payor Mix (2009)	Private Pay	12.4%	Ins./Other
	Medicare	10.5%	Medicaid
			76.3%

**Services Provided Include:**

- 24 hour skilled nursing
- 3 meals daily
- Restaurant-style dining
- Housekeeping (daily)
- Pastoral care
- Daily activities
- Transportation
- Laundry (linens)
- Special diets
- Internet
- Other: Social service counseling

**Services available at additional cost:**

- Physical therapy
  - Occupational therapy
  - Speech therapy
  - Physician appointments
  - Wound care program
  - Outpatient rehabilitation
  - Medical equipment
  - Medical supplies
  - Restorative therapy
  - Beauty & barber
  - Other:
  - Hospice care
  - Medication
  - Massage therapy
  - Home health
  - Short term stays
- Dialysis \_\_\_\_\_  
 Respite care \_\_\_\_\_  
 Dental, podiatry & eye care on-site \_\_\_\_\_

**Comments:**

Community Nursing & Rehabilitation Center is a standalone skilled nursing facility offering skilled, intermediate and Alzheimer's care. Community's average occupancy for 2009 was 81.9%. The facility was 81.05% occupied on the date of the last state inspection (see above). On April 7th of this year only one private unit was available in the rehabilitation unit, which occupies 1 wing on the first floor of the facility and has 19 units (95% occupancy). The facility has two sections, the rehab unit on the first floor and the long-term care on the first floor of the two-story section with the Alzheimer's unit on the second floor. The building is aged but has been well maintained and extensively remodeled recently. The Rehab unit has also recently been remodeled and the rooms were converted to all private rooms.

### Community Nursing & Rehabilitation Center – Rehab Description

Community's "Homeward Bound" rehabilitation neighborhood focuses on rehabilitation care and so will be competitive to the sponsor's project. Homeward Bound serves seniors who require post-hospital and post-surgical care and those who require complex nursing care. Community offers physical, occupational and speech therapy as well as having a complex medical care programs including respiratory care, cardiac care, pain management, IV therapies, dialysis, and wound care.

There are two connected rehabilitation rooms in the lower level of the facility. The activities of daily living room is set up like an apartment with a kitchen, bath and living area to provide rehabilitation for living in a home, and a rehabilitation room for physical therapy. Rehabilitation care is provided one-on-one and is available seven days a week. Other services include Alzheimer's care (in a dedicated and secure wing), coordination of doctor and physician, pharmacy, care planning, health assessments, specialized dietary, and pet therapy.

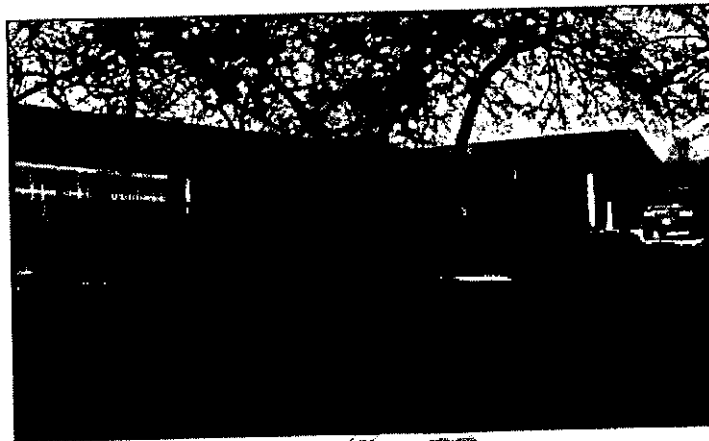
The rooms in the "Homeward Bound" rehabilitation neighborhood at Community are all private units. The rooms include a shared bathroom with toilet and sink, bed, chair, dresser and nightstand and a flat screen television. There are community shower rooms that also have whirlpool baths.

Community offers comparable nursing care and services to the client's proposed facility but the client's facility would offer a superior private room accommodation and a newer building. Community's "Homeward Bound" rehabilitation neighborhood is located on the first floor of the facility and is separate from the long term care section. Community focuses their care on a senior client and has long-term care on site as well. A short term rehabilitation patient who doesn't feel that a nursing home is appropriate or necessary for them would likely prefer services at a stand-alone facility with no long-term care components to them, such as the client's proposed facility. Also, the facility is located off the main street and has several buildings before it in the same parking lot providing a less desirable physical location.

Manor Care - Naperville  
 200 W. Martin Ave.  
 Naperville, IL 60540  
 630-355-4111  
 www.hcr-manorcare.com

Project Type: SNF  
 Year Built: 1964  
 Condition: Fair  
 Remodeled: In the past 5 years  
 Management: HCR ManorCare  
 (For-profit)

Entrance Fee: None  
 Date Visited: April 7, 2011



Resident Units Include:

- Shared bathroom
- Bed
- Chair
- Dresser and 1/2 Closet
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television (individual, on bed)
- Satellite included
- Phone available (local)
- Other:

Campus Amenities:

- Chapel
- Facility van
- Alarmed doors
- Library
- Computer room
- Fitness Center
- Beauty & barber salon
- Gift shop
- Other:

Enclosed courtyard; gardens  
Located across the street from  
Edward Hospital

Skilled Nursing Unit Type	# of Beds	Overall 2009 Occupancy	Private Pay Rates*	
			Daily	Monthly
Semi-private	118	85.8%	\$236	\$7,178
Private			\$265	\$8,060
<b>Totals</b>	<b>118</b>	<b>85.8%</b>	<b>*Average daily rates 2009</b>	
		Medicare Star Rating: 3 Stars	Inspected: 1/14/2010	
Payor Mix (2009)	Private Pay	12.8%	Ins./Other	16.2%
	Medicare	47.3%	Medicaid	23.8%

Services Provided Include:

- 24 hour skilled nursing
- 3 meals daily
- Restaurant-style dining
- Housekeeping (daily)
- Daily activities
- Activities transportation
- Laundry
- Special diets
- Internet
- Valet parking
- Other:

Free continental breakfast  
including guests

Services available at additional cost:

- Physical therapy
- Occupational therapy
- Speech therapy
- Physician appointments
- Wound care program
- Outpatient rehabilitation
- Medical equipment
- Medical supplies
- Restorative therapy
- Beauty & barber
- Other:
- Hospice care
- Medication
- Pet therapy
- Home health
- Short term stays

Joint replacement, Stroke therapy,  
Cardiac therapy, Orthopedic therapy

Comments:

Manor Care of Naperville is composed of two connected one-story buildings, the rehabilitation building is two wings with 98 beds, and the long-term care section is at the front of the facility and has 20 beds. Manor Care's average occupancy for 2009 was 85.8%. The facility was 95.73% occupied on the date of the last state inspection (see above). On April 7th of this year 10 semi-private beds were available in the rehabilitation section of the facility (90% occupancy). Tracy Barnicle, Admissions Coordinator for ManorCare indicated that the facility averages 70 admissions a month. The building appears somewhat dated on the outside but has been remodeled extensively on the inside and compares well. There is limited parking and the lot is typically full which is why the facility offers valet parking.

Manor Care – Rehab Description

ManorCare offers short-term rehabilitation and long term skilled care. The short-term rehabilitation skilled nursing neighborhood focuses on rehabilitation care and so will be competitive to the sponsor's project. The Nursing & Rehab unit serves seniors who require post-hospital and post-surgical care and those who require complex nursing care. ManorCare offers physical, occupational and speech therapy as well as having programs for wound care, joint replacement, orthopedic, stroke recovery, and cardiac recovery.

There are two rehabilitation areas, an occupational therapy area to provide rehabilitation for living in a home (this room is converted into the special needs dining room when needed) as well as having a rehabilitation room for physical therapy. Other services include joint replacement therapy, Stroke rehabilitation, complex IV services, enteral nutrition, advanced wound care, pulmonary care, infection disease, Alzheimer's care, diabetes management, pain management, and hospice care.

The rooms at ManorCare are all semi-private. The rooms include a shared bathroom with toilet and sink, bed, dresser, nightstand, half of a closet, and individual televisions on a swivel mount attached to each bed. There are also community shower rooms and bathrooms.

ManorCare offers comparable nursing care and services to the client's proposed facility but the client's facility would offer a superior private room accommodation, superior amenities and a newer building. ManorCare's Nursing & Rehab unit is in a building that is 47 years old and shows it's age on the exterior. The interior has been extensively renovated yet is still not entirely comparable to a newer facility. The parking lot of the facility is limited and is typically full, detracting from ease of use. They do offer valet parking to alleviate any problems. The facility is located next to Edward Hospital. ManorCare focuses their care on a senior client and has long term care on site as well. A short term rehabilitation patient who doesn't feel that a nursing home is appropriate or necessary for them would likely prefer services at a stand-alone facility with no long-term care components to them, such as the clients proposed facility.

**Alden Estates of Naperville**  
 1521 Oxford Ln.  
 Naperville, IL 60565  
 630-983-0300  
[www.aldenestatesofnaperville.com](http://www.aldenestatesofnaperville.com)

**Project Type:** SNF  
**Year Built:** 1979  
**Condition:** Good  
**Remodeled:** Recently  
**Management:** The Alden Group, Ltd.  
 (For-profit)

**Entrance Fee:**

**Date Visited:** April 7, 2011

**Resident Units Include:**

- Shared bathroom
- Bed
- Chair
- Dresser and wardrobe
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television
- Satellite included
- Phone available (local)
- Other:

**Campus Amenities:**

- Chapel
- Facility van
- Alarmed doors
- Library
- Computer room
- Fitness Center
- Beauty & barber salon
- Convenience store/deli
- Other:

- Activity room
- Common areas with TV
- Ice cream shop
- Coffee bar



Skilled Nursing Unit Type	# of Beds	Overall 2009 Occupancy	Private Pay Rates	
			Daily	Monthly
Four-bed	203	74.5%	\$224	\$6,820
Three-bed			\$244	\$7,440
Semi-private			\$274	\$8,370
Private			\$290	\$8,835
<b>Totals</b>	<b>203</b>	<b>74.5%</b>		

Medicare Star Rating: 3 Stars		Inspected: 7/9/2010		
Payor Mix (2009)	Private Pay	9.5%	Ins./Other	2.8%
	Medicare	12.3%	Medicaid	75.4%

- Services Provided Include:**
- 24 hour skilled nursing
  - 3 meals daily
  - Restaurant-style dining
  - Housekeeping (daily)
  - Pastoral care
  - Daily activities
  - Activities transportation
  - Laundry
  - Special diets
  - Internet (WiFi)
  - Other:

- Services available at additional cost:**
- Physical therapy
  - Occupational therapy
  - Speech therapy
  - Physician appointments
  - Incontinence supplies
  - Medical equipment
  - Hospice
  - Medical supplies
  - Restorative therapy
  - Beauty & barber
  - Other:

- Medications
- Lab work/X-ray
- Oxygen
- Respite
- Home health
- Short term stays
- Stroke therapy, Neurological therapy
- Cardiac therapy, Orthopedic therapy
- Alzheimer's and dementia care

**Comments:**

Alden Estates of Naperville is a standalone skilled nursing facility offering skilled, intermediate and Alzheimer's care. Alden's average occupancy for 2009 was 74.5%. The facility was 77.83% occupied on the date of the last state inspection (see above). While the facility is licensed for 203 beds, there are currently 176 setup and operational. If only operational beds are considered the 2009 average occupancy is 86% and the occupancy for the last survey is 89.77%. On April 7th of this year nine semi-private beds were open and two semi-private suites were available in the rehabilitation unit, which occupies 2 wings on the first floor of the facility. The facility has two floors the rehab unit on the first floor and the longterm care on the second floor. The building is aged but has been well maintained and extensively remodeled recently.



### Alden Estates – Rehab Description

Alden Estates offers short-term rehabilitation, intermediate care and long term skilled care. The short-term rehabilitation skilled nursing neighborhood focuses on rehabilitation care and so will be competitive to the sponsor's project. The rehab unit serves seniors who require post-hospital and post-surgical care and those who require complex nursing care. Alden Estates offers physical, occupational and speech therapy as well as having programs for orthopedic, stroke recovery, cardiac recovery, neurological rehabilitation, respiratory, infusion, pain management, post-operative care, respite care, hospice care and Alzheimer's/dementia care.

The rehabilitation is in the basement level of the facility which is decorated to resemble a main street of a city with each room looking like a shop. There are two rehabilitation rooms, an occupational therapy area to provide rehabilitation for living in a home (this room has a full kitchen and bathroom for therapy) as well as having a rehabilitation room for physical therapy.

The rooms in the rehabilitation section of Alden Estates are all semi-private. The rooms include a shared bathroom with toilet and sink, bed, chair, dresser with shelves, nightstand, and individual flat-screen televisions. The semi-private suites have shower in the bathrooms and there are also community shower rooms and bathrooms for the rooms without them.

Alden Estates offers comparable nursing care and services to the client's proposed facility but the client's facility would offer a superior private room accommodation, superior amenities and a newer building. Alden Estates unit is in a building that is 32 years old and somewhat shows its age on the exterior, although it has been recently renovated. The interior has been extensively renovated yet is still not entirely comparable to a newer facility. Alden Estates focuses their care on a senior client and has long term care on site as well. A short term rehabilitation patient who doesn't feel that a nursing home is appropriate or necessary for them would likely prefer services at a stand-alone facility with no long-term care components to them, such as the clients proposed facility.

St. Patrick's Residence  
 1400 Brookdale Rd.  
 Naperville, IL 60563  
 630-416-6565  
 www.stpatrickresidence.org

Project Type: SNF  
 Year Built: 1989  
 Condition: Good  
 Remodeled: Partially  
 Management: Carmelite Sisters for  
 (Non-profit) the Aged & Infirm



Entrance Fee: \$150 Processing Fee  
 Date Visited: April 7, 2011

Resident Units Include:

- Shared bathroom
- Bed
- Chair
- Dresser and wardrobe
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television (individual, on bed)
- Satellite TV (\$35 monthly)
- Phone available (\$25 monthly)
- Other:

Campus Amenities:

- Chapel
- Facility van
- Alarmed doors
- Library
- Computer room
- Fitness Center
- Beauty & barber salon
- Gift shop
- Other:
- Enclosed garden and rooftop garden
- Coffee shop
- Private gathering rooms

Skilled Nursing Unit Type	# of Beds	Overall 2009 Occupancy	Private Pay Rates*	
			Daily	Monthly
Semi-private	160	94.7%	\$239	\$7,270
Private	49		\$259	\$7,878
<b>Totals</b>	<b>209</b>	<b>94.7%</b>	<b>*Average daily rates 2009</b>	
Payor Mix (2009)		Medicare Star Rating: 4 Stars	Inspected: 5/14/2010	
	Private Pay	46.0%	Ins./Other	0.0%
	Medicare	4.4%	Medicaid	49.6%

Services Provided Include:

- 24 hour skilled nursing
- 3 meals daily
- Restaurant-style dining
- Housekeeping (daily)
- Daily activities
- Activities transportation
- Laundry
- Special diets
- Internet
- Pastoral care
- Other:

Services available at additional cost:

- Physical therapy
- Occupational therapy
- Speech therapy
- Physician appointments
- Wound care program
- Alzheimers and dementia care
- Medical equipment
- Medical supplies
- Restorative therapy
- Beauty & barber
- Other:
- Hospice care
- Medication
- Pet therapy
- Home health
- Short term stays

Joint replacement, Stroke therapy,  
 Cardiac, Orthopedic, Neurological therapy

Comments:

St. Patrick's Residence is a three-story building with an attached one story building for administrative offices, the entryway and the impressive chapel. The rehabilitation section is one wing on the second floor of the building (42 bed - 10 Private, 32 Semi-Private), the first floor is intermediate care, and the third floor is dementia care. St. Patrick's average occupancy for 2009 was 94.7%. The facility was 91.87% occupied on the date of the last state inspection (see above). On April 7th of this year 3 semi-private beds were available in the rehabilitation section of the facility (93% occupancy). The building appears somewhat dated on the outside and on the inside but has been well maintained.

St. Patrick's – Rehab Description

St. Patrick's Residence offers short-term rehabilitation, intermediate care and long term skilled care. The short-term rehabilitation skilled nursing neighborhood focuses on rehabilitation care and so will be competitive to the sponsor's project. The rehab unit serves seniors who require post-hospital and post-surgical care and those who require complex nursing care. St. Patrick's offers physical, occupational and speech therapy as well as having programs for orthopedic, stroke recovery, cardiac recovery, neurological rehabilitation, respiratory, pain management, post-operative care, respite care, hospice care and Alzheimer's/dementia care.

The rehabilitation is on the second level of the facility with the rehabilitation rooms on the same floor. There are two rehabilitation rooms, an occupational therapy area to provide rehabilitation for living in a home as well as having a rehabilitation room for physical therapy.

The rooms in the rehabilitation section of St. Patrick's are private (10 beds) and semi-private (32 beds). The rooms include a shared bathroom with toilet and sink, bed, dresser, nightstand, and individual televisions. Some rooms have showers in the bathrooms and there are also community shower rooms and bathrooms for the rooms without them.

St. Patrick's offers comparable nursing care and services to the client's proposed facility but the client's facility would offer a superior private room accommodation, superior amenities and a newer building. St. Patrick's rehabilitation unit is in a building that is 22 years old and somewhat shows its age on both the interior and exterior although it has been well maintained and has had some incremental upgrades. St. Patrick's focuses their care on a senior client and has long term care on site as well. A short term rehabilitation patient who doesn't feel that a nursing home is appropriate or necessary for them would likely prefer services at a stand-alone facility with no long-term care components to them, such as the clients proposed facility.

**Meadowbrook Manor - Naperville**  
 720 Raymond Dr.  
 Naperville, IL 60563  
 630-355-0220  
 www.meadowbrookmanor.com  
**Project Type:** SNF  
**Year Built:** 1996  
**Condition:** Good  
**Remodeled:** In the last year  
**Management:** Butterfield Healthcare  
 (For-profit) Group, Inc.  
**Entrance Fee:** NA



**Date Visited:** April 7, 2011

**Resident Units Include:**

- Shared bathroom
- Bed
- Chair
- Dresser and wardrobe
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television
- Satellite included
- Phone available (local)
- Other:

**Campus Amenities:**

- Chapel
- Facility van
- Alarmed doors
- Library
- Computer room
- Fitness Center
- Beauty & barber salon
- Gift shop
- Other:
- Enclose courtyard
- Activity room
- Ice cream shop
- Private family room

Skilled Nursing Unit Type	# of Beds	Overall 2009 Occupancy	Private Pay Rates	
			Daily	Monthly
Private	245	92.2%	\$210	\$6,388
Semi-private			\$195	\$5,931
4-Bed			\$180	\$5,475
<b>Totals</b>	<b>245</b>	<b>92.2%</b>		

Medicare Star Rating: 1 Star		Inspected: 11/18/2010	
Payor Mix (2009)	Private Pay	12.8%	Ins./Other 1.2%
	Medicare	10.7%	Medicaid 75.2%

**Services Provided Include:**

- 24 hour skilled nursing
- 3 meals daily
- Buffet-style dining
- Housekeeping (daily)
- Pastoral care
- Daily activities
- Transportation
- Laundry (linens)
- Special diets
- Internet (Wifi)
- Other:

**Services available at additional cost:**

- Physical therapy
  - Occupational therapy
  - Speech therapy
  - Physician appointments
  - Wound care program
  - Outpatient rehabilitation
  - Medical equipment
  - Medical supplies
  - Restorative therapy
  - Beauty & barber
  - Other:
  - Hospice care
  - Medication
  - Massage therapy
  - Home health
  - Short term stays
- Dialysis \_\_\_\_\_  
 Respite care \_\_\_\_\_  
 Dental, podiatry & eye care on-site \_\_\_\_\_

**Comments:**

Meadowbrook Manor is a standalone skilled nursing facility offering skilled, intermediate and Alzheimer's care. Community's average occupancy for 2009 was 92.2%. The facility was 91.43% occupied on the date of the last state inspection (see above). On April 7th of this year only one semi-private unit was available in the rehabilitation unit, which occupies 1 wing on the first floor of the facility and has 20 semi-private beds (90% occupancy). The facility has three floors, the rehab unit is in one wing of the first floor with the rest being intermediate and longterm care on the first and second floors and the Alzheimer's unit on the third floor. The building appears new and has been well maintained. The Rehab wing is currently being remodeled one room at a time.

### Meadowbrook Manor – Rehab Description

Meadowbrook Manor - Naperville offers short-term rehabilitation, intermediate care, long term skilled care and Alzheimer's care. The short-term rehabilitation skilled nursing neighborhood focuses on rehabilitation care and so will be competitive to the sponsor's project. The rehab unit serves seniors who require post-hospital and post-surgical care and those who require complex nursing care. Meadowbrook Manor offers physical, occupational and speech therapy as well as having programs for orthopedic, respiratory, infusion, pain management, post-operative care, respite care, hospice care, Alzheimer's/dementia care and dialysis.

The rehabilitation is on the basement level of the facility. There are two rehabilitation rooms that are connected. The occupational therapy area provides rehabilitation for living in a home (this room is set up like an apartment with a bathroom, kitchen, and bed for therapy) as well as having a rehabilitation room for physical therapy.

The rooms in the rehabilitation section of Meadowbrook Manor are all semi-private (20 beds). The rooms include a shared bathroom with toilet and sink, bed, dresser with shelves, nightstand, chair, individual flat-screen televisions, and laminate wood non-slip flooring. There are community shower rooms with whirlpool tubs.

Meadowbrook Manor offers comparable nursing care and services to the client's proposed facility but the client's facility would offer a superior private room accommodation, superior amenities and a newer building. Meadowbrook Manor's unit is in a building that is 15 years old and looks fairly new on the exterior and the interior and has been well maintained and renovated as needed. Meadowbrook Manor focuses their care on a senior client and has long-term care on-site as well. A short term rehabilitation patient who doesn't feel that a nursing home is appropriate or necessary for them would likely prefer services at a stand-alone facility with no long-term care components to them, such as the client's proposed facility.

Tabor Hills Healthcare Facility, Inc.  
 1347 Crystal Lake Ave.  
 Naperville, IL 60563  
 630-778-6677  
 www.taborhills.com  
 Project Type: SNF/Aiz.  
 Year Built: 1995  
 Condition: Good  
 Remodeled: In the last year  
 Management: Tabor Hills Healthcare (Non-profit) Facility, Inc.

Entrance Fee: NA  
 Public Aid Application Fee: \$150  
 Date Visited: April 7, 2011

Resident Units Include:

- Shared bathroom
- Bed
- Chair
- Dresser and wardrobe
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television
- Cable included
- Phone available (\$30 Monthly)
- Other:

Campus Amenities:

- Chapel
- Facility van
- Alarmed doors
- Library
- Computer room
- Fitness Center
- Beauty & barber salon
- Gift shop
- Other:
- Two enclosed courtyard gardens
- Activity room
- Ice cream shop
- Private family room
- Semerad Pavillion building - has library, craft room, activity room



Skilled Nursing Unit Type	# of Beds	Overall 2009 Occupancy	Private Pay Rates	
			Daily	Monthly
Private Suite	211	89.2%	\$260	\$7,908
Private			\$243	\$7,391
Semi-private			\$221	\$6,722
3-Bed			\$207	\$6,296
<b>Totals</b>	<b>211</b>	<b>89.2%</b>		

Medicare Star Rating: 2 Stars		Inspected: 6/11/2010	
Payor Mix (2009)	Private Pay	46.8%	Ins./Other 0.6%
	Medicare	11.2%	Medicaid 41.4%

Services Provided Include:

- 24 hour skilled nursing
- 3 meals daily
- Buffet-style dining
- Housekeeping (daily)
- Pastoral care
- Daily activities
- Transportation
- Laundry (clothes & linens)
- Special diets
- Internet (Wifi)
- Other:

Services available at additional cost:

- Physical therapy
- Occupational therapy
- Speech therapy
- Physician appointments
- Wound care program
- Outpatient rehabilitation
- Medical equipment
- Medical supplies
- Restorative therapy
- Beauty & barber
- Other:
- Hospice care
- Medication
- Massage therapy
- Home health
- Short term stays

Comments:

Tabor Hills is a skilled nursing facility offering skilled, intermediate and Alzheimer's care on a campus offering active adult homes (104) and a supportive living facility in a separate building. Community's average occupancy for 2009 was 89.2%. The facility was 88.63% occupied on the date of the last state inspection (see above). On April 7th of this year the facility had a posted daily census of 182, a 85.26% occupancy for the entire facility. The facility has two floors, the rehab unit is on the first floor with the rest being intermediate and long term care on the first and second floors and the two Alzheimer's units on the second floor. The building appears new and has been well maintained.

Tabor Hills – Rehab Description

Tabor Hills Healthcare Facility offers short-term rehabilitation, intermediate care, long term skilled care and Alzheimer's care. The short-term rehabilitation skilled nursing neighborhood focuses on rehabilitation care and so will be competitive to the sponsor's project. The rehab unit serves seniors who require post-hospital and post-surgical care and those who require complex nursing care. Tabor Hills offers physical, occupational and speech therapy as well as having programs for orthopedic, stroke, infusion, pain management, post-operative care, respite care, hospice care, and Alzheimer's/dementia care.

The rehabilitation is on the basement level of the facility. There are three rehabilitation rooms. The occupational therapy area provides rehabilitation for living in a home as well as having a two rehabilitation room for physical therapy, one of which is for outpatient therapy with gym equipment, treadmill, stairs and weights.

The rooms in the rehabilitation section of Tabor Hills are private, and semi-private (2 and 3 bed units). The rooms include a shared bathroom with toilet and sink, bed, dresser, nightstand, chair, and individual televisions. There are community shower rooms with whirlpool tubs.

Tabor Hills offers comparable nursing care and services to the client's proposed facility but the client's facility would offer a superior private room accommodation, superior amenities and a newer building. Tabor Hills's rehabilitation unit is in a building that is 16 years old and looks fairly new on the exterior and the interior and has been well maintained and renovated as needed. Tabor Hills focuses their care on a senior client and has long term care on site as well. A short term rehabilitation patient who doesn't feel that a nursing home is appropriate or necessary for them would likely prefer services at a stand-alone facility with no long-term care components to them, such as the clients proposed facility.

**Marianjoy Rehabilitation Hospital**  
 26W171 Roosevelt Rd.  
 Wheaton, IL 60187  
 630-909-8920  
 www.marianjoy.org

**Project Type:** SNF  
**Year Built:** 2006  
**Condition:** Excellent  
**Remodeled:** No  
**Management:** Wheaton Franciscan (Non-profit) Healthcare

**Entrance Fee:** None  
**Date Visited:** April 7, 2011



**Resident Units Include:**

- Private bathroom w/shower
- Bed
- Chair
- Dresser and 1/2 Closet
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television (individual, on bed)
- Satellite included
- Phone available (local)
- Other: Safe in armoir, Sofa that converts to bed

**Campus Amenities:**

- Chapel
- Facility van
- Alarmed doors
- Library
- Computer room
- Fitness Center
- Beauty & barber salon
- Gift shop
- Other: 2 enclosed courtyards; gardens, Cafeteria, Outpatient Pavillion, Parking garage

Unit Type	# of Beds	Overall 2009 Occupancy	Private Pay Rates	
			Daily	Monthly
Semi-private	20	93.3%	-	-
Private			-	-
<b>Totals</b>	<b>20</b>	<b>93.3%</b>	<b>*Average daily rates 2009</b>	
		Medicare Star Rating: 3 Stars	Inspected: 11/5/2010	
<b>Payor Mix (2009)*</b>	Private Pay	0.4%	Ins./Other	37.8%
	Medicare	50.1%	Medicaid	11.7%

\*Payor mix inpatient only and includes 100 rehab beds; the 20 SNF beds are not separated on the cost report.

**Services Provided include:**

- 24 hour skilled nursing
- 3 meals daily
- In-room dining
- Housekeeping (daily)
- Daily activities
- Activities transportation
- Laundry
- Special diets
- Internet
- Pastoral care
- Other:

**Services available at additional cost:**

- Physical therapy
- Occupational therapy
- Speech therapy
- Physician appointments
- Wound care program
- Outpatient rehabilitation
- Medical equipment
- Hospice care
- Medical supplies
- Medication
- Restorative therapy
- Pet therapy
- Beauty & barber
- Home health
- Other:
- Short term stays

Spinal cord, brain injury, stroke, neurological and orthopedic

**Comments:**

Marianjoy Rehabilitation Hospital is a stand-alone 3 story building with 120 private rooms and is located on a 60 acre campus. The facility offers inpatient, outpatient and subacute rehabilitation programs. The subacute rehab program, RehabLink, is on the third floor and has 20 private units. Marianjoy's Acute Rehab unit's average occupancy for 2009 was 93.3%. The facility was 95.00% occupied on the date of the last state inspection (see above). On April 7th of this year there were no beds were available in the rehabilitation section of the facility (100% occupancy). The Admissions Coordinator indicated that the rehab floor is typically full and usually patients are transitioning from in house acute care.



### Marianjoy Rehabilitation Hospital – Rehab Description

Marianjoy Rehabilitation Hospital differs from the other competitors because it is a rehabilitation hospital and not a senior care nursing home, however it does have a licensed sub-acute rehabilitation unit that will be competitive to the client. Marianjoy has short-term rehabilitation in its 20 bed RehabLink unit, inpatient acute rehabilitation, and outpatient rehabilitation in the Outpatient Pavilion. The RehabLink short-term rehabilitation subacute skilled nursing neighborhood focuses on rehabilitation care and so will be competitive to the sponsor's project. The RehabLink unit serves individuals who require post-hospital and post-surgical care and those who require complex nursing care. Marianjoy offers physical, occupational and speech therapy as well as having programs for brain injury, stroke, spinal cord injury, orthopedic and musculoskeletal conditions, neurological, neuromuscular and pediatric rehabilitation.

The physical rehabilitation room is on the first level of the facility. The occupational therapy room is on the second floor and there is a model apartment for activities of daily living rehabilitation. Each floor is divided into treatment areas with different specialties. There is a swallowing and voice center, balance & vestibular evaluation clinic, spasticity clinic, wheelchair & seating clinic, driver rehabilitation, lymphedema prevention & treatment, post concussive institute, prosthetic & orthotic clinic, pain treatment center, aquatic therapy, visual rehabilitation & retraining and pediatric rehabilitation.

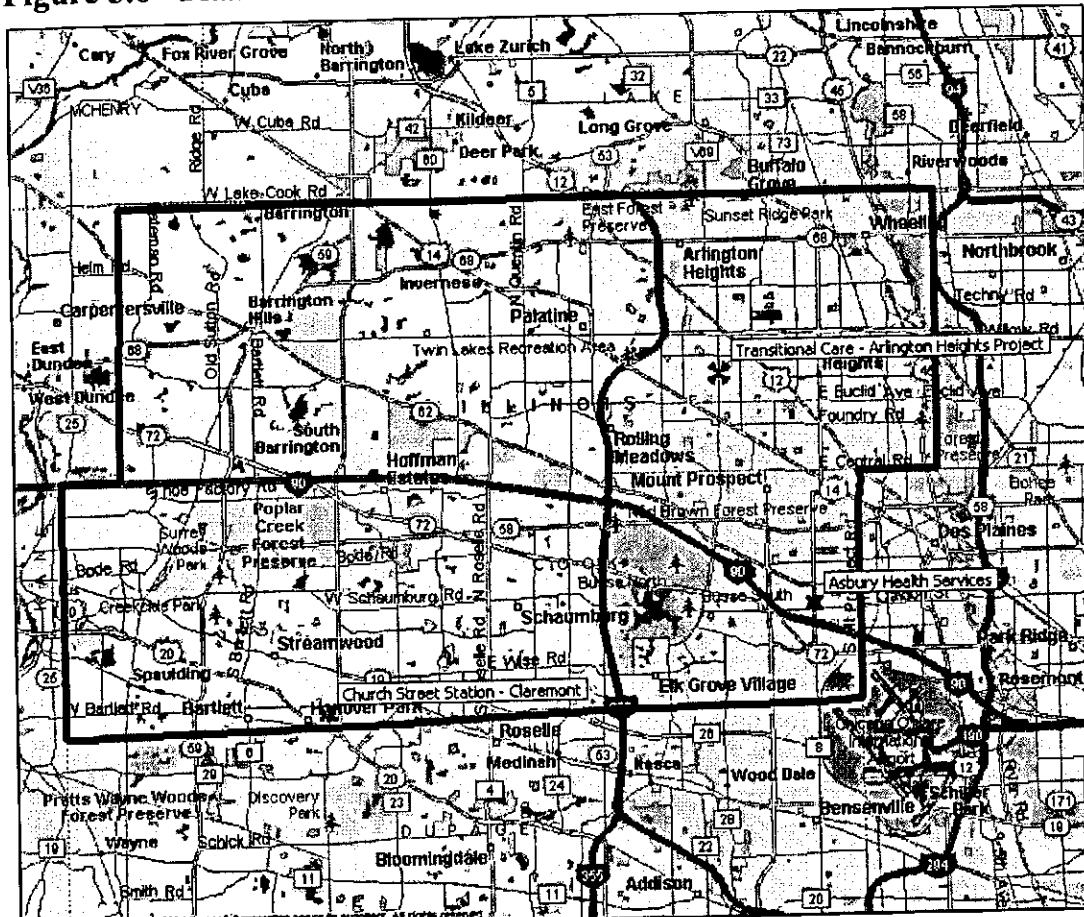
The rooms on the RehabLink floor at Marianjoy are all private. The rooms include a private bathroom (toilet, sink and shower), bed, dresser, nightstand, chair, flatscreen televisions and a sofa that has a pull out bed. Patients eat in their rooms or can eat at the cafeteria located on the first floor.

Marianjoy offers comparable nursing care and services to the client's proposed facility, a comparable private room accommodation, and amenities. Marianjoy's rehabilitation unit is in a building that is 5 years old and looks very new on the exterior and the interior and is in excellent condition. Marianjoy focuses their care on a clients of all ages and has a pediatric unit. Marianjoy's RehabLink unit is the most comparable in the area to the client's proposed development because it is a standalone facility that has no long term care component. A short term rehabilitation patient who doesn't feel that a nursing home is appropriate or necessary for them would likely prefer services at a stand-alone facility with no long-term care components to them, such as Marianjoy and the clients proposed facility. While Marianjoy is a stand alone facility it is located on the Wheaton Franciscan campus and is a non-profit associated with a religious group.

Marianjoy's competitiveness to the client's proposed facility is lessened by the size of the rehabilitation unit, 20 private units, and because it is often at capacity from patients transitioning from acute care in the hospital.

## PLANNED DEVELOPMENT

Figure 5.6 Planned Facilities



## CONCLUSIONS

Revere Healthcare identified thirty eight facilities as competitive to the Sponsor and/or the levels of care under consideration in the primary market area. In the primary market area, there are thirty eight facilities with nursing care units (totaling 5,993 beds, 80.33% average occupancy). At present, there is one facility currently being built (Park Place Christian Community) in the PMA.

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## VII. DEMAND ANALYSIS

### METHODOLOGY

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

### LICENSED NURSING CARE

A skilled nursing environment provides a high level of nursing, supervision, and health care. Admission to a nursing facility (NF) is by order of a physician only. NFs provide nursing care for intensive needs such as convalescence from a hospital stay, and provide a high level of nursing care (RNs and LPNs).

#### Supply – PMA 2009 Update

For calculating bed need, a total of 6,990 licensed nursing care beds were identified in thirty-eight facilities in the primary market area. These facilities are listed in table 6.1.

The bed totals are taken from the 2009 Update to the *Inventory of Health Care Facilities and Services Need Determinations* published by The Illinois Health Facilities Planning Board (IHFPB).

### Supply – PMA 2009 Update

For calculating a 2009 updated bed need, a total of 5,993 licensed nursing care beds were identified in thirty-eight facilities in the primary market area. These facilities include a planned facility that has received approval from the IHFPB, Park Place Christian Community. The Park Place Christian Community facility is currently under construction but has not yet opened. Also, there were changes in existing nursing care beds as follows: St. Patricks Residence added 1 nursing bed (208 beds listed, increased to 209), Burgess Square discontinued 4 nursing beds (207 beds listed, decreased to 203) Lexington Health Care Center – Bloomington decreased 6 nursing care beds (172 beds listed, decreased to 166) Lexington of Elmhurst abandoned a permit to add 85 nursing beds to the facilities existing 150 nursing beds, and Monarch Landing had a permit approved for 24 nursing beds, but in 2010 that permit was abandoned so that facility hasn't been listed. There is some discrepancy between the number calculated in table 6.1 based on all updates for 2009 (5,993) and the number of beds listed in the updated inventory (5,990), however it is possible that this does not reflect all facility changes that occurred in 2009. For purposed of calculating demand the state published numbers of 5,990 beds will be used.

The bed totals are taken from the 2009 Update (03-16-2011) to the *Inventory of Health Care Facilities and Services Need Determinations* published by The Illinois Health Facilities Planning Board (IHFPB). The 2009 updated supply is shown in table 6.1 on the following page.

**DRAFT**

Table 6.1 PMA Bed Supply Total – 2009 Update

	Facility Name	Address	City	State	Zip	Beds	2009 Occupancy
1	Abbington Rehab & Nursing Center	31 West Central	Roselle	IL	60172	82	77.8%
2	Alden Estates of Naperville	1525 South Oxford Lane	Naperville	IL	60565	203	74.5%
3	Alden Valley Ridge Rehab & Care	275 E. Army Trail Rd.	Bloomingtondale	IL	60108	207	81.1%
4	The Arbor	535 S. Elm	Itasca	IL	60143	144	63.5%
5	Beacon Hill	2400 S. Finley Rd.	Lombard	IL	60148	108	91.3%
6	Bridgeway Christian Village Rehab & SNF	111 E. Washington	Bensenville	IL	60106	222	72.4%
7	Burgess Square Healthcare Center	5801 S. Cass Ave.	Westmont	IL	60559	203	80.7%
8	Chateau Nursing & Rehab Center	7050 Madison St.	Willabrook	IL	60521	150	90.2%
9	Community Nursing & Rehab Center	1136 N. Mill St.	Naperville	IL	60563	153	81.9%
10	DuPage Convalescent Home	400 N County Farm Rd.	Wheaton	IL	60187	208	64.7%
11	Elm Brook Nursing	127 W. Diversey	Elmhurst	IL	60126	180	88.1%
12	Elmhurst Extended Care Center	200 E Lake St.	Elmhurst	IL	60126	112	67.0%
13	Elmhurst Memorial Hospital	200 Berteau Ave.	Elmhurst	IL	60126	38	92.5%
14	Emeritus at Burr Ridge	6801 Highgrove Blvd.	Burr Ridge	IL	60521	30	80.2%
15	Fairview Baptist Home	250 Village Dr.	Downers Grove	IL	60516	160	53.9%
16	Lexington Health Care Center - Bloomingtondale	185 S. Bloomingtondale Rd.	Bloomingtondale	IL	60108	166	85.2%
17	Lexington Health Care Center - Lombard	1100 S. Finley Rd.	Lombard	IL	60148	224	82.8%
18	Lexington of Elmhurst	420 W. Butterfield Rd.	Elmhurst	IL	60126	150	87.0%
19	Manorcare of Hinsdale	680 W. Ogden Ave.	Hinsdale	IL	60521	200	88.9%
20	Manorcare of Naperville	200 Marshall Ave.	Naperville	IL	60540	118	85.8%
21	Manorcare of Westmont	512 E. Ogden Ave.	Westmont	IL	60559	155	82.4%
22	Marianjoy Rehab Hospital**	21 W. 171 Roosevelt Rd.	Wheaton	IL	60187	20	0.0%
23	Meadowbrook Manor - Naperville	720 Raymond Dr.	Naperville	IL	60563	245	92.2%
24	Oak Brook Healthcare Center	2013 Midwest Rd.	Oak Brook	IL	60521	156	87.8%
25	Park Place Christian Community**	1050 Euclid Ave.	Elmhurst	IL	60126	37	0.0%

Continued on next page

**Table 6.1 PMA Bed Supply Total – 2009 Update CONTINUED**

26	Providence Downers Grove	3450 Saratoga Ave.	Downers Grove	IL	60515	145	70.3%
27	Snow Valley Nursing & Rehab Center	5000 Lincoln Ave.	Usle	IL	60532	51	81.0%
28	St. Patrick's Residence	1400 Brookdale Rd.	Naperville	IL	60563	209	94.7%
29	Tabor Hills Health Care	1347 Crystal Court	Naperville	IL	60563	211	89.2%
30	West Chicago Terrace	928 Joliet Rd.	West Chicago	IL	60185	120	100.0%
31	West Suburban Nursing & Rehab Center	311 Edgewater Dr.	Bloomington	IL	60108	259	70.6%
32	Westbury Care Center	1800 Robin Lane	Usle	IL	60532	55	83.4%
33	Westmont Nursing & Rehab Center	6501 S. Cass	Westmont	IL	60559	215	82.5%
34	Wheaton Care Center	1325 Manchester Rd.	Wheaton	IL	60187	123	94.1%
35	Windsor Park Manor	110 Windsor Park Dr.	Carol Stream	IL	60188	80	71.5%
36	Winfield Woods	28 W. 141 Liberty Rd.	Winfield	IL	60190	133	95.0%
37	Wood Glen Nursing & Rehab Center	201 W. North Ave.	West Chicago	IL	60185	207	98.5%
38	Wynscape	2180 Manchester Rd.	Wheaton	IL	60187	209	66.7%
Market Totals:						5993	80.33%
Market Totals - 2009 Existing Facilities Only						5956	80.83%

**\*\* - Park Place Christian Community is currently being built. Because it did not exist in 2009 this facility has been excluded in the Existing Facility total numbers. Marianjoy Rehab Hospital sub acute rehab unit is included in the profile for the hospital so some of the profile is not directly comparable to the long term care profiles.**

Please note, some changes took place in 2010 that are not reflected in this table because it is only for updates that happened up to 2009. In 2010, Manorcare of Hinsdale added two nursing care beds and now has 202 total nursing beds. Also, Monarch Landing was granted a permit for a 24 bed nursing care facility in 2009 but in 2010 this permit was declared null and void. Because the permit was declared void these beds were not included in the 2009 numbers.

### Demand Calculations

#### **State Bed Need Formula**

The Illinois Health Facilities Planning Board (IHFPB) periodically publishes an *Inventory of Health Care Facilities and Services Need Determinations*. The IHFPB formula combines historical utilization and demographic projection methodologies to determine bed need.

The Sponsor's IHFPB planning area is located within Health Service Area 7, in Planning Area 7-C. In the DuPage County Planning Area (7-C), the IHFPB projects a need of 576 beds for the year 2015 using data from 2005 in the General Long-Term Care Nursing Care and Sheltered Care Categories of Service based on the 2008 Update to the Inventory. The bed need calculation is shown in table 6.2 below.

**Demographics**

All demographics used to determine Planning Area bed need are taken from the (IHFPB) *Inventory of Health Care Facilities and Services Need Determinations* table provided for Planning Area 7-C. The demographics used in the publication come from the Illinois Department of Commerce and Economic Opportunity (Illinois DCEO).

**Table 6.2 Bed Need Calculation - 2008 Update**

<u>Bed Need Calculation (2005)</u>							
Age Groups	Planning Area Population 2001 Estimate	Planned Use Rates	Planned Patient Days	Planned ADC	Planned Bed Need (90% Occ)	Existing Beds	Beds Needed (Surplus)
0-64 Years	833.6	370	308,599				
65-74 Years	47.3	4,769	225,574				
75+ Years	51.2	26,003	1,331,369				
			1,865,541	5,111	5,679	6,050	-371
<u>Bed Need Calculation (2015)</u>							
Age Groups	Planning Area Population 2006 Projection	Planned Use Rates	Planned Patient Days	Planned ADC	Planned Bed Need (90% Occ)	Existing Beds	Beds Needed (Surplus)
0-64 Years	825.8	415	342,707				
65-74 Years	76.5	4,769	364,829				
75+ Years	56.5	26,003	1,469,188				
			2,176,722	5,964	6,626	6,050	576
<u>Dupage County Population</u>						<u>Bed Need/Surplus</u>	
		2005	2015			2005	-371
0-64 Years	833,600	833,600	825,800			2015	576
65-74 Years	47,300	47,300	76,500			Net Increase	947
75+ Years	51,200	51,200	56,500			Per Year	95

Source: Use rates, bed inventory, and bed need calculations provided in *Inventory of Health Care Facilities and Services Need Determinations*, Long-term Care, 2008 edition.



**Published Bed Need – 2009 Update**

In the latest revision of the *Inventory of Health Care Facilities and Services and Need Determinations*, the Long-Term Care Bed Inventory Update dated 03-16-11, Illinois Health Facilities Planning Board (IHFPB) identified a need for 636 beds for the DuPage County Planning Area (7-C) in the General Long-Term Care Nursing Care and Sheltered Care Categories of Service. The bed need calculation is shown in table 6.3.

**Table 6.3 Bed Need Calculation - 2009 Update**

Bed Need Calculation (2005)							
Age Groups	Planning Area Population 2001 Estimate	Planned Use Rates	Planned Patient Days	Planned ADC	Planned Bed Need (90% Occ)	Existing Beds	Beds Needed (Surplus)
0-64 Years	833.6	370	308,599				
65-74 Years	47.3	4,769	225,574				
75+ Years	51.2	26,003	1,331,369				
			1,865,541	5,111	5,679	5,990	-311
Bed Need Calculation (2015)							
Age Groups	Planning Area Population 2006 Projection	Planned Use Rates	Planned Patient Days	Planned ADC	Planned Bed Need (90% Occ)	Existing Beds	Beds Needed (Surplus)
0-64 Years	825.8	415	342,707				
65-74 Years	76.5	4,769	364,829				
75+ Years	56.5	26,003	1,469,186				
			2,176,722	5,964	6,626	5,990	636
DuPage County Population						Bed Need/Surplus	
		2005	2015			2005	-311
0-64 Years		833,600	825,800			2015	636
65-74 Years		47,300	76,500			Net Increase	947
75+ Years		51,200	56,500			Per Year	95

Source: Use rates, bed inventory, and bed need calculations provided in *Inventory of Health Care Facilities and Services Need Determinations*, Long-term Care, 2008 edition and Addendum effective 3/16/11.

Using the State's published Bed Need Calculation updated for 2009 for the DuPage County Planning Area (7-C), the projections indicate that a surplus of 311 beds exists in 2005 in the Planning Area. Bed need is projected to increase to 636 beds by 2015. Because there is a per year increase of 95 beds, in 2010 there will be a demand for 164 nursing beds and in 2015 there will be a demand for 636 nursing beds.

**RECOMMENDATION**

Revere recommends further planning for a project that includes licensed nursing care services in Naperville, Illinois. Using 2005 population estimates, Revere calculates a 2010 demand for 164 licensed nursing care units.

The target market is projected to experience growth, resulting in a potential demand for 636 licensed nursing care units by 2015. Revere identifies sufficient need to support the client's proposed project of a 120-bed development targeting older adults requiring licensed nursing care.

**DRAFT**

## GLOSSARY

**AA or AARC.** *See active adult retirement community.*

**active-adult retirement community (AA or AARC).** These communities target adults 55 and older seeking housing typically restricted to that age group. Typically, these communities include a clubhouse and are comprised of townhomes, duplexes, and single-family ranch-style homes, and sometimes include condominiums. The pioneer for AARCs has been and continues to be Del Webb (now a subsidiary of Pulte Homes) with its extensive research and large communities nationwide.

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

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

**ADLs.** *See activities of daily living.*

**Alzheimer's disease.** A degenerative disease of the central nervous system characterized primarily by premature senile mental deterioration.

**ALU.** *See assisted living units.*

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

**CCRC.** *See continuing care retirement communities.*

**CCRS.** *See comprehensive care in residential settings.*

**caregiver population.** Term for individuals age 45–64 years old, because they are often involved in the care and support of an elderly parent.

**continuing care retirement communities (CCRC).** Also called life care communities. A facility that provides congregate living, private apartments, and a wide variety of services. However, an assisted living and/or licensed nursing unit (wing or separate building) will also be located on the campus. CCRCs offer a broad continuum of health care and housing located in one building or complex. Some CCRCs offer the endowment or entrance fee payment option in addition to a monthly maintenance charge, others use a monthly rental fee option, and yet others incorporate both types.

**comprehensive care in residential settings (CCRS).** The Comprehensive Care in Residential Settings (CCRS), formerly the Community Based Residential Facility Program demonstration program, originated in fiscal year 1997. The CCRSs provide housing with assisted living services for underserved low- and moderate-income seniors. The Illinois Department on Aging provides reimbursement for the cost of some of the supportive services received by Community Care Program clients residing in CCRSs. Six facilities currently participate in this program. All of the facilities are required to become licensed under the Assisted Living and Shared Housing Act.

**dementia.** The loss of mental abilities in an alert and awake individual. In older adults, Alzheimer's disease is the most common cause of dementia. *See also Alzheimer's disease.*

**Department of Health and Human Services (DHHS).** Governmental agency charged with maintaining public health. DHHS is the parent organization for HCFA.

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

**gate keepers.** In managed care, a gate keeper serves as the initial contact for medical services and/or referrals—usually a primary care physician. In retirement housing, a gatekeeper serves as the initial contact for housing services. Examples of the latter include real estate agents, marketing personnel, and key individuals in the community. *See also* key persons.

**HCFA.** *See* Health Care Financing Administration.

**Health Care Financing Administration (HCFA).** The governmental agency that oversees the Medicare and the federal portion of the Medicaid programs. In addition, HCFA establishes Medicare reimbursement rates, investigates fraudulent Medicare claims, and issues waivers to innovative Medicaid programs.

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

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

**ICF.** *See* intermediate care facilities.

**ILU.** *See* independent living units.

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

**intermediate care facilities (ICF).** ICFs serve patients whose needs are custodial in nature, and these facilities generally provide a lower level of nursing care and a lower staff-to-patient ratio than SNFs. ICFs are licensed by the state and may participate only in the Medicaid program.

**key persons.** Individuals involved in the older adult community. Key persons often have knowledge of services that are missing and/or desired by the local elderly population. These individuals can include bankers, local politicians, attorneys, health care employees, and senior center volunteers.

**long-term care (LTC).** A residential housing or health care delivery setting that focuses on patients in need of care for a chronic condition, convalescence or rehabilitation from an acute episode, assistance with personal care, supervision (as in dementia cases), or any other situation involving a diagnosis with no short-term resolution.

**LTC.** *See* long-term care.

**managed care.** A new paradigm in health care reimbursement where the payor attempts to control rising costs through negotiating prices for a covered population prior to the actual use of services. Managed care payors track the utilization of health care services, monitor the cost of services, and measure a health care provider's performance in the delivery of services. Negotiations are based on these factors. The covered population receives access to quality, cost-effective health care as a result.

**market penetration rate.** A measurement that the financial community utilizes to determine market risk for housing projects. The higher the penetration rate, the higher the market risk. The calculation involves defining a qualified population based on several standard criteria. For example, an age and income screen would produce the qualified population for a retirement housing project. Several

- deductions may be used to further define a project's target population. The number of competitive units is typically deducted.
- Medicaid.** Title XIX of the Social Security Act as amended in 1966. A program of federal grants to the states for the purpose of providing medical assistance to those unable to afford the cost of these services. There are four categories of Medicaid recipients: 1) families with dependent children; 2) older adults; 3) the blind; 4) the disabled; and comparable groups of medically indigent persons. Medically needy is defined as those individuals whose medical expenses reduce their income below the Medicaid eligibility level. Each state must provide at least partial coverage for inpatient, outpatient, laboratory, nursing, and medical services.
- nursing facility.** In a 1986 survey, the National Center for Health Statistics stated that to be classified as a nursing or related care home, a facility must have three or more beds and have provided nursing care, personal care, and/or custodial care to its residents. Based on this survey and several more recent reports, approximately 15,000–16,000 free-standing nursing facilities exist in the United States. These facilities tend to be 50–150 beds in size and 93% occupied on average.
- nursing home.** *See nursing facility.*
- payor (or payer).** An organization (or individual in the case of self-pay) that reimburses a provider for expenses incurred in the course of rendering services. Medicare is the most common payor for inpatient services in the acute care setting, while Medicaid is the primary payor for long-term care.
- personal care.** Assistance with daily activities relating to the person or body. For example, assistance with grooming and dressing are personal care services.
- PMA.** *See primary market area.*
- primary market area (PMA).** The majority (in this case 80%–85%) of a project's market originates from this part of the service area. Market-specific analysis, the market areas of primary competitors, and a Sponsor's historical draw for similar services are common methods of primary market definition.
- pro forma.** A financial model of a project's estimated operating results to be used as a basis for financing and development. Common components include notes and assumptions, a balance sheet, cash a flow statement and a revenues over expenses statement.
- provider.** Any supplier of health care services, from a physician to a hospital.
- registered nurse (RN).** A graduate trained nurse who has been licensed by a state authority after meeting the criteria set for registration.
- rehabilitation.** The process of restoring an individual who has experienced an illness or other traumatic event to a condition of health or former activity. Common types of rehabilitation include speech, occupational, and physical therapies.
- RN.** *See registered nurse.*
- secondary market area (SMA).** The portion of the service area outside of the primary market area. Approximately 10%–15% of a project's market originates from this area.
- service area.** The most likely consumers for a particular service reside in the area surrounding the proposed site. This area is limited by geographic, political, and socio-economic boundaries. Sponsorship by a not-for-profit organization or a hospital may also affect the size and scope of a service area. ZIP codes, communities, or counties are frequently used to define a service area.
- licensed nursing facilities (SNF).** A nursing facility providing medical and rehabilitation services to patients. Services are of lower acuity than those provided by a hospital, but they are also generally provided for a longer period of time. Licensed nursing beds provide patient's with a high level of nursing, supervision, and health care. Admission to a SNF is by order of a physician only. SNFs render intensive nursing, such as convalescence from a hospital stay, and generally provide a high level of nursing care (RNs) and staff-to-patient ratios.
- SMA.** *See secondary market area*

1110.1730(e)(3) Impact of Project on Other Area Providers

The proposed project will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100 of 90%; and will not lower to a further extent the utilization of other facilities currently operating below the occupancy standards. Our rationale is as follows:

The unique nature of the proposed facility will spread the impact on area providers between the skilled nursing facilities and rehabilitation hospitals currently serving the population that will be served by the proposed Transitional Care Center of Naperville. As there are over 45 facilities of this nature within a 30 minute drive time of the proposed site in Naperville, the impact on any one facility will be minimal.

Additionally, many patients to be served by Transitional Care Center are stuck in hospitals for extra days and weeks without an adequate discharge destination. Transitional Care Center will relieve financial pressures on hospitals in the service area by providing a post-acute setting capable of accepting high acuity patients requiring transitional care prior to discharge to home.

1110.1730(g) Staffing Availability

The professional staffing needs of the proposed project are as follows:

Administrator	1.00
RN	32.50
LPN	13.06
CNA	48.36
Case Managers	1.00
Medical Records	1.00
Therapy Director	1.00
PT	7.20
PTA	9.00
Rehab Aides	3.60
OTR	5.40
COTA	7.20
Speech	3.60
Unit Secretary	1.00
DON	1.00
ADON	1.00
Education Specialist	1.00
Food service Director	1.00
Food service Supervis	1.00
Cooks	2.80
Dining Aides and Dish	6.10
Activity Program Dire	4.00
Activity Asst	2.00
Enviromental Director	1.00
Driver	1.00
Housekeepers	6.50
Laundry	3.00
Maintenance tech	1.50
Social Service	2.00
Social Service Aide	0.50
Billing Clerk	-
Office Manager	1.00
Human Resources	2.00
Admissions	1.00
Receptionists	2.11
Total	176.43

The management company, Transitional Care Management has an Administrator and a Director of Nursing on staff. Professional nursing staff – RNs, LPNs, and CNAs – can be recruited from the existing labor pool, as well as from each of the nursing schools in Chicago area. Projections from Illinois Department of Employment Security for DuPage County (attached) show growth in therapists, RNs, nurse aides, and in LPNs.

The remaining facility staffing needs can be met by the local labor pool in Naperville and surrounding communities.



**IDES Occupation Projections  
DuPage County**

Codes	Standard Occupational Classification (SOC) Title	Base Year Employment 2006	Projected Year Employment 2016	Employment Change 2006-2016		Average Annual Job Openings due to Replacements		Annual Compound Growth
				Number	Percent	Growth	Total	
29-1111	Registered Nurses	7,022	9,665	2,643	37.64	264	116	3.25 %
29-2061	Licensed Practical Nurses	1,887	2,495	609	32.28	61	51	2.83 %
31-1012	Nursing Aides, Orderlies/Attendants	3,615	4,639	1,024	28.33	102	32	2.53 %
31-2000	Occ & Phys Therapist Assts & Aides	581	911	329	56.69	33	8	4.60 %
29-1122	Occupational Therapists	307	477	170	55.44	17	5	4.51 %
29-1123	Physical Therapists	600	943	344	57.34	34	7	4.63 %
29-1125	Recreational Therapists	115	134	19	16.75	2	2	1.54 %
29-1126	Respiratory Therapists	254	336	82	32.08	8	4	2.84 %
29-1127	Speech-Language Pathologists	471	587	115	24.45	12	9	2.23 %

Source: Illinois Department of Employment Security

1110.1730(h) Facility Size

The criterion reads:

*The maximum size of a general long term care facility is 250 beds unless the applicant documents that a larger facility would provide personalization of patient care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards.*

This does not apply, as the facility is only proposing 120 SNF beds.



# Naperville

OFFICE OF THE MAYOR  
A. George Pradel

April 22, 2011

Illinois Health Facilities Planning Board  
Springfield, Illinois

Re: Transitional Care Management of Naperville

Ladies/Gentlemen:

You have asked for an opinion regarding the likelihood of the approval of the application to the City of Naperville for zoning/planned unit development approval regarding the approximate three (3) acre parcel, including all rights-of-way, located at Abriter Court and Diehl Road in Naperville, Illinois for Transitional Care Management of Naperville. The tax identification numbers for the property are as follows:

08-05-300-013

08-05-300-025

08-05-300-026

Currently pending for action in the City are the following:

Subdivision, Rezoning and Planned Unit Development

It is my opinion that the City will ultimately be inclined to approve these actions for the following reasons: Edward Hospital supports this use and the City of Naperville has a need for such a facility. It is also my opinion that the City Council will likely act upon such matters within six (6) months.

Please understand that I am expressing my personal opinion. By this letter, I do not purport to bind the City in any manner. Furthermore, the City Council has not granted me specific authority to bind either the Council members or the City as a whole through the issuance of this letter.

Very truly yours,

*A. George Pradel*  
A. George Pradel  
Mayor

**1110.1730(J) Community Related Functions**

All community support letters for this project are being sent directly to the Board.

Assurances Statement

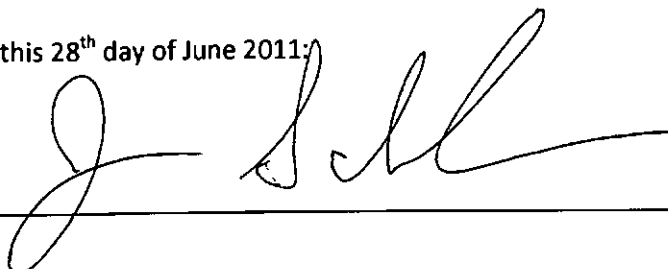
This statement is being filed pursuant to Section 1110.1730(K) of the Board's Rules (77 IL Adm. Code 1110.1730). The undersigned is an authorized representative of the applicant and attests that the applicant understands that by the second year of operation after the project completion the applicant will make every attempt to achieve and maintain the occupancy standards specified in Part 1100 of the Board's rules for the long term care category of service.

Dated this 28<sup>th</sup> day of June 2011:



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Dated this 28<sup>th</sup> day of June 2011:

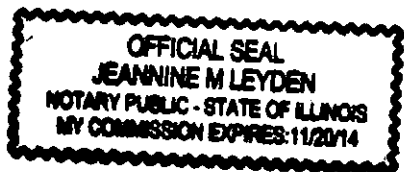


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Notary Public:

Signed before me  
this 28<sup>th</sup> Day of June 2011

*Jeannine M. Leyden*



# Attachment 39



May 2, 2011

Jason Schreiber  
Transitional Care Management, LLC  
2135 N Clifton Ave  
Chicago, IL 60614

Dear Jason:

This letter is being provided as an expression of CWCcapital's interest in providing debt financing relating to the construction and permanent loans for Transitional Care Center of Naperville.

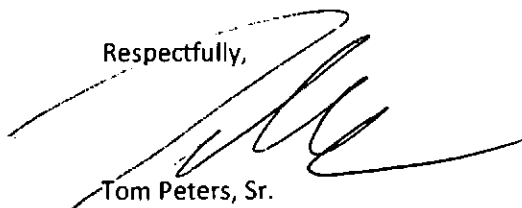
CWCcapital would provide the loans pursuant to the FHA/HUD 232 program for the financing of new construction of healthcare properties. The program provides for mortgage financing of up to 85% of eligible development costs; payment terms on the loan are up to 40 years. Interest rates are presently in the 5-6% range.

This letter is an expression of interest only and is not a commitment to lend. A commitment to lend will be subject to full underwriting and due diligence and will be issued at the sole discretion and approval of CWCcapital and HUD, and will be granted only after a CoN is obtained and all required zoning approvals are granted.


CWCcapital began its FHA lending operations in 1972, and by the 1990s had established itself as a national leader in the FHA multifamily and seniors housing lending arena. This leadership is illustrated by our history of "firsts". We were approved as one of the first national lenders for FHA's Multifamily Accelerated Processing ("MAP") system and closed the first MAP loan in the country. Our principals worked closely with the FHA to streamline the loan closing process and develop LEAN Processing Procedures, and in 2008, closed the first loan in the country under the LEAN program. Subsequently, we closed the country's first LEAN new construction loan, the first 223(a)(7) LEAN loan, and the first LEAN operating loss loan. We believe our reputation and leadership in FHA financing is unparalleled.

Please do not hesitate to contact us with any questions.

Respectfully,



Tom Peters, Sr.  
Senior Vice President



Heidi Begeot  
Client Loan Relationship Manager

West Regional Office  
1010 Washington Street, Suite 200 | Vancouver, WA 98660  
Main 360-694-1322 | [www.cwcapital.com](http://www.cwcapital.com)

Transitional Care Center of Naperville LLC

Board Resolution

June 28, 2011


Capital Call

WHEREAS, this Board of Directors deems it desirable and in the best interest of this corporation to initiate a capital call from all equity holders in the event of the granting of a CON Permit by the Illinois Health and Services Planning Board on or about October 4, 2011.

NOW, THEREFORE, BE IT RESOLVED, that this corporation be funded in the amount of \$3,341,381 via capital call to establish the equity position for the venture.

WE hereby certify that the foregoing resolution is a true copy of a resolution adopted by this Board of Directors at a meeting convened on June 28, 2011 and that such resolution is now in full force and effect and is in accordance with the provisions of the charter and by-laws of the Corporation. We further certify that this Corporation is duly organized and existing, and has the power to take the action called for by the foregoing resolution.

DIRECTORS



Brian Cloch, Managing Member

June 28, 2011

Date



June 28, 2011

Illinois Health Facilities and Services Review Board  
525 West Jefferson St., Second Floor  
Springfield IL 62761

RE: Transitional Care Center of Naperville

Dear Chairman:

Pursuant to the corporate resolution dated June 28, 2011, I have cash and securities available to meet a capital call in the amount of \$3,341,381 from Transitional Care Center of Naperville LLC in the event that a CON Permit is granted.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brian Cloch', written in a cursive style.

Brian Cloch, Managing Member

# Attachment 41

Criterion 1120.130      Statement Regarding Cushion Ratio

The State standard for the cushion ratio is 5.0. The cushion ratio for the project is 2.66 in the third year of operation. With inclusion of required HUD reserves of \$450,000, this ratio is now in excess of 3.0. Being a new project, this requirement will be completely met in year 5.

Being a HUD insured loan, the underwriters have looked at adequacy of working capital and ability to meet debt service.

Furthermore, the other four financial viability ratios in this section have a significant margin over the standards which indicate solid financial performance.

Criterion 1120.130 Statement on Historical Financial Viability Data

Pursuant to 1120.130, Transitional Care Center of Naperville LLC and Transitional Care Management are new corporations established for the purposes of this project and, as such, no historical financial data exists for either corporation.

However, the CEO and the President have extensive experience in both starting up new facilities and operating facilities (see Attachment 11 for more information).

Naperville SNF

Criterion 1120.210(a) Financial Viability

Viability Ratios

Using first full year of stabilized occupancy

Provide Data for Projects Classified as:	Category A or Category B (last three years)	Category B (Projected)
Enter Historical and/or Projected Years:		
Current Ratio		5.83
Net Margin Percentage		7.21%
Percent Debt to Total Capitalization		78%
Projected Debt Service Coverage		2.82
Days Cash on Hand		923
Cushion Ratio		2.21

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

Year 3


Current Ratio	
A Current Assets	\$3,472,813
B Current Liabilities	\$595,642
Current ratio (A/B)	5.83
Net Margin percentage	
C Net Income/(Loss)	\$1,365,127
D Net Operating Revenue	\$18,923,871
Net Margin percentage (C/D)	7.21%
Percent Debt to Total Capitalization	
E LT Debt	\$16,945,761
F LT Debt + Equity	\$21,713,921
Debt service coverage ratio (E/F)	78%
Projected Debt Service Coverage	
G Net inc + depr+int+amort/P&I payment	\$3,022,002
H Principal and interest payment	\$1,072,874
Debt capitalization ratio (G/H)	2.82
Days Cash on Hand	
I Cash + investments	\$2,366,393
J Operating expense-depreciation/365	\$2,565
Days cash on hand (I/J)	923
Cushion Ratio	
K Cash + investments	\$2,366,393
L Max Annual Debt Service	\$1,072,874
Cushion Ratio (K/L)	2.21

# Attachment 42

Certification of Financing at Lowest Net Cost Available

This statement is being filed pursuant to Section 1120.310(b) of the Board's Rules (77 Ill. Adm. Code 1120.310). The undersigned are authorized representatives of the applicant and attest that the HUD 232 insured mortgage selected to finance the project is at the lowest net cost available.

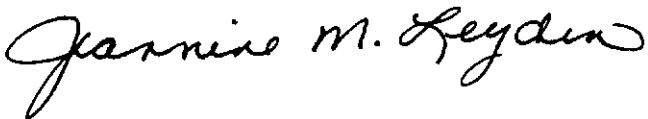
Dated this 28<sup>th</sup> day of June 2011:

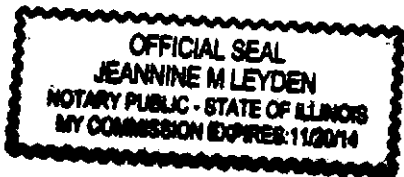
  
\_\_\_\_\_

Dated this 28<sup>th</sup> day of June 2011:

  
\_\_\_\_\_

Notary Public:

Signed before me  
this 28<sup>th</sup> Day of June 2011  




Naperville SNF

Criterion 1120.310(d) Projected Operating Costs

For first full year of stabilized occupancy

Salaries	\$ 8,352,995
Supplies and Fees	\$ 4,190,962
Benefits	\$ 2,715,177
Total direct costs	\$ 15,580,501

Year of Target Utilization	Year 3
Patient days per year	\$ 41,610
Cost per patient day	\$ 374.44

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

Depreciation	\$ 720,751
Interest	\$ 936,125
Property Tax	\$ <u>321,368</u>
Total annual capital cost	\$ 1,978,243

Year of Target Utilization	Year 3
Patient days per year	\$ 41,610
	\$ 47.54



**New Construction Costs**

This facility is planned as sub-acute facility with a patient population that have significant and intensive medical situations requiring all one bed rooms to accommodate isolation due to infectious diseases and space for extra equipment and personnel.

