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HEALTH FACILITIES & SERVICES REVIEW BOARD

12-057

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Methodist Hospital of Chicago[1]		
Street Address: 5025 N. Paulina St.		
City and Zip Code: Chicago, 60640		
County: Cook	Health Service Area 6	Health Planning Area: 6A

Applicant /Co-Applicant Identification

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

Exact Legal Name: Bethany Homes and Methodist Hospital
Address: 5025 N. Paulina St., Chicago, IL 60640
Name of Registered Agent:
Name of Chief Executive Officer: Wolfgang Mayer
CEO Address: 5025 N. Paulina St., Chicago, IL 60640
Telephone Number: 773-271-9040

Type of Ownership of Applicant/Co-Applicant

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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.

Applicant /Co-Applicant Identification

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

Exact Legal Name: Bethany Methodist Corporation
Address: 5025 N. Paulina St., Chicago, IL 60640
Name of Registered Agent:
Name of Chief Executive Officer: Wolfgang Mayer
CEO Address: 5025 N. Paulina St., Chicago, IL 60640
Telephone Number: 773-271-9040

Type of Ownership of Applicant/Co-Applicant

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☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

1 Note that "Methodist Hospital of Chicago" is an assumed name under the Bethany Homes and Methodist Hospital corporation.

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

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)

Name: Frank Bensema
Title: Corporate Director of Plant Operations
Company Name: Bethany Homes and Methodist Hospital
Address: 5025 N. Paulina St., Chicago, IL 60640
Telephone Number: (773) 271-9040
E-mail Address: FBensema@BethanyMethodist.org
Fax Number:

Additional Contact

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

Name: Jeffrey Mark
Title: Consultant
Company Name: JSMA LLC
Address: 1182 S. Plymouth Ct., 1SW
Telephone Number: (312) 804-9401
E-mail Address: jmark@jsma.com
Fax Number:

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: Frank Bensema
Title: Corporate Director of Plant Operations
Company Name: Bethany Homes and Methodist Hospital
Address: 5025 N. Paulina St., Chicago, IL 60640
Telephone Number: (773) 271-9040
E-mail Address: FBensema@BethanyMethodist.org
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Bethany Homes and Methodist Hospital
Address of Site Owner: 5025 N. Paulina St., Chicago, IL 60640
Street Address or Legal Description of Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Methodist Hospital of Chicago

Address: 5025 N. Paulina St., Chicago, IL 60640

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

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** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 **(http://www.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: [Check one only.]
☐ Substantive	☒ Part 1120 Not Applicable
☒ Non-substantive	☐ Category A Project
	☐ Category B Project
	☐ DHS or DVA Project

2. Narrative Description

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

Methodist Hospital of Chicago is requesting approval to discontinue its Long Term Care category of service consisting of 23 beds. There are no costs associated with this project.

This request for discontinuation is a non-substantive application per Section 1110.40 of the Board's rules (Classification of Projects and Applicable Review Criteria).

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			-0-
Site Survey and Soil Investigation			-0-
Site Preparation			-0-
Off Site Work			-0-
New Construction Contracts			-0-
Modernization Contracts			-0-
Contingencies			-0-
Architectural/Engineering Fees			-0-
Consulting and Other Fees			-0-
Movable or Other Equipment (not in construction contracts)			-0-
Bond Issuance Expense (project related)			-0-
Net Interest Expense During Construction (project related)			-0-
Fair Market Value of Leased Space or Equipment			-0-
Other Costs To Be Capitalized			-0-
Acquisition of Building or Other Property (excluding land)			-0-
TOTAL USES OF FUNDS			-0-
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			-0-
Pledges			-0-
Gifts and Bequests			-0-
Bond Issues (project related)			-0-
Mortgages			-0-
Leases (fair market value)			-0-
Governmental Appropriations			-0-
Grants			-0-
Other Funds and Sources			-0-
TOTAL SOURCES OF FUNDS			-0-

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

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

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

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

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): _____

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 -- Not Applicable
☒ 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 – Not Applicable

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.**

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

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Methodist Hospital of Chicago		**CITY: Chicago**			
REPORTING PERIOD DATES:		**From Jan 1, 2011**	**to: Dec. 31, 2011**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	74	1,429	7,523	0	74
Obstetrics					
Pediatrics					
Intensive Care (direct admissions only)	9	103	784	0	9
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	62	2,798	17,939	0	62
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care	23	258	2,594	-23	0
Other ((identify)					
TOTALS:	168	4,598	28,840	-23	145

CERTIFICATION: BETHANY HOME AND METHODIST HOSPITAL

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

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

This Application for Permit is filed on the behalf of Bethany Homes and Methodist Hospital 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

Stephen A. Dahl
PRINTED NAME

President + C.E.O.
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12 day of June 2012

Signature of Notary

Seal

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
ELEUTERIA GARAY
MY COMMISSION EXPIRES
SEPTEMBER 21, 2013

SIGNATURE

WOLFGANG MAYER
PRINTED NAME

COO, CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12 day of Jun 2012

Signature of Notary

Seal

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
ELEUTERIA GARAY
MY COMMISSION EXPIRES
SEPTEMBER 21, 2013

*Insert EXACT legal name of the applicant

CERTIFICATION: BETHANY METHODIST CORPORATION

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

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

This Application for Permit is filed on the behalf of Bethany Methodist Corporation 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

Stephen A. Dahl
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12 day of June 2012

Signature of Notary

Seal

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
ELEUTERIA GARAY
MY COMMISSION EXPIRES
SEPTEMBER 21, 2013

SIGNATURE

WOLFGANG MAYER
PRINTED NAME

COO, CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12 day of June 2012

Signature of Notary

Seal

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
ELEUTERIA GARAY
MY COMMISSION EXPIRES
SEPTEMBER 21, 2013

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION Not Applicable

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS Not Applicable

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 Board 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
Not Applicable

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

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

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

   c. The project involves the conversion of existing space that results in excess square footage.

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;

2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;

3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

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

SECTION V. - MASTER DESIGN AND RELATED PROJECTS Not Applicable

This Section is applicable only to proposed master design and related projects.

Criterion 1110.235(a) - System Impact of Master Design

Read the criterion and provide documentation that addresses the following:

1. The availability of alternative health care facilities within the planning area and the impact that the proposed project and subsequent related projects will have on the utilization of such facilities;

2. How the services proposed in future projects will improve access to planning area residents;

3. What the potential impact upon planning area residents would be if the proposed services were not replaced or developed; and

4. The anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreements between the applicant and other providers that will result in the transfer of patients to the applicant's facility.

Criterion 1110.235(b) - Master Plan or Related Future Projects

Read the criterion and provide documentation regarding the need for all beds and services to be developed, and also, document the improvement in access for each service proposed. Provide the following:

1. The anticipated completion date(s) for the future construction or modernization projects; and

2. Evidence that the proposed number of beds and services is consistent with the need assessment provisions of Part 1100; or documentation that the need for the proposed number of beds and services is justified due to such factors, but not limited to:

   a. limitation on government funded or charity patients that are expected to continue;
   b. restrictive admission policies of existing planning area health care facilities that are expected to continue;
   c. the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.

3. Evidence that the proposed beds and services will meet or exceed the utilization targets established in Part 1100 within two years after completion of the future construction of modernization project(s), based upon:

   a. historical service/beds utilization levels;
   b. projected trends in utilization (include the rationale and projection assumptions used in such
   c. projections);
   d. anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and
   anticipated changes in delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.

Criterion 1110.235(c) - Relationship to Previously Approved Master Design Projects

READ THE CRITERION which requires that projects submitted pursuant to a master design permit are consistent with the approved master design project. Provide the following documentation:

1. Schematic architectural plans for all construction or modification approved in the master design permit;

2. The estimated project cost for the proposed projects and also for the total construction/modification projects approved in the master design permit;

3. An item by item comparison of the construction elements (i.e. site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project; and

4. A comparison of proposed beds and services to those approved under the master design permit.

APPEND DOCUMENTATION AS ATTACHMENT-18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI - MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP Not Applicable

This Section is applicable to projects involving merger, consolidation or acquisition/change of ownership.

NOTE: For all projects involving a change of ownership THE TRANSACTION DOCUMENT must be submitted with the application for permit. The transaction document must be signed dated and contain the appropriate contingency language.

A. Criterion 1110.240(b), Impact Statement

Read the criterion and provide an impact statement that contains the following information:

1. Any change in the number of beds or services currently offered.
2. Who the operating entity will be.
3. The reason for the transaction.
4. Any anticipated additions or reductions in employees now and for the two years following completion of the transaction.
5. A cost-benefit analysis for the proposed transaction.

B. Criterion 1110.240(c), Access

Read the criterion and provide the following:

1. The current admission policies for the facilities involved in the proposed transaction.
2. The proposed admission policies for the facilities.
3. A letter from the CEO certifying that the admission policies of the facilities involved will not become more restrictive.

C. Criterion 1110.240(d), Health Care System

Read the criterion and address the following:

1. Explain what the impact of the proposed transaction will be on the other area providers.
2. List all of the facilities within the applicant's health care system and provide the following for each facility.
   a. the location (town and street address);
   b. the number of beds;
   c. a list of services; and
   d. the utilization figures for each of those services for the last 12 month period.
3. Provide copies of all present and proposed referral agreements for the facilities involved in this transaction.
4. Provide time and distance information for the proposed referrals within the system.
5. Explain the organization policy regarding the use of the care system providers over area providers.
6. Explain how duplication of services within the care system will be resolved.
7. Indicate what services the proposed project will make available to the community that are not now available.

APPEND DOCUMENTATION AS ATTACHMENT-19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA Not Applicable

Not Applicable

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

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

VIII. - 1120.120 - Availability of Funds

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

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 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 tender 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.
		TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability Not Applicable

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance

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

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

X. 1120.140 - Economic Feasibility Not Applicable

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

A. Reasonableness of Financing Arrangements

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

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

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	26-27
2	Site Ownership	28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29-31
5	Flood Plain Requirements	32
6	Historic Preservation Act Requirements	33
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	34-38
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	
43	Safety Net Impact Statement	
44	Charity Care Information	
Appendix A	Documentation of Mapquest Travel Times	A-1 to A-231
Appendix B	Documentation of Impact Letters	B-1 to B-140

File Number 0527-730-2



To all to whom these Presents Shall Come, Greeting:

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

BETHANY HOMES AND METHODIST HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 05, 1890, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1215201380

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* 31ST *day of* MAY *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

File Number 5406-654-6



To all to whom these Presents Shall Come, Greeting:

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

BETHANY METHODIST CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 06, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1215201322

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* 31ST *day of* MAY *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Methodist Hospital of Chicago

5025 North Paulina Street
Chicago, Illinois 60640
(773) 271-9040
Fax: (773) 271-2010

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

This is to certify that the site of the Methodist Hospital of Chicago, 5025 N. Paulina, Chicago Illinois is owned by:

BETHANY HOMES + METHODIST HOSPITAL

Signature

WOLFGANG MAYER
Printed Name

COO, CFO
Printed Title

Notarization:
Subscribed and sworn to before me
This 12 day of June 2012

Signature of Notary

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
ELEUTERIA GARAY
MY COMMISSION EXPIRES
SEPTEMBER 21, 2013

Seal

ATTACHMENT 2

File Number 0527-730-2



To all to whom these Presents Shall Come, Greeting:

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

BETHANY HOMES AND METHODIST HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 05, 1890, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1215201380

Authenticate at: http://www.cyberdrivetillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 31ST *day of* MAY *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

STATE OF ILLINOIS

LICENSE

Be it known that this facility is licensed to engage in the activities specified in the annual license certificate displayed below for the period designated in that certificate.

This Document is valid only so long as a current license certificate is displayed at right.

dph

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES

State of Illinois 2035966
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

CAPON I. ARNOLD, M.D.
DIRECTOR

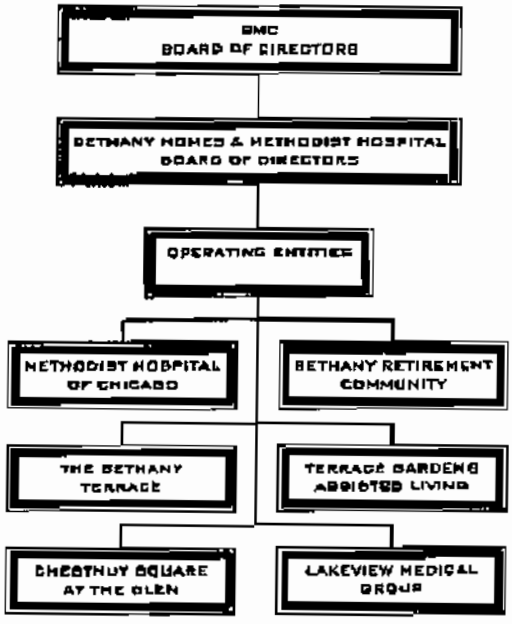
06/30/12	2080	0000125

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 07/01/12

BUSINESS ADDRESS

METHODIST HOSPITAL OF CHICAGO
5025 NORTH PAULINA STREET
CHICAGO IL 60640

BETHANY METHODIST CORPORATION



Not Applicable

Not Applicable

Criterion 1110.130 - Discontinuation

General Information Requirements:

1 This application is to discontinue the Methodist Hospital's Long Term Care category of service. This service consists of one inpatient unit of 23 beds.

2 No other clinical services are to be discontinued, nor will they be significantly impacted by the discontinuation of this service.

3 The anticipated date for discontinuation is within two weeks of the Board approval of this application.

4 The physical space of the vacated inpatient unit will be used to for the existing Medical/Surgical service, to convert existing 3-bed rooms to 2-bed rooms. Some rooms may also be used to accommodate additional beds to be requested under the statutory "10 percent" provision [20 ILCS 3960/5/c].

5 The medical records for patients served will be maintained by the Hospital's medical records department, indefinitely, per the policy for all medical records.

6 Not Applicable

Reasons for Discontinuation

The discontinuation is being requested due to the following:

1 Insufficient volume or demand for the service.

Over the 5 years from 2006 through 2011, LTC admissions have declined by 29 percent and patient days by 34 percent. Occupancy for the calendar year 2011 was 31 percent.

2 The lack of census and the newly required facility standards (see 3 below) have made this service economically not feasible to maintain.

3 The facility in not in compliance with new certification standards.

Recent changes in CMS requirements for hospital LTC facilities require upgrades to the hospital which are financially prohibitive.

Impact on Access

We believe that the discontinuation of the Hospital's Long Term Care of service will have no adverse impact for the residents within our facility's market area.

This discontinuation will not create a shortage of beds within the planning area. The Methodist Hospital is located within LTC Planning Area 6A. The March 16, 2012 update to the Inventory of Long Term Care Services shows this planning area with an excess of 1.254 LTC beds.

Per the Board's requirements we have identified all facilities within a 45 minute normal travel time, operating an LTC service. We found that 139 facilities operated within this radius[2]

[2] Per Section 1100.510 d) of the Board's rules, normal travel time has been calculated as the travel time derived from Mapquest.com multiplied by 1.25. See Appendix A for the Mapquest documentation.

LTC Service Facilities within 45 Minutes Travel Time

	Facility Name	Municipality	Normal Travel Times (in minutes)
	Methodist Hospital Of Chicago -- Applicant	**Chicago**	0
1	Methodist Home	Chicago	3
2	Brightview Care Center	Chicago	4
3	St. Martha's Manor	Chicago	4
4	All American Nursing Home	Chicago	4
5	Mid America Care Center	Chicago	4
6	Alden-Lakeland Rehab & Care Cr	Chicago	4
7	Balmoral Home	Chicago	5
8	Grasmere Place	Chicago	5
9	Wilson Care	Chicago	5
10	Heritage Healthcare Center	Chicago	5
11	Admiral at the Lake	Chicago	5
12	Selfhelp Home Of Chicago	Chicago	5
13	Margaret Manor - North	Chicago	6
14	Carlton At The Lake	Chicago	6
15	Bryn Mawr Care	Chicago	6
16	Alshore House	Chicago	8
17	Swedish Covenant Hospital	Chicago	8
18	Continental Nursing & Rehab Center	Chicago	8
19	Sheridan Shores Care & Rehab	Chicago	8
20	Belmont Nursing Home	Chicago	9
22	Ambassador Nursing & Rehab Center	Chicago	9
21	Garden View Nursing & Reh Ctr	Chicago	9
23	St. Paul's House & Healthcare	Chicago	10
24	Warren Park Health & Living Center	Chicago	10
25	St. Joseph Hospital	Chicago	11
26	Fairmont Care Centre	Chicago	13
27	Harmony Nursing And Rehab Ctr	Chicago	13
28	Astoria Place Living & Rehab Ctr	Chicago	13
29	Imperial Grove Pavilion	Chicago	13
30	Little Sisters Of The Poor	Chicago	13
31	Lakeview Rehab & Nursing Ctr	Chicago	13
32	Grove Lincoln Park Living & Rehab	Chicago	13
33	Alden Lincoln Rehab & Hc Ctr	Chicago	13
34	Atrium Health Care Center	Chicago	13
35	Clark Manor Convalescent Ctr	Chicago	13
36	Lake Shore Hlth Care & Rehab	Chicago	13
37	Sherwin Manor Nursing Center	Chicago	13
38	Elston Nursing & Rehab Center	Chicago	14
40	Glencrest Hlthcr & Rehab Ctr	Chicago	14
39	Westwood Manor	Chicago	14

41	Arbour Health Care Center	Chicago	14
42	Birchwood Plaza	Chicago	14
43	Lake Front Convalescent Center	Chicago	14
44	Waterford Nursing & Rehab, The	Chicago	14
45	Peterson Park Nursing Home	Chicago	15
46	Clayton Residential Home	Chicago	15
47	Buckingham Pavilion	Chicago	15
48	Lincolnwood Place	Lincolnwood	15
49	Dobson Plaza	Evanston	16
50	Warren Barr Pavilion	Chicago	18
51	The Clare at Water Tower	Chicago	18
52	The Grove of Evanston	Evanston	18
53	Albany Care	Evanston	18
54	St. Joseph's Village	Chicago	19
55	Woodbridge Nursing Pavilion	Chicago	19
56	St. Elizabeth Hospital	Chicago	19
57	Winston Manor Convalescent	Chicago	19
58	Margaret Manor	Chicago	19
59	Greenwood Care	Evanston	19
60	Evanston Nursing & Rehab Center	Evanston	20
61	Alden North Shore Rehab & Hc	Skokie	20
62	Alden-Northmoor Rehab & Hc Ctr	Chicago	21
63	Ctr Home For Hispanic Elderly	Chicago	21
64	Resurrection Life Center	Chicago	23
65	Danish Home, The	Chicago	23
66	Monroe Pav Hlth & Treatmnt Ctr	Chicago	23
67	Our Lady Of Resurrect Med Ctr	Chicago	24
68	Norwood Crossing	Chicago	24
69	St. Agnes Health Care Center	Chicago	25
70	Westminster Place	Evanston	25
71	Alden Estates Of Evanston	Evanston	26
72	Three Crowns Park	Evanston	26
73	Forest Villa Nsg. & Reh. Ctr.	Niles	26
74	Grosse Pointe Manor	Niles	26
75	Grove North Living & Rehab Center	Skokie	26
76	Skokie Meadows Nursing Center II	Skokie	26
77	St. Andrew Life Center	Niles	28
78	St. Benedict Nsg. & Rehab. Ctr	Niles	28
79	Norridge Hlthcr & Rehab Centre	Norridge	28
80	Cambridge Nursing & Rehab	Skokie	28
81	Alden Estates of Skokie	Skokie	28
82	Lieberman Center for Health & Rehab	Skokie	28
83	Central Nursing Home	Chicago	29
84	Schwab Rehabilitation Hospital	Chicago	29
85	Central Baptist Village	Norridge	29

86	Boulevard Care Nursing & Rehab. Center	Chicago	30
87	Bronzeville Park Skilled Nsg & Living Ctr	Chicago	30
88	Southview Manor	Chicago	30
89	All Faith Pavilion	Chicago	30
90	Sacred Heart Home	Chicago	30
91	Bethany Terrace Nursing Center	Morton Grove	30
92	Community Care - Chicago	Chicago	31
93	Columbus Park N & Rehab Center	Chicago	31
94	Columbus Manor Residential	Chicago	31
95	Jackson Square Nrg & Rehab Ctr	Chicago	31
96	West Suburban Hospital & Med C	Oak Park	31
97	Avenue Care Nursing & Rehab. Center	Chicago	33
98	Park Ridge Care Center	Park Ridge	33
99	Montgomery Place	Chicago	34
100	Bethesda Home & Retirement Ctr	Chicago	34
102	Mayfield Care Center	Chicago	34
101	Central Plaza Residential Home	Chicago	34
103	Park House Nursing & Rehab Ctr	Chicago	34
104	California Gardens Nrg & Rehab	Chicago	34
105	Asbury Healthcare	Des Plaines	34
106	Renaissance At Midway	Chicago	35
107	Alden-Wentworth Rehab & Care	Chicago	35
108	Oakton Pavilion	Des Plaines	35
109	Lee Manor	Des Plaines	35
110	Ballard Nursing Center	Des Plaines	35
111	Rush Oak Park Hospital	Oak Park	35
112	Resurrection Nsg & Rehab Ctr	Park Ridge	35
113	International Nursing & Rehab Center	Chicago	36
114	Alden-Princeton Rehab & Care	Chicago	36
115	St. Matthew Center for Health	Park Ridge	36
116	Parkshore Estates Nursing & Rehab	Chicago	38
117	Cedar Pointe Rehab & Nuraing	Cicero	38
118	Elmwood Care	Elmwood Park	38
119	Oak Park Healthcare Center	Oak Park	38
120	Berkeley Nursing & Rehab. Ctr	Oak Park	38
121	Renaissance At South Shore	Chicago	39
122	Alden - Des Plaines Rehab/HCC	Des Plaines	39
123	Berkshire Nursing & Rehab Center	Forest Park	39
124	Elmhurst Memorial Hospital	Elmhurst	40
125	Pershing Convalescent Center	Berwyn	41
126	Rainbow Beach Care Center	Chicago	41
127	Windsor Park Nursing & Living Center	Chicago	41
128	Alden-Town Manor Rehab & Hhc	Cicero	41
129	Elmhurst Extended Care Center	Elmhurst	41
130	The Renaissance At Hillside	Hillside	41

131	Gottlieb Memorial Hospital	Melrose Park	41
132	British Home	Brookfield	43
133	Southport Nur & Rehab	Chicago	43
134	Waterfront Terrace	Chicago	43
135	Villa Scalabrini Nsg & Rehab	Northlake	43
136	Courtyard Healthcare Center	Berwyn	44
137	Oakridge Nursing & Rehab Ctr	Hillside	44
138	Scottish Old Peoples Home	North Riverside	44

All 138 facilities above were contacted requesting their statement as to the impact of this proposed discontinuation upon their facilities and the availability of capacity to accommodate our patient population[3].

NO responses were received from the 138 facilities contacted. Documentation of the correspondences is contained in Appendix B.

[3] See Appendix B for a copy of the notification letter and certified mailing receipts.

Based upon the number of LTC providers and excess beds within Planning Area 6A, this discontinuation will have no effect on the provision of Safety Net services within the area.

Overall, The Methodist Hospital of Chicago is a provider of safety net services, consistent with the definition recently included in proposed amendments to the health facilities planning act, which includes "services provided by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic." Historically, the hospital has provided to a significant number of Medicaid recipients as well as charity care.

The Methodist Hospital is a provider of inpatient services to the medically indigent and medically underserved in Illinois. The following table indicates the level of Medicaid reimbursement as a percentage of Net Inpatient Revenue for the years 2009 thru 2011.

CY 2011

(as reported in the 2011 Annual Hospital Questiionnaire)

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2008**	**2009**	**2010**
Inpatient	65	42	49
Outpatient	3,563	3,240	5,019
Total	**3,628**	**3,282**	**5,068**
Charity (cost in dollars)			
Inpatient	$240,515	$133,840	$335,390
Outpatient	$360,773	$296,636	$346,186
Total	**$601,288**	**$430,476**	**$681,576**
MEDICAID			
Medicaid (# of patients)			
Inpatient	2,112	2,238	2,011
Outpatient	4,644	4,579	4,513
Total	6,756	6,817	6,524
Medicaid (revenue)			
Inpatient	$14,298,180	$17,266,968	$16,601,954
Outpatient	$125,342	$743,103	$686,974
Total	$14,423,522	$18,010,071	$17,228,928

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.

CHARITY CARE			
	2008	**2009**	**2010**
Net Patient Revenue	**$37,423,895**	**$38,116,446**	**$39,822,104**
Amount of Charity Care (charges)			
Cost of Charity Care	**$601,288**	$430,476	**$681,576**

APPENDIX A --

Facilities Within Normal Travel Time

This application has identified 138 facilities that provide LTC category of service within a 45 normal minute travel time from Methodist Hospital. The methodology used for the identification is as defined by the rules in Part 1100.00.

Board staff assisted in the initial identification of approximately 203 facilities that may lie within the specified travel time. The following documents the initial testing of these facilities measuring travel time as determined by Mapquest.com. Of these, 138 facilities were within 45 minutes normal travel time as defined by the Board's rules[4].

The following is documentation of the Mapquest.com time determinations for the facilities. They are arranged alphabetically by city.

[4] The methodology utilized to calculate normal travel time was the determination of travel time per Mapquest.com multiplied by 1.25.

mapquest

Trip to:
3900 Oak Park Ave
Berwyn, IL 60402-4168
18.30 miles / 33 minutes

Notes
Pershing Convalescent Center

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	*0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	*0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	*3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	0.2 Mi	*4.0 Mi Total*
5. Turn left onto N Paulina St. Map	0.06 Mi	*4.1 Mi Total*
6. Merge onto I-90 E / I-94 E. Map	4.6 Mi	*8.7 Mi Total*
7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	7.1 Mi	*15.8 Mi Total*
8. Take the Central Ave exit, EXIT 285. Map	0.3 Mi	*16.1 Mi Total*
9. Turn right onto S Central Ave. Map	0.7 Mi	*16.8 Mi Total*
10. Turn left onto W Pershing Rd / W 39th St. Map	1.5 Mi	*18.3 Mi Total*
11. Turn left onto Oak Park Ave. Map		
12. 3900 OAK PARK AVE is on the right. Map		

3900 Oak Park Ave, Berwyn, IL 60402-4168

Total Travel Estimate: 18.30 miles - about 33 minutes

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mapquest

Trip to:
3601 Harlem Ave
Berwyn, IL 60402-3219
18.81 miles / 35 minutes

Notes
Courtyard Healthcare

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	*0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	*0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	*3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	0.2 Mi	*4.0 Mi Total*
5. Turn left onto N Paulina St. Map	0.06 Mi	*4.1 Mi Total*
6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi	*7.2 Mi Total*
7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	8.1 Mi	*15.3 Mi Total*
8. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left. Map	0.3 Mi	*15.6 Mi Total*
9. Turn left onto IL-43 / Harlem Ave / S Harlem Ave. Continue to follow IL-43 / Harlem Ave. Map	3.3 Mi	*18.8 Mi Total*
10. 3601 HARLEM AVE is on the left. Map		

3601 Harlem Ave, Berwyn, IL 60402-3219

Total Travel Estimate: 18.81 miles - about 35 minutes

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mapquest

Trip to:
8540 S Harlem Ave
Bridgeview, IL 60455-1778
22.79 miles / 41 minutes

Notes
Midway Neurological Rehab

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	9.2 Mi *17.8 Mi Total*
8. Take the IL-43 / Harlem Ave exit, EXIT 283. Map	0.4 Mi *18.2 Mi Total*
9. Turn left onto IL-43 S / Harlem Ave. Map	4.6 Mi *22.8 Mi Total*
10. 8540 S HARLEM AVE is on the right. Map	

8540 S Harlem Ave, Bridgeview, IL 60455-1778

Total Travel Estimate: 22.79 miles - about 41 minutes

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mapquest

Trip to:
8100 S Harlem Ave
Bridgeview, IL 60455-1690
22.24 miles / 40 minutes

Notes
Bridgeview Health Care Center

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	*0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	*0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	*3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	0.2 Mi	*4.0 Mi Total*
5. Turn left onto N Paulina St. Map	0.06 Mi	*4.1 Mi Total*
6. Merge onto I-90 E / I-94 E. Map	4.6 Mi	*8.7 Mi Total*
7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	9.2 Mi	*17.8 Mi Total*
8. Take the IL-43 / Harlem Ave exit, EXIT 283. Map	0.4 Mi	*18.2 Mi Total*
9. Turn left onto IL-43 S / Harlem Ave. Map	4.0 Mi	*22.2 Mi Total*
10. 8100 S HARLEM AVE is on the right. Map		

8100 S Harlem Ave, Bridgeview, IL 60455-1690

Total Travel Estimate: 22.24 miles - about 40 minutes

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mapquest

Trip to:
8700 31st St
Brookfield, IL 60513-1000
19.73 miles / 34 minutes

Notes
British Home

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	*0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	*0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	*3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	0.2 Mi	*4.0 Mi Total*
5. Turn left onto N Paulina St. Map	0.06 Mi	*4.1 Mi Total*
6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi	*7.2 Mi Total*
7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	9.7 Mi	*16.9 Mi Total*
8. Take the IL-171 / 1st Ave exit, EXIT 20. Map	0.1 Mi	*17.0 Mi Total*
9. Stay straight to go onto Harrison St. Map	0.07 Mi	*17.1 Mi Total*
10. Take the 1st left onto IL-171 / S 1st Ave. Map	2.3 Mi	*19.3 Mi Total*
11. Turn slight right onto Golf View Rd. Map	0.3 Mi	*19.6 Mi Total*
12. Turn right onto 31st St. Map	0.1 Mi	*19.7 Mi Total*
13. 8700 31ST ST is on the right. Map		

8700 31st St, Brookfield, IL 60513-1000

Total Travel Estimate: 19.73 miles - about 34 minutes

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mapquest

Trip to:
5400 W 87th St
Burbank, IL 60459-2913
21.49 miles / 42 minutes

Notes
Brentwood Sub Acute

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	0.07 Mi Total
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	0.2 Mi Total
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	3.9 Mi Total
4. Turn right onto W Armitage Ave. Map	0.2 Mi	4.0 Mi Total
5. Turn left onto N Paulina St. Map	0.06 Mi	4.1 Mi Total
6. Merge onto I-90 E / I-94 E. Map	4.6 Mi	8.7 Mi Total
7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	6.0 Mi	14.7 Mi Total
8. Take the IL-50 / Cicero Ave exit, EXIT 286, toward Chicago Midway Airport. Map	0.3 Mi	15.0 Mi Total
9. Turn left onto IL-50 S / S Cicero Ave. Continue to follow IL-50 S. Map	5.8 Mi	20.7 Mi Total
10. Turn right onto W 87th St. Map	0.7 Mi	21.5 Mi Total
11. 5400 W 87TH ST is on the right. Map		

5400 W 87th St, Burbank, IL 60459-2913

Total Travel Estimate: 21.49 miles - about 42 minutes

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mapquest

Trip to:
5701 W 79th St
Burbank, IL 60459-1332
20.47 miles / 40 minutes

Notes
Exceptional Health Care

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	0.07 Mi Total
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	0.2 Mi Total
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	3.9 Mi Total
4. Turn right onto W Armitage Ave. Map	0.2 Mi	4.0 Mi Total
5. Turn left onto N Paulina St. Map	0.06 Mi	4.1 Mi Total
6. Merge onto I-90 E / I-94 E. Map	4.6 Mi	8.7 Mi Total
7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	6.0 Mi	14.7 Mi Total
8. Take the IL-50 / Cicero Ave exit, EXIT 286, toward Chicago Midway Airport. Map	0.3 Mi	15.0 Mi Total
9. Turn left onto IL-50 S / S Cicero Ave. Continue to follow IL-50 S. Map	4.1 Mi	19.0 Mi Total
10. Turn slight right onto S State Rd. Map	1.1 Mi	20.1 Mi Total
11. Turn slight right onto W 79th St. Map	0.4 Mi	20.5 Mi Total
12. 5701 W 79TH ST is on the left. Map		

5701 W 79th St, Burbank, IL 60459-1332

Total Travel Estimate: 20.47 miles - about 40 minutes

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mapquest

Trip to:
14500 S Manistee Ave
Burnham, IL 60633-2004
28.11 miles / 44 minutes

Notes
Burnham Healthcare

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	**0.07 Mi**	*0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	**0.08 Mi**	*0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	**3.7 Mi**	*3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	**0.2 Mi**	*4.0 Mi Total*
5. Turn left onto N Paulina St. Map	**0.06 Mi**	*4.1 Mi Total*
6. Merge onto I-90 E / I-94 E. Map	**5.7 Mi**	*9.8 Mi Total*
7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	**5.5 Mi**	*15.3 Mi Total*
8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	**11.1 Mi**	*26.4 Mi Total*
9. Take the East Dolton Ave exit, EXIT 70B. Map	**0.3 Mi**	*26.7 Mi Total*
10. Turn slight right onto Dolton Ave. Map	**0.03 Mi**	*26.7 Mi Total*
11. Dolton Ave becomes Dolton Rd. Map	**0.8 Mi**	*27.5 Mi Total*
12. Dolton Rd becomes State St. Map	**0.5 Mi**	*28.0 Mi Total*
13. Turn left onto S Manistee Ave. Map	**0.1 Mi**	*28.1 Mi Total*
14. 14500 S MANISTEE AVE is on the left. Map		

14500 S Manistee Ave, Burnham, IL 60633-2004

Total Travel Estimate: 28.11 miles - about 44 minutes

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APPENDIX A

mapquest

Trip to:
6101 S County Line Rd
Burr Ridge, IL 60527-8132
26.75 miles / 41 minutes

Notes
King-Bruwaert House

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	*0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	*0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	*3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	0.2 Mi	*4.0 Mi Total*
5. Turn left onto N Paulina St. Map	0.06 Mi	*4.1 Mi Total*
6. Merge onto I-90 E / I-94 E. Map	4.6 Mi	*8.7 Mi Total*
7. Merge onto I-55 S via EXIT 53 toward St Louis. Map	16.4 Mi	*25.1 Mi Total*
8. Take the North County Line Rd exit, EXIT 276B. Map	0.3 Mi	*25.4 Mi Total*
9. Merge onto S County Line Rd. Map	1.4 Mi	*26.7 Mi Total*
10. 6101 S COUNTY LINE RD is on the right. Map		

6101 S County Line Rd, Burr Ridge, IL 60527-8132

Total Travel Estimate: 26.75 miles - about 41 minutes

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mapquest

Trip to:
4437 S Cicero Ave
Chicago, IL 60632-4333
15.50 miles / 28 minutes

Notes
Renaissance at Midway

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	*0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	*0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	*3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	0.2 Mi	*4.0 Mi Total*
5. Turn left onto N Paulina St. Map	0.06 Mi	*4.1 Mi Total*
6. Merge onto I-90 E / I-94 E. Map	4.6 Mi	*8.7 Mi Total*
7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	6.0 Mi	*14.7 Mi Total*
8. Take the IL-50 / Cicero Ave exit, EXIT 286, toward Chicago Midway Airport. Map	0.3 Mi	*15.0 Mi Total*
9. Turn left onto IL-50 S / S Cicero Ave. Map	0.5 Mi	*15.4 Mi Total*
10. Make a U-turn at W 45th St onto S Cicero Ave / IL-50 N. Map	0.09 Mi	*15.5 Mi Total*
11. 4437 S CICERO AVE is on the right. Map		

4437 S Cicero Ave, Chicago, IL 60632-4333

Total Travel Estimate: 15.50 miles - about 28 minutes

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mapquest

Notes
Belhaven Nursing

Trip to:
11401 S Oakley Ave
Chicago, IL 60643-4196
23.60 miles / 41 minutes

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	*0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	*0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	*3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	0.2 Mi	*4.0 Mi Total*
5. Turn left onto N Paulina St. Map	0.06 Mi	*4.1 Mi Total*
6. Merge onto I-90 E / I-94 E. Map	5.7 Mi	*9.8 Mi Total*
7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi	*15.3 Mi Total*
8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 Mi	*18.7 Mi Total*
9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	2.9 Mi	*21.6 Mi Total*
10. Take the 111th St exit, EXIT 355. Map	0.3 Mi	*21.9 Mi Total*
11. Turn right onto W 111th St. Map	0.1 Mi	*22.1 Mi Total*
12. Turn left onto S Vincennes Ave. Map	0.2 Mi	*22.2 Mi Total*
13. Take the 1st right onto W Monterey Ave. Map	0.3 Mi	*22.5 Mi Total*
14. W Monterey Ave becomes W 111th St. Map	0.6 Mi	*23.1 Mi Total*
15. Turn left onto S Western Ave. Map	0.4 Mi	*23.5 Mi Total*
16. Turn left onto W 114th St. Map	0.1 Mi	*23.6 Mi Total*

17. Turn right onto S Oakley Ave. Map — 0.01 Mi
23.6 Mi Total

18. 11401 S OAKLEY AVE is on the left. Map

11401 S Oakley Ave, Chicago, IL 60643-4196

Total Travel Estimate: 23.60 miles - about 41 minutes

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mapquest

Trip to:
2340 W 113th Pl
Chicago, IL 60643-4107
23.48 miles / 40 minutes

Notes
Washington and Jane Smith

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	0.07 Mi Total
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	0.2 Mi Total
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	3.9 Mi Total
4. Turn right onto W Armitage Ave. Map	0.2 Mi	4.0 Mi Total
5. Turn left onto N Paulina St. Map	0.06 Mi	4.1 Mi Total
6. Merge onto I-90 E / I-94 E. Map	5.7 Mi	9.8 Mi Total
7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi	15.3 Mi Total
8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 Mi	18.7 Mi Total
9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	2.9 Mi	21.6 Mi Total
10. Take the 111th St exit, EXIT 355. Map	0.3 Mi	21.9 Mi Total
11. Turn right onto W 111th St. Map	0.1 Mi	22.1 Mi Total
12. Turn left onto S Vincennes Ave. Map	0.2 Mi	22.2 Mi Total
13. Take the 1st right onto W Monterey Ave. Map	0.3 Mi	22.5 Mi Total
14. W Monterey Ave becomes W 111th St. Map	0.6 Mi	23.1 Mi Total
15. Turn left onto S Western Ave. Map	0.3 Mi	23.4 Mi Total
16. Turn left onto W 113th Pl. Map	0.07 Mi	23.5 Mi Total

APPENDIX A

17. 2340 W 113TH PL is on the left. Map

2340 W 113th Pl, Chicago, IL 60643-4107

Total Travel Estimate: 23.48 miles - about 40 minutes

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mapquest

Trip to:
10000 S Central Park Ave
Chicago, IL 60655-3132
24.11 miles / 46 minutes

Notes
Mercy Circle



5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	0.07 Mi Total
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	0.2 Mi Total
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	3.9 Mi Total
4. Turn right onto W Armitage Ave. Map	0.2 Mi	4.0 Mi Total
5. Turn left onto N Paulina St. Map	0.06 Mi	4.1 Mi Total
6. Merge onto I-90 E / I-94 E. Map	5.7 Mi	9.8 Mi Total
7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi	15.3 Mi Total
8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 Mi	18.7 Mi Total
9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	0.8 Mi	19.5 Mi Total
10. Take EXIT 357 toward IL-1 / Halsted St. Map	0.2 Mi	19.7 Mi Total
11. Stay straight to go onto W 98th Pl. Map	0.6 Mi	20.3 Mi Total
12. Turn slight right onto W 99th St. Map	0.1 Mi	20.4 Mi Total
13. Turn left onto S Vincennes Ave. Map	0.5 Mi	20.9 Mi Total
14. Turn right onto W 103rd St. Map	2.8 Mi	23.7 Mi Total
15. Turn right onto S Central Park Ave. Map	0.4 Mi	24.1 Mi Total
16. 10000 S CENTRAL PARK AVE is on the left. Map		

B **10000 S Central Park Ave, Chicago, IL 60655-3132**

Total Travel Estimate: 24.11 miles - about 46 minutes

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mapquest

Trip to:
2940 W 87th St
Chicago, IL 60652-3832
21.21 miles / 40 minutes

Notes
Renaissance at 87th

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	2.0 Mi *17.3 Mi Total*
	9. Take EXIT 61B toward 87th St. Map	0.2 Mi *17.4 Mi Total*
	10. Stay straight to go onto S Lafayette Ave. Map	0.1 Mi *17.6 Mi Total*
	11. Take the 1st right onto W 87th St. Map	3.7 Mi *21.2 Mi Total*
	12. 2940 W 87TH ST is on the right. Map	
	2940 W 87th St, Chicago, IL 60652-3832	

Total Travel Estimate: 21.21 miles - about 40 minutes

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mapquest

Trip to:
10935 S Halsted St
Chicago, IL 60628-3127
21.37 miles / 37 minutes

Notes
Renaissance South Park

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 Mi *18.7 Mi Total*
	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	0.8 Mi *19.5 Mi Total*
	10. Take EXIT 357 toward IL-1 / Halsted St. Map	0.2 Mi *19.7 Mi Total*
	11. Stay straight to go onto W 98th Pl. Map	0.1 Mi *19.8 Mi Total*
	12. Take the 1st left onto S Halsted St / IL-1 S. Map	1.5 Mi *21.3 Mi Total*
	13. Make a U-turn at W 110th St onto S Halsted St / IL-1 N. Map	0.09 Mi *21.4 Mi Total*
	14. 10935 S HALSTED ST is on the right. Map	
	10935 S Halsted St, Chicago, IL 60628-3127	

Total Travel Estimate: 21.37 miles - about 37 minutes

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APPENDIX A

mapquest

Trip to:
1010 W 95th St
Chicago, IL 60643-1522
19.78 miles / 34 minutes

Notes
Southport Nursing and Rehab

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 MI *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 MI *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	2.9 MI *18.2 Mi Total*
	9. Take EXIT 62 toward US-12 / US-20 / 95th St. Map	0.2 MI *18.4 Mi Total*
	10. Stay straight to go onto S Lafayette Ave. Map	0.1 MI *18.6 Mi Total*
	11. Turn right onto W 95th St / US-20 W / US-12 W / Ulysses S Grant Memorial Hwy. Map	1.2 MI *19.8 Mi Total*
	12. 1010 W 95TH ST is on the right. Map	
	1010 W 95th St, Chicago, IL 60643-1522	

Total Travel Estimate: 19.78 miles - about 34 minutes

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mapquest

Trip to:
8001 S Western Ave
Chicago, IL 60620-5930
19.65 miles / 38 minutes

Notes
Presidential Pavilion

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↱	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
↱	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
↰	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
↑	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
↖	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
↑	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	0.9 Mi *16.1 Mi Total*
EXIT	9. Take EXIT 60C toward 79th St. Map	0.2 Mi *16.4 Mi Total*
↱	10. Keep right at the fork in the ramp. Map	0.1 Mi *16.5 Mi Total*
↖	11. Turn slight left onto S Lafayette Ave. Map	0.05 Mi *16.6 Mi Total*
↱	12. Take the 1st right onto W 79th St. Map	2.9 Mi *19.5 Mi Total*
↰	13. Turn left onto S Western Ave. Map	0.2 Mi *19.7 Mi Total*
■	14. 8001 S WESTERN AVE is on the left. Map	
B	**8001 S Western Ave, Chicago, IL 60620-5930**	

Total Travel Estimate: 19.65 miles - about 38 minutes

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APPENDIX A

mapquest

Trip to:
4815 S Western Ave
Chicago, IL 60609
13.57 miles / 29 minutes

Notes
International Nursing and Rehab

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	2.2 Mi *10.9 Mi Total*
	8. Take the Damen Ave exit, EXIT 290. Map	0.3 Mi *11.1 Mi Total*
	9. Keep left at the fork in the ramp. Map	0.08 Mi *11.2 Mi Total*
	10. Turn slight left onto S Damen Ave. Map	0.4 Mi *11.6 Mi Total*
	11. Turn right onto S Archer Ave. Map	0.6 Mi *12.2 Mi Total*
	12. Turn left onto S Western Ave. Map	1.4 Mi *13.6 Mi Total*
	13. 4815 S WESTERN AVE. Map	
	4815 S Western Ave, Chicago, IL 60609	

Total Travel Estimate: 13.57 miles - about 29 minutes

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mapquest

Trip to:
255 W 69th St
Chicago, IL 60621-3767
15.34 miles / 29 minutes

Notes
Alden Princeton Rehab

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-90 Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	3.9 Mi *13.7 Mi Total*
	8. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Skyway / Indiana Toll Rd. Map	0.5 Mi *14.2 Mi Total*
	9. Take EXIT 58B toward 63rd St. Map	0.2 Mi *14.4 Mi Total*
	10. Turn slight left onto S Yale Ave. Map	0.1 Mi *14.5 Mi Total*
	11. Turn slight left onto S Wells St. Map	0.2 Mi *14.7 Mi Total*
	12. Turn slight right onto S Wentworth Ave. Map	0.5 Mi *15.2 Mi Total*
	13. Turn right onto W 69th St. Map	0.09 Mi *15.3 Mi Total*
	14. 255 W 69TH ST is on the left. Map	
	255 W 69th St, Chicago, IL 60621-3767	

Total Travel Estimate: 15.34 miles - about 29 minutes

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APPENDIX A

mapquest

Trip to:
201 W 69th St
Chicago, IL 60621-3719
15.24 miles / 28 minutes

Notes
Aldon Wentworth Rehab

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 MI *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-90 Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	3.9 MI *13.7 Mi Total*
	8. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Skyway / Indiana Toll Rd. Map	0.5 MI *14.2 Mi Total*
	9. Take EXIT 58B toward 63rd St. Map	0.2 MI *14.4 Mi Total*
	10. Turn slight left onto S Yale Ave. Map	0.1 MI *14.5 Mi Total*
	11. Turn slight left onto S Wells St. Map	0.2 MI *14.7 Mi Total*
	12. Turn slight right onto S Wentworth Ave. Map	0.5 MI *15.2 Mi Total*
	13. Turn right onto W 69th St. Map	0.01 MI *15.2 Mi Total*
	14. 201 W 69TH ST is on the left. Map	
	201 W 69th St, Chicago, IL 60621-3719	

Total Travel Estimate: 15.24 miles - about 28 minutes

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APPENDIX A

mapquest

Trip to:
4314 S Wabash Ave
Chicago, IL 60653-3119
12.28 miles / 25 minutes

Notes
Community Care Chicago

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	7.6 Mi *11.7 Mi Total*
	7. Take EXIT 56A toward 43rd St. Map	0.2 Mi *11.9 Mi Total*
	8. Turn slight left onto S Wentworth Ave. Map	0.03 Mi *11.9 Mi Total*
	9. Take the 1st left onto W 43rd St. Map	0.3 Mi *12.2 Mi Total*
	10. Turn right onto S Wabash Ave. Map	0.03 Mi *12.3 Mi Total*
	11. 4314 S WABASH AVE is on the right. Map	
	4314 S Wabash Ave, Chicago, IL 60653-3119	

Total Travel Estimate: 12.28 miles - about 25 minutes

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mapquest

Trip to:
6125 S Kenwood Ave
Chicago, IL 60637-2818
15.67 miles / 30 minutes

Notes
Parkshore Estates

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↰	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
SOUTH (41)	3. Merge onto US-41 S. Map	11.8 Mi *13.2 Mi Total*
RAMP	4. Take the 47th St ramp. Map	0.2 Mi *13.3 Mi Total*
↱	5. Turn right onto E 47th St. Map	0.4 Mi *13.7 Mi Total*
↰	6. Turn left onto S Woodlawn Ave. Map	1.8 Mi *15.5 Mi Total*
↰	7. Turn left onto E 61st St. Map	0.2 Mi *15.6 Mi Total*
↱	8. Take the 2nd right onto S Kenwood Ave. Map	0.03 Mi *15.7 Mi Total*
■	9. 6125 S KENWOOD AVE is on the left. Map	
B	**6125 S Kenwood Ave, Chicago, IL 60637-2818**	

Total Travel Estimate: 15.67 miles - about 30 minutes

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mapquest

Trip to:
3405 S Michigan Ave
Chicago, IL 60616-3819
12.25 miles / 24 minutes

Notes
Boulevard Care Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
SOUTH 41	3. Merge onto US-41 S. Map	9.5 Mi *11.0 Mi Total*
RAMP	4. Take the 31st St ramp toward I-90 / I-94. Map	0.1 Mi *11.1 Mi Total*
	5. Keep left at the fork in the ramp. Map	0.05 Mi *11.1 Mi Total*
	6. Turn right onto E 31st St. Map	0.7 Mi *11.9 Mi Total*
	7. Turn left onto S Michigan Ave. Map	0.4 Mi *12.3 Mi Total*
	8. 3405 S MICHIGAN AVE is on the left. Map	
	3405 S Michigan Ave, Chicago, IL 60616-3819	

Total Travel Estimate: 12.25 miles - about 24 minutes

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mapquest

Trip to:
3400 S Indiana Ave
Chicago, IL 60616-3841
11.51 miles / 24 minutes

Notes
Bronzeville Park Skilled Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	6.6 Mi *10.7 Mi Total*
	7. Take EXIT 55A toward 35th St. Map	0.2 Mi *10.8 Mi Total*
	8. Turn slight left onto S Wentworth Ave. Map	0.08 Mi *10.9 Mi Total*
	9. Turn left onto W 35th St. Map	0.5 Mi *11.4 Mi Total*
	10. Turn left onto S Indiana Ave. Map	0.1 Mi *11.5 Mi Total*
	11. 3400 S INDIANA AVE is on the left. Map	
	3400 S Indiana Ave, Chicago, IL 60616-3841	

Total Travel Estimate: 11.51 miles - about 24 minutes

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mapquest

Trip to:
5130 W Jackson Blvd
Chicago, IL 60644-4332
13.35 miles / 25 minutes

Notes
Jackson Square Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 MI *7.2 Mi Total*
EXIT 51H	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	5.6 MI *12.7 Mi Total*
EXIT	8. Take EXIT 24A toward Laramie Ave. Map	0.2 MI *12.9 Mi Total*
	9. Stay straight to go onto W Flournoy St. Map	0.08 MI *13.0 Mi Total*
	10. Take the 1st right onto S Laramie Ave. Map	0.3 MI *13.3 Mi Total*
	11. Turn right onto W Jackson Blvd. Map	0.06 MI *13.4 Mi Total*
	12. 5130 W JACKSON BLVD is on the left. Map	
	5130 W Jackson Blvd, Chicago, IL 60644-4332	

Total Travel Estimate: 13.35 miles - about 25 minutes

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mapquest

Trip to:
3311 S Michigan Ave
Chicago, IL 60616-3817
12.14 miles / 24 minutes

Notes
Southview Manor

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 MI *1.4 Mi Total*
90/94 41	3. Merge onto US-41 S. Map	9.5 MI *11.0 Mi Total*
RAMP	4. Take the 31st St ramp toward I-90 / I-94. Map	0.1 MI *11.1 Mi Total*
	5. Keep left at the fork in the ramp. Map	0.05 MI *11.1 Mi Total*
	6. Turn right onto E 31st St. Map	0.7 MI *11.9 Mi Total*
	7. Turn left onto S Michigan Ave. Map	0.3 MI *12.1 Mi Total*
	8. 3311 S MICHIGAN AVE is on the left. Map	
B	**3311 S Michigan Ave, Chicago, IL 60616-3817**	

Total Travel Estimate: 12.14 miles - about 24 minutes

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mapquest

Trip to:
3500 S Giles Ave
Chicago, IL 60653-1106
12.16 miles / 24 minutes

Notes
All Faith Pavilion

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↰	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
↱ SOUTH 41	3. Merge onto US-41 S. Map	9.5 Mi *11.0 Mi Total*
RAMP	4. Take the 31st St ramp toward I-90 / I-94. Map	0.1 Mi *11.1 Mi Total*
↖	5. Keep left at the fork in the ramp. Map	0.05 Mi *11.1 Mi Total*
↱	6. Turn right onto E 31st St. Map	0.4 Mi *11.5 Mi Total*
↰	7. Turn left onto S Dr Martin L King Jr Dr. Map	0.5 Mi *12.1 Mi Total*
↱	8. Take the 3rd right onto E 35th St. Map	0.1 Mi *12.2 Mi Total*
↰	9. Take the 2nd left onto S Giles Ave. Map	0.01 Mi *12.2 Mi Total*
■	10. 3500 S GILES AVE is on the right. Map	
	3500 S Giles Ave, Chicago, IL 60653-1106	

Total Travel Estimate: 12.16 miles - about 24 minutes

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mapquest

Trip to:
4505 S Drexel Blvd
Chicago, IL 60653-4301
14.33 miles / 26 minutes

Notes
Avenue Care Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 MI *1.4 Mi Total*
SOUTH 41	3. Merge onto US-41 S. Map	11.8 MI *13.2 Mi Total*
RAMP	4. Take the 47th St ramp. Map	0.2 MI *13.3 Mi Total*
	5. Turn right onto E 47th St. Map	0.7 MI *14.1 Mi Total*
	6. Turn right onto S Drexel Blvd. Map	0.2 MI *14.3 Mi Total*
	7. 4505 S DREXEL BLVD is on the right. Map	
	4505 S Drexel Blvd, Chicago, IL 60653-4301	

