ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- May 2010 Edition
ORIGINAL SIGNATURES

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARDECEIVED APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION $^{\parallel \text{J} \parallel}$ 2 9 2011

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	
	nning 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	• •
Non-profit Corporation Partnership	
For-profit Corporation Governmental	
	. 🔲 Other
 Corporations and limited liability companies must provide an Illinois costanding. Partnerships must provide the name of the state in which organized are each partner specifying whether each is a general or limited partner. 	nd the name and address of
CAPPEND DOGUMENTATION AS ATTACHMENT. IN NUMERIC SEQUENTIAL ORDER AFTER PAPELICATION FORM.	THE LAST PAGE OF THE
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 Eav Number: (309)343-2857	
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Page 1

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification
Facility Name: Manor Court of Princeton

Street Address: 140 North Six							
City and Zip Code: Princeton	61 <u>356 – 1</u> 878						
County: Bureau/Putnam	Health Service	Area:	2	Health Planning	Area: Burea	u/Putnam	
Applicant /Co-Applicant I		1130.22	20].				
Exact Legal Name: Residenti	al Alternatives of Il	linois, li	лс.				
Address:285 South Farnham Street, Galesburg, Illinois 61401							
Name of Registered Agent:Ro							
Name of Chief Executive Office							
CEO Address: 285 South Far	nham Street, Gale	sburg, I	Illinois 6140	1		· ·	
Telephone Number: (309)343					· .		
Type of Ownership of Ap	plicant/Co-Appl	icant					
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Non-profit Corporation For-profit Corporation		冶	Partnershi Governme	•	* /		
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[Person to receive all correspond	ondence or inquirie	es durin	g the review	period]	<u> </u>		
Name: John P. Kniery							
Title: Health Care Consultant							
Company Name: Charles H. F		, Inc.					
Address: 1638 South MacArth							
Telephone Number: (217)544							
E-mail Address: Foley@foleya	andassociates.net						
Fax Number: (217)544-3616							
Additional Contact					•		
Person who is also authorize	d to discuss the ap	plicatio	on for permit		 		
Name: Ronald J. Wilson							
Title: Chief Financial Officer							
Company Name: RFMS, Inc. Address: 285 South Farnham	Street Calcabina	Illinois	61401				
Telephone Number: (309)343		, minois	01401				
E-mail Address: rjwilson@rfm							
	SITIC.COTT						
Fax Number: (309)343-2857		2					
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APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

	ility/Project identificat						
	ifity Name: Manor Court of						
	et Address:140 North Sixt						
City	and Zip Code: Princeton	31356 - 187 <u>8</u>					
Cou	inty: Bureau/Putnam	Health Service	e Area:	2 Hea	Ith Planning A	Area: Burea	u/Putnam
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Δn	plicant /Co-Applicant I	dentification			•	,	•
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Eva	ct Legal Name: Frances H	louse Inc		•			i
	ress:285 South Farnham		Illinois	61401			
	ne of Registered Agent:Ro		, 11111013	01701			
	ne of Chief Executive Office		711/		·		
				llingia 61401			
	O Address: 285 South Fari		esburg, r	1111015 0 140 1			
Liei	ephone Number: (309)343	1550					
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Typ	e of Ownership of Ap	olicant/Co-App	licant		<u> </u>		
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	Non-profit Corporation			Partnership			
	For-profit Corporation			Governmental			
	Limited Liability Comp	any		Sole Proprieto	rship	ĻJ	Other
							•
1	 Corporations and limit 	ed liability compa	anies mu	st provide an illi	inois certific	ate of good	.
	standing.	4.1 -1 4					
[Partnerships must pro 					name and	address of
}	each partner specifyin	g whether each i	s a gene	ral or limited pa	rtner.		
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Pri	nary Contact						
	son to receive all correspo	ndence or inquir	ies durin	a the review per	riod1	•	
	ne: John P. Kniery			<u> </u>			_
	: Health Care Consultant						
	npany Name: Charles H. F	olev & Associate	s. Inc.				
	ress: 1638 South MacArth						
	phone Number: (217)544						
	ail Address: Foley@foleya		t				
	Number: (217)544-3616			····			
	litional Contact	 					
	son who is also authorized	t to discuss the a	policatio	n for permit)			
	ne: Ronald J. Wilson	210 0100000 010 0	ррподао				
	: Chief Financial Officer						
	npany Name: RFMS, Inc.						
	ress: 285 South Farnham	Street Galachur	a Illinois	61401			<u> </u>
			y, minois	<u> </u>			
	ephone Number: (309)343						
	ail Address: riwilson@rfm	SIIIC.COIH					
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 CAST P. APPENDATION 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 Non-profit Corporation Partnership. For-profit Corporation Governmental Limited Liability Company Sole Proprietorship Other: 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. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. APPEND DOCUMENTATION AS ATTACHMENTS IN NUMERIC SEQUENTIAL ORDER AFTER THE LA 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 APPLICATION FORM AT A STATE OF THE STATE OF

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.

NONCLINICAL 50	\$35,000 \$15,000 \$100,000 \$1,884,500 \$100,000 \$120,000 \$50,000 \$175,000
\$3,450 00 \$23,000 65 \$433,435 00 \$23,000 00 \$27,600 00 \$11,500 50 \$40,250	\$15,000 \$100,000 \$1,884,500 \$100,000 \$120,000 \$50,000 \$175,000
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50 \$40,250	\$175,000
3 0	
86 \$110,635	\$481,021
86 \$110,635	\$481,021
86 \$110,635	\$481,021
	
01 \$680,920	\$2,960,521
NONCLINICAL	TOTAL
15 \$570,285	\$2,479,500
\$110,635	\$481,021
	\$2,960,521
	86 \$110,635 01 \$680,920

Re	lated	Pro	iect	Cos	te
	alcu	ГІО	CUL	VUS	

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 ☐ Yes ☒ 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 A <u>LIAGHMENT SEIN NUMERIC SEQUENTAL ORDER AFTER THE LASTPAGE OF THE APPLICATION FORM.</u>
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
·

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 Cou	rt of Princeton	CITY:	Princeton	<u>-</u>	
REPORTING PERIOD DATES	S: Fro	m: July 2010	to: Ju	ne 2011	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	_			<u>-</u>	
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, LIsC 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 SIGNATURE SIGNATURE Kenneth Pyszka
PRINTED NAME
PRINTED NAME

President Secretary
PRINTED TITLE PRINTED TITLE

Notarization: Notarization:

Subscribed and sworn to before me this 14th day of this 4th day of this 201

or Cot Signature of Notary

OFFICIAL SEAL

Seal OFFICIAL SEAL

VERNA J COX

NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES:08/19/11

INSERT EXACT legal name of the applicant

NY YOUR SSION EXPIRES:08/19/11

MY YOUR SSION EXPIRES:08/19/11

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- May 2019 Edition

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (c) the sole manger or member when two or more managers or members do not exist),
- in the case of a part tership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more peneliciaries do not exist); and
- 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 contifies 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 contifies that the permit application fee required for this application is sent here with or will be paid upon request.

SIGNATURE

Irwin Jamn PRINTED NAME

President

PRINTED TITLE

Notanzation.

Subscribed and swom to before methis TH day of July 2011

Secretary PRINTED TITLE

Notarization.

Subscribed and swom to before me

1) 06 + HU To yeb Assent

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(ACT legal name of the applicant

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VERNA J COX

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/19/11

Page 9

8

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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 <u>Frances House</u>, <u>Inc.</u>
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 pald upon request.

Jeffrey W. Shaw

Kenneth Pyszka

PRINTED NAME PRINTED NAME

President Secretary
PRINTED TITLE PRINTED TITLE

Notarization: Notarization:

Subscribed and sworn to before me this 44 day of th

Signature of Notary

Signature of Notary

Pal OFFICIAL SEAL VERNA J COX VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS

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 <u>ATTACHMENT 10</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE CAST 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 <u>ATTACHMENT: (1. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST</u> PAGE OF THE APPLICATION FORM "EACH ITEM (1.4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

- 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.]
- Cite the sources of the information provided as documentation.
- 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 CEACH ITEM (1/8) MUST BE DENTIFIED IN ATTACHMENT 12.3



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;
- 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.
- 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 <u>ATTACHMENT 13</u> 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::
 - 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. 14

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB <u>has established</u> utilization standards or occupancy targets in 77 III. 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.

		UTILI	ZATION		
	DEPT.J 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 18. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPEND FORM 15

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 <u>ATTACHMENT 16</u>. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

ASSURANCES: Not Applicable

Submit the following:

- 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

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
☐ General Long Term	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 III. Adm, Code 1100 (formula calculation)	X				
1110.1730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	Х		. :	
1110.1730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	Х		·		
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	Х				
1110.1730(c)(1) - Description of Continuum of Care				Х	
1110.1730(c)(2) - Components			_	Х	
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					Х
1110.1730(d)(3) - Documentation Related to Cited Problems			X		
1110.1730(e)(1) - Unnecessary Duplication of Services	Х				
1110.1730(e)(2) - Maldistribution	X				
1110.1730(e)(3) - Impact of Project on Other Area Providers	Х	<u> </u>			
1110.1730(f)(1) - Deteriorated Facilities			Х		

_	EVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(f)(2) 8	(3) - Documentation			Х		
1110.1730(f)(4) -	Utilization			х		
1110.1730(g) -	Staffing Availability	×	X	<u> </u>	×	x
1110,1730(h) -	Facility Size	×	Х	X	×	X
1110.1730(i) -	Community Related Functions	X		Х	x	Х
1110.1730(j) -	Zoning	×		X	Χ	Х
1110.1730(k) -	Assurances	X	X	X	× .	. x

APPEND DOCUMENTATION AS ATTACHMENT 28, UN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM: The following Sections <u>DO NOT</u> 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:
	 the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	 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 expense.
	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;
	For revenue bonds, proof of the feasibility of securing the specified amount an 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 no 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 end 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;
\$ 481,02 <u>1</u>	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

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:

"A" Bond rating or better

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

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	_Category A o	Category B (las	three years);	Category B
Enter Historical and/or Projected				
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.

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 JUN NUMERICAL ORDER AFTER THE DAST 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:

- 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:

- That the selected form of debt financing for the project will be at the lowest net cost available;
- 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;
- 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:

 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 GR	OSS SQUA	RE FEE	T BY DE	PARTME	NT OR SERVI	CE	
	Α	В	С	D	E	F_	G	Н	Tatal Cont
Department (list below)	Cost/Squa New	are Foot Mod.	Gross S New	iq. Ft. Circ.*	Gross Mod.	Sq. Ft. Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	Total Cost (G + H)
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 pe	ercentage (%) of space	e for circula	tion					

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)

TAPPEND 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 CAR	E	
Charlty (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total		<u> </u>	
Charity (cost in dollars)		<u> </u>	
Inpatient		1	
Outpatient			
Total	<u>.</u>	<u> </u>	
	MEDICAID		
Medicaid (# of patients)	Year	Year	Year
Inpatient		 	
Outpatient			

	Total		<u> </u>		
÷	Medicaid (revenue)	·			
	Inpatient				
	Outpatient				
	Total				7
	<u> </u>		·· ······	<u>-</u>	_
		34.154.54.54	Y STATES		1.475.212
ND DOĞUMI	NTATION AS ATTACHMENT-43	'IN NUMERIC SE	QUENTIAL ORDI	ER AFTER THE LAS	TPAGE OF TH
GATION FO	RMTERVARY	THE COURSE	1 T. 17 - 17 - 18 - 18 - 18 - 18 - 18 - 18 -	A TOTAL STATE	To Beach to the

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 chanty care costs; and the ratio of chanty care cost to net patient revenue for the facility under review.
- 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 <u>must</u> 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 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	
TACHMENT	,	PAGES
. 1	Applicant/Coapplicant Identification including Certificate of Good	.000.05=
	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
	Historic Preservation Act Requirements	039-040
	Project and Sources of Funds Itemization	
	Obligation Document if required	
	Cost Space Requirements	• 041
	Discontinuation	042-044
	Background of the Applicant	045-081
	Purpose of the Project	082-113
	Alternatives to the Project	114-119
	Size of the Project	120-121
	Project Service Utilization	122-124
	Unfinished or Shell Space	
	Assurances for Unfinished/Shell Space	<u> </u>
	Master Design Project	
19	Mergers, Consolidations and Acquisitions	-
	Service Specific: Medical Surgical Pediatrics, Obstetrics, ICU	
20	Comprehensive Physical Rehabilitation	
	Acute Mental Illness	 -
	Neonatal Intensive Care	
24	Open Heart Surgery	
	Cardiac Catheterization	+
	In-Center Hemodialysis	
	Non-Hospital Based Ambulatory Surgery	+
	General Long Term Care	125-158
29	Specialized Long Term Care	1
30	Selected Organ Transplantation	
	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
	Community-Based Residential Rehabilitation Center	
	Long Term Acute Care Hospital	
	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
	Availability of Funds	1 59-161
	Financial Waiver	1,62
	Financial Viability	1 20 3 2
	Economic Feasibility	163-165
	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

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

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

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

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.

1435

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.

Frances House, Inc.

DD Subsidiary Division
Frances House, Inc.
Pioneer Concepts, Inc.
Pinnacle Opportunities, Inc.
Concepts Plus, Inc.

Geriatric Subsidiary DivisionResidential 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 61/832

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 I 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

<u>Facilities operated by Frances</u> <u>House, Inc.</u>

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

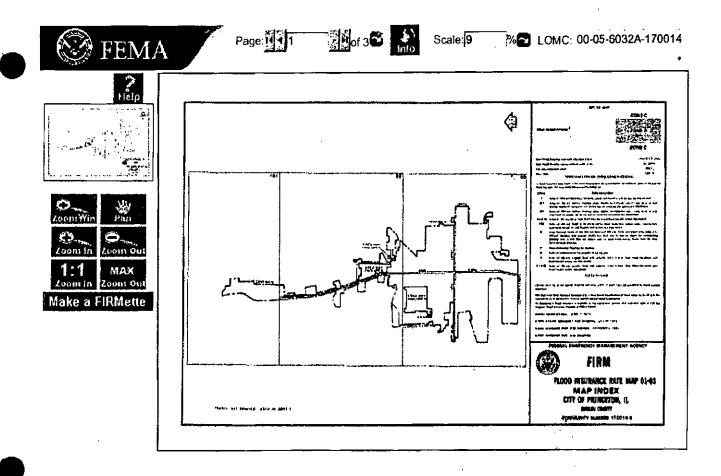
Stern Square 1328 West Seventh Street Sterling, IL 61081

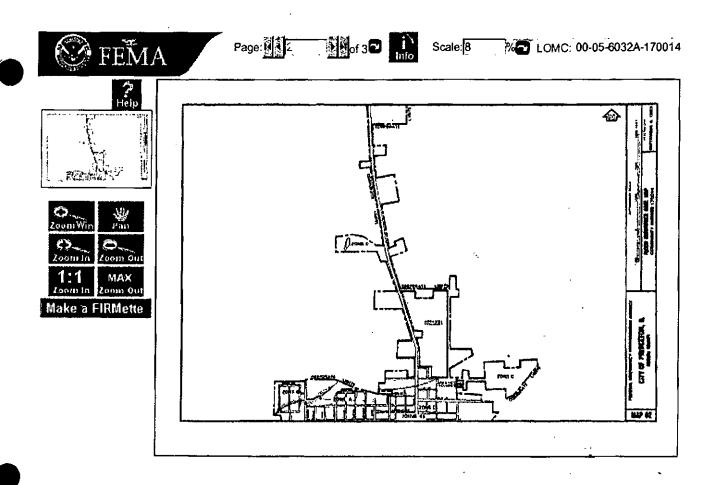
Stouffer Terrace 910 South Fifth Street Oregon, IL 61061

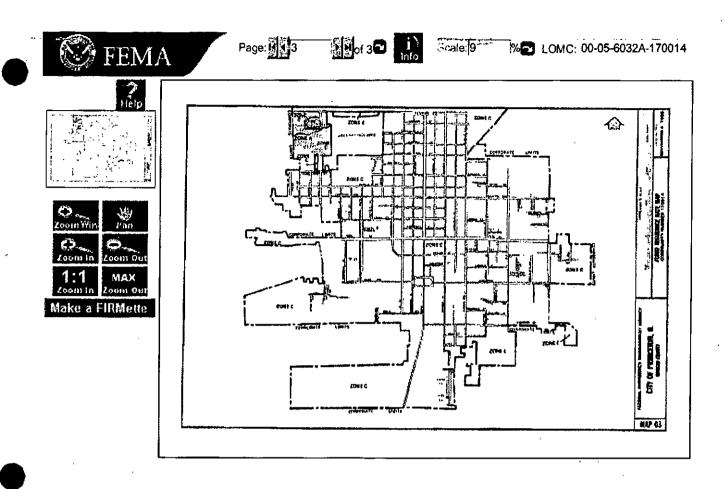
Flood Plain Requirements

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.









er parti.

