

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

12-039

**RECEIVED**

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

This Section must be completed for all projects.

APR 24 2012

**Facility/Project Identification**

HEALTH FACILITIES &amp;

|  |   |
|--|---|
| Facility Name: ManorCare Health Services of Crystal Lake | SERVICES REVIEW BOARD                       |
| Street Address: Terra Cotta Road & Route 176             |   |
| City and Zip Code: Crystal Lake, IL 60014                |   |
| County: McHenry  | Health Service Area 8 Health Planning Area: |

**Applicant /Co-Applicant Identification**

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

|   |
|---|
| Exact Legal Name: ManorCare Health Services, LLC            |
| Address: 7361 Calhoun Place, Suite 300, Rockville, MD 20855 |
| Name of Registered Agent: CT Corporation System             |
| Name of Chief Executive Officer: Paul Ormond                |
| CEO Address: 333 N. Summit St. Toledo, OH                   |
| Telephone Number: 240-453-8568                              |

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

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

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

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

**Primary Contact**

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

|   |
|---|
| Name: Don Reppy   |
| Title: Director of Health Planning                          |
| Company Name: HCR ManorCare Inc.                            |
| Address: 7361 Calhoun Place, Suite 300, Rockville, MD 20855 |
| Telephone Number: 240-453-8568                              |
| E-mail Address: dreppy@hcr-manorcare.com                    |
| Fax Number: 240/453-8511                                    |

**Additional Contact**

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

|  |
|--|
| Name: Kara Friedman                                    |
| Title: Attorney  |
| Company Name: Polsinelli and Shughart                  |
| Address: 161 N. Clark Street, #4200, Chicago, IL 62761 |
| Telephone Number: 312/873-3639                         |
| E-mail Address: kfriedman@polsinelli.com               |
| Fax Number: 312/819-1910                               |

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| County: McHenry  | Health Service Area: 8 | Health Planning Area: |

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

|   |
|---|
| Exact Legal Name: HCR Healthcare LLC                        |
| Address: 7361 Calhoun Place, Suite 300, Rockville, MD 20855 |
| Name of Registered Agent: CT Corporation System             |
| Name of Chief Executive Officer: Paul Ormond                |
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**[Provide for each co-applicant [refer to Part 1130.220].**

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|---|
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| CEO Address: 333 N. Summit St. Toledo, OH                   |
| Telephone Number: 240-453-8568                              |

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

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|--|--|
| <input type="checkbox"/> Non-profit Corporation            | <input type="checkbox"/> Partnership         |
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| Fax Number: 312/819-1910                               |

**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: Don Reppy   |
| Title: Director of Health Planning                          |
| Company Name: HCR ManorCare Inc.                            |
| Address: 7361 Calhoun Place, Suite 300, Rockville, MD 20855 |
| Telephone Number: 240/453-8568                              |
| E-mail Address: dreppy@hcr-manorcare.com                    |
| Fax Number: 240-453-8311                                    |

8.91 Acres Southeast Corner of Il Rt. 176 and Terra Cotta Road

**Site Ownership**

[Provide this information for each applicable site]

|  |
|--|
| Exact Legal Name of Site Owner: ManorCare Health Services, LLC   |
| Address of Site Owner: 7361 Calhoun Place #300 Rockville, MD 20855   |
| Street Address or Legal Description of Site:<br>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease. |
| <b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>  |

**Operating Identity/Licensee**

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

|  |
|--|
| Exact Legal Name: ManorCare Health Services, LLC   |
| Address: 7361 Calhoun Place #300, Rockville, MD 20855  |
| <input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental<br><input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other   |
| <ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul> |
| <b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>  |

**Organizational Relationships**

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

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

**Flood Plain Requirements**

[Refer to application instructions.]

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

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT**

**1. Project Classification**

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

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

## 2. Narrative Description

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

ManorCare Health Services, LLC (the "Applicant"), a wholly owned subsidiary of HCR ManorCare Inc. proposes to construct and operate ManorCare Health Services Crystal Lake, (MCHS Crystal Lake) a 130-bed skilled nursing facility (SNF) to be located in McHenry County. ManorCare Health Services Crystal Lake will be located on a 8.9 acre parcel at the intersection of Route 176 and Terra Cotta Road.

This new MCHS Crystal Lake nursing facility will help meet the projected need for 469 additional long-term care beds in McHenry County. It will distinguish itself as a quality provider of intensive rehabilitation care for high-acuity patients needing post-acute complex care and returning those patients to their homes as soon as possible.

The facility will be a 66,790 gross square feet, two story structure with 50 private and 40 semi-private rooms. The architectural design and space allocation for this facility will incorporate state-of-the-art features for rehabilitation and long-term care, and will conform with all federal, state, and local regulations relating to construction, staffing, sanitation and environmental protection. The nursing facility's design features will address patients' physical, social and psychological needs. The building's space allocation will meet the functional needs of the staff without sacrificing quality of life features.

The total estimated project cost will be funded with cash and cash equivalents of the co-applicant, HCR ManorCare, Inc.

This project is a new long-term care facility with an expenditure in excess of the threshold limit and is thus classified as substantive.

A detailed Program Summary is included as Part II of Attachment 12.

**Project Costs and Sources of Funds**

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

| <b>Project Costs and Sources of Funds</b>   |                   |                    |                   |
|---|-------------------|--------------------|-------------------|
| <b>USE OF FUNDS</b>   | <b>CLINICAL</b>   | <b>NONCLINICAL</b> | <b>TOTAL</b>      |
| Preplanning Costs   | 65,700            | 24,300             | 90,000            |
| Site Survey and Soil Investigation  | 25,550            | 9,450              | 35,000            |
| Site Preparation  | 365,000           | 135,000            | 500,000           |
| Off Site Work   | 182,500           | 67,500             | 250,000           |
| New Construction Contracts  | 8,969,393         | 3,317,447          | 12,286,840        |
| Modernization Contracts   | 0                 | 0                  | 0                 |
| Contingencies   | 538,163           | 199,047            | 737,210           |
| Architectural/Engineering Fees  | 518,767           | 191,873            | 710,640           |
| Consulting and Other Fees   | 146,000           | 54,000             | 200,000           |
| Movable or Other Equipment (not in construction contracts)  | 613,200           | 226,800            | 840,000           |
| Bond Issuance Expense (project related)   | 0                 | 0                  | 0                 |
| Net Interest Expense During Construction (project related)  | 387,265           | 143,235            | 530,500           |
| Fair Market Value of Leased Space or Equipment  | 0                 | 0                  | 0                 |
| Other Costs To Be Capitalized   | 591,665           | 218,835            | 810,500           |
| Acquisition of Building or Other Property (excluding land)  | 0                 | 0                  | 0                 |
| <b>TOTAL USES OF FUNDS</b>  | <b>12,403,204</b> | <b>4,587,486</b>   | <b>16,990,690</b> |
| <b>SOURCE OF FUNDS</b>  | <b>CLINICAL</b>   | <b>NONCLINICAL</b> | <b>TOTAL</b>      |
| Cash and Securities   | 12,403,204        | 4,587,486          | 16,990,690        |
| Pledges   |                   |                    |                   |
| Gifts and Bequests  |                   |                    |                   |
| Bond Issues (project related)   |                   |                    |                   |
| Mortgages   |                   |                    |                   |
| Leases (fair market value)  |                   |                    |                   |
| Governmental Appropriations   |                   |                    |                   |
| Grants  |                   |                    |                   |
| Other Funds and Sources   |                   |                    |                   |
| <b>TOTAL SOURCES OF FUNDS</b>   | <b>12,403,204</b> | <b>4,587,486</b>   | <b>16,990,690</b> |
| <b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |                   |                    |                   |

**Related Project Costs**

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

Land acquisition is related to project  Yes  No  
 Purchase Price: \$ 1,845,000  
 Fair Market Value: \$ 1,845,000

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 \$ \_\_\_\_\_.

**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): November 2015

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 ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**State Agency Submittals**

Are the following submittals up to date as applicable:

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

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



### Cost Space Requirements

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

| Dept/Area   | Cost                | Gross Square Feet |               | Amount of Proposed Total Gross Square Feet That is: |            |          |               |
|---|---------------------|-------------------|---------------|---|------------|----------|---------------|
|   |                     | Existing          | Proposed      | New Const   | Modernized | As Is    | Vacated Space |
| <b>REVIEWABLE</b>   |                     |                   |               |   |            |          |               |
| Nurse station, therapy spaces, patient rooms, med prep and food prep areas*, and all related circulation.                       | \$12,403,204        | None              | 48,746        | All   | 0          | 0        | 0             |
| <b>NON REVIEWABLE</b>   |                     |                   |               |   |            |          |               |
| Administrative, employee areas, lobby, dining, storage, public toilets, stairs, elevator mechanical and all related circulation | \$ 4,587,486        | None              | 18,044        | All   | 0          | 0        | 0             |
| <b>TOTAL</b>  | <b>\$16,990,690</b> | <b>None</b>       | <b>66,790</b> | <b>All</b>  | <b>0</b>   | <b>0</b> | <b>0</b>      |
| <b>APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>           |                     |                   |               |   |            |          |               |

\* We counted kitchen area as clinical since at least 50 percent of our patients are likely to have some kind of special diet for clinical reasons.

**Facility Bed Capacity and Utilization**

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


| <b>FACILITY NAME:</b> MCHS Crystal Lake              |                 | <b>CITY:</b> Crystal Lake, IL |              |             |               |
|--|-----------------|-------------------------------|--------------|-------------|---------------|
| <b>REPORTING PERIOD DATES:</b> From: _____ to: _____ |                 |                               |              |             |               |
| Category of Service                                  | Authorized Beds | Admissions                    | Patient Days | Bed Changes | Proposed Beds |
| Medical/Surgical                                     |                 |                               |              |             |               |
| Obstetrics   |                 |                               |              |             |               |
| Pediatrics   |                 |                               |              |             |               |
| Intensive Care                                       |                 |                               |              |             |               |
| Comprehensive Physical Rehabilitation                |                 |                               |              |             |               |
| Acute/Chronic Mental Illness                         |                 |                               |              |             |               |
| Neonatal Intensive Care                              |                 |                               |              |             |               |
| General Long Term Care                               | 0               | 0                             | 0            | 0           | 130           |
| Specialized Long Term Care                           |                 |                               |              |             |               |
| Long Term Acute Care                                 |                 |                               |              |             |               |
| Other ((identify)                                    |                 |                               |              |             |               |
| <b>TOTALS:</b>                                       | 0               | 0                             | 0            | 0           | 130           |

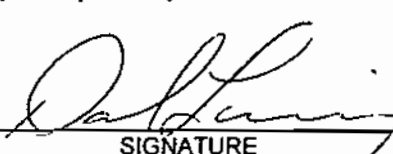
**CERTIFICATION**

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

  
 SIGNATURE  
 Larry R. Godla, Vice President  
 Development/Construction  
 PRINTED NAME

  
 SIGNATURE  
 David Lanning, Vice President  
 Development  
 PRINTED NAME

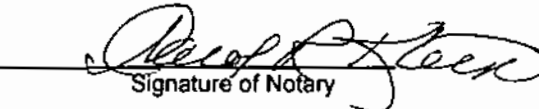
PRINTED TITLE

PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 20 day of April 2012

Notarization:  
 Subscribed and sworn to before me  
 this 20 day of April 2012

  
 Signature of Notary

  
 Signature of Notary

Seal

Seal

\*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

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

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

##### PURPOSE OF PROJECT

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

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

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

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

| SIZE OF PROJECT    |                    |                  |            |               |
|--------------------|--------------------|------------------|------------|---------------|
| DEPARTMENT/SERVICE | PROPOSED BGSF/DGSF | STATE STANDARD   | DIFFERENCE | MET STANDARD? |
|                    | 514 Sq Ft Bed      | 435-713 BGSF/Bed | N/A        | Yes           |

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

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

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

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

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

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

Indicate # of beds changed by

| Category of Service  | # Existing Beds | # Proposed Beds |
|--|-----------------|-----------------|
| <input checked="" type="checkbox"/> General Long Term Care |                 | 130             |

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

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

**Joint Committee on Administrative Rules**  
**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH**  
**CHAPTER II: HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**SUBCHAPTER b: OTHER BOARD RULES**  
**PART 1125 LONG-TERM CARE**  
**SECTION 1125.510 INTRODUCTION**

**Section 1125.510 Introduction**

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

| PROJECT TYPE                          | REQUIRED REVIEW CRITERIA          |  |
|---------------------------------------|-----------------------------------|--|
|                                       | Section                           | Subject  |
| Establishment of Services or Facility | .520                              | Background of the Applicant                              |
|                                       | .530(a)                           | Bed Need Determination                                   |
|                                       | .530(b)                           | Service to Planning Area Residents                       |
|                                       | .540(a) or (b) + (c) + (d) or (e) | Service Demand - Establishment of General Long Term Care |
|                                       | .570(a) & (b)                     | Service Accessibility                                    |
|                                       | .580(a) & (b)                     | Unnecessary Duplication & Maldistribution                |
|                                       | .580(c)                           | Impact of Project on Other Area Providers                |
|                                       | .590                              | Staffing Availability                                    |
|                                       | .600                              | Bed Capacity   |
|                                       | .610                              | Community Related Functions                              |
|                                       | .620                              | Project Size   |
|                                       | .630                              | Zoning   |
| .640                                  | Assurances                        |  |



SEE ATTACHMENT 28

FOR

ALL RESPONSES

TO

SECTION 1125

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

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

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

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

|            |                              |  |
|------------|------------------------------|--|
| 16,940,690 | a)                           | Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:   |
|            | 1)                           | the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and   |
|            | 2)                           | interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;   |
| _____      | b)                           | Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.   |
| _____      | c)                           | Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;   |
| _____      | d)                           | Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:   |
|            | 1)                           | For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;   |
|            | 2)                           | For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;  |
|            | 3)                           | For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;                     |
|            | 4)                           | For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;   |
|            | 5)                           | For any option to lease, a copy of the option, including all terms and conditions.   |
| _____      | e)                           | Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; |
| _____      | f)                           | Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;   |
| _____      | g)                           | All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.  |
| 16,940,690 | <b>TOTAL FUNDS AVAILABLE</b> |  |

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

**IX. 1120.130 - Financial Viability**

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

**Financial Viability Waiver**

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

**2. Variance**

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

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

**X. 1120.140 - Economic Feasibility**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

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

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

**COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE**

| Department<br>(list below)  | A             | B        | C             | D     | E           | F        | G                 | H        | Total<br>Cost<br>(G + H) |
|-----------------------------|---------------|----------|---------------|-------|-------------|----------|-------------------|----------|--------------------------|
|                             | Cost/Sq Ft    |          | Gross Sq Ft   |       | Gross Sq Ft |          | Const \$          | Mod \$   |                          |
|                             | New           | Mod      | New           | Circ* | Mod         | Circ*    | (A x C)           | (B x E)  |                          |
| Clinical                    | 184.00        | 0        | 48,746        | 23%   | 0           | 0        | 8,969,393         | 0        | 8,969,393                |
| Clinical                    | 11.04         |          | 48,746        | N/A   |             |          |                   |          |                          |
| Contingency                 |               | 0        |               |       | 0           | 0        | 538,163           | 0        | 538,163                  |
| Non-Clinical                | 183.85        | 0        | 18,044        | 22%   | 0           | 0        | 3,317,447         | 0        | 3,317,447                |
| Non-Clinical<br>Contingency | 11.03         | 0        | 18,044        | N/A   | 0           | 0        | 199,047           | 0        | 199,047                  |
| <b>Total</b>                | <b>195.00</b> | <b>0</b> | <b>66,790</b> |       | <b>0</b>    | <b>0</b> | <b>13,024,050</b> | <b>0</b> | <b>13,024,050</b>        |

**D. Projected Operating Costs**

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

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

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

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

**XI. Safety Net Impact Statement**

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

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

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

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

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

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

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|                    |  |  |  |
|--------------------|--|--|--|
| Medicaid (revenue) |  |  |  |
| Inpatient          |  |  |  |
| Outpatient         |  |  |  |
| Total              |  |  |  |

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

**XII. Charity Care Information**

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

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

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

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

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

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

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

| INDEX OF ATTACHMENTS |    |  |
|----------------------|----|--|
| ATTACHMENT NO.       |    | PAGES  |
| X                    | 1  | Applicant/Coapplicant Identification including Certificate of Good Standing                            |
| X                    | 2  | Site Ownership   |
| X                    | 3  | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. |
| X                    | 4  | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  |
| X                    | 5  | Flood Plain Requirements   |
| X                    | 6  | Historic Preservation Act Requirements   |
| X                    | 7  | Project and Sources of Funds Itemization   |
| X                    | 8  | Obligation Document if required  |
| X                    | 9  | Cost Space Requirements  |
|                      | 10 | Discontinuation  |
| X                    | 11 | Background of the Applicant  |
| X                    | 12 | Purpose of the Project   |
| X                    | 13 | Alternatives to the Project  |
| X                    | 14 | Size of the Project  |
| X                    | 15 | Project Service Utilization  |
|                      | 16 | Unfinished or Shell Space  |
|                      | 17 | Assurances for Unfinished/Shell Space  |
|                      | 18 | Master Design Project  |
|                      | 19 | Mergers, Consolidations and Acquisitions   |
|                      |    | <b>Service Specific:</b>   |
|                      | 20 | Medical Surgical Pediatrics, Obstetrics, ICU   |
|                      | 21 | Comprehensive Physical Rehabilitation  |
|                      | 22 | Acute Mental Illness   |
|                      | 23 | Neonatal Intensive Care  |
|                      | 24 | Open Heart Surgery   |
|                      | 25 | Cardiac Catheterization  |
|                      | 26 | In-Center Hemodialysis   |
|                      | 27 | Non-Hospital Based Ambulatory Surgery  |
| X                    | 28 | General Long Term Care   |
|                      | 29 | Specialized Long Term Care   |
|                      | 30 | Selected Organ Transplantation   |
|                      | 31 | Kidney Transplantation   |
|                      | 32 | Subacute Care Hospital Model   |
|                      | 33 | Post Surgical Recovery Care Center   |
|                      | 34 | Children's Community-Based Health Care Center  |
|                      | 35 | Community-Based Residential Rehabilitation Center  |
|                      | 36 | Long Term Acute Care Hospital  |
|                      | 37 | Clinical Service Areas Other than Categories of Service  |
|                      | 38 | Freestanding Emergency Center Medical Services   |
|                      |    | <b>Financial and Economic Feasibility:</b>   |
| X                    | 39 | Availability of Funds  |
| X                    | 40 | Financial Waiver   |
|                      | 41 | Financial Viability  |
| X                    | 42 | Economic Feasibility   |
|                      | 43 | Safety Net Impact Statement  |
| X                    | 44 | Charity Care Information   |





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

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

MANORCARE HEALTH SERVICES, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANACT BUSINESS IN ILLINOIS ON NOVEMBER 06, 2007, UNDER THE ASSUMED NAME OF HCR MANORCARE HEALTH SERVICES, LLC, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1201201362

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 12TH day of JANUARY A.D. 2012 .*

*Jesse White*

SECRETARY OF STATE

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCR HEALTHCARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2012.

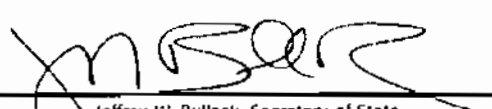
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4396056 8300

120040936

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9292817

DATE: 01-12-12

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCR MANORCARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2012.

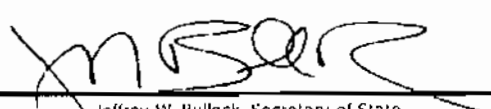
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4911749 8300

120040946

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9292826

DATE: 01-12-12

27

## PURCHASE AGREEMENT

THIS AGREEMENT ("Agreement") is made by and between ManorCare Health Services, LLC, a Delaware limited liability company ("Purchaser") and Northside Community Bank, an Illinois Chartered State Bank ("Seller") and effective as of February 20, 2012 ("Effective Date").

### WITNESSETH:

WHEREAS, Seller is the owner of approximately 8.91 acres of land with approximately 1,416 feet of frontage and located at the Southeast Corner of Illinois Route 176 and Terra Cotta Road, Crystal Lake, Illinois 60014 which is more thoroughly described in Exhibit "A" (incorporated by reference), together with all appurtenances and improvements and all rights and benefits of the property ("Property"); and

WHEREAS, Purchaser desires to purchase and Seller desires to sell the Property.

NOW THEREFORE, in consideration of the mutual promises hereinafter set forth and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

**SECTION 1. PURCHASE.** Seller agrees to sell and convey and Purchaser agrees to purchase the Property subject to the terms and conditions set forth in this Agreement.

**SECTION 2. PURCHASE PRICE.** The purchase price for the Property (the "Purchase Price") is **One Million Eight Hundred Forty-Five Thousand Dollars (\$1,845,000.00)**.

### **SECTION 3. DEPOSIT.**

(A) Within five (5) business days after the Effective Date, Purchaser will deposit **Forty-Five Thousand Dollars (\$45,000.00)** (the "Deposit") with Chicago Title and Trust Company (the "Title Company"). The Deposit will be held in escrow by the Title Company until Closing (as defined in Section 11(A)), at which time the Deposit together with all interest earned thereon will be credited to Purchaser and applied to the Purchase Price. Subject to Section 3(B), below, in the event Seller fails to close in accordance with the terms hereof, or if any of the conditions precedent stated in Section 14 are not fully satisfied or waived, the Deposit and any interest earned thereon will be refunded to Purchaser, in addition to all other remedies at law, including an action for damages or specific performance.

(B) Notwithstanding anything to the contrary and provided that Seller is not then in default, nor has this Agreement been terminated by Purchaser in accordance with Section 14(B), below, within 10 days after the expiration of the Study Period, then under such circumstances \$20,000 of the Deposit shall become non-refundable.

(C) Additionally, and provided this Agreement is still in effect and Seller is not then in Default, for each thirty (30) day extension of the Closing Date elected by Purchaser in accordance

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with Section 11(B), below, \$2,000 of the Deposit shall become non-refundable.

(D) In any event, should Closing occur, the entire Deposit, whether or not any portion shall be deemed non-refundable, shall be applied against the Price.

**SECTION 4. SURVEY.** A current ALTA boundary Survey of the Property will be ordered by Purchaser at Seller's expense, not to exceed **Two Thousand Five Hundred Dollars (\$2,500.00)**. Upon completion of this survey, a current legal description of the Property will be attached to this Agreement as Exhibit "B" and made a part hereof.

**SECTION 5. ACCESS TO PROPERTY.**

(A) As of the Effective Date and through Closing, the Seller will grant to Purchaser and its agents and employees reasonable access to the Property for the purpose of inspecting the Property, taking measurements, soil boring, and for such other purposes as are necessary to fully evaluate the Property. In addition to Purchaser's right of inspection, the parties agree that, during a period of 270 days after the Effective Date, Purchaser will have the right to apply for such licenses, permits, or other governmental approvals required for the use of the Property as a skilled nursing facility ("Purchaser's Intended Use") and to arrange for an inspection of the Property by the governmental authorities whose approval is required in order to obtain the licenses or permits for Purchaser's Intended Use. Purchaser will be responsible for all expenses incurred pursuant to this Section 5.

(B) Seller will fully cooperate with Purchaser in connection with seeking all governmental approvals necessary or desirable with respect to the development and use of the Property for Purchaser's Intended Use. Seller will promptly execute and deliver all necessary or desirable applications, filings, petitions, plats, or other documents or agreements. Promptly after request by Purchaser, Seller will execute and deliver to Purchaser a limited power of attorney in form and substance required by any governmental agency empowering an employee or agent of Purchaser to sign, execute, and submit to all appropriate governmental agencies any applications, maps, and requests for development-entitlements as Purchaser deems necessary for the use and development of the Property.

(C) Within ten (10) days after the Effective Date, the Seller will provide the Purchaser with copies of such documents in the Seller's possession or control pertaining to the Property as the Purchaser may request including, without limitation, copies of the most recent year's tax bills, any available information pertaining to the Property's environmental condition, soils and geotechnical status, flood plain information, and any existing surveys of the Property.

**SECTION 6. REPRESENTATIONS AND WARRANTIES.**

(A) As a material inducement to Purchaser to enter into this Agreement and to pay the Purchase Price, Seller warrants and represents to Purchaser as follows:

(i) At the time of the Closing Conference (as defined in Section 11(A)), and at the time of the Closing there will be no leases, tenancies, or other arrangements applicable to the Property. The Property will be conveyed to Purchaser vacant and free from all leases, tenancies, and other arrangements. Seller will deliver actual possession of

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Property to Purchaser at Closing. All moveable items of personal property will be removed from the Property by Seller on or before Closing. At Closing, the Property will be in substantially the same condition as of the Effective Date and the Seller will not make, permit, or suffer any material changes to the Property, nor any changes that would affect Purchaser's use or development of the Property for Purchaser's Intended Use, without the Purchaser's prior written consent.

(ii) All work, if any, required pursuant to any written commitment with respect to the Property has been performed and paid in full. Seller knows of no other commitments of any kind concerning the Property. There will be no mechanic's liens, materialmen's liens, or other liens on, or threatened upon, the Property.

(iii) From the Effective Date to the Closing, no lease, tenancy agreement, mortgage, encumbrance, or other arrangement will be entered into applicable to the Property without the prior written consent of the Purchaser.

(iv) Seller has and will comply with all laws, regulations, ordinances, orders, and requirements against or affecting the Property. The Property will be conveyed free of any violations of law. There are no pending or threatened notices of violation pertaining to the Property. As of Closing, there will be no notice of violation of any law, regulation, ordinance, order, or requirement pending against the Property nor will there be any prosecution on account of a violation pending before any court, tribunal, or agency.

(v) The Seller is not involved in any litigation, and there is no threat of litigation affecting the Property or the Seller's ability to convey clear title to it, or any threat of condemnation or the taking of any portion of the Property for public use or under power of eminent domain, or any restriction on the use of the Property, except as described on Schedule 6(A)(v), hereto.

(vi) If any claim is made against Purchaser following the Closing by any tenant, occupant, employee, contractor, or other person with respect to any matter related to the Property that arose on or before the Closing known to or caused by Seller, Seller will and does hereby agree to indemnify, defend, and hold Purchaser harmless from and against all losses, claims, liabilities, damages, and expenses in connection with the claim(s) including, but not limited to, reasonable attorney's fees.

(vii) No assessments for public improvements have been made against the Property that remain unpaid, including, without limitation, those for construction of sewer and water lines and mains, streets, sidewalks, and curbs. In the event work for public improvements, including, without limitation, streets, curbing, sidewalks, sewer, water, electric or gas lines, is instituted before the Closing, Seller will be responsible for the total assessments and charges that are made against the Property when they are due and payable. Seller knows of no public improvements that have been ordered to be made and that have not heretofore been completed, assessed, and paid for. There are no taxes, including roll-back taxes, penalties, or interest due with respect to real estate taxes on the Property that will not be paid at or on or before the Closing.

(viii) The Seller is the legal owner of record and in fact, of good and

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marketable fee simple title to the Property, and has full capacity, right, authority, and power to enter into and perform this Agreement and to convey good and marketable fee simple title to the Property to Purchaser without consent of any other person, governmental authority, or entity. This Agreement is legally binding on and enforceable against Seller in accordance with its terms.

(ix) Seller has not used, generated, manufactured, produced, stored, or disposed of on, under or about the Property or transported to or from the Property any hazardous materials, including, without limitation flammable materials, explosives, asbestos, radioactive materials, hazardous wastes, toxic substances, or related injurious materials, whether injurious by themselves or in combination with other materials. Seller has no knowledge that any third party has used, generated, manufactured, produced, stored or disposed of on, under or about the Property or transported to or from the Property any hazardous materials, including, without limitation flammable materials, explosives, asbestos, radioactive materials, hazardous wastes, toxic substances, or related injurious materials, whether injurious by themselves or in combination with other materials. There are no underground or aboveground storage tanks on the Property, and Seller has no knowledge that any such tanks were formerly located on the Property or were abandoned on the Property. There is no proceeding or inquiry by any governmental authority (including without limitation the Environmental Protection Agency or any similar state, county, or local agency) with respect to the presence of such hazardous materials on the Property or their migration from or to other property, and to the best of Seller's knowledge no such inquiries are pending or threatened. For purposes of this Agreement hazardous materials will include but not be limited to substances defined as "hazardous substance", hazardous materials", "toxic substances", or other similar terms in the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended (Title 42, United States Code, Section 9601-9675); the Hazardous Materials Transportation Act, as amended (Title 49, United States Code, Section 1801-1819); the Resource Conservation and Recovery Act of 1976, as amended (Title 42, United States Code, Section 6901 et. seq.); the Toxic Substances Control Act, 15 U.S.C. Section 2601 et. seq; in the regulations adopted and publications promulgated under these laws; any state or local laws pertaining to the environment; any substance that is or contains gasoline, diesel fuel, motor oil, waste oil, grease, or any other petroleum hydrocarbons; and any substance the presence of which requires investigation, monitoring, removal, or remediation under any federal, state, or local statutes, ordinance, code, regulation, order, decree, policy or common law now or hereafter in effect.

(x) All easements are recorded in the applicable land records and are appurtenant to the Property.

(xi) Intentionally Deleted.

(xii) Seller's performance of its duties, and obligations of Seller under this Agreement will not conflict with, result in a breach of or default under, or be adversely affected by, any agreements, instruments, decrees, judgments, injunctions, orders, writs, laws, rules, or regulations, or any determination or award of any arbitrator, to which Seller is a party or by which it or its assets are bound.

(xiii) Seller has not made an assignment for the benefit of creditors, nor

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has Seller filed, or had filed against it, any petition in bankruptcy.

(xiv) The Property is a legally created parcel and is not in violation of any applicable subdivision law, ordinance or regulation.

(B) Notwithstanding anything contained herein to the contrary, all of the foregoing representations and warranties will be applicable, true, correct, and complete, as of the Effective Date, at all times during the executory period hereof, and as of the Closing. Seller's breach of any of its representations or warranties as of or on or before Closing will entitle Purchaser at its sole option to do one or more of the following either concurrently or successively: (i) grant Seller up to thirty (30) days to correct any item that is contrary to the foregoing representations and warranties; (ii) proceed to Closing regardless of any item contrary to the foregoing representations and warranties; (iii) correct any item that is contrary to the foregoing representations and warranties and deduct any costs, charges, or expenses that Purchaser suffers to correct the breach from the Purchase Price; or (iv) provided Seller is not then in default and subject to Section 3, above, obtain immediate return of the Deposit and any interest earned thereon in which event this Agreement will terminate. In making any of the above elections, Purchaser does not waive any rights it might have at law or in equity as a result of Seller's breach of any of its representations or warranties.

#### SECTION 7. CONDITION OF TITLE.

(A) Deed. The Property will be conveyed to Purchaser by Special Warranty Deed (the "Deed") in form acceptable to Purchaser, free and clear of all liens and encumbrances except the lien for taxes for the current year and easements that do not materially impair the value of the Property or its suitability for the uses contemplated by Purchaser.

(B) Title Commitment. Within fifteen (15) days of the Effective Date, Seller will deliver to Purchaser an owner's title insurance commitment issued by the Title Company covering the Property together with copies of all instruments noted as exceptions ("Title Commitment").

(C) Objections. If any of the exceptions noted on the Title Commitment are unacceptable to Purchaser, Purchaser will so notify Seller in writing within thirty (30) days after Purchaser receives the Title Commitment, copies of all exceptions noted therein and the Survey required in Section 4 hereof, identifying in such notification the exception or exceptions that are not acceptable to Purchaser. Should the Title Commitment disclose exceptions to title or other matters unacceptable to Purchaser, other than liens to be released in connection with the Closing, Seller will have thirty (30) days after receipt of Purchaser's written objections within which to cure same at Seller's expense. If Seller is unable to cure any such exception within 30-days, Purchaser may elect to do one or more of the following either concurrently or successively: (i) grant Seller additional time within which to cure any exception; (ii) accept title in its existing condition, without any adjustment in the Purchase Price; (iii) cure any such exception and any costs, charges or expenses will be deducted from the Purchase Price; or (iv) terminate this Agreement, in which event the Deposit plus interest earned thereon will be immediately returned to Purchaser, whereafter no party hereto will have any rights, obligations, or liabilities under or in connection with this Agreement except that in making any of the above elections, Purchaser does not waive any rights it may have at law or in equity as a result of Seller's inability to deliver to Purchaser free and clear title as contemplated in this Agreement.



(D) New Exceptions. In the event that any revised title commitment or endorsement to the Title Commitment contains an exception(s) that was not contained in the original Title Commitment (a "New Exception"), Purchaser will have the right to object thereto by giving Seller notice of such objection(s) within twenty (20) days after receiving the endorsement or revised Title Commitment containing the New Exception(s). Seller will have the right to cure said objections within twenty (20) days after receiving the same and if Seller is unable to so cure an objection to any New Exception, Purchaser will have the same rights with respect thereto as are afforded to it by this Section 7 with regard to uncured objections to exceptions reported in the original Title Commitment.

(E) Standard Exceptions to the Title Insurance Policy. Seller will execute any affidavits and other documents as Title Company or Purchaser may require to remove or, at Seller's cost, obtain extended coverage over the standard exceptions (except the exception for real property taxes for years after the year in which Closing occurs) in the Title Insurance Policy.

(F) Required Easements. In the event an easement or the consent of Seller is required over any other property owned by Seller in order to service the Property with utilities, Seller and Purchaser shall negotiate in good faith to provide said easement or consent. In the event the parties cannot agree within ten (10) days after Purchaser's request for negotiations, Purchaser shall have the right by notice within five (5) days after such ten (10) day period to terminate the Agreement by notice to Seller and, thereupon, Seller shall refund the entire Deposit, including any interest earned thereon, to Purchaser, subject Seller's right to retain any portion of the Deposit then deemed non-refundable pursuant to Section 3, above.

**SECTION 8. ENVIRONMENTAL INDEMNIFICATION.** Seller agrees to indemnify, defend, and hold harmless Purchaser, and Purchaser's officers, directors, agents, employees, successors, and assigns, from and against any claims, causes of action, actions, proceedings, orders, demands, costs, expenses, damages, and liabilities, including, but not limited to, reasonable attorney's fees, arising out of or in any way connected with any environmental condition in, on, or of the Property existing as of the Closing Date or arising out of Seller's breach of the environmental representations and warranties set forth in Section 6(A)(ix). Such duty of indemnification will include, but not be limited to, claims, losses or liability arising from: (i) a state, federal or local environmental law, regulation or ordinance; (ii) strict liability; or (iii) common law.

**SECTION 9. CLOSING COSTS.** Seller will be responsible for the cost of preparation of the Deed, the preparation and recording of releases, and such instruments as are appropriate to present clear title to the Property, including extended coverage, the cost of documentary stamps and transfer taxes on the Deed, the cost of the Title Commitment, title examination and owner's title insurance, and the cost of its own counsel. Should the condition of Seller's title be such as to require any expenses to perfect the same, such expenses will be paid by Seller. Purchaser will be responsible for the cost of title policy endorsements requested by Purchaser or Purchaser's lender, cost of recording the Deed, and the cost of its own counsel. Closing costs not specifically referred to herein will be divided equally between Purchaser and Seller.

**SECTION 10. ADJUSTMENTS.** Rents, taxes, utilities, recapture fees, and all operating fees or charges of any kind pertaining to the Property, are to be adjusted and prorated to the Closing Date. Taxes, general and special, are to be adjusted and prorated according to the certificate of taxes issued by the Treasurer of the County in which the Property is located or other appropriate authority, except that assessments for improvements, if any, commenced or completed on or before

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the Effective Date, whether such assessments have been levied or not, will be paid by Seller or an allowance will be made for the assessment at the Closing Conference. Seller will be solely responsible for and will reimburse Purchaser for any roll-back or similar taxes that are assessed against the Property as a result of or arising out of this transaction.

## SECTION 11.

(A) CLOSING, CLOSING CONFERENCE, PAYMENT OF PURCHASE PRICE. Unless the time for the same is extended by mutual written agreement of the parties or by other provisions of this Agreement, the recordation of the Deed and the payment of the Purchase Price to Seller (the "Closing") will occur within thirty (30) days after the satisfaction of all conditions precedent contained in Section 14 (the "Closing Date"). The parties will meet one (1) business day on or before Closing at the offices of the Title Company to execute all documents necessary to consummate the transaction contemplated hereby (such meeting being herein referred to as the "Closing Conference"). In lieu of having a personal meeting to effectuate the Closing, the Purchaser may elect to have an escrow closing, in which event all closing documents and funds required to effectuate the Closing will be delivered in escrow to the Title Company on or before the date provided for the Closing Conference, and the parties will instruct the Title Company to record the Deed and to disburse funds as set forth on the signed settlement statements on the date provided for Closing, as more specifically provided in Section 11 (B) hereof.

(B) Subject to Section 3(B), above, three successive thirty (30) day extensions of the Closing Date will be granted by Seller in the event Purchaser is unable to satisfy one or more of the conditions set forth in Sections 14(A)(iii) and (iv) within the stated time periods, along with a corresponding extension of time to satisfy any such condition precedent. The Closing Date, or, if applicable, any extension thereof, may be extended at the Purchaser's option for causes attributable to the Seller.

(C) RECORDING AND PAYMENT OF PURCHASE PRICE. Upon the completion of the Closing Conference, the parties will instruct the Title Company to record the Deed in the appropriate land records (provided that Title Company has committed in writing to deliver an MTA Owner's Extended Coverage Policy of Title Insurance containing only the exceptions Purchaser has agreed to accept pursuant to Section 7 hereof with coverage in an amount not less than the Purchase Price and containing such endorsements as Purchaser may require and without exception for matters first appearing in the public records or attaching after the effective date of the Title Commitment, but on or before the date Purchaser acquires the Property for value of record, the "Title Insurance Policy") to effect the transfer and conveyance of the Property to Purchaser. Upon such recording and agreement to deliver the Owner's Policy as above: (i) the parties will cause the Title Company to disburse funds to Seller in the amount of the Purchase Price (subject to the prorations provided for herein and less Seller's share of closing costs provided for herein); and (ii) the parties will cause the Title Company to deliver all documents executed in accordance with this Agreement. The parties will also cause the Title Company to file with the Internal Revenue Service (with copies to Purchaser and Seller) the reporting statement required under Section 6045(e) of the Internal Revenue Code.

SECTION 12. RISK OF LOSS. The risk of loss or damage to the Property by fire or other casualty remains with Seller until the Deed is recorded.

**SECTION 13. PURCHASER'S DEFAULT.** If Seller fully performs its obligations and responsibilities undertaken in this Agreement and Purchaser wrongfully fails to close or otherwise defaults hereunder, then Seller will receive and retain the Deposit as and for liquidated damages as its exclusive remedy and Purchaser will be relieved from all further obligations and liability hereunder or otherwise pertaining to this Agreement. On or before the exercise by Seller of its rights in the event of default by Purchaser, the Seller will provide written notice specifying the default to the Purchaser and the Purchaser will have thirty (30) days following receipt of the notice to cure such default.

**SECTION 14. CONDITIONS PRECEDENT.**

(A) This Agreement is made subject to and contingent upon the conditions precedent as follows (the "Conditions Precedent"):

(i) Within 90 days after the Effective Date (the "Study Period"), Purchaser determining, in its sole discretion, that it is satisfied with the Property and that development of the Property for Purchaser's Intended Use appears to be feasible and that the Property is an economically feasible and sound investment.

(ii) Approval by the Purchaser's Board of Directors during the Study Period.

(iii) Within 270 days after the Effective Date, Purchaser obtaining, on satisfactory terms and conditions, the necessary final and non-appealable zoning, subdivision, and site plan approvals from all necessary governmental and other authorities (including, without limitation, (the "Governmental Authorities") for the development and use of the Property for Purchaser's Intended Use.

(iv) Within 270 days after the Effective Date, a Certificate of Need is obtained to permit the development and use of the Property for the Purchaser's Intended Use.

(B) In the event any Condition Precedent is not satisfied, Purchaser will have the option to either: (i) waive the Condition(s) Precedent and proceed to Closing; or (ii) terminate this Agreement by notice to Seller within ten (10) days after the expiration of any applicable contingency period provided in subparagraph (A)(i)-(iv), above, in which event the Deposit, except for that portion of the Deposit which has become non-refundable, together with all interest earned thereon which shall be returned to Purchaser.

(C) Purchaser will use diligence and good faith to timely satisfy the Conditions Precedent contained in Section 14(A)(iii) and (A)(iv) and will promptly notify Seller in the event they are not or cannot be satisfied.

The satisfaction or waiver of the Condition(s) Precedent will not operate to release or excuse Seller from any representations, warranties or agreements made by Seller in this Agreement.

**SECTION 15. RIGHT TO ASSIGN.** Purchaser may, on or before the Closing Conference, assign all its right, title, and interest in and to this Agreement to any entity that is (whether directly or indirectly) controlled by, controlling or in common control with Purchaser.

**SECTION 16. COMMISSIONS AND FEES.** The Seller is responsible for any commission or fees that may become due to any real estate agent, broker or finder as a result of this transaction and hereby agrees to indemnify, defend (using counsel satisfactory to the Purchaser) and hold Purchaser harmless from and against any claims therefor.

**SECTION 17. CONDEMNATION.** Seller represents that it has not received any notice of any condemnation proceedings against the whole or any part of the Property. If, on or before the Closing, all or any portion of the Property will be condemned or taken by eminent domain by any competent authority for any public or quasi-public use or purpose (or such condemnation or taking action is commenced or threatened), then, in such event, Purchaser will have the option to cancel this Agreement or conclude the transaction herein provided for. If Purchaser elects to cancel this Agreement because of a condemnation action, then the Deposit, together with interest earned, if applicable, will be refunded to Purchaser and this Agreement will be null and void. If, however, Purchaser elects to conclude this transaction, there will be: (i) an abatement in the Purchase Price measured by the proceeds of any condemnation award allowed; and (ii) the Seller will not enter into any agreement with the taking authority without the prior written consent of the Purchaser.

**SECTION 18. NOTICES.** All notices or elections provided for herein will be deemed to have been properly made when deposited, postage prepaid, in the U.S. Mails, or with a reputable overnight courier service such as Airborne Express, Federal Express or UPS, to the following addresses:

To Purchaser:  
**ManorCare Health Services, LLC**  
Attn: Patricia A. McCormick  
333 N. Summit Street, P.O. Box 10086  
Toledo, Ohio 43699-0086

With a copy to:

David Lanning  
**ManorCare Health Services, LLC**  
7361 Calhoun Place, Suite 300  
Rockville, MD 20855

and

**David E. Zajicek**  
**Hinshaw & Culbertson LLP**  
4343 Commerce Court, Suite 415  
Lisle, IL 60532

To Seller:

**Edward D. Egelston**  
**Vice President**  
**Northside Community Bank**  
800 Route 83  
Mundelein, IL 60060

With a copy to:

**Mark S. Saladin, Esq.**  
**Zanck, Coen & Wright, P.C.**  
40 Brink Street  
Crystal Lake, IL 60014

Each party may change its address for the giving of notices hereunder by giving notice of such change to the other party in accordance with this Section.

**SECTION 19. RESTRICTIVE COVENANT.** At the Closing Conference, the Seller will execute and deliver restrictive covenants (the "Restrictions") in recordable form to be recorded against and to encumber that certain parcel of land presently owned by Seller or an entity controlled

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by Seller, commonly known as the approximate 5.0 acre parcel of land at the southwest corner of Illinois Route 176 and Terra Corta Road ("Seller Parcel") as follows: The Restrictions will provide that at no time will the Seller Parcel be used for the construction, operation or maintenance of nursing care facilities comprised of establishments primarily engaged in providing inpatient nursing and rehabilitative services, including skilled care nursing homes, convalescent homes or convalescent hospitals, homes for the elderly with skilled nursing care, rest homes with skilled nursing care and inpatient hospice care. The Restrictions will run with and bind the Seller Parcel for a period of fifty (50) years after their recordation and thereafter for successive periods of ten (10) years unless terminated by the recordation of a document signed by all of the then owners of the Seller Parcel restricted by the Restrictions and the then owners of the Property. The Restrictions will be enforceable both at law and in equity by the owner(s) of all or a portion of the Property. Seller further agrees that the Seller Parcel will be subject to all of the forgoing Restrictions during the executory period of this Agreement.

#### SECTION 20. MISCELLANEOUS.

(A) This Agreement sets forth all promises, agreements, conditions, inducements, and understandings between and among the parties concerning the subject matter hereof and there are no promises, agreements, conditions, inducements, warranties, representations, oral or written, express or implied, between them concerning the subject matter hereof, other than as herein set forth. This Agreement will not be modified or amended in any manner except by an instrument in writing executed by the parties.

(B) The headings contained in this Agreement are for convenience and reference only, and in no way modify, interpret or construe the meaning of the parties.

(C) Each term, agreement, covenant, condition, representation and warranty herein made will survive the Closing and the delivery of the Deed. All provisions that are to be performed or apply to circumstances after the Closing will likewise survive the Closing and the delivery of the Deed.

(D) This Agreement will be construed and enforced in accordance with the laws of the State in which the Property is located. If any provision of this Agreement is determined to be illegal or unenforceable, such determination will not affect the remaining terms of this Agreement.

(E) This Agreement may be executed in any number of counterparts, each of which will be deemed original, but such counterparts will together constitute but one and the same instrument.

(F) Each of the parties will execute such other documents as may be necessary to carry out the intent as well as comply with the provisions of this Agreement.

(G) This Agreement will be binding upon and inure to the benefit of the respective parties and their heirs, executors, personal representatives, successors, and assigns.

(H) In the event any action or proceeding is commenced with regard to the subject matter of this Agreement, the prevailing party in such action or proceeding will be entitled to

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have its reasonable attorney's fees incurred in said action or proceeding reimbursed by the non-prevailing party.

(I) A reference in this Agreement to any one gender, masculine, feminine or neuter, includes the other two and the singular includes the plural and vice versa, unless the context otherwise requires. If any party is made up of more than one person or entity, then all such persons and entities will be included jointly and severally, even though the defined term for such party is used in the singular in this Agreement.

(J) The recitals set forth at the beginning of this Agreement are hereby made an integral part of this Agreement.

(K) At the Closing Conference Seller will execute and deliver an Affidavit satisfying the requirements of Section 1445 of the Internal Revenue Code of 1986, as amended.

(L) If in calculating the date for any event hereunder, the date will, by reason of the provisions of this Agreement, fall on a Saturday, Sunday, or day on which banks are closed in the state of Illinois or the state in which the Property is located, then the date will be in the next succeeding business day.

(M) Each party (the "cooperating party") agrees to cooperate with the other (the "exchanging party") to accomplish a like-kind exchange pursuant to Section 1031 of the Internal Revenue Code, provided there is no delay in the Closing beyond fifteen (15) days and the cooperating party is not required to incur any additional costs, expense, or liability, contingent or otherwise, or to take title, legal or equitable, to any other property. The exchanging party agrees to reimburse the cooperating party for any additional fees and costs incurred by the cooperating party as a result of any such exchange or attempted exchange, including but not limited to its attorneys' fees, and to indemnify, defend, and hold the cooperating party harmless from and against any claims, actions, costs and expenses, including but not limited to reasonable attorneys' fees and witness fees resulting from or arising in connection with any such exchange or attempted exchange. Neither party will be released from its obligations under this Agreement if the exchange fails for any reason.

(N) No waiver by a party of any provision of this Agreement will be considered a waiver of any other provision or any subsequent breach of the same or any other provision, including the time for performance of any such provision. Any waiver by a party of any provision of this Agreement will be effective only if made in writing and duly executed by that party.

(O) Seller will not enter into or entertain any negotiations, discussions, or offers to purchase with any person not a party to this Agreement with respect to the sale, leasing, conveyance, or other transfer of the Property, or any portion thereof, so long as this Agreement remains in effect.

(P) Prior to the end of the Study Period, Purchaser shall deliver to Seller reasonable evidence that it has applied to the State of Illinois for a Certificate of Need to permit the development and use of the Property for Purchaser's Intended Use.

(Q) If Seller is not in default and this transaction fails to close as a result of

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Purchaser's default, Purchaser shall deliver to Seller a copy of the survey, title commitment and each study or report, including soil borings and environmental studies, as well as other engineering reports and drawings submitted by Purchaser to the City of Crystal Lake in connection with Purchaser's applications for zoning, development and use of the Property for Purchaser's Intended Use, subject to the rights of the professional consultants preparing such and without any representation or warranty on the part of Purchaser as to Seller's right to rely on or deliver such to any third party for reliance in connection with any further sale and use of the Property. The terms of this Section 20(Q) shall survive the termination of this Agreement for any cause.

(R) Any real estate tax rebates as a result of Seller deeding rights-of-way to any local or governmental body shall be the property of Seller so long as Seller deeds to Purchaser approximately 8.91 acres net of road rights-of-way.

(S) Forthwith after the Effective Date, Seller shall, at its cost, deliver to Purchaser an appraisal dated November 22, 2011 and showing a fair market value of no less than \$2,040,000. Such appraisal shall be made by an Illinois licensed appraiser reasonably acceptable to Purchaser.

**SECTION 21. ACCEPTANCE.** Should this Agreement not be accepted by Seller and a fully executed original received by Purchaser on or before February 22, 2012, it will expire and be of no effect.

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement personally or by and through their duly authorized officers and set their seals hereto.

[SIGNATURE PAGE FOLLOWS]

ATTEST:

*[Signature]* V.P.  
Assistant Secretary

**PURCHASER:**

**ManorCare Health Services, LLC**

By: *[Signature]*  
Name: David B. Lanning  
Title: Vice President

ATTEST:

*[Signature]*

**SELLER:**

**Northside Community Bank**

By: *[Signature]*  
Name: Edward D. Eckstein  
Title: Vice President



# HINSHAW

& CULBERTSON LLP

February 27, 2012

Donald Reppy  
Director of Health Planning  
HCR ManorCare  
7361 Calhoun Place, Suite 300  
Rockville, MD 20855

**ATTORNEYS AT LAW**

4343 Commerce Court  
Suite 415  
Lisle, IL 60532-1099

630-505-0010  
630-505-0959 (fax)  
www.hinshawlaw.com

Re: Crystal Lake, Illinois/Skilled Care Nursing Facility

Dear Mr. Reppy:

Request for Zoning Opinion.

You have asked for our opinion regarding the probability of approval by the Village of Crystal Lake of ManorCare's application to rezone an approximate 8.9 acre parcel of property at the southeast corner of Illinois Route 176 and Terra Cotta Road (the "Property") for ManorCare's intended use as a Skilled Care Nursing Facility (the "Intended Use").

Zoning and Land Use Law Practice

For the last thirty five years, a large part of my law practice has been concentrated in real estate and development and, in particular, zoning and land use law. I have represented owners and developers in, at least, thirty different municipalities in Cook, DuPage, Lake, McHenry, Kane, Kendall, Ogle, and Will Counties. This representation has been before planning and zoning boards and governing bodies in administrative and judicial proceedings, as well as in various Illinois circuit courts. On the basis of this experience, I am considered competent to render such opinions.

Zoning and Use Description of Subject Property and Surrounding Properties.

The Property is currently zoned B-2 PUD General Commercial District and has been vacant as long as can be remembered. The property to the north, across Illinois Route 176, is similarly zoned B-2 PUD and is developed with an institutional type office park, including medical offices. The property to the east is zoned R-3A PUD and is developed with a Sunrise Assisted Living Facility. The property to the south is zoned R-3B PUD and developed with townhomes. The property to the west, across Terra Cotta Road, is zoned B-2 and consists of approximately 5 acres of vacant land and a small, leased bar-b-que restaurant.

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Discussion.

ManorCare's Intended Use as a Skilled Care Nursing Facility is allowed within all City residential classifications as a Special Use. Accordingly, because a Skilled Care Nursing Facility is allowed in all residential classifications (via Special Use permit) the City would be required to deem the Intended Use compatible with the R-3B residential zoning and use to the south (the townhome development) and with the R-3A residential zoning and use to the east (the Sunrise Assisted Living Facility). Additionally, because the Property is now zoned B-2 PUD, the zoning for the Property is compatible with the business zoning to the west (across Terra Cotta Road) and to the north (across Illinois Route 176).

Although the City has not provided for ManorCare's Intended Use in Business Districts, either as a Permitted or Special Use, ManorCare has been encouraged by the City's planning staff to request a "Use Variance" and a Special Use permit for its Intended Use. During discussions with the Village planning staff, no objections were raised by the staff as to the compatibility of ManorCare's Intended Use with either the business uses to the west and north or the residential uses to the east and south.

The City's general Special Use requirements to be evaluated by the City Planning & Zoning Commission and the City Council for any type of Special Use, including ManorCare's Intended Use are, in abbreviated form, the following:

1. The Intended Use is necessary or desirable at the particular location and will further the public convenience and contribute to the general welfare of the neighborhood or community.
2. The Intended Use will not be detrimental to the value of other properties in the vicinity.
3. The Intended Use will comply with the regulations of the zoning district (B-2) in which it is located and with all other City regulations, codes and ordinances.
4. The Intended Use will not negatively impact existing offsite traffic and will adequately address on site traffic, circulation and parking.
5. The Intended Use will not negatively impact existing public utilities and will contribute financially, in proportion to its impact, to upgrading the public utility systems and municipal service delivery systems.
6. The Intended Use will provide adequate screening and landscaping and its architecture will be aesthetically appealing.
7. The Intended Use will meet all other federal and state licensing provisions.
8. The Intended Use will conform to any reasonable stipulations or conditions approved as part of the Special Use Permit process.

In addition to the above general Special Use requirements, there are specific Special Use requirements for "Nursing Care Facilities," the City's designation which specifically includes an example of "nursing homes" having "a permanent core staff of registered or licensed nurses who, along with other staff, provide nursing and continuous personal care services). These specific requirements relating to Nursing Care Facilities are as follows:

1. Disclosure must be made regarding the maximum number of residents and the nature of the condition or circumstances for which care will be provided, the number of staff and the name of the state agency responsible for regulating the use.
2. A drop-off/pick-up in front of the building must be provided.
3. The site plan must show all natural features such as wetlands and mature tree stands and, where feasible, describe how these natural features will be preserved.
4. Usable onsite open space appropriate for the needs of the residents, given the nature of the care, must be provided.
5. All other applicable licenses required by the appropriate agencies must be described in the Zoning Application.

Based on my opinion and experience in having represented ManorCare with respect to approximately 20 such developments in Illinois, these requirements can be, and have been, consistently met by ManorCare in all of its prior developments and certainly can and will be met in Crystal Lake.

Conclusion and Opinion.

Based on my understanding of the Illinois Zoning Law and approximately 35 years experience in conducting zoning hearings before municipal boards and governing bodies, the City of Crystal Lake's general and specific Special Use requirements for the approval of a Nursing Care Facility are reasonable and not inconsistent with those found in other municipalities and can and will be met by ManorCare through proper planning and development and, therefore, approval by the City of Crystal Lake of ManorCare's Intended Use, as a Skilled Care Nursing Facility, is highly probable.

Very truly yours,

HINSHAW & CULBERTSON LLP



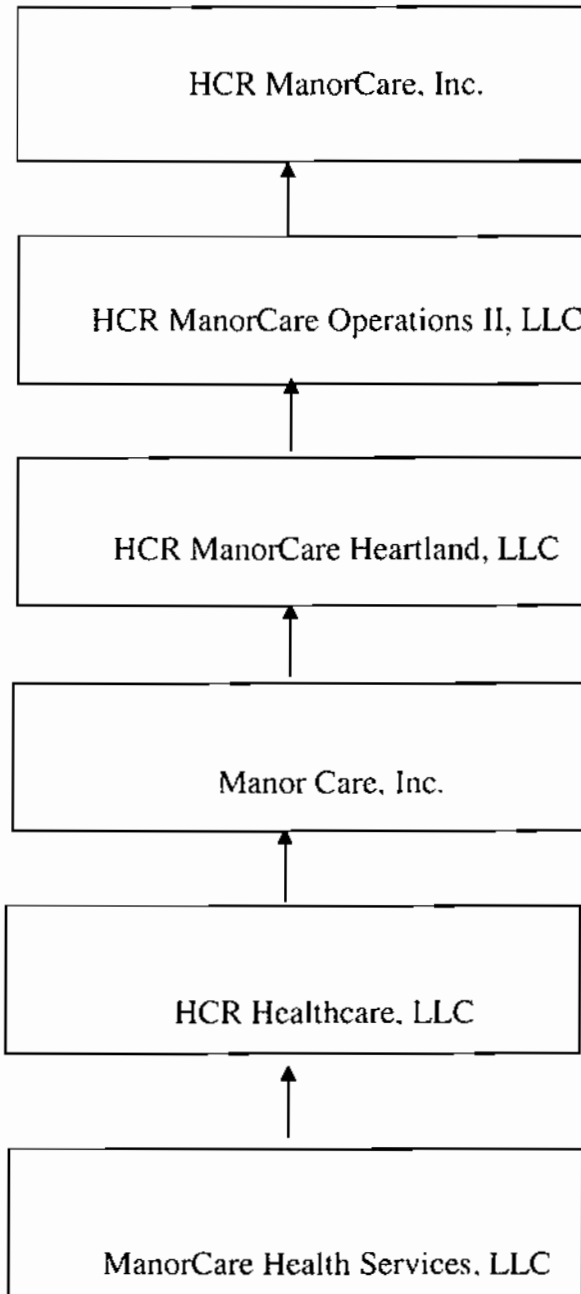
David E. Zajicek  
dzajicek@hinshawlaw.com

DEZ:rmz

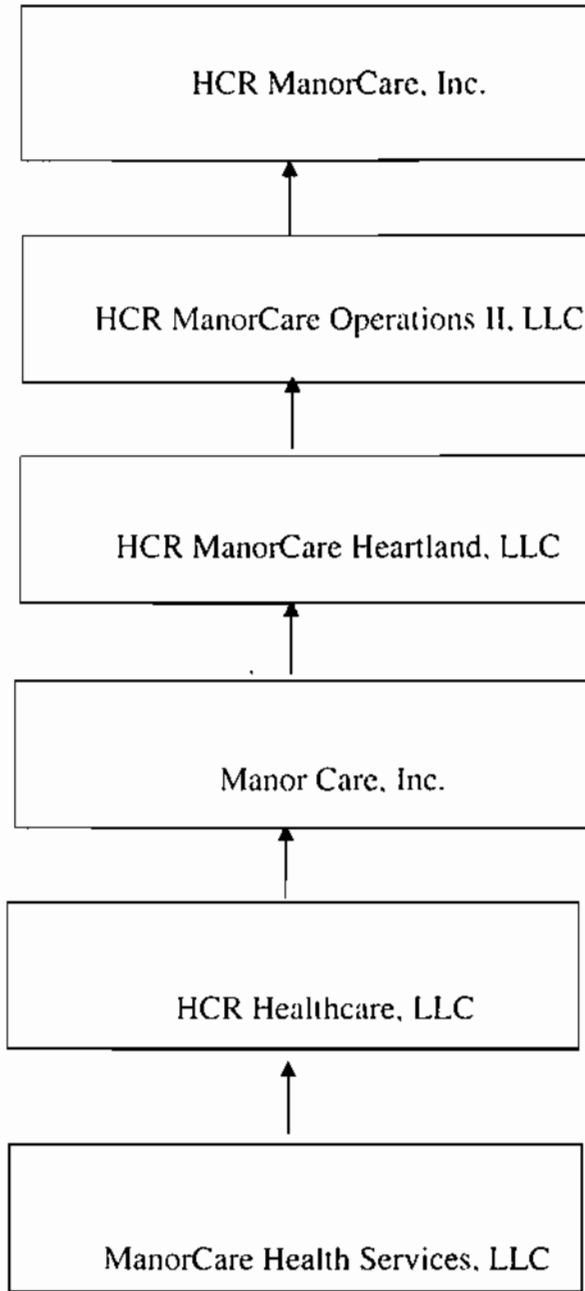
cc: David Lanning

HCR-ManorCare Inc., the co-applicant, indirectly owns 100 percent of the applicant, ManorCare Health Services LLC as illustrated by the Organization Chart on the following page.

## Organization Chart



## Organization Chart





Civil Engineer  
Professional Engineer  
Business Management  
Professional Architectural Engineer  
Professional Chemist  
Construction Management  
Environmental Engineer  
Landscape Architect  
Land Management

## MEMO

**To:** Rich Snoddy, *HCR ManorCare*

**From:** Matthew Schumacher, *Manhard Consulting, LTD.*

**Date:** March 8, 2012

**Re:** Floodplain Investigation  
New 130 Bed Skilled Nursing Facility  
SEC IL Rt. 176 and Terra Cotta Road  
Crystal Lake, Illinois

Upon review of the Federal Emergency Management Agency Flood Insurance Rate Map for McHenry County, Panel 0335J, dated November 16, 2006, there is no floodplain located within the limits of the subject property located at the southeast corner of the intersection of IL Rt. 176 and Terra Cotta Road in Crystal Lake, Illinois.

Manhard Consulting, Ltd.

