

LONG-TERM CARE
APPLICATION FOR PERMIT

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

RECEIVED

DESCRIPTION OF PROJECT

JAN 09 2013

Project Type

[Check one]

[check one]

HEALTH FACILITIES &
SERVICES REVIEW BOARD

- ☒ General Long-term Care
- ☐ Specialized Long-term Care

- ☐ Establishment of a new LTC facility
- ☐ Establishment of new LTC services
- ☐ Expansion of an existing LTC facility or service
- ☒ Modernization of an existing facility

Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done, **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. Include: the number and type of beds involved; the actions proposed (establishment, expansion and/or modernization); the **ESTIMATED** total project cost and the funding source(s) for the project.

St. Paul's Home, Inc. ("St. Paul's" or the "Facility") is an existing long term care facility located in at 1021 West E Street, Belleville, Illinois and first opened on June 12, 1927. After a series of renovations and expansions in the 40's, 50's, 60's, 70's, and 80's, St. Paul's grew to its current capacity of 113 skilled care beds (licensed as 78 skilled nursing beds and 35 intermediate care beds) along with 62 shelter care beds.

The proposed project is for the modernization of the existing Facility by replacing the facility onsite, without any expansion of existing services but, rather, a modest reduction in the licensed bed capacity of the Facility designed to reflect the current and future needs of the community served by St. Paul's. The modernized Facility will result in 90 skilled care beds (all to be licensed as skilled nursing beds), 18 intermediate care beds structured as a dedicated memory care unit, and 26 shelter care beds (all of the sheltered care rooms will be built to skilled nursing standards). As the same site is being utilized, the Facility will remain located at 1021 West E Street, Belleville, Illinois. The fact that the address will be maintained has been verified with local zoning officials and written confirmation accompanies this application. While sheltered care is not reviewable by the Illinois Health Facilities and Services Review Board ("the Board") it is worth pointing out that the project will reduce the facility's sheltered care capacity. The overall effect of the project will be a reduction in the number of skilled beds from 113 to 108 (90 skilled and 18 intermediate) and of sheltered care beds from 62 to 26.

The design of the modernized Facility will provide the only person centered mode of care available in the area, and will include four nursing care households: three containing 22 beds each and one containing 24 beds, along with a memory care household of 18 beds. Each household will include a combination of private and companion rooms. Each room will have its own bathroom, including a walk-in shower. Each household will include a kitchen, a dining area, a household laundry, and will have its own dedicated staff. Each household will have their own spa including a lift door tub, towel warmer, and supplemental heat. Moreover, the household kitchens and laundries will be supported by a new commercial kitchen and new commercial laundry. Features shared amongst the various households include a new rehabilitation center, new beauty/barber salon, and new community room and chapel. The modernized Facility will be replacing the aging structure which includes three-bed and four-bed "wards", common/group bathing facilities, and which lacks features which have become essential for residents, ranging from central air conditioning to Wi-Fi capabilities (features which will be included in the modernized Facility).

Once completed, the modernized Facility will have 90,433 gross square feet with 40 private rooms and 25 companion rooms in the skilled households and 10 private and 4 companion rooms in the intermediate, memory care household. This project is considered substantive in accordance with the Board's regulations, specifically 77 Ill. Admin. Code §1110.140(c) and constitutes a modernization in accordance with the Board's regulations, specifically 77 Ill. Admin. Code §1125.650.

Facility/Project Identification

Facility Name: St. Paul's Home for the Aged		
Street Address: 1021 W. E Street		
City and Zip Code: Belleville, Illinois 62220		
County: St. Clair County	Health Service Area: 11	Health Planning Area:

Applicant /Co-Applicant Identification**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: St. Paul's Home, Inc.
Address: 1021 W. E Street, Belleville, Illinois 62220
Name of Registered Agent: Susan Franklin
Name of Chief Executive Officer: Steven Seuss, Chairperson
CEO Address: 34 Kingston Drive, Belleville, IL 62223
Telephone Number: (618) 397-1113

Type of Ownership (Applicant/Co-Applicants)

☒ 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.**Primary Contact****[Person to receive ALL correspondence or inquiries]**

Name: Susan Franklin
Title: Operations Director, Registered Agent
Company Name: St. Paul's Home
Address: 1021 W. E Street, Belleville, Illinois 62220
Telephone Number: (618) 233-2095
E-mail Address: susanf@standrews1.com
Fax Number: (618) 233-2109

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

Name: Mark J. Silberman
Title: Legal Counsel
Company Name: Duane Morris, LLP
Address: 190 S. LaSalle, Suite 3700 Chicago, Illinois 60603-3433
Telephone Number: (312) 499-6713
E-mail Address: MJSilberman@duanemorris.com
Fax Number: (312) 277-6957

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance. **This person must be an employee of the applicant.**]

Name: Susan Franklin
Title: Registered Agent
Company Name: St. Paul's Home
Address: 1021 W. E Street, Belleville, Illinois 62220
Telephone Number: (618) 233-2095
E-mail Address: susanf@standrews1.com
Fax Number: (618) 233-2109

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: St. Paul's Home for the Aged
Address of Site Owner: 1021 W. E Street, Belleville, Illinois 62220
Street Address or Legal Description of Site: 1021 W. E Street, Belleville, Illinois 62220
Proof of ownership or control of the site is to be provided as . 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 <u>ATTACHMENT-2</u> , 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: St. Paul's Home, Inc.	
Address: 1021 W. E Street, Belleville, Illinois 62220	
☒ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ 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 <u>ATTACHMENT-3</u> , 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.

State Agency Submittals

The following submittals are up- to- date, as applicable:

- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted (see below)
- ☐ All reports regarding outstanding permits (no outstanding permits or reporting)

If the applicant fails to submit updated information for the requirements listed above, the application for permit will be deemed incomplete.

From: Roate, George [mailto:George.Roate@Illinois.gov]
Sent: Friday, October 12, 2012 9:10 AM
To: Christopher H. Wiltse
Subject: St. Paul's Home Belleville Compliance Check

Good morning, Mr. Wiltse:

Per our telephone conversation, St. Paul's Home, 1021 West E Street, Belleville, is compliant with its annual survey reporting requirements, and any past Certificate of Need (CON) applications. Please be advised that a review of individual applicants/owners has not been conducted, as they have not been identified as part of a pending CON application. Thank you.

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole 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 ST. PAUL'S HOME, INC. *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Steven C. Suess
SIGNATURE

Steven C Suess
PRINTED NAME

Chairperson
PRINTED TITLE

Dennis Spencer
SIGNATURE

Dennis Spencer
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2 day of January 2013

[Signature]
Signature of Notary



Seal

Notarization:
Subscribed and sworn to before me
this 2 day of January 2013

[Signature]
Signature of Notary



Seal

00006

*Insert EXACT legal name of the applicant

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

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.
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-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. Each item (1-6) must be identified in Attachment 10.

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of LTC categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each LTC category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

Criterion 1125.510 – Introduction**Bed Capacity**

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
☒ General Long-Term Care	113	108 (90 skilled nursing beds) (18 intermediate care beds)
☐ Specialized Long-Term Care	N/A	N/A
☒ Shelter Care (non-reviewable)	62	26

*Existing number of beds as authorized by IDPH and posted in the "LTC Bed Inventory" on the HFSRB website (www.hfrsb.illinois.gov). PLEASE NOTE: ANY bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

Utilization**Utilization for the most current CALENDAR YEAR:**

Category of Service	Year	Admissions	Patient Days
☒ General Long Term Care	2011	248	36,765
☐ Specialized Long-Term Care	N/A	N/A	N/A

Applicable Review Criteria - Guide

The review criteria listed below must be addressed, per the LTC rules contained in 77 Ill. Adm. Code 1125. See HFSRB's website to view the subject criteria for each project type - (<http://hfsrb.illinois.gov>). To view LTC rules, click on "Board Administrative Rules" and then click on "77 Ill. Adm. Code 1125".

READ THE APPLICABLE REVIEW CRITERIA OUTLINED BELOW and **submit the required documentation for the criteria, as described in SECTIONS IV and V:**

GENERAL LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	Subject
Establishment of Services or Facility	.520	Background of the Applicant
	.530(a)	Bed Need Determination
	.530(b)	Service to Planning Area Residents
	.540(a) or (b) + (c) + (d) or (e)	Service Demand – Establishment of General Long Term Care
	.570(a) & (b)	Service Accessibility
	.580(a) & (b)	Unnecessary Duplication & Maldistribution
	.580(c)	Impact of Project on Other Area Providers
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Expansion of Existing Services	.520	Background of the Applicant
	.530(b)	Service to Planning Area Residents
	.550(a) + (b) or (c)	Service Demand – Expansion of General Long-Term Care
	.590	Staffing Availability
	.600	Bed Capacity
	.620	Project Size
	.640	Assurances
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions

	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Continuum of Care – Establishment or Expansion	.520	Background of the Applicant
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Defined Population – Establishment or Expansion	.520	Background of the Applicant
	.560(b)(1) & (2)	Defined Population to be Served
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Modernization	.650(a)	Deteriorated Facilities
	.650(b) & (c)	Documentation
	.650(d)	Utilization
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SPECIALIZED LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	Subject
Establishment of LTC Developmentally Disabled – (Adult)	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(g)	Establishment of Beds – Developmentally Disable -Adult
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Establishment of LTC Developmentally Disabled - Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Establishment of Chronic Mental Illness	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(f)	Zoning
	.720(g)	Establishment of Chronic Mental Illness
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost

	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Establishment of Long Term Medical Care for Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(e)	Long-Term Medical Care for Children-Category of Service
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA**GENERAL LONG-TERM CARE****Criterion 1125.520 – Background of the Applicant (NOT APPLICABLE - MODERNIZATION)****BACKGROUND OF APPLICANT**

The applicant shall provide:

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-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1125.530 - Planning Area Need (NOT APPLICABLE - MODERNIZATION)

1. Identify the calculated number of beds needed (excess) in the planning area. See HFSRB website (<http://hfsrb.illinois.gov>) and click on "Health Facilities Inventories & Data".
2. Attest that the primary purpose of the project is to serve residents of the planning area and that at least 50% of the patients will come from within the planning area.
3. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used, as described in Section 1125.540.

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

Criterion 1125.540 - Service Demand – Establishment of General Long Term Care
(NOT APPLICABLE – MODERNIZATION)

- **If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable.**

- **If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals.**

1. Document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: resident/patient origin by zip code; name and specialty of referring physician or identification of another referral source; and name and location of the recipient LTC facility.
2. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used.
3. Estimate the number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. Please note:
 - The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload.
 - The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion
 - Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address
4. Provide verification by the referral sources that the prospective resident referrals have not been used to support another pending or approved Certificate of Need (CON) application for the subject services.
5. **If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area** (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
 - a. The applicant shall define the facility's market area based upon historical resident/patient origin data by zip code or census tract;
 - b. Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Bureau of the Census or IDPH;
 - c. Projections shall be for a maximum period of 10 years from the date the application is submitted;
 - d. Historical data used to calculate projections shall be for a number of years no less

than the number of years projected;

- e. Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
- f. Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB, for each category of service in the application (see the HFSRB Inventory); and
- g. Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB.

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

**Criterion 1125.550 - Service Demand – Expansion of General Long-Term Care
(NOT APPLICABLE – MODERNIZATION)**

The applicant shall document #1 **and** either #2 or #3:

- 1. Historical Service Demand
 - a. An average annual occupancy rate that has equaled or exceeded occupancy standards for general LTC, as specified in Section 1125.210(c), for each of the latest two years.
 - b. If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.
- 2. Projected Referrals

The applicant shall provide documentation as described in Section 1125.540(d).
- 3. **If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area** (as experienced annually within the latest 24-month period), the projected service demand shall be determined as described in Section 1125.540 (e).

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

**Criterion 1125.560 - Variances to Computed Bed Need
(NOT APPLICABLE – MODERNIZATION)**

Continuum of Care:

The applicant proposing a continuum of care project shall demonstrate the following:

- 1. The project will provide a continuum of care for a geriatric population that includes independent living and/or congregate housing (such as unlicensed apartments, high rises for the elderly and retirement villages) and related health and social services. The housing complex shall be on the

same site as the health facility component of the project.

2. The proposal shall be for the purposes of and serve only the residents of the housing complex and shall be developed either after the housing complex has been established or as a part of a total housing construction program, provided that the entire complex is one inseparable project, that there is a documented demand for the housing, and that the licensed beds will not be built first, but will be built concurrently with or after the residential units.
3. The applicant shall demonstrate that:
 - a. The proposed number of beds is needed. Documentation shall consist of a list of available patients/residents needing the proposed project. The proposed number of beds shall not exceed one licensed LTC bed for every five apartments or independent living units;
 - b. There is a provision in the facility's written operational policies assuring that a resident of the retirement community who is transferred to the LTC facility will not lose his/her apartment unit or be transferred to another LTC facility solely because of the resident's altered financial status or medical indigency; and
 - c. Admissions to the LTC unit will be limited to current residents of the independent living units and/or congregate housing.

Defined Population:

The applicant proposing a project for a defined population shall provide the following:

1. The applicant shall document that the proposed project will serve a defined population group of a religious, fraternal or ethnic nature from throughout the entire health service area or from a larger geographic service area (GSA) proposed to be served and that includes, at a minimum, the entire health service area in which the facility is or will be physically located.
2. The applicant shall document each of the following:
 - a. A description of the proposed religious, fraternal or ethnic group proposed to be served;
 - b. The boundaries of the GSA;
 - c. The number of individuals in the defined population who live within the proposed GSA, including the source of the figures;
 - d. That the proposed services do not exist in the GSA where the facility is or will be located;
 - e. That the services cannot be instituted at existing facilities within the GSA in sufficient numbers to accommodate the group's needs. The applicant shall specify each proposed service that is not available in the GSA's existing facilities and the basis for determining why that service could not be provided.
 - f. That at least 85% of the residents of the facility will be members of the defined population group. Documentation shall consist of a written admission policy insuring that the requirements of this subsection (b)(2)(F) will be met.
 - g. That the proposed project is either directly owned or sponsored by, or affiliated with, the religious, fraternal or ethnic group that has been defined as the population to be served by the project. The applicant shall provide legally binding documents that prove ownership, sponsorship or affiliation.

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

Criterion 1125.570 - Service Accessibility (NOT APPLICABLE – MODERNIZATION)

1. Service Restrictions

The applicant shall document that **at least one** of the following factors exists in the planning area, as applicable:

- The absence of the proposed service within the planning area;
- Access limitations due to payor status of patients/residents, including, but not limited to, individuals with LTC coverage through Medicare, Medicaid, managed care or charity care;
- Restrictive admission policies of existing providers; or
- The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.

2. Additional documentation required:

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

- a. The location and utilization of other planning area service providers;
- b. Patient/resident location information by zip code;
- c. Independent time-travel studies;
- d. Certification of a waiting list;
- e. Admission restrictions that exist in area providers;
- f. An assessment of area population characteristics that document that access problems exist;
- g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see www.hfsrb.illinois.gov).

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

**Criterion 1125.580 - Unnecessary Duplication/Maldistribution
(NOT APPLICABLE – MODERNIZATION)**

1. The applicant shall provide the following information:
 - a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;
 - b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and
 - c. The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.
2. The applicant shall document that the project will not result in maldistribution of services.
3. The applicant shall document that, within 24 months after project completion, the proposed project:
 - a. Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and
 - b. Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

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

Criterion 1125.590 - Staffing Availability (NOT APPLICABLE – MODERNIZATION)

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.
2. Provide the following documentation:
 - a. The name and qualification of the person currently filling the position, if applicable; and
 - b. Letters of interest from potential employees; and
 - c. Applications filed for each position; and
 - d. Signed contracts with the required staff; or
 - e. A narrative explanation of how the proposed staffing will be achieved.

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

Criterion 1125.600 Bed Capacity

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

APPEND DOCUMENTATION AS ATTACHMENT- 20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.610 - Community Related Functions

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

APPEND DOCUMENTATION AS ATTACHMENT- 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.620 - Project Size

The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards as stated in Appendix A of 77 Ill. Adm. Code 1125 (LTC rules), unless the additional GSF can be justified by documenting one of the following:

1. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
2. 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 A;
3. The project involves the conversion of existing bed space that results in excess square footage.

APPEND DOCUMENTATION AS ATTACHMENT- 22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.630 - Zoning

The applicant shall document **one** of the following:

1. The property to be utilized has been zoned for the type of facility to be developed;
2. Zoning approval has been received; or
3. A variance in zoning for the project is to be sought.

APPEND DOCUMENTATION AS ATTACHMENT- 23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.640 - Assurances

1. The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.
2. For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall provide assurance that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required. **(NOT APPLICABLE – NO CONTINUUM OF CARE)**

APPEND DOCUMENTATION AS ATTACHMENT- 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.650 - Modernization

1. If the project involves modernization of a category of LTC bed service, the applicant shall document that the bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
 - a. High cost of maintenance;
 - b. non-compliance with licensing or life safety codes;
 - c. Changes in standards of care (e.g., private versus multiple bed rooms); or
 - d. Additional space for diagnostic or therapeutic purposes.
2. Documentation shall include the most recent:
 - a. IDPH and CMMS inspection reports; and
 - b. Accrediting agency reports.
3. Other documentation shall include the following, as applicable to the factors cited in the application:
 - a. Copies of maintenance reports;
 - b. Copies of citations for life safety code violations; and
 - c. Other pertinent reports and data.
4. Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in Section 1125.210(c).

APPEND DOCUMENTATION AS ATTACHMENT- 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SPECIALIZED LONG-TERM CARE

**Criterion 1125.720 - Specialized Long-Term Care – Review Criteria
(NOT APPLICABLE)**

This section is applicable to all projects proposing specialized long-term care services or beds.

1. Community Related Functions

Read the criterion and submit the following information:

- a. a description of the process used to inform and receive input from the public including those residents living in close proximity to the proposed facility's location;
- b. letters of support from social, social service and economic groups in the community;
- c. letters of support from municipal/elected officials who represent the area where the project is located.

2. Availability of Ancillary and Support Services

Read the criterion, which applies only to ICF/DD 16 beds and fewer facilities, and submit the following:

- a. a copy of the letter, sent by certified mail return receipt requested, to each of the day programs in the area requesting their comments regarding the impact of the project upon their programs and any response letters;
- b. a description of the public transportation services available to the proposed residents;
- c. a description of the specialized services (other than day programming) available to the residents;
- d. a description of the availability of community activities available to the facility's residents.
- e. documentation of the availability of community workshops.

3. Recommendation from State Departments

Read the criterion and submit a copy of the letters sent, including the date when the letters were sent, to the Departments of Human Services and Healthcare and Family Services requesting these departments to indicate if the proposed project meets the department's planning objectives regarding the size, type, and number of beds proposed, whether the project conforms or does not conform to the department's plan, and how the project assists or hinders the department in achieving its planning objectives.

4. Long-term Medical Care for Children Category of Service

Read the criterion and submit the following information:

- a. a map outlining the target area proposed to be served;
- b. the number of individuals age 0-18 in the target area and the number of individuals in the target area that require the type of care proposed, include the source documents for this estimate;
- c. any reports/studies that show the points of origin of past patients/residents admissions to the facility;

- d. describe the special programs or services proposed and explain the relationship of these programs to the needs of the specialized population proposed to be served.
- e. indicate why the services in the area are insufficient to meet the needs of the area population;
- f. documentation that the 90% occupancy target will be achieved within the first full year of

5. Zoning

Read the criterion and provide a letter from an authorized zoning official that verifies appropriate zoning.

6. Establishment of Chronic Mental Illness

Read the criterion and provide the following:

- a. documentation of how the resident population has changed making the proposed project necessary.
- b. indicate which beds will be closed to accommodate these additional beds.
- c. the number of admissions for this type of care for each of the last two years.

7. Variance to Computed Bed Need for Establishment of Beds for Developmentally Disabled Placement of Residents from DHS State Operated Beds

Read this criterion and submit the following information:

- a. documentation that all of the residents proposed to be served are now residents of a DHS facility;
- b. documentation that each of the proposed residents has at least one interested family member who resides in the planning area or at least one interested family member that lives out of state but within 15 miles of the planning area boundary where the facility is or will be located;
- c. if the above is not the case then you must document that the proposed resident has lived in a DHS operated facility within the planning area in which the proposed facility is to be located for more than 2 years and that the consent of the legal guardian has been obtained;
- d. a letter from DHS indicating which facilities in the planning area have refused to accept referrals from the department and the dates of any refusals and the reasons cited for each refusal;
- e. a copy of the letter (sent certified--return receipt requested) to each of the underutilized facilities in the planning area asking if they accept referrals from DHS-operated facilities, listing the dates of each past refusal of a referral, and requesting an explanation of the basis for each refusal;
- f. documentation that each of the proposed relocations will save the State money;
- g. a statement that the facility will only accept future referrals from an area DHS facility if a bed is available;
- h. an explanation of how the proposed facility conforms with or deviates from the DHS comprehensive long range development plan for developmental disabilities services.

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW**Criterion 1125.800 Estimated Total Project Cost**

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):

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

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:**

<u>\$2,000,000</u>	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;
<u>\$0</u>	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.
<u>\$1,000,000</u>	c. Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>\$27,475,000</u>	d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.

\$0	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;
\$0	f. Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$1,137,496	g. All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$31,612,496	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Financial Viability

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

Financial Viability Waiver (NOT APPLICABLE)

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-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. 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:	2010	2011	2012	Projected
Current Ratio	0.40	3.39	3.86	2.45
Net Margin Percentage	4.68%	8.26%	7.01%	3.81%
Percent Debt to Total Capitalization	44.18%	44.32%	43.68%	49.05%
Projected Debt Service Coverage	2.39	3.23	3.60	1.82
Days Cash on Hand	46	50	82	36
Cushion Ratio	2.16	2.57	6.09	0.67

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 29, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Economic Feasibility

This section is applicable to all projects

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 1.5 times for LTC 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:

Identify each 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 SERVICE									
Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	\$198.80	-	65,249	-	-	-	\$12,971,556	-	\$12,971,556
Contingency	\$18.33	-	65,249	-	-	-	\$1,196,000	-	\$1,196,000
TOTALS	\$217.13	-	65,249	-	-	-	\$14,167,556		\$14,167,556

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

APPENDIX A**Project Costs and Sources of Funds**

Complete the following table listing all costs 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	\$473,869	\$214,127	\$687,996
Site Survey and Soil Investigation	\$94,706	\$42,794	\$137,500
Site Preparation	\$482,137	217,683	\$700,000
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$0	\$0
Modernization Contracts	\$14,143,632	\$6,391,069	\$20,534,701
Contingencies	\$344,384	\$155,616	\$500,000
Architectural/Engineering Fees	\$631,266	\$285,250	\$916,516
Consulting and Other Fees	\$765,909*	\$346,091*	\$1,112,000 ¹
Movable or Other Equipment (not in construction contracts)	\$1,102,028	\$497,972	\$1,600,000
Bond Issuance Expense (project related)	\$979,024	\$442,391	\$1,421,415
Net Interest Expense During Construction (project related)	\$408,004	\$184,364	\$592,368
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$351,271	\$158,729	\$510,000
Acquisition of Building or Other Property (excluding land)	\$0	\$2,900,000*	\$2,900,000 ²
TOTAL USES OF FUNDS	\$19,776,231	\$11,836,265	\$31,612,496
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,251,165	\$748,835	\$2,000,000
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$625,583	\$374,417	\$1,000,000
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$17,187,885	\$10,287,115	\$27,475,000
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$711,598*	\$425,898*	\$1,137,496 ³
TOTAL SOURCES OF FUNDS	\$19,776,231	\$11,836,265	\$31,612,496

¹ Includes reserve for replacement, working capital, and consulting/other fees.

² Payoff of existing debt on independent living apartments.

³ Line of Credit

APPENDIX B**Related Project Costs**

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: \$ Land Donated as Gifts over last 86 years

NOTE: There are no land acquisition costs related to this project. The modernized facility will be built on the same land currently owned by St. Paul's Home, Inc. which has been donated to the community during the 86 year history of the facility.

Fair Market Value: \$ 7,662,000

NOTE: St. Paul's Home, Inc. owns a total of 7.19 acres of land. As reflected in the attached documentation, an appraisal was conducted in September 2011 by Tellatin, Short & Hansen, Inc. which placed the real estate value of the property and existing buildings at \$7,662,000. This figure excludes furniture, fixtures, equipment, business and intangible assets but includes the existing structures (skilled nursing facility, sheltered care facility, and independent living apartment buildings).

The modernized facility, along with the existing independent living apartment building, will occupy approximately one half of these 7.19 acres upon project completion.

A new appraisal will be conducted as part of the financing process of the modernized facility. St. Paul's home plans to provide the Board a more current appraised value as it is obtained so as to ensure this Board has the most accurate and relevant information available.

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 \$ _____.

APPENDIX C**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

☐ None or not applicable☐ Preliminary☒ Schematics☐ Final WorkingAnticipated project completion date (refer to Part 1130.140): January 1, 2015

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

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

APPENDIX D**Cost/Space Requirements**

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL						-	
Resident Rooms	\$6,151,450	-	32,041	32,041	-	-	-
Nurse, Meds, O2	\$281,679	-	1,404	1,404	-	-	-
Clean Utility, Soiled Utility, Clean Linen	\$211,355	-	1,190	1,190	-	-	-
Spa	\$545,912	-	1,074	1,074	-	-	-
Resident Laundry	\$152,660		626	626			
Janitor, Misc. Storage	\$43,191		280	280			
Dining, TV, Hearth, Parlor	\$1,133,079		6,259	6,259			
Household Kitchen	\$704,358		2,185	2,185			
Screened or Covered Porch	\$250,023		1,500	1,500			
Corridors	\$1,940,000		11,990	11,990			
Stairs	\$313,863		2,107	2,107			
Restrooms	\$230,704		407	407			
Salon	\$74,494		362	362			
Exam Room	\$31,498		197	197			
Physical Therapy	\$235,881		1,460	1,460			
Elevators	\$339,082		596	596			
Commercial Laundry	\$101,979		358	358			
Housekeeping	\$106,624		489	489			
Renovation	\$123,726		724	724			
Total Review	\$12,971,556		65,249	65,249			
NON CLINICAL							
Resident Rooms	\$1,690,346	-	8,093	8,093	-	-	-
Nurse, Meds, O2	\$45,723		212	212			
Clean Utility, Soiled Utility, Clean Linen	\$33,706		183	183			
Spa	\$28,133		177	177			
Resident Laundry	\$35,173		155	155			
Janitor, Misc. Storage	\$262,230		1700	1700			
Dining, TV, Hearth, Parlor	\$207,665		1,138	1,138			

Household Kitchen	\$140,872		437	437			
Screened or Covered Porch	\$50,000		300	300			
Corridors, Lobby, Vestibule	\$1,267,768		6,935	6,935			
Public Restrooms	\$223,826	-	1,095	1,095	-	-	-
Community Room/Chapel, Catering Kitchen	\$263,684	-	1,460	1,460	-	-	-
Stairs	\$41,946	-	278	278	-	-	-
Offices, Conference	\$354,245		2,164	2,164			
Employee Lounge, Lockers	\$72,190		468	468			
Mechanical, Electrical, Plumbing	\$88,729		568	568			
Elevators	\$72,953		143	143			
Commercial Laundry	\$80,556		285	285			
Housekeeping	\$24,541		117	117			
Renovation	\$611,110		3,576	3,576			
Total Non-clinical	\$5,595,396		29,484	29,484			
TOTAL	18,566,952		94,733	94,733			

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/Co-applicant Identification including Certificate of Good Standing	34
2	Site Ownership	35-43
3	Operating Identity/Licensee	44
4	Organizational Relationships	45-67
5	Flood Plain Requirements	68-69
6	Historic Preservation Act Requirements	70
	General Information Requirements	
10	Purpose of the Project	71-143
11	Alternatives to the Project	144-154
	Service Specific - General Long-Term Care	
12	Background of the Applicant	N/A
13	Planning Area Need	N/A
14	Establishment of General LTC Service or Facility	N/A
15	Expansion of General LTC Service or Facility	N/A
16	Variances	N/A
17	Accessibility	N/A
18	Unnecessary Duplication/Maldistribution	N/A
19	Staffing Availability	N/A
20	Bed Capacity	155
21	Community Relations	156-169
22	Project Size	170
23	Zoning	171-173
24	Assurances	174-175
25	Modernization	176-421
	Service Specific - Specialized Long-Term Care	
26	Specialized Long-Term Care – Review Criteria	N/A
	Financial and Economic Feasibility:	
27	Availability of Funds	422-424
28	Financial Waiver	N/A
29	Financial Viability	425-525
30	Economic Feasibility	526-564
	APPENDICES	
A	Project Costs and Sources of Funds	28
B	Related Project Costs	29
C	Project Status and Completion Schedule	30
D	Cost/Space Requirements	31-32



To all to whom these Presents Shall Come, Greeting:

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

ST. PAUL'S HOME, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 09, 1961, 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 #: 1227702430

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 3RD day of OCTOBER A.D. 2012 .

Jesse White

SECRETARY OF STATE



Jennifer Gomric Minton - St. Clair County Assessor
Charles Suarez - St. Clair County Collector

Ownership / Addresses	
Parcel Number	08-21.0-119-006
Parcel Year	2012
Property Address	1021 W E ST BELLEVILLE, IL 62220
Property Owner	ST PAULS HOME FOR THE AGED ,
Owner Address	1021 W E ST BELLEVILLE, IL 62220

Assessment Level	Land Value	Building Value	Total Value
Assessor Value	0	2995672	2995672
Fair Market Value	0	8987016	8987016

Legal

Township BELLEVILLE
Legal Description Line 1 HILGARDS SUB OF NW SEC 21-IN-8
Legal Description Line 2 LOT/SEC-637-BLK/RG-C BK 2548-15
Legal Description Line 3
Legal Description Line 4

Disclaimer

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00035

CHARLES SUAREZ
COUNTY TREASURER
10 PUBLIC SQUARE
BELLEVILLE, IL 62220

ST. CLAIR COUNTY
2011 REAL ESTATE TAXES
BASED ON ASSESSED VALUE
AS OF JANUARY 1, 2011

31788

PARCEL NO. 08-21.0-119-007

Pay on-line: www.co.st-clair.il.us/tax.htm

E-Mail: treasurer@co.st-clair.il.us

TAXING INFORMATION

FAIR PROPERTY VALUE	18,516
1977 BASE	389
SENIOR FREEZE BASE	0
ASSESSORS VALUE	6,284
BD OF REVIEW VALUE	6,284
TOWNSHIP MULTIPLIER	X .9821
LOCAL VALUE*	= 6,172
HIE/DAV VALUE	- 0
VALUE TO BE EQUALIZED	6,172
STATE MULTIPLIER	X 1.0000
STATE EQUALIZED VALUE	= 6,172
OWNER OCCUPIED EXEMPTION	- 0
SENIOR FREEZE	- 0
SR. HOMESTEAD EXEMPTION	- 0
RETURNING VET EXEMPTION	- 0
VET/DISABILITY EXEMPTION	- 0
FARM ASSESSMENT	+ 0
TAXABLE VALUE	= 6,172
TOTAL TAX RATE	X 8.4125

TOTAL TAX DUE \$519.22

*ESTIMATED 1/3 OF FAIR PROPERTY VALUE

TWP: BELLEVILLE

TAX CODE: 02099

UNIT: 0050

DISTRIBUTION OF 2011 TAXES

Taxing Body	2010 Rate	2010 Tax	2011 Rate	2011 Tax	Difference	% of Total
BELLEVILLE HS #201	1.97000	\$26.26	1.97120	\$26.28	0.02	5.06
BELLEVILLE DIST #118	3.24350	\$43.24	3.25960	\$43.45	0.21	8.37
SWIC DIST #522	0.36890	\$4.92	0.37860	\$5.05	0.13	0.97
CITY OF BELLEVILLE	1.45670	\$19.42	1.51070	\$20.14	0.72	3.88
BELLEVILLE TIF #3	0.00000	\$411.96	0.00000	\$407.08	-4.88	78.40
ST CLAIR CO GEN	0.11390	\$1.52	0.11330	\$1.51	-0.01	0.29
ST CLAIR CO OTHER	0.80190	\$10.67	0.79990	\$10.65	-0.02	2.05
BELLEVILLE TWP	0.10280	\$1.37	0.10640	\$1.42	0.05	0.27
CITY OF BELLVLE LIB	0.26280	\$3.50	0.27280	\$3.64	0.14	0.70
Totals	8.3205	\$522.86	8.41250	\$519.22	(\$3.64)	

* TIF INCREMENT IS 4,839

08-21.0-119-007

ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED

1021 W E ST
BELLEVILLE IL 62220-1055



Legal Description

HILGARDS SUB OF NW SEC 21-IN-8
HILGARDS SUB OF NW SEC 21-IN-8
LOT/SEC-610 86 FT W PT EX AS IN BK 2471-1897

Location of Property

811 W E ST
BELLEVILLE, IL 62220-0000

ACRES

0.00

YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT. PLEASE KEEP FOR YOUR RECORDS

1st INST:

DATE PAID:

AMT. PAID:

2nd INST:

DATE PAID:

AMT. PAID:

Dear Taxpayer:

Please read your bill carefully. On or before the installment due date, pay the first amount shown on payment coupon. After the due date pay the amount that includes penalty. The dates below are important to you. Please read them carefully.

First installment due date: 09/18/2012

Second installment due date: 09/05/2012

Last day to pay and avoid publication: 09/28/2012

Notice of tax sale by certified mail: 10/05/2012

Publication of unpaid taxes: 10/08 - 10/12/2012

LAST DAY TO PAY TAXES: 11/09/2012

POSTMARK WILL NOT BE HONORED ON LAST DAY TO PAY
PAYMENTS MUST BE RECEIVED BEFORE 5 PM
ON 11/09/2012

9:00 AM Tax Sale of all unpaid taxes: 11/13/2012

No payment will be taken during tax sale.
I remind you the County Treasurer only collects
your taxes and is not responsible for your property
assessment or the amount of tax you are paying.

DETACH AND RETURN THIS COUPON WITH SECOND INSTALLMENT PAYMENT

Parcel No. 08-21.0-119-007

IF PAID	AMOUNT DUE
on or before 09/05	259.61
09/06 THRU 10/05	263.50
10/06 THRU 11/05*	277.40
11/06 THRU 11/09*	281.29

*INCLUDES \$10.00 COST

ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED

1021 W E ST
BELLEVILLE IL 62220-1055

Collector Use Only

2

2nd INSTALLMENT DUE: 09/05/2012

2nd INSTALLMENT AMOUNT: \$259.61



DO NOT MARK BELOW THIS LINE

08210119007 2 0000025961 090512 4

CHARLES SUAREZ
COUNTY TREASURER
10 PUBLIC SQUARE
BELLEVILLE, IL 62220

ST. CLAIR COUNTY
2011 REAL ESTATE TAXES
BASED ON ASSESSED VALUE
AS OF JANUARY 1, 2011

PARCEL NO. 08-21.0-119-008
Pay on-line: www.co.st-clair.il.us/tax.htm
E-Mail: treasurer@co.st-clair.il.us

38144

TAXING INFORMATION

FAIR PROPERTY VALUE	18,801
1977 BASE	4,246
SENIOR FREEZE BASE	0
ASSESSORS VALUE	6,381
BD OF REVIEW VALUE	6,381
TOWNSHIP MULTIPLIER	X .9821
LOCAL VALUE*	= 6,267
HIE/DAV VALUE	- 0
VALUE TO BE EQUALIZED	6,267
STATE MULTIPLIER	X 1.0000
STATE EQUALIZED VALUE	= 6,267
OWNER OCCUPIED EXEMPTION	- 0
SENIOR FREEZE	- 0
SR, HOMESTEAD EXEMPTION	- 0
RETURNING VET EXEMPTION	- 0
VET/DISABILITY EXEMPTION	- 0
FARM ASSESSMENT	+ 0
TAXABLE VALUE	= 6,267
TOTAL TAX RATE	X 8.4125
TOTAL TAX DUE	\$527.22
*ESTIMATED 1/3 OF FAIR PROPERTY VALUE	
TWP: BELLEVILLE	
TAX CODE: 02099	
UNIT: 0030	

DISTRIBUTION OF 2011 TAXES

Taxing Body	2010 Rate	2010 Tax	2011 Rate	2011 Tax	Difference	% of Total
BELLEVILLE HS #201	1.97000	\$125.71	1.97120	\$123.54	-2.17	23.43
BELLEVILLE DIST #118	3.24350	\$206.97	3.25960	\$204.28	-2.69	38.75
SWIC DIST #522	0.36890	\$23.54	0.37880	\$23.73	0.19	4.50
CITY OF BELLEVILLE	1.45670	\$92.95	1.51070	\$94.68	1.73	17.96
BELLEVILLE TIF #3	0.00000	\$0.00	0.00000	\$0.00	0.00	0.00
ST CLAIR CO GEN	0.11390	\$7.27	0.11330	\$7.10	-0.17	1.36
ST CLAIR CO OTHER	0.80190	\$51.17	0.79990	\$50.12	-1.05	9.51
BELLEVILLE TWP	0.10280	\$6.56	0.10640	\$6.67	0.11	1.27
CITY OF BELLVLE LIB	0.26280	\$16.77	0.27280	\$17.10	0.33	3.24
Totals	8.3205	\$530.84	8.41250	\$527.22	(\$3.72)	

08-21.0-119-008
ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED

1021 W E ST
BELLEVILLE IL 62220-1055



Legal Description

HILGARDS SUB OF NW SEC 21-IN-8
HILGARDS SUB OF NW SEC 21-IN-8
LOT/SEC-610 PT AS IN BK 2567-1663

Location of Property

815 W E ST
BELLEVILLE, IL 62220-0000

ACRES

0.00

Dear Taxpayer:

Please read your bill carefully. On or before the installment due date, pay the first amount shown on payment coupon. After the due date pay the amount that includes penalty. The dates below are important to you. Please read them carefully.

First installment due date: 07/18/2012
Second installment due date: 09/05/2012
Last day to pay and avoid publication: 09/28/2012
Notice of tax sale by certified mail: 10/05/2012
Publication of unpaid taxes: 10/08 - 10/12/2012
LAST DAY TO PAY TAXES: 11/09/2012

POSTMARK WILL NOT BE HONORED ON LAST DAY TO PAY
PAYMENTS MUST BE RECEIVED BEFORE 5 PM ON 11/09/2012

9:00 AM Tax Sale of all unpaid taxes: 11/13/2012

No payment will be taken during tax sale.
I remind you the County Treasurer only collects your taxes and is not responsible for your property assessment or the amount of tax you are paying.

DETACH AND RETURN THIS COUPON WITH SECOND INSTALLMENT PAYMENT

Parcel No. 08-21.0-119-008

IF PAID	AMOUNT DUE
on or before 09/05	263.61
09/06 THRU 10/05	267.56
10/06 THRU 11/05*	281.52
11/06 THRU 11/09*	285.47

*INCLUDES \$10.00 COST

ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED

1021 W E ST
BELLEVILLE IL 62220-1055

Collector Use Only

2nd INSTALLMENT DUE: 09/05/2012
2nd INSTALLMENT AMOUNT: \$263.61



DO NOT MARK BELOW THIS LINE

08210119008 2 0000026361 090512 1

CHARLES SUAREZ
COUNTY TREASURER
10 PUBLIC SQUARE
BELLEVILLE, IL 62220
www.co.st-clair.il.us

ST. CLAIR COUNTY
2011 REAL ESTATE TAXES
BASED ON ASSESSED VALUE
AS OF JANUARY 1, 2011

128917

PARCEL NO. 08-21.0-119-011

Pay on-line: www.co.st-clair.il.us/tax.htm

E-Mail: treasurer@co.st-clair.il.us

TAXING INFORMATION

FAIR PROPERTY VALUE	7,845
1977 BASE	2,628
SENIOR FREEZE BASE	0
ASSESSORS VALUE	2,663
BD OF REVIEW VALUE	2,663
TOWNSHIP MULTIPLIER	X .9821
LOCAL VALUE*	= 2,615
HIE/DAV VALUE	- 0
VALUE TO BE EQUALIZED	2,615
STATE MULTIPLIER	X 1.0000
STATE EQUALIZED VALUE	= 2,615
OWNER OCCUPIED EXEMPTION	- 0
SENIOR FREEZE	- 0
SR. HOMESTEAD EXEMPTION	- 0
RETURNING VET EXEMPTION	- 0
VET/DISABILITY EXEMPTION	- 0
FARM ASSESSMENT	+ 0
TAXABLE VALUE	= 2,615
TOTAL TAX RATE	X 8.4125
TOTAL TAX DUE	\$220.00
*ESTIMATED 1/3 OF FAIR PROPERTY VALUE	
TWP: BELLEVILLE	
TAX CODE: 02099	
UNIT: 0030	

DISTRIBUTION OF 2011 TAXES

Taxing Body	2010 Rate	2010 Tax	2011 Rate	2011 Tax	Difference	% of Total
BELLEVILLE HS #201	1.97000	\$39.64	1.97120	\$39.66	0.02	18.03
BELLEVILLE DIST #118	3.24350	\$85.26	3.25960	\$85.58	0.32	29.81
SWIC DIST #522	0.36890	\$7.42	0.37860	\$7.62	0.20	3.46
CITY OF BELLEVILLE	1.45670	\$29.31	1.51070	\$30.40	1.09	13.82
BELLEVILLE TIF #3	0.00000	\$54.18	0.00000	\$50.74	-3.44	23.06
ST CLAIR CO GEN	0.11390	\$2.29	0.11330	\$2.28	-0.01	1.04
ST CLAIR CO OTHER	0.80190	\$16.12	0.79990	\$16.09	-0.03	7.31
BELLEVILLE TWP	0.10280	\$2.07	0.10640	\$2.14	0.07	0.97
CITY OF BELLVLE LIB	0.26280	\$5.29	0.27280	\$5.49	0.20	2.50
GL 50-2111-00-00 And 6/18/12						
* TIF INCREMENT IS 603	Totals	8.3205	\$221.58	8.41250	\$220.00	(\$1.58)

08-21.0-119-011

ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED

1021 WEST E ST
BELLEVILLE IL 62220

Legal Description

HILGARDS SUB OF NW SEC 21-IN-8
HILGARDS SUB OF NW SEC 21-IN-8
LOT/SEC-610 E 50FT OF S 100FT BK 2716-62

Location of Property

803 W E ST
BELLEVILLE, IL 62220-0000

ACRES

0.00

Dear Taxpayer:

Please read your bill carefully. On or before the installment due date, pay the first amount shown on payment coupon. After the due date pay the amount that includes penalty. The dates below are important to you. Please read them carefully.

First Installment due date: 07/18/2012

Second Installment due date: 09/05/2012

Last day to pay and avoid publication: 09/28/2012

Notice of tax sale by certified mail: 10/05/2012

Publication of unpaid taxes: 10/08 - 10/12/2012

LAST DAY TO PAY TAXES: 11/09/2012

POSTMARK WILL NOT BE HONORED ON LAST DAY TO PAY

PAYMENTS MUST BE RECEIVED BEFORE 5 PM

ON 11/09/2012

9:00 AM Tax Sale of all unpaid taxes: 11/13/2012

No payment will be taken during tax sale.

I remind you the County Treasurer only collects your taxes and is not responsible for your property assessment or the amount of tax you are paying.

YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT. PLEASE KEEP FOR YOUR RECORDS

1st INST:

DATE PAID:

AMT. PAID:

2nd INST:

DATE PAID:

AMT. PAID:

DETACH AND RETURN THIS COUPON WITH SECOND INSTALLMENT PAYMENT

Parcel No. 08-21.0-119-011

IF PAID	AMOUNT DUE
on or before 09/05	110.00
09/06 THRU 10/05	111.65
10/06 THRU 11/05*	123.30
11/06 THRU 11/09*	124.95

*INCLUDES \$10.00 COST

ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED
1021 WEST E ST
BELLEVILLE IL 62220

Collector Use Only

2

2nd INSTALLMENT DUE: 09/05/2012

2nd INSTALLMENT AMOUNT: \$110.00



DO NOT MARK BELOW THIS LINE

08210119011 2 0000011000 090512 8

CHARLES SUAREZ
COUNTY TREASURER
10 PUBLIC SQUARE
BELLEVILLE, IL 62220
www.co.st-clair.il.us

ST. CLAIR COUNTY
2011 REAL ESTATE TAXES
BASED ON ASSESSED VALUE
AS OF JANUARY 1, 2011

PARCEL NO. 08-21.0-119-017
 Pay on-line: www.co.st-clair.il.us/tax.htm
 E-Mail: treasurer@co.st-clair.il.us

31876

TAXING INFORMATION

FAIR PROPERTY VALUE	24,492
1977 BASE	774
SENIOR FREEZE BASE	0
ASSESSORS VALUE	8,313
BD OF REVIEW VALUE	8,313
TOWNSHIP MULTIPLIER	X .9821
LOCAL VALUE*	= 8,164
HIE/DAV VALUE	- 0
VALUE TO BE EQUALIZED	8,164
STATE MULTIPLIER	X 1.0000
STATE EQUALIZED VALUE	= 8,164
OWNER OCCUPIED EXEMPTION	- 0
SENIOR FREEZE	- 0
SR. HOMESTEAD EXEMPTION	- 0
RETURNING VET EXEMPTION	- 0
VET/DISABILITY EXEMPTION	- 0
FARM ASSESSMENT	+ 0
TAXABLE VALUE	= 8,164
TOTAL TAX RATE	X 8.4125
TOTAL TAX DUE	= \$688.80
*ESTIMATED 1/3 OF FAIR PROPERTY VALUE	

TWP:	BELLEVILLE
TAX CODE:	02099
UNIT:	0050

DISTRIBUTION OF 2011 TAXES

Taxing Body	2010 Rate	2010 Tax	2011 Rate	2011 Tax	Difference	% of Total
BELLEVILLE HS #201	1.97000	\$39.40	1.97120	\$39.42	0.02	5.74
BELLEVILLE DIST #118	3.24350	\$64.87	3.25960	\$65.19	0.32	9.49
SWIC DIST #522	0.36890	\$7.38	0.37860	\$7.57	0.19	1.10
CITY OF BELLEVILLE	1.45670	\$29.13	1.51070	\$30.21	1.08	4.40
BELLEVILLE TIF #3	0.00000	\$525.28	0.00000	\$518.56	-6.72	75.50
ST CLAIR CO GEN	0.11390	\$2.28	0.11330	\$2.27	-0.01	0.33
ST CLAIR CO OTHER	0.80190	\$16.02	0.79990	\$15.99	-0.03	2.33
BELLEVILLE TWP	0.10280	\$2.06	0.10640	\$2.13	0.07	0.31
CITY OF BELLVLE LIB	0.26280	\$5.26	0.27280	\$5.46	0.20	0.79
GL 50-2111-00-00 And 6/18/10						
* TIF INCREMENT IS 6.164	Totals	8.3205	\$691.68	8.41250	\$688.80	(\$4.88)

08-21.0-119-017
 ST PAULS HOME FOR THE AGED
 ST PAULS HOME FOR THE AGED

1021 W E ST
 BELLEVILLE IL 62220-1055



Legal Description

HILGARDS SUB OF NW SEC 21-IN-8
 HILGARDS SUB OF NW SEC 21-IN-8
 LOT/SEC-610 N 250 FT EXC E 100 FT & EXC W 8'
 AS IN BK2471-1897

Location of Property

811 W E ST
 BELLEVILLE, IL 62220-0000

ACRES

0.00

Dear Taxpayer:

Please read your bill carefully. On or before the installment due date, pay the first amount shown on payment coupon. After the due date pay the amount that includes penalty. The dates below are important to you. Please read them carefully.

First installment due date: 07/18/2012

Second installment due date: 09/05/2012

Last day to pay and avoid publication: 09/28/2012

Notice of tax sale by certified mail: 10/05/2012

Publication of unpaid taxes: 10/08 - 10/12/2012

LAST DAY TO PAY TAXES: 11/09/2012

POSTMARK WILL NOT BE HONORED ON LAST DAY TO PAY

PAYMENTS MUST BE RECEIVED BEFORE 5 PM

ON 11/09/2012

9:00 AM Tax Sale of all unpaid taxes: 11/13/2012

No payment will be taken during tax sale.

I remind you the County Treasurer only collects your taxes and is not responsible for your property assessment or the amount of tax you are paying.

YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT. PLEASE KEEP FOR YOUR RECORDS

1st INST:

DATE PAID:

AMT. PAID:

2nd INST:

DATE PAID:

AMT. PAID:

DETACH AND RETURN THIS COUPON WITH SECOND INSTALLMENT PAYMENT

Parcel No. 08-21.0-119-017

IF PAID	AMOUNT DUE
on or before 09/05	343.40
09/06 THRU 10/05	348.55
10/06 THRU 11/05*	363.70
11/06 THRU 11/09*	368.85

*INCLUDES \$10.00 COST

ST PAULS HOME FOR THE AGED
 ST PAULS HOME FOR THE AGED
 1021 W E ST
 BELLEVILLE IL 62220-1055

Collector Use Only

2nd INSTALLMENT DUE: 09/05/2012

2nd INSTALLMENT AMOUNT: \$343.40



DO NOT MARK BELOW THIS LINE

08210119017 2 0000034340 090512 1

CHARLES SUAREZ
COUNTY TREASURER
10 PUBLIC SQUARE
BELLEVILLE, IL 62220
www.co.st-clair.il.us

ST. CLAIR COUNTY
2011 REAL ESTATE TAXES
BASED ON ASSESSED VALUE
AS OF JANUARY 1, 2011

31990

PARCEL NO. 08-21.0-119-018
 Pay on-line: www.co.st-clair.il.us/tax.htm
 E-Mail: treasurer@co.st-clair.il.us

TAXING INFORMATION

FAIR PROPERTY VALUE	13,971
1977 BASE	3,791
SENIOR FREEZE BASE	0
ASSESSORS VALUE	4,742
BD OF REVIEW VALUE	4,742
TOWNSHIP MULTIPLIER	X .9821
LOCAL VALUE*	= 4,657
HIE/DAV VALUE	- 0
VALUE TO BE EQUALIZED	4,657
STATE MULTIPLIER	X 1.0000
STATE EQUALIZED VALUE	= 4,657
OWNER OCCUPIED EXEMPTION	- 0
SENIOR FREEZE	- 0
SR. HOMESTEAD EXEMPTION	- 0
RETURNING VET EXEMPTION	- 0
VET/DISABILITY EXEMPTION	- 0
FARM ASSESSMENT	+ 0
TAXABLE VALUE	= 4,657
TOTAL TAX RATE	X 8.4125
TOTAL TAX DUE	\$391.78
*ESTIMATED 1/3 OF FAIR PROPERTY VALUE	

TWP: BELLEVILLE
 TAX CODE: 02099
 UNIT: 0030

DISTRIBUTION OF 2011 TAXES

Taxing Body	2010 Rate	2010 Tax	2011 Rate	2011 Tax	Difference	% of Total
BELLEVILLE HS #201	1.97000	\$93.42	1.97120	\$91.80	-1.62	23.43
BELLEVILLE DIST #118	3.24350	\$153.81	3.25960	\$151.80	-2.01	38.75
SWIC DIST #522	0.36690	\$17.49	0.37860	\$17.63	0.14	4.50
CITY OF BELLEVILLE	1.45670	\$69.08	1.51070	\$70.35	1.27	17.96
BELLEVILLE TIF #3	0.00300	\$0.00	0.00000	\$0.00	0.00	0.00
ST CLAIR CO GEN	0.11390	\$5.40	0.11330	\$5.28	-0.12	1.35
ST CLAIR CO OTHER	0.80190	\$38.03	0.79990	\$37.26	-0.77	9.51
BELLEVILLE TWP	0.10280	\$4.87	0.10640	\$4.96	0.09	1.27
CITY OF BELLVLE LIB	0.26280	\$12.46	0.27280	\$12.70	0.24	3.24
Totals	8.3205	\$394.56	8.41250	\$391.78	(\$2.78)	

GC 50-211-00-00

Ant 6/18/12

08-21.0-119-018
 ST PAULS HOME FOR THE AGED
 ST PAULS HOME FOR THE AGED

1021 W E ST
 BELLEVILLE IL 62220-1055



Legal Description

HILGARDS SUB OF NW SEC 21-IN-8
 HILGARDS SUB OF NW SEC 21-IN-8
 LOT/SEC-610 BK2471-1897 EX E 100 FT & EX W 1/2
 & EX N 250 FT

Location of Property

811 W E ST
 BELLEVILLE, IL 62220-0000

ACRES

0.00

Dear Taxpayer:
 Please read your bill carefully. On or before the installment due date, pay the first amount shown on payment coupon. After the due date pay the amount that includes penalty. The dates below are important to you. Please read them carefully.
 First installment due date: 07/18/2012
 Second installment due date: 09/05/2012
 Last day to pay and avoid publication: 09/28/2012
 Notice of tax sale by certified mail: 10/05/2012
 Publication of unpaid taxes: 10/08 - 10/12/2012
LAST DAY TO PAY TAXES: 11/09/2012
 POSTMARK WILL NOT BE HONORED ON LAST DAY TO PAY
 PAYMENTS MUST BE RECEIVED BEFORE 5 PM ON 11/09/2012
 9:00 AM Tax Sale of all unpaid taxes: 11/13/2012
 No payment will be taken during tax sale.
 I remind you the County Treasurer only collects your taxes and is not responsible for your property assessment or the amount of tax you are paying.

YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT. PLEASE KEEP FOR YOUR RECORDS

1st INST: DATE PAID: AMT. PAID:
 2nd INST: DATE PAID: AMT. PAID:

DETACH AND RETURN THIS COUPON WITH SECOND INSTALLMENT PAYMENT

Parcel No. 08-21.0-119-018

IF PAID	AMOUNT DUE
on or before 09/05	195.89
09/06 THRU 10/05	198.83
10/06 THRU 11/05*	211.77
11/06 THRU 11/09*	214.71

*INCLUDES \$10.00 COST

ST PAULS HOME FOR THE AGED
 ST PAULS HOME FOR THE AGED
 1021 W E ST
 BELLEVILLE IL 62220-1055

Collector Use Only

2

2nd INSTALLMENT DUE: 09/05/2012
2nd INSTALLMENT AMOUNT: \$195.89



DO NOT MARK BELOW THIS LINE

08210119018 2 0000019589 090512 8

00040

CHARLES SUAREZ
COUNTY TREASURER
10 PUBLIC SQUARE
BELLEVILLE, IL 62220

ST. CLAIR COUNTY
2011 REAL ESTATE TAXES
BASED ON ASSESSED VALUE
AS OF JANUARY 1, 2011

31789

PARCEL NO. 08-21.0-119-021

Pay on-line: www.co.st-clair.il.us/tax.htm

E-Mail: treasurer@co.st-clair.il.us

www.co.st-clair.il.us

TAXING INFORMATION

FAIR PROPERTY VALUE	19,386
1977 BASE	0
SENIOR FREEZE BASE	0
ASSESSORS VALUE	6,580
BD OF REVIEW VALUE	6,580
TOWNSHIP MULTIPLIER	X .9821
LOCAL VALUE*	= 6,462
HIE/DAV VALUE	- 0
VALUE TO BE EQUALIZED	6,462
STATE MULTIPLIER	X 1.0000
STATE EQUALIZED VALUE	= 6,462
OWNER OCCUPIED EXEMPTION	- 0
SENIOR FREEZE	- 0
SR. HOMESTEAD EXEMPTION	- 0
RETURNING VET EXEMPTION	- 0
VET/DISABILITY EXEMPTION	- 0
FARM ASSESSMENT	+ 0
TAXABLE VALUE	= 6,462
TOTAL TAX RATE	X 8.4125
TOTAL TAX DUE	\$543.62
*ESTIMATED 1/3 OF FAIR PROPERTY VALUE	

TWP: BELLEVILLE
TAX CODE: 02099
UNIT: 0030

DISTRIBUTION OF 2011 TAXES

Taxing Body	2010 Rate	2010 Tax	2011 Rate	2011 Tax	Difference	% of Total
BELLEVILLE HS #201	1.97000	\$26.26	1.97120	\$26.28	0.02	4.83
BELLEVILLE DIST #118	3.24350	\$43.24	3.25960	\$43.45	0.21	7.99
SWIC DIST #522	0.36890	\$4.92	0.37860	\$5.05	0.13	0.93
CITY OF BELLEVILLE	1.45670	\$19.42	1.51070	\$20.14	0.72	3.70
BELLEVILLE TIF #3	0.00000	\$436.58	0.00000	\$431.48	-5.10	79.37
ST CLAIR CO GEN	0.11390	\$1.52	0.11330	\$1.51	-0.01	0.28
ST CLAIR CO OTHER	0.80190	\$10.69	0.79990	\$10.65	-0.04	1.96
BELLEVILLE TWP	0.10280	\$1.37	0.10640	\$1.42	0.05	0.26
CITY OF BELLVILLE LIB	0.26280	\$3.50	0.27280	\$3.64	0.14	0.67
TOTALS	8.3205	\$547.50	8.41250	\$543.62	(\$3.88)	

* TIF INCREMENT IS 5.129

08-21.0-119-021
ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED

1021 W E ST
BELLEVILLE IL 62220-1055



Legal Description

HILGARDS SUB OF NW SEC 21-IN-8
HILGARDS SUB OF NW SEC 21-IN-8
LOT/SEC-610 PT AS IN 2477-415

Location of Property

811 W E ST
BELLEVILLE, IL 62220-0000

ACRES

0.00

Dear Taxpayer:

Please read your bill carefully. On or before the installment due date, pay the first amount shown on payment coupon. After the due date pay the amount that includes penalty. The dates below are important to you. Please read them carefully.

First installment due date: 07/18/2012

Second installment due date: 09/05/2012

Last day to pay and avoid publication: 09/28/2012

Notice of tax sale by certified mail: 10/05/2012

Publication of unpaid taxes: 10/08 - 10/12/2012

LAST DAY TO PAY TAXES: 11/09/2012

POSTMARK WILL NOT BE HONORED ON LAST DAY TO PAY
PAYMENTS MUST BE RECEIVED BEFORE 5 PM
ON 11/09/2012

9:00 AM Tax Sale of all unpaid taxes: 11/13/2012

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I remind you the County Treasurer only collects your taxes and is not responsible for your property assessment or the amount of tax you are paying.

YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT. PLEASE KEEP FOR YOUR RECORDS

1st INST:

2nd INST:

DATE PAID:

DATE PAID:

AMT. PAID:

AMT. PAID:

DETACH AND RETURN THIS COUPON WITH SECOND INSTALLMENT PAYMENT

Parcel No. 08-21.0-119-021

IF PAID	AMOUNT DUE
on or before 09/05	271.81
09/06 THRU 10/05	275.89
10/06 THRU 11/05*	289.96
11/06 THRU 11/09*	294.04

*INCLUDES \$10.00 COST

ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED

1021 W E ST
BELLEVILLE IL 62220-1055

Collector Use Only

2

2nd INSTALLMENT DUE: 09/05/2012

2nd INSTALLMENT AMOUNT: \$271.81



DO NOT MARK BELOW THIS LINE

08210119021 2 0000027181 090512 8

Attachment 2 - p.7

CHARLES SUAREZ
COUNTY TREASURER
10 PUBLIC SQUARE
BELLEVILLE, IL 62220
www.co.st-clair.il.us

ST. CLAIR COUNTY
2011 REAL ESTATE TAXES
BASED ON ASSESSED VALUE
AS OF JANUARY 1, 2011

128936

PARCEL NO. 08-21.0-119-022

Pay on-line: www.co.st-clair.il.us/tax.htm

E-Mail: treasurer@co.st-clair.il.us

TAXING INFORMATION

DISTRIBUTION OF 2011 TAXES

Fair Property Value	24,912	Taxing Body	2010 Rate	2010 Tax	2011 Rate	2011 Tax	Difference	% of Total
1977 BASE	0	BELLEVILLE HS #201	1.97000	\$47.26	1.97120	\$47.29	0.03	6.77
SENIOR FREEZE BASE	0	BELLEVILLE DIST #118	3.24350	\$77.81	3.25960	\$78.20	0.39	11.19
ASSESSORS VALUE	8,455	SWIC DIST #522	0.36890	\$8.85	0.37860	\$9.08	0.23	1.30
BD OF REVIEW VALUE	8,455	CITY OF BELLEVILLE	1.45670	\$34.95	1.51070	\$36.24	1.29	5.19
TOWNSHIP MULTIPLIER	X .9821	BELLEVILLE TIF #3	0.00000	\$503.90	0.00000	\$496.76	-7.14	71.11
LOCAL VALUE*	= 8,304	ST CLAIR CO GEN	0.11390	\$2.73	0.11330	\$2.72	-0.01	0.39
HIE/DAV VALUE	- 0	ST CLAIR CO OTHER	0.80190	\$19.23	0.79990	\$19.20	-0.03	2.75
VALUE TO BE EQUALIZED	8,304	BELLEVILLE TWP	0.10280	\$2.47	0.10640	\$2.55	0.08	0.37
STATE MULTIPLIER	X 1.0000	CITY OF BELLVLE LIB	0.26280	\$6.30	0.27280	\$6.54	0.24	0.94
STATE EQUALIZED VALUE	= 8,304							
OWNER OCCUPIED EXEMPTION	- 0							
SENIOR FREEZE	- 0							
SR. HOMESTEAD EXEMPTION	- 0							
RETURNING VET EXEMPTION	- 0							
VET/DISABILITY EXEMPTION	- 0							
FARM ASSESSMENT	+ 0							
TAXABLE VALUE	= 8,304							
TOTAL TAX RATE	X 8.4125							
TOTAL TAX DUE	= \$698.58							
*ESTIMATED 1/3 OF FAIR PROPERTY VALUE								

08-21.0-119-022
ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED

1021 WEST E ST
BELLEVILLE IL 62220

Legal Description

HILGARDS SUB OF NW SEC 21-IN-8
HILGARDS SUB OF NW SEC 21-IN-8
LOT/SEC-610 S 168FT OF E 100FT EXCEPT THE
100FT OF E 50FT THEREOF BK 2716-62

Location of Property

803 W E ST
BELLEVILLE, IL 62220-0000

ACRES
0.00

Dear Taxpayer:
Please read your bill carefully. On or before the installment due date, pay the first amount shown on payment coupon. After the due date pay the amount that includes penalty. The dates below are important to you. Please read them carefully.
First installment due date: 07/19/2012
Second installment due date: 09/05/2012
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Notice of tax sale by certified mail: 10/06/2012
Publication of unpaid taxes: 10/08 - 10/12/2012
LAST DAY TO PAY TAXES: 11/09/2012
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1st INST: 2nd INST:
DATE PAID: DATE PAID:
AMT. PAID: AMT. PAID:

DETACH AND RETURN THIS COUPON WITH SECOND INSTALLMENT PAYMENT

Parcel No. 08-21.0-119-022

IF PAID	AMOUNT DUE
on or before 09/05	349.29
09/06 THRU 10/05	354.53
10/06 THRU 11/05*	369.77
11/06 THRU 11/09*	375.01

ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED

1021 WEST E ST
BELLEVILLE IL 62220

Collector Use Only

*INCLUDES \$10.00 COST

2nd INSTALLMENT DUE: 09/05/2012
2nd INSTALLMENT AMOUNT: \$349.29



DO NOT MARK BELOW THIS LINE

08210119022 2 0000034929 090512 5

Attachment 2 - p.8

CHARLES SUAREZ
COUNTY TREASURER
10 PUBLIC SQUARE
BELLEVILLE, IL 62220

ST. CLAIR COUNTY
2011 REAL ESTATE TAXES
BASED ON ASSESSED VALUE
AS OF JANUARY 1, 2011

PARCEL NO. 08-21.0-119-025
Pay on-line: www.co.st-clair.il.us/tax.htm
E-Mail: treasurer@co.st-clair.il.us

31738

TAXING INFORMATION

FAIR PROPERTY VALUE	196,632
1977 BASE	0
SENIOR FREEZE BASE	0
ASSESSORS VALUE	66,738
BD OF REVIEW VALUE	66,738
TOWNSHIP MULTIPLIER	X .9821
LOCAL VALUE*	= 65,544
HIE/DAV VALUE	- 0
VALUE TO BE EQUALIZED	65,544
STATE MULTIPLIER	X 1.0000
STATE EQUALIZED VALUE	= 65,544
OWNER OCCUPIED EXEMPTION	- 0
SENIOR FREEZE	- 0
SR. HOMESTEAD EXEMPTION	- 0
RETURNING VET EXEMPTION	- 0
VET/DISABILITY EXEMPTION	- 0
FARM ASSESSMENT	+ 0
TAXABLE VALUE	= 65,544
TOTAL TAX RATE	X 6.4125
TOTAL TAX DUE	\$5,513.90
*ESTIMATED 1/3 OF FAIR PROPERTY VALUE	
TWP: BELLEVILLE	
TAX CODE: 02099	
UNIT: 0060	

DISTRIBUTION OF 2011 TAXES

Taxing Body	2010 Rate	2010 Tax	2011 Rate	2011 Tax	Difference	% of Total
BELLEVILLE HS #201	1.97000	\$62.39	1.97120	\$62.43	0.04	1.13
BELLEVILLE DIST #118	3.24350	\$102.72	3.25960	\$103.23	0.51	1.87
SWIC DIST #522	0.36890	\$11.68	0.37860	\$11.99	0.31	0.22
CITY OF BELLEVILLE	1.45670	\$46.13	1.51070	\$47.84	1.71	0.87
BELLEVILLE TIF #3	0.00000	\$5,289.44	0.00000	\$5,247.48	-41.96	95.17
ST CLAIR CO GEN	0.11390	\$3.61	0.11330	\$3.59	-0.02	0.07
ST CLAIR CO OTHER	0.80190	\$25.39	0.79990	\$25.33	-0.06	0.46
BELLEVILLE TWP	0.10280	\$3.26	0.10640	\$3.37	0.11	0.06
CITY OF BELLVLE LIB	0.26280	\$8.32	0.27280	\$8.64	0.32	0.16
* TIF INCREMENT IS 62,377	Totals	8.3205	\$5,552.94	8.41250	\$5,513.90	(\$39.04)

08-21.0-119-025
ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED

1021 W E ST
BELLEVILLE IL 62220-1055



Legal Description

HILGARDS SUB OF NW SEC 21-IN-8
HILGARDS SUB OF NW SEC 21-IN-8
LOT/SEC-638 PT LT 638 & ALL LT 608 & PT LT 6 /
2830-1583

Location of Property

1201 W E ST
BELLEVILLE, IL 62220-0000

ACRES
4.51

Dear Taxpayer:

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1st INST:

DATE PAID:

AMT. PAID:

2nd INST:

DATE PAID:

AMT. PAID:

DETACH AND RETURN THIS COUPON WITH SECOND INSTALLMENT PAYMENT

Parcel No. 08-21.0-119-025

IF PAID	AMOUNT DUE
on or before 09/05	2,756.95
09/06 THRU 10/05	2,798.30
10/06 THRU 11/05*	2,849.66
11/06 THRU 11/09*	2,891.01

*INCLUDES \$10.00 COST

ST PAULS HOME FOR THE AGED
ST PAULS HOME FOR THE AGED
1021 W E ST
BELLEVILLE IL 62220-1055

Collector Use Only

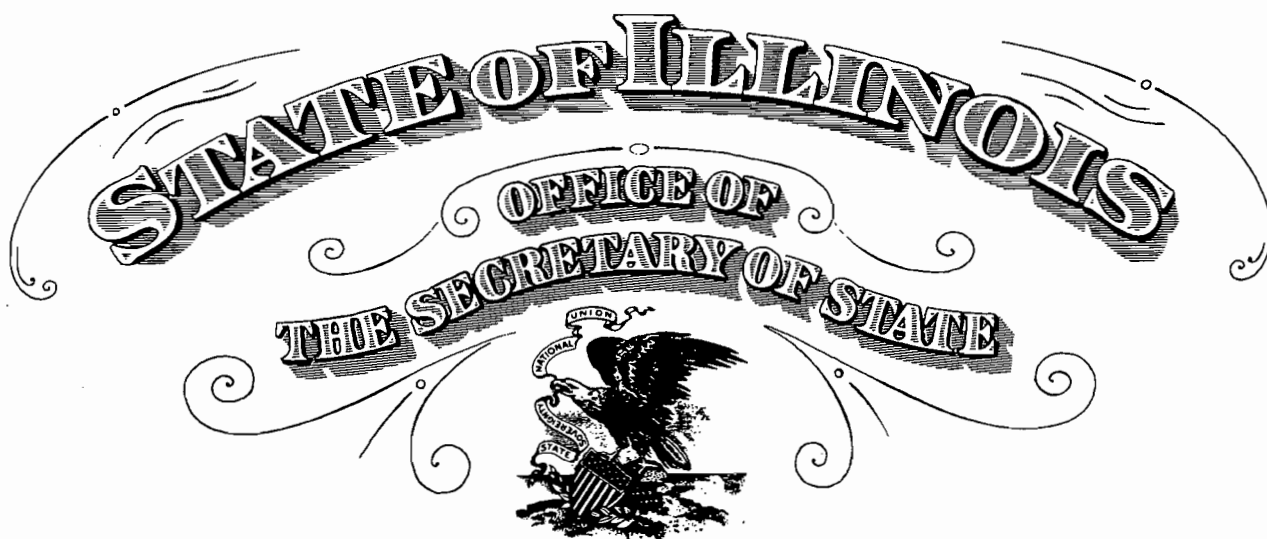
2

2nd INSTALLMENT DUE: 09/05/2012
2nd INSTALLMENT AMOUNT: \$2,756.95



DO NOT MARK BELOW THIS LINE

08210119025 2 0000275695 090512 9



To all to whom these Presents Shall Come, Greeting:

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

ST. PAUL'S HOME, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 09, 1961, 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 #: 1227702430

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 3RD day of OCTOBER A.D. 2012 .

Jesse White

SECRETARY OF STATE

St. Paul's Home, Inc.

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graph TD; A[St. Paul's Home, Inc.] --> B[St. Paul's Skilled Nursing & Sheltered Care]; A --> C[St. Paul's Retirement Apartments];
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St. Paul's
Skilled Nursing
& Sheltered Care

St. Paul's
Retirement
Apartments



State of Illinois 2089105
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	LD NUMBER
03/21/2013	0606	0013920
LONG TERM CARE LICENSE		
SKILLED 078		
INTERMEDIATE 035		
SHELTERED 062		
UNRESTRICTED 175 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

ST. PAUL'S HOME FOR THE AGED

ST. PAUL'S HOME

1021 WEST E STREET

BELLEVIEW

IL 62220

EFFECTIVE DATE: 03/22/12

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



PRESIDENT & CEO
Mary Alice Ryan

ST. ANDREW'S MANAGEMENT SERVICES INC.
NOTICE OF INTENT TO RENEW MANAGEMENT AGREEMENT
WITH
ST. PAUL'S HOME

St. Andrew's Management Services, Inc., a Missouri Corporation ("St. Andrew's") hereby gives Notice to St. Paul's Home, an Illinois not-for-profit corporation ("St. Paul's") that St. Andrew's intends to renew the Management Agreement (the "Agreement") made and entered into as of January 18, 2005 by and between St. Andrew's and St. Paul's. This Notice is the "STAMS Notice" referred to in section 6.1 of the Agreement and is given more than ninety (90) days prior to the expiration of the term of the Agreement.

Please note that upon the giving of this "STAMS Notice", under the terms of section 6.1 of the Agreement, the Agreement will renew for a successive five (5) year term from January 18, 2010, unless St. Paul's notifies St. Andrew's at least sixty (60) days prior to January 18, 2010 that it does not intend to renew. If St. Paul's so notifies St. Andrew's that it does not intend to renew the Agreement, the Agreement will terminate at midnight, January 17, 2010.

ST. ANDREW'S MANAGEMENT
SERVICES, INC.

By: Jim Meathery
Name: DAVE MEATHERAY
Title: Chief Operating Officer
Date: Sept 29, 2009

6633 Delmar Blvd. St. Louis, Missouri 63130 Phone: (314) 726-0111

A Subsidiary of St. Andrew's Resources for Seniors System

ST. PAUL'S HOME
CONFIRMATION OF INTENT TO RENEW MANAGEMENT AGREEMENT
WITH
ST. ANDREW'S MANAGEMENT SERVICES INC.

St. Paul's Home, an Illinois not-for-profit corporation ("St. Paul's") hereby confirms that it has received Notice from St. Andrew's Management Services, Inc., a Missouri Corporation ("St. Andrew's") that St. Andrew's intends to renew the Management Agreement (the "Agreement") made and entered into as of January 18, 2005 by and between St. Andrew's and St. Paul's.

St. Paul's further confirms that it will renew the Agreement for a term of five years beginning January 18, 2010 pursuant to section 6.1 of the Agreement.

ST. PAUL'S HOME

By: _____

Name: _____

Title: _____

Date: _____

MANAGEMENT AGREEMENT

THIS MANAGEMENT AGREEMENT (the "Agreement") is made and entered into as of this 18th day of January, 2005 (the "Effective Date"), by and between St. Andrew's Management Services, Inc. a Missouri corporation ("St. Andrew's"), and St. Paul's Home, an Illinois not-for-profit corporation (the "Owner").

RECITALS:

WHEREAS, Owner desires to engage St. Andrew's under the terms of this Agreement to provide its skills and experience to manage the operation of St. Paul's Home, owned by Owner and located at 1021 West E Street, Belleville, Illinois (the "Home"), with the full authority and ultimate control of Home remaining in Owner, acting by and through its Board of Directors (the "Board");

WHEREAS, St. Andrew's is willing to be engaged by Owner under the terms of this Agreement;

NOW, THEREFORE, for and in consideration of the foregoing Recitals, which are hereby made a part of this Agreement, and the mutual covenants and undertakings of the parties herein contained, it is agreed as follows:

1. RESPONSIBILITIES OF ST. ANDREW'S

1.1. General Responsibilities of St. Andrew's. St. Andrew's shall have the authority and responsibility to:

1.1.1. provide management services relating to the day-to-day operation of the Home; including, but not limited to assisting the Owner in applying for all licenses required for the Home;

1.1.2. recommend, prepare and develop the policies, budgets and goals for the Home to be adopted or amended by the Owner; and

1.1.3. provide the Owner with relevant information as to operations of the Home.

1.2. Specific Responsibilities of St. Andrew's.

1.2.1. Management. St. Andrew's shall, in accordance with annual budgets prepared by St. Andrew's and approved by Owner:

a. recommend policies and goals to the Owner, and periodically evaluate such policies and goals for regulatory compliance and other purposes;

b. provide management services in connection with the day-to-day operations of the Home, subject to and in accordance with annual budgets and policies established from time to time and approved by the Owner; and

c. develop, install and maintain specific operating procedures, systems and controls as agreed upon by Owner and St. Andrew's.

d. Identify and designate systems and software for payroll, accounting, clinical and other operations to be used by the Home.

1.2.2. Personnel. All staff of the Home shall be employees (or leased employees) of the Owner. In support of the Owner, St. Andrew's shall periodically:

a. recommend the number of employees needed in the various departments and services of Home in accordance with Home's policies and procedures;

b. recommend wage scales and rates of compensation and supervise the establishment and revision of approved wages adopted by the Owner;

c. oversee establishment of job descriptions, employee benefits programs and conditions of employment in accordance with Home's policies, procedures and budget;

d. recommend inservice training for Home staff;

e. recommend personnel policies, procedures, and forms to be adopted by the Owner;

f. recommend employee performance appraisal and goal setting programs;

g. perform on site visits by appropriate staff of St. Andrew's; and

h. as appropriate, from time to time, recruit and train Administrators on the basis of job related criteria. The Administrators shall have supervisory authority over all employees of the Home and shall make employment decisions with regard to such employees in accordance with the personnel policies of the Owner.

1.2.3. Financial Controls. St. Andrew's shall establish and maintain a system of financial procedures and controls for the Home and perform accounting and reporting in accordance with generally accepted accounting principles. As manager, St. Andrew's will have only the obligation to exercise reasonable care in the management and handling of the funds generated from the operation of Home. St. Andrew's shall, in accordance with its past practices, if applicable, establish and administer systems for the development, preparation, and safekeeping of records and books of account relating to the business and financial affairs of the Home, all subject to Board review and approval, as follows:

a. establish and maintain accounts at banks, savings and loan associations, and other financial institutions as are required by the Board;

b. prepare and deliver to the Board Balance Sheets and Statements of Revenues and Expenses with variances from budget for the current period and the year to date

based upon the fiscal year of the Owner, within a reasonable and agreed upon time after the end of each calendar month;

c. Provide basic financial statements (balance sheets, statements of revenues and expenses and statements of cash flow) to any trustees, bondholders, underwriters and other interested parties relating to bond indebtedness of the Owner;

d. Coordinate with the Owner's designated preparer the preparation and filing of such forms and reports as may be required by federal, state and local law;

e. Assist the independent accountants in the annual audit;

f. On an annual basis:

i. At least sixty (60) days prior to the beginning of the fiscal year of Owner, provide annual budgets for operating revenue and expense, capital expenditures and cash flow projections (if requested) for the Home for the succeeding fiscal year of the Owner for approval by the Owner;

ii. Recommend a schedule of resident monthly service fees and other charges in connection with the preparation of annual budgets for approval by the Owner.

1.2.4. Collection of Accounts. St. Andrew's shall oversee the production of the bills for services and materials furnished by Home and establish collection policies and procedures; provided, however, bills for services and materials issued in the name of Home shall be deemed monies owed to Owner; and provided, further, that nothing contained in this subparagraph shall be deemed to require St. Andrew's to undertake any legal proceedings in the collection of such accounts or monies or in the enforcement of the rights of Owner as creditor.

1.2.5. Payment of Accounts and Indebtedness. St. Andrew's shall establish and oversee internal controls through policies and procedures for the payment of payroll, trade accounts, amounts due on short and long-term indebtedness, taxes and all other obligations of Home; provided, that St. Andrew's responsibility under this paragraph shall be limited to the exercise of reasonable diligence and care to apply the funds collected in the operation of Home to its obligations in a timely and prudent manner, and St. Andrew's shall have no liability for any debt or obligation of Home or Owner; further provided that St. Andrew's shall not, in any case, have any obligation to supply, out of its own funds, working capital or other monies for payment of any expense or cost of the Home, including, but not limited to mortgage or bond payments for Home.

1.2.6. Purchases and Leases. Provide oversight management of Home staff in connection with purchases and leases of equipment, supplies and all materials and services that St. Andrew's shall deem to be necessary in the operation of Home and as shall be in accordance with budgets prepared by St. Andrew's and approved by Owner. Any purchase agreement which will obligate Home beyond the term of this Agreement, and any purchase or lease of capital equipment in an amount in excess of ten thousand dollars (\$10,000.00), shall be subject to approval of the Board if such item was not included in the budget approved by the Owner. Notwithstanding the above, in the event of an emergency jeopardizing the health and welfare of residents, employees, or

the general public, St. Andrew's shall have the authority to immediately institute the required corrective action. The Board, or its representative, shall be notified as soon as possible of any action taken.

1.2.7. Public Relations/Marketing. St. Andrew's shall:

a. Advise in the planning and developing of a program of public relations and communications subject to approval of the Board including consulting on the development of materials and programs for presentation to its publics, representing Home to its various publics, and monitoring the over-all program.

b. Regularly monitor the occupancy level and make specific recommendations with regard to marketing procedures and promotions;

c. Prepare a comparative report on pricing competition with specific recommendations for the structure of resident rates to the Owner annually.

d. Oversee implementation of marketing procedures and promotions approved by the Owner.

1.2.8. Contracts for Services. Negotiate, enter into, terminate and administer--on behalf of Home--contracts for services including but not limited to medical, paramedical, and other persons and organizations. However, it is agreed that St. Andrew's shall not enter into any such contract not included in the budget approved by the Owner in excess of ten thousand dollars (\$10,000.00) without first obtaining the approval of the Board. Notwithstanding the above, in the event of an emergency jeopardizing the health and welfare of residents, employees, or the general public, St. Andrew's shall have the authority to immediately institute the required corrective action. The Board, or its representative, shall be notified as soon as possible of any action taken.

1.2.9. Special Projects. From time to time, engage consultants to perform projects and studies, and to render advice in connection with the operations of Home, which consultants may or may not be employees of St. Andrew's. The fees and expenses for Special Projects shall be approved by the Board representative and shall be borne by the Home. Any special projects involving employees of St. Andrew's that are beyond the scope of the responsibilities outlined in this Agreement will be at additional cost to the Owner. All amounts of the reasonable expenses and fees of such consultants shall be paid directly by Home to St. Andrew's, or, if St. Andrew's shall so request, said amounts shall be paid directly to the consultant involved.

1.2.10. Advisors. From time to time, on Owner's behalf, as St. Andrew's deems necessary in the day-to-day operation of the Home, consult with and secure advice from Owner's attorney, accountant and other professional advisors. The fees and expenses of such advisors shall be borne by the Home. St. Andrew's agrees that it shall not engage the services of any such advisor, other than in connection with day-to-day questions that may arise in the operation of the Home, without first obtaining the approval of the Board.

1.2.11. Authority of St. Andrew's. St. Andrew's shall have no right or authority to commit or obligate the Owner in any manner whatsoever except to the extent specifically provided

herein or with the written consent of the Owner. Upon the approval of a budget by the Owner as provided in this Agreement, St. Andrew's shall be authorized to take all reasonable actions it deems necessary to accomplish the terms thereof and to enter into any contracts expressly provided therein. Such contracts as are approved by the Owner in the previous year may be renewed in a subsequent year if similar in form without additional approval of the Owner pursuant to the annual budget process.

1.2.12. Agreements. St. Andrew's shall recommend standard forms of admission, rental and other agreements for use at the Home for the Owner's approval. Such forms approved by Owner shall become the property of Owner and are not subject to the provisions of Section 6.2.5 herein. All such agreements shall be executed by St. Andrew's on behalf of the Owner utilizing such standard forms so approved by Owner with such charges therefore as the Owner shall have approved in advance in accordance with the budget process, or as otherwise approved in writing by the Owner. St. Andrew's shall use reasonable efforts to enforce all agreements entered into pursuant to the terms hereof but shall have no obligation to incur additional costs on St. Andrew's own account in connection with such efforts. Counsel may be engaged with consent of the Owner. Costs of counsel and other related third party expense shall be borne by Owner

1.2.13. General Assistance. St. Andrew's will provide supervision of the Administrator(s). The Administrator(s) will be employed by St. Andrew's and leased to Owner at Owner's cost and expense. In the event of a vacancy in the Administrator position, an interim Administrator will be sought at the Owner's cost and expense.

1.2.14. Support Systems. St. Andrew's will make available support systems for the Home.

a. A partial list of the support systems that are provided without additional cost to the Home is as follows:

i. Access to St. Andrew's contracts for certain services and supplies;

ii. Administrative support with respect to statutes, regulations and other licensing requirements relating to the operation of a skilled, assisted living and/or congregate care community.

iii. Sharing of certain St. Andrew's developed software, software templates and periodic updates, including any software relating to management information systems. Owner agrees that all St. Andrew's developed software, software templates and template designs shall at all times remain the property of St. Andrew's and that Owner shall have no right to use any such software for any purpose or in any manner following the termination of this Agreement.

iv. Notwithstanding the foregoing, any software developed by or in conjunction with St. Andrew's at Owner's expense for specific application to Owner will remain with Owner and may be used by Owner following termination of this Agreement.

v. Templates for procedure manuals for programs and services. Owner agrees that all St. Andrew's developed manuals shall, at all times, remain the property of St. Andrew's and Owner shall have no right to use any such manuals following the termination of this Agreement. Owner agrees not to utilize any of St. Andrew's developed manuals for any purpose or in any manner following the termination of this Agreement and to return all copies in whatever form (paper, electronic, digital, etc.) to St. Andrew's.

b. A partial list of services that are available to the Home at an additional cost on a fixed fee basis from St. Andrew's or from an unrelated third party if St. Andrew's engages an unrelated third party to provide such services include:

i. Functional specialists (for example, nursing; food service) for short term assignment during periods of staff shortages in critical service areas;

ii. Resident satisfaction surveys, if an outside service is used;

iii. Service as development consultant for expansions, additions and refurbishments and new programs or services;

iv. Temporary Administrators, in the case of vacancy;

v. Coordinate with the Owner's designated preparer the preparation and submission of cost reports, supporting data, and other materials required in connection with reimbursement under Medicare, Medicaid, and other third-party payment contracts and programs in which the Home may from time to time participate (the Home is not anticipated to have a Medicare or Medicaid program);

vi. St. Andrew's electronic mail system for more than four employees, and library of forms, documents and shared information;

vii. Design and development assistance and support in establishing and maintaining an internet site.

1.2.15. Administrators. During the term of this Agreement, Owner shall employ or lease from St. Andrew's, at Owner's expense (and in addition to compensation provided for St. Andrew's as contemplated by Section 7 herein), one or more qualified Administrators (individually, "Administrator", and collectively, the "Administrators") who shall be the chief administrative officer of the Home. St. Andrew's shall have the right to recommend for hire or for non-hire any candidate for employment as an Administrator. Owner shall convey to each person serving as Administrator that, pursuant to this Agreement, St. Andrew's has authority and responsibility for management in connection with the day-to-day operations of the Home, and that the Administrator has the obligation to report and be accountable to St. Andrew's in connection with the operation of the Home. An Administrator for whom either St. Andrew's or the Board has objection at any time will not be hired or retained at the Home.

1.2.16. Quality Initiatives. St. Andrew's shall review and oversee implementation of programs approved by Owner intended to promote quality of clinical and therapeutic services

performed at the Home. St. Andrew's shall also review and from time to time suggest revisions for approval by Owner of record retention guidelines.

2. RESPONSIBILITIES OF OWNER

2.1. General Responsibility of Owner. Owner shall retain the responsibility to establish and periodically review and change as necessary the policies, budgets, and short and long range goals of the Home. The Owner retains the right to review and evaluate the performance of St. Andrew's in carrying out the policies and in attaining the budgets and the goals adopted and agreed upon by the Owner and St. Andrew's. Owner is responsible for providing all patient care at the Home.

2.2. Specific Responsibilities of Owner.

2.2.1. Policy Determinations. St. Andrew's shall present to Owner, and, subject to Owner's right of approval, Owner shall:

- a. adopt policies relating to the level of services provided in the Home, including intake criteria and policies for transferring residents to facilities which provide a higher level of care;
- b. adopt annual budgets to establish guidelines for revenue and expense;
- c. adopt the short range and long range goals of the Home;
- d. periodically, as needed, review and confirm or change the policies, budgets and goals of the Home; and
- e. adopt policies relating to financial assistance for residents.

2.2.2. Personnel. Owner will employ a sufficient number of employees having the qualifications necessary to operate the Home in accordance with the policies, budgets and goals adopted for the Home.

2.2.3. Financial and Operational Matters. The Owner shall:

- a. Uniform Accounts. Use the uniform chart of accounts recommended by St. Andrew's.
- b. Auditors. Retain the services of a certified public accounting firm, at the Owner's cost, to perform annual audits, to prepare tax returns, to prepare any other reports required for federal or state regulatory agencies which require licensure and/or certification, and to perform other necessary accounting services relating to the Home. St. Andrew's shall not perform or have the responsibility for the performance of accounting services in connection with the activities arising under this Agreement, except as otherwise provided in Section 1.2.3(a), (b) and (c).
- c. Coordination. In order to assure proper coordination and to speak with one voice to residents, staff and the various publics, endeavor to communicate actions and decisions concerning the operation of the Home through St. Andrew's. Information, data and

policies affecting the operations management of the Home in the possession of the Owner will be made available to St. Andrew's to enable it to perform its services satisfactorily.

d. Operating Reports; Meetings. Share with St. Andrew's all historical information pertaining to the Home operation including but not limited to financial performance, projections, reports, operating statistics and other analytical information. In order to be a resource to the Owner, St. Andrew's shall have the right to have a representative attend all meetings of the Owner, except for executive sessions. The Owner shall provide St. Andrew's with the same notice of the Owner meetings as is required to be given to its directors and shall endeavor to indicate thereon any such meetings or portions of meetings which will be executive sessions.

e. Consultation Prior to Major Changes. Initiate certain changes in the ownership or management scope of the Home. Such changes may include, but are not limited to, material matters such as expansion, assignment or transfer of the Home, filing for bankruptcy or receivership, alteration of the residency agreement or announcement of a new skilled, assisted living and/or congregate care community. Before implementing a material change, Owner agrees to consult with St. Andrew's to permit St. Andrew's to inform the Owner of the effect of such changes on the operations of the Home.

f. Banking. Maintain one or more accounts in the Owner's name at a federally or state insured bank, and designate the Administrator and officers of St. Andrew's as signatories on such account or accounts, subject to such reasonable policies, terms, limitations and conditions as may be imposed by the Owner.

g. Legal Services. Retain the services of legal counsel, at the Owner's cost, to perform all legal services relating to the Home. St. Andrew's shall not perform or have the responsibility for the performance of legal services in connection with the activities arising hereunder.

h. Systems and Software. Acquire at Home's cost and expense (by purchase, license or other means) the right to use those systems and software designated pursuant to Section 1.2.1(d). St. Andrew's shall assist with negotiations in connection with the acquisition of such rights and shall take all appropriate actions to assure that Home receives the benefit of any favorable pricing arrangements available for St. Andrew's. The cost of acquisition, training, support and updates of systems and software will be borne by Owner.

i. Patient Care. Owner shall be responsible for providing all patient care at the Home.

3. **COMPUTER SYSTEMS.** St. Andrew's shall for the benefit of Home, enter into contracts for the purchase, license or lease of such computer equipment, including network systems and other hardware, as may be necessary to operate the management software and other information systems for the Home. The Owner shall pay the costs and expenses of obtaining and maintaining such computer equipment.

4. **COMMUNICATION AND REPORTS.** St. Andrew's shall from time to time, but not less frequent than quarterly, deliver to the Board a narrative report in form agreed by the Parties,

which may be in writing or an oral presentation by the Administrator or others, covering the operation of Home, and St. Andrew's shall also be available to consult with the Board on such matters and at such times as the Board shall reasonably request.

5. LICENSING. Owner and St. Andrew's each agree to abide by all laws, ordinances, rules and regulations of local, State or Federal governments pertaining to the Home and the operation of Home. St. Andrew's shall assist and advise Owner in preparing all documents and other materials necessary to obtain and maintain all licenses required by the Home.

6. TERM AND TERMINATION.

6.1. Term. This Agreement shall become effective as of the Effective Date and shall continue for an initial term of five (5) years from such date. At least ninety (90) days prior to the expiration of the initial term or any subsequent term, St. Andrew's shall provide notice ("STAMS Notice") to Owner stating whether St. Andrew's wants this Agreement to renew. If the STAMS Notice indicates that St. Andrew's does not want to renew, then this Agreement will terminate upon expiration of the term. If the STAMS Notice indicates that St. Andrew's wants to renew, then this Agreement will renew for a successive five (5) year term unless Owner notifies St. Andrew's at least sixty (60) days prior to expiration of the term of Owner's intention not to renew, in which event this Agreement will terminate upon expiration of the term.

6.2. Termination.

6.2.1. Termination for Cause. Notwithstanding the foregoing, this Agreement may be terminated by either party for cause if the other party ("defaulting party") defaults as provided in Section 8, files or has a petition or complaint in receivership or bankruptcy filed against it which has not been dismissed within thirty (30) days of such filing, or makes a general assignment for the benefit of its creditors. In the event that a party elects to terminate this Agreement as a result of the occurrence of any event specified in the preceding sentence relating to the conduct of the defaulting party other than matters involving receivership or bankruptcy, it shall (unless the termination for cause is failure by Owner to pay any amount due St. Andrew's in a timely manner in which case only ten (10) days written notice is required) give the defaulting party thirty (30) days written notice of the cause therefor, and such termination shall be effective thirty (30) days after the mailing thereof (ten (10) days after the mailing thereof if the cause is failure to pay any amount due St. Andrew's in a timely manner) or such later date specified in the notice, unless the stated grounds for termination have been remedied by the defaulting party prior to that date or the non-defaulting party determines not to terminate.

6.2.2. Termination without Cause. Anything in this Agreement to the contrary notwithstanding, St. Andrew's shall, in its sole discretion, have the right to terminate this Agreement, without cause, on one hundred eighty (180) days prior notice to Owner.

6.2.3. Casualty. If as much as thirty-three percent (33%) of Home's total capacity equipped and in operation, or if any material service of Home shall be rendered incapable of normal operation because of fire or other casualty, and shall not be repaired, restored, rebuilt or replaced within six (6) months after such fire or other casualty, St. Andrew's may cancel this Agreement upon notice to Owner.

6.2.4. Change of Owner Sponsorship or Control. In the event that Owner sells all or substantially all of the real estate and other assets constituting the Home or in the event of a transaction resulting in a change of control of sponsorship of the Owner and composition of the Board of Directors of Owner (as described below), then Owner has the right to terminate this Agreement upon at least ninety (90) days written notice to St. Andrew's stating the effective date of termination and payment of any special termination fee described below:

Date of Termination Notice	Special Termination Fee
Within first 2 years of Term	6 months of management fees
During 3 rd year of Term	3 months of management fees

For purposes hereof, a change in the control of sponsorship of the Owner and composition of the Board shall mean a complete change of the member or other person(s) with authority to appoint the Board and a change in more than fifty percent of the persons comprising the Board. Management fees shall refer to the actual amount of management fees earned by St. Andrew's for the appropriate period immediately preceding the effective date of termination.

6.2.5. Return of Information, Materials and Documents. Upon any termination of this Agreement, St. Andrew's shall turn over to the Owner any and all information, materials and documents related to the Home in the possession of St. Andrew's and shall cooperate with the Owner to effectuate turn over of the Home without disruption to the Owner. All such information and documents relating to the Home shall be maintained at the Home, to the extent practicable. Upon any termination of this Agreement, subject to Section 1.2.12 and 1.2.14(a)(iv) hereof, Owner and Home shall turn over to St. Andrew's any and all information, materials and documents belonging to St. Andrew's in the possession of Owner or Home, such information, materials and documents to include, but not be limited to, any manuals, systems, software and other materials of any and every kind which St. Andrew's has permitted Owner and Home to use during the term of this Agreement and which, by the terms of this Agreement, remains the property of St. Andrew's and may not be used by Owner or Home upon any termination of this Agreement.

6.2.6. Consequences of Termination. If this Agreement is terminated pursuant to Section 6.2, St. Andrew's shall be entitled to an amount equal to its earned but unpaid compensation, its severance compensation, if any, and full reimbursement of all costs and expenses otherwise reimbursable hereunder, payable immediately, and neither party shall have any further obligations to the other, except as provided in Sections 13.10, 13.15 and 13.24.

7. **COMPENSATION.**

7.1. Management Fee. Commencing on the Effective Date, St. Andrew's shall receive from the Owner a management fee equal to five percent (5%) of the Gross Revenues from the Home. Such management fee shall be paid to St. Andrew's on a monthly basis within thirty (30) days following the end of the month. For purposes of this Agreement, "Gross Revenues" shall mean amounts billed by the Home to patients and/or private and governmental payors for items and services furnished. The monthly management fee shall in no event be less than a minimum of \$20,000 per month. Gross Revenues shall also include any insurance proceeds related to income

replacement. In addition, St. Andrew's shall be entitled to a bonus payment for each year of the Agreement that the Home has a surplus from operations determined in accordance with generally accepted accounting principles with respect to operations for that year. The bonus shall be equal to the lesser of (i) twenty five thousand dollars (\$25,000.00), or (ii) fifty percent (50%) of the amount of any such surplus. Said bonus shall be paid within thirty (30) days of completion of the financial statements for the Home by the independent accounting firm engaged by the Home.

7.2. Adjustments to Management Fee. The amounts paid to St. Andrew's hereunder shall be subject to adjustment for any amounts which are payable to St. Andrew's in addition to the compensation payable to St. Andrew's pursuant to the foregoing Section 7.1, such additional amounts including, without limitation, amounts which are subject to reimbursement by Owner and amounts which are to be billed to Owner directly under the terms and conditions hereof and any special termination fees.

7.3. Reimbursement. In addition to the foregoing, in the performance of its services to the Owner under this Agreement, St. Andrew's will incur certain expenses of a reimbursable nature which were identified on budgets prepared by St. Andrew's and approved by Owner. Owner agrees to reimburse St. Andrew's within twenty (20) business days from receipt of an invoice itemizing such expenses as: fifty percent (50%) the net cost of reasonable transportation and living expenses for employees, officers and agents of St. Andrew's or outside consultants of St. Andrew's when traveling in connection with the Home; any long distance telephone charges, express delivery, copying and all other Owner approved, Home related expenses incurred by St. Andrew's in connection with the performance of its services under this Agreement.

8. DEFAULT

8.1. Default by Owner.

8.1.1. If Owner shall fail to make or cause to be made any payment to St. Andrew's required to be made hereunder, or to make any payment pursuant to any other agreement between the parties;

8.1.2. If Owner materially breaches the Agreement by failing to keep, observe or perform any material agreement, term or provision of this Agreement to be kept, observed or performed by it;

8.1.3. If Owner shall fail to make payments, or keep any covenants, owing to any third party which would cause it to lose possession of Home's building, equipment, or property;

8.1.4. If, through no fault of St. Andrew's, the licenses required for the operation of Home are at any time suspended, terminated or revoked, and such suspension, termination or revocation shall continue unstayed for the thirty (30) day period described in Section 6.2.1.

8.2. Default by St. Andrew's. If St. Andrew's shall fail to keep, observe, or perform any material agreement, term, or provision hereof required to be kept, observed, or performed by it, but if such failure cannot be cured within the period described in Section 6.2.1., such failure shall not be

deemed a default hereunder if St. Andrew's shall, within such period commence the cure thereof and shall thereafter diligently pursue such cure to completion.

9. INSURANCE

9.1. Insurance of the Owner. Owner shall apply for and maintain, at the Owner's expense, with reputable and financially sound insurance firms, policies of insurance to insure itself against commercial general liability (including personal injury and contractual liability) insurance as applicable to the Owner's obligations under this Section, medical malpractice (professional) liability, automobile liability, workers' compensation, boiler and machinery, employee dishonesty insurance, all risk, property and such other policies in kind and amounts necessary and proper for the ownership and operation of the Home. The Owner may obtain any additional insurance coverage that it deems advisable. The Owner agrees to include St. Andrew's as an additional insured on all commercial general and medical malpractice (professional) liability policies, and to provide St. Andrew's with complete copies of policies and certificates of insurance, if requested. Such policies shall cover occurrences during the term of this Agreement and should be endorsed to provide that such insurance is primary to any insurance purchased directly by St. Andrew's, and is not excess or contributing insurance. If the Owner fails to obtain and maintain such insurance with amounts and coverages normally provided to St. Andrew's in similar facilities, St. Andrew's may obtain such insurance for its own benefit, but only after notice to the Owner and failure by the Owner to apply for insurance within ten (10) days of receipt of such notice, and the cost of such insurance shall be an expense reimbursable by Owner to St. Andrew's pursuant to Section 7.3 hereof. Without limiting the generality of the foregoing, Owner shall maintain the following insurance in the minimum amounts shown:

Workers' Compensation	Statutory
Employer's Liability	\$500,000
Comprehensive General Liability	\$1,000,000 per occurrence; \$3,000,000 general aggregate
Automobile Liability	\$1,000,000 per occurrence; \$3,000,000 general aggregate
Medical Malpractice (Professional) Liability	\$1,000,000 per occurrence; \$3,000,000 general aggregate
Directors & Officers Liability	\$1,000,000 per occurrence \$1,000,000 general aggregate;
Employment Practices Liability	\$1,000,000 per occurrence \$1,000,000 general aggregate;

In addition, at all times during the term of this Agreement, Owner shall maintain, or cause to be maintained, Property Insurance on Replacement Cost Basis, Special Form including Business Interruption, on Home buildings, furnishings, and equipment in the amount of their full insurable values.

9.2. St. Andrew's to Obtain Insurance at Request of Board. St. Andrew's shall, at the request of the Board, seek to obtain all such insurance on behalf of and at the expense of Home. St. Andrew's is not responsible for assuring the adequacy of insurance or assuming the risk of inadequate coverage.

9.3. St. Andrew's Insurance. St. Andrew's shall apply for and maintain, at St. Andrew's expense and to the extent commercially available and economically reasonable as determined by St. Andrew's in its reasonable business discretion, with reputable and financially sound insurance companies, policies of insurance (and/or self insurance) to insure itself and its employees for management errors and omissions liability, workers' compensation, employee dishonesty insurance, and automobile liability. St. Andrew's agrees to provide the Owner with a certificate giving evidence of such policies upon request. If St. Andrew's fails to obtain and maintain such insurance with amounts and coverages normally carried by St. Andrew's with respect to similar communities managed by St. Andrew's, the Owner may obtain such insurance for its own benefit, but only after notice to St. Andrew's and failure of St. Andrew's to apply for such insurance within sixty (60) days of receipt of such notice, and the cost thereof shall be a reimbursable expense to the Owner by St. Andrew's and may be offset against the management fee due to St. Andrew's. Notwithstanding the foregoing, St. Andrew's shall in all events maintain comprehensive general liability insurance in the amount of \$1,000,000 per occurrence and \$3,000,000 annual aggregate and shall maintain automobile insurance covering St. Andrew's employees if St. Andrew's expects its employees to use automobiles for business purposes.

10. INDEMNIFICATION. Notwithstanding the foregoing, Owner shall indemnify and hold harmless St. Andrew's from any and all liability, including personal injury and death, with respect to matters involving the Home, including but not limited to liability relating to matters involving patients or residents of the Home; provided, however, such indemnity shall not cover any acts of gross negligence or intentional acts or omissions of St. Andrew's or of any of St. Andrew's employees (unless such act or omission is the result of direction from the Owner). St. Andrew's shall indemnify and hold harmless Owner from any and all liability, including personal injury and death, caused by the gross negligence or intentional acts or omissions of St. Andrew's or any of St. Andrew's employees in the performance by St. Andrew's of its duties under this Agreement. In the event that a party to this Agreement (the "Indemnified Party") shall incur or sustain any loss, liability or damage, or in the event that any claim shall be asserted against the Indemnified Party, and such loss, liability, damage or claim shall, in the opinion of the Indemnified Party, be subject to indemnification hereunder, and in the further event that the party having the indemnification obligation hereunder (the "Indemnifying Party") shall not, within ten (10) days after the Indemnified Party shall notify the Indemnifying Party of the existence of such loss, liability, damage or claim: (i) reimburse to the Indemnified Party the amount of such loss, liability or damage; (ii) provide the Indemnified Party with assurance, to the Indemnified Party's sole satisfaction, that such claim will be paid directly by the Indemnifying Party, or (iii) notify the Indemnified Party that the Indemnifying Party believes there to be a meritorious defense to such claim and that the Indemnifying Party, at its

sole cost, shall undertake and diligently maintain the defense thereof, as the case may be, then the Indemnified Party may, but shall not be obligated to, undertake and maintain the defense of any such claim, with counsel of its selection, and all costs and expenses of such defense shall be reimbursed to the Indemnified Party by the Indemnifying Party, upon demand. The defense of any such claim shall not, in any manner, relieve the Indemnifying Party of or from any liability or obligation to indemnify the Indemnified Party against any judgment, cost, damage or other expense which Indemnified Party may incur or sustain as a consequence of such claim.

11. NON-ASSUMPTION OF LIABILITIES. By entering into and performing this Agreement St. Andrew's is not assuming and shall not become liable for, any existing or future obligations, liabilities or debts of Home or of Owner. Owner shall indemnify St. Andrew's against and shall hold St. Andrew's harmless from, any and all claims, demands, suits, liabilities, costs and expenses, including, but not limited to, reasonable attorneys fees, which St. Andrew's may incur or sustain or which may be asserted against St. Andrew's arising from, resulting from or growing out of any assertion against St. Andrew's of any obligation, liability or debt of Home or of Owner, other than obligations, liabilities or debts arising from St. Andrew's failure to perform any duty specifically undertaken by St. Andrew's hereunder.

12. RESPONSIBILITY FOR MISCONDUCT OF EMPLOYEES AND OTHER PERSONS. St. Andrew's shall not be liable for damages suffered on account of the dishonesty, willful misconduct or negligence of any employee of Home or Owner, or any member of the Board. Owner shall indemnify St. Andrew's and hold St. Andrew's harmless from any damage, cost, liability, loss or expense, including, but not limited to, reasonable attorneys fees, incurred or sustained by St. Andrew's by reason of the dishonesty, willful conduct or negligence of any employee of Home. St. Andrew's shall indemnify Owner and hold Owner harmless from any damage, cost, liability, loss or expense, including, but not limited to, reasonable attorneys fees, incurred or sustained by Owner by reason of the dishonesty, willful conduct or negligence of any employee of St. Andrew's.

13. MISCELLANEOUS

13.1. Access to Community, Confidentiality of Records. St. Andrew's shall, during the term hereof, be given complete access to Home, its records, offices, and facilities, in order that St. Andrew's may carry out its obligations hereunder. St. Andrew's shall use its best efforts to maintain the confidentiality of all files and records, including resident records, of Home, disclosing the same only as directed by law or by the Board in any particular instance.

13.2. Disclaimer of Intent to Become Partners. St. Andrew's and Owner shall not by virtue of this Agreement be deemed partners, joint venturers or to occupy any status with respect to each other, except as specifically stated herein, in the operation of Home. The parties expressly understand that St. Andrew's is hereby retained by Owner to manage Home on behalf of Owner and that St. Andrew's is constituted the agent of Owner and the Board for the purpose of carrying out its obligations under this Agreement.

13.3. Absence of Conflict of Interest and/or Identity of Interest. While this Agreement shall remain in effect, any person who serves as a member of the Board of Home and who shall have a "conflict and/or identity of interest", shall be required to disclose the same to St. Andrew's. For the purposes hereof, a "conflict and/or identity of interest" shall be defined as any financial

interest or investment, direct or indirect, in Home or in any competitor of Home or St. Andrew's, or in any department of service thereof, or directly or indirectly, whether as an individual or through any entity, being a party to any contract or contracts for the providing of any goods or services to Home.

13.4. Successors. The provisions herein contained shall be binding upon and inure to the benefit of the respective successors and permitted assigns of St. Andrew's and Owner, to the same extent as if each such successor and permitted assign were, in each case, named as a party to this Agreement.

13.5. Non-Exclusive. It is understood and agreed by Owner that the services to be provided by St. Andrew's hereunder are not exclusive to Owner and that St. Andrew's is now, and will in the future, continue to provide management, consulting and other services to, and may own, other nursing communities, retirement communities or facilities, long-term care, residential and other facilities/services for the elderly.

13.6. Arbitration. In the event any dispute which arises as a result of or relating to this Agreement or any claim of breach hereof cannot be resolved by the informal agreement of the parties, then such dispute shall be settled by binding arbitration conducted in accordance with the Commercial Arbitration Rules of the American Arbitration Association ("AAA") then in effect. Any arbitration shall take place in St. Louis City or County, Missouri. Any decision rendered in arbitration shall be final and binding and shall be controlled by the United States Federal Arbitration Act, 9 U.S.C. §§ 1, et seq., and any judgment awarded may be entered and recorded in any court of competent jurisdiction. The arbitrator shall have no authority to make any ruling, finding or award that does not conform to the laws of the State of Missouri or applicable federal law, nor shall the arbitrator have any authority to award punitive damages or any other damages not measured by the prevailing party's actual damages. The prevailing party in any arbitration award under this Agreement shall be entitled to recover from the other, as part of any arbitration award, that party's costs of arbitration, including, but not limited to, the administrative costs of the arbitration, any costs of discovery or the preparation of a transcript of the arbitration proceedings and a reasonable attorneys' fee. Nothing in this Agreement shall be deemed to deny either party of its right to seek and obtain injunctive or other equitable relief from any court of competent jurisdiction with respect to the terms of this Agreement or the rights between the parties. The parties consent to the jurisdiction of the Circuit Court of St. Louis City or County, Missouri and of the United States District Court for the Eastern District of Missouri for injunctive, specific performance or other relief in aid of the arbitration proceedings or to enforce judgment of the award in such arbitration proceeding but not otherwise.

13.7. Public Notices. The parties agree that they may represent to the public that St. Andrew's manages the Home, and the Owner agrees that the Home's relations and occupancy development program materials will identify St. Andrew's as the manager of the Home.

13.8. Further Acts. Owner and St. Andrew's each agree to perform such further acts, including the execution of other agreements, documents or instruments as may be reasonably necessary or useful to carry out the intent and spirit of this Agreement.

13.9. Approvals. Whenever in this Agreement the consent, approval or agreement of the Owner or St. Andrew's is required, it is agreed that such consent will not be unreasonably withheld, delayed or conditioned. Without limiting the generality of the foregoing, measures of reasonableness shall include, but not be limited to, the degree to which the recommendations will result in a financially sound Home, and the degree to which the recommendations are consistent with earlier recommendations previously approved.

13.10. Confidentiality. No provision of this Agreement shall be disclosed by the Owner or St. Andrew's to any person, firm or corporation without the prior written approval of the other party, except that either party may disclose any provision hereof without the consent of the other party to the extent necessary to comply with any statute, governmental rule or regulation or court order to which such party may be subject.

13.11. Conditions beyond Control of Parties. Neither party shall be liable for any failure to comply with any of the terms of this Agreement when such failure has been caused solely by fire, labor dispute, strike, war, insurrection, government restrictions, force majeure, Act of God or other cause beyond the control and without fault on the part of the party involved.

13.12. Assignment. This Agreement shall be binding upon and shall inure to the benefit of the parties to this Agreement, their successors and assigns. Notwithstanding the foregoing, neither party shall, without prior written approval of the other party, assign any of its rights or obligations under this Agreement; provided, however, that St. Andrew's may assign this Agreement to an Affiliate without the approval of Owner. For purposes of this Section, "Affiliate" shall mean an entity that is owned by or under common control with St. Andrew's.

13.13. Entire Agreement. This Agreement sets forth the entire agreement between St. Andrew's and the Owner. Any change or modification of this Agreement shall be in writing and shall be signed by both parties.

13.14. Reservation of Property Rights. The name of the Home as set forth in the Preamble and documents, forms and occupancy development materials exclusively related to the Home shall be the property of the Owner. Trade names, trademarks, forms, manuals, systems, software, occupancy development material, lead management information and other materials created by St. Andrew's are proprietary in nature and will remain the property of St. Andrew's, and upon the termination or expiration of this Agreement, all rights of the Owner to the use thereof shall terminate.

13.15. St. Andrew's Employees. Without the prior written consent of St. Andrew's, the Owner will not interfere with the employment relationship between St. Andrew's and the Administrators. For a period of three (3) years following termination or expiration of this Agreement, the Owner will not employ or engage, or solicit or otherwise attempt to employ or engage, any person who was an employee of St. Andrew's assigned to the Home at any time during the last twelve (12) months of the term of this Agreement.

13.16. Interest. Any sums due but unpaid hereunder shall bear interest at a rate equal to the lesser of eighteen percent (18%) per annum or the highest rate permitted by law, from the due date until paid.

13.17. Loyalty. St. Andrew's shall owe a duty of loyalty to the Owner hereunder and shall keep information related to the Owner and/or the Home in confidence to the extent reasonably practicable. In addition, St. Andrew's shall disclose any conflicts of interest which now or hereafter exist between St. Andrew's and the Owner by reason of St. Andrew's other interests in projects competitive with the Owner's interests and shall not allow the Home to enter into any contracts or financial arrangements with affiliates of St. Andrew's except with the prior written consent of the Owner.

13.18. Headings. The headings of the various sections of this Agreement have been inserted for reading convenience only and shall not be used to modify, define, limit or expand the express provisions of this Agreement.

13.19. Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be an original, but all of which, together, shall constitute one and the same Agreement.

13.20. Notices. All notices, requests, demands, and other communications hereunder shall be in writing and shall be deemed to have been duly given, if hand-delivered, if delivered by commercial courier service, or if mailed by certified or registered mail, return receipt requested, all delivery or postage charges pre-paid, addressed as follows:

If to St. Andrew's: Mary Alice Ryan, President
St. Andrew's Management Services, Inc.
6633 Delmar Boulevard
St. Louis, MO 63130

with copy to: Mark H. Goran
c/o Bryan Cave LLP
211 N. Broadway
St. Louis, MO 63102

If to Owner: St. Paul's Home
1021 West E Street
Belleville IL

with copy to: Greg Lepper
c/o Greensfelder Hemker & Gale, P.C.
10 S. Broadway
St. Louis, MO 63102

or to such other person or address as either party may notify the other party, by notice given in accordance with this Section 13.20. Notices given by hand delivery or delivered by commercial courier service shall be deemed delivered as of the date of actual delivery. Notice sent by certified or registered United States mail shall be deemed delivered on the third day on which mail is delivered following the day on which such notice is deposited in the United States mail.

13.21. Effect of Invalidity. Should any part of this Agreement, for any reason, be declared invalid, such decision shall not affect the validity of any remaining portion, which remaining portion shall remain in force and effect as if this Agreement had been executed with the invalid portion thereof eliminated.

13.22. Authorization for Agreement. The execution and performance of this Agreement by Owner and by St. Andrew's have been duly authorized by all necessary laws, resolutions and corporate action, and this Agreement constitutes the valid agreement of Owner and St. Andrew's and each party agrees that this Agreement is enforceable in accordance with its terms.

13.23. Governing Law. This Agreement shall be deemed to be a contract made and entered into under the laws of the State of Missouri and shall be construed and enforced under and pursuant to the laws of such State.

13.24. Survival of Covenants. Any agreement contained herein which is specifically stated to survive the termination of this Agreement and any agreement which, by its terms, cannot be performed prior to the termination of this Agreement or which, by its terms, continues beyond the term of this Agreement, shall be deemed to survive the termination of this Agreement, such provisions including, but not being limited to, the agreements of Owner contained in Sections 1.2.14(a)(iii), 1.2.14(a)(iv), 7.1, 7.2, 7.3, 9.1, 10, 13.10 and 13.15 hereof.

[Signatures appear on the next page]

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the day and year first above written.

THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

OWNER

ST. ANDREW'S MANAGEMENT
SERVICES, INC.

By: Richard Binder
Name: Richard Binder
Title: Vice-Chairman

By: [Signature]
Name: [Signature]
Title: 1-17-05

MARLER

SURVEYING COMPANY, INC.

