

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

JUL 29 2011

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Manor Court of Princeton
Street Address: 140 North Sixth Street
City and Zip Code: Princeton 61356 - 1878
County: Bureau/Putnam Health Service Area: 2 Health Planning Area: Bureau/Putnam

Applicant /Co-Applicant Identification

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

Exact Legal Name: Hawthorne Inn of Princeton, LLC
Address: 285 South Farnham Street, Galesburg, Illinois 61401
Name of Registered Agent: Ronald J. Wilson
Name of Chief Executive Officer: Jeffrey W. Shaw
CEO Address: 285 South Farnham Street, Galesburg, Illinois 61401
Telephone Number: (309)343-1550

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

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

Name: John P. Kniery
Title: Health Care Consultant
Company Name: Charles H. Foley & Associates, Inc.
Address: 1638 South MacArthur, Boulevard
Telephone Number: (217)544-1551
E-mail Address: Foley@foleyandassociates.net
Fax Number: (217)544-3616

Additional Contact

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

Name: Ronald J. Wilson
Title: Chief Financial Officer
Company Name: RFMS, Inc.
Address: 285 South Farnham Street, Galesburg, Illinois 61401
Telephone Number: (309)343-1550
E-mail Address: rjwilson@rfmsinc.com
Fax Number: (309)343-2857

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Street Address: 140 North Sixth Street		
City and Zip Code: Princeton 61356 - 1878		
County: Bureau/Putnam	Health Service Area: 2	Health Planning Area: Bureau/Putnam

Applicant /Co-Applicant Identification

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

Exact Legal Name: Residential Alternatives of Illinois, Inc.
Address: 285 South Farnham Street, Galesburg, Illinois 61401
Name of Registered Agent: Ronald J. Wilson
Name of Chief Executive Officer: Irwin Jann
CEO Address: 285 South Farnham Street, Galesburg, Illinois 61401
Telephone Number: (309)343-1550

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
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Company Name: RFMS, Inc.
Address: 285 South Farnham Street, Galesburg, Illinois 61401
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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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Street Address: 140 North Sixth Street		
City and Zip Code: Princeton 61356 - 1878		
County: Bureau/Putnam	Health Service Area: 2	Health Planning Area: Bureau/Putnam

Applicant /Co-Applicant Identification

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

Exact Legal Name: Frances House, Inc.
Address: 285 South Farnham Street, Galesburg, Illinois 61401
Name of Registered Agent: Ronald J. Wilson
Name of Chief Executive Officer: Jeffrey W. Shaw
CEO Address: 285 South Farnham Street, Galesburg, Illinois 61401
Telephone Number: (309)343-1550

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
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Address: 285 South Farnham Street, Galesburg, Illinois 61401
Telephone Number: (309)343-1550
E-mail Address: rjwilson@rfmsinc.com
Fax Number: (309)343-2857

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: Ronald J. Wilson
Title: Chief Financial Officer
Company Name: RFMS, Inc.
Address: 285 South Farnham Street, Galesburg, Illinois 61401
Telephone Number: (309) 343-1550
E-mail Address: rjwilson@rfmsinc.com
Fax Number: (309) 343-2857

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Hawthorne Inn of Princeton, LLC
Address of Site Owner: 285 South Farnham Street, Galesburg, Illinois 61401
Street Address or Legal Description of Site: 140 North Sixth Street, Princeton, IL
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Residential Alternatives of Illinois, Inc.
Address: 285 South Farnham Street, Galesburg, Illinois 61401
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$26,950	\$8,050	\$35,000
Site Survey and Soil Investigation	\$11,550	\$3,450	\$15,000
Site Preparation	\$77,000	\$23,000	\$100,000
Off Site Work			
New Construction Contracts	\$1,451,065	\$433,435	\$1,884,500
Modernization Contracts			
Contingencies	\$77,000	\$23,000	\$100,000
Architectural/Engineering Fees	\$92,400	\$27,600	\$120,000
Consulting and Other Fees	\$38,500	\$11,500	\$50,000
Movable or Other Equipment (not in construction contracts)	\$134,750	\$40,250	\$175,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$370,386	\$110,635	\$481,021
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,279,601	\$680,920	\$2,960,521
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,909,215	\$570,285	\$2,479,500
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$370,386	\$110,635	\$481,021
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,279,601	\$680,920	\$2,960,521
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ Not Applicable

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): August 2012

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

Purchase orders, leases or contracts pertaining to the project have been executed.
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
 Project obligation will occur after permit issuance.

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

State Agency Submittals

Are the following submittals up to date as applicable:

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

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Facility Bed Capacity and Utilization

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

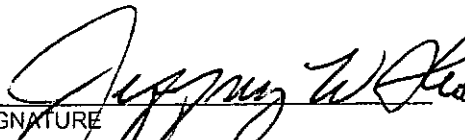

FACILITY NAME: Manor Court of Princeton		CITY: Princeton			
REPORTING PERIOD DATES: From: July 2010 to: June 2011					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	76	150	25,825	+49	125
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)	22 Sheltered Care			-22	0
TOTALS:	98			+27	125

CERTIFICATION

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

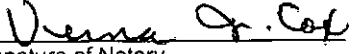
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of 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 Manor Court of Princeton, 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	SIGNATURE
Jeffrey W. Shaw	Kenneth Pyszka
PRINTED NAME	PRINTED NAME
President	Secretary
PRINTED TITLE	PRINTED TITLE


Notarization:
Subscribed and sworn to before me
this 14th day of June, 2011

Notarization:
Subscribed and sworn to before me
this 14th day of June, 2011



Signature of Notary

Seal OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 08/19/11
Insert EXACT legal name of the applicant



Signature of Notary

Seal OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 08/19/11

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- b. in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- c. 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);
- d. in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- e. in the case of a sole proprietor, the individual that is the proprietor.

Residential Alternatives

This Application for Permit is filed on the behalf of of Illinois, Inc. 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 here with or will be paid upon request.

Irwin Jann
SIGNATURE

Irwin Jann
PRINTED NAME

President
PRINTED TITLE

Jeffrey Shaw
SIGNATURE

Jeffrey Shaw
PRINTED NAME

Secretary
PRINTED TITLE

Notarization.
Subscribed and sworn to before me
this 24 day of July, 2011

Notarization.
Subscribed and sworn to before me
this 24 day of July, 2011

Verna J. Cox
Signature of Notary
OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 08/19/11

Verna J. Cox
Signature of Notary

OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/19/11

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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- 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 Frances House, Inc. * 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.

Jeffrey W. Shaw
 SIGNATURE
Jeffrey W. Shaw
 PRINTED NAME
President
 PRINTED TITLE

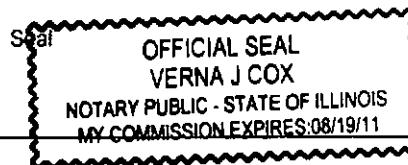
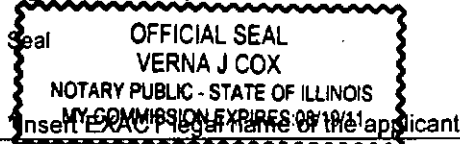
Kenneth Pyszka
 SIGNATURE
Kenneth Pyszka
 PRINTED NAME
Secretary
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 14th day of June, 2011

Notarization:
Subscribed and sworn to before me
this 14th day of June, 2011

Verna J. Cox
Signature of Notary

Verna J. Cox
Signature of Notary



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 (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

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

Alternative options must include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
General Long-Term Care	125 beds@463-BGSF/bed = 57,812	435-713DGSF/bed = 54,375-89,125	+3,437 to - 31,313	Yes

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	2012	33,580	73.6%		
YEAR 2	2013	41,063	90%	90%	Yes

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

UNFINISHED OR SHELL SPACE: Not Germane

Provide the following information:

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

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

ASSURANCES: Not Applicable

Submit the following:

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

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

I. Criterion 1110.1730 - General Long Term Care

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

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

Indicate # of beds changed by

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> General Long Term Care	76	125

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

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(f)(2) & (3) - Documentation			X		
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:

\$2,479,500	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;
	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;
\$481,021	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$2,960,521	TOTAL FUNDS AVAILABLE	

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

IX. 1120.130 - Financial Viability Not Germane as project is funded through internal sources (Cash)

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance

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

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

X: 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements NOT GERMANE Cash Project

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 NOT GERMANE No Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	\$154.98		12,160				\$1,884,500		\$1,884,500
Contingency	\$8.22		12,160				\$100,000		\$100,000
TOTALS	\$163.20		12,160				\$1,984,500		\$1,984,500

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service. **\$245.79/day (see Projected Statement of Operation)**

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. **\$22.47/day (see Projected Statement of Operation)**

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

XI. Safety Net Impact Statement Not Applicable to General Long-Term Care

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

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

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

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

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

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

Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information Not Applicable to General Long-Term Care

Charity Care information **MUST** be furnished for **ALL** projects.

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

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

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

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	022-025
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	026-029
5	Flood Plain Requirements	030-038
6	Historic Preservation Act Requirements	039-040
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	041
10	Discontinuation	042-044
11	Background of the Applicant	045-081
12	Purpose of the Project	082-113
13	Alternatives to the Project	114-119
14	Size of the Project	120-121
15	Project Service Utilization	122-124
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
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	125-158
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	
	Financial and Economic Feasibility:	
39	Availability of Funds	159-161
40	Financial Waiver	162
41	Financial Viability	
42	Economic Feasibility	163-165
43	Safety Net Impact Statement	
44	Charity Care Information	

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Applicant Identification

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.

The Applicant is Residential Alternatives of Illinois, Inc., operator (hereafter referred to as RAI) and Hawthorn Inn of Princeton, LLC, owner. The sole member of Hawthorn Inn of Princeton, LLC is Frances House, Inc. and therefore is considered a co-Applicant. Certificates of good standing for each entity are appended as **ATTACHMENT-1A.**

ATTACHMENT-1



To all to whom these Presents Shall Come, Greeting:

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

HAWTHORNE INN OF PRINCETON, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 18, 2002, 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.



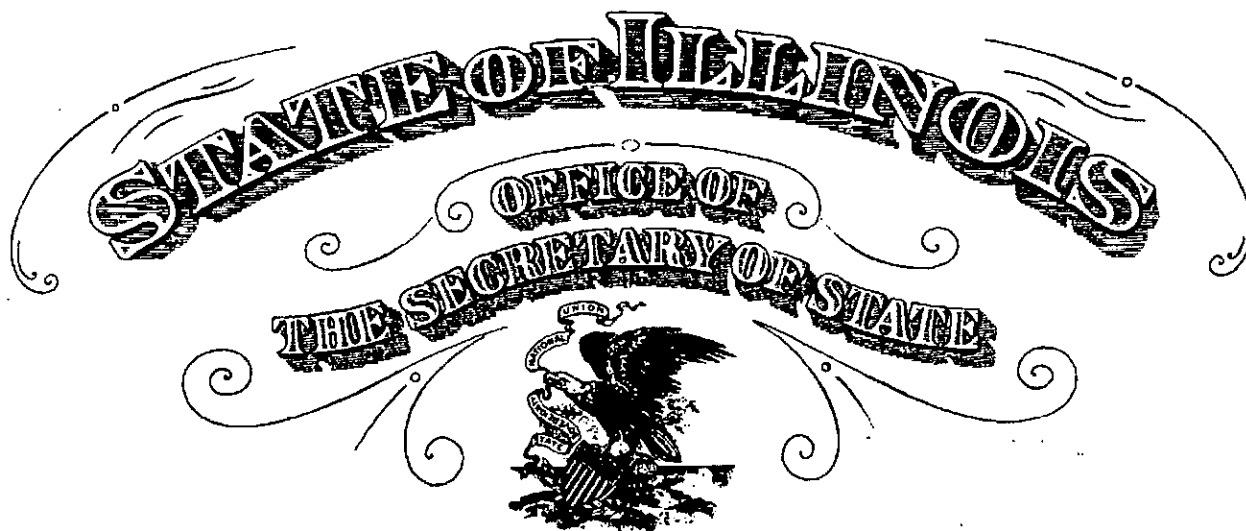
Authentication #: 1121000278

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 29TH day of JULY A.D. 2011

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1121000280

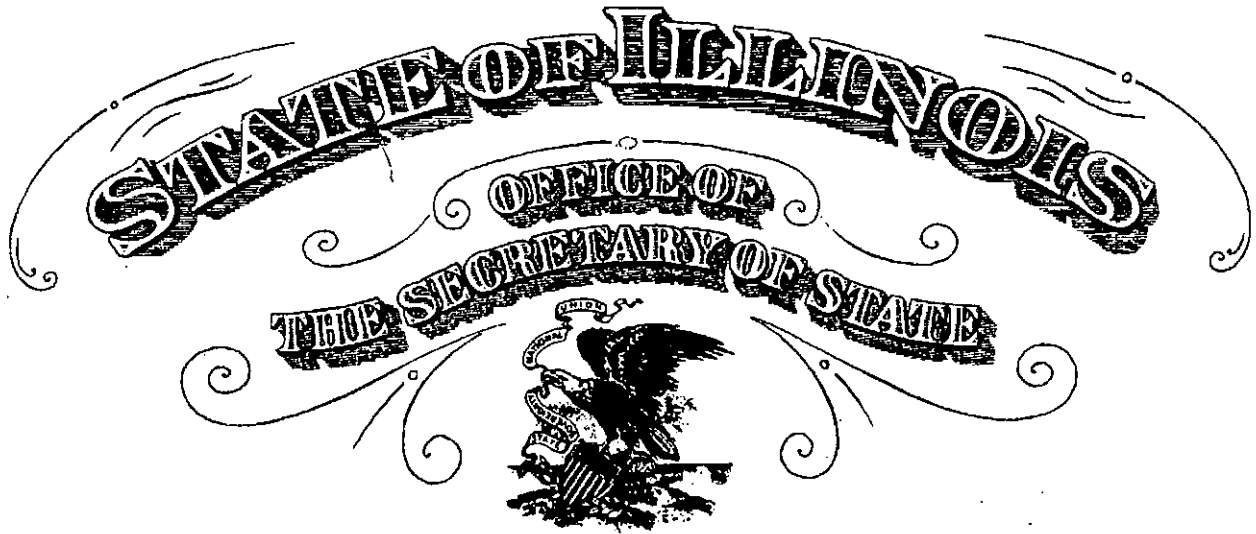
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JULY A.D. 2011

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A



To all to whom these Presents Shall Come, Greeting:

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

FRANCES HOUSE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 03, 1979, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1121000282

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 29TH day of JULY A.D. 2011

Jesse White

SECRETARY OF STATE

Organizational Relationships

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

RAI, Inc., the operating entity for the project, operates sixteen nursing care facilities in Illinois. A listing of all facilities operated by RAI, Inc. is appended as **ATTACHMENT-4A**. Hawthorne Inn of Princeton, LLC is the owner of the real estate and does not have control of any other licensed facility. However, it's sole member, Frances House, Inc. operates sixteen other licensed facilities in Illinois. The listing of these facilities is also appended in **ATTACHMENT-4A**.

ATTACHMENT-4

Frances House, Inc.

DD Subsidiary Division

Frances House, Inc.
Pioneer Concepts, Inc.
Pinnacle Opportunities, Inc.
Concepts Plus, Inc.

Geriatric Subsidiary Division

Residential Alternatives of Illinois, Inc.

Geriatric Facility Real Estate Subsidiaries

Danville Independence, LLC
Peoria Manor Court, Ltd., NFP
Peru Becker, Ltd., NFP

Frances House, Inc. and its subsidiaries – Pioneer Concepts, Inc.; Pinnacle Opportunities, Inc.; and Concepts Plus, Inc. – are governed by a separate Board of Directors from Residential Alternatives of Illinois, Inc. Two distinct operating divisions are used to segregate the operations of group homes for the Developmentally Disabled and campuses developed for the geriatric populations, to include Independent Living, Assisted Living, and Skilled Nursing services.

Facilities Operated By
Residential Alternatives of Illinois, Inc.

Liberty Village of Geneseo
920 South Chicago Street
Geneseo, IL 61254

Hawthorne Inn of Danville
3222 Independence Drive
Danville, IL 61832

Hawthorne Inn of Peoria
6906 N. Stalworth Drive
Peoria, IL 61615

Hawthorne Inn of Peru
1101 31st Street
Peru, IL 61354

Liberty Village of Streator
2322 N. Eastwood Avenue
Streator, IL 61364

Hawthorne Court of Freeport
2140 W. Navajo Drive
Freeport, IL 61032

Manor Court of Princeton
Hawthorne Inn of Princeton
140 N. Sixth Street
Princeton, IL 61356

Manor Court of Clinton
Hawthorne Inn of Clinton
1 Park Lane West
Clinton, IL 61727

Manor Court of Peru
3230 Becker Drive
Peru, IL 61354

Manor Court of Peoria
6900 N. Stalworth Drive
Peoria, IL 61615

Manor Court of Freeport
2170 W. Navajo Drive
Freeport, IL 61032

Freeport Rehab & Health Care Center
900 South Kiwanis Drive
Freeport, IL 61032

Liberty Estates of Danville
3220 Independence Drive
Danville, IL 61832

Liberty Estates of Freeport
2080 West Navajo Drive
Freeport, IL 61032

Liberty Estates of Peoria
6926 North Stalworth Drive
Peoria, IL 61615

Liberty Estates of Peru
1107 - 31st Street
Peru, IL 61354

Facilities operated by Frances
House, Inc.

Canterbury Place
2503 Canterbury Lane
Rockford, IL 61101

Casa Willis
910 Woodburn Avenue
Sterling, IL 61081

Freeport Terrace
2942 Highlandview Drive
Freeport, IL 61032

Glenwood Villa
3247 Glenwood Avenue
Rockford, IL 61101

Hallam Terrace
1108 Taylor Street
Rockford, IL 61103

Hammett House
1845 First Avenue
Sterling, IL 61081

Gordon Jones Terrace
421 North Rochester Street
Lanark, IL 61046

Kanthak House
724 Second Avenue
Ottawa, IL 61350

Olson Terrace
3006 Alida Street
Rockford, IL 61103

Ridge Terrace
2911 Highlandview Drive
Freeport, IL 61032

Rockton Court
2615 North Rockton Avenue
Rockford, IL 61101

Rose House
7301 34th Avenue
Moline, IL 61265

Seborg Terrace
3024 Alida Street
Rockford, IL 61101

Smith Square
7401 34th Avenue
Moline, IL 61265

Stern Square
1328 West Seventh Street
Sterling, IL 61081

Stouffer Terrace
910 South Fifth Street
Oregon, IL 61061

Flood Plain Requirements

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

The subject project is in an existing building on an existing campus. However, the project does involve the construction of a 27-bed additional to the existing nursing care unit. The required documentation from the Illinois State Water Survey and the related map identifying that the area is not within a special flood zone area is appended as **ATTACHMENT-5A**.

ATTACHMENT-5



Page: 1 of 1

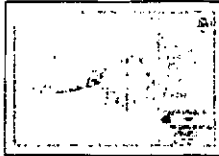
of 3



Scale: 9%



LOMC: 00-05-5032A-170014



1:1 Zoom In	MAX Zoom Out

Make a FIRMette

FIRM

FLOOD INSURANCE RATE MAP 01-03

MAP INDEX

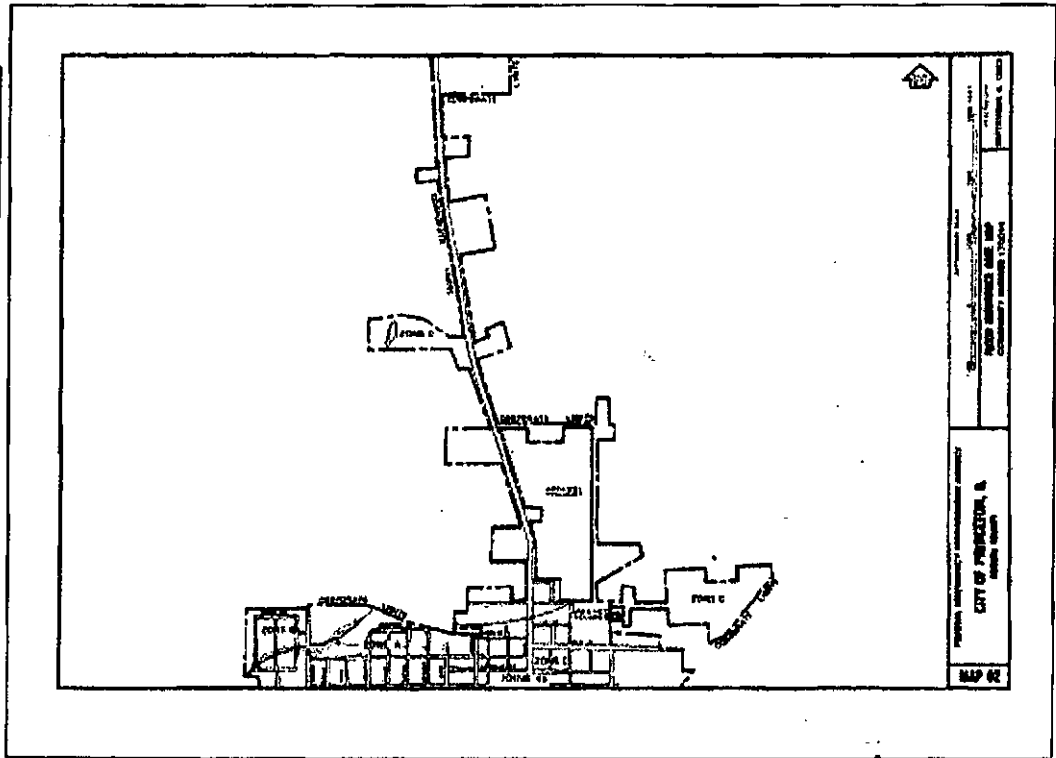
CITY OF PRINCETON, IL

DEKALB COUNTY

APPLICABLE ELEVATION 110014



Make a FIRMette

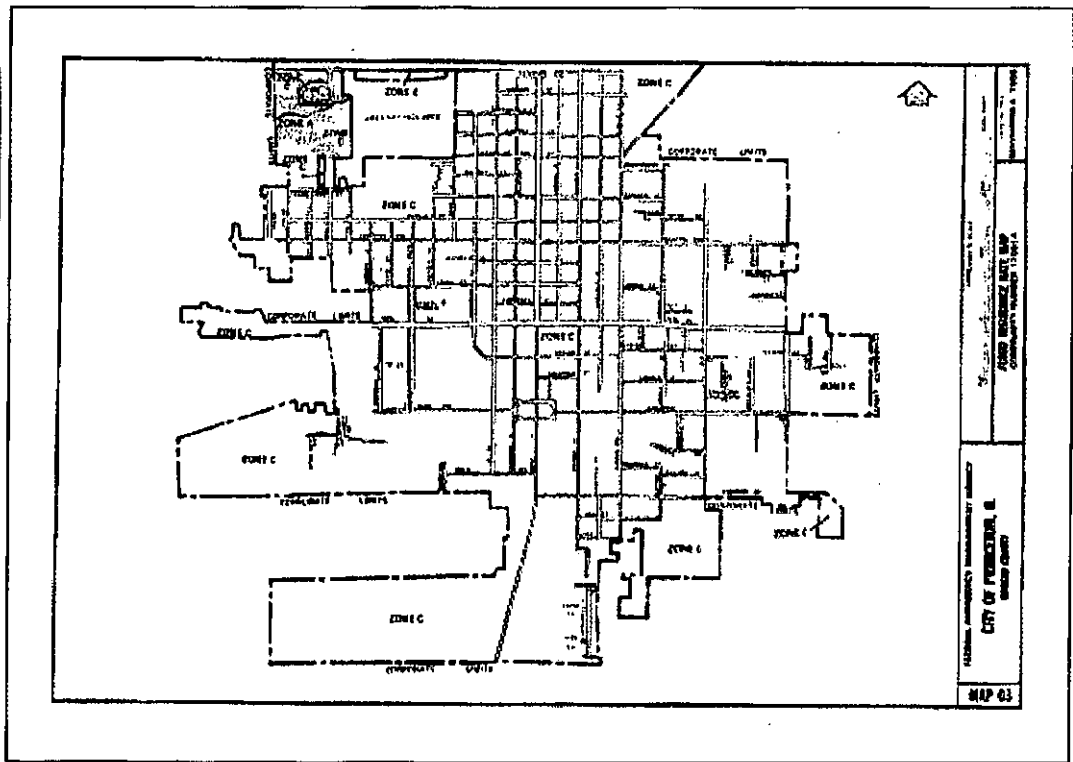




Page: 1 of 3 Scale: 9% LOMC: 00-05-6032A-170014

Help

Zoom Win Pan
 Zoom In Zoom Out
 1:1 MAX
 Zoom In Zoom Out
 Make a FIRMette





Illinois State Water Survey

Main Office - 2204 Gratiot Drive • Champaign, IL 61820-7496 • Tel (217) 333-2210 • Fax (217) 333-6547
 Peoria Office - P.O. Box 697 • Peoria, IL 61652-0697 • Tel (309) 671-3196 • Fax (309) 671-3104

NATURAL
RESOURCES

Floodplain Information Repository Special Flood Hazard Area Determination

Requester: John Kniery, Charles H. Foley & Associates, Inc.
 Address: 1638 S. MacArthur Blvd.
 City, state, zip: Springfield, IL 62704 Telephone: (217) 544-1551

Site for Determination:

Street address: 6th St. north of Central Ave.
 City, state, zip: Princeton, IL
 County: Bureau Sec/4: Sec desc. Section: 9 & 16 T. 16 N. R. 9 E. PM: 4th
 Site description: Approximately the S 200 ft of the E 550 ft of the SE 1/4 Sec. 9, and the N 800 ft of the E 550 ft of the NE 1/4 Sec. 16, T. 16 N., R. 9 E., 4th P.M., Bureau County IL

The property described above IS NOT located in a Special Flood Hazard Area (SFHA).
 Floodway mapped: N/A Floodway on property: N/A
 Map used: Flood Insurance Rate Map (FIRM). A copy of a portion of the map showing the subject area is attached.
 Community name: City of Princeton, IL. Community number: 170014*
 Panel number (& effective date): 170014 03 B (September 4, 1985) & 170729 0125 A (June 15, 1984)
 Flood zone: C Base flood elevation, from FIRM (± 0.5 ft): N/A NGVD 1929

* Bureau County uninc. areas NE IP community number 170729 would apply to any structures outside city limits.