Illinois State Water Survey

- record

Main Office - 2204 Gatalli Dilve + Champalign, IL 61820-7496 • Ref (217) 333-2270 • Fox (217) 333-5540 Peorle Office • P.O., Box 697 • Peorle, S. 61652 0797 • 7ef (309) 671-3196 • Fox (309) 671-3106



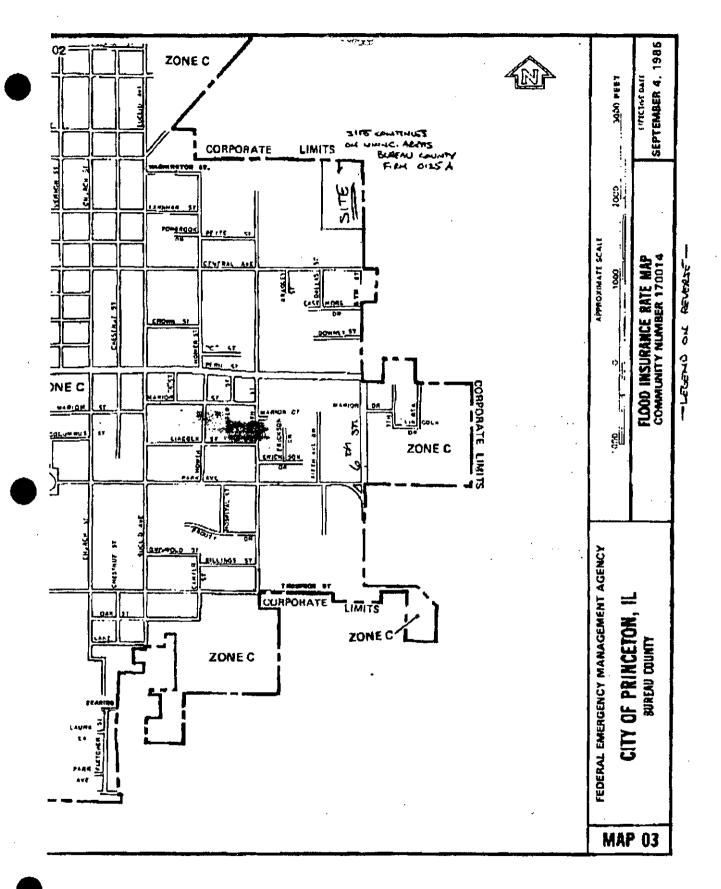
Floodplate Information Repository Special Flood Hazard Area Determination

Address:	1638 S. MacArthur Blvd.			
City, state, zip:	Springfield, IL 62704	· · · · · · · · · · · · · · · · · · ·	elephone: <u>(217) 544-15</u>	31
Site for Determ	Ination:			
Street address:	6th St. north of Central Ave.			
City, state, zip:	Princeson, IL		,	
County:	Ruremu Sec 1/4: See de	sc. Section: 9 & 1	6 T. 16 N. R. 9 E	. PM:
Site description:		of the E 330 ft of the SE½ Soc. 9 E., 4th P.M., Rureau County IL	, and the N 800 ft of the	E 550 ft of
The property des	cribed above IS NOT lo	cated in a Special Flood Hazard	Aron (SFHA).	
Flordway mappe		Floodway on property	· · · · · · · · · · · · · · · · · · ·	
Map used: Floor	Insurance Rate Map (FIRM).	copy of a portion of the map s	howling the subject area is	s attached.
Community nam		Community number:	170014*	
Panel number (&	effective date): 170014 01 B	(September 4, 1985) & 170729	0125 A (June 15, 1984)	
Flood zone: C	Base floo	d clevation, from FIRM (±0.5 R): N/A	NGYD 19
* Bureau Count	unine, areas NETP community (number 170729 would apply to a	my structures outside city	limits.
The primary str	ucture on the properly:	lozard Area for the community. Area. Any activity must meet 8	State and Federal floodule	tin develor
The primary str N/A d. Is k mer back N/A e. Is k X f. Is n N/A g. A d Ma		Area. Any activity must meet 5 res that a flood insurance policy red by the building, plain). Flood insurance may be 22rd Area. Flood insurance may act location cannot be made on topp.	be obtained as conditions available at non-SF(IA re- be available at non-floor the current Federal Emerg	s of a feder ates. Iplain rates
N/A d. Is k mer back N/A e. Is k X f. Is n N/A g. A d N/A h. Exa Note: This deter for the communit damage. A proper	recture on the property: scated in a Special Flood Hazard at regulations. Federal law requi- ked mortgage or loan that is secu- scated in Zone B (500-year flood of located in a Special Flood Haz etermination of the building's ex- tagement Agency flood hazard n	Area. Any activity must meet 5 res that a flood insurance policy red by the building, plain). Flood insurance may be 2rd Area. Flood insurance may act location cannot be made on the part of provided for this determinance. Federal Emergency Management the referenced property will or flood Hazard Area may be dame problems not mapped. This letters	be obtained as condition: available at non-SF(IA r be available at non-flood the current Federal Emery lination. It Agency (FEMA) flood will not be free from flood aged by a flood greater the or does not create liability	s of a feder ates. Iplain rates gency hazard map oding or an that you the nar
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HEY TO MAP

ZONE C

ZONE DESIGNATIONS



ZONE C

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03

EXPLANATION OF ZONE DESIGNATIONS

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EXPLANATION

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INITIAL IDENTIFICATION: JUNE 7, 1974

PLOCG MATARO COUNDARY MAY SEPTIONE JULY 30 1876

FLOOD MINUSANCE BATE MAP STREETING: SEPTEMBER 4 1983

PLOCO INSUBANCE RATE MAP REVISIONS

FEDERAL EMERGENCY MANAGEMENT AGENCY



FIRM

FLOOD INSURANCE RATE MAP 01-03 MAP INDEX CITY OF PRINCETON, IL

BUREAU COUNTY

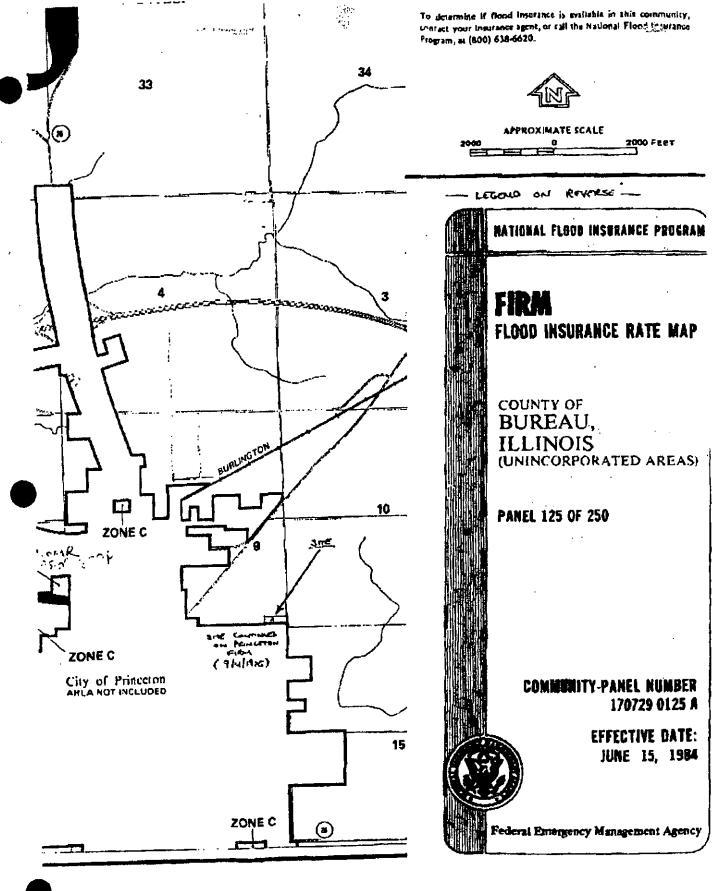
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CORPORATE

STREET

P.03



P. Ø4

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KEY TO MAP

100-Year Flood Boundary

100-Year Flood Boundary

Zona 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 Zoness

Elevation Reference Mark

RM7×

1EL 9871

Zone D Boundary-River Mile

409

•M1.6" :.

**Referenced to the National Geodetic Vertical Datum of 1929

*EXPLANATION OF ZONE DESIGNATIONS

A Area of 100-year flood; base flood deviation, and flood hazard factors not determined.

Ad Areas of 100-year shallow flooding where depile

Areas of 100-year shallow flooding where depths are between one (1) and three (3) feat; average depths of inundation are shown, but no flood hazard factors are determined.

An Areas of 100-year shallow flooding where depths are between one [1] and three (3) feet; bate flood elevations are shown, but no flood hazard betors are determined.

A1-A30 Areas of 100-year flood; bass flood elevations and flood hazard factors determined.

Aress of 100-year flood to be protected by flood protection system under contraction; base flood sizersions and flood hazard factors not determined.

B Areas between limits of the 100-year flood and 100-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 proported by levels from the base flood. (Medium shading)

C Areas of minimal flooding (No shading)

Areas of undetermined, but possible, flood hazards.

Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors not determined.

V1.V30 Area of 100-year constal flood with relocity (wave action); bear flood elevations and flood hazard factors determined.

NOTES TO USER

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

This map is for flood insurance purposes only; it does not neckssurily 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, 1975

FLOOD HAZARD HOUNGARY MAP REVISIONS:

02-13-2002 04:37PM

INITIAL IDENTIFICATION: MARCH 5, 1976

FLOOD HAZARD BOUNDARY MAP REVISIONS:

FLOOD INSURANCE RATE MAP EFFECTIVE: JUNE 15, 1984

FLOOD INSURANCE RATE MAP REVISIONS:

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



APPROXIMATE SCALE

000 0

2004 FEET

NATIONAL FLOOD INSURANCE PROGRAM

FIRM

FLOOD INSURANCE RATE MAP

COUNTY OF BUREAU.

P.05

Historic Resources Preservation Act Requirements

<u>Provide documentation regarding compliance with the requirements of the Historic Resources</u> <u>Preservation Act.</u>

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. MAIL1638 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:

- 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,

Sina M. Kniery

Enclosures

E

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.**

	(New Construction)	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department/Area	Cost	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 Clincal	\$1,970,754	29,423	44,710	9,665		5,622	
NON REVIEWABLE				•		-	
Office/Administration	\$0	. 2,139	2,139				
Employee Lounge/	\$0	778	· 778			. :	
Locker/Training	İ					·	
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.

ATTACHMENT-8

^{**}No Construction or Cost to the Space to be converted.

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.

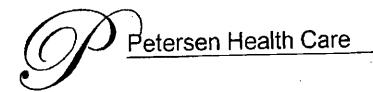
This project is also for the addition of 49 skilled care beds within the Bureau/Putnam County Planning Area. Presently, there is an excess of 34 beds in the planning area. However, it is important to note that the Prairie View Healthcare (also known as Orchard View Rehab & Healthcare) is in the process 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 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

Its Owner & Authorized

Representative

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES ------

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)

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.

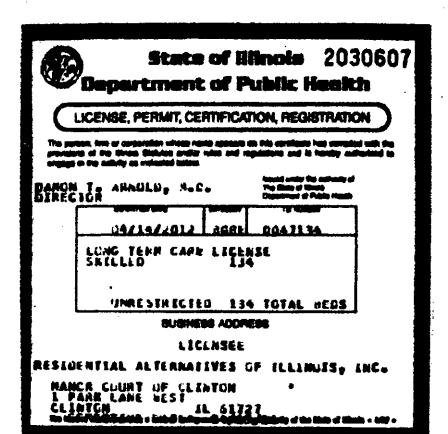
The above requested authorization for the Health Facilities and Services Review

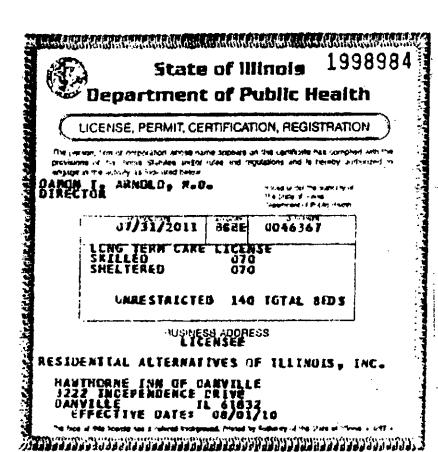
Board and the Department of Public Health access to information is appended as

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.







2024442 State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The persons rum or corporation whose name appears on 925 certificate has compled with the provisions of the filmois Statues and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DAHON T. ARNOLD, M.D. Issued under the authority of The State of Bloods

DEFECTOR

TO THE State of Bloods

Department of Public Health

C2/28/2C12 A-8 5100687

ASSISTED LIVING LICENSE

ISSUED: 02/28/11

IS ALZMEIMER UNITS

39 REGULAR UNITS

52 TOTAL UNITS

BUSINESS ADDRESS

STATUS: UNRESTRICTED

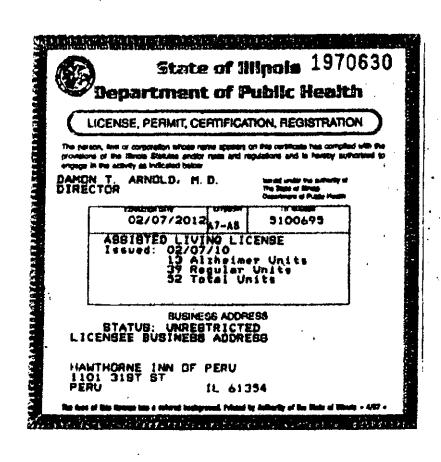
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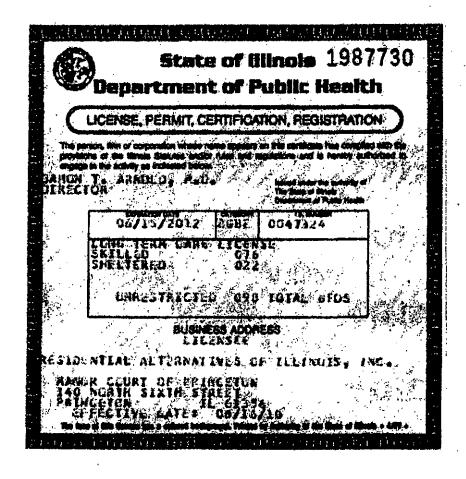
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6906 N. STALWORTH DR.
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DAMON T. ARNOLD, M.D. DIRECTOR

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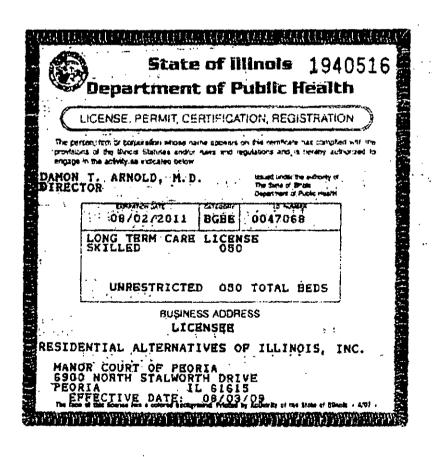
State of Illinois 1957662 Department of Public Health Department of Public Health LICENSE, PERMIT, CERTIFICATION, REGISTRATION The person, him or corporation whose name appears on this certificate has compiled will provisions of the fillnois Statules endure rules and regulations and is heroby authorize engage in the actinity as indicated below DAMON T. ARNOLD, M.D. Insulation of the subtracts of the Suine of Bhose Department of Public Houstra 11/30/2011 BGBE 0047316 LONG TERM CARE LICENSE 088 SKILLED 088 SKILLED 088 SHELTERED 048 UNRESTRICTED 130 TOTAL BEDS BUSINESS ADDRESS LICENSEE RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC. MANOR COURT OF PERU 3230 BECKER DRIVE PERU IL 61354 BEFFECTIVE DATE

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

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

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ATTACHMENT-11A





2016367 State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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DAMON T. ARNOLD, M.O. DIRECTOR

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RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

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State of Illinois 2022933

Department of Public Healts

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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Department of Public Health

License Permit, Certification, Registration

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State of Illinois 1974387 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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DAMON T. ARNOLD, M.D. DIRECTOR

Brues under the subtoray of The State of Rimos Department of Public Health

TAPPATAS CATE CATROCAY रत चलाखरू 02/26/2012 5102931 A2-A3

ASSISTED LIVING LICENSE Issued: 02/26/10 12 Regular Units 12 Total Units

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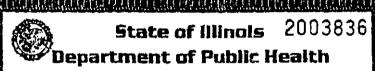
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State of Illinois 1952377 Department of Public Health License, Permit, Certification, Registration The person, firm or corporation whose name appears on this certificate has compiled with the provisions of the lithols Statues and/or rules and regulations and is hereby authorized to engage in the activity as indicated below. DAMON T. ARNOLD; M.D. Issued under the authorized to regulate of Protection of



LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D. DIRECTOR

based under the authority of The State of Ghota Department of Públic Health

09/20/2011 A-W 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

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

his 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 maned has complied with all rules and egulations necessary for interim certification. This interim certificate is valid only for the location set forth helow.