In addition working capital for financing was included in contingencies. Once this has been excluded the cost per sq ft is \$ 232.

**Contingencies**

Contingencies consist of:

<b>Contingencies</b>	
Working capital allowance	-
Construction contingency	500,000
Minor movable escrow	-
Financing working capital	1,015,000

The working capital is a requirement of financing and not a construction contingency. The \$500,000 construction contingency is well within the State's parameters.

# Attachment 43

## Safety Net Impact Statement

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.

There are over 45 licensed and operational nursing facilities within a 30-minute drive time of the subject site; therefore, there is no material impact by the project on essential safety net services in the community to the extent that it is feasible for the 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.

There is no impact on another provider or health care system to cross-subsidize safety net services in the community to the extent that it is feasible for the applicant to have such knowledge.

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.

Not applicable

**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.

Not applicable

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.

Not applicable

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

Despite the unique nature of the proposed facility, Transitional Care Center of Naperville intends to accept 22 Medicaid patients (average daily census) into a high cost, high intensity transitional care program.

Transitional Care Center of Naperville is a proposed facility with no historical data for the following table.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year 2010	Year 2009	Year 2008
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
Charity (cost in dollars)			
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
MEDICAID			
Medicaid (# of patients)	Year 2010	Year 2009	Year 2008
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
Medicaid (revenue)			
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Attachment 44

Attachment 44 Charity Care

**Payer Mix**

	Beds	Mix
Private	3	3%
Medicaid	22	18%
VA	0	0%
Medicare	71	59%
HMO	24	20%
	120	

Anticipated charity care expense, 2nd full year \$139,949

Projected ratio of charity care to net patient revenue 0.82%

CHARITY CARE			
	2012	2013	2014
<b>Net Patient Revenue</b>	<b>\$9,948,597</b>	<b>\$16,971,150</b>	<b>\$18,923,871</b>
Amount of Charity Care (charges)	\$75,178	\$139,949	\$406,965
Cost of Charity Care	\$75,178	\$139,949	\$406,965

# Appendix 1

# mapquest m<sup>q</sup>












**Trip to:**  
 4390 State Route 71  
 Oswego, IL 60543-9866  
 16.16 miles  
 25 minutes

**Notes**

Tiller's Health Care Residence

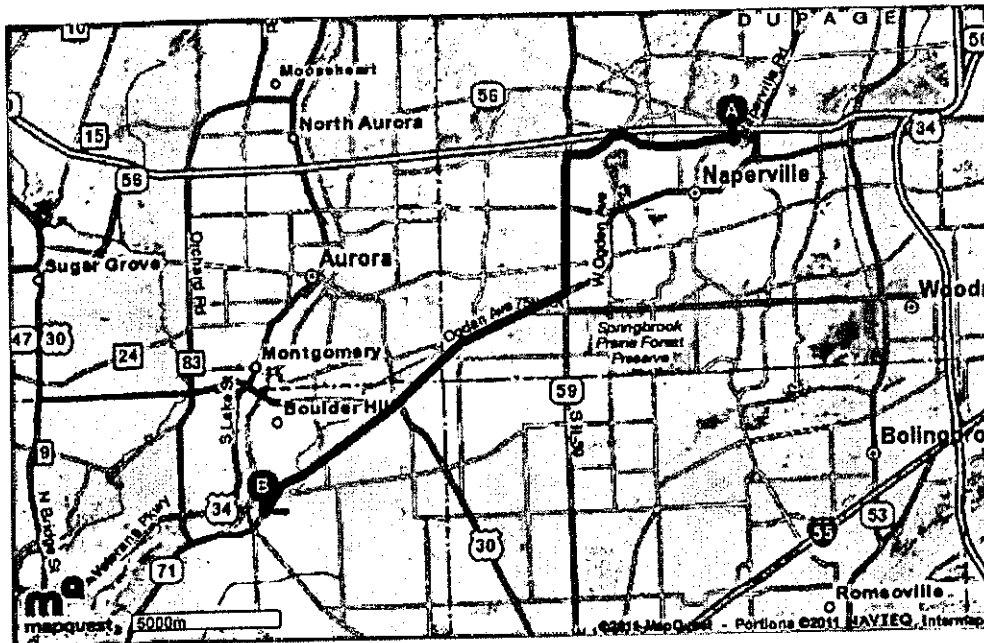
**Sponsored Links**

- [Oswego Illinois](#)
- [Get Oswego Illinois](#)
- [Find Oswego Illinois](#)
- [ask.com](#)

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 4.1 MI	4.2 mi
 	3. Turn LEFT onto IL-59 S. <i>IL-59 S is 0.1 miles past BOND ST</i>	Go 3.2 MI	7.4 mi
 	4. Turn RIGHT onto OGDEN AVE / US-34 W. Continue to follow US-34 W. <i>US-34 W is just past WESTBROOK DR</i>	Go 8.4 MI	15.8 mi
 	5. Stay STRAIGHT to go onto IL-71.	Go 0.4 MI	16.2 mi
	6. 4390 STATE ROUTE 71. <i>If you reach FRANKLIN ST you've gone a little too far</i>		16.2 mi
	<b>4390 State Route 71</b> Oswego, IL 60543-9866	16.2 mi	16.2 mi



Total Travel Estimate: 16.16 miles - about 25 minutes



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**THE TILLERS NURSING & REHAB CENTER, INC.**  
 4390 ROUTE 71  
 OSWEGO, IL. 60543  
**Reference Numbers** Facility ID 6009401  
 Health Service Area 009 Planning Service Area 093  
**Administrator**  
 Robert M. Saxon  
**Contact Person and Telephone**  
 BRETT SAXON  
 630-554-1001  
**Registered Agent Information**  
 Robert M. Saxon  
 46 S Royal Oaks Drive  
**FACILITY OWNERSHIP**  
 FOR-PROF CORPORATION  
**CONTINUING CARE COMMUNITY** No  
**LIFE CARE FACILITY** No

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>68</b>
<b>Total Residents Diagnosed as Mentally Ill</b>	<b>0</b>

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	78
Nursing Care	106	98	90	98	68	38	66	6	Total Admissions 2009	352
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	362
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	68
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
<b>TOTAL BEDS</b>	<b>106</b>	<b>98</b>	<b>90</b>	<b>98</b>	<b>68</b>	<b>38</b>	<b>66</b>	<b>6</b>		

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up Occ. Pct.
Nursing Care	10863	45.1%	1138	52.0%	0	277	15951	0	28229	73.0%	78.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>10863</b>	<b>45.1%</b>	<b>1138</b>	<b>52.0%</b>	<b>0</b>	<b>277</b>	<b>15951</b>	<b>0</b>	<b>28229</b>	<b>73.0%</b>	<b>78.9%</b>

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	4	4	8
65 to 74	4	4	0	0	0	0	0	0	5	12	17
75 to 84	5	12	0	0	0	0	0	0	7	34	41
85+	7	34	0	0	0	0	0	0	18	50	68
<b>TOTALS</b>	<b>18</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>50</b>	<b>68</b>

THE TILLERS NURSING & REHAB CENTER, INC.  
 4390 ROUTE 71  
 OSWEGO, IL. 60543

Reference Numbers Facility ID 6009401  
 Health Service Area 009 Planning Service Area 093

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Pay	Charity Care	TOTALS
Nursing Care	23	2	0	1	42	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>23</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>42</b>	<b>0</b>	<b>68</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	258	208
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>68</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>68</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>68</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>68</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	7.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	41.00
<b>Totals</b>	<b>108.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
55.7%	1.4%	0.0%	1.0%	41.9%	100.0%		0.0%
5,220,085	130,978	0	97,223	3,928,960	9,377,246	0	

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

**FACILITY NOTES**

Bed Change 1/12/2009 Added 7 nursing care beds; facility now has 106 nursing care beds.

**mapquest m<sup>q</sup>**

Trip to:  
 825 Carillon Dr  
 Bartlett, IL 60103-4581  
 18.47 miles  
 29 minutes

Notes

Clare Oaks

**Find Cheap Gas  
Near You**


Save \$\$\$ with  
MapQuest gas prices.



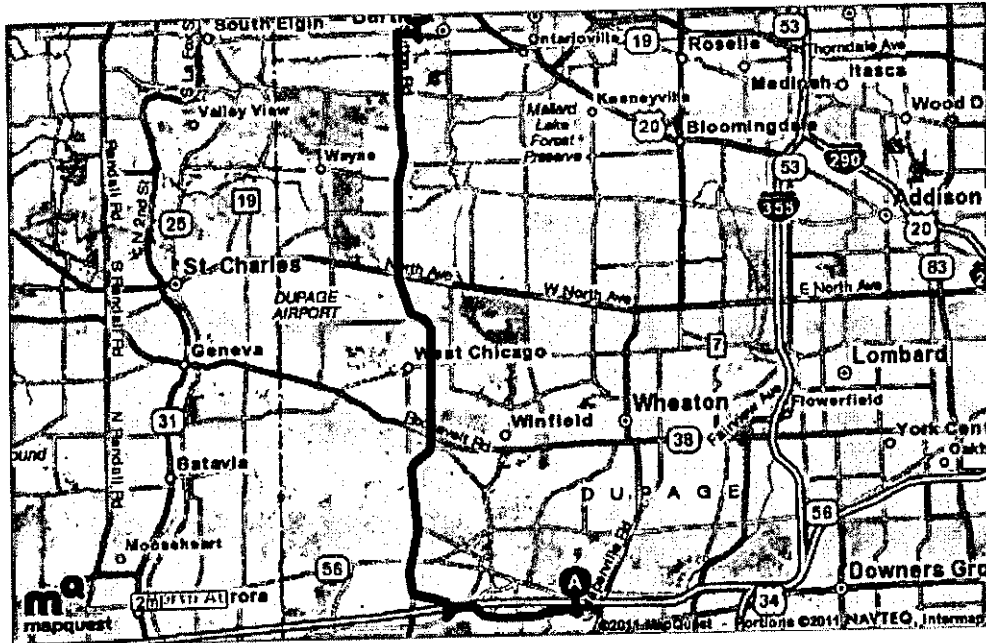
mapquest m<sup>q</sup>

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- [mapquest.com](#)

		Miles Per Section	Miles Driven
<b>A</b>	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>		
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➡	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 3.3 MI	3.3 mi
➡	3. Turn RIGHT onto RAYMOND DR / CR-13. <i>If you reach WALL ST you've gone about 0.6 miles too far</i>	Go 0.4 MI	3.7 mi
⬅	4. Take the 1st LEFT onto W FERRY RD / CR-3. <i>If you are on CORPORATE LN and reach ENGEMANN DR you've gone about 0.2 miles too far</i>	Go 0.8 MI	4.5 mi
➡ 	5. Turn RIGHT onto IL-59. <i>IL-59 is 0.1 miles past ERICKSON DR</i>	Go 13.4 MI	17.9 mi
➡	6. Turn RIGHT onto W BARTLETT RD. <i>W BARTLETT RD is 0.2 miles past W PARK PLACE DR</i>	Go 0.5 MI	18.3 mi
➡	7. Turn RIGHT onto CARILLON DR. <i>CARILLON DR is 0.1 miles past REGENCY DR</i>	Go 0.1 MI	18.5 mi
■	8. 825 CARILLON DR. <i>Your destination is just past CARILLON DR</i>		18.5 mi
<b>B</b>	<b>825 Carillon Dr Bartlett, IL 60103-4581</b>	18.5 mi	18.5 mi

Total Travel Estimate: 18.47 miles - about 29 minutes



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ASSISI HCC AT CLARE OAKS		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
829 CARILLON DRIVE		Aggressive/Anti-Social	1	DIAGNOSIS	
BARTLETT, IL. 60103		Chronic Alcoholism	0	Neoplasms	3
Reference Numbers	Facility ID 6016273	Developmentally Disabled	1	Endocrine/Metabolic	2
Health Service Area 007	Planning Service Area 701	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5
Michelle Hart-Carlson		Medicare Recipient	0	Alzheimer Disease	3
Contact Person and Telephone		Mental Illness	1	Mental Illness	2
Michelle Hart-Carlson		Non-Ambulatory	0	Developmental Disability	0
630-483-4742		Non-Mobile	0	Circulatory System	14
Registered Agent Information	Date Completed 6/18/2010	Public Aid Recipient	0	Respiratory System	2
Lexis Nexis Doc. Solutions		Under 65 Years Old	0	Digestive System	1
801 Adali Stevenson Drive		Unable to Self-Medicare	0	Genitourinary System Disorders	7
Springfield, IL 62703		Ventilator Dependent	1	Skin Disorders	2
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	17
NON-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	5
CONTINUING CARE COMMUNITY	Yes	No Restrictions	0	Other Medical Conditions	19
LIFE CARE FACILITY	Yes	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
				TOTALS	82
				Total Residents Diagnosed as Mentally Ill	2

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	120	120	99	120	82	38	0	0	Total Admissions 2009	580
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	570
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	82
Sheltered Care	33	0	0	0	0	33	0	0	Identified Offenders	0
TOTAL BEDS	153	120	99	120	82	71	0	0		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10640	0.0%	5664	0.0%	0	1924	3438	0	21666	49.5%	49.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10640	0.0%	5664	0.0%	0	1924	3438	0	21666	38.8%	49.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	4	4
60 to 64	0	4	0	0	0	0	0	0	5	7	12
65 to 74	5	7	0	0	0	0	0	0	8	15	23
75 to 84	8	15	0	0	0	0	0	0	11	32	43
85+	11	32	0	0	0	0	0	0	24	58	82
TOTALS	24	58	0	0	0	0	0	0	24	58	82

**ASSISI HCC AT CLARE OAKS**

829 CARILLON DRIVE  
BARTLETT, IL. 60103

Reference Numbers Facility ID 6016273

Health Service Area 007 Planning Service Area 701

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

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	50	11	2	1	18	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>50</b>	<b>11</b>	<b>2</b>	<b>1</b>	<b>18</b>	<b>0</b>	<b>82</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	283	270
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	1	0	0	0	1
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>82</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>82</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>82</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>82</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.50
LPN's	5.40
Certified Aides	32.50
Other Health Staff	0.00
Non-Health Staff	22.60
<b>Totals</b>	<b>76.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
73.3%	2.5%	0.0%	5.9%	18.3%	100.0%		4.6%
4,344,993	150,749	0	347,026	1,083,126	5,925,894	271,320	

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

# mapquest m<sup>q</sup>



Trip to:  
 1920 Nerge Rd  
 Elk Grove Village, IL 60007-2972  
 20.63 miles  
 30 minutes

Notes

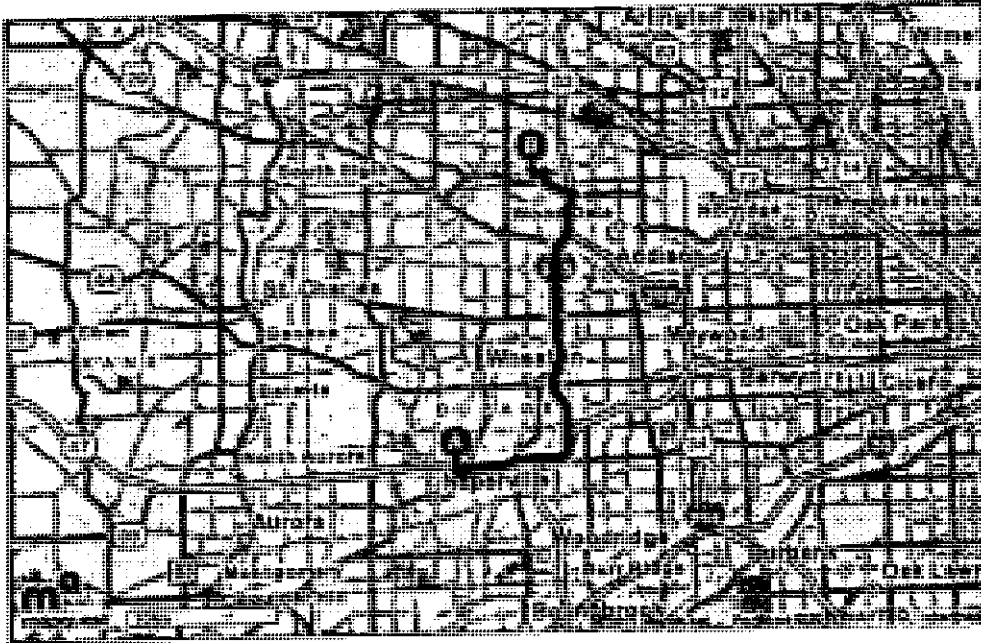
Manor Care - Elk Grove Village

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
↩	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
↩	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
↑	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 4.6 MI	5.4 mi
↑	5. Merge onto I-355 N toward NORTHWEST SUBURBS (Portions toll).	Go 10.8 MI	16.2 mi
↩	8. Keep LEFT to take I-290 W toward I-290 W / ROCKFORD.	Go 1.8 MI	17.8 mi
Exit	7. Take the THORNDALE AVE exit, EXIT 5.	Go 0.4 MI	18.2 mi
↩	8. Turn LEFT onto THORNDALE AVE / CR-26 W.	Go 0.6 MI	18.6 mi
↑	9. Stay STRAIGHT to go onto ELGIN OHARE EXPY W.	Go 0.2 MI	19.0 mi
RAMP	10. Take the MEACHAM RD ramp toward IL-53 S / ROHLWING RD / MEDINAH RD.	Go 0.6 MI	19.6 mi
↪	11. Turn RIGHT onto MEACHAM RD. <i>If you reach ELGIN OHARE EXPY W you've gone about 0.3 miles too far</i>	Go 0.5 MI	20.1 mi
↩	12. Turn LEFT onto NERGE RD. <i>NERGE RD is 0.1 miles past VIRGINIA DR</i>	Go 0.5 MI	20.6 mi



	13. 1920 NERGE RD is on the LEFT. <i>Your destination is just past ARKANSAS DR If you are on E NERGE RD and reach SARA CT you've gone about 0.1 miles too far</i>		20.6 mi
	1920 Nerge Rd Elk Grove Village, IL 60007-2972	20.6 mi	20.6 mi

**Total Travel Estimate: 20.63 miles - about 30 minutes**



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MANOR CARE - ELK GROVE VILLAGE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1920 NERGE ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
ELK GROVE VILLAGE, IL. 60007		Chronic Alcoholism	0	Neoplasms	5
Reference Numbers	Facility ID 6012686	Developmentally Disabled	0	Endocrine/Metabolic	1
Health Service Area 007	Planning Service Area 701	Drug Addiction	0	Blood Disorders	4
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7
BRIAN GROSS		Medicare Recipient	0	Alzheimer Disease	8
Contact Person and Telephone		Mental Illness	0	Mental Illness	0
BRIAN GROSS		Non-Ambulatory	0	Developmental Disability	1
847-301-0550		Non-Mobile	0	Circulatory System	29
Registered Agent Information	Date Completed 5/6/2010	Public Aid Recipient	0	Respiratory System	15
CT Corp Systems		Under 65 Years Old	0	Digestive System	7
208 South Lasalle Street		Unable to Self-Medicate	0	Genitourinary System Disorders	14
Chicago, IL 60604		Ventilator Dependent	1	Skin Disorders	10
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	17
LIMITED LIABILITY CO		Other Restrictions	0	Injuries and Poisonings	26
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	25
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
				TOTALS	169
				Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	190	188	188	188	169	21	190	105	173	1165
Skilled Under 22	0	0	0	0	0	0		0		1169
Intermediate DD	0	0	0	0	0	0		0		169
Sheltered Care	0	0	0	0	0	0		0		1
TOTAL BEDS	190	188	188	188	169	21	190	105		

LEVEL OF CARE	FACILITY UTILIZATION - 2009									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE										
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL		
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	28006	40.4%	21124	55.1%	0	4847	9694	181	63852	92.1%	93.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	28006	40.4%	21124	55.1%	0	4847	9694	181	63852	92.1%	93.1%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	8	5	0	0	0	0	0	0	1	6	7
60 to 64	1	6	0	0	0	0	0	0	9	13	22
65 to 74	9	13	0	0	0	0	0	0	16	42	58
75 to 84	16	42	0	0	0	0	0	0	8	61	69
85+	8	61	0	0	0	0	0	0	42	127	169
TOTALS	42	127	0	0	0	0	0	0	42	127	169

**MANOR CARE - ELK GROVE VILLAGE**

1920 NERGE ROAD

ELK GROVE VILLAGE, IL. 60007

Reference Numbers Facility ID 6012686

Health Service Area 007 Planning Service Area 701

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

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	67	60	0	13	27	2	169
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>67</b>	<b>60</b>	<b>0</b>	<b>13</b>	<b>27</b>	<b>2</b>	<b>169</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	280
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	165	0	0	0	165
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>169</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>169</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>169</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>169</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	7.00
Certified Aides	57.00
Other Health Staff	28.00
Non-Health Staff	44.00
<b>Totals</b>	<b>174.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
68.0%	10.9%	0.6%	8.0%	12.4%	100.0%		0.1%
14,713,815	2,365,622	136,347	1,738,120	2,671,278	21,625,182	11,642	









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

# mapquest m<sup>q</sup>

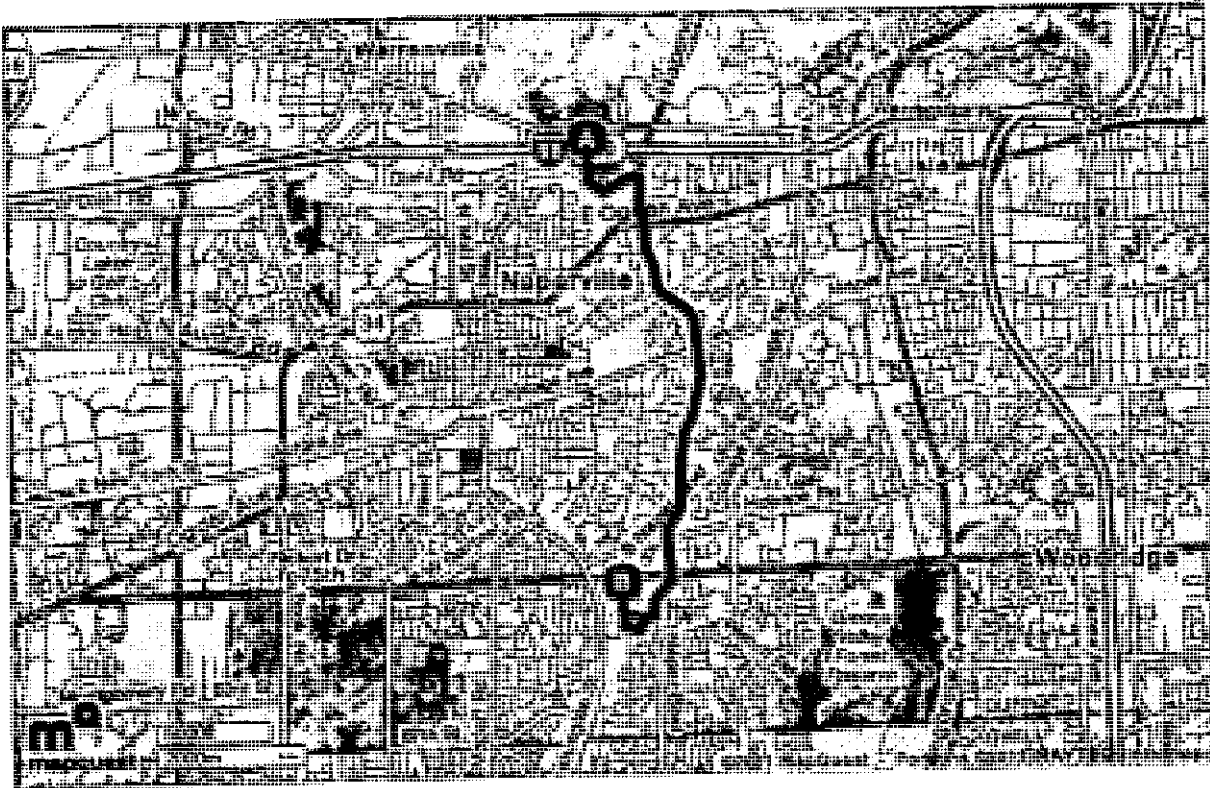
**Trip to:**  
 1525 Oxford Ln  
 Naperville, IL 60565-1511  
**5.58 miles**  
**13 minutes**

**Notes**

Alden Estates of Naperville

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn RIGHT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPER BLVD. <i>If you reach OLD NAPERVILLE RD you've gone a little too far</i>	Go 4.4 MI	5.1 mi
	4. Turn RIGHT onto HARLOWE LN. <i>HARLOWE LN is just past SARA LN</i>	Go 0.4 MI	5.5 mi
	5. Turn RIGHT onto OXFORD LN. <i>If you are on PIER AVE and reach LIGHTHOUSE DR you've gone a little too far</i>	Go 0.09 MI	5.6 mi
	6. 1525 OXFORD LN is on the RIGHT. <i>If you reach BRAD CT you've gone about 0.1 miles too far</i>		5.6 mi
	<b>1525 Oxford Ln</b> Naperville, IL 60565-1511	5.6 mi	5.6 mi

**Total Travel Estimate: 5.58 miles - about 13 minutes**



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ALDEN ESTATES OF NAPERVILLE		ADMISSION RESTRICTIONS			RESIDENTS BY PRIMARY DIAGNOSIS		
1525 SOUTH OXFORD LANE		Aggressive/Anti-Social	1	DIAGNOSIS			
NAPERVILLE, IL. 60565		Chronic Alcoholism	1	Neoplasms		0	
Reference Numbers	Facility ID 6007033	Developmentally Disabled	0	Endocrine/Metabolic		23	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders		4	
<b>Administrator</b>		Medicaid Recipient	0	*Nervous System Non Alzheimer		8	
Clara Leonard		Medicare Recipient	0	Alzheimer Disease		20	
<b>Contact Person and Telephone</b>		Mental Illness	0	Mental Illness		0	
CHRIS REINHOFER		Non-Ambulatory	0	Developmental Disability		0	
773-286-3883		Non-Mobile	0	Circulatory System		18	
	<b>Date Completed</b>	Public Aid Recipient	0	Respiratory System		1	
	4/23/2010	Under 65 Years Old	0	Digestive System		6	
<b>Registered Agent Information</b>		Unable to Self-Medicare	0	Genitourinary System Disorders		1	
Kenneth J. Fisch		Ventilator Dependent	1	Skin Disorders		0	
4200 W. Peterson Ave. Suite 140		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders		12	
Chicago, IL 60646		Other Restrictions	0	Injuries and Poisonings		0	
<b>FACILITY OWNERSHIP</b>		No Restrictions	0	Other Medical Conditions		65	
FOR-PROF CORPORATION		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions		0
<b>CONTINUING CARE COMMUNITY</b>	No				<b>TOTALS</b>	158	
<b>LIFE CARE FACILITY</b>	No				<b>Total Residents Diagnosed as Mentally Ill</b>	4	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	203	176	164	176	158	45	203	203	Total Admissions 2009	435
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	405
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	158
Sheltered Care	0	0	0	0	0	0	0	0	<b>Identified Offenders</b>	0
<b>TOTAL BEDS</b>	<b>203</b>	<b>176</b>	<b>164</b>	<b>176</b>	<b>158</b>	<b>45</b>	<b>203</b>	<b>203</b>		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6770	9.1%	41670	56.2%	862	675	5255	0	55232	74.5%	86.0%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>6770</b>	<b>9.1%</b>	<b>41670</b>	<b>56.2%</b>	<b>862</b>	<b>675</b>	<b>5255</b>	<b>0</b>	<b>55232</b>	<b>74.5%</b>	<b>86.0%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	3	0	0	0	0	0	0	7	3	10
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	20	36	0	0	0	0	0	0	20	36	56
85+	13	52	0	0	0	0	0	0	13	52	65
<b>TOTALS</b>	<b>53</b>	<b>105</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>105</b>	<b>158</b>

ALDEN ESTATES OF NAPERVILLE  
 1525 SOUTH OXFORD LANE  
 NAPERVILLE, IL. 60565

Reference Numbers Facility ID 6007033  
 Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other		Private Insurance	Charity Care	TOTALS
	Medicare	Medicaid			
Nursing Care	20	119	3	3	158
Skilled Under 22	0	0	0	0	0
ICF/DD		0	0	0	0
Sheltered Care			0	0	0
<b>TOTALS</b>	<b>20</b>	<b>119</b>	<b>3</b>	<b>3</b>	<b>158</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	274	217
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	3	0	0	0	3
<b>Total</b>	<b>158</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>158</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	3	0	0	0	3
<b>Total</b>	<b>158</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>158</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.74
Certified Aides	32.61
Other Health Staff	5.81
Non-Health Staff	41.48
<b>Totals</b>	<b>97.64</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.5%	49.1%	3.8%	2.6%	11.0%	100.0%		0.0%
3,624,018	5,320,287	415,047	280,645	1,190,754	10,830,751	0	

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





**Trip to:**

275 E Army Trail Rd  
 Bloomingdale, IL 60108-2135

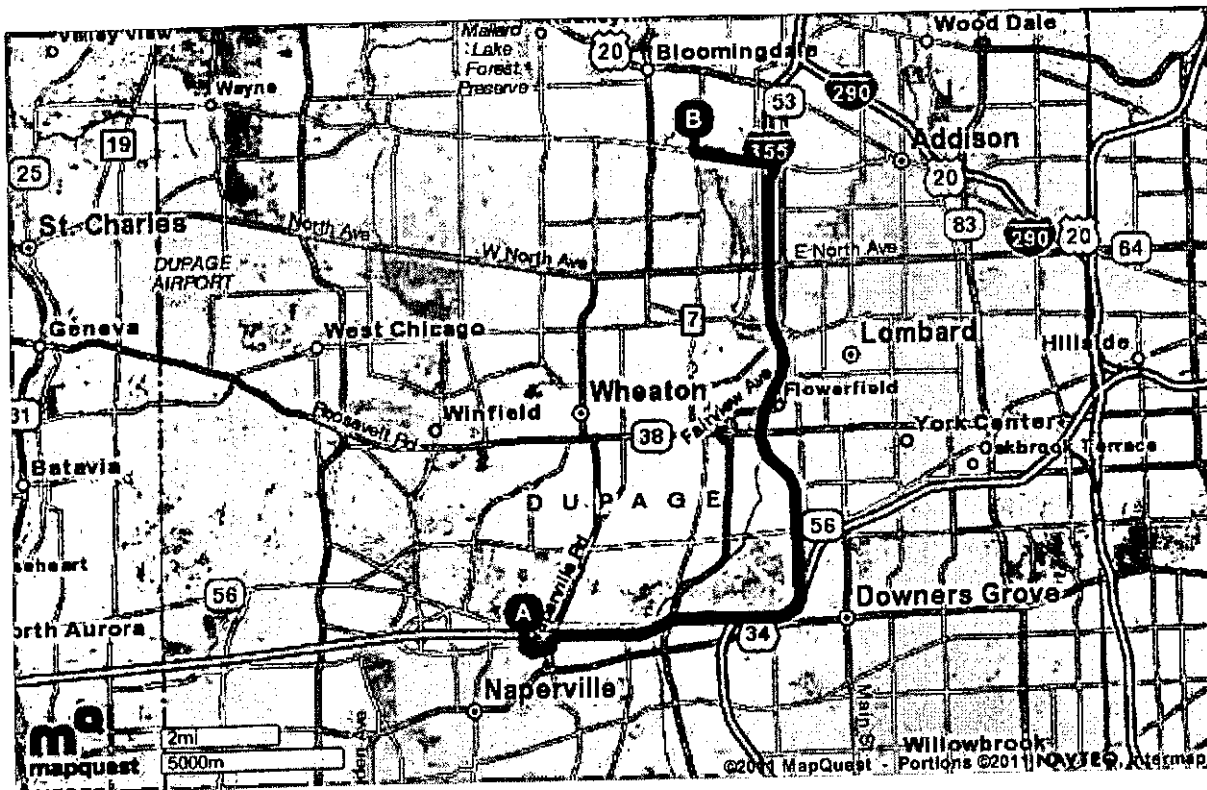
**15.87 miles**  
**23 minutes**

**Notes**

Alden Valley Ridge Rehab & Care

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 4.6 MI	5.4 mi
	5. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY toward NORTHWEST SUBURBS (Portions toll).	Go 8.6 MI	14.0 mi
	6. Take the ARMY TRAIL RD exit.	Go 0.4 MI	14.4 mi
	7. Turn LEFT onto ARMY TRAIL RD / CR-11 W.	Go 1.5 MI	15.9 mi
	8. 275 E ARMY TRAIL RD. <i>Your destination is 0.1 miles past BROOKDALE DR</i> <i>If you reach GLEN ELLYN RD you've gone a little too far</i>	15.9 mi	15.9 mi

Total Travel Estimate: 15.87 miles - about 23 minutes



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ALDEN-VALLEY RIDGE REHAB & CARE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
275 EAST ARMY TRAIL ROAD		Aggressive/Anti-Social 0		DIAGNOSIS	
BLOOMINGDALE, IL. 60108		Chronic Alcoholism 0		Neoplasms 0	
Reference Numbers	Facility ID 8000459	Developmentally Disabled 1		Endocrine/Metabolic 4	
Health Service Area 007	Planning Service Area 703	Drug Addiction 0		Blood Disorders 1	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 3	
Donald L. Dalicandro		Medicare Recipient 0		Alzheimer Disease 55	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
CHRIS REINHOFER		Non-Ambulatory 0		Developmental Disability 0	
773 286-3883		Non-Mobile 0		Circulatory System 5	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 3	
Ken Fisch		Under 65 Years Old 0		Digestive System 1	
4200 W. Peterson Ave, Suite 140		Unable to Self-Medicare 0		Genitourinary System Disorders 3	
Chicago, IL 60646		Ventilator Dependent 1		Skin Disorders 1	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 5	
FOR-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY		No Restrictions 0		Other Medical Conditions 5	
LIFE CARE FACILITY		No		Non-Medical Conditions 76	
		No		TOTALS 162	
		Note: Reported restrictions denoted by '1'		Total Residents Diagnosed as Mentally Ill 5	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	2009
Nursing Care	207	207	180	207	182	45	207	207	Total Admissions 2009	434
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	442
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	162
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	1
TOTAL BEDS	207	207	180	207	182	45	207	207		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds	Peak Beds Set Up
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Occ. Pct.		
Nursing Care	5424	7.2%	48336	64.0%	1905	547	5094	0	81306	81.1%	81.1%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	5424	7.2%	48336	64.0%	1905	547	5094	0	81306	81.1%	81.1%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	12	9	0	0	0	0	0	0	12	9	21
60 to 64	7	2	0	0	0	0	0	0	7	2	9
65 to 74	13	18	0	0	0	0	0	0	13	18	31
75 to 84	16	23	0	0	0	0	0	0	16	23	39
65+	11	46	0	0	0	0	0	0	11	46	57
TOTALS	62	100	0	0	0	0	0	0	62	100	162

**ALDEN-VALLEY RIDGE REHAB & CARE**  
 275 EAST ARMY TRAIL ROAD  
 BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6000459  
 Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other		Private Insurance	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	18	125	4	2	13	0	162
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>18</b>	<b>125</b>	<b>4</b>	<b>2</b>	<b>13</b>	<b>0</b>	<b>162</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	15	0	0	0	15
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>162</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>162</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>162</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>162</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.50
LPN's	8.83
Certified Aides	29.70
Other Health Staff	19.00
Non-Health Staff	23.16
<b>Totals</b>	<b>93.19</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.0%	52.6%	11.5%	3.4%	8.6%	100.0%		0.0%
2,429,655	5,325,087	1,168,623	342,577	866,578	10,132,520	0	

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

# mapquest m<sup>o</sup>













**Trip to:**




535 S Elm St  
Itasca, IL 60143-2187

17.93 miles  
28 minutes

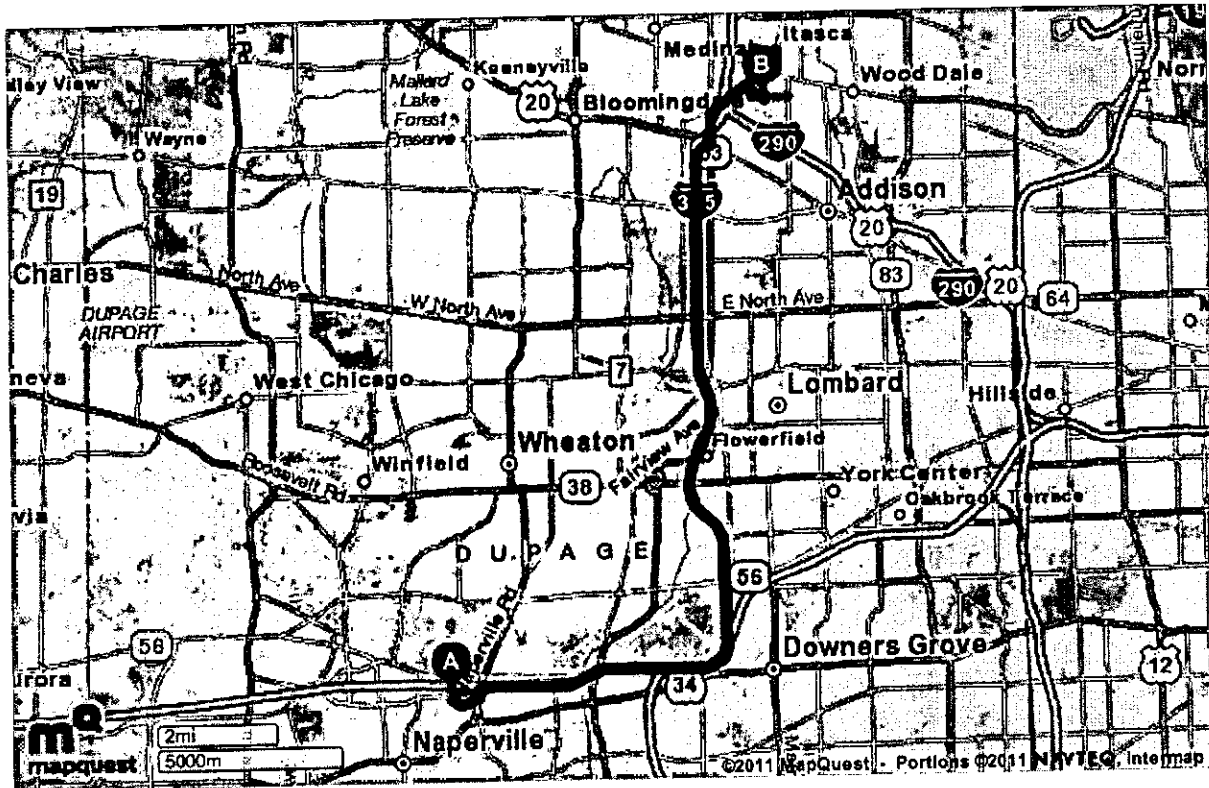
Notes

The Arbor

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 4.6 MI	5.4 mi
	5. Merge onto I-355 N toward NORTHWEST SUBURBS (Portions toll).	Go 9.8 MI	15.2 mi
	6. Take the LAKE ST / US-20 exit.	Go 0.5 MI	15.7 mi
	7. Turn RIGHT onto US-20 E / LAKE ST / ULYSSES S GRANT MEMORIAL HWY.	Go 0.09 MI	15.8 mi
	8. Turn LEFT onto IL-53 / ROHLWING RD. <i>If you are on US-20 and reach CENTRAL RD you've gone about 0.1 miles too far</i>	Go 0.6 MI	16.4 mi
	9. Take the 3rd RIGHT onto W BLOOMINGDALE RD. <i>If you reach SHELLY DR you've gone about 0.3 miles too far</i>	Go 1.0 MI	17.4 mi
	10. Take the 3rd RIGHT onto S OAK ST. <i>If you reach S MAPLE ST you've gone about 0.1 miles too far</i>	Go 0.3 MI	17.6 mi
	11. Take the 2nd LEFT onto W GEORGE ST. <i>If you are on S LOMBARD RD and reach W BLOOMINGDALE RD you've gone about 0.4 miles too far</i>	Go 0.2 MI	17.9 mi

	12. Take the 1st RIGHT onto S ELM ST. <i>If you reach S RUSH ST you've gone about 0.1 miles too far</i>	Go 0.05 Mi	17.9 mi
	13. 535 S ELM ST is on the LEFT. <i>If you reach the end of S ELM ST you've gone a little too far</i>		17.9 mi
	<b>535 S Elm St</b> Itasca, IL 60143-2187	17.9 mi	17.9 mi

Total Travel Estimate: 17.93 miles - about 28 minutes



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ARBOR OF ITASCA, INC		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
535 SOUTH ELM		Aggressive/Anti-Social	0	DIAGNOSIS		
ITASCA, IL. 60143		Chronic Alcoholism	1	Neoplasms	2	
Reference Numbers	Facility ID 6000483	Developmentally Disabled	1	Endocrine/Metabolic	7	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7	
JOHN FLORINA		Medicare Recipient	0	Alzheimer Disease	3	
		Mental Illness	0	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
JOHN FLORINA		Non-Mobile	0	Circulatory System	17	
630-773-9416		Public Aid Recipient	0	Respiratory System	4	
	Date Completed	Under 65 Years Old	0	Digestive System	2	
Registered Agent Information	5/7/2010	Unable to Self-Medicare	0	Genitourinary System Disorders	0	
JOHN C. FLORINA JR.		Ventilator Dependent	0	Skin Disorders	0	
535 S. ELM STREET		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	10	
ITASCA, IL 60143		Other Restrictions	0	Injuries and Poisonings	1	
FACILITY OWNERSHIP		No Restrictions	0	Other Medical Conditions	30	
FOR-PROF CORPORATION				Non-Medical Conditions	0	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	83
LIFE CARE FACILITY	No				Total Residents Diagnosed as Mentally Ill	6

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	144	141	108	141	83	61	14	144	Total Admissions 2009	41
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	60
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	83
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	144	141	108	141	83	61	14	144		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds	Peak Set Up			
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												TOTAL	Occ. Pct.	Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Occ. Pct.					
Nursing Care	2400	47.0%	24042	45.7%	0	0	6937	0	33379	63.5%	64.9%				
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%				
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%				
Sheltered Care					0	0	0	0	0	0.0%	0.0%				
TOTALS	2400	47.0%	24042	45.7%	0	0	6937	0	33379	63.5%	64.9%				

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	6	8	0	0	0	0	0	0	6	6	12
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	6	40	0	0	0	0	0	0	6	40	46
TOTALS	20	63	0	0	0	0	0	0	20	63	83

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development



ARBOR OF ITASCA, INC  
535 SOUTH ELM  
ITASCA, IL. 60143

Reference Numbers Facility ID 6000483  
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	8	59	0	0	16	0	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>8</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>83</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>83</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>83</b>

ETHNICITY	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>83</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>83</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	8.75
Certified Aides	31.75
Other Health Staff	2.00
Non-Health Staff	20.75
<b>Totals</b>	<b>69.75</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.1%	47.8%	0.0%	0.0%	31.3%	100.0%		0.0%
1,103,874	2,485,943	0	0	1,838,070	5,227,887	0	
















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

# mapquest m<sup>a</sup>

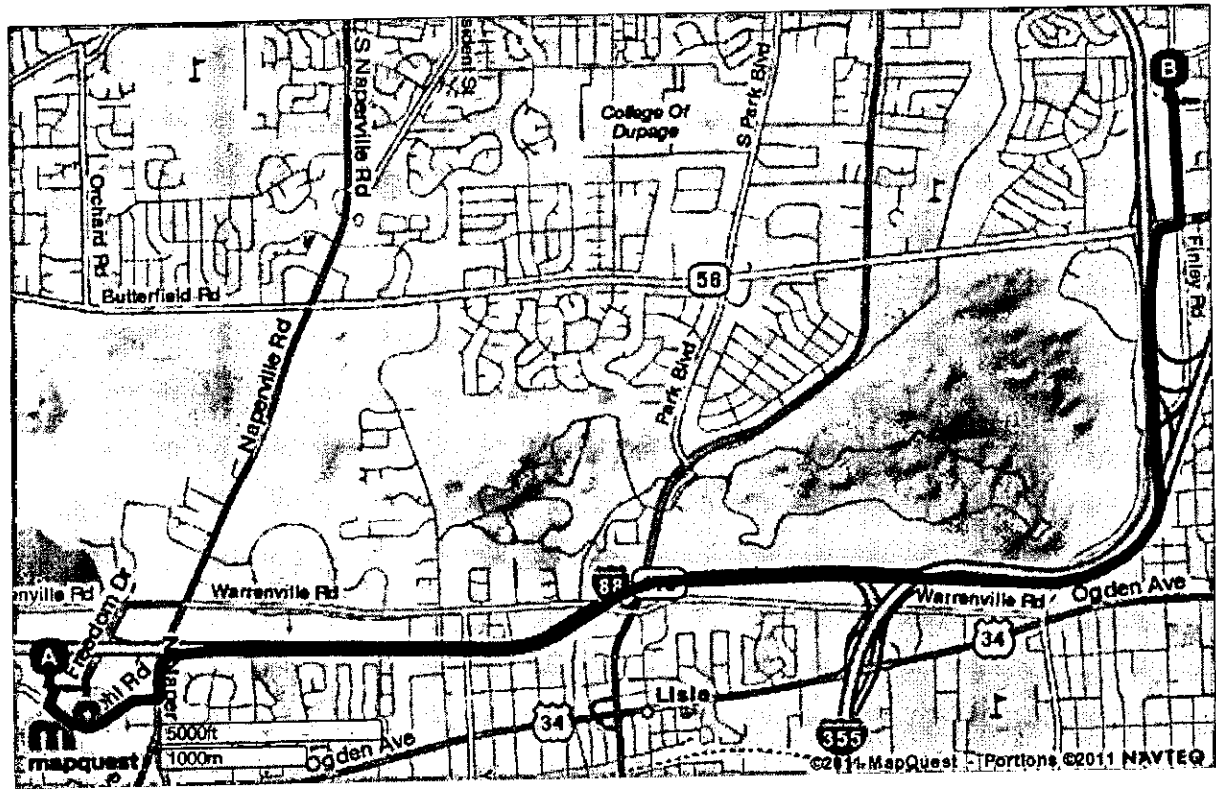
**Trip to:**  
 2400 S Finley Rd  
 Lombard, IL 60148-7029  
**7.84 miles**  
**13 minutes**

**Notes**

Beacon Hill

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
 	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 4.6 MI	5.4 mi
 	5. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY toward NORTHWEST SUBURBS (Portions toll).	Go 1.1 MI	6.5 mi
	6. Take the IL-56 / BUTTERFIELD RD exit.	Go 0.6 MI	7.1 mi
 	7. Merge onto IL-56 E / BUTTERFIELD RD toward OAK BROOK.	Go 0.2 MI	7.2 mi
	8. Turn LEFT onto FINLEY RD / CR-2. Continue to follow FINLEY RD. <i>If you are on BUTTERFIELD RD and reach DOWNERS DR you've gone about 0.2 miles too far</i>	Go 0.6 MI	7.8 mi
	9. Make a U-TURN onto S FINLEY RD. <i>If you reach W 22ND ST you've gone about 0.1 miles too far</i>	Go 0.03 MI	7.8 mi
	10. 2400 S FINLEY RD is on the RIGHT. <i>If you reach EISENHOWER LN N you've gone a little too far</i>	7.8 mi	7.8 mi
	<b>2400 S Finley Rd</b> Lombard, IL 60148-7029	7.8 mi	7.8 mi

Total Travel Estimate: 7.84 miles - about 13 minutes



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BEACON HILL		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2400 SOUTH FINLEY ROAD		Aggressive/Anti-Social 1		DIAGNOSIS	
LOMBARD, IL. 60148		Chronic Alcoholism 1		Neoplasms 0	
Reference Numbers	Facility ID 6000772	Developmentally Disabled 1		Endocrine/Metabolic 2	
Health Service Area 007	Planning Service Area 703	Drug Addiction 1		Blood Disorders 1	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 3	
Rob Sallerno		Mental Illness 1		Alzheimer Disease 25	
Administrator		Non-Ambulatory 0		Mental Illness 0	
Rob Sallerno		Non-Mobile 0		Developmental Disability 0	
630-891-4002		Public Aid Recipient 0		Circulatory System 11	
	Date Completed	Under 65 Years Old 0		Respiratory System 9	
Registered Agent Information	4/28/2010	Unable to Self-Medicare 0		Digestive System 5	
		Ventilator Dependent 1		Genitourinary System Disorders 6	
		Infectious Disease w/ Isolation 0		Skin Disorders 33	
		Other Restrictions 0		Musculo-skeletal Disorders 0	
		No Restrictions 0		Injuries and Poisonings 0	
				Other Medical Conditions 0	
				Non-Medical Conditions 0	
				TOTALS 95	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	108	108	108	108	95	13	21	0	99	
Skilled Under 22	0	0	0	0	0	0	0	0	151	
Intermediate DD	0	0	0	0	0	0	0	0	155	
Sheltered Care	0	0	0	0	0	0	0	0	95	
TOTAL BEDS	108	108	108	108	95	13	21	0		Identified Offenders 0

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public		Private Insurance	Private Pay	Charity Care	TOTAL		
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2767	38.1%	0	0.0%	0	0	90	33149	0	36006	91.3%	91.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0	0.0%	0.0%
TOTALS	2767	38.1%	0	0.0%	0	0	90	33149	0	36006	91.3%	91.3%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	11	0	0	0	0	0	0	0	11	11
75 to 84	4	60	0	0	0	0	0	0	4	60	64
85+	20	0	0	0	0	0	0	0	20	0	20
TOTALS	24	71	0	0	0	0	0	0	24	71	95

**BEACON HILL**

2400 SOUTH FINLEY ROAD  
LOMBARD, IL. 60148

Reference Numbers Facility ID 8000772

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	1	0	0	0	94	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>94</b>	<b>0</b>	<b>95</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>95</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>95</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>95</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>95</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	10.00
Certified Aides	36.00
Other Health Staff	9.00
Non-Health Staff	31.00
<b>Totals</b>	<b>99.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.9%	0.0%	53.4%	0.0%	9.7%	100.0%		0.0%
1,644,037	0	2,377,072	0	431,194	4,452,303	0	

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

# mapquest m<sup>q</sup>

**Trip to:**

111 E Washington St  
Bensenville, IL 60106-2674

19.74 miles  
30 minutes

**Notes**

Bridgeway Christian Village Rehab & SNF

	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>	
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 MI</b>	0.08 mi	
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 MI</b>	0.7 mi	
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 MI</b>	0.8 mi	
		4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 12.1 MI</b>	12.9 mi
		5. Merge onto I-290 W / EISENHOWER EXPY W toward US-20 / ROCKFORD / IL-64.	<b>Go 4.4 MI</b>	17.3 mi
	6. Take the US-20 W / LAKE ST exit, EXIT 12, toward YORK RD.	<b>Go 0.1 MI</b>	17.4 mi	
	7. Take the YORK RD ramp.	<b>Go 0.2 MI</b>	17.5 mi	
	8. Merge onto E CRESTVIEW AVE.	<b>Go 0.05 MI</b>	17.6 mi	
	9. Take the 1st LEFT onto N YORK ST / N YORK RD. Continue to follow N YORK RD. <i>If you reach N MICHIGAN ST you've gone a little too far</i>	<b>Go 2.1 MI</b>	19.7 mi	
	10. Turn RIGHT onto E WASHINGTON ST. <i>E WASHINGTON ST is 0.1 miles past E JEFFERSON ST</i>	<b>Go 0.01 MI</b>	19.7 mi	
	11. 111 E WASHINGTON ST is on the LEFT. <i>If you reach MAY ST you've gone a little too far</i>		19.7 mi	

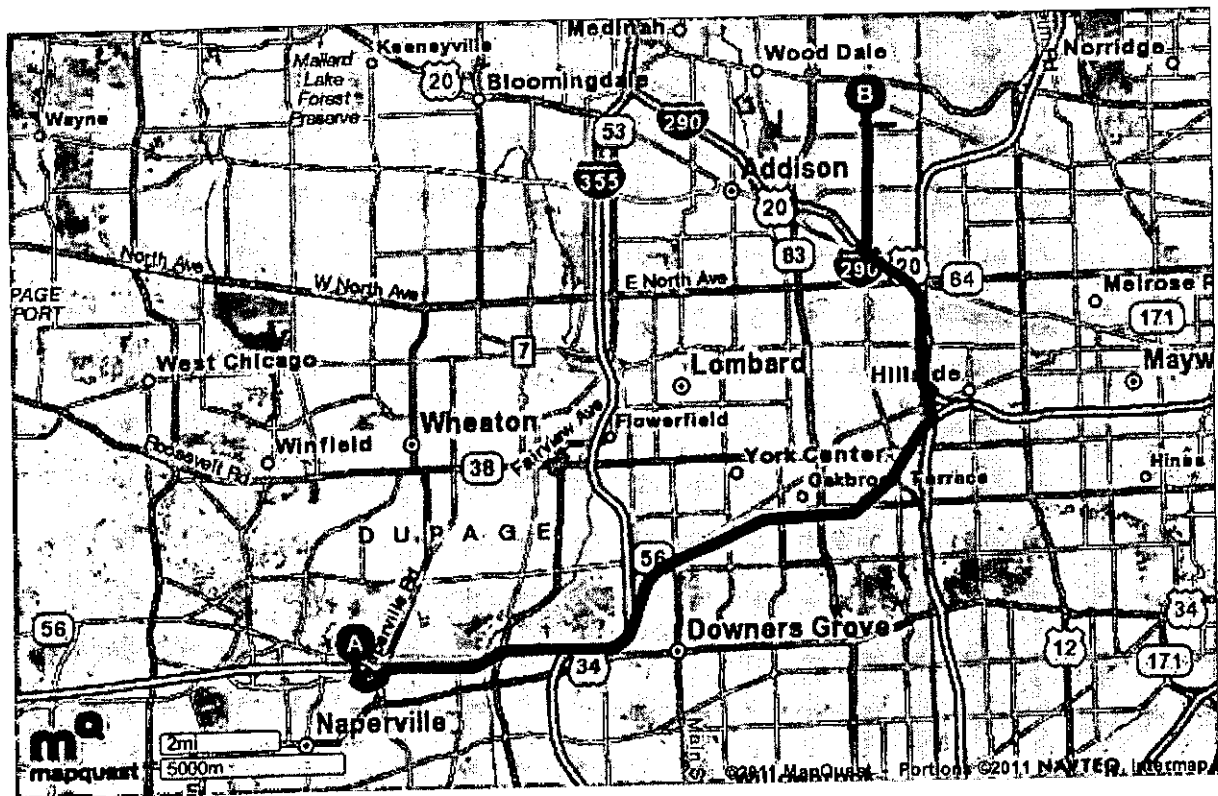


**111 E Washington St**  
Bensenville, IL 60106-2674

19.7 mi

19.7 mi

Total Travel Estimate: 19.74 miles - about 30 minutes



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BRIDGEWAY CHR VLG REHAB & SNF		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
111 EAST WASHINGTON		Aggressive/Anti-Social	1	DIAGNOSIS	
BENSENVILLE, IL. 60106		Chronic Alcoholism	1	Neoplasms	3
Reference Numbers	Facility ID 6000353	Developmentally Disabled	1	Endocrine/Metabolic	2
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	3
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	4
John J. Hurley		Medicare Recipient	0	Alzheimer Disease	1
		Mental Illness	0	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Susan McGee		Non-Mobile	0	Circulatory System	28
1 (217) 732-9651	Date Completed 5/7/2010	Public Aid Recipient	0	Respiratory System	16
Registered Agent Information		Under 65 Years Old	0	Digestive System	6
Dr Tim Phillippee		Unable to Self-Medicare	0	Genitourinary System Disorders	10
200 N. Postville Rd		Ventilator Dependent	1	Skin Disorders	7
Lincoln, IL 62658		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8
		Other Restrictions	0	Injuries and Poisonings	0
FACILITY OWNERSHIP		No Restrctctions	0	Other Medical Conditions	61
NON-PROF CORPORATION		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	Yes			TOTALS	149
LIFE CARE FACILITY	Yes			Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	156
Nursing Care	222	206	171	198	149	73	222	137	Total Admissions 2009	243
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	250
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	149
Sheltered Care	0	0	0	0	0	0		0	Identified Offenders	0
TOTAL BEDS	222	206	171	198	149	73	222	137		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	15766	19.5%	28346	58.7%	2641	284	11639	10	58686	72.4%	78.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	15766	19.5%	28346	58.7%	2641	284	11639	10	58686	72.4%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	11	0	0	0	0	0	0	4	11	15
75 to 84	12	28	0	0	0	0	0	0	12	28	38
85+	10	79	0	0	0	0	0	0	10	79	89
TOTALS	31	118	0	0	0	0	0	0	31	118	149

**BRIDGEWAY CHR VLG REHAB & SNF**

111 EAST WASHINGTON  
BENSENVILLE, IL. 60106

Reference Numbers Facility ID 8000353

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	36	81	0	5	27	0	149
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>38</b>	<b>81</b>	<b>0</b>	<b>5</b>	<b>27</b>	<b>0</b>	<b>149</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	268	268
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	RESIDENTS BY RACIAL/ETHNICITY GROUPING				Totals
	Nursing	SkUnd22	ICF/DD	Shelter	
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	142	0	0	0	142
Race Unknown	4	0	0	0	4
<b>Total</b>	<b>149</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>149</b>

ETHNICITY	RESIDENTS BY RACIAL/ETHNICITY GROUPING				Totals
	Nursing	SkUnd22	ICF/DD	Shelter	
Hispanic	4	0	0	0	4
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>149</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>149</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	27.00
LPN's	21.00
Certified Aides	56.00
Other Health Staff	0.00
Non-Health Staff	49.00
<b>Totals</b>	<b>157.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.0%	24.9%	1.7%	3.1%	21.3%	100.0%		0.3%
7,180,466	3,854,892	248,295	452,328	3,131,317	14,667,299	47,524	

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

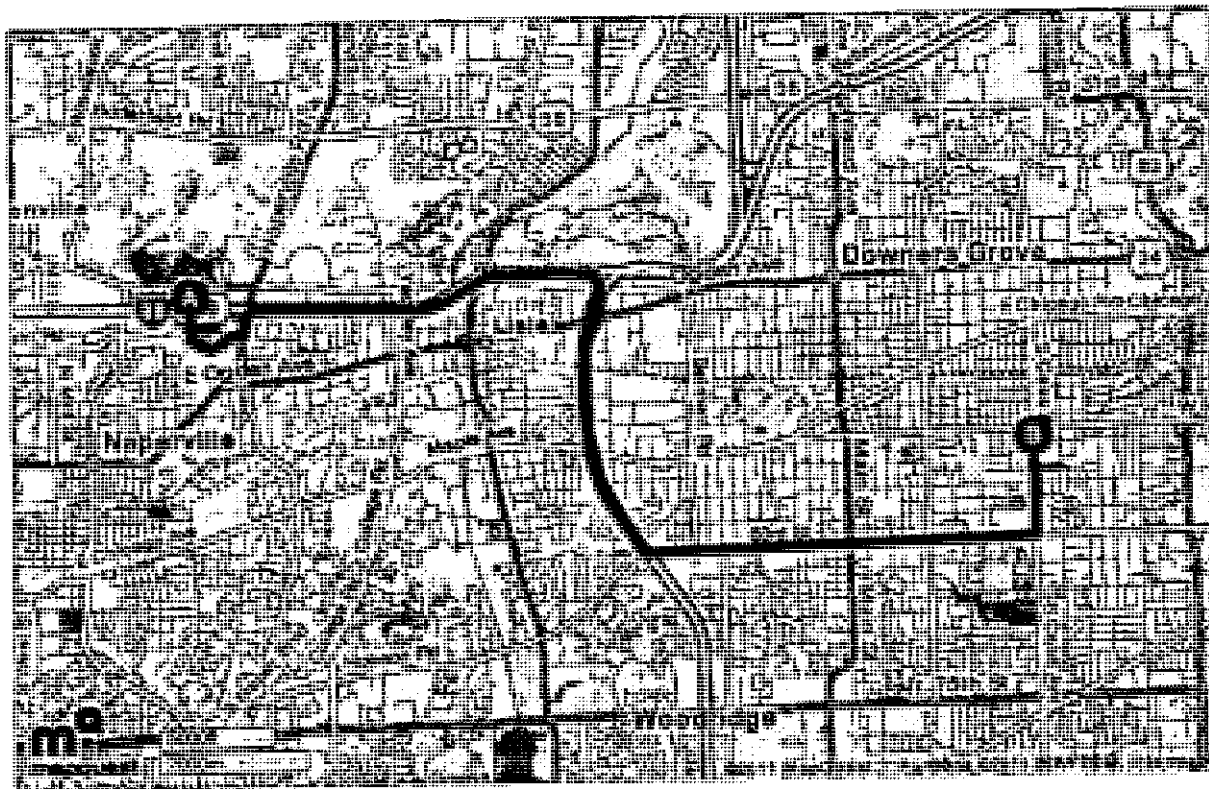


**Trip to:**  
 5801 S Cass Ave  
 Westmont, IL 60559-2300  
**11.32 miles**  
**22 minutes**

Notes  
 Burgess Square Healthcare Center

	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>	
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 MI</b>	0.08 mi	
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 MI</b>	0.7 mi	
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 MI</b>	0.8 mi	
		4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 3.2 MI</b>	4.0 mi
		5. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY toward JOLIET (Portions toll).	<b>Go 2.7 MI</b>	6.7 mi
	6. Take the 63RD ST / HOBSON RD exit.	<b>Go 0.3 MI</b>	7.0 mi	
	7. Take the ramp toward DOWNERS GROVE.	<b>Go 0.04 MI</b>	7.0 mi	
	8. Turn LEFT onto 63RD ST / HOBSON RD / CR-38 E. Continue to follow 63RD ST. <i>If you reach I-355 S you've gone about 0.3 miles too far</i>	<b>Go 3.7 MI</b>	10.7 mi	
	9. Turn LEFT onto S CASS AVE / CR-15. <i>If you are on E 63RD ST and reach S RIDGE RD you've gone about 0.2 miles too far</i>	<b>Go 0.6 MI</b>	11.3 mi	
	10. 5801 S CASS AVE is on the RIGHT. <i>Your destination is just past E 59TH ST</i> <i>If you reach E 58TH ST you've gone a little too far</i>	<b>11.3 mi</b>	11.3 mi	
	<b>5801 S Cass Ave</b> Westmont, IL 60559-2300	<b>11.3 mi</b>	<b>11.3 mi</b>	

**Total Travel Estimate: 11.32 miles - about 22 minutes**



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BURGESS SQUARE		ADMISSION RESTRICTIONS			RESIDENTS BY PRIMARY DIAGNOSIS		
5801 SOUTH CASS AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS			
WESTMONT, IL. 60559		Chronic Alcoholism	0	Neoplasms		3	
Reference Numbers	Facility ID 6001259	Developmentally Disabled	0	Endocrine/Metabolic		2	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders		0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer		10	
John F Vrba		Medicare Recipient	0	Alzheimer Disease		20	
Contact Person and Telephone		Mental Illness	0	Mental Illness		17	
KATHY JO PETERSEN		Non-Ambulatory	0	Developmental Disability		0	
630-971-2645		Non-Mobile	0	Circulatory System		59	
Registered Agent Information	Date Completed 5/7/2010	Public Aid Recipient	0	Respiratory System		19	
		Under 65 Years Old	0	Digestive System		1	
		Unable to Self-Medicate	0	Genitourinary System Disorders		8	
		Ventilator Dependent	1	Skin Disorders		2	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders		7	
		Other Restrictions	0	Injuries and Poisonings		10	
		No Restrictions	0	Other Medical Conditions		9	
		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions		0
				TOTALS		167	
				Total Residents Diagnosed as Mentally Ill		17	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	207	203	177	203	167	40	203	151	Total Admissions 2009	478
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	478
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	167
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	207	203	177	203	167	40	203	151		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds	Peak Beds Set Up
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Occ. Pct.		
Nursing Care	11205	15.1%	30596	55.5%	0	417	18748	0	60966	80.7%	82.3%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	11205	15.1%	30596	55.5%	0	417	18748	0	60966	80.7%	82.3%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	1	1
45 to 59	0	1	0	0	0	0	0	0	2	1	3
60 to 64	2	1	0	0	0	0	0	0	2	10	12
65 to 74	2	10	0	0	0	0	0	0	14	34	48
75 to 84	14	34	0	0	0	0	0	0	17	86	103
85+	17	86	0	0	0	0	0	0	35	132	167
TOTALS	35	132	0	0	0	0	0	0	35	132	167

**BURGESS SQUARE**  
 5801 SOUTH CASS AVENUE  
 WESTMONT, IL. 60559

Reference Numbers Facility ID 6001259  
 Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	39	77	0	5	48	0	167
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>39</b>	<b>77</b>	<b>0</b>	<b>5</b>	<b>48</b>	<b>0</b>	<b>167</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	223	187
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawalian/Pac. Isl.	0	0	0	0	0
White	157	0	0	0	157
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>167</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>167</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>167</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>167</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	25.00
LPN's	19.00
Certified Aides	68.00
Other Health Staff	13.00
Non-Health Staff	65.00
<b>Totals</b>	<b>194.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.0%	32.3%	0.0%	1.2%	24.5%	100.0%		0.0%
5,525,319	4,252,794	0	157,560	3,228,325	13,163,998	0	

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

**FACILITY NOTES**

Bed Change 5/6/2009 Discontinued 4 Nnursing Care beds; facility now has 203 Nursing Care beds.