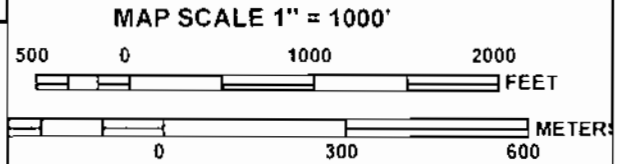
700 Springer Drive • Lombard, Illinois 60148

tel. (630) 691-8500 • fax: (630) 691-8585 • [www.manhard.com](http://www.manhard.com)

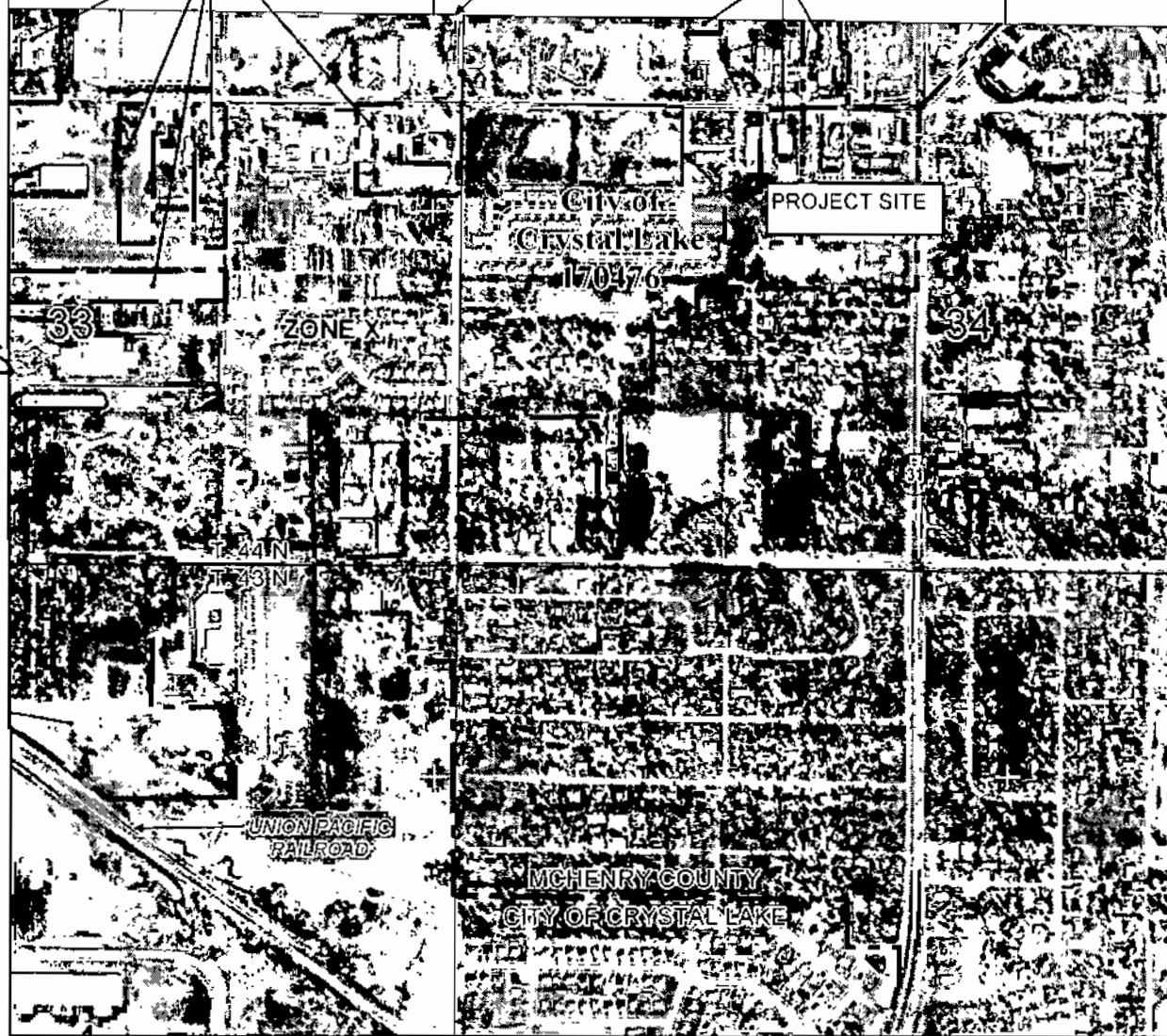
ALABAMA • ARIZONA • CALIFORNIA • COLORADO • CONNECTICUT • FLORIDA • GEORGIA • ILLINOIS • INDIANA • IOWA • KANSAS • MARYLAND • MASSACHUSETTS • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • MONTANA • NEBRASKA • NEVADA • NEW YORK • NORTH CAROLINA • NORTH DAKOTA • OHIO • OKLAHOMA • PENNSYLVANIA • SOUTH CAROLINA • TEXAS • VIRGINIA

McHenry County  
Unincorporated Areas  
170732

McHenry County  
Unincorporated Areas  
170732



39<sup>3</sup>000m E  
TERRA COTTA RD  
39<sup>4</sup>000m E



AS

**NFIP**  
**NATIONAL FLOOD INSURANCE PROGRAM**

PANEL 0335J

**FIRM**  
FLOOD INSURANCE RATE MAP

McHENRY COUNTY,  
ILLINOIS  
AND INCORPORATED AREAS

PANEL 335 OF 365

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

| COMMUNITY                    | NUMBER | PANEL | SHEET |
|------------------------------|--------|-------|-------|
| ALGONQUIN VILLAGE OF         | 170474 | 0335  | J     |
| GARY VILLAGE OF              | 170475 | 0335  | J     |
| CRYSTAL LAKE VILLAGE OF      | 170476 | 0335  | J     |
| LAKE IN THE HILLS VILLAGE OF | 170481 | 0335  | J     |
| McHENRY COUNTY               | 170732 | 0335  | J     |
| OAKWOOD HILLS VILLAGE OF     | 170831 | 0335  | J     |

Notice to User The Map Number shown below should be used when placing map orders, the Community Number shown above should be used on insurance applications for the subject community

MAP NUMBER  
17111C0335J

EFFECTIVE DATE  
NOVEMBER 16, 2006

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)





# Illinois Historic Preservation Agency

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

McHenry County  
Crystal Lake

SE of IL Route 176 and Terra Cotta Road  
IHFSRB  
New construction, HCR Manor Care

PLEASE REFER TO: IHPA LOG #004030912

March 13, 2012

Donald Reppy  
HCR Manor Care  
Director of Health Planning  
7361 Calhoun Place  
Suite 300  
Rockville, MD 20855

Dear Sir:

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

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

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

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

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

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

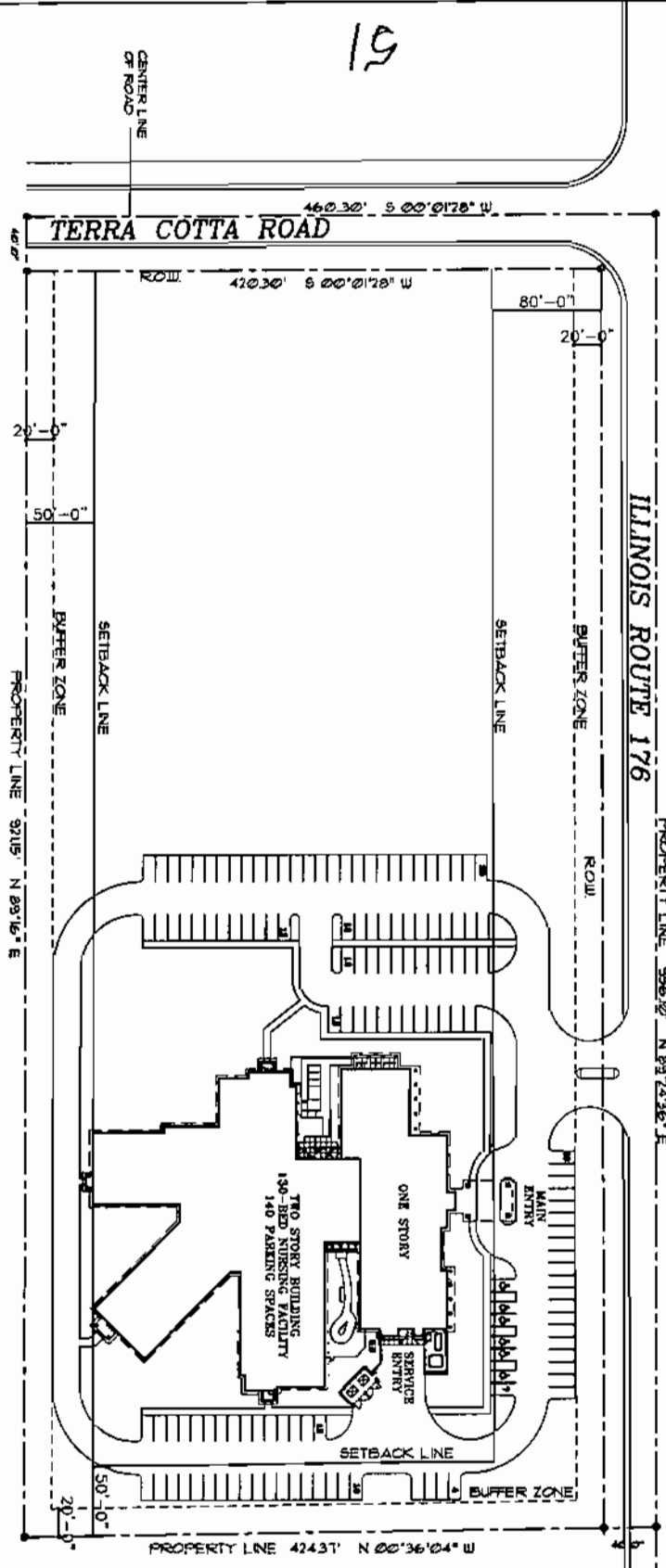
49

**Project Costs and Sources of Funds**

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

| <b>Project Costs and Sources of Funds</b>   |                   |                    |                   |
|---|-------------------|--------------------|-------------------|
| <b>USE OF FUNDS</b>   | <b>CLINICAL</b>   | <b>NONCLINICAL</b> | <b>TOTAL</b>      |
| Preplanning Costs   | 65,700            | 24,300             | 90,000            |
| Site Survey and Soil Investigation  | 25,550            | 9,450              | 35,000            |
| Site Preparation  | 365,000           | 135,000            | 500,000           |
| Off Site Work   | 182,500           | 67,500             | 250,000           |
| New Construction Contracts  | 8,969,393         | 3,317,447          | 12,286,840        |
| Modernization Contracts   | 0                 | 0                  | 0                 |
| Contingencies   | 538,163           | 199,047            | 737,210           |
| Architectural/Engineering Fees  | 518,767           | 191,873            | 710,640           |
| Consulting and Other Fees   | 146,000           | 54,000             | 200,000           |
| Movable or Other Equipment (not in construction contracts)  | 613,200           | 226,800            | 840,000           |
| Bond Issuance Expense (project related)   | 0                 | 0                  | 0                 |
| Net Interest Expense During Construction (project related)  | 387,265           | 143,235            | 530,500           |
| Fair Market Value of Leased Space or Equipment  | 0                 | 0                  | 0                 |
| Other Costs To Be Capitalized   | 591,665           | 218,835            | 810,500           |
| Acquisition of Building or Other Property (excluding land)  | 0                 | 0                  | 0                 |
| <b>TOTAL USES OF FUNDS</b>  | <b>12,403,204</b> | <b>4,587,486</b>   | <b>16,990,690</b> |
| <b>SOURCE OF FUNDS</b>  | <b>CLINICAL</b>   | <b>NONCLINICAL</b> | <b>TOTAL</b>      |
| Cash and Securities   | 12,403,204        | 4,587,486          | 16,990,690        |
| Pledges   |                   |                    |                   |
| Gifts and Bequests  |                   |                    |                   |
| Bond Issues (project related)   |                   |                    |                   |
| Mortgages   |                   |                    |                   |
| Leases (fair market value)  |                   |                    |                   |
| Governmental Appropriations   |                   |                    |                   |
| Grants  |                   |                    |                   |
| Other Funds and Sources   |                   |                    |                   |
| <b>TOTAL SOURCES OF FUNDS</b>   | <b>12,403,204</b> | <b>4,587,486</b>   | <b>16,990,690</b> |
| <b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |                   |                    |                   |

19



**SITE PLAN**  
 SCALE 1" = 40'0"  
 NORTH

|                    |
|--------------------|
| PROPOSED SITE PLAN |
| 1 OF 3             |

|      |    |
|------|----|
| DATE | BY |
|      |    |
|      |    |

| NO. | DATE    | DESCRIPTION |
|-----|---------|-------------|
| 1   | 11-4-19 |             |
|     |         |             |
|     |         |             |

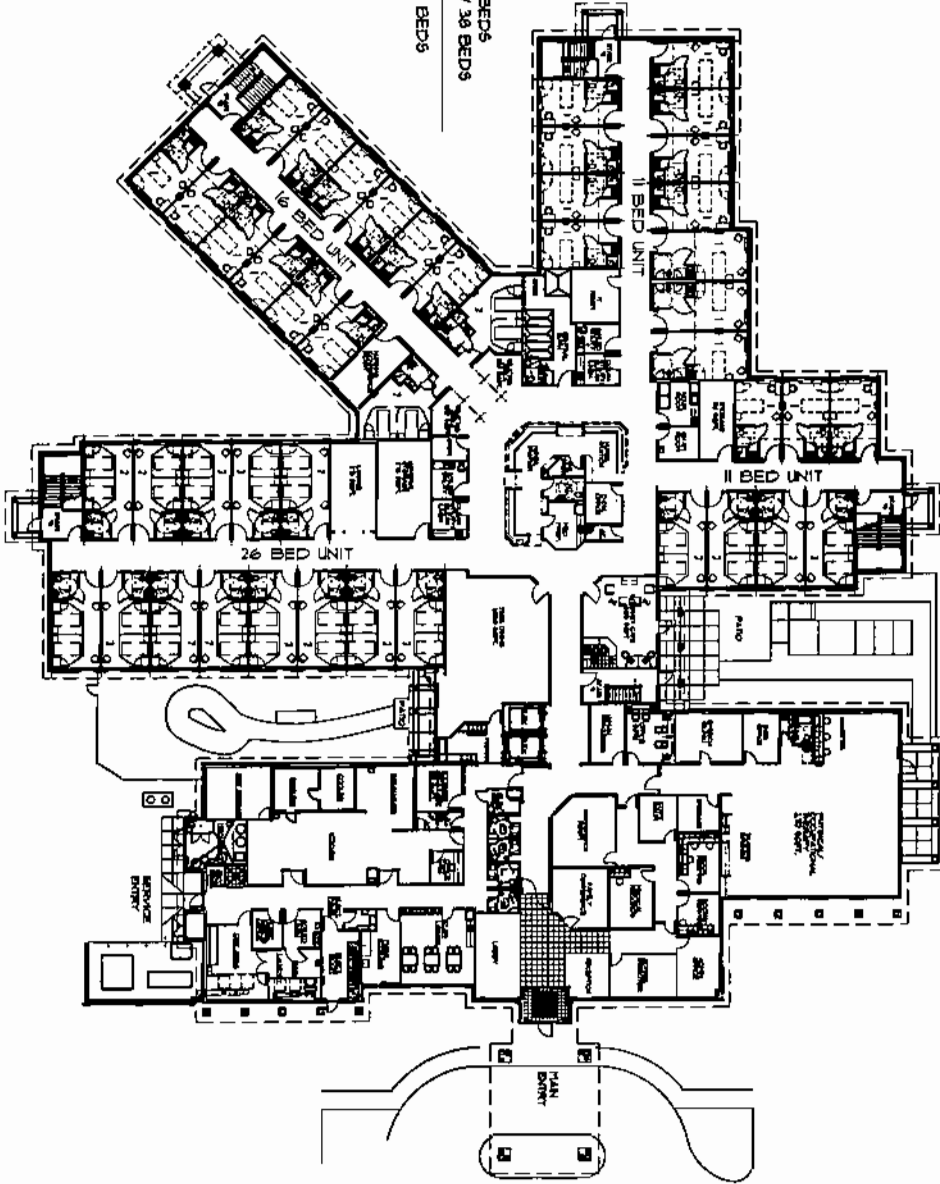
TITLE  
**MANOR OF CRYSTAL LAKE  
 CRYSTAL LAKE, IL  
 NEW 130 BED  
 NURSING FACILITY**

HCR ManorCare  
 Health Services  
 Architecture Dept.  
 7361 Calhoun Place, Suite 300  
 Rockville, MD 20855

**HCR ManorCare**  
 Health Services  
 7361 Calhoun Place, Suite 300  
 Rockville, MD 20855

25

26 PRIVATE ROOMS/ 26 BEDS  
 18 SEMI-PRIVATE ROOMS/ 36 BEDS  
 TOTAL OF 45 ROOMS/ 64 BEDS



TOTAL FIRST FLOOR GROSS = 39,360 SQ. FT. ----- CLINICAL = 27,469 SQ. FT.  
 TOTAL SECOND FLOOR GROSS = 27,430 SQ. FT. ----- CLINICAL = 21,271 SQ. FT.  
 TOTAL BUILDING GROSS = 66,790 SQ. FT. ----- CLINICAL = 48,746 SQ. FT.

**FIRST FLOOR**

SCALE: 1/16" = 1'-0"



|               |                           |
|---------------|---------------------------|
| DRAWING TITLE | PROPOSED FIRST FLOOR PLAN |
| DATE          | 2-17-93                   |

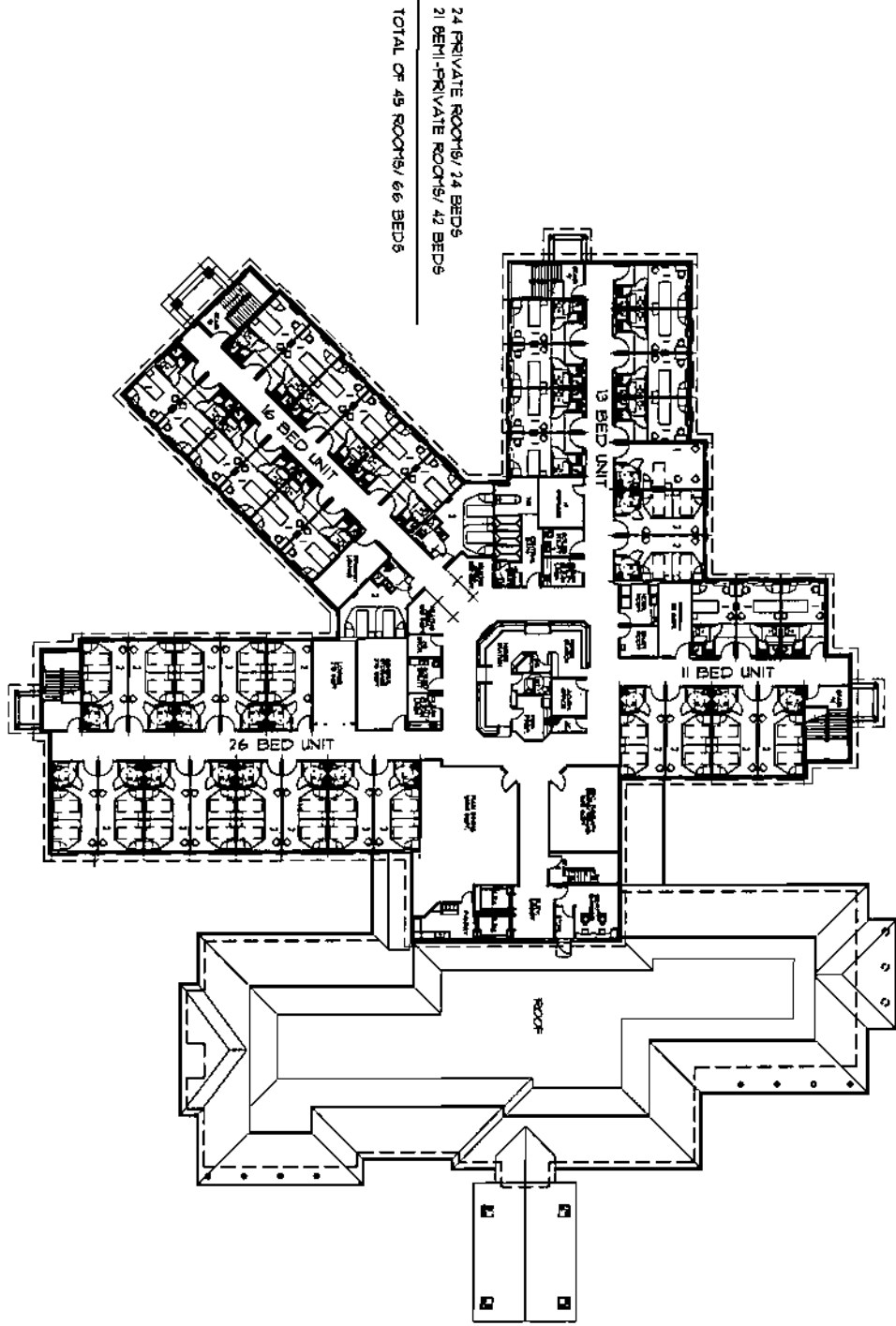
|             |  |
|-------------|--|
| PLANT DATE  |  |
| DESIGNED BY |  |
| CHECKED BY  |  |
| DATE        |  |

| NO. | DATE    | DESCRIPTION |
|-----|---------|-------------|
| 1   | 11-2-92 |             |
| 2   |         |             |
| 3   |         |             |
| 4   |         |             |
| 5   |         |             |
| 6   |         |             |
| 7   |         |             |
| 8   |         |             |
| 9   |         |             |
| 10  |         |             |

TITLE  
**MANOR CARE OF CRYSTAL LAKE  
 CRYSTAL LAKE, IL  
 NEW 130 BED  
 NURSING FACILITY**

HCR ManorCare®  
 Health Services  
 Architects Dept.  
 7381 Calhoun Place, Suite 300  
 Rockville, MD 20855

**HCR ManorCare**  
 Health Services  
 7381 Calhoun Place, Suite 300  
 Rockville, MD 20855



24 PRIVATE ROOMS/ 24 BEDS  
 21 SEMI-PRIVATE ROOMS/ 42 BEDS  
 TOTAL OF 45 ROOMS/ 66 BEDS

TOTAL FIRST FLOOR GROSS = 39,360 SQ. FT. ----- CLINICAL = 21,469 SQ. FT.  
 TOTAL SECOND FLOOR GROSS = 21,430 SQ. FT. ----- CLINICAL = 21,271 SQ. FT.  
 TOTAL BUILDING GROSS = 66,790 SQ. FT. ----- CLINICAL = 48,746 SQ. FT.

**SECOND FLOOR**

SCALE: 1/16" = 1'-0"



|  |
|--|
| DRAWING TITLE<br><b>PROPOSED SECOND FLOOR PLAN</b><br>SHEET NO.<br><b>3</b> OF 3 |
|--|

|   |
|---|
| PLOT DATE<br>DRAWN BY<br>CHECKED BY<br>PROJECT NUMBER |
|---|

| REVISIONS |      |             |
|-----------|------|-------------|
| NO.       | DATE | DESCRIPTION |
|           |      |             |
|           |      |             |
|           |      |             |

TITLE  
**MANOR CARE OF CRYSTAL LAKE  
 CRYSTAL LAKE, IL  
 NEW 130 BED  
 NURSING FACILITY**

HCR ManorCare  
 Health Services  
 Architecture Dept.  
 7361 Calhoun Place, Suite 300  
 Rockville, MD 20855

**HCR ManorCare**  
 Health Services  
 7361 Calhoun Place, Suite 300  
 Rockville, MD 20855

### Cost Space Requirements

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

| Dept/Area   | Cost                | Gross Square Feet |               | Amount of Proposed Total Gross Square Feet That is: |            |          |               |
|---|---------------------|-------------------|---------------|---|------------|----------|---------------|
|   |                     | Existing          | Proposed      | New Const   | Modernized | As Is    | Vacated Space |
| <b>REVIEWABLE</b>   |                     |                   |               |   |            |          |               |
| Nurse station, therapy spaces, patient rooms, med prep and food prep areas*, and all related circulation.                       | \$12,403,204        | None              | 48,746        | All   | 0          | 0        | 0             |
| <b>NON REVIEWABLE</b>   |                     |                   |               |   |            |          |               |
| Administrative, employee areas, lobby, dining, storage, public toilets, stairs, elevator mechanical and all related circulation | \$ 4,587,486        | None              | 18,044        | All   | 0          | 0        | 0             |
| <b>TOTAL</b>  | <b>\$16,990,690</b> | <b>None</b>       | <b>66,790</b> | <b>All</b>  | <b>0</b>   | <b>0</b> | <b>0</b>      |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>           |                     |                   |               |   |            |          |               |

\* We counted kitchen area as clinical since at least 50 percent of our patients are likely to have some kind of special diet for clinical reasons.

April 20, 2012


Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Chairman Galassie:

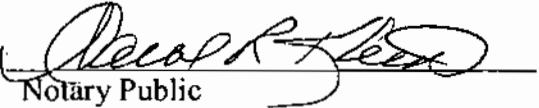
ManorCare Health Services, LLC; HCR ManorCare Inc.; and HCR HealthCare LLC (collectively, "ManorCare") operate 29 nursing homes in Illinois. I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that except as noted below no adverse action has been taken against any nursing home owned or operated in Illinois by ManorCare during the three years prior to filing this application.

- On October 29, 2009, ManorCare of Rolling Meadows received two Immediate Jeopardy deficiencies. These deficiencies were identified and abated the same day.
- On March 26, 2010, Heartland of Normal received an Immediate Jeopardy deficiency for an action that occurred on March 18, 2010. The deficiency was abated on March 19 before surveyors arrived at the nursing center.

Sincerely,

  
Larry R. Godla  
Vice President, Development and Construction  
HCR ManorCare Inc.

Subscribed and sworn to me  
This 20 day of April, 2012

  
Notary Public

## **Background of Applicant**

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. HCR ManorCare is a leading provider of short-term post-acute services and long term care. With 60,000 caregivers nationally, HCR ManorCare centers are the preeminent care providers in their communities. Quality care for patients and residents is provided through a network of more than 500 skilled nursing and rehabilitation centers, assisted living facilities, outpatient rehabilitation clinics, and hospice and home health care agencies. With more than 500 locations in 32 states, HCR ManorCare is a national leader in several areas:

- More than 275 Medicare- and Medicaid-certified skilled nursing and rehabilitation centers
- Third largest U.S. provider of hospice care, providing hospice in over 100 markets
- A leading U.S. provider of home care
- More than 50 centers providing Alzheimer's/dementia care
- Rehabilitation outcomes for Medicare patients comparable to and often exceeding those of independent rehabilitation centers

A copy of HCR ManorCare's 2011 Report on Quality, some of which is described below, details HCR ManorCare's commitment to delivering high-quality, compassionate care to its residents and patients is attached at Attachment- II A.

HCR ManorCare has a proven track record of providing quality services and outstanding rehabilitation outcomes to its patients. HCR ManorCare's rehabilitation program pools resources and expertise to provide carefully coordinated, individualized care options that maximize health, comfort, and independence. Over 95 percent of HCR ManorCare's patients receive rehabilitation therapy services. In 2011, its skilled nursing facilities served over 156,000 patients nationwide. HCR ManorCare is proven leader in post-acute rehabilitation outcomes. The charts on the following pages show:

- HCR ManorCare patients in Illinois and nationally achieve progress in self care skills that is significantly greater than inpatient rehabilitation facilities.
- HCR ManorCare patients in Illinois and nationally achieve progress in mobility skills that is significantly greater than inpatient rehabilitation facilities.
- 95% of HCR ManorCare patients who have community discharge goals achieve those goals.
- 87.4% of patients discharged to the community report they are prepared to manage their care needs.

HCR ManorCare is a leader in dementia care. HCR ManorCare's philosophy of care is designed to support the highest practicable level of engagement and function for those experiencing dementia. The focus is on residents' remaining abilities, not on what they have lost. HCR ManorCare works to find easier ways for residents to stay involved in daily life by unlocking their remaining cognitive and functional abilities and promoting their use.



HCR ManorCare provides structured activities that are planned and supervised by trained professionals. Programs are timed and varied to fulfill residents' days while preserving a routine in the familiar surroundings of home. HCR ManorCare's Engagement Therapy Treatment (ETT) program is designed specifically for residents living with memory loss. This innovative approach integrates unique life experiences of the past with present interests. Programs are based on each resident's functional abilities and maximize these abilities in a therapeutic environment.

The HCR ManorCare staff is well educated in the disease process and its management. HCR ManorCare has the expertise and experience to simplify and enhance each resident's life and to help families find peace of mind. The layout of each center is residential by design -- small in scale and organized into four self-contained "houses." Each house has its own living room, dining room, kitchen, bath and laundry areas. Visual cues, home-like amenities and walking paths are designed to keep residents oriented and independent.

HCR ManorCare's commitment to its residents and patients goes well beyond the delivery of high-quality, compassionate care to include various philanthropic initiatives to help those in need, which include the Heartland Hospice Memorial Fund, Community Care Fund and employee programs.

The Heartland Hospice Memorial Fund ("Heartland"), a 501(c)(3) organization, provides financial assistance to patients and their families coping with terminal illness and its aftermath and community education and bereavement resources for those suffering the loss of a loved one. Since its inception in 2001, Heartland has awarded over 6,000 grants and provided nearly \$7 million in patient and family assistance. Any person with a terminal illness is eligible for a grant regardless of the care provider. Grants are awarded for individual and family assistance: caregivers providing care for and/or residing with a patient during the course of a patient's terminal illness and death; wish fulfillment; funeral and burial assistance; grief camps for children, teens and adults; community memorial services; education events; and bereavement activity.<sup>1</sup>

The Community Care Fund is a program that provides financial support to local non-profit organizations that assist HCR ManorCare in providing specialized services to patients and residents to allow them to live life to the fullest. A committee of HCR ManorCare employees award grants of up to \$500 to selected non-profit organizations. Organizations are eligible for one grant per calendar year but may apply for a grant in subsequent years. This is a new program and inception to date has provided \$30,000 in grants to non-profit organizations.

Finally, HCR ManorCare supports charitable organizations that are important to its employees. This support takes the form of financial contributions to non-profit organizations for which employees volunteer on their own time, or make personal monetary contributions. The Employee Volunteer Grant Program provides grants of \$500 to support non-profit organizations for which employees volunteer. The Employee Matching Gift Program provides

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<sup>1</sup> Grants are not provided for expenses that fall under the responsibility of the hospice agency to provide appropriate level of care required by the patient (and covered by the hospice benefit) or medical bills.

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*Donald P. Perry*  
4-21-12

financial contributions to educational or artistic/cultural organizations supported financially by HCR ManorCare employees. Over \$300,000 in Employee Volunteer Grants and nearly \$300,000 in Employee Matching Gifts have been provided since the inception of these programs.

For the 29 nursing centers operated by HCR-ManorCare Inc. in Illinois, during the three year period between March 1, 2009 to February 29 2012,

- two SNFs had adverse actions, which were quickly resolved,
- one SNF had no deficiencies of any kind in the last two years,
- seven SNFs had no “harm level” deficiencies during the three year period

HCR-Manor Care nursing centers are below the state average number of deficiencies per annual survey.

The HCR-ManorCare rehabilitation program pools our resources and expertise to provide carefully coordinated, individualized care options that maximize health, comfort, and independence. Over 95 percent of our patients receive rehabilitation therapy services. Our skilled nursing facilities served over 156,000 patients in the nation in 2011. The company is proven leader in post-acute rehabilitation outcomes. The charts on the following pages show that:

- HCR ManorCare Patients in Illinois and Nationwide Achieve Progress in Self Care Skills that is Significantly Greater Than the Nationwide Inpatient Rehabilitation Facilities.
- HCR ManorCare Patients Achieve Progress in Mobility skills That is Significantly Greater Than the Nationwide Inpatient Rehabilitation Facilities.
- 95% of Our Patients Who Have Community Discharge Goals---Achieve Those Goals.
- 87.4% of Patients Discharged to the Community Report They Are Prepared to Manage their Care Needs.

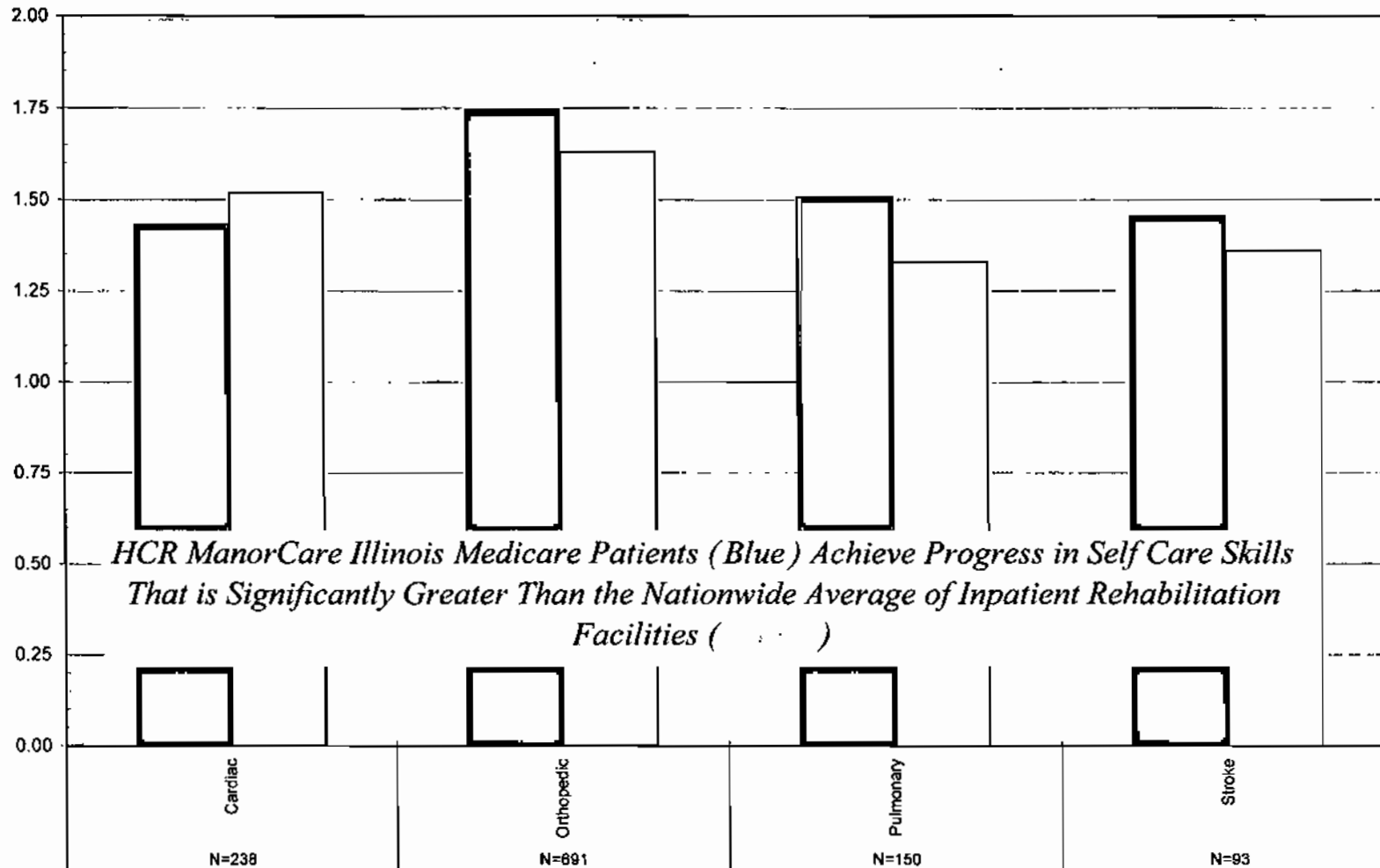
HCR-ManorCare has a track record of providing quality services and outstanding rehabilitation outcomes to its patients.

# Evidence of HCR ManorCare's Unmatched Track Record of Rehabilitation Excellence

Improvement in Self Care From Admission to Discharge

1st Qtr, 2011 through 4th Qtr, 2011

69



Note: \* Nationwide IRF Data are from Erehabdata.com (Jan, 2012).

\* Patients Discharged to Hospital or Expired and Patients with Dementia or LOS < 3 are Excluded from this Analysis.

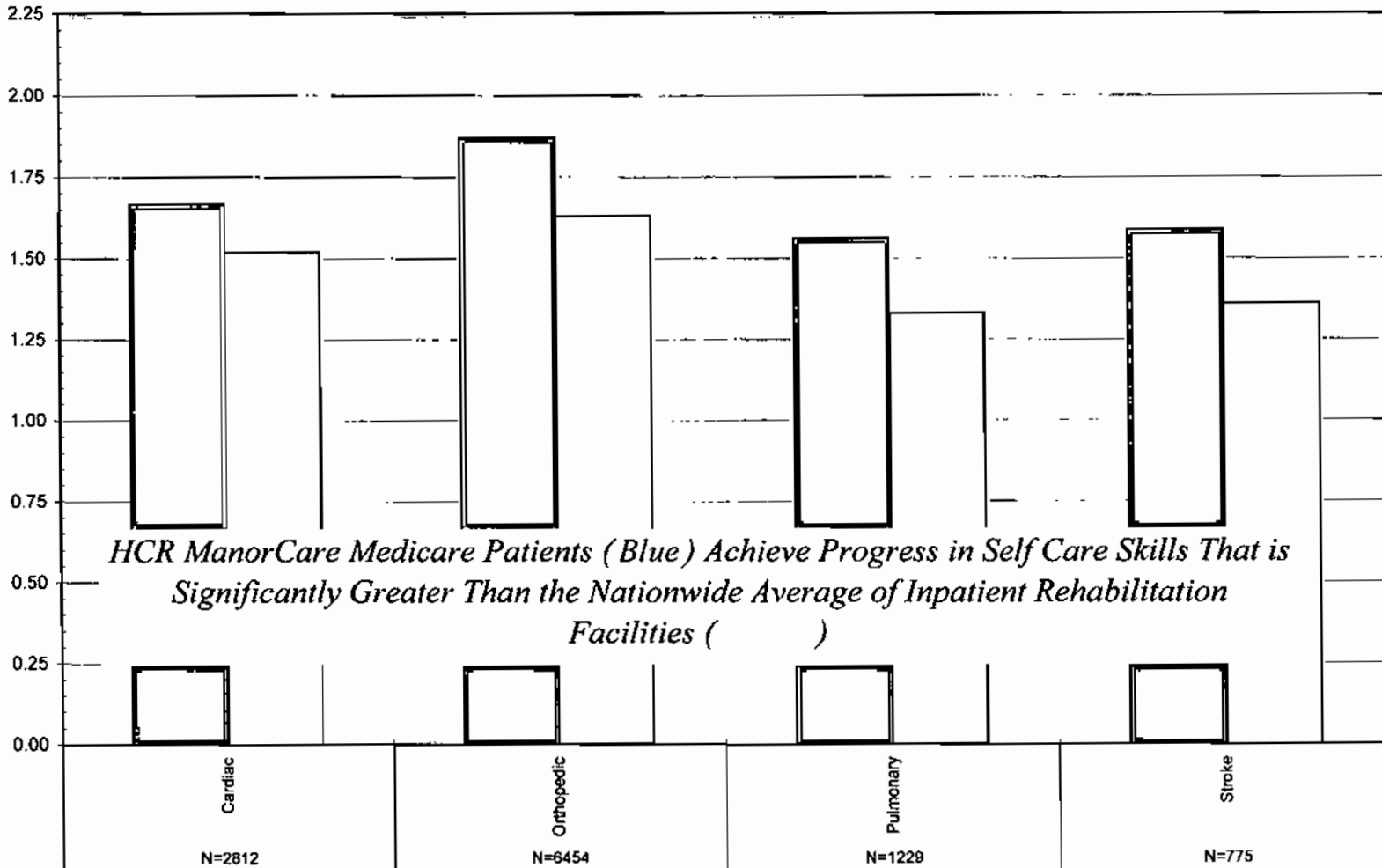
"Self Care" includes the following functional measures: Eating, Grooming, Bathing, Dressing (Upper and Lower), and Toileting.

Patients are scored on a one to seven scale in each category. Improvement values represent the average difference between admission and discharge scores.

# Evidence of HCR ManorCare's Unmatched Track Record of Rehabilitation Excellence

Improvement in Self Care From Admission to Discharge

1st Qtr, 2011 through 4th Qtr, 2011



Note: \* Nationwide IRF Data are from Erehabdata.com (Jan, 2012).

\* Patients Discharged to Hospital or Expired and Patients with Dementia or LOS < 3 are Excluded from this Analysis.

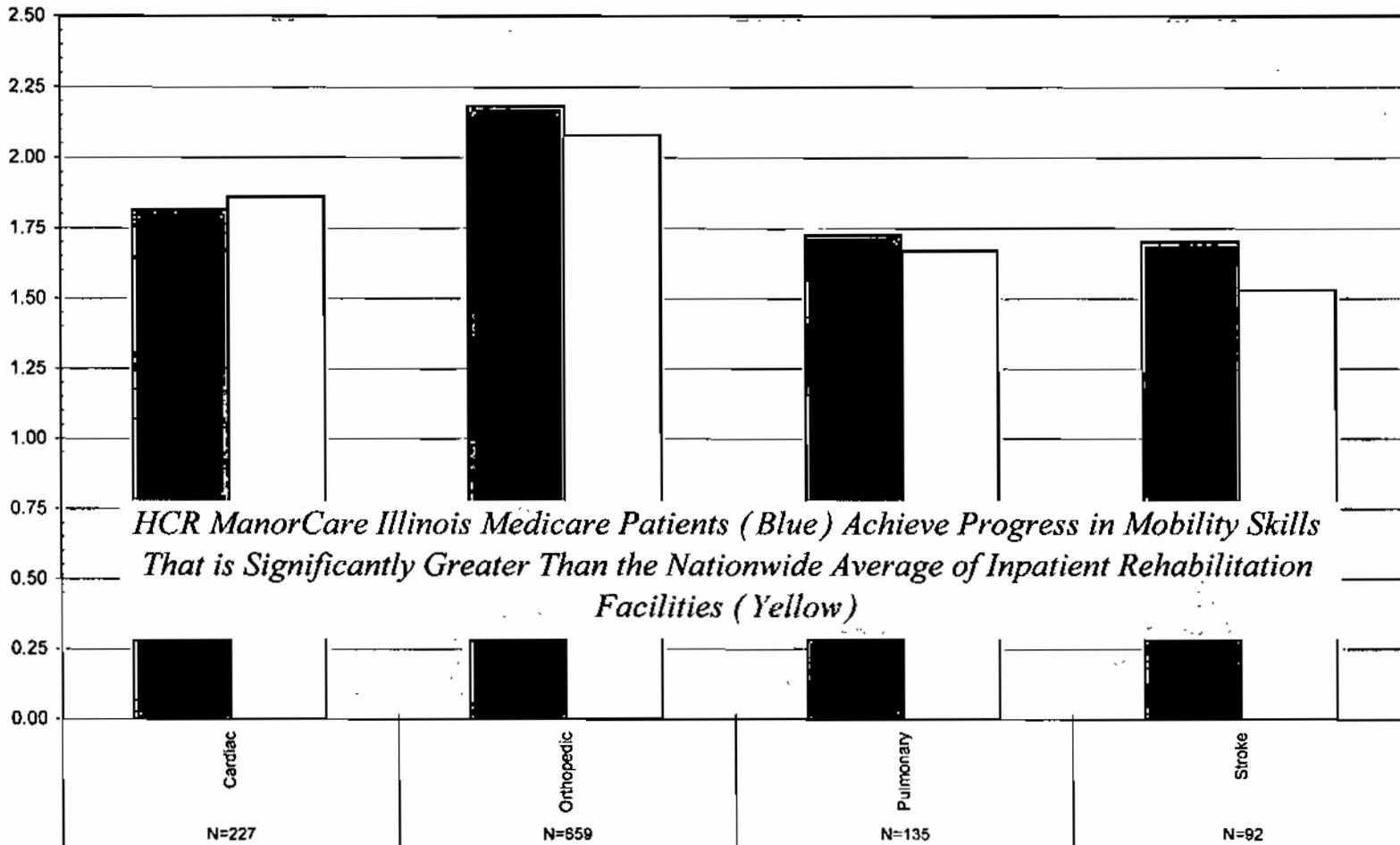
"Self Care" includes the following functional measures: Eating, Grooming, Bathing, Dressing (Upper and Lower), and Toileting.

Patients are scored on a one to seven scale in each category. Improvement values represent the average difference between admission and discharge scores.

# Evidence of HCR ManorCare's Unmatched Track Record of Rehabilitation Excellence

Improvement in Mobility From Admission to Discharge

1st Qtr, 2011 through 4th Qtr, 2011



Note: \* Nationwide IRF Data are from Erehabdata.com (Jan, 2012).

\* Patients Discharged to Hospital or Expired and Patients with Dementia or LOS < 3 are Excluded from this Analysis.

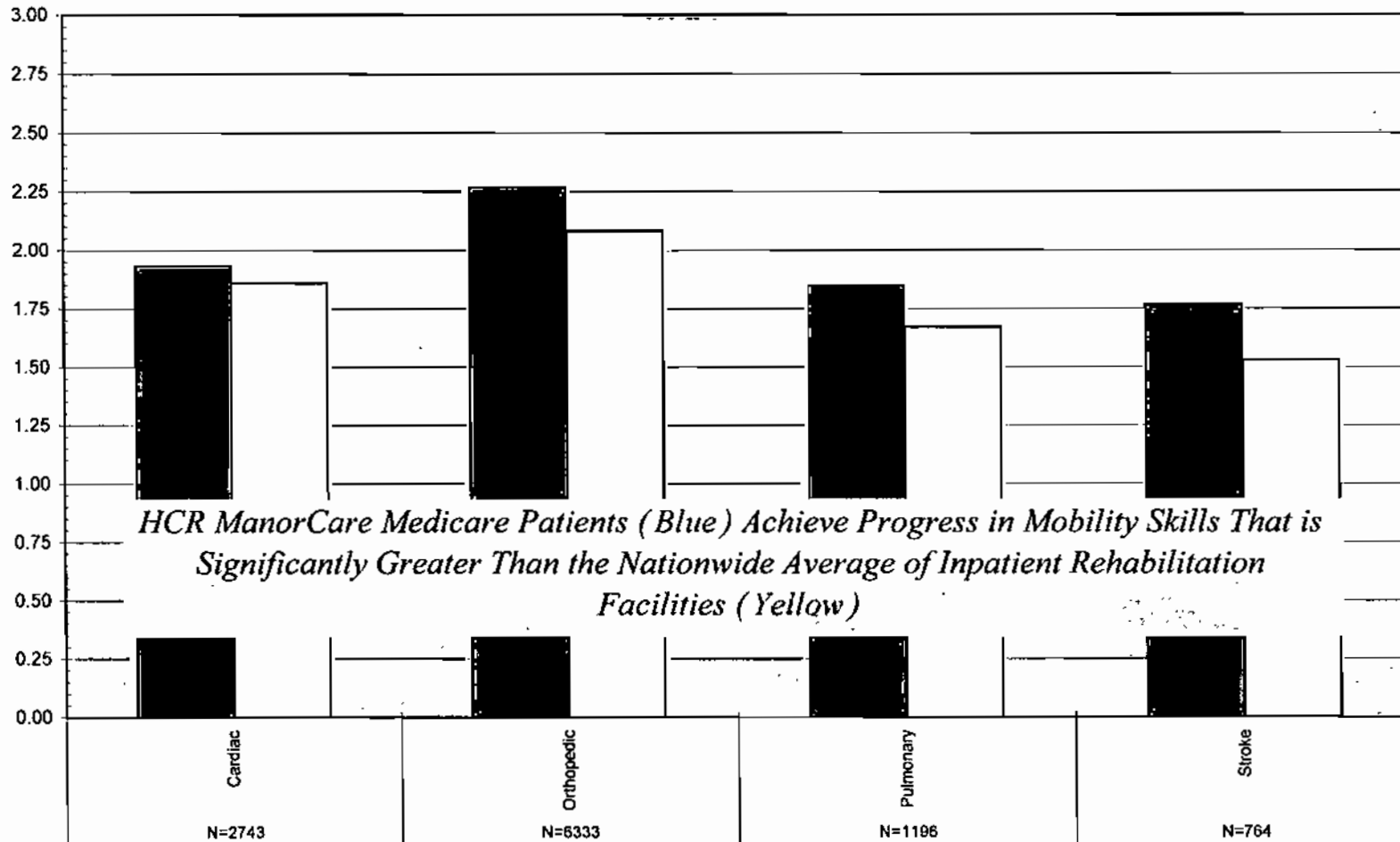
"Mobility" includes the following functional measures: Bed/Chair, Toilet, and Tub/Shower Transfers; Walking/Wheelchair Assistance; and Stair Assistance.

Patients are scored on a one to seven scale in each category. Improvement values represent the average difference between admission and discharge scores.

# Evidence of HCR ManorCare's Unmatched Track Record of Rehabilitation Excellence

Improvement in Mobility From Admission to Discharge

1st Qtr, 2011 through 4th Qtr, 2011



Note: \* Nationwide IRF Data are from Erehabdata.com (Jan, 2012).

\* Patients Discharged to Hospital or Expired and Patients with Dementia or LOS < 3 are Excluded from this Analysis.

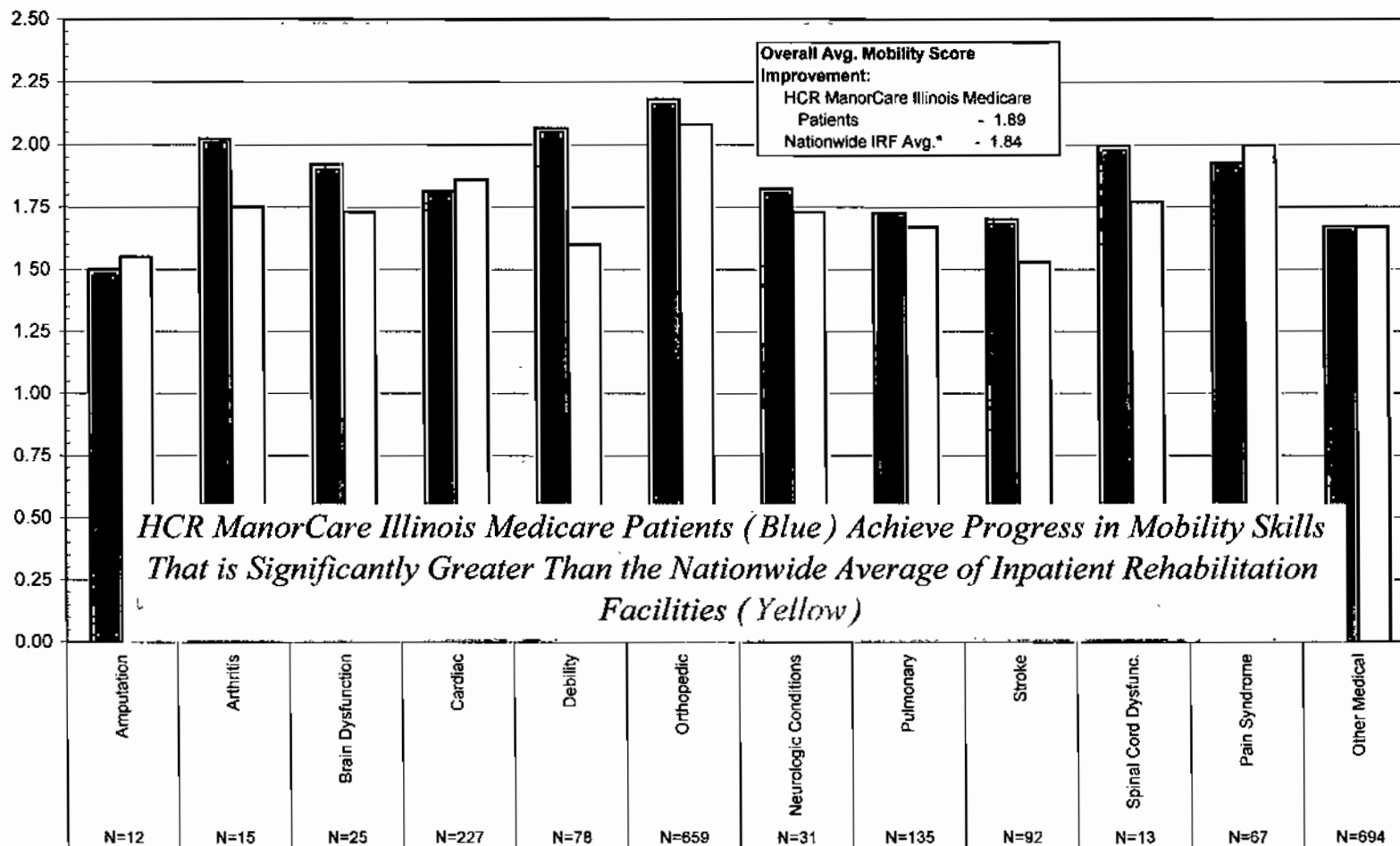
"Mobility" includes the following functional measures: Bed/Chair, Toilet, and Tub/Shower Transfers; Walking/Wheelchair Assistance; and Stair Assistance.

Patients are scored on a one to seven scale in each category. Improvement values represent the average difference between admission and discharge scores.

# Evidence of HCR ManorCare's Unmatched Track Record of Rehabilitation Excellence

Improvement in Mobility From Admission to Discharge

1st Qtr, 2011 through 4th Qtr, 2011



Note: \* Nationwide IRF Data are from Erehabdata.com (Jan, 2012).

\* Patients Discharged to Hospital or Expired and Patients with Dementia or LOS < 3 are Excluded from this Analysis.

"Mobility" includes the following functional measures: Bed/Chair, Toilet, and Tub/Shower Transfers; Walking/Wheelchair Assistance; and Stair Assistance.

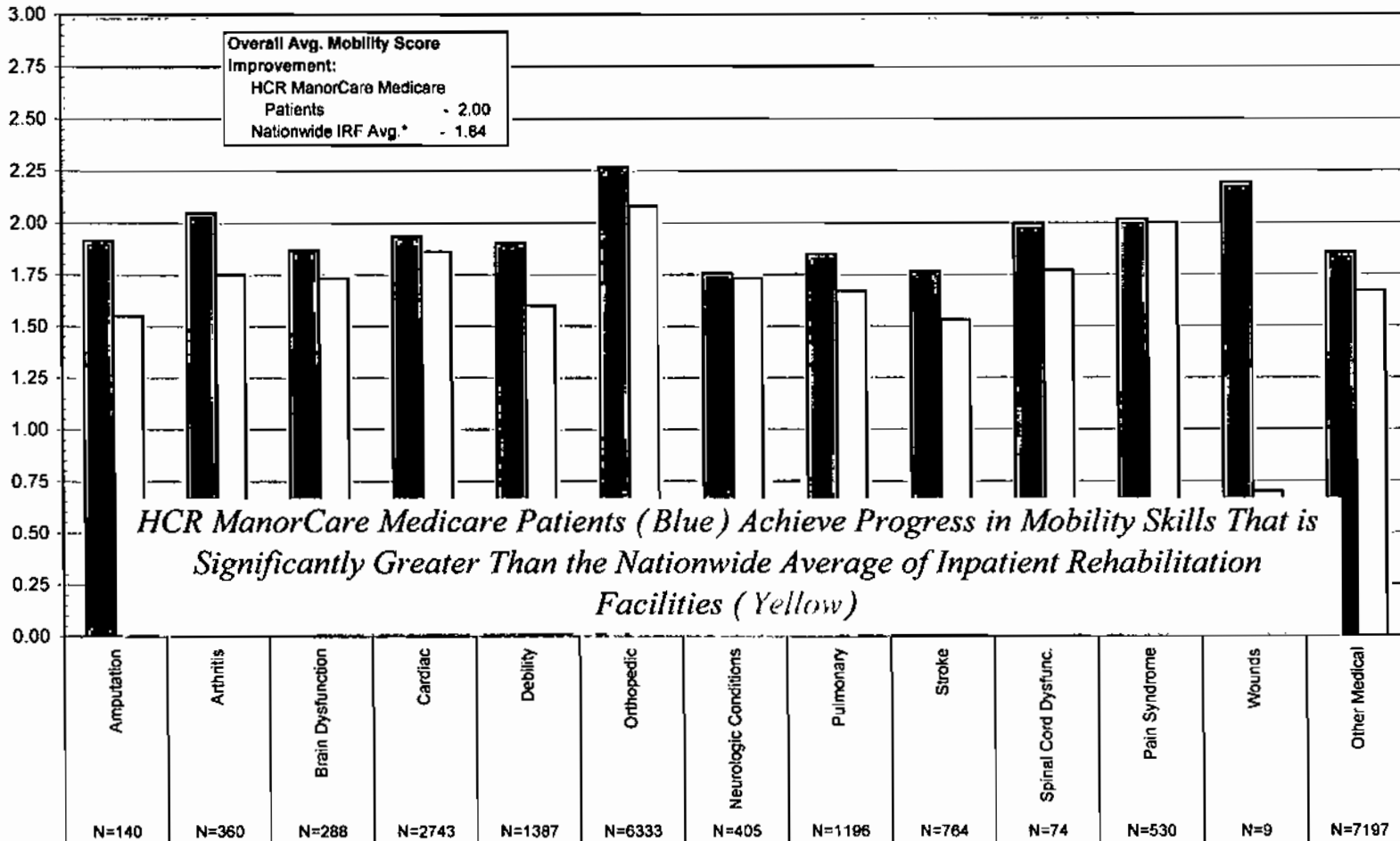
Patients are scored on a one to seven scale in each category. Improvement values represent the average difference between admission and discharge scores.



# Evidence of HCR ManorCare's Unmatched Track Record of Rehabilitation Excellence

Improvement in Mobility From Admission to Discharge

1st Qtr, 2011 through 4th Qtr, 2011



Note: \* Nationwide IRF Data are from Erehabdata.com (Jan, 2012).

\* Patients Discharged to Hospital or Expired and Patients with Dementia or LOS < 3 are Excluded from this Analysis.

"Mobility" includes the following functional measures: Bed/Chair, Toilet, and Tub/Shower Transfers; Walking/Wheelchair Assistance; and Stair Assistance.

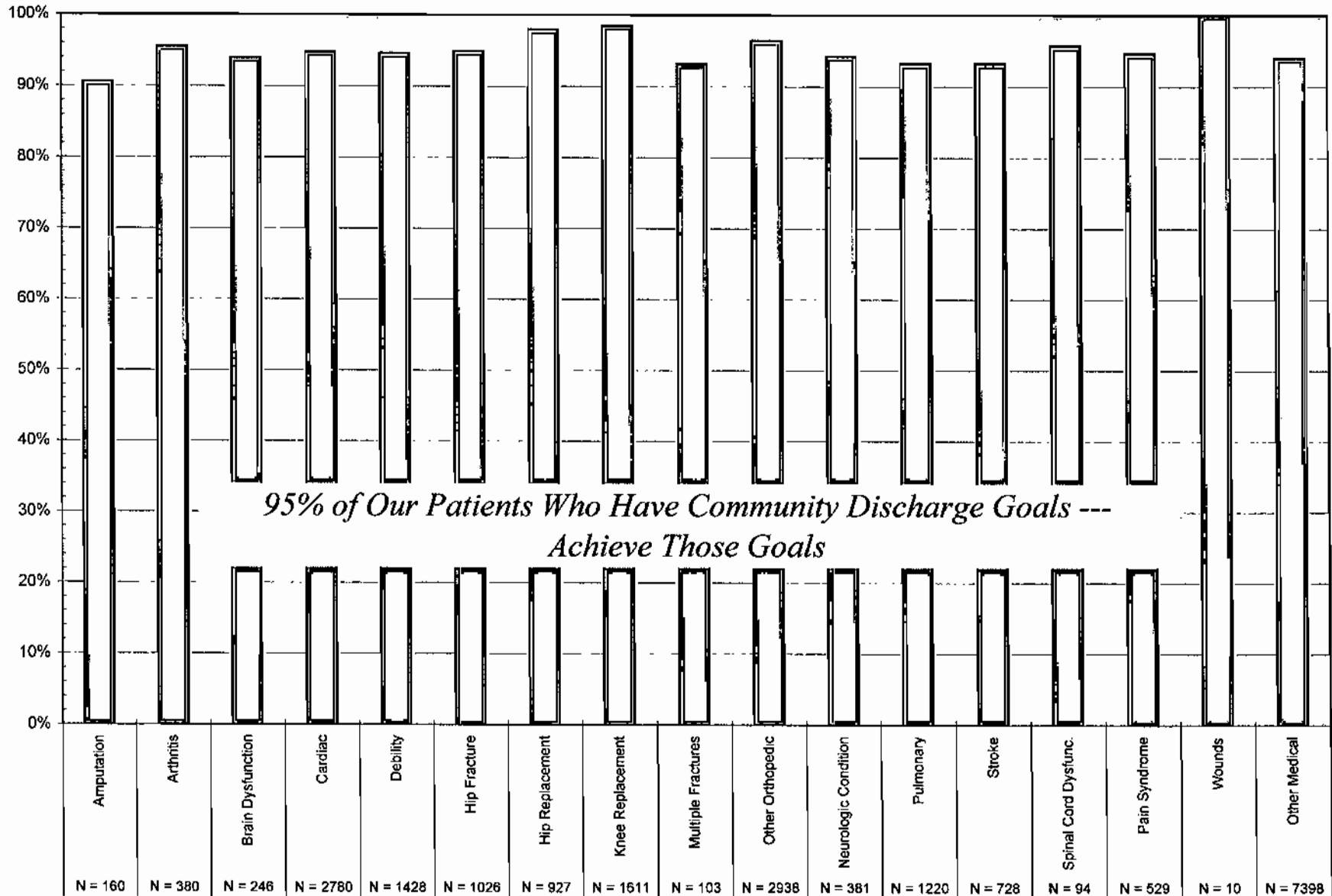
Patients are scored on a one to seven scale in each category. Improvement values represent the average difference between admission and discharge scores.

# Evidence That You Can Rely on HCR ManorCare's Clinical Judgment, and Discharge Planning

*% of Patients Achieving Community Discharge Goals*

*1st Qtr, 2011 through 4th Qtr, 2011*

9/07



# HCR ManorCare Medicare Patient Outcomes Key Indicators



\* Comparisons to nationwide rehabilitation hospital averages from erehabdata.com(Jan, 2012)

|  | HCR ManorCare<br>Medicare Patients<br><i>1st Q. '11 through<br/>4th Q. '11</i>  |
|--|---|
| <ul style="list-style-type: none"> <li>● <b>Community Discharge Percentage</b><br/><i>Nationwide IRF Average*</i></li> <li>● <b>Functional Score Improvement: Self Care</b><br/><i>Nationwide IRF Average*</i></li> <li>● <b>Functional Score Improvement: Mobility</b><br/><i>Nationwide IRF Average*</i></li> <li>● <b>% of Patients Achieving Community Discharge Goals</b></li> <li>● <b>% of Patients Able to Manage Their Care 'Completely' or<br/>'Quite a Lot' at Discharge</b></li> <li>● <b>% of Non-Ambulatory Patients Achieving Ambulation Goals</b></li> </ul> | <p>90.9 %</p> <p>71.4 %</p> <p>1.69</p> <p>1.51</p> <p>2.00</p> <p>1.84</p> <p>95.0 %</p> <p>87.4 %</p> <p>87.1 %</p> |

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| <u>Facility Name</u>          | <u>Address</u>                     | <u>County</u> | <u>City</u>       | <u>Zip</u> | <u>Medicare #</u> |
|-------------------------------|------------------------------------|---------------|-------------------|------------|-------------------|
| MCHS Arlington Heights        | 715 West Central Road              | Cook          | Arlington Heights | 60005      | 14-5199           |
| HHCC Champaign                | 309 East Springfield Avenue        | Champaign     | Champaign         | 61820      | 14-5190           |
| HHCC Decatur                  | 444 W. Harrison Street             | Macon         | Decatur           | 62526      | 14-5038           |
| HHCC Riverview                | 500 Centennial Drive               | Tazwell       | East Peoria       | 61611      | 14-5524           |
| MCHS Elgin                    | 180 S. State Street                | Kane          | Elgin             | 60123      | 14-5004           |
| MCHS Elk Grove                | 1920 Nerge Road                    | Cook          | Elk Grove Village | 60007      | 14-5689           |
| MCHS Highland Park            | 2773 Skokie Valley Road            | Lake          | Highland Park     | 60035      | 14-5923           |
| MCHS Hinsdale                 | 600 West Ogden Avenue              | DuPage        | Hinsdale          | 60521      | 14-5246           |
| MCHS Homewood                 | 940 Maple Avenue                   | Cook          | Homewood          | 60430      | 14-5684           |
| MCHS Kankakee                 | 900 West River Place               | Kankakee      | Kankakee          | 60901      | 14-5043           |
| MCHS Libertyville             | 1500 S. Milwaukee Avenue           | Lake          | Libertyville      | 60048      | 14-5593           |
| MCHS Naperville               | 200 Martin Avenue                  | DuPage        | Naperville        | 60540      | 14-5045           |
| HHCC Normal                   | 510 Broadway Road                  | McLean        | Normal            | 61761      | 14-5031           |
| MCHS Northbrook               | 3300 Milwaukee Avenue              | Cook          | Northbrook        | 60062      | 14-5982           |
| MCHS Oak Lawn East            | 9401 S. Kostner Avenue             | Cook          | Oak Lawn          | 60453      | 14-5363           |
| MCHS Oak Lawn West            | 6300 West 95th Street              | Cook          | Oak Lawn          | 60453      | 14-5087           |
| MCHS Palos Heights East       | 7850 W. College Drive              | Cook          | Palos Heights     | 60463      | 14-5607           |
| MCHS Palos Heights West       | 11860 Southwest Highway            | Cook          | Palos Heights     | 60463      | 14-5893           |
| HHCC Peoria                   | 5600 Glen Elm Drive                | Peoria        | Peoria            | 61614      | 14-5039           |
| MCHS Rolling Meadows          | 4225 Kirchoff Road                 | Cook          | Rolling Meadows   | 60008      | 14-5350           |
| MCHS South Holland            | 2145 East 170th Street             | Cook          | South Holland     | 60473      | 14-5608           |
| MCHS Westmont                 | 512 E. Ogden Avenue                | DuPage        | Westmont          | 60559      | 14-5338           |
| MCHS Wilmette                 | 432 Poplar Drive                   | Cook          | Wilmette          | 60091      | 14-5932           |
| HHCC Canton                   | 2081 N. Main Street                | Fulton        | Canton            | 61520      | 14-5600           |
| HHCC Galesburg                | 280 E. Losey Street                | Knox          | Galesburg         | 61401      | 14-5012           |
| HHCC Henry                    | 1650 Indian TN Road                | Marshall      | Henry             | 61537      | 14-5604           |
| HHCC Macomb                   | 8 Doctors Lane                     | McDonough     | Macomb            | 61455      | 14-5021           |
| HHCC Moline                   | 833 Sixteenth Avenue               | Rock Island   | Moline            | 61265      | 14-5027           |
| HHCC Paxton                   | 1001 E. Pells Street               | Ford          | Paxton            | 60957      | 14-5603           |
| Arden Courts of Elk Grove     | 1940 Nerge Road                    | Cook          | Elk Grove         | 60007      | N/A               |
| Arden Courts of Geneva        | 2388 Bricher Road                  | Kane          | Geneva            | 60134      | N/A               |
| Arden Courts of Glen Ellyn    | 2 South 706 Park Blvd.             | Cook          | Glen Ellyn        | 60137      | N/A               |
| Arden Courts of Hazel Crest   | 3701 West 183 <sup>rd</sup> Street | Cook          | Hazel Crest       | 60429      | N/A               |
| Arden Courts of Northbrook    | 3240 Milwaukee Avenue              | Cook          | Northbrook        | 60062      | N/A               |
| Arden Courts of Palos Heights | 7880 West College Drive            | Cook          | Palos Heights     | 60463      | N/A               |
| Arden Courts of South Holland | 2045 E. 170 <sup>th</sup> Street   | Cook          | South Holland     | 60473      | N/A               |

HCR ManorCare  
7361 Calhoun Place #300  
Rockville, MD 20855  
240-453-8500  
240-453-8501 Fax

HCR ManorCare 

March 9, 2012

Courtney Avery  
Administrator  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson Street  
Springfield, IL 62761

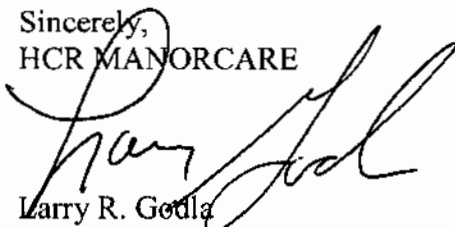
RE: ManorCare Health Services – Crystal Lake, IL

Dear Ms. Avery:

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

Thank you.

Sincerely,  
HCR MANORCARE



Larry R. Godla  
Vice President, Development & Construction

## **I -- Purpose**

1. MCHS- Crystal Lake will bring a high quality provider of post-acute nursing care to McHenry County, where there are fewer SNF beds per 1000 persons age 65+ than most other areas of the state, and even fewer than the national average. If the use rate for nursing homes is at all consistent across the area, then families in McHenry County must be making nursing home placements outside of the county, since the number of beds in the county is far below the state average. In addition, this project will bring 50 private rooms to an area that currently has few. That alone will improve the quality of care. Manor Care has significant experience coordinating short-term admissions from hospitals and delivering outcomes that return patients to their homes and normal lives as soon as possible. Outcomes at MCHS nursing centers in Illinois and the nation shown in Attachment 11, document this facility's ability to improve the health and well-being of the market area population to be served.
2. The likely market area includes all of the zip codes in McHenry County. In cases where those zip codes also include small portions of DuPage and Cook Counties, those areas are also included. The map on the following page shows the service area.
3. Issues that need to be addressed:
  - There is not a sufficient bed supply in the area for the growing population
  - There are few private rooms in the county.
  - Early hospital discharges (and thus a lower length of stay) have created more acutely ill patients needing SNF care. Many of these patients are leaving the county for SNF care.
  - MCHS Crystal Lake will bring a new level of post-acute facility and services to McHenry County.
4. Sources of Information:
  - CMS Medicare data
  - Pitney Bowes Anysite population data
  - IDPH LTC utilization data
  - HCR-ManorCare private room survey data
5. Address the issues.
  - Bed Supply - Any evaluation of the bed to population ratio for the areas that MCHS Crystal Lake will serve shows clearly that the area does not have a sufficient number of nursing home beds.
    - The Board's bed need formula shows a need for 469 additional SNF beds in the county by 2018 or about 78 additional beds needed yearly between 2012 and 2018. Thus, the need for 2015 will be for about 234

# Crystal Lake Service Area

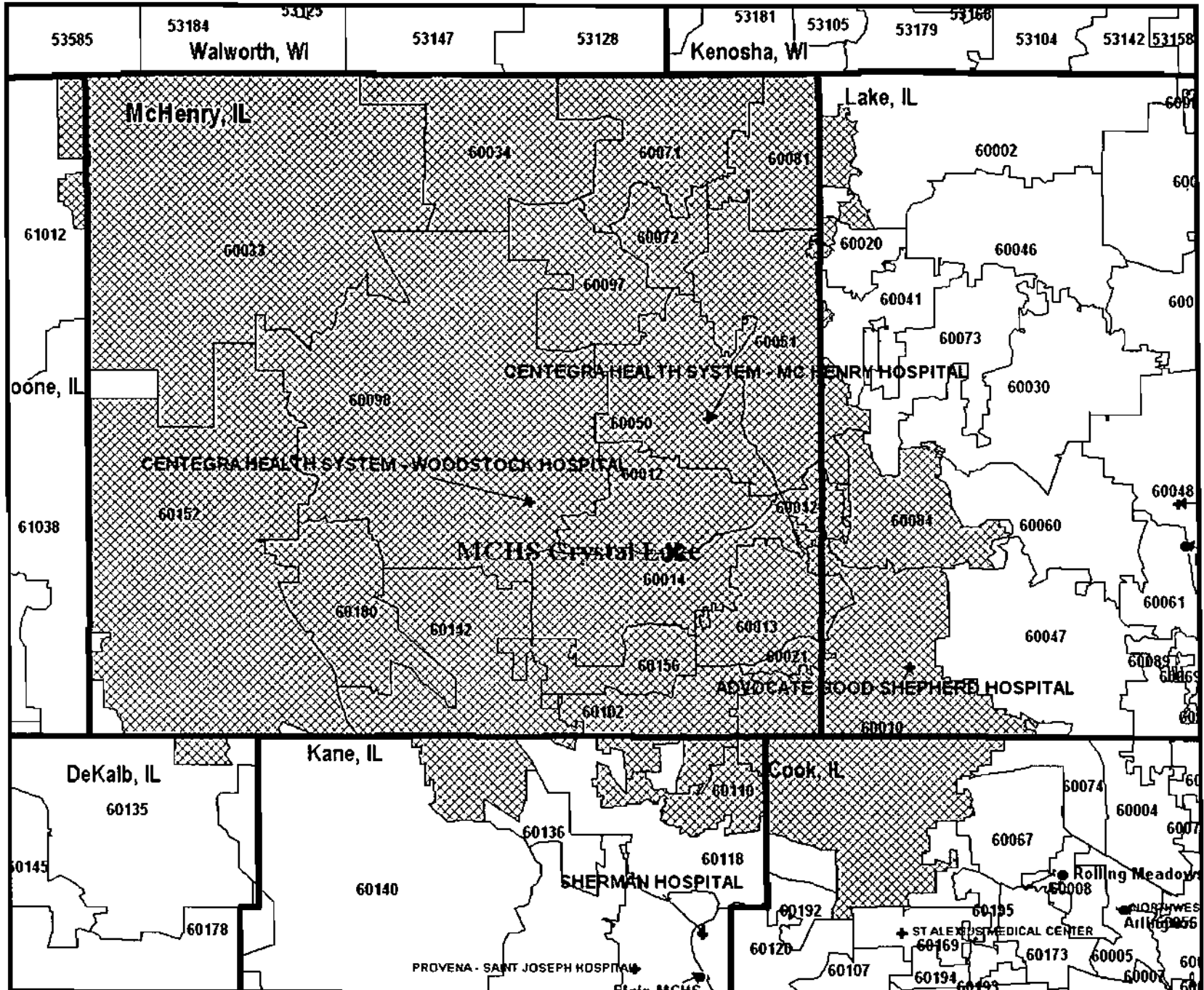
**Legend**

- ✕ Site
- HCR Manor Care
- ⊕ Hospital CMS
- County Boundaries

Crystal Lake, IL  
Crystal Lake, IL PSA #2

□ Primary Service Area

Site Coordinates  
Longitude/X: -88.300446  
Latitude/Y: 42.248387



additional beds. This project will open 130 beds or only about 56 percent of the need for 2015.

- While in the US, there are 43 licensed SNF for every 1000 persons age 65, the five mile radius around the MCHS Crystal Lake site will have only 27 beds per 1000 persons age 65+ in 2015 and the ten mile radius will have only 28 per 1000 in 2015. This is far below the national average.
- The 2010 McHenry County Healthy Community Study, page 51, indicates that there is a lack of sufficient nursing home options in the county. (See following two pages).

This data clearly demonstrates that while there may be excess SNF beds in other parts of Illinois, when compared to the national average, the Crystal Lake area is underserved making access to care far from equal.

- Private Rooms – MCHS will offer 50 private and 40 semi-private rooms for a total of 130 beds. We surveyed the other SNFs in the community to determine the number of private rooms available. On any given day, the answer is none. The few private rooms that there are, remain full. In an age when patients can easily have a private room at the hospital (Sherman is an all private room hospital), private rooms must be a significant component of any SNF that wants to be successful. While there are economic and efficiency barriers to operating too many private rooms such as the low Illinois Medicaid reimbursement, the cost of construction, and the details of the licensing requirements, providers need to be encouraged to do all they can do to bring more private rooms into the market. This project alone will more than double the number of SNF private rooms available in McHenry County.
- Early Hospital Discharge to Post Acute Care – According to CMS in 2010, (shown in Attachment 28) there were approximately 2,627 Medicare discharges to SNF care of residents living in the zip codes that make up the service area for this project. If each of these patients require an average of a 30-day Medicare stay, 78,810 patient days of care would be needed within the service area to address the needs of these residents (2,627 X 30 days). Yet the SNFs within the service area provided only 68,944 days of Medicare services in 2010 or 9,866 days of care less than what the residents of the service area actively consumed. Therefore it is reasonable to assume that those 9,866 days of care were provided to McHenry County residents outside of the county. The 9,866 days of care translates into 328 patients and families leaving the county for care (9,866 divided by 30 = 328). MCHS-Crystal Lake proposes to bring these patients back to McHenry County for care and make leaving the county for rehabilitation services unnecessary.
- New level of post acute services – The Program Summary that follows describes the comprehensive rehabilitation program that MCHS will bring to McHenry County.



2010 MCHENRY COUNTY  
HEALTHY COMMUNITY STUDY

EXECUTIVE SUMMARY

*Priorities  
and  
Report of Key Findings*



Working together for a  
Healthier McHenry County

Prepared for  
McHenry County Healthy Community Partners

Prepared by  
Health Systems Research  
University of Illinois  
College of Medicine at Rockford  
1601 Parkview Avenue  
Rockford, IL 61107

One informant described the robust cultural barrier within the local Latino population to seeking diagnosis and treatment of sexually transmitted diseases (STDs).