Total Travel Estimate: 14.33 miles - about 26 minutes

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mapquest

Trip to:
7325 S Exchange Ave
Chicago, IL 60649-3407
17.61 miles / 33 minutes

Notes
Rainbow Beach Care Center

A 5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
3. Merge onto US-41 S. Map	14.6 Mi *16.0 Mi Total*
4. Turn left onto E Marquette Dr / US-41. Continue to follow US-41. Map	1.0 Mi *17.0 Mi Total*
5. Stay straight to go onto S Yates Blvd. Map	0.03 Mi *17.1 Mi Total*
6. Take the 1st left onto S Exchange Ave. Map	0.4 Mi *17.5 Mi Total*
7. Take the 3rd left onto E 74th St. Map	0.01 Mi *17.5 Mi Total*
8. Take the 1st left onto S Exchange Ave. Map	0.1 Mi *17.6 Mi Total*
9. 7325 S EXCHANGE AVE is on the right. Map	

B 7325 S Exchange Ave, Chicago, IL 60649-3407

Total Travel Estimate: 17.61 miles - about 33 minutes

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mapquest

Trip to:
2425 E 71st St
Chicago, IL 60649-2612
17.04 miles / 31 minutes

Notes
Renaissance at South Shore

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 MI *1.4 Mi Total*
	3. Merge onto US-41 S. Map	14.6 MI *16.0 Mi Total*
	4. Turn left onto E Marquette Dr / US-41. Continue to follow US-41. Map	1.0 MI *17.0 Mi Total*
	5. 2425 E 71ST ST. Map	
	2425 E 71st St, Chicago, IL 60649-2612	

Total Travel Estimate: 17.04 miles - about 31 minutes

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mapquest

Trip to:
7750 S South Shore Dr
Chicago, IL 60649-4434
18.10 miles / 34 minutes

Notes
Waterfront Terrace

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↰	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
↑ 41	3. Merge onto US-41 S. Map	14.6 Mi *16.0 Mi Total*
↰ 41	4. Turn left onto E Marquette Dr / US-41. Continue to follow US-41. Map	1.0 Mi *17.0 Mi Total*
↰ 41	5. Turn left onto E South Shore Dr / US-41. Map	1.1 Mi *18.1 Mi Total*
■	6. 7750 S SOUTH SHORE DR is on the right. Map	
B	**7750 S South Shore Dr, Chicago, IL 60649-4434**	

Total Travel Estimate: 18.10 miles - about 34 minutes

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mapquest

Trip to:
2649 E 75th St
Chicago, IL 60649-3835
17.88 miles / 33 minutes

Notes
Windsor Park Nursing

5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
2.	Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
3.	Merge onto US-41 S. Map	14.6 Mi *16.0 Mi Total*
4.	Turn left onto E Marquette Dr / US-41. Continue to follow US-41. Map	1.0 Mi *17.0 Mi Total*
5.	Turn left onto E South Shore Dr / US-41. Map	0.7 Mi *17.7 Mi Total*
6.	Turn right onto E 75th St. Map	0.2 Mi *17.9 Mi Total*
7.	2649 E 75TH ST is on the left. Map	

2649 E 75th St, Chicago, IL 60649-3835

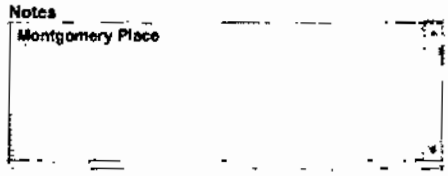
Total Travel Estimate: 17.88 miles - about 33 minutes

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mapquest

Trip to:
5550 S Shore Dr
Chicago, IL 60637-5051
14.68 miles / 27 minutes

Notes



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
SOUTH 41	3. Merge onto US-41 S. Map	12.7 Mi *14.2 Mi Total*
RAMP	4. Take the 53rd St ramp. Map	0.09 Mi *14.2 Mi Total*
	5. Turn slight right onto E 53rd St. Map	0.03 Mi *14.3 Mi Total*
	6. Take the 1st left onto S Shore Dr. Map	0.3 Mi *14.6 Mi Total*
	7. Turn left onto E 55th St. Map	0.02 Mi *14.6 Mi Total*
	8. Turn right onto S Shore Dr. Map	0.06 Mi *14.7 Mi Total*
	9. 5550 S SHORE DR is on the right. Map	
	5550 S Shore Dr, Chicago, IL 60637-5051	

Total Travel Estimate: 14.68 miles - about 27 minutes

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Trip to:
2833 N Nordica Ave
Chicago, IL 60634-4726
9.70 miles / 27 minutes

Notes
Bethesda Home

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	1.9 Mi *2.2 Mi Total*
↰	3. Turn left onto N Kedzie Ave. Map	1.5 Mi *3.7 Mi Total*
↱	4. Turn right onto W Addison St. Map	4.5 Mi *8.2 Mi Total*
↰	5. Turn left onto N Oak Park Ave. Map	1.0 Mi *9.3 Mi Total*
↱	6. Turn right onto W Diversey Ave. Map	0.4 Mi *9.6 Mi Total*
↱	7. Turn right onto N Nordica Ave. Map	0.07 Mi *9.7 Mi Total*
■	8. 2833 N NORDICA AVE is on the right. Map	
	2833 N Nordica Ave, Chicago, IL 60634-4726	

Total Travel Estimate: 9.70 miles - about 27 minutes

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Trip to:
7370 W Talcott Ave
Chicago, IL 60631-3751
7.90 miles / 18 minutes

Notes
Resurrection Life

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
↱ 90	3. Merge onto I-90 W / Kennedy Expy W. Map	2.4 Mi *7.0 Mi Total*
EXIT 81B	4. Take EXIT 81B toward Sayre Ave. Map	0.2 Mi *7.2 Mi Total*
↑	5. Stay straight to go onto W Talcott Ave. Map	0.7 Mi *7.9 Mi Total*
■	6. 7370 W TALCOTT AVE is on the right. Map	
B	**7370 W Talcott Ave, Chicago, IL 60631-3751**	

Total Travel Estimate: 7.90 miles - about 18 minutes

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mapquest

Trip to:
901 S Austin Blvd
Chicago, IL 60644-5311
14.08 miles / 25 minutes

Notes
Columbus Park Nursing and Rehab

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	6.5 Mi *13.7 Mi Total*
	8. Take the Austin Blvd exit, EXIT 23A, on the left. Map	0.3 Mi *14.0 Mi Total*
	9. Turn left onto S Austin Blvd. Map	0.09 Mi *14.1 Mi Total*
	10. 901 S AUSTIN BLVD is on the left. Map	
	901 S Austin Blvd, Chicago, IL 60644-5311	

Total Travel Estimate: 14.08 miles - about 25 minutes

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mapquest

Trip to:
5905 W Washington Blvd
Chicago, IL 60644-2845
14.88 miles / 27 minutes

Notes
Mayfield Care Center

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 MI *7.2 Mi Total*
51H EXIT	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	6.5 MI *13.7 Mi Total*
23A EXIT	8. Take the Austin Blvd exit, EXIT 23A, on the left. Map	0.3 MI *14.0 Mi Total*
	9. Turn right onto S Austin Blvd. Map	0.8 MI *14.7 Mi Total*
	10. Turn right onto W Washington Blvd. Map	0.1 MI *14.9 Mi Total*
	11. 5905 W WASHINGTON BLVD is on the right. Map	
	5905 W Washington Blvd, Chicago, IL 60644-2845	

Total Travel Estimate: 14.88 miles - about 27 minutes

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mapquest

Trip to:
321 N Central Ave
Chicago, IL 60644-2227
14.47 miles / 27 minutes

Notes
Central Plaza Residential Home

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↱	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
↱	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
↰	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
↱	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
EXIT 51H	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	6.0 Mi *13.2 Mi Total*
EXIT 23B	8. Take EXIT 23B toward Central Ave. Map	0.2 Mi *13.4 Mi Total*
↑	9. Stay straight to go onto W Flournoy St. Map	0.06 Mi *13.5 Mi Total*
↱	10. Take the 1st right onto S Central Ave. Map	1.0 Mi *14.5 Mi Total*
■	11. 321 N CENTRAL AVE is on the right. Map	
	321 N Central Ave, Chicago, IL 60644-2227	

Total Travel Estimate: 14.47 miles - about 27 minutes

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mapquest

Trip to:
5107 W Jackson Blvd
Chicago, IL 60644-4316
13.34 miles / 25 minutes

Notes
Columbus Manor

5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
2.	Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
3.	Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
4.	Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
5.	Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
6.	Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
7.	Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	5.6 Mi *12.7 Mi Total*
8.	Take EXIT 24A toward Laramie Ave. Map	0.2 Mi *12.9 Mi Total*
9.	Stay straight to go onto W Flournoy St. Map	0.08 Mi *13.0 Mi Total*
10.	Take the 1st right onto S Laramie Ave. Map	0.3 Mi *13.3 Mi Total*
11.	Turn right onto W Jackson Blvd. Map	0.04 Mi *13.3 Mi Total*
12.	5107 W JACKSON BLVD is on the right. Map	

5107 W Jackson Blvd, Chicago, IL 60644-4316

Total Travel Estimate: 13.34 miles - about 25 minutes

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mapquest

Trip to:
2320 S Lawndale Ave
Chicago, IL 60623-3154
11.97 miles / 27 minutes

Notes
Park House Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	1.5 Mi *8.7 Mi Total*
	8. Take EXIT 25A toward Damen Ave. Map	0.1 Mi *8.9 Mi Total*
	9. Stay straight to go onto W Van Buren St. Map	0.03 Mi *8.9 Mi Total*
	10. Take the 1st left onto S Damen Ave. Map	0.2 Mi *9.1 Mi Total*
	11. Turn slight right onto W Ogden Ave. Map	2.5 Mi *11.7 Mi Total*
	12. Turn left onto S Lawndale Ave. Map	0.3 Mi *12.0 Mi Total*
	13. 2320 S LAWNDALE AVE is on the right. Map	
	2320 S Lawndale Ave, Chicago, IL 60623-3154	

Total Travel Estimate: 11.97 miles - about 27 minutes

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mapquest

Trip to:
5130 W Jackson Blvd
Chicago, IL 60644-4332
13.35 miles / 25 minutes

Notes
Jackson Square Nursing

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 MI *7.2 Mi Total*
	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	5.6 MI *12.7 Mi Total*
	8. Take EXIT 24A toward Laramie Ave. Map	0.2 MI *12.9 Mi Total*
	9. Stay straight to go onto W Flournoy St. Map	0.08 MI *13.0 Mi Total*
	10. Take the 1st right onto S Laramie Ave. Map	0.3 MI *13.3 Mi Total*
	11. Turn right onto W Jackson Blvd. Map	0.06 MI *13.4 Mi Total*
	12. 5130 W JACKSON BLVD is on the left. Map	
B	**5130 W Jackson Blvd, Chicago, IL 60644-4332**	

Total Travel Estimate: 13.35 miles - about 25 minutes

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mapquest

Trip to:
2450 N Central Ave
Chicago, IL 60639-1316
8.14 miles / 23 minutes

Notes
Central Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	0.9 Mi *1.2 Mi Total*
	3. Turn left onto N Western Ave. Map	1.8 Mi *3.0 Mi Total*
	4. Keep right at the fork to continue on N Western Ave. Map	0.2 Mi *3.2 Mi Total*
	5. Turn right onto W Belmont Ave. Map	4.0 Mi *7.2 Mi Total*
	6. Turn left onto N Central Ave. Map	0.9 Mi *8.1 Mi Total*
	7. 2450 N CENTRAL AVE is on the right. Map	
	2450 N Central Ave, Chicago, IL 60639-1316	

Total Travel Estimate: 8.14 miles - about 23 minutes

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Trip to:
5645 W Addison St
Chicago, IL 60634-4403
6.80 miles / 19 minutes

Notes
Our Lady of Resurrection

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	1.9 MI *2.2 Mi Total*
↰	3. Turn left onto N Kedzie Ave. Map	1.5 MI *3.7 Mi Total*
↱	4. Turn right onto W Addison St. Map	3.1 MI *6.8 Mi Total*
■	5. 5645 W ADDISON ST is on the left. Map	
B	**5645 W Addison St, Chicago, IL 60634-4403**	

Total Travel Estimate: 6.80 miles - about 19 minutes

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mapquest

Trip to:
5656 N Newcastle Ave
Chicago, IL 60631-3108
7.21 miles / 18 minutes

Notes
The Danish Home

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	1.7 Mi *6.3 Mi Total*
	4. Take the Bryn Mawr Ave exit, EXIT 82B. Map	0.1 Mi *6.4 Mi Total*
	5. Turn slight left onto W Bryn Mawr Ave. Map	0.7 Mi *7.1 Mi Total*
	6. Turn right onto N Newcastle Ave. Map	0.09 Mi *7.2 Mi Total*
	7. 5656 N NEWCASTLE AVE is on the left. Map	
	5656 N Newcastle Ave, Chicago, IL 60631-3108	

Total Travel Estimate: 7.21 miles - about 18 minutes

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Trip to:
5821 N Northwest Hwy
Chicago, IL 60631-2642
6.86 miles / 17 minutes

Notes
Alden Northmoor

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	1.7 Mi *6.3 Mi Total*
	4. Take the Bryn Mawr Ave exit, EXIT 82B. Map	0.1 Mi *6.4 Mi Total*
	5. Stay straight to go onto N Avondale Ave. Map	0.2 Mi *6.7 Mi Total*
	6. Turn right onto N Nagle Ave. Map	0.07 Mi *6.7 Mi Total*
	7. Take the 1st left onto N Northwest Hwy. Map	0.1 Mi *6.9 Mi Total*
	8. 5821 N NORTHWEST HWY is on the right. Map	
	5821 N Northwest Hwy, Chicago, IL 60631-2642	

Total Travel Estimate: 6.86 miles - about 17 minutes

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Trip to:
6016 N Nina Ave
Chicago, IL 60631-2439
7.61 miles / 19 minutes

Notes
Norwood Crossing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 MI *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	1.7 MI *6.3 Mi Total*
	4. Take the Bryn Mawr Ave exit, EXIT 82B. Map	0.1 MI *6.4 Mi Total*
	5. Stay straight to go onto N Avondale Ave. Map	0.2 MI *6.7 Mi Total*
	6. Turn right onto N Nagle Ave. Map	0.07 MI *6.7 Mi Total*
	7. Take the 1st left onto N Northwest Hwy. Map	0.7 MI *7.5 Mi Total*
	8. Take the 1st left onto W Raven St. Map	0.09 MI *7.5 Mi Total*
	9. Take the 2nd right onto N Nina Ave. Map	0.06 MI *7.6 Mi Total*
	10. 6016 N NINA AVE is on the right. Map	
	6016 N Nina Ave, Chicago, IL 60631-2439	

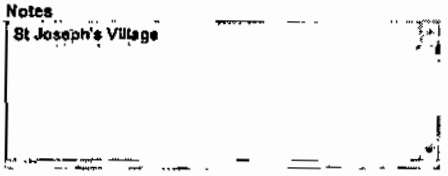
Total Travel Estimate: 7.61 miles - about 19 minutes

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Trip to:
4021 W Belmont Ave
Chicago, IL 60641-4771
5.25 miles / 15 minutes

Notes
St Joseph's Village



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	0.9 Mi *1.2 Mi Total*
	3. Turn left onto N Western Ave. Map	1.8 Mi *3.0 Mi Total*
	4. Keep right at the fork to continue on N Western Ave. Map	0.2 Mi *3.2 Mi Total*
	5. Turn right onto W Belmont Ave. Map	2.0 Mi *5.3 Mi Total*
	6. 4021 W BELMONT AVE is on the left. Map	
	4021 W Belmont Ave, Chicago, IL 60641-4771	

Total Travel Estimate: 5.25 miles - about 15 minutes

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Trip to:
4340 N Keystone Ave
Chicago, IL 60641-2121
3.96 miles / 11 minutes

Notes
Elston Nursing

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	2.9 Mi *3.2 Mi Total*
↰	3. Turn left onto N Pulaski Rd. Map	0.6 Mi *3.8 Mi Total*
↱	4. Turn right onto W Cullom Ave. Map	0.08 Mi *3.9 Mi Total*
↱	5. Take the 1st right onto N Keystone Ave. Map	0.05 Mi *4.0 Mi Total*
■	6. 4340 N KEYSTONE AVE is on the left. Map	
B	**4340 N Keystone Ave, Chicago, IL 60641-2121**	

Total Travel Estimate: 3.96 miles - about 11 minutes

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Trip to:
5061 N Pulaski Rd
Chicago, IL 60630-2706
3.54 miles / 10 minutes

Notes
Fairmont Care Centre

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	2.9 Mi *3.2 Mi Total*
↱	3. Turn right onto N Pulaski Rd. Map	0.3 Mi *3.5 Mi Total*
■	4. 5061 N PULASKI RD is on the right. Map	
B	**5061 N Pulaski Rd, Chicago, IL 60630-2706**	

Total Travel Estimate: 3.54 miles - about 10 minutes

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Trip to:
3919 W Foster Ave
Chicago, IL 60625-6056
3.61 miles / 10 minutes

Notes
Harmony Nursing and Rehab

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	1.9 Mi *2.2 Mi Total*
	3. Turn right onto N Kedzie Ave. Map	0.5 Mi *2.7 Mi Total*
	4. Turn left onto W Foster Ave. Map	0.9 Mi *3.6 Mi Total*
	5. 3919 W FOSTER AVE is on the left. Map	
B	**3919 W Foster Ave, Chicago, IL 60625-6056**	

Total Travel Estimate: 3.61 miles - about 10 minutes

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mapquest

Trip to:
6141 N Pulaski Rd
Chicago, IL 60646-5215
4.25 miles / 12 minutes

Notes
Peterson Park Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
41	4. Turn left onto W Foster Ave / US-41. Map	1.2 Mi *1.6 Mi Total*
41	5. Turn right onto N Lincoln Ave / US-41. Map	1.4 Mi *3.0 Mi Total*
14	6. Turn slight left onto W Peterson Ave / US-14. Map	1.1 Mi *4.1 Mi Total*
	7. Turn right onto N Pulaski Rd. Map	0.2 Mi *4.2 Mi Total*
	8. 6141 N PULASKI RD is on the right. Map	
	6141 N Pulaski Rd, Chicago, IL 60646-5215	

Total Travel Estimate: 4.25 miles - about 12 minutes

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Trip to:
2829 S California Blvd
Chicago, IL 60608
11.87 miles / 27 minutes

Notes
California Gardens Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	1.5 Mi *8.7 Mi Total*
	8. Take EXIT 28A toward Damen Ave. Map	0.1 Mi *8.9 Mi Total*
	9. Stay straight to go onto W Van Buren St. Map	0.03 Mi *8.9 Mi Total*
	10. Take the 1st left onto S Damen Ave. Map	0.2 Mi *9.1 Mi Total*
	11. Turn slight right onto W Ogden Ave. Map	1.3 Mi *10.4 Mi Total*
	12. Turn left onto S California Ave. Map	1.3 Mi *11.7 Mi Total*
	13. Turn left onto W 27th St. Map	0.03 Mi *11.8 Mi Total*
	14. Turn right onto S California Blvd. Map	0.10 Mi *11.9 Mi Total*
	15. 2829 S CALIFORNIA BLVD is on the left. Map	
	2829 S California Blvd, Chicago, IL 60608	

Total Travel Estimate: 11.87 miles - about 27 minutes

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mapquest

Trip to:
1550 S Albany Ave
Chicago, IL 60623-2212
11.36 miles / 24 minutes

Notes
Sacred Heart Home

5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
2.	Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
3.	Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
4.	Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
5.	Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
6.	Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 MI *7.2 Mi Total*
7.	Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	2.3 MI *9.5 Mi Total*
8.	Take EXIT 27B toward California Ave. Map	0.2 MI *9.7 Mi Total*
9.	Keep right at the fork in the ramp. Map	0.1 MI *9.9 Mi Total*
10.	Turn slight left onto W Van Buren St. Map	0.3 MI *10.2 Mi Total*
11.	Take the 2nd left onto S Sacramento Blvd. Map	0.7 MI *10.8 Mi Total*
12.	S Sacramento Blvd becomes S Sacramento Dr. Map	0.04 MI *10.9 Mi Total*
13.	Turn right to stay on S Sacramento Dr. Map	0.2 MI *11.1 Mi Total*
14.	Turn slight right onto W Douglas Blvd. Map	0.06 MI *11.1 Mi Total*
15.	Turn left onto S Albany Ave. Map	0.2 MI *11.4 Mi Total*
16.	1550 S ALBANY AVE is on the right. Map	



1550 S Albany Ave, Chicago, IL 60623-2212

Total Travel Estimate: 11.36 miles - about 24 minutes

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mapquest

Trip to:
1401 S California Ave
Chicago, IL 60608-1858
10.53 miles / 23 minutes

Notes
Schwab Rehab Hospital

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	1.5 Mi *8.7 Mi Total*
	8. Take EXIT 28A toward Damen Ave. Map	0.1 Mi *8.9 Mi Total*
	9. Stay straight to go onto W Van Buren St. Map	0.03 Mi *8.9 Mi Total*
	10. Take the 1st left onto S Damen Ave. Map	0.2 Mi *9.1 Mi Total*
	11. Turn slight right onto W Ogden Ave. Map	1.3 Mi *10.4 Mi Total*
	12. Turn right onto S California Ave. Map	0.09 Mi *10.5 Mi Total*
	13. 1401 S CALIFORNIA AVE is on the right. Map	
	1401 S California Ave, Chicago, IL 60608-1858	

Total Travel Estimate: 10.53 miles - about 23 minutes

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mapquest

Trip to:
2242 N Kedzie Blvd
Chicago, IL 60647-2504
5.44 miles / 15 minutes

Notes
Woodbridge Nursing

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	0.4 Mi *0.7 Mi Total*
↰	3. Turn left onto N Damen Ave. Map	3.0 Mi *3.7 Mi Total*
↱	4. Turn right onto W Fullerton Ave. Map	1.5 Mi *5.2 Mi Total*
↰	5. Turn left onto N Kedzie Ave / N Kedzie Blvd. Map	0.2 Mi *5.4 Mi Total*
■	6. 2242 N KEDZIE BLVD is on the right. Map	
B	**2242 N Kedzie Blvd, Chicago, IL 60647-2504**	

Total Travel Estimate: 5.44 miles - about 15 minutes

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mapquest

Trip to:
1401 N California Ave
Chicago, IL 60622-1602
6.14 miles / 17 minutes

Notes
Center Home for Hispanic Elderly

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	4.2 Mi *4.4 Mi Total*
	4. Turn right onto W North Ave / IL-64. Map	1.5 Mi *5.9 Mi Total*
	5. Turn left onto N California Ave. Map	0.2 Mi *6.1 Mi Total*
	6. 1401 N CALIFORNIA AVE is on the left. Map	
	1401 N California Ave, Chicago, IL 60622-1602	

Total Travel Estimate: 6.14 miles - about 17 minutes

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Trip to:
1431 N Claremont Ave
Chicago, IL 60622-1702
5.52 miles / 15 minutes

Notes
St Elizabeth Hospital

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	4.2 Mi *4.4 Mi Total*
	4. Turn right onto W North Ave / IL-64. Map	0.9 Mi *5.3 Mi Total*
	5. Turn left onto N Claremont Ave. Map	0.2 Mi *5.5 Mi Total*
	6. 1431 N CLAREMONT AVE is on the left. Map	
	1431 N Claremont Ave, Chicago, IL 60622-1702	

Total Travel Estimate: 5.52 miles - about 15 minutes

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mapquest

Trip to:
2155 W Pierce Ave
Chicago, IL 60622-1884
5.27 miles / 15 minutes

Notes
Winston Manor



	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↱	3. Take the 1st right onto N Ashland Ave. Map	4.2 Mi *4.4 Mi Total*
↱ 64	4. Turn right onto W North Ave / IL-64. Map	0.8 Mi *5.1 Mi Total*
↰	5. Turn left onto N Leavitt St. Map	0.08 Mi *5.2 Mi Total*
↰	6. Take the 1st left onto W Pierce Ave. Map	0.06 Mi *5.3 Mi Total*
■	7. 2155 W PIERCE AVE is on the right. Map	
	2155 W Pierce Ave, Chicago, IL 60622-1884	

Total Travel Estimate: 5.27 miles - about 15 minutes

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Trip to:
1400 W Monroe St
Chicago, IL 60607-2512
7.11 miles / 18 minutes

Notes
Monroe Pavilion

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
90	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	1.5 MI *5.6 Mi Total*
EXIT	7. Take EXIT 50A toward Ogden Ave. Map	0.2 MI *5.8 Mi Total*
	8. Turn slight right onto N Racine Ave. Map	0.9 MI *6.7 Mi Total*
	9. Turn right onto W Madison St. Map	0.02 MI *6.8 Mi Total*
	10. Take the 1st left onto S Racine Ave. Map	0.09 MI *6.9 Mi Total*
	11. Take the 1st right onto W Monroe St. Map	0.2 MI *7.1 Mi Total*
	12. 1400 W MONROE ST is on the right. Map	
	1400 W Monroe St, Chicago, IL 60607-2512	

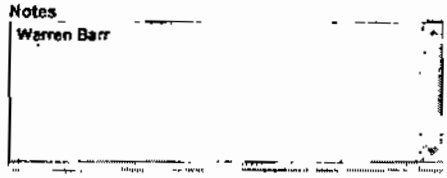
Total Travel Estimate: 7.11 miles - about 18 minutes

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Trip to:
66 W Oak St
Chicago, IL 60610-7325
6.75 miles / 14 minutes

Notes
Warren Barr



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
	3. Merge onto US-41 S / N Lake Shore Dr. Map	4.7 Mi *6.1 Mi Total*
RAMP	4. Take the Michigan Ave ramp. Map	0.3 Mi *6.4 Mi Total*
	5. Stay straight to go onto N Michigan Ave. Map	0.04 Mi *6.4 Mi Total*
	6. Turn right onto E Oak St. Map	0.2 Mi *6.6 Mi Total*
	7. Turn left onto N State St. Map	0.01 Mi *6.6 Mi Total*
	8. Take the 1st right onto W Oak St. Map	0.1 Mi *6.8 Mi Total*
	9. 66 W OAK ST is on the right. Map	
	66 W Oak St, Chicago, IL 60610-7325	

Total Travel Estimate: 6.75 miles - about 14 minutes

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Trip to:
1121 N Orleans St
Chicago, IL 60610-2511
6.85 miles / 15 minutes

Notes
Margaret Manor

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
	3. Merge onto US-41 S / N Lake Shore Dr. Map	4.0 Mi *5.4 Mi Total*
RAMP	4. Take the La Salle Dr / IL-64 ramp toward North Ave. Map	0.2 Mi *5.6 Mi Total*
	5. Turn slight right onto IL-64 W / W La Salle Dr. Continue to follow IL-64 W. Map	0.4 Mi *6.0 Mi Total*
	6. Stay straight to go onto N Lasalle St / N Lasalle Blvd. Map	0.5 Mi *6.5 Mi Total*
	7. Turn right onto W Division St. Map	0.2 Mi *6.8 Mi Total*
	8. Take the 2nd left onto N Orleans St. Map	0.08 Mi *6.9 Mi Total*
	9. 1121 N ORLEANS ST is on the left. Map	
	1121 N Orleans St, Chicago, IL 60610-2511	

Total Travel Estimate: 6.85 miles - about 15 minutes

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Trip to:
2026 N Clark St
Chicago, IL 60614-4764
5.34 miles / 12 minutes

Notes
Clayton Residential

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
SOUTH 41	3. Merge onto US-41 S / N Lake Shore Dr. Map	3.1 Mi *4.5 Mi Total*
RAMP	4. Take the Fullerton Pkwy ramp. Map	0.1 Mi *4.6 Mi Total*
	5. Turn right onto W Fullerton Pky. Map	0.2 Mi *4.9 Mi Total*
	6. Turn left onto N Lincoln Park West. Map	0.5 Mi *5.3 Mi Total*
	7. Turn sharp right onto N Clark St. Map	0.01 Mi *5.3 Mi Total*
	8. 2026 N CLARK ST is on the left. Map	
B	**2026 N Clark St, Chicago, IL 60614-4764**	

Total Travel Estimate: 5.34 miles - about 12 minutes

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mapquest

Trip to:
3800 N California Ave
Chicago, IL 60618-3606
2.96 miles / 8 minutes

Notes
St Pauls House

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	0.4 Mi *0.7 Mi Total*
↰	3. Turn left onto N Damen Ave. Map	0.5 Mi *1.2 Mi Total*
↱	4. Turn right onto W Montrose Ave. Map	1.0 Mi *2.2 Mi Total*
↰	5. Turn left onto N California Ave. Map	0.8 Mi *3.0 Mi Total*
■	6. 3800 N CALIFORNIA AVE is on the right. Map	
B	**3800 N California Ave, Chicago, IL 60618-3606**	

Total Travel Estimate: 2.96 miles - about 8 minutes

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Trip to:
1936 W Belmont Ave
Chicago, IL 60657-2025
2.81 miles / 7 minutes

Notes
Belmont Nursing Home

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↱	3. Take the 1st right onto N Ashland Ave. Map	2.2 Mi *2.4 Mi Total*
↱	4. Turn right onto W Belmont Ave. Map	0.4 Mi *2.8 Mi Total*
■	5. 1936 W BELMONT AVE is on the right. Map	
B	**1936 W Belmont Ave, Chicago, IL 60657-2025**	

Total Travel Estimate: 2.81 miles - about 7 minutes

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mapquest

Trip to:
4900 N Bernard St
Chicago, IL 60625-5146
2.64 miles / 7 minutes

Notes
Ambassador Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	2.2 MI *2.5 Mi Total*
↱	3. Turn right onto N Bernard St. Map	0.1 Mi *2.6 Mi Total*
■	4. 4900 N BERNARD ST is on the left. Map	
	4900 N Bernard St, Chicago, IL 60625-5146	

Total Travel Estimate: 2.64 miles - about 7 minutes

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Trip to:
2840 W Foster Ave
Chicago, IL 60625-3506
2.01 miles / 6 minutes

Notes
Alshore Nursing

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
	4. Turn left onto W Foster Ave / US-41. Continue to follow W Foster Ave. Map	1.6 Mi *2.0 Mi Total*
	5. 2840 W FOSTER AVE is on the right. Map	
B	**2840 W Foster Ave, Chicago, IL 60625-3506**	

Total Travel Estimate: 2.01 miles - about 6 minutes

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Trip to:
5145 N California Ave
Chicago, IL 60625-3661
2.14 miles / 6 minutes

Notes
Swedish Covenant Hospital

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	1.4 MI *1.7 Mi Total*
↱	3. Turn right onto N California Ave. Map	0.4 MI *2.1 Mi Total*
■	4. 5145 N CALIFORNIA AVE is on the right. Map	
B	**5145 N California Ave, Chicago, IL 60625-3661**	

Total Travel Estimate: 2.14 miles - about 6 minutes

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Trip to:
6300 N California Ave
Chicago, IL 60659-1702
3.15 miles / 10 minutes

Notes
Astoria Place



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 MI *0.5 Mi Total*
	4. Turn left onto W Foster Ave / US-41. Map	1.2 MI *1.6 Mi Total*
	5. Turn right onto N Lincoln Ave / US-41. Map	0.8 MI *2.4 Mi Total*
	6. Turn right onto N California Ave. Map	0.7 MI *3.1 Mi Total*
	7. 6300 N CALIFORNIA AVE is on the left. Map	
	6300 N California Ave, Chicago, IL 60659-1702	

Total Travel Estimate: 3.15 miles - about 10 minutes

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Trip to:
5336 N Western Ave
Chicago, IL 60625-2310
2.03 miles / 6 minutes

Notes
Continental Nursing

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	0.9 MI *1.2 Mi Total*
↱	3. Turn right onto N Lincoln Ave / N Western Ave. Continue to follow N Western Ave. Map	0.8 MI *2.0 Mi Total*
↶	4. Make a U-turn onto N Western Ave. Map	0.08 MI *2.0 Mi Total*
■	5. 5336 N WESTERN AVE is on the right. Map	
B	**5336 N Western Ave, Chicago, IL 60625-2310**	

Total Travel Estimate: 2.03 miles - about 6 minutes

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Trip to:
2055 W Balmoral Ave
Chicago, IL 60625-1001
1.27 miles / 4 minutes

Notes
Balmoral House

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
↰	4. Turn left onto W Foster Ave / US-41. Map	0.5 Mi *1.0 Mi Total*
↱	5. Turn right onto N Damen Ave. Map	0.3 Mi *1.2 Mi Total*
↰	6. Turn left onto W Balmoral Ave. Map	0.07 Mi *1.3 Mi Total*
■	7. 2055 W BALMORAL AVE is on the left. Map	
	2055 W Balmoral Ave, Chicago, IL 60625-1001	

Total Travel Estimate: 1.27 miles - about 4 minutes

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mapquest

Trip to:
6450 N Ridge Blvd
Chicago, IL 60626-4804
2.24 miles / 7 minutes

Notes
Garden View

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	1.0 MI *1.2 Mi Total*
↖	4. Turn slight left onto N Clark St. Map	0.2 MI *1.4 Mi Total*
↖	5. Turn slight left onto US-14 / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.3 MI *1.7 Mi Total*
↱	6. Turn right onto N Ravenswood Ave / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.4 MI *2.1 Mi Total*
↑	7. N Ridge Ave becomes N Ridge Blvd. Map	0.1 MI *2.2 Mi Total*
■	8. 6450 N RIDGE BLVD is on the left. Map	
B	**6450 N Ridge Blvd, Chicago, IL 60626-4804**	

Total Travel Estimate: 2.24 miles - about 7 minutes

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mapquest

Trip to:
6700 N Damen Ave
Chicago, IL 60645-4902
2.68 miles / 8 minutes

Notes



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	1.0 Mi *1.2 Mi Total*
	4. Turn slight left onto N Clark St. Map	0.2 Mi *1.4 Mi Total*
	5. Turn slight left onto US-14 / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.3 Mi *1.7 Mi Total*
	6. Turn right onto N Ravenswood Ave / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.4 Mi *2.1 Mi Total*
	7. N Ridge Ave becomes N Ridge Blvd. Map	0.5 Mi *2.6 Mi Total*
	8. Turn left. Map	0.03 Mi *2.6 Mi Total*
	9. Turn left onto N Damen Ave. Map	0.07 Mi *2.7 Mi Total*
	10. 6700 N DAMEN AVE is on the right. Map	
	6700 N Damen Ave, Chicago, IL 60645-4902	

Total Travel Estimate: 2.68 miles - about 8 minutes

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Trip to:
1366 W Fullerton Ave
Chicago, IL 60614-2129
3.66 miles / 10 minutes

Notes
Imperial Grove

A 5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
2.	Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
3.	Take the 1st right onto N Ashland Ave. Map	3.2 MI *3.4 Mi Total*
4.	Turn left onto W Fullerton Ave. Map	0.3 MI *3.7 Mi Total*
5.	1366 W FULLERTON AVE is on the left. Map	

B 1366 W Fullerton Ave, Chicago, IL 60614-2129

Total Travel Estimate: 3.66 miles - about 10 minutes

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mapquest

Trip to:
2325 N Lakewood Ave
Chicago, IL 60614-3112
3.84 miles / 10 minutes

Notes
Little Sisters of the Poor

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.2 MI *3.4 Mi Total*
	4. Turn left onto W Fullerton Ave. Map	0.4 MI *3.7 Mi Total*
	5. Turn right onto N Lakewood Ave. Map	0.09 MI *3.8 Mi Total*
	6. 2325 N LAKEWOOD AVE is on the left. Map	
B	**2325 N Lakewood Ave, Chicago, IL 60614-3112**	

Total Travel Estimate: 3.84 miles - about 10 minutes

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mapquest

Trip to:
4538 N Beacon St
Chicago, IL 60640-5519
0.94 miles / 3 minutes

Notes
Brightview Care Center

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	0.3 MI *0.6 Mi Total*
	3. Turn right onto N Beacon St. Map	0.3 MI *0.9 Mi Total*
	4. 4538 N BEACON ST is on the right. Map	
B	**4538 N Beacon St, Chicago, IL 60640-5519**	

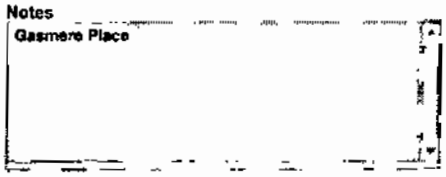
Total Travel Estimate: 0.94 miles - about 3 minutes

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mapquest

Trip to:
4621 N Sheridan Rd
Chicago, IL 60640-5019
1.33 miles / 4 minutes

Notes
Gasmere Place



A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↰	2. Take the 2nd left onto W Lawrence Ave. Map	0.8 Mi *1.1 Mi Total*
↱	3. Turn right onto N Sheridan Rd. Map	0.2 Mi *1.3 Mi Total*
■	4. 4621 N SHERIDAN RD is on the left. Map	
B	**4621 N Sheridan Rd, Chicago, IL 60640-5019**	

Total Travel Estimate: 1.33 miles - about 4 minutes

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mapquest

Trip to:
4621 N Racine Ave
Chicago, IL 60640-4905
1.08 miles / 3 minutes

Notes
St Marthas Manor

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↰	2. Take the 2nd left onto W Lawrence Ave. Map	0.6 Mi *0.9 Mi Total*
↱	3. Turn right onto N Broadway St. Map	0.02 Mi *0.9 Mi Total*
↑	4. Stay straight to go onto N Racine Ave. Map	0.2 Mi *1.1 Mi Total*
■	5. 4621 N RACINE AVE is on the left. Map	
B	**4621 N Racine Ave, Chicago, IL 60640-4905**	

Total Travel Estimate: 1.08 miles - about 3 minutes

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Trip to:
940 W Cullom Ave
Chicago, IL 60613-1619
1.85 miles / 5 minutes

Notes
Margaret Manor N

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↱	3. Take the 1st right onto N Ashland Ave. Map	0.7 MI *0.9 Mi Total*
↰	4. Turn left onto W Montrose Ave. Map	0.9 MI *1.7 Mi Total*
↱	5. Turn right onto N Hazel St. Map	0.08 MI *1.8 Mi Total*
↱	6. Take the 1st right onto W Cullom Ave. Map	0.04 MI *1.8 Mi Total*
■	7. 940 W CULLOM AVE is on the right. Map	
B	**940 W Cullom Ave, Chicago, IL 60613-1619**	

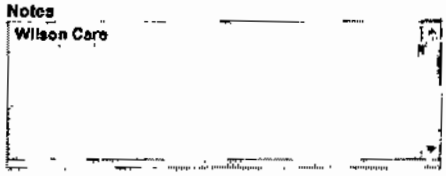
Total Travel Estimate: 1.85 miles - about 5 minutes

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mapquest

Trip to:
4544 N Hazel St
Chicago, IL 60640-5716
1.55 miles / 4 minutes

Notes
Wilson Care



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	0.8 Mi *1.1 Mi Total*
	3. Turn right onto N Sheridan Rd. Map	0.3 Mi *1.4 Mi Total*
	4. Turn left onto W Wilson Ave. Map	0.1 Mi *1.5 Mi Total*
	5. Take the 1st right onto N Hazel St. Map	0.06 Mi *1.5 Mi Total*
	6. 4544 N HAZEL ST is on the right. Map	
	4544 N Hazel St, Chicago, IL 60640-5716	

Total Travel Estimate: 1.55 miles - about 4 minutes

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Trip to:
735 W Diversey Pkwy
Chicago, IL 60614-2337
3.65 miles / 10 minutes

Notes
Lakeview Nursing and Rehab

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↱	3. Take the 1st right onto N Ashland Ave. Map	2.2 Mi *2.4 Mi Total*
↖	4. Turn slight left onto N Lincoln Ave. Map	0.7 Mi *3.1 Mi Total*
↖	5. Turn slight left onto W Diversey Pky. Map	0.6 Mi *3.6 Mi Total*
■	6. 735 W DIVERSEY PKWY. Map	
B	**735 W Diversey Pkwy, Chicago, IL 60614-2337**	

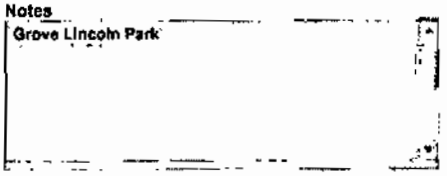
Total Travel Estimate: 3.65 miles - about 10 minutes

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mapquest

Trip to:
2732 N Hampden Ct
Chicago, IL 60614-1612
4.33 miles / 10 minutes

Notes
Grove Lincoln Park



	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↰	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
SOUTH 41	3. Merge onto US-41 S / N Lake Shore Dr. Map	1.9 Mi *3.3 Mi Total*
RAMP	4. Take the Belmont Ave ramp. Map	0.2 Mi *3.5 Mi Total*
↱	5. Turn right onto W Belmont Ave. Map	0.04 Mi *3.6 Mi Total*
↰	6. Take the 1st left onto N Sheridan Rd. Map	0.5 Mi *4.1 Mi Total*
↱	7. Turn right onto W Diversey Pky. Map	0.2 Mi *4.2 Mi Total*
↰	8. Take the 2nd left onto N Hampden Ct. Map	0.1 Mi *4.3 Mi Total*
■	9. 2732 N HAMPDEN CT is on the right. Map	
	2732 N Hampden Ct, Chicago, IL 60614-1612	

Total Travel Estimate: 4.33 miles - about 10 minutes

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mapquest

Trip to:
504 W Wellington Ave
Chicago, IL 60657-5421
4.17 miles / 10 minutes

Notes
Alden Lincoln Rehab

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
SOUTH 41	3. Merge onto US-41 S / N Lake Shore Dr. Map	1.9 Mi *3.3 Mi Total*
RAMP	4. Take the Belmont Ave ramp. Map	0.2 Mi *3.5 Mi Total*
	5. Turn right onto W Belmont Ave. Map	0.3 Mi *3.8 Mi Total*
	6. Turn left onto N Broadway St. Map	0.2 Mi *4.1 Mi Total*
	7. Turn left onto W Wellington Ave. Map	0.1 Mi *4.2 Mi Total*
	8. 504 W WELLINGTON AVE is on the left. Map	
B	**504 W Wellington Ave, Chicago, IL 60657-5421**	

Total Travel Estimate: 4.17 miles - about 10 minutes

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mapquest

Trip to:
2900 N Lake Shore Dr
Chicago, IL 60657-5640
3.90 miles / 9 minutes

Notes
St Joseph Hospital

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
SOUTH 41	3. Merge onto US-41 S / N Lake Shore Dr. Map	1.9 Mi *3.3 Mi Total*
RAMP	4. Take the Belmont Ave ramp. Map	0.2 Mi *3.5 Mi Total*
	5. Stay straight to go onto N Lake Shore Dr W. Map	0.4 Mi *3.9 Mi Total*
	6. 2900 N LAKE SHORE DR is on the right. Map	
	2900 N Lake Shore Dr, Chicago, IL 60657-5640	

Total Travel Estimate: 3.90 miles - about 9 minutes

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mapquest

Trip to:
725 W Montrose Ave
Chicago, IL 60613-1515
1.91 miles / 5 minutes

Notes
Carlton at the Lake

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↱	3. Take the 1st right onto N Ashland Ave. Map	0.7 Mi *0.9 Mi Total*
↰	4. Turn left onto W Montrose Ave. Map	1.1 Mi *1.9 Mi Total*
■	5. 725 W MONTROSE AVE is on the right. Map	
B	**725 W Montrose Ave, Chicago, IL 60613-1515**	

Total Travel Estimate: 1.91 miles - about 5 minutes

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mapquest

Trip to:
1415 W Foster Ave
Chicago, IL 60640-2288
0.68 miles / 2 minutes

Notes
Methodist Home

A 5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
4. Turn right onto W Foster Ave / US-41. Map	0.2 Mi *0.7 Mi Total*
5. 1415 W FOSTER AVE is on the right. Map	

B 1415 W Foster Ave, Chicago, IL 60640-2288

Total Travel Estimate: 0.68 miles - about 2 minutes

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Trip to:
5888 N Ridge Ave
Chicago, IL 60660-3450
1.47 miles / 4 minutes

Notes
Heritage Healthcare



	A 5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	1.0 Mi *1.2 Mi Total*
↖	4. Turn slight left onto N Clark St. Map	0.2 Mi *1.4 Mi Total*
↱	14 5. Turn sharp right onto N Ridge Ave / US-14. Map	0.09 Mi *1.5 Mi Total*
■	6. 5888 N RIDGE AVE is on the right. Map	
	B 5888 N Ridge Ave, Chicago, IL 60660-3450	

Total Travel Estimate: 1.47 miles - about 4 minutes

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mapquest

Trip to:
5448 N Broadway St
Chicago, IL 60640-1704
1.27 miles / 3 minutes

Notes
All American Nursing Home

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
4. Turn right onto W Foster Ave / US-41. Map	0.5 Mi *1.0 Mi Total*
5. Turn left onto N Broadway St / US-14. Map	0.3 Mi *1.3 Mi Total*
6. 5448 N BROADWAY ST is on the left. Map	

5448 N Broadway St, Chicago, IL 60640-1704

Total Travel Estimate: 1.27 miles - about 3 minutes

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mapquest

Trip to:
4920 N Kenmore Ave
Chicago, IL 60640-3710
1.23 miles / 3 minutes

Notes
Mid America Care Center

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
↰	2. Take the 2nd left onto W Lawrence Ave. Map	0.8 MI *1.0 Mi Total*
↰	3. Turn left onto N Kenmore Ave. Map	0.2 Mi *1.2 Mi Total*
■	4. 4920 N KENMORE AVE is on the left. Map	
B	**4920 N Kenmore Ave, Chicago, IL 60640-3710**	

Total Travel Estimate: 1.23 miles - about 3 minutes

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mapquest

Trip to:
820 W Lawrence Ave
Chicago, IL 60640-4213
1.32 miles / 3 minutes

Notes



A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↰	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.3 Mi Total*
■	3. 820 W LAWRENCE AVE is on the left. Map	
B	**820 W Lawrence Ave, Chicago, IL 60640-4213**	

Total Travel Estimate: 1.32 miles - about 3 minutes

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mapquest

Trip to:
909 W Foster Ave
Chicago, IL 60640-6481
1.37 miles / 4 minutes

Notes
Admiral at the Lake

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
↱ 41	4. Turn right onto W Foster Ave / US-41. Map	0.9 Mi *1.4 Mi Total*
■	5. 909 W FOSTER AVE is on the right. Map	
	909 W Foster Ave, Chicago, IL 60640-6481	

Total Travel Estimate: 1.37 miles - about 4 minutes

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Trip to:
908 W Argyle St
Chicago, IL 60640-3806
1.49 miles / 4 minutes

Notes
Self Help Home

5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
2.	Take the 2nd left onto W Lawrence Ave. Map	0.8 Mi *1.1 Mi Total*
3.	Turn left onto N Sheridan Rd. Map	0.3 Mi *1.4 Mi Total*
4.	Turn right onto W Argyle St. Map	0.10 Mi *1.5 Mi Total*
5.	908 W ARGYLE ST is on the left. Map	

908 W Argyle St, Chicago, IL 60640-3806

Total Travel Estimate: 1.49 miles - about 4 minutes

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Trip to:
5547 N Kenmore Ave
Chicago, IL 60640-1515
1.57 miles / 5 minutes

Notes
Bryn Mawr Cafe

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
↱ 41	4. Turn right onto W Foster Ave / US-41. Map	0.7 Mi *1.1 Mi Total*
↰	5. Turn left onto N Kenmore Ave. Map	0.4 Mi *1.6 Mi Total*
■	6. 5547 N KENMORE AVE is on the right. Map	
	5547 N Kenmore Ave, Chicago, IL 60640-1515	

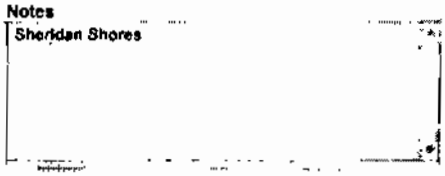
Total Travel Estimate: 1.57 miles - about 5 minutes

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Trip to:
5838 N Sheridan Rd
Chicago, IL 60660-4916
2.01 miles / 6 minutes

Notes
Sheridan Shores



A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.8 MI *1.0 Mi Total*
↱	4. Turn right onto W Bryn Mawr Ave. Map	0.8 MI *1.7 Mi Total*
↰	5. Turn left onto N Sheridan Rd. Map	0.3 MI *2.0 Mi Total*
■	6. 5838 N SHERIDAN RD is on the left. Map	
B	**5838 N Sheridan Rd, Chicago, IL 60660-4916**	

Total Travel Estimate: 2.01 miles - about 6 minutes

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Trip to:
1425 W Estes Ave
Chicago, IL 60626-2625
3.31 miles / 10 minutes

Notes
Atrium Healthcare.