# mapquest m<sup>q</sup>

**Trip to:**  
 7050 S Madison St  
 Willowbrook, IL 60527-5548  
**14.78 miles**  
**25 minutes**

**Notes**

Chateau Nursing & Rehab Center

	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>	
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi	
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi	
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi	
		4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 3.2 MI	4.0 mi
		5. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY toward JOLIET (Portions toll).	Go 4.2 MI	8.2 mi
	6. Take the 75TH ST exit.	Go 0.4 MI	8.7 mi	
	7. Turn LEFT onto 75TH ST / CR-33 E. Continue to follow 75TH ST. <i>If you reach I-355 S you've gone about 0.3 miles too far</i>	Go 4.7 MI	13.4 mi	
		8. Turn LEFT onto KINGERY HWY / IL-83 N. <i>KINGERY HWY is just past ARLENE AVE</i>	Go 0.6 MI	14.0 mi
	9. Turn RIGHT onto PLAINFIELD RD / CR-31. <i>PLAINFIELD RD is 0.2 miles past 72ND CT</i>	Go 0.5 MI	14.5 mi	
	10. Take the 2nd RIGHT onto S MADISON ST / CR-8. <i>If you reach KINGSWOOD DR you've gone about 0.1 miles too far</i>	Go 0.3 MI	14.8 mi	
	11. 7050 S MADISON ST is on the RIGHT. <i>Your destination is just past HIGH GROVE BLVD If you reach 71ST ST you've gone a little too far</i>		14.8 mi	



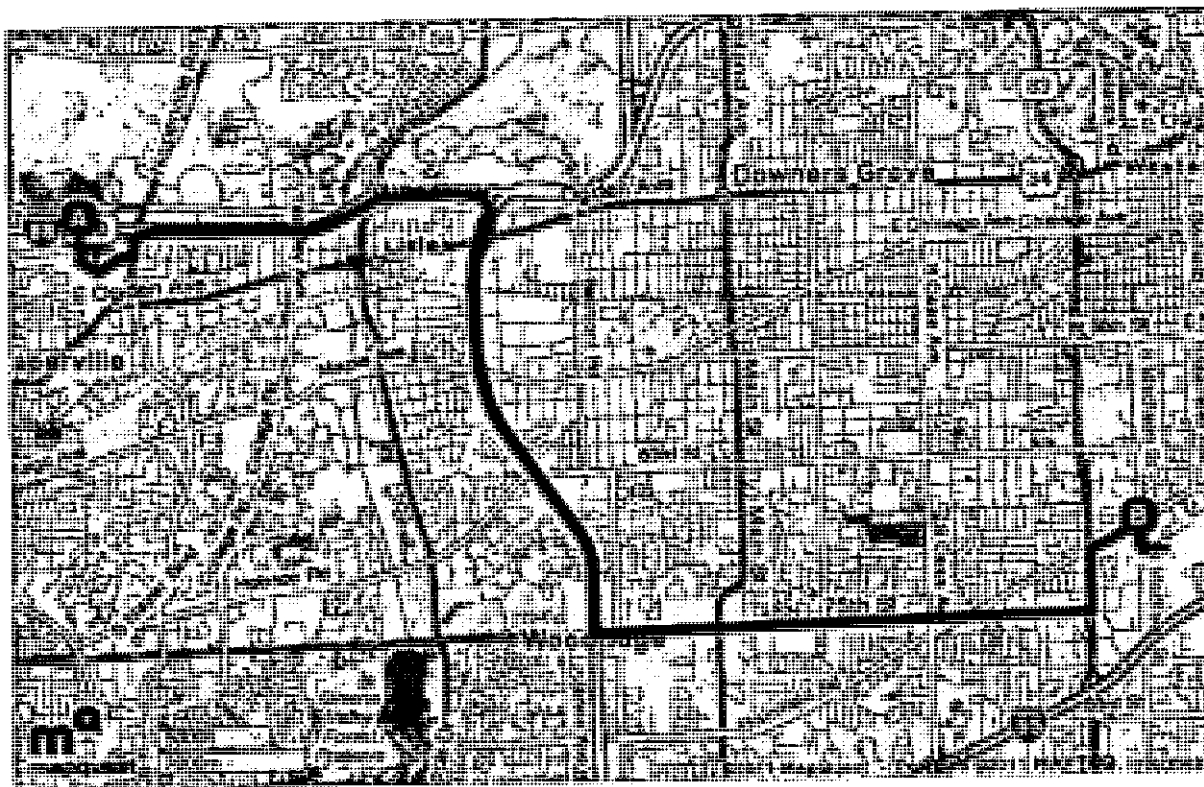
**7050 S Madison St**  
Willowbrook, IL 60527-5548

14.8 mi

14.8 mi



**Total Travel Estimate: 14.78 miles - about 25 minutes**



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CHATEAU NRSRG & REHAB CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
7050 MADISON STREET		Aggressive/Anti-Social	0	DIAGNOSIS	
WILLOWBROOK, IL. 60527		Chronic Alcoholism	1	Neoplasms	1
Reference Numbers	Facility ID 6010367	Developmentally Disabled	1	Endocrine/Metabolic	6
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	4
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	9
Rafi Zimmerman		Medicare Recipient	0	Alzheimer Disease	0
		Mental Illness	0	Mental Illness	5
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
RAFI ZIMMERMAN		Non-Mobile	0	Circulatory System	24
630-323-6380	Date Completed 4/27/2010	Public Aid Recipient	0	Respiratory System	10
Registered Agent Information		Under 65 Years Old	0	Digestive System	7
N/A		Unable to Self-Medicate	0	Genitourinary System Disorders	8
		Ventilator Dependent	1	Skin Disorders	8
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	17
		Other Restrictions	0	Injuries and Poisonings	3
		No Restrictions	0	Other Medical Conditions	34
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
LIMITED LIABILITY CO				TOTALS	136
CONTINUING CARE COMMUNITY	No			Total Residents Diagnosed as Mentally Ill	59
LIFE CARE FACILITY	No				

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	150	150	147	150	136	14	150	150	Total Admissions 2009	221
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	221
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	136
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	4
TOTAL BEDS	150	150	147	150	136	14	150	150		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	TOTAL		
Nursing Care	7210	13.2%	31459	57.5%	1960	780	7960	0	49369	90.2%	90.2%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	7210	13.2%	31459	57.5%	1960	780	7960	0	49369	90.2%	90.2%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	1	1
45 to 59	0	1	0	0	0	0	0	0	3	3	6
60 to 64	3	3	0	0	0	0	0	0	6	9	15
65 to 74	6	9	0	0	0	0	0	0	11	28	39
75 to 84	11	28	0	0	0	0	0	0	5	70	75
85+	5	70	0	0	0	0	0	0	25	111	136
TOTALS	25	111	0	0	0	0	0	0	25	111	136

CHATEAU NRSNG & REHAB CENTER  
 7050 MADISON STREET  
 WILLOWBROOK, IL. 60527

Reference Numbers Facility ID 6010367  
 Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	28	86	4	2	16	0	136
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>28</b>	<b>86</b>	<b>4</b>	<b>2</b>	<b>16</b>	<b>0</b>	<b>136</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	3	0	0	0	3
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>136</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>136</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>136</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>136</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	17.00
Certified Aides	43.00
Other Health Staff	9.00
Non-Health Staff	65.00
<b>Totals</b>	<b>147.00</b>

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







Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.8%	49.7%	3.2%	3.6%	18.7%	100.0%		0.0%
2,115,937	4,244,678	270,386	308,519	1,598,315	8,537,835	0	

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

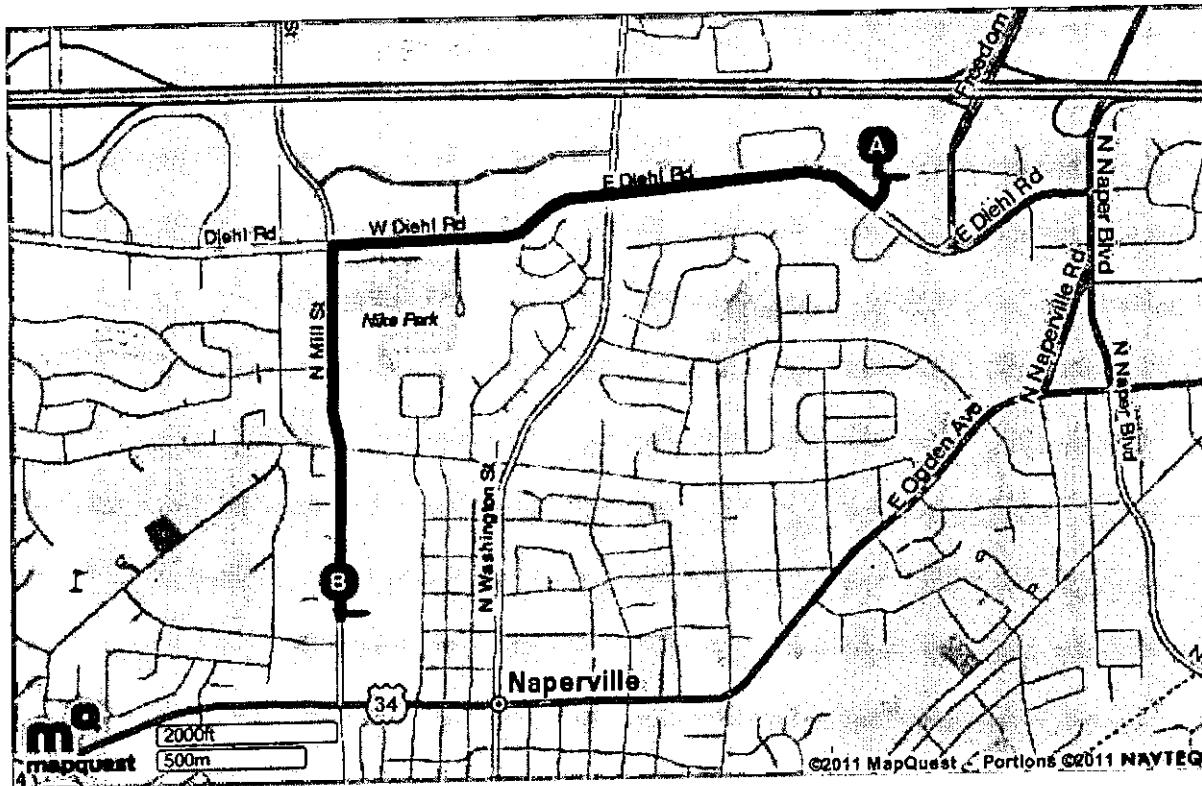


**Trip to:**  
 1136 N Mill St  
 Naperville, IL 60563-3577  
**2.27 miles**  
**4 minutes**

Notes  
 Community Nursing & Rehab Center

	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.07 MI</b>	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	<b>Go 1.3 MI</b>	1.4 mi
	3. Turn LEFT onto N MILL ST / CR-32. <i>N MILL ST is 0.1 miles past WEBSTER ST</i>	<b>Go 0.9 MI</b>	2.3 mi
	4. 1136 N MILL ST. <i>Your destination is just past LAURA CT</i> <i>If you reach BURNING TREE LN you've gone a little too far</i>		2.3 mi
	<b>1136 N Mill St</b> Naperville, IL 60563-3577	<b>2.3 mi</b>	<b>2.3 mi</b>

Total Travel Estimate: **2.27 miles - about 4 minutes**



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COMMUNITY NSG & REHAB CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1138 NORTH MILL STREET		Aggressive/Anti-Social	1	DIAGNOSIS	
NAPERVILLE, IL. 60583		Chronic Alcoholism	0	Neoplasms	4
Reference Numbers	Facility ID 6006175	Developmentally Disabled	0	Endocrine/Metabolic	7
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0
STEVE JEREMIAS		Medicare Recipient	0	Alzheimer Disease	23
		Mental Illness	0	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
STEVE JEREMIAS		Non-Mobile	0	Circulatory System	19
630-355-3300	Date Completed	Public Aid Recipient	0	Respiratory System	21
	5/4/2010	Under 65 Years Old	0	Digestive System	5
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	0
Abraham Stern		Ventilator Dependent	1	Skin Disorders	0
191 N. Wacker Drive, Suite 1800		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	40
Chicago, IL 60606		Other Restrictions	0	Injuries and Poisonings	0
FACILITY OWNERSHIP		No Restrictions	0	Other Medical Conditions	0
LIMITED LIABILITY CO		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No			TOTALS	119
LIFE CARE FACILITY	No			Total Residents Diagnosed as Mentally Ill	4

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	153	149	133	149	119	34	153	153	134	152
Skilled Under 22	0	0	0	0	0	0	0	0		167
Intermediate DD	0	0	0	0	0	0	0	0		119
Sheltered Care	0	0	0	0	0	0	0	0		0
TOTAL BEDS	153	149	133	149	119	34	153	153		
									Identified Offenders	0

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4803	8.6%	34881	62.5%	0	364	5668	0	45716	61.9%	84.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4803	8.6%	34881	62.5%	0	364	5668	0	45716	81.9%	84.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	1	11	0	0	0	0	0	0	1	11	12
75 to 84	6	34	0	0	0	0	0	0	6	34	40
85+	9	45	0	0	0	0	0	0	9	45	54
TOTALS	21	98	0	0	0	0	0	0	21	98	119

COMMUNITY NSG & REHAB CENTER  
 1136 NORTH MILL STREET  
 NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6006175  
 Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	9	91	0	1	18	0	119
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>9</b>	<b>91</b>	<b>0</b>	<b>1</b>	<b>18</b>	<b>0</b>	<b>119</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>119</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>119</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>119</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>119</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	14.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	52.00
<b>Totals</b>	<b>124.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.0%	53.6%	0.0%	3.0%	15.4%	100.0%		0.0%
2,245,767	4,308,591	0	244,040	1,235,409	8,033,807	0	

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



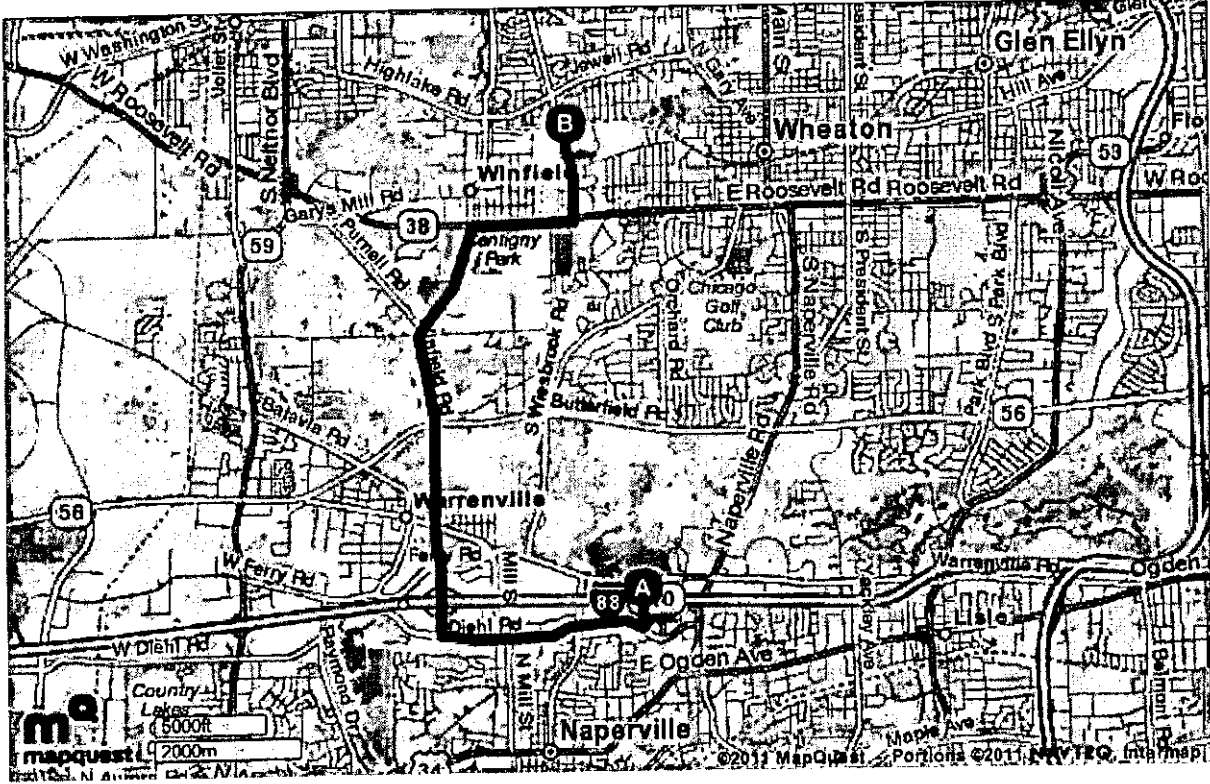
**Trip to:**  
 400 N County Farm Rd  
 Wheaton, IL 60187-3908  
**7.57 miles**  
**14 minutes**

Notes  
 DuPage Convalescent Home

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 2.0 MI	2.1 mi
	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 4.0 MI	6.0 mi
	4. Turn RIGHT onto ROOSEVELT RD / IL-38. <i>ROOSEVELT RD is 0.7 miles past SWAN LAKE DR</i>	Go 0.9 MI	7.0 mi
	5. Turn LEFT onto S COUNTY FARM RD / CR-43. <i>S COUNTY FARM RD is 0.1 miles past SHAFFNER RD</i>	Go 0.6 MI	7.6 mi
	6. 400 N COUNTY FARM RD is on the LEFT. <i>Your destination is 0.1 miles past MANCHESTER RD If you are on COUNTY FARM RD and reach CURTISS AVE you've gone about 0.3 miles too far</i>		7.6 mi
	<b>400 N County Farm Rd</b> Wheaton, IL 60187-3908	7.6 mi	7.6 mi



Total Travel Estimate: 7.57 miles - about 14 minutes



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DUPAGE CONVALESCENT CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
400 NORTH COUNTY FARM ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
WHEATON, IL. 60187		Chronic Alcoholism	1	Neoplasms	7
Reference Numbers	Facility ID 6002612	Developmentally Disabled	0	Endocrine/Metabolic	7
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	0
Adminlstrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	73
Beth Welch		Medicare Recipient	0	Alzheimer Disease	45
Contact Person and Telephone		Mental Illness	1	Mental Illness	22
BARBARA HYDE		Non-Ambulatory	0	Developmental Disability	5
630-784-4201		Non-Mobile	0	Circulatory System	64
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	8
Robert Schillerstrom	5/6/2010	Under 65 Years Old	0	Digestive System	1
421 North County Farm Road		Unable to Self-Medicate	0	Genitourinary System Disorders	3
Wheaton, IL 60187		Ventilator Dependent	1	Skin Disorders	0
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	32
COUNTY		Other Restrictlons	1	Injuries and Poisonings	9
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	52
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
				TOTALS	328
				Total Residents Diagnosed as Mentally Ill	138

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	508	360	341	360	328	180	368	508	Total Admissions 2009	334
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	335
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	328
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	2
TOTAL BEDS	508	360	341	360	328	180	368	508		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	8183	6.1%	94991	51.2%	0	1220	15645	0	120039	64.7%	91.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8183	6.1%	94991	51.2%	0	1220	15645	0	120039	64.7%	91.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	15	5	0	0	0	0	0	0	15	5	20
45 to 59	28	26	0	0	0	0	0	0	28	26	54
60 to 64	4	9	0	0	0	0	0	0	4	9	13
65 to 74	9	15	0	0	0	0	0	0	9	15	24
75 to 84	31	49	0	0	0	0	0	0	31	49	80
85+	29	108	0	0	0	0	0	0	29	108	137
TOTALS	116	212	0	0	0	0	0	0	116	212	328

**DUPAGE CONVALESCENT CENTER**

400 NORTH COUNTY FARM ROAD  
WHEATON, IL. 60187

Reference Numbers Facility ID 6002612

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	257	0	5	50	0	328
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>18</b>	<b>257</b>	<b>0</b>	<b>5</b>	<b>50</b>	<b>0</b>	<b>328</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	221	221
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	221	221

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	9	0	0	0	9
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	308	0	0	0	308
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>328</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>328</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	327	0	0	0	327
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>328</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>328</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	41.00
LPN's	13.00
Certified Aides	138.00
Other Health Staff	32.00
Non-Health Staff	133.00
<b>Totals</b>	<b>360.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.1%	66.2%	0.0%	0.0%	14.7%	100.0%		0.0%
5,908,899	20,539,130	0	0	4,586,425	31,014,454	0	















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

# mapquest m<sup>q</sup>

**Trip to:**  
 127 W Diversey Ave  
 Elmhurst, IL 60126-1101  
**18.38 miles**  
**26 minutes**

**Notes**

Elm Brook Nursing

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
 	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 12.1 MI	12.9 mi
 	5. Merge onto I-290 W / EISENHOWER EXPY W toward US-20 / ROCKFORD / IL-64.	Go 4.4 MI	17.3 mi
	6. Take the US-20 W / LAKE ST exit, EXIT 12, toward YORK RD.	Go 0.1 MI	17.4 mi
	7. Take the YORK RD ramp.	Go 0.2 MI	17.5 mi
	8. Merge onto E CRESTVIEW AVE.	Go 0.05 MI	17.6 mi
	9. Take the 1st LEFT onto N YORK ST / N YORK RD. <i>If you reach N MICHIGAN ST you've gone a little too far</i>	Go 0.8 MI	18.3 mi
	10. Take the 3rd LEFT onto W DIVERSEY AVE. <i>If you are on N YORK RD and reach W GRAND AVE you've gone about 0.2 miles too far</i>	Go 0.03 MI	18.4 mi
	11. 127 W DIVERSEY AVE is on the RIGHT. <i>If you reach N YORK ST you've gone about 0.3 miles too far</i>		18.4 mi

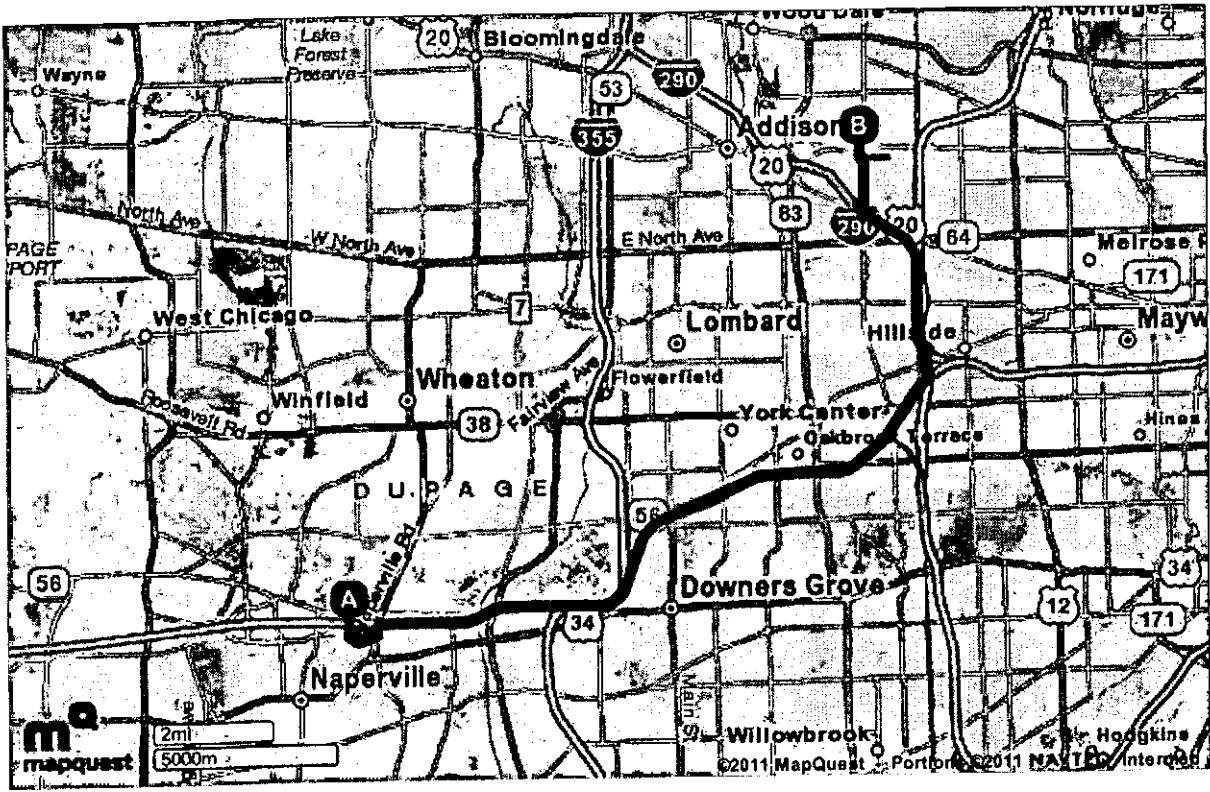


**127 W Diversey Ave**  
Elmhurst, IL 60126-1101

18.4 mi

18.4 mi

Total Travel Estimate: 18.38 miles - about 26 minutes



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ELM BROOK HLTH C & REHAB CTRE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
127 WEST DIVERSEY AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS	
ELMHURST, IL. 60126		Chronic Alcoholism	1	Neoplasms	5
Reference Numbers	Facility ID 6010144	Developmentally Disabled	1	Endocrine/Metabolic	10
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	50
Connie Sherman RN MS		Medicare Recipient	0	Alzheimer Disease	13
		Mental Illness	1	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	4
CONNIE SHERMAN		Non-Mobile	0	Circulatory System	16
630-530-5225		Public Aid Recipient	0	Respiratory System	5
	Date Completed	Under 65 Years Old	0	Digestive System	0
Registered Agent Information	4/23/2010	Unable to Self-Medicare	0	Genitourinary System Disorders	2
		Ventilator Dependent	1	Skin Disorders	1
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8
		Other Restrictions	0	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	46
		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
FACILITY OWNERSHIP	No			TOTALS	160
LIMITED LIABILITY CO	No			Total Residents Diagnosed as Mentally Ill	0
CONTINUING CARE COMMUNITY	No				
LIFE CARE FACILITY	No				

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	180	180	160	180	160	20	117	180	165	
Skilled Under 22	0	0	0	0	0	0	0	0	372	
Intermediate DD	0	0	0	0	0	0	0	0	377	
Sheltered Care	0	0	0	0	0	0	0	0	160	
TOTAL BEDS	180	180	160	180	160	20	117	180		Identified Offenders 0

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6483	15.2%	45749	69.6%	757	538	4380	0	57907	88.1%	88.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	6483	15.2%	45749	69.6%	757	538	4380	0	57907	88.1%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	1	1	0	0	0	0	0	0	1	1	2	
45 to 59	3	8	0	0	0	0	0	0	3	8	11	
60 to 64	4	5	0	0	0	0	0	0	4	5	9	
65 to 74	18	10	0	0	0	0	0	0	18	10	28	
75 to 84	19	32	0	0	0	0	0	0	19	32	51	
85+	15	44	0	0	0	0	0	0	15	44	59	
TOTALS	60	100	0	0	0	0	0	0	60	100	160	

ELM BROOK HLTH C & REHAB CTRE  
 127 WEST DIVERSEY AVENUE  
 ELMHURST, IL. 60128

Reference Numbers Facility ID 6010144  
 Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other		Private Insurance	Charity Care	Private Pay	TOTALS
			Public	Insurance				
Nursing Care	19	102	28	0	11	0	160	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
<b>TOTALS</b>	<b>19</b>	<b>102</b>	<b>28</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>160</b>	

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	232
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	2	0	0	0	2
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>160</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>160</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>160</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>160</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	2.00
Certified Aides	58.00
Other Health Staff	13.00
Non-Health Staff	56.00
<b>Totals</b>	<b>150.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.2%	60.9%	1.2%	1.7%	7.0%	100.0%	0	0.0%
3,088,872	6,434,999	126,770	180,198	736,555	10,589,194		

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





**Trip to:**  
 200 E Lake St  
 Elmhurst, IL 60126-2013  
**17.33 miles**  
**25 minutes**

Notes

Elmhurst Extended Care Center

	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>	
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 MI</b>	0.08 mi	
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 MI</b>	0.7 mi	
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 MI</b>	0.8 mi	
		4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 12.1 MI</b>	12.9 mi
		5. Merge onto I-290 W / EISENHOWER EXPY W toward US-20 / ROCKFORD / IL-64.	<b>Go 3.4 MI</b>	16.3 mi
		6. Merge onto E NORTH AVE / IL-64 W via EXIT 13B.	<b>Go 0.8 MI</b>	16.8 mi
	7. Turn RIGHT onto N EMROY AVE. <i>If you reach N WILLOW RD you've gone about 0.1 miles too far</i>	<b>Go 0.2 MI</b>	17.0 mi	
	8. Take the 2nd LEFT onto E GRANTLEY AVE. <i>If you reach LAKE ST you've gone about 0.1 miles too far</i>	<b>Go 0.07 MI</b>	17.1 mi	
	9. Take the 1st RIGHT onto N HOWARD AVE. <i>If you reach N WILLOW RD you've gone a little too far</i>	<b>Go 0.1 MI</b>	17.2 mi	
	10. Take the 1st LEFT onto LAKE ST.	<b>Go 0.2 MI</b>	17.3 mi	
	11. 200 E LAKE ST. <i>If you reach ELMCREST AVE you've gone about 0.1 miles too far</i>		17.3 mi	

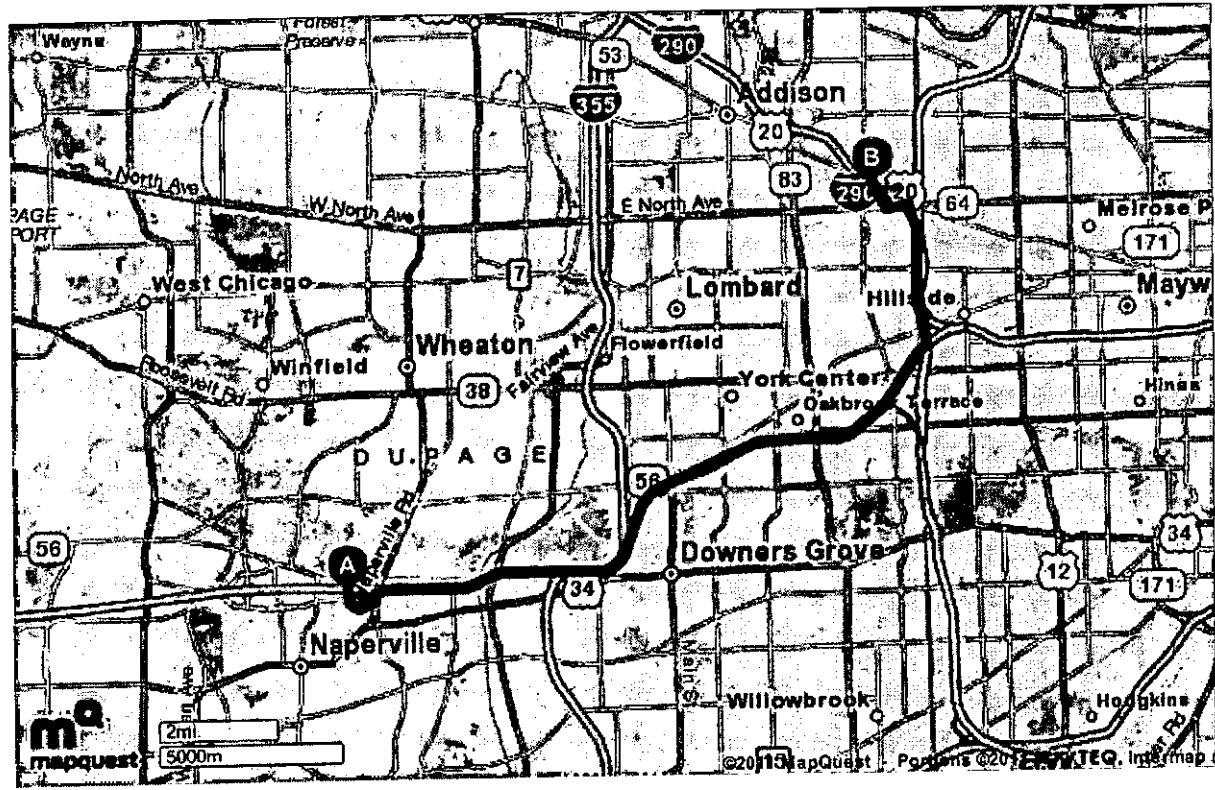


**200 E Lake St**  
Elmhurst, IL 60126-2013

17.3 mi

17.3 mi

Total Travel Estimate: 17.33 miles - about 25 minutes



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ELMHURST EXTENDED CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
200 EAST LAKE STREET		Aggressive/Anti-Social	1	DIAGNOSIS	
ELMHURST, IL. 60128		Chronic Alcoholism	1	Neoplasms	1
Reference Numbers	Facility ID 6002828	Developmentally Disabled	1	Endocrine/Metabolic	6
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	1
John Massard		Medicare Recipient	0	Alzheimer Disease	4
Contact Person and Telephone		Mental Illness	1	Mental Illness	0
KAREN MOOREFIELD		Non-Ambulatory	0	Developmental Disability	0
630-516-5000		Non-Mobile	0	Circulatory System	22
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	8
Keith Goldberg, Attorney at Law	5/4/2010	Under 65 Years Old	0	Digestive System	2
1701 E. Lake Ave. #255		Unable to Self-Medicate	0	Genitourinary System Disorders	3
Glenview, IL 60025		Ventilator Dependent	1	Skin Disorders	0
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3
FOR-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	2
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	16
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	1
				TOTALS	71
				Total Residents Diagnosed as Mentally Ill	23

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	112	108	87	104	71	41	39	39	79	
Skilled Under 22	0	0	0	0	0	0	0	0	255	
Intermediate DD	0	0	0	0	0	0	0	0	263	
Sheltered Care	0	0	0	0	0	0	0	0	71	
TOTAL BEDS	112	108	87	104	71	41	39	39	Identified Offenders	0

FACILITY UTILIZATION - 2009												
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up	Occ. Pct.
Nursing Care	6101	42.9%	4340	30.5%	0	571	16382	0	27394	67.0%	69.5%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	6101	42.9%	4340	30.5%	0	571	16382	0	27394	67.0%	69.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	0	0	0	0	0	0	0	0	0	0	0	
60 to 64	0	0	0	0	0	0	0	0	0	0	0	
65 to 74	0	2	0	0	0	0	0	0	0	2	2	
75 to 84	4	17	0	0	0	0	0	0	4	17	21	
85+	7	41	0	0	0	0	0	0	7	41	48	
TOTALS	11	60	0	0	0	0	0	0	11	60	71	

**ELMHURST EXTENDED CARE CENTER**

200 EAST LAKE STREET  
ELMHURST, IL. 60126

Reference Numbers Facility ID 6002828

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	17	10	0	0	44	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>17</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>44</b>	<b>0</b>	<b>71</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

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

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.00
Certified Aides	38.00
Other Health Staff	5.00
Non-Health Staff	25.00
<b>Totals</b>	<b>88.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.7%	9.9%	0.0%	2.2%	52.2%	100.0%		0.0%
2,068,529	571,734	0	127,108	3,022,603	5,789,974	0	














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



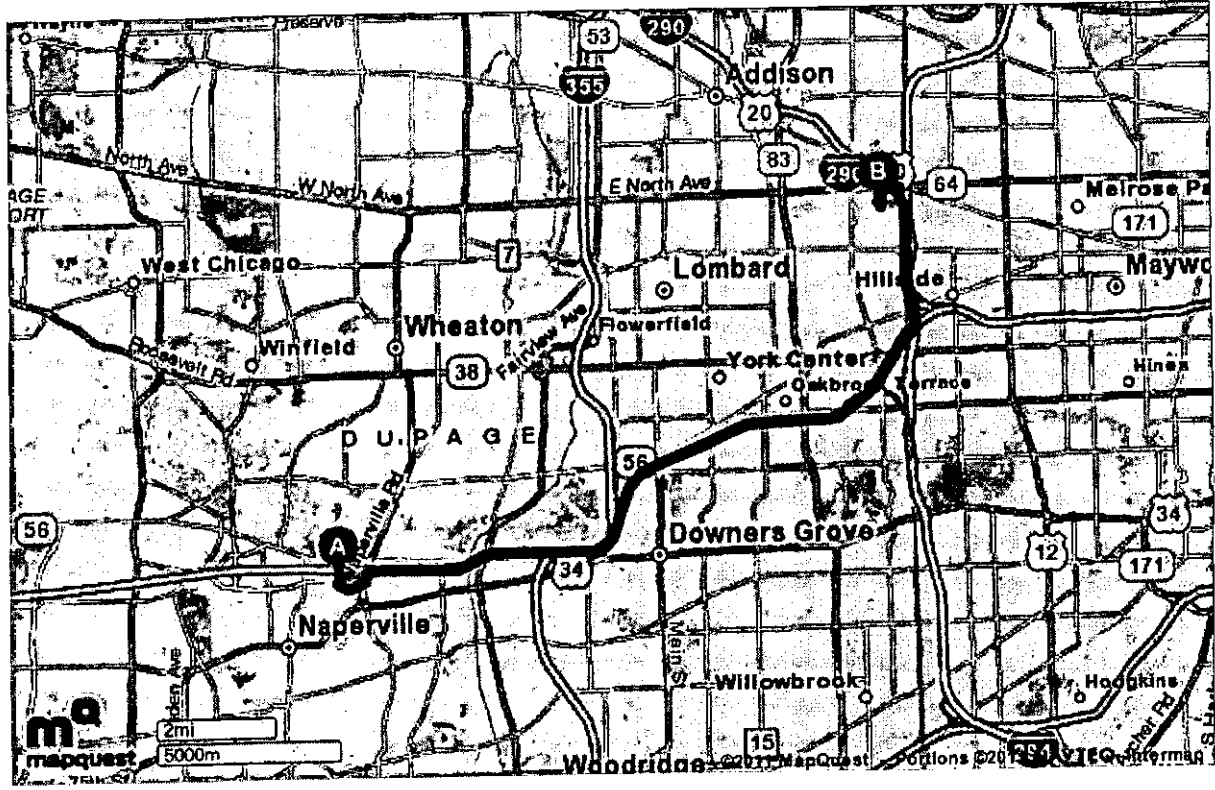
**Trip to:**  
 200 N Berteau Ave  
 Elmhurst, IL 60126-2966  
**17.03 miles**  
**24 minutes**

Notes

Elmhurst Memorial Hospital

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
 	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 12.1 MI	12.9 mi
 	5. Merge onto I-290 W / EISENHOWER EXPY W toward US-20 / ROCKFORD / IL-64.	Go 3.4 MI	16.3 mi
 	6. Merge onto E NORTH AVE / IL-64 W via EXIT 13B.	Go 0.5 MI	16.7 mi
	7. Turn SLIGHT LEFT onto N BERTEAU AVE. <i>N BERTEAU AVE is just past E BERTEAU AVE</i>	Go 0.3 MI	17.0 mi
	8. 200 N BERTEAU AVE is on the RIGHT. <i>Your destination is just past MAXSON DR</i> <i>If you reach E SCHILLER ST you've gone a little too far</i>		17.0 mi
	<b>200 N Berteau Ave</b> Elmhurst, IL 60126-2966	17.0 mi	17.0 mi

Total Travel Estimate: 17.03 miles - about 24 minutes



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ELMHURST MEMORIAL HOSPITAL		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
200 BERTEAU AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS	
ELMHURST, IL. 60126		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers	Facility ID 6014310	Developmentally Disabled	1	Endocrine/Metabolic	1
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0
Peggy Nelson		Medicare Recipient	0	Alzheimer Disease	0
Contact Person and Telephone		Mental Illness	1	Mental Illness	0
SUZANNE MORENCY		Non-Ambulatory	1	Developmental Disability	0
830-833-1400 x44719		Non-Mobile	0	Circulatory System	8
Registered Agent Information	Date Completed 6/22/2010	Public Aid Recipient	0	Respiratory System	3
		Under 65 Years Old	0	Digestive System	4
		Unable to Self-Medicat	0	Genitourinary System Disorders	1
		Ventilator Dependent	1	Skin Disorders	0
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	15
		Other Restrictions	0	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	0
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
OTHER NON-PROFIT	No			TOTALS	32
CONTINUING CARE COMMUNITY	No			Total Residents Diagnosed as Mentally Ill	0
LIFE CARE FACILITY	No				

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	38	38	38	38	32	6	38	36	Total Admissions 2009	857
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	858
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	32
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	38	38	38	38	32	6	38	38		

FACILITY UTILIZATION - 2009												
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11257	81.2%	138	1.0%	0	1430	4	0	12829	92.5%	92.5%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	11257	81.2%	138	1.0%	0	1430	4	0	12829	92.5%	92.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	0	0	0	0	0	0	0	0	0	0	0	
60 to 84	0	1	0	0	0	0	0	0	0	1	1	
65 to 74	1	1	0	0	0	0	0	0	1	1	2	
75 to 84	6	8	0	0	0	0	0	0	8	8	14	
85+	5	10	0	0	0	0	0	0	5	10	15	
TOTALS	12	20	0	0	0	0	0	0	12	20	32	

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development



**ELMHURST MEMORIAL HOSPITAL**

200 BERTEAU AVENUE  
ELMHURST, IL. 60126

Reference Numbers Facility ID 6014310  
Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	31	0	0	1	0	0	32
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>32</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	1179	1179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>32</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>32</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	2.00
Certified Aides	15.00
Other Health Staff	2.00
Non-Health Staff	4.00
<b>Totals</b>	<b>42.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
100.0%	0.0%	0.0%	0.0%	0.0%	100.0%		0.0%
1	0	0	0	0	1	0	

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



**Trip to:**  
 6801 High Grove Blvd  
 Burr Ridge, IL 60527-7585  
**14.89 miles**  
**25 minutes**

Notes

Emeritus at Burr Ridge

	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>	
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi	
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi	
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi	
		4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 3.2 Mi	4.0 mi
		5. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY toward JOLIET (Portions toll).	Go 4.2 Mi	8.2 mi
	6. Take the 75TH ST exit.	Go 0.4 Mi	8.7 mi	
	7. Turn LEFT onto 75TH ST / CR-33 E. Continue to follow 75TH ST. <i>If you reach I-355 S you've gone about 0.3 miles too far</i>	Go 4.7 Mi	13.4 mi	
		8. Turn LEFT onto KINGERY HWY / IL-83 N. <i>KINGERY HWY is just past ARLENE AVE</i>	Go 0.6 Mi	14.0 mi
	9. Turn RIGHT onto PLAINFIELD RD / CR-31. <i>PLAINFIELD RD is 0.2 miles past 72ND CT</i>	Go 0.8 Mi	14.8 mi	
	10. Take the 3rd RIGHT onto HIGH GROVE BLVD. <i>If you reach RODGERS DR you've gone about 0.1 miles too far</i>	Go 0.08 Mi	14.9 mi	
	11. 6801 HIGH GROVE BLVD is on the LEFT. <i>If you reach INTERNATIONAL ST you've gone a little too far</i>		14.9 mi	

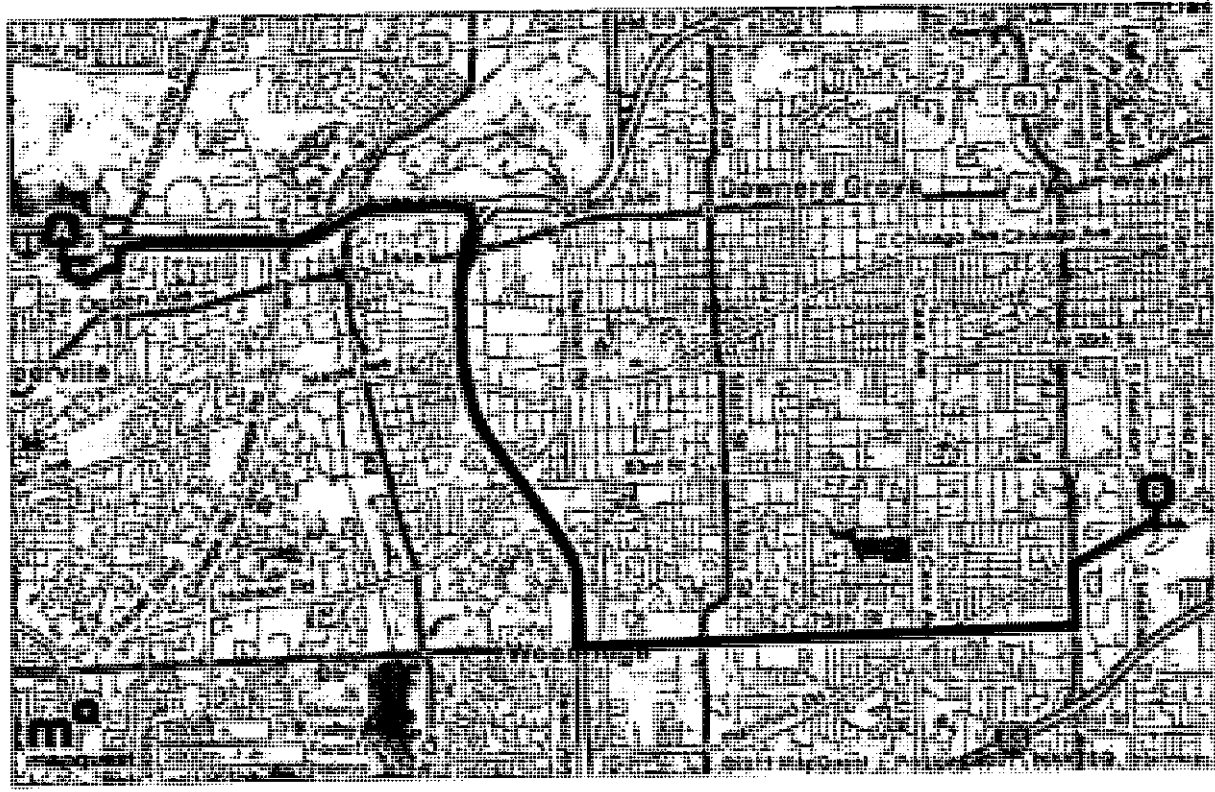


**6801 High Grove Blvd**  
Burr Ridge, IL 60527-7585

14.9 mi

14.9 mi

**Total Travel Estimate: 14.89 miles - about 25 minutes**



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BRIGHTON GARDENS-BURR RIDGE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
6801 HIGHGROVE BOULEVARD		Aggressive/Anti-Social 1		DIAGNOSIS	
BURR RIDGE, IL. 60527		Chronic Alcoholism 0		Neoplasms 11	
Reference Numbers Facility ID 8016216		Developmentally Disabled 1		Endocrine/Metabolic 7	
Health Service Area 007 Planning Service Area 703		Drug Addiction 1		Blood Disorders 2	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 0	
Carole Considine		Medicare Recipient 0		Alzheimer Disease 0	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
CAROLE CONSIDINE		Non-Ambulatory 0		Developmental Disability 0	
630-920-2900		Non-Mobile 0		Circulatory System 48	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 10	
CT Corporation		Under 65 Years Old 0		Digestive System 4	
208 S. LaSalle St. Suite 814		Unable to Self-Medicare 0		Genitourinary System Disorders 1	
Chicago, IL 60604		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 11	
FOR-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY		No Restrictions 0		Other Medical Conditions 20	
LIFE CARE FACILITY		No		Non-Medical Conditions 0	
		No		TOTALS 114	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	30	30	30	30	23	7	4	4	Total Admissions 2009	331
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	341
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	114
Sheltered Care	120	102	95	102	91	29			Identified Offenders	0
TOTAL BEDS	150	132	125	132	114	36	4	4		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7368	504.5%	0	0.0%	0	11	2181	0	9558	67.3%	87.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	34363	0	34363	78.5%	92.3%
TOTALS	7368	504.5%	0	0.0%	0	11	38544	0	43921	80.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 84	0	0	0	0	0	0	0	0	0	0	0
85 to 74	2	1	0	0	0	0	0	2	2	3	5
75 to 84	0	2	0	0	0	0	5	35	5	37	42
85+	4	14	0	0	0	0	9	40	13	54	67
TOTALS	8	17	0	0	0	0	14	77	20	94	114

**BRIGHTON GARDENS-BURR RIDGE**6801 HIGHGROVE BOULEVARD  
BURR RIDGE, IL. 60527

Reference Numbers Facility ID 6016216

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	19	0	0	0	0	4	0	23
Skilled Under 22	0	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0	0
Sheltered Care			0	0	0	91	0	91
<b>TOTALS</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>95</b>	<b>0</b>	<b>114</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	237
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	135	99

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	23	0	0	91	114
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>91</b>	<b>114</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	1	1
Non-Hispanic	23	0	0	90	113
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>91</b>	<b>114</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	7.00
Certified Aides	38.00
Other Health Staff	40.00
Non-Health Staff	27.00
<b>Totals</b>	<b>126.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
75.9%	0.0%	0.0%	5.6%	18.5%	100.0%		0.0%
3,485,890	0	0	256,958	847,158	4,590,006	0	

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

# mapquest m<sup>q</sup>

**Trip to:**















250 Village Drive  
Downers Grove, IL 60516

10.18 miles

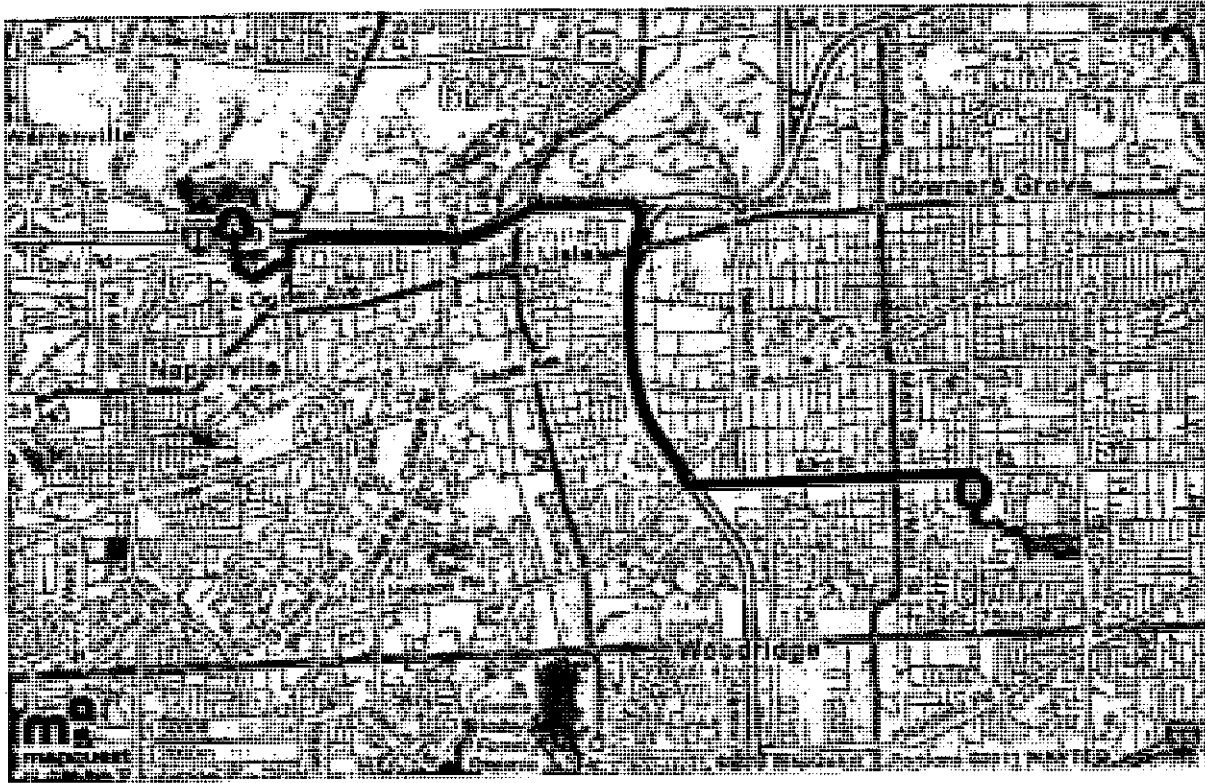
19 minutes

Notes

Fairview Baptist Home

		Miles Per Section	Miles Driven
	<p><b>[1800-1899] Abriter Ct</b> Naperville, IL 60563</p>		
	<p>1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.</p>	Go 0.08 Mi	0.08 mi
	<p>2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i></p>	Go 0.6 MI	0.7 mi
	<p>3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i></p>	Go 0.2 MI	0.8 mi
 	<p>4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).</p>	Go 3.2 MI	4.0 mi
 	<p>5. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY toward JOLIET (Portions toll).</p>	Go 2.7 MI	6.7 mi
	<p>6. Take the 63RD ST / HOBSON RD exit.</p>	Go 0.3 MI	7.0 mi
	<p>7. Take the ramp toward DOWNERS GROVE.</p>	Go 0.04 MI	7.0 mi
	<p>8. Turn LEFT onto 63RD ST / HOBSON RD / CR-38 E. Continue to follow 63RD ST / CR-38 E. <i>If you reach I-355 S you've gone about 0.3 miles too far</i></p>	Go 2.7 MI	9.7 mi
	<p>9. Turn RIGHT onto FAIRVIEW AVE. <i>FAIRVIEW AVE is 0.1 miles past GRAND AVE</i></p>	Go 0.5 MI	10.2 mi
	<p>10. 250 VILLAGE DRIVE. <i>Your destination is just past 66TH ST</i> <i>If you reach SWEETBRIAR LN you've gone a little too far</i></p>		10.2 mi
	<p><b>250 Village Drive</b> Downers Grove, IL 60516</p>	10.2 mi	10.2 mi

**Total Travel Estimate: 10.18 miles - about 19 minutes**



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FAIRVIEW BAPTIST HOME		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
250 VILLAGE DRIVE		Aggressive/Anti-Social 1		DIAGNOSIS	
DOWNERS GROVE, IL. 60516		Chronic Alcoholism 1		Neoplasms 13	
Reference Numbers Facility ID 6003032		Developmentally Disabled 1		Endocrine/Metabolic 14	
Health Service Area 007 Planning Service Area 703		Drug Addiction 1		Blood Disorders 1	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 7	
Gerrienne Hartman		Medicare Recipient 0		Alzheimer Disease 22	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
Janis Engelsman		Non-Ambulatory 0		Developmental Disability 0	
630-769- 6041		Non-Mobile 0		Circulatory System 16	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 8	
Richard W. Olson		Under 65 Years Old 0		Digestive System 2	
210 Village Drive		Unable to Self-Medicate 0		Genitourinary System Disorders 1	
Downers Grove, IL 60516		Ventilator Dependent 1		Skin Disorders 2	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 12	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY		No Restrictions 0		Other Medical Conditions 35	
LIFE CARE FACILITY		Note: Reported restrictions denoted by '1'		Non-Medical Conditions 0	
Yes				TOTALS 133	
Yes				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	160	143	106	123	84	76	39	0	142	Total Admissions 2009 593
Skilled Under 22	0	0	0	0	0	0	0	0	602	Total Discharges 2009 602
Intermediate DD	0	0	0	0	0	0	0	0	133	Residents on 12/31/2009 133
Sheltered Care	72	67	62	62	49	23			0	Identified Offenders 0
<b>TOTAL BEDS</b>	<b>232</b>	<b>210</b>	<b>168</b>	<b>185</b>	<b>133</b>	<b>99</b>	<b>39</b>	<b>0</b>		

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10895	75.1%	0	0.0%	0	1028	18833	911	31467	53.9%	60.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	18911	730	19641	74.7%	80.3%
<b>TOTALS</b>	<b>10895</b>	<b>75.1%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>1028</b>	<b>37744</b>	<b>1641</b>	<b>51108</b>	<b>60.4%</b>	<b>66.7%</b>

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	4	0	0	0	0	0	1	2	5	7
75 to 84	9	13	0	0	0	0	1	6	10	19	29
85+	14	41	0	0	0	0	7	34	21	75	96
<b>TOTALS</b>	<b>25</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>41</b>	<b>33</b>	<b>100</b>	<b>133</b>

**FAIRVIEW BAPTIST HOME**  
 250 VILLAGE DRIVE  
 DOWNERS GROVE, IL. 60516

Reference Numbers Facility ID 6003032  
 Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Other					Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance	Private Pay		
Nursing Care	25	0	0	3	55	1	84
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	47	2	49
<b>TOTALS</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>102</b>	<b>3</b>	<b>133</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	309	248
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	147	147

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	80	0	0	49	129
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>49</b>	<b>133</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	49	133
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>49</b>	<b>133</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.00
LPN's	13.00
Certified Aides	49.00
Other Health Staff	7.00
Non-Health Staff	94.00
<b>Totals</b>	<b>198.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.2%	0.0%	0.0%	3.7%	57.2%	100.0%		2.1%
5,414,173	0	0	508,832	7,901,672	13,824,677	297,079	



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

# mapquest m<sup>q</sup>

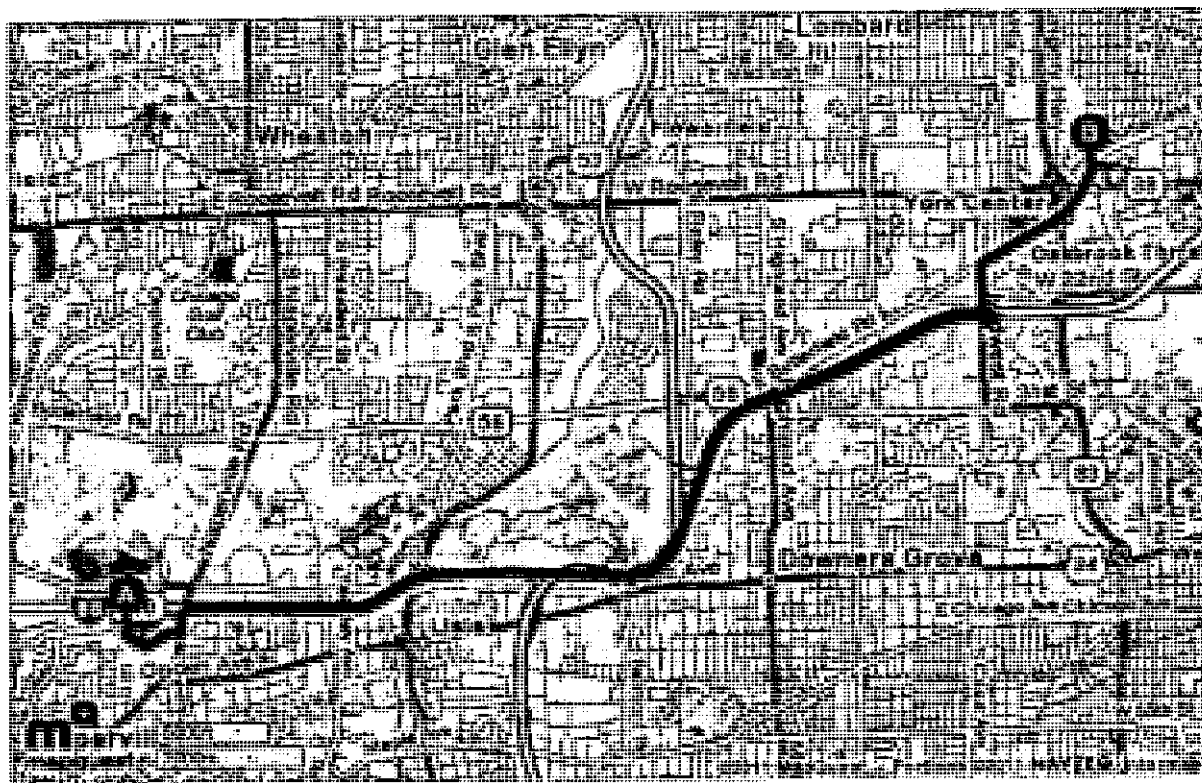
**Trip to:**  
 420 W Butterfield Rd  
 Elmhurst, IL 60126-4980  
**11.80 miles**  
**19 minutes**

**Notes**

Lexington of Elmhurst

	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
↩	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
↩	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
⬆	 4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 8.8 Mi	9.6 mi
EXIT	5. Take the MIDWEST RD exit.	Go 0.2 Mi	9.8 mi
Y	6. Keep RIGHT at the fork to go on MIDWEST RD / CR-15.	Go 0.6 Mi	10.4 mi
➔	 7. Take the 2nd RIGHT onto BUTTERFIELD RD / IL-56. <i>If you are on SUMMIT AVE and reach SOUTHLANE DR you've gone a little too far</i>	Go 1.4 Mi	11.8 mi
■	8. 420 W BUTTERFIELD RD is on the RIGHT. <i>Your destination is just past COMMONWEALTH LN</i> <i>If you reach S SPRING RD you've gone about 0.2 miles too far</i>	11.8 mi	11.8 mi
B	<b>420 W Butterfield Rd</b> Elmhurst, IL 60126-4980	11.8 mi	11.8 mi

**Total Travel Estimate: 11.80 miles - about 19 minutes**



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LEXINGTON HEALTH CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
420 WEST BUTTERFIELD ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
ELMHURST, IL. 60126		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers	Facility ID 6013098	Developmentally Disabled	1	Endocrine/Metabolic	3
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	1
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7
T'Kira Siler		Medicare Recipient	0	Alzheimer Disease	6
Contact Person and Telephone		Mental Illness	1	Mental Illness	2
Bridgett Rummel		Non-Ambulatory	0	Developmental Disability	1
630-458-4635		Non-Mobile	0	Circulatory System	15
Registered Agent Information	Date Completed 4/27/2010	Public Aid Recipient	0	Respiratory System	4
		Under 65 Years Old	0	Digestive System	2
		Unable to Self-Medicare	0	Genitourinary System Disorders	2
		Ventilator Dependent	1	Skin Disorders	1
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	22
		Other Restrictions	0	Injuries and Poisonings	2
		No Restrictions	0	Other Medical Conditions	58
		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
FACILITY OWNERSHIP				TOTALS	126
FOR-PROF CORPORATION				Total Residents Diagnosed as Mentally Ill	2
CONTINUING CARE COMMUNITY	No				
LIFE CARE FACILITY	Yes				

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	145	145	133	145	126	19	145	145	Total Admissions 2009	268
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	269
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	126
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	4
TOTAL BEDS	145	145	133	145	126	19	145	145		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10583	20.0%	21500	40.6%	0	8986	4990	0	46059	87.0%	87.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	10583	20.0%	21500	40.6%	0	8986	4990	0	46059	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
85 to 74	1	9	0	0	0	0	0	0	1	9	10
75 to 84	8	28	0	0	0	0	0	0	8	28	36
85+	6	72	0	0	0	0	0	0	6	72	78
TOTALS	15	111	0	0	0	0	0	0	15	111	126

**LEXINGTON HEALTH CARE CENTER**

420 WEST BUTTERFIELD ROAD

ELMHURST, IL. 60126

Reference Numbers Facility ID 6013098

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	33	59	0	0	34	0	126	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
<b>TOTALS</b>	<b>33</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>34</b>	<b>0</b>	<b>126</b>	

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	298	250
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	13	0	0	0	13
<b>Total</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>126</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	13	0	0	0	13
<b>Total</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>126</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	11.00
Certified Aides	43.00
Other Health Staff	5.00
Non-Health Staff	48.00
<b>Totals</b>	<b>124.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.9%	9.9%	0.0%	2.1%	40.1%	100.0%		0.0%
5,584,515	1,149,600	0	249,677	4,677,333	11,661,125	0	

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

**FACILITY NOTES**















07-014 2/12/2009 Permit to add 85 Nursing Care beds abandoned.