- N/A a. The community does not currently participate in the National Flood Insurance Program; State and Federal grants as well as flood insurance may not be available.
N/A b. Panel not printed; no Special Flood Hazard Area on the panel.
N/A c. No maps printed; no Special Flood Hazard Area for the community.

The primary structure on the property:

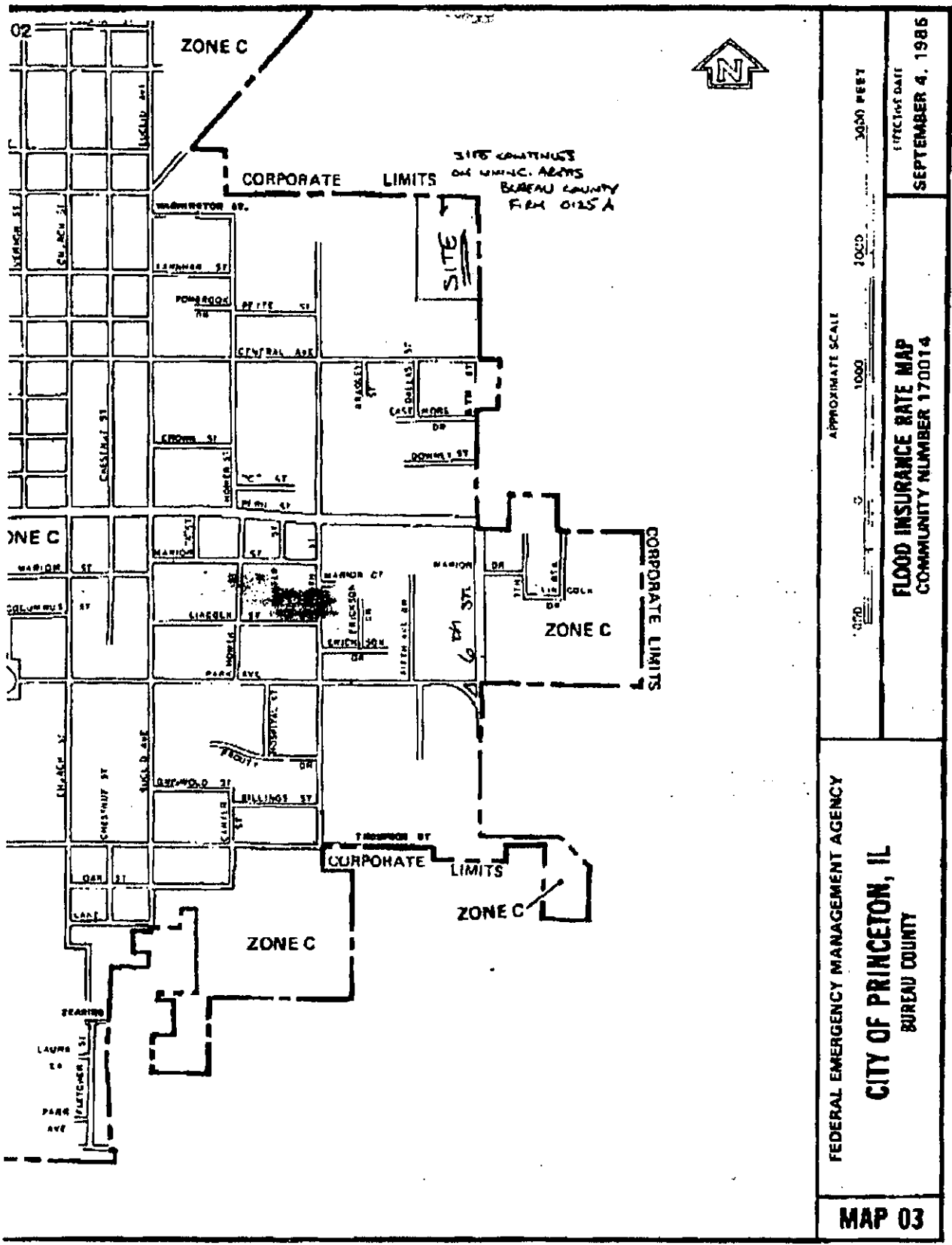
- N/A d. Is located in a Special Flood Hazard Area. Any activity must meet State and Federal floodplain development regulations. Federal law requires that a flood insurance policy be obtained as conditions of a federally-backed mortgage or loan that is secured by the building.
N/A e. Is located in Zone B (500-year floodplain). Flood insurance may be available at non-SFHIA rates.
X f. Is not located in a Special Flood Hazard Area. Flood insurance may be available at non-floodplain rates.
N/A g. A determination of the building's exact location cannot be made on the current Federal Emergency Management Agency flood hazard map.
N/A h. Exact structure location not available or not provided for this determination.

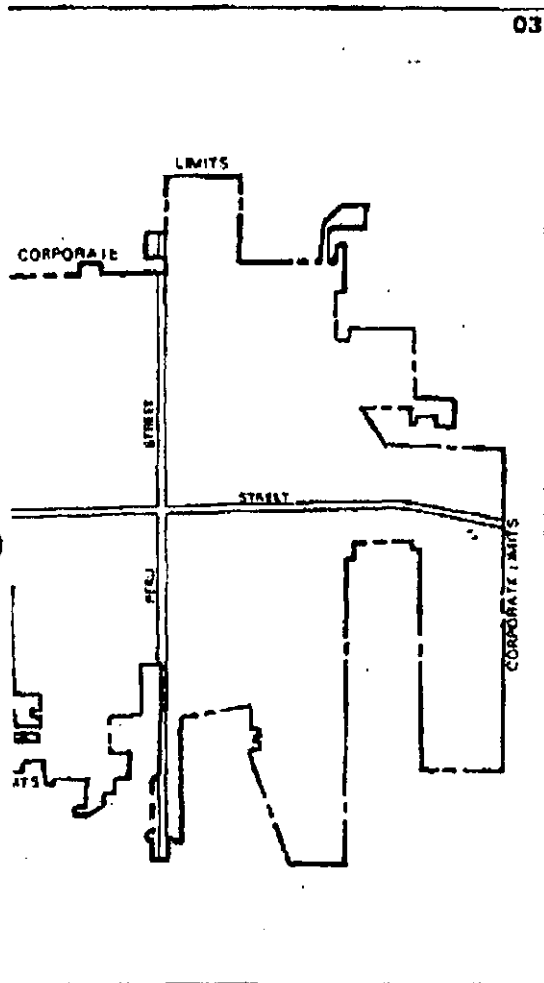
Note: This determination is based on the current Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or damage. A property or structure not in a Special Flood Hazard Area may be damaged by a flood greater than that predicted on the FEMA map or by local drainage problems not mapped. This letter does not create liability on the part of the Illinois State Water Survey, or employee thereof for any damage that results from reliance on this determination.

Questions concerning this determination may be directed to Bill Saylor (217/333-0447) or Sally McConkey (217/333-5482) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order IV (1979), or State floodplain regulations, may be directed to Paul Osman (217/752-3862) at the IDNR Office of Water Resources.

William Saylor Title: Surface Water and Floodplain Information Date: 2/13/2002

Printed on recycled paper





KEY TO MAP

ZONE C



ZONE C

ZONE DESIGNATIONS

Sea Flood Elevations (top with elevation in feet)
 Sea Flood Elevations where numbers within 1000
 Elevation Reference Mark
 River Mile

513
 IEL 9871
 PM 7
 M1.5

EXPLANATION OF ZONE DESIGNATIONS

A flood insurance rate map displays the zone designations for a community according to areas of designated flood hazards. The zone designations used by FEMA are:

- | ZONE | EXPLANATION |
|--------|---|
| A | Areas of 100-year flood base flood elevations and flood hazard factors not determined |
| AO | Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet, average depths at conditions are shown, but no flood hazard factors are determined |
| AM | Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet, have flood elevations and factors, but no flood hazard factors are determined |
| A1-A26 | Areas of 100-year flood, base flood elevations and flood hazard factors determined |
| APP | Areas of 100-year flood to be protected by flood protection systems under construction, base flood elevations and flood hazard factors not determined |
| B | Areas between limits of the 100-year flood and 500-year flood, no specific areas subject to 100-year flooding with average depths less than one (1) foot or above the surrounding drainage area is less than one (1) foot, or areas protected by levees from the base flood elevation shading |
| C | Areas of minimal flooding (no shading) |
| D | Areas of moderate flooding, but possible flood hazard |
| V | Areas of 100-year coastal flood with vehicle damage around base flood elevations and flood hazard factors not determined |
| V1-V30 | Areas of 100-year coastal flood with vehicle damage around base flood elevations and flood hazard factors determined |

NOTES TO USER

Certain areas not in the special flood hazard zones B and V may be protected by flood control structures.

This map is for flood insurance purposes only. It does not necessarily show all areas subject to flooding in the community or all alternative features outside special flood hazard areas.

To determine if flood insurance is available in this community contact your insurance agent or call the National Flood Insurance Program at (800) 675-6242.

INITIAL IDENTIFICATION: JUNE 7, 1974

FLOOD HAZARD BOUNDARY MAP REVISIONS: JULY 30 1976

FLOOD INSURANCE RATE MAP EFFECTIVE: SEPTEMBER 4 1983

FLOOD INSURANCE RATE MAP REVISIONS

FEDERAL EMERGENCY MANAGEMENT AGENCY



FIRM

FLOOD INSURANCE RATE MAP 01-03

MAP INDEX

CITY OF PRINCETON, IL

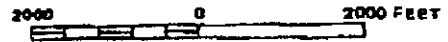
BUREAU COUNTY

COMMUNITY NUMBER 170014 B

To determine if flood insurance is available in this community, contact your insurance agent, or call the National Flood Insurance Program, at (800) 638-6620.



APPROXIMATE SCALE



LEGEND ON REVERSE

NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COUNTY OF
BUREAU,
ILLINOIS
(UNINCORPORATED AREAS)

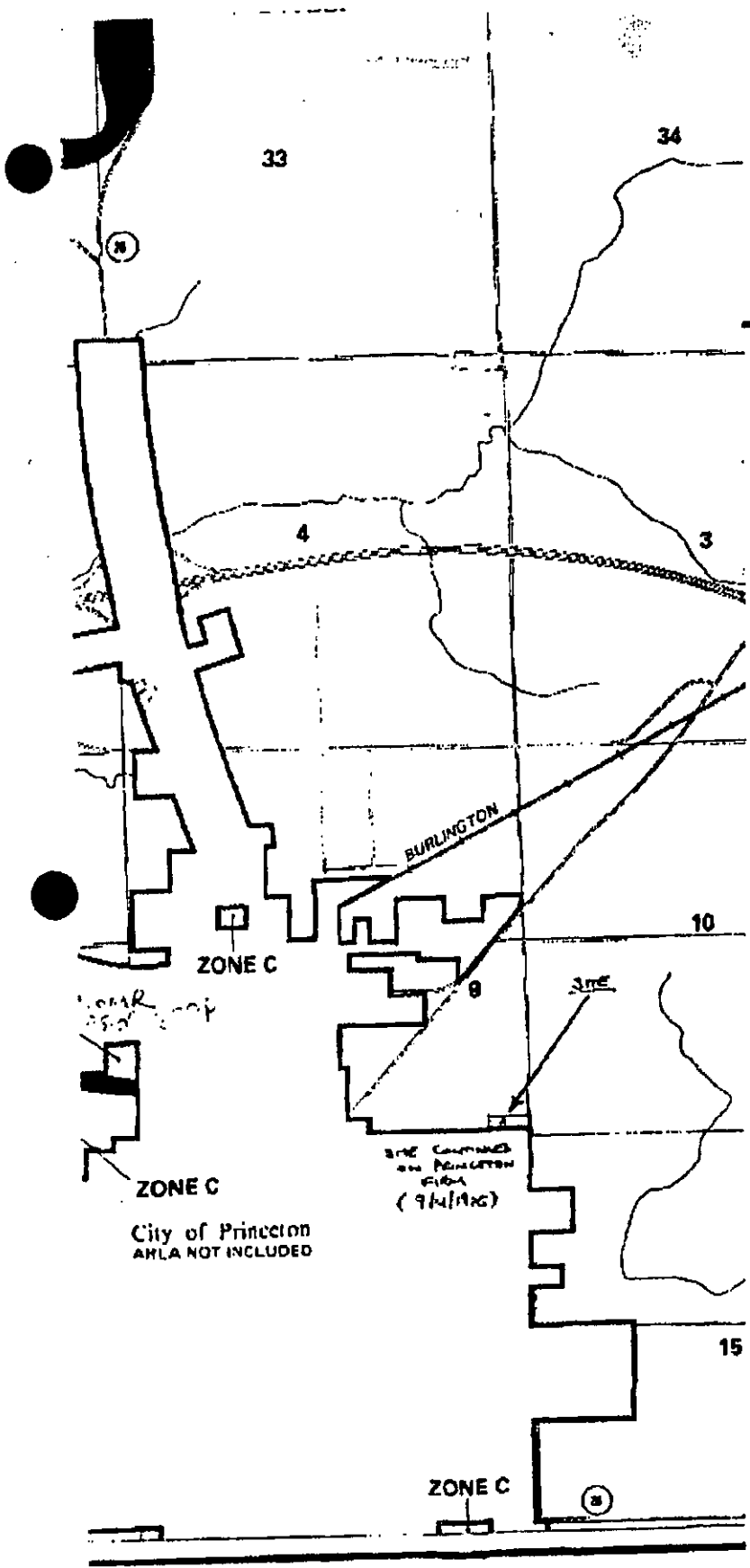
PANEL 125 OF 250

COMMUNITY-PANEL NUMBER
170729 0125 A


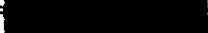

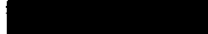
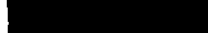


EFFECTIVE DATE:
JUNE 15, 1984



Federal Emergency Management Agency



KEY TO MAP

500-Year Flood Boundary	
100-Year Flood Boundary	
Zone Designations*	
100-Year Flood Boundary	
500-Year Flood Boundary	
Base Flood Elevation Line With Elevation in Feet**	
Base Flood Elevation in Feet Where Uniform Within Zone**	IEL 9871
Elevation Reference Mark	RM7x
Zone D Boundary	
River Mile	•M1.6

**Referenced to the National Geodetic Vertical Datum of 1929

***EXPLANATION OF ZONE DESIGNATIONS**

ZONE	EXPLANATION
A	Areas of 100-year flood; base flood elevation and flood hazard factors not determined.
AG	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; average depths of inundation are shown, but no flood hazard factors are determined.
AH	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; base flood elevations are shown, but no flood hazard factors are determined.
A1-A30	Areas of 100-year flood; base flood elevations and flood hazard factors determined.
A09	Areas of 100-year flood to be protected by flood protection system under construction; base flood elevations and flood hazard factors not determined.
B	Areas between limits of the 100-year flood and 500-year flood; or certain areas subject to 100-year flooding with average depths less than one (1) foot or where the contributing drainage area is less than one square mile; or areas protected by levees from the base flood. (Medium shading)
C	Areas of minimal flooding. (No shading) ←
D	Areas of undetermined, but possible, flood hazards.
V	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors not determined.
V1-V20	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors determined.

NOTES TO USER

Certain areas not in the special flood hazard areas (zones A and V) may be protected by flood control structures.

This map is for flood insurance purposes only; it does not necessarily show all areas subject to flooding in the community or all planimetric features outside special flood hazard areas.

For adjoining map panels, see separately printed Map Index.

INITIAL IDENTIFICATION:
MARCH 5, 1978

FLOOD HAZARD BOUNDARY MAP REVISIONS:

02-13-2002 04:37PM

INITIAL IDENTIFICATION:
MARCH 5, 1978

FLOOD HAZARD BOUNDARY MAP REVISIONS:

FLOOD INSURANCE RATE MAP EFFECTIVE:
JUNE 15, 1984

FLOOD INSURANCE RATE MAP REVISIONS:

To determine if flood insurance is available in this community, contact your insurance agent, or call the National Flood Insurance Program, at (800) 638-6620.



APPROXIMATE SCALE



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COUNTY OF
BUREAU,

Historic Resources Preservation Act Requirements

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

As required under the Illinois State Agency Historic Preservation Act, documentation has been submitted and will forward to the Health Facilities and Services Review Board immediately upon receipt (see **ATTACHMENT-6**).

ATTACHMENT-6

CHARLES H. FOLEY & ASSOCIATES INC.

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

July 8, 2011

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

Dear Ms. Haaker:

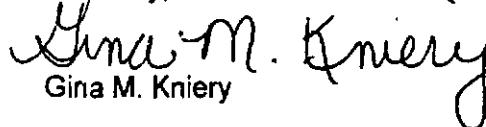
The Applicants are proposing to add 49 nursing care beds to the facility's 69 bed compliment through the new construction of 27 nursing care beds and the conversion of 22 sheltered care beds to nursing care beds with a minor renovation cost at Manor Court of Princeton in Princeton, Bureau County, Illinois.

The required information is as follows:

- a. General project address: 140 North Sixth Street, Princeton, IL 61356-1878
- b. Map indicating project location: See attached.
- c. Photographs of any standing building/structures within the project area: See attached.
- d. Total acres of project: 8.59 acres
- e. Other State Agencies involved: Illinois Department of Public Health.

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

Sincerely,


Gina M. Kniery

Enclosures



Health Care Consulting

ATTACHMENT-6A

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Department/Area	(New Construction) Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing*	Proposed	New Const.	Modernized	As Is**	Vacated Space
REVIEWABLE							
Nursing	\$1,669,788	19,657	31,996	8,189		4,150	
Living/Dining/Activity	\$262,223	4,003	6,617	1,286		1,328	
Kitchen/Food Service	\$29,363	1,527	1,773	144		102	
P.T./O.T.	\$0	2,881	2,881				
Laundry	\$0	567	567				
Janitor Closets	\$9,380	149	237	46		42	
Clean/Soiled Utility	\$0	498	498				
Beauty/Barber	\$0	141	141				
Total Clinical	\$1,970,754	29,423	44,710	9,665		5,622	
NON REVIEWABLE							
Office/Administration	\$0	2,139	2,139				
Employee Lounge/ Locker/Training	\$0	778	778				
Mechanical/Electrical	\$16,313	667	885	80		138	
Lobby	\$0	700	700				
Storage/Maintenance	\$54,035	1,101	1,546	265		180	
Corridor/Public Toilets	\$438,398	3,384	7,054	2,150		1,520	
Total Non-clinical	\$508,746	8,769	13,102	2,495		1,838	
TOTAL	\$2,479,500	38,192	57,812	12,160		7,460	

* No Cost to the Existing Space.

**No Construction or Cost to the Space to be converted.

ATTACHMENT-8

SECTION II. DISCONTINUATION

Criterion 1110.130 - Discontinuation

The Applicant is proposing to discontinue their entire Sheltered Care Category of Service. In 2007 the facility received approval from the Illinois Department of Healthcare & Family Services to construct 21-unit/27-bed Supportive Living facility. This level of service is interpreted the same as Assisted Living and Sheltered Care thus assuring that the same level of service will not be interrupted. Therefore, it does not appear that the discontinuation will have an adverse effect to care for residents in Bureau County since the Supportive Living program is already in place.

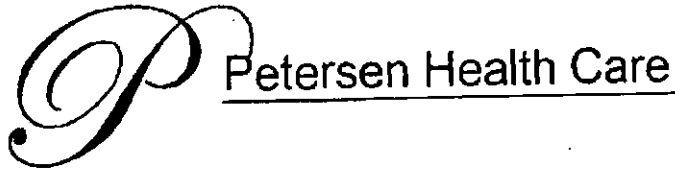
This project is also for the addition of 49 skilled care beds within the Bureau/Putnam County Planning Area. Presently, there is an excess of 34 beds in the planning area. However, it is important to note that the Prairie View Healthcare (also known as Orchard View Rehab & Healthcare) is in the process of closing their 123 bed facility. As documented in their letter dated June 20, 2011, the owner stated that termination proceedings have been initiated with the Illinois Department of Public Health with a proposed effective date of October 1, 2011 (see **ATTACHMENT-10A**). Upon the total discontinuation of this facility, the Bureau/Putnam County Planning Area would show a need for 89 additional general long-term care beds. The Applicant has already received some residents from the facility; however, it is the intent of the Applicant to file this Certificate of Need application to ensure the availability of beds within the planning. It is also important to note that in recent years Perry Memorial Hospital and St. Margaret's Hospital had discontinued their long-term care units. The closure of these

ATTACHMENT-10

Criterion 1110.130 – Discontinuation (Continued ii)

facilities within the county leaves a very strong void of long-term care services in the Planning Area.