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	1.0 MI *1.2 Mi Total*
↖	4. Turn slight left onto N Clark St. Map	1.7 MI *2.9 Mi Total*
↱	5. Turn right onto W Estes Ave. Map	0.4 MI *3.3 Mi Total*
■	6. 1425 W ESTES AVE is on the right. Map	
B	**1425 W Estes Ave, Chicago, IL 60626-2625**	

Total Travel Estimate: 3.31 miles - about 10 minutes

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mapquest

Trip to:
60 E 18th St
Chicago, IL 60616-1239
10.04 miles / 20 minutes

Notes
St Agnes



A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
	3. Merge onto US-41 S. Map	7.6 Mi *9.0 Mi Total*
	4. Turn right onto E Roosevelt Rd. Map	0.3 Mi *9.3 Mi Total*
	5. Turn left onto S Michigan Ave. Map	0.7 Mi *10.0 Mi Total*
	6. Turn right onto E 18th St. Map	0.07 Mi *10.0 Mi Total*
	7. 60 E 18TH ST is on the right. Map	
B	**60 E 18th St, Chicago, IL 60616-1239**	

Total Travel Estimate: 10.04 miles - about 20 minutes

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mapquest

Trip to:
55 E Pearson St
Chicago, IL 60611-2535
6.80 miles / 14 minutes

Notes
The Clare

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↰	2. Take the 2nd left onto W Lawrence Ave. Map	1.1 Mi *1.4 Mi Total*
↱	3. Merge onto US-41 S / N Lake Shore Dr. Map	4.7 Mi *6.1 Mi Total*
RAMP	4. Take the Michigan Ave ramp. Map	0.3 Mi *6.4 Mi Total*
↑	5. Stay straight to go onto N Michigan Ave. Map	0.2 Mi *6.6 Mi Total*
↱	6. Turn right onto E Chestnut St. Map	0.1 Mi *6.7 Mi Total*
↰	7. Turn left onto N Wabash Ave. Map	0.06 Mi *6.8 Mi Total*
↰	8. Take the 1st left onto E Pearson St. Map	0.01 Mi *6.8 Mi Total*
■	9. 55 E PEARSON ST is on the right. Map	
	55 E Pearson St, Chicago, IL 60611-2535	

Total Travel Estimate: 6.80 miles - about 14 minutes

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mapquest

Trip to:
2625 W Touhy Ave
Chicago, IL 60645-3109
3.83 miles / 12 minutes

Notes
Buckingham Pavilion

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.06 MI *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	1.0 MI *1.2 Mi Total*
↖	4. Turn slight left onto N Clark St. Map	0.2 MI *1.4 Mi Total*
↖	5. Turn slight left onto US-14 / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.3 MI *1.7 Mi Total*
↱	6. Turn right onto N Ravenswood Ave / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.4 MI *2.1 Mi Total*
↑	7. N Ridge Ave becomes N Ridge Blvd. Map	1.0 MI *3.2 Mi Total*
↰	8. Turn left onto W Touhy Ave. Map	0.7 MI *3.8 Mi Total*
■	9. 2625 W TOUHY AVE is on the left. Map	
B	**2625 W Touhy Ave, Chicago, IL 60645-3109**	

Total Travel Estimate: 3.83 miles - about 12 minutes

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mapquest

Trip to:
2451 W Touhy Ave
Chicago, IL 60645-3309
3.61 miles / 11 minutes

Notes
Glencrest Healthcare

A 5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
2.	Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
3.	Take the 1st left onto N Ashland Ave. Map	1.0 Mi *1.2 Mi Total*
4.	Turn slight left onto N Clark St. Map	0.2 Mi *1.4 Mi Total*
5.	Turn slight left onto US-14 / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.3 Mi *1.7 Mi Total*
6.	Turn right onto N Ravenswood Ave / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.4 Mi *2.1 Mi Total*
7.	N Ridge Ave becomes N Ridge Blvd. Map	1.0 Mi *3.2 Mi Total*
8.	Turn left onto W Touhy Ave. Map	0.4 Mi *3.6 Mi Total*
9.	2451 W TOUHY AVE is on the left. Map	

B 2451 W Touhy Ave, Chicago, IL 60645-3309

Total Travel Estimate: 3.61 miles - about 11 minutes

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mapquest

Trip to:
2444 W Touhy Ave
Chicago, IL 60645-3310
3.60 miles / 11 minutes

Notes
Westwood Manor

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	1.0 MI *1.2 Mi Total*
↖	4. Turn slight left onto N Clark St. Map	0.2 MI *1.4 Mi Total*
↖	5. Turn slight left onto US-14 / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.3 MI *1.7 Mi Total*
↱	6. Turn right onto N Ravenswood Ave / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.4 MI *2.1 Mi Total*
↑	7. N Ridge Ave becomes N Ridge Blvd. Map	1.0 MI *3.2 Mi Total*
↰	8. Turn left onto W Touhy Ave. Map	0.4 MI *3.6 Mi Total*
■	9. 2444 W TOUHY AVE is on the right. Map	
	2444 W Touhy Ave, Chicago, IL 60645-3310	

Total Travel Estimate: 3.60 miles - about 11 minutes

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mapquest

Trip to:
7433 N Clark St
Chicago, IL 60626-1619
3.29 miles / 10 minutes

Notes
Clark Manor



A 5025 N Paulina St, Chicago, IL 60640-2772

●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	1.0 Mi *1.2 Mi Total*
↖	4. Turn slight left onto N Clark St. Map	2.1 Mi *3.3 Mi Total*
■	5. 7433 N CLARK ST is on the right. Map	

B 7433 N Clark St, Chicago, IL 60626-1619

Total Travel Estimate: 3.29 miles - about 10 minutes

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mapquest

Trip to:
1426 W Birchwood Ave
Chicago, IL 60626-1807
3.74 miles / 11 minutes

Notes
Birchwood Plaza

5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
2.	Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
3.	Take the 1st left onto N Ashland Ave. Map	1.0 Mi *1.2 Mi Total*
4.	Turn slight left onto N Clark St. Map	2.1 Mi *3.2 Mi Total*
5.	Turn right onto N Rogers Ave. Map	0.3 Mi *3.5 Mi Total*
6.	Turn slight right onto W Birchwood Ave. Map	0.2 Mi *3.7 Mi Total*
7.	1426 W BIRCHWOOD AVE is on the left. Map	

1426 W Birchwood Ave, Chicago, IL 60626-1807

Total Travel Estimate: 3.74 miles - about 11 minutes

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mapquest

Trip to:
1512 W Fargo Ave
Chicago, IL 60626-1805
3.96 miles / 11 minutes

Notes
Arbour Healthcare

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
↱	4. Turn right onto W Foster Ave / US-41. Map	0.5 Mi *1.0 Mi Total*
↰	5. Turn left onto N Broadway St / US-14. Continue to follow N Broadway St. Map	1.6 Mi *2.5 Mi Total*
↑	6. N Broadway St becomes N Sheridan Rd. Map	1.3 Mi *3.8 Mi Total*
↰	7. Turn left onto W Fargo Ave. Map	0.2 Mi *4.0 Mi Total*
■	8. 1512 W FARGO AVE is on the right. Map	
	1512 W Fargo Ave, Chicago, IL 60626-1805	

Total Travel Estimate: 3.96 miles - about 11 minutes

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mapquest

Trip to:
7618 N Sheridan Rd
Chicago, IL 60626-1418
4.00 miles / 11 minutes

Notes
Lakefront Convalescent

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
↱	4. Turn right onto W Foster Ave / US-41. Map	0.5 Mi *1.0 Mi Total*
↰	5. Turn left onto N Broadway St / US-14. Continue to follow N Broadway St. Map	1.6 Mi *2.5 Mi Total*
↑	6. N Broadway St becomes N Sheridan Rd. Map	1.5 Mi *4.0 Mi Total*
■	7. 7618 N SHERIDAN RD is on the left. Map	
	7618 N Sheridan Rd, Chicago, IL 60626-1418	

Total Travel Estimate: 4.00 miles - about 11 minutes

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mapquest

Trip to:
7445 N Sheridan Rd
Chicago, IL 60626-1818
3.82 miles / 11 minutes

Notes
Waterford Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 MI *0.5 Mi Total*
↱ 41	4. Turn right onto W Foster Ave / US-41. Map	0.5 MI *1.0 Mi Total*
↰	5. Turn left onto N Broadway St / US-14. Continue to follow N Broadway St. Map	1.6 MI *2.5 Mi Total*
↑	6. N Broadway St becomes N Sheridan Rd. Map	1.3 MI *3.8 Mi Total*
■	7. 7445 N SHERIDAN RD is on the right. Map	
	7445 N Sheridan Rd, Chicago, IL 60626-1818	

Total Travel Estimate: 3.82 miles - about 11 minutes

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mapquest

Trip to:
7200 N Sheridan Rd
Chicago, IL 60626-2613
3.50 miles / 10 minutes

Notes
Lakeshore Healthcare

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
↱	4. Turn right onto W Foster Ave / US-41. Map	0.5 Mi *1.0 Mi Total*
↰	5. Turn left onto N Broadway St / US-14. Continue to follow N Broadway St. Map	1.6 Mi *2.5 Mi Total*
↑	6. N Broadway St becomes N Sheridan Rd. Map	1.0 Mi *3.5 Mi Total*
■	7. 7200 N SHERIDAN RD is on the left. Map	
	7200 N Sheridan Rd, Chicago, IL 60626-2613	

Total Travel Estimate: 3.50 miles - about 10 minutes

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mapquest

Trip to:
7350 N Sheridan Rd
Chicago, IL 60626-2017
3.68 miles / 10 minutes

Notes



	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
↱	4. Turn right onto W Foster Ave / US-41. Map	0.5 Mi *1.0 Mi Total*
↰	5. Turn left onto N Broadway St / US-14. Continue to follow N Broadway St. Map	1.6 Mi *2.5 Mi Total*
↑	6. N Broadway St becomes N Sheridan Rd. Map	1.2 Mi *3.7 Mi Total*
■	7. 7350 N SHERIDAN RD is on the left. Map	
	7350 N Sheridan Rd, Chicago, IL 60626-2017	

Total Travel Estimate: 3.68 miles - about 10 minutes

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mapquest

Trip to:
345 Dixie Hwy
Chicago Heights, IL 60411-1757
38.41 miles / 58 minutes

Notes
Prairie Manor

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	14.3 Mi *29.5 Mi Total*
	9. Keep right to take Bishop Ford Fwy via EXIT 74A / B toward Danville / Iowa / Wisconsin. Map	3.6 Mi *33.1 Mi Total*
	10. Take the Glenwood-Dyer Rd exit. Map	0.3 Mi *33.4 Mi Total*
	11. Turn right onto Glenwood Dyer Rd. Map	0.7 Mi *34.1 Mi Total*
	12. Take the 1st left onto S Cottage Grove Ave. Map	1.2 Mi *35.3 Mi Total*
	13. Turn right onto E Joe Orr Rd. Map	2.7 Mi *38.1 Mi Total*
	14. Turn right onto Dixie Hwy. Map	0.4 Mi *38.4 Mi Total*
	15. 345 DIXIE HWY is on the right. Map	
	345 Dixie Hwy, Chicago Heights, IL 60411-1757	

Total Travel Estimate: 38.41 miles - about 58 minutes

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mapquest

Trip to:
160 E 10th St
Chicago Heights, IL 60411-2259
37.95 miles / 58 minutes

Notes
Thornton Heights

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	0.07 Mi Total
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	0.2 Mi Total
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	3.9 Mi Total
4. Turn right onto W Armitage Ave. Map	0.2 Mi	4.0 Mi Total
5. Turn left onto N Paulina St. Map	0.06 Mi	4.1 Mi Total
6. Merge onto I-90 E / I-94 E. Map	5.7 Mi	9.8 Mi Total
7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi	15.3 Mi Total
8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	14.3 Mi	29.5 Mi Total
9. Keep right to take Bishop Ford Fwy via EXIT 74A / B toward Danville / Iowa / Wisconsin. Map	3.6 Mi	33.1 Mi Total
10. Take the Glenwood-Dyer Rd exit. Map	0.3 Mi	33.4 Mi Total
11. Turn right onto Glenwood Dyer Rd. Map	0.7 Mi	34.1 Mi Total
12. Take the 1st left onto S Cottage Grove Ave. Map	1.2 Mi	35.3 Mi Total
13. Turn right onto E Joe Orr Rd. Map	2.0 Mi	37.3 Mi Total
14. Turn left onto S Halsted St / IL-1. Continue to follow S Halsted St. Map	0.5 Mi	37.8 Mi Total
15. Turn left onto E 10th St. Map	0.1 Mi	37.9 Mi Total
16. 160 E 10TH ST is on the right. Map		



160 E 10th St, Chicago Heights, IL 60411-2259

Total Travel Estimate: 37.95 miles - about 58 minutes

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mapquest

Trip to:
10300 Southwest Hwy
Chicago Ridge, IL 60415-1426
26.12 miles / 48 minutes

Notes
Lexington

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	0.07 Mi Total
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	0.2 Mi Total
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	3.9 Mi Total
4. Turn right onto W Armitage Ave. Map	0.2 Mi	4.0 Mi Total
5. Turn left onto N Paulina St. Map	0.06 Mi	4.1 Mi Total
6. Merge onto I-90 E / I-94 E. Map	4.6 Mi	8.7 Mi Total
7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	9.2 Mi	17.8 Mi Total
8. Take the IL-43 / Harlem Ave exit, EXIT 283. Map	0.4 Mi	18.2 Mi Total
9. Turn left onto IL-43 S / Harlem Ave. Map	7.2 Mi	25.4 Mi Total
10. Turn left onto SouthWest Hwy. Map	0.7 Mi	26.1 Mi Total
11. 10300 SOUTHWEST HWY is on the left. Map		

10300 Southwest Hwy, Chicago Ridge, IL 60415-1426

Total Travel Estimate: 26.12 miles - about 48 minutes

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mapquest

Trip to:
10602 Southwest Hwy
Chicago Ridge, IL 60415-1429
25.56 miles / 47 minutes

Notes
Chicago Ridge.

	5025 N Paulina St, Chicago, IL 60640-2772	
●	**1. Start out going south on N Paulina St toward W Ainslie St.** Map	**0.07 Mi** *0.07 Mi Total*
↰	**2. Take the 1st left onto W Ainslie St.** Map	**0.08 Mi** *0.2 Mi Total*
↱	**3. Take the 1st right onto N Ashland Ave.** Map	**3.7 Mi** *3.9 Mi Total*
↱	**4. Turn right onto W Armitage Ave.** Map	**0.2 Mi** *4.0 Mi Total*
↰	**5. Turn left onto N Paulina St.** Map	**0.06 Mi** *4.1 Mi Total*
⇗	**6. Merge onto I-90 E / I-94 E.** Map	**4.6 Mi** *8.7 Mi Total*
EXIT 53	**7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis.** Map	**9.2 Mi** *17.8 Mi Total*
EXIT 283	**8. Take the IL-43 / Harlem Ave exit, EXIT 283.** Map	**0.4 Mi** *18.2 Mi Total*
↰	**9. Turn left onto IL-43 S / Harlem Ave.** Map	**7.2 Mi** *25.4 Mi Total*
↰	**10. Turn left onto SouthWest Hwy.** Map	**0.2 Mi** *25.6 Mi Total*
■	**11. 10602 SOUTHWEST HWY is on the left.** Map	
	10602 Southwest Hwy, Chicago Ridge, IL 60415-1429	

Total Travel Estimate: 25.56 miles - about 47 minutes

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mapquest

Trip to:
6120 W Ogden Ave
Cicero, IL 60804-3743
16.75 miles / 33 minutes

Notes



5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
2.	Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
3.	Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
4.	Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
5.	Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
6.	Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
7.	Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	6.5 Mi *13.7 Mi Total*
8.	Take the Austin Blvd exit, EXIT 23A, on the left. Map	0.3 Mi *14.0 Mi Total*
9.	Turn left onto S Austin Blvd. Map	2.6 Mi *16.6 Mi Total*
10.	Turn right onto W Ogden Ave. Map	0.2 Mi *16.7 Mi Total*
11.	6120 W OGDEN AVE is on the right. Map	

6120 W Ogden Ave, Cicero, IL 60804-3743

Total Travel Estimate: 16.75 miles - about 33 minutes

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Trip to:
5825 W Cermak Rd
Cicero, IL 60804-2134
15.58 miles / 30 minutes

Notes
Cedar Pointe

5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
2.	Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
3.	Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
4.	Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
5.	Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
6.	Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
7.	Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	6.5 Mi *13.7 Mi Total*
8.	Take the Austin Blvd exit, EXIT 23A, on the left. Map	0.3 Mi *14.0 Mi Total*
9.	Turn left onto S Austin Blvd. Map	1.4 Mi *15.4 Mi Total*
10.	Turn left onto W Cermak Rd / W 22nd St. Map	0.2 Mi *15.6 Mi Total*
11.	5825 W CERMAK RD is on the right. Map	

5825 W Cermak Rd, Cicero, IL 60804-2134

Total Travel Estimate: 15.58 miles - about 30 minutes

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mapquest

Trip to:
18300 Lavergne Ave
Country Club Hills, IL 60478-2903
33.38 miles / 51 minutes

Notes
McAllister

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↱	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
↱	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
↰	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
↑ 90 94	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
↖	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
↑ 90 94	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 Mi *18.7 Mi Total*
EXIT 57	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	11.4 Mi *30.1 Mi Total*
EXIT	10. Take the West 167th St exit, EXIT 346, toward IL-50 / Cicero Ave. Map	0.6 Mi *30.7 Mi Total*
↑	11. Merge onto 167th St. Map	0.2 Mi *30.9 Mi Total*
↰ 50	12. Turn left onto Cicero Ave / IL-50. Map	2.2 Mi *33.1 Mi Total*
↱	13. Turn right onto 183rd St. Map	0.2 Mi *33.4 Mi Total*
↰	14. Take the 2nd left onto Lavergne Ave. Map	
■	15. 18300 LAVERGNE AVE is on the right. Map	
	18300 Lavergne Ave, Country Club Hills, IL 60478-2903	

Total Travel Estimate: 33.38 miles - about 51 minutes

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Trip to:
1251 E Richton Rd
Crete, IL 60417-1623
38.96 miles / 56 minutes

Notes
St James Manor

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	14.3 Mi *29.5 Mi Total*
	9. Keep right to take Bishop Ford Fwy via EXIT 74A / B toward Danville / Iowa / Wisconsin. Map	9.2 Mi *38.7 Mi Total*
	10. Turn right onto E Richton Rd. Map	0.3 Mi *39.0 Mi Total*
	11. 1251 E RICHTON RD is on the left. Map	
	1251 E Richton Rd, Crete, IL 60417-1623	

Total Travel Estimate: 38.96 miles - about 56 minutes

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mapquest

Trip to:
1750 Elmhurst Rd
Des Plaines, IL 60018-1862
15.23 miles / 27 minutes

Notes
Asbury Healthcare

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
	3. Merge onto I-90 W (Portions toll). Map	6.8 Mi *11.4 Mi Total*
	4. Keep right at the fork to go on I-90 W / Jane Addams Memorial Tollway (Portions toll). Map	3.5 Mi *14.9 Mi Total*
EXIT	5. Take the North Elmhurst Rd exit. Map	0.3 Mi *15.2 Mi Total*
	6. Merge onto Elmhurst Rd. Map	0.03 Mi *15.2 Mi Total*
	7. 1750 ELMHURST RD is on the left. Map	
	1750 Elmhurst Rd, Des Plaines, IL 60018-1862	

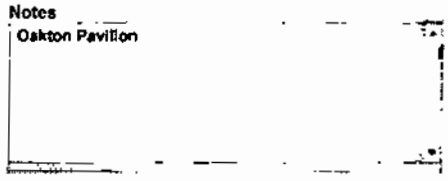
Total Travel Estimate: 15.23 miles - about 27 minutes

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Trip to:
1660 Oakton Pl
Des Plaines, IL 60018-2045
14.09 miles / 28 minutes

Notes
Oakton Pavilion



	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
↱	3. Merge onto I-90 W (Portions toll). Map	6.8 Mi *11.4 Mi Total*
↱	4. Keep right at the fork to go on I-90 W / Jane Addams Memorial Tollway (Portions toll). Map	0.9 Mi *12.3 Mi Total*
EXIT	5. Take the IL-72 exit toward Lee St. Map	0.3 Mi *12.6 Mi Total*
↱	6. Turn right onto IL-72 / W Higgins Rd. Map	0.1 Mi *12.8 Mi Total*
↱	7. Take the 2nd right onto Lee St. Map	1.0 Mi *13.7 Mi Total*
↰	8. Turn left onto Mannheim Rd / US-45 / US-12. Map	0.1 Mi *13.8 Mi Total*
↰	9. Take the 1st left onto E Oakton St. Map	0.2 Mi *14.0 Mi Total*
↰	10. Take the 1st left onto Oakton Pl. Map	0.07 Mi *14.1 Mi Total*
■	11. 1660 OAKTON PL is on the right. Map	
	1660 Oakton Pl, Des Plaines, IL 60018-2045	

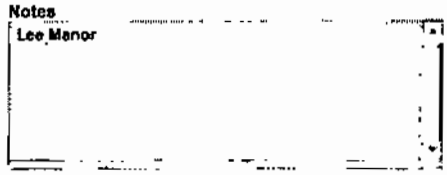
Total Travel Estimate: 14.09 miles - about 28 minutes

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mapquest

Trip to:
1301 Lee St
Des Plaines, IL 60018-1514
14.21 miles / 28 minutes

Notes



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	**0.3 MI** *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	**4.3 MI** *4.6 Mi Total*
	3. Merge onto I-90 W (Portions toll). Map	**6.8 MI** *11.4 Mi Total*
	4. Keep right at the fork to go on I-90 W / Jane Addams Memorial Tollway (Portions toll). Map	**0.9 MI** *12.3 Mi Total*
EXIT	**5. Take the IL-72 exit toward Lee St. Map**	**0.3 MI** *12.6 Mi Total*
	6. Turn right onto IL-72 / W Higgins Rd. Map	**0.1 MI** *12.8 Mi Total*
	7. Take the 2nd right onto Lee St. Map	**1.0 MI** *13.7 Mi Total*
	8. Turn left onto Mannheim Rd / US-45 / US-12. Map	**0.5 MI** *14.2 Mi Total*
	9. 1301 LEE ST is on the right. Map	
	1301 Lee St, Des Plaines, IL 60018-1514	

Total Travel Estimate: 14.21 miles - about 28 minutes

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Trip to:
1221 E Golf Rd
Des Plaines, IL 60016-1213
16.60 miles / 31 minutes

Notes
Alden Des Plaines

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 MI *4.6 Mi Total*
	3. Merge onto I-90 W (Portions toll). Map	6.1 MI *10.7 Mi Total*
	4. Merge onto I-294 N toward Milwaukee (Portions toll). Map	1.5 MI *12.2 Mi Total*
	5. Go straight (Portions toll). Map	0.2 MI *12.4 Mi Total*
	6. Take I-294 N (Portions toll). Map	1.7 MI *14.2 Mi Total*
	7. Merge onto US-14 W / Dempster St. Map	0.4 MI *14.5 Mi Total*
	8. Turn slight right. Map	0.07 MI *14.6 Mi Total*
	9. Go straight toward US-12 W. Map	0.1 MI *14.7 Mi Total*
	10. Stay straight to go onto Rand Rd. Map	1.7 MI *16.4 Mi Total*
	11. Turn sharp right onto E Golf Rd / IL-58. Map	0.2 MI *16.6 Mi Total*
	12. 1221 E GOLF RD is on the right. Map	
	1221 E Golf Rd, Des Plaines, IL 60016-1213	

Total Travel Estimate: 16.60 miles - about 31 minutes

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Trip to:
9300 W Ballard Rd
Des Plaines, IL 60016-4904
15.09 miles / 28 minutes

Notes
Ballard Nursing



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
	3. Merge onto I-90 W (Portions toll). Map	6.1 Mi *10.7 Mi Total*
	4. Merge onto I-294 N toward Milwaukee (Portions toll). Map	1.5 Mi *12.2 Mi Total*
	5. Go straight (Portions toll). Map	0.2 Mi *12.4 Mi Total*
	6. Take I-294 N (Portions toll). Map	1.6 Mi *14.0 Mi Total*
	7. Merge onto Dempster St / US-14 E. Map	0.6 Mi *14.6 Mi Total*
	8. Turn left onto Potter Rd. Map	0.3 Mi *14.8 Mi Total*
	9. Take the 2nd right onto W Ballard Rd. Map	0.3 Mi *15.1 Mi Total*
	10. 9300 W BALLARD RD is on the left. Map	
	9300 W Ballard Rd, Des Plaines, IL 60016-4904	

Total Travel Estimate: 15.09 miles - about 28 minutes

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Trip to:
1635 E 154th St
Dolton, IL 60419-3001
28.19 miles / 44 minutes

Notes
Countryside Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	11.7 Mi *26.9 Mi Total*
	9. Take the IL-83 W / Sibley Blvd exit, EXIT 71A. Map	0.3 Mi *27.2 Mi Total*
	10. Turn right onto E Sibley Blvd / IL-83 / E 150th St. Map	0.05 Mi *27.3 Mi Total*
	11. Turn sharp left onto Lincoln Ave / Michigan City Rd. Continue to follow Michigan City Rd. Map	0.6 Mi *27.9 Mi Total*
	12. Turn right onto Chappel Ave. Map	0.1 Mi *28.0 Mi Total*
	13. Turn right onto E 154th St / Pulaski Rd. Continue to follow E 154th St. Map	0.2 Mi *28.2 Mi Total*
	14. 1635 E 154TH ST is on the left. Map	
	1635 E 154th St, Dolton, IL 60419-3001	

Total Travel Estimate: 28.19 miles - about 44 minutes

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Trip to:
6700 Fairview Ave
Downers Grove, IL 60516-3003
31.33 miles / 50 minutes

Notes
Fairview Baptist

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi	0.3 Mi Total
2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi	4.6 Mi Total
3. Merge onto I-90 W / Kennedy Expy W. Map	5.1 Mi	9.7 Mi Total
4. Merge onto I-190 W via EXIT 7B toward I-294 S / Indiana / O'Hare. Map	1.2 Mi	10.9 Mi Total
5. Merge onto I-294 S via EXIT 1D on the left toward Indiana (Portions toll). Map	1.4 Mi	12.3 Mi Total
6. Keep right at the fork to continue on I-294 S (Portions toll). Map	7.7 Mi	20.0 Mi Total
7. Merge onto I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway (Portions toll). Map	1.3 Mi	21.4 Mi Total
8. Keep right at the fork to continue on I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway (Portions toll). Map	1.6 Mi	23.0 Mi Total
9. Merge onto IL-83 S. Map	5.4 Mi	28.4 Mi Total
10. Turn right onto 63rd St. Map	2.4 Mi	30.8 Mi Total
11. Turn left onto Fairview Ave. Map	0.5 Mi	31.3 Mi Total
12. 6700 FAIRVIEW AVE is on the right. Map		

6700 Fairview Ave, Downers Grove, IL 60516-3003

Total Travel Estimate: 31.33 miles - about 50 minutes

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mapquest

Trip to:
420 W Butterfield Rd
Elmhurst, IL 60126-4980
23.79 miles / 38 minutes

Notes
Lexington of Elmhurst

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
51H EXIT	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	13.6 Mi *20.8 Mi Total*
15A EXIT	8. Keep left to take I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway via EXIT 15A toward Aurora / I-294 S / Indiana (Portions toll). Map	0.5 Mi *21.2 Mi Total*
	9. Merge onto IL-38 W / Roosevelt Rd. Map	2.3 Mi *23.5 Mi Total*
	10. Turn slight right toward IL-56 / Butterfield Rd. Map	0.2 Mi *23.7 Mi Total*
	11. Turn slight left toward IL-56. Map	0.03 Mi *23.7 Mi Total*
	12. Turn slight left onto Commonwealth Ln. Map	0.09 Mi *23.8 Mi Total*
56	13. Take the 1st right onto W Butterfield Rd / IL-56. Map	0.01 Mi *23.8 Mi Total*
	14. 420 W BUTTERFIELD RD is on the right. Map	
	420 W Butterfield Rd, Elmhurst, IL 60126-4980	

Total Travel Estimate: 23.79 miles - about 38 minutes

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mapquest

Trip to:
1050 S Euclid Ave
Elmhurst, IL 60126-5169
23.29 miles / 38 minutes

Notes
Park Place

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	*0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	*0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	*3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	0.2 Mi	*4.0 Mi Total*
5. Turn left onto N Paulina St. Map	0.06 Mi	*4.1 Mi Total*
6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi	*7.2 Mi Total*
7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	13.6 Mi	*20.8 Mi Total*
8. Keep left to take I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway via EXIT 15A toward Aurora / I-294 S / Indiana (Portions toll). Map	0.5 Mi	*21.2 Mi Total*
9. Merge onto IL-38 W / Roosevelt Rd. Map	1.1 Mi	*22.4 Mi Total*
10. Take the North York Road exit. Map	0.3 Mi	*22.6 Mi Total*
11. Turn right onto S York Rd. Map	0.3 Mi	*23.0 Mi Total*
12. Turn left onto Lexington St. Map	0.3 Mi	*23.3 Mi Total*
13. Turn left onto S Euclid Ave. Map	0.01 Mi	*23.3 Mi Total*
14. 1050 S EUCLID AVE is on the right. Map		

1050 S Euclid Ave, Elmhurst, IL 60126-5169

Total Travel Estimate: 23.29 miles - about 38 minutes

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Trip to:
200 E Lake St
Elmhurst, IL 60126-2013
19.06 miles / 33 minutes

Notes
Elmhurst Extended Care

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi	*0.3 Mi Total*
2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi	*4.6 Mi Total*
3. Merge onto I-90 W / Kennedy Expy W. Map	5.1 Mi	*9.7 Mi Total*
4. Merge onto I-190 W via EXIT 7B toward I-294 S / Indiana / O'Hare. Map	1.2 Mi	*10.9 Mi Total*
5. Merge onto I-294 S via EXIT 1D on the left toward Indiana (Portions toll). Map	1.4 Mi	*12.3 Mi Total*
6. Keep right at the fork to continue on I-294 S (Portions toll). Map	5.4 Mi	*17.7 Mi Total*
7. Merge onto I-290 W / Eisenhower Expy W toward US-20 / Rockford / IL-64. Map	0.3 Mi	*18.0 Mi Total*
8. Merge onto E North Ave / IL-64 W via EXIT 13B. Map	0.6 Mi	*18.6 Mi Total*
9. Turn right onto N Emroy Ave. Map	0.2 Mi	*18.8 Mi Total*
10. Take the 2nd left onto E Grantley Ave. Map	0.07 Mi	*18.8 Mi Total*
11. Take the 1st right onto N Howard Ave. Map	0.1 Mi	*18.9 Mi Total*
12. Take the 1st left onto Lake St. Map	0.1 Mi	*19.1 Mi Total*
13. 200 E LAKE ST is on the left. Map		

200 E Lake St, Elmhurst, IL 60126-2013

Total Travel Estimate: 19.06 miles - about 33 minutes

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Trip to:
200 N Berteau Ave
Elmhurst, IL 60126-2966
18.79 miles / 32 minutes

Notes
Elmhurst Memorial Hospital

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	5.1 Mi *9.7 Mi Total*
EXIT 78	4. Merge onto I-190 W via EXIT 78 toward I-294 S / Indiana / O'Hare. Map	1.2 Mi *10.9 Mi Total*
EXIT 1D	5. Merge onto I-294 S via EXIT 1D on the left toward Indiana (Portions toll). Map	1.4 Mi *12.3 Mi Total*
	6. Keep right at the fork to continue on I-294 S (Portions toll). Map	5.4 Mi *17.7 Mi Total*
	7. Merge onto I-290 W / Eisenhower Expy W toward US-20 / Rockford / IL-64. Map	0.3 Mi *18.0 Mi Total*
EXIT 13B	8. Merge onto E North Ave / IL-64 W via EXIT 13B. Map	0.5 Mi *18.5 Mi Total*
	9. Turn slight left onto N Berteau Ave. Map	0.3 Mi *18.8 Mi Total*
	10. 200 N BERTEAU AVE is on the right. Map	
	200 N Berteau Ave, Elmhurst, IL 60126-2966	

Total Travel Estimate: 18.79 miles - about 32 minutes

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Trip to:
7733 W Grand Ave
Elmwood Park, IL 60707-1820
10.71 miles / 30 minutes

Notes
Elmwood Care,

A 5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI	*0.3 Mi Total*
2. Take the 2nd right onto W Lawrence Ave. Map	1.9 MI	*2.2 Mi Total*
3. Turn left onto N Kedzie Ave. Map	0.5 MI	*2.7 Mi Total*
4. Turn right onto W Montrose Ave. Map	4.4 MI	*7.1 Mi Total*
5. Stay straight to go onto W Forest Preserve Ave. Map	0.8 MI	*7.9 Mi Total*
6. Take the 2nd left onto N Harlem Ave / IL-43. Map	2.1 MI	*10.0 Mi Total*
7. Turn right onto W Grand Ave. Map	0.7 MI	*10.7 Mi Total*
8. 7733 W GRAND AVE is on the left. Map		

B 7733 W Grand Ave, Elmwood Park, IL 60707-1820

Total Travel Estimate: 10.71 miles - about 30 minutes

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Trip to:
2520 Gross Point Rd
Evanston, IL 60201-4929
8.71 miles / 21 minutes

Notes
Alden Estates

A 5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
3. Take the 1st left onto N Ashland Ave. Map	0.3 MI *0.5 Mi Total*
4. Turn left onto W Foster Ave / US-41. Map	1.2 MI *1.6 Mi Total*
5. Turn right onto N Lincoln Ave / US-41. Map	2.8 MI *4.4 Mi Total*
6. Turn right onto N Crawford Ave. Map	4.1 MI *8.5 Mi Total*
7. Turn left onto Harrison St. Map	0.2 MI *8.7 Mi Total*
8. Turn sharp right onto Gross Point Rd. Map	0.05 MI *8.7 Mi Total*
9. 2520 GROSS POINT RD is on the left. Map	

B 2520 Gross Point Rd, Evanston, IL 60201-4929

Total Travel Estimate: 8.71 miles - about 21 minutes

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Trip to:
3200 Grant St
Evanston, IL 60201-1903
8.42 miles / 20 minutes

Notes
Westminster Place

A 5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	0.07 Mi Total
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	0.2 Mi Total
3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi	0.5 Mi Total
4. Turn left onto W Foster Ave / US-41. Map	1.2 Mi	1.6 Mi Total
5. Turn right onto N Lincoln Ave / US-41. Map	2.8 Mi	4.4 Mi Total
6. Turn right onto N Crawford Ave. Map	3.8 Mi	8.2 Mi Total
7. Turn right onto Grant St. Map	0.2 Mi	8.4 Mi Total
8. 3200 GRANT ST is on the right. Map		

B 3200 Grant St, Evanston, IL 60201-1903

Total Travel Estimate: 8.42 miles - about 20 minutes

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Trip to:
120 Dodge Ave
Evanston, IL 60202-3622
4.50 miles / 13 minutes

Notes
Dobson Plaza



	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	1.0 Mi *1.2 Mi Total*
↖	4. Turn slight left onto N Clark St. Map	0.2 Mi *1.4 Mi Total*
↖	5. Turn slight left onto US-14 / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.3 Mi *1.7 Mi Total*
↱	6. Turn right onto N Ravenswood Ave / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.4 Mi *2.1 Mi Total*
↑	7. N Ridge Ave becomes N Ridge Blvd. Map	1.5 Mi *3.7 Mi Total*
↰	8. Turn left onto Howard St / W Howard St. Map	0.8 Mi *4.4 Mi Total*
↱	9. Turn right onto Dodge Ave. Map	0.05 Mi *4.5 Mi Total*
■	10. 120 DODGE AVE is on the left. Map	
	120 Dodge Ave, Evanston, IL 60202-3622	

Total Travel Estimate: 4.50 miles - about 13 minutes

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Trip to:
500 Asbury Ave
Evanston, IL 60202-2724
4.46 miles / 14 minutes

Notes
The Grove

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	1.0 MI *1.2 Mi Total*
	4. Turn slight left onto N Clark St. Map	0.2 MI *1.4 Mi Total*
	5. Turn slight left onto US-14 / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.3 MI *1.7 Mi Total*
	6. Turn right onto N Ravenswood Ave / N Ridge Ave. Continue to follow N Ridge Ave. Map	0.4 MI *2.1 Mi Total*
	7. N Ridge Ave becomes N Ridge Blvd. Map	1.5 MI *3.7 Mi Total*
	8. Turn left onto Howard St / W Howard St. Map	0.3 MI *4.0 Mi Total*
	9. Take the 2nd right onto Asbury Ave. Map	0.5 MI *4.5 Mi Total*
	10. 500 ASBURY AVE is on the left. Map	
	500 Asbury Ave, Evanston, IL 60202-2724	

Total Travel Estimate: 4.46 miles - about 14 minutes

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Trip to:
1406 Chicago Ave
Evanston, IL 60201-4727
5.12 miles / 15 minutes

Notes
Greenwood Cars

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	1.0 MI *1.2 Mi Total*
↖	4. Turn slight left onto N Clark St. Map	2.3 MI *3.5 Mi Total*
↑	5. N Clark St becomes Chicago Ave. Map	1.6 MI *5.1 Mi Total*
■	6. 1406 CHICAGO AVE is on the left. Map	
B	**1406 Chicago Ave, Evanston, IL 60201-4727**	

Total Travel Estimate: 5.12 miles - about 15 minutes

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Trip to:
901 Maple Ave
Evanston, IL 60202-1717
4.81 miles / 14 minutes

Notes
Albany Care

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	**0.07 MI** *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	**0.08 MI** *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	**1.0 MI** *1.2 Mi Total*
	4. Turn slight left onto N Clark St. Map	**2.3 MI** *3.5 Mi Total*
	5. N Clark St becomes Chicago Ave. Map	**1.0 MI** *4.5 Mi Total*
	6. Turn left onto Main St. Map	**0.3 MI** *4.8 Mi Total*
	7. Turn right onto Maple Ave. Map	**0.01 MI** *4.8 Mi Total*
	8. 901 MAPLE AVE is on the right. Map	
B	**901 Maple Ave, Evanston, IL 60202-1717**	

Total Travel Estimate: 4.81 miles - about 14 minutes

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Trip to:
1300 Oak Ave
Evanston, IL 60201-4205
5.34 miles / 16 minutes

Notes
Evanston Nursing

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	1.0 Mi *1.2 Mi Total*
↖	4. Turn slight left onto N Clark St. Map	2.3 Mi *3.5 Mi Total*
↑	5. N Clark St becomes Chicago Ave. Map	1.5 Mi *5.0 Mi Total*
↰	6. Turn left onto Dempster St. Map	0.3 Mi *5.3 Mi Total*
↱	7. Turn right onto Oak Ave. Map	0.01 Mi *5.3 Mi Total*
■	8. 1300 OAK AVE is on the left. Map	
B	**1300 Oak Ave, Evanston, IL 60201-4205**	

Total Travel Estimate: 5.34 miles - about 16 minutes

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mapquest

Trip to:
2320 Pioneer Rd
Evanston, IL 60201-2519
8.38 miles / 21 minutes

Notes
Three Crowns Park

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
↰	4. Turn left onto W Foster Ave / US-41. Map	1.2 Mi *1.5 Mi Total*
↱	5. Turn right onto N Lincoln Ave / US-41. Map	1.8 Mi *3.4 Mi Total*
↱	6. Turn right onto N McCormick Rd. Map	0.2 Mi *3.7 Mi Total*
↑	7. N McCormick Rd becomes N McCormick Blvd. Map	4.3 Mi *8.0 Mi Total*
↰	8. Turn left onto Bridge St. Map	0.03 Mi *8.0 Mi Total*
↖	9. Turn slight left onto Payne St. Map	0.2 Mi *8.2 Mi Total*
↱	10. Take the 2nd right onto Pioneer Rd. Map	0.2 Mi *8.4 Mi Total*
■	11. 2320 PIONEER RD is on the left. Map	
	2320 Pioneer Rd, Evanston, IL 60201-2519	

Total Travel Estimate: 8.38 miles - about 21 minutes

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Trip to:
10124 S Kedzie Ave
Evergreen Park, IL 60805-3738
23.45 miles / 44 minutes

Notes
Evergreen HC

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 MI *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 MI *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 MI *18.7 Mi Total*
	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	0.8 MI *19.5 Mi Total*
	10. Take EXIT 357 toward IL-1 / Halsted St. Map	0.2 MI *19.7 Mi Total*
	11. Stay straight to go onto W 98th Pl. Map	0.6 MI *20.3 Mi Total*
	12. Turn slight right onto W 99th St. Map	0.1 MI *20.4 Mi Total*
	13. Turn left onto S Vincennes Ave. Map	0.5 MI *20.9 Mi Total*
	14. Turn right onto W 103rd St. Map	2.3 MI *23.2 Mi Total*
	15. Turn right onto S Kedzie Ave. Map	0.2 MI *23.5 Mi Total*
	16. 10124 S KEDZIE AVE is on the left. Map	

B **10124 S Kedzie Ave, Evergreen Park, IL 60805-3738**

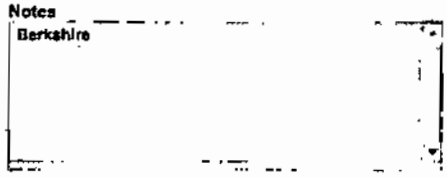
Total Travel Estimate: 23.45 miles - about 44 minutes

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mapquest

Trip to:
8200 Roosevelt Rd
Forest Park, IL 60130-2528
18.00 miles / 31 minutes

Notes



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
EXIT 51H	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	9.7 Mi *16.9 Mi Total*
EXIT 20	8. Take the IL-171 / 1st Ave exit, EXIT 20. Map	0.1 Mi *17.0 Mi Total*
	9. Stay straight to go onto Harrison St. Map	0.07 Mi *17.1 Mi Total*
	10. Take the 1st left onto IL-171 / S 1st Ave. Map	0.5 Mi *17.6 Mi Total*
	11. Turn left onto Roosevelt Rd / W Roosevelt Rd. Map	0.4 Mi *18.0 Mi Total*
	12. 8200 ROOSEVELT RD is on the right. Map	
	8200 Roosevelt Rd, Forest Park, IL 60130-2528	

Total Travel Estimate: 18.00 miles - about 31 minutes

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mapquest

Trip to:
19330 S Cottage Grove Ave
Glenwood, IL 60425-1834
34.20 miles / 50 minutes

Notes
Glenwood HC

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	14.3 Mi *29.5 Mi Total*
	9. Keep right to take Bishop Ford Fwy via EXIT 74A / B toward Danville / Iowa / Wisconsin. Map	3.6 Mi *33.1 Mi Total*
EXIT	10. Take the Glenwood-Dyer Rd exit. Map	0.3 Mi *33.4 Mi Total*
	11. Turn right onto Glenwood Dyer Rd. Map	0.7 Mi *34.1 Mi Total*
	12. Take the 1st left onto S Cottage Grove Ave. Map	0.06 Mi *34.2 Mi Total*
	13. 19330 S COTTAGE GROVE AVE is on the right. Map	
	19330 S Cottage Grove Ave, Glenwood, IL 60425-1834	

Total Travel Estimate: 34.20 miles - about 50 minutes

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mapquest

Trip to:
15600 Honore Ave
Harvey, IL 60426-4102
28.98 miles / 46 minutes

Notes
Heather Healthcare

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 Mi *18.7 Mi Total*
	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	8.1 Mi *26.8 Mi Total*
	10. Take the IL-83 S exit, EXIT 350, toward Calumet City. Map	0.2 Mi *27.1 Mi Total*
	11. Turn left onto W 147th St / W Sibley Blvd / IL-83. Map	0.4 Mi *27.4 Mi Total*
	12. Turn right onto Dixie Hwy. Map	1.2 Mi *28.6 Mi Total*
	13. Turn left onto W 156th St. Map	0.4 Mi *29.0 Mi Total*
	14. Take the 3rd right onto Honore Ave. Map	0.01 Mi *29.0 Mi Total*
	15. 15600 HONORE AVE is on the right. Map	
	15600 Honore Ave, Harvey, IL 60426-4102	

Total Travel Estimate: 28.98 miles - about 46 minutes

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mapquest

Trip to:
17800 Kedzie Ave
Hazel Crest, IL 60429-2029
32.17 miles / 51 minutes

Notes
Advocate South Suburban

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 Mi *18.7 Mi Total*
	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	8.1 Mi *26.8 Mi Total*
	10. Merge onto W 147th St / IL-83 N via EXIT 350 toward Midlothian. Map	1.1 Mi *28.0 Mi Total*
	11. Turn left onto S Kedzie Ave / Kedzie Ave. Continue to follow S Kedzie Ave. Map	4.2 Mi *32.2 Mi Total*
	12. 17800 KEDZIE AVE is on the right. Map	
	17800 Kedzie Ave, Hazel Crest, IL 60429-2029	

Total Travel Estimate: 32.17 miles - about 51 minutes

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mapquest

Trip to:
3300 175th St
Hazel Crest, IL 60429-1604
32.70 miles / 51 minutes

Notes
Pine Crest :

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 MI *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 MI *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 MI *18.7 Mi Total*
	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	10.1 MI *28.8 Mi Total*
	10. Merge onto US-6 W / W 159th St via EXIT 348. Map	0.8 MI *29.6 Mi Total*
	11. Turn left onto Pulaski Rd / Crawford Ave. Map	2.2 MI *31.8 Mi Total*
	12. Turn left onto 175th St. Map	0.9 MI *32.7 Mi Total*
	13. 3300 175TH ST is on the left. Map	
	3300 175th St, Hazel Crest, IL 60429-1604	

Total Travel Estimate: 32.70 miles - about 51 minutes

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Trip to:
9246 S Roberts Rd
Hickory Hills, IL 60457-2066
24.68 miles / 45 minutes

Notes



	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↱	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
↱	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
↰	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 MI *8.7 Mi Total*
EXIT 53	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	9.2 MI *17.8 Mi Total*
EXIT 283	8. Take the IL-43 / Harlem Ave exit, EXIT 283. Map	0.4 MI *18.2 Mi Total*
↰ SOUTH 43	9. Turn left onto IL-43 S / Harlem Ave. Map	4.7 MI *23.0 Mi Total*
↱	10. Turn right onto W 87th St. Map	1.0 MI *24.0 Mi Total*
↰	11. Turn left onto S Roberts Rd. Map	0.7 MI *24.7 Mi Total*
■	12. 9246 S ROBERTS RD is on the right. Map	
	9246 S Roberts Rd, Hickory Hills, IL 60457-2066	

Total Travel Estimate: 24.68 miles - about 45 minutes

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Trip to:
323 Oak Ridge Ave
Hillside, IL 60162-2019
20.62 miles / 35 minutes

Notes
Oakridge

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
EXIT 51H	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	12.1 Mi *19.3 Mi Total*
EXIT 17	8. Take the US-12 / US-20 / US-45 / Mannheim Rd exit, EXIT 17. Map	0.3 Mi *19.6 Mi Total*
	9. Turn left onto US-20 / US-45 / US-12 / Mannheim Rd / N Mannheim Rd / Ulysses S Grant Memorial Hwy. Continue to follow US-20 / US-45 / US-12 / Mannheim Rd / Ulysses S Grant Memorial Hwy. Map	0.5 Mi *20.2 Mi Total*
	10. Turn right onto Roosevelt Rd / IL-38. Map	0.4 Mi *20.5 Mi Total*
	11. Turn right onto Oak Ridge Ave. Map	0.09 Mi *20.6 Mi Total*
	12. 323 OAK RIDGE AVE is on the right. Map	
	323 Oak Ridge Ave, Hillside, IL 60162-2019	

Total Travel Estimate: 20.62 miles - about 35 minutes

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Trip to:
4600 Frontage Rd
Hillside, IL 60162-1761
20.37 miles / 33 minutes

Notes
Renaissance at Hillside

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
EXIT 51H	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	12.9 Mi *20.1 Mi Total*
16 EXIT	8. Take EXIT 16 toward Wolf Rd. Map	0.2 Mi *20.3 Mi Total*
	9. Stay straight to go onto Frontage Rd. Map	0.08 Mi *20.4 Mi Total*
	10. 4600 FRONTAGE RD is on the right. Map	
	4600 Frontage Rd, Hillside, IL 60162-1761	

Total Travel Estimate: 20.37 miles - about 33 minutes

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Trip to:
600 W Ogden Ave
Hinsdale, IL 60521-3158
25.14 miles / 41 minutes

Notes
Manor Care at Hinsdale

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	5.1 Mi *9.7 Mi Total*
	4. Merge onto I-190 W via EXIT 7B toward I-294 S / Indiana / O'Hare. Map	1.2 Mi *10.9 Mi Total*
	5. Merge onto I-294 S via EXIT 1D on the left toward Indiana (Portions toll). Map	1.4 Mi *12.3 Mi Total*
	6. Take I-294 S (Portions toll). Map	11.3 Mi *23.6 Mi Total*
EXIT	7. Take the US-34 W / Ogden Ave exit. Map	0.4 Mi *24.0 Mi Total*
	8. Turn slight right onto E Ogden Ave / US-34. Map	1.2 Mi *25.1 Mi Total*
	9. 600 W OGDEN AVE is on the left. Map	
	600 W Ogden Ave, Hinsdale, IL 60521-3158	

Total Travel Estimate: 25.14 miles - about 41 minutes

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Trip to:
940 Maple Ave
Homewood, IL 60430
34.31 miles / 52 minutes

Notes
Manor Care of Homewood



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	14.3 Mi *29.5 Mi Total*
	9. Keep right to take Bishop Ford Fwy via EXIT 74A / B toward Danville / Iowa / Wisconsin. Map	0.5 Mi *30.0 Mi Total*
	10. Merge onto I-80 W / I-294 N via EXIT 74B toward Iowa / Wisconsin (Portions toll). Map	2.5 Mi *32.5 Mi Total*
EXIT	11. Take the IL-1 / Halsted St exit. Map	0.4 Mi *32.9 Mi Total*
	12. Merge onto IL-1 / Halsted St via the ramp on the left. Map	1.2 Mi *34.1 Mi Total*
	13. Turn right onto Maple Ave. Map	0.2 Mi *34.3 Mi Total*
	14. 940 MAPLE AVE is on the right. Map	
	940 Maple Ave, Homewood, IL 60430	

Total Travel Estimate: 34.31 miles - about 52 minutes

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Trip to:
[18250-18298] Halsted St
Homewood, IL 60430
34.73 miles / 53 minutes

Notes
South Suburban Rehab

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 MI *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 MI *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	14.3 MI *29.5 Mi Total*
	9. Keep right to take Bishop Ford Fwy via EXIT 74A / B toward Danville / Iowa / Wisconsin. Map	0.5 MI *30.0 Mi Total*
	10. Merge onto I-80 W / I-294 N via EXIT 74B toward Iowa / Wisconsin (Portions toll). Map	2.5 MI *32.5 Mi Total*
	11. Take the IL-1 / Halsted St exit. Map	0.4 MI *32.9 Mi Total*
	12. Merge onto IL-1 / Halsted St via the ramp on the left. Map	1.8 MI *34.7 Mi Total*
	13. [18250-18298] HALSTED ST. Map	
	[18250-18298] Halsted St, Homewood, IL 60430	

Total Travel Estimate: 34.73 miles - about 53 minutes

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Trip to:
9000 W 81st St
Justice, IL 60458-1350
25.79 miles / 42 minutes

Notes
Rosary Hill

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	13.6 Mi *22.3 Mi Total*
	8. Take the US-12 / US-20 / US-45 exit, EXIT 279A-B, toward La Grange Rd. Map	0.2 Mi *22.5 Mi Total*
	9. Merge onto US-20 E / US-45 S / US-12 E / Ulysses S Grant Memorial Hwy via the ramp on the left. Map	1.9 Mi *24.4 Mi Total*
	10. Merge onto IL-171 N / S Archer Ave toward 79th St. Map	0.7 Mi *25.1 Mi Total*
	11. Turn slight right onto W 79th St. Map	0.2 Mi *25.3 Mi Total*
	12. Turn right onto S 88th Ave / S Cork Ave. Map	0.3 Mi *25.6 Mi Total*
	13. Take the 2nd right onto W 81st St. Map	0.2 Mi *25.8 Mi Total*
	14. 9000 W 81ST ST is on the right. Map	
	9000 W 81st St, Justice, IL 60458-1350	

Total Travel Estimate: 25.79 miles - about 42 minutes

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Trip to:
6800 Joliet Rd
Indian Head Park, IL 60525-4460
25.19 miles / 40 minutes

Notes
Briar Place

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
EXIT	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	13.6 Mi *22.3 Mi Total*
EXIT	8. Take the US-12 / US-20 / US-45 exit, EXIT 279A-B, toward La Grange Rd. Map	0.2 Mi *22.5 Mi Total*
EXIT	9. Merge onto US-20 N / US-45 N / US-12 N / S La Grange Rd / Ulysses S Grant Memorial Hwy via EXIT 279B. Map	1.3 Mi *23.8 Mi Total*
	10. Turn left onto Joliet Rd. Map	1.4 Mi *25.2 Mi Total*
	11. 6800 JOLIET RD is on the right. Map	
	6800 Joliet Rd, Indian Head Park, IL 60525-4460	

Total Travel Estimate: 25.19 miles - about 40 minutes

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Trip to:
4735 Willow Springs Rd
La Grange, IL 60525-6130
23.92 miles / 41 minutes

Notes
Lexington

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 MI *8.7 Mi Total*
	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	10.3 MI *18.9 Mi Total*
	8. Merge onto IL-171 N via EXIT 282 toward 1st Avenue. Map	0.8 MI *19.7 Mi Total*
RAMP	9. Take the Joliet Rd ramp. Map	0.2 MI *19.9 Mi Total*
	10. Turn left onto Joliet Rd. Map	0.7 MI *20.7 Mi Total*
	11. Joliet Rd becomes W 55th St. Map	2.4 MI *23.0 Mi Total*
	12. Turn right onto Willow Springs Rd. Map	0.9 MI *23.9 Mi Total*
	13. 4735 WILLOW SPRINGS RD is on the right. Map	
	4735 Willow Springs Rd, La Grange, IL 60525-6130	

Total Travel Estimate: 23.92 miles - about 41 minutes

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Trip to:
La Grange, IL
22.91 miles / 40 minutes

Notes
Plymouth Place

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
EXIT	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	10.3 Mi *18.9 Mi Total*
EXIT	8. Merge onto IL-171 N via EXIT 282 toward 1st Avenue. Map	1.3 Mi *20.2 Mi Total*
RAMP	9. Take the 47th St ramp. Map	0.2 Mi *20.4 Mi Total*
	10. Turn left onto W 47th St / 47th St. Continue to follow W 47th St. Map	1.9 Mi *22.3 Mi Total*
	11. Turn right onto S La Grange Rd / US-20 / US-45 / US-12 / Ulysses S Grant Memorial Hwy. Map	0.6 Mi *22.9 Mi Total*
	12. Welcome to LA GRANGE, IL. Map	
	La Grange, IL	

Total Travel Estimate: 22.91 miles - about 40 minutes

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Trip to:
339 9th Ave
La Grange, IL 60525-6429
22.23 miles / 38 minutes

Notes
Meadowbrook Manor

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	10.3 Mi *18.9 Mi Total*
	8. Merge onto IL-171 N via EXIT 282 toward 1st Avenue. Map	1.3 Mi *20.2 Mi Total*
RAMP	9. Take the 47th St ramp. Map	0.2 Mi *20.4 Mi Total*
	10. Turn left onto W 47th St / 47th St. Continue to follow W 47th St. Map	1.8 Mi *22.1 Mi Total*
	11. Turn right onto 9th Ave. Map	0.2 Mi *22.2 Mi Total*
	12. 339 9TH AVE is on the right. Map	
	339 9th Ave, La Grange, IL 60525-6429	

Total Travel Estimate: 22.23 miles - about 38 minutes

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Trip to:
701 N la Grange Rd
La Grange Park, IL 60526-1520
22.73 miles / 40 minutes

Notes
The Grove

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
EXIT	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	12.1 Mi *19.3 Mi Total*
EXIT	8. Take the US-12 / US-20 / US-45 / Mannheim Rd exit, EXIT 17. Map	0.3 Mi *19.6 Mi Total*
20	9. Turn left onto US-20 / US-45 / US-12 / Mannheim Rd / N Mannheim Rd / Ulysses S Grant Memorial Hwy. Continue to follow US-20 / US-45 / US-12 / Ulysses S Grant Memorial Hwy. Map	3.1 Mi *22.7 Mi Total*
	10. 701 N LA GRANGE RD is on the left. Map	
	701 N la Grange Rd, La Grange Park, IL 60526-1520	