# mapquest m<sup>q</sup>

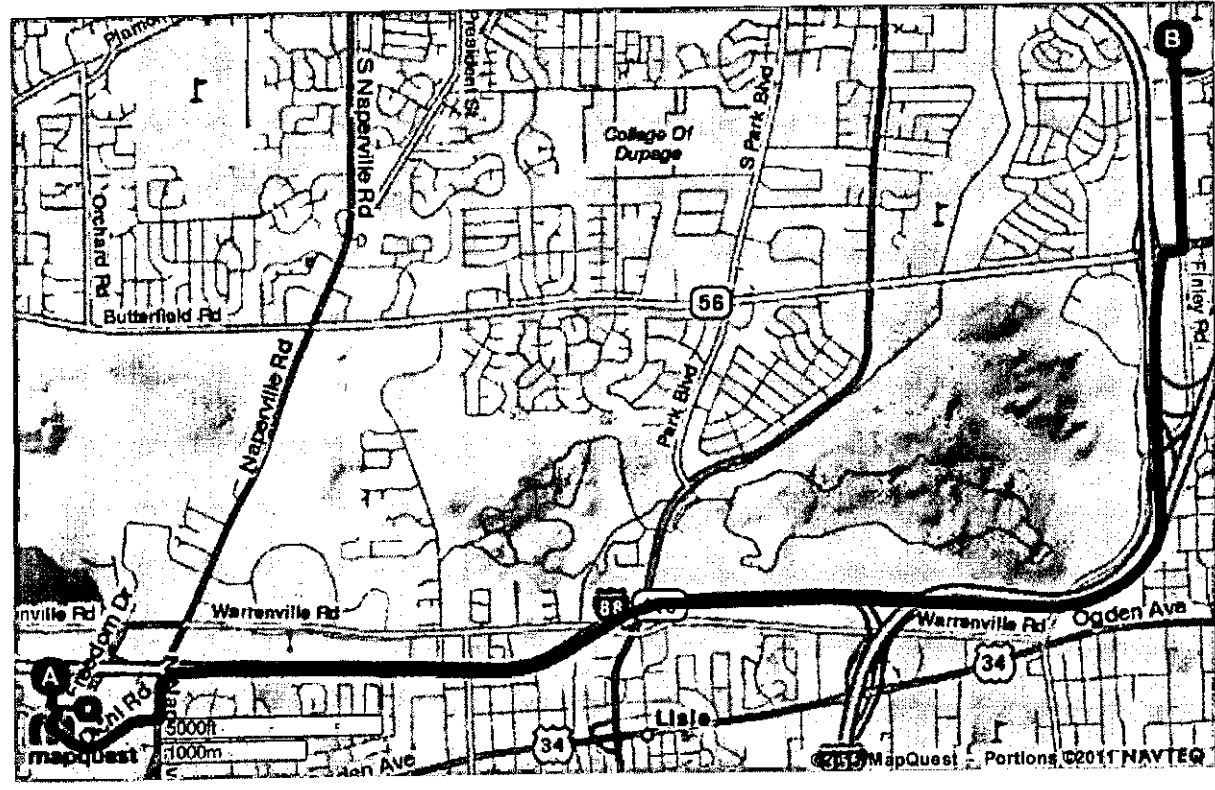
**Trip to:**  
 2100 S Finley Rd  
 Lombard, IL 60148-4830  
**8.21 miles**  
**14 minutes**

**Notes**

Lexington Health Care Center - Lombard

	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>	
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 MI</b>	0.08 mi	
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 MI</b>	0.7 mi	
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 MI</b>	0.8 mi	
		4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 4.6 MI</b>	5.4 mi
		5. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY toward NORTHWEST SUBURBS (Portions toll).	<b>Go 1.1 MI</b>	6.5 mi
	6. Take the IL-56 / BUTTERFIELD RD exit.	<b>Go 0.6 MI</b>	7.1 mi	
		7. Merge onto IL-56 E / BUTTERFIELD RD toward OAK BROOK.	<b>Go 0.2 MI</b>	7.2 mi
	8. Turn LEFT onto FINLEY RD / CR-2. Continue to follow FINLEY RD. <i>If you are on BUTTERFIELD RD and reach DOWNERS DR you've gone about 0.2 miles too far</i>	<b>Go 0.9 MI</b>	8.1 mi	
	9. Make a U-TURN onto S FINLEY RD. <i>If you reach OAK CREEK DR you've gone about 0.2 miles too far</i>	<b>Go 0.10 MI</b>	8.2 mi	
	10. 2100 S FINLEY RD is on the RIGHT. <i>If you reach W 22ND ST you've gone a little too far</i>		8.2 mi	
	<b>2100 S Finley Rd Lombard, IL 60148-4830</b>	<b>8.2 mi</b>	<b>8.2 mi</b>	

Total Travel Estimate: 8.21 miles - about 14 minutes



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LEXINGTON HEALTH CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2100 SOUTH FINLEY ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
LOMBARD, IL. 60148		Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID 6005318	Developmentally Disabled	1	Endocrine/Metabolic	3	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	2	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	8	
Quinn Corcoran		Medicare Recipient	0	Alzheimer Disease	4	
Contact Person and Telephone		Mental Illness	1	Mental Illness	3	
Bridgett Rummel		Non-Ambulatory	0	Developmental Disability	0	
630-458-4835		Non-Mobile	0	Circulatory System	22	
Registered Agent Information	Date Completed 4/22/2010	Public Aid Recipient	0	Respiratory System	11	
		Under 65 Years Old	0	Digestive System	7	
		Unable to Self-Medicare	0	Genitourinary System Disorders	7	
		Ventilator Dependent	1	Skin Disorders	1	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	19	
		Other Restrictions	0	Injuries and Poisonings	7	
		No Restrictions	0	Other Medical Conditions	94	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	186
FOR-PROF CORPORATION						
CONTINUING CARE COMMUNITY	No					
LIFE CARE FACILITY	Yes			Total Residents Diagnosed as Mentally Ill	3	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	224	224	198	224	186	38	224	224	Total Admissions 2009	418
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	423
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	186
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	224	224	198	224	186	38	224	224		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	13535	16.6%	34712	42.5%	0	10306	9134	0	87687	82.8%	82.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	13535	16.8%	34712	42.5%	0	10306	9134	0	67687	82.8%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	1	0	0	0	0	0	0	0	1	0	1	
60 to 64	2	0	0	0	0	0	0	0	2	0	2	
65 to 74	9	13	0	0	0	0	0	0	9	13	22	
75 to 84	10	38	0	0	0	0	0	0	10	38	48	
85+	19	94	0	0	0	0	0	0	19	94	113	
TOTALS	41	145	0	0	0	0	0	0	41	145	188	

**LEXINGTON HEALTH CARE CENTER**

2100 SOUTH FINLEY ROAD  
LOMBARD, IL. 60148

Reference Numbers Facility ID 6005318  
Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	45	100	0	5	36	0	186
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>45</b>	<b>100</b>	<b>0</b>	<b>5</b>	<b>36</b>	<b>0</b>	<b>186</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	294	230
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	1	0	0	0	1
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>186</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>186</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>166</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>166</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	7.00
Certified Aides	65.00
Other Health Staff	5.00
Non-Health Staff	69.00
<b>Totals</b>	<b>172.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.3%	28.3%	0.0%	4.3%	25.1%	100.0%	0	0.0%
6,825,586	4,571,540	0	665,611	4,046,045	16,128,782		

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



**Trip to:**

165 S Bloomingdale Rd  
 Bloomingdale, IL 60108-1434

**17.75 miles**

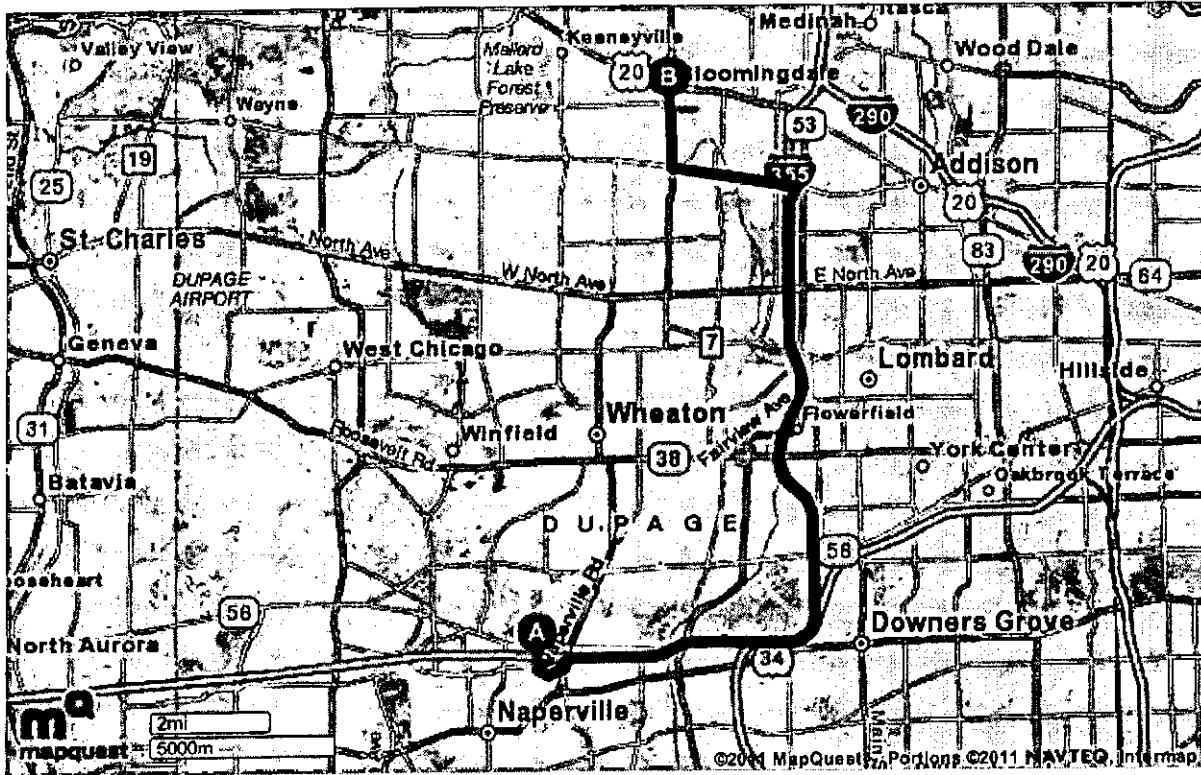
**26 minutes**

Notes

Lexington Health Care Center - Bloomingdale

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 4.6 Mi	5.4 mi
	5. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY toward NORTHWEST SUBURBS (Portions toll).	Go 8.6 Mi	14.0 mi
	6. Take the ARMY TRAIL RD exit.	Go 0.4 Mi	14.4 mi
	7. Turn LEFT onto ARMY TRAIL RD / CR-11 W.	Go 2.4 Mi	16.7 mi
	8. Turn RIGHT onto BLOOMINGDALE RD. <i>BLOOMINGDALE RD is 0.2 miles past GEORGE BELL DR</i>	Go 1.0 Mi	17.8 mi
	9. 165 S BLOOMINGDALE RD is on the RIGHT. <i>Your destination is 0.2 miles past FAIRFIELD WAY If you reach W SCHICK RD you've gone about 0.1 miles too far</i>		17.8 mi
	<b>165 S Bloomingdale Rd</b> Bloomingdale, IL 60108-1434	17.8 mi	17.8 mi

Total Travel Estimate: 17.75 miles - about 26 minutes



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LEXINGTON HEALTH CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
165 SOUTH BLOOMINGDALE ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
BLOOMINGDALE, IL. 60108		Chronic Alcoholism	1	Neoplasms	1	
Reference Numbers	Facility ID 6011993	Developmentally Disabled	1	Endocrine/Metabolic	6	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	3	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	8	
Larry Putz		Medicare Recipient	0	Alzheimer Disease	6	
Contact Person and Telephone		Mental Illness	1	Mental Illness	6	
Bridgett Rummel		Non-Ambulatory	0	Developmental Disability	0	
630-458-4635		Non-Mobile	0	Circulatory System	27	
Registered Agent Information	Date Completed 4/19/2010	Public Aid Recipient	0	Respiratory System	7	
		Under 65 Years Old	0	Digestive System	4	
		Unable to Self-Medicat	0	Genitourinary System Disorders	6	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	15	
		Other Restrictions	0	Injuries and Poisonings	4	
		No Restrictions	0	Other Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	54
FOR-PROF CORPORATION				TOTALS	149	
CONTINUING CARE COMMUNITY	No			Total Residents Diagnosed as Mentally Ill	6	
LIFE CARE FACILITY	No					

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	166	166	155	166	149	17	166	166	Total Admissions 2009	144
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	221
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	216
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	149
TOTAL BEDS	166	166	155	166	149	17	166	166		0

FACILITY UTILIZATION - 2009													
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE													
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance		Private Pay		Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days	Pat. days				
Nursing Care	6013	13.2%	32933	54.4%	0	3910	6749	0	51605	85.2%	85.2%		
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%		
TOTALS	8013	13.2%	32933	54.4%	0	3910	6749	0	51605	85.2%	85.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	2	1	0	0	0	0	0	0	2	1	3	
60 to 64	4	5	0	0	0	0	0	0	4	5	9	
65 to 74	6	5	0	0	0	0	0	0	6	5	11	
75 to 84	11	42	0	0	0	0	0	0	11	42	53	
85+	16	57	0	0	0	0	0	0	16	57	73	
TOTALS	39	110	0	0	0	0	0	0	39	110	149	

## LEXINGTON HEALTH CARE CENTER

165 SOUTH BLOOMINGDALE ROAD

BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011993

Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	32	92	0	5	20	0	149	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
<b>TOTALS</b>	<b>32</b>	<b>92</b>	<b>0</b>	<b>5</b>	<b>20</b>	<b>0</b>	<b>149</b>	

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	222
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	23	0	0	0	23
<b>Total</b>	<b>149</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>149</b>
ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	23	0	0	0	23
<b>Total</b>	<b>149</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>149</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	8.00
Certified Aides	55.00
Other Health Staff	5.00
Non-Health Staff	56.00
<b>Totals</b>	<b>139.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.8%	40.9%	0.0%	2.8%	12.5%	100.0%		0.0%
4,683,395	4,367,398	0	299,222	1,338,434	10,688,449	0	







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



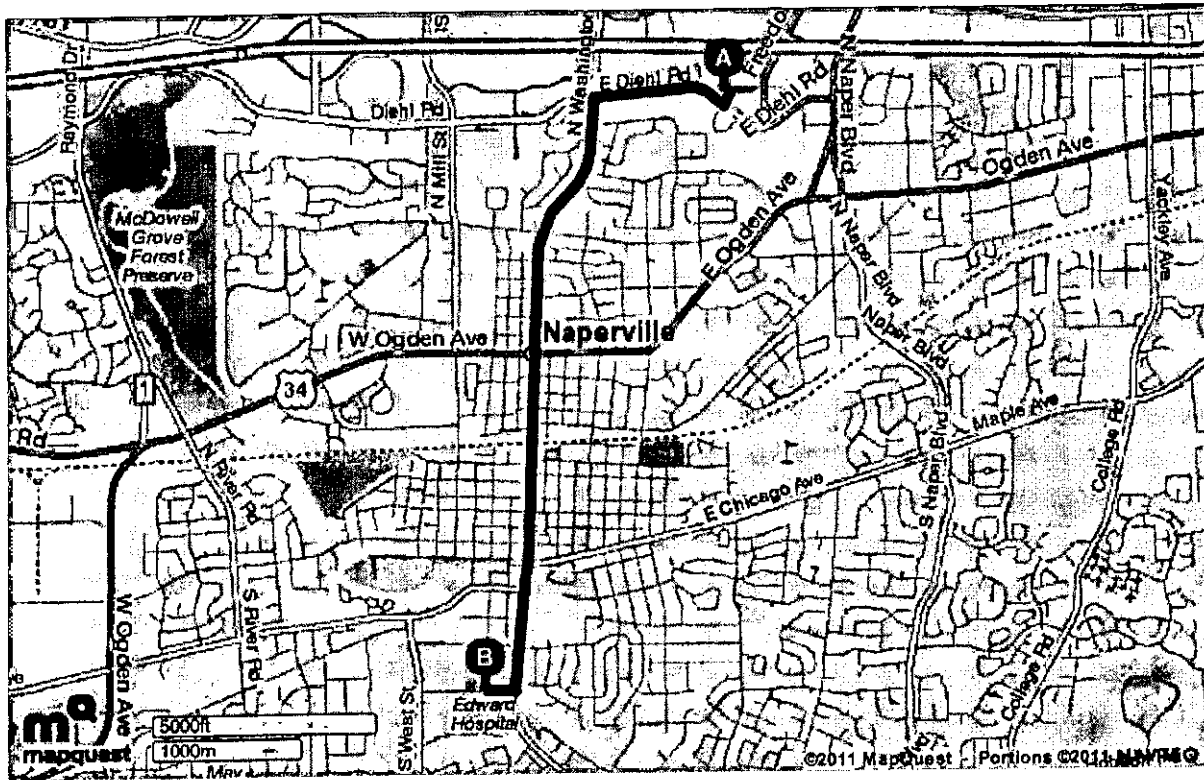
**Trip to:**  
 200 Martin Ave  
 Naperville, IL 60540-6516  
**3.69 miles**  
**10 minutes**

Notes

Manorcare of Naperville

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N WASHINGTON ST. <i>If you reach KETTEN DR you've gone about 0.2 miles too far</i>	Go 2.8 MI	3.6 mi
	4. Turn RIGHT onto MARTIN AVE. <i>MARTIN AVE is 0.1 miles past WHILLSIDE RD</i>	Go 0.1 MI	3.7 mi
	5. 200 MARTIN AVE is on the LEFT. <i>If you reach BROM DR you've gone a little too far</i>		3.7 mi
	200 Martin Ave Naperville, IL 60540-6516	3.7 mi	3.7 mi

Total Travel Estimate: 3.69 miles - about 10 minutes



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MANOR CARE - NAPERVILLE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
200 WEST MARTIN AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS		
NAPERVILLE, IL. 60540		Chronic Alcoholism	1	Neoplasms	8	
Reference Numbers	Facility ID 6000251	Developmentally Disabled	1	Endocrine/Metabolic	1	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	2	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	12	
Anshu Raina, LNHA		Medicare Recipient	0	Alzheimer Disease	0	
Contact Person and Telephone		Mental Illness	0	Mental Illness	0	
Larry Doenitz		Non-Ambulatory	0	Developmental Disability	0	
800-427-1902		Non-Mobile	0	Circulatory System	6	
Registered Agent Information	Date Completed 5/7/2010	Public Aid Recipient	0	Respiratory System	5	
CT Systems		Under 65 Years Old	0	Digestive System	0	
208 South LaSalle Street		Unable to Self-Medicat	0	Genitourinary System Disorders	1	
Chicago, IL 60604		Ventilator Dependent	1	Skin Disorders	0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	62	
LIMITED LIABILITY CO		Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
				TOTALS	97	
				Total Residents Diagnosed as Mentally Ill	8	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	118	113	113	113	97	21	117	33	102	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0		0	727	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0		0	732	Residents on 12/31/2009
Sheltered Care	0	0	0	0	0	0		0	97	Identified Offenders
TOTAL BEDS	118	113	113	113	97	21	117	33		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17458	40.9%	8786	72.9%	0	5967	4733	0	36944	85.8%	89.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	17458	40.9%	8786	72.9%	0	5967	4733	0	36944	85.8%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	2	0	0	0	0	0	0	0	2	0	2	
45 to 59	2	7	0	0	0	0	0	0	2	7	9	
60 to 64	4	3	0	0	0	0	0	0	4	3	7	
65 to 74	4	10	0	0	0	0	0	0	4	10	14	
75 to 84	13	18	0	0	0	0	0	0	13	18	31	
85+	5	29	0	0	0	0	0	0	5	29	34	
TOTALS	30	67	0	0	0	0	0	0	30	67	97	

## MANOR CARE - NAPERVILLE

200 WEST MARTIN AVENUE

NAPERVILLE, IL. 60540

Reference Numbers Facility ID 6000251

Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	44	25	0	11	17	0	97	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
<b>TOTALS</b>	<b>44</b>	<b>25</b>	<b>0</b>	<b>11</b>	<b>17</b>	<b>0</b>	<b>97</b>	

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	236
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	3	0	0	0	3
<b>Total</b>	<b>97</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>97</b>
ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>97</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>97</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.50
LPN's	4.60
Certified Aides	38.80
Other Health Staff	25.38
Non-Health Staff	34.70
<b>Totals</b>	<b>129.98</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
66.5%	7.6%	0.7%	16.8%	8.3%	100.0%		0.0%
8,878,219	1,020,026	97,650	2,250,196	1,112,213	13,358,304	0	


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



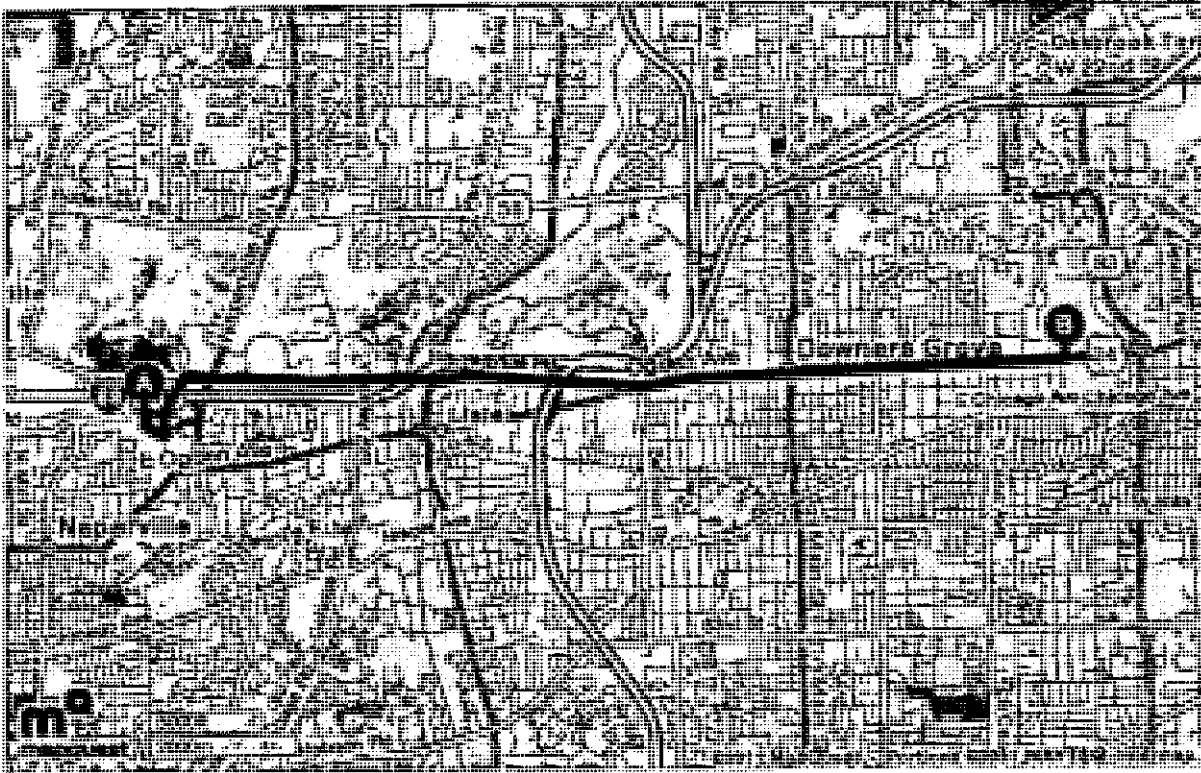
**Trip to:**  
 512 E Ogden Ave  
 Westmont, IL 60559-1228  
**9.35 miles**  
**19 minutes**

Notes

Manorcare of Westmont

A	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
↩	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.2 MI	0.3 mi
↩	3. Turn LEFT onto FREEDOM DR. <i>FREEDOM DR is 0.1 miles past LEGACY CIR</i>	Go 0.6 Mi	0.9 mi
↘	4. Turn RIGHT onto WARRENVILLE RD / CR-3. <i>WARRENVILLE RD is 0.4 miles past INDEPENDANCE AVE</i>	Go 4.4 MI	5.3 mi
↘	5. Turn RIGHT onto FINLEY RD / CR-2.	Go 0.03 Mi	5.3 mi
↩ 	6. Take the 1st LEFT onto OGDEN AVE / US-34 / W OGDEN AVE. Continue to follow OGDEN AVE / US-34. <i>If you are on BELMONT RD and reach ARBOR CIR you've gone a little too far</i>	Go 4.0 Mi	9.4 mi
■	7. 512 E OGDEN AVE is on the RIGHT. <i>Your destination is just past OXFORD AVE If you reach OAKWOOD DR you've gone about 0.1 miles too far</i>		9.4 mi
B	512 E Ogden Ave Westmont, IL 60559-1228	9.4 mi	9.4 mi

**Total Travel Estimate: 9.35 miles - about 19 minutes**



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MANOR CARE OF WESTMONT		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
512 EAST OGDEN AVENUE		Aggressive/Anti-Social 1		DIAGNOSIS	
WESTMONT, IL. 60559		Chronic Alcoholism 0		Neoplasms 3	
Reference Numbers Facility ID 6000335		Developmentally Disabled 0		Endocrine/Metabolic 7	
Health Service Area 007 Planning Service Area 703		Drug Addiction 0		Blood Disorders 1	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 0	
Neil Glein		Medicare Recipient 0		Alzheimer Disease 30	
Contact Person and Telephone		Mental Illness 0		Mental Illness 0	
Neal Glein		Non-Ambulatory 0		Developmental Disability 0	
630-323-4400		Non-Mobile 0		Circulatory System 12	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 14	
Limited Liability Company		Under 65 Years Old 0		Digestive System 6	
		Unable to Self-Medicat 0		Genitourinary System Disorders 4	
		Ventilator Dependent 1		Skin Disorders 6	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 3	
		Other Restrictions 0		Injuries and Poisonings 20	
		No Restrictions 0		Other Medical Conditions 23	
FACILITY OWNERSHIP		Note: Reported restrictions denoted by '1'		Non-Medical Conditions 0	
LIMITED LIABILITY CO				TOTALS 129	
CONTINUING CARE COMMUNITY		No			
LIFE CARE FACILITY		No		Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	155	155	155	155	129	26	155	67	117	Total Admissions 2009 651
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2009 639
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2009 129
Sheltered Care	0	0	0	0	0	0				Identified Offenders 0
<b>TOTAL BEDS</b>	<b>155</b>	<b>155</b>	<b>155</b>	<b>155</b>	<b>129</b>	<b>26</b>	<b>155</b>	<b>67</b>		

FACILITY UTILIZATION - 2009																
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE																
LEVEL OF CARE	Medicare		Medicaid		Other Public		Private Insurance		Private Pay		Charity Care		TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.	
Nursing Care	16020	28.3%	16205	66.3%	217	3611	10540	0	46593	82.4%	82.4%					
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%					
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%					
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%					
<b>TOTALS</b>	<b>16020</b>	<b>28.3%</b>	<b>16205</b>	<b>66.3%</b>	<b>217</b>	<b>3611</b>	<b>10540</b>	<b>0</b>	<b>46593</b>	<b>82.4%</b>	<b>82.4%</b>					

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	2	2	0	0	0	0	0	0	2	2	4	
45 to 59	5	7	0	0	0	0	0	0	5	7	12	
60 to 64	11	12	0	0	0	0	0	0	11	12	23	
65 to 74	8	16	0	0	0	0	0	0	8	16	24	
75 to 84	17	24	0	0	0	0	0	0	17	24	41	
85+	3	22	0	0	0	0	0	0	3	22	25	
<b>TOTALS</b>	<b>46</b>	<b>83</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46</b>	<b>83</b>	<b>129</b>	

**MANOR CARE OF WESTMONT**

512 EAST OGDEN AVENUE  
WESTMONT, IL. 60559

Reference Numbers Facility ID 6000335

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	50	35	0	13	31	0	129
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>50</b>	<b>35</b>	<b>0</b>	<b>13</b>	<b>31</b>	<b>0</b>	<b>129</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	250
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>129</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>129</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	127	0	0	0	127
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>129</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>129</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	15.00
Certified Aides	57.00
Other Health Staff	23.00
Non-Health Staff	71.00
<b>Totals</b>	<b>203.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
56.6%	14.5%	0.2%	11.3%	17.3%	100.0%		0.0%
8,129,408	2,084,120	34,520	1,627,558	2,479,318	14,354,924	0	

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



**Trip to:**  
 600 W Ogden Ave  
 Hinsdale, IL 60521-3158  
**13.79 miles**  
**21 minutes**

Notes

Manorcare of Hinsdale

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 8.8 MI	9.6 mi
	5. Take the MIDWEST RD exit.	Go 0.2 MI	9.8 mi
	6. Keep RIGHT at the fork to go on MIDWEST RD / CR-15.	Go 0.2 MI	10.0 mi
	7. Take the 1st RIGHT onto W 22ND ST / 22ND ST. Continue to follow W 22ND ST. <i>If you are on SUMMIT AVE and reach BUTTERFIELD RD you've gone about 0.3 miles too far</i>	Go 0.8 MI	10.8 mi
	8. Turn RIGHT onto IL-83 S / KINGERY HWY. <i>IL-83 S is 0.2 miles past MACARTHUR DR</i>	Go 2.2 MI	13.0 mi
	9. Take the US-34 ramp.	Go 0.4 MI	13.4 mi
	10. Turn LEFT onto US-34 / OGDEN AVE.	Go 0.4 MI	13.8 mi
	11. 600 W OGDEN AVE is on the RIGHT. <i>Your destination is just past ADAMS RD If you reach N MONROE ST you've gone a little too far</i>		13.8 mi



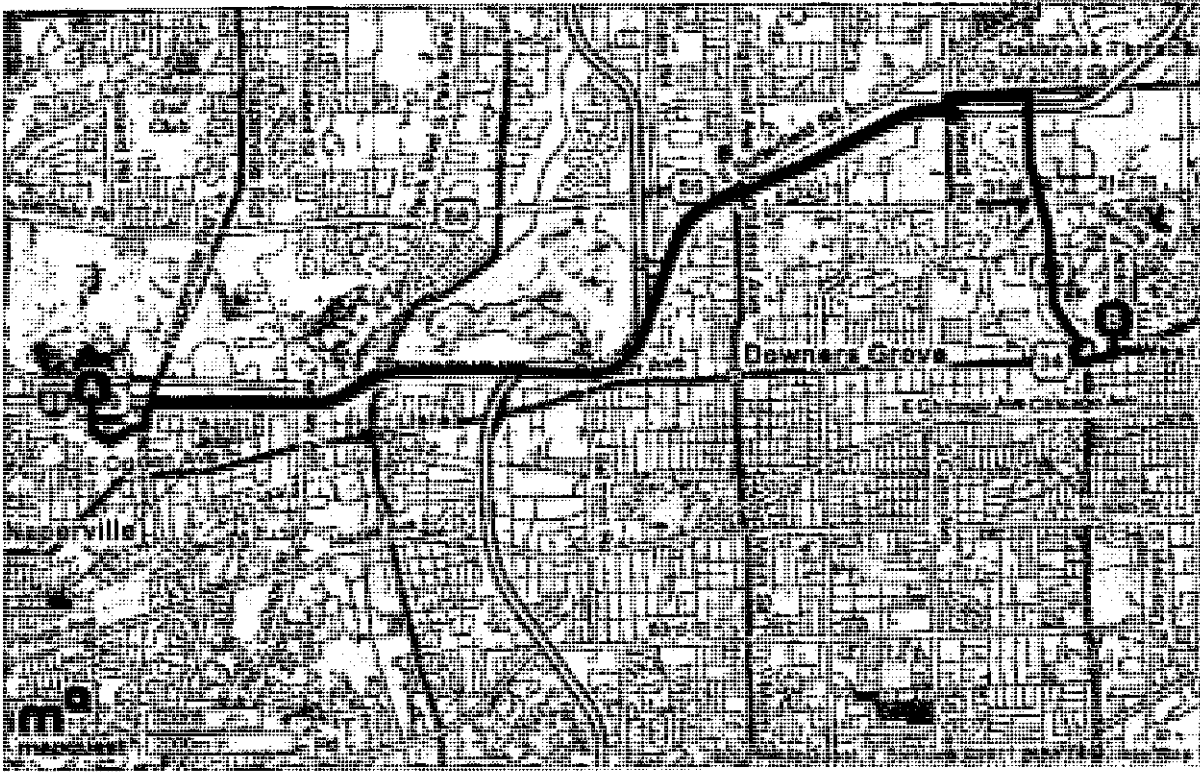
**600 W Ogden Ave**  
Hinsdale, IL 60521-3158

13.8 mi

13.8 mi



**Total Travel Estimate: 13.79 miles - about 21 minutes**



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MANOR CARE OF HINSDALE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
600 WEST OGDEN AVENUE		Aggressive/Anti-Social 0		DIAGNOSIS	
HINSDALE, IL. 60521		Chronic Alcoholism 0		Neoplasms 7	
Reference Numbers	Facility ID 6006332	Developmentally Disabled 0		Endocrine/Metabolic 4	
Health Service Area 007	Planning Service Area 703	Drug Addiction 0		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 11	
Diane Lube		Medicare Recipient 0		Alzheimer Disease 1	
Contact Person and Telephone		Mental Illness 0		Mental Illness 7	
DIANE LUBE		Non-Ambulatory 0		Developmental Disability 0	
630-325-9630		Non-Mobile 0		Circulatory System 29	
Registered Agent Information	Date Completed 5/5/2010	Public Aid Recipient 0		Respiratory System 12	
		Under 65 Years Old 0		Digestive System 5	
		Unable to Self-Medicat 0		Genitourinary System Disorders 7	
		Ventilator Dependent 1		Skin Disorders 4	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 49	
FACILITY OWNERSHIP		Other Restrictions 0		Injuries and Poisonings 32	
LIMITED LIABILITY CO		No Restrictions 0		Other Medical Conditions 0	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
LIFE CARE FACILITY	No			TOTALS 166	
				Total Residents Diagnosed as Mentally Ill 7	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	200	200	200	200	168	32	200	16	166	Total Admissions 2009 1489
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2009 1487
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2009 188
Sheltered Care	0	0	0	0	0	0				Identified Offenders 0
TOTAL BEDS	200	200	200	200	166	32	200	18		

FACILITY UTILIZATION - 2009												
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	36677	50.2%	5779	88.0%	0	5947	16475	0	84878	88.9%	88.9%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	36677	50.2%	5779	88.0%	0	5947	16475	0	84878	88.9%	88.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	1	0	0	0	0	0	0	0	1	0	1	
45 to 59	2	1	0	0	0	0	0	0	2	1	3	
60 to 64	1	3	0	0	0	0	0	0	1	3	4	
65 to 74	10	13	0	0	0	0	0	0	10	13	23	
75 to 84	18	37	0	0	0	0	0	0	18	37	55	
85+	17	65	0	0	0	0	0	0	17	65	82	
TOTALS	49	119	0	0	0	0	0	0	49	119	168	

**MANOR CARE OF HINSDALE**

600 WEST OGDEN AVENUE

HINSDALE, IL. 60521

Reference Numbers Facility ID 6006332

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	83	15	0	17	53	0	168
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>83</b>	<b>15</b>	<b>0</b>	<b>17</b>	<b>53</b>	<b>0</b>	<b>168</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	376	274
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawalian/Pac. Isl.	0	0	0	0	0
White	157	0	0	0	157
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>168</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>168</b>

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	166	0	0	0	166
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>168</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>168</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	29.00
Certified Aides	77.00
Other Health Staff	36.00
Non-Health Staff	63.00
<b>Totals</b>	<b>230.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
70.2%	2.2%	0.3%	12.1%	15.3%	100.0%		0.0%
18,756,128	581,567	69,827	3,238,672	4,082,208	26,728,402	0	

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



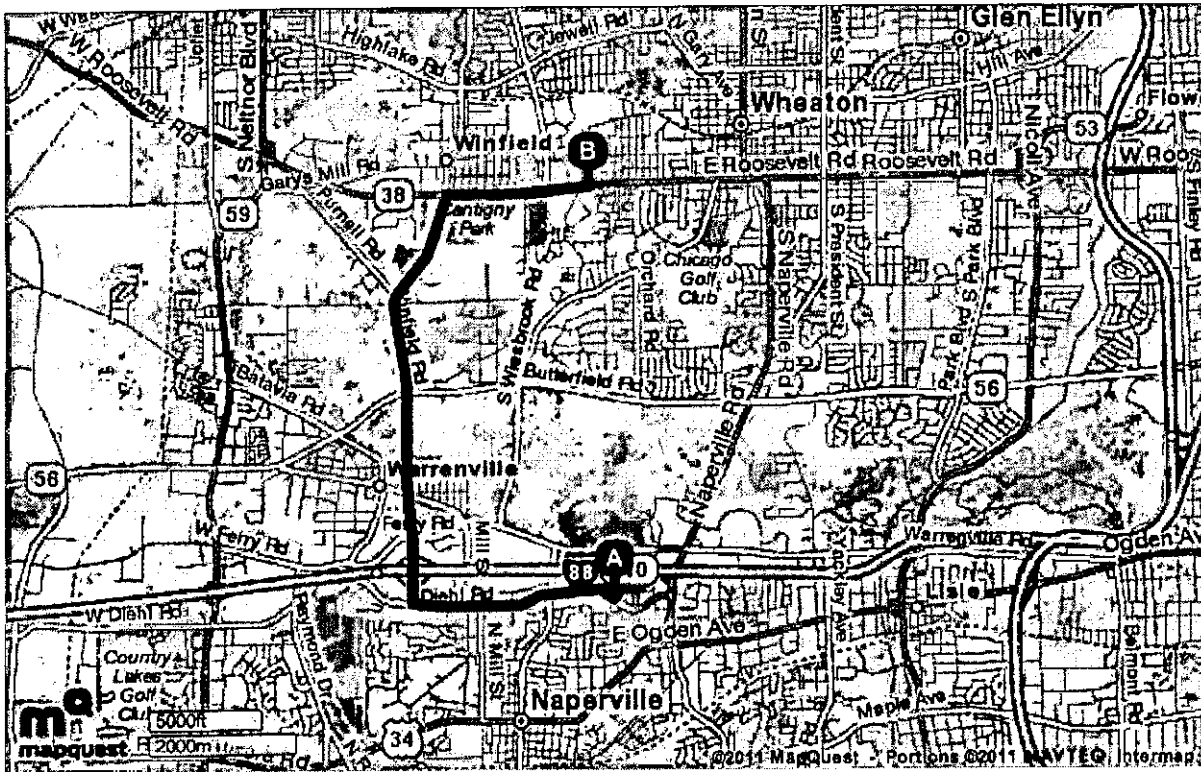
**Trip to:**  
 26w171 Roosevelt Road  
 Wheaton, IL 60187  
**7.39 miles**  
**14 minutes**

Notes

Marianjoy Rehab Hospital

A	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven	
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 Mi	0.07 mi	
↗	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 2.0 MI	2.1 mi	
↗	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 4.0 Mi	6.0 mi	
↗		4. Turn RIGHT onto ROOSEVELT RD / IL-38. <i>ROOSEVELT RD is 0.7 miles past SWAN LAKE DR</i>	Go 1.4 MI	7.4 mi
■	5. 26W171 ROOSEVELT ROAD. <i>Your destination is just past COMMUNITY DR If you reach S BEVERLY AVE you've gone a little too far</i>		7.4 mi	
B	26w171 Roosevelt Road Wheaton, IL 60187	7.4 mi	7.4 mi	

Total Travel Estimate: 7.39 miles - about 14 minutes



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<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Kathleen C. Yosko	White	79.8%	Hispanic or Latino:	2.0%
ADMINSTRATOR PHONE	(630) 909-7502	Black	3.4%	Not Hispanic or Latino:	82.2%
OWNERSHIP:	Our Lady of the Angels	American Indian	0.1%	Unknown:	15.8%
OPERATOR:	Marianjoy, Inc.	Asian	1.0%	IDPH Number:	3228
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.0%	HPA	A-05
CERTIFICATION:	None	Unknown:	15.8%	HSA	7
FACILITY DESIGNATION:	Rehabilitation Hospital				
ADDRESS	26 West 171 Roosevelt Road	CITY:	Wheaton	COUNTY:	DuPage County

Facility Utilization Data by Category of Service

<u>Clinical Service</u>	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years				0	0					
75 Years +				0	0					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	20	20	20	396	6,814	0	17.2	18.7	93.3	93.3
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	100	100	100	2,490	34,645	0	13.9	94.9	94.9	94.9
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	120			2,886	41,459	0	14.4	113.6	94.7	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	64.5%	5.1%	0.0%	28.0%	0.5%	1.9%	2,886
Outpatients	39.2%	11.7%	0.0%	44.2%	2.2%	2.7%	4,119

<u>Financial Year Reported:</u>	7/1/2008 to	6/30/2009	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		256,748	
Inpatient Revenue ( \$ )	50.1%	11.7%	0.0%	37.8%	0.4%	100.0%	219,245	Totals: Charity Care as % of Net Revenue	
	24,282,030	5,682,708	0	18,354,265	189,761	48,508,764		0.5%	
Outpatient Revenue ( \$ )	22.2%	8.7%	0.0%	67.6%	1.5%	100.0%	37,503		
	1,757,098	685,650	0	5,348,622	122,354	7,913,724			

Birthing Data

Newborn Nursery Utilization

Organ Transplantation

Number of Total Births:	0	Level 1 Patient Days	0	Kidney:	0
Number of Live Births:	0	Level 2 Patient Days	0	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	0	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	0	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	0			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	<u>Laboratory Studies</u>		Total:	0
C-Section Rooms:	0	Inpatient Studies	0		
CSections Performed:	0	Outpatient Studies	0		
		Studies Performed Under Contract	19,695		

**Surgery and Operating Room Utilization**

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	0	0	0	0	0	0	0	0.0	0.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>

**SURGICAL RECOVERY STATIONS**                      Stage 1 Recovery Stations                      0                      Stage 2 Recovery Stations                      0

**Dedicated and Non-Dedicated Procedure Room Utilization**

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
	<b>Multipurpose Non-Dedicated Rooms</b>										
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

**Cardiac Catheterization Labs**

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

**Cardiac Catheterization Utilization**

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

**Emergency/Trauma Care**

Certified Trauma Center by EMS	<input type="checkbox"/>
Level of Trauma Service	Level 1                      Level 2
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Stand-By
Number of Emergency Room Stations	0
Persons Treated by Emergency Services:	0
Patients Admitted from Emergency:	0
Total ED Visits (Emergency+Trauma):	0

**Cardiac Surgery Data**

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

**Outpatient Service Data**

Total Outpatient Visits	47,041
Outpatient Visits at the Hospital/ Campus:	20,116
Outpatient Visits Offsite/off campus	26,925

**Diagnostic/Interventional Equipment**

**Examinations**

**Radiation Equipment**

**Therapies/**








	Owned		Contract		Inpatient	Outpatient	Owned		Contract		Therapies/ Treatments
General Radiography/Fluoroscopy	0	0	0	0	0	0	0	0	0	0	
Nuclear Medicine	0	0	0	0	0	0	0	0	0	0	
Mammography	0	0	0	0	0	0	0	0	0	0	
Ultrasound	0	0	0	0	0	0	0	0	0	0	
Diagnostic Angiography	0	0	0	0	0	0	0	0	0	0	
Interventional Angiography	0	0	0	0	0	0	0	0	0	0	
Positron Emission Tomography (PET)	0	0	0	0	0	0	0	0	0	0	
Computerized Axial Tomography (CAT)	0	0	0	0	0	0	0	0	0	0	
Magnetic Resonance Imaging	0	0	0	0	0	0	0	0	0	0	
Lithotripsy	0	0					0	0			
Linear Accelerator	0	0					0	0			
Image Guided Rad Therapy	0	0					0	0			
Intensity Modulated Rad Therap	0	0					0	0			
High Dose Brachytherapy	0	0					0	0			
Proton Beam Therapy	0	0					0	0			
Gamma Knife	0	0					0	0			
Cyber knife	0	0					0	0			



**Trip to:**  
 720 Raymond Dr  
 Naperville, IL 60563-9758  
**4.68 miles**  
**9 minutes**

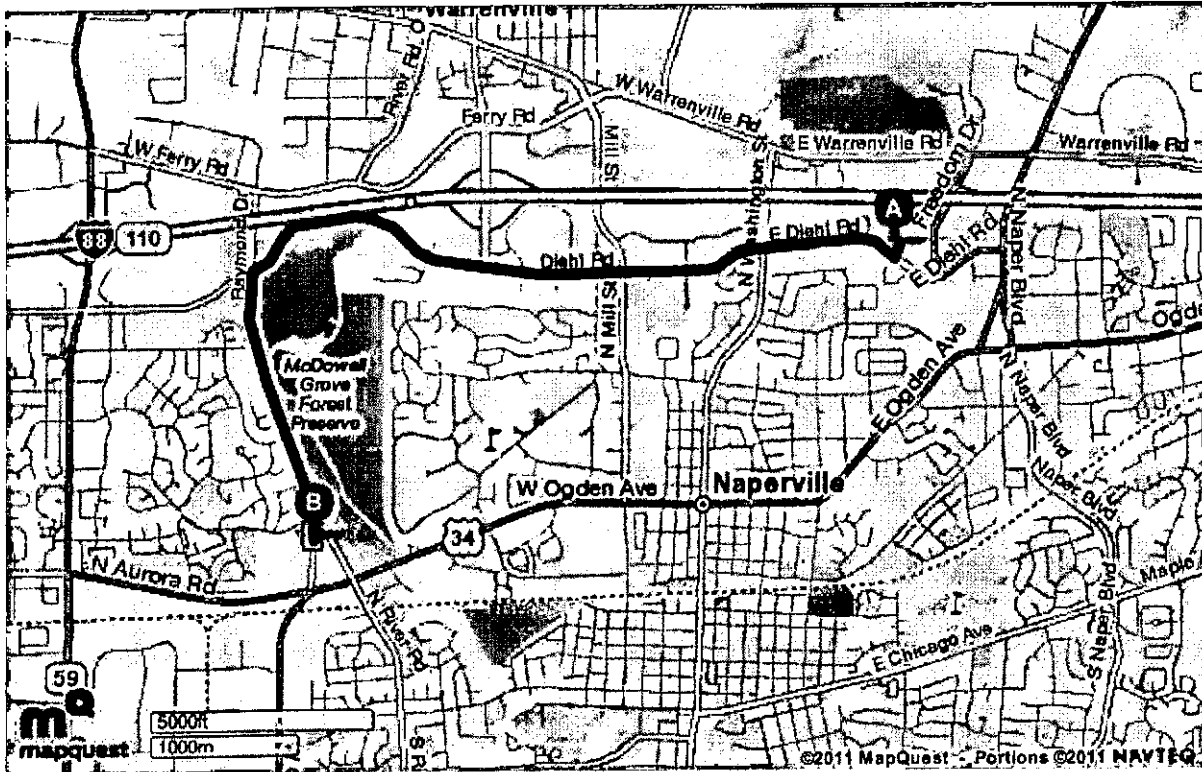
Notes

Meadowbrook Manor - Naperville

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.07 Mi</b>	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	<b>Go 3.3 MI</b>	3.3 mi
	3. Turn LEFT onto RAYMOND DR / CR-13. Continue to follow RAYMOND DR. <i>If you reach WALL ST you've gone about 0.6 miles too far</i>	<b>Go 1.3 MI</b>	4.7 mi
	4. Make a U-TURN onto RAYMOND DR / CR-1. <i>If you reach US-34 you've gone about 0.2 miles too far</i>	<b>Go 0.02 Mi</b>	4.7 mi
	5. 720 RAYMOND DR is on the RIGHT. <i>If you reach RIVER RD you've gone a little too far</i>		4.7 mi
	<b>720 Raymond Dr</b> Naperville, IL 60563-9758	4.7 mi	4.7 mi



Total Travel Estimate: 4.68 miles - about 9 minutes



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**MEADOWBROOK MANOR**

**ADMISSION RESTRICTIONS**

**RESIDENTS BY PRIMARY DIAGNOSIS**

720 RAYMOND DRIVE  
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014518  
Health Service Area 007 Planning Service Area 703

Administrator  
Patricia Stambaugh

Contact Person and Telephone  
Patti Stambaugh  
630-355-0220

Registered Agent Information  
Charles Sheetz  
161 N. Clark Street, Suite 4200  
Chicago, IL 60601

FACILITY OWNERSHIP  
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No  
LIFE CARE FACILITY No

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by 'I'*

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	49
Alzheimer Disease	41
Mental Illness	2
Developmental Disability	0
Circulatory System	41
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	42
Non-Medical Conditions	0
<b>TOTALS</b>	<b>219</b>

**Total Residents Diagnosed as Mentally Ill 2**

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

**ADMISSIONS AND DISCHARGES - 2009**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	245	245	234	219	26	245	245	225	558
Skilled Under 22	0	0	0	0	0		0		564
Intermediate DD	0	0	0	0	0		0		219
Sheltered Care	0	0	0	0	0				0
<b>TOTAL BEDS</b>	<b>245</b>	<b>245</b>	<b>234</b>	<b>219</b>	<b>26</b>	<b>245</b>	<b>245</b>		<b>Identified Offenders 0</b>

**FACILITY UTILIZATION - 2009**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	8842	9.9%	62000	69.3%	0	1016	10594	0	82452	92.2%	92.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>8842</b>	<b>9.9%</b>	<b>62000</b>	<b>69.3%</b>	<b>0</b>	<b>1016</b>	<b>10594</b>	<b>0</b>	<b>82452</b>	<b>92.2%</b>	<b>92.2%</b>

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	9	2	0	0	0	0	0	0	9	2	11
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	12	20	0	0	0	0	0	0	12	20	32
75 to 84	18	44	0	0	0	0	0	0	18	44	62
85+	18	86	0	0	0	0	0	0	18	86	104
<b>TOTALS</b>	<b>63</b>	<b>156</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63</b>	<b>156</b>	<b>219</b>

**MEADOWBROOK MANOR**720 RAYMOND DRIVE  
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014518

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Other		Private Insurance	Charity Care	Private Pay	TOTALS	
	Medicare	Medicaid					
Nursing Care	18	127	25	6	43	0	219
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>18</b>	<b>127</b>	<b>25</b>	<b>6</b>	<b>43</b>	<b>0</b>	<b>219</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	12	0	0	0	12
Amer. Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	183	0	0	0	183
Race Unknown	2	0	0	0	2
<b>Total</b>	<b>219</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>219</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	209	0	0	0	209
Ethnicity Unknown	2	0	0	0	2
<b>Total</b>	<b>219</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>219</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	20.00
Certified Aides	83.00
Other Health Staff	39.00
Non-Health Staff	54.00
<b>Totals</b>	<b>230.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.0%	58.7%	0.0%	1.0%	13.4%	100.0%		0.0%
4,039,995	8,793,988	0	148,955	2,005,445	14,988,383	0	

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



**Trip to:**

2013 Midwest Rd  
Oak Brook, IL 60523-1312

**10.23 miles**

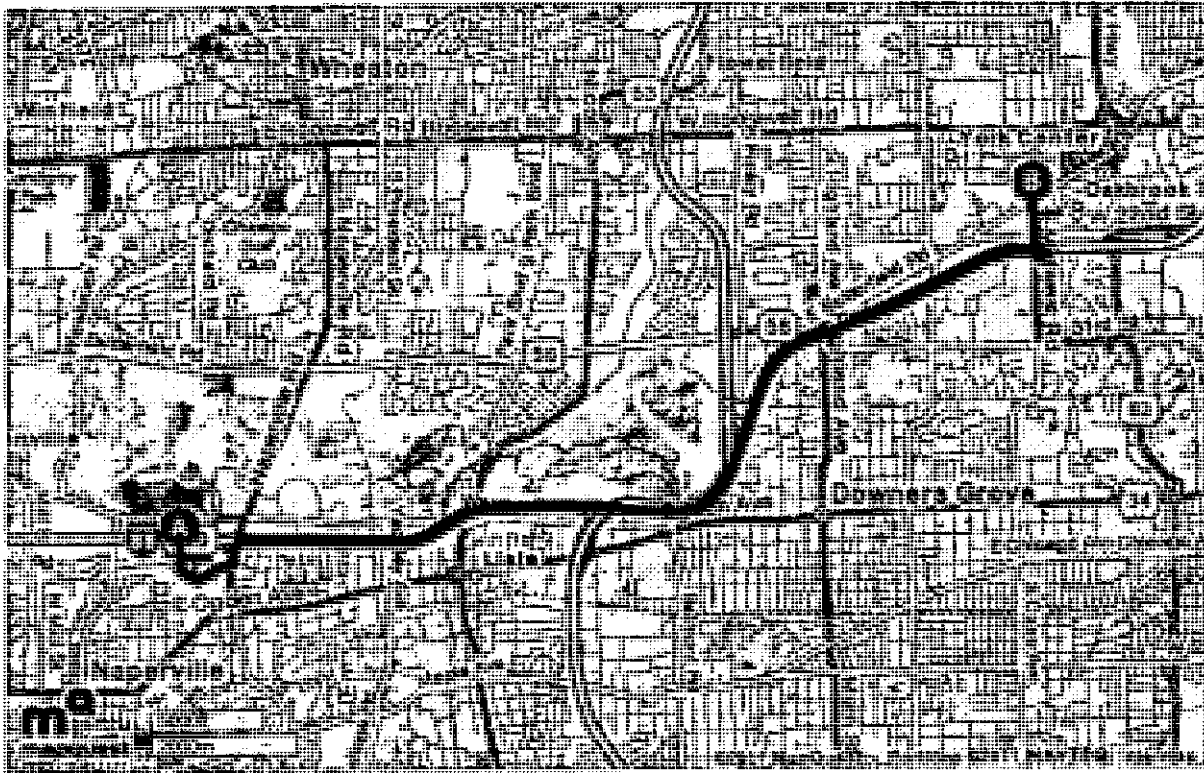
**15 minutes**

**Notes**

Oak Brook Healthcare Center

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 8.6 Mi	9.6 mi
	5. Take the MIDWEST RD exit.	Go 0.2 Mi	9.8 mi
	6. Keep RIGHT at the fork to go on MIDWEST RD / CR-15.	Go 0.4 Mi	10.2 mi
	7. 2013 MIDWEST RD is on the RIGHT. <i>Your destination is 0.1 miles past W 22ND ST</i> <i>If you reach BUTTERFIELD RD you've gone about 0.1 miles too far</i>		10.2 mi
	<b>2013 Midwest Rd</b> Oak Brook, IL 60523-1312	10.2 mi	10.2 mi

**Total Travel Estimate: 10.23 miles - about 15 minutes**



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OAK BROOK HEALTH CARE CENTRE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2013 MIDWEST ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
OAK BROOK, IL. 60523		Chronic Alcoholism	1	Neoplasms	3	
<b>Reference Numbers</b>	Facility ID 6006720	Developmentally Disabled	1	Endocrine/Metabolic	5	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	6	
<b>Administrator</b>		Medicaid Recipient	0	*Nervous System Non Alzheimer	17	
Joanne Bedrosian		Medicare Recipient	0	Alzheimer Disease	32	
<b>Contact Person and Telephone</b>		Mental Illness	1	Mental Illness	1	
JOANNE BEDROSIAN		Non-Ambulatory	0	Developmental Disability	0	
630-495-0220		Non-Mobile	0	Circulatory System	45	
<b>Registered Agent Information</b>	<b>Date Completed</b>	Public Aid Recipient	0	Respiratory System	7	
Laurence Zung	4/12/2010	Under 65 Years Old	0	Digestive System	1	
5061 N. Pulaski Rd.		Unable to Self-Medicat	0	Gastrointestinal System Disorders	2	
Chicago, IL 60630		Ventilator Dependent	0	Skin Disorders	2	
<b>FACILITY OWNERSHIP</b>		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	7	
FOR-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	9	
<b>CONTINUING CARE COMMUNITY</b>	No	Other Restrictions	0	Other Medical Conditions	0	
<b>LIFE CARE FACILITY</b>	No	<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
				TOTALS	137	
				<b>Total Residents Diagnosed as Mentally Ill</b>	10	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	156	156	146	156	137	19	126	103	134	285
Skilled Under 22	0	0	0	0	0	0	0	0		262
Intermediate DD	0	0	0	0	0	0	0	0		137
Sheltered Care	0	0	0	0	0	0	0	0		0
<b>TOTAL BEDS</b>	<b>156</b>	<b>156</b>	<b>146</b>	<b>156</b>	<b>137</b>	<b>19</b>	<b>126</b>	<b>103</b>	<b>Identified Offenders</b>	<b>0</b>

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE						TOTAL Pat. days	Charity Care Pat. days	Private Insurance Pat. days	Private Pay Pat. days		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Other Public Occ. Pct.						
Nursing Care	9456	20.6%	16828	50.1%	0	0	897	20814	0	49995	87.8%	87.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>9456</b>	<b>20.6%</b>	<b>18828</b>	<b>50.1%</b>	<b>0</b>	<b>0</b>	<b>897</b>	<b>20814</b>	<b>0</b>	<b>49995</b>	<b>87.8%</b>	<b>87.8%</b>

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	9	32	0	0	0	0	0	0	9	32	41
85+	15	73	0	0	0	0	0	0	15	73	88
<b>TOTALS</b>	<b>28</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>109</b>	<b>137</b>

## OAK BROOK HEALTH CARE CENTRE

2013 MIDWEST ROAD  
OAK BROOK, IL. 60523

Reference Numbers Facility ID 6006720

Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	49	0	1	59	0	137
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>28</b>	<b>49</b>	<b>0</b>	<b>1</b>	<b>59</b>	<b>0</b>	<b>137</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	209
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>137</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>137</b>

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	136	0	0	0	136
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>137</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>137</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	3.00
Certified Aides	50.00
Other Health Staff	18.00
Non-Health Staff	52.00
<b>Totals</b>	<b>150.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.7%	23.3%	0.0%	3.3%	34.8%	100.0%		0.0%
4,806,265	2,895,793	0	410,215	4,322,589	12,434,862	0	

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



**Trip to:**  
 1050 S Euclid Ave  
 Elmhurst, IL 60126-5164  
**13.75 miles**  
**20 minutes**

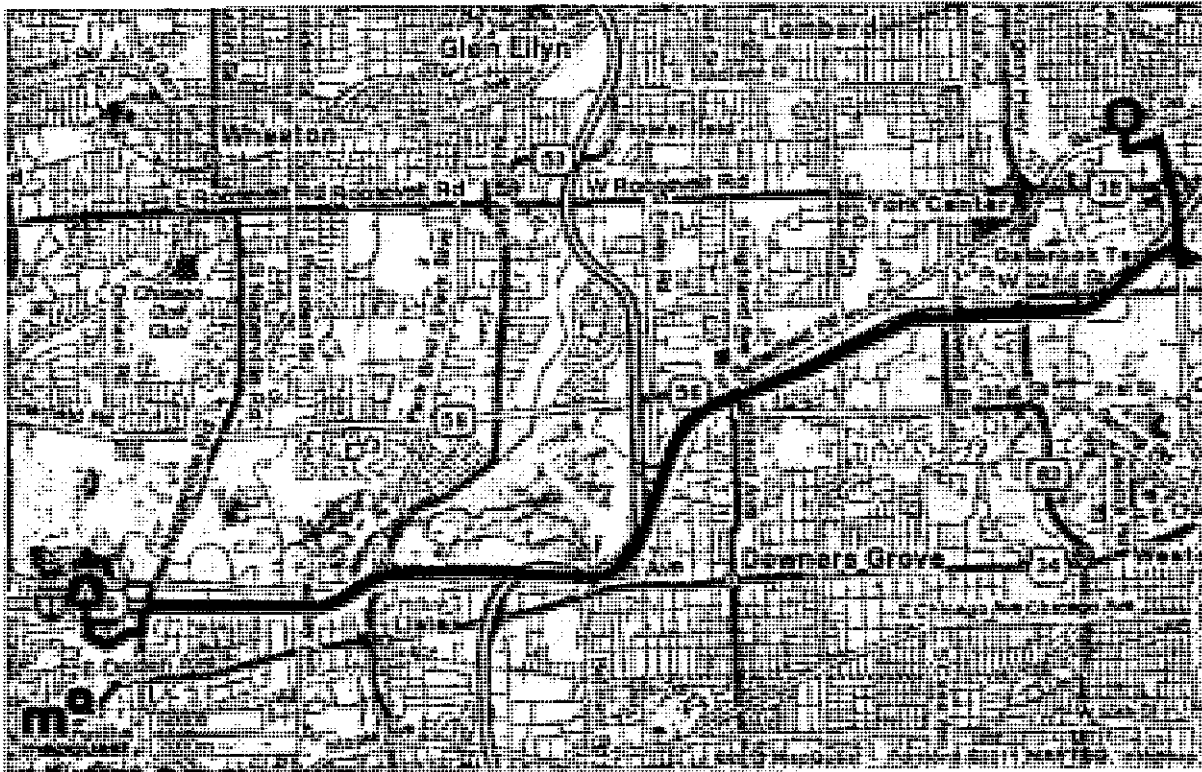
Notes

Park Place Christian Community\*\*

	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 MI</b>	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 MI</b>	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 MI</b>	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 10.9 MI</b>	11.7 mi
	5. Take the I-294 S exit toward INDIANA.	<b>Go 0.3 MI</b>	12.0 mi
	6. Take the YORK RD exit.	<b>Go 0.2 MI</b>	12.3 mi
	7. Turn RIGHT onto YORK RD. <i>If you are on YORK RD and reach CLEARWATER DR you've gone about 0.1 miles too far</i>	<b>Go 1.2 MI</b>	13.4 mi
	8. Turn LEFT onto LEXINGTON ST. <i>LEXINGTON ST is 0.2 miles past FRONZA PKWY</i>	<b>Go 0.3 MI</b>	13.8 mi
	9. Turn LEFT onto S EUCLID AVE.		13.8 mi
	10. 1050 S EUCLID AVE is on the RIGHT. <i>If you reach E HARVARD ST you've gone a little too far</i>		13.8 mi
	<b>1050 S Euclid Ave</b> Elmhurst, IL 60126-5164	<b>13.8 mi</b>	<b>13.8 mi</b>



**Total Travel Estimate: 13.75 miles - about 20 minutes**



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**Trip to:**













3450 Saratoga Ave  
Downers Grove, IL 60515-1141

**8.40 miles**

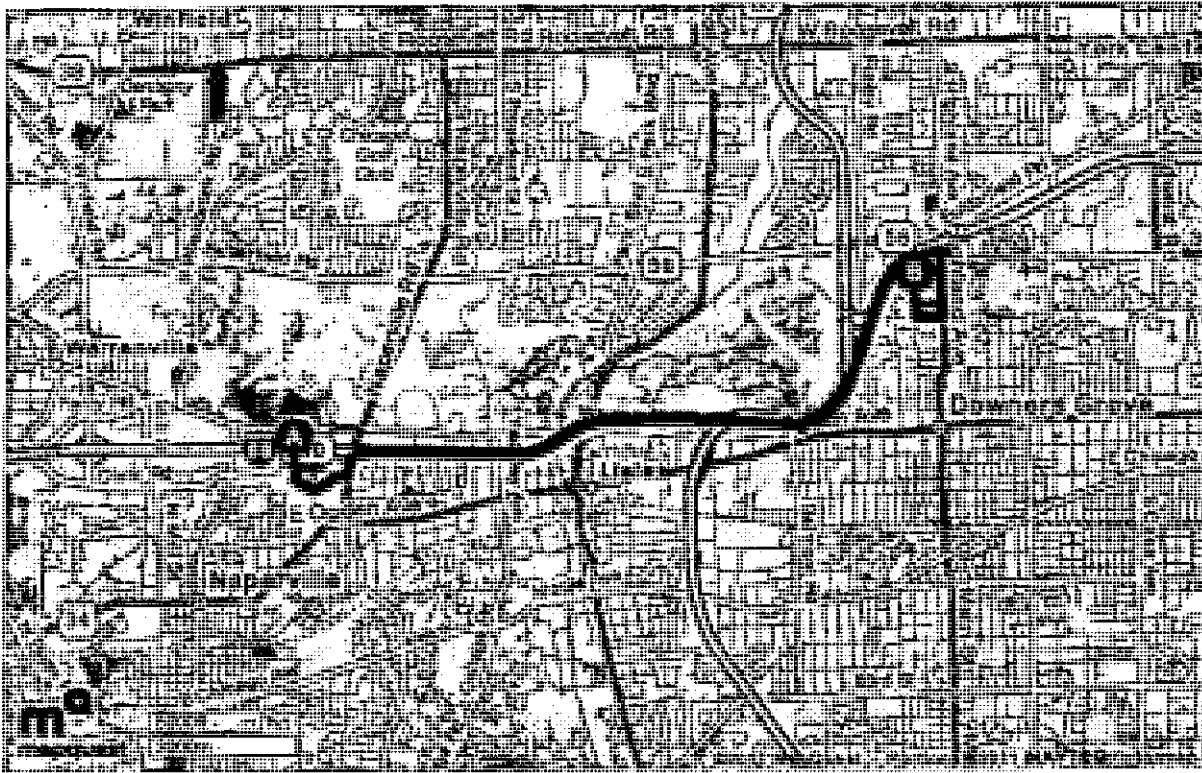
**14 minutes**

Notes

Providence Downers Grove

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
 	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 6.3 Mi	7.1 mi
	5. Take the HIGHLAND AVE exit.	Go 0.3 Mi	7.4 mi
	6. Merge onto HIGHLAND AVE / CR-9 S toward GOOD SAMARITAN HOSPITAL / MIDWESTERN COLLEGE / KELLER COLLEGE.	Go 0.6 Mi	8.1 mi
	7. Turn RIGHT onto 35TH ST. <i>35TH ST is 0.1 miles past OAK HILL RD</i>	Go 0.3 Mi	8.3 mi
	8. Take the 2nd RIGHT onto SARATOGA AVE. <i>If you reach VENARD RD you've gone about 0.2 miles too far</i>	Go 0.09 Mi	8.4 mi
	9. 3450 SARATOGA AVE is on the LEFT. <i>If you reach OAK HILL DR you've gone about 0.1 miles too far</i>		8.4 mi
	<b>3450 Saratoga Ave</b> Downers Grove, IL 60515-1141	8.4 mi	8.4 mi

**Total Travel Estimate: 8.40 miles - about 14 minutes**



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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 PROVIDENCE HC & REHAB OF DOWNERS GROVE DOWNERS GROVE

PROVIDENCE HC & REHAB OF DOWNERS GROVE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
3450 SARATOGA AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS		
DOWNERS GROVE, IL. 60515		Chronic Alcoholism	1	Neoplasms	2	
Reference Numbers	Facility ID 6007876	Developmentally Disabled	1	Endocrine/Metabolic	13	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	1	
Adminstrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	18	
Jackie Terpstra		Medicare Recipient	0	Alzheimer Disease	5	
		Mental Illness	1	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
JACKIE TERPSTRA		Non-Mobile	0	Circulatory System	41	
630-969-2900		Public Aid Recipient	0	Respiratory System	8	
Registered Agent Information	Date Completed 5/5/2010	Under 65 Years Old	0	Digestive System	5	
		Unable to Self-Medicat	0	Genitourinary System Disorders	4	
		Ventilator Dependent	1	Skin Disorders	2	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	27	
		Other Restrictlons	0	Injuries and Poisonings	2	
		No Restrictions	0	Other Medical Conditions	33	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	2
NON-PROF CORPORATION				TOTALS	163	
CONTINUING CARE COMMUNITY	No			Total Residents Diagnosed as Mentally Ill	28	
LIFE CARE FACILITY	No					

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	145	141	113	141	101	44	145	16	161	Total Admissions 2009 773
Skilled Under 22	0	0	0	0	0	0	0	0	771	Total Discharges 2009 771
Intermediate DD	0	0	0	0	0	0	0	0	163	Residents on 12/31/2009 163
Sheltered Care	96	91	72	91	62	34			0	Identified Offenders 0
TOTAL BEDS	241	232	185	232	163	78	145	16		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15142	28.6%	13448	230.3%	0	2976	5648	0	37214	70.3%	72.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	22115	0	22115	63.1%	66.6%
TOTALS	15142	28.6%	13448	230.3%	0	2976	27763	0	59329	67.4%	70.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	0	1	0	0	0	0	0	1	0	2	2
65 to 74	1	14	0	0	0	0	1	0	2	14	16
75 to 84	9	21	0	0	0	0	0	8	9	29	38
85+	4	45	0	0	0	0	11	41	15	86	101
TOTALS	18	83	0	0	0	0	12	50	30	133	163

**PROVIDENCE HC & REHAB OF DOWNERS GROVE**  
 3450 SARATOGA AVENUE  
 DOWNERS GROVE, IL. 80515

Reference Numbers Facility ID 6007876  
 Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	38	0	9	14	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	62	0	62
<b>TOTALS</b>	<b>40</b>	<b>38</b>	<b>0</b>	<b>9</b>	<b>76</b>	<b>0</b>	<b>163</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	264	227
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	74	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	99	0	0	62	161
Race Unknown	1	0	0	0	1
<b>Total</b>	<b>101</b>	<b>0</b>	<b>0</b>	<b>62</b>	<b>163</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	100	0	0	62	162
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>101</b>	<b>0</b>	<b>0</b>	<b>62</b>	<b>163</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	31.00
Other Health Staff	20.00
Non-Health Staff	48.00
<b>Totals</b>	<b>121.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
62.8%	14.5%	0.0%	9.5%	13.5%	100.0%		0.0%
7,493,663	1,734,556	0	1,135,049	1,611,822	11,975,290	0	


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



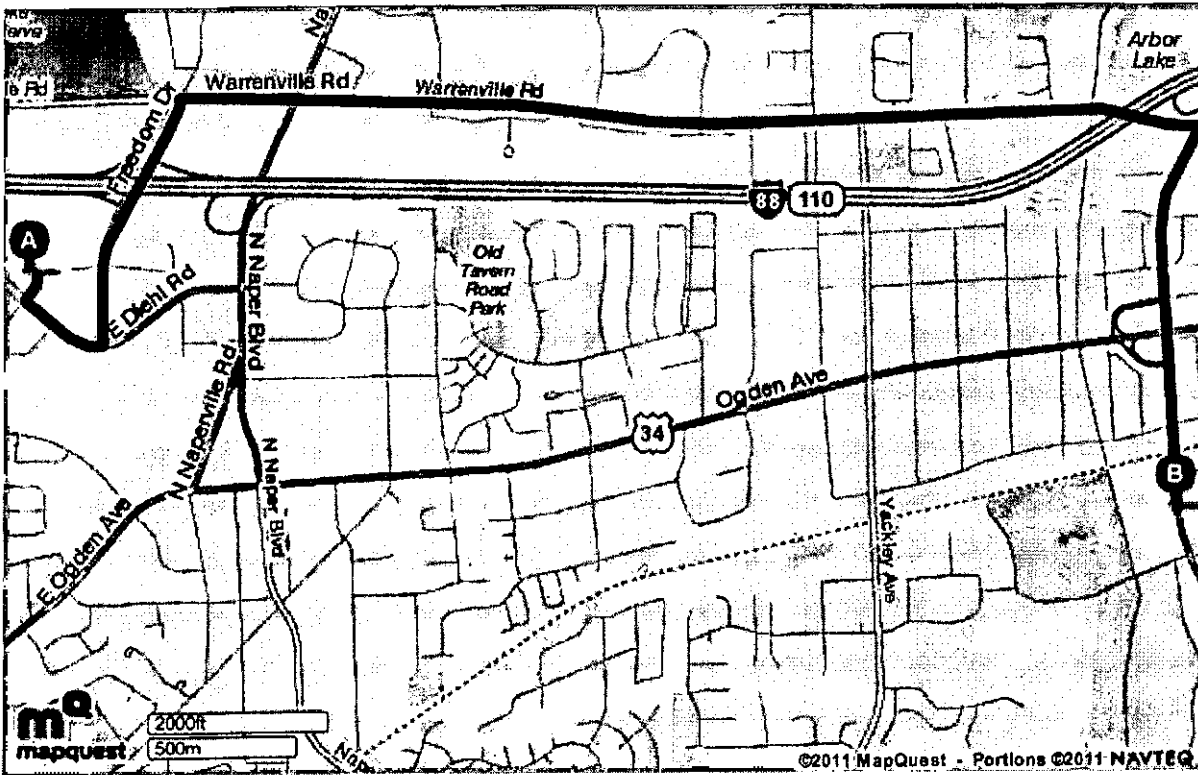
**Trip to:**  
 5000 Lincoln Ave  
 Lisle, IL 60532-2117  
**4.25 miles**  
**8 minutes**