Michael S. Blansit ILPLS 3038
Michael S. Blansit MOPLS 2364
Marty L. Marler MOPLS 2501

David J. Naeger MOPLS 2002014104
James R. Bube MOPLS 2003013172

September 10, 2012

Re: Executive Order 5 (2006)
1021 West E Street
Belleville, IL 62220
Tax Parcel 08210119006

To: St. Paul's Home for the Aged
1021 West E Street
Belleville, IL 62220
Attn: Ms. Susan Franklin

Section 2. B (1) of State of Illinois Executive Order 5 (2006) states:

All new Critical Facilities shall be located outside of the floodplain. Where this is not practicable, Critical Facilities shall be developed with the lowest floor elevation equal to or greater than the 500-year frequency flood elevation or structurally dry floodproofed to at least the 500-year frequency flood elevation.

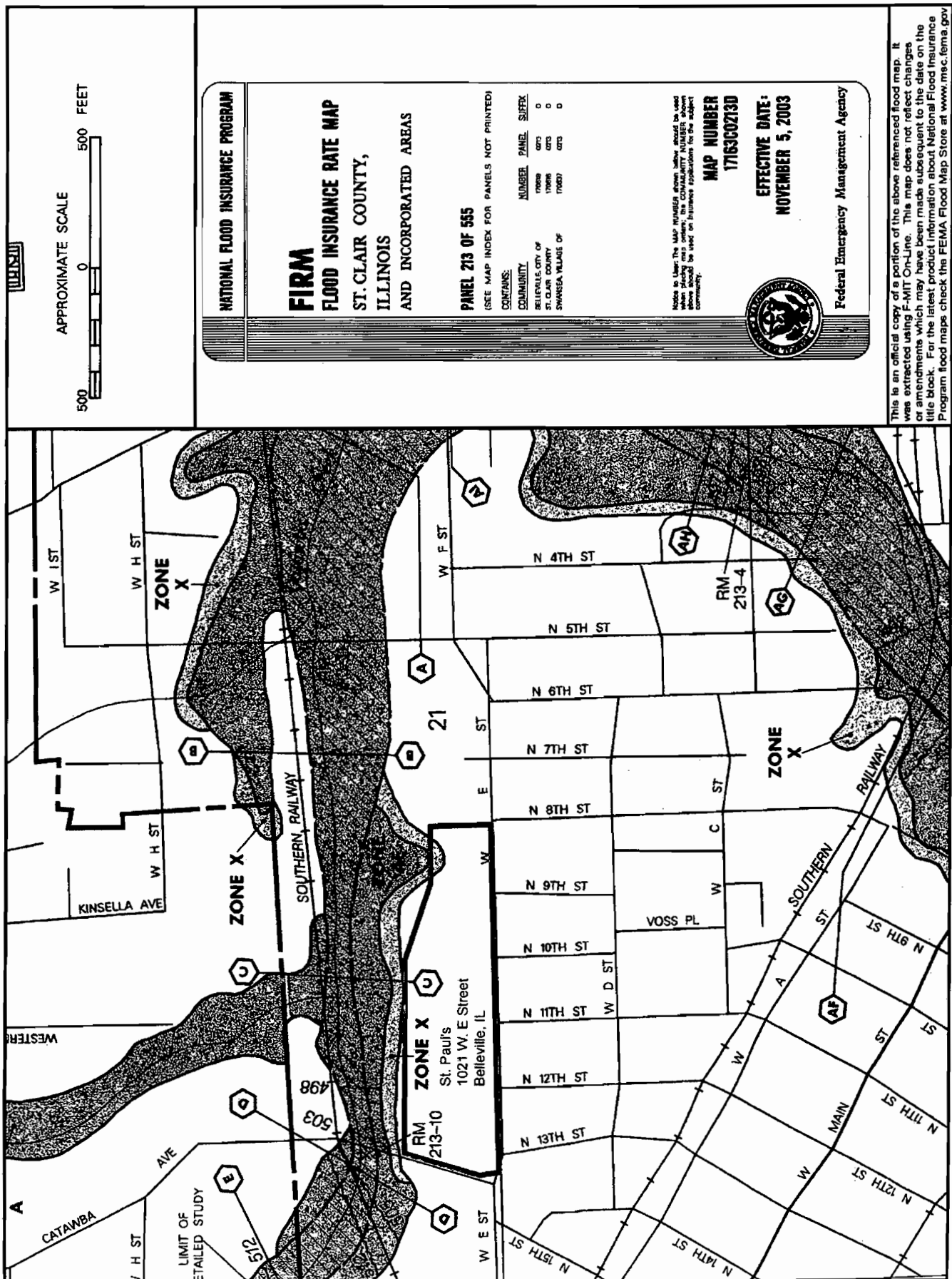
As per the FIS profile for Catawba Creek the 500-year flood elevation is 498.8 feet (NAVD 88), reference Flood Insurance Rate Map Community Panel 17163C0213D with an effective date of November 5, 2003.

The lowest finish floor of the multistory building is 524.9 feet (NAVD 88) and the lowest finish floor of the four story brick building is 503.96 feet (NAVD88) both of which are above said 500-year flood elevation.

Marler Surveying Company
IL Corporate No. 184-006332

Michael S. Blansit
Michael S. Blansit
IL PLS 3038







**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

St. Clair County
Belleville

Demolition and New Construction of Skilled Nursing and Sheltered Care, St.
Paul's Home
1021 West E St.
IHPA Log #004092012

October 3, 2012

Chris Wiltse
St. Andrew's Management Services
6633 Delmar Blvd.
St. Louis, MO 63130

Dear Mr. Wiltse:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

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Attachment 6 - p.1

Criterion 1125.320 – Purpose of the 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.

This project proposes the modernization of St. Paul's Home, a long term care facility that has been providing care to the Belleville community since the 1920's. It will be a modernization, rather than the establishment of a new facility, because the modernized facility is being built on the same parcel of land, directly adjacent to where the existing facility is located. Despite the exceptional efforts of St. Paul's staff and the dedication of its Board of Directors in ensuring that necessary maintenance and renovations have taken place as needed (maintenance is ongoing, but substantial projects have been undertaken every decade since the facility was first established) circumstances have finally reached a point where now is the time to prepare for the future. The need to bridge the gaps created by advancements in technology to ensure St. Paul's ability to continuing providing the highest standard of patient care has arrived.

St. Paul's has maintained a facility that was established in the 1920s well into the 21st century and has done so in a way that has kept residents safe and allowed for the continued provision of quality care. In looking ahead to the next hundred years, St. Paul's began the process of looking to the future several years ago so as to explore the options in a responsible manner and make a well-reasoned decision as to the proper course of action. These efforts have yielded the realization that the economically responsible decision is to say goodbye to St. Paul's past structure and to embrace its future home. It is with substantial thought and consideration that St. Paul's comes before the Board requesting to establish a modernized facility on the site of our existing facility. The conclusion that this was the right option to pursue was supported by

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the realization that the entire nursing portion of the facility could be rebuilt (modernized) by spending nearly the same amount it would take to continue repairing St. Paul's hundred-year-old facility. Moreover, it would be unfathomable to the St. Paul's community (and inconsistent with St. Paul's mission) to consider ceasing to provide care for this community.

With this in mind, St. Paul's further had to acknowledge that the time is right to undertake this project. There are multi-million dollar repairs that are looming and which cannot be put off too far into the future. Given the high cost of maintenance, the changes that have taken place in the standard of care, changes in patient expectations, the need for additional patient care services (including more therapy), and the preference for a more patient-centered model, a modernized facility is not only justified, it is necessary. Moreover, St. Paul's is unwilling to wait until non-compliance with life-safety codes *requires* the performance of emergency repairs or jeopardizes the safety of its residents. This would be economically irresponsible and could place St. Paul's residents at risk. To the contrary, St. Paul's is proactively looking ahead to ensure the uninterrupted provision of quality care to the community it has served for almost 100 years. It is with this foresight that St. Paul's comes before this Board, optimistically looking forward to the next 100 years.

The review process began several years ago when St. Paul's retained zumBrunnen, an independent building consulting firm, to identify what options were available to St. Paul's and to help St. Paul's assess which of the available options was the most appropriate for their future. A review of the zumBrunnen report (the entire report is several hundred pages, the relevant portions have been attached to this application) reveals that building a modernized facility is the

ATTACHMENT 10

most appropriate option, both from an economical perspective, but also to allow St. Paul to continue achieving its mission of providing care to the community. A review of St. Paul's maintenance reports reveals the lengths to which the dedicated St. Paul's community has gone to ensure the well-being of their residents with outdated facilities. The modernized facility will not only obviate the need for substantial maintenance and repairs of the existing structure, but it will include the substantial improvements to resident life, both from a clinical perspective and a quality of life perspective.

The total number of licensed beds will be reduced from the current compliment of 113 to 108, and the compliment of shelter care beds will be reduced from 62 to 26. As outlined in the project's narrative description, the proposed project is for the modernization of the existing facility by replacing the structure onsite, without any expansion of existing services but, rather, a modest reduction in the licensed bed capacity of the Facility. As the same site is being utilized, the Facility will remain located at 1021 West E Street, Belleville, Illinois. The overall effect of the project will be a reduction in the number of skilled beds from 113 to 108 (90 skilled and 18 intermediate) and a reduction in the number of sheltered care beds from 62 to 26. Moreover, the modernized Facility will include a unit specifically designed to provide care to individuals with memory care needs, an area of growing concern and needed in the community.

Additionally, the modernized Facility is designed to provide the only person-centered mode of care available in the area, and will include three nursing care households of 22 beds each, one household of 24 beds, and a memory care household of 18 beds. Each household will include a combination of private and companion rooms. Each room will have its own bathroom, including a walk-in shower.

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Each household will include a kitchen, a dining area, a household laundry, and will have its own dedicated staff. Each household will have its own spa, including a lift door tub, towel warmer, and supplemental heat. Moreover, the household kitchens and laundries will be supported by a new commercial kitchen and new commercial laundry. Features shared amongst the various households will include a new rehabilitation center, new beauty/barber salon, and new community room and chapel. The modernized Facility will be replacing the aging structure which includes three-bed and four-bed “wards”, common/group bathing facilities, and which lacks central air conditioning and Wi-Fi capabilities (all features which will be included in the modernized Facility).

St. Paul’s primary service area consists of the five-mile radius surrounding the Facility. In this area, all of the facilities have been designated by the Centers for Medicare and Medicaid Services (“CMS”) as one-star facilities. Moreover, St. Paul’s is the only not-for-profit facility in this small geographic area and remains committed to providing care to Medicare and Medicaid residents. The modernized Facility will assist St. Paul’s in being able to continue to provide the highest quality care to its residents in a modernized structure that reflects the current needs and desires of a more sophisticated and patient population with more complex needs.

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

St. Paul’s understands that per the Board’s regulations, the Planning Area consists of St. Clair County Planning Area and the defined boundaries of Health Service Area XI. Furthermore the Board considers the secondary market area to include a thirty-minute travel radius surrounding the facility. A 2011 market feasibility study performed by Brooks Adams Research

ATTACHMENT 10

defined St. Paul's primary market area (the area from which the majority of residents are expected to come) as the five-mile radius around the St. Paul's facility, which includes the Belleville area, as well as Swansea, Shiloh, Fairview Heights, Smithton and Millstadt. Allowing for variances that result from familial ties that bring non-residents to the Facility, St. Paul's admission data shows this to be an accurate description of its primary market area.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.

The existing issues that this project seeks to address are: allowing for modernization of the overall facility to ensure St. Paul's meeting the standards of care, reflecting the technological advancements that have taken place since the development of this facility, and meeting resident's expectations. There is a need to improve the overall number of private rooms and to eliminate three and four-bed wards, an objective set forth in the Health Facilities Planning Act (20 ILCS 3960 §12). There is also a distinct need to provide a more home-centered care experience to reflect the trends in healthcare delivery to provide care in a more person centered manner. The project is designed to achieve these goals.

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

Included as part of Attachment 10 are the past five years of Illinois Department of Public Health annual facility questionnaire forms documenting the facility's utilization rate. Also attached is a copy of an email received from Board Staff member Roate verifying that St. Paul's is up to date in all of its submissions to the government. Also appended is the Market Feasibility Study performed in 2011 and the summary letter provided by zumBrunnen outlining the conclusions of their analysis. Also attached is the Executive Summary prepared by St. Paul's outlining the entire project.

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

The project is designed to replace St. Paul's outdated 'ward' rooms with an appropriate compliment of private and companion rooms. As there is an broad spectrum of care needed by the residents served by St. Paul's and the project allows for the continued provision of sheltered care, intermediate care, and skilled nursing care with an acknowledgement of the distinct issues facing individuals with memory issues. The entire facility is being built to skilled nursing standards to responsibly allow for any future expansion of services that may prove necessary without incurring unnecessary costs in the future.

A transformation is designed in the bathing and bathroom areas for residents. Group bathing areas are being replaced with individual bathrooms for each room, each with a walk-in shower. Each household has its own kitchen to allow residents or their families to prepare their own food, but is further supported by availability of commercial kitchens to provide food service to the residents. The same approach is taken to household laundry facilities supplemented by commercial facilities. The increased rehabilitation facilities will substantially benefit the residents of the home, as will the multitude of benefits accompanying the modernized facility (ranging from upgraded electrical systems, HVAC systems, and Wi-Fi capacity).

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

The project goals will be achieved as soon as the modernized facility is operational and the existing compliment of residents has been moved over into the modernized facility. The measure of the success will be the facility's ability to maintain a 90% utilization rate moving

ATTACHMENT 10

forward which should not be an issue as the single largest challenge to maintaining a 90% utilization rate has been the decision to forego utilizing group wards for patient care.

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.

While this project is classified under as a modernization under the Board's rules because the facility is being replaced onsite and will retain the same address, this undertaking is more akin to the construction of a new facility. Therefore, there is no single condition being upgraded but, rather, 86 years of facility that are being replaced and modernized. Attached as part of the Attachment 10 is the Executive Summary which outlines the entire background, purpose, and scope of the project.

Charity care, Commitment to Service, and Commitment to Charity

Although documentation of charity care and commitment to charity is not required among the submissions to obtain a certificate of need for the a modernization of a facility, charity and service is too integral a part of St. Paul's mission for it not to be addressed as part of the purpose of this project.

St. Paul's Home began its service to the community in 1926 and continues today with faith and enthusiasm. As far back as 1918, some of the caring people in the community and congregation of what is now St. Paul United Church of Christ in Belleville discussed the need for a home for older men and women. In 1926, one man in the congregation stepped forward and donated property and a building to the St. Paul Church to be used as a home for the aged of all faiths in the Belleville area. The leaders of the congregation decided to call it St. Paul's Home for the Aged and it was officially founded, under that name, on August 22, 1926.

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News of this generous gift spread and the community responded with moral support and substantial gifts to help convert the building into a home for the aged. This community-wide effort was consummated on June 12, 1927 when St. Paul's Home opened its doors to the first thirteen residents. Other generous community gifts and support have been received throughout the years allowing the campus to grow to its current capacity.

During these past 86 years, St. Paul's Home and Apartment Community has been a leader in the field of caring for the aged in Southern Illinois and one of the best nursing homes and apartment communities in the country. As a Christian based, not-for-profit community founded through the charity of others, St. Paul's Home affirms its commitment of service and charity to the residents it serves as well as those of the surrounding community through its Mission Statement, Statement of Philosophy and on-going acts.

Mission Statement

St. Paul's Senior Community is dedicated to excellence in care and a compassionate environment guided by our Christian love and concern that will enhance the quality of life for those we are called to serve.

Statement of Our Philosophy

We believe in the dignity and worth of each individual resident, regardless of race, color, creed, national origin or sex.

We believe that every resident has the right to retain and enhance his/her personal identity.

We believe that the medical, nursing, personal, social, physical, psychological, and spiritual needs of each resident should be fulfilled.

ATTACHMENT 10

We believe that each resident has the right to participate in the decision-making process regarding his/her care and embrace and pledge to implement the statement of Residents' Rights which are incorporated into the policies of St. Paul's Home.

St. Paul's Home is a not-for-profit organization established to provide nursing, sheltered care and retirement apartment living services to elderly individuals in a comfortable, cheerful Christian environment. Love of God and love of neighbor is the spirit that guides our work.

Acts

During the period October, 2009 through October 2012 St. Paul's Home provided \$50,005.83 in charitable care. This \$50,005.83 was for direct care and support of residents who did not have the financial means to cover the costs of their stay. During this same time period, St. Paul's Home provided an additional \$201,039.99 of charitable care by paying Medicare coinsurance costs that residents were unable to pay and that were not otherwise covered. The total dollar figure of charity care provided by St. Paul's Home for the three year period ending October 2012 equaled \$251,045.82. No individual has been turned away from St. Paul's Home because of inability to pay.

Other *acts* of giving to the community at large include gifts of time and talent from staff of St. Paul's Home. Over the past 18 months, time and talent commitment to the community has included: active participation with the Belleville Chamber of Commerce as members of both the Healthcare and Community Services Agency committees; a graduate member of Leadership Belleville (an economic development, healthcare, education, religion and community services mentoring program); participant at numerous health education fairs in Belleville, Shiloh,

ATTACHMENT 10

O'Fallon, Fairview Heights and St. Clair County; active member of the Pioneer Network (a not-for-profit association advocating for culture change in long-term-care); and participant as well as donor to the American Red Cross, Alzheimer's Association, American Cancer Society and Belleville Shriners. All told, a conservative estimate of the time committed back to the community over the past 18 months equates to 250 hours, or about \$6,000 of St. Paul's Home staff time.

In addition to the gift of time and talent to the community, St. Paul's Home also offers opportunities for the public to provide community service. Volunteers provide a valuable service to St. Paul's Home; in turn, St. Paul's Home fulfills a role to the community allowing students, and others, to participate in and complete community service projects. Over the past 24 months, volunteers have provided approximately 2,480 hours of service to St. Paul's Home. Of these estimated 2,480 hours almost 45%, or 1,100 hours, have been provided by students fulfilling required community service projects. These hours do not include the volunteer time committed by community members who serve on the board of the St. Paul's Home and the St. Paul's Foundation.

ATTACHMENT 10

ST. PAUL'S HOME

1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120
Health Service Area 011 Planning Service Area 163

Administrator

Charla Rebbe

Contact Person and Telephone

Susan Franklin
618-233-2095

Registered Agent Information

Laura Northway
1021 West 'E' Street
Belleville, IL 62220

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

Yes

LIFE CARE FACILITY

No

ADMISSION RESTRICTIONS

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 5
Endocrine/Metabolic 7
Blood Disorders 5
*Nervous System Non Alzheimer 0
Alzheimer Disease 0
Mental Illness 0
Developmental Disability 0
Circulatory System 26
Respiratory System 28
Digestive System 12
Genitourinary System Disorders 3
Skin Disorders 1
Musculo-skeletal Disorders 0
Injuries and Poisonings 12
Other Medical Conditions 0
Non-Medical Conditions 16
TOTALS 115

Date
Completed
3/7/2012

Note: Reported restrictions denoted by 'I'

Total Residents Diagnosed as Mentally Ill 0

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

ADMISSIONS AND DISCHARGES - 2011

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2011	109
Nursing Care	113	113	108	110	98	15	0	113	Total Admissions 2011	118
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2011	112
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2011	115
Sheltered Care	62	62	21	22	17	45			Identified Offenders	0
TOTAL BEDS	175	175	129	132	115	60	0	113		

FACILITY UTILIZATION - 2011

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3752	0.0%	20620	50.0%	0	0	11898	240	36510	88.5%	88.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					261	0	6433	365	7059	31.2%	31.2%
TOTALS	3752	0.0%	20620	50.0%	261	0	18331	605	43569	68.2%	68.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	1	0	2	4	6
75 to 84	12	26	0	0	0	0	2	3	14	29	43
85+	8	47	0	0	0	0	2	9	10	56	66
TOTALS	21	77	0	0	0	0	5	12	26	89	115

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ST. PAUL'S HOME

1021 WEST E STREET

BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	53	0	0	36	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	16	1	17
TOTALS	9	53	0	0	52	1	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	80	72

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	17	105
Race Unknown	0	0	0	0	0
Total	98	0	0	17	115

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	17	114
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	17	115

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	16.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	68.00
Totals	139.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.9%	32.3%	0.1%	0.0%	32.7%	100.0%		1.9%
2,347,819	2,173,740	10,085	0	2,198,670	6,730,314	129,370	

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

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ST. PAUL'S HOME

1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120
Health Service Area 011 Planning Service Area 163

Administrator

Laura Northway

Contact Person and Telephone

LAURA NORTHWAY
618-233-2095

Registered Agent Information

Date
Completed
3/1/2011

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

Yes

LIFE CARE FACILITY

No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 4
Endocrine/Metabolic 8
Blood Disorders 4
*Nervous System Non Alzheimer 0
Alzheimer Disease 0
Mental Illness 0
Developmental Disability 0
Circulatory System 20
Respiratory System 32
Digestive System 16
Genitourinary System Disorders 4
Skin Disorders 2
Musculo-skeletal Disorders 0
Injuries and Poisonings 6
Other Medical Conditions 0
Non-Medical Conditions 13
TOTALS 109

Total Residents Diagnosed as Mentally Ill 0

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

ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	113	113	105	110	94	19	0	113	111	
Skilled Under 22	0	0	0	0	0	0		0	128	Total Admissions 2010
Intermediate DD	0	0	0	0	0	0		0	130	Total Discharges 2010
Sheltered Care	62	62	17	22	15	47			109	Residents on 12/31/2010
TOTAL BEDS	175	175	122	132	109	66	0	113	0	Identified Offenders

FACILITY UTILIZATION - 2010

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3949	0.0%	18177	44.1%	0	0	13361	0	35487	86.0%	86.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	4806	365	5171	22.9%	22.9%
TOTALS	3949	0.0%	18177	44.1%	0	0	18167	365	40658	63.7%	63.7%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	1	0	3	2	5
75 to 84	10	28	0	0	0	0	0	3	10	31	41
85+	7	45	0	0	0	0	2	9	9	54	63
TOTALS	19	75	0	0	0	0	3	12	22	87	109

ST. PAUL'S HOME1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	47	0	0	37	94
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			1	0	13	15
TOTALS	10	47	1	0	50	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	75	70

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	15	100
Race Unknown	0	0	0	0	0
Total	94	0	0	15	109

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	93	0	0	15	108
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	15	109

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	16.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	62.00
Totals	128.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.2%	28.6%	6.4%	0.0%	31.9%	100.0%		14.4%
2,020,165	1,737,107	386,571	0	1,937,921	6,081,764	873,132	

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

ST. PAUL'S HOME			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1021 WEST E STREET			Aggressive/Anti-Social	0	DIAGNOSIS		
BELLEVILLE, IL. 62220			Chronic Alcoholism	0	Neoplasms	2	
Reference Numbers	Facility ID	6009120	Developmentally Disabled	0	Endocrine/Metabolic	19	
Health Service Area	011	Planning Service Area	163	Drug Addiction	1	Blood Disorders	4
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	9	
Laura Northway			Medicare Recipient	0	Alzheimer Disease	2	
			Mental Illness	0	Mental Illness	1	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	0	
Laura Northway			Non-Mobile	0	Circulatory System	18	
618-233-2095			Public Aid Recipient	0	Respiratory System	9	
Registered Agent Information	Date Completed		Under 65 Years Old	0	Digestive System	5	
	5/7/2010		Unable to Self-Medicate	0	Genitourinary System Disorders	5	
			Ventilator Dependent	1	Skin Disorders	3	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	22	
			Other Restrictions	0	Injuries and Poisonings	4	
			No Restrictions	0	Other Medical Conditions	18	
FACILITY OWNERSHIP					Non-Medical Conditions	0	
NON-PROF CORPORATION					TOTALS	121	
CONTINUING CARE COMMUNITY	Yes		Note: Reported restrictions denoted by 'I'				
LIFE CARE FACILITY	No		Total Residents Diagnosed as Mentally Ill			1	

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS										ADMISSIONS AND DISCHARGES - 2009	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED		Residents on 1/1/2009	127
Nursing Care	113	113	113	110	107	6	0	113		Total Admissions 2009	166
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2009	172
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2009	121
Sheltered Care	62	62	22	23	14	48				Identified Offenders	0
TOTAL BEDS	175	175	135	133	121	54	0	113			

FACILITY UTILIZATION - 2009 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.						Occ. Pct.		Occ. Pct.
Nursing Care	4020	0.0%	14797	35.9%	0	0	14908	0	33725	81.8%		81.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%		0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%		0.0%
Sheltered Care					0	0	5215	365	5580	24.7%		24.7%
TOTALS	4020	0.0%	14797	35.9%	0	0	20123	365	39305	61.5%		61.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	10	0	0	0	0	0	0	5	10	15	
75 to 84	9	24	0	0	0	0	0	8	9	32	41	
85+	7	52	0	0	0	0	2	4	9	56	65	
TOTALS	21	86	0	0	0	0	2	12	23	98	121	

ST. PAUL'S HOME1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	51	0	0	43	0	107
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			1	0	12	1	14
TOTALS	13	51	1	0	55	1	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	146	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	70

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	14	116
Race Unknown	1	0	0	0	1
Total	107	0	0	14	121

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	106	0	0	14	120
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	14	121

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	21.00
Certified Aides	52.00
Other Health Staff	0.00
Non-Health Staff	66.00
Totals	146.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.7%	30.3%	0.0%	0.0%	41.1%	100.0%		0.2%
1,387,506	1,465,200	0	0	1,989,286	4,841,992	11,405	

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

ST. PAUL'S HOME

1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120
Health Service Area 011 Planning Service Area 163

Administrator

Len Rhine

Contact Person and Telephone

Len Rhine
618-233-2095

Registered Agent Information

Kimberly Cornell
1021 West E Street
Belleville, IL 62220

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	1
Circulatory System	15
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	23
Injuries and Poisonings	8
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	113

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

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	113	109	104	109	91	22	0	113	Total Admissions 2008	118
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	109
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	113
Sheltered Care	62	38	22	38	22	40				
TOTAL BEDS	175	147	126	147	113	62	0	113		

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	1670	0.0%	19425	47.0%	0	0	19310	0	40405	97.7%	101.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					931	0	5196	365	6492	28.6%	46.7%
TOTALS	1670	0.0%	19425	47.0%	931	0	24506	365	46897	73.2%	87.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	6	0	0	0	0	1	0	4	6	10
75 to 84	0	25	0	0	0	0	2	5	2	30	32
85+	7	50	0	0	0	0	2	12	9	62	71
TOTALS	10	81	0	0	0	0	5	17	15	98	113

ST. PAUL'S HOME1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	42	0	0	38	0	91
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			3	0	19	0	22
TOTALS	11	42	3	0	57	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	129
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	70	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	22	109
Race Unknown	0	0	0	0	0
Total	91	0	0	22	113

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	90	0	0	22	112
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	22	113

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.80
LPN's	12.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	54.00
Totals	117.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
15.6%	36.9%	0.0%	0.0%	47.5%	100.0%		0.2%
737,999	1,745,109	0	0	2,243,679	4,726,787	11,316	

ST. PAUL'S HOME

1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120
Health Service Area 011 Planning Service Area 163

Administrator

Lee Bohannon-Smith

Contact Person and Telephone

Lee Bohannon-Smith
618-233-2095

Registered Agent Information

Date
Completed
5/5/2008

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 2
Endocrine/Metabolic 12
Blood Disorders 2
*Nervous System Non Alzheimer 0
Alzheimer Disease 17
Mental Illness 12
Developmental Disability 1
Circulatory System 26
Respiratory System 22
Digestive System 7
Genitourinary System Disorders 0
Skin Disorders 0
Musculo-skeletal Disorders 2
Injuries and Poisonings 0
Other Medical Conditions 0
Non-Medical Conditions 13
TOTALS 116

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2007	
Nursing Care	113	109	103	109	103	10	0	113	Total Admissions 2007	117
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2007	80
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2007	81
Sheltered Care	62	38	20	38	13	49				116
TOTAL BEDS	175	147	123	147	116	59	0	113		

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	24051	58.3%	13142	37193		90.2%		93.5%	
Skilled Under 22			0	0.0%	0	0		0.0%		0.0%	
Intermediate DD			0	0.0%	0	0		0.0%		0.0%	
Sheltered Care					5948	5948		26.3%		42.9%	
TOTALS	0	0.0%	24051	58.3%	19090	43141		67.5%		80.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	4	0	0	0	0	1	0	3	4	7
75 to 84	4	24	0	0	0	0	0	3	4	27	31
85+	8	59	0	0	0	0	1	8	9	67	76
TOTALS	15	88	0	0	0	0	2	11	17	99	116

ST. PAUL'S HOME

1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	60	0	0	43	0	103
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			2	0	11	0	13
TOTALS	0	60	2	0	54	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	70	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	13	109
Race Unknown	0	0	0	0	0
Total	103	0	0	13	116

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	101	0	0	13	114
Total	103	0	0	13	116

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	14.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	53.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	49.3%	0.0%	0.0%	50.7%	100.0%		0.0%
0	2,026,642	0	0	2,086,572	4,113,214	0	

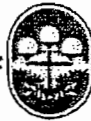
Final

**Market Feasibility Study
presented to
St. Paul's Home and St. Andrew's Management Services
for St. Paul's Home**

Belleville, Illinois

2011

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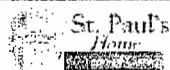
St. Paul's Home Market Feasibility Study

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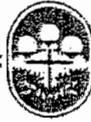
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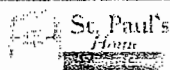


1. Project Overview

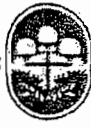
St. Paul's Home is located on West "E" Street in Belleville, Illinois. The surrounding streets are mostly residential, and St. Paul's Home is near Pleasant Hill City Park, full of baseball diamonds and tennis courts. St. Paul United Church of Christ, and Christ United Church of Christ are all located within a half mile of St. Paul's Home and Trinity United Church of Christ is nearby. Main Street, a major artery of Belleville, is home to several "mom and pop" stores and restaurants, along with a handful of corporate entities such as Bank of America and Firestone Auto Store. Belleville also has several retail outlets, specifically Target is south of the campus and Wal-Mart is east of the campus. Fairview Heights, north of Belleville, has more retail offerings.

St. Paul's Home is not far from the downtown area of Belleville, which offers various dining venues, theaters and a public library. Illinois Street is approximately one mile away, running longitudinally through half the state. Highway 15 offers easy access to St. Louis, and Interstate 64, 10 miles away, runs all the way to the Atlantic Ocean. A light rail line was built in 2001 and also provides easy access to St. Louis. St. Elizabeth's Hospital is the closest hospital and is located in the middle of town. Within five miles is Memorial Hospital.

There are a total of four high schools in Belleville, two are private and two are public. Belleville West and Belleville East, the two public schools, have a student population of nearly 5,000 combined. Belleville East has an outdoor campus as it was previously a community college and Belleville West has a newer building. Althoff High is a large private Catholic School and Governor French is the other private school.



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2. About St. Paul's Home

St. Paul's Home (SPH), managed by St. Andrews Management Services, has provided services to the aged for more than eighty years. Located on one interconnected campus on the outskirts of Belleville's town center, St. Paul's Home has steadily grown since its inception. As a faith based, not-for-profit continuum of care community, St. Paul's Home offers living options from Independent Living apartments to Skilled Nursing Facilities.

SPH offers three levels of care:

1. IL apartments (53 apartments)
2. Shelter Care (AL) (22 units) (licensed for 62)
3. SNF (78 beds) and ICF (35) (licensed for 113 combined)

Independent Living

St. Paul's Home's apartments feature an open atrium as its centerpiece, although residents in wheelchairs and walkers cannot access it. The apartments feature one and two bedrooms and amenities include dining, utilities, housekeeping, maintenance, transportation, and activities and programs. In the past three years, St. Paul's Home has enjoyed strong demand for its Independent Living but is finding that older residents in Belleville still struggle to sell their homes. Retirement apartments are based on rental fees and start at \$1,910 per month for one-bedroom apartments and \$2,089 per month for two-bedroom apartments.

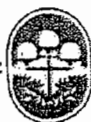
Assisted Living (Shelter Care)

St. Paul's Shelter Care (an older, but elevated Assisted Living license) also offers individual or companion rooms that include several amenities such as three daily meals, personal laundry services, assistance with personal care, housekeeping, maintenance, medication management, general health monitoring, and short term care and accommodations. Several activities such as games, outings, regular religious services, crafts, exercise classes, parties, live entertainment, talent shows and family events are available. Shelter Care at St. Paul's Home typically charges \$72/day. Of all the levels of care at St. Paul's Home, Shelter Care's building is most in need of replacement and renovation.

Nursing Facility

St. Paul's Home's 1962 expansion included nursing home accommodations. Today, St. Paul's Home offers both SNF and ICF in one building. St. Paul's Home's nursing facilities provide semiprivate rooms to those who need personalized nursing care. Fees for a semiprivate room are \$140/day and fees for a private room are \$160/day. Around-the-clock nursing and individual assistance is provided. St. Paul's Home has 175 total beds (including



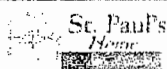


Shelter Care, SNF and ICF). The staff of RNs, LPNs, and CNAs are genuinely interested in the well-being of the residents under their care.

St. Paul's Home has offered Medicare-Certified Rehabilitation Services since June 2008. Treatment includes geriatric physical, occupational and speech therapies. St. Paul's Home offers long-term and short-term stays to both residents and the public. Most rehabilitation services are covered by traditional Medicare reimbursement and some private insurance.

Respite Care provides services for those seniors who need assistance on a short-term basis. Personal care is provided, including bathing and dressing, medication management and monitoring of overall health. Rates for respite care vary depending on the level of care provided.

Overall, St. Paul's Home and St. Andrew's are fully committed to providing all of those who enter a caring and peaceful place. Management and staff recognize the importance of their work and maintaining the well-respected brand that St. Paul's Home has earned through the years. The key obstacle that stands in the way is matching the physical plant to the services St. Paul's Home provides. As this is an older community, St. Paul's must undergo renovation to maintain its trusted reputation and provide a safe shelter for its residents.



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3. Executive Summary and Recommendations

- **Key indicators suggest favorable market conditions in the proposed repositioning of St. Paul's Home.** These include:
 - An existing and growing population – both overall and senior age segments
 - A fairly educated marketplace in terms of senior living options
 - Two established CCRCs (St. Paul's Home and The Shrine), both with long histories of success and service, and healthy occupancy rates
 - A dedicated and exemplary staff and community culture
 - Strong connections with local government officials
 - Space available for on-campus growth and expansion
 - Positive demand for Independent Living and Assisted Living (Shelter Care) residences among age- and income-qualified prospects over the next five years
 - Community has been in favorable financial standing for the past three years, despite the economic downturn
 - St. Andrew's management and backing
- **Estimated demand for Independent Living and Assisted Living (Shelter Care) residences in the areas surrounding St. Paul's Home is positive through 2016.** The tables below highlight the increasing expected demand for senior living units among the age- and income-qualified (ages 65+ and income of \$35,000+ for IL and ages 75+ for AL) population as it continues to grow in the market area over the next four years.
 - It is important to note that since the expected demand is calculated for ages 65+, that a more conservative read on this figure is recommended as capturing younger seniors is challenging.

INDEPENDENT LIVING

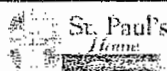
Age segments	65 to 74	65 to 74	75+	75+
Year	2010	2016	2010	2016
Number of age- and income-qualified households	3,425	4,344	2,151	2,317
Expected IL Demand	44	57	80	86
Total Expected Demand for Ages 65+ with income of \$35,00+ through 2016	143			



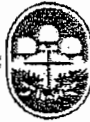
ASSISTED LIVING

Minimum age for occupancy	75	75
Year	2011	2016
Number of age-, income- and need-qualified households	954	1,028
AL demand from PMA: adjusted for draw and sustainable occupancy	125	135

- **St. Paul's Home's culture is unmatched.** Interviews with staff members across multiple departments indicated a universal commitment to fulfilling St. Paul's Home's/St. Andrew's mission to serve and care for seniors. Staff members loved their jobs, were genuinely excited to come to work and proud to be part of the St. Paul's Home team. Staff members were resourceful and adapted to the constraints of the older buildings and limited space. Building and campus improvements would only enhance this already vibrant culture.
- **The market's opinion regarding St. Paul's Home is strong.** This is especially encouraging, given the current state of the buildings and recent crime near the location. St. Paul's Home has a fabulous reputation among competitors. All competitors we interviewed believe that St. Paul's Home excelled in providing great quality of care and a desirable lifestyle for IL residents.
- **The Shrine is St. Paul's Home's strongest competitor and St. Paul's Home's current building and campus make it difficult to compete with The Shrine.** The Shrine's campus is sprawling and beautiful, plus its newly renovated Shelter Care and SNF accommodations and dining room are top-notch, making it hard for St. Paul's Home to compete. Physical plant improvements will enable St. Paul's Home to compete more aggressively with The Shrine.
- **St. Paul's Home's continuum is lop-sided and too focused on SNF.** As a result, it is no surprise that consumer opinion of the community is that of a nursing home and not a CCRC (with multiple levels of care). The demand calculations (as well as Illinois Health Facilities and Services Review Board) indicate the market is over-saturated with SNF beds, but that demand exists for IL and AL (Shelter Care). As a result, we recommend that St. Paul's Home readjust its product assortment to reflect that of a

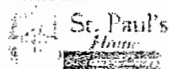


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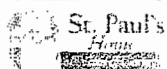
traditional CCRC by adding more IL and AL (Shelter Care) product and not expanding its SNF facility.

- **The current Shelter Care and SNF buildings are not salvageable and both products must be replaced.** In addition to replacing the existing buildings, the product within each level of care must be updated to today's market standards.
 - **SNF must include some private accommodations and we recommend a separate SNF wing dedicated to rehab.**
 - **AL (Shelter Care) must be wheel chair accessible and some suites must be able to accommodate couples who wish to live together.**
- **Further, the current IL apartments meet the market's needs today, but will likely need major renovation within five years.** The current floor plans and sizes (at 484 square feet and 572 square feet) are much smaller than what is selling nationwide for IL.
- **Currently, there is no product in the Belleville area that is particularly attractive to younger seniors (ages 65-75). This is important because the young senior cohort is especially attractive and a sizeable target consumer base.** It is particularly challenging to attract young seniors to a retirement community, but doing so greatly improves the brand perception as an active senior community. Young seniors want different types of products, such as cottage homes with garages and larger villas. There is an opportunity to have the most attractive product in the market for younger seniors, even if it is only a handful of homes. BAR recommends exploring the idea of building about 10 IL cottage homes as part of the renovation.
- **As a result, Brooks Adams Research (BAR) recommends exploring the following:**
 - Building new IL apartments and cottage homes on the open campus acreage.
 - Renovating the current IL apartments for AL (Shelter Care).
 - Including more common space for IL and AL (Shelter Care) activities and dining.
 - Rebuilding SNF, with some private rooms as well as a larger dining and gathering rooms. Additionally, include a dedicated private room rehab wing (with an expanded rehab therapy center).
 - We believe by creating an excellent rehab experience St. Paul's Home can market IL.
 - Increasing campus security with night security and a fenced campus, to address any safety concerns.



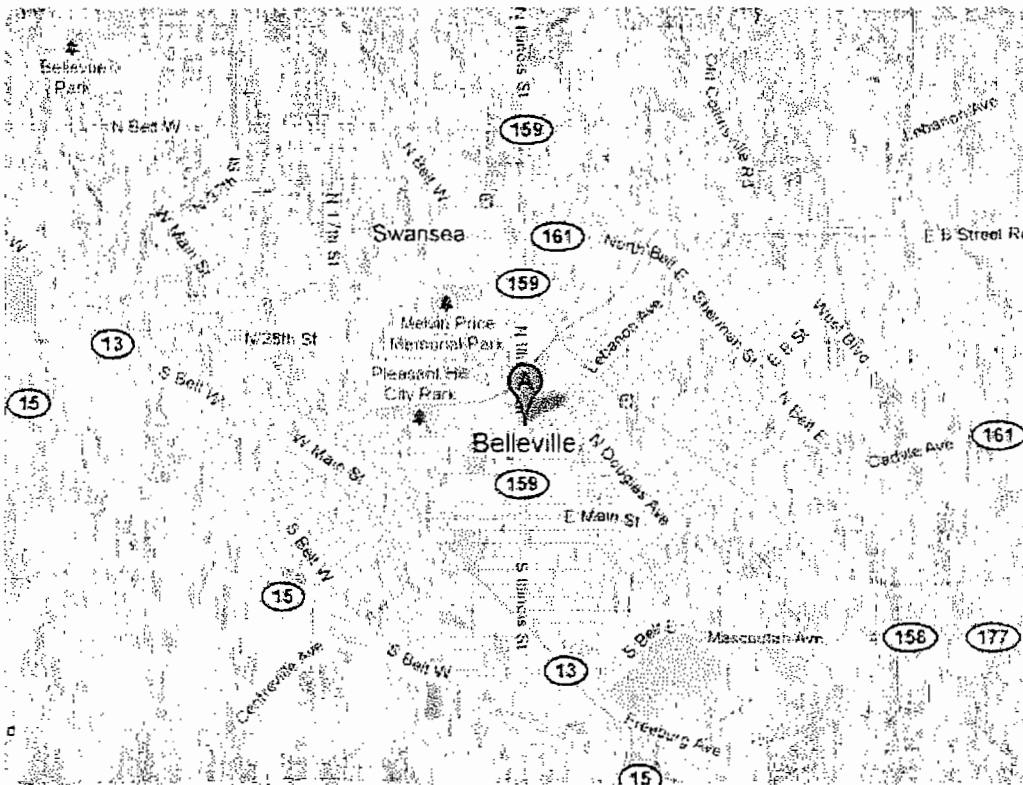


- Develop outdoor space for resident and community enjoyment.
- **BAR further recommends continuing the rental contract and exploring the addition of a revenue neutral entry fee option.** The rental contract option is the most popular in the area, and The Shrine admitted its rental option was preferred over its entry fee options. But, we also see the value in having options, as alternative contract options enable prospects to choose which plan works best for their individual financial situations. If St. Paul's Home were interested in offering more options, the time would be right for St. Paul's Home to introduce new options in conjunction with its newer and renovated product.
- **Although current efforts have gleaned some information about likely buyers, a critical next step will be to further refine this definition for targeted marketing efforts to market the updated community.** BAR recommends conducting in-depth consumer research and lifestyle segmentation to better define and locate the target market for the proposed development and renovation. Using data collected during the consumer research portion of this effort, we will hone in on the lifestyle and behavioral characteristics of this group and also identify where they are located in the market area; this will be essential to steer future marketing efforts. As the research clearly demonstrated, there is a *very specific buyer* for this community and location. And while some of the demographics of this buyer and his/her current location may differ, there are certain key behavioral and attitudinal characteristics that define this person. We expect that deeper research will uncover certain affinity groups locally. For example, one affinity group could potentially be consumers who are attracted to Belleville's historic areas who would resonate with St. Paul's Home's location in a historic neighborhood. While the research efforts to date have uncovered some of these early learnings, more work needs to be done in order to delve deeper into these key differentiating factors and provide a more complete consumer understanding.
- **Brooks Adams Research believes that there is potential to expand and reposition St. Paul's Home on its current campus in Belleville, but insists that the future success of the project relies heavily on accurately defining, locating and targeting the *very specific* buyer prospect and offering products for all levels of care that consumers find desirable; sufficient marketing budget must be allocated upfront for this effort.**





4. Location



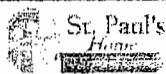
Established in 1850 as a city, Belleville, Illinois was founded by George Blair, an American of Scottish descent. Today, the city's population is about 44,000. At approximately 18.9 square miles, the population density is rather low at 2,190 people per square mile. It is the largest metropolitan area on the near east side of St. Louis, Missouri, and is the most populated city south of Springfield within the state of Illinois. During the Civil War, Belleville became an industrial hub for items such as stoves, shoe manufacturing, and the community's campus includes part of Stag Brewery's former property. Belleville sits on more than 400,000 acres of coal mining land in St. Clair County, which also brought the steam train and coal mining business through town. Because of its coal hub and location adjacent to St. Louis, Belleville became increasingly more populated.

While the architecture in Belleville is diverse, the German influence is clear in its historic properties along main streets, many are German-style row and town houses. Many of the Germans that settled in Belleville were of a scholarly nature, thus influencing the value of education that the town currently has. There are three universities in Belleville: St. Louis



University, Lindenwood University and Southwestern Illinois College. An especially large portion of the Belleville population is of retirement age.

Currently, Belleville is at a tremendous turning point. The town is undergoing a balloon effect in which building projects are taking place outside of the town center, creating a declining Main Street that once was the focus of the town. The area is also crime-ridden and concerns about campus safety exist.



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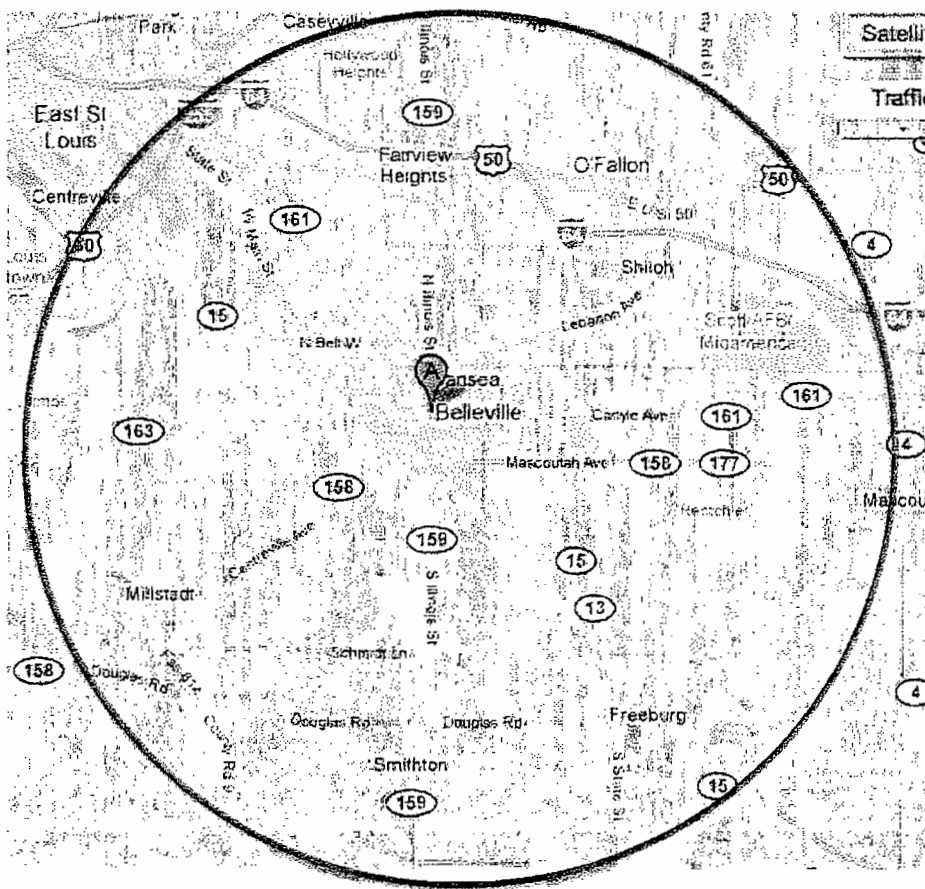
5. Market Area Definition and Key Data

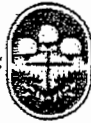
5.1 Primary Market Area Definition

The Primary Market Area (PMA) is the area from which the majority of residents are expected to come. The PMA for this community has been defined as a five-mile radius around the St. Paul's Home community, which includes the Belleville area as well as Swansea, Shiloh, Fairview Heights, Smithton and Millstadt.

5.2 PMA Map

The defined PMA is outlined in the map below.



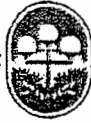


5.3 Market Area Demographics

The table below highlights the population figures for the St. Paul's Home PMA by age and income cohorts as provided by the U.S. Census Bureau based on the 2000 Census, updated annually and projected through 2016.

The overall population for the market area is expected to increase moderately by nearly 2.5 percent over the next five years. The senior population is also expected to grow significantly by more than 14 percent and 13 percent for the 55+ and 65+ age cohorts, respectively, while the 75+ age cohort will see moderate growth at nearly 4 percent. These figures represent approximately 37,000, 19,000 and 9,500 people for each age segment.

When moderate income qualifications are considered (as shown in the second half of the table), growth rates are even stronger, with around 17 percent and more than 19 percent increases projected for the two younger age cohorts in the market area and nearly eight percent for the 75+ age cohort. These figures represent approximately 13,000, 5,500 and nearly 2,000 people for each age segment. These growth rates indicate the expected presence of qualified target market populations in the PMA for the next five years at least.



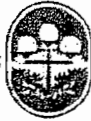
Demographic Data for Belleville PMA

Population by Age	2011 Estimate	2016 Projection	% change 2011-2016
Total Population All Ages	140,722	144,148	2.43%
Young Senior Population			
Age 55 - 64	17,232	19,942	15.73%
Age 65 - 74	9,615	11,869	23.44%
Senior Population			
Age 75 to 84	6,464	6,454	-0.15%
Age 85+	3,049	3,417	12.07%
Total Population Ages 55+	36,360	41,682	14.64%
Total Population Ages 65+	19,128	21,740	13.66%
Total Population Ages 75+	9,513	9,871	3.76%

Population by Age & Income	2011 Estimate	2016 Projection	% change 2011-2016
Senior population with \$35,000+ annual household income			
Young Senior Population			
Age 55 to 64	7,509	8,686	15.67%
Age 65 to 74	3,425	4,344	26.83%
Senior Population			
Age 75 to 84	1,667	1,726	3.54%
Age 85+	484	591	22.11%
Total Population Ages 55+ & \$35K+	13,085	15,347	17.29%
Total Population Ages 65+ & \$35K+	5,576	6,661	19.46%
Total Population Ages 75+ & \$35K+	2,151	2,317	7.72%

5.4 Real Estate Market Characteristics

The median listing price for homes in Belleville, Illinois is \$95,000, though the median sale price for those homes falls at about \$88,500. The overall market value for most homes in this area is \$84,500. Over the past year, the market value has declined 4.8 percent in Belleville. Home ownership is just over 60 percent, and about 47 percent of those individuals own single-family homes, while the rest are condo owners and renters. In the Belleville area 85.7 percent of properties are single-family homes, and the nominal residential real estate map is 8.19 percent and the effective residential real estate tax is 2.73 percent (according to St. Louis Regional Chamber and Growth Association).



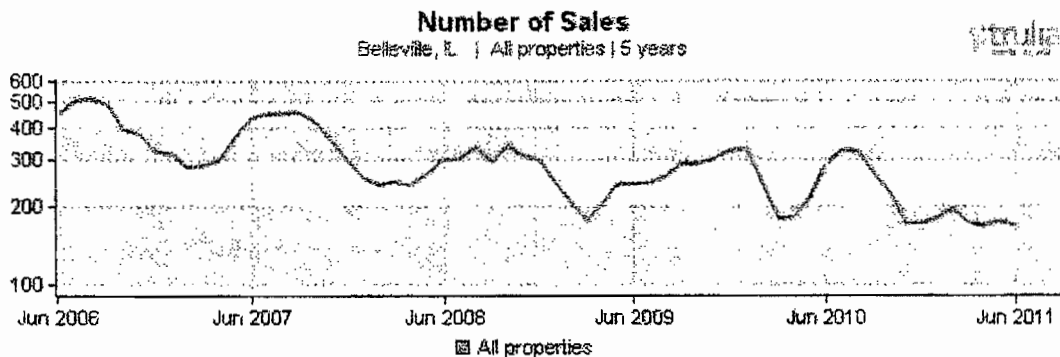
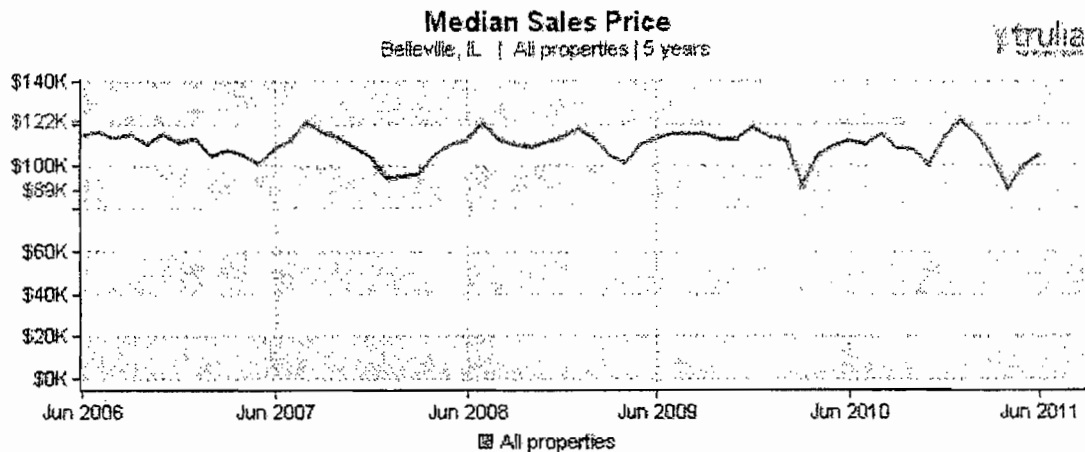
The neighboring towns of Fairview Heights, Swansea, and Shiloh have much higher market values, indicating (along with the sharp decline in home values over the past year) that Belleville is not as affluent a community. The home values in the aforementioned towns are as follows:

- \$102,800 in Fairview Heights
- \$144,500 in Swansea
- \$171,800 in Shiloh

The average annual income for this area (Belleville) is about \$42,000.

Confidence in the Belleville real estate market is low, with local Realtors reporting they are about 50 percent confident in the market's ability to recover. The Realtors we interviewed estimate that the housing market will eventually recover along with the national economy, in about five years. Credit requirements have been stiffer, people have been losing jobs and foreclosure has been a major issue as well. Realtors are making educated guesses that the approximate selling time for a home in the Belleville area is anywhere between seven and nine months, keeping the market value low. With some exceptions, the housing market for seniors has been surviving due to the fact that most seniors have more equity in their homes than the average homeowner; many of them have no mortgage remaining on their homes. Those who have mortgages and are trying to sell are taking the same hit as the rest of the market. Realtors also confidently suggest that Belleville is comparable to other cities its size throughout the U.S. About half of the Realtors interviewed commented that many people in the Belleville area who are trying to move are looking either to relocate back into the city (St. Louis, Missouri) area, or East of Belleville into more rural areas. Of the six Realtors interviewed, four were unable to specify areas in Belleville that are of particular interest to the senior community. It was found that the most popular style of single-family home in Belleville is one-story.

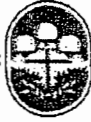
The following inset from *Trulia.com* illustrates the median sales price and compares it to the number of sales over the last five years in Belleville, Illinois. The graph represents all types of properties and demographics, although it was concluded through research that 44.3 percent of properties owned in Belleville are single-family homes.



Belleville, Illinois is a growing area outside of St. Louis, Missouri that has the potential to be an attractive relocation spot for many types of residents. Many senior residents in the community who grew up in the area stayed through the worst economic and social periods in Belleville, making it possible for young families and the elderly community that left to be attracted to Belleville again. While Belleville is suffering from the same housing market problems that many communities in the U.S. are, Realtors, investors and local residents see Belleville as a community that will be a popular place to live again.

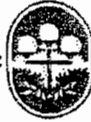
5.5 St. Paul's Home's Current Campus Location

Given that major renovation and reconstruction of St. Paul's Shelter Care and Nursing Facility buildings are needed and the declining environment in Belleville, consideration must be paid to whether St. Paul's Home should rebuild and expand on its current campus or move its campus to a different location. This issue was examined in the study, in the demographic and real estate market analysis, and through interviews with staff members, Board of Directors members and staff members at the competition. Some people interviewed did recommend moving the community, namely because of the immediate area's growing crime rate and adult children moving to adjacent areas (such as O'Fallon, Shiloh, Smithton,



Freeburg, Mascoutah and Fairview Heights). Despite these reasons to move, the overall sentiment was that St. Paul's Home would be best suited to stay at its current location. Key reasons include:

- Current IL apartments are still viable products for senior living
- Location is close to hospitals and police station
- Location is close to supporting churches, and this is particularly important to church members
- Currently St. Paul's Home is centrally located
- Location is convenient for employees to access
- Current campus has land that can be utilized
- Belleville seniors feel comfortable in the centralized location



6. Competitor Review

BAR visited the main CCRCs and stand-alone communities that compete with St. Paul's Home. Overall, The Shrine is St. Paul's Home's primary competition in the market area. Other communities visited include Grand Court, Bradford Place, Rosewood and Calvin Johnson/ Midwest Rehab and Respiratory. All communities listed above except Midwest Rehab and Respiratory are also included in the demand analysis and penetration analysis.

A report of our site visit for each is detailed below. Current pricing can be found in Appendix A.

6.1 Competitor Site Visit Reports

6.1.1 National Shrine of Our Lady of the Snows

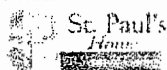
Community Overview

National Shrine of Our Lady of the Snows, or The Shrine, is a Catholic-affiliated community located on 200 acres of land overlooking the Mississippi River Valley. The Shrine offers spiritual programming, devotional areas and Mass. The retirement community offers Independent Living, Assisted Living and Skilled Nursing on twenty acres of land. The Shrine offers daily Mass and Ecumenical services.

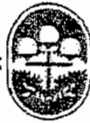
In operation since the 1950s, The Shrine serves as a spiritual retreat for many Midwesterners and has been in its current location since 1958. With one million visitors yearly, The Shrine has established itself as a place of peace and rest. The Shrine also has a conference center in Belleville and hosts events such as wedding receptions, business meetings and special celebrations.

The Shrine lies between St. Louis and Belleville, with close access to Interstates 255 and 64. The land is rather secluded, creating a sense of privacy and seclusion. There is evident signage for the community on both the highway and the campus. The property is beautiful with immaculate landscaping and two outdoor amphitheaters.

The Independent Living community offers an option for one to three meals daily, a beauty shop, a chapel, a fitness center and in-apartment walk-in showers. All residents are private pay. The Shrine's fitness center offers programs such as tai chi, zumba, and a walking club. A three-meal plan costs \$100 per month additional. Residents have the choice of living in the high-rise or on the ground floor, with ground-floor living costing about \$500 more per month. The Shrine offers an 80 percent refundable entry fee, a 90 percent refundable entry fee and straight rental without entrance fees. A typical one-bedroom with an 80 percent refund option



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has an entrance fee of \$40,000 and a monthly fee of \$1,171. With straight rental, a monthly fee for a high-rise apartment is \$1,858. The rental option used to be Life Care, but Belleville residents did not connect with the concept of Life Care.

The Shrine is the only other community that offers Shelter Care, or a higher-level Assisted Living. It offers Rehab on the premises as well as 24-hour nursing assistance. The Shrine offers studio, efficiency, and one bedroom apartments. Services include linen service, housekeeping, transportation and all utilities except for phone.

The Dammert Geriatric Center is fully licensed and offers private and semiprivate rooms, outdoor patios, a fireside dining room, hospice affiliation and podiatry services. All the rooms are currently semiprivate at a cost of \$179 per day.

Key Selling Points versus Competition

- Affiliation with the Catholic community
- Large campus on beautiful land
- Rehab on premises
- Great fitness program

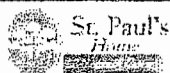
Unit Mix and Current Occupancy

There are 120 Independent Living apartments currently, reportedly at 90 percent occupancy. For Shelter Care/Assisted Living, there are 30 apartments and The Shrine reports 95 percent occupancy. Skilled Nursing has 57 available beds with occupancy at 100 percent, which changes weekly. The Shrine reports that it has a waiting list for its Independent Living apartments.

The Shrine offers five different floor plans for its Independent Living apartments. The efficiency floor plan is 300 square feet, the one-bedroom floor plan is 450 square feet, the deluxe one-bedroom floor plan is 600 square feet, the two-bedroom floor plan is 650 square feet, and the two-bedroom deluxe floor plan is 700 square feet.

Resident Profile

The Shrine reports that it attracts residents both nationally and locally. The age of its resident ranges from 62 years to 102 years old, but it is finding that the average age of a resident has increased. The Shrine finds that it is unable to have much draw from the Mississippi River Valley, and there are no residents from St. Louis, even though it is just ten minutes away. The Shrine also is noticing that a large growth is migrating to Madison County.





Physical Plant

The Shrine's entryway is gorgeous, and visitors feel as if they are pulling up to a retreat or spa due to the impeccable landscaping and greenery. The exterior of the retirement community is very nice and well maintained, with adequate parking for visitors. The reception area is welcoming and a receptionist greeted us immediately and was aware of our scheduled appointment.

During the tour, the community was very busy because a concert was playing in the dining room.

Models

Model apartments are sparsely decorated, but give a general impression of the home. Independent Living apartments are comparable to St. Paul's Home, both in perceived size and style. Shelter Care and SNF accommodations are lovely, both newly updated.

Comparing St. Paul's Home to The Shrine

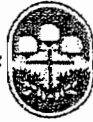
- The Shrine's signage (highway and on campus)
- The Shrine's common grounds and parks for the community
- The Shrine's Shelter Care and SNF accommodations
- The Shrine's dining room
- St. Paul's Home's smaller feel and more local community of residents

6.1.2 Grand Court

Community Overview

Part of Brookdale Senior Living, Grand Court is just one of Brookdale's 560 communities nationwide. Grand Court has been in operation for more than 25 years and is located in south-downtown Belleville. It is just minutes from St. Clair Square Mall, churches, hospitals, banks, pharmacies, restaurants, shopping, major thoroughfares and highways, and fifteen minutes from St. Louis. Grand Court is located six miles from St. Paul's Home. According to Kim Carson, sales and marketing director, between Grand Court's location and Fairview Heights, there are 15 retirement communities serving the surrounding area. Located next to Grand Court is an SNF community (with which Grand Court reportedly has strained relations).

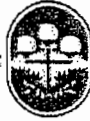
Grand Court is marketed as an IL apartment complex, with limited amenities (including laundry room, beauty shop, library/multipurpose room and dining room). One draw is the



community's three-story Open Air Atrium, which has an elevator, fountain, baby grand piano and gathering areas. The dining room was recently remodeled and serves three meals daily.

Grand Court does provide some in-apartment services (akin to AL, but without a formal medical component) through its Personalized Living program. Personalized Living residents receive a visit twice weekly from a home health nurse and Brookdale staff assists with a variety of paid services, including:

- Medication Reminders
 - 1 reminder/day, \$4.00
 - 2/day, \$5.00
 - 3/day, \$6.00
 - 4/day, \$7.00
- Personal Laundry
 - \$8.00, up to two loads
 - \$3.00 for each additional load
- Linen Change
 - \$8.00 per week
 - \$2.00 for each additional change
- Tidy Apartment Daily/as needed
 - \$3.00 per 15 minutes
 - This is different than weekly Housekeeping
- Meal Escort Service
 - \$2.00 per round trip
 - \$5.00 for all three meals
- Bathing Assistance
 - \$7.00 per 15 minutes
- Escort and Errands
 - \$10.00 per hour
- "Get Well" Service
 - \$3.00 per check-in
 - For when you return from the hospital or experienced an illness
- "Good Morning" Service
 - \$3.00 per 15 minutes
 - Provides a review of the day's activities
- "Good Evening" Service
 - \$3.00 per 15 minutes
- Miscellaneous Services
 - \$3.00 per 15 minutes



Key Selling Points versus Competition

- Brookdale management
- IL community (no medical fee)
- Low entry fee (\$1,500 deposit)

Unit Mix and Current Occupancy

There are 74 IL apartments that are currently at 87 percent occupancy, with four two-bedrooms available and nine one-bedrooms. Kim Carson was quick to point out that Grand Court's occupancy fluctuates, and the community received a large influx of residents (18 total) when Meredith's community closed (St. Paul's Home attracted the most independent residents from Meredith). She also noted how the economic downturn has significantly hurt marketing efforts. To increase occupancy, Kim Carson is working hard to advertise the community's acceptance of veteran's benefits. Currently, there is no wait list for move-ins.

Grand Court offers one-bedroom (one floor plan) and two-bedroom (two floor plans) apartments. The one-bedroom is 476 square feet and the two-bedrooms are 714 square feet (both floor plans).

Resident Profile

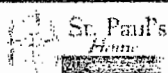
Grand Court's residents we encountered were very friendly. According to Kim Carson, most lived nearby and worked in a blue-collar industry prior to retirement. Currently, residents range from 53 years old to 101 years old (average age is mid to late 80s). The average resident stay is about four years.

Physical Plant

Grand Court's physical plant is adequate, but needs updating and renovation. The area appears to be a highway truck stop. Signage leading up to the community entrance is lacking. Signage on the building is good and prominently displays "rental community." There is little landscaping and the entry way looks dated. The atrium, the centerpiece of the community, is crowded and the decor ages the space. Residents were seen, however, spending time in the atrium socializing.

Models

Grand Court does not have model homes, but we did tour several empty apartments. Apartments were modestly furnished and the layout is small. The apartments do not have full-size kitchens, which is a drawback (Kim Carson noted that she loses residents to St. Paul's Home because of the kitchen). Bathrooms come with tubs and many residents request cut-outs (which is allowed).





Comparing St. Paul's Home to Grand Court

- St. Paul's offers full kitchens in IL apartments
- St. Paul's provides a full continuum of care
- St. Paul's is faith-based and has community connections
- Grand Court does not have a medical feel

6.1.3 Bradford Place

Community Overview

Bradford Place, located in Swansea, Illinois, has been in operation for 11 years and is currently undergoing an expansion and renovation, which will add 10 new units to the community. The renovated units will have a new kitchen and updated wallpaper. Bradford Place offers one bedroom and studio apartments and most of the residents are single. The community is licensed for IL and AL, but according to Nicole Berron, nearly all residents are AL.

There are no nurses on site, but Bradford Place offers home health care with RA's working around the clock. It is all private pay, and includes three meals a day plus snacks, utilities minus phone, and activities. There is no rehabilitation on site; residents must go to a skilled nursing facility.

Amenities include a beauty shop that is open twice a week, walk-in showers, large closets, wide doors, kitchenette with full-size refrigerator and microwave, daily light housekeeping, daily laundry, exercise and music. The owner of Bradford Place has two other for-profit communities, one in Nashville, IL, and the other in Kentucky.

Key Selling Points versus Competition

- Small community
- Friendly and engaged residents
- No medical feel

Unit Mix and Current Occupancy

Bradford Place has 29 units and currently has six vacant units. As mentioned, 10 new units have been approved for construction.



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Resident Profile

This is a rental community and most of the residents come from Belleville, O'Fallon and Fairview Heights. The average age of the residents is 85. As mentioned, most all residents are receiving AL care. Upon arrival, we noticed several residents sitting on the porch. These residents were eager to speak with us and spent several minutes happily conversing about life at Bradford Place.

Physical Plant

The community is small, but nice and updated. Units have kitchenettes, which are nice for an AL apartment, but too small for a typical IL resident. There is little community space and amenities, but what does exist is very nice.

Models

There are no model apartments, but we were able to tour several vacant apartments. Generally, the apartments were nice, but efficiency apartments were extremely small and cramped. One efficiency apartment in particular had an extremely foul odor. When we asked Nicole about this odor, she dismissed it as of no concern.

Staff

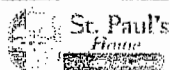
We met with Nicole Berron, the new marketing team member at Bradford Place. Nicole was very welcoming and energetic about the community. Her grandfather was the St. Paul's Home's former Administrator and her grandmother lived at St. Paul's Home. She would like to see a more collaborative relationship with Bradford Place and St. Paul's Homes SNF. Given that Nicole was so new to the community, she was still learning about the resident profile and competitive landscape. Overall, however, she will likely do a very good job marketing the community.

Comparing St. Paul's Home to Bradford Place

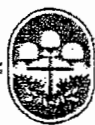
- St. Paul's Home history and reputation
- St. Paul's Home continuum of care
- St. Paul's Home IL accommodations
- Bradford Place's newer construction

6.1.4 Rosewood Care Center

This community offers skilled nursing and a rehabilitation center with locations all across Illinois. We visited the Swansea location. There are 120 beds, which are currently 100 percent occupied. There are only four private rooms, and the rest are semiprivate.



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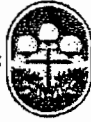
Rosewood accepts both Medicare (48 beds) and Medicaid (only 10 beds), as well as private pay and insurance. A complete list of Rosewood's services include:

- Long-term care
- Respite care
- Hospice
- Wound care nurse on-site
- Physical, occupational and speech therapy
- Total knee/hip replacement rehab
- Stroke therapy
- Fracture care
- Neuromuscular disorders care
- Amputation care
- Post-operative wound care
- Pain management
- Safety training
- Home exercise programs
- Kitchen safety education
- Chronic disease management
- IV therapy
- Tracheostomy care
- Wound vac services
- Follow-up home health care

6.1.5 Calvin Johnson/Midwest Rehab and Respiratory

Calvin Johnson has been in operation for more than 40 years and was bought in March 2011 by Senior Health Care Management of Skokie, Illinois. Now Calvin Johnson is named Midwest Rehab and Respiratory. Calvin Johnson Care Center is a certified 180-bed Medicare/Medicaid nursing home. Currently, only 165 beds are in operation. All the rooms are semiprivate. A total of five residents pay privately. There is no limitation on length of stay.

Much of the clientele come from lower- to middle-income range. The community serves a large population of people with disabilities and has focused in on particular needs, such as mentally ill adults, ventilators, respiratory therapy, rehabilitation and wound care.



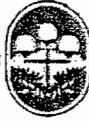
6.2 Pricing Analysis

When looking at the prices set by the various communities, we first scrutinized the cost of care of skilled nursing against two of St. Paul's Home's competitors. When looking at the table shown below, one can see that St. Paul's Home is the least expensive option. The amenities and services provided are similar in each community.

Overall	Semiprivate/Day	Private/Day
St. Paul's	\$140	\$160
Shrine	\$179	\$199
Rosewood	\$159	\$209

We then compared IL rental prices for St. Paul's Home to other IL rental communities. Overall, St. Paul's Home provides better value than the majority of compared monthly fees. Only Bradford Place offered greater value, as a one-bedroom is double the size of compared one-bedrooms.

Overall	Square Feet	Monthly Fees	Monthly Fees/SF
Bradford Place	950	\$2,385	\$2.51
Grand Court	476	\$2,190	\$4.60
Shrine	450	\$2,385	\$5.24
St. Paul's	484	\$1,910	\$3.95



7. Interview Insights

In addition to interviewing competitive communities, we also toured St. Paul's Home and conducted interviews with members of St. Paul's Home's and St. Andrew's management and St. Paul's Home's Board of Directors members.

Martha Holloway, St. Paul's Home's marketing director, led an extensive tour of the community and all levels of care. This tour was followed by in-depth interviews and discussion with St. Paul's Home's management team, with representation from administration, nursing, facilities, resident life, marketing and case management. Key insights from the interviews follow:

- Staff and Board are both very interested in growing St. Paul's Home and positioning it to provide for area seniors in the future.
 - Staff and Board are universally committed to St. Paul's Home, its mission and its residents. This dedication is a real strength for the community.
- Belleville's real estate market is struggling and seniors will need an incentive and moving support in order to make a move to St. Paul's Home feasible.
- The age of the campus and the buildings makes St. Paul's Home difficult to market, particularly to adult children who expect modern living accommodations for their parents.
 - This issue is compounded by the influx of stand-alone IL and AL product that has entered the market in the past two to three years.
- The location, while controversial, provides a distinct connection to the church and benefits the city of Belleville. There is opportunity to grow on the current campus and convert an aspect of the campus to common space that can be used by all Belleville residents.
- Some key players support buying adjacent property and homes for future growth, while others believe these homes are protected by the historic register. Regardless, this option must be evaluated to understand the feasibility of acquiring nearby property.
- The current shelter building is extremely old and compromised. According to the Board and maintenance staff, the cost of maintaining this building safely is very high. The Shelter is particularly outdated and we found drastic changes in temperature throughout the building because of its age and condition.
- St. Paul's Home's full continuum of care is a true benefit to residents. Knowing that St. Paul's Home can care for residents, regardless of health care needs, is motivation to move to Independent Living. Bringing the Shelter and SNF product in line with IL (in terms of quality of living space) is needed to maximize this benefit.



- St. Paul's Home has the opportunity to enhance its activity and living spaces (both indoor and outdoor) for residents in all levels of care. Suggestions for additional space include:
 - Expanded rehab
 - Health and wellness center
 - Greenhouse
 - Outdoor park, gazebos, walking trail and amphitheater
- NF's dining rooms are too small and confined.
- Need for some private accommodations in SNF.
- Need for wheelchair accessible rooms and bathrooms in Shelter.
- Some interest in IL cottage homes, mainly to accommodate younger couples (in addition to the apartments).
- St. Paul's Home provides everything today at a utilitarian level and there is a desire to "surprise and delight" residents and families with a vibrant and beautiful community.

BAR interviewed Belleville Mayor Mark Eckert to better understand Belleville's history and current economic issues, as well as the city's commitment to revitalizing the neighborhood in which St. Paul's Home is located. Mayor Eckert is an advocate for St. Paul's Home, as his first job at the age of 16 was on its maintenance staff. Mayor Eckert also is a member of St. Paul's Church, and his father and his aunt both lived at St. Paul's Home.

Mayor Eckert believes St. Paul's Home's proximity to St. Paul's Church and the community's affiliation with the church have been key to St. Paul's Home's success over the years. Mayor Eckert stated that he believed St. Paul's Home's long-standing reputation for "providing the best Christian-based senior care in the area" is well deserved and still exists today. Mayor Eckert was excited to hear St. Paul's Home is evaluating a renovation and expansion, as he believes the Shelter Care and Nursing Home buildings are the primary obstacles keeping new residents from moving to St. Paul's Home today.

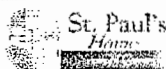
Mayor Eckert explained that Belleville was once a brewery town, and many brew-masters lived near St. Paul's Home's campus. This area of Belleville is now considered historic, and many buildings adjacent to St. Paul's Home are eligible for renovation to preserve their value. The Mayor acknowledges that over the years Belleville has changed; it is his opinion that more recently much of the flux within the neighborhood has stabilized. He also noted that St. Paul's Home's neighborhood has experienced rising crime and several criminal incidents, but the reported crime around the area has been domestic and has not affected neighbors. As a result, Mayor Eckert believes that the St. Paul's Home neighborhood will continue to revitalize and the city is working diligently to accelerate the progress. Lastly, the Mayor



believes that given Belleville's aging population trends, seniors are an important focus for the city and he is interested in keeping Belleville senior-friendly.

Mayor Eckert has a strong interest in having St. Paul's Home remain in its current location, and he specifically stated that the city is eager to work with St. Andrew's to purchase and revitalize the land for St. Paul's Home. Mayor Eckert also stated that if St. Paul's Home were interested in any of the historic property, the city would be supportive of it and work with St. Paul's Home to ensure an attractive agreement, even if it meant tearing down some of the historic buildings.

Mayor Eckert has commissioned a Community Development Board charged with restoring Belleville to its previous value, with a special focus on St. Paul's Home's neighborhood. Belleville recently received a grant of \$1.2 million to revive the area between 6th Street and 17th Street, which Mayor Belleville claims will improve the entry experience into the St. Paul's Home campus. The goal of this effort is for the streetscape in the area between 6th Street and 17th Street to reflect the style of the downtown square. According to Mayor Eckert, the committee's chairman, Jim Schneider, is willing to meet with St. Paul's Home to discuss the potential for working together on neighborhood restoration.



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8. Analysis of Market Demand

BAR has calculated the demand for CCRC Independent Living, Assisted Living and Skilled Nursing units in the PMA.

Independent Living

BAR ran its demand estimation model for ages 65 to 74 and 75+ with a minimum income of \$35,000+; both age cohorts indicate a positive demand currently, and in the future, for IL residences. St. Paul's Home's 53 existing Independent Living units are factored into the figure, as well as existing competitive units. Bradford Place's 10 expansion units are included in the 2016 estimate. Even with all existing and planned units included, there is an excess of positive demand.

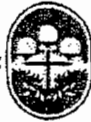
Age segments	65 to 74	65 to 74	75+	75+
Year	2011	2016	2011	2016
Minimum income qualification	\$35,000	\$35,000	\$35,000	\$35,000
Number of age- and income-qualified households	3,425	4,344	2,151	2,317
IL units (current)	262	262	262	262
IL units (planned)		10		10
Total IL units	262	272	262	272
Remaining unsupplied demand	3,163	4,072	1,889	2,045
Capture rate	1%	1%	3%	3%
Unadjusted Demand	32	41	57	61
Percent draw from Primary Market Area	75%	75%	75%	75%
Demand adjusted for draw from PMA	42	54	76	82
Sustainable occupancy level	95%	95%	95%	95%
Final IL demand from PMA; adjusted for draw and sustainable occupancy	44	57	80	86

Looking only at IL demand for the 75+ age cohort, demand is still positive, even with a conservative three percent capture rate.



Age segments	65 to 74	65 to 74	75+	75+
Year	2011	2016	2011	2016
Minimum income qualification	\$35,000	\$35,000	\$35,000	\$35,000
Number of age- and income-qualified households	3,425	4,344	2,151	2,317
IL units (current)*	262	262	262	262
IL units (planned)		10		10
Total IL units	262	272	262	272
Remaining unsupplied demand	3,163	4,072	1,889	2,045
Capture rate	0%	0%	3%	3%
Unadjusted Demand	0	0	57	61
Percent draw from Primary Market Area	75%	75%	75%	75%
Demand adjusted for draw from PMA	0	0	76	82
Sustainable occupancy level	95%	95%	95%	95%
Final IL demand from PMA, adjusted for draw and sustainable occupancy	0	0	80	86

*Note: The 262 current IL units include the total IL inventory at competitive communities [Grand Court (74), Bradford Place (15), and The Shrine (120)].



Assisted Living

AL demand is currently very strong, indicating an undersupply in the marketplace. BAR recommends expanding the AL (Shelter Care) area by about 30 units, based on this calculation and the market's needs.

Minimum age for occupancy	75	75
Year	2011	2016
Minimum income qualification	\$ 35,000	\$ 35,000
Number of age- and income-qualified households	2,151	2,317
% disability in the market area among seniors	44.35%	44.35%
Number of age-, income- and need-qualified households	954	1,028
AL units (current)*	66	66
AL units (planned)*	0	0
Total AL units	66	66
Remaining unsupplied demand	888	962
Capture rate	10%	10%
Unadjusted Demand	89	96
Percent draw from Primary Market Area	75%	75%
Demand adjusted for draw from PMA	118	128
Sustainable occupancy level	95%	95%
Final AL demand from PMA; adjusted for draw and sustainable occupancy	125	135

*Note: The 66 current AL units include the total AL inventory at Bradford Place (14) and The Shrine (30).



Skilled Nursing

There is negative demand among the 75+ population for Skilled Nursing units in the PMA, however, even with a very small income qualification of \$15,000. This is further supported by the Illinois Health Facilities and Services Review Board's April 2011 report which indicated that St. Clair County skilled nursing facilities have a surplus of 249 beds.

Minimum age for occupancy	75	75
Year	2011	2016
Minimum income qualification	\$ 15,000	\$ 15,000
Number of age- and income-qualified households	6,059	6,251
% nursing need in the market area among 75 and older population	3.34%	3.34%
Number of age-, income- and need-qualified households	203	209
SNF units (current)*	277	277
SNF units (planned)*	0	0
Total SNF units	277	277
Remaining unsupplied demand	-74	-68
Capture rate	15%	15%
Unadjusted Demand	-11	-10
Percent draw from Primary Market Area	75%	75%
Demand adjusted for draw from PMA	-15	-14
Sustainable occupancy level	95%	95%
Final SNF demand from PMA; adjusted for draw and sustainable occupancy	-16	-14

With that in mind, we also calculated demand with no income qualification and found slight demand to exist.

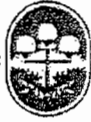


Minimum age for occupancy	75	75
Year	2011	2016
Minimum income qualification	n/a	n/a
Number of age-and income-qualified households	9,513	9,871
% nursing need in the market area among 75 and older population	3.34%	3.34%
Number of age-, income- and need-qualified households	318	330
SNF units (current)*	277	277
SNF units (planned)*	0	0
Total SNF units	277	277
Remaining unsupplied demand	41	53
Capture rate	15%	15%
Unadjusted Demand	6	8
Percent draw from Primary Market Area	75%	75%
Demand adjusted for draw from PMA	8	11
Sustainable occupancy level	95%	95%
Final SNF demand from PMA; adjusted for draw and sustainable occupancy	9	11

Taking both calculations into consideration, we feel SNF is an essential component of the St. Paul's Home continuum. Resultantly, we recommend continuing with the 100 SNF beds to accommodate the residents primarily, but converting the product mix to include both private rooms and a dedicated rehab wing as part of the 100 beds

There are multiple other SNFs in the Belleville area not included in the inventory projections, and their inclusion would amplify the negative demand.

**Note: The 277 current SNF units include the total SNF inventory at Rosewood (120), and The Shrine (57).*



Demand Model Assumptions

The following assumptions have been made when estimating the demand for units in the PMA.

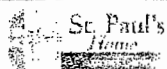
Age and income qualifications

The minimum age for IL occupancy is assumed as 65 years and 75 for AL and SNF. The models were run using an annual household income of \$35,000+. The age and income qualifications used in the demand estimation are based on the target market definition for the project.

Number of units

The number of competitor units has been determined from the competitor analysis as follows.

Market Summary - IL	Total Units	Filled Units	Empty Units
St. Paul's Home	53	50	3
Grand Court	74	64	10
Bradford Place	15	12	3
The Shrine	120	108	12
Market Summary - AL	Total Units	Filled Units	Empty Units
St. Paul's Home	22	20	2
Bradford Place	14	11	3
The Shrine	30	28	2



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Market Summary - SNF	Total Units	Filled Units	Empty Units
St. Paul's Home	100	100	0
Rosewood	120	120	0
The Shrine	57	57	0

Capture rate

The capture rate represents the percentage of qualified households in the PMA containing individuals who are likely to move into a residence and, hence, can be converted to sales. All existing units are deducted from the available market prior to calculating the capture rate. For this project, we assume standard moderate capture rates of:

- 1 percent for IL (ages 65–74)
- 3 percent for IL (ages 75+)
- 10 percent for AL
- 15 percent for SNF

Percentage draw from the PMA

Seventy-five percent of the prospective residents are expected to come from the PMA for all levels of care. This has been based on discussions with existing competitors and SB&A/BAR judgment and knowledge.

Sustainable occupancy level

Sustainable occupancy level is the occupancy that most investors consider to be “full occupancy” given that there is always some turnover of units. For this project, sustainable occupancy has been assumed at 95 percent.



9 Market Penetration

An important industry-standard criteria used to determine the strength of a market area in relation to senior living (IL) feasibility and its associated risk is market penetration rate.

Market penetration is the number of comparable existing and planned IL residences in the defined market area divided by the number of qualified households in that same area. Market penetration is unique for different locations; unlike a project penetration rate, there is no "acceptable" industry standard that can be applied universally. In some areas of the country that are historically "crowded" senior living markets heavily populated with retirement living options and qualified, educated and willing senior markets like Florida and Southeastern Pennsylvania, market saturation rates often exceed 30 percent. In another market with less educated consumers and fewer options, a market penetration of more than 10 percent may indicate a weak situation; specific project and area factors must be considered when evaluating this data.

The following table outlines the market penetration rates as calculated by BAR for the St. Paul's Home PMA in 2011 and 2016 for the age cohort of 65+ with an annual household income of \$35,000+. Current market penetration is 3.3 percent and is expected to decrease to 2.9 percent in 2016.

		A	B	C	D	E	F
	Market Penetration Rate SPH PMA	SPH & Competitor units	PMA Market Draw	Units Filled from PMA	Units to be filled from PMA @ 95% Occ	No. of Age- and Income-qual HHs	Market Penetration Rate (D/E)
2011	Target Market Age 65+ Income \$35,000+	262	75%	197	187	5,576	3.3%
2016	Target Market Age 65+ Income \$35,000+	272	75%	204	194	6,661	2.9%

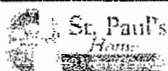
BAR also calculated the market penetration rates for the St. Paul's Home PMA in 2011 and 2016 for the age cohort of 75+ with an annual household income of \$35,000+, looking solely at the core consumer age group. For the 75+ cohort, current market penetration rises to 8.7 percent and is expected to decrease to 8.4 percent in 2016.



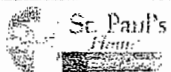
		A	B	C	D	E	F
	Market Penetration Rate SPH PMA	SPH & Competitor units	PMA Market Draw	Units Filled from PMA	Units to be filled from PMA @ 95% Occ	No. of Age- and Income-qual HHs	Market Penetration Rate (D/E)
2011	Target Market Age 75+ Income \$35,000+	262	75%	197	187	2,151	8.7%
2016	Target Market Age 75+ Income \$35,000+	272	75%	204	194	2,317	8.4%

We believe that these market penetration rates are stable in comparison to other metropolitan areas with similar population figures. And, we feel these low penetration rates represent a sizeable opportunity for St. Paul's Home's growth. Even with the uncertainty regarding the current economic situation and real estate market in Belleville, it appears the supply will remain low for the aging population, and St. Paul's Home could increase the ILUs in the area, providing it a stronger competitive position.

BAR will also calculate a project penetration (included in this scope of work) once a master plan is in place for St. Paul's Home.



BROOKS
ADAMS
RESEARCH



BROOKS
ADAMS
RESEARCH



Appendices: *See attached Excel workbooks*



BROOKS
ADAMS
RESEARCH



October 5, 2012

To: Illinois Health Facilities and Services Review Board:

Reference: zumBrunnen, Inc. Project 2010-002
Campus Wide Facility Condition and Capital Replacement Study

zumBrunnen, Inc., of Atlanta, GA, is one of the Nation's leading construction consulting and facility assessment firm having served over 1,500 clients since 1989. zumBrunnen utilizes a proprietary facility assessment, budgeting and forecasting system designed to manage life-term capital replacement and operating expenses, depreciation and required repairs.

zumBrunnen inspected St. Paul's Home in Belleville, IL, in the months of May through August, 2010, and prepared a facility assessment following our inspection.

Based on our assessment, the cost of required maintenance and upkeep of the existing skilled nursing facility and sheltered care facility for the period of 2010 to 2029 is approximately \$9.8 million (skilled nursing \$6.3 million and sheltered care \$3.5 million). These figures average out to almost \$0.5 million per year in maintenance costs (skilled nursing \$315,000 and sheltered care \$175,000). It is important to note that these costs do not include any facility or system enhancements, rather only upkeep and replacement to keep the facility operating at conditions current as of the time of the facility assessment.

As part of the assessment process, zumBrunnen utilizes a Facility Condition Index (FCI). The FCI is a mathematical index developed by the United States Navy designed to compare the cost of maintaining a structure to the estimated cost of replacement. This index rates the relative physical condition of a building, independent of construction type, or cost. The FCI is represented on a logarithmic scale from zero to one, where any value beyond this range exceeds the total cost of replacement; an index value of 1.0 is equivalent to 100% current replacement value.

CFI indices were calculated for each year for the period from 2010 to 2029. In this 20- year period, FCI indices were near or above a ratio of 0.75 for 17 of the 20 years and at or above a ratio of 1.0 for four of twenty years in the skilled nursing facility. In the sheltered care facility, CFI indices were near or above a ratio of 0.75 for all 20 years and at or above a ratio of 1.0 for 11 of the 20 years.

zumBrunnen understands the St. Paul's Home is considering replacement of the existing skilled and sheltered care buildings with new construction estimated around \$19 million. Based on the estimated costs of maintaining the existing building and CFI indices, it is zumBrunnen's

opinion that replacement of the existing building is more economically feasible than maintaining the existing structures.

We understand that sheltered care projects are not subject to review in the state of Illinois. While not reviewable, it is impractical to completely separate sheltered care and skilled costs as the St. Paul's Home is comprised of multiple inter-connected buildings built from the turn on the century up to the early 1980's.

zumBrunnen appreciates the opportunity to present this summary information and opinion to the Illinois Health Facilities and Services Review Board.

Respectfully,

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

James R. Milan, P.E.
Senior Project Manager
zumBrunnen, Inc.

From: Roate, George [mailto:George.Roate@Illinois.gov]

Sent: Friday, October 12, 2012 9:10 AM

To: Christopher H. Wiltse

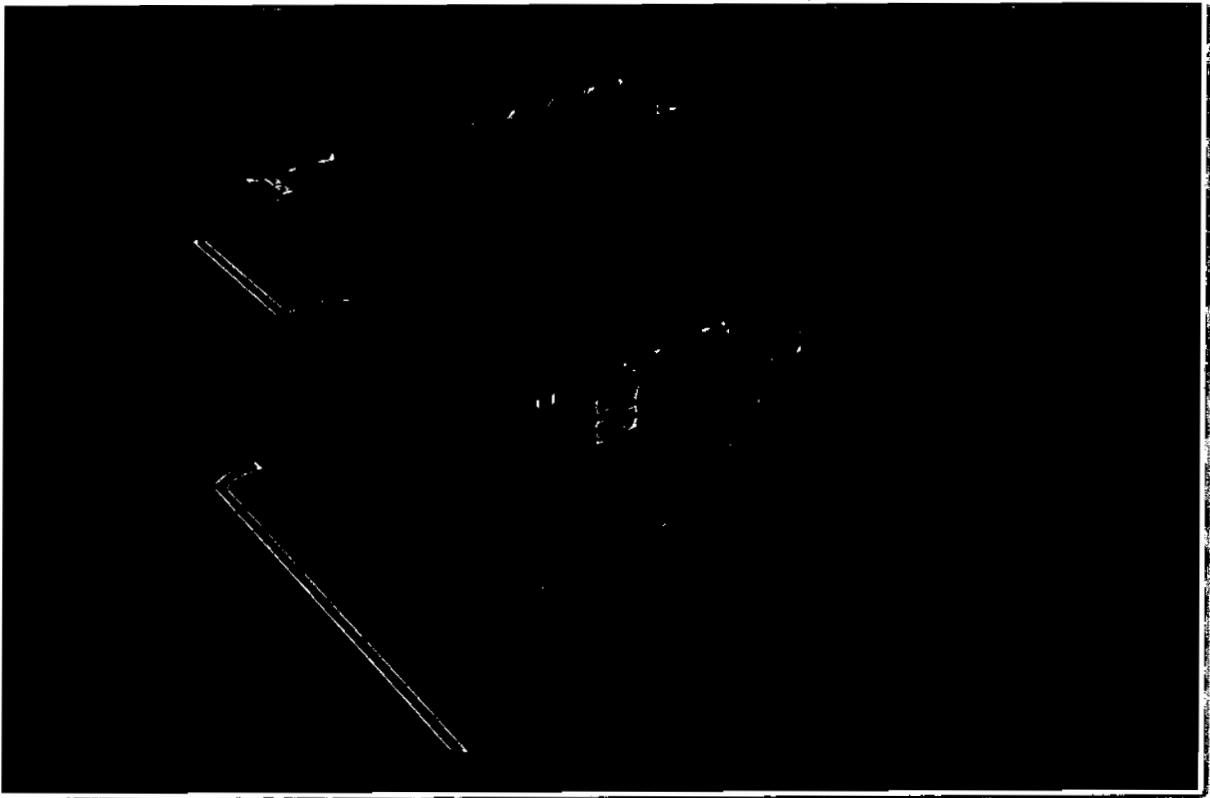
Subject: St. Paul's Home Belleville Compliance Check

Good morning, Mr. Wiltse:

Per our telephone conversation, St. Paul's Home, 1021 West E Street, Belleville, is compliant with its annual survey reporting requirements, and any past Certificate of Need (CON) applications. Please be advised that a review of individual applicants/owners has not been conducted, as they have not been identified as part of a pending CON application. Thank you.

The New St. Paul's Home – Executive Summary

December, 2012



The New St. Paul's Home



History and Mission

St. Paul's Home for the Aged began its service to the community in 1926 and continues today as a faith based, not-for-profit community. St. Paul's Home is licensed by the state of Illinois and certified by the Centers for Medicare and Medicaid Services as a Title XVIII (Medicare) and Title XIX (Medicaid) provider. The community is sponsored by the United Church of Christ and governed by a Board of Directors comprised of individuals from the congregation of St. Paul's Church, Christ Church, Trinity Church, and the local community. St. Andrew's Management Services, an eldercare specialist organizations, manages this not-for-profit, faith-based community under the governance of the St. Paul's Home Board of Directors.

Mission Statement

St. Paul's Senior Community is dedicated to excellence in care and a compassionate environment guided by our Christian love and concern that will enhance the quality of life for those we are called to serve.

As far back as 1918, some of the caring people in the community and congregation of what is now St. Paul United Church of Christ in Belleville discussed the need for a home for older men and women. In 1926, one man in the congregation stepped forward and donated property and a building to the St. Paul Church to be used as a home for the aged of all faiths in the Belleville area. The leaders of the congregation decided to call it St. Paul's Home for the Aged and it was officially founded, under that name, on August 22, 1926.

News of this generous gift spread and the community responded with moral support and substantial gifts to help convert the building into a home for the aged. This community-wide effort was consummated on June 12, 1927 when St. Paul's Home opened its doors to the first thirteen residents.

Demand for St. Paul's services was immediate and continued to grow. Through generous community gifts and support, expansions were carried out in 1945, 1955, 1962, 1972, 1982 and 1988 allowing the campus to grow to its current capacity.

Decision to Build

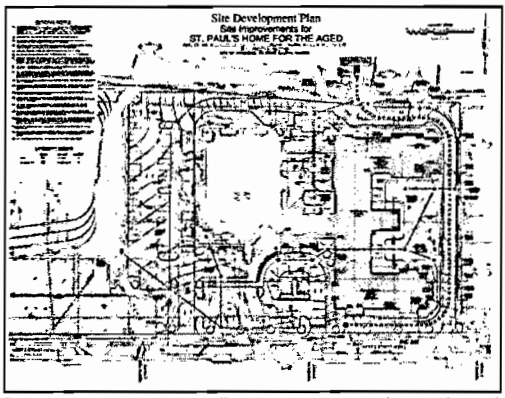
St. Paul's Home has maintained a facility that was established in the 1920's well into the 21st century and has done so in a way that has kept residents safe and allowed for the continued provision of quality of care. In early 2011, St. Paul's Home began the strategic process of looking to the future to explore options and chart the proper course of action for the future.

Based in part on a physical plant assessment conducted by zumBrunnen, Inc., one of the Nation's leading construction consulting and facility assessment firms, the economically responsible decision is to replace the existing nursing and sheltered care portions of the facility with new construction. The zumBrunnen study concluded that the cost of necessary maintenance to simply upkeep the existing nursing and sheltered care portions of the facility would approach \$10 million. It is important to note that this prospective cost does not include any enhancements to the existing facility; rather, it only related to the upkeep necessary to maintain the facility operating under its current conditions. Nor did the \$10 million include site work to the independent living apartment portion of the St. Paul's campus which would add an additional \$5 million. zumBrunnen compared the \$10 million cost to simply maintain the existing facility with an approximate \$20 million cost to construct a brand new, modernized facility. zumBrunnen concluded that building new was the more economically feasible choice when compared to simply maintaining the existing, aging facility.

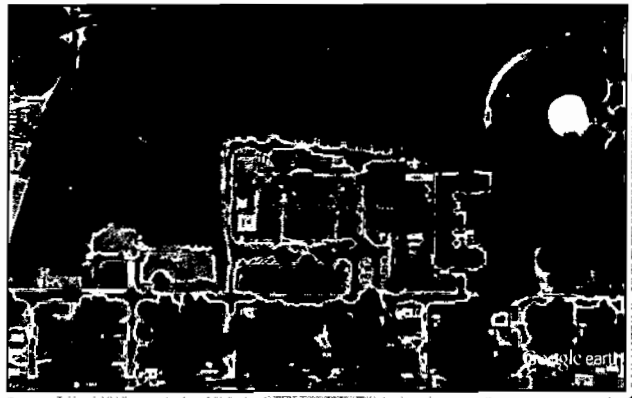
A market feasibility study conducted in 2011 and updated in November of 2012 by Brooks Adams Research, a firm utilizing pioneered research techniques aimed at consumers 55 years of age and up, concluded market demand exists for the replacement of the St. Paul's Home and a new payor mix.

The New St. Paul's Home

The new St. Paul's Home will connect to the east side of the existing independent living apartments. The existing nursing and sheltered care portions to the west of the existing independent living apartments will be demolished upon completion of the new construction. St. Paul's Home currently own just over 7 acres at its site. Upon completion of the new construction about two-thirds of the property, to the west, will be undeveloped and available for future expansion.



Site plan: yellow existing independent living apartments, blue new nursing, memory and sheltered care



Aerial overview of proposed new construction

The new St. Paul's Home is planned as a person-centered model of care; the only such person centered model of care community within a 25 mile radius of St. Paul's Home. Person centered care is a "new" concept of care; not a typical institutional model of nursing home care but rather a more homelike environment where residents have a say in their day-to-day lives in a setting that closely resembles their home. The goal of the new St. Paul's Home is to transform the old institutional culture to a new, culture of caring designed to treat the whole person; their physical, intellectual, emotional, social, spiritual and occupational needs.

Person-centered care is not just about building design or a homelike environment. While there is no specific model or set of practices, the Board of Directors of St. Paul's Home believes that in a true person-centered environment residents are offered choices and encouraged to make their own decisions. Closer relations between staff and residents are fostered with the same staff consistently providing care to the same residents. Staff are trained and have the authority to respond on their own to resident needs increasing personal responsibility, reducing delays and flattening management hierarchy. Culture change is an ongoing process of overall performance improvement and research has demonstrated organizations with a person-centered model of care experience higher resident and family satisfaction, higher census, reduced staff turnover and related expenses, improved clinical outcomes, greater operating cost efficiencies and improved survey and inspection results.



Building plans include four nursing care households of 22 beds each (one household of 24 beds) for a total of 90 skilled care beds. Entry into each household will be through a hearth room (example picture at left). The hearth rooms have a fire place and large screen television and are designed as the informal or den space you would find in your own home. Adjacent to the hearth room is the household kitchen and dining space. This space is

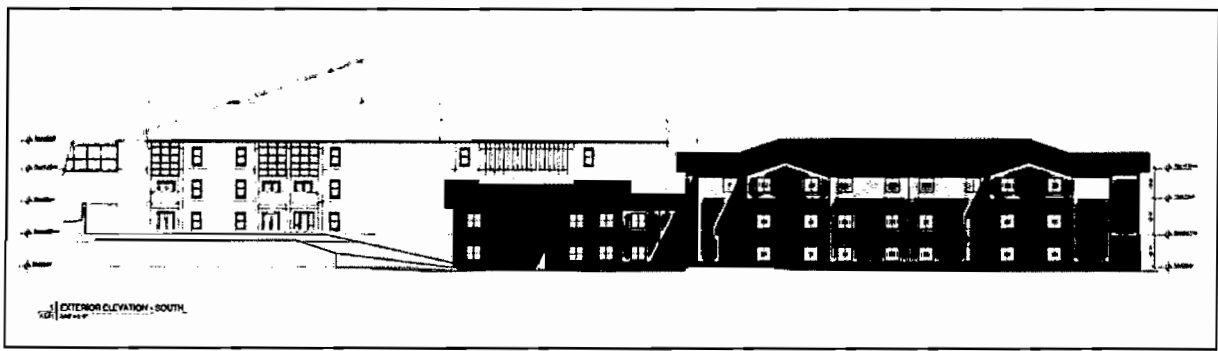
designed to be the “heart” of the household. At home, so many activities are centered around food and the family kitchen and the St. Paul’s Home households will be the same (*example picture below*). The design is intended to draw residents to the kitchen and dining spaces rather than a nursing station as is typical in a traditional, institutional model facility. Patios or balconies will be provided off each dining room to incorporate outdoor living into each household. Each household will include a combination of private and companion rooms. Companion rooms are designed as corned or toe-to-toe style rooms, each providing both occupants with their own private space, closet and window. Each resident room is provided with a private bathroom including walk-in shower. Each household will also include a spa (*example pictured below*) and household laundry. The household kitchens and laundries



will be supported by a redesigned and renovated commercial kitchen and new commercial laundry. Other features, shared among the households, include a new rehab center, community room/chapel, beauty/barber salon and community/walking gardens. These facilities will replace the aging structure which currently includes three and four bed wards, common or gang bathing facilities, a lack of central air conditioning and extreme maintenance costs.

In addition to the four nursing households, there will be an 18 bed memory care and a 26 bed sheltered care household with similar amenities as the nursing households.

Plans also call for updates to the existing independent living apartments including a new two-story main entrance (*rendering at right*) serving the entire campus with porte cochere drop off point and remodeled dining and kitchen space.



Front elevation; view from E Street, looking north with existing independent living apartments shown in background

Unit and Payor Mix

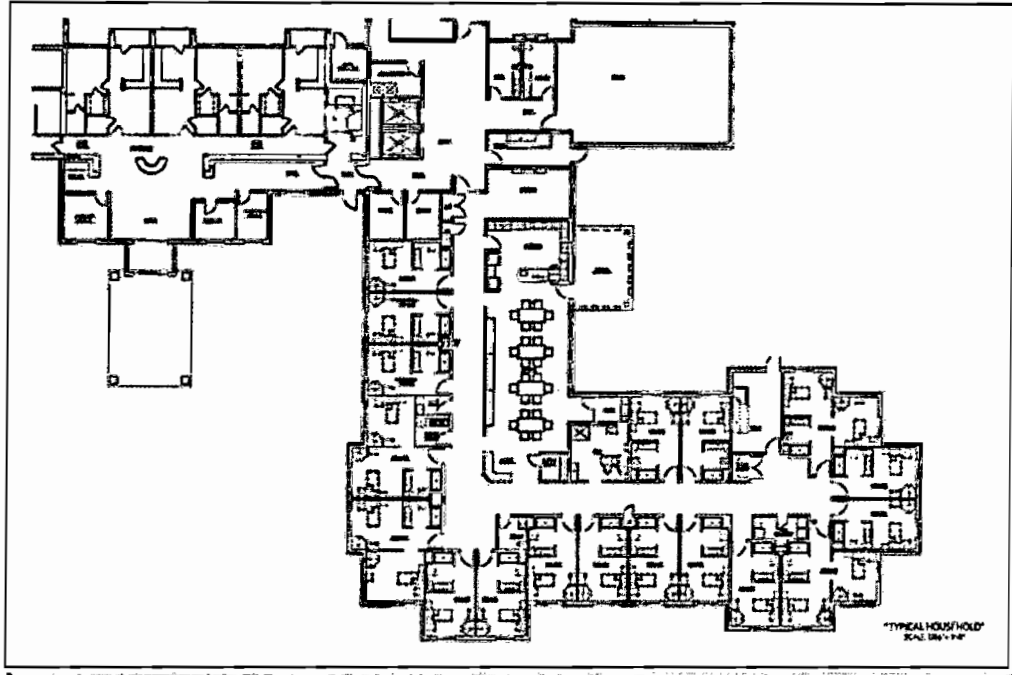
Upon completion, the new St. Paul's campus will encompass 53 independent living apartments (existing), 90 skilled nursing beds (90 beds in the Medicare program and 30 beds in the Medicaid program), 18 memory care beds (intermediate care) and 26 sheltered care beds.

1st Floor South SNF/Medicare Unit – 22 beds	Beds
SNF Companion Room (Corner) – Medicare	8
SNF Private Room – Medicare	14
Total	22
2nd Floor South – SNF/Medicaid – 22 beds	Beds
SNF Companion Room (Toe to Toe) – Medicaid	6
SNF Companion Room (Corner) – Private Pay	8
SNF Private Room – Private Pay	8
Total	22
3rd Floor South – SNF/Medicaid – 22 Beds	Beds
SNF Companion Room (Toe to Toe) – Medicaid	6
SNF Companion Room (Corner) – Medicaid	4
SNF Companion Room (Corner – Private Pay	4
SNF Private Room – Private Pay	8
Total	22
1st Floor North – Memory Care – 18 Beds	Beds
Memory Care Companion Room – Private Pay	8
Memory Care Studio – Private Pay	10
Total	18
2nd Floor North – SNF/Medicaid – 24 Beds	Beds
SNF Companion Room (Toe to Toe) – Medicaid	14
SNF Private Room – Private Pay	10
Total	24
3rd Floor North – Sheltered Care – 26 Beds	Beds
Sheltered One Bedroom – Private Pay	8
Sheltered Studio – Private Pay	8
Sheltered Companion Room – Private Pay	10
Total	26

Stabilized occupancy is projected at:

Unit	Occupancy
Independent Living Apartments (existing)	94.3%
Sheltered Care	73.1%*
Memory Care	94.4%
Nursing Care	91.1%
Total Campus	89.8%

* 4 units in sheltered care licensed for 2 residents but not anticipated to be used at this occupancy level



Typical Household Design

Project Team

St. Paul's Home is governed by a dedicated Board of Directors comprised of individuals from the congregation of St. Paul's Church, Christ Church, Trinity Church, and the local community. Current Board members include:

- Steven Suess, Chairperson, St. Paul United Church of Christ
- Kristine Mueller, Vice Chairperson, St. Paul United Church of Christ
- Dennis Spencer, Treasurer, St. Paul United Church of Christ
- Beverly Brightwell, Secretary, St. Paul United Church of Christ
- Betty Leppard, St. Paul United Church of Christ
- Susan Relfe, St. Paul United Church of Christ
- Bob DeCamp, Trinity United Church of Christ
- Carol Petty, Christ United Church of Christ
- Jane Lee, Community Member
- Rev. Andrew Kramer, St. Paul United Church of Christ

Since 2005, St. Andrew's Management Services, an eldercare specialist organizations, has managed this not-for-profit, faith-based community under the governance of the St. Paul's Home Board of Directors. Key members of the St. Andrew's team include:

- Mary Alice Ryan, President
- Diane Meatheany, Chief Operating Officer
- Gregory Elliott, Chief Financial Officer
- Darlene Scaglione, Controller

For construction of the new St. Paul's Home, the St. Paul's Board of Directors has engaged the services of:

The Lawrence Group – Project Architect

- Susan Bruker, Principal-in-Charge
- Karen Shapiro, Project Manager
- Todd Bundren, Designer
- Galen Vassar, Interior Designer

BSI Constructors – General Contractor/Construction Manager

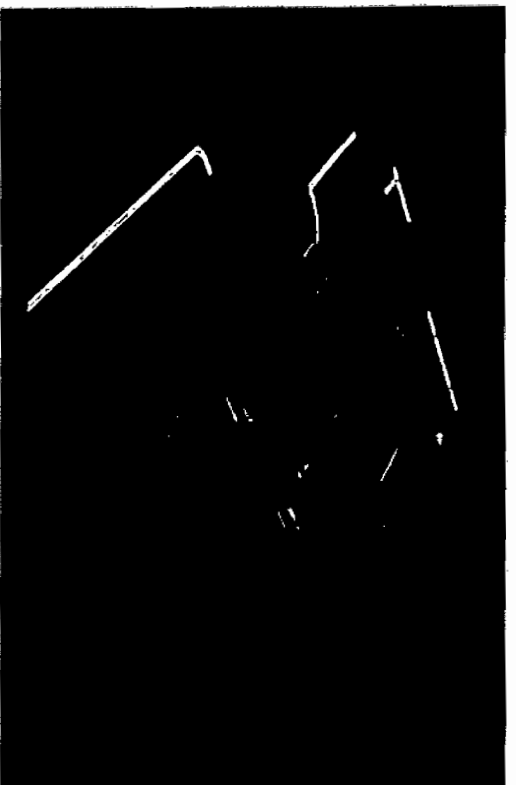
- Jim Shaughnessy, Project Executive
- Bob Jilke, Project Manager
- Haus Truelove, Project Superintendent
- Kevin Corzatt, Lead Estimator

Stifel Nicolaus - Financing

- Peter Czajkowski, Director of Public Finance
- Gina Martin, Assistant Vice President Public Finance
- Mary Kane, Senior Vice President Public finance

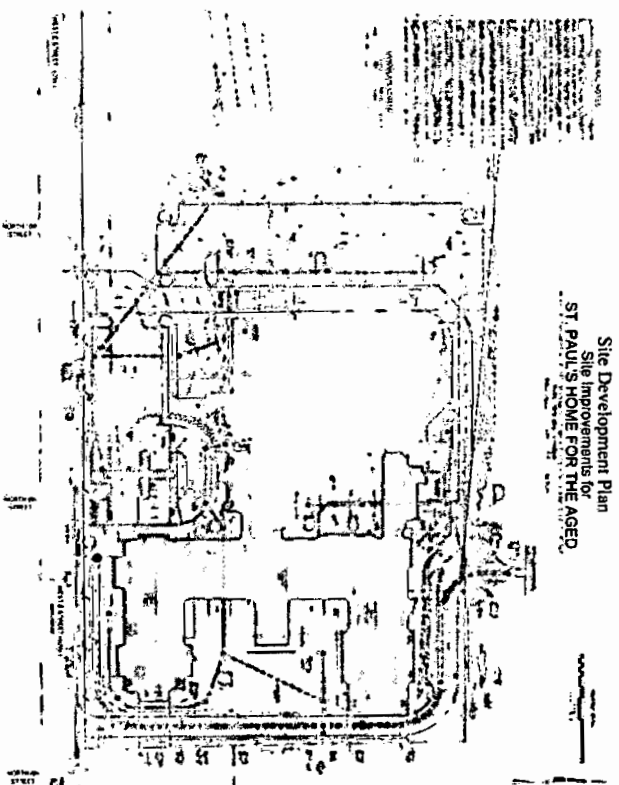
Project Timeline

Strategic Planning & Assessment	January 2011
Schematic Design	Underway
Regulatory Approval	March 2013
Financing Completed	June 2013
Construction Begins	June 2013
Anticipated Opening	January 2015



Architectural drawing of a building facade.

Architectural drawing of a building facade.

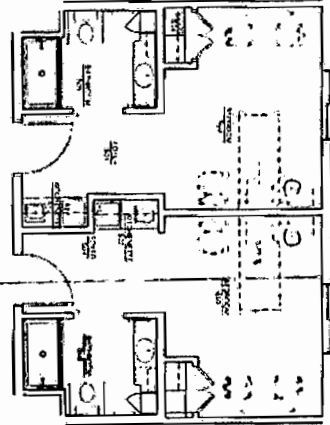


Site Development Plan
Site Improvements for
ST. PAUL'S HOME FOR THE AGED

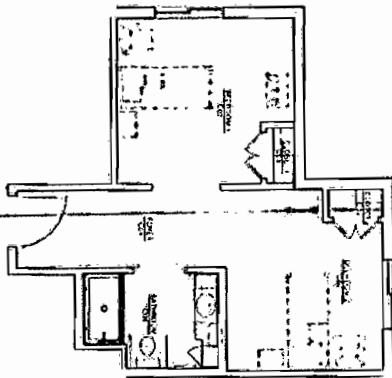
LAWRENCE GROUP

ST. PAUL'S HOME FOR THE AGED
NOVEMBER 9, 2012

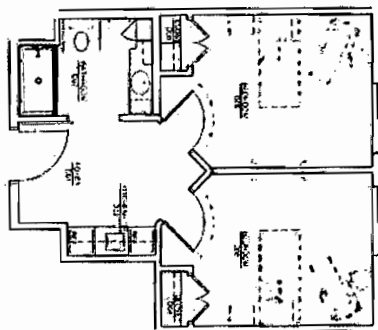
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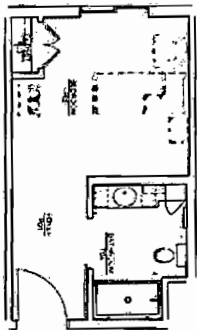
Enlarged Unit Plan - Typ. Studio Units
1/8" = 1'-0"



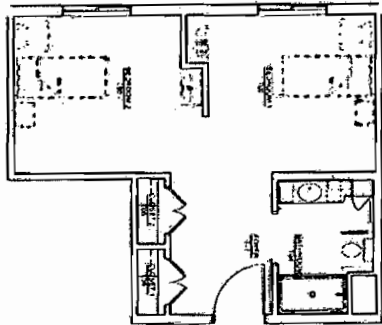
Enlarged Unit Plan - Typ. Corner Unit
1/8" = 1'-0"



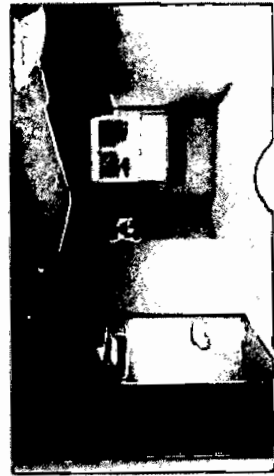
Enlarged Unit Plan - Typ. Companion Unit
1/8" = 1'-0"



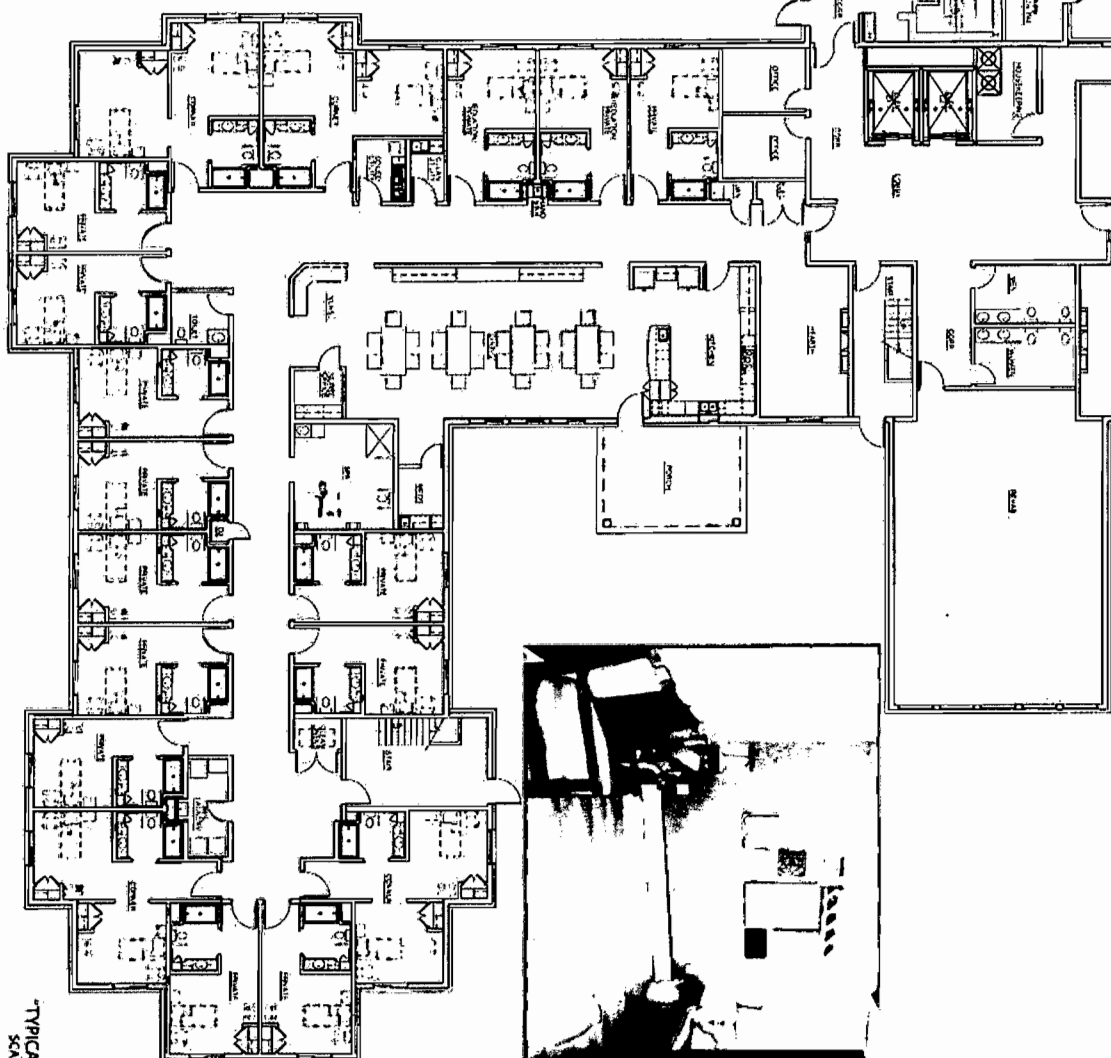
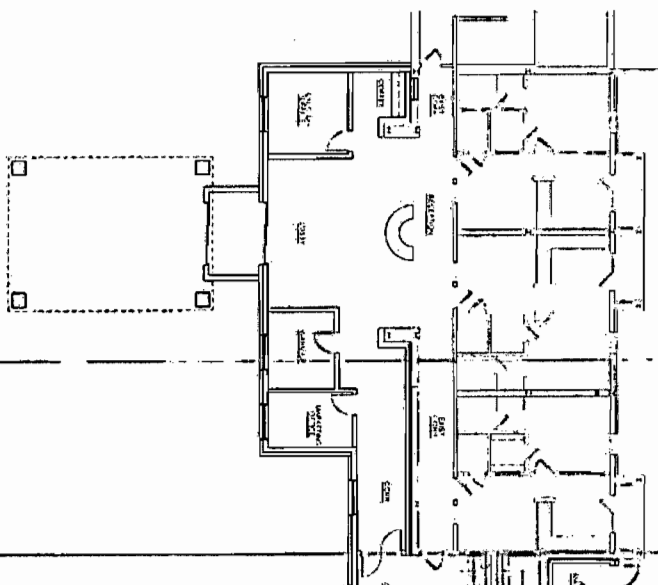
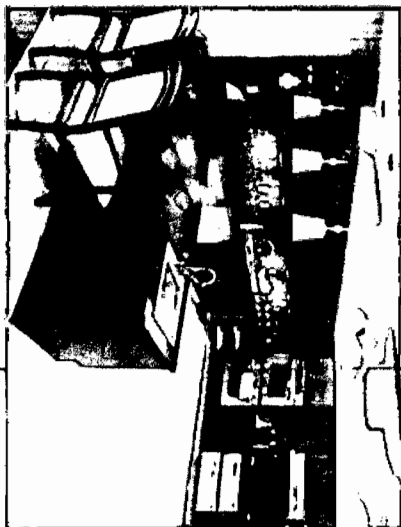
Enlarged Unit Plan - Typ. Private Unit
1/8" = 1'-0"



Enlarged Unit Plan - Typ. Two to Two Unit
1/8" = 1'-0"



ST. PAUL'S HOME FOR THE AGED
NOVEMBER 9, 2012



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

Criterion 1125.330 – 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.