Total Travel Estimate: 22.73 miles - about 40 minutes

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Trip to:
2500 175th St
Lansing, IL 60438-1801
31.85 miles / 48 minutes

Notes
Tri-State Manor

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	15.4 Mi *30.6 Mi Total*
EXIT	9. Take the exit toward US-6 W / IL-83 / Torrence Ave. Map	0.5 Mi *31.1 Mi Total*
	10. Take the US-6 W / IL-83 / Torrence Ave exit, EXIT 161, on the left. Map	0.2 Mi *31.3 Mi Total*
	11. Keep right at the fork to go on Torrence Ave / IL-83. Map	0.2 Mi *31.6 Mi Total*
	12. Make a U-turn onto Torrence Ave / IL-83. Map	0.06 Mi *31.6 Mi Total*
	13. Take the 1st right onto E 176th St. Map	0.2 Mi *31.8 Mi Total*
	14. E 176th St becomes 175th St. Map	0.01 Mi *31.9 Mi Total*
	15. 2500 175TH ST is on the right. Map	
	2500 175th St, Lansing, IL 60438-1801	

Total Travel Estimate: 31.85 miles - about 48 minutes

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Trip to:
[1-99] Will Cook Rd
Lemont, IL 60439
34.17 miles / 54 minutes

Notes
Holy Family

5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
2.	Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
3.	Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
4.	Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
5.	Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
6.	Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
7.	Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	13.6 Mi *22.3 Mi Total*
8.	Take the US-12 / US-20 / US-45 exit, EXIT 279A-B, toward La Grange Rd. Map	0.2 Mi *22.5 Mi Total*
9.	Merge onto US-45 S via the ramp on the left. Map	7.6 Mi *30.1 Mi Total*
10.	Turn right onto W McCarthy Rd / W 123rd St. Map	3.0 Mi *33.1 Mi Total*
11.	Turn right onto S Will Cook Rd (Portions unpaved). Map	1.1 Mi *34.2 Mi Total*
12.	[1-99] WILL COOK RD. Map	

[1-99] Will Cook Rd, Lemont, IL 60439

Total Travel Estimate: 34.17 miles - about 54 minutes

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Trip to:
7000 N McCormick Blvd
Lincolnwood, IL 60712-2726
4.38 miles / 12 minutes

Notes



A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 MI *0.5 Mi Total*
↰ 41	4. Turn left onto W Foster Ave / US-41. Map	1.2 MI *1.6 Mi Total*
↱ 41	5. Turn right onto N Lincoln Ave / US-41. Map	1.8 MI *3.4 Mi Total*
↱	6. Turn right onto N McCormick Rd. Map	0.2 MI *3.7 Mi Total*
↑	7. N McCormick Rd becomes N McCormick Blvd. Map	0.7 MI *4.4 Mi Total*
■	8. 7000 N MCCORMICK BLVD is on the left. Map	
B	**7000 N McCormick Blvd, Lincolnwood, IL 60712-2726**	

Total Travel Estimate: 4.38 miles - about 12 minutes

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Trip to:
[21022-21099] Kostner Ave
Matteson, IL 60443
37.90 miles / 55 minutes

Notes
Applewood Rehab

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 MI *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 MI *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 MI *18.7 Mi Total*
EXIT	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	17.8 MI *36.5 Mi Total*
EXIT	10. Merge onto US-30 E / 211th St / Lincoln Hwy via EXIT 340A. Map	1.3 MI *37.8 Mi Total*
	11. Turn right onto Kostner Ave. Map	0.05 MI *37.9 Mi Total*
	12. [21022-21099] KOSTNER AVE. Map	
	[21022-21099] Kostner Ave, Matteson, IL 60443	

Total Travel Estimate: 37.90 miles - about 55 minutes

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mapquest

Trip to:
701 W North Ave
Melrose Park, IL 60160-1612
15.08 miles / 33 minutes

Notes
Gottlieb

5025 N Paulina St, Chicago, IL 60640-2772		
1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi	*0.3 Mi Total*
2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi	*4.6 Mi Total*
3. Merge onto I-90 W / Kennedy Expy W. Map	4.6 Mi	*9.2 Mi Total*
4. Take the IL-171 S / Cumberland Ave exit, EXIT 79A. Map	0.2 Mi	*9.4 Mi Total*
5. Turn slight right onto IL-171 S / N Cumberland Ave. Continue to follow IL-171 S. Map	5.3 Mi	*14.7 Mi Total*
6. Turn right onto W North Ave / IL-64 W. Map	0.4 Mi	*15.1 Mi Total*
7. 701 W NORTH AVE is on the right. Map		
701 W North Ave, Melrose Park, IL 60160-1612		

Total Travel Estimate: 15.08 miles - about 33 minutes

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Trip to:
14255 Cicero Ave
Crestwood, IL 60445-2154
30.53 miles / 50 minutes

Notes
Crestwood

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.05 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 Mi *18.7 Mi Total*
	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	8.1 Mi *26.8 Mi Total*
	10. Merge onto W 147th St / IL-83 N via EXIT 350 toward Midlothian. Map	3.2 Mi *30.0 Mi Total*
	11. Turn right onto Cicero Ave / IL-50 / IL-83. Map	0.6 Mi *30.5 Mi Total*
	12. 14255 CICERO AVE is on the right. Map	
	14255 Cicero Ave, Crestwood, IL 60445-2154	

Total Travel Estimate: 30.53 miles - about 50 minutes

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mapquest

Trip to:
13301 Central Ave
Crestwood, IL 60445-1370
29.66 miles / 52 minutes

Notes
Crestwood Terrace

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 Mi *18.7 Mi Total*
	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	5.0 Mi *23.7 Mi Total*
	10. Take EXIT 353 toward 127th St / Burr Oak Ave. Map	0.2 Mi *23.9 Mi Total*
	11. Stay straight to go onto S Paulina St. Map	0.08 Mi *24.0 Mi Total*
	12. Take the 1st right onto W 127th St / W Burr Oak Ave. Continue to follow W 127th St. Map	4.9 Mi *28.9 Mi Total*
	13. Turn left onto Central Ave. Map	0.8 Mi *29.7 Mi Total*
	14. 13301 CENTRAL AVE is on the left. Map	
	13301 Central Ave, Crestwood, IL 60445-1370	

Total Travel Estimate: 29.66 miles - about 52 minutes

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Trip to:
3249 147th St
Midlothian, IL 60445-3656
28.04 miles / 43 minutes

Notes
Plaza Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 MI *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 MI *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 MI *18.7 Mi Total*
	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	8.1 MI *26.8 Mi Total*
	10. Merge onto W 147th St / IL-83 N via EXIT 350 toward Midlothian. Map	1.2 MI *28.0 Mi Total*
	11. 3249 147TH ST is on the left. Map	
	3249 147th St, Midlothian, IL 60445-3656	

Total Travel Estimate: 28.04 miles - about 43 minutes

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Trip to:
8425 Waukegan Rd
Morton Grove, IL 60053-2202
9.54 miles / 24 minutes

Notes
Bethany Terrace

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 MI *0.5 Mi Total*
41	4. Turn left onto W Foster Ave / US-41. Map	1.2 MI *1.6 Mi Total*
	5. Turn right onto N Lincoln Ave / US-41. Continue to follow N Lincoln Ave. Map	4.8 MI *6.4 Mi Total*
	6. Turn right onto Niles Center Rd / Lincoln Ave. Map	0.1 MI *6.6 Mi Total*
	7. Take the 1st left onto Oakton St. Map	2.0 MI *8.6 Mi Total*
14	8. Turn slight right onto N Caldwell Ave / US-14. Map	0.8 MI *9.4 Mi Total*
43	9. Turn sharp left onto Waukegan Rd / IL-43. Map	0.2 MI *9.5 Mi Total*
	10. 8425 WAUKEGAN RD is on the left. Map	
	8425 Waukegan Rd, Morton Grove, IL 60053-2202	

Total Travel Estimate: 9.54 miles - about 24 minutes

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mapquest

Trip to:
7000 N Newark Ave
Niles, IL 60714-4577
8.52 miles / 22 minutes

Notes
St Andrew Life

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
41	4. Turn left onto W Foster Ave / US-41. Map	1.2 Mi *1.6 Mi Total*
41	5. Turn right onto N Lincoln Ave / US-41. Map	2.1 Mi *3.7 Mi Total*
	6. Turn slight left onto W Devon Ave. Map	3.6 Mi *7.3 Mi Total*
	7. Turn right onto N Milwaukee Ave. Map	1.1 Mi *8.4 Mi Total*
	8. Turn left onto N Newark Ave. Map	0.09 Mi *8.4 Mi Total*
	9. Turn left to stay on N Newark Ave. Map	0.08 Mi *8.5 Mi Total*
	10. 7000 N NEWARK AVE is on the right. Map	
	7000 N Newark Ave, Niles, IL 60714-4577	

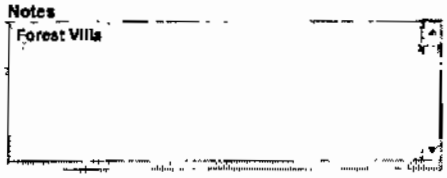
Total Travel Estimate: 8.52 miles - about 22 minutes

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mapquest

Trip to:
6840 W Touhy Ave
Niles, IL 60714-4520
8.18 miles / 21 minutes

Notes



A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
↰ 41	4. Turn left onto W Foster Ave / US-41. Map	1.2 Mi *1.6 Mi Total*
↱ 41	5. Turn right onto N Lincoln Ave / US-41. Map	3.6 Mi *5.2 Mi Total*
↖	6. Turn slight left onto W Touhy Ave. Map	3.0 Mi *8.2 Mi Total*
■	7. 6840 W TOUHY AVE is on the right. Map	
B	**6840 W Touhy Ave, Niles, IL 60714-4520**	

Total Travel Estimate: 8.18 miles - about 21 minutes

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Trip to:
6930 W Touhy Ave
Niles, IL 60714-4522
8.31 miles / 22 minutes

Notes
St Benedict

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
	4. Turn left onto W Foster Ave / US-41. Map	1.2 Mi *1.6 Mi Total*
	5. Turn right onto N Lincoln Ave / US-41. Map	3.6 Mi *5.2 Mi Total*
	6. Turn slight left onto W Touhy Ave. Map	3.1 Mi *8.3 Mi Total*
	7. 6930 W TOUHY AVE is on the right. Map	
	6930 W Touhy Ave, Niles, IL 60714-4522	

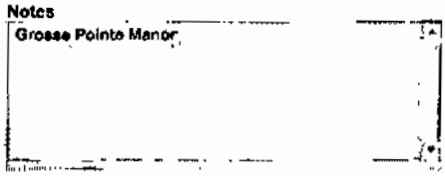
Total Travel Estimate: 8.31 miles - about 22 minutes

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mapquest

Trip to:
6601 W Touhy Ave
Niles, IL 60714-4515
7.91 miles / 21 minutes

Notes
Grosse Pointe Manor



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 MI *0.5 Mi Total*
	4. Turn left onto W Foster Ave / US-41. Map	1.2 MI *1.6 Mi Total*
	5. Turn right onto N Lincoln Ave / US-41. Map	3.6 MI *5.2 Mi Total*
	6. Turn slight left onto W Touhy Ave. Map	2.7 MI *7.9 Mi Total*
	7. 6601 W TOUHY AVE is on the left. Map	
	6601 W Touhy Ave, Niles, IL 60714-4515	

Total Travel Estimate: 7.91 miles - about 21 minutes

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Trip to:
4747 N Canfield Ave
Norridge, IL 60706-4480
9.72 miles / 23 minutes

Notes
Central Baptist

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 MI *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	2.7 MI *7.3 Mi Total*
	4. Take EXIT 81A toward IL-43 / Harlem Ave. Map	0.2 MI *7.5 Mi Total*
	5. Stay straight to go onto W Bryn Mawr Ave. Map	0.05 MI *7.6 Mi Total*
	6. Take the 1st left onto IL-43 / N Harlem Ave. Map	1.1 MI *8.7 Mi Total*
	7. Turn right onto W Lawrence Ave. Map	1.0 MI *9.7 Mi Total*
	8. Turn left onto N Canfield Ave. Map	0.06 MI *9.7 Mi Total*
	9. 4747 N CANFIELD AVE is on the left. Map	
	4747 N Canfield Ave, Norridge, IL 60706-4480	

Total Travel Estimate: 9.72 miles - about 23 minutes

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Trip to:
2748 Desplaines Ave
North Riverside, IL 60546-1200
18.82 miles / 35 minutes

Notes
Scottish

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
EXIT 51H	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	8.1 Mi *15.3 Mi Total*
EXIT 21B	8. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left. Map	0.3 Mi *15.6 Mi Total*
	9. Turn left onto IL-43 / Harlem Ave / S Harlem Ave. Continue to follow IL-43 / Harlem Ave. Map	2.1 Mi *17.7 Mi Total*
	10. Turn right onto W 26th St. Map	1.0 Mi *18.7 Mi Total*
	11. Turn left onto Des Plaines Ave. Map	0.2 Mi *18.8 Mi Total*
	12. 2748 DESPLAINES AVE. Map	
	2748 Desplaines Ave, North Riverside, IL 60546-1200	

Total Travel Estimate: 18.82 miles - about 35 minutes

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mapquest

Trip to:
7001 W Cullom Ave
Norridge, IL 60706-7100
7.81 miles / 22 minutes

Notes
Norridge Health and Rehab

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
↱	2. Take the 2nd right onto W Lawrence Ave. Map	1.9 Mi *2.2 Mi Total*
↰	3. Turn left onto N Kedzie Ave. Map	0.5 Mi *2.7 Mi Total*
↱	4. Turn right onto W Montrose Ave. Map	4.4 Mi *7.1 Mi Total*
↱	5. Turn right to stay on W Montrose Ave. Map	0.5 Mi *7.6 Mi Total*
↰	6. Turn left onto N Sayre Ave. Map	0.2 Mi *7.8 Mi Total*
↱	7. Take the 2nd right onto W Cullom Ave. Map	0.01 Mi *7.8 Mi Total*
■	8. 7001 W CULLOM AVE is on the left. Map	
B	**7001 W Cullom Ave, Norridge, IL 60706-7100**	

Total Travel Estimate: 7.81 miles - about 22 minutes

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mapquest

Trip to:
480 N Wolf Rd
Northlake, IL 60164-1650
17.46 miles / 34 minutes

Notes
Villa Scalabrini Nsg & Rehab

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	5.1 Mi *9.7 Mi Total*
	4. Merge onto I-190 W via EXIT 7B toward I-294 S / Indiana / O'Hare. Map	1.7 Mi *11.4 Mi Total*
	5. Merge onto US-45 S / US-12 E / Mannheim Rd via EXIT 2B. Map	4.0 Mi *15.4 Mi Total*
	6. Turn right onto Grand Ave / W Grand Ave. Continue to follow Grand Ave. Map	1.0 Mi *16.4 Mi Total*
	7. Turn left onto N Wolf Rd. Map	1.1 Mi *17.5 Mi Total*
	8. 480 N WOLF RD is on the right. Map	
	480 N Wolf Rd, Northlake, IL 60164-1650	

Total Travel Estimate: 17.46 miles - about 34 minutes

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mapquest

Trip to:
2013 Midwest Rd
Oak Brook, IL 60523-1312
24.08 miles / 39 minutes

Notes
Oakbrook Health Center

5025 N Paulina St, Chicago, IL 60640-2772

1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi	0.3 Mi Total
2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi	4.6 Mi Total
3. Merge onto I-90 W / Kennedy Expy W. Map	5.1 Mi	9.7 Mi Total
4. Merge onto I-190 W via EXIT 7B toward I-294 S / Indiana / O'Hare. Map	1.2 Mi	10.9 Mi Total
5. Merge onto I-294 S via EXIT 1D on the left toward Indiana (Portions toll). Map	1.4 Mi	12.3 Mi Total
6. Keep right at the fork to continue on I-294 S (Portions toll). Map	7.7 Mi	20.0 Mi Total
7. Merge onto I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway (Portions toll). Map	1.3 Mi	21.4 Mi Total
8. Keep right at the fork to continue on I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway (Portions toll). Map	1.0 Mi	22.4 Mi Total
9. Take the exit toward IL-83 N / Cermak Rd-22nd St. Map	0.2 Mi	22.6 Mi Total
10. Merge onto Spring Rd. Map	0.04 Mi	22.6 Mi Total
11. Take the 1st left onto W 22nd St. Map	1.3 Mi	23.9 Mi Total
12. Turn right onto Midwest Rd / Summit Ave. Map	0.2 Mi	24.1 Mi Total
13. 2013 MIDWEST RD is on the right. Map		

2013 Midwest Rd, Oak Brook, IL 60523-1312

Total Travel Estimate: 24.08 miles - about 39 minutes

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mapquest

Trip to:
6300 W 95th St
Oak Lawn, IL 60453-2256
22.79 miles / 45 minutes

Notes
Manorcare of Oaklawn

5025 N Paulina St, Chicago, IL 60640-2772		
1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi	*0.07 Mi Total*
2. Take the 1st left onto W Ainslie St. Map	0.08 Mi	*0.2 Mi Total*
3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi	*3.9 Mi Total*
4. Turn right onto W Armitage Ave. Map	0.2 Mi	*4.0 Mi Total*
5. Turn left onto N Paulina St. Map	0.06 Mi	*4.1 Mi Total*
6. Merge onto I-90 E / I-94 E. Map	4.6 Mi	*8.7 Mi Total*
7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	6.0 Mi	*14.7 Mi Total*
8. Take the IL-50 / Cicero Ave exit, EXIT 285, toward Chicago Midway Airport. Map	0.3 Mi	*15.0 Mi Total*
9. Turn left onto IL-50 S / S Cicero Ave. Continue to follow IL-50 S. Map	4.1 Mi	*19.0 Mi Total*
10. Turn slight right onto S State Rd. Map	2.7 Mi	*21.7 Mi Total*
11. S State Rd becomes Ridgeland Ave. Map	1.0 Mi	*22.7 Mi Total*
12. Turn left onto US-20 / US-12 / Ulysses S Grant Memorial Hwy / W 95th St. Map	0.1 Mi	*22.8 Mi Total*
13. 6300 W 95TH ST is on the left. Map		
6300 W 95th St, Oak Lawn, IL 60453-2256		

Total Travel Estimate: 22.79 miles - about 45 minutes

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mapquest

Trip to:
9525 Mayfield Ave
Oak Lawn, IL 60453-2817
22.56 miles / 46 minutes

Notes
Oaklawn Respiratory

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	6.0 Mi *14.7 Mi Total*
	8. Take the IL-50 / Cicero Ave exit, EXIT 286, toward Chicago Midway Airport. Map	0.3 Mi *15.0 Mi Total*
	9. Turn left onto IL-50 S / S Cicero Ave. Continue to follow IL-50 S. Map	4.1 Mi *19.0 Mi Total*
	10. Turn slight right onto S State Rd. Map	1.3 Mi *20.3 Mi Total*
	11. Turn slight left onto Central Ave. Map	1.6 Mi *22.0 Mi Total*
	12. Turn right onto SouthWest Hwy / W 93rd St. Continue to follow SouthWest Hwy. Map	0.5 Mi *22.5 Mi Total*
	13. Turn left onto US-20 / US-12 / Ulysses S Grant Memorial Hwy / W 95th St. Map	0.04 Mi *22.5 Mi Total*
	14. Take the 1st right onto Mayfield Ave. Map	0.03 Mi *22.6 Mi Total*
	15. 9525 MAYFIELD AVE is on the left. Map	
	9525 Mayfield Ave, Oak Lawn, IL 60453-2817	

Total Travel Estimate: 22.56 miles - about 46 minutes

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Trip to:
9401 Ridgeland Ave
Oak Lawn, IL 60453-2221
22.54 miles / 45 minutes

Notes
Concord Nursing and Rehab

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 MI *8.7 Mi Total*
	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	5.0 MI *14.7 Mi Total*
	8. Take the IL-50 / Cicero Ave exit, EXIT 286, toward Chicago Midway Airport. Map	0.3 MI *15.0 Mi Total*
	9. Turn left onto IL-50 S / S Cicero Ave. Continue to follow IL-50 S. Map	4.1 MI *19.0 Mi Total*
	10. Turn slight right onto S State Rd. Map	2.7 MI *21.7 Mi Total*
	11. S State Rd becomes Ridgeland Ave. Map	0.9 MI *22.5 Mi Total*
	12. 9401 RIDGELAND AVE is on the left. Map	
	9401 Ridgeland Ave, Oak Lawn, IL 60453-2221	

Total Travel Estimate: 22.54 miles - about 45 minutes

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Trip to:
9401 S Kostner Ave
Oak Lawn, IL 60453-2697
22.39 miles / 45 minutes

Notes
Manorcare of Oak Lawn East

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	6.0 Mi *14.7 Mi Total*
	8. Take the IL-50 / Cicero Ave exit, EXIT 286, toward Chicago Midway Airport. Map	0.3 Mi *15.0 Mi Total*
	9. Turn left onto IL-50 S / S Cicero Ave. Continue to follow IL-50 S. Map	6.8 Mi *21.7 Mi Total*
	10. Turn left onto US-20 / US-12 / Ulysses S Grant Memorial Hwy / W 95th St. Map	0.5 Mi *22.3 Mi Total*
	11. Turn left onto S Kostner Ave. Map	0.1 Mi *22.4 Mi Total*
	12. 9401 S KOSTNER AVE is on the right. Map	
	9401 S Kostner Ave, Oak Lawn, IL 60453-2697	

Total Travel Estimate: 22.39 miles - about 45 minutes

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Trip to:
520 S Maple Ave
Oak Park, IL 60304-1022
16.03 miles / 28 minutes

Notes
Rush Oak Park Hospital

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
EXIT 51H	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	8.1 Mi *15.3 Mi Total*
EXIT 21B	8. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left. Map	0.3 Mi *15.6 Mi Total*
	9. Turn right onto IL-43 / Harlem Ave / S Harlem Ave. Map	0.4 Mi *16.0 Mi Total*
	10. Take the 3rd right onto Madison St. Map	0.05 Mi *16.0 Mi Total*
	11. Take the 1st right onto S Maple Ave. Map	0.02 Mi *16.0 Mi Total*
	12. 520 S MAPLE AVE is on the left. Map	
	520 S Maple Ave, Oak Park, IL 60304-1022	

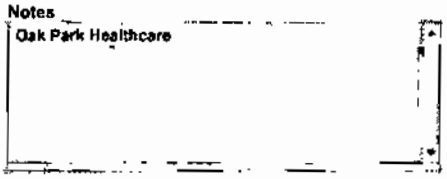
Total Travel Estimate: 16.03 miles - about 28 minutes

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Trip to:
625 N Harlem Ave
Oak Park, IL 60302-1805
16.85 miles / 30 minutes

Notes
Oak Park Healthcare



A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.03 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 MI *7.2 Mi Total*
EXIT 51H	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	8.1 MI *15.3 Mi Total*
EXIT 21B	8. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left. Map	0.3 MI *15.6 Mi Total*
	9. Turn right onto IL-43 / Harlem Ave / S Harlem Ave. Continue to follow IL-43 / Harlem Ave. Map	1.3 MI *16.8 Mi Total*
	10. 625 N HARLEM AVE is on the right. Map	
B	**625 N Harlem Ave, Oak Park, IL 60302-1805**	

Total Travel Estimate: 16.85 miles - about 30 minutes

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Trip to:
6909 W North Ave
Oak Park, IL 60302
10.99 miles / 30 minutes

Notes
Berkeley Nursing and Rehab

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	1.9 MI *2.2 Mi Total*
	3. Turn left onto N Kedzie Ave. Map	1.5 MI *3.7 Mi Total*
	4. Turn right onto W Addison St. Map	4.5 MI *8.2 Mi Total*
	5. Turn left onto N Oak Park Ave. Map	2.5 MI *10.8 Mi Total*
64	6. Turn right onto W North Ave / IL-64. Map	0.2 MI *11.0 Mi Total*
	7. 6909 W NORTH AVE is on the left. Map	
	6909 W North Ave, Oak Park, IL 60302	

Total Travel Estimate: 10.99 miles - about 30 minutes

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Trip to:
[500-599] S Austin Blvd
Oak Park, IL 60304
14.12 miles / 25 minutes

Notes
West Suburban Hospital

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map	3.1 Mi *7.2 Mi Total*
EXIT 51H	7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map	6.5 Mi *13.7 Mi Total*
EXIT 23A	8. Take the Austin Blvd exit, EXIT 23A, on the left. Map	0.3 Mi *14.0 Mi Total*
	9. Turn right onto S Austin Blvd. Map	0.1 Mi *14.1 Mi Total*
	10. [500-599] S AUSTIN BLVD. Map	
	[500-599] S Austin Blvd, Oak Park, IL 60304	

Total Travel Estimate: 14.12 miles - about 25 minutes

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Trip to:
14601 John Humphrey Dr
Orland Park, IL 60462-2641
33.15 miles / 52 minutes

Notes
Lexington Healthcare

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
EXIT	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	13.6 Mi *22.3 Mi Total*
EXIT	8. Take the US-12 / US-20 / US-45 exit, EXIT 279A-B, toward La Grange Rd. Map	0.2 Mi *22.5 Mi Total*
	9. Merge onto US-45 S via the ramp on the left. Map	10.3 Mi *32.8 Mi Total*
	10. Turn left onto W 144th Pl. Map	0.2 Mi *33.0 Mi Total*
	11. Turn right onto John Humphrey Dr. Map	0.2 Mi *33.2 Mi Total*
	12. 14601 JOHN HUMPHREY DR is on the left. Map	
B	**14601 John Humphrey Dr, Orland Park, IL 60462-2641**	

Total Travel Estimate: 33.15 miles - about 52 minutes

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mapquest

Trip to:
11860 Southwest Hwy
Palos Heights, IL 60463-1036
31.48 miles / 49 minutes

Notes
Manorcare of Palos Heights W

	5025 N Paulina St, Chicago, IL 60640-2772	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↱	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
↱	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
↰	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	13.6 Mi *22.3 Mi Total*
	8. Take the US-12 / US-20 / US-45 exit, EXIT 279A-B, toward La Grange Rd. Map	0.2 Mi *22.5 Mi Total*
	9. Merge onto US-45 S via the ramp on the left. Map	6.4 Mi *28.9 Mi Total*
RAMP	10. Take the Calumet Sag Rd / IL-83 ramp. Map	0.2 Mi *29.1 Mi Total*
↱	11. Turn right onto W Cal Sag Rd / IL-83. Map	2.3 Mi *31.4 Mi Total*
↰	12. Turn left onto SouthWest Hwy / IL-7. Map	0.08 Mi *31.5 Mi Total*
■	13. 11860 SOUTHWEST HWY is on the left. Map	
	11860 Southwest Hwy, Palos Heights, IL 60463-1036	

Total Travel Estimate: 31.48 miles - about 49 minutes

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mapquest

Trip to:
7850 W College Dr
Palos Heights, IL 60463-1010
31.58 miles / 49 minutes

Notes
Manorcare of Palos Heights East

	A	**5025 N Paulina St, Chicago, IL 60640-2772**	
		1. Start out going south on N Paulina St toward W Ainslie St. Map	**0.07 Mi** *0.07 Mi Total*
		2. Take the 1st left onto W Ainslie St. Map	**0.08 Mi** *0.2 Mi Total*
		3. Take the 1st right onto N Ashland Ave. Map	**3.7 Mi** *3.9 Mi Total*
		4. Turn right onto W Armitage Ave. Map	**0.2 Mi** *4.0 Mi Total*
		5. Turn left onto N Paulina St. Map	**0.06 Mi** *4.1 Mi Total*
		6. Merge onto I-90 E / I-94 E. Map	**4.6 Mi** *8.7 Mi Total*
		7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	**13.6 Mi** *22.3 Mi Total*
		8. Take the US-12 / US-20 / US-45 exit, EXIT 279A-B, toward La Grange Rd. Map	**0.2 Mi** *22.5 Mi Total*
		9. Merge onto US-45 S via the ramp on the left. Map	**6.4 Mi** *28.9 Mi Total*
		10. Take the Calumet Sag Rd / IL-83 ramp. Map	**0.2 Mi** *29.1 Mi Total*
		11. Turn right onto W Cal Sag Rd / IL-83. Continue to follow IL-83. Map	**2.5 Mi** *31.6 Mi Total*
		12. 7850 W COLLEGE DR is on the left. Map	
	B	**7850 W College Dr, Palos Heights, IL 60463-1010**	

Total Travel Estimate: 31.58 miles - about 49 minutes

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Trip to:
12550 S Ridgeland Ave
Palos Heights, IL 60463-1859
30.05 miles / 52 minutes

Notes
Park Villa Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.03 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 MI *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 MI *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 MI *18.7 Mi Total*
EXIT	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	5.0 MI *23.7 Mi Total*
EXIT	10. Take EXIT 353 toward 127th St / Burr Oak Ave. Map	0.2 MI *23.9 Mi Total*
	11. Stay straight to go onto S Paulina St. Map	0.08 MI *24.0 Mi Total*
	12. Take the 1st right onto W 127th St / W Burr Oak Ave. Continue to follow W 127th St. Map	5.9 MI *29.9 Mi Total*
	13. Turn right onto S Ridgeland Ave. Map	0.2 MI *30.1 Mi Total*
	14. 12550 S RIDGELAND AVE is on the left. Map	
	12550 S Ridgeland Ave, Palos Heights, IL 60463-1859	

Total Travel Estimate: 30.05 miles - about 52 minutes

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Trip to:
[12614-12698] S Central Ave
Palos Heights, IL 60463
28.93 miles / 50 minutes

Notes
Rest Haven

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 MI *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 MI *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 MI *18.7 Mi Total*
	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	5.0 MI *23.7 Mi Total*
	10. Take EXIT 353 toward 127th St / Burr Oak Ave. Map	0.2 MI *23.9 Mi Total*
	11. Stay straight to go onto S Paulina St. Map	0.08 MI *24.0 Mi Total*
	12. Take the 1st right onto W 127th St / W Burr Oak Ave. Continue to follow W 127th St. Map	4.9 MI *28.9 Mi Total*
	13. Turn right onto S Central Ave. Map	0.07 MI *28.9 Mi Total*
	14. [12614-12698] S CENTRAL AVE. Map	
	[12614-12698] S Central Ave, Palos Heights, IL 60463	

Total Travel Estimate: 28.93 miles - about 50 minutes

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Trip to:
10426 S Roberts Rd
Palos Hills, IL 60465-1932
29.47 miles / 48 minutes

Notes
Palos Hills Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 MI *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 MI *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 MI *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 MI *8.7 Mi Total*
	7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map	13.6 MI *22.3 Mi Total*
	8. Take the US-12 / US-20 / US-45 exit, EXIT 279A-B, toward La Grange Rd. Map	0.2 MI *22.5 Mi Total*
	9. Merge onto US-20 E / US-45 S / US-12 E / Ulysses S Grant Memorial Hwy via the ramp on the left. Map	1.9 MI *24.4 Mi Total*
	10. Merge onto I-294 S toward Indiana (Portions toll). Map	3.2 MI *27.6 Mi Total*
	11. Merge onto US-20 W / US-12 W / Ulysses S Grant Memorial Hwy / W 95th St. Map	0.7 MI *28.3 Mi Total*
	12. Turn left onto S Roberts Rd. Map	1.2 MI *29.5 Mi Total*
	13. 10426 S ROBERTS RD is on the right. Map	
	10426 S Roberts Rd, Palos Hills, IL 60465-1932	

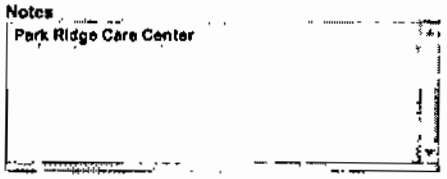
Total Travel Estimate: 29.47 miles - about 48 minutes

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mapquest

Trip to:
665 Busse Hwy
Park Ridge, IL 60068-2523
11.77 miles / 26 minutes

Notes
Park Ridge Care Center



	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 MI *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	4.3 MI *8.9 Mi Total*
	4. Take EXIT 79B toward North Cumberland Ave. Map	0.2 MI *9.1 Mi Total*
	5. Turn left onto Higgins Rd / IL-72 / W Higgins Rd. Map	0.09 MI *9.2 Mi Total*
	6. Take the 2nd right onto S Cumberland Ave. Map	0.8 MI *10.0 Mi Total*
	7. Turn left onto W Talcott Rd. Map	0.3 MI *10.3 Mi Total*
	8. Take the 3rd right onto S Greenwood Ave. Map	1.1 MI *11.4 Mi Total*
	9. Turn left onto Busse Hwy. Map	0.4 MI *11.8 Mi Total*
	10. 665 BUSSE HWY is on the right. Map	
	665 Busse Hwy, Park Ridge, IL 60068-2523	

Total Travel Estimate: 11.77 miles - about 26 minutes

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mapquest

Trip to:
1001 N Greenwood Ave
Park Ridge, IL 60068-2054
10.97 miles / 28 minutes

Notes
Resurrection Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
41	4. Turn left onto W Foster Ave / US-41. Map	1.2 Mi *1.6 Mi Total*
	5. Turn right onto N Lincoln Ave / US-41. Continue to follow N Lincoln Ave. Map	4.8 Mi *6.4 Mi Total*
	6. Turn right onto Niles Center Rd / Lincoln Ave. Map	0.1 Mi *6.5 Mi Total*
	7. Take the 1st left onto Oakton St. Map	4.4 Mi *11.0 Mi Total*
	8. Turn right onto N Greenwood Ave. Map	0.01 Mi *11.0 Mi Total*
	9. 1001 N GREENWOOD AVE is on the right. Map	
	1001 N Greenwood Ave, Park Ridge, IL 60068-2054	

Total Travel Estimate: 10.97 miles - about 28 minutes

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mapquest

Trip to:
1601 N Western Ave
Park Ridge, IL 60068-1233
15.53 miles / 29 minutes

Notes
St Matthew Center

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 MI *4.6 Mi Total*
	3. Merge onto I-90 W (Portions toll). Map	6.1 MI *10.7 Mi Total*
	4. Merge onto I-294 N toward Milwaukee (Portions toll). Map	1.5 MI *12.2 Mi Total*
	5. Go straight (Portions toll). Map	0.2 MI *12.4 Mi Total*
	6. Take I-294 N (Portions toll). Map	1.6 MI *14.0 Mi Total*
	7. Merge onto Dempster St / US-14 E. Map	1.3 MI *15.3 Mi Total*
	8. Turn right onto N Western Ave. Map	0.2 MI *15.5 Mi Total*
	9. 1601 N WESTERN AVE is on the left. Map	
	1601 N Western Ave, Park Ridge, IL 60068-1233	

Total Travel Estimate: 15.53 miles - about 29 minutes

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mapquest

Trip to:
13901 S Lydia Ave
Robbins, IL 60472-2215
29.03 miles / 46 minutes

Notes
Lydia Healthcare

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.03 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. Map	3.4 Mi *18.7 Mi Total*
	9. Merge onto I-57 S via EXIT 63 toward Memphis. Map	8.1 Mi *26.8 Mi Total*
	10. Merge onto W 147th St / IL-83 N via EXIT 350 toward Midlothian. Map	1.1 Mi *28.0 Mi Total*
	11. Turn right onto S Kedzie Ave / Kedzie Ave. Continue to follow S Kedzie Ave. Map	1.0 Mi *29.0 Mi Total*
	12. Turn left onto W 139th St. Map	0.06 Mi *29.0 Mi Total*
	13. Turn slight left onto S Lydia Ave. Map	0.01 Mi *29.0 Mi Total*
	14. 13901 S LYDIA AVE is on the left. Map	
	13901 S Lydia Ave, Robbins, IL 60472-2215	

Total Travel Estimate: 29.03 miles - about 46 minutes

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mapquest

Trip to:
5050 Touhy Ave
Skokie, IL 60077-3542
5.95 miles / 16 minutes

Notes
Alden Northshore

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
41	4. Turn left onto W Foster Ave / US-41. Map	1.2 Mi *1.6 Mi Total*
41	5. Turn right onto N Lincoln Ave / US-41. Map	3.6 Mi *5.2 Mi Total*
	6. Turn slight left onto W Touhy Ave. Map	0.8 Mi *6.0 Mi Total*
	7. 5050 TOUHY AVE is on the right. Map	
	5050 Touhy Ave, Skokie, IL 60077-3542	

Total Travel Estimate: 5.95 miles - about 16 minutes

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mapquest

Trip to:
9000 Lavergne Ave
Skokie, IL 60077-1618
9.04 miles / 21 minutes

Notes
Grove North

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
41	4. Turn left onto W Foster Ave / US-41. Map	1.2 MI *1.6 Mi Total*
41	5. Turn right onto N Lincoln Ave / US-41. Map	3.6 Mi *5.2 Mi Total*
	6. Turn slight left onto W Touhy Ave. Map	0.5 Mi *5.7 Mi Total*
94	7. Merge onto I-94 W / Edens Expy W toward Milwaukee. Map	2.4 Mi *8.1 Mi Total*
EXIT 37B 58	8. Merge onto IL-58 E / Dempster St via EXIT 37B. Map	0.5 Mi *8.5 Mi Total*
	9. Turn left onto Gross Point Rd. Map	0.4 MI *9.0 MI Total*
	10. Turn sharp right onto Lavergne Ave. Map	0.08 Mi *9.0 Mi Total*
	11. 9000 LAVERGNE AVE is on the right. Map	
	9000 Lavergne Ave, Skokie, IL 60077-1618	

Total Travel Estimate: 9.04 miles - about 21 minutes

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mapquest

Trip to:
9615 Knox Ave
Skokie, IL 60076-1219
8.80 miles / 22 minutes

Notes
Cambridge Nursing and Rehab

	A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●		1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰		2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↰		3. Take the 1st left onto N Ashland Ave. Map	0.3 MI *0.5 Mi Total*
↰	41	4. Turn left onto W Foster Ave / US-41. Map	1.2 MI *1.6 Mi Total*
↱	41	5. Turn right onto N Lincoln Ave / US-41. Map	2.8 MI *4.4 Mi Total*
↱		6. Turn right onto N Crawford Ave. Map	3.6 MI *8.0 Mi Total*
↰		7. Turn left onto Golf Rd / Simpson St. Continue to follow Golf Rd. Map	0.8 MI *8.8 Mi Total*
↱		8. Turn right onto Knox Ave. Map	0.01 MI *8.8 Mi Total*
■		9. 9615 KNOX AVE is on the right. Map	
	B	**9615 Knox Ave, Skokie, IL 60076-1219**	

Total Travel Estimate: 8.80 miles - about 22 minutes

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mapquest

Trip to:
4600 Golf Rd
Skokie, IL 60076-1210
8.73 miles / 21 minutes

Notes
Skokie Meadows

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 MI *0.07 Mi Total*
↰	2. Take the 1st left onto W Ainslie St. Map	0.08 MI *0.2 Mi Total*
↰	3. Take the 1st left onto N Ashland Ave. Map	0.3 MI *0.5 Mi Total*
↰ 41	4. Turn left onto W Foster Ave / US-41. Map	1.2 MI *1.6 Mi Total*
↱ 41	5. Turn right onto N Lincoln Ave / US-41. Map	2.8 MI *4.4 Mi Total*
↱	6. Turn right onto N Crawford Ave. Map	3.6 MI *8.0 Mi Total*
↰	7. Turn left onto Golf Rd / Simpson St. Continue to follow Golf Rd. Map	0.7 MI *8.7 Mi Total*
■	8. 4600 GOLF RD is on the right. Map	
B	**4600 Golf Rd, Skokie, IL 60076-1210**	

Total Travel Estimate: 8.73 miles - about 21 minutes

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Trip to:
9700 Gross Point Rd
Skokie, IL 60076-1175
8.78 miles / 22 minutes

Notes
Lieberman Center

	A	**5025 N Paulina St, Chicago, IL 60640-2772**	
●		1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
↰		2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
↰		3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
↰	41	4. Turn left onto W Foster Ave / US-41. Map	1.2 Mi *1.6 Mi Total*
↱	41	5. Turn right onto N Lincoln Ave / US-41. Map	2.8 Mi *4.4 Mi Total*
↱		6. Turn right onto N Crawford Ave. Map	3.6 Mi *8.0 Mi Total*
↰		7. Turn left onto Golf Rd / Simpson St. Continue to follow Golf Rd. Map	0.6 Mi *8.6 Mi Total*
↱		8. Turn right onto Gross Point Rd. Map	0.1 Mi *8.8 Mi Total*
■		9. 9700 GROSS POINT RD is on the left. Map	
	B	**9700 Gross Point Rd, Skokie, IL 60076-1175**	

Total Travel Estimate: 8.78 miles - about 22 minutes

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Trip to:
4660 Old Orchard Rd
Skokie, IL 60076-1009
9.29 miles / 22 minutes

Notes
Alden Estates

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st left onto N Ashland Ave. Map	0.3 Mi *0.5 Mi Total*
	4. Turn left onto W Foster Ave / US-41. Map	1.2 Mi *1.6 Mi Total*
	5. Turn right onto N Lincoln Ave / US-41. Map	2.8 Mi *4.4 Mi Total*
	6. Turn right onto N Crawford Ave. Map	4.1 Mi *8.5 Mi Total*
	7. Turn left onto Harrison St. Map	0.2 Mi *8.7 Mi Total*
	8. Harrison St becomes Old Orchard Rd. Map	0.6 Mi *9.3 Mi Total*
	9. 4660 OLD ORCHARD RD is on the right. Map	
	4660 Old Orchard Rd, Skokie, IL 60076-1009	

Total Travel Estimate: 9.29 miles - about 22 minutes

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Trip to:
16000 Wabash Ave
South Holland, IL 60473-1464
30.65 miles / 48 minutes

Notes
Windmill Nursing Home

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	13.2 Mi *28.5 Mi Total*
	9. Merge onto US-6 W / E 162nd St via EXIT 73A. Map	1.7 Mi *30.2 Mi Total*
	10. Turn right onto E 162nd St. Map	0.06 Mi *30.3 Mi Total*
	11. Take the 1st left onto Michigan Ave. Map	0.3 Mi *30.6 Mi Total*
	12. Take the 2nd left onto E 159th Pl. Map	0.06 Mi *30.6 Mi Total*
	13. Take the 1st left onto Wabash Ave. Map	0.04 Mi *30.7 Mi Total*
	14. 16000 WABASH AVE is on the right. Map	
	16000 Wabash Ave, South Holland, IL 60473-1464	

Total Travel Estimate: 30.65 miles - about 48 minutes

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Trip to:
16300 Wausau Ave
South Holland, IL 60473-2158
30.05 miles / 46 minutes

Notes
Rest Haven

5025 N Paulina St, Chicago, IL 60640-2772

1.	Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
2.	Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
3.	Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
4.	Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
5.	Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
6.	Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
7.	Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
8.	Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	13.2 Mi *28.5 Mi Total*
9.	Merge onto US-6 W / E 162nd St via EXIT 73A. Map	1.5 Mi *30.0 Mi Total*
10.	Turn left onto Wausau Ave. Map	0.06 Mi *30.1 Mi Total*
11.	16300 WAUSAU AVE is on the right. Map	

16300 Wausau Ave, South Holland, IL 60473-2158

Total Travel Estimate: 30.05 miles - about 46 minutes

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Trip to:
2145 E 170th St
South Holland, IL 60473-3788
31.65 miles / 49 minutes

Notes
Manorcare of S Holland

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	5.7 Mi *9.8 Mi Total*
	7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. Map	5.5 Mi *15.3 Mi Total*
	8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. Map	13.5 Mi *28.7 Mi Total*
EXIT	9. Merge onto US-6 E / 159th St via EXIT 73B. Map	1.6 Mi *30.3 Mi Total*
	10. Turn right onto Torrence Ave / US-6 / IL-83. Map	1.0 Mi *31.3 Mi Total*
	11. Turn right onto 167th St / E 170th St. Map	0.3 Mi *31.6 Mi Total*
	12. 2145 E 170TH ST is on the left. Map	
	2145 E 170th St, South Holland, IL 60473-3788	

Total Travel Estimate: 31.65 miles - about 49 minutes

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Trip to:
2901 Wolf Rd
Westchester, IL 60154-5623
23.77 miles / 39 minutes

Notes
Westchester Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 MI *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 MI *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	5.1 MI *9.7 Mi Total*
	4. Merge onto I-190 W via EXIT 78 toward I-294 S / Indiana / O'Hare. Map	1.2 MI *10.9 Mi Total*
	5. Merge onto I-294 S via EXIT 1D on the left toward Indiana (Portions toll). Map	1.4 MI *12.3 Mi Total*
	6. Take I-294 S (Portions toll). Map	9.5 MI *21.8 Mi Total*
EXIT	7. Take the Cermak Rd / 22nd Street exit. Map	0.1 MI *21.9 Mi Total*
	8. Keep right at the fork to go on Cermak Rd / W 22nd St. Map	1.0 MI *23.0 Mi Total*
	9. Turn right onto Wolf Rd / S Wolf Rd. Continue to follow Wolf Rd. Map	0.8 MI *23.8 Mi Total*
	10. 2901 WOLF RD is on the left. Map	
	2901 Wolf Rd, Westchester, IL 60154-5623	

Total Travel Estimate: 23.77 miles - about 39 minutes

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Trip to:
6501 S Cass Ave
Westmont, IL 60559-3200
30.08 miles / 47 minutes

Notes
Westmont Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	5.1 Mi *9.7 Mi Total*
	4. Merge onto I-190 W via EXIT 7B toward I-294 S / Indiana / O'Hare. Map	1.2 Mi *10.9 Mi Total*
	5. Merge onto I-294 S via EXIT 1D on the left toward Indiana (Portions toll). Map	1.4 Mi *12.3 Mi Total*
	6. Keep right at the fork to continue on I-294 S (Portions toll). Map	7.7 Mi *20.0 Mi Total*
	7. Merge onto I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway (Portions toll). Map	1.3 Mi *21.4 Mi Total*
	8. Keep right at the fork to continue on I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway (Portions toll). Map	1.6 Mi *23.0 Mi Total*
	9. Merge onto IL-83 S. Map	5.4 Mi *28.4 Mi Total*
	10. Turn right onto 63rd St. Map	1.4 Mi *29.8 Mi Total*
	11. Turn left onto S Cass Ave. Map	0.3 Mi *30.1 Mi Total*
	12. 6501 S CASS AVE is on the left. Map	
	6501 S Cass Ave, Westmont, IL 60559-3200	

Total Travel Estimate: 30.08 miles - about 47 minutes

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mapquest

Trip to:
5801 S Cass Ave
Westmont, IL 60559-2300
30.43 miles / 48 minutes

Notes
Burgess Square

A	**5025 N Paulina St, Chicago, IL 60640-2772**	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	5.1 Mi *9.7 Mi Total*
EXIT 78	4. Merge onto I-190 W via EXIT 78 toward I-294 S / Indiana / O'Hare. Map	1.2 Mi *10.9 Mi Total*
EXIT 1D	5. Merge onto I-294 S via EXIT 1D on the left toward Indiana (Portions toll). Map	1.4 Mi *12.3 Mi Total*
	6. Keep right at the fork to continue on I-294 S (Portions toll). Map	7.7 Mi *20.0 Mi Total*
	7. Merge onto I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway (Portions toll). Map	1.3 Mi *21.4 Mi Total*
	8. Keep right at the fork to continue on I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway (Portions toll). Map	1.6 Mi *23.0 Mi Total*
	9. Merge onto IL-83 S. Map	5.4 Mi *28.4 Mi Total*
	10. Turn right onto 63rd St. Map	1.4 Mi *29.8 Mi Total*
	11. Turn right onto S Cass Ave. Map	0.6 Mi *30.4 Mi Total*
	12. 5801 S CASS AVE is on the right. Map	
B	**5801 S Cass Ave, Westmont, IL 60559-2300**	

Total Travel Estimate: 30.43 miles - about 48 minutes

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Trip to:
512 E Ogden Ave
Westmont, IL 60559-1228
26.46 miles / 42 minutes

Notes
Manorcare of Westmont

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.3 Mi *0.3 Mi Total*
	2. Take the 2nd right onto W Lawrence Ave. Map	4.3 Mi *4.6 Mi Total*
	3. Merge onto I-90 W / Kennedy Expy W. Map	5.1 Mi *9.7 Mi Total*
EXIT	4. Merge onto I-190 W via EXIT 7B toward I-294 S / Indiana / O'Hare. Map	1.2 Mi *10.9 Mi Total*
EXIT	5. Merge onto I-294 S via EXIT 1D on the left toward Indiana (Portions toll). Map	1.4 Mi *12.3 Mi Total*
	6. Keep right at the fork to continue on I-294 S (Portions toll). Map	7.7 Mi *20.0 Mi Total*
	7. Merge onto I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway (Portions toll). Map	1.3 Mi *21.4 Mi Total*
	8. Keep right at the fork to continue on I-88 W / IL-110 W / Chicago-Kansas City Expy / Ronald Reagan Memorial Tollway (Portions toll). Map	1.6 Mi *23.0 Mi Total*
	9. Merge onto IL-83 S. Map	2.5 Mi *25.5 Mi Total*
EXIT	10. Take the US-34 exit. Map	0.4 Mi *25.9 Mi Total*
	11. Turn right onto Ogden Ave / E Ogden Ave / US-34. Map	0.6 Mi *26.5 Mi Total*
	12. 512 E OGDEN AVE is on the right. Map	
	512 E Ogden Ave, Westmont, IL 60559-1228	

Total Travel Estimate: 26.46 miles - about 42 minutes

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Trip to:
7050 S Madison St
Willowbrook, IL 60527-5548
27.51 miles / 42 minutes

Notes
Chateau Nursing

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
	7. Merge onto I-55 S via EXIT 53 toward St Louis. Map	16.4 Mi *25.1 Mi Total*
	8. Take the North County Line Rd exit, EXIT 276B. Map	0.3 Mi *25.4 Mi Total*
	9. Merge onto S County Line Rd. Map	0.8 Mi *26.1 Mi Total*
	10. Take the 3rd left onto Plainfield Rd. Map	1.1 Mi *27.2 Mi Total*
	11. Turn left onto S Madison St. Map	0.3 Mi *27.5 Mi Total*
	12. 7050 S MADISON ST is on the right. Map	
	7050 S Madison St, Willowbrook, IL 60527-5548	

Total Travel Estimate: 27.51 miles - about 42 minutes

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Trip to:
6801 High Grove Blvd
Burr Ridge, IL 60527-7585
27.04 miles / 42 minutes

Notes
Emeritus of Burr Ridge

	5025 N Paulina St, Chicago, IL 60640-2772	
	1. Start out going south on N Paulina St toward W Ainslie St. Map	0.07 Mi *0.07 Mi Total*
	2. Take the 1st left onto W Ainslie St. Map	0.08 Mi *0.2 Mi Total*
	3. Take the 1st right onto N Ashland Ave. Map	3.7 Mi *3.9 Mi Total*
	4. Turn right onto W Armitage Ave. Map	0.2 Mi *4.0 Mi Total*
	5. Turn left onto N Paulina St. Map	0.06 Mi *4.1 Mi Total*
	6. Merge onto I-90 E / I-94 E. Map	4.6 Mi *8.7 Mi Total*
EXIT 53	7. Merge onto I-55 S via EXIT 53 toward St Louis. Map	16.4 Mi *25.1 Mi Total*
EXIT 276B	8. Take the North County Line Rd exit, EXIT 276B. Map	0.3 Mi *25.4 Mi Total*
	9. Merge onto S County Line Rd. Map	0.8 Mi *26.1 Mi Total*
	10. Take the 3rd left onto Plainfield Rd. Map	0.8 Mi *27.0 Mi Total*
	11. Take the 3rd left onto High Grove Blvd. Map	0.08 Mi *27.0 Mi Total*
	12. 6801 HIGH GROVE BLVD is on the left. Map	
	6801 High Grove Blvd, Burr Ridge, IL 60527-7585	

Total Travel Estimate: 27.04 miles - about 42 minutes

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APPENDIX B --

Facilities Contacted for Impact Statements

One hundred thirty eight facilities were contacted by certified mail to request their statement of impact of this discontinuation on their facilities and their ability to provide LTC services to the applicant's patient population.

The following is documentation of these contacts.

Methodist Hospital of Chicago

5025 North Paulina Street
Chicago, Illinois 60640
(773) 271-9040
Fax: (773) 271-2010

sample form letter

Dear Sir or Madam:

This is to inform you that Methodist Hospital of Chicago intends to file a Certificate of Need application to discontinue its Long Term Care category of service, consisting of 23 beds. The estimated date of the service closing is within the next 6 months. The service has averaged 250 admissions and 2,373 patient days, per annum over the last 2 calendar years.