However, as this project does not result in the discontinuation of any reviewable service under the Illinois Health Facilities Planning Act, this item does not appear to be germane.



June 30, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Ladies and Gentlemen:

The undersigned, on behalf of Orchard View Rehab & Health Care skilled nursing facility, located in Princeton, Illinois, submit my support for the CON Application of Residential Alternatives of Illinois, Inc. for a bed addition at Liberty Village of Princeton.

Orchard View Rehab & Health Care, a/k/a Prairie View Health Care, has 123 licensed beds in the General Long-Term Care Nursing Care Inventory. I have initiated termination of operations of Orchard View and intend to discontinue the provision of any services to any current residents in conformity to the Illinois Nursing Home Care Act by October 1, 2011, and requisite notices have been given.

Because I have operated at that facility for the last three years, I am aware of the need of the residents of Bureau County and surrounding environs and, therefore, support Liberty Village of Princeton to replace and supplant the beds that I am retiring from operations. I understand that application to be for the conversion of 22 beds from shelter care to skilled care and for the construction of 27 additional skilled care beds. Those beds are needed to meeting the continuing needs of the residents of Bureau County and the surrounding environs.

Respectfully submitted,

ORCHARD VIEW REHAB & HEALTH
CARE a/k/a Prairie View Health Care

By 

Its Owner & Authorized
Representative

"Caring With a Hometown Touch"

830 W Trailcreek Drive • Peoria, Illinois 61614 • Phone (309) 691-8113 • Fax (309) 691-8622

ATTACHMENT-10A

**SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES
INFORMATION REQUIREMENTS**

Criterion 1110.230 – Background, Project Purpose and Alternatives

BACKGROUND OF APPLICANT

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

The corporate organizational chart, appended as **ATTACHMENT-4A**, lists all campuses and facilities owned and operated by the Applicant as well as the location. It should be noted that Residential Alternatives of Illinois, Inc. has one freestanding nursing home, eight campuses with seven Skilled Care licenses, four Sheltered Care licenses (combined with Skilled Care license), five Assisted Living licenses, and three Supportive Living Facility certifications. The organizational chart also identifies the non-licensed independent living apartments and villas that the applicant provides. A copy of all facility licenses and certifications as applicable are appended under **ATTACHMENT-11A**. There are also 16 Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) operated by the parent entity, Frances House, Inc. The respective licenses are also appended under **ATTACHMENT-11A**.

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

A certified letter stating that no adverse action as defined under 1110.230.a)3)B had been taken against the Applicant or against any health care facility owned or operated by the Applicant with three years preceding the filing of this Certificate of Need application is appended as **ATTACHMENT-11B**.

ATTACHMENT-11

Criterion 1110.230 – Background, Project Purpose and Alternatives

BACKGROUND OF APPLICANT (Continued ii)

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.

The above requested authorization for the Health Facilities and Services Review Board and the Department of Public Health access to information is appended as

ATTACHMENT-11C.

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.

The Applicant, RAI, Inc. and Frances House, Inc. submitted the application under HFSRB Project Number 10-007, Manor Court of Freeport. All information contained herein is consistent with what was provided in that application.

ATTACHMENT-11



State of Illinois 2030607

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRES	ISSUE	TYPE
09/19/2012	0888	0047134
LONG TERM CARE LICENSE SKILLED 134		
UNRESTRICTED 134 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

HANCO COURT OF CLINTON
1 PARK LANE WEST
CLINTON IL 61727

THE STATE OF ILLINOIS • DEPARTMENT OF PUBLIC HEALTH • OFFICE OF THE STATE HEALTH OFFICER • 507 •



State of Illinois 1998984

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DANON J. ARNOLD, M.D.
DIRECTOR

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

Table with columns for EXPIRES, LICENSE NO., and LICENSE TYPE. Includes categories: LONG TERM CARE LICENSE, SKILLED, SHELTERED, and UNRESTRICTED 140 TOTAL BEDS.

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

HAWTHORNE INN OF DANVILLE
3222 INDEPENDENCE DRIVE
DANVILLE IL 61832
EFFECTIVE DATES 08/01/10

The face of this license has a natural background. Printed by Authority of the State of Illinois - 0/11



State of Illinois 2024442

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRES	CATEGORY	ID NUMBER
02/28/2012	A-8	5100687
ASSISTED LIVING LICENSE ISSUED: 02/28/11 13 ALZHEIMER UNITS 39 REGULAR UNITS 52 TOTAL UNITS		

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF PEORIA
6906 N. STALWORTH DR.
PEORIA IL 61615

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



State of Illinois 1970630

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRES	CLASSIFICATION	LICENSE NUMBER
02/07/2012	A7-A8	5100695
ABBREYED LIVING LICENSE Issued: 02/07/10 13 Alzheimer Units 39 Regular Units 52 Total Units		

BUSINESS ADDRESS
STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF PERU
1101 31ST ST
PERU IL 61354

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



State of Illinois 1987730

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

SEANON T. ARKIN, A.S.D.
DIRECTOR

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

Expiration Date 06/15/2012	Division 2882	License No. 0047324
LONG TERM CARE LICENSE		
SKILLED	075	
SHELTERED	022	
UNRESTRICTED 020 TOTAL SFOS		

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

HAWK COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON, IL 61354

EFFECTIVE DATE: 06/16/10

The fee of this license is a refundable deposit, subject to forfeiture if the State of Illinois is notified.



State of Illinois

1957662

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
11/30/2011	BGBB	0047316
LONG TERM CARE LICENSE		
SKILLED	089	
SHELTERED	045	
UNRESTRICTED 130 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF PERU
3230 BECKER DRIVE
PERU IL 61354
EFFECTIVE DATE: 12/01/09

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



State of Illinois 1940516

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ISS. NUMBER
08/02/2011	BGHE	0047068
LONG TERM CARE LICENSE SKILLED 050		
UNRESTRICTED 050 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF PEORIA
6900 NORTH STALWORTH DRIVE
PEORIA IL 61615

EFFECTIVE DATE: 08/03/09

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/01



State of Illinois 2016367

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	LS NUMBER
12/15/2011	BGBE	0046839
LONG TERM CARE LICENSE		
SKILLED	090	
SHELTERED	012	
UNRESTRICTED 102 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF FREEPORT
2170 WEST NAVAJO DRIVE
FREEPORT, IL 61032
EFFECTIVE DATE: 12/16/10

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/07



State of Illinois 2022933

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DARON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	TS NUMBER
02/07/2012	5685	0049153
LONG TERM CARE LICENSE SKILLED 143		
UNRESTRICTED 143 TOTAL 143		

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC

FREEPORT HEIGHTS, ILLINOIS
500 S. KIDWELL ST.
FREEPORT, ILLINOIS 61032
EFFECTIVE DATE: 02/07/11

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



State of Illinois 1974387

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M. D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ISS. NUMBER
02/26/2012	A2-A3	5102931
ASSISTED LIVING LICENSE Issued: 02/26/10 12 Regular Units 12 Total Units		

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE COURT OF FREEPORT
2170 NAVAJO DRIVE
FREEPORT IL 61032

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/17 •



State of Illinois 1952377
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
09/26/2011	A7-A8	5100885
ASSISTED LIVING LICENSE		
Issued: 09/26/09		
15 Regular Units		
15 Total Units		

BUSINESS ADDRESS
STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

LIBERTY VILLAGE OF GENESEO
920 S. CHICAGO ST.
GENESEO IL 61254

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State of Illinois 2003836

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	TR. NUMBER
09/20/2011	A-H	5100901
ASSISTED LIVING LICENSE ISSUED: 09/20/10 4 FLOATING UNITS 16 REGULAR UNITS 20 TOTAL UNITS		

BUSINESS ADDRESS
STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

LIBERTY VILLAGE OF STREATOR
2322 N. EASTWOOD DR.
STREATOR IL 61364

The face of this license has a colored background. Printed by Authority of the State of Illinois - 407 -

State of Illinois
Department of Healthcare and Family Services
SUPPORTIVE LIVING PROGRAM INTERIM
CERTIFICATION

This interim certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for interim certification. This interim certificate is valid only for the location set forth below.

Name Hawthorne Inn of Clinton

Address 1 Park Lane West

City/State/Zip Clinton, Illinois 61727

Number of Units 21 Maximum Number of Residents 27

January 2, 2007

Effective Date



State of Illinois
Department of Healthcare and Family Services

**Supportive Living Program
Certification**

This certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

Name: Hawthorne Inn of Freeport
Address: 2140 Navajo Drive
City/State/Zip: Freeport, Illinois 61032
Number of Units: 29 Maximum Number of Residents: 37

Effective Date: November 19, 2007

Rod R. Blagojevich, Governor
Barry S. Maram, Director



State of Illinois
Department of Healthcare and Family Services
SUPPORTIVE LIVING PROGRAM INTERIM
CERTIFICATION

This interim certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitations set forth below as to the number of units and number of residents, and certifies that the facility named is equipped with all rules and regulations necessary for interim certification. This interim certificate is valid only for the location specified below.

Name Hawthorne Inn of Princeton

Address 140 North Sixth Street

City/State / Zip Princeton, Illinois 61356

Number of
Units 21 Maximum Number of Residents

January 29, 2007
Effective Date





State of Illinois 2034660

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LAREN T. ANCLD, M.C.
DIRECIOR

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

EXPIRATION DATE	DIVISION	ID NUMBER
05/25/2012	B68E	0033045
LONG TERM CARE LICENSE ICF&C 016		
UNRESTRICTED 016 TOTAL 3005		

BUSINESS ADDRESS
LICINSEE

FRANCIS HOUSE, INC.

HANNEY HOUSE
2842 - 1ST AVENUE
STERLING IL 61081
EFFECTIVE DATE: 05/26/11

The form of this license has a colored background. Printed by Authority of the State of Illinois - 487 -



State of Illinois 2034661

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

CAROL T. ARAGLON, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
05/25/2013	862C	0033052
LONG TERM CARE LICENSE ICFPC 01a		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCIS HOUSE, INC.

STAR SQUARE
1323 WEST 7TH STREET
STURLING, IL 61081

EFFECTIVE DATE: 05/26/12
The Seal of the State of Illinois is the property of the State of Illinois - 487 *



State of Illinois 2038057

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRES DATE	CATEGORY	ICFID
06/01/2013	BCBE	0039016
LONG TERM CARE LICENSE		
ICFDD	004	
UNRESTRICTED 004 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

FRANCES HEUSE, INC.

CANTERBURY PLACE
2503 CANTERBURY LANE
ROCKFORD IL 61101
REGULATORY DIVISION

REGULATORY DIVISION, State of Illinois • 677 •



State of Illinois 2025309

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRES DATE	CATEGORY	NUMBER
03/14/2013	BG&E	0035071
LONG TERM CARE LICENSE ICFDD 016		
UNRESTRICTED 016 TOTAL BEUS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

CASA WILLIS
910 WOODBURN AVENUE
STERLING IL 61081
EFFECTIVE DATE: 03/15/11

The face of this license has a colored background. Printed by Authority of the State of Illinois - 6/97

2030592

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
 DIRECTOR

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

EXPIRATION DATE	CATEGORY	ISSUE NUMBER
09/10/2013	HS01	0029512
LONG TERM CARE LICENSE ICFLD 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
 LICENSEE

FRANCES HOUSE, INC.
 FREEPORT VENTURE
 2342 HIGHLANDVIEW DRIVE
 FREEPORT, ILL. 61032

For more information, contact the Department of Public Health, State of Illinois • 2017



State of Illinois 2022908

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ICFDO NUMBER
02/11/2013	B68E	0036970
LONG TERM CARE LICENSE		
ICFDO 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE:

FRANCES HOUSE, INC.

GORDON JONES TERRACE
421 NORTH ROCHESTER STREET
Evanston IL 61046

EFFECTIVE DATE: 02/12/11

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



State of Illinois 2035808

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DANEN T. ARNOLD, M.D.
DIRECTOR

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

EXPIRES/ISSUE DATE	CATEGORY	TS NUMBER
04/30/2013	868E	0033902
LONG TERM CARE LICENSE ICFDD 016		
UNRESTRICTED 016 TOTAL PERS		

BUSINESS ADDRESS

LICENSEE

FRANCES HOUSE, INC.

HALLAM TERRACE
1108 TAYLOR STREET
ROCKFORD, ILL 61203

EFFECTIVE DATE: 05/21/11
Issued under the authority of the State of Illinois - 407



State of Illinois 2017215

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DARON T. ARNOLD, M.D.
DIRECTOR

acted under the authority of
the State of Illinois
Department of Public Health

EXPIRES DATE	TITLE	TS NUMBER
01/28/2012	CGCE	0037747
LONG TERM CARE LICENSE ICFCU 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

KANTHAK HOUSE
724 SECOND AVENUE
OTTAWA IL 61350
EFFECTIVE DATE: 01/29/11
The State of Illinois, Department of Public Health, Authority of the State of Illinois - 0417



State of Illinois 2034662

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DANON T. ARNOLD, M.C.
DIRECTOR

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

EXPIRES DATE	CATEGORY	TS NUMBER
04/30/2012	BGBE	0033910
LONG TERM CARE LICENSE ICFEL 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE:

FRANCIS HOUSE, INC.

OLSON TERRACE
3006 ALICA STREET
ROCKFORD IL 61103

EFFECTIVE DATE: 05/01/11

The State of Illinois has a national background check by authority of the State of Illinois - 607.



State of Illinois 2030593

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

BARON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRES DATE	CLASSIFICATION	ISSUE NUMBER
04/10/2013	REGRE	0033621
LONG TERM CARE LICENSE ICFDD 016		
UNRESTRICTED 016 TOTAL BEOS		

BUSINESS ADDRESS

LICENSEE

FRANCES HOUSE, INC.

RIDGE TERRACE
2911 HIGHLANDVIEW DRIVE
FREEPORT IL 61032

By M.D., Director, Department of Public Health, State of Illinois • 497 •



State of Illinois 2038056

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DARON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRES DATE	CATEGORY	ID NUMBER
06/01/2013	868E	0038992
LONG TERM CARE LICENSE ICFDD 006		
UNRESTRICTED 006 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

ROCKTON COURT
2225 NORTH ROCKTON AVENUE
ROCKFORD IL 61101

EFFECTIVE DATE: 06/02/11

Authority of the State of Illinois - 4/11



State of Illinois 1938797

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRES DATE	CATEGORY	LICENSE NUMBER
06/30/2011	BGBE	0033928
LONG TERM CARE LICENSE ICPDD 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

ROSE HOUSE
7301 34TH AVENUE
MOLINE IL 61265

EFFECTIVE DATE: 07/01/09

The State of Illinois Department of Public Health, Authority of the State of Illinois - 6/07



State of Illinois 1936450

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
06/30/2011	BGBE	0033936
LONG TERM CARE LICENSE ICFDD 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

SEBORG TERRACE
3024 ALIDA STREET
ROCKFORD IL 61103

EFFECTIVE DATE: 07/01/09

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State of Illinois 1940475
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRES	CLASS	ISSUE NO.
08/30/2011	BCBE	0033944
LONG TERM CARE LICENSE ICPD 016		
UNRESTRICTED 016 TOTAL BEDS		

**BUSINESS ADDRESS
 LICENSEE**

FRANCES HOUSE, INC.

**SMITH SQUARE
 7401 74TH AVENUE
 NOLINE IL 61265**

EFFECTIVE DATE: 08/31/09

For full text of the Statutes, Rules and Regulations, visit the website of the State of Illinois - DHS -



State of Illinois 1930685

Department of Public Health

LICENSE PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	LA NUMBER
06/30/2011	BGBE	0033981
LONG TERM CARE LICENSE		
ICRDD	016	
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC
STOUFFER TERRACE
910 SOUTH FIFTH STREET
OREGON IL 61061
EFFECTIVE DATE: 07/01/09

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**Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401**


June 13, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

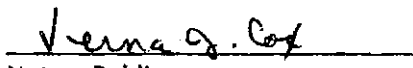
Please be advised that no Adverse Action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

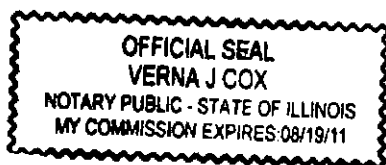
Sincerely yours,


Irwin G. Jann
President

State of Illinois
County of Knox

Subscribed and sworn to me this
13th day of June, 2011.


Notary Public



ATTACHMENT-11B

Frances House, Inc.
285 South Farnham Street
Galesburg, IL 61401

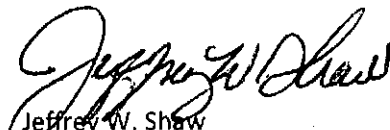
June 13, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:


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

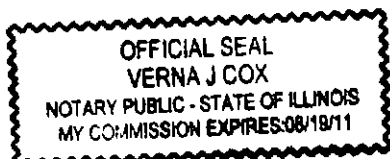
Sincerely yours,


Jeffrey W. Shaw
President

State of Illinois
County of Knox

Subscribed and sworn to me this
14th day of June, 2011.


Notary Public



Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

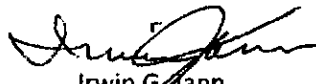
June 13, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State Agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.a).3)C.


Sincerely yours,



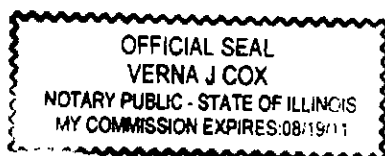
Irwin G. Jann
President

State of Illinois
County of Knox

Subscribed and sworn to before me this
13th day of June, 2011.



Notary Public



**Frances House, Inc.
285 South Farnham Street
Galesburg, IL 61401**

June 13, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State Agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.a).3)C.

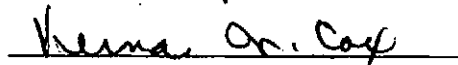
Sincerely yours,

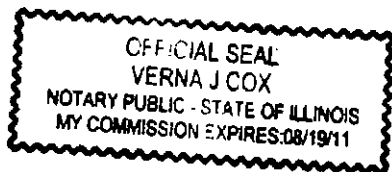


Jeffrey W. Shaw
President

State of Illinois
County of Knox

Subscribed and sworn to before me this
14th day of June, 2011.


Notary Public



ATTACHMENT-11C

Criterion 1110.230 – Background, Project Purpose and Alternatives

PURPOSE OF PROJECT

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

As this project is not a new start-up, this Applicant has a proven history that it has improved the accessibility to health care for the Bureau/Putnam Counties Planning Area population. The Applicant opened their nursing unit and their sheltered care unit in January 2005. In 2007 approval was received for 21 Supportive Living units. The Applicant has projected an occupancy rate in excess of the optimum level at the end of the second full year of operation. The ultimate expansion that will result should the project be approved will work to alleviate the State's identified need for 89 additional nursing beds (after the closure of the Prairie View Healthcare on or before October 1, 2011) with a remaining outstanding need for 40 additional general long-term care beds upon project approval.

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

The Applicant's campus includes not only the nursing category of service but also provides Supportive Living service as defined under the Department of Healthcare & Family Service. In addition the campus includes the continued development of over 90 villas in addition to the existing 36. It is the Applicant's intent to provide priority admission to residents of the campus but also provide nursing care services to the general population. The Planning Area is the Bureau/Putnam Counties Planning Area within HSA II. According to Zip Code analysis of existing residents (70), the data shows that 74% originated from within Bureau/Putnam Counties. Seventy-two percent of these residents originated from within the City of Princeton itself.

ATTACHMENT-12

Criterion 1110.230 – Background, Project Purpose and Alternatives

PURPOSE OF PROJECT (Continued ii)

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

The Applicant has experienced a need for additional nursing beds and the need for those beds appears to be evident by their high utilization rate of 93.9% (2009) coupled with the proposed closure of the existing 123 bed facility in Princeton as well as the recent closure of the two hospital's skilled care units. Manor Court of Princeton has maintained its optimal occupancy rate that equates to 92.3% in 2008 and 93.9% in 2009. During the most recent 12-months ending June 2011 the facility experienced an occupancy rate of 93.1%. The Facility has, at times (as it does currently), maintains a waiting list. In addition referrals are regularly turned away primarily due to their high occupancy rate creating the unavailability of beds.

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

- a) Appended as **ATTACHMENT-12A**, is the Manor Court of Freeport IDPH 2008 & 2009 facility profile.
- b) Appended as **ATTACHMENT-12B**, is the Applicant's patient origin data.
- c) Appended as **ATTACHMENT-12C**, is the campus's patient days by month and by level of care.
- d) Appended as **ATTACHMENT-12D**, is the current campus waiting list.
- e) Appended as **ATTACHMENT-12E**, is a copy of the Bureau/Putnam Counties Planning Area Inventory of Health Care and Services and Need Determinations, Long-Term Care Services.
- f) Appended as **ATTACHMENT-12F**, is a summary of the Illinois Department of Commerce and Economic Opportunity's demographic profile for Bureau and Putnam surrounding Counties as well as the Illinois profile.

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

This project proposes to eliminate the duplication within the campus between Supportive Living and Sheltered Care; and it will address the issue of accessibility by allowing more persons needing the skilled level of care because of the recent closures of facilities within the county. The area's population growth in the planning area further substantiates the bed need

ATTACHMENT-12

Criterion 1110.230 – Background, Project Purpose and Alternatives

PURPOSE OF PROJECT (Continued iii)

as identified by the Planning Board. The 30-minute drive time (where 74% of admissions originate) is for all practical purposes the Bureau/Putnam County Planning Area and shows a double digit increase in population in those age cohorts of 65 and over through 2025. This is well beyond the State's current inventory data projecting through 2015.

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

This project's goal is to serve and provide general long-term care services to the general geriatric population of the Bureau/Putnam County Planning Area since there will be an outstanding need for 89 additional nursing care beds. This goal will be measured by Applicant's ability to maintain the optimal utilization upon the second full year of operation.