Alternatives Considered:

1. Maintain the existing facility without any modernization;
2. Renovate the facility in phases (which would require utilizing other existing providers during extended periods of partial closure);
3. Establish a new facility;
4. Closure

ATTACHMENT 11

00144

Maintain The Existing Facility

Total Cost: Approximately \$10,000,000 (this cost only relates to maintaining the skilled nursing portion of the facility – additional costs would be involved in maintaining other aspects of the St. Paul's facility.

Patient access / quality:

The effect on patient access would be neutral, as the distinction in bed capacity between the existing facility and the modernized facility is comprised of group rooms that are not utilized by St. Paul's (unless necessary) as this is viewed as an outdated model of patient care. The proposed bed capacity of 108 licensed beds is believed by St. Paul's to reflect the most appropriate compliment of beds moving forward. The quality of care at the maintained facility would be as high as St. Paul's could achieve, but it is unquestionable that the quality would be improved in a modernized facility due to the availability of improved systems, additional services available to residents, and modern construction.

Financial benefits (short term and long term):

The financial costs to simply maintain the skilled nursing portion are almost the same as the expense to build a new modernized facility on the same site. Any short term financial benefits are minimal because all money needs to be set aside up front and require regularly invading the reserves of the facility to simply maintain the facility rather than spread the cost over a 30 year period via mortgage and result in a new facility. There are no long term benefits to this course of action which is why it was rejected.

Reason alternative was rejected:

The reason this alternative was rejected is that it achieves nothing more than delaying the

ATTACHMENT 11

inevitable need to modernize the facility and would result in the expenditure of substantial costs in the coming years to simply maintain the facility. Moreover, for the cost that is involved, St. Paul's could achieve the creation of a newly modernized facility (the skilled nursing portion). Candidly, there were no long term financial or healthcare delivery benefits to this option.

Renovate the Facility in Phases:

Total Cost: + \$20,000,000

Patient access / quality:

This option would have a detrimental effect on patient access to care because it would require closing portions of the facility thereby requiring removing residents from their home. Moreover, from a logistical perspective, closing portions of the facility would adversely impact the quality of life for the remaining residents. Moreover, this option would not yield any improvement in quality that could not be better achieved through the complete modernization of the facility on the existing site.

Financial benefits (short term and long term):

The costs involved in this option would exceed those associated with the modernization of the facility. Being constrained by the existing structure and having to work with various already outdated capacities (as identified in the zumBrunnen report) would result in increased costs beyond a newly designed structure to accommodate all of the necessary changes. Moreover, from a financial perspective, the interruption caused by having to relocate a substantial percentage of St. Paul's residents during periods of construction would create a substantial cash-flow issue affecting both the long term viability of such an alternative.

ATTACHMENT 11

Reason alternative was rejected:

Being limited by the existing structure and having to displace substantial portions of our resident population would substantially increase the costs and decrease the overall benefit to the residents we serve. While St. Paul's has strong relationships with other community facilities and would take any steps necessary to insure the welfare of its residents, any option which required St. Paul's to transfer and discharge of a substantial portion of its residents was not an option to be considered as it would be inconsistent with its religious mission. For these reasons, this alternative was rejected.

Establish a new facility:

Total Cost: Same as modernization + land acquisition costs

Patient access / quality: Same as modernization

Financial benefits (short term and long term):

The financial benefits (both short term and long term) would be diminished as compared to a modernized facility. There is no reason for St. Paul's to incur the additional costs of acquiring new land upon which to establish a new facility when the space is available on the existing property to create a modernized facility.

Reason alternative was rejected:

It would be financially irresponsible to pursue this alternative.

Closure:

Total Cost: There would be no capital cost to this alternative

Patient access / quality:

This alternative would detrimentally effect patient access to quality care.

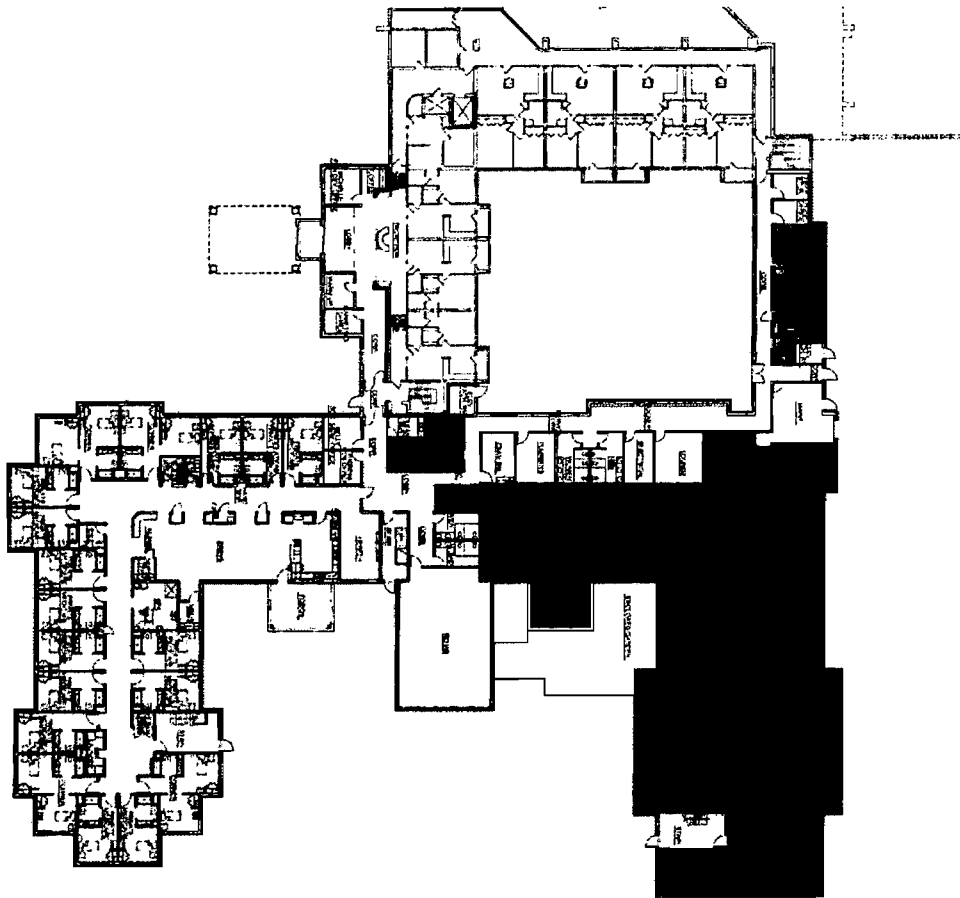
ATTACHMENT 11

Financial benefits (short term and long term): None

Reason alternative was rejected:

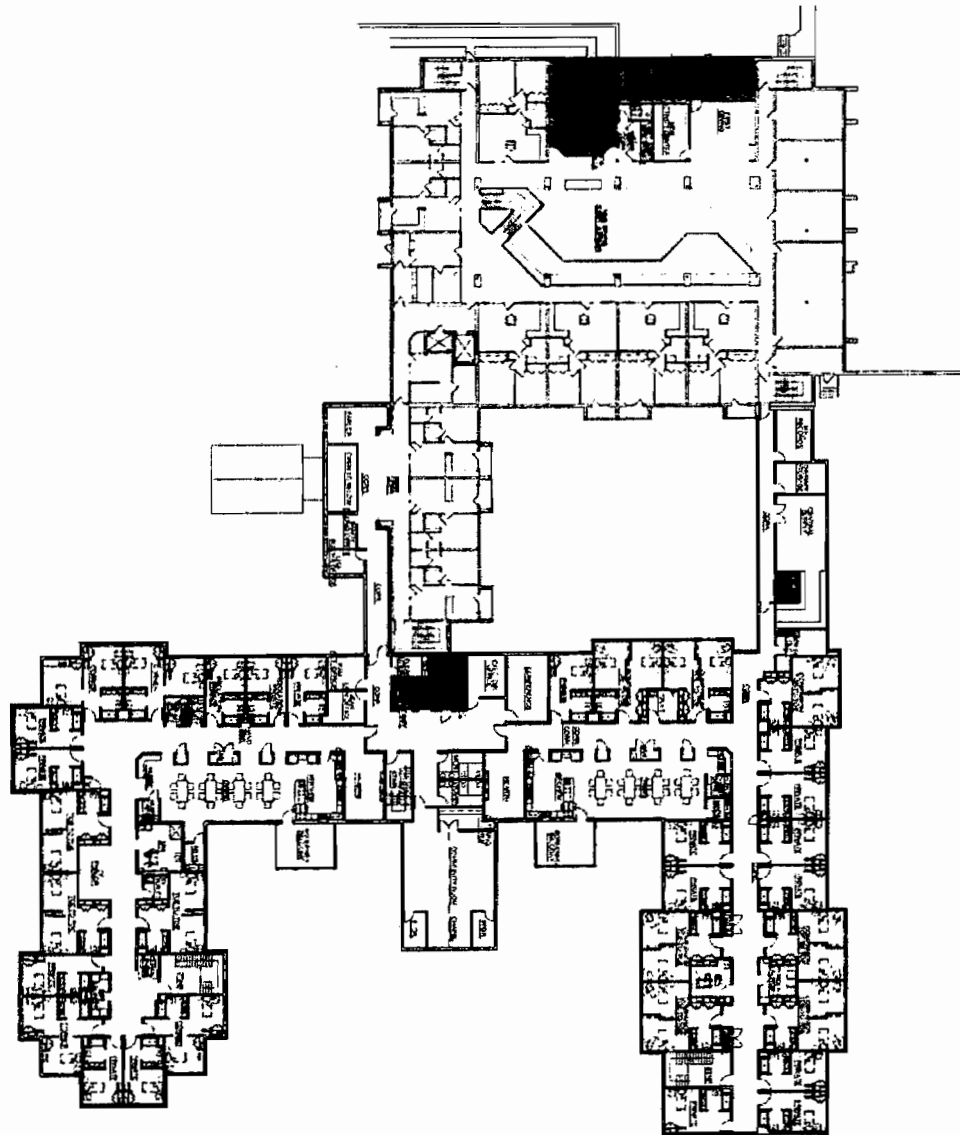
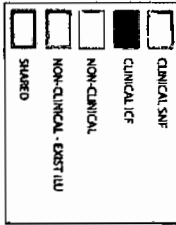
This would be in dereliction of the mission to which St. Paul's Home is dedicated and for which it was created.

ATTACHMENT 11



Attachment 11 – p. 1

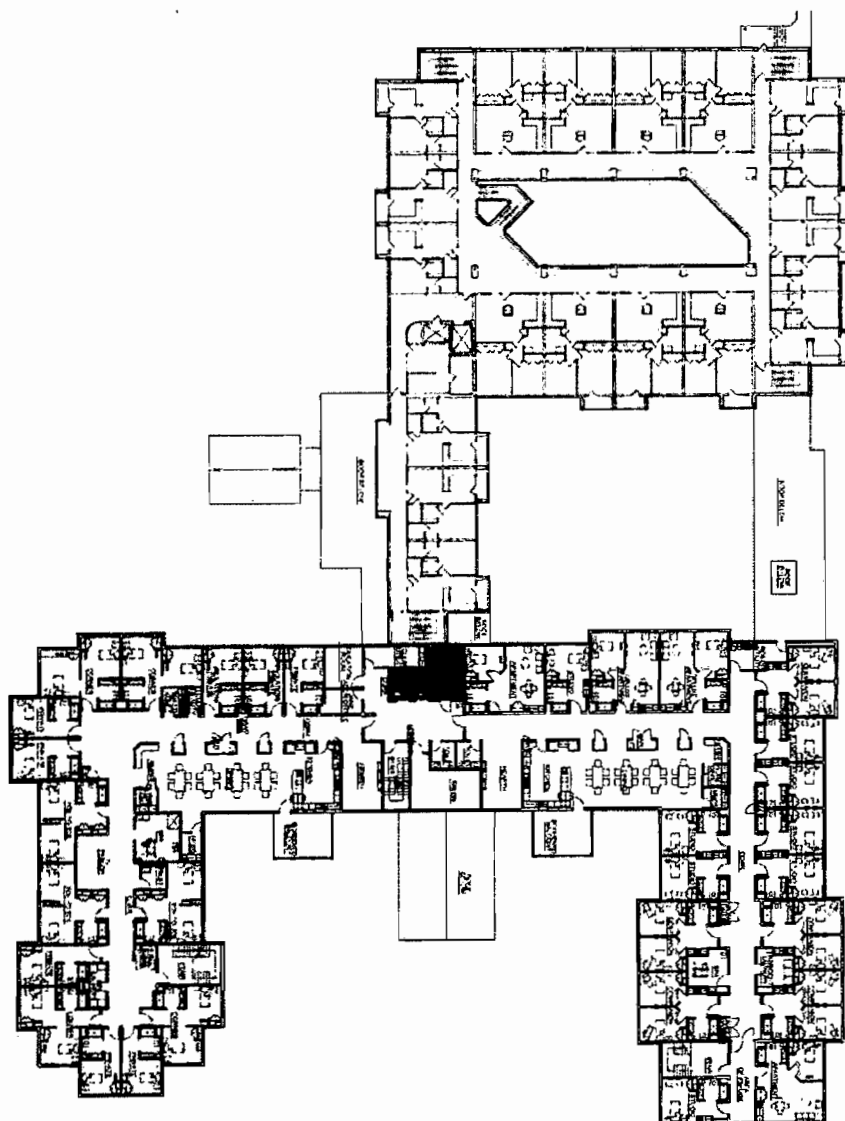
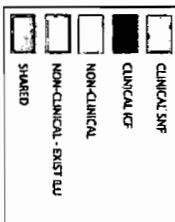
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1 OVERALL SECOND FLOOR PLAN
20'0" 11'6" 14'

Attachment 11 – p. 2

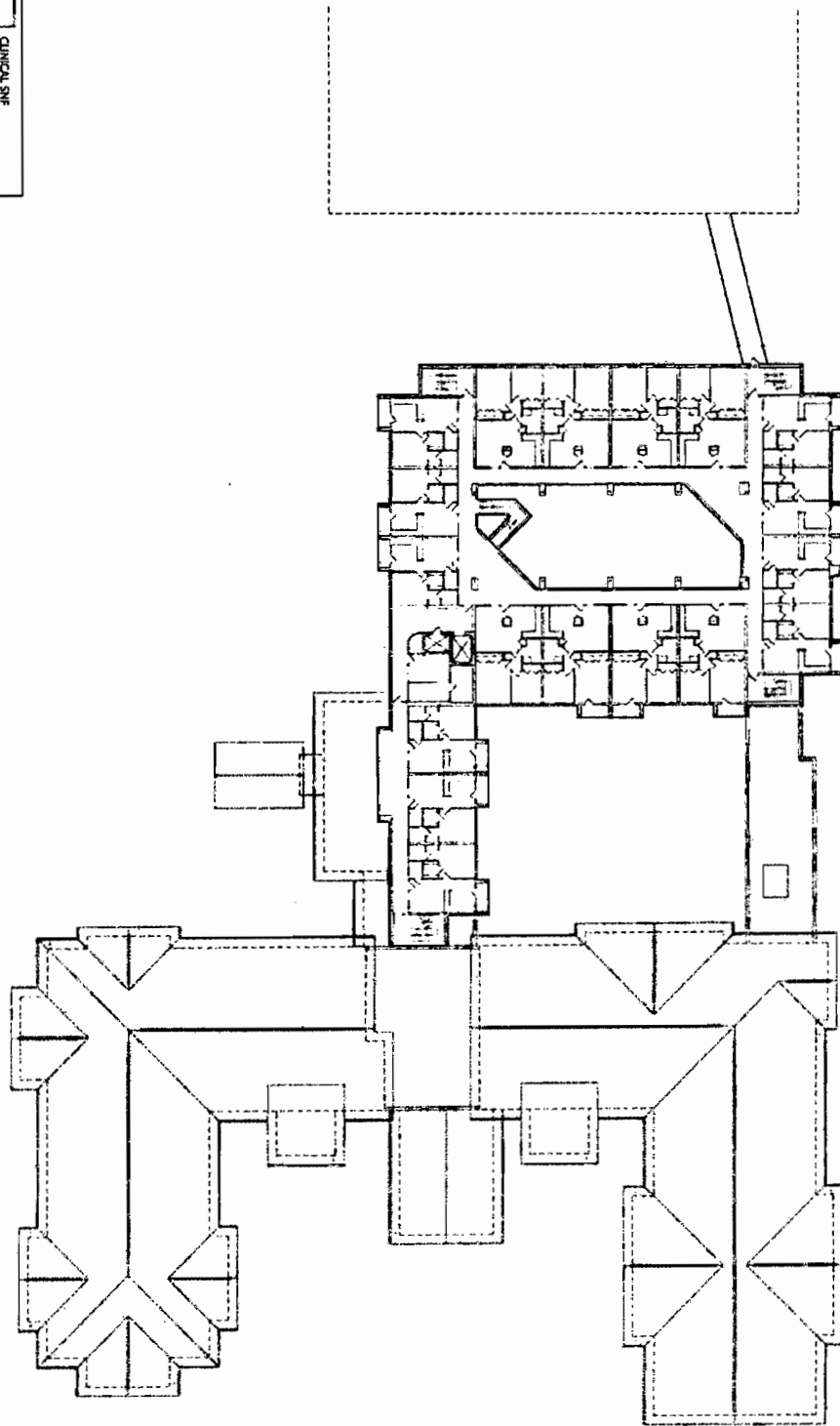
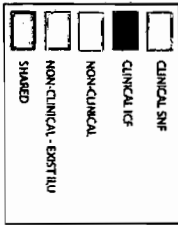
00150



1 OVERALL THIRD FLOOR PLAN

00151

Attachment 11 – p. 3



1 OVERALL FOURTH FLOOR PLAN
A2.04

00152

Attachment 11 - p. 4

NO.	REVISION	DATE	BY	CHKD.
1	ISSUED FOR PERMIT	11/11/11	W. J. HARRIS	W. J. HARRIS
2	ISSUED FOR CONSTRUCTION	11/11/11	W. J. HARRIS	W. J. HARRIS
3	ISSUED FOR CONSTRUCTION	11/11/11	W. J. HARRIS	W. J. HARRIS
4	ISSUED FOR CONSTRUCTION	11/11/11	W. J. HARRIS	W. J. HARRIS
5	ISSUED FOR CONSTRUCTION	11/11/11	W. J. HARRIS	W. J. HARRIS
6	ISSUED FOR CONSTRUCTION	11/11/11	W. J. HARRIS	W. J. HARRIS
7	ISSUED FOR CONSTRUCTION	11/11/11	W. J. HARRIS	W. J. HARRIS
8	ISSUED FOR CONSTRUCTION	11/11/11	W. J. HARRIS	W. J. HARRIS
9	ISSUED FOR CONSTRUCTION	11/11/11	W. J. HARRIS	W. J. HARRIS
10	ISSUED FOR CONSTRUCTION	11/11/11	W. J. HARRIS	W. J. HARRIS

NEW SKILLED NURSING AND SHELTERED CARE FOR

ST. PAUL'S HOME

1021 West E Street

Belleville, Illinois 62220

Project No. 11-11-11

Sheet No. 11-11-11

Scale: 1/4" = 1'-0"

North Arrow

Prepared by: W. J. Harris

Checked by: W. J. Harris

Approved by: W. J. Harris

Date: 11/11/11

Project: St. Paul's Home

Location: Belleville, Illinois

Owner: St. Paul's Home

Architect: W. J. Harris

Engineer: W. J. Harris

Surveyor: W. J. Harris

Contractor: W. J. Harris

Subcontractor: W. J. Harris

Supplier: W. J. Harris

Installer: W. J. Harris



St. Paul's Clinical/Non Clinical Area Summary - November 28, 2012 Revision

Clinical

Skilled Nursing and Intermediate Care Memory Care

	1st Floor Clinical	2nd Floor Clinical	3rd Floor Clinical	1st Floor NonClinical	2nd Floor NonClinical	3rd Floor NonClinical
SNF Resident Rooms	6503	13604	6233			
ICF Resident Rooms	5701	0	0			
SNF Nurse, Meds, O2	260	572	360			
ICF Nurse, Meds, O2	212	0	0			
SNF Clean Utility, Soiled Utility, Clean Linen	262	492	319			
ICF Clean Utility, Soiled Utility, Clean Linen	117	0	0			
SNF Spa	243	411	243			
ICF Spa	177	0	0			
SNF Resident Laundry	108	255	108			
ICF Resident Laundry	155	0	0			
SNF Janitor	31	62	31			
ICF Janitor	31	0	0			
SNF Misc. Storage	25	50	25			
ICF Misc. Storage	25	0	0			
SNF Dining, TV, Hearth, TV Parlor	1201	2529	1391			
ICF Dining, TV, Hearth, TV Parlor	1138	0	0			
SNF Household Kitchen	437	874	437			
ICF Household Kitchen	437	0	0			
SNF Screened or Covered Porch	300	600	300			
ICF Screened or Covered Porch	300	0	0			
SNF Corridors	2376	4910	2279			
ICF Corridors	2425	0	0			
SNF Stairs	795	795	517			
SNF Restrooms	73	188	78			
ICF Restrooms	68	0	0			
Salon	0	0	362			
Exam Room	197	0	0			
Physical Therapy	1460	0	0			
Clinical Portion of Shared Areas						
Elevators (108/134=81% SNF/ICF)	222	222	152			
Commercial Laundry (108/194=56% SNF/ICF)	358	0	0			
Housekeeping (108/134=81% SNF/ICF)	159	159	171			
TOTAL	25796	25723	13006			

Non Clinical

Sheltered Care and ILU Additions

Sheltered Care Resident Rooms

Nurse, Meds, O2

Clean Utility, Soiled Utility, Clean Linen

Spa

Resident Laundry

Janitor

Dining, TV, Hearth, Parlor

Household Kitchen

Screened or Covered Porch

Corridors, Lobby, Vestibule

Stairs

Public Restrooms

Community Room/Chapel, Catering Kitchen

Storage

Offices, Conference

Employee Lounge, Lockers

Mechanical, Electrical, Plumbing, Elevator Machine Rooms

Elevators (26/134=19% Sheltered Care)

Commercial Laundry (86/194=44% Sheltered Care and ILU)

Housekeeping (26/134=19% SNF)

TOTAL

Total Area per Floor - New Building

First

Second

Third

TOTAL

Renovation at Existing Building

Clinical Portion of Renovated Areas

First -

Second - Kitchen (108/194=56% of 1300 sf)

Second - Dining/Activity (0%)

Third

TOTAL

Non Clinical Portion of Renovated Areas

First -

Second - Kitchen (86/194=44% of 1300 sf)

Second - Dining/Activity (100%)

Third

TOTAL

	1st Floor Clinical	2nd Floor Clinical	3rd Floor Clinical	1st Floor NonClinical	2nd Floor NonClinical	3rd Floor NonClinical

0	0	0	0	0	8093
0	0	0	0	0	212
0	0	0	0	0	183
0	0	0	0	0	177
0	0	0	0	0	155
0	0	0	0	0	31
0	0	0	0	0	1138
0	0	0	0	0	437
0	0	0	0	0	300
2590	1772	0	0	0	2573
0	0	0	0	0	278
658	276	0	0	0	161
0	1460	0	0	0	0
542	1102	25	25	25	25
812	1058	294	294	294	294
468	0	0	0	0	0
568	0	0	0	0	0
53	53	37	37	37	37
285	0	0	0	0	0
38	38	41	41	41	41
6014	5759	14135	14135	14135	14135

Criterion 1125.600 Bed Capacity

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

This project will reduce the overall bed capacity from 175 beds to 134 beds (from 113 licensed beds to 108 licensed beds and 62 sheltered care beds to 26 sheltered care beds). Upon project completion the licensed bed capacity will be 90 skilled nursing beds, 18 intermediate care beds, and 26 sheltered care beds. Therefore, this project should comply with this Part.

ATTACHMENT 20

Criterion 1125.610 - Community Related Functions

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

Appended to this as part of ATTACHMENT 21 are eleven letters of community support for the modernization project at St. Paul's Home. These letters are from:

1. United States Senator Richard J. Durbin
2. Area Agency on Aging CEO Joy Paeth
3. Greater Bellville Chamber Executive Director John Lengerman
4. City of Belleville, Mayor Mark W. Eckert
5. Family Physicians of Southern Illinois, Brian A. O'Neil and David A. O'Neil
6. Harter, Larson, & Dodd, Nancy R. Larson
7. Our Lady of the Snows Chair Barbara Prosser & Executive Director D. Robert McCardle
8. Illinois State Representative Scott E. Penny
9. St. Clair County Board Chairman Mark A. Kern
10. St. Elizabeth's Hospital President and CEO Maryann L. Reese, RN
11. St. Paul United Church of Christ Senior Pastor Andrew J. Kramer
12. Trinity United Church of Christ Pastor Cory Hartz
13. Memorial Hospital President and CEO Mark J. Turner

ATTACHMENT 21

RICHARD J. DURBIN
ILLINOIS
COMMITTEE ON APPROPRIATIONS
COMMITTEE ON THE JUDICIARY
COMMITTEE ON RULES
AND ADMINISTRATION
ASSISTANT MAJORITY
LEADER

United States Senate
Washington, DC 20510-1304

309 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510-1304
(202) 224-2152
TTY (202) 224-8180
230 SOUTH DEARBORN, 38TH FLOOR
CHICAGO, IL 60604
(312) 353-4952
525 SOUTH EIGHTH STREET
SPRINGFIELD, IL 62703
(217) 452-4062
701 NORTH COURT STREET
MARION, IL 62959
(618) 998-8812
durbin.senate.gov

October 18, 2012

Illinois Health Facilities and Services Review Board

To Whom It May Concern:

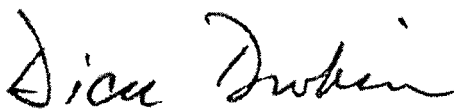
I am writing in support of St. Paul's Home of Belleville, Illinois and their proposal to replace their existing Skilled, Intermediate and Sheltered Care Facility with a new building that will include both Skilled Nursing and Sheltered Care.

Beginning in 1926, the St. Paul's Home for the Aged began serving the elderly citizens of the community. They have continued this service up to the present as a faith-based not-for-profit community under the auspices of the United Church of Christ.

Their proposal includes the construction of a new building on the campus that will attach to the existing residential apartments and will address aging physical plant conditions. This will enhance both the quality of life and quality of care for the residents of St. Paul's.

I urge the Illinois Health Facilities and Services Review Board to give St. Paul's Home's proposal the most serious consideration.

Sincerely,



Richard J. Durbin
United States Senator

RJD/amd



2365 Country Road • Belleville, IL 62221 • Tel: (618) 222-2561 • (800) 326-3221 • Fax (618) 222-2567 • E-mail ask@answeronaging.com
www.answeronaging.com

October 25, 2012

Illinois Health Facilities and Services

To Whom It May Concern:

It is a pleasure to submit a letter of support for St. Paul's Home & Retirement Apartments project. St. Paul's provides an outstanding level of care to those they serve. Their philosophy of care is such that supports the clients and their families.

The Area Agency on Aging has had the opportunity to collaborate with St. Paul's on other projects. Their focus is always on the client and how they can best serve that individual and the community at large.

We look forward to the Department on Aging making a positive decision on their application and to continue our working relationship with St. Paul's. Should you have any questions please do not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joy Paeth', with a large, stylized loop at the end.

Joy Paeth
Chief Executive Officer

00158

Attachment 21 - p.2

Assistance • Advocacy • Answers on Aging

The Area Agency on Aging of Southwestern Illinois does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call 1-800-252-8966 (Voices & TDD), or contact the Agency at 1-618-222-2561.

The Greater **BELLEVILLE** Chamber

October 31, 2012

TO: Illinois Health Facilities and Services Review Board

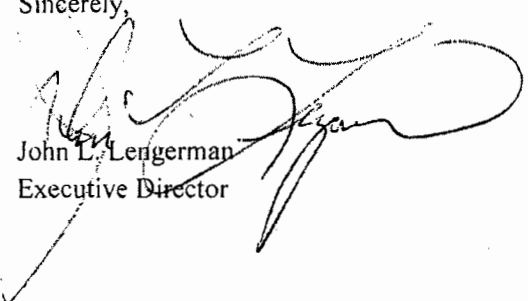
RE: Support for St. Paul's Home Expansion

On behalf of the board of directors and the more than 550 members of the Greater Belleville Chamber of Commerce I'd like to express our support, through this letter, for the proposed new construction at St. Paul's Home and Retirement Apartments.

St. Paul's Home has a long and very successful history of serving the residents of Belleville and the surrounding communities through their wonderful care. The new building on the existing campus will not only enhance the care given to the residents but will create an even more beautiful area in that part of our community.

As Executive Director of the chamber I thank St. Paul's Home and its staff for their support of our great city and the business community and ask for your support of the expansion plans.

Sincerely,



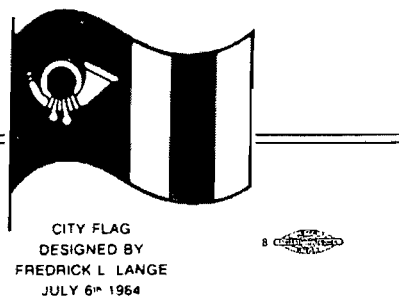
John L. Lengerman
Executive Director

00159

CITY OF BELLEVILLE, ILLINOIS

MARK W. ECKERT, MAYOR

101 South Illinois Street
Belleville, IL 62220-2105
Office: (618) 233-6810
Fax: (618) 233-6779



October 25, 2012

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

RE: St. Paul's Home, 1021 W. E Street, Belleville, IL

To Whom It May Concern:

As Mayor of the City of Belleville, I am writing in support of the application submitted for St. Paul's Home, a facility that serves the needs of Belleville's elderly population. Our unique City is a blend of young and old, wealthy and needy, historic urban downtown, and new housing construction. A project such as the proposed expansion of St. Paul's home will benefit our community greatly, as it serves the needs of our aging population.

I am sensitive to the limited funding and keen competition for IHDA funds. However, I am particularly encouraged by the efforts that St. Paul's Home has already made in meeting the needs of our senior residents. I am certain that the proposed project will have a positive impact on the neighborhood and will serve the city for decades into the future. I encourage you to favorably evaluate funding this very important and necessary project.

If you have any questions or concerns, please don't hesitate to contact me at (618) 233-6810 x239 or meckert@belleville.net. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Mark W. Eckert". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Mark W. Eckert, Mayor
City of Belleville, Illinois

Cc: Chris Wiltse, Development Project Mgr, St. Paul's Home

Family Physicians of Southern Illinois

Brian A. O'Neill, MD David A. O'Neill, DO
4600 Memorial Dr. Suite #220
Belleville, IL 62226
Office # 618-235-6191
Fax # 618-235-6716

October 10, 2012

Illinois Health Facilities
And Services Review Board

Re: St. Paul's Home
1020 West E St
Belleville, IL 62220

To Whom It May Concern,

We are pleased to offer our sincere and earnest support of St. Paul's Home vision for constructing a new facility to accommodate skilled, intermediate and sheltered care patients.

St. Paul's has made it their mission to provide quality compassionate care to their residents. And, this mission extends to family members, physicians, outside medical personnel and staff. They have been influential in the community and are respected for their services provided. A new facility would enhance both the quality of life and quality of care for each individual.

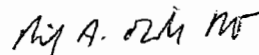
Over the past thirty years, we have observed this facility and have recommended our patients consider placement there. We feel confident with their medical care provided and value their care.

It is with anticipation we await the arrival of this new facility.

Sincerely,



Brian A. O'Neill, MD



David A. O'Neill, DO

Harter, Larson & Dodd

ESTATE PLANNING AND ELDER LAW

Nancy R. Larson
Heidi E. Dodd
Attorneys at Law

Gary R. Harter
1954-2006

October 17, 2012

Illinois Health Facilities
and Services Review Board

Re: Replacement facility for St. Paul's Home, Belleville, Illinois

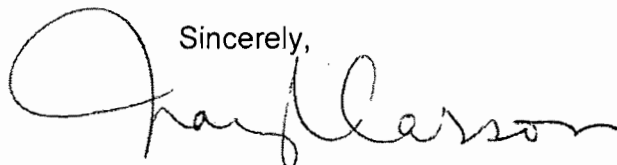
Dear Board Members:

It has come to my attention that St. Paul's Home & Retirement Apartments is hoping to replace its very dated and worn existing nursing care facility. I agree that the time has come to provide the community with a modern comfortable facility that will enhance the quality of life and quality of care for existing and future residents of the St. Paul's Skilled Nursing and Sheltered Care.

St. Paul's has been home to many of my elderly clients who chose to live in either the apartment community or the nursing home section. My staff and I are frequent visitors to friends, family, and clients at the St. Paul's campus. It is our belief that a fresh new skilled nursing and sheltered care building would boost the morale of both the residents and their families, and the staff, and offer the apartment dwellers a pleasing place to consider should their time in a skilled facility become necessary. It is desirable and respectful to have comfortable and appropriate residential communities available to serve our growing elderly population.

The St. Paul's retirement facilities have been a stable and well-respected institution in the community for many, many years. The construction of a new and improved care facility on the campus would be a welcome change for all residents of the community.

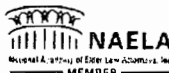
Sincerely,



Nancy R. Larson

NRL:kn

Main Office
201 South Jackson Street
Belleville, IL 62220
618-235-6335 P
618-235-6342 F



Appointment Only
219 East Main Street
Mascoutah, IL 62258
618-566-2911 P

Attachment 21 - p.6

Apartment Community of Our Lady of the Snows

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

October 8, 2012

To whom it may concern,

This letter is a letter of support of the proposed replacement of the current St. Paul's Home's skilled and sheltered care.

As a Continuing Care Community providing such care in the Belleville and Metro East community, The Apartment Community of Our Lady of the Snows recognizes the need for quality senior providers. The Apartment Community would welcome an enhanced and updated St. Paul's Home project, as it promises to offer continued, and much needed, services with mixed income options, especially Public Aid and Medicare beds.

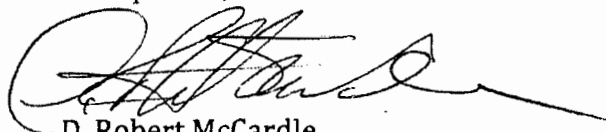
Additionally, we respect the fact that St Paul's Home's board of directors, it's administration and St. Andrew's Management Services value a faith based, not for profit mission in its delivery of care. The modernization of the facility promises to improve service and enhance the lives of residents, their families, employees, and the broader community.

In this day in age, our seniors deserve no less.

Sincerely,



Barbara Prosser
Chairperson, Board of the Directors



D. Robert McCardle
Executive Director

St. Francis Center for Assisted Living • Dammert Geriatric Center

726 Community Drive • Belleville, Illinois 62223
618-394-6400 • Fax: 618-394-9051

Attachment 21 - p.7

SCOTT E. PENNY
STATE REPRESENTATIVE • 113TH DISTRICT

SPRINGFIELD OFFICE:
267-S STRATTON OFFICE BUILDING
SPRINGFIELD, ILLINOIS 62706
217-782-0104

DISTRICT OFFICE:
9200 W. MAIN - SUITE 4
BELLEVILLE, ILLINOIS 62223
618-394-2211

DISTRICT OFFICE:
1310 NIEDRINGHAUS
GRANITE CITY, ILLINOIS 62040
618-451-0200



COMMITTEES:

MEMBER

- APPROPRIATIONS: PUBLIC SAFETY
- CITIES & VILLAGES
- TRANSPORTATION: VEHICLES & SAFETY

ILLINOIS GENERAL ASSEMBLY

October 31, 2012

Christopher H. Wiltse
Development Project Manager
Sr. Andrew's Management Services
6633 Delmar Boulevard
St. Louis, MO 63130

RE: St. Paul's Home and Retirement Apartments

Dear Illinois Health Facilities and Services Review Board:

I am pleased to extend my support for the proposed replacement of the existing Skilled, Intermediate and Sheltered Care Facility with a new building that will include both Skilled Nursing and Sheltered Care at St. Paul's Home and Retirements Apartments.

I hope the proposed project will move forward quickly. This new addition to St. Paul's Home and Retirement Apartments will address aging and physical plant conditions and enhance both the quality of life and quality of care for individuals who have chosen St. Paul's as their home.

Please let this letter serve as my letter of support for the project. Additionally, if I could assist in any way to assure that this much-needed project moves forward, please advise and I will be glad to assist, (618)394-2211.

Sincerely,

Handwritten signature of Scott E. Penny in black ink.

SCOTT E. PENNY
State Representative
113th District

SEP/cmt



ST. CLAIR COUNTY BOARD

10 Public Square • Room B561 • Belleville, Illinois 62220-1623

MARK A. KERN
CHAIRMAN



(618) 277-6600
Fax (618) 825-2740

October 11, 2012

Illinois Health Facilities and Services Review Board

To whom it may concern:

As St. Clair County Board Chairman I am writing to convey my endorsement for St. Paul's Home to replace its existing Skilled, Intermediate Care Facility with a new building.

Since 1926 St. Paul's Home and Retirement Apartments has consistently maintained a strong presence in the Belleville community and I am confident that this renovation will enhance the delivery of eldercare services in St. Clair County.

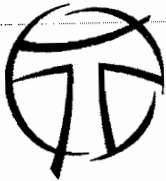
I strongly encourage the Board to approve St. Paul's application.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Kern". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mark A. Kern, Chairman
St. Clair County Board

MAK/dm



St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

October 26, 2012

Illinois Health Facilities and Services Review Board
525 W Jefferson Street
Springfield, IL 62761

To Whom It May Concern:

On behalf of St. Elizabeth's Hospital, I am pleased to extend this letter of support for St. Paul's Skilled, Intermediate and Sheltered Care replacement facility.

We understand and support St. Paul's need to address aging physical plant conditions and enhance both the quality of life and quality of care for individuals who have chosen St. Paul's as their home. St. Paul's Home for the Aged has been in our community since 1926 and their mission to provide a faith based, not-for-profit community is important to our area.

If you have any questions or I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Maryann L. Reese, RN
President and CEO



November 1, 2012

Dear Members of the Illinois Health Facilities and Services Review Board,

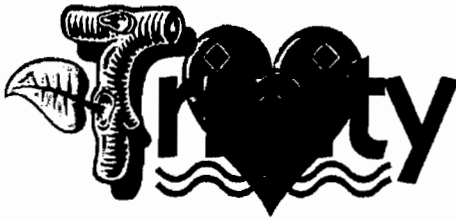
St. Paul United Church of Christ in Belleville, Illinois, has a longstanding relationship with the St. Paul's Home community, one which dates back to its very first years. Members and pastors at St. Paul Church have regularly participated in the life of St. Paul's Home, serving as members of the St. Paul's Home Board and Foundation and bringing to their efforts a shared concern for the welfare and care of our senior population.

Please know that our congregation enthusiastically endorses the proposed building plans of St. Paul's Home. We look forward to the new state-of-the-art living and caring facilities which will help St. Paul's Home carry out its fundamental mission and better serve our greater community. It is our intention to do whatever we can to help St. Paul's Home succeed with this new project.

Sincerely yours,

Andrew J. Kramer, Senior Pastor
St. Paul UCC – Belleville, IL

115 West 'B' Street - Belleville, Illinois 62220
(618) 233-3303 - www.stpaulucc.org



United Church of Christ

47 North Douglas Avenue

Belleville, IL 62220

To whom it may concern,

I am a new pastor in the area, serving Trinity United Church of Christ in Belleville. While I am new to the community, I can say that my ministry has already been impacted by St. Paul's Home and Retirement Apartments. I currently have two members of Trinity who are residents at St. Paul's, and I know of no one in this congregation who doesn't have a connection with St. Paul's either through a family member or a dear friend. It is apparent that St. Paul's has touched so many in the community.

While visiting my parishioners, I am always impressed with the staff and the care they provide. Every staff member I have encountered is professional, caring, helpful and courteous. It is clear to me that the care-givers at St. Paul's view their job as a ministry. Comparing this to many other homes in the area, the caring attitude among the staff is refreshing, and is undoubtedly the main reason that they are at near capacity.

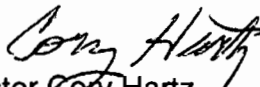
It is also apparent that they are in need of a new facility. The buildings are old and in need of updating. The layout is also old and feels very "institutional." It is my understanding that the upkeep, and necessary repairs and renovations will cost millions of dollars. These renovations are one option, however, in the end, they will still be left with an old, inefficient, institutional-styled building.

I recently attended an informational meeting showing and explaining the plan for the construction of a new facility. I am impressed with the layout, and the possibilities this new building would bring to enhance the quality of care and the quality of life of the residents. I also see this building becoming an important step in bringing about the renewal of the entire neighborhood.

Not only am I impressed with the plan, I am equally impressed with those who are working tirelessly to bring this about. They are exploring every possibility, looking for the best value and the most efficient areas to spend their capital, while always keeping the needs of the residents in the forefront. This project is in very capable hands.

For these reasons I wish to express my support for this project.

Respectfully,


Pastor Cory Hartz
Trinity United Church of Christ

Attachment 21 - p. 12

4500 MEMORIAL DRIVE
BELLEVILLE, ILLINOIS 62226-5399
(618) 233-7750
FAX: (618) 257-5658
WWW.MEMHOSP.COM

M MEMORIAL

Dedication. Compassion. Innovation.

MARK J. TURNER, PRESIDENT



November 21, 2012

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

Dear Ms. Avery:

Please accept this letter in support of the Certificate of Need application submitted by St. Paul's Home in Belleville seeking to replace its aged skilled nursing and sheltered care facilities. As a member of the greater Belleville healthcare community, I recognize the need and importance of providing facilities that will enhance the quality of life and care for area residents.

St. Paul's Home has been an integral part of the Belleville community for over 85 years and was founded by some of the same churches who played a significant role in the development and growth of Memorial Hospital.

As the population ages so does the need for facilities like St. Paul's Home; I urge you to support their request to build new facilities to serve the residents of our community.

Sincerely,

A handwritten signature in cursive script that reads 'Mark J. Turner'.

Mark J. Turner
President and CEO

Attachment 21 – p. 13

Criterion 1125.620 - Project Size

The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards as stated in Appendix A of 77 Ill. Adm. Code 1125 (LTC rules), unless the additional GSF can be justified by documenting one of the following:

It would appear that the proposed project is in compliance with this criterion as the total square footage for the project is 90,433 square feet and the facility will be comprised of 134 beds (108 licensed beds and 26 sheltered care beds) which yields an average of 674.9 square feet per bed, which is below the building gross square foot upper limit of 713 BGSF.

NOTE: The BGSF limit is referenced because while this project is classified as a modernization (since the facility is being rebuilt on the same site and maintain the same address) it is more akin to the establishment of a new facility and St. Paul's wanted to be transparent and include all building components in the information being provided to the Board.

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

Not applicable

2. 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 A;

Not applicable

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

Not applicable

ATTACHMENT 22

Criterion 1125.630 - Zoning

The applicant shall document **one** of the following:

1. The property to be utilized has been zoned for the type of facility to be developed;

This property is properly zoned to allow for the operation of a long term care facility. As evidence by the attached letters, the property at 1021 West E Street is zoned B-1 Multi-Family Residential District allowing for both nursing homes and multi-family dwelling units. Additionally, the modernized facility will retain the address of 1021 West E Street.

2. Zoning approval has been received; or

Not applicable

3. A variance in zoning for the project is to be sought.

Not applicable

ATTACHMENT 23

CITY OF BELLEVILLE, ILLINOIS



CITY FLAG
DESIGNED BY
FREDRICK L. LANGE
JULY 6th 1964



Economic Development & Planning

101 South Illinois Street
Belleville, IL 62220-2105
Office: (618) 233-6810 x250
Fax: (618) 355-4209

October 12, 2012

Ms. Susan Franklin, Operations Director
St. Paul's Home
1021 West E Street
Belleville, IL 62220

RE: St. Paul's Home Zoning

Dear Ms. Franklin:

I am writing you this letter to confirm that the property at 1021 West E Street is zoned B-1 Multi Family Residential District. In this district, both nursing homes and multi-family dwelling units are permitted. Please let me know if you have any other questions or if I can be of any further assistance. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Emily Fultz'.

Emily Fultz, AICP
Director of Economic Development & Planning

CITY OF BELLEVILLE, ILLINOIS

Economic Development & Planning

101 South Illinois Street
Belleville, IL 62220-2105
Office: (618) 233-6810 x250
Fax: (618) 355-4209



CITY FLAG
DESIGNED BY
FREDRICK L. LANGE
JULY 6th 1964



October 12, 2012

Ms. Susan Franklin, Operations Director
St. Paul's Home
1021 West E Street
Belleville, IL 62220

RE: St. Paul's Home Proposed Modernization

Dear Ms. Franklin:

Thank you for your letter regarding the proposed modernization project ("the project") at 1021 West E Street. After reviewing the documentation that you have provided, the City of Belleville, in conjunction with the St. Clair County 911 District, has determined that modernized facility that is proposed to be located on the northeast corner of the project site will indeed retain an address of 1021 West E Street, as it is located on the same parcel of land. Please let me know if you have any other questions or if I can be of any further assistance. I look forward to working with you on this project. Thank you.

Sincerely,

A handwritten signature in black ink, which appears to read "Emily Fultz".

Emily Fultz, AICP
Director of Economic Development & Planning

cc: Carolyn Ligon, Addressing Manager, St. Clair County 911 District

Criterion 1125.640 - Assurances

1. The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.

Attached is a letter from Mr. Suess and Ms. Franklin attesting to the requirements of 77 Ill. Admin. Code Section 1125.210(c) that the facility will achieve and maintain a 90% occupancy average prior to the completion of the second year of operation.

2. For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall provide assurance that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required.
(NOT APPLICABLE – NO CONTINUUM OF CARE)

ATTACHMENT 24

*Nursing Facility
1021 West E. Street
Belleville, IL 62220
618-233-2095
618-233-2109 fax*



80 Years of Caring

St. Paul's
Home
&
Retirement
Apartments

*Retirement Apartments
901 West E. Street
Belleville, IL 62220
618-233-2318*

"A PLACE TO HAVE FAITH IN"

We are a non-profit, faith based organization.

November 5, 2012

RE: St. Paul's Home, Assurance for Criterion 1125.210(c)

Dear Ms. Avery or Mr. Galassie:

This letter is to attest to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, St. Paul's Home, Inc. will achieve and maintain 90% occupancy by the second year of operation after project completion. We expect to be able to achieve this level of occupancy given our transitioning of our existing resident population from the current facility into the modernized facility. Admittedly, our ability to maintain this occupancy level could be affected by various factors outside of our control, such as natural disasters, regulatory changes in healthcare administration or reimbursement, interruption of necessary utilities, physical plant problems, or other unexpected issues outside of St. Paul's control which could have a direct or indirect effect upon our occupancy rate.

Steven Suess
St. Paul's Home Board Chair

Susan Franklin
St. Paul's Home Operations Director

Criterion 1125.650 - Modernization

1. If the project involves modernization of a category of LTC bed service, the applicant shall document that the bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
 - a. High cost of maintenance;
 - b. non-compliance with licensing or life safety codes;
 - c. Changes in standards of care (e.g., private versus multiple bed rooms); or
 - d. Additional space for diagnostic or therapeutic purposes.
2. Documentation shall include the most recent:
 - a. IDPH and CMMS inspection reports; and
 - b. Accrediting agency reports.
3. Other documentation shall include the following, as applicable to the factors cited in the application:
 - a. Copies of maintenance reports;
 - b. Copies of citations for life safety code violations; and
 - c. Other pertinent reports and data.
4. Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in Section 1125.210(c).

St. Paul's retained zumBrunnen Consulting ("zumBrunnen") who inspected St. Paul's Home between May 2010 and August 2010. zumBrunnen concluded that the cost of *necessary maintenance to simply upkeep the existing resident care facilities* would approach nearly \$10,000,000. It is important to note that this prospective *cost did not include any enhancements to the existing facility*; rather, it only related to the upkeep necessary to maintain the facility

ATTACHMENT 25

operating under its current conditions. Nor did this \$10 million include site work to the senior apartment portion of the St. Paul's campus which would add an additional \$5 million.

zumBrunnen compared the \$10,000,000 cost to simply maintain the existing facility with the \$19 - \$20 million cost to construct a brand new, modernized facility, and concluded that building a modernized facility was the more economically feasible choice when compared to simply maintaining the existing facility (of the roughly \$20 million in construction costs, about \$10 million is directly attributed to Clinical costs so the \$10 million cost to maintain is essentially an even wash for new construction). zumBrunnen forecasted the type of expenses that St. Paul's Home would be expected to incur related to maintenance of the site and the facility. Those annual expenses ranged from a minimum that exceeded \$250,000 per year to upwards of more than \$2,000,000 per year looking forward over the next 20 years. The average expense per year for maintenance would be approximately \$750,000.

Amongst the most substantial expenses would be the maintenance of the nursing unit providing long-term care to the residents at St. Paul's Home. The expected costs would require St. Paul's to invade their reserves almost every year over the next 20 years. Despite the substantial costs that would be incurred, care would still be provided in a facility that was first established in the 1920's and includes outdated modes of care including group bathrooms, three-bed and two, two-bed wards sharing a common bath. The funds would be expended but there would still be an inevitable need to modernize the facility. The costs that would result from simply maintaining the facility would not include the substantial maintenance costs associated with a building originally established in the 1920's. Creating a modernized facility will allow for

ATTACHMENT 25

increased space for therapeutic purposes to better serve the needs of the residents, including increased rehabilitation and a resident spa.

While the dedication and commitment of St. Paul's patient care staff, maintenance personnel, and Board of Directors have avoided major life safety code violations due to the commitment to place patient safety as the highest priority, the costs of maintaining and improving the existing facility would be overwhelming. Rather than wait until such problems arise, St. Paul's wants to be proactive in pursuing an appropriate means by which to deliver care to this community.

- Examples of how St. Paul's has made due despite operating with systems in varying states of repair or disrepair include:
 - a boiler that has been in place since 1979;
 - an electrical panel installed in 1978 along with other older panels; and
 - a fire-pump system continuing to be utilized with a replacement motor.

One fundamental advantage that supported selecting the option of constructing a modernized facility is that it allows for the cost to be spread out over the course of a 40-year mortgage, as compared to maintenance and repairs which must be paid for as they are performed and as they become necessary. A modernized facility will also allow St. Paul's to provide increased services that better reflect the needs of the community and the current standard of care. The Board needed to consider that the core of St. Paul's was built in the 1920's and renovated in the 1950's. St. Paul's currently has four full time employees plus part time employees dedicated individuals providing ongoing maintenance and repair to the facility.

Below is a summary of routine maintenance and repair costs that St. Paul's has experienced in recent years simply to keep the facility operating as is. These costs are in addition to the \$10 million that would be needed to continue to maintain the facility. The "routine" maintenance and repair that has been performed over the recent years includes:

ATTACHMENT 25

Item Repaired/Replaced	Location (Sheltered, Skilled, Apartments)	Approximate Cost
Equipment:		
Replacement Ice Machine	Skilled	\$3,875
Compressor for Walk in Freezer	Skilled	\$2,026
Nursing Alarm System upgrade	Skilled	\$1,333
Juice Refrigerator Compressor	Skilled	\$1,336
80 Dining room Chairs	Skilled	\$28,891
Bed Frames	Skilled	\$70,659
Upgrade to Wander Guard systems	Skilled	\$1,464
Dining Room Improvements	Skilled	\$2,012
Dishwasher motor	Skilled	\$3,170
Elevator repairs	Skilled	\$3,115
Refrigerator compressors, Evaporator Coil	Skilled	\$9,882
Washing machine timer, delay switch	Skilled	\$1,107
Fire Security Systems Repairs	Skilled	\$1,520
Juice Refrigerator repair	Skilled	\$1,312
Juice Refrigerator repair	Skilled	\$365
Control Valve	Skilled	\$275
Walk in freezer -repairs	Skilled	\$728
Kitchen Freezer repairs	Skilled	\$1,313
Ice Cream Freezer -repairs	Skilled	\$550
Walk in Refrigerator - repair	Skilled	\$220
Kitchen Equipment - repair	Skilled	\$2,403
Dishwasher commercial machines	Skilled	\$4,745
Generator Load Bank	Skilled	\$4,200
Phone system -replacement	Skilled	\$17,000
Fire Panel/Exit Seekers	Skilled	\$4,185
Accutek Exit Seekers	Skilled	\$3,645
Mechanical Lifts, scales	Skilled	\$1,229
Hospital Bed repairs	Skilled	\$2,592
Heat/AC:		
Compressor unit, heads, expansion valve	Skilled	\$2,115
Window A/C	Skilled	\$676
25 ton air condensing unit in Chapel area	Skilled	\$18,538
Boiler / HVAC Repairs	Skilled	\$4,542
Air Conditioner Replacements	Skilled	\$5,884

ATTACHMENT 25

15,000 BTU HVAC Unit	Skilled	\$1,197
Compressor	Skilled	\$495
Blower Wheel for equipment	Skilled	\$937
3 air conditioners 12000 BTU	Skilled	\$1,197
12000 BTU air conditioner	Skilled	\$1,199
Compressors	Skilled	\$816
Kohl Hall AC compressor	Shelter	\$1,785
Bartel Compressor - replace	Skilled	\$4,150
Charge Roof AC	Skilled	\$200
Roediger Roof Compressors (2) - replace	Skilled	\$12,235
Roediger Roof Compressors (2) - replace	Skilled	\$1,764
Boilers	Skilled	\$6,596
Condenser Bartel AC	Skilled	\$4,570
Kitchen Roof Unit repair	Skilled	\$900
Kitchen Unit replace compressors	Skilled	\$8,923
Laundry Furnace repair	Skilled	\$695
Air Handler -Bartel	Skilled	\$435
Chiller Repair - Bartel	Skilled	\$1,000
Plumbing:		
Back Flow testing	Skilled	\$1,040
Sewer Pump	Skilled	\$800
Sewer Auger	Skilled	\$225
TOTAL		\$258,066

These are all expenses that have already been incurred to simply keep the facility operational and do not reflect the upcoming expenses identified in the zumBrunnen report.

Major expenses that would be *necessary* to undertake to simply maintain the nursing portion of St. Paul's Home include:

- replacement of the HVAC system;
- replacement of the plumbing and plumbing fixtures;
- replacement of the roof;
- replacements of windows;
- upgrade elevators to comply with current code;
- upgrade the resident call system originally installed in the 1960's;

ATTACHMENT 25

- upgrade resident security and wander management systems
- upgrade of the fire sprinkler and Life Safety systems; and
- upgrade of the entire electrical system.

The expenses involved with such renovations ranged from \$281,000 to address the plumbing issues, \$751,000 to address the Life Safety issues, \$1,350,000 to address the HVAC issues, and nearly \$2,000,000 to address the electrical issues.

In addition to these major issues, literally hundreds of other “routine” maintenance points of repair were identified by zumBrunnen during the course of its analysis. These would all yield additional costs to the expected cost of simply “maintaining” the facility. These included:

- Multiple issues identified in the roof of the facility;
- The current electrical panel for the kitchen (which predates the era of circuit breakers) would absolutely require updating and would involve a substantial expense;
- The hot water pumps and various other portions of the original facility likely contain asbestos which, if substantial on-site repairs were undertaken, would require remediation (which could substantially increase the costs involved);
- Additional issues identified regarding the existing HVAC system;
- Issues identified regarding the parking surface;
- Structural issues with the exterior façade of the building which would need replacement;
- Various locations have been identified where mold was growing which would require further investigation and potential remediation;
- Areas of caulking and brickwork likely to lead to water infiltration will need to be investigated and addressed;
- Areas of already identified water infiltration;
- Settlement issues involving the foundation and walkway which have the potential to create falling and/or tripping hazards;
- Multiple masonry issues that require repair and/or replacement;
- Sections of the roof that are allowing water to pool and collect and which would require repair to avoid ongoing or future issues;
- Windows and sashing throughout the facility would need to be replaced and/or resealed;

ATTACHMENT 25

- Multiple points of water infiltration were identified that would require investigation and eventual repair;
- Multiple resident rooms remain dependent upon window air conditioning units;
- Commercial and resident laundry services would need to be updated and repaired.

The facility is currently operating with systems in varying states of repair or disrepair, including a boiler that has been in place since 1979, a fire-pump system with a replacement motor, and an electrical panel installed in 1978 along with other older panels. Multiple and substantial advancements in technology have taken place since these systems were put in place and the facility and its residents would benefit from modernized and updated systems.

St. Paul's Utilization

<u>Year</u>	<u>Patient Days</u>	<u>Utilization*</u>	<u>Note:</u>	<u>Utilization</u>
2011	36,510	89%	Only 108 beds in use	93%
2010	35,487	86%	Only 105 beds in use	93%
2009	33,725	82%	All 113 beds in use	82%
2008	40,405	98%	Only 104 beds in use	106%
2007	37,193	90%	Only 104 beds in use	98%
Avg.	36,664	89%*	Average of 107 beds in use	94%**

*183,320 total patient days averaged out utilizing 113 licensed beds regardless of beds in use.

**183,320 total patient days averaged out utilizing average of 107 beds in use over five years.

ATTACHMENT 25



October 5, 2012

To: Illinois Health Facilities and Services Review Board:

Reference: zumBrunnen, Inc. Project 2010-002
Campus Wide Facility Condition and Capital Replacement Study

zumBrunnen, Inc., of Atlanta, GA, is one of the Nation's leading construction consulting and facility assessment firm having served over 1,500 clients since 1989. zumBrunnen utilizes a proprietary facility assessment, budgeting and forecasting system designed to manage life-term capital replacement and operating expenses, depreciation and required repairs.

zumBrunnen inspected St. Paul's Home in Belleville, IL, in the months of May through August, 2010, and prepared a facility assessment following our inspection.

Based on our assessment, the cost of required maintenance and upkeep of the existing skilled nursing facility and sheltered care facility for the period of 2010 to 2029 is approximately \$9.8 million (skilled nursing \$6.3 million and sheltered care \$3.5 million). These figures average out to almost \$0.5 million per year in maintenance costs (skilled nursing \$315,000 and sheltered care \$175,000). It is important to note that these costs do not include any facility or system enhancements, rather only upkeep and replacement to keep the facility operating at conditions current as of the time of the facility assessment.

As part of the assessment process, zumBrunnen utilizes a Facility Condition Index (FCI). The FCI is a mathematical index developed by the United States Navy designed to compare the cost of maintaining a structure to the estimated cost of replacement. This index rates the relative physical condition of a building, independent of construction type, or cost. The FCI is represented on a logarithmic scale from zero to one, where any value beyond this range exceeds the total cost of replacement; an index value of 1.0 is equivalent to 100% current replacement value.

CFI indices were calculated for each year for the period from 2010 to 2029. In this 20- year period, FCI indices were near or above a ratio of 0.75 for 17 of the 20 years and at or above a ratio of 1.0 for four of twenty years in the skilled nursing facility. In the sheltered care facility, CFI indices were near or above a ratio of 0.75 for all 20 years and at or above a ratio of 1.0 for 11 of the 20 years.

zumBrunnen understands the St. Paul's Home is considering replacement of the existing skilled and sheltered care buildings with new construction estimated around \$19 million. Based on the estimated costs of maintaining the existing building and CFI indices, it is zumBrunnen's

opinion that replacement of the existing building is more economically feasible than maintaining the existing structures.

We understand that sheltered care projects are not subject to review in the state of Illinois. While not reviewable, it is impractical to completely separate sheltered care and skilled costs as the St. Paul's Home is comprised of multiple inter-connected buildings built from the turn on the century up to the early 1980's.

zumBrunnen appreciates the opportunity to present this summary information and opinion to the Illinois Health Facilities and Services Review Board.

Respectfully,

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

James R. Milan, P.E.
Senior Project Manager
zumBrunnen, Inc.

INDEX REPORT

This is the summary of the list of Budgets for which reports are provided. This report summarizes the descriptive information as entered on the Budget Wizard associated with the subject of each Budget Report; budget name, unit count, area, parking spaces, dates, original and replacement costs, and comments.

2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00

Client Name: St. Paul's Home
Client Location: Belleville, IL

00186

Budget	Begin Year	Renovations	Area (sf)	Units	Unit Type	Parking per Unit	2010 Replacement Value	Comments
Sitework	2000							
Shelter Care	1985	1995 & 1997	17,505	18	ALUs		1,776,000	Replacement cost \$145/sf
ILLU Apartments	1987	2004 & 2008	70,200	53	ILUs		35,720,000	Replacement cost \$145 /sf
Nursing	1960	1980	44,672	109	Beds		7,371,000	Replacement cost \$165/sf
Total			132,377	180			44,867,000	

Currency: \$: US dollar

Preparer: Jim Milam, zumBrunnen, 404-601-4052

Preparer Comments

IMMEDIATE REPAIR EXPENSE: Any item requiring repair or replacement within the next year or two. Minimum aggregate repair costs for any one item to be \$100, unless otherwise specified by the client or deemed necessary by the Preparer of the Report. Repair items related to life safety, code, ADA, citations, etc. to be included regardless of costs. CAPITAL REPLACEMENT EXPENSE: Capital items, as defined by accounting principles, require replacement with a frequency of more than one year. For this Report the minimum reserve costs for any one capital replacement expense item to be \$1,000 per year, unless otherwise specified by the client or deemed necessary by the Preparer of the Report. OPERATING EXPENSE: Operating expense are non-capital items requiring repair, replacement or major service in a frequency less than once per year, as defined by accounting principles. For this Report the minimum aggregate reserve costs for any one operating expense item is \$1,000 per year, unless otherwise specified by the client or deemed necessary by the Preparer of the Report. Operating items related to life safety, code, ADA, citations, etc. to be included regardless of costs. IMPROVEMENT EXPENSE: A discretionary expense, as determined by the Preparer of the Report, to reduce operating and maintenance costs; improve life safety; and/or an added feature to assure preservation of occupancy levels; without upgrading the property to a new market place.

Certification

By: Jim Milam
Date: 23 Sep 2010

CERTIFICATION: Information contained in this Report was developed by a zumBrunnen, Inc. Project Manager based on field observations; published industry data; historical data; and interviews with and documents provided by the Client, employees of the Client, and Client vendors. All data has been reviewed with the Client for accuracy. It is recommended all data be reviewed and updated annually; as a minimum, data must be updated every three years from date of certification.

Attachment 25 - p.4

I. ANNUAL FORECASTING REPORTS

Annual Budget Totals Table I: A listing of annual totals of each Budget Report in each year with totals for each year and term averages.

Annual Budget Totals – Total Property Chart I-A.1: Total cost of all Budget Reports combined each year into a bar chart for each year. This provides a budget profile of the entire Property. The term average is displayed as a graph line; optional.

Annual Budget Comparison Chart I-A.2: This allows the User to immediately identify the year and the Budgets that have significant cost impact to the total budget. This displays the budget cost for each year for each Budget for the specified term of the report.

Facility Condition Index (FCI) – Total Property Chart I-C.1: This charts the relative physical condition of a building, independent of construction type or cost. The FCI is expressed as a ratio of the cost to remedy deficiencies plus the cost of capital replacement, divided by the current replacement value. The FCI is represented on a logarithmic scale from zero to one, where any value beyond this range exceeds the total cost of current replacement; an index value of 1.0 is equivalent to 100% current replacement cost. Data is displayed as a single bar chart per year, for the term of the report with an average graph line, optional.

Facility Condition Index (FCI) - Comparison Chart I-C.2: The charts the relative physical condition of a building, independent of construction type or cost. The FCI is expressed as a ratio of the cost to remedy existing deficiencies plus the cost of capital replacement, divided by the current replacement value. The FCI is represented on a logarithmic scale from zero to one, where any value beyond this range exceeds the total cost of current replacement; an index value of 1.0 is equivalent to 100% current replacement cost. This report displays the FCI for each year for each Budget for the specified term of the report.

Reserve Budget Analysis Chart I-D: The budget totals displayed by "Chart I-B- Annual Budget Totals – Total Property" are amortized to determine the varying reserve requirements over a term of years necessary to meet reserve fund requirements for the specified report term. The red bars are the funding reserves required in any given year beyond the reserves used as displayed in blue; the red reserves offset the total reserve usage displayed in gray.

Facility Forecast

All Budgets Table I-A

vor Parameters

Log'n Year: 2010

Area Type: Gross SF 3.00%

CHARTERED: MAY, 1862

Budget

Senior Care

Gulsering

to Charts I-A and I-B

PDF FILE, Version: 5.3.52.0, Licensed Under U

SVPROJECT MANAGERSPROJECT FILES\032010-002 SL Paul's Home CWFFP\boxes 3-23-2010\CWFF St Paul's 2010-002 one this one.daf
 Submitted: 24 Dec 2010 00:00

FacilityForce is a Technology and Software Patent Pending
Version: 5.3.42.0, Licensed User: DM

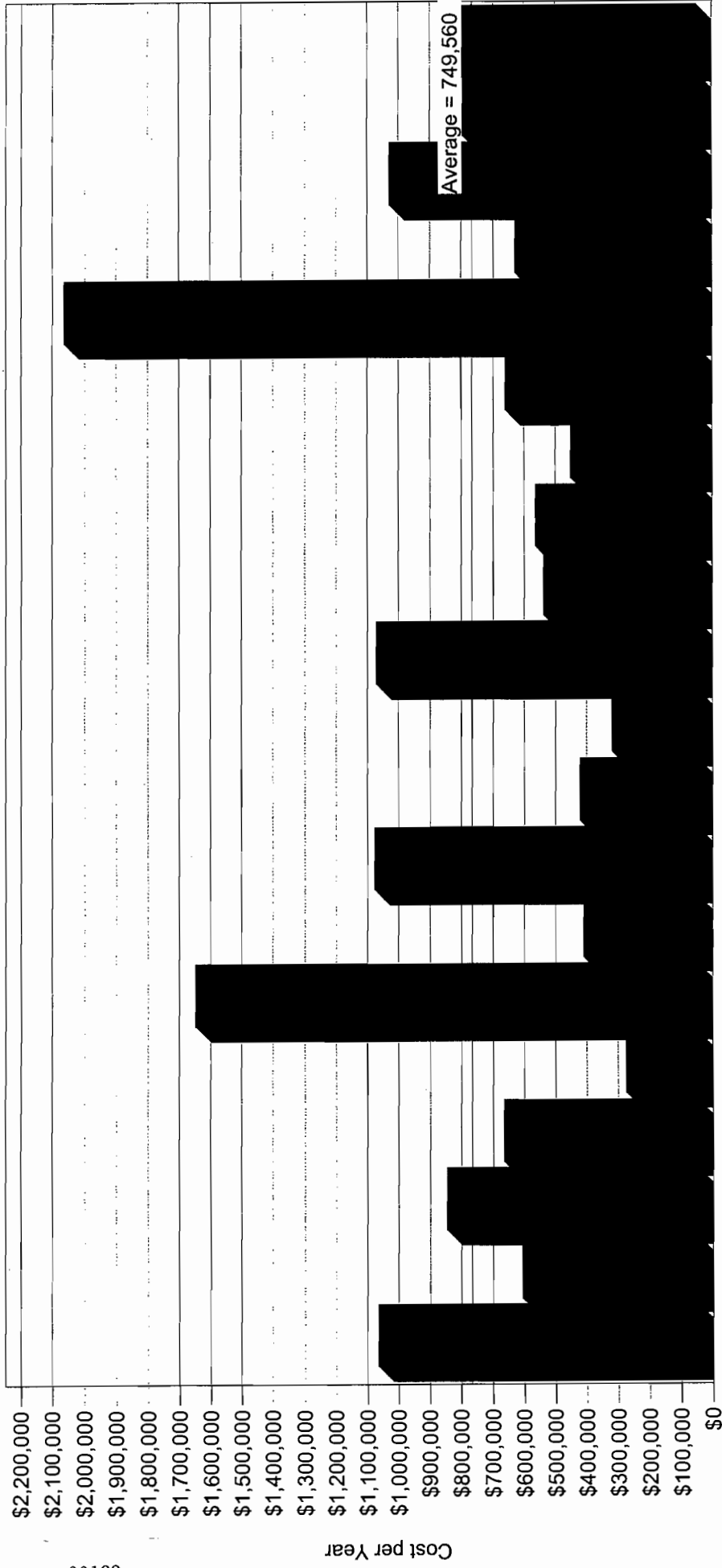
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00



Attachment 25 - p.7

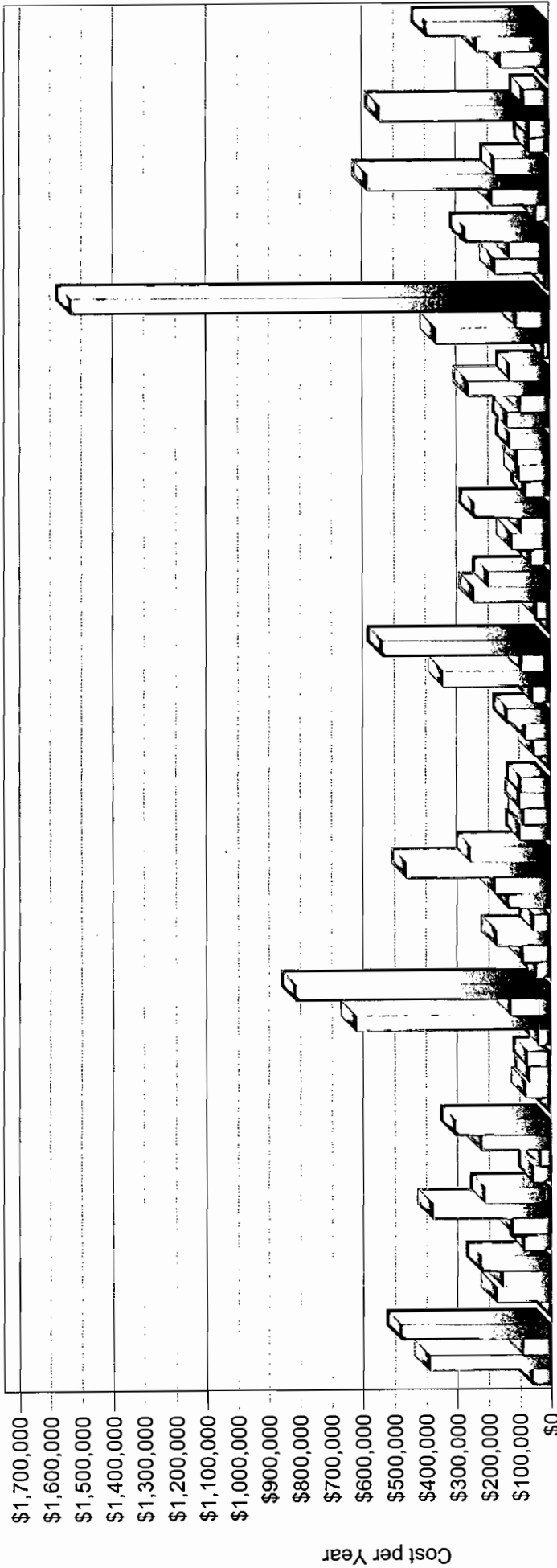
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00



☐ Sitemwork
 ☐ Shelter
 ☐ Apts
 ☐ Nursing

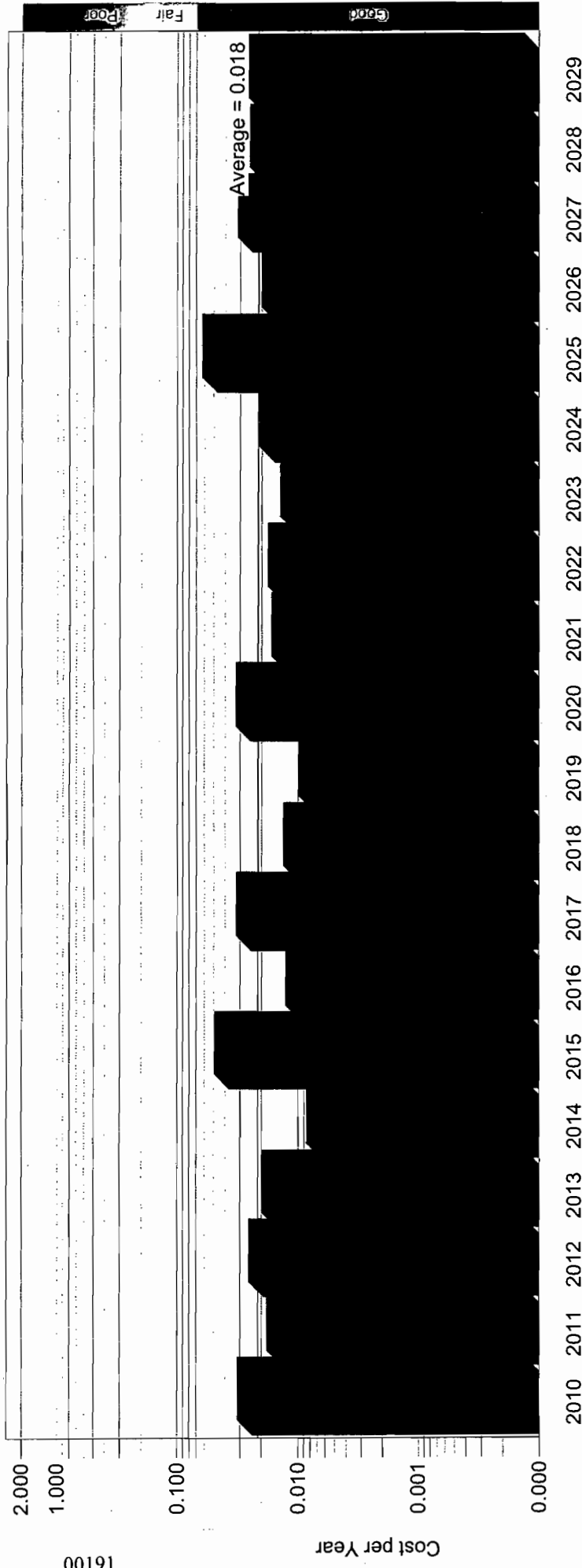
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
 Report Term: 20 years
 Inflation: 3.00%
 Area Type: Gross SF

Report Parameters

Budget Types: Expense
 CRV Year: 2010
 FCI: $(CAP + OPER) / CRV$
 Minimum unit cost: 0.00



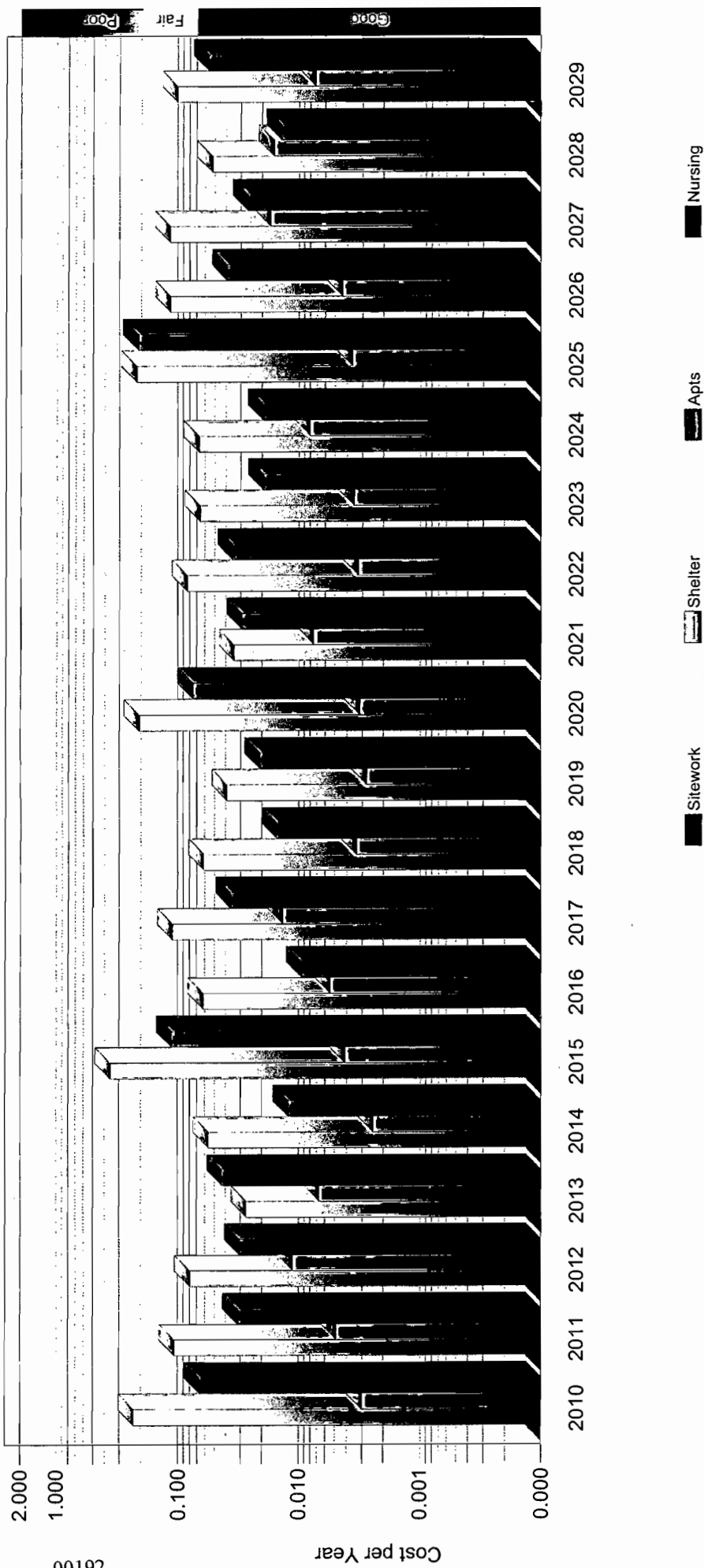
2010-002: St Paul's Home, Belleville, IL

Facility Condition Index - Comparison

All Budgets
Chart I-C.2

Report Parameters
Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF

Report Parameters
Budget Types: Expense
CRV Year: 2010
FCI: (CAP + OPER) / CRV
Minimum unit cost: 0.00



Reserve Budget Analysis

All Budgets
Chart I-D.1

1 FacilityForecast
Forecasting the Future

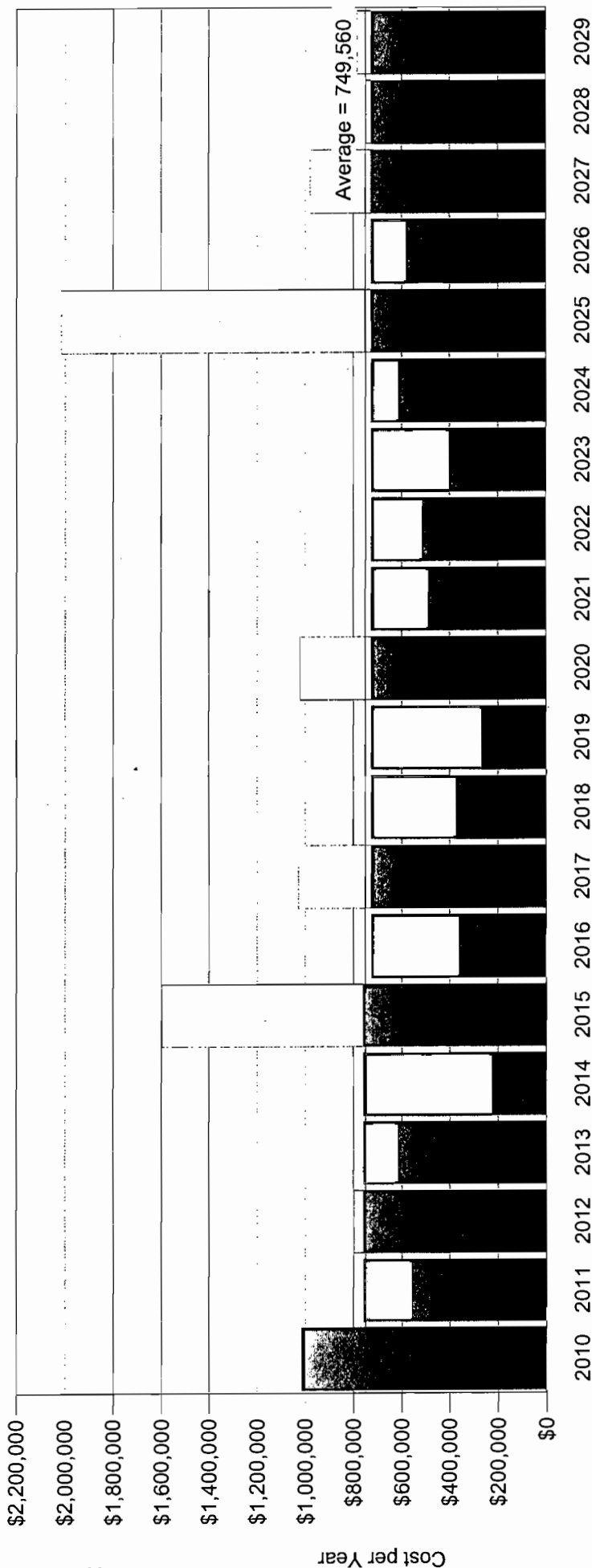
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00



Costs Reserve Addition Reserve Usage

Attachment 25 - p.11

II. UNIT COST REPORTS

This series of unit cost reports may be viewed "with or without allocation." The allocation feature allows for any number of non-revenue Budget Reports (such as a site improvement budget or a central plant that supports multiple buildings) to be prorated over any number of revenue budgets (such as the budgets for various income-producing apartment buildings). This allows developing the total built-up unit costs for each revenue Budget when there are other non-revenue budgets to be shared. Allocation can be done on a per unit, per square foot, or equal percentages basis over any combination of Budgets.

Annual Budget per Unit without Allocation Table II-A.1 and with Allocation Table II-A.2: A table report of each Budget Report listing the dollars per year per unit, the total term unit costs, and the average annual unit costs for a specified report term.

Annual Reserve per Unit without Allocation Chart II-A.1 and with Allocation Chart II-A.2: A bar chart report of the total average annual unit costs of each Budget Report over the specified report term.

Annual Reserve per SF without Allocation Table II-B.1 and with Allocation Table II-B.2: A table report of each Budget Report listing the dollars per year per SF, the total term SF costs, and the average annual SF costs for the specified report term.

Annual Reserve per SF without Allocation Chart II-B.1 and with Allocation Chart II-B.2: This bar chart report displays the total average annual SF costs of each Budget Report over the specified report term.

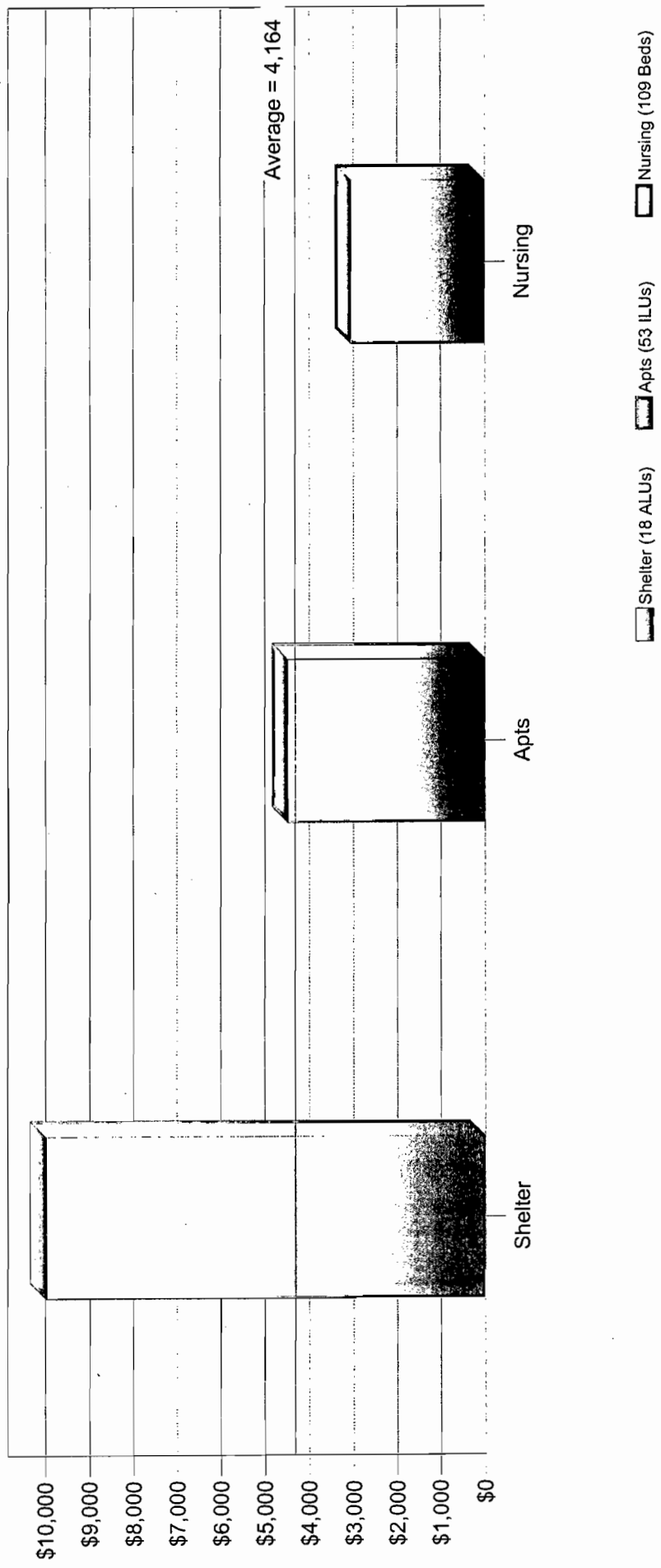
Cost per Unit without Allocation Chart II-C.1 and with Allocation Chart II-C.2: This bar chart report displays the total per unit costs over the specified report term of each Budget Report.

Total Cost per SF without Allocation Chart II-D.1 and with Allocation Chart II-D.2: This bar chart report displays the total per SF costs over the specified report term of each Budget Report.

2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
 Report Term: 20 years
 Inflation: 3.00%
 Area Type: Gross SF
 Classifications: CAP, REP, IMP
 Report Parameters
 Budget Types: Expense
 Divisions: All
 Minimum unit cost: 0.00



Allocation Basis: Per Square Foot
The data for each allocated budget has been adjusted for its prorata share of the non-allocated budget per the above described Allocation Basis.

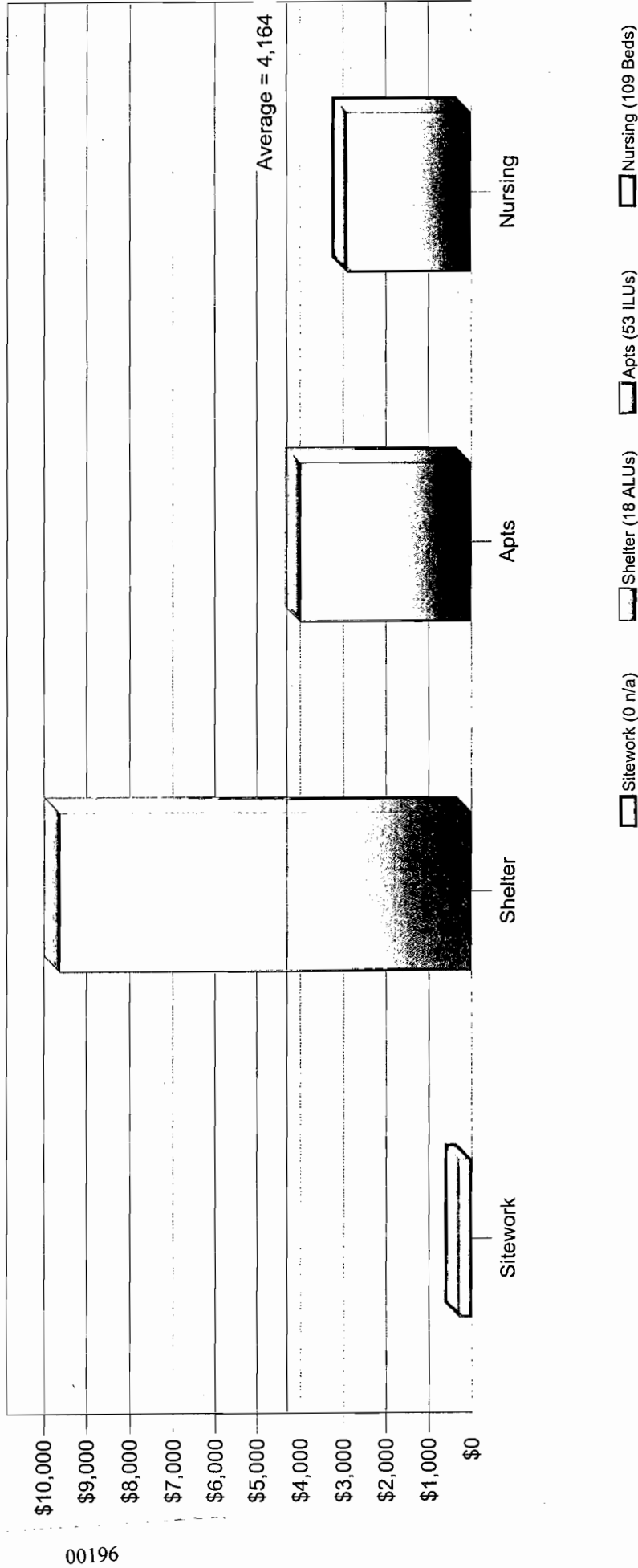
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00



Attachment 25 - p.14

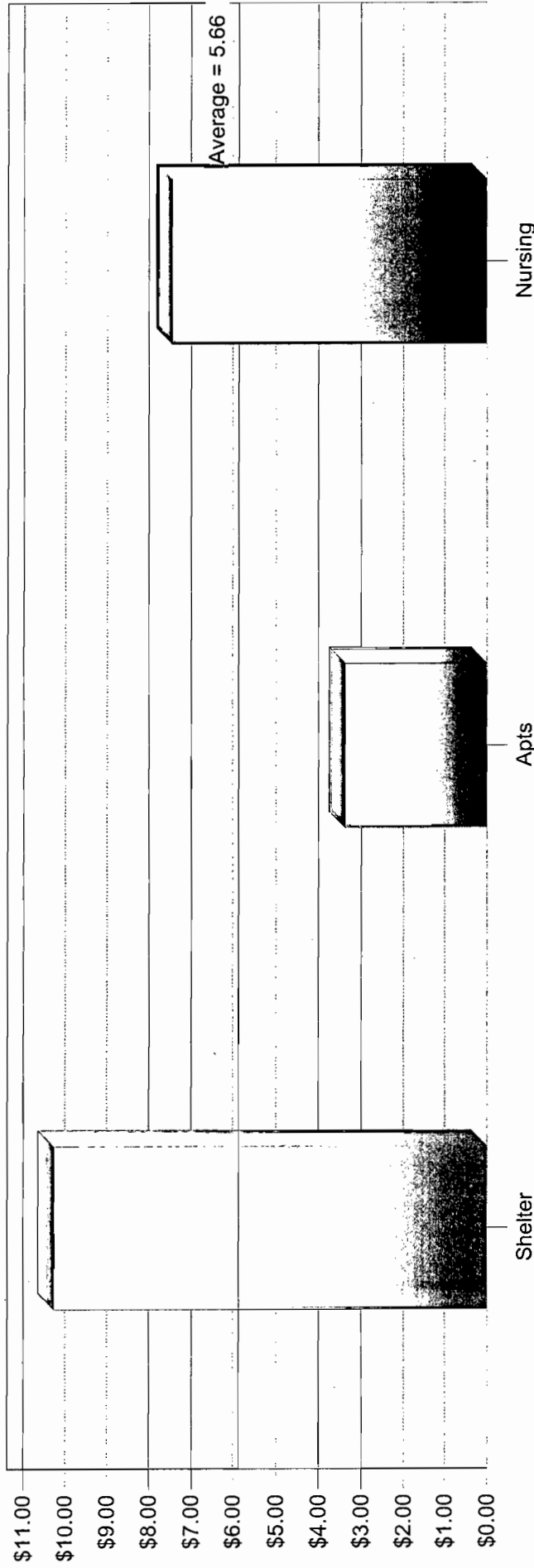
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00



Shelter (17505 SF) Apts (70200 SF) Nursing (44672 SF)

Allocation Basis: Per Square Foot
The data for each allocated budget has been adjusted for its prorata share of the non-allocated budget per the above described Allocation Basis.

Attachment 25 - p.15

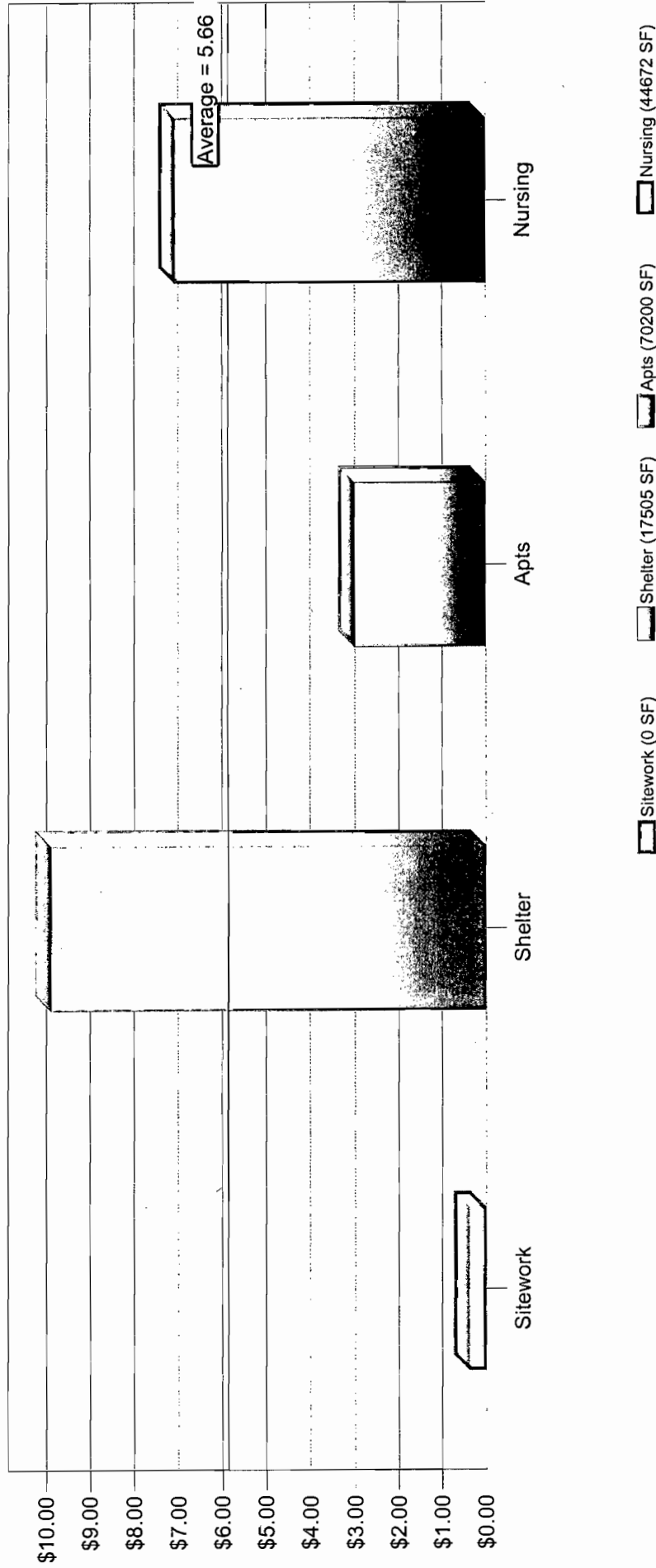
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00



00198

III. CATEGORY REPORTS

This report series assists the user in capitalizing on collective purchasing opportunities. The reports present each individual Budget Report totals and subtotals by categories, and percentages of division totals.

Budgets by Categories Table III: This reports the total budget amounts over the specified report term broken out by Division and Cost Category under a column for each Budget Report. The percent of replacement cost is calculated for each Budget total. This report is a powerful tool to be used for collective purchasing analysis. The User can group any number of years and view collective purchasing opportunities for specific budget categories for the various buildings or properties.

Division Totals Chart III-A: This pie chart displays budget totals as percentages by Division.

Total Budget for Each Budget Chart III-B: A bar chart showing budget totals over a specified term of years for each Budget Report.

Table III

14,991,196

00201

2010-002: St Paul's Home, Belleville, IL

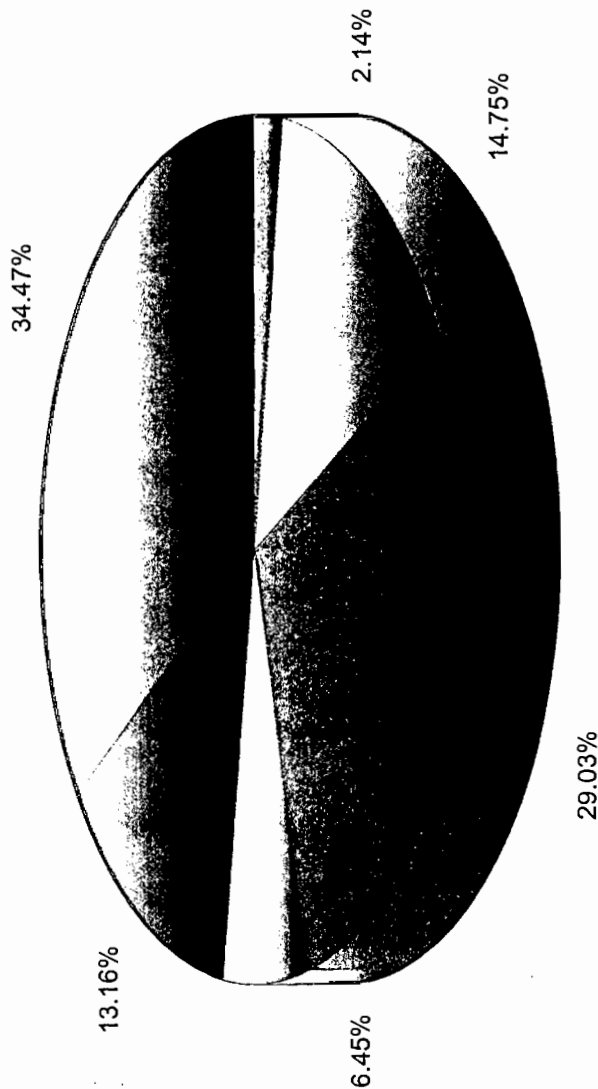
Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00

00202



Site Improvements

Building MEP

Unit Improvements

ADA and Code Compliance

Capital Projects

Building Structure & Systems

Common Area Interiors & Finish

FF & E

Geotechnical and Environmental

Attachment 25 - p.20

VII. BUDGET REPORTS

Annual Budget Totals Table VII-A: This reports each budget item in each applicable year over the specified term of years as calculated by one of the various pre-formulated forecasting methods. Cost totals and subtotals are provided for each Division Group, Division, and Cost Category as specified. Totals for all budget items in each year are displayed across the bottom and totals for each budget item in the last column.

Annual Budget Totals Chart VII-A.1: Chart VII-A.1 shows a total cost of all budget items combined each year into a single bar chart for each year, for the term of the report; a budget profile of the subject of the Budget Report. The term average is displayed as a graph line, optional.

Annual Budget Totals – Comparison Chart VII-A.2: This is a great benchmarking report that allows viewing a bar chart of each Budget Report in each year. The User can immediately identify the year and the specific Budget Reports that have the most impact to the total budget.

Item Comments Report Table VII-B: Table VII-B is a Budget Report listing just budget items with associated comments and photograph references from each; no cost or forecasting data is included. The User may call up any combination of Budget Reports combined into one report. When applicable, the recommended improvements associated with LEED-EBOM are included with this report.

Facility Condition Index (FCI) Chart VII-C.1: This charts the relative physical condition of a building, independent of construction type or cost. The FCI is expressed as a ratio of the cost to remedy existing deficiencies plus the cost of capital replacement, divided by the current replacement value. The FCI is represented on a logarithmic scale from zero to one, where any value beyond this range exceeds the total cost of current replacement; an index value of 1.0 is equivalent to 100% current replacement cost. Data is displayed as a single bar chart per year for the term of the report with an average graph line. The User may call up any combination of Budget Reports combined into one bar chart per year.

Facility Condition Index (FCI) - Comparison Chart VII-C.2: This is the same report as Chart VII-C.1 except this report displays the FCI for each year for each Budget Report for the specified term of the report vs. displaying one Budget Report only.

Reserve Budget Analysis Chart VII-D: This budget shows totals as displayed by "Chart I-B-Budget Totals", amortized to determine the varying reserve requirements over a term of years necessary to meet reserve fund requirements for the specified report term. The red bars are the funding reserves required in any given year beyond the reserves used as displayed in blue; the red reserves offset the reserve usage displayed in gray. The User may call up any combination of Budget Reports combined into one bar chart per year.