Notes

Snow Valley Nursing & Rehab Center

A	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
↩	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.2 Mi	0.3 mi
↩	3. Turn LEFT onto FREEDOM DR. <i>FREEDOM DR is 0.1 miles past LEGACY CIR</i>	Go 0.6 MI	0.9 mi
↘	4. Turn RIGHT onto WARRENVILLE RD / CR-3. <i>WARRENVILLE RD is 0.4 miles past INDEPENDANCE AVE</i>	Go 2.4 Mi	3.3 mi
↘ 	5. Turn RIGHT onto IL-53 / LINCOLN AVE. <i>IL-53 is 0.3 miles past WHITE BIRCH DR</i>	Go 0.9 MI	4.2 mi
■	6. 5000 LINCOLN AVE. <i>Your destination is just past LISLE PL</i> <i>If you reach SHORT ST you've gone about 0.1 miles too far</i>		4.2 mi
B	<b>5000 Lincoln Ave</b> Lisle, IL 60532-2117	4.2 mi	4.2 mi

Total Travel Estimate: 4.25 miles - about 8 minutes



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SNOW VALLEY NRSG & REHAB CTR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
5000 LINCOLN AVENUE		Aggressive/Anti-Social 1		DIAGNOSIS	
LISLE, IL. 60532		Chronic Alcoholism 1		Neoplasms 2	
Reference Numbers Facility ID 6008676		Developmentally Disabled 1		Endocrine/Metabolic 2	
Health Service Area 007 Planning Service Area 703		Drug Addiction 0		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 4	
Patti Long		Medicare Recipient 0		Alzheimer Disease 1	
Contact Person and Telephone		Mental Illness 1		Mental Illness 1	
Patti Long		Non-Ambulatory 0		Developmental Disability 0	
630-852-5100		Non-Mobile 0		Circulatory System 5	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 2	
David Aronin		Under 65 Years Old 0		Digestive System 6	
2201 Main Street		Unable to Self-Medicare 0		Genitourinary System Disorders 3	
Lisle, IL 80532		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 5	
LIMITED LIABILITY CO		Other Restrictions 0		Injuries and Poisonings 2	
CONTINUING CARE COMMUNITY		No Restrictions 0		Other Medical Conditions 7	
LIFE CARE FACILITY		No		Non-Medical Conditions 0	
		<i>Note: Reported restrictions denoted by '1'</i>		TOTALS 40	
				Total Residents Diagnosed as Mentally Ill 1	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED		
Nursing Care	51	51	47	51	40	11	51	51	79	80
Skilled Under 22	0	0	0	0	0	0	0	0	40	
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		1
TOTAL BEDS	51	51	47	51	40	11	51	51		

FACILITY UTILIZATION - 2009												
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.								Pat. days
Nursing Care	1133	6.1%	10382	55.8%	734	109	2720	0	15078	81.0%	81.0%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	1133	6.1%	10382	55.8%	734	109	2720	0	15078	81.0%	81.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	2	3	0	0	0	0	0	0	2	3	5	
60 to 64	2	1	0	0	0	0	0	0	2	1	3	
65 to 74	4	4	0	0	0	0	0	0	4	4	8	
75 to 84	1	7	0	0	0	0	0	0	1	7	8	
85+	4	12	0	0	0	0	0	0	4	12	16	
TOTALS	13	27	0	0	0	0	0	0	13	27	40	



## SNOW VALLEY NRSG &amp; REHAB CTR

5000 LINCOLN AVENUE

LISLE, IL. 60532

Reference Numbers Facility ID 6008676

Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	3	31	0	0	6	0	40	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
<b>TOTALS</b>	<b>3</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>40</b>	

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	198
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	2	0	0	0	2
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	6.00
Certified Aides	31.50
Other Health Staff	1.00
Non-Health Staff	17.50
<b>Totals</b>	<b>68.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.9%	57.2%	4.0%	1.7%	23.2%	100.0%		0.0%
334,238	1,373,476	96,499	41,356	557,599	2,403,168	0	

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



**Trip to:**

1400 Brookdale Rd  
 Naperville, IL 60563-2126

**4.63 miles**

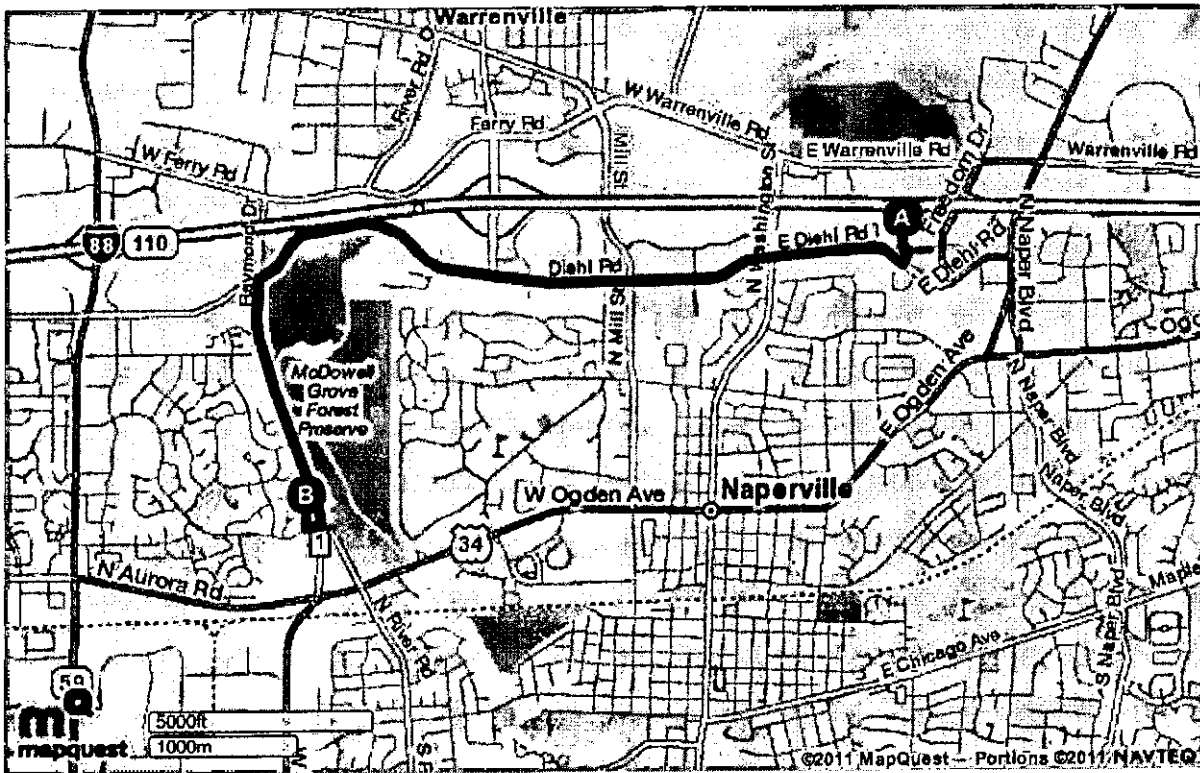
**8 minutes**

Notes

St. Patrick's Residence

A	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➔	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 3.3 MI	3.3 mi
↶	3. Turn LEFT onto RAYMOND DR / CR-13. <i>If you reach WALL ST you've gone about 0.6 miles too far</i>	Go 1.2 MI	4.6 mi
➔	4. Turn RIGHT onto BROOKDALE RD. <i>BROOKDALE RD is 0.1 miles past IVY LN</i>	Go 0.07 MI	4.6 mi
■	5. 1400 BROOKDALE RD is on the LEFT. <i>If you reach BEAVER DR you've gone a little too far</i>		4.6 mi
B	1400 Brookdale Rd Naperville, IL 60563-2126	4.6 mi	4.6 mi

Total Travel Estimate: 4.63 miles - about 8 minutes



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ST. PATRICK'S RESIDENCE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1400 BROOKDALE ROAD NAPERVILLE, IL. 60563		Aggressive/Anti-Social	1	DIAGNOSIS	
Reference Numbers Facility ID 6011910		Chronic Alcoholism	1	Neoplasms	1
Health Service Area 007 Planning Service Area 703		Developmentally Disabled	1	Endocrine/Metabolic	20
Administrator		Drug Addiction	1	Blood Disorders	0
Sister Jeanne F. Haley		Medicaid Recipient	0	*Nervous System Non Alzheimer	15
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	67
MARY L. ANDERSON		Mental Illness	0	Mental Illness	0
630-416-6565 ext. 513		Non-Ambulatory	0	Developmental Disability	0
Registered Agent Information		Non-Mobile	0	Circulatory System	38
Sister Jeanne F. Haley		Public Aid Recipient	0	Respiratory System	7
1400 Brookdale Road		Under 65 Years Old	0	Digestive System	5
Naperville, IL 60563		Unable to Self-Medicare	0	Genitourinary System Disorders	1
Date Completed 5/4/2010		Ventilator Dependent	1	Skin Disorders	1
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4
NON-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	0
CONTINUING CARE COMMUNITY		No Restrictions	0	Other Medical Conditions	40
LIFE CARE FACILITY		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
				TOTALS	199
				Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	208	209	202	209	198	10	206	209	199	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0	0	0	211	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0	0	0	211	Residents on 12/31/2009
Sheltered Care	2	1	1	1	1	1	0	0	199	Identified Offenders
TOTAL BEDS	210	210	203	210	199	11	206	209	0	

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE						TOTAL Pat. days	TOTAL Occ. Pct.	TOTAL Pat. days	TOTAL Occ. Pct.		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days						
Nursing Care	3128	4.2%	35874	46.8%	0	0	33094	0	71896	94.7%	94.2%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	365	0	365	50.0%	100.0%	
TOTALS	3128	4.2%	35874	46.8%	0	0	33459	0	72261	94.3%	94.3%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	10	43	0	0	0	0	0	1	10	44	54
85+	17	117	0	0	0	0	0	0	17	117	134
TOTALS	30	168	0	0	0	0	0	1	30	169	199

## ST. PATRICK'S RESIDENCE

1400 BROOKDALE ROAD  
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6011910

Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	9	103	0	0	86	0	198
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	1	0	1
<b>TOTALS</b>	<b>9</b>	<b>103</b>	<b>0</b>	<b>0</b>	<b>87</b>	<b>0</b>	<b>199</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	233	214
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	210	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	198	0	0	1	197
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>198</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>199</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	198	0	0	1	197
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>198</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>199</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	18.90
Certified Aides	75.20
Other Health Staff	0.00
Non-Health Staff	91.50
<b>Totals</b>	<b>212.60</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.8%	33.3%	0.0%	0.0%	55.1%	100.0%		0.0%
1,505,356	4,339,347	0	0	7,184,529	13,029,232	0	









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

# mapquest m<sup>q</sup>

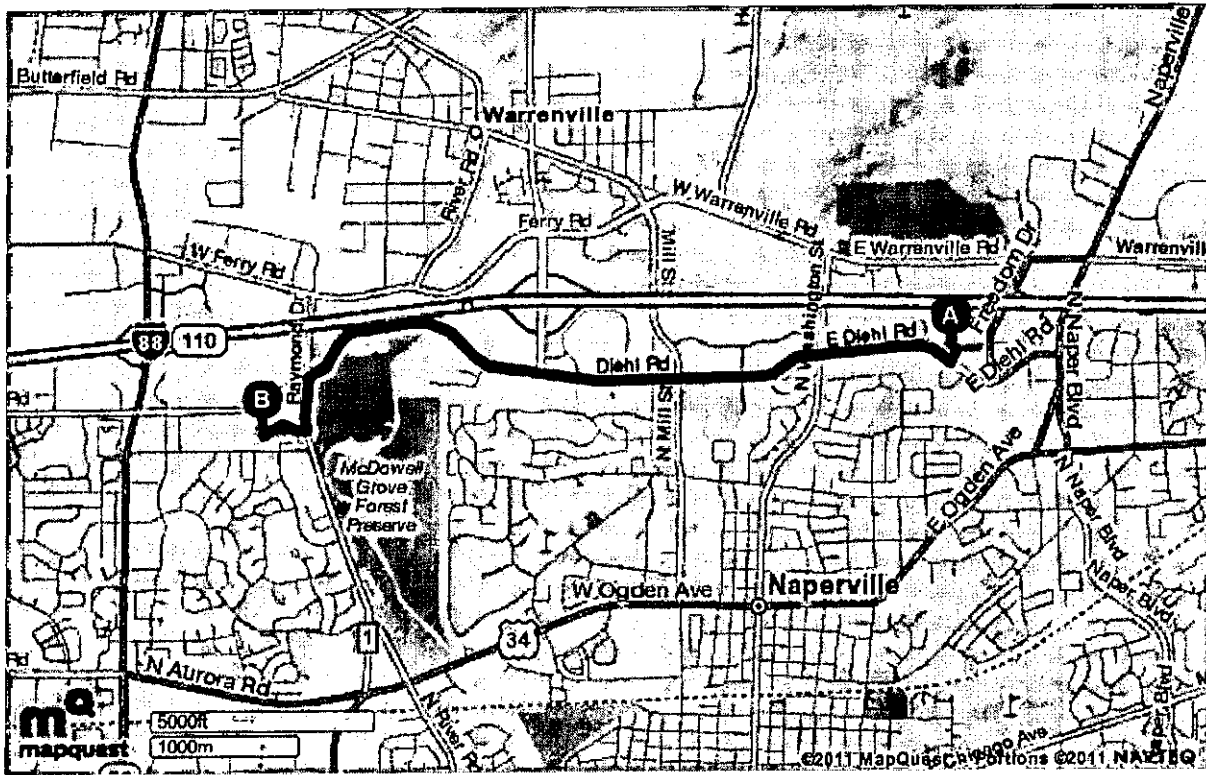
**Trip to:**  
 1347 Crystal Ct  
 Naperville, IL 60563  
**3.85 miles**  
**7 minutes**

**Notes**

Tabor Hills Health Care

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.07 Mi</b>	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	<b>Go 3.3 Mi</b>	3.3 mi
	3. Turn LEFT onto RAYMOND DR / CR-13. <i>If you reach WALL ST you've gone about 0.6 miles too far</i>	<b>Go 0.3 Mi</b>	3.6 mi
	4. Take the 1st RIGHT onto CRYSTAL AVE. <i>If you reach MCDOWELL RD you've gone a little too far</i>	<b>Go 0.2 Mi</b>	3.8 mi
	5. CRYSTAL AVE becomes CRYSTAL CT.		3.8 mi
	6. 1347 CRYSTAL CT is on the RIGHT. <i>If you reach the end of CRYSTAL CT you've gone a little too far</i>		3.8 mi
	<b>1347 Crystal Ct</b> Naperville, IL 60563	<b>3.8 mi</b>	<b>3.8 mi</b>

Total Travel Estimate: 3.85 miles - about 7 minutes



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TABOR HILLS HEALTHCARE FACILITY, INC.		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1347 CRYSTAL AVENUE		Aggressive/Anti-Social	0	DIAGNOSIS	
NAPERVILLE, IL. 60563		Chronic Alcoholism	0	Neoplasms	4
Reference Numbers	Facility ID 6014252	Developmentally Disabled	1	Endocrine/Metabolic	6
Health Service Area 007	Planning Service Area 703	Drug Addiction	0	Blood Disorders	2
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	10
Gloria Pindiak		Medicare Recipient	0	Alzheimer Disease	25
		Mental Illness	1	Mental Illness	40
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Nancy Rodriguez		Non-Mobile	0	Circulatory System	39
630-778-6677		Public Aid Recipient	0	Respiratory System	11
	Date Completed	Under 65 Years Old	0	Digestive System	0
Registered Agent Information	5/3/2010	Unable to Self-Medicare	0	Genitourinary System Disorders	6
Walater M. Wlodek		Ventilator Dependent	1	Skin Disorders	0
15 Spinning Wheel Rd., Suite 416		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	10
Hinsdale, IL 60521		Other Restrictions	0	Injuries and Poisonings	8
FACILITY OWNERSHIP		No Restrictions	0	Other Medical Conditions	28
NON-PROF CORPORATION		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No			TOTALS	187
LIFE CARE FACILITY	No			Total Residents Diagnosed as Mentally Ill	79

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 11/2009	189
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED		
Nursing Care	211	211	201	211	187	24	52	211	Total Discharges 2009	335
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2009	187
Intermediate DD	0	0	0	0	0	0	0	0	Identified Offenders	0
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	211	211	201	211	187	24	52	211		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds	Peak Beds Set Up
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Occ. Pct.		
Nursing Care	7715	40.6%	28397	36.9%	0	393	32145	17	68667	89.2%	89.2%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	7715	40.6%	28397	38.9%	0	393	32145	17	68667	89.2%	89.2%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	2	28	0	0	0	0	0	0	2	28	30
75 to 84	9	122	0	0	0	0	0	0	9	122	131
85+	21	0	0	0	0	0	0	0	21	0	21
TOTALS	32	155	0	0	0	0	0	0	32	155	187



TABOR HILLS HEALTHCARE FACILITY, INC.  
 1347 CRYSTAL AVENUE  
 NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014252  
 Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Other					Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance	Private Pay		
Nursing Care	14	72	0	1	100	0	187
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>14</b>	<b>72</b>	<b>0</b>	<b>1</b>	<b>100</b>	<b>0</b>	<b>187</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	192
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	185	0	0	0	185
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>187</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>187</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	185	0	0	0	185
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>187</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>187</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.50
LPN's	12.00
Certified Aides	74.60
Other Health Staff	12.70
Non-Health Staff	82.40
<b>Totals</b>	<b>216.20</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.0%	27.4%	0.0%	1.3%	51.3%	100.0%		0.1%
2,539,932	3,481,312	0	168,932	6,529,134	12,719,311	16,000	








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



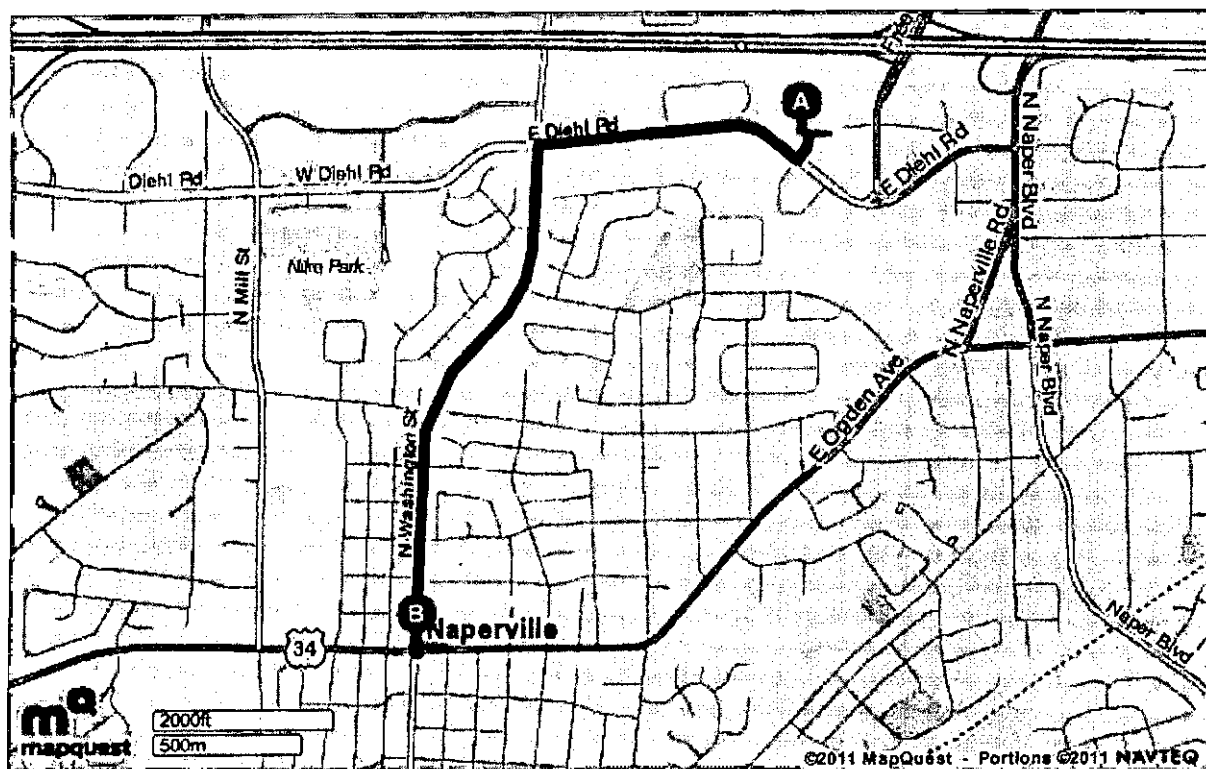
**Trip to:**  
**Naperville, IL**  
**1.99 miles**  
**5 minutes**

Notes

West Chicago Terrace

	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.07 MI</b>	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	<b>Go 0.6 MI</b>	0.7 mi
	3. Turn LEFT onto N WASHINGTON ST. <i>If you reach KETTEN DR you've gone about 0.2 miles too far</i>	<b>Go 1.3 MI</b>	2.0 mi
 	4. Turn LEFT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is just past W 10TH AVE</i>	<b>Go 0.01 MI</b>	2.0 mi
	5. Welcome to NAPERVILLE, IL. <i>If you reach N CENTER ST you've gone a little too far</i>		2.0 mi
	<b>Naperville, IL</b>	<b>2.0 mi</b>	<b>2.0 mi</b>

**Total Travel Estimate: 1.99 miles - about 5 minutes**



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WEST CHICAGO TERRACE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
928 JOLIET ROAD		Aggressive/Anti-Social	0	DIAGNOSIS		
WEST CHICAGO, IL. 60185		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6009872	Developmentally Disabled	1	Endocrine/Metabolic	4	
Health Service Area	007	Drug Addiction	0	Blood Disorders	2	
Planning Service Area	703	Medicaid Recipient	0	*Nervous System Non Alzheimer	1	
Administrator		Medicare Recipient	0	Alzheimer Disease	4	
MARGARET EBERSPACHER		Mental Illness	0	Mental Illness	50	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
MARGARET EBERSPACHER		Non-Mobile	0	Circulatory System	5	
630-231-9292		Public Aid Recipient	0	Respiratory System	6	
Registered Agent Information	Date Completed	Under 65 Years Old	0	Digestive System	1	
Avrum Winfield	5/4/2010	Unable to Self-Medicare	0	Genitourinary System Disorders	0	
6885 North Lincoln Avenue		Ventilator Dependent	1	Skin Disorders	8	
Lincolnwood, IL 60712		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	3	
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	8	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	12
LIFE CARE FACILITY	No				TOTALS	106
					Total Residents Diagnosed as Mentally Ill	65

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED		
Nursing Care	120	120	120	120	106	14	0	120	43	46
Skilled Under 22	0	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0	0	0	0
TOTAL BEDS	120	120	120	120	106	14	0	120	43	46
									Residents on 12/31/2009	106
									Identified Offenders	14

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds	Peak Set Up		
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												TOTAL	Occ. Pct.
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL					
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	41610	95.0%	0	0	2190	0	43800	100.0%	100.0%			
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%			
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%			
Sheltered Care					0	0	0	0	0	0.0%	0.0%			
TOTALS	0	0.0%	41610	95.0%	0	0	2190	0	43800	100.0%	100.0%			

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	3	0	0	0	0	0	0	13	3	16
45 to 59	30	24	0	0	0	0	0	0	30	24	54
60 to 64	3	8	0	0	0	0	0	0	3	8	11
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	58	48	0	0	0	0	0	0	58	48	106

## WEST CHICAGO TERRACE

928 JOLIET ROAD

WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6009872

Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	114	0	0	6	0	120
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>120</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	2	0	0	0	2
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	26.00
Other Health Staff	3.00
Non-Health Staff	31.00
<b>Totals</b>	<b>74.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	94.8%	0.0%	0.0%	5.2%	100.0%		0.0%
0	3,983,893	0	0	219,183	4,203,076	0	













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

# mapquest m<sup>q</sup>

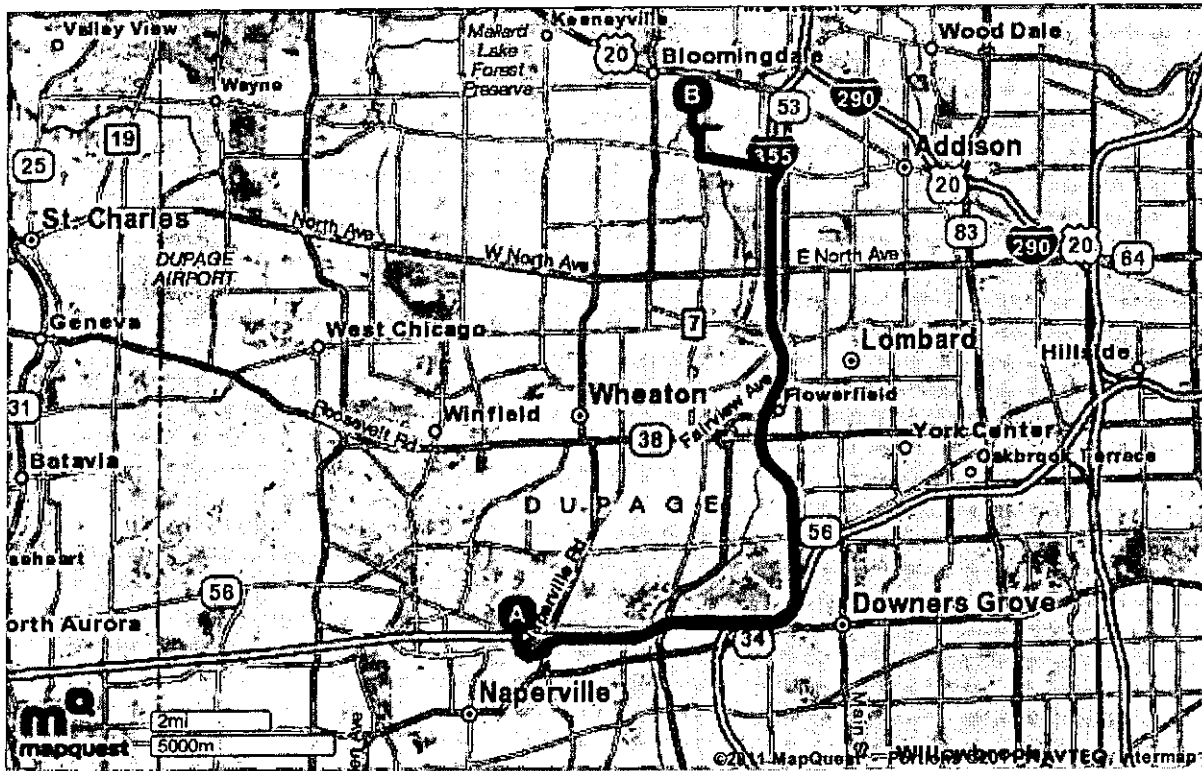
**Trip to:**  
 311 Edgewater Dr  
 Bloomingdale, IL 60108-1979  
**16.47 miles**  
**24 minutes**

**Notes**

West Suburban Nursing & Rehab Center

	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 Mi</b>	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 Mi</b>	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 Mi</b>	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 4.6 Mi</b>	5.4 mi
	5. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY toward NORTHWEST SUBURBS (Portions toll).	<b>Go 8.6 Mi</b>	14.0 mi
	6. Take the ARMY TRAIL RD exit.	<b>Go 0.4 Mi</b>	14.4 mi
	7. Turn LEFT onto ARMY TRAIL RD / CR-11 W.	<b>Go 1.5 Mi</b>	15.9 mi
	8. Turn RIGHT onto GLEN ELLYN RD. <i>GLEN ELLYN RD is 0.1 miles past BROOKDALE DR</i>	<b>Go 0.4 Mi</b>	16.3 mi
	9. Turn LEFT onto EDGEWATER DR. <i>EDGEWATER DR is just past OAKWOOD LN</i>	<b>Go 0.2 Mi</b>	16.5 mi
	10. 311 EDGEWATER DR is on the RIGHT. <i>Your destination is just past COLONY GREEN DR</i> <i>If you reach GREENWAY DR you've gone a little too far</i>		16.5 mi
	<b>311 Edgewater Dr</b> Bloomingdale, IL 60108-1979	<b>16.5 mi</b>	<b>16.5 mi</b>

Total Travel Estimate: 16.47 miles - about 24 minutes



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WEST SUBURBAN NURSING & REHAB CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
311 EDGEWATER DRIVE		Aggressive/Anti-Social 1		DIAGNOSIS	
BLOOMINGDALE, IL. 60108		Chronic Alcoholism 1		Neoplasms 2	
Reference Numbers Facility ID 6001002		Developmentally Disabled 0		Endocrine/Metabolic 31	
Health Service Area 007 Planning Service Area 703		Drug Addiction 1		Blood Disorders 4	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 27	
Michael A. Pettinati		Medicare Recipient 0		Alzheimer Disease 28	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
Michael A. Pettinati		Non-Ambulatory 0		Developmental Disability 3	
630-894-7400		Non-Mobile 0		Circulatory System 31	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 19	
Abraham Gutnicki		Under 65 Years Old 0		Digestive System 7	
8320 Skokie Blvd		Unable to Self-Medicare 0		Genitourinary System Disorders 5	
Skokie, IL 60077		Ventilator Dependent 0		Skin Disorders 0	
Date Completed 5/7/2010		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 6	
FACILITY OWNERSHIP		Other Restrictions 0		Injuries and Poisonings 1	
LIMITED LIABILITY CO		No Restrictions 0		Other Medical Conditions 0	
CONTINUING CARE COMMUNITY No		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
LIFE CARE FACILITY No				TOTALS 162	
				Total Residents Diagnosed as Mentally Ill 2	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009 191	Total Admissions 2009 235	Total Discharges 2009 264	Residents on 12/31/2009 162	Identified Offenders 2
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED					
Nursing Care	259	259	209	259	162	97	30	259					
Skilled Under 22	0	0	0	0	0	0	0	0					
Intermediate DD	0	0	0	0	0	0	0	0					
Sheltered Care	0	0	0	0	0	0	0	0					
TOTAL BEDS	259	259	209	259	162	97	30	259					

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	9207	84.1%	52070	55.1%	0	959	4523	0	66759	70.6%	70.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9207	84.1%	52070	55.1%	0	959	4523	0	66759	70.6%	70.6%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	0	0	0	0	0	0	0	5	0	5
45 to 59	10	12	0	0	0	0	0	0	10	12	22
60 to 64	10	7	0	0	0	0	0	0	10	7	17
65 to 74	15	18	0	0	0	0	0	0	15	18	33
75 to 84	11	24	0	0	0	0	0	0	11	24	35
85+	12	38	0	0	0	0	0	0	12	38	50
TOTALS	63	99	0	0	0	0	0	0	63	99	162



**WEST SUBURBAN NURSING & REHAB CENTER**

311 EDGEWATER DRIVE  
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6001002

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	135	0	1	10	0	162
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>16</b>	<b>135</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>162</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	35	0	0	0	35
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>162</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>162</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>162</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>162</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	20.00
Certified Aldes	84.00
Other Health Staff	18.00
Non-Health Staff	59.00
<b>Totals</b>	<b>213.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.2%	54.9%	0.0%	1.9%	9.0%	100.0%		0.0%
4,221,928	6,787,798	0	236,502	1,107,507	12,353,735	0	


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



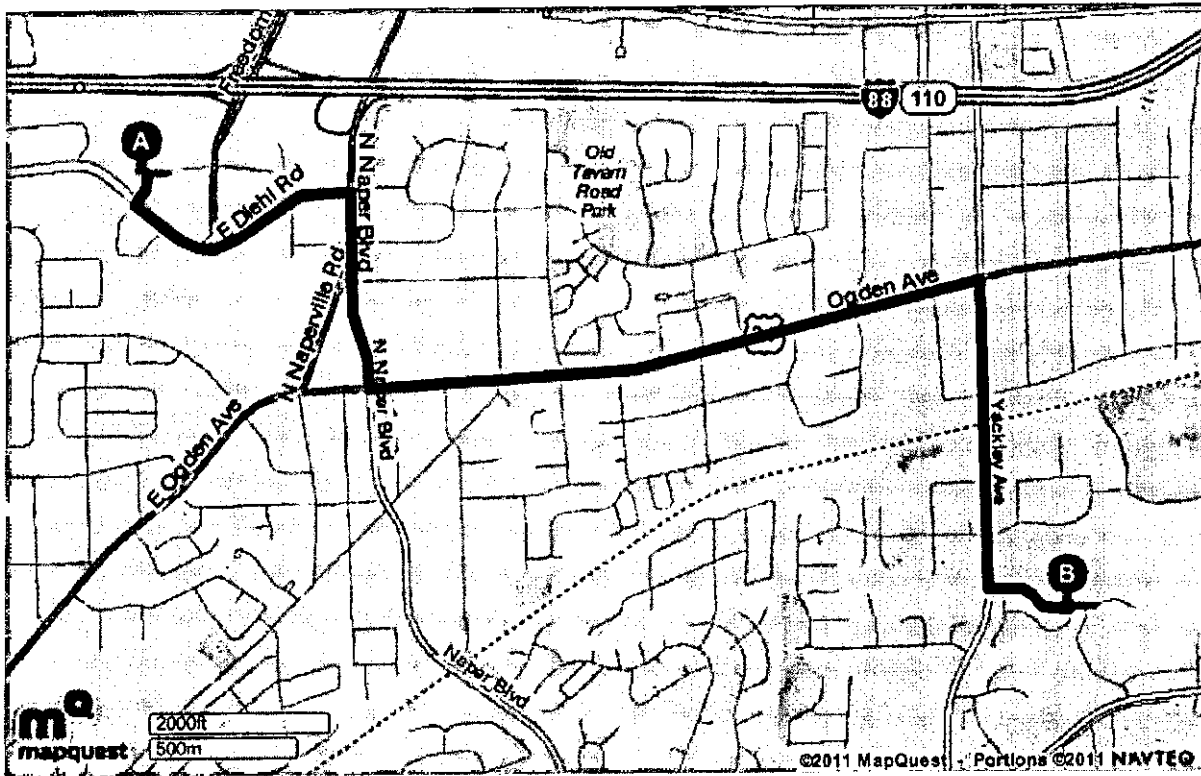
**Trip to:**  
 1800 Robin Ln  
 Lisle, IL 60532-2086  
**3.53 miles**  
**8 minutes**

Notes

Westbury Care Center

A	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
↩	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
➡	3. Turn RIGHT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPER BLVD / CR-23. <i>If you reach OLD NAPERVILLE RD you've gone a little too far</i>	Go 0.5 MI	1.1 mi
↩ 	4. Turn LEFT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.2 miles past RIDGELAND AVE</i>	Go 1.5 MI	2.6 mi
➡	5. Turn RIGHT onto YACKLEY AVE / CR-40. <i>YACKLEY AVE is 0.1 miles past YENDER AVE</i>	Go 0.7 MI	3.3 mi
↩	6. Take the 3rd LEFT onto ROBIN LN. <i>If you reach OAK HILL DR you've gone about 0.1 miles too far</i>	Go 0.2 MI	3.5 mi
■	7. 1800 ROBIN LN. <i>Your destination is 0.1 miles past NEWPORT ST If you reach BURR OAK RD you've gone a little too far</i>		3.5 mi
B	1800 Robin Ln Lisle, IL 60532-2086	3.5 mi	3.5 mi

Total Travel Estimate: **3.53 miles - about 8 minutes**



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WESTBURY CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1800 ROBIN LANE		Aggressive/Anti-Social 1		DIAGNOSIS	
LISLE, IL. 80532		Chronic Alcoholism 0		Neoplasms 8	
Reference Numbers Facility ID 6014955		Developmentally Disabled 1		Endocrine/Metabolic 5	
Health Service Area 007 Planning Service Area 703		Drug Addiction 0		Blood Disorders 1	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 3	
Cathy Flanagan		Medicare Recipient 0		Alzheimer Disease 0	
		Mental Illness 0		Mental Illness 0	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
CATHY FLANAGAN		Non-Mobile 0		Circulatory System 15	
630-353-5519		Public Aid Recipient 0		Respiratory System 10	
Registered Agent Information		Under 65 Years Old 0		Digestive System 8	
Date Completed 5/8/2010		Unable to Self-Medicare 0		Genitourinary System Disorders 3	
		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 11	
FACILITY OWNERSHIP		Other Restrictions 0		Injuries and Poisonings 2	
LIMITED LIABILITY CO		No Restrictions 0		Other Medical Conditions 4	
CONTINUING CARE COMMUNITY Yes		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
LIFE CARE FACILITY Yes				TOTALS 70	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009 68	Total Admissions 2009 227	Total Discharges 2009 223	Residents on 12/31/2009 70	Identified Offenders 0
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED					
Nursing Care	55	55	54	55	43	12	55	0					
Skilled Under 22	0	0	0	0	0	0	0	0					
Intermediate DD	0	0	0	0	0	0	0	0					
Sheltered Care	27	27	27	27	27	0							
<b>TOTAL BEDS</b>	<b>82</b>	<b>82</b>	<b>81</b>	<b>82</b>	<b>70</b>	<b>12</b>	<b>55</b>	<b>0</b>					

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5275	28.3%	0	0.0%	0	241	11220	0	16736	83.4%	83.4%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	9302	0	9302	94.4%	94.4%	
<b>TOTALS</b>	<b>5275</b>	<b>28.3%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>241</b>	<b>20522</b>	<b>0</b>	<b>28038</b>	<b>87.0%</b>	<b>87.0%</b>	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	5	0	0	0	0	2	3	5	8	13
85+	8	27	0	0	0	0	4	18	12	45	57
<b>TOTALS</b>	<b>11</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>21</b>	<b>17</b>	<b>53</b>	<b>70</b>

**WESTBURY CARE CENTER**

1800 ROBIN LANE

LISLE, IL. 60532

Reference Numbers Facility ID 6014955

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	0	0	0	33	0	43
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	27	0	27
<b>TOTALS</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>0</b>	<b>70</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	230
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	195	195

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawallan/Pac. Isl.	0	0	0	0	0
White	42	0	0	27	69
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>70</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	27	70
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>70</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	7.00
Certified Aides	29.00
Other Health Staff	20.50
Non-Health Staff	13.50
<b>Totals</b>	<b>79.50</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.4%	0.0%	0.0%	1.9%	61.7%	100.0%		0.0%
2,687,977	0	0	141,473	4,564,530	7,393,980	0	

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



**Trip to:**

6501 S Cass Ave  
Westmont, IL 60559-3200

**10.97 miles**

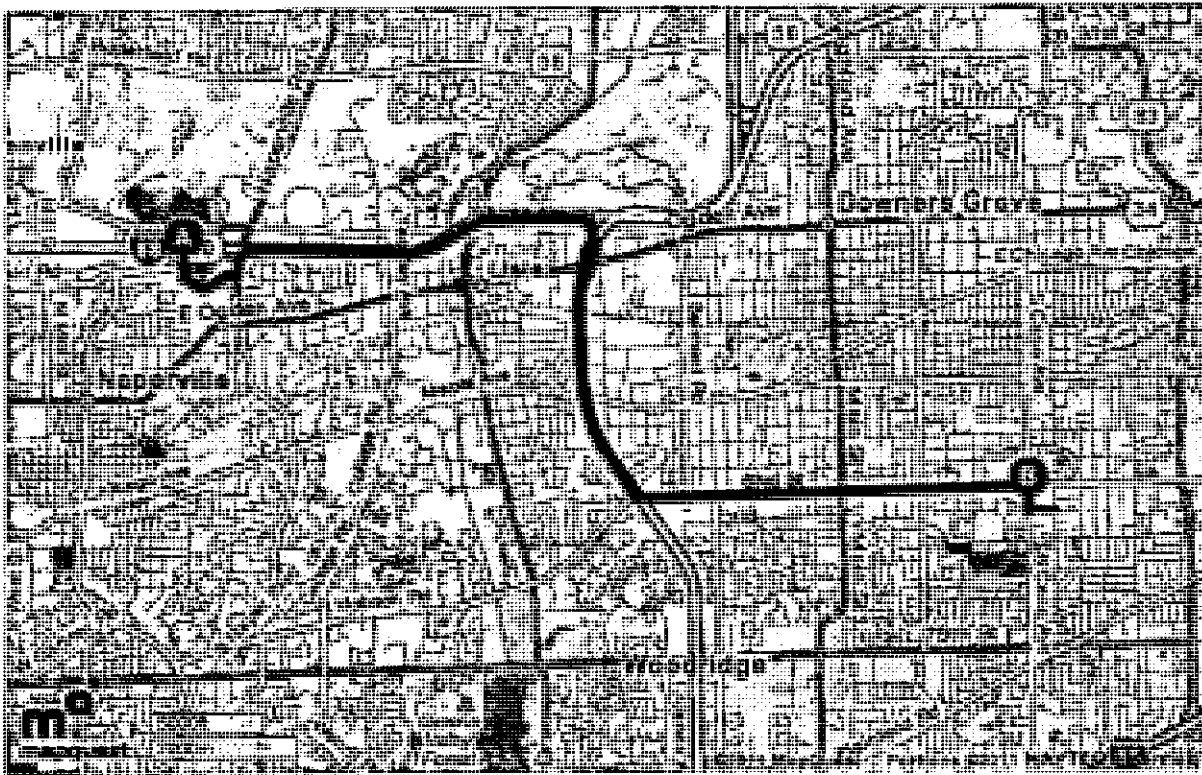
**21 minutes**

Notes

Westmont Nursing & Rehab Center

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 3.2 Mi	4.0 mi
	5. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY toward JOLIET (Portions toll).	Go 2.7 Mi	6.7 mi
	6. Take the 63RD ST / HOBSON RD exit.	Go 0.3 Mi	7.0 mi
	7. Take the ramp toward DOWNERS GROVE.	Go 0.04 Mi	7.0 mi
	8. Turn LEFT onto 63RD ST / HOBSON RD / CR-38 E. Continue to follow 63RD ST. <i>If you reach I-355 S you've gone about 0.3 miles too far</i>	Go 3.7 Mi	10.7 mi
	9. Turn RIGHT onto S CASS AVE / CR-15. <i>If you are on E 63RD ST and reach S RIDGE RD you've gone about 0.2 miles too far</i>	Go 0.3 Mi	11.0 mi
	10. 6501 S CASS AVE is on the LEFT. <i>Your destination is just past PIER DR If you reach WILLOW WAY LN you've gone a little too far</i>		11.0 mi
	<b>6501 S Cass Ave</b> Westmont, IL 60559-3200	11.0 mi	11.0 mi

**Total Travel Estimate: 10.97 miles - about 21 minutes**



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**WESTMONT NURSING AND REHAB CENTER**

6501 SOUTH CASS AVE.  
WESTMONT, IL. 80559  
Reference Numbers Facility ID 6009930  
Health Service Area 007 Planning Service Area 703

**Administrator**  
Kay Ross

**Contact Person and Telephone**  
SHANNON RUNGE  
630-960-2028

**Registered Agent Information**  
Date Completed 5/6/2010

**FACILITY OWNERSHIP**  
LIMITED LIABILITY CO

**CONTINUING CARE COMMUNITY** No  
**LIFE CARE FACILITY** No

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System Non Alzheimer	43
Alzheimer Disease	56
Mental Illness	9
Developmental Disability	3
Circulatory System	13
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
<b>TOTALS</b>	<b>178</b>

**Total Residents Diagnosed as Mentally Ill 9**

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

**ADMISSIONS AND DISCHARGES - 2009**

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		BEDS	BEDS SET-UP					Residents on 1/1/2009	
Nursing Care	215	215	208	215	178	37	124	166	186
Skilled Under 22	0	0	0	0	0	0	0	0	478
Intermediate DD	0	0	0	0	0	0	0	0	486
Sheltered Care	0	0	0	0	0	0	0	0	178
<b>TOTAL BEDS</b>	<b>215</b>	<b>215</b>	<b>208</b>	<b>215</b>	<b>178</b>	<b>37</b>	<b>124</b>	<b>166</b>	<b>Identified Offenders 2</b>

**FACILITY UTILIZATION - 2009**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	8226	18.2%	44945	74.2%	1943	344	9286	0	64746	82.5%	82.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>8228</b>	<b>18.2%</b>	<b>44945</b>	<b>74.2%</b>	<b>1943</b>	<b>344</b>	<b>9286</b>	<b>0</b>	<b>64746</b>	<b>82.5%</b>	<b>82.5%</b>

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	18	34	0	0	0	0	0	0	18	34	52
75 to 84	22	35	0	0	0	0	0	0	22	35	57
85+	8	41	0	0	0	0	0	0	8	41	49
<b>TOTALS</b>	<b>57</b>	<b>121</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>57</b>	<b>121</b>	<b>178</b>



**WESTMONT NURSING AND REHAB CENTER**

6501 SOUTH CASS AVE.  
WESTMONT, IL. 60559

Reference Numbers Facility ID 6009930  
Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	129	4	1	28	0	178
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>16</b>	<b>129</b>	<b>4</b>	<b>1</b>	<b>28</b>	<b>0</b>	<b>178</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	169
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	166	0	0	0	166
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>178</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>178</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	173	0	0	0	173
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>178</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>178</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	26.00
Certified Aides	96.00
Other Health Staff	0.00
Non-Health Staff	84.00
<b>Totals</b>	<b>233.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.4%	53.3%	3.9%	0.0%	13.4%	100.0%		0.0%
3,505,155	6,354,609	459,301	0	1,596,577	11,915,842	0	

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



**Trip to:**

1325 Manchester Rd  
Wheaton, IL 60187-4760

**6.58 miles**

**15 minutes**

Notes

Wheaton Care Center

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 4.1 Mi	4.8 mi
	4. Turn LEFT onto E ROOSEVELT RD / IL-38. <i>E ROOSEVELT RD is 0.1 miles past PERSHING AVE</i>	Go 1.2 Mi	5.9 mi
	5. Turn RIGHT onto S WOODLAWN ST. <i>S WOODLAWN ST is just past S KNOLLWOOD DR</i>	Go 0.6 Mi	6.5 mi
	6. Turn LEFT onto MANCHESTER RD.	Go 0.04 Mi	6.6 mi
	<b>1325 Manchester Rd</b> Wheaton, IL 60187-4760	6.6 mi	6.6 mi

**Total Travel Estimate: 6.58 miles - about 15 minutes**



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WHEATON CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1325 MANCHESTER ROAD		Aggressive/Anti-Social 0		DIAGNOSIS	
WHEATON, IL. 60187		Chronic Alcoholism 1		Neoplasms 1	
Reference Numbers Facility ID 6009963		Developmentally Disabled 0		Endocrine/Metabolic 7	
Health Service Area 007 Planning Service Area 703		Drug Addiction 0		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 5	
Delnaz Vazifdar		Medicare Recipient 0		Alzheimer Disease 2	
Contact Person and Telephone		Mental Illness 0		Mental Illness 53	
Delnaz Vazifdar		Non-Ambulatory 0		Developmental Disability 5	
630-668-2500		Non-Mobile 0		Circulatory System 17	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 9	
Meyer Magence		Under 65 Years Old 0		Digestive System 1	
8320 Skokie Boulevard		Unable to Self-Medicat 0		Genitourinary System Disorders 1	
Skokie, IL 60077		Ventilator Dependent 1		Skin Disorders 2	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 2	
LIMITED PARTNERSHIP		Other Restrictions 0		Injuries and Poisonings 3	
CONTINUING CARE COMMUNITY		No Restrictions 0		Other Medical Conditions 1	
LIFE CARE FACILITY		No		Non-Medical Conditions 0	
Date Completed 4/29/2010		<i>Note: Reported restrictions denoted by '1'</i>		TOTALS 109	
				Total Residents Diagnosed as Mentally Ill 72	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	123	123	123	123	109	14	61	123	118	Total Admissions 2009 52
Skilled Under 22	0	0	0	0	0	0	0	0	61	Total Discharges 2009 61
Intermediate DD	0	0	0	0	0	0	0	0	109	Residents on 12/31/2009 109
Sheltered Care	0	0	0	0	0	0	0	0	9	Identified Offenders 9
TOTAL BEDS	123	123	123	123	109	14	81	123		

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	2070	7.0%	38223	85.1%	178	171	1589	0	42231	94.1%	94.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2070	7.0%	38223	85.1%	178	171	1589	0	42231	94.1%	94.1%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	7	0	0	0	0	0	0	11	7	18
45 to 59	25	13	0	0	0	0	0	0	25	13	38
60 to 64	10	3	0	0	0	0	0	0	10	3	13
65 to 74	12	12	0	0	0	0	0	0	12	12	24
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	82	47	0	0	0	0	0	0	62	47	109

## WHEATON CARE CENTER

1325 MANCHESTER ROAD

WHEATON, IL. 60187

Reference Numbers Facility ID 6009963

Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	98	3	1	4	0	109
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>3</b>	<b>98</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>109</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	6	0	0	0	6
<b>Total</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	22.00
Other Health Staff	5.00
Non-Health Staff	25.00
<b>Totals</b>	<b>68.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
10.5%	83.2%	1.1%	1.0%	4.2%	100.0%		0.0%
593,393	4,662,892	60,133	56,713	233,935	5,627,066	0	

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



**Trip to:**











110 Windsor Park Dr  
 Carol Stream, IL 60188-1986

**10.82 miles**

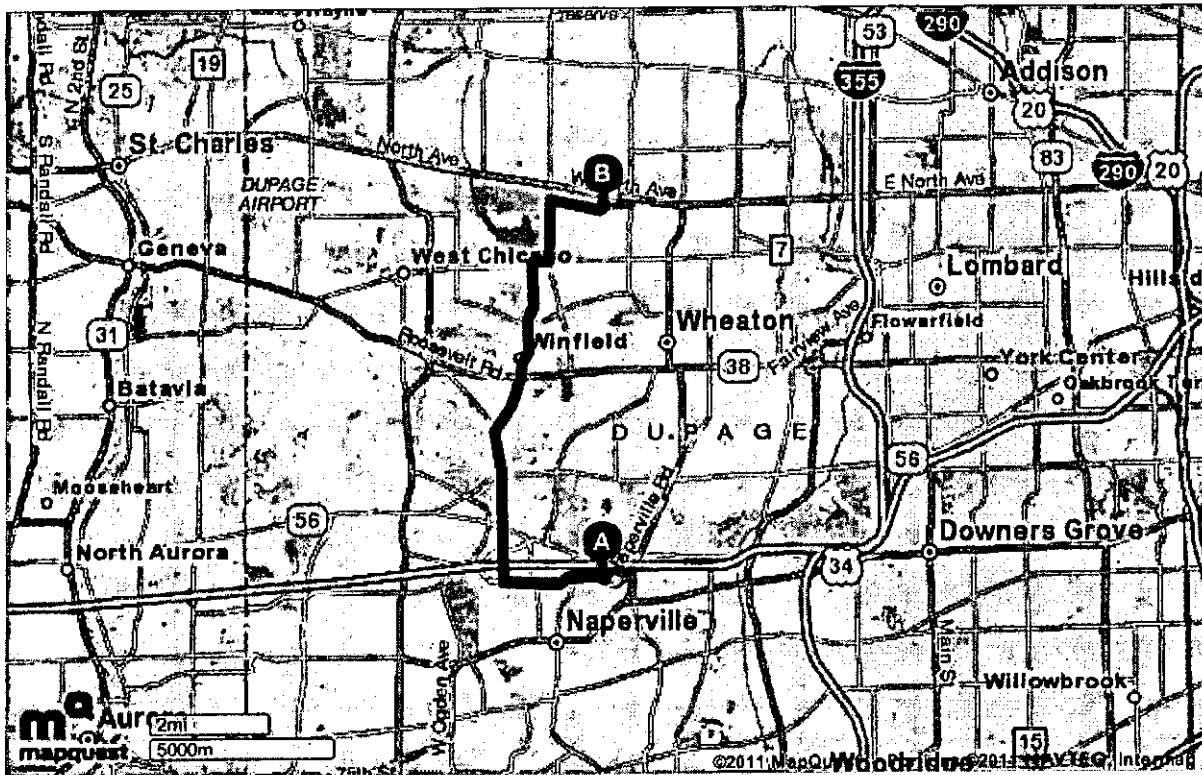
**22 minutes**

Notes

Windsor Park Manor

	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 2.0 Mi	2.1 mi
	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 6.2 Mi	8.2 mi
	4. Turn RIGHT onto GENEVA RD / CR-21.	Go 0.3 Mi	8.6 mi
	5. Turn LEFT onto COUNTY FARM RD / CR-43. <i>COUNTY FARM RD is 0.1 miles past CONCORD LN</i>	Go 1.2 Mi	9.7 mi
	6. Turn RIGHT onto ST CHARLES RD / CR-7. <i>ST CHARLES RD is 0.2 miles past HAWTHORNE LN</i>	Go 1.0 Mi	10.7 mi
	7. Take the 3rd LEFT onto WINDSOR PARK DR. <i>If you reach TAYLOR DR you've gone about 0.1 miles too far</i>	Go 0.2 MI	10.8 mi
	8. Turn LEFT to stay on WINDSOR PARK DR. <i>If you are on KENNSINGTON PL and reach SHERWOOD DR you've gone a little too far</i>		10.8 mi
	9. 110 WINDSOR PARK DR is on the RIGHT. <i>If you reach NOTTINGHAM LN you've gone a little too far</i>		10.8 mi
	<b>110 Windsor Park Dr</b> Carol Stream, IL 60188-1986	10.8 mi	10.8 mi

Total Travel Estimate: 10.82 miles - about 22 minutes



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WINDSOR PARK MANOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
124 WINDSOR PARK DRIVE		Aggressive/Anti-Social 1		DIAGNOSIS	
CAROL STREAM, IL. 60188		Chronic Alcoholism 1		Neoplasms 2	
Reference Numbers	Facility ID 6011753	Developmentally Disabled 1		Endocrine/Metabolic 4	
Health Service Area 007	Planning Service Area 703	Drug Addiction 1		Blood Disorders 4	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 5	
Courtney Littlejohn		Medicare Recipient 0		Alzheimer Disease 2	
		Mental Illness 1		Mental Illness 0	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
COURTNEY LITTLEJOHN		Non-Mobile 0		Circulatory System 14	
630-510-5200		Public Aid Recipient 0		Respiratory System 8	
Registered Agent Information	Date Completed 5/6/2010	Under 65 Years Old 0		Digestive System 0	
Grant Erickson		Unable to Self-Medicate 0		Genitourinary System Disorders 5	
1625 Shermer Road		Ventilator Dependent 1		Skin Disorders 0	
Northbrook, IL 60062		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 8	
FACILITY OWNERSHIP		Other Restrictions 0		Injuries and Poisonings 0	
NON-PROF CORPORATION		No Restrictions 0		Other Medical Conditions 4	
CONTINUING CARE COMMUNITY	Yes	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
LIFE CARE FACILITY	Yes			TOTALS 56	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	60
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED		
Nursing Care	80	69	61	69	56	24	32	0	128	132
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2009	56
Intermediate DD	0	0	0	0	0	0	0	0	Identified Offenders 0	
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	80	69	61	69	56	24	32	0		

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3301	28.3%	0	0.0%	0	64	17441	62	20868	71.5%	82.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3301	28.3%	0	0.0%	0	64	17441	62	20868	71.5%	82.9%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	1	9	0	0	0	0	0	0	1	9	10
85+	11	30	0	0	0	0	0	0	11	30	41
TOTALS	15	41	0	0	0	0	0	0	15	41	56



**WINDSOR PARK MANOR**  
124 WINDSOR PARK DRIVE  
CAROL STREAM, IL. 60188

Reference Numbers Facility ID 6011753  
Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	0	0	0	47	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>0</b>	<b>56</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	293	235
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>56</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>56</b>

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>56</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>56</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	4.50
Certified Aides	25.30
Other Health Staff	4.00
Non-Health Staff	24.00
<b>Totals</b>	<b>68.80</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.7%	0.0%	0.0%	0.0%	82.3%	100.0%		0.0%
1,139,787	0	0	0	5,299,468	6,439,255	1,473	

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



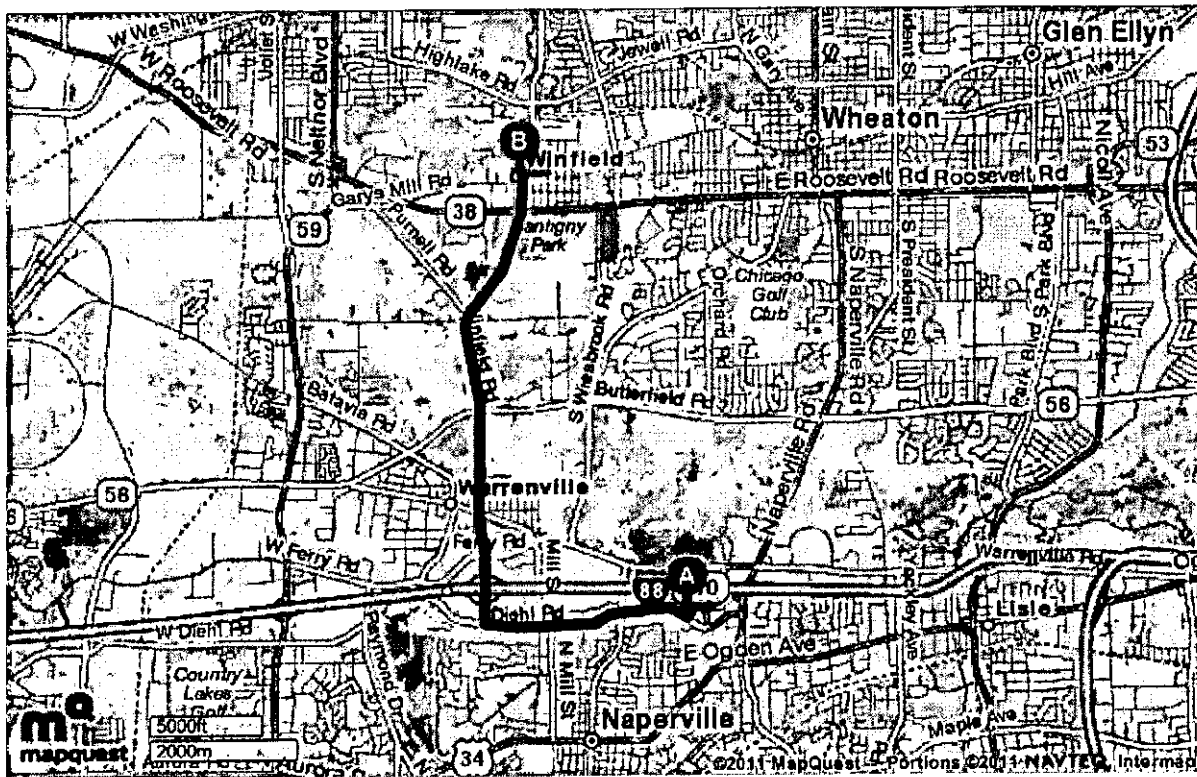
**Trip to:**  
 Winfield, IL  
 6.35 miles  
 12 minutes

Notes

Winfield Woods

A	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
↗	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 2.0 MI	2.1 mi
↘	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 4.3 MI	6.4 mi
■	4. Welcome to WINFIELD, IL. <i>Your destination is just past MANCHESTER RD If you reach OAK CT you've gone about 0.1 miles too far</i>		6.4 mi
B	Winfield, IL	6.4 mi	6.4 mi

Total Travel Estimate: **6.35 miles - about 12 minutes**



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WINFIELD WOODS		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
28 WEST 141 LIBERTY ROAD		Aggressive/Anti-Social 0		DIAGNOSIS	
WINFIELD, IL. 60190		Chronic Alcoholism 1		Neoplasms 0	
Reference Numbers Facility ID 6005334		Developmentally Disabled 1		Endocrine/Metabolic 1	
Health Service Area 007 Planning Service Area 703		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 2	
Deanna Dang		Medicare Recipient 1		Alzheimer Disease 2	
Contact Person and Telephone		Mental Illness 0		Mental Illness 118	
DEANNA DANG		Non-Ambulatory 0		Developmental Disability 0	
630-868-9898		Non-Mobile 1		Circulatory System 1	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 0	
Michael Cramarosso		Under 65 Years Old 0		Digestive System 0	
111 E. Wacker, Suite 2800		Unable to Self-Medicate 0		Genitourinary System Disorders 0	
Chicago, IL 60601		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 1		Musculo-skeletal Disorders 0	
LIMITED LIABILITY CO		Other Restrictions 0		Injuries and Poisonings 4	
CONTINUING CARE COMMUNITY		No Restrictons 0		Other Medical Conditions 0	
LIFE CARE FACILITY		No		Non-Medical Conditions 0	
		<i>Note: Reported restrictions denoted by '1'</i>		TOTALS 128	
				Total Residents Diagnosed as Mentally Ill 123	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	138	138	138	138	128	10	0	138	128	28
Skilled Under 22	0	0	0	0	0	0	0	0	28	28
Intermediate DD	0	0	0	0	0	0	0	0	128	128
Sheltered Care	0	0	0	0	0	0	0	0		1
TOTAL BEDS	138	138	138	138	128	10	0	138		

LEVEL OF CARE	FACILITY UTILIZATION - 2009									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare			Medicaid		Other Public	Private Insurance	Private Pay	Charity Care			TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	43482	86.3%	0	0	0	4366	0	47848	95.0%	95.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	43482	86.3%	0	0	0	4388	0	47848	95.0%	95.0%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	4	0	0	0	0	0	0	2	4	6
45 to 59	29	26	0	0	0	0	0	0	29	26	55
60 to 64	13	10	0	0	0	0	0	0	13	10	23
65 to 74	11	22	0	0	0	0	0	0	11	22	33
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	57	71	0	0	0	0	0	0	57	71	128

**WINFIELD WOODS**

28 WEST 141 LIBERTY ROAD  
WINFIELD, IL. 60190

Reference Numbers Facility ID 6005334

Health Service Area 007 Planning Service Area 703

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

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	0	115	0	0	13	0	128
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>128</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>128</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>128</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>128</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>128</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	23.00
Other Health Staff	2.00
Non-Health Staff	33.00
<b>Totals</b>	<b>70.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.1%	0.0%	0.0%	10.9%	100.0%		0.0%
0	4,869,987	0	0	595,840	5,465,827	0	

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



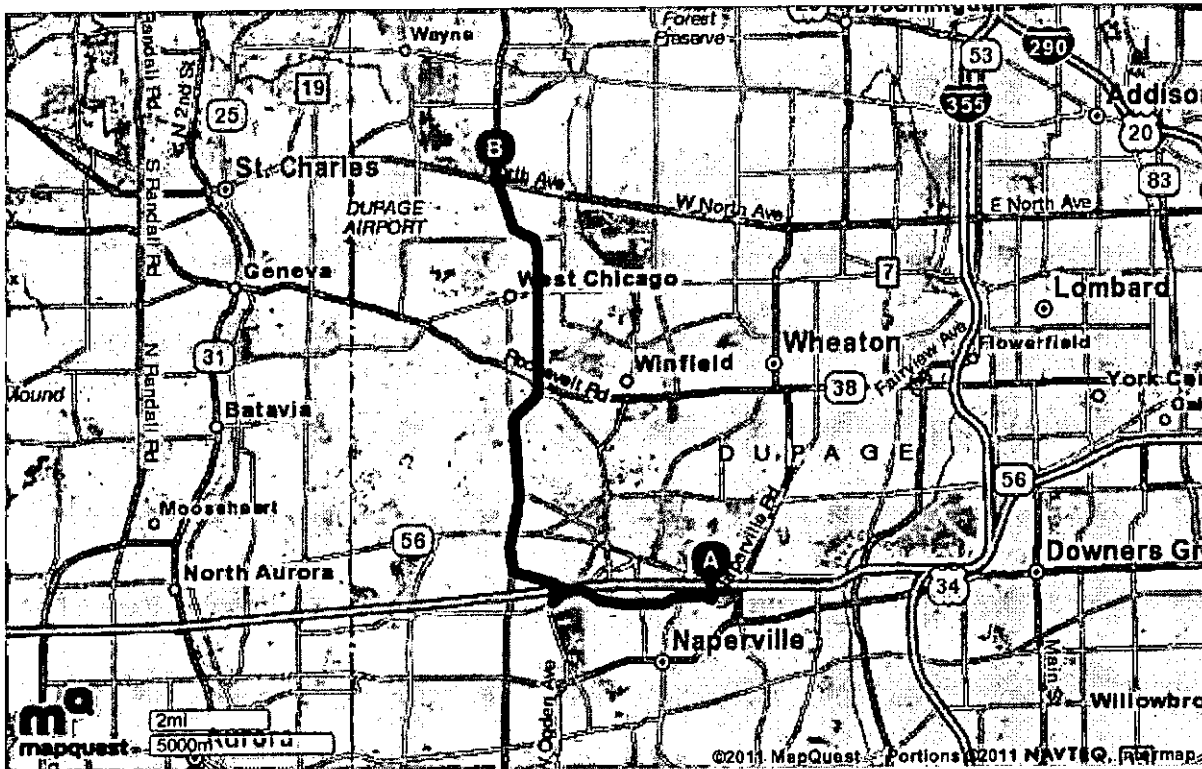
**Trip to:**  
 201 W North Ave  
 West Chicago, IL 60185-6224  
**12.40 miles**  
**20 minutes**

Notes

Wood Glen Nursing & Rehab Center

	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>	
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.07 MI</b>	0.07 mi	
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	<b>Go 3.3 MI</b>	3.3 mi	
	3. Turn RIGHT onto RAYMOND DR / CR-13. <i>If you reach WALL ST you've gone about 0.6 miles too far</i>	<b>Go 0.4 MI</b>	3.7 mi	
	4. Take the 1st LEFT onto W FERRY RD / CR-3. <i>If you are on CORPORATE LN and reach ENGEMANN DR you've gone about 0.2 miles too far</i>	<b>Go 0.8 MI</b>	4.5 mi	
		5. Turn RIGHT onto IL-59. <i>IL-59 is 0.1 miles past ERICKSON DR</i>	<b>Go 7.8 MI</b>	12.4 mi
		6. Turn LEFT onto W NORTH AVE / IL-64 W. <i>W NORTH AVE is 0.3 miles past HERITAGE WOODS DR</i>	<b>Go 0.03 MI</b>	12.4 mi
	7. 201 W NORTH AVE. <i>If you reach FRANCISCAN WAY you've gone a little too far</i>		12.4 mi	
	<b>201 W North Ave</b> West Chicago, IL 60185-6224	<b>12.4 mi</b>	<b>12.4 mi</b>	

Total Travel Estimate: 12.40 miles - about 20 minutes



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WOOD GLEN NURSING & REHAB CTR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
30 WEST 300 NORTH AVENUE		Aggressive/Anti-Social 0		DIAGNOSIS	
WEST CHICAGO, IL. 60185		Chronic Alcoholism 0		Neoplasms 0	
Reference Numbers	Facility ID 6001713	Developmentally Disabled 1		Endocrine/Metabolic 5	
Health Service Area 007	Planning Service Area 703	Drug Addiction 0		Blood Disorders 1	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 10	
Jeffrey White		Medicare Recipient 0		Alzheimer Disease 4	
Contact Person and Telephone		Mental Illness 0		Mental Illness 119	
TRISHA GOODNOUGH		Non-Ambulatory 0		Developmental Disability 3	
630-876-8100		Non-Mobile 0		Circulatory System 10	
Registered Agent Information	Date Completed 4/28/2010	Public Aid Recipient 0		Respiratory System 5	
		Under 65 Years Old 0		Digestive System 3	
		Unable to Self-Medicare 0		Genitourinary System Disorders 4	
		Ventilator Dependent 0		Skin Disorders 2	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 13	
FACILITY OWNERSHIP		Other Restrictions 1		Injuries and Poisonings 4	
LIMITED LIABILITY CO		No Restrictions 0		Other Medical Conditions 18	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
LIFE CARE FACILITY	No			TOTALS 201	
				Total Residents Diagnosed as Mentally Ill 128	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009 200	Total Admissions 2009 88	Total Discharges 2009 87	Residents on 12/31/2009 201	Identified Offenders 8
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED					
Nursing Care	207	207	207	207	201	6	207	207					
Skilled Under 22	0	0	0	0	0	0		0					
Intermediate DD	0	0	0	0	0	0		0					
Sheltered Care	0	0	0	0	0	0							
TOTAL BEDS	207	207	207	207	201	6	207	207					