Please advise us as to the impact this discontinuation may have on your facility as well as your capacity to provide LTC services to our patient population.

Sincerely,

Wolfgang Mayer
Chief Operating Officer

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

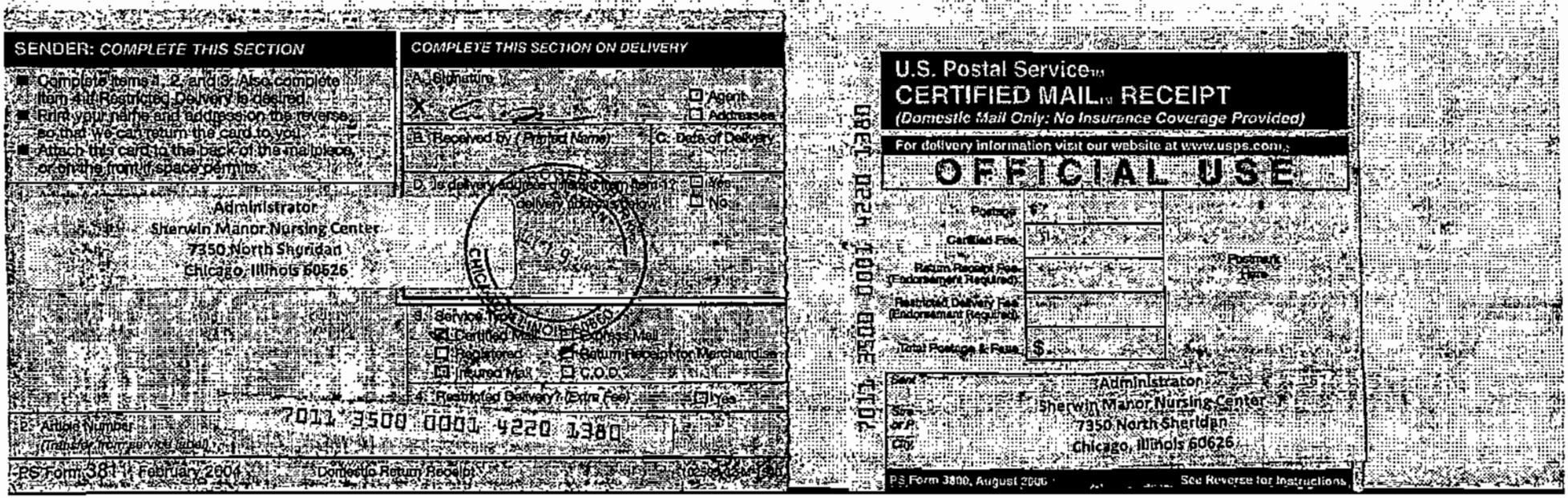
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Harmony Nursing & Rehab Center
3919 West Foster
Chicago, Illinois 60625

PS Form 3800, August 2006



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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Administrator
Sherwin Manor Nursing Center
7350 North Shyridan
Chicago, Illinois 60626

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

CHICAGO ILLINOIS DEC 9

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
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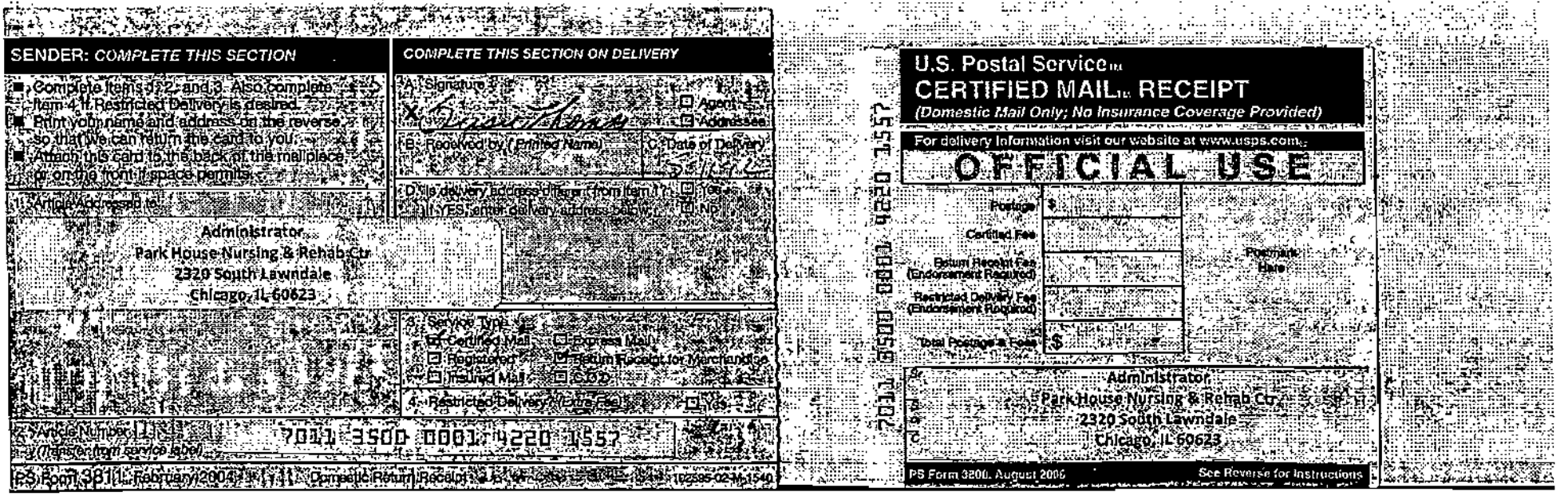
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Postage	$
Certified Fee	$1
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.: Sherwin Manor Nursing Center
City, State, ZIP+4: 7350 North Sheridan
Chicago, Illinois 60626

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Park House Nursing & Rehab Ctr
2320 South Lawndale
Chicago, IL 60623

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1557

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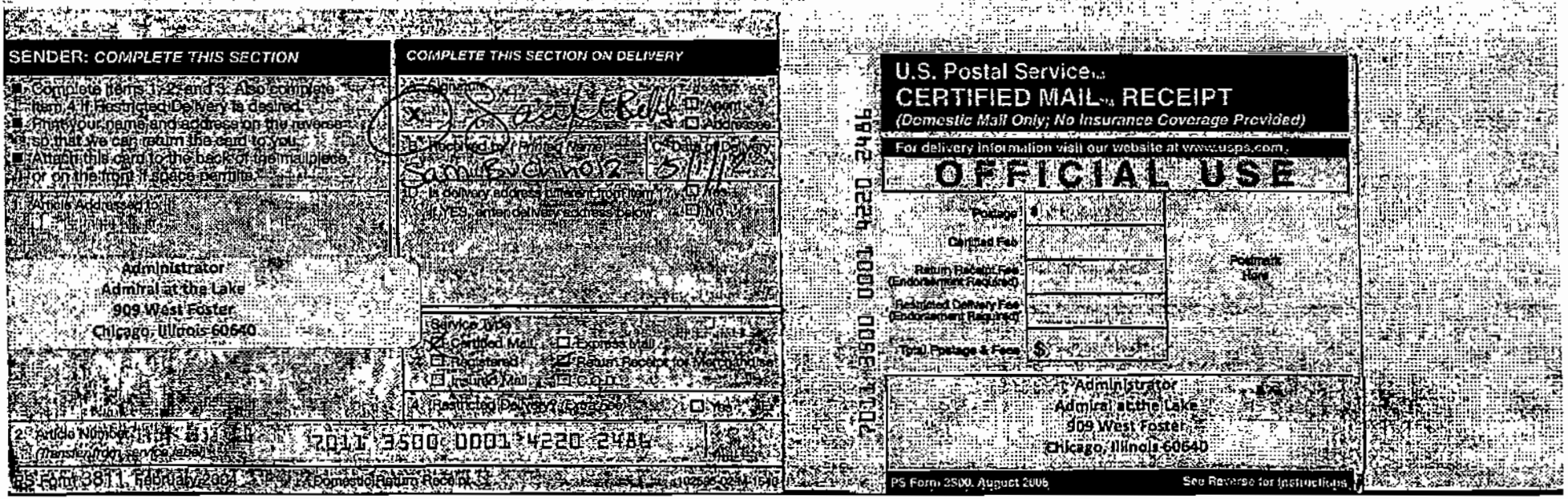
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Park House Nursing & Rehab Ctr
2320 South Lawndale
Chicago, IL 60623

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7011 3500 0001 4220 1557



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Admiral at the Lake
909 West Foster
Chicago, Illinois 60640

2. Article Number (Transfer from service label): 7011 3500 0001 4220 2486

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COMPLETE THIS SECTION ON DELIVERY

A. Signature: X — Agent / Addressee

B. Received by (Printed Name): Sam Evchuk — C. Date of Delivery: 5/1/12

D. Is delivery address different from item 1? Yes / No
If YES, enter delivery address below:

3. Service Type: Certified Mail / Express Mail / Registered / Return Receipt for Merchandise / Insured Mail / C.O.D.

4. Restricted Delivery? (Extra Fee): Yes

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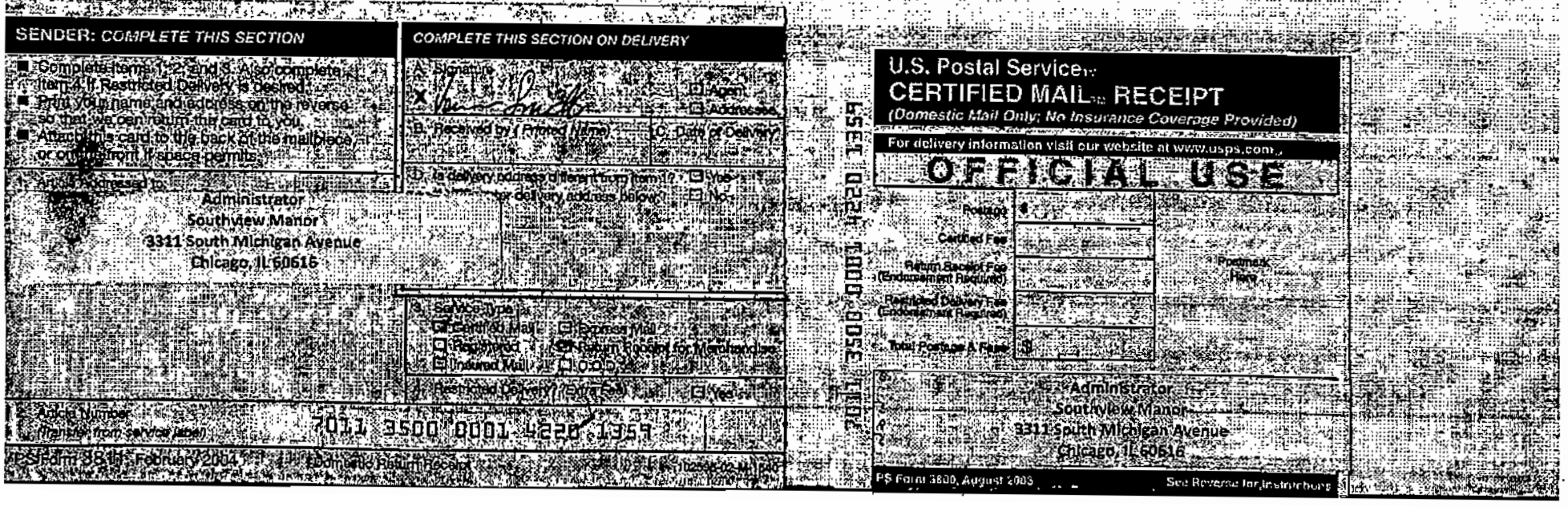
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fee	$

Postmark Here

Administrator
Admiral at the Lake
909 West Foster
Chicago, Illinois 60640

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SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:
Administrator
Southview Manor
3311 South Michigan Avenue
Chicago, IL 60616

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1359

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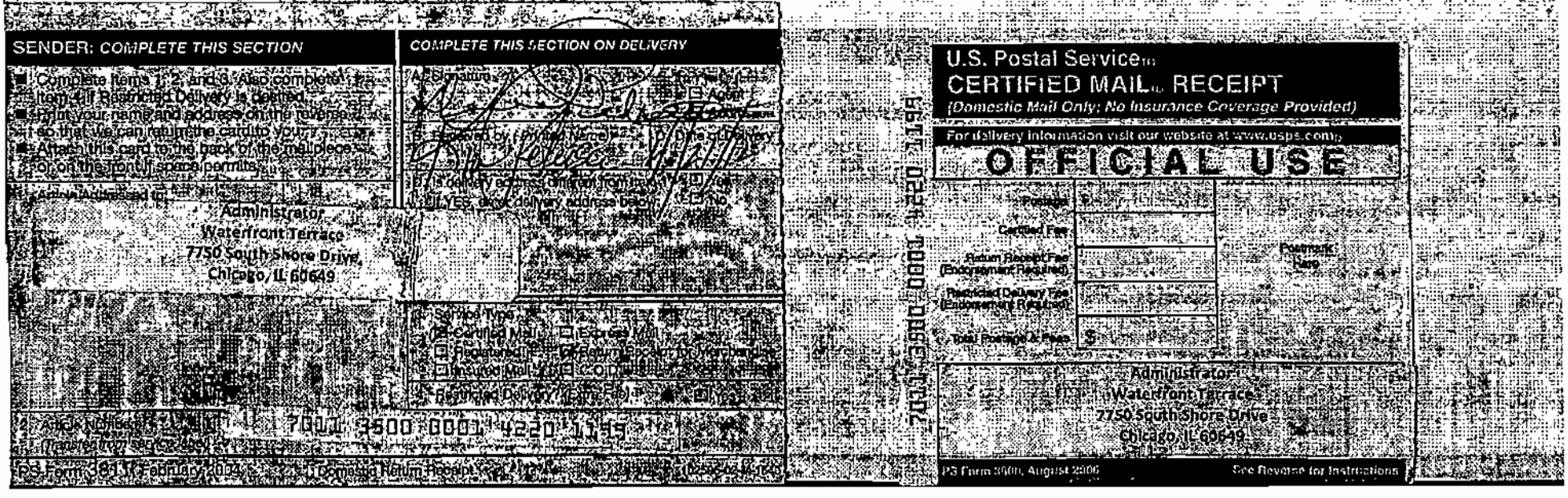
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Southview Manor
3311 South Michigan Avenue
Chicago, IL 60616

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SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Waterfront Terrace
7750 South Shore Drive
Chicago, IL 60649

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label)

7001 3500 0001 4220 1145

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Waterfront Terrace
7750 South Shore Drive
Chicago, IL 60649

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Administration
Lincolnwood Plaza
7000 North Mccormick Blvd.
Lincolnwood, IL 60712

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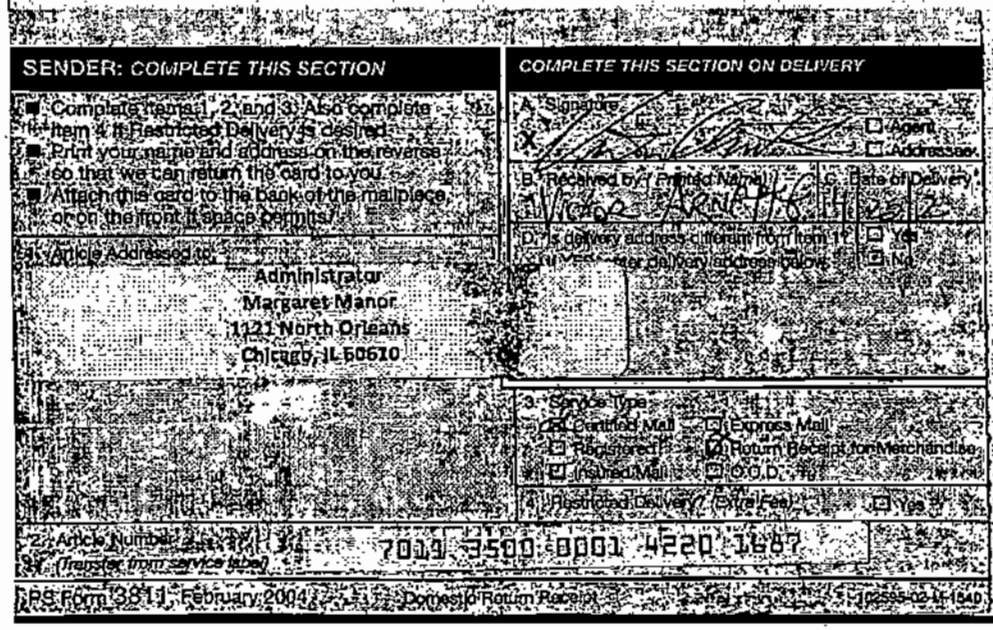
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7019 3500 0001 4220 1700

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Margaret Manor
1121 North Orleans
Chicago, IL 60610

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1687

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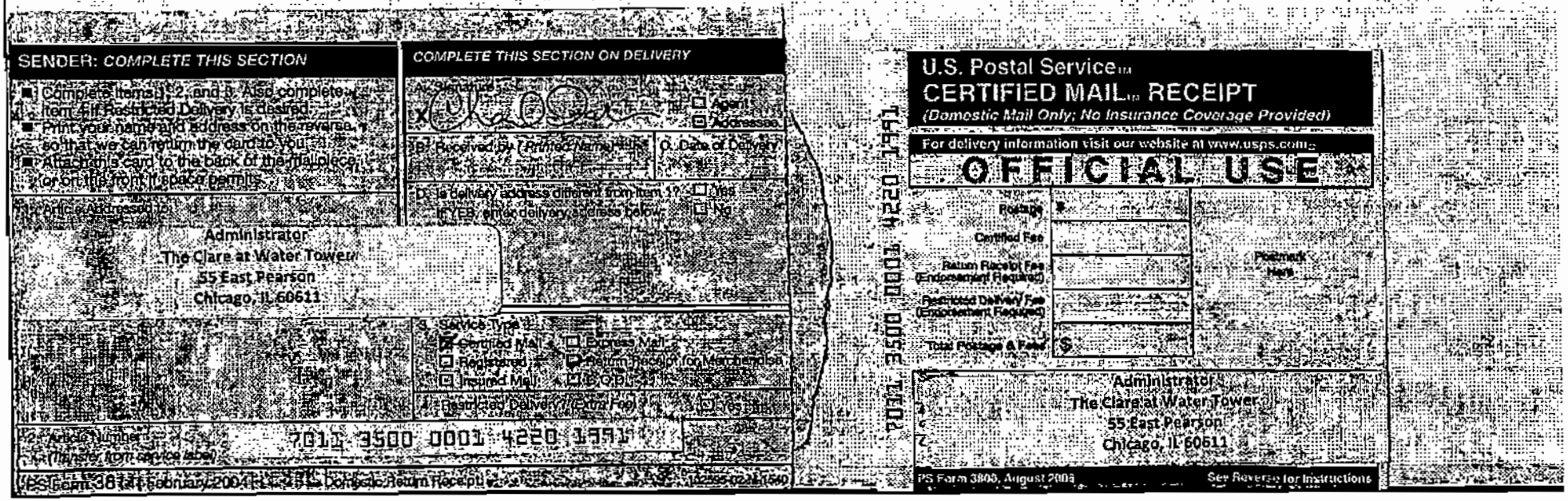
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Margaret Manor
1121 North Orleans
Chicago, IL 60610

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
The Clare at Water Tower
55 East Pearson
Chicago, IL 60611

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1997

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1997

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
The Clare at Water Tower
55 East Pearson
Chicago, IL 60611

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Administrator
Bronzeville Park Skilled Nursing Living Center
5400 South Indiana Avenue
Chicago, IL 60616

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7011 3500 0001 4220 2172

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Administrator
Bronzeville Park Skilled Nursing Living Center
5400 South Indiana Avenue
Chicago, IL 60616

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Administrator
Waterford Nursing & Rehab Center
7445 North Sheridan
Chicago, Illinois 60626

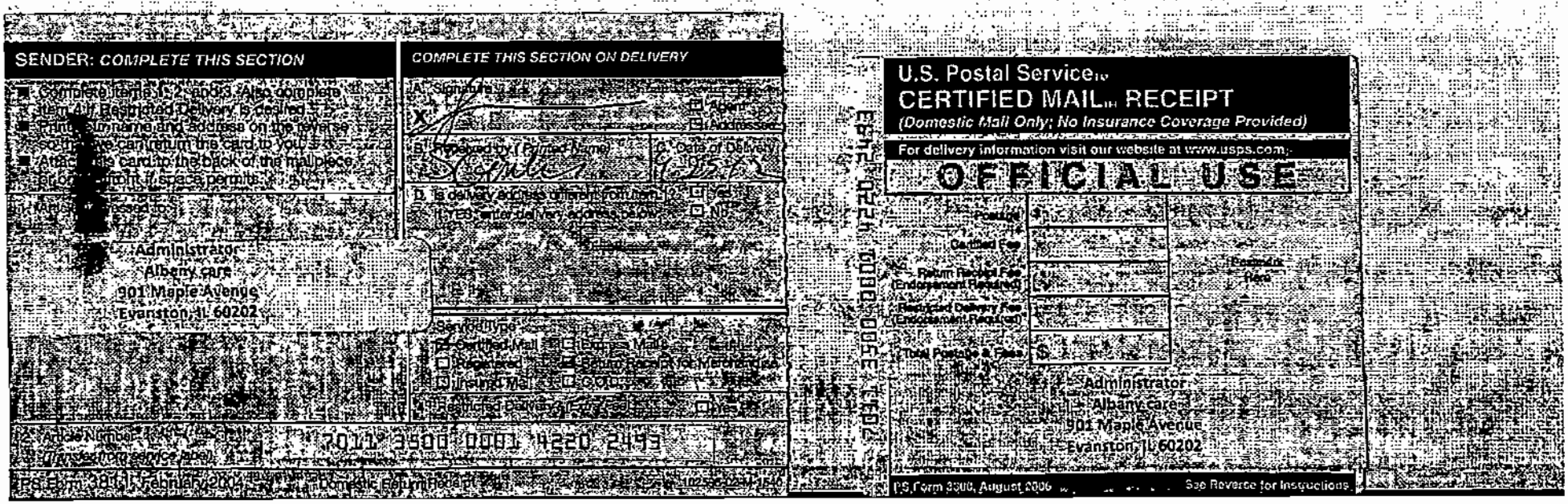
7011 3500 0001 4220 1205

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Administrator
Waterford Nursing & Rehab Center
7445 North Sheridan
Chicago, Illinois 60626

PS Form 3800, August 2006



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Administrator
Albany cares
901 Maple Avenue
Evanston, IL 60202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
Agent
Addressee

B. Received by (Printed Name)
C. Date of Delivery
12-15-11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 2493

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 2493

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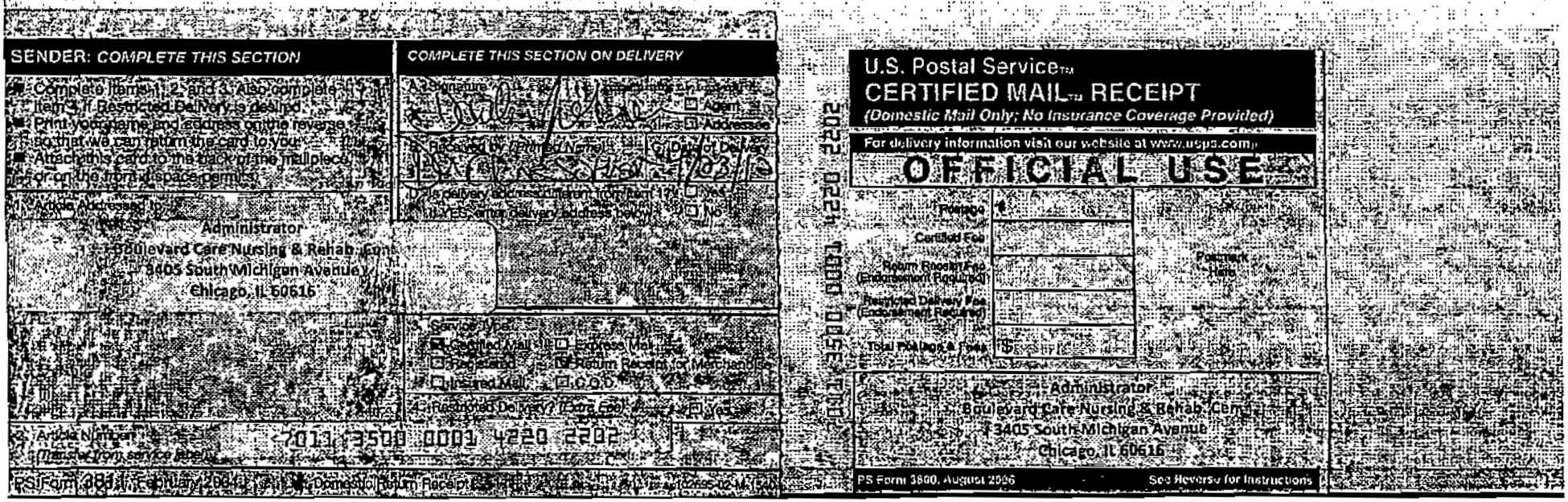
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Albany cares
901 Maple Avenue
Evanston, IL 60202

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Boulevard Care Nursing & Rehab. Cent
3405 South Michigan Avenue
Chicago, IL 60616

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[illegible] 7/23/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 2202

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 2202

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Boulevard Care Nursing & Rehab. Cent
3405 South Michigan Avenue
Chicago, IL 60616

PS Form 3800, August 2006 See Reverse for Instructions

NDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Administrator
Alden Northshore Rehab & HC
5050 West Touhy
Skokie, IL 60077

A. Signature
X
Agent
Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7011 3500 0001 4220 2417

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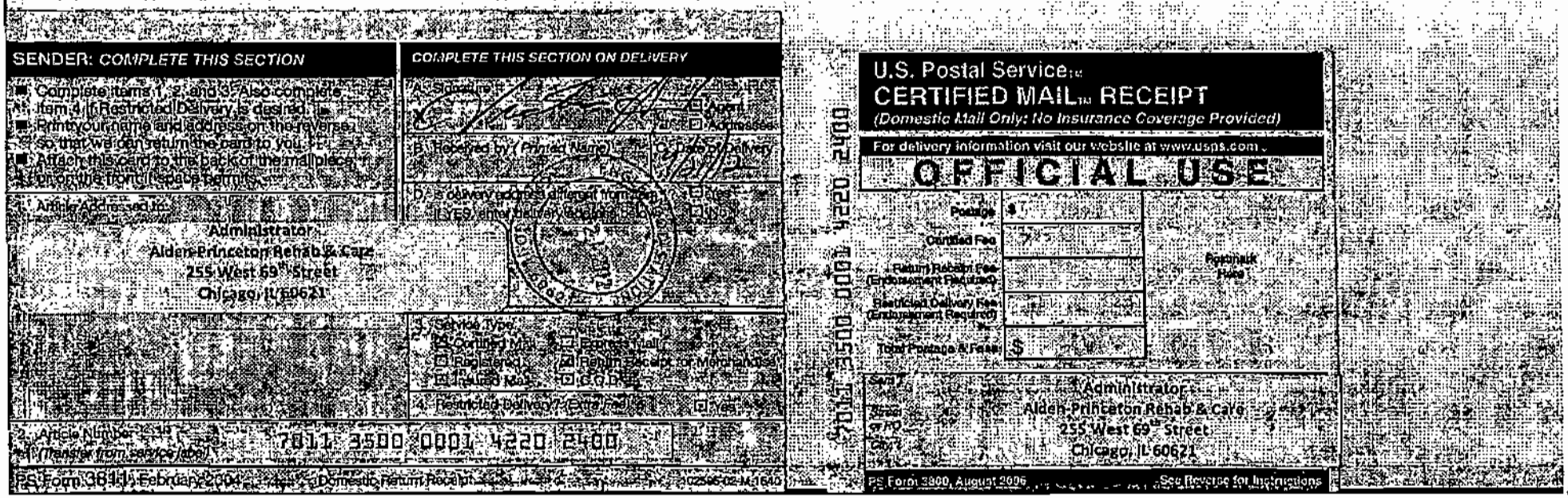
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here

Sent To
Administrator
Alden Northshore Rehab & HC
5050 West Touhy
Skokie, IL 60077

PS Form 3800, June 2002

7011 3500 0001 4220 2417

Domestic Return Receipt
Article Number (Transfer from service label)



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Alden-Princeton Rehab & Care
255 West 69th Street
Chicago, IL 60621

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 2400

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 2400

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Alden-Princeton Rehab & Care
255 West 69th Street
City, State, ZIP+4: Chicago, IL 60621

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Administrator
Alden-Wentworth Rehab & Care
201 West 69th Street
Chicago, IL 60621

7011 3500 0001 4220 2387

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Sent To
Administrator
Alden-Wentworth Rehab & Care
Street, Apt. No.; or PO Box No.
201 West 69th Street
City, State, ZIP+4
Chicago, IL 60621

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Alden-Town Manor Rehab & Hhc
6120 West Ogden
Cicero, IL 60650

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 2240 0004 6527 4644

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Alden-Town Manor Rehab & Hhc
6120 West Ogden
Cicero, IL 60650

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Administrator
Berkeley Nursing & Rehab. Ctr.
6909 West North Avenue
Oak Park, IL 60302

7011 3500 0001 4220 2257

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Sent To
Administrator
Berkeley Nursing & Rehab. Ctr.
6909 West North Avenue
Oak Park, IL 60302

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

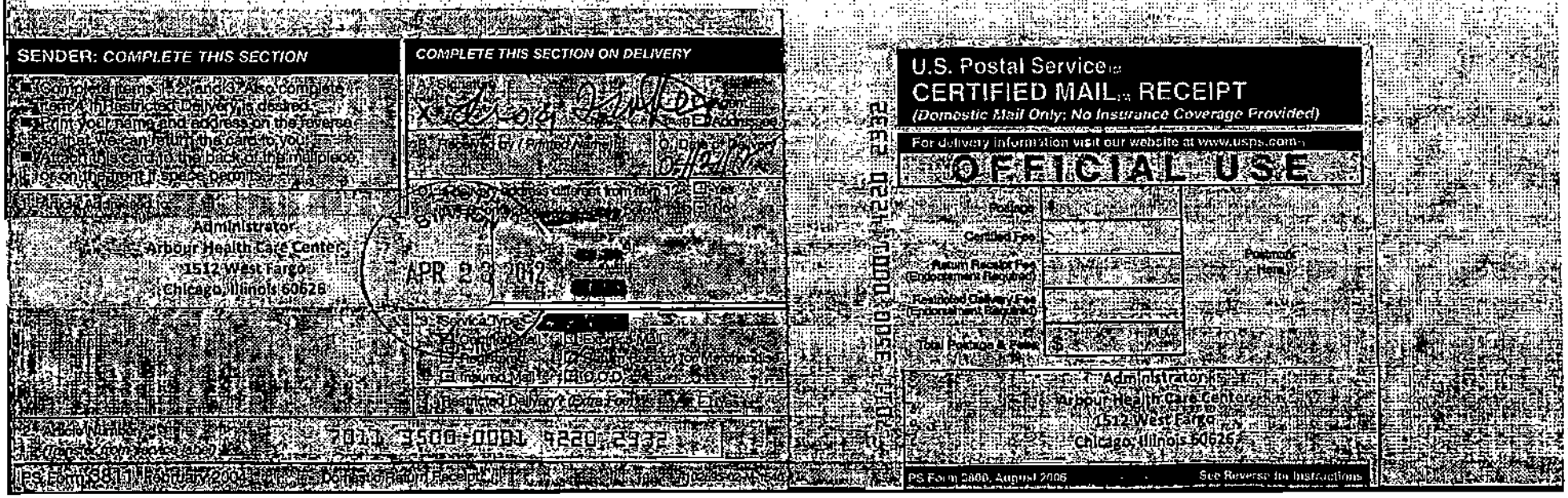
Administrator
Asbury Healthcare
475 E Imhurst Road
Des Plaines, IL 60018

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7011 3500 0001 4220 2325

Page B-21



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Arbour Health Care Center
1512 West Fargo
Chicago, Illinois 60626

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
Agent
Addressee

B. Received by (Printed Name)
C. Date of Delivery
APR 23 2012

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)
7011 3500 0001 9220 2932

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Arbour Health Care Center
1512 West Fargo
Chicago, Illinois 60626

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 9220 2932

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Administrator
All American Nursing Home
5448 North Broadway
Chicago, Illinois 60640

7010 3500 0001 4220 2370

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Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Administrator
All American Nursing Home
5448 North Broadway
Chicago, Illinois 60640

PS Form 3800, August 2002

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

U.S. Postal Service
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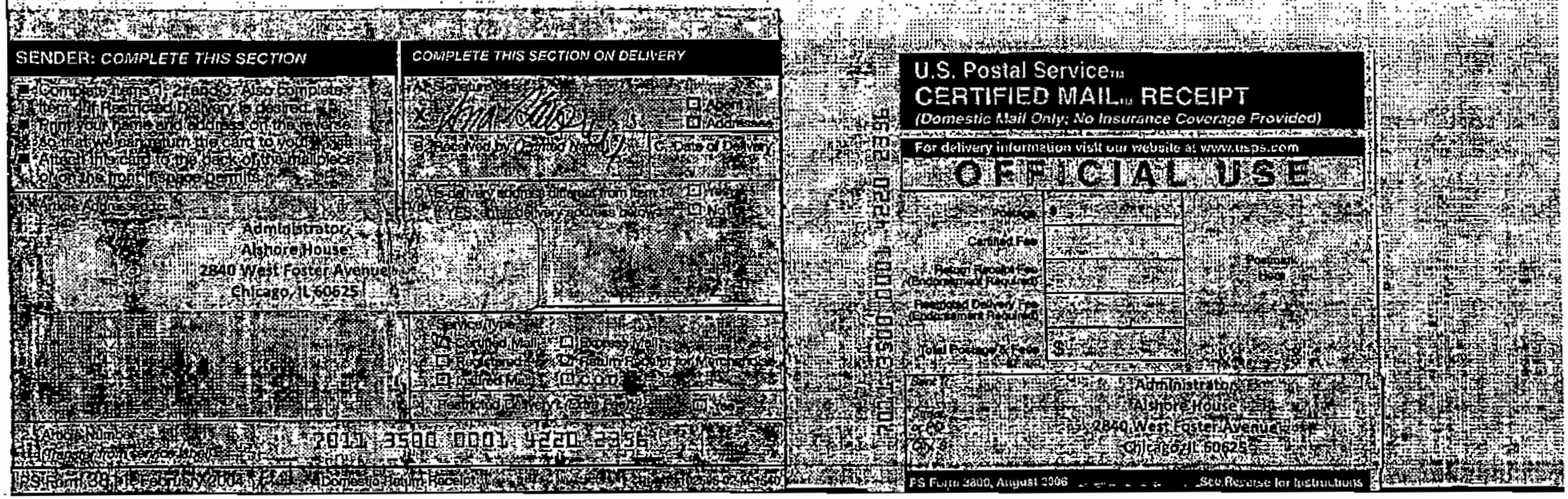
OFFICIAL USE

7004 3500 0001 4220 2343

Administrator
All Faith Pavilion
3500 South Dearborn
Chicago, IL 60653

Administrator
All Faith Pavilion
3500 South Dearborn
Chicago, IL 60653

PS Form 3800, August 2006



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Alshore House
2840 West Foster Avenue
Chicago, IL 60625

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label)
7011 3500 0001 3220 2356

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 3220 2356

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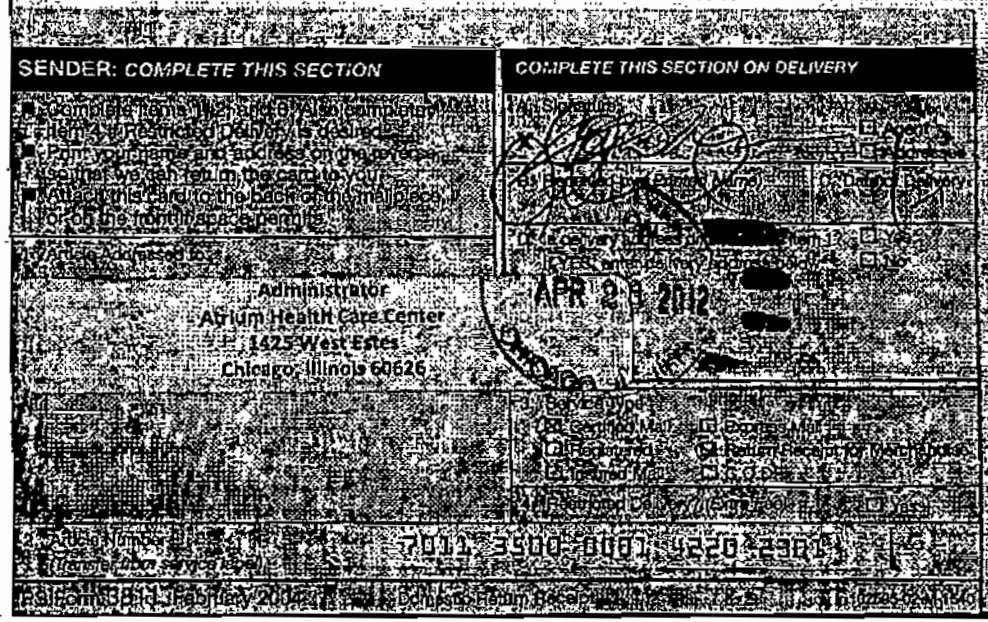
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Alshore House
2840 West Foster Avenue
Chicago, IL 60625

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Atrium Health Care Center
1425 West Estes
Chicago, Illinois 60626

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

APR 2 8 2012

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number (Transfer from service label)

7012 3500 0001 9220 2981

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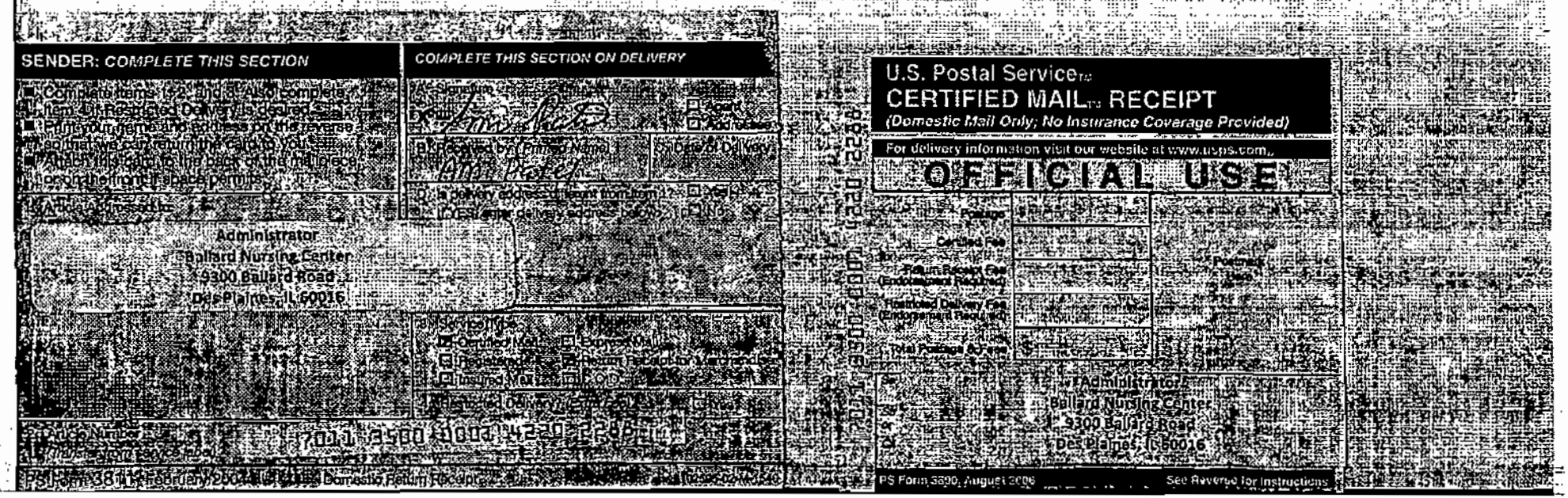
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Atrium Health Care Center
1425 West Estes
Chicago, Illinois 60626

PS Form 3800, August 2006 See Reverse for Instructions

7012 3500 0001 9220 2981



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Ballard Nursing Center
9300 Ballard Road
Des Plaines, IL 60016

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
Agent
Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number
7001 0500 0004 4230 2268

PS Form 3811, February 2004 Domestic Return Receipt

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark
Here

Sent To
Administrator
Ballard Nursing Center
9300 Ballard Road
Des Plaines, IL 60016

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Avenue Care Nursing & Rehab. Center
4505 South Drexel
Chicago, IL 60653

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
Agent
Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)
7017 3500 0001 4226 2295

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

5-22-07 0221 1000 005E 0727

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Avenue Care Nursing & Rehab. Center
4505 South Drexel
Chicago, IL 60653

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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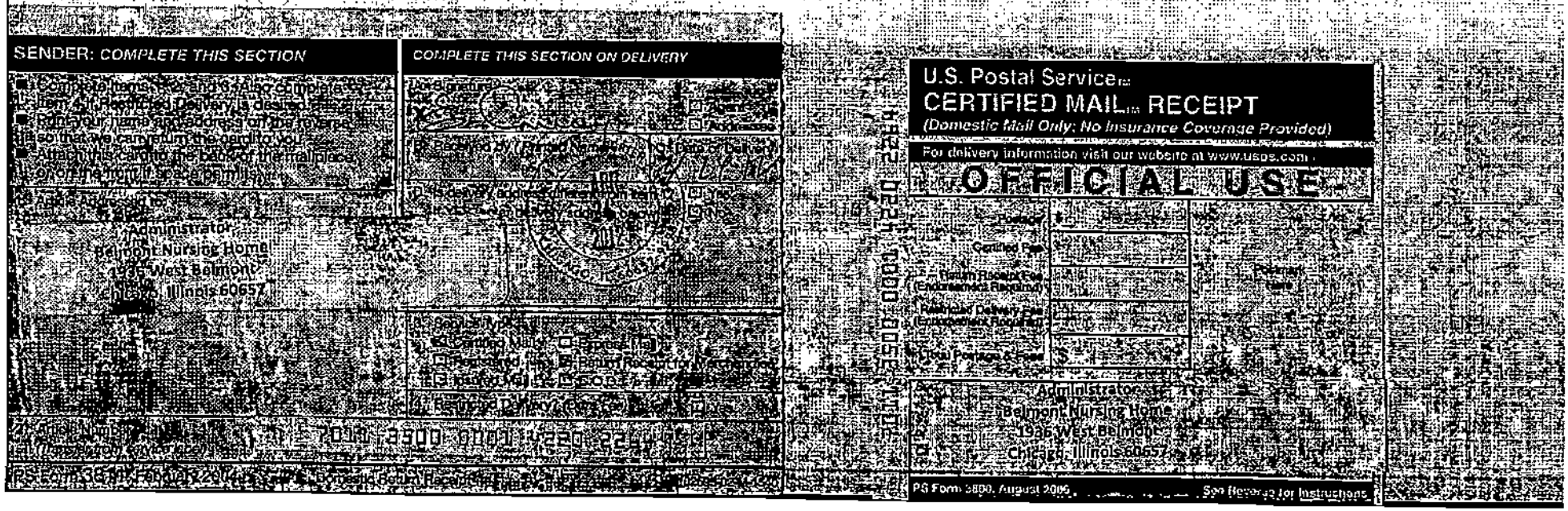
OFFICIAL USE

7001 2510 0004 4220 2318

Administrator
Astoria Place
6300 North California
Chicago, Illinois 60659

PS Form 3800, August 2006

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Administrator
Belmont Nursing Home
1936 West Belmont
Chicago, Illinois 60657

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below:
3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee)

7010 3500 0001 4220 2254

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

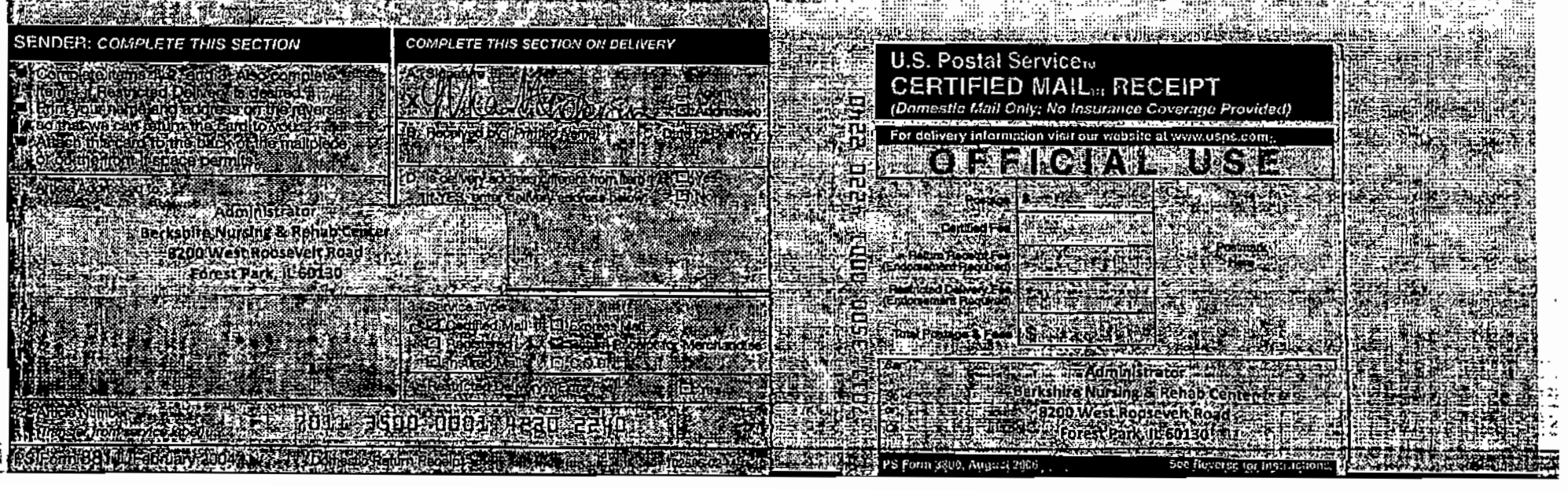
Postmark Here

Sent To
Administrator
Belmont Nursing Home
1936 West Belmont
Chicago, Illinois 60657

PS Form 3800, August 2006 See Reverse for Instructions

7010 3500 0001 4220 2254

PS Form 3811, February 2004 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Berkshire Nursing & Rehab Center
8200 West Roosevelt Road
Forest Park, IL 60130

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x
Agent
Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)
7011 3500 0001 4280 2210

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

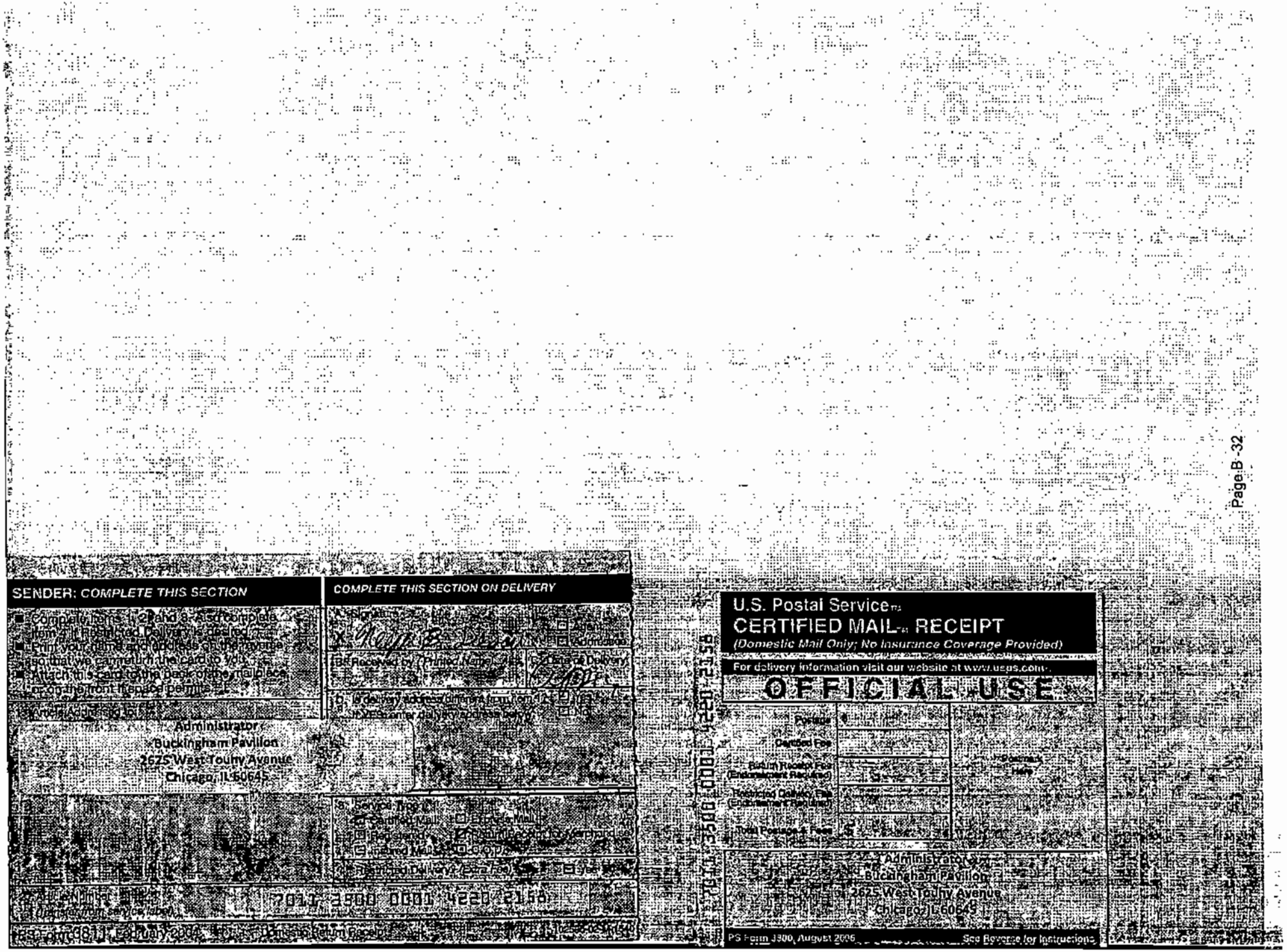
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7011 3500 0001 4280 2210

Sent To
Administrator
Berkshire Nursing & Rehab Center
8200 West Roosevelt Road
Forest Park, IL 60130

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Buckingham Pavilion
2625 West Touhy Avenue
Chicago, IL 60645

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
Agent
Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)
7011 2500 0001 4220 2158

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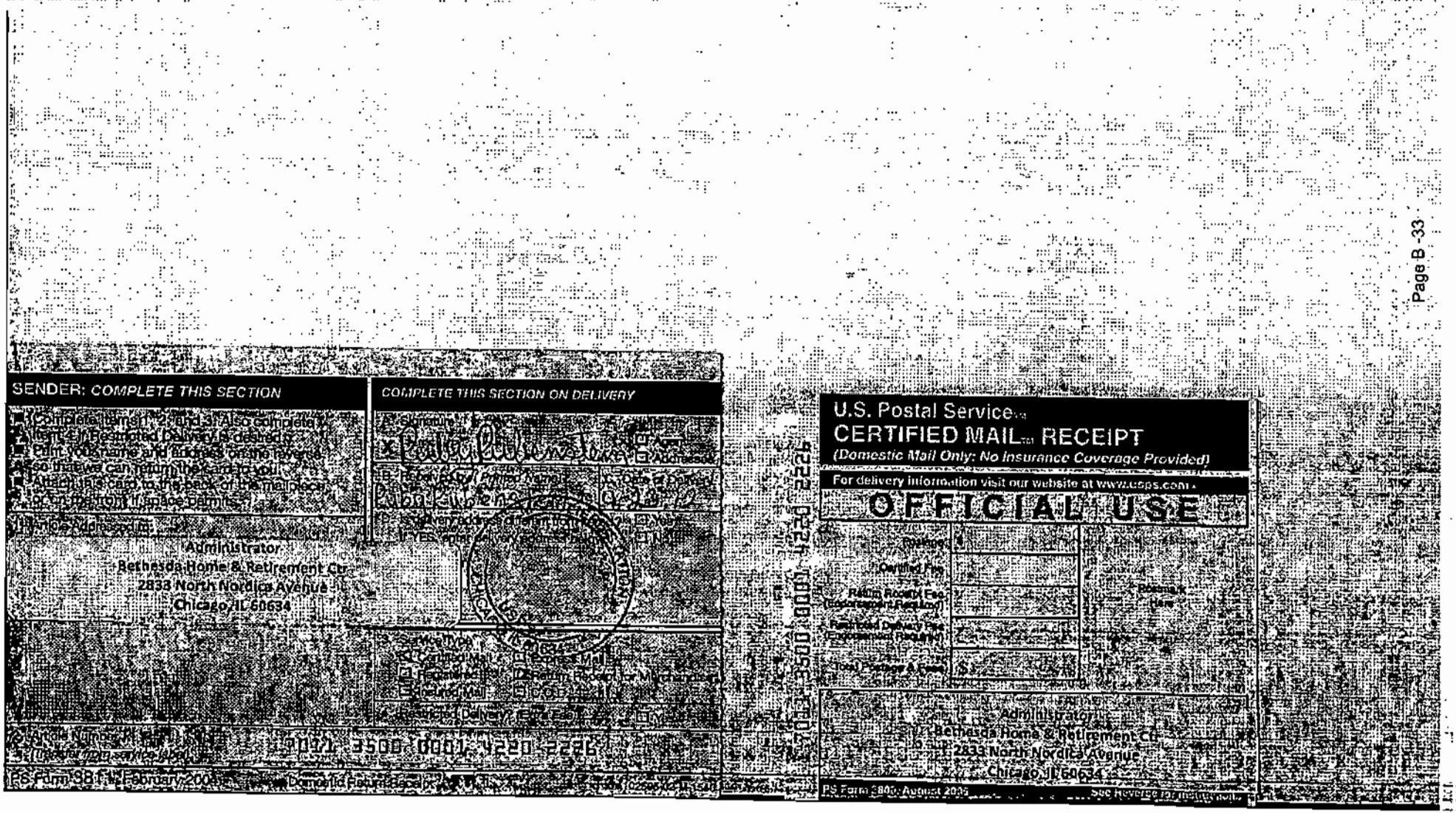
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Buckingham Pavilion
2625 West Touhy Avenue
Chicago, IL 60645