ATTACHMENT-12

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MAJOR COURT OF PRINCETON PRINCETON

MAJOR COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON, IL 61336
Reference Numbers Facility ID 6015661
Health Services Area 002 Planning Services Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	35	0	0	18	0	67
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	18	0	18
TOTALS	13	35	0	0	37	0	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
African Amer./Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	67	0	0	18	85
Race Unknown	0	0	0	0	0
Total	67	0	0	18	85

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
44.6%	13.2%	0.3%	3.0%	38.9%	0.0%
2,850,813	843,078	18,324	194,188	2,484,886	0
TOTALS	100.0%	6,390,097	434,823		

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MAJOR COURT OF PRINCETON PRINCETON

MAJOR COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON, IL 61336
Reference Numbers Facility ID 6015661
Health Services Area 002 Planning Services Area 011

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	4
Drug Addiction	0
Medicaid Recipient	3
Medicare Recipient	27
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
Circulatory System	7
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	11
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	85
TOTALS	0

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Medicare	Medicaid	Medicare Certified	Medicaid Certified	Residents on 1/1/2009	Total Admissions 2009	Total Discharges 2009	Residents on 12/31/2009
Nursing Care	69	69	69	65	77	119	111	77
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	29	22	26	16	0	0	0	0
Sheltered Care	98	91	86	85	13	65	65	0
TOTALS	196	188	181	166	90	119	111	77

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	Peak Beds
Nursing Care	5321	22.4%	10033	44.8%	0	7883	83.9%
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	5321	22.4%	10033	44.8%	0	14145	84.2%
TOTALS	5321	22.4%	10033	44.8%	0	30104	84.2%

Note: Reported restrictions annotated by 'J'

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	GRAND TOTAL
Under 16	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1
45 to 59	0	0	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0	0	0
75 to 84	7	11	0	0	2	6	8	17	26
85+	9	37	0	0	1	9	10	46	59
TOTALS	17	50	0	0	3	15	20	65	85

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	GRAND TOTAL
Under 16	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1
45 to 59	0	0	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0	0	0
75 to 84	7	11	0	0	2	6	8	17	26
85+	9	37	0	0	1	9	10	46	59
TOTALS	17	50	0	0	3	15	20	65	85

Note: Reported restrictions annotated by 'J'

Zip Codes Analysis

<u>Initials</u>	<u>Zip Code</u>	<u>City</u>	<u>Initials</u>	<u>Zip Code</u>	<u>City</u>
F.A.	61356	Princeton	B.D.	61357	Henry
V.B.	60018	Des Plaines	M.D.	61350	Ottawa
J.A.	61356	Princeton	J.E.	61356	Princeton
E.C.	61379	Wyanet	R.L.	61356	Princeton
R.C.	61356	Princeton	J.L.	62960	Metropolis
A.C.	61368	Tiskilwa	W.L.	62960	Metropolis
E.D.	61368	Tiskilwa	C.L.	61111	Loves Park
J.G.	61326	Granville	L.L.	60465	Palos Hills
R.G.	61081	Sterling	A.N.	61356	Princeton
M.H.	61356	Princeton	D.R.	61354	Peru
E.H.	61443	Kewanee	G.Z.	61354	Peru
G.H.	61356	Princeton			
E.J.	61345	Neponset			
A.K.	61356	Princeton			
A.K.	61356	Princeton			
M.K.	61356	Princeton			
A.M.	61356	Princeton			
R.M.	61356	Princeton			
L.M.	61323	Dover			
K.O.	61356	Princeton			
A.O.	61376	Walnut			
M.P.	61348	Oglesby			
P.R.	61356	Princeton			
V.S.	61327	Hennepin			
A.S.	61356	Princeton			
M.T.	61361	Sheffield			
B.T.	60417	Crete			
J.W.	61368	Tiskilwa			
S.Z.	61375	Varna			
M.B.	61356	Princeton			
R.C.	61356	Princeton			
M.C.	61356	Princeton			
C.C.	61322	Depue			
E.C.	61356	Princeton			
D.D.	61356	Princeton			
R.D.	61356	Princeton			
B.D.	61349	Ohio			
B.E.	61356	Princeton			
M.E.	61337	Malden			
M.G.	61356	Princeton			
E.G.	61356	Princeton			
G.H.	61356	Princeton			
G.J.	61356	Princeton			
R.J.	61356	Princeton			
H.J.	61356	Princeton			
M.K.	61356	Princeton			
R.L.	61356	Princeton			
D.M.	61356	Princeton			
A.M.	61356	Princeton			
H.P.	61354	Peru			
A.P.	61356	Princeton			
F.S.	61356	Princeton			
L.S.	61354	Peru			
M.W.	61356	Princeton			
E.W.	61379	Wyanet			
H.W.	61314	Buda			
R.Z.	52806	Davenport, IA			
M.B.	61356	Princeton			
R.B.	61322	Depue			

Princeton patient days

Date	# of days	private	medicaid	medicare	# of admissions	total days
July-10	31	496	1218	405	20	2119
August-10	31	568	1241	439	11	2248
September-10	30	502	1125	546	18	2173
October-10	31	507	1125	628	14	2260
November-10	30	580	1137	476	7	2193
December-10	31	584	1185	454	14	2223
January-11	31	624	1155	408	10	2187
February-11	28	569	991	396	7	1956
March-11	31	575	1112	494	13	2181
April-11	30	602	1081	450	10	2133
May-11	31	630	1032	336	15	1998
June-11	30	701	1059	394	11	2154
Totals	365	6,938	13,461	5,426	150	25,825



Liberty Village of Princeton

Doris Washo

Power of Attorney:
Bob Washo
23774 - 1355 N. Ave.
Princeton, IL 61356
815/875-2227

Marvin Dyer

Self Responsible:
Royal Oaks Nursing Home
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Princeton, IL 61356
309/852-3389

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Jane Norton

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Carolyn Deppe

Power of Attorney:
Velma Yepsen
444 S. Church St.
Princeton, IL 61356
815/875-2740

This is a true waiting list.

Sincerely,

Kathleen Dilbeck
Administrator

110 North Sixth Street • Princeton, Illinois 61356

Phone 815/875-6000 • Fax 815/875-6005

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

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			2005 Patient Days	Beds	2005 Patient Days	Beds
COLONIAL HILL REHAB & NURSING CENTER	PRINCETON	Bureau County	28,656	88	0	0
MANOR COURT OF PRINCETON Formerly "Colonial Hall Center" and "Colonial Nrsng & Rehab Center".	PRINCETON	Bureau County	9,165	69	29	3,138
11/15/2005 Bed Change Added 15 Sheltered Care beds. Bed totals now 59 Nursing Care and 39 Sheltered Care.				76	22	
3/1/2006 Name Change from "Hawthorne Inn of Princeton".				0	0	0
PERRY-MEMORIAL HOSPITAL	PRINCETON	Bureau County	300	0	0	0
1/1/2005 05-043 Completed project to discontinue remaining 10 beds of skilled nursing unit.				0	0	0
PERRY-MEMORIAL HOSPITAL (SWING BEDS)	PRINCETON	Bureau County	549	0	0	0
ORCHARD VIEW NURSING CENTER	PRINCETON	Bureau County	31,524	123	0	0
PIERCE VIEW HEALTH CARE	SPRING VALLEY	Bureau County	29,274	98	0	0
SPRING VALLEY NURSING CENTER	SPRING VALLEY	Bureau County	5,275	33	0	0
ST. MARGARET'S HOSPITAL	SPRING VALLEY	Bureau County	619	0	0	0
ST. MARGARET'S HOSPITAL (SWING BEDS)	SPRING VALLEY	Bureau County	19,327	62	0	0
WALNUT MANOR NURSING HOME	WALNUT	Bureau County	19,327	62	0	0
Planning Area Totals			475,417	4,693	29	3,138

AGE GROUPS	2005 PSA Estimated Populations	2005 HSA Patient Days	2005 HSA Estimated Population	2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates
0-64 Years Old	34,300	331,139	564,400	586.7	352.0	938.7
65-74 Years Old	3,200	266,802	50,500	5,283.2	3,169.9	8,453.1
75+ Years Old	4,000	1,895,370	55,600	34,089.4	20,453.6	54,543.0
2005 PSA Estimated Populations			93,000	20,453.6	135,579	413
2005 PSA Patient Days			6,427	17,587	105,566	371.4
2005 PSA Use Rates (Per 1,000)			352.0	3,908.1	25,747.8	105,566
2005 HSA Minimum Use Rates			352.0	3,908.1	4,100	105,566
2005 HSA Maximum Use Rates			938.7	8,453.1	54,543.0	135,579
2005 PSA Projected Populations			35,300	4,500	4,100	135,579
2005 PSA Planned Patient Days			12,427	17,587	105,566	371.4
2005 PSA Planned Bed Need (90% Occ.)			12,427	17,587	105,566	371.4
Excess Beds			413	371.4	413	413

1) P-08-018 issued to construct replacement hospital, will discontinue their 33 bed nsg. care unit effective 8/12/08. P-08-019 to construct a replacement hospital discontinue their 33 bed nursing care unit abandoned. Discontinued 4 nsg. care beds, total now 29 nsg. care beds 10/14/09

2) Added 7 nsg. care beds & discontinued 27 s.c. beds, total now 76 nsg. care beds & 22 s.c. beds 11/08/10.

3) P-10-002 issued to discontinue the 29 nsg. care bed unit. Project completed on 4/20/10.

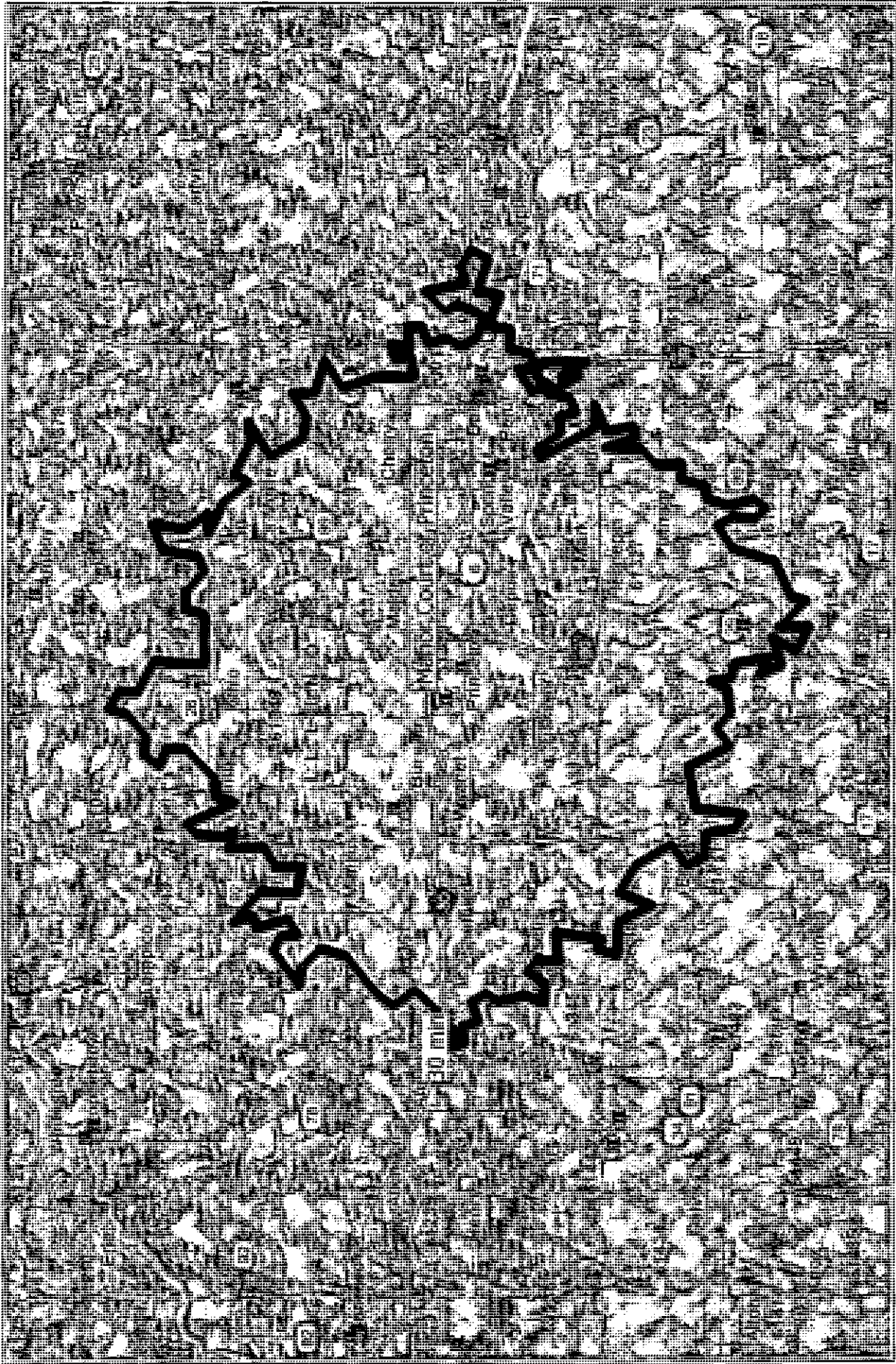
FACID	KEY	FACNAME	ADDRESS	CITY	ZIP	Care Beds	Nursing Prebort Days	Nursing Occupancy	Admissions	ALOS	Port# Avail Beds	Peak Beds Setup	Peak Beds Util.	Travel Time 77 IAC	Adjusted Drive Distances	
60011813	320	Heartland of Henry	1850 Old Indian Town Road	Henry	61537-0000	94	26,315	82.5%	217	130.5	7.0	91	85%		23	19.03
6007587	587	Orchard View Rehab & Healthcare (1)	CR-26 & CR-1675 E	Wyamet	61379-0000	123	16884	37.8%	37	458.4	64.4	92	50%		0	0
6015881	459	Manor Court of Princeton (2)	140 North Sixth Street	Princeton	61358	89	23642	93.9%	119	198.7	(2.7)	69	94%		0	0
6001945	159	Colonial Hall Care Center	515 South 8th Street	Princeton	61355-0000	88	28127	87.6%	130	218.4	2.1	88	88%		1	0.71
6009690	783	Walnut Manor Nursing Home	308 South Second Street	Walnut	61376-0000	62	19851	87.7%	53	374.6	1.4	59	92%		28	20.09
6008783	697	St. Margaret's Hospital SNU (3)	600 East First Street	Spring Valley	61362-0000	29	2324	22.0%	252	9.2	19.7	29	22%		22	16.12
6004303	354	Spring Valley Nursing Center	1300 North Greenwood Street	Spring Valley	61362-0000	99	26442	73.9%	95	278.4	15.8	98	74%		20	15.23
6015887	458	Heritage Manor - Peru	1301 21st Street	Peru	61354-0000	129	38989	82.8%	125	311.8	9.3	118	90%		24	21.89
6001440	416	Manor Court of Peru	3230 Becker Drive	Peru	61354	85	27124	87.4%	300	90.4	2.2	85	87%		25	21.48
6015481	377	Heritage Manor	1445 Charities Street	Lasalle	61301-0000	101	34650	94.0%	232	149.4	(4.1)	101	94%		27	22.71
		Veterans Home At Lasalle	1015 Ochoa Avenue	Lasalle	61301	200	41153	56.4%	68	605.2	67.3	200	96%		28	23.45
						1,076	287,491	73.1%	1,628	176.8		1,030	76%			

606 St. Margaret's Hospital SNU, 600 East First Street, Spring Valley, 61362-0000
 6007587 Orchard View Rehab & Healthcare (1), CR-26 & CR-1675 E, Wyamet, 61379-0000
 6015881 Manor Court of Princeton (2), 140 North Sixth Street, Princeton, 61358-0000
 6001945 Colonial Hall Care Center, 515 South 8th Street, Princeton, 61355-0000
 6009690 Walnut Manor Nursing Home, 308 South Second Street, Walnut, 61376-0000
 6008783 St. Margaret's Hospital SNU (3), 600 East First Street, Spring Valley, 61362-0000
 6004303 Spring Valley Nursing Center, 1300 North Greenwood Street, Spring Valley, 61362-0000
 6015887 Heritage Manor - Peru, 1301 21st Street, Peru, 61354-0000
 6001440 Manor Court of Peru, 3230 Becker Drive, Peru, 61354
 6015481 Heritage Manor, 1445 Charities Street, Lasalle, 61301-0000
 6015481 Veterans Home At Lasalle, 1015 Ochoa Avenue, Lasalle, 61301

- (1) Orchard View Rehab & Healthcare is closing.
- (2) Added 7 nursing care beds and discontinued 7 sheltered care beds, total now 76 nursing care beds and 23 sheltered care beds effective 01/08/10.
- (3) Permit issued to discontinue the 29 nursing care unit. Project completed on 4/20/10.

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development
 Inventory of Health Care Facilities and Services and Need Determinations - 2008 - Long-Term Care Services

Area in Square Miles by ZIP Code



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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HEARTLAND OF HENRY

HEARTLAND OF HENRY
1650 INDIAN TOWN ROAD
HENRY, IL. 61537
Reference Numbers Facility ID 6011813
Health Services Area 002 Planning Services Area 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	18	20	0	5	34	75
Skilled Under ZZ	0	0	0	0	0	0
IC/FDD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	18	20	0	5	34	75

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under ZZ	IC/FDD	Skilled	Shelter	TOTALS
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hispanic/Pac. Isl.	0	0	0	0	0	0
White	75	0	0	0	0	75
Race Unknown	0	0	0	0	0	0
TOTAL	75	0	0	0	0	75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care Expense as % of Total Net Revenue
48.7%	10.1%	0.3%	34.1%	0.0%	0.0%
3,307,805	714,026	18,478	609,748	2,412,753	7,094,208

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 HEARTLAND OF HENRY

HEARTLAND OF HENRY
1650 INDIAN TOWN ROAD
HENRY, IL. 61537
Reference Numbers Facility ID 6011813
Health Services Area 002 Planning Services Area 123

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
DMAGNOSIS	0
Neoplasia	0
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	32
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	2
Circulatory System	8
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	75
TOTALS	122

ADMISSIONS AND DISCHARGES - 2009

Category	Residents on 1/1/2009	Total Admissions 2009	Total Discharges 2009	Residents on 12/31/2009
Licensed Beds	81	217	223	75
Medicaid	0	0	0	0
Other Public	0	0	0	0
Private Insurance	0	0	0	0
Private Pay	0	0	0	0
Charity	0	0	0	0
TOTAL	81	217	223	75

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care
65.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6507	0	0	0	0	0
1871	0	0	0	0	0
13482	0	0	0	0	0
28315	0	0	0	0	0
85.2%	0.0%	0.0%	0.0%	0.0%	0.0%
6015	27.5%	84.3%	0	28315	85.2%

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

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	3	4	0	0	0	0	7
75 to 84	10	24	0	0	0	0	34
85+	10	22	0	0	0	0	32
TOTALS	23	52	0	0	0	0	75

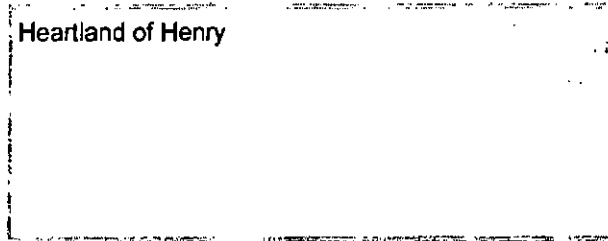
ADMISSIONS AND DISCHARGES - 2009




Category	Residents on 1/1/2009	Total Admissions 2009	Total Discharges 2009	Residents on 12/31/2009
Licensed Beds	81	217	223	75
Medicaid	0	0	0	0
Other Public	0	0	0	0
Private Insurance	0	0	0	0
Private Pay	0	0	0	0
Charity	0	0	0	0
TOTAL	81	217	223	75



Trip to:
 1650 Old Indian Town Rd
 Henry, IL 61537-1082
 19.03 miles
 23 minutes

Notes



- | | Miles Per Section |
|--|--------------------------|
| <p>A 140 N 6th St
Princeton, IL 61356-1878</p> <p>1. Start out going SOUTH on N 6TH ST toward E CENTRAL AVE.</p> | Go 0.7 Mi |
| <p>↑  2. Stay STRAIGHT to go onto IL-26 / 2120 ST E. Continue to follow IL-26.</p> | Go 4.6 Mi |
| <p>↑↑  3. Merge onto I-180 S toward HENNEPIN.
<i>If you reach CR-2450 E you've gone about 0.7 miles too far</i></p> | Go 3.0 Mi |
| <p>↑↑  4. Merge onto IL-29 S toward IL-29 / PEORIA.</p> | Go 10.7 Mi |
| <p>↶ 5. Turn LEFT onto OLD INDIAN TOWN RD.
<i>OLD INDIAN TOWN RD is 0.5 miles past 1450 N</i></p> | Go 0.01 Mi |
| <p>■ 6. 1650 OLD INDIAN TOWN RD is on the LEFT.
<i>If you are on INDIAN TOWN RD and reach GATEWAY DR you've gone about 0.2 miles too far</i></p> | |
| <p>B 1650 Old Indian Town Rd
Henry, IL 61537-1082</p> | 19.0 mi |

Total Travel Estimate: 19.03 miles - about 23 minutes

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MAJOR COURT OF PRINCETON PRINCETON

MAJOR COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON, IL 61359
Reference Numbers Facility ID 001365
Health Services Area 002 Planning Services Area 011

LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	TOTALS
Nursing Care	13	35	0	18	0	67
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	13	35	0	0	18	67
TOTALS	13	35	0	18	0	67

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0
White	67	0	0	18	85
Race Unknown	0	0	0	0	0
Total	67	0	0	18	85

NET REVENUE BY PAYER SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
44.0%	0.3%	3.0%	38.2%	14.5%
2,850,913	843,076	16,324	194,180	2,654,980
6.90%	0.02%	0.04%	9.53%	63.51%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MAJOR COURT OF PRINCETON PRINCETON

MAJOR COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON, IL 61359
Reference Numbers Facility ID 001365
Health Services Area 002 Planning Services Area 011

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	DIAGNOSIS
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	4
Drug Addiction	0
Medicaid Resipient	27
Medicare Resipient	0
Mental Illness	0
Non-Ambulatory	19
Non-Mobile	7
Public Aid Resipient	3
Under 55 Years Old	2
Unable to Self-Medicare	0
Verifiably Dependent	2
Infectious Disease w/ Isolation	11
Other Restrictions	3
No Restrictions	0
Other Medical Conditions	1
Non-Medical Conditions	1
TOTALS	85

ADMISSIONS AND DISCHARGES - 2009

ADMISSIONS AND DISCHARGES - 2009	Residents on 1/1/2009	Total Admissions 2009	Total Discharges 2009	Residents on 12/31/2009
Licensed Beds	119	111	111	119
Medicare/Medicaid Certified Beds	65	65	65	65
Identified Offenders	0	0	0	0

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds	Set Up	Occ. Prt.
Nursing Care	5371	22.4%	10638	44.8%	0	7883	0	73642	93.9%
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	5371	22.4%	10638	44.8%	0	14143	0	30104	84.2%
TOTALS	5371	22.4%	10638	44.8%	0	14143	0	30104	84.2%

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

AGE GROUPS	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	1	0	0	0	1
60 to 74	0	0	0	0	0
75 to 84	7	11	0	0	18
85+	8	37	0	0	45
TOTALS	17	50	0	0	67

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 COLONIAL HALL CARE CENTER PRINCETON

COLONIAL HALL CARE CENTER
 515 BUREAU VALLEY PARKWAY
 PRINCETON, IL 61356
 Facility ID: 0001945
 Reference Numbers: Health Service Area 002 Planning Service Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private Pay	Charity	TOTALS
Nursing Care	11	40	0	0	28	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	11	40	0	0	28	0	79

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Number	SubUnit22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
TOTAL	75	0	0	0	75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS
35.4%	37.3%	0.0%	1.2%	28.2%	100.0%
-1,618,691	1,704,108	0	54,485	1,196,425	4,574,709

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 COLONIAL HALL CARE CENTER PRINCETON

COLONIAL HALL CARE CENTER
 515 BUREAU VALLEY PARKWAY
 PRINCETON, IL 61356
 Facility ID: 0001945
 Reference Numbers: Health Service Area 002 Planning Service Area 011

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Alzheimer's Disease	1														
Chronic Alcoholism	0														
Developmentally Disabled	0														
Drug Addiction	0														
Medicaid Recipient	0														
Medicaid 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 Residents	0														
No Restrictions	0														
TOTALS	75														