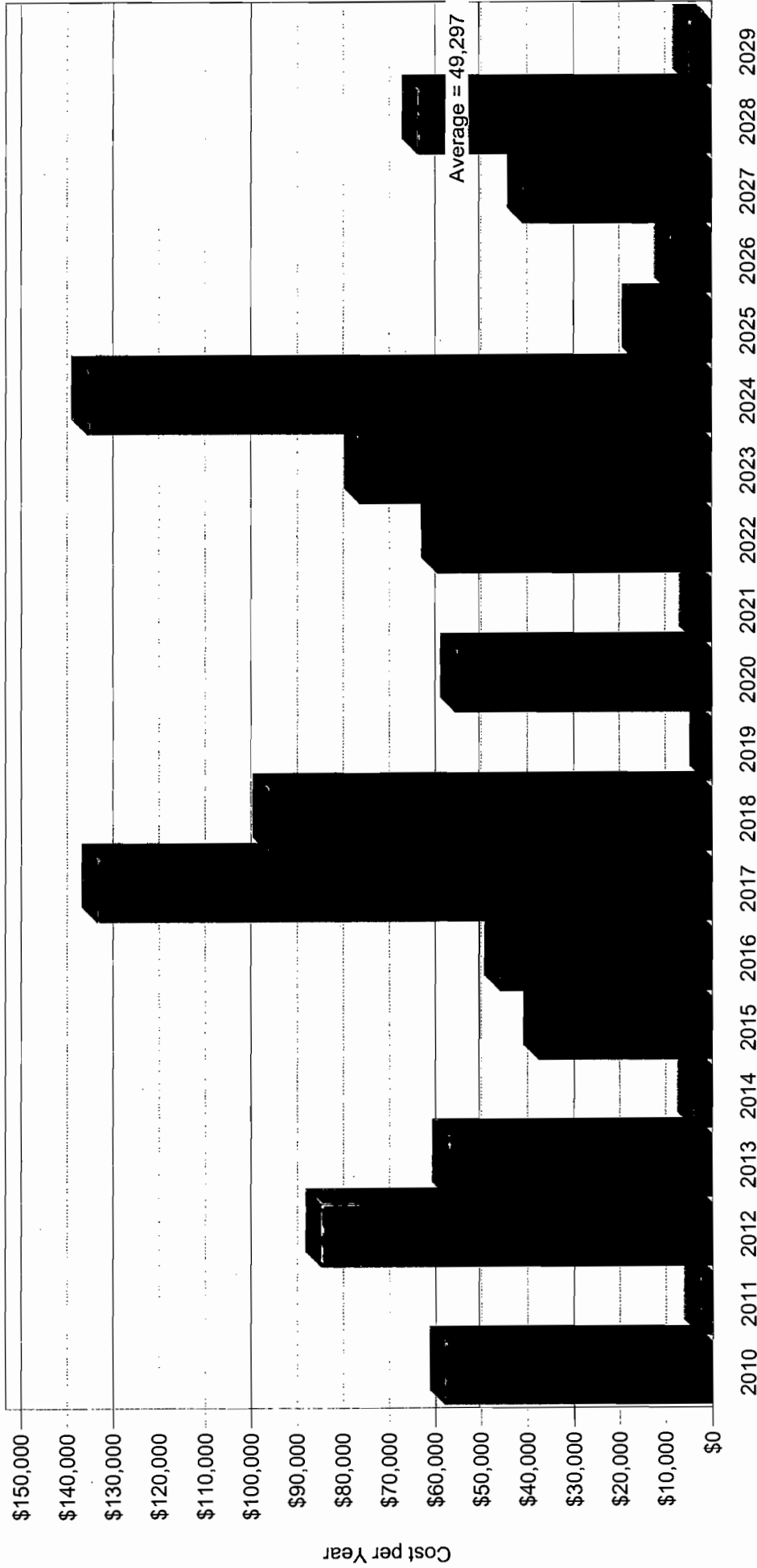
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00
Year: 2000
Modified: 15 Sep 2010



Annual Budget Totals
Shelter Care
Table VII-A

[illegible][illegible]

Q4.01	Q4.02	Q4.03	Q4.04	Q4.05	Q4.06	Q4.07	Q4.08	Q4.09	Q4.10	Q4.11	Q4.12	Q4.13	Q4.14	Q4.15	Q4.16	Q4.17	Q4.18	Q4.19	Q4.20	Q4.21	Q4.22	Q4.23	Q4.24	Q4.25	Q4.26	Q4.27	Q4.28	Q4.29	Q4.30	Q4.31	Q4.32	Q4.33	Q4.34	Q4.35	Q4.36	Q4.37	Q4.38	Q4.39	Q4.40	Q4.41	Q4.42	Q4.43	Q4.44	Q4.45	Q4.46	Q4.47	Q4.48	Q4.49	Q4.50	Q4.51	Q4.52	Q4.53	Q4.54	Q4.55	Q4.56	Q4.57	Q4.58	Q4.59	Q4.60	Q4.61	Q4.62	Q4.63	Q4.64	Q4.65	Q4.66	Q4.67	Q4.68	Q4.69	Q4.70	Q4.71	Q4.72	Q4.73	Q4.74	Q4.75	Q4.76	Q4.77	Q4.78	Q4.79	Q4.80	Q4.81	Q4.82	Q4.83	Q4.84	Q4.85	Q4.86	Q4.87	Q4.88	Q4.89	Q4.90	Q4.91	Q4.92	Q4.93	Q4.94	Q4.95	Q4.96	Q4.97	Q4.98	Q4.99	Q4.100	Q4.101	Q4.102	Q4.103	Q4.104	Q4.105	Q4.106	Q4.107	Q4.108	Q4.109	Q4.110	Q4.111	Q4.112	Q4.113	Q4.114	Q4.115	Q4.116	Q4.117	Q4.118	Q4.119	Q4.120	Q4.121	Q4.122	Q4.123	Q4.124	Q4.125	Q4.126	Q4.127	Q4.128	Q4.129	Q4.130	Q4.131	Q4.132	Q4.133	Q4.134	Q4.135	Q4.136	Q4.137	Q4.138	Q4.139	Q4.140	Q4.141	Q4.142	Q4.143	Q4.144	Q4.145	Q4.146	Q4.147	Q4.148	Q4.149	Q4.150	Q4.151	Q4.152	Q4.153	Q4.154	Q4.155	Q4.156	Q4.157	Q4.158	Q4.159	Q4.160	Q4.161	Q4.162	Q4.163	Q4.164	Q4.165	Q4.166	Q4.167	Q4.168	Q4.169	Q4.170	Q4.171	Q4.172	Q4.173	Q4.174	Q4.175	Q4.176	Q4.177	Q4.178	Q4.179	Q4.180	Q4.181	Q4.182	Q4.183	Q4.184	Q4.185	Q4.186	Q4.187	Q4.188	Q4.189	Q4.190	Q4.191	Q4.192	Q4.193	Q4.194	Q4.195	Q4.196	Q4.197	Q4.198	Q4.199	Q4.200	Q4.201	Q4.202	Q4.203	Q4.204	Q4.205	Q4.206	Q4.207	Q4.208	Q4.209	Q4.210	Q4.211	Q4.212	Q4.213	Q4.214	Q4.215	Q4.216	Q4.217	Q4.218	Q4.219	Q4.220	Q4.221	Q4.222	Q4.223	Q4.224	Q4.225	Q4.226	Q4.227	Q4.228	Q4.229	Q4.230	Q4.231	Q4.232	Q4.233	Q4.234	Q4.235	Q4.236	Q4.237	Q4.238	Q4.239	Q4.240	Q4.241	Q4.242	Q4.243	Q4.244	Q4.245	Q4.246	Q4.247	Q4.248	Q4.249	Q4.250	Q4.251	Q4.252	Q4.253	Q4.254	Q4.255	Q4.256	Q4.257	Q4.258	Q4.259	Q4.260	Q4.261	Q4.262	Q4.263	Q4.264	Q4.265	Q4.266	Q4.267	Q4.268	Q4.269	Q4.270	Q4.271	Q4.272	Q4.273	Q4.274	Q4.275	Q4.276	Q4.277	Q4.278	Q4.279	Q4.280	Q4.281	Q4.282	Q4.283	Q4.284	Q4.285	Q4.286	Q4.287	Q4.288	Q4.289	Q4.290	Q4.291	Q4.292	Q4.293	Q4.294	Q4.295	Q4.296	Q4.297	Q4.298	Q4.299	Q4.300	Q4.301	Q4.302	Q4.303	Q4.304	Q4.305	Q4.306	Q4.307	Q4.308	Q4.309	Q4.310	Q4.311	Q4.312	Q4.313	Q4.314	Q4.315	Q4.316	Q4.317	Q4.318	Q4.319	Q4.320	Q4.321	Q4.322	Q4.323	Q4.324	Q4.325	Q4.326	Q4.327	Q4.328	Q4.329	Q4.330	Q4.331	Q4.332	Q4.333	Q4.334	Q4.335	Q4.336	Q4.337	Q4.338	Q4.339	Q4.340	Q4.341	Q4.342	Q4.343	Q4.344	Q4.345	Q4.346	Q4.347	Q4.348	Q4.349	Q4.350	Q4.351	Q4.352	Q4.353	Q4.354	Q4.355	Q4.356	Q4.357	Q4.358	Q4.359	Q4.360	Q4.361	Q4.362	Q4.363	Q4.364	Q4.365	Q4.366	Q4.367	Q4.368	Q4.369	Q4.370	Q4.371	Q4.372	Q4.373	Q4.374	Q4.375	Q4.376	Q4.377	Q4.378	Q4.379	Q4.380	Q4.381	Q4.382	Q4.383	Q4.384	Q4.385	Q4.386	Q4.387	Q4.388	Q4.389	Q4.390	Q4.391	Q4.392	Q4.393	Q4.394	Q4.395	Q4.396	Q4.397	Q4.398	Q4.399	Q4.400	Q4.401	Q4.402	Q4.403	Q4.404	Q4.405	Q4.406	Q4.407	Q4.408	Q4.409	Q4.410	Q4.411	Q4.412	Q4.413	Q4.414	Q4.415	Q4.416	Q4.417	Q4.418	Q4.419	Q4.420	Q4.421	Q4.422	Q4.423	Q4.424	Q4.425	Q4.426	Q4.427	Q4.428	Q4.429	Q4.430	Q4.431	Q4.432	Q4.433	Q4.434	Q4.435	Q4.436	Q4.437	Q4.438	Q4.439	Q4.440	Q4.441	Q4.442	Q4.443	Q4.444	Q4.445	Q4.446	Q4.447	Q4.448	Q4.449	Q4.450	Q4.451	Q4.452	Q4.453	Q4.454	Q4.455	Q4.456	Q4.457	Q4.458	Q4.459	Q4.460	Q4.461	Q4.462	Q4.463	Q4.464	Q4.465	Q4.466	Q4.467	Q4.468	Q4.469	Q4.470	Q4.471	Q4.472	Q4.473	Q4.474	Q4.475	Q4.476	Q4.477	Q4.478	Q4.479	Q4.480	Q4.481	Q4.482	Q4.483	Q4.484	Q4.485	Q4.486	Q4.487	Q4.488	Q4.489	Q4.490	Q4.491	Q4.492	Q4.493	Q4.494	Q4.495	Q4.496	Q4.497	Q4.498	Q4.499	Q4.500	Q4.501	Q4.502	Q4.503	Q4.504	Q4.505	Q4.506	Q4.507	Q4.508	Q4.509	Q4.510	Q4.511	Q4.512	Q4.513	Q4.514	Q4.515	Q4.516	Q4.517	Q4.518	Q4.519	Q4.520	Q4.521	Q4.522	Q4.523	Q4.524	Q4.525	Q4.526	Q4.527	Q4.528	Q4.529	Q4.530	Q4.531	Q4.532	Q4.533	Q4.534	Q4.535	Q4.536	Q4.537	Q4.538	Q4.539	Q4.540	Q4.541	Q4.542	Q4.543	Q4.544	Q4.545	Q4.546	Q4.547	Q4.548	Q4.549	Q4.550	Q4.551	Q4.552	Q4.553	Q4.554	Q4.555	Q4.556	Q4.557	Q4.558	Q4.559	Q4.560	Q4.561	Q4.562	Q4.563	Q4.564	Q4.565	Q4.566	Q4.567	Q4.568	Q4.569	Q4.570	Q4.571	Q4.572	Q4.573	Q4.574	Q4.575	Q4.576	Q4.577	Q4.578	Q4.579	Q4.580	Q4.581	Q4.582	Q4.583	Q4.584	Q4.585	Q4.586	Q4.587	Q4.588	Q4.589	Q4.590	Q4.591	Q4.592	Q4.593	Q4.594	Q4.595	Q4.596	Q4.597	Q4.598	Q4.599	Q4.600	Q4.601	Q4.602	Q4.603	Q4.604	Q4.605	Q4.606	Q4.607	Q4.608	Q4.609	Q4.610	Q4.611	Q4.612	Q4.613	Q4.614	Q4.615	Q4.616	Q4.617	Q4.618	Q4.619	Q4.620	Q4.621	Q4.622	Q4.623	Q4.624	Q4.625	Q4.626	Q4.627	Q4.628	Q4.629	Q4.630	Q4.631	Q4.632	Q4.633	Q4.634	Q4.635	Q4.636	Q4.637	Q4.638	Q4.639	Q4.640	Q4.641	Q4.642	Q4.643	Q4.644	Q4.645	Q4.646	Q4.647	Q4.648	Q4.649	Q4.650	Q4.651	Q4.652	Q4.653	Q4.654	Q4.655	Q4.656	Q4.657	Q4.658	Q4.659	Q4.660	Q4.661	Q4.662	Q4.663	Q4.664	Q4.665	Q4.666	Q4.667	Q4.668	Q4.669	Q4.670	Q4.671	Q4.672	Q4.673	Q4.674	Q4.675	Q4.676	Q4.677	Q4.678	Q4.679	Q4.680	Q4.681	Q4.682	Q4.683	Q4.684	Q4.685	Q4.686	Q4.687	Q4.688	Q4.689	Q4.690	Q4.691	Q4.692	Q4.693	Q4.694	Q4.695	Q4.696	Q4.697	Q4.698	Q4.699	Q4.700	Q4.701	Q4.702	Q4.703	Q4.704	Q4.705	Q4.706	Q4.707	Q4.708	Q4.709	Q4.710	Q4.711	Q4.712	Q4.713	Q4.714	Q4.715	Q4.716	Q4.717	Q4.718	Q4.719	Q4.720	Q4.721	Q4.722	Q4.723	Q4.724	Q4.725	Q4.726	Q4.727	Q4.728	Q4.729	Q4.730	Q4.731	Q4.732	Q4.733	Q4.734	Q4.735	Q4.736	Q4.737	Q4.738	Q4.739	Q4.740	Q4.741	Q4.742	Q4.743	Q4.744	Q4.745	Q4.746	Q4.747	Q4.748	Q4.749	Q4.750	Q4.751	Q4.752	Q4.753	Q4.754	Q4.755	Q4.756	Q4.757	Q4.758	Q4.759	Q4.760	Q4.761	Q4.762	Q4.763	Q4.764	Q4.765	Q4.766	Q4.767	Q4.768	Q4.769	Q4.770	Q4.771	Q4.772	Q4.773	Q4.774	Q4.775	Q4.776	Q4.777	Q4.778	Q4.779	Q4.780	Q4.781	Q4.782	Q4.783	Q4.784	Q4.785	Q4.786	Q4.787	Q4.788	Q4.789	Q4.790	Q4.791	Q4.792	Q4.793	Q4.794	Q4.795	Q4.796	Q4.797	Q4.798	Q4.799	Q4.800	Q4.801	Q4.802	Q4.803	Q4.804	Q4.805	Q4.806	Q4.807	Q4.808	Q4.809	Q4.810	Q4.811	Q4.812	Q4.813	Q4.814	Q4.815	Q4.816	Q4.817	Q4.818	Q4.819	Q4.820	Q4.821	Q4.822	Q4.823	Q4.824	Q4.825	Q4.826	Q4.827	Q4.828	Q4.829	Q4.830	Q4.831	Q4.832	Q4.833	Q4.834	Q4.835	Q4.836	Q4.837	Q4.838	Q4.839	Q4.840	Q4.841	Q4.842	Q4.843	Q4.844	Q4.845	Q4.846	Q4.847	Q4.848	Q4.849	Q4.850	Q4.851	Q4.852	Q4.853	Q4.854	Q4.855	Q4.856	Q4.857	Q4.858	Q4.859	Q4.860	Q4.861	Q4.862	Q4.863	Q4.864	Q4.865	Q4.866	Q4.867	Q4.868	Q4.869	Q4.870	Q4.871	Q4.872	Q4.873	Q4.874	Q4.875	Q4.876	Q4.877	Q4.878	Q4.879	Q4.880	Q4.881	Q4.882	Q4.883	Q4.884	Q4.885	Q4.886	Q4.887	Q4.888	Q4.889	Q4.890	Q4.891	Q4.892	Q4.893	Q4.894	Q4.895	Q4.896	Q4.897	Q4.898	Q4.899	Q4.900	Q4.901	Q4.902	Q4.903	Q4.904	Q4.905	Q4.906	Q4.907	Q4.908	Q4.909	Q4.910	Q4.911	Q4.912	Q4.913	Q4.914	Q4.915	Q4.916	Q4.917	Q4.918	Q4.919	Q4.920	Q4.921	Q4.922	Q4.923	Q4.924	Q4.925	Q4.926	Q4.927	Q4.928	Q4.929	Q4.930	Q4.931	Q4.932	Q4.933	Q4.934	Q4.935	Q4.936	Q4.937	Q4.938	Q4.939	Q4.940	Q4.941	Q4.942	Q4.943	Q4.944	Q4.945	Q4.946	Q4.947	Q4.948	Q4.949	Q4.950	Q4.951	Q4.952	Q4.953	Q4.954	Q4.955	Q4.956	Q4.957	Q4.958	Q4.959	Q4.960	Q4.961	Q4.962	Q4.963	Q4.964	Q4.965	Q4.966	Q4.967	Q4.968	Q4.969	Q4.970	Q4.971	Q4.972	Q4.973	Q4.974	Q4.975	Q4.976	Q4.977	Q4.978	Q4.979	Q4.980	Q4.981	Q4.982	Q4.983	Q4.984	Q4.985	Q4.986	Q4.987	Q4.988	Q4.989	Q4.990	Q4.991	Q4.992	Q4.993	Q4.994	Q4.995	Q4.996	Q4.997	Q4.998	Q4.999	Q4.1000
Q4.01	Q4.02	Q4.03	Q4.04	Q4.05	Q4.06	Q4.07	Q4.08	Q4.09	Q4.10	Q4.11	Q4.12	Q4.13	Q4.14	Q4.15	Q4.16	Q4.17	Q4.18	Q4.19	Q4.20	Q4.21	Q4.22	Q4.23	Q4.24	Q4.25	Q4.26	Q4.27	Q4.28	Q4.29	Q4.30	Q4.31	Q4.32	Q4.33	Q4.34	Q4.35	Q4.36	Q4.37	Q4.38	Q4.39	Q4.40	Q4.41	Q4.42	Q4.43	Q4.44	Q4.45	Q4.46	Q4.47	Q4.48	Q4.49	Q4.50	Q4.51	Q4.52	Q4.53	Q4.54	Q4.55	Q4.56	Q4.57	Q4.58	Q4.59	Q4.60	Q4.61	Q4.62	Q4.63	Q4.64	Q4.65	Q4.66	Q4.67	Q4.68	Q4.69	Q4.70	Q4.71	Q4.72	Q4.73	Q4.74	Q4.75	Q4.76	Q4.77	Q4.78	Q4.79	Q4.80	Q4.81	Q4.82	Q4.83	Q4.84	Q4.85	Q4.86	Q4.87	Q4.88	Q4.89	Q4.90	Q4.91	Q4.92	Q4.93	Q4.94	Q4.95	Q4.96	Q4.97	Q4.98	Q4.99	Q4.100	Q4.101	Q4.102	Q4.103	Q4.104	Q4.105	Q4.106	Q4.107	Q4.108	Q4.109	Q4.110	Q4.111	Q4.112	Q4.113	Q4.114	Q4.115	Q4.116	Q4.117	Q4.118	Q4.119	Q4.120	Q4.121	Q4.122	Q4.123	Q4.124	Q4.125	Q4.126	Q4.127	Q4.128	Q4.129	Q4.130	Q4.131	Q4.132	Q4.133	Q4.134	Q4.135	Q4.136	Q4.137	Q4.138	Q4.139	Q4.140	Q4.141	Q4.142	Q4.143																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									

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04.04	Client/Project	7/12	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
04.04	Newsprint - Joint Study	2	17,750	18	0.03	1	825	Contract	0.0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											</																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															

Annual Budget Totals
Shelter Care
Table VII-A

2010-002: St Paul's Home, Belleville, IL

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Facility Forecast Forecasting the Future

2010-002: St Paul's Home, Belleville, IL

Annual Budget Totals Shelter Care Table VII-A

Exp	Item Description	Region	Est.	Unit Cost	Unit	Est. Cost	Est. Cost	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	2999	3000	3001	3002	3003	3004	3005	3006	3007	3008	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FacilityForecast[®]
Forecasting the Future

010-002: St Paul's Home, Belleville, IL

Annual Budget Totals

Shelter Care
Table VII-A[illegible]

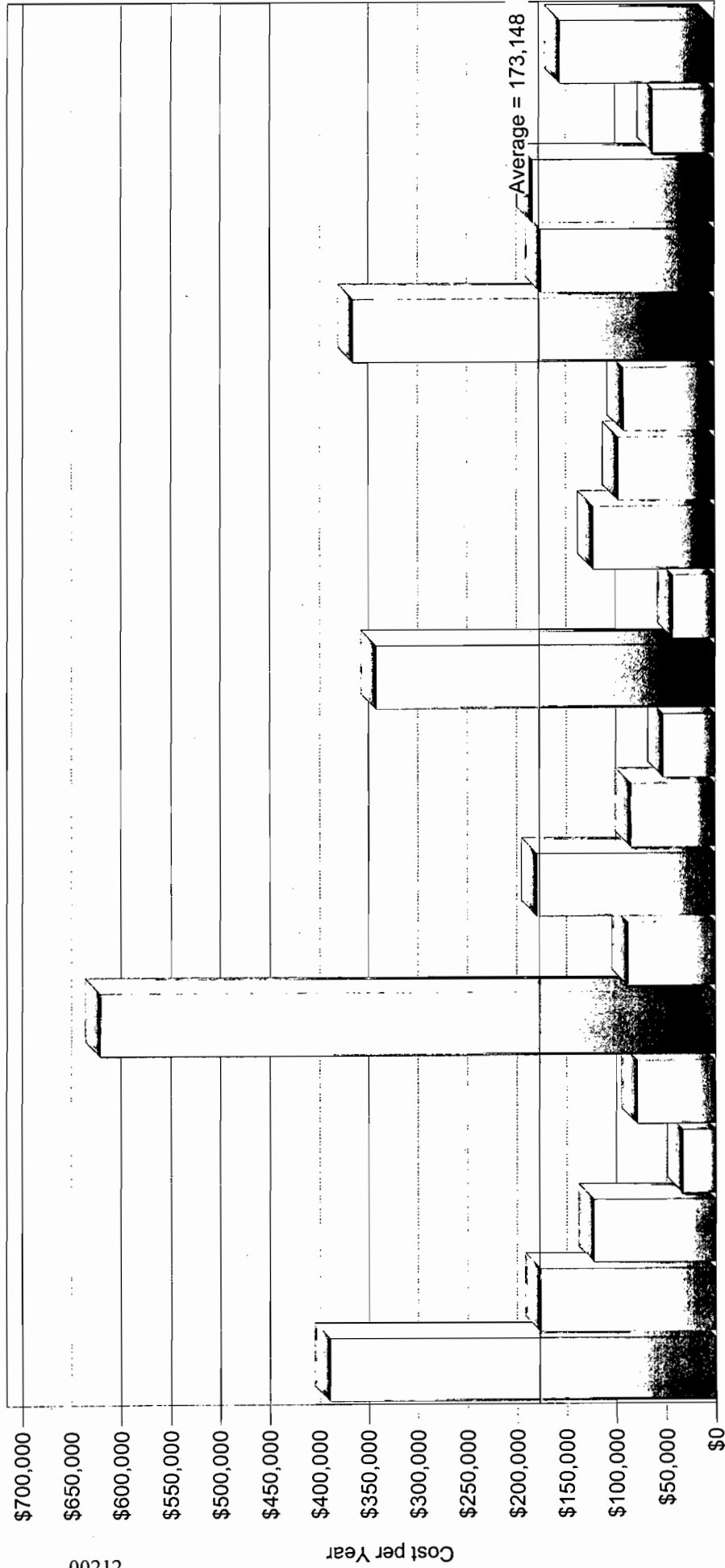
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types:
Divisions:
Minimum unit cost: 0.00
Expense: All
Units: 18 ALUs
Area: 17,505 SF
Year: 1985
Modified: 23 Sep 2010



Attachment 25 - p.30

2010-002: St Paul's Home, Belleville, IL

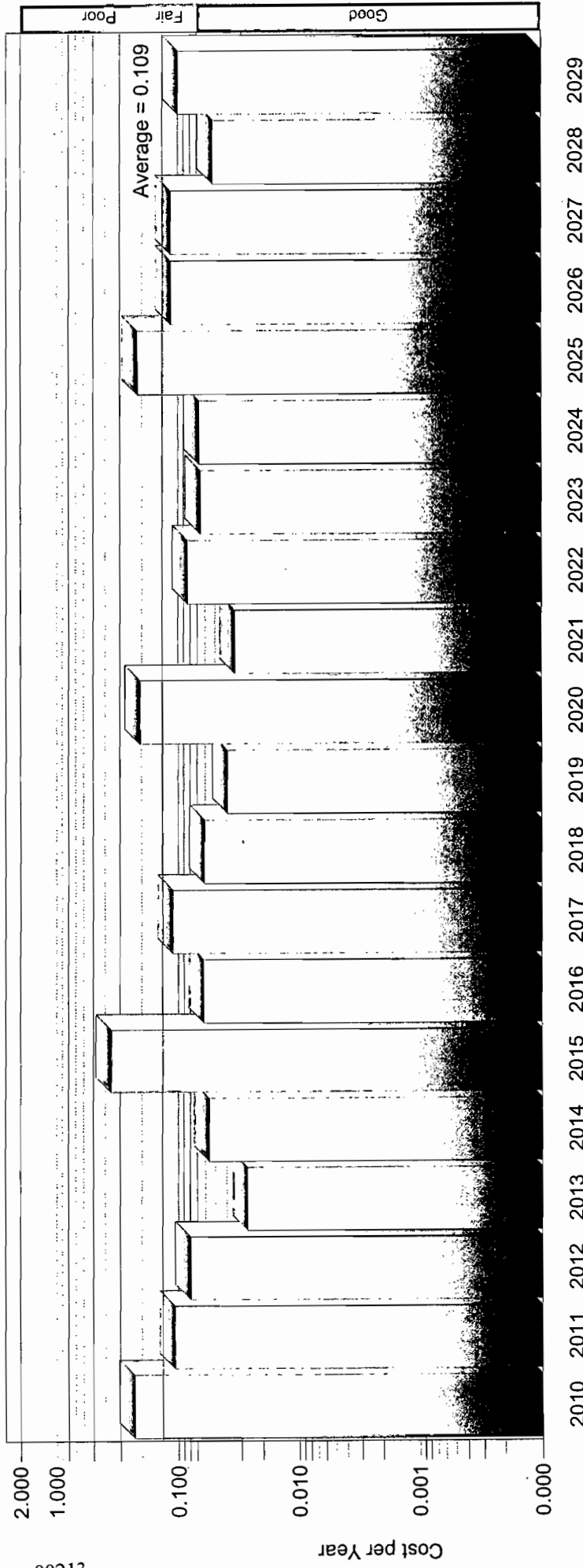
Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF

Report Parameters

Budget Types: Expense
CRV Year: 2010
FCI: (CAP + OPER) / CRV
Minimum unit cost: 0.00

Units: 18 ALUs
Area: 17,505 SF
Year: 1985
Modified: 23 Sep 2010



Attachment 25 - p.31

FacilityForecast[®]

2010-002: St Paul's Home, Belleville, IL

Annual Budget Totals:

Nursing
Table VII-A[illegible]

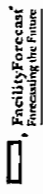
FacilityForecast[®]

2010-002: St Paul's Home, Belleville, IL

Annual Budget Totals

**Nursing
Table VII-A**

Crp.	Item Description	Est. Date	Est. No.	Est. Qty	Unit	Est. Cost	Est. Method	Est. Class	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	2999	3000	3001	3002	3003	3004	3005	3006	3007	3008	3009	3010	3011	3012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Facility Forecast
Forecasting the Future

2010-002: St Paul's Home, Belleville, IL

Annual Budget Totals

Nursing
Table VII-A

Code	Item Description	Unit	Quantity	Estimate	Funding Method	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	2999	3000	3001	3002	3003	3004	3005	3006	3007	3008	3009	3010	3011	3012	301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Facility Forecast

Presenting the Future

2010-002: St Paul's Home, Belleville, IL

Annual Budget Totals

Nursing
Table VII-A

Grp.	Item Description	Eqn. Data	SLA	RUO	Quantity	Unit	Unit Cost	Estimate Cost	Min. Cost	Max. Cost	2010 Year 1	2011 Year 2	2012 Year 3	2013 Year 4	2014 Year 5	2015 Year 6	2016 Year 7	2017 Year 8	2018 Year 9	2019 Year 10	2020 Year 11	2021 Year 12	2022 Year 13	2023 Year 14	2024 Year 15	2025 Year 16	2026 Year 17	2027 Year 18	2028 Year 19	2029 Year 20	Total	
214	214-0101	Linear Antenna Unit 15.1252.2	2000	6	3	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
215	215-0101	Linear Antenna Unit 15.1252.2	2000	6	2	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
216	216-0101	Linear Antenna Unit 15.1252.2	2000	6	2	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
Expenses Office Equipment																																
217	217-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
218	218-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
219	219-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
220	220-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
221	221-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
222	222-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
223	223-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
224	224-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
225	225-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
226	226-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
227	227-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
228	228-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
229	229-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
230	230-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
231	231-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
232	232-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
233	233-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
234	234-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
235	235-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
236	236-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
237	237-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
238	238-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
239	239-0101	Linear Antenna Unit 15.1252.2	2000	12	6	1 ea	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.0													

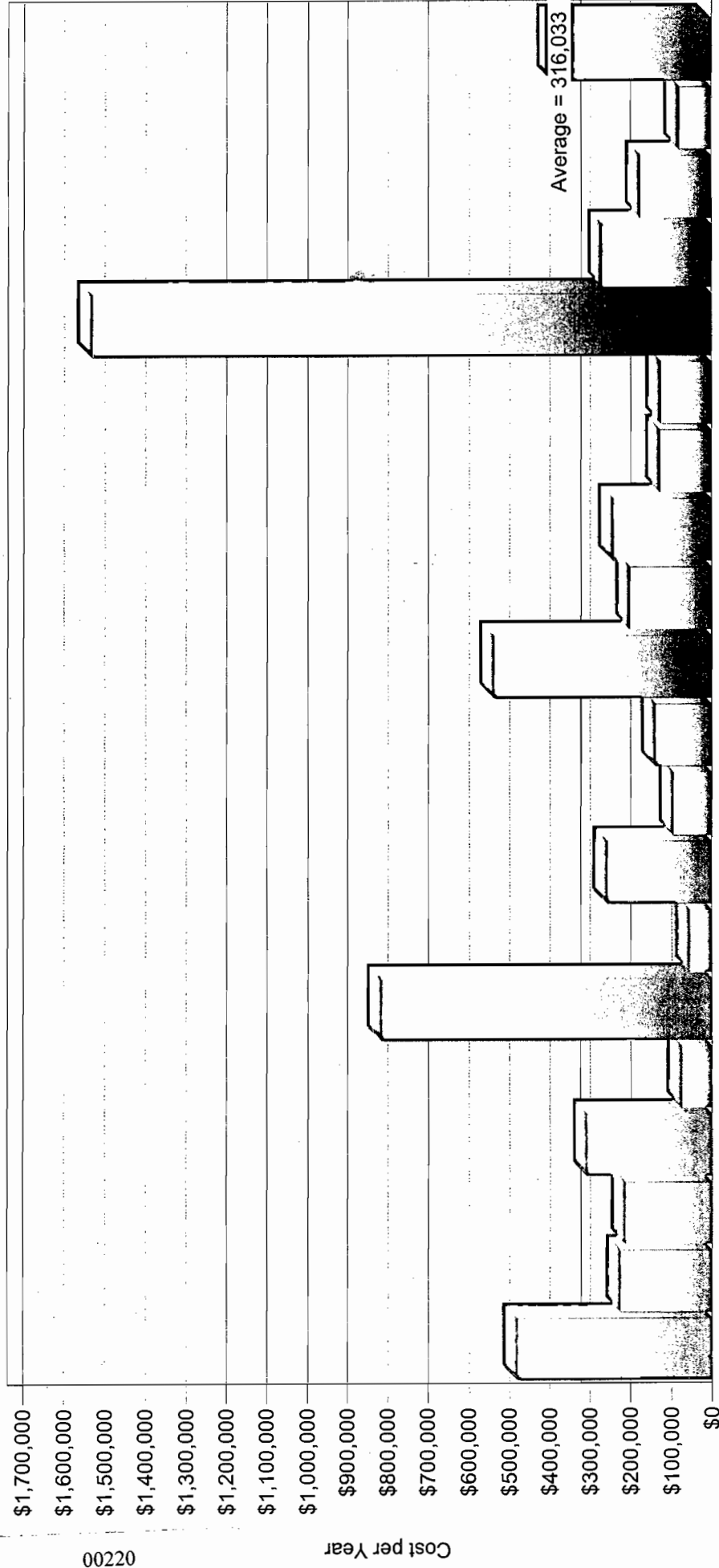
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00
Units: 109 Beds
Area: 44,672 SF
Year: 1960
Modified: 24 Sep 2010



Attachment 25 - p.38

2010-002: St Paul's Home, Belleville, IL

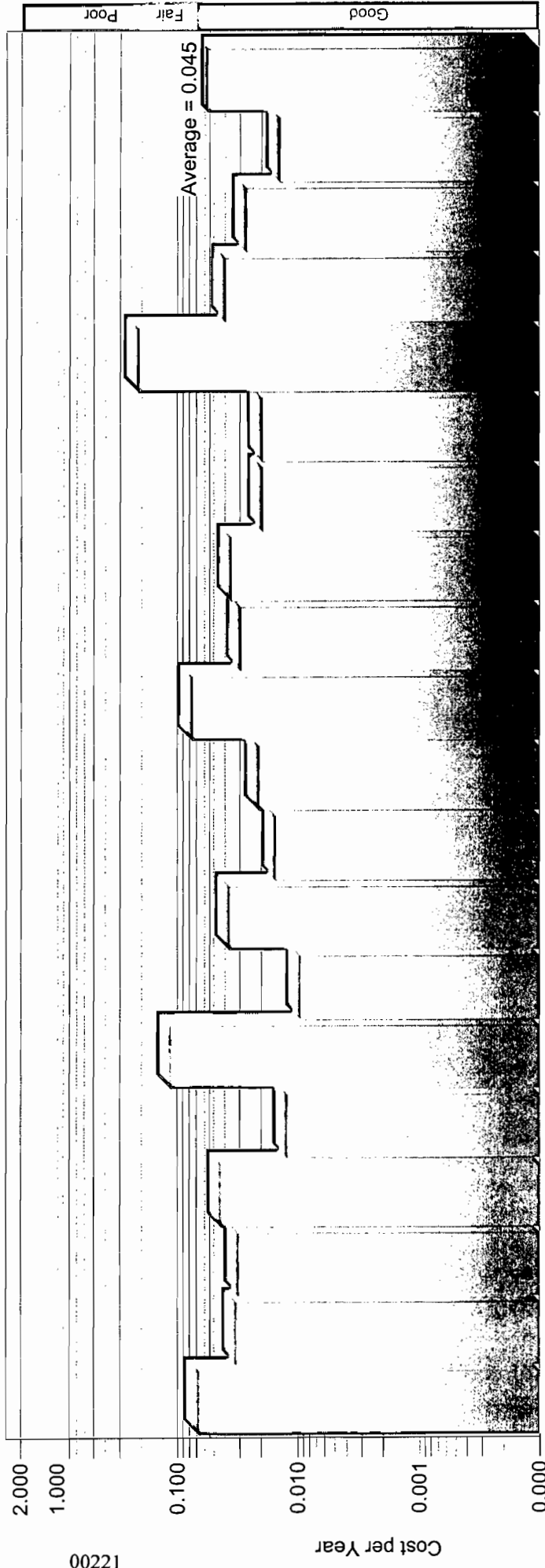
Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF

Report Parameters

Budget Types: Expense
CRV Year: 2010
FCI: (CAP + OPER) / CRV
Minimum unit cost: 0.00

Units: 109 Beds
Area: 44,672 SF
Year: 1960
Modified: 24 Sep 2010



Attachment 25 - p.39

FacilityForecast[®]
Forecasting the Future

2010-002: St Paul's Home, Belleville, IL

Annual Budget Totals
ILU Apartments
Tablo VII-A

2010-002: St Paul's Home, Belleville, IL

Report Parameters Begin Year: 2010 Report Year: 20 years Report Term: 3.00% Initiation: Gross SF Area Type:		Report Parameters Expense Budget Types: All Divisions: Minimum unit cost: 0.00		Units: 53 ILUs Area: 70,200 SF Year: 1997 Modified: 21 Sep 2010

[illegible]

FacilityForecast Forecasting the Future

Annual Budget Totals
ILU Apartments
Table VII-A

2010-002: St Paul's Home, Belleville, IL

Cap.	Item Description	Begin Date	End Date	Quantity	Unit	Unit Cost	Estimated Cost	Actual Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20	Totals
Cap.01	Electric control heater (w/3 inverter)	1983	30	7	2 ea	1,500.00	3,100	Contract	Cap						3,000														3,000
Cap.02	Water pump (1/2 hp, 2 in)	1987	17	1	1 ea	1,000.00	1,000	Contract	Cap																				1,000
Cap.03	Water pump (1/2 hp, 2 in)	1987	17	1	1 ea	1,000.00	1,000	Contract	Cap																				1,000
Cap.04	Water pump (1/2 hp, 2 in)	1987	23	2	2 ea	8,000.00	17,000	Contract	Cap																				18,000
Cap.05	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.06	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.07	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.08	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.09	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.10	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.11	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.12	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.13	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.14	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.15	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.16	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.17	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.18	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.19	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.20	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.21	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.22	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.23	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.24	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.25	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.26	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.27	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.28	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.29	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.30	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.31	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.32	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.33	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.34	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.35	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.36	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.37	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.38	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.39	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.40	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.41	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.42	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.43	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.44	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.45	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.46	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.47	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.48	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.49	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.50	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.51	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.52	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.53	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.54	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.55	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.56	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.57	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.58	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.59	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.60	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.61	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.62	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.63	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.64	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.65	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.66	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				24,000
Cap.67	Water pump (1/2 hp, 2 in)	1987	25	2	2 ea	11,000.00	23,000	Contract	Cap																				

54.03		54.04		54.05		54.06		54.07		54.08		54.09		54.10		54.11		54.12		54.13		54.14		54.15		54.16		54.17		54.18		54.19		54.20		54.21		54.22		54.23		54.24		54.25		54.26		54.27		54.28		54.29		54.30		54.31		54.32		54.33		54.34		54.35		54.36		54.37		54.38		54.39		54.40		54.41		54.42		54.43		54.44		54.45		54.46		54.47		54.48		54.49		54.50		54.51		54.52		54.53		54.54		54.55		54.56		54.57		54.58		54.59		54.60		54.61		54.62		54.63		54.64		54.65		54.66		54.67		54.68		54.69		54.70		54.71		54.72		54.73		54.74		54.75		54.76		54.77		54.78		54.79		54.80		54.81		54.82		54.83		54.84		54.85		54.86		54.87		54.88		54.89		54.90		54.91		54.92		54.93		54.94		54.95		54.96		54.97		54.98		54.99		55.00	
54.03	54.04	54.05	54.06	54.07	54.08	54.09	54.10	54.11	54.12	54.13	54.14	54.15	54.16	54.17	54.18	54.19	54.20	54.21	54.22	54.23	54.24	54.25	54.26	54.27	54.28	54.29	54.30	54.31	54.32	54.33	54.34	54.35	54.36	54.37	54.38	54.39	54.40	54.41	54.42	54.43	54.44	54.45	54.46	54.47	54.48	54.49	54.50	54.51	54.52	54.53	54.54	54.55	54.56	54.57	54.58	54.59	54.60	54.61	54.62	54.63	54.64	54.65	54.66	54.67	54.68	54.69	54.70	54.71	54.72	54.73	54.74	54.75	54.76	54.77	54.78	54.79	54.80	54.81	54.82	54.83	54.84	54.85	54.86	54.87	54.88	54.89	54.90	54.91	54.92	54.93	54.94	54.95	54.96	54.97	54.98	54.99	55.00																																																																																																		

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06/01 Utah Reliance Agreement

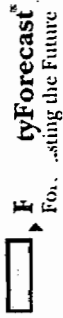
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Facility Forecast

Annual Budget Totals
ILU Apartments
Tablo VII-A

Category	Item Description	English	Unit	Quantity	Unit Cost	Estimated Cost	Actual Cost	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	2999	3000	3001	3002	3003	3004	3005	3006	3007	3008	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FacilityForecast[®]
Forecasting the Future

Annual Budget Totals - To Property

ILU Apartments
Chart VII-A.1

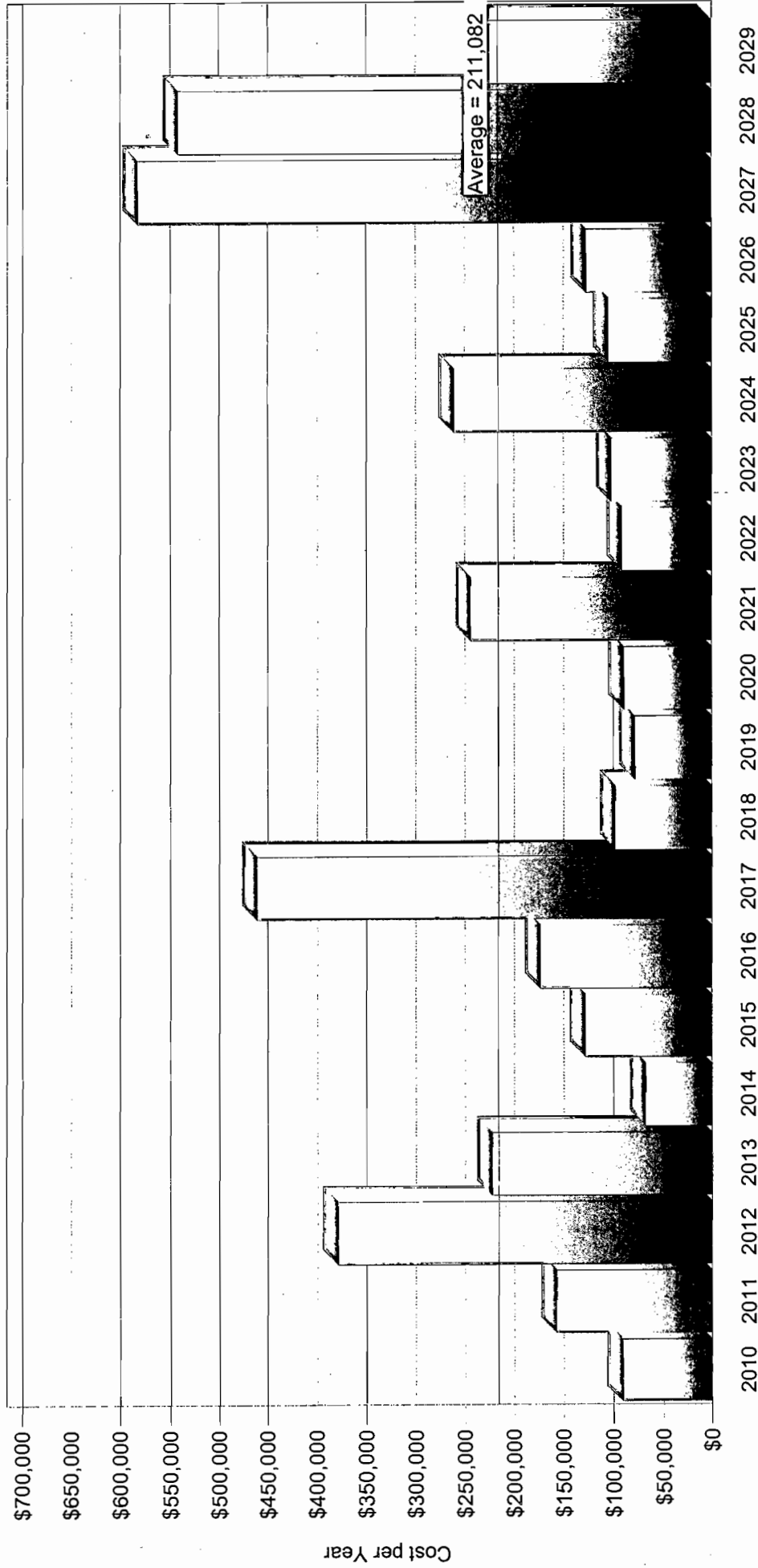
2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, REP, IMP

Report Parameters

Budget Types: Expense
Divisions: All
Minimum unit cost: 0.00
Units: 53 ILUs
Area: 70,200 SF
Year: 1987
Modified: 21 Sep 2010



Attachment 25 - p.44



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Page 1 of 1

2010-002: St Paul's Home, Belleville, IL

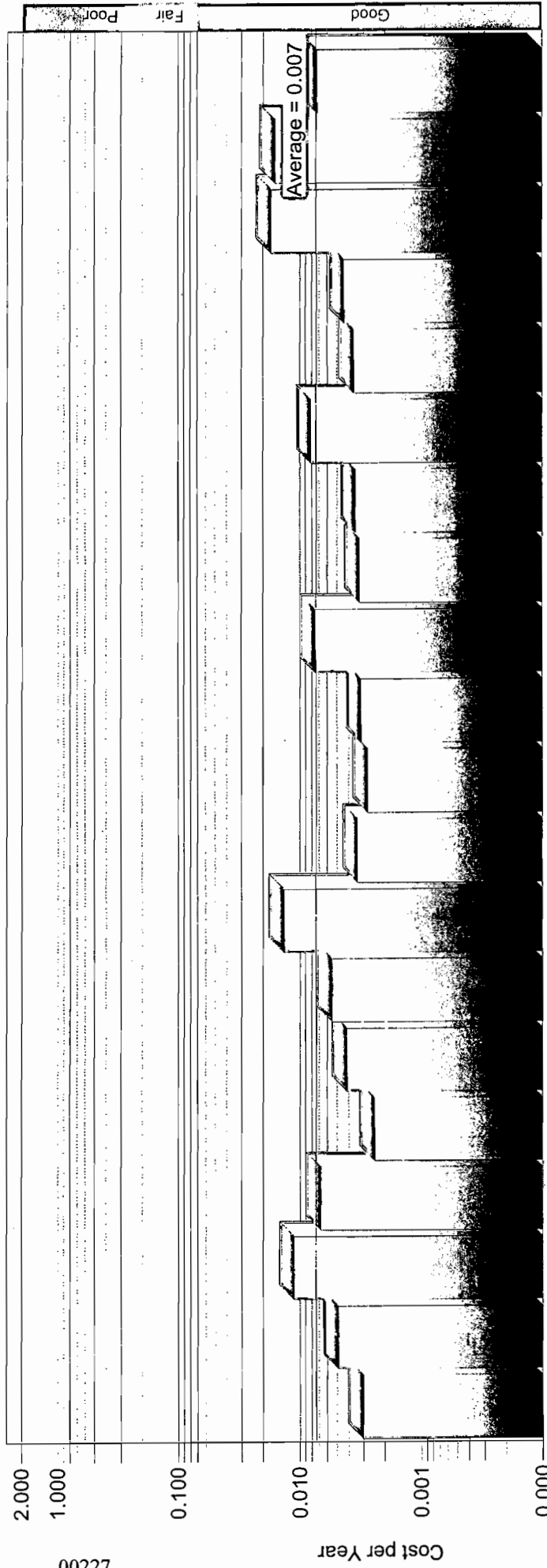
Report Parameters

Begin Year: 2010
Report Term: 20 years
Inflation: 3.00%
Area Type: Gross SF

Report Parameters

Budget Types: Expense
CRV Year: 2010
FCI: (CAP + OPER) / CRV
Minimum unit cost: 0.00

Units: 53 ILUs
Area: 70,200 SF
Year: 1987
Modified: 21 Sep 2010



Attachment 25 - p.45

2010-002: St Paul's Home, Belleville, IL

Report Parameters

Begin Year: 2010
Port Term: 20 years
Inflation: 3.00%
Area Type: Gross SF
Classifications: CAP, OPER

Report Parameters

Budget Types: Expense
Divisions: All
Certification: See Index Report
Minimum unit cost: 0.00

	Catg.	Budget	Description	Forecast Method	Quantity	Unit Cost	Install	Files/Photos	Comments
Expense									
	02.01		Landscape & Hardscape						
1	02.01	Sitework	Landscape repair & upgrades	L-Cycle	1	5,000	2010		Work not covered by landscape contract
2	02.01	Sitework	Prune trees	L-Cycle	1	1,000	2010	85	
	02.04		Site Concrete						
3	02.04	Sitework	Repair concrete walks to eliminate tripping hazards	L-Cycle	1	700	2010	84, 86	
4	02.04	Sitework	Clean & re-caulk joints in sidewalks	L-Cycle	650	1.6	2010		Routine replacement
	02.05		Retaining Walls						
5	02.05	Sitework	Repair/caulk joints in capstone at retaining walls	L-Cycle	183	1.75	2010	73	
	02.06		Site Rails, Fencing & Gates						
6	02.06	Sitework	Replace wood fence around cooling tower and dumpsters	L-Cycle	65	22	2013	62, 82	Routine replacement
	02.07		Site Lighting						
7	02.07	Sitework	Pole lights with spherical globes	L-Cycle	2	1,500	1995		Routine replacement
8	02.07	Sitework	Cobra head pole lights	L-Cycle	5	425	1995		Routine replacement
9	02.07	Sitework	Shoe box style pole lights	L-Cycle	5	900	1995		Routine replacement
10	02.07	Sitework	Bollard lights	L-Cycle	10	900	1995		Routine replacement
14	02.07	Sitework	Up light at monument sign	L-Cycle	1	900	1987		Routine replacement
	02.09		Site Utilities						
12	02.09	Sitework	Miscellaneous site utility repairs	L-Cycle	1	2,500	2011		Routine repairs
	02.10		Signage						
13	02.10	Sitework	Replace monument signage	L-Cycle	3	4,000	2020	8, 9, 74	
	02.13		Amenities						
14	02.13	Sitework	Bird bath/fountain	L-Cycle	1	1,000	1995		Routine replacement
12	02.13	Sitework	Gazebo	L-Cycle	1	4,500	2000	46	
2	02.13	Sitework	Benches	L-Cycle	4	550	2015		Routine replacement
12	02.13	Sitework	Replace out buildings used for storage	L-Cycle	2	4,000	2015	83	Routine replacement
18	02.13	Sitework	Replace garage used for storage	L-Cycle	1	12,000	2017		Routine replacement
	03.04		Thermal & Moisture Protection Systems						
19	03.04	Apts	Replace asphalt shingle roof	L-Cycle	214	210	2005	48, 49	
20	03.04	Nursing	EPDM membrane roof, 60 mil, fully adhered	L-Cycle	4,904	9.5	2000		Roof Area M
21	03.04	Nursing	Reset 2 roof drains to facilitate drainage	1x	2	50	2010	97	Roof Area M
22	03.04	Nursing	Firestone EPDM membrane roof, fully adhered 60 mil	L-Cycle	7,239	9.5	1989		Roof Area L
23	03.04	Nursing	Ballasted coal tar roof	L-Cycle	3,055	4.75	2012		Roof Area N, moss actively growing on roof
24	03.04	Nursing	Ballasted coal tar roof	L-Cycle	4,806	4.75	2012	56	Roof Area K, numerous water blisters, needs repair incl. replacement of lead boots
25	03.04	Nursing	Ballasted built-up roof	L-Cycle	12,438	4.75	2012	60, 61, 119	Roof Area J
26	03.04	Nursing	EPDM membrane roof, fully adhered	L-Cycle	240	9.5	2011	95	Roof Area H, needs replacement
27	03.04	Nursing	Downspouts	L-Cycle	48	8	1975		Rear of building
28	03.04	Nursing	Gutters & downspouts	L-Cycle	115	7	1995		Generator out building
29	03.04	Nursing	Asphalt shingles	L-Cycle	481	2.1	1995		Generator house roof
30	03.04	Shelter	Replace rusty metal coping at dining room roof	L-Cycle	200	10.5	2010	67	Roof Area B
31	03.04	Shelter	EPDM membrane, fully adhered Goodyear Versagard	L-Cycle	840	9.5	2006		Roof Area C
32	03.04	Shelter	EPDM membrane roof, Carlisle fully adhered, 60 mil	L-Cycle	7,374	9.5	2005		Roof Area G, estimated 5 years old
33	03.04	Shelter	EPDM membrane roof, 60 mil, fully adhered	L-Cycle	1,980	9.5	2000		Roof Area D
34	03.04	Shelter	Downspouts	L-Cycle	55	8	2000		Shelter kitchen, dining room & connecting corridor
35	03.04	Shelter	Downspouts	L-Cycle	75	8	1985		Ludwig & Kohl Wings
36	03.04	Shelter	Downspouts	L-Cycle	40	8	1985		Kohl Wing
37	03.04	Shelter	Built-up roof	L-Cycle	1,420	9.5	1995		Roof Area E
38	03.04	Shelter	Ballasted EPDM membrane roof	L-Cycle	2,835	9.5	2000	65	Roof Area B
39	03.04	Shelter	Ballasted built-up roof	L-Cycle	2,394	9.5	2000	64, 87, 90	Roof Area A
40	03.04	Shelter	Asphalt shingles	L-Cycle	3,757	2.1	2000		Roof Area F
41	03.04	Shelter	Asphalt shingles	L-Cycle	1,056	2.1	2005		Roof Area D
	03.05		Exterior Wall & Finish Systems						
42	03.05	Apts	Elastomeric coating on EIFS	L-Cycle	4,385	2.25	2010	71, 76	
43	03.05	Apts	Clean & recaulk brick control joints, louvers	L-Cycle	369	0.9	2010	75	
44	03.05	Apts	Wet glaze balcony green houses	L-Cycle	338	7.5	2014	50, 52	
45	03.05	Nursing	Pressure wash & seal arch precast at rear of chapel	L-Cycle	1	500	2010		Rear of building
46	03.05	Nursing	Repair mosaic panel on south elevation of Bartel Wing	1x	1	500	2010	126	
47	03.05	Shelter	Repair brick at Kohl Wing	1x	1	450	2010	94	
	03.07		Doors, Windows & Hardware						
48	03.07	Nursing	Fixed sash HM windows (interior) 4 x 3	L-Cycle	4	335	1985		Board room, therapy, offices, etc.

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	Catg.	Budget	Description	Forecast Method	Quantity	Unit Cost	Install	Files/Photos	Comments
3.07	Apts		Alum storefront at atrium	L-Cycle	600	75.5	1987	48, 49	
3.07	Shelter		Single hung alum windows 36 x 54	L-Cycle	26	525	2010		Rear of building Long overdue for replacement
51	03.07	Shelter	Single hung alum windows 36 x 54	L-Cycle	40	525	2010		Ludwig Wing Long overdue for replacement
52	03.07	Shelter	Replace fixed sash wood windows (2'-8" x 8'-0")	L-Cycle	12	815	2011	100	Kohl Wing
53	03.07	Shelter	Replace wood windows & trim (2'-10" x 6'-0")	L-Cycle	30	525	2010		Kohl Wing Long overdue for replacement
54	03.07	Shelter	Windows, single hung, alum. w/ storm windows	L-Cycle	6	525	2010		Shelter kitchen, dining room & connecting corridor Long overdue for replacement
55	03.07	Shelter	Windows, fixed sash wood approx 4' x 8'	L-Cycle	13	1,000	2010		Kohl Wing Long overdue for replacement
56	03.07	Shelter	Windows, alum. Casement 6' x 4'	L-Cycle	2	1,400	2000		Shelter kitchen, dining room & connecting corridor
57	03.07	Shelter	Single hung alum windows 36 x 54	L-Cycle	7	525	2010		Kohl Wing Believed to be 1965 vintage and overdue for replacement
58	03.07	Shelter	Wood door set in HM frame	L-Cycle	1	125	2011		Rear of building- deferred maintenance Originally installed 1975 or earlier
59	03.07	Shelter	Hollow core flush doors at baths	Pool	13	140	1955		Ludwig Wing
60	03.07	Shelter	Hollow core flush doors at baths	Pool	18	140	1985		Kohl Wing
61	03.07	Shelter	HM door & lockset	L-Cycle	1	585	2000		Shelter kitchen, dining room & connecting corridor
62	03.07	Shelter	HM door & lockset	L-Cycle	1	585	1975		Rear of building
63	03.07	Shelter	HM door & lockset	Pool	9	585	1965		Basement level
64	03.07	Shelter	Fire doors (interior wood)	L-Cycle	1	1,070	2000		Shelter kitchen, dining room & connecting corridor
65	03.07	Shelter	Fire doors (interior wood)	L-Cycle	2	1,070	1955		Ludwig Wing
66	03.07	Shelter	Fire doors (interior wood)	L-Cycle	1	1,070	1985		Kohl Wing
67	03.07	Shelter	Exterior doors 3-0 x 7-0	L-Cycle	5	900	1985		Kohl Wing
68	03.07	Nursing	Single hung alum windows 36 x 54	L-Cycle	74	525	1975		Roediger Wing
69	03.07	Nursing	Single hung alum windows 36 x 54	L-Cycle	34	525	1965		Bartel Wing
70	03.07	Nursing	Single hung alum windows 36 x 54	L-Cycle	26	525	1975		Rear of building
71	03.07	Nursing	Replace wood doors & frames exiting chapel on to roof	L-Cycle	2	900	2015	118, 130	
72	03.07	Nursing	Hollow core flush doors at baths	L-Cycle	19	140	1975		Roediger wing
73	03.07	Nursing	Hollow core flush doors at baths	Pool	22	140	1965		Bartel Wing
74	03.07	Nursing	HM door & lockset	L-Cycle	5	585	1965		Basement level
75	03.07	Nursing	HM door & lockset	L-Cycle	1	585	1995		Generator out building
76	03.07	Nursing	HM door & lockset	L-Cycle	1	585	1975		Roediger Wing
77	03.07	Nursing	Fire doors (interior wood)	L-Cycle	2	1,500	1975		Roediger Wing
78	03.07	Nursing	Fire doors (interior wood)	L-Cycle	1	1,500	1985		Chapel, corridor, and foyer
79	03.07	Nursing	Fire doors (interior wood)	L-Cycle	1	1,500	1975		Roediger (lower level)
80	03.07	Nursing	Fire doors (interior wood)	L-Cycle	1	1,500	1965		Basement level
81	03.07	Nursing	Fire doors (interior wood)	L-Cycle	1	1,500	1965		Bartel Wing
82	03.07	Nursing	Alum storefront w/ pair of doors & closers	L-Cycle	144	40.5	1985		Chapel, corridor, and foyer
83	03.07	Nursing	Alum storefront w/ pair of doors & closers	L-Cycle	182	40.5	1985		Chapel, corridor, and foyer
84	03.07	Nursing	Alum storefront w/ pair of doors & closers	L-Cycle	1	5,210	1975		Roediger Wing
85	03.07	Nursing	Alum storefront w/ pair of doors & closers	L-Cycle	1	5,210	1965		Bartel Wing
86	03.07	Nursing	Wood exterior doors w/ HM frame	L-Cycle	2	1,125	1965		Basement level
87	03.07	Shelter	Wood exterior doors w/ HM frame	L-Cycle	2	125	1965		Basement level
88	03.07	Shelter	HM door & lockset	L-Cycle	5	585	1965		Basement level
89	03.07	Shelter	Fire doors (interior wood)	L-Cycle	1	535	1965		Basement level
90	03.07	Nursing	Wood framed storefront w/ pair of doors & closers	L-Cycle	111	40.5	1985		Chapel, corridor, and foyer
91	03.07	Nursing	Unit entry doors 42" solid core flush	L-Cycle	23	400	1975		Roediger (both levels)
92	03.07	Nursing	Unit entry doors 42" solid core flush w 2 uneven leaves	L-Cycle	22	500	1965		Bartel
93	03.07	Shelter	Unit entry doors	L-Cycle	18	210	1965		Ludwig & Kohl Wings
03.08 Vertical Circulation									
94	03.08	Shelter	Upgrade elevator cab finishes	L-Cycle	1	12,000	1985		Kohl Wing
95	03.08	Shelter	Modernize 2 stop hydraulic elevator	L-Cycle	1	105,000	1985		Kohl Wing
96	03.08	Nursing	Modernize 2 stop hydraulic elevator	L-Cycle	1	105,000	1985		Roediger Wing
97	03.08	Nursing	Modernize 2 stop hydraulic elevator	L-Cycle	1	105,000	1985		Board room, therapy, offices, etc.
98	03.08	Nursing	Upgrade elevator cab finishes	L-Cycle	1	12,000	1975		Roediger Wing
99	03.08	Nursing	Upgrade elevator cab finishes	L-Cycle	1	12,000	1985		Board room, therapy, offices, etc.
03.09 Exterior Paint & Caulk									
100	03.09	Apts	Clean & paint columns & rail posts at bridge	L-Cycle	1	50	2010	72	Rust damage will ultimately cause structural failure if not addressed
101	03.09	Nursing	Paint CMU generator house	L-Cycle	925	2	2012	116	
102	03.09	Nursing	Paint 6'x7' fixed sash HM window frames	L-Cycle	5	55	2010		Rear of building
103	03.09	Nursing	Paint 32x84 fixed sash HM window frames (stained glass)	L-Cycle	9	35	2010		Rear of building
104	03.09	Nursing	Paint exterior CMU walls	L-Cycle		450	2012		Generator out building
03.10 Specials									
105	03.10	Shelter	Common area toilet partitions	L-Cycle	6	750	1990		Routine replacement
106	03.10	Apts	Common area toilet accessories	L-Cycle	3	100	1987		Routine replacement
107	03.10	Nursing	Common area toilet accessories	L-Cycle	4	100	1990		Routine replacement
108	03.10	Shelter	Common area toilet accessories	L-Cycle	4	100	1990		Routine replacement
109	03.10	Apts	Accordion folding partition	L-Cycle	160	35	2003		Routine replacement
110	03.10	Nursing	Stained glass	L-Cycle	1	5,000	1985		Chapel, corridor, and foyer
111	03.10	Nursing	Folding panel partitions	L-Cycle	405	90.5	1985		Chapel, corridor, and foyer
112	03.10	Nursing	Folding accordion wall panels	L-Cycle	180	57.5	1985		Chapel, corridor, and foyer
113	03.10	Nursing	Ecclesiastical accouterments	L-Cycle	1	10,000	1985		Chapel, corridor, and foyer
03.11 Balconies, Elevated Walkways & Rails									
114	03.11	Apts	Clean & apply sealer to balconies	L-Cycle	15	375	1987		Excludes ground floor patios & enclosed balconies
03.12 Appliances									
115	03.12	Nursing	Microwave (residential)	L-Cycle	1	150	1975		Roediger dining room
116	03.12	Nursing	Microwave (residential)	L-Cycle	1	150	1985		Board room, therapy, offices, etc.
117	03.12	Nursing	Microwave (residential)	L-Cycle	1	150	1965		Basement level
4.01 HVAC									
118	4.01	Apts	Water boilers (Phs: 2 yr)	L-Cycle	2	13,000	1987	31	500,000 BTU HH-0500-IN09k1 Tefednye
119	4.01	Apts	Water pumps HP-1 & HP-2 3 hp (Phs: 2 yr)	L-Cycle	2	8,800	1987	32	
120	4.01	Apts	Water pumps CP-1 & CHP-2 7.5 hp (Phs: 2 yr)	L-Cycle	2	12,600	1987	33	
121	4.01	Apts	Air handling Unit AHU-1 3 hp	L-Cycle	1	7,500	1987	36	

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	Catg.	Budget	Description	Forecast Method	Quantity	Unit Cost	Install	Files/Photos	Comments
	04.01	Apts	Air handling Unit AHU-2 1.5 hp	L-Cycle	1	6,200	1987	35	
	4.01	Apts	Fan coil units FC-A, FC-B, & FC-C	Pool	58	2,300	1987	30	
	04.01	Apts	Split system AC units at bridge (Phs: 2 yr)	L-Cycle	2	2,300	2010	54	
125	04.01	Apts	Air cooled chiller 4 stage	L-Cycle	1	69,388	2009	39	
126	04.01	Apts	Thru-wall exhaust fan at kitchen grease hood	L-Cycle	1	2,200	2003	16	
127	04.01	Nursing	Cooling tower ICT4 S4 Evapco	L-Cycle	1	5,940	2000	115	Single cell Evapco
128	04.01	Nursing	Exhaust fans	L-Cycle	6	650	1990		Roof Area J
129	04.01	Nursing	Exhaust fans	L-Cycle	3	3,500	2000		Roof Area J
130	04.01	Nursing	Oscillating fans in corridors	L-Cycle	6	150	1975		Roediger Wing
131	04.01	Nursing	Window AC unit	L-Cycle	5	441	1998		Roediger Wing
132	04.01	Nursing	Window AC unit	L-Cycle	1	441	1998		Rear of building
133	04.01	Nursing	Window AC unit	L-Cycle	2	441	1998		Bartel Wing
134	04.01	Nursing	Thru wall PTAC units	L-Cycle	35	1,050	1975		Roediger Wing
135	04.01	Nursing	Rooftop condensing unit for Roediger corridor HVAC	L-Cycle	1	15,400	1975		Roediger Wing
136	04.01	Nursing	Fan/evaporator unit for Roediger corridor HVAC	L-Cycle	1	18,500	2012		Roediger Wing
137	04.01	Nursing	Exhaust fans	L-Cycle	8	375	1990		Roediger roof
138	04.01	Nursing	Ceiling fans	L-Cycle	1	200	1975		Roediger Wing
139	04.01	Nursing	Ceiling fans	L-Cycle	2	200	1975		Roediger dining room
140	04.01	Nursing	Ceiling fans	L-Cycle	3	200	1975		Roediger (lower level)
141	04.01	Nursing	Sanyo fan coil unit	L-Cycle	1	3,500	1997		Reception area
142	04.01	Nursing	Sanyo condensing unit	L-Cycle	1	2,200	2009		Reception area
143	04.01	Nursing	cooling 2ATC0060A3000A American Standard	L-Cycle	1	5,500	2007		Laundry
144	04.01	Nursing	Roof exhaust fan (residential)	L-Cycle	1	200	1995		Generator out building
145	04.01	Nursing	Intake air louvers w/ 4 motor operators 8' x 11'	L-Cycle	1	9,340	1995		Generator out building
146	04.01	Nursing	Fan/evaporator unit for chapel	L-Cycle	1	11,000	1981		Chapel
147	04.01	Nursing	Rooftop condensing unit for chapel	L-Cycle	1	25,400	2009	98	Chapel
148	04.01	Nursing	Hydronic baseboard heat 2'	L-Cycle	4	220	1985		Board room, therapy, offices, etc.
149	04.01	Nursing	Oscillating fans in corridors	L-Cycle	4	150	1965		Basement level
150	04.01	Nursing	Oscillating fans in corridors	L-Cycle	4	150	1965		Bartel Wing
151	04.01	Nursing	Hydronic wall cabinet heater 3'	L-Cycle	1	292	1965		Basement level
152	04.01	Nursing	Carrier Gemini condenser serving chapel	L-Cycle	1	15,000	1965		Basement level
153	04.01	Nursing	Cabinet unit heater electric	L-Cycle	1	2,150	1965		Basement level
154	04.01	Nursing	Cabinet unit heater electric	L-Cycle	1	2,150	1985		Chapel, corridor, and foyer
155	04.01	Nursing	Cabinet unit heater	L-Cycle	2	985	1995		Generator out building
156	04.01	Nursing	Replace circulating water pipe	L-Cycle	16,950	10	2020		Bartel Wing (\$7 piping + \$3 access costs)
157	04.01	Nursing	Transom circulating fans	L-Cycle	2	100	1965		Bartel Wing
158	04.01	Nursing	Chiller PWC 3011 3 Drake	L-Cycle	1	25,500	1989		Bartel Wing
159	04.01	Shelter	Window AC unit	Pool	16	441	1998		Ludwig Wing
160	04.01	Shelter	Window AC unit	Pool	2	441	1998		Kohl Wing
161	04.01	Shelter	Thru wall PTAC units	Pool	27	1,050	1985		Kohl Wing
162	04.01	Shelter	Rooftop condenser RAUC 506 C Trane	L-Cycle	1	5,500	2000		Kohl corridors
163	04.01	Shelter	Kitchen make up air unit Reznor	L-Cycle	1	9,500	2012	69	Kitchen
164	04.01	Shelter	Hydronic heat cabinet 4'	L-Cycle	16	365	1955		Ludwig Wing
165	04.01	Shelter	Hydronic heat cabinet 2'	L-Cycle	5	220	1955		Ludwig Wing
166	04.01	Shelter	Hydronic cabinet heater	L-Cycle	8	292	1985		Kohl Wing
167	04.01	Shelter	Hydronic baseboard heat	Pool	80	292	1955		Ludwig Wing & Shelter dining room
168	04.01	Shelter	Heat/AC SFHA 1003 H Trane Shelter dining	L-Cycle	1	15,000	1990	91	Shelter dining
169	04.01	Shelter	Heat/AC CUR110GN21 Trane (kitchen)	L-Cycle	1	22,000	1990	88	Kitchen
170	04.01	Shelter	Fan/evaporator unit for Kohl comdors	L-Cycle	1	5,500	2000		Kohl corridors
171	04.01	Shelter	Centrifugal hot water pumps (Phs: 2 yr)	L-Cycle	2	10,400	2010	141	Kohl basement level Believed to be 1965 vintage and long overdue for replacement
172	04.01	Shelter	Centrifugal chilled water pumps (Phs: 2 yr)	L-Cycle	2	12,600	2010	143	Kohl basement level Believed to be 1970 vintage and long overdue for replacement
173	04.01	Shelter	Ceiling fans	L-Cycle	2	200	2000		Shelter kitchen, dining room & connecting corridor
174	04.01	Shelter	Ceiling fans	L-Cycle	4	200	1955		Ludwig Wing
175	04.01	Shelter	Boilers 1.68 MBH Cleaver Brooks (Phs: 3 yr)	L-Cycle	3	24,600	1990	140	
176	04.01	Shelter	Air handling unit	L-Cycle	1	12,000	1990	148	
04.02			Plumbing & Plumbing Fixtures						
177	04.02	Apts	Water softener	L-Cycle	1	4,436	2006	37	
178	04.02	Apts	Water heater 40 gal electric	Pool	53	425	1987	29	
179	04.02	Apts	Water heater 40 gal electric	L-Cycle	1	2,200	2006	34	
180	04.02	Nursing	Water cooler	L-Cycle	2	1,400	1975		Roediger (both levels)
181	04.02	Nursing	Water cooler	L-Cycle	1	1,400	1985		Chapel, corridor, and foyer
182	04.02	Nursing	Water cooler	L-Cycle	1	1,400	1985		Board room, therapy, offices, etc.
183	04.02	Nursing	Water cooler	L-Cycle	1	1,400	1965		Bartel Wing
184	04.02	Nursing	Hi-lo water cooler	L-Cycle	1	2,475	1965		Bartel Wing
185	04.02	Nursing	Faucets & flush valves	Pool	39	95	1975		Roediger (lower level)
186	04.02	Nursing	Faucets & flush valves	Pool	4	95	1985		Board room, therapy, offices, etc.
187	04.02	Nursing	Faucets & flush valves	Pool	41	95	1965		Bartel Wing
188	04.02	Nursing	Eye wash station	L-Cycle	1	2,359	2000		Basement level
189	04.02	Nursing	Bed pan washer	L-Cycle	1	1,875	1965		Bartel Wing
190	04.02	Shelter	Water cooler	Pool	5	1,400	1985		Ludwig & Kohl Wings
191	04.02	Shelter	Kitchen water storage tank	L-Cycle	1	5,145	2002	138	
192	04.02	Shelter	Kitchen/Laundry boiler 645,000 BTU Lockenvar	L-Cycle	1	16,100	2009	136	
193	04.02	Shelter	Faucets & flush valves	L-Cycle	26	95	1985		Ludwig & Kohl Wings
04.03			Fire Sprinkler & Life Safety Systems						
194	04.03	Apts	Replace fire pump	L-Cycle	1	24,500	1987	23	
195	04.03	Nursing	Upgrade fire alarm panels	L-Cycle	1	75,000	1995		\$75,000 total 25% shelter 75% nursing
196	04.03	Nursing	Door hold open device (magnetic)	L-Cycle	2	700	1955		Ludwig Wing
197	04.03	Nursing	Door hold open device (magnetic)	L-Cycle	1	700	1985		Chapel, corridor, and foyer
198	04.03	Nursing	Door hold open device (magnetic)	L-Cycle	1	700	1965		Basement level
199	04.03	Nursing	Door hold open device (magnetic)	L-Cycle	1	700	1965		Bartel wing
200	04.03	Nursing	Smoke detectors	L-Cycle	12	277	1975		Roediger dining room, upper & lower levels
201	04.03	Nursing	Smoke detectors	L-Cycle	1	277	1995		Generator out building
202	04.03	Nursing	Smoke detectors	L-Cycle	7	277	1985		Chapel, corridor, and foyer
203	04.03	Nursing	Smoke detectors	L-Cycle	5	277	1965		Basement level
204	04.03	Nursing	Smoke detectors	L-Cycle	11	277	1965		Bartel Wing
205	04.03	Nursing	Pull station	L-Cycle	3	131	1975		Roediger (both levels)
206	04.03	Nursing	Pull station	L-Cycle	3	131	1985		Chapel, corridor, and foyer
207	04.03	Nursing	Pull station	L-Cycle	3	131	1965		Basement level

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	Catg.	Budget	Description	Forecast Method	Quantity	Unit Cost	Install	Files/Photos	Comments
	4.03	Nursing	Pull station	L-Cycle	1	131	1995		Generator out building
	4.03	Nursing	Pull station	L-Cycle	1	131	1985		Board room, therapy, offices, etc.
	04.03	Nursing	Pull station	L-Cycle	3	131	1965		Bartel Wing
211	04.03	Nursing	Hom/strobe annunciator	L-Cycle	2	222	1975		Roediger Wing
212	04.03	Nursing	Hom/strobe annunciator	L-Cycle	1	222	1965		Basement level
213	04.03	Nursing	Hom/strobe annunciator	L-Cycle	4	222	1985		Chapel, corridor, and foyer
214	04.03	Shelter	Exit signs	L-Cycle	3	128	1955		Ludwig Wing
215	04.03	Nursing	Hom/strobe annunciator	L-Cycle	1	222	1995		Generator out building
216	04.03	Nursing	Hom/strobe annunciator	L-Cycle	4	222	1965		Bartel Wing
217	04.03	Nursing	Exit signs	L-Cycle	9	128	1985		Chapel, corridor, and foyer
218	04.03	Nursing	Exit signs	L-Cycle	1	128	1985		Board room, therapy, offices, etc.
219	04.03	Nursing	Exit signs	L-Cycle	2	128	1965		Basement level
220	04.03	Nursing	Exit signs	L-Cycle	5	128	1985		Bartel Wing
221	04.03	Shelter	Upgrade fire alarm panel	L-Cycle	1	75,000	2016		\$75,000 total 25% shelter 75% nursing
222	04.03	Nursing	Exit signs	L-Cycle	4	128	1975		Roediger Wing
223	04.03	Shelter	Pull station	Pool	7	131	1955		Ludwig & Kohl Wings
224	04.03	Shelter	Hom/strobe annunciator	Pool	10	222	1955		Ludwig & Kohl Wings
225	04.03	Shelter	Exit signs	L-Cycle	19	128	1985		Ludwig & Kohl Wings
226	04.03	Shelter	Door hold open device (magnetic)	L-Cycle	1	700	2000		Shelter kitchen, dining room & connecting corridor
227	04.03	Shelter	Door hold open device (magnetic)	L-Cycle	1	700	1985		Kohl Wing
228	04.03	Nursing	Exit signs	L-Cycle	3	128	1975		Roediger (lower level)
04.04 Electrical									
229	04.04	Apts	Infrared electric panel study	L-Cycle	70,200	0.03	2012		Routine study to find pending failures
230	04.04	Shelter	Infrared electric panel study	L-Cycle	17,505	0.03	2012		Routine study to find pending failures
231	04.04	Nursing	Infrared electric panel study	L-Cycle	44,672	0.03	2012		Routine study to find pending failures
232	04.04	Apts	Replace emergency generator 100kw	L-Cycle	1	80,000	1987	38	
233	04.04	Nursing	Exterior wall sconce	L-Cycle	2	145	1975		Roediger Wing
234	04.04	Nursing	2x2 lay in floor fixtures w/ parabolic lens	L-Cycle	24	225	1975		Roediger & Bartel Wings
235	04.04	Nursing	2x2 lay in floor fixtures	L-Cycle	4	155	1975		Roediger dining room
236	04.04	Nursing	1x4 floor fixtures	L-Cycle	8	166	1995		Generator out building
237	04.04	Nursing	1x4 surface mtd floor fixtures	L-Cycle	8	155	1975		Roediger dining room
238	04.04	Nursing	1x4 surface mtd floor fixtures	L-Cycle	7	155	1975		Roediger (lower level)
239	04.04	Nursing	1x4 surface mtd floor fixtures	L-Cycle	35	155	1965		Basement level
240	04.04	Nursing	1x4 floor fixture w/ wrap around lens	L-Cycle	16	166	1965		Bartel Wing
241	04.04	Nursing	1x4 floor fixtures recessed in drywall	L-Cycle	9	166	1985		Chapel, corridor, and foyer
242	04.04	Nursing	Lay in floor light fixtures	L-Cycle	58	166	1985		Chapel, corridor, and foyer
243	04.04	Nursing	2x4 lay in floor fixtures	L-Cycle	4	166	1985		Board room, therapy, offices, etc.
244	04.04	Nursing	Recessed soffit lights	L-Cycle	4	131	1975		Rear of building
245	04.04	Nursing	Replace 660 kw, dual fuel, ONAN generator	L-Cycle	1	400,000	1995	114	Generator out building
246	04.04	Nursing	Rebuild 660 kw, dual fuel, ONAN generator	L-Cycle	1	240,000	1995		Generator out building
247	04.04	Nursing	Track lights	L-Cycle	6	150	1985		Chapel, corridor, and foyer
248	04.04	Nursing	Down lights	L-Cycle	31	110	1985		Chapel, corridor, and foyer
	04.04	Nursing	Down lights	L-Cycle	13	110	1965		Bartel Wing
	4.04	Shelter	Surface mtd 1x4 & 2x4 floor fixtures w/ wrap around lens	L-Cycle	14	277	1955		Ludwig Wing
	04.04	Shelter	Exterior wall sconce	L-Cycle	2	145	1975		Rear of building
252	04.04	Shelter	4' fluorescent fixture w/ wrap around lens	L-Cycle	24	155	2000		Shelter kitchen, dining room & connecting corridor
253	04.04	Shelter	2x4 lay in floor fixtures	L-Cycle	8	166	1965		Basement level
254	04.04	Shelter	1x4 surface mtd floor fixtures	L-Cycle	12	155	1965		Basement level
255	04.04	Shelter	1'x4' fluorescent light (vapor light)	L-Cycle	21	175	2000		Shelter kitchen
256	04.04	Shelter	Replace electrical panels	L-Cycle	1	250,000	2015	111	
05.02 Common Area Floor Finishes									
257	05.02	Nursing	Carpet	L-Cycle	92	30	1975		Roediger dining room
258	05.02	Nursing	Carpet	L-Cycle	43	30	1985		Board room, therapy, offices, etc.
259	05.02	Nursing	Vinyl floor in bath room	L-Cycle	125	6.25	1965		Bartel Wing
260	05.02	Shelter	Vinyl floor tile	L-Cycle	6,000	2.1	1985		Kohl & Ludwig Wings
05.03 Common Area Paint & Wall Finishes									
261	05.03	Apts	Paint common area walls & ceilings (Phs: 4 yr)	L-Cycle	1	20,000	2010		Routine painting
262	05.03	Nursing	Recalc/ crack in stair well at NE corner of building	L-Cycle	1	200	2010		Roediger (lower level)
05.04 Common Area Ceiling Systems									
263	05.04	Apts	Replace acoustical ceiling tiles and grid	L-Cycle	14,410	4.5	1987		Routine replacement
264	05.04	Nursing	Acoustical ceiling tile	L-Cycle	35,000	4.1	1975		Bartel & Roediger Wings
265	05.04	Shelter	Acoustical ceiling tile	L-Cycle	6,000	4.1	1975		Kohl & Ludwig Wings
05.05 Common Area Cabinets, Tops & Millwork									
266	05.05	Nursing	Casework (wall & base) at nurses station	L-Cycle	30	719.5	1975		Roediger wing (both levels)
267	05.05	Nursing	Casework (wall & base)	L-Cycle	6	719.5	1975		Roediger Wing
268	05.05	Nursing	Casework (base only)	L-Cycle	12	344.5	1975		Roediger dining room
269	05.05	Nursing	Casework (base & wall)	L-Cycle	10	719.5	1985		Board room, therapy, offices, etc.
270	05.05	Nursing	Casework (wall & base)	L-Cycle	14	719.5	1965		Basement level
271	05.05	Nursing	Casework (wall & base) at nurses station	L-Cycle	15	719.5	1965		Bartel Wing
272	05.05	Nursing	Casework (base & wall)	L-Cycle	48	719.5	1965		Bartel Wing
06.04 Unit Ceiling Systems									
273	06.04	Nursing	Acoustical ceiling tile	L-Cycle	35,000	4.1	1975		Bartel & Roediger Wings
274	06.04	Shelter	Acoustical ceiling tile	L-Cycle	3,150	4.1	1975		Kohl only
06.05 Unit MEP									
275	06.05	Shelter	Over bed light	Pool	64	125	1985		Kohl & Ludwig Wings
276	06.05	Nursing	Over bed light	L-Cycle	42	125	1965		Bartel Wing
277	06.05	Nursing	Over bed light	L-Cycle	76	125	1975		Roediger (both levels)
06.06 Unit Cabinets, Counter Tops & Millwork									
	6.06	Shelter	Built-in metal/wood wardrobe (replace with wood cabinets)	L-Cycle	18	1,617.5	1985		Kohl Wing
	06.06	Nursing	Built-in metal/wood wardrobe (replace with wood cabinets)	L-Cycle	49	1,617.5	1975		Roediger (both levels)
06.09 Unit Appliances									

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Catg.	Budget	Description	Forecast Method	Quantity	Unit Cost	Install	Files/Photos	Comments
6.09	Apts	Refrigerator	Pool(W)	53	650	1987	19	
6.09	Apts	Microwave	Pool(W)	53	125	1987	19	
06.09	Apts	Range	Pool(W)	53	750	1987	19	
283 06.09	Apts	Vent hood	Pool(W)	53	70	1987	19	
07.02		Furnishings						
284 07.02	Nursing	Dining room table & chairs	L-Cycle	8	2,400	1975		Roediger dining room
285 07.02	Nursing	Dining room table & chairs	L-Cycle	4	2,400	1975		Roediger (lower level)
286 07.02	Nursing	Table & 4 dining chairs	L-Cycle	11	277	1985		Chapel, corridor, and foyer
287 07.02	Nursing	Table & 12 chairs (boardroom)	L-Cycle	1	12,000	1985		Board room
288 07.02	Nursing	Bed, bed side table, chair & small chest	L-Cycle	6	960	2002		Bartel Wing
289 07.02	Shelter	Dining room table & chairs	L-Cycle	11	2,400	2000		Shelter kitchen, dining room & connecting corridor
07.03		Interior Signage, Art & Accessories						
290 07.03	Apts	Replace interior signage	L-Cycle	1	10,000	2015		Routine replacement
07.04		Window Coverings						
291 07.04	Nursing	Draperies & bedspreads	L-Cycle	1	4,580	1978		From asset list - Roediger
292 07.04	Nursing	Draperies & bedspreads	L-Cycle	1	7,545.77	1971		From asset list
293 07.04	Nursing	Draperies & bedspreads	L-Cycle	1	4,580	1978		Bartel
294 07.04	Shelter	Draperies & bedspreads	L-Cycle	2	4,580	1978		Ludwig & Kohl Wings
07.06		Entertainment, Communication & Security Systems						
295 07.06	Shelter	Exit seeker system	L-Cycle	1	50,000	2010		\$50,000 total 20% Shelter 80% Nursing
296 07.06	Nursing	Exit seeker system	L-Cycle	1	50,000	2010		\$50,000 total 20% Shelter 80% Nursing
297 07.06	Apts	Baby grand piano	L-Cycle	1	25,000	1987		Routine replacement
298 07.06	Apts	Upright piano	L-Cycle	1	10,000	1987		Routine replacement
299 07.06	Apts	Pool table and accessories	L-Cycle	1	4,500	2009		Routine replacement
300 07.06	Shelter	Replace/upgrade telephone system	L-Cycle	1	38,000	2010		\$38,000 total 10% Shelter 10% Apts 80% Nursing
301 07.06	Apts	Replace/upgrade telephone system	L-Cycle	1	38,000	2010		\$38,000 total 10% Shelter 10% Apts 80% Nursing
302 07.06	Nursing	Replace/upgrade telephone system	L-Cycle	1	38,000	2010		\$38,000 total 10% Shelter 10% Apts 80% Nursing
303 07.06	Nursing	TV flat screen	L-Cycle	1	1,729.98	1975		Roediger dining room
304 07.06	Nursing	TV flat screen	L-Cycle	1	1,729.98	1975		Roediger (lower level)
305 07.06	Nursing	TV	L-Cycle	1	1,725	1975		Roediger (lower level)
306 07.06	Nursing	Nurse call light	L-Cycle	30	50	1965		Bartel Wing
307 07.06	Nursing	Nurse call light	L-Cycle	30	50	1975		Roediger (both levels)
308 07.06	Nursing	Nurse call light	L-Cycle	2	50	1985		Chapel, corridor, and foyer
309 07.06	Nursing	Nursing alarm system upgrade	L-Cycle	1	1,333.47	2009		From asset list
310 07.06	Nursing	TV flat screen	L-Cycle	1	1,729.98	1985		Chapel, corridor, and foyer
311 07.06	Nursing	Piano	L-Cycle	1	5,000	1985		Chapel, corridor, and foyer
312 07.06	Nursing	Organ	L-Cycle	1	1,425	1976		Chapel, corridor, and foyer
313 07.06	Nursing	Key pad door dock	L-Cycle	1	650	1975		Roediger (lower level)
314 07.06	Nursing	Key pad door dock	L-Cycle	1	650	1985		Chapel, corridor, and foyer
315 07.06	Nursing	Key pad door dock	L-Cycle	1	650	1965		Bartel Wing
316 07.06	Nursing	Time clock	L-Cycle	1	1,398	1999		Basement level
317 07.06	Nursing	Public address system speaker	L-Cycle	2	75	1985		Chapel, corridor and foyer
318 07.06	Nursing	Public address system speaker	L-Cycle	2	75	1965		Basement level
319 07.06	Nursing	Public address system speaker	L-Cycle	2	75	1965		Bartel Wing
320 07.06	Nursing	Public address system speaker	L-Cycle	6	75	1975		Roediger (both levels)
321 07.06	Shelter	TV	L-Cycle	1	1,729.98	1955		Ludwig Wing
322 07.06	Shelter	Public address system speaker	L-Cycle	7	75	1955		Ludwig & Kohl Wings
323 07.06	Shelter	Piano	L-Cycle	1	5,000	1955		Ludwig Wing
324 07.06	Shelter	Nurse call light	L-Cycle	15	50	1955		Ludwig Wing
325 07.06	Shelter	Nurse call light	L-Cycle	20	50	1985		Kohl Wing
326 07.06	Shelter	Key pad door dock	L-Cycle	1	650	1955		Ludwig Wing
327 07.06	Shelter	Key pad door dock	L-Cycle	2	650	1985		Kohl Wing
07.07		Office Systems						
328 07.07	Nursing	Network server	L-Cycle	1	5,000	2009		Routine replacement
329 07.07	Nursing	Network equipment	L-Cycle	1	10,000	2009		Routine replacement and upgrades
330 07.07	Nursing	Ethernet switch upgrade	L-Cycle	1	12,000	2009		Routine replacement
331 07.07	Nursing	Continuous data protection system	L-Cycle	1	5,000	2009		Back-up system
332 07.07	Nursing	Firewall	L-Cycle	1	2,500	2009		Routine upgrade
333 07.07	Nursing	Workstation Upgrade	L-Cycle	1	1,339	1998		From asset list
334 07.07	Nursing	Workstation (Admin Nurse)	L-Cycle	1	404.5	2002		From asset list
335 07.07	Nursing	Workstation (Admin Clerk)	L-Cycle	1	389.5	2002		From asset list
336 07.07	Nursing	Workstation (6)	L-Cycle	6	389.5	2002		From asset list
337 07.07	Nursing	Windows 2000-server and user licenses	L-Cycle	1	532.5	2002		From asset list
338 07.07	Nursing	Upgrade Workstations	L-Cycle	1	3,727.08	1999		From asset list
339 07.07	Nursing	Upgrade Accountant and Clerk's Workstation	L-Cycle	1	739	1998		From asset list
340 07.07	Nursing	Upgrade 10 Workstations	L-Cycle	1	2,860.26	1999		From asset list
341 07.07	Nursing	Support to install servers and workstations	L-Cycle	1	714.13	2002		From asset list
342 07.07	Nursing	Sharp AR-507 Copier	L-Cycle	1	9,895	2002		From asset list
343 07.07	Nursing	Set-up Joni's Computer and Shirley's Printer	L-Cycle	1	281.57	2002		From asset list
344 07.07	Nursing	Set up new computers	L-Cycle	1	1,202.78	2007		From asset list
345 07.07	Nursing	Set up new computers	L-Cycle	1	512	2007		From asset list
346 07.07	Nursing	Set up new computers	L-Cycle	1	90	2007		From asset list
347 07.07	Nursing	Port switch/hub for new server system	L-Cycle	1	119.5	2002		From asset list
348 07.07	Nursing	Orbits Software and Hardware	L-Cycle	1	150	2008		From asset list
349 07.07	Nursing	Novell Upgrade	L-Cycle	1	582.5	1998		From asset list
350 07.07	Nursing	Novell Software Upgrade	L-Cycle	1	875	1996		From asset list
351 07.07	Nursing	New Workstation for Admin Clerk	L-Cycle	1	591.7	1999		From asset list
352 07.07	Nursing	Network infrastructure planning	L-Cycle	1	40,785	2002		From asset list
353 07.07	Nursing	Monitors and keyboards	L-Cycle	1	2,723	2002		From asset list
354 07.07	Nursing	Medical Software Conversion	L-Cycle	1	1,500	2004		From asset list
355 07.07	Nursing	Master Series, Conversion to Windows 2000, Replace bad cable	L-Cycle	1	448.14	2002		From asset list
356 07.07	Nursing	Marketing Director's Computer	L-Cycle	1	508	2006		From asset list
357 07.07	Nursing	Marketing Computer	L-Cycle	1	877.5	2007		From asset list
358 07.07	Nursing	Laser Printers HP1100Xi	L-Cycle	1	267.5	2000		From asset list
359 07.07	Nursing	Laser Printers HP 4000	L-Cycle	1	699.5	1999		From asset list
360 07.07	Nursing	Laser Jet printer, firewall upgrade on server	L-Cycle	1	603.215	1905		From asset list

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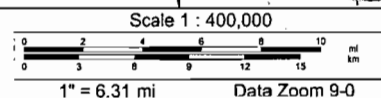
	Catg.	Budget	Description	Forecast Method	Quantity	Unit Cost	Install	Files/Photos	Comments
	7.07	Nursing	Install Tape drive, Backup exec, Novell and rewired station 34	L-Cycle	1	602.355	2002		From asset list
	07.07	Nursing	Install Local Server	L-Cycle	1	833	2006		From asset list
363	07.07	Nursing	Install Local Server	L-Cycle	1	833.5	2006		From asset list
364	07.07	Nursing	Install Local Server	L-Cycle	1	833.5	2006		From asset list
365	07.07	Nursing	Illinois Case Mix Software	L-Cycle	1	525	2005		From asset list
366	07.07	Nursing	Horizon Technical Assessment Worksheet	L-Cycle	1	37.5	2002		From asset list
367	07.07	Nursing	Hardware Additions	L-Cycle	1	1,281.5	1996		From asset list
368	07.07	Nursing	Hardware Additions	L-Cycle	1	421.335	1995		From asset list
369	07.07	Nursing	Hardware Additions	L-Cycle	1	5,898.7	1995		From asset list
370	07.07	Nursing	Hardware Additions	L-Cycle	1	1,360.75	1995		From asset list
371	07.07	Nursing	Hardware Additions	L-Cycle	1	1,656	1995		From asset list
372	07.07	Nursing	Fax Machine (Sharp)-Nursing	L-Cycle	1	795	1999		From asset list
373	07.07	Nursing	Fax machine - clinical	L-Cycle	1	299.99	2009		From asset list
374	07.07	Nursing	Document Layout-New NT servers	L-Cycle	1	25	2002		From asset list
375	07.07	Nursing	Computer Workstation-Dty	L-Cycle	1	559.5	2000		From asset list
376	07.07	Nursing	Computer Upgrade and Server	L-Cycle	1	5,601.59	2005		From asset list
377	07.07	Nursing	Computer Upgrade and Server	L-Cycle	1	1,327.2	2005		From asset list
378	07.07	Nursing	Computer Upgrade and Server	L-Cycle	1	3,592.115	2005		From asset list
379	07.07	Nursing	Computer upgrade and AOD License	L-Cycle	1	11,350.325	2005		From asset list
380	07.07	Nursing	Computer System	L-Cycle	1	11,092.577	1992		From asset list
381	07.07	Nursing	Computer for Accountant	L-Cycle	1	517	2004		From asset list
382	07.07	Nursing	Cables	L-Cycle	1	54.84	2002		From asset list
383	07.07	Nursing	ADP Windows Upgrade	L-Cycle	1	264.5	1998		From asset list
384	07.07	Nursing	Accounting Clerk Workstation	L-Cycle	1	215.6	2003		From asset list
385	07.07	Nursing	2 CPUs for Nursing and 1 monitor	L-Cycle	2	859.117	2006		From asset list
386	07.07	Nursing	1997 Additions	L-Cycle	1	2,514.7	1997		From asset list
387	07.07	Nursing	1993 Additions	L-Cycle	1	16,424.5	1993		From asset list
388	07.07	Shelter	Workstation Upgrade	L-Cycle	1	1,339	1998		From asset list
389	07.07	Shelter	Workstation (Admin Nurse)	L-Cycle	1	404.5	2002		From asset list
390	07.07	Shelter	Workstation (Admin Clerk)	L-Cycle	1	389.5	2002		From asset list
391	07.07	Shelter	Workstation (6)	L-Cycle	6	389.5	2002		From asset list
392	07.07	Shelter	Windows 2000-server and user licenses	L-Cycle	1	532.5	2002		From asset list
393	07.07	Shelter	Upgrade Workstations	L-Cycle	1	3,727.08	1999		From asset list
394	07.07	Shelter	Upgrade Accountant and Clerk's Workstation	L-Cycle	1	739	1998		From asset list
395	07.07	Shelter	Upgrade 10 Workstations	L-Cycle	1	2,860.26	1999		From asset list
396	07.07	Shelter	Support to install servers and workstations	L-Cycle	1	714.13	2002		From asset list
397	07.07	Shelter	Set-up Joni's Computer and Shirley's Printer	L-Cycle	1	281.57	2002		From asset list
398	07.07	Shelter	Set up new computers	L-Cycle	1	1,202.78	2007		From asset list
399	07.07	Shelter	Set up new computers	L-Cycle	1	512	2007		From asset list
400	07.07	Shelter	Set up new computers	L-Cycle	1	90	2007		From asset list
401	07.07	Shelter	Port switch/hub for new server system	L-Cycle	1	119.5	2002		From asset list
402	07.07	Shelter	Orbits Software and Hardware	L-Cycle	1	150	2008		From asset list
403	07.07	Shelter	Novell Upgrade	L-Cycle	1	582.5	1998		From asset list
	7.07	Shelter	Novell Software Upgrade	L-Cycle	1	875	1996		From asset list
	7.07	Shelter	New Workstation for Admin Clerk	L-Cycle	1	591.7	1999		From asset list
	07.07	Shelter	Network infrastructure planning	L-Cycle	1	40.785	2002		From asset list
407	07.07	Shelter	Monitors and keyboards	L-Cycle	1	2,723	2002		From asset list
408	07.07	Shelter	Medical Software Conversion	L-Cycle	1	1,500	2004		From asset list
409	07.07	Shelter	Master Series, Conversion to Windows 2000, Replace bad cable	L-Cycle	1	448.14	2002		From asset list
410	07.07	Shelter	Marketing Director's Computer	L-Cycle	1	508	2006		From asset list
411	07.07	Shelter	Marketing Computer	L-Cycle	1	877.5	2007		From asset list
412	07.07	Shelter	Laser Printers HP1100Xi	L-Cycle	1	267.5	2000		From asset list
413	07.07	Shelter	Laser Printers HP 4000	L-Cycle	1	699.5	1999		From asset list
414	07.07	Shelter	Laser jet printer, firewall upgrade on server	L-Cycle	1	603.215	2008		From asset list
415	07.07	Shelter	Install tape drive, backup exec, Novell and rewired station 34	L-Cycle	1	602.355	2002		From asset list
416	07.07	Shelter	Install Local Server	L-Cycle	1	833.5	2006		From asset list
417	07.07	Shelter	Illinois Case Mix Software	L-Cycle	1	525	2005		From asset list
418	07.07	Shelter	Horizon Technical Assessment Worksheet	L-Cycle	1	37.5	2002		From asset list
419	07.07	Shelter	Hardware Additions	L-Cycle	1	1,281.5	1996		From asset list
420	07.07	Shelter	Hardware Additions	L-Cycle	1	421.335	1995		From asset list
421	07.07	Shelter	Hardware Additions	L-Cycle	1	5,898.7	1995		From asset list
422	07.07	Shelter	Hardware Additions	L-Cycle	1	1,360.75	1995		From asset list
423	07.07	Shelter	Hardware Additions	L-Cycle	1	1,656	1995		From asset list
424	07.07	Shelter	Document Layout-New NT servers	L-Cycle	1	25	2002		From asset list
425	07.07	Shelter	Computer Workstation-Dty	L-Cycle	1	559.5	2000		From asset list
426	07.07	Shelter	Computer Upgrade and Server	L-Cycle	1	5,601.59	2005		From asset list
427	07.07	Shelter	Computer Upgrade and Server	L-Cycle	1	1,327.2	2005		From asset list
428	07.07	Shelter	Computer Upgrade and Server	L-Cycle	1	3,592.115	2005		From asset list
429	07.07	Shelter	Computer upgrade and AOD License	L-Cycle	1	11,350.325	2005		From asset list
430	07.07	Shelter	Computer System	L-Cycle	1	11,092.577	1992		From asset list
431	07.07	Shelter	Computer for Accountant	L-Cycle	1	517	2004		From asset list
432	07.07	Shelter	Cables	L-Cycle	1	54.84	2002		From asset list
433	07.07	Shelter	ADP Windows Upgrade	L-Cycle	1	264.5	1998		From asset list
434	07.07	Shelter	Accounting Clerk Workstation	L-Cycle	1	215.6	2003		From asset list
435	07.07	Shelter	2 CPUs for Nursing and 1 monitor	L-Cycle	2	859.117	2008		From asset list
436	07.07	Shelter	1997 Additions	L-Cycle	1	2,514.7	1997		From asset list
437	07.07	Shelter	1993 Additions	L-Cycle	1	16,424.5	1993		From asset list
	07.08		Vehicles						
438	07.08	Sitework	Lawn tractor John Deer #318	L-Cycle	1	15,000	1987		Tractor complete with mowing attachments and snowplow - all of which are not in use
	07.10		Kitchen Equipment						
439	07.10	Apts	DISHMACHINE	L-Cycle	1	10,000	1991	16	
440	07.10	Apts	Under sink grease trap	L-Cycle	1	1,800	1991	14	
	07.10	Apts	CONVECTION OVEN, SINGLE	L-Cycle	1	4,140	1991	15	
	07.10	Apts	ICE MACHINE	L-Cycle	1	2,298.99	1991	17	
	07.10	Nursing	Grease Trap	L-Cycle	1	3,390	2006		From asset list Nursing Kitchen
	07.10	Nursing	Ice Cube Machine (Bartel)	L-Cycle	1	1,860	1998		From asset list
445	07.10	Nursing	Scottsman condenser for ice machine	L-Cycle	1	850	2009		Bartel Wing
446	07.10	Nursing	Ice machine condensing unit	L-Cycle	1	800	2009		Bartel Wing

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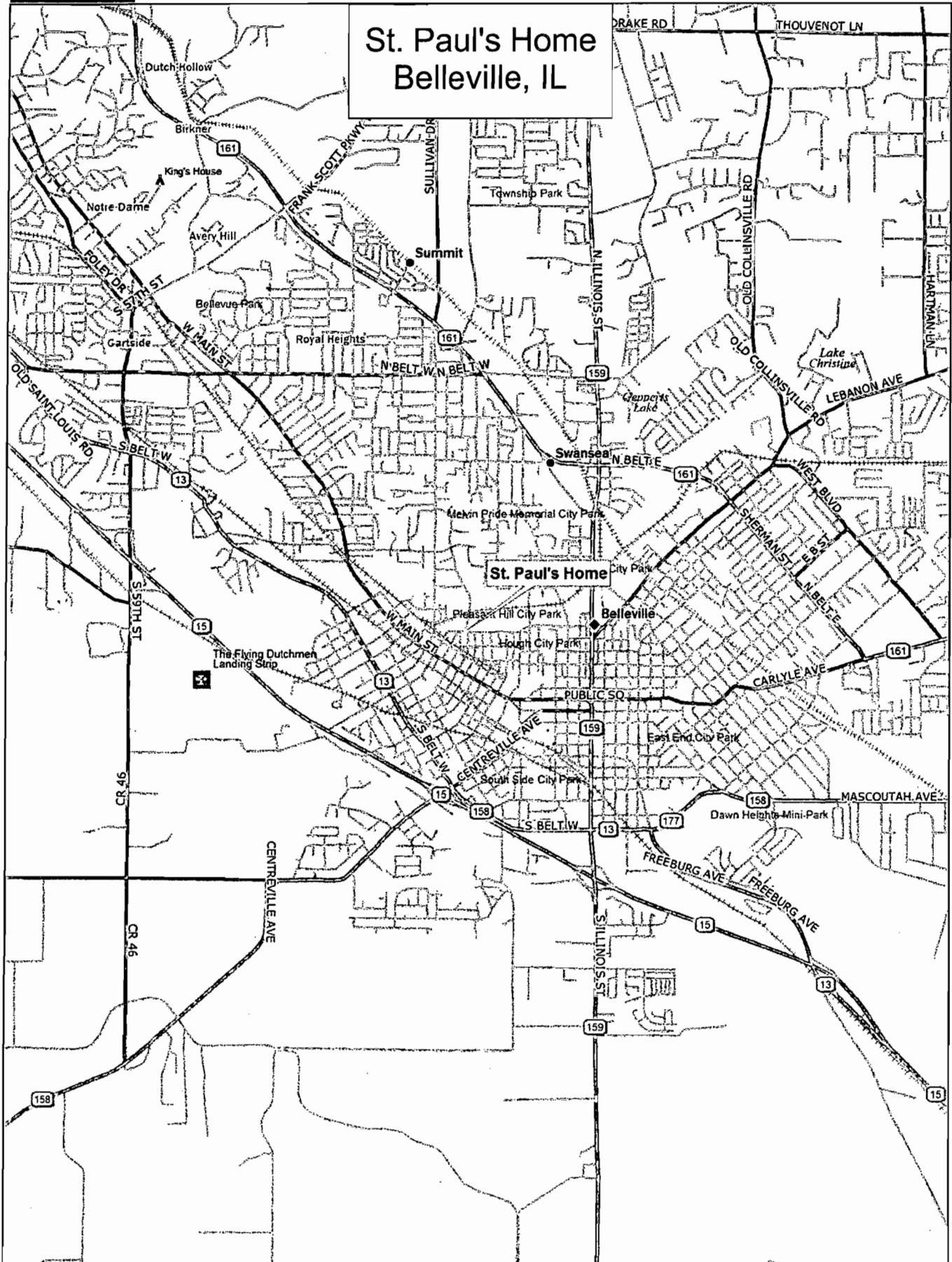
	Catg.	Budget	Description	Forecast Method	Quantity	Unit Cost	Install	Files/Photos	Comments
	07.10	Nursing	Ice machine	L-Cycle	1	2,500	2009		Bartel Scottsman 250 lb
	07.10	Nursing	Steam tables	L-Cycle	4	1,740	1965		3 wells
	07.10	Shelter	Vertical mixer 7 qt	L-Cycle	1	3,122.69	2012		Existing unit needs replacement
450	07.10	Shelter	Stero dishwasher	L-Cycle	1	22,000	2012	110	Existing unit needs replacement
451	07.10	Shelter	Kitchen Range Hood ex. Fan	L-Cycle	1	1,220.65	2000		From asset list
452	07.10	Shelter	GREASE HOOD - DOUBLE	L-Cycle	1	34,500	2011		Existing hood is rusting - health hazard
453	07.10	Shelter	Electric can opener	L-Cycle	1	708.03	2000		Not working, needs replacement
454	07.10	Shelter	Convection oven Hobart	L-Cycle	1	4,140	2007	108	
455	07.10	Shelter	Convection Oven	L-Cycle	1	2,818.25	2007		From asset list
456	07.10	Shelter	Ansul fire protection system	L-Cycle	1	1,200	1995	109	
457	07.10	Shelter	20 GAL. TILT SKILLET	L-Cycle	1	13,153	1988		New item requested by kitchen staff
458	07.10	Shelter	FOOD LAMPS	L-Cycle	1	2,000	2010		New item requested by kitchen staff
459	07.10	Shelter	KITCHEN REFRIGERATOR 2 door/juice	L-Cycle	1	3,500	2010		Existing unit needs to be replaced
	07.11		Laundry Equipment						
460	07.11	Nursing	Wascomat selecta 28	L-Cycle	2	4,200	1997	127	
461	07.11	Nursing	Wascomat JR W75	L-Cycle	1	4,200	1994	127	
462	07.11	Nursing	Wascomat FL 185	L-Cycle	1	4,200	1999	127	
463	07.11	Nursing	Commercial Dryers unimal	L-Cycle	1	2,872	1999	131	
464	07.11	Nursing	Commercial Dryers unidryer	L-Cycle	2	2,872	1992	131	
465	07.11	Nursing	Commercial Dryers speed queen	L-Cycle	1	2,872	2000	131	
466	07.11	Nursing	Commercial Dryers huebsch	L-Cycle	1	2,872	2003	131	
	07.12		Health Care & Nursing Equipment						
467	07.12	Nursing	Track for privacy curtain	L-Cycle	15	110	1975		Roediger Wing
468	07.12	Nursing	Privacy curtain	L-Cycle	15	150	1975		Roediger Wing
469	07.12	Nursing	Patient lift	L-Cycle	1	843.33	2005		Roediger Wing
470	07.12	Nursing	Track for privacy curtain	L-Cycle	17	110	1975		Roediger (lower level)
471	07.12	Nursing	Privacy curtain	L-Cycle	17	150	1975		Roediger (lower level)
472	07.12	Nursing	Patient scale (wheelchair)	L-Cycle	1	2,131	2001		Roediger (lower level)
473	07.12	Nursing	Wheelchairs w/removable parts	L-Cycle	2	338.26	2009		From asset list
474	07.12	Nursing	Wheelchair Scale	L-Cycle	1	2,130.52	2001		From asset list
475	07.12	Nursing	Walker, Wheelchair, Recliners	L-Cycle	1	1,827.74	2001		From asset list
476	07.12	Nursing	Vital signs machines - clinical	L-Cycle	1	3,066.2	2009		From asset list
477	07.12	Nursing	Recliners	L-Cycle	2	780	2000		From asset list
478	07.12	Nursing	Oxygen Concentrator	L-Cycle	2	1,047.59	2009		From asset list
479	07.12	Nursing	Oxygen Concentrator	L-Cycle	1	1,586.91	2001		From asset list
480	07.12	Nursing	Oxygen Concentrator	L-Cycle	1	1,529.42	2000		From asset list
481	07.12	Nursing	Oxygen Concentrator	L-Cycle	1	764.71	1999		From asset list
482	07.12	Nursing	Oxygen Concentrator	L-Cycle	1	846.15	1998		From asset list
483	07.12	Nursing	Nursing equipment	L-Cycle	1	97,747	2008		From asset list
484	07.12	Nursing	Nursing Equip - Recliner w/ tray Blue	L-Cycle	1	704.56	2007		From asset list
485	07.12	Nursing	Hydraulic lift and full body sling	L-Cycle	1	899.42	2002		From asset list
486	07.12	Nursing	Broda chairs - clinical	L-Cycle	2	1,949.3	2009		From asset list
487	07.12	Nursing	Track for privacy curtain	L-Cycle	24	110	1965		Bartel Wing
488	07.12	Nursing	Privacy curtain	L-Cycle	24	150	1965		Bartel Wing
489	07.12	Nursing	Patient scale (wheelchair)	L-Cycle	2	2,200	1965		Bartel Wing
490	07.12	Nursing	Patient lift	L-Cycle	1	899	1965		Bartel Wing
491	07.12	Nursing	Bather tub to replace cast iron bathtub	L-Cycle	1	15,000	2015		Bartel Wing
492	07.12	Shelter	Privacy curtain	L-Cycle	35	800	2011		Ludwig & Kohl Wings
	07.13		Beauty Shop, Store, Bank, Library & Other						
493	07.13	Shelter	Beauty shop equipment	L-Cycle	1	2,500	2011		Kohl Wing

00234

Attachment 25 - p.52



St. Paul's Home Belleville, IL



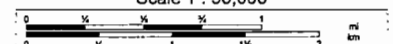
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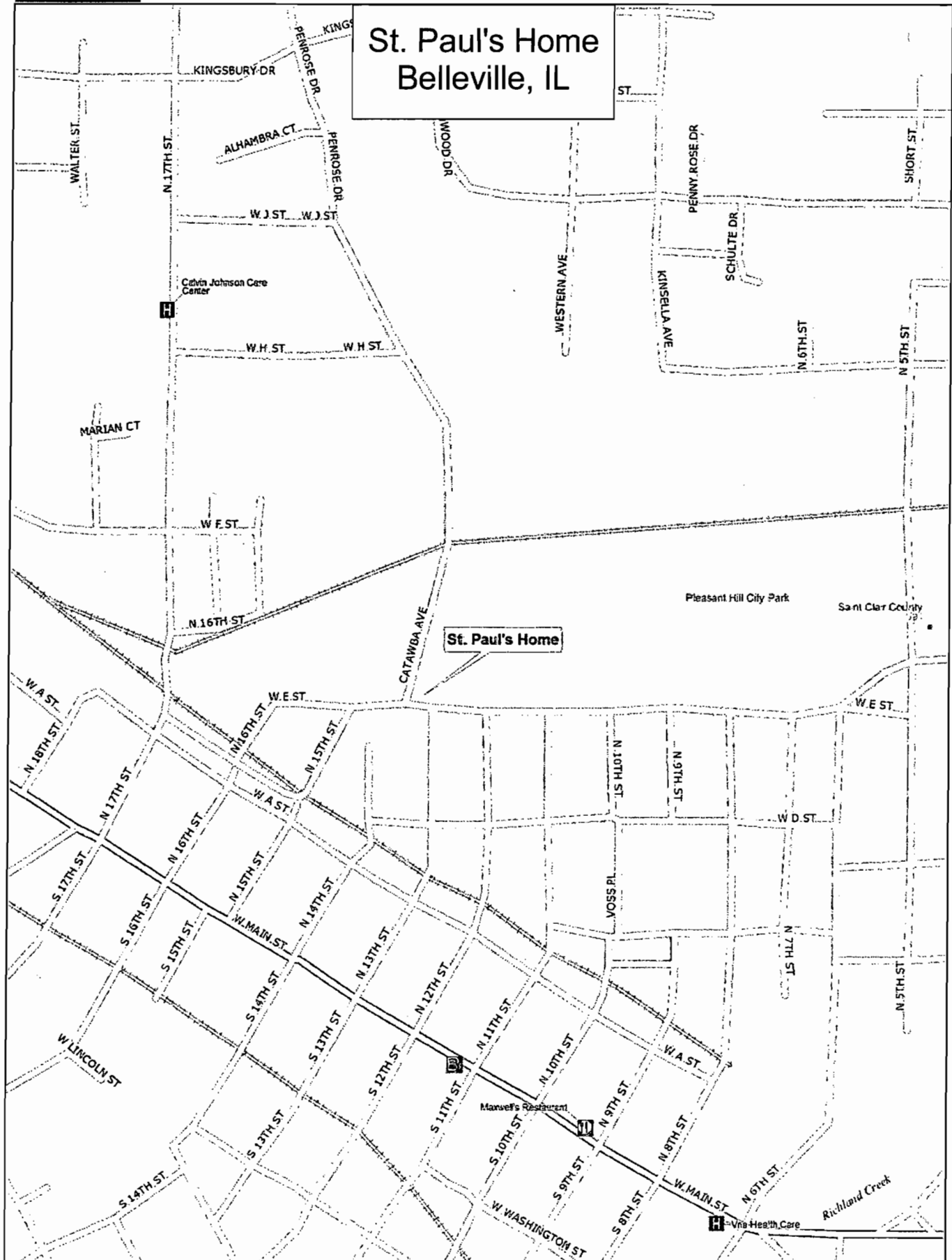
Scale 1 : 50,000



1" = 4,166.7 ft Data Zoom 12-0

00236

St. Paul's Home Belleville, IL

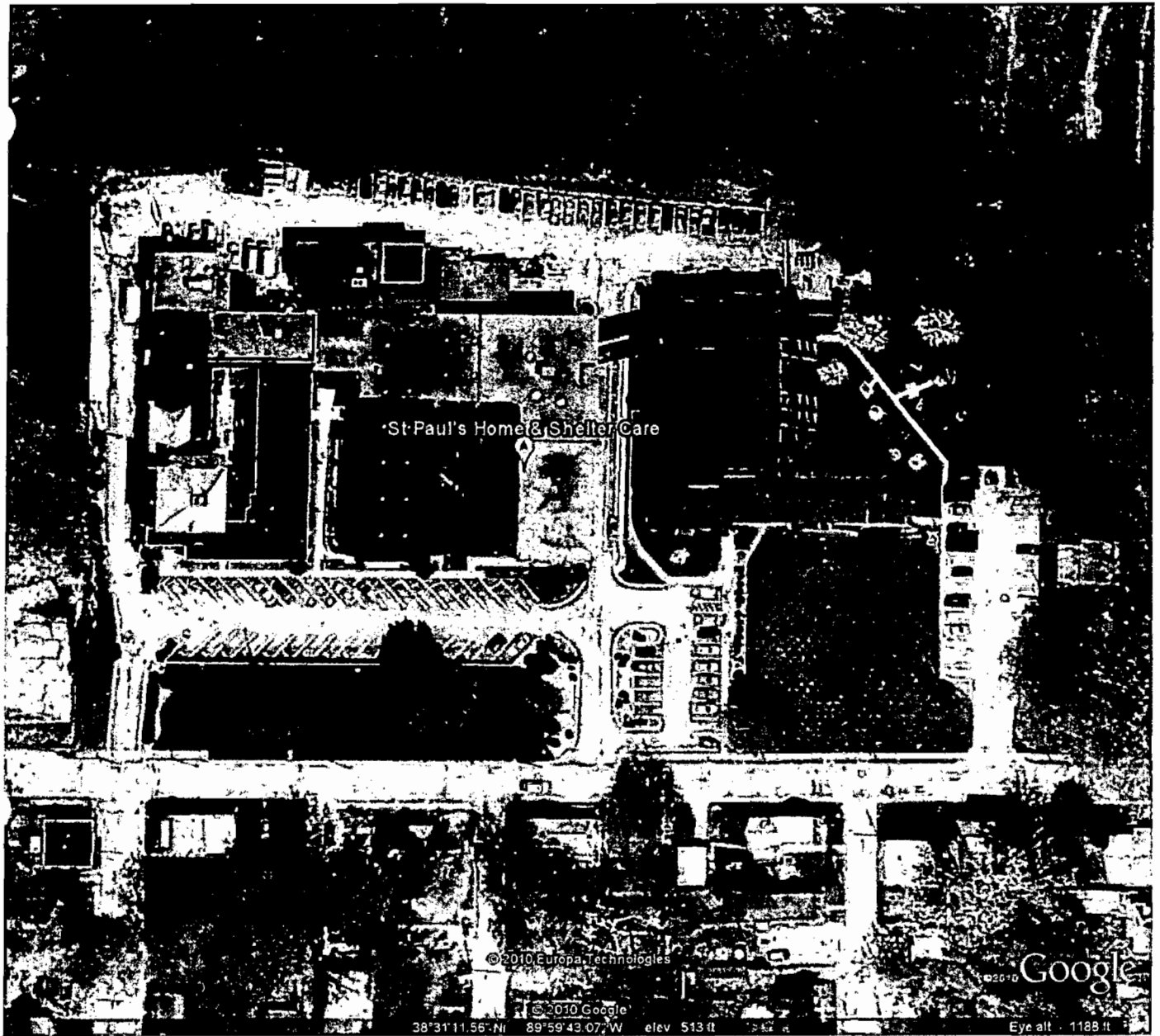


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00237

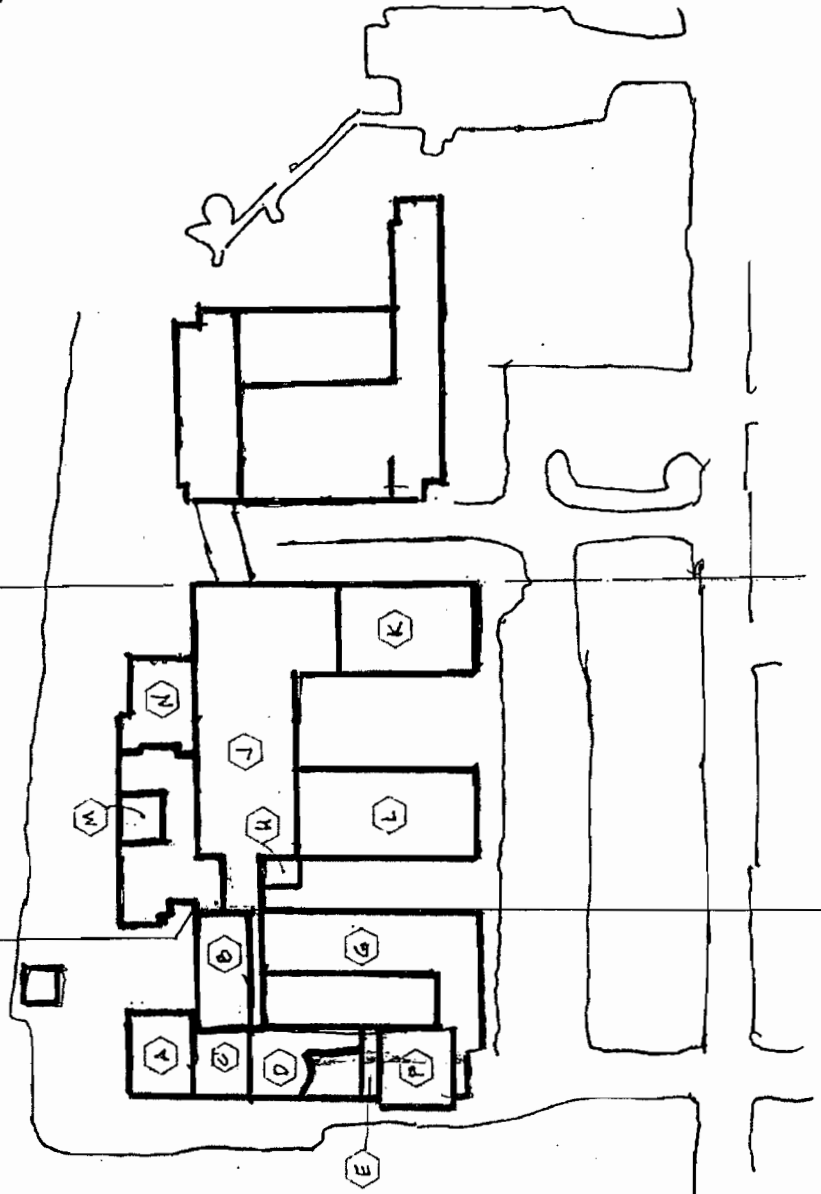


SHELTERED CARE

SKILLED NURSING

APARTMENTS

ROOF AREAS

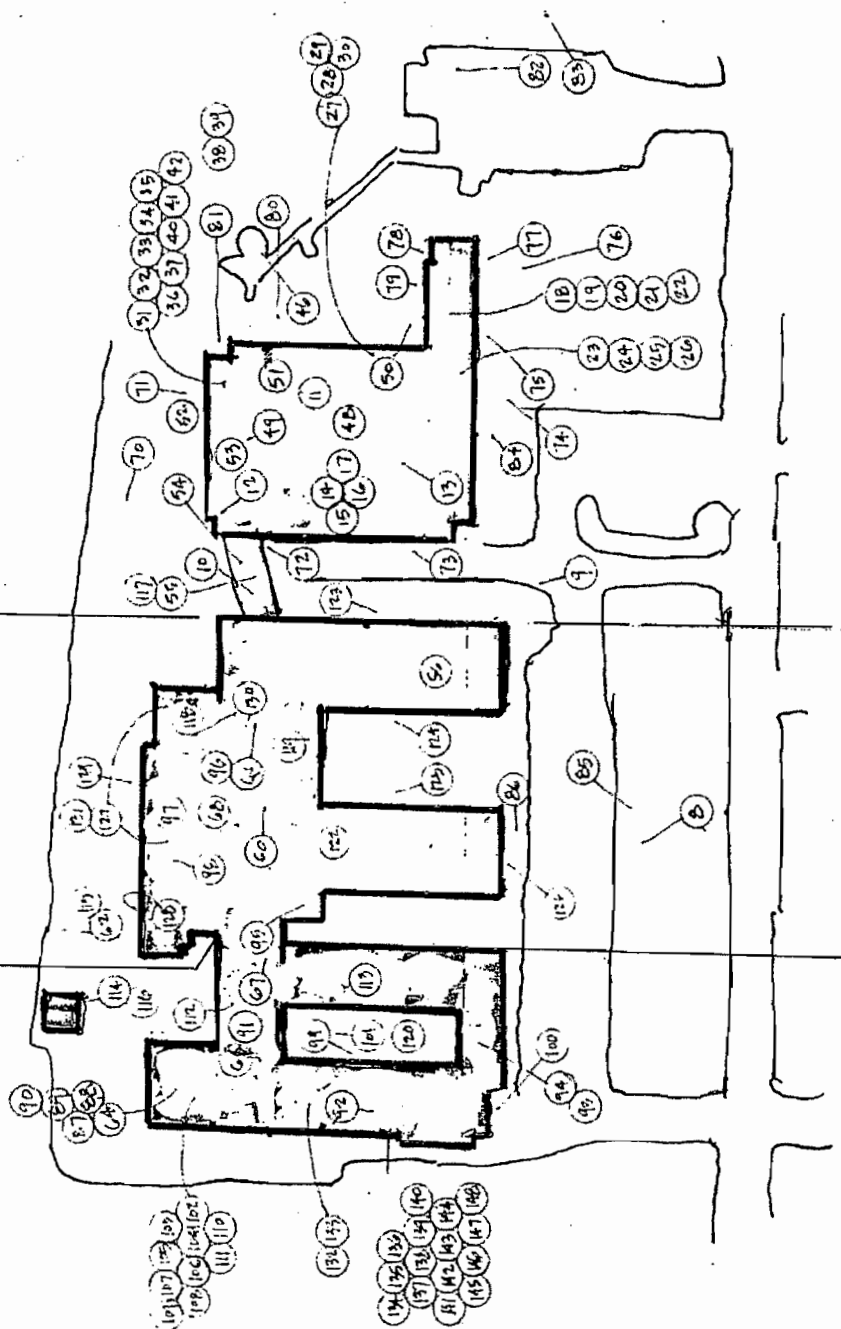


St. Paul's Home
Belleville, IL
zumBrunnen Project No. 2010-002

SHeltered CARE

SKILLED NURSING

APARTMENTS

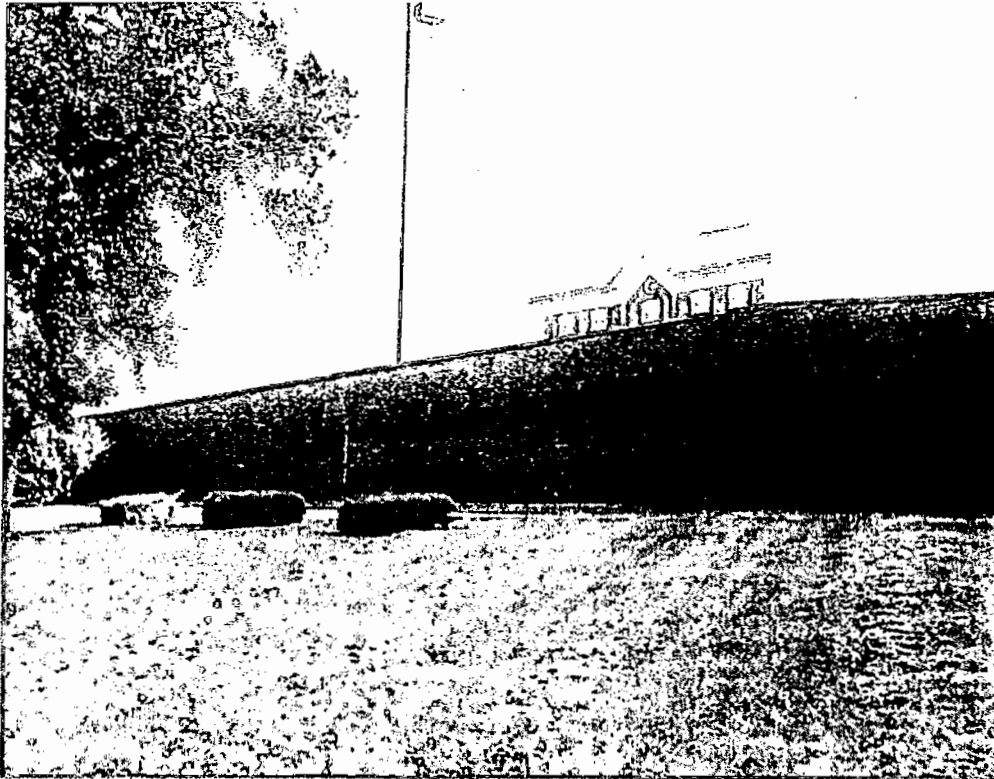


St. Paul's Home

Belleville, IL

zumBrunnen Project No. 2010-002

2010-002: St Paul's Home, Belleville, IL



8. Monument signage is featured on brick retaining wall at front of property



9. Signage for Nursing Facility is located at front of building

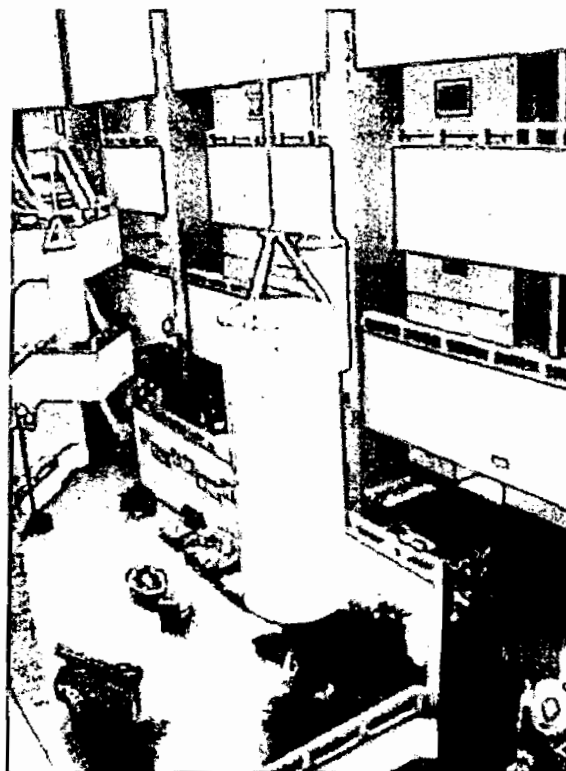
00241

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10. Two split DX systems and four heat strips provide heating and cooling for pedestrian bridge