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE						TOTAL Pat. days	Charity Care Pat. days	Private Pay Pat. days	Private Insurance Pat. days		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Other Public Occ. Pct.						
Nursing Care	1278	1.7%	67996	90.0%	0	0	62	5070	0	74406	98.5%	98.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0	0.0%	0.0%
TOTALS	1278	1.7%	67996	90.0%	0	0	62	5070	0	74406	98.5%	98.5%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										TOTAL Male	TOTAL Female	GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		Male	Female			
	Male	Female	Male	Female	Male	Female	Male	Female					
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	41	19	0	0	0	0	0	0	0	41	19	60	
45 to 59	36	21	0	0	0	0	0	0	36	21	57		
60 to 64	13	14	0	0	0	0	0	0	13	14	27		
65 to 74	15	17	0	0	0	0	0	0	15	17	32		
75 to 84	5	10	0	0	0	0	0	0	5	10	15		
85+	0	10	0	0	0	0	0	0	0	10	10		
TOTALS	110	91	0	0	0	0	0	0	110	91	201		



## WOOD GLEN NURSING &amp; REHAB CTR

30 WEST 300 NORTH AVENUE

WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6001713

Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	185	0	0	15	0	201
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>1</b>	<b>185</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>201</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	182	0	0	0	182
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>201</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>201</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	192	0	0	0	192
<b>Total</b>	<b>201</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>201</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	5.00
Certified Aides	22.00
Other Health Staff	15.00
Non-Health Staff	26.00
<b>Totals</b>	<b>81.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.4%	85.4%	0.0%	0.2%	8.0%	100.0%		0.0%
590,598	7,825,671	0	21,727	729,890	9,167,684	0	











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



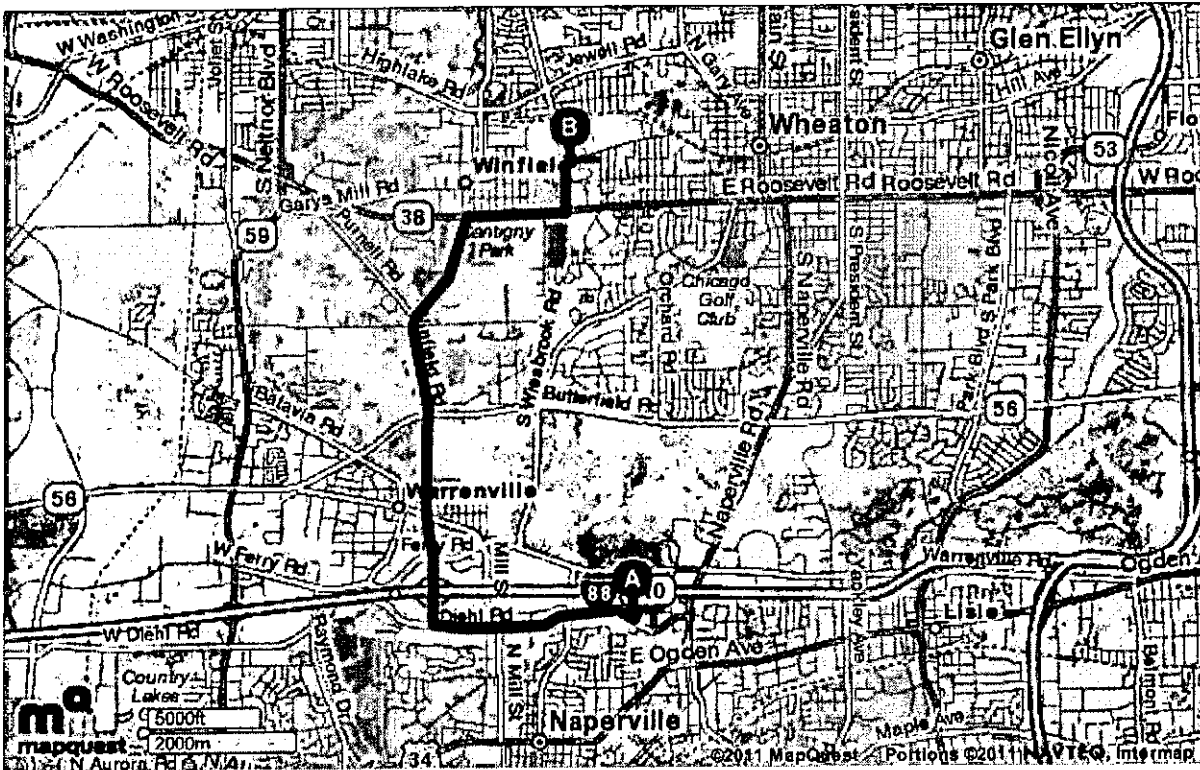
**Trip to:**  
 2180 Manchester Rd  
 Wheaton, IL 60187-4580  
**7.48 miles**  
**14 minutes**

Notes

Wynscape

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 2.0 Mi	2.1 mi
	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 4.0 MI	6.0 mi
 	4. Turn RIGHT onto ROOSEVELT RD / IL-38. <i>ROOSEVELT RD is 0.7 miles past SWAN LAKE DR</i>	Go 0.9 Mi	7.0 mi
	5. Turn LEFT onto S COUNTY FARM RD / CR-43. <i>S COUNTY FARM RD is 0.1 miles past SHAFFNER RD</i>	Go 0.4 Mi	7.4 mi
	6. Take the 2nd RIGHT onto MANCHESTER RD. <i>If you are on COUNTY FARM RD and reach CURTISS AVE you've gone about 0.4 miles too far</i>	Go 0.05 MI	7.5 mi
	7. 2180 MANCHESTER RD is on the RIGHT. <i>If you reach PAGE ST you've gone a little too far</i>		7.5 mi
	<b>2180 Manchester Rd</b> Wheaton, IL 60187-4580	7.5 mi	7.5 mi

Total Travel Estimate: 7.48 miles - about 14 minutes



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WYNSCAPE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2180 MANCHESTER ROAD		Aggressive/Anti-Social 1		DIAGNOSIS	
WHEATON, IL. 60187		Chronic Alcoholism 1		Neoplasms 5	
Reference Numbers Facility ID 6008361		Developmentally Disabled 0		Endocrine/Metabolic 7	
Health Service Area 007 Planning Service Area 703		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 3	
Almee Musial		Medicare Recipient 0		Alzheimer Disease 1	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
AIMEE MUSIAL		Non-Ambulatory 0		Developmental Disability 0	
630-665-4330		Non-Mobile 0		Circulatory System 23	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 16	
Erin Donaldson		Under 65 Years Old 0		Digestive System 11	
200 Wyndemere Circle		Unable to Self-Medicate 0		Genitourinary System Disorders 4	
Wheaton, IL 60187		Ventilator Dependent 1		Skin Disorders 3	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 18	
LIMITED LIABILITY CO		Other Restrictions 0		Injuries and Poisonings 32	
CONTINUING CARE COMMUNITY Yes		No Restrictions 0		Other Medical Conditions 9	
LIFE CARE FACILITY Yes		Note: Reported restrictions denoted by '1'		Non-Medical Conditions 5	
				TOTALS 137	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	209	209	158	209	137	72	108	0	141	Total Admissions 2009 773
Skilled Under 22	0	0	0	0	0	0	0	0	0	Total Discharges 2009 777
Intermediate DD	0	0	0	0	0	0	0	0	0	Residents on 12/31/2009 137
Sheltered Care	0	0	0	0	0	0	0	0	0	Identified Offenders 0
TOTAL BEDS	209	209	158	209	137	72	108	0		

LEVEL OF CARE	FACILITY UTILIZATION - 2009									TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	Pat. days			
Nursing Care	16824	42.7%	9462	0.0%	0	1139	23440	15	50880	66.7%	66.7%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	16824	42.7%	9462	0.0%	0	1139	23440	15	50880	66.7%	66.7%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	14	23	0	0	0	0	0	0	14	23	37
85+	27	64	0	0	0	0	0	0	27	64	91
TOTALS	46	91	0	0	0	0	0	0	46	91	137

## WYNSCAPE

2180 MANCHESTER ROAD  
WHEATON, IL. 60187

Reference Numbers Facility ID 6008361

Health Service Area 007 Planning Service Area 703

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	45	26	0	4	62	0	137
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	45	26	0	4	62	0	137

## AVERAGE DAILY PAYMENT RATES

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

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	9	0	0	0	9
Total	137	0	0	0	137

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	9	0	0	0	9
Total	137	0	0	0	137

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	8.00
Certified Aides	64.50
Other Health Staff	28.00
Non-Health Staff	54.00
Totals	179.50

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
52.9%	8.9%	0.0%	3.4%	34.9%	100.0%		0.2%
8,105,335	1,359,493	0	525,190	5,344,892	15,334,910	23,210	















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

# mapquest m<sup>q</sup>

**Trip to:**  
 8700 31st St  
 Brookfield, IL 60513-1000  
**20.28 miles**  
**30 minutes**

**Notes**

British Home

	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 MI</b>	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 MI</b>	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 MI</b>	0.8 mi
 	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 7.2 MI</b>	8.0 mi
 	5. Keep LEFT at the fork to go on IL-110 E / CHICAGO-KANSAS CITY EXPY (Portions toll).	<b>Go 9.4 MI</b>	17.5 mi
	6. Take EXIT 20 toward IL-171 / 1ST AVE.	<b>Go 0.2 MI</b>	17.6 mi
	7. Stay STRAIGHT to go onto BATAAN DR.	<b>Go 0.06 MI</b>	17.7 mi
 	8. Take the 1st RIGHT onto S 1ST AVE / IL-171. <i>If you reach I-290 E you've gone about 0.1 miles too far</i>	<b>Go 2.2 MI</b>	19.9 mi
	9. Turn SLIGHT RIGHT onto GOLF VIEW RD. <i>GOLF VIEW RD is 0.2 miles past W 26TH ST</i>	<b>Go 0.3 MI</b>	20.2 mi
	10. Turn RIGHT onto 31ST ST.	<b>Go 0.1 MI</b>	20.3 mi
	11. 8700 31ST ST is on the RIGHT. <i>If you reach MCCORMICK AVE you've gone a little too far</i>		20.3 mi

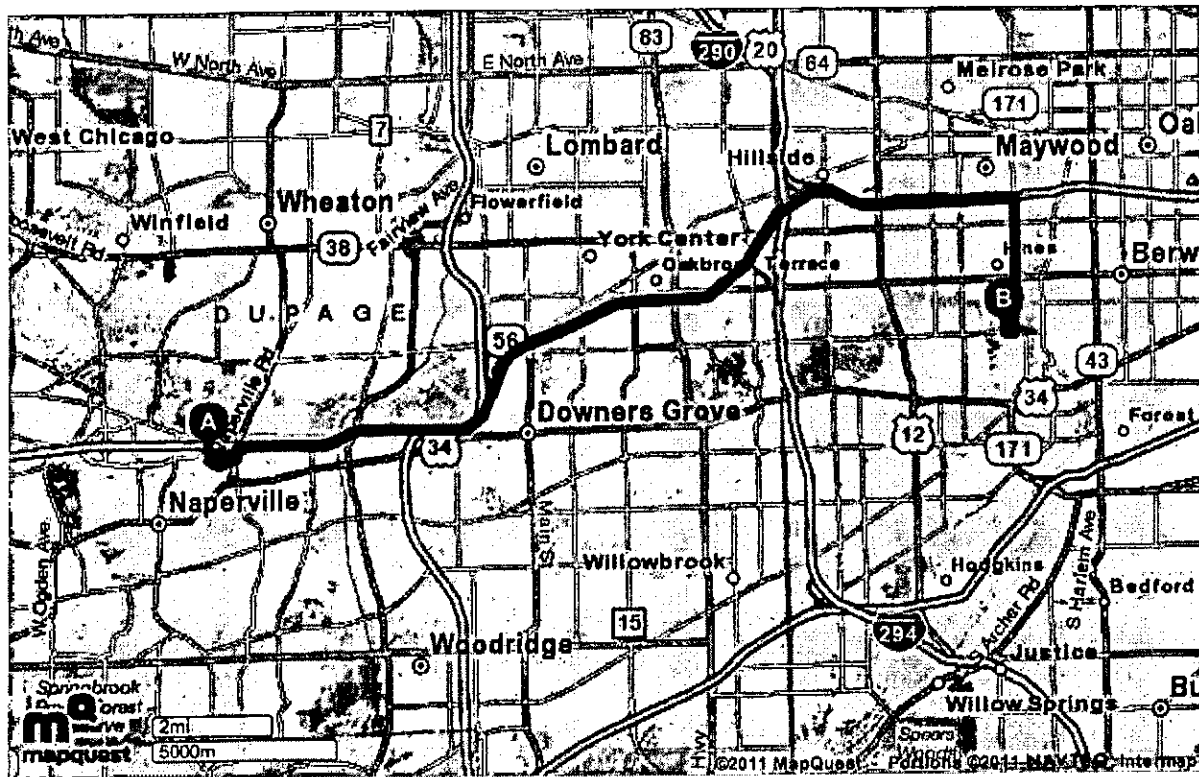


**8700 31st St**  
Brookfield, IL 60513-1000

20.3 mi

20.3 mi

Total Travel Estimate: 20.28 miles - about 30 minutes



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## BRITISH HOME

8700 WEST 31ST STREET  
BROOKFIELD, IL. 60513

Reference Numbers Facility ID 6001184

Health Service Area 007 Planning Service Area 704

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	0	0	0	29	1	63
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	20	0	20
<b>TOTALS</b>	<b>33</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>	<b>1</b>	<b>83</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	235
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	175	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	20	83
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>83</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	61	0	0	20	81
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>83</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	8.00
Non-Health Staff	16.50
<b>Totals</b>	<b>70.50</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
58.4%	0.0%	0.0%	1.4%	40.2%	100.0%		3.3%
4,810,352	0	0	112,907	3,316,140	8,239,399	272,588	

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

BRITISH HOME		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
8700 WEST 31ST STREET		Aggressive/Anti-Social 1		DIAGNOSIS	
BROOKFIELD, IL. 60513		Chronic Alcoholism 1		Neoplasms 3	
Reference Numbers Facility ID 6001184		Developmentally Disabled 1		Endocrine/Metabolic 9	
Health Service Area 007 Planning Service Area 704		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 12	
Julie M. Adduci		Medicare Recipient 0		Alzheimer Disease 2	
Contact Person and Telephone		Mental Illness 1		Mental Illness 7	
JULIE M ADDUCI		Non-Ambulatory 0		Developmental Disability 0	
708-485-8788		Non-Mobile 0		Circulatory System 12	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 10	
Dennis Sonnenberg		Under 65 Years Old 0		Digestive System 13	
8700 West 31st Street		Unable to Self-Medicare 0		Genitourinary System Disorders 6	
Brookfield, IL 60513		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 9	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY		No Restrictions 0		Other Medical Conditions 0	
LIFE CARE FACILITY		No		Non-Medical Conditions 0	
		Note: Reported restrictions denoted by '1'		TOTALS 83	
				Total Residents Diagnosed as Mentally Ill 7	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	72	72	72	72	63	9	46	0	78	Total Admissions 2009 439
Skilled Under 22	0	0	0	0	0	0	0	0	83	Total Discharges 2009 434
Intermediate DD	0	0	0	0	0	0	0	0		Residents on 12/31/2009 83
Sheltered Care	20	20	20	20	20	0	0	0		Identified Offenders 0
TOTAL BEDS	92	92	92	92	83	9	46	0		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11622	69.2%	0	0.0%	0	122	9125	0	20869	79.4%	79.4%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	6570	0	6570	90.0%	90.0%	
TOTALS	11622	69.2%	0	0.0%	0	122	15695	0	27439	81.7%	81.7%	













AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	1	0	2	4	6
75 to 84	2	15	0	0	0	0	1	8	3	23	26
85+	8	33	0	0	0	0	2	8	10	41	51
TOTALS	11	52	0	0	0	0	4	16	15	68	83



**Trip to:**  
 625 N Harlem Ave  
 Oak Park, IL 60302-1805  
**20.44 miles**  
**30 minutes**

Notes

Oak Park Healthcare Center

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
 	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 7.2 Mi	8.0 mi
 	5. Keep LEFT at the fork to go on IL-110 E / CHICAGO-KANSAS CITY EXPY (Portions toll).	Go 11.0 Mi	19.0 mi
	6. Take the IL-43 / HARLEM AVE exit, EXIT 21B, on the LEFT.	Go 0.2 Mi	19.2 mi
 	7. Turn LEFT onto IL-43 / HARLEM AVE / S HARLEM AVE. Continue to follow IL-43 / HARLEM AVE.	Go 1.2 Mi	20.4 mi
	8. 625 N HARLEM AVE. <i>Your destination is just past QUICK AVE If you reach ERIE ST you've gone a little too far</i>		20.4 mi
	<b>625 N Harlem Ave</b> Oak Park, IL 60302-1805	20.4 mi	20.4 mi

Total Travel Estimate: **20.44 miles - about 30 minutes**



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**OAK PARK HEALTHCARE CENTER**

625 NORTH HARLEM AVENUE  
 OAK PARK, IL. 60302  
**Reference Numbers** Facility ID 6006795  
 Health Service Area 007 Planning Service Area 704

**Adminstrator**  
 Konstantinos Stavropoulos

**Contact Person and Telephone**  
 KONSTANTINOS STAVROPOULOS  
 708-848-5966

**Registered Agent Information**  
 Meyer Megance  
 8320 Skokie Blvd.  
 Skokie, IL 60077

**FACILITY OWNERSHIP**  
 LIMITED LIABILITY CO

**CONTINUING CARE COMMUNITY** No  
**LIFE CARE FACILITY** No

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	55
Blood Disorders	0
*Nervous System Non Alzheimer	30
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	36
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
<b>TOTALS</b>	<b>157</b>

**Total Residents Diagnosed as Mentally Ill 45**

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

**ADMISSIONS AND DISCHARGES - 2009**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009		
								152	474	
Nursing Care	204	204	164	204	157	47	204	204	Total Admissions 2009	474
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	469
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	157
Sheltered Care	0	0	0	0	0	0	0	0	<b>Identified Offenders</b>	<b>12</b>
<b>TOTAL BEDS</b>	<b>204</b>	<b>204</b>	<b>164</b>	<b>204</b>	<b>157</b>	<b>47</b>	<b>204</b>	<b>204</b>		

**FACILITY UTILIZATION - 2009**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.						Pat. days	Pat. days
Nursing Care	5066	6.8%	48551	65.2%	0	0	628	0	54245	72.9%	72.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>5066</b>	<b>6.8%</b>	<b>48551</b>	<b>65.2%</b>	<b>0</b>	<b>0</b>	<b>628</b>	<b>0</b>	<b>54245</b>	<b>72.9%</b>	<b>72.9%</b>

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	16	12	0	0	0	0	0	0	16	12	28
45 to 59	27	20	0	0	0	0	0	0	27	20	47
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	18	18	0	0	0	0	0	0	18	18	36
75 to 84	13	12	0	0	0	0	0	0	13	12	25
85+	3	7	0	0	0	0	0	0	3	7	10
<b>TOTALS</b>	<b>82</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>82</b>	<b>75</b>	<b>157</b>

**OAK PARK HEALTHCARE CENTER**

625 NORTH HARLEM AVENUE  
OAK PARK, IL. 60302

Reference Numbers Facility ID 6006795

Health Service Area 007 Planning Service Area 704

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	142	0	0	0	0	157
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>15</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>157</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	1	0	0	0	1
Black	87	0	0	0	87
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>157</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>157</b>

ETHNICITY	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	6	0	0	0	6
<b>Total</b>	<b>157</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>157</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	24.00
Certified Aides	51.00
Other Health Staff	13.00
Non-Health Staff	28.00
<b>Totals</b>	<b>127.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.3%	74.1%	0.0%	0.0%	0.6%	100.0%		0.0%
1,958,232	5,749,113	0	0	46,716	7,754,061	0	















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



**Trip to:**  
 8200 Roosevelt Rd  
 Forest Park, IL 60130-2528  
**18.53 miles**  
**26 minutes**

Notes

Pavillion of Forest Park

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
 	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 7.2 MI	8.0 mi
 	5. Keep LEFT at the fork to go on IL-110 E / CHICAGO-KANSAS CITY EXPY (Portions toll).	Go 9.4 MI	17.5 mi
	6. Take EXIT 20 toward IL-171 / 1ST AVE.	Go 0.2 MI	17.6 mi
	7. Stay STRAIGHT to go onto BATAAN DR.	Go 0.06 MI	17.7 mi
 	8. Take the 1st RIGHT onto S 1ST AVE / IL-171. <i>If you reach I-290 E you've gone about 0.1 miles too far</i>	Go 0.5 MI	18.1 mi
	9. Turn LEFT onto ROOSEVELT RD / W ROOSEVELT RD. <i>ROOSEVELT RD is 0.1 miles past FILLMORE ST</i>	Go 0.4 MI	18.5 mi
	<b>8200 Roosevelt Rd</b> Forest Park, IL 60130-2528	18.5 mi	18.5 mi

Total Travel Estimate: 18.53 miles - about 26 minutes



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BERKSHIRE NURSING AND REHAB CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
8200 WEST ROOSEVELT ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
FOREST PARK, IL. 60130		Chronic Alcoholism	1	Neoplasms	7
Reference Numbers	Facility ID 6015333	Developmentally Disabled	0	Endocrine/Metabolic	4
Health Service Area 007	Planning Service Area 704	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	17
Benjamin T. Friedman		Medicare Recipient	0	Alzheimer Disease	22
Contact Person and Telephone		Mental Illness	0	Mental Illness	19
Benjamin T. Friedman		Non-Ambulatory	0	Developmental Disability	0
708-488-9850		Non-Mobile	0	Circulatory System	33
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	3
Frederick S. Frankel	5/3/2010	Under 65 Years Old	0	Digestive System	2
8131 N. Monticello		Unable to Self-Medicate	0	Genitourinary System Disorders	7
Skokie, IL 60076		Ventilator Dependent	1	Skin Disorders	0
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3
LIMITED LIABILITY CO		Other Restrictions	0	Injuries and Poisonings	9
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	6
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
				TOTALS	132
				Total Residents Diagnosed as Mentally Ill	25

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	232	149	136	149	132	100	227	232	Total Admissions 2009	106
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	101
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	132
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	232	149	136	149	132	100	227	232		

LEVEL OF CARE	FACILITY UTILIZATION - 2009									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL		
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days		
Nursing Care	8659	10.5%	34101	40.3%	0	739	3473	0	46972	55.5%	86.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8659	10.5%	34101	40.3%	0	739	3473	0	46972	55.5%	86.4%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	0	0	0	0	0	0	0	5	0	5
45 to 59	7	7	0	0	0	0	0	0	7	7	14
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	16	5	0	0	0	0	0	0	16	5	21
75 to 84	12	30	0	0	0	0	0	0	12	30	42
85+	9	28	0	0	0	0	0	0	9	28	37
TOTALS	57	75	0	0	0	0	0	0	57	75	132

**BERKSHIRE NURSING AND REHAB CENTER**

8200 WEST ROOSEVELT ROAD  
FOREST PARK, IL. 60130

Reference Numbers Facility ID 6015333  
Health Service Area 007 Planning Service Area 704

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	89	0	1	17	0	132
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>25</b>	<b>89</b>	<b>0</b>	<b>1</b>	<b>17</b>	<b>0</b>	<b>132</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	78	0	0	0	78
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>132</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>132</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>132</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>132</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	16.00
Certified Aides	32.00
Other Health Staff	3.00
Non-Health Staff	32.00
<b>Totals</b>	<b>93.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.3%	65.0%	0.0%	7.2%	3.5%	100.0%		0.0%
1,770,955	4,730,474	0	526,820	252,584	7,280,833	0	

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



**Trip to:**

4600 Frontage Rd  
Hillside, IL 60162-1761

**16.21 miles**

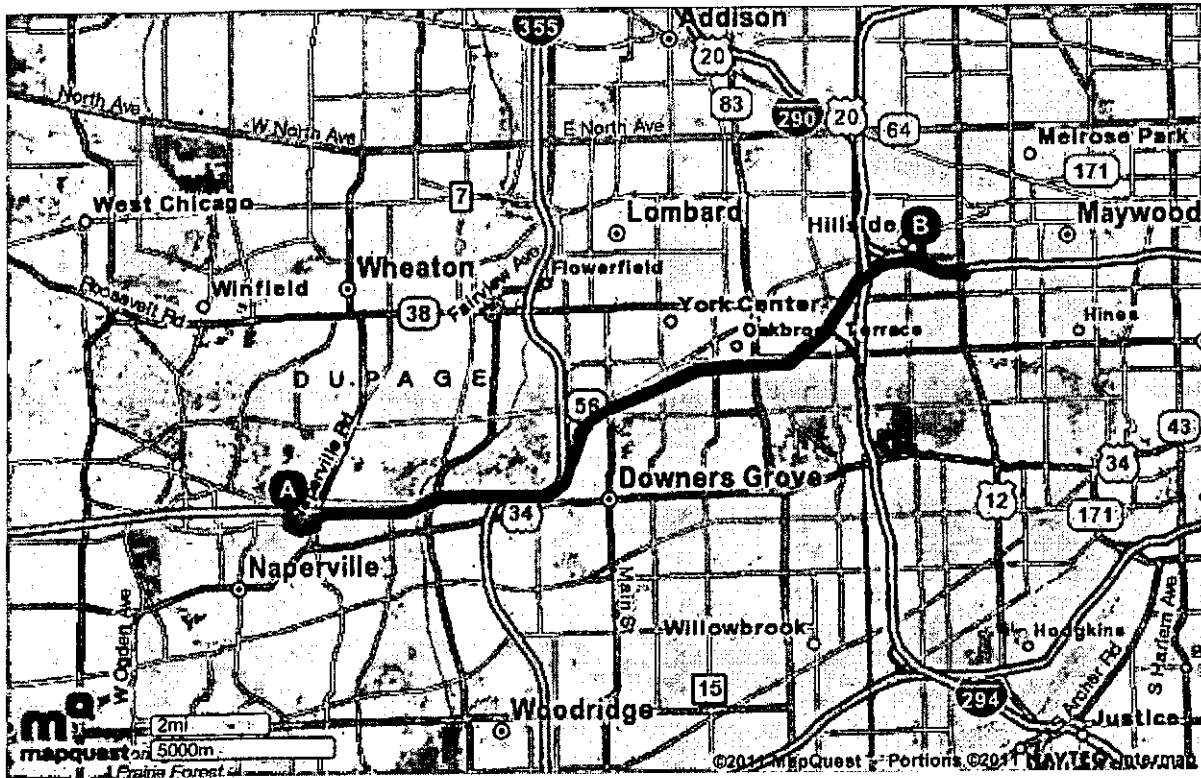
**23 minutes**

**Notes**

Renaissance at Hillside

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
↩	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
↩	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
↑	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 7.2 Mi	8.0 mi
Y	5. Keep LEFT at the fork to go on IL-110 E / CHICAGO-KANSAS CITY EXPY (Portions toll).	Go 5.6 Mi	13.6 mi
EXIT	6. Take the I-290 E exit toward CHICAGO / US-12 / US-20 / US-45 / MANNHEIM RD.	Go 1.5 Mi	15.1 mi
EXIT	7. Merge onto US-12 N / US-20 N / US-45 N / N MANNHEIM RD / ULYSSES S GRANT MEMORIAL HWY via EXIT 17B.	Go 0.3 Mi	15.4 mi
↩	8. Turn LEFT onto N FRONTAGE RD. <i>If you reach CONGRESS ST you've gone a little too far</i>	Go 0.8 Mi	16.2 mi
■	9. 4600 FRONTAGE RD is on the RIGHT. <i>Your destination is just past FRONTAGE RD If you reach N JACKSON BLVD you've gone about 0.1 miles too far</i>		16.2 mi
B	4600 Frontage Rd Hillside, IL 60162-1761	16.2 mi	16.2 mi

Total Travel Estimate: 16.21 miles - about 23 minutes



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THE RENAISSANCE AT HILLSIDE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
4600 NORTH FRONTAGE ROAD		Aggressive/Anti-Social 0		DIAGNOSIS	
HILLSIDE, IL. 60162		Chronic Alcoholism 0		Neoplasms 0	
Reference Numbers Facility ID 6014906		Developmentally Disabled 0		Endocrine/Metabolic 13	
Health Service Area 007 Planning Service Area 704		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 6	
John Stare		Medicare Recipient 0		Alzheimer Disease 67	
Contact Person and Telephone		Mental Illness 0		Mental Illness 0	
JOHN STARE		Non-Ambulatory 0		Developmental Disability 0	
708-544-9933		Non-Mobile 0		Circulatory System 12	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 57	
Abraham J. Stern		Under 65 Years Old 0		Digestive System 7	
10 South Wacker Drive, 40th Floor		Unable to Self-Medicate 0		Genitourinary System Disorders 0	
Chicago, IL 60606		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 5	
FOR-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY No		No Restrictions 0		Other Medical Conditions 0	
LIFE CARE FACILITY No		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
				TOTALS 167	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	188	188	188	188	167	21	188	158	Total Admissions 2009	605
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	604
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	167
Sheltered Care	0	0	0	0	0	0		0	Identified Offenders	15
TOTAL BEDS	188	188	188	188	167	21	188	158		

LEVEL OF CARE	FACILITY UTILIZATION - 2009									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare			Medicaid		Other Public	Private Insurance	Private Pay	Charity Care			TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days		
Nursing Care	9238	13.5%	47840	83.0%	1085	2384	1387	0	61934	90.3%	90.3%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%	
TOTALS	9238	13.5%	47840	83.0%	1085	2384	1387	0	61934	90.3%	90.3%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	18	12	0	0	0	0	0	0	18	12	30
60 to 64	11	8	0	0	0	0	0	0	11	8	19
65 to 74	6	15	0	0	0	0	0	0	6	15	21
75 to 84	27	31	0	0	0	0	0	0	27	31	58
85+	9	24	0	0	0	0	0	0	9	24	33
TOTALS	74	93	0	0	0	0	0	0	74	93	167

THE RENAISSANCE AT HILLSIDE  
4600 NORTH FRONTAGE ROAD  
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6014906

Health Service Area 007 Planning Service Area 704

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	133	0	9	4	0	167
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>21</b>	<b>133</b>	<b>0</b>	<b>9</b>	<b>4</b>	<b>0</b>	<b>167</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	138	0	0	0	138
Hawaiian/Pac. Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>167</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>167</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>167</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>167</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	23.00
Certified Aides	57.00
Other Health Staff	10.00
Non-Health Staff	48.00
<b>Totals</b>	<b>153.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.3%	75.6%	9.8%	2.3%	0.0%	100.0%		0.0%
1,149,999	7,041,636	909,871	218,569	0	9,320,075	0	

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

# mapquest m<sup>q</sup>

**Trip to:**













520 S Maple Ave  
Oak Park, IL 60304-1022

**19.70 miles**

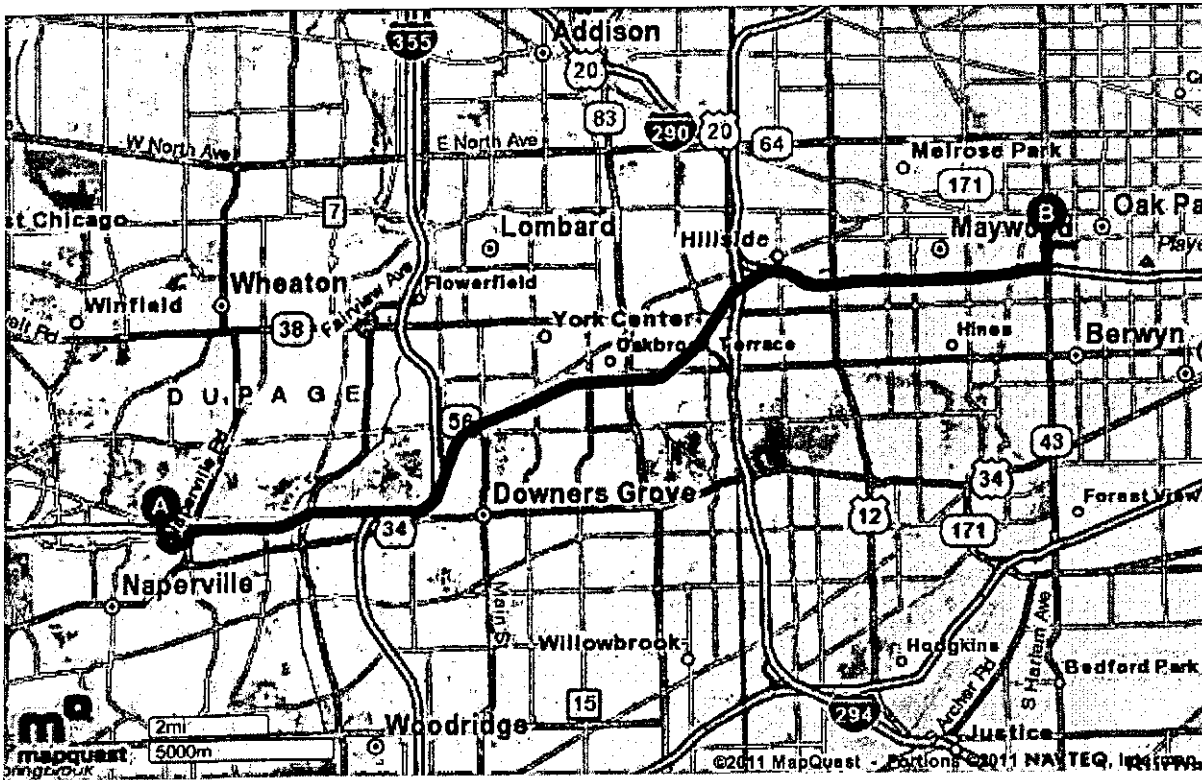
**28 minutes**

**Notes**

Rush Oak Park Hospital

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 7.2 Mi	8.0 mi
	5. Keep LEFT at the fork to go on IL-110 E / CHICAGO-KANSAS CITY EXPY (Portions toll).	Go 11.0 Mi	19.0 mi
	6. Take the IL-43 / HARLEM AVE exit, EXIT 21B, on the LEFT.	Go 0.2 Mi	19.2 mi
	7. Turn LEFT onto IL-43 / HARLEM AVE / S HARLEM AVE.	Go 0.4 Mi	19.6 mi
	8. Turn RIGHT onto MADISON ST. <i>MADISON ST is 0.1 miles past MONROE ST</i>	Go 0.05 Mi	19.7 mi
	9. Take the 1st RIGHT onto S MAPLE AVE. <i>If you reach WISCONSIN AVE you've gone a little too far</i>	Go 0.02 Mi	19.7 mi
	10. 520 S MAPLE AVE is on the LEFT. <i>If you reach MONROE ST you've gone a little too far</i>		19.7 mi
	<b>520 S Maple Ave</b> Oak Park, IL 60304-1022	19.7 mi	19.7 mi

Total Travel Estimate: 19.70 miles - about 28 minutes



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OAK PARK HOSPITAL		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
520 SOUTH MAPLE AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS		
OAK PARK, IL. 60304		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6010615	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area 007	Planning Service Area 704	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	1	*Nervous System Non Alzheimer	1	
Karen Mayer		Medicare Recipient	0	Alzheimer Disease	0	
Contact Person and Telephone		Mental Illness	0	Mental Illness	0	
DEBORAH WILBERDING		Non-Ambulatory	0	Developmental Disability	0	
708 660-6974		Non-Mobile	0	Circulatory System	3	
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	1	
	5/3/2010	Under 65 Years Old	0	Digestive System	1	
		Unable to Self-Medicare	0	Genitourinary System Disorders	0	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3	
		Other Restrictions	0	Injuries and Poisonings	8	
		No Restrictions	0	Other Medical Conditions	1	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			TOTALS	18
TOWNSHIP						
CONTINUING CARE COMMUNITY	No					
LIFE CARE FACILITY	No					
					Total Residents Diagnosed as Mentally Ill	6

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	36	28	28	28	18	18	36	0	Total Admissions 2009	492
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	492
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	18
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	36	28	28	28	18	18	36	0		

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	7016	53.4%	0	0.0%	0	904	4	0	7924	60.3%	77.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7016	53.4%	0	0.0%	0	904	4	0	7924	60.3%	77.5%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	0	5	0	0	0	0	0	0	0	5	5
TOTALS	4	14	0	0	0	0	0	0	4	14	18

OAK PARK HOSPITAL  
 520 SOUTH MAPLE AVENUE  
 OAK PARK, IL. 60304

Reference Numbers Facility ID 6010615  
 Health Service Area 007 Planning Service Area 704

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

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	0	0	3	0	18
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>18</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	593	540
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	17	0	0	0	17
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	13.62
LPN's	1.94
Certified Aides	11.41
Other Health Staff	0.00
Non-Health Staff	3.70
<b>Totals</b>	<b>31.67</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.7%	7.2%	0.1%	52.9%	5.1%	100.0%		0.7%
34,267,323	7,130,325	91,975	52,261,143	5,076,853	98,827,619	705,139	













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



**Trip to:**  
 480 N Wolf Rd  
 Northlake, IL 60164-1650  
 17.84 miles  
 27 minutes

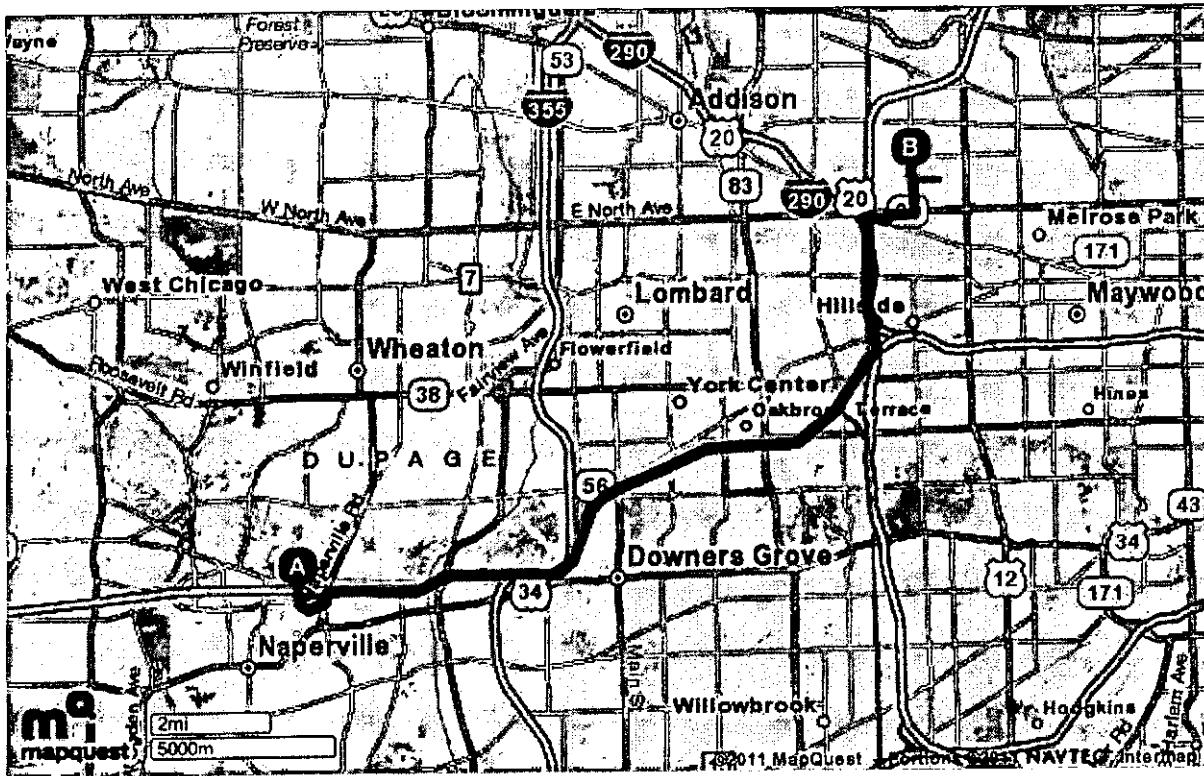
Notes

Villa Scalabrini Nursing & Rehab

	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 MI</b>	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 MI</b>	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 MI</b>	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 12.1 MI</b>	12.9 mi
	5. Merge onto I-290 W / EISENHOWER EXPY W toward US-20 / ROCKFORD / IL-64.	<b>Go 3.0 MI</b>	15.8 mi
	6. Take the US-20 E / LAKE ST exit, EXIT 13A.	<b>Go 0.5 MI</b>	16.3 mi
	7. Keep LEFT at the fork in the ramp.	<b>Go 0.04 MI</b>	16.4 mi
	8. Turn SLIGHT RIGHT onto W LAKE ST / US-20 / ULYSSES S GRANT MEMORIAL HWY.	<b>Go 0.3 MI</b>	16.6 mi
	9. Take the 1st LEFT onto N RAILROAD AVE. <i>If you reach ASHBEL AVE you've gone a little too far</i>	<b>Go 0.1 MI</b>	16.8 mi
	10. Take the 1st RIGHT onto W NORTH AVE / IL-64 E.	<b>Go 0.5 MI</b>	17.3 mi
	11. Turn LEFT onto N WOLF RD. <i>N WOLF RD is just past N LAVERGNE AVE</i>	<b>Go 0.6 MI</b>	17.8 mi

■	12. 480 N WOLF RD is on the LEFT. <i>Your destination is just past E VILLAGE DR If you reach E PALMER AVE you've gone about 0.1 miles too far</i>	17.8 mi	17.8 mi
B	<b>480 N Wolf Rd</b> Northlake, IL 60164-1650	17.8 mi	17.8 mi

Total Travel Estimate: 17.84 miles - about 27 minutes



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VILLA SCALABRINI NSG & REHAB		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
480 NORTH WOLF ROAD		Aggressive/Anti-Social 0		DIAGNOSIS	
NORTHLAKE, IL. 60164		Chronic Alcoholism 1		Neoplasms 6	
Reference Numbers Facility ID 6009591		Developmentally Disabled 1		Endocrine/Metabolic 26	
Health Service Area 007 Planning Service Area 704		Drug Addiction 1		Blood Disorders 10	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 28	
Jim Kouzious		Medicare Recipient 0		Alzheimer Disease 28	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
BRENDA DAVIS		Non-Ambulatory 0		Developmental Disability 3	
847-813-3712		Non-Mobile 0		Circulatory System 43	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 18	
Sandra Bruce		Under 65 Years Old 0		Digestive System 5	
7435 West Talcott		Unable to Self-Medicate 0		Genitourinary System Disorders 7	
Chicago, IL 60631		Ventilator Dependent 0		Skin Disorders 2	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 48	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY No		No Restrictions 0		Other Medical Conditions 0	
LIFE CARE FACILITY No		Note: Reported restrictions denoted by 'I'		Non-Medical Conditions 0	
				TOTALS 224	
				Total Residents Diagnosed as Mentally Ill 14	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	246	253	230	253	224	22	171	202	Total Admissions 2009	414
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	420
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	224
Sheltered Care	7	0	0	0	0	7			Identified Offenders	0
TOTAL BEDS	253	253	230	253	224	29	171	202		

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance		Charity Care	TOTAL	Licensed Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days			Pat. days	Pat. days
Nursing Care	17447	28.0%	45709	62.0%	0	1267	18792	433	83648	93.2%	90.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	17447	28.0%	45709	62.0%	0	1267	18792	433	83648	90.6%	90.6%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	13	0	0	0	0	0	0	5	13	18
75 to 84	14	50	0	0	0	0	0	0	14	50	64
85+	25	107	0	0	0	0	0	0	25	107	132
TOTALS	51	173	0	0	0	0	0	0	51	173	224

**VILLA SCALABRINI NSG & REHAB**

480 NORTH WOLF ROAD  
NORTHLAKE, IL. 60164

Reference Numbers Facility ID 6009591

Health Service Area 007 Planning Service Area 704

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	126	0	6	47	1	224
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>44</b>	<b>126</b>	<b>0</b>	<b>6</b>	<b>47</b>	<b>1</b>	<b>224</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	212
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	197	0	0	0	197
Race Unknown	9	0	0	0	9
<b>Total</b>	<b>224</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>224</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	208	0	0	0	208
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>224</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>224</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.61
LPN's	7.05
Certified Aides	75.20
Other Health Staff	13.30
Non-Health Staff	64.89
<b>Totals</b>	<b>197.05</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.3%	31.6%	0.0%	0.0%	27.2%	100.0%		0.5%
7,596,699	5,807,508	0	0	4,996,309	18,400,516	89,396	

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



Trip to:  
 2901 Wolf Rd  
 Westchester, IL 60154-5623  
 14.52 miles  
 23 minutes

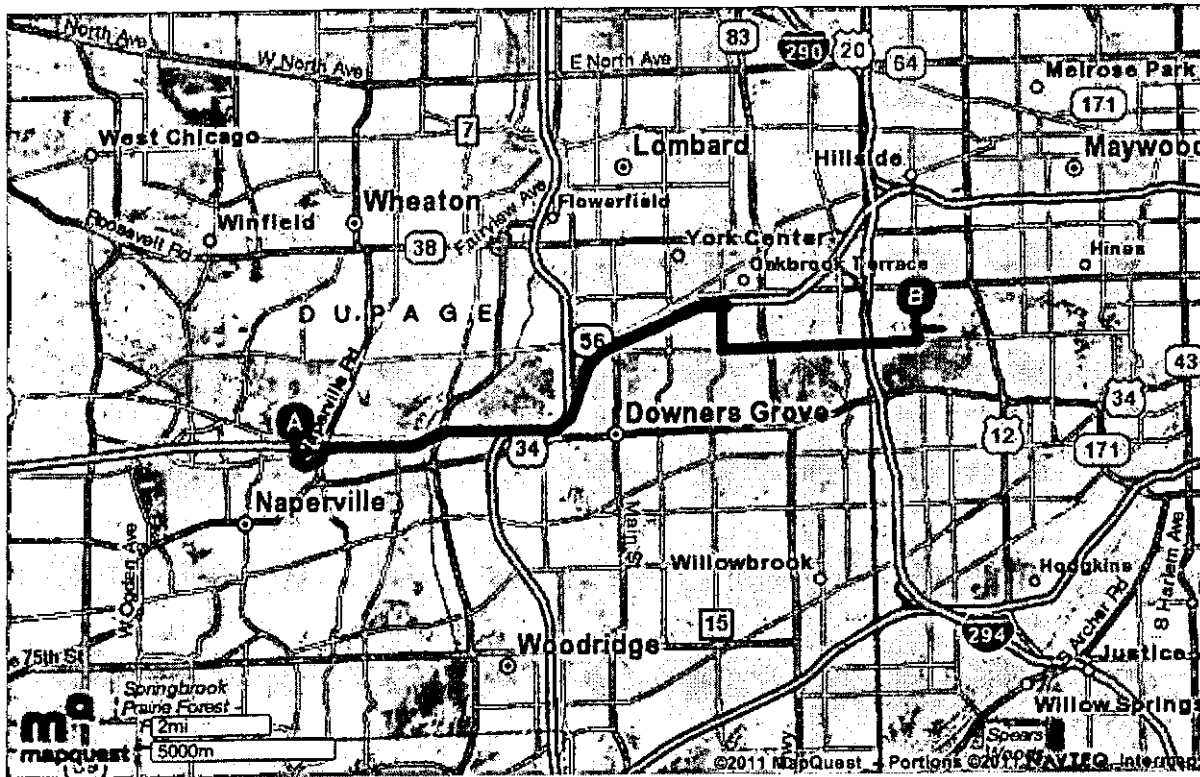
Notes

Westchester Health & Rehab

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
↩	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
↩	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
↑	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 8.8 Mi	9.6 mi
EXIT	5. Take the MIDWEST RD exit.	Go 0.2 Mi	9.9 mi
↩	6. Turn LEFT onto MIDWEST RD / CR-15.	Go 0.8 Mi	10.7 mi
↩	7. Turn LEFT onto 31ST ST / OAK BROOK RD / CR-34 N. Continue to follow 31ST ST / OAK BROOK RD. <i>31ST ST is 0.3 miles past MOCKINGBIRD LN</i>	Go 3.7 Mi	14.3 mi
↩	8. Turn LEFT onto WOLF RD. <i>WOLF RD is 0.2 miles past ALOHA LN</i>	Go 0.2 Mi	14.5 mi
■	9. 2901 WOLF RD is on the RIGHT. <i>If you reach REGENCY DR you've gone a little too far</i>		14.5 mi
B	2901 Wolf Rd Westchester, IL 60154-5623	14.5 mi	14.5 mi



Total Travel Estimate: 14.52 miles - about 23 minutes



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WESTCHESTER HEALTH & REHAB CTR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2901 WOLF ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
WESTCHESTER, IL. 60154		Chronic Alcoholism	1	Neoplasms	5
Reference Numbers	Facility ID 6012173	Developmentally Disabled	1	Endocrine/Metabolic	24
Health Service Area 007	Planning Service Area 704	Drug Addiction	1	Blood Disorders	3
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7
Monica L. Ramirez		Medicare Recipient	0	Alzheimer Disease	0
Contact Person and Telephone		Mental Illness	1	Mental Illness	0
Monica L. Ramirez		Non-Ambulatory	0	Developmental Disability	0
708-938-2853		Non-Mobile	0	Circulatory System	27
Registered Agent Information	Date Completed 5/6/2010	Public Aid Recipient	0	Respiratory System	20
		Under 65 Years Old	0	Digestive System	5
		Unable to Self-Medicate	0	Genitourinary System Disorders	5
		Ventilator Dependent	1	Skin Disorders	2
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
		Other Restrictions	0	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	2
		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
FACILITY OWNERSHIP				TOTALS	105
LIMITED LIABILITY CO				Total Residents Diagnosed as Mentally Ill	0
CONTINUING CARE COMMUNITY	No				
LIFE CARE FACILITY	No				

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	120	120	113	120	105	15	120	120	Total Admissions 2009	248
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	249
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	105
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	120	120	113	120	105	15	120	120		

FACILITY UTILIZATION - 2009												
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance		Private Pay	Charity Care	TOTAL	Licensed Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days				Pat. days	Pat. days
Nursing Care	6259	14.3%	27523	62.8%	0	319	4061	0	0	38162	87.1%	87.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0	0.0%	0.0%
TOTALS	6259	14.3%	27523	62.8%	0	319	4061	0	0	38162	87.1%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	1	0	0	0	0	0	0	0	1	0	1	
60 to 64	1	1	0	0	0	0	0	0	1	1	2	
65 to 74	5	6	0	0	0	0	0	0	5	6	11	
75 to 84	7	16	0	0	0	0	0	0	7	16	23	
85+	12	56	0	0	0	0	0	0	12	56	68	
TOTALS	26	79	0	0	0	0	0	0	26	79	105	

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

**WESTCHESTER HEALTH & REHAB CTR**

2901 WOLF ROAD  
WESTCHESTER, IL. 60154

Reference Numbers Facility ID 6012173

Health Service Area 007 Planning Service Area 704

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	86	0	3	10	0	105
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>6</b>	<b>86</b>	<b>0</b>	<b>3</b>	<b>10</b>	<b>0</b>	<b>105</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	312	234
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>105</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>105</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>105</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>105</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	32.00
Other Health Staff	8.00
Non-Health Staff	41.00
<b>Totals</b>	<b>104.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.6%	47.2%	0.0%	1.5%	13.7%	100.0%		0.0%
2,848,788	3,574,283	0	114,867	1,042,237	7,580,175	0	











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



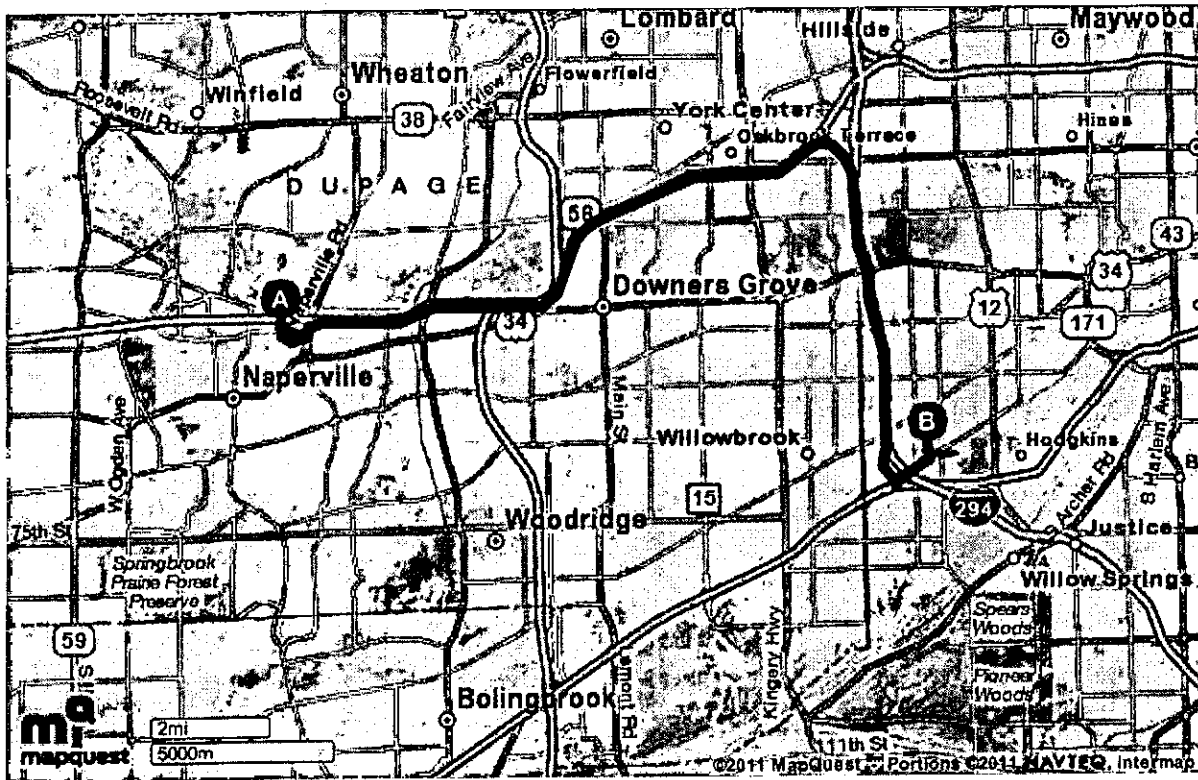
Trip to:  
 6800 Joliet Rd  
 Indian Head Park, IL 60525-4460  
**19.72 miles**  
**27 minutes**

Notes

Briar Place

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 10.9 Mi	11.7 mi
	5. Merge onto I-294 S toward INDIANA (Portions toll).	Go 6.2 Mi	17.9 mi
	6. Take the I-55 N / STEVENSON EXPY exit toward CHICAGO.	Go 0.8 Mi	18.7 mi
	7. Take the EAST JOLIET RD exit.	Go 0.2 Mi	18.9 mi
	8. Merge onto JOLIET RD.	Go 0.8 Mi	19.7 mi
	9. 6800 JOLIET RD is on the LEFT. <i>Your destination is 0.3 miles past WOLF RD If you reach WILLOW SPRINGS RD you've gone about 0.2 miles too far</i>		19.7 mi
	6800 Joliet Rd Indian Head Park, IL 60525-4460	19.7 mi	19.7 mi

Total Travel Estimate: 19.72 miles - about 27 minutes



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BRIAR PLACE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
6800 WEST JOLIET		Aggressive/Anti-Social		DIAGNOSIS	
INDIAN HEAD PARK, IL. 60525		Chronic Alcoholism		Neoplasms	
Reference Numbers Facility ID 6001143		Developmentally Disabled		Endocrine/Metabolic	
Health Service Area 007 Planning Service Area 705		Drug Addiction		Blood Disorders	
Administrator		Medicaid Recipient		*Nervous System Non Alzheimer	
Linda Pyfer		Medicare Recipient		Alzheimer Disease	
Contact Person and Telephone		Mental Illness		Mental Illness	
LINDA PYFER		Non-Ambulatory		Developmental Disability	
708-246-8500		Non-Mobile		Circulatory System	
Registered Agent Information		Public Aid Recipient		Respiratory System	
Meyer Magence		Under 65 Years Old		Digestive System	
8320 Skokie Blvd		Unable to Self-Medicat		Genitourinary System Disorders	
Skokie, IL 60077		Ventilator Dependent		Skin Disorders	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation		Musculo-skeletal Disorders	
FOR-PROF CORPORATION		Other Restrictions		Injuries and Poisonings	
CONTINUING CARE COMMUNITY		No Restrictions		Other Medical Conditions	
LIFE CARE FACILITY		No		Non-Medical Conditions	
		Date Completed 4/27/2010		TOTALS	
		Note: Reported restrictions denoted by '1'		222	
				Total Residents Diagnosed as Mentally Ill	
				85	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	232	232	232	232	222	10	88	232	203	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0	0	0	123	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0	0	0	104	Residents on 12/31/2009
Sheltered Care	0	0	0	0	0	0	0	0	222	Identified Offenders
TOTAL BEDS	232	232	232	232	222	10	88	232	7	

FACILITY UTILIZATION - 2009															
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE															
LEVEL OF CARE	Medicare		Medicaid		Other Public Insurance		Private Insurance		Private Pay		Charity Care		TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days				
Nursing Care	2158	6.7%	70649	83.4%	2891	158	1373	0	77229	91.2%	91.2%				
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%				
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%				
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%				
TOTALS	2158	6.7%	70649	83.4%	2891	158	1373	0	77229	91.2%	91.2%				

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	25	14	0	0	0	0	0	0	25	14	39	
45 to 59	59	25	0	0	0	0	0	0	59	25	84	
60 to 64	15	14	0	0	0	0	0	0	15	14	29	
65 to 74	16	18	0	0	0	0	0	0	16	18	34	
75 to 84	10	16	0	0	0	0	0	0	10	16	26	
85+	3	7	0	0	0	0	0	0	3	7	10	
TOTALS	128	94	0	0	0	0	0	0	128	94	222	

**BRIAR PLACE**

6800 WEST JOLIET  
INDIAN HEAD PARK, IL. 60525

Reference Numbers Facility ID 6001143

Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	202	5	0	8	0	222
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>7</b>	<b>202</b>	<b>5</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>222</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pac. Isl.	0	0	0	0	0
White	170	0	0	0	170
Race Unknown	8	0	0	0	8
<b>Total</b>	<b>222</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>222</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	214	0	0	0	214
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>222</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>222</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	25.00
Certified Aides	55.00
Other Health Staff	12.00
Non-Health Staff	77.00
<b>Totals</b>	<b>180.00</b>

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

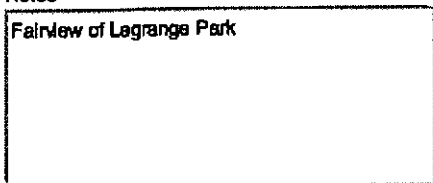
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
5.3%	88.7%	3.3%	0.6%	2.2%	100.0%		0.0%
501,431	8,391,903	308,516	59,963	203,597	9,465,410	0	

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

# mapquest m<sup>a</sup>

Trip to:  
 701 N la Grange Rd  
 La Grange Park, IL 60526-1520  
 16.20 miles  
 27 minutes

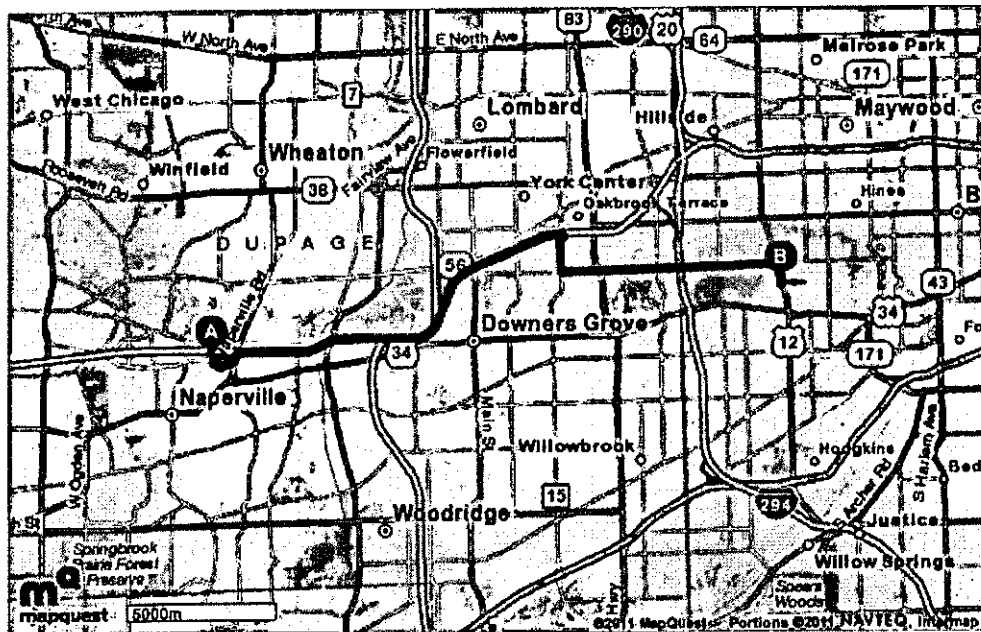
Notes



		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far.</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 8.8 MI	9.8 mi
	5. Take the MIDWEST RD exit.	Go 0.2 MI	9.9 mi
	6. Turn LEFT onto MIDWEST RD / CR-15.	Go 0.6 MI	10.7 mi
	7. Turn LEFT onto 31ST ST / OAK BROOK RD / CR-34 N. Continue to follow 31ST ST. <i>31ST ST is 0.3 miles past MOCKINGBIRD LN</i>	Go 5.0 MI	15.7 mi
	8. Turn RIGHT onto N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45. <i>N LA GRANGE RD is 0.3 miles past N BRAINARD AVE</i>	Go 0.5 MI	16.2 mi
	9. 701 N LA GRANGE RD is on the LEFT. <i>Your destination is 0.1 miles past E MONROE AVE</i> <i>If you reach E HARDING AVE you've gone a little too far</i>		16.2 mi
	<b>701 N la Grange Rd</b> La Grange Park, IL 60526-1520	16.2 mi	16.2 mi



Total Travel Estimate: 16.20 miles - about 27 minutes



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THE GROVE OF LAGRANGE PARK		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
701 NORTH LAGRANGE ROAD		Aggressive/Anti-Social	0	DIAGNOSIS	
LAGRANGE PARK, IL. 60525		Chronic Alcoholism	1	Neoplasms	4
Reference Numbers	Facility ID 6003057	Developmentally Disabled	0	Endocrine/Metabolic	15
Health Service Area 007	Planning Service Area 705	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	6
Dr. Audrey Klopp		Medicare Recipient	0	Alzheimer Disease	18
Contact Person and Telephone		Mental illness	0	Mental Illness	3
Ruth K Hroncich		Non-Ambulatory	0	Developmental Disability	0
708-354-7300		Non-Mobile	0	Circulatory System	21
Registered Agent Information	Date Completed 5/7/2010	Public Aid Recipient	0	Respiratory System	6
		Under 65 Years Old	0	Digestive System	2
		Unable to Self-Medicat	0	Genitourinary System Disorders	1
		Ventilator Dependent	1	Skin Disorders	1
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	14
		Other Restrictions	0	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	6
		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
FACILITY OWNERSHIP				TOTALS	97
LIMITED LIABILITY CO				Total Residents Diagnosed as Mentally III	56
CONTINUING CARE COMMUNITY	No				
LIFE CARE FACILITY	No				

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	131	116	104	116	97	34	131	131	78	Total Admissions 2009 161
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2009 142
Intermedlate DD	0	0	0	0	0	0		0		Residents on 12/31/2009 97
Sheltered Care	0	0	0	0	0	0				Identified Offenders 1
TOTAL BEDS	131	116	104	116	97	34	131	131		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days		
Nursing Care	3436	7.2%	19117	40.0%	142	622	2657	0	25974	54.3%	61.3%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermedlate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	3436	7.2%	19117	40.0%	142	622	2657	0	25974	54.3%	61.3%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	5	0	0	0	0	0	0	1	5	6
45 to 59	18	7	0	0	0	0	0	0	18	7	25
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	46	51	0	0	0	0	0	0	46	51	97

**THE GROVE OF LAGRANGE PARK**701 NORTH LAGRANGE ROAD  
LAGRANGE PARK, IL. 60525

Reference Numbers Facility ID 6003057

Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	9	69	5	0	14	0	97
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>9</b>	<b>69</b>	<b>5</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>97</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>97</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>97</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>97</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>97</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	38.00
<b>Totals</b>	<b>88.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.1%	59.5%	2.0%	0.4%	9.9%	100.0%		0.0%
1,156,065	2,447,735	83,114	17,883	407,415	4,112,212	0	

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

**FACILITY NOTES**












Name Change 6/1/2009 Name changed from The Fairview of LaGrange Park.  
Own. Change 6/1/2009 change of ownership occurred




# mapquest m<sup>q</sup>

Trip to:  
 1260 Franciscan Dr  
 Lemont, IL 60439-3787  
**18.05 miles**  
**28 minutes**