PS Form 3800, August 2006 See Reverse for Instructions

7011 2500 0001 4220 2158



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Administrator
Bethesda Home & Retirement Ctr
2833 North Nordica Avenue
Chicago, IL 60634

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
B. Received by (Printed Name)
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below:

Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee)

Article Number (Transfer from service label)
7071 3500 0001 4220 2226

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service
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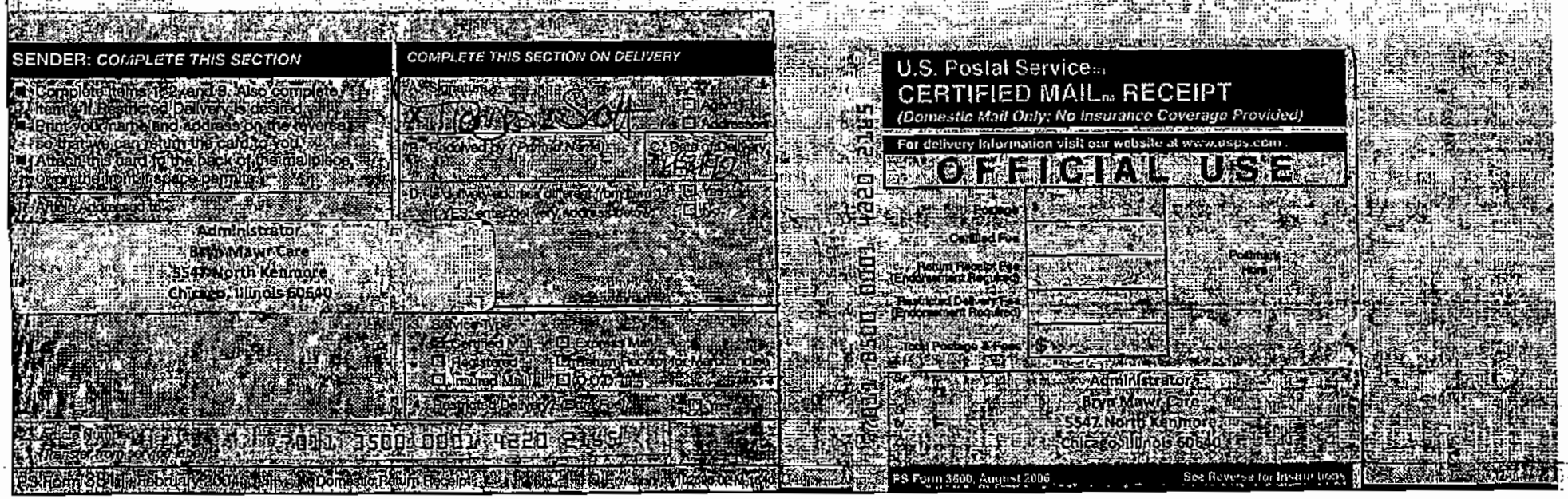
Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Administrator
Bethesda Home & Retirement Ctr
2833 North Nordica Avenue
Chicago, IL 60634

PS Form 3800, August 2006 See Reverse for Instructions

7071 3500 0001 4220 2226


SENDER: COMPLETE THIS SECTION
COMPLETE THIS SECTION ON DELIVERY
Administrator
Bryn Mawr Care
5547 North Kenmore
Chicago, Illinois 60640
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE
Certified Fee
Postmark Here
Total Postage & Fees
Administrator
Bryn Mawr Care
5547 North Kenmore
Chicago, Illinois 60640
PS Form 3800, August 2006
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Administrator
Nightview Care Center
4500 North Beacon
Chicago, Illinois 60670

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

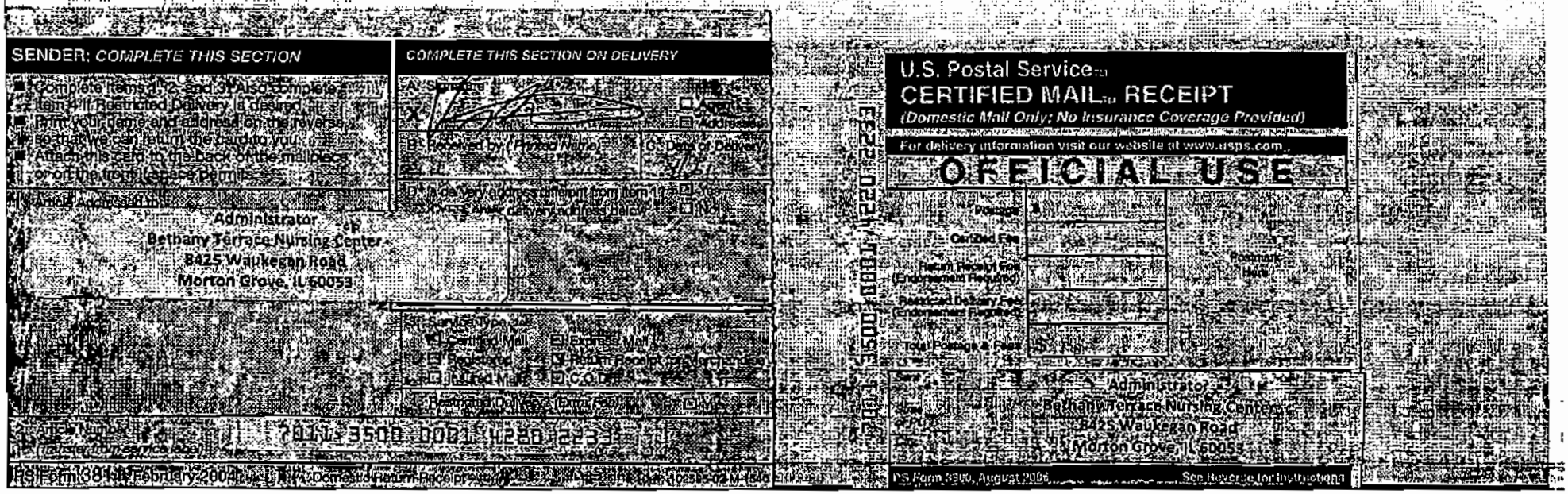
For delivery information visit our website at www.usps.com

OFFICIAL USE

7011 3500 0001 4220 2196

PS Form 3800, August 2006

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Bethany Terrace Nursing Center
8425 Waukegan Road
Morton Grove, IL 60053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label)
7011 3500 0001 4280 2233

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Bethany Terrace Nursing Center
8425 Waukegan Road
Morton Grove, IL 60053

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 4280 2233

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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OFFICIAL USE

7500 0081 4220 2189

Administrator
British Home
8700 Westcott Street
Brookfield, IL 60513

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

U.S. Postal Service™

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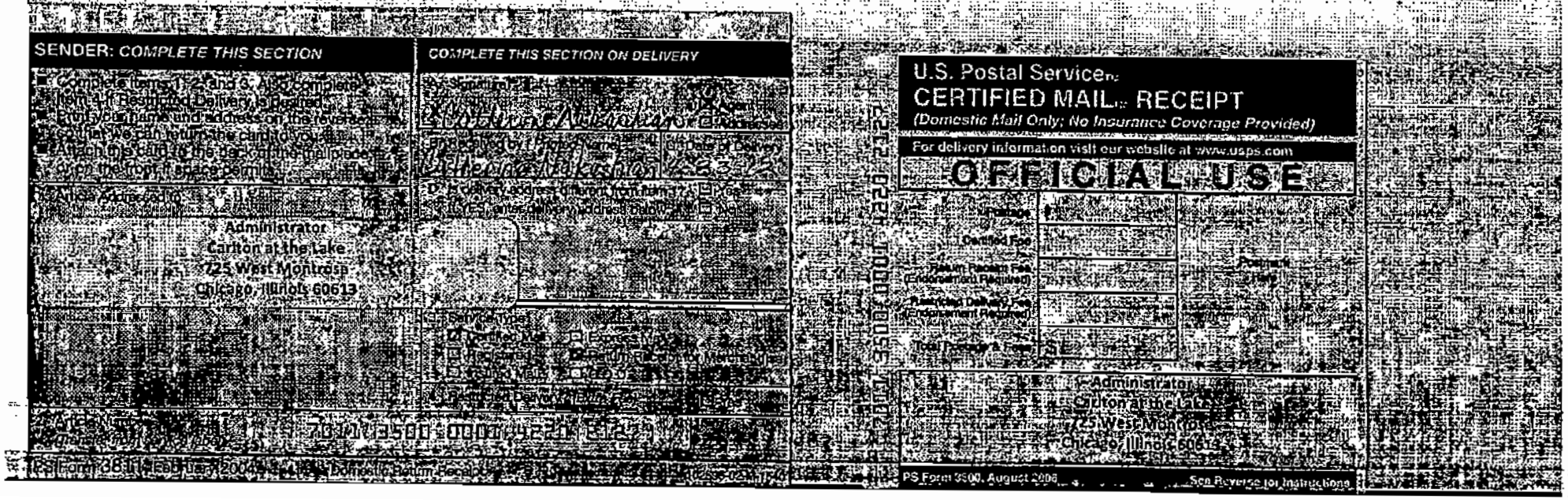
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7011 3500 0001 4220 2841

Page B -38



SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Administrator
Carlton at the Lake
725 West Montrose
Chicago, Illinois 60613

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Administrator
Carlton at the Lake
725 West Montrose
Chicago, Illinois 60613

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

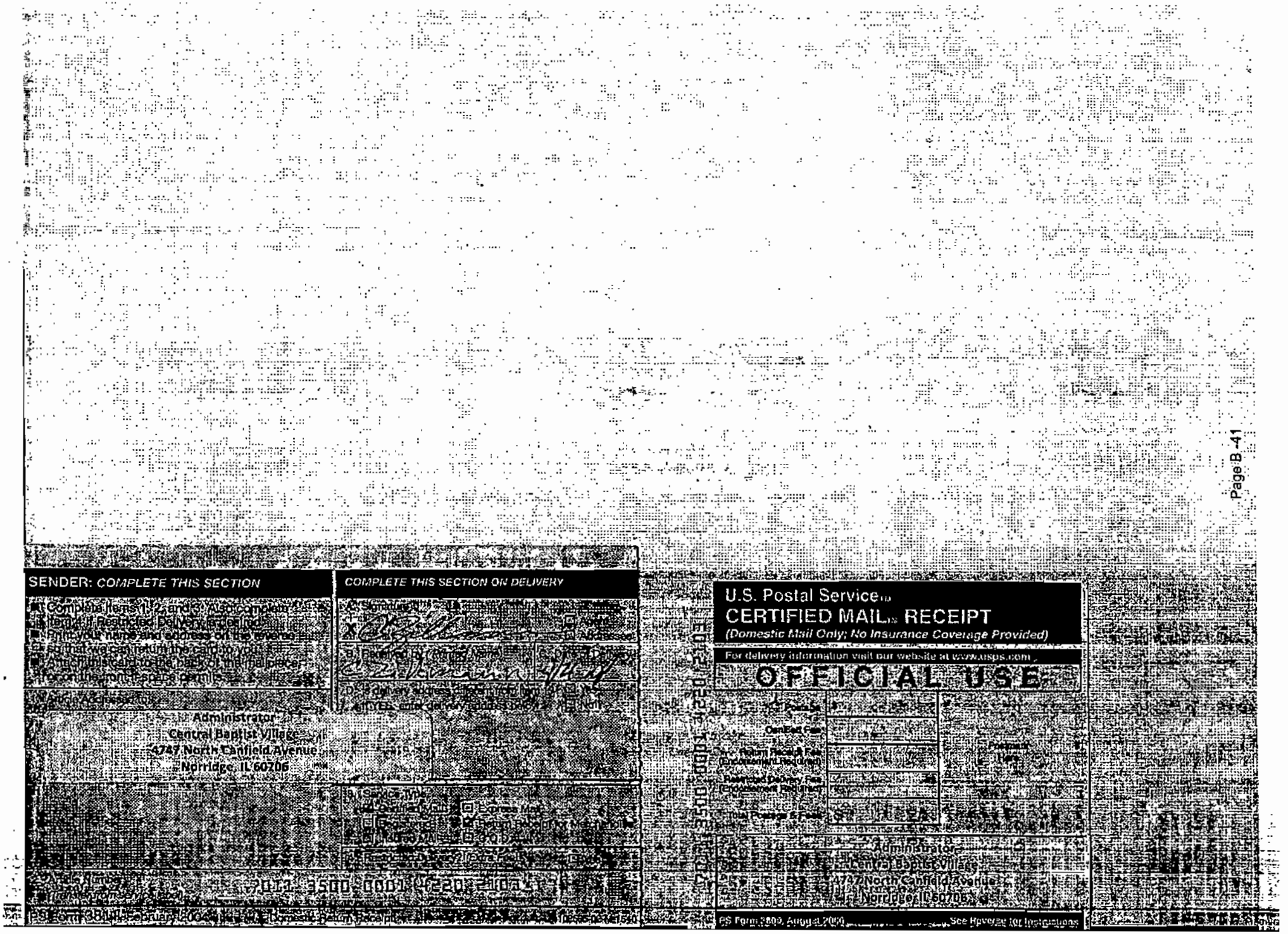
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Administrator
Cambridge Nursing & Rehab
5615 Northcrest Avenue
Mobile, AL 36693

PS Form 3800, August 2006

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SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Administrator
Central Baptist Village
4747 North Canfield Avenue
Norridge, IL 60706

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
Agent
Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)
7011 3500 0001 4622 2104

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Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees
Postmark Here

Sent To
Administrator
Central Baptist Village
Street, Apt. No.; or PO Box No.
4747 North Canfield Avenue
City, State, ZIP+4
Norridge, IL 60706

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 4622 2104

Page B -41

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

7011 3500 0001 4220 2097

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Administrator
Central Nursing Home
2450 North Central Avenue
Chicago, IL 60639

PS Form 3800, August 2006

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Cedar Point Rehab & Nursing
5825 West Cermak Road
Cicero, IL 60804

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7001 3500 0004 4220 2130

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7001 3500 0004 4220 2130

Administrator
Cedar Point Rehab & Nursing
5825 West Cermak Road
Cicero, IL 60804

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Administrator
Central Plaza Residential Home
921 North Central
Chicago, IL 60644

7010 3500 0001 5420 2080

U.S. Postal Service
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OFFICIAL USE

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Administrator
Central Plaza Residential Home
921 North Central
Chicago, IL 60644

PS Form 3800, August 2006 See Reverse for Instructions

PS Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Administrator
Columbus Manor Residential
5107 West Jackson Blvd
Chicago, IL 60644

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label)
7010 1500 0001 4220 2059

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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OFFICIAL USE

Postage	$	
Certified Fee		Postmark Here
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$	

Sent To
Administrator
Columbus Manor Residential
5107 West Jackson Blvd
Chicago, IL 60644

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

7000 3500 0000 4220 1830

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See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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OFFICIAL USE

7010 3500 0001 4920 2042

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Administrator
Clark Manor Convalescent Center
7433 North Clark Street
Chicago, Illinois 60626

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent
Addressee

B. Received by (Printed Name) C. Date of Delivery
[signature] APR 13 2012

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail Express Mail
Registered Return Receipt for Merchandise
Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 2078

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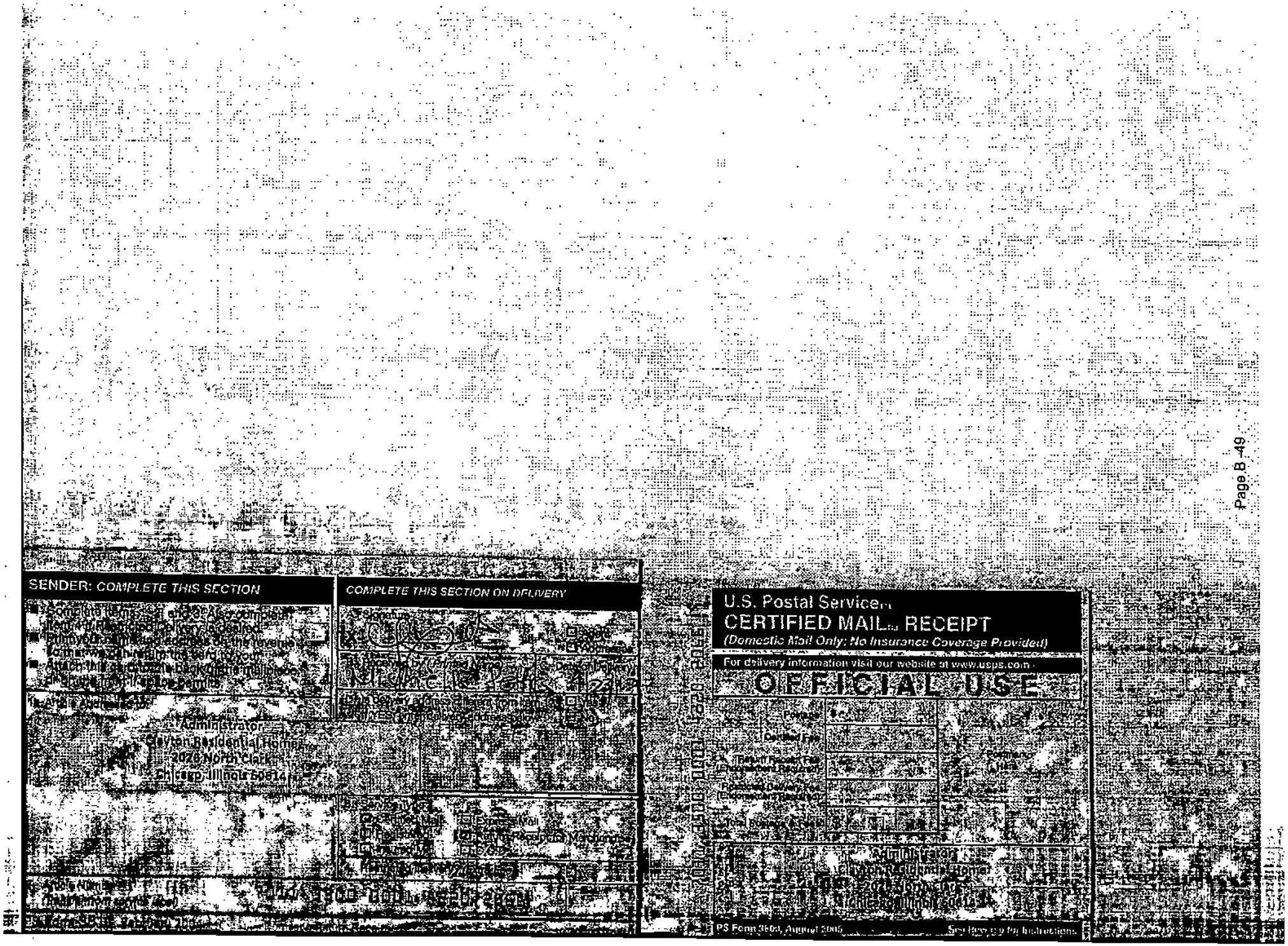
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Clark Manor Convalescent Center
Street, Apt. No.; or PO Box No.
7433 North Clark Street
City, State, ZIP+4
Chicago, Illinois 60626

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

Administrator
Clayton Residential Homes
2026 North Clark
Chicago, Illinois 60614

COMPLETE THIS SECTION ON DELIVERY

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Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Administrator
Clayton Residential Homes
2026 North Clark
Chicago, Illinois 60614

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Courtyard Healthcare Center
3601 South Harlem Avenue
Berwyn, IL 60402

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 4/14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 2011

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 2011

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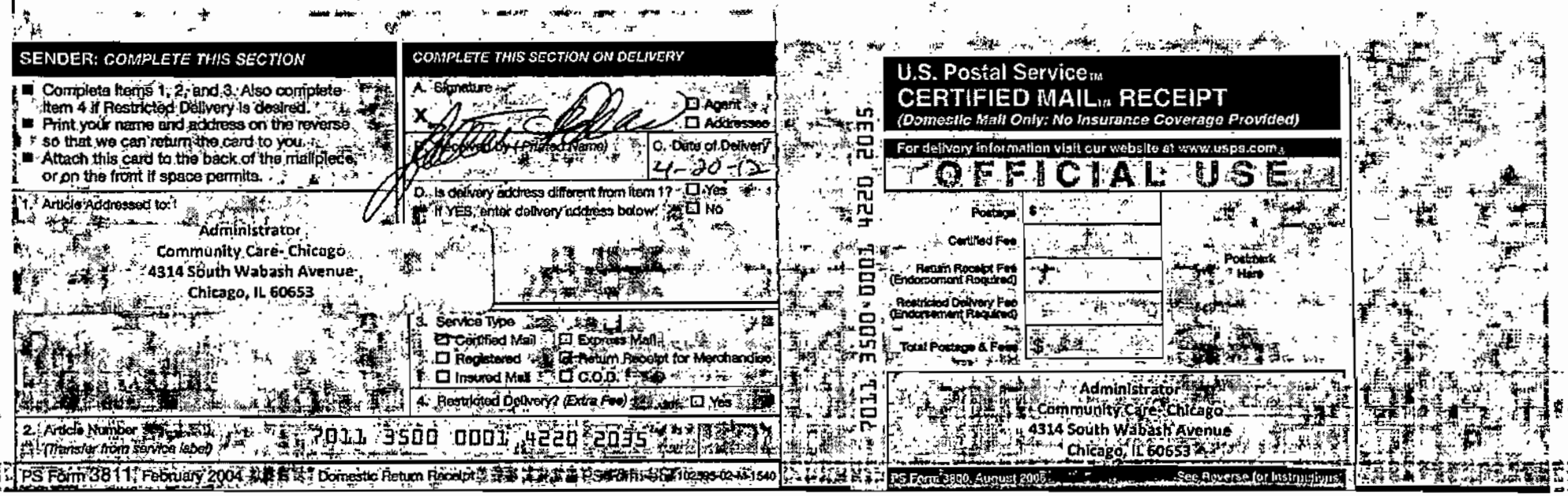
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Courtyard Healthcare Center
3601 South Harlem Avenue
Berwyn, IL 60402

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Community Care- Chicago
4314 South Wabash Avenue
Chicago, IL 60653

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
4-20-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7011 3500 0001 4220 2035

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 2035

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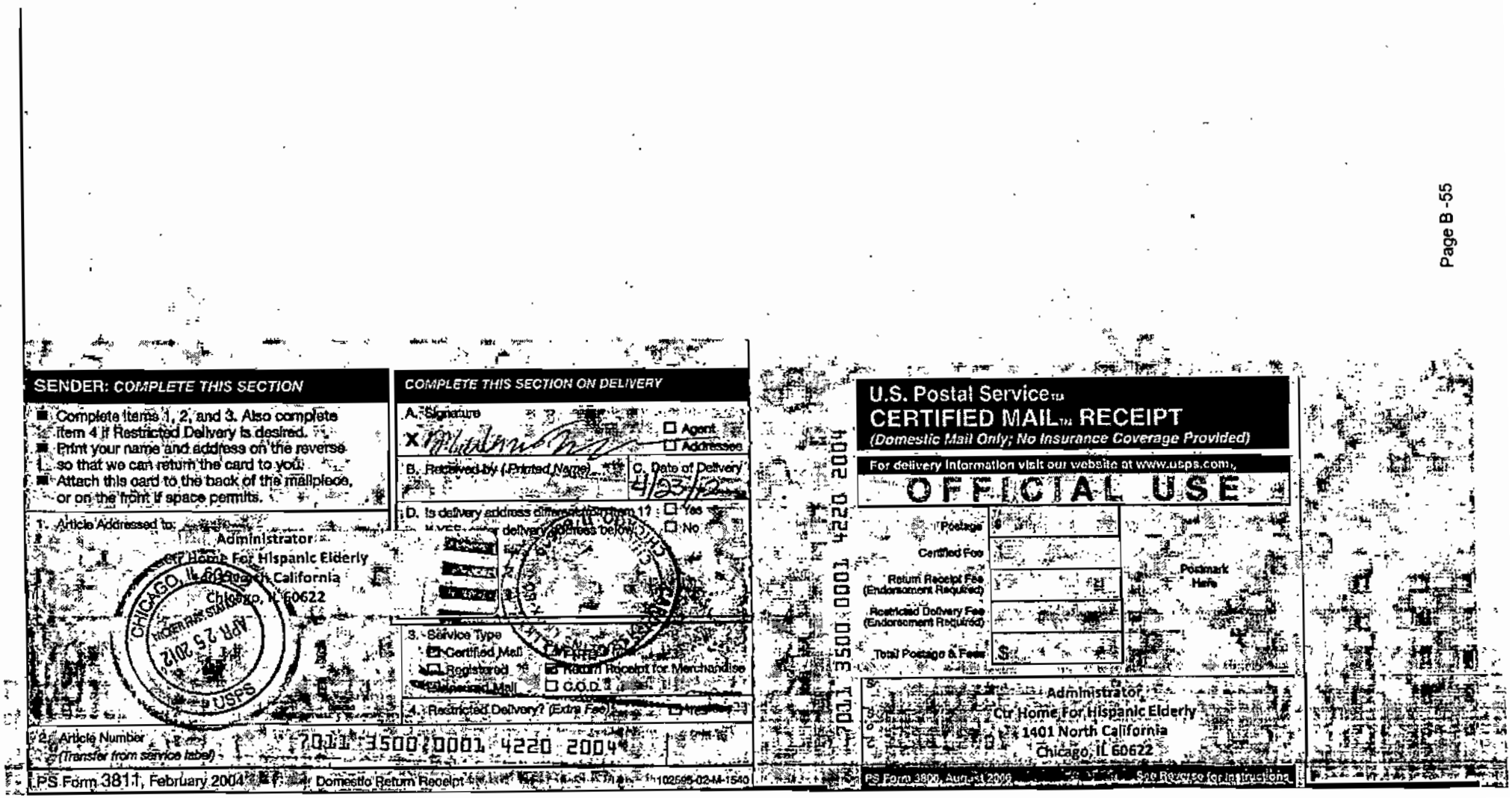
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Community Care- Chicago
4314 South Wabash Avenue
Chicago, IL 60653

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Cir Home For Hispanic Elderly
1401 North California
Chicago, IL 60622

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
Agent
Addressee

B. Received by (Printed Name)
C. Date of Delivery
4/23/12

D. Is delivery address different from 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail
Registered
Insured Mail
Return Receipt for Merchandise
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)
7011 3500 0001 4220 2004

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CHICAGO, IL 60622 APR 25 2012 USPS

7011 3500 0001 4220 2004

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Cir Home For Hispanic Elderly
1401 North California
Chicago, IL 60622

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Continental Nursing & Rehab Center
5336 North Western
Chicago, Illinois 60625

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Denise Ladao C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 2028

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 2028

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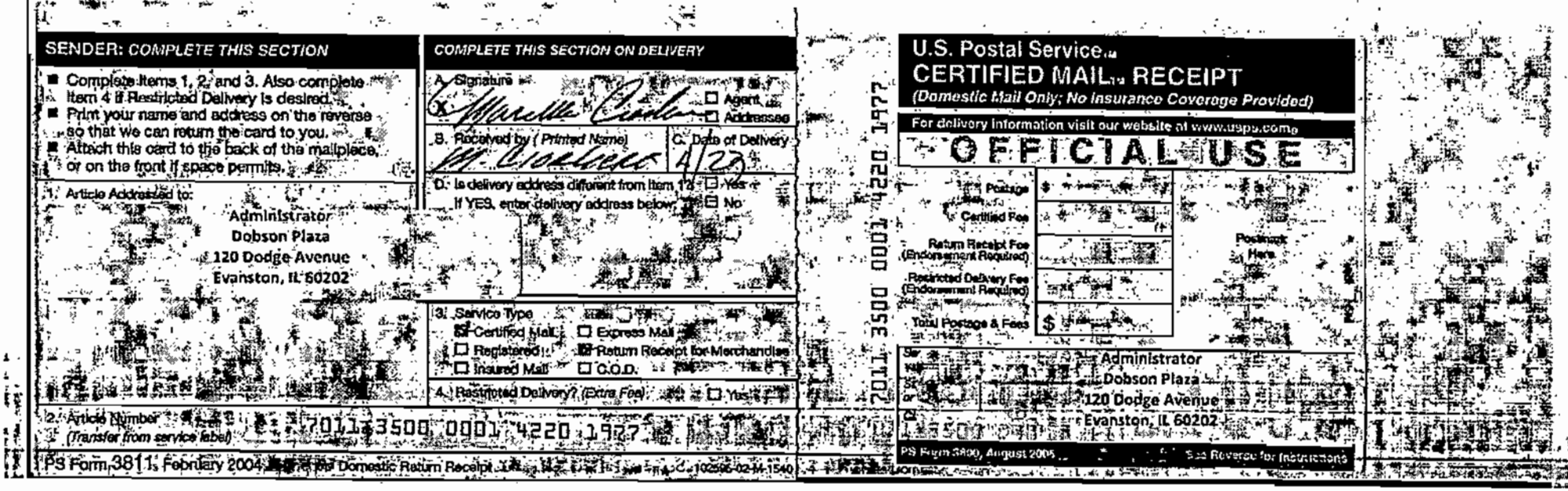
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Continental Nursing & Rehab Center
5336 North Western
Chicago, Illinois 60625

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Dobson Plaza
120 Dodge Avenue
Evanston, IL 60202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marcella Gordon ☐ Agent ☐ Addressee

B. Received by (Printed Name) M Gordon C. Date of Delivery 4/27

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1927

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1927

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Dobson Plaza
120 Dodge Avenue
City, State, ZIP+4: Evanston, IL 60202

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
The Danish Home
5656 North Newcastle Avenue
Chicago, IL 60631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) April Pasquale — C. Date of Delivery 4/20/10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1984

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1984

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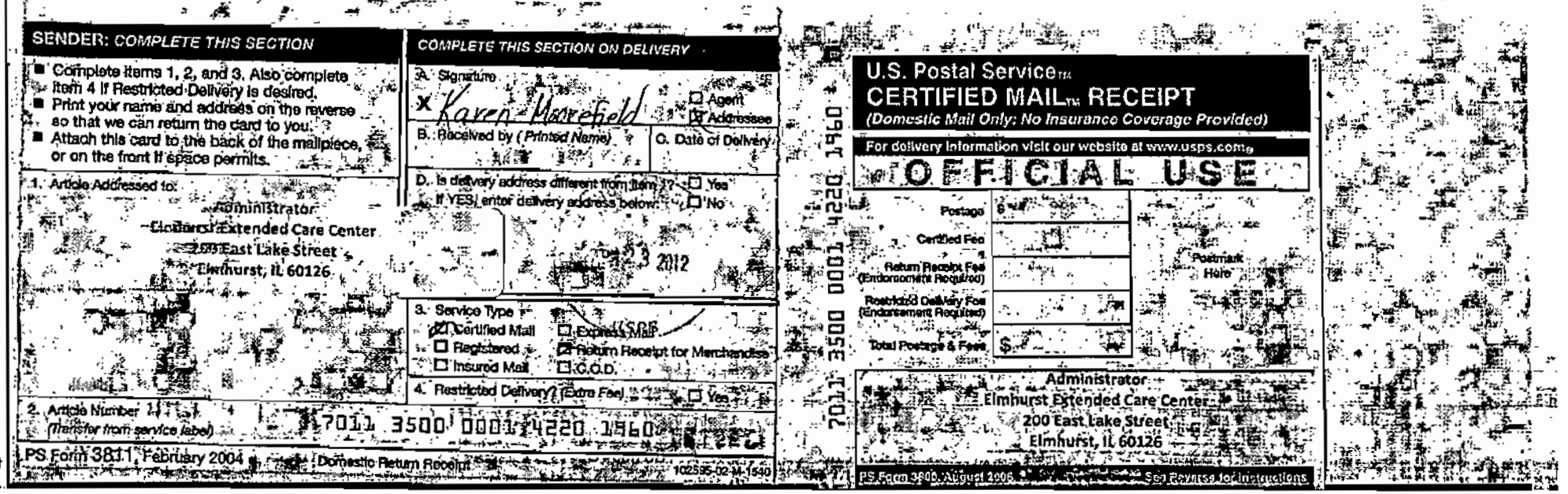
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
The Danish Home
Street, Apt. No.; or PO Box No.: 5656 North Newcastle Avenue
City, State, ZIP+4: Chicago, IL 60631

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Elmhurst Extended Care Center
200 East Lake Street
Elmhurst, IL 60126

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Moorefield
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery
DEC 3 2012

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1560

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1560

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Elmhurst Extended Care Center
200 East Lake Street
Elmhurst, IL 60126

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Evanston Nursing & Rehab Center
1300 Oak Avenue
Evanston, IL 60201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Linda White ☐ Agent ☐ Addressee

B. Received by (Printed Name) Linda White C. Date of Delivery 4-23-12

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1922

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1922

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Evanston Nursing & Rehab Center
City, State, ZIP+4: 1300 Oak Avenue
Evanston, IL 60201

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Elston Nursing & Rehab Center
4340 North Keystone
Chicago, Illinois 6064

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _____ ☐ Agent ☐ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7011 3500 0001 4220 1946

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1946

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Elston Nursing & Rehab Center
Street, Apt. No.; or PO Box No.: 4340 North Keystone
City, State, ZIP+4: Chicago, Illinois 6064

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Alden-Northmoor Rehab Hc Ctr
5821 North Northwest Highway
Chicago, IL 60631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Teresa Pumpaglowski ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 2424

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 2424

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Alden-Northmoor Rehab Hc Ctr
5821 North Northwest Highway
Chicago, IL 60631

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Elmhurst Memorial Hospital
200 Berteau Avenue
Elmhurst, IL 60126

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label)

7011 3500 0001 4220 1953

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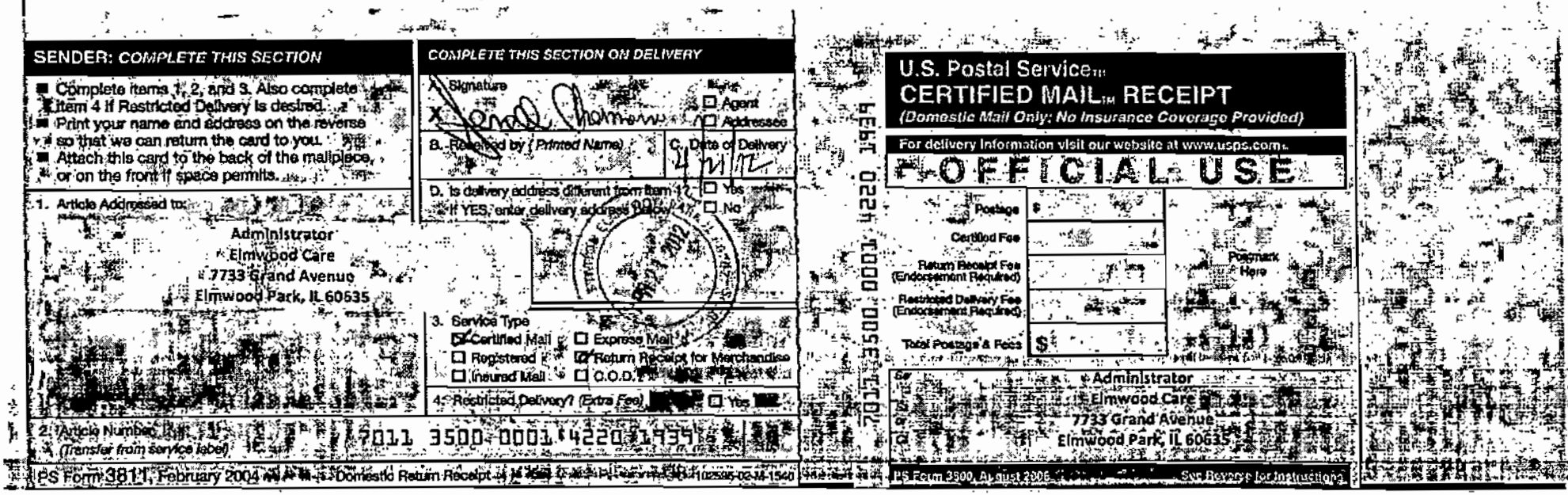
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Elmhurst Memorial Hospital, 200 Berteau Avenue
City, State, ZIP+4: Elmhurst, IL 60126

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Elmwood Care
7733 Grand Avenue
Elmwood Park, IL 60535

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 4/11/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1737

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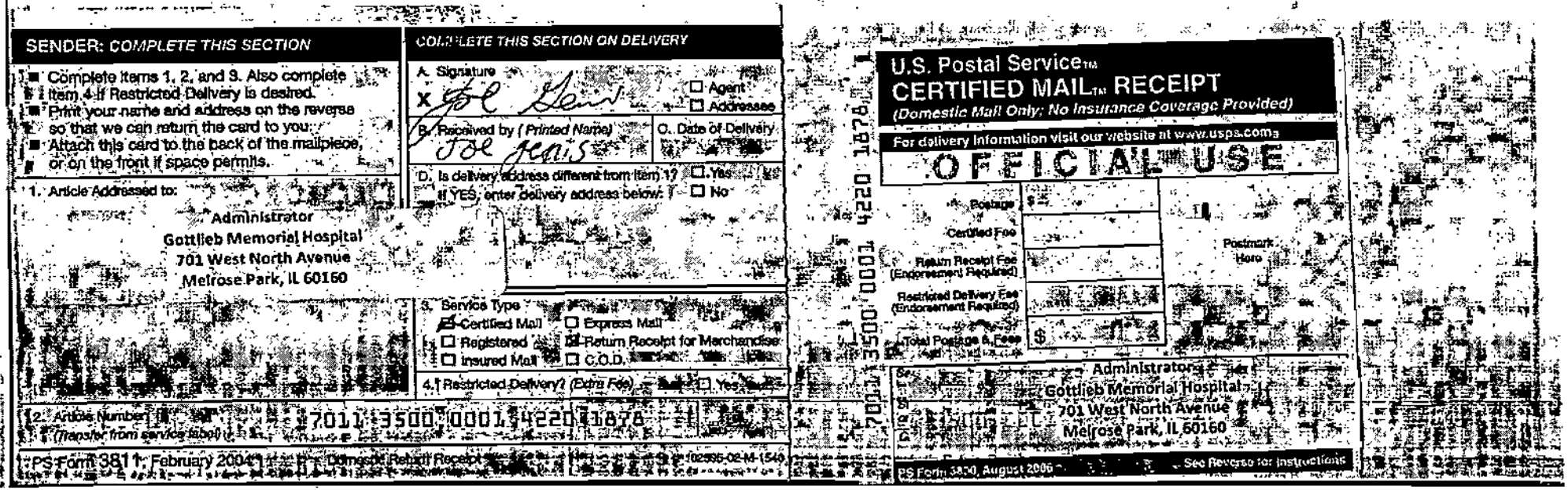
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Elmwood Care
Street, Apt. No.; or PO Box No. 7733 Grand Avenue
City, State, ZIP+4 Elmwood Park, IL 60635

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 4220 1737



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joe Lewis ☐ Agent ☐ Addressee

B. Received by (Printed Name) Joe Lewis C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1878

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7011 3500 0001 4220 1878

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Gottlieb Memorial Hospital, 701 West North Avenue
City, State, ZIP+4: Melrose Park, IL 60160

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Administrator
Alden Estates Of Evanston
2520 Gross Pointe Road
Evanston, IL 60201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Alden Gates]
C. Date of Delivery 4/30/12

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7011 3500 0001 4220 2462

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 2462

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No., or PO Box No.: Alden Estates Of Evanston
City, State, ZIP+4: 2520 Gross Pointe Road
Evanston, IL 60201

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Glencrest Healthcare & Rehab Center
2451 West Touhy
Chicago, Illinois 60645

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Amanda Kiff ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1885

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1885

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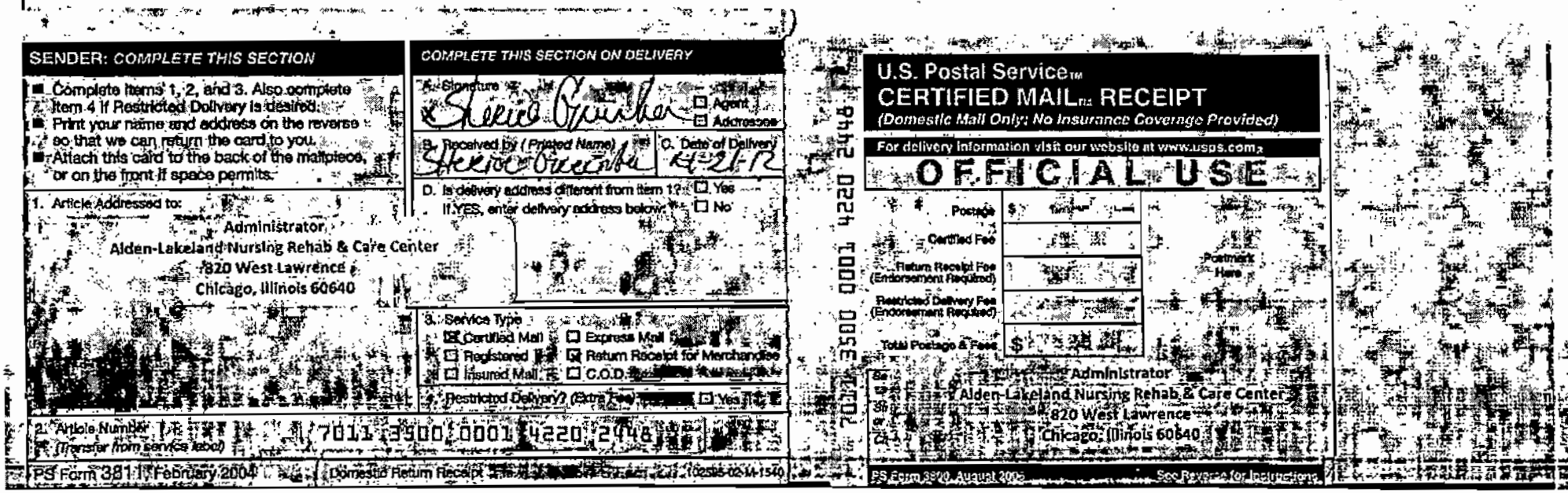
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Glencrest Healthcare & Rehab Center
2451 West Touhy
Chicago, Illinois 60645

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Alden-Lakeland Nursing Rehab & Care Center
820 West Lawrence
Chicago, Illinois 60640

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Sterica Gunther — ☐ Agent ☐ Addressee

B. Received by (Printed Name): Sterica Gunther — C. Date of Delivery: 4-21-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7011 3500 0001 4220 2448

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7011 3500 0001 4220 2448

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Alden-Lakeland Nursing Rehab & Care Center, 820 West Lawrence
City, State, ZIP+4: Chicago, Illinois 60640

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Forest Villa Nsg. & Reh Ctr.
6840 West Touhy Avenue
Niles, IL 60714

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Donna Alvarez
C. Date of Delivery 9/21

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1908

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1908

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Forest Villa Nsg. & Reh Ctr.
6840 West Touhy Avenue
City, State, ZIP+4: Niles, IL 60714

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Fairmont Care Center
5061 North Pulaski
Chicago, Illinois 60630

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 4-21-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

APR 23 2012

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1915

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1915

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Fairmont Care Center
5061 North Pulaski
Chicago, Illinois 60630

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Alden Estates of Skokie
4660 Old Orchard Road
Skokie, IL 60076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Anya Dayan C. Date of Delivery 4-21-10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

SKOKIE,IL 60076 APR 21 2010 U.S.P.S.