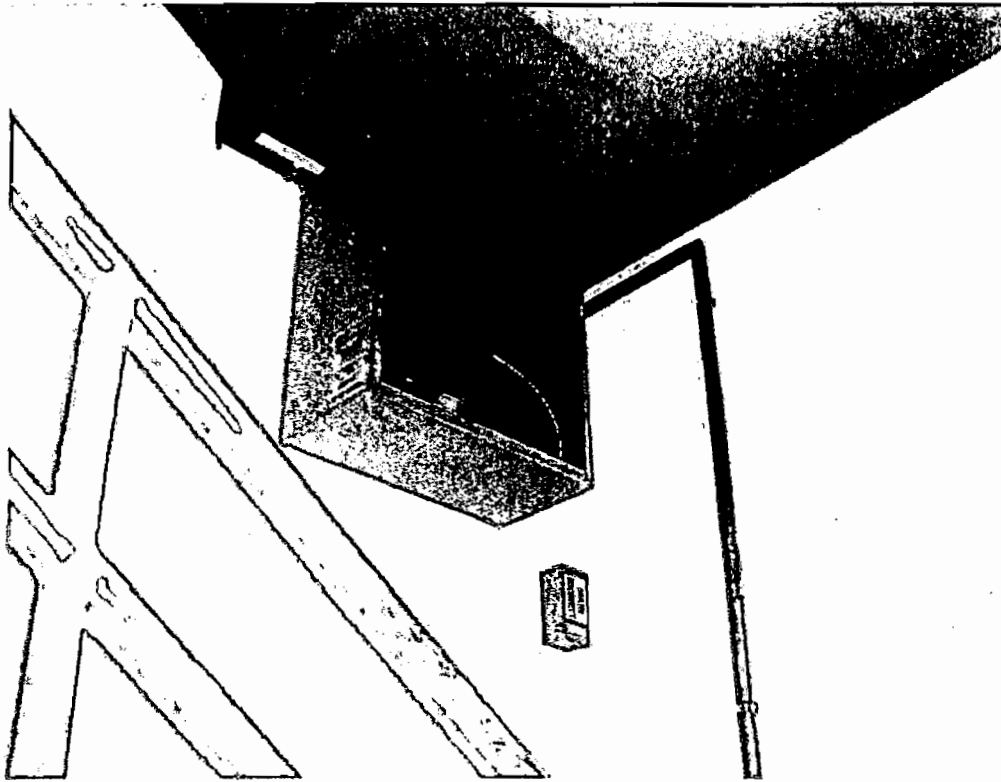


Attachment 25 - p.60

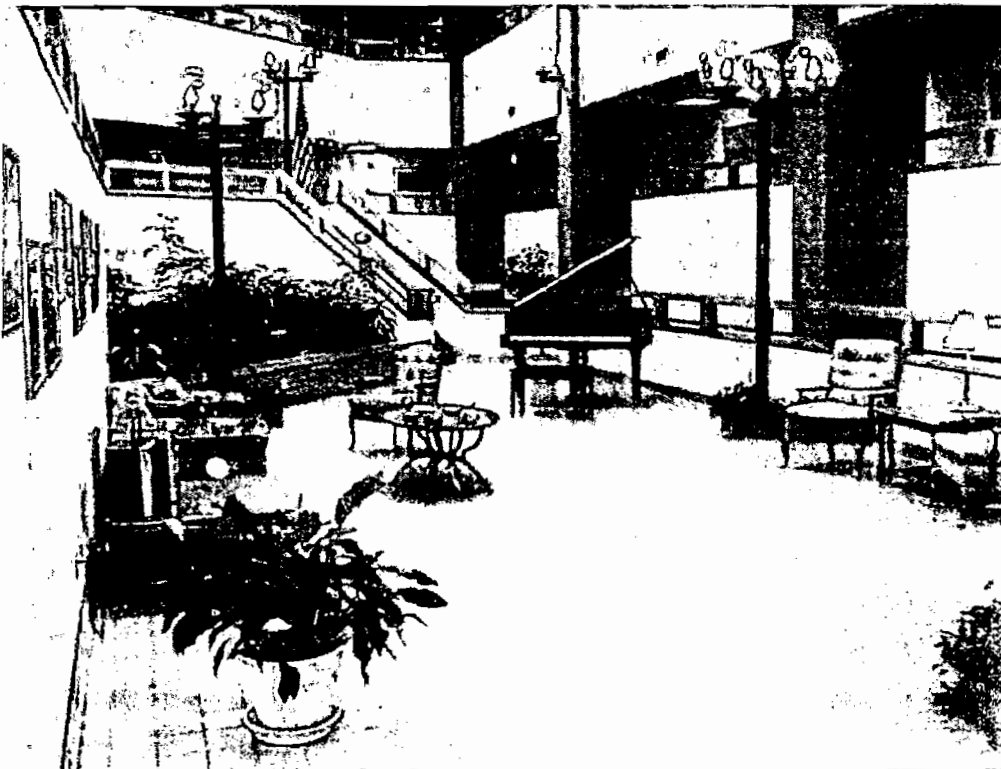
11. Four cylindrical chandeliers are featured in the ILU Building atrium

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12. This is 1 of 3 exhaust fans in stairwells at ILU Building



13. Clay tile is featured in congregate area between 1st and 2nd floor levels of ILU Building

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2010-002: St Paul's Home, Belleville, IL



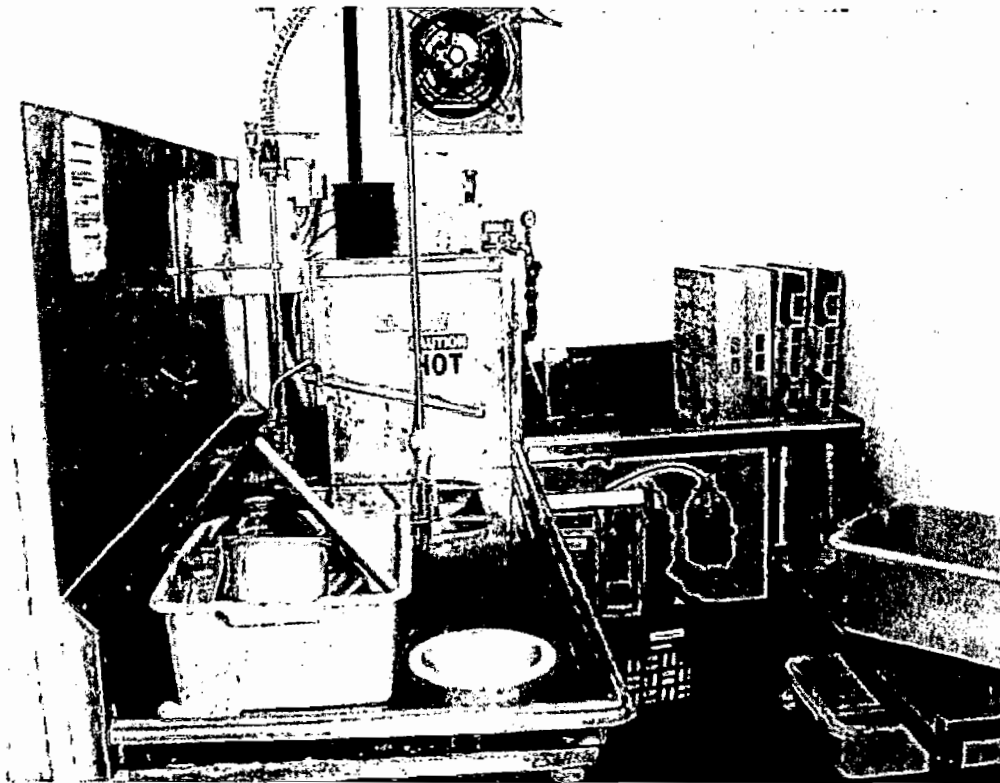
14. Above-floor grease trap and food grinder in kitchen at apartment building



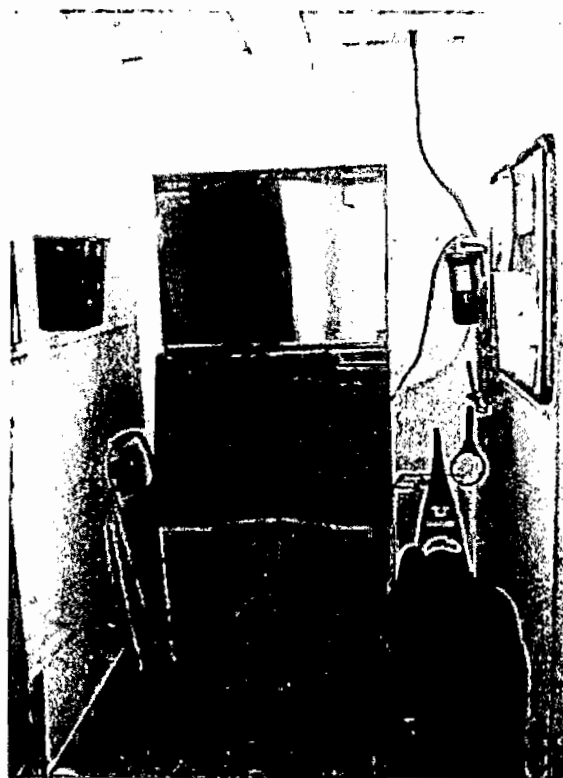
15. Convection oven and dual oven/range are featured in kitchen of ILU Building

Attachment 25 - p.62

2010-002: St Paul's Home, Belleville, IL



16. Steam and water vapor are exhausted from dishwasher room by a thru-wall fan (ILU Building)

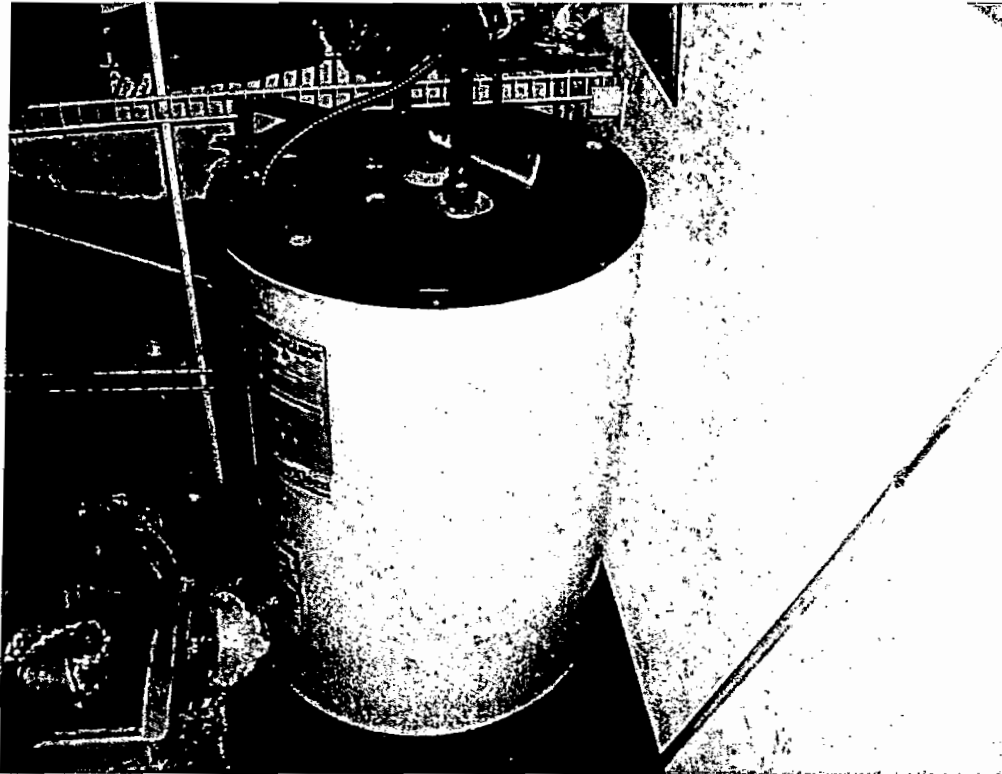


17. Icemaker in kitchen of apartment building

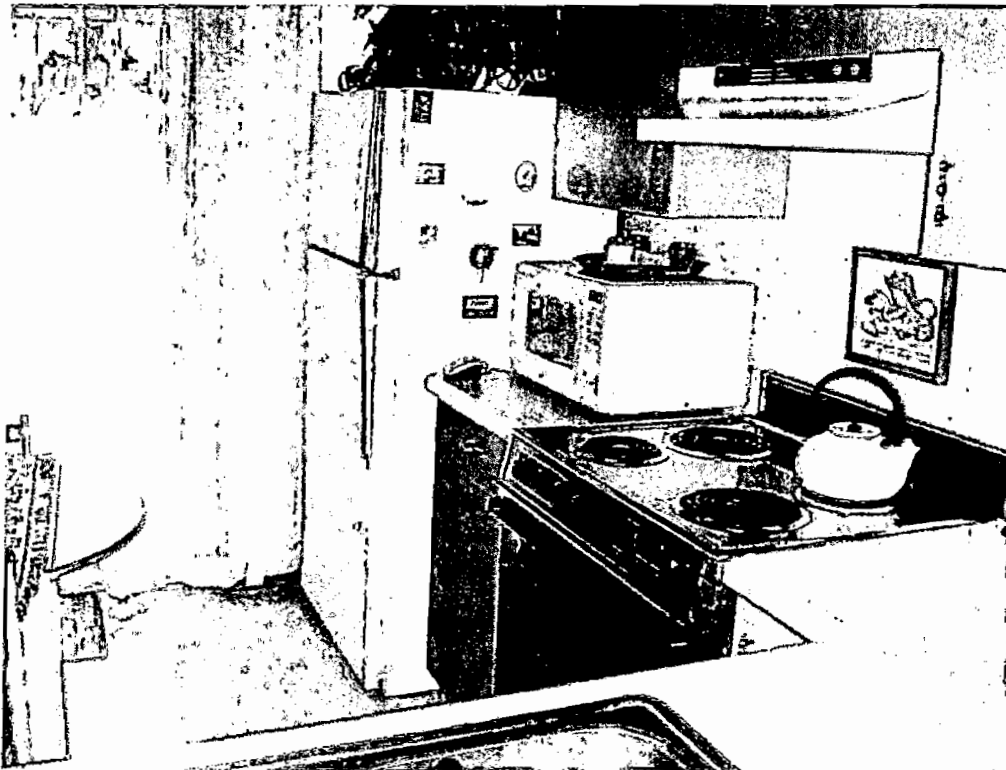
00245

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2010-002: St Paul's Home, Belleville, IL

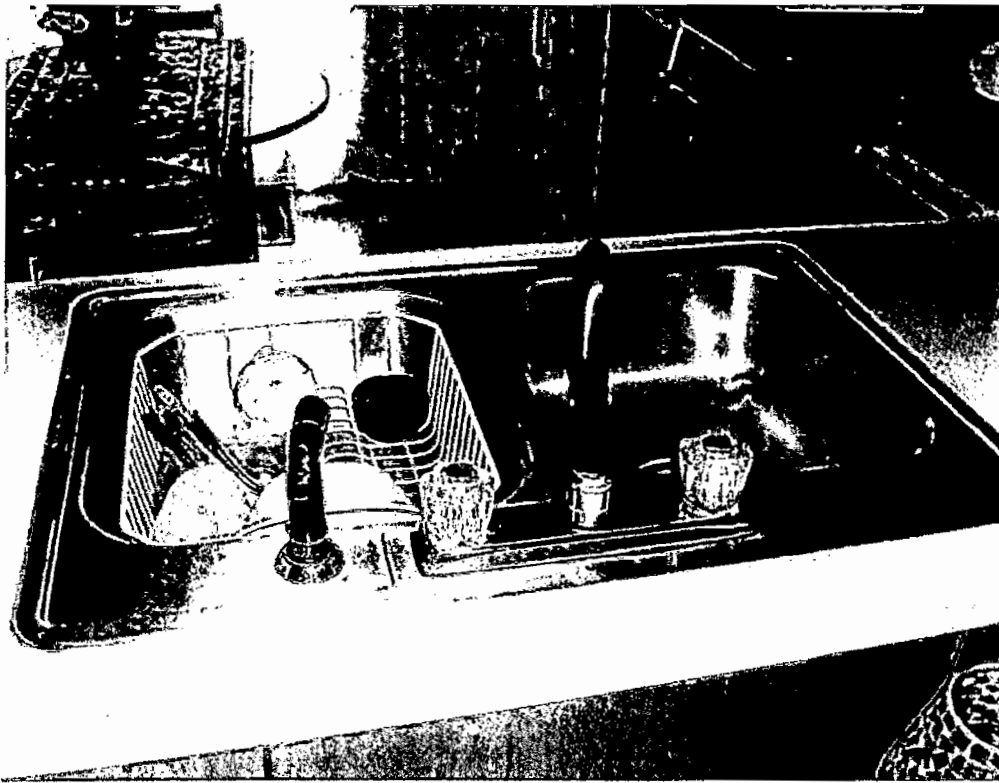


18. Electric low boy water heater in Apartment 117

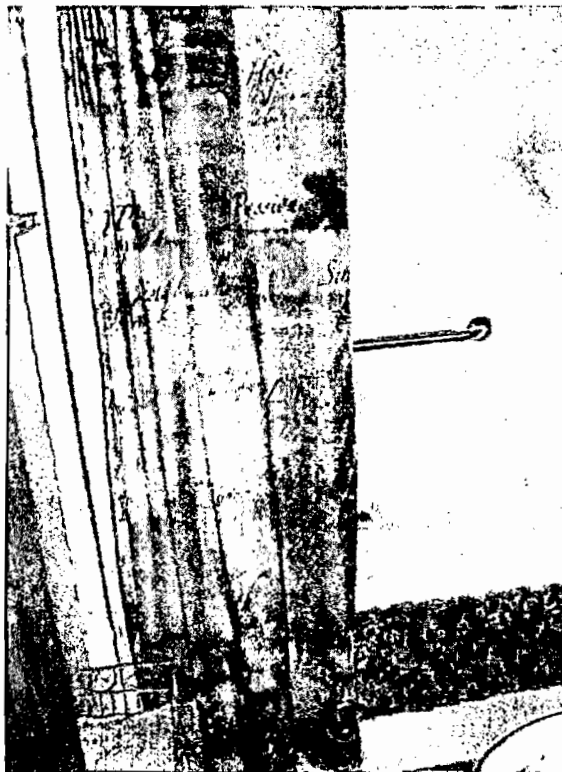


19. Electric range, refrigerator, and wood cabinets in Apartment 117

Attachment 25 - p.64



20. Double bowl stainless steel kitchen sink in Apartment 117



00247

21. Fiberglass shower stall in Apartment 117

Attachment 25 - p.65

2010-002: St Paul's Home, Belleville, IL



22. Plastic laminate countertop in bathroom at Apartment 117

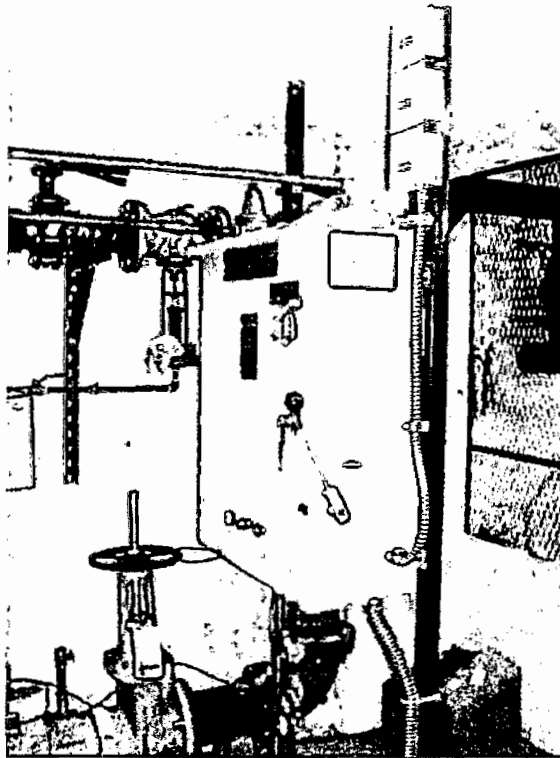


23. Fire pump on ground floor of apartment building

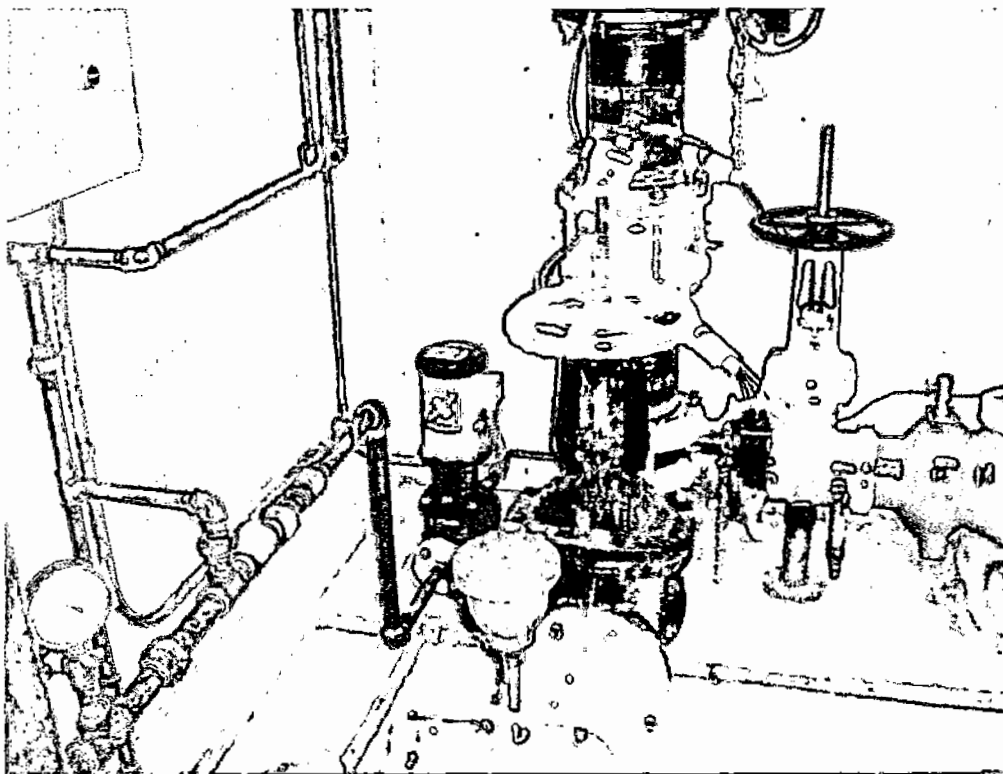
00248

Attachment 25 - p.66

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24. Fire pump controller (ILU Building)

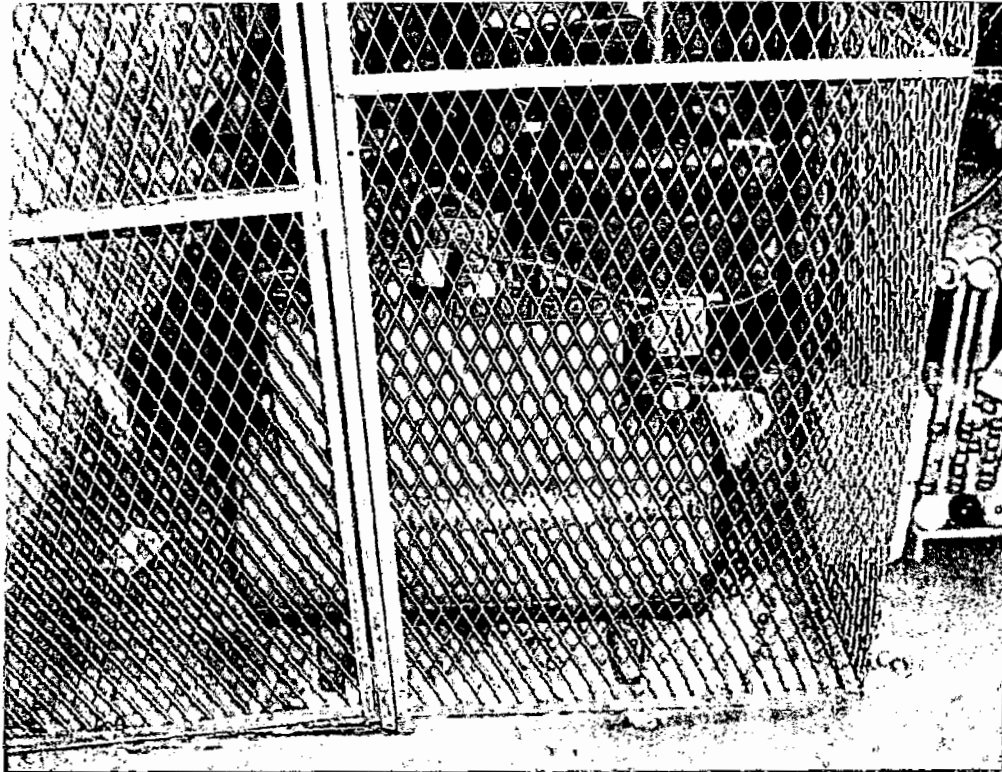


25. Jockey pump in apartment building

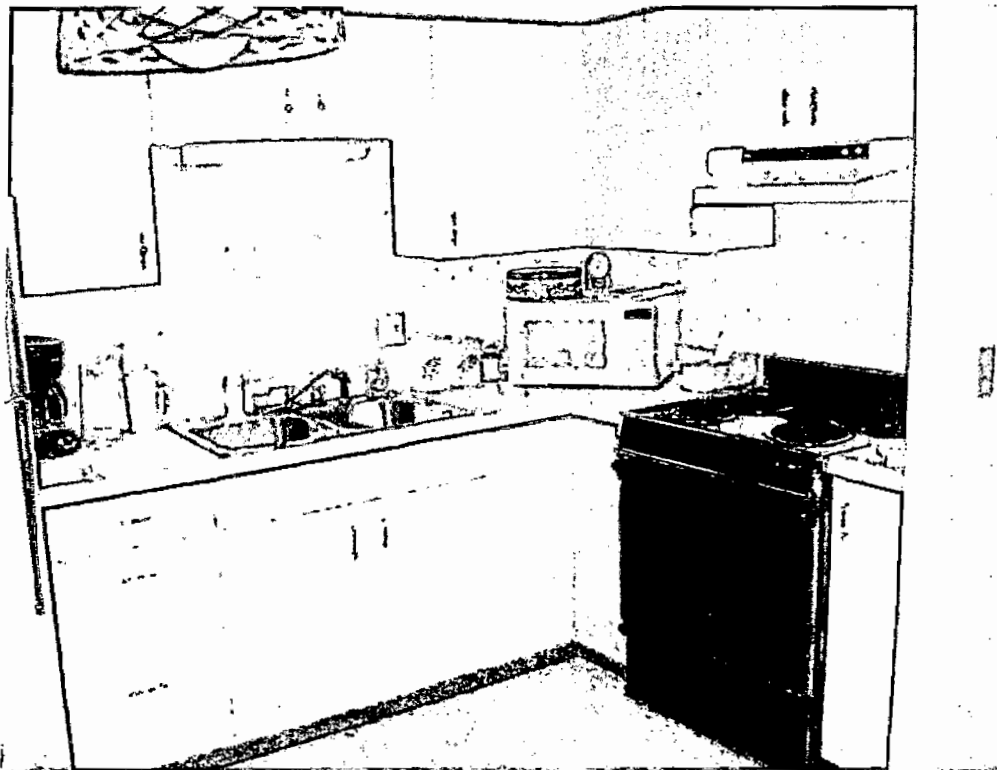
00249

Attachment 25 - p.67

2010-002: St Paul's Home, Belleville, IL



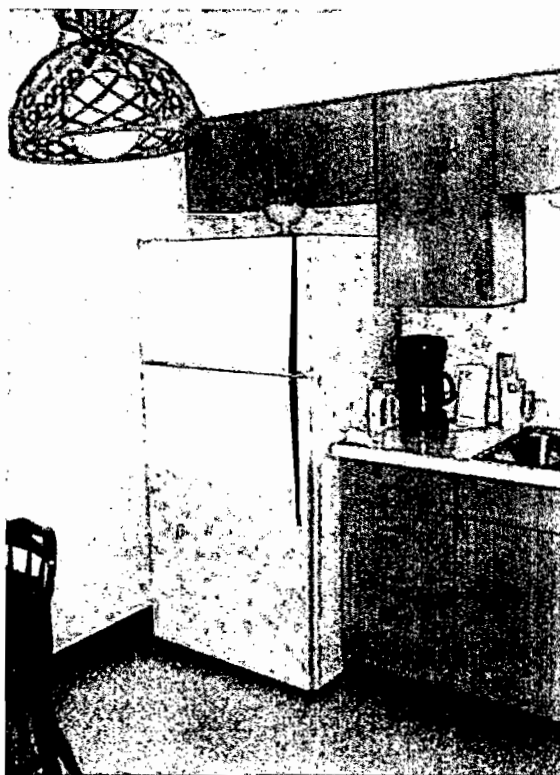
26. Dedicated air compressor is provided for the dry pipe fire sprinkler system in apartment building



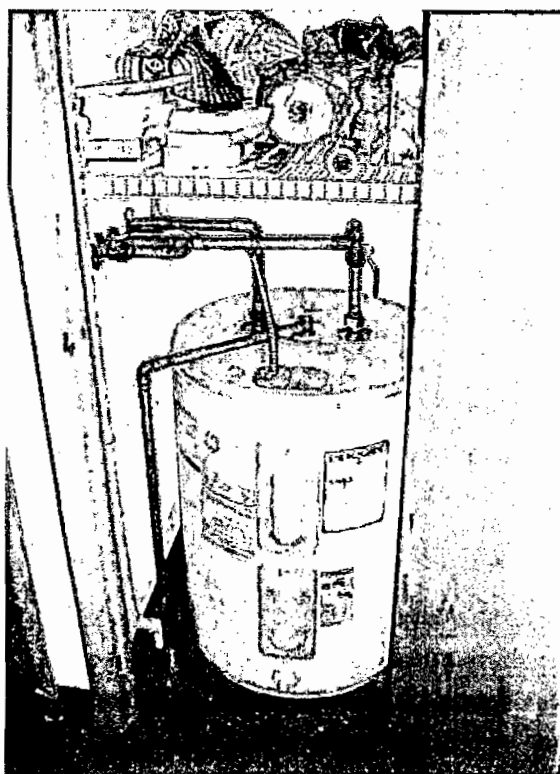
27. Kitchen in 2-bedrom Apartment 101

Attachment 25 - p.68

00250



28. Kitchen in 2-bedroom Apartment 101

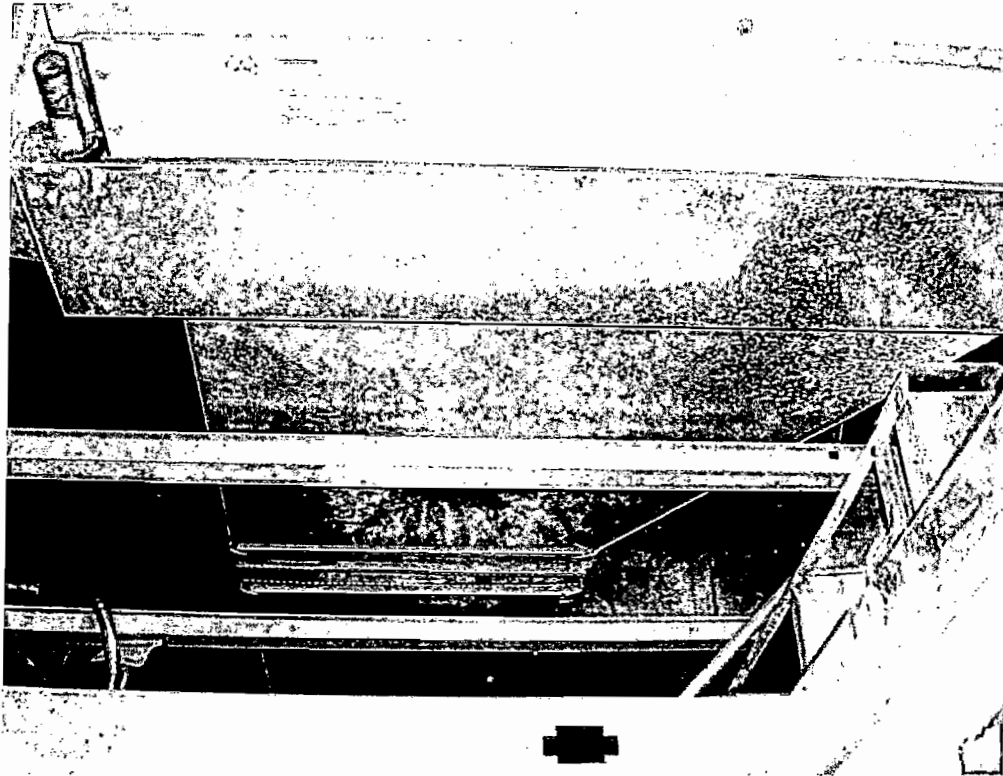


00251

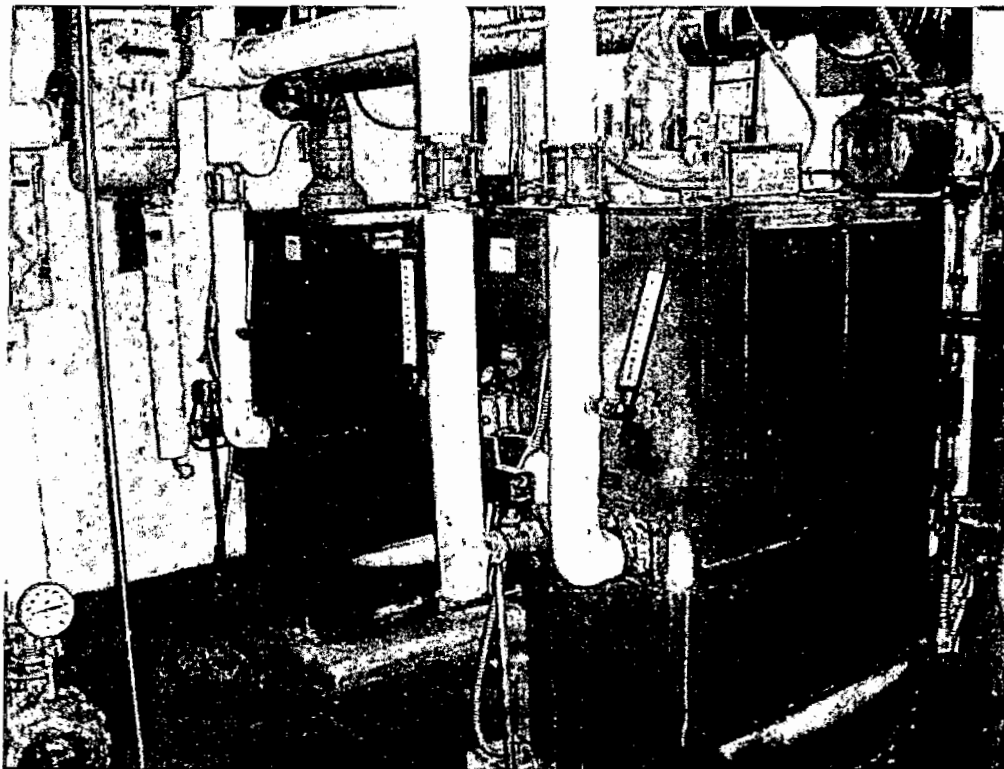
29. Low boy water heater in Apartment 101

Attachment 25 - p.69

2010-002: St Paul's Home, Belleville, IL



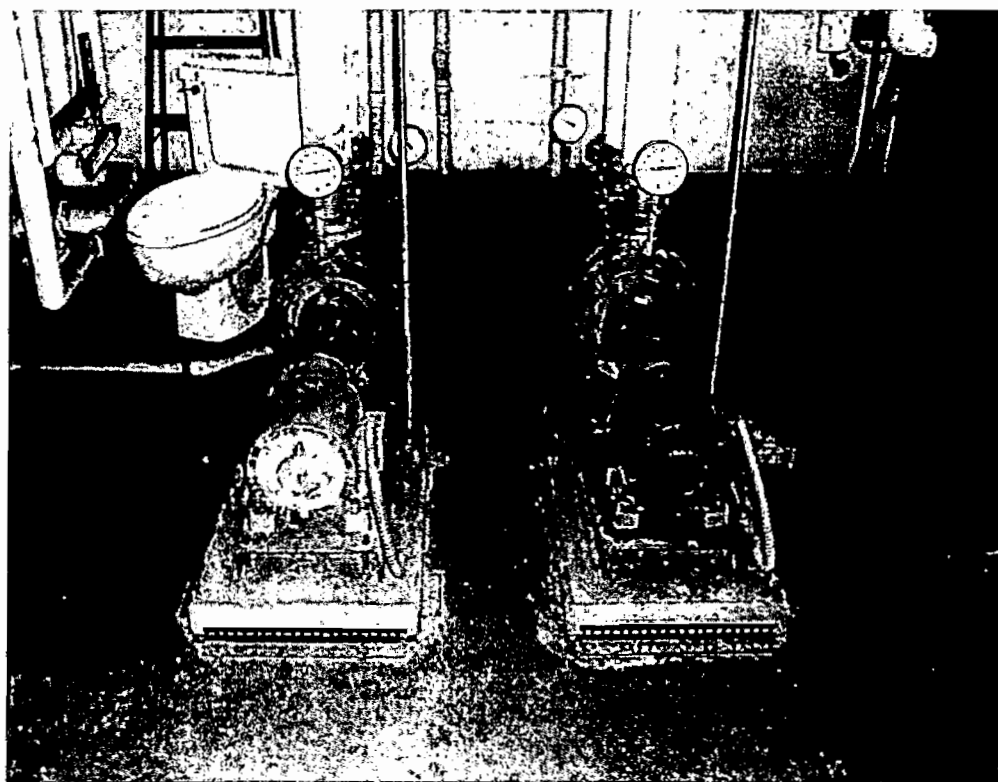
30. Fan coil unit in overhead space in Apartment 101



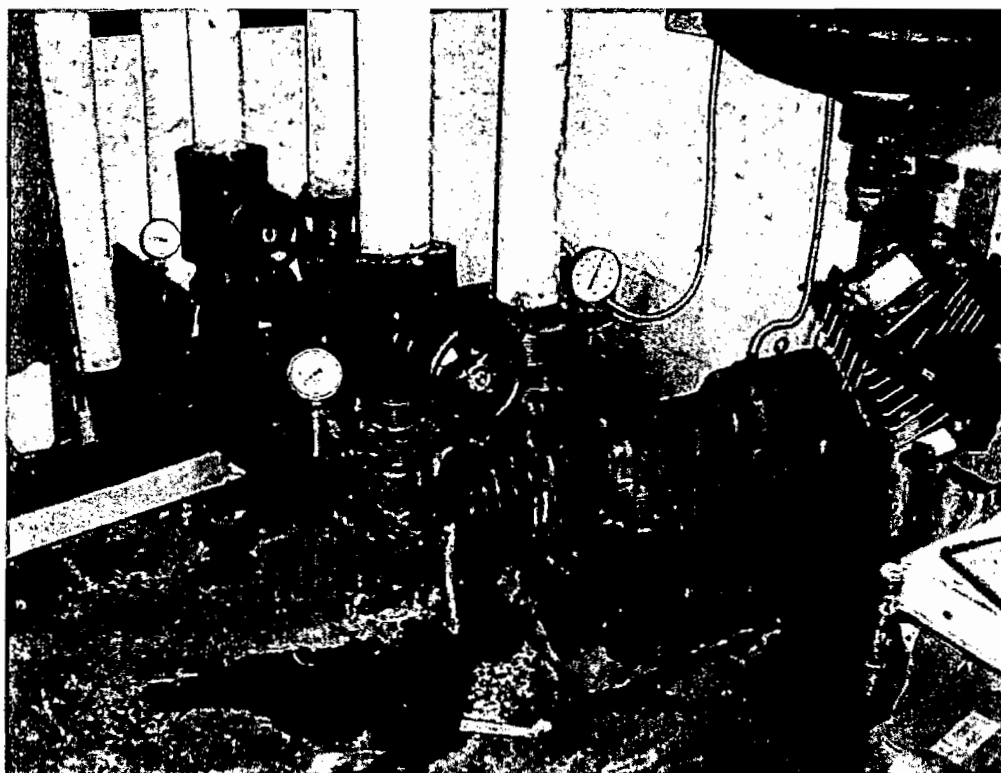
31. Two Lochinvar boilers generate hot water for heating the ILU Building

Attachment 25 - p.70

2010-002: St Paul's Home, Belleville, IL



32. Two end-suction pumps circulate hot water for heating the ILU apartment building.

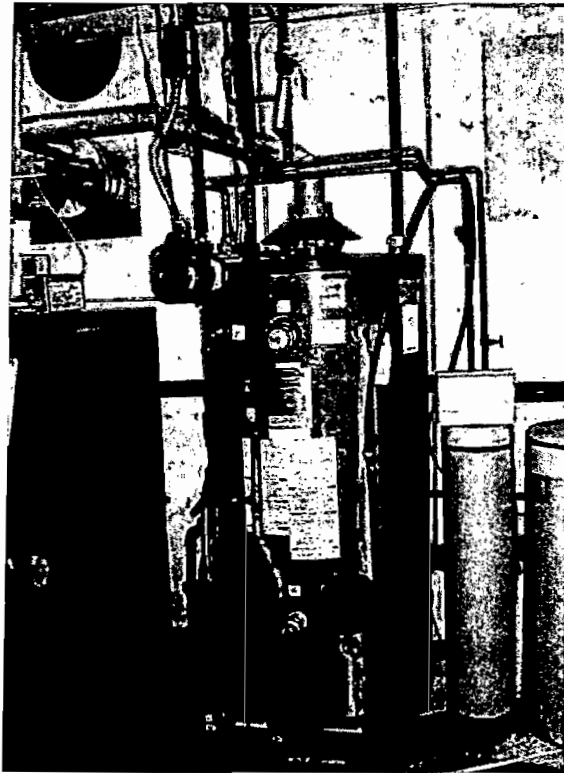


33. Two end-suction pumps circulate cooling water in ILU apartments

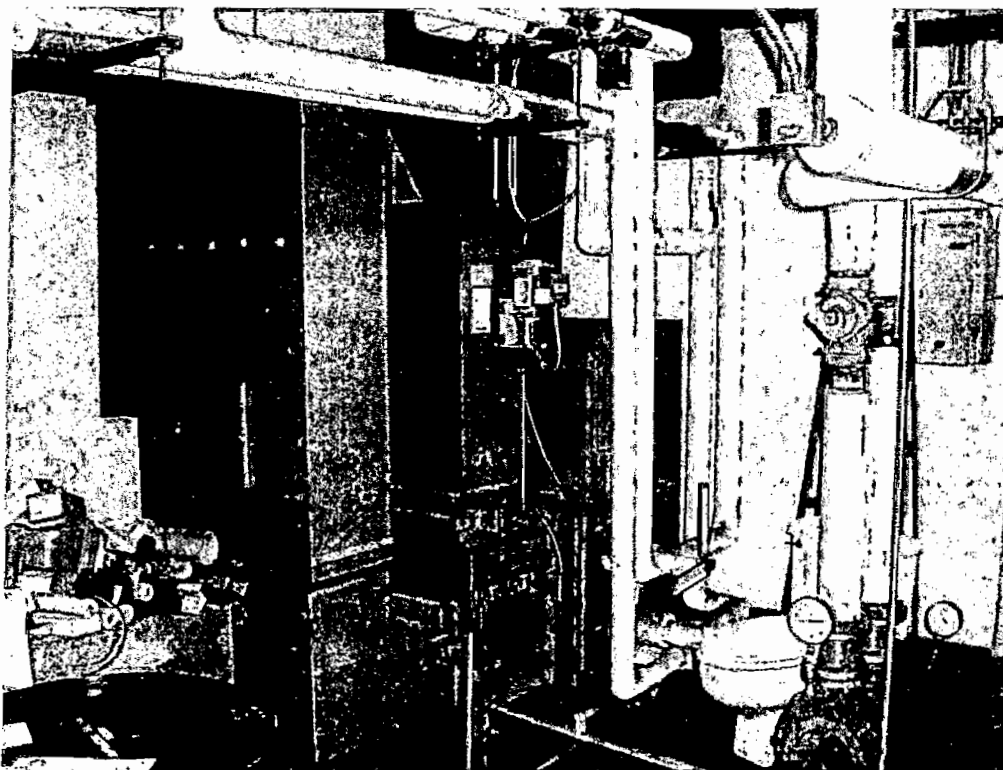
Attachment 25 - p.71

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2010-002: St Paul's Home, Belleville, IL



34. This water heater in mechanical room of apartment building was installed on 11/30/06

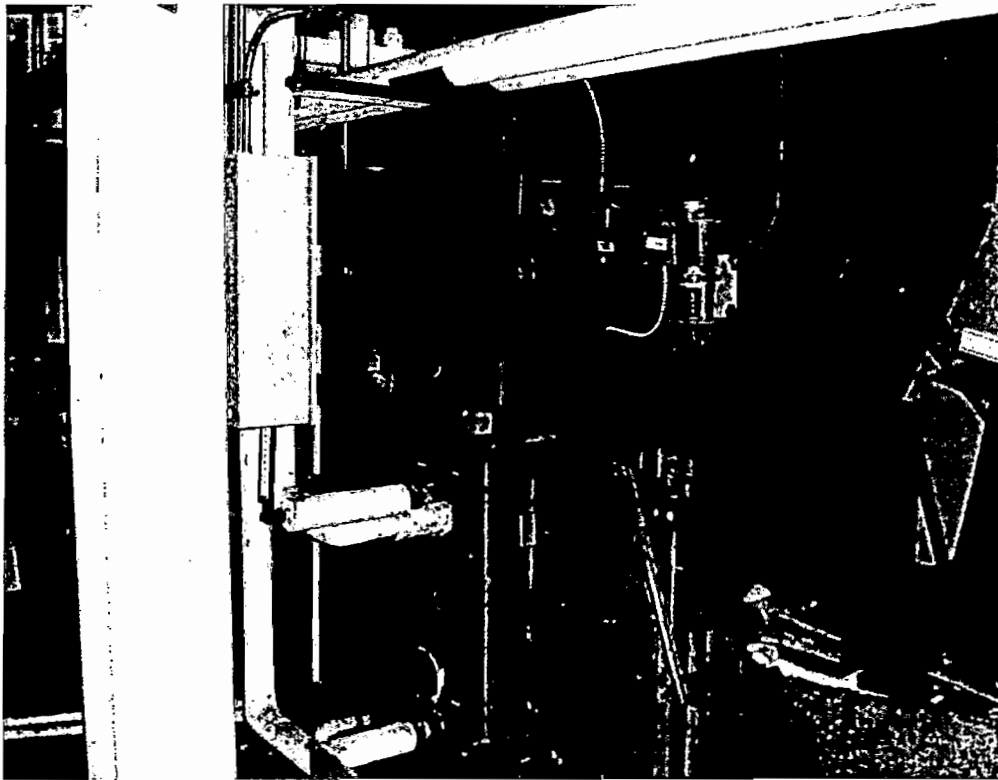


35. Air handling unit #2 in apartment building

Attachment 25 - p.72

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2010-002: St Paul's Home, Belleville, IL



36. Air handling unit #1 in apartment building

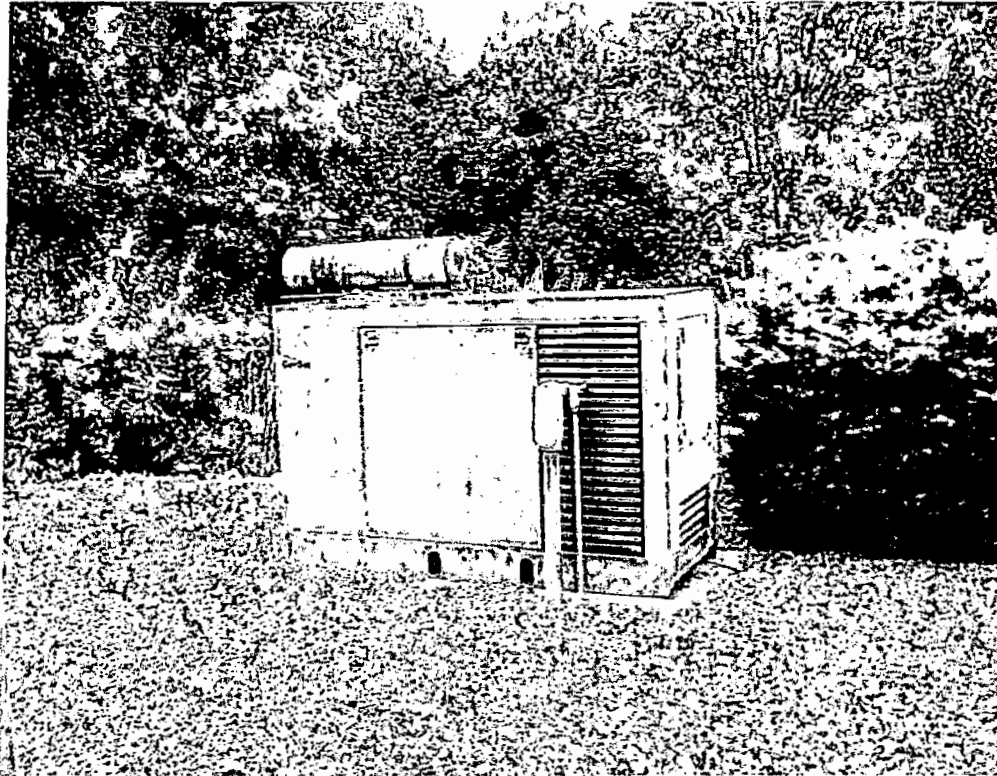


37. Water softener is provided for domestic water treatment in the ILU apartment building

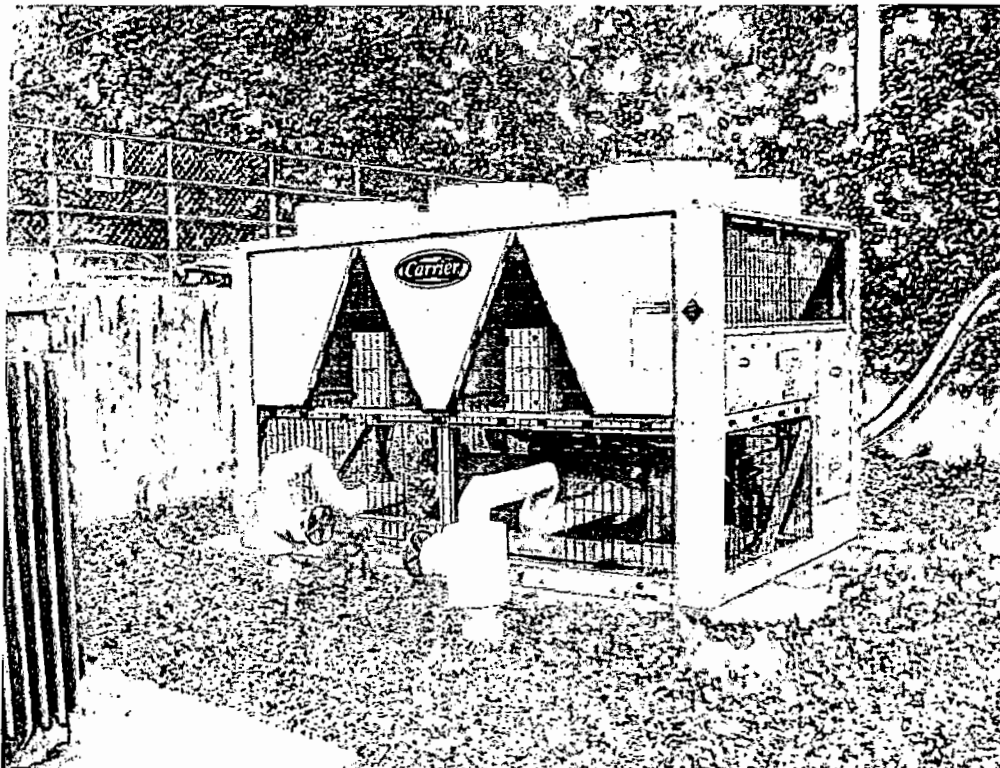
Attachment 25 - p.73

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2010-002: St Paul's Home, Belleville, IL



38. 100-KW generator serving the apartment building is original equipment

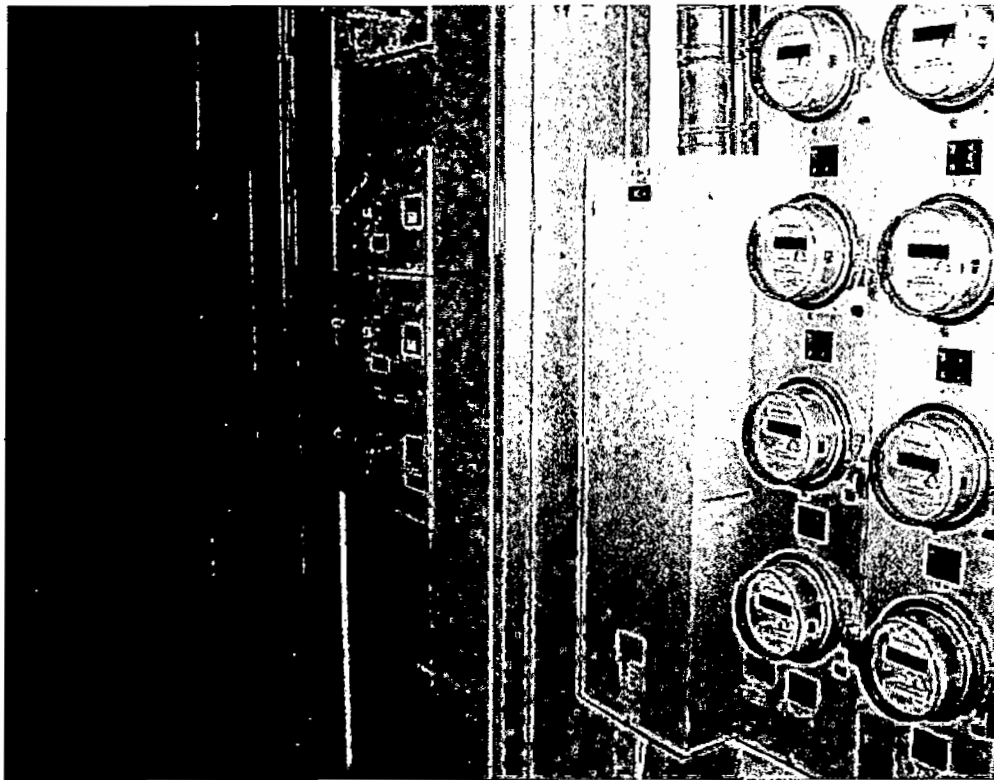


39. Four-stage air-cooled chiller at apartment building was replaced in 2009

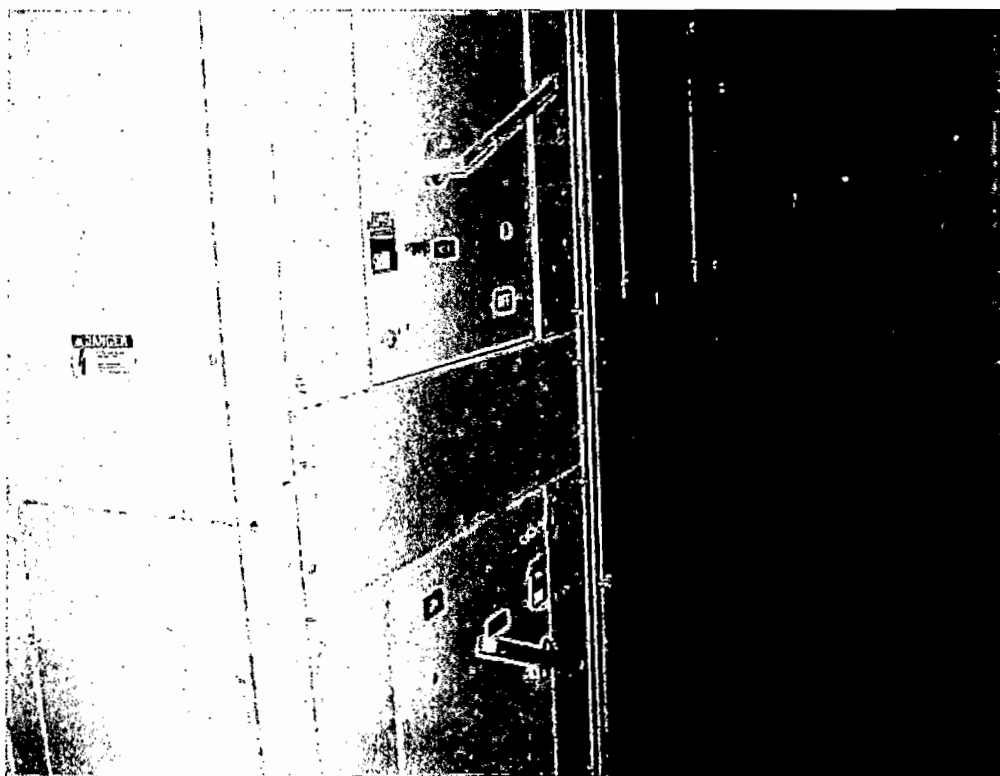
Attachment 25 - p.74

00256

2010-002: St Paul's Home, Belleville, IL



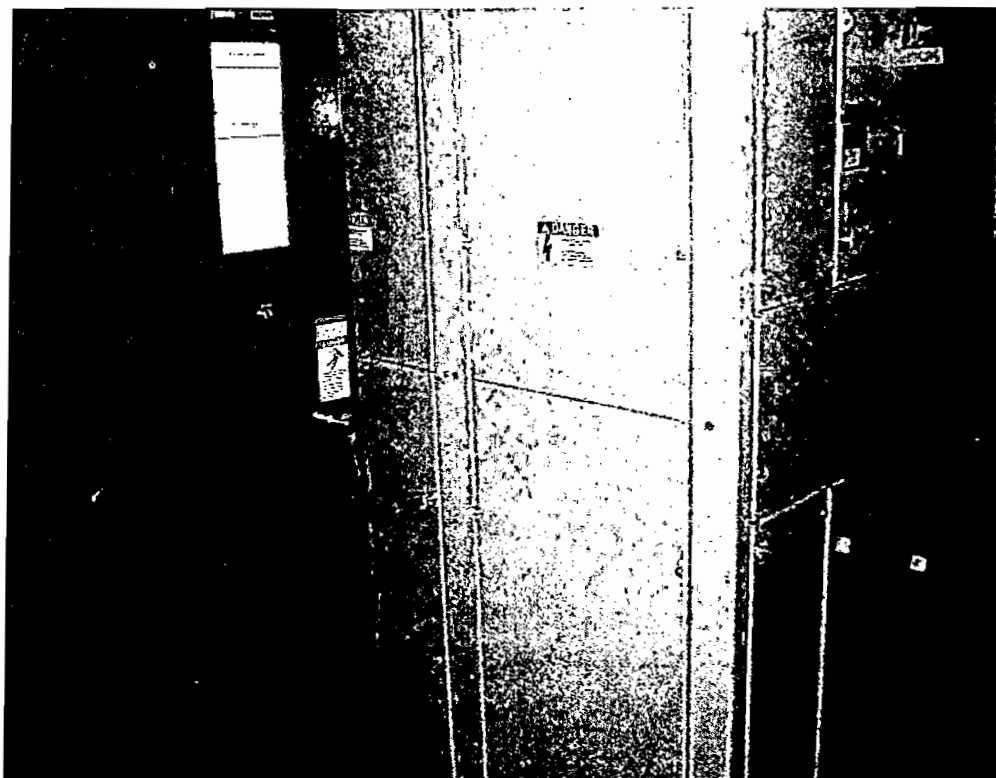
40. Main switchgear and meters are located in two electrical closets in apartment building



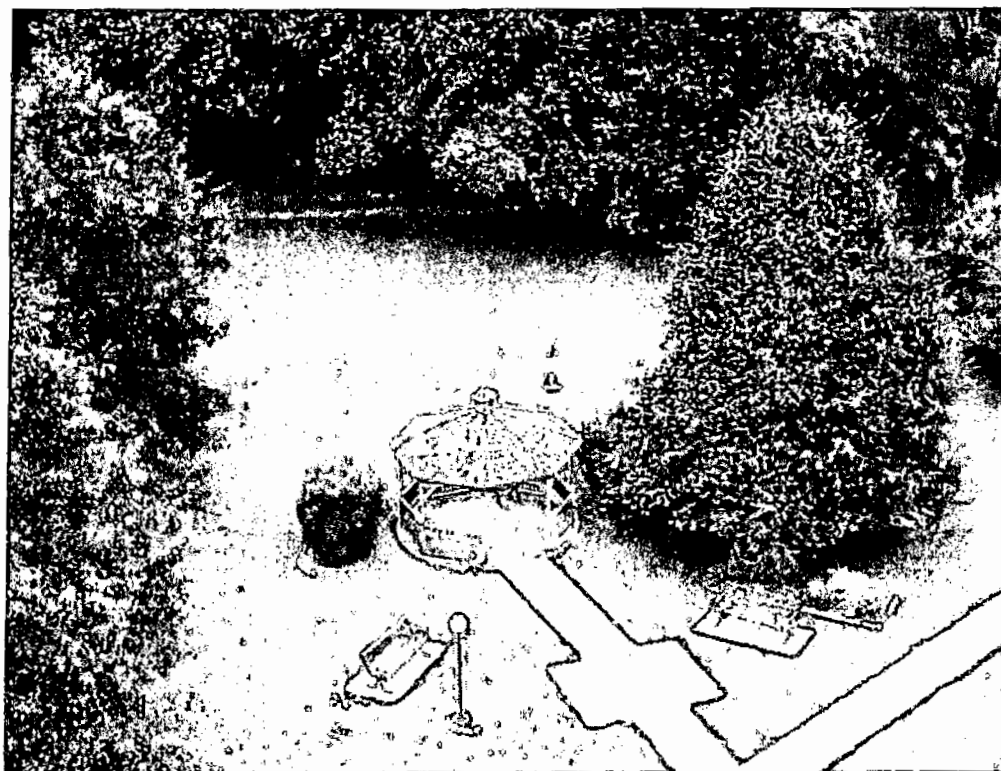
41. Main switchgear in electrical room in apartment building

Attachment 25 - p.75

2010-002: St Paul's Home, Belleville, IL



42. Automatic transfer switch for emergency power in apartment building



46. Gazebo and park benches are featured on lawn on east side of apartment building

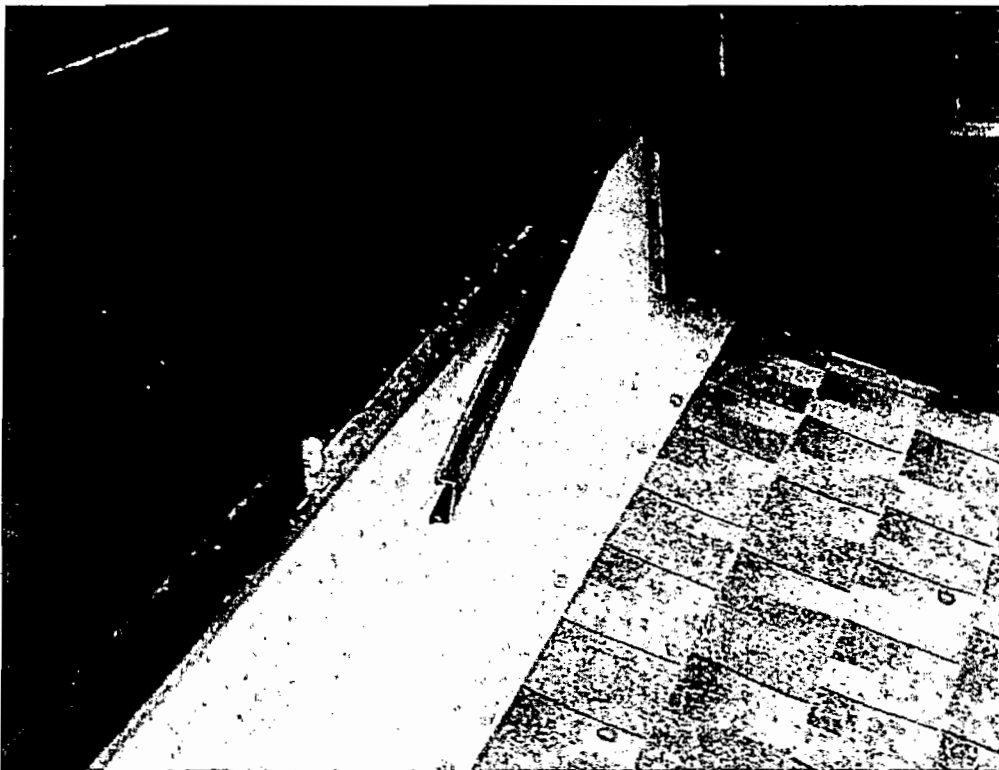
Attachment 25 - p.76

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2010-002: St Paul's Home, Belleville, IL



48. Storefront windows provide natural light in atrium of apartment building

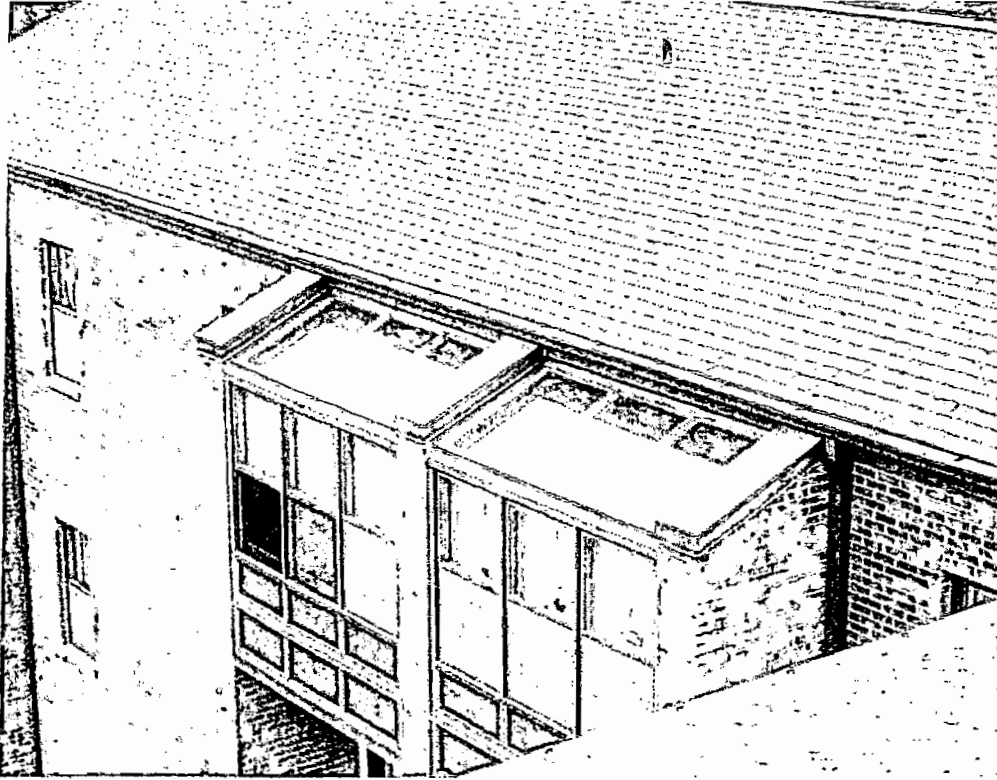


49. Loose metal cap on storefront windows at ILU Building

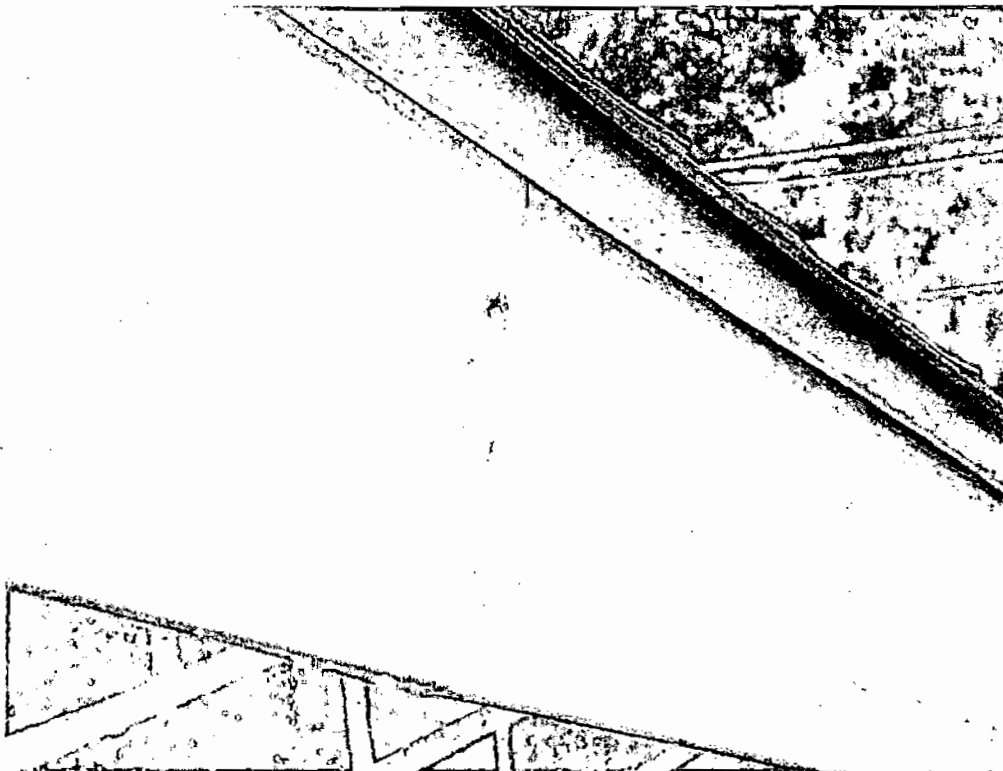
00259

Attachment 25 - p.77

2010-002: St Paul's Home, Belleville, IL



50. Greenhouse windows are provided at top floor balconies at apartment building

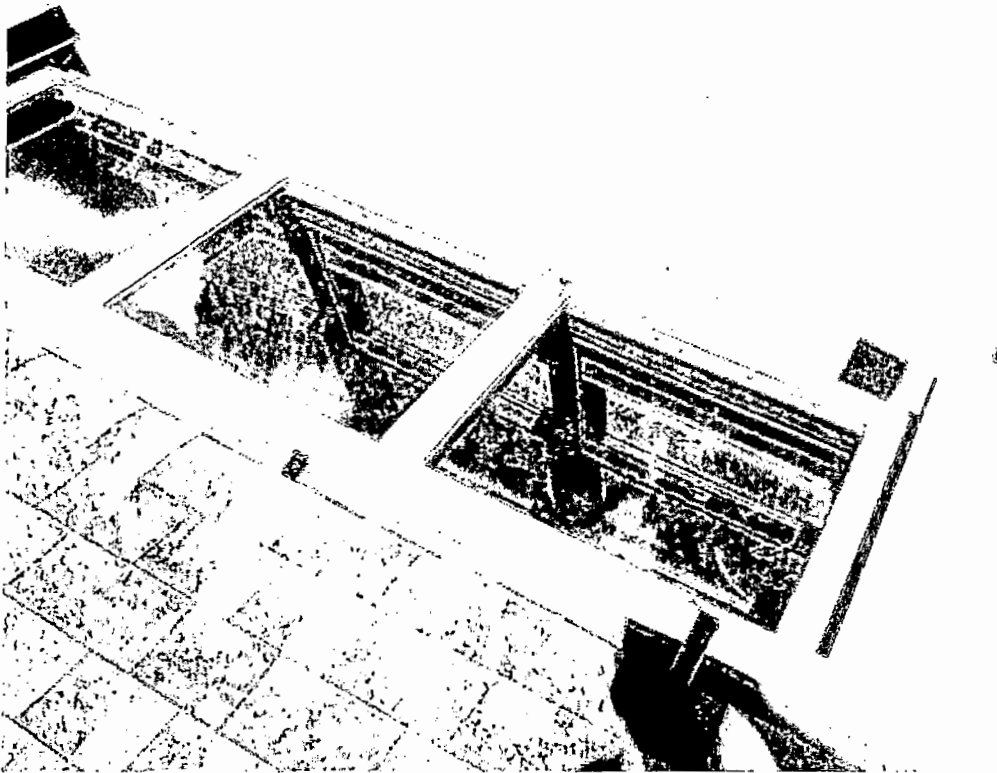


51. Screws holding metal cladding in place on rake boards at ILU Building need to be re-set

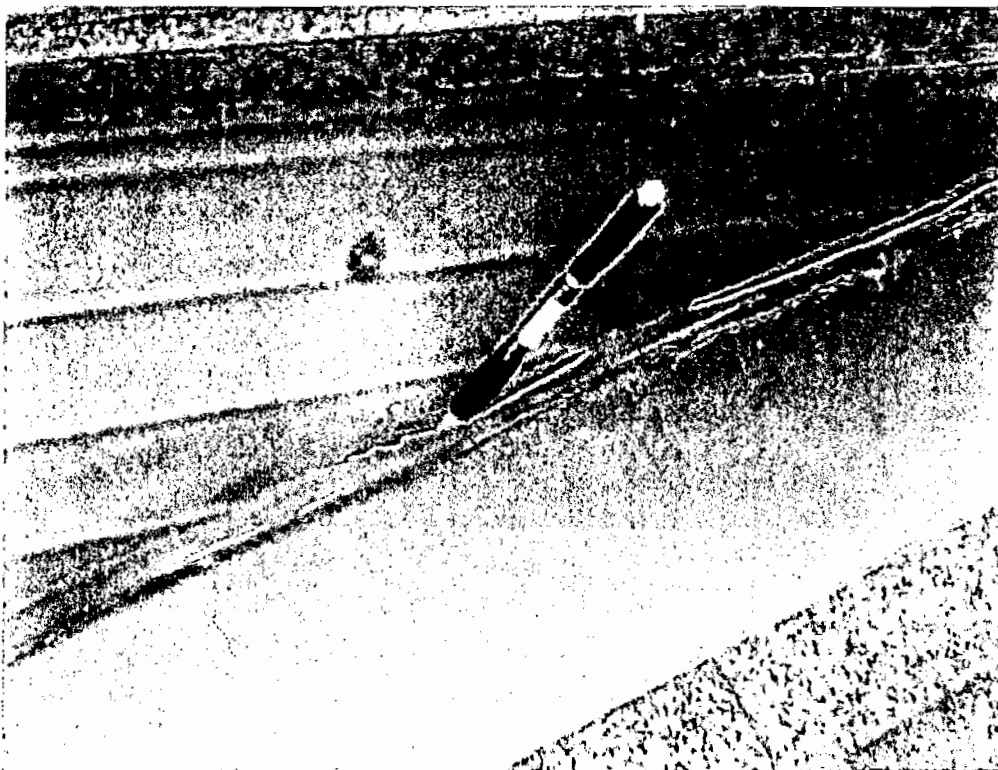
00260

Attachment 25 - p.78

2010-002: St Paul's Home, Belleville, IL



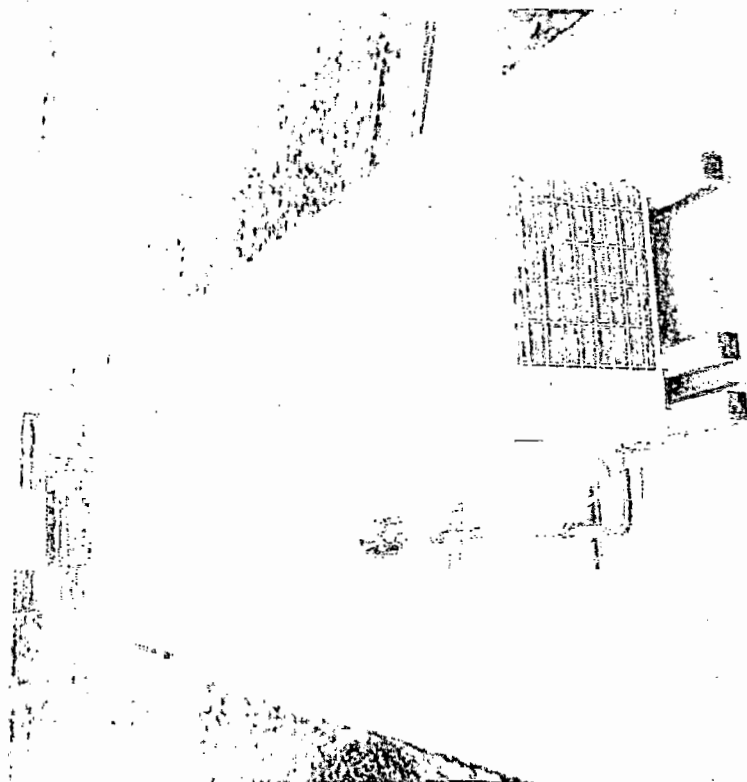
52. This greenhouse at apartment building has been wet-glazed to address a leak



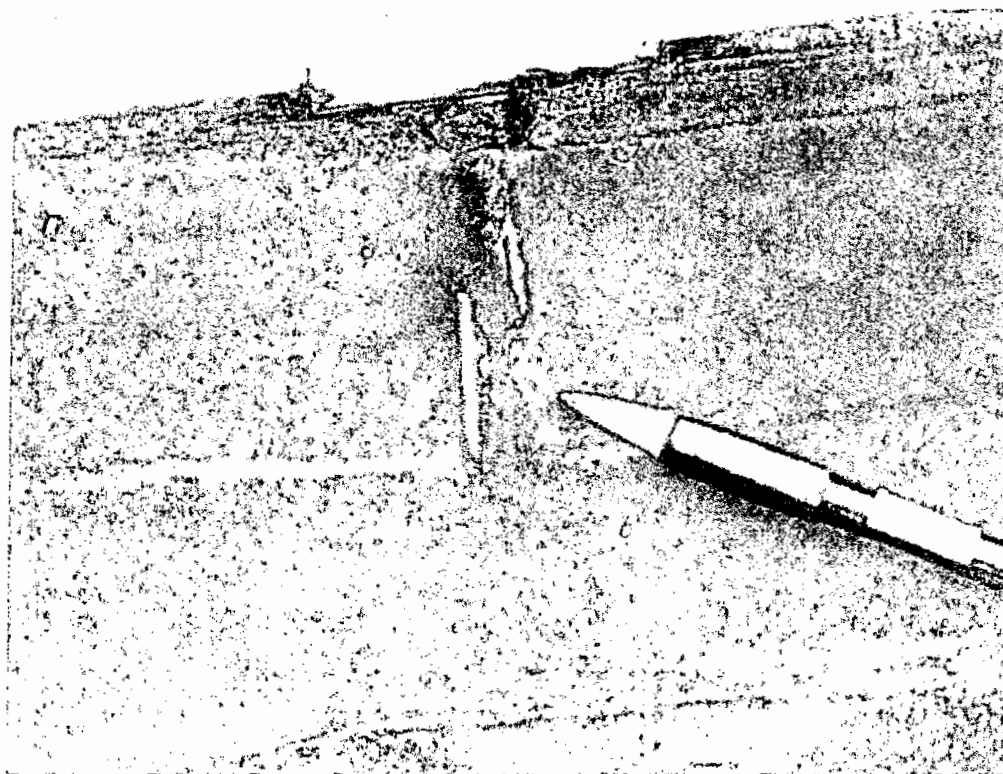
53. Failed caulk joint at roof/wall intersection at apartment building

Attachment 25 - p.79

2010-002: St Paul's Home, Belleville, IL



54. Two condensing units are located on roof of pedestrian bridge

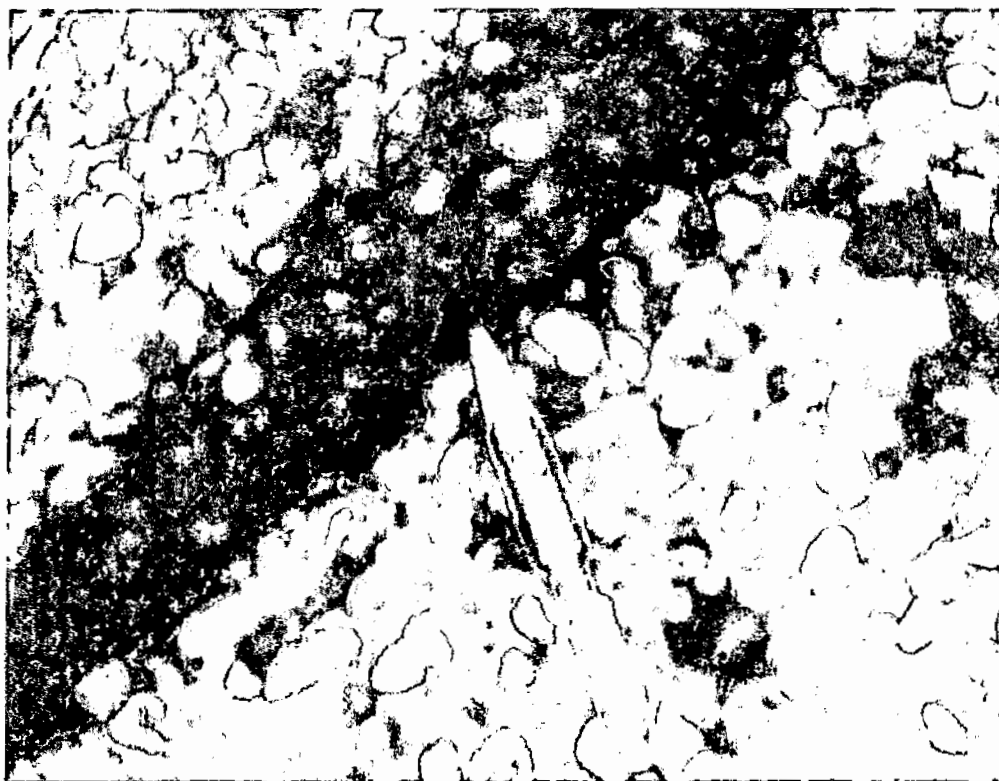


55. Damaged EPDM membrane on roof of pedestrian bridge needs to be repaired

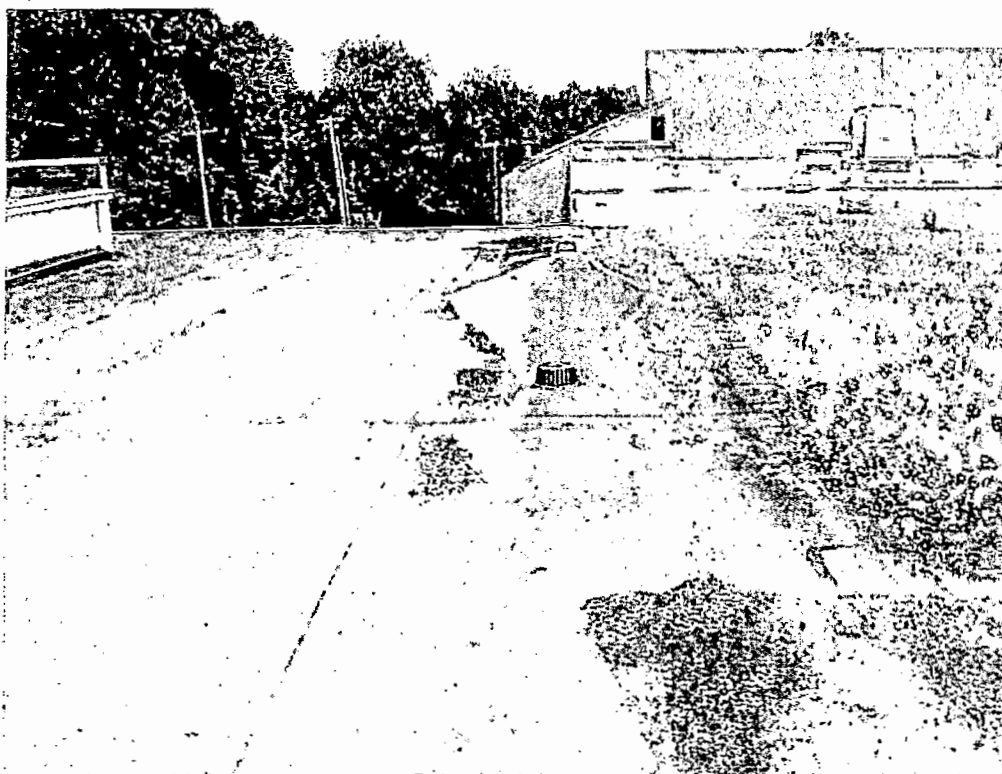
00262

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2010-002: St Paul's Home, Belleville, IL



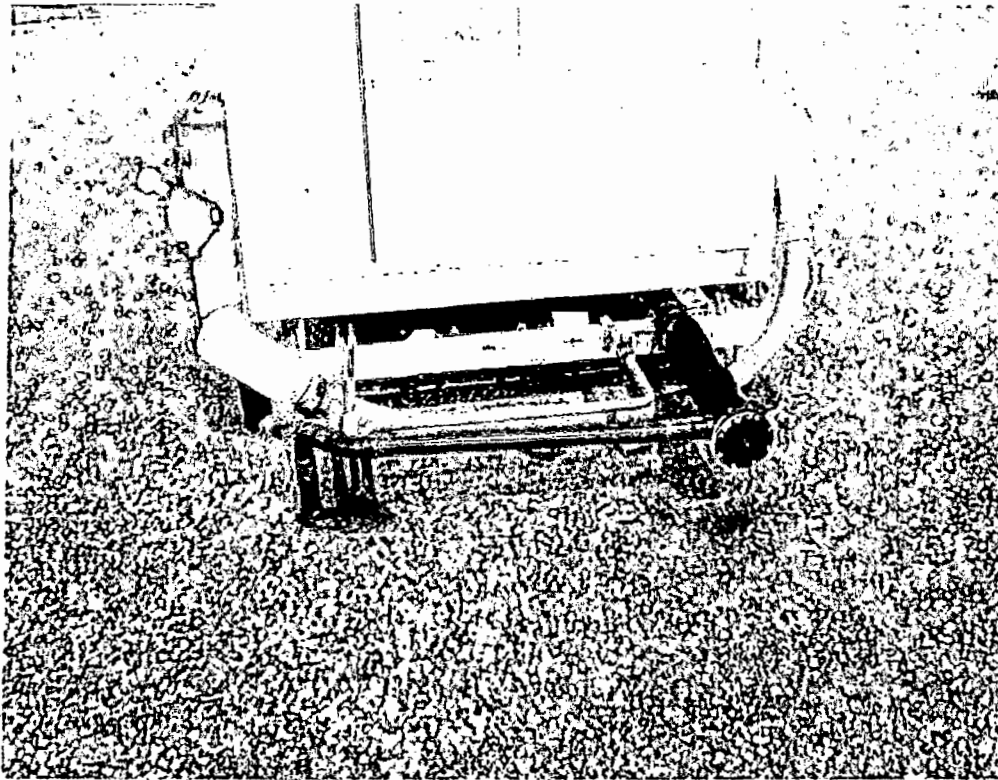
56. Coal tar roof on Roediger Wing has numerous areas in need of immediate attention



60. Lack of slope on this roof has resulted in ponding water and algae growth, which will ultimately lead to membrane deterioration

Attachment 25 - p.81

2010-002: St Paul's Home, Belleville, IL



61. Insulation is missing on refrigerant tubing at this rooftop package unit

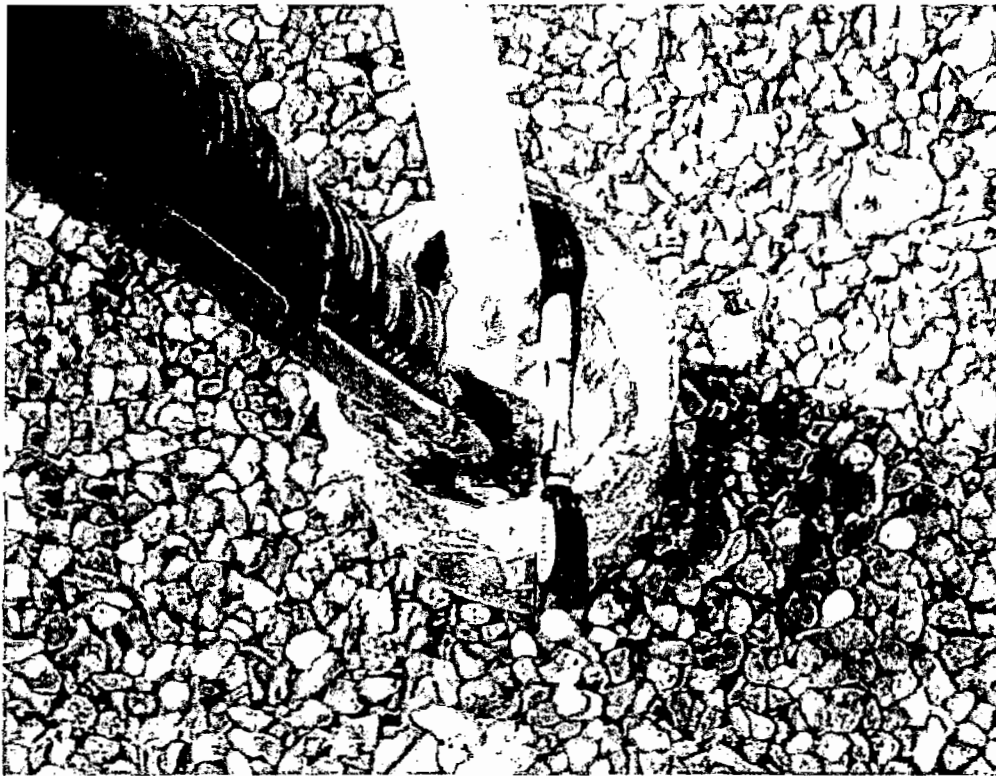


62. Wood screen around cooling tower needs to be replaced

00264

Attachment 25 - p.82

2010-002: St Paul's Home, Belleville, IL



64. Pitch pocket on roof of Shelter kitchen has failed and is likely leaking water into building



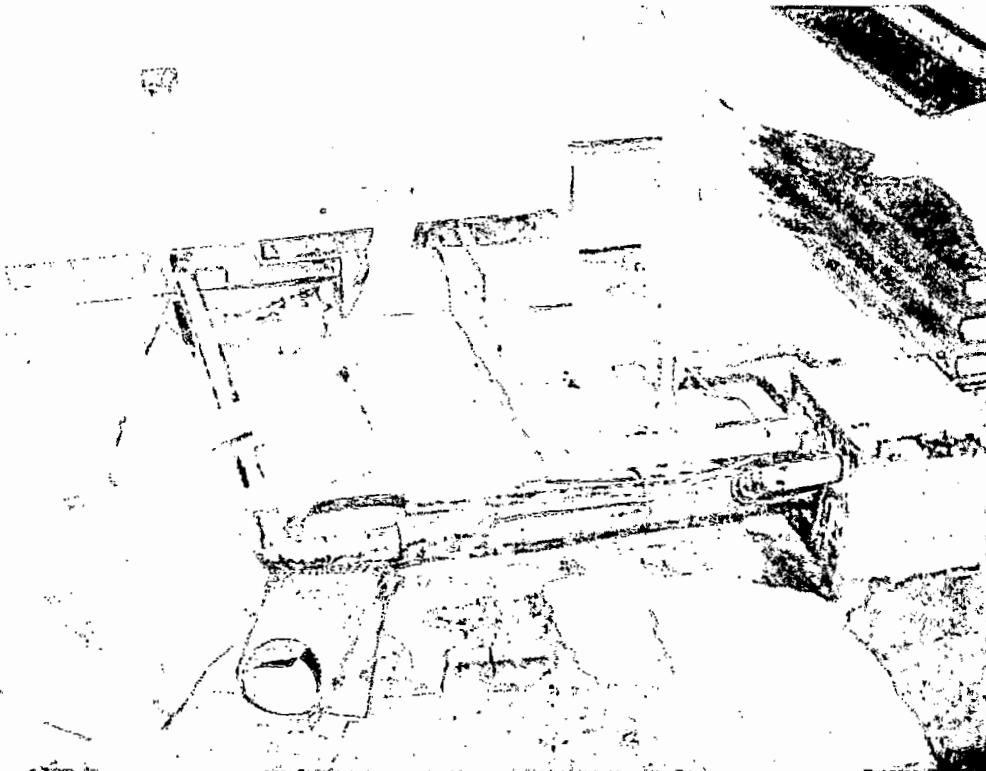
65. EPDM membrane at roof of Shelter dining has shrunk, pulling termination bar away from parapet wall and likely causing leak(s)

Attachment 25 - p.83

2010-002: St Paul's Home, Belleville, IL



67. Rusty coping at Shelter dining room roof needs to be replaced

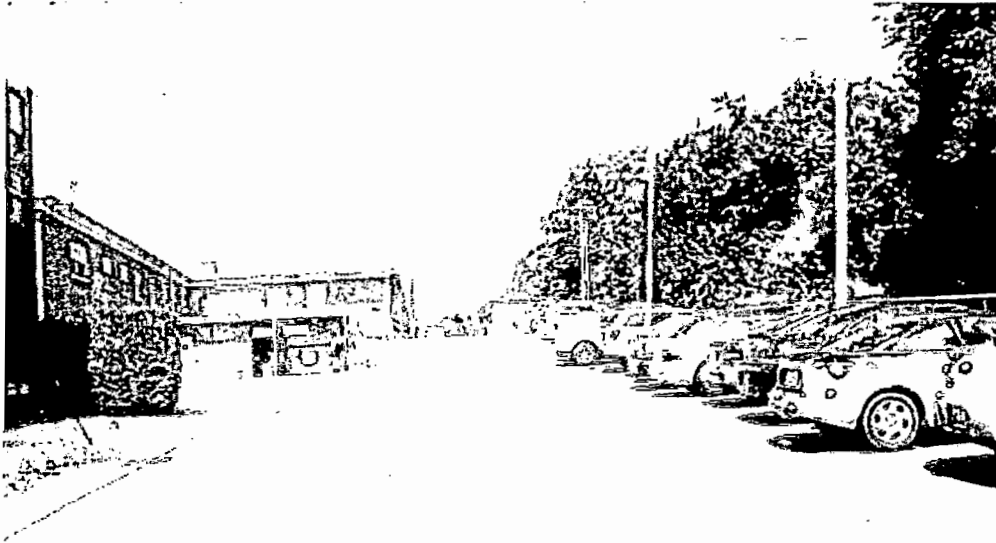


68. Insulation needs to be replaced on this refrigerant tubing to minimize condensation and increase the AC unit's efficiency

00266

Attachment 25 - p.84

2010-002: St Paul's Home, Belleville, IL



70. Asphalt parking at rear of building



00267

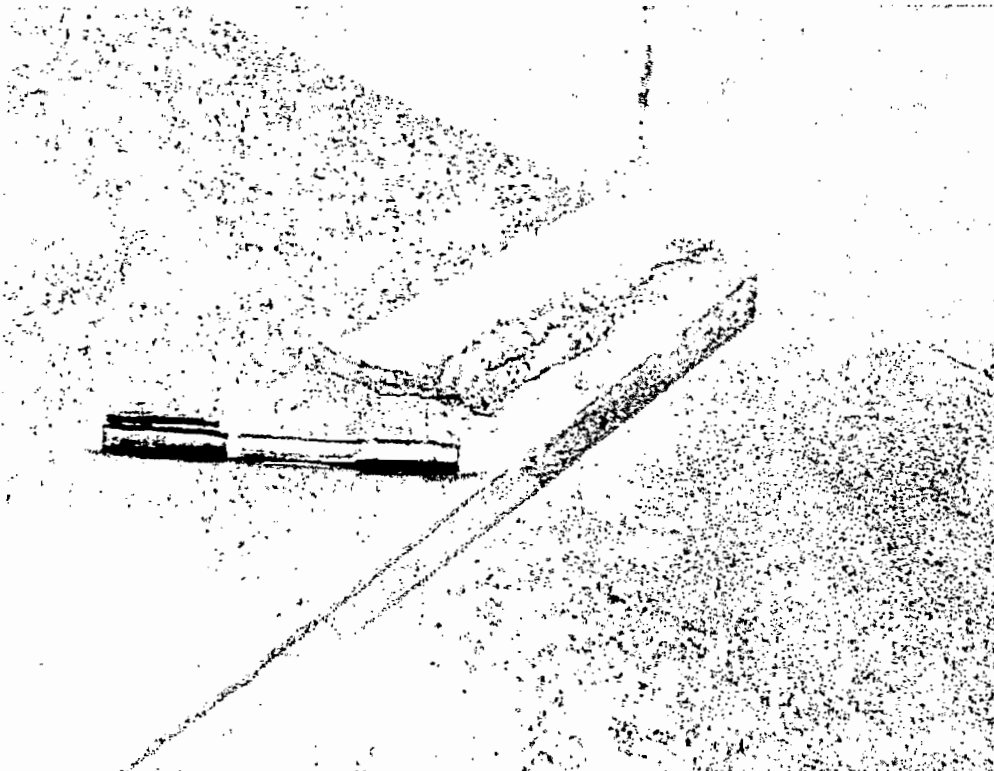
71. EIFS at balconies at apartment building needs to be cleaned and elastomeric coating applied

Attachment 25 - p.85

2010-002: St Paul's Home, Belleville, IL



72. Spalling concrete and rusty column base at pedestrian bridge beg to be repaired

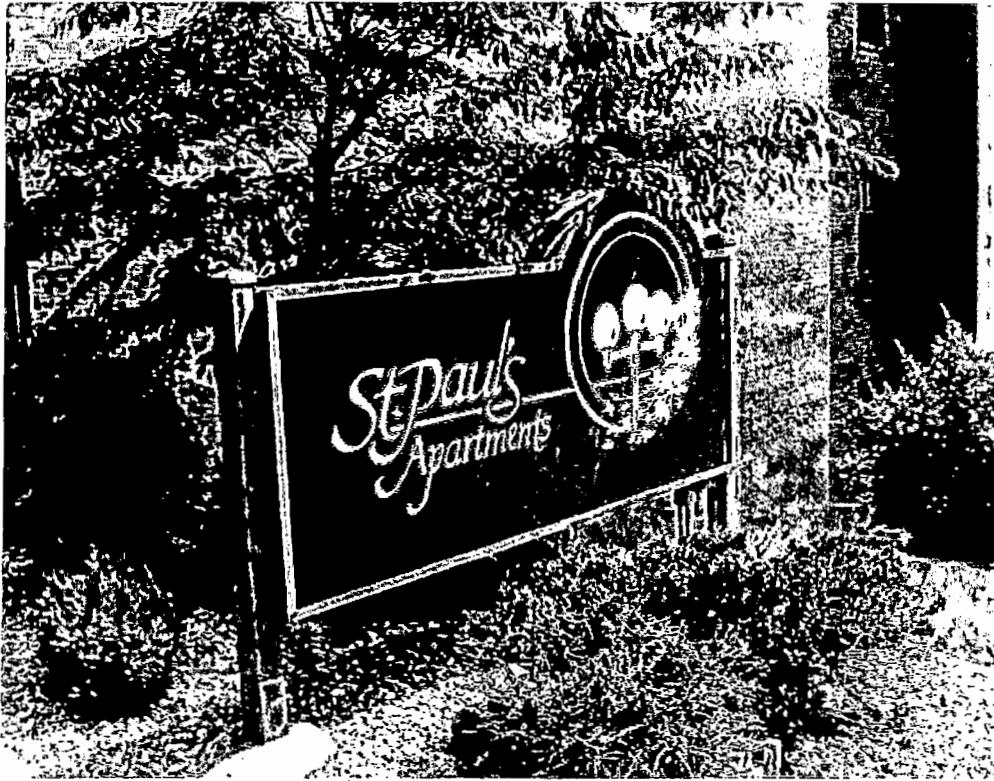


00268

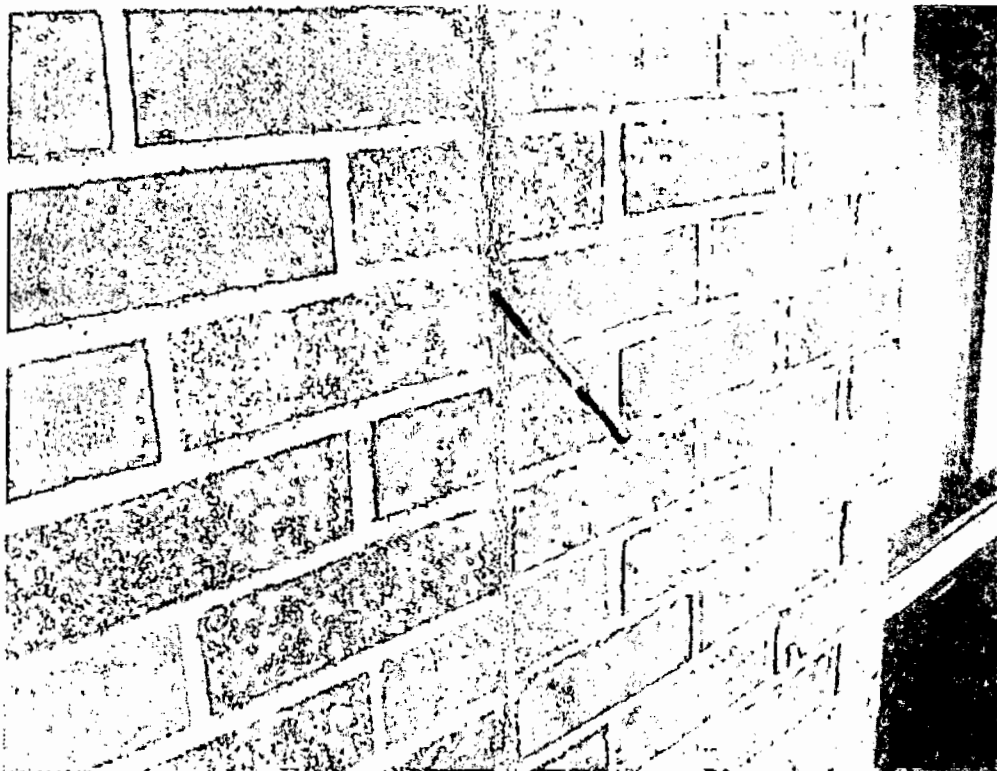
73. Mortar needs to be removed from joints in capstone at retaining wall on west side of apartment building.
Replacement with caulk is recommended

Attachment 25 - p.86

2010-002: St Paul's Home, Belleville, IL



74. Monument sign at south entrance to apartment building

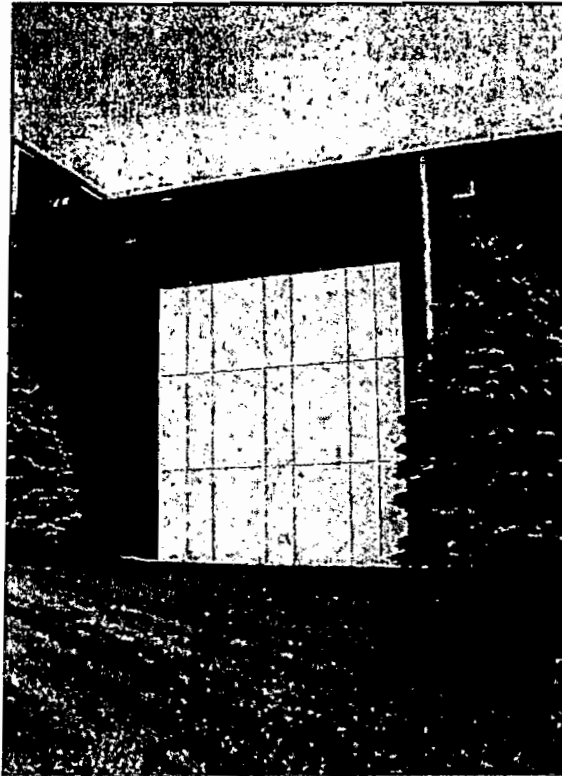


75. Brick control joints at apartment building need to be cleaned out and re-caulked

00269

Attachment 25 - p.87

2010-002: St Paul's Home, Belleville, IL



76. EIFS panel on south elevation of apartment building is intended to accommodate future expansion. In the short term, EIFS should be pressure-washed and an elastomeric coating applied



77. Rebar exposed in landscape on the south elevation of apartment building is assumed to be designed to accommodate future expansion

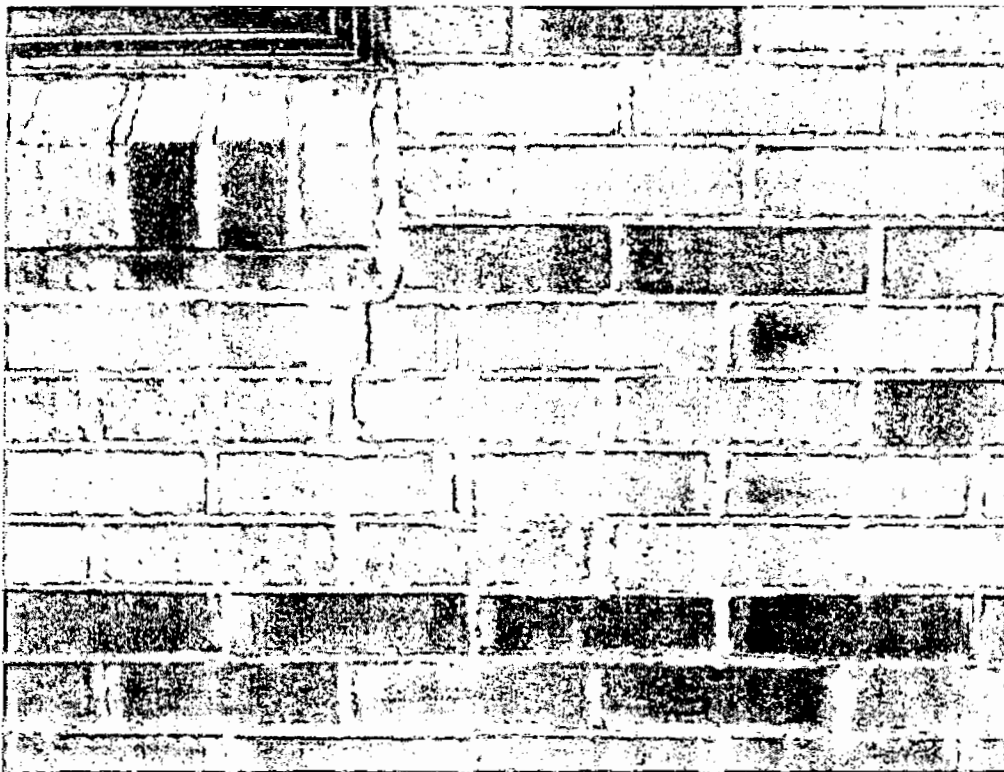
00270

Attachment 25 - p.88

2010-002: St Paul's Home, Belleville, IL



78. Mold is growing unabated on this north elevation of apartment building



79. Building settlement has likely caused this stair-step-shaped crack in brick on north elevation of apartment building

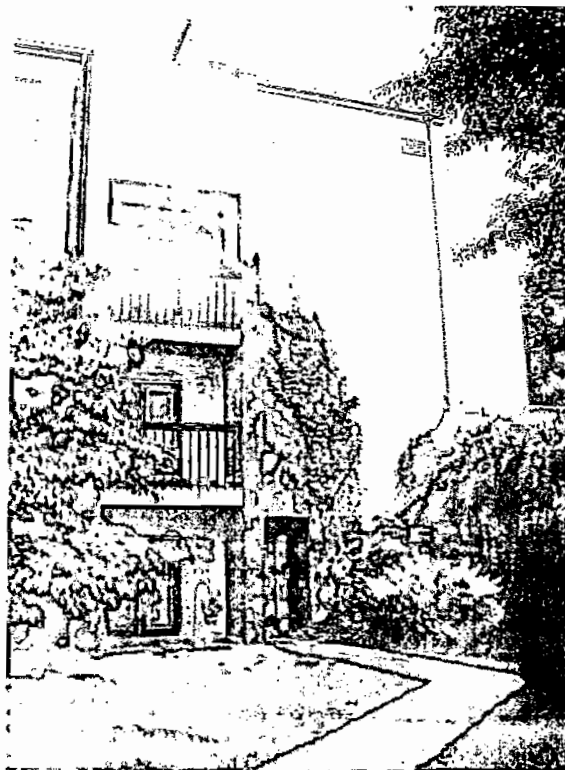
00271

Attachment 25 - p.89

2010-002: St Paul's Home, Belleville, IL



80. Brick mold trim on this patio door on east elevation of apartment building needs to be scraped and re-painted



Attachment 25 - p.90

81. Allowing vine-type plant life to grown on masonry walls, such as this on east elevation of apartment building, will severely damage wall and needs to be removed

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2010-002: St Paul's Home, Belleville, IL



82. Trash dumpster on east side of apartment building is open to view from the street



83. Three out-buildings on east side of site are used for storage

Attachment 25 - p.91

2010-002: St Paul's Home, Belleville, IL



84. Settlement in sidewalk at front entrance to apartment building has resulted in a tripping hazard an inch or more in height