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTAL
Nursing Care	88	65	88	13	68	68	332
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTAL	88	65	88	13	68	68	332

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTAL
Nursing Care	4133	15468	482%	0	230	6278	29127
Skilled Under 22	0	0	0%	0	0	0	0
Intermediate DD	0	0	0%	0	0	0	0
Sheltered Care	0	0	0%	0	0	0	0
TOTALS	4133	15468	482%	0	230	6278	29127

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

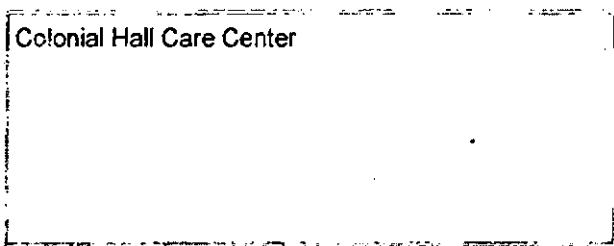
AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	1
45 to 59	0	2	0	0	0	0	2
60 to 74	2	2	0	0	0	0	4
75 to 84	7	96	0	0	0	0	103
85+	10	65	0	0	0	0	75
TOTALS	10	65	0	0	0	0	75

ATTACHMENT-12E



Trip to:
● S 6th St
Princeton, IL 61356-1876
0.71 miles
1 minute

Notes



140 N 6th St
Princeton, IL 61356-1878

Miles Per Section



1. Start out going SOUTH on N 6TH ST toward E CENTRAL AVE.

Go 0.6 Mi



2. Make a U-TURN onto S 6TH ST / IL-26.
If you are on IL-26 and reach 1500 AVE N you've gone about 0.3 miles too far

Go 0.2 Mi



3. 515 S 6TH ST is on the RIGHT.
If you reach E MARION ST you've gone a little too far



515 S 6th St
Princeton, IL 61356-1876

0.7 mi

Total Travel Estimate: 0.71 miles - about 1 minute

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 WALNUT MANOR NURSING HOME WALNUT

WALNUT MANOR NURSING HOME
308 SOUTH SECOND STREET
WALNUT, IL 61378
Reference Numbers Facility ID 9009980
Health Services Area 002 Planning Services Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	4	19	0	1	27	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	4	19	0	1	27	0	51

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
26.7%	27.6%	0.0%	0.0%	45.0%	0.0%	100.0%
820,738	653,922	0	0	1,401,288	0	3,075,948

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 WALNUT MANOR NURSING HOME WALNUT

WALNUT MANOR NURSING HOME
308 SOUTH SECOND STREET
WALNUT, IL 61378
Reference Numbers Facility ID 9009980
Health Services Area 002 Planning Services Area 011

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non-Alzheimer	1
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	RESIDENTS ON 12/31/2009	ADMISSIONS 2009	DISCHARGES 2009
Nursing Care	58	58	62	54
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
TOTAL BEDS	58	58	62	54

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTAL
Nursing Care	1768	8210	36.3%	0	0	0	18851
Skilled Under 22	0	0	0.0%	0	0	0	0
Intermediate DD	0	0	0.0%	0	0	0	0
Sheltered Care	1768	8210	36.3%	0	0	0	18851

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

AGE GROUPS	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	3	1	0	0	4
75 to 84	4	0	0	0	4
85+	13	21	0	0	34
TOTALS	20	31	0	0	51

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTAL
Nursing Care	1768	8210	36.3%	0	0	0	18851
Skilled Under 22	0	0	0.0%	0	0	0	0
Intermediate DD	0	0	0.0%	0	0	0	0
Sheltered Care	1768	8210	36.3%	0	0	0	18851

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

AGE GROUPS	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	3	1	0	0	4
75 to 84	4	0	0	0	4
85+	13	21	0	0	34
TOTALS	20	31	0	0	51

Source: Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

mapquest

Trip to:
 ● S 2nd St
 Walnut, IL 61376-9364
 20.09 miles
 29 minutes

Notes

Walnut Manor Nursing Home

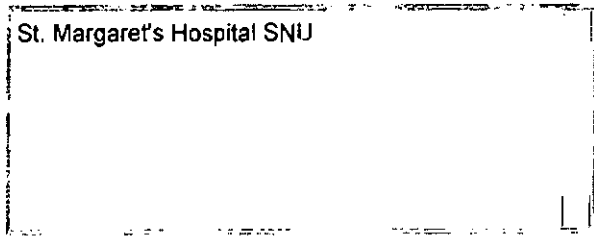
- | | Miles Per Section |
|--|-------------------|
| <p>A ● 140 N 6th St
Princeton, IL 61356-1878</p> | |
| <p>1. Start out going SOUTH on N 6TH ST toward E CENTRAL AVE.</p> | Go 0.06 Mi |
| <p>2. Make a U-TURN onto N 6TH ST.
<i>If you are on S 6TH ST and reach EASTMOR DR you've gone a little too far</i></p> | Go 0.8 Mi |
| <p>3. Turn LEFT onto US-34 / E ELM PL.
<i>US-34 is just past 1650 AVE N</i></p> | Go 0.8 Mi |
| <p>4. Turn RIGHT onto N MAIN ST / IL-26.</p> | Go 0.6 Mi |
| <p>5. Turn LEFT onto BACKBONE RD W / CR-9.
<i>BACKBONE RD W is just past W CENTURY DR</i></p> | Go 7.9 Mi |
| <p>6. Turn RIGHT onto 1400 ST E / WYANET-WALNUT RD / CR-8 / CR-9. Continue to follow CR-8.
<i>If you reach 1325 ST E you've gone about 0.7 miles too far</i></p> | Go 9.5 Mi |
| <p>7. Turn LEFT onto S MAIN ST.</p> | Go 0.2 Mi |
| <p>8. Take the 2nd RIGHT onto W WALNUT ST.
<i>If you reach S 2ND ST you've gone about 0.1 miles too far</i></p> | Go 0.1 Mi |
| <p>9. Take the 1st LEFT onto S 2ND ST.
<i>If you reach OAK ST you've gone a little too far</i></p> | Go 0.02 Mi |
| <p>10. 308 S 2ND ST is on the RIGHT.
<i>If you reach S MAIN ST you've gone about 0.2 miles too far</i></p> | |
| <p>B ● 308 S 2nd St
Walnut, IL 61376-9364</p> | 20.1 mi |

Total Travel Estimate: **20.09 miles - about 29 minutes**

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Notes



Trip to:
 600 E 1st St
 Spring Valley, IL 61362-1512
 16.12 miles
 22 minutes

- | | | Miles Per Section |
|--|--|-------------------|
| | 140 N 6th St
Princeton, IL 61356-1878 | |
| | 1. Start out going SOUTH on N 6TH ST toward E CENTRAL AVE. | Go 0.3 Mi |
| | 2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6.
<i>US-6 is just past DOWNEY DR</i> | Go 6.9 Mi |
| | 3. Turn RIGHT onto 2775 ST E.
<i>2775 ST E is 0.2 miles past CR-19</i> | Go 2.0 Mi |
| | 4. 2775 ST E becomes EAST ST. | Go 0.3 Mi |
| | 5. Turn SLIGHT LEFT onto IL-29 / 1300 AVE N. | Go 5.0 Mi |
| | 6. Turn SLIGHT RIGHT onto RICHARD A MAUTINO DR / US-6 / IL-89. Continue to follow US-6.
<i>US-6 is 0.2 miles past 3275 ST E</i> | Go 1.5 Mi |
| | 7. Turn LEFT onto N CORNELIA ST.
<i>N CORNELIA ST is just past N POWER ST</i> | Go 0.07 Mi |
| | 8. Turn RIGHT onto E 1ST ST. | Go 0.04 Mi |
| | 9. 600 E 1ST ST is on the LEFT.
<i>If you reach N MARY ST you've gone a little too far</i> | |
| | 600 E 1st St
Spring Valley, IL 61362-1512 | 16.1 mi |

Total Travel Estimate: 16.12 miles - about 22 minutes

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ATTACHMENT-12E

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 SPRING VALLEY NURSING CENTER SPRING VALLEY

SPRING VALLEY NURSING CENTER
 1300 NORTH GREENWOOD STREET
 SPRING VALLEY, IL 61342
 Reference Numbers Facility ID 0008783
 Health Service Area 002 Planning Services Area 011

LEVEL OF CARE	Medicare	Medicaid	Other	Private	Charity	TOTALS
Nursing Care	10	47	0	0	0	78
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	10	47	0	0	0	78

RACE	Medicare	Medicaid	Other	Private	Charity	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. Is.	0	0	0	0	0	0
White	78	0	0	0	0	78
Race Unknown	0	0	0	0	0	0
TOTAL	78	47	0	0	0	78

ETHNICITY	Medicare	Medicaid	Other	Private	Charity	TOTALS
Hispanic	2	0	0	0	0	2
Non-Hispanic	76	0	0	0	0	76
Ethnicity Unknown	0	0	0	0	0	0
TOTAL	78	0	0	0	0	78

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care
Medicare	31.5%	43.0%	0.0%	0.0%	25.1%	0.0%	0.0%
Medicaid	1,289,854	1,736,960	0	0	1,011,598	0	0
TOTALS	100.0%	4,026,812	0	0	0	0	0

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 SPRING VALLEY NURSING CENTER SPRING VALLEY

SPRING VALLEY NURSING CENTER
 1300 NORTH GREENWOOD STREET
 SPRING VALLEY, IL 61342
 Reference Numbers Facility ID 0008783
 Health Service Area 002 Planning Services Area 011

ADMISSION RESTRICTIONS	DIAGNOSIS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Asyl-Social	1	Neoplasms
Chronic Alcoholism	1	Endocrine/Metabolic
Developmentally Disabled	1	Blood Disorders
Drug Addiction	1	*Nervous System Non Alcoholic
Medicaid Recipient	0	Abuse/Injury
Medicare Recipient	0	Mental Illness
Non-Ambulatory	0	Developmental Disability
Non-Mobile	0	Circulatory System
Public Aid Recipient	0	Respiratory System
Under 65 Years Old	0	Digestive System
Unable to Self-Medicare	0	Genitourinary System Disorders
Ventilator Dependent	1	Skin Disorders
Infectious Disease w/ Isolation	0	Multisub-organal Disorders
Other Restrictions	0	Injuries and Poisonings
No Restrictions	0	Other Medical Conditions
No Medications	0	Non-Medical Conditions
Note: Reported restrictions allowed by J1		TOTALS
No	No	78
No	No	23

ADMISSIONS AND DISCHARGES - 2009	Residents on 1/1/2009	Total Admissions 2009	Total Discharges 2009	Residents on 12/31/2009
Licensed Beds	78	95	90	78
Medicare Certified	17	17	17	17
Medicaid Certified	61	78	73	61
Other Certified	0	0	0	0
Unlicensed Beds	0	0	0	0
Available Beds	78	95	90	78
Used Beds	78	95	90	78
Peak	83	85	86	83

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	TOTALS
Nursing Care	691	108.2%	167.9	45.5%	0	967.6
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	691	108.2%	167.9	45.5%	0	967.6

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	TOTALS
Nursing Care	691	108.2%	167.9	45.5%	0	967.6
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	691	108.2%	167.9	45.5%	0	967.6

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	7	15	0	0	0	0	22
85+	8	35	0	0	0	0	43
TOTALS	21	57	0	0	0	0	78

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009	Male	Female	Male	Female	Male	Female	TOTAL
Nursing Care	21	57	0	0	0	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	21	57	0	0	0	0	78

Source: Long Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development



Trip to:

● 1300 N Greenwood St
Spring Valley, IL 61362-1576
15.23 miles
20 minutes

Notes

Spring Valley Nursing Center

- | | | |
|--|--|--------------------------|
| | 140 N 6th St
Princeton, IL 61356-1878 | Miles Per Section |
| | 1. Start out going SOUTH on N 6TH ST toward E CENTRAL AVE. | Go 0.3 MI |
| | 2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6.
<i>US-6 is just past DOWNEY DR</i> | Go 12.3 Mi |
| | 3. Turn RIGHT onto US-6 / 3300 ST E / IL-89.
<i>If you reach the end of SPRING CREEK DR you've gone about 1.6 miles too far</i> | Go 1.5 Mi |
| | 4. Turn LEFT onto 1350 AVE N.
<i>If you reach JOSEPH RUVA DR you've gone a little too far</i> | Go 1.1 Mi |
| | 5. Turn RIGHT onto N GREENWOOD ST.
<i>If you reach SAXON PL you've gone about 0.1 miles too far</i> | Go 0.09 Mi |
| | 6. 1300 N GREENWOOD ST is on the RIGHT.
<i>If you reach TRINITY PL you've gone about 0.1 miles too far</i> | |
| | 1300 N Greenwood St
Spring Valley, IL 61362-1576 | 15.2 mi |

Total Travel Estimate: 15.23 miles - about 20 minutes

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Trip to:
 ● 1 21st St
 Peru, IL 61354-1359
 21.89 miles
 24 minutes

Notes

Heritage Manor - Peru

- | | Miles Per Section |
|--|--------------------------|
|  140 N 6th St
Princeton, IL 61356-1878 | Go 0.3 Mi |
|  1. Start out going SOUTH on N 6TH ST toward E CENTRAL AVE. | Go 0.3 Mi |
|   2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6.
<i>US-6 is just past DOWNEY DR</i> | Go 3.7 Mi |
|   3. Merge onto I-180 N via the ramp on the LEFT toward I-80.
<i>If you are on 1500 NORTH AVE and reach 2500 ST E you've gone about 0.3 miles too far</i> | Go 1.7 Mi |
|   4. Merge onto I-80 E toward JOLIET. | Go 13.9 Mi |
|  5. Take the IL-251 exit, EXIT 75, toward PERU / MENDOTA. | Go 0.3 Mi |
|   6. Turn RIGHT onto IL-251 S.
<i>If you reach I-80 E you've gone about 0.2 miles too far</i> | Go 1.8 Mi |
|  7. Turn RIGHT onto SHOOTING PARK RD.
<i>SHOOTING PARK RD is 0.6 miles past MIDTOWN RD</i> | Go 0.09 Mi |
|  8. Take the 1st RIGHT onto ROCK ST.
<i>If you reach PLUM ST you've gone about 0.1 miles too far</i> | Go 0.1 Mi |
|  9. Take the 2nd LEFT onto 21ST ST.
<i>If you reach SUNSET DR you've gone a little too far</i> | |
|  1301 21st St
Peru, IL 61354-1359 | 21.9 mi |

Total Travel Estimate: 21.89 miles - about 24 minutes

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ATTACHMENT-12E

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MANOR COURT OF PERU

MANOR COURT OF PERU
3230 BECKER DRIVE
PERU, IL 61354
Reference Numbers Facility ID 6015687
Health Service Area 002 Planning Service Area 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	21	0	21	0	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	41	0	41
TOTALS	38	21	0	21	41	0	122

RESIDENTS BY RACIALETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Asian Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	81	0	0	41	122
Race Unknown	0	0	0	0	0
Total	81	0	0	41	122

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.80
LPN's	11.50
Certified Nurses	42.00
Other Health Staff	29.90
Non-Health Staff	17.90
Totals	113.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expenses as % of Total Net Revenue
41.1%	9.0%	0.1%	49.4%	100.0%	5.7%	
2,031,104	573,114	4,037	32,030	3,182,195	6,403,321	368,699

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

6/2/2009 Added 10 nursing care beds and discontinued 10 sheltered care beds. Facility now has 83 nursing care and 45 sheltered care beds.

6/19/2009 Added 27 sheltered care beds; facility now has 75 nursing care and 55 sheltered care beds.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MANOR COURT OF PERU

MANOR COURT OF PERU
3230 BECKER DRIVE
PERU, IL 61354
Reference Numbers Facility ID 6015687
Health Service Area 002 Planning Service Area 009

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Nephrosis	2
Endocrine/Metabolic	2
Blood Disorders	1
Nervous System Non Alzheimer	7
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	14
Other Medical Conditions	13
Non-Medical Conditions	21
TOTALS	122

ADMISSION RESTRICTIONS

RESTRICTION	Count
Aggravated Assault	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Violator Dependent	1
Infectious Disease w/Isolation	0
Other Restrictions	0
No Restrictions	0
Total Residents Diagnosed as Ineligible (I)	11

ADMISSION RESTRICTIONS (Continued)

RESTRICTION	Count
Medicare/Medicaid Certified Beds	85
Available Beds	81
Used Set-Up	85
Peak Beds	85
Peak Set-Up	85
Total Residents Diagnosed as Ineligible (II)	0

ADMISSION RESTRICTIONS (Continued)

RESTRICTION	Count
Medicare/Medicaid Certified Beds	85
Available Beds	81
Used Set-Up	85
Peak Beds	85
Peak Set-Up	85
Total Residents Diagnosed as Ineligible (III)	0

ADMISSION RESTRICTIONS (Continued)

RESTRICTION	Count
Medicare/Medicaid Certified Beds	85
Available Beds	81
Used Set-Up	85
Peak Beds	85
Peak Set-Up	85
Total Residents Diagnosed as Ineligible (IV)	0

ADMISSION RESTRICTIONS (Continued)

RESTRICTION	Count
Medicare/Medicaid Certified Beds	85
Available Beds	81
Used Set-Up	85
Peak Beds	85
Peak Set-Up	85
Total Residents Diagnosed as Ineligible (V)	0

ADMISSION RESTRICTIONS (Continued)

RESTRICTION	Count
Medicare/Medicaid Certified Beds	85
Available Beds	81
Used Set-Up	85
Peak Beds	85
Peak Set-Up	85
Total Residents Diagnosed as Ineligible (VI)	0

ADMISSION RESTRICTIONS (Continued)

RESTRICTION	Count
Medicare/Medicaid Certified Beds	85
Available Beds	81
Used Set-Up	85
Peak Beds	85
Peak Set-Up	85
Total Residents Diagnosed as Ineligible (VII)	0

MANOR COURT OF PERU

3230 BECKER DRIVE
PERU, IL 61354
Reference Numbers Facility ID 6015687
Health Service Area 002 Planning Service Area 009

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

AGE GROUPS	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	1	1	0	0	2
75 to 84	6	21	0	0	27
85+	10	42	0	0	52
TOTALS	17	64	0	0	81

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

AGE GROUPS	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	1	1	0	0	2
75 to 84	6	21	0	0	27
85+	10	42	0	0	52
TOTALS	17	64	0	0	81

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

AGE GROUPS	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	1	1	0	0	2
75 to 84	6	21	0	0	27
85+	10	42	0	0	52
TOTALS	17	64	0	0	81

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

AGE GROUPS	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	1	1	0	0	2
75 to 84	6	21	0	0	27
85+	10	42	0	0	52
TOTALS	17	64	0	0	81

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

AGE GROUPS	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	1	1	0	0	2
75 to 84	6	21	0	0	27
85+	10	42	0	0	52
TOTALS	17	64	0	0	81

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

AGE GROUPS	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	1	1	0	0	2
75 to 84	6	21	0	0	27
85+	10	42	0	0	52
TOTALS	17	64	0	0	81

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

AGE GROUPS	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	1	1	0	0	2
75 to 84	6	21	0	0	27
85+	10	42	0	0	52
TOTALS	17	64	0	0	81

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

AGE GROUPS	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	1	1	0	0	2
75 to 84	6	21	0	0	27
85+	10	42	0	0	52
TOTALS	17	64	0	0	81

mapquest

Trip to:

30 Becker Dr
Peru, IL 61354-1419
21.48 miles
25 minutes

Notes

Manor Court of Peru

		Miles Per Section
	140 N 6th St Princeton, IL 61356-1878	
	1. Start out going SOUTH on N 6TH ST toward E CENTRAL AVE.	Go 0.3 Mi
	2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6. <i>US-6 is just past DOWNEY DR</i>	Go 3.7 Mi
	3. Merge onto I-180 N via the ramp on the LEFT toward I-80. <i>If you are on 1500 NORTH AVE and reach 2500 ST E you've gone about 0.3 miles too far</i>	Go 1.7 Mi
	4. Merge onto I-80 E toward JOLIET.	Go 13.9 Mi
	5. Take the IL-251 exit, EXIT 75, toward PERU / MENDOTA.	Go 0.3 Mi
	6. Turn RIGHT onto IL-251 S. <i>If you reach I-80 E you've gone about 0.2 miles too far</i>	Go 0.7 Mi
	7. Turn LEFT onto W 24TH ST / W WENZEL RD. <i>W 24TH ST is 0.3 miles past 38TH ST</i>	Go 0.4 Mi
	8. Turn RIGHT onto MARQUETTE RD. <i>MARQUETTE RD is 0.2 miles past PROGRESS BLVD</i>	Go 0.3 Mi
	9. Turn RIGHT onto 32ND ST. <i>32ND ST is just past CHARLES PL</i>	Go 0.2 Mi
	10. Turn RIGHT onto BECKER DR.	Go 0.01 Mi
	11. 3230 BECKER DR is on the LEFT. <i>If you reach the end of BECKER DR you've gone a little too far</i>	
	3230 Becker Dr Peru, IL 61354-1419	21.5 mi

Total Travel Estimate: **21.48 miles - about 25 minutes**

ATTACHMENT-12E

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 LASALLE HEALTH CARE CENTER LASALLE

LASALLE HEALTH CARE CENTER
 1445 CHARTRES STREET
 LASALLE, IL 61301
 Facility ID 6001440
 Health Services Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	64	0	0	19	0	99
Skilled Under 22	0	0	0	0	0	0	0
ICF/OOD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	16	64	0	0	19	0	99

RESIDENTS BY RACIALETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/OOD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	14.00
Certified Aides	2.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	101.00

NET REVENUE BY PAYER SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
42.6%	36.6%	0.7%	2.5%	17.4%	0.0%
2,469,924	2,126,910	40,471	145,327	1,007,892	0
TOTALS	100.0%	5,793,534	0.0%		

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 LASALLE HEALTH CARE CENTER LASALLE

LASALLE HEALTH CARE CENTER
 1445 CHARTRES STREET
 LASALLE, IL 61301
 Facility ID 6001440
 Health Services Area 002 Planning Service Area 099

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	1	DIAGNOSIS	Count
Aggressive/Anti-Social	1	Nervitis	1
Chronic Alcoholism	1	Endocrine/Metabolic	7
Developmentally Disabled	1	Blood Disorders	0
Drug Addiction	1	*Nervous System Non Alzheimer	2
Medicaid Recipient	0	Alzheimer Disease	5
Medicare Recipient	0	Mental Illness	0
Mental Illness	1	Developmental Disability	0
Non-Admitted	0	Circulatory System	29
Non-Mobile	0	Respiratory System	17
Public Aid Recipient	0	Digestive System	10
Under 65 Years Old	0	Genitourinary System Disorders	7
Unable to Self-Medicare	0	Skin Disorders	0
Visitor Dependent	1	Multicystic-alteral Disorders	11
Infectious Disease w/ Isolation	0	Injuries and Poisonings	0
Other Restrictions	0	Other Medical Conditions	4
No Restrictions	0	Non-Medical Conditions	0
<i>Misc: Reported restrictions denied by J1</i>	No	TOTALS	99
	No	Total Residents Diagnosed as Mentally Ill	37

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	101	232	216
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
TOTAL BEDS	101	232	216

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	101	232	216
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
TOTAL BEDS	101	232	216

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	101	232	216
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
TOTAL BEDS	101	232	216

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 LASALLE HEALTH CARE CENTER LASALLE