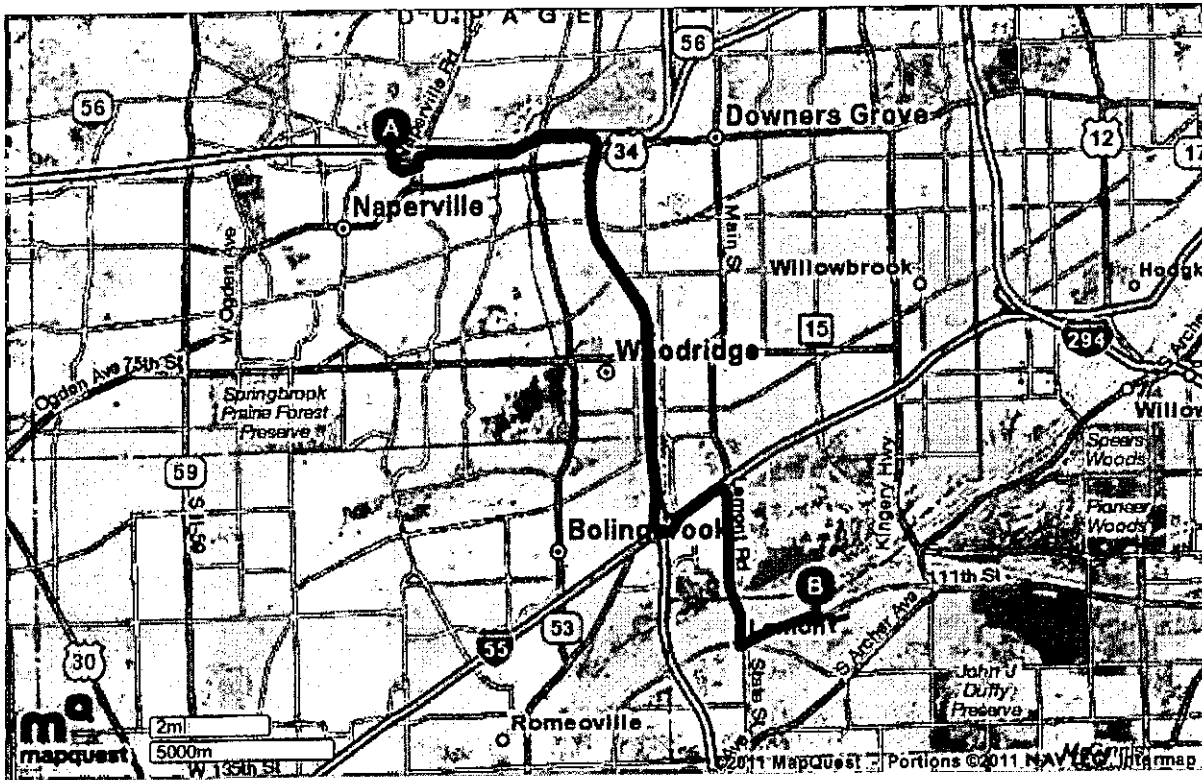
Notes

Franciscan Village

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 3.2 Mi	4.0 mi
	5. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY toward JOLIET (Portions toll).	Go 7.2 Mi	11.2 mi
	6. Merge onto I-55 N / JOLIET RD N toward I-55 N / CHICAGO.	Go 2.2 Mi	13.3 mi
	7. Take the SOUTH LEMONT RD exit, EXIT 271A.	Go 0.3 Mi	13.6 mi
	8. Merge onto LEMONT RD.	Go 2.3 Mi	15.9 mi
	9. LEMONT RD becomes STATE ST.	Go 0.5 Mi	16.5 mi
	10. Turn LEFT onto E ILLINOIS ST. <i>If you reach CASS ST you've gone a little too far</i>	Go 0.6 Mi	17.1 mi
	11. Turn SLIGHT RIGHT onto MAIN ST. <i>MAIN ST is 0.1 miles past CATHERINE ST</i>	Go 0.8 Mi	17.9 mi

	12. Turn RIGHT onto FRANCISCAN DR. <i>FRANCISCAN DR is 0.1 miles past KOTLIN RD</i>	Go 0.2 Mi	18.0 mi
	13. 1260 FRANCISCAN DR is on the LEFT. <i>Your destination is just past BEATRICE LN If you reach ST ANNE CT you've gone a little too far</i>		18.0 mi
	<b>1260 Franciscan Dr</b> Lemont, IL 60439-3787	18.0 mi	18.0 mi

Total Travel Estimate: 18.05 miles - about 28 minutes



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FRANCISCAN VILLAGE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1260 FRANCISCAN DRIVE		Aggressive/Anti-Social	1	DIAGNOSIS		
LEMONT, IL. 60439		Chronic Alcoholism	1	Neoplasms	2	
Reference Numbers	Facility ID 6012413	Developmentally Disabled	1	Endocrine/Metabolic	4	
Health Service Area 007	Planning Service Area 705	Drug Addiction	1	Blood Disorders	5	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	3	
ROBERT E. COON		Medicare Recipient	0	Alzheimer Disease	7	
Contact Person and Telephone		Mental Illness	0	Mental Illness	17	
DOROTHY HARRIS		Non-Ambulatory	0	Developmental Disability	0	
630-243-3481		Non-Mobile	0	Circulatory System	25	
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	3	
Robert E. Coon	5/7/2010	Under 65 Years Old	0	Digestive System	2	
1260 Franciscan Drive		Unable to Self-Medicare	0	Genitourinary System Disorders	1	
Lemont, IL 60439		Ventilator Dependent	1	Skin Disorders	0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	12	
NON-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY	Yes	No Restrictions	0	Other Medical Conditions	29	
LIFE CARE FACILITY	Yes	<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
				TOTALS	110	
				Total Residents Diagnosed as Mentally Ill	51	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	127	127	127	126	110	17	38	29	111	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0	0	0	257	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0	0	0	258	Residents on 12/31/2009
Sheltered Care	0	0	0	0	0	0	0	0	110	Identified Offenders
TOTAL BEDS	127	127	127	126	110	17	38	29	0	

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7392	53.3%	10827	102.3%	0	132	22844	0	41195	88.9%	88.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7392	53.3%	10827	102.3%	0	132	22844	0	41195	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	2	0	0	0	0	0	0	0	2	0	2	
60 to 64	0	0	0	0	0	0	0	0	0	0	0	
65 to 74	1	1	0	0	0	0	0	0	1	1	2	
75 to 84	6	17	0	0	0	0	0	0	6	17	23	
85+	11	72	0	0	0	0	0	0	11	72	83	
TOTALS	20	90	0	0	0	0	0	0	20	90	110	

FRANCISCAN VILLAGE  
1260 FRANCISCAN DRIVE  
LEMONT, IL. 60439

Reference Numbers Facility ID 6012413  
Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	32	0	0	59	110
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>19</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>59</b>	<b>110</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	246	221
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>110</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>110</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>110</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>110</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	13.00
Certified Aides	44.00
Other Health Staff	10.00
Non-Health Staff	94.00
<b>Totals</b>	<b>176.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.1%	8.8%	0.0%	0.6%	55.5%	100.0%		1.6%
3,962,794	996,150	0	63,110	6,252,967	11,275,021	178,090	

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



# mapquest m<sup>a</sup>

**Trip to:**














6101 S County Line Rd  
Burr Ridge, IL 60527-8132




**17.51 miles**

**27 minutes**

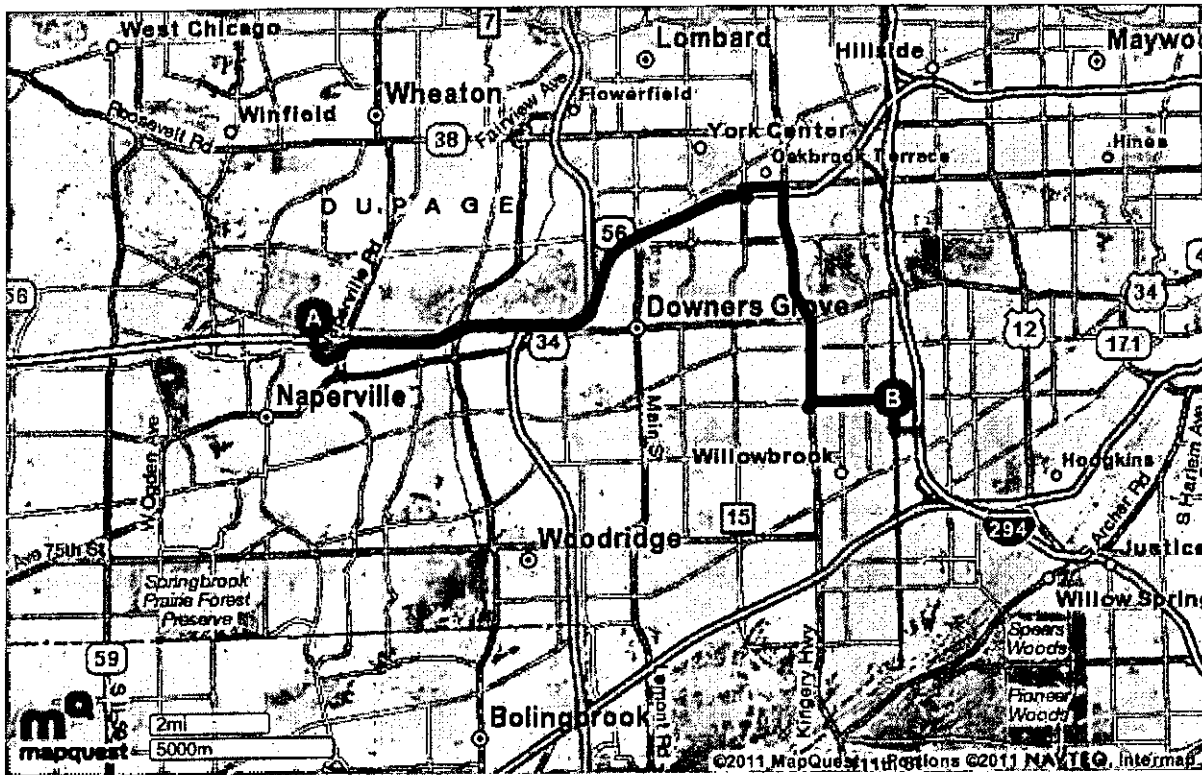
**Notes**

King-Bruwaert House

	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 Mi</b>	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 Mi</b>	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 Mi</b>	0.8 mi
 	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 8.8 Mi</b>	9.6 mi
	5. Take the MIDWEST RD exit.	<b>Go 0.2 Mi</b>	9.8 mi
	6. Keep RIGHT at the fork to go on MIDWEST RD / CR-15.	<b>Go 0.2 Mi</b>	10.0 mi
	7. Take the 1st RIGHT onto W 22ND ST / 22ND ST. Continue to follow W 22ND ST. <i>If you are on SUMMIT AVE and reach BUTTERFIELD RD you've gone about 0.3 miles too far</i>	<b>Go 0.8 Mi</b>	10.8 mi
 	8. Turn RIGHT onto IL-83 S / KINGERY HWY. <i>IL-83 S is 0.2 miles past MACARTHUR DR</i>	<b>Go 4.2 Mi</b>	15.0 mi
	9. Take the 55TH STREET ramp.	<b>Go 0.2 Mi</b>	15.2 mi
	10. Take the 55TH STREET EAST ramp.	<b>Go 0.2 Mi</b>	15.3 mi
	11. Merge onto 55TH ST / CR-35.	<b>Go 1.6 Mi</b>	16.9 mi

	12. Turn <b>RIGHT</b> onto S COUNTY LINE RD. <i>S COUNTY LINE RD is 0.1 miles past S OAK ST</i>	<b>Go 0.6 Mi</b>	17.5 mi
	13. 6101 S COUNTY LINE RD. <i>Your destination is just past 60TH ST If you reach WOODGATE DR you've gone about 0.1 miles too far</i>		17.5 mi
	<b>6101 S County Line Rd</b> Burr Ridge, IL 60527-8132	<b>17.5 mi</b>	<b>17.5 mi</b>

Total Travel Estimate: 17.51 miles - about 27 minutes



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**KING-BRUWAERT HOUSE**6101 S. COUNTY LINE ROAD  
BURR RIDGE, IL. 60527

Reference Numbers Facility ID 6005037

Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	41	7	48
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	39	9	48
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>16</b>	<b>96</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	238
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	186	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	48	0	0	48	96
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>48</b>	<b>0</b>	<b>0</b>	<b>48</b>	<b>96</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	48	96
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>48</b>	<b>0</b>	<b>0</b>	<b>48</b>	<b>96</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	2.00
Certified Aides	32.00
Other Health Staff	4.00
Non-Health Staff	59.00
<b>Totals</b>	<b>112.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		13.2%
0	0	0	0	6,331,587	6,331,587	833,083	

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

KING-BRUWAERT HOUSE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
6101 S. COUNTY LINE ROAD		Aggressive/Anti-Social 1		DIAGNOSIS	
BURR RIDGE, IL. 60527		Chronic Alcoholism 1		Neoplasms 3	
Reference Numbers	Facility ID 6005037	Developmentally Disabled 0		Endocrine/Metabolic 4	
Health Service Area 007	Planning Service Area 705	Drug Addiction 1		Blood Disorders 2	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 0	
Carl Baker		Medicare Recipient 1		Alzheimer Disease 50	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
CARL BAKER		Non-Ambulatory 0		Developmental Disability 0	
630-230-9502		Non-Mobile 0		Circulatory System 18	
Registered Agent Information	Date Completed 5/6/2010	Public Aid Recipient 0		Respiratory System 10	
		Under 65 Years Old 0		Digestive System 4	
		Unable to Self-Medicat 0		Genitourinary System Disorders 0	
		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 5	
		Other Restrictions 0		Injuries and Poisonings 0	
		No Restrictions 0		Other Medical Conditions 0	
				Non-Medical Conditions 0	
				TOTALS 96	
FACILITY OWNERSHIP				Total Residents Diagnosed as Mentally Ill 0	
NON-PROF CORPORATION					
CONTINUING CARE COMMUNITY	Yes	Note: Reported restrictions denoted by 'I'			
LIFE CARE FACILITY	Yes				

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	49	49	48	49	48	1	0	0	90	
Skilled Under 22	0	0	0	0	0	0	0	0	31	
Intermediate DD	0	0	0	0	0	0	0	0	25	
Sheltered Care	76	54	52	54	48	28			96	
TOTAL BEDS	125	103	100	103	96	29	0	0		Identified Offenders 0

FACILITY UTILIZATION - 2009												
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public Insurance		Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	17520	0	17520	98.0%	98.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	17520	0	17520	63.2%	88.9%
TOTALS	0	0.0%	0	0.0%	0	0	0	35040	0	35040	76.8%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	0	0	0	0	0	0	0	0	0	0	0	
60 to 64	0	0	0	0	0	0	0	0	0	0	0	
65 to 74	0	0	0	0	0	0	0	0	0	0	0	
75 to 84	5	7	0	0	0	0	2	11	7	18	25	
85+	12	24	0	0	0	0	5	30	17	54	71	
TOTALS	17	31	0	0	0	0	7	41	24	72	96	
















# mapquest m<sup>q</sup>





## Trip to:

12450 Walker Rd  
Lemont, IL 60439-9301  
**18.38 miles**  
**29 minutes**

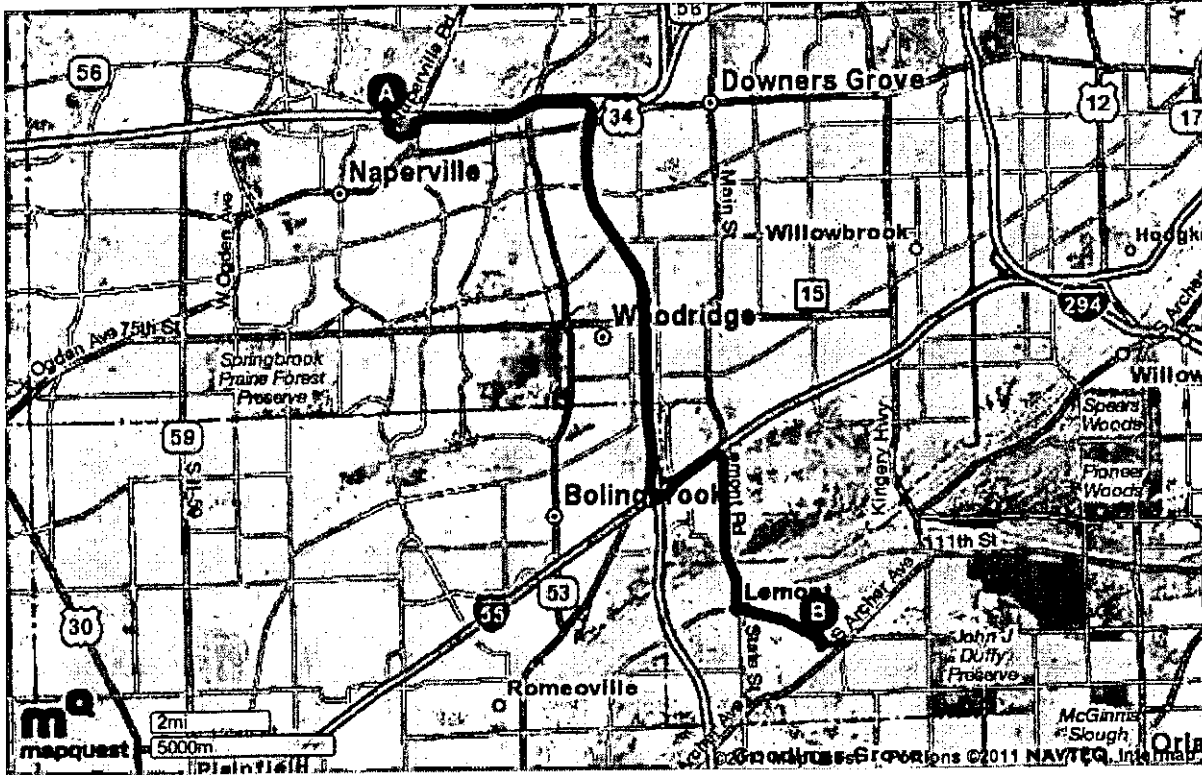
## Notes

Lemont Nursing & Rehab Center

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 Mi	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 Mi	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 Mi	0.8 mi
 	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 3.2 Mi	4.0 mi
 	5. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY toward JOLIET (Portions toll).	Go 7.2 Mi	11.2 mi
 	6. Merge onto I-55 N / JOLIET RD N toward I-55 N / CHICAGO.	Go 2.2 Mi	13.3 mi
	7. Take the SOUTH LEMONT RD exit, EXIT 271A.	Go 0.3 Mi	13.6 mi
	8. Merge onto LEMONT RD.	Go 2.3 Mi	15.9 mi
	9. LEMONT RD becomes STATE ST.	Go 0.5 Mi	16.5 mi
	10. Turn LEFT onto E ILLINOIS ST. <i>If you reach CASS ST you've gone a little too far</i>	Go 0.2 Mi	16.6 mi
	11. Take the 2nd RIGHT onto STEPHEN ST. <i>If you reach FREMONT ST you've gone a little too far</i>	Go 0.08 Mi	16.7 mi

	<p>12. Take the 2nd LEFT onto MCCARTHY RD.  <i>If you reach the end of STEPHEN ST you've gone a little too far</i></p>	Go 1.5 Mi	18.2 mi
	<p>13. Turn RIGHT onto WALKER RD.  <i>WALKER RD is 0.1 miles past BARTON DR</i></p>	Go 0.1 MI	18.4 mi
	<p>14. 12450 WALKER RD is on the RIGHT.  <i>Your destination is just past COVINGTON DR                      If you reach CAMELOT LN you've gone about 0.1 miles too far</i></p>		18.4 mi
	<p><b>12450 Walker Rd</b>                      Lemont, IL 60439-9301</p>	18.4 mi	18.4 mi

Total Travel Estimate: 18.38 miles - about 29 minutes



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LEMONT NRSG & REHAB CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
12450 WALKER ROAD		Aggressive/Anti-Social 1		DIAGNOSIS	
LEMONT, IL. 60439		Chronic Alcoholism 1		Neoplasms 4	
Reference Numbers Facility ID 6014492		Developmentally Disabled 1		Endocrine/Metabolic 3	
Health Service Area 007 Planning Service Area 705		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 6	
Wendy Janulis		Medicare Recipient 0		Alzheimer Disease 8	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
WENDY JANULIS		Non-Ambulatory 0		Developmental Disability 0	
630-243-0400		Non-Mobile 0		Circulatory System 46	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 14	
David Aronin		Under 65 Years Old 0		Digestive System 3	
2201 W. Main Street		Unable to Self-Medicate 0		Genitourinary System Disorders 5	
Evanston, IL 60202		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 1	
LIMITED LIABILITY CO		Other Restrictions 0		Injuries and Poisonings 2	
CONTINUING CARE COMMUNITY No		No Restrictions 0		Other Medical Conditions 41	
LIFE CARE FACILITY No		Note: Reported restrictions denoted by '1'		Non-Medical Conditions 0	
				TOTALS 133	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	158	158	158	158	133	25	158	230	Total Admissions 2009	719
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	715
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	133
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	158	158	158	158	133	25	158	230		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18650	32.3%	19467	23.2%	477	650	11728	0	50972	88.4%	88.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	18650	32.3%	19467	23.2%	477	650	11728	0	50972	88.4%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	10	36	0	0	0	0	0	0	10	36	46
85+	12	67	0	0	0	0	0	0	12	67	79
TOTALS	24	109	0	0	0	0	0	0	24	109	133

**LEMONT NRSG & REHAB CENTER**

12450 WALKER ROAD

LEMONT, IL. 60439

Reference Numbers Facility ID 6014492

Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	49	54	1	0	29	0	133
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>49</b>	<b>54</b>	<b>1</b>	<b>0</b>	<b>29</b>	<b>0</b>	<b>133</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>133</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>133</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>133</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>133</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	20.00
Certified Aides	39.00
Other Health Staff	7.00
Non-Health Staff	32.00
<b>Totals</b>	<b>119.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
52.7%	24.0%	0.6%	2.2%	20.5%	100.0%		0.0%
5,863,414	2,666,876	68,981	244,221	2,283,539	11,127,031	0	

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

# mapquest m<sup>a</sup>

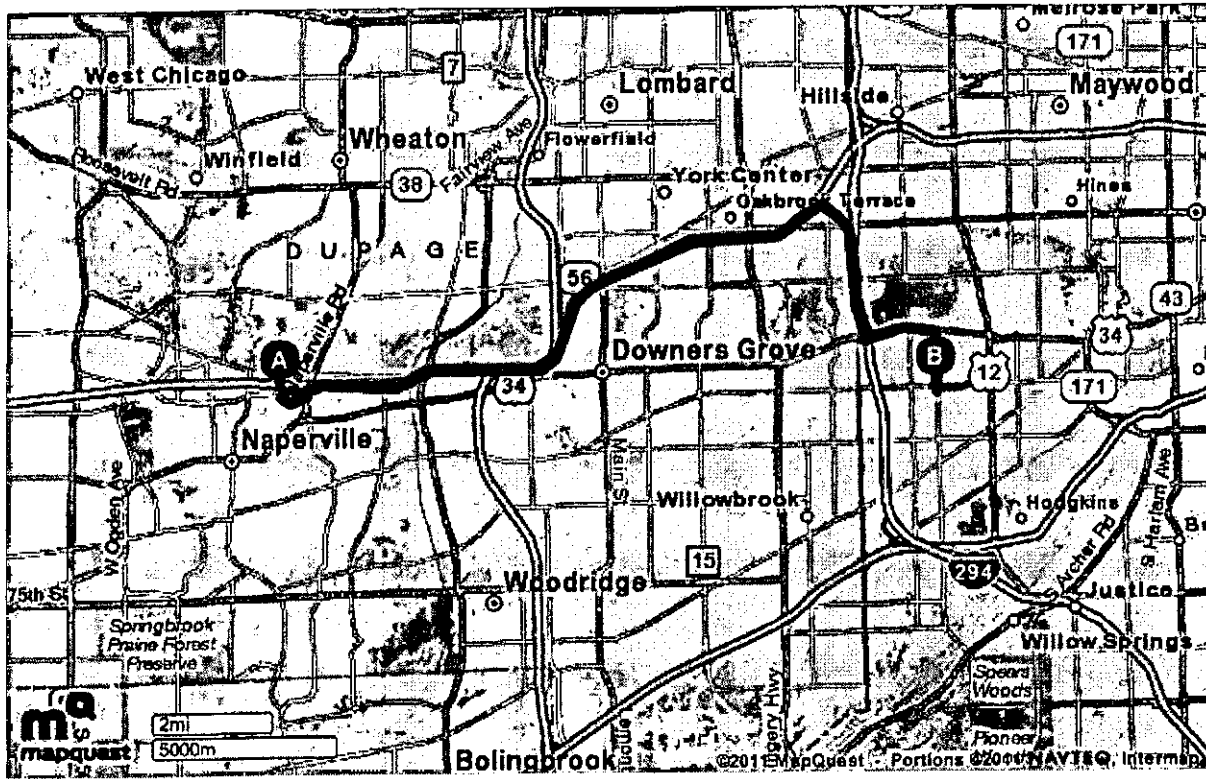
**Trip to:**  
 4735 Willow Springs Rd  
 La Grange, IL 60525-6130  
**17.30 miles**  
**27 minutes**

**Notes**

Lexington of Lagrange

A	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 MI</b>	0.08 mi
↩	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 MI</b>	0.7 mi
↩	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 MI</b>	0.8 mi
↑	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 10.9 MI</b>	11.7 mi
↑	5. Merge onto I-294 S toward INDIANA (Portions toll).	<b>Go 3.0 MI</b>	14.7 mi
↑	6. Merge onto US-34 E / OGDEN AVE.	<b>Go 1.5 MI</b>	16.2 mi
↘	7. Turn RIGHT onto GILBERT AVE / N GILBERT AVE / WILLOW SPRINGS RD. <i>GILBERT AVE is just past HARVEY AVE</i>	<b>Go 1.1 MI</b>	17.3 mi
■	8. 4735 WILLOW SPRINGS RD. <i>Your destination is just past 47TH ST</i> <i>If you reach 48TH ST you've gone a little too far</i>		17.3 mi
B	<b>4735 Willow Springs Rd</b> La Grange, IL 60525-6130	<b>17.3 mi</b>	<b>17.3 mi</b>

Total Travel Estimate: 17.30 miles - about 27 minutes



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LEXINGTON OF LAGRANGE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
4735 WILLOW SPRINGS ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
LAGRANGE, IL. 60525		Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID 6013361	Developmentally Disabled	1	Endocrine/Metabolic	0	
Health Service Area 007	Planning Service Area 705	Drug Addiction	1	Blood Disorders	7	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	1	
Diane Androvich		Medicare Recipient	0	Alzheimer Disease	1	
Contact Person and Telephone		Mental Illness	1	Mental Illness	0	
Bridgett Rummel		Non-Ambulatory	0	Developmental Disability	0	
630-458-4635		Non-Mobile	0	Circulatory System	4	
Registered Agent Information	Date Completed 4/23/2010	Public Aid Recipient	0	Respiratory System	2	
		Under 65 Years Old	0	Digestive System	0	
		Unable to Self-Medicate	0	Genitourinary System Disorders	1	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8	
		Other Restrictions	0	Injuries and Poisonings	1	
		No Restrictions	0	Other Medical Conditions	80	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
FOR-PROF CORPORATION				TOTALS	105	
CONTINUING CARE COMMUNITY	No			Total Residents Diagnosed as Mentally Ill	0	
LIFE CARE FACILITY	No					

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	110	110	107	110	105	5	109	109	Total Admissions 2009	738
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	734
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	105
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	110	110	107	110	105	5	109	109		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Nursing Care	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days			
Skilled Under 22	21799	54.8%	7167	18.0%	0	1027	5132	0	35125	87.5%	87.5%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%	
TOTALS	21799	54.8%	7167	18.0%	0	1027	5132	0	35125	87.5%	87.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	10	23	0	0	0	0	0	0	10	23	33
85+	23	39	0	0	0	0	0	0	23	39	62
TOTALS	36	69	0	0	0	0	0	0	36	69	105

**LEXINGTON OF LAGRANGE**  
 4735 WILLOW SPRINGS ROAD  
 LAGRANGE, IL. 60525

Reference Numbers Facility ID 6013361  
 Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	61	24	0	8	12	0	105
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>61</b>	<b>24</b>	<b>0</b>	<b>8</b>	<b>12</b>	<b>0</b>	<b>105</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	394	351
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	5	0	0	0	5
<b>Total</b>	<b>105</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>105</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	5	0	0	0	5
<b>Total</b>	<b>105</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>105</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	19.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	6.00
Non-Health Staff	56.00
<b>Totals</b>	<b>123.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
79.2%	7.5%	0.0%	2.7%	10.6%	100.0%		0.0%
10,321,252	978,780	0	353,224	1,374,485	13,027,741	0	













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

# mapquest m<sup>q</sup>

**Trip to:**  
 339 9th Ave  
 La Grange, IL 60525-6429  
**18.12 miles**  
**30 minutes**

**Notes**

Meadowbrook Manor Lagrange

	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 10.9 MI	11.7 mi
	5. Merge onto I-294 S toward INDIANA (Portions toll).	Go 3.0 MI	14.7 mi
	6. Merge onto US-34 E / OGDEN AVE.	Go 2.8 MI	17.4 mi
	7. Turn RIGHT onto E BURLINGTON AVE. <i>E BURLINGTON AVE is 0.1 miles past N BEACON AVE</i>	Go 0.03 MI	17.5 mi
	8. Take the 1st LEFT onto BLUFF AVE. <i>If you reach 7TH AVE you've gone a little too far</i>	Go 0.4 MI	17.9 mi
	9. Take the 3rd RIGHT onto E ELM AVE. <i>If you reach E MAPLE AVE you've gone about 0.1 miles too far</i>	Go 0.02 MI	17.9 mi
	10. Take the 1st LEFT onto 9TH AVE. <i>If you reach 8TH AVE you've gone a little too far</i>	Go 0.2 MI	18.1 mi
	11. 339 9TH AVE is on the LEFT. <i>Your destination is just past BENTON AVE</i> <i>If you reach E GOODMAN AVE you've gone a little too far</i>		18.1 mi



**339 9th Ave**  
La Grange, IL 60525-6429

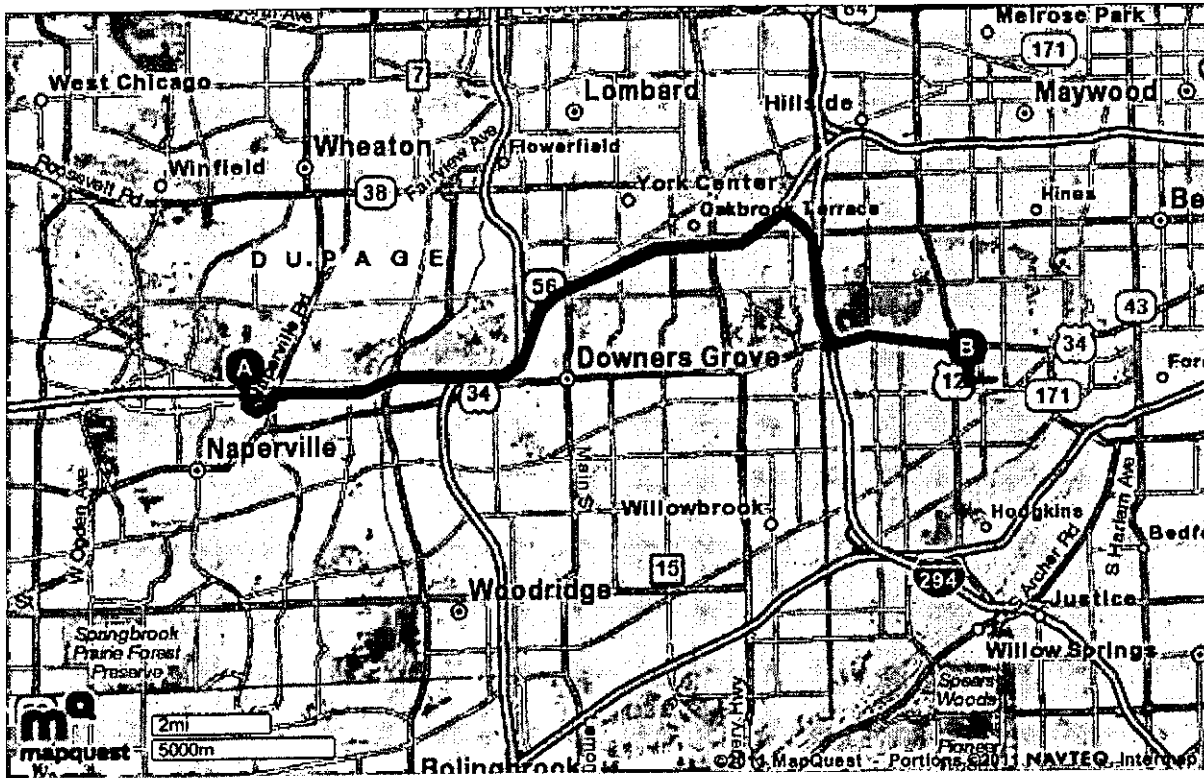
18.1 mi

18.1 mi

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Total Travel Estimate: 18.12 miles - about 30 minutes



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MEADOWBROOK MANOR LAGRANGE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
339 SOUTH 9TH STREET LAGRANGE, IL. 60525		Aggressive/Anti-Social	1	DIAGNOSIS		
Reference Numbers Facility ID 6016281		Chronic Alcoholism	1	Neoplasms	0	
Health Service Area 007 Planning Service Area 705		Developmentally Disabled	1	Endocrine/Metabolic	2	
Administrator		Drug Addiction	0	Blood Disorders	3	
DAVID SHIRES		Medicaid Recipient	0	*Nervous System Non Alzheimer	2	
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	1	
DAVID SHIRES		Mental Illness	0	Mental Illness	0	
708-354-4660		Non-Ambulatory	0	Developmental Disability	0	
Registered Agent Information		Non-Mobile	0	Circulatory System	7	
	Date Completed	Public Aid Recipient	0	Respiratory System	2	
	4/15/2010	Under 65 Years Old	0	Digestive System	2	
FACILITY OWNERSHIP		Unable to Self-Medicare	0	Genitourinary System Disorders	9	
LIMITED LIABILITY CO		Ventilator Dependent	1	Skin Disorders	3	
CONTINUING CARE COMMUNITY		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	2	
LIFE CARE FACILITY		Other Restrictions	0	Injuries and Poisonings	0	
	No	No Restrictions	0	Other Medical Conditions	83	
	No	<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
					TOTALS	116
					Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	197	197	124	197	116	81	43	203	Total Admissions 2009	109
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	396
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	389
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	116
TOTAL BEDS	197	197	124	197	116	81	43	203		4

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Nursing Care	6003	38.2%	27811	37.5%	0	263	7064	0	41141	57.2%	57.2%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%	
TOTALS	6003	38.2%	27811	37.5%	0	263	7064	0	41141	57.2%	57.2%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	3	0	0	0	0	0	0	7	3	10
60 to 64	5	7	0	0	0	0	0	0	5	7	12
65 to 74	11	8	0	0	0	0	0	0	11	8	19
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	7	32	0	0	0	0	0	0	7	32	39
TOTALS	44	72	0	0	0	0	0	0	44	72	116

**MEADOWBROOK MANOR LAGRANGE**339 SOUTH 9TH STREET  
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6016281

Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	19	74	0	0	23	0	116
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>19</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>116</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	29.00
Certified Aides	81.00
Other Health Staff	21.00
Non-Health Staff	62.00
<b>Totals</b>	<b>215.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.3%	55.3%	0.0%	0.1%	9.3%	100.0%	0	0.0%
2,639,114	4,132,869	0	5,871	693,016	7,470,870		

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

# mapquest m<sup>q</sup>

**Trip to:**










315 N la Grange Rd  
 La Grange Park, IL 60526-1903

**17.39 miles**

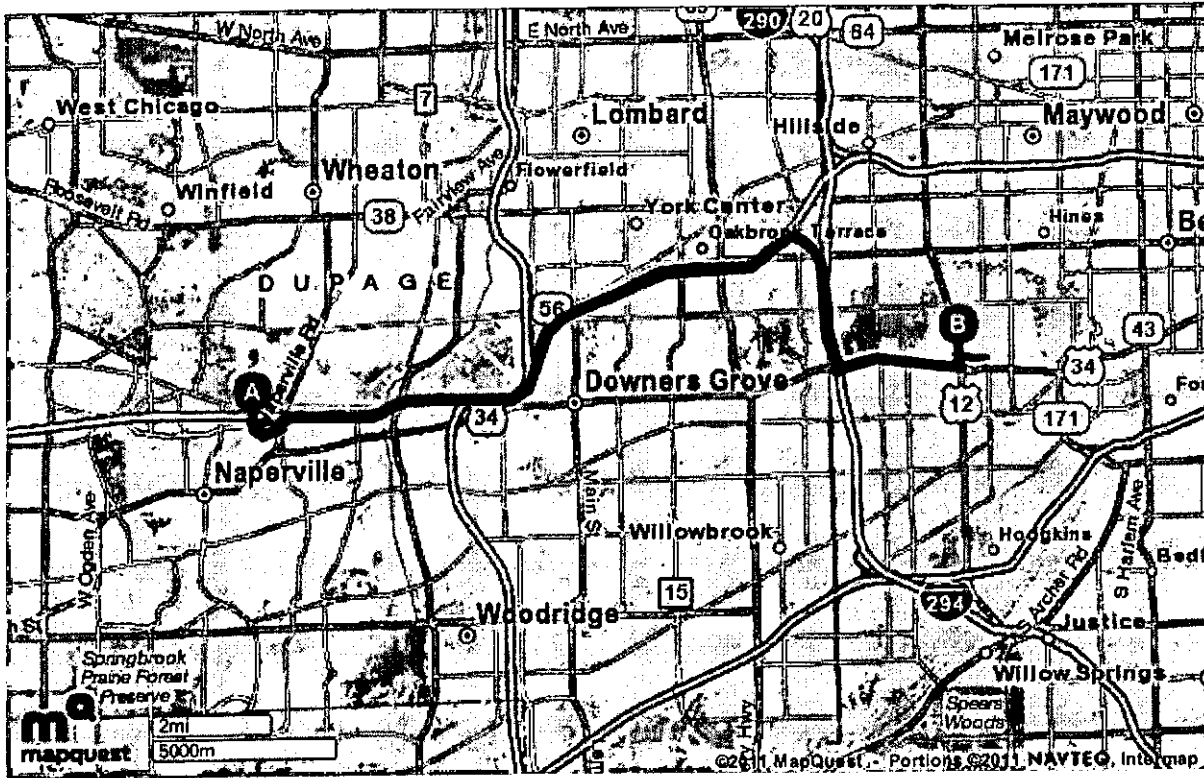
**28 minutes**

**Notes**

Plymouth Place

	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	<b>Go 0.08 MI</b>	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	<b>Go 0.6 MI</b>	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	<b>Go 0.2 MI</b>	0.8 mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 10.9 MI</b>	11.7 mi
	5. Merge onto I-294 S toward INDIANA (Portions toll).	<b>Go 3.0 MI</b>	14.7 mi
	6. Merge onto US-34 E / OGDEN AVE.	<b>Go 2.5 MI</b>	17.2 mi
	7. Turn LEFT onto N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45. <i>N LA GRANGE RD is just past N MADISON AVE</i>	<b>Go 0.2 MI</b>	17.4 mi
	8. 315 N LA GRANGE RD is on the RIGHT. <i>Your destination is just past BREWSTER LN If you reach ELMWOOD AVE you've gone a little too far</i>		17.4 mi
	<b>315 N la Grange Rd La Grange Park, IL 60526-1903</b>	<b>17.4 mi</b>	<b>17.4 mi</b>

Total Travel Estimate: 17.39 miles - about 28 minutes



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PLYMOUTH PLACE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
315 NORTH LAGRANGE ROAD		Aggressive/Anti-Social 1		DIAGNOSIS	
LAGRANGE PARK, IL. 60526		Chronic Alcoholism 1		Neoplasms 0	
Reference Numbers	Facility ID 6016265	Developmentally Disabled 1		Endocrine/Metabolic 1	
Health Service Area 007	Planning Service Area 705	Drug Addiction 1		Blood Disorders 1	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 3	
Nancy Van Drunen		Medicare Recipient 0		Alzheimer Disease 2	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
DALE T. LILBURN		Non-Ambulatory 0		Developmental Disability 0	
708-482-6668		Non-Mobile 0		Circulatory System 10	
Registered Agent Information	Date Completed 5/5/2010	Public Aid Recipient 0		Respiratory System 4	
Dale Lilburn		Under 65 Years Old 0		Digestive System 8	
315 N. LaGrange Road.		Unable to Self-Medicare 0		Genitourinary System Disorders 5	
La Grange Park, IL 60526		Ventilator Dependent 1		Skin Disorders 1	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 7	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 12	
CONTINUING CARE COMMUNITY	Yes	No Restrictions 0		Other Medical Conditions 7	
LIFE CARE FACILITY	Yes	Note: Reported restrictions denoted by '1'		Non-Medical Conditions 0	
				TOTALS 61	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	86	86	71	86	61	25	86	2	39	Total Admissions 2009 325
Skilled Under 22	0	0	0	0	0	0	0	0	61	Total Discharges 2009 303
Intermediate DD	0	0	0	0	0	0	0	0		Residents on 12/31/2009 61
Sheltered Care	0	0	0	0	0	0	0	0	0	Identified Offenders 0
TOTAL BEDS	86	86	71	86	61	25	86	2		

FACILITY UTILIZATION - 2009													
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE													
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance		Private Pay		Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days	Pat. days				
Nursing Care	9534	30.4%	0	0.0%	0	91	12682	0	22307	71.1%	71.1%		
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Sheltered Care					0	0	0	0	0	0.0%	0.0%		
TOTALS	9534	30.4%	0	0.0%	0	91	12682	0	22307	71.1%	71.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	6	39	0	0	0	0	0	0	6	39	45
TOTALS	14	47	0	0	0	0	0	0	14	47	61

**PLYMOUTH PLACE**

315 NORTH LAGRANGE ROAD  
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID 6016265

Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	0	0	2	35	0	61
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>35</b>	<b>0</b>	<b>61</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	256
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>61</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>61</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>61</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>61</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.72
LPN's	6.62
Certified Aides	31.21
Other Health Staff	1.00
Non-Health Staff	6.80
<b>Totals</b>	<b>58.35</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
67.2%	0.0%	0.0%	0.0%	32.8%	100.0%		0.7%
4,482,525	0	0	0	2,187,958	6,670,483	49,200	

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

# mapquest m<sup>q</sup>

**Trip to:**  
 2000 Randi Dr  
 Aurora, IL 60504-4786  
 11.24 miles  
 19 minutes

**Notes**

Aiden of Waterford

A	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
↗	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 4.1 MI	4.2 mi
↖	3. Turn LEFT onto IL-59 S. <i>IL-59 S is 0.1 miles past BOND ST</i>	Go 3.2 MI	7.4 mi
↘	4. Turn RIGHT onto OGDEN AVE / US-34 W. <i>OGDEN AVE is just past WESTBROOK DR</i>	Go 3.2 MI	10.5 mi
↗	5. Turn RIGHT onto MONTGOMERY RD. <i>MONTGOMERY RD is 0.2 miles past FOX VALLEY DR</i>	Go 0.6 MI	11.1 mi
↗	6. Take the 3rd RIGHT onto ALDEN CIR. <i>If you reach WATERFORD DR you've gone about 0.1 miles too far</i>	Go 0.08 MI	11.2 mi
↗	7. Take the 1st RIGHT onto LAUREN LN. <i>If you reach WATERFORD DR you've gone about 0.1 miles too far</i>	Go 0.07 MI	11.2 mi
↘	8. Turn RIGHT onto RANDI DR.	Go 0.02 MI	11.2 mi
■	9. 2000 RANDI DR is on the LEFT. <i>If you reach the end of RANDI DR you've gone a little too far</i>		11.2 mi
B	2000 Randi Dr. Aurora, IL 60504-4786	11.2 mi	11.2 mi



**Total Travel Estimate: 11.24 miles - about 19 minutes**



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ALDEN OF WATERFORD		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2021 RANDI DRIVE		Aggressive/Anti-Social	1	DIAGNOSIS		
AURORA, IL. 60504		Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID 6014773	Developmentally Disabled	0	Endocrine/Metabolic	3	
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0	
Nora O'Gorman		Medicare Recipient	0	Alzheimer Disease	0	
Contact Person and Telephone		Mental Illness	1	Mental Illness	0	
CHRIS REINHOFER		Non-Ambulatory	0	Developmental Disability	0	
773-286-3883		Non-Mobile	0	Circulatory System	0	
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	3	
Ken Fisch	4/20/2010	Under 65 Years Old	0	Digestive System	0	
4200 W. Peterson Avenue Sulte 140		Unable to Self-Medicate	0	Genitourinary System Disorders	0	
Chicago, IL 60648		Ventilator Dependent	1	Skin Disorders	0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	67	
LIMITED LIABILITY CO		Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '!'</i>			Non-Medical Conditions	0
				TOTALS	73	
				Total Residents Diagnosed as Mentally Ill	0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	99	99	94	99	73	26	99	40	Total Admissions 2009	726
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	730
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	73
Sheltered Care	0	0	0	0	0	0		0	Identified Offenders	0
TOTAL BEDS	99	99	94	99	73	26	99	40		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicara		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12502	34.6%	8587	58.6%	0	3516	4153	0	28758	79.6%	79.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	12502	34.6%	8587	58.8%	0	3516	4153	0	28758	79.6%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	1	1	0	0	0	0	0	0	1	1	2	
60 to 64	1	1	0	0	0	0	0	0	1	1	2	
65 to 74	6	3	0	0	0	0	0	0	6	3	9	
75 to 84	11	15	0	0	0	0	0	0	11	15	26	
85+	10	24	0	0	0	0	0	0	10	24	34	
TOTALS	29	44	0	0	0	0	0	0	29	44	73	

**ALDEN OF WATERFORD**

2021 RANDI DRIVE  
AURORA, IL. 60504

Reference Numbers Facility ID 6014773

Health Service Area 008 Planning Service Area 089

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

LEVEL OF CARE	PAYMENT SOURCE					Charity Care	TOTALS
	Medicare	Medicaid	Other Public	Insurance	Private Pay		
Nursing Care	27	20	0	13	13	0	73
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>27</b>	<b>20</b>	<b>0</b>	<b>13</b>	<b>13</b>	<b>0</b>	<b>73</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	260
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>73</b>

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>73</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	4.10
Certified Aides	19.00
Other Health Staff	5.00
Non-Health Staff	33.90
<b>Totals</b>	<b>73.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
64.8%	10.9%	0.7%	13.4%	10.1%	100.0%		0.0%
6,463,118	1,084,151	73,570	1,335,208	1,010,640	9,966,687	0	



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

# mapquest m<sup>Q</sup>

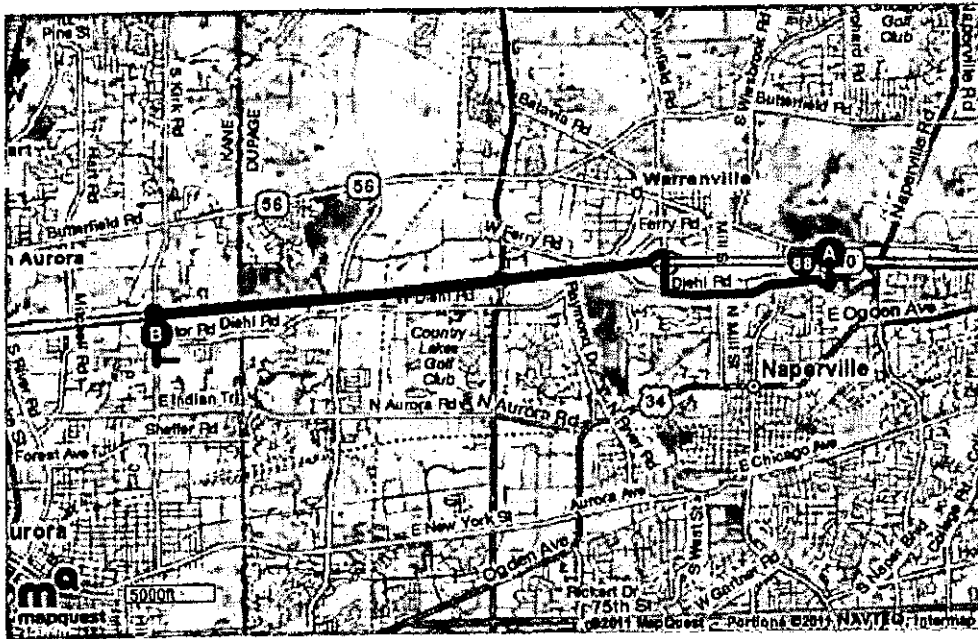
Trip to:  
 1601 N Farnsworth Ave  
 Aurora, IL 60505-1509  
 9.36 miles  
 15 minutes

Notes:

Aurora Rehab & Living Center

		Miles Per Section	Miles Driven
●	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563		
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➔	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far.</i>	Go 2.0 MI	2.1 mi
➔	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 0.4 MI	2.5 mi
 	4. Merge onto I-88 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY via the ramp on the LEFT toward AURORA (Portions toll). <i>If you reach FERRY RD you've gone about 0.1 miles too far.</i>	Go 8.0 MI	8.5 mi
EXIT	5. Take the SOUTH FARNSWORTH AVE exit.	Go 0.3 MI	8.8 mi
➔	6. Merge onto N FARNSWORTH AVE.	Go 0.6 MI	9.4 mi
■	7. 1601 N FARNSWORTH AVE is on the LEFT. <i>Your destination is 0.2 miles past MOLITOR RD.                      If you reach MARSHALL BLVD you've gone about 0.1 miles too far.</i>		9.4 mi
●	<b>1601 N Farnsworth Ave</b> Aurora, IL 60505-1509	9.4 mi	9.4 mi

Total Travel Estimate: 9.36 miles - about 15 minutes



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AURORA REHAB & LIVING CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1601 NORTH FARNSWORTH		Aggressive/Anti-Social	0	DIAGNOSIS	
AURORA, IL. 60505		Chronic Alcoholism	1	Neoplasms	2
Reference Numbers	Facility ID 6000574	Developmentally Disabled	0	Endocrine/Metabolic	6
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	1
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5
William H Pfeiffer		Medicare Recipient	0	Alzheimer Disease	14
Contact Person and Telephone		Mental Illness	1	Mental Illness	33
WILLIAM H. PFEIFFER		Non-Ambulatory	0	Developmental Disability	1
630-898-1180		Non-Mobile	0	Circulatory System	23
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	9
Charles Sheets	4/15/2010	Under 65 Years Old	0	Digestive System	0
180 N Stetson Ave, Suite 4525		Unable to Self-Medicare	0	Genitourinary System Disorders	9
Chicago, IL 60601		Ventilator Dependent	1	Skin Disorders	0
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3
FOR-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	8
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	2
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
				TOTALS	116
				Total Residents Diagnosed as Mentally Ill	33

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	195	189	168	189	116	79	189	189	Total Admissions 2009	161
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	193
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	238
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	116
TOTAL BEDS	195	189	168	189	116	79	189	189		0

## FACILITY UTILIZATION - 2009

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	6554	9.5%	40721	59.0%	0	1860	4191	0	53326	74.9%	77.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	6554	9.5%	40721	59.0%	0	1860	4191	0	53326	74.9%	77.3%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	0	0	0	0	0	0	0	5	0	5
45 to 59	10	2	0	0	0	0	0	0	10	2	12
60 to 64	3	7	0	0	0	0	0	0	3	7	10
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	13	25	0	0	0	0	0	0	13	25	38
85+	15	23	0	0	0	0	0	0	15	23	38
TOTALS	52	64	0	0	0	0	0	0	52	64	116

## AURORA REHAB &amp; LIVING CENTER

1601 NORTH FARNSWORTH

AURORA, IL. 60505

Reference Numbers Facility ID 6000574

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	10	88	0	7	11	0	116
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>10</b>	<b>88</b>	<b>0</b>	<b>7</b>	<b>11</b>	<b>0</b>	<b>116</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116</b>

ETHNICITY	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	9.00
Certified Aides	40.00
Other Health Staff	3.00
Non-Health Staff	46.00
<b>Totals</b>	<b>111.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.8%	55.6%	0.0%	2.4%	7.3%	100.0%	0	0.0%
3,021,258	4,829,927	0	210,082	630,210	8,691,477		

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

# mapquest m<sup>o</sup>

Trip to:  
 520 E Fabyan Pky  
 Batavia, IL 60510-1323  
 14.12 miles  
 21 minutes

Notes

Batavia Rehab & Healthcare Center

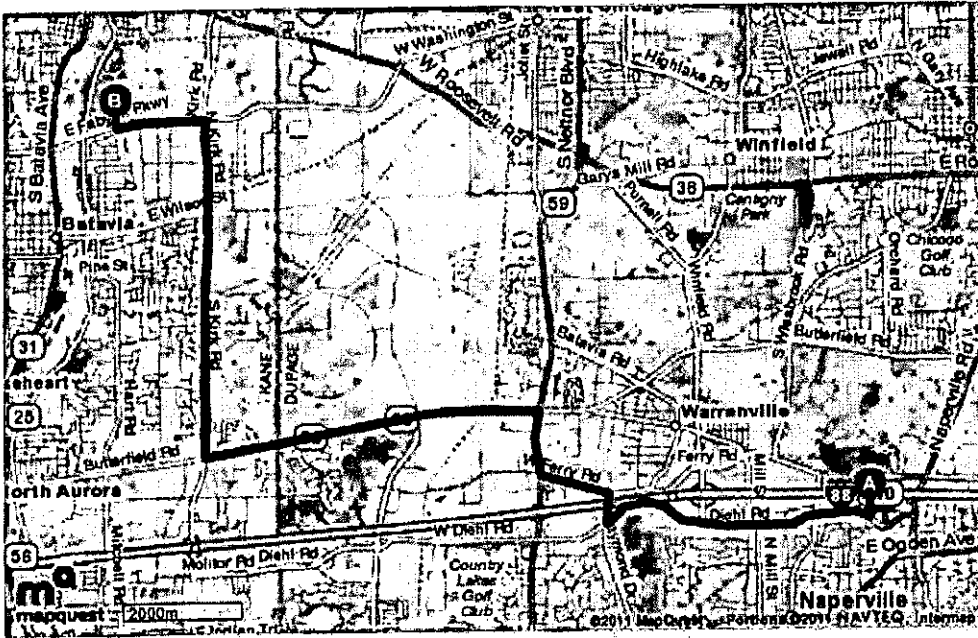
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[Indeed.com/City-Of-Batavia](#)

A	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➔	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 3.3 MI	3.3 mi
➔	3. Turn RIGHT onto RAYMOND DR / CR-13. <i>If you reach WALL ST you've gone about 0.6 miles too far</i>	Go 0.4 MI	3.7 mi
➔	4. Take the 1st LEFT onto W FERRY RD / CR-3. <i>If you are on CORPORATE LN and reach ENGEMANN DR you've gone about 0.2 miles too far</i>	Go 0.8 MI	4.5 mi
➔	5. Turn RIGHT onto IL-59. <i>IL-59 is 0.1 miles past ERICKSON DR</i>	Go 0.8 MI	5.3 mi
➔	6. Take the 2nd LEFT onto IL-56 / BUTTERFIELD RD. <i>If you reach PRAIRIE AVE you've gone about 0.2 miles too far</i>	Go 4.0 MI	9.2 mi
➔	7. Turn RIGHT onto KIRK RD / CR-77. <i>If you reach DOWNEN DR you've gone about 0.1 miles too far</i>	Go 3.9 MI	13.1 mi
➔	8. Turn LEFT onto E FABYAN PKWY / CR-8. <i>E FABYAN PKWY is 0.4 miles past DOUGLAS RD</i>	Go 1.0 MI	14.1 mi
■	9. 520 E FABYAN PKY. <i>Your destination is just past NAGEL BLVD If you reach SURREY RD you've gone a little too far</i>		14.1 mi
B	520 E Fabyan Pky Batavia, IL 60510-1323	14.1 mi	14.1 mi



Total Travel Estimate: 14.12 miles - about 21 minutes



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BATAVIA REHAB & HLTHCARE CTR.		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
520 FABYAN PARKWAY		Aggressive/Anti-Social	0	DIAGNOSIS	
BATAVIA, IL. 60510		Chronic Alcoholism	0	Neoplasms	3
Reference Numbers	Facility ID 6008171	Developmentally Disabled	0	Endocrine/Metabolic	1
Health Service Area 008	Planning Service Area 089	Drug Addiction	0	Blood Disorders	1
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	2
DEBORAH MUSSEN		Medicare Recipient	1	Alzheimer Disease	5
Contact Person and Telephone		Mental Illness	0	Mental Illness	1
DEBORAH MUSSEN		Non-Ambulatory	0	Developmental Disability	2
630-879-5266		Non-Mobile	0	Circulatory System	4
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	0
MARIKAY SNYDER	5/4/2010	Under 65 Years Old	0	Digestive System	0
830 W TRAILCREEK DR		Unable to Self-Medicat	0	Genitourinary System Disorders	0
PEORIA, IL 61614		Ventilator Dependent	1	Skin Disorders	0
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0
LIMITED LIABILITY CO		Other Restrictions	0	Injuries and Poisonings	0
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	26
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
				TOTALS	45
				Total Residents Diagnosed as Mentally Ill	1

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	63	63	45	63	45	18	0	63	Total Admissions 2009	45
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	24
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	45
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	5
TOTAL BEDS	63	63	45	63	45	18	0	63		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	0	0.0%	13521	58.8%	560	0	1475	0	15556	67.6%	67.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	13521	58.8%	560	0	1475	0	15556	67.6%	67.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	2	1	0	0	0	0	0	0	2	1	3	
45 to 59	3	2	0	0	0	0	0	0	3	2	5	
60 to 64	0	2	0	0	0	0	0	0	0	2	2	
65 to 74	4	2	0	0	0	0	0	0	4	2	6	
75 to 84	1	7	0	0	0	0	0	0	1	7	8	
85+	4	17	0	0	0	0	0	0	4	17	21	
TOTALS	14	31	0	0	0	0	0	0	14	31	45	

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

## BATAVIA REHAB &amp; HLTHCARE CTR.

520 FABYAN PARKWAY

BATAVIA, IL. 60510

Reference Numbers Facility ID 6008171

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE					TOTALS	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care
Nursing Care	0	40	3	0	2	0	45
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>40</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>45</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter	Totals	
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	3	0	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0	0
White	40	0	0	0	0	40
Race Unknown	2	0	0	0	0	2
<b>Total</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45</b>
ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals	
Hispanic	0	0	0	0	0	0
Non-Hispanic	43	0	0	0	0	43
Ethnicity Unknown	2	0	0	0	0	2
<b>Total</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	12.00
<b>Totals</b>	<b>32.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	88.8%	0.1%	0.0%	11.1%	100.0%		0.0%
0	1,672,013	1,193	0	208,820	1,882,026	0	

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

**mapquest m<sup>Q</sup>**

Trip to:  
 2330 W Galena Blvd  
 Aurora, IL 60506-4246  
 15.64 miles  
 23 minutes

Notes

Countryside Care Center

**Find Cheap Gas  
Near You**

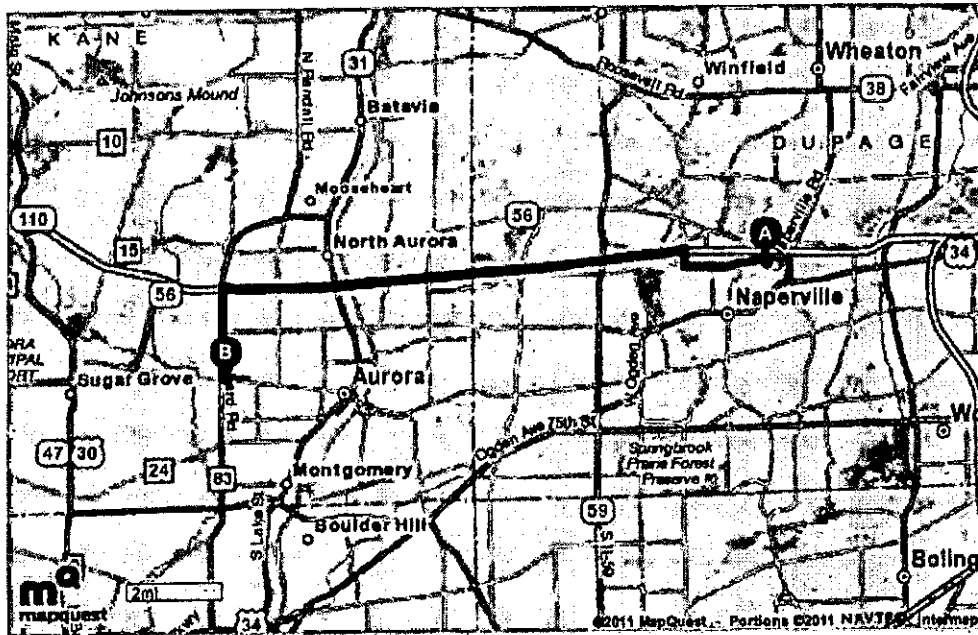
Save \$\$\$ with  
MapQuest gas prices.



mapquest m<sup>Q</sup>

		Miles Per Section	Miles Driven
<b>A</b>	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>		
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➔	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 2.0 MI	2.1 mi
➔	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 0.4 MI	2.5 mi
➔	4. Merge onto I-88 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY via the ramp on the LEFT toward AURORA (Portions toll). <i>If you reach FERRY RD you've gone about 0.1 miles too far</i>	Go 10.4 MI	12.9 mi
EXIT	5. Take the ORCHARD ROAD exit.	Go 0.4 MI	13.3 mi
↶	6. Turn LEFT onto ORCHARD RD.	Go 2.2 MI	15.5 mi
↶	7. Turn LEFT onto W GALENA BLVD. <i>W GALENA BLVD is 0.5 miles past W ILLINOIS AVE</i>	Go 0.10 MI	15.6 mi
■	8. 2330 W GALENA BLVD is on the RIGHT. <i>If you reach S CONSTITUTION DR you've gone about 0.1 miles too far</i>		15.6 mi
<b>B</b>	<b>2330 W Galena Blvd Aurora, IL 60506-4246</b>	15.6 mi	15.6 mi

Total Travel Estimate: 15.64 miles - about 23 minutes



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COUNTRYSIDE CARE CENTRE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2330 WEST GALENA BOULEVARD		Aggressive/Anti-Social	1	DIAGNOSIS		
AURORA, IL. 60506		Chronic Alcoholism	1	Neoplasms	15	
Reference Numbers	Facility ID 6002174	Developmentally Disabled	1	Endocrine/Metabolic	20	
Health Service Area 008	Planning Service Area 089	Drug Addiction	0	Blood Disorders	12	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	20	
Kim Kohls		Medicare Recipient	0	Alzheimer Disease	21	
Contact Person and Telephone		Mental Illness	1	Mental Illness	0	
KIM KOHLS		Non-Ambulatory	0	Developmental Disability	0	
847-896-4686		Non-Mobile	0	Circulatory System	25	
	Date Completed	Public Aid Recipient	0	Respiratory System	19	
Registered Agent Information	4/30/2010	Under 65 Years Old	0	Digestive System	10	
Marc Benjamin		Unable to Self-Medicate	0	Genitourinary System Disorders	10	
801 Skokie Blvd. , Suite100		Ventilator Dependent	1	Skin Disorders	17	
Northbrook, IL 60062		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	15	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	1	
LIMITED PARTNERSHIP		No Restrictions	0	Other Medical Conditions	2	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
LIFE CARE FACILITY	No				TOTALS	187
					Total Residents Diagnosed as Mentally Ill	120

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	203	203	194	203	187	16	127	203	Total Admissions 2009	310
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	314
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	187
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	3
<b>TOTAL BEDS</b>	<b>203</b>	<b>203</b>	<b>194</b>	<b>203</b>	<b>187</b>	<b>16</b>	<b>127</b>	<b>203</b>		

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	7132	15.4%	47421	64.0%	2197	2054	9614	0	68418	92.3%	92.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>7132</b>	<b>15.4%</b>	<b>47421</b>	<b>64.0%</b>	<b>2197</b>	<b>2054</b>	<b>9614</b>	<b>0</b>	<b>68418</b>	<b>92.3%</b>	<b>92.3%</b>

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	10	6	0	0	0	0	0	0	10	6	16
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	14	9	0	0	0	0	0	0	14	9	23
75 to 84	29	37	0	0	0	0	0	0	29	37	66
85+	16	59	0	0	0	0	0	0	16	59	75
<b>TOTALS</b>	<b>73</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>73</b>	<b>114</b>	<b>187</b>

COUNTRYSIDE CARE CENTRE  
2330 WEST GALENA BOULEVARD  
AURORA, IL. 60506

Reference Numbers Facility ID 6002174

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	142	0	7	29	0	187
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>9</b>	<b>142</b>	<b>0</b>	<b>7</b>	<b>29</b>	<b>0</b>	<b>187</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	170	0	0	0	170
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>187</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>187</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>187</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>187</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	27.00
Certified Aides	75.00
Other Health Staff	12.00
Non-Health Staff	51.00
<b>Totals</b>	<b>187.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.2%	51.7%	0.0%	4.3%	13.8%	100.0%		0.0%
4,009,056	6,870,854	0	574,460	1,826,984	13,281,354	0	

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

## FACILITY NOTES

Bed Change 1/1/2009 Received permission to discontinue 4 Nursing Care beds. Facility now has 203 Nursing Care beds.