85. The effectiveness of this parking lot light at front of building is severely hampered by tree foliage

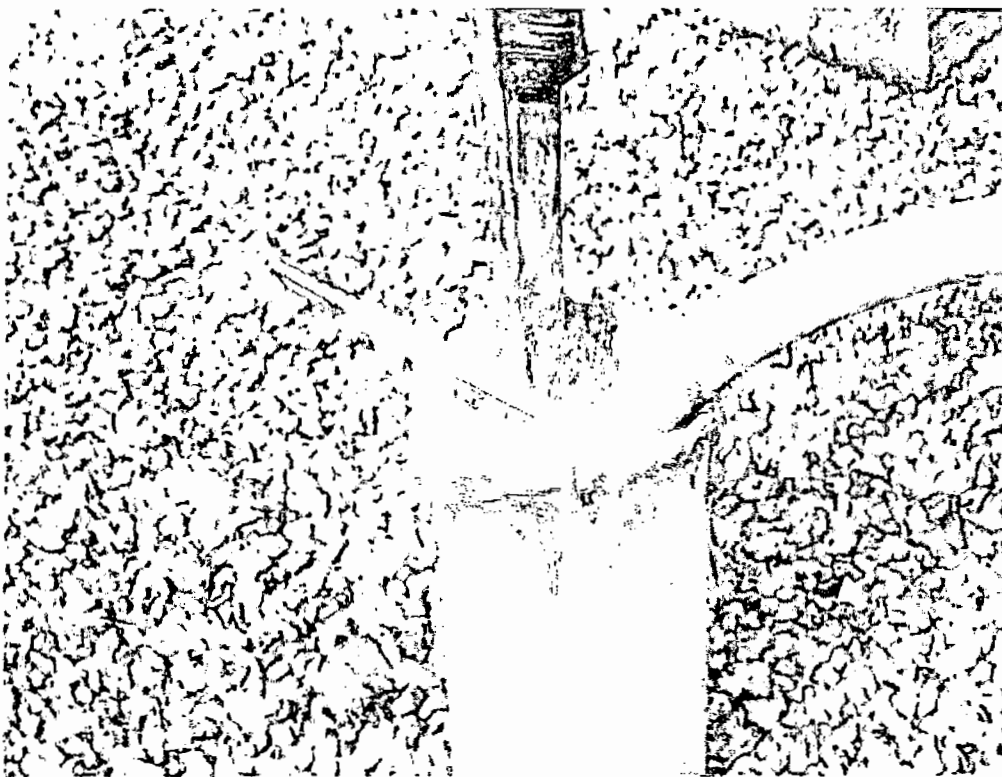
00274

Attachment 25 - p.92

2010-002: St Paul's Home, Belleville, IL

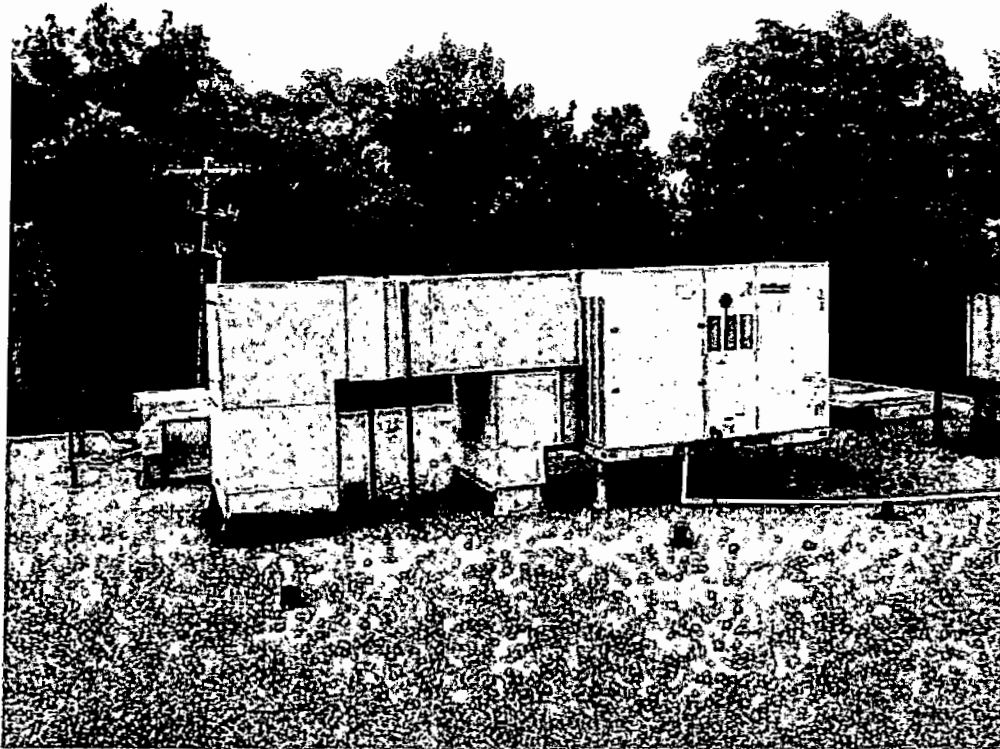


86. Sidewalk on south end of Bartel Wing has settled severely, creating a fall hazard

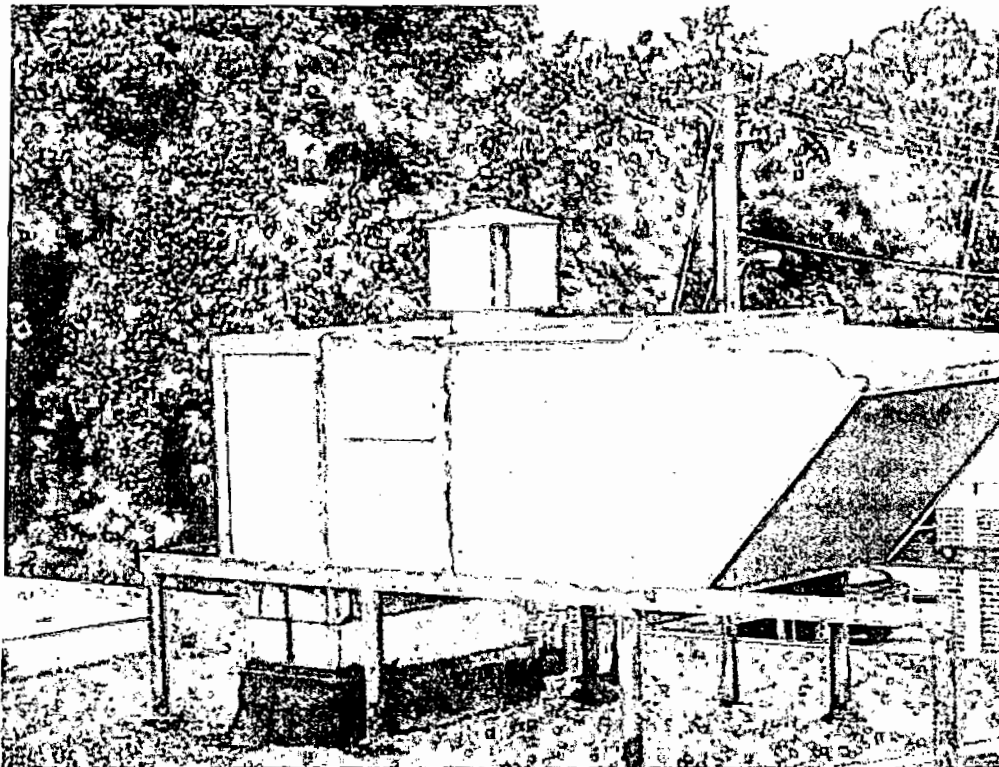


87. This is one of two pitch pockets on roof of Shelter kitchen that need immediate repair to prevent further water infiltration

2010-002: St Paul's Home, Belleville, IL



88. McQuay package HVAC unit on roof of Shelter kitchen



89. Reznor package unit on roof of Shelter kitchen

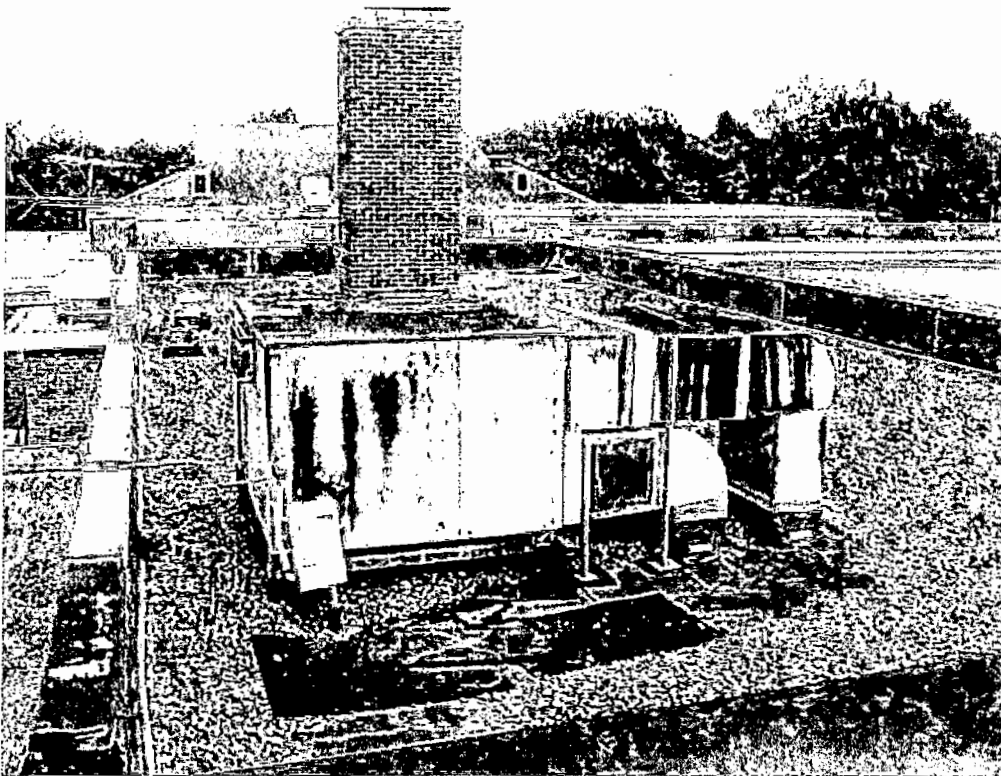
Attachment 25 - p.94

00276

2010-002: St Paul's Home, Belleville, IL



90. Pitch pockets at grillage steel supports on roof of Shelter kitchen need repair

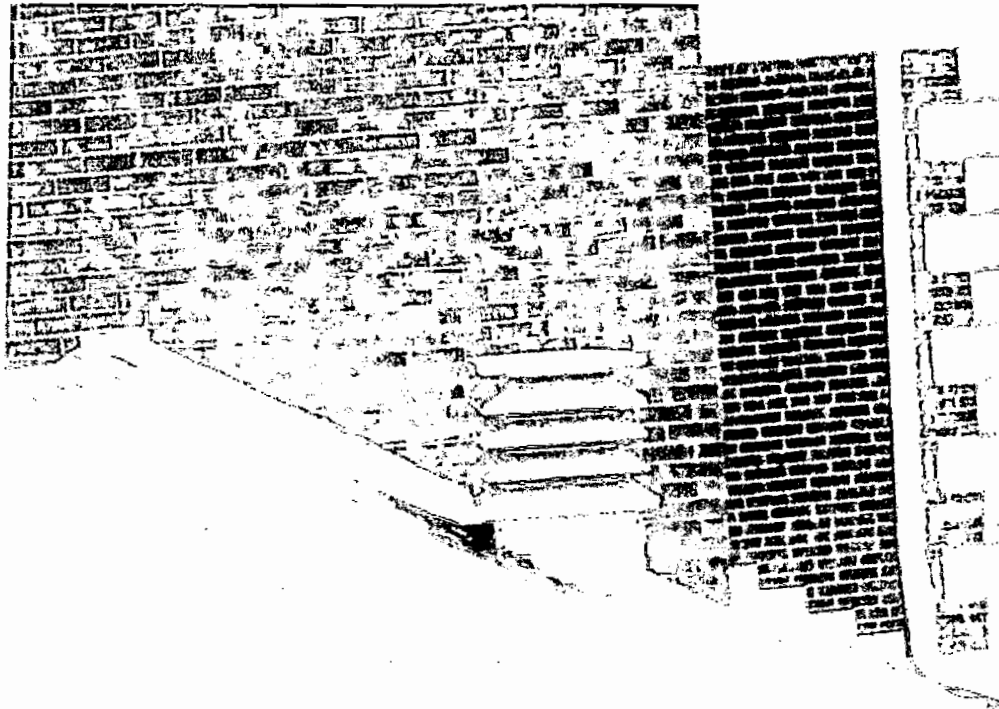


91. Package HVAC unit on roof of Shelter dining room

Attachment 25 - p.95

00277

2010-002: St Paul's Home, Belleville, IL



92. Curb for fan on roof of Kohl Wing needs a cricket installed



93. Brick molding at windows at Kohl Wing needs to be replaced

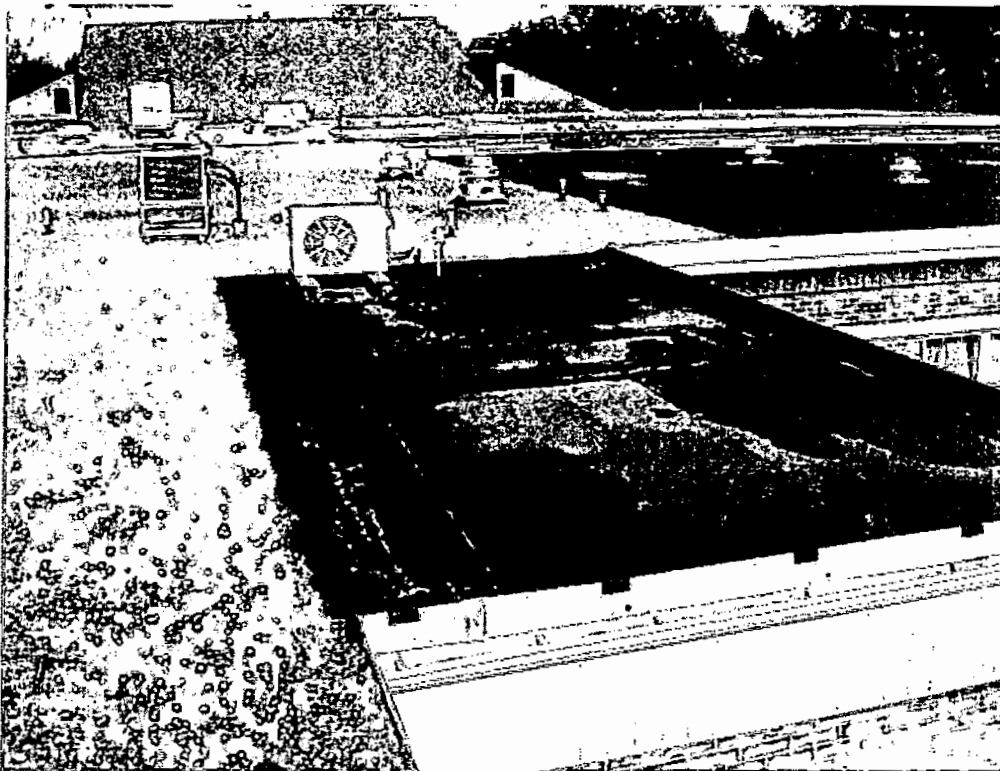
Attachment 25 - p.96

00278

2010-002: St Paul's Home, Belleville, IL



94. Damaged masonry on front elevation of Kohl Wing needs to be repaired

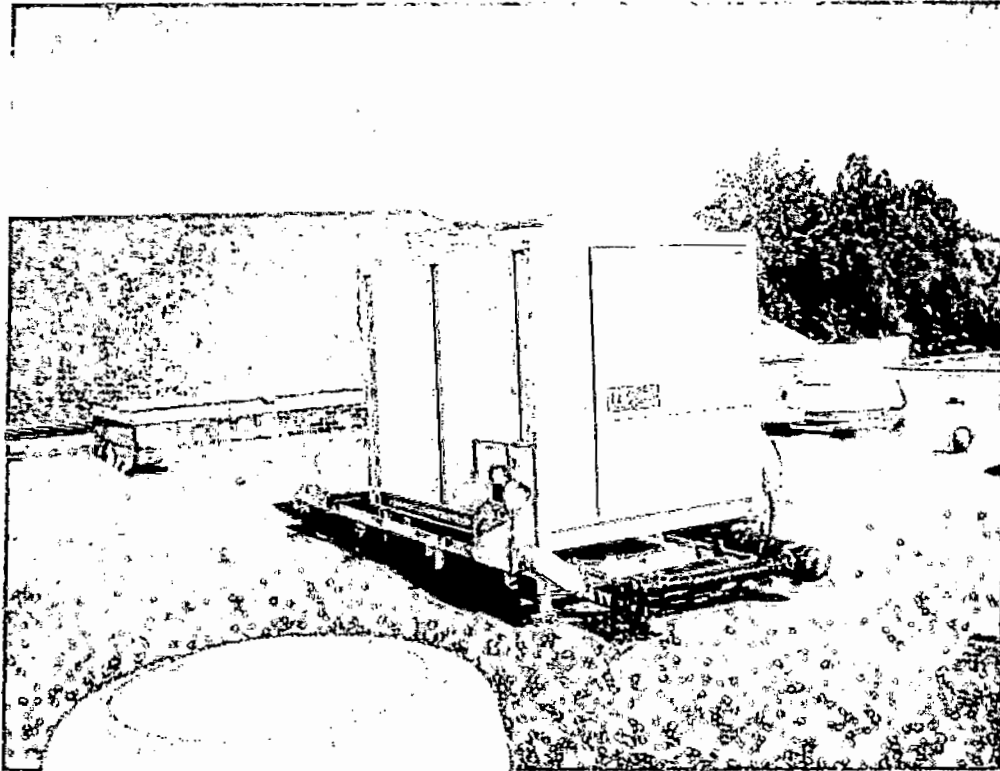


95. Roof over visitor entry between Ludwig and Bartel Wings needs to be replaced

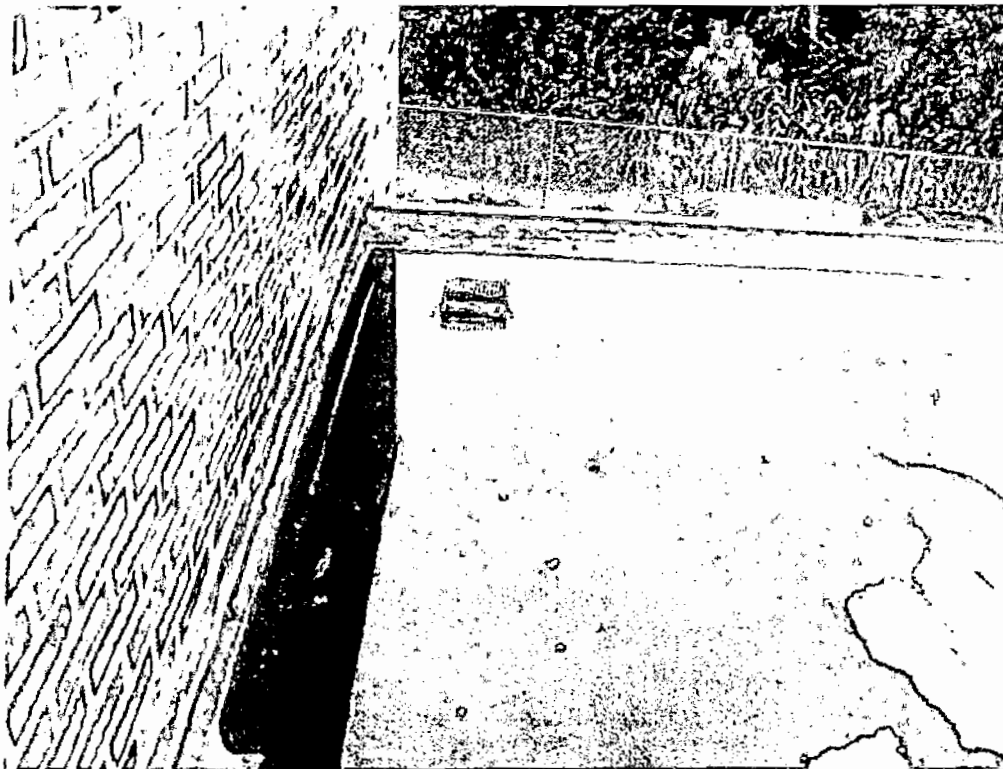
Attachment 25 - p.97

00279

2010-002: St Paul's Home, Belleville, IL



96. This Trane package HVAC unit provides conditioned air for common areas of Roediger Wing

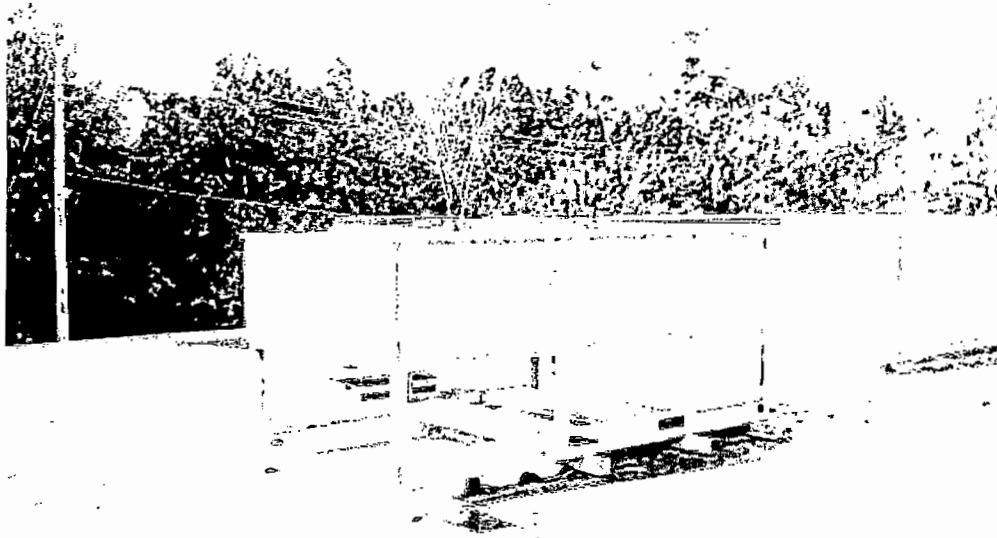


97. This is one of two drains on roof at chapel set too high, causing water to pond an inch deep

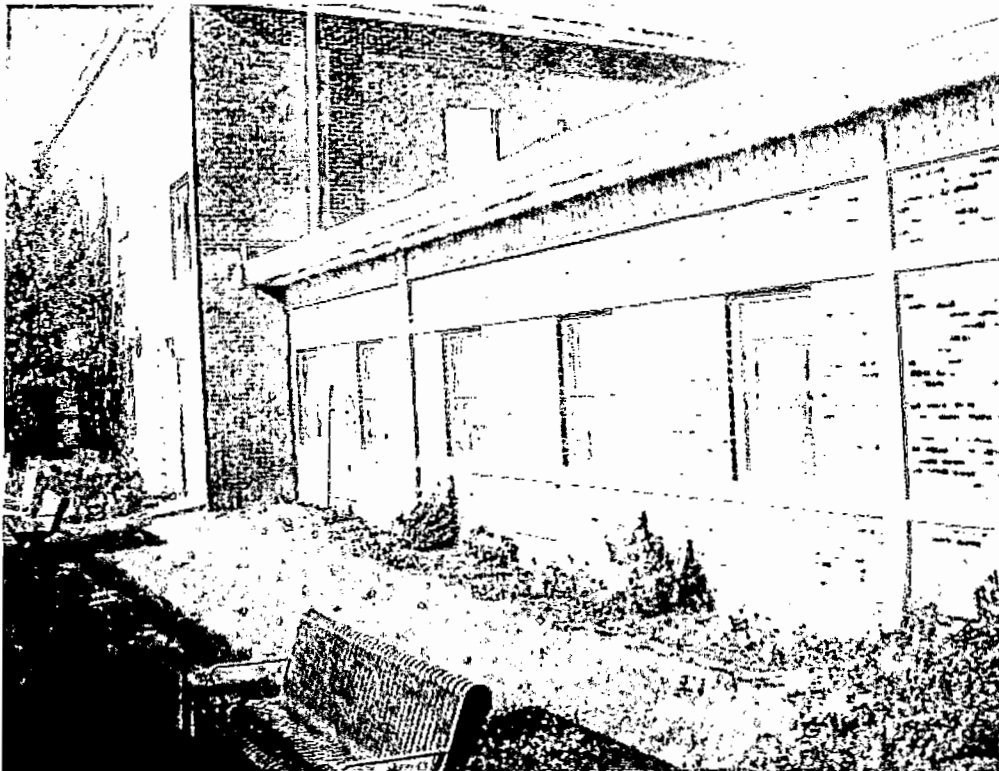
Attachment 25 - p.98

00280

2010-002: St Paul's Home, Belleville, IL



98. New 2-stage condensing unit installed on roof at chapel in 2009



99. Single-hung aluminum windows at Kohl Wing need to be replaced

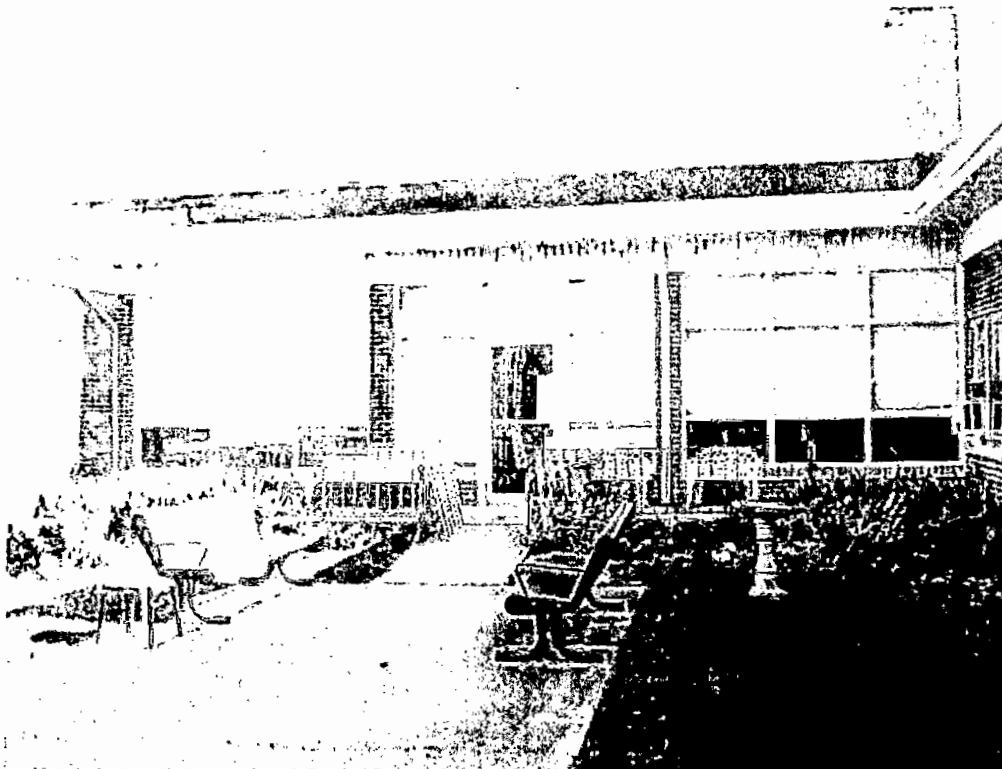
Attachment 25 - p.99

00281

2010-002: St Paul's Home, Belleville, IL



100. Fixed sash windows on south elevation of Kohl Wing need to be replaced

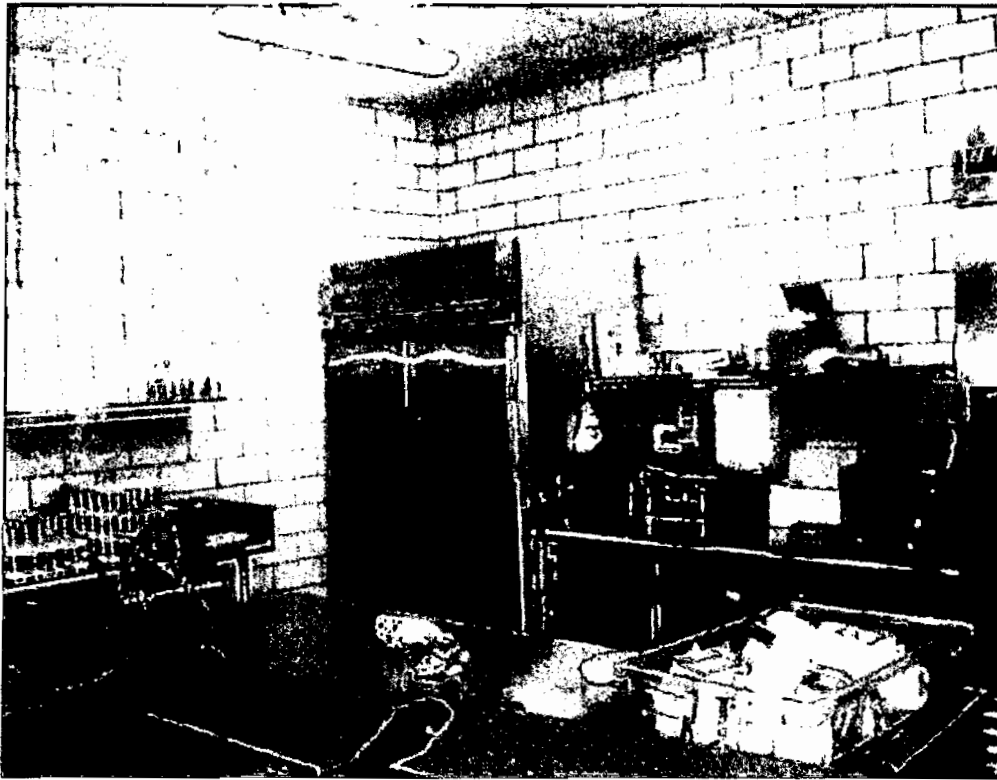


101. Fixed sash wood windows in Kohl/Ludwig courtyard need to be replaced

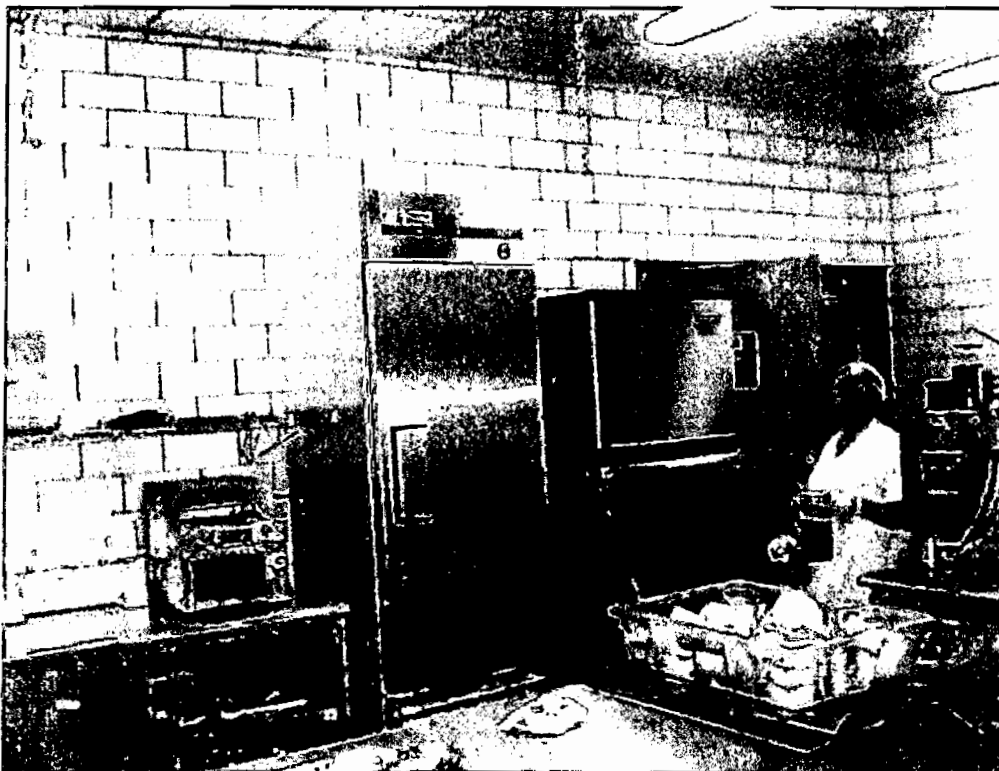
Attachment 25 - p.100

00282

2010-002: St Paul's Home, Belleville, IL



102. 2-door reach-in refrigerator in Shelter kitchen



103. Icemaker and single-door refrigerator in Shelter kitchen

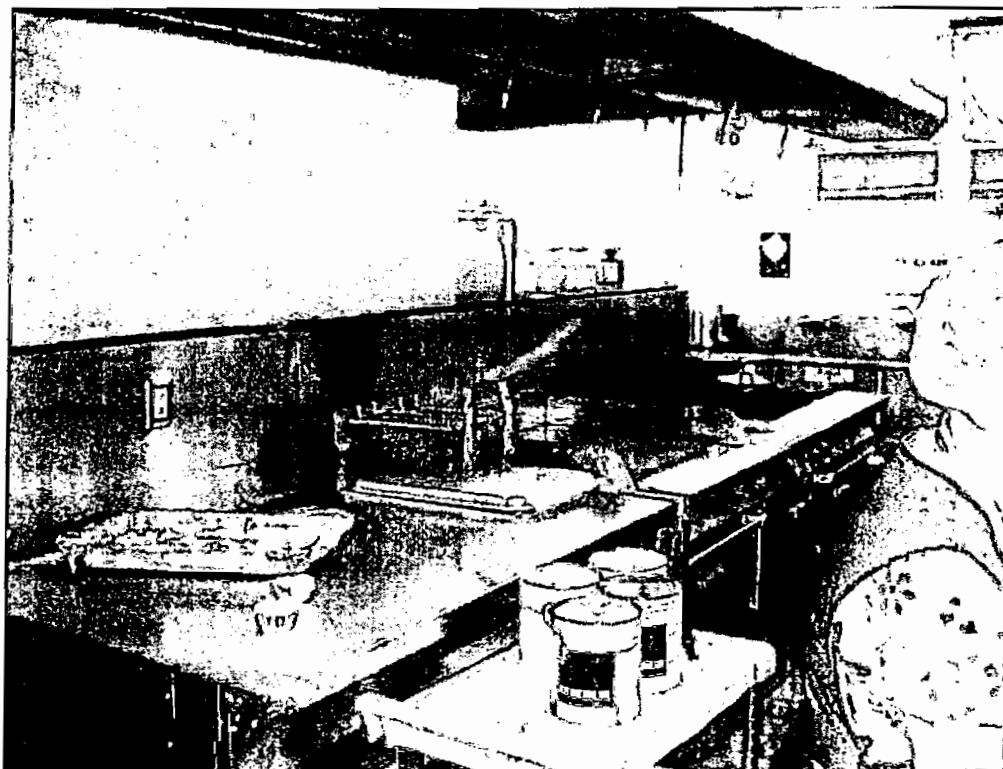
Attachment 25 - p.101

00283

2010-002: St Paul's Home, Belleville, IL



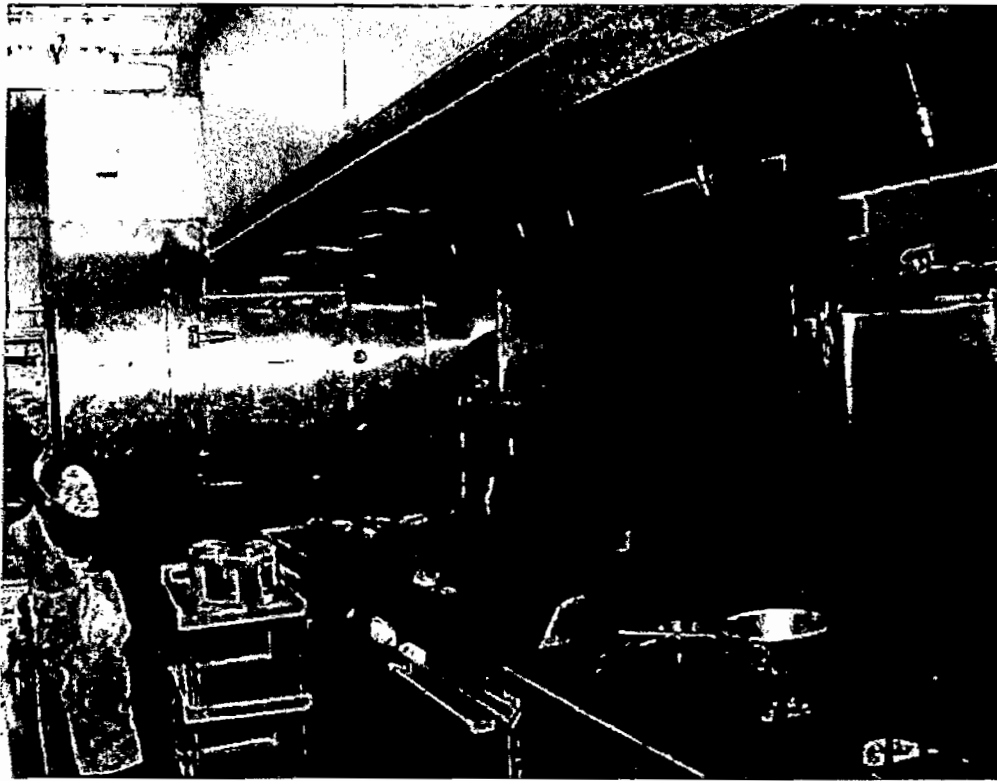
104. Coffeemaker in Shelter kitchen



105. Fryer and gas range in Shelter kitchen

Attachment 25 - p.102

2010-002: St Paul's Home, Belleville, IL



106. Range, fryer, and grease hood in Shelter kitchen

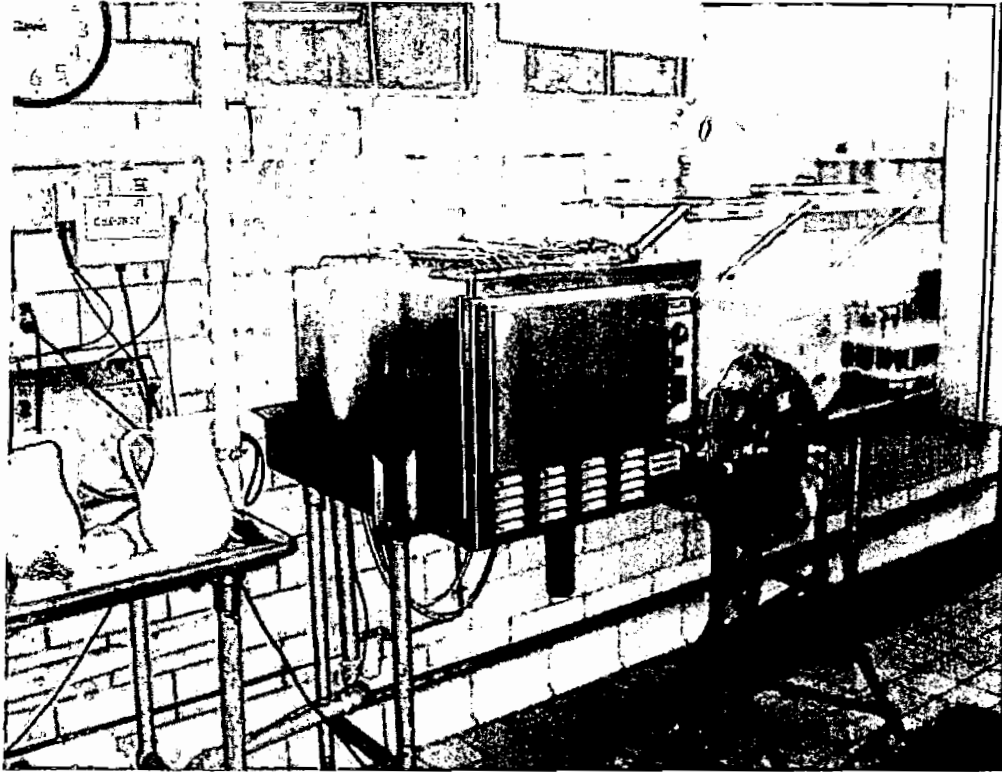


107. Convection oven and walk-in freezer in Shelter kitchen

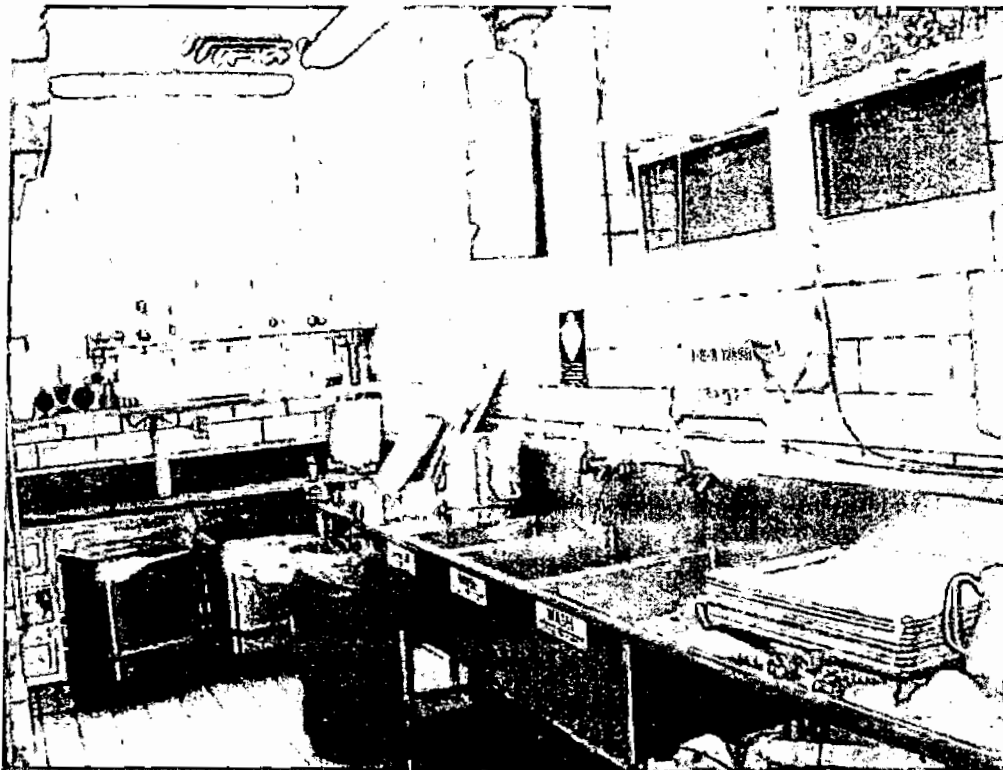
Attachment 25 - p.103

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2010-002: St Paul's Home, Belleville, IL



108. Convection oven in Shelter kitchen



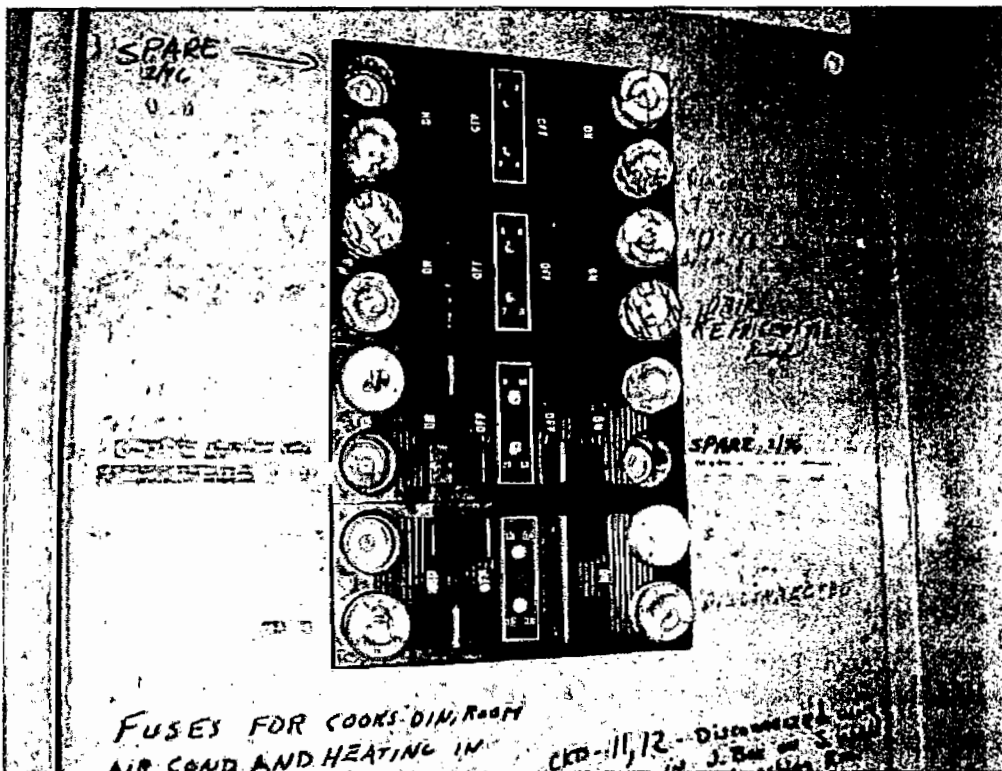
109. Ansul fire protection system in Shelter kitchen

Attachment 25 - p.104

2010-002: St Paul's Home, Belleville, IL



110. Thru-wall fan evacuates water vapor from Shelter kitchen dish room



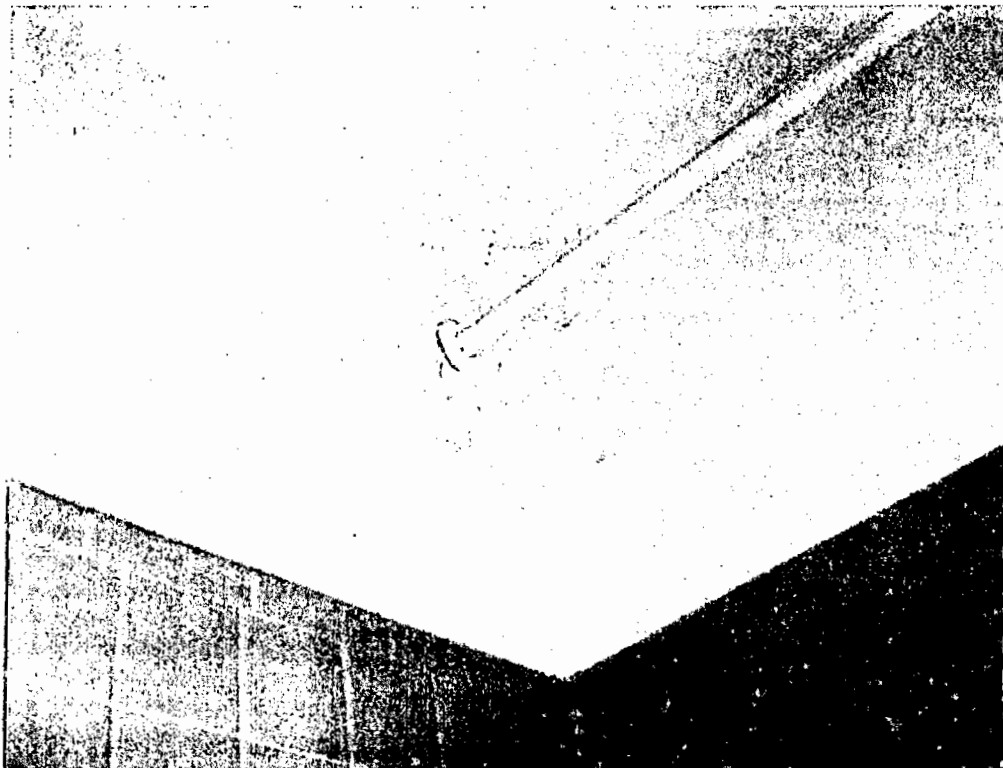
111. Electrical panel for Kohl kitchen pre-dates the era of circuit breakers

Attachment 25 - p.105

2010-002: St Paul's Home, Belleville, IL



112. Shelter dining room contains seating for 44 residents

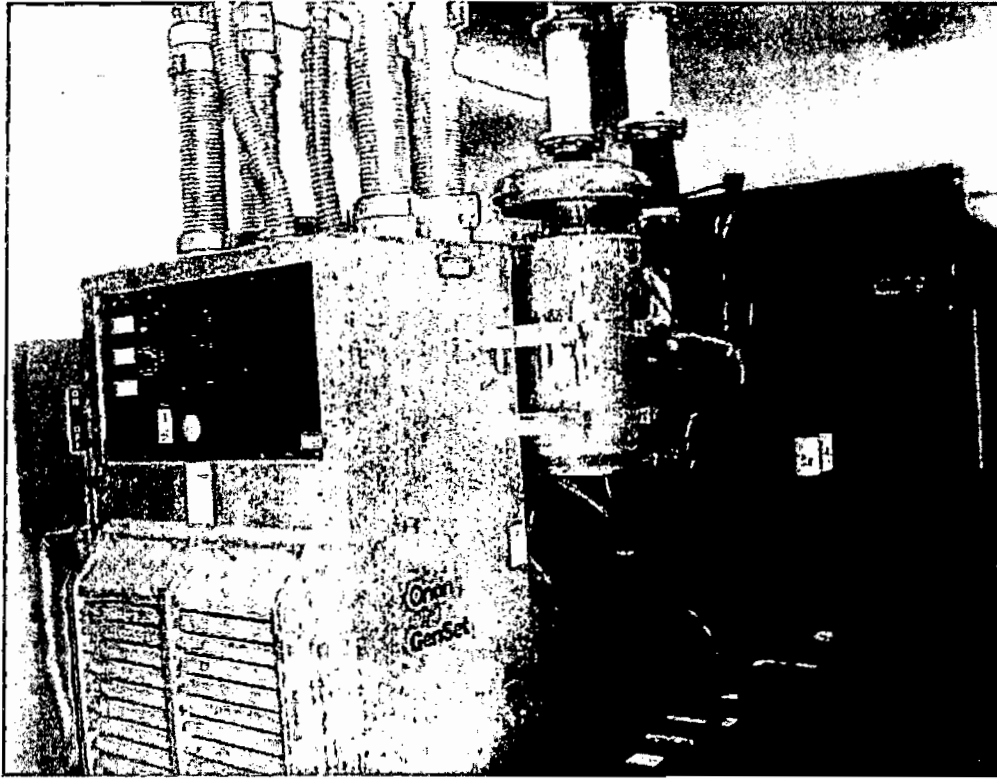


113. Roof leak is the likely cause of this peeling paint and efflorescence in shower in Ludwig Wing

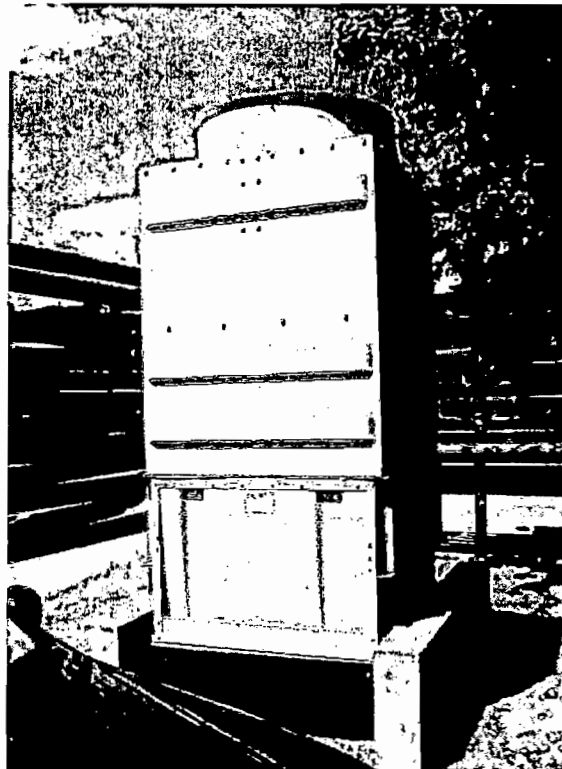
00288

Attachment 25 - p.106

2010-002: St Paul's Home, Belleville, IL



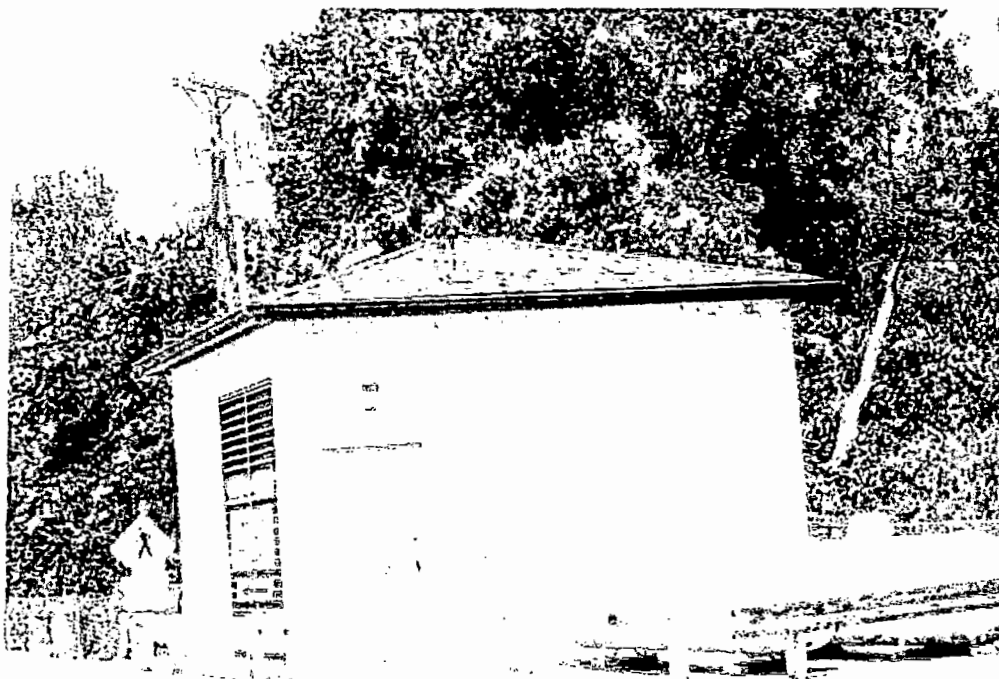
114. 600-KW emergency generator serves nursing facility



115. Single cell Evapco cooling tower serves Bartel Wing

Attachment 25 - p.107

2010-002: St Paul's Home, Belleville, IL



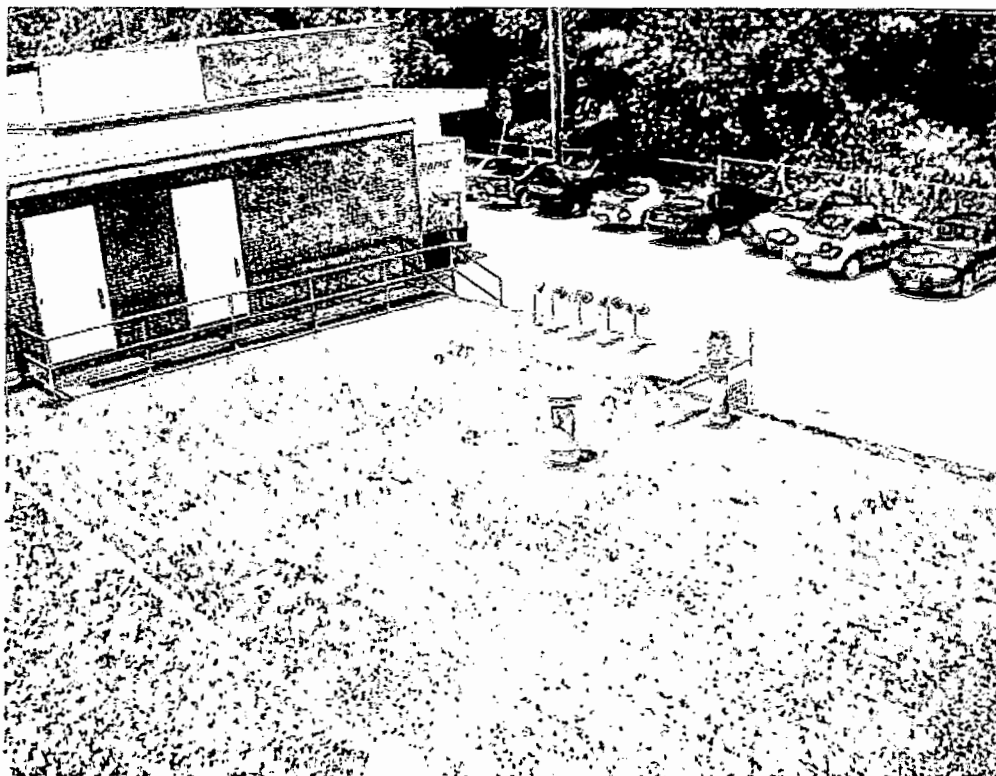
116. This concrete block structure houses generator for nursing building



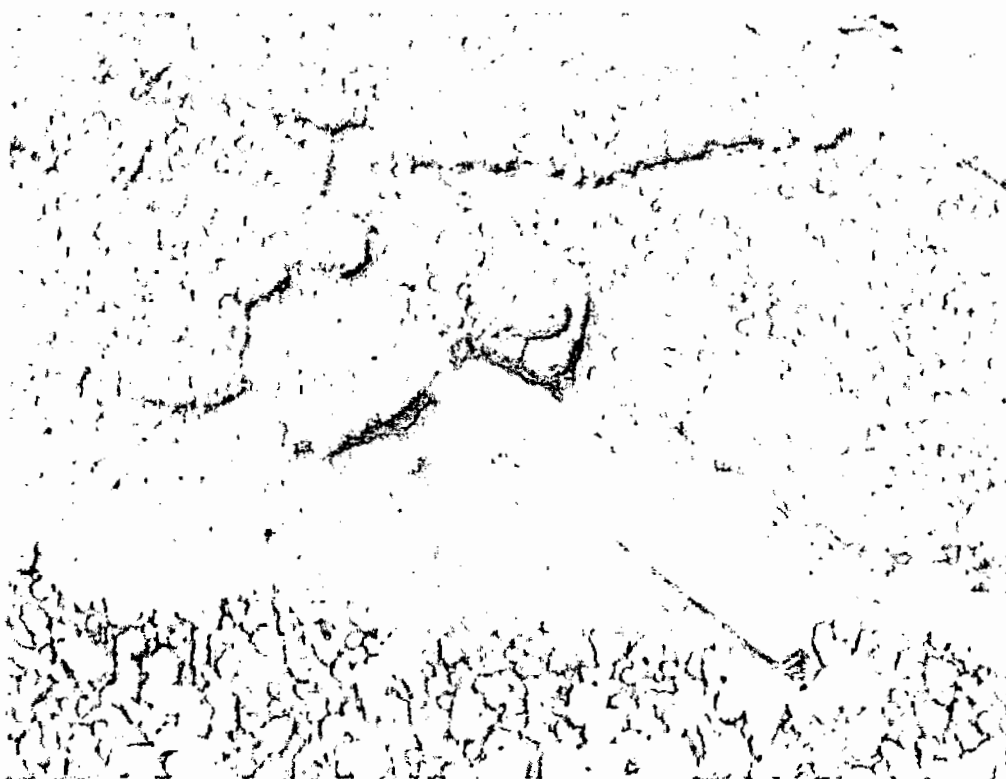
117. Failed joint in EPDM membrane on roof of bridge

Attachment 25 - p.108

2010-002: St Paul's Home, Belleville, IL



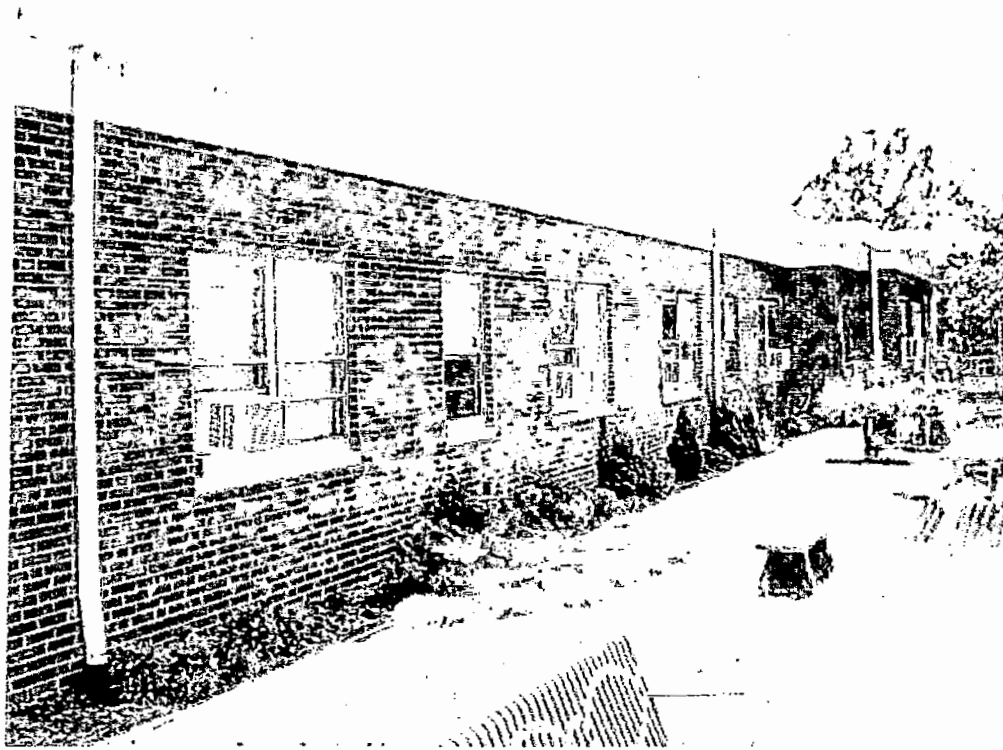
118. Dryer vents through roof of laundry room are rusting and need to be cleaned and painted



119. Expansion joint in roof between Bartel and Roediger has failed and needs to be repaired

Attachment 25 - p.109

2010-002: St Paul's Home, Belleville, IL



120. Window air conditioning units are utilized in Shelter Care at Ludwig Wing

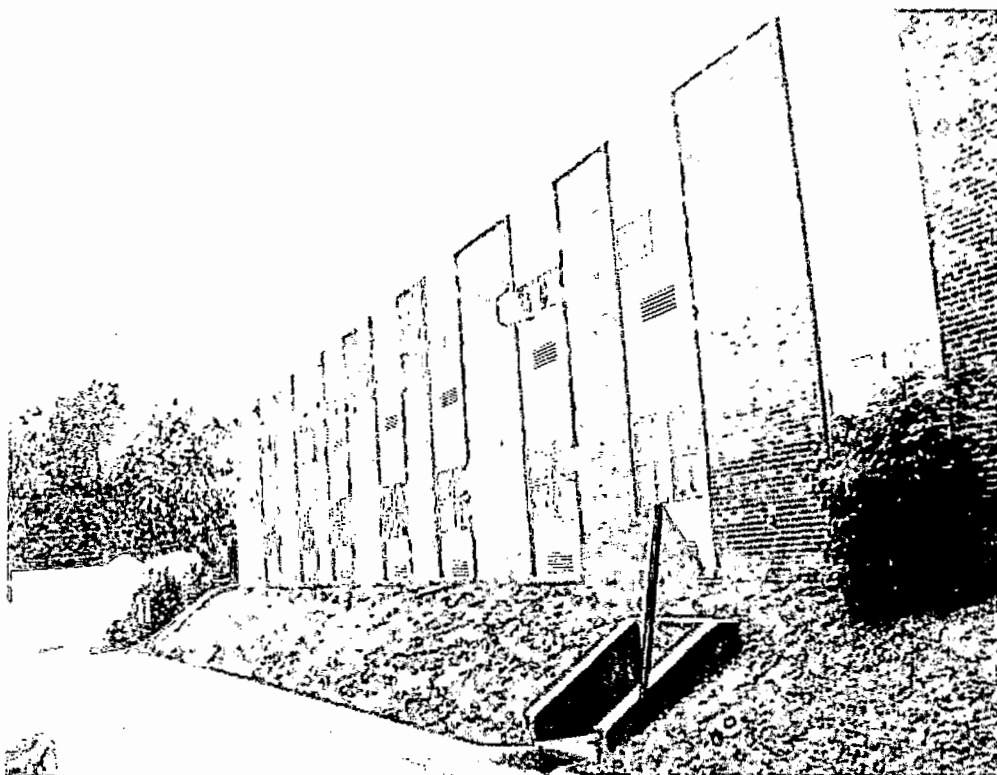


122. Roof leak in Bartel Wing has damaged ceiling in clean work room

Attachment 25 - p.110

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2010-002: St Paul's Home, Belleville, IL



123. East wall of Roediger Wing

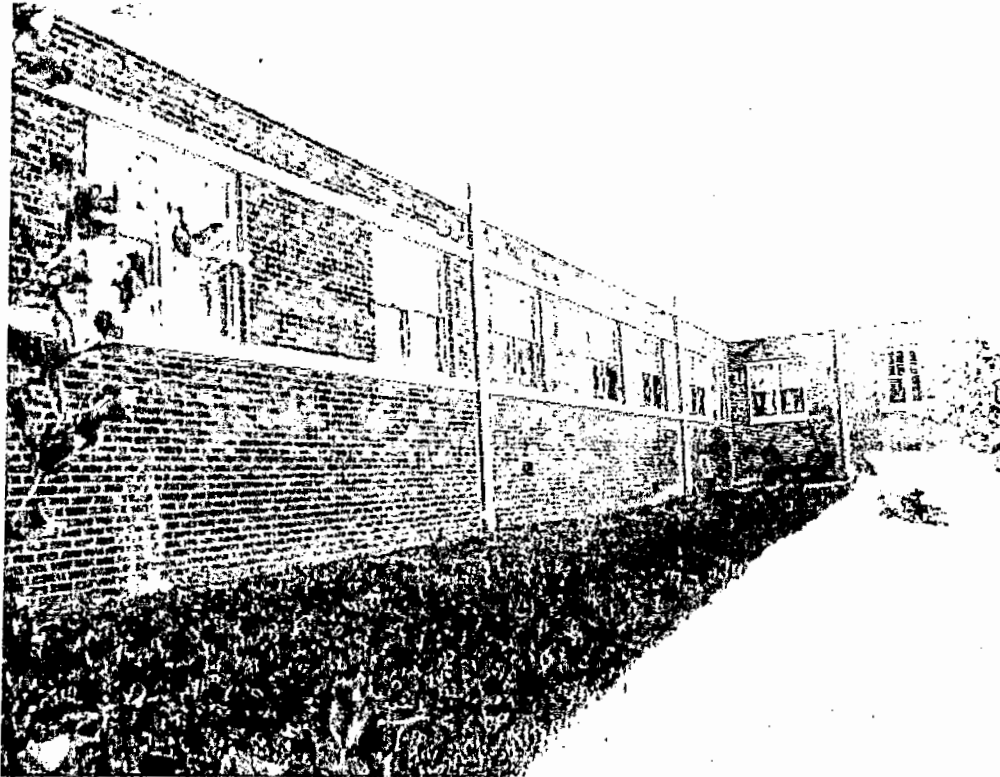


124. West elevation of Roediger

Attachment 25 - p.111

00293

2010-002: St Paul's Home, Belleville, IL



125. East elevation of Bartel Wing



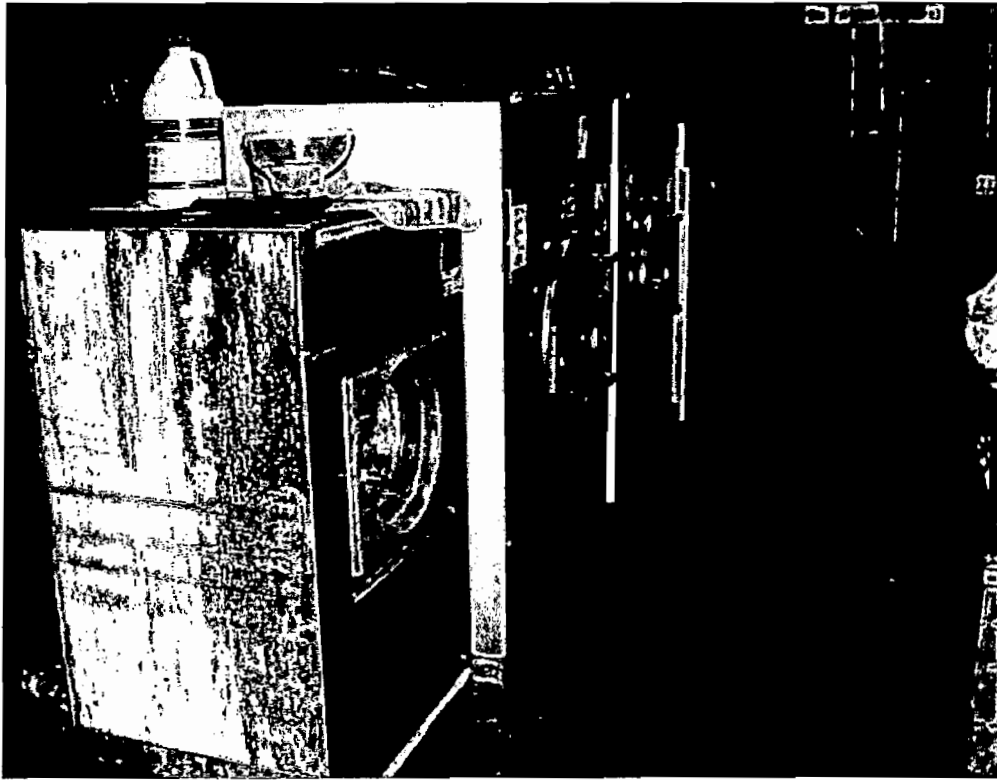
126. Mosaic panels on south elevation of Bartel need to be repaired

Attachment 25 - p.112

00294



2010-002: St Paul's Home, Belleville, IL



127. Four front-loading commercial washers are featured in basement level laundry

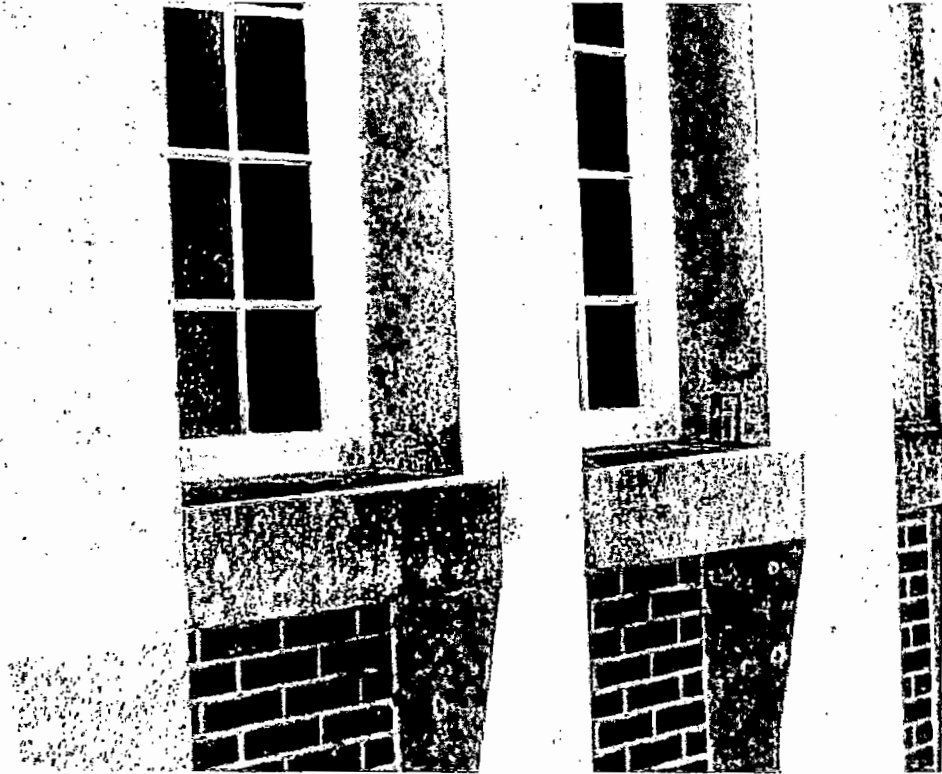


128. Hollow metal window frames and panels in exterior wall at physical therapy need to be cleaned free of rust and painted

00295

Attachment 25 - p.113

2010-002: St Paul's Home, Belleville, IL



129. Architectural pre-cast stone at rear of chapel needs to be pressure-washed and sealed



130. Frames at stained glass windows and emergency exit doors at chapel need to be cleaned and painted

00296

Attachment 25 - p.114

2010-002: St Paul's Home, Belleville, IL



131. Five commercial dryers are located in the basement laundry

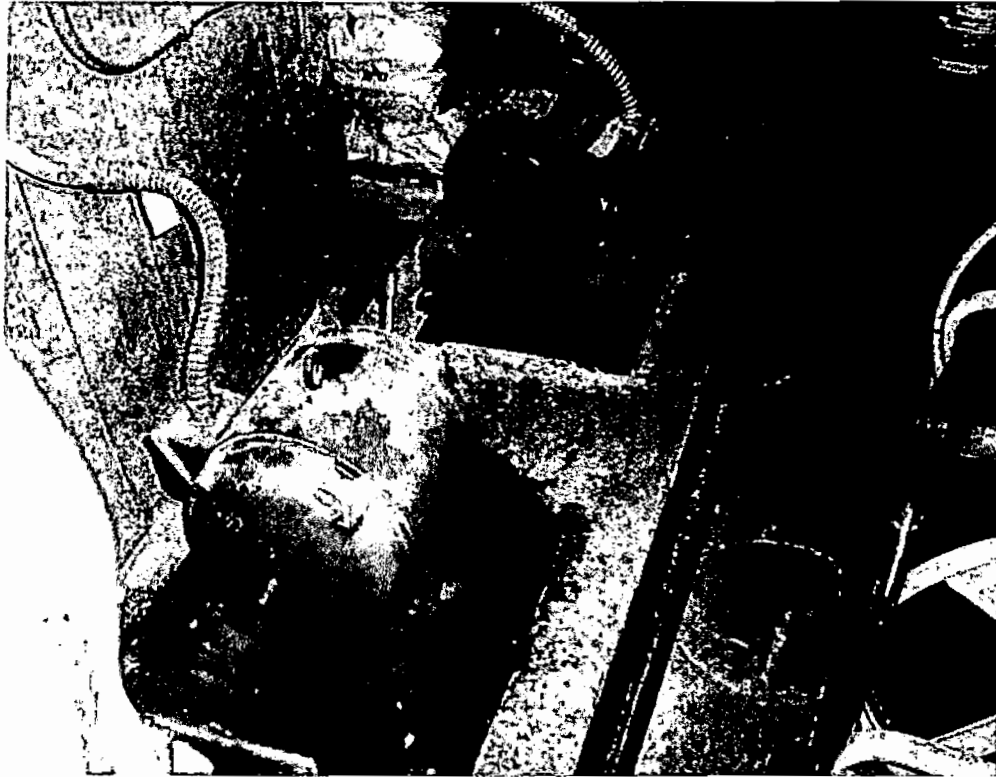


132. Hot water pumps in Kohl basement. Pipe insulation likely contains asbestos

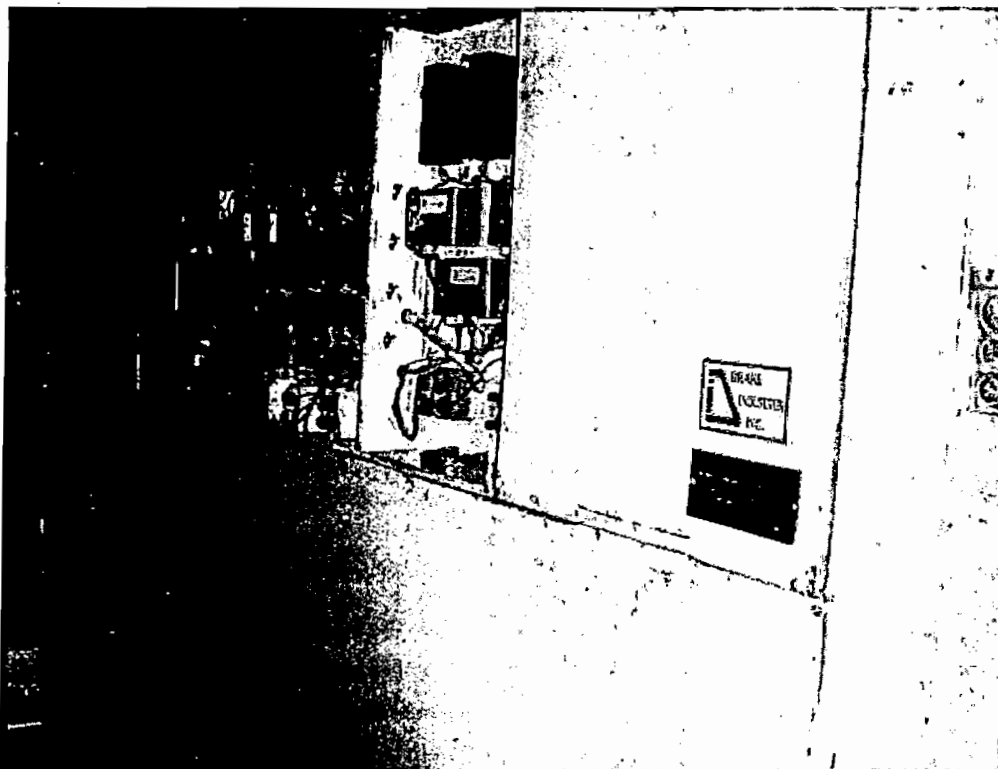
00297

Attachment 25 - p.115

2010-002: St Paul's Home, Belleville, IL



133. Chill water pumps in Kohl basement

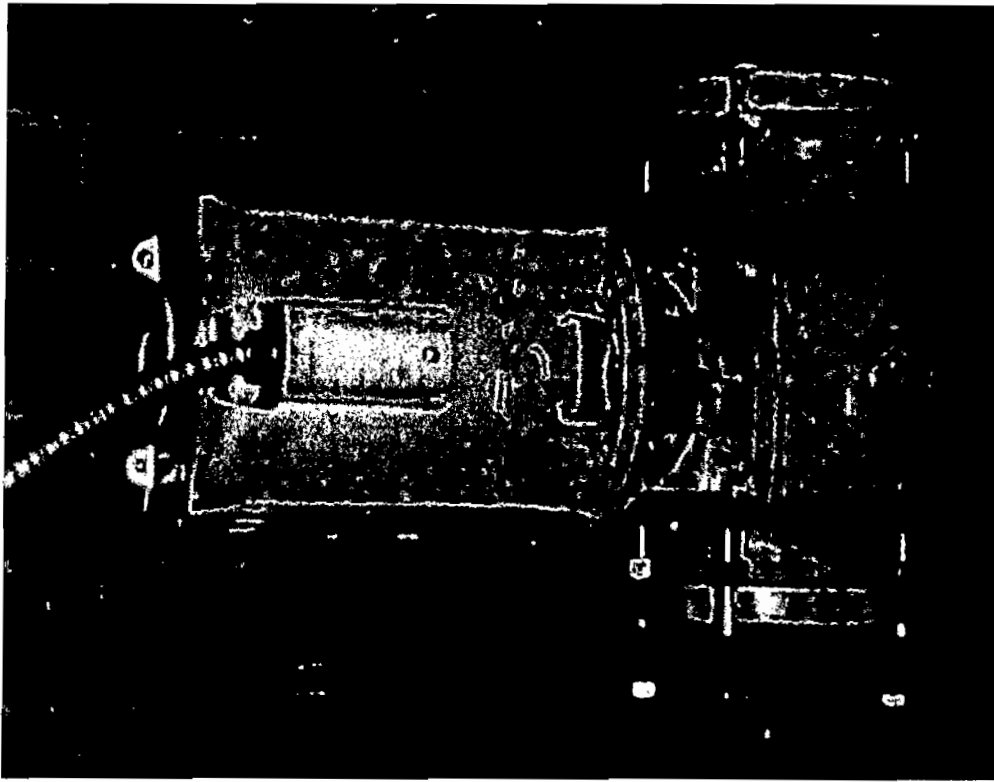


134. Access panel needs to be re-installed on water-cooled chiller at Bartel Wing

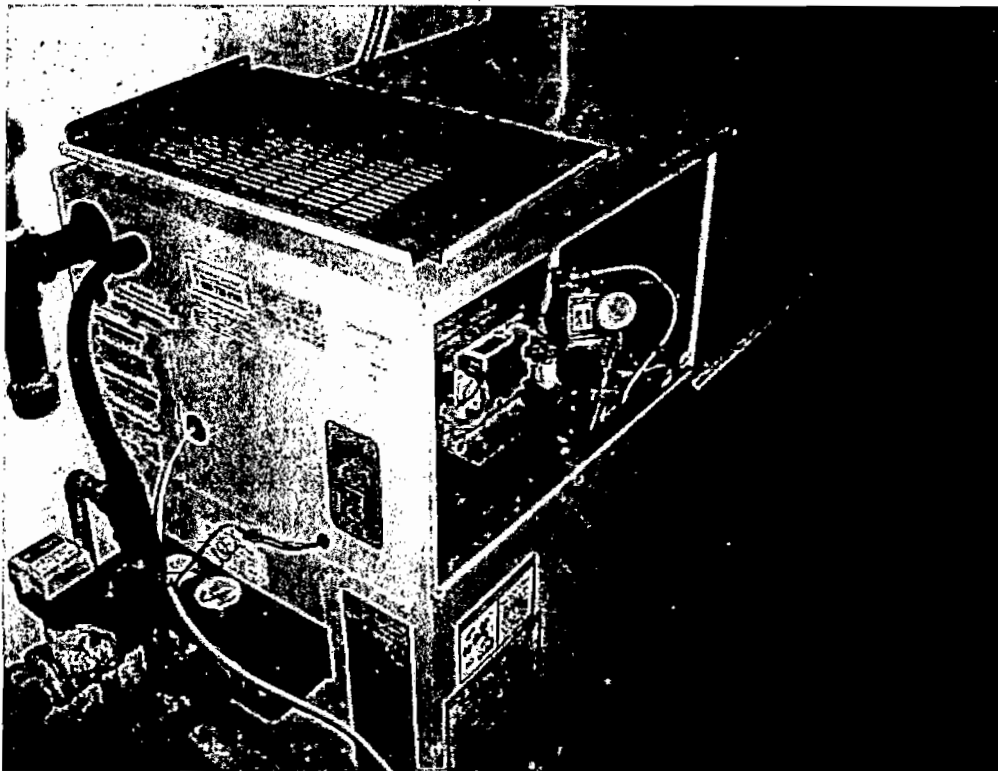
00298

Attachment 25 - p.116

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135. Domestic hot water circulating pump in basement of Shelter Care

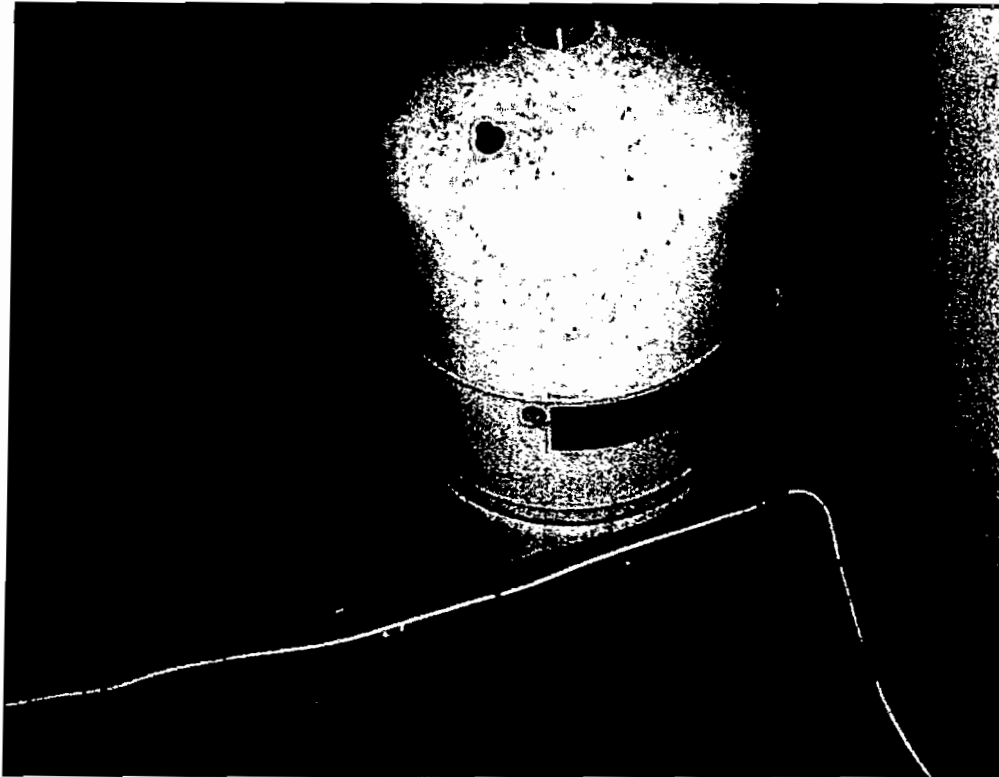


136. New boiler for domestic hot water in basement of Shelter Care

Attachment 25 - p.117

00299

2010-002: St Paul's Home, Belleville, IL



137. Domestic hot water expansion tank in basement of Shelter Care



138. Domestic hot water storage tank in basement of Shelter Care

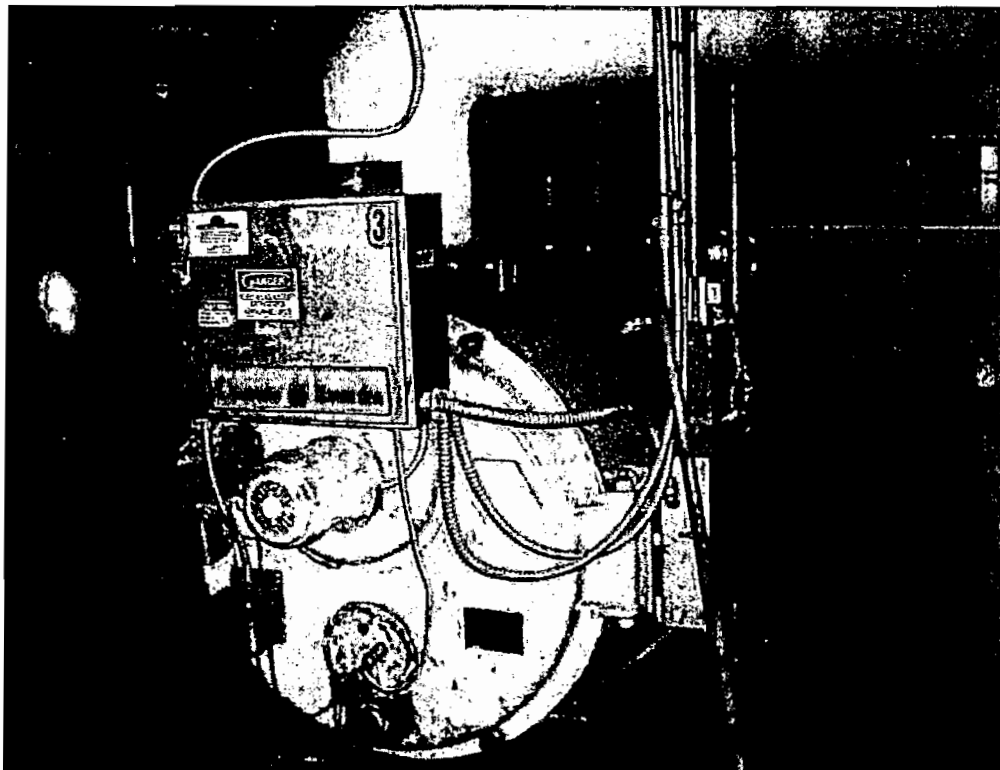
Attachment 25 - p.118

00300

2010-002: St Paul's Home, Belleville, IL



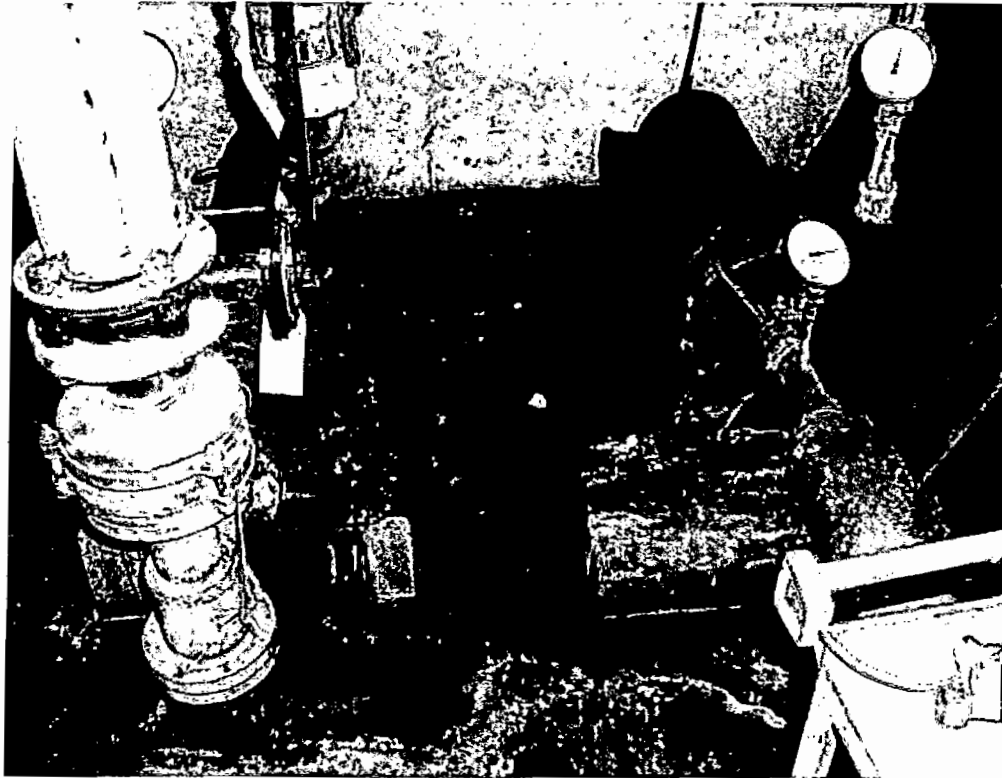
139. Domestic water softener in basement of Shelter Care



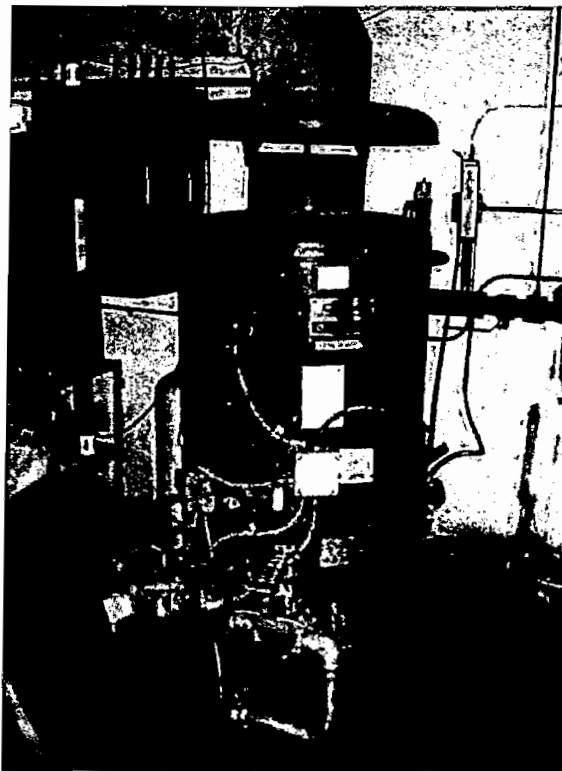
140. One of three dual fuel package boilers for wintertime water heating

Attachment 25 - p.119

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141. 1-1/2-hp hot water circulating pumps in basement of Shelter Care



142. This domestic water heater was installed in basement of Shelter Care in 1979

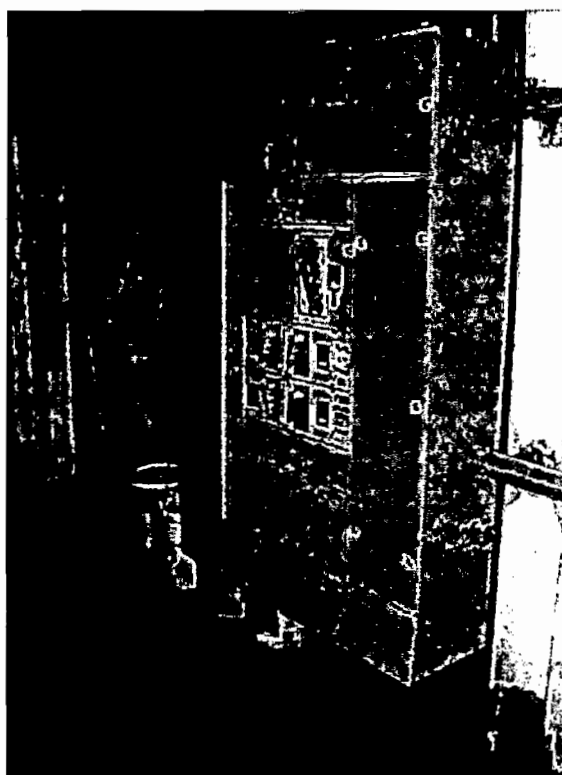
00302

Attachment 25 - p.120

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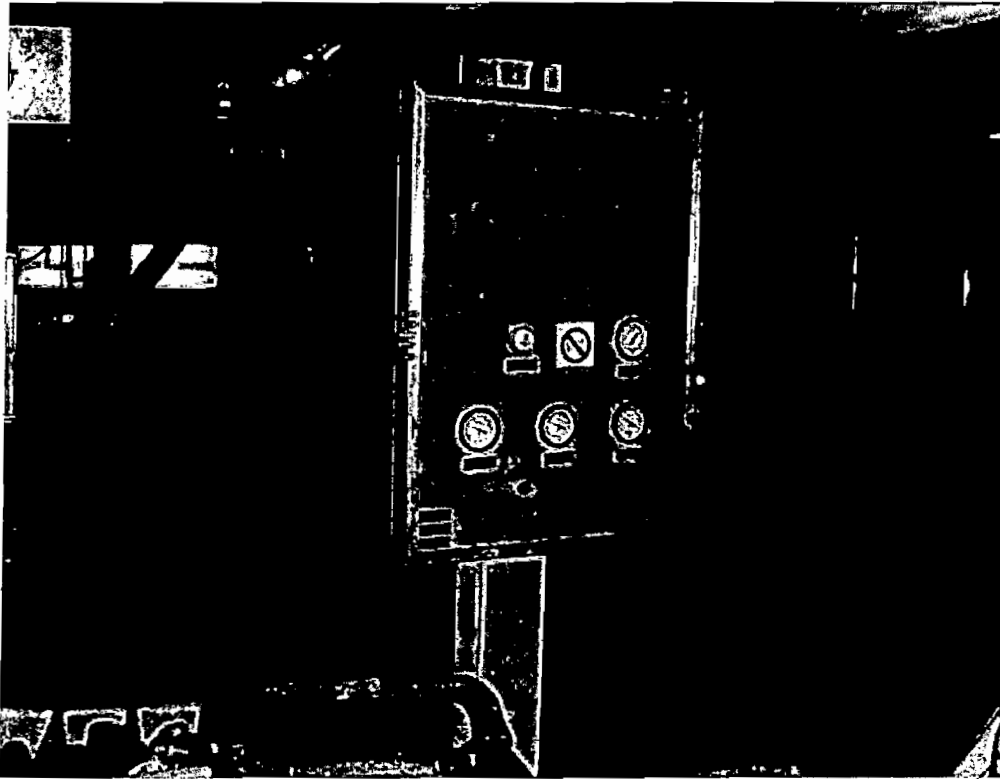


143. Pump on right has a replacement motor



144. This electrical panel was installed in basement of Shelter Care in 1978. It supplies power to boilers and fire alarm system

2010-002: St Paul's Home, Belleville, IL



145. Technology has advanced several generations since these boiler and pump controls were installed in the basement of Shelter Care



146. 1600-amp 3-phase main switch in basement of Shelter Care

Attachment 25 - p.122

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147. From left to right, packaged heating and cooling unit for Shelter Care dining room, makeup air unit (with electric heat) for Shelter kitchen, and packaged HVAC unit for kitchen



148. This air handling unit in basement of Shelter Wing supplies makeup air to mechanical room

00305

Attachment 25 - p.123



Pat Quinn, Governor

Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

February 7, 2011

OVERNIGHT MAIL
RETURN RECEIPT REQUESTED

Ms. Laura Northway, Administrator
St Paul's Home
1021 West E Street
Belleville, IL 62220

Reference: Provider ID: 146122 / 0013920
 Cycle Date: January 27, 2011
 Survey Date: January 27, 2011
 Survey Type: Health Annual Survey
 LSC Survey: Under Separate Cover

Dear Ms. Northway:

On January 27, 2011, an inspection was conducted at St Paul's Home by staff of the Illinois Department of Public Health to determine compliance with federal certification requirements for nursing homes participating in the Medicare/Medicaid programs. As a result of that inspection, the facility was determined to not be in "Substantial Compliance" with regulatory requirements as found in Title 42, Code of Federal Regulations. A *Statement of Deficiencies* is enclosed (See Enclosure #1). An explanation of the scope and severity assigned to each deficiency can be found on Enclosure #2.

The facility must submit a Plan of Correction (POC) for all deficiencies at the "B" level or higher. "A" deficiencies must be corrected, but do not require a written POC. All required POC's must be submitted to the Department within 10 days after receipt of the written "Statement of Deficiencies" (CMS Form 2567L). The POC cannot be submitted on the CMS-2567. Only the first page of the CMS-2567 must be submitted with the signature of the facility's representative and the date. The POC itself should be on separate sheets of paper which are attached to the first page of the CMS-2567. Please do not use proper names or trademarks in the POC. The POC is not to be used to dispute a deficiency or to make comments about the survey process. Information disputing a deficiency may be provided through the IDR process on separate sheets of paper, and comments about the survey process may be provided on the Provider Feedback Survey.

00306

Improving public health, one community at a time

printed on recycled paper

Each POC **must** include:

- Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice;
- How the facility will identify other residents having the potential to be affected by the same deficient practice;
- The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur. The facility must look at the existing system and determine if a change is necessary to correct the deficiency. If a system does not exist or if a revision to an existing system is necessary, then the facility must develop one.
- Quality Assurance Plans to monitor facility performance to ensure corrections are achieved and are permanent.
- Dates when corrective action will be completed. (To avoid remedies for this survey cycle, all deficiencies must be corrected no later than February 26, 2011).

Failure to submit a POC which includes the above-listed components within 10 days following receipt of the written "Statement of Deficiencies" may result in imposition of remedies, effective as soon as notice requirements are met.

Facilities with no deficiencies or deficiencies at the "A", "B" or "C" levels are considered to be in "Substantial Compliance" with the regulations and will continue to be certified. Facilities NOT in "Substantial Compliance", i.e., deficiencies at level "D" or above, may be subject to remedies, including:

- Denial of Payment for all **new** Medicare/Medicaid Admissions;
- Denial of Payment for **all** current Medicare/Medicaid Residents;
- Civil Money Penalties of up to \$10,000.00 per day or per instance;
- Transfer of Residents;
- Transfer of Residents with facility closure;
- Termination of the provider agreement;
- Temporary Management of the facility
- State Monitoring of the facility;
- Directed Plan of Correction;
- Directed In-Service Training.

Those facilities that have not achieved "Substantial Compliance" within 3 months following the survey will be subject to mandatory denial of payment for all new program admissions and mandatory termination from the Medicare/Medicaid programs if "Substantial Compliance" is not achieved within six months following the survey.

As a result of the above-referenced survey, **proposed** remedies for this facility are the following:

- Directed Inservice Training
- Civil Money Penalty of \$200.00 per day effective 01/27/2011.

The facility will be allowed an "opportunity to correct" the cited deficiencies before remedies are actually imposed. If all deficiencies are found to be in "Substantial Compliance" at the first revisit after the opportunity to correct date, the Department will withdraw its proposal that remedies be imposed. If however upon revisit, "Substantial Compliance" with ALL regulations has not been achieved, the Department will impose or recommend to the federal Centers for Medicare and Medicaid Services (CMS) to impose the above-listed proposed remedies. The Department may also recommend or impose an increase or decrease in those proposed remedies based upon the results of the revisit. Generally, all imposed civil money penalties will be effective from the date of the original survey and will accrue until the date the facility achieves "Substantial Compliance" with the regulations or is terminated from the Medicare/Medicaid programs. Should CMS or the Department determine that termination or any other remedy is warranted (based on a subsequent survey), you will be provided with a separate formal notification of that determination.

Before a revisit will be scheduled, the facility must provide to the Department an acceptable POC for ALL deficiencies, except level "A" deficiencies. An acceptable POC will also serve as the facility's "Allegation of Compliance" thereby signifying that the facility attests that it will be in "Substantial Compliance" with all federal certification requirements by the date stated in the above paragraph. The Department will presume that the facility will be in "Substantial Compliance" based upon the acceptable POC and a revisit will be conducted to verify compliance.

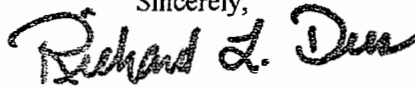
The facility may request an "Informal Dispute Resolution" (See Enclosure #3) to challenge any deficiency that renders the facility not in substantial compliance ("D" or above). ***The Informal Dispute Resolution process will not delay the effective date of any enforcement action!*** If the facility requests an Informal Dispute Resolution without submitting an acceptable POC and the Department's decision, as a result of the dispute resolution process does not result in the deletion of the deficiency, please be advised that the Department will then proceed to impose or recommend imposition of the remedies.

Please submit all documents or other materials relating to this survey to:

Illinois Department of Public Health
Division of Long-Term Care Quality Assurance
525 West Jefferson Street, 5th Floor
Springfield, Illinois 62761-0001
ATTN: Ted Zelinski

If you have any questions concerning this notice, please contact my staff at the address above or telephone (217) 782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

A handwritten signature in cursive script that reads "Richard L. Dees".