Name Hawthorne Inn of Clinton

Address | Park Lane West

City/State/Zip Clinton, Illinois 61727

Number of

its

Maximum Number of Residents

January 2, 2007

Effective Date



ATTACHMENT-11A

State of Hinois 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 In of Freeport

140 Navajo Drive

Preeport, Illinois 61032

my State Zip

29

Sumber of Units

Effective Date

Maximum Number of Residents

November 19, 2002

Rod R. Blagojevich, Governor

Barry S. Maram, Director

ATTACHMENT-11A



Address

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

This interim centators suthorizes the following in deliver services make the Supportive Living Program, subject to the linearism of forth helew as to the simpler of units and purefee of residents, and confirme depithe facility narred to resembled with all piter and egulations necesses in interim cerification. This interim certification and only for the location of the before

Name Hawthoune Inn of Princeton

Address 140 North Stath Street

City/State / ip Princeton Illinois 61350

Number

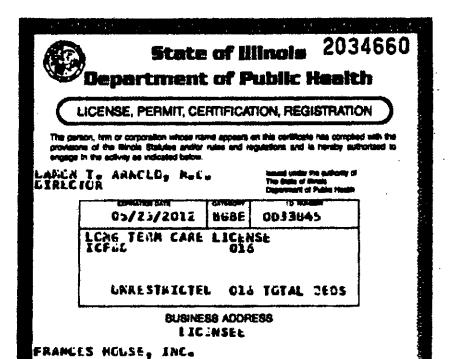
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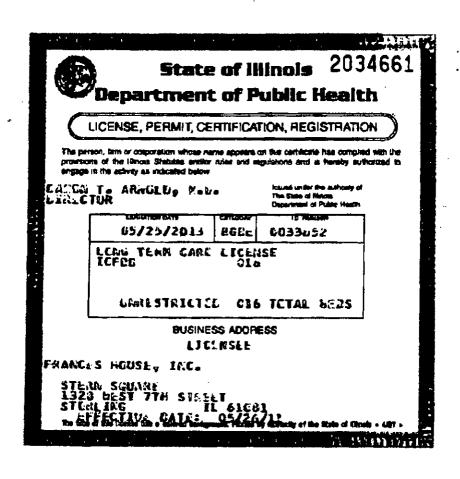
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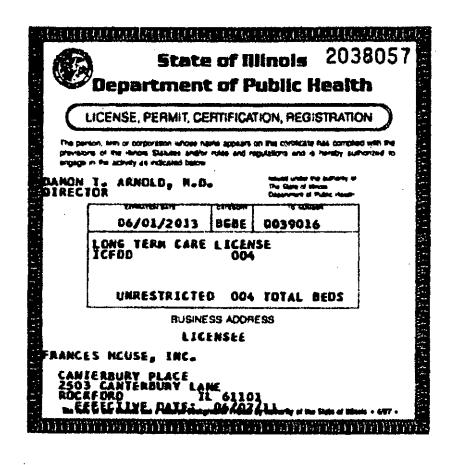
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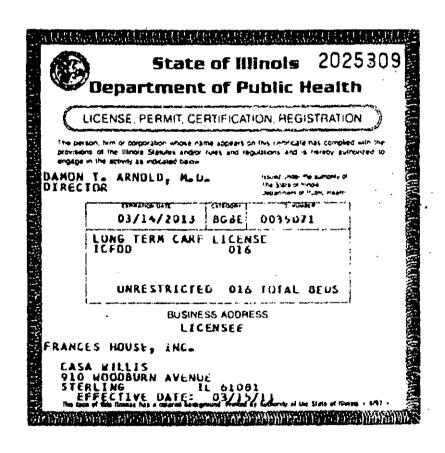


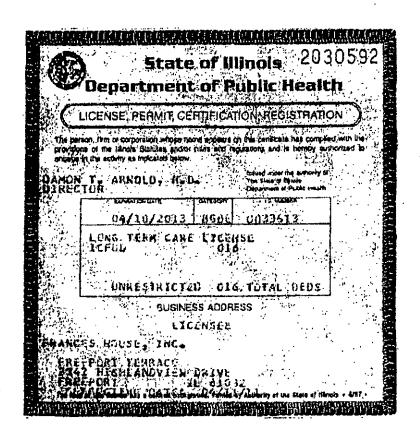


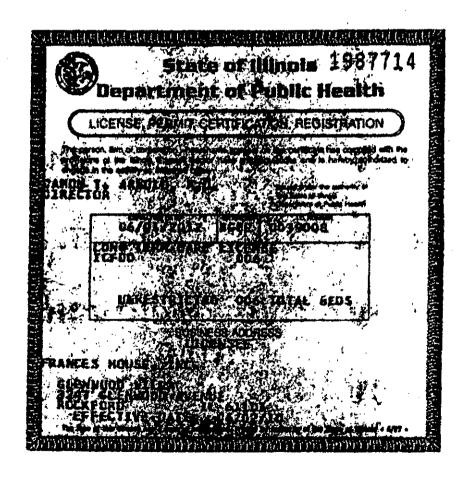
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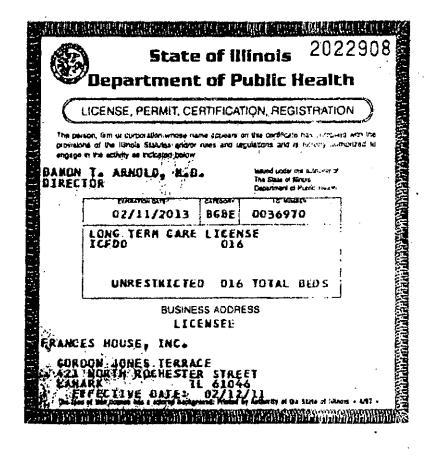


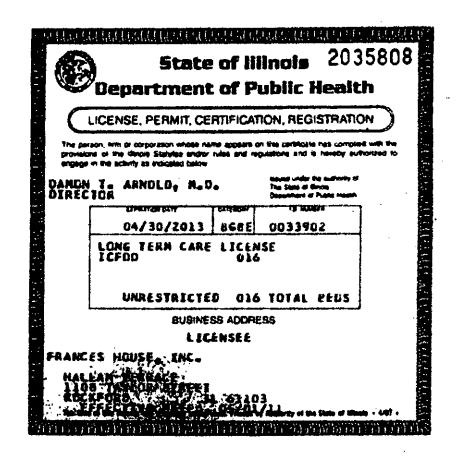


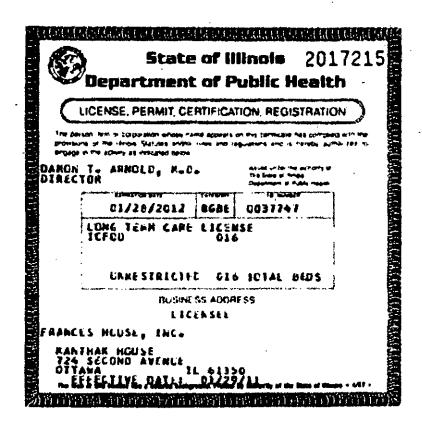


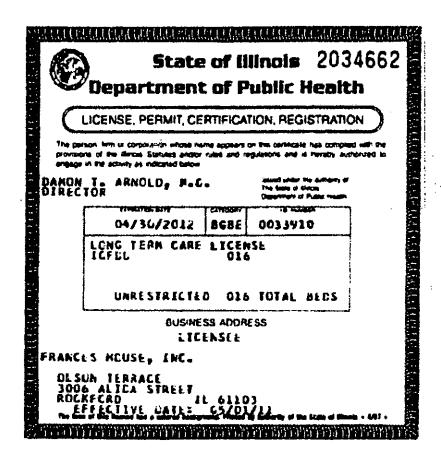


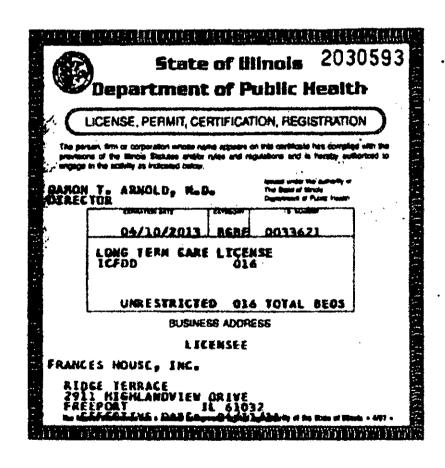


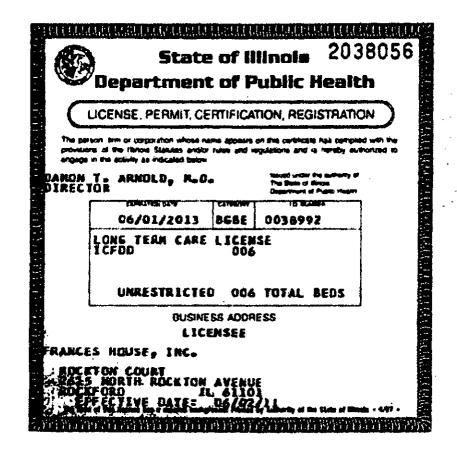


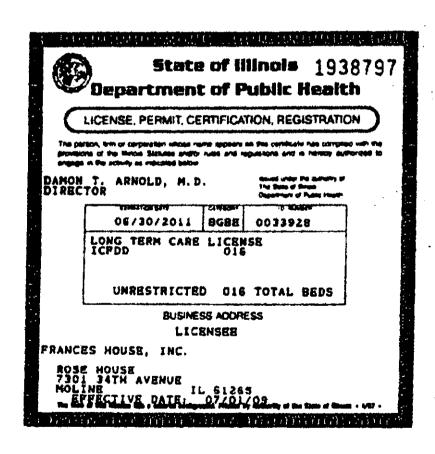


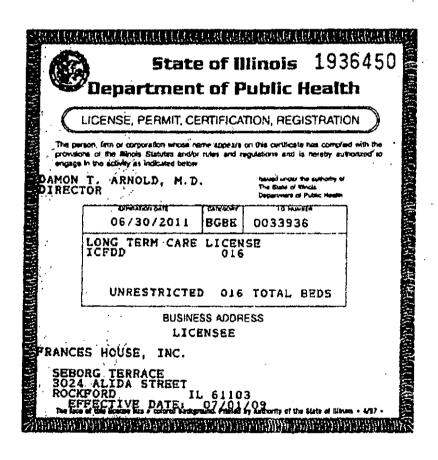


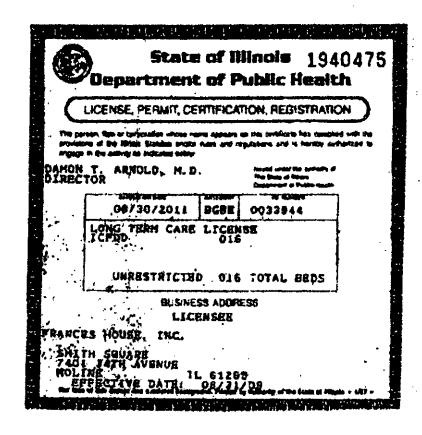














Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

The person, thin or corporation whose name appears on this certificate has complied with the provisions of the lithiots Statutes and/or trues and regulations and is thereby authorized to engage in the activity as indicated below.

DAMON T. ARNOLD, M.D. Issued under the subscript of DIRECTOR

DAMON T. ARNOLD, M.D. Issued under the subscript of DIRECTOR

DESCRIPTION OF THE STATE OF

LONG TERM CARE LICENSE ICHDD 016

UNRESTRICTED OIS TOTAL BEDS

BUSINESS ADDRESS

LICENSER

FRANCES HOUSE, INC

FRANCES HOUSE, INC

STOUFFER TERRACE

9.10 SOUTH FIFTH STREET

OREGON

EFFECTIVE DATE: 07/01/09

The face of the license has a colored background. Printed by Authority of the State of Fillingia - 4,897.

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 Gann President

State of Illinois County of Knox

Notary Public

OFFICIAL SEAL VERNA J COX

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/19/11

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Sincerely yours,

W Shaw

Procedant

State of Illinois County of Knox

Subscribed and sworm to me this

14th day of Quene

_, 2011.

Notary Public

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

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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 Gant President

State of Illinois County of Knox

Notary Public

OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINCIS
MY COMMISSION EXPIRES:08/19/17

81

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Sincerely yours,

seffrey W. Shaw

President

State of Illinois County of Knox

Subscribed and sworn to before me this

14th day of Owner, 201:

Notary Public

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

ATTACHMENT-11C

Criterion 1110.230 – Background, Project Purpose and Alternatives PURPOSE OF PROJECT

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

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. <u>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.]</u>

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 Putman 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.

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

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.

MAKOR COURT OF PRINCETON	ADMISSION RESTRICTIONS	9	RESIDENTS BY PRIMARY DIAGNOSIS	88
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Administrator	Medicald Recipient	•	*Newcus System Non ALtheimer	6
KATHLEEN J. DILBECK	Medicare Recipient	0	Authorities Diseaso	12
	Mental Rhess	0	Mental Thess	•
Contact Person and Tehaphone	Non-Ambudatory	0	Developmental Disability	0
KATHERN J. OILBECK	Non-Mobile	٥	Choulatory System	2
Detail of the control	Public Aid Recipient	0	Respiratory System	۷
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Bibo, Nichael J.	Unable to Self-Medicate	0	Gentourhary System Disorders	N
239 South Cherry Street	Vertitator Dependent	-	Stin Disorden	~
Galesburg, IL 61401	Infectious Disease w/ teclation	0	Musculo-streletal Disorders	F
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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MANOR COURT OF PRINCETOR	
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PRINCETON

MANOR COURT OF PRINCETON	140 NORTH SIXTH STREET	PRINCETON, IL 61356
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ence Munibers Facility ID 6015651 Service Area 002 Planning Service Ar

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

Source Long-Term Care Fecility Questiontains for 2009, Illinois Department of Public Health, Health Systems Developm

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ant information	Ventilator Depandent	Stein Distordens	60
Sibo, Michael J.	Infectious Disease w/ Isolation 0	Muscuto-statistical Disorders	5
239 South Cherry St.	Other Restrictions 0	Injuries and Pobonings	-
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united circumonal	otel			Medicare	40.74	2,954,755	

Goures Long-Term Cons Facility Questionneins for 2008, Illinois Department of Public Health, Health Systems Developmen

50 of 2242

9H7/2009

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Zip Codes Analysis

F.A. 61356 Princeton B.D. 61357 Henry	initials	Zip Code	· · · City	Initials	Zip Code	<u>Clty</u> ≤ ± .
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	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

Anna Thompson

Power of Attorney: Adele Carr 804 Berkwood Dr. Urbana, IL. 61801 217/384-0985

Kathleen Copeland

Power of Attorney: Robyn Copeland 204 S. Division St. Granville, IL. 61326 815/339-2242

Mildred Piper

Power of Attorney: Dorothy Hubbard 1024 N. Gosse St. Princeton, IL. 61356 815/875-1089

This is a true waiting list.

in Dilberk Ather)

Sincerely,

Kathleen Dilbeck Administrator

Marvin Dyer

Self Responsible: Royal Oaks Nursing Home 605 E. Church St. Princeton, IL. 61356 309/852-3389

Jane Norton

Power of Attorney: Jodi Hartman 1017 N. Beech St. Princeton, IL. 61356 815/303-8903

Irene Sierens

Power of Attorney: Donna Crogert 970 Willow Dr. Geneseo, IL. 61254 309/944-6604

Carolyn Deppe

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

1 10 North Sixth Street • Leinceton. Illinois 61856 Lhone 815/875-6600 • Fax 815/875-6005

Illinois Health Facilities Planning Board Illinois Department of Public Health

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Page A-19 12-Mar-08

General Long-Term Care Nursing Care and Sheltered Care Categories of Service

2005 Patient Days Sheltered Care General Nursing Care 2005 Patient Days 11/15/2005 Bed Change Added 15 Sheltered Care beds. Bed totals now 59 Nursing Care and 39 Sheltered Care. Completed project to discontinue remaining 10 beds of skilled nursing unit. Bureau.County Bureau County Bureau County Bureau County Bureau County County/Area Formerly "Colonial Hall Center" and "Colonial Nrsg & Rehab Center". 3/1/2006 Name Change Name changed from "Hawthorne Inn of Princeton". SPRING VALLEY SPRING VALLEY SPRING VALLEY PERRY MEMORIAL HOSPITAL (SWING-BEDS) PRINCETON PRAHILE VIEW HEARTH PARKEALTHOAR. PRINCETON PRINCETON ESCANATIMENTA CORPORED ST. MARGARET'S HOSPITAL(SWING BEDS) SPRING VALLEY NURSING CENTER 2) MANOR COURT OF PRINCETON Planning Area: Bureay/Putnam PERRY-MEMORIAL-HOSPITAL ST. MARGARETS HOSPITAL Facility Name

Health Service Area: 002	005			2005 HSA	3.4				_		
		AGE GROUPS	2005 HSA Patlent Days	Estimated Sopulation		2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates		2005 HSA Maximum Use Retes		
		0-64 Years Old	331,139	564,400	003	586.7	352.0		938.7		
		65-74 Years Old	266,802	50,500	00;	5,283.2	3,169.9		8,453.1		-
		75+ Years Old	1,895,370	55,600	900	34,089.4	20,453.6		54,543.0		-
		2005 PSA	2005 PSA	2005 HSA	2005 HSA	2015 PSA	2015 PSA	2015 PSA			P (4)
2005	2005 PSA	•	Use Rates	Minimum	Maximum	Planned		Planned			
Patien	Patient Days	Populations	(Per 1,000)	Use Rates	Use Rates	Use Rates	Populations	Patient Days			
0-64 Years Old 9	9,196	34,300	268.1	352.0	938.7	352.0	35,300	12,427	Planned	Planned	
65-74 Years Old 12	12,506	3,200	3,908.1	3,169.9	8,453.1	3,908.1	4,500	17,587	Average Daily	Bed Need	
75+ Years Old 102	02,991	4,000	25,747.8	20,453.6	54,543.0	25,747.8	4,100	105,566	Census	(30% Occ.)	Excess Beds
						Planning	Manning Area Totals	135,579	371.4	413	\$ (0,7

473 421 TR4,693

Planning Area Totals

P-8-018 issued to construct ereplocement hospital will discontinue that 33 bod not lare under effective salizables, P-08-018-beconstruct a scoplar month hospital discontinuing their 39 bod nursing lare under 20 becontinued 4 neg. Care beds, total now 20 ness care beds, total now 20 ness

2) Hodded, Tinsg. care books a discontinue of T.S. P. Peds, total now The risg. care books a da sic. books 1/08/10.

1) P-10-002 issuid to discontinue the 29 as Carebid unit. Project completed on 4/20/10.