The employment opportunities for Latino residents of McHenry County could be improved greatly by helping them become proficient in English. This help with English would aid them in gaining employment equal with their employment status in their country of origin. Local Latino residents also need access to more educational opportunities to help them qualify for better paying jobs. Programs to help new Latino residents adjust to the area's culture would also be of benefit when it comes to preparing them for gainful employment.

Seniors – Additional community attention is needed for senior citizens since their numbers in the county continue to rise. Existing service providers focused on seniors do not have adequate capacity to serve the growing population because expansion is limited due to lack of available funding and providers not being reimbursed by the state for services rendered.

Better communication to the community about available services for seniors is important because several key informants said that they often receive phone calls from seniors inquiring about needed services.

Health needs are increasing in this group, but potential cuts to Medicare and state budget problems threaten their access to affordable health care. Transportation is a key issue with this group as well. Many seniors have been forced to give up driving, but need transportation to the store, doctor's appointments, and other errands. The lack of reliable public transportation in McHenry County hinders the ability of seniors to remain living independently in their homes.

Active seniors also need activities to keep them engaged with the community and to ward off the loneliness that can occur if living alone and lacking transportation.

More affordable housing and a better tax structure are also needed for the senior population in McHenry County. Seniors on a fixed income have a difficult time affording housing in the county and the ever-increasing property taxes.

A lack of sufficient assisted living and nursing home options exist in McHenry County as well; though informants believe that with expansion should come closer monitoring of the conditions in such facilities.

Low-Income/Working Poor – McHenry County residents whose income is minimal face needs across a wide spectrum. Many negative myths exist in the community concerning poor people and the reasons for their misfortunes. A loss of a job or a medical emergency could throw anyone into a dire financial situation when living paycheck to paycheck, but many area residents lack compassion.

Many in this group are employed in low-wage occupations, often working more than one job. However, this minimal income disqualifies them from accessing services that they may really need.

The low-income and working poor in McHenry County have much difficulty finding affordable ways to meet their need for housing, health care, dental care, daycare, transportation, and education. Affordable housing is a challenge in McHenry County for the low-income and working poor due to the lack of sufficient Section 8 and public housing options and the resistance from community members to locating low-income housing in close proximity to them.

54  
74

6. Goals

The goal is to serve an average of 117 persons in need of skilled nursing care everyday during the second year of operation of this 130 bed skilled nursing facility. It will also continue to serve an average of 117 persons everyday in subsequent years.

## II. PROGRAM SUMMARY

MCHS-Crystal Lake will be a Medicare and Medicaid certified post-acute provider of rehabilitation services, as well as traditional long-term care. The proposed facility will provide a comprehensive continuum of skilled nursing and rehabilitation services, demonstrating HCR-ManorCare's commitment to and expertise in treating higher acuity, more medically complex patients who have a variety of needs.

The majority of admissions to MCHS-Crystal Lake will consist of patients recovering from surgery, a serious injury, or an acute illness. The goal will be to return these individuals to their homes as soon as possible. These patients' conditions will vary widely, and will include knee replacement, stroke, recovery from accidents, pneumonia, and other complex medical conditions. However, all treatment care plans will be similar in that they will include intensive rehabilitation and/or complex medical care to improve the patient's functional ability, stabilize their physical state, and treat their medical condition, with the goal of returning to the community. The stay of these patients is projected to be relatively short, with a median length of stay of just 30 days.

Patients will also be admitted to the nursing facility who require 24-hour nursing care, having stayed in their homes or in some form of assisted or retirement living for as long as possible. Usually a hospital stay or onset of a medical condition results in a determination that an individual is no longer able to live independently or can no longer be cared for by a family member, and that round the clock nursing care is required. People in this category are generally at an advanced age (on average, over 85) have multiple medical problems, and are more susceptible to conditions common to aging such as fragile skin, risk of falling, poor hydration, weight loss, and general cognitive decline. A plan of care will be developed to address each patient's health needs, functional abilities, chronic illnesses, and desired outcomes.

The services that will be available at MCHS—Crystal Lake are summarized below.

**Skilled Nursing Care** – The facility will treat high acuity (post-hospital), medically complex patients, including individuals with the following clinical conditions:

|   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Stroke/neurological conditions,</li><li>• Joint replacement,</li><li>• Cardiac related problems,</li><li>• Pulmonary impairment,</li><li>• Orthopedic injuries,</li><li>• Amputation recovery,</li><li>• Neuro-muscular reconditioning,</li></ul> | <ul style="list-style-type: none"><li>• Post-surgical recovery,</li><li>• Oncology care,</li><li>• Trach care,</li><li>• IV antibiotics,</li><li>• Specialized wound care,</li><li>• Parenteral care, and</li><li>• Bariatric care.</li></ul> |
|---|---|

Complex medical services provided to these patients will include intensive rehabilitation.

**Intensive Rehabilitation Therapies** – The facility will provide a progressive, intensive rehabilitation program, specializing in transitioning patients from the hospital back to their home environment or to a more independent setting. Physical, occupational, and speech therapies will be provided to all patients who need those services.

**Intermediate Care** – The facility will serve patients with traditional long-term care needs, as well as patients who have completed therapy services, but require intermediate care either on a short-term or long-term care basis.

**Restorative Care** – Individualized care will be provided to ensure that each patient maintains his/her health and functional independence to the extent possible.

**Hospice Care** – Inpatient hospice services will be provided.

**Respite Care** – Short-term respite stays will assist caregivers currently providing services to family members in their home.

**Support Services** – The facility will provide the following support services:

|  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Pre-admission screening,</li><li>• Patient care planning,</li><li>• Appropriateness review,</li><li>• Discharge planning</li><li>• Dietary services,</li><li>• Pharmacy services,</li><li>• Consulting physician visits for dentistry, podiatry, and psychology and for other</li><li>• diagnostic evaluations and laboratory work,</li><li>• Social services,</li></ul> | <ul style="list-style-type: none"><li>• Recreational therapy,</li><li>• Beauty salon/barber shop,</li><li>• Quality assurance,</li><li>• Family programs,</li><li>• Chaplaincy program,</li><li>• Community outreach,</li><li>• Housekeeping,</li><li>• Laundry, and</li><li>• Maintenance.</li></ul> |
|--|---|

MCHS-Crystal Lake will offer a comprehensive continuum of skilled nursing and rehabilitation services, providing patients with the appropriate level of care to improve quality of life and facilitate return to the community, as appropriate.

#### **A. HIGH ACUITY POST-ACUTE SERVICES**

MCHS-Crystal Lake will specialize in providing high acuity, post-hospital care and intensive rehabilitation services. The majority of admissions will involve patients who are recovering from surgery, a serious injury or an acute illness, with the goal of returning to the community. Their stay will be relatively short, and medical care and rehabilitation will focus on overcoming barriers to returning to the community. These patients will participate in clinical programs to improve health, function and endurance in a cost-effective alternative

environment to an acute or rehabilitation hospital. A full range of services are provided to help manage complications related to complex medical conditions and chronic diseases.

Hospitals continue to shorten patient stays, which increasingly shifts the responsibility for providing intensive rehabilitation due to injury, illness or surgery to skilled nursing facilities. Today's HCR ManorCare's nursing facilities are more like hospitals than the nursing homes of ten years ago. As in a hospital, HCR ManorCare nursing facilities are now helping patients get back on their feet and return to the community. They do not just provide care during the last years of life. HCR ManorCare nursing facilities are different than typical nursing facilities in that they:

- Treat higher acuity patients, experience more admissions and discharges, and focus on rehabilitation.
- Are completely staffed by in-house therapists, ensuring consistency of services and coverage.
- Provide thorough home assessments prior to discharge, to ensure that the patient returns home to a safer environment.
- Provide education for family members and post discharge caregivers.

The entire 130-bed MCHS-Crystal Lake nursing facility will be Medicare-certified. In addition to patients admitted with rehabilitation and post-acute needs, certifying the entire facility to serve Medicare beneficiaries will enable long-term residents who experience a decline in condition and become eligible for Medicare services to receive those services in their own rooms, as long as clinical complications do not require relocation.

Like existing ManorCare nursing facilities in Illinois, MCHS-Crystal Lake will provide much needed high acuity services to patients with many conditions, including but not limited to:

**Stroke and Other Neurological Conditions:**

- MCHS-Crystal Lake will care for patients who have suffered from cerebral vascular accidents (strokes), providing both long-term and short-term rehabilitation services.
- MCHS-Crystal Lake will provide rehabilitation for residents of other nursing facilities who do not provide skilled rehabilitation services, similar to existing HCR Manor Care nursing facilities.
- Some stroke patients are unable to live outside of a nursing facility setting. MCHS-Crystal Lake will accommodate their long term needs better than nursing facilities that are not prepared to care for more impaired residents.

### **Joint Replacement and Orthopedic Injuries:**

- MCHS-Crystal Lake will work directly with orthopedists to “pre-plan” admissions following elective joint replacement surgery and will work with these physicians to schedule post-surgery follow-up stay at MCHS-Crystal Lake.
- MCHS-Crystal Lake will be equipped to admit patients within 24 hours of joint replacement surgery.
- MCHS-Crystal Lake will treat patients with injuries due to accident or injury.
- Since MCHS-Crystal Lake will be completely staffed by in-house therapists, the proposed facility can control and direct provision of therapy services in conjunction with physician orders. MCHS-Crystal Lake patients will see the same therapists every day; other nursing facilities use contractual therapy services and are unable to guarantee consistency of services and coverage.

### **Cardiac and Pulmonary Related Diseases:**

- MCHS-Crystal Lake will admit patients with co-morbidities involving cardiac and pulmonary problems, unlike many existing nursing facilities that do not admit complex medical patients.
- MCHS-Crystal Lake will work with patients, families, and physicians to manage existing cardiac and pulmonary problems and promote improvement in condition via rehabilitation services.
- MCHS-Crystal Lake will provide services to support patients with chronic obstructive pulmonary diseases, including emphysema.

MCHS-Crystal Lake will treat post cardiac surgery patients who require rehabilitation and re-conditioning.

### **Amputation Recovery:**

- MCHS-Crystal Lake will work closely with physicians both before and after surgery to develop comprehensive care plans to promote healthy care and healing of amputation sites.
- Amputation care goes hand-in-hand with the specialized wound care services, noted below.
- The MCHS-Crystal Lake Rehabilitation Department will be actively involved with physicians in prosthetic management and selection.

### **Oncology Care:**

- MCHS-Crystal Lake will work closely with patients, family members, and oncologists to ensure that the agreed upon care plan is developed and implemented.
- MCHS-Crystal Lake will assist in arranging transportation for radiation treatment.
- MCHS-Crystal Lake will maintain close partnerships with area hospice agencies to provide services to terminal patients. Unfortunately, some nursing facilities avoid or limit partnerships with hospice providers.
- HCR Manor Care is involved in the Pain Collaborative through CMS, a national research study that strives to identify the best way to manage and control pain in nursing homes. In conjunction with its participation in this research study, HCR ManorCare has designed and implemented a pain management protocol to serve the needs of all patients, including those with cancer.

### **Trach Care:**

- MCHS-Crystal Lake will be equipped to treat patients who have tracheotomies.
- Many nursing facilities avoid or limit admitting patients who require trach care.

### **Antibiotics:**

- MCHS-Crystal Lake will be equipped to successfully manage IV antibiotic therapy 24 hours a day, 7 days a week.
- Many nursing facilities do not admit or limit residents who require IV care.
- MCHS-Crystal Lake will be equipped to initiate IV therapy care as well. The objective of doing so will be to keep residents at the proposed nursing facility and avoid transfer to a hospital.

### **Specialized Wound Care:**

- MCHS-Crystal Lake will use specific wound care protocols to provide care.
- While many nursing facilities do not admit patients with wounds, HCR ManorCare has a long history of providing wound care.
- MCHS-Crystal Lake will provide WoundVac® care and services. This is often not available at other nursing facilities.



- MCHS-Crystal Lake will use the specific pressure relieving products that can be found in all HCR ManorCare nursing facilities, including specialized mattresses that will be used on all of the proposed facility's beds.

**Parenteral Care:**

- MCHS-Crystal Lake will care for parenteral patients with dietician-directed care.
- Many nursing facilities avoid or limit admitting patients with G-tubes for nutritional feedings.

**Bariatric Care:**

- MCHS-Crystal Lake will provide this new level of care, which is designed to meet the need of clinically obese individuals, usually over 400 lbs.
- Many nursing facilities are not equipped to provide this care, as it requires an upfront commitment to purchase specialized beds and lifts.
- MCHS-Crystal Lake is financially able to provide this care on a case-by-case basis by purchasing the necessary equipment, providing specialized training for staff, and working closely with the patients to develop an individualized plan of care.

**The Rehabilitation Program**

MCHS-Crystal Lake will provide a progressive, intensive rehabilitation program specializing in transitioning patients from the hospital back to their home environment or to a more independent setting. A broad range of intensive therapeutic services will be used to maximize patients' functional abilities, enabling them to reach their highest level of independence with the objective being to return to their homes. Family members are included in the rehabilitative process to help prepare for the patient's return. Program features include:

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Physical, occupational and speech therapies</li> <li>• Therapy treatments</li> <li>• Physiatrist consultation</li> <li>• State-of-the-art equipment</li> </ul> | <ul style="list-style-type: none"> <li>• Interdisciplinary conferences</li> <li>• Discharge planning</li> <li>• Patient/caregiver training</li> <li>• Home assessment</li> </ul> |
|---|--|

The foundation of a post-acute rehabilitation program focusing on individual needs is an experienced interdisciplinary team that includes:

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Board certified physiatrist</li> <li>• Occupational therapists</li> <li>• Physical therapists</li> <li>• Speech and language pathologists</li> </ul> | <ul style="list-style-type: none"> <li>• Rehabilitation nurses</li> <li>• Registered Dietitian</li> <li>• Case management</li> <li>• Psycho-social services</li> </ul> |
|---|--|

- Respiratory therapists
- Therapeutic recreation specialists

- Consulting orthopedist and prosthetists

An individual care plan is developed for each patient, identifying his/her specific medical, physical and emotional needs and strengths. The interdisciplinary team works with the patient to determine rehabilitation goals and approaches. Progress is then measured toward these goals. The overall objective is to help patients achieve their highest possible level of function and independence.

## **B. LONG-TERM CARE PROGRAM**

HCR ManorCare nursing facilities provide long-term care services to individuals who need to make the nursing facility their new home. Typically, these individuals have stayed in their homes, in assisted living or in a retirement community for as long as possible. They relocate to a nursing facility after a hospital stay or some medical condition requiring 24-hours skilled nursing care. Individuals needing this level of care enter HCR ManorCare facilities much older than in the past, have many medical problems, and are more susceptible to conditions common to aging, such as fragile skin, risk of falling, poor hydration, weight loss and general cognitive deterioration.

Decline can occur quickly with advancing age, and it is important that staff understand and be able to identify the symptoms that occur with aging. Putting in place an appropriate plan requires a partnership with open communication and ongoing education among patients, families and staff. HCR ManorCare has made the investment to ensure that evidence-based, comprehensive practice guidelines are available to the clinical team to help provide the level of care needed. HCR ManorCare also educates chronically ill patients and their family members on the value of palliative care and hospice services, when appropriate.

## ALTERNATIVES

ManorCare Health Services explored several alternatives to the proposed skilled nursing facility before deciding to move forward with the project. The following alternatives were evaluated:

1. Do nothing.
2. Expand an existing skilled nursing facility.
3. Purchase or lease an existing skilled nursing facility.
4. Purchase or lease a building to convert to a skilled nursing facility.
5. Develop a project of greater or lesser scope.
6. Pursue a joint venture.
7. Utilize alternative settings.
8. Utilize other health care resources.
9. Utilize other nursing centers with low occupancy
10. Construct a new skilled nursing facility.

The following discussion describes each alternative, the associated costs, and lists the reasons why it has been selected or rejected.

1. **Do Nothing** – ManorCare Health Services rejected this alternative because the need for additional quality skilled nursing and rehabilitation beds would not be met. Several indicators of need which justify approval of the proposed MCHS-Crystal Lake facility are outlined below.
  - The Review Board has projected a net need of 469 beds for McHenry County in 2018. The proposed facility will meet the need for 130.
  - McHenry county's elderly population (65+) is projected to increase by 15% between 2011 and 2015.
  - Bed to elderly population ratios for McHenry County are less than the state average, indicating that the proposed facility will not create a mal-distribution of nursing facility beds.
  - Utilization of nursing facility services by the elderly is projected to increase as individuals continue to live longer and experience greater prevalence of debilitating disease and multiple chronic conditions. This will create a greater demand for nursing facility services.
  - The majority of McHenry County nursing facilities have aging physical plants which limit the provision of state-of-the-art rehabilitative care. MCHS-Crystal Lake will provide a state-of-the art facility.

- CMS Data shows that Medicare patients who are residents of McHenry County are likely receiving Medicare services in SNFs outside the county. (See Attachment 12)
- There is community support for this project from McHenry County families, who recognize the need for a high quality skilled nursing and rehabilitation facility in Crystal Lake. This application includes 68 letters of community support.

Doing nothing is always the least costly alternative. In this case the cost of doing nothing is zero. But if we were to measure the cost of doing nothing in terms of access, availability, efficiency or effectiveness, it would be found wanting. The continued lack of adequate SNF services in the county and the personal travel costs to families associated with it are indeed a cost, just not a capital cost.

2. **Expand an Existing Skilled Nursing Facility** – ManorCare Health Services does not own a nursing facility in McHenry County to which it could add beds. The alternative is not possible for the applicant and no cost can be estimated for expanding a SNF the applicant does not own.
3. **Purchase or Lease an Existing Skilled Nursing Facility** – The purchase of an existing skilled nursing facility at a cost of \$15M + in the service area would not meet the need for additional beds or improve access. This alternative was rejected.
4. **Purchase or Lease a Building to Convert to a Skilled Nursing Facility** – It would be difficult to convert an existing building to nursing home use without extensive renovation to meet current state nursing home standards. The purchase price and renovation cost to meet skilled nursing licensure requirements is not likely to result in a skilled nursing facility that is less costly than the cost of new construction. This alternative was rejected.
5. **Greater or Lesser Scope** - This project is proposed at 130 beds and a cost of approximately \$17M or about \$130,770 per bed. We recently prepared cost information for 60 and 80 bed alternative projects. The 60 bed SNF was \$11.9M or \$198,300 per bed while the 80 bed version had a total cost of \$13.3M or \$166,250 per bed. The additional cost per bed is significant in both cases. In addition, we concluded that operating costs were about 12 percent higher per patient day in a 60 bed SNF and 10 percent higher in an 80 bed SNF. Thus, there are no cost advantages to proposing a project of lesser scope. A project of lesser scope would also not fully address the need.

While there are cost advantages to developing a project of greater scope, we believe they are outweighed by the compromises for the patient's life style such as longer hallways, larger dining rooms, more time to wait for therapy, and a

generally more institutional appearance of the structure. This alternative was also rejected.

6. **Joint Venture** - MCHS Crystal Lake will make every effort to become part of an ACO (Accountable Care Organization) with a nearby hospital. ACO providers, while not specifically in a joint venture agreement, do agree to be accountable for the quality, cost, and overall care of a group of patients. Payments in an ACO are linked to quality improvements and cost reductions. Thus there is some cost savings with this arrangement. HCR-ManorCare is currently participating in ACOs in several locations, including the Cleveland Clinic for our SNFs in the Cleveland OH area.

There are no clear cost advantages to a traditional joint venture over a single owner. The cost of building the SNF remains at \$17M and the operating revenue and expenses are the same, just split differently. Perhaps a joint venture with a hospital would be advantageous, but only to the extent that the hospital made referrals to the SNF. And even then, it is families that choose the SNF not the referring hospital.

This ACO aspects of this alternative will be pursued as part of this project, so this alternative is part of this project.

7. **Alternative Settings** - An alternative setting might include home-based care with home health and physical therapy visits, but such an approach draws out the recovery process for patients from a few weeks to a several months. While this alternative may be acceptable for some patients, it is not an alternative to an SNF. Many patients need more support than home health with therapy can provide, while others simply prefer getting the therapy completed so that they can return to normal activities more quickly. Still others simply cannot return home, because they cannot maintain activities of daily living without constant support. A home setting for therapy is not an alternative to SNF care for many many patients and thus this alternative was rejected.

8. **Other Health Care Resources** – Other health care resources cannot substitute for SNF care when a physician certifies that a patient needs SNF care. Home Health, Assisted Living, Adult Care Homes and other lower levels of care are not designed to meet the needs of those for whom SNF care is recommended. And further, the laws and rules regarding the kinds of patients that can be treated in those settings are very strict, in many cases prohibiting the delivery of SNF level services in those settings. A patient who needs round-the-clock RN care cannot, for example, receive nursing services in assisted living or the home health setting. No matter the cost, this alternative is not an appropriate substitute for SNF care.

9. **Use Under-Utilized Beds in Other SNFs**

- The current number of SNF beds within a 30- minute drive time of this proposed nursing center will never be fully utilized (at the Board's 90 percent standard) no matter the size of the population in the area. There are various reasons for this circumstance.
  - Providers, in older buildings, could have taken beds out of service converting the space to other purposes such as dining rooms, therapy spaces, private rooms, or semi-private rooms rather than three or four bed rooms.
  - Other providers could have taken licensed beds out of service because the facilities were so large that families simply did not choose to place their loved ones in such a large institutional structure.
  - Still others could have poor performance records on licensing surveys that keep families away.
  - Others may not have upgraded their buildings in more than 20 years.
  - Some may not have been able to afford the cost of the maintenance necessary to keep their SNF up to a standard that some customers might expect.
  - Providers may not want to operate the beds, but a lease or mortgage agreement may be requiring them to keep the beds licensed despite the fact that they are not in use.

Passively watching the elderly population of a community grow, and hoping somehow that the low occupied SNFs in the community will attract these additional patients ignores historical facts and practicality. Low occupancy SNFs remain low occupancy until some force moves the operators to do what they need to do to modernize and attract additional patients. As long as there is no new competition, no significant increase in the Medicaid reimbursement, and there are families willing to drive out of the area for higher quality care, there is no incentive for existing providers to take economic risk and commit the resources necessary to fill those existing beds. In such a scenario, growing communities like Crystal Lake will never get new beds and families will always have to drive elsewhere for services others can get nearby. But with competition, existing operators, providers, and lessors will need to bring their operations into the 21<sup>st</sup> century to stay in business. MCHS Crystal Lake would bring that competition.

10. **Construct a New Skilled Nursing Facility** – This alternative was chosen since it will enable ManorCare Health Services to address the need for additional skilled nursing beds in McHenry county and provide a state-of-the-art skilled nursing and rehabilitation facility for approximately \$15M.

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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

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

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

| SIZE OF PROJECT        |                    |                  |            |               |
|------------------------|--------------------|------------------|------------|---------------|
| DEPARTMENT/SERVICE     | PROPOSED BGSF/DGSF | STATE STANDARD   | DIFFERENCE | MET STANDARD? |
| General Long Term Care | 514 Sq Ft Bed      | 435-713 BGSF/Bed | N/A        | Yes           |

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

### **CRITERION 1110.234 (1)**

HCR Manor Care nursing centers are designed to comply with the requirements and recommendations of the 2010 Guidelines for Design and Construction of Health Care Facilities, published by the American Institute of Architects (AIA) and recognized by the Centers for Medicare and Medicaid Services. The following are examples of how adherence to those guidelines has resulted in improvements to our design.

- The number of private rooms we construct has increased to a minimum of 40. Our prior designs had 10. This project has 50 private rooms. AIA guides encourage as many private rooms as possible.
- All resident rooms are now at least 13' wide to conform with the AIA recommendation that a bed will be eight feet long.
- Total dining space is now at least 30 net square feet per bed to comply with AIA.
- Nursing stations are larger and include an enclosed staff conference area to comply with AIA.

Our nursing and rehabilitation centers have changed significantly in the past five years, providing more services to those in need of therapy after hospital discharge. This change in mission has resulted in significant changes in building design and significant additional square footage

In addition to the therapy requirements, the increasing number of bariatric patients who require larger beds, larger chairs, larger equipment and larger rooms also contributes to the expansion of square footage. The only way to meet the demands of those who need therapy, those who want private rooms, and those with special needs is to increase the space available.

MCHS-Crystal Lake will contain 66,790 gross square feet or 514 gross square feet per bed. The gross square footage is a result of HCR Manor Care, Inc.'s desire to comply with AIA and our emphasis on private rooms and ample physical/occupational therapy space. We are striving to meet the needs and demands of our patients, many of whom come to us from "all private room" hospitals where infection control is a primary goal.

HCR Manor Care, Inc. has 43 years experience in designing, planning, constructing and equipping nursing homes. This experience results in a building design that provides the needed therapy space for those seeking physical rehabilitation and enhances quality of life for residents while maintaining efficiencies in construction and operating costs.

The services offered by the proposed MCHS-Crystal lake post-acute rehabilitation and nursing center will be enhanced by a design that incorporates features that support the physical, social and psychological needs of the residents and promotes independence and



return to home. Emphasis is placed on creating a comfortable atmosphere which ensures quality care and quality of life for the residents. The environment lends support to the needs of the elderly and to activities of daily living, rather than creating obstacles to independence. In addition, the building design will meet the functional needs of the rehabilitation nursing home staff without sacrificing quality of life features.

This design results in the allocation of additional square footage for private rooms, therapy and resident areas and for the staff as outlined below.

### **Patient Room Size And Configuration**

- Quality of life is enhanced by the provision of private and semi-private patient rooms that exceed state minimum licensure requirements. Private rooms are 216 gross square feet with a bath/shower of 56 gross square feet.. Semi-Private rooms are 297 gross square feet with a handicap bathroom of 46 gross square feet.
- Fifty percent of the patient rooms and toilet areas will be handicapped accessible, to meet the requirements of the Americans With Disabilities Act. This increases the size of the bathrooms to 56 gsf..
- Doorways to patient rooms and bathrooms are wheelchair accessible.
- Fifty private rooms address the demands of those residents who are admitted directly from a private room in new "all private room" hospitals. This has become an increasing portion of our admissions and is AIA recommended

### **Design For Privacy**

- Central bathing areas have fully isolated private changing areas so that each patient can be dressed and undressed in complete privacy.
- The nursing facility's Social Services staff have a private office so that sensitive family matters that may require social service assistance or private family discussions can be accommodated in a private and confidential setting.
- Flat panel wall-mounted TVs are provided for each patient, and include independent pillow speaker controls for maximum resident privacy and comfort.

### **Therapy Space**

The physical/occupational therapy room is approximately 2,712 gross square feet. This space represents an evolution in size as we treat more patients requiring post acute rehabilitation services.

MCCHS-Crystal Lake will provide a broad range of intensive rehabilitative therapies

designed to maximize the functional abilities of residents, enabling them to reach their highest level of independence as quickly as possible. The majority of residents are anticipated to return home to lead productive lives. Family members are included in the rehabilitation process to help prepare for the resident's return home, The following therapy programs will be provided:

**Scope of Physical Therapy Services:**

- Adaptive, assistive and orthotic devices
- Athermal modalities
- Biofeedback
- Breathing strategies
- Contrast bath
- Continuous passive motion
- Cryotherapy
- Debridement
- Dressings
- Electrical stimulation
- Electro-therapeutic modalities
- Evaluation and assessment
- Deep thermal modalities
- Functional training
- Gait training
- Hydrotherapy
- Jobst measurements
- Massage
- Moist heat
- Neurodevelopmental technique
- Neuromuscular facilitation techniques
- Percussion
- Phototherapy
- Positioning
- Prosthetic devices
- Pulsed high-pressure irrigation
- Strengthening
- Superficial thermal modalities
- Therapeutic exercise
- Topical agents
- Transcutaneous electrical nerve stimulation
- Traction

**Scope of Occupational Therapy Services**

- Adaptive feeding
- Adaptive equipment training
- Activity of Daily Living (ADL) compensatory training
- Cognitive retraining
- Cold packs
- Evaluation and assessment

- Graded functional activities
- Home assessment/management
- Joint protection
- Moist heat
- Paraffin
- Positioning/restraint evaluation
- Splinting
- Visual perceptual program
- Work simplification program

#### Scope of Speech/Language Therapy Services

- Receptive language
- Expressive language
- Speech production
- Dysphagia
- Aural rehabilitation
- Augmentative/assistive communication
- Voice therapy
- Fluency training
- Oral motor strengthening
- Evaluation and assessment

The physical and occupational therapy spaces will have the following equipment and appliances:

- Mat Table (2)
- Hydraulic Table
- Flip Top Tables (2)
- Stack Chairs (6)
- Total Body Conditioner (2)
- Exercise Treadmill
- Portable Suction Machine
- Duplex Pulley System
- Stairs
- Pulse Oximeter (2)
- Colorado Cycle (2)
- Adult Electric Tilt Table
- Electric Stand-in Table
- Advanteq IT TENS Unit
- Posture Mirror
- Parallel Bars
- Abduction Board
- Foot Placement Ladder
- Refrigerator
- Range
- Washer
- Dryer

- Dishwasher
- Microwave/Hood

Ample space for this equipment is a necessary part of the program of service that this nursing center will provide.

The residents receiving physical and occupational therapy will include those with the following needs:

- **Stroke and Other Neurological Conditions:**--Care for patients who have suffered from cerebral vascular accidents (strokes), including both long term as well short term rehabilitation services for stroke patients.
- **Joint Replacement/ Orthopedic Injuries:**--Work directly with orthopedists to “pre-plan” admissions following elective joint replacement procedures (such as knee replacement surgery) and work with these physicians to schedule the post-surgery follow-up stay at MCHS-Crystal Lake--Admit patients within 24 hours of joint replacement surgery, as needed--Treat patients with injuries due to accident or injury.
- **Cardiac and Pulmonary Related Disease:**--Admit patients with co-morbidities involving cardiac and pulmonary issues--Work with patients, families, and physicians to manage existing cardiac and pulmonary issues and promote improvement in condition through rehabilitation services.--Provide services to support patients with chronic obstructive pulmonary diseases, including emphysema--Treat post cardiac surgery patients who require rehabilitation and re-conditioning.
- **Amputation Recovery:**--Work closely with physicians both before, and after surgeries, to develop comprehensive care plans to promote healthy care and healing of amputation sites~—MCHS-Crystal Lake Rehabilitation Department will be actively involved with the prosthetics and physicians in prosthetic management and selection.
- **Oncology Care:**--Work closely with patients, family members, and oncologists to ensure that the agreed upon care plan is developed and carried out to the preferences of each patient.
- **Trach Care:**--Treat patients who have tracheotomies.
- **Specialized Wound Care:**--Use specific wound care protocols to treat patients who have acquired wounds at home or in the hospital.
- **Parenteral Care:**--Provide care for such patients, including utilizing dieticians to manage parenteral care.
- **Bariatric Care:**--Provide this level of care that is designed to meet the need of

clinically obese individuals.

Another example of HCR Manor Care's commitment to design its new nursing facilities for the post-acute rehab patient is the outdoor therapeutic walking path that adjoins the physical/occupational therapy room. This path will be used for mobility training, and will include various surfaces such as gravel, sidewalk, grass and brick surfaces that are similar to surfaces the residents will encounter in the community. This outside therapy area will also include an ADA compliant ramp with handrails and steps.

### **Recreational Space Including Outside Areas**

- An "internet café" lounge will be located by the main entrance, to be used by patients and their families. This space will facilitate relaxation and socializing, and will include complimentary self-service coffee/juice/snack service with café tables, three fully equipped computer/internet cubical stations, lounge chairs/sofa, flat panel TV, and varied reading materials.
- The nursing facility contains a recreational therapy room.
- Ample lounge space is incorporated throughout the nursing facility to provide areas where patients can gather for socializing, small group activities, and watching a favorite television program.

### **Dining Areas**

- The emphasis placed on dining is intended to contribute to quality of care, independence, and quality of life, as patients will be able to eat in small group settings. Separate dining rooms also enable patients who have similar care requirements to eat together.
- Dining rooms are centrally located and are available to all patients, and designed and furnished to encourage maximum dining participation by the patients of the nursing facility. As the largest common space in the nursing facility, the dining rooms are also utilized for large group activities.

### **Storage**

- Storage areas for medical equipment and supplies are located in close proximity to the nursing stations. As nursing homes begin to serve patients with more and more complex needs, it becomes necessary to provide more storage space for equipment and supplies.

### **Beauty Salon/Barber Shop**

- A complete, two-chair salon/shop will be accessible to all patients for permanents, colorings, or cuts. The hairdresser will have the capability to perform work on patients in wheelchairs or at the patient's bed as required.

### **Space For Community Interaction**

- The nursing facility's dining rooms, recreational therapy room, lounges, and internet cafe are available for use by community groups for meetings, activities, etc.
- The lounges are available for visitation by family and friends.
- The dining rooms and lounge areas are utilized for special events sponsored by the nursing facility or outside groups.

HCR Manor Care is committed to providing high quality care in a spacious, well-equipped environment. The following is a list of the type of admissions that we expect at this new nursing center. Residents are likely to have:

- Fractures with weight bearing limitations
- Fractures with ADC limitations
- Cardiac diagnosis that requires extensive monitoring of medications, vital signs and clinical changes
- Respiratory diagnosis requiring continuous oxygen and monitoring of oxygen saturation and clinical changes
- MRSA infections requiring isolation, anti-biotic therapy, and lab tests
- CVA with total changes from current function to previous function requiring extensive rehab therapy
- Cancer with radiation or chemotherapy treatment
- Uncontrolled diabetes mellitus requiring monitoring and insulin injections
- Tube feeding placement requiring clinical monitoring, x-ray and daily labs
- Renal failure requiring medication changes, labs, daily monitoring and dialysis.

We believe that as we continue to serve more and more patients with these higher acuity needs, we can do no less than provide the space and equipment necessary to meet the medical and privacy needs of these patients.

The foundation of the rehabilitation program is an experienced interdisciplinary team of specialists in physical therapy, occupational therapy, speech therapy, therapeutic recreational therapy, social services, case management and rehabilitation nursing who will develop and implement an individual plan of care for each resident. The resident care plan will identify each resident's specific medical, physical and emotional needs and strengths. The interdisciplinary team will work with the resident to determine rehabilitation goals and approaches. Progress is then measured toward these goals. The

objective is to help residents achieve their highest possible level of function and independence in a cost-effective manner, and return home, when appropriate. Adequate space is necessary to accomplish that goal.

### **Conclusion**

HCR Manor Care designs its buildings to be efficient, meet the AIA requirements and recommendations, meet the needs of all residents, and meet the requirements of the states where we operate.

The space needed is justified by the needs of the patients we intend to serve.

**2010 AIA Guidelines for Design and Construction  
Of Health Care Facilities**



# 4.2 Specific Requirements for Nursing Facilities

*Appendix material, which appears in shaded boxes at the bottom of the page, is advisory only.*

## 4.2-1 General

### 4.2-1.1 Application

**4.2-1.1.1** This chapter contains specific requirements for nursing facilities. The requirements described in Chapter 4.1, *Common Elements for Residential Health Care Facilities*, shall also apply to nursing facilities as referenced in this chapter.

**4.2-1.1.2** This chapter covers the continuum of nursing services listed in this section. These services may be provided within freestanding facilities or as distinct parts of a general hospital or other health care facility. The continuum of nursing service and facilities may be distinguished by the levels of care, staff support areas, and service areas provided.

#### 4.2-1.1.2.1 Nursing and skilled nursing facilities

**4.2-1.1.2.2 Special care facilities.** These include the following:

- (1) Subacute care facilities (Section 4.2-3.1)
- (2) Alzheimer's and other dementia units (Section 4.2-3.2)

#### 4.2-1.1.3 Minimum Standards for New Facilities

The text of this chapter represents minimum requirements for new construction and shall not be applied to existing facilities unless major construction renovations (see 1.1-3) are undertaken.

## APPENDIX

**A4.2-1.2** The functional program should specify staff distances, staff station locations, and decentralized vs. centralized functions that will directly affect the facility design. Different care models should be evaluated to provide a resident-centered solution; see A4.2-2.2.1.3 (2)(a) and (2)(b).

**A4.2-1.2.2.2** Culture change in long-term care should address move-

## \*4.2-1.2 Functional Program

### 4.2-1.2.1 General

For requirements, see 4.1-1.2 (Functional Program).

### 4.2-1.2.2 Environment of Care

**4.2-1.2.2.1 Flexibility.** Nursing facilities shall be designed to provide flexibility in order to meet the changing physical, medical, and psychological needs of their residents. ✓

**\*4.2-1.2.2.2 Supportive environment.** The facility design shall produce a supportive environment to enhance and extend quality of life for residents and facilitate wayfinding while promoting privacy, dignity, and self-determination.

- (1) The architectural design—through the organization of functional space, the specification of ergonomically appropriate and arranged furniture and equipment, and the selection of details and finishes—shall eliminate as many barriers as possible to effective access and use by residents of all space, services, equipment, and utilities appropriate for daily living.
- (2) Design shall maximize opportunities for ambulation and self-care, socialization, and independence and minimize the negative aspects of an institutional environment.

### \*4.2-1.2.3 Long-Term Care Space Needs

Although there are similarities in the spatial arrangement of hospitals and nursing facilities, the service requirements of long-term care residents require additional special design considerations.

ment away from an institutional model toward one that is residential in scale, has homelike amenities, facilitates wayfinding, and allows residents and direct care workers to express choice in meaningful ways.

**A4.2-1.2.3** When a section of an acute care facility is converted for use as a nursing facility, it may be necessary to reduce the number of beds to provide space for long-term care services.

### 4.2-1.3 Site

For requirements, see 4.1-1.3.

### 4.2-1.4 Renovation

For requirements, see 1.1-3.

### 4.2-1.5 Planning, Design, Construction, and Commissioning

For requirements, see Chapter 1.2.

### 4.2-1.6 Equipment

For requirements, see Chapter 1.4.

## 4.2-2 Resident Areas

### 4.2-2.1 Reserved

### 4.2-2.2 Resident Unit

Resident units are groups of resident rooms and support areas whose size and configuration are based on organizational patterns of staffing, functional operations, and communications as provided in the functional program for the facility.

## APPENDIX

**A4.2-2.2.1.3 (2)** The most effective design is determined when the care model is defined during the functional programming process.

**A4.2-2.2.1.3 (2)(a)** Clusters and staffing considerations

a. Clustering refers to several concepts wherein the design of traditional nursing home floor plans (straight halls, double- or single-loaded corridors) is reorganized to provide benefits to both residents and to the effectiveness with which people care for them. Clustering is done to achieve better image, faster service, shorter walking/wheeling distances, and more subtle handling of linen. It can also afford more localized social areas and optional decentralized staff work areas.

b. A functioning cluster as described here is more than an architectural form where rooms are grouped around social areas without reference to caregiving. In a functioning cluster, the following will be accomplished:

- Utility placement is better distributed for morning care: Clean and soiled linen rooms are located closer to the resident rooms, minimizing staff steps and maximizing the appearance of corridors (carts are not scattered through halls).
- Unit scale and appearance reinforces smaller groups of rooms seen as being grouped or related: Clusters should offer identifiable social groups for both staff and older people, thereby reducing the sense of largeness often associated with centralized facilities.

### 4.2-2.2.1 General

#### 4.2-2.2.1.1 Application

Each resident unit in a nursing or skilled nursing facility shall comply with the following.

#### 4.2-2.2.1.2 Resident Unit Size

In the absence of local requirements, consideration shall be given to restricting the size of the resident unit to 60 beds or a maximum travel distance from the staff station to a resident room door of 150 feet (45.72 meters). ✓

#### 4.2-2.2.1.3 Layout

(1) In new construction, resident units shall be arranged to avoid unrelated travel through resident units. ✓

\*(2) Facility layout shall reflect the care model and related staffing described in the functional program.

\*(a) Clusters. Arranging groups of resident rooms adjacent to decentralized service areas, optional satellite staff work areas, and optional

—Geographically effective staffing: The staffing pattern and design reinforce each other so that nursing assistants can offer primary nursing care and relate to a given set of rooms. Their room assignments are grouped together and generally do not require unequal travel distances to basic utilities. Staff "buddying" is possible. Buddying involves sharing responsibilities such as lifting a non-weight-bearing person or covering for someone while the buddy provides off-unit transport or is on a break.

—Staffing that works as well at night as during the day: An effective cluster design incorporates multiple staffing ratios. A unit might have 42 beds, but with clustering, could staff effectively in various ratios of licensed nurses to nurses assistants: 1:7 days (six clusters); 1:14 or 1:21 nights (three or two neighborhoods).

c. Clustering can also have some other benefits:

- Cluster design can provide more efficient "gross/net area" when a variety of single and/or double rooms are "nested."
- Cluster design can be useful when a project is to have a high proportion of private occupancy rooms, because it reduces distances to staff work areas or nursing stations.
- Clusters provide a method of distributing nursing staff through a building, nearer to bedrooms at night, so they can be responsive to vocal calls for assistance and toileting. (Central placement of staff requires greater skill in using traditional call systems than many residents possess.)

decentralized resident support areas shall be permitted.

- (b) Household models. Arranging resident rooms within a residentially scaled “home” or “household” that is located within a larger facility or is freestanding—including a residentially scaled kitchen and living room in conjunction with a reorganization of staff to provide resident-centered care—shall be permitted.

#### 4.2-2.2.2 Resident Room

Each resident room shall meet the following requirements:

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- Cluster units of a given size may “stack” or be placed over each other, but might have different staffing for varying care levels.
- If digital call systems are used (such as those allowing reprogramming of what room reports to which zone or nursing assistant’s work area), then one unit might easily be changed over time, such as when client needs justify higher ratios of nursing assistants to older people. For example, a 48-bed unit might start at 1:8 staffing but also respond to 1:6 staffing needs. In some units, staffing might also be slightly uneven, such as where 60-bed units are comprised of clusters of 1:7 and 1:8 during days.

- d. Architectural form and clustering: Clusters involve architectural form and may have an impact on overall building shape.

- The longer length of stay of nursing home residents compared with hospital clients is one factor that makes clustering rooms in more residential groups particularly appropriate. However, the visual advantages of units without long corridors has also attracted hospital planners. In both facility types, architectural clustering may help both staff and residents socially identify a space or sub-unit within a larger unit.
- Though architectural clustering may involve grouping rooms, this should not result in windowless social areas, or the incorporation of all social options in a windowless social area directly outside of the bedroom doorways.

**A4.2-2.2.1.3 (2)(b) Nursing household models and staffing considerations.** Nursing households use resident-centered care models that achieve deinstitutionalization by changing the philosophy of care, creating a household-scale environment, and adopting a resident-centered organizational structure through use of team-based management and changes in staff roles and responsibilities. The goal is to create a small community of residents who consider the nursing household their home and are supported by staff members specially trained in this philosophy of care.

Nursing households are one approach to accomplishing clustering as described in A4.2-2.2.1.3 (2)(a). The purpose behind the nursing

#### \*4.2-2.2.2.1 Capacity

In new construction and renovations, maximum room occupancy shall be two residents. ✓

Where renovation work is undertaken and the present capacity is more than two residents, maximum room capacity shall be no more than the present capacity with a maximum of four residents.

#### \*4.2-2.2.2.2 Space requirements

- (1) Area and dimensions. The area and dimensions of each resident space shall be based on provision of the following:

households (whether stand-alone or connected) is to provide residentially scaled spaces with familiar, homelike environments (e.g., a kitchen, dining room, and living room).

Nursing households are created to allow residents freedom of movement by providing safe spaces in all areas of the house or household. They are designed to support and maximize function and habilitation by incorporating short walking distances.

Nursing households are self-contained and functionally independent, with all activities of daily living provided in each household. Support services may be provided within the household or in a larger organizational structure.

The design of nursing households varies. Such a facility can be single-story or multistoried, stand-alone or linked with other households. It can be an add-on or replacement to an existing nursing home or part of the campus of a continuing care retirement community (CCRC). Clusters of houses can also be embedded in residential neighborhoods in the community. Residents are provided a great degree of privacy and control of their environment, which may include private rooms and baths. Optimally, access to safe outdoor space is provided.

Additional information is available from the National Alliance of Small Houses: [www.smallhousealliance.org](http://www.smallhousealliance.org).

**A4.2-2.2.2.1** Changes to the maximum number of residents per room may be made upon a determination by the authority having jurisdiction that such an alternate room configuration provides a preferable environment for residents with unusual care requirements. Single resident rooms with an individual toilet room are encouraged. In two-bed rooms, consideration should be given to creating room configurations that maximize individual resident privacy, access to windows, room controls, and equivalent space. ✓

**A4.2-2.2.2.2** To facilitate planning for minimum clearances around beds, bed type and size should be established as part of the functional program. As acceptable to authorities having jurisdiction, bed placement should be chosen to satisfy the needs and desires of individual residents.

- (a) The ability to accommodate bed locations, including one where staff members have access to the bed on three sides
- (b) A window accessible from a wheelchair
- (c) A wardrobe or a closet accessible from a wheelchair
- (d) A bed, lounge chair, dresser, nightstand, and side chair, all accessible from a wheelchair
- (e) Direct access from the room entry to the toilet room, closet or wardrobe, and window, without going through the living space of another resident
- (f) Clearance for staff members to use lifting equipment to access the bed, chairs, and toilet

(2) Every bed location shall have sufficient space to permit placement of a stretcher along one side for lateral transfer of the resident from the bed to the stretcher by at least two staff members without substantial rearrangement of furniture.

(3) Clearances

- (a) In multiple-bed rooms, clearance shall allow for the movement of beds and equipment without disturbing residents.
- (b) Clear access to one side of the bed shall be provided along 75 percent of its length.
- (c) Mechanical and fixed equipment shall not obstruct access to any required element.

**A4.2-2.2.2.2 (1)(f)** Although the use of portable lifting equipment requires more clearance for maneuvering than fixed lifting equipment, using fixed equipment does not eliminate the need for portable equipment. Portable equipment will be required if a resident falls out of range of a fixed lift or requires a sit-to-stand lift.

Using portable lifting equipment without powered wheels to move a resident laterally requires more exertion by staff than using fixed equipment; in addition, the exertion required increases with carpet. However, various types of carpet construction and materials differ in their resistance to wheeled devices, and carpet has significant advantages over hard-surface flooring in noise reduction and residential appearance, both of which are important in creating a comfortable, attractive living environment. See Section 4.1-7.2 (Architectural Details, Surfaces, and Furnishings).

Resident rooms and associated toilets may be equipped with ceiling-mounted track to accommodate ceiling-mounted mobility and lifting devices. The track layout should be designed to aid in maintaining or improving resident mobility and ambulation, independent function, and strength as well as to help staff members transfer residents to or

(d) These guidelines shall allow arrangement of furniture that may reduce these access provisions, without impairing access provisions for other occupants.

#### 4.2-2.2.2.3 Window

- (1) For common requirements, see 4.1-2.2.2.3.
- (2) In renovated construction, beds shall be no more than two deep from windows.

#### 4.2-2.2.2.4 Resident privacy

- (1) For common requirements, see 4.1-2.2.2.4.
- (2) In multi-bed rooms, each resident shall be provided the opportunity for visual privacy from the other resident.

**4.2-2.2.2.5 Hand-washing station.** For requirements, see 4.1-2.2.2.5.

**4.2-2.2.2.6 Toilet room.** For requirements, see 4.1-2.2.2.6.

**4.2-2.2.2.7 Resident storage.** For requirements, see 4.1-2.2.2.7.

**4.2-2.2.2.8 Resident bathing facilities.** For requirements, see 4.2-2.2.2.8.

from bed/chair/toilet/bathing facilities/stretcher, etc., or reposition them in bed or a chair.

The design of ceiling track, lifting devices, and support vests and slings is evolving as use of this technology increases in nursing facilities. One objective in using ceiling systems should be to assist residents who do not have good balance or are unable to bear all of their weight to stand and ambulate throughout the room. A second objective should be to maximize resident choice and control of bed location and room arrangement, key factors in creating "home" for the resident.

A way to meet these objectives is to install permanent tracks the full length of two sides of the room with a perpendicular spur that extends into the toilet room over the toilet and into a shower, if provided. With this basic layout, when residents requiring mobility or transfer assistance move to a room, a cross track and lift device can be installed for the duration of their stay. This approach would make all areas of the room accessible to the lifting device, thereby offering the resident a variety of room arrangements and substantially reducing the need for a portable lift.

4.2-2.2.2.9 **Medical gases.** For requirements, see 4.1-2.2.2.9.

#### 4.2-2.2.3 **Special Care Facilities**

##### \*4.2-2.2.3.1 **Subacute care facilities**

##### 4.2-2.2.3.2 **Alzheimer's and other dementia units**

\*(1) **Safety.** Safety concerns must be emphasized because of poor judgment inherent in those with dementia:

- (a) **Hazard avoidance.** Areas or pieces of furniture that could be hazardous to these residents shall be eliminated or designed to minimize possible accidents.
- (b) **Doors.** Resident security shall be addressed through systems that secure the unit and comply with life safety codes. Should the functional program (see 1.2-2) justify limiting the

movements of any resident(s) for their safety, any door locking arrangements shall be in full compliance with applicable requirements of NFPA 101. A secure unit shall contain appropriate activity area(s), dining, bathing, soiled linen/utility, and staff work area.

\*(2) **Outdoor space.** Secure outdoor gardens and lounge areas shall be available for residents of the Alzheimer's/dementia resident unit.

\*(3) **Activity space.** Activity spaces shall be provided for resident use in dementia programs.

(4) **Window.** Operable windows shall be permitted and shall comply with Section 4.1-7.2.2.5.

##### \*4.2-2.2.3.3 **Pediatric facilities**

\*(1) **Functional program**

standards described elsewhere in Chapters 4.1 and 4.2. Consideration should be given to:

- a. **Landmarks.** Design elements can provide clear reference points in the environment (e.g., a room, a large three-dimensional object, large picture, or other wall-mounted artifact).
- b. **Signs.** When appropriate, large characters and redundant word/picture combinations should be used on signs.
- c. **Environmental design challenge.** Residents with mental impairment often find it difficult to sit for long periods or to sit at all without becoming restless. Although it is not a universal trait, it is so common and requires so much staff time that environmental solutions should be explored in all areas to give cognitively impaired people interesting places and things on which to focus their attention.

**4.2-2.2.3.3** The unique characteristics of long-term pediatric nursing care can have a significant impact on facility planning and design. The potential age range of pediatric residents creates different needs than those of adult residents. Daily care activities are likely to be more intense, while continuing social development and maturity present different privacy considerations than those in a geriatric setting. The number of children in a room is related less to an individual resident's privacy needs and more to efficient and appropriate staff access and monitoring.

**4.2-2.2.3.3 (1)** Pediatric long-term care stakeholders include the children, the families, and the staff. Residences (long-term care) that group children by age cohort and create an environment of care that focuses on the specific needs of children of those ages enhance the children's functionality. While there is a disease state for the child (either progressive or static), the development of the child continues. Family-centered care models and other forms of culture change are often implemented in pediatric long-term care facilities.

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**A4.2-2.2.3.1 Subacute care facilities.** Since subacute care comprises programs in various settings, the design of such units/facilities should focus on two major components:

- a. The unit/facility should comply with all applicable nursing home requirements contained in this chapter to the extent these do not conflict with the clinical program.
- b. The facility/unit should comply with the requirements dictated by the functional program.

**A4.2-2.2.3.2 (1)** The latest edition of the *Life Safety Code* recognizes the need to lock doors in Alzheimer's units. Consideration should be given to making locks on wardrobes, closets, or cupboards inconspicuous.

**A4.2-2.2.3.2 (2)** Outdoor spaces may include gardens on grade or on roof decks, or solaria, porches, balconies, etc. Lounge space may be a winterized sun room, a designated lounge space separate from the dining room, or a day room, where other residents may be sitting. Secure, accessible outdoor space can provide a calming change in environment and also a convenient place for agitated residents to walk.

**A4.2-2.2.3.2 (3)** Major characteristics of persons with Alzheimer's and other dementias are lack of attention span and an inability to orient themselves within space. The environment should provide attention-grabbing landmarks and wayfinding cues and information to aid in navigation from point to point. Sensory cueing used in other long-term care resident areas should also be incorporated for persons with dementia. Dementia program activities may include memory stimulation, music therapy, art therapy, horticultural therapy, etc. Dining and activity space in dedicated dementia units may be provided within the unit or in a location directly accessible to the residents of the unit per the minimum

(2) Space requirements

- (a) Resident rooms shall provide spatial considerations for overnight accommodations for family.
- (b) Adequate space shall be provided for enhanced staffing, close observation, and equipment as identified by the functional program.
- (c) Indoor and outdoor activity space shall be designed with consideration of resident and family culture, age cohorts, and age-appropriate activities and needs.

(3) Privacy. Privacy shall be provided for family members and child.

✓ **4.2-2.2.3.4 Bariatric facilities.** As required by the functional program, the facility shall provide bariatric resident rooms.

**4.2-2.2.4 Special Resident Rooms**

**\*4.2-2.2.4.1 Isolation room**

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**A4.2-2.2.3.3 (2)** In comparison to what is required by the typical geriatric facility, pediatric long-term care facilities often require additional equipment and more intensive staffing and observation. As well, parent/family involvement tends to be more frequent in pediatric facilities, requiring rooms designed to accommodate family participation in direct care in addition to privacy in visiting.

Due to the potential age range and length of stay of pediatric residents, functional and space needs vary significantly from those of adult residents, also affecting space needs for these facilities. Daily care activities are likely to be more involved from a functional perspective, while continuing social development and physical/mental maturity require a physical plant that is flexible to accommodate the pediatric resident's evolving needs. The number of children in a room is related to the individual resident's need for privacy as well as efficient and appropriate staff access, monitoring, and care.

Because of the varying age and degree of socialization of pediatric patients, room capacities range from four infants/toddlers requiring heavy nursing care in a single room to more private accommodations for adolescents. All resident rooms must accommodate the direct care activities of enhanced staffing as well as the likelihood of an increased family presence.

The various functional and physical abilities of this diverse population must be taken into account when designing facilities for toileting and bathing.

**4.2-2.2.5 Support Areas for Patient Care—General**

For requirements, see 4.1-2.2.5.

**4.2-2.2.6 Support Areas for the Resident Unit**

For requirements, see 4.1-2.2.6.

**4.1-2.2.7 Support Areas for Staff**

**4.1-2.2.7.1 Staff lounge area.** For requirements, see 4.1-2.2.7.1.

**\*4.1-2.2.7.2 Staff storage.** For requirements, see 4.1-2.2.7.2.

**4.1-2.2.7.3 Toilet room.** For requirements, see 4.1-2.2.7.3.

**4.1-2.2.8 Support Areas for Residents**

For requirements, see 4.1-2.2.8.

**A4.2-2.2.4.1 Isolation room.** Isolation rooms are not addressed in the main text of 4.2-2.2 (Resident Unit), although they receive considerable attention in some state regulations. Sample regulatory text includes the following:

- a. Isolation rooms shall be provided at the rate of not less than one private bedroom per 50 beds or major fraction thereof for the isolation of residents suffering from infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). The bedroom shall meet all of the requirements for bedrooms as previously stated in these regulations. Isolation bedrooms may be used to provide for the special care of residents who develop acute illnesses, residents who have personality problems, or residents in terminal phases of illness. If central heating/cooling is provided, the air from the room shall be exhausted directly to the outside.
- b. Isolation rooms in nursing facilities shall have a lavatory within the room or within a private toilet.

**A4.2-2.2.7.2** In cluster design, locating the locked storage close to the work area increases its accessibility to staff and reduces the need for clothing lockers.

**4.2-2.3 Resident Living Areas**

**4.2-2.3.1 General**

For new construction and renovation, resident communal areas shall be designed and furnished to encourage resident use. **Note:** Nothing in these Guidelines is intended to restrict a facility from providing additional square footage per resident beyond what is required herein for dining rooms, activity areas, and similar spaces.

**4.2-2.3.2 Resident Dining and Recreation Areas**

For requirements, see 4.1-2.3.2.

**\*4.2-2.3.3 Activity Areas**

**4.2-2.3.3.1 Space requirements.** If required by the functional program, the minimum requirements for new construction shall include the following.

**4.2-2.3.3.2 Activity spaces.** Space and equipment shall be provided for carrying out each of the activities defined in the functional program.

**4.2-2.3.3.3 Small group activity space.** A space for small group and "one-on-one" activities shall be readily accessible to the residents.

**\*4.2-2.3.3.4 Activity storage.** Storage for large items used for large group activities (e.g., recreation materials and exercise equipment; supplies for religious services) shall be placed near the location of the planned activity and at the point of first use.

**4.2-2.3.3.5 Resident toilet room.** Toilet room(s) that are convenient to activity spaces shall be provided for residents. ✓

**4.2-2.3.4 Personal Services (Barber/Beauty) Areas**

For requirements, see 4.1-2.3.4.

**\*4.2-2.3.5 Resident Outdoor Area**

Access to outdoor areas shall be provided in accordance with the functional program.

**■ 4.2-3 Diagnostic and Treatment Locations**

**\*4.2-3.1 Rehabilitation Therapy**

For requirements, see 4.1-3.1 (Physical/Occupational Therapy Provisions).

administrative activities. **Note:** Hearing loss in the elderly is well documented. Quiet space is very important to enable conversation.

**A4.2-2.3.5** Outdoor areas should be within reasonable proximity to the building; allow for direct staff observation; include seating, nonglare surfaces, and shade; and be appropriate for the resident type being served per the functional program and regional location. Outdoor areas should have the following:

- a. Shaded and sheltered areas
- b. Accessible walking surfaces that are firm and stable
- c. Space and outdoor furniture with flexibility in arrangement to accommodate residents who use wheelchairs and mobility aids
- d. Shrubs, natural foliage, and trees

**A4.2-3.1 Rehabilitation Therapy**

For many nursing homes, the Medicare-funded short-stay rehabilitation program is a sufficiently large income source that a separate section of the facility is renovated to be strictly dedicated to short-term rehab residents. These successful programs separate short-stay residents from the general nursing home population, often with a separate entrance.

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**A4.2-2.3.3** Activity programs focus on the social, spiritual, and creative needs of residents and clients and provide quality, meaningful experiences for them. These programs may be facility-wide or for smaller groups.

If included in the functional program, the activity department is generally responsible for coordination of activities for large groups as well as small groups and personalized individual programs involving one resident and one therapist. These activities may be conducted in other portions of the building (e.g., dining rooms, recreation spaces, lounges, etc.), but dedicated spaces are preferred for efficient operation of quality programs. Large space requirements (e.g., libraries, chapels, auditoriums, and conference, classroom, and/or training spaces) depend upon the programming decisions of the sponsors as reflected in the functional program for the facility.

**A4.2-2.3.3.4** If required by the functional program, include space for files, records, computers, and administrative activities; a storage space for supplies and equipment; and a quiet space for residents to maximize conversations. This quiet space may be incorporated within space for

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## 4.2-4 Patient Support Services

### 4.2-4.1 Reserved

### 4.2-4.2 Reserved

### 4.2-4.3 Dietary Facilities

#### 4.2-4.3.1 General

4.2-4.3.1.1 Food service facilities and equipment shall conform to these standards and other applicable food and sanitation codes and standards.

4.2-4.3.1.2 Facilities and equipment for provision of food service shall be provided.

4.2-4.3.1.3 Food receiving, storage, and preparation areas shall facilitate quality control.

4.2-4.3.1.4 Provision shall be made for transport of hot and cold foods as required by the functional program.

4.2-4.3.1.5 Separate dining areas shall be provided for staff and for residents.

4.2-4.3.1.6 The design and location of dining facilities shall encourage resident use.

4.2-4.3.1.7 Facilities shall be furnished to provide nourishment and snacks between scheduled meal service.

4.2-4.3.1.8 The dietary facility shall be easy to clean and maintain in a sanitary condition.

#### 4.2-4.3.2 Functional Elements

If the dietary department is on-site, the following facilities,

in the size and number appropriate for the type of food service selected, shall be provided:

4.2-4.3.2.1 **Control station.** A control station shall be provided for receiving and controlling food supplies.

4.2-4.3.2.2 **Hand-washing station(s).** Hand-washing station(s) shall be located in the food preparation area.

4.2-4.3.2.3 **Food preparation facilities.** These facilities shall be provided to accommodate the method of food preparation specified in the functional program.

- (1) Conventional food preparation systems require space and equipment for preparing, cooking, and baking.
- (2) Convenience food service systems using frozen prepared meals, bulk packaged entrees, individual packaged portions, or those using contractual commissary services require space and equipment for thawing, portioning, cooking, and baking.

4.2-4.3.2.4 **Ice-making facilities.** These may be located in the food preparation area or in a separate room. They shall be easily cleanable and convenient to the dietary function.

4.2-4.3.2.5 **Assembly and distribution.** Facilities for assembly and distribution of resident meals shall be provided.

4.2-4.3.2.6 **Ware-washing space.** Ware-washing space shall be provided in a room or an alcove separate from the food preparation and serving area.

- (1) Commercial-type ware-washing equipment shall be provided.
- (2) Space shall be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using areas.

Resident rooms in this area should be designed for privacy and provide amenities similar to a motel room. Many successful facilities are providing separate counter space in the bedroom complete with sink, refrigerator, and microwave.

If a microwave and refrigerator are not provided in the individual resident room, it is important to follow the guidelines for providing a nourishment station located within the rehab space.

Dining space for short-stay residents should be segregated from the main nursing home dining room, and consideration should be given to providing space for in-room dining.

The typical short-stay resident does not want the stigma of being part of the nursing home population, so every attempt should be made to create a convenient space where rehabilitation therapy can take place close to the resident sleeping rooms.



(3) Convenient hand-washing stations shall be provided.

#### 4.2-4.3.2.7 Pot-washing facilities

#### 4.2-4.3.3 Support Areas for Dietary Facilities

4.2-4.3.3.1 **Offices(s).** Office(s) or desk spaces for dietitian(s) and/or a dietary service manager

4.2-4.3.3.2 **Storage.** The following shall be provided:

- (1) Food storage space, including cold storage
- (2) Storage areas and sanitizing facilities for cans, carts, and mobile-tray conveyors
- (3) Waste, storage, and recycling facilities (per local requirements) located accessible to the outside for direct pickup or disposal

4.2-4.3.3.3 **Environmental services room.** An environmental services room shall be located within the dietary department. It shall include a floor receptor or service sink and storage space for housekeeping equipment and supplies.

#### 4.2-4.3.4 Support Areas for Staff

4.2-4.3.4.1 **Staff toilet.** Toilet for dietary staff shall be provided convenient to the kitchen area.

### 4.2-5 General Support Services and Facilities

#### 4.2-5.1 Reserved

#### 4.2-5.2 Linen Services

##### 4.2-5.2.1 General

Each facility shall have provisions for storing and processing clean and soiled/contaminated linen for resident care. Processing may be done within the facility, in a separate building on- or off-site, or in a commer-

cial or shared laundry. At a minimum, the following elements shall be included:

##### 4.2-5.2.2 Laundry Facility

###### 4.2-5.2.2.1 General

- (1) Layout. Equipment shall be arranged to permit an orderly work flow and minimize cross-traffic that might mix clean and soiled operations.
- (2) If linen is processed in a laundry facility within the facility, the following shall be provided:

4.2-5.2.2.2 **Receiving, holding, and sorting room.** A receiving, holding, and sorting room shall be provided for control and distribution of soiled linen. Discharge from soiled linen chutes may be received within this room or in a separate room adjacent to it.

4.2-5.2.2.3 **Washers/extractors.** Washers/extractors shall be located between the soiled linen receiving and clean processing areas.

4.2-5.2.2.4 **Supply storage.** Storage shall be provided for laundry supplies.

4.2-5.2.2.5 **Inspection and mending area.** An area shall be provided for linen inspection and mending.

###### 4.2-5.2.3 Support Areas for Internal Processing

4.2-5.2.3.1 **Soiled holding room(s).** Separate central or decentralized room(s) shall be provided for receiving and holding soiled linen for pickup or processing.

- (1) Such room(s) shall have proper ventilation and exhaust.
- (2) Discharge from soiled linen chutes shall be received in this room or in a separate room, as required by the local authority having jurisdiction.
- (3) Such room(s) used for processing shall be provided with a deep sink for soaking and/or a flushing-rim sink as required by the functional program.

4.2-5.2.3.2 **Central clean linen storage.** A central clean linen storage and issuing room(s) shall be provided in addition to the linen storage required at individual resident units.

#### APPENDIX

A4.2-4.3.3.2 (1) Facilities in remote areas may require proportionally more food storage facilities.

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#### 4.2-5.2.3.3 Linen carts

- (1) Storage. Provisions shall be made for parking of clean and soiled linen carts separately and out of traffic.
- (2) Cleaning. Provisions shall be made for cleaning of linen carts on premises (or exchange of carts off premises).

**4.2-5.2.3.4 Hand-washing stations.** Hand-washing stations shall be provided in each area where unbagged, soiled linen is handled.

#### 4.2-5.2.4 Support Areas for Off-Site Processing

If linen is processed off-site or in a separate building on-site, the following shall be provided:

**4.2-5.2.4.1 Service entrance.** A service entrance, protected from inclement weather, for loading and unloading of linen. This can be shared with other services and serve as the loading dock for the facility.

**4.2-5.2.4.2 Control station.** A control station for pickup and receiving shall be provided. This can be shared with other services and serve as the receiving and pickup point for the facility.

#### 4.2-5.3 Reserved

#### 4.2-5.4 Waste Management Facilities

For requirements, see 4.1-5.4.

#### 4.2-5.5 Environmental Services

##### 4.2-5.5.1 Environmental Services Rooms

**4.2-5.5.1.1 Location.** Environmental services rooms shall be provided throughout the facility as required to maintain a clean and sanitary environment.

**4.2-5.5.1.2 Number.** At least one environmental services room shall be provided for each floor.

**4.2-5.5.1.3 Facility requirements.** Each environmental services room shall contain a floor, receptor or service sink and storage space for housekeeping equipment and supplies.

#### 4.2-5.6 Engineering and Maintenance Services

For requirements, see 4.1-5.6.

### 4.2-6 Public and Administrative Areas

The following shall be provided:

#### 4.2-6.1 Public Areas

##### 4.2-6.1.1 Vehicular Drop-Off and Pedestrian Entrance

This shall be at grade level, sheltered from inclement weather, and accessible to the disabled.

##### 4.2-6.1.2 Administrative/Public Lobby Area

This shall include the following:

**4.2-6.1.2.1** A counter or desk for reception and information

**4.2-6.1.2.2** Public waiting area(s)

**4.2-6.1.2.3** Public toilet facilities

**4.2-6.1.2.4** Public telephone(s)

**4.2-6.1.2.5** Provisions for drinking water

#### 4.2-6.2 Administrative Areas

##### 4.2-6.2.1 General or Individual Office

**4.2-6.2.1.1** Office(s) shall be provided for business transactions, admissions, social services, medical and financial records, and administrative and professional staff. Provisions for private interviews shall be included.

**4.2-6.2.1.2** Space for clerical files and staff office space shall be provided as required by the functional program.

##### 4.2-6.2.2 Multipurpose Room(s)

A multipurpose room for conferences, meetings, and health education purposes shall be provided as

required by the functional program; it shall include provisions for the use of visual aids. One multipurpose room may be shared by several services.

**4.2-6.2.3 Supply Room**

Space for storage of office equipment and supplies shall be provided as required by the functional program.

**■ 4.2-7 Design and Construction Requirements**

For requirements, see 4.1-7.

**■ 4.2-8 Building Systems**

For building system, requirements, see 4.1-8.

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| UTILIZATION |                   |  |                                     |                   |                  |
|-------------|-------------------|--|-------------------------------------|-------------------|------------------|
|             | DEPT./<br>SERVICE | HISTORICAL<br>UTILIZATION<br>(PATIENT<br>DAYS)<br>(TREATMENTS)<br>ETC. | PROJECTED<br>UTILIZATION<br>PT Days | STATE<br>STANDARD | MET<br>STANDARD? |
| YEAR 1      | LTC               | N/A  | 21,353                              | N/A               | N/A              |
| YEAR 2      | LTC               | N/A  | 42,705                              | 42,705            | YES              |

The chart above projects that this 130 bed SNF will achieve 90 percent occupancy in the second year of operation.

HCR-ManorCare Inc. opened eight new skilled nursing facilities between 2006 and 2011. All reached this 90% occupancy threshold in year 2.

Given our experience and expertise in this area, there is little doubt that this occupancy will be achieved in Crystal Lake.

# Attachment 28

## Response to Section 1125

**1125.520 – Background of Applicant – See Attachment 11**

**1125.530(a) – Bed Need Determination** – The latest bed need projections show a need for 469 additional SNF beds in McHenry County. This application is for 130 beds, well within the bed need. We anticipate that this SNF will average 45 percent occupancy in the first year and 90 percent in the second year. The following pages include the most recent Long Term Care Inventory and Data documenting the need.