Richard L. Dees, Chief
Bureau of Long-Term Care

Encls:

cc: Illinois Department of Healthcare & Family Services

Illinois Department on Aging

Guardianship & Advocacy Commission

Division of LTC-FO

File 2

a5/DA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2011
NAME OF PROVIDER OR SUPPLIER ST PAUL'S HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 157 SS=D	Annual Licensure and Certification Survey 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by:	F 157			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2011
NAME OF PROVIDER OR SUPPLIER ST PAUL'S HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 157	Continued From page 1 Based on observation, interview and record review, the facility failed to notify the physician of significant changes in condition for three (R2,R3, and R15) of 20 sampled residents. Findings include: 1. R15's physician's order sheet, dated January 2011, noted she had a partial diagnosis of Congestive Heart Failure. Her physician's order, dated 12/16/10, noted she should receive Lasix (a diuretic), 40 milligrams (mg) daily. R15's nurse's notes dated 1/13 through 1/16/11, noted she had edema in her lower extremities. The facility's December 2010 Weekly Weight Record noted R15 weighed 146.8 pounds on 12/27/10. The facility's January 2011 Weekly Weight Record noted she weighed 154.2 pounds on 1/3/11. This was a five pound weight increase in one week. There was no documentation in R15's medical record indicating R15's physician had been notified of her significant weight gain. On 1/25/11, at 8:45 AM, E1, Administrator, confirmed R15's physician had not been notified of R15's significant weight gain. 2. R3 was admitted to the facility on 6/2/10 with diagnoses, in part, of dementia, urinary tract infection, history of falls, history of pressure sore and orthostatic hypotension. R3 has a physician order for no added salt diet with supercereal at breakfast and house supplement 60 milliliters 4 times per day. R3's weight was 119 pounds on admission in June, 2010. R3's weight decreased to 112 pounds in Sept., 2010; 107 in November, 2010-a 10% weight loss in less than 6 months; 101 pounds in December, 2010 and was 101.5	F 157			

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F 157	Continued From page 2 pounds in January, 2011. From June until December this is a 15.2% significant weight loss in a 6 month period. The "Nutritional Progress Record" dated 11/4/10 by E23, Registered Dietitian, documented the weight for November at 107 pounds. The 10% significant weight loss is not identified. The note states "No new dietary prob (problem) noted, no SBD (skin breakdown). Noted wt (weight) stable past month." There were no further dietary recommendations. On 12/20/10 E23 noted R3's weight at 101 pounds and a stage 2 pressure sore on the coccyx. The note states "Noted wt (weight) (decreased), slowed since Oct." R3's weight had decreased from 108 pounds in October to 101 pounds in December. R3's weight had decreased from 108 pounds in October to 101 pounds in December. There were no new recommendations by the dietitian. The significant weight loss was not identified. E2, Director of Nursing, stated on 1/25/11 that they would have filled out a telephone order for the physician regarding the weight loss. E2 was unsure if the physician had been notified of the significant weight loss and could not provide any documentation. Review of the nurses notes, Medication Administration Record and telephone orders did not document any notification of the physician. Surveyor: Jackson, Lynn 3. On 1/18/11, at 3:40 PM, a large purple and red bruise was noted to R2's upper chest. On 1/20/11, at 9:50 AM, two large red and purple bruises were noted to R2's upper chest. When asked, E12, Licensed Practical Nurse, (LPN), stated, "Actually that bruise has been there. It's	F 157			

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F 157	Continued From page 3 not new." On 1/18/11, at 10:35 AM, E15, CNA stated, "She (R2) bruises so easily. You have to be real careful with her. Her skin tears." A large dark purple, unstageable pressure ulcer, the size of a quarter, was noted to R2's left heel. E16 stated, "I knew the sore to R2's left heel was there." On 1/18/11, 1/19/11 and 1/20/11, a review of the R2's Nurses Notes for January 2011 show the last documentation to be on 1/16/10. No documentation of the bruises to R2's upper chest, or the deep tissue, unstageable pressure ulcer to R2's left heel are noted in the clinical record or physician's orders. On 1/21/11, at 9:10 AM, E3, Care Plan Nurse reported Z1, Hospice Physician, was informed of the bruising and area to R2's left heel the evening of 1/20/11, after these issues were brought to their attention. The Nurses Notes, dated 1/21/11, at 6:29 PM, confirms Z4, R2's primary physician was notified of the area to her left heel and the bruising to her sternum. A new physician's order was received for skin prep to be applied to the left heel every shift.	F 157			
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to remove lap cushion restraints during mealtimes for two sampled	F 221			

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F 221	Continued From page 4 residents (R11, R12) and one (R21) off-sample resident of the ten residents using lap cushion restraints in the building. Findings include: 1. On 1/18/11 at 12:05 PM, R12 was seated in the Dining Room in her wheelchair and a lap cushion restraint. The wheelchair was pulled up to the table. R12's lap cushion restraint remained in place until 12:25 PM, when E13, Certified Nursing Assistant (CNA), removed the lap cushion stating, "That's not supposed to be on during the meal." On 1/19/11 at 8:40 AM, R12 was seated in the Dining Room in her wheelchair. R12's lap cushion restraint remained in place on her wheelchair through out the breakfast meal. On 1/19/11 from 12:05 PM, R12 was wheeled into the Dining Room for lunch, placed at the Dining Room table. Her lap cushion restraint remained in place during the lunch meal. R12's Physician Order Sheet dated 12/31/10 stated, "Lap (cushion restraint) as needed in w/c (wheelchair). R12's current chart had a blank Restraint/Adaptive Device Evaluation in the assessment section. On 1/19/11, E3, MDS/Care Plan Nurse, presented a copy of the completed restraint assessment, stating the form had been pulled and placed into R12's purged records. The Physical Restraint Informed Consent is not signed. During a meeting with facility staff on 1/21/11 at 9:10 AM, E1, Administrator, verified that the lap cushion restraints were to be removed during meals. E1 stated staff was being inserviced to remove all restraints during the meal.	F 221			

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F 221	Continued From page 5 2. On 1/19/11 from 8:45 AM until 9:18 AM, R21 was seated in the Dining Room, being fed by E8, CNA. R21's lap cushion restraint remained on throughout the meal. On 1/19/11 from 11:45 AM until 1:00 PM, R21 was seated in the Dining Room for lunch. R21's lap cushion restraint remained on through out the lunch meal. 3. On 1/18/11 from 12:05 PM until 1:15 PM, R11 was seated in the Dining Room, being fed by E14, CNA. R11's lap cushion restraint remained on through out the lunch meal.	F 221			
F 280 SS=E	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced	F 280			

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F 280	Continued From page 6 by: Based on observation, record review, and interview; the facility failed to revise care plans to address changes in medical status and current needs for six (R2, R3, R6, R12, R16, R15) of twenty residents on sample. Findings include: 1. On 1/18/11 at 10:55 AM, R12 was observed sitting in her wheelchair in the Dining Room. R12 had a lap cushion restraint on the wheelchair. Her feet and lower legs were very edematous, the right leg more than the left leg. Her feet were swollen. At 11:25 AM, E13, Certified Nursing Assistant (CNA), rolled R12 in her wheelchair to her room. E13 assisted R12 to stand, placed her on the toilet. R12's feet and lower legs remained edematous. E13 stated, "They've been swollen for a long time." On 1/19/11 at 1:05 PM, R12 was seated in her wheelchair next to the bed. Both lower extremities and feet were swollen. R12's chart contained a Doctor's Admission History and Physical (H&P) dated 1/5/11. The H&P stated R12 was being evaluated following an unwitnessed fall from bed. The physical included assessment of all systems. The physician documented both right and left extremities with 1+ pitting edema, the right greater than the left. R12 was readmitted to the facility on 1/8/11. The Admission Assessment and History listed R12's skin condition as red, dry, poor skin turgor. There is no notation or assessment for edema. R12's care plan dated 3/7/10 and updated care plan dated 9/16/10 do not address R12's edema in both lower extremities. There is an updated problem dated 1/8/11 after return from	F 280			

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F 280	Continued From page 7 the hospital that mentions R12's diagnosis of pneumonia/UTI but not edema. 2. R3 was admitted to the facility on 6/2/10 with diagnoses, in part, of dementia, urinary tract infection, history of falls, history of pressure sore and orthostatic hypotension. R3 has a physician order for no added salt diet with supercereal at breakfast and house supplement 60 milliliters 4 times per day. From June 2010 until December 2011 R3's weight went from 119 to 101.6 pounds, this is a 15.2% significant weight loss in a 6 month period. The care plan dated 6/15/10 through 3/15/11 does not reflect the MDS and states for R3's eating skills to "Set up my tray and I can feed myself. My appetite is not always good. encourage me to eat my meals." There is no weight loss identified in the care plan. The care plan for "Pressure Ulcers" states to "Monitor my wt. (weight) and notify my doctor of any significant wt loss". 3. A review of R6's physician's order sheet dated 1/1/11 indicated a diagnoses in part of; Depression, Diabetes, Legally Blind, and Incontinence. A review of R6's most recent Minimum Data Set dated 12/3/10, indicated R3 was Moderately Cognatively impaired, and needed staff assistance for all activities of daily living, hygiene, and transfers. A Braden Pressure Ulcer assessment done on 12/15/10 indicated R6 was scored at 14, high risk to develop pressure ulcers. A review of R6's nursing notes dated 12/1/10 indicated R6 had developed an open area to her coccyx 2.0cm X 0.5cm., Calmoseptine cream to be applied. An additional nursing note on 12/6/10, indicated "open area to bottom", and that	F 280			

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F 280	Continued From page 8 Calmoseptine had been applied. The most recent care plan dated 9/10/10 did not have Pressure Ulcers listed as a problem area for R6, although she was assessed as high risk. There was no information on the care plan regarding the development of R6's pressure ulcer on 12/1/10. On 12/1/10 under the "Incontinence" category an entry was added; Calmoseptine to coccyx area after each episode of incontinence, keep off buttocks. 4. A review of R16's physician's order sheet indicated a diagnoses in part of; cataracts, and COPD. The most recent Minimal Data Set dated 11/25/10 indicated R16 is alert, and an assist of 1 staff for transfers. The most recent care plan dated 12/2010, indicated: Falls: Has a history of falls with a fracture. I fatigue easily. Potentially at risk for other falls. Requires one of two staff assist to transfer me with a gait belt. Monitor me frequently, Monitor for restlessness, Assess my meds and labs, remind me to use call light, ask for assistance. On 12/11/10 an addition to the care plan stated; Continue with same interventions, remind resident to ask for assistance opening doors or other needs. An incident report dated 11/21/10 indicated R16 had a swollen ankle, and had possibly banged her ankle on the dining table when going to lunch. The intervention for R2 was to change her from an assist of one staff to two staff during transfers. This information was not on the care plan when reviewed on 1/21/11. An incident report dated 12/11/10 indicated R16 fell trying to open the bedroom door, and sustained a bruise to her hip. The intervention cited was to place a bed alarm on R16's bed, and	F 280			

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F 280	Continued From page 9 have her ask for help to remind R16 not to get up without assistance. On 1/21/11 at 11:30 AM, R16 was noted to be laying in bed with the bed alarm under her. A review of the care plan failed to list either the fall of 12/11, or the new intervention of the alarm to her bed. On 1/21/11, E3, Care Plan Nurse indicated the person assisting her to update care plans had missed the necessary updates to both R6 and R16's care plans. 5. R15's nurse's note, dated 1/13/11, at 12:00 PM, noted "(E4, Physician) called concerning 2+ edema to BLE (Bilateral Lower Extremities) extending from calf to foot. B. (Both) feet cold to touch c (with) eschar noted on L (Left) 4th toe (and) scab noted on 2nd toe (L) foot." R15 was taken to the hospital but returned later that afternoon. On 1/21/11, at 2:10 PM, R15 was sitting in her room with socks on her feet. E18, Certified Nurse's Aide removed the sock on R15's left foot. R15 2nd toe crossed over the top of her great toe. R15 had a scabbed area on the top of her great toe, a scabbed area on the top of her 2nd toe, a dark purple area to the bottom tip of her 2nd toe, and a dark purple area to the bottom tip of her 4th toe. On 1/21/11, at 2:35 PM, E3, Care Plan/Minimum Data Set Coordinator, noted she was not aware R15 had any pressure ulcers. She indicated "I think there may be communications problems." She confirmed she had not updated R15's care plan regarding her newly acquired pressure ulcers. 6. R2's Physician's Order Sheet for January 2011 lists diagnoses, in part, of Pacemaker, Acute Pancreatitis, History of Deep Vein	F 280			

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F 280	Continued From page 10 Thrombosis, Congestive Heart Failure, and Arthritis. The History and Physical dated 9/24/10, documents R2 is diagnosed with Hypercoagulable Status. On 1/18/11 and 1/19/11 R2 was observed with red and purple bruising to her upper chest and a large unstageable pressure ulcer to the left heel. A review of the clinical record on 1/20/11, failed to show documentation of the bruising or the dark area on R2's left heel. On 1/21/11, at 9:00 AM, Z1, Hospice Physician, reported Z1 has a diagnosis of Coagulopathy, (clotting disorder) resulting in bruising and the pooling of her blood in areas of her body. Z1 reported this was why R2 was admitted into hospice services. The Hospice Certification for R2, dated 9/28/10, documents services for the diagnosis of End Stage Cardiac Disease. On 1/20/11, a review of R2's Care Plan, updated 1/11/11, fails to address R2's clotting disorder, resulting in the bruising and pooling of her blood. The Care Plan fails to address the unstageable pressure ulcer to her left heel. The Care Plan does not address R2's Arthritis, Cardiac Disease or Pancreatitis. The Care Plan does not address R2's pacemaker or the monitoring to ensure function. On 1/21/11, at 9:10 AM, E3, Care Plan Coordinator, confirmed R2's Care Plan did not address these issues and the Care Plan would be updated.	F 280			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.	F 282			

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F 282	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to follow care plan interventions for three (R2, R12, R13) of ten sampled residents identified with risk for dehydration. Findings include: 1. R12's current care plan dated 9/16/10 identified "Potential risk for dehydration r/t (related to) use of diuretic". Interventions included: "...Monitor for s/s of dehydration...Offer and encourage fluids....place water pitcher at bedside." R12's Nutritional Assessment dated 10/18/10 assessed her fluid needs as 1377 cc fluid daily. R12 was observed for three meals during the survey; lunch on 1/18/11 and 1/19/11, breakfast on 1/19/11. R12 had very poor intake of fluids for all observed meals with no prompts or assistance of staff to encourage further fluid intake. During the lunch meal on 1/18/11, at 12:15 PM, R12 spilled her 8 ounce glass of water as she attempted to take a drink. R12 reached for the empty glass, twirled it on the table. The water was cleaned up by staff but not replaced with another glass of water. At 12:30 PM, R12 was given her lunch tray. The only fluids served with the lunch tray was 4 ounces of juice. R12 received only 120 cc of fluid for lunch. She was not offered coffee or any other fluids. During breakfast on 1/19/11 from 8:45 AM until 9:18 AM, R12 was given 4 ounces of apple juice (120 cc), 8 ounces of milk (240 cc), 8 ounces of water (240 cc). R12 was not assisted or prompted to drink more fluids during the	F 282			

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F 282	Continued From page 12 breakfast meal. R12 drank a total of 440 cc of fluid for breakfast. During lunch on 1/19/11 from 11:45 AM until 1 PM, R12 was offered 8 ounces of water (240 cc) and 4 ounces of orange juice (120 cc). R12 drank her orange juice and half of her water for a total of 240 cc of fluid for lunch. Staff did not assist or prompt R12 to drink more fluids. Staff did not offer additional or substitute fluids to R12. 2. R13's Care Plan is dated 1/17/10. Problems identified on R13's Care Plan include self-care deficit due to Alzheimers; history of urinary tract infections. Interventions include, "Offer and encourage fluids....Place water at bedside and offer me sips of water through the day." During the breakfast meal served on 1/19/11, R13 was given 8 ounces (240cc) of water, 8 ounces (240 cc) of apple juice, 8 (240 cc) ounces of milk. E9, CNA, was seated next to R13, assisting another resident to eat. From 8:48 AM until 9:07 AM, R13 sat at the table, with her hands in her lap. R13 made no attempts to feed herself or drink any fluids. At 9:07 A.M. E9 offered R13 one bite of food and gave R13 the spoon. There were no prompts or offers to drink. E8, another CNA, offered R13 another bite of food at 9:18 AM. R13 began lifting the glasses of fluid and taking drinks. R13 consumed 460 cc of fluid for breakfast. During the lunch meal served on 1/19/11, R13 was seated at the Dining Room table from 11:45 AM, until 12:50 PM. At 12:20 PM, R13 received her lunch tray. She was given 8 ounces (240 cc) of coffee, 8 ounces of apple juice, 8 ounces of water. R13 made no attempts to feed herself or drink fluids independently. There was a CNA seated next to R13, feeding another resident. At 12:30 PM, R13 ate her hot roll, placed her fingers	F 282			

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F 282	Continued From page 13 into mashed potatoes, licked her fingers. The CNA had her back to R13, feeding another resident. At 12:50 PM, R13 was removed from the Dining Room. She had eaten less than 25% of her food. She drank only her glass of milk (240 cc). There were no prompts to eat or drink more fluids from staff in the Dining Room. During the lunch meal served on 1/20/11, at 1:00 PM, R13 was leaving the Dining Room. She had very poor fluid intake - one glass of milk (240 cc). Her water, juice, and coffee were untouched. R12 and R13 were observed during activities in the dining room on both 1/19/11 and 1/20/11. On 1/20/11, E22, Activites, was observed singing with the residents in the dining room. There were no fluids offered during the activities observed. The facility's Hydration Policy dated 12/05 stated (in part), "Fluids will be provided with all meals and residents encouraged to drink and assisted as needed.....Nursing staff will evaluate resident's ability to access fluids independently. In the event that they are not able to, staff will: a.) determine if there are opportunities to providee aids/assistive devices that will enable risidents to obtain independently / or: b) offer and assist with in-take of fluids between meals and at bedtime based on resident reference....Water and juices are to be offered at resident activities as appropriate....." 3. a. On 1/19/11, at 3:40 PM, R2 was observed laying in bed on her left side.. R2's skin was very thin and fragile. An indwelling urinary catheter was draining cloudy urine with sediment. A water pitcher containing approximately 150 cc's (cubic centimeters)of warm water and a straw was on the bedside table. On 1/20/11, at 9:50 AM, dried spittle was on	F 282			

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F 282	Continued From page 14 her lips, with sticky mucous noted between the upper and lower lip. R2 reported she was thirsty. Approximately 150 cc's of warm water was noted in her water pitcher. The amount was marked with an ink pen on the pitcher. R2's urine remained dark yellow and cloudy with sediment. R2 reported water is not being offered to her. On 1/20/11, at 10:35 AM, R2 was provided catheter care by E15 and E16, Certified Nurses Aides, (CNA). The catheter drainage bag was drained of 50 cc's of amber urine. After completion of care, R2 was repositioned. No fluids were offered to R2. On 1/20/11, at 12:05 PM, R2 was laying on her left side. The water pitcher was still warm, containing 150 cc of water. At 1:02 PM, R2's heels remained directly on the pillow. At 1:10 PM, E15 left R2's room and reported, "I'm going to get you some fresh ice water." At 3:00 PM, 150 cc's of warm water remained in the marked pitcher. On 1/20/11, R2's Care Plan, updated 1/11/11, documents R2 has a potential for dehydration and a history of urinary tract infections, and reads, in part, "Not always drinking enough fluids." An intervention reads, "Offer and encourage fluids throughout the day and night." b. The Care Plan for R2 lists a problem of pain, with interventions as; Roxanol 10 mg (milligrams) every 2 hours, as needed; assess for effectiveness, encourage fluids, notify doctor if pain persists, monitor for gastrointestinal distress, administer Vicodin 5/325 mg every 6 hours and administer MS Contin 15 mg every 12 hours. A review of the Medication Administration Record (MAR) for December 2010 and January 2011 fails to show documentation of any pain medication given for break through pain since 12/25/10, at	F 282			

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F 282	Continued From page 15 12:00 AM of Roxanol 10 mg for complaint of back pain. The Nurses Notes fail to show documentation for 1/20/11 of any PRN (as needed) pain medication given to R2. The MAR for 1/11 documents R2 is given Morphine Sulfate 15 mg by mouth every 12 hours, scheduled at 8:00 AM and 8:00 PM, as ordered by the physician.	F 282			
F 309 SS=E	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide an interim care plan; failed to assess for and provide adequate pain management; failed to coordinate services with the Hospice provider; failed to assess/monitor for potential complications for a blood clotting disorder, and and or failed to assess and monitor weight fluctuations related to edema for 4 (R5, R2, R12, R15) of 20 sampled residents. Findings include: 1. R15's physician's order sheet, dated January 2011, noted she had a partial diagnosis of Congestive Heart Failure. Her physician's order, dated 12/16/10, noted she should receive Lasix (a	F 309			

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F 309	Continued From page 16 diuretic), 40 milligrams (mg) daily. R15's Weight Record indicated she weighed 146 pounds in October 2010. R15's Weight Record indicated she weighed 152.4 pounds in November 2010. R15's nurse's noted, dated 11/27/10 indicated she was sent to the hospital and admitted with pneumonia. R15 was diuresed while in the hospital. She was readmitted to the facility on 11/30/10. Her weight on 12/1/10 was 132.8 pounds. On 12/1/10, R15's care plan was updated and indicated she was at risk for dehydration related to the use of a diuretic and also had a diagnosis of Congestive Heart Failure. The care plan indicated "Monitor me for wt (weight) gain, weakness, fatigue, swelling of feet or hands, tightness or pain in my chest, (elevated) heart rate, dizziness or fainting." On 12/6/10, E23, Registered Dietician, completed R15's nutritional assessment. She indicated R15's hospital laboratory results, dated 11/29/10, noted she had a low albumin level of 3.0 (normal was 3.2- 5.5) and a low total protein level of 5.3 (normal was 5.5 - 8.3). These values indicated R15 had poor nutritional status. R15's weekly weights for December 2010 were as follows: 12/1/10 - 132.8 pounds 12/10/10 - 134.2 pounds 12/17/10 - 140 pounds 12/22/10 - 143.2 pounds 12/27/10 - 146.8 pounds 1/2/11 - 154 pounds Although R15 had a 14 pound weight gain from 12/1 to 12/27/10, R15's laboratory results, dated 12/29/10, indicated R15's albumin level was 2.9 and her total protein level was 4.3. Again, these results indicated poor nutritional	F 309			

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F 309	Continued From page 17 status. There was no documentation in R15's medical record from 12/24/10 through 1/2/11 indicating the facility staff were monitoring R15 for edema. Throughout out this period, R15 had a 10.8 pound weight gain. There was no documentation throughout this period indicating R15's physician was notified of this weight gain. The facility's policy, Monthly Resident Weights, no date, indicated "5. If the resident has a significant weight gain or loss, Charge Nurse or designee will determine cause (if possible) and define any interventions that may be indicated to reverse undesirable trend. 9. Documentation of assessment of weight change, interventions initiated as well as physician notification if applicable will be made in the medical record. " 2. On 1/18/11 at 10:55 AM, R12 was observed sitting in her wheelchair in the Dining Room. R12 had a lap cushion restraint on the wheelchair. Her feet and lower legs were very edematous, the right leg more than the left leg. Her feet were swollen. At 11:25 AM, E13, Certified Nursing Assistant (CNA), rolled R12 in her wheelchair to her room. E13 assisted R12 to stand, placed her on the toilet. R12's feet and lower legs remained edematous. E13 stated, "They've been swollen for a long time." On 1/19/11 at 1:05 PM, R12 was seated in her wheelchair next to the bed. Both lower extremities and feet were swollen. Nursing Notes from 12/30/10 through 1/15/11 have no assessment or notation regarding edema in R12's lower legs. R12's Care Plan updated on 1/8/11 does not address edema. The 1/8/11 update is for Pneumonia and UTI (Urinary Tract Infection).	F 309			

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F 309	Continued From page 18 R12's chart contained a Doctor's Admission History and Physical dated 1/5/11. The history and physical stated R12 was being evaluated following an unwitnessed fall from bed. The physical included assessment of all systems. The physician documented both right and left extremities with 1+ pitting edema, the right greater than the left. Nursing Notes dated 1/5/11 stated R12 was admitted to the hospital with left forehead laceration, UTI (urinary tract infection), and pneumonia. R12 was readmitted to the facility on 1/8/11. The Admission Assessment and History listed R12's skin condition as red, dry, poor skin turgor. There is no notation or assessment for edema. During a meeting with facility staff on 1/21/11 at 9:10 AM, E28, Corporate Nurse, Operations Director, stated that R12 had been previously hospitalized for diuresis in December. E28 stated she interviewed E8, Licensed Practical Nurse (LPN) working on the 500 Hall. E28 stated R12's edema was markedly improved when R12 was re-admitted to the facility. The facility was asked to provide hospital History and Physical and Discharge Summary for R12's hospitalization for diuresis. The facility did not provide the requested information. R12's purged Nurse's Notes for November and December were reviewed. Nurse's Notes dated 12/30/10 at 6:30 PM documented (in part), "...Elder has occasional dry cough. Noted +3 edema to bilateral feet. Noted hoarseness. Wheezing to anterior lungs per auscultation....notified Dr....". Physician's Orders dated 12/20/10 stated, " Portable Chest x-ray, Lasix (diuretic) 40 mg for two days, then continue 20 mg. daily." Chest x-ray results were received on 12/31/10 - normal.	F 309			

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F 309	Continued From page 19 There is no documentation of R12's hospitalization for diuretics in R12's purged chart. There are no additional nursing note documentations regarding R12's edema, no assessments of amount of edema following the increased dose of Lasix. R12 was treated at the hospital in December on 12/23/10, for evaluation and treatment of a laceration to her right hand. R12 was hospitalized in January on 1/5/11 for laceration to forehead (sutured), UTI, pneumonia. The hospital History and Physical dated 1/5/11 does assess pitting edema in both lower legs - right greater than left. R12's January weight is 104.6 pounds. There is no documentation in R12's Nursing Notes, Care Plan, or 10/18/10 Nutrition Assessment addressing R12's edema. There are no guidelines for assessing actual body mass, increase versus weight gain or loss due to fluid retention. There are no measurements of the amount of edema or daily weights to more closely monitor edema. 3. A review of R5's chart indicated she was admitted to the facility on 1/6/11. The physician's order sheet indicated a diagnoses in part of; Cancer with Liver Metastasis, Malignant Neoplasm of Bronchus, Rheumatoid Arthritis of Hands, Malaise, Fatigue, and Coronary Artery Disease. The Nursing Admission Assessment indicated R6 had a PICC Line / IV Catheter in her left arm, a Stage 2 Pressure Ulcer on her coccyx, and wounds to both her lower legs. The admission assessment failed to indicate an admission weight for R5. An interim care plan dated 1/6/11, indicated R5 was a total assist for dressing, grooming, and bathing, and a partial staff assist for Transfers, Mobility, Bladder and Oral Care. The interim care	F 309			

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F 309	Continued From page 20 plan indicated R5 was on a regular diet, had chewing / swallowing problems, and staff were to monitor eating habits and provide encouragement and assistance to R5. The care plan also indicated R5 had a Pressure Ulcer but failed to say where, and had a Skin Tear, but failed to say where. The Interim Care plan failed to identify R5's PICC Line IV. On 1/20/11 at 11:00 AM, E27, Treatment Nurse, was providing treatments to R5. E27 indicated R5 was an alert and oriented resident. A review of the treatment record orders included; Changing the dressing on the PICC line, and treatments to R5's coccyx ulcer and wounds to both lower shins. A review of the treatment record indicated: PICC Line dressing change every 3 days. The record indicated no dressing changes done on 1/9/11, 1/12/11, or 1/19/11. A dressing change was recorded on 1/16/11. In an interview R5 stated, "those nurses don't change this every 3 days, I think they must forget." The Treatment Record indicated: Cover Left and Right shin with telfa and kerlex after cleansing. E27 indicated R5's shins were cleansed with wound cleanser, and then wound gel was applied with the dressings. It was noted that R5's record indicated that no dressings were done on 1/9, 1/10, 1/11 and 1/16. When asked about her dressings, R5 stated "no, they don't do those every day either." On 1/20/11 at 12:15, R5 was laying in her bed with a plate of sausage and noodles in front of her. She had a chopped salad and pink cake also on her tray. R5 did not eat any of the lunch. R5 stated that she really does not like the taste of the facility food and usually only will eat breakfast. R5 stated her friends and family brought in snacks for her to eat because of her dislike of the	F 309			

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F 309	Continued From page 21 food. R5 stated that staff did not usually offer substitutes and she would probably not like them either. On 1/21/11, at 10:00 AM, R5 was weighed and her weight was 85.5 lbs. A review of the facility January 2011, weight log for the 400 hall indicated R5's weight was not recorded as taken. At 11:30 AM, E1, Administrator, indicated R5's admission weight was found and it was 86.6 lbs. On 1/21/11, at 12:00, R5 again was noted to pick at her lunch tray and not eat very much. A family friend who was visiting, voiced concern that R5 didn't seem to be eating much, and appeared to have lost some weight since admission. In an interview with R5, she stated that she was weighed before coming to the facility and thought she weighed between 94 - 98 lbs. R5 stated that this was a normal weight for her. On 1/25/11, at 9:30 AM, E3, Care Plan Nurse, indicated that she did not know why the interim care plan did not adequately identify R5's care needs. During this meeting E2, Director of Nursing was also in attendance, but gave no further information as to why staff were not doing R5's treatments as order by the physician, or why R5's weight and appetite were not actively being monitored as directed in the care plan. 4. a. R2's Physician's Order Sheet for January 2011 lists diagnoses, in part, of History of Deep Venous Thrombosis, Blindness, Arthritis, Acute Pancreatitis, History of Dehydration and Cerebral Vascular Accident. The Minimum Data Set, dated 10/23/10, assesses R2 as requiring extensive assistance with bed mobility and transfers. The Hospice Certification, dated 9/28/10, documented hospice services will be provided for R2 for the diagnosis of End Stage	F 309		

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F 309	Continued From page 22 Heart Disease. On 1/18/11, at 3:40 PM, a large purple and red bruise was noted to R2's upper chest. On 1/20/11, at 9:50 AM, two large red and purple bruises were noted to R2's upper chest. When asked, E12, Licensed Practical Nurse, (LPN), stated, "Actually that bruise has been there. It's not new." E12 reported she did not know what caused the bruises to R2's upper chest. Then E12 stated, "No, I didn't know that (pointing to the bruises) was there. I worked yesterday. The CNA's (Certified Nurses Aides) didn't tell me about it. I don't know how she got it. She doesn't get out of bed." E12 asked R2 how her chest was bruised. R2 replied, "I don't know", and reported her chest hurt. On 1/18/11, at 10:10 AM, E16, CNA reported she had given R2 a bed bath on 1/16/11. E16 reported R2's chest started to get red when they were drying her chest. E16 reported she also gave R2 a bed bath the morning of 1/18/11, and saw the bruises to R2's upper chest. E16 confirmed R2 is a bedfast resident who cannot turn or reposition herself in bed. On 1/18/11, at 10:35 AM, E15, CNA stated, "She (R2) bruises so easily. You have to be real careful with her. Her skin tears. She complains of pain in her arms when moved and moans." On 1/18/11, 1/19/11 and 1/20/11, a review of the R2's Nurses Notes for January 2011 show the last documentation to be on 1/16/10. No documentation of the bruises to R2's upper chest is noted in the clinical record, hospice record or physician's orders. On 1/20/11, at 1:45 PM, Z3, Hospice Registered Nurse reported he had never seen the bruising to R2's chest, until it was brought to his attention by the surveyor. Z3 reported he does not know if R2's physician is aware of the	F 309			

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F 309	Continued From page 23 bruising. Z3 reported he sees R2 twice weekly, on Monday and Thursday. Z3 confirmed he did not see the bruise to R2's upper chest on 1/17/11. Z3 reported, "It's hard to tell if her (R2) pain is under control. She has arthritis also. I think she has general pain." The Skin/Wound Log, dated 1/19/11, fails to address R2's bruising to her chest. The Treatment Administration Record for January 2011 shows no treatment or monitoring of the chest bruises. On 1/21/11, at 9:10 AM, E3, Care Plan Nurse reported Z1, Hospice Medical Director, was informed of the bruising the evening of 1/20/11, after this issue was brought to the facility's attention. The Nurses Notes, dated 1/21/11, at 6:29 PM, confirms Z4, R2's primary physician was notified of the bruising to her sternum. In a telephone interview on 1/21/11, at 9:00 AM, Z1 reported Z4, R2's primary physician is also the attending physician for R2. Z1 reported the bruising to R2's chest is the result of coagulopathy, and has a history of blood pooling in areas of her body. The History and Physical dated 9/24/10, documents R2 is diagnosed with Hypercoagulable Status. On 1/21/11, at 9:00 AM, Z1, Hospice Physician, reported Z1 has a diagnosis of Coagulopathy, (clotting disorder) resulting in bruising and the pooling of her blood in areas of her body. Z1 reported this was why R2 was admitted into hospice services. The Hospice Certification for R2, dated 9/28/10, documents services for the diagnosis of End Stage Cardiac Disease. On 1/20/11, a review of R2's Care Plan, updated 1/11/11, fails to address R2's clotting disorder, resulting in the bruising and pooling of	F 309			

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F 309	Continued From page 24 her blood. The Care Plan does not address R2's Arthritis, Cardiac Disease or Pancreatitis. The Care Plan does not address R2's pacemaker or the monitoring to ensure function. b. On 1/20/11, at 12:05 PM, R2 was laying on her left side. When asked if she was in pain, R2 replied, "Yes, I hurt all over really bad." At 1:10 PM, E15 left R2's room and reported, "I'm going to get you some fresh ice water." On 1/20/11, R2's Care Plan, updated 1/11/11, lists a problem of pain, with interventions as; Roxanol 10 mg (milligrams) every 2 hours, as needed; assess for effectiveness, encourage fluids, notify doctor if pain persists; monitor for gastrointestinal distress, administer Vicodin 5/325 mg every 6 hours and administer MS Contin 15 mg every 12 hours. On 1/20/11, a review of the Medication Administration Record (MAR) for December 2010 and January 2011 fails to show documentation of PRN (as needed) pain medication given to R2 for break through pain since 12/25/10, at 12:00 AM, of Roxanol 10 mg for complaint of back pain. No follow up of the effectiveness the analgesic given on 12/25/10 is documented. On 1/20/11, a review of the Nurses Notes fail to show documentation for 1/20/11 of any PRN pain medication given to R2. The MAR for 1/11 documents R2 is given Morphine Sulfate 15 mg by mouth every 12 hours, scheduled at 8:00 AM and 8:00 PM, as ordered by the physician. The Pain Assessment for R2, dated 9/29/10, has not been completed. On 1/20/11, at 11:37 AM, LPN reported the facility has no forms for documenting daily pain assessments for each resident. E4 reported they do not document R2's level of pain. E4 stated, "I just write it on the PRN (as needed) medication record if I give a PRN for pain."	F 309			

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F 309	Continued From page 25 The facility's policy and procedure, entitled, 'Pain Management Plan', reads, "Pain will be assessed on a regular basis with the goal of assessment to determine the cause of the pain and develop an appropriate individualized treatment plan. The elements of pain assessed are: frequency, intensity (measured using a pain scale), location, duration, and aggravating and alleviating factors. A comprehensive pain assessment will be done by nursing on admission, with change in condition, and PRN. A screening for pain will be completed monthly, and as indicated by the individual residents pain management plan. Goal of pain management is to provide relief to the resident so that pain intensity is no greater than 3. Education will be provided to staff, residents, and family on pain and pain management."	F 309			
F 312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide adequate assistance with grooming and nutrition for 4 (R3, R7, R12, R15) of 20 sampled residents. Findings include: 1. On 1/18/11, at 12:45 PM, R15 was sitting at her table in the dining room eating lunch. She	F 312			

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F 312	Continued From page 26 was having difficulty getting her spaghetti onto her fork. She attempted to slowly bring the fork to her mouth; however, the majority of the spaghetti fell onto her chest, lap and clothing protector. R15 began to pick the the spaghetti off of her shirt and place it into her mouth. Again she attempted to use her fork and eat her spaghetti; however, the spaghetti fell into her lap. At 12:53 PM, R15 stabbed lettuce with her fork. She was unable to get the lettuce onto her for so she picked the lettuce up with her hands. R15 continued to struggle with getting the food into her mouth. At 1:05 PM, E25, Assistant Administrator, encouraged her to eat but did not offer any assistance. At 1:10 PM, R15 attempted to use her fork but had difficulty getting it to her mouth. At 1:17 PM, E26, Certified Nurse's Aide, asked R15 if she was done and cleaned the front of R15's shirt. E26 pushed R15 back to her room. R15 consumed less than 50% of her meal. R15's Minimum Data Set, dated 11/16/10, indicated she needed supervision while eating. 2. On 1/18/11, at 12:35 PM, R7 was sitting in her wheelchair in the dining room. R7 was extremely severely kyphotic and leaned to the left. Throughout the meal, R7 attempted to put spaghetti on her fork and bring the fork to her mouth. The spaghetti fell onto her lap and chest. R7 attempted to eat fruit jello from a bowl. Again, she was unable to get the food to her mouth and the food fell onto her lap. At no time did staff attempt to assist R7 with her meal. On 1/19/11, at 12:09 PM, R7 was sitting in her wheelchair in the dining room. R7 received roast beef, mash potatoes, gravy, mixed vegetables, a roll, bread pudding and soup. At 12:29 PM, R7 was attempting to beef onto her fork. While pushing the beef across the plate, it fell onto the	F 312			

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F 312	Continued From page 27 table. She began stabbing the meat in an attempt to place it on her fork. Finally, she stabbed the meat and attempted to get it to her mouth. The meat fell into her lap. At 12:52 PM, R7 was attempting to eat applesauce. While attempting to get the applesauce into her mouth, the applesauce fell onto R7's lap. Throughout this time, staff did not assist R7 with her meal. On 1/21/11, at 10:10 AM, Z5, family member, indicated R7 attempts to feed herself. Z5 noted because of R7's positioning R7 did make a mess at meal times. Z5 noted R7 will accept help with eating when she becomes tired. Z5 indicated "Staff just need to ask." 3. R12's Minimum Data Set (MDS) dated 10/19/10 assessed her having both short- and long-term memory problems with moderately impaired decision making ability, cues/supervision required. She is assessed as needing extensive assistance with ADL (activities of daily living) such as bed mobility, transfer, dressing, toilet use; however, she is assessed as independent with set-up only for dining. R12's Care Plan dated 9/16/10 listed a problem of "I have had a decline in my ADLs. I require staff assist." Approaches listed include (in part): "...Set up my tray and I can feed myself. I may require staff assist with eating my meals on some days."... R12 was observed for three meals during the survey; lunch on 1/18/11 and 1/19/11, breakfast on 1/19/11. R12 had very poor intake of food and fluids for all observed meals with limited prompts or assistance of staff to encourage further intake. During the lunch meal on 1/18/11, at 12:15 PM, R12 spilled her 8 ounce glass of water as she attempted to take a drink. R12 reached for the empty glass, twirled it on the table. The water was cleaned up by staff but not replaced with	F 312			

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F 312	Continued From page 28 another glass of water. At 12:30 PM, R12 was given her lunch tray. She was served spaghetti and meat sauce, tossed salad, bread (no butter), small glass of fruit juice. At 12:35 PM, R12 reached for her fork. E2, Director of Nursing, was seated next to R12 feeding a male resident at the same table. R12 attempted to grab her fork, was unable, and placed her fingers into the spaghetti. R12 reached for her juice but was unable to reach the juice. At 12:40 PM, E8, CNA, seated next to R12 offered her one bite of spaghetti, then turned away to continue feeding another resident. At 12:45 PM, E8 told R12 to "wake up". Dietary staff passed out the dessert, red jello with fruit, to residents in the Dining Room. At 12:50 PM, R12 had her fingers in the spaghetti. E8 continued to feed the male resident. At 12:55 PM, E8 offered R12 a bite of spaghetti, then turned back to feed male resident. At 1:05 PM, R12 had attempted to feed herself the jello with fruit, spilling the jello onto the table in front of her. R12 was eating the jello off the table with her fingers. R12 also lifted the empty spoon to her mouth. E8 left the table. R12 was removed from the table without further assistance or encouragement to eat or drink more. R12 consumed 50% of her spaghetti, 50% of green beans, 0 jello, 100% of apple juice - 120 cc. There were no additional food or fluids offered. During breakfast on 1/19/11, R12 was offered a plate of biscuits and gravy, bowl of oatmeal, 4 ounces of apple juice (120 cc), 8 ounces of milk (240 cc), 8 ounces of water (240 cc). At 8:48 AM, R12 was reaching for bowls and dishes. She had scooped the biscuits and gravy onto the table. The oatmeal was out of reach. At 8:50, E10, Activities Director, asked R12, "Are you going to eat some of it?", prompting R12 one time. At	F 312			

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F 312	Continued From page 29 9:00 AM, R12 remained seated at the table. Her eyes were closed, she was holding her napkin. R12 took one drink of apple juice. E8 finished feeding the male resident next to R12 and left the table. At 9:05 AM, E10 re-entered the room with another tray of food for R12, placed the scrambled eggs, bacon, toast, and cream of wheat in front of R12. At 9:08 AM, E10 remained at the table. R12 was unable to feed herself independently. She would take fluids when she could reach the glass. At 9:18 AM, R12 remained at the table. E10 had left the table pushing the plate of food to the center of the table. R12 was reaching for the plate. Her cereal was also out of reach. There was no spoon in the cereal. R12 grabbed the spoon and scraped on the table with the spoon. She ate 50% of scrambled eggs, 50% toast, 0 cereal, R12 drank 100% of the apple juice, 50% of water, 75% of milk. During lunch on 1/19/11, R12 was served 8 ounces of water (240 cc) and 4 ounces of orange juice (120 cc), mashed potatoes and gravy, roast beef (ground), mixed vegetables. At 12:22 PM, R12 made no attempts to feed herself independently. E8, CNA, was seated across the table, feeding another resident. At 12:30 PM, R12 still had made no attempts to feed herself or drink. E8 prompted R12 and moved next to her at the table, remained for several minutes before leaving the table. R12 drank her orange juice and half of her water for a total of 240 cc of fluid for lunch. R12 ate approximately 50% of her food. Staff did not assist or prompt R12 to drink more fluids. Staff did not offer additional or substitute fluids to R12. 4. R3 was observed on 1/20/11 at 4:15 PM with dirty fingernails with debris under her nails. On 1/21/11 the same dirty fingernails with debris	F 312			

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F 312	Continued From page 30 were observed at 10:55 AM. R3 was assessed on the 11/20/10 Minimum Data Set as requiring extensive assistance with one person physical help to perform personal hygiene.	F 312			
F 314 SS=G	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide pressure relieving devices and failed to prevent, identify, treat, assess and monitor in-house acquired pressure ulcers for 5 (R1, R2, R15, R4, R6) of 8 sampled residents with pressure ulcers. This failure resulted in R15 developing two unstageable areas with eschar on her left great and second toes, and two unstageable pressure ulcers on the bottom tip of her second and four left toes. Findings include: 1. R15's nurse's note, dated 1/13/11, at 12:00 PM, noted "(E4, Physician) called concerning 2+ edema to BLE (Bilateral Lower Extremities) extending from calf to foot. B (Both) feet cold to touch c (with) eschar noted on L (Left) 4th toe	F 314			

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F 314	Continued From page 31 (and) scab noted on 2nd toe (L) foot." R15 was taken to the hospital but returned later that afternoon. The facility's Weekly Pressure Ulcer Log, dated 1/19/11, did not indicate R15 had any pressure ulcers on her feet. On 1/21/11 at 2:00 PM, E5, Licensed Practical Nurse (LPN), indicated she had called E4 on 1/13/11 regarding R15. She indicated R15 returned from the hospital and E4 wanted the facility to monitor those areas on her feet. On 1/21/11, at 2:10 PM, R15 was sitting in her room with socks on her feet. E18, Certified Nurse's Aide (CNA) removed the sock on R15's left foot. R15 2nd toe crossed over the top of her great toe. R15 had a scabbed area on the top of her great toe, a scabbed area on the top of her 2nd toe, a dark purple area to the bottom tip of her 2nd toe, and a dark purple area to the bottom tip of her 4th toe. On 1/21/11, at 2:25 PM, E27, Treatment Nurse, stated she completed the weekly measurements on the pressure ulcers. E27 said the floor nurses were responsible for treating the pressure ulcers. E27 indicated she was not aware R15 had any pressure ulcers on her left foot. On 1/21/11, at 2:35 PM, E3, Care Plan/Minimum Data Set Coordinator, stated she was not aware R15 had any pressure ulcers. She indicated "I think there may be communications problems." She confirmed she had not updated R15's care plan regarding her newly acquired pressure ulcers. On 1/25/11, at 8:45 AM, E1, Administrator, noted R15's physician had not been in the facility to see R15; however, the facility staff believed the areas on R15 may have been caused by the shoes she had been wearing.	F 314		

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F 314	Continued From page 32 2. On 1/19/11, at 9:30 AM, R4 was lying in her bed. R4's heels were lying directly on her mattress. R4 was lying in her bed at 10:15 AM, 12:00 PM, and 1:24 PM, with her heels directly on the mattress. R4's Minimum Data Set (MDS), dated 12/23/10, indicated she required extensive assistance from two staff persons with bed mobility. R4's MDS indicated she was at risk for developing pressure ulcers. R4's care plan, dated 12/31/10, noted she was at risk of skin breakdown related to requiring total assistance with bed mobility. The care plan noted "Provide pressure reducing devices to bed". 3. On 1/19/11, from 10:14 AM until 11:00 AM, R1 was lying in bed on her left side. Her heels were lying directly on the mattress. On 1/19/11, at 1:25 PM, R1 was lying in bed with her heels lying directly on the mattress. Her heel protectors were lying next to the sink. R1's Minimum Data Set (MDS), dated 11/19/10, indicated she required extensive assistance from staff with bed mobility. The MDS noted she was at risk for developing pressure ulcers. 4. R2's Physician's Order Sheet for January 2011 lists diagnoses, in part, of History of Deep Venous Thrombosis, Blindness, Congestive Heart Failure, Acute Pancreatitis, and Cerebral Vascular Accident. The Minimum Data Set, dated 10/23/10, assesses R2 as requiring extensive assistance with bed mobility and transfers and is incontinent of bowel, with an indwelling urinary catheter. The Braden Scale, dated 12/12/10 assesses R2 as a high risk for the	F 314			

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F 314	Continued From page 33 development of pressure ulcers. The Hospice Certification, dated 9/28/10, documents hospice services will be provided for R2 for the diagnosis of End Stage Heart Disease. On 1/18/11, at 10:35 AM, E15, CNA stated, "She (R2) bruises so easily. You have to be real careful with her. Her skin tears." A large dark purple, unstageable pressure ulcer, the size of a quarter, was noted to R2's left heel. No dressing was on the left heel. E16 stated, "I knew the sore to R2's left heel was there." On 1/18/11, 1/19/11 and 1/20/11, a review of the R2's Nurses Notes for January 2011 show the last documentation to be on 1/16/10. No documentation of the bruises to R2's upper chest, or the deep tissue, unstageable pressure ulcer to R2's left heel are noted in the clinical record or physician's orders. On 1/20/11, at 12:05 PM, R2 was on her left side. Both heels were laying directly on two stacked pillows. Pressure relieving boots were laying in her wheelchair. At 1:02 PM, R2's heels remained directly on the pillows. No dressing was on R2's left heel. On 1/20/11, at 1:45 PM, Z3, Hospice Registered Nurse stated, "The dark area to her (R2) left heel has been there for several weeks. A CNA told me about it." Z3 reported he does not know if R2's physician is aware of the dark area to the left heel. Z3 reported he would recommend the treatment for R2's left heel to elevate her legs and float her heels. On 1/25/10, at 10:00 AM, Z2, R2's family member, who visits daily, was interviewed related to her care. Z2 reported she was aware of the dark area to R2's left heel for at least three weeks. Z2 reported R2 is supposed to be wearing pressure relieving boots to her feet, or have her heels floated.	F 314			

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F 314	Continued From page 34. The Weekly Pressure Log, dated 1/19/11, documents R2 only has a facility acquired on 12/09/10, Stage II pressure ulcer to the coccyx. The Weekly Pressure Ulcer Log fails to address R2's area to the left heel. The Treatment Administration Record (TAR) for January 2011 shows no treatment or monitoring of the unstageable deep tissue injury to R2's left heel. No measurements for the left heel are documented in R2's clinical record or on weekly skin assessments on the TAR. On 1/20/11, at 4:00 PM, review of the Physician's Order Sheets for 1/11 show no physician's order for treatment to the left heel. R2's Hospice Record shows no documentation of the area to the left heel. On 1/21/11, at 9:10 AM, E3, Care Plan Nurse reported Z1, Hospice Physician, was informed of the bruising and area to R2's left heel the evening of 1/20/11, after these issues were brought to the facility's attention. R2's Care Plan updated, 1/11/11, documents a Stage II pressure ulcer to her coccyx, but fails to address the unstageable purple area to the left heel. The Care Plan lists an intervention of floating R2's heels, but does not address the use of the pressure relieving boots to her feet. The Nurses Notes, dated 1/21/11, at 6:29 PM, confirms Z4, R2's primary physician was notified of the area to her left heel and the bruising to her sternum. A new physician's order was received for skin prep to be applied to the left heel every shift on 1/21/11 at 6:29 PM. The facility's policy and procedure, reviewed 11/2010 and entitled 'Pressure Sore Care, reads, "PURPOSE: To prevent information of pressure sores and/or prevent deterioration of existing pressure sores." The policy further reads, "Direct care givers are to observe daily for the following signs of potential decubitus signs an report	F 314			

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F 314	Continued From page 35 accordingly, and licensed nurse will do a comprehensive skin assessment weekly", and "observe reddened or pressure sore prone areas." The policy confirms treatment summaries for pressure ulcers are to be completed weekly and include location, size, the stage of the ulcer, signs of infection, appearance of the wound and continuation of current treatment or a new treatment order. The policy does not include the floating of heels to prevent pressure in a resident who is high risk for skin breakdown. 5. A review of R6's physician's order sheet dated 1/1/11 indicated a diagnoses in part of; Depression, Diabetes, Legally Blind, and Incontinence. A review of R6's most recent Minimum Data Set dated 12/3/10, indicated R3 was Moderately Cognitively impaired, and needed staff assistance for all activities of daily living, hygiene, and transfers. A Braden Pressure Ulcer assessment done on 12/15/10 indicated R6 was scored at 14, high risk to develop pressure ulcers. A review of R6's nursing notes dated 12/1/10 indicated R6 had developed an open area to her coccyx 2.0cm X 0.5cm., Calmoseptine cream to be applied. An additional nursing note on 12/6/10, indicated "open area to bottom", and that Calmoseptine had been applied. There were no further nursing notes from 12/7 through 1/20/10 to indicate the status of R6's wound. A review of R6's treatment record for the month 12/2010, indicated R6 was to have weekly skin checks. The record indicated on 12/6 and 12/13 checks were completed. R6's record failed to indicated skin checks had been done on 12/20 and 12/27. A review of the January treatment record indicated a skin check had been done on 1/10/11. A note on the back of the treatment record	F 314			

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F 314	Continued From page 36 indicated R6 had no open areas on 1/10/11. R6's record failed to show skin checks were done on 1/3/11 or 1/17/11 as required. On 1/18/11 at 9:45 AM, E17 and E18, both Certified Nurses Aides, put R6 into bed and performed peri care on her. E17 stated that R6 had been incontinent. During peri care, it was noted that the area of R6's coccyx between her buttocks was bright red. No Calmoseptine was applied to R6 after this episode of care. No pressure relief to R6's feet or between her legs was given to R6 as she was left to lay on her right side. On 1/20/11, at 10:45 AM, E19, Certified Nurses Aide, stated she had just completed peri care on R6, and R6 had no open areas on her buttocks. R6 was observed laying on her left side, in a semi fetal position, her knees drawn together and no pressure relief between her legs or on her feet. On 1/20/11 at 12:00, E20, Licensed Practical Nurse, stated that she was not aware of R6 having any open areas on her coccyx. E20 then went to R6's room and inspected R6's buttocks and found R6 had an open area 2.0 x 1.0 cm on her coccyx. R6 had no Calmoseptine on her buttocks since last cleaned at 10:45AM. E20, stated the ulcer appeared a day or two old, and did not know why CNA staff had not reported this to her. At this time E19 came into the room and said she had cleaned R6 earlier that morning. E19 told E20, that R6 did not have any open areas to her buttocks. E19 indicated that R6's pressure ulcer from 12/1, had healed about a week ago. On 1/20/10 at 12:10 PM, E19 cleansed R6 of feces. R6 failed to notice that R6 had an open pressure ulcer until the surveyor intervened and pointed to the area. E19 stated that she had missed seeing the area.	F 314			

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F 314	Continued From page 37 A review of R6's care plan dated 12/11/10, failed to indicate R6 was a high risk to develop pressure ulcers. The care plan failed to identify the pressure ulcer that had developed on 12/1, or that it had healed. The care plan directed staff to keep skin clean and dry, apply pressure reducing devices to the bed and chair, and use Calmoseptine after each incontinent episode. On 1/25/10 at 9:30 AM, in an interview with E1, Administrator, and E2, Director of Nursing, no further information was given regarding R6's newly developed pressure ulcer. No information was given as to why staff were not following the care plan to provide R6 with pressure relief and barrier cream after incontinent episodes.	F 314			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed on two occasions to do appropriate incontinent care on 1 (R6) of 5 residents observed for incontinent care. Findings include:	F 315			

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F 315	Continued From page 38 1. a. A review of R6's physician's order sheet dated 1/1/11 indicated a diagnoses in part of; Depression, Diabetes, Legally Blind, and Incontinence. A review of R6's most recent Minimum Data Set dated 12/3/10, indicated R3 was Moderately Cognitively impaired, and needed staff assistance for all activities of daily living, hygiene, and transfers. An update on R6's care plan dated 12/1/10, indicated R6 is to have Calmoseptine cream applied after each incontinent episode. On 1/18/11 at 9:45 AM, E17 and E18, Certified Nurses Aides, put R6 to bed and began to do peri care on her. E17 stated that R6 was incontinent as the adult disposable diaper was wet when removed. E18 went to the sink in R6's room and wet two wash cloths. E18 carried the wash cloths to R6's bed side and used the first wash cloth and wiped up, down, and around several times in R6's groin, and over her labia. No soap or skin cleanser was used on the wash cloth. E18 then took the second cloth and wiped between R6's legs again and then dried the area with the end of a towel. E17 and E18 turned R6 to her left side. E18 then wet two more face cloths with water but did not use soap or cleanser and then wiped between R6's buttocks going back and forth and then wiped forward into R6's peri vaginal area. E18 then took the 2nd wet face cloth and wiped between R6's buttocks, and again finished by wiping forward from anus to vaginal area. When done, E17 and E18 put a clean disposable diaper on R6. No Calmoseptine cream was applied to her buttocks. b. On 1/20/11, at 12:05 PM, E19 and E30, both Certified Nurses Aides, provided peri care to R6. R6 was incontinent with soft feces. E19, removed	F 315			

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F 315	Continued From page 39 R6's soiled diaper. E19 then began to cleanse R6 buttocks and anal area of feces with wet wash cloths and skin cleanser. E19's gloves became soiled with feces smears as she worked, however she did not change them. E19 then turned R6 onto her her back and continued to clean R6's vaginal area with the dirty gloves on. E19 wiped over R6's labia but failed to cleanse between the labia. E19 then turned R6 back onto her left side and wiped from the vaginal area back toward the anus, and then turned the cloth and wiped forward from the anus to the vaginal area. E19 then dried R6 and reapplied a disposable diaper. E19 did not change her soiled gloves at any time during this episode of care. No calmoseptine was applied to R6's skin. On 1/21/11 at 3:00 PM, E2, Director of Nursing indicated she had no information regarding the R6's peri care, but, she would discuss the care of R6 with the staff involved.	F 315			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the facility failed to supervise, provide new interventions, and provide monitoring devices per the plan of care for 6 (R18, R12, R11, R13, R17, R6) of 12 residents assessed as	F 323			

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F 323	Continued From page 40 HIGH RISK for falls. The findings include: 1. R18 fell on 11/25/10, while a resident at the shelter care portion of the facility and sustained a subdural hematoma according to the hospital history and physical dated 11/25/10. On 11/29/10, R18 was admitted to the skilled part of the facility with diagnoses, in part, of subdural hematoma and coronary heart disease. The "Preliminary Plan of Care" dated 11/29/10 noted R18 was an "extreme high fall risk at this time". The approaches for the concern of fall documented, in part, for a monitoring system of a bed and chair alarm. It also noted to move R18 to a room close to the nurses station. The nurses notes dated 12/2/10 at 9:00 PM documented that R18 was found on the floor of her room. R18 was sent to the hospital and no further injuries were found. The "Resident Fall Report/Fall Investigation" dated 12/2/10 noted the fall was unwitnessed. Under the section "Fall preventative devices/interventions in use or care planned to be in use at the time of the fall" noted "Bed Alarm". Crossed out was the statement "not followed as directed or was malfunctioning". E2, Director of Nursing, stated on 1/25/11 that the staff responsible for the incident report was no longer employed at the facility. E2 stated E24, Licensed Practical Nurse, made a mistake and the alarm was sounding. The report also stated "Need a functioning bed alarm" and "No alarm was heard". 2. R12 is assessed as HIGH RISK for falls, scoring 20 on Fall Risk Assessment dated 7/29/10. A score of 10 or greater is considered "HIGH RISK". The facility's Fall Log documented	F 323			

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F 323	Continued From page 41 falls for R12 on 8/28/10, 12/19/10, 12/30/10, and 1/4/11. Incident Report/Fall Investigation dated 8/28/10 stated R12 had been ambulating independently with a walker, had recently moved from another room, and was found on the floor in Room 504 without her walker. R12 did sustain a right hip fracture, was treated at the hospital. On 12/19/10 at 5:40 AM, R12 was unsupervised in the Dining Room. The Incident Report/Fall Investigation stated the fall was "unwitnessed". The report indicated R12 was to have a chair pad alarm in place. The incident details stated, "Resident was up in w/c in dining room. Apparently leaned forward too far and slid out of w/c (wheelchair) to floor on knees." The immediate intervention to reduce risk is "personal alarm in chair." The investigation concluded, "Probably sitting too close to edge of chair, needed repositioned." Recommendation for Interventions: "Staff to make sure resident is properly positioned in chair." Fall Report/Investigation dated 12/30/10 at 10:50 PM documented R12 was found in the hallway near Nurses Station. The report stated "unwitnessed fall", fell out of w/c. Fall preventative devices to be used at the time of the fall was "chair pad alarm.". The immediate intervention listed is "Lap cushion restraint placed in wheelchair, pt. to be at arms length of caregiver while up if lap restraint is not in place. When pt appears tired, place in bed." Probable cause is "pt. lean over and fell out of chair, nothing to break fall from occurring." There is no mention if R12's alarm was in place, no mention that staff heard or was responding to alarms when R12 was found on the floor. The investigation concluded: "Probably fell asleep while sitting in w/c. Leaned forward and fell on floor." The	F 323			

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F 323	Continued From page 42 recommended intervention was lap cushion restraint as requested by family during late evening/night as needed. Nursing Notes dated 1/4/11 at 23:10 (11:10 PM) stated, " nurse responded to bed alarm sounding. Upon entering room, found resident lying on right side on floor close to the bed, moaning. Laceration sustained to forehead was bleeding and a small laceration noted under right eye. Applied pressure and clean sponge to laceration....transfer to hospital..." Doctor's Admission H & P (history and physical) dated 1/5/11 stated in part, "...resident fell striking Rt. forehead, unwitnessed. Pt received suture repair in E.D. Noted to have PNA w/temp (pneumonia)...RLL (right lower lobe)...UA (urinalysis) consistent with UTI (urinary tract infection). R12 remained hospitalized until 1/8/11 when she returned to the facility. There is no documentation of additional interventions to prevent future falls. All Nursing Notes, ER Reports, Transfer Sheets had been purged and placed into R12's inactive file. R12's active chart is dated 1/8/11, after her readmission to the facility. 3. R11's Care Plan dated 7/23/10 listed FALLS as a problem, stating, "I am a fall risk per assessment related to cognitive deficits, impaired balance, unsteady gait and poor safety awareness with attempts to rise from my w/c without assist. The goals/interventions include (in part): "Personal alarm in my bed and chair to alert staff if I attempt to get up without assist...., apply lap cushion restraint when I'm up in w/c...." On 9/22/10 at 1:05 AM, R11 was found on the floor. The Incident/Investigation form stated, "Personal alarm not working". There was no	F 323			

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F 323	Continued From page 43 documented injury. Interventions put into place, "will have personal bed alarm reapplied." Addition Recommendations on the Investigation state, "Staff is to see that resident is properly positioned in center of bed." On 12/10/10 at 3:30 PM, R 11 was found on the floor. The Incident Report stated the fall was "unwitnessed". The details of fall stated, "Nursing assistant noticed resident missing after new shift report. On search for resident, she was found by the window by her bed, on the floor." There is no mention of the alarms, if the bed alarm was in place, if the alarm was checked to see if it was properly functioning. The Investigation stated the probable cause was "Probably rolled OOB (out of bed) onto landing strip on right arm/wrist...." The Investigation stated R11 sustained right wrist skin tear, possible fracture of right wrist. The recommendation remained unchanged, "Staff to check to see that resident is properly positioned in bed." 4. R13's Nurse's Notes dated 12/23/10 at 1 PM stated, "Res out to see (Z7). N.O. (new order) rec'd....Notified D.O.N. (director of nursing) of need for air mattress." Physician's Order dated 12/23/10 at 11:15 AM stated (in part): "Need Air mattress for Stage III pressure sore." The air mattress was delivered and set up. On 12/26/10 at 12:50 AM, R13 was found on the floor. Nurse's Notes stated, "Resident found lying on the floor by the side of her bed. No apparent injury noted....." The resident's physician and POA were notified of the incident. The Incident Report/Investigation stated R13 rolled off the side of her bed onto the floor. The recommendation intervention stated, "POA request (2) full side rails for resident. Staff to	F 323			

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F 323	Continued From page 44 position resident properly in bed." At 12/26/10 at 3:05 PM, Nursing Notes stated, "A new bed with side rails was delivered. Her (R13's) daughter requested this type of bed for her mother....". A Restraint Evaluation dated 12/31/10 stated "full siderails per family request." Information from the air mattress manufacturer operator's manual stated on page 3, "(name brand) mattresses are not intended to be AND DO NOT FUNCTION AS a patient safety device. SIDE RAILS MUST BE USED WITH THE (name) MATTRESS TO PREVENT FALLS, unless determined unnecessary based on the facility protocol or the patient's medical needs as determined by the facility, IN WHICH CASE THE USE OF OTHER SUITABLE PATIENT SAFETY MEASURES ARE RECOMMENDED." The Operating Instructions, page 5, "8. NEVER leave patient unattended on mattress system when side rails are in the DOWN position. DO NOT LEAVE SIDE RAILS DOWN WHEN MATTRESS IS IN USE." During an interview with facility staff on 1/21/11, at 9:10 AM, E1, Administrator, stated she was unaware of the need for assessment and use of side rails with the pressure relieving mattress, as recommended by the manufacturer. 5. R17 is assessed as HIGH RISK for falls on her 11/18/10 Fall Assessment. R17 scored 19, with a total score of 10 or above represents HIGH RISK. R17's MDS dated 11/13/10 assessed her as needing extensive assistance of one staff for bed mobility, transfers, toilet use. Her balance for moving from seated to standing position is assessed as "Not Steady, only able to stabilize with human assistance"; Moving on/off the toilet - "Not steady, only able to stabilize with human	F 323			

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F 323	Continued From page 45 assistance." R17's Care Plan dated 3/1/10 listed Potential for Falls as a problem. Interventions include, "Transfer me with assist of one staff using a gait belt...Please do visual checks on me often....Provide me with a pressure alarm to bed and chair to alert staff if I attempt to get up without assist..." R17 had four falls from 11/8/10 through 12/24/10. On 11/8/10 at 2:30 PM, R17 transferred herself to the toilet. R17's daughter was in the room. R17 attempted to transfer herself back into the wheelchair and fell to the floor. The cause listed on the Incident Report stated the daughter failed to lock the wheelchair, wheelchair moved, and R17 fell to the floor. The recommended intervention is "teaching = speak to daughter about calling for help when her mom asks to use the toilet. Resident usually asks staff when she is not there..." On 11/16/10 at 2:00 AM, R17 had an unwitnessed fall in her bedroom. The details of the fall (on Incident Report) stated, "Heard a sound and then heard resident yelling. Appeared to transfer self out of bed to wheelchair without calling for assistance as she usually does." The Incident report stated that preventative devices to be in use included bed alarm, low bed. The report does not state the alarm was sounding, if the alarm was in place and functioning at the time of the fall. There were no new interventions recommended. On 12/18/10 at 7:15 AM, R17 was found on the floor in her bedroom. The fall was unwitnessed. The incident report stated R17 was observed on the floor at the foot of wheelchair between the bed and chair. Although the report indicated bed alarm was a preventative device, the report does not indicate if the alarm was in place and functioning at the time of the fall. The	F 323			

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F 323	Continued From page 46 report does not stated staff was responding to the alarm when R17 was found on the floor. The cause listed, "Probably attempting to transfer without assist from bed to w/c. There were no new interventions recommended. On 12/24/10 at 9:20 PM, R17 had an unwitnessed fall in her bedroom. The Incident Report stated she fell out of the wheelchair. There is no mention of alarm on the incident report. Was the alarm in place, was it sounding? The probable cause listed is "fell asleep, slid out of wheelchair." The recommended intervention listed, "Staff will place resident in eye sight of staff if she refuses to go to bed at bedtime." Despite R17's documented attempts to transfer herself without staff assistance, R17 was observed on two different occasions when she was left unsupervised on the toilet. On 1/19/11, at 10:21 AM, R17 was observed in the bathroom across from the 300 Nursing Station. R17 was seated in her wheelchair near the sink with her pants down around her thighs. R17 yelled, "Can you help me?" The bathroom door was closed, no staff were in the room. E6, CNA, was called to the bathroom and stated, "She goes by herself". E6 did assist R17, brought her out of the bathroom. On 1/21/11 at 11:20 AM, R17 was seated on the toilet in the bathroom across from the Nurse's Station. She was alone in the bathroom, attempting to rise off the toilet without assistance. R17 was very unsteady, bent over at the waist. This surveyor called for assistance and E12, LPN, assisted R17 to pull up her pants and transfer from the toilet back to the wheelchair. E12 was asked if R17 was able to transfer herself independently and replied, "No." E6, CNA, stated, "We put her on the toilet. She usually puts on the light or yells out when she's done."	F 323			

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F 323	Continued From page 47 6. A review of R6's physician's order sheet dated 1/1/11 indicated a diagnoses in part of; Depression, Diabetes, Legally Blind, and Incontinence. A review of R6's most recent Minimum Data Set dated 12/3/10, indicated R6 was Moderately Cognitively impaired, and needed staff assistance for all activities of daily living, hygiene, and transfers. The most recent care plan dated 12/2010 indicated; Potential for falls due to poor safety awareness. Interventions identified but not limited to; #3 - Transfer me to my w/c with the assist of 2 staff using a gait belt. On 1/18/11 R6 was transferred from her wheel chair to her bed by E17 and E18, both Certified Nurses Aides (CNA). E17 applied a gait belt to R6. E17 and E18 both then attempted to stand and pivot R6, however, R6 did not straighten her legs or put weight on them. R6 remained with her legs slightly bent and feet brushing the floor as E17 and E18 lifted R6 by the gait belt and hoisted her onto the mattress. E17 and E18 both stated that R6 does not bear weight on her legs and is not alert enough to assist with the transfer. On 1/20/11 at 12:20 PM, R6 was transferred from her bed to a geriatric recliner chair by E19 and E30, CNA's. R6 did not straighten her legs or put weight on them as she was moved. E19 and E30 continued the transfer and hoisting R6 with the gait belt and abruptly sitting R6 in the geriatric chair. At this time R6 yelled out "hey - hey" and then babbled incoherently. E19 and E30 then told R6 "we're just putting you in your chair" and R6 said "Yes, I'm in my chair". E19 and E30 both indicated R6 is not able to bear weight or assist during transfers. On 1/22/11 at 9:15 AM, E1, Administrator, and E2, Director of Nursing, gave no further information as to why R6 was not being	F 323			

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F 323	Continued From page 48 transferred in a safer and less abrupt manner. B. Based on observation and interview, the facility failed store therapeutic creams in areas which are inaccessible to residents on two of three resident hallways for one day of observation. Findings include: 1. On 1/19/11, from 10:06 AM until 10:06 AM until at least 2:00 PM, in the 300 hall unlocked clean utility room, there was an unlocked cabinet with the following creams: 1 tube of Calmoseptine 5 tubes of Extra Protective Cream 3 tubes of Antifungal Cream The warning label on these creams indicated if accidental ingestion occurred contact Poison Control immediately. 2. On 1/19/11, from 10:21 AM until 2:10 PM, in the unlocked 300 shower room, there was the following in an unlocked drawer: 2 tubes of Calmoseptine 2 tubes of Extra Skin Barrier the warning labels on these creams indicated if accidental ingestion occurred contact Poison Control immediately. 3. On 1/19/11, from 10:37 AM until 2:17 PM, in the unlocked 400 hall clean utility room, there were the following creams in an unlocked drawer: 3 tubes of Calmoseptine 6 tubes of Extra Skin Barrier The warning labels on these creams indicated if accidental ingestion occurred contact Poison Control immediately; On 1/21/11, at 9:10 AM, E29,	F 323		

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F 323	Continued From page 49	F 323			
F 325 SS=G	Consultant/Operational Director, confirmed there were locks on the doors of each aforementioned area; however, staff were not locking these areas. 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on record review, interview and observation it was determined that the facility failed to accurately assess, monitor and ensure that 3 (R3, R14, R15) of residents reviewed with a significant weight loss maintained acceptable parameters of weight. This failure resulted in R3 losing 15.2% of her body weight within a 6 month period. The findings include: 1. R3 was admitted to the facility on 6/2/10, with diagnoses, in part, of dementia, urinary tract infection, history of falls, history of pressure sore and orthostatic hypotension. R3 has a physician order for No added salt diet with supercereal at breakfast and house supplement 60 milliliters 4 times per day. R3's weight was 119 pounds on	F 325			

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F 325	Continued From page 50 admission in June, 2010. R3's weight decreased to 112 pounds in Sept., 2010; 107 in November, 2010-a 10% weight loss in less than 6 months; 101 pounds in December, 2010 and was 101.5 pounds in January, 2011. From June until December this is a 15.2% significant weight loss in a 6 month period. Observation of the noon meal on 1/19/11 noted that R3 sat at the table from 12:00 PM until 1:00 PM with no staff assistance or encouragement to eat. R3 attempted to feed herself but consumed less than 25% of the meal. At 1:00 PM staff attempted to feed R3 and she consumed approximately 50% of the meal. R3 stated on 1/19/11 that she just isn't hungry but does try to eat as much as she can. R3 stated that she had lost a lot of weight. The most current Minimum Data Set (MDS) dated 11/20/10 assessed R3 as requiring extensive assistance with one person physical help for eating. The MDS noted R3's weight at 107 pounds but checked "no" for identifying the weight loss of 10% in 6 months. R3 developed a stage 2 pressure ulcer on her coccyx as identified on 12/11/10 on the Pressure Sore Log. There is no significant change MDS done for R3's weight loss and pressure sore. The care plan dated 6/15/10 through 3/15/11 does not reflect the MDS and states for R3's eating skills to "Set up my tray and I can feed myself. My appetite is not always good. encourage me to eat my meals." There is no weight loss identified in the care plan. The care plan for "Pressure Ulcers" states to "Monitor my wt. (weight) and notify my doctor of any significant wt loss". There is no documentation the physician was notified of the significant weight loss. E2, Director of Nursing, and E21, Food Service	F 325			

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F 325	Continued From page 51 Supervisor, could not identify nor could they provide documentation regarding residents with a significant weight loss when questioned on 1/25/11. E2 stated that residents with a weight loss were discussed weekly in a meeting and the dietitian was notified of the weight loss. E2 could not provide any documentation for R3 regarding her weight loss nor could she confirm the physician was notified of the significant weight loss. The "Nutritional Progress Record" dated 11/4/10 by E23, Registered Dietitian, documented the weight for November at 107 pounds. The 10% significant weight loss is not identified. The note states "No new dietary prob (problem) noted, no SBD (skin breakdown). Noted wt (weight) stable past month." There were no further dietary recommendations. On 12/20/10 the Dietitian noted R3's weight at 101 pounds and a stage 2 pressure sore on the coccyx. The note states "Noted wt (weight) (decreased), slowed since Oct." R3's weight had decreased from 108 pounds in October and 107 pounds in November to 101 pounds in December. This is a significant weight loss of 5.6% in one month. There were no new recommendations. The significant weight loss was not identified. There had been no new recommendations for any diet changes since the addition of the house supplement on 10/25/10 and a multi-vitamin on 12/21/10. The facility policy and procedure titled "Monthly Resident Weights" states "The Charge Nurse or designee is responsible for reviewing residents weights monthly and evaluating changes and trends related to weight loss or gain". The policy states "If the resident has a significant weight gain or loss, Charge Nurse or designee will determine cause (if possible) and define any interventions	F 325			

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F 325	Continued From page 52 that may be indicated to reverse undesirable trend". The policy also states "Notify physician of weight loss and review potential negative outcome for resident". 2. R14 was admitted to the facility on 11/5/09 with diagnoses, in part, of chronic obstructive pulmonary disease, fracture of the ribs and vertebrae, and syncope. R14 has a physician order for regular diet with thickened liquids, supercereal at breakfast, whole milk each meal. R14 experienced a significant weight loss of 6.5%. In December, 2010 R14 weighed 150 pounds and the weight decreased to 140.2 pounds in January, 2011. E23, Registered Dietitian, noted on 1/6/11 that R14 weighed 140 pounds. There is no mention of a significant weight loss. The note states "Recommend cont'd (continued) diet therapy, cont (continue) supp (supplement) enc (encourage) po (passing orally) intake." There is no further dietary interventions. 3. R15's physician's order sheet, dated January 2011, noted she had a partial diagnosis of Congestive Heart Failure. Her physician's order, dated 12/16/10, noted she should receive Lasix (a diuretic), 40 milligrams (mg) daily. R15's Weight Record indicated she weighed 146 pounds in October 2010. R15's Weight Record indicated she weighed 152.4 pounds in November 2010. R15's nurse's noted, dated 11/27/10 indicated she was sent to the hospital and admitted with pneumonia. R15 was diuresed while in the hospital. She was readmitted to the facility on 11/30/10. Her weight on 12/1/10 was 132.8 pounds. On 12/6/10, E23, Registered Dietician,	F 325			

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F 325	Continued From page 53 completed R15's nutritional assessment. She indicated R15's hospital laboratory results, dated 11/29/10, noted she had a low albumin level of 3.0 (normal was 3.2- 5.5) and a low total protein level of 5.3 (normal was 5.5 - 8.3). These values indicated R15 had poor nutritional status. E23 indicated R15's weight loss may have been related to her being hospitalized with pneumonia and decreased appetite. E23 recommended Resource (a nutritional supplement), 2.0 calories, 60 cc (cubic centimeters) four times daily and encourage food intake. There was no documentation in R15's medical record indicating R15's physician had been notified of E23's recommendation for a nutritional supplement. There was no documentation in R15's medical record indicating R15 was receiving a nutritional supplement. R15's weekly weights for December 2010 were as follows: 12/1/10 - 132.8 pounds 12/10/10 - 134.2 pounds 12/17/10 - 140 pounds 12/22/10 - 143.2 pounds 12/27/10 - 146.8 pounds 1/2/11 - 154 pounds Although R15 had a 14 pound weight gain from 12/1 to 12/27/10, R15's laboratory results, dated 12/29/10, indicated R15's albumin level was 2.9 and her total protein level was 4.3. Again, these results indicated poor nutritional status. There was no documentation in R15's medical record from 12/24/10 through 1/2/11 indicating the facility staff were monitoring R15 for edema. Throughout out this period, R15 had a 10.8 pound weight gain. There was no documentation throughout this period indicating R15's physician was notified of this weight gain. There was no	F 325			

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F 325	Continued From page 54 documentation indicating the facility had contacted E23, Registered Dietician, regarding R15's weight gain. On 1/21/11, at 2:20 PM, E23 indicated she was not aware that her dietary recommendation regarding R15 had not been followed. On 1/25/11, at 8:45 AM, E1, Administrator, confirmed R15's physician had not been notified of R15's significant weight gain.	F 325			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced	F 329			

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F 329	Continued From page 55 by: Based on record review and interview the facility failed to provide appropriate diagnoses, and failed to identify and monitor behaviors for one (R8) of two sampled residents identified taking anti-psychotic medications. Findings include: 1. A review of R8's record indicated he was admitted to the facility on 9/24/10, after having an amputation to his right leg. R8's diagnoses include in part; Congestive Heart Failure, Atrial Fibrillation, Senile Dementia - uncomplicated, Anxiety unspecified, and Lower limb amputation above the knee. The most recent Minimum Data Set indicated R8 was scored as 14, alert, and 0 for mood and behaviors concerns. R8's record review indicated he was admitted to the facility on Risperdal 0.5mg, at bedtime. A review of the most recent care plan dated 10/5/2010, indicated "I take psychotropic medication because I sometimes get agitated. I am on Risperdal 0.5mg @ hs". "I will take the least effective dose of the medication prescribed by my doctor to help control the behaviors thru the next 90 days." Interventions included but not limited to: 2. Monitor for episodes of increased agitation and notify my doctor as soon as possible. However, no description R8's agitated behaviors (ex: yelling, crying) was listed on the care plan. On 1/21/11, a review of R8's chart for behavior tracking failed to indicate any behavior tracking was ongoing for R8. On 1/21/11, E31, Social Service Director, stated that no behavior tracking had been done for R8, from 10/2010 thru 12/2010. E31, indicated that a behavior tracking sheet had just been started on 1/16/11. A review	F 329			

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F 329	Continued From page 56 of the behavior tracking sheet dated 1/16/11 indicated R8 was on Risperdal for Irritability / Anxiety, however, no episodes of behavior were indicated as the page was blank. On 1/25/11, at 9:15 AM, E1, Administrator and E29, Corporate Nurse stated, that R8 had diagnoses of dementia with agitation, and was put on Risperdal after his amputation, due to a noted increase in agitated behavior, and phantom pain. E1 stated R8 would at times forget he had the amputation and attempt to get up and had several falls. E1 indicated that R8 was not currently displaying any behaviors, and according to regulation, R8 would not be considered for a medication reduction until March 2011. E29, indicated that the facility only charts behaviors "to the exception" and therefore since R29 had no recent behaviors, no behavior tracking was available. On 1/21/11, in an interview, R8 sat in his wheel chair, he was alert and stated he was sad to have lost his leg. R8 remembered he had fallen, and was aware he needed to ask for assistance. R8 stated he found it hard to wait for help, stating staff would tell him they were coming, and then not come back. On 1/27/11 in a telephone interview with E1, she indicated that the hospital discharge coordinator had voiced concern that R8 was having difficulty adjusting to his amputation, had tried to get up alone, and this was the reason R8 had been started on Risperdal at the hospital. A review of the physician progress notes dated 9/24, 10/28, and 12/6, failed to indicate R5 was having agitation. The facility failed to provide evidence of on going monitoring of R5 for either agitation, or to indicate his response to treatment. No behaviors were readily identifiable or being actively	F 329			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2011
NAME OF PROVIDER OR SUPPLIER ST PAUL'S HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220		
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F 329	Continued From page 57 monitored to show progress or lack of progress toward a therapeutic goal for the use of Risperdal. The care plan and behavior tracking failed to identify non-pharmacological interventions for R5, when agitated, to help improve R5's mental and physical well being.	F 329			
F 334 SS=E	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that – (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that – (i) Before offering the pneumococcal	F 334			

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F 334	Continued From page 58 immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to offer influenza and pneumococcal vaccinations to 6 (R10, R12, R13, R17, R3, R5) of seventeen sampled residents.	F 334			

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F 334	Continued From page 59 Findings include: The facility's Immunization Policy dated 2009 states (in part) that, "Each current resident will be offered the influenza vaccination between October 1 and November 30 or as soon as possible if vaccine is not available.. unless medically contraindicated or the resident refused the vaccine or received it at another location...Residents admitted after October 1 through March 31 shall....receive an influenza vaccination upon admission....The resident's medical records will indicate: a. That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization. b. That the resident either received the influenza immunization or did not due to medical contraindications or refusal." "Before offering the pneumococcal immunization, each resident ...or representative will receive education regarding the benefits and potential side effects of pneumococcal immunization. Each resident shall be offered a one-time pneumococcal immunization unless....medically contraindicated or previously immunized...." On entry to the facility on 1/18/11, E2, Director of Nursing, was requested to provide the influenza and pneumococcal immunization records for the residents. E2 stated the educational material had been sent to residents' families and given to residents who are independent. E2 was unable to provide a list of immunized residents, stated, "It should be in the individual records of the residents." 1. R10 was admitted to the facility on 7/13/10.	F 334			

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F 334	Continued From page 60 R10 did have a resident immunization record form in his chart; however, the form was blank. There is no documentation that he received educational material or offered either influenza or pneumococcal vaccinations. There is no documentation that he received Mantoux testing. R10 is alert, interviewable. R10 did not recall being offered immunizations. 2. R13 was admitted to the facility in 2007. Her immunization record documented she received influenza vaccination on 10/29/08. There is no documentation she or her Power of Attorney, POA, received educational material or offered immunizations in 2009 or 2010. 3. R17 was admitted to the facility in 2009. R17 received influenza vaccination on 10/27/09. There is no documentation that R17 or her POA received the educational material or offered immunizations in 2010. 4. R12 was admitted to the facility on 2/15/10. R12's Immunization Record documented she received Mantoux test. There is no documentation that she or her POA received educational material or was offered immunizations for influenza or pneumococcal vaccine. 5. A review of R5's record indicated she was admitted 1/6/11. Further review could find no information that R6 had either been offered a flu shot or pneumonia vaccine, or if they had been refused by R5. On 1/20/10, E20, Licensed Practical Nurse, stated that the admission paper work was missing from the chart that would indicate an acceptance or refusal of these vaccines. E20, stated she did not know herself if	F 334			

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F 334	Continued From page 61 R5 had been offered the vaccines.	F 334			
F 425 SS=B	6. R3 was admitted to the facility on 6/2/10. There is no documentation that R3 was given educational material or offered influenza or pneumonia vaccines since her admission. 483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure medications for 9, (R25, R27, R29, R30, R31, R32, R33, R34, R35) of 11 off sample residents that were no longer residing in the facility, and medications that were discontinued for two (R26, R28) of 11 off	F 425			

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F 425	Continued From page 62 sample residents were appropriately disposed of. Findings include: 1. On 1/25/11, at 10:25 AM, the medication room for the 300 hall was reviewed with E4, Licensed Practical Nurse, (LPN). The medication refrigerator contained 5 Bisacodyl 10 mg (milligram) suppositories for R25. E4 reported R25 was deceased. A premixed bottled suspension of Cephalexin 250mg/ml (milliliter), over half full, labeled for R26 was in the refrigerator. E4 reported R26 had completed this dose of medication, and it should have been disposed of in cat litter. In a locked medication cabinet, Aranesp 25 micrograms (mcg)/5ml injectable vial, labeled for R27, was stored. E4 stated, "I can't remember when she died." An Enoxaparin solution 40 mg/0.4ml, injectable single dose prefilled syringe, labeled for R28, was on a shelf in the locked cabinet. E4 reported this medication is no longer ordered for R28, and should have been returned to the pharmacy. Five Fentanyl Transdermal 25 mcg patches in a sealed box were stored with two Fentanyl Transdermal 25 mcg patches in a zip lock plastic bag, on a shelf labeled for R29. A Controlled Substance Log labeled for R29, with the correct amount of patches was attached to the medications with a rubber band. E4 reported R29 was deceased, "But I don't know when." A stock bottle of Calcium 600 mg with Vitamin D and a bottle of Omega Fish Oil capsules, 1200 mg, labeled for R30 was also on a shelf in the locked cabinet. E4 confirmed R30 had been discharged home and the medications should have been sent home with her or picked up by	F 425			

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F 425	Continued From page 63 R30's family. A nearly empty, uncapped tube containing Mupirocin 2 % (per cent)/22 grams ointment was on the shelf, labelled for R 31. E 4 reported R 31 was also deceased. The facility's policy entitled, 'Storage and Expiration of Drugs, Biologicals, Syringes, and Needles', reads, in part, "The facility should ensure that drugs and biologicals for expired or discharged residents are stored separately, away from use, until destroyed or returned to the provider. The facility should destroy or return all discontinued, outdated/expired, or deteriorated drugs or biologicals in accordance with Pharmacy return/destruction guidelines. Facility personnel should inspect nursing station storage areas compliance on a regularly scheduled basis." 2. On 1/25/11 at 9:50 AM, E11, LPN, and this surveyor reviewed the 500 Hall Medication Room. The refrigerator contained medications for four residents who no longer reside on the unit. R32 had a box of Acetaminophen Suppositories. R33 had a box of Compro (Prochlorperazine) Suppositories. R34 had a box of Compro Suppositories. R35 had a bottle of Novolin Insulin 70/30. E11 verified that none of these residents were currently residing on the 500 unit. E11 stated the medication should have been returned to the pharmacy per the facility's policy.	F 425			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission	F 441			

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F 441	Continued From page 64 of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to adequately develop an ongoing infection control program that; collects data to calculate and analyze infection rates, look	F 441			

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F 441	Continued From page 65 for patterns, trends, and identify unusual occurrences. This systems failure has the potential to affect all residents living in the facility. The facility failed on two occasions to provide proper infection control techniques during per care for one (R6) of 5 sampled residents. Findings include: 1. On 1/25/11, at 10:30 AM, E2, Director of Nursing stated that the facility infection control log is initiated when nursing staff identify a resident with an infection. Nursing staff are to write the information on a log sheet kept at each nurses station. E2 indicated the logs are reviewed weekly, and the information is added it into the computer program as a "line listing". E2 indicated the resident information is checked monthly against pharmacy data that shows which residents are taking antibiotics. E2, stated the information is tallied monthly to indicate types and locations of infections in the building, and the information is presented monthly and again quarterly to the QA committee for review. On 1/25/11 at 10:30 AM, a request was made by the surveyor for the hand written infection logs for the months of October 2010 through January 2011. E2 stated she only had the information for October and January. E2 indicated that the former Assistant Director of Nursing, ADON, had filed the information, and after some looking, E2 did not know where the other logs had been placed. After reviewing the logs with E2, she verified that the information was incomplete for identifying Organisms, was incomplete for location of infected wounds, did not indicate any residents placed on isolation precautions, and failed to give information for follow up to infections when the course of antibiotics were completed.	F 441			

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F 441	Continued From page 66 A review of the October 2010 Infection Control Line Listing (computer data) for numerous residents failed to indicate if a culture was done, for 7 identified residents with UTI's, no organism was listed. For 16 of 25 skin infections, the log failed to identify the location, type, or any culture results of the infection. Three residents listed with C-diff were listed as "community infection" but had no indication if they were on any type of isolation and the date of culture was not listed. For one resident with MRSA, the log also did not indicate if the resident had been put on isolation. The Control Line Log also failed to indicate any dates and cultures done on any of the 31 residents identified with infections. A review of the Control Line logs for the months of September, July and June also failed to have necessary information regarding infections of residents in the facility. E2 stated she was not able to locate the Control Log for November 2010. On 1/25/11, E3, Care Plan Nurse, brought a hand written tally sheet indicating the resident infection totals for the months of Sept, Oct, Nov (no year identified). E3 stated that each month the "types" of infections are tallied for the QA committee. A review of the tally for October indicated; 31 Antibiotics, 10 Upper Respiratory, 2 C-diff, 6 skin, 13-Urinary Tract Infection. It was noted that the resident with MRSA in October 2010 was not identified in the tally. The sheet also had hand written information on cultures done in the month of November. The sheet failed to indicate any trends, residents on isolation, if the infection was facility acquired or not, or any other pertinent data to track / trend infections in the facility. A review of the facility Infection Control Program Policy stated, "This facility shall have an	F 441			

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F 441	Continued From page 67 active infection control program carried out by a nurse designated as the Infection Control Nurse, and overseen by an inter-disciplinary infection control committee. Program approaches included but not limited to; #1. Effective measures to prevent, identify, and control infections acquired in the facility or brought into this facility from the community. #3. A practical system for report, evaluating, and maintaining records of infections among residents. #12. The development and revision of all forms used for collection and collation of data that relate to the program." On 1/25/11, after reviewing the above information E2 stated that the former Assistant Director had been responsible for collecting data and correlating it for the infection control program. E2 stated that the ADON had quit in November 2010, and some of the data could not be located. E2 stated she was attempting to train the current QA/Treatment nurse to take over the program. E2 indicated that the infection control program was also in process of being revised for how information was obtained and recorded. 2. A review of R6's physician's order sheet dated 1/1/11 indicated a diagnoses in part of; Depression, Diabetes, Legally Blind, and Incontinence. A review of R6's most recent Minimum Data Set dated 12/3/10, indicated R3 was Moderately Cognatively impaired, and needed staff assistance for all activities of daily living, hygiene, and transfers. On 1/18/11 at 9:45 AM, E17 and E18, Certified Nurses Aides, put R6 to bed and began to do peri care on her. E18 went to the sink in R6's room and wet two wash cloths. No soap or skin cleanser was used on the wash cloths when cleansing R6. When peri care was completed E18 failed to remove her soiled gloves before	F 441			

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F 441	Continued From page 68 continuing to provide care to R6. b. On 1/20/11, at 12:05 PM, E19 and E , both Certified Nurses Aides, provided peri care to R6. R6 was incontinent with soft feces. E19, removed R6's soiled diaper. E19 then began to cleanse R6 buttocks and anal area of feces with wet wash cloths and skin cleanser. E19's gloves became soiled with feces smears as she worked, however she did not change them when moving from the anal area to the vaginal area. E19 failed to remove her gloves when done with care, and continued to redress and reposition R6 in bed with the same gloves used to give peri care. On 1/21/11 at 3:00 PM, E2, Director of Nursing indicated she had no information regarding the R6's peri care, but, she would discuss the care of R6 with the staff involved.	F 441			



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

December 14, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Laura Northway, Administrator
St Paul's Home
1021 West E Street
Belleville, IL 62220

REFERENCE: Provider #: 146122 /
0013920
Cycle Date: December 9, 2011
Survey Date: December 9, 2011
Survey Type: Health Annual Survey
LSC Survey: Under Separate Cover

Dear Ms. Northway:

On December 9, 2011, an inspection was conducted at St Paul's Home by staff of the Illinois Department of Public Health to determine compliance with federal certification requirements for nursing homes participating in the Medicare/Medicaid programs. As a result of that inspection, the facility was determined to not be in "Substantial Compliance" with regulatory requirements as found in Title 42, Code of Federal Regulations. A Statement of Deficiencies is enclosed (See Enclosure #1). An explanation of the scope and severity assigned to each deficiency can be found on Enclosure #2.

The facility must submit a Plan of Correction (POC) for all deficiencies at the "B" level or higher. "A" deficiencies must be corrected, but do not require a written POC. All required POCs must be submitted to the Department within 10 days after receipt of the written "Statement of Deficiencies" (CMS Form 2567L). The POC cannot be submitted on the CMS-2567. Only the first page of the CMS-2567 must be submitted with the signature of the facility's representative and the date. The POC itself should be on separate sheets of paper which are attached to the first page of the CMS-2567. Please do not use proper names or trademarks in the POC. The POC is not to be used to dispute a deficiency or to make comments about the survey process. Information disputing a deficiency may be provided through the IDR process on separate sheets of paper, and comments about the survey process may be provided on the Provider Feedback Survey.

Each POC *must* include:

- Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice;
- How the facility will identify other residents having the potential to be affected by the same deficient practice;
- The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur. The facility must look at the existing system and determine if a change is necessary to correct the deficiency. If a system does not exist or if a revision to an existing system is necessary, then the facility must develop one.
- Quality Assurance Plans to monitor facility performance to make sure that corrections are achieved and are permanent.
- Dates when corrective action will be completed. (To avoid remedies for this survey cycle, all deficiencies must be corrected no later than January 23, 2012).

Failure to submit a POC which includes the above-listed components within 10 days following receipt of the written "Statement of Deficiencies" may result in imposition of remedies, effective as soon as notice requirements are met.

Facilities with no deficiencies or deficiencies at the "A", "B", or "C" levels are considered to be in "Substantial Compliance" with the regulations and will continue to be certified. Facilities NOT in "Substantial Compliance", i.e., deficiencies at level "D" or above, may be subject to remedies, including:

- Denial of Payment for all new Medicare/Medicaid admissions;
- Denial of Payment for all current Medicare/Medicaid residents;
- Civil Money Penalties of up to \$10,000 per day per instance;
- Transfer of residents;
- Transfer of residents with facility closure;
- Termination of the provider agreement;
- Temporary management of the facility;
- State monitoring of the facility;
- Directed Plan of Correction;
- Directed In-Service training

Those facilities that have not achieved "Substantial Compliance" within 3 months following the survey will be subject to mandatory Denial of Payment for all New Program Admissions and Mandatory Termination from the Medicare/Medicaid programs if "Substantial Compliance" is not achieved within six months following the survey:

As a result of the above-referenced survey, proposed remedies for this facility are the following:

- Directed Inservice Training

The facility will be allowed an "Opportunity to Correct" the cited deficiencies before remedies are actually imposed. If all deficiencies are found to be in "Substantial Compliance" by the opportunity to correct date, the Department will withdraw its proposal that remedies be imposed. If, however, upon revisit, "Substantial Compliance" with ALL regulations has not been achieved, the Department will impose or recommend to the federal Centers for Medicare and Medicaid Services (CMS) to impose the above-listed proposed remedies. The Department may also recommend or impose an increase or decrease in those proposed remedies based upon the results of the revisit. Generally, all imposed Civil Money Penalties will be effective from the date of the original survey and will accrue until the date the facility achieves "Substantial Compliance" with the regulations or is terminated from the Medicare/Medicaid programs.

An acceptable POC will also serve as the facility's "Allegation of Compliance" thereby signifying that the facility attests that it will be in "Substantial Compliance" with all federal certification requirements by the date stated in the above paragraph. The Department will presume that the facility will be in "Substantial Compliance" based upon the acceptable POC.

SUBMISSION OF EVIDENCE IN LIEU OF AN ONSITE FOLLOW-UP REVISIT

Based upon the scope and severity level of the deficiencies cited, the facility is considered eligible to submit evidence in lieu of an on-site re-visit for any of the health deficiencies cited. This evidence must be submitted within thirty days of the survey exit date, should be clearly separated by tag number, and should show that the facility has:

- **Put into place systemic changes as identified in its Plan of Correction to ensure that the deficient practices will not recur, and;**
- **Initiated a program to monitor the continued effectiveness of its Plan of Correction.**

Evidence of correction should include documentation such as copies of written policies and procedures, **completed (i.e., filled out)** monitoring sheets, outline of in-service programs, in-service attendance sheets, quality assurance monitoring reports, committee minutes, licenses or other credentials, invoices, receipts, photographs or other credible evidence.

If the evidence that the facility submits is determined by the Department to show correction of the deficiencies, an on-site health revisit will not be conducted. If the evidence does not prove correction, or is not submitted in a timely manner, an on-site revisit will be scheduled. Please submit the above evidence as soon as possible after the receipt of this notice.

If the Life Safety Code portion of an Annual survey has deficiencies that are not in substantial compliance, the enforcement cycle may still continue after review of evidence for the health portion of the survey. Remedies may be imposed based upon the Life Safety Code survey if the facility remains not in substantial compliance after the Life Safety Code revisit.

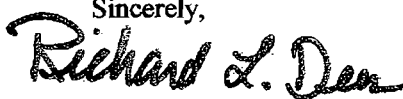
The facility may request an 'Informal Dispute Resolution' (See Enclosure #3) to challenge any deficiency that renders the facility not in substantial compliance ("D" or above). ***The Informal Dispute Resolution process will not delay the effective date of any enforcement action!*** If the facility requests an Informal Dispute Resolution without submitting an acceptable POC and the Department's decision, as a result of the dispute resolution process does not result in the deletion of the deficiency, please be advised that the Department will then proceed to impose or recommend imposition of the remedies.

Please submit all documents or other material relating to this survey to:

Illinois Department of Public Health
Division of Long-Term Care, Quality Assurance
525 West Jefferson Street, 5th Floor
Springfield, IL 62761-0001
Attn: Ted Zelinski

If you have any questions concerning this notice, please contact my staff at the address above or telephone 217-782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,



Richard L. Dees, Chief
Bureau of Long Term Care

Enclosures

cc: IL Department Health Care and Family Services
IL Department on Aging
Division of LTC-FO
File 2

A Evidence/DA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 000	INITIAL COMMENTS	F 000			
F 221 SS=D	Annual Certification and Licensure Survey 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to accurately assess the use and safety risks of lap cushions for 3 of 3 residents (R8, R9, R7) reviewed for physical restraints in the sample of 21. Findings include: 1. On 12/6/11 at 2 PM, R8 was observed seated in her wheelchair near the Nurse's Station. R8 wheelchair had a lap cushion attached to both sides of the wheelchair arms. R8 was asked if she could remove the cushion. R8 looked up and responded to her name, but was unable to remove the cushion. R8's Restraint/Adaptive Device Evaluation dated 8/27/11 documented the device used by R8 could be considered a restraint. R8's diagnosis listed for use of the restraint is Dementia. The Evaluation was checked "After assessment the facility has determined no need for restraint, but has determined the need for adaptive device that can be removed independently by the resident and will increase functional ability or posture - for	F 221			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 221	Continued From page 1 positioning." The Evaluation does not identify any risk factors for restraint. The summary stated, "Lap (cushion) and bed alarm for assistance in reminding resident to call for help when needed." The facility's Restraint Policy (undated), defined Physical Restrain: "Any manual method or physical device, material, equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.....A chair may be considered a restraint IF IT PREVENTS RISING i.e. a resident who would otherwise be capable of rising from a chair.....Risks include: incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, reduced social contact, and potential for strangulation or entanglement." According to an incident report dated 10/27/11, R8 was found on the floor in front of her wheelchair. The lap cushion remained on the wheelchair. The facility's incident report stated (in part), "slid down the w/c (wheelchair).....noted lap cushion still on w/c, probably slid down the w/c." There was no reassessment for the use of the lap cushion after R8 slid under the lap cushion. On 12/8/11 at 9:35 AM, E1, Administrator, stated the facility has been working to reduce restraint use in the facility. E1 stated the Care Plans had been updated, and risks for restraints were addressed in the Care Plans. 2. On 12/6/11 at 1:30 PM, R7 was seated in her wheelchair in the hallway near her room. R7 wheelchair had a lap cushion attached to both sides of the wheelchair arms. R7 could not	F 221			

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F 221	Continued From page 2 remove the lap cushion herself when asked. R7's Care Plan dated 11/15/11 identified the problem , "018 - Physical Restraints.....I ambulate in my w/c (wheelchair) with my lap (cushion) intact to help promote an upright positioning while in my wheelchair....." R7's Restraint/Adaptive Device evaluation dated 8/30/11 failed to assess for any potential risks related to the use of the restraint. The evaluation had a check mark for "After assessment the facility has determined no need for restraint, but has determined the need for adaptive device that can be removed independently by the resident and will increase functional ability or posture." 3. On 12/06/11 at 9:35 AM, R9 was laying in bed on a scoop mattress.. R9 had bilateral above the knee amputations of the lower extremities. A pommel cushion was in R9's tilt back wheelchair. A soft lap cushion was laying on the floor next to R9's bed side stand. A pressure pad alarm was on R9's bed. On 12/06/11 at 1:30 PM, E5 and E7, Certified Nurses Aides, (CNA's) transferred R9 to the tilt back wheelchair with a mechanical lift. R9 was lifted onto the pommel cushion, with a soft lap cushion applied. E5, CNA, reported the pommel cushion, soft lap cushion and the tilt back wheelchair are used to help R9 with positioning due to his bilateral amputations and confusion. The Treatment Administration Record, (TAR) for December 2011 documents, "May use (soft lap cushion) and bed alarm for safety awareness." The facility's Restraint/Adaptive Device Evaluation for R9, dated 9/23/11,	F 221			

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F 221	Continued From page 3 addresses the bed alarm and the soft lap cushion as potential restraints. The evaluation determined both the soft lap cushion and bed alarm were not used as a restraint, but were "adaptive devices that can be removed independently by the resident (R9)". No evaluation for the use of the pommel cushion device was completed or found in R9's clinical record. No risks were identified for the use of the devices to prevent falls or to provide positioning aides for R9. For potential risks factors for restraint, R9 is incorrectly documented as having no loss of ambulatory ability. The consent for the use of the devices is unsigned and incomplete. The facility's policy and procedure, entitled, 'Restraints/Devices' documents "Assessment of need for restraint use will be done on admission, at regularly scheduled Interdisciplinary Care Plan Conferences and as needed by the interdisciplinary team and/or the resident at Risk Team."	F 221			
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:	F 272			

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F 272	Continued From page 4 Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to accurately assess the use and safety risks of lap cushions for 3 of 3 residents (R8, R9, R7) reviewed for physical restraints in the sample of 21. Findings include:	F 272			

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F 272	Continued From page 5 1. On 12/6/11 at 2 PM, R8 was observed seated in her wheelchair near the Nurses Station. R8's wheelchair had a lap cushion attached to both sides of the wheelchair arms. R8 was asked if she could remove the cushion. R8 looked up and responded to her name but was unable to remove the cushion. R8's Restraint/Adaptive Device Evaluation dated 8/27/11 stated the device used by R8 could be considered a restraint. R8's diagnosis listed for use of the restraint is Dementia. The Evaluation was checked "After assessment the facility has determined no need for restraint, but has determined the need for adaptive device that can be removed independently by the resident and will increase functional ability or posture - for positioning." The Evaluation does not identify any risk factors for restraint. The summary stated, "Lap (cushion) and bed alarm for assistance in reminding resident to call for help when needed." The facility's Restraint Policy (undated), defined Physical Restrain: "Any manual method or physical device, material, equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.....A chair may be considered a restraint IF IT PREVENTS RISING in a resident who would otherwise be capable of rising from a chair.....Risks include: incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, reduced social contact, and potential for strangulation or entanglement." According to an incident report dated 10/27/11, R8 was found on the floor in front of her wheelchair. The lap cushion remained on the	F 272			

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F 272	Continued From page 6 wheelchair. The facility's incident report stated (in part), "slid down the w/c (wheelchair)....noted lap cushion still on w/c, probably slid down the w/c." There was no reassessment for the use of the lap cushion after R8 slid under the lap cushion. On 12/8/11 at 9:35 AM, E1, Administrator, stated the facility has been working to reduce restraint use in the facility. E1 stated the Care Plans had been updated and risks for restraints were addressed in the Care Plans. 2. On 12/6/11 at 1:30 PM, R7 was seated in her wheelchair in the hallway near her room. R7 wheelchair had a lap cushion attached to both sides of the wheelchair arms. R7 could not remove the lap cushion herself when asked. R7's Care Plan dated 11/15/11 identified the problem, "018 - Physical Restraints.....I ambulate in my w/c (wheelchair) with my lap (cushion) intact to help promote an upright positioning while in my wheelchair....." R7's Restraint/Adaptive Device evaluation dated 8/30/11 failed to assess for any potential risks related to the use of the restraint. The evaluation had a check mark for "After assessment the facility has determined no need for restraint, but has determined the need for adaptive device that can be removed independently by the resident and will increase functional ability or posture." 3. On 12/06/11 at 9:35 AM, R9 was laying in bed on a scoop mattress.. R9 had bilateral above the knee amputations of the lower extremities. Aommel cushion was in R9's tilt back wheelchair. A soft lap cushion was laying on the floor next to	F 272			

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F 272	Continued From page 7 R9's bed side stand. A pressure pad alarm was on R9's bed. On 12/06/11 at 1:30 PM, E5 and E7, Certified Nurses Aides, (CNA's) transferred R9 to the tilt back wheelchair with a mechanical lift. R9 was lifted onto theommel cushion, with a soft lap cushion applied. E5, CNA, reported theommel cushion, soft lap cushion and the tilt back wheelchair are used to help R9 with positioning due to his bilateral amputations and confusion. The Treatment Administration Record, (TAR) for December 2011 documents, "May use (soft lap cushion) and bed alarm for safety awareness." The facility's Restraint/Adaptive Device Evaluation for R9, dated 9/23/11, addresses the bed alarm and the soft lap cushion as potential restraints. The evaluation determined both the soft lap cushion and bed alarm were not used as a restraint, but were "adaptive devices that can be removed independently by the resident (R9)". No evaluation for the use of theommel cushion device was completed or found in R9's clinical record. No risks were identified for the use of the devices to prevent falls or to provide positioning aides for R9. For potential risks factors for restraint, R9 is incorrectly documented as having no loss of ambulatory ability. The consent for the use of the devices is unsigned and incomplete. The facility's policy and procedure, entitled, 'Restraints/Devices' documents "Assessment of need for restraint use will be done on admission, at regularly scheduled Interdisciplinary Care Plan Conferences and as needed by the interdisciplinary team and/or the resident at Risk Team."	F 272			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	F 280			

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F 280	Continued From page 8 The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on record review and observation the facility failed to timely update resident care plans for 2 of 21 residents (R1, R20) reviewed for care plans in the sample of 21. Findings include: 1. A review of R1's chart indicated she was readmitted on 10/24/11, with some areas of bruising to her Left side and mid chest. On 12/7/11 at 10:00 AM, R1 stated she takes daily Coumadin, and does bruise easily. A review of R1's laboratory reports on 11/23/11 indicated a	F 280			

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F 280	Continued From page 9 Prottime of 17.9 and INR of 1.7. Both of these levels are elevated, and indicate a increased risk for excessive bleeding and / or bruising for R1. On 12/8/11 at 10:00 AM, observation of R1 found her to have a large fading bruise across her left hand, and a dark blue bruise to her left shin. Further observation found R1 had a large fading dark blue and greenish bruise to her upper torso, under her arms and breasts. On 12/8/11, a Resident Incident Report dated 11/19/11, was presented by E2, Director of Nursing. It documented that R1 had a large bruise to her torso from left mid back, under the left arm, across R1's breasts and under the right arm. In the report R1 made a statement that "An aide picked me up under my arms and put me in the wheel chair." The report documented that the bruising occurred when R1 was being transferred to her wheel chair. The Care Plan dated 11/19/11 failed to address R1's history of Coumadin use and high lab results. The Care Plan failed to documents R1's risk for additional bruising due to her use of Coumadin. The Care Plan failed to address the bruises sustained during the transfer of 11/19/11, and failed to have interventions to prevent R1 from becoming bruised in the future during a transfer. 2. R20 was admitted to the facility on 11/2/11. The hospital History and Physical dated 10/19/11 documented treatment of cellulitis in her right lower leg with intravenous antibiotics and debridement of the open wound to her right lower leg. R20's Care Plan dated 11/14/11 identified problems with a non-healing wound to her right	F 280			

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F 280	Continued From page 10 ankle. R20 is identified as a potential risk for a fall. R20's wound continued to deteriorate after admission to the facility and on 11/11/11, R20 returned to the hospital. On 11/11/11, the Consultation Report with Z4, Surgeon, stated the wound was infected, with osteomyelitis involving the fibula bone and infection extending to the ankle joint. Z4 recommended a right above-knee amputation. R20 returned to the facility on 11/24/11. The 11/24/11 Hospital Discharge documented a fall in the hospital the day before she returned to the facility. R20's admission orders dated 11/24/11 documented an order for bed alarm and lap cushion restraint for safety. R20's Care Plan has not been updated to address current treatment needs for the amputation of her right foot, to address the increased risk for falls following the amputation, and the history of a fall at the hospital.	F 280			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to timely treat a skin infection for one of 21 residents (R1) reviewed for	F 309			

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F 309	Continued From page 11 skin infections in the sample of 21; and failed to coordinate care and services with the physician for one of 21 residents (R4) reviewed for physicians visits in the sample of 21. Findings include: 1. R4's Nurse's Notes dated 11/29/11 documented she was out of the facility with family for a doctor's appointment. The Nurse's Note at 7:00 PM documented "Res. (Resident) returned c (with) N.O. (new order) for Macrobid (an antibiotic) 100 mg (milligrams) PO (by mouth) BID (twice daily)." Her Nurse's Note dated 11/30/11 documented she was on Macrobid for a UTI (Urinary Tract Infection). R4's Physician's Orders, Telephone Orders and Physician's Progress Notes were reviewed. There was no information or Physician's Order regarding R4 receiving an antibiotic for a UTI. There was no laboratory results in R4's medical record documenting R4 had a UTI. On 12/7/11 at 1:00 PM during an interview with E10, Licensed Practical Nurse, LPN, she stated R4 had returned from her doctor's appointment on 11/29/11 with the prescription for the antibiotic already filled. E10 stated the facility did not receive the physician's order for the antibiotic. E10 stated R4 had a history of not bringing any paperwork back when she visited her primary care physician or other physicians. E10 confirmed the facility had no written order for R4's antibiotic, no progress note from Z3, R4's physician, documenting the visit or laboratory results confirming R4 had a urinary tract infection. 2. On 12/8/11, a review of R1's physician's order sheets indicated an order written on 11/16/11,	F 309			

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F 309	Continued From page 12 "Nystatin Powder to buttock and open areas twice daily." A review of R1's Medication Administration Record (MAR) for the month of November 2011, documented R1 was treated with the Nystatin Powder from 11/17/11 through 11/30/11. From 11/31/11 through 12/8/11, no nurse signed off that the Nystatin had been applied to R1 buttocks, and the MAR was blank for all of these days. On 12/8/11, 9:40 AM, in an interview with E11, Registered Nurse, RN, she stated she was not R1's regular nurse, and was unaware that R1 had an order for Nystatin. At 9:50 AM, R1's buttocks was observed with E11. R1's buttocks was noted to have a bright pink area approximately 2-inches wide on both left and right inner buttocks. It extended from the perineum to above her sacral area and appeared as a bright pink stripe running down R1's backside. The outer edges on both sides of the area appeared excoriated and had several small open red areas that pimpled the mid third of each buttocks. E11 stated that she had not been informed of R1's skin condition. E11 stated she had finished her AM medications for R1, but had not seen the order for the Nystatin on the MAR. On 12/8/11 at 9:45 AM, R1 stated "she felt the rash had gotten better and did not hurt anymore. R1 stated, "it used to be really red, and would sting." On 12/8/11 at 10:10 AM, E3, Assistant Director of Nursing, ADON, stated "I am responsible for monitoring and ensuring residents wound and skin treatments are being followed as ordered. R1 had developed a fungal infection of her buttocks and had been put on the Nystatin to clear it up." E3 stated, "I had not been told that R1 was started on the Nystatin on 11/16/11, and have not seen her buttocks. If I (E3) had been told, I would have monitored the condition of R1's	F 309			

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F 309	Continued From page 13 skin and response to treatment weekly." On 12/8/11 at 11:30 AM, E2, Director of Nursing, DON, stated, "It seems that when R1 ran out of the powder, the nurses did not reorder it." E1 stated she did not know why no nursing staff had noticed that the orders on the MAR were not being signed off, or questioned if R1 still needed treatment. On 12/8/11 at 11:30 AM, E11, stated she had reached Z5, R1's physician, and Z5 had ordered the Nystatin Powder to be resumed for 10 days.	F 309			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to timely assess and treat a urinary tract infection for 1 of 4 residents (R15) reviewed for infections in a sample of 21. Findings include: 1. R15's Physician's Order Sheet (POS) dated 11/17/11 documented the following order, "Obtain UA (urinalysis) and C+S (culture/sensitivity), may	F 315			

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F 315	Continued From page 14 straight catheter." The nurses notes on 11/17/11 failed to identify or document that R15 had any symptoms or complaints of a urinary tract infection (UTI). From 11/17 to 11/25/11 the nurses notes failed to have any documentation of R15's condition, or if the urinalysis had been obtained. On 11/26/11, the nures notes documented that R15 had been straight cathetered for the urine specimen. On 11/29/11, the preliminary laboratory report indicated R15 had Escherichia coli, E-coli, in her urine. The POS on 11/29/11 documented R15 was to start on Bactrim for her infection, with the final culture result pending. On 12/8/11 at 10:30 AM, E2, Director of Nursing, DON, also reviewed the above information and stated she did not realize it had taken nursing staff 10 days to obtain R15's urine specimen. E2, later in the conversation stated she "thought that the specimen had been obtained, but the lab forgot to pick it up and it had to be redone." Further review of the nurses notes failed to show any documentation of the catheterization having been redone. E2 stated she did not know why from 11/17 through 11/26/11, the nursing staff failed to document whether or not R15 was having symptoms or increased complaints related to her UTI. E2, stated "as part of monitoring R15, for a possible UTI, the nurses notes should have been written and included R15's condition and symptoms or lack of symptoms." On 12/9/11 a review of the facility's Infection Control Guidelines For Long Term Care Facilities: Surveillance, 7/1/99, documented; a more thorough assessment and action plan for residents with UTI's would include: Call the physician for appropriately collected urinalysis,	F 315			

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F 315	Continued From page 15 monitor hydration status, and observe for worsening condition.	F 315			
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to appropriately administer medications to one of two residents (R9) observed with a gastrostomy tube in the sample of 21. Findings include: The Care Plan for R9 dated 7/29/11 documents "I had a recent G-tube (gastrostomy tube) inserted and may potentially be at risk for complications." Interventions in the Care Plan document, in part, "Monitor and document my intake and output (I&O) every shift, and flush tube with 200 cc (cubic centimeters) with H2O (water) after each feeding." R9's physician's diet order for December 2011 documents, "Two Cal HN, one can every 4 hours times five feedings daily, with 200 cc water flush after each feeding." On 12/06/11 at 10:43 AM, E8, Licensed Practical Nurse, (LPN) poured 7.4 ml (milliliter) of	F 322			

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F 322	Continued From page 16 Ferrous Sulfate Elixir into a plastic medication cup. In another medication cup, E8 placed one tablet of Ocular Vitamin, one Simvastatin 40 mg (milligram) tablet, two tablets of 325 mg of Acetaminophen, one tablet of Metoprolol Tartrate 25 mg, and one tablet of Namenda 10 mg, then crushed the tablets together and returned them to the medication cup. After crushing the medication, E8 poured the crushed medications into the medication cup containing the Ferrous Sulfate, and lightly stirred them together, forming a thick chunky mixture. On 12/06/11 at 10:48 AM, E8 checked R9's G-tube for correct placement by instilling air into the G-tube, listening to R9's abdomen with a stethoscope, and trying to withdraw any residual stomach contents. E8 then administered 60 cc of water into the syringe attached to the G-tube, followed by half of the thick medication solution. The chunky solution was too thick to go through the G-tube via gravity, so E8 poured 40 cc of water into the syringe, and moved the syringe in a circular motion in an attempt to mix the medication to allow movement through the tube. The medication mixture would not flow through the G-tube, so E8 placed the plunger into the syringe and forced the medication through the G-tube. E8 stated, "I shouldn't have dumped them in all at once." E8 poured the remaining medication mixture from the cup into the syringe, followed by 100 cc of water at 10:58 AM, on 12/06/11. E8 confirmed this completed R9's 200 cc flush as ordered by the physician.. E8 removed his gloves and cleaned the graduated cylinder and syringe. E8 reported R9's 8:00 AM, medication pass for 12/06/11 was completed. The facility's policy and procedure entitled, 'Administering Medications via Enteral Tube'	F 322			

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F 322	Continued From page 17 documents, in part, "Dilute medications according to pharmacy guidelines. Verify that tablets can be crushed. When in doubt, call the pharmacy. Crush tablets to a fine powder and mix with warm water. Do not force the medication into the tube if it appears blocked. Flush G-tube with 30 ml of water. Administer medications one at a time. Flush the tube well between medications." R9's I&O record for December 2011 has incomplete documentation on the day shifts of 12/02, 12/03, 12/04, and 12/05/11. The policy entitled, 'Care and Management of Tube feedings' documents, in part, "Documentation: Date and time feeding is initiated, type of formula, amount given, method of administration, rate of administration, amount of flush." During an interview on 12/08/11 at 9:45 AM, E2, Director of Nursing (DON) reported E 8 is a new nursing graduate and was very nervous, which may have caused the problems with the medication pass for R9.	F 322			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to safely transfer residents and failed to prevent bruising and a fall	F 323			

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F 323	Continued From page 18 for 2 of 10 residents (R1, R15) reviewed with a history of falls in the sample of 21. Findings include: 1. On 12/8/11, a review of R1's nurses notes documented the following for R1: 11/19/11 at 7:00 PM, " CNA came to get nurse to examine res (resident). Res has extreme bruising under both breasts, Left breast on side, and down Left side, and middle of chest. Res stated, " the aide picked me up under my arms and put me I the wheel chair. " MD notified and no new orders received. Will monitor closely. " On 12/8/11, at 2:00 PM, E2, Director of Nursing, DON, stated that " she had investigated R1 ' s bruises. " E2 provided a report, Investigation of Unknown Injury, dated 11/19/11, which identified R1 as alert and oriented x 3. The report documented "CNA did not use sit to stand. CNA did not use lift to transfer." The report documented no date or signature of E2, to indicate when the investigation had been completed. On 12/8/11, at 10:20 AM, R1 was interviewed with E11, Licensed Practical Nurse, present. R1 stated "that aide transferred me with a belt. It was too tight. When she lifted me from my bed to my wheel chair that belt pinched me all under my arms and under my breasts. It hurt at the time but not now. She just had that belt on me too tight." Observation of R1's skin indicated a wide linear dark blue and green fading bruise that extended from R1's mid left back to R1's left flank and around under her breasts. A smaller bruise extended under R1's right arm. A review of R1's chart indicated she was	F 323			

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F 323	Continued From page 19 readmitted on 10/24/11, with similar but smaller areas of bruising to her Left side and mid chest. R1 takes daily Coumadin, and stated that she does bruise easily. On 12/8/11 a second Resident Incident Report dated 11/19/11, was presented by E2. It also documented R1's statement that "An aide picked me up under my arms and put me in the wheel chair." The report documented that R1 was in bed at the time of the incident. The report indicated R1 had extreme bruising to her breasts, down her lefts side, and around to her back. The report documented "CNA told to use Sit to Stand lift for all transfers." On 12/8/11 at 11:15 AM, E2, DON, stated, "When I investigated this event, I found that R1 got bruised because the staff had somehow transferred R1, in a mechanical sling lift, and somehow R1's arms were not in the right position or hanging out of the sling and the sling is what caused the bruising. R1 was confused when this happened, so I don't think she remembers what exactly happened. R1 was bruised by the sling, not a belt. The aides have been told to use the Sit to Stand lift with R1." When asked about the reports stating R1's claim of being lifted by a belt, E2 stated that the reports done by the nurse were incorrect, and R1 was again confused in her account. E2 stated she was not sure which of her CNA staff was involved in the incident or had lifted R1. E2 stated " some of R1's bruises happened from an inappropriate transfer on 11/19/11 " On 12/8/11, E13, Physical Therapist, stated R1 had returned from the hospital on 10/24/11 after having her right leg amputated. R1 was a mechanical lift transfer at that time. E13 stated R1 had progressed in physical therapy, and was	F 323			

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F 323	Continued From page 20 changed to a Sit to Stand transfer on or about 11/17/11. E13 stated the sit to stand transfer should be done with two staff. On 12/9/11 at 10:00 AM, E2, stated she had talked to E14, Certified Nurses Aide, CNA, who gave a written statement: " About the third week in November, R1, wanted to get out of bed into her wheelchair. She refused the mechanical lift and the Sit to Stand, so I (E14) used a gait belt to transfer her to her wheel chair. " E2 stated it now appeared that R1's statement regarding how she got bruised, was correct. E2 stated she was misinformed about it being a hoier transfer. A review of the Care Plan dated 10/24/11 to 11/19/11 documented R1 was a mechanical sling lift transfer with two staff. On 11/19/11, the Care Plan was changed to a Sit to Stand transfer with two staff for R1. The Care Plan failed to address R1's ongoing risk for additional bruising especially during transfers due to her use of Coumadin. 2. On 12/8/11 a review of R15's Minimum Data Set, MDS, dated 9/20/11, documented R15 was alert. The Care Plan, updated 11/29/11, documents that R15 is at risk for falls due to muscular weakness in her lower legs, and is a Sit to Stand / mechanical lift with the assistance of two CNA's, Certified Nurses Aides. A review of the Resident Fall Report / Fall Investigation dated 11/12/11 at 5:15 PM, documented R15 was lowered to floor by staff during a Sit to Stand lift. R15 was alert and oriented x 3, and was being assisted by one staff. The potential cause of fall was documented as "Proper safety protocol not being utilized by resident." The immediate intervention was documented as "Transfer with 2 person assist."	F 323			

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F 323	Continued From page 21 The details of fall were documented as "CNA transferring resident from wheel chair to bed using sit to stand, noticed grommet had come undone from lift, summoned assistance. Resident lowered to floor." "No injuries." The follow up review notes documented "Resident is sometimes non-compliant when a procedure is being done. Probably lowered to floor during transfer for safety." "Staff to be assured that equipment is properly being used. Explain procedure to resident before proceeding." On 12/8/11 at 3:30 PM, R15 stated "That aide (E15) was transferring me from my wheel chair to my bed. She had me sitting on the side of my bed, and I told her I was too close to the edge and would slip off if she didn't move me further back up on the bed. I told her this at least twice, but she said she knew what she was doing. So when E15 released the belt, I slid off the side of the bed just like I told her. She (E15) shouldn't be transferring me by herself. If she had the other girl here, they could have gotten me up on the bed better and I wouldn't have slid down." When asked what happened next R15 stated "I started yelling for help and that made her (E15) mad. She had to go out to the hall and get help. I am not small, and it took 3 or 4 staff to get me off the floor. I wasn't hurt, I just slid off the side of the bed. R15 stated that she was not aware of any malfunction of the lift. R15 stated again, the belt did not malfunction, E15 loosened it, and I slid off the bed. R15 stated that this is not the first time that only one staff has transferred her when using the mechanical lift, but it is the first time I have fallen because of it." A review of the Owners manual, page 10, Lifting Preparation, documents that the manufacturer "recommends that two assistants	F 323			

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F 323	Continued From page 22 be used for ALL lifting preparation, transferring from and transferring to procedures." On 12/9/11 at 10:00 AM, E2 stated she was not aware R15 was being transferred by one staff at the time of this fall. E2 stated the facility policy is for two staff to be present during all mechanical lift transfers.	F 323		
F 387 SS=E	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide physician's progress notes and ensure residents are seen every 60 days by their physician for six of 21 residents (R4, R5, R6, R7, R9 and R10) reviewed for physician's visits in the sample of 21. Findings include: 1. Z3, Physician, had written a progress note on 4/18/11 and 11/3/11 for R4. There were no other Physician Progress notes in R4's medical record. On 12/7/11 during an interview with E10, Licensed Practical Nurse (LPN), she stated R4 did not have an in-house physician. E10 stated R4 goes out to see Z3, Physician. E10 stated the	F 387		

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F 387	Continued From page 23 facility had difficulty with R4 bring back paperwork when she goes out to the physician. 2. R7's chart contained Physician Progress Notes for 4/14/11 and 11/17/11. The facility could not provide any additional progress notes for R7. 3. R5's chart contained Physician Progress Notes for 3/1/11, and 12/8/11 written by Z1, Physician. Z2, Clinical Nurse Practitioner (CMP) for Z1, had notes dated 6/6/11, 8/22/11, and 10/21/11. Neither Z1 or Z2 visited R5 in May 2011. 4. R6's chart contained Physician's Progress notes written by Z1, Physician, on 1/5/11, 6/27/11, and 12/8/11. Z2, CNP, had notes dated 8/31/11, 10/28/11, and 11/29/11. Neither Z1 or Z2 visited R6 from 1/5/11 until 6/27/11. The facility's Medical Records Policy and Procedure for Medical Evaluations stated (in part), "Periodic medical examinations of each resident shall be made as needed, but the resident shall have one (1) documented medical examination every 60 days for a resident in an SNF bed.....When a physician extender is utilized, the physician will examine the resident each alternating examination." On 12/8/11, E1, Administrator, stated that Z1, physician, was in the building to see his residents. 5. On 12/07/11, at 3:00 PM, a review of R9's Physician Progress Notes and Physicians Order Sheets (POS), for 2011 was completed. No Physician Progress Notes from Z1, Physician, were documented in the clinical record since	F 387			

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F 387	Continued From page 24 1/05/11. The remainder of the visits and examinations for R9 were documented by Z2, CNP, for Z1. On 12/08/11 at 10:00 AM, E9, Clinical Services Director confirmed Z1 was at the facility 12/08/11 to see R9. E9 confirmed no other Physician's Progress Notes could be located from Z1 for R9. 6. Review of the Physician Progress Notes in the medical record for R10 documented a physician visit on 4/25/11. There were no other visits documented in the chart. R10 stated her physician does not come to the facility, and she has to go out for a visit.	F 387			
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.	F 425			

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F 425	Continued From page 25 This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide medications in a timely manner for 1 of 1 resident (R9) in the sample of 21, and seven residents (R22, R23, R24, R25, R26, R27, R28) in the supplemental sample. Findings include: During tour of the facility on 12/06/11 at 9:45 AM, R27 reported she has not received her 8:00 AM medications. E8, Licensed Practical Nurse (LPN) was observed in the 300 hall with the medication cart, continuing to pass medications. On 12/06/11, at 10:15 AM, R27 stated, "It's 10:15 AM. We are just now getting our 8:00 AM medications. I don't know what happened." R28 confirmed she just received her 8:00 AM medications after R27. E8 was still passing medication to other residents. On 12/06/11 at 10:25 AM, E8 administered five oral medications to R22. The Physicians Order Sheet (POS) for 12/2011 document the five medications are scheduled for administration at 8:00 AM. On 12/06/11 at 10:43 AM, E8 administered six medications via a gastrostomy tube to R9. The POS for 12/2011 documents the six medications were scheduled to be given at 8:00 AM. On 12/06/11 at 11:00 AM, E8 was interviewed related to the lateness of the 8:00 AM medication pass for 300 hall residents. E8 reported he had four more residents to pass medications to before the 8:00 AM medication pass was complete. E8	F 425			

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F 425	Continued From page 26 reported R23, R24, R25, and R26 still had not yet received their medication as of 11:00 AM. E8 stated, "I had to deal with a resident throwing up this morning. That's why I'm late, and I'm nervous." During and interview on 12/08/11 at 1:30 PM, E2, Director of Nursing, (DON) confirmed she was aware the 8:00 AM medication pass for the 300 hall was completed very late by E8. E2 reported E8 is "new nursing graduate and was very nervous." E2 confirmed she was not aware of any emergency on the 300 hall the morning of 12/06/11 that could be a potential cause of the late administration of medication by E8 The facility's policy entitled, "General Dose Preparation and Medication Administration", documents, in part, "Facility staff should verify each time a medication is administered, that it is the correct drug, at the correct dose, the correct route, at the correct rate, at the correct time, for the correct resident", and "Administer medications within timeframes specified by Facility policy." The policy further documents to document "when medications are given".	F 425			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility;	F 441			

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F 441	Continued From page 27 (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide an effective policy and procedure for contact isolation, and disinfection of resident rooms to prevent the potential transmission of Clostridium Difficile (C-Diff). This has the potential to affect all 101 residents in the facility. Findings include:	F 441			

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F 441	Continued From page 28 1. On 12/06/11 at 9:30 AM, during the initial tour of the facility, E11, Licensed Practical Nurse, LPN, stated that R2 was currently on contact isolation for C-Diff. R2 was in a room with two roommates that did not have C-Diff. No sign alerting visitors was observed on the door entering the room. A review of a laboratory test dated 11/25/11 documented C-Difficile = Positive. A physicians order dated 11/25/11 documented R2 was put on the antibiotic Flagyl 500 mg, every 8 hours x 14 days. On 12/7/11, E11 stated that R2 had only one episode of loose bowel movement, and has had no loose stools or other symptoms of C-Diff since 11/26/11. E11 stated that although R2 had no further symptoms of C-Diff since 11/26/11, staff continued to follow contact precautions for gloving and disposing of R2's waste. On 12/07/11 at 1:00 PM, in an interview E16, Housekeeping Supervisor, provided the Material Safety and Data Sheets (MSDS) for the chemical solutions used to clean residents rooms, and stated all resident rooms were cleaned with the following: a. Centraz Quat k-2, quaternary ammonium compound. E16 stated that this cleaner is used on the floors and walls and on heavy soiled areas. b. Lysol disinfectant / deodorizing all purpose cleaner. E16 stated that this cleaner is used on bed and bedside surfaces, doors and light cleaning in resident rooms. c. Comet Cleaner with Bleach: MSDS documents; is composed of C12 alkyl sulfate, Sodium Hypochlorite 1-5%, and Sodium Hydroxide. E16 stated is used on all sinks, showers and toilets.	F 441			

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F 441	Continued From page 29 E16 stated that all resident rooms were cleaned the same. E16 stated she was aware that R2 had C-Diff. E16 had no different or specialized cleaning procedures for rooms of residents with C-Diff. E16 stated staff did double bag all waste taken from the room and used a separate mop, bucket and cleaning cloths for R2's room. E16 stated she had no written policy to advise staff on the cleaning of resident rooms on contact isolation or for C-Diff. E16 stated she was unaware of the CDC guidelines related to C-Diff. The Center for Disease Control, CDC, guidelines states under 11.1 Environmental measures "Certain pathogens (e.g.,...C. difficile.) may be resistant to some routinely used hospital disinfectants...Also, since C. difficile may display increased level of spore production when exposed to non-chlorine based cleaning agents, and the spores are more resistant than vegetative cells to commonly used surface disinfectants, some investigators have recommended the use of a 1:10 dilution of 5.25%...hypochlorite (household bleach) and water for routine environmental disinfection of rooms with patients with C. difficile when there is continued transmission...In one study the use of (bleach) was associated with a decrease in rates of C. difficile infections". On 12/8/11 at 4:00 PM, the facility policy for Infection Control was reviewed with E1, Administrator and E2, Director of Nursing. The policy dated 11/18/02 documents the following: "In order to prevent the spread of infection, this facility will adhere to standards of practice related to isolation as developed by the Center for Disease Control and the Department of Health. 1. Body Substance Precautions (BSP) will be utilized by all staff in the management of resident	F 441			

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F 441	Continued From page 30 care and environment." A review of the facilities "Body Substance Precautions" (7/1/99) documents "Although not identical with Standard Precautions, as recommended by the Centers for Disease Control and Prevention, or Universal Precautions as recommended by the American Hospital Association, and the Occupation Safety ad Health Administration. The policy direct staff to use Stop Sign Alert for diseases that are transmitted only by airborne access. 2. The facility's Resident Census and Condition of Residents, CMS 672, dated 12/06/11 documented a census of 101 residents.	F 441			

ENCLOSURE #2

Severity

Immediate Jeopardy to
resident health or safety.