WALNUT MANOR NURSING HOME

									809							
FACID KEY	KEY	FACNAME	ADDRESS	СПУ	ZIP	Oen Berds	Nursing Patient Days	Murshing Occupancy	Adminstons	ALOS	Potn? 6	Bertup	Peak Bods Util	Travel Time Adjusted 77 IAC 1100.510(d)	d Drive Distance	8
	:		1													1
6011613	6011513 320 Readland of Henry	d of Henry	1850 Old Indian Fown Road	Henry	6123/4000	35.	28,315	_	217	130.5	7.0	ő	8		23	9.03
6007587	587 Orchard	View Rehab & Healthcare (1)	CR-26 & CR-1675 E	Wyenet	6137	123	16884	• •	37	458.4	4.49	8	6		0	0
6015861	459 Menor C	459 Menor Court of Princeton (2) 140 North Sixth Street	140 North Sixth Street	Princeton	61356	69	23642	•	119	198.7	2.7	&	8		0	0
6001945	159 Colonial	6001945 159 Colonial Hall Care Center	515 South 6th Street	Princeton	61356-0000	88	28127	~	ţ,	216.4	2.1	88	88		-	0.71
6009690	783 Wahut N	Aanor Nursing Home	308 South Second Street	Wathut		62	19851	~	S	374.6	4.	g	92%	•	2	800
	BG6 St. Marg.	836 St. Margaret's Hospital SNU (3)	800 East First Street	Spring Valley	61362-0000	23	2324	22.03	52 5	9.5	19.7	8	22%		2	16,12
6008783	697 Spring V.	alley Nursing Center	1300 North Greenwood Street	Spring Valley	w	96	2642	•	8	278.4	15.8	87	749		8	5.23
8004303	354 Heritage Manor - Peru	Marror - Peru	1301 21st Street	Peru	55	2	38969	~	125	311.8	6	118	% %	••	24	68
6015887	456 Manor Court of Peru	out of Peru	3230 Becker Drive	Perc	61354	85	27124	_	8	90.4	2.2	8	87%		52	1.48
6001440	416 Heritaga Manor	Menor	1445 Charles Street	Lasalle	61301	101	34660	_	232	149.4	4	Ē	9. 18.		2 2	2.71
8015481	377 II Veterar	8015481 377 II Veterans Home At Lasalle	1015 Oconor Avenue	Lesatte	61301	8	41153		8	605.2	67.3	88	898	•	28	3.45
						1,078	287.491	73.1%	1,628	178.8		1,000	76%			
						!	į						,			

8007587 S97 (https://www.html.ch.com/

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

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THI CARE PROFILE-CALENDAR YEAR 2009	**************************************

HEARTLAND OF HEMRY	ADMISSION	ADMISSION RESTRICTIONS	RESIDENTS BY PROMARY DIAGNOSUS	1
650 INDIAN TOWN ROAD	Aggresairo/Anti-Social	-	DIAGNOSIB	
HENRY, IL. 81537	Chronic Abotrottam	0	Neoplesma	•
æ	Developmentally Disabled	uthed 1	Endocrine-Pretabolic	•
Health Service Area 002 Plenning Service Area 123	23 Drug Addiction	-	Blood Dlaonters	•
Administrator	Medical Recipient	0	Thewars System Non Attheirner	m
Susan Lagner	Medicare Recipient	•	Alzhelmer Dhaasa	Ŋ
1 4	Wenter Unoss	-	Mental Miness	0
Contact Person and Temphone	Non-Ambulatory	0	Developmental Disability	~
SUSSIAN ALL LEGINGS	Non-Motile	•	Circulatory System	a
Detail Detail	Public Aid Recipient	•	Respiratory System	•
Registered Agent Information Completed	Med Under 55 Years Old	•	Dipositive System	4
\$772010	210 Uhattie in Self-Medicate	0	Genitourinary System Disorders	٥
	Ventitator Dependent	-	Skin Disonders	-
	Intections Disease w/ Includen	thought 0	Musculo-sizeletal Disorders	Ħ
6 A.CHI (T.Y. CASNIFATORID	Other Restrictions	•	injuries and Polsonings	•
LIMITED LIABILITY CO	No Reathclina	•	Other Medical Contributs	Ħ
CONTINUADO CARE COMMUNETY	No Note: Reported ress	Note: Reported restroions denused by '1'	Non-Medical Conditions TOTALS	o Y
UFE CARE FACILITY	2	Total R	Total Reddferts Disonosed as Mentally IIt	

	LICENBED	BEDS, BED	2 E	E, MEDECA	REMEDIC	LICENSED BEDS, BEDS IN USE, MEDICAREMEDICALD CERTIFIED BEDS	D BEEDS		ADMISSIONS AND	
		PEAK PEAK	¥						DISCHARGES - 2009	
	UCENSED BEDS	8609	8603	8	8605	AVAILABLE	AVAILABLE MEDICARE MEDICALD	MEDICARD	Section of the Party of the Par	•
LEVEL OP CAPE	BEDS SET-UP	8ET-LIP	ESE ESE	USED SET-UP INUSE		\$0.88 \$0.88	CERTIFIED CERTIFIED	CERTIFIED	Total Odmissions 2000	ř
Numbing Care	¥	91	8	ä	ĸ	9	8	R	Total Dechanses 2009	Ī
Stilled Under 22	•	9	•	0	0	0		0	Residents on 12/31/2009	K
Intermediate DD	٥	۰	۰	•	•	۰		0		
Shaltered Cera	•	۰	٥	0	•	٥			Identified Offenders	Ĭ

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE FACULTY UTILIZATION - 2008

Charley Gare
Expense on % of
Total Net Revenue

C C C

100.0%

34.1%

629,748

19,476

10.1% 714,626

Medicare 40.7% 3,307,805

Medicald

*Charty Expense does not include expenses which may be considered a community barrefit.

Private Pay

NET REVENUE BY PAYOR SOURCE (Fixed Year Data) Other Public Private Insurance

FULL-TME EQUIVALENT

Administratora Physicians Deactor of Nunsing EMPLOYMENT CATEGORY

Registered Nurses

Certified Aides Other Health Staff Non-Health Staff Totals

Totals

5

Non-Haparic Ethnicity Unknown

ETHNICITY

STAFFING

Nursing Bkillind22 ICF/DD Sheller RESIDENTS BY RACIALETHORICITY GROUPING

Hameiden/Pat. Not.

Raca Unknown

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Staffed Under 22

Shallered Care

SINGLE DOUBLE

LEVEL OF CARE
Nursing Care
Stuling Under 22
Intermediate DD

AVERAGE DAMY PAYMENT RATES

A Area DOZ Perming Service Area 142
RESIDENTS BY PAYMENT SOURCE AND LENEL OF CARE
Other
Private Cheen
Private Chee

Reference Numbers Facility ID 6011613 Health Service Ana 002 Planning Service Ana 123

1650 INDIAN TOWN ROAD

HEARTLAND OF HENRY HENRY, IL. 01537

HENRY

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

						Ę	Printe	ţ		Licensed	Peak Beda	
	Medicare	26	Medicald		Cather Public	freundrice	Par	5	TOTAL	Beds	SetUp	
LEVEL OF CARE Part days Occ. Pct. Part days Occ. Pct. Part days	Part days (Ogg. Pg.	Pict, days	Ope, Pet.	Pet days	Par. dayo	Pat, days	Par. days Pat. days Put. days	Pat. days	¥	_	
Numbring Clare	560	27.5%	656	8	•	1671	7975	0	28315	#528	85.28	
Skilled Under 22				6	۰	•	0	0	•	100	\$ 00	
Intermediate DD			ی	Š	۰	•	•	۰	0	60	MG O	
Shalland Care					•	•	0	0	0	800	60	
TOTALS	5015	K5'12 1	, 6567	84.3%	•	187	1871 13462	٥	28315	42.5%	652%	

	AURSUN.	ALPROMO CARE	2	SKI UNDER 22	FEFF	INTERMED, 88	묎	SPELTERED	¥	TOTAL	SAMO SAMO
IGE GROUPS	etak:	Ferreio	ž	Female	Mado	Malo Ferrale	聖	Formerie	£	Mote Formate	TOTAL
Under 18	۰	0	٥	٥	٥	0	•	۰		-	0
10 to 4.	۰	-	0	۰	۰	٥	۰	•	0	-	-
45 to 59	۰	-	0	đ	0	•	0	۰	0	-	-
20 to 64	•	•	0	0	0	•	•	۰	0	٥	
65 to 74	n	4	0		٥	0	۰	0	m	4	4.
73 to 84	5	*	•	0	٥	.0	٥	۰	2	7	3
-\$-	2	72	0	0	٥	٥		۰	٩	Ø	35
TOTALS	22	25	0	0	٥	•	-	۰	23	a	r

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Page 885 of 2238

10/6/2010

Source Long-Term Care Facility Questionnalie for 2000, Illnois Department of Aubic Health, Health Systems Development

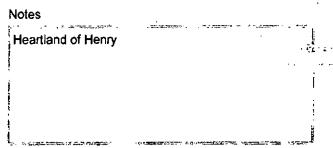
Page 856 of 2238

10/6/2010

Driving Directions from 140 N 6th St, Princeton, Illinois 61356 to 1650 Old Indian Town Rd, Henry, Illi... Page 1 of 1

mapquest

Trip to: 0 Old Indian Town Rd Henry, IL 61537-1082 19.03 miles 23 minutes



4	• •	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 0.7 Mi
↑	260	2. Stay STRAIGHT to go onto IL-26 / 2120 ST E. Continue to follow IL-26).	Go 4.6 Mi
d †		3. Merge onto I-180 S toward HENNEPIN. If you reach CR-2450 E you've gone about 0.7 miles too far		Go 3.0 Mi
##		4. Merge onto IL-29 S toward IL-29 / PEORIA.		Go 10.7 Mi
†	٠	5. Turn LEFT onto OLD INDIAN TOWN RD. OLD INDIAN TOWN RD is 0.5 miles past 1450 N	Marie Argentin	Go 0,01 Mi
		6. 1650 OLD INDIAN TOWN RD is on the LEFT. If you are on INDIAN TOWN RD and reach GATEWAY DR you've gone	about 0.2 miles too i	far
@		1650 Old Indian Town Rd Henry, IL 61537-1082		19.0 mi

Total Travel Estimate: 19.03 miles - about 23 minutes

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PRINCETON	
ORCHAROVIEW REHAB AND HEALTH CARE	
ALINICAS LONG-TERM CARE PROFILE-CALENDAR YBAR 2009 ORCHARDYTEW REHAB AND HEALTH CARE	

ORCHARDVEH REHAB AND HEALTH CARE	ADMBSICH RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS	OPCHARDY
16827 1410 NORTH AVENUE	Aggressive/Anti-Social	DIAGHOSIS	16827 1410 N
PRINCETON, IL. 81356	Chronic Alcoholism 0	Neophams	PRINCETON
Reference Numbers Fectify to 6007367	Developmentally Disabled 0	Endocrine/Metabolic	Beforence Me
Health Service Area COZ Plenning Service Area 011	Drug Addiction 0	Blood Dharders 0	Medit Small
Activisticator	Mr dicaid Recipient 0	"Nervous System Non Alcheimer 2	
KATHRYN LANGAN	Medicare Recipient 0	Alzheimer Disease 27	i
•	Mental (Incre	Rembil (Invests	ופאפו
Contact Person and Tolephone	Mon-Ambulatory 0	Developmental Disability 1	20.0
KATHKIN LANGAN	Non-Mobile 0	Graudatory System 7	Muning Care
OFFICE OFFICE	Public Aid Recipient 0	Respiratory System 2	Speed Under
Registered Agent Information Completed	Under 65 Years Old	Digestive System	CFA00
MARIKAY SAYDER	Unable to Self-Medicate 0	Gentournary System Disorders	Medical
830 W TRAILCREEK DR	Ventletor Dependent	Skin Disorders 0	rotALS
PECRUA, IL BYB14	In Tections Disease of Isolation 0	Mustub-stotetal Otsorders	
direction of the control of the cont	Other Restrictions 0	hjuries and Potronings 0	
LINGTED LABILITY CO	No Restrictions 0	Other Medical Conditions	RACE
	Man Burney of the State of the	" Hon-Medeal Conditions 0	Asian
COMMUNICATION	James: Kegazatta re-archanas aemorea ay 1	10143 47	Amer. Indian
LIPE CAME FACILITY	Total	Total Desidents Of seminary as Mary about 111	Back

PEAK			CICEMBED	BED96, BEL	15 M 85	S, MEDICAL	FAMEDIC	LICEMBO BEDS, BEDS IN USE, MEDICANEMEDICANO CENTIFIED BEDS	9039 0		ADMESTONS AND	
LICEWSED BEDS BEDS REDS AVAILABLE MEDICAND Residents on InfoCOOP Residen				PEAR	PEAK						DISCHARGES - 200	•
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Nativity Cure 123 92 50 62 47 76 40 123 Total Discharges 7000 Same Lunging 20 0 0 0 0 0 0 0 Readden to 1231/2009 4 Sinetared Care 0 0 0 0 0 0 1 total Lebra 1231/2009 4 GTALL REDS 123 92 39 92 47 79 48 123		LEVEL OF CARE	8E03	SET-UP	USED	SET-UP	EN USE	BEDS	CERTIFIED	CERTIFIED	Total Administrations 2000	7 2
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Matermatication 0 1 1 0 1 1 2 2 2 2 2 3 3 3 3 3 4 1 1 3 3 3 4 1 3 3 4 1 3 4 1 3 4 1 3 4 1 3 4 1 3 4 1 3 4 1 3 4 1 3 4 1 3 4 1 3 4 1 3 4 4 1 3 4 4 1 3 4 4 1 3 4 4 4 1 3 4 4 4 1 3 4 4 4 4 4		Saled Under 22	0	0	٥	0	0	0		0	Residents on 12/31/2009	7
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TOTAL BEDS 123 92 92 47 76 48		Shettered Care	•	•	0	0	0	•			Identified Offenders	0
	~~	TOTAL BEDS	ū	æ	8	85	43	P	\$	2		

Total Residents Diagnosed as Mentally III

	CICEMBED	BED9, BE	TO M SQ	E, MEDICA	MEMEDIC	LICENSED BEDS, BEDS IN USE, MEDICAREMEDICANO CERTIFIED BEDS	9038 G		ਕ ;	ADMISSIONS AND	8
		PEAR	PER						5	DISC MARCE S - 2009	862
	LICENSED	BEDS	BEDS	8605	BECS	AVAILABLE	MEDICARE	MEDICAID	Ī	Complete on the Party	*
LEVEL OF CARE	BEDS	SET-UP	USED	SELUP	EK USE	BEDS	CERTIFIED	CERTIFIED		1	7 4
										OLD ACTUAL FORM \$ ZUCK	7
Haraing Care	\$	8	8	8	7	Z	8	Ē	Total Dire	Cook Directionages 2003	8
Saled Under 22	0	0	0	0	0	0		•	Residents	Residents on 12/31/2009	•
intermedate 00	•	•	٥	0	٥	•		•			
Sherared Care	•	•	•		•	•			Identified	dentified Offenders	•
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				-	FACTURY L	FACTURY UTILIZATION - 2009	2009				
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Page 1479 of 2238

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Source: Long-Term Care Feelby Cuessions are for 2009, Bhots Department of Public Health, Health Systems Development

105/2010

SINGLE DOUBLE AVERAGE DALY PAYMENT RATES Cara STAFFING Physicians Director of Nursing Registered Numes Mursing Care Sicked Under 22 Intermediate DD Shefts EMPLOYMENT CATEGORY Certified Aldes Other Health Staff Non-Health Staff Totals LEVEL OF CARE Administra sons 100,094 TOTALS 38.9% 2,454,988 Private Pay

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PRINCETON

ALLINCIS LONG-TERM CARE PROFILE CALENDAR YEAR 2009 MANCH COURT OF PRINCETON

MANCH COURT OF PRINCETON 40 KORTH SIXTH STREET

RENDENTS BY PRIMARY DIAGNOSIS DIAGNOSIS

ADMISSION RESTRICTIONS

PRINCETON

ALINOIS I, CHICHEM CARE PROFILE, CALENDAR YEAR 2009 MANCR COURT OF PRINCETON

Nervors System Non Azheimer Akheimer Disease

Endocraenterabolio Blood Disorders

Heoplasms

Chroate Alcaholism Deveropmentally Disabled

Reference Numbers Fability ID 6019601 Health Service Area DOZ Planning Service Area 011

KATHLEEN J. DILBECK

MANOR COURT OF PRINCETON 140 MORTH SICTH STREET PRINCETON, IL. 81388

Medicald Recipient Medicare Recipient

Developmenta Disability Circulatory System Respiratory System

dental limess

PRINCETON, IL 61356

TOTALS

RESIDENTS BY PAYMENT BOURCE AND LEVEL OF CARE

Reference Numbers Facility (D. 601566) Heath Service Atte 002 Planning Service Arco 011

Other Medicals Public Insurance

RESIDENTS BY RACIAL/ETHIRC/TY GROUPING Number Secting 22 ICF/00

2

TOTALS

Digestive System Genitouthary System Disorders Skin Disorders

Musculo-sketetal Disorders

Injuries and Potsonings Other Medical Conditions Non-Medeal Conditions

Stilled Under 22 Shehrred Cara

Murshig Care

Charty Care
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Total Not Provenue

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

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Note: Reported restrictions denoted by 'I'

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Source Long-Term Care Facility Quesdonnaire for 2009, Binals Department of Puthic Houth, Health Systems Development

Page 1246 of 2238

Completed Sr72010 Contact Person and Telephone KATHLEEN J. DILBECK

815-875-5800

Registered Agent Information Bibo, Michael J. 239 South Charry Street

inflactious Disease we Isolation Other Restrictions

NON-PROF CORPORATION FACTUTY OVENERSHIP Calcabang, IL 61401

CONTINUA CARE COMMUNITY LIFE CARE FACELTY

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COLONIAL HALL CARB CENTER 515 BUREALI VALLEY PARKWAY		ADMESSION RE Appressive/Anth-Social	ADMISSION RESTRICTIONS	CTIONS 1	RESIDEN DAAGNOSIS	RESIDENTS BY PRIMARY DIACHOSIS AGNOSIS	A CHOSTS	COLONIAL HALL CARE CENTER	ARE CENTER EY PARINMAY					
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Charty Charty Care
Cere Expens as % of
Expens of Total Net Revenue
0.0%