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 2455

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 2455

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Alden Estates of Skokie
City, State, ZIP+4: 4660 Old Orchard Road
Skokie, IL 60076

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Grasmere Place
4621 North Sheridan Road
Chicago, Illinois 60640

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Dalian Williams C. Date of Delivery 4/21/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1861

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1861

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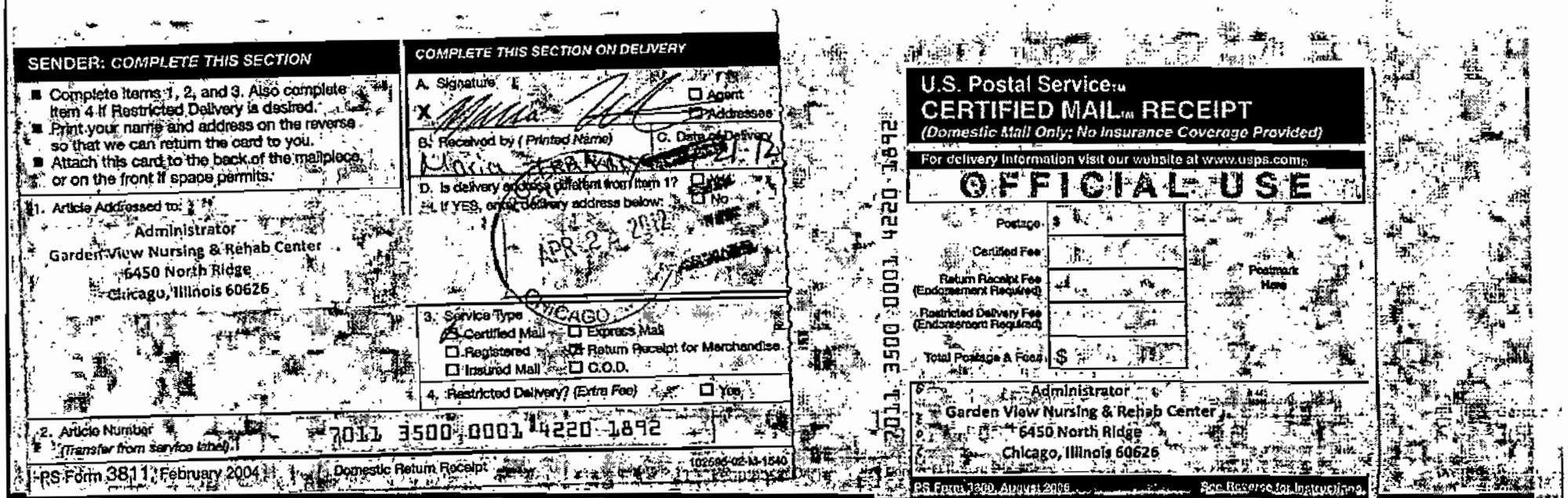
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Grasmere Place
4621 North Sheridan Road
Chicago, Illinois 60640

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Garden View Nursing & Rehab Center
6450 North Ridge
Chicago, Illinois 60626

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
4-27-12

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

APR 27 2012
CHICAGO

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1892

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1892

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Garden View Nursing & Rehab Center
6450 North Ridge
Chicago, Illinois 60626

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Gross Pointe Manor
6601 West Touhy Avenue
Niles, IL 60714

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 4-21-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

NILES, IL 60714-9998

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1847

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1847

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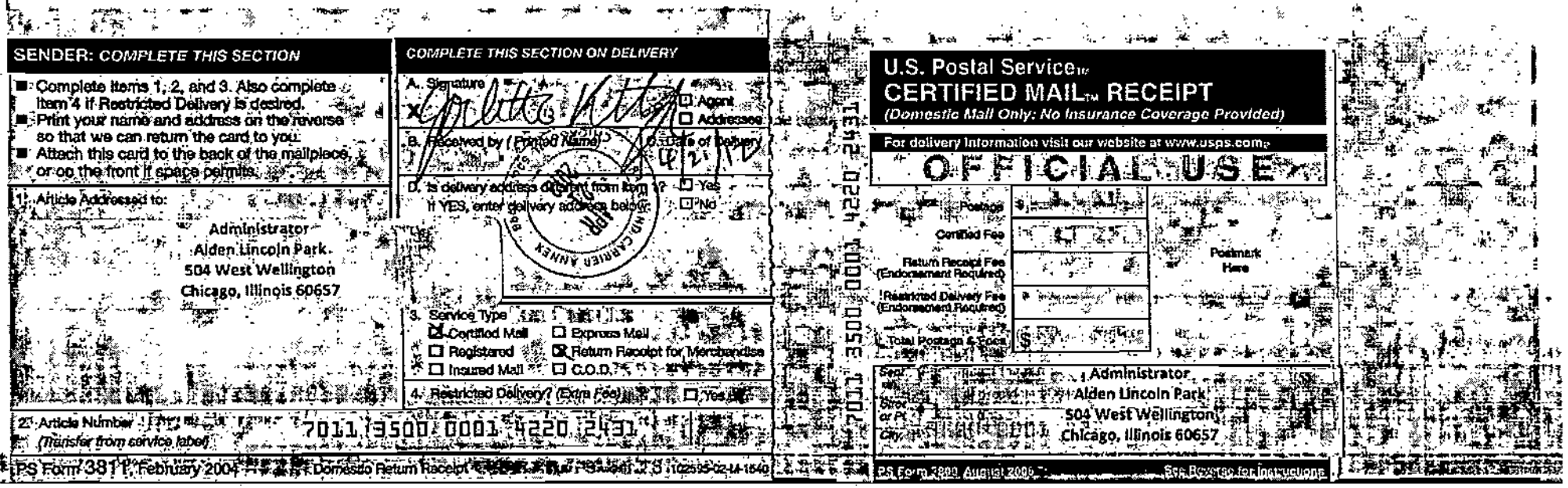
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Gross Pointe Manor
Street, Apt. No.: 6601 West Touhy Avenue
City, State, ZIP+4®: Niles, IL 60714

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Alden Lincoln Park
504 West Wellington
Chicago, Illinois 60657

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[signature] 4/21/10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 2431

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 2431

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No., or PO Box No.: Alden Lincoln Park 504 West Wellington
City, State, ZIP+4: Chicago, Illinois 60657

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Greenwood Care
1406 Chicago Avenue
Evanston, IL 60202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery
2/24/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1854

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1854

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Greenwood Care
1406 Chicago Avenue
Evanston, IL 60202

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
The Grove of Evanston
500 Asbury Street
Evanston, IL 60202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 4-24

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1816

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1816

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
The Grove of Evanston
500 Asbury Street
Evanston, IL 60202

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Lee Manor
1301 Lee Street
Des Plaines, IL 60018

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) S. GARCIA
C. Date of Delivery 4/29/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1724

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1724

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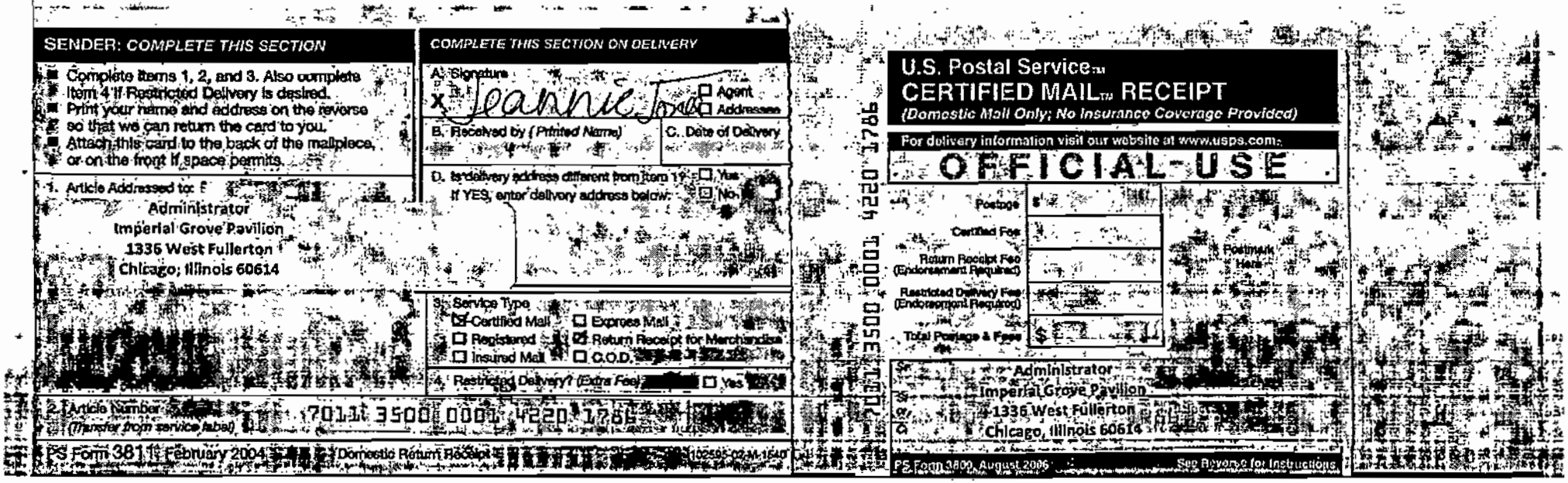
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Lee Manor
1301 Lee Street
Des Plaines, IL 60018

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Imperial Grove Pavilion
1336 West Fullerton
Chicago, Illinois 60614

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jeannie Todd ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1786

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1786

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Imperial Grove Pavilion
Street, Apt. No.; or PO Box No.: 1336 West Fullerton
City, State, ZIP+4: Chicago, Illinois 60614

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Jackson Square Nrg & Rehab Ctr
5130 West Jackson Boulevard
Chicago, IL 60644

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
Agent
Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)

7011 3500 0001 4220 1762

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7011 3500 0001 4220 1762

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Jackson Square Nrg & Rehab Ctr
City, State, ZIP+4: 5130 West Jackson Boulevard Chicago, IL 60644

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
International Nursing & Rehab Center
4815 South Western Avenue
Chicago, IL 60609

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Xiomara Villagomez C. Date of Delivery 11-21-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1779

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1779

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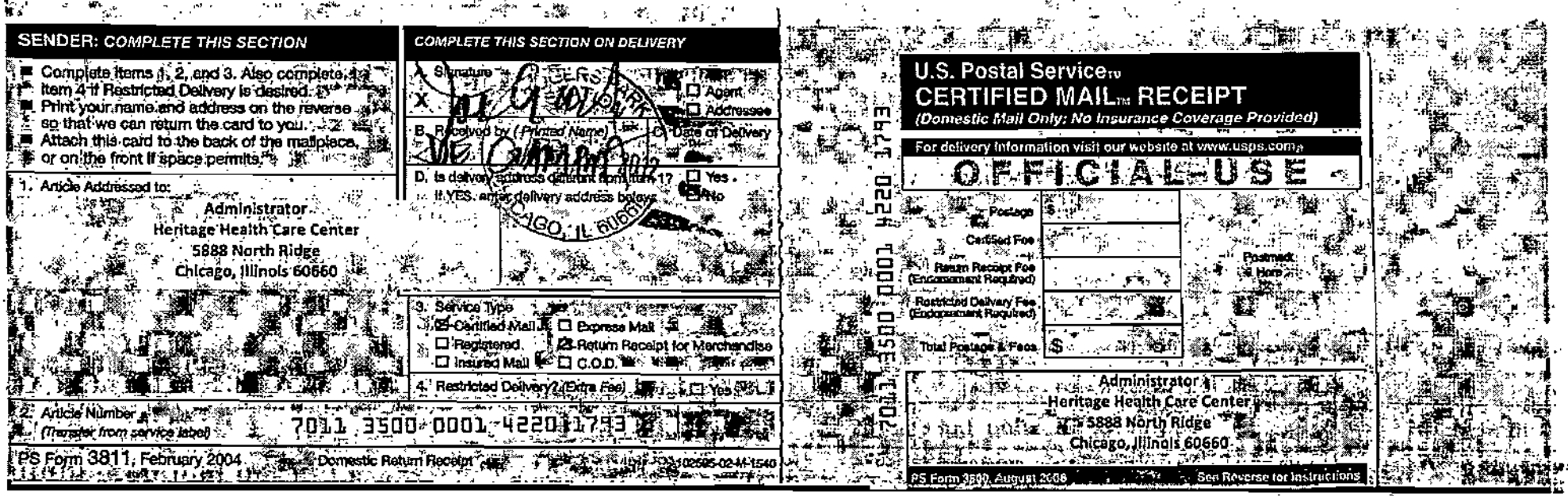
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
International Nursing & Rehab Center
Street, Apt. No., or PO Box No.: 4815 South Western Avenue
City, State, ZIP+4: Chicago, IL 60609

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Heritage Health Care Center
5888 North Ridge
Chicago, Illinois 60660

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1793

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1793

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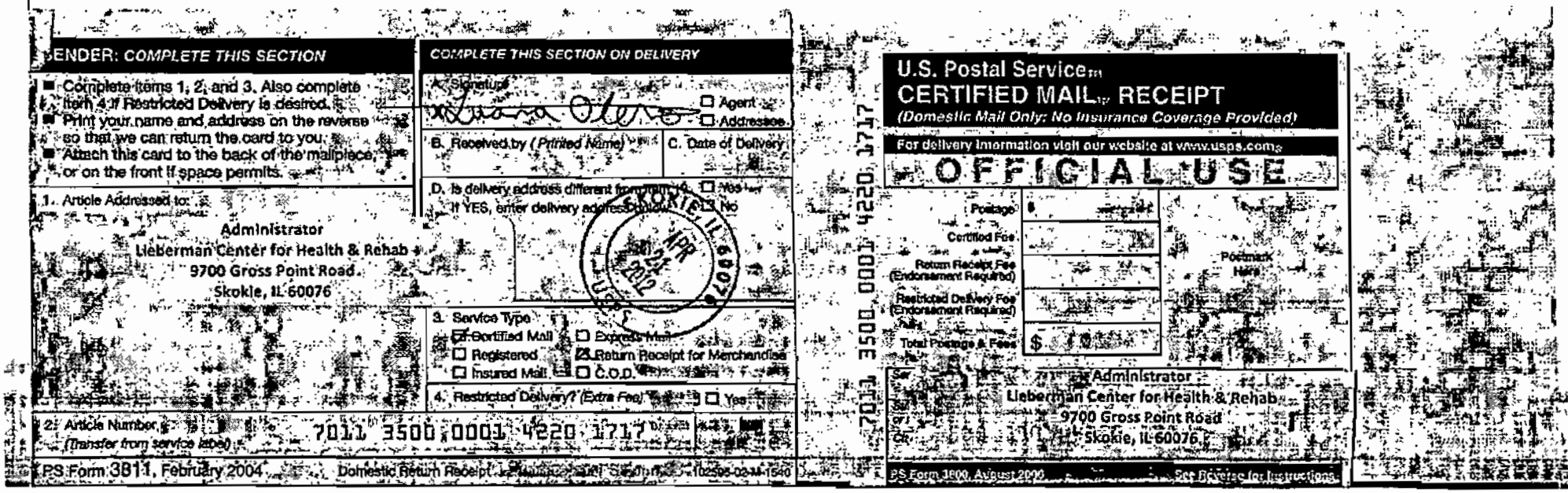
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Heritage Health Care Center
5888 North Ridge
Chicago, Illinois 60660

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Lieberman Center for Health & Rehab
9700 Gross Point Road
Skokie, IL 60076

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent / Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes / No
If YES, enter delivery address below:

SKOKIE IL 60076 APR 24 2012

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1717

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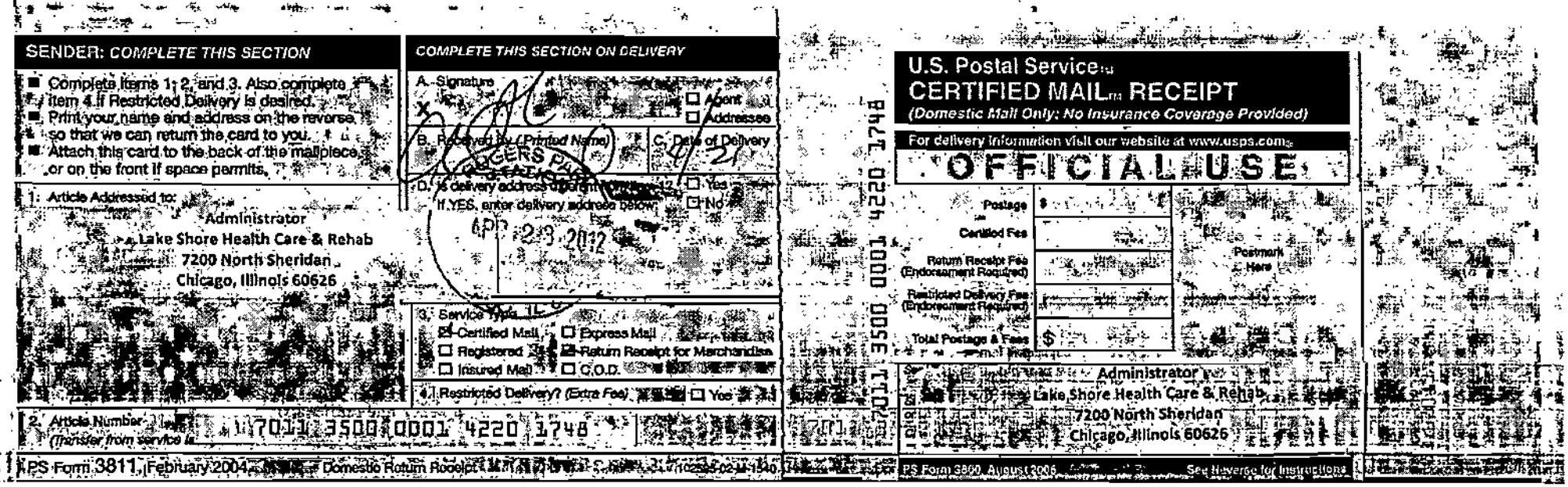
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.: Lieberman Center for Health & Rehab
9700 Gross Point Road
City, State, ZIP+4: Skokie, IL 60076

7011 3500 0001 4220 1717

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Lake Shore Health Care & Rehab
7200 North Sheridan
Chicago, Illinois 60626

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) ROGERS PARK STATION
C. Date of Delivery
APR 23 2012

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1748

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1748

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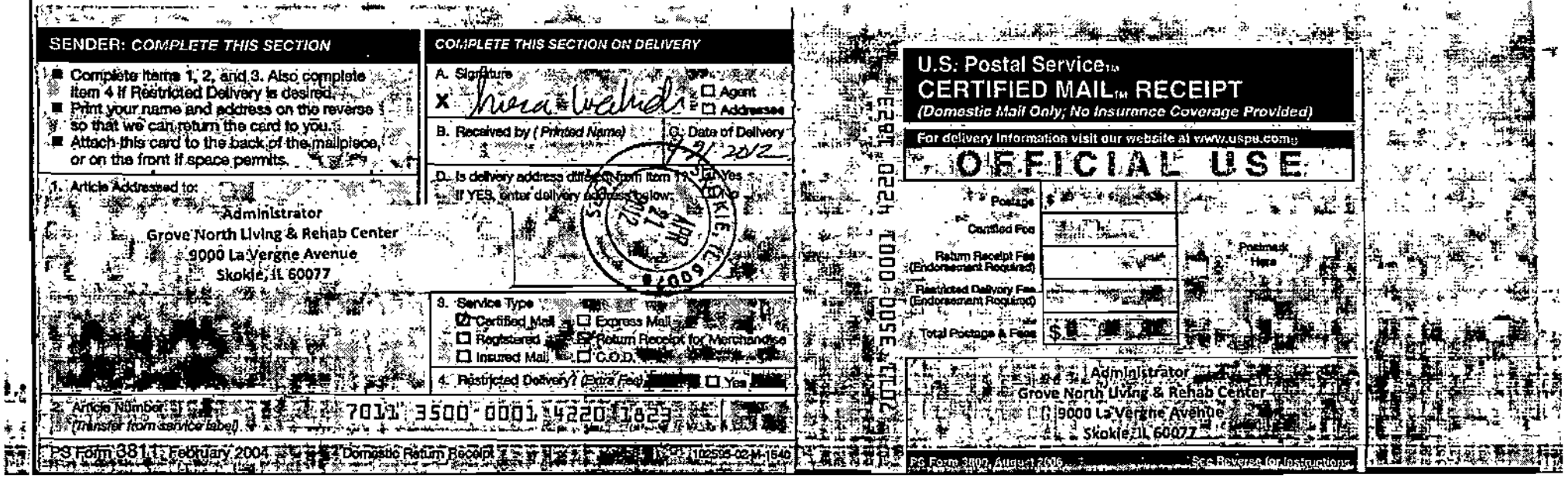
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Lake Shore Health Care & Rehab
7200 North Sheridan
City, State, ZIP+4: Chicago, Illinois 60626

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Grove North Living & Rehab Center
9000 La Vergne Avenue
Skokie, IL 60077

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
4/21/2012

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

SKOKIE, IL 60077 APR 21 2012

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1823

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1823

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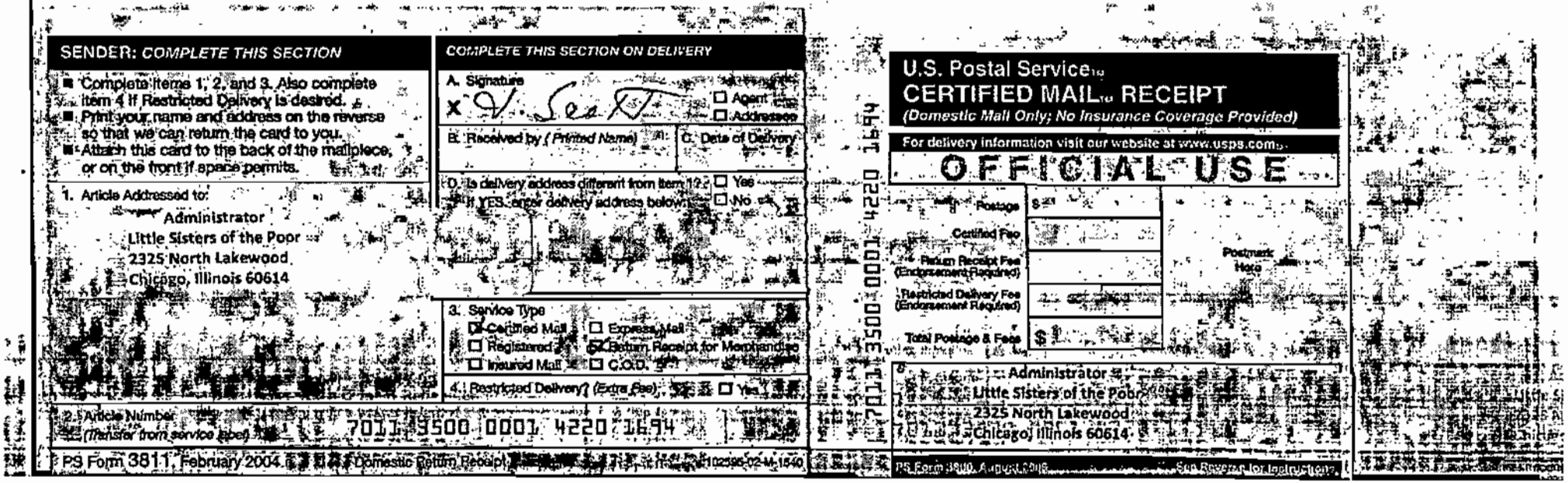
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Grove North Living & Rehab Center
9000 La Vergne Avenue
Skokie, IL 60077

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Little Sisters of the Poor
2325 North Lakewood
Chicago, Illinois 60614

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X V. Sea ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1694

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1694

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Little Sisters of the Poor
2325 North Lakewood
Chicago, Illinois 60614

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Methodist Home
1415 West Foster
Chicago, Illinois 60640

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) T SADDLER C. Date of Delivery 4/23/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 0656

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

4220 0656 7011 3500 0001

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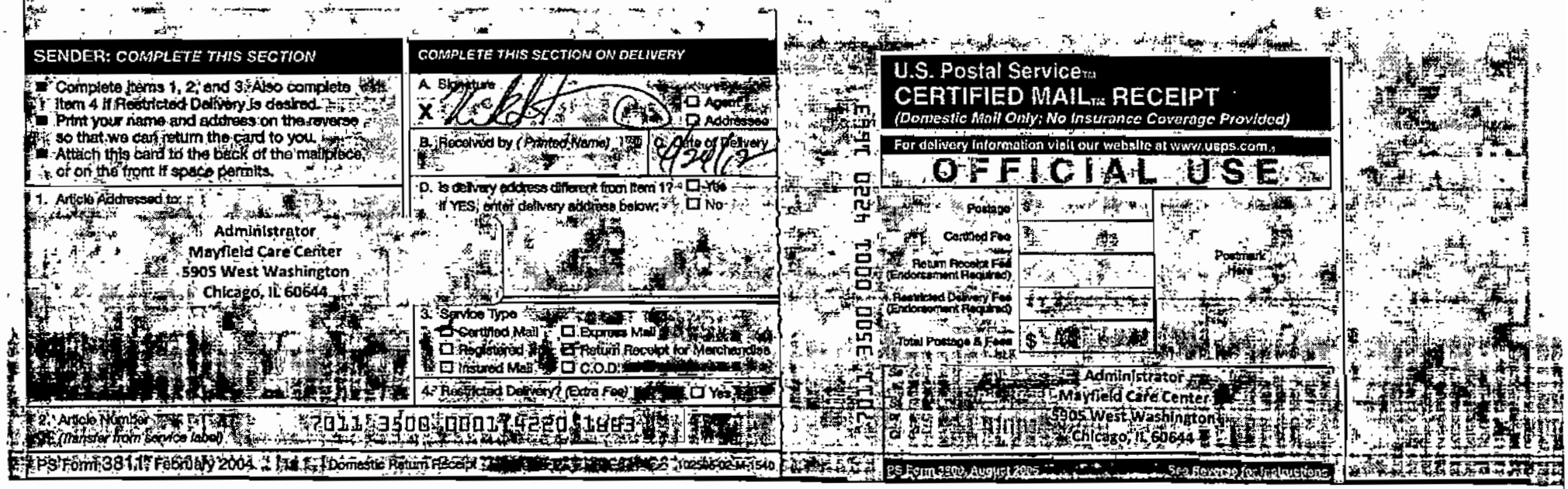
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Methodist Home
1415 West Foster
Chicago, Illinois 60640

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Mayfield Care Center
5905 West Washington
Chicago, IL 60644

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
4/30/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1883

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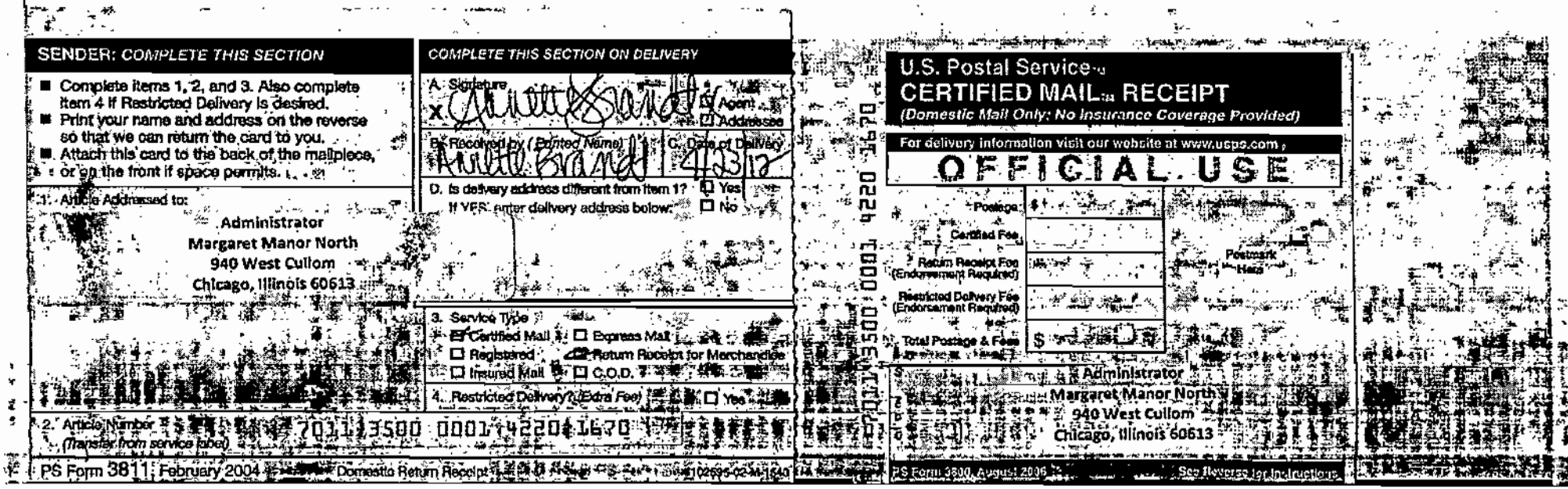
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7011 3500 0001 4220 1883

Administrator
Mayfield Care Center
5905 West Washington
Chicago, IL 60644

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Margaret Manor North
940 West Cullom
Chicago, Illinois 60613

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 4/23/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1670

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1670

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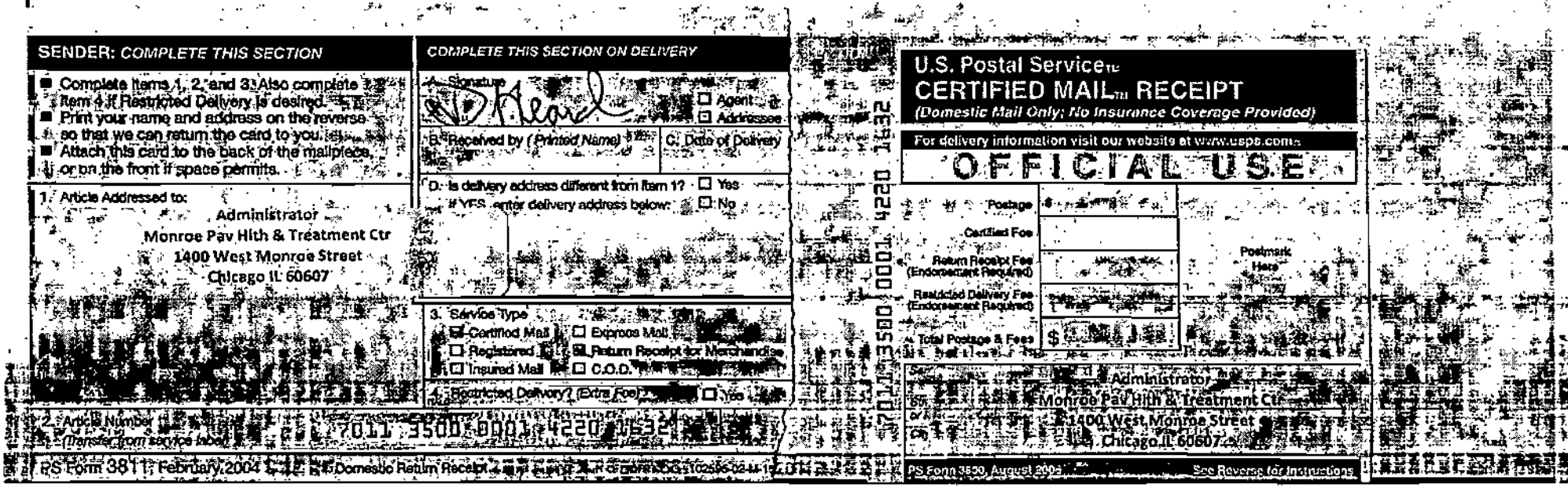
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Margaret Manor North
940 West Cullom
Chicago, Illinois 60613

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Monroe Pav Hlth & Treatment Ctr
1400 West Monroe Street
Chicago IL 60607

COMPLETE THIS SECTION ON DELIVERY

A. Signature — ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1332

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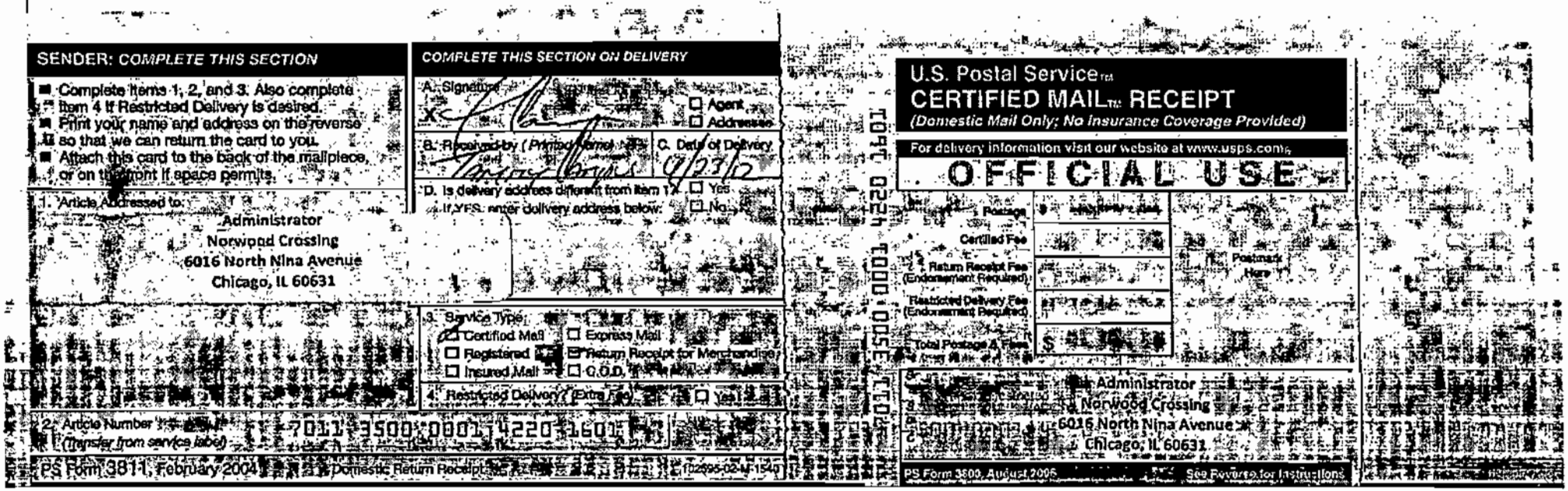
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Monroe Pav Hlth & Treatment Ctr
City, State, ZIP+4: 1400 West Monroe Street, Chicago IL 60607

PS Form 3800, August 2006 — See Reverse for Instructions

7011 3500 0001 4220 1332



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Norwood Crossing
6016 North Nina Avenue
Chicago, IL 60631

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 9/23/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type: ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7011 3500 0001 4220 1601

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1601

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Norwood Crossing
6016 North Nina Avenue
Chicago, IL 60631

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Mid-America Nursing Home
4920 North Kenmore
Chicago, Illinois 60640

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Michael Hyde C. Date of Delivery 4-23-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1649

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1649

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Mid America Nursing Home
Street, Apt. No.; or PO Box No. 4920 North Kenmore
City, State, ZIP+4 Chicago, Illinois 60640

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Montgomery Place
5550 South Shore Drive
Chicago, IL 60637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [redacted] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [redacted] C. Date of Delivery [redacted]

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) [redacted] ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1625

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Postage	$ [redacted]
Certified Fee	[redacted]
Return Receipt Fee (Endorsement Required)	[redacted]
Restricted Delivery Fee (Endorsement Required)	[redacted]
Total Postage & Fees	$ [redacted]

Postmark Here

7011 3500 0001 4220 1625

Sent To: Administrator
Montgomery Place
5550 South Shore Drive
Chicago, IL 60637

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Southport Nur & Rehab
1010 West 95th Street
Chicago, IL 60643

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Monique Cole ☐ Agent ☐ Addressee

B. Received by (Printed Name) MoniqueCole C. Date of Delivery 9c421

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1366

PS Form 3811, February 2004 Domestic Return Receipt

7011 3500 0001 4220 1366

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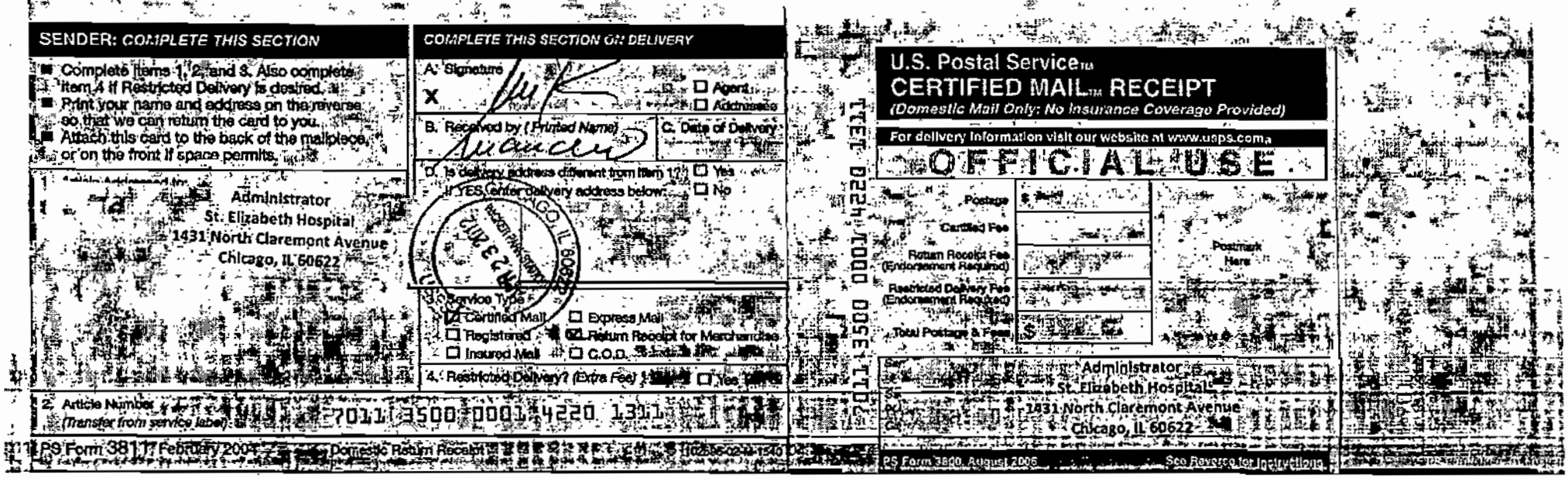
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Southport Nur & Rehab
1010 West 95th Street
Chicago, IL 60643

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
St. Elizabeth Hospital
1431 North Claremont Avenue
Chicago, IL 60622

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED CHICAGO, IL 60622 MAR 23 2011

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1311

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
St. Elizabeth Hospital
Street, Apt. No.; or PO Box No. 1431 North Claremont Avenue
City, State, ZIP+4 Chicago, IL 60622

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 4220 1311

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Sheridan Shores Care & Rehab
5838 North Sheridan
Chicago, Illinois 60660

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 4/24/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

[illegible] 2012
CLERK 460 IL 60654

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1397

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1397

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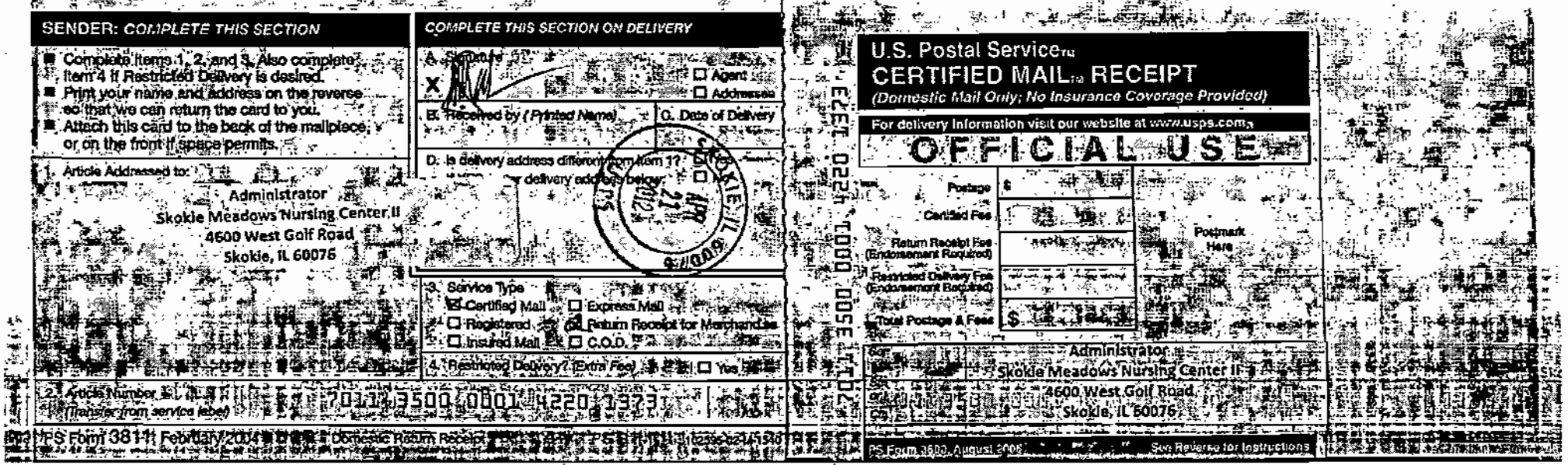
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Sheridan Shores Care & Rehab
Street, Apt. No.; or PO Box No.: 5838 North Sheridan
City, State, ZIP+4: Chicago, Illinois 60660

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Skokie Meadows Nursing Center II
4600 West Golf Road
Skokie, IL 60076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1373

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1373

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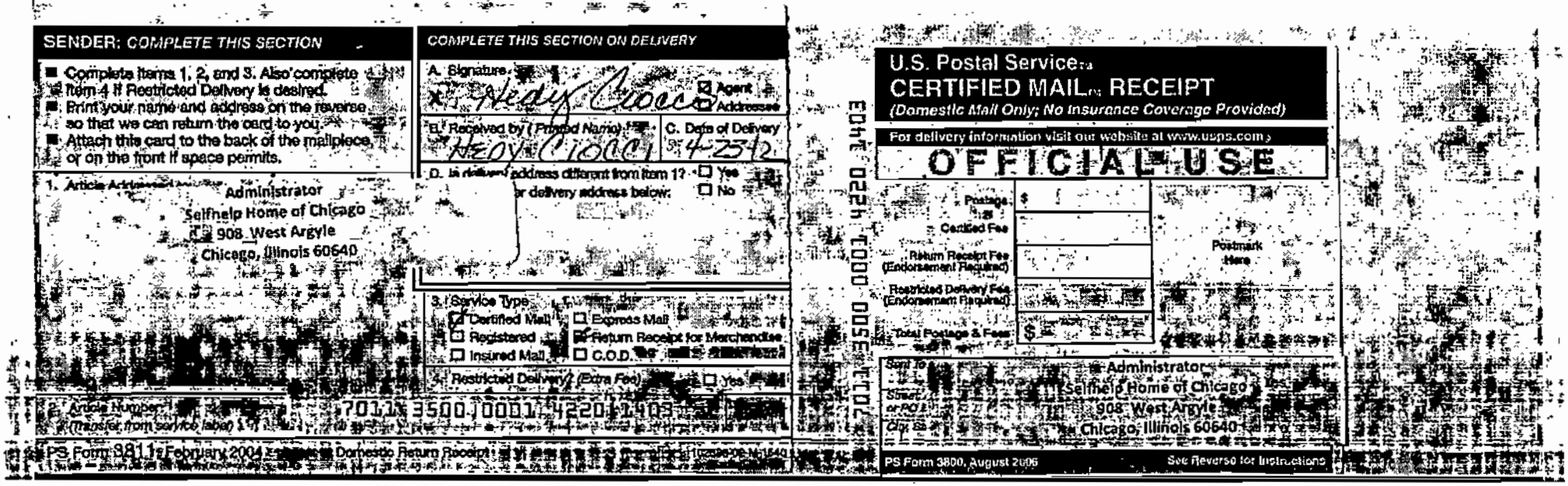
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fee	$

Postmark Here

Sent To: Administrator
Skokie Meadows Nursing Center II
Street, Apt. No.; or PO Box No. 4600 West Golf Road
City, State, ZIP+4 Skokie, IL 60076

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Selfhelp Home of Chicago
908 West Argyle
Chicago, Illinois 60640

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x Heidy Cocco — Agent / Addressee

B. Received by (Printed Name): Heidy Cocco — C. Date of Delivery: 4-23-12

D. Is delivery address different from item 1? Yes / No
If YES, enter delivery address below:

3. Service Type: Certified Mail / Express Mail / Registered / Return Receipt for Merchandise / Insured Mail / C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Transfer from service label): 7011 3500 0001 4220 1403

PS Form 3811, February 2004 — Domestic Return Receipt

7011 3500 0001 4220 1403

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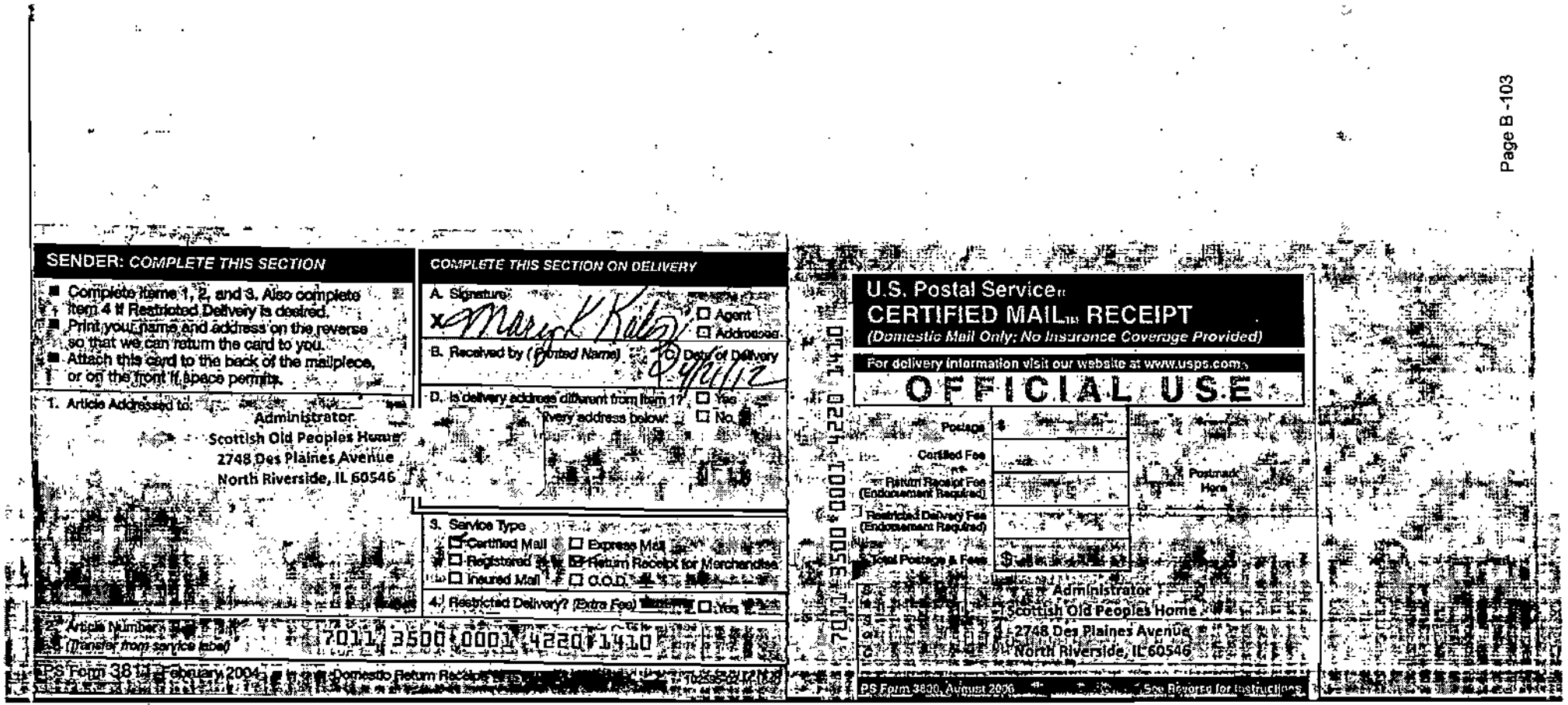
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No., or PO Box No.: Selfhelp Home of Chicago 908 West Argyle
City, State, ZIP+4: Chicago, Illinois 60640

PS Form 3800, August 2006 — See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Scottish Old Peoples Home
2748 Des Plaines Avenue
North Riverside, IL 60546

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary K Kiley ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
4/9/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7011 3500 0001 4220 1410

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service
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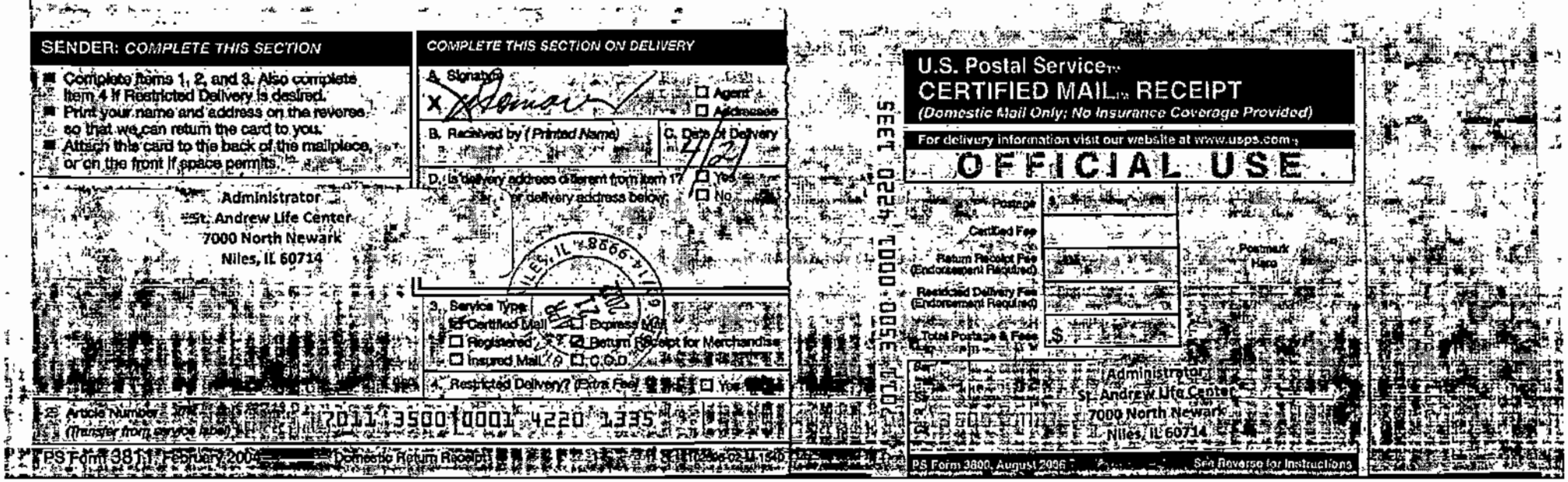
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Scottish Old Peoples Home
2748 Des Plaines Avenue
North Riverside, IL 60546

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 4220 1410



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Administrator
St. Andrew Life Center
7000 North Newark
Niles, IL 60714

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 4/24

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

NILES, IL 60714 APR 24 2006

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1335

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1335

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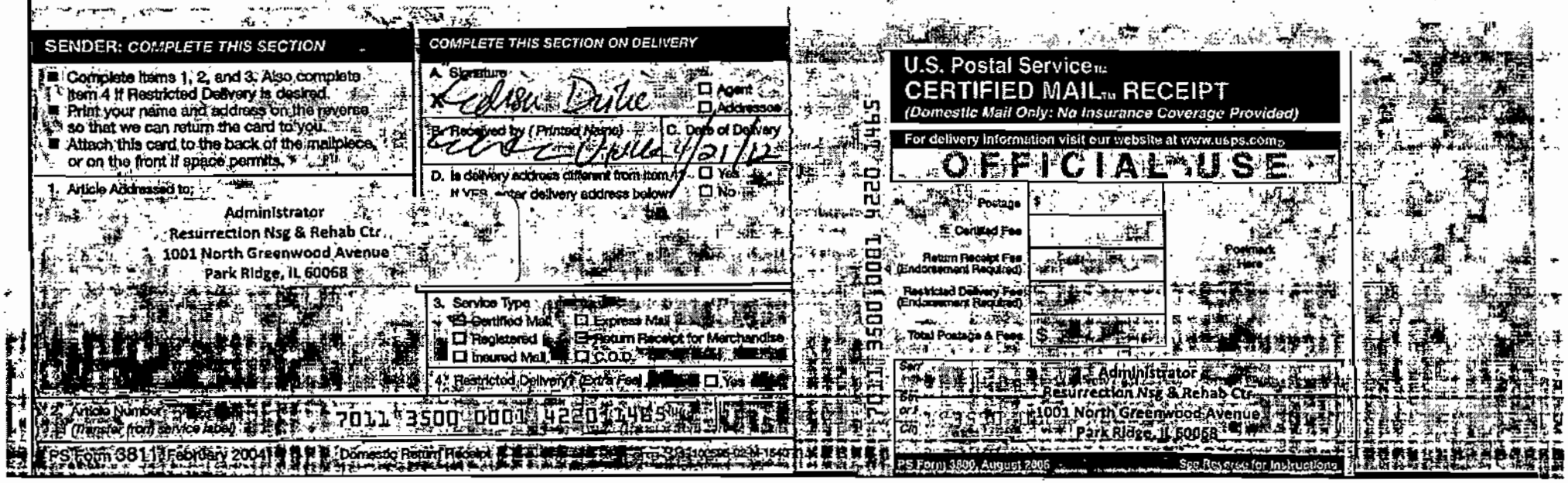
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
St. Andrew Life Center
7000 North Newark
Niles, IL 60714

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Resurrection Nsg & Rehab Ctr
1001 North Greenwood Avenue
Park Ridge, IL 60068

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Addison Burke ☐ Agent ☐ Addressee

B. Received by (Printed Name) Addison Burke C. Date of Delivery 4/21/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1448 5

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Resurrection Nsg & Rehab Ctr
1001 North Greenwood Avenue
Park Ridge, IL 60068

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 4220 1448 5

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
The Renaissance At Hillside
4600 North Frontage Road
Hillside, IL 60162

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 4-21-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

HILLSIDE IL
APR 21 2012
USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1441

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1441

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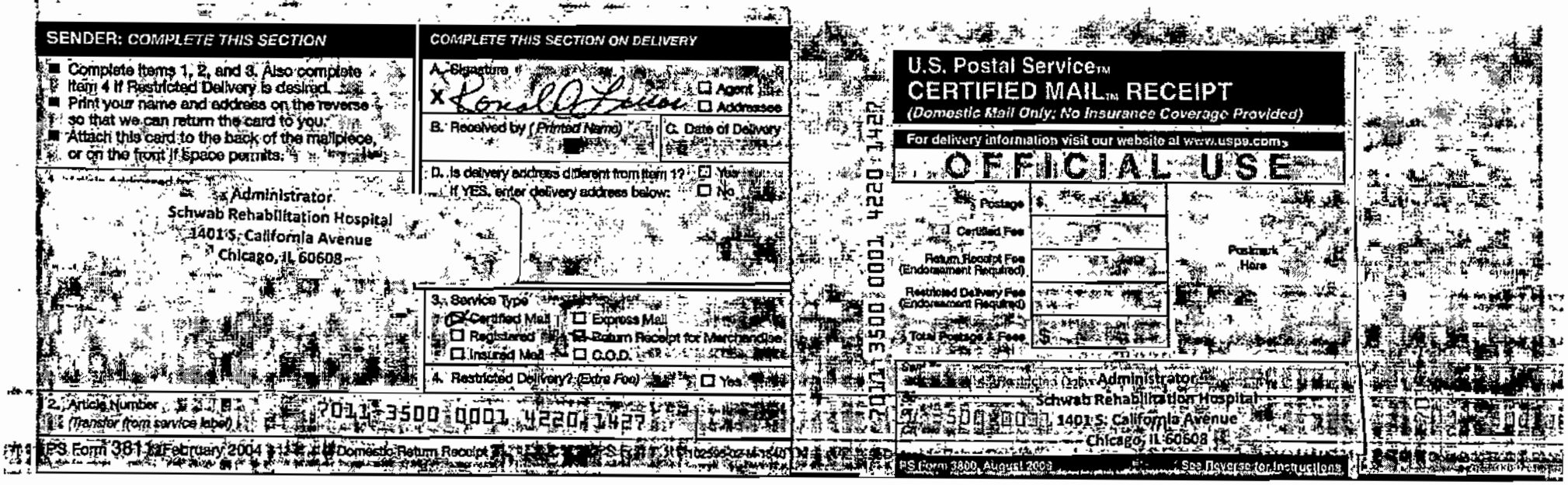
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
The Renaissance At Hillside
4600 North Frontage Road
Hillside, IL 60162

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Administrator
Schwab Rehabilitation Hospital
1401 S. California Avenue
Chicago, IL 60608

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent / Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? Yes / No
If YES, enter delivery address below:

3. Service Type
Certified Mail / Express Mail
Registered / Return Receipt for Merchandise
Insured Mail / C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1427

PS Form 3811, February 2004 Domestic Return Receipt

7011 3500 0001 4220 1427

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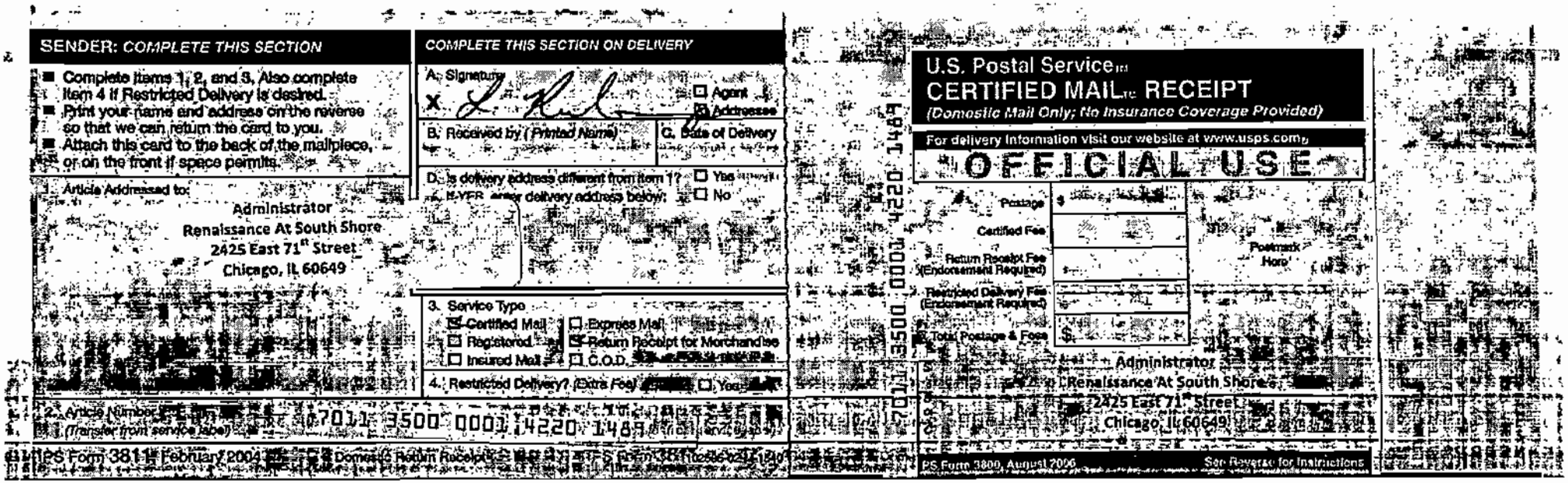
OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Administrator
Schwab Rehabilitation Hospital
1401 S. California Avenue
Chicago, IL 60608

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Renaissance At South Shore
2425 East 71st Street
Chicago, IL 60649

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
Agent
Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail Express Mail
Registered Return Receipt for Merchandise
Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1485