## LONG-TERM CARE BED INVENTORY UPDATES

09/16/2011 - 02/15/2012

## LONG-TERM CARE GENERAL NURSING BED NEED

| PLANNING AREA                  | CALCULATED<br>BED NEED | APPROVED<br>BEDS | ADDITIONAL BEDS NEEDED<br>OR EXCESS BEDS ( ) |
|--------------------------------|------------------------|------------------|--|
| <b>HEALTH SERVICE AREA 001</b> |                        |                  |  |
| Boone                          | 305                    | 279              | 26   |
| Carroll                        | 187                    | 170              | 17   |
| DeKalb                         | 757                    | 742              | 15   |
| Jo Daviess                     | 231                    | 155              | 76   |
| Lee                            | 299                    | 342              | ( 43)  |
| Ogle                           | 599                    | 535              | 64   |
| Stephenson                     | 665                    | 637              | 28   |
| Whiteside                      | 717                    | 822              | ( 105)                                       |
| Winnebago                      | 2,399                  | 2,366            | 33   |
| <b>HEALTH SERVICE AREA 002</b> |                        |                  |  |
| Bureau/Putnam                  | 429                    | 373              | 56   |
| Fulton                         | 523                    | 615              | ( 92)  |
| Henderson/Warren               | 245                    | 217              | 28   |
| Knox                           | 823                    | 980              | ( 157)                                       |
| LaSalle                        | 1,364                  | 1,419            | ( 55)  |
| McDonough                      | 379                    | 376              | 3  |
| Marshall/Stark                 | 346                    | 427              | ( 81)  |
| Peoria                         | 1,760                  | 1,731            | 29   |
| Tazewell                       | 1,516                  | 1,293            | 223  |
| Woodford                       | 655                    | 592              | 63   |
| <b>HEALTH SERVICE AREA 003</b> |                        |                  |  |
| Adams                          | 1,188                  | 1,495            | ( 307)                                       |
| Brown/Schuyler                 | 183                    | 186              | ( 3)   |
| Calhoun/Pike                   | 301                    | 337              | ( 36)  |
| Cass                           | 186                    | 150              | 36   |
| Christian                      | 412                    | 472              | ( 60)  |
| Greene                         | 154                    | 119              | 35   |
| Hancock                        | 190                    | 184              | 6  |
| Jersey                         | 411                    | 369              | 42   |
| Logan                          | 502                    | 468              | 34   |
| Macoupin                       | 686                    | 744              | ( 58)  |
| Mason                          | 143                    | 164              | ( 21)  |
| Menard                         | 230                    | 106              | 124  |
| Montgomery                     | 567                    | 490              | 77   |
| Morgan/Scott                   | 573                    | 561              | 12   |
| Sangamon                       | 1,344                  | 1,254            | 90   |
| <b>HEALTH SERVICE AREA 004</b> |                        |                  |  |
| Champaign                      | 1,037                  | 908              | 129  |
| Clark                          | 290                    | 255              | 35   |
| Coles/Cumberland               | 759                    | 939              | ( 180)                                       |
| DeWitt                         | 219                    | 190              | 29   |
| Douglas                        | 238                    | 233              | 5  |
| Edgar                          | 260                    | 299              | ( 39)  |
| Ford                           | 240                    | 427              | ( 187)                                       |
| Iroquois                       | 461                    | 486              | ( 25)  |
| Livingston                     | 494                    | 550              | ( 56)  |
| McLean                         | 1,306                  | 1,118            | 188  |
| Macon                          | 1,331                  | 1,236            | 95   |
| Moultrie                       | 318                    | 369              | ( 51)  |
| Platt                          | 160                    | 160              | 0  |
| Shelby                         | 264                    | 265              | ( 1)   |
| Vermilion                      | 692                    | 779              | ( 87)  |
| <b>HEALTH SERVICE AREA 005</b> |                        |                  |  |
| Alexander/Pulaski              | 124                    | 83               | 41   |
| Bond                           | 172                    | 198              | ( 26)  |
| Clay                           | 133                    | 209              | ( 76)  |
| Crawford                       | 246                    | 220              | 26   |
| Edwards/Wabash                 | 175                    | 139              | 36   |
| Ellington                      | 490                    | 432              | 58   |
| Fayette                        | 255                    | 261              | ( 6)   |
| Franklin                       | 442                    | 390              | 52   |
| Gallatin/Hamilton/Saline       | 684                    | 663              | 21   |
| Hardin/Pope                    | 95                     | 113              | ( 18)  |
| Jackson                        | 376                    | 427              | ( 51)  |
| Jasper                         | 82                     | 82               | 0  |
| Jefferson                      | 424                    | 346              | 78   |
| Johnson/Massac                 | 338                    | 312              | 26   |
| Lawrence                       | 325                    | 360              | ( 35)  |
| Marion                         | 862                    | 605              | 257  |

LONG-TERM CARE BED INVENTORY UPDATES

09/16/2011 - 02/15/2012

LONG-TERM CARE GENERAL NURSING BED NEED

| PLANNING AREA                            | CALCULATED<br>BED NEED | APPROVED<br>BEDS | ADDITIONAL BEDS NEEDED<br>OR EXCESS BEDS () |
|--|------------------------|------------------|---|
| Perry                                    | 207                    | 210              | ( 3)  |
| Randolph                                 | 580                    | 492              | 88  |
| Richland                                 | 360                    | 309              | 51  |
| Union                                    | 351                    | 293              | 58  |
| Washington                               | 172                    | 263              | ( 91)                                       |
| Wayne                                    | 133                    | 169              | ( 36)                                       |
| White                                    | 354                    | 353              | 1   |
| Williamson                               | 600                    | 543              | 57  |
| <b>HEALTH SERVICE AREA 006</b>           |                        |                  |   |
| Planning Area 6-A                        | 5,963                  | 7,217            | (1,254)                                     |
| Planning Area 6-B                        | 4,252                  | 4,178            | 74  |
| Planning Area 6-C                        | 5,209                  | 5,037            | 172   |
| <b>HEALTH SERVICE AREA 007</b>           |                        |                  |   |
| Planning Area 7-A                        | 4,482                  | 3,324            | 1,158                                       |
| Planning Area 7-B                        | 7,180                  | 6,848            | 332   |
| Planning Area 7-C                        | 6,867                  | 6,108            | 759   |
| Planning Area 7-D                        | 2,519                  | 2,904            | ( 385)                                      |
| Planning Area 7-E                        | 9,328                  | 8,989            | 339   |
| <b>HEALTH SERVICE AREA 008</b>           |                        |                  |   |
| Kane                                     | 3,322                  | 2,894            | 428   |
| Lake                                     | 5,275                  | 4,699            | 576   |
| McHenry                                  | 1,501                  | 1,032            | 469   |
| <b>HEALTH SERVICE AREA 009</b>           |                        |                  |   |
| Grundy                                   | 260                    | 265              | ( 5)  |
| Kankakee                                 | 1,290                  | 1,368            | ( 78)                                       |
| Kendall                                  | 219                    | 185              | 34  |
| Will                                     | 3,479                  | 2,790            | 689   |
| <b>HEALTH SERVICE AREA 010</b>           |                        |                  |   |
| Henry                                    | 452                    | 500              | ( 48)                                       |
| Mercer                                   | 222                    | 186              | 36  |
| Rock Island                              | 1,243                  | 1,326            | ( 83)                                       |
| <b>HEALTH SERVICE AREA 011</b>           |                        |                  |   |
| Clinton                                  | 432                    | 406              | 26  |
| Madison                                  | 2,048                  | 2,193            | ( 145)                                      |
| Monroe                                   | 435                    | 324              | 111   |
| St Clair                                 | 2,102                  | 2,294            | ( 192)                                      |
| <b>LONG-TERM CARE ICE/DD 16 BED NEED</b> |                        |                  |   |
| PLANNING AREA                            | CALCULATED<br>BED NEED | APPROVED<br>BEDS | ADDITIONAL BEDS NEEDED<br>OR EXCESS BEDS () |
| HSA 1                                    | 268                    | 360              | ( 92)                                       |
| HSA 2                                    | 268                    | 333              | ( 65)                                       |
| HSA 3                                    | 230                    | 383              | ( 153)                                      |
| HSA 4                                    | 322                    | 334              | ( 12)                                       |
| HSA 5                                    | 255                    | 639              | ( 384)                                      |
| HSA 6,7,8 & 9                            | 3,429                  | 1,133            | 2,296                                       |
| HSA 10                                   | 82                     | 40               | 42  |
| HSA 11                                   | 220                    | 384              | ( 164)                                      |

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**INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS**

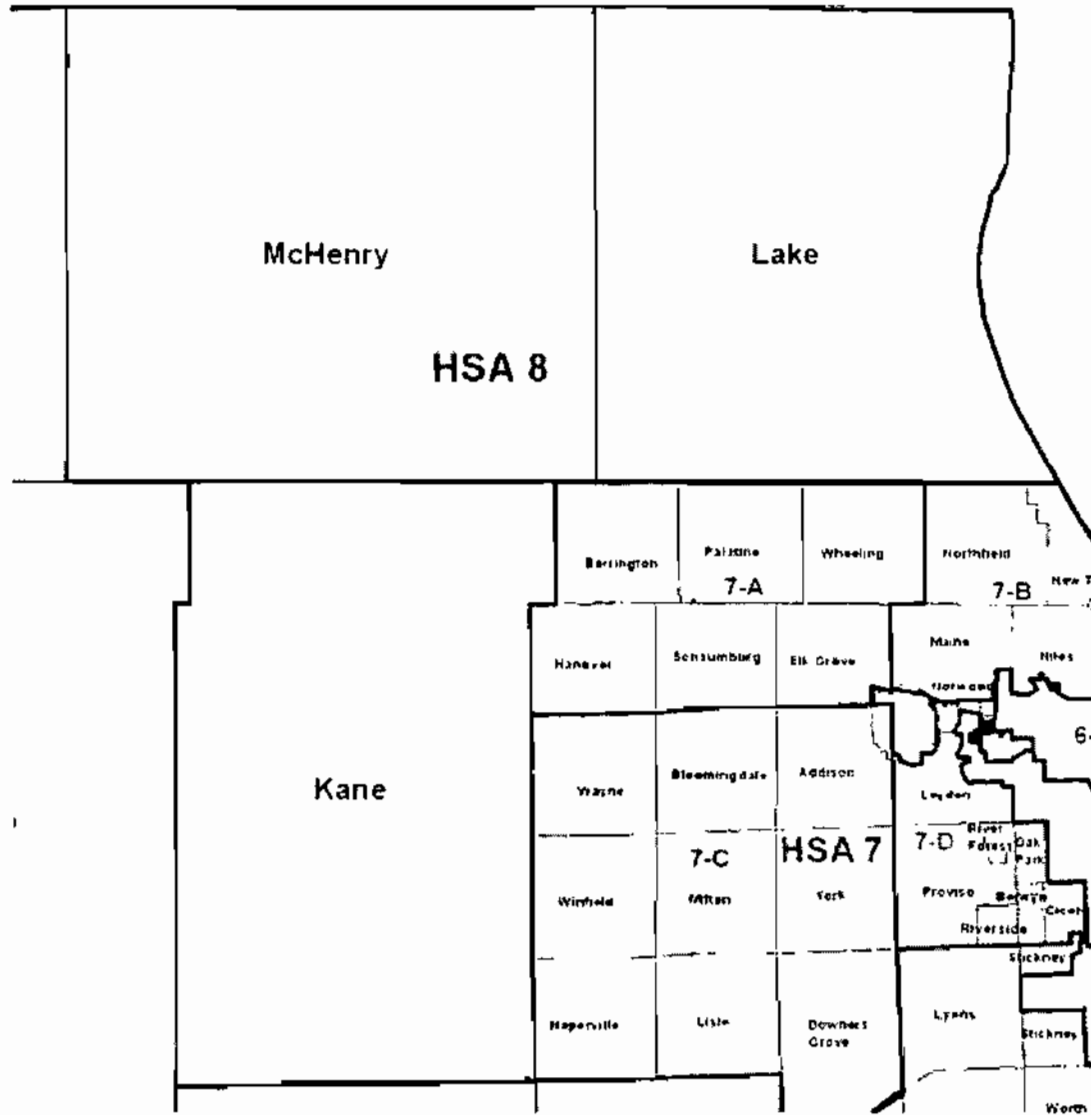
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**General Long-Term Nursing Care  
Category of Service  
Inventory of Health Care Facilities  
Health Service Area 8**

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Health Service Area 8



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**INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS**

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| Summary of General Long-Term Nursing Care Beds and Need<br>by Planning Area |                  |                                 |                           |                |
|---|------------------|---------------------------------|---------------------------|----------------|
| Health Service Area 8   |                  |                                 |                           |                |
| PLANNING AREA   | EXISTING<br>BEDS | PROJECTED BEDS<br>NEEDED - 2018 | ADDITIONAL<br>BEDS NEEDED | EXCESS<br>BEDS |
| Kane County   | 2993             | 3322                            | 329                       | 0              |
| Lake County   | 4825             | 5275                            | 450                       | 0              |
| McHenry County  | 1032             | 1501                            | 469                       | 0              |
| <b>HSA 8 TOTALS</b>   | <b>8850</b>      | <b>10098</b>                    | <b>1248</b>               | <b>0</b>       |

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INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

| Planning Area: Kane                             |  |             | General Nursing Care |                   |
|---|--|-------------|----------------------|-------------------|
| Facility Name                                   | City   | County/Area | Beds                 | 2008 Patient Days |
| ADDISON REHABILITATION & LIVING CENTER (PERMIT) | ELGIN  | Kane County | 120                  |                   |
| 3/2/2010 09-030                                 | Permit issued for the establishment of a 120 bed Nursing Care facility at 1754 Capital Street in Elgin.                                      |             |                      |                   |
| ALDEN OF WATERFORD                              | AURORA   | Kane County | 99                   | 29,410            |
| APOSTOLIC CHRISTIAN RESTHAVEN                   | ELGIN  | Kane County | 50                   | 17,851            |
| ASBURY PAVILION NURS & REH CTR (PERMIT)         | NORTH AURORA   | Kane County | 75                   |                   |
| 6/9/2010 09-077                                 | Permit issued to establish a long-term care facility with 75 Nursing Care beds.  |             |                      |                   |
| ASTA CARE CENTER OF ELGIN                       | ELGIN  | Kane County | 102                  | 32,674            |
| AURORA REHAB & LIVING CENTER                    | AURORA   | Kane County | 158                  | 62,680            |
| 10/18/2010 Bed Change                           | Discontinued 37 Nursing Care beds; facility now has 158 Nursing Care beds.   |             |                      |                   |
| BATAVIA REHAB & HLTHCARE CTR                    | BATAVIA  | Kane County | 63                   | 18,407            |
| COUNTRYSIDE CARE CENTER                         | AURORA   | Kane County | 203                  | 68,951            |
| COVENANT HEALTH CARE CENTER                     | BATAVIA  | Kane County | 99                   | 34,990            |
| ELMWOOD TERRACE HEALTHCARE CTR                  | AURORA   | Kane County | 68                   | 20,338            |
| FOX RIVER PAVILION                              | AURORA   | Kane County | 121                  | 36,593            |
| FOX RIVER PAVILION (PERMIT)                     | AURORA   | Kane County | -22                  |                   |
| GENEVA NURSING & REHAB CENTER                   | GENEVA   | Kane County | 107                  | 33,359            |
| 7/8/2011 Name Change                            | Formerly Provena Geneva Care Center.   |             |                      |                   |
| 7/8/2011 CHOW                                   | Change of Ownership occurred.  |             |                      |                   |
| GREENFIELDS OF GENEVA (PERMIT)                  | GENEVA   | Kane County | 43                   |                   |
| 9/1/2009 08-083                                 | permit issued to establish a 40-bed Nursing Care facility.   |             |                      |                   |
| 3/2/2010 Alteration                             | Alteration to project approved; Bed count increased from 40 to 43 Nursing Care beds.   |             |                      |                   |
| HERITAGE MANOR - ELGIN                          | ELGIN  | Kane County | 94                   | 30,469            |
| JENNINGS TERRACE                                | AURORA   | Kane County | 60                   | 17,057            |
| MANORCARE OF ELGIN                              | ELGIN  | Kane County | 88                   | 25,804            |
| 11/10/2008 Name Change                          | Name changed from Manor Care - Elgin.  |             |                      |                   |
| MAPLEWOOD CARE                                  | ELGIN  | Kane County | 203                  | 71,736            |
| MEADOWBROOK MANOR (PERMIT)                      | GENEVA   | Kane County | 150                  |                   |
| 9/1/2009 08-099                                 | permit issued to establish a 150-bed Nursing Care facility.  |             |                      |                   |
| NORTH AURORA CARE CENTER                        | NORTH AURORA   | Kane County | 129                  | 41,465            |
| PARK POINT SOUTH ELGIN HEALTHCARE (PERMIT)      | SOUTH ELGIN  | Kane        | 120                  |                   |
| 12/14/2010 10-065                               | Permit issued to construct and establish a 120 bed General Nursing Care facility at Illinois Route 25 and East Middle Street in South Elgin. |             |                      |                   |
| PROVENA MCAULEY MANOR                           | AURORA   | Kane County | 87                   | 24,941            |
| PROVENA PINE VIEW CARE CENTER                   | ST. CHARLES  | Kane County | 120                  | 34,511            |
| ROSEWOOD CARE CENTER OF ELGIN                   | ELGIN  | Kane County | 139                  | 43,150            |
| ROSEWOOD CARE CENTER ST. CHARLES                | ST. CHARLES  | Kane County | 109                  | 29,126            |
| SHERMAN WEST COURT                              | ELGIN  | Kane County | 112                  | 34,362            |
| 8/1/2010 Bed Change                             | Facility discontinued 8 nursing care beds; facility now has 112 nursing care beds.   |             |                      |                   |

**INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS**

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General Long-Term Care Category of Service

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| Planning Area: Kane             |                       |                                |                                |                            |                            |                            |                                |                               | General Nursing Care         |                             |             |
|---------------------------------|-----------------------|--------------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|-------------------------------|------------------------------|-----------------------------|-------------|
| Facility Name                   | City                  | County/Area                    | Beds                           | 2008 Patient Days          |                            |                            |                                |                               |                              |                             |             |
| SOUTH ELGIN REHAB & HLTHCARE CT | SOUTH ELGIN           | Kane County                    | 90                             | 20,612                     |                            |                            |                                |                               |                              |                             |             |
| TOWER HILL HEALTHCARE CENTER    | SOUTH ELGIN           | Kane County                    | 206                            | 67,356                     |                            |                            |                                |                               |                              |                             |             |
| <b>Planning Area Totals</b>     |                       |                                | <b>2,993</b>                   | <b>795,842</b>             |                            |                            |                                |                               |                              |                             |             |
| HEALTH SERVICE AREA             | AGE GROUPS            | 2008 Patient Days              | 2008 Population                | 2008 Use Rates (Per 1,000) |                            | 2008 Minimum Use Rates     |                                | 2008 Maximum Use Rates        |                              |                             |             |
|                                 | 0-64 Years Old        | 530,813                        | 1,423,200                      | 373.0                      |                            | 223.8                      |                                | 596.8                         |                              |                             |             |
| 008                             | 65-74 Years Old       | 291,725                        | 70,900                         | 4,114.6                    |                            | 2,468.8                    |                                | 6,583.4                       |                              |                             |             |
|                                 | 75+ Years Old         | 1,525,347                      | 58,700                         | 25,985.5                   |                            | 15,591.3                   |                                | 41,576.7                      |                              |                             |             |
|                                 | 2008 PSA Patient Days | 2008 PSA Estimated Populations | 2008 PSA Use Rates (Per 1,000) | 2008 HSA Minimum Use Rates | 2008 HSA Maximum Use Rates | 2018 PSA Planned Use Rates | 2018 PSA Projected Populations | 2018 PSA Planned Patient Days | Planned Average Daily Census | Planned Bed Need (90% Occ.) | Beds Needed |
| 0-64 Years Old                  | 185,571               | 473,700                        | 391.7                          | 223.8                      | 596.8                      | 391.7                      | 538,800                        | 211,074                       |                              |                             |             |
| 65-74 Years Old                 | 86,751                | 22,000                         | 3,943.2                        | 2,468.8                    | 6,583.4                    | 3,943.2                    | 41,700                         | 164,433                       |                              |                             |             |
| 75+ Years Old                   | 523,520               | 19,600                         | 26,710.2                       | 15,591.3                   | 41,576.7                   | 26,710.2                   | 26,800                         | 715,833                       |                              |                             |             |
| <b>Planning Area Totals</b>     |                       |                                |                                |                            |                            | <b>1,091,340</b>           | <b>1,091,340</b>               | <b>2,990.0</b>                | <b>3,322</b>                 | <b>3,322</b>                | <b>329</b>  |

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INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Planning Area: Lake

| Facility Name  | City           | County/Area | General Nursing Care |                   |
|--|----------------|-------------|----------------------|-------------------|
|  |                |             | Beds                 | 2008 Patient Days |
| ABBOTT HOUSE   | HIGHLAND PARK  | Lake County | 106                  | 37,926            |
| ALDEN-LONG GROVE REHAB/HC CENTER   | LONG GROVE     | Lake County | 248                  | 59,908            |
| ARLINGTON REHAB & LIVING CENTER  | LONG GROVE     | Lake County | 190                  | 64,656            |
| BAYSIDE TERRACE  | WAUKEGAN       | Lake County | 168                  | 53,065            |
| BRENTWOOD-NORTH HEALTHCARE & REHAB CEN   | RIVERWOODS     | Lake County | 240                  | 45,920            |
| 9/1/2008 Name Change Name changed from Brentwood-North Nursing Center.   |                |             |                      |                   |
| CLAREMONT REHAB & LIVING CTR.  | BUFFALO GROVE  | Lake County | 200                  | 58,561            |
| CLARIDGE HEALTHCARE CENTER   | LAKE BLUFF     | Lake County | 231                  | 37,001            |
| GLEN LAKE TERRACE NURSING & REHAB  | WAUKEGAN       | Lake County | 271                  | 80,098            |
| HELIA HEALTHCARE OF ZION   | ZION           | Lake County | 116                  | 29,160            |
| 4/8/2009 Name Change Name changed from Arbor View Nursing & Rehab Center.  |                |             |                      |                   |
| 4/8/2009 Own. Change Change of ownership occurred.   |                |             |                      |                   |
| HIGHLAND PARK NURSING & REHAB  | HIGHWOOD       | Lake County | 104                  | 27,061            |
| 9/20/2010 Bed Change Added 9 general nursing care beds; facility now authorized for 104 general nursing care beds.           |                |             |                      |                   |
| HILLCREST RETIREMENT VILLAGE   | RND LAKE BEACH | Lake County | 142                  | 46,817            |
| LAKE FOREST HOSPITAL   | LAKE FOREST    | Lake County | 88                   | 24,881            |
| LAKE FOREST PLACE  | LAKE FOREST    | Lake County | 63                   | 20,638            |
| LAKE PARK CENTER   | WAUKEGAN       | Lake County | 210                  | 74,496            |
| LEXINGTON OF LAKE ZURICH   | LAKE ZURICH    | Lake County | 203                  | 64,289            |
| 9/2/2009 Bed Change Discontinued 11 Nursing Care beds. Facility now has 198 Nursing Care beds.                               |                |             |                      |                   |
| 12/21/2010 Bed Change Added 5 Nursing Care beds; facility now has 203 Nursing Care beds.                                     |                |             |                      |                   |
| LIBERTYVILLE MANOR EXTENDED CARE   | LIBERTYVILLE   | Lake County | 174                  | 21,769            |
| MANOR CARE OF HIGHLAND PARK  | HIGHLAND PARK  | Lake County | 215                  | 32,570            |
| MANOR CARE OF LIBERTYVILLE   | LIBERTYVILLE   | Lake County | 150                  | 43,745            |
| 10/31/2008 Name Change Name changed from Manor Care - Libertyville.  |                |             |                      |                   |
| PAVILION OF WAUKEGAN   | WAUKEGAN       | Lake County | 109                  | 31,069            |
| PRAIRIEVIEW AT THE GARLANDS  | BARRINGTON     | Lake County | 20                   | 4,738             |
| ROLLING HILLS MANOR NURSING HOME   | ZION           | Lake County | 127                  | 40,394            |
| SEDGEBROOK HEALTH CENTER   | LINCOLNSHIRE   | Lake County | 44                   |                   |
| 6/15/2009 05-036 Licensed 44 nursing care beds permitted under project 05-036; additional 44 nursing beds remain unfinished. |                |             |                      |                   |
| 6/15/2009 Name Change Name changed from Sedgebrook Retirement Community.   |                |             |                      |                   |
| 5/24/2010 05-036 Permit declared null and void; 44 beds under development removed from inventory.                            |                |             |                      |                   |
| 11/19/2010 CHOW Change of ownership occurred.  |                |             |                      |                   |
| 11/19/2010 Name Change Name changed from Renaissance Gardens Sedgebrook.   |                |             |                      |                   |
| SEDGEBROOK HEALTH CENTER (PERMIT)  | LINCOLNSHIRE   | Lake County | 44                   |                   |
| 7/21/2011 11-009 Received permit to add 44 Nursing Care beds to existing facility.   |                |             |                      |                   |
| SHELTERING OAK   | ISLAND LAKE    | Lake County | 70                   | 23,486            |

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| Planning Area: Lake  |              |             | General Nursing Care |                   |
|--|--------------|-------------|----------------------|-------------------|
| Facility Name  | City         | County/Area | Beds                 | 2008 Patient Days |
| SHERIDAN HEALTH CARE CENTER  | ZION         | Lake County | 230                  | 71,054            |
| 7/1/2010 Bed Change Discontinued 20 Nursing Care beds; facility now has 230 Nursing Care beds. |              |             |                      |                   |
| THE TERRACE NURSING HOME   | WALKERGAN    | Lake County | 115                  | 40,239            |
| THE VILLAGE AT VICTORY LAKES   | LINDENHURST  | Lake County | 120                  | 33,445            |
| THE WEALSHIRE  | LINCOLNSHIRE | Lake County | 142                  | 43,099            |
| WAUCONDA HEALTHCARE & REHAB  | WAUCONDA     | Lake County | 135                  | 39,873            |
| 12/29/2009 Bed Change Added 10 nursing care beds; facility now has 135 nursing care beds.      |              |             |                      |                   |
| WHITEHALL- NORTH   | DEERFIELD    | Lake County | 190                  | 56,666            |
| WINCHESTER HOUSE NURSING HOME  | LIBERTYVILLE | Lake County | 360                  | 82,923            |

Planning Area Totals

4,825 1,289,547

| HEALTH SERVICE AREA | AGE GROUPS      | 2008 Patient Days | 2008 Population | 2008 Use Rates (Per 1,000) | 2008 Minimum Use Rates | 2008 Maximum Use Rates |
|---------------------|-----------------|-------------------|-----------------|----------------------------|------------------------|------------------------|
| 008                 | 0-64 Years Old  | 530,813           | 1,423,200       | 373.0                      | 223.8                  | 596.8                  |
|                     | 65-74 Years Old | 291,725           | 70,900          | 4,114.6                    | 2,468.8                | 6,583.4                |
|                     | 75+ Years Old   | 1,525,347         | 58,700          | 25,985.5                   | 15,591.3               | 41,576.7               |

|                      | 2008 PSA Patient Days | 2008 PSA Estimated Populations | 2008 PSA Use Rates (Per 1,000) | 2008 HSA Minimum Use Rates | 2008 HSA Maximum Use Rates | 2018 PSA Planned Use Rates | 2018 PSA Projected Populations | 2018 PSA Planned Patient Days | Planned Average Daily Census | Planned Bed Need (90% Occ.) | Beds Needed |
|----------------------|-----------------------|--------------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|-------------------------------|------------------------------|-----------------------------|-------------|
| 0-64 Years Old       | 327,807               | 653,000                        | 502.0                          | 223.8                      | 596.8                      | 502.0                      | 713,400                        | 358,128                       |                              |                             |             |
| 65-74 Years Old      | 171,621               | 35,700                         | 4,807.3                        | 2,468.8                    | 6,583.4                    | 4,807.3                    | 57,000                         | 274,017                       |                              |                             |             |
| 75+ Years Old        | 790,119               | 28,500                         | 27,723.5                       | 15,591.3                   | 41,576.7                   | 27,723.5                   | 39,700                         | 1,100,622                     |                              |                             |             |
| Planning Area Totals |                       |                                |                                |                            |                            |                            |                                |                               | 4,747.3                      | 5,275                       | 450         |

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INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

| Planning Area: McHenry   |              |                | General Nursing Care |                   |
|--|--------------|----------------|----------------------|-------------------|
| Facility Name  | City         | County/Area    | Beds                 | 2008 Patient Days |
| ALDEN TERRACE OF MCHENRY REHAB   | MCHENRY      | McHenry County | 316                  | 64,457            |
| CRYSTAL PINES REHAB & HCC  | CRYSTAL LAKE | McHenry County | 114                  | 36,405            |
| 10/28/2010 CHOW Change of ownership occurred.  |              |                |                      |                   |
| FAIR OAKS HEALTH CARE CENTER   | CRYSTAL LAKE | McHenry County | 46                   | 14,649            |
| FLORENCE NURSING HOME  | MARENGO      | McHenry County | 56                   | 13,239            |
| 4/7/2011 Bed Change Facility added 4 nursing care beds; facility now has 56 nursing care beds. |              |                |                      |                   |
| FOUNTAINS AT CRYSTAL LAKE  | CRYSTAL LAKE | McHenry County | 97                   | 25,485            |
| HEARTHSTONE MANOR  | WOODSTOCK    | McHenry County | 75                   | 23,391            |
| MEMORIAL MEDICAL CENTER  | WOODSTOCK    | McHenry County | 40                   | 6,874             |
| MERCY HARVARD HOSPITAL CARE CENTER   | HARVARD      | McHenry County | 45                   | 9,987             |
| 7/9/2011 Name Change Formerly Harvard Memorial Hospital.                                       |              |                |                      |                   |
| VALLEY HI NURSING HOME   | WOODSTOCK    | McHenry County | 128                  | 44,450            |
| WOODSTOCK RESIDENCE  | WOODSTOCK    | McHenry County | 115                  | 23,559            |
| <b>Planning Area Totals</b>  |              |                | <b>1,032</b>         | <b>262,496</b>    |

| HEALTH SERVICE AREA | AGE GROUPS      | 2008 Patient Days | 2008 Population | 2008 Use Rates (Per 1,000) | 2008 Minimum Use Rates | 2008 Maximum Use Rates |
|---------------------|-----------------|-------------------|-----------------|----------------------------|------------------------|------------------------|
| 008                 | 0-64 Years Old  | 530,813           | 1,423,200       | 373.0                      | 223.8                  | 596.8                  |
|                     | 65-74 Years Old | 291,725           | 70,900          | 4,114.6                    | 2,468.8                | 6,583.4                |
|                     | 75+ Years Old   | 1,525,347         | 58,700          | 25,985.5                   | 15,591.3               | 41,576.7               |

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|                             | 2008 PSA Patient Days | 2008 PSA Estimated Populations | 2008 PSA Use Rates (Per 1,000) | 2008 HSA Minimum Use Rates | 2008 HSA Maximum Use Rates | 2018 PSA Planned Use Rates | 2018 PSA Projected Populations | 2018 PSA Planned Patient Days | Planned Average Daily Census | Planned Bed Need (90% Occ.) | Beds Needed |
|-----------------------------|-----------------------|--------------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|-------------------------------|------------------------------|-----------------------------|-------------|
| 0-64 Years Old              | 17,622                | 296,500                        | 59.4                           | 223.8                      | 596.8                      | 223.8                      | 349,300                        | 78,167                        |                              |                             |             |
| 65-74 Years Old             | 33,041                | 13,200                         | 2,503.1                        | 2,468.8                    | 6,583.4                    | 2,503.1                    | 29,300                         | 73,341                        |                              |                             |             |
| 75+ Years Old               | 211,832               | 10,600                         | 19,984.2                       | 15,591.3                   | 41,576.7                   | 19,984.2                   | 17,100                         | 341,729                       |                              |                             |             |
| <b>Planning Area Totals</b> |                       |                                |                                |                            |                            |                            |                                | <b>493,237</b>                | <b>1,351.3</b>               | <b>1,501</b>                | <b>469</b>  |



**1125.530(b) – Service to Planning Area Residents** – The primary purpose of this project is to serve McHenry County residents and the letters of support in this attachment document that purpose. We anticipate that this SNF may also serve those residing in zip codes west of Advocate Good Shepherd Hospital in Lake County and north of Sherman Hospital in Kane County. The highway and road network will dictate that use. Nevertheless, the SNF will serve mostly McHenry County residents. A map of the likely service area by zip code is included on the following page. The service area includes the following zip codes.

|       |       |
|-------|-------|
| 60010 | 60102 |
| 60012 | 60110 |
| 60013 | 60156 |
| 60014 | 60180 |
| 60021 |       |
| 60033 |       |
| 60034 |       |
| 60042 |       |
| 60050 |       |
| 60051 |       |
| 60052 |       |
| 60071 |       |
| 60072 |       |
| 60081 |       |
| 60084 |       |
| 60097 |       |
| 60098 |       |

# Crystal Lake Service Area

**Legend**

- ✕ Site
- HCR Manor Care
- ♦ Hospital CMS
- County Boundaries

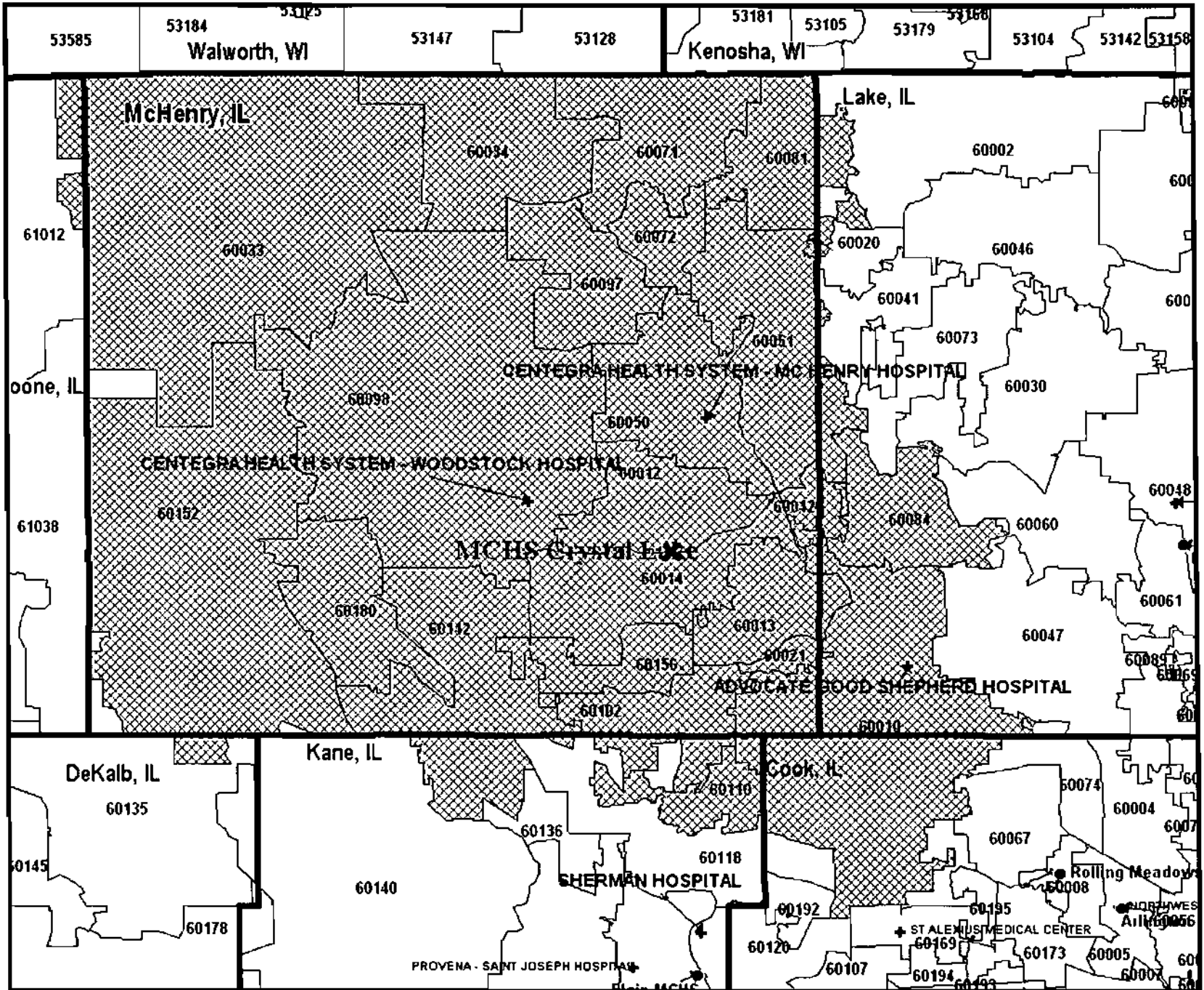
Crystal Lake, IL  
Crystal Lake, IL PSA #2

□ Primary Service Area

Site Coordinates

Longitude/X: -88.300446  
Latitude/Y: 42.248387



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Print Date: 30 March 2012

Data Source:

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**1125.540(b) and (d) – Service Demand – Establishment of General Long-Term Care** – Notarized referral letters will be submitted to document the:

- estimated number of prospective residents that the referral sources will refer annually
- verification that these referral sources have not been used for other CON applications.

**Best Practices Inpatient Care Ltd.**

3880 Salem Lake Drive  
Long Grove, Illinois 60047

March 14, 2012

Dale Galassie, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street  
Springfield, IL

Dear Mr. Galassie:

This letter is intended to support the development of ManorCare Health Services of Crystal Lake, a 130-bed post-acute skilled nursing center to be located in McHenry County.

We serve McHenry County residents and are well aware of the needs of the local community, the growth of the population in the area and, specifically, the need for additional skilled nursing services

We urge the Board to approve this project.

Thank you,

Sincerely,



Dr. Jeffrey W. Kremer  
President

**1125.570(a1) (a2) (a3) & (b) – Service Accessibility** – The 130 beds proposed in this application improve the access to short-term rehabilitation for those needing post-acute care. These more medically complex patients are recovering from surgery, serious injury or acute illness. This service is currently available only on a limited basis in McHenry County and no provider in the county offers, as this project does, 2700 square feet of fully equipped space for physical, occupational and speech therapy, 50 private rooms, (See Attachment 8 for verification of space) and a rehabilitation program that served over 156,000 patients nationwide in the past year.

The HCR-ManorCare rehabilitation program pools our resources and expertise to provide carefully coordinated individualized care options that maximize health, comfort, and independence. Over 95 percent of our patients receive rehabilitation therapy services and over 90 percent of our patients are able to manage their care at home at the time of discharge. This level of experience and expertise is not currently available in McHenry County.

The following pages include the location and utilization of other service providers and independent travel time information. The response to .530(a) includes the Long Term Care Inventory and data that documents the size of the county SNFs.

The 45-minute normal travel time from this site includes a 1600 square mile area from Geneva 26 miles south of the site to Madison WI 27 miles north of the site and from Lake Michigan 23 miles to the east to Belvedere IL 30 miles to the west. There are 70 SNFs in this area. A map of this area follows. CMS Utilization Data on this area has been provided, though we are not certain that a 1600 square mile area with a population of 1.9 million people can be appropriately evaluated.

# Location, Utilization & Travel Time

### 30-Minute Service Area Nursing Homes

| Nursing Home                     | County  | No. of | Licensed Bed | Minutes   |
|----------------------------------|---------|--------|--------------|-----------|
|                                  |         | Beds   | % Occupancy  | From Site |
|                                  |         |        | 2010         |           |
| Alden Estates of Barrington      | Cook    | 150    | 77.4         | 24        |
| Alden Poplar Creek               | Cook    | 217    | 78.6         | 28        |
| Alden Terrace of McHenry         | McHenry | 316    | 58.9         | 12        |
| Apostolic Christian Resthaven    | Kane    | 50     | 93.3         | 24        |
| Asta Care Center Elgin           | Kane    | 102    | 85.6         | 26        |
| Crystal Pines Rehab              | McHenry | 114    | 89.8         | 2         |
| Fair Oaks Health Care            | McHenry | 46     | 90.5         | 4         |
| Florence Nursing Home            | McHenry | 52     | 90.6         | 25        |
| Fountains Crystal Lake           | McHenry | 97     | 77.1         | 3         |
| Hearthstone Manor                | McHenry | 75     | 73.7         | 18        |
| Lexington of Lake Zurich         | Lake    | 203    | 93.5         | 23        |
| Maplewood Care                   | Kane    | 203    | 92.3         | 28        |
| MCHS Elgin                       | Kane    | 88     | 84.4         | 28        |
| Memorial Hospital                | McHenry | 40     | 70.0         | 18        |
| Prarieview Nursing Home          | Lake    | 20     | 65.0         | 21        |
| Rosewood Care of Elgin           | Kane    | 139    | 78.8         | 23        |
| Rosewood Care of Iverness        | Cook    | 142    | 65.8         | 30        |
| Sheltering Oak                   | McHenry | 70     | 91.5         | 11        |
| Sherman West Court               | Kane    | 112    | 73.6         | 27        |
| St. Joseph's Home of the Elderly | Cook    | 60     | 95.8         | 30        |
| Valley Hi Nursing Home           | McHenry | 128    | 96.3         | 22        |
| Wauconda Health Care             | Lake    | 135    | 89.0         | 15        |
| Woodstock Residence              | McHenry | 115    | 67.6         | 18        |

| ALDEN ESTATES OF BARRINGTON, INC. |                           | ADMISSION RESTRICTIONS                            |  | RESIDENTS BY PRIMARY DIAGNOSIS              |  |
|-----------------------------------|---------------------------|---|--|---|--|
| 1420 SOUTH BARRINGTON ROAD        |                           | Aggressive/Anti-Social 1                          |  | DIAGNOSIS                                   |  |
| BARRINGTON, IL. 60010             |                           | Chronic Alcoholism 1                              |  | Neoplasms 0                                 |  |
| Reference Numbers                 | Facility ID 6003735       | Developmentally Disabled 1                        |  | Endocrine/Metabolic 0                       |  |
| Health Service Area 007           | Planning Service Area 701 | Drug Addiction 1                                  |  | Blood Disorders 0                           |  |
| Administrator                     |                           | Medicaid Recipient 0                              |  | *Nervous System Non Alzheimer 12            |  |
| GREGORY K. NIENABER               |                           | Medicare Recipient 0                              |  | Alzheimer Disease 2                         |  |
| Contact Person and Telephone      |                           | Mental Illness 1                                  |  | Mental Illness 0                            |  |
| CHRIS REINHOFER                   |                           | Non-Ambulatory 0                                  |  | Developmental Disability 0                  |  |
| 773-286-3883                      |                           | Non-Mobile 0                                      |  | Circulatory System 0                        |  |
| Registered Agent Information      | Date Completed            | Public Aid Recipient 0                            |  | Respiratory System 6                        |  |
| Ken Fisch                         | 2/28/2011                 | Under 65 Years Old 0                              |  | Digestive System 2                          |  |
| 4200 West Peterson Ave--Suite 140 |                           | Unable to Self-Medicare 0                         |  | Genitourinary System Disorders 0            |  |
| Chicago, IL 60646                 |                           | Ventilator Dependent 0                            |  | Skin Disorders 0                            |  |
| FACILITY OWNERSHIP                |                           | Infectious Disease w/ Isolation 0                 |  | Musculo-skeletal Disorders 1                |  |
| FOR-PROF CORPORATION              |                           | Other Restrictions 0                              |  | Injuries and Poisonings 0                   |  |
| CONTINUING CARE COMMUNITY         | No                        | No Restrictions 0                                 |  | Other Medical Conditions 89                 |  |
| LIFE CARE FACILITY                | No                        | <i>Note: Reported restrictions denoted by 'I'</i> |  | Non-Medical Conditions 0                    |  |
|                                   |                           |   |  | TOTALS 112                                  |  |
|                                   |                           |   |  | Total Residents Diagnosed as Mentally Ill 0 |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    | ADMISSIONS AND DISCHARGES - 2010 |                       |                        |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|----------------------------------|-----------------------|------------------------|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | BEDS AVAILABLE | MEDICARE CERTIFIED | MEDICAID CERTIFIED               | Residents on 1/1/2010 |                        |
| Nursing Care     | 150  | 150              | 128            | 150         | 112         | 38             | 134                | 94                               | 116                   | 829                    |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                |                       | 833                    |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                |                       | 112                    |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                |                       | 0                      |
| TOTAL BEDS       | 150  | 150              | 128            | 150         | 112         | 38             | 134                | 94                               |                       | Identified Offenders 0 |

| LEVEL OF CARE    | FACILITY UTILIZATION - 2010 |          |           |          |           |           |              |           |                   |             | BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |          |               |                  |
|------------------|-----------------------------|----------|-----------|----------|-----------|-----------|--------------|-----------|-------------------|-------------|--|----------|---------------|------------------|
|                  | Medicare                    |          |           | Medicaid |           |           | Other Public |           | Private Insurance | Private Pay | Charity Care   | TOTAL    | Licensed Beds | Peak Beds Set Up |
|                  | Pat. days                   | Occ Pct. | Pat. days | Occ Pct. | Pat. days | Pat. days | Pat. days    | Pat. days | Pat. days         | Pat. days   | Pat. days  | Occ Pct. | Occ Pct.      |                  |
| Nursing Care     | 17020                       | 34.8%    | 18731     | 54.6%    | 922       | 2236      | 3441         | 0         | 42350             | 77.4%       | 77.4%  |          |               |                  |
| Skilled Under 22 |                             |          | 0         | 0.0%     | 0         | 0         | 0            | 0         | 0                 | 0.0%        | 0.0%   |          |               |                  |
| Intermediate DD  |                             |          | 0         | 0.0%     | 0         | 0         | 0            | 0         | 0                 | 0.0%        | 0.0%   |          |               |                  |
| Sheltered Care   |                             |          |           |          | 0         | 0         | 0            | 0         | 0                 | 0.0%        | 0.0%   |          |               |                  |
| TOTALS           | 17020                       | 34.8%    | 18731     | 54.6%    | 922       | 2236      | 3441         | 0         | 42350             | 77.4%       | 77.4%  |          |               |                  |

| AGE GROUPS | RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |        |              |        |             |        |           |        |       |        |             |
|------------|---|--------|--------------|--------|-------------|--------|-----------|--------|-------|--------|-------------|
|            | NURSING CARE  |        | SKL UNDER 22 |        | INTERMED DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|            | Male  | Female | Male         | Female | Male        | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18   | 0   | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 1   | 3      | 0            | 0      | 0           | 0      | 0         | 0      | 1     | 3      | 4           |
| 45 to 59   | 7   | 3      | 0            | 0      | 0           | 0      | 0         | 0      | 7     | 3      | 10          |
| 60 to 64   | 6   | 2      | 0            | 0      | 0           | 0      | 0         | 0      | 6     | 2      | 8           |
| 65 to 74   | 9   | 5      | 0            | 0      | 0           | 0      | 0         | 0      | 9     | 5      | 14          |
| 75 to 84   | 24  | 12     | 0            | 0      | 0           | 0      | 0         | 0      | 24    | 12     | 36          |
| 85+        | 27  | 13     | 0            | 0      | 0           | 0      | 0         | 0      | 27    | 13     | 40          |
| TOTALS     | 74  | 38     | 0            | 0      | 0           | 0      | 0         | 0      | 74    | 38     | 112         |

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## ALDEN ESTATES OF BARRINGTON, INC.

1420 SOUTH BARRINGTON ROAD

BARRINGTON, IL. 60010

Reference Numbers Facility ID 6003735

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | Medicare  | Medicaid  | Other Public | Insurance | Private Pay | Charity Care | TOTALS     |
|------------------|-----------|-----------|--------------|-----------|-------------|--------------|------------|
| Nursing Care     | 36        | 55        | 3            | 8         | 10          | 0            | 112        |
| Skilled Under 22 | 0         | 0         | 0            | 0         | 0           | 0            | 0          |
| ICF/DD           |           | 0         | 0            | 0         | 0           | 0            | 0          |
| Sheltered Care   |           |           | 0            | 0         | 0           | 0            | 0          |
| <b>TOTALS</b>    | <b>36</b> | <b>55</b> | <b>3</b>     | <b>8</b>  | <b>10</b>   | <b>0</b>     | <b>112</b> |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 356    | 305    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE             | Nursing    | SkUnd22  | ICF/DD   | Shelter  | Totals     |
|------------------|------------|----------|----------|----------|------------|
| Asian            | 3          | 0        | 0        | 0        | 3          |
| Amer. Indian     | 0          | 0        | 0        | 0        | 0          |
| Black            | 5          | 0        | 0        | 0        | 5          |
| Hawaiian/Pac Isl | 0          | 0        | 0        | 0        | 0          |
| White            | 104        | 0        | 0        | 0        | 104        |
| Race Unknown     | 0          | 0        | 0        | 0        | 0          |
| <b>Total</b>     | <b>112</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>112</b> |

| ETHNICITY         | Nursing    | SkUnd22  | ICF/DD   | Shelter  | Totals     |
|-------------------|------------|----------|----------|----------|------------|
| Hispanic          | 5          | 0        | 0        | 0        | 5          |
| Non-Hispanic      | 107        | 0        | 0        | 0        | 107        |
| Ethnicity Unknown | 0          | 0        | 0        | 0        | 0          |
| <b>Total</b>      | <b>112</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>112</b> |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 19.00                |
| LPN's               | 12.00                |
| Certified Aides     | 40.00                |
| Other Health Staff  | 7.00                 |
| Non-Health Staff    | 51.00                |
| <b>Totals</b>       | <b>131.00</b>        |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|------------|-----------------------|--|
| 59.3%     | 25.9%     | 1.0%         | 6.0%              | 6.8%        | 100.0%     |                       | 0.0%   |
| 9,326,090 | 4,224,394 | 153,886      | 945,304           | 1,071,094   | 15,720,768 | 0                     |  |

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

| ALDEN-POPLAR CREEK REHAB & CARE |                           | ADMISSION RESTRICTIONS                            |  | RESIDENTS BY PRIMARY DIAGNOSIS               |  |
|---------------------------------|---------------------------|---|--|--|--|
| 1545 BARRINGTON ROAD            |                           | Aggressive/Anti-Social 0                          |  | DIAGNOSIS                                    |  |
| HOFFMAN ESTATES, IL. 60194      |                           | Chronic Alcoholism 0                              |  | Neoplasms 1                                  |  |
| Reference Numbers               | Facility ID 6001366       | Developmentally Disabled 0                        |  | Endocrine/Metabolic 4                        |  |
| Health Service Area 007         | Planning Service Area 701 | Drug Addiction 0                                  |  | Blood Disorders 1                            |  |
| Administrator                   |                           | Medicaid Recipient 0                              |  | *Nervous System Non Alzheimer 22             |  |
| Jeff Russell                    |                           | Medicare Recipient 0                              |  | Alzheimer Disease 32                         |  |
| Contact Person and Telephone    |                           | Mental Illness 0                                  |  | Mental Illness 7                             |  |
| CHRIS REINHOFER                 |                           | Non-Ambulatory 0                                  |  | Developmental Disability 3                   |  |
| 773-286-3883                    |                           | Non-Mobile 0                                      |  | Circulatory System 20                        |  |
| Registered Agent Information    | Date Completed            | Public Aid Recipient 0                            |  | Respiratory System 7                         |  |
| Ken Fisch                       | 2/28/2011                 | Under 65 Years Old 0                              |  | Digestive System 1                           |  |
| 4200 W Peterson Ave. Suite 140  |                           | Unable to Self-Medicare 0                         |  | Genitourinary System Disorders 9             |  |
| Chicago, IL 60646               |                           | Ventilator Dependent 1                            |  | Skin Disorders 0                             |  |
| FACILITY OWNERSHIP              |                           | Infectious Disease w/ Isolation 0                 |  | Musculo-skeletal Disorders 64                |  |
| FOR-PROF CORPORATION            |                           | Other Restrictions 0                              |  | Injuries and Poisonings 17                   |  |
| CONTINUING CARE COMMUNITY       | No                        | No Restrictions 0                                 |  | Other Medical Conditions 0                   |  |
| LIFE CARE FACILITY              | No                        | <i>Note: Reported restrictions denoted by '1'</i> |  | Non-Medical Conditions 0                     |  |
|                                 |                           |   |  | TOTALS 188                                   |  |
|                                 |                           |   |  | Total Residents Diagnosed as Mentally Ill 12 |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    |                    | ADMISSIONS AND DISCHARGES - 2010 |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|--------------------|----------------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | BEDS AVAILABLE | MEDICARE CERTIFIED | MEDICAID CERTIFIED | Residents on 1/1/2010            |     |
| Nursing Care     | 217  | 196              | 188            | 196         | 188         | 29             | 217                | 217                | 163                              | 689 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  |                                  | 664 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  |                                  | 188 |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Identified Offenders             | 0   |
| TOTAL BEDS       | 217  | 196              | 188            | 196         | 188         | 29             | 217                | 217                |                                  |     |

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE    | Medicare  |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     | Licensed Beds | Peak Beds Set Up |
|------------------|-----------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|---------------|------------------|
|                  | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.     | Occ. Pct.        |
| Nursing Care     | 12120     | 15.3%     | 41273     | 52.1%     | 2972         | 1817              | 4089        | 0            | 62271     | 78.6%         | 87.0%            |
| Skilled Under 22 |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| Intermediate DD  |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| Sheltered Care   |           |           |           |           | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| TOTALS           | 12120     | 15.3%     | 41273     | 52.1%     | 2972         | 1817              | 4089        | 0            | 62271     | 78.6%         | 87.0%            |

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

| AGE GROUPS | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
|            | Male         | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18   | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 0            | 1      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 1      | 1           |
| 45 to 59   | 4            | 4      | 0            | 0      | 0            | 0      | 0         | 0      | 4     | 4      | 8           |
| 60 to 64   | 2            | 4      | 0            | 0      | 0            | 0      | 0         | 0      | 2     | 4      | 6           |
| 65 to 74   | 15           | 24     | 0            | 0      | 0            | 0      | 0         | 0      | 15    | 24     | 39          |
| 75 to 84   | 20           | 39     | 0            | 0      | 0            | 0      | 0         | 0      | 20    | 39     | 59          |
| 85+        | 19           | 56     | 0            | 0      | 0            | 0      | 0         | 0      | 19    | 56     | 75          |
| TOTALS     | 60           | 128    | 0            | 0      | 0            | 0      | 0         | 0      | 60    | 128    | 188         |

**ALDEN-POPLAR CREEK REHAB & CARE**

1545 BARRINGTON ROAD

HOFFMAN ESTATES, IL. 60194

Reference Numbers Facility ID 6001366

Health Service Area 007 Planning Service Area 701

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

| LEVEL OF CARE    | Medicare  |            | Medicaid |          | Other Public Insurance |          | Private Pay | Charity Care | TOTALS |
|------------------|-----------|------------|----------|----------|------------------------|----------|-------------|--------------|--------|
|                  |           |            |          |          |                        |          |             |              |        |
| Nursing Care     | 35        | 123        | 7        | 5        | 18                     | 0        | 188         |              |        |
| Skilled Under 22 | 0         | 0          | 0        | 0        | 0                      | 0        | 0           |              |        |
| ICF/DD           |           | 0          | 0        | 0        | 0                      | 0        | 0           |              |        |
| Sheltered Care   |           |            | 0        | 0        | 0                      | 0        | 0           |              |        |
| <b>TOTALS</b>    | <b>35</b> | <b>123</b> | <b>7</b> | <b>5</b> | <b>18</b>              | <b>0</b> | <b>188</b>  |              |        |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 286    | 279    |
| Skilled Under 22 | 0      | 0      |
| intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE              | Nursing    | SkiUnd22 | ICF/DD   | Shelter  | Totals     |
|-------------------|------------|----------|----------|----------|------------|
| Asian             | 6          | 0        | 0        | 0        | 6          |
| Amer. Indian      | 1          | 0        | 0        | 0        | 1          |
| Black             | 5          | 0        | 0        | 0        | 5          |
| Hawaiian/Pac Isl. | 0          | 0        | 0        | 0        | 0          |
| White             | 169        | 0        | 0        | 0        | 169        |
| Race Unknown      | 7          | 0        | 0        | 0        | 7          |
| <b>Total</b>      | <b>188</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>188</b> |

| ETHNICITY         | Nursing    | SkiUnd22 | ICF/DD   | Shelter  | Totals     |
|-------------------|------------|----------|----------|----------|------------|
| Hispanic          | 6          | 0        | 0        | 0        | 6          |
| Non-Hispanic      | 175        | 0        | 0        | 0        | 175        |
| Ethnicity Unknown | 7          | 0        | 0        | 0        | 7          |
| <b>Total</b>      | <b>188</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>188</b> |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 15.80                |
| LPN's               | 13.94                |
| Certified Aides     | 51.16                |
| Other Health Staff  | 2.00                 |
| Non-Health Staff    | 42.10                |
| <b>Totals</b>       | <b>128.00</b>        |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|------------|-----------------------|--|
| 44.8%     | 39.1%     | 2.8%         | 5.3%              | 7.9%        | 100.0%     | 0                     | 0.0%   |
| 6,376,023 | 5,563,812 | 400,211      | 757,178           | 1,123,012   | 14,220,236 |                       |  |

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

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| ALDEN TERRACE OF MCHENRY REHAB  |                           | ADMISSION RESTRICTIONS                            |  | RESIDENTS BY PRIMARY DIAGNOSIS               |  |
|---------------------------------|---------------------------|---|--|--|--|
| 803 ROYAL DRIVE                 |                           | Aggressive/Anti-Social 0                          |  | DIAGNOSIS                                    |  |
| MCHENRY, IL. 60050              |                           | Chronic Alcoholism 1                              |  | Neoplasms 6                                  |  |
| Reference Numbers               | Facility ID 6008304       | Developmentally Disabled 1                        |  | Endocrine/Metabolic 8                        |  |
| Health Service Area 008         | Planning Service Area 111 | Drug Addiction 1                                  |  | Blood Disorders 0                            |  |
| Administrator                   |                           | Medicaid Recipient 0                              |  | *Nervous System Non Alzheimer 14             |  |
| Georgette Parent                |                           | Medicare Recipient 0                              |  | Alzheimer Disease 11                         |  |
| Contact Person and Telephone    |                           | Mental Illness 0                                  |  | Mental Illness 48                            |  |
| CHRIS REINHOFER                 |                           | Non-Ambulatory 0                                  |  | Developmental Disability 0                   |  |
| 773-286-3883                    |                           | Non-Mobile 0                                      |  | Circulatory System 51                        |  |
| Registered Agent Information    | Date Completed 3/1/2011   | Public Aid Recipient 0                            |  | Respiratory System 2                         |  |
| Kenneth Fisch                   |                           | Under 65 Years Old 0                              |  | Digestive System 0                           |  |
| 4200 W Peterson Ave., Suite 140 |                           | Unable to Self-Medicare 0                         |  | Genitourinary System Disorders 8             |  |
| Chicago, IL 60646               |                           | Ventilator Dependent 1                            |  | Skin Disorders 0                             |  |
| FACILITY OWNERSHIP              |                           | Infectious Disease w/ Isolation 0                 |  | Musculo-skeletal Disorders 2                 |  |
| FOR-PROF CORPORATION            |                           | Other Restrictions 0                              |  | Injuries and Poisonings 9                    |  |
| CONTINUING CARE COMMUNITY       | No                        | No Restrictions 0                                 |  | Other Medical Conditions 29                  |  |
| LIFE CARE FACILITY              | No                        | <i>Note: Reported restrictions denoted by 'I'</i> |  | Non-Medical Conditions 0                     |  |
|                                 |                           |   |  | TOTALS 188                                   |  |
|                                 |                           |   |  | Total Residents Diagnosed as Mentally Ill 48 |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    |                    | ADMISSIONS AND DISCHARGES - 2010 |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|--------------------|----------------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED | Residents on 1/1/2010            |     |
| Nursing Care     | 316  | 259              | 199            | 259         | 188         | 128            | 316                | 316                | Total Admissions 2010            | 192 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Total Discharges 2010            | 254 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Residents on 12/31/2010          | 188 |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Identified Offenders             | 4   |
| TOTAL BEDS       | 316  | 259              | 199            | 259         | 188         | 128            | 316                | 316                |                                  |     |

FACILITY UTILIZATION - 2010

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE    | Medicare |      |          | Medicaid |      |          | Other Public |      |          | Private Insurance | Private Pay | Charity Care | TOTAL | Licensed Beds | Peak Beds Set Up |
|------------------|----------|------|----------|----------|------|----------|--------------|------|----------|-------------------|-------------|--------------|-------|---------------|------------------|
|                  | Pat      | days | Occ Pct. | Pat      | days | Occ Pct. | Pat          | days | Occ Pct. | Pat               | days        | Occ Pct.     | Pat   | days          | Occ Pct.         |
| Nursing Care     | 5052     |      | 4.4%     | 53152    |      | 46.1%    | 787          |      | 347      | 8588              | 0           | 67926        | 58.9% | 71.9%         |                  |
| Skilled Under 22 |          |      |          | 0        |      | 0.0%     | 0            |      | 0        | 0                 | 0           | 0            | 0.0%  | 0.0%          |                  |
| Intermediate DD  |          |      |          | 0        |      | 0.0%     | 0            |      | 0        | 0                 | 0           | 0            | 0.0%  | 0.0%          |                  |
| Sheltered Care   |          |      |          |          |      |          | 0            |      | 0        | 0                 | 0           | 0            | 0.0%  | 0.0%          |                  |
| TOTALS           | 5052     |      | 4.4%     | 53152    |      | 46.1%    | 787          |      | 347      | 8588              | 0           | 67926        | 58.9% | 71.9%         |                  |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

| AGE GROUPS | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
|            | Male         | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18   | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 4            | 7      | 0            | 0      | 0            | 0      | 0         | 0      | 4     | 7      | 11          |
| 45 to 59   | 14           | 8      | 0            | 0      | 0            | 0      | 0         | 0      | 14    | 8      | 22          |
| 60 to 64   | 6            | 12     | 0            | 0      | 0            | 0      | 0         | 0      | 6     | 12     | 18          |
| 65 to 74   | 15           | 16     | 0            | 0      | 0            | 0      | 0         | 0      | 15    | 16     | 31          |
| 75 to 84   | 15           | 28     | 0            | 0      | 0            | 0      | 0         | 0      | 15    | 28     | 43          |
| 85+        | 12           | 51     | 0            | 0      | 0            | 0      | 0         | 0      | 12    | 51     | 63          |
| TOTALS     | 66           | 122    | 0            | 0      | 0            | 0      | 0         | 0      | 66    | 122    | 188         |

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## ALDEN TERRACE OF MCHENRY REHAB

803 ROYAL DRIVE  
MCHENRY, IL 60050

Reference Numbers Facility ID 6008304

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |            |              |           |             |              | TOTALS     |
|------------------|---|------------|--------------|-----------|-------------|--------------|------------|
|                  | Medicare                                      | Medicaid   | Other Public | Insurance | Private Pay | Charity Care |            |
| Nursing Care     | 9   | 153        | 2            | 2         | 22          | 0            | 188        |
| Skilled Under 22 | 0   | 0          | 0            | 0         | 0           | 0            | 0          |
| ICF/DD           |   | 0          | 0            | 0         | 0           | 0            | 0          |
| Sheltered Care   |   |            | 0            | 0         | 0           | 0            | 0          |
| <b>TOTALS</b>    | <b>9</b>                                      | <b>153</b> | <b>2</b>     | <b>2</b>  | <b>22</b>   | <b>0</b>     | <b>188</b> |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 250    | 240    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE               | RESIDENTS BY RACIAL/ETHNICITY GROUPING |          |          |          |          | Totals     |
|--------------------|--|----------|----------|----------|----------|------------|
|                    | Nursing                                | SkIUnd22 | ICF/DD   | Shelter  |          |            |
| Asian              | 0                                      | 0        | 0        | 0        | 0        | 0          |
| Amer. Indian       | 1                                      | 0        | 0        | 0        | 0        | 1          |
| Black              | 0                                      | 0        | 0        | 0        | 0        | 0          |
| Hawaiian/Pac. Isl. | 0                                      | 0        | 0        | 0        | 0        | 0          |
| White              | 187                                    | 0        | 0        | 0        | 0        | 187        |
| Race Unknown       | 0                                      | 0        | 0        | 0        | 0        | 0          |
| <b>Total</b>       | <b>188</b>                             | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>188</b> |

| ETHNICITY         | RESIDENTS BY RACIAL/ETHNICITY GROUPING |          |          |          |          | Totals     |
|-------------------|--|----------|----------|----------|----------|------------|
|                   | Nursing                                | SkIUnd22 | ICF/DD   | Shelter  |          |            |
| Hispanic          | 7                                      | 0        | 0        | 0        | 0        | 7          |
| Non-Hispanic      | 181                                    | 0        | 0        | 0        | 0        | 181        |
| Ethnicity Unknown | 0                                      | 0        | 0        | 0        | 0        | 0          |
| <b>Total</b>      | <b>188</b>                             | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>188</b> |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 15.00                |
| LPN's               | 10.00                |
| Certified Aides     | 38.00                |
| Other Health Staff  | 6.00                 |
| Non-Health Staff    | 39.50                |
| <b>Totals</b>       | <b>110.50</b>        |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|------------|-----------------------|--|
| 23.4%     | 61.0%     | 6.1%         | 1.2%              | 8.3%        | 100.0%     | 0                     | 0.0%   |
| 2,462,511 | 6,426,895 | 645,621      | 130,180           | 877,153     | 10,542,360 | 0                     |  |

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

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| APOSTOLIC CHRISTIAN RESTHAVEN                     |  | ADMISSION RESTRICTIONS                     |  | RESIDENTS BY PRIMARY DIAGNOSIS               |  |
|---|--|--|--|--|--|
| 2750 WEST HIGHLAND AVENUE                         |  | Aggressive/Anti-Social 1                   |  | DIAGNOSIS                                    |  |
| ELGIN, IL 60124                                   |  | Chronic Alcoholism 1                       |  | Neoplasms 2                                  |  |
| Reference Numbers Facility ID 6000392             |  | Developmentally Disabled 1                 |  | Endocrine/Metabolic 3                        |  |
| Health Service Area 008 Planning Service Area 089 |  | Drug Addiction 1                           |  | Blood Disorders 0                            |  |
| Administrator                                     |  | Medicaid Recipient 0                       |  | *Nervous System Non Alzheimer 4              |  |
| David G Stieglitz                                 |  | Medicare Recipient 0                       |  | Alzheimer Disease 5                          |  |
| Contact Person and Telephone                      |  | Mental Illness 1                           |  | Mental Illness 17                            |  |
| DAVID STIEGLITZ                                   |  | Non-Ambulatory 0                           |  | Developmental Disability 0                   |  |
| 847-741-4543                                      |  | Non-Mobile 0                               |  | Circulatory System 9                         |  |
| Registered Agent Information                      |  | Public Aid Recipient 0                     |  | Respiratory System 1                         |  |
| David G Stieglitz                                 |  | Under 65 Years Old 0                       |  | Digestive System 0                           |  |
| 5N598 Meadowview Ln                               |  | Unable to Self-Medicare 0                  |  | Genitourinary System Disorders 0             |  |
| St. Charles, IL 60175                             |  | Ventilator Dependent 1                     |  | Skin Disorders 0                             |  |
| FACILITY OWNERSHIP                                |  | Infectious Disease w/ Isolation 0          |  | Musculo-skeletal Disorders 4                 |  |
| NON-PROF CORPORATION                              |  | Other Restrictions 1                       |  | Injuries and Poisonings 0                    |  |
| CONTINUING CARE COMMUNITY                         |  | No Restrictions 0                          |  | Other Medical Conditions 0                   |  |
| LIFE CARE FACILITY                                |  | No   |  | Non-Medical Conditions 0                     |  |
|   |  | Date Completed 2/24/2011                   |  | TOTALS 45                                    |  |
|   |  | Note: Reported restrictions denoted by '1' |  | Total Residents Diagnosed as Mentally Ill 17 |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    | ADMISSIONS AND DISCHARGES - 2010 |                       |    |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|----------------------------------|-----------------------|----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | BEDS AVAILABLE | MEDICARE CERTIFIED | MEDICAID CERTIFIED               | Residents on 1/1/2010 |    |
| Nursing Care     | 50   | 50               | 49             | 50          | 45          | 5              | 0                  | 50                               | 47                    | 22 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | 24                    | 45 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                |                       |    |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Identified Offenders  | 0  |
| TOTAL BEDS       | 50   | 50               | 49             | 50          | 45          | 5              | 0                  | 50                               |                       |    |

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE    | Medicare  |           |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     | Licensed Beds | Peak Beds Set Up |
|------------------|-----------|-----------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|---------------|------------------|
|                  | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.     | Occ. Pct.        |
| Nursing Care     | 0         | 0.0%      | 4678      | 25.6%     | 0         | 0            | 12349             | 0           | 17027        | 93.3%     | 93.3%         |                  |
| Skilled Under 22 |           |           | 0         | 0.0%      | 0         | 0            | 0                 | 0           | 0            | 0.0%      | 0.0%          |                  |
| Intermediate DD  |           |           | 0         | 0.0%      | 0         | 0            | 0                 | 0           | 0            | 0.0%      | 0.0%          |                  |
| Sheltered Care   |           |           |           |           | 0         | 0            | 0                 | 0           | 0            | 0.0%      | 0.0%          |                  |
| TOTALS           | 0         | 0.0%      | 4678      | 25.6%     | 0         | 0            | 12349             | 0           | 17027        | 93.3%     | 93.3%         |                  |