LASALLE HEALTH CARE CENTER
 1445 CHARTRES STREET
 LASALLE, IL 61301
 Facility ID 6001440
 Health Services Area 002 Planning Service Area 099

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

AGE GROUPS	NURSING CARE		SKILLED 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	0	2	0	0	0	0	0	0	0	2	2
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	5	25	0	0	0	0	0	0	5	25	30
85+	10	48	0	0	0	0	0	0	10	48	58
TOTALS	22	77	0	0	0	0	0	0	22	77	99

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unassisted	Peak Beds
Nursing Care	6650	21742	50	430	5638	0	34650	94.0%
Skilled Under 22	0	0	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0	0	0	0.0%
TOTALS	6650	21742	50	430	5638	0	34650	94.0%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

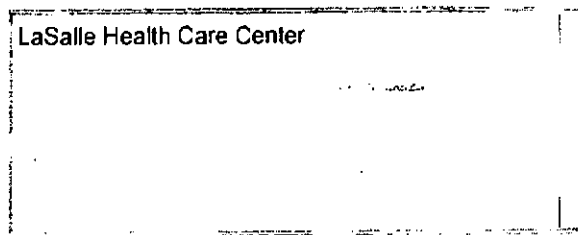
LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unassisted	Peak Beds
Nursing Care	6650	21742	50	430	5638	0	34650	94.0%
Skilled Under 22	0	0	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0	0	0	0.0%
TOTALS	6650	21742	50	430	5638	0	34650	94.0%

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



Trip to:
 1445 Chartres St
 La Salle, IL 61301-1508
 22.71 miles
 27 minutes

Notes



- | | | Miles Per Section |
|--|--|--------------------------|
| | 140 N 6th St
Princeton, IL 61356-1878 | |
| | 1. Start out going SOUTH on N 6TH ST toward E CENTRAL AVE. | Go 0.3 Mi |
| | 2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6.
<i>US-6 is just past DOWNEY DR</i> | Go 3.7 Mi |
| | 3. Merge onto I-180 N via the ramp on the LEFT toward I-80.
<i>If you are on 1500 NORTH AVE and reach 2500 ST E you've gone about 0.3 miles too far</i> | Go 1.7 Mi |
| | 4. Merge onto I-80 E toward JOLIET. | Go 13.9 Mi |
| | 5. Take the IL-251 exit, EXIT 75, toward PERU / MENDOTA. | Go 0.3 Mi |
| | 6. Turn RIGHT onto IL-251 S.
<i>If you reach I-80 E you've gone about 0.2 miles too far</i> | Go 1.8 Mi |
| | 7. Turn LEFT onto SHOOTING PARK RD.
<i>SHOOTING PARK RD is 0.6 miles past MIDWAY RD</i> | Go 0.7 Mi |
| | 8. Turn LEFT onto AIRPORT RD / CHARTRES ST / CR-17.
<i>AIRPORT RD is 0.1 miles past TWIN OAK RD</i> | Go 0.3 Mi |
| | 1445 Chartres St
La Salle, IL 61301-1508 | 22.7 mi |

Total Travel Estimate: 22.71 miles - about 27 minutes

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 IL VETERANS HOME AT LASALLE LASALLE

IL VETERANS HOME AT LASALLE
 1015 O'CONNOR
 LASALLE, IL 61301
 Reference Numbers Facility ID 8015481
 Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	126	0	0	126
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	0	0	0	126	0	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Rooming Care	31	31
Skilled Under 22	0	0
Intermediate DD	0	0
Skilled Care	0	0

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Total
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hispanic/Latino	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPNs	10.00
Certified Aides	66.00
Other Health Staff	17.00
Total	133.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
0.3%	0.0%	65.5%	0.0%	34.2%	0.0%
9,018	0	2,275,941	0	1,197,178	0
TOTALS				3,472,135	

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 IL VETERANS HOME AT LASALLE LASALLE

IL VETERANS HOME AT LASALLE
 1015 O'CONNOR
 LASALLE, IL 61301
 Reference Numbers Facility ID 8015481
 Health Service Area 002 Planning Service Area 099

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Aggressive/Anx-Social	1
Chronic Alcoholism	3
Developmentally Disabled	14
Drug Addiction	0
Medicaid Recipient	5
Medicare Recipient	38
Mental Illness	4
Non-Ambulatory	0
Non-Mobile	50
Public Aid Recipient	2
Under 65 Years Old	0
Unable to Self-Medicate	1
Verbalizer/Demanding	0
Violent/Aggressive	0
Wandering	9
Other Residencies	0
No Restrictions	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	128

ADMISSIONS AND DISCHARGES - 2008

Category	Count
Residents on 1/1/2009	97
Total Admissions 2008	88
Total Discharges 2008	39
Residents on 12/31/2008	128
Identified Offenders	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS	PEAK SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	120	200	126	74	0
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTAL BEDS	200	120	200	126	74	0

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	0	0	0	41153	0	0
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0	0	0	41153	0	0

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	0	0	0	41153	0	0
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0	0	0	41153	0	0

Total Residents Diagnosed as Mentally Ill

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

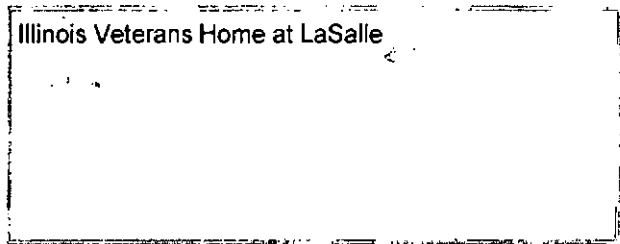
AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	2	0	2	0	2
60 to 64	5	0	0	0	0	0	5	0	5	0	5
65 to 74	16	1	0	0	0	0	16	1	17	1	17
75 to 84	37	0	0	0	0	0	37	0	37	0	37
85+	59	6	0	0	0	0	59	6	65	6	65
TOTALS	119	7	0	0	0	0	119	7	119	7	126

Total Residents Diagnosed as Mentally Ill



Trip to:
 1015 Oconor Ave
 La Salle, IL 61301-1216
 23.45 miles
 28 minutes

Notes



- | | Miles Per Section |
|--|--------------------------|
| 140 N 6th St
Princeton, IL 61356-1878 | |
| 1. Start out going SOUTH on N 6TH ST toward E CENTRAL AVE. | Go 0.3 Mi |
| 2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6.
<i>US-6 is just past DOWNEY DR</i> | Go 3.7 Mi |
| 3. Merge onto I-180 N via the ramp on the LEFT toward I-80.
<i>If you are on 1500 NORTH AVE and reach 2500 ST E you've gone about 0.3 miles too far</i> | Go 1.7 Mi |
| 4. Merge onto I-80 E toward JOLIET. | Go 15.5 Mi |
| 5. Merge onto IL-351 via EXIT 77 toward LA SALLE. | Go 2.0 Mi |
| 6. Turn LEFT onto OCONOR AVE.
<i>If you reach ROOSEVELT RD you've gone a little too far</i> | Go 0.2 Mi |
| 7. 1015 OCONOR AVE is on the LEFT.
<i>Your destination is just past TONTI ST</i>
<i>If you reach CROSAT ST you've gone a little too far</i> | |
| 1015 Oconor Ave
La Salle, IL 61301-1216 | 23.5 mi |

Total Travel Estimate: 23.45 miles - about 28 minutes

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IDECO Population Projections

State/County	Age Group	2010	2015	% Increase	2020	% Increase	2025	% Increase	2030	% Increase
Bureau	All	36,427	37,426	2.7%	38,631	3.2%	39,795	3.0%	40,820	2.6%
	65+	6,663	7,330	10.0%	8,214	12.1%	9,142	11.3%	9,867	7.9%
	75+	3,460	3,571	3.2%	3,861	8.1%	4,427	14.7%	5,070	14.5%
	85+	1,240	1,294	4.4%	1,312	1.4%	1,416	7.9%	1,592	12.4%
Putnam	All	6,221	6,361	2.3%	6,526	2.6%	6,652	1.9%	6,758	1.6%
	65+	1,081	1,197	10.7%	1,393	16.4%	1,611	15.6%	1,775	10.2%
	75+	472	488	3.4%	583	19.5%	681	16.8%	827	21.4%
	85+	136	153	12.5%	146	-4.6%	166	13.7%	225	35.5%
Bureau & Putnam	All	42,648	43,787	2.7%	45,157	3.1%	46,447	2.9%	47,578	2.4%
	65+	7,744	8,527	10.1%	9,607	12.7%	10,753	11.9%	11,642	8.3%
	75+	3,932	4,059	3.2%	4,444	9.5%	5,108	14.9%	5,897	15.4%
	85+	1,376	1,447	5.2%	1,458	0.8%	1,582	8.5%	1,817	14.9%
Lee	All	36,554	37,222	1.8%	37,939	1.9%	38,340	1.1%	38,923	1.5%
	65+	5,152	5,774	12.1%	6,814	18.0%	8,118	19.1%	9,433	16.2%
	75+	2,544	2,532	-0.5%	2,643	4.4%	3,186	20.5%	4,002	25.6%
	85+	747	821	9.9%	817	-0.5%	848	3.8%	959	13.1%
Whiteside	All	62,431	63,927	2.4%	65,565	2.6%	66,748	1.8%	68,134	2.1%
	65+	10,522	11,575	10.0%	13,134	13.5%	14,612	11.3%	15,667	7.2%
	75+	5,445	5,594	2.7%	6,040	6.0%	6,898	14.2%	8,109	17.6%
	85+	1,919	2,160	12.6%	2,235	3.5%	2,346	5.0%	2,664	13.6%
Henry	All	50,707	51,525	1.6%	52,418	1.7%	53,221	1.5%	54,321	2.1%
	65+	8,326	9,222	10.8%	10,347	12.2%	11,629	12.4%	12,571	8.1%
	75+	3,939	3,912	-0.7%	4,382	12.0%	5,173	18.1%	6,049	16.9%
	85+	1,214	1,253	3.2%	1,256	0.2%	1,319	5.0%	1,661	25.9%
Stark	All	6,455	6,596	2.2%	6,805	3.2%	6,995	2.8%	7,225	3.3%
	65+	1,211	1,275	5.3%	1,377	8.0%	1,447	5.1%	1,520	5.0%
	75+	613	595	-2.9%	652	9.6%	715	9.7%	817	14.3%
	85+	250	231	-7.6%	243	5.2%	240	-1.2%	289	20.4%
Marshall	All	13,370	13,633	2.0%	14,024	2.9%	14,185	1.1%	14,340	1.1%
	65+	2,422	2,622	8.3%	2,917	11.3%	3,279	12.4%	3,605	9.9%
	75+	1,199	1,194	-0.4%	1,281	7.3%	1,464	14.3%	1,698	16.0%
	85+	396	383	-3.3%	401	4.7%	415	3.5%	476	14.7%
La Salle	All	118,365	124,277	5.0%	131,155	5.5%	137,954	5.2%	141,615	2.7%
	65+	18,423	19,850	7.7%	22,568	13.7%	26,235	16.2%	29,072	10.8%
	75+	9,601	9,645	0.5%	10,165	5.4%	11,512	13.3%	13,522	17.5%
	85+	3,388	3,596	6.1%	3,573	-0.6%	3,741	4.7%	4,104	9.7%
Illinois	All	13,279,091	13,748,695	3.5%	14,316,487	4.1%	14,784,968	3.3%	15,138,849	2.4%
	65+	1,658,028	1,889,689	14.0%	2,201,461	16.5%	2,567,497	16.6%	2,883,470	12.3%
	75+	804,549	840,003	4.4%	936,745	11.5%	1,125,122	20.1%	1,353,163	20.3%
	85+	269,950	298,054	10.4%	314,336	5.5%	342,525	9.0%	402,311	17.5%

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

Criterion 1110.230 – Background, Project Purpose and Alternatives

ALTERNATIVES

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

Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.

The proposed project as being presented has limited alternatives available due to the nature of the project itself. The facility has been licensed since January 2005. When the application was approved in 2002 there was a need for 59 additional nursing care beds. When the facility was originally licensed for the 59 beds the project also included 25 sheltered care beds. Because of a very strong demand the facility converted private sheltered care rooms to double occupancy in November 2005, thereby increasing their licensed capacity in this level of service to 39 beds. In 2007 a Supportive Living wing was also constructed. Also started at this time was an age-restricted subdivision for 126 villas when fully developed (to-date, 36 villas/duplexes are complete and occupied). By maintaining the sheltered care level of services, it does create a duplication of the same service currently being offered by the facility under the Supportive Living Program. The facility presently has 21-units/27-beds under this program that are 100% occupied. Since the facility is already operating the nursing care unit and are proposing to increase their licensed skilled care beds the alternatives appear to be narrow in scope by either **maintaining the status quo**, a **project of greater scope** by adding a total of 89 nursing care beds (the full complement of projected beds needed upon the closure of the Prairie View Healthcare 123 beds), or **the project as proposed** to appropriately build out the nursing unit in proportion to the campus, which will remove the duplicative sheltered care beds and add only 49 nursing care beds.

ATTACHMENT-13

Criterion 1110.230 – Background, Project Purpose and Alternatives

ALTERNATIVES (Continued ii)

MAINTAINING THE STATUS QUO

Cost

There is not a capital cost associated with this alternative as it does not entail the addition or construction or even modernization of additional capacity.

Patient Access

By maintaining the status quo, access to care would be limited for the residents of the planning area. Presently, there are five facilities (or a total of 440 beds) in the planning area providing the skilled level of care. However, one facility is proposing the total discontinuation of 123 beds, thereby, leaving only 317-beds upon the proposed closure. The remaining facilities have a collective utilization rate of 85.78% based on 2009 data as shown under **ATTACHMENT-12A**. Although it may appear that beds are accessible it equates to the availability of only 13 beds (difference between 90% and 85.78%). The State's optimal utilization rate is 90%; therefore, the 2005 use rate reflected use rates under the optimal rate and those lower than optimal use rates were projected forward. Thus, the State's Inventory of Health Care Facilities and Services and Need Determination is reasonable. Furthermore, in light of the continued population growth of the 65 and older age cohort, this alternative does not create the additional patient access to nursing care that is documented by the State as needed.

Quality

Although there are only five nursing care facilities within the thirty minute travel time, the issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care and in physical plant environment. Maintaining the status quo would not address the projected 89-nursing bed need

ATTACHMENT-13

Criterion 1110.230 – Background, Project Purpose and Alternatives

ALTERNATIVES (Continued iii)

after the closure of the 123-bed facility. Upon project completion the planning area would still project a need for 40 additional general long-term care beds.

Financial Benefits

There is no capital cost associated with this alternative nor are there any financial benefits either. This is an alternative to "do nothing" or to continue the operations as they currently are provided. As there is no capital cost associated with the project as being proposed, there are also no financial benefits either. The proposed project results in the shifting of existing sheltered care beds to nursing but also adds 27 beds under new construction. This project is more appropriately about increasing accessibility rather than being more financially beneficial.

A PROJECT OF GREATER SCOPE

Cost

The construction of the proposed 27 bed addition has a cost of \$2,479,500 or \$91,833.33 per bed. To build 67-bed (89 new construction while converting the same 22 sheltered care to nursing) at the same cost per bed assuming all variables are constant could cost the Applicant \$6,152,833 an increase of one and one half times (1.48X) the proposed cost of this project. Due to this greater cost, this alternative was rejected.

Patient Access

This alternative does offer the potential for the greatest accessibility to general long-term care. However, to add 89 new long-term care nursing beds to the existing 76-

ATTACHMENT-13

Criterion 1110.230 – Background, Project Purpose and Alternatives

ALTERNATIVES (Continued iv)

bed compliment would potentially create a facility (165-nursing beds) that is too large for the campus. Instead of having a balanced campus approach, the need to maintain the utilization of the nursing beds might dwarf the campuses effort to allow residents to age in-place and at their own pace.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care and in physical plant environment.

Financial Benefit

This alternative offers the highest potential for financial benefit as the top level of care typically commands the highest price. However, the Applicant has been careful to develop a campus setting for all levels of care and as such does not want to be too big for the campus and the community. Therefore, this alternative was rejected.

THE PROJECT AS BEING PROPOSED

Cost

The cost of this alternative is \$2,479,500 (not including the FMV of the existing space to be converted as that cost has been expended).

Patient Access

The proposed project is being proposed without accommodating the entire need for additional nursing beds as it is intending to continue a balanced approach to long-term care. Upon approval of this project, the campus will have 125 Skilled Nursing Care

ATTACHMENT-13

Criterion 1110.230 – Background, Project Purpose and Alternatives

ALTERNATIVES (Continued v)

beds and 147 non-Nursing units. It is the Applicant's contention that the future of long-term care is for providers to offer, when possible, a continuum of care. That said, this project maintains the balanced approach yet does its part to pick up the slack of the need for additional nursing care beds.

Specifically, the closure of Orchard View Rehab and Healthcare Center also known as Prairie View Healthcare reported 16,884 patient days in Calendar Year 2009. This represents 47 residents (16,884 total pt. days / 365 days per year).. This project is proposing only 49 beds to essentially accommodate those potential residents who would have sought care at the closed facility. As such, the proposed 49 additional nursing beds is reasonable and responsible.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care and in physical plant environment. The proof of quality can be seen in the facilities continued high utilization.

Financial Benefit

There is a cost benefit for both the provider (the Applicant) and the consumers with this project. For the Applicant, it is commonly accepted as industry standard that a freestanding nursing home has a break-even level of 60 beds. Therefore, with the cost of this project, the Applicant can create a facility that is a little more profitable and not rely on or borrow from the profitability of the campus. For the consumers (residents), Manor Court of Princeton is one of eleven nursing facilities identified within the 30

ATTACHMENT-13

Criterion 1110.230 – Background, Project Purpose and Alternatives

ALTERNATIVES (Continued vi)

minute market contour. To exclude the closed(ing) facilities, St. Margaret's Hospital SNU and Orchard View Rehab & Healthcare Center and the Illinois Veterans Home at LaSalle, the average private pay and double room rates are \$177 and \$164 per day respectively. The Applicant's Princeton facility charges \$175 and \$150 per day respectively. More telling is that of the eight comparable facilities within the 30-minute travel time contour, the Applicant's Princeton facility is third lowest in the area. (It should be noted that this is based upon 2009 data (ATTACHMENT-12A) and is subject to change; however, this average daily payment rate should serve as an indicator of how the Subject facility fares compared to the market.) Thus, this alternative appears to be a win win for both the Applicant and the consumer.

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

The alternative of the "Project as Proposed" is based on the identified bed need and the high growth of the projected senior population. Therefore, this alternative is not based solely or in part on improved quality of care.

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

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

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.

This Applicant is proposing the conversion of 22 existing sheltered care beds to skilled care as well as the construction of a 27-bed addition. The facility opened their approved 59 nursing care beds in 2005 with a total building square footage 38,703 of which 24,400 was allocated to the nursing care unit. (The facility initially filed their Certificate of Need application for 59 nursing care beds and 25 sheltered care beds. Subsequently, they increased their licensed sheltered care beds to 39 beds. In 2007, the licensed nursing capacity was increased by 10 beds and decreased their sheltered care beds by 10 for a total of 69 nursing care beds and 29 sheltered care beds. In this same year (2007) the Applicant constructed 22 units under the Supportive Living program. In 2010 the facility increased their nursing beds by 7 and decreased their sheltered care beds in the same amount (for a total of 76 nursing care beds and 22 sheltered care beds as it remains today). The conversion area (7,460 gross square feet) and the new construction space (12,160 gross square feet) will encompass a total of 19,620 square feet of new skilled nursing space. Upon project completion the skilled nursing component of the campus setting will have a total of 57,812 gross square feet or 463 gross square feet per bed. The current State Standard has a range between 435 to 713 gross square feet per bed. As such, it appears that the proposed project's physical space is not excessive.

ATTACHMENT-14

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

SIZE OF PROJECT (Continued ii)

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

Since the proposed gross square footage is well below the State's standard, it does not appear that this sub-criterion is applicable.

- N/A 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;
- N/A 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;
- N/A c. The project involves the conversion of existing bed space that results in excess square footage.

The project does involve the conversion of existing bed space, however, since the facility's gross square feet is below the state's standard, it does not appear that this item is applicable.

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

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.

The HFSRB has established utilization standards for General Long-Term Nursing Care facilities of 90% by the second full year of operation. It should be known that the Applicant has exceeded the 90% utilization over the past two years. Upon completion of this project (licensing the proposed additional 49-beds), the Applicant will have a total 125 nursing care beds. By the second full year of operation, it is projected that the facility will exceed the optimum utilization level. This is based on their historical utilization of 93.9% (for CY 2009) and 93.1% (most recent 12 months ending June 2011). Refer to **ATTACHMENTS-12A** and **12C** for the respective historical utilization data.

Moreover, this project is a result of the closure of Orchard View Rehab & Healthcare Center also known as Prairie View Healthcare, a 123-bed nursing facility that reported 16,884 patient days in CY 2009. These patient days represent 47 residents (46.3). The proposed project is only proposing 49 additional beds. As a result of this closure, the need for additional nursing beds will rise from an excess of 34-beds to a need for 89-nursing care beds by 2015. Refer to the July 16, 2011 Long-Term Care Inventory Updates appended as **ATTACHMENT-15A**.

To further support this need for additional beds and therefore, the Applicant's ability to reach and maintain the target utilization rate of 90%, the Illinois Department of Commerce and Economic Opportunity estimate that for each five year interval between CY 2010 through 2025 the elderly population will grow by double digits.

ATTACHMENT-15

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

PROJECT SERVICES UTILIZATION (Continued ii)

Based upon the above, it appears that the Applicant can meet or exceed the occupancy target of 90% within two years of project completion.

LONG-TERM CARE BED INVENTORY UPDATES
03/19/2008 - 07/16/2011
LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HEALTH SERVICE AREA 001			
Boone	310	279	31
Carroll	204	170	34
DeKalb	694	742	(48)
Jo Daviess	217	155	62
Lee	310	342	(32)
Ogle	573	535	38
Stephenson	662	663	(1)
Whiteside	717	822	(105)
Winnebago	2,332	2,463	(131)
HEALTH SERVICE AREA 002			
Bureau/Putnam	413	447	(34)
Fulton	532	672	(140)
Henderson/Warren	259	217	42
Knox	816	965	(149)
LaSalle	1,329	1,410	(81)
McDonough	388	376	12
Marshall/Stark	373	427	(54)
Peoria	1,698	1,736	(38)
Tazewell	1,621	1,293	328
Woodford	672	594	78
HEALTH SERVICE AREA 003			
Adams	1,338	1,495	(157)
Brown/Schuyler	184	215	(31)
Calhoun/Pike	265	337	(72)
Cass	207	150	57
Christian	412	472	(60)
Greene	159	119	40
Hancock	196	241	(45)
Jersey	387	369	18
Logan	494	468	26
Macoupin	683	744	(61)
Mason	135	164	(29)
Menard	202	192	10
Montgomery	563	490	73
Morgan/Scott	608	654	(46)
Sangamon	1,395	1,254	141
HEALTH SERVICE AREA 004			
Champaign	1,003	908	95
Clark	296	255	41
Coles/Cumberland	724	939	(215)
DeWitt	187	190	(3)
Douglas	233	233	0
Edgar	282	299	(17)
Ford	247	427	(180)
Iroquois	477	486	(9)
Livingston	500	550	(50)
McLean	1,277	1,118	159
Macon	1,307	1,292	15
Moultrie	309	369	(60)
Piatt	160	160	0
Shelby	252	265	(13)
Vermilion	680	773	(93)
HEALTH SERVICE AREA 005			
Alexander/Pulaski	116	83	33
Bond	179	198	(19)
Clay	145	209	(64)
Crawford	245	220	25
Edwards/Wabash	145	139	6
Effingham	404	432	(28)
Fayette	246	261	(15)
Franklin	430	390	40
Gallatin/Hamilton/Saline	701	663	38
Hardin/Popc	94	113	(19)
Jackson	336	427	(91)
Jasper	69	82	(13)
Jefferson	399	346	53
Johnson/Massac	339	312	27
Lawrence	338	360	(22)
Marion	837	605	232

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

I. Criterion 1110.1730 - General Long Term Care

According to the chart in the application form for this Certificate of Need, the only items that are applicable are those items that are checked under the column of "expand"; therefore, only items 1110.1730(b)(2), 11120.1730(b)(4), 1110.1730(g), 1110.1730(h), and 1110.1730(k) are applicable and will be addressed. Additionally, the Applicant feels that item 1110.1730.(i), "community related functions" is important to this project and as such that item will also be included.

b) Planning Area Need - Review Criterion

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

2) Service to Planning Area Residents

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

The primary purpose of this project is to provide the general long-term care category of service to the residents of the Applicant's geographic service area that equates to an approximate 30-minute travel time. It appears that the 30-minutes travel time contour and the area of the Bureau/Putnam Planning Area are comparable and therefore, interchangeable.