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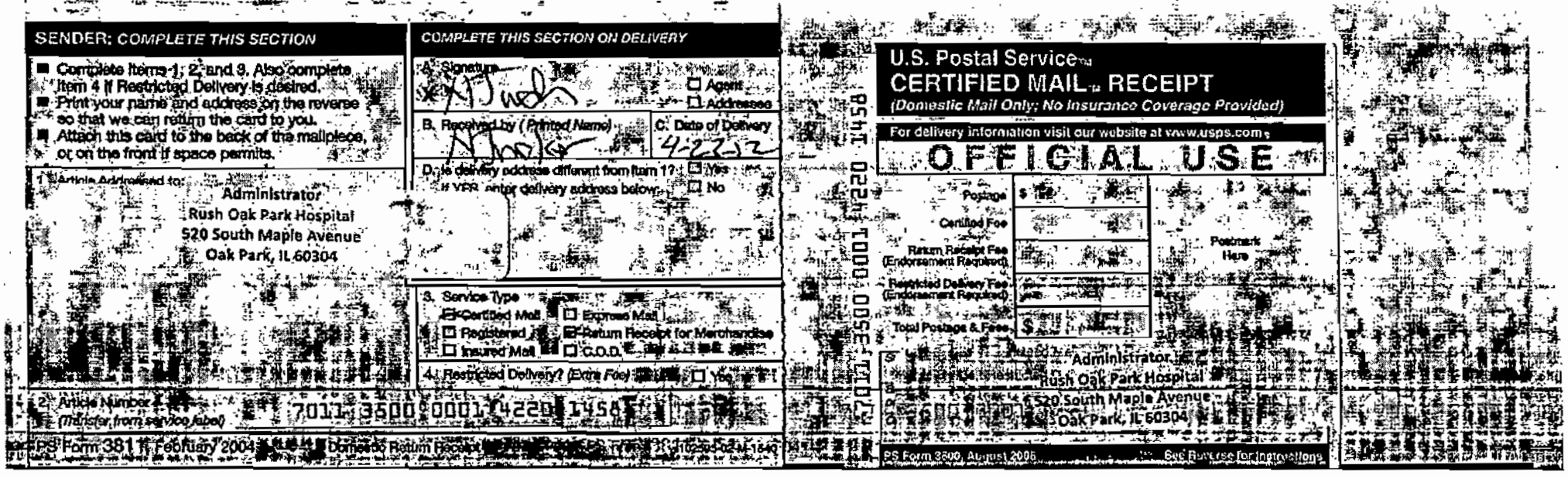
OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Administrator
Renaissance At South Shore
2425 East 71st Street
Chicago, IL 60649

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 4-23-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1458

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7011 3500 0001 4220 1458

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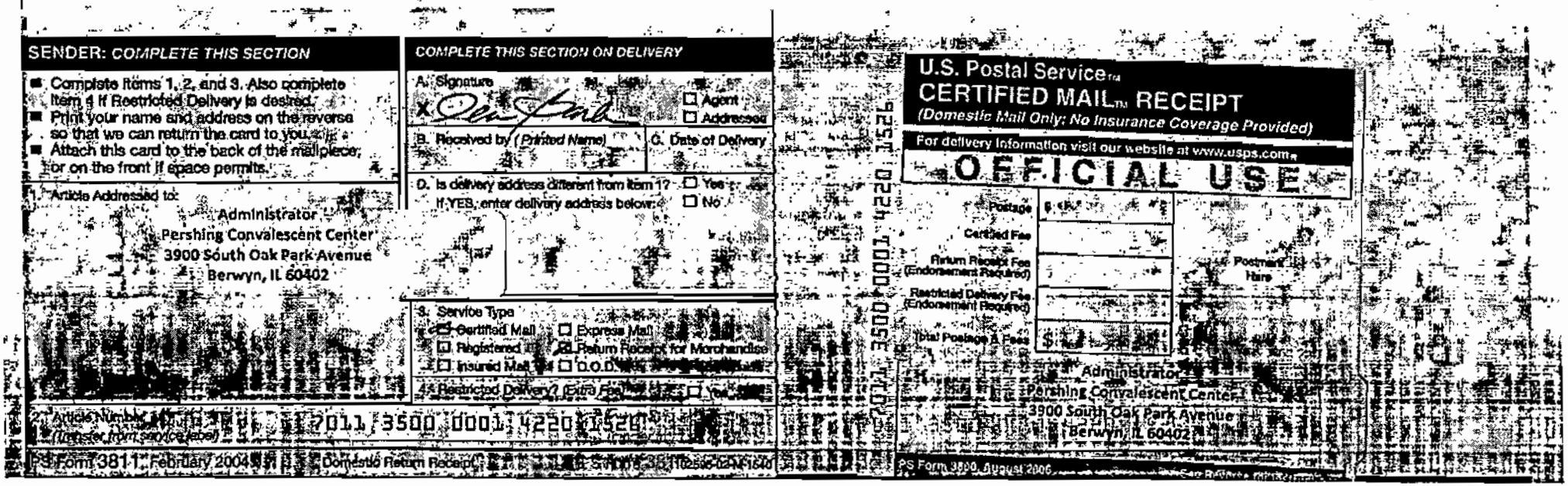
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Pershing Convalescent Center
3900 South Oak Park Avenue
Berwyn, IL 60402

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1529

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1529

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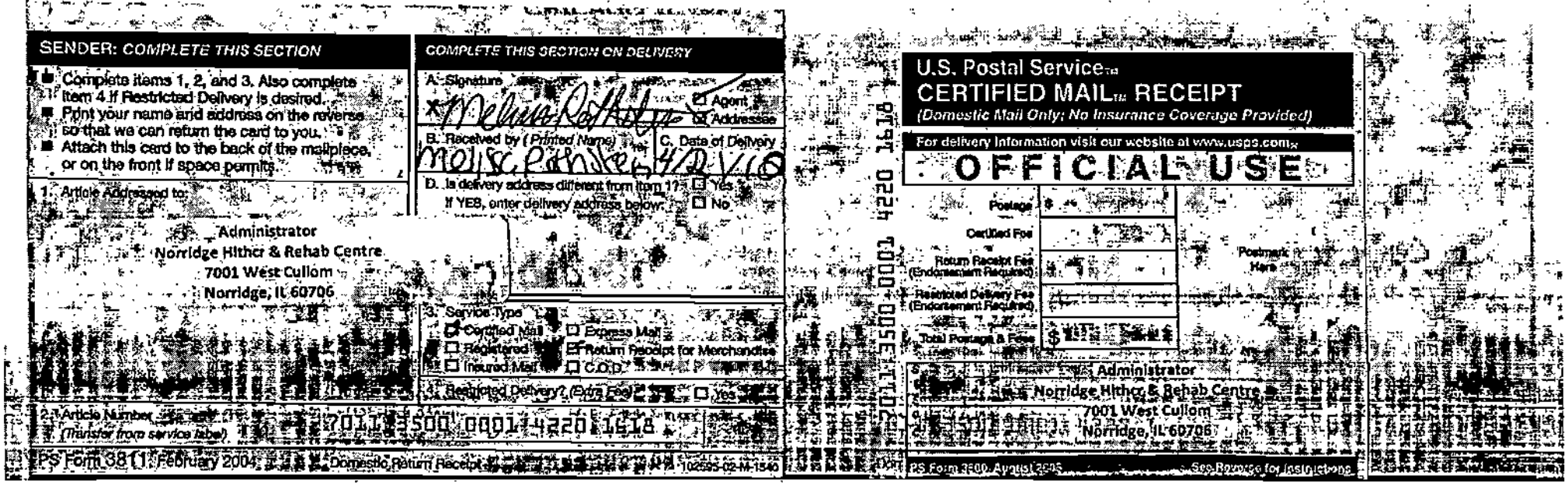
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Pershing Convalescent Center
3900 South Oak Park Avenue
Berwyn, IL 60402

PS Form 3800, August 2006



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Norridge Hither & Rehab Centre
7001 West Cullom
Norridge, IL 60706

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Melissa Rafferty
☐ Agent
☒ Addressee

B. Received by (Printed Name) Melissa Rafferty
C. Date of Delivery 4/2/16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 1422 0 1618

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7011 3500 0001 1422 0618

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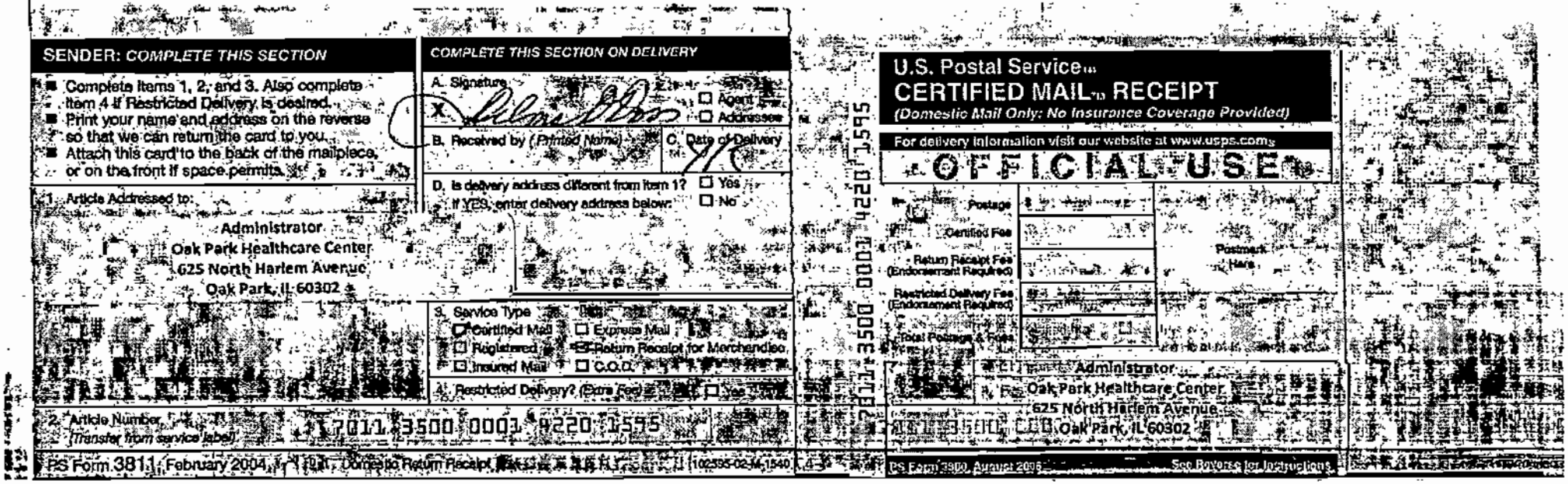
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Norridge Hither & Rehab Centre
7001 West Cullom
Norridge, IL 60706

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Oak Park Healthcare Center
625 North Harlem Avenue
Oak Park, IL 60302

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 9220 1595

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 9220 1595

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Oak Park Healthcare Center
625 North Harlem Avenue
Oak Park, IL 60302

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
St. Matthew Center for Health
1601 North Western Avenue
Park Ridge, IL 60068

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) PATHEE SALEEM C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1274

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1274

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
St. Matthew Center for Health
1601 North Western Avenue
Park Ridge, IL 60068

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Our Lady Of Resurrection Med Ctr
5645 West Addison Street
Chicago, IL 60634

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

APR 23 2012

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1564

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1564

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Our Lady Of Resurrection Med Ctr
5645 West Addison Street
Chicago, IL 60634

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Rainbow Beach Care Center
7325 South Exchange
Chicago, IL 60649

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Nakia Sims C. Date of Delivery:

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7011 3500 0001 4220 1502

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7011 3500 0001 4220 1502

Sent To: Administrator
Rainbow Beach Care Center
7325 South Exchange
Chicago, IL 60649

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OFFICIAL USE
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fee $
Postmark Here
Administrator
Renaissance At Midway
6437 South Cicero
Chicago, IL 60632
PS Form 3800, August 2006
See Reverse for Instructions
7011 3500 0001 4220 4496
7011 3500 0001 4220 4496
PS Form 3811, February 2004 Domestic Return Receipt
SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Administrator
Renaissance At Midway
6437 South Cicero
Chicago, IL 60632
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Oakridge Nursing & Rehab Ctr
323 Oakridge Avenue
Hillside, IL 60162

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elaine Cornelius

B. Received by (Printed Name) C. Date
Elaine Cornelius 7/13

D. Is delivery address different from item 1? ☐
If YES, enter delivery address below:

USPS 23 JUL 2013 60162

Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1588

PS Form 3811, February 2004 Domestic Return Receipt

7011 3500 0001 4220 1588

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Oakridge Nursing & Rehab Ctr
323 Oakridge Avenue
Hillside, IL 60162

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Peterson Park Nursing Home
6141 North Pulaski
Chicago, Illinois 60646

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Chavez ☐ Agent ☐ Addressee

B. Received by (Printed Name) ROBERTO CHAVEZ
C. Date of Delivery 4/11/2011

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1519

PS Form 3811, February 2004 Domestic Return Receipt

7011 3500 0001 4220 1519

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Peterson Park Nursing Home
6141 North Pulaski
Chicago, Illinois 60646

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Parkshore Estates Nursing & Rehab
6125 South Kenwood
Chicago, IL 60637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Crystal Wallace ☑ Agent ☐ Addressee

B. Received by (Printed Name) Crystal Wallace C. Date of Delivery 4/21/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1533

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1533

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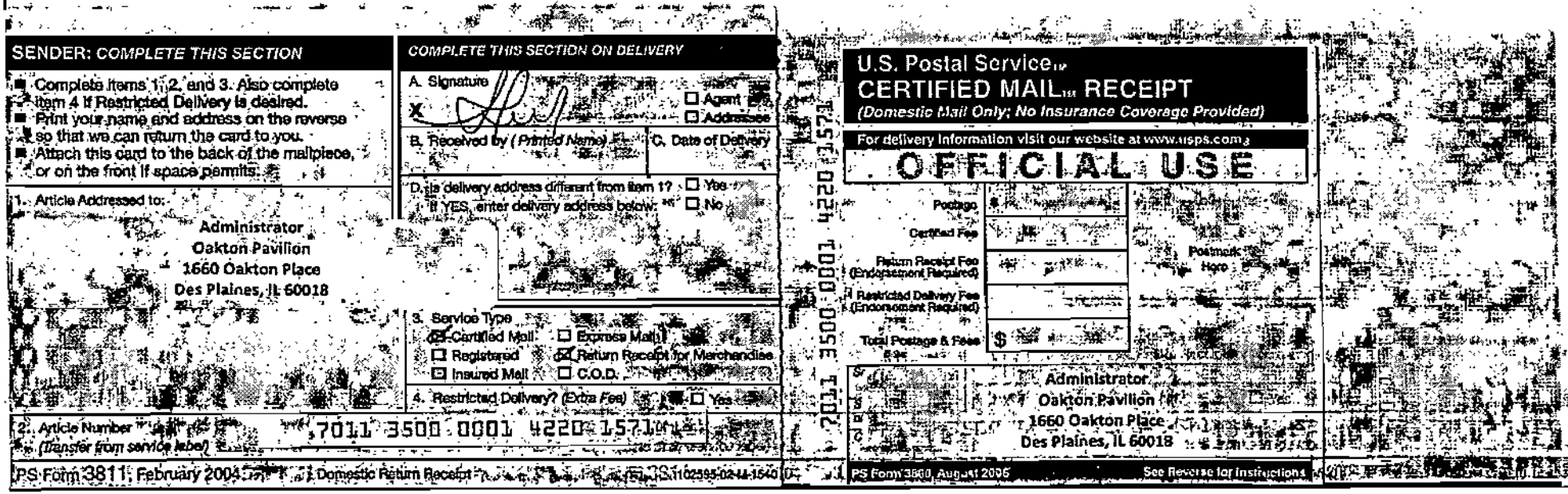
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Parkshore Estates Nursing & Rehab
6125 South Kenwood
Chicago, IL 60637

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Oakton Pavilion
1660 Oakton Place
Des Plaines, IL 60018

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1571

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1571

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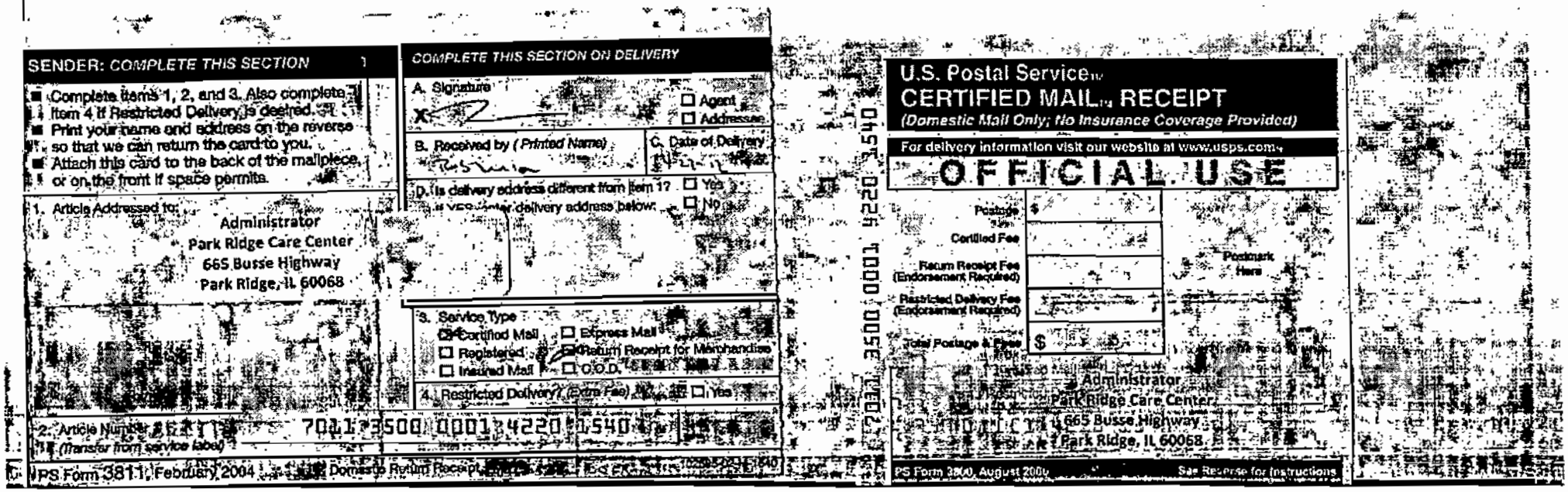
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Oakton Pavilion
1660 Oakton Place
Des Plaines, IL 60018

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Park Ridge Care Center
665 Busse Highway
Park Ridge, IL 60068

2. Article Number (Transfer from service label) 7004 3500 0001 4220 0540

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 3500 0001 4220 0540

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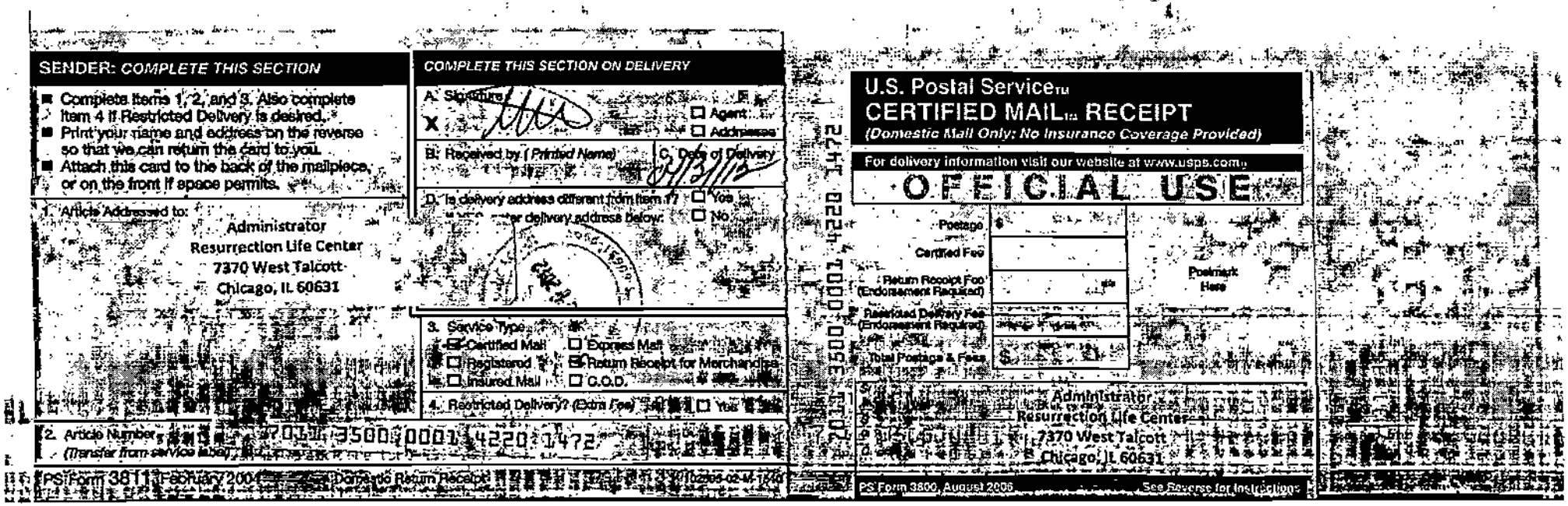
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Park Ridge Care Center
665 Busse Highway
Park Ridge, IL 60068

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Resurrection Life Center
7370 West Talcott
Chicago, IL 60631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1472

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Resurrection Life Center
Street, Apt. No.; or PO Box No. 7370 West Talcott
City, State, ZIP+4 Chicago, IL 60631

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 4220 1472

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
St. Benedict Nsg. & Rehab. Ctr
6930 West Touhy Avenue
Niles, IL 60714

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1328

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
St. Benedict Nsg. & Rehab. Ctr
6930 West Touhy Avenue
Niles, IL 60714

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Administrator
Wilson Care
4544 North Hazel
Chicago, Illinois 60640

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Malo Davis ☐ Agent ☐ Addressee

B. Received by (Printed Name) DAVIS C. Date of Delivery 4-21-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1151

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1151

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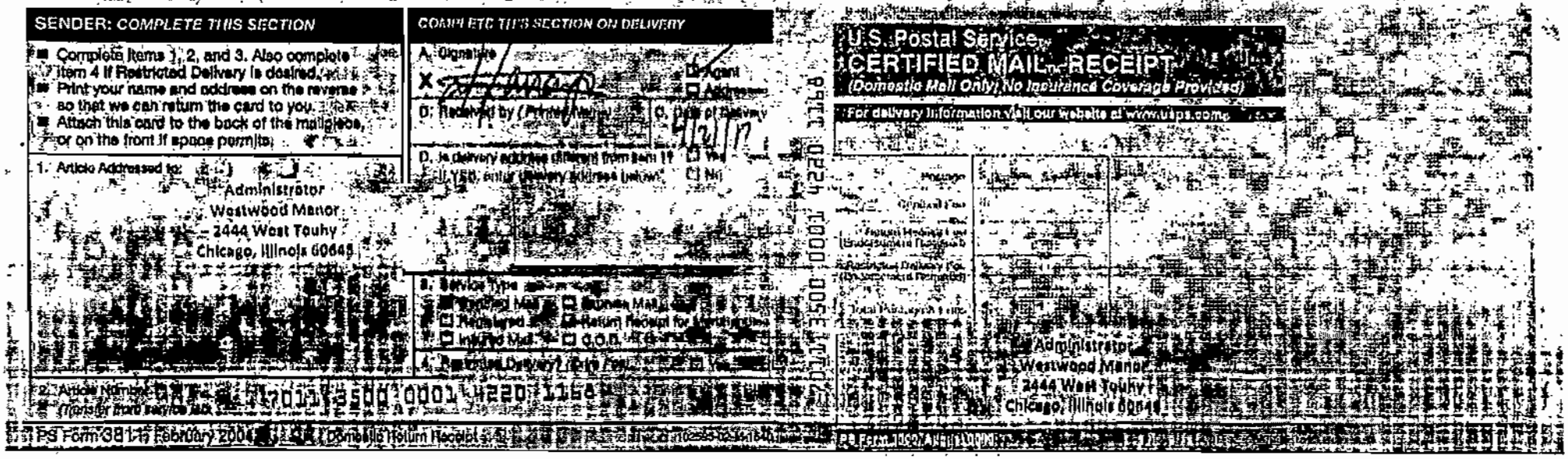
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Wilson Care
Street, Apt. No.; or PO Box No.: 4544 North Hazel
City, State, ZIP+4: Chicago, Illinois 60640

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Westwood Manor
2444 West Touhy
Chicago, Illinois 60645

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail
Registered
Insured Mail
Express Mail
Return Receipt for Merchandise
C.O.D.

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label)

7001 1140 0001 4220 1166

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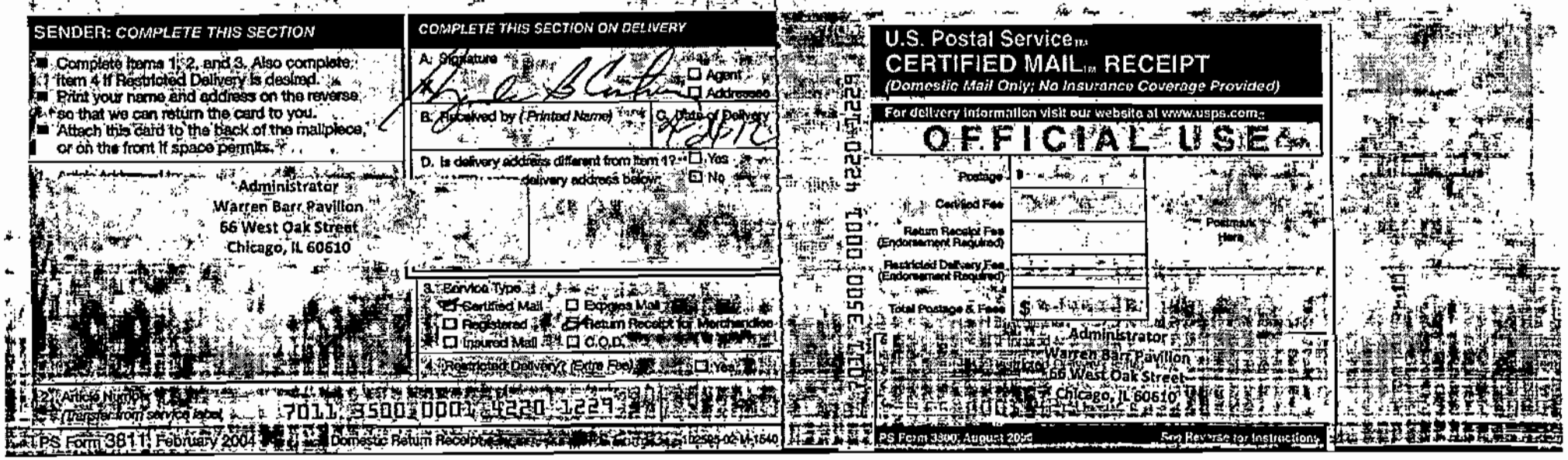
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Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Administrator
Westwood Manor
2444 West Touhy
Chicago, Illinois 60645

PS Form 3800, August 2006



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Administrator
Warren Barr Pavilion
66 West Oak Street
Chicago, IL 60610

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent / Addressee

B. Received by (Printed Name) / C. Date of Delivery

D. Is delivery address different from item 1? Yes / No
If YES, enter delivery address below:

3. Service Type
Certified Mail / Express Mail
Registered / Return Receipt for Merchandise
Insured Mail / C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1229

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7011 3500 0001 4220 1229

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Administrator
Warren Barr Pavilion
66 West Oak Street
Chicago, IL 60610

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
West Suburban Hospital & Med
518 North Austin
Oak Park, IL 60302

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Marcella D. Date of Delivery 4-9-07

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1182

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
West Suburban Hospital & Med
518 North Austin
Oak Park, IL 60302

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 4220 1182

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Three Crowns Park
2320 Pioneer Place
Evanston, IL 60201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X E.U. DH ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
7/11/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1243

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7011 3500 0001 4220 1243

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Three Crowns Park
2320 Pioneer Place
Evanston, IL 60201

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
St. Martha's Manor
4621 North Racine
Chicago, Illinois 60640

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peter Belt ☒ Agent ☐ Addressee

B. Received by (Printed Name) P. BELT C. Date of Delivery 4/30/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1281

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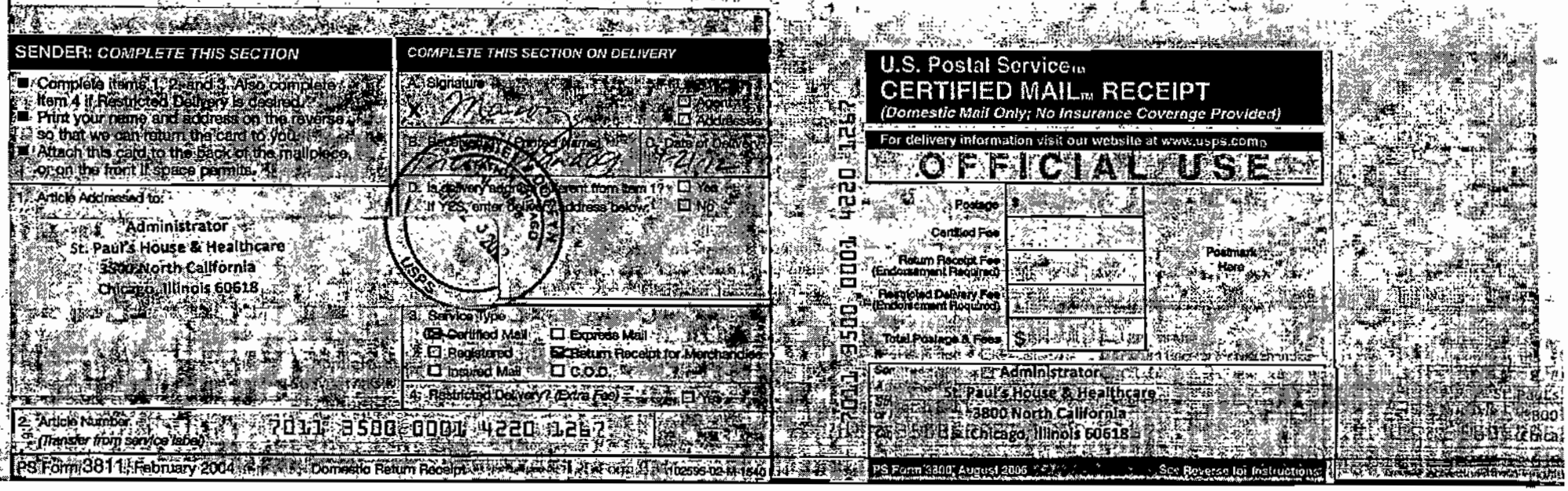
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No., or PO Box No.: St. Martha's Manor 4621 North Racine
City, State, ZIP+4: Chicago, Illinois 60640

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
St. Paul's House & Healthcare
3800 North California
Chicago, Illinois 60618

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X
Agent
Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1267

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1267

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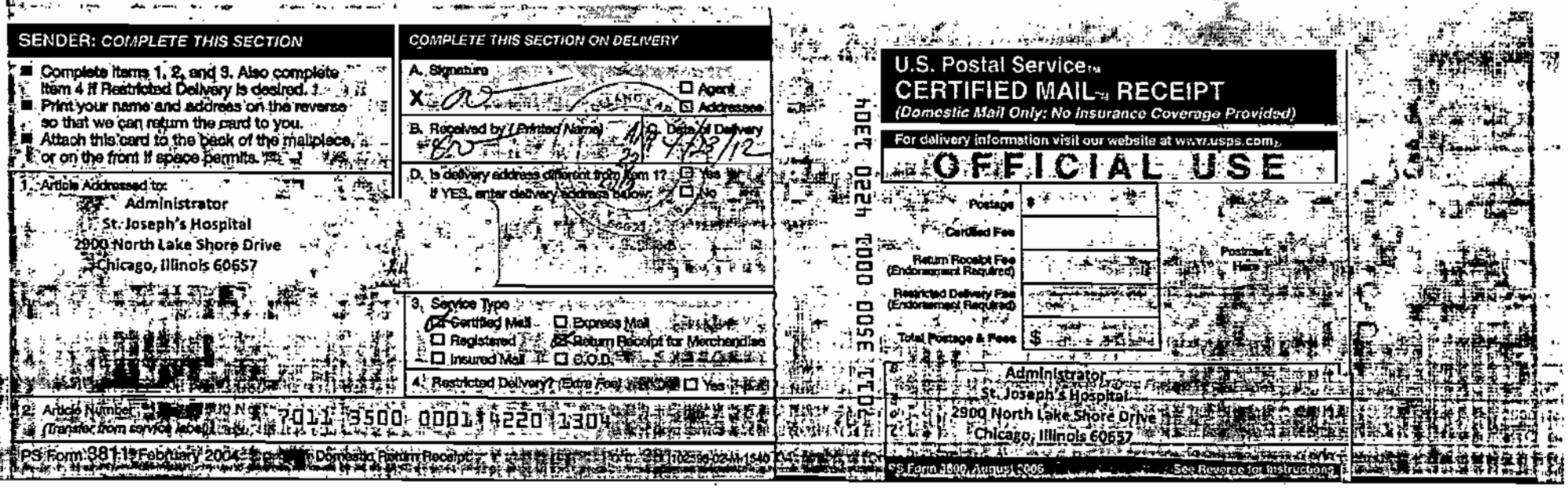
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
St. Paul's House & Healthcare
3800 North California
City, State, ZIP+4: Chicago, Illinois 60618

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
St. Joseph's Hospital
2900 North Lake Shore Drive
Chicago, Illinois 60657

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 4/23/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1304

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 4220 1304

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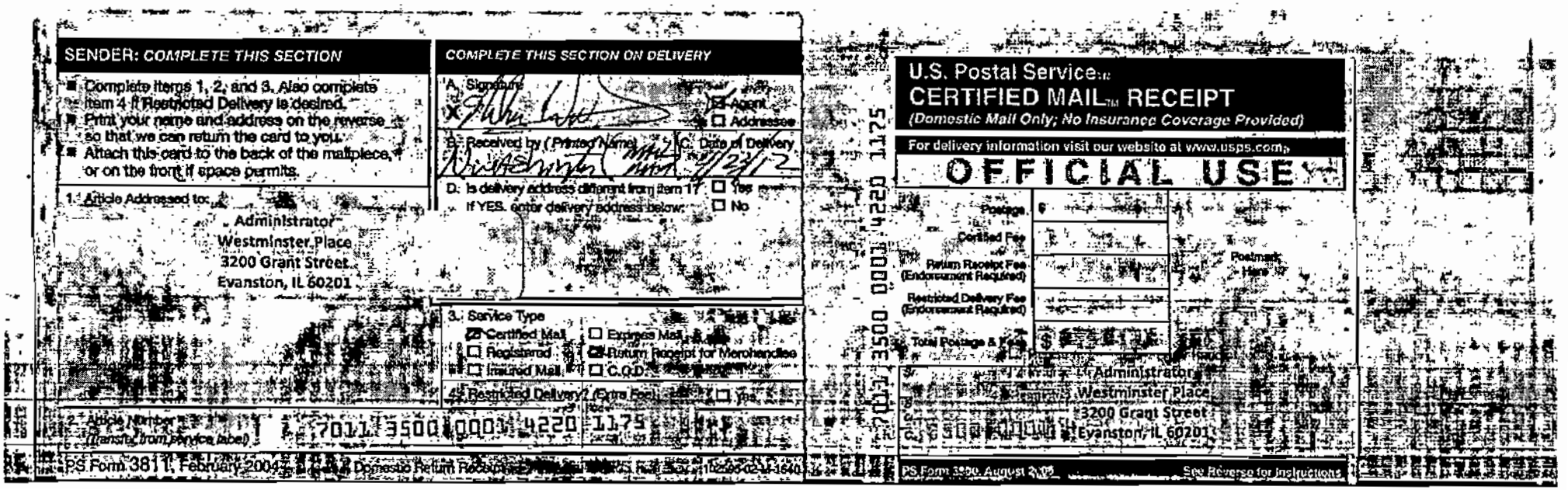
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
St. Joseph's Hospital
2900 North Lake Shore Drive
Chicago, Illinois 60657

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Westminster Place
3200 Grant Street
Evanston, IL 60201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
7/23/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1175

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Street, Apt. No.; or PO Box No.: Westminster Place
3200 Grant Street
City, State, ZIP+4: Evanston, IL 60201

7011 3500 0001 4220 1175

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse, so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Administrator
Warren Park Health & Living Center
6700 North Damen
Chicago, Illinois 60645

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 9220 1212

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0001 9220 1212

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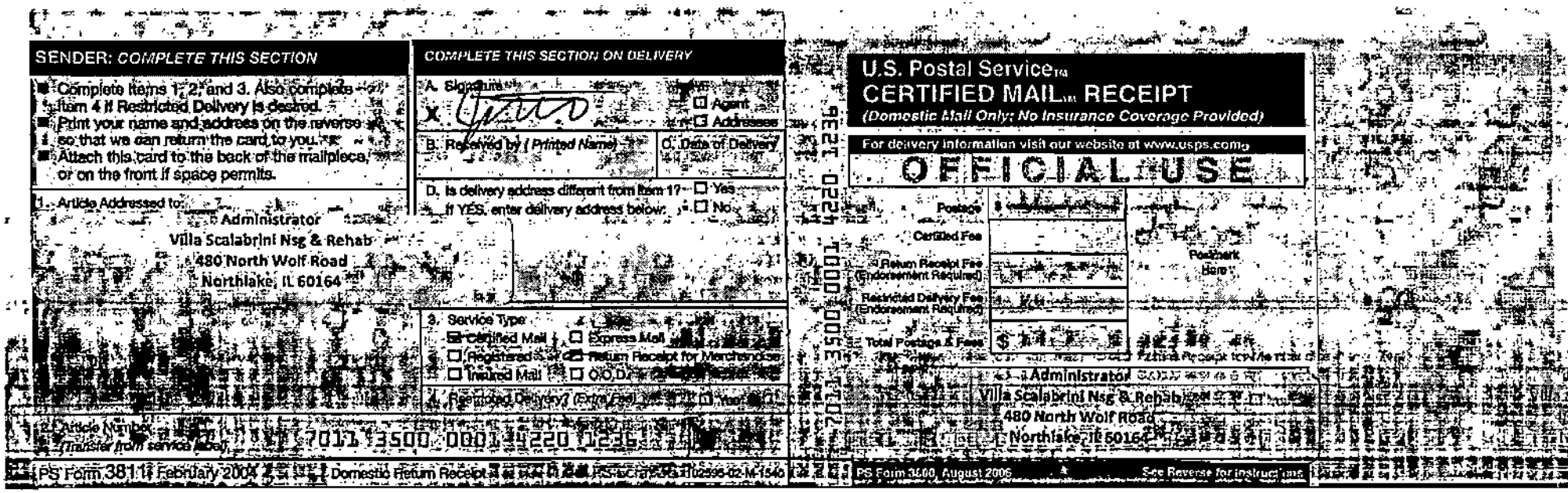
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Warren Park Health & Living Center
6700 North Damen
Chicago, Illinois 60645

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Villa Scalabrini Nsg & Rehab
480 North Wolf Road
Northlake, IL 60164

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label)
7011 3500 0001 4220 1236

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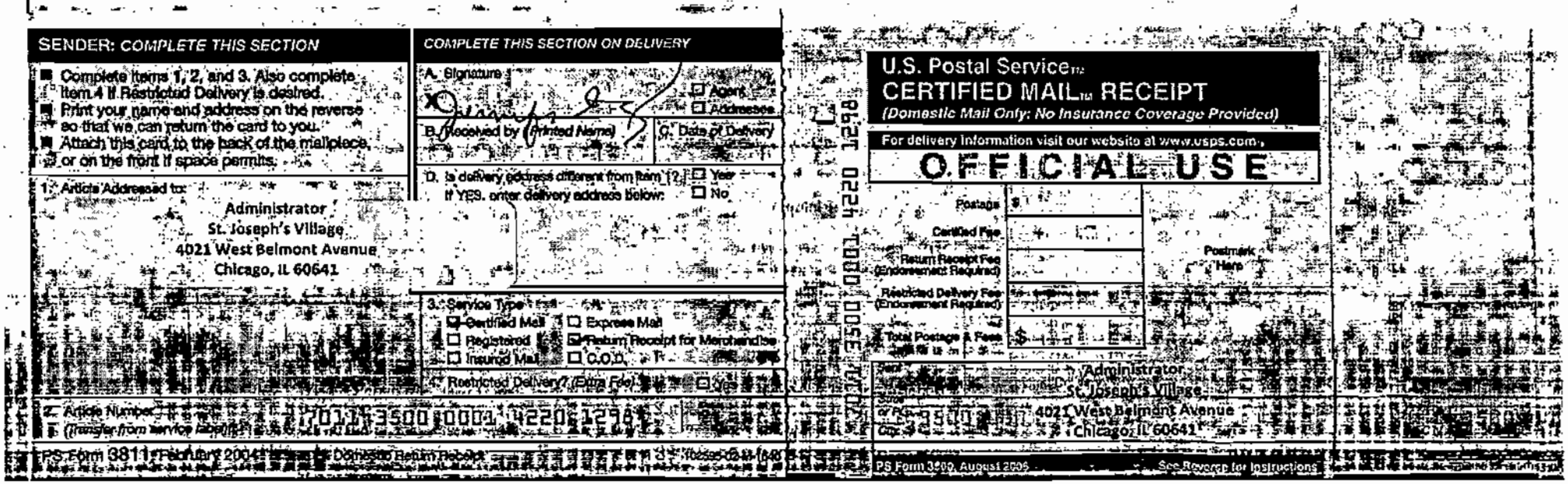
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Villa Scalabrini Nsg & Rehab
480 North Wolf Road
Northlake, IL 60164

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 4220 1236



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
St. Joseph's Village
4021 West Belmont Avenue
Chicago, IL 60641

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7001 3500 0004 4220 1298

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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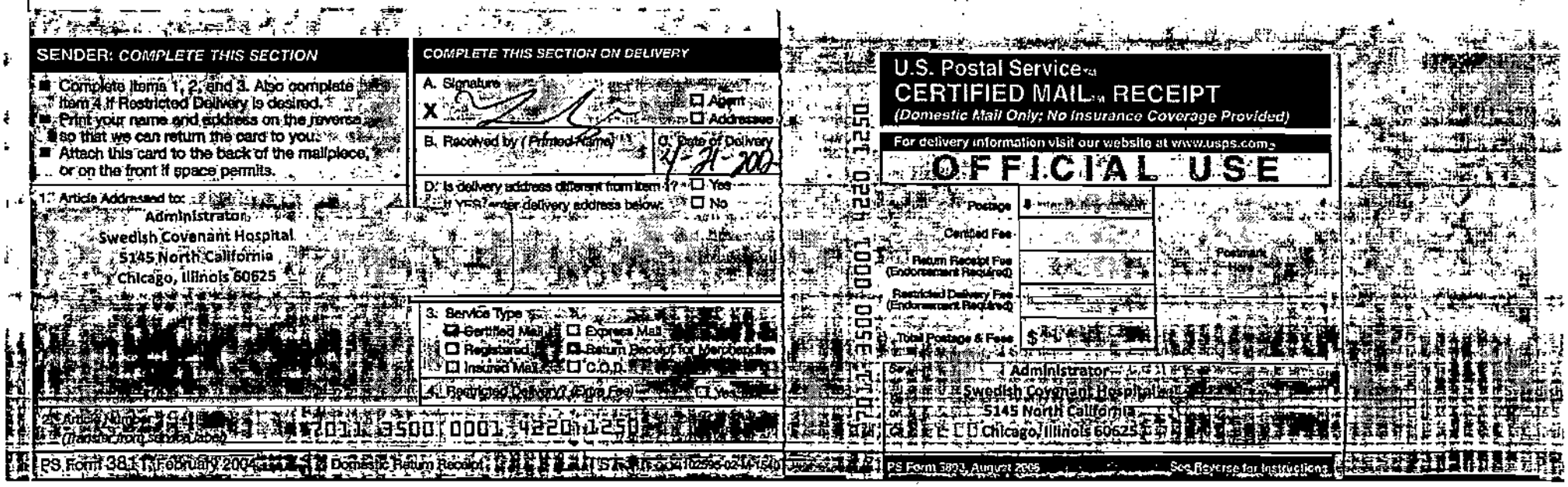
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
St. Joseph's Village
Street, Apt. No., or PO Box No.: 4021 West Belmont Avenue
City, State, ZIP+4: Chicago, IL 60641

7001 3500 0004 4220 1298

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Swedish Covenant Hospital
5145 North California
Chicago, Illinois 60625

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 4-21-200

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1250

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7011 3500 0001 4220 1250

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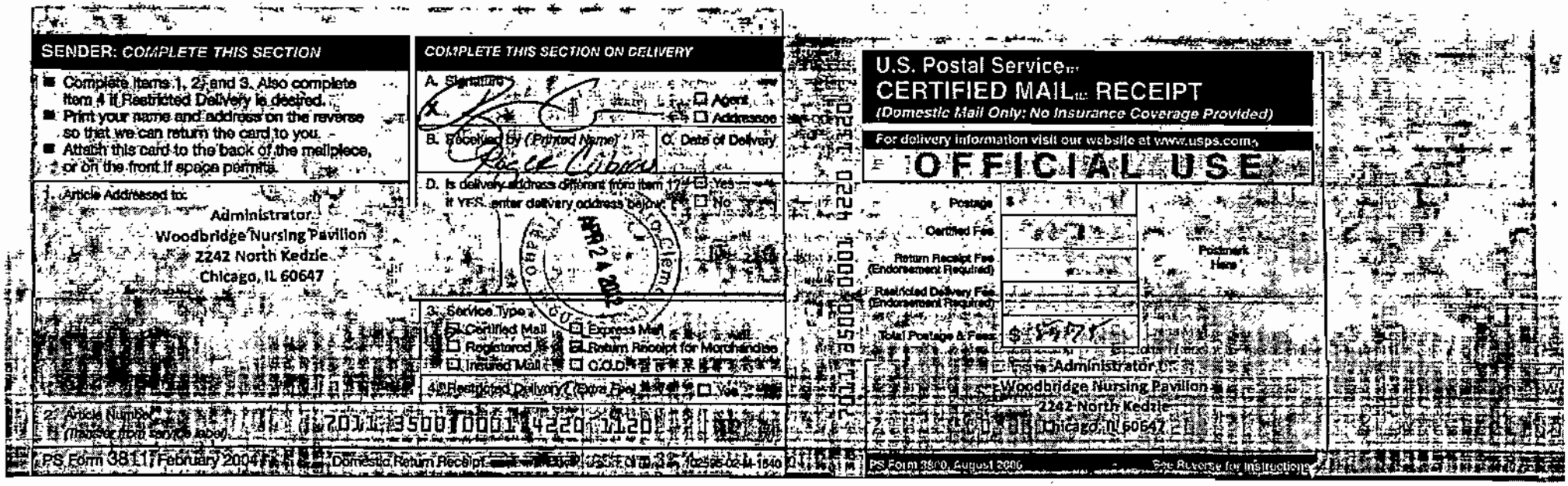
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Administrator
Swedish Covenant Hospital
Street, Apt. No.; or PO Box No. 5145 North California
City, State, ZIP+4 Chicago, Illinois 60625

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Woodbridge Nursing Pavilion
2242 North Kedzie
Chicago, IL 60647

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 1120

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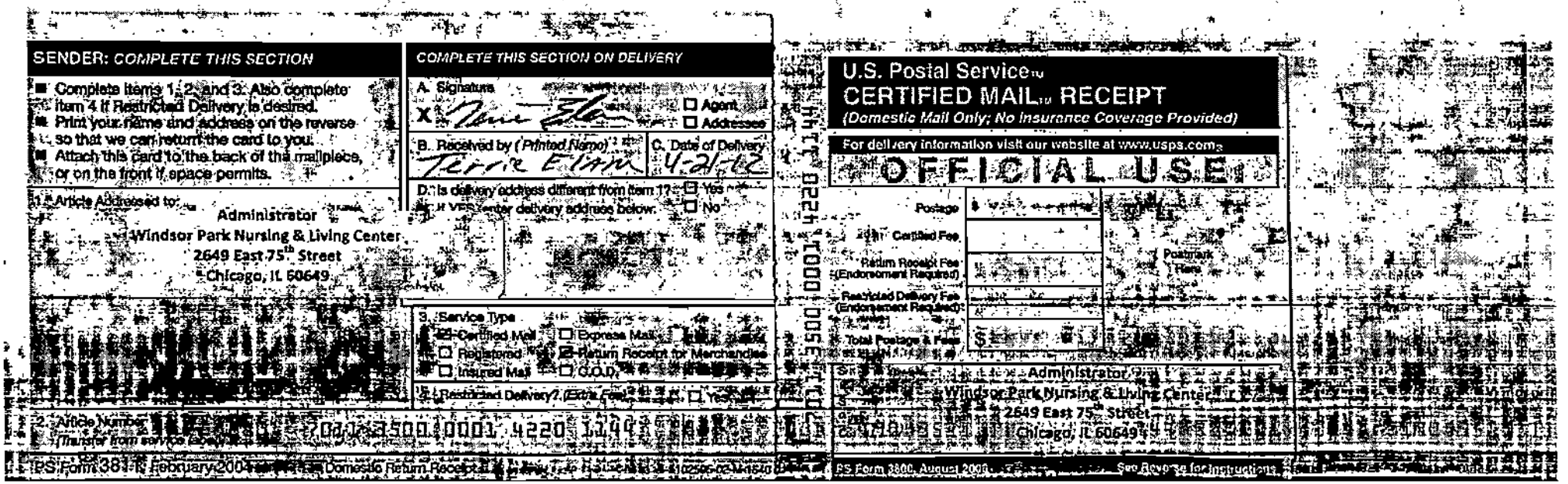
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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Administrator
Woodbridge Nursing Pavilion
2242 North Kedzie
Chicago, IL 60647

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Windsor Park Nursing & Living Center
2649 East 75th Street
Chicago, IL 60649

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Terrie Elam C. Date of Delivery 4-21-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 2350 0001 4220 1149

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here

Sent To Administrator
Street, Apt. No.; or PO Box No. Windsor Park Nursing & Living Center
City, State, ZIP+4 2649 East 75th Street
Chicago, IL 60649

PS Form 3800, August 2006 See Reverse for Instructions

7008 2350 0001 4220 1149

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Administrator
Winston Manor Convalescent
2155 West Pierce
Chicago, IL 60622

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) A Butorek C. Date of Delivery 4-23-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 9220 0137

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7011 3500 0001 9220 0137

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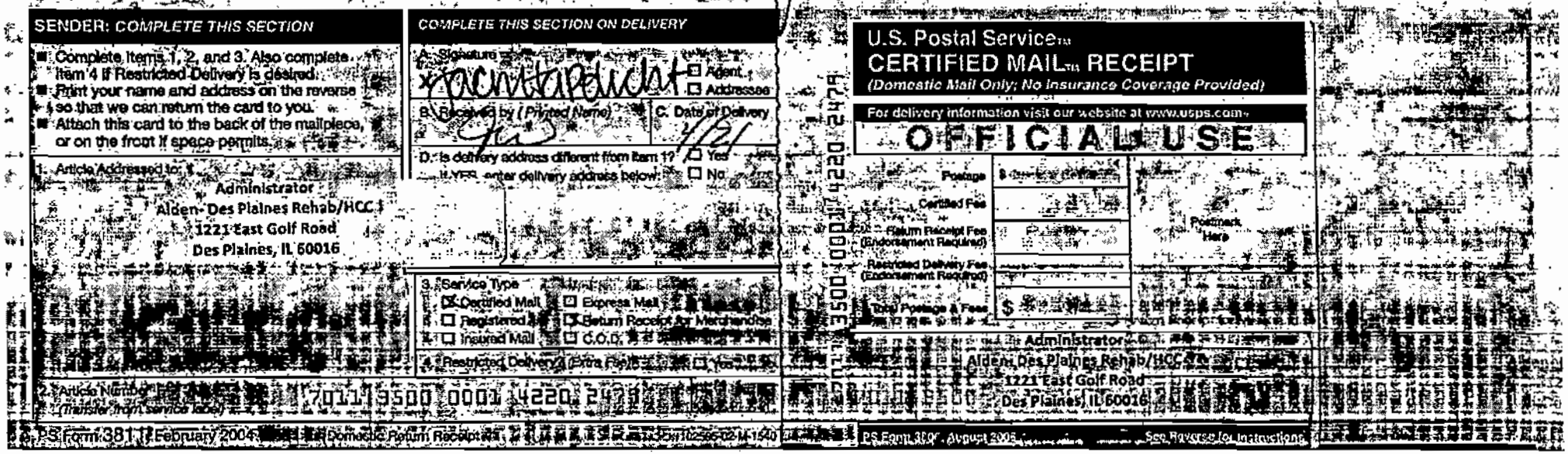
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Administrator
Winston Manor Convalescent
2155 West Pierce
Chicago, IL 60622

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Alden Des Plaines Rehab/HCC
1221 East Golf Road
Des Plaines, IL 60016

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Received ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
4/21

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0001 4220 2479

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Administrator
Alden Des Plaines Rehab/HCC
1221 East Golf Road
Des Plaines, IL 60016

PS Form 3800, August 2006 See Reverse for Instructions