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

| AGE GROUPS | NURSING CARE |        | SKL UNDER 22 |        | INTERMED DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|-------------|--------|-----------|--------|-------|--------|-------------|
|            | Male         | Female | Male         | Female | Male        | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18   | 0            | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 0            | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 45 to 59   | 0            | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 60 to 64   | 0            | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 65 to 74   | 1            | 2      | 0            | 0      | 0           | 0      | 0         | 0      | 1     | 2      | 3           |
| 75 to 84   | 2            | 9      | 0            | 0      | 0           | 0      | 0         | 0      | 2     | 9      | 11          |
| 85+        | 5            | 26     | 0            | 0      | 0           | 0      | 0         | 0      | 5     | 26     | 31          |
| TOTALS     | 8            | 37     | 0            | 0      | 0           | 0      | 0         | 0      | 8     | 37     | 45          |

**APOSTOLIC CHRISTIAN RESTHAVEN**

2750 WEST HIGHLAND AVENUE  
ELGIN, IL. 60124

Reference Numbers Facility ID 6000392  
Health Service Area 008 Planning Service Area 089

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

| LEVEL OF CARE    | Medicare | Medicaid  | Other Public | Private Insurance | Private Pay | Charity Care | TOTALS    |
|------------------|----------|-----------|--------------|-------------------|-------------|--------------|-----------|
| Nursing Care     | 0        | 11        | 0            | 0                 | 34          | 0            | 45        |
| Skilled Under 22 | 0        | 0         | 0            | 0                 | 0           | 0            | 0         |
| ICF/DD           |          | 0         | 0            | 0                 | 0           | 0            | 0         |
| Sheltered Care   |          |           | 0            | 0                 | 0           | 0            | 0         |
| <b>TOTALS</b>    | <b>0</b> | <b>11</b> | <b>0</b>     | <b>0</b>          | <b>34</b>   | <b>0</b>     | <b>45</b> |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 203    | 173    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE              | Nursing   | Skilled Under 22 | ICF/DD   | Shelter  | Totals    |
|-------------------|-----------|------------------|----------|----------|-----------|
| Asian             | 0         | 0                | 0        | 0        | 0         |
| Amer. Indian      | 0         | 0                | 0        | 0        | 0         |
| Black             | 0         | 0                | 0        | 0        | 0         |
| Hawaiian/Pac. Isl | 0         | 0                | 0        | 0        | 0         |
| White             | 45        | 0                | 0        | 0        | 45        |
| Race Unknown      | 0         | 0                | 0        | 0        | 0         |
| <b>Total</b>      | <b>45</b> | <b>0</b>         | <b>0</b> | <b>0</b> | <b>45</b> |

| ETHNICITY         | Nursing   | Skilled Under 22 | ICF/DD   | Shelter  | Totals    |
|-------------------|-----------|------------------|----------|----------|-----------|
| Hispanic          | 0         | 0                | 0        | 0        | 0         |
| Non-Hispanic      | 45        | 0                | 0        | 0        | 45        |
| Ethnicity Unknown | 0         | 0                | 0        | 0        | 0         |
| <b>Total</b>      | <b>45</b> | <b>0</b>         | <b>0</b> | <b>0</b> | <b>45</b> |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 9.40                 |
| LPN's               | 3.80                 |
| Certified Aides     | 27.10                |
| Other Health Staff  | 0.00                 |
| Non-Health Staff    | 23.00                |
| <b>Totals</b>       | <b>65.30</b>         |

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

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|----------|----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 0.0%     | 21.9%    | 0.0%         | 0.0%              | 78.1%       | 100.0%    |                       | 0.0%   |
| 0        | 646,397  | 0            | 0                 | 2,302,782   | 2,949,179 | 0                     |  |

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

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| ASTA CARE CENTER OF ELGIN    |                           | ADMISSION RESTRICTIONS                            |   | RESIDENTS BY PRIMARY DIAGNOSIS            |    |
|------------------------------|---------------------------|---|---|---|----|
| 134 NORTH MCLEAN BOULEVARD   |                           | Aggressive/Anti-Social                            | 1 | DIAGNOSIS                                 |    |
| ELGIN, IL. 60123             |                           | Chronic Alcoholism                                | 1 | Neoplasms                                 | 6  |
| Reference Numbers            | Facility ID 6005847       | Developmentally Disabled                          | 0 | Endocrine/Metabolic                       | 11 |
| Health Service Area 008      | Planning Service Area 089 | Drug Addiction                                    | 1 | Blood Disorders                           | 0  |
| Administrator                |                           | Medicaid Recipient                                | 0 | *Nervous System Non Alzheimer             | 10 |
| Jack Siegel                  |                           | Medicare Recipient                                | 0 | Alzheimer Disease                         | 10 |
| Contact Person and Telephone |                           | Mental Illness                                    | 0 | Mental Illness                            | 2  |
| Jack Siegel                  |                           | Non-Ambulatory                                    | 0 | Developmental Disability                  | 0  |
| 847-742-8822                 |                           | Non-Mobile  | 0 | Circulatory System                        | 6  |
| Registered Agent Information | Date Completed            | Public Aid Recipient                              | 0 | Respiratory System                        | 13 |
| Seth Gillman                 | 2/25/2011                 | Under 65 Years Old                                | 0 | Digestive System                          | 11 |
| 134 N McLean Blv             |                           | Unable to Self-Medicare                           | 0 | Genitourinary System Disorders            | 9  |
| ELGIN, IL 60123              |                           | Ventilator Dependent                              | 0 | Skin Disorders                            | 4  |
| FACILITY OWNERSHIP           |                           | Infectious Disease w/ Isolation                   | 0 | Musculo-skeletal Disorders                | 4  |
| LIMITED LIABILITY CO         |                           | Other Restrictions                                | 0 | Injuries and Poisonings                   | 0  |
| CONTINUING CARE COMMUNITY    | No                        | No Restrictions                                   | 0 | Other Medical Conditions                  | 0  |
| LIFE CARE FACILITY           | No                        | <i>Note: Reported restrictions denoted by '1'</i> |   | Non-Medical Conditions                    | 0  |
|                              |                           |   |   | TOTALS                                    | 86 |
|                              |                           |   |   | Total Residents Diagnosed as Mentally Ill | 24 |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    | ADMISSIONS AND DISCHARGES - 2010 |                         |    |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|----------------------------------|-------------------------|----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED               | Residents on 1/1/2010   |    |
| Nursing Care     | 102  | 99               | 97             | 99          | 86          | 16             | 52                 | 102                              | Total Admissions 2010   | 96 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Total Discharges 2010   | 97 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Residents on 12/31/2010 | 86 |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Identified Offenders    | 2  |
| TOTAL BEDS       | 102  | 99               | 97             | 99          | 86          | 16             | 52                 | 102                              |                         |    |

| LEVEL OF CARE    | FACILITY UTILIZATION - 2010 |           |           |           |              |                   |             |              |           | BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |                  |
|------------------|-----------------------------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|--|------------------|
|                  | Medicare                    |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     | Licensed Beds  | Peak Beds Set Up |
|                  | Pat. days                   | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.  | Occ. Pct.        |
| Nursing Care     | 4877                        | 25.7%     | 21882     | 58.8%     | 2763         | 911               | 1450        | 0            | 31883     | 85.6%  | 88.2%            |
| Skilled Under 22 |                             |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%   | 0.0%             |
| Intermediate DD  |                             |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%   | 0.0%             |
| Sheltered Care   |                             |           |           |           | 0            | 0                 | 0           | 0            | 0         | 0.0%   | 0.0%             |
| TOTALS           | 4877                        | 25.7%     | 21882     | 58.8%     | 2763         | 911               | 1450        | 0            | 31883     | 85.6%  | 88.2%            |

| AGE GROUPS | RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |        |              |        |              |        |           |        |       |        |             |
|------------|---|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
|            | NURSING CARE  |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|            | Male  | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18   | 0   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 6   | 3      | 0            | 0      | 0            | 0      | 0         | 0      | 6     | 3      | 9           |
| 45 to 59   | 13  | 7      | 0            | 0      | 0            | 0      | 0         | 0      | 13    | 7      | 20          |
| 60 to 64   | 4   | 8      | 0            | 0      | 0            | 0      | 0         | 0      | 4     | 8      | 12          |
| 65 to 74   | 10  | 6      | 0            | 0      | 0            | 0      | 0         | 0      | 10    | 6      | 16          |
| 75 to 84   | 9   | 9      | 0            | 0      | 0            | 0      | 0         | 0      | 9     | 9      | 18          |
| 85+        | 5   | 6      | 0            | 0      | 0            | 0      | 0         | 0      | 5     | 6      | 11          |
| TOTALS     | 47  | 39     | 0            | 0      | 0            | 0      | 0         | 0      | 47    | 39     | 86          |



ASTA CARE CENTER OF ELGIN  
134 NORTH MCLEAN BOULEVARD  
ELGIN, IL. 60123

Reference Numbers Facility ID 6005847

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTALS |
|------------------|----------|----------|--------------|-------------------|-------------|--------------|--------|
| Nursing Care     | 14       | 63       | 0            | 3                 | 6           | 0            | 86     |
| Skilled Under 22 | 0        | 0        | 0            | 0                 | 0           | 0            | 0      |
| ICF/DD           |          | 0        | 0            | 0                 | 0           | 0            | 0      |
| Sheltered Care   |          |          | 0            | 0                 | 0           | 0            | 0      |
| TOTALS           | 14       | 63       | 0            | 3                 | 6           | 0            | 86     |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 180    | 150    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE               | Nursing | SKIUnd22 | ICF/DD | Shelter | Totals |
|--------------------|---------|----------|--------|---------|--------|
| Asian              | 3       | 0        | 0      | 0       | 3      |
| Amer. Indian       | 0       | 0        | 0      | 0       | 0      |
| Black              | 4       | 0        | 0      | 0       | 4      |
| Hawaiian/Pac. Isl. | 0       | 0        | 0      | 0       | 0      |
| White              | 79      | 0        | 0      | 0       | 79     |
| Race Unknown       | 0       | 0        | 0      | 0       | 0      |
| Total              | 86      | 0        | 0      | 0       | 86     |

| ETHNICITY         | Nursing | SKIUnd22 | ICF/DD | Shelter | Totals |
|-------------------|---------|----------|--------|---------|--------|
| Hispanic          | 10      | 0        | 0      | 0       | 10     |
| Non-Hispanic      | 76      | 0        | 0      | 0       | 76     |
| Ethnicity Unknown | 0       | 0        | 0      | 0       | 0      |
| Total             | 86      | 0        | 0      | 0       | 86     |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 6.00                 |
| LPN's               | 7.00                 |
| Certified Aides     | 33.00                |
| Other Health Staff  | 4.00                 |
| Non-Health Staff    | 38.00                |
| Totals              | 90.00                |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 26.9%     | 63.6%     | 0.0%         | 5.5%              | 3.9%        | 100.0%    | 0                     | 0.0%   |
| 1,484,701 | 3,504,782 | 0            | 304,590           | 216,846     | 5,510,919 | 0                     |  |

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

| CRYSTAL PINES REHAB & HCC    |                           | ADMISSION RESTRICTIONS                            |  | RESIDENTS BY PRIMARY DIAGNOSIS              |  |
|------------------------------|---------------------------|---|--|---|--|
| 335 NORTH ILLINOIS AVENUE    |                           | Aggressive/Anti-Social 1                          |  | DIAGNOSIS                                   |  |
| CRYSTAL LAKE, IL 60014       |                           | Chronic Alcoholism 1                              |  | Neoplasms 0                                 |  |
| Reference Numbers            | Facility ID 6002299       | Developmentally Disabled 0                        |  | Endocrine/Metabolic 0                       |  |
| Health Service Area 008      | Planning Service Area 111 | Drug Addiction 1                                  |  | Blood Disorders 0                           |  |
| Administrator                |                           | Medicaid Recipient 0                              |  | *Nervous System Non Alzheimer 0             |  |
| IRENE GLASS                  |                           | Medicare Recipient 0                              |  | Alzheimer Disease 0                         |  |
| Contact Person and Telephone |                           | Mental Illness 1                                  |  | Mental Illness 0                            |  |
| IRENE GLASS                  |                           | Non-Ambulatory 0                                  |  | Developmental Disability 0                  |  |
| 815-459-7791                 |                           | Non-Mobile 0                                      |  | Circulatory System 28                       |  |
| Registered Agent Information | Date Completed 2/28/2011  | Public Aid Recipient 0                            |  | Respiratory System 19                       |  |
|                              |                           | Under 65 Years Old 0                              |  | Digestive System 15                         |  |
|                              |                           | Unable to Self-Medicare 0                         |  | Genitourinary System Disorders 8            |  |
|                              |                           | Ventilator Dependent 1                            |  | Skin Disorders 0                            |  |
|                              |                           | Infectious Disease w/ Isolation 0                 |  | Musculo-skeletal Disorders 31               |  |
| FACILITY OWNERSHIP           |                           | Other Restrictions 0                              |  | Injuries and Poisonings 0                   |  |
| LIMITED LIABILITY CO         |                           | No Restrictions 0                                 |  | Other Medical Conditions 0                  |  |
| CONTINUING CARE COMMUNITY    | No                        | <i>Note: Reported restrictions denoted by '1'</i> |  | Non-Medical Conditions 0                    |  |
| LIFE CARE FACILITY           | No                        |   |  | TOTALS 101                                  |  |
|                              |                           |   |  | Total Residents Diagnosed as Mentally Ill 0 |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    | ADMISSIONS AND DISCHARGES - 2010 |                       |                        |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|----------------------------------|-----------------------|------------------------|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | BEDS AVAILABLE | MEDICARE CERTIFIED | MEDICAID CERTIFIED               | Residents on 1/1/2010 |                        |
| Nursing Care     | 114  | 110              | 107            | 110         | 101         | 13             | 112                | 104                              | 101                   | 176                    |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                |                       | 176                    |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                |                       | 101                    |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                |                       | 0                      |
| TOTAL BEDS       | 114  | 110              | 107            | 110         | 101         | 13             | 112                | 104                              |                       | Identified Offenders 0 |

FACILITY UTILIZATION - 2010

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE    | Medicare  |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL | Licensed Peak Beds |           |
|------------------|-----------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-------|--------------------|-----------|
|                  | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. |              |                   |             |              |       | Pat. days          | Pat. days |
| Nursing Care     | 4940      | 12.1%     | 24057     | 63.4%     | 0            | 514               | 7875        | 0            | 37386 | 89.8%              | 93.1%     |
| Skilled Under 22 |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0     | 0.0%               | 0.0%      |
| Intermediate DD  |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0     | 0.0%               | 0.0%      |
| Sheltered Care   |           |           |           |           | 0            | 0                 | 0           | 0            | 0     | 0.0%               | 0.0%      |
| TOTALS           | 4940      | 12.1%     | 24057     | 63.4%     | 0            | 514               | 7875        | 0            | 37386 | 89.8%              | 93.1%     |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

| AGE GROUPS | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
|            | Male         | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female |             |
| Under 18   | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 45 to 59   | 0            | 2      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 2      | 2           |
| 60 to 64   | 1            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 0      | 1           |
| 65 to 74   | 2            | 5      | 0            | 0      | 0            | 0      | 0         | 0      | 2     | 5      | 7           |
| 75 to 84   | 9            | 19     | 0            | 0      | 0            | 0      | 0         | 0      | 9     | 19     | 28          |
| 85+        | 10           | 53     | 0            | 0      | 0            | 0      | 0         | 0      | 10    | 53     | 63          |
| TOTALS     | 22           | 79     | 0            | 0      | 0            | 0      | 0         | 0      | 22    | 79     | 101         |

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**CRYSTAL PINES REHAB & HCC**

335 NORTH ILLINOIS AVENUE  
CRYSTAL LAKE, IL 60014

Reference Numbers Facility ID 6002299

Health Service Area 008 Planning Service Area 111

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

| LEVEL OF CARE    | Medicare | Medicaid | Other Public | Insurance | Private Pay | Charity Care | TOTALS |
|------------------|----------|----------|--------------|-----------|-------------|--------------|--------|
| Nursing Care     | 12       | 58       | 0            | 5         | 26          | 0            | 101    |
| Skilled Under 22 | 0        | 0        | 0            | 0         | 0           | 0            | 0      |
| ICF/DD           |          | 0        | 0            | 0         | 0           | 0            | 0      |
| Sheltered Care   |          |          | 0            | 0         | 0           | 0            | 0      |
| <b>TOTALS</b>    | 12       | 58       | 0            | 5         | 26          | 0            | 101    |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 234    | 185    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE             | Nursing | SKIUnd22 | ICF/DD | Shelter | Totals |
|------------------|---------|----------|--------|---------|--------|
| Asian            | 0       | 0        | 0      | 0       | 0      |
| Amer Indian      | 0       | 0        | 0      | 0       | 0      |
| Black            | 0       | 0        | 0      | 0       | 0      |
| Hawaiian/Pac Isl | 0       | 0        | 0      | 0       | 0      |
| White            | 101     | 0        | 0      | 0       | 101    |
| Race Unknown     | 0       | 0        | 0      | 0       | 0      |
| <b>Total</b>     | 101     | 0        | 0      | 0       | 101    |

| ETHNICITY         | Nursing | SKIUnd22 | ICF/DD | Shelter | Totals |
|-------------------|---------|----------|--------|---------|--------|
| Hispanic          | 3       | 0        | 0      | 0       | 3      |
| Non-Hispanic      | 98      | 0        | 0      | 0       | 98     |
| Ethnicity Unknown | 0       | 0        | 0      | 0       | 0      |
| <b>Total</b>      | 101     | 0        | 0      | 0       | 101    |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 18.00                |
| LPN's               | 7.00                 |
| Certified Aides     | 45.00                |
| Other Health Staff  | 0.00                 |
| Non-Health Staff    | 35.00                |
| <b>Totals</b>       | 107.00               |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 32.3%     | 48.7%     | 0.0%         | 2.2%              | 16.8%       | 100.0%    |                       | 0.0%   |
| 2,239,901 | 3,378,933 | 0            | 153,920           | 1,169,108   | 6,941,862 | 0                     |  |

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

**FACILITY NOTES**

CHOW 10/28/2010 Change of ownership occurred.

| FAIR OAKS HEALTH CARE CENTER                         |                           | ADMISSION RESTRICTIONS                            |   | RESIDENTS BY PRIMARY DIAGNOSIS            |                        |   |
|--|---------------------------|---|---|---|------------------------|---|
| 471 W. TERRA COTTA AVENUE<br>CRYSTAL LAKE, IL. 60014 |                           | Aggressive/Anti-Social                            | 1 | DIAGNOSIS                                 |                        |   |
| Reference Numbers                                    | Facility ID 6002976       | Chronic Alcoholism                                | 0 | Neoplasms                                 | 4                      |   |
| Health Service Area 008                              | Planning Service Area 111 | Developmentally Disabled                          | 0 | Endocrine/Metabolic                       | 0                      |   |
| Administrator  |                           | Drug Addiction                                    | 0 | Blood Disorders                           | 0                      |   |
| Joyce Surdick  |                           | Medicaid Recipient                                | 0 | *Nervous System Non Alzheimer             | 6                      |   |
| Contact Person and Telephone                         |                           | Medicare Recipient                                | 0 | Alzheimer Disease                         | 6                      |   |
| JOYCE SURDICK  |                           | Mental Illness                                    | 0 | Mental Illness                            | 9                      |   |
| 815-455-0550   |                           | Non-Ambulatory                                    | 0 | Developmental Disability                  | 0                      |   |
| Registered Agent Information                         | Date Completed 3/7/2011   | Non-Mobile  | 0 | Circulatory System                        | 5                      |   |
| Joyce Surdick  |                           | Public Aid Recipient                              | 0 | Respiratory System                        | 2                      |   |
| 471 W. Terra Cotta Ave.                              |                           | Under 65 Years Old                                | 0 | Digestive System                          | 2                      |   |
| Crystal Lake, IL 60014                               |                           | Unable to Self-Medicare                           | 0 | Genitourinary System Disorders            | 2                      |   |
| FACILITY OWNERSHIP                                   |                           | Ventilator Dependent                              | 1 | Skin Disorders                            | 1                      |   |
| NON-PROF CORPORATION                                 |                           | Infectious Disease w/ Isolation                   | 0 | Musculo-skeletal Disorders                | 3                      |   |
| CONTINUING CARE COMMUNITY                            | No                        | Other Restrictions                                | 0 | Injuries and Poisonings                   | 2                      |   |
| LIFE CARE FACILITY                                   | No                        | No Restrictions                                   | 0 | Other Medical Conditions                  | 0                      |   |
|  |                           | <i>Note: Reported restrictions denoted by '1'</i> |   |   | Non-Medical Conditions | 0 |
|  |                           |   |   | TOTALS                                    | 42                     |   |
|  |                           |   |   | Total Residents Diagnosed as Mentally Ill | 9                      |   |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    |                    | ADMISSIONS AND DISCHARGES - 2010 |    |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|--------------------|----------------------------------|----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED | Residents on 1/1/2010            |    |
| Nursing Care     | 46   | 46               | 46             | 46          | 42          | 4              | 40                 | 8                  | Total Admissions 2010            | 74 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Total Discharges 2010            | 73 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Residents on 12/31/2010          | 42 |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Identified Offenders             | 0  |
| TOTAL BEDS       | 46   | 46               | 46             | 46          | 42          | 4              | 40                 | 8                  |                                  |    |

| LEVEL OF CARE    | FACILITY UTILIZATION - 2010                          |       |          |        |              |                   |             |              |       |           | Licensed Beds | Peak Beds Set Up |
|------------------|--|-------|----------|--------|--------------|-------------------|-------------|--------------|-------|-----------|---------------|------------------|
|                  | BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |       |          |        |              |                   |             |              |       |           |               |                  |
|                  | Medicare   |       | Medicaid |        | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL | Occ. Pct. |               |                  |
| Nursing Care     | 4036   | 27.6% | 2970     | 101.7% | 0            | 23                | 7958        | 200          | 15187 | 90.5%     | 90.5%         |                  |
| Skilled Under 22 |  |       | 0        | 0.0%   | 0            | 0                 | 0           | 0            | 0     | 0.0%      | 0.0%          |                  |
| Intermediate DD  |  |       | 0        | 0.0%   | 0            | 0                 | 0           | 0            | 0     | 0.0%      | 0.0%          |                  |
| Sheltered Care   |  |       |          |        | 0            | 0                 | 0           | 0            | 0     | 0.0%      | 0.0%          |                  |
| TOTALS           | 4036   | 27.6% | 2970     | 101.7% | 0            | 23                | 7958        | 200          | 15187 | 90.5%     | 90.5%         |                  |

| AGE GROUPS | RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |        |              |        |              |        |           |        |       |        |             |
|------------|---|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
|            | NURSING CARE  |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|            | Male  | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18   | 0   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 1   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 0      | 1           |
| 45 to 59   | 1   | 1      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 1      | 2           |
| 60 to 64   | 0   | 1      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 1      | 1           |
| 65 to 74   | 2   | 3      | 0            | 0      | 0            | 0      | 0         | 0      | 2     | 3      | 5           |
| 75 to 84   | 5   | 5      | 0            | 0      | 0            | 0      | 0         | 0      | 5     | 5      | 10          |
| 85+        | 4   | 19     | 0            | 0      | 0            | 0      | 0         | 0      | 4     | 19     | 23          |
| TOTALS     | 13  | 29     | 0            | 0      | 0            | 0      | 0         | 0      | 13    | 29     | 42          |

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## FAIR OAKS HEALTH CARE CENTER

471 W. TERRA COTTA AVENUE

CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002976

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | Medicare | Medicaid | Other  |           | Private Pay | Charity Care | TOTALS |
|------------------|----------|----------|--------|-----------|-------------|--------------|--------|
|                  |          |          | Public | Insurance |             |              |        |
| Nursing Care     | 9        | 8        | 0      | 0         | 25          | 0            | 42     |
| Skilled Under 22 | 0        | 0        | 0      | 0         | 0           | 0            | 0      |
| ICF/DD           |          | 0        | 0      | 0         | 0           | 0            | 0      |
| Sheltered Care   |          |          | 0      | 0         | 0           | 0            | 0      |
| TOTALS           | 9        | 8        | 0      | 0         | 25          | 0            | 42     |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 247    | 197    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE               | Nursing | SkilUnd22 | ICF/DD | Shelter | Totals |
|--------------------|---------|-----------|--------|---------|--------|
| Asian              | 0       | 0         | 0      | 0       | 0      |
| Amer. Indian       | 0       | 0         | 0      | 0       | 0      |
| Black              | 0       | 0         | 0      | 0       | 0      |
| Hawaiian/Pac. Isl. | 0       | 0         | 0      | 0       | 0      |
| White              | 42      | 0         | 0      | 0       | 42     |
| Race Unknown       | 0       | 0         | 0      | 0       | 0      |
| Total              | 42      | 0         | 0      | 0       | 42     |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 6.00                 |
| LPN's               | 4.00                 |
| Certified Aides     | 19.00                |
| Other Health Staff  | 0.00                 |
| Non-Health Staff    | 19.00                |
| Totals              | 50.00                |

| ETHNICITY         | Nursing | SkilUnd22 | ICF/DD | Shelter | Totals |
|-------------------|---------|-----------|--------|---------|--------|
| Hispanic          | 0       | 0         | 0      | 0       | 0      |
| Non-Hispanic      | 42      | 0         | 0      | 0       | 42     |
| Ethnicity Unknown | 0       | 0         | 0      | 0       | 0      |
| Total             | 42      | 0         | 0      | 0       | 42     |

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

| Medicare  | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 50.1%     | 8.7%     | 0.0%         | 0.0%              | 41.2%       | 100.0%    |                       | 1.0%   |
| 1,996,730 | 346,239  | 0            | 0                 | 1,640,603   | 3,983,572 | 39,437                |  |

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

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| FLORENCE NURSING HOME        |                           | ADMISSION RESTRICTIONS                     |  | RESIDENTS BY PRIMARY DIAGNOSIS            |  |
|------------------------------|---------------------------|--|--|---|--|
| 546 EAST GRANT HIGHWAY       |                           | Aggressive/Anti-Social                     |  | DIAGNOSIS                                 |  |
| MARENGO, IL. 60152           |                           | Chronic Alcoholism                         |  | Neoplasms                                 |  |
| Reference Numbers            | Facility ID 6003180       | Developmentally Disabled                   |  | Endocrine/Metabolic                       |  |
| Health Service Area 008      | Planning Service Area 111 | Drug Addiction                             |  | Blood Disorders                           |  |
| Administrator                |                           | Medicaid Recipient                         |  | *Nervous System Non Alzheimer             |  |
| KATHI MILLER                 |                           | Medicare Recipient                         |  | Alzheimer Disease                         |  |
| Contact Person and Telephone |                           | Mental Illness                             |  | Mental Illness                            |  |
| KATHI MILLER                 |                           | Non-Ambulatory                             |  | Developmental Disability                  |  |
| 815-568-8322                 |                           | Non-Mobile                                 |  | Circulatory System                        |  |
| Registered Agent Information | Date Completed            | Public Aid Recipient                       |  | Respiratory System                        |  |
| ABRAHAM STERN                | 2/28/2011                 | Under 65 Years Old                         |  | Digestive System                          |  |
| Chicago, IL 60645            |                           | Unable to Self-Medicare                    |  | Genitourinary System Disorders            |  |
| FACILITY OWNERSHIP           |                           | Ventilator Dependent                       |  | Skin Disorders                            |  |
| FOR-PROF CORPORATION         |                           | Infectious Disease w/ Isolation            |  | Musculo-skeletal Disorders                |  |
| CONTINUING CARE COMMUNITY    | No                        | Other Restrictions                         |  | Injuries and Poisonings                   |  |
| LIFE CARE FACILITY           | No                        | No Restrictions                            |  | Other Medical Conditions                  |  |
|                              |                           | Note: Reported restrictions denoted by '1' |  | Non-Medical Conditions                    |  |
|                              |                           |  |  | TOTALS                                    |  |
|                              |                           |  |  | 49  |  |
|                              |                           |  |  | Total Residents Diagnosed as Mentally Ill |  |
|                              |                           |  |  | 0   |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                | ADMISSIONS AND DISCHARGES - 2010 |                    | Residents on 1/1/2010 |                      |
|------------------|--|------------------|----------------|-------------|-------------|----------------|----------------------------------|--------------------|-----------------------|----------------------|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED               | MEDICAID CERTIFIED |                       |                      |
| Nursing Care     | 52   | 52               | 50             | 52          | 49          | 3              | 27                               | 34                 | 46                    | 101                  |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                                | 0                  |                       | 98                   |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                                | 0                  |                       | 49                   |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                                | 0                  |                       | 0                    |
| TOTAL BEDS       | 52   | 52               | 50             | 52          | 49          | 3              | 27                               | 34                 |                       | Identified Offenders |

| LEVEL OF CARE    | FACILITY UTILIZATION - 2010                          |           |           |           |              |                   |             |              |           | Licensed Beds Occ. Pct. | Peak Beds Set Up Occ. Pct. |
|------------------|--|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|-------------------------|----------------------------|
|                  | BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |           |           |           |              |                   |             |              |           |                         |                            |
|                  | Medicare   |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     |                         |                            |
| Pat. days        | Occ. Pct.  | Pat. days | Occ. Pct. | Pat. days | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.               | Occ. Pct.                  |
| Nursing Care     | 3456   | 35.1%     | 3041      | 24.5%     | 0            | 0                 | 10704       | 0            | 17201     | 90.6%                   | 90.6%                      |
| Skilled Under 22 |  |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%                    | 0.0%                       |
| Intermediate DD  |  |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%                    | 0.0%                       |
| Sheltered Care   |  |           |           |           | 0            | 0                 | 0           | 0            | 0         | 0.0%                    | 0.0%                       |
| TOTALS           | 3456   | 35.1%     | 3041      | 24.5%     | 0            | 0                 | 10704       | 0            | 17201     | 90.6%                   | 90.6%                      |

| AGE GROUPS | RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |        |              |        |             |        |           |        |       |        |             |
|------------|---|--------|--------------|--------|-------------|--------|-----------|--------|-------|--------|-------------|
|            | NURSING CARE  |        | SKL UNDER 22 |        | INTERMED DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|            | Male  | Female | Male         | Female | Male        | Female | Male      | Female | Male  | Female |             |
| Under 18   | 0   | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 0   | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 45 to 59   | 1   | 1      | 0            | 0      | 0           | 0      | 0         | 0      | 1     | 1      | 2           |
| 60 to 64   | 0   | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 65 to 74   | 2   | 1      | 0            | 0      | 0           | 0      | 0         | 0      | 2     | 1      | 3           |
| 75 to 84   | 6   | 5      | 0            | 0      | 0           | 0      | 0         | 0      | 6     | 5      | 11          |
| 85+        | 10  | 23     | 0            | 0      | 0           | 0      | 0         | 0      | 10    | 23     | 33          |
| TOTALS     | 19  | 30     | 0            | 0      | 0           | 0      | 0         | 0      | 19    | 30     | 49          |

**FLORENCE NURSING HOME**

546 EAST GRANT HIGHWAY  
MARENGO IL, 60152

Reference Numbers Facility ID 6003180

Health Service Area 008 Planning Service Area 111

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

| LEVEL OF CARE    | Medicare  | Medicaid | Other Public | Insurance | Private Pay | Charity Care | TOTALS    |
|------------------|-----------|----------|--------------|-----------|-------------|--------------|-----------|
| Nursing Care     | 12        | 9        | 0            | 0         | 28          | 0            | 49        |
| Skilled Under 22 | 0         | 0        | 0            | 0         | 0           | 0            | 0         |
| ICF/DD           |           | 0        | 0            | 0         | 0           | 0            | 0         |
| Sheltered Care   |           |          | 0            | 0         | 0           | 0            | 0         |
| <b>TOTALS</b>    | <b>12</b> | <b>9</b> | <b>0</b>     | <b>0</b>  | <b>28</b>   | <b>0</b>     | <b>49</b> |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 199    | 190    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE             | Nursing   | SkilUnd22 | ICF/DD   | Shelter  | Totals    |
|------------------|-----------|-----------|----------|----------|-----------|
| Asian            | 0         | 0         | 0        | 0        | 0         |
| Amer Indian      | 0         | 0         | 0        | 0        | 0         |
| Black            | 0         | 0         | 0        | 0        | 0         |
| Hawaiian/Pac Isl | 0         | 0         | 0        | 0        | 0         |
| White            | 49        | 0         | 0        | 0        | 49        |
| Race Unknown     | 0         | 0         | 0        | 0        | 0         |
| <b>Total</b>     | <b>49</b> | <b>0</b>  | <b>0</b> | <b>0</b> | <b>49</b> |

| ETHNICITY         | Nursing   | SkilUnd22 | ICF/DD   | Shelter  | Totals    |
|-------------------|-----------|-----------|----------|----------|-----------|
| Hispanic          | 1         | 0         | 0        | 0        | 1         |
| Non-Hispanic      | 48        | 0         | 0        | 0        | 48        |
| Ethnicity Unknown | 0         | 0         | 0        | 0        | 0         |
| <b>Total</b>      | <b>49</b> | <b>0</b>  | <b>0</b> | <b>0</b> | <b>49</b> |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 4.00                 |
| LPN's               | 4.00                 |
| Certified Aides     | 18.00                |
| Other Health Staff  | 3.00                 |
| Non-Health Staff    | 11.00                |
| <b>Totals</b>       | <b>42.00</b>         |

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

| Medicare  | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 45.6%     | 10.6%    | 0.0%         | 0.0%              | 43.8%       | 100.0%    | 0                     | 0.0%   |
| 1,655,067 | 383,629  | 0            | 0                 | 1,588,344   | 3,627,040 |                       |  |

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

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| FOUNTAINS AT CRYSTAL LAKE    |                           | ADMISSION RESTRICTIONS                     |  | RESIDENTS BY PRIMARY DIAGNOSIS              |  |
|------------------------------|---------------------------|--|--|---|--|
| 1000 EAST BRIGHTON LANE      |                           | Aggressive/Anti-Social 1                   |  | DIAGNOSIS                                   |  |
| CRYSTAL LAKE, IL 60012       |                           | Chronic Alcoholism 0                       |  | Neoplasms 2                                 |  |
| Reference Numbers            | Facility ID 6011803       | Developmentally Disabled 1                 |  | Endocrine/Metabolic 0                       |  |
| Health Service Area 008      | Planning Service Area 111 | Drug Addiction 1                           |  | Blood Disorders 0                           |  |
| Administrator                |                           | Medicaid Recipient 1                       |  | *Nervous System Non Alzheimer 2             |  |
| Stephanie Dimitrenko         |                           | Medicare Recipient 0                       |  | Alzheimer Disease 0                         |  |
| Contact Person and Telephone |                           | Mental Illness 0                           |  | Mental Illness 0                            |  |
| STEPHANIE DIMITRENKO         |                           | Non-Ambulatory 0                           |  | Developmental Disability 0                  |  |
| 815-477-6400                 |                           | Non-Mobile 0                               |  | Circulatory System 16                       |  |
| Registered Agent Information | Date Completed 2/15/2011  | Public Aid Recipient 0                     |  | Respiratory System 5                        |  |
|                              |                           | Under 65 Years Old 0                       |  | Digestive System 5                          |  |
|                              |                           | Unable to Self-Medicare 0                  |  | Genitourinary System Disorders 4            |  |
|                              |                           | Ventilator Dependent 1                     |  | Skin Disorders 1                            |  |
|                              |                           | Infectious Disease w/ Isolation 0          |  | Musculo-skeletal Disorders 26               |  |
|                              |                           | Other Restrictions 0                       |  | Injuries and Poisonings 0                   |  |
|                              |                           | No Restrictions 0                          |  | Other Medical Conditions 4                  |  |
| FACILITY OWNERSHIP           |                           | Note: Reported restrictions denoted by 'I' |  | Non-Medical Conditions 0                    |  |
| LIMITED LIABILITY CO         |                           |  |  | TOTALS 65                                   |  |
| CONTINUING CARE COMMUNITY    | Yes                       |  |  | Total Residents Diagnosed as Mentally Ill 0 |  |
| LIFE CARE FACILITY           | No                        |  |  |   |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    |                    | ADMISSIONS AND DISCHARGES - 2010 |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|--------------------|----------------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED | Residents on 1/1/2010            |     |
| Nursing Care     | 97   | 97               | 86             | 97          | 65          | 32             | 97                 | 0                  | Total Admissions 2010            | 704 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Total Discharges 2010            | 699 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Residents on 12/31/2010          | 65  |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Identified Offenders             | 0   |
| TOTAL BEDS       | 97   | 97               | 86             | 97          | 65          | 32             | 97                 | 0                  |                                  |     |

| FACILITY UTILIZATION - 2010                          |           |           |           |           |              |                   |             |              |           |               |                  |
|--|-----------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|---------------|------------------|
| BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |           |           |           |           |              |                   |             |              |           |               |                  |
| LEVEL OF CARE  | Medicare  |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     | Licensed Beds | Peak Beds Set Up |
|  | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.     | Occ. Pct.        |
| Nursing Care   | 14073     | 39.7%     | 0         | 0.0%      | 0            | 4641              | 8577        | 0            | 27291     | 77.1%         | 77.1%            |
| Skilled Under 22                                     |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| Intermediate DD                                      |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| Sheltered Care                                       |           |           |           |           | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| TOTALS   | 14073     | 39.7%     | 0         | 0.0%      | 0            | 4641              | 8577        | 0            | 27291     | 77.1%         | 77.1%            |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |              |        |              |        |              |        |           |        |       |        |             |
|---|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| AGE GROUPS  | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|   | Male         | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 45 to 59  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 60 to 64  | 0            | 2      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 2      | 2           |
| 65 to 74  | 7            | 5      | 0            | 0      | 0            | 0      | 0         | 0      | 7     | 5      | 12          |
| 75 to 84  | 7            | 16     | 0            | 0      | 0            | 0      | 0         | 0      | 7     | 16     | 23          |
| 85+   | 13           | 15     | 0            | 0      | 0            | 0      | 0         | 0      | 13    | 15     | 28          |
| TOTALS  | 27           | 38     | 0            | 0      | 0            | 0      | 0         | 0      | 27    | 38     | 65          |

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## FOUNTAINS AT CRYSTAL LAKE

1000 EAST BRIGHTON LANE

CRYSTAL LAKE, IL. 60012

Reference Numbers Facility ID 6011803

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | PAYMENT SOURCE |          |              |           |             |              | TOTALS    |
|------------------|----------------|----------|--------------|-----------|-------------|--------------|-----------|
|                  | Medicare       | Medicaid | Other Public | Insurance | Private Pay | Charity Care |           |
| Nursing Care     | 39             | 0        | 0            | 4         | 22          | 0            | 65        |
| Skilled Under 22 | 0              | 0        | 0            | 0         | 0           | 0            | 0         |
| ICF/DD           |                | 0        | 0            | 0         | 0           | 0            | 0         |
| Sheltered Care   |                |          | 0            | 0         | 0           | 0            | 0         |
| <b>TOTALS</b>    | <b>39</b>      | <b>0</b> | <b>0</b>     | <b>4</b>  | <b>22</b>   | <b>0</b>     | <b>65</b> |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 269    | 210    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE               | Nursing   | SkilUnd22 | ICF/DD   | Shelter  | Totals    |
|--------------------|-----------|-----------|----------|----------|-----------|
| Asian              | 0         | 0         | 0        | 0        | 0         |
| Amer Indian        | 0         | 0         | 0        | 0        | 0         |
| Black              | 0         | 0         | 0        | 0        | 0         |
| Hawaiian/Pac. Isl. | 0         | 0         | 0        | 0        | 0         |
| White              | 65        | 0         | 0        | 0        | 65        |
| Race Unknown       | 0         | 0         | 0        | 0        | 0         |
| <b>Total</b>       | <b>65</b> | <b>0</b>  | <b>0</b> | <b>0</b> | <b>65</b> |

| ETHNICITY         | Nursing   | SkilUnd22 | ICF/DD   | Shelter  | Totals    |
|-------------------|-----------|-----------|----------|----------|-----------|
| Hispanic          | 0         | 0         | 0        | 0        | 0         |
| Non-Hispanic      | 65        | 0         | 0        | 0        | 65        |
| Ethnicity Unknown | 0         | 0         | 0        | 0        | 0         |
| <b>Total</b>      | <b>65</b> | <b>0</b>  | <b>0</b> | <b>0</b> | <b>65</b> |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 13.00                |
| LPN's               | 6.00                 |
| Certified Aides     | 24.00                |
| Other Health Staff  | 5.00                 |
| Non-Health Staff    | 26.00                |
| <b>Totals</b>       | <b>76.00</b>         |

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

| Medicare  | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 77.2%     | 0.0%     | 0.0%         | 3.4%              | 19.4%       | 100.0%    |                       | 0.0%   |
| 6,733,603 | 0        | 0            | 297,189           | 1,689,722   | 8,720,514 | 0                     |  |

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

| HEARTHSTONE MANOR            |                           | ADMISSION RESTRICTIONS                            |  | RESIDENTS BY PRIMARY DIAGNOSIS               |  |
|------------------------------|---------------------------|---|--|--|--|
| 920 NORTH SEMINARY AVENUE    |                           | Aggressive/Anti-Social 0                          |  | DIAGNOSIS                                    |  |
| WOODSTOCK, IL. 60098         |                           | Chronic Alcoholism 1                              |  | Neoplasms 0                                  |  |
| Reference Numbers            | Facility ID 6009310       | Developmentally Disabled 1                        |  | Endocrine/Metabolic 6                        |  |
| Health Service Area 008      | Planning Service Area 111 | Drug Addiction 1                                  |  | Blood Disorders 0                            |  |
| Administrator                |                           | Medicaid Recipient 0                              |  | *Nervous System Non Alzheimer 2              |  |
| Richard A. Curtis            |                           | Medicare Recipient 0                              |  | Alzheimer Disease 16                         |  |
| Contact Person and Telephone |                           | Mental Illness 0                                  |  | Mental Illness 33                            |  |
| RICHARD A. CURTIS            |                           | Non-Ambulatory 0                                  |  | Developmental Disability 0                   |  |
| 815-338-1749                 |                           | Non-Mobile 0                                      |  | Circulatory System 19                        |  |
| Registered Agent Information | Date Completed            | Public Aid Recipient 0                            |  | Respiratory System 5                         |  |
| Terrance P Egan              | 2/28/2011                 | Under 65 Years Old 0                              |  | Digestive System 3                           |  |
| 920 N Seminary Avenue        |                           | Unable to Self-Medicare 0                         |  | Genitourinary System Disorders 2             |  |
| Woodstock, IL 60098          |                           | Ventilator Dependent 1                            |  | Skin Disorders 1                             |  |
| FACILITY OWNERSHIP           |                           | Infectious Disease w/ Isolation 0                 |  | Musculo-skeletal Disorders 7                 |  |
| NON-PROF CORPORATION         |                           | Other Restrictions 0                              |  | Injuries and Poisonings 2                    |  |
| CONTINUING CARE COMMUNITY    | Yes                       | No Restrictions 0                                 |  | Other Medical Conditions 2                   |  |
| LIFE CARE FACILITY           | No                        | <i>Note. Reported restrictions denoted by '1'</i> |  | Non-Medical Conditions 0                     |  |
|                              |                           |   |  | TOTALS 98                                    |  |
|                              |                           |   |  | Total Residents Diagnosed as Mentally Ill 44 |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    |                    | ADMISSIONS AND DISCHARGES - 2010 |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|--------------------|----------------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED | Residents on 1/1/2010            |     |
| Nursing Care     | 75   | 71               | 66             | 71          | 55          | 20             | 29                 | 32                 | Total Admissions 2010            | 175 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              |                    | 0                  | Total Discharges 2010            | 178 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              |                    | 0                  | Residents on 12/31/2010          | 98  |
| Sheltered Care   | 63   | 52               | 49             | 52          | 43          | 20             |                    |                    | Identified Offenders             | 0   |
| TOTAL BEDS       | 138  | 123              | 115            | 123         | 98          | 40             | 29                 | 32                 |                                  |     |

| LEVEL OF CARE    | FACILITY UTILIZATION - 2010                          |       |          |       |              |                   |             |              |           |           | Licensed Beds | Peak Beds Set Up |       |           |
|------------------|--|-------|----------|-------|--------------|-------------------|-------------|--------------|-----------|-----------|---------------|------------------|-------|-----------|
|                  | BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |       |          |       |              |                   |             |              |           |           |               |                  | TOTAL | Occ. Pct. |
|                  | Medicare   |       | Medicaid |       | Other Public | Private Insurance | Private Pay | Charity Care | Pat. days | Occ. Pct. |               |                  |       |           |
| Nursing Care     | 3812   | 36.0% | 7089     | 60.7% | 0            | 16                | 10044       | 0            | 20961     | 76.6%     | 80.9%         |                  |       |           |
| Skilled Under 22 |  |       | 0        | 0.0%  | 0            | 0                 | 0           | 0            | 0         | 0.0%      | 0.0%          |                  |       |           |
| Intermediate DD  |  |       | 0        | 0.0%  | 0            | 0                 | 0           | 0            | 0         | 0.0%      | 0.0%          |                  |       |           |
| Sheltered Care   |  |       |          |       | 2828         | 0                 | 12993       | 365          | 16186     | 70.4%     | 85.3%         |                  |       |           |
| TOTALS           | 3812   | 36.0% | 7089     | 60.7% | 2828         | 16                | 23037       | 365          | 37147     | 73.7%     | 82.7%         |                  |       |           |

| AGE GROUPS | RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |        |              |        |              |        |           |        |       |        |             |
|------------|---|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
|            | NURSING CARE  |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|            | Male  | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female |             |
| Under 18   | 0   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 0   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 45 to 59   | 0   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 60 to 64   | 0   | 0      | 0            | 0      | 0            | 0      | 0         | 1      | 0     | 1      | 1           |
| 65 to 74   | 1   | 0      | 0            | 0      | 0            | 0      | 0         | 1      | 1     | 1      | 2           |
| 75 to 84   | 3   | 10     | 0            | 0      | 0            | 0      | 0         | 5      | 3     | 15     | 18          |
| 85+        | 4   | 37     | 0            | 0      | 0            | 0      | 1         | 35     | 5     | 72     | 77          |
| TOTALS     | 8   | 47     | 0            | 0      | 0            | 0      | 1         | 42     | 9     | 89     | 98          |

HEARTHSTONE MANOR  
920 NORTH SEMINARY AVENUE  
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009310  
Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | Medicare | Medicaid  | Other Public | Insurance | Private Pay | Charity Care | TOTALS    |
|------------------|----------|-----------|--------------|-----------|-------------|--------------|-----------|
| Nursing Care     | 9        | 19        | 0            | 0         | 27          | 0            | 55        |
| Skilled Under 22 | 0        | 0         | 0            | 0         | 0           | 0            | 0         |
| ICF/DD           |          | 0         | 0            | 0         | 0           | 0            | 0         |
| Sheltered Care   |          |           | 7            | 0         | 36          | 0            | 43        |
| <b>TOTALS</b>    | <b>9</b> | <b>19</b> | <b>7</b>     | <b>0</b>  | <b>63</b>   | <b>0</b>     | <b>98</b> |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 247    | 197    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 131    | 0      |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE               | Nursing   | SkUnd22  | ICF/DD   | Shelter   | Totals    |
|--------------------|-----------|----------|----------|-----------|-----------|
| Asian              | 0         | 0        | 0        | 0         | 0         |
| Amer. Indian       | 0         | 0        | 0        | 0         | 0         |
| Black              | 0         | 0        | 0        | 0         | 0         |
| Hawaiian/Pac. Isl. | 0         | 0        | 0        | 0         | 0         |
| White              | 55        | 0        | 0        | 43        | 98        |
| Race Unknown       | 0         | 0        | 0        | 0         | 0         |
| <b>Total</b>       | <b>55</b> | <b>0</b> | <b>0</b> | <b>43</b> | <b>98</b> |

| ETHNICITY         | Nursing   | SkUnd22  | ICF/DD   | Shelter   | Totals    |
|-------------------|-----------|----------|----------|-----------|-----------|
| Hispanic          | 0         | 0        | 0        | 0         | 0         |
| Non-Hispanic      | 55        | 0        | 0        | 43        | 98        |
| Ethnicity Unknown | 0         | 0        | 0        | 0         | 0         |
| <b>Total</b>      | <b>55</b> | <b>0</b> | <b>0</b> | <b>43</b> | <b>98</b> |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 8.59                 |
| LPN's               | 9.22                 |
| Certified Aides     | 41.95                |
| Other Health Staff  | 23.34                |
| Non-Health Staff    | 16.71                |
| <b>Totals</b>       | <b>101.81</b>        |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 19.2%     | 14.7%     | 0.0%         | 0.0%              | 66.0%       | 100.0%    |                       | 0.7%   |
| 1,316,160 | 1,008,420 | 0            | 0                 | 4,519,001   | 6,843,581 | 44,767                |  |

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

| HERITAGE MANOR ELGIN LLC                          |                | ADMISSION RESTRICTIONS                            |   |   | RESIDENTS BY PRIMARY DIAGNOSIS |    |
|---|----------------|---|---|---|--------------------------------|----|
| 355 RAYMOND STREET<br>ELGIN, IL. 60120            |                | Aggressive/Anti-Social                            | 1 | DIAGNOSIS                                 |                                |    |
| Reference Numbers Facility ID 6006902             |                | Chronic Alcoholism                                | 1 | Neoplasms                                 |                                | 0  |
| Health Service Area 008 Planning Service Area 089 |                | Developmentally Disabled                          | 1 | Endocrine/Metabolic                       |                                | 5  |
| Administrator                                     |                | Drug Addiction                                    | 1 | Blood Disorders                           |                                | 4  |
| LINDA S HARTMANN                                  |                | Medicaid Recipient                                | 0 | *Nervous System Non Alzheimer             |                                | 3  |
| Contact Person and Telephone                      |                | Medicare Recipient                                | 0 | Alzheimer Disease                         |                                | 0  |
| LINDA S HARTMANN                                  |                | Mental Illness                                    | 1 | Mental Illness                            |                                | 0  |
| 847-697-6636                                      |                | Non-Ambulatory                                    | 0 | Developmental Disability                  |                                | 0  |
| Registered Agent information                      |                | Non-Mobile  | 0 | Circulatory System                        |                                | 37 |
|   | Date Completed | Public Aid Recipient                              | 0 | Respiratory System                        |                                | 6  |
|   | 2/18/2011      | Under 65 Years Old                                | 0 | Digestive System                          |                                | 3  |
|   |                | Unable to Self-Medicare                           | 0 | Genitourinary System Disorders            |                                | 11 |
|   |                | Ventilator Dependent                              | 1 | Skin Disorders                            |                                | 1  |
|   |                | Infectious Disease w/ Isolation                   | 0 | Musculo-skeletal Disorders                |                                | 5  |
|   |                | Other Restrictions                                | 0 | Injuries and Poisonings                   |                                | 0  |
|   |                | No Restrictions                                   | 0 | Other Medical Conditions                  |                                | 4  |
|   |                | <i>Note: Reported restrictions denoted by 'P'</i> |   | Non-Medical Conditions                    |                                | 0  |
| FACILITY OWNERSHIP                                |                |   |   | TOTALS                                    |                                | 79 |
| LIMITED LIABILITY CO                              |                |   |   | Total Residents Diagnosed as Mentally Ill |                                | 0  |
| CONTINUING CARE COMMUNITY                         |                | No  |   |   |                                |    |
| LIFE CARE FACILITY                                |                | No  |   |   |                                |    |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                | ADMISSIONS AND DISCHARGES - 2010 |                    | Residents on 1/1/2010 |                      |
|------------------|--|------------------|----------------|-------------|-------------|----------------|----------------------------------|--------------------|-----------------------|----------------------|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED               | MEDICAID CERTIFIED |                       |                      |
| Nursing Care     | 94   | 94               | 83             | 94          | 79          | 15             | 94                               | 94                 | 79                    | 68                   |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              |                                  | 0                  |                       | 68                   |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              |                                  | 0                  |                       | 79                   |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              |                                  |                    |                       | 0                    |
| TOTAL BEDS       | 94   | 94               | 83             | 94          | 79          | 15             | 94                               | 94                 |                       | Identified Offenders |

| FACILITY UTILIZATION - 2010                          |           |          |           |           |              |                   |             |              |           |               |             |
|--|-----------|----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|---------------|-------------|
| BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |           |          |           |           |              |                   |             |              |           |               |             |
| LEVEL OF CARE  | Medicare  |          | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     | Licensed Beds | Peak Set Up |
|  | Pat. days | Occ. Pct | Pat. days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.     | Occ. Pct.   |
| Nursing Care   | 4157      | 12.1%    | 20137     | 58.7%     | 0            | 0                 | 3093        | 0            | 27387     | 79.8%         | 79.8%       |
| Skilled Under 22                                     |           |          | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%        |
| Intermediate DD                                      |           |          | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%        |
| Sheltered Care                                       |           |          |           |           | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%        |
| TOTALS   | 4157      | 12.1%    | 20137     | 58.7%     | 0            | 0                 | 3093        | 0            | 27387     | 79.8%         | 79.8%       |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |              |        |              |        |              |        |           |        |       |        |             |
|---|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| AGE GROUPS  | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|   | Male         | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 45 to 59  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 60 to 64  | 0            | 1      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 1      | 1           |
| 65 to 74  | 2            | 2      | 0            | 0      | 0            | 0      | 0         | 0      | 2     | 2      | 4           |
| 75 to 84  | 6            | 22     | 0            | 0      | 0            | 0      | 0         | 0      | 6     | 22     | 28          |
| 85+   | 9            | 37     | 0            | 0      | 0            | 0      | 0         | 0      | 9     | 37     | 46          |
| TOTALS  | 17           | 62     | 0            | 0      | 0            | 0      | 0         | 0      | 17    | 62     | 79          |

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**HERITAGE MANOR ELGIN LLC**355 RAYMOND STREET  
ELGIN, IL. 60120

Reference Numbers Facility ID 6006902

Health Service Area 008 Planning Service Area 089

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

| LEVEL OF CARE    | Medicare  |           | Medicaid |          | Other Public Insurance |          | Private Pay | Charity Care | TOTALS |
|------------------|-----------|-----------|----------|----------|------------------------|----------|-------------|--------------|--------|
|                  |           |           |          |          |                        |          |             |              |        |
| Nursing Care     | 15        | 56        | 0        | 0        | 0                      | 8        | 0           | 79           |        |
| Skilled Under 22 | 0         | 0         | 0        | 0        | 0                      | 0        | 0           | 0            |        |
| ICF/DD           |           | 0         | 0        | 0        | 0                      | 0        | 0           | 0            |        |
| Sheltered Care   |           |           | 0        | 0        | 0                      | 0        | 0           | 0            |        |
| <b>TOTALS</b>    | <b>15</b> | <b>56</b> | <b>0</b> | <b>0</b> | <b>0</b>               | <b>8</b> | <b>0</b>    | <b>79</b>    |        |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 0      | 170    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE             | Nursing   | SKIUnd22 | ICF/DD   | Shelter  | Totals    |
|------------------|-----------|----------|----------|----------|-----------|
| Asian            | 3         | 0        | 0        | 0        | 3         |
| Amer Indian      | 0         | 0        | 0        | 0        | 0         |
| Black            | 2         | 0        | 0        | 0        | 2         |
| Hawaiian/Pac Isl | 0         | 0        | 0        | 0        | 0         |
| White            | 74        | 0        | 0        | 0        | 74        |
| Race Unknown     | 0         | 0        | 0        | 0        | 0         |
| <b>Total</b>     | <b>79</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>79</b> |

| ETHNICITY         | Nursing   | SKIUnd22 | ICF/DD   | Shelter  | Totals    |
|-------------------|-----------|----------|----------|----------|-----------|
| Hispanic          | 3         | 0        | 0        | 0        | 3         |
| Non-Hispanic      | 76        | 0        | 0        | 0        | 76        |
| Ethnicity Unknown | 0         | 0        | 0        | 0        | 0         |
| <b>Total</b>      | <b>79</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>79</b> |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 16.00                |
| LPN's               | 4.00                 |
| Certified Aides     | 36.00                |
| Other Health Staff  | 18.00                |
| Non-Health Staff    | 11.00                |
| <b>Totals</b>       | <b>87.00</b>         |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 41.2%     | 46.5%     | 0.0%         | 0.0%              | 12.4%       | 100.0%    | 0                     | 0.0%   |
| 2,282,041 | 2,574,723 | 0            | 0                 | 685,926     | 5,542,691 | 0                     |  |

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

| LEXINGTON OF LAKE ZURICH     |                           | ADMISSION RESTRICTIONS                            |  | RESIDENTS BY PRIMARY DIAGNOSIS              |  |
|------------------------------|---------------------------|---|--|---|--|
| 900 SOUTH RAND ROAD          |                           | Aggressive/Anli-Social 1                          |  | DIAGNOSIS                                   |  |
| LAKE ZURICH, IL. 60047       |                           | Chronic Alcoholism 1                              |  | Neoplasms 2                                 |  |
| Reference Numbers            | Facility ID 6014138       | Developmentally Disabled 1                        |  | Endocrine/Metabolic 4                       |  |
| Health Service Area 008      | Planning Service Area 097 | Drug Addiction 1                                  |  | Blood Disorders 1                           |  |
| Administrator                |                           | Medicaid Recipient 0                              |  | *Nervous System Non Alzheimer 9             |  |
| Todd Tedrow                  |                           | Medicare Recipient 0                              |  | Alzheimer Disease 17                        |  |
| Contact Person and Telephone |                           | Mental Illness 1                                  |  | Mental Illness 4                            |  |
| Bridgett Rummel              |                           | Non-Ambulatory 0                                  |  | Developmental Disability 0                  |  |
| 630-458-4635                 |                           | Non-Mobile 0                                      |  | Circulatory System 45                       |  |
| Registered Agent Information | Date Completed 2/17/2011  | Public Aid Recipient 0                            |  | Respiratory System 12                       |  |
|                              |                           | Under 65 Years Old 0                              |  | Digestive System 0                          |  |
|                              |                           | Unable to Self-Medicare 0                         |  | Genitourinary System Disorders 3            |  |
|                              |                           | Ventilator Dependent 1                            |  | Skin Disorders 0                            |  |
|                              |                           | Infectious Disease w/ Isolation 0                 |  | Musculo-skeletal Disorders 6                |  |
|                              |                           | Other Restrictions 0                              |  | Injuries and Poisonings 1                   |  |
|                              |                           | No Restrictions 0                                 |  | Other Medical Conditions 78                 |  |
| FACILITY OWNERSHIP           |                           | <i>Note: Reported restrictions denoted by '1'</i> |  | Non-Medical Conditions 0                    |  |
| FOR-PROF CORPORATION         |                           |   |  | TOTALS 182                                  |  |
| CONTINUING CARE COMMUNITY    | No                        |   |  | Total Residents Diagnosed as Mentally Ill 4 |  |
| LIFE CARE FACILITY           | No                        |   |  |   |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    |                    | ADMISSIONS AND DISCHARGES - 2010 |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|--------------------|----------------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED | Residents on 1/1/2010            |     |
| Nursing Care     | 203  | 203              | 198            | 203         | 182         | 21             | 203                | 203                | Total Admissions 2010            | 184 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Total Discharges 2010            | 451 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Residents on 12/31/2010          | 182 |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Identified Offenders             | 0   |
| TOTAL BEDS       | 203  | 203              | 198            | 203         | 182         | 21             | 203                | 203                |                                  |     |

| FACILITY UTILIZATION - 2010                          |           |           |           |           |              |                   |             |              |           |               |           |
|--|-----------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|---------------|-----------|
| BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |           |           |           |           |              |                   |             |              |           |               |           |
| LEVEL OF CARE  | Medicare  |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     | Licensed Beds | Peak Beds |
|  | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.     | Occ. Pct. |
| Nursing Care   | 9745      | 13.2%     | 53530     | 72.2%     | 0            | 1561              | 4469        | 0            | 69305     | 93.5%         | 93.5%     |
| Skilled Under 22                                     |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%      |
| Intermediate DD                                      |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%      |
| Sheltered Care                                       |           |           |           |           | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%      |
| TOTALS   | 9745      | 13.2%     | 53530     | 72.2%     | 0            | 1561              | 4469        | 0            | 69305     | 93.5%         | 93.5%     |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |              |        |              |        |              |        |           |        |       |        |             |  |
|---|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|--|
| AGE GROUPS  | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |  |
|   | Male         | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female | TOTAL       |  |
| Under 18  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |  |
| 18 to 44  | 0            | 2      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 2      | 2           |  |
| 45 to 59  | 1            | 7      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 7      | 8           |  |
| 60 to 64  | 1            | 2      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 2      | 3           |  |
| 65 to 74  | 9            | 14     | 0            | 0      | 0            | 0      | 0         | 0      | 9     | 14     | 23          |  |
| 75 to 84  | 14           | 40     | 0            | 0      | 0            | 0      | 0         | 0      | 14    | 40     | 54          |  |
| 85+   | 16           | 76     | 0            | 0      | 0            | 0      | 0         | 0      | 16    | 76     | 92          |  |
| TOTALS  | 41           | 141    | 0            | 0      | 0            | 0      | 0         | 0      | 41    | 141    | 182         |  |

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**LEXINGTON OF LAKE ZURICH**

900 SOUTH RAND ROAD  
LAKE ZURICH, IL. 60047

Reference Numbers Facility ID 6014138

Health Service Area 008 Planning Service Area 097

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

| LEVEL OF CARE    | Medicare  | Medicaid   | Other Public | Insurance | Private Pay | Charity Care | TOTALS     |
|------------------|-----------|------------|--------------|-----------|-------------|--------------|------------|
| Nursing Care     | 41        | 127        | 0            | 5         | 9           | 0            | 182        |
| Skilled Under 22 | 0         | 0          | 0            | 0         | 0           | 0            | 0          |
| ICF/DD           |           | 0          | 0            | 0         | 0           | 0            | 0          |
| Sheltered Care   |           |            | 0            | 0         | 0           | 0            | 0          |
| <b>TOTALS</b>    | <b>41</b> | <b>127</b> | <b>0</b>     | <b>5</b>  | <b>9</b>    | <b>0</b>     | <b>182</b> |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 286    | 193    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE               | Nursing    | SKIUnd22 | ICF/DD   | Shelter  | Totals     |
|--------------------|------------|----------|----------|----------|------------|
| Asian              | 1          | 0        | 0        | 0        | 1          |
| Amer Indian        | 0          | 0        | 0        | 0        | 0          |
| Black              | 3          | 0        | 0        | 0        | 3          |
| Hawaiian/Pac. Isl. | 0          | 0        | 0        | 0        | 0          |
| White              | 178        | 0        | 0        | 0        | 178        |
| Race Unknown       | 0          | 0        | 0        | 0        | 0          |
| <b>Total</b>       | <b>182</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>182</b> |

| ETHNICITY         | Nursing    | SKIUnd22 | ICF/DD   | Shelter  | Totals     |
|-------------------|------------|----------|----------|----------|------------|
| Hispanic          | 7          | 0        | 0        | 0        | 7          |
| Non-Hispanic      | 175        | 0        | 0        | 0        | 175        |
| Ethnicity Unknown | 0          | 0        | 0        | 0        | 0          |
| <b>Total</b>      | <b>182</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>182</b> |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 19.00                |
| LPN's               | 12.00                |
| Certified Aides     | 65.00                |
| Other Health Staff  | 6.00                 |
| Non-Health Staff    | 62.00                |
| <b>Totals</b>       | <b>166.00</b>        |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|------------|-----------------------|--|
| 36.7%     | 50.4%     | 0.0%         | 4.4%              | 8.6%        | 100.0%     |                       | 0.0%   |
| 4,809,530 | 6,610,959 | 0            | 572,863           | 1,126,829   | 13,120,181 | 0                     |  |

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

**FACILITY NOTES**

Bed Change 12/21/2010 Added 5 Nursing Care beds; facility now has 203 Nursing Care beds.