TOTALS 100.0% 4,574,709

Private Pay 28,2% 1,196,425

FULL-TINE EQUIVALENT

EMPLOYMENT CATEGORY

BTAFFING

SMOLE DOUBLE

LEVEL OF CARE

Nursky Care Skiled Under 22 Intermediate 00 Shaler

AVERAGE DAILY PAYMENT RATES

PRINCETON

I CARE PROFILS CALENDAR YEAR 2009 COLOMAL HALL CARE CENTER

Administrators
Physicians
Diversor of Nursing
Registred Nurers
Conflict Alder
Conflict Alder
Control Health Staff
Totals

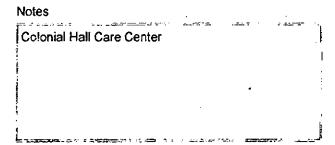
ki Corp-Tom Core Fieldly Questionnin for 2009, Bhols Department of Public Health, Health Systems Development	Page 434 of 2238
seton Tem Care F	

10/8/2010

Driving Directions from 140 N 6th St, Princeton, Illinois 61356 to 515 S 6th St, Princeton, Illinois 61356... Page 1 of 1

mapquest'

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



4	140 N 6th St Princeton, IL 61356-1878	Miles Per Section
•	Start out going SOUTH on N 6TH ST toward E CENTRAL AVE.	Go 0.6 Mi
1 26	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 n	Go 0.2 Mi niles too far
	3. 515 S 6TH ST is on the RIGHT. If you reach E MARION ST you've gone a little too far	. <u> </u>
ø	515 S 6th St Princeton, IL 61356-1876	0.7 mi

Total Travel Estimate: 0.71 miles - about 1 minute

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YEAR 2009 WALNUT MANOR MURSING HOME	
LUNCIS LONG-TERM CARE PROPILE-CALENDAR YEAR 2009	
WALNUT	

WALHUT

HALVALT MANOR MER MENDING HOME		ADMISSION RESTRICTIONS	REMOENTS BY PRIMARY DAGGOSIS	1 1 1 1 1
008 SOUTH SECOND STREET		Aggressive/Anti-Social 0	DIAGNOSIS	
MALMUT, IL. 81378		Chronic Alcoholism 0	Neopkasms 2	WAL NUT
Reference Numbers Facility (D. 5009680)	_	Developmentally Draubled 0	Endoartne/Metabolic 8	
Houlin Sewice Area 002 Planning Service Area 011	A 20 20 20 20 20 20 20 20 20 20 20 20 20	Drug Addiction	Glood Oborders 0	Health Son
Letterbri strator		Medicaid Recipient 0	*Novous System Non Alzheimer 1	•
Denois L. Grobe		Medicare Redpient 0	Alzheimer Diesase t3	
		Mental (Bress	Muntal Brass	LEWEL
Contact Parish and Interpreta-		Non-Ambulatory 0	Developmental Disobility 0	5
OCUMIN L. GROBE		Non-Motile 0	Circulatory System 17	Mercing City
	ŧ.	Putble Aid Recipient 0	Respiratory System 0	Stelled Und
Registered Agent Information	Completed	Under 65 Years Old 0	Digertaive System 0	CF/00
Juanta Von Holten	20102/010	Unitable to Self-Medicate	Genttouringry System Disorders 0	Shelhered C
311 Brewer Carde Dr. / P.O. Box 722		Ventilator Dependent	Skin Disorders 0	TOTALS
Withhut, IL 51376		Infectious Obsesses of lechation 0	Materio-stretal Charders	1
FACULTY OWNER DAP		Other Restrictions 0	Fijuries and Polsomings	
FOR PROF CORPORATION		No Restrictions 0	Other Medical Conditions 0	SACE.
	1	Marie: Represent on of critical and described for all	Non-Medical Conditions 0	Alien
LICE CASE GACE 17V	2 1	to produce the second s	TOTALS 51	Amer. Inde
	2		Tribit Reddents Discussed as Martisbus	Brank

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*Charty Expense over not include expenses which may be considered a community benefit.

		REMO	TTS BY AG	B CROUP, 8	EX AND LE	RENORMS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009	·DECE	18ER 31, 2000			
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	est obgitem Care Freilig Ouestonnate for 2009. Hings Department of Public Heath, Heath Systems Development	Page 2131 of 2728
ΑΤΊ	Source:Logoracim care re	HMENT-12E

10/9/2010

February Street Parish P	MALINE HOUSE HOUSE										
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Source Long-Term Care Facility Oversionnaire for 2009, Illind's Department of Public Health, Health Systems Development

Driving Directions from 140 N 6th St, Princeton, Illinois 61356 to 308 S 2nd St, Walnut, Illinois 61376 |... Page 1 of 2

mapquest'

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

	Notes	
AALAAAAAAA	Walnut Manor Nursing Home	en på
A COUNTY OF		
	•	
•		

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

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ATTACHMENT-12E

Total Travel Estimate: 20.09 miles - about 29 minutes

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ILLIHOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 9T. MARGARET'S HOSPITAL

SPRING VALLEY

TT9 HOSPITAL ST STREET

Y, IL. 61982 teers Facility ID 6011316 Area 002 Planning Borvico Atra 011

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FACTUTY NOTES
10/13/2009 Board authorized facility for 29 Skided Cere (Long-Term Cene) beds, a reduction of 4 bads. 9/8/2009 Abandoned pecrat for replacement hospital. Bed Change

86048

105/2010

Driving Directions from 140 N 6th St, Princeton, Illinois 61356 to 600 E 1st St, Spring Valley, Illinois 6... Page 1 of 1

mapquest

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

Notes St. Margaret's Hospital SNU

4		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
4		2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6. US-6 is just past DOWNEY DR	Go 6.9 Mi
r +		3. Turn RIGHT onto 2775 ST E. 2775 ST E is 0.2 miles past CR-19	Go 2.0 Mi
		4. 2775 ST E becomes EAST ST.	Go 0.3 Mi
5	29	5. Turn SLIGHT LEFT onto IL-29 / 1300 AVE N.	Go 5.0 Mi
7		6. Turn SLIGHT RIGHT onto RICHARD A MAUTINO DR / US-6 / IL-89. Continue US-6 is 0.2 miles past 3275 ST E	to follow US-6. Go 1.5 Mi
4		7. Turn LEFT onto N CORNELIA ST. N CORNELIA ST is just past N POWER ST	Go 0.07 Mi
r		8. Turn RIGHT onto E 1ST ST.	Go 0.04 Mi
		9. 600 E 1ST ST is on the LEFT. If you reach N MARY ST you've gone a little too far	, . <u>.</u>
ø	,	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

ILLINGS LONGTON CARE PROTIECALENDAR YEAR 2009 SPRING VALLEY MARSING CENTER	
SPRINGVALLEY	

SPRING VALLEY

LLINGIS LONG-TERM CARB PROFILE-CALENDAR YEAR 2019 - SPRING VALLEY NURSHA CENTER	FEAR 2409 SPRING VALLRY NURSBA	CENTER	SPRINGVALLEY	
SPRING YALLSY NURSHO CENTER	ADMISSION RESTRICTIONS	ı.	RESIDENTS BY PRIMARY DIAGNOSIS	뿔
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4782010	Unable to Self-Medicate	•	Genitourhasy System Disorders	
	Ventilator Dependent	-	Skith Discreters	_
	Infectious Disease w Isolation	0	Musculo-steletal Oborden	_
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			Ž	¥.						DISCHARGES - 2009	2
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Page 1885 of 2239

10/8/2010

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	¥	THEVEN	NET REVENUE BY PAYOR BOURCE (F1scal Year Data)	8 800	CE (F)	A Year	(Tage	;	C and	5 8	Charity Care Expense as % of
Medicare	1	Medicato	Other Public		Private traurance	200	Prints Pay	TOTALS	Expense*	Ą	Total Net Revenue
181		4	0.0%		o	0.0 150	X.83	100.09E			600
1,286,854	=	1,736,680	•			0	1.011.598	4 005 112	c		

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

Page 1888 of 2238

10/8/2010

HMENT-12E

Driving Directions from 140 N 6th St, Princeton, Illinois 61356 to 1300 N Greenwood St, Spring Valley,... Page 1 of 1

mapquest

Trip to: 0 N Greenwood St Spring Valley, IL 61362-1576 15.23 miles 20 minutes

Notes	TO MAKE TAY AND THE PARTY OF TH	
Spring Valley Nursi	ng Center	
, , , , , , , , , , , , , , , , , , ,		
; •		ĺ

4	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. US-6 is just past DOWNEY DR	Go 12.3 Mi
	3. Turn RIGHT onto US-6 / 3300 ST E / IL-89. If you reach the end of SPRING CREEK DR you've gone about 1.6 miles	Go 1.5 Mi too far
7	4. Tum LEFT onto 1350 AVE N. If you reach JOSEPH RUVA DR you've gone a little too far	Go 1.1 Mi
r	5. Turn RIGHT onto N GREENWOOD ST. If you reach SAXON PL you've gone about 0.1 miles too far	Go 0.09 Mi
	6. 1300 N GREENWOOD ST is on the RIGHT. If you reach TRINITY PL you've gone about 0.1 miles too far	
ø	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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Experience America this summer with Paul Brady -



	ADMISSION RESTRICTIONS	2E	RESIDENTS BY PREMARY DIAGNOSIS
1301 216T STREET	Aggressive/Arti-Sociel	-	DIAGNOSIS
PERU, 1L. 61354	Chronic Alcoholom	-	Neopteams
Reference Numbers Fedity ID 6004303	Developmentally Disabled	-	EndocrineMetabolic
Health Service Area 002 Pierming Service Area 099	Drug Addiction		Blood Disorders
Administrator	Medicald Redpfent	0	"Nervous System Non Abtheirser
Caroline Daugherity	Medicare Rocipient	0	Alzheitter Disense
	Mantal Illness	-	Mental Unesa
Contact Person and Telephone	Non-Ambulatory	۰	Developmental Claubility
CANOLINE LAUGHERALT	Non-Mobile	0	Circulatory System
OP-12-4-8A1	Public Aid Resipient	0	Reaphatory System
Registered Agent Information Completed	Under 65 Years Old	0	Digestive System
0102027	Unable to Self-Medicale	٥	Gartiourinary System Disorders
	Venistor Dependent	-	Elda Disordera
	Interchous Disease w/ Isotobon	0	Macuto-elahetal Olsonders
EACH ITY (WAVED SUITE	Other Restrictions	۰	Injuries and Polsonings
MANUEL LABILITY CO	No Restrictions	0	Other Medical Conditions
CONTINUING CARE COMMUNITY NO	News: Reported restrictions denoted by '1'	,1, AQ FEL	Non-Medical Conditions
			STATO

	LICENSED	BED'6, MED	S IN USE	MEDICA	REMEDIC	JCENSED BEDS, MEDS IN USE, MEDICAREMEDICALD CERTIFIED BEDS	O REDS		ADMISSIONS AND	
		Æ	PEAK						DISCHARGES - TOO	_
	UCENSED BEDB	BED8	22	868		BEDS AVAILABLE INFDICARE MEDICAD	MEDICARE	MEDICAD	Best and the Control	÷
LEVEL OF CARE	8603	SET-UP	OSED	SET-UP INUSE	NUSE	BEC38	CERTIFIED	CERTIFIED CERTIFIED	Total Admirestory, 2003	Ř
Nursing Care	129	118	7	호	9	g	52	8	Total Dischannes 2008	2
Skilded Under 22	٥	-	•	0	•	•		0	Residents on 12/31/2009	8
Insomption DO	0	o	•	0	•	o		0		
Systemed Care	•	•	•	0	•	0			Identified Offenders	•
TOTAL BECS	521	=	₹	Ē	6	R	52	8		

FACILITY UTILIZATION - 2005 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

100,0% 6,348,935

Pifvate Pay 28,3% 1,865,834

Medicald 0 43,2% 2,742,917

Modicare 30.5% 1,929,133

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

Johnson Peek Beds	Bods Sel Up		62 6% 90.5%	0.0% 0.0%	\$40°0 \$40°0		82.8% 80.5%
_	TOTAL	Part. days 0	36963	0	Ģ		3,8989
Charty	ş	Pel. 60ys	-	٥	•	۰	۰
Private	Pay	Pd. 6378	1000	•	0	0	7029
Private	Insurance	Pet. days Pet. ctays F	٥	٥	•	•	٥
	Other Public				•	٥	0
	Medicald	Pat days Occ. Pct.	24070 53,0%	000	5		24970 53.0%
	Medicans	发	\$102 11.0%				\$102 11,0%
		LEVEL OF CARE	Numbra Care	Skilled Under 22	Intermedials DO	Sheftered Core	TOTALS

		RESIDE		E GROCE, SE	X APO LE			RESIDENTA BY AGE GROUP, SEX AND LEVEL OF CARE • DECEMBER 31, 2009			
	X SSX	URSING CARE	200	SACL UNIDER 22	Ž.	INTERMED, DO	ď	SHEL, TERED	¥	TOTAL	SANO.
GE GROUPS	Z B	Fermale	1	Femole	Maye	Mate Female	ě	Male Female	¥	Marie Formation	TOTAL
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18 to 44	•	0	0	•	0		•	0	0	0	0
45 to 59	•	0	0	•	0	٥	0	0	0	-	•
80 to 64	0	•	•	0	•	•	•	•	•	•	•
65 to 74	-	•	•	0	•	0	٥	0	-	m	•
75 to 84	۵	22	0	0	•	0	۰	٥	0	38	*
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TOTALS	•	딿	0	0	-	٥	0	٥	*	8	25

	108/2010		
	Long-Dahm Care Factify Questionnesis for 2009, Binds Department of Public Health, Health Systems Cerestionnent	Propa 805 of 2230	
ATT	Source: Long-Delm Care Feddity	HMENT-12E	•

HERITAGE MANOR - PERU 1301 21ST STREET PERU, IL 81354	ET FERU										
Refurence Numbers Facility ID 6004303 Health Service Area 002 Penning Service Area 099	F. F	Facility ID 6004303	1303 Ice Area 099	_							
RE	BIDENTS B'	Y PAYMENT	REBIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE	O LEVEL	OFCARE			AVERAGE	AVERAGE DALY PAYMENT RATES	MENT RU	NES
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OF CARE	Medicare	Medicarid	Public Insu	haunance	Pay	Ç	TOTALS	Number Care			į
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Skilled Under 22	0	٥	0	0	0	0	0	CIO etti Dermedat	1 8		
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Sheltered Care			٥	0	0	0	۰	}		,	•
TOTALS	ī	7.	0		5	0	26				
	RESIDER	ITS BY RAC	RESIDENTS BY RACIAL ETHRECITY GROUPING	TY GROU!	2				BITAFFING		
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White		97	•	٥	•		24	Repretend Nurses	E		12.00
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				ļ				Other Health State	1		5.9
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		NET REVE	MET REVENUE BY PAYOR BOURCE (Fiscal Year Data)	OR SOUR	CE (Fiscal	į	1		5		Charthy Care
Modean	_	Medicald	Other Public		Private Insurance		Private Pay	TOTALS	E CONTROL	1	Total No. Branch
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1.079 1.23	_	2 742 917			•	_	1 000 000	900 000	•		,

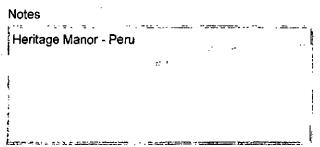
Source Ling-Tern Care Facility Questionalise for 2009, Illinois Department of Public Health, Health Systems Development

10/8/2010

Driving Directions from 140 N 6th St, Princeton, Illinois 61356 to 1301 21st St, Peru, Illinois 61354 | M... Page 1 of 2

mapquest'

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



4		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
4	الم	2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6. US-6 is just past DOWNEY DR	Go 3.7 Mi
a t	180	3. Merge onto I-180 N via the ramp on the LEFT toward I-80. If you are on 1500 NORTH AVE and reach 2500 ST E you've gone about 0.3 miles too far	Go 1.7 Mi
#†	- ST	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
*	F333	6. Turn RIGHT onto IL-251 S. If you reach I-80 E you've gone about 0.2 miles too far	Go 1.8 Mi
P		7. Turn RIGHT onto SHOOTING PARK RD. SHOOTING PARK RD is 0.6 miles past MIDTOWN RD	Go 0.09 Mi
r		8. Take the 1st RIGHT onto ROCK ST. If you reach PLUM ST you've gone about 0.1 miles too far	Go 0.1 Mì
4	- 1 34 4	9. Take the 2nd LEFT onto 21ST ST. If you reach SUNSET DR you've gone a little too far	-
	Private the	10. 1301 21ST ST is on the RIGHT. If you reach MAPLE DR you've gone a little too far	
		1301 21st St Peru, IL 61354-1359	21.9 ml

Total Travel Estimate: 21.89 miles - about 24 minutes

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ATTACHMENT-12E

OF PERU	-
MANOR COURT OF PERU	AND DESCRIPTION OF PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESS
ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009	

PERC

DESIDENTS BY DOMESTIC VICTORIA	A CHANGE	
	-	MANOR COURT OF PERU
NAGNOSIS		3230 BECKER DRIVE
Neophaters	2	PERU. IL 81354
Endered conditions before	•	

Reference Numbers Facility ID 6015887 Health Service Atea 002 Planning Service Atra 099

Nervous System Non Alzheimer

Blood Disorders

Developmentally Desibled Ong Addition

Reference Nambers Fadity ID 6015887 Heath Service Area 002 Planning Service Area 099