This project is for the expansion or establishment of additional nursing care beds; the campus is existing and the campus's patient origin data shows that 74% of its residents come from within the Bureau/Putnam

ATTACHMENT-28

I. Criterion 1110.1730 - General Long Term Care (Continued ii)

Counties Planning Area/30-minute travel contour. As the campus is physically located in the City of Princeton, 72% of the existing residents originated from within the City itself. The summary of the patient origin data is appended as **ATTACHMENT-12B**. Therefore, it appears that the Applicant has already proven that the primary purpose of the project is to provide necessary health care to the residents of the area in which the proposed project will be physically located.

Moreover, the closure of Orchard View Rehab & Healthcare Center also known as Prairie View Healthcare precipitated the need for the proposed project. In the latest Calendar Year for which data is available (2009), the facility reported 16,884 patient days which equates to 47 residents. That facility and those residents were within the Planning Area and 30-minute travel time contour. As such, this project proposes to provide accessibility for residents who would otherwise seek residency and care from the closed facility. Therefore, it is truly the Applicant's intent to serve the residents of the primary market area.

- B) Applicants proposing to add beds to an existing general long term care service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

The proposed project is for the addition of beds to the existing facility. The patient origin data, appended as **ATTACHMENT-12B** shows

ATTACHMENT-28

I. Criterion 1110.1730 - General Long Term Care (Continued iii)

that not only did 72% of the existing resident come from the City of Princeton, but that 74% of all existing residents came from the Bureau/Putnam Counties Planning Area. Furthermore, as this project will continue to provide independent living through the villa housing and supportive it is expected that at least half of all projected referrals will come from within the campus setting itself. Therefore, at least 50% of project referrals are projected to be residents from within the "area". Please note that upon completion of this project the Applicant is projecting to be in excess of 90% with all residents originating from within the planning area. (Although under **ATTACHMENT-12C**, the Applicant reports 150 admissions for the 12-months ending June 2011, the zip code data for all admissions was not readily available. However, the existing resident patient origin data is expected to be representative of the total admission data.

- C) Applicants proposing to expand an existing general long term care service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

The patient origin information by resident initials, zip code, and county is appended as **ATTACHMENT-12B**.

ATTACHMENT-28

I. Criterion 1110.1730 - General Long Term Care (Continued iv)

b) Planning Area Need – Review Criterion

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

4) Service Demand – Expansion of Bed Category of Service

The number of beds to be added at an existing facility is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):

A) Historical Service Demand

- i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

Appended as **ATTACHMENT-12A** are copies of IDPH Annual Facility Questionnaire Data (facility profiles) for the subject facility for CY 2008 and 2009. This data illustrates an average utilization of 92.3% and 93.9% respectively. Additionally, appended as **ATTACHMENT-12C** is the facility utilization data for the most recent 12 month period ending June 2011 that calculates the average utilization at 93%. Thus, the facility has achieved and maintained the State's target utilization standard of 90%.

- ii) If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.

The closure of Orchard View Rehab & Healthcare Center also known as Prairie View Healthcare precipitated the need for the proposed project. In the latest Calendar Year for which data is

ATTACHMENT-28

I. Criterion 1110.1730 - General Long Term Care (Continued v)

available (2009), the facility reported 16,884 patient days which equates to 47 residents. That facility and those residents were within the Planning Area and 30-minute travel time contour. As such, this project proposes to provide accessibility for residents who would otherwise seek residency and care from the closed facility. To substantiate that the Applicant is proposing to accommodate this market void, the local hospital, Perry Memorial Hospital has submitted a referral letter providing a representation of their referrals during the past year. Based on this referral pattern it was concluded that the hospital would average 185 referrals per year (see **ATTACHMENT-28A**).

B) Projected Referrals

The applicant shall provide the following:

- i) Letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used;

Appended as **ATTACHMENT-28A**, is the referral letter from Perry Memorial Hospital. It should be noted that one was requested from St. Margaret's Hospital but a referral letter was not provided. Also, appended as **ATTACHMENT-28B** are four letters from physicians indicating that collectively they will continue referring to the Subject facility.

ATTACHMENT-28

I. Criterion 1110.1730 - General Long Term Care (Continued vi)

- ii) An estimated number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

Perry Memorial Hospital has estimated that for each of the next two years it expects to make referral in the amount of approximately 185 each year (see ATTACHMENT-28A). Additionally, the Applicant received four physician referral letters which quantify 60 – 120 referrals annually to the Subject facility. As these referrals may be duplicative to those of the Hospital and as the Hospital is presumed to have the most complete referral data, the Applicant fully expects its admissions to rise to the level stated by the hospital. Finally, the physician referral letter, from Ketan Patel, MD (Subject facility's Medical Director) indicates that within the next six to twelve months the existing residents of the Sheltered Care unit are expected to need placement for nursing care.

- iii) Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address; and

The referral letter appended as ATTACHMENT-28A provides the notarized signature of the Hospital's CEO, the typed name of the referral source, and the referral source's address.

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

Verification from Perry Memorial Hospital's CEO that the patient

ATTACHMENT-28

I. Criterion 1110.1730 - General Long Term Care (Continued vii)

referrals / census information has not been used to support another pending or approved CON application is appended as **ATTACHMENT-28C**.

g) **Staffing Availability – Review Criterion**

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

Appended as **ATTACHMENT-28D**, is an existing and proposed staffing pattern for the project. The converted and newly constructed units are estimated to only add 16.2 additional full time equivalents to the existing staffing pattern. Upon completion of this project, the Applicant is projecting that it maintains the existing staffing ratio. Specifically, the ratio of beds to staff currently is 1 bed to every 0.9 staff (FTE). The proposed project will lower the staffing ratio to one bed for every 0.9 staff (FTE).

It should be noted that 22 of the beds to be added are from an existing unit. As the unit is comparably staffed, it is expected that all employees will be retained and few new hires will be needed. Regardless, the Applicant has provided a listing of all employment applications received by position title and by date. The chart providing said listing is appended as **ATTACHMENT-28E**.

ATTACHMENT-28

I. Criterion 1110.1730 - General Long Term Care (Continued-viii)

Finally, provided in **ATTACHMENT-28F** is a letter from the operator of Orchard View Rehab & Healthcare Center indicated that: "in excess of 4 RN/LPN's and 17 C.N.A.'s were laid off. Therefore, it would appear that staffing the proposed expansion should present any difficulties.

h) Performance Requirements – Facility Size

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

This item is not germane as the Subject facility will result in a total of 125 nursing care beds.

i) Community Related Functions – Review Criterion

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

Appended as **ATTACHMENT-28** are 13 letters of community support for the proposed project. These letters are representative of the community and are from Perry Memorial Hospital, the State Representative of the 74th District, Peterson Health Care, the director of the In-Home-Care VNA in Princeton, the Mayor of the City of Princeton, Bureau Valley School Board member, former

ATTACHMENT-28

I. Criterion 1110.1730 - General Long Term Care (Continued ix)

County Board member and business owner, the director of Senior Care in Princeton, Deputy Chief of Police, the Executive Director of the Princeton Chamber of Commerce, a campus resident and family members.

k) Assurances

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

Appended as **ATTACHMENT-28H**, is the above referenced and requested assurance letter.

ATTACHMENT-28



Perry Memorial Hospital

530 Park Avenue East • Princeton, Illinois 61356 • 815-875-2811 • www.perry-memorial.org

July 6, 2011

Perry Memorial Hospital
530 Park Avenue East
Princeton, IL 61356

Regarding: Liberty Village of Princeton, Certificate of Need Request

Liberty Village of Princeton converting 22 beds from Sheltered Care to Skilled and adding 27 beds of new construction for a total change of 49.

As the CEO of Perry Memorial Hospital, I can attest to the placement of 185 referrals from the period of June, 2010 to June 2011. The referrals represent the following towns / zip codes:

Bradford - 61421
Buda - 61314
Bureau - 61315
Depue - 61332
Granville - 61326
Hennepin - 61327
Henry - 61537
Kewanee - 61443
Ladd - 61329
LaMoille - 61330
Malden - 61337

Manlius - 61338
Neponset - 61345
Ohio - 61349
Putnam - 61560
Seatonville - 61359
Sheffield - 61361
Spring Valley - 61362
Tiskilwa - 61368
Walnut - 61376
Wyanet - 61379
Princeton - 61356

Looking at the hospitals' previous census history, I would presume that the hospitals' referrals for the next 2 year period would average 185 per year. Therefore, with the completion of the Liberty Village of Princeton project, there would be a possibility of 185 referrals.

Sincerely,

Rex Conger, CEO
Perry Memorial Hospital

ATTACHMENT-28A



Perry Memorial Hospital

530 Park Avenue East • Princeton, Illinois 61356 • 815-875-2811 • www.perry-memorial.org

July 5, 2011

The referral resources for the Perry Memorial Hospital include the following:

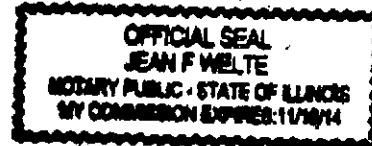
- Cella Goers
- Luanne Behrens
- Sharon Smith
- Collette Yelm
- Mary Neill

Their address is:

Perry Memorial Hospital
530 Park Avenue East
Princeton, IL 61356

Signed in front of me on this 5th day
of July, 2011.

Notary: Jean F. Welte



Sincerely,

Rex D. Conger, FACHE
President/CEO
Perry Memorial Hospital
Princeton, IL

ATTACHMENT-28A

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Administrator
140 North Sixth Street
Princeton, IL 61356

Dear Kathleen,

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care and 27 beds of new construction for a total of 49.

I am writing in support of Manor Court of Princeton's application to add 49 Skilled Beds and 27 of these beds will be new construction and 22 will be converted from existing Sheltered Care.

These beds are needed as Orchard View Rehabilitation and Nursing Home has recently closed; creating a significant bed need.

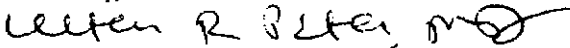
I have served as the Medical Director of Manor Court of Princeton since 2005. I am confident that I can meet their needs in the most effective and efficient way. I am very familiar with the Bureau County area as I have practiced here for the past 19 years.

I am confident that I will be able to refer 5 to 10 residents per month to this home if the application is approved.

Regarding the residents in the Sheltered Care Unit, these residents will qualify for skilled care within the next 6-12 months. This conversion will create the need for placement for the current Sheltered Care residents and give them security for placement after we would convert to Skilled.

Your support of this application is greatly appreciated.

Sincerely,


Dr. Ketan Patel

ATTACHMENT-28B

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Administrator
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Mrs. Dilbeck,

Re: Liberty Village of Princeton, Converting 27 beds from Sheltered Care to Skilled and add 22 beds of new construction for a total of 49.

I am writing in support of Manor Court in support of Manor Court of Princeton's application to add 49 Skilled Beds and 27 of these beds will be new construction and 22 will be converted from existing Shelter Care.

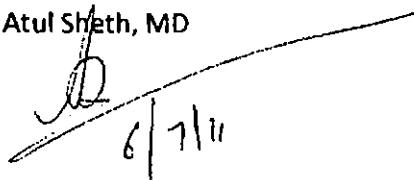
These beds are needed as Orchard View Nursing Home is in the process of closing; creating a significant bed need.

I have served as a Psychiatrist for Liberty Village since 2005. I am confident that I can meet their needs in the most effective and efficient way. I am very familiar with the Bureau County area as I have practiced here for a number of years and definitely feel that there is a need for the bed increase.

Your support of this application is appreciated.

Sincerely,

Atul Sheth, MD



6/7/11

ATTACHMENT-28B

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Administrator
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Kathleen;

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to Skilled and add 27 beds of new construction for a total of 49.

I am writing this letter in regards to the need for the addition of beds in the Liberty Village Facility in Princeton, 22 converted from existing sheltered care and constructing 27 new beds.

I have been a physician in Princeton for many years and am familiar with Bureau County and the need for additional skilled and sheltered care in our area, even more so with the closing of Orchard View Rehabilitation Center.

I know that I will be able to refer more residents to this home when the need arises, should this be approved.

Your support of this project is greatly appreciated.

Sincerely,



Dr. Robert Mestan, Princeton, Illinois

ATTACHMENT-28B

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Administrator
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Kathleen;

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to Skilled and add 27 beds of new construction for a total of 49.

Please accept this letter of support for your application to expand and convert the number of skilled and sheltered beds at Manor Court of Princeton, in Princeton, Illinois.

I have been a physician in Princeton and Henry, Illinois for many years and am familiar with Bureau County and the need for additional skilled and sheltered care in our area, even more so with the closing of Orchard View Rehabilitation Center.

I know that I can be able to refer more residents to this home, should this be approved.

As you can see, all can be better served by granting this request and I strongly support this project.

Sincerely,



Dr. Arnold Faber

ATTACHMENT-28B



Perry Memorial Hospital

530 Park Avenue East • Princeton, Illinois 61356 • 815-875-2811 • www.perry-memorial.org

July 5, 2011

I, Rex Conger, verify that the patient referrals / census information that I have given to Manor Court of Princeton has not been used to support another pending or approved CON application.

Sincerely,

A handwritten signature in black ink, appearing to read "Rex D. Conger".

Rex D. Conger, FACHE
President/CEO
Perry Memorial Hospital
Princeton, IL

Manor Court of Princeton Staffing

	<u>Existing</u>	<u>Proposed</u>
Beds		
Skilled	78	125
Supportive Living	27	27
Sheltered Care	22	0
Total	125	152

Census Level of Care	<u># Residents</u>	<u># Residents</u>
SNF Skilled	18	25
SNF Alzheimer/Special Care	1	24
SNF Intermediate	55	63
Supportive Living	23	24
Sheltered Care Alzheimer	19	0
Total	114	136

Staffing:

	<u>Hours</u>	<u>FTEs</u>	<u>Hours</u>	<u>FTEs</u>
Activity Director	80.00	1.0	80.00	1.0
Activity Aides	216.00	2.7	302.00	3.8
Social Service	80.00	1.0	80.00	1.0
Total Act/Soc Serv	376.00	4.7	462.00	5.8
DON	80.00	1.0	80.00	1.0
MDS Coord	80.00	1.0	160.00	2.0
Med Records	80.00	1.0	80.00	1.0
RN	511.00	6.4	733.00	9.2
LPN	596.00	7.5	650.00	8.1
CNA & Shift Coord	2730.00	34.1	4078.00	51.0
Special Care Unit Coord	80.00	1.0	80.00	1.0
Resident Services Dir	80.00	1.0	80.00	1.0
Personal Assistant CNA	1376.00	17.2	538.00	6.7
Total SNF Nursing	5613.00	70.2	6479.00	81.0
Food Serv Super	80.00	1.0	80.00	1.0
Cooks & Assistants	1042.00	13.0	1142.00	14.3
Total Food Service	1122.00	14.0	1222.00	15.3
Housekeeping Super	80.00	1.0	80.00	1.0
Housekeeping	492.00	6.2	572.00	7.2
Laundry	160.00	2.0	240.00	3.0
Total Hskpg/Laundry	732.00	9.2	812.00	11.2
Maintenance Super	80.00	1.0	80.00	1.0
Maintenance	80.00	1.0	80.00	1.0
Total Maintenance	160.00	2.0	160.00	2.0
Administrator	80.00	1.0	80.00	1.0
Assist Administrator	80.00	1.0	80.00	1.0
Bookkeeper	80.00	1.0	160.00	2.0
Reception/Clerical	127.00	1.6	132.00	1.7
Marketing Dir	80.00	1.0	80.00	1.0
Total Administration	447.00	5.6	532.00	6.7
Total Payroll	8450.00	105.6	9667.00	121.8

List of employment of applications

C.N.A.-CC
C.N.A.-VC
C.N.A.-MC
C.N.A.-AH
C.N.A.-MH
C.N.A.-AK
C.N.A.-SN
C.N.A.-KB
C.N.A.-TL
C.N.A.-ML
C.N.A.-MC
C.N.A.-LL
C.N.A.-MP
C.N.A.-KH
C.N.A.-SD
C.N.A.-RC
C.N.A.-TD
C.N.A.-DM
C.N.A.-HS
C.N.A.-CB
C.N.A.-BL
C.N.A.-AW
C.N.A.-LD
C.N.A.-IV
C.N.A.-AS
C.N.A.-PC
C.N.A.-EY
C.N.A.-AG
C.N.A.-NG
C.N.A.-ML
C.N.A.-MP
C.N.A.-BP
C.N.A.-KG
C.N.A.-KB
C.N.A.-TB
C.N.A.-MR
C.N.A.-AM
C.N.A.-NW
C.N.A.-MG
C.N.A.-DM
C.N.A.-AC

C.N.A.-GR
C.N.A.-CG
C.N.A.-WM
C.N.A.-CD
C.N.A.-MB
C.N.A.-JW
C.N.A.-HH
C.N.A.-MR
C.N.A.-DB
C.N.A.-RH
C.N.A.-CC
C.N.A.-SC
C.N.A.-TM
R.N.-RD
LPN-JW
LPN-CW
LPN-JV
LPN-JH
RN-KB
RN-NR
LPN-JT
LPN-MD
RN-KS
RN-CH
RN-CH
RN-AP
RN-DF
RN-CB
RN-DW
RN-KM
RN-KS
RN-HL
LPN-LR
LPN-RE



July 6, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Manor Court of Princeton
Certificate of Need Application

Dear Ms. Avery:

Regarding the availability of staff with regard to the above-referenced application, we are writing to advise you that, with the closure of Orchard View Rehab & Health Care, in excess of 4 RN/LPN's and 17 C.N.A.'s were laid off.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Marikay L. Snyder', is written over a horizontal line.

Marikay L. Snyder
General Counsel

ATTACHMENT-28F

"Caring With a Hometown Touch"

830 W Trailcreek Drive • Peoria, Illinois 61614 • Phone (309) 691-8113 • Fax (309) 691-8622



Perry Memorial Hospital

530 Park Avenue East • Princeton, Illinois 61356 • 815-875-2811 • www.perry-memorial.org

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Administrator
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Regarding: Liberty Village of Princeton converting 22 beds from Sheltered Care to Skilled and adding 27 beds of new construction for a total change of 49.

Dear Kathleen;

I am writing this letter in regards to the need for the addition of 49 beds in the Liberty Village Facility in Princeton, 22 converted from existing sheltered care and constructing 27 new beds.

I am currently the CEO of Perry Memorial Hospital and have also been a Nursing Home Administrator. With Orchard View Nursing and Rehabilitation now closed, this has taken away from the amount of options for seniors in the Princeton area, requiring Sheltered and Skilled care. The Continuum of Care that Liberty Village has to offer is very much needed in our community.

Also, the new construction of the 22 additional beds to the existing facility will create more jobs for the community; this would be an added benefit and will help with the unemployment in our area.

I strongly support this project, and feel that Princeton will benefit from this addition.

Sincerely,

Rex Conger, Perry Memorial Hospital

ATTACHMENT-28G

ILLINOIS HOUSE OF REPRESENTATIVES

COMMITTEES:

Access to Federal Funding
Agriculture & Conservation
Counties & Townships
Fire Protection - Chairperson
Railroad Industry - Republican
Spokesperson
State Government Administration
Veterans' Affairs
JCAR



DONALD L. MOFFITT
STATE REPRESENTATIVE • 74TH DISTRICT

223-N STRATTON BUILDING
SPRINGFIELD, IL 62706
217/782-8032 • 217/557-0179 FAX

64 S. PRAIRIE ST., STE. 5
GALESBURG, IL 61401-4623
309/343-8000 • 309/343-2683 FAX
800/342-8010 TOLL-FREE

400 NORTH MAIN
PRINCETON, IL 61356
815/872-1964

July 8, 2011

Kathleen Dilbeck, Administrator
Manor Court of Princeton
140 S Sixth St.
Princeton, IL 61356-1878

Dear Ms. Dilbeck:

I am writing in full support of Manor Court of Princeton's expansion of its existing services.

It is my understanding that approximately 49 additional Skilled Nursing beds are being proposed. This will be accomplished by converting 22 beds currently licensed as Sheltered Care, and constructing an addition that will serve an additional 27 individuals.

Recently, Orchard View Rehabilitation and Health Care Center voluntarily decided to close. This resulted in a loss of approximately 120 Long-Term care beds.

The seniors in Bureau County need access to quality nursing home services. Manor Court of Princeton has a reputation of providing professional quality care for seniors in Bureau County. As part of their commitment, they have developed a physical therapy program on their campus that serves individuals living within the facility, as well as individuals who need therapy who reside in the community.

The citizens of the community have always been very supportive of Manor Court of Princeton and its endeavors. I hope that you will be granted approval for your project.

Manor Court of Princeton has my support and I thank you for consideration in expanding your services to accommodate the seniors of Bureau County.

Again, please let my full support be known for this proposal. If I, or my office, can be of further assistance, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink that reads "Donald L. Moffitt". The signature is written in a cursive style with a large, sweeping flourish at the end.

Donald L. Moffitt
State Representative
74th District

DLM:cjl
CC: J Michael Bibo

ATTACHMENT-28G



June 30, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Ladies and Gentlemen:

The undersigned, on behalf of Orchard View Rehab & Health Care skilled nursing facility, located in Princeton, Illinois, submit my support for the CON Application of Residential Alternatives of Illinois, Inc. for a bed addition at Liberty Village of Princeton.

Orchard View Rehab & Health Care, a/k/a Prairic View Health Care, has 123 licensed beds in the General Long-Term Care Nursing Care Inventory. I have initiated termination of operations of Orchard View and intend to discontinue the provision of any services to any current residents in conformity to the Illinois Nursing Home Care Act by October 1, 2011, and requisite notices have been given.

Because I have operated at that facility for the last three years, I am aware of the need of the residents of Bureau County and surrounding environs and, therefore, support Liberty Village of Princeton to replace and supplant the beds that I am retiring from operations. I understand that application to be for the conversion of 22 beds from shelter care to skilled care and for the construction of 27 additional skilled care beds. Those beds are needed to meeting the continuing needs of the residents of Bureau County and the surrounding environs.