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| MANOR CARE OF ELGIN                               |  | ADMISSION RESTRICTIONS                     |  | RESIDENTS BY PRIMARY DIAGNOSIS              |  |
|---|--|--|--|---|--|
| 180 SOUTH STATE STREET<br>ELGIN, IL. 60123        |  | Aggressive/Anti-Social 1                   |  | DIAGNOSIS                                   |  |
| Reference Numbers Facility ID 6000277             |  | Chronic Alcoholism 0                       |  | Neoplasms 4                                 |  |
| Health Service Area 008 Planning Service Area 089 |  | Developmentally Disabled 1                 |  | Endocrine/Metabolic 25                      |  |
| Administrator                                     |  | Drug Addiction 0                           |  | Blood Disorders 0                           |  |
| Pam Crenshaw                                      |  | Medicaid Recipient 0                       |  | *Nervous System Non Alzheimer 0             |  |
| Contact Person and Telephone                      |  | Medicare Recipient 0                       |  | Alzheimer Disease 3                         |  |
| PAM CRENSHAW                                      |  | Mental Illness 1                           |  | Mental Illness 0                            |  |
| 847-742-3310                                      |  | Non-Ambulatory 0                           |  | Developmental Disability 0                  |  |
| Registered Agent Information                      |  | Non-Mobile 0                               |  | Circulatory System 17                       |  |
| Date Completed 2/21/2011                          |  | Public Aid Recipient 0                     |  | Respiratory System 19                       |  |
|   |  | Under 65 Years Old 0                       |  | Digestive System 2                          |  |
|   |  | Unable to Self-Medicare 0                  |  | Genitourinary System Disorders 0            |  |
|   |  | Ventilator Dependent 1                     |  | Skin Disorders 0                            |  |
|   |  | Infectious Disease w/ Isolation 0          |  | Musculo-skeletal Disorders 1                |  |
|   |  | Other Restrictions 0                       |  | Injuries and Poisonings 0                   |  |
| FACILITY OWNERSHIP                                |  | No Restrictions 0                          |  | Other Medical Conditions 0                  |  |
| LIMITED LIABILITY CO                              |  | Note: Reported restrictions denoted by '1' |  | Non-Medical Conditions 0                    |  |
| CONTINUING CARE COMMUNITY No                      |  |  |  | TOTALS 71                                   |  |
| LIFE CARE FACILITY No                             |  |  |  | Total Residents Diagnosed as Mentally Ill 0 |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    | ADMISSIONS AND DISCHARGES - 2010 |                         |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|----------------------------------|-------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED               | Residents on 1/1/2010   |     |
| Nursing Care     | 88   | 82               | 82             | 81          | 71          | 17             | 88                 | 61                               | Total Admissions 2010   | 224 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Total Discharges 2010   | 227 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Residents on 12/31/2010 | 71  |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Identified Offenders    | 0   |
| TOTAL BEDS       | 88   | 82               | 82             | 81          | 71          | 17             | 88                 | 61                               |                         |     |

| LEVEL OF CARE    | FACILITY UTILIZATION - 2010                          |       |          |       |              |                   |             |              |       |       | Licensed Beds Occ. | Peak Beds Set Up Occ. Pct. |
|------------------|--|-------|----------|-------|--------------|-------------------|-------------|--------------|-------|-------|--------------------|----------------------------|
|                  | BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |       |          |       |              |                   |             |              |       |       |                    |                            |
|                  | Medicare   |       | Medicaid |       | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL |       |                    |                            |
| Nursing Care     | 4972   | 15.5% | 18617    | 83.6% | 0            | 1645              | 909         | 0            | 26143 | 81.4% | 87.3%              |                            |
| Skilled Under 22 |  |       | 0        | 0.0%  | 0            | 0                 | 0           | 0            | 0     | 0.0%  | 0.0%               |                            |
| Intermediate DD  |  |       | 0        | 0.0%  | 0            | 0                 | 0           | 0            | 0     | 0.0%  | 0.0%               |                            |
| Sheltered Care   |  |       | 0        | 0.0%  | 0            | 0                 | 0           | 0            | 0     | 0.0%  | 0.0%               |                            |
| TOTALS           | 4972   | 15.5% | 18617    | 83.6% | 0            | 1645              | 909         | 0            | 26143 | 81.4% | 87.3%              |                            |

| AGE GROUPS | RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |        |              |        |              |        |           |        |       |        | GRAND TOTAL |
|------------|---|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
|            | NURSING CARE  |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        |             |
|            | Male  | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female |             |
| Under 18   | 0   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 1   | 1      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 1      | 2           |
| 45 to 59   | 2   | 3      | 0            | 0      | 0            | 0      | 0         | 0      | 2     | 3      | 5           |
| 60 to 64   | 1   | 4      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 4      | 5           |
| 65 to 74   | 6   | 6      | 0            | 0      | 0            | 0      | 0         | 0      | 6     | 6      | 12          |
| 75 to 84   | 10  | 13     | 0            | 0      | 0            | 0      | 0         | 0      | 10    | 13     | 23          |
| 85+        | 7   | 17     | 0            | 0      | 0            | 0      | 0         | 0      | 7     | 17     | 24          |
| TOTALS     | 27  | 44     | 0            | 0      | 0            | 0      | 0         | 0      | 27    | 44     | 71          |

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MANOR CARE OF ELGIN  
180 SOUTH STATE STREET  
ELGIN, IL. 60123

Reference Numbers Facility ID 6000277  
Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | Medicare  | Medicaid  | Other Public Insurance | Private Pay | Charity Care | TOTALS    |
|------------------|-----------|-----------|------------------------|-------------|--------------|-----------|
| Nursing Care     | 11        | 54        | 0                      | 2           | 4            | 71        |
| Skilled Under 22 | 0         | 0         | 0                      | 0           | 0            | 0         |
| ICF/DD           |           | 0         | 0                      | 0           | 0            | 0         |
| Sheltered Care   |           |           | 0                      | 0           | 0            | 0         |
| <b>TOTALS</b>    | <b>11</b> | <b>54</b> | <b>0</b>               | <b>2</b>    | <b>4</b>     | <b>71</b> |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 254    | 227    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE              | Nursing   | SkUnd22  | ICF/DD   | Shelter  | Totals    |
|-------------------|-----------|----------|----------|----------|-----------|
| Asian             | 0         | 0        | 0        | 0        | 0         |
| Amer. Indian      | 0         | 0        | 0        | 0        | 0         |
| Black             | 7         | 0        | 0        | 0        | 7         |
| Hawaiian/Pac Isl. | 0         | 0        | 0        | 0        | 0         |
| White             | 64        | 0        | 0        | 0        | 64        |
| Race Unknown      | 0         | 0        | 0        | 0        | 0         |
| <b>Total</b>      | <b>71</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>71</b> |

| ETHNICITY         | Nursing   | SkUnd22  | ICF/DD   | Shelter  | Totals    |
|-------------------|-----------|----------|----------|----------|-----------|
| Hispanic          | 4         | 0        | 0        | 0        | 4         |
| Non-Hispanic      | 67        | 0        | 0        | 0        | 67        |
| Ethnicity Unknown | 0         | 0        | 0        | 0        | 0         |
| <b>Total</b>      | <b>71</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>71</b> |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 18.00                |
| LPN's               | 10.00                |
| Certified Aides     | 34.00                |
| Other Health Staff  | 15.00                |
| Non-Health Staff    | 40.00                |
| <b>Totals</b>       | <b>119.00</b>        |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 46.0%     | 38.9%     | 3.0%         | 8.3%              | 3.8%        | 100.0%    |                       | 0.0%   |
| 2,685,270 | 2,270,472 | 177,784      | 483,800           | 223,179     | 5,840,505 | 259                   |  |

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

| MAPLEWOOD CARE               |                |                       | ADMISSION RESTRICTIONS                            |   | RESIDENTS BY PRIMARY DIAGNOSIS |   |     |
|------------------------------|----------------|-----------------------|---|---|--------------------------------|---|-----|
| 50 NORTH JANE DRIVE          |                |                       | Aggressive/Anti-Social                            | 0 | DIAGNOSIS                      |   |     |
| ELGIN, IL. 60123             |                |                       | Chronic Alcoholism                                | 0 | Neoplasms                      | 1   |     |
| Reference Numbers            | Facility ID    | 6004758               | Developmentally Disabled                          | 0 | Endocrine/Metabolic            | 35  |     |
| Health Service Area          | 008            | Planning Service Area | Drug Addiction                                    | 0 | Blood Disorders                | 0   |     |
| Adminstrator                 |                |                       | Medicaid Recipient                                | 0 | *Nervous System Non Alzheimer  | 4   |     |
| Jamie Lloyd                  |                |                       | Medicare Recipient                                | 0 | Alzheimer Disease              | 5   |     |
| Contact Person and Telephone |                |                       | Mental Illness                                    | 0 | Mental Illness                 | 67  |     |
| Niki Mehta                   |                |                       | Non-Ambulatory                                    | 0 | Developmental Disability       | 1   |     |
| 847-697-3750                 |                |                       | Non-Mobile  | 0 | Circulatory System             | 23  |     |
| Registered Agent Information | Date Completed |                       | Public Aid Recipient                              | 0 | Respiratory System             | 10  |     |
|                              | 2/24/2011      |                       | Under 65 Years Old                                | 0 | Digestive System               | 3   |     |
|                              |                |                       | Unable to Self-Medicare                           | 0 | Genitourinary System Disorders | 5   |     |
|                              |                |                       | Ventilator Dependent                              | 1 | Skin Disorders                 | 0   |     |
|                              |                |                       | Infectious Disease w/ Isolation                   | 0 | Musculo-skeletal Disorders     | 1   |     |
|                              |                |                       | Other Restrictions                                | 0 | Injuries and Poisonings        | 0   |     |
| FACILITY OWNERSHIP           |                |                       | No Restrictions                                   | 0 | Other Medical Conditions       | 36  |     |
| FOR-PROF CORPORATION         |                |                       |   |   | Non-Medical Conditions         | 0   |     |
| CONTINUING CARE COMMUNITY    | No             |                       | <i>Note. Reported restrictions denoted by '1'</i> |   |                                | TOTALS                                    | 191 |
| LIFE CARE FACILITY           | No             |                       |   |   |                                | Total Residents Diagnosed as Mentally Ill | 94  |

| LEVEL OF CARE     | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                | ADMISSIONS AND DISCHARGES - 2010 |                    | Residents on 1/1/2010 | Total Admissions 2010 | Total Discharges 2010 | Residents on 12/31/2010 | Identified Offenders |
|-------------------|--|------------------|----------------|-------------|-------------|----------------|----------------------------------|--------------------|-----------------------|-----------------------|-----------------------|-------------------------|----------------------|
|                   | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED               | MEDICAID CERTIFIED |                       |                       |                       |                         |                      |
| Nursing Care      | 203  | 203              | 198            | 0           | 191         | 12             | 203                              | 203                | 188                   | 83                    | 80                    | 191                     |                      |
| Skilled Under 22  | 0  | 0                | 0              | 0           | 0           | 0              |                                  | 0                  |                       |                       |                       |                         |                      |
| Intermediate DD   | 0  | 0                | 0              | 0           | 0           | 0              |                                  | 0                  |                       |                       |                       |                         |                      |
| Sheltered Care    | 0  | 0                | 0              | 0           | 0           | 0              |                                  |                    |                       |                       |                       |                         |                      |
| <b>TOTAL BEDS</b> | <b>203</b>   | <b>203</b>       | <b>198</b>     | <b>0</b>    | <b>191</b>  | <b>12</b>      | <b>203</b>                       | <b>203</b>         |                       |                       |                       |                         |                      |

| FACILITY UTILIZATION - 2010                          |             |             |              |              |              |                   |             |              |              |               |                  |       |       |
|--|-------------|-------------|--------------|--------------|--------------|-------------------|-------------|--------------|--------------|---------------|------------------|-------|-------|
| BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |             |             |              |              |              |                   |             |              |              |               |                  |       |       |
| LEVEL OF CARE  | Medicare    |             | Medicaid     |              | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL        | Licensed Beds | Peak Beds Set Up |       |       |
|  | Pat         | days        | Occ.         | Pct.         | Pat. days    | Occ. Pct.         | Pat. days   | Pat. days    | Pat. days    | Occ.          | Pct.             |       |       |
| Nursing Care   | 1903        |             | 2.6%         |              | 64166        | 86.6%             | 812         | 117          | 1355         | 0             | 68353            | 92.3% | 92.3% |
| Skilled Under 22                                     |             |             |              |              | 0            | 0.0%              | 0           | 0            | 0            | 0             | 0                | 0.0%  | 0.0%  |
| Intermediate DD                                      |             |             |              |              | 0            | 0.0%              | 0           | 0            | 0            | 0             | 0                | 0.0%  | 0.0%  |
| Sheltered Care                                       |             |             |              |              | 0            |                   | 0           | 0            | 0            | 0             | 0                | 0.0%  | 0.0%  |
| <b>TOTALS</b>  | <b>1903</b> | <b>2.6%</b> | <b>64166</b> | <b>86.6%</b> | <b>812</b>   | <b>117</b>        | <b>1355</b> | <b>0</b>     | <b>68353</b> | <b>92.3%</b>  | <b>92.3%</b>     |       |       |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |              |           |              |          |              |          |           |          |            |           |             |
|---|--------------|-----------|--------------|----------|--------------|----------|-----------|----------|------------|-----------|-------------|
| AGE GROUPS  | NURSING CARE |           | SKL UNDER 22 |          | INTERMED. DD |          | SHELTERED |          | TOTAL      |           | GRAND TOTAL |
|   | Male         | Female    | Male         | Female   | Male         | Female   | Male      | Female   | Male       | Female    | TOTAL       |
| Under 18  | 0            | 0         | 0            | 0        | 0            | 0        | 0         | 0        | 0          | 0         | 0           |
| 18 to 44  | 14           | 4         | 0            | 0        | 0            | 0        | 0         | 0        | 14         | 4         | 18          |
| 45 to 59  | 50           | 27        | 0            | 0        | 0            | 0        | 0         | 0        | 50         | 27        | 77          |
| 60 to 64  | 18           | 9         | 0            | 0        | 0            | 0        | 0         | 0        | 18         | 9         | 27          |
| 65 to 74  | 19           | 22        | 0            | 0        | 0            | 0        | 0         | 0        | 19         | 22        | 41          |
| 75 to 84  | 9            | 12        | 0            | 0        | 0            | 0        | 0         | 0        | 9          | 12        | 21          |
| 85+   | 1            | 6         | 0            | 0        | 0            | 0        | 0         | 0        | 1          | 6         | 7           |
| <b>TOTALS</b>   | <b>111</b>   | <b>80</b> | <b>0</b>     | <b>0</b> | <b>0</b>     | <b>0</b> | <b>0</b>  | <b>0</b> | <b>111</b> | <b>80</b> | <b>191</b>  |

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MAPLEWOOD CARE  
50 NORTH JANE DRIVE  
ELGIN, IL 60123

Reference Numbers Facility ID 6004758  
Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | Other    |          |        |           |             | Charity Care | TOTALS |
|------------------|----------|----------|--------|-----------|-------------|--------------|--------|
|                  | Medicare | Medicaid | Public | Insurance | Private Pay |              |        |
| Nursing Care     | 4        | 181      | 0      | 2         | 4           | 0            | 191    |
| Skilled Under 22 | 0        | 0        | 0      | 0         | 0           | 0            | 0      |
| ICF/DD           |          | 0        | 0      | 0         | 0           | 0            | 0      |
| Sheltered Care   |          |          | 0      | 0         | 0           | 0            | 0      |
| TOTALS           | 4        | 181      | 0      | 2         | 4           | 0            | 191    |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 120    | 120    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE               | Nursing | SkUnd22 | ICF/DD | Shelter | Totals |
|--------------------|---------|---------|--------|---------|--------|
| Asian              | 2       | 0       | 0      | 0       | 2      |
| Amer. Indian       | 0       | 0       | 0      | 0       | 0      |
| Black              | 15      | 0       | 0      | 0       | 15     |
| Hawaiian/Pac. Isl. | 0       | 0       | 0      | 0       | 0      |
| White              | 174     | 0       | 0      | 0       | 174    |
| Race Unknown       | 0       | 0       | 0      | 0       | 0      |
| Total              | 191     | 0       | 0      | 0       | 191    |

| ETHNICITY         | Nursing | SkUnd22 | ICF/DD | Shelter | Totals |
|-------------------|---------|---------|--------|---------|--------|
| Hispanic          | 14      | 0       | 0      | 0       | 14     |
| Non-Hispanic      | 0       | 0       | 0      | 0       | 0      |
| Ethnicity Unknown | 177     | 0       | 0      | 0       | 177    |
| Total             | 191     | 0       | 0      | 0       | 191    |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 15.00                |
| LPN's               | 5.00                 |
| Certified Aides     | 57.00                |
| Other Health Staff  | 19.00                |
| Non-Health Staff    | 51.00                |
| Totals              | 149.00               |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 12.6%     | 67.8%     | 1.0%         | 0.4%              | 18.2%       | 100.0%    |                       | 0.0%   |
| 1,086,185 | 5,858,016 | 89,832       | 38,410            | 1,570,145   | 8,642,588 | 0                     |  |

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

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| ROSEWOOD CARE CENTER INVERNESS                    |  |  | ADMISSION RESTRICTIONS                            |   | RESIDENTS BY PRIMARY DIAGNOSIS |   |    |
|---|--|--|---|---|--------------------------------|---|----|
| 1800 COLONIAL PARKWAY<br>INVERNESS, IL. 60067     |  |  | Aggressive/Anti-Social                            | 0 | DIAGNOSIS                      |   |    |
| Reference Numbers Facility ID 6014633             |  |  | Chronic Alcoholism                                | 0 | Neoplasms                      | 4   |    |
| Health Service Area 007 Planning Service Area 701 |  |  | Developmentally Disabled                          | 0 | Endocrine/Metabolic            | 3   |    |
| Administrator                                     |  |  | Drug Addiction                                    | 1 | Blood Disorders                | 0   |    |
| Patrick DiPaolo                                   |  |  | Medicaid Recipient                                | 0 | *Nervous System Non Alzheimer  | 4   |    |
| Contact Person and Telephone                      |  |  | Medicare Recipient                                | 0 | Alzheimer Disease              | 0   |    |
| JAN POELKER                                       |  |  | Mental Illness                                    | 0 | Mental Illness                 | 0   |    |
| 314-994-9070, ext 3025                            |  |  | Non-Ambulatory                                    | 0 | Developmental Disability       | 0   |    |
| Registered Agent Information                      |  |  | Non-Mobile  | 0 | Circulatory System             | 11  |    |
| Dan Maher   |  |  | Public Aid Recipient                              | 0 | Respiratory System             | 15  |    |
| 412 E. Lawrence                                   |  |  | Under 65 Years Old                                | 0 | Digestive System               | 12  |    |
| Springfield, IL 62703                             |  |  | Unable to Self-Medicare                           | 0 | Genitourinary System Disorders | 13  |    |
| FACILITY OWNERSHIP                                |  |  | Ventilator Dependent                              | 1 | Skin Disorders                 | 3   |    |
| FOR-PROF CORPORATION                              |  |  | Infectious Disease w/ Isolation                   | 0 | Musculo-skeletal Disorders     | 11  |    |
| CONTINUING CARE COMMUNITY                         |  |  | Other Restrictions                                | 0 | Injuries and Poisonings        | 16  |    |
| LIFE CARE FACILITY                                |  |  | No Restrictions                                   | 0 | Other Medical Conditions       | 0   |    |
| No  |  |  | <i>Note: Reported restrictions denoted by 'I'</i> |   |                                | Non-Medical Conditions                    | 0  |
| No  |  |  |   |   |                                | TOTALS                                    | 92 |
|   |  |  |   |   |                                | Total Residents Diagnosed as Mentally Ill | 0  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    |                    | ADMISSIONS AND DISCHARGES - 2010 |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|--------------------|----------------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED | Residents on 1/1/2010            |     |
| Nursing Care     | 142  | 142              | 112            | 142         | 92          | 50             | 48                 | 39                 | Total Admissions 2010            | 79  |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Total Discharges 2010            | 545 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Residents on 12/31/2010          | 92  |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Identified Offenders             | 0   |
| TOTAL BEDS       | 142  | 142              | 112            | 142         | 92          | 50             | 48                 | 39                 |                                  |     |

| LEVEL OF CARE    | FACILITY UTILIZATION - 2010 |           |           |           |              |                   |             |              |           | BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |                  |
|------------------|-----------------------------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|--|------------------|
|                  | Medicare                    |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     | Licensed Beds  | Peak Beds        |
|                  | Pat. days                   | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.  | Set Up Occ. Pct. |
| Nursing Care     | 8786                        | 50.1%     | 10676     | 75.0%     | 0            | 756               | 13868       | 0            | 34086     | 65.8%  | 65.8%            |
| Skilled Under 22 |                             |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%   | 0.0%             |
| Intermediate DD  |                             |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%   | 0.0%             |
| Sheltered Care   |                             |           |           |           | 0            | 0                 | 0           | 0            | 0         | 0.0%   | 0.0%             |
| TOTALS           | 8786                        | 50.1%     | 10676     | 75.0%     | 0            | 756               | 13868       | 0            | 34086     | 65.8%  | 65.8%            |

| AGE GROUPS | RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |        |              |        |              |        |           |        |       |        |             |
|------------|---|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
|            | NURSING CARE  |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|            | Male  | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18   | 0   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 0   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 45 to 59   | 0   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 60 to 64   | 1   | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 0      | 1           |
| 65 to 74   | 2   | 2      | 0            | 0      | 0            | 0      | 0         | 0      | 2     | 2      | 4           |
| 75 to 84   | 14  | 22     | 0            | 0      | 0            | 0      | 0         | 0      | 14    | 22     | 36          |
| 85+        | 6   | 45     | 0            | 0      | 0            | 0      | 0         | 0      | 6     | 45     | 51          |
| TOTALS     | 23  | 69     | 0            | 0      | 0            | 0      | 0         | 0      | 23    | 69     | 92          |

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**ROSEWOOD CARE CENTER INVERNESS**

1800 COLONIAL PARKWAY  
INVERNESS, IL. 60067

Reference Numbers Facility ID 6014633

Health Service Area 007 Planning Service Area 701

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

| LEVEL OF CARE    | Medicare  |           | Medicaid |          | Other Public | Private Insurance | Private Pay | Charity Care | TOTALS |
|------------------|-----------|-----------|----------|----------|--------------|-------------------|-------------|--------------|--------|
|                  |           |           |          |          |              |                   |             |              |        |
| Nursing Care     | 22        | 26        | 0        | 1        | 43           | 0                 | 92          |              |        |
| Skilled Under 22 | 0         | 0         | 0        | 0        | 0            | 0                 | 0           |              |        |
| ICF/DD           |           | 0         | 0        | 0        | 0            | 0                 | 0           |              |        |
| Sheltered Care   |           |           | 0        | 0        | 0            | 0                 | 0           |              |        |
| <b>TOTALS</b>    | <b>22</b> | <b>26</b> | <b>0</b> | <b>1</b> | <b>43</b>    | <b>0</b>          | <b>92</b>   |              |        |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 151    | 136    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE               | RESIDENTS BY RACIAL/ETHNICITY GROUPING |          |          |          | Totals    |
|--------------------|--|----------|----------|----------|-----------|
|                    | Nursing                                | SKIUnd22 | ICF/DD   | Shelter  |           |
| Asian              | 1                                      | 0        | 0        | 0        | 1         |
| Amer. Indian       | 0                                      | 0        | 0        | 0        | 0         |
| Black              | 0                                      | 0        | 0        | 0        | 0         |
| Hawaiian/Pac. Isl. | 0                                      | 0        | 0        | 0        | 0         |
| White              | 91                                     | 0        | 0        | 0        | 91        |
| Race Unknown       | 0                                      | 0        | 0        | 0        | 0         |
| <b>Total</b>       | <b>92</b>                              | <b>0</b> | <b>0</b> | <b>0</b> | <b>92</b> |

| ETHNICITY         | RESIDENTS BY RACIAL/ETHNICITY GROUPING |          |          |          | Totals    |
|-------------------|--|----------|----------|----------|-----------|
|                   | Nursing                                | SKIUnd22 | ICF/DD   | Shelter  |           |
| Hispanic          | 0                                      | 0        | 0        | 0        | 0         |
| Non-Hispanic      | 0                                      | 0        | 0        | 0        | 0         |
| Ethnicity Unknown | 92                                     | 0        | 0        | 0        | 92        |
| <b>Total</b>      | <b>92</b>                              | <b>0</b> | <b>0</b> | <b>0</b> | <b>92</b> |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 19.00                |
| LPN's               | 12.00                |
| Certified Aides     | 44.00                |
| Other Health Staff  | 8.00                 |
| Non-Health Staff    | 42.00                |
| <b>Totals</b>       | <b>127.00</b>        |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 49.0%     | 13.6%     | 0.0%         | 2.9%              | 34.6%       | 100.0%    |                       | 0.0%   |
| 3,916,728 | 1,085,832 | 0            | 227,882           | 2,763,592   | 7,994,034 | 0                     |  |

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

| ROSEWOOD CARE CENTER OF ELGIN |                           | ADMISSION RESTRICTIONS                            |   | RESIDENTS BY PRIMARY DIAGNOSIS            |     |
|-------------------------------|---------------------------|---|---|---|-----|
| 2355 ROYAL BOULEVARD          |                           | Aggressive/Anti-Social                            | 0 | DIAGNOSIS                                 |     |
| ELGIN, IL. 60123              |                           | Chronic Alcoholism                                | 0 | Neoplasms                                 | 2   |
| Reference Numbers             | Facility ID 6014237       | Developmentally Disabled                          | 0 | Endocrine/Metabolic                       | 11  |
| Health Service Area 008       | Planning Service Area 089 | Drug Addiction                                    | 1 | Blood Disorders                           | 4   |
| Administrator                 |                           | Medicaid Recipient                                | 0 | *Nervous System Non Alzheimer             | 7   |
| Peggy Aschenbrenner           |                           | Medicare Recipient                                | 0 | Alzheimer Disease                         | 22  |
| Contact Person and Telephone  |                           | Mental Illness                                    | 0 | Mental Illness                            | 4   |
| JAN POELKER                   |                           | Non-Ambulatory                                    | 0 | Developmental Disability                  | 0   |
| 314-994-9070, ext. 9025       |                           | Non-Mobile  | 0 | Circulatory System                        | 17  |
| Registered Agent Information  | Date Completed            | Public Aid Recipient                              | 0 | Respiratory System                        | 9   |
| Dan Maher                     | 2/28/2011                 | Under 65 Years Old                                | 0 | Digestive System                          | 2   |
| 412 E. Lawrence               |                           | Unable to Self-Medicare                           | 0 | Genitourinary System Disorders            | 7   |
| Springfield, IL 62703         |                           | Ventilator Dependent                              | 1 | Skin Disorders                            | 0   |
| FACILITY OWNERSHIP            |                           | Infectious Disease w/ Isolation                   | 0 | Musculo-skeletal Disorders                | 26  |
| FOR-PROF CORPORATION          |                           | Other Restrictions                                | 0 | Injuries and Poisonings                   | 0   |
| CONTINUING CARE COMMUNITY     | No                        | No Restrictions                                   | 0 | Other Medical Conditions                  | 3   |
| LIFE CARE FACILITY            | No                        | <i>Note: Reported restrictions denoted by 'I'</i> |   | Non-Medical Conditions                    | 0   |
|                               |                           |   |   | TOTALS                                    | 114 |
|                               |                           |   |   | Total Residents Diagnosed as Mentally Ill | 4   |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    |                    | ADMISSIONS AND DISCHARGES - 2010 |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|--------------------|----------------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED | Residents on 1/1/2010            |     |
| Nursing Care     | 139  | 139              | 122            | 139         | 114         | 25             | 48                 | 41                 | Total Admissions 2010            | 535 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Total Discharges 2010            | 532 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Residents on 12/31/2010          | 114 |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Identified Offenders             | 0   |
| TOTAL BEDS       | 139  | 139              | 122            | 139         | 114         | 25             | 48                 | 41                 |                                  |     |

| FACILITY UTILIZATION - 2010                          |           |           |           |           |              |                   |             |              |           |               |                  |
|--|-----------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|---------------|------------------|
| BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |           |           |           |           |              |                   |             |              |           |               |                  |
| LEVEL OF CARE  | Medicare  |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     | Licensed Beds | Peak Beds Set Up |
|  | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.     | Occ. Pct.        |
| Nursing Care   | 9662      | 55.1%     | 13001     | 86.9%     | 0            | 689               | 16646       | 0            | 39998     | 78.8%         | 78.8%            |
| Skilled Under 22                                     |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| Intermediate DD                                      |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| Sheltered Care                                       |           |           |           |           | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| TOTALS   | 9662      | 55.1%     | 13001     | 86.9%     | 0            | 689               | 16646       | 0            | 39998     | 78.8%         | 78.8%            |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |              |        |              |        |              |        |           |        |       |        |             |  |
|---|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|--|
| AGE GROUPS  | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |  |
|   | Male         | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female | TOTAL       |  |
| Under 18  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |  |
| 18 to 44  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |  |
| 45 to 59  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |  |
| 60 to 64  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |  |
| 65 to 74  | 2            | 7      | 0            | 0      | 0            | 0      | 0         | 0      | 2     | 7      | 9           |  |
| 75 to 84  | 12           | 30     | 0            | 0      | 0            | 0      | 0         | 0      | 12    | 30     | 42          |  |
| 85+   | 9            | 54     | 0            | 0      | 0            | 0      | 0         | 0      | 9     | 54     | 63          |  |
| TOTALS  | 23           | 91     | 0            | 0      | 0            | 0      | 0         | 0      | 23    | 91     | 114         |  |

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## ROSEWOOD CARE CENTER OF ELGIN

2355 ROYAL BOULEVARD  
ELGIN, IL 60123

Reference Numbers Facility ID 6014237

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | Medicare  | Medicaid  | Other Public | Insurance | Private Pay | Charity Care | TOTALS     |
|------------------|-----------|-----------|--------------|-----------|-------------|--------------|------------|
| Nursing Care     | 31        | 35        | 0            | 3         | 45          | 0            | 114        |
| Skilled Under 22 | 0         | 0         | 0            | 0         | 0           | 0            | 0          |
| ICF/DD           |           | 0         | 0            | 0         | 0           | 0            | 0          |
| Sheltered Care   |           |           | 0            | 0         | 0           | 0            | 0          |
| <b>TOTALS</b>    | <b>31</b> | <b>35</b> | <b>0</b>     | <b>3</b>  | <b>45</b>   | <b>0</b>     | <b>114</b> |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 166    | 138    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE               | Nursing    | SKIUnd22 | ICF/DD   | Shelter  | Totals     |
|--------------------|------------|----------|----------|----------|------------|
| Asian              | 1          | 0        | 0        | 0        | 1          |
| Amer. Indian       | 0          | 0        | 0        | 0        | 0          |
| Black              | 1          | 0        | 0        | 0        | 1          |
| Hawaiian/Pac. Isl. | 0          | 0        | 0        | 0        | 0          |
| White              | 112        | 0        | 0        | 0        | 112        |
| Race Unknown       | 0          | 0        | 0        | 0        | 0          |
| <b>Total</b>       | <b>114</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>114</b> |

| ETHNICITY         | Nursing    | SKIUnd22 | ICF/DD   | Shelter  | Totals     |
|-------------------|------------|----------|----------|----------|------------|
| Hispanic          | 3          | 0        | 0        | 0        | 3          |
| Non-Hispanic      | 0          | 0        | 0        | 0        | 0          |
| Ethnicity Unknown | 111        | 0        | 0        | 0        | 111        |
| <b>Total</b>      | <b>114</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>114</b> |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 16.00                |
| LPN's               | 13.00                |
| Certified Aides     | 48.00                |
| Other Health Staff  | 11.00                |
| Non-Health Staff    | 45.00                |
| <b>Totals</b>       | <b>135.00</b>        |

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

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 43.5%     | 17.0%     | 0.0%         | 3.1%              | 36.3%       | 100.0%    |                       | 0.0%   |
| 3,970,232 | 1,552,815 | 0            | 282,629           | 3,313,213   | 9,118,889 | 0                     |  |

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

| SHELTERING OAK                                    |                     | ADMISSION RESTRICTIONS            |  | RESIDENTS BY PRIMARY DIAGNOSIS               |  |
|---|---------------------|-----------------------------------|--|--|--|
| P O BOX 367                                       |                     | Aggressive/Anti-Social 1          |  | DIAGNOSIS                                    |  |
| ISLAND LAKE IL 60042                              |                     | Chronic Alcoholism 1              |  | Neoplasms 0                                  |  |
| Reference Numbers                                 | Facility ID 6008585 | Developmentally Disabled 1        |  | Endocrine/Metabolic 0                        |  |
| Health Service Area 008 Planning Service Area 097 |                     | Drug Addiction 1                  |  | Blood Disorders 0                            |  |
| Administrator                                     |                     | Medicaid Recipient 0              |  | Nervous System Non Alzheimer 0               |  |
| Joseph Agnello                                    |                     | Medicare Recipient 1              |  | Alzheimer Disease 0                          |  |
| Contact Person and Telephone                      |                     | Mental Illness 0                  |  | Mental Illness 61                            |  |
| JOE AGNELLO                                       |                     | Non-Ambulatory 1                  |  | Developmental Disability 1                   |  |
| 847-526-3636                                      |                     | Non-Mobile 0                      |  | Circulatory System 0                         |  |
| Registered Agent Information                      |                     | Public Aid Recipient 0            |  | Respiratory System 0                         |  |
| John Verchota                                     |                     | Under 65 Years Old 0              |  | Digestive System 0                           |  |
| 444 N Route 31 Suite 104                          |                     | Unable to Self-Medicare 0         |  | Genitourinary System Disorders 0             |  |
| Crystal Lake IL 60012                             |                     | Ventilator Dependent 1            |  | Skin Disorders 0                             |  |
| FACILITY OWNERSHIP                                |                     | Infectious Disease w/ Isolation 1 |  | Musculo-skeletal Disorders 0                 |  |
| FOR-PROF CORPORATION                              |                     | Other Restrictions 0              |  | Injuries and Poisonings 0                    |  |
| CONTINUING CARE COMMUNITY                         |                     | No Restrictions 0                 |  | Other Medical Conditions 0                   |  |
| LIFE CARE FACILITY                                |                     | No                                |  | Non-Medical Conditions 0                     |  |
|   |                     | No                                |  | TOTALS 62                                    |  |
|   |                     |                                   |  | Total Residents Diagnosed as Mentally Ill 61 |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    | ADMISSIONS AND DISCHARGES - 2010 |                         |    |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|----------------------------------|-------------------------|----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED               | Residents on 1/1/2010   |    |
| Nursing Care     | 70   | 70               | 69             | 69          | 62          | 8              | 0                  | 70                               | Total Admissions 2010   | 69 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Total Discharges 2010   | 14 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Residents on 12/31/2010 | 21 |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Identified Offenders    | 62 |
| TOTAL BEDS       | 70   | 70               | 69             | 69          | 62          | 8              | 0                  | 70                               |                         | 2  |

| LEVEL OF CARE    | FACILITY UTILIZATION - 2010                          |      |          |       |              |                   |             |              |       |           | Licensed Beds | Peak Beds Set Up |
|------------------|--|------|----------|-------|--------------|-------------------|-------------|--------------|-------|-----------|---------------|------------------|
|                  | BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |      |          |       |              |                   |             |              |       |           |               |                  |
|                  | Medicare   |      | Medicaid |       | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL | Occ. Pct. |               |                  |
| Nursing Care     | 0  | 0.0% | 23169    | 90.7% | 0            | 0                 | 206         | 0            | 23375 | 91.5%     | 91.5%         |                  |
| Skilled Under 22 |  |      | 0        | 0.0%  | 0            | 0                 | 0           | 0            | 0     | 0.0%      | 0.0%          |                  |
| Intermediate DD  |  |      | 0        | 0.0%  | 0            | 0                 | 0           | 0            | 0     | 0.0%      | 0.0%          |                  |
| Sheltered Care   |  |      |          |       | 0            | 0                 | 0           | 0            | 0     | 0.0%      | 0.0%          |                  |
| TOTALS           | 0  | 0.0% | 23169    | 90.7% | 0            | 0                 | 206         | 0            | 23375 | 91.5%     | 91.5%         |                  |

| AGE GROUPS | RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |        |              |        |             |        |           |        |       |        |             |
|------------|---|--------|--------------|--------|-------------|--------|-----------|--------|-------|--------|-------------|
|            | NURSING CARE  |        | SKL UNDER 22 |        | INTERMED DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|            | Male  | Female | Male         | Female | Male        | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18   | 0   | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 2   | 1      | 0            | 0      | 0           | 0      | 0         | 0      | 2     | 1      | 3           |
| 45 to 59   | 15  | 9      | 0            | 0      | 0           | 0      | 0         | 0      | 15    | 9      | 24          |
| 60 to 64   | 6   | 3      | 0            | 0      | 0           | 0      | 0         | 0      | 6     | 3      | 9           |
| 65 to 74   | 7   | 9      | 0            | 0      | 0           | 0      | 0         | 0      | 7     | 9      | 16          |
| 75 to 84   | 2   | 6      | 0            | 0      | 0           | 0      | 0         | 0      | 2     | 6      | 8           |
| 85+        | 1   | 1      | 0            | 0      | 0           | 0      | 0         | 0      | 1     | 1      | 2           |
| TOTALS     | 33  | 29     | 0            | 0      | 0           | 0      | 0         | 0      | 33    | 29     | 62          |

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**SHELTERING OAK**

P O BOX 367  
ISLAND LAKE IL 60042

Reference Numbers Facility ID 6008585

Health Service Area 008 Planning Service Area 097

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

| LEVEL OF CARE    | Medicare | Medicaid | Other  |           | Private Pay | Charity Care | TOTALS |
|------------------|----------|----------|--------|-----------|-------------|--------------|--------|
|                  |          |          | Public | Insurance |             |              |        |
| Nursing Care     | 0        | 61       | 0      | 0         | 1           | 0            | 62     |
| Skilled Under 22 | 0        | 0        | 0      | 0         | 0           | 0            | 0      |
| ICF/DD           |          | 0        | 0      | 0         | 0           | 0            | 0      |
| Sheltered Care   |          |          | 0      | 0         | 0           | 0            | 0      |
| <b>TOTALS</b>    | 0        | 61       | 0      | 0         | 1           | 0            | 62     |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 105    | 100    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE             | Nursing | SkUnd22 | ICF/DD | Shelter | Totals |
|------------------|---------|---------|--------|---------|--------|
| Asian            | 0       | 0       | 0      | 0       | 0      |
| Amer Indian      | 1       | 0       | 0      | 0       | 1      |
| Black            | 0       | 0       | 0      | 0       | 0      |
| Hawaiian/Pac Isl | 0       | 0       | 0      | 0       | 0      |
| White            | 61      | 0       | 0      | 0       | 61     |
| Race Unknown     | 0       | 0       | 0      | 0       | 0      |
| <b>Total</b>     | 62      | 0       | 0      | 0       | 62     |

| ETHNICITY         | Nursing | SkUnd22 | ICF/DD | Shelter | Totals |
|-------------------|---------|---------|--------|---------|--------|
| Hispanic          | 2       | 0       | 0      | 0       | 2      |
| Non-Hispanic      | 60      | 0       | 0      | 0       | 60     |
| Ethnicity Unknown | 0       | 0       | 0      | 0       | 0      |
| <b>Total</b>      | 62      | 0       | 0      | 0       | 62     |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 4.60                 |
| LPN's               | 2.60                 |
| Certified Aides     | 11.20                |
| Other Health Staff  | 6.00                 |
| Non-Health Staff    | 10.50                |
| <b>Totals</b>       | 36.90                |

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

| Medicare | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 0.0%     | 100.0%    | 0.0%         | 0.0%              | 0.0%        | 100.0%    |                       | 0.0%   |
| 0        | 2,257,731 | 0            | 0                 | 0           | 2,257,731 | 0                     |  |

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

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| SHERMAN WEST COURT           |                |                       | ADMISSION RESTRICTIONS                            |                | RESIDENTS BY PRIMARY DIAGNOSIS |   |    |
|------------------------------|----------------|-----------------------|---|----------------|--------------------------------|---|----|
| 1950 LARKIN AVENUE           |                |                       | Aggressive/Anti-Social                            | 1              | DIAGNOSIS                      |   |    |
| ELGIN, IL. 60123             |                |                       | Chronic Alcoholism                                | 1              | Neoplasms                      | 0   |    |
| Reference Numbers            | Facility ID    | 6012827               | Developmentally Disabled                          | 1              | Endocrine/Metabolic            | 1   |    |
| Health Service Area          | 008            | Planning Service Area | 089   | Drug Addiction | 1                              | Blood Disorders                           | 0  |
| Administrator                |                |                       | Medicaid Recipient                                | 0              | *Nervous System Non Alzheimer  | 6   |    |
| JOSEPH MCMANUS               |                |                       | Medicare Recipient                                | 0              | Alzheimer Disease              | 0   |    |
| Contact Person and Telephone |                |                       | Mental Illness                                    | 1              | Mental Illness                 | 0   |    |
| MARY LARIVIERE               |                |                       | Non-Ambulatory                                    | 0              | Developmental Disability       | 0   |    |
| 224-783-5289                 |                |                       | Non-Mobile  | 0              | Circulatory System             | 9   |    |
| Registered Agent Information | Date Completed | 2/28/2011             | Public Aid Recipient                              | 0              | Respiratory System             | 4   |    |
|                              |                |                       | Under 65 Years Old                                | 0              | Digestive System               | 2   |    |
|                              |                |                       | Unable to Self-Medicare                           | 0              | Genitourinary System Disorders | 0   |    |
|                              |                |                       | Ventilator Dependent                              | 1              | Skin Disorders                 | 1   |    |
|                              |                |                       | Infectious Disease w/ Isolation                   | 0              | Musculo-skeletal Disorders     | 24  |    |
|                              |                |                       | Other Restrictions                                | 0              | Injuries and Poisonings        | 2   |    |
| FACILITY OWNERSHIP           |                |                       | No Restrictions                                   | 0              | Other Medical Conditions       | 38  |    |
| NON-PROF CORPORATION         |                |                       | <i>Note: Reported restrictions denoted by 'I'</i> |                |                                | Non-Medical Conditions                    | 0  |
| CONTINUING CARE COMMUNITY    | No             |                       |   |                |                                | TOTALS                                    | 87 |
| LIFE CARE FACILITY           | No             |                       |   |                |                                | Total Residents Diagnosed as Mentally Ill | 0  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    |                    | ADMISSIONS AND DISCHARGES - 2010 |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|--------------------|----------------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED | Residents on 1/1/2010            |     |
| Nursing Care     | 112  | 112              | 102            | 112         | 87          | 25             | 54                 | 20                 | Total Admissions 2010            | 647 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              |                    | 0                  | Total Discharges 2010            | 635 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              |                    | 0                  | Residents on 12/31/2010          | 87  |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              |                    | 0                  | Identiflied Offenders            | 1   |
| TOTAL BEDS       | 112  | 112              | 102            | 112         | 87          | 25             | 54                 | 20                 |                                  |     |

| LEVEL OF CARE    | FACILITY UTILIZATION - 2010                          |           |           |           |              |                   |             |              |           |           | Licensed Beds Occ. Pct. | Peak Beds Set Up Occ. Pct. |
|------------------|--|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|-----------|-------------------------|----------------------------|
|                  | BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |           |           |           |              |                   |             |              |           |           |                         |                            |
|                  | Medicare   |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     |           |                         |                            |
|                  | Pat. days  | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Pat. days |                         |                            |
| Nursing Care     | 13499  | 68.5%     | 2372      | 32.5%     | 0            | 1804              | 12411       | 10           | 30096     | 73.6%     | 73.6%                   |                            |
| Skilled Under 22 |  |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%      | 0.0%                    |                            |
| Intermediate DD  |  |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%      | 0.0%                    |                            |
| Sheltered Care   |  |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%      | 0.0%                    |                            |
| TOTALS           | 13499  | 68.5%     | 2372      | 32.5%     | 0            | 1804              | 12411       | 10           | 30096     | 73.6%     | 73.6%                   |                            |

| AGE GROUPS | RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |        |              |        |             |        |           |        |       |        |             |
|------------|---|--------|--------------|--------|-------------|--------|-----------|--------|-------|--------|-------------|
|            | NURSING CARE  |        | SKL UNDER 22 |        | INTERMED DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|            | Male  | Female | Male         | Female | Male        | Female | Male      | Female | Male  | Female | TOTAL       |
| Under 18   | 0   | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 0   | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 45 to 59   | 1   | 3      | 0            | 0      | 0           | 0      | 0         | 0      | 1     | 3      | 4           |
| 60 to 64   | 0   | 0      | 0            | 0      | 0           | 0      | 0         | 0      | 0     | 0      | 0           |
| 65 to 74   | 5   | 8      | 0            | 0      | 0           | 0      | 0         | 0      | 5     | 8      | 13          |
| 75 to 84   | 7   | 15     | 0            | 0      | 0           | 0      | 0         | 0      | 7     | 15     | 22          |
| 85+        | 9   | 39     | 0            | 0      | 0           | 0      | 0         | 0      | 9     | 39     | 48          |
| TOTALS     | 22  | 65     | 0            | 0      | 0           | 0      | 0         | 0      | 22    | 65     | 87          |

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**SHERMAN WEST COURT**

1950 LARKIN AVENUE  
ELGIN, IL. 60123

Reference Numbers Facility ID 6012827

Health Service Area 008 Planning Service Area 089

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

| LEVEL OF CARE    | PAYMENT SOURCE |          |              |                   |             | TOTALS    |
|------------------|----------------|----------|--------------|-------------------|-------------|-----------|
|                  | Medicare       | Medicaid | Other Public | Private Insurance | Private Pay |           |
| Nursing Care     | 39             | 7        | 0            | 8                 | 33          | 87        |
| Skilled Under 22 | 0              | 0        | 0            | 0                 | 0           | 0         |
| ICF/DD           |                | 0        | 0            | 0                 | 0           | 0         |
| Sheltered Care   |                |          | 0            | 0                 | 0           | 0         |
| <b>TOTALS</b>    | <b>39</b>      | <b>7</b> | <b>0</b>     | <b>8</b>          | <b>33</b>   | <b>87</b> |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 201    | 171    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE               | Nursing   | Skilled Under 22 | ICF/DD   | Shelter  | Totals    |
|--------------------|-----------|------------------|----------|----------|-----------|
| Asian              | 1         | 0                | 0        | 0        | 1         |
| Amer. Indian       | 0         | 0                | 0        | 0        | 0         |
| Black              | 0         | 0                | 0        | 0        | 0         |
| Hawaiian/Pac. Isl. | 0         | 0                | 0        | 0        | 0         |
| White              | 86        | 0                | 0        | 0        | 86        |
| Race Unknown       | 0         | 0                | 0        | 0        | 0         |
| <b>Total</b>       | <b>87</b> | <b>0</b>         | <b>0</b> | <b>0</b> | <b>87</b> |

| ETHNICITY         | Nursing   | Skilled Under 22 | ICF/DD   | Shelter  | Totals    |
|-------------------|-----------|------------------|----------|----------|-----------|
| Hispanic          | 1         | 0                | 0        | 0        | 1         |
| Non-Hispanic      | 86        | 0                | 0        | 0        | 86        |
| Ethnicity Unknown | 0         | 0                | 0        | 0        | 0         |
| <b>Total</b>      | <b>87</b> | <b>0</b>         | <b>0</b> | <b>0</b> | <b>87</b> |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 18.00                |
| LPN's               | 2.00                 |
| Certified Aides     | 26.00                |
| Other Health Staff  | 0.00                 |
| Non-Health Staff    | 39.00                |
| <b>Totals</b>       | <b>87.00</b>         |

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

| Medicare  | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 58.0%     | 3.6%     | 0.0%         | 6.9%              | 31.5%       | 100.0%    |                       |  |
| 5,434,190 | 338,563  | 0            | 649,288           | 2,951,916   | 9,373,957 | 9,033                 | 0.1%   |

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

**FACILITY NOTES**

Bed Change 8/1/2010 Facility discontinued 8 nursing care beds; facility now has 112 nursing care beds.

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| ST. JOSEPH'S HOME FOR ELDERLY |                           | ADMISSION RESTRICTIONS          |  | RESIDENTS BY PRIMARY DIAGNOSIS            |  |
|-------------------------------|---------------------------|---------------------------------|--|---|--|
| 80 WEST NORTHWEST HIGHWAY     |                           | Aggressive/Anti-Social          |  | DIAGNOSIS                                 |  |
| PALATINE, IL. 60067           |                           | Chronic Alcoholism              |  | Neoplasms                                 |  |
| Reference Numbers             | Facility ID 6009005       | Developmentally Disabled        |  | Endocrine/Metabolic                       |  |
| Health Service Area 007       | Planning Service Area 701 | Drug Addiction                  |  | Blood Disorders                           |  |
| Administrator                 |                           | Medicaid Recipient              |  | *Nervous System Non Alzheimer             |  |
| Sr. Marguerite McCarthy       |                           | Medicare Recipient              |  | Alzheimer Disease                         |  |
| Contact Person and Telephone  |                           | Mental Illness                  |  | Mental Illness                            |  |
| SR MARGUERITE MCCARTHY        |                           | Non-Ambulatory                  |  | Developmental Disability                  |  |
| 847-358-5700                  |                           | Non-Mobile                      |  | Circulatory System                        |  |
| Registered Agent Information  | Date Completed            | Public Aid Recipient            |  | Respiratory System                        |  |
|                               | 2/28/2011                 | Under 65 Years Old              |  | Digestive System                          |  |
|                               |                           | Unable to Self-Medicare         |  | Genitourinary System Disorders            |  |
|                               |                           | Ventilator Dependent            |  | Skin Disorders                            |  |
|                               |                           | Infectious Disease w/ Isolation |  | Musculo-skeletal Disorders                |  |
|                               |                           | Other Restrictions              |  | Injuries and Poisonings                   |  |
|                               |                           | No Restrictions                 |  | Other Medical Conditions                  |  |
|                               |                           |                                 |  | Non-Medical Conditions                    |  |
|                               |                           |                                 |  | TOTALS                                    |  |
|                               |                           |                                 |  | 65  |  |
|                               |                           |                                 |  | Total Residents Diagnosed as Mentally Ill |  |
|                               |                           |                                 |  | 3   |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                | ADMISSIONS AND DISCHARGES - 2010 |                    | Residents on 1/1/2010 |    |
|------------------|--|------------------|----------------|-------------|-------------|----------------|----------------------------------|--------------------|-----------------------|----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED               | MEDICAID CERTIFIED |                       |    |
| Nursing Care     | 60   | 60               | 59             | 60          | 59          | 1              | 0                                | 51                 | 64                    | 8  |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                                | 0                  | 7                     | 65 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                                | 0                  |                       |    |
| Sheltered Care   | 7  | 7                | 7              | 7           | 6           | 1              |                                  |                    | Identified Offenders  | 0  |
| TOTAL BEDS       | 67   | 67               | 66             | 67          | 65          | 2              | 0                                | 51                 |                       |    |

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE    | Medicare  |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     | Licensed Beds | Peak Beds Set Up |
|------------------|-----------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|---------------|------------------|
|                  | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.     | Occ. Pct.        |
| Nursing Care     | 0         | 0.0%      | 19125     | 102.7%    | 0            | 0                 | 1924        | 0            | 21049     | 96.1%         | 96.1%            |
| Skilled Under 22 |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| Intermediate DD  |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| Sheltered Care   |           |           |           |           | 0            | 0                 | 2384        | 0            | 2384      | 93.3%         | 93.3%            |
| TOTALS           | 0         | 0.0%      | 19125     | 102.7%    | 0            | 0                 | 4308        | 0            | 23433     | 95.8%         | 95.8%            |

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

| AGE GROUPS | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
|            | Male         | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female |             |
| Under 18   | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 45 to 59   | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 60 to 64   | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 65 to 74   | 1            | 1      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 1      | 2           |
| 75 to 84   | 3            | 7      | 0            | 0      | 0            | 0      | 0         | 3      | 3     | 10     | 13          |
| 85+        | 8            | 39     | 0            | 0      | 0            | 0      | 0         | 3      | 8     | 42     | 50          |
| TOTALS     | 12           | 47     | 0            | 0      | 0            | 0      | 0         | 6      | 12    | 53     | 65          |

**ST. JOSEPH'S HOME FOR ELDERLY**

80 WEST NORTHWEST HIGHWAY  
PALATINE, IL 60067

Reference Numbers Facility ID 6009005

Health Service Area 007 Planning Service Area 701

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

| LEVEL OF CARE    | Medicare | Medicaid  | Other    |           | Private Pay | Charity Care | TOTALS    |
|------------------|----------|-----------|----------|-----------|-------------|--------------|-----------|
|                  |          |           | Public   | Insurance |             |              |           |
| Nursing Care     | 0        | 54        | 0        | 0         | 5           | 0            | 59        |
| Skilled Under 22 | 0        | 0         | 0        | 0         | 0           | 0            | 0         |
| ICF/DD           |          | 0         | 0        | 0         | 0           | 0            | 0         |
| Sheltered Care   |          |           | 0        | 0         | 6           | 0            | 6         |
| <b>TOTALS</b>    | <b>0</b> | <b>54</b> | <b>0</b> | <b>0</b>  | <b>11</b>   | <b>0</b>     | <b>65</b> |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 120    | 0      |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 45     | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE               | Nursing   | SkUnd22  | ICF/DD   | Shelter  | Totals    |
|--------------------|-----------|----------|----------|----------|-----------|
| Asian              | 1         | 0        | 0        | 0        | 1         |
| Amer. Indian       | 0         | 0        | 0        | 0        | 0         |
| Black              | 2         | 0        | 0        | 0        | 2         |
| Hawaiian/Pac. Isl. | 0         | 0        | 0        | 0        | 0         |
| White              | 56        | 0        | 0        | 6        | 62        |
| Race Unknown       | 0         | 0        | 0        | 0        | 0         |
| <b>Total</b>       | <b>59</b> | <b>0</b> | <b>0</b> | <b>6</b> | <b>65</b> |

| ETHNICITY         | Nursing   | SkUnd22  | ICF/DD   | Shelter  | Totals    |
|-------------------|-----------|----------|----------|----------|-----------|
| Hispanic          | 4         | 0        | 0        | 0        | 4         |
| Non-Hispanic      | 55        | 0        | 0        | 6        | 61        |
| Ethnicity Unknown | 0         | 0        | 0        | 0        | 0         |
| <b>Total</b>      | <b>59</b> | <b>0</b> | <b>0</b> | <b>6</b> | <b>65</b> |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 0.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 0.00                 |
| Registered Nurses   | 6.80                 |
| LPN's               | 4.88                 |
| Certified Aides     | 29.05                |
| Other Health Staff  | 3.70                 |
| Non-Health Staff    | 32.75                |
| <b>Totals</b>       | <b>77.18</b>         |

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

| Medicare | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 0.0%     | 88.5%     | 0.0%         | 0.0%              | 11.5%       | 100.0%    |                       | 0.0%   |
| 0        | 2,159,352 | 0            | 0                 | 280,849     | 2,440,201 | 0                     |  |

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

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| VALLEY HI NURSING HOME       |                           | ADMISSION RESTRICTIONS                            |  | RESIDENTS BY PRIMARY DIAGNOSIS               |  |
|------------------------------|---------------------------|---|--|--|--|
| 2406 HARTLAND ROAD           |                           | Aggressive/Anti-Social 1                          |  | DIAGNOSIS                                    |  |
| WOODSTOCK, IL. 60098         |                           | Chronic Alcoholism 1                              |  | Neoplasms 1                                  |  |
| Reference Numbers            | Facility ID 6009542       | Developmentally Disabled 0                        |  | Endocrine/Metabolic 4                        |  |
| Health Service Area 008      | Planning Service Area 111 | Drug Addiction 1                                  |  | Blood Disorders 0                            |  |
| Administrator                |                           | Medicaid Recipient 0                              |  | *Nervous System Non Alzheimer 6              |  |
| THOMAS ANNARELLA             |                           | Medicare Recipient 0                              |  | Alzheimer Disease 5                          |  |
| Contact Person and Telephone |                           | Mental Illness 1                                  |  | Mental Illness 2                             |  |
| SHELLY LUNSFORD              |                           | Non-Ambulatory 0                                  |  | Developmental Disability 0                   |  |
| 815-334-2808                 |                           | Non-Mobile 0                                      |  | Circulatory System 30                        |  |
| Registered Agent Information | Date Completed 3/1/2011   | Public Aid Recipient 0                            |  | Respiratory System 4                         |  |
|                              |                           | Under 65 Years Old 0                              |  | Digestive System 2                           |  |
|                              |                           | Unable to Self-Medicate 0                         |  | Genitourinary System Disorders 0             |  |
|                              |                           | Ventilator Dependent 1                            |  | Skin Disorders 1                             |  |
|                              |                           | Infectious Disease w/ Isolation 0                 |  | Musculo-skeletal Disorders 5                 |  |
|                              |                           | Other Restrictions 0                              |  | Injuries and Poisonings 9                    |  |
| FACILITY OWNERSHIP           |                           | No Restrictions 0                                 |  | Other Medical Conditions 24                  |  |
| COUNTY                       |                           |   |  | Non-Medical Conditions 32                    |  |
| CONTINUING CARE COMMUNITY    | No                        | <i>Note: Reported restrictions denoted by '1'</i> |  | TOTALS 125                                   |  |
| LIFE CARE FACILITY           | No                        |   |  | Total Residents Diagnosed as Mentally Ill 74 |  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    |                    | ADMISSIONS AND DISCHARGES - 2010 |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|--------------------|----------------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED | Residents on 1/1/2010            |     |
| Nursing Care     | 128  | 128              | 128            | 128         | 125         | 3              | 128                | 128                | Total Admissions 2010            | 54  |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Total Discharges 2010            | 52  |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Residents on 12/31/2010          | 125 |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                  | Identified Offenders             | 0   |
| TOTAL BEDS       | 128  | 128              | 128            | 128         | 125         | 3              | 128                | 128                |                                  |     |

| FACILITY UTILIZATION - 2010                          |           |           |           |           |              |                   |             |              |           |               |                  |
|--|-----------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-----------|---------------|------------------|
| BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |           |           |           |           |              |                   |             |              |           |               |                  |
| LEVEL OF CARE  | Medicare  |           | Medicaid  |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL     | Licensed Beds | Peak Beds Set Up |
|  | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    | Pat. days | Occ. Pct.     | Occ. Pct.        |
| Nursing Care   | 4054      | 8.7%      | 29815     | 63.8%     | 2426         | 0                 | 8691        | 0            | 44986     | 96.3%         | 96.3%            |
| Skilled Under 22                                     |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| Intermediate DD                                      |           |           | 0         | 0.0%      | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| Sheltered Care                                       |           |           |           |           | 0            | 0                 | 0           | 0            | 0         | 0.0%          | 0.0%             |
| TOTALS   | 4054      | 8.7%      | 29815     | 63.8%     | 2426         | 0                 | 8691        | 0            | 44986     | 96.3%         | 96.3%            |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |              |        |              |        |              |        |           |        |       |        |             |  |
|---|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|--|
| AGE GROUPS  | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |  |
|   | Male         | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female |             |  |
| Under 18  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |  |
| 18 to 44  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |  |
| 45 to 59  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |  |
| 60 to 64  | 1            | 2      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 2      | 3           |  |
| 65 to 74  | 2            | 3      | 0            | 0      | 0            | 0      | 0         | 0      | 2     | 3      | 5           |  |
| 75 to 84  | 4            | 25     | 0            | 0      | 0            | 0      | 0         | 0      | 4     | 25     | 29          |  |
| 85+   | 5            | 83     | 0            | 0      | 0            | 0      | 0         | 0      | 5     | 83     | 88          |  |
| TOTALS  | 12           | 113    | 0            | 0      | 0            | 0      | 0         | 0      | 12    | 113    | 125         |  |

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VALLEY HI NURSING HOME  
 2406 HARTLAND ROAD  
 WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009542  
 Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | Medicare  | Medicaid  | Other    |           | Private Pay | Charity Care | TOTALS     |
|------------------|-----------|-----------|----------|-----------|-------------|--------------|------------|
|                  |           |           | Public   | Insurance |             |              |            |
| Nursing Care     | 10        | 71        | 8        | 0         | 36          | 0            | 125        |
| Skilled Under 22 | 0         | 0         | 0        | 0         | 0           | 0            | 0          |
| ICF/DD           |           | 0         | 0        | 0         | 0           | 0            | 0          |
| Sheltered Care   |           |           | 0        | 0         | 0           | 0            | 0          |
| <b>TOTALS</b>    | <b>10</b> | <b>71</b> | <b>8</b> | <b>0</b>  | <b>36</b>   | <b>0</b>     | <b>125</b> |

AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 195    | 195    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE               | Nursing    | SkUnd22  | ICF/DD   | Shelter  | Totals     |
|--------------------|------------|----------|----------|----------|------------|
| Asian              | 3          | 0        | 0        | 0        | 3          |
| Amer. Indian       | 0          | 0        | 0        | 0        | 0          |
| Black              | 0          | 0        | 0        | 0        | 0          |
| Hawaiian/Pac. Isl. | 0          | 0        | 0        | 0        | 0          |
| White              | 122        | 0        | 0        | 0        | 122        |
| Race Unknown       | 0          | 0        | 0        | 0        | 0          |
| <b>Total</b>       | <b>125</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>125</b> |

| ETHNICITY         | Nursing    | SkUnd22  | ICF/DD   | Shelter  | Totals     |
|-------------------|------------|----------|----------|----------|------------|
| Hispanic          | 2          | 0        | 0        | 0        | 2          |
| Non-Hispanic      | 123        | 0        | 0        | 0        | 123        |
| Ethnicity Unknown | 0          | 0        | 0        | 0        | 0          |
| <b>Total</b>      | <b>125</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>125</b> |

STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 19.40                |
| LPN's               | 8.43                 |
| Certified Aides     | 50.25                |
| Other Health Staff  | 4.73                 |
| Non-Health Staff    | 47.84                |
| <b>Totals</b>       | <b>132.65</b>        |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 24.4%     | 53.0%     | 3.8%         | 0.0%              | 18.8%       | 100.0%    |                       | 0.0%   |
| 2,074,855 | 4,498,902 | 319,573      | 0                 | 1,594,722   | 8,488,054 | 0                     |  |

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

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| WAUCONDA HEALTHCARE CENTER                        |  | ADMISSION RESTRICTIONS                            |   | RESIDENTS BY PRIMARY DIAGNOSIS            |     |
|---|--|---|---|---|-----|
| 176 THOMAS COURT<br>WAUCONDA, IL. 60084           |  | Aggressive/Anti-Social                            | 1 | DIAGNOSIS                                 |     |
| Reference Numbers Facility ID 6009435             |  | Chronic Alcoholism                                | 1 | Neoplasms                                 | 7   |
| Health Service Area 008 Planning Service Area 097 |  | Developmentally Disabled                          | 1 | Endocrine/Metabolic                       | 11  |
| Administrator                                     |  | Drug Addiction                                    | 1 | Blood Disorders                           | 3   |
| Margaret Ryan                                     |  | Medicaid Recipient                                | 0 | *Nervous System Non Alzheimer             | 17  |
| Contact Person and Telephone                      |  | Medicare Recipient                                | 0 | Alzheimer Disease                         | 17  |
| MARGARET RYAN                                     |  | Mental Illness                                    | 1 | Mental Illness                            | 0   |
| 847-526-5551                                      |  | Non-Ambulatory                                    | 0 | Developmental Disability                  | 0   |
| Registered Agent Information                      |  | Non-Mobile  | 0 | Circulatory System                        | 43  |
| Christopher Vicere                                |  | Public Aid Recipient                              | 0 | Respiratory System                        | 5   |
| 5061 N. Pulaski                                   |  | Under 65 Years Old                                | 0 | Digestive System                          | 0   |
| Chicago, IL 60031                                 |  | Unable to Self-Medicare                           | 0 | Genitourinary System Disorders            | 7   |
| FACILITY OWNERSHIP                                |  | Ventilator Dependent                              | 1 | Skin Disorders                            | 0   |
| LIMITED LIABILITY CO                              |  | Infectious Disease w/ Isolation                   | 0 | Musculo-skeletal Disorders                | 5   |
| CONTINUING CARE COMMUNITY                         |  | Other Restrictions                                | 0 | Injuries and Poisonings                   | 6   |
| LIFE CARE FACILITY                                |  | No Restrictions                                   | 0 | Other Medical Conditions                  | 4   |
|   |  | <i>Note: Reported restrictions denoted by '1'</i> |   | Non-Medical Conditions                    | 0   |
|   |  |   |   | TOTALS                                    | 125 |
|   |  |   |   | Total Residents Diagnosed as Mentally Ill | 0   |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |                |             |             |                |                    | ADMISSIONS AND DISCHARGES - 2010 |                         |     |
|------------------|--|------------------|----------------|-------------|-------------|----------------|--------------------|----------------------------------|-------------------------|-----|
|                  | LICENSED BEDS  | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED               | Residents on 1/1/2010   |     |
| Nursing Care     | 135  | 135              | 135            | 135         | 125         | 10             | 135                | 79                               | Total Admissions 2010   | 271 |
| Skilled Under 22 | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Total Discharges 2010   | 263 |
| Intermediate DD  | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Residents on 12/31/2010 | 125 |
| Sheltered Care   | 0  | 0                | 0              | 0           | 0           | 0              | 0                  | 0                                | Identified Offenders    | 0   |
| TOTAL BEDS       | 135  | 135              | 135            | 135         | 125         | 10             | 135                | 79                               |                         |     |

| FACILITY UTILIZATION - 2010                          |          |           |          |           |              |                   |             |              |       |               |           |
|--|----------|-----------|----------|-----------|--------------|-------------------|-------------|--------------|-------|---------------|-----------|
| BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |          |           |          |           |              |                   |             |              |       |               |           |
| LEVEL OF CARE  | Medicare |           | Medicaid |           | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL | Licensed Beds | Peak Beds |
|  | Pat days | Occ. Pct. | Pat days | Occ. Pct. | Pat. days    | Pat. days         | Pat. days   | Pat. days    |       | Pat. days     | Occ. Pct. |
| Nursing Care   | 8932     | 18.1%     | 21179    | 73.4%     | 92           | 949               | 12719       | 0            | 43871 | 89.0%         | 89.0%     |
| Skilled Under 22                                     |          |           | 0        | 0.0%      | 0            | 0                 | 0           | 0            | 0     | 0.0%          | 0.0%      |
| Intermediate DD                                      |          |           | 0        | 0.0%      | 0            | 0                 | 0           | 0            | 0     | 0.0%          | 0.0%      |
| Sheltered Care                                       |          |           |          |           | 0            | 0                 | 0           | 0            | 0     | 0.0%          | 0.0%      |
| TOTALS   | 8932     | 18.1%     | 21179    | 73.4%     | 92           | 949               | 12719       | 0            | 43871 | 89.0%         | 89.0%     |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010 |              |        |              |        |              |        |           |        |       |        |             |
|---|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| AGE GROUPS  | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        | GRAND TOTAL |
|   | Male         | Female | Male         | Female | Male         | Female | Male      | Female | Male  | Female |             |
| Under 18  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44  | 0            | 0      | 0            | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 45 to 59  | 1            | 1      | 0            | 0      | 0            | 0      | 0         | 0      | 1     | 1      | 2           |
| 60 to 64  | 2            | 3      | 0            | 0      | 0            | 0      | 0         | 0      | 2     | 3      | 5           |
| 65 to 74  | 4            | 6      | 0            | 0      | 0            | 0      | 0         | 0      | 4     | 6      | 10          |
| 75 to 84  | 14           | 22     | 0            | 0      | 0            | 0      | 0         | 0      | 14    | 22     | 36          |
| 85+   | 11           | 61     | 0            | 0      | 0            | 0      | 0         | 0      | 11    | 61     | 72          |
| TOTALS  | 32           | 93     | 0            | 0      | 0            | 0      | 0         | 0      | 32    | 93     | 125         |

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WAUCONDA HEALTHCARE CENTER  
 176 THOMAS COURT  
 WAUCONDA, IL. 60084

Reference Numbers Facility ID 6009435  
 Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE    | PAYMENT SOURCE |           |              |           |             | Charity Care | TOTALS     |
|------------------|----------------|-----------|--------------|-----------|-------------|--------------|------------|
|                  | Medicare       | Medicaid  | Other Public | Insurance | Private Pay |              |            |
| Nursing Care     | 30             | 58        | 1            | 3         | 33          | 0            | 125        |
| Skilled Under 22 | 0              | 0         | 0            | 0         | 0           | 0            | 0          |
| ICF/DD           |                | 0         | 0            | 0         | 0           | 0            | 0          |
| Sheltered Care   |                |           | 0            | 0         | 0           | 0            | 0          |
| <b>TOTALS</b>    | <b>30</b>      | <b>58</b> | <b>1</b>     | <b>3</b>  | <b>33</b>   | <b>0</b>     | <b>125</b> |

AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 0      | 237    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE              | LEVEL OF CARE |                  |          |          | Totals     |
|-------------------|---------------|------------------|----------|----------|------------|
|                   | Nursing       | Skilled Under 22 | ICF/DD   | Shelter  |            |
| Asian             | 1             | 0                | 0        | 0        | 1          |
| Amer. Indian      | 0             | 0                | 0        | 0        | 0          |
| Black             | 0             | 0                | 0        | 0        | 0          |
| Hawaiian/Pac. Isl | 0             | 0                | 0        | 0        | 0          |
| White             | 124           | 0                | 0        | 0        | 124        |
| Race Unknown      | 0             | 0                | 0        | 0        | 0          |
| <b>Total</b>      | <b>125</b>    | <b>0</b>         | <b>0</b> | <b>0</b> | <b>125</b> |

| ETHNICITY         | LEVEL OF CARE |                  |          |          | Totals     |
|-------------------|---------------|------------------|----------|----------|------------|
|                   | Nursing       | Skilled Under 22 | ICF/DD   | Shelter  |            |
| Hispanic          | 5             | 0                | 0        | 0        | 5          |
| Non-Hispanic      | 120           | 0                | 0        | 0        | 120        |
| Ethnicity Unknown | 0             | 0                | 0        | 0        | 0          |
| <b>Total</b>      | <b>125</b>    | <b>0</b>         | <b>0</b> | <b>0</b> | <b>125</b> |

STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 20.00                |
| LPN's               | 5.00                 |
| Certified Aides     | 72.00                |
| Other Health Staff  | 38.00                |
| Non-Health Staff    | 0.00                 |
| <b>Totals</b>       | <b>137.00</b>        |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay |
|-----------|-----------|--------------|-------------------|-------------|
| 42.0%     | 28.0%     | 0.1%         | 3.1%              | 26.8%       |
| 4,542,071 | 3,031,696 | 16,070       | 334,793           | 2,897,933   |

| TOTALS     | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|------------|-----------------------|--|
| 100.0%     | 0                     | 0.0%   |
| 10,822,563 |                       |  |

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

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**WOODSTOCK RESIDENCE**

309 MCHENRY AVENUE  
WOODSTOCK, IL 60098

Reference Numbers Facility ID 6010136  
Health Service Area 008 Planning Service Area 111

Administrator  
Samuel Biber

Contact Person and Telephone  
SAMUEL BIBER  
315-338-1700

**Registered Agent Information**

Date Completed  
2/24/2011

**ADMISSION RESTRICTIONS**

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

Note: Reported restrictions denoted by '1'

**RESIDENTS BY PRIMARY DIAGNOSIS**

|                                |           |
|--------------------------------|-----------|
| DIAGNOSIS                      |           |
| Neoplasms                      | 4         |
| Endocrine/Metabolic            | 6         |
| Blood Disorders                | 1         |
| *Nervous System Non Alzheimer  | 3         |
| Alzheimer Disease              | 9         |
| Mental Illness                 | 2         |
| Developmental Disability       | 1         |
| Circulatory System             | 15        |
| Respiratory System             | 8         |
| Digestive System               | 5         |
| Genitourinary System Disorders | 13        |
| Skin Disorders                 | 2         |
| Musculo-skeletal Disorders     | 4         |
| Injuries and Poisonings        | 9         |
| Other Medical Conditions       | 2         |
| Non-Medical Conditions         | 2         |
| <b>TOTALS</b>                  | <b>86</b> |

Total Residents Diagnosed as Mentally Ill 2

**FACILITY OWNERSHIP**

FOR-PROF CORPORATION

**CONTINUING CARE COMMUNITY**

No

**LIFE CARE FACILITY**

No

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

**ADMISSIONS AND DISCHARGES - 2010**

| LEVEL OF CARE     | LICENSED BEDS | PEAK BEDS  |           | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED | ADMISSIONS AND DISCHARGES - 2010 |          |
|-------------------|---------------|------------|-----------|-------------|----------------|--------------------|--------------------|----------------------------------|----------|
|                   |               | SET UP     | USED      |             |                |                    |                    | Residents on 1/1/2010            |          |
| Nursing Care      | 115           | 115        | 87        | 115         | 86             | 29                 | 115                | Residents on 1/1/2010            | 77       |
| Skilled Under 22  | 0             | 0          | 0         | 0           | 0              | 0                  | 0                  | Total Admissions 2010            | 122      |
| Intermediate DD   | 0             | 0          | 0         | 0           | 0              | 0                  | 0                  | Total Discharges 2010            | 113      |
| Sheltered Care    | 0             | 0          | 0         | 0           | 0              | 0                  | 0                  | Residents on 12/31/2010          | 86       |
| <b>TOTAL BEDS</b> | <b>115</b>    | <b>115</b> | <b>87</b> | <b>115</b>  | <b>86</b>      | <b>29</b>          | <b>115</b>         | <b>Identified Offenders</b>      | <b>2</b> |

**FACILITY UTILIZATION - 2010**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

| LEVEL OF CARE    | Medicare    |              |  | Medicaid     |              |  | Other Public |            | Private Insurance | Private Pay | Charity Care | TOTAL Pat. days | Licensed Beds |              | Peak Beds Set Up |
|------------------|-------------|--------------|--|--------------|--------------|--|--------------|------------|-------------------|-------------|--------------|-----------------|---------------|--------------|------------------|
|                  | Pat. days   | Occ. Pct.    |  | Pat. days    | Occ. Pct.    |  | Pat. days    | Pat. days  | Pat. days         | Pat. days   | Pat. days    |                 | Occ. Pct.     | Occ. Pct.    |                  |
| Nursing Care     | 3569        | 33.7%        |  | 20171        | 48.1%        |  | 1675         | 171        | 2776              | 0           |              | 28362           | 67.6%         | 67.6%        |                  |
| Skilled Under 22 |             |              |  | 0            | 0.0%         |  | 0            | 0          | 0                 | 0           |              | 0               | 0.0%          | 0.0%         |                  |
| Intermediate DD  |             |              |  | 0            | 0.0%         |  | 0            | 0          | 0                 | 0           |              | 0               | 0.0%          | 0.0%         |                  |
| Sheltered Care   |             |              |  |              |              |  | 0            | 0          | 0                 | 0           |              | 0               | 0.0%          | 0.0%         |                  |
| <b>TOTALS</b>    | <b>3569</b> | <b>33.7%</b> |  | <b>20171</b> | <b>48.1%</b> |  | <b>1675</b>  | <b>171</b> | <b>2776</b>       | <b>0</b>    |              | <b>28362</b>    | <b>67.6%</b>  | <b>67.6%</b> |                  |

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010**

| AGE GROUPS    | NURSING CARE |           | SKL UNDER 22 |          | INTERMED DD |          | SHELTERED |          | TOTAL     |           | GRAND TOTAL |
|---------------|--------------|-----------|--------------|----------|-------------|----------|-----------|----------|-----------|-----------|-------------|
|               | Male         | Female    | Male         | Female   | Male        | Female   | Male      | Female   | Male      | Female    |             |
| Under 18      | 0            | 0         | 0            | 0        | 0           | 0        | 0         | 0        | 0         | 0         | 0           |
| 18 to 44      | 0            | 0         | 0            | 0        | 0           | 0        | 0         | 0        | 0         | 0         | 0           |
| 45 to 59      | 5            | 3         | 0            | 0        | 0           | 0        | 0         | 0        | 5         | 3         | 8           |
| 60 to 64      | 6            | 4         | 0            | 0        | 0           | 0        | 0         | 0        | 6         | 4         | 10          |
| 65 to 74      | 5            | 9         | 0            | 0        | 0           | 0        | 0         | 0        | 5         | 9         | 14          |
| 75 to 84      | 10           | 17        | 0            | 0        | 0           | 0        | 0         | 0        | 10        | 17        | 27          |
| 85+           | 14           | 17        | 0            | 0        | 0           | 0        | 0         | 0        | 10        | 17        | 27          |
| <b>TOTALS</b> | <b>36</b>    | <b>50</b> | <b>0</b>     | <b>0</b> | <b>0</b>    | <b>0</b> | <b>0</b>  | <b>0</b> | <b>36</b> | <b>50</b> | <b>86</b>   |

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**WOODSTOCK RESIDENCE**

309 MCHENRY AVENUE  
WOODSTOCK IL 60098

Reference Numbers Facility ID 6010136

Health Service Area 008 Planning Service Area 111

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

| LEVEL OF CARE    | Medicare  | Medicaid  | Other Public | Insurance | Private Pay | Charity Care | TOTALS    |
|------------------|-----------|-----------|--------------|-----------|-------------|--------------|-----------|
| Nursing Care     | 10        | 55        | 0            | 1         | 20          | 0            | 86        |
| Skilled Under 22 | 0         | 0         | 0            | 0         | 0           | 0            | 0         |
| ICF/DD           |           | 0         | 0            | 0         | 0           | 0            | 0         |
| Sheltered Care   |           |           | 0            | 0         | 0           | 0            | 0         |
| <b>TOTALS</b>    | <b>10</b> | <b>55</b> | <b>0</b>     | <b>1</b>  | <b>20</b>   | <b>0</b>     | <b>86</b> |

**AVERAGE DAILY PAYMENT RATES**

| LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|--------|--------|
| Nursing Care     | 240    | 180    |
| Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0      | 0      |
| Shelter          | 0      | 0      |

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

| RACE             | Nursing   | SkilUnd22 | ICF/DD   | Shelter  | Totals    |
|------------------|-----------|-----------|----------|----------|-----------|
| Asian            | 0         | 0         | 0        | 0        | 0         |
| Amer Indian      | 0         | 0         | 0        | 0        | 0         |
| Black            | 2         | 0         | 0        | 0        | 2         |
| Hawaiian Pacific | 0         | 0         | 0        | 0        | 0         |
| White            | 84        | 0         | 0        | 0        | 84        |
| Race Unknown     | 0         | 0         | 0        | 0        | 0         |
| <b>Total</b>     | <b>86</b> | <b>0</b>  | <b>0</b> | <b>0</b> | <b>86</b> |

| ETHNICITY         | Nursing   | SkilUnd22 | ICF/DD   | Shelter  | Totals    |
|-------------------|-----------|-----------|----------|----------|-----------|
| Hispanic          | 4         | 0         | 0        | 0        | 4         |
| Non-Hispanic      | 82        | 0         | 0        | 0        | 82        |
| Ethnicity Unknown | 0         | 0         | 0        | 0        | 0         |
| <b>Total</b>      | <b>86</b> | <b>0</b>  | <b>0</b> | <b>0</b> | <b>86</b> |

**STAFFING**

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---------------------|----------------------|
| Administrators      | 1.00                 |
| Physicians          | 0.00                 |
| Director of Nursing | 1.00                 |
| Registered Nurses   | 7.50                 |
| LPN's               | 6.50                 |
| Certified Aides     | 25.00                |
| Other Health Staff  | 2.00                 |
| Non-Health Staff    | 32.50                |
| <b>Totals</b>       | <b>75.50</b>         |

**NET REVENUE BY PAYOR SOURCE (Fiscal Year 2010)**

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 31.2%     | 45.5%     | 2.9%         | 8.3%              | 12.1%       | 100.0%    | 0                     | 0.0%   |
| 1,230,528 | 1,793,932 | 113,791      | 326,377           | 477,358     | 3,941,989 |                       |  |

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

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#11



Notes

Trip to:  
**Alden Estates-Barrington**  
**1420 S Barrington Rd**  
Barrington, IL 60010  
(847) 382-6664  
13.32 miles / 24 minutes

**A E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014**

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
*0.5 Mi Total*
- ➡  2. Turn right onto IL-31 S. [Map](#) **1.4 Mi**  
*1.9 Mi Total*
-  3. Take the US-14 ramp. [Map](#) **0.2 Mi**  
*2.1 Mi Total*
- ⬅  4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14 E. [Map](#) **9.2 Mi**  
*11.3 Mi Total*
- ➡ 5. Turn right onto N Hough St / IL-59. Continue to follow N Hough St. [Map](#) **1.3 Mi**  
*12.6 Mi Total*
- ↑ 6. N Hough St becomes S Barrington Rd. [Map](#) **0.7 Mi**  
*13.3 Mi Total*
- 7. 1420 S BARRINGTON RD is on the right. [Map](#)

**B Alden Estates-Barrington**  
1420 S Barrington Rd, Barrington, IL 60010  
(847) 382-6664

Total Travel Estimate: 13.32 miles - about 24 minutes

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Notes

Trip to:

**Alden Poplar Creek**  
**1545 Barrington Rd**  
Hoffman Estates, IL 60169  
(847) 884-0011  
18.76 miles / 28 minutes

**A E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014**

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) 0.5 Mi  
0.5 Mi Total
- ➔  2. Turn right onto IL-31 S. [Map](#) 5.8 Mi  
6.3 Mi Total
-  3. Turn left onto Algonquin Rd / IL-62. [Map](#) 9.4 Mi  
15.6 Mi Total
- ➔ 4. Turn right onto N Barrington Rd. [Map](#) 3.2 Mi  
18.8 Mi Total
- 5. 1545 BARRINGTON RD is on the left. [Map](#)

**B Alden Poplar Creek**  
1545 Barrington Rd, Hoffman Estates, IL 60169  
(847) 884-0011

Total Travel Estimate: 18.76 miles - about 28 minutes

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#5



Notes

Trip to:

**Alden Terrace of Mc Henry**  
**803 Royal Dr**

Mchenry, IL 60050

(815) 344-2600

7.49 miles / 12 minutes

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
0.5 Mi Total
- ↶ **31** 2. Turn left onto IL-31. [Map](#) **6.2 Mi**  
6.7 Mi Total
- ↶ 3. Turn left onto W Lillian St. [Map](#) **0.6 Mi**  
7.3 Mi Total
- ↶ 4. Turn left onto W Crystal Lake Rd. [Map](#) **0.2 Mi**  
7.5 Mi Total
- ↷ 5. Take the 1st right onto Front Royal Dr. [Map](#) **0.02 Mi**  
7.5 Mi Total
- 6. 803 ROYAL DR is on the left. [Map](#)

**B** Alden Terrace of Mc Henry  
803 Royal Dr, Mchenry, IL 60050  
(815) 344-2600

Total Travel Estimate: 7.49 miles - about 12 minutes

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16.