Medicald Recipient Medicalry Recipient Non-Ambusatory

Mental (Branes Non-Mobile

Contact Person and Telephone

DARCEE D. FANNING

DARCEE D. FANNING 815/220-14/00 Option 1

Aggressive/Anti-Soder Chronic Alcoholism

ADMISSION RESTRICTIONS

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

MANCR COURT OF PERU

3230 BECKER DRIVE PERU, IL. 81334

Mantal Illness Developingstal Disability Alzheimer Dinease

Chalenory System

	SIDENTIB BY	/ PAYMENT	SOUNCE	ESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE	3	2		AVERAGE DAILY PAYMENT RATES	Y PAYMENT	
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Sheltered Care			0	0	Ŧ	•	ŧ		3	
YOTALS	æ	21	°	2	Ŧ	•	İ			

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Respiratory System Digestiva System Genitourinary System Disordors

Man: Reported restlethers denoted by V

CONTINUAND CARE COMMUNITY LIFE CARE FACULTY

FACULTY OWNERSHIP NON-PROF CORP ORATION

Infectious Disease w/Isolation Other Restrictions

No Restrictions

Public Aid Partipient Under 84 Years Old Unathe to Self-Medicate Vendlann Dependent

Completed S/7/2010

Registered Agent Information

BEDS AVAILABLE MEDICARE MEDICAD
IN USE BEDS CERTIFIED CERTIFIED

BEDS BEDS USED SET-UP

LEVEL OF CARE
Murshy Care
3 kided Under 22
broamadarie OD
Bardiered Care
160/L BEDS

LICENSEO BEDA, BEDS IN USE, MEDICAREMEDICAID CERTIFIED BEDS

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

FACULTY UTILIZATION - 2009

ā

Private Private Creatity Insurance Pay Care

Medicare Medical Other Public Insurance Carety LEVEL OF CARE Pau days Occ. Pt. Pau days Occ. Pt. Care Pau days Pt. Carety

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-	8	Ston Disordans		-	YOTALS	39	5	•	2	Ŧ	127			
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٥ ٥	έδ	nymes and Pohonings Other Medical Conditions	e de la constante de la consta	7 5	RACE		Numering	SRUMOZ	GF00	Shorter	Totals	EMPLOYMENT		Puti.Tue
' '		Non-Medical Conditions	SEG	. 2	Adm		0	0	٥	٥	٥	CATEGORY		EQUIVALENT
, do pau		TOTALS		ជ	Arrey, Arafan		0	0	0	•	٥	Administrator.		97
Ī	Paridents	Total Residents Diagnosed as Identity (I)	Sentrally (1)	•	8/act		0	0	•	0	•	Physidans		00
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ø		4	ADMITS STONES AND	25	WHIS		£	٥	٥	7	ā	Registered Runses	e	10.60
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CARE	CARE MEDICALD		Positions on 17 (2008	8	1 <u>6</u>		=	•	-	Ę	ä	Cortilled Althre		45.00
IFED S	CERTIFIED		Total Admissions 2009	8 8 9	ETHNICITY	-	D _{ES}	ButUnd22	CF/DD	Shorter	Totals	Other Health Staff		28.50
3	} =		ional Unionizina zura Bergeben des 120 school		Mappinic			٥	0	٥	•	4		9 5
		A COUNTY OF THE PARTY OF THE PA	100 E		Non-Hspanic		2	۰	0	Ŧ	21	1		2.7
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2	55	Į			Total		18	0	0	1	ធ			
						*	ET REVEN	NET REVENUE BY PAYOR SOURCE (Fiscal Year Date)	OR SOURC	E (Fiscal Y	CM (Date)		Cherto	Cherity Care
YMENT	YMENT SOURCE					:	1	1	i				Ē	Expense as % of
#1214	Charfty		Liceraed	Liceraed Peek Beds		Ě		CINC PROPERTY.		STEER STEER	Yel devil	TOTALS	CXDRIEG	Total Nat Ravenue
ã	Chre	TOTAL	Bed	Set Up	2601 164			4 007	• .	20.00	2 482 484	100,00	444	¥/4
Serys	days Pal. days	Pat, days	ğ	Oct. Pd.		1					00 1 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o'estricke.	200,000	
2811	•	27124	87.4%	51.4%	Crimary Exports costs not indicate expenses with may be considered a community barein	TO BOOK	ra expense	WITCH FIRM	De consider		nty Demeti.			
•	<	•	ě	Ž										

6/24/2009 Added 10 making care backs and discontinued 10 divitiesed care backs. Facility new has 65 marking care and 45 shelvered care backs. FACILITY NOTES Bed Change

25.00 40.00 41.00 41.00 70.2%

8

32.28

7086

8740 28.2%

TOTALS

Intermediate DD Shaltered Core Skilled Under 22

Bed Charge

6/19/2009 Added 27 sheltered care bads; haptly now has 75 numbing care and 55 who lianed care bads.

		RESIDEN	IT'S BY ACI	E GROUP, S.	EX AND LE	RESIDENT'S BY A OF GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009	. Dece	IBER 31, 2009			
	NURSING CARE	3CARE	SKLU	SKL UNDER 22	INTER	INTERMED. OD	ជ	SHELTERED	×	TOTAL	CRAND
CE CROUPS	į	Veneta	19 1	Famels	Male	Female	ę,	Fernaka	¥8	Formele	101A
Under 18	o	٥	٥	•	-	•	-		۰	•	0
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258	•	0	۰	•	•	0	۰		0	0	ó
65 to 74	-	-	0	0	0	0	0	-	-	~	n
75 to 64	•	ĸ	٥	0	0	0	0	œ	œ	8	28
85-	9	2	٥	0	٥	0	IS	23	ŧ	8	2
TOTALS	11	ž	٥	٥	٥	0	•	33	×	97	ā

10/8/2010

Source Long-Term Cere Facility Question: also for 2009, Idinois Department of Public Health, Health Systems Development

10/6/2010

Page 1244 of 2238

Driving Directions from 140 N 6th St, Princeton, Illinois 61356 to 3230 Becker Dr, Peru, Illinois 61354 |... Page 1 of 2

mapquest'

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

Notes	
Manor Court of Peru	
	,
	ŀ

4	140 N 6th St Princeton, IL 61356-1878	Miles Per Section
•	Start out going SOUTH on N 6TH ST toward E CENTRAL AVE.	Go 0.3 Mi
4	2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6. US-6 is just past DOWNEY DR	Go 3.7 Mi
11 1	3. Merge onto I-180 N via the ramp on the LEFT toward I-80. If you are on 1500 NORTH AVE and reach 2500 ST E you've gone about 0.3 miles too far	Go 1.7 MI
11 📆	4. Merge onto I-80 E toward JOLIET.	Go 13.9 Mi
ATS EXIT	5. Take the IL-251 exit, EXIT 75, toward PERU / MENDOTA.	Go 0.3 Mi
r 33	6. Turn RIGHT onto IL-251 S. If you reach I-80 E you've gone about 0.2 miles too far	Go 0.7 Mi
4	7. Turn LEFT onto W 24TH ST / W WENZEL RD. W 24TH ST is 0.3 miles past 38TH ST	Go 0.4 Mi
r	8. Turn RIGHT onto MARQUETTE RD. MARQUETTE RD is 0.2 miles past PROGRESS BLVD	Go 0.3 Mi
*	9. Turn RIGHT onto 32ND ST. 32ND ST is just past CHARLES PL	Go 0.2 Mi
*	10. Turn RIGHT onto BECKER DR.	Go 0.01 Mi
	11. 3230 BECKER DR is on the LEFT. If you reach the end of BECKER DR you've gone a little too far	
B	3230 Becker Dr Реги, IL 61354-1419	21.5 mi

Total Travel Estimate: 21.48 miles - about 25 minutes

ATTACHMENT-12E

10/8/2010

LASALLE HEALTH CARE CENTER	ADMISSION REGTRICTIONS	Ş	RESIDENTS BY PRIMARY DIAGNOSIS	会
1445 CHARTRES STREET	Agglessive/Anfi-Social	-	DIAGNOSIS	
LASALLE, IL 61301	Chronic Absorberm	-	Neophasms	-
Reference Numbers Facility ID 6001440	Developmentally Disabled	-	Endocrine Metabolic	٢
Health Service Area OCZ Planning Service Area 099	_	-	Blood Disorders	0
Advanced Draging	Medicald Recipient	0	*Nervous System Non Alzheimer	C
HS JAM HO	Medicare Rediziera	0	Atzhelmen Olssesse	m
	Mental Uness	-	Mentel linesx	۰
Cortact Person and Telephone	Mon-Arriburationy	ó	Developmental Disorisity	0
LOR? WALLSH	Non-Mobile	٥	Chadatory System	R
615-223-4700 Deta	Putific Ald Recipiem	0	Respiratory Systems	+
Bentstand Armed Information		0	Digestive System	2
2/1/2010	_	0	Genitouritary System Disorders	^
	Ventilator Dependent	-	Skin Disorders	۰
	Infectious Disease w/ Isoletion	0	Maracuto-shetatral Discretera	£
	Other Restrictions	0	Injuries and Poisonings	۰
FACILITY OWNER GRAPH	No Petal ctions	0	Other Medical Contributa	4
FORCEROL CLOSE CONTROL		3	Non-Madeal Condidors	۰
CONTINUIS/O CARE CONTINUISTY	No more: reported residential democracy 1	r Agenta	TOTALS	8
UPE CARE FACILITY	£	777	The state of the same of the s	-

ADMISSIONS AND DISCHARGES - 2009		Residents on 17/2009 85	Total Admissions 2009 232	Total Darcharges 2009 216	Residents on 12/31/2009 99		Identified Offenders 0	
		MEDICALD	CERTIFIED	101	•	0		٥٢
0 8603		WEDICARE	CERTIFIED CERTIFIED	ន				0\$
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MEDICA		SEEDS	USED SET-UP IN USE	ē	•	•	•	101
S N USE	ž	E	03 03 03	ŝ	0	0	•	8
BETO S, 69EC	P.	BEOS	SET-UP	ē	0	0	•	101
LICENSED		LICENSED REDS	8603	Ģ	٥	0	•	101
			LEVEL OF CARE	Numbrig Core	Skilled Under 22	Interpretations DO	Shiftened Care	TOTAL BEDS

T BOUNCE	Charity
1T PAYMEN	Private Private Charity
BY LEVEL OF CARR PROVIDED AND PATIENT PAYMENT BOURC	Private

	Medicare	9	DISTIDUM		COMPANY TOTAL MENTIONS	2000	•	Š		3	Š
LEVELOF CARE Perdays Oct. Pet days Oct. Pet days	Par. days	설	Pet days Oc	Ŗ	Pat days	Pat days	Pat. days	Pat days Pat days	Pat days	Oct. Pet. Oct. Pet.	OCT. PE
Musha Care	9	37.58	21742	1000		3	2	0	34650	3	8
Skilled Under 22			0	800		•	0	٥	•	860	8
Intermediate DD			0	60	•	•	•	0	•	860	Š
Shellared Core					٥	•	•	0	٥	80	0.0%
TOTALS	988	37.5%	21742	¥6.95	2	63	9036	•	34680	2,9	\$0°35

		FESTOR	ITS BY AG	E GROUP, SI	EX AND LE	VEL OF CAR	E - DECEN	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 11, 2009				
	AURSIN.	AURSING CARE	3	SKL UNDER 22	NTER	INTERMED, DO	故	SHELTERED	2	TOTAL	GRAND	
AGE GROUPS	Mest	Female	ž	Fernal	Maje	Formation	A Park	Female	4 8	Male Fernals	TOTAL	
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	on Unity Term Care Facility Chandomains for 2009. Illinois Department of Public Hoalth, Meeth Systems Development Or	Page 1113 of 2238			
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108/2010

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LASALLE

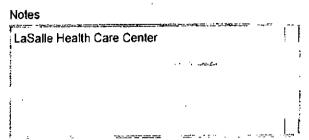
LLINGIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 LASALLE HEALTH CARE CENTER

LASALLE HEALTH CARE CENTER

Driving Directions from 140 N 6th St, Princeton, Illinois 61356 to 1445 Chartres St, La Salle, Illinois 61... Page 1 of 1

mapquest'

Trip to:... 15 Chartres St La Salle, IL 61301-1508 22.71 miles 27 minutes



4		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
4		2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6. US-6 is just past DOWNEY DR	Go 3.7 Mi
††	T80	3. Merge onto I-180 N via the ramp on the LEFT toward I-80. If you are on 1500 NORTH AVE and reach 2500 ST E you've gone about 0.3 miles too far	Go 1.7 Mi
● †	E851	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
L		6. Turn RIGHT onto IL-251 S. If you reach I-80 E you've gone about 0.2 miles too far	Go 1.8 Mi
4		7. Turn LEFT onto SHOOTING PARK RD. SHOOTING PARK RD is 0.6 miles past MIDWAY RD	Go 0.7 Mi
4		8. Turn LEFT onto AIRPORT RD / CHARTRES ST / CR-17. AIRPORT RD is 0.1 miles past TWIN OAK RD	Go 0.3 Mi
	•	9. 1445 CHARTRES ST. Your destination is 0.1 miles past GUNN AVE If you reach PERSHING RD you've gone a little too far	
ø		1445 Chartres St La Salle, IL 61301-1508	22.7 mi

Total Travel Estimate: 22.71 miles - about 27 minutes

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ATTACHMENT-12E

- MAG 2

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

SALE

A VETERANS HOME AT LASALLE

RESIDENTS BY PTOMARY DIACNOSIS DIACNOSIS

ADMISSION RESTRICTIONS

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ILLINOIS LONG-TERN CARE PROFILE-CALENDAR YEAR 1009 IL VETERAKS HOME AT LASALLE

IL VETERAMS HOME AT LASALLE

ASALLE, IL 61301 Reference Rumbers

Blood Obserbera *Nervous System Non Abheims

Endocrine/Metabolic

Developmentally Disabled

Drug Addition

Health Service Area 002 Planning Service Area 099 Fedility ID 6015481

Medicard Rodplant Medicare Redpient

Aggresskra/Anti-Social Chronic Alcaholism

Azheimer Obeste

Developmental Disability

Vental tangs

Lempiratory System Circulatory System Openina System

Reference Numbers Facility ID 8013481 LASALLE, IL 61301

Health Scryice Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

AVERAGE DAILY PAYMENT RATES LEVEL OF CARE Mursing Care Private Charlity

SINGLE DOUBLE

Skilled Under 22 bitermediste DO Shotter

TOTALS Medicare Medicald Public Insurance Skilled Under 22 Sheltered Care

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Gengourhary System Disorders

Muscuro-extental Disorders. Other Medical Cordifors Non-Medical Conditions

Skin Disorders

rquires and Pobonings

Infectious Disease w/ teniation Other Restrictions

No Restrictions

Unable to Self-Medicate Voralistor Dependent

Public Aid Recipiem Under 65 Years Old

Completed S772010

Registered Agent Information John Koehler (815) 223-0303, ext 200

Non-Ambulatory

Contact Parson and Telephone

Mantal Illness Non-Models

STAFFING Physicians Director of Nursing Registered Nurses EMPLOWNENT CATEGORY Certified Aides Other Hearth Staff Non-Hearth Staff Totals Administrators Ŗ RESIDENTS BY RACIAL/ETHNICTTY GROUPING SKUNGZ KFROD 8 13 Howestern Pec. Isl. Ethnicky Unknown Race Unimown Arner, broken ETHNOTA

ADMISSIONS AND DISCHARGES - 2009

Total Residents Diagnosed as Mentally III

TOTALB

Note: Reported restrictions denoted by 'I'

CONTINUING CAPE COMMUNITY

LIPE CAME FACILITY

FACULTY OWNERSHIP

Residents on 1/1/2009
Total Admissions 2009
Total Discharges 2009
Residents on 12/1/2009

AVAILABLE MEDICARE MEDICAD REDS CERTIFIED CERTIFIED

LICENSED BETS, REDS IN USE, MEDICAREMEDICAD CERTIFIED BECS

22 23

Sigled Under 22 Intermediate DD Shellory Care TOTAL BEDS

Identified Offenders

**************************************	NET REVEN	UE BY PAYOR	NET REVENUE BY PAYOR SOURCE (FISCAL YEAR DAEA)	r Date)		E C	Charity Care
Medicara	Medicald	Other Public	Private Insurance	Privade Pay	TOTALS	Experied	Expense on % of Total Net Reverue
D.3%	É	£6.3%	96.0	龙书	100.0%		6 .0
9,018	٥	2,775,941	0	1, 187, 176	3,472,135	۰	
"Charity Expense does not include expenses which may be considered a community benefit.	findude expense.	a which may be	considered a communi	ity benefit.			