Trip to:  
 831 N Batavia Ave  
 Batavia, IL 60510-2198  
 15.10 miles  
 23 minutes

Notes

Covenant Health Care Center

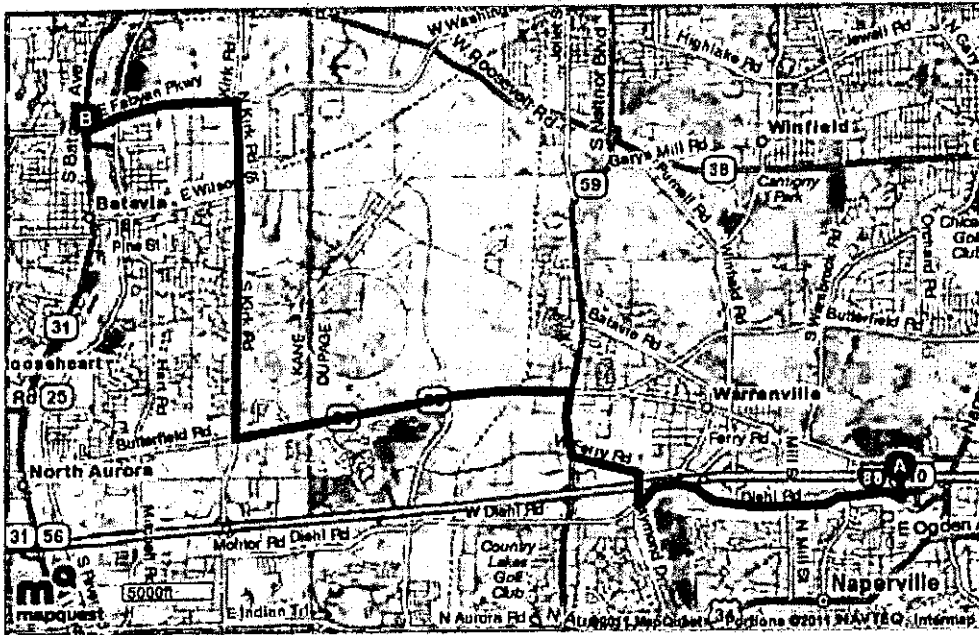
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- [Find one today at Indeed.com!](#)
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A	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➤	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 3.3 MI	3.3 mi
➤	3. Turn RIGHT onto RAYMOND DR / CR-13. <i>If you reach WALL ST you've gone about 0.6 miles too far</i>	Go 0.4 MI	3.7 mi
⤴	4. Take the 1st LEFT onto W FERRY RD / CR-3. <i>If you are on CORPORATE LN and reach ENGEMANN DR you've gone about 0.2 miles too far</i>	Go 0.8 MI	4.5 mi
➤	5. Turn RIGHT onto IL-59. <i>IL-59 is 0.1 miles past ERICKSON DR</i>	Go 0.8 MI	5.3 mi
⤴	6. Take the 2nd LEFT onto IL-56 / BUTTERFIELD RD. <i>If you reach PRAIRIE AVE you've gone about 0.2 miles too far</i>	Go 4.0 MI	9.2 mi
➤	7. Turn RIGHT onto KIRK RD / CR-77. <i>If you reach DOWNEN DR you've gone about 0.1 miles too far</i>	Go 3.9 MI	13.1 mi
⤴	8. Turn LEFT onto E FABYAN PKWY / CR-8. <i>E FABYAN PKWY is 0.4 miles past DOUGLAS RD</i>	Go 1.8 MI	14.9 mi
⤴	9. Turn LEFT onto N BATAVIA AVE / IL-31. <i>N BATAVIA AVE is 0.4 miles past N WASHINGTON AVE</i>	Go 0.2 MI	15.1 mi
■	10. 831 N BATAVIA AVE is on the RIGHT. <i>If you reach TIMBER TRL you've gone about 0.1 miles too far</i>		15.1 mi
B	<b>831 N Batavia Ave Batavia, IL 60510-2198</b>	15.1 mi	15.1 mi



Total Travel Estimate: 15.10 miles - about 23 minutes



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COVENANT HEALTH CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
831 N. BATAVIA AVENUE		Aggressive/Anti-Social	0	DIAGNOSIS	
BATAVIA, IL. 60510		Chronic Alcoholism	0	Neoplasms	1
Reference Numbers	Facility ID 6002208	Developmentally Disabled	1	Endocrine/Metabolic	0
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	1
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	3
JEANNE HEID-GRUBMAN		Medicare Recipient	0	Alzheimer Disease	0
Contact Person and Telephone		Mental Illness	0	Mental Illness	5
ANNA-LISA WHITSON		Non-Ambulatory	0	Developmental Disability	0
630-879-4300		Non-Mobile	0	Circulatory System	14
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	10
ILLINOIS CORP. SERVICE COMPANY	5/6/2010	Under 65 Years Old	0	Digestive System	8
801 ADLAI STEVENSON DRIVE		Unable to Self-Medicate	0	Genitourinary System Disorders	13
SPRINGFIELD, IL 62703		Ventilator Dependent	1	Skin Disorders	1
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	11
NON-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	17
CONTINUING CARE COMMUNITY	Yes	No Restrictions	0	Other Medical Conditions	11
LIFE CARE FACILITY	Yes	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
				TOTALS	95
				Total Residents Diagnosed as Mentally Ill	5

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	99	99	99	0	95	4	99	99	Total Admissions 2009	175
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	174
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	95
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	99	99	99	0	95	4	99	99		

## FACILITY UTILIZATION - 2009

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance		Private Pay	Charity Care	TOTAL	Licensed Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days				Pat. days	Pat. days
Nursing Care	3207	8.9%	10733	29.7%	0	47	20286	0	0	34273	94.8%	94.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
TOTALS	3207	8.9%	10733	29.7%	0	47	20286	0	0	34273	94.8%	94.8%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	10	64	0	0	0	0	0	0	10	64	74
TOTALS	17	78	0	0	0	0	0	0	17	78	95

COVENANT HEALTH CARE CENTER

831 N. BATAVIA AVENUE

BATAVIA, IL. 60510

Reference Numbers Facility ID 6002208

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE					TOTALS	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care
Nursing Care	15	29	0	0	51	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>15</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>0</b>	<b>95</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	349	258
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkiUnd22	ICF/DD	Shelter	Totals	
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0	0
White	95	0	0	0	0	95
Race Unknown	0	0	0	0	0	0
<b>Total</b>	<b>95</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>95</b>

ETHNICITY	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkiUnd22	ICF/DD	Shelter	Totals	
Hispanic	0	0	0	0	0	0
Non-Hispanic	95	0	0	0	0	95
Ethnicity Unknown	0	0	0	0	0	0
<b>Total</b>	<b>95</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>95</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.30
LPN's	5.30
Certified Aides	45.40
Other Health Staff	2.90
Non-Health Staff	41.45
<b>Totals</b>	<b>113.35</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.8%	16.8%	0.0%	0.0%	70.4%	100.0%		0.1%
992,030	1,301,872	0	3,231	5,465,250	7,762,383	5,297	











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

# mapquest m<sup>Q</sup>

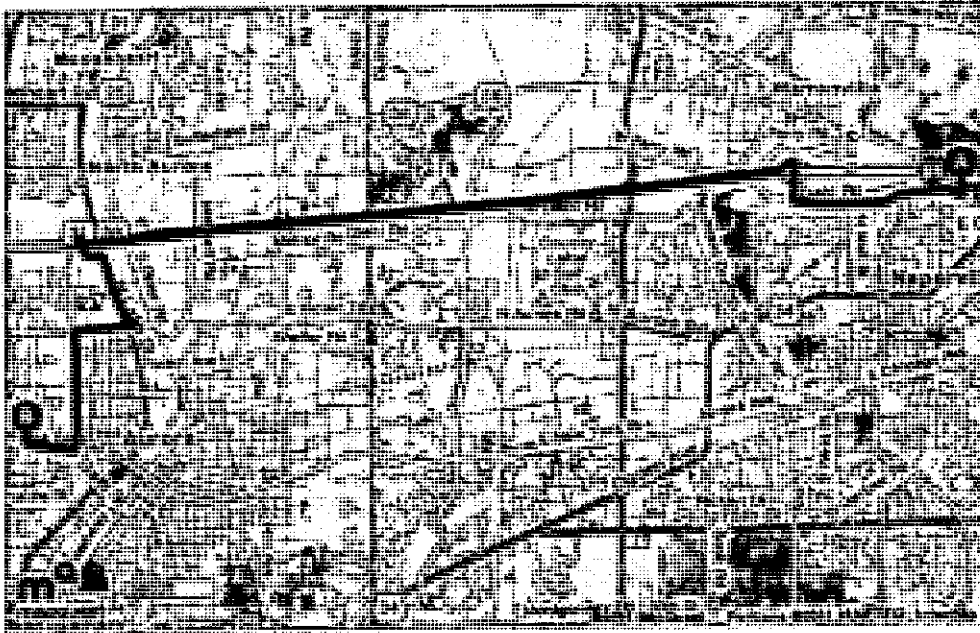
**Trip to:**  
 1017 W Galena Blvd  
 Aurora, IL 60506-3753  
 14.86 miles  
 26 minutes

**Notes**

Elmwood Terrace Healthcare Center

		Miles Per Section	Miles Driven
<b>A</b>	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 2.0 MI	2.1 mi
	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 0.4 MI	2.5 mi
	4. Merge onto I-88 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY via the ramp on the LEFT toward AURORA (Portions toll). <i>If you reach FERRY RD you've gone about 0.1 miles too far</i>	Go 8.4 MI	10.9 mi
	5. Take the IL-31 exit toward AURORA / BATAVIA.	Go 0.6 MI	11.5 mi
	6. Turn RIGHT onto S LINCOLNWAY / IL-31. Continue to follow IL-31.	Go 0.9 MI	12.3 mi
	7. Turn RIGHT onto W INDIAN TRL / W NEW INDIAN TRL. Continue to follow W INDIAN TRL. <i>W INDIAN TRL is 0.5 miles past SULLIVAN RD</i>	Go 0.6 MI	12.9 mi
	8. Take the 2nd LEFT onto N HIGHLAND AVE. <i>If you reach NANTUCKET RD you've gone about 0.2 miles too far</i>	Go 1.4 MI	14.3 mi
	9. Turn RIGHT onto W GALENA BLVD. <i>W GALENA BLVD is just past W NEW YORK ST</i>	Go 0.5 MI	14.9 mi
	10. 1017 W GALENA BLVD is on the RIGHT. <i>Your destination is just past N ELMWOOD DR If you reach N FORDHAM AVE you've gone about 0.1 miles too far</i>		14.9 mi
<b>B</b>	<b>1017 W Galena Blvd Aurora, IL 60506-3753</b>	14.9 mi	14.9 mi

**Total Travel Estimate: 14.86 miles - about 26 minutes**



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ELMWOOD TERRACE HEALTHCARE CTR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1017 WEST GALENA BOULEVARD		Aggressive/Anti-Social	0	DIAGNOSIS		
AURORA, IL. 60506		Chronic Alcoholism	0	Neoplasms	1	
Reference Numbers	Facility ID 6002844	Developmentally Disabled	0	Endocrine/Metabolic	29	
Health Service Area 008	Planning Service Area 089	Drug Addiction	0	Blood Disorders	2	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	1	
cathy wood		Medicare Recipient	0	Alzheimer Disease	0	
Contact Person and Telephone		Mental Illness	0	Mental Illness	0	
CATHY wood		Non-Ambulatory	0	Developmental Disability	1	
630-897-3100		Non-Mobile	0	Circulatory System	7	
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	11	
	5/6/2010	Under 65 Years Old	0	Digestive System	0	
		Unable to Self-Medicare	0	Genitourinary System Disorders	0	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1	
		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	53
FOR-PROF CORPORATION						
CONTINUING CARE COMMUNITY	No					
LIFE CARE FACILITY	No					
					Total Residents Diagnosed as Mentally Ill	1

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	68	68	56	68	53	15	68	68	Total Admissions 2009	55
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	55
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	53
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	68	68	56	68	53	15	68	68		

FACILITY UTILIZATION - 2009															
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE															
LEVEL OF CARE	Medicare		Medicaid		Other Public Insurance		Private Insurance		Private Pay		Charity Care		TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days				
Nursing Care	1950	7.9%	15463	62.3%	0	0	1006	0	0	0	0	18419	74.2%	74.2%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0	0	0	0.0%	0.0%	
Sheltered Care			0	0.0%	0	0	0	0	0	0	0	0	0.0%	0.0%	
TOTALS	1950	7.9%	15463	62.3%	0	0	1006	0	0	0	0	18419	74.2%	74.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	5	0	0	0	0	0	0	4	5	9
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	19	34	0	0	0	0	0	0	19	34	53

## ELMWOOD TERRACE HEALTHCARE CTR

1017 WEST GALENA BOULEVARD

AURORA, IL. 60506

Reference Numbers Facility ID 6002844

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	7	43	0	0	0	3	0	53
Skilled Under 22	0	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0	0
Sheltered Care			0	0	0	0	0	0
<b>TOTALS</b>	<b>7</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>53</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	8	0	0	0	8
<b>Total</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	15.00
<b>Totals</b>	<b>39.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.8%	64.4%	0.0%	0.0%	4.9%	100.0%		0.0%
880,466	1,841,467	0	0	138,841	2,860,774	0	

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

# mapquest m<sup>q</sup>

Trip to:  
 400 E New York St  
 Aurora, IL 60505-3425  
 12.16 miles  
 22 minutes

Notes:

Fox River Pavilion


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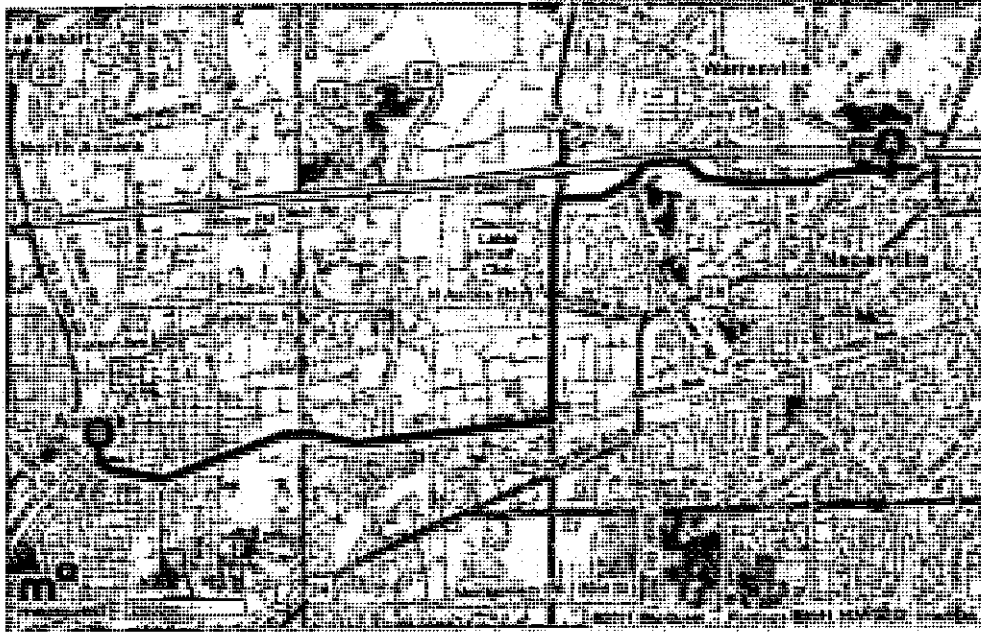
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A	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➔	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 4.1 MI	4.2 mi
➔ 	3. Turn LEFT onto IL-59 S. <i>IL-59 S is 0.1 miles past BOND ST</i>	Go 2.5 MI	6.7 mi
➔	4. Turn RIGHT onto E NEW YORK ST. <i>E NEW YORK ST is 0.5 miles past LIBERTY ST</i>	Go 5.4 MI	12.2 mi
■	5. 400 E NEW YORK ST is on the RIGHT. <i>Your destination is just past E PARK PL If you reach N 4TH ST you've gone a little too far</i>		12.2 mi
B	400 E New York St Aurora, IL 60505-3425	12.2 mi	12.2 mi



**Total Travel Estimate: 12.16 miles - about 22 minutes**



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FOX RIVER PAVILION		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
400 EAST NEW YORK		Aggressive/Anti-Social	0	DIAGNOSIS		
AURORA, IL. 60505		Chronic Alcoholism	1	Neoplasms	2	
Reference Numbers	Facility ID 6007223	Developmentally Disabled	0	Endocrine/Metabolic	10	
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	6	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5	
Scott Braun		Medicare Recipient	0	Alzheimer Disease	2	
Contact Person and Telephone		Mental Illness	0	Mental Illness	68	
SCOTT BRAUN		Non-Ambulatory	0	Developmental Disability	4	
630-897-8714		Non-Mobile	0	Circulatory System	8	
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	1	
Albert Milstein	5/5/2010	Under 65 Years Old	0	Digestive System	0	
36235 Treasury Center		Unable to Self-Medicare	0	Genitourinary System Disorders	0	
Chicago, IL 60694		Ventilator Dependent	1	Skin Disorders	0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	2	
LIMITED PARTNERSHIP		Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
					TOTALS	108
					Total Residents Diagnosed as Mentally Ill	108

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	121	121	113	121	108	13	121	121	Total Admissions 2009	118
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	118
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	108
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	19
TOTAL BEDS	121	121	113	121	108	13	121	121		

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	1480	3.4%	35859	81.2%	617	0	719	0	38675	87.6%	87.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	1480	3.4%	35859	81.2%	617	0	719	0	38675	87.6%	87.6%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	7	0	0	0	0	0	0	10	7	17
45 to 59	33	21	0	0	0	0	0	0	33	21	54
60 to 64	9	4	0	0	0	0	0	0	9	4	13
65 to 74	11	5	0	0	0	0	0	0	11	5	16
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	66	42	0	0	0	0	0	0	66	42	108

FOX RIVER PAVILION  
400 EAST NEW YORK  
AURORA, IL. 60505

Reference Numbers Facility ID 6007223

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	1	102	4	0	1	0	108
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>1</b>	<b>102</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>108</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	16	0	0	0	16
<b>Total</b>	<b>108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	3	0	0	0	3
<b>Total</b>	<b>108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	55.00
<b>Totals</b>	<b>98.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.2%	86.3%	0.0%	0.0%	1.4%	100.0%	0	0.0%
637,310	4,493,079	0	0	75,240	5,205,629		

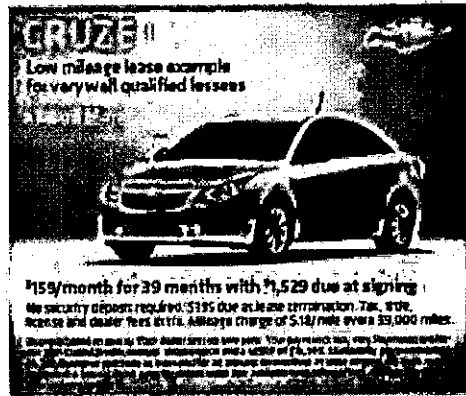
\*Charity Expense does not include expenses which may be considered a community benefit.

# mapquest m<sup>o</sup>

Trip to:  
 275 S Lasalle St  
 Aurora, IL 60505-4258  
 13.03 miles  
 25 minutes

Notes

Jennings Terrace



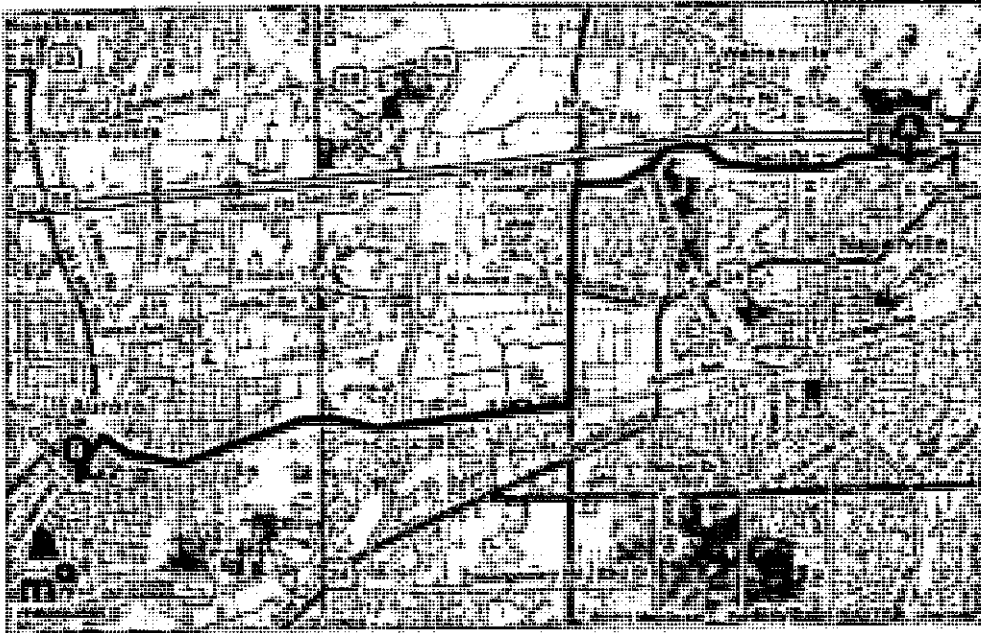
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A	<b>[1800-1899] Abridge Ct Naperville, IL 60563</b>	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➤	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 4.1 MI	4.2 mi
⬅️	3. Turn LEFT onto IL-59 S. <i>IL-59 S is 0.1 miles past BOND ST.</i>	Go 2.5 MI	6.7 mi
➤	4. Turn RIGHT onto E NEW YORK ST. <i>E NEW YORK ST is 0.5 miles past LIBERTY ST</i>	Go 5.7 MI	12.4 mi
⬅️	5. Turn LEFT onto N BROADWAY / IL-25. <i>N BROADWAY is just past N LASALLE ST</i>	Go 0.4 MI	12.8 mi
⬅️	6. Turn LEFT onto WASHINGTON ST. <i>WASHINGTON ST is just past CLARK ST</i>	Go 0.08 MI	12.9 mi
➤	7. Turn RIGHT onto S LASALLE ST.	Go 0.1 MI	13.0 mi
■	6. 275 S LASALLE ST is on the RIGHT. <i>If you reach NORTH AVE you've gone a little too far</i>		13.0 mi
B	<b>275 S Lasalle St Aurora, IL 60505-4258</b>	13.0 mi	13.0 mi

**Total Travel Estimate: 13.03 miles - about 25 minutes**



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JENNINGS TERRACE, INC.		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
275 SOUTH LASALLE		Aggressive/Anti-Social	1	DIAGNOSIS		
AURORA, IL. 60505		Chronic Alcoholism	1	Neoplasms	4	
Reference Numbers	Facility ID 6004899	Developmentally Disabled	0	Endocrine/Metabolic	9	
Health Service Area 008	Planning Service Area 089	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5	
David F. Scarpetta		Medicare Recipient	1	Alzheimer Disease	28	
Contact Person and Telephone		Mental Illness	0	Mental Illness	11	
DAVID F. SCARPETTA		Non-Ambulatory	0	Developmental Disability	1	
630-897-6947 ext. 13	Date Completed 5/7/2010	Non-Mobile	0	Circulatory System	23	
Registered Agent Information		Public Aid Recipient	0	Respiratory System	2	
James E. Cheatham		Under 65 Years Old	0	Digestive System	0	
6 South 487 Densmore Road		Unable to Self-Medicare	0	Genitourinary System Disorders	0	
Aurora, IL 60506		Ventilator Dependent	1	Skin Disorders	0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	19	
NON-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	24	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	7
				TOTALS	133	
				Total Residents Diagnosed as Mentally Ill	14	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	60	60	59	60	55	5	0	8	Total Admissions 2009	126
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	94
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	87
Sheltered Care	103	103	84	103	78	25			Identified Offenders	133
TOTAL BEDS	163	163	143	163	133	30	0	8		1

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	0	0.0%	1865	63.9%	0	0	16303	0	18168	83.0%	83.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	28886	0	28886	76.8%	76.8%
TOTALS	0	0.0%	1865	63.9%	0	0	45189	0	47054	79.1%	79.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	3	1	4	5
60 to 64	0	0	0	0	0	0	3	0	3	0	3
65 to 74	0	1	0	0	0	0	4	4	4	5	9
75 to 84	5	7	0	0	0	0	6	8	11	15	26
85+	9	31	0	0	0	0	13	37	22	68	90
TOTALS	15	40	0	0	0	0	26	52	41	92	133

## JENNINGS TERRACE, INC.

275 SOUTH LASALLE

AURORA, IL. 60505

Reference Numbers Facility ID 6004899

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE					TOTALS	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care
Nursing Care	0	8	0	0	47	0	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	78	0	78
<b>TOTALS</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>125</b>	<b>0</b>	<b>133</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	69	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkilUnd22	ICF/DD	Shelter	Totals	
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	1	0	0	1	2	2
Hawallan/Pac. Isl.	0	0	0	0	0	0
White	54	0	0	77	131	131
Race Unknown	0	0	0	0	0	0
<b>Total</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>133</b>	<b>133</b>

ETHNICITY	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkilUnd22	ICF/DD	Shelter	Totals	
Hispanic	1	0	0	1	2	2
Non-Hispanic	54	0	0	77	131	131
Ethnicity Unknown	0	0	0	0	0	0
<b>Total</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>133</b>	<b>133</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	27.00
Other Health Staff	16.00
Non-Health Staff	25.00
<b>Totals</b>	<b>82.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	1.6%	0.0%	0.0%	98.4%	100.0%		0.0%
0	49,600	0	0	3,089,696	3,139,296	0	

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

# mapquest m<sup>q</sup>



**Trip to:**  
 310 Banbury Rd.  
 North Aurora, IL 60542-1260.  
 11.31 miles  
 18 minutes.

**Notes**

North Aurora Care Center

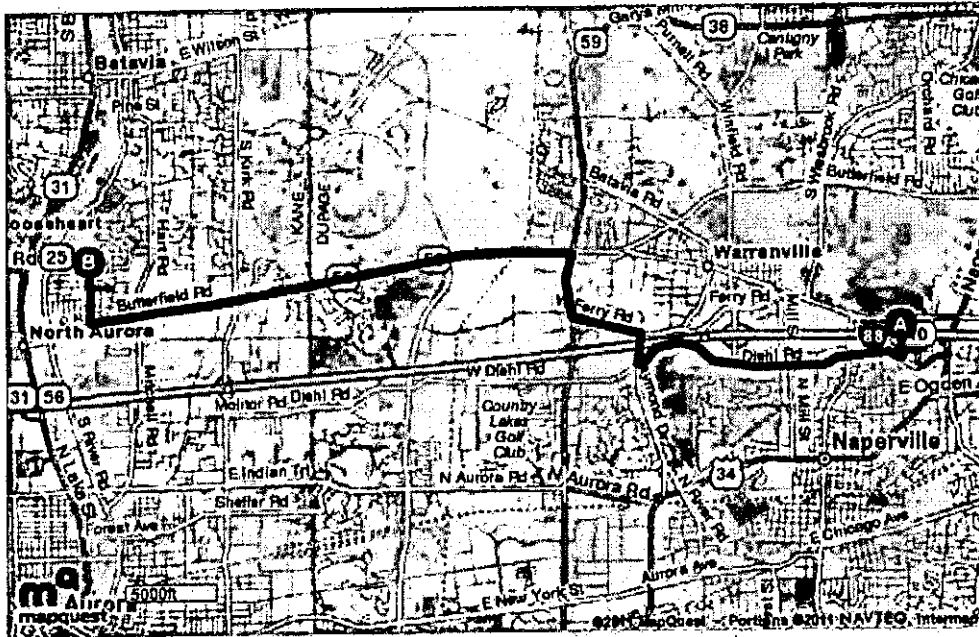
**Sponsored Links**

- [North Aurora Illinois](#)
- [All About North Aurora Illinois](#)
- [North Aurora Illinois and much More!](#)
- [www.people.com/Top\\_Results](#)

A	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➡	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far.</i>	Go 3.3 MI	3.3 mi
➡	3. Turn RIGHT onto RAYMOND DR / CR-13. <i>If you reach WALL ST you've gone about 0.6 miles too far.</i>	Go 0.4 MI	3.7 mi
⬅	4. Take the 1st LEFT onto W FERRY RD / CR-3. <i>If you are on CORPORATE LN and reach ENGEMANN DR you've gone about 0.2 miles too far.</i>	Go 0.8 MI	4.5 mi
➡ 	5. Turn RIGHT onto IL-59. <i>IL-59 is 0.1 miles past ERICKSON DR.</i>	Go 0.8 MI	5.3 mi
⬅ 	6. Take the 2nd LEFT onto IL-56 / BUTTERFIELD RD. <i>If you reach PRAIRIE AVE you've gone about 0.2 miles too far.</i>	Go 5.7 MI	10.9 mi
➡	7. Turn RIGHT onto BANBURY RD. <i>BANBURY RD is 0.1 miles past HICKORY ST</i>	Go 0.4 MI	11.3 mi
■	8. 310 BANBURY RD is on the LEFT. <i>Your destination is just past FLAGSTONE CT</i> <i>If you reach SHARON LN you've gone about 0.1 miles too far.</i>		11.3 mi
B	<b>310 Banbury Rd</b> North Aurora, IL 60542-1260	11.3 mi	11.3 mi



Total Travel Estimate: 11:31 miles - about 18 minutes



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NORTH AURORA CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
310 BANBURY ROAD		Aggressive/Anti-Social	0	DIAGNOSIS	
NORTH AURORA, IL. 60542		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers	Facility ID 6006605	Developmentally Disabled	0	Endocrine/Metabolic	19
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	1
KEN BOGARD		Medicare Recipient	1	Alzheimer Disease	0
Contact Person and Telephone		Mental Illness	0	Mental Illness	68
KEN BOGARD		Non-Ambulatory	0	Developmental Disability	1
630-892-7627		Non-Mobile	0	Circulatory System	0
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	2
MARIKAY SNYDER	5/12/2010	Under 65 Years Old	0	Digestive System	1
830 W TRAILCREEK DR		Unable to Self-Medicate	0	Genitourinary System Disorders	1
PEORIA, IL 61614		Ventilator Dependent	1	Skin Disorders	0
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	2
LIMITED LIABILITY CO		Other Restrictions	0	Injuries and Poisonings	0
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	7
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
				TOTALS	102
				Total Residents Diagnosed as Mentally Ill	68

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	129	129	109	129	102	27	0	129	Total Admissions 2009	108
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	46
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	102
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	9
TOTAL BEDS	129	129	109	129	102	27	0	129		

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	37732	80.1%	0	0	1793	0	39525	83.9%	83.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	37732	80.1%	0	0	1793	0	39525	83.9%	83.9%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	5	0	0	0	0	0	0	12	5	17
45 to 59	20	20	0	0	0	0	0	0	20	20	40
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	0	5	0	0	0	0	0	0	0	5	5
TOTALS	50	52	0	0	0	0	0	0	50	52	102

## NORTH AURORA CARE CENTER

310 BANBURY ROAD

NORTH AURORA, IL. 60542

Reference Numbers Facility ID 6006605

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE						TOTALS
	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	
Nursing Care	0	97	0	0	5	0	102
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>97</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>102</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter	Totals	
Asian	2	0	0	0	2	
Amer. Indian	0	0	0	0	0	
Black	8	0	0	0	8	
Hawaiian/Pac. Isl.	0	0	0	0	0	
White	92	0	0	0	92	
Race Unknown	0	0	0	0	0	
<b>Total</b>	<b>102</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>102</b>	
ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals	
Hispanic	6	0	0	0	6	
Non-Hispanic	96	0	0	0	96	
Ethnicity Unknown	0	0	0	0	0	
<b>Total</b>	<b>102</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>102</b>	

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	33.00
Other Health Staff	2.00
Non-Health Staff	32.00
<b>Totals</b>	<b>89.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	94.0%	0.0%	0.0%	6.0%	100.0%		0.0%
0	3,861,621	273	0	246,360	4,108,254	0	

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

# mapquest m<sup>®</sup>

**Trip to:**  
 1101 E State St  
 Geneva, IL 60134-2438  
 12.88 miles  
 20 minutes







**Notes:**

Provena Geneva Care Center

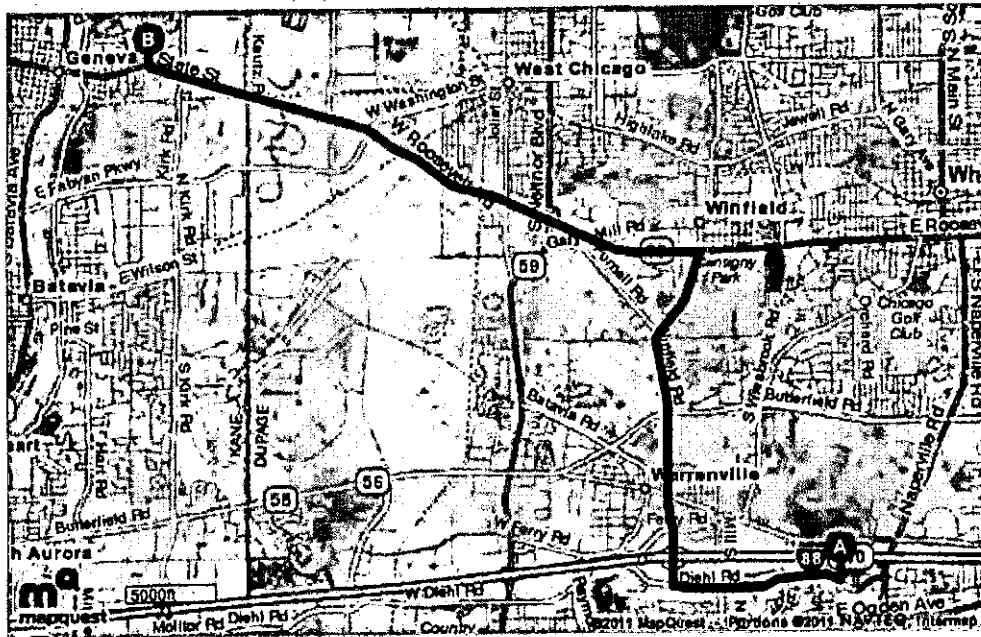
**Sponsored Links**

**Herrington Geneva**  
 Herrington Geneva - Save Up To 60%  
 Check Rates & Get the Best Deals.  
[the-herrington.onetime.com](http://the-herrington.onetime.com)

**Cranio Sacral Therapy**  
 Treat fatigue, headaches, autism,  
 emotional and learning disability  
[ameliorationmassage.com](http://ameliorationmassage.com)

	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 2.0 MI	2.1 mi
	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 4.0 MI	6.0 mi
	4. Turn LEFT onto ROOSEVELT RD / IL-38. Continue to follow IL-38. <i>IL-38 is 0.7 miles past SWAN LAKE DR</i>	Go 6.8 MI	12.9 mi
	5. 1101 E STATE ST is on the RIGHT. <i>Your destination is 0.1 miles past N GLENGARRY DR If you reach LONGVIEW DR you've gone a little too far</i>		12.9 mi
	1101 E State St Geneva, IL 60134-2438	12.9 mi	12.9 mi

Total Travel Estimate: 12.88 miles - about 20 minutes



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PROVENA GENEVA CARE CENTER			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1101 EAST STATE STREET			Aggressive/Anti-Social	0	DIAGNOSIS		
GENEVA, IL. 60134			Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID	6003503	Developmentally Disabled	1	Endocrine/Metabolic	1	
Health Service Area	008	Planning Service Area	089	Drug Addiction	Blood Disorders	0	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	5	
Dawn Renee Furman			Medicare Recipient	0	Alzheimer Disease	24	
Contact Person and Telephone			Mental Illness	0	Mental Illness	11	
DAWN. R. FURMAN			Non-Ambulatory	0	Developmental Disability	1	
630-232-7544	Date Completed		Non-Mobile	0	Circulatory System	10	
Registered Agent Information	5/12/2010		Public Aid Recipient	0	Respiratory System	10	
			Under 65 Years Old	0	Digestive System	3	
			Unable to Self-Medicat	0	Genitourinary System Disorders	1	
			Ventilator Dependent	1	Skin Disorders	0	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	2	
			Other Restrictions	0	Injuries and Poisonings	1	
FACILITY OWNERSHIP			No Restrictions	0	Other Medical Conditions	12	
NON-PROF CORPORATION			<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No					TOTALS	81
LIFE CARE FACILITY	No					Total Residents Diagnosed as Mentally Ill	15

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	107	106	106	106	81	26	63	69	Total Admissions 2009	190
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	198
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	81
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
<b>TOTAL BEDS</b>	<b>107</b>	<b>106</b>	<b>106</b>	<b>106</b>	<b>81</b>	<b>26</b>	<b>63</b>	<b>69</b>		

FACILITY UTILIZATION - 2009													
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE													
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance		Private Pay		Charity Care	TOTAL	Licensed Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days	Pat. days			Pat. days	Occ. Pct.
Nursing Care	6481	28.2%	19671	78.1%	0	311	5973	0	32436	83.1%	83.8%		
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%		
<b>TOTALS</b>	<b>6481</b>	<b>28.2%</b>	<b>19671</b>	<b>78.1%</b>	<b>0</b>	<b>311</b>	<b>5973</b>	<b>0</b>	<b>32436</b>	<b>83.1%</b>	<b>83.8%</b>		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	1	0	0	0	0	0	0	0	1	0	1	
60 to 64	1	0	0	0	0	0	0	0	1	0	1	
65 to 74	4	4	0	0	0	0	0	0	4	4	8	
75 to 84	6	19	0	0	0	0	0	0	6	19	25	
85+	6	40	0	0	0	0	0	0	6	40	46	
<b>TOTALS</b>	<b>18</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>63</b>	<b>81</b>	

PROVENA GENEVA CARE CENTER

1101 EAST STATE STREET

GENEVA, IL. 60134

Reference Numbers Facility ID 6003503

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	47	0	1	18	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>15</b>	<b>47</b>	<b>0</b>	<b>1</b>	<b>18</b>	<b>0</b>	<b>81</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	274	224
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>81</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>81</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>81</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>81</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	12.00
Certified Aides	41.00
Other Health Staff	7.00
Non-Health Staff	24.00
<b>Totals</b>	<b>94.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.7%	38.5%	0.0%	1.5%	27.2%	100.0%		0.0%
2,055,000	2,417,269	0	95,656	1,709,374	6,277,299	0	




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

# mapquest m<sup>q</sup>

Trip to:  
 400 Sullivan Rd  
 Aurora, IL 60506-1452  
 11.98 miles  
 19 minutes

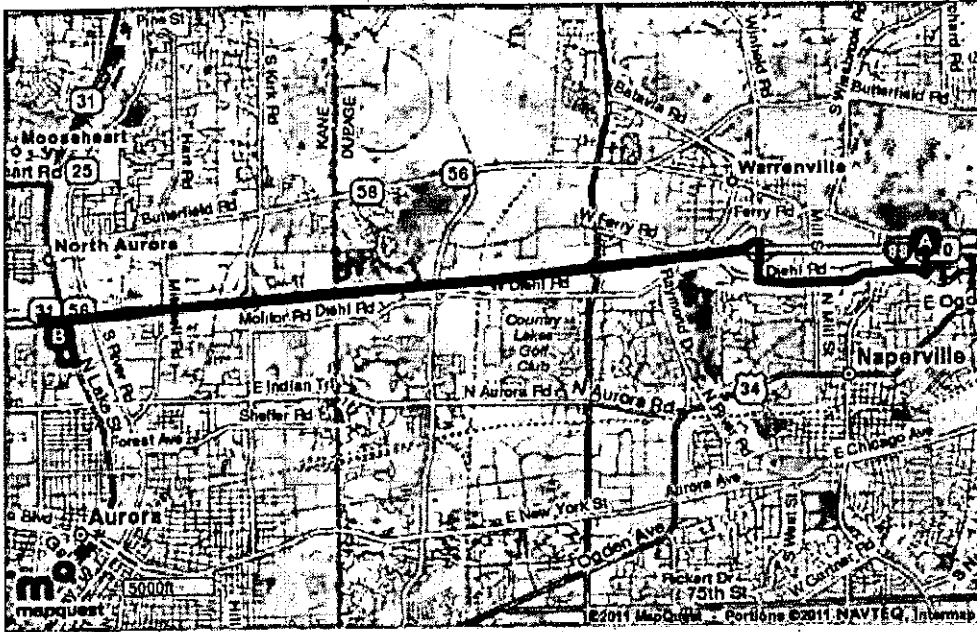
Notes

Provèna McAuley Manor

A	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➔	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far.</i>	Go 2.0 MI	2.1 mi
➔	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY.</i>	Go 0.4 MI	2.5 mi
➔ 	4. Merge onto I-88 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY via the ramp on the LEFT toward AURORA (Portions toll). <i>If you reach FERRY RD you've gone about 0.1 miles too far.</i>	Go 8.4 MI	10.9 mi
EXIT 	5. Take the IL-31 exit toward AURORA / BATAVIA.	Go 0.8 MI	11.5 mi
➔ 	6. Turn RIGHT onto S LINCOLNWAY / IL-312.	Go 0.3 MI	11.8 mi
➔	7. Take the 2nd RIGHT onto SULLIVAN RD. <i>If you are on N LAKE ST and reach W INDIAN TRL you've gone about 0.5 miles too far.</i>	Go 0.2 MI	12.0 mi
■	8. 400 SULLIVAN RD is on the LEFT. <i>If you reach FAIRVIEW DR you've gone about 0.1 miles too far.</i>		12.0 mi
B	<b>400 Sullivan Rd</b> Aurora, IL 60506-1452	12.0 mi	12.0 mi



Total Travel Estimate: 11.98 miles - about 19 minutes



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PROVENA MCAULEY MANOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
400 W. SULLIVAN ROAD		Aggressive/Anti-Social	0	DIAGNOSIS		
AURORA, IL. 60506		Chronic Alcoholism	0	Neoplasms	3	
Reference Numbers	Facility ID 6005912	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area 008	Planning Service Area 089	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5	
Jennifer Roach		Medicare Recipient	0	Alzheimer Disease	3	
Contact Person and Telephone		Mental Illness	1	Mental Illness	1	
Bill Erue		Non-Ambulatory	0	Developmental Disability	0	
630-859-3700		Non-Mobile	0	Circulatory System	17	
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	3	
Megan Kieffer	5/7/2010	Under 65 Years Old	0	Digestive System	6	
19065 Hickory Creek Drive Suite 300		Unable to Self-Medicate	0	Genitourinary System Disorders	0	
Mokena, IL 60448		Ventilator Dependent	1	Skin Disorders	1	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	15	
NON-PROF CORPORATION		Other Restrictlons	0	Injuries and Poisonings	4	
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	5	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
					TOTALS	63
					Total Residents Diagnosed as Mentally Ill	1

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	87	87	74	87	63	24	87	9	Total Admissions 2009	517
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	516
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	63
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	87	87	74	87	63	24	87	9		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	10591	33.4%	1312	39.9%	0	695	10073	192	22863	72.0%	72.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10591	33.4%	1312	39.9%	0	695	10073	192	22863	72.0%	72.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	1	0	0	0	0	0	0	0	1	0	1	
45 to 59	0	1	0	0	0	0	0	0	0	1	1	
60 to 64	2	0	0	0	0	0	0	0	2	0	2	
65 to 74	5	1	0	0	0	0	0	0	5	1	6	
75 to 84	5	10	0	0	0	0	0	0	5	10	15	
85+	6	32	0	0	0	0	0	0	6	32	38	
TOTALS	19	44	0	0	0	0	0	0	19	44	63	

PROVENA MCAULEY MANOR  
 400 W. SULLIVAN ROAD  
 AURORA, IL. 60506

Reference Numbers Facility ID 6005912  
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	24	4	0	4	31	0	63
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>24</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>31</b>	<b>0</b>	<b>63</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	207
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	2	0	0	0	2
<b>Total</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63</b>

ETHNICITY	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	3.00
Certified Aides	22.00
Other Health Staff	6.00
Non-Health Staff	32.00
<b>Totals</b>	<b>72.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.8%	2.4%	0.0%	3.0%	45.8%	100.0%		0.1%
3,259,177	161,944	0	201,199	3,056,364	6,678,684	7,530	

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

# mapquest m<sup>®</sup>



Trip to:  
 611 Allen Ln  
 Saint Charles, IL 60174-1355  
 16.52 miles  
 30 minutes

Notes:

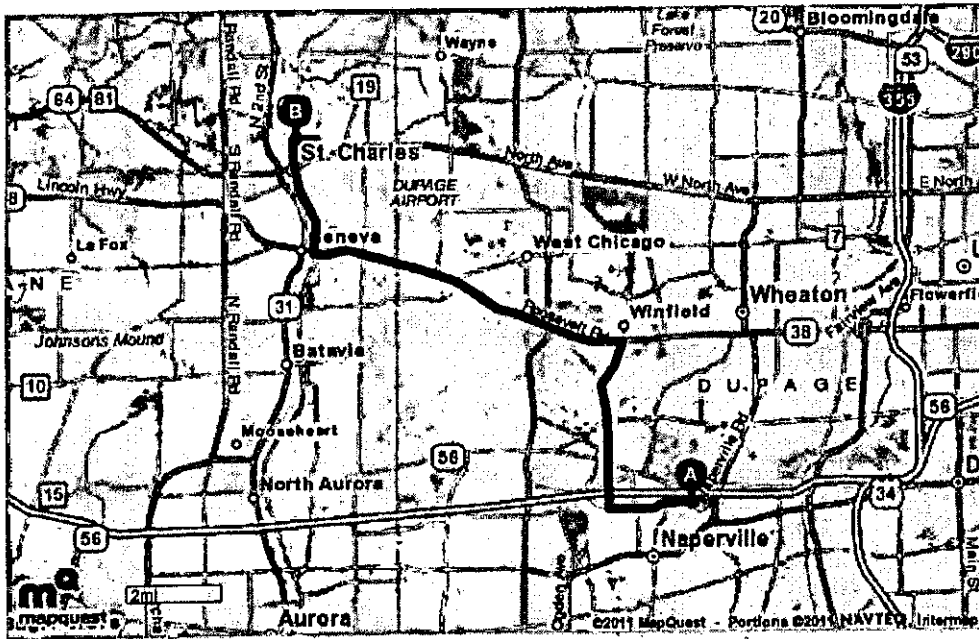
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	[1800-1899] Abriter Ct Naperville, IL 60563	Miles Per Section	Miles Driven
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
↗	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 2.0 MI	2.1 mi
↗	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 4.0 MI	6.0 mi
↖ 	4. Turn LEFT onto ROOSEVELT RD / IL-38. Continue to follow IL-38. <i>IL-38 is 0.7 miles past SWAN LAKE DR</i>	Go 7.7 MI	13.7 mi
↗ 	5. Turn RIGHT onto N BENNETT ST / IL-25. Continue to follow IL-25. <i>IL-25 is just past CRISSEY AVE</i>	Go 2.7 MI	16.4 mi
↗	6. Turn RIGHT onto ALLEN LN. <i>ALLEN LN is just past DELNOR AVE</i>	Go 0.1 MI	16.5 mi
■	7. 611 ALLEN LN is on the RIGHT. <i>Your destination is just past N 6TH AVE</i>		16.5 mi
●	611 Allen Ln Saint Charles, IL 60174-1355	16.5 mi	16.5 mi

Total Travel Estimate: 16.52 miles - about 30 minutes



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PROVENA PINE VIEW CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
611 ALLEN LANE		Aggressive/Anti-Social 0		DIAGNOSIS	
ST. CHARLES, IL. 60174		Chronic Alcoholism 0		Neoplasms 4	
Reference Numbers	Facility ID 6007439	Developmentally Disabled 0		Endocrine/Metabolic 0	
Health Service Area 008	Planning Service Area 089	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 5	
MELISSA ADAMS		Medicare Recipient 0		Alzheimer Disease 1	
Contact Person and Telephone		Mental Illness 1		Mental Illness 3	
HOLLY ORLAND		Non-Ambulatory 0		Developmental Disability 0	
630-377-2211		Non-Mobile 0		Circulatory System 12	
Registered Agent Information	Date Completed 5/7/2010	Public Aid Recipient 0		Respiratory System 11	
		Under 65 Years Old 0		Digestive System 3	
		Unable to Self-Medicat 0		Genitourinary System Disorders 5	
		Ventilator Dependent 1		Skin Disorders 4	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 11	
		Other Restrictions 0		Injuries and Poisonings 4	
FACILITY OWNERSHIP		No Restrictions 0		Other Medical Conditions 36	
NON-PROF CORPORATION				Non-Medical Conditions 4	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by '1'</i>		TOTALS 103	
LIFE CARE FACILITY	No			Total Residents Diagnosed as Mentally Ill 24	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	120	110	110	110	103	17	120	60	88	Total Admissions 2009 270
Skilled Under 22	0	0	0	0	0	0	0	0	103	Total Discharges 2009 255
Intermediate DD	0	0	0	0	0	0	0	0		Residents on 12/31/2009 103
Sheltered Care	0	0	0	0	0	0	0	0	0	Identified Offenders 0
TOTAL BEDS	120	110	110	110	103	17	120	60		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8895	20.3%	17874	81.6%	0	607	7533	0	34909	79.7%	86.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	8895	20.3%	17874	81.6%	0	607	7533	0	34909	79.7%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	26	77	0	0	0	0	0	0	26	77	103

## PROVENA PINE VIEW CARE CENTER

611 ALLEN LANE

ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6007439

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE						TOTALS
	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	
Nursing Care	25	50	0	1	27	0	103
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>25</b>	<b>50</b>	<b>0</b>	<b>1</b>	<b>27</b>	<b>0</b>	<b>103</b>

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	327	227
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter		
Asian	0	0	0	0		0
Amer. Indian	0	0	0	0		0
Black	0	0	0	0		0
Hawaiian/Pac. Isl.	0	0	0	0		0
White	103	0	0	0		103
Race Unknown	0	0	0	0		0
<b>Total</b>	<b>103</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>103</b>
ETHNICITY	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter		
Hispanic	0	0	0	0		0
Non-Hispanic	103	0	0	0		103
Ethnicity Unknown	0	0	0	0		0
<b>Total</b>	<b>103</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>103</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	5.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	41.00
<b>Totals</b>	<b>106.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.1%	30.5%	0.0%	2.6%	28.8%	100.0%		0.0%
2,855,512	2,289,829	0	193,073	2,163,888	7,502,302	0	

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

# mapquest m<sup>®</sup>

**Trip to:**  
**850 Dunham Rd**  
**St Charles, IL 60174-1494**  
**15.71 miles**  
**26 minutes**

**Notes:**

Rosewood Care Center - St. Charles

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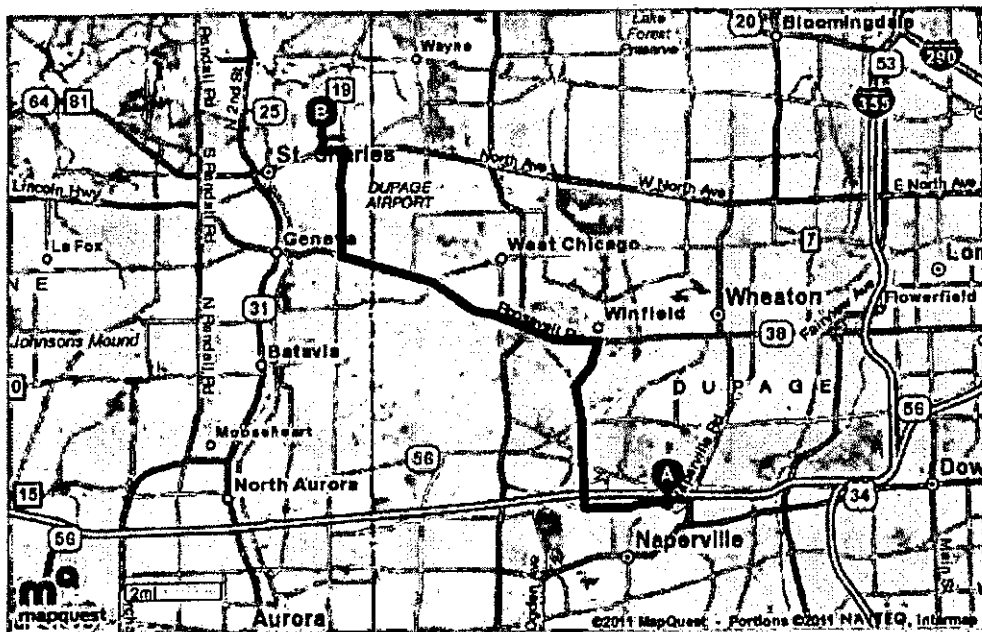
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A	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>	<b>Miles Per Section</b>	<b>Miles Driven</b>
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
➔	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 2.0 MI	2.1 mi
➔	3. Turn RIGHT onto WINFIELD RD. <i>WINFIELD RD is 0.1 miles past WEAVER PKWY</i>	Go 4.0 MI	6.0 mi
➤	4. Turn LEFT onto ROOSEVELT RD / IL-38. <i>ROOSEVELT RD is 0.7 miles past SWAN LAKE DR</i>	Go 6.4 MI	12.5 mi
➔	5. Turn RIGHT onto KIRK RD / CR-77. <i>KIRK RD is just past ORCHARD</i>	Go 2.5 MI	14.9 mi
➤	6. Turn LEFT onto E MAIN ST / IL-64 W. <i>E MAIN ST is 0.2 miles past LAKESIDE CT</i>	Go 0.5 MI	15.4 mi
➔	7. Turn RIGHT onto DUNHAM RD / CR-19. <i>DUNHAM RD is 0.2 miles past FIELDGATE DR</i>	Go 0.3 MI	15.7 mi
■	8. 850 DUNHAM RD is on the RIGHT. <i>Your destination is just past FOX FIELD RD. If you reach FAIRFAX RD you've gone a little too far</i>		15.7 mi
B	<b>850 Dunham Rd St Charles, IL 60174-1494</b>	15.7 mi	15.7 mi



Total Travel Estimate: 15.71 miles - about 26 minutes.



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ROSEWOOD CARE CTR ST. CHARLES		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
850 DUNHAM ROAD		Aggressive/Anti-Social	0	DIAGNOSIS	
ST. CHARLES, IL. 60174		Chronic Alcoholism	0	Neoplasms	2
Reference Numbers	Facility ID 6014666	Developmentally Disabled	0	Endocrine/Metabolic	2
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5
Kathryn Dyhouse		Medicare Recipient	0	Alzheimer Disease	3
Contact Person and Telephone		Mental Illness	0	Mental Illness	0
JAN POELKER		Non-Ambulatory	0	Developmental Disability	0
314-994-9070, ext. 3025		Non-Mobile	0	Circulatory System	16
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	7
Daniel Maher	5/3/2010	Under 65 Years Old	0	Digestive System	3
412 E. Lawrence		Unable to Self-Medicate	0	Genitourinary System Disorders	1
Springfield, IL 62703		Ventilator Dependent	1	Skin Disorders	0
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	23
FOR-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	0
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	9
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
				TOTALS	71
				Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	109	109	81	109	71	38	38	32	Total Admissions 2009	289
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	289
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	71
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	109	109	81	109	71	38	38	32		

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance		Private Pay	Charity Care	TOTAL	Licensed Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days				Pat. days	Pat. days
Nursing Care	4654	33.6%	8016	68.6%	0	188	12857	0	0	25715	64.6%	64.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0	0.0%	0.0%
TOTALS	4654	33.6%	8016	68.6%	0	188	12857	0	0	25715	64.6%	64.6%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	10	33	0	0	0	0	0	0	10	33	43
TOTALS	18	53	0	0	0	0	0	0	18	53	71

## ROSEWOOD CARE CTR ST. CHARLES

850 DUNHAM ROAD

ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6014666

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	14	25	0	0	32	0	71	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
<b>TOTALS</b>	<b>14</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>0</b>	<b>71</b>	

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	147
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>
ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	8.00
Certified Aides	35.00
Other Health Staff	12.00
Non-Health Staff	36.00
<b>Totals</b>	<b>105.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.2%	14.5%	0.0%	1.1%	47.2%	100.0%	0	0.0%
2,118,187	823,491	0	64,546	2,689,412	5,695,636		

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

# mapquest m<sup>q</sup>









**Trip to:**  
 14718 S Eastern Ave  
 Plainfield, IL 60544-8870  
 17.56 miles  
 28 minutes

**Notes**

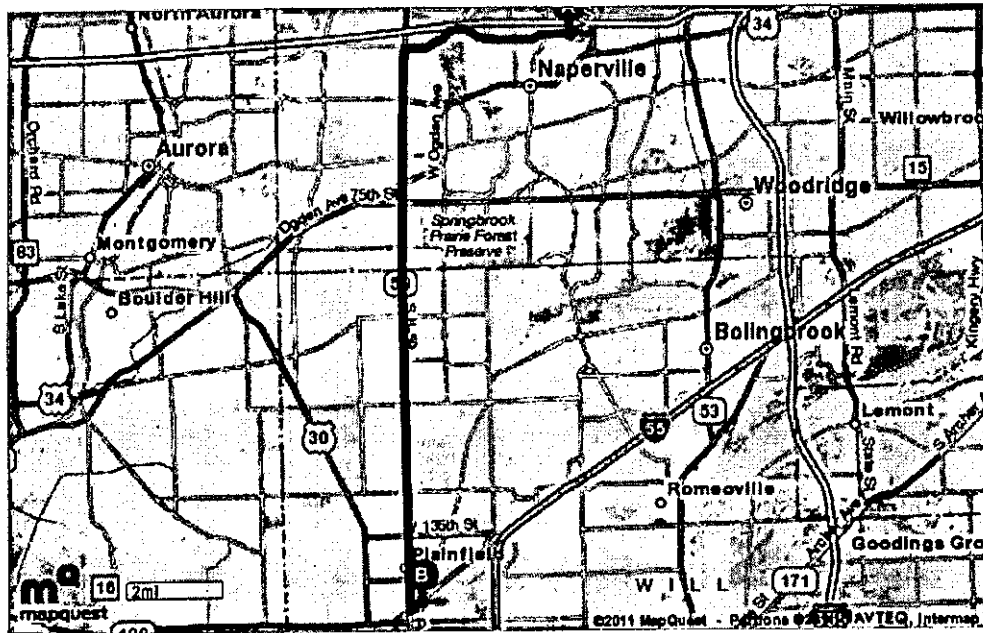
Lakewood Nursing & Rehab Center

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- [net.com](#)

	<b>[1800-1899] Abriter Ct</b> Naperville, IL 60563	<b>Miles Per Section</b>	<b>Miles Driven</b>
●	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.07 MI	0.07 mi
	2. Take the 1st RIGHT onto E DIEHL RD. <i>If you reach E DIEHL RD you've gone about 0.2 miles too far</i>	Go 4.1 MI	4.2 mi
 	3. Take the 1st LEFT onto IL-59 S. <i>If you are on W DIEHL RD and reach PEBBLEWOOD LN you've gone a little too far</i>	Go 12.9 MI	17.1 mi
 	4. Turn LEFT onto W MAIN ST / IL-126. <i>W MAIN ST is 0.1 miles past S NAPERVILLE RD</i>	Go 0.4 MI	17.5 mi
	5. Take the 3rd RIGHT onto S EASTERN AVE. <i>If you reach W WILKENS PL you've gone a little too far</i>	Go 0.07 MI	17.6 mi
■	6. 14718 S EASTERN AVE is on the RIGHT. <i>If you reach W VINTAGE KNOLL DR you've gone a little too far</i>		17.6 mi
	<b>14718 S Eastern Ave</b> Plainfield, IL 60544-8870	17.6 mi	17.6 mi

Total Travel Estimate: 17.56 miles - about 28 minutes



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LAKEWOOD NRSNG & REHAB CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
14716 SOUTH EASTERN AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS		
PLAINFIELD, IL. 60544		Chronic Alcoholism	0	Neoplasms	5	
Reference Numbers	Facility ID 6005235	Developmentally Disabled	0	Endocrine/Metabolic	3	
Health Service Area 009	Planning Service Area 197	Drug Addiction	0	Blood Disorders	2	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	6	
Jeffrey A. Baker		Medicare Recipient	0	Alzheimer Disease	8	
Contact Person and Telephone		Mental Illness	0	Mental Illness	0	
Jeffrey A. Baker		Non-Ambulatory	0	Developmental Disability	1	
815-436-3400		Non-Mobile	0	Circulatory System	26	
Registered Agent Information	Date Completed 5/7/2010	Public Aid Recipient	0	Respiratory System	16	
		Under 65 Years Old	0	Digestive System	4	
		Unable to Self-Medicete	0	Genitourinary System Disorders	1	
		Ventilator Dependent	1	Skin Disorders	3	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	7	
		Other Restrictions	0	Injuries and Poisonings	18	
FACILITY OWNERSHIP		No Restrictions	0	Other Medical Conditions	9	
LIMITED LIABILITY CO		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No				TOTALS	109
LIFE CARE FACILITY	No				Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	131	131	131	131	109	22	131	131	Total Admissions 2009	289
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	302
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	109
Sheltered Care	0	0	0	0	0	0		0	Identified Offenders	0
TOTAL BEDS	131	131	131	131	109	22	131	131		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	10188	21.3%	22050	46.1%	1006	570	8178	0	41992	87.8%	87.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	10188	21.3%	22050	46.1%	1006	570	8178	0	41992	87.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	8	0	0	0	0	0	0	0	8	8
60 to 64	0	14	0	0	0	0	0	0	0	14	14
65 to 74	7	44	0	0	0	0	0	0	7	44	51
75 to 84	10	26	0	0	0	0	0	0	10	26	36
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	17	92	0	0	0	0	0	0	17	92	109

**LAKEWOOD NRSG & REHAB CENTER**

14716 SOUTH EASTERN AVENUE  
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6005235

Health Service Area 009 Planning Service Area 197

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

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	25	63	2	1	18	0	109
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>25</b>	<b>63</b>	<b>2</b>	<b>1</b>	<b>18</b>	<b>0</b>	<b>109</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	0	102
Raca Unknown	0	0	0	0	0
<b>Total</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	16.00
Certified Aides	41.00
Other Health Staff	20.00
Non-Health Staff	20.00
<b>Totals</b>	<b>115.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.9%	32.0%	1.6%	3.2%	15.3%	100.0%		0.0%
4,046,053	2,708,867	131,939	273,209	1,294,857	8,454,925	0	

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

**mapquest m<sup>q</sup>**

Trip to:  
 431 Remington Blvd  
 Bolingbrook, IL 60440-4918  
 15.65 miles  
 23 minutes

Notes

Meadowbrook Manor - Bolingbrook

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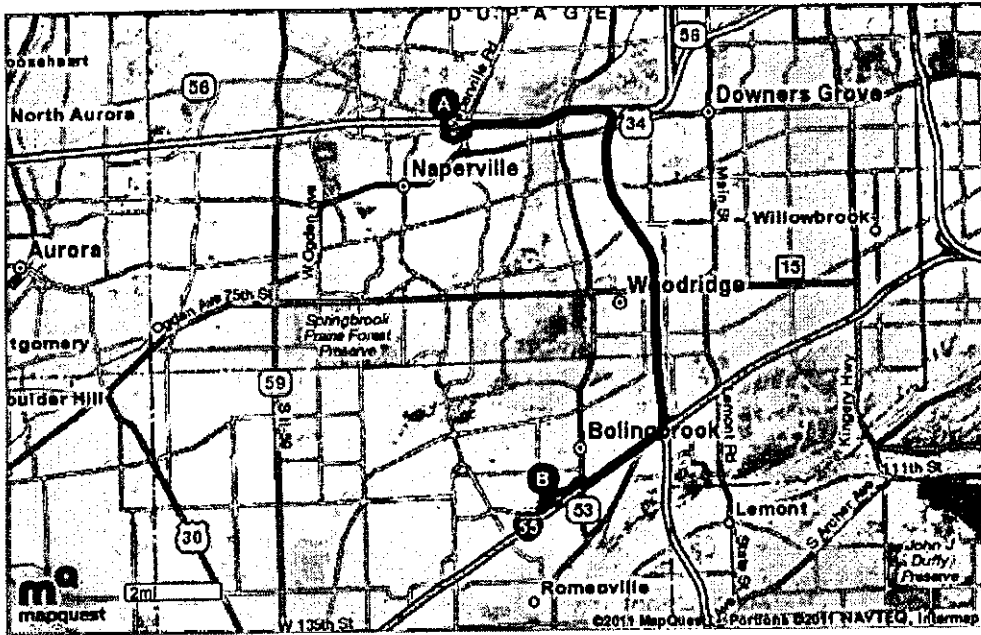
- [Bolingbrook Police Department](#)
- [The Latest Local News at Patch: Business, Sports, Events & More.](#)
- [bolingbrook.patch.com](#)

		Miles Per Section	Miles Driven
	<b>[1800-1899] Abriter Ct Naperville, IL 60563</b>		
	1. Start out going SOUTH on ABRITER CT toward E DIEHL RD.	Go 0.08 MI	0.08 mi
	2. Take the 1st LEFT onto E DIEHL RD. <i>If you are on E DIEHL RD and reach ABRITER CT you've gone about 0.3 miles too far</i>	Go 0.6 MI	0.7 mi
	3. Turn LEFT onto N NAPER BLVD / N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow N NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. <i>N NAPERVILLE RD is 0.1 miles past HIGH POINT DR</i>	Go 0.2 MI	0.8 mi
 	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 3.2 MI	4.0 mi
 	5. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY toward JOLIET (Portions toll).	Go 7.5 MI	11.5 mi
	6. Take the I-55 S exit toward ST LOUIS / JOLIET ROAD.	Go 0.3 MI	11.8 mi
	7. Take the SOUTH JOLIET RD exit on the LEFT.	Go 0.4 MI	12.2 mi
 	8. Merge onto I-55 S via the exit on the LEFT toward ST LOUIS.	Go 1.6 MI	13.8 mi
	9. Take the IL-53 / BOLINGBROOK exit, EXT 267.	Go 0.3 MI	14.1 mi
	10. Take the ramp toward BOLINGBROOK.	Go 0.04 MI	14.1 mi



		11. Turn <b>RIGHT</b> onto <b>S BOLINGBROOK DR / IL-53 N.</b>	<b>Go 0.1 MI</b>	14.2 mi
		12. Turn <b>LEFT</b> onto <b>REMINGTON BLVD.</b> <i>REMINGTON BLVD is just past E FRONTAGE RD</i>	<b>Go 1.3 MI</b>	15.5 mi
		13. Make a <b>U-TURN</b> at <b>S SCHMIDT RD</b> onto <b>REMINGTON BLVD.</b> <i>If you reach TERRITORIAL DR you've gone about 0.6 miles too far</i>	<b>Go 0.1 MI</b>	15.7 mi
		14. <b>431 REMINGTON BLVD</b> is on the <b>RIGHT.</b> <i>If you reach WOODCREEK DR you've gone about 0.4 miles too far</i>		15.7 mi
		<b>431 Remington Blvd</b> Bolingbrook, IL 60440-4918	<b>15.7 mi</b>	<b>15.7</b> mi

Total Travel Estimate: 15.65 miles - about 23 minutes



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MEADOWBROOK MANOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
431 WEST REMINGTON BOULEVARD BOLINGBROOK, IL. 60440		Aggressive/Anti-Social	0	DIAGNOSIS		
Reference Numbers Facility ID 6013120		Chronic Alcoholism	0	Neoplasms	7	
Health Service Area 009 Planning Service Area 197		Developmentally Disabled	1	Endocrine/Metabolic	17	
Administrator		Drug Addiction	1	Blood Disorders	0	
Ralph Ricana		Medicaid Recipient	0	*Nervous System Non Alzheimer	24	
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	54	
RALPH RICANA		Mental Illness	1	Mental Illness	3	
630-759-1112		Non-Ambulatory	0	Developmental Disability	1	
Registered Agent Information		Non-Mobile	0	Circulatory System	47	
Charles Sheets		Public Aid Recipient	0	Respiratory System	32	
161 North Clark Street, Suite 4200		Under 65 Years Old	0	Digestive System	20	
Chicago, IL 60601		Unable to Self-Medicate	0	Genitourinary System Disorders	19	
FACILITY OWNERSHIP		Ventilator Dependent	1	Skin Disorders	6	
FOR-PROF CORPORATION		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	22	
CONTINUING CARE COMMUNITY		Other Restrictions	0	Injuries and Poisonings	0	
LIFE CARE FACILITY		No Restrictions	0	Other Medical Conditions	30	
		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
					TOTALS	282
					Total Residents Diagnosed as Mentally Ill	3

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	298	298	286	298	282	16	298	298	Total Admissions 2009	362
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	344
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	282
Sheltered Care	0	0	0	0	0	0		0	Identified Offenders	2
<b>TOTAL BEDS</b>	<b>298</b>	<b>298</b>	<b>286</b>	<b>298</b>	<b>282</b>	<b>16</b>	<b>298</b>	<b>298</b>		

FACILITY UTILIZATION - 2009													
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE													
LEVEL OF CARE	Medicare		Medicaid		Other Public Insurance		Private Pay		Charity Care		TOTAL	Licensed Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	12312	11.3%	78989	72.6%	250	687	9479	0	0	0	101717	93.5%	93.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>12312</b>	<b>11.3%</b>	<b>78989</b>	<b>72.6%</b>	<b>250</b>	<b>687</b>	<b>9479</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>101717</b>	<b>93.5%</b>	<b>93.5%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	18	8	0	0	0	0	0	0	18	8	26
60 to 64	12	14	0	0	0	0	0	0	12	14	26
65 to 74	24	20	0	0	0	0	0	0	24	20	44
75 to 84	22	70	0	0	0	0	0	0	22	70	92
85+	12	78	0	0	0	0	0	0	12	78	90
<b>TOTALS</b>	<b>90</b>	<b>192</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>192</b>	<b>282</b>

**MEADOWBROOK MANOR**

431 WEST REMINGTON BOULEVARD  
BOLINGBROOK, IL. 60440

Reference Numbers Facility ID 6013120

Health Service Area 009 Planning Service Area 197

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	219	1	2	26	0	282
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>34</b>	<b>219</b>	<b>1</b>	<b>2</b>	<b>26</b>	<b>0</b>	<b>282</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	186
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	10	0	0	0	10
Amer. Indian	0	0	0	0	0
Black	74	0	0	0	74
Hawaiian/Pac. Isl.	0	0	0	0	0
White	198	0	0	0	198
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>282</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>282</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	260	0	0	0	260
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>282</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>282</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	31.00
Certified Aides	109.00
Other Health Staff	9.00
Non-Health Staff	74.00
<b>Totals</b>	<b>244.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.0%	60.3%	0.2%	1.1%	8.5%	100.0%		0.0%
5,812,962	11,699,112	30,435	204,070	1,645,633	19,392,212	0	

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