Notes

Trip to:

**Apostolic Christian Resthaven**  
**2750 W Highland Ave**


Elgin, IL 60124

(847) 741-4543

17.06 miles / 24 minutes

Empty rectangular box for notes.

**A E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014**

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 MI**  
*0.5 Mi Total*
- ➡  2. Turn right onto IL-31 S. [Map](#) **2.6 MI**  
*3.1 Mi Total*
- ➡ 3. Turn right onto James R Rakow Rd / CR-A45. Continue to follow James R Rakow Rd. [Map](#) **2.6 MI**  
*5.7 Mi Total*
- ↑ 4. James R Rakow Rd becomes Randall Rd. [Map](#) **11.1 MI**  
*16.8 Mi Total*
- ➡ 5. Turn sharp right onto Highland Ave. [Map](#) **0.3 MI**  
*17.1 Mi Total*
- 6. 2750 W HIGHLAND AVE is on the right. [Map](#)

**B Apostolic Christian Resthaven**  
2750 W Highland Ave, Elgin, IL 60124  
(847) 741-4543

Total Travel Estimate: 17.06 miles - about 24 minutes

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Notes

Trip to:

**Elgin Care Center**  
**530 N Mclean Blvd**  
Elgin, IL 60123  
(847) 695-4800  
17.63 miles / 26 minutes

ASTA CARE

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
0.5 Mi Total
- ➡  2. Turn right onto IL-31 S. [Map](#) **2.6 Mi**  
3.1 Mi Total
- ➡ 3. Turn right onto James R Rakow Rd / CR-A45. Continue to follow James R Rakow Rd. [Map](#) **2.6 Mi**  
5.7 Mi Total
- ↑ 4. James R Rakow Rd becomes Randall Rd. [Map](#) **9.8 Mi**  
15.5 Mi Total
- ↙ 5. Turn slight left onto Big Timber Rd / CR-21. [Map](#) **1.2 Mi**  
16.7 Mi Total
- ➡ 6. Turn right onto N McLean Blvd. [Map](#) **0.4 Mi**  
17.1 Mi Total
- ↑ 7. N McLean Blvd becomes Wing St. [Map](#) **0.3 Mi**  
17.4 Mi Total
- ➡ 8. Turn right onto N McLean Blvd. [Map](#) **0.2 Mi**  
17.6 Mi Total
- 9. 530 N MCLEAN BLVD is on the right. [Map](#)

**B** **Elgin Care Center**  
Plaridel Asuncion  
530 N Mclean Blvd, Elgin, IL 60123  
(847) 695-4800

Total Travel Estimate: 17.63 miles - about 26 minutes

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Notes

Trip to:

**335 Illinois St**

Crystal Lake, IL 60014-3618

1.00 miles / 2 minutes

CRYSTAL PINES

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014



1. Start out going west on IL-176 / E Terra Cotta Ave toward Knaack Blvd. [Map](#)

**0.9 Mi**

*0.9 Mi Total*



2. Turn right onto Illinois St. [Map](#)

**0.1 Mi**

*1.0 Mi Total*



3. 335 ILLINOIS ST is on the right. [Map](#)

**B** 335 Illinois St, Crystal Lake, IL 60014-3618

Total Travel Estimate: **1.00 miles - about 2 minutes**

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Notes

Trip to:

**Fair Oaks Health Care Center**  
**471 W Terra Cotta Ave**  
Crystal Lake, IL 60014  
(815) 455-0550  
2.19 miles / 4 minutes

**A** **E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014**

- 1. Start out going west on IL-176 / E Terra Cotta Ave toward Knaack Blvd. [Map](#) **2.2 Mi**
- 2. 471 W TERRA COTTA AVE is on the left. [Map](#) **2.2 Mi Total**

**B** **Fair Oaks Health Care Center**  
471 W Terra Cotta Ave, Crystal Lake, IL 60014  
(815) 455-0550

**Total Travel Estimate: 2.19 miles - about 4 minutes**

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Notes

Trip to:





**Florence Nursing Home**  
**546 E Grant Hwy**

Marengo, IL 60152

(815) 568-8322

17.22 miles / 25 minutes

**A E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014**

- 1. Start out going west on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd**. Continue to follow **IL-176**. [Map](#) **6.5 Mi**  
6.5 Mi Total
- ➡  2. Turn right onto **IL-47 / IL-176**. [Map](#) **0.8 Mi**  
7.4 Mi Total
- ⬅  3. Take the 2nd left onto **IL-176**. [Map](#) **9.0 Mi**  
16.4 Mi Total
- ⬅  4. Turn left onto **N State St / IL-23**. [Map](#) **0.5 Mi**  
16.9 Mi Total
- ⬅  5. Turn left onto **E Grant Hwy / US-20 / Ulysses S Grant Memorial Hwy**. [Map](#) **0.4 Mi**  
17.2 Mi Total
- 6. **546 E GRANT HWY** is on the left. [Map](#)

**B Florence Nursing Home**  
**546 E Grant Hwy, Marengo, IL 60152**  
(815) 568-8322

Total Travel Estimate: **17.22 miles - about 25 minutes**

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#2



Notes

Trip to:

**Fountains At Crystal Lake Hlth**  
**1000 E Brighton Ln**

Crystal Lake, IL 60012

(815) 444-8761

2.00 miles / 3 minutes



**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

● 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
*0.5 Mi Total*

↶ **31** 2. Turn left onto IL-31. [Map](#) **1.3 Mi**  
*1.8 Mi Total*

↷ 3. Turn right onto E Brighton Ln. [Map](#) **0.2 Mi**  
*2.0 Mi Total*

■ 4. 1000 E BRIGHTON LN is on the left. [Map](#)

**B** **Fountains At Crystal Lake Hlth**  
1000 E Brighton Ln, Crystal Lake, IL 60012  
(815) 444-8761

Total Travel Estimate: **2.00 miles - about 3 minutes**

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AS





Notes

Trip to:

**Hearthstone Manor**  
**920 N Seminary Ave**  
Woodstock, IL 60098  
(815) 338-1749  
10.61 miles / 18 minutes

**A E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014**

- 1. Start out going west on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd.** [Map](#) **2.5 Mi**  
2.5 Mi Total
- ➔  2. Turn right onto **US-14 W.** [Map](#) **5.8 Mi**  
8.3 Mi Total
- ↗  3. Turn slight right onto **S Eastwood Dr / IL-47.** Continue to follow **IL-47.** [Map](#) **2.3 Mi**  
10.6 Mi Total
- 4. **920 N SEMINARY AVE** is on the right. [Map](#)

**B Hearthstone Manor**  
920 N Seminary Ave, Woodstock, IL 60098  
(815) 338-1749

Total Travel Estimate: **10.61 miles - about 18 minutes**

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#12



Notes

Trip to:







**Lexington Health Care Facility**  
**900 S Rand Rd**

Lake Zurich, IL 60047  
(847) 726-1200

13.85 miles / 23 minutes



**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
0.5 Mi Total
- ➔  2. Turn right onto IL-31 S. [Map](#) **1.4 Mi**  
1.9 Mi Total
-  3. Take the US-14 ramp. [Map](#) **0.2 Mi**  
2.1 Mi Total
- ⬅  4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. [Map](#) **4.8 Mi**  
6.9 Mi Total
- ⬅  5. Turn left onto IL-22. [Map](#) **5.3 Mi**  
12.2 Mi Total
- ➔  6. Turn right onto S Rand Rd / US-12 E. [Map](#) **1.5 Mi**  
13.7 Mi Total
- ↻  7. Make a U-turn onto S Rand Rd / US-12 W. [Map](#) **0.1 Mi**  
13.8 Mi Total
- 8. 900 S RAND RD. [Map](#)

**B** Lexington Health Care Facility  
900 S Rand Rd, Lake Zurich, IL 60047  
(847) 726-1200

Total Travel Estimate: 13.85 miles - about 23 minutes

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18.



Notes

Trip to:


**Maplewood Care Ctr**  
**50 N Jane Dr**

Elgin, IL 60123

(847) 697-3750

18.56 miles / 28 minutes

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
*0.5 Mi Total*
- ➔  2. Turn right onto IL-31 S. [Map](#) **2.6 Mi**  
*3.1 Mi Total*
- ➔ 3. Turn right onto James R Rakow Rd / CR-A45. Continue to follow James R Rakow Rd. [Map](#) **2.6 Mi**  
*5.7 Mi Total*
- ↑ 4. James R Rakow Rd becomes Randall Rd. [Map](#) **11.1 Mi**  
*16.8 Mi Total*
- ↶ 5. Turn left onto Highland Ave. [Map](#) **1.2 Mi**  
*18.0 Mi Total*
- ➔ 6. Turn right onto Thomas More Dr. [Map](#) **0.2 Mi**  
*18.2 Mi Total*
- ↶ 7. Turn left onto Lin Lor Ln. [Map](#) **0.2 Mi**  
*18.4 Mi Total*
- ➔ 8. Take the 1st right onto N Jane Dr. [Map](#) **0.1 Mi**  
*18.6 Mi Total*
- 9. 50 N JANE DR is on the right. [Map](#)

**B** **Maplewood Care Ctr**  
50 N Jane Dr, Elgin, IL 60123  
(847) 697-3750

Total Travel Estimate: **18.56 miles - about 28 minutes**

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Notes

Trip to:

**Manor Care Health Svc**  
**180 S State St**

Elgin, IL 60123  
(847) 742-3310

16.17 miles / 28 minutes

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
*0.5 Mi Total*

  2. Turn right onto IL-31 S. [Map](#) **15.7 Mi**  
*16.2 Mi Total*

3. 180 S STATE ST is on the right. [Map](#)

**B** Manor Care Health Svc  
180 S State St, Elgin, IL 60123  
(847) 742-3310

Total Travel Estimate: **16.17 miles - about 28 minutes**

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#14



Notes

Trip to:


**Mc Henry County-Valley Hi Home**  
**2406 Hartland Rd**

Woodstock, IL 60098

(815) 338-0312

15.77 miles / 22 minutes

**A** **E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014**

- 1. Start out going west on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd.** [Map](#) **2.5 Mi**  
*2.5 Mi Total*
- ➔  2. Turn right onto **US-14 W.** [Map](#) **11.8 Mi**  
*14.3 Mi Total*
- ➔ 3. Turn right onto **Hartland Rd / CR-T68.** [Map](#) **1.5 Mi**  
*15.8 Mi Total*
- 4. **2406 HARTLAND RD** is on the right. [Map](#)

**B** **Mc Henry County-Valley Hi Home**  
2406 Hartland Rd, Woodstock, IL 60098  
(815) 338-0312

Total Travel Estimate: **15.77 miles - about 22 minutes**

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#9



Notes

Trip to:  
**Memorial Medical Center**  
**527 W South St**  
Woodstock, IL 60098  
(815) 334-5014  
10.22 miles / 18 minutes

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going **west** on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd.** [Map](#) **2.5 MI**  
*2.5 Mi Total*
- ➔  2. Turn **right** onto **US-14 W.** [Map](#) **5.2 MI**  
*7.7 Mi Total*
- ↗ 3. Turn **slight right** onto **Lake Ave.** [Map](#) **1.9 MI**  
*9.6 Mi Total*
- ↖ 4. Turn **slight left** onto **E South St.** [Map](#) **0.6 MI**  
*10.2 Mi Total*
- 5. **527 W SOUTH ST** is on the **left.** [Map](#)

**B** **Memorial Medical Center**  
Carl Gustafson  
527 W South St, Woodstock, IL 60098  
(815) 334-5014

**Total Travel Estimate: 10.22 miles - about 18 minutes**

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Notes

Trip to:

**1000 Garlands Ln**  
Barrington, IL 60010-3336  
12.07 miles / 21 minutes

DRARIEVIEW

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
0.5 Mi Total
- ➡  2. Turn right onto IL-31 S. [Map](#) **1.4 Mi**  
1.9 Mi Total
-  3. Take the US-14 ramp. [Map](#) **0.2 Mi**  
2.1 Mi Total
- ⬅  4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14 E. [Map](#) **9.8 Mi**  
11.9 Mi Total
- ⬅ 5. Turn left onto Garlands Ln. [Map](#) **0.09 Mi**  
12.0 Mi Total
- ➡ 6. Take the 1st right to stay on Garlands Ln. [Map](#) **0.09 Mi**  
12.1 Mi Total
- 7. 1000 GARLANDS LN is on the left. [Map](#)

**B** 1000 Garlands Ln, Barrington, IL 60010-3336

Total Travel Estimate: **12.07 miles - about 21 minutes**

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#15



Notes ...

Trip to:

**Rosewood Care Center**

**2355 Royal Blvd**


Elgin, IL 60123

(847) 888-9585

16.67 miles / 23 minutes

Empty box for notes.

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
*0.5 Mi Total*
- ➡  2. Turn right onto IL-31 S. [Map](#) **2.6 Mi**  
*3.1 Mi Total*
- ➡ 3. Turn right onto James R Rakow Rd / CR-A45. Continue to follow James R Rakow Rd. [Map](#) **2.6 Mi**  
*5.7 Mi Total*
- ↑ 4. James R Rakow Rd becomes Randall Rd. [Map](#) **10.7 Mi**  
*16.4 Mi Total*
- ↶ 5. Turn left onto Royal Blvd. [Map](#) **0.2 Mi**  
*16.7 Mi Total*
- 6. 2355 ROYAL BLVD is on the right. [Map](#)

**B** **Rosewood Care Center**  
2355 Royal Blvd, Elgin, IL 60123  
(847) 888-9585

Total Travel Estimate: **16.67 miles - about 23 minutes**

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Trip to:  
**Rosewood Care Center**  
**1800 W Colonial Pkwy**  
Inverness, IL 60067  
(847) 776-4700  
19.63 miles / 30 minutes

Notes

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) 0.5 Mi  
0.5 Mi Total
- ➔  2. Turn right onto IL-31 S. [Map](#) 5.8 Mi  
6.3 Mi Total
-  3. Turn left onto Algonquin Rd / IL-62. [Map](#) 12.9 Mi  
19.1 Mi Total
- 4. Turn left onto S Roselle Rd. [Map](#) 0.4 Mi  
19.5 Mi Total
- 5. Turn left onto W Colonial Pky. [Map](#) 0.1 Mi  
19.6 Mi Total
- 6. 1800 W COLONIAL PKWY. [Map](#)

**B** Rosewood Care Center  
1800 W Colonial Pkwy, Inverness, IL 60067  
(847) 776-4700

Total Travel Estimate: 19.63 miles - about 30 minutes

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Notes

Trip to:


**Sheltering Oak Inc**  
**27888 N Beech St**

Island Lake, IL 60042

(847) 526-3636

6.73 miles / 11 minutes

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
*0.5 Mi Total*
- ↶  2. Turn slight left onto IL-176. [Map](#) **6.0 Mi**  
*6.5 Mi Total*
- ↷ 3. Turn right onto Beech St. [Map](#) **0.2 Mi**  
*6.7 Mi Total*
- 4. 27888 N BEECH ST is on the right. [Map](#)

**B** **Sheltering Oak Inc**  
27888 N Beech St, Island Lake, IL 60042  
(847) 526-3636

**Total Travel Estimate: 6.73 miles - about 11 minutes**

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#171



Notes

Trip to:

**Sherman West Court**


**1950 Larkin Ave**

Elgin, IL 60123

(847) 742-7070

18.64 miles / 27 minutes

**A E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014**

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
0.5 Mi Total
- ➔  2. Turn right onto IL-31 S. [Map](#) **2.6 Mi**  
3.1 Mi Total
- ➔ 3. Turn right onto James R Rakow Rd / CR-A45. Continue to follow James R Rakow Rd. [Map](#) **2.6 Mi**  
5.7 Mi Total
- ↑ 4. James R Rakow Rd becomes Randall Rd. [Map](#) **12.0 Mi**  
17.7 Mi Total
- ↶ 5. Turn left onto Foothill Rd. [Map](#) **0.7 Mi**  
18.4 Mi Total
- ➔ 6. Turn right onto N Airlite St. [Map](#) **0.02 Mi**  
18.4 Mi Total
- ↶ 7. Take the 1st left onto Larkin Ave. [Map](#) **0.2 Mi**  
18.6 Mi Total
- 8. 1950 LARKIN AVE is on the left. [Map](#)

**B Sherman West Court**  
1950 Larkin Ave, Elgin, IL 60123  
(847) 742-7070

Total Travel Estimate: 18.64 miles - about 27 minutes

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Notes

Trip to:  
**St Joseph Home For the Elderly**  
**80 W Northwest Hwy**  
Palatine, IL 60067  
(847) 358-5700  
17.22 miles / 30 minutes

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
*0.5 Mi Total*
- ➔  2. Turn right onto IL-31 S. [Map](#) **1.4 Mi**  
*1.9 Mi Total*
-  3. Take the US-14 ramp. [Map](#) **0.2 Mi**  
*2.1 Mi Total*
- ⬅  4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14 E. [Map](#) **15.1 Mi**  
*17.2 Mi Total*
- 5. 80 W NORTHWEST HWY is on the left. [Map](#)

**B** St Joseph Home For the Elderly  
80 W Northwest Hwy, Palatine, IL 60067  
(847) 358-5700

Total Travel Estimate: 17.22 miles - about 30 minutes

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8/6



Notes

Trip to:

**Wauconda Health Care & Rehab**  
**176 Thomas Ct**

Wauconda, IL 60084

(847) 526-5551

9.24 miles / 15 minutes

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. [Map](#) **0.5 Mi**  
*0.5 Mi Total*

2. Turn slight left onto IL-176. [Map](#) **8.6 Mi**  
*9.1 Mi Total*

3. Turn right onto Thomas Ct. [Map](#) **0.1 Mi**  
*9.2 Mi Total*

4. 176 THOMAS CT is on the left. [Map](#)

**B** **Wauconda Health Care & Rehab**  
176 Thomas Ct, Wauconda, IL 60084  
(847) 526-5551

Total Travel Estimate: **9.24 miles - about 15 minutes**

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#1



Notes

Trip to:

**Crossroads Care Ctr-Woodstock**  
**309 Mchenry Ave**




Woodstock, IL 60098

(815) 338-1700

10.43 miles / 18 minutes

WOODSTOCK RESIDENCE

**A** E Terra Cotta Ave & Terra Cotta Rd, Crystal Lake, IL 60014

- 1. Start out going west on IL-176 / E Terra Cotta Ave toward Knaack Blvd. [Map](#) **2.5 Mi**  
2.5 Mi Total
- ➡  2. Turn right onto US-14 W. [Map](#) **5.8 Mi**  
8.3 Mi Total
- ↗  3. Turn slight right onto S Eastwood Dr / IL-47. [Map](#) **2.0 Mi**  
10.3 Mi Total
- ➡  4. Turn right onto McHenry Ave / IL-120. [Map](#) **0.1 Mi**  
10.4 Mi Total
- 5. 309 MCHENRY AVE is on the left. [Map](#)

**B** Crossroads Care Ctr-Woodstock  
309 Mchenry Ave, Woodstock, IL 60098  
(815) 338-1700

Total Travel Estimate: 10.43 miles - about 18 minutes

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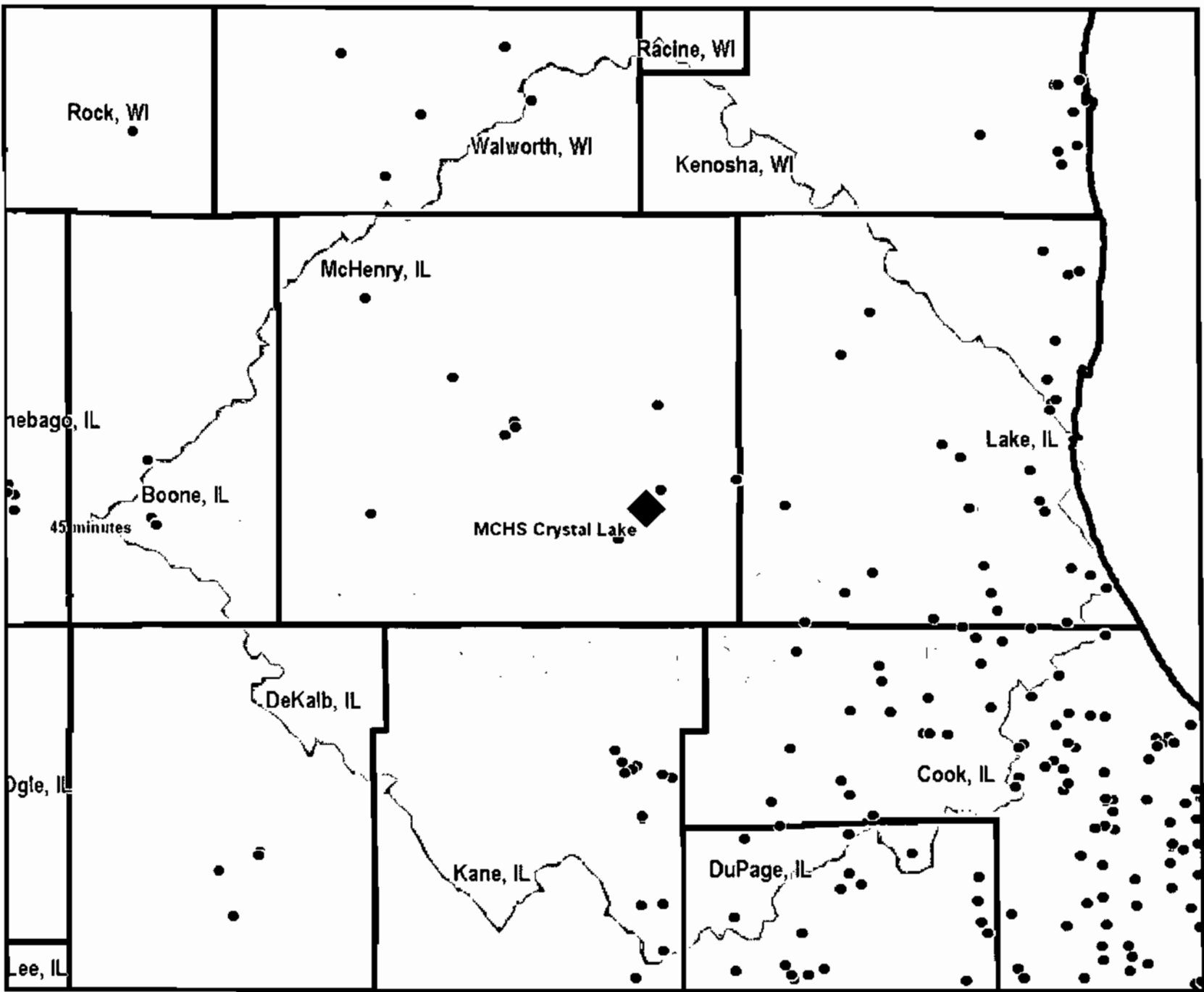
# 45 Minute Drive Time - MCHS Crystal Lake

**Legend**

- Site
- Nursing Homes CMS
- County Boundaries
- ⋮ 45 Minutes

Site Coordinates  
 Longitude/X: -88.299426  
 Latitude/Y: 42.250448

0 6 12  
Miles



Print Date: 4 April 2012

Data Source:

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# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|     |   |                                     |                      |
|-----|---|-------------------------------------|----------------------|
| #1. | CRYSTAL PINES REHAB & HCC<br>335 NORTH ILLINOIS AVENUE<br>CRYSTAL LAKE, IL 60014    | Distance<br>Direction               | 0.7 mi<br>West       |
|     | Phone   | 8154597791                          |                      |
|     | Total Beds  | 114                                 |                      |
|     | Total Census  | 102                                 |                      |
|     | Medicare Census   | 17                                  |                      |
|     | Medicaid Census   | 62                                  |                      |
|     | Other Census  | 23                                  |                      |
|     | Part of CCRC  | N                                   |                      |
|     | Category of Provider  | 03                                  |                      |
|     | Tot Cert  | 112                                 |                      |
|     | MC Only   | 8                                   |                      |
|     | MA Only   | 0                                   |                      |
|     | Dual MC-MA  | 104                                 |                      |
|     | Certification Date  | 201007280000                        |                      |
|     | Multi-Facility Organization Name  | MIDWEST CARE CENTERS, INC.          |                      |
|     | SSA County Name   | MCHENRY                             |                      |
|     | Participation Date  | 197311010000000                     |                      |
| #2. | FOUNTAINS CRYSTAL LAKE SL, LLC<br>1000 EAST BRIGHTON LANE<br>CRYSTAL LAKE, IL 60012 | Distance<br>Direction               | 1.4 mi<br>North-East |
|     | Phone   | 8154776569                          |                      |
|     | Total Beds  | 97                                  |                      |
|     | Total Census  | 71                                  |                      |
|     | Medicare Census   | 44                                  |                      |
|     | Medicaid Census   | 0                                   |                      |
|     | Other Census  | 27                                  |                      |
|     | Part of CCRC  | Y                                   |                      |
|     | Category of Provider  | 04                                  |                      |
|     | Tot Cert  | 97                                  |                      |
|     | MC Only   | 97                                  |                      |
|     | MA Only   | 0                                   |                      |
|     | Dual MC-MA  | 0                                   |                      |
|     | Certification Date  | 201006010000                        |                      |
|     | Multi-Facility Organization Name  | WATERMARK RETIREMENT<br>COMMUNITIES |                      |
|     | SSA County Name   | MCHENRY                             |                      |
|     | Participation Date  | 198904190000000                     |                      |

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# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|     |  |                                  |                      |
|-----|--|----------------------------------|----------------------|
| #3. | FAIR OAKS HEALTH CARE CENTER<br>471 TERRA COTTA AVENUE<br>CRYSTAL LAKE, IL 60014 | Distance<br>Direction            | 2.3 mi<br>South-West |
|     | Phone  | 8154550550                       |                      |
|     | Total Beds   | 46                               |                      |
|     | Total Census   | 36                               |                      |
|     | Medicare Census  | 8                                |                      |
|     | Medicaid Census  | 6                                |                      |
|     | Other Census   | 22                               |                      |
|     | Part of CCRC   | N                                |                      |
|     | Category of Provider   | 03                               |                      |
|     | Tot Cert   | 46                               |                      |
|     | MC Only  | 38                               |                      |
|     | MA Only  | 6                                |                      |
|     | Dual MC-MA   | 2                                |                      |
|     | Certification Date   | 201007080000                     |                      |
|     | Multi-Facility Organization Name   | WISCONSIN ILLINOIS SENIO HOUSING |                      |
|     | SSA County Name  | MCHENRY                          |                      |
|     | Participation Date   | 199612190000000                  |                      |
| #4. | SHELTERING OAK<br>P O BOX 367<br>ISLAND LAKE, IL 60042                           | Distance<br>Direction            | 5.4 mi<br>East       |
|     | Phone  | 8475263636                       |                      |
|     | Total Beds   | 70                               |                      |
|     | Total Census   | 59                               |                      |
|     | Medicare Census  | 0                                |                      |
|     | Medicaid Census  | 58                               |                      |
|     | Other Census   | 1                                |                      |
|     | Part of CCRC   | N                                |                      |
|     | Category of Provider   | 10                               |                      |
|     | Tot Cert   | 70                               |                      |
|     | MC Only  | 0                                |                      |
|     | MA Only  | 70                               |                      |
|     | Dual MC-MA   | 0                                |                      |
|     | Certification Date   |                                  |                      |
|     | Multi-Facility Organization Name   | null                             |                      |
|     | SSA County Name  | LAKE                             |                      |
|     | Participation Date   | 197801150000000                  |                      |

# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|     |   |                           |                 |
|-----|---|---------------------------|-----------------|
| #5. | ALDEN TERRACE OF MCHENRY REHAB<br>803 ROYAL DRIVE<br>MCHENRY, IL 60050  | Distance<br>Direction     | 6.1 mi<br>North |
|     | Phone   | 8153442600                |                 |
|     | Total Beds  | 316                       |                 |
|     | Total Census  | 188                       |                 |
|     | Medicare Census   | 15                        |                 |
|     | Medicaid Census   | 148                       |                 |
|     | Other Census  | 25                        |                 |
|     | Part of CCRC  | N                         |                 |
|     | Category of Provider  | 02                        |                 |
|     | Tot Cert  | 316                       |                 |
|     | MC Only   | 0                         |                 |
|     | MA Only   | 0                         |                 |
|     | Dual MC-MA  | 316                       |                 |
|     | Certification Date  | 201005270000              |                 |
|     | Multi-Facility Organization Name  | ALDEN MANAGEMENT SERVICES |                 |
|     | SSA County Name   | MCHENRY                   |                 |
|     | Participation Date  | 198209010000000           |                 |
| #6. | WAUCONDA HEALTHCARE AND REHAB<br>176 THOMAS COURT<br>WAUCONDA, IL 60084 | Distance<br>Direction     | 7.8 mi<br>East  |
|     | Phone   | 8475263551                |                 |
|     | Total Beds  | 135                       |                 |
|     | Total Census  | 122                       |                 |
|     | Medicare Census   | 25                        |                 |
|     | Medicaid Census   | 53                        |                 |
|     | Other Census  | 44                        |                 |
|     | Part of CCRC  | N                         |                 |
|     | Category of Provider  | 03                        |                 |
|     | Tot Cert  | 135                       |                 |
|     | MC Only   | 56                        |                 |
|     | MA Only   | 0                         |                 |
|     | Dual MC-MA  | 79                        |                 |
|     | Certification Date  | 201009200000              |                 |
|     | Multi-Facility Organization Name  | LANCASTER GROUP           |                 |
|     | SSA County Name   | LAKE                      |                 |
|     | Participation Date  | 199608010000000           |                 |

# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|     |  |                 |            |
|-----|--|-----------------|------------|
| #7. | WOODSTOCK RESIDENCE<br>309 MCHENRY AVENUE<br>WOODSTOCK, IL 60098           | Distance        | 8.7 mi     |
|     |  | Direction       | North-West |
|     | Phone  | 8153381700      |            |
|     | Total Beds   | 115             |            |
|     | Total Census   | 75              |            |
|     | Medicare Census  | 12              |            |
|     | Medicaid Census  | 55              |            |
|     | Other Census   | 8               |            |
|     | Part of CCRC   | N               |            |
|     | Category of Provider   | 03              |            |
|     | Tot Cert   | 115             |            |
|     | MC Only  | 0               |            |
|     | MA Only  | 86              |            |
|     | Dual MC-MA   | 29              |            |
|     | Certification Date   | 201003160000    |            |
|     | Multi-Facility Organization Name   | null            |            |
|     | SSA County Name  | MCHENRY         |            |
|     | Participation Date   | 197011010000000 |            |
| #8. | HEARTHSTONE MANOR<br>920 N SEMINARY AVE P O BOX 520<br>WOODSTOCK, IL 60098 | Distance        | 8.9 mi     |
|     |  | Direction       | North-West |
|     | Phone  | 8153381749      |            |
|     | Total Beds   | 61              |            |
|     | Total Census   | 51              |            |
|     | Medicare Census  | 16              |            |
|     | Medicaid Census  | 17              |            |
|     | Other Census   | 18              |            |
|     | Part of CCRC   | Y               |            |
|     | Category of Provider   | 03              |            |
|     | Tot Cert   | 61              |            |
|     | MC Only  | 29              |            |
|     | MA Only  | 32              |            |
|     | Dual MC-MA   | 0               |            |
|     | Certification Date   | 201009020000    |            |
|     | Multi-Facility Organization Name   | null            |            |
|     | SSA County Name  | MCHENRY         |            |
|     | Participation Date   | 200207170000000 |            |

# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|      |  |                       |                       |
|------|--|-----------------------|-----------------------|
| #9.  | MEMORIAL HOSPITAL<br>527 WEST SOUTH STREET<br>WOODSTOCK, IL 60098      | Distance<br>Direction | 9.0 mi<br>North-West  |
|      | Phone  | 8153382500            |                       |
|      | Total Beds   | 40                    |                       |
|      | Total Census   | 23                    |                       |
|      | Medicare Census  | 18                    |                       |
|      | Medicaid Census  | 0                     |                       |
|      | Other Census   | 5                     |                       |
|      | Part of CCRC   | N                     |                       |
|      | Category of Provider   | 04                    |                       |
|      | Tot Cert   | 40                    |                       |
|      | MC Only  | 40                    |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 0                     |                       |
|      | Certification Date   | 201003100000          |                       |
|      | Multi-Facility Organization Name                                       | null                  |                       |
|      | SSA County Name  | MCHENRY               |                       |
|      | Participation Date   | 199401280000000       |                       |
| #10. | PRAIRIEVIEW NURSING UNIT<br>6000 GARLANDS LANE<br>BARRINGTON, IL 60010 | Distance<br>Direction | 10.9 mi<br>South-East |
|      | Phone  | 8478523500            |                       |
|      | Total Beds   | 20                    |                       |
|      | Total Census   | 13                    |                       |
|      | Medicare Census  | 5                     |                       |
|      | Medicaid Census  | 0                     |                       |
|      | Other Census   | 8                     |                       |
|      | Part of CCRC   | Y                     |                       |
|      | Category of Provider   | 04                    |                       |
|      | Tot Cert   | 20                    |                       |
|      | MC Only  | 20                    |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 0                     |                       |
|      | Certification Date   | 201006090000          |                       |
|      | Multi-Facility Organization Name                                       | null                  |                       |
|      | SSA County Name  | LAKE                  |                       |
|      | Participation Date   | 200711160000000       |                       |



# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|      |   |                           |                       |
|------|---|---------------------------|-----------------------|
| #11. | ALDEN ESTATES OF BARRINGTON<br>1420 SOUTH BARRINGTON ROAD<br>BARRINGTON, IL 60010 | Distance<br>Direction     | 11.6 mi<br>South-East |
|      | Phone   | 8473826664                |                       |
|      | Total Beds  | 150                       |                       |
|      | Total Census  | 113                       |                       |
|      | Medicare Census   | 46                        |                       |
|      | Medicaid Census   | 55                        |                       |
|      | Other Census  | 12                        |                       |
|      | Part of CCRC  | N                         |                       |
|      | Category of Provider  | 03                        |                       |
|      | Tot Cert  | 150                       |                       |
|      | MC Only   | 56                        |                       |
|      | MA Only   | 0                         |                       |
|      | Dual MC-MA  | 94                        |                       |
|      | Certification Date  | 201008040000              |                       |
|      | Multi-Facility Organization Name  | ALDEN MANAGEMENT SERVICES |                       |
|      | SSA County Name   | LAKE                      |                       |
|      | Participation Date  | 198602110000000           |                       |
| #12. | LEXINGTON OF LAKE ZURICH<br>900 SOUTH RAND ROAD<br>LAKE ZURICH, IL 60047          | Distance<br>Direction     | 12.0 mi<br>South-East |
|      | Phone   | 8477261200                |                       |
|      | Total Beds  | 203                       |                       |
|      | Total Census  | 184                       |                       |
|      | Medicare Census   | 17                        |                       |
|      | Medicaid Census   | 107                       |                       |
|      | Other Census  | 60                        |                       |
|      | Part of CCRC  | N                         |                       |
|      | Category of Provider  | 02                        |                       |
|      | Tot Cert  | 203                       |                       |
|      | MC Only   | 0                         |                       |
|      | MA Only   | 0                         |                       |
|      | Dual MC-MA  | 203                       |                       |
|      | Certification Date  | 201005210000              |                       |
|      | Multi-Facility Organization Name  | LEXINGTON                 |                       |
|      | SSA County Name   | LAKE                      |                       |
|      | Participation Date  | 199409070000000           |                       |

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# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|      |   |                           |                       |
|------|---|---------------------------|-----------------------|
| #13. | ALDEN LONG GROVE REHAB &HC CTR<br>BOX 2308 RFD HICKS ROAD<br>LONG GROVE, IL 60047 | Distance<br>Direction     | 13.1 mi<br>East       |
|      | Phone   | 8474388275                |                       |
|      | Total Beds  | 246                       |                       |
|      | Total Census  | 159                       |                       |
|      | Medicare Census   | 16                        |                       |
|      | Medicaid Census   | 135                       |                       |
|      | Other Census  | 8                         |                       |
|      | Part of CCRC  | N                         |                       |
|      | Category of Provider  | 03                        |                       |
|      | Tot Cert  | 246                       |                       |
|      | MC Only   | 0                         |                       |
|      | MA Only   | 38                        |                       |
|      | Dual MC-MA  | 208                       |                       |
|      | Certification Date  | 201001270000              |                       |
|      | Multi-Facility Organization Name  | ALDEN MANAGEMENT SERVICES |                       |
|      | SSA County Name   | LAKE                      |                       |
|      | Participation Date  | 199603120000000           |                       |
| #14. | VALLEY HI NURSING HOME<br>2406 HARTLAND ROAD<br>WOODSTOCK, IL 60098               | Distance<br>Direction     | 13.2 mi<br>North-West |
|      | Phone   | 8153380312                |                       |
|      | Total Beds  | 128                       |                       |
|      | Total Census  | 123                       |                       |
|      | Medicare Census   | 13                        |                       |
|      | Medicaid Census   | 82                        |                       |
|      | Other Census  | 28                        |                       |
|      | Part of CCRC  | N                         |                       |
|      | Category of Provider  | 02                        |                       |
|      | Tot Cert  | 128                       |                       |
|      | MC Only   | 0                         |                       |
|      | MA Only   | 0                         |                       |
|      | Dual MC-MA  | 128                       |                       |
|      | Certification Date  | 201005250000              |                       |
|      | Multi-Facility Organization Name  | null                      |                       |
|      | SSA County Name   | MCHENRY                   |                       |
|      | Participation Date  | 198910010000000           |                       |

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# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|      |  |                         |                       |
|------|--|-------------------------|-----------------------|
| #15. | ROSEWOOD CARE CENTER OF ELGIN<br>2355 ROYAL BOULEVARD<br>ELGIN, IL 60123               | Distance<br>Direction   | 13.9 mi<br>South      |
|      | Phone  | 8478889585              |                       |
|      | Total Beds   | 139                     |                       |
|      | Total Census   | 66                      |                       |
|      | Medicare Census  | 24                      |                       |
|      | Medicaid Census  | 35                      |                       |
|      | Other Census   | 7                       |                       |
|      | Part of CCRC   | N                       |                       |
|      | Category of Provider   | 03                      |                       |
|      | Tot Cert   | 89                      |                       |
|      | MC Only  | 48                      |                       |
|      | MA Only  | 41                      |                       |
|      | Dual MC-MA   | 0                       |                       |
|      | Certification Date   | 201009010000            |                       |
|      | Multi-Facility Organization Name   | BRAVO CARE OF ELGIN INC |                       |
|      | SSA County Name  | KANE                    |                       |
|      | Participation Date   | 199412070000000         |                       |
| #16. | HILLCREST RETIREMENT VILLAGE<br>1740 NORTH CIRCUIT DRIVE<br>ROUND LAKE BEACH, IL 60073 | Distance<br>Direction   | 14.1 mi<br>North-East |
|      | Phone  | 8475465300              |                       |
|      | Total Beds   | 142                     |                       |
|      | Total Census   | 131                     |                       |
|      | Medicare Census  | 10                      |                       |
|      | Medicaid Census  | 109                     |                       |
|      | Other Census   | 12                      |                       |
|      | Part of CCRC   | N                       |                       |
|      | Category of Provider   | 03                      |                       |
|      | Tot Cert   | 142                     |                       |
|      | MC Only  | 0                       |                       |
|      | MA Only  | 85                      |                       |
|      | Dual MC-MA   | 57                      |                       |
|      | Certification Date   | 201009130000            |                       |
|      | Multi-Facility Organization Name   | null                    |                       |
|      | SSA County Name  | LAKE                    |                       |
|      | Participation Date   | 200902010000000         |                       |

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# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|      |   |                   |         |
|------|---|-------------------|---------|
| #17. | APOSTOLIC CHRISTIAN RESTHAVEN<br>2750 WEST HIGHLAND AVENUE<br>ELGIN, IL 60123 | Distance          | 14.5 mi |
|      |   | Direction         | South   |
|      | Phone   | 8477414543        |         |
|      | Total Beds  | 50                |         |
|      | Total Census  | 44                |         |
|      | Medicare Census   | 0                 |         |
|      | Medicaid Census   | 13                |         |
|      | Other Census  | 31                |         |
|      | Part of CCRC  | N                 |         |
|      | Category of Provider  | 10                |         |
|      | Tot Cert  | 50                |         |
|      | MC Only   | 0                 |         |
|      | MA Only   | 50                |         |
|      | Dual MC-MA  | 0                 |         |
|      | Certification Date  | 201008180000      |         |
|      | Multi-Facility Organization Name  | null              |         |
|      | SSA County Name   | KANE              |         |
|      | Participation Date  | 198604290000000   |         |
| #18. | ASTA CARE CENTER OF ELGIN<br>134 NORTH MCLEAN BOULEVARD<br>ELGIN, IL 60121    | Distance          | 14.7 mi |
|      |   | Direction         | South   |
|      | Phone   | 8477428822        |         |
|      | Total Beds  | 102               |         |
|      | Total Census  | 88                |         |
|      | Medicare Census   | 9                 |         |
|      | Medicaid Census   | 58                |         |
|      | Other Census  | 21                |         |
|      | Part of CCRC  | N                 |         |
|      | Category of Provider  | 03                |         |
|      | Tot Cert  | 102               |         |
|      | MC Only   | 0                 |         |
|      | MA Only   | 50                |         |
|      | Dual MC-MA  | 52                |         |
|      | Certification Date  | 201003240000      |         |
|      | Multi-Facility Organization Name  | ASTA CARE CENTERS |         |
|      | SSA County Name   | KANE              |         |
|      | Participation Date  | 199304010000000   |         |

# Nursing Homes CMS Location Report



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|      |   |                       |                  |
|------|---|-----------------------|------------------|
| #19. | MAPLEWOOD CARE<br>50 NORTH JANE<br>ELGIN, IL 60123          | Distance<br>Direction | 14.9 mi<br>South |
|      | Phone   | 8476973750            |                  |
|      | Total Beds  | 203                   |                  |
|      | Total Census  | 190                   |                  |
|      | Medicare Census   | 2                     |                  |
|      | Medicaid Census   | 172                   |                  |
|      | Other Census  | 16                    |                  |
|      | Part of CCRC  | N                     |                  |
|      | Category of Provider  | 02                    |                  |
|      | Tot Cert  | 203                   |                  |
|      | MC Only   | 0                     |                  |
|      | MA Only   | 0                     |                  |
|      | Dual MC-MA  | 203                   |                  |
|      | Certification Date  | 201009230000          |                  |
|      | Multi-Facility Organization Name                            | null                  |                  |
|      | SSA County Name   | KANE                  |                  |
|      | Participation Date  | 197912010000000       |                  |
| #20. | SHERMAN WEST COURT<br>1950 LARKIN AVENUE<br>ELGIN, IL 60123 | Distance<br>Direction | 15.1 mi<br>South |
|      | Phone   | 6474292200            |                  |
|      | Total Beds  | 112                   |                  |
|      | Total Census  | 48                    |                  |
|      | Medicare Census   | 40                    |                  |
|      | Medicaid Census   | 8                     |                  |
|      | Other Census  | 0                     |                  |
|      | Part of CCRC  | N                     |                  |
|      | Category of Provider  | 03                    |                  |
|      | Tot Cert  | 68                    |                  |
|      | MC Only   | 56                    |                  |
|      | MA Only   | 12                    |                  |
|      | Dual MC-MA  | 0                     |                  |
|      | Certification Date  | 201008190000          |                  |
|      | Multi-Facility Organization Name                            | null                  |                  |
|      | SSA County Name   | KANE                  |                  |
|      | Participation Date  | 199107300000000       |                  |

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|      |   |                      |         |
|------|---|----------------------|---------|
| #21. | MANORCARE OF ELGIN<br>180 SOUTH STATE STREET<br>ELGIN, IL 60123 | Distance             | 15.1 mi |
|      |   | Direction            | South   |
|      | Phone   | 8477423110           |         |
|      | Total Beds  | 88                   |         |
|      | Total Census  | 73                   |         |
|      | Medicare Census   | 14                   |         |
|      | Medicaid Census   | 56                   |         |
|      | Other Census  | 3                    |         |
|      | Part of CCRC  | N                    |         |
|      | Category of Provider  | 02                   |         |
|      | Tot Cert  | 88                   |         |
|      | MC Only   | 0                    |         |
|      | MA Only   | 0                    |         |
|      | Dual MC-MA  | 88                   |         |
|      | Certification Date  | 201010140000         |         |
|      | Multi-Facility Organization Name                                | HCR MANORCARE        |         |
|      | SSA County Name   | KANE                 |         |
|      | Participation Date  | 196701010000000      |         |
| #22. | HERITAGE MANOR-ELGIN<br>355 RAYMOND STREET<br>ELGIN, IL 60120   | Distance             | 15.3 mi |
|      |   | Direction            | South   |
|      | Phone   | 8476976636           |         |
|      | Total Beds  | 94                   |         |
|      | Total Census  | 79                   |         |
|      | Medicare Census   | 7                    |         |
|      | Medicaid Census   | 56                   |         |
|      | Other Census  | 16                   |         |
|      | Part of CCRC  | N                    |         |
|      | Category of Provider  | 02                   |         |
|      | Tot Cert  | 94                   |         |
|      | MC Only   | 0                    |         |
|      | MA Only   | 0                    |         |
|      | Dual MC-MA  | 94                   |         |
|      | Certification Date  | 201012220000         |         |
|      | Multi-Facility Organization Name                                | HERITAGE ENTERPRISES |         |
|      | SSA County Name   | KANE                 |         |
|      | Participation Date  | 198207080000000      |         |

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|      |   |                           |                       |
|------|---|---------------------------|-----------------------|
| #23. | FLORENCE NURSING HOME<br>546 EAST GRANT HIGHWAY<br>MARENGO, IL 60152                | Distance<br>Direction     | 15.5 mi<br>West       |
|      | Phone   | 8155688322                |                       |
|      | Total Beds  | 52                        |                       |
|      | Total Census  | 29                        |                       |
|      | Medicare Census   | 10                        |                       |
|      | Medicaid Census   | 5                         |                       |
|      | Other Census  | 14                        |                       |
|      | Part of CCRC  | N                         |                       |
|      | Category of Provider  | 03                        |                       |
|      | Tot Cert  | 35                        |                       |
|      | MC Only   | 24                        |                       |
|      | MA Only   | 7                         |                       |
|      | Dual MC-MA  | 4                         |                       |
|      | Certification Date  | 201005180000              |                       |
|      | Multi-Facility Organization Name  | null                      |                       |
|      | SSA County Name   | MCHENRY                   |                       |
|      | Participation Date  | 200809080000000           |                       |
| #24. | ALDEN POPLAR CREEK REHAB & HCC<br>1545 BARRINGTON ROAD<br>HOFFMAN ESTATES, IL 60194 | Distance<br>Direction     | 15.7 mi<br>South-East |
|      | Phone   | 8478840011                |                       |
|      | Total Beds  | 217                       |                       |
|      | Total Census  | 173                       |                       |
|      | Medicare Census   | 33                        |                       |
|      | Medicaid Census   | 101                       |                       |
|      | Other Census  | 39                        |                       |
|      | Part of CCRC  | N                         |                       |
|      | Category of Provider  | 02                        |                       |
|      | Tot Cert  | 217                       |                       |
|      | MC Only   | 0                         |                       |
|      | MA Only   | 0                         |                       |
|      | Dual MC-MA  | 217                       |                       |
|      | Certification Date  | 201011040000              |                       |
|      | Multi-Facility Organization Name  | ALDEN MANAGEMENT SERVICES |                       |
|      | SSA County Name   | COOK                      |                       |
|      | Participation Date  | 198208010000000           |                       |

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|      |   |                 |            |
|------|---|-----------------|------------|
| #25. | ST JOSEPH'S HOME F/T ELDERLY<br>80 WEST NORTHWEST HIGHWAY<br>PALATINE, IL 60067   | Distance        | 15.8 mi    |
|      |   | Direction       | South-East |
|      | Phone   | 8473585700      |            |
|      | Total Beds  | 67              |            |
|      | Total Census  | 59              |            |
|      | Medicare Census   | 0               |            |
|      | Medicaid Census   | 53              |            |
|      | Other Census  | 6               |            |
|      | Part of CCRC  | N               |            |
|      | Category of Provider  | 10              |            |
|      | Tot Cert  | 60              |            |
|      | MC Only   | 0               |            |
|      | MA Only   | 60              |            |
|      | Dual MC-MA  | 0               |            |
|      | Certification Date  | 201012230000    |            |
|      | Multi-Facility Organization Name  | null            |            |
|      | SSA County Name   | COOK            |            |
|      | Participation Date  | 198108290000000 |            |
| #26. | ROSEWOOD CARE CENTER OF INVERNESS<br>1800 COLONIAL PARKWAY<br>INVERNESS, IL 60067 | Distance        | 16.1 mi    |
|      |   | Direction       | South-East |
|      | Phone   | 8477764700      |            |
|      | Total Beds  | 142             |            |
|      | Total Census  | 65              |            |
|      | Medicare Census   | 28              |            |
|      | Medicaid Census   | 24              |            |
|      | Other Census  | 13              |            |
|      | Part of CCRC  | N               |            |
|      | Category of Provider  | 03              |            |
|      | Tot Cert  | 87              |            |
|      | MC Only   | 48              |            |
|      | MA Only   | 39              |            |
|      | Dual MC-MA  | 0               |            |
|      | Certification Date  | 201004230000    |            |
|      | Multi-Facility Organization Name  | null            |            |
|      | SSA County Name   | COOK            |            |
|      | Participation Date  | 200005150000000 |            |

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|      |   |                            |                       |
|------|---|----------------------------|-----------------------|
| #27. | PLUM GROVE NURSING & REHAB CENTER<br>24 SOUTH PLUM GROVE ROAD<br>PALATINE, IL 60067 | Distance<br>Direction      | 16.3 mi<br>South-East |
|      | Phone   | 8473580311                 |                       |
|      | Total Beds  | 69                         |                       |
|      | Total Census  | 59                         |                       |
|      | Medicare Census   | 4                          |                       |
|      | Medicaid Census   | 34                         |                       |
|      | Other Census  | 21                         |                       |
|      | Part of CCRC  | N                          |                       |
|      | Category of Provider  | 02                         |                       |
|      | Tot Cert  | 69                         |                       |
|      | MC Only   | 0                          |                       |
|      | MA Only   | 0                          |                       |
|      | Dual MC-MA  | 69                         |                       |
|      | Certification Date  | 201007230000               |                       |
|      | Multi-Facility Organization Name  | YAM MANAGEMENT             |                       |
|      | SSA County Name   | COOK                       |                       |
|      | Participation Date  | 198909260000000            |                       |
| #28. | VILLAGE AT VICTORY LAKES, THE<br>1055 EAST GRAND AVENUE<br>LINDENHURST, IL 60046    | Distance<br>Direction      | 16.9 mi<br>North-East |
|      | Phone   | 8473565900                 |                       |
|      | Total Beds  | 120                        |                       |
|      | Total Census  | 79                         |                       |
|      | Medicare Census   | 37                         |                       |
|      | Medicaid Census   | 19                         |                       |
|      | Other Census  | 23                         |                       |
|      | Part of CCRC  | Y                          |                       |
|      | Category of Provider  | 03                         |                       |
|      | Tot Cert  | 120                        |                       |
|      | MC Only   | 96                         |                       |
|      | MA Only   | 0                          |                       |
|      | Dual MC-MA  | 24                         |                       |
|      | Certification Date  | 201004070000               |                       |
|      | Multi-Facility Organization Name  | FRANCISCAN COMMUNITIES INC |                       |
|      | SSA County Name   | LAKE                       |                       |
|      | Participation Date  | 198902020000000            |                       |

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|      |  |                       |                 |
|------|--|-----------------------|-----------------|
| #29. | LIBERTYVILLE MANOR EXT CARE<br>610 PETERSON ROAD<br>LIBERTYVILLE, IL 60048 | Distance<br>Direction | 17.0 mi<br>East |
|      | Phone  | 8473676100            |                 |
|      | Total Beds   | 174                   |                 |
|      | Total Census   | 17                    |                 |
|      | Medicare Census  | 17                    |                 |
|      | Medicaid Census  | 0                     |                 |
|      | Other Census   | 0                     |                 |
|      | Part of CCRC   | N                     |                 |
|      | Category of Provider   | 04                    |                 |
|      | Tot Cert   | 31                    |                 |
|      | MC Only  | 31                    |                 |
|      | MA Only  | 0                     |                 |
|      | Dual MC-MA   | 0                     |                 |
|      | Certification Date   | 201101260000          |                 |
|      | Multi-Facility Organization Name   | null                  |                 |
|      | SSA County Name  | LAKE                  |                 |
|      | Participation Date   | 197804010000000       |                 |
| #30. | ARLINGTON REHAB & LIVING CTR<br>1666 CHECKER ROAD<br>LONG GROVE, IL 60047  | Distance<br>Direction | 17.1 mi<br>East |
|      | Phone  | 8474191111            |                 |
|      | Total Beds   | 190                   |                 |
|      | Total Census   | 166                   |                 |
|      | Medicare Census  | 40                    |                 |
|      | Medicaid Census  | 112                   |                 |
|      | Other Census   | 14                    |                 |
|      | Part of CCRC   | N                     |                 |
|      | Category of Provider   | 02                    |                 |
|      | Tot Cert   | 190                   |                 |
|      | MC Only  | 0                     |                 |
|      | MA Only  | 0                     |                 |
|      | Dual MC-MA   | 190                   |                 |
|      | Certification Date   | 201009300000          |                 |
|      | Multi-Facility Organization Name   | null                  |                 |
|      | SSA County Name  | LAKE                  |                 |
|      | Participation Date   | 199603010000000       |                 |

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|      |  |                          |         |
|------|--|--------------------------|---------|
| #31. | TOWER HILL HEALTHCARE CENTER<br>759 KANE STREET<br>SOUTH ELGIN, IL 60177   | Distance                 | 17.5 mi |
|      |  | Direction                | South   |
|      | Phone  | 8476973310               |         |
|      | Total Beds   | 206                      |         |
|      | Total Census   | 187                      |         |
|      | Medicare Census  | 19                       |         |
|      | Medicaid Census  | 136                      |         |
|      | Other Census   | 32                       |         |
|      | Part of CCRC   | N                        |         |
|      | Category of Provider   | 02                       |         |
|      | Tot Cert   | 206                      |         |
|      | MC Only  | 0                        |         |
|      | MA Only  | 0                        |         |
|      | Dual MC-MA   | 206                      |         |
|      | Certification Date   | 201003300000             |         |
|      | Multi-Facility Organization Name   | null                     |         |
|      | SSA County Name  | KANE                     |         |
|      | Participation Date   | 199407010000000          |         |
| #32. | SOUTH ELGIN REHAB & HCC<br>746 WEST SPRING STREET<br>SOUTH ELGIN, IL 60177 | Distance                 | 17.6 mi |
|      |  | Direction                | South   |
|      | Phone  | 8476970565               |         |
|      | Total Beds   | 90                       |         |
|      | Total Census   | 52                       |         |
|      | Medicare Census  | 7                        |         |
|      | Medicaid Census  | 45                       |         |
|      | Other Census   | 0                        |         |
|      | Part of CCRC   | N                        |         |
|      | Category of Provider   | 03                       |         |
|      | Tot Cert   | 90                       |         |
|      | MC Only  | 0                        |         |
|      | MA Only  | 76                       |         |
|      | Dual MC-MA   | 14                       |         |
|      | Certification Date   | 201007300000             |         |
|      | Multi-Facility Organization Name   | PETERSEN HEALTH CARE LLC |         |
|      | SSA County Name  | KANE                     |         |
|      | Participation Date   | 199503150000000          |         |

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|      |   |                       |                       |
|------|---|-----------------------|-----------------------|
| #33. | MANORCARE OF ROLLING MEADOWS<br>4225 KIRCHOFF ROAD<br>ROLLING MEADOWS, IL 60008 | Distance<br>Direction | 17.8 mi<br>South-East |
|      | Phone   | 8473972400            |                       |
|      | Total Beds  | 155                   |                       |
|      | Total Census  | 110                   |                       |
|      | Medicare Census   | 27                    |                       |
|      | Medicaid Census   | 62                    |                       |
|      | Other Census  | 21                    |                       |
|      | Part of CCRC  | N                     |                       |
|      | Category of Provider  | 03                    |                       |
|      | Tot Cert  | 155                   |                       |
|      | MC Only   | 43                    |                       |
|      | MA Only   | 0                     |                       |
|      | Dual MC-MA  | 112                   |                       |
|      | Certification Date  | 201006160000          |                       |
|      | Multi-Facility Organization Name  | HCR MANORCARE         |                       |
|      | SSA County Name   | COOK                  |                       |
|      | Participation Date  | 197707070000000       |                       |
| #34. | WINCHESTER HOUSE<br>1125 NORTH MILWAUKEE AVENUE<br>LIBERTYVILLE, IL 60048       | Distance<br>Direction | 17.8 mi<br>East       |
|      | Phone   | 6473777200            |                       |
|      | Total Beds  | 360                   |                       |
|      | Total Census  | 198                   |                       |
|      | Medicare Census   | 17                    |                       |
|      | Medicaid Census   | 125                   |                       |
|      | Other Census  | 56                    |                       |
|      | Part of CCRC  | N                     |                       |
|      | Category of Provider  | 02                    |                       |
|      | Tot Cert  | 360                   |                       |
|      | MC Only   | 0                     |                       |
|      | MA Only   | 0                     |                       |
|      | Dual MC-MA  | 360                   |                       |
|      | Certification Date  | 201101050000          |                       |
|      | Multi-Facility Organization Name  | null                  |                       |
|      | SSA County Name   | LAKE                  |                       |
|      | Participation Date  | 198210210000000       |                       |

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|------|--|-----------------------|-----------------------|
| #35. | LEXINGTON OF STREAMWOOD<br>815 EAST IRVING PARK ROAD<br>STREAMWOOD, IL 60107       | Distance<br>Direction | 18.0 mi<br>South-East |
|      | Phone  | 6308375300            |                       |
|      | Total Beds   | 214                   |                       |
|      | Total Census   | 189                   |                       |
|      | Medicare Census  | 33                    |                       |
|      | Medicaid Census  | 145                   |                       |
|      | Other Census   | 11                    |                       |
|      | Part of CCRC   | N                     |                       |
|      | Category of Provider   | 02                    |                       |
|      | Tot Cert   | 214                   |                       |
|      | MC Only  | 0                     |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 214                   |                       |
|      | Certification Date   | 201006240000          |                       |
|      | Multi-Facility Organization Name   | LEXINGTON             |                       |
|      | SSA County Name  | COOK                  |                       |
|      | Participation Date   | 199108280000000       |                       |
| #36. | MANORCARE OF LIBERTYVILLE<br>1500 SOUTH MILWAUKEE AVENUE<br>LIBERTYVILLE, IL 60048 | Distance<br>Direction | 18.0 mi<br>East       |
|      | Phone  | 8478163200            |                       |
|      | Total Beds   | 150                   |                       |
|      | Total Census   | 110                   |                       |
|      | Medicare Census  | 44                    |                       |
|      | Medicaid Census  | 45                    |                       |
|      | Other Census   | 21                    |                       |
|      | Part of CCRC   | N                     |                       |
|      | Category of Provider   | 03                    |                       |
|      | Tot Cert   | 150                   |                       |
|      | MC Only  | 84                    |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 66                    |                       |
|      | Certification Date   | 201002030000          |                       |
|      | Multi-Facility Organization Name   | HCR MANORCARE         |                       |
|      | SSA County Name  | LAKE                  |                       |
|      | Participation Date   | 198806070000000       |                       |