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

Licensed Prest Beds Set Up Oct. Pet 9 14 15 5 \$ Private Private Charity
Other Public Insurance Priv Care
Pet days Prit days Pet days Ptt days 800 Modicald LEVEL OF CARE Part days Oct. Pct.
Number Cens 0 0.0% Medicare Skilled Under 22 Mhermedizte DD Shaffered Care TOTALS

41153 RESIDENTS BY A CE OROUP, SEX AND LEVEL OF CARE - DECEMBER 11, 2009 41153 360°0 0 0.0%

TOTAL Female SHEL, TERED INTERMED, DO SKI, UNDER 22 Made Ferrade NURSING CARE Male Fentale ACE GROUPS

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

Page 1014 of 2238

10/6/2010

10/3/2010

Driving Directions from 140 N 6th St, Princeton, Illinois 61356 to 1015 Oconor Ave, La Salle, Illinois 6... Page 1 of 1

mapquest'

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



			• •	
4	<i>,</i>	140 N 6th St Princeton, IL 61356-1878	•	Miles Per Section
•		Start out going SOUTH on N 6TH ST toward E CENTRAL AVE.		Go 0.3 Mi
4		2. Turn LEFT onto E PERU ST / US-6. Continue to follow US-6. US-6 is just past DOWNEY DR		Go 3.7 Mi
ţţ		3. Merge onto I-180 N via the ramp on the LEFT toward I-80. If you are on 1500 NORTH AVE and reach 2500 ST E you've gone about	t 0.3 miles too far	Go 1.7 Mi
† †	7285T 80	4. Merge onto I-80 E toward JOLIET.		Go 15.5 M
	351	5. Merge onto IL-351 via EXIT 77 toward LA SALLE.	ng naman nama i ha naw ara na An	Go 2.0 Mi
h		6. Turn LEFT onto OCONOR AVE. If you reach ROOSEVELT RD you've gone a little too far		Go 0.2 Mi
·		7. 1015 OCONOR AVE is on the LEFT. Your destination is just past TONTI ST If you reach CROSAT ST you've gone a little too far	· · ·	
@	- , ,	1015 Oconor Ave La Salle, IL 61301-1216		23.5 mi

Total Travel Estimate: 23.45 miles - about 28 minutes

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REE GPS for your iPhone or Android. mobile.mapquest.com/app»

ATTACHMENT-12E

IDECO Population Projections

All \$6,000 3,571 37,48 86.31 3.2% 39,176 30,98 36,74 37,48 36,74 37,48 36,74 37,48 36,74 37,48 37,39 3.2% 3.46 3.571 3.2% 3.46 3.571 3.2% 3.46 3.571 3.2% 3.46 3.4% 3.4% 4.47 4.1% 4.47 4.1% 4.47 4.1% 4.47 4.1% 4.2% 4.2% 4.6% 4.	State/County	y Age Group	2010	2015	% increase	2020	% increase	2025	% Increase	2030	% Increase
Secondary Color	Bureau	₩.	36,427	37,426	2.7%	38,631	3.2%	39,795	3.0%	40,820	2.6%
The color of the		65+	6,663	7,330	10.0%	8,214	12.1%	9,142	11.3%	6,867	7.9%
## 85+ 1,240 1,234 4,4% 1,312 1,4% 1,416 7,9% 1,592 ### 6221 6,381 6,381 1,2% 1,5% 1,693 1,6,% 1,611 1,66% 1,7% 1,893 1,6% 1,684 1,775 1,975 1,		75+	3,460	3,571	3.2%	3,861	8. %	4,427	14.7%	5,070	14.5%
Main Main	٠	85+	1,240	1,294	4.4%	1,312	1.4%	1,416	7.9%	1,592	12.4%
September 1,081 1,197 1,07% 1,393 1,64% 1,611 1,65% 1,775 September 1,081 1,197 1,07% 1,393 1,64% 1,611 1,65% 1,775 September 1,081 1,428 1,428 1,25% 1,481 1,687 1,482 1,487 1,48	Putnam	Αll	6.221	6.361	2.3%	6.526	2.6%	6.652	1.9%	6.758	1.6%
The color of the		+ 29	1,081	1,197	10.7%	1,393	16.4%	1,611	15.6%	1,775	10.2%
Set 138 12.5% 146 4.6% 166 13.7% 2.25		75+	472	488	3.4%	583	19.5%	681	16.8%	827	21.4%
ses All 42,646 43,787 2.7% 45,157 3.1% 46,447 2.9% 47,578 47,578 184 3,54 4,058 1,074 45,157 1,075 1,178 11,642 1,447 3,574 4,058 1,078 1,198 11,642 1,164 1,168 1,168 1,164 1,16		85+	136	153	12.5%	146	4.6%	166	13.7%	225	35.5%
184 7,74 8,527 10,1% 9,607 127% 10,733 11,842 11,847	Bureau &	ΑII	42,648	43,787	2.7%	45,157	3.1%	48,447	2.9%	47,578	2.4%
75+ 3922 4,039 3.2% 4,444 9,5% 5,100 14,9% 5,897 85+ 1,376 1,447 5,2% 1,448 9,5% 5,100 1,487 5,897 65+ 5,152 5,774 12,1% 6,844 18,0% 81,340 1,1% 9,823 75+ 5,152 5,774 12,1% 6,844 18,0% 81,340 1,1% 9,9% 75+ 5,544 2,522 0,5% 2,644 18,0% 81,340 1,1% 9,9% 75+ 10,522 11,575 10,0% 13,134 13,5% 14,617 11,37 75+ 11,575 10,0% 13,134 13,5% 14,617 11,37 85+ 11,575 10,0% 10,0% 10,0% 10,0% 13,4% 13,5% 15,664 75+ 11,919 2,745 10,0% 10,0% 10,0% 13,4% 13,4% 15,677 85+ 11 10,0% 10,0% <th>Putnam</th> <th>±59</th> <th>7.744</th> <th>8,527</th> <th>10.1%</th> <th>9,607</th> <th>12.7%</th> <th>10,753</th> <th>11.9%</th> <th>11,642</th> <th>8.3%</th>	Putnam	±59	7.744	8,527	10.1%	9,607	12.7%	10,753	11.9%	11,642	8.3%
S44 1,376 1,477 1,272 1,8% 37,329 1,9% 38,340 1,1% 38,923 1,5% 5,44 2,522 1,9% 2,434 4,48 3,149 1,1% 38,923 3,14 3,149 3,1		ŧ	3,932	4,059	3.2%	4,444	9.5%	5,108	14.9%	5,897	15.4%
Ali		\$ 2	1,376	1,447	5.2%	1,458	0.8%	1,582	8.5%	1,817	14.9%
Fig. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	8	IIV	36.554	37,222	1.8%	37,939	1.9%	38.340	1.1%	38.923	1.5%
75+ 2,544 2,572 2,574 2,573 2,544 2,522 2,643 4,702 4,115 2,544 2,524 2,544 2,526 2,648 6,748 3,188 2,053 4,002 4,002 1,1374 1,135% 1,1378 1,138 6,8134 1,826 1,234 1,234 1,234 1,234 1,234 1,234 1,234 1,234 1,234 1,234 1,234 1,234 1,244 1,234 1,244 1,244 1,234 1,244 <th< th=""><th></th><th></th><th>5 152</th><th>5 774</th><th>12 102</th><th>6 814</th><th>76U at</th><th>a 110</th><th>10 107</th><th>0.433</th><th>%C 31</th></th<>			5 152	5 774	12 102	6 814	76U at	a 110	10 107	0.433	%C 31
85+ 747 821 9.9% 817 -0.5% 848 3.8% 959 810 All 62.431 63.927 2.4% 65.566 2.6% 66.748 1.8% 68.134 75+ 5.045 5.594 2.7% 6.040 6.040 6.089 14.2% 15.667 85+ 5.145 5.594 2.7% 6.040 6.08% 6.896 14.2% 16.687 All 80.707 5.1525 1.6% 2.248 1.28%		**************************************	25.02	2.532	0.5%	2,643	4.4%	3.186	20.5%	4.002	25.6%
Mile Mile		85+	747	821	%6.6	817	-0.5%	948	3.8%	656	13.1%
65+ 10,522 11,575 10,0% 13,134 13,5% 14,612 11,3% 15,667 85+ 1,919 2,724 12,7% 6,040 6,096 14,2% 8,109 85+ 1,919 2,224 12,7% 6,040 8,0% 6,896 14,2% 8,109 85+ 8,326 3,912 10,8% 10,347 11,27% 11,699 12,4% 12,574 All 6,456 5,596 2,2% 6,896 3,2% 11,319 5,0% 11,619 85+ 1,211 1,275 2,2% 6,896 3,2% 14,47 5,17% 12,2% 11,699 All 113,370 13,633 2,0% 14,024 2,9% 14,185 11,5% 13,52 85+ 1,199 1,199 1,194 -0.4% 1,281 7.3% 14,185 11,3% 13,52 All 118,385 124,27 5,0% 10,116 5,4% 11,515 13,3% 13,52 All 118,385 124,27 5,0% 10,116 5,4% 11,515 13,3% 13,52 All 118,385 124,27 5,0% 10,116 5,4% 11,515 13,3% 13,52 All 118,385 124,27 5,0% 10,116 5,4% 11,515 13,3% 13,522 All 118,385 124,27 5,0% 10,116 5,4% 11,515 13,3% 13,522 All 118,289 13,34 14,316,487 11,57% 26,235 16,2% 29,078 All 118,289 14,0% 2,201,461 11,55% 26,235 16,2% 20,1% 13,33 17,33,33 13,33 17,33 17,33 17,33 17,33 17,33 17,33 17,33 17,33 17,33 17,33 17,33 17,33 17,3 17,	Whiteside	₹	62,431	63,927	2.4%	65,565	2.6%	66,748	1.8%	68,134	2.1%
The color of the		65+	10,522	11,575	10.0%	13,134	13.5%	14,612	11.3%	15,667	7.2%
All 50,707 51,525 1,6% 2,235 3.5% 2,346 5.0% 2,664 65+ 6,326 9,222 1,6% 52,418 1,7% 53,221 1,5% 54,321 75+ 3,299 3,972 1,08% 10,347 12.2% 11,629 12.4% 12,571 75+ 3,099 3,972 10,347 12.2% 1,699 12,4% 12,571 All 6,456 6,596 2,2% 6,805 3,2% 1,317 80% 1,447 5,0% 1,550 75+ 1,214 1,275 2,9% 1,377 80% 1,447 5,1% 1,501 85+ 1,214 1,275 2,9% 1,402 2,9% 1,447 5,1% 1,501 85+ 2,422 2,9% 1,402 2,9% 1,447 5,1% 1,501 85+ 2,422 2,622 8,3% 2,94 1,134 1,244 1,501 15+ 1,199 <th< td=""><th></th><td>75+</td><td>5,445</td><td>5,594</td><td>2.7%</td><td>6,040</td><td>8.0%</td><td>6,898</td><td>14.2%</td><td>8,109</td><td>17.6%</td></th<>		75+	5,445	5,594	2.7%	6,040	8.0%	6,898	14.2%	8,109	17.6%
All 50,707 51,525 1.6% 52,418 1.7% 53,221 1.5% 54,321 65+ 8,326 9,222 10,8% 10,347 12.2% 11,629 12.4% 12,571 75+ 3,939 3,912 -0.7% 4,382 12.0% 5,173 18,1% 6,049 85+ 1,214 1,253 2.2% 6,806 3.2% 1,319 5.0% 1,661 75+ 6,456 6,596 2.2% 6,806 3.2% 1,317 8,7 1,661 75+ 1,211 1,375 2.3% 1,377 8,0% 1,447 5,1% 1,520 85+ 2,422 2.2% 6,806 3.2% 14,47 5,1% 1,520 85+ 2,422 2.6% 14,024 2.2% 14,47 5,1% 1,530 85+ 2,422 2.6% 14,024 2.2% 14,47 3,1% 14,340 85+ 2,422 2.6% 3.3% <td< td=""><th></th><td>85+</td><td>1,919</td><td>2,160</td><td>12.6%</td><td>2,235</td><td>3.5%</td><td>2,346</td><td>5.0%</td><td>2,664</td><td>13.6%</td></td<>		85+	1,919	2,160	12.6%	2,235	3.5%	2,346	5.0%	2,664	13.6%
65+ 8,326 9,222 10.8% 10,347 12.2% 11,629 12.4% 12,571 75+ 3,939 3,912 -0.7% 4,382 12.0% 5,173 18.1% 6,049 85+ 1,214 1,253 3.2% 1,256 0.2% 1,319 5,0% 1,661 All 6,455 6,596 2.2% 6,805 3.2% 6,995 2.8% 7,225 85+ 1,211 1,225 2.9% 6,805 7.7 8.0% 1,447 5.1% 1,520 85+ 2,422 2,622 8.3% 2,917 11.3% 14,484 All 118,385 124,277 5.0% 13,11,55 5.5% 137,944 All 13,279,091 13,748,695 1,894,003 4.4% 2,014,61 16.5% 2,663,495 All 13,279,091 13,748,695 126,427 16.6% 2,567,497 16.6% 2,893,470 85+ 2,695,950 298,054 10.0% 314,35 5.5% 14,512 20,1% 1,338,135,118	Henry	₹	50,707	51,525	1.6%	52,418	1.7%	53,221	1.5%	54,321	2.1%
75+ 3,939 3,912 -0.7% 4,382 12.0% 5,173 18.1% 6,049 85+ 1,214 1,253 3.2% 1,256 0.2% 1,319 5.0% 1,661 All 6,455 6,596 2.2% 6,805 3.2% 6,995 2.8% 7,225 65+ 1,211 1,275 5.3% 1,377 8.0% 1,447 5.1% 1,520 75+ 613 595 -2.9% 652 9.6% 7,15 3.7% 1,520 85+ 2,422 2,32 1,4024 2.9% 14,185 1,134 1,520 85+ 1,199 1,194 0,4% 1,281 7.3% 14,185 1,434 1,286 1,286 1,286 1,134 1,520 289 1,447 5.1% 1,520 289 1,520 1,520 1,520 1,520 1,520 1,520 1,520 1,520 1,520 1,526 1,128 1,526 1,526 1,536	•	65+	8,326	9,222	10.8%	10,347	12.2%	11,629	12.4%	12,571	8.1%
All 6,456 6,596 2.2% 6,805 3.2% 1,256 0.2% 1,319 5.0% 1,661 All 6,456 6,596 2.2% 6,805 3.2% 6,995 2.8% 7,225 75+ 613 595 2.2% 6,805 3.2% 6,995 7,18 1,520 75+ 613 595 2.2% 652 96% 715 9,7% 1,520 75+ 613 595 2.2% 652 96% 715 9,7% 14,30 85+ 2,422 2,622 8,3% 2,917 11,3% 3,279 11,2% 3,60 75+ 1,199 1,194 0,4% 1,281 7,3% 14,464 14,3% 16,3% 75+ 1,199 1,194 0,4% 1,281 7,3% 14,48 3,5% 476 85+ 3,96 1,194 0,4% 1,148 1,57 4,7% 4,7% 4,7% 4,104		75+	3,939	3,912	-0.7%	4,382	12.0%	5,173	18.1%	6,049	16.9%
All 6455 6.596 2.2% 6,805 3.2% 6,935 2.8% 7,225 65+ 1,211 1,275 5.3% 1,377 8.0% 1,447 5.1% 7,520 75+ 613 595 -2.9% 652 9.6% 715 9.7% 817 85+ 2,42 2,622 8.3% 2,917 11,3% 3,279 11.2% 3,605 75+ 1,199 1,194 -0.4% 1,1281 7.3% 14,447 5,679 11,434 14,39 14,39 75+ 2,422 2,622 8.3% 2,917 11,3% 3,279 12,4% 3,605 75+ 1,199 1,194 -0.4% 1,1281 7.3% 14,64 14,3% 1,698 85+ 3,960 3,39 3,3% 13,1155 5.5% 137,954 5.2% 240 85+ 9,601 9,645 0,5% 10,165 5.4% 11,512 13,3% 13,104		85+	1,214	1,253	3.2%	1,256	0.2%	1,319	9.0%	1,661	25.9%
65+ 1,211 1,275 5.3% 1,377 8.0% 1,447 5.1% 1,520 75+ 613 595 -2.9% 652 9.6% 715 9.7% 817 85+ 250 231 -7.6% 243 5.2% 240 -1.2% 289 85+ 2,422 2,622 8.3% 2,917 11,38 12,4% 3,605 75+ 1,199 1,194 -0.4% 1,281 7.3% 14,48 14,3% 16,98 85+ 2,422 2,622 8.3% 2,917 11,3% 14,3% 14,3% 14,3% 14,3% 85+ 1,194 -0.4% 1,1281 7.3% 14,64 14,3% 14,3% 14,3% 16,98 85+ 1,18,385 124,277 5.0% 131,155 5.5% 13,7954 5.2% 141,615 75+ 9,601 9,645 0,5% 10,165 5.4% 11,512 13,3% 13,404 86+<	Stark	Air	6,455	965'9	2.2%	6,805	3.2%	6,995	2.8%	7,225	3.3%
75+ 613 595 -2.9% 652 9.6% 715 9.7% 817 85+ 250 231 -7.6% 243 5.2% 240 -1.2% 289 81 242 2.622 8.3% 2.917 14.185 1.1% 14.340 75+ 1,199 1.194 -0.4% 1,1281 7.3% 14.64 14.3% 16.98 85+ 2,422 2.622 8.3% 2.917 14.84 14.34 14.38 16.98 75+ 1,199 1.194 -0.4% 13.1,158 5.5% 137,954 3.5% 476 85+ 18,423 19,850 7.7% 22,568 13.7% 26,235 16.2% 141,615 75+ 9,601 9,645 0.5% 10,165 5.4% 11,512 13.3% 15,138,849 86+ 1,658,029 1,889,689 14.0% 2,201,461 16.5% 2,687,497 16.6% 2,014 75+ 804,549 </td <th></th> <td>65+</td> <td>1,211</td> <td>1,275</td> <td>5.3%</td> <td>1,377</td> <td>8.0%</td> <td>1,447</td> <td>5.1%</td> <td>1,520</td> <td>5.0%</td>		65+	1,211	1,275	5.3%	1,377	8.0%	1,447	5.1%	1,520	5.0%
85+ 250 231 -7.6% 243 5.2% 240 -1.2% 289 81 13,370 13,633 2.0% 14,024 2.9% 14,185 1.1% 14,340 85+ 2,422 2,622 8.3% 2,917 11,3% 3279 12.4% 3,605 75+ 1,199 1,194 -0.4% 1,281 7.3% 14,64 14,3% 1,698 85+ 18,423 124,277 5.0% 131,155 5.5% 137,954 5.2% 141,615 65+ 18,423 19,850 7.7% 22,568 13.7% 26,235 16.2% 29,072 75+ 9,601 9,645 0.5% 10,165 5.4% 11,512 13.3% 13,522 85+ 3,388 3,596 6.1% 3,573 -0.6% 3,741 4.7% 4,104 85+ 1,658,029 1,4316,487 4.1% 14,784,968 3.3% 15,138,49 75+ 804,549		75+	613	595	-2.9%	652	89.6	715	9.7%	817	14.3%
All All 13,370 13,633 2.0% 14,024 2.9% 14,185 1.1% 14,340 65+ 2,422 2,622 8.3% 2,917 11.3% 12,48 3,605 75+ 1,199 1,194 -0.4% 1,281 7.3% 14,464 14.4% 3,605 85+ 1,199 1,194 -0.4% 1,1281 7.3% 14,564 14.3% 1,698 All 118,386 124,277 5.0% 131,155 5.5% 137,954 5.2% 141,615 65+ 18,423 19,850 7,7% 22,568 13.7% 26,235 16,2% 29,072 75+ 9,601 9,645 0,5% 10,165 5.4% 11,512 13.3% 13,522 85+ 3,388 3,596 6.1% 3,573 0.6% 3,741 4.7% 4,794 All 13,24,289 13,64,38 14,0% 2,201,461 16,5% 2,567,497 16,6% 2,883,470	-	85+	250	231	%9°L-	243	5.2%	240	-1.2%	289	20.4%
65+ 2,422 2,622 8.3% 2,917 11.3% 3,279 12.4% 3,605 75+ 1,199 1,194 -0.4% 1,281 7.3% 1,464 14.3% 1,698 85+ 396 383 -3.3% 401 4.7% 415 3.5% 476 65+ 18,423 19,850 7.7% 22,568 13.7% 26,235 16.2% 29,072 75+ 9,601 9,645 0.5% 10,165 5.4% 11,512 13.3% 13,522 85+ 3,586 6.1% 3,573 -0.6% 3,741 4.7% 4,104 All 13,748,695 6.1% 14,316,487 4.1% 4.7% 4,104 All 1,658,029 1,889,689 14.0% 2,201,461 16.5% 2,667,497 16.6% 2,883,470 75+ 804,549 840,003 4.4% 936,745 11.5% 1,125,122 20.1% 1,353,163 85+ 269,950 2	Marshall	₹	13,370	13,633	2.0%	14,024	2.9%	14,185	1.1%	14,340	1.1%
75+ 1,199 1,194 -0.4% 1,281 7.3% 1,464 14.3% 1,698 85+ 396 383 -3.3% 401 4.7% 415 3.5% 476 65+ 18,23 124,277 5.0% 131,155 5.5% 137,954 5.2% 141,615 75+ 18,621 19,850 7.7% 22,568 13.7% 26,235 16.2% 29,072 75+ 9,601 9,645 0.5% 10,165 5.4% 11,512 13.3% 13,522 85+ 3,586 6.1% 3,573 -0.6% 3,741 4.7% 4,104 All 13,748,695 3,5% 14,316,487 4.1% 14,784,968 3,3% 15,138,849 65+ 1,658,029 1,889,689 14,0% 2,201,461 16.5% 2,667,497 16.6% 2,883,470 75+ 804,549 940,003 4.4% 936,745 5.5% 342,525 9.0% 402,311		65+	2,422	2,622	8.3%	2,917	11.3%	3,279	12.4%	3,605	9.9%
85+ 396 383 -3.3% 401 4.7% 415 3.5% 476 e All 118,385 124,277 5.0% 131,155 5.5% 137,954 5.2% 141,615 75+ 9,601 9,645 0.5% 10,165 5.4% 11,512 13.3% 13,522 85+ 3,586 6.1% 3,573 -0.6% 3,741 4.7% 4,104 All 13,279,091 13,748,695 3.5% 14,316,487 4.1% 14,784,968 3.3% 15,138,849 65+ 1,658,029 1,889,689 14,0% 2,201,461 16.5% 2,667,497 16.6% 2,883,470 75+ 804,549 940,003 4.4% 936,745 11.5% 1,125,122 20.1% 1,353,163 85+ 269,950 298,054 10.4% 314,336 5.5% 342,525 9.0% 402,311		75+	1,199	1,194	-0.4%	1,281	7.3%	1,464	14.3%	1,698	16.0%
e All 118,385 124,277 5.0% 131,155 5.5% 137,954 5.2% 141,615 65+ 18,423 19,850 7.7% 22,568 13.7% 26,235 16.2% 29,072 75+ 9,601 9,645 0.5% 10,165 5.4% 11,512 13.3% 13,522 85+ 3,386 3,596 6.1% 3,573 -0.6% 3,741 4.7% 4,104 All 13,279,091 13,748,695 3.5% 14,316,487 4.1% 14,784,968 3.3% 15,138,849 65+ 1,658,029 1,889,689 14.0% 2,201,461 16.5% 2,667,497 16.6% 2,883,470 75+ 804,549 840,003 4.4% 936,745 11.5% 1,125,122 20.1% 1,353,163 85+ 269,950 298,054 10.4% 314,336 5.5% 342,525 9.0% 402,311		85+	386	383	-3.3%	401	4.7%	415	3.5%	476	14.7%
65+ 18,423 19,850 7,7% 22,568 13.7% 26,235 16.2% 29,072 75+ 9,601 9,645 0,5% 10,165 5.4% 11,512 13.3% 13,522 85+ 3,386 3,596 6.1% 3,573 -0.6% 3,741 4.7% 4,104 All 13,279,091 13,748,695 3.5% 14,316,487 4.1% 14,784,968 3.3% 15,138,849 65+ 1,658,029 1,889,689 14.0% 2,201,461 16.5% 2,567,497 16.6% 2,883,470 75+ 804,549 840,003 4.4% 936,745 11.5% 1,125,122 20.1% 1,353,163 85+ 269,950 298,054 10.4% 314,336 5.5% 342,525 9.0% 402,311	La Saile	₽	118,385	124,277	2.0%	131,155	5.5%	137,954	5.2%	141,615	2.7%
75+ 9,601 9,645 0,5% 10,165 5.4% 11,512 13.3% 13,522 85+ 3,386 3,596 6.1% 3,573 -0.6% 3,741 4.7% 4,104 All 13,279,091 13,748,695 3.5% 14,316,487 4.1% 14,784,968 3.3% 15,138,849 65+ 1,658,028 1,889,689 14.0% 2,201,461 16.5% 2,567,497 16.6% 2,883,470 75+ 804,549 840,003 4.4% 936,745 11.5% 1,125,122 20.1% 1,353,163 85+ 269,950 298,054 10.4% 314,336 5.5% 342,525 9.0% 402,311		6 2+	18,423	19,850	7.7%	22,568	13.7%	26,235	16.2%	29,072	10.8%
85+ 3,388 3,596 6.1% 3,573 -0.6% 3,741 4.7% 4,104 All 13,279,091 13,748,695 3.5% 14,316,487 4.1% 14,784,968 3.3% 15,138,849 65+ 1,658,028 1,889,689 14.0% 2,201,461 16.5% 2,567,497 16.6% 2,883,470 75+ 804,549 840,003 4.4% 936,745 11.5% 1,125,122 20.1% 1,353,163 85+ 269,950 298,054 10.4% 314,336 5.5% 342,525 9.0% 402,311		75+	9,601	9,645	0.5%	10,165	5.4%	11,512	13.3%	13,522	17.5%
All. 13,279,091 13,748,695 3.5% 14,316,487 4.1% 14,784,968 3.3% 15,138,849 65+ 1,658,029 1,889,689 14,0% 2,201,461 16.5% 2,657,497 16.6% 2,883,470 75+ 804,549 840,003 4,4% 936,745 11.5% 1,125,122 20.1% 1,353,163 85+ 269,950 298,054 10.4% 314,336 5.5% 342,525 9.0% 402,311		85+	3,388	3,596	6.1%	3,573	%9·0-	3,741	4.7%	4.104	9.7%
65+ 1,658,028 1,889,689 14.0% 2,201,461 16.5% 2,567,497 16.6% 2,883,470 75+ 804,549 840,003 4.4% 936,745 11.5% 1,125,122 20.1% 1,353,163 85+ 269,950 298,054 10.4% 314,336 5.5% 342,525 9.0% 402,311	Illinois	Ā	13,279,091	13,748,695	3.5%	14,316,487	4.1%	14,784,968	3.3%	15,138,849	2.4%
804,549 840,003 4.4% 936,745 11.5% 1,125,122 20.1% 1,353,163 269,950 298,054 10.4% 314,336 5.5% 342,525 9.0% 402,311		65 +	1,658,029	1,889,689	14.0%	2,201,461	16.5%	2,567,497	16.6%	2,883,470	12.3%
269,950 298,054 10.4% 314,336 5.5% 342,525 9.0% 402,311		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	2.5%	342,525	%0.6	402,311	17.5%