Respectfully submitted,

ORCHARD VIEW REHAB & HEALTH
CARE a/k/a Prairie View Health Care

By 

Its Owner & Authorized
Representative

"Caring With a Hometown Touch"

830 W Trailcreek Drive • Peoria, Illinois 61614 • Phone (309) 691-8113 • Fax (309) 691-8622

ATTACHMENT-28G

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Mrs. Dilbeck,

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to skilled and add 27 beds of new construction for a total of 49.

I am writing in support of Manor Court of Princeton's application to add 49 skilled beds, 27 of these beds will be new construction and 22 will be converted from existing sheltered care to skilled.

I am the Director of In-Home-Care VNA in Princeton. Presently we have a good working relationship with Manor Court in meeting the needs of our seniors in this community. With the closing of Orchard View I feel that we definitely have a great need for more skilled beds in this area. We presently serve residents in Bureau, Putnam, Stark, Marshall, LaSalle and Lee counties.

Today's senior citizens demand an environment that not only provides exceptional care, but also has State-of-the-art equipment, a pleasant atmosphere and comfortable surroundings. Manor Court of Princeton will definitely meet these needs.

I strongly support their bed increase.

Respectfully,

Colleen Sailer RN / CED

Colleen Sailer

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Administrator
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Kathleen;

Re: Liberty Village of Princeton, Converting 27 beds from Sheltered Care to Skilled and add 22 beds of new construction for a total of 49.

My name is Keith Cain and I am the current Mayor of Princeton and have been for the past 12 years. I am writing this letter in regards to the need that has arisen in Princeton for the addition of 49 beds, 22 converted from existing sheltered care and 27 of these beds new construction.

These beds are needed as Orchard View Nursing and Rehabilitation has recently closed; creating a significant bed need for the community.

On a personal note, this has been a need in my own personal family for this type of care, as my mother has at one time been a resident of Liberty Village in Princeton, and may again be in need of their care in the future.

On a professional note, this will create more jobs for our community as well, thus enabling jobs to the unemployed in Princeton area.

As you can see, all can be better served by granting this request and I strongly support this project.

Sincerely,



Keith Cain, Mayor of the City of Princeton

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Administrator
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Kathleen;

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to Skilled and add 27 beds of new construction for a total of 49.

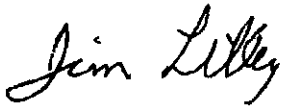
My name is Jim Lilley and I was on the Bureau County board eight years. Four years as chairman and vice chairman. I am currently on the Bureau Valley school board. I am writing this letter in regards to the need for the addition of 49 beds, 22 converted from existing sheltered care and 27 of these beds new construction at Manor Court of Princeton.

I feel that we would benefit from the addition of these beds, as Orchard View Nursing and Rehabilitation has recently closed; creating a significant bed need for the community.

I am not only a board member, but a business owner in our town as well, I want to see Princeton thrive and grow. I feel that with this undertaking, this will create more jobs for our community as well, thus enabling jobs to the unemployed in Princeton area.

Thank you for considering this application to make Princeton a better community for us to live in.

Sincerely,



Jim Lilley

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Administrator
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Kathleen;

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to Skilled and add 27 beds of new construction for a total of 49.

I am writing in support of Manor Court of Princeton's application to add 49 skilled beds.

I am the Director of the Senior Center in Princeton. We have a very good working relationship with Manor Court in addressing the needs of the seniors in our community.

Today's senior citizens demand an environment that not only provides exceptional care, but also has state of the art equipment, a pleasant atmosphere and comfortable surroundings. Manor Court of Princeton definitely fulfills this need.

With the closing of Orchard View, I feel that we have a great need for more skilled beds in this area. I strongly support this bed increase. This increase in beds will also help the employment in this area.

Respectfully,



Denise Ihrig

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Administrator
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Kathleen;

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to Skilled and add 27 beds of new construction for a total of 49.

My name is Allan Beaber and I am the Deputy Chief of Police for the City of Princeton and have been for the past 12 years. I am writing this letter in regards to the need that has arisen in Princeton for the addition of 49 beds in the Liberty Village Facility in Princeton, 22 converted from existing sheltered care and 27 of these beds new construction:

Since Orchard View Nursing and Rehabilitation has recently closed; our community is in need of more Sheltered and Skilled nursing beds for the seniors in the Princeton area.

My father has been a resident at the Hawthorne Inn, supportive living in Princeton for the past 3 years and has received excellent care there. The Continuum of Care that Liberty Village has to offer is very much needed in our community. The residents receive exceptional care, along with state of the art therapy.

I also realize, that the new construction of the 22 additional beds to the existing facility, will create more jobs for our community which is an added benefit to help with the unemployment in the area.

I strongly support this project, and feel that Princeton will have more to offer because of this expansion.

Sincerely,



Allan K. Beaber, Deputy Chief of Police, Princeton, IL

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to skilled and add 27 beds of new construction for a total of 49.

Dear Kathleen,

I am writing in support of Manor Court of Princeton's application to add 49 skilled beds, 27 of which will be new construction and 22 will be converted from existing sheltered care to skilled.

I am currently the Executive Director for the Chamber of Commerce for the City of Princeton. Presently we have a good working relationship with Manor Court and Liberty Village of Princeton and in meeting the needs of our seniors in this community. With the closing of Orchard View, I feel that we definitely have a great need for more skilled beds in this area.

We try and make Princeton "Senior Citizen Friendly". Today's senior citizens demand an environment that not only provides exceptional care, but also has State-of-the-art equipment, a pleasant atmosphere and comfortable surroundings. Manor Court of Princeton will definitely meet these needs.

I am in strong support of their petition for a bed increase.

Respectfully,



Kim Frey
Executive Director
Princeton Chamber of Commerce

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Administrator
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Kathleen;

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to Skilled and add 27 beds of new construction for a total of 49.

My name is Roger Monier and live in Henry, Illinois. I have been a resident of Liberty Village in Princeton on several occasions.

I chose Liberty Village due to the reputation that the care there, is exactly their motto: *Simply the Finest!* The state of the art therapy I received, while a resident, is what got me back to my current state of good health.

I am writing this letter in regards to the need for the addition of 49 beds in the Liberty Village Facility in Princeton, 22 converted from existing sheltered care and constructing 27 new beds.

I recently read that Orchard View Nursing and Rehabilitation has closed; we need more Sheltered and Skilled nursing beds for the seniors in the Princeton area. The Continuum of Care that Liberty Village has to offer is very much needed in our community. The residents receive good care, the staff are friendly and helpful and the therapy is what helped the most.

Also, the new construction of the 22 additional beds to the existing facility, will make more jobs for the community which is an added benefit to help with the unemployment in the area.

Your support of this project is greatly appreciated.

Sincerely,



Roger Monier, Henry, Illinois

ATTACHMENT-28G

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Mrs. Dilbeck,

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to Skilled and Add 27 beds of new construction for a total of 49.

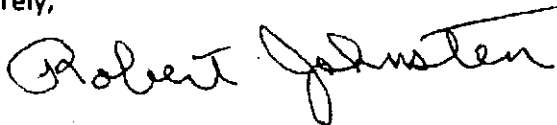
I am writing in support of Manor Court in support of Manor Court of Princeton's application to add 49 Skilled Beds and 27 of these beds will be new construction and 22 will be converted from existing Shelter Care.

These beds are needed as Orchard View Nursing Home is in the process of closing: creating a significant bed need.

My wife was a resident at Orchard View prior to the closing of the facility and now resides at Liberty Village, Manor Court. We are very happy with the transition of her move to this facility, and I believe more rooms are needed to fulfill the need in the Princeton and surrounding communities.

Your support of this application is greatly appreciated.

Sincerely,



Robert Johnsten

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Mrs. Dilbeck,

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to skilled and add 27 beds of new construction for a total of 49.

I am writing in support of Manor Court of Princeton's application to add 49 skilled beds. I understand that 27 of these beds will be in new construction and 22 will be converted from existing sheltered care to skilled.

As you know, my mother-in-law has resided in the Sheltered Care unit of Garden Court. Having myself once worked in long term care, I can appreciate that, due to the limit of only four skilled beds in that wing, residents may find it necessary to move out of their familiar surroundings into a skilled bed elsewhere in the facility or even to another facility if presently-existing skilled beds become full. During my tenure on the Alzheimers Board I became aware of how moves are especially difficult for those with dementia or Alzheimers, as a move may create more anxiety and confusion. With the conversion of the 22 Sheltered Care beds to skilled, moving residents from one wing to another, when their condition requires skilled care, not need occur.

Also, as an employer of this community, I can understand that the additional skilled beds would create more jobs and; therefore, help boost employment in our area.

Thank you for considering my request.

Respectfully,


Connie Doran

Princeton Condition of Need

Mrs. Kathleen Dilbeck
Liberty Village of Princeton
140 North Sixth Street
Princeton, IL 61356

Dear Mrs. Dilbeck,

Re: Liberty Village of Princeton, Converting 22 beds from Sheltered Care to Skilled and Add 27 beds of new construction for a total of 49.

I am writing in support of Manor Court in support of Manor Court of Princeton's application to add 49 Skilled Beds and 27 of these beds will be new construction and 22 will be converted for existing Shelter Care.

These beds are needed as Orchard View Nursing Home is in the process of closing: creating a significant bed need.

Due to the failing health of my mother we had to move her from Hawthorne Inn, to Manor Court. I believe there is a need for more rooms to accommodate these residents as well as the needs of the surrounding communities with the closing of Orchard View.

Your support of this application is greatly appreciated.

Sincerely



Darcy Harris

Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

July 7, 2011

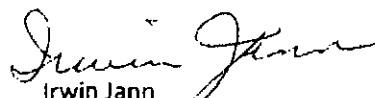
Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Manor Court of Princeton
Certificate of Need Application

Dear Ms. Avery:

This letter is to attest that Residential Alternatives of Illinois, Inc., DBA Manor Court of Princeton, by the second year of operation after project completion, will achieve and maintain 90% occupancy. Our ability to maintain this occupancy level could be affected by factors outside our control, such as natural disasters, physical plant problems, regulatory or reimbursement changes, or other demographic issues outside our control.

Sincerely yours,


Irwin Jann
President

ATTACHMENT-28H

Frances House, Inc.
285 South Farnham Street
Galesburg, IL 61401

July 7, 2011

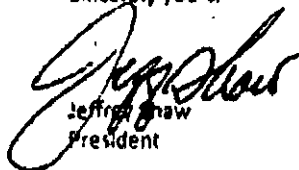
Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Manor Court of Princeton
Certificate of Need Application

Dear Ms. Avery:

We are writing to attest that the total estimated project costs and related costs will be funded in total with cash and equivalents or investment securities. Please see attached letter from Tom Steil of McGladrey & Pullen.

Sincerely yours,



Jeffrey Shaw
President

ATTACHMENT-39

Fair market value of space to be converted from sheltered care to skilled care

Total square footage of existing building, which includes the skilled nursing wing, the sheltered care wing, and the supportive living wing	57,640 square feet
Assessed value of existing building (from most Current real estate tax bill. See attached Real estate tax bill)	\$1,238,990
Fair market value of existing building (Current assessment x 3)	\$3,716,970
Cost per square foot (fair market value of existing building divided By total square footage of existing building) \$3,716,970 divided by 57,640	\$64.48
Square feet to be converted from sheltered care To skilled care	7,460
Fair market value of area to be converted (cost per square foot x square feet to be Converted) \$64.48 x 7,460	\$481,021

BUREAU COUNTY
2010 REAL ESTATE TAXES
DIANA URBANOWSKI, COUNTY TREASURER
 Bureau County Courthouse
 205 S. Main - Room 103
 Princeton, IL 61356

2010

PLEASE READ the instructions on the back of this bill regarding when to pay and where to pay your taxes. Additional information is provided for changing your mailing address and tax exemptions in which you might be entitled.

The County Treasurer only collects your taxes and is not responsible for the amount of your assessment or the amount of your tax bill. We will be happy to assist you or direct you to the proper authority regarding questions about your tax bill.

HAWTHORNE INN OF PRINCETON LLC

ASSESSED TO:
 BILL NUMBER: 24430

HAWTHORNE INN OF PRINCETON LLC
 285 S. FARNHAM ST.
 GALESBURG, IL 61401

PROPERTY DESCRIPTION 140 N. SIXTH ST. PRINCETON E SI OF NE COR OF PT L 98				PERMANENT INDEX NUMBER 16-16-226-010	
ACRES 0.000		TAXABLE VALUE 1,304,957			
CLASS CODE 0060		TAX CODE 16001			
LOCATION OF PROPERTY Sect/Lot Twp Range Acres 16 16 09 0.000				TOWNSHIP PRINCETON	
TAXING BODY		Prior Rate	Prior Amount	Current Rate	Current Amount
BUREAU COUNTY		0.59250	7,738.84	0.61865	8,073.12
- I.M.R.F.		0.19356	2,528.15	0.19434	2,536.05
PRINCETON TWP		0.43522	5,684.55	0.41448	5,408.78
- RETIREMENT - IMRF		0.03687	481.57	0.05785	754.92
PRINC. G.S.#115		2.41426	31,533.42	2.41860	31,561.69
- RETIREMENT - IMRF		0.13244	1,729.84	0.13575	1,771.48
PRINC.H.S.#500		2.03217	26,542.83	2.02075	26,369.92
- RETIREMENT - IMRF		0.05949	777.01	0.07620	994.38
IVCC J.C.#513		0.33850	4,421.26	0.34228	4,466.61
- SOCIAL SECURITY		0.00622	81.24	0.00864	112.75
PRINCETON PARK		0.68181	8,905.34	0.84422	11,016.71
- RETIREMENT		0.07736	1,010.42	0.08702	1,135.57
CITY-PRINCETON		0.52390	6,842.83	0.40613	5,299.82
- LIBRARY		0.24000	3,134.72	0.24000	3,131.90
- RETIREMENT - IMRF		0.35283	4,608.42	0.47728	6,228.30
BC SOIL & WATER CONS		0.00249	32.52	0.00257	33.54
Totals		8.11962	106,052.96	8.34476	108,895.54

RECEIPT PORTION - KEEP FOR YOUR RECORDS
 2010 BUREAU COUNTY REAL ESTATE TAX
 PAY TO: BUREAU COUNTY COLLECTOR

FORMULA FOR TAX CALCULATION - 2010

Land	+	65,967
Farm Land	+	0
Building	+	1,238,990
Farm Building	+	0
B. Of R. Equalized	=	1,304,957
State Eq. Factors *	x	1.00000
State Eq. Value	=	1,304,957
Improvements	-	0
Owner Occupied	-	0
Homestead	-	0
Veteran	-	0
Senior Freeze	-	0

Taxable Value	=	1,304,957
Tax Rate	x	8.34476
Real Estate Tax	=	\$108,895.54
Drainage Tax	=	\$0.00

* Not to be used for farm land and farm buildings
 Township Multiplier: 0.99910

TOTAL TAX DUE	\$108,895.54
77 EQUALIZED VALUE	100
FAIR MARKET VALUE	3,914,871

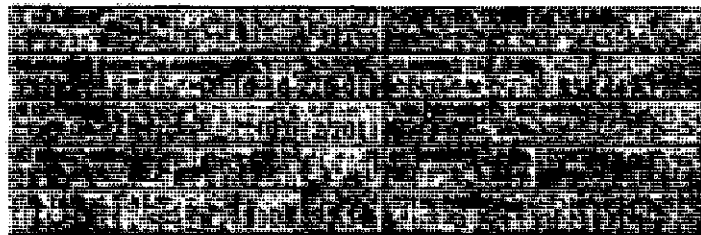
Manda County of Princeton

FIRST INSTALLMENT
 DUE DATE: 07/12/2011 AMOUNT \$54,447.77

SECOND INSTALLMENT
 DUE DATE: 09/07/2011 AMOUNT \$54,447.77



1



16-16-226-010
 HAWTHORNE INN OF PRINCETON LLC
 285 S. FARNHAM ST.
 GALESBURG, IL 61401



2

DETACH HERE

BILL NUMBER	24430	FORFEITED TAXES OR YEARS	\$0.00
PERMANENT INDEX NUMBER	16-16-226-010	CURRENT TAX DUE	\$54,447.77
DUE DATE	09/07/2011	TAX PAYMENT - 2ND INST	
PAID BY OTHER		INTEREST	
TOTAL TAX	\$108,895.54	TOTAL PAID	

16-16-226-010
 HAWTHORNE INN OF PRINCETON LLC
 285 S. FARNHAM ST.
 GALESBURG, IL 61401

ATTACHMENT-39

FIRST INSTALLMENT - 2010 - STUB MUST ACCOMPANY PAYMENT

16 SECOND INSTALLMENT - 2010

STUB MUST ACCOMPANY PAYMENT



McGladrey & Pullen, LLP
Certified Public Accountants
117 E Main St Ste 210
Galesburg, IL 61401-4612
O 309.342.1175 F 309.342.7816
www.mcgladrey.com

July 6, 2011

To Whom It May Concern:

We have prepared the financial statements of Frances House, Inc., and for Residential Alternatives of Illinois, Inc., for the past 25 years. They have sufficient cash and securities to fund their \$2.5M commitment for the 22 bed conversion from sheltered care to skilled and construction of a 27-bed skilled nursing addition at Manor Court of Princeton. They will have sufficient cash and securities to fund three years of operating costs.

Sincerely yours,

A handwritten signature in cursive script that reads "Thomas R. Steil".

Thomas R. Steil
Partner

ATTACHMENT - 40

Residential Alternatives of Illinois, Inc.
Hawthorne Inn of Princeton
Projected Statement of Operations
For the Twelve Months Ending March 31, 2013

	2013 PPD	2013
Revenue		
Rent - Skilled Nursing	160.00	2980186
Rent - Medicare Part A	430.00	2288357
Rent - Medicaid	114.00	2325609
Rent - Supportive Living	104.00	922428
Medicare Part B		48000
Total Income		8564580
Program Expenses		
Labor - Activity Aides	2.00	100041
Labor - Social Service	0.58	28737
Activity Supplies	0.07	3254
Subscriptions/Fees/Training	0.01	421
Total Program	2.65	132453
Nursing Expenses		
Labor - D.O.N.	1.28	64123
Labor - R.S.D.	1.16	57768
Labor - MDS	1.12	55876
Labor - Medical Records	0.54	27098
Labor - RN	8.03	401180
Labor - LPN	7.18	358528
Labor - CNA	20.04	1000569
Labor - SCU Coordinator	0.73	36204
Labor - RA	10.77	537789
Medical Supplies - Billable	0.18	9037
Medical Supplies - Non Billable	1.07	53245
Self Care Supplies	0.12	5790
Pharmacy Charges - Private	0.00	107
Pharmacy Charges - Medicaid	0.06	2769
Medicare Pt. A - Pharmacy Supply (1)	26.12	156492
Medicare Pt. A - Lab (1)	5.02	30107
Medicare Pt. A - X-Ray (1)	0.40	2384
Medicare Pt. A - Ambulance (1)	0.63	3775
Incontinence Supplies	0.74	36856
Oxygen	0.45	22380
Medical Equipment	0.32	15837
Medical Equipment Rental	0.02	950
Travel Expense	0.01	585
Subscriptions/Fees/Training	0.01	263
Pharmacy Consultant	0.12	6008
Medical Records Consultant	0.05	2396
Medical Director	0.16	7812
PT Rehab	0.15	7533
PT Rehab - Medicare Pt. A (1)	39.51	236767
PT Rehab - Medicare Pt. B (1)	2.68	133851
OT Rehab	0.11	5542
OT Rehab - Medicare Pt. A (1)	34.40	206107
OT Rehab - Medicare Pt. B (1)	1.73	86559
Speech Therapy - Rehab	0.03	1249
Speech Therapy - Medicare Pt. A (1)	8.19	49045
Speech Therapy - Medicare Pt. B (1)	1.38	68993
Total Nursing	174.48	3691573

Food Service Expenses

Labor - Food Service	7.49	374088
Food Supplies	8.64	431535
Purchased Meals	0.00	28
Miscellaneous Food	0.69	34606
Dietary Supplies	0.31	15452
Miscellaneous Supplies	0.02	1066
Equipment & Utensils	0.22	11213
Travel Expense	0.00	77
Subscriptions/Fees/Training	0.00	123
Consultant - Dietary	0.17	8259
Total Food Service	17.55	876447

Hskp/Laundry Expenses

Labor - Housekeeping/Custodial	3.57	178081
Labor - Laundry	1.21	80238
Housekeeping Supplies	0.93	46373
Laundry Supplies	0.25	12724
Carpet Cleaning Service	0.00	0
Equipment	0.03	1494
Linen & Bedding	0.15	7249
Travel Expense	0.00	178
Total Hskp/Laundry	6.14	306338

Maintenance Expenses

Labor - Maintenance	1.82	90986
Maintenance Supplies	0.57	28677
Decorating Supplies	0.03	1586
Facility Equipment	0.11	5335
Equipment	0.05	2485
Repairs - H.V. & A.C.	0.08	4155
Repairs - Vehicles	0.04	1829
Repairs - Food Service	0.04	2028
Repairs - Housekeeping/Laundry	0.01	617
Maint. Contracts - Fire Alarm	0.11	5394
Maint. Contracts - Sprkler	0.00	0
Maintenance Contracts/Special	0.29	14675
Other Service Contracts	0.47	23429
Total Maintenance	3.63	181197

Administrative Expenses

Labor - Manager	2.93	146523
Labor - Clerical	1.67	83543
Labor - Marketing/Villa	0.94	46948
Office Supplies	0.90	45128
Office Equipment	0.40	19738
Postage & Shipping	0.08	3929
Background Checks	0.02	1211
Equipment	0.19	9463
Equipment Contracts	0.00	0
Travel Expense	0.08	4098
Travel Exp. - Training/Seminar	0.03	1595
In-House Training & Meetings	0.06	3039
Subscriptions/Fees/Training	0.11	5511
Total Administrative	7.42	370726

General Expenses

FICA	5.46	272838
Group Insurance	2.71	135168
Unemployment Insurance	0.57	28519
Workers Comp Insurance Premium	3.22	161020
401K Expense	0.46	22877
Other Employment Expense	0.16	7982
Vending	0.13	6455
Printing	0.02	750
Telephone	0.18	9091
Cable T.V.	0.17	8728
Electricity/Natural Gas	2.96	148017
Water	0.57	28415
Soft Water	0.00	130
Advertising - Employment	0.08	3976
Advertising - Promotion	2.24	111878
Legal Fees	0.01	358
Professional Services	6.69	334156
Property Tax	2.81	140091
Vehicle Expense	0.13	6739
Vehicle Insurance	0.07	3474
Property Insurance	0.24	12075
Liability Insurance	1.70	84663
License/Fees/Etc.	0.08	4057
Rent (2)	21.42	1066725
Depreciation Expense (2)	1.05	52180
Medicaid Assess Tax	1.08	54175
Miscellaneous	0.03	1399
Charity Care	0.40	19973
Bad Debt Expense	1.72	86126

Total General 56.38 2815010

Total Expenses 268.26 8373745

Net Income or (Loss) 190835

Operating Cost per Patient Day 245.79

Operating Cost per Patient Day excluding Medicare (1) 125.73

Capital Cost per Patient Day (2) 22.47