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|      |   |                       |                       |
|------|---|-----------------------|-----------------------|
| #37. | CLAREMONT REHAB & LIVING CTR<br>150 NORTH WEILAND ROAD<br>BUFFALO GROVE, IL 60089 | Distance<br>Direction | 18.8 mi<br>East       |
|      | Phone   | 8474650200            |                       |
|      | Total Beds  | 200                   |                       |
|      | Total Census  | 158                   |                       |
|      | Medicare Census   | 37                    |                       |
|      | Medicaid Census   | 72                    |                       |
|      | Other Census  | 49                    |                       |
|      | Part of CCRC  | N                     |                       |
|      | Category of Provider  | 02                    |                       |
|      | Tot Cert  | 200                   |                       |
|      | MC Only   | 0                     |                       |
|      | MA Only   | 0                     |                       |
|      | Dual MC-MA  | 200                   |                       |
|      | Certification Date  | 201102240000          |                       |
|      | Multi-Facility Organization Name  | null                  |                       |
|      | SSA County Name   | LAKE                  |                       |
|      | Participation Date  | 199501020000000       |                       |
| #38. | FRIENDSHIP VILLAGE-SCHAUMBURG<br>350 WEST SCHAUMBURG ROAD<br>SCHAUMBURG, IL 60194 | Distance<br>Direction | 18.9 mi<br>South-East |
|      | Phone   | 6478845000            |                       |
|      | Total Beds  | 250                   |                       |
|      | Total Census  | 227                   |                       |
|      | Medicare Census   | 49                    |                       |
|      | Medicaid Census   | 55                    |                       |
|      | Other Census  | 123                   |                       |
|      | Part of CCRC  | Y                     |                       |
|      | Category of Provider  | 03                    |                       |
|      | Tot Cert  | 250                   |                       |
|      | MC Only   | 60                    |                       |
|      | MA Only   | 0                     |                       |
|      | Dual MC-MA  | 190                   |                       |
|      | Certification Date  | 201002110000          |                       |
|      | Multi-Facility Organization Name  | null                  |                       |
|      | SSA County Name   | COOK                  |                       |
|      | Participation Date  | 197803310000000       |                       |

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|------|---|---------------------------|-----------------------|
| #39. | LUTHERAN HOME FOR THE AGED<br>800 WEST OAKTON STREET<br>ARLINGTON HTS, IL 60004 | Distance<br>Direction     | 19.0 mi<br>South-East |
|      | Phone   | 8472533710                |                       |
|      | Total Beds  | 392                       |                       |
|      | Total Census  | 278                       |                       |
|      | Medicare Census   | 76                        |                       |
|      | Medicaid Census   | 56                        |                       |
|      | Other Census  | 146                       |                       |
|      | Part of CCRC  | N                         |                       |
|      | Category of Provider  | 03                        |                       |
|      | Tot Cert  | 310                       |                       |
|      | MC Only   | 73                        |                       |
|      | MA Only   | 46                        |                       |
|      | Dual MC-MA  | 191                       |                       |
|      | Certification Date  | 201101140000              |                       |
|      | Multi-Facility Organization Name  | LUTHERAN LIFE COMMUNITIES |                       |
|      | SSA County Name   | COOK                      |                       |
|      | Participation Date  | 199212170000000           |                       |
| #40. | WEALSHIRE, THE<br>150 JAMESTOWN LANE<br>LINCOLNSHIRE, IL 60069                  | Distance<br>Direction     | 19.1 mi<br>East       |
|      | Phone   | 8478669000                |                       |
|      | Total Beds  | 144                       |                       |
|      | Total Census  | 70                        |                       |
|      | Medicare Census   | 42                        |                       |
|      | Medicaid Census   | 9                         |                       |
|      | Other Census  | 19                        |                       |
|      | Part of CCRC  | N                         |                       |
|      | Category of Provider  | 03                        |                       |
|      | Tot Cert  | 108                       |                       |
|      | MC Only   | 73                        |                       |
|      | MA Only   | 32                        |                       |
|      | Dual MC-MA  | 3                         |                       |
|      | Certification Date  | 201006080000              |                       |
|      | Multi-Facility Organization Name  | null                      |                       |
|      | SSA County Name   | LAKE                      |                       |
|      | Participation Date  | 200205010000000           |                       |

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# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|      |   |                       |                  |
|------|---|-----------------------|------------------|
| #41. | CLAREMONT - HANOVER PARK<br>2000 WEST LAKE STREET<br>HANOVER PARK, IL 60133 | Distance<br>Direction | 19.4 mi<br>South |
|      | Phone   | 3129140128            |                  |
|      | Total Beds  | 150                   |                  |
|      | Total Census  | 2                     |                  |
|      | Medicare Census   | 0                     |                  |
|      | Medicaid Census   | 0                     |                  |
|      | Other Census  | 2                     |                  |
|      | Part of CCRC  | N                     |                  |
|      | Category of Provider  | 03                    |                  |
|      | Tot Cert  | 150                   |                  |
|      | MC Only   | 148                   |                  |
|      | MA Only   | 0                     |                  |
|      | Dual MC-MA  | 2                     |                  |
|      | Certification Date  |                       |                  |
|      | Multi-Facility Organization Name  | null                  |                  |
|      | SSA County Name   | ADAMS                 |                  |
|      | Participation Date  | 201101110000000       |                  |
| #42. | ASSISI HEALTHCARE OF CLARE OAKS<br>829 CARILLON DRIVE<br>BARTLETT, IL 60103 | Distance<br>Direction | 19.5 mi<br>South |
|      | Phone   | 6304833905            |                  |
|      | Total Beds  | 120                   |                  |
|      | Total Census  | 71                    |                  |
|      | Medicare Census   | 31                    |                  |
|      | Medicaid Census   | 17                    |                  |
|      | Other Census  | 23                    |                  |
|      | Part of CCRC  | Y                     |                  |
|      | Category of Provider  | 03                    |                  |
|      | Tot Cert  | 120                   |                  |
|      | MC Only   | 95                    |                  |
|      | MA Only   | 0                     |                  |
|      | Dual MC-MA  | 25                    |                  |
|      | Certification Date  | 201004160000          |                  |
|      | Multi-Facility Organization Name  | null                  |                  |
|      | SSA County Name   | COOK                  |                  |
|      | Participation Date  | 200807100000000       |                  |

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|      |   |                            |            |
|------|---|----------------------------|------------|
| #43. | ADDOLORATA VILLA<br>555 MCHENRY ROAD<br>WHEELING, IL 60090                | Distance                   | 19.8 mi    |
|      |   | Direction                  | East       |
|      | Phone   | 8475372900                 |            |
|      | Total Beds  | 141                        |            |
|      | Total Census  | 94                         |            |
|      | Medicare Census   | 15                         |            |
|      | Medicaid Census   | 17                         |            |
|      | Other Census  | 62                         |            |
|      | Part of CCRC  | Y                          |            |
|      | Category of Provider  | 03                         |            |
|      | Tot Cert  | 91                         |            |
|      | MC Only   | 61                         |            |
|      | MA Only   | 3                          |            |
|      | Dual MC-MA  | 27                         |            |
|      | Certification Date  | 201003020000               |            |
|      | Multi-Facility Organization Name  | FRANCISCAN COMMUNITIES INC |            |
|      | SSA County Name   | COOK                       |            |
|      | Participation Date  | 199206010000000            |            |
| #44. | LEXINGTON OF SCHAUMBURG<br>675 SOUTH ROSELLE ROAD<br>SCHAUMBURG, IL 60193 | Distance                   | 19.8 mi    |
|      |   | Direction                  | South-East |
|      | Phone   | 8475325500                 |            |
|      | Total Beds  | 214                        |            |
|      | Total Census  | 191                        |            |
|      | Medicare Census   | 42                         |            |
|      | Medicaid Census   | 124                        |            |
|      | Other Census  | 25                         |            |
|      | Part of CCRC  | N                          |            |
|      | Category of Provider  | 02                         |            |
|      | Tot Cert  | 214                        |            |
|      | MC Only   | 0                          |            |
|      | MA Only   | 0                          |            |
|      | Dual MC-MA  | 214                        |            |
|      | Certification Date  | 201012210000               |            |
|      | Multi-Facility Organization Name  | null                       |            |
|      | SSA County Name   | COOK                       |            |
|      | Participation Date  | 199006280000000            |            |

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|      |   |                       |                       |
|------|---|-----------------------|-----------------------|
| #45. | SEDGEBROOK HEALTH CENTER<br>960 AUDUBON WAY<br>LINCOLNSHIRE, IL 60069         | Distance<br>Direction | 19.8 mi<br>East       |
|      | Phone   | 8478762401            |                       |
|      | Total Beds  | 44                    |                       |
|      | Total Census  | 22                    |                       |
|      | Medicare Census   | 12                    |                       |
|      | Medicaid Census   | 0                     |                       |
|      | Other Census  | 10                    |                       |
|      | Part of CCRC  | Y                     |                       |
|      | Category of Provider  | 03                    |                       |
|      | Tot Cert  | 44                    |                       |
|      | MC Only   | 42                    |                       |
|      | MA Only   | 0                     |                       |
|      | Dual MC-MA  | 2                     |                       |
|      | Certification Date  |                       |                       |
|      | Multi-Facility Organization Name  | null                  |                       |
|      | SSA County Name   | LAKE                  |                       |
|      | Participation Date  | 200908210000000       |                       |
| #46. | HARVARD MEMORIAL HOSPITAL<br>901 SOUTH GRANT P O BOX 850<br>HARVARD, IL 60033 | Distance<br>Direction | 19.9 mi<br>North-West |
|      | Phone   | 8159432967            |                       |
|      | Total Beds  | 45                    |                       |
|      | Total Census  | 32                    |                       |
|      | Medicare Census   | 11                    |                       |
|      | Medicaid Census   | 3                     |                       |
|      | Other Census  | 18                    |                       |
|      | Part of CCRC  | N                     |                       |
|      | Category of Provider  | 03                    |                       |
|      | Tot Cert  | 34                    |                       |
|      | MC Only   | 28                    |                       |
|      | MA Only   | 0                     |                       |
|      | Dual MC-MA  | 6                     |                       |
|      | Certification Date  | 201101180000          |                       |
|      | Multi-Facility Organization Name  | null                  |                       |
|      | SSA County Name   | MCHENRY               |                       |
|      | Participation Date  | 200111300000000       |                       |

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|      |  |                       |                       |
|------|--|-----------------------|-----------------------|
| #47. | CHURCH CREEK<br>1250 WEST CENTRAL ROAD<br>ARLINGTON HTS, IL 60005                  | Distance<br>Direction | 20.0 mi<br>South-East |
|      | Phone  | 8475063223            |                       |
|      | Total Beds   | 118                   |                       |
|      | Total Census   | 45                    |                       |
|      | Medicare Census  | 37                    |                       |
|      | Medicaid Census  | 0                     |                       |
|      | Other Census   | 8                     |                       |
|      | Part of CCRC   | Y                     |                       |
|      | Category of Provider   | 04                    |                       |
|      | Tot Cert   | 56                    |                       |
|      | MC Only  | 56                    |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 0                     |                       |
|      | Certification Date   | 201008060000          |                       |
|      | Multi-Facility Organization Name   | SUNRISE SENIOR LIVING |                       |
|      | SSA County Name  | COOK                  |                       |
|      | Participation Date   | 198903280000000       |                       |
| #48. | MANORCARE OF ARLINGTON HEIGHTS<br>715 WEST CENTRAL ROAD<br>ARLINGTON HTS, IL 60005 | Distance<br>Direction | 20.3 mi<br>South-East |
|      | Phone  | 8473922020            |                       |
|      | Total Beds   | 151                   |                       |
|      | Total Census   | 107                   |                       |
|      | Medicare Census  | 48                    |                       |
|      | Medicaid Census  | 32                    |                       |
|      | Other Census   | 27                    |                       |
|      | Part of CCRC   | N                     |                       |
|      | Category of Provider   | 03                    |                       |
|      | Tot Cert   | 151                   |                       |
|      | MC Only  | 115                   |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 36                    |                       |
|      | Certification Date   | 201009240000          |                       |
|      | Multi-Facility Organization Name   | HCR MANORECARE        |                       |
|      | SSA County Name  | COOK                  |                       |
|      | Participation Date   | 196901210000000       |                       |

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|      |  |                       |                       |
|------|--|-----------------------|-----------------------|
| #49. | BRENTWOOD NORTH HC &REHAB CTR<br>3705 DEERFIELD ROAD<br>RIVERWOODS, IL 60015 | Distance<br>Direction | 20.4 mi<br>East       |
|      | Phone  | 8479479000            |                       |
|      | Total Beds   | 248                   |                       |
|      | Total Census   | 124                   |                       |
|      | Medicare Census  | 43                    |                       |
|      | Medicaid Census  | 36                    |                       |
|      | Other Census   | 45                    |                       |
|      | Part of CCRC   | N                     |                       |
|      | Category of Provider   | 03                    |                       |
|      | Tot Cert   | 240                   |                       |
|      | MC Only  | 112                   |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 128                   |                       |
|      | Certification Date   | 201007080000          |                       |
|      | Multi-Facility Organization Name   | null                  |                       |
|      | SSA County Name  | LAKE                  |                       |
|      | Participation Date   | 197809010000000       |                       |
| #50. | LEXINGTON OF WHEELING<br>730 WEST HINTZ ROAD<br>WHEELING, IL 60090           | Distance<br>Direction | 20.6 mi<br>South-East |
|      | Phone  | 8475377474            |                       |
|      | Total Beds   | 215                   |                       |
|      | Total Census   | 193                   |                       |
|      | Medicare Census  | 15                    |                       |
|      | Medicaid Census  | 127                   |                       |
|      | Other Census   | 51                    |                       |
|      | Part of CCRC   | N                     |                       |
|      | Category of Provider   | 02                    |                       |
|      | Tot Cert   | 215                   |                       |
|      | MC Only  | 0                     |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 215                   |                       |
|      | Certification Date   | 201004150000          |                       |
|      | Multi-Facility Organization Name   | ROYAL MANAGEMENT      |                       |
|      | SSA County Name  | COOK                  |                       |
|      | Participation Date   | 199506070000000       |                       |

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|      |   |                       |                       |
|------|---|-----------------------|-----------------------|
| #51. | MOORINGS HEALTH CENTER, THE<br>761 OLD BARN LANE<br>ARLINGTON HTS, IL 60005 | Distance<br>Direction | 21.1 mi<br>South-East |
|      | Phone   | 8473642435            |                       |
|      | Total Beds  | 183                   |                       |
|      | Total Census  | 70                    |                       |
|      | Medicare Census   | 24                    |                       |
|      | Medicaid Census   | 2                     |                       |
|      | Other Census  | 44                    |                       |
|      | Part of CCRC  | Y                     |                       |
|      | Category of Provider  | 03                    |                       |
|      | Tot Cert  | 93                    |                       |
|      | MC Only   | 84                    |                       |
|      | MA Only   | 9                     |                       |
|      | Dual MC-MA  | 0                     |                       |
|      | Certification Date  | 201006300000          |                       |
|      | Multi-Facility Organization Name  | null                  |                       |
|      | SSA County Name   | COOK                  |                       |
|      | Participation Date  | 200107020000000       |                       |
| #52. | GREEK AMERICAN REHAB CARE CTR<br>220 N FIRST STREET<br>WHEELING, IL 60090   | Distance<br>Direction | 21.2 mi<br>East       |
|      | Phone   | 8474598700            |                       |
|      | Total Beds  | 198                   |                       |
|      | Total Census  | 177                   |                       |
|      | Medicare Census   | 26                    |                       |
|      | Medicaid Census   | 93                    |                       |
|      | Other Census  | 58                    |                       |
|      | Part of CCRC  | N                     |                       |
|      | Category of Provider  | 02                    |                       |
|      | Tot Cert  | 198                   |                       |
|      | MC Only   | 0                     |                       |
|      | MA Only   | 0                     |                       |
|      | Dual MC-MA  | 198                   |                       |
|      | Certification Date  | 201102160000          |                       |
|      | Multi-Facility Organization Name  | null                  |                       |
|      | SSA County Name   | COOK                  |                       |
|      | Participation Date  | 200206060000000       |                       |

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|      |  |                           |                       |
|------|--|---------------------------|-----------------------|
| #53. | MANORCARE OF ELK GROVE VILLAGE<br>1920 NERGE ROAD<br>ELK GROVE VILLAGE, IL 60007 | Distance<br>Direction     | 21.4 mi<br>South-East |
|      | Phone  | 8473010550                |                       |
|      | Total Beds   | 190                       |                       |
|      | Total Census   | 168                       |                       |
|      | Medicare Census  | 62                        |                       |
|      | Medicaid Census  | 52                        |                       |
|      | Other Census   | 54                        |                       |
|      | Part of CCRC   | N                         |                       |
|      | Category of Provider   | 03                        |                       |
|      | Tot Cert   | 190                       |                       |
|      | MC Only  | 85                        |                       |
|      | MA Only  | 0                         |                       |
|      | Dual MC-MA   | 105                       |                       |
|      | Certification Date   | 201006010000              |                       |
|      | Multi-Facility Organization Name   | MANORCARE HEALTH SERVICES |                       |
|      | SSA County Name  | COOK                      |                       |
|      | Participation Date   | 1990110100000000          |                       |
| #54. | CLARIDGE HEALTHCARE CENTER<br>700 JENKISSON<br>LAKE BLUFF, IL 60044              | Distance<br>Direction     | 21.6 mi<br>East       |
|      | Phone  | 8472953900                |                       |
|      | Total Beds   | 231                       |                       |
|      | Total Census   | 101                       |                       |
|      | Medicare Census  | 7                         |                       |
|      | Medicaid Census  | 80                        |                       |
|      | Other Census   | 14                        |                       |
|      | Part of CCRC   | N                         |                       |
|      | Category of Provider   | 03                        |                       |
|      | Tot Cert   | 231                       |                       |
|      | MC Only  | 0                         |                       |
|      | MA Only  | 71                        |                       |
|      | Dual MC-MA   | 160                       |                       |
|      | Certification Date   | 201007200000              |                       |
|      | Multi-Facility Organization Name   | null                      |                       |
|      | SSA County Name  | LAKE                      |                       |
|      | Participation Date   | 1981082000000000          |                       |

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|------|---|-----------------------|-----------------------|
| #55. | ABBINGTON REHAB & NURSING CTR<br>31 WEST CENTRAL<br>ROSELLE, IL 60172 | Distance<br>Direction | 21.6 mi<br>South-East |
|      | Phone   | 6308945058            |                       |
|      | Total Beds  | 82                    |                       |
|      | Total Census  | 58                    |                       |
|      | Medicare Census   | 4                     |                       |
|      | Medicaid Census   | 44                    |                       |
|      | Other Census  | 10                    |                       |
|      | Part of CCRC  | N                     |                       |
|      | Category of Provider  | 03                    |                       |
|      | Tot Cert  | 82                    |                       |
|      | MC Only   | 0                     |                       |
|      | MA Only   | 63                    |                       |
|      | Dual MC-MA  | 19                    |                       |
|      | Certification Date  | 201011170000          |                       |
|      | Multi-Facility Organization Name                                      | STAYCARE MANAGEMENT   |                       |
|      | SSA County Name   | DU PAGE               |                       |
|      | Participation Date  | 200408010000000       |                       |
| #56. | LAKE FOREST PLACE<br>1100 PEMBRIDGE DRIVE<br>LAKE FOREST, IL 60045    | Distance<br>Direction | 22.0 mi<br>East       |
|      | Phone   | 8476046766            |                       |
|      | Total Beds  | 63                    |                       |
|      | Total Census  | 58                    |                       |
|      | Medicare Census   | 11                    |                       |
|      | Medicaid Census   | 0                     |                       |
|      | Other Census  | 47                    |                       |
|      | Part of CCRC  | Y                     |                       |
|      | Category of Provider  | 04                    |                       |
|      | Tot Cert  | 63                    |                       |
|      | MC Only   | 63                    |                       |
|      | MA Only   | 0                     |                       |
|      | Dual MC-MA  | 0                     |                       |
|      | Certification Date  | 201102230000          |                       |
|      | Multi-Facility Organization Name                                      | null                  |                       |
|      | SSA County Name   | LAKE                  |                       |
|      | Participation Date  | 199909230000000       |                       |

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|      |  |                       |                       |
|------|--|-----------------------|-----------------------|
| #57. | EMERITUS AT PROSPECT HEIGHTS<br>700 EAST EUCLID AVENUE<br>PROSPECT HEIGHTS, IL 60070 | Distance<br>Direction | 22.2 mi<br>South-East |
|      | Phone  | 8477972700            |                       |
|      | Total Beds   | 158                   |                       |
|      | Total Census   | 13                    |                       |
|      | Medicare Census  | 9                     |                       |
|      | Medicaid Census  | 0                     |                       |
|      | Other Census   | 4                     |                       |
|      | Part of CCRC   | N                     |                       |
|      | Category of Provider   | 04                    |                       |
|      | Tot Cert   | 30                    |                       |
|      | MC Only  | 30                    |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 0                     |                       |
|      | Certification Date   | 201006150000          |                       |
|      | Multi-Facility Organization Name   | PRIME CARE 7, LLC     |                       |
|      | SSA County Name  | COOK                  |                       |
|      | Participation Date   | 199510200000000       |                       |
| #58. | LAKE FOREST HOSPITAL SNU<br>660 NORTH WESTMORELAND ROAD<br>LAKE FOREST, IL 60045     | Distance<br>Direction | 22.3 mi<br>East       |
|      | Phone  | 8472345600            |                       |
|      | Total Beds   | 88                    |                       |
|      | Total Census   | 19                    |                       |
|      | Medicare Census  | 18                    |                       |
|      | Medicaid Census  | 0                     |                       |
|      | Other Census   | 1                     |                       |
|      | Part of CCRC   | N                     |                       |
|      | Category of Provider   | 04                    |                       |
|      | Tot Cert   | 40                    |                       |
|      | MC Only  | 40                    |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 0                     |                       |
|      | Certification Date   | 201006170000          |                       |
|      | Multi-Facility Organization Name   | null                  |                       |
|      | SSA County Name  | LAKE                  |                       |
|      | Participation Date   | 197001230000000       |                       |



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|      |  |                       |                  |
|------|--|-----------------------|------------------|
| #59. | ROSEWOOD CARE CENTER OF ST CHARLES<br>850 DUNHAM RD<br>ST CHARLES, IL 60174    | Distance<br>Direction | 22.5 mi<br>South |
|      | Phone  | 6304434400            |                  |
|      | Total Beds   | 109                   |                  |
|      | Total Census   | 48                    |                  |
|      | Medicare Census  | 17                    |                  |
|      | Medicaid Census  | 26                    |                  |
|      | Other Census   | 5                     |                  |
|      | Part of CCRC   | N                     |                  |
|      | Category of Provider   | 03                    |                  |
|      | Tot Cert   | 70                    |                  |
|      | MC Only  | 38                    |                  |
|      | MA Only  | 32                    |                  |
|      | Dual MC-MA   | 0                     |                  |
|      | Certification Date   | 201102090000          |                  |
|      | Multi-Facility Organization Name   | null                  |                  |
|      | SSA County Name  | KANE                  |                  |
|      | Participation Date   | 199906300000000       |                  |
| #60. | ROSEWOOD CARE CENTER NORTHBROOK<br>4101 LAKE COOK ROAD<br>NORTHBROOK, IL 60062 | Distance<br>Direction | 22.5 mi<br>East  |
|      | Phone  | 8475621710            |                  |
|      | Total Beds   | 147                   |                  |
|      | Total Census   | 121                   |                  |
|      | Medicare Census  | 15                    |                  |
|      | Medicaid Census  | 86                    |                  |
|      | Other Census   | 20                    |                  |
|      | Part of CCRC   | N                     |                  |
|      | Category of Provider   | 02                    |                  |
|      | Tot Cert   | 147                   |                  |
|      | MC Only  | 0                     |                  |
|      | MA Only  | 0                     |                  |
|      | Dual MC-MA   | 147                   |                  |
|      | Certification Date   | 201005280000          |                  |
|      | Multi-Facility Organization Name   | null                  |                  |
|      | SSA County Name  | COOK                  |                  |
|      | Participation Date   | 199808180000000       |                  |

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|      |  |                          |                  |
|------|--|--------------------------|------------------|
| #61. | PROVENA PINE VIEW CARE CENTER<br>611 ALLEN LANE<br>ST CHARLES, IL 60174          | Distance<br>Direction    | 22.6 mi<br>South |
|      | Phone  | 6303772211               |                  |
|      | Total Beds   | 120                      |                  |
|      | Total Census   | 84                       |                  |
|      | Medicare Census  | 20                       |                  |
|      | Medicaid Census  | 46                       |                  |
|      | Other Census   | 18                       |                  |
|      | Part of CCRC   | N                        |                  |
|      | Category of Provider   | 03                       |                  |
|      | Tot Cert   | 120                      |                  |
|      | MC Only  | 60                       |                  |
|      | MA Only  | 0                        |                  |
|      | Dual MC-MA   | 60                       |                  |
|      | Certification Date   | 201010290000             |                  |
|      | Multi-Facility Organization Name   | PROVENA LIFE CONNECTIONS |                  |
|      | SSA County Name  | KANE                     |                  |
|      | Participation Date   | 198108310000000          |                  |
| #62. | WOOD GLEN NURSING & REHAB CTR<br>201 WEST NORTH AVENUE<br>WEST CHICAGO, IL 60185 | Distance<br>Direction    | 23.7 mi<br>South |
|      | Phone  | 6303768100               |                  |
|      | Total Beds   | 207                      |                  |
|      | Total Census   | 196                      |                  |
|      | Medicare Census  | 3                        |                  |
|      | Medicaid Census  | 176                      |                  |
|      | Other Census   | 17                       |                  |
|      | Part of CCRC   | N                        |                  |
|      | Category of Provider   | 02                       |                  |
|      | Tot Cert   | 207                      |                  |
|      | MC Only  | 0                        |                  |
|      | MA Only  | 0                        |                  |
|      | Dual MC-MA   | 207                      |                  |
|      | Certification Date   | 201102010000             |                  |
|      | Multi-Facility Organization Name   | null                     |                  |
|      | SSA County Name  | DU PAGE                  |                  |
|      | Participation Date   | 199503300000000          |                  |

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|      |  |                                      |                  |
|------|--|--------------------------------------|------------------|
| #63. | MANORCARE OF HIGHLAND PARK<br>2773 SKOKIE VALLEY ROAD<br>HIGHLAND PARK, IL 60035 | Distance<br>Direction                | 24.0 mi<br>East  |
|      | Phone  | 8472669266                           |                  |
|      | Total Beds   | 215                                  |                  |
|      | Total Census   | 95                                   |                  |
|      | Medicare Census  | 28                                   |                  |
|      | Medicaid Census  | 54                                   |                  |
|      | Other Census   | 13                                   |                  |
|      | Part of CCRC   | N                                    |                  |
|      | Category of Provider   | 03                                   |                  |
|      | Tot Cert   | 191                                  |                  |
|      | MC Only  | 96                                   |                  |
|      | MA Only  | 0                                    |                  |
|      | Dual MC-MA   | 95                                   |                  |
|      | Certification Date   | 201012300000                         |                  |
|      | Multi-Facility Organization Name   | HCR MANORCARE                        |                  |
|      | SSA County Name  | LAKE                                 |                  |
|      | Participation Date   | 19970310000000                       |                  |
| #64. | GENEVA LAKE MANOR<br>211 S CURTIS ST<br>LAKE GENEVA, WI 53147                    | Distance<br>Direction                | 24.2 mi<br>North |
|      | Phone  | 2622483145                           |                  |
|      | Total Beds   | 60                                   |                  |
|      | Total Census   | 56                                   |                  |
|      | Medicare Census  | 16                                   |                  |
|      | Medicaid Census  | 28                                   |                  |
|      | Other Census   | 12                                   |                  |
|      | Part of CCRC   | N                                    |                  |
|      | Category of Provider   | 02                                   |                  |
|      | Tot Cert   | 60                                   |                  |
|      | MC Only  | 0                                    |                  |
|      | MA Only  | 0                                    |                  |
|      | Dual MC-MA   | 60                                   |                  |
|      | Certification Date   | 201006100000                         |                  |
|      | Multi-Facility Organization Name   | WISCONSIN ILLINOIS SENIOR<br>HOUSING |                  |
|      | SSA County Name  | WALWORTH                             |                  |
|      | Participation Date   | 19950501000000                       |                  |

# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|      |  |                       |                       |
|------|--|-----------------------|-----------------------|
| #65. | WHITEHALL NORTH, THE<br>300 WAUKEGAN ROAD<br>DEERFIELD, IL 60015 | Distance<br>Direction | 24.4 mi<br>East       |
|      | Phone  | 8475808486            |                       |
|      | Total Beds   | 190                   |                       |
|      | Total Census   | 177                   |                       |
|      | Medicare Census  | 98                    |                       |
|      | Medicaid Census  | 0                     |                       |
|      | Other Census   | 79                    |                       |
|      | Part of CCRC   | N                     |                       |
|      | Category of Provider   | 04                    |                       |
|      | Tot Cert   | 190                   |                       |
|      | MC Only  | 190                   |                       |
|      | MA Only  | 0                     |                       |
|      | Dual MC-MA   | 0                     |                       |
|      | Certification Date   | 201010210000          |                       |
|      | Multi-Facility Organization Name                                 | null                  |                       |
|      | SSA County Name  | LAKE                  |                       |
|      | Participation Date   | 199112010000000       |                       |
| #66. | ARBOR, THE<br>535 SOUTH ELM<br>ITASCA, IL 60143                  | Distance<br>Direction | 24.5 mi<br>South-East |
|      | Phone  | 6307739416            |                       |
|      | Total Beds   | 144                   |                       |
|      | Total Census   | 79                    |                       |
|      | Medicare Census  | 5                     |                       |
|      | Medicaid Census  | 59                    |                       |
|      | Other Census   | 15                    |                       |
|      | Part of CCRC   | N                     |                       |
|      | Category of Provider   | 03                    |                       |
|      | Tot Cert   | 144                   |                       |
|      | MC Only  | 0                     |                       |
|      | MA Only  | 130                   |                       |
|      | Dual MC-MA   | 14                    |                       |
|      | Certification Date   | 201004300000          |                       |
|      | Multi-Facility Organization Name                                 | null                  |                       |
|      | SSA County Name  | DU PAGE               |                       |
|      | Participation Date   | 199305070000000       |                       |

# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|      |   |           |                          |
|------|---|-----------|--------------------------|
| #67. | PROVENA GENEVA CARE CENTER<br>1101 EAST STATE STREET<br>GENEVA, IL 60134  | Distance  | 25.1 mi                  |
|      |   | Direction | South                    |
|      | Phone   |           | 6302327544               |
|      | Total Beds  |           | 107                      |
|      | Total Census  |           | 82                       |
|      | Medicare Census   |           | 14                       |
|      | Medicaid Census   |           | 39                       |
|      | Other Census  |           | 29                       |
|      | Part of CCRC  |           | N                        |
|      | Category of Provider  |           | 03                       |
|      | Tot Cert  |           | 107                      |
|      | MC Only   |           | 38                       |
|      | MA Only   |           | 44                       |
|      | Dual MC-MA  |           | 25                       |
|      | Certification Date  |           | 201007270000             |
|      | Multi-Facility Organization Name  |           | PROVENA LIFE CONNECTIONS |
|      | SSA County Name   |           | KANE                     |
|      | Participation Date  |           | 200410010000000          |
| #68. | HIGHLAND PARK NURSING & REHAB<br>50 PLEASANT AVENUE<br>HIGHWOOD, IL 60040 | Distance  | 25.1 mi                  |
|      |   | Direction | East                     |
|      | Phone   |           | 8474320142               |
|      | Total Beds  |           | 82                       |
|      | Total Census  |           | 71                       |
|      | Medicare Census   |           | 10                       |
|      | Medicaid Census   |           | 41                       |
|      | Other Census  |           | 20                       |
|      | Part of CCRC  |           | N                        |
|      | Category of Provider  |           | 02                       |
|      | Tot Cert  |           | 82                       |
|      | MC Only   |           | 0                        |
|      | MA Only   |           | 0                        |
|      | Dual MC-MA  |           | 82                       |
|      | Certification Date  |           | 201010270000             |
|      | Multi-Facility Organization Name  |           | YAM MANAGEMENT LLC       |
|      | SSA County Name   |           | LAKE                     |
|      | Participation Date  |           | 199707010000000          |

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# Nursing Homes CMS Location Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

4 April 2012

Coordinates Longitude: -88.299426  
Latitude: 42.250448

|      |  |                                  |                 |
|------|--|----------------------------------|-----------------|
| #69. | NORTHWOODS CARE CENTRE<br>2250 PEARL STREET<br>BELVIDERE, IL 61008 | Distance<br>Direction            | 27.8 mi<br>West |
|      | Phone  | 8155440358                       |                 |
|      | Total Beds   | 113                              |                 |
|      | Total Census   | 107                              |                 |
|      | Medicare Census  | 10                               |                 |
|      | Medicaid Census  | 66                               |                 |
|      | Other Census   | 31                               |                 |
|      | Part of CCRC   | N                                |                 |
|      | Category of Provider   | 02                               |                 |
|      | Tot Cert   | 113                              |                 |
|      | MC Only  | 0                                |                 |
|      | MA Only  | 0                                |                 |
|      | Dual MC-MA   | 113                              |                 |
|      | Certification Date   | 201012140000                     |                 |
|      | Multi-Facility Organization Name                                   | KENSINGTON MANAGEMENT ASSOCIATES |                 |
|      | SSA County Name  | BOONE                            |                 |
|      | Participation Date   | 197603010000000                  |                 |
| #70. | HOME BRIDGE CENTER<br>1701 WEST 5TH AVENUE<br>BELVIDERE, IL 61008  | Distance<br>Direction            | 28.0 mi<br>West |
|      | Phone  | 8155475451                       |                 |
|      | Total Beds   | 80                               |                 |
|      | Total Census   | 52                               |                 |
|      | Medicare Census  | 4                                |                 |
|      | Medicaid Census  | 41                               |                 |
|      | Other Census   | 7                                |                 |
|      | Part of CCRC   | N                                |                 |
|      | Category of Provider   | 03                               |                 |
|      | Tot Cert   | 80                               |                 |
|      | MC Only  | 0                                |                 |
|      | MA Only  | 49                               |                 |
|      | Dual MC-MA   | 31                               |                 |
|      | Certification Date   | 201006010000                     |                 |
|      | Multi-Facility Organization Name                                   | null                             |                 |
|      | SSA County Name  | BOONE                            |                 |
|      | Participation Date   | 200411040000000                  |                 |

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### **1125.580 (a) and (b) – Unnecessary Duplication/Maldistribution**

The following pages include a map of the zip codes within a 30-minute drive-time of the site, a list of the zip codes, population information on the area, and a list of the SNFs within the area.

Development of this 130 bed SNF in McHenry County will not create unnecessary duplication of beds or services within a 30-minute drive-time for the following reasons:

- There are 42 SNF beds for every 1000 person age 65+ in the 30 minute drive time area. This is far less than the state average of more than 60 beds per 1000 persons age 65+.
- Current residents of McHenry County are leaving the county for skilled nursing services. (See Attachment 12).
- The HFSRB's utilization-based bed need formula shows a need for 469 beds in McHenry County.
- The 65+ population of the area will grow by 7.5% between 2011 and 2016. Without additional SNF beds, the community will remain underserved.
- The McHenry County Healthy Community Study identifies the lack of access to nursing home care in the county as an issue that needs to be resolved. (See Attachment 12)

All of these factors indicate that there is not a maldistribution of nursing beds in the 30-minute drive-time.

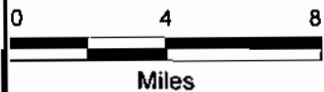
# 30 Minute Drive Time - MCHS Crystal Lake

## Legend

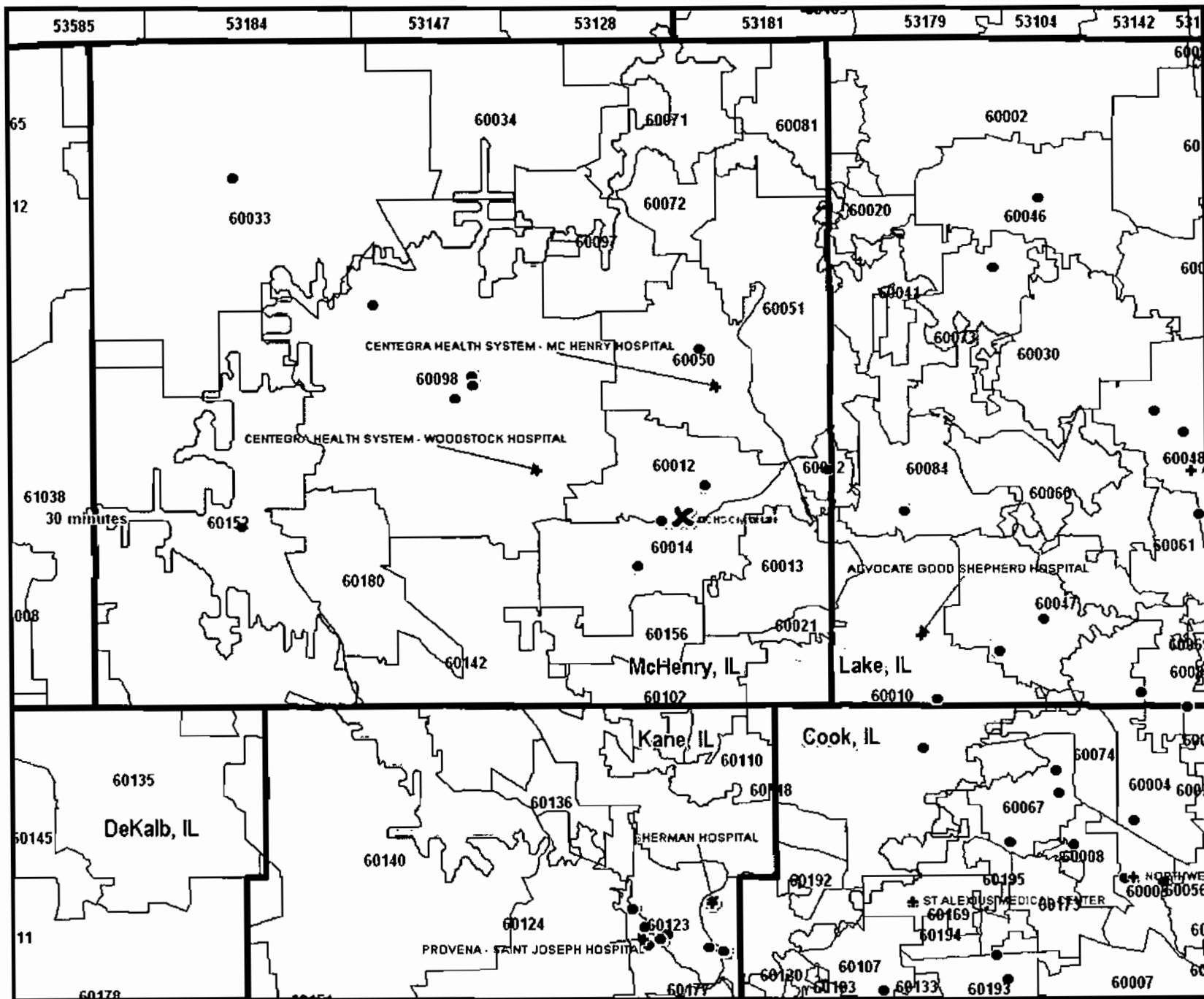
- ✕ Site
- + Hospital CMS
- Nursing Homes CMS
- County Boundaries
- ▣ 30 Minutes

### Site Coordinates

Longitude/X: -88.299426  
 Latitude/Y: 42.250448



**Pitney Bowes**  
 Business Insight



Print Date: 12 April 2012

Data Source:

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# Zips Within Study Area Boundaries



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

12 April 2012

Coordinates Longitude: -88.299426

Latitude: 42.250448

| ID |  |  |  |  |  |
|----|--|--|--|--|--|
|----|--|--|--|--|--|

- 53128
- 53181
- 60010
- 60012
- 60013
- 60014
- 60020
- 60021
- 60030
- 60033
- 60034
- 60041
- 60042
- 60047
- 60050
- 60051
- 60060
- 60067
- 60071
- 60072
- 60073
- 60074
- 60081
- 60084
- 60097
- 60098
- 60102
- 60103
- 60107
- 60110
- 60118
- 60120
- 60123
- 60124
- 60136

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# Zips Within Study Area Boundaries



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

12 April 2012

Coordinates Longitude: -88.299426

Latitude: 42.250448

| ID |  |  |  |  |  |
|----|--|--|--|--|--|
|----|--|--|--|--|--|

- 60140
- 60142
- 60152
- 60156
- 60169
- 60177
- 60180
- 60192
- 61038

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# HCR Demographic Summary Report



5600 Terra Cotta Rd & 5101 E Terra Cotta Ave Crystal Lake, IL 60014

12 April 2012

Coordinates Longitude: -88.299426

Latitude: 42.250448

---

30 MINUTE  
DRIVE TIME  
619.65 SQ/MI

---

|  |         |
|--|---------|
| 2011 Total Population                  | 592,010 |
| 2016 Total Population                  | 619,047 |
| % Population Change 2011-2016          | 4.6%    |
| 2011 Age 65+                           | 63,746  |
| 2016 Age 65+                           | 68,501  |
| % Population Change, Age 65+ 2011-2016 | 7.5%    |
| 2011 Age 75+                           | 29,238  |
| 2016 Age 75+                           | 30,966  |
| % Population Change, Age 75+ 2011-2016 | 5.9%    |
| 2011 Age 85+                           | 8,569   |
| 2016 Age 85+                           | 9,060   |
| % Population Change, Age 85+ 2011-2016 | 5.7%    |

### 30-Minute Service Area Nursing Homes

| Nursing Home                     | County  | No. of | Licensed Bed | Minutes   |
|----------------------------------|---------|--------|--------------|-----------|
|                                  |         | Beds   | % Occupancy  | From Site |
|                                  |         |        | 2010         |           |
| Alden Estates of Barrington      | Cook    | 150    | 77.4         | 24        |
| Alden Poplar Creek               | Cook    | 217    | 78.6         | 28        |
| Alden Terrace of McHenry         | McHenry | 316    | 58.9         | 12        |
| Apostolic Christian Resthaven    | Kane    | 50     | 93.3         | 24        |
| Asta Care Center Elgin           | Kane    | 102    | 85.6         | 26        |
| Crystal Pines Rehab              | McHenry | 114    | 89.8         | 2         |
| Fair Oaks Health Care            | McHenry | 46     | 90.5         | 4         |
| Florence Nursing Home            | McHenry | 52     | 90.6         | 25        |
| Fountains Crystal Lake           | McHenry | 97     | 77.1         | 3         |
| Hearthstone Manor                | McHenry | 75     | 73.7         | 18        |
| Lexington of Lake Zurich         | Lake    | 203    | 93.5         | 23        |
| Maplewood Care                   | Kane    | 203    | 92.3         | 28        |
| MCHS Elgin                       | Kane    | 88     | 84.4         | 28        |
| Memorial Hospital                | McHenry | 40     | 70.0         | 18        |
| Prarieview Nursing Home          | Lake    | 20     | 65.0         | 21        |
| Rosewood Care of Elgin           | Kane    | 139    | 78.8         | 23        |
| Rosewood Care of Iverness        | Cook    | 142    | 65.8         | 30        |
| Sheltering Oak                   | McHenry | 70     | 91.5         | 11        |
| Sherman West Court               | Kane    | 112    | 73.6         | 27        |
| St. Joseph's Home of the Elderly | Cook    | 60     | 95.8         | 30        |
| Valley Hi Nursing Home           | McHenry | 128    | 96.3         | 22        |
| Wauconda Health Care             | Lake    | 135    | 89.0         | 15        |
| Woodstock Residence              | McHenry | 115    | 67.6         | 18        |

### **1125.580 (c) – Impact on Other Providers**

The elderly population of McHenry County, the greatest users of skilled care, will increase by about 1960 persons per year between 2008 and 2018 according to the latest Need Determination Inventory. That would make the 65+ population of the county in 2015 approximately 40,500.  
(((2018 65+ minus 2008 65+) /10) x 7 years).

If the number of beds remains unchanged in the county, there will be approximately 25 beds per 1000 persons age 65+ in 2015, far below the national and state average. If this project is approved, there will be still be only 29 beds per 1000 persons age 65+. This is still far under the state average of about 60 per 1000.

This increasing population, in a community with fewer resources than in other areas of the state, will create more patients than this project will be able to serve. Thus there is no reason to believe that the utilization of existing SNFs will decrease.

Furthermore, in order to encourage a higher quality of care, the applicant prefers a slower fill of an SNF. New surroundings, systems, and assignments for employees must be gradually developed and employees trained frequently to avoid errors and maintain a high quality of care delivery. Thus, this project will only be 45 percent occupied in year one, so there will be plenty of time for the competitors to adjust to a new SNF in the community. This slow fill will also reduce the impact on other providers in the area and produce a higher quality of care at the new SNF.

## 1125.590 - STAFFING AVAILABILITY

HCR ManorCare, through its approximately 279 nursing and centers nationwide, has over 40 years of experience in recruiting staff. The company has proven techniques for recruitment and state-of-the-art techniques for staff selection.

HCR ManorCare, will use its standard new facility opening procedures to staff this new McHenry County facility. This process is initiated and managed by regional and divisional staff, including the Regional Director of Operations, Regional Director of Human Resources, Division Director of Human Resources and the Regional Manager of Market Development. New facility staffing may also include transfers of current Manor Care, Inc. employees to the new nursing facility. Regional and division staff will work closely with the new facility administrator to develop and implement a recruitment/staffing timeline and plan including the following components:

- New facility administrator and Admissions Director hired 10 to 12 months prior to opening.
- Director of Nursing and Human Resource Manager hired 4 to 6 months prior to opening.
- Hiring of remaining Department Head Team 60 days prior to opening.
- Staff training and orientation 40 to 60 days prior to opening, including leadership training for staff supervisors.

Staff recruitment for the proposed facility will begin as early as 12 months in advance of opening to ensure that all staff positions are filled with qualified personnel. New staff will be recruited through:

- National advertising.
- Affiliating with local nursing schools and operating an on-site CNA training center.
- Contacting community and alumni organizations.
- Advertising to the health care profession.
- Paying existing employees a bonus for referring qualified candidates.
- Promoting career ladder, scholarship, and tuition reimbursement programs.
- Providing staff with a comprehensive benefits package.
- Facebook and other online advertising.
- Utilizing an on-line application system.

- Recruiting at high schools to seek students interested in nursing.
- Advertising on public transportation and billboards.
- Advertising on preview screens at the movies.
- Membership in civic groups.
- Inviting nurses to in-service education programs.
- Participating in school career days.
- Using direct mail campaigns.

Staff will also be recruited by offering transfer opportunities to HCR ManorCare employees. It is HCR ManorCare's policy to promote highly qualified professionals from within the company whenever possible. Transfer opportunities are provided to company employees who have demonstrated that they have the qualities necessary to successfully open a new nursing home. HCR ManorCare is an equal opportunity employer.

#### AFFILIATING WITH LOCAL NURSING SCHOOLS AND ADVERTISING TO THE HEALTH CARE PROFESSION

Other recruitment steps to be taken for the proposed facility include posting job openings online and at the local area nursing schools, and sponsoring special open houses for potential staff prior to opening. Open houses will provide prospective applicants with a tour of Manor Care of Crystal Lake and a presentation which will include the following:

- discussion of the high standards set for caregivers at HCR ManorCare facilities;
- description of the comprehensive continuum of services provided at Manor Care of Crystal Lake;
- emphasis on continuous training through the center's staff development program;
- commitment to help employees reach their career goals through promotion, career advancement programs, tuition support for the additional training and employees (and their dependents) may need, to attain their career objectives; and,
- HCR ManorCare's benefit plan.

## PROMOTING CAREER LADDER, SCHOLARSHIP, LOAN, AND TUITION REIMBURSEMENT PROGRAMS

As one of the largest providers of long-term care services in the country, HCR ManorCare is able to provide career ladder, scholarship, loan, and tuition reimbursement programs to employees wishing to advance in their careers in long-term care. These programs are available to the spectrum of nursing home staff including CNAs, RNs, and LPNs. These programs are also offered to physical, occupational, and speech therapists; certified occupational therapy assistants (COTAs); and physical therapy assistants (PTAs).

HCR ManorCare supports promotions and career advancement opportunities by providing staff with tuition assistance and scholarships for the classes and continuing education seminars necessary to achieve these professional opportunities. HCR ManorCare provides a comprehensive Educational Assistance Program including: therapies scholarships (occupational, physical, and speech therapy), nursing scholarships (CNA to LPN and LPN to RN), dietary scholarships, child of employee scholarships (for RNs, LPNs, COTAs, PTAs) and tuition reimbursement. HCR ManorCare is committed to promotion from within and assisting motivated individuals to take on progressively more responsibility.

- **Nurse student loan program** – This program provides assistance to newly hired, licensed nurses who are making payments on student loans that were obtained to finance their nursing education. The center will contribute up to the established maximum per month towards the repayment of the loan for as long as the employee maintains regular, full-time employment at the center (30 hours per week).
- **Tuition Loan Program** – This program provides “up front” educational assistance to those who would like to enroll in one or more job-related courses for college credit. Through continued service with HCR ManorCare, the participant can “work off” up to 100 percent of the loan.

Applicants must be 19 or older and have been working for Manor Care, Inc. at least 30 hours per week for six months. Courses and the institution at which they are offered must be approved in advance by HCR ManorCare.

A grade of “C” or better for undergraduate classes and “B” or better for graduate classes is required for continued participation.

The calendar year loan amount is determined annually, with a participant continuing to regularly work a minimum of 30 hours per week. The lifetime maximum loan amount is \$10,000 per employee.

When continuous participation in the program ends, the total loan amount will be reduced by 5 percent for each full year of an employee’s service with HCR ManorCare since time participation began.



- **Book Scholarship Program** – Application and approval of this program must be done in conjunction with the Tuition Loan Program. For each letter grade of “A” or “B” received while participating in the Tuition Loan Program, an employee will be reimbursed up to an established plan maximum amount. Reimbursement is included in the participant’s payroll check.

A Job Hotline is available to all nursing home employees to provide detailed information on career development and employment opportunities throughout the company. An employee Answer Line is also available to answer employee's questions about company policies, programs, and benefits, and to listen to employee's concerns.

Examples of career ladder opportunities include:

- A person who joins the nursing home as a registered nurse or staff nurse may work toward promotion as a supervisor/charge nurse. Once the individual has demonstrated outstanding nursing and administrative skills as a supervisor/charge nurse, he/she may be promoted to assistant director of nursing. Subsequently, the individual may be promoted to Director of Nursing (DON).
- A person who joins the nursing home as a nursing assistant has the opportunity to be promoted to a nursing assistant team leader. Once the individual has achieved this level of advancement, he/she may pursue additional education in order to become a certified medicine assistant, licensed practical nurse or registered nurse. Upon achieving these levels, the individual is eligible for further promotions to supervisor/charge nurse, assistant director of nursing or director of nursing.
- A person who joins the nursing home as a therapist (occupational, physical, or speech) may be promoted to regional therapist and then divisional therapist.
- A person who joins the nursing home as a COTA or PTA may be promoted to the respective occupational or physical therapy positions, after completing the appropriate professional training.
- Dietary assistants may be promoted to nursing home cook, food service director, and then regional food service manager.

In addition to these career ladder opportunities, HCR ManorCare also offers company-wide career development programs, a Nurse Management Training Program, an Administrator-In-Training Program, and a Nursing Assistant Team Leader Program. The following provides a brief description on these programs:

- The **Nursing Leadership Program** is an education process within the HCR ManorCare environment that is designed to give the trainee the managerial and clinical skills required to function effectively as a nursing manager in long-term care. The primary purposes of the program are: (1) to prepare candidates to

manage the delivery of quality care to residents; (2) to prepare the candidate for HCR ManorCare's nursing, management, and quality assurance systems; (3) to place qualified nursing managers within the HCR ManorCare community. The Program includes theoretical and practical course work in resident care management, human resources management, financial management, and marketing. It provides an opportunity for nurses to increase their knowledge base, advance within nursing management, and receive recognition of their managerial skills.

- The **Administrator-In-Training (AIT) Program** is an outstanding healthcare advancement opportunity. The program is an educational process within the HCR ManorCare environment that is designed to give the trainee the technical and managerial skills required to function effectively as an administrator. The primary purposes of the program are: (1) to prepare the AIT candidate for licensure as a nursing home administrator, and (2) to place qualified administrators within the HCR ManorCare, community. The AIT Program has been designed on the principals of adult learning theory. The program is approximately one year in length. All expenses involved with the licensure process (e.g., permits, certificates) are paid by HCR ManorCare.
- The **Nursing Assistant Team Leader Program** teaches nursing assistants to train new nursing assistants on the job and lead a unit team of nursing assistants in providing daily care to residents. At the conclusion of this training, the participant is able to: (1) provide structural, standardized job training to new nursing assistants; (2) ensure compliance with resident care outcome standards; (3) communicate effectively with others; (4) take an active role in the care planning process; and (5) lead the nursing assistant care team.

#### PROVIDING A COMPREHENSIVE BENEFITS PACKAGE

HCR ManorCare offers a comprehensive benefits package which assists in recruiting highly qualified personnel. The benefits package includes the following:

##### Staff Benefits

- Bright, clean, and professional work environment.
- Well-equipped nursing home.
- Corporate and regional-based support staff to provide consultation and assistance to nursing home staff.
- Highly competitive salaries.
- Career ladder of promotion for all employees.
- Commitment to continuing education and in-service training.

- Flexible scheduling with part-time and full-time shifts available.
- Full benefits for 32 hour work week.
- Wage differentials for certain work shifts.
- Merit pay.
- In-house nurse pool.
- Nurse referral bonus plan.

### **Health Benefits**

- Comprehensive medical, dental, life and accident, and disability insurance plans.
- Paid sick leave and/or 50 percent of unused time credited to vacation.

### **Financial Benefits**

- 401K retirement plan.
- Savings bond plan.
- Tuition reimbursement and financial assistance for continuing education.
- RN, LPN, PT, OT scholarship programs.
- Option of joining a non-profit credit union.
- Increased vacation benefits based on years of service.

HCR ManorCare's goal is to recruit and retain highly qualified staff for the proposed facility. The recruitment plan described above has been highly effective at other facilities operated by HCR ManorCare. Ultimately, through effective recruitment efforts, HCR ManorCare seeks to hire and retain staff who are committed to providing high quality healthcare services.

Once qualified staff for the project have been recruited, it will be the Manor Care of Crystal Lake nursing home's goal to ensure that staff performance is high and turnover is minimal. The nursing home administrator will be responsible for monitoring employee morale and staff retention. Within the first 85 days of employment, the employee's level of performance will be evaluated, and an annual evaluation will take place at the employee's first year anniversary, and every year thereafter. Employees who have demonstrated improvement in job performance will be rewarded with merit pay increases. For persons who have shown outstanding job performance and are seeking career growth, every effort will be made to reward

outstanding performance with job promotions and educational assistance in the form of scholarships and tuition reimbursement.

Every effort will be made to ensure that employees are satisfied with their jobs and to encourage employees to take advantage of the employee benefits and career ladder offered by the company. Employees are encouraged to express concerns and grievances to the administration for resolution. In addition, employees are encouraged to take advantage of tuition reimbursement and scholarship opportunities for continuing education and professional growth. HCR ManorCare's commitment to recruitment and retention will ensure that the proposed project is staffed with highly qualified individuals who are committed to providing high quality healthcare services.

**1125.600 – BED CAPACITY**

This project is for 130 beds, far less than the 250 bed maximum.

**1125.611 – COMMUNITY RELATED FUNCTIONS**

This project has community support. There are 68 letters of support in the following pages.

**1125.620 – PROJECT SIZE**

The amount of space is necessary and not excessive. See Attachment 14 for a complete description.

**1125.630 – ZONING**

See Attachment 2

Date: 4-11-12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

Dear Ms. Avery:

I am a resident of McHenry County and I am aware of the services provided by ManorCare Health Services in Illinois. I am very pleased to see that they are applying for approval for a new 130 bed rehab facility to be located in Crystal Lake.

For those of us who reside here, it is comforting to know that there will be a post acute provider of nursing care and rehabilitation services to meet the needs of those of us who live in the area and/or our loved ones. We will not be subject to going out of our community for those services.

I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Bernice Dendor  
ADDRESS: 4018 W Orleans St  
Mc Henry IL 60050

246

Date: April 11 '12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Sharon Cressman

ADDRESS: 305 Augusta Dr. McHenry

Date: 4/11/12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

Dear Ms. Avery:

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I am in support of this <sup>130</sup>~~120~~ bed ManorCare project.

Thank you.

NAME: Bee Nettlinger

ADDRESS: 941 Withshire Dr #A McHenry IL 60056



Date: 4/11/12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME:

  
\_\_\_\_\_

ADDRESS:

806 S. Riverside Dr.  
McHenry, IL 60050  
\_\_\_\_\_

Date: 4-11-12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME:

Cindy Steffel

ADDRESS:

2213W. Lincoln Rd  
McHENRY IL 60057

250

Date: 2/11/12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you

Jodi A. Borck

NAME: Jodi A. Borck

ADDRESS: 3101 Almond LN McHenry, IL 60051

Date:

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.



NAME: Meg Lattonica  
ADDRESS: 1775 Andover Ln  
Crystal Lake, IL, 60014

Date: 4/11/12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

*Claudia Aquilina*

NAME: Claudia Aquilina

ADDRESS: 6708 Rhode Island Tr

Crystal Lake, IL 60012

Date:

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: John Kelly

ADDRESS: 606 B DEVONSHIRE CT  
MC HENRY, IL 60050

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Lorraine Nestley  
ADDRESS: 438 Gallopview Dr.

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME:

*W. Krublewski*

ADDRESS:

*8404 Alden Rd*

*Wonder Lake IL 60097*



Date: 4-11-72

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Eugene Michels

ADDRESS: 684 Coventry Ln, CL 60014

Date: 4-17-12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Greene Martin  
ADDRESS: 2846 Cobblestone Dr.

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Len Miller

ADDRESS: 41 LLOYD ST. CARY

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: DAVE SWEET

ADDRESS: 6102 SCOTT LN  
CRYSTAL LAKE, IL 60014

260

Date: 4-12-12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Gail Gorko

ADDRESS: 5421 W. West Shore Dr.  
McHenry, Ill 60050

261

Date: A. 11. 12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Bette Benson

ADDRESS: 3910 W. Oak Ave - MC Henry, IL  
60050

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Paul M. Hall

ADDRESS: 1176 Sandalwood Ln.  
Crystal Lake IL 60144

Date:

4/11/12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME:

Charles W. Newcomb

ADDRESS:

204 Oakleaf Rd L. T. H.

264



Date: 4-11-72

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Bill Markusin

ADDRESS: 311 Maplewood Ln C&D

265

Date: 4-11-12

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Thank you.

NAME: Ruby Ehlest  
ADDRESS: Crystal Lake

266

Date: 4-11-12

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Thank you.

NAME: Mary Ellen Markson  
ADDRESS: 311 Maplewood Ct

Date: 4-11-12

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Thank you.

NAME: Georgell Baddy

ADDRESS: S W Woodland Rd Cary

Date: 4-11-12

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Springfield, IL 62761

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Thank you.

NAME: Emma Hall  
ADDRESS: 1695A Pearl Ct Chgo 014

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Edward J. Drorak

ADDRESS: 4683 North St C.L.  
60012

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: David P. DeFuria  
ADDRESS: 675 TOMAHAWK RD.  
CRYSTAL LAKE IL.  
60012

271

Date: 4/11/12

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Illinois Health Facilities And  
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525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Mary Anetka  
ADDRESS: 1416 White Oak  
Woodstock

272



Date: 4/11/12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Sherry Tomanko

ADDRESS: 110 W. Woodstock Crystal Lake, IL 60014

Date:

4/11/12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME:

Cathy Chuday

ADDRESS:

1076 Abbey Dr. CL

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Barbara J. Huggs

ADDRESS: 607 Hillcrest Lane  
CR 60014

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: John Fredrickson  
ADDRESS: 7180 Gayline Dr

276

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: *Paul J. Lawrence*  
ADDRESS: *1787 Hartford Drive*  
*Crystal Lake, IL*

Date: 4/11/2012

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Amy Jones

ADDRESS: 1564 Magnolia Drive  
Crystal Lake, IL 60014

278

Date: 4-12-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Cynthia [Signature]

ADDRESS: 5216 Glenbrook Trail McHenry, IL

Date: 4-11-12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Joseph Campbell

ADDRESS: 1542 N Seminary Ave Woodstock IL 60098



Date: 4/2/12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Janet L. Gallegos

ADDRESS: 3905 BOONE CRK CIR. - MCHENRY

Date: 4/12/10

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME:

Virginia Walczak

ADDRESS:

Johnsburg, IL

Date: 4/12/12

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Illinois Health Facilities And  
Services Review Board  
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Springfield, IL 62761

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Thank you.

NAME: Jaime Surfat

ADDRESS: 2411 Church St. Johnsbury 60051

Date: 4/12/10

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Margaret Webb

ADDRESS: 627 Traver Wood Trail  
McHenry, Ill.

284

Date: 4/12/13

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

Dear Ms. Avery:

I am a resident of McHenry County and I am aware of the services provided by ManorCare Health Services in Illinois. I am very pleased to see that they are applying for approval for a new 130 bed rehab facility to be located in Crystal Lake.

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Marybelle Clark

ADDRESS: 5408 W Lake Shore Rd  
Woodlee Lake, IL 60097

Date: 4/12/12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Patricia L. Parisi

ADDRESS: 1509 Terrace Ave., Johnsonburg, Ill. 60051

Date: 4/12/12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Marie Wasil

ADDRESS: 211 Creekside Tol. #B

Date: 4/12/12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: LINDA L. EVANS

ADDRESS: 4005 DOLORES DR.  
JOHNSBURG IL



Date: 4/12/12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Jessie Hendler

ADDRESS: 5707 N Woodland Blvd.  
McHenry, Ill. 60057

Date: 4-12-12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Vera Sydorowycz

ADDRESS: 4831 LOYOLA DR.

60050

290

Date: 4/12/12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Catherine A Juan

ADDRESS: 904 Paul St  
McH

291

Date: 4/12/12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Shirley Miller

ADDRESS: 2801 KENDALL CROSSING  
JOHNSBURG

292

Date: 4/12/12

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Ashley Brucki

ADDRESS: 5627 Utopia, McHenry

Date: 4/12/12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Darlene F. Scilla

ADDRESS: 628 Surrey Ridge Dr.

Date: 4-12-12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: JOAN DLEN

ADDRESS: 2313 EISENHOWER BLVD  
McHENRY IL 60051

295

Date: 4-11-12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

Dear Ms. Avery:

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Thank you.

NAME:

ADDRESS:

Dr. Ken Abbueca  
50 West North Maple St  
Crystal Lake, Ill.



Date: 4-11-12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

NAME: Drane Myer

ADDRESS: 3612 Fawn Grove, Woodstock, IL 60092

Date: 4-11-12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Dolma Peric  
ADDRESS: 2512 Wall ST.  
McHenry IL 60051

298

Date: 4-11-12

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME:

Jammy Williams

ADDRESS:

4525 W Lakewood

McHenry

299

Date: 4-11-72

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: CAROL LEE

ADDRESS: 4001 Pitzen Rd.  
Johnsburg, IL 60051

300

March 14, 2012:

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.



NAME: Pam Crenshaw

ADDRESS: 14231 South St. Rd.  
Woodstock, Ill 60098

March 14, 2012:

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.



NAME:

Daisy Arellano

ADDRESS:

160 Crossroad Ct Lakeville Hills IL 6015

302

March 14, 2012:

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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Thank you.

Susan Lilla

NAME: 

ADDRESS: 1324 Skyridge Dr  
Crystal Lake IL 60014

303

March 14, 2012:

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Melissa Campbell

ADDRESS: 1911 Ashburton Ct  
Algonquin, IL 60102

304



March 14, 2012:

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Suzanne Pollard, RN

ADDRESS: 104 Hickory Lane  
carey, IL 60013

305

March 14,2012:

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Bernice Feld

ADDRESS: 1155 Warden Oaks Drive Woodstock, IL 60098

306

March 14, 2012:

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

  
NAME: KURT CRENSHAW

ADDRESS: 14231 SOUTH ST  
WOODSTOCK, ILL.

307

March 14, 2012:

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME:

George Feld

ADDRESS:

1527 (Sundview)  
McHenry, Ill.

308

March 14, 2012:

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Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: F. L. [Signature]

ADDRESS: 1508 Grandview

McHenry, Ill

March 14, 2012:

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

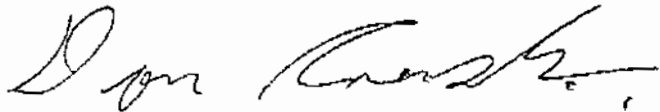
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I am in support of this 120 bed ManorCare project.

Thank you.



NAME: Don Crenshaw

ADDRESS: 14231 South St.  
Woodstock, Ill.  
60123

March 14,2012:

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Angela Conner  
ADDRESS: 14231 South St Woodstock IL 60098

March 14, 2012:

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME:

Joyce Goodner

ADDRESS:

2103 S Country Club Rd

312



March 14, 2012:

Ms. Courtney Avery, Administrator  
Illinois Health Facilities And  
Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

Dear Ms. Avery:

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I am in support of this 120 bed ManorCare project.

Thank you.

NAME: Kevin Crenshaw

ADDRESS: 14231 South St. WOODSTOCK IL 60098

April 20, 2012

Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

Dear Chairman Galassie:

ManorCare Health Services, LLC; HCR ManorCare Inc.; and HCR Healthcare LLC (collectively, "ManorCare") operate 29 nursing homes in Illinois. I hereby certify that the applicant understands that, by the second year of operation after project completion, this new skilled nursing facility will achieve and maintain the occupancy standards specified in Section 1125.210 (c).

Sincerely,  
HCR MANORCARE

  
Larry R. Godla  
Vice President, Development and Construction

March 16, 2012

Courtney Avery  
Administrator  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson Street  
Springfield, IL 62761

Re: ManorCare Health Services of Crystal Lake

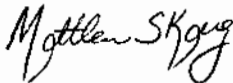
Dear Ms. Avery:

This letter will confirm the commitment of HCR Healthcare, LLC to provide funding to ManorCare Health Services, LLC to develop the proposed 130-bed skilled nursing facility in Crystal Lake, Illinois. ManorCare Health Services, LLC is a wholly-owned subsidiary of HCR Healthcare, LLC, which, in turn, is a wholly owned subsidiary of HCR ManorCare, Inc.

HCR Healthcare, LLC is committed to funding the total project cost required to develop the proposed skilled nursing facility including all development, start-up and capital expenses associated with the proposed project. This project will be funded through a combination of cash on hand and internally generated and/or borrowed funds.

As Vice President and Treasurer of HCR ManorCare, Inc., I am aware of the cash position and other available sources of funds to ManorCare Health Services, LLC. For the year ending December 31, 2010, HCR Healthcare, LLC generated \$408.6 million of cash from operating activities. The cash from HCR Healthcare, LLC's operating activities is more than sufficient to fund the proposed project.

Sincerely,  
HCR ManorCare, Inc.



Matthew S. Kang  
Vice President and Treasurer

This is a Cash Project and thus exempt from this section since the cash is internally generated funds

## Attachment 42

Criterion 1120.310 (d) - Projected Operating Costs  
 Manor Care of Crystal Lake  
 Year 2 – First full year of stabilized occupancy

| EXPENSES                       | Year 2              | \$ PPD        |
|--------------------------------|---------------------|---------------|
| Nursing                        | \$5,788,500         | 135.55        |
| Dietary                        | \$959,100           | 22.46         |
| Utilities                      | \$284,600           | 6.67          |
| Maintenance                    | \$206,100           | 4.83          |
| Laundry                        | \$73,500            | 1.72          |
| Housekeeping                   | \$291,000           | 6.82          |
| Activities                     | \$145,400           | 3.41          |
| Administration                 | \$1,270,800         | 29.76         |
| Ancillaries                    | \$4,133,100         | 96.78         |
| Other                          | \$474,400           | 11.10         |
| <b>Total Operating Expense</b> | <b>\$13,626,600</b> | <b>319.09</b> |

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

| Capital Expenditure |        |
|---------------------|--------|
| Year 2              | PPD    |
| \$39,000            | \$0.91 |

March 16, 2012

Courtney Avery  
Administrator  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson Street  
Springfield, IL 62761

Re: ManorCare Health Services of Crystal Lake

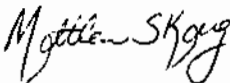
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Sincerely,  
HCR ManorCare, Inc.



Matthew S. Kang  
Vice President and Treasurer

# Attachment 44

| <b>Charity Care</b>    |              |              |              |
|------------------------|--------------|--------------|--------------|
|                        | Year<br>2015 | Year<br>2016 | Year<br>2017 |
| Net Patient Revenue    | \$8,356,500  | \$17,297,900 | \$17,903,300 |
| Amount of Charity Care | \$ 71,030    | \$ 147,032   | \$ 152,178   |
| Cost of Charity Care   | \$ 71,030    | \$ 147,032   | \$ 152,178   |

.85% of Revenue = Charity Care