Source: http://www.illinolsbiz.biz/doeo/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.

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

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-

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

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

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. <u>Document that the amount of physical space proposed for the proposed project is necessary and not excessive.</u>

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.

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space SIZE OF PROJECT (Continued ii)

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

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 III. 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.

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

DI ANNINO ADEL	CALCULATED	APPROVED	ADDITIONAL BEDS NEEDED
PLANNING AREA	BED NEED HEALTH SERVICE AREA	BEDS	OR EXCESS BEDS ()
		279	31
Boone Carroll	310 204	170	34
DeKalb	694	742	(48)
Jo Daviess	217	155	62
Loc	310	342	(32)
Ogle	573	535	38
Stephenson	662	663	(1)
Whiteside	717	822	(105)
Winnebago	2,332	2,463	(131)
жинсовдо	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 Peoria	1,698	1,736	
Tazewell	1,698 1,621	1,736	. (38)
Woodford	672	1,293 594	78
	HEALTH SERVICE AREA		
Adams		003	(157)
Adams Brown/Schuyler	1,338 184	1,495 215	·
Calhoun/Pike	265	337	(31)
	207	150	57
Cass , 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 Sangamon	608 1.395	654 1,254	: (46) ·· 141
Dangamon	HEALTH SERVICE AREA	004	
Champaign	1,003	908	95
Clark	296	255	41
Coles/Cumberland	724	939	(215)
DeWitt	187	190	. (3)
Douglas Douglas	233	233	0
Edgar Edgar	282	299	. (17)
Ford	262	427	(17)
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	(30)
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/Pope	94	113	(19)
Jackson	336	427	(91)
Jasper	69	82	(13)
Jefferson	399	346	53
	2/7		
	170	312	ATTACHMENT-15
Johnson/Massac Lawrence	339 338 227 125	312 360	ATT&CHMENT-15 (22)

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

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.

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 III. 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

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:
 - 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.

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 referral s 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 referrals source's address.

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

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.

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 III. 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

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

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 III. Adm. Code 1100 for each category of service involved in the proposal.

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



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	Manlius - 61338
Buda 61314	Neponset - 61345
Bureau - 61315	Ohio - 61349
Depue - 61332	Putnam - 61560
Granville - 61326	Seatonville - 61359
Hennepin – 61327	Sheffield - 61361
Henry - 61537	Spring Valley - 6136
Kewanee - 61443	Tiskilwa - 61368
Ladd - 61329	Walnut - 61376
LaMoille 61330	Wyanet - 61379
Malden – 61337	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



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 da

of July ,2011.

Notary: Dean Tibelle

MOTARY PUBLIC - STATE OF ELANCIS MY COMMERCIAN EXPERSITIVE

Sincerely.

Rex O. Conger, FACHE

President/CEO

Perry Memorial Hospital

Princeton, IL

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.

Leten R BLE MO

Dr. Ketan Patel

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, ME

ATTACHMENT-28B

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

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

Unused Haben MD



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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.

Sincetely,

Res D. Conger, FACHE

President/CEO

Perry Memorial Hospital

Princeton, IL:

Manor Court of Princeton Staffing

	Existi	ng	Propos	sed
Beds	- "			
Skilled	76		125	
Supportive Living	27		27	
Sheltered Care	22		Q	
Total	125		152	
Census Level of Care	# Residents		# Residents	
SNF Skilled	16		25	
SNF Alzheimer/Special Care	1		24	
SNF Intermediate	55		63	
Supportive Living	23		24	
Sheltered Care Alzhelmer	<u>19</u>		<u>0</u>	
· Totai	114		136	
Staffing:				
<u> </u>	<u>Hours</u>	FTEs	<u>Hours</u>	FTEs
Activity Director	80.00	1.0	80.00	1.0
Activity Aides .	216.00	2.7	302.00	3.8
Social Service	<u>80.00</u>	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	<u>1376.00</u>	<u> 17.2</u>	<u>538.00</u>	<u>6.7</u>
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	<u>13.0</u>	<u>1142.00</u>	<u>14.3</u>
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	<u>160.00</u>	<u>2.0</u>	<u>240.00</u>	<u>3.0</u>
Total Hskpg/Laundry	732.00	9.2	812.00	11.2
Maintenance Super	80.00	1.0	80.00	1.0
Maintenance	<u>80.00</u>	<u>1,0</u>	<u>80.00</u>	1.0
Total Maintenence	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	<u>80.00</u>	1.0	<u>80.00</u>	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
- L1 14 3 1
- LPN-MD
- RN-KS RN-CH
- MIA-CU
- RN-CH
- RN-AP RN-DF
- RN-CB
- MIN-CD
- RN-DW RN-KM
- RN-KS
- VIA-V2
- 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,

Marikay L. Snyder General Counsel

ATTACHMENT-28F



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Princeton Condition of Need

Mrs. Kathleen Dilbeck Administrator Liberty Village of Princeton 140 North Slxth 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

ILLINOIS HOUSE OF REPRESENTATIVES

DONALD L. MOFFITT

STATE REPRESENTATIVE • 74TH DISTRICT

COMMITTEES:

Access to Federal Funding Agriculture & Conservation

Counties & Townships

Fire Protection - Chairperson Railroad Industry - Republican Spokesperson

State Government Administration Veterans' Affairs JCAR

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 scniors 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,

Donald L. Moffitt State Representative

74th District

DLM:cll CC: J Michael Bibo 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

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

3y____(

Its Owner & Authorized

Representative

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.

ColleenSailer RN/CED

Respectfully,

Colleen Sailer

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

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,

lim Lilley

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.

! 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

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

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.

Respectfyfly,

Executive Director

Princeton Chamber of Commerce

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

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 fro 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.

Robert Johnsten

Sincerely,

Robert Johnsten

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 boast employment in our area.

Thank you for considering my request.

Respectfully.

Connie Doran

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.

my Harrie

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

Galesburg, IL 61401

July 7, 2011

Ms. Courtney Avery Administrator Health Facilities and Services Review Board 525 West Jefferson Street, 2th Floor Springfield, JL 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 Stell of McGladray & Pullan.

Sincerely yours.

lefting graw

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)

\$3,715,970

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

SUREAU COUNTY 1010 REAL ESTATE TAXES

IINA URBANOWSKI, COUNTY TREASURER

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

PERMANENT INDEX NUMBER

ASSESSED TO: BILL NUMBER:

PROPERTY DESCRIPTION 140 N. SIXTH ST. 24430

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

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

Land	+	65,967
Farm Land	+	0
Building	+	1,238,990
Farm Building	+	· · · <u>0</u>
B. Of R. Equalized State Eq. Factors * State Eq. Value	=	1,304,957
State Eq. Factors *	х	1.00000
State Eq. Value	=	1,304,957
Improvements	•	0
Owner Occupied		0
Homestead	-	Ò
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

07/12/2011

AST INSTALLMENT

Æ DATE:

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

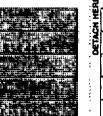
PRINCETON		10	5-16-226-0 1	6-226-010		
E SI OF NE COR OF PT L 98		ACR	n and	TAXABLE VALUE 1,304,957		
LOCATION OF PROPERTY	<u> </u>		SS COOF 0060	TAX CODE 16001		
Sect/Lot Two Range			NSHIP			
16 16 09	0.000		RINCETON			
TAXING BODY	Prior Rate	Prior Amount	Current Rate	Current Amount		
BUREAU COUNTY	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.\$.#500	2.03217	26,542.83	2.02075	26,369.92		
- RETTREMENT - 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		
- RETTREMENT	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		
- RETTREMENT - 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		
Marson	Court	t y Pr	incet			

09/07/2011

AMOUNT

1

\$54,447.77



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

AMOUNT

2

\$54,447.77

BILL NUMBER	24430	FORFEITED TAXES	OR YEARS
PERMANENT INDEX NUMBER	16-16-226-010	CURRENT TAX DUE	\$54.447.77
QUE DATE	09/07/2011	TAX PAYMENT - 2N	O (NST)
PAID BY OTHER		INTEREST	C0818 - 5 (1)
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



SECOND INSTALLMENT

DUE DATE:



McGladrey & Pullen, LLP

Certified Public Accountants

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,

Thomas R. Steil

Partner

.... Residential Alternatives of Illinois, Inc.

Hawthome Inn of Princeton

Projected Statement of Operations

For the Twelve Months Ending March 31, 2013

_	2013 PPD	2013
Revenue		
Rent - Skilled Nursing	150.00	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 Pl. 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	87 644 7
Hskp/Laundry Expenses		
Labor - Housekeeping/Custodial	3,57	178081
Labor - Laundry	1.21	60238
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 1
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 Eexpenses		
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	0.08	3039
Subscriptions/Fees/Training	0.11	5511
Subscriptional Good Haining	0.11	0011
Total Administrative	7.42	370726
General Expenses		
FICA	5.46	272836
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	7962
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 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	1069725
Depreciation Expense (2)	1.05	52180
Medicaid Assess Tax	1.08	54175
Miscellaneous	0.03	1399
Charity Care	0.40	19 9 73
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	