Actual Harm that is
not an immediate jeopardy.

No actual harm with
potential for more than
minimal harm that is not
an immediate jeopardy.

No actual harm with
potential for minimal harm.

J	K	L
G	H	I
D	E	F
A No POC required. Commitment to Correct	B	C
Isolated	Pattern	Widespread

SCOPE

***** substandard quality of care is any deficiency in 42 CFR 483.13, Resident Behavior and Facility Practices; 42 CFR 483.15 Quality of Life; or 42 CFR 483.25 Quality of Care, that constitutes immediate jeopardy to resident health or safety, a pattern or widespread actual harm that is not immediate jeopardy, or widespread potential for more than minimal harm that is not immediate jeopardy with no actual harm.

00414

ENCLOSURE #3

NOTICE OF AVAILABILITY OF INFORMAL DISPUTE RESOLUTION

Regulatory Authority:

Pursuant to 42.CFR 488.331, a facility is allowed one opportunity to dispute cited deficiencies upon receipt of a formal Statement of Deficiencies (SOD) (Form CMS-2567L). This process is made available by the Department to ICF/MR facilities, as well as to skilled nursing facilities, nursing facilities and dually certified facilities. The Informal Dispute Resolution (IDR) is not an evidentiary hearing; it is an *informal* exchange of information between the facility and the Department or designated outside entity to determine whether or not a deficiency existed at the time of the survey. Additionally, facilities that have received a "Substandard Quality of Care" (SQOC) or an "Immediate Jeopardy" deficiency may also challenge the scope and severity of that deficiency.

Exclusions from Informal Dispute Resolution:

Facilities may not challenge any other aspect of the certification survey process including:

- the scope and severity determinations of deficiencies other than SQOC and "Immediate Jeopardy" deficiencies
- remedies proposed or imposed by the survey and/or certification agency;
- failure of the surveyors to comply with survey procedures or process;
- lack of standardization in citing deficiencies among facilities; or
- the outcome of the IDR.

Requests for Informal Dispute Resolution:

Facilities have a choice of having a telephonic or written (desk) IDR with the Michigan Peer Review Organization (MPRO) on a fee-for-service basis, or having a written IDR with the Department (limited to "D" level deficiencies or above) at no cost. Please note that all deficiencies that a facility wishes to refute from a single survey must be refuted with either MPRO or the Department. In other words, while a facility can choose to refute some deficiencies telephonically with MPRO while refuting other deficiencies from the same survey in writing with MPRO, it cannot choose to refute some deficiencies with MPRO and other deficiencies from the same survey with the Department.

To request an IDR, facilities must complete an "Informal Dispute Resolution Request Form" (attached) for all deficiencies for which an IDR is requested. All information on the form must be provided in order for the refutation to be considered, and the following deadlines must be met.

For telephonic IDR's with MPRO, the facility must submit its Request to the Department by the sixth calendar day after receipt of the Statement of Deficiencies (SOD) (or the next working day if the due date is on a weekend or holiday). In addition, the facility must submit an executed copy of the Facility Service Agreement with MPRO for Illinois (attached) and two copies of any supporting documentation the facility wishes to have considered at the IDR to the Department by the tenth calendar day after receipt of the SOD (or the next working day if the due date is on a weekend or holiday). The facility administrator will be contacted by an MPRO representative to schedule the telephonic IDR.

For written IDR's the facility must submit its request by the tenth calendar day after receipt of the SOD (or the next working day if the due date is on a weekend or holiday). The request must be accompanied by all supporting documentation which the facility wishes to have considered with the IDR. If the request is for review by MPRO, then it must be accompanied by an executed copy of the Facility Service Agreement with MPRO for Illinois and two copies of the supporting documentation.

Supporting documentation cannot be submitted by facsimile, and must be submitted by the aforementioned time frames to be considered. The request for IDR may be submitted by facsimile,

Please Note:

The Informal Dispute Resolution process does not delay the imposition of remedies including Civil Money Penalties, Denial of Payment for New Admissions, or Terminations of Medicare/Medicaid program participation.

In accordance with federal requirements, the Department must retain final authority over all IDR decisions. Consequently, MPRO recommendations will be reviewed by the Department before a final decision is made.

Contact Information:

The Informal Dispute Resolution Request Form shall be addressed to Jon Siegel, Illinois Department of Public Health, Division of Long-Term Care Field Operations, Quality Review Section, 525 West Jefferson Street, Fifth Floor, Springfield, Illinois, 62761. Telephone 217-524-9489 or the Department's TTY number at 1-800-547-0466. Fax 217-785-4200.

Any questions specific to the MPRO process may be directed to the MPRO IDR Specialist at 248-465-7370 or to the Department.

Informal Dispute Resolution Request Form

This form must be used to request an "Informal Dispute Resolution" for Federal Medicare/Medicaid certification deficiencies. Requests for an "Informal Dispute Resolution" without a completed form will not be considered. Mail this completed form to the address below within 6 days of receipt of the "Statement of Deficiencies" (Form CMS-2567) for telephonic IDR's, and within 10 days of receipt of Form CMS-2567 for desk reviews. Any supporting documentation the facility wants to have considered must also be submitted within 10 days after receipt of Form CMS-2567. For MPRO reviews, two copies of any evidence must be submitted along with the Facility Service Agreement with MPRO for Illinois.

Illinois Department of Public Health
Division of Long-Term Care, Field Operations
Quality Review Section - Attention: Jon Siegel
525 West Jefferson Street, 5th Floor
Springfield, IL 62761-0001

Date of Request: _____
IDR Requested With:
☐ MPRO
☐ IDPH
Date of Survey: _____

Facility Name & Address: _____

Provider #: _____

Please list all tag numbers of deficiencies to be refuted under the appropriate type of IDR request.
☐ Telephonic (MPRO only) _____
☐ Written (desk) _____

REASON FOR REQUEST (Circle One): Errors in Citation Details Incorrect Scope Incorrect Severity
Wrong Tag Code New Information Available Code Interpretation Other _____

FOR IDPH USE ONLY

IDR Conducted Date: _____	IDR Completion Date: _____
<u>Tags Changed</u> (What changed/Reason)	
Telephonic _____	

Written (desk) _____	

Tags Deleted _____	

Facility Service Agreement with MPRO for Illinois IDR

Description of Work:

MPRO agrees to act as an impartial, third party reviewer for the second-level IDR appeal(s) based upon your request. Each IDR review will be completed by at least one qualified professional reviewer. A determination will be submitted to the Illinois Department of Public Health, Quality Review Section within 20 days of the receipt of both the case file from the IDPH and this signed service agreement. Citations of substandard quality of care or immediate jeopardy will be reviewed by two qualified professional reviewers for a consensus decision. Physician review of medical issues is available upon your request.

Payment:

By your request, you agree to pay for each tag reviewed according to the following payment schedule:

- Base fee per tag \$210/ desk; \$230/telephonic
- Professional reviewer hourly rate \$100 (1/2 hour minimum—all regular reviews)
- Physician review hourly rate \$250 (1/2 hour minimum—only by special request)

MPRO will mail an invoice upon completion of the requested review and payment is due within 30 days of the invoice. Please make your check payable to MPRO and mail to 22670 Haggerty Road, Suite 100, Farmington Hills, MI 48335-2611, Attention: Financial Services. MPRO reserves the right to request pre-payment.

Indemnification:

You also agree to indemnify and hold MPRO, its directors, officers, employees, physicians, consultants and agents harmless from and against any claims, causes of action, liabilities, costs and /or expenses of any kind arising out of MPRO's performance of its responsibilities under this agreement associated with any lawsuit against said company, agents and physicians.

Confidentiality:

MPRO agrees to treat all information received in the course of its review activities as confidential with respect to persons or entities, with the exception of designated administrators of your facility for communication purposes. MPRO further agrees that such confidential information may not be used for any purpose by MPRO except to fulfill its review obligations.

Instructions:

Upon choosing an MPRO review, please complete your information below and sign this form. Mail the signed form along with your supporting documentation to: Jon Siegel, Illinois Department of Public Health, Division of Long-Term Care Field Operations, Quality Review Section, 525 West Jefferson Street, Fifth floor, Springfield, IL 62761.

MPRO will not initiate review of the IDR packet without the signed service agreement. Please note that IDPH will not delay enforcement actions pending an IDR review.

The parties have caused this Service Agreement to be signed by their duly authorized representatives and to be effective as of the date signed.

Facility: _____

Facility: MPRO

Signature: _____

Signature: _____

Print Name: _____

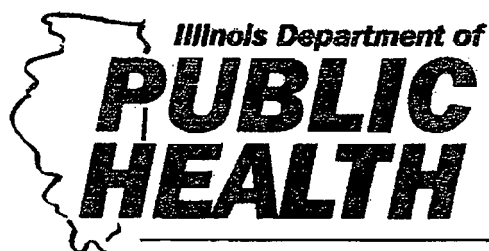
Print Name: _____

Title: _____

Title: President and CEO

Date: _____

Date: _____



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

Dear Administrator:

In our continuing efforts to improve the quality of the Illinois Department of Public Health long-term care survey program, we have developed two questionnaires to solicit industry comments and resident/resident family comments about our survey process. We are seeking constructive feedback, positive and negative, that will be incorporated into our survey training program. This information gathering will be an adjunct to the on-going CMS oversight of the LTC survey process.

This information gathering process has two components. The first component will be a LTC or ICF/MR provider survey aimed at gathering industry comments relating to our surveyors' adherence to the prescribed survey protocol and communication with facility staff. The second component will be a survey form distributed to the Department on Aging Ombudsman for their use in soliciting comments from residents and resident families regarding the LTC or ICF/MR survey process and their interaction with our survey team.

The Department would greatly appreciate your completing the attached questionnaires and submitting it to the Illinois Department of Public Health, Bureau of Long-Term Care, 525 West Jefferson, Springfield, Illinois 62761 or faxing it to 217-524-6292. All information collected will be reviewed and collated by administrative staff in the Springfield Office and used to identify surveyor training needs. Individual provider feedback forms will not be shared with survey teams. **Completion of this form is optional.**

Sincerely,

Toni Colón
Deputy Director
Office of Health Care Regulation

PROVIDER FEEDBACK SURVEY

Please check the appropriate answer.

1. Type of Facility: Long-Term Care _____ ICF/DD _____

Number of Deficiencies Cited: _____ Highest Scope/Severity (if applicable): _____

2. -- The first onsite survey task is the entrance conference. The survey procedure requires the team coordinator to inform the facility administrator about the survey protocol and to list the information/documents needed by the survey team. Was the survey protocol adequately explained to you during the entrance conference?

3. Effective communication between the survey team and facility staff is a vital part of our survey process. We direct our survey staff to maintain a professional demeanor when interacting with facility staff. Please share with us any positive or negative comments you have received regarding surveyor interactions with your staff.

4. Surveyors are directed to inform facility staff, during the course of the survey, of any aspects of facility operation that they believe will result in a significant finding of noncompliance. We believe that this "no surprises at the exit approach" allows the facility to quickly resolve serious problems or to be better prepared to discuss the issue at the exit conference. Did the surveyor(s) keep you informed of any serious findings during the course of the survey?

5. The objective of the exit conference is to inform the facility of the survey team's observations and preliminary findings. Surveyors are directed to allow facilities a reasonable amount of time to discuss the findings. If a facility chooses to present concise and pertinent information regarding the findings, surveyors are directed to review the information and determine whether it is sufficient to delete or modify their preliminary findings. Did the survey team adequately explain their findings and review any pertinent information provided to them?

6. Do you have any suggestions as to how we can improve the survey process?

7. Do you have any other comments you would like to make regarding the survey process?

Facility Name: _____

Address _____

City/Zip. _____

Date of Survey: _____

Type of Survey: _____

Signature: _____

Position: _____

Criterion 1125.800 Estimated Total Project Cost

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:**

Cash and Securities: Cash Contribution: \$2 million

For the cash contribution, the necessary amount will be drawn from the reserves available to St. Paul's Home and its foundation which, collectively, provides access to over \$2,500,000 million in cash on hand and redeemable investments. The is more than sufficient to satisfy this portion of the proposed financing.

Gifts and Bequests: Capitol Campaign: \$1,000,000

In August 2012, St. Paul's Home contracted with The Rome Group to conduct a feasibility study that would assist St. Paul's Home evaluation of its ability to mount and successfully accomplish a capitol campaign to support the construction of the modernized facility. Historically, St. Paul's Home has benefitted from the generosity and charitable actions of its supporters.

The Rome Group, founded in 1991, has worked with hundreds of nonprofit and philanthropic organizations to help them operate more effectively and generate greater results in planning, fundraising and operations. An overview of the Rome group and its previous efforts is included.

Based on the results of the feasibility study, St. Paul's Home, in conjunction with its Foundation, initiated a capitol campaign in September 2012 with fundraising to begin in November 2012. The campaign goal is \$2,000,000. At the time of loan closing the campaign expects to have raised \$1,000,000 which will be used to support financing for the project.

Debt: HUD 232 loan: \$27,475,000

The relevant details and framework of the loan are provided in the attached correspondence from Stifel Bank.

All Other Funds and Sources: Line of Credit: \$1,137,496

St. Paul's Home will coordinate with local banks for a \$1,200,00 Line of Credit with Accounts Receivable ("AR") collateral to support working capital needs until such time as it has accumulated adequate reserves to cover the issues associated with slow paying sources such as Medicaid. The current AR has five (5) months of Medicaid receivables so it proves a good gauge for AR collateral. This is a common practice in the industry. Additionally, even after St. Paul's Home has accumulated adequate reserves, St. Paul's Home will maintain access to this line of credit (or a portion thereof) to assist in having funds available to address any shortfall that might occur, thereby redressing any concerns regarding the Project's meeting all financial ratios.

ATTACHMENT 27

STIFEL BANK & TRUST

Relationship Banking

December 26, 2012

Mrs. Susan Franklin, Operations Director
St. Paul's Home
1021 West E Street
Belleville, IL 62220

Re: St. Paul's Home
Belleville, Illinois, 62220
Modernized 108-Bed Skilled Nursing and 26-Unit Sheltered Care Facility

Dear Mrs. Franklin:

This is to advise that Stifel Bank & Trust will favorably entertain an application to provide construction and permanent first mortgage financing for the new construction of the above-referenced 108-bed skilled nursing facility (90 skilled beds and 18 intermediate beds designated for memory care) and the modernization of above-referenced 26-unit sheltered care facility in Bellville, Illinois.

Depending on market conditions at the time a commitment is issued to fund the loan assuming interest rates remain in the current market range, it is anticipated that the interest rate applicable to both the construction and permanent loan would be in the 3.50% to 4.00% range. The construction term is anticipated to be 16-18 months. The permanent loan term is anticipated to fully amortize over a 40 year period.

The total amount of the construction and permanent loan (together as one transaction) is anticipated to be \$27,475,000. Both the construction and the permanent financing are anticipated to be provided utilizing mortgage insurance issued by the United States Department of Housing and Urban Development through Section 232 of the National Housing Act as amended.

We look forward to working with you on this transaction.

Very truly yours,



Richard K. Price
Senior Vice President

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Attachment 27 – p. 1



theromegroup

14 north newstead
st. louis, mo 63108

p: 314.533.0930
f: 314.533.2203

The Rome Group, founded in 1995, is in the business of strengthening nonprofits by providing insights, strategies and solutions through consulting relationships. Our work is guided by these beliefs and our values:

- Commitment to exceptional services.
- Customization and creativity to ensure results.
- Responsiveness to clients' needs and interests.

We have worked with over 100 nonprofit organizations of all sizes and from many different segments to help them assess their operations, raise more funds, set directions, and improve their effectiveness. Over 50% of our business is from repeat clients.

SERVICES

Development and Fundraising

The Rome Group works with nonprofit organizations to maximize their contributed income. We provide the following services: Capital Campaign Feasibility Studies and Plans; Capital Campaign Management and Implementation; Development Audits and Plans; Major Gifts Programs; Implementation of Fund Development Activities; and Fundraising Training for Staff and Board Members.

The following are among the organizations that The Rome Group has assisted with capital campaigns:

- Assistance League: \$1.5 million to purchase and renovate a new facility.
- Cardinal Ritter College Prep High School: \$25.5 million to build a new school
- Churchill Center and School: \$10 million to build a new school.
- Family Care Health Centers: \$1.5 million to match a federal grant for a new facility.
- Forest Park Forever: \$100 million for park renovations.
- Meds and Foods for Kids: \$2.9 million towards their \$3.2 million campaign to date.
- The Sarah Community: \$462,000 towards a \$500,000 campaign to date.
- Tower Grove Park: \$1.25 million to renovate a historic facility on the grounds.

Organizational Assessments

The Rome Group works with organizations to assess efficiency and effectiveness in delivery of mission, determine strengths and strategic advantages, identify new opportunities and enhance leadership.

Strategic Planning

The Rome Group's strategic planning process enables organizations to develop long-term vision, engage and educate constituents, build consensus, set clear direction and chart a path for growth. Our planning work also includes: building alliances, managing change and growth and facilitating mergers.

Leadership Development

The Rome Group provides counsel to staff and board leaders to increase their effectiveness in addressing leadership, fund development, management, and operating challenges.

St. Paul's Home

Accountants' Report and Consolidated Financial Statements

December 31, 2009 and 2008

St. Paul's Home
December 31, 2009 and 2008

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**Independent Accountants' Report on Financial Statements
and Supplementary Information**

Board of Directors
St. Paul's Home
Belleville, Illinois

We have audited the accompanying consolidated balance sheets of St. Paul's Home as of December 31, 2009 and 2008, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Home's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of St. Paul's Home as of December 31, 2009 and 2008, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the procedures applied in the audits of the basic financial statements and accordingly, we express no opinion on it.

BKD, LLP

June 9, 2009

St. Paul's Home
Consolidated Balance Sheets
December 31, 2009 and 2008

Assets

	<u>2009</u>	<u>2008</u>
Current Assets		
Cash	\$ 695,057	\$ 282,319
Resident accounts receivable, net of allowance; 2009 - \$44,500; 2008 - \$98,000	559,969	1,039,948
Supplies	34,282	34,712
Prepaid expenses	<u>134,118</u>	<u>50,086</u>
Total current assets	<u>1,423,426</u>	<u>1,407,065</u>
Property and Equipment, At Cost		
Land and land improvements	245,755	245,755
Buildings	9,705,853	9,584,035
Equipment	<u>2,344,388</u>	<u>2,159,394</u>
	12,295,996	11,989,184
Less accumulated depreciation	<u>7,848,752</u>	<u>7,578,575</u>
	<u>4,447,244</u>	<u>4,410,609</u>
Investments	<u>870,649</u>	<u>710,102</u>
Other Assets		
Loan issuance costs, net of amortization	<u>6,251</u>	<u>9,376</u>
Total assets	<u><u>\$ 6,747,570</u></u>	<u><u>\$ 6,537,152</u></u>

Liabilities and Net Assets

	<u>2009</u>	<u>2008</u>
Current Liabilities		
Accounts payable	\$ 322,016	\$ 465,575
Accrued expenses	359,384	304,545
Notes payable	61,498	63,157
Resident deposits	<u>4,974</u>	<u>4,377</u>
Total current liabilities	747,872	837,654
Long-Term Debt	3,424,451	3,398,587
Deposits	<u>14,990</u>	<u>14,490</u>
Total liabilities	<u>4,187,313</u>	<u>4,250,731</u>
Unrestricted Net Assets	<u>2,560,257</u>	<u>2,286,421</u>
Total liabilities and net assets	<u>\$ 6,747,570</u>	<u>\$ 6,537,152</u>

St. Paul's Home
Consolidated Statements of Operations
Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Unrestricted Revenues, Gains and Other Support		
Net resident service revenue	\$ 6,598,147	\$ 5,889,125
Other	<u>91,092</u>	<u>1,177</u>
	<u>6,689,239</u>	<u>5,890,302</u>
Expenses		
Salaries and wages	3,127,183	2,979,957
Employee benefits	671,040	640,816
Purchased services and professional fees	806,310	603,039
Supplies and other	1,475,682	1,445,956
Depreciation and amortization	344,526	320,315
Interest	239,403	229,627
Provision for uncollectible accounts	<u>10,418</u>	<u>54,937</u>
	<u>6,674,562</u>	<u>6,274,647</u>
Operating Income (Loss)	<u>14,677</u>	<u>(384,345)</u>
Other Income (Expense)		
Investment return	(65,361)	(147,730)
Contributions	<u>127,503</u>	<u>103,277</u>
	<u>62,142</u>	<u>(44,453)</u>
Excess (Deficiency) of Revenues Over Expenses	76,819	(428,798)
Investment return - change in unrealized gains and losses	<u>197,017</u>	<u>(56,703)</u>
Increase (Decrease) in Unrestricted Net Assets	<u>\$ 273,836</u>	<u>\$ (485,501)</u>

St. Paul's Home
Consolidated Statements of Changes in Net Assets
Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Unrestricted Net Assets, Beginning of Year	\$ 2,286,421	\$ 2,771,922
Excess (deficiency) of revenues over expenses	76,819	(428,798)
Investment return - change in unrealized gains and losses	<u>197,017</u>	<u>(56,703)</u>
Unrestricted Net Assets, End of Year	<u><u>\$ 2,560,257</u></u>	<u><u>\$ 2,286,421</u></u>

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St. Paul's Home
Consolidated Statements of Cash Flows
Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Operating Activities		
Changes in net assets	\$ 273,836	\$ (485,501)
Items not requiring (providing) cash		
Depreciation and amortization	344,526	320,315
Realized and unrealized (gains) and losses on investments	(106,441)	241,562
Changes in		
Patient accounts receivable, net	479,979	(648,357)
Prepaid expenses	(84,032)	30,639
Deposits	1,097	(522)
Accounts payable and accrued expenses	(88,720)	518,419
Other current assets and liabilities	430	(7,156)
Net cash provided by (used in) operating activities	<u>820,675</u>	<u>(30,601)</u>
Investing Activities		
Purchase of investments	(358,393)	(514,927)
Sales of investments	304,287	492,830
Purchase of property and equipment	<u>(378,036)</u>	<u>(442,254)</u>
Net cash used in investing activities	<u>(432,142)</u>	<u>(464,351)</u>
Financing Activities		
Proceeds from issuance of long-term debt	167,000	349,102
Payments of long-term debt	<u>(142,795)</u>	<u>(81,702)</u>
Net cash provided by financing activities	<u>24,205</u>	<u>267,400</u>
Increase (Decrease) in Cash	412,738	(227,552)
Cash, Beginning of Year	<u>282,319</u>	<u>509,871</u>
Cash, End of Year	<u><u>\$ 695,057</u></u>	<u><u>\$ 282,319</u></u>
Supplemental Cash Flows Information		
Interest paid	\$ 239,403	\$ 229,037

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2009 and 2008

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

St. Paul's Home (the "Home") is certified for Medicare and Medicaid residents. The facility consists of 175 skilled beds and 53 apartments in Belleville, Illinois.

Principles of Consolidation

The St. Paul's Home Foundation (the "Foundation") was formed for the performance of charitable activities relating to the Home. The consolidated financial statements include the accounts of the Home and the Foundation. All significant intercompany accounts and transactions have been eliminated in the consolidation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Home considers all liquid investments with original maturities of three months or less to be cash equivalents. At December 31, 2009 and 2008, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

The financial institution holding the Hospital's cash accounts is participating in the FDIC's Transaction Account Guarantee Program. Under that program, through June 30, 2010, all noninterest-bearing transaction accounts are fully guaranteed by the FDIC for the entire amount in the account.

Effective October 3, 2008, the FDIC's insurance limits increased to \$250,000. The increase in federally insured limits is currently set to expire December 31, 2013. At December 31, 2009, the Hospital's interest-bearing cash accounts did not exceed federally insured limits.

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. Investments are valued at the lower of cost or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2009 and 2008

Resident Accounts Receivable

The Home reports patient resident receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Home provides an allowance for doubtful accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. As a service to the resident, the Home bills third-party payers directly and bills the resident when the resident's liability is determined. Resident accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.

Property and Equipment

Property and equipment are depreciated on a straight-line basis over the estimated useful life of each asset.

Supplies

The Home states supply inventories at the lower of cost, determined using the first-in, first-out method or market.

Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt. Such costs are being amortized over the term of the respective debt using the straight-line method.

Net Resident Service Revenue

The Home has agreements with third-party payers that provide for payments to the Home at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered.

Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2009 and 2008

Income Taxes

The Home and Foundation have been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Home and Foundation are subject to federal income tax on any unrelated business taxable income.

The Home and Foundation file tax returns in the U.S. federal and state jurisdictions. With few exceptions, the Home and Foundation are no longer subject to examinations by tax authorities for years before 2006.

Excess of Revenues Over Expenses

The statement of operations included excess (deficiency) of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities.

Reclassifications

Certain reclassifications have been made to the 2008 financial statements to conform to the 2009 financial statement presentation. These reclassifications had no effect on the change in net assets.

Subsequent Events

Subsequent events have been evaluated through June 9, 2010, which is the date the financial statements were available to be issued.

Note 2: Net Resident Service Revenue

The Home has agreements with third-party payers that provide for payments to the Home at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Payment for services under the Medicaid program is based on defined prospective cost of service rather than on the basis of standard billing rates for such services. Services rendered to Part A Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient's classification within the "resource utilization grouping" system. Services rendered to Part B Medicare program beneficiaries are paid based on the Medicare allowable fee schedule.

Approximately 46% and 42% of net resident service revenue is from participation in the Medicare and state-sponsored Medicaid program for the years ended December 31, 2009 and 2008, respectively.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2009 and 2008

Note 3: Concentration of Credit Risk

The Home grants credit without collateral to its residents, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from residents and third-party payers at December 31, 2009 and 2008, is:

	2009	2008
Medicaid	36%	38%
Medicare	35%	44%
Private pay	29%	18%
	<u>100%</u>	<u>100%</u>

Note 4: Investments and Investment Return

Other Investments

Short-term investments at December 31, 2009 and 2008, include:

	2009	2008
Money market funds	\$ 26,206	\$ 36,054
Equity securities	532,353	352,997
Federal agency borrowings	103,648	106,821
Corporate bonds	208,442	214,230
	<u>\$ 870,649</u>	<u>\$ 710,102</u>

Total investment return is comprised of the following:

	2009	2008
Interest and dividend income	\$ 25,215	\$ 37,129
Change in unrealized gains (losses) on other than trading securities	197,017	(56,703)
Realized gains on other than trading securities	(90,576)	23,191
Other-than-temporary impairment of investments	-	(208,050)
	<u>\$ 131,656</u>	<u>\$ (204,433)</u>

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2009 and 2008

Total investment return is reflected in the statements of operations and changes in net assets as follows:

	2009	2008
Investment return	\$ (65,361)	\$ (147,730)
Change in unrealized gains (losses) on other than trading securities	<u>197,017</u>	<u>(56,703)</u>
	<u><u>\$ 131,656</u></u>	<u><u>\$ (204,433)</u></u>

Certain investments in debt and marketable equity securities are reported in the financial statements at an amount less than their historical cost. Total fair value of these investments at December 31, 2009 and 2008, was \$139,661 and \$171,218, which is approximately 16% and 62% of the Home's investment portfolio, respectively.

Management believes the declines in fair value for these securities are temporary. Should the impairment of any of these securities become other than temporary, the cost basis of the investment will be reduced and the resulting loss recognized in net income in the period the other-than-temporary impairment is identified.

The following table shows the Home's investments' gross unrealized losses and fair value, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at December 31, 2009 and 2008:

December 31, 2009						
Description of Securities	Less than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Equity securities	\$ 11,941	\$ 482	\$ 127,720	\$ 9,377	\$ 139,661	\$ 9,859
Total temporarily impaired securities	<u>\$ 11,941</u>	<u>\$ 482</u>	<u>\$ 127,720</u>	<u>\$ 9,377</u>	<u>\$ 139,661</u>	<u>\$ 9,859</u>

December 31, 2008						
Description of Securities	Less than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Debt securities	\$ 95,423	\$ 4,832	\$ -	\$ -	\$ 95,423	\$ 4,832
Equity securities	<u>75,795</u>	<u>35,812</u>	<u>-</u>	<u>-</u>	<u>75,795</u>	<u>35,812</u>
Total temporarily impaired securities	<u><u>\$ 171,218</u></u>	<u><u>\$ 40,644</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 171,218</u></u>	<u><u>\$ 40,644</u></u>

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2009 and 2008

Note 5: Disclosures About Fair Value of Assets and Liabilities

ASC Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Short-Term Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include money market funds and equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows. Level 2 investments include federal agency borrowings and corporate bonds. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Home has no Level 3 investments.

The following table presents the fair value measurements of assets recognized in the accompanying consolidated balance sheet measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2009 and 2008:

		December 31, 2009		
		Fair Value Measurements Using		
Short-Term Investments	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash equivalents	\$ 26,206	\$ 26,206	\$ -	\$ -
Equity securities	\$ 532,440	\$ 532,440	\$ 312,003	\$ -
Federal agency borrowings	\$ 103,648	\$ -	\$ 103,648	\$ -
Corporate bonds	\$ 208,442	\$ -	\$ 208,442	\$ -

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2009 and 2008

		December 31, 2008		
		Fair Value Measurements Using		
Short-Term Investments	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash equivalents	\$ 36,054	\$ 36,054	\$ -	\$ -
Equity securities	\$ 352,997	\$ 352,997	\$ -	\$ -
Federal agency borrowings	\$ 106,821	\$ -	\$ 106,821	\$ -
Corporate bonds	\$ 214,230	\$ -	\$ 214,230	\$ -

Note 6: Long-Term Debt

The Home's long-term debt consists of:

	2009	2008
Due December 22, 2011; payable \$24,280 monthly including interest at a rate of 6.647% per annum and one final principal payment on December 22, 2011	\$ 3,485,949	\$ 3,461,744
Less current maturities	61,498	63,157
	<u>\$ 3,424,451</u>	<u>\$ 3,398,587</u>

The long-term debt consists of a line of credit secured by real estate.

Aggregate annual maturities of long-term debt at December 31, 2009, are:

2010	\$ 61,498
2011	<u>3,424,451</u>
	<u>\$ 3,485,949</u>

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2009 and 2008

Note 7: Functional Expenses

The Home provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	2009	2008
Health care services	\$ 4,567,181	\$ 4,220,263
General and administrative	2,107,381	2,054,384
	<u>\$ 6,674,562</u>	<u>\$ 6,274,647</u>

Note 8: Medical Malpractice Claims

The Home pays fixed premiums for annual medical malpractice liability coverage under a claims made policy. The Home accrues the expense of its share of asserted and unasserted claims occurring during the year by estimating the probable ultimate cost of any such claims in excess of applicable insurance coverage. Such estimates are based on the Home's own claims experience. The Home does not expect any claim to exceed the insurance coverage limits. Accordingly, no accrual for claims has been included in the financial statements. It is reasonably possible that the Home's estimates will change by a material amount in the near term.

Note 9: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates. Those matters include the following:

Allowance for Net Resident Service Revenue Adjustments

Estimates of allowances for adjustments included in net resident service revenue are described in Notes 1 and 2.

Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Note 8.

Current Economic Conditions

The current protracted economic decline continues to present nursing homes with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments and other assets, constraints on liquidity and difficulty obtaining financing. The financial statements have been prepared using values and information currently available to the Home.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2009 and 2008

Current economic conditions, including the rising unemployment rate, have made it difficult for certain patients to pay for services rendered. As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Home's future operating results. Further, the effect of economic conditions on the state may have an adverse effect on cash flows related to the Medicaid program.

Given the volatility of current economic conditions, the values of assets and liabilities recorded in the financial statements could change rapidly, resulting in material future adjustments in allowances for accounts receivable that could negatively impact the Home's ability to meet debt covenants or maintain sufficient liquidity.

Litigation

In the normal course of business, the Home is from time to time subject to allegations that may result in litigation. Some of these allegations may not be covered or are only partially covered by insurance. Based upon advice of counsel, management records an estimate of the ultimate expected loss, if any, for these matters.

Supplementary Information

St. Paul's Home
Consolidated Balance Sheet with Consolidating Information
December 31, 2009
"Unaudited"

Assets

	Home	Foundation	Elimination	Consolidated
Current Assets				
Cash	\$ 466,404	\$ 224,179	\$ -	\$ 690,583
Cash - resident deposits	4,474	-	-	4,474
Resident accounts receivable, net of allowance; \$44,500	680,028	-	(120,059)	559,969
Supplies	34,282	-	-	34,282
Prepaid expenses	134,118	-	-	134,118
Total current assets	1,319,306	224,179	(120,059)	1,423,426
Property and Equipment, At Cost				
Land and land improvements	245,755	-	-	245,755
Buildings and leasehold improvements	9,705,853	-	-	9,705,853
Equipment	2,327,673	16,715	-	2,344,388
	12,279,281	16,715	-	12,295,996
Less accumulated depreciation	7,840,844	7,908	-	7,848,752
	4,438,437	8,807	-	4,447,244
Investments	10,655	859,994	-	870,649
Other Assets				
Loan issuance costs, net of amortization	6,251	-	-	6,251
Total assets	\$ 5,774,649	\$ 1,092,980	\$ (120,059)	\$ 6,747,570

St. Paul's Home
Consolidated Balance Sheet with Consolidating Information (Continued)
December 31, 2009
"Unaudited"

Liabilities and Net Assets

	<u>Home</u>	<u>Foundation</u>	<u>Elimination</u>	<u>Consolidated</u>
Current Liabilities				
Accounts payable	\$ 322,016	\$ 120,059	\$ (120,059)	\$ 322,016
Accrued expenses	359,384	-	-	359,384
Notes payable	61,498	-	-	61,498
Resident deposits	4,974	-	-	4,974
	<u>747,872</u>	<u>120,059</u>	<u>(120,059)</u>	<u>747,872</u>
Total current liabilities				
	747,872	120,059	(120,059)	747,872
 Long-Term Debt	 3,424,451	 -	 -	 3,424,451
 Deposits	 <u>14,990</u>	 <u>-</u>	 <u>-</u>	 <u>14,990</u>
 Total liabilities	 <u>4,187,313</u>	 <u>120,059</u>	 <u>(120,059)</u>	 <u>4,187,313</u>
 Unrestricted Net Assets	 <u>1,587,336</u>	 <u>972,921</u>	 <u>-</u>	 <u>2,560,257</u>
 Total liabilities and net assets	 <u>\$ 5,774,649</u>	 <u>\$ 1,092,980</u>	 <u>\$ (120,059)</u>	 <u>\$ 6,747,570</u>

St. Paul's Home
Consolidated Statement of Operations with Consolidating Information
Year Ended December 31, 2009
"Unaudited"

	<u>Home</u>	<u>Foundation</u>	<u>Elimination</u>	<u>Consolidated</u>
Unrestricted Revenues, Gains and Other Support				
Net resident service revenue	\$ 6,646,147	\$ -	\$ (48,000)	\$ 6,598,147
Other	1,092	90,000	-	91,092
	<u>6,647,239</u>	<u>90,000</u>	<u>(48,000)</u>	<u>6,689,239</u>
Expenses				
Salaries and wages	3,127,183	-	-	3,127,183
Employee benefits	671,040	-	-	671,040
Purchased services and professional fees	789,991	16,319	-	806,310
Supplies and other	1,460,200	200,978	(185,496)	1,475,682
Depreciation and amortization	343,690	836	-	344,526
Interest	239,403	-	-	239,403
Provision for uncollectible accounts	10,418	-	-	10,418
	<u>6,641,925</u>	<u>218,133</u>	<u>(185,496)</u>	<u>6,674,562</u>
Operating Income (Loss)	<u>5,314</u>	<u>(128,133)</u>	<u>-</u>	<u>14,677</u>
Other Income				
Investment return	3,353	(68,714)	-	(65,361)
Contributions	137,496	127,503	(137,496)	127,503
	<u>140,849</u>	<u>58,789</u>	<u>(137,496)</u>	<u>62,142</u>
Excess (Deficiency) of Revenues Over Expenses	146,163	(69,344)	-	76,819
Investment return - change in unrealized gains and losses	2,430	194,587	-	197,017
Increase in Unrestricted Net Assets	<u>\$ 148,593</u>	<u>\$ 125,243</u>	<u>\$ -</u>	<u>\$ 273,836</u>

St. Paul's Home

Accountants' Report and Consolidated Financial Statements

December 31, 2010 and 2009

St. Paul's Home
December 31, 2010 and 2009

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Independent Accountants' Report on Financial Statements and Supplementary Information

Board of Directors
St. Paul's Home
Belleville, Illinois

We have audited the accompanying consolidated balance sheets of St. Paul's Home as of December 31, 2010 and 2009, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Home's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Paul's Home as of December 31, 2010 and 2009, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the procedures applied in the audits of the basic financial statements and accordingly, we express no opinion on it.

BKD, LLP

April 22, 2011

00448

St. Paul's Home
Consolidated Balance Sheets
December 31, 2010 and 2009

Assets

	<u>2010</u>	<u>2009</u>
Current Assets		
Cash	\$ 1,015,766	\$ 695,057
Resident accounts receivable, net of allowance; 2010 - \$44,500; 2009 - \$44,500	425,266	559,969
Supplies	43,489	34,282
Prepaid expenses	<u>165,052</u>	<u>134,118</u>
Total current assets	<u>1,649,573</u>	<u>1,423,426</u>
Property and Equipment, At Cost		
Land and land improvements	245,755	245,755
Buildings	9,751,574	9,705,853
Equipment	<u>2,403,646</u>	<u>2,344,388</u>
	12,400,975	12,295,996
Less accumulated depreciation	<u>8,176,228</u>	<u>7,848,752</u>
	<u>4,224,747</u>	<u>4,447,244</u>
Investments	<u>966,250</u>	<u>870,649</u>
Other Assets		
Loan issuance costs, net of amortization	<u>3,125</u>	<u>6,251</u>
Total assets	<u><u>\$ 6,843,695</u></u>	<u><u>\$ 6,747,570</u></u>

Liabilities and Net Assets

	2010	2009
Current Liabilities		
Accounts payable	\$ 116,556	\$ 322,016
Accrued expenses	330,062	359,384
Current maturities of long-term debt	3,337,435	61,498
Resident deposits	<u>3,796</u>	<u>4,974</u>
Total current liabilities	3,787,849	747,872
 Long-term Debt	 -	 3,424,451
 Deposits	 <u>14,590</u>	 <u>14,990</u>
 Total liabilities	 <u>3,802,439</u>	 <u>4,187,313</u>
 Unrestricted Net Assets	 <u>3,041,256</u>	 <u>2,560,257</u>
 Total liabilities and net assets	 <u>\$ 6,843,695</u>	 <u>\$ 6,747,570</u>

St. Paul's Home
Consolidated Statements of Operations
Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Unrestricted Revenues, Gains and Other Support		
Net resident service revenue	\$ 7,313,120	\$ 6,598,147
Other	<u>1,814</u>	<u>91,092</u>
	<u>7,314,934</u>	<u>6,689,239</u>
Expenses		
Salaries and wages	3,273,160	3,127,183
Employee benefits	660,409	671,040
Purchased services and professional fees	991,600	806,310
Supplies and other	1,541,409	1,475,682
Depreciation and amortization	330,603	344,526
Interest	230,737	239,403
Charity care	<u>11,143</u>	<u>10,418</u>
	<u>7,039,061</u>	<u>6,674,562</u>
Operating Income	<u>275,873</u>	<u>14,677</u>
Other Income (Expense)		
Investment return	47,947	(65,361)
Contributions	<u>99,813</u>	<u>127,503</u>
	<u>147,760</u>	<u>62,142</u>
Excess of Revenues Over Expenses	423,633	76,819
Investment return - change in unrealized gains	<u>57,366</u>	<u>197,017</u>
Increase in Unrestricted Net Assets	<u><u>\$ 480,999</u></u>	<u><u>\$ 273,836</u></u>

St. Paul's Home
Consolidated Statements of Changes in Net Assets
Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Unrestricted Net Assets, Beginning of Year	\$ 2,560,257	\$ 2,286,421
Excess of revenues over expenses	423,633	76,819
Investment return - change in unrealized gains	<u>57,366</u>	<u>197,017</u>
Unrestricted Net Assets, End of Year	<u>\$ 3,041,256</u>	<u>\$ 2,560,257</u>

St. Paul's Home
Consolidated Statements of Cash Flows
Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Operating Activities		
Changes in net assets	\$ 480,999	\$ 273,836
Items not requiring (providing) cash		
Depreciation and amortization	330,603	344,526
Realized and unrealized gains on investments	(73,293)	(106,441)
Changes in		
Patient accounts receivable, net	134,703	479,979
Prepaid expenses	(30,934)	(84,032)
Deposits	(1,578)	1,097
Accounts payable and accrued expenses	(234,782)	(88,720)
Supplies	(9,207)	430
Net cash provided by operating activities	<u>596,511</u>	<u>820,675</u>
Investing Activities		
Purchase of investments	(512,358)	(358,393)
Sales of investments	490,050	304,287
Purchase of property and equipment	(104,980)	(378,036)
Net cash used in investing activities	<u>(127,288)</u>	<u>(432,142)</u>
Financing Activities		
Proceeds from issuance of long-term debt	-	167,000
Payments of long-term debt	(148,514)	(142,795)
Net cash provided by (used in) financing activities	<u>(148,514)</u>	<u>24,205</u>
Increase in Cash	320,709	412,738
Cash, Beginning of Year	<u>695,057</u>	<u>282,319</u>
Cash, End of Year	<u><u>\$ 1,015,766</u></u>	<u><u>\$ 695,057</u></u>
Supplemental Cash Flows Information		
Interest paid	\$ 230,737	\$ 239,403

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2010 and 2009

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

St. Paul's Home (the "Home") is certified for Medicare and Medicaid residents. The facility consists of 79 skilled beds, 34 intermediate beds, 62 shelter beds and 53 apartments in Belleville, Illinois.

Principles of Consolidation

The St. Paul's Home Foundation (the "Foundation") was formed for the performance of charitable activities relating to the Home. The consolidated financial statements include the accounts of the Home and the Foundation. All significant intercompany accounts and transactions have been eliminated in the consolidation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Home considers all liquid investments with original maturities of three months or less to be cash equivalents. At December 31, 2010 and 2009, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

Pursuant to legislation enacted in 2010, the FDIC will fully insure all noninterest-bearing transaction accounts beginning December 31, 2010 through December 31, 2012, at all FDIC-insured institutions.

Effective July 21, 2010, the FDIC's insurance limits were permanently increased to \$250,000. At December 31, 2010, the Home's cash accounts exceeded federally insured limits by approximately \$631,000.

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. Investments are valued at the lower of cost or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2010 and 2009

Resident Accounts Receivable

The Home reports patient resident receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Home provides an allowance for doubtful accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. As a service to the resident, the Home bills third-party payers directly and bills the resident when the resident's liability is determined. Resident accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.

Property and Equipment

Property and equipment are depreciated on a straight-line basis over the estimated useful life of each asset.

Supplies

The Home states supply inventories at the lower of cost, determined using the first-in, first-out method or market.

Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt. Such costs are being amortized over the term of the respective debt using the straight-line method.

Net Resident Service Revenue

The Home has agreements with third-party payers that provide for payments to the Home at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered.

Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Charity Care

The Home provides charity care to residents who are unable to pay for services. The amount of charity care is included as an operating expense in the consolidated statements of operations.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2010 and 2009

Income Taxes

The Home and Foundation have been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Home and Foundation are subject to federal income tax on any unrelated business taxable income.

The Home and Foundation file tax returns in the U.S. federal and Illinois jurisdictions. With few exceptions, the Home and Foundation are no longer subject to examinations by tax authorities for years before 2007.

Excess of Revenues Over Expenses

The statement of operations included excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities.

Subsequent Events

Subsequent events have been evaluated through April 22, 2011, which is the date the consolidated financial statements were available to be issued.

Note 2: Net Resident Service Revenue

The Home has agreements with third-party payers that provide for payments to the Home at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Payment for services under the Medicaid program is based on defined prospective cost of service rather than on the basis of standard billing rates for such services. Services rendered to Part A Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient's classification within the "resource utilization grouping" system. Services rendered to Part B Medicare program beneficiaries are paid based on the Medicare allowable fee schedule.

Approximately 50% and 46% of net resident service revenue is from participation in the Medicare and state-sponsored Medicaid program for the years ended December 31, 2010 and 2009, respectively.

Charges included in revenue under the Home's charity care policy were \$11,143 and \$10,418 for 2010 and 2009, respectively.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2010 and 2009

Note 3: Concentration of Credit Risk

The Home grants credit without collateral to its residents, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from residents and third-party payers at December 31, 2010 and 2009, is:

	2010	2009
Medicaid	16%	36%
Medicare	47%	35%
Private pay	37%	29%
	<u>100%</u>	<u>100%</u>

Note 4: Investments and Investment Return

Other Investments

Investments at December 31, 2010 and 2009, include:

	2010	2009
Money market funds	\$ 25,241	\$ 26,206
Equity securities	608,209	532,353
U.S. government agency borrowings	51,541	103,648
Corporate bonds	281,259	208,442
	<u>\$ 966,250</u>	<u>\$ 870,649</u>

Total investment return is comprised of the following:

	2010	2009
Interest and dividend income	\$ 32,020	\$ 25,215
Change in unrealized gains on other-than-trading securities	57,366	197,017
Realized gains (losses) on other than trading securities	15,927	(90,576)
	<u>\$ 105,313</u>	<u>\$ 131,656</u>

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2010 and 2009

Total investment return is reflected in the consolidated statements of operations and changes in net assets as follows:

	2010	2009
Investment return	\$ 47,947	\$ (65,361)
Change in unrealized gains on other than trading securities	<u>57,366</u>	<u>197,017</u>
	<u><u>\$ 105,313</u></u>	<u><u>\$ 131,656</u></u>

Certain investments in marketable equity securities are reported in the consolidated financial statements at an amount less than their historical cost. Total fair value of these investments at December 31, 2010 and 2009, was \$363,329 and \$139,661, which is approximately 38% and 16% of the Home's investment portfolio, respectively.

Management believes the declines in fair value for these securities are temporary. Should the impairment of any of these securities become other than temporary, the cost basis of the investment will be reduced and the resulting loss recognized in net income in the period the other-than-temporary impairment is identified.

The following tables show the Home's investments' gross unrealized losses and fair value, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at December 31, 2010 and 2009:

December 31, 2010						
Description of Securities	Less Than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>
Equity securities	<u>\$ 253,079</u>	<u>\$ 48,215</u>	<u>\$ 110,250</u>	<u>\$ 4,750</u>	<u>\$ 363,329</u>	<u>\$ 52,965</u>

December 31, 2009						
Description of Securities	Less Than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>
Equity securities	<u>\$ 11,941</u>	<u>\$ 482</u>	<u>\$ 127,720</u>	<u>\$ 9,377</u>	<u>\$ 139,661</u>	<u>\$ 9,859</u>

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2010 and 2009

Note 5: Disclosures About Fair Value of Assets and Liabilities

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Short-term Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include money market funds and equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows. Level 2 investments include U.S. government agency borrowings and corporate bonds. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Home has no Level 3 investments.

The following tables present the fair value measurements of assets recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2010 and 2009:

		December 31, 2010		
		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term Investments	Fair Value			
Money market funds	\$ 25,241	\$ 25,241	\$ -	\$ -
Equity securities	\$ 608,209	\$ 608,209	\$ -	\$ -
U.S. government agency borrowings	\$ 51,541	\$ -	\$ 51,541	\$ -
Corporate bonds	\$ 281,259	\$ -	\$ 281,259	\$ -

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2010 and 2009

		December 31, 2009		
		Fair Value Measurements Using		
Short-term Investments	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	\$ 26,206	\$ 26,206	\$ -	\$ -
Equity securities	\$ 532,353	\$ 532,353	\$ -	\$ -
U.S. government agency borrowings	\$ 103,648	\$ -	\$ 103,648	\$ -
Corporate bonds	\$ 208,442	\$ -	\$ 208,442	\$ -

Note 6: Long-term Debt

The Home's long-term debt consists of:

	2010	2009
Due December 22, 2011; payable \$24,280 monthly including interest at a rate of 6.647% per annum and one final principal payment on December 22, 2011	\$ 3,337,435	\$ 3,485,949
Less current maturities	<u>3,337,435</u>	<u>61,498</u>
	<u>\$ -</u>	<u>\$ 3,424,451</u>

The long-term debt consists of a bank line of credit secured by real estate.

Managements intention is to renew the line of credit with the bank when it matures in December 2011.

Note 7: Functional Expenses

The Home provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	2010	2009
Health care services	\$ 4,849,782	\$ 4,567,181
General and administrative	<u>2,189,279</u>	<u>2,107,381</u>
	<u>\$ 7,039,061</u>	<u>\$ 6,674,562</u>

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2010 and 2009

Note 8: Medical Malpractice Claims

The Home pays fixed premiums for annual medical malpractice liability coverage under a claims made policy. The Home accrues the expense of its share of asserted and unasserted claims occurring during the year by estimating the probable ultimate cost of any such claims in excess of applicable insurance coverage. Such estimates are based on the Home's own claims experience. The Home does not expect any claim to exceed the insurance coverage limits. Accordingly, no accrual for claims has been included in the financial statements. It is reasonably possible that the Home's estimates will change by a material amount in the near term.

Note 9: Significant Estimates

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates. Those matters include the following:

Allowance for Net Resident Service Revenue Adjustments

Estimates of allowances for adjustments included in net resident service revenue are described in Notes 1 and 2.

Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Note 8.

Current Economic Conditions

The current protracted economic decline continues to present nursing homes with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments and other assets, constraints on liquidity and difficulty obtaining financing. The consolidated financial statements have been prepared using values and information currently available to the Home.

Current economic conditions, including the rising unemployment rate, have made it difficult for certain patients to pay for services rendered. As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Home's future operating results. Further, the effect of economic conditions on the state may have an adverse effect on cash flows related to the Medicaid program.

Given the volatility of current economic conditions, the values of assets and liabilities recorded in the consolidated financial statements could change rapidly, resulting in material future adjustments in allowances for accounts receivable that could negatively impact the Home's ability to meet debt covenants or maintain sufficient liquidity.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2010 and 2009

Litigation

In the normal course of business, the Home is from time to time subject to allegations that may result in litigation. Some of these allegations may not be covered or are only partially covered by insurance. It is the opinion of management that the disposition or ultimate resolution of such claims and lawsuits will not have a material adverse effect on the consolidated financial position, results of operations and cash flows of the Home.

Supplementary Information

St. Paul's Home
Consolidated Balance Sheet with Consolidating Information
December 31, 2010
"Unaudited"

Assets

	Home	Foundation	Elimination	Consolidated
Current Assets				
Cash	\$ 809,035	\$ 203,435	\$ -	\$ 1,012,470
Cash - resident deposits	3,296	-	-	3,296
Resident accounts receivable, net of allowance; \$44,500	481,982	-	(56,716)	425,266
Supplies	43,489	-	-	43,489
Prepaid expenses	165,052	-	-	165,052
Total current assets	1,502,854	203,435	(56,716)	1,649,573
Property and Equipment, At Cost				
Land and land improvements	245,755	-	-	245,755
Buildings and leasehold improvements	9,751,574	-	-	9,751,574
Equipment	2,386,931	16,715	-	2,403,646
	12,384,260	16,715	-	12,400,975
Less accumulated depreciation	8,167,484	8,744	-	8,176,228
	4,216,776	7,971	-	4,224,747
Investments	11,872	954,378	-	966,250
Other Assets				
Loan issuance costs, net of amortization	3,125	-	-	3,125
Total assets	\$ 5,734,627	\$ 1,165,784	\$ (56,716)	\$ 6,843,695

(Continued)

St. Paul's Home
Consolidated Balance Sheet with Consolidating Information (Continued)
December 31, 2010
"Unaudited"

Liabilities and Net Assets

	<u>Home</u>	<u>Foundation</u>	<u>Elimination</u>	<u>Consolidated</u>
Current Liabilities				
Accounts payable	\$ 116,556	\$ 56,716	\$ (56,716)	\$ 116,556
Accrued expenses	330,062	-	-	330,062
Current maturity of long-term debt	3,337,435	-	-	3,337,435
Resident deposits	<u>3,796</u>	<u>-</u>	<u>-</u>	<u>3,796</u>
Total current liabilities	3,787,849	56,716	(56,716)	3,787,849
 Deposits	 <u>14,590</u>	 <u>-</u>	 <u>-</u>	 <u>14,590</u>
 Total liabilities	 <u>3,802,439</u>	 <u>56,716</u>	 <u>(56,716)</u>	 <u>3,802,439</u>
 Unrestricted Net Assets	 <u>1,932,188</u>	 <u>1,109,068</u>	 <u>-</u>	 <u>3,041,256</u>
 Total liabilities and net assets	 <u><u>\$ 5,734,627</u></u>	 <u><u>\$ 1,165,784</u></u>	 <u><u>\$ (56,716)</u></u>	 <u><u>\$ 6,843,695</u></u>

St. Paul's Home
Consolidated Statement of Operations with Consolidating Information
Year Ended December 31, 2010
"Unaudited"

	<u>Home</u>	<u>Foundation</u>	<u>Elimination</u>	<u>Consolidated</u>
Unrestricted Revenues, Gains and Other Support				
Net resident service revenue	\$ 7,361,120	\$ -	\$ (48,000)	\$ 7,313,120
Other	<u>1,814</u>	<u>-</u>	<u>-</u>	<u>1,814</u>
	<u>7,362,934</u>	<u>-</u>	<u>(48,000)</u>	<u>7,314,934</u>
Expenses				
Salaries and wages	3,273,160	-	-	3,273,160
Employee benefits	660,409	-	-	660,409
Purchased services and professional fees	984,644	6,956	-	991,600
Supplies and other	1,532,610	56,799	(48,000)	1,541,409
Depreciation and amortization	329,767	836	-	330,603
Interest	230,737	-	-	230,737
Charity care	<u>11,143</u>	<u>-</u>	<u>-</u>	<u>11,143</u>
	<u>7,022,470</u>	<u>64,591</u>	<u>(48,000)</u>	<u>7,039,061</u>
Operating Income (Loss)	<u>340,464</u>	<u>(64,591)</u>	<u>-</u>	<u>275,873</u>
Other Income				
Investment return	4,387	43,560	-	47,947
Contributions	<u>-</u>	<u>99,813</u>	<u>-</u>	<u>99,813</u>
	<u>4,387</u>	<u>143,373</u>	<u>-</u>	<u>147,760</u>
Excess of Revenues Over Expenses	<u>344,851</u>	<u>78,782</u>	<u>-</u>	<u>423,633</u>
Investment return - change in unrealized gains	<u>-</u>	<u>57,366</u>	<u>-</u>	<u>57,366</u>
Increase in Unrestricted Net Assets	<u>\$ 344,851</u>	<u>\$ 136,148</u>	<u>\$ -</u>	<u>\$ 480,999</u>

St. Paul's Home

Accountants' Report and Consolidated Financial Statements

December 31, 2011 and 2010

St. Paul's Home
December 31, 2011 and 2010

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Independent Accountants' Report on Financial Statements and Supplementary Information

Board of Directors
St. Paul's Home
Belleville, Illinois

We have audited the accompanying consolidated balance sheets of St. Paul's Home (the "Home") as of December 31, 2011 and 2010, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Home's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Paul's Home as of December 31, 2011 and 2010, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was performed for the purpose of forming an opinion on the basic financial statements as a whole. The 2011 Consolidated Balance Sheet with Consolidating Information and the 2011 Consolidating Statement of Operations with Consolidating Information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

BKD, LLP

June 15, 2012

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St. Paul's Home
Consolidated Balance Sheets
December 31, 2011 and 2010

Assets

	<u>2011</u>	<u>2010</u>
Current Assets		
Cash	\$ 1,076,478	\$ 1,015,766
Resident accounts receivable, net of allowance; 2011 - \$44,500, 2010 - \$44,500	1,117,977	425,266
Supplies	43,525	43,489
Prepaid expenses	<u>110,111</u>	<u>165,052</u>
Total current assets	<u>2,348,091</u>	<u>1,649,573</u>
Property and Equipment, At Cost		
Land and land improvements	245,755	245,755
Buildings	9,798,184	9,751,574
Equipment	<u>2,450,539</u>	<u>2,403,646</u>
	12,494,478	12,400,975
Less accumulated depreciation	<u>8,480,053</u>	<u>8,176,228</u>
	<u>4,014,425</u>	<u>4,224,747</u>
Investments	<u>1,001,244</u>	<u>966,250</u>
Other Assets	<u>-</u>	<u>3,125</u>
Total assets	<u><u>\$ 7,363,760</u></u>	<u><u>\$ 6,843,695</u></u>

Liabilities and Net Assets

	<u>2011</u>	<u>2010</u>
Current Liabilities		
Accounts payable	\$ 218,633	\$ 116,556
Accrued expenses	257,156	330,062
Current maturities of long-term debt	188,569	3,337,435
Resident deposits	<u>4,614</u>	<u>3,796</u>
Total current liabilities	668,972	3,787,849
 Long-term Debt	3,001,382	-
 Deposits	<u>16,689</u>	<u>14,590</u>
 Total liabilities	<u>3,687,043</u>	<u>3,802,439</u>
 Unrestricted Net Assets	<u>3,676,717</u>	<u>3,041,256</u>
 Total liabilities and net assets	<u>\$ 7,363,760</u>	<u>\$ 6,843,695</u>

St. Paul's Home
Consolidated Statements of Operations
Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Unrestricted Revenues, Gains and Other Support		
Net resident service revenue	\$ 7,985,976	\$ 7,313,120
Other	<u>3,411</u>	<u>1,814</u>
	<u>7,989,387</u>	<u>7,314,934</u>
Expenses		
Salaries and wages	3,306,743	3,273,160
Employee benefits	736,572	660,409
Purchased services and professional fees	1,288,684	991,600
Supplies and other	1,518,552	1,541,409
Depreciation and amortization	304,207	330,603
Interest	219,147	230,737
Charity care	<u>18,937</u>	<u>11,143</u>
	<u>7,392,842</u>	<u>7,039,061</u>
Operating Income	<u>596,545</u>	<u>275,873</u>
Other Income		
Investment return	73,183	47,947
Contributions	<u>46,075</u>	<u>99,813</u>
	<u>119,258</u>	<u>147,760</u>
Excess of Revenues Over Expenses	715,803	423,633
Investment return - change in unrealized gains	<u>(80,342)</u>	<u>57,366</u>
Increase in Unrestricted Net Assets	635,461	480,999
Unrestricted Net Assets, Beginning of Year	<u>3,041,256</u>	<u>2,560,257</u>
Unrestricted Net Assets, End of Year	<u><u>\$ 3,676,717</u></u>	<u><u>\$ 3,041,256</u></u>

St. Paul's Home
Consolidated Statements of Cash Flows
Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Operating Activities		
Changes in net assets	\$ 635,461	\$ 480,999
Items not requiring (providing) cash		
Depreciation and amortization	304,207	330,603
Realized and unrealized gains on investments	35,598	(73,293)
Changes in		
Patient accounts receivable, net	(692,711)	134,703
Prepaid expenses	54,941	(30,934)
Deposits	2,917	(1,578)
Accounts payable and accrued expenses	29,171	(234,782)
Supplies	(36)	(9,207)
Net cash provided by operating activities	<u>369,548</u>	<u>596,511</u>
Investing Activities		
Purchase of investments	(786,242)	(512,358)
Sales of investments	715,650	490,050
Purchase of property and equipment	(90,760)	(104,980)
Net cash used in investing activities	<u>(161,352)</u>	<u>(127,288)</u>
Financing Activity		
Payments of long-term debt	(147,484)	(148,514)
Net cash used in financing activity	<u>(147,484)</u>	<u>(148,514)</u>
Increase in Cash	60,712	320,709
Cash, Beginning of Year	<u>1,015,766</u>	<u>695,057</u>
Cash, End of Year	<u><u>\$ 1,076,478</u></u>	<u><u>\$ 1,015,766</u></u>
Supplemental Cash Flows Information		
Interest paid	\$ 219,147	\$ 230,737

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

St. Paul's Home (the "Home") is certified for Medicare and Medicaid residents. The facility consists of 79 skilled beds, 34 intermediate beds, 62 shelter beds and 53 apartments in Belleville, Illinois.

Principles of Consolidation

The St. Paul's Home Foundation (the "Foundation") was formed for the performance of charitable activities relating to the Home. The consolidated financial statements include the accounts of the Home and the Foundation. All significant intercompany accounts and transactions have been eliminated in the consolidation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash

Pursuant to legislation enacted in 2010, the FDIC will fully insure all noninterest-bearing transaction accounts beginning December 31, 2010 through December 31, 2012, at all FDIC-insured institutions.

Effective July 21, 2010, the FDIC's insurance limits were permanently increased to \$250,000. At December 31, 2011, the Home's cash accounts exceeded federally insured limits by approximately \$691,000.

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. Other investments are valued at the lower of cost or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Resident Accounts Receivable

The Home reports patient resident receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Home provides an allowance for doubtful accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. As a service to the resident, the Home bills third-party payers directly and bills the resident when the resident's liability is determined. Resident accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.

Property and Equipment

Property and equipment are depreciated on a straight-line basis over the estimated useful life of each asset.

Supplies

The Home states supply inventories at the lower of cost, determined using the first-in, first-out method or market.

Net Resident Service Revenue

The Home has agreements with third-party payers that provide for payments to the Home at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from residents, third-party payers and others for services rendered.

Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Charity Care

The Home provides charity care to residents who are unable to pay for services. The amount of charity care is included as an operating expense in the consolidated statements of operations.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Income Taxes

The Home and Foundation have been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Home and Foundation are subject to federal income tax on any unrelated business taxable income.

The Home and Foundation file tax returns in the U.S. federal and Illinois jurisdictions. With few exceptions, the Home and Foundation are no longer subject to examinations by tax authorities for years before 2008.

Excess of Revenues Over Expenses

The statement of operations included excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments.

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Accountants' Report, which is the date the consolidated financial statements were available to be issued.

Note 2: Net Resident Service Revenue

The Home has agreements with third-party payers that provide for payments to the Home at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Payment for services under the Medicaid program is based on defined prospective cost of service rather than on the basis of standard billing rates for such services. Services rendered to Part A Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient's classification within the "resource utilization grouping" system. Services rendered to Part B Medicare program beneficiaries are paid based on the Medicare allowable fee schedule.

Approximately 56% and 50% of net resident service revenue is from participation in the Medicare and state-sponsored Medicaid program for the years ended December 31, 2011 and 2010, respectively.

Charges included in revenue under the Home's charity care policy were \$18,937 and \$11,143 for 2011 and 2010, respectively.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

In 2011, the Illinois Department of Human Services approved a rate increase in the Medicaid per diem for Illinois nursing homes along with a corresponding bed tax increase. The rate increase was tentative subject to the Centers for Medicare and Medicaid (CMS) approval. In February 2012, CMS approved the rate increase and bed tax plan. The approval by CMS is retroactive to July 1, 2011. As a result of the approval date, the additional revenues and expenses will be recognized during fiscal year 2012.

Note 3: Concentration of Credit Risk

The Home grants credit without collateral to its residents, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from residents and third-party payers at December 31, 2011 and 2010, is:

	<u>2011</u>	<u>2010</u>
Medicaid	63%	16%
Medicare	24%	47%
Private pay	13%	37%
	<u>100%</u>	<u>100%</u>

Note 4: Investments and Investment Return

Investments at December 31, 2011 and 2010, include:

	<u>2011</u>	<u>2010</u>
Money market funds	\$ 27,875	\$ 25,241
Equity securities	553,000	608,209
Corporate bonds	51,932	78,626
Taxable bond funds	75,849	45,133
Mutual bond funds	292,588	157,500
U.S. government agency borrowings	-	51,541
	<u>\$ 1,001,244</u>	<u>\$ 966,250</u>

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Total investment return is comprised of the following:

	2011	2010
Interest and dividend income	\$ 28,439	\$ 32,020
Change in unrealized gains (losses)	(80,342)	57,366
Realized gains	44,744	15,927
	<u>\$ (7,159)</u>	<u>\$ 105,313</u>

Total investment return is reflected in the consolidated statements of operations and changes in net assets as follows:

	2011	2010
Investment return	\$ 73,183	\$ 47,947
Change in unrealized gains (losses)	(80,342)	57,366
	<u>\$ (7,159)</u>	<u>\$ 105,313</u>

Certain investments in marketable equity securities are reported in the consolidated financial statements at an amount less than their historical cost. Total fair value of these investments at December 31, 2011 and 2010, was \$732,232 and \$355,541, which is approximately 74% and 38% of the Home's investment portfolio, respectively.

Management believes the declines in fair value for these securities are temporary. Should the impairment of any of these securities become other than temporary, the cost basis of the investment will be reduced and the resulting loss recognized in net income in the period the other-than-temporary impairment is identified.

The following tables show the Home's investments' gross unrealized losses and fair value, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at December 31, 2011 and 2010:

Description of Securities	December 31, 2011					
	Less Than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Equity securities	\$ 202,239	\$ 8,761	\$ 207,181	\$ 50,305	\$ 409,420	\$ 59,066
Taxable bond funds	75,849	6,776	-	-	75,849	6,776
Mutual bond funds	121,496	3,504	125,467	4,257	246,963	7,761
Total	<u>\$ 399,584</u>	<u>\$ 19,041</u>	<u>\$ 332,648</u>	<u>\$ 54,562</u>	<u>\$ 732,232</u>	<u>\$ 73,603</u>

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Description of Securities	December 31, 2010					
	Less Than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Equity securities	\$ 255,291	\$ 48,279	\$ -	\$ -	\$ 255,291	\$ 48,279
Mutual bond funds	-	-	100,250	4,750	100,250	4,750
Total	<u>\$ 255,291</u>	<u>\$ 48,279</u>	<u>\$ 100,250</u>	<u>\$ 4,750</u>	<u>\$ 355,541</u>	<u>\$ 53,029</u>

Note 5: Disclosures About Fair Value of Assets and Liabilities

Accounting Standards Codification Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Short-term Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include money market funds and equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows. Level 2 investments include taxable bond funds, mutual bond funds, corporate bonds and U.S. government agency borrowings. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Home has no Level 3 investments.

The following tables present the fair value measurements of assets recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2011 and 2010:

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

		December 31, 2011		
		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term Investments	Fair Value			
Money market funds	\$ 27,875	\$ 27,875	\$ -	\$ -
Equity securities	\$ 553,000	\$ 553,000	\$ -	\$ -
Corporate bonds	\$ 51,932	\$ -	\$ 51,932	\$ -
Taxable bond funds	\$ 75,849	\$ -	\$ 75,849	\$ -
Mutual bond funds	\$ 292,588	\$ -	\$ 292,588	\$ -

		December 31, 2010		
		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term Investments	Fair Value			
Money market funds	\$ 25,241	\$ 25,241	\$ -	\$ -
Equity securities	\$ 608,209	\$ 608,209	\$ -	\$ -
Corporate bonds	\$ 78,626	\$ -	\$ 78,626	\$ -
Taxable bond funds	\$ 45,133	\$ -	\$ 45,133	\$ -
Mutual bond funds	\$ 157,500	\$ -	\$ 157,500	\$ -
U.S. government agency borrowings	\$ 51,541	\$ -	\$ 51,541	\$ -

Note 6: Long-term Debt

The Home's long-term debt consists of:

	2011	2010
Due November 22, 2014; payable monthly including interest at a rate of BBA LIBOR plus 2.25% (2.495% at December 31, 2011) and one balloon payment at maturity	\$ 3,189,951	\$ 3,337,435
Less current maturities	188,569	3,337,435
	<u>\$ 3,001,382</u>	<u>\$ -</u>

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

The long-term debt consists of a bank line of credit secured by real estate. Management renewed the line of credit with the bank in November 2011.

Aggregate annual maturities of long-term debt at December 31, 2011, are:

2012	\$ 188,569
2013	188,569
2014	<u>2,812,813</u>
	<u>\$ 3,189,951</u>

Note 7: Functional Expenses

The Home provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	<u>2011</u>	<u>2010</u>
Health care services	\$ 5,016,968	\$ 4,849,782
General and administrative	<u>2,375,874</u>	<u>2,189,279</u>
	<u>\$ 7,392,842</u>	<u>\$ 7,039,061</u>

Note 8: Medical Malpractice Claims

The Home pays fixed premiums for annual medical malpractice liability coverage under a claims made policy. The Home accrues the expense of its share of asserted and unasserted claims occurring during the year by estimating the probable ultimate cost of any such claims in excess of applicable insurance coverage. Such estimates are based on the Home's own claims experience. The Home does not expect any claim to exceed the insurance coverage limits. Accordingly, no accrual for claims has been included in the financial statements. It is reasonably possible that the Home's estimates will change by a material amount in the near term.

St. Paul's Home
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Note 9: Significant Estimates

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates. Those matters include the following:

Allowance for Net Resident Service Revenue Adjustments

Estimates of allowances for adjustments included in net resident service revenue are described in Notes 1 and 2.

Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Note 8.

Current Economic Conditions

The current protracted economic decline continues to present nursing homes with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments and other assets, constraints on liquidity and difficulty obtaining financing. The consolidated financial statements have been prepared using values and information currently available to the Home.

Current economic conditions, including the rising unemployment rate, have made it difficult for certain patients to pay for services rendered. As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Home's future operating results. Further, the effect of economic conditions on the state may have an adverse effect on cash flows related to the Medicaid program.

Given the volatility of current economic conditions, the values of assets and liabilities recorded in the consolidated financial statements could change rapidly, resulting in material future adjustments in allowances for accounts receivable that could negatively impact the Home's ability to meet debt covenants or maintain sufficient liquidity.

Litigation

In the normal course of business, the Home is from time to time subject to allegations that may result in litigation. Some of these allegations may not be covered or are only partially covered by insurance. It is the opinion of management that the disposition or ultimate resolution of such claims and lawsuits will not have a material adverse effect on the consolidated financial position, results of operations and cash flows of the Home.

Supplementary Information

St. Paul's Home
Consolidated Balance Sheet with Consolidating Information
December 31, 2011
"Unaudited"

Assets

	Home	Foundation	Elimination	Consolidated
Current Assets				
Cash	\$ 931,302	\$ 141,062	\$ -	\$ 1,072,364
Cash - resident deposits	4,114	-	-	4,114
Resident accounts receivable, net of allowance; \$44,500	1,176,720	-	(58,743)	1,117,977
Supplies	43,525	-	-	43,525
Prepaid expenses	110,111	-	-	110,111
Total current assets	2,265,772	141,062	(58,743)	2,348,091
Property and Equipment, At Cost				
Land and land improvements	245,755	-	-	245,755
Buildings and leasehold improvements	9,798,184	-	-	9,798,184
Equipment	2,433,824	16,715	-	2,450,539
	12,477,763	16,715	-	12,494,478
Less accumulated depreciation	8,470,473	9,580	-	8,480,053
	4,007,290	7,135	-	4,014,425
Investments	9,665	991,579	-	1,001,244
Total assets	\$ 6,282,727	\$ 1,139,776	\$ (58,743)	\$ 7,363,760

(Continued)

St. Paul's Home
Consolidated Balance Sheet with Consolidating Information (Continued)
December 31, 2011
"Unaudited"

Liabilities and Net Assets

	<u>Home</u>	<u>Foundation</u>	<u>Elimination</u>	<u>Consolidated</u>
Current Liabilities				
Accounts payable	\$ 218,633	\$ 58,743	\$ (58,743)	\$ 218,633
Accrued expenses	257,156	-	-	257,156
Current maturity of long-term debt	188,569	-	-	188,569
Resident deposits	<u>4,614</u>	<u>-</u>	<u>-</u>	<u>4,614</u>
Total current liabilities	668,972	58,743	(58,743)	668,972
Long-term Debt	3,001,382	-	-	3,001,382
Deposits	<u>16,689</u>	<u>-</u>	<u>-</u>	<u>16,689</u>
Total liabilities	<u>3,687,043</u>	<u>58,743</u>	<u>(58,743)</u>	<u>3,687,043</u>
Unrestricted Net Assets	<u>2,595,684</u>	<u>1,081,033</u>	<u>-</u>	<u>3,676,717</u>
Total liabilities and net assets	<u>\$ 6,282,727</u>	<u>\$ 1,139,776</u>	<u>\$ (58,743)</u>	<u>\$ 7,363,760</u>

St. Paul's Home
Consolidated Statement of Operations with Consolidating Information
Year Ended December 31, 2011
"Unaudited"

	<u>Home</u>	<u>Foundation</u>	<u>Elimination</u>	<u>Consolidated</u>
Unrestricted Revenues, Gains and Other Support				
Net resident service revenue	\$ 8,033,976	\$ -	\$ (48,000)	\$ 7,985,976
Other	<u>3,411</u>	<u>-</u>	<u>-</u>	<u>3,411</u>
	<u>8,037,387</u>	<u>-</u>	<u>(48,000)</u>	<u>7,989,387</u>
Expenses				
Salaries and wages	3,306,743	-	-	3,306,743
Employee benefits	736,572	-	-	736,572
Purchased services and professional fees	1,281,464	7,220	-	1,288,684
Supplies and other	1,506,089	60,463	(48,000)	1,518,552
Depreciation and amortization	303,371	836	-	304,207
Interest	219,147	-	-	219,147
Charity care	<u>18,937</u>	<u>-</u>	<u>-</u>	<u>18,937</u>
	<u>7,372,323</u>	<u>68,519</u>	<u>(48,000)</u>	<u>7,392,842</u>
Operating Income (Loss)	<u>665,064</u>	<u>(68,519)</u>	<u>-</u>	<u>596,545</u>
Other Income				
Investment return	627	72,556	-	73,183
Contributions	<u>12</u>	<u>46,063</u>	<u>-</u>	<u>46,075</u>
	<u>639</u>	<u>118,619</u>	<u>-</u>	<u>119,258</u>
Excess of Revenues Over Expenses	<u>665,703</u>	<u>50,100</u>	<u>-</u>	<u>715,803</u>
Investment return - change in unrealized gains	<u>(2,207)</u>	<u>(78,135)</u>	<u>-</u>	<u>(80,342)</u>
Increase in Unrestricted Net Assets	<u>\$ 663,496</u>	<u>\$ (28,035)</u>	<u>\$ -</u>	<u>\$ 635,461</u>

St. Paul's Home
CON - Project Structure
Section V - Financial Viability Ratios

		2009	2010	2011	2012	(Projected)	Notes
Current Ratio							
A	Current Assets	1,319,306	1,502,854	2,265,772	2,871,931	3,169,999	
B	Current Liabilities	747,872	3,787,849	668,972	740,311	830,537	
A/B	Current Ratio	1.76	0.40	3.39	3.88	3.82	Meets 2.0 Min
Debt Was Due for Refinancing							
Net Margin Percentage							
A	Net Income	148,593	344,851	663,496	602,854	689,505	
B	Net Operating Revenues	6,647,239	7,362,934	8,037,387	8,315,323	10,851,106	
A/B	Net Margin Percentage	2.24%	4.68%	8.26%	7.25%	6.35%	Meets 2.5 Min
Percent Debt to Total Cap							
A	Mortgage Term Debt	3,485,949	3,337,435	3,189,951	3,001,382	25,900,000	
B	Net Assets	7,924,386	7,554,211	7,197,241	6,870,565	53,106,299	
A/(A+B)	Percent Debt to Total Cap	43.99%	44.18%	44.32%	43.68%	48.77%	Meets 80% Min
Projected DSCR							
A	NI+Depr+Amort+Int	731,686	905,355	1,186,014	988,153	2,483,242	
B	MADS	382198	379,251	366,631	268,362	1,166,224	
A/B	Projected DSCR	1.91	2.39	3.23	3.68	2.13	Meets 1.5 Min
		St Paul's Debt had a variable interest rate during this time period					
Days Cash on Hand							
A	Cash and Investments	477,059	820,907	940,967	1,635,113	1,869,233	
B	Total Op Exp/365	16,600	17,704	18,767	20,074	22,926	
A/B	Days Cash on Hand	29	46	50	81	82	Meets 45 Min
Cushion Ratio							
A	Cash and Investments	477,059	820,907	940,967	1,635,113	1,869,233	Min Cash Required To Meet 3.0 Min
B	MADS	382,198	379,251	366,631	268,362	1,166,224	3,498,671
A/B	Cushion Ratio	1.25	2.16	2.57	6.09	1.60	1,166,224
							3.00

**St. Paul's Home
Project Structure
Appendix A**

Appendix A												
USE OF FUNDS	BSI Numbers			Sifted Numbers			Additions to BSI Numbers			Final Appendix A		
	CLINICAL	NONCLINICAL	TOTAL	TOTAL	DIFFERENCE	CLINICAL	NONCLINICAL	TOTAL	CLINICAL	NONCLINICAL	TOTAL	
Preplanning Costs	\$8,850	\$3,650	\$12,500	100,000	(87,500)	61,950	25,550	87,500	\$70,800	\$29,200	\$100,000	
Site Survey and Soil Investigation	\$69,384	\$28,616	\$98,000	125,000	(27,000)	19,116	7,884	27,000	\$88,500	\$36,500	\$125,000	
Site Prep	\$0	\$2,160,625	\$2,160,625	-	2,160,625	-	-	-	\$0	\$2,160,625	\$2,160,625	
Off Site Work	\$0	\$0	\$0	-	-	-	-	-	\$0	\$0	\$0	
New Construction Contracts	\$0	\$0	\$0	-	-	-	-	-	\$0	\$0	\$0	
Modernization Contracts	\$11,902,376	\$4,908,820	\$16,811,196	22,115,000	(5,303,804)	1,444,453	595,726	2,040,179	\$13,346,829	\$5,504,546	\$18,851,375	
Contingencies	\$780,927	\$322,073	\$1,103,000	-	1,103,000	-	-	-	\$780,927	\$322,073	\$1,103,000	
Architectural / Engineering	\$563,635	\$232,457	\$796,092	850,000	(53,908)	38,167	15,741	53,908	\$601,802	\$248,198	\$850,000	
Consulting and Other Fees	\$7,080	\$2,920	\$10,000	500,000	(490,000)	-	-	-	\$7,080	\$2,920	\$10,000	
Movable or Other Equipment	-	-	\$0	-	-	-	-	-	\$0	\$0	\$0	
Bond Issuance Expense (project related)	\$78,659	\$32,441	\$111,100	-	111,100	-	-	-	\$78,659	\$32,441	\$111,100	
Net Interest Expense During Construction (project related)	-	-	\$0	625,000	(625,000)	442,502	182,498	625,000	\$442,502	\$182,498	\$625,000	
Fair Market Value of Leased Space or Equipment	-	-	\$0	-	-	-	-	-	\$0	\$0	\$0	
Other Costs To Be Capitalized	\$1,912,615	\$4,523,492	\$6,436,107	5,285,000	1,151,107	(546,725)	(225,482)	(772,207)	\$1,365,890	\$4,298,010	\$5,663,900	
Acquisition of Building or Other Property (excluding land)	-	-	-	-	-	-	-	-	\$0	\$0	\$0	
TOTAL USES OF FUNDS	\$15,323,527	\$12,215,093	\$27,538,620	29,600,000	(2,061,380)	1,459,463	601,917	2,061,380	\$16,782,990	\$12,817,010	\$29,600,000	
"Use" Percentages									56.70%	43.30%	100.00%	
SOURCE OF FUNDS												
Cash and Securities												
Pledges									1,133,986	866,014	2,000,000	
Gifts and Bequests									467,769	357,231	825,000	
Bond Issues (project related)												
Mortgages									14,685,117	11,214,883	25,900,000	
Leases (fair market value)												
Governmental Appropriations												
Grants									496,119	378,881	875,000	
Other Funds and Sources									\$ 16,782,990	\$ 12,817,010	\$ 29,600,000	
TOTAL SOURCES OF FUNDS												

St. Paul's Home Project Structure

Stabilized Occupancy

Development Project:

Sources of Funds:

Mortgage Debt

25,900,000

STP Contributions:

Cash & Investments

2,000,000

Capital Campaign

825,000

LOI

875,000

Total Sources

29,600,000

Uses of Funds:

Building - Capitalized

22,978,440

FF&E - Capitalized

1,400,000

CON Licensing Fees

200,000

PreMarketing Costs

100,000

Resplacement Reserve (500 per ILU bed)

26,500

Loan Origination Financing Costs

1,320,060

Working Capital

575,000

Current Debt Refunding

3,000,000

Total Uses

29,600,000

Statistics

Aggregate % Square Feet Applied to Debt

62.60%

25.82%

11.58%

Developed Square Feet Applied to Debt

70.80%

29.20%

0.00%

Debt % Distributed from Detail Schedule

63.04%

26.00%

10.97%

Average Amortization Periods

SNF

Sheltered

Apts

Total

40

16,268,803

6,709,637

-

22,978,440

10

991,204

408,796

-

1,400,000

NA

141,601

58,399

-

200,000

Expense or COI

70,800

29,200

-

100,000

NA

Balance Sheet Only

26,500

26,500

26,500

40

826,351

340,806

152,903

1,320,060

NA

Balance Sheet

148,451

66,602

575,000

NA

Balance Sheet

3,000,000

3,000,000

3,000,000

18,658,706

7,695,289

3,246,005

29,600,000

63.04%

26.00%

10.97%

29,600,000

check

To be applied to principal and interest
allocated by payer type.

ST PAUL'S HOME LOAN PAYABLE

	Care Level	\$\$	Square Footage		%
Loan:	Apts	3,000,000	69,827		11.58%
	Clinical	16,213,267	63,573		62.60%
	Sheltered	6,686,733	26,219	89,792	25.82%
		25,900,000	159,619		100.00%

Total Principal Amount	\$25,900,000	Current Balance
Interest Rate	3.25%	
Amortization Period	40	

Principap Due	Principal Amount	Interest Rate	Annual Interest Payment	Principal Payments	Annual Payments w/ 120K prin	Monthly Payments
	25,900,000					
Jan-13	25,900,000	3.2500%	841,750.00	324,474	1,166,223.65	97,185.30
Jan-14	25,575,526	3.2500%	831,204.61	335,019	1,166,223.65	97,185.30
Jan-15	25,240,507	3.2500%	820,316.49	345,907	1,166,223.65	97,185.30
Jan-16	24,894,600	3.2500%	809,074.50	357,149	1,166,223.65	97,185.30
Jan-17	24,537,451	3.2500%	797,467.16	368,756	1,166,223.65	97,185.30
Jan-18	24,168,695	3.2500%	785,482.57	380,741	1,166,223.65	97,185.30
Jan-19	23,787,953	3.2500%	773,108.49	393,115	1,166,223.65	97,185.30
Jan-20	23,394,838	3.2500%	760,332.24	405,891	1,166,223.65	97,185.30
Jan-21	22,988,947	3.2500%	747,140.77	419,083	1,166,223.65	97,185.30
Jan-22	22,569,864	3.2500%	733,520.58	432,703	1,166,223.65	97,185.30
Jan-23	22,137,161	3.2500%	719,457.73	446,766	1,166,223.65	97,185.30
Jan-24	21,690,395	3.2500%	704,937.84	461,286	1,166,223.65	97,185.30
Jan-25	21,229,109	3.2500%	689,946.05	476,278	1,166,223.65	97,185.30
Jan-26	20,752,832	3.2500%	674,467.03	491,757	1,166,223.65	97,185.30
Jan-27	20,261,075	3.2500%	658,484.94	507,739	1,166,223.65	97,185.30
Jan-28	19,753,336	3.2500%	641,983.43			

				524,240	1,166,223.65	97,185.30
Jan-29	19,229,096	3.2500%	624,945.62			
				541,278	1,166,223.65	97,185.30
Jan-30	18,687,818	3.2500%	607,354.09			
				558,870	1,166,223.65	97,185.30
Jan-31	18,128,948	3.2500%	589,190.83			
				577,033	1,166,223.65	97,185.30
Jan-32	17,551,916	3.2500%	570,437.26			
				595,786	1,166,223.65	97,185.30
Jan-33	16,956,129	3.2500%	551,074.20			
				615,149	1,166,223.65	97,185.30
Jan-34	16,340,980	3.2500%	531,081.84			
				635,142	1,166,223.65	97,185.30
Jan-35	15,705,838	3.2500%	510,439.74			
				655,784	1,166,223.65	97,185.30
Jan-36	15,050,054	3.2500%	489,126.76			
				677,097	1,166,223.65	97,185.30
Jan-37	14,372,957	3.2500%	467,121.11			
				699,103	1,166,223.65	97,185.30
Jan-38	13,673,855	3.2500%	444,400.28			
				721,823	1,166,223.65	97,185.30
Jan-39	12,952,031	3.2500%	420,941.02			
				745,283	1,166,223.65	97,185.30
Jan-40	12,206,749	3.2500%	396,719.33			
				769,504	1,166,223.65	97,185.30
Jan-41	11,437,244	3.2500%	371,710.44			
				794,513	1,166,223.65	97,185.30
Jan-42	10,642,731	3.2500%	345,888.76			
				820,335	1,166,223.65	97,185.30
Jan-43	9,822,396	3.2500%	319,227.88			
				846,996	1,166,223.65	97,185.30
Jan-44	8,975,401	3.2500%	291,700.52			
				874,523	1,166,223.65	97,185.30
Jan-45	8,100,877	3.2500%	263,278.52			
				902,945	1,166,223.65	97,185.30
Jan-46	7,197,932	3.2500%	233,932.80			
				932,291	1,166,223.65	97,185.30
Jan-47	6,265,641	3.2500%	203,633.35			
				962,590	1,166,223.65	97,185.30
Jan-48	5,303,051	3.2500%	172,349.16			
				993,874	1,166,223.65	97,185.30
Jan-49	4,309,177	3.2500%	140,048.24			
				1,026,175	1,166,223.65	97,185.30
Jan-50	3,283,001	3.2500%	106,697.54			
				1,059,526	1,166,223.65	97,185.30
Jan-51	2,223,475	3.2500%	72,262.94			
				1,093,961	1,166,223.65	97,185.30
Jan-52	1,129,514	3.2500%	36,709.22			
				1,129,514	1,166,223.65	97,185.30

St Paul Home in Belleville
Consolidated Balance Sheet
October 31, 2012

Assets

Current assets				
Cash	\$ 1,306,871			\$ 89,579
Accounts receivable - Net	1,343,287	(40,017)		
Assets limited as to use - Resident Trust	8,846	-		
Inventory	65,973	-		
Accrued interest	-	-		
Prepaid expense	66,670	-		
Total current assets	2,791,647	(40,017)		89,579
Non current assets				
Foundation Investments	1,102,879	-		1,102,879
Property and equipment				
Land	105,793	-		
Building	9,805,996	-		
Catawba Land	139,962	-		
Catawba/Kummrich	99,817	-		
Furniture & fixtures	2,386,842	-		16,715
Motor Vehicles	85,041	-		
Accumulated depreciation	12,623,451	-		16,715
Total property & equipment, net	(8,739,141)	-		(10,207)
	3,884,310	-		6,508
Other Assets				
	9,685	-		9,685
Total assets	\$ 7,788,501	\$ (40,017)		\$ 1,198,966

Liabilities and Net Assets

Current liabilities				
Accounts payable	88,749	-		88,749
Wages and Tax Payable	114,073	-		114,073
Accrued expenses	325,688	(40,017)		325,688
Resident Trust & Priority Deposits	8,846	-		8,846
Total current liabilities	537,356	(40,017)		537,356
Long-term debt				
Note Payable	3,034,729	-		3,034,729
Total liabilities	3,572,085	(40,017)		3,572,085
Net assets				
Retained Earnings	3,593,550	-		2,512,517
Net Income (Loss) for Current Year	622,866	-		544,950
	4,216,416	-		3,057,467
Total liabilities and net assets	\$ 7,788,501	\$ (40,017)		\$ 6,629,552
				\$ 1,198,966

St. Paul's Home
Balance Sheet_Home
HUD Loan Option

	2009	2010	2011	2012 Forecast	Stabilized Occupancy

Assets

Current Assets					
Cash	466,404	809,035	931,302	1,625,448	919,058
Cash - Resident Deposits	4,474	3,296	4,114	6,202	6,300
Resident Accounts Receivable, net Allowance	680,028	481,982	1,176,720	1,081,681	1,114,131
Supplies	34,282	43,489	43,525	43,600	44,000
Prepaid expense and other	134,118	165,052	110,111	115,000	146,000
TOTAL CURRENT ASSETS	1,319,306	1,502,854	2,265,772	2,871,931	2,229,489

Assets Restricted as to Use

Reserve Replacement

CON Licenses

Total Assets Limited for Use

90,500

200,000

290,500

Property and Equipment, At Cost

Land	245,755	245,755	245,755	245,755	245,755
Buildings and lease improvements	9,705,853	9,751,574	9,798,184	9,846,537	29,638,597
Equipment	2,327,673	2,386,931	2,433,824	2,453,368	3,927,779
Less accumulated depreciation	12,279,281	12,384,260	12,477,763	12,545,660	33,812,131
	7,840,844	8,167,484	8,470,473	8,676,477	5,270,803
	4,438,437	4,216,776	4,007,290	3,869,183	28,541,328

Investments

10,655

11,872

9,665

9,665

Other Assets

Loan issuance costs, net of amortization

6,251

3,125

-

1,421,415

TOTAL ASSETS

\$ 5,774,649 \$ 5,734,627 \$ 6,282,727 \$ 6,750,779 \$ 32,492,397

**St. Paul's Home
Balance Sheet_Home
HUD Loan Option**

Liability and Net Assets

Current Liabilities

Accounts payable
Accrued expenses
Current maturity of long-term debt
Resident Deposits

TOTAL CURRENT LIABILITIES

Long Term Debt
Deposits

Total Liabilities

Unrestricted Net Assets

TOTAL LIABILITIES AND NET ASSETS

322,016	116,556	218,633	196,345	202,235
359,384	330,062	257,156	351,975	362,534
61,498	3,337,435	188,569	188,569	340,371
4,974	3,796	4,614	6,202	6,202
747,872	3,787,849	668,972	743,091	911,343
 3,424,451		3,001,382	2,812,813	28,272,125
14,990	14,590	16,689	19,025	21,689
 4,187,313	3,802,439	3,687,043	3,574,929	29,205,157
 1,587,336	1,932,188	2,595,684	3,175,850	3,287,240
 \$ 5,774,649	\$ 5,734,627	\$ 6,282,727	\$ 6,750,779	\$ 32,492,397

St. Paul's Home
Home_Statements of Operations
HUD Loan Option

	2009	2010	2011	2012	Stabilized Occupancy
<u>Unrestricted Revenues, Gains and Other Support</u>					
Net resident service revenues	6,598,147	7,313,120	7,985,976	8,222,722	10,527,556
Foundation Support	48,000	48,000	48,000	48,000	168,000
Other	1,092	1,814	3,411		
Total unrestricted revenues, gains & other support	6,647,239	7,362,934	8,037,387	8,270,722	10,695,556
<u>Expenses</u>					
Salaries and Wages	3,127,183	3,273,160	3,306,743	3,468,158	4,084,942
Employee benefits	671,040	660,409	736,572	325,833	791,757
Purchased services and professional fees	789,991	984,644	1,281,464	1,565,902	1,324,624
Supplies and other	1,470,618	1,532,610	1,506,089	1,926,365	1,973,722
Depreciation and amortization	343,690	329,767	303,371	305,507	990,637
Interest	239,403	230,737	219,147	79,793	1,122,403
Charity Care	-	11,143	18,937	19,000	-
Total Expenses	6,641,925	7,022,470	7,372,323	7,690,557	10,288,085
Operating Income	5,314	340,464	665,064	580,166	407,470

St. Paul's Home
Home_Statements of Operations
HUD Loan Option

	2009	2010	2011	2012	Stabilized Occupancy
<u>Other Income</u>					
Investment Income	3,353	4,387	627	-	-
Contributions	137,496		12	-	-
	140,849	4,387	639	-	-
 Excess of Revenues Over Expenses	 146,163	 344,851	 665,703	 580,166	 407,470
 Investment Return-change in Unrealized	 2,430	 -	 (2,207)	 -	
 Increase in Unrestricted Net Assets	 \$ 148,593 \$	 344,851 \$	 663,496 \$	 580,166 \$	 407,470
 For 2012, Includes Medicaid provider tax and Stage 1 Devel Costs					
 DSCR:					
NI	148,593	344,851	663,496	580,166	407,470
Depreciaion and Amortization	343,690	329,767	303,371	305,507	990,637
Interest	239,403	230,737	219,147	79,793	1,122,403
Funds Available for Debt Service	731,686	905,355	1,186,014	965,465	2,520,511
 MADS (Maximum Annual Debt Service Requirement	 382,198	 379,248	 366,631	 268,361	 1,388,543
 DSCR	 1.91	 2.39	 3.23	 3.60	 1.82

**St. Paul's Home
Statements of Cash Flows
HUD Loan Option**

	2009	2010	2011	2012	Stabilized Occupancy
Cash-Beginning Bal	809,035	931,302			300,000
Investments:					
Inv - Beginning Bal	11,872	9,665			9,665
Contributions	12	-			-
Realized Income (Loss)	627	-			-
Unrealized Income (Loss)	(2,207)	-			-
Inv - Ending Bal	(9,665)	(9,665)			(9,665)
Real Increase (Decrease) in Investments	639	-			-
Cash Flow from Operations:					
Net Income	663,496	580,166			407,470
Depreciation & Amortization	303,371	305,507			990,637
Unrecognized losses (gains) - Investments	(2,207)	-			-
Cash Flow from Operations	964,660	885,672			1,398,108
Change in Accounts Receivable:					
AR - Beginning Bal	(481,982)	(1,176,720)			(1,081,681)
AR - Ending Balance	1,176,720	1,081,681			1,114,131
Change in AR	(694,738)	95,039			(32,450)
Change in Long Term Debt:					
Debt Service Requirement	(3,337,435)	(3,189,951)			(1,519,003)
(Includes LOC)	3,189,951	3,001,382			1,122,403
Interest Expensed in NI	(147,484)	(188,569)			(396,600)
Change in Long Term Debt & LOC	(147,484)	(188,569)			(396,600)
Other Impacts:					
Non-specified Changes in Net Assets	(810)	(97,996)			(350,000)
Cash - Ending Balance	931,302	1,625,448			919,058
Check	931,302	1,625,448			919,058

**St. Paul's Home
CON - Project Structure
Section V - Financial Viability Ratios_HUD Loan Option**

		<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>Projected</u> <u>2012</u>	Category B (Projected)	<u>Notes</u>
2010-Debt Was Due for Refinancing							
Current Ratio							
A	Current Assets	1,319,306	1,502,854	2,265,772	2,871,931	2,229,489	
B	Current Liabilities	747,872	3,787,849	668,972	743,091	911,343	
A/B	Current Ratio	1.76	0.40	3.39	3.86	2.45	Meets 2.0 Min
Net Margin Percentage							
A	Net Income	148,593	344,851	663,496	580,166	407,470	
B	Net Operating Revenues	6,647,239	7,362,934	8,037,387	8,270,722	10,695,556	
A/B	Net Margin Percentage	2.24%	4.68%	8.26%	7.01%	3.81%	Meets 2.5 Min
Percent Debt to Total Cap							
A	Mortgage Term Debt	3,485,949	3,337,435	3,189,951	3,001,382	27,475,000	
B	Net Assets+Debt	7,924,386	7,554,211	7,197,241	6,870,565	56,016,328	
	Percent Debt to Total Cap		44.18%	44.32%	43.68%	49.05%	Meets 80% Max
Projected DSCR							
A	NI+Depr+Amort+Int	731,686	905,355	1,186,014	965,465	2,520,511	
B	MADS	382,198	379,251	366,631	268,362	1,388,543	
A/B	Projected DSCR	1.91	2.39	3.23	3.60	1.82	Meets 1.5 Min
St Paul's Debt had a variable interest rate during this time period							
Days Cash on Hand							
A	Cash and Investments	477,059	820,907	940,967	1,635,113	928,723	
B	Total Op Exp/365	16,600	17,704	18,767	20,014	25,472	
A/B	Days Cash on Hand	29	46	50	82	36	Min 450Not Met
Cushion Ratio							
A	Cash and Investments	477,059	820,907	940,967	1,635,113	928,723	Min Cash Required To Meet 3.0 Min
B	MADS	382,198	379,251	366,631	268,362	1,388,543	4,165,630
A/B	Cushion Ratio	1.25	2.16	2.57	6.09	0.67	1,388,543
							3.00
							Min Not Met

**St. Paul's Home
Project Structure
HUD Loan Option**

**Stabilized
Occupancy**

Development Project:

Sources of Funds:

Mortgage Debt
Sub Debt / LOI

STP Contributions:

Cash & Investments
Capital Campaign

27,475,000
1,137,496

2,000,000
1,000,000

Total Sources

31,612,496

Uses of Funds:

Building - Capitalized

FF&E - Capitalized

CON Licensing Fees

PreMarketing/Startup Costs

Resplacement Reserve (500 per ILU bed)

Loan Origination Financing Costs

Working Capital

Current Debt Refunding

24,163,085

1,600,000

200,000

687,996

90,500

1,421,415

549,500

2,900,000

Total Uses

31,612,496

% Dif Check

0%

% Dif Check

0%

Average Amortization Periods

40

10

NA

Expense or COI

NA

40

NA

NA

Life of Loan

Guestimate

Balance Sheet Only

Life of Loan

Balance Sheet Only

Life of Loan

Balance Sheet Only

Balance Sheet Only

Per Danielle Solomon (BKD)

Per Danielle Solomon (BKD)

Per Danielle Solomon (BKD)

Per Danielle Solomon (BKD)

**St. Paul's Home
Statements of Projected Capital
HUD Loan Option**

	Stabilized Occupancy	AVG. Duration	Depreciation Expense
Capitalized Building:			
Catawba	99,817	NA	3,600
ILU - Existing	5,375,695	NA	138,216
Skilled - New	14,131,013	40.00	353,275
Sheltered - New	10,032,072	40.00	250,802
	<u>29,638,597</u>		<u>742,293</u>
Capitalized FF&E:			
ILU - Existing	277,000	NA	5,240
Nursing - Existing	2,000,000	NA	67,704
Nursing - New	1,600,000	10.00	160,000
	<u>3,877,000</u>		<u>232,944</u>
Motor Vehicles:			
ILU - Apts	34,262		-
Nursing	50,779		4,548
	<u>50,779</u>		<u>4,548</u>
COI:			
New Loan	1,421,415	40.00	35,535
Marketing:			
New Loan	687,996	40.00	17,200
CON License:			
New Loan	200,000	-	NA
Land:			
Land	105,793		NA
Catawba	139,962		NA
Total Capital / Depreciation:			
ILU - Existing	5,786,774		147,056
Nursing - Existing	2,050,779		210,468
Nursing - New	25,763,085		764,077
Total Depreciation	<u>33,600,638</u>		<u>1,121,601</u>

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
ST. PAUL'S HOME FEASIBILITY STUDY FOR NEW CAMPUS														
RETIREMENT APARTMENTS ONLY														
1														
2														
3														
4														
5														
6	Revenues													
7														
8	Retirement Apt Rents	104,560	104,560	104,560	104,560	104,560	104,560	104,560	104,560	104,560	104,560	104,560	1,254,720	
9	2nd person fees	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	32,400	
10														
11														
12	Total operating income	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	1,287,120	
13														
14	Expenses - Salaries, Wages and Benefits													
15	Clinical													
16	Special Services	2,354	2,247	2,354	2,247	2,354	2,247	2,354	2,247	2,354	2,247	2,354	27,817	
17	Dietary	11,638	11,109	11,638	11,109	11,638	11,109	11,638	11,109	11,638	11,109	11,638	137,542	
18	Env Service	3,740	3,570	3,740	3,570	3,740	3,570	3,740	3,570	3,740	3,570	3,740	44,198	
19	Maintenance	2,376	2,376	2,376	2,376	2,376	2,376	2,376	2,376	2,376	2,376	2,376	28,516	
20	Admin / Other	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	50,000	
21	Salaries	24,275	23,469	24,275	23,469	24,275	23,469	24,275	23,469	24,275	23,469	24,275	288,073	
22														
23	Taxes and Benefits	4,215	4,215	4,304	4,304	4,366	4,366	4,366	4,304	4,366	4,366	4,366	51,690	
24	Salaries & benefits	28,490	27,622	28,490	27,773	28,641	28,641	28,641	27,773	28,641	28,641	28,641	339,763	
25														
26	Clinical													
27	Special Services	400	400	400	400	400	400	400	400	400	400	400	4,800	
28	Dietary	8,650	8,650	8,650	8,650	8,650	8,650	8,650	8,650	8,650	8,650	8,650	103,800	
29	Environmental Services	543	543	543	543	543	543	543	543	543	543	543	6,510	
30	Maintenance	16,400	16,400	16,400	16,400	16,400	16,400	16,400	16,400	16,400	16,400	16,400	200,800	
31	General & administrative	14,108	14,108	14,108	14,108	14,108	14,108	14,108	14,108	14,108	14,108	14,108	169,296	
32	Operating Expense	40,101	40,101	40,101	40,101	40,101	40,101	40,101	40,101	40,101	40,101	40,101	485,206	
33														
34														
35	EBITDA - Earnings Before Interest Taxes Depreciation and Amortization	38,670	39,538	38,670	37,387	38,519	39,387	38,519	37,387	38,519	38,519	38,519	462,151	
36														
37	Interest Exp	9,485	9,485	9,485	9,485	9,485	9,485	9,485	9,485	9,485	9,485	9,485	113,819	
38	Depreciation	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	150,000	
39	Amortization	323	323	323	323	323	323	323	323	323	323	323	3,880	
40	Taxes, Interest, Amort / Depre	22,308	22,308	22,308	22,308	22,308	22,308	22,308	22,308	22,308	22,308	22,308	267,699	
41														
42	Net income	16,362	17,229	16,362	15,078	16,211	17,078	16,211	15,078	16,211	16,211	16,211	194,452	
43														
44														
45														
46	NET INCOME												194,452	
47	Net income %												15.1%	
48	Income to be used for DSC												458,271	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
ST. PAUL'S HOME FEASIBILITY STUDY FOR NEW CAMPUS														
SHELTER CARE only														
1														
2														
3														
4														
5														
6	Revenues													
7														
8	Shelter Care	73,160	66,080	73,160	70,800	73,160	73,160	73,160	70,800	73,160	70,800	73,160	861,400	
9	Charitable Care - Foundation w/ SNF	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000	
10	Total operating income	74,160	67,080	74,160	71,800	74,160	74,160	74,160	71,800	74,160	71,800	74,160	873,400	
11														
12	Expenses													
13	Clinical	10,574	10,093	10,574	10,093	10,574	10,574	10,574	10,093	10,574	10,574	10,574	124,966	
14	Special Services	468	447	468	447	468	468	468	447	468	468	468	5,531	
15	Dietary	1,717	1,639	1,717	1,639	1,717	1,717	1,717	1,639	1,717	1,717	1,717	20,288	
16	Env Service	1,108	1,058	1,108	1,058	1,108	1,108	1,108	1,058	1,108	1,108	1,108	13,094	
17	Maintenance	653	623	653	623	653	653	653	623	653	653	653	7,715	
18	Admin / Other	1,874	1,797	1,874	1,797	1,874	1,874	1,874	1,797	1,874	1,874	1,874	22,176	
19	Salaries	16,393	15,656	16,393	15,656	16,393	16,393	16,393	15,656	16,393	16,393	16,393	193,769	
20														
21	Taxes and Benefits	3,148	3,092	3,148	3,243	3,299	3,299	3,299	3,243	3,299	3,299	3,299	38,913	
22	Salaries & benefits	19,541	18,748	19,541	18,899	19,692	19,692	19,692	18,899	19,692	19,692	19,692	232,682	
23														
24	Clinical	312	312	312	312	312	312	312	312	312	312	312	3,746	
25	Special Services	45	45	45	45	45	45	45	45	45	45	45	540	
26	Dietary	4,452	4,029	4,452	4,311	4,452	4,452	4,452	4,311	4,452	4,311	4,452	52,438	
27	Environmental Services	527	476	527	510	527	527	527	510	527	510	527	6,205	
28	Maintenance	4,485	4,485	4,485	4,485	4,485	4,485	4,485	4,485	4,485	4,485	4,485	55,820	
29	General & administrative	8,412	8,047	8,412	8,290	8,412	8,412	8,412	8,290	8,412	8,290	8,412	100,088	
30	Operating Expense	18,233	17,394	18,233	18,953	18,233	18,233	18,233	18,953	18,233	17,953	18,233	218,837	
31														
32														
33	EBITDA - Earnings Before Interest Taxes													
34	Depreciation and Amortization	36,386	30,938	36,386	33,948	36,235	36,235	36,235	33,948	36,235	34,154	36,235	421,880	
35	Interest Exp	26,159	26,159	26,159	26,159	26,159	26,159	26,159	26,159	26,159	26,159	26,159	313,904	
36	Depreciation	19,817	19,817	19,817	19,817	19,817	19,817	19,817	19,817	19,817	19,817	19,817	237,806	
37	Amortization	821	821	821	821	821	821	821	821	821	821	821	9,852	
38	Taxes, Interest, Amort / Depre	46,797	46,797	46,797	46,797	46,797	46,797	46,797	46,797	46,797	46,797	46,797	561,562	
39														
40	Net income	(10,411)	(15,858)	(10,411)	(12,849)	(10,562)	(10,562)	(10,562)	(12,849)	(10,562)	(12,643)	(10,562)	(139,682)	
41														
42														
43														
44	NET INCOME												(139,682)	
45	Net income %												-16.0%	
46	Income to be used for DSC												Income to be used for DSC	412,028

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1														
2														
3														
4														
5														
6	Revenues													
7														
8	Private	369,985	341,860	369,985	360,610	369,985	360,610	369,985	360,610	369,985	360,610	369,985	360,610	4,374,195
9	Medicaid - SNF/IC	111,600	100,800	111,600	108,000	111,600	111,600	111,600	108,000	111,600	111,600	111,600	108,000	1,314,000
10	Medicare A	202,049	182,496	202,049	195,531	202,049	202,049	202,049	195,531	202,049	202,049	202,049	195,531	2,378,961
11	Medicare B	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	269,280
12	Other operating income	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	42,600
13	Charitable Care - Foundation w/Shellar	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	48,000
14	Foundation Support	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	108,000
15	Total operating income	722,624	664,146	722,624	703,131	722,624	722,624	722,624	703,131	722,624	722,624	722,624	703,131	8,535,036
16														
17	Expenses													
18	Clinical	200,907	191,775	200,907	191,775	200,907	200,907	200,907	191,775	200,907	200,907	200,907	200,907	2,374,353
19	Special Services	8,892	8,882	8,892	8,882	8,892	8,892	8,892	8,882	8,892	8,892	8,892	8,892	105,092
20	Dietary	32,617	31,134	32,617	31,134	32,617	32,617	32,617	31,134	32,617	32,617	32,617	32,617	385,470
21	Env Service	21,051	20,094	21,051	20,094	21,051	21,051	21,051	20,094	21,051	21,051	21,051	21,051	248,781
22	Maintenance	10,027	9,463	10,027	9,463	10,027	10,027	10,027	9,463	10,027	10,027	10,027	10,027	118,065
23	Admin / Other	31,434	29,967	31,434	29,967	31,434	31,434	31,434	29,967	31,434	31,434	31,434	31,434	371,339
24	Salaries	304,927	290,921	304,927	290,921	304,927	304,927	304,927	290,921	304,927	304,927	304,927	304,927	3,603,100
25														
26	Taxes and Benefits	56,748	55,677	56,748	55,677	56,748	56,748	56,748	55,677	56,748	56,748	56,748	56,748	701,154
27	Salaries & benefits	361,675	346,597	361,675	349,315	361,675	361,675	361,675	349,315	361,675	361,675	361,675	361,675	4,304,254
28														
29	Clinical	69,602	64,692	69,602	68,099	69,602	67,699	69,602	70,099	69,602	67,699	69,602	67,699	823,900
30	Special Services	855	855	855	855	855	855	855	855	855	855	855	855	10,260
31	Dietary	23,870	21,710	23,870	23,870	23,870	23,870	23,870	23,150	23,870	23,870	23,870	23,150	281,400
32	Environmental Services	2,635	2,380	2,635	2,550	2,635	2,550	2,635	2,550	2,635	2,550	2,635	2,550	31,025
33	Maintenance	26,348	26,348	26,348	26,348	26,348	26,348	26,348	26,348	26,348	26,348	26,348	26,348	322,170
34	General & administrative	90,516	89,780	90,516	93,156	94,844	94,844	94,844	93,156	94,844	94,844	94,844	93,156	1,125,548
35	Operating Expense	213,825	205,764	213,825	217,753	217,753	213,757	217,753	219,157	217,753	218,153	218,153	219,157	2,594,302
36														
37														
38	EBITDA - Earnings Before Interest Taxes													
39	Depreciation and Amortization	147,123	111,784	142,195	136,659	140,477	140,059	140,477	134,659	140,077	123,197	139,694	123,197	1,636,479
40	Interest Exp	57,890	57,890	57,890	57,890	57,890	57,890	57,890	57,890	57,890	57,890	57,890	57,890	694,680
41	Depreciation	47,275	47,275	47,275	47,275	47,275	47,275	47,275	47,275	47,275	47,275	47,275	47,275	567,296
42	Amortization	1,817	1,817	1,817	1,817	1,817	1,817	1,817	1,817	1,817	1,817	1,817	1,817	21,803
43	Taxes, Interest, Amort / Depre	106,982	106,982	106,982	106,982	106,982	106,982	106,982	106,982	106,982	106,982	106,982	106,982	1,283,779
44														
45	Net income	40,142	4,803	35,214	29,677	33,496	33,077	33,496	27,677	33,096	16,216	32,712	16,216	352,700
46														
47														
48														
49	NET INCOME													352,700
50	Net income %													4.1%
51	Income to be used for DSC													1,069,183

A										New Campus projection												PRIV CAID MEDA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QR	QS	QT	QU	QV	QW	QX	QY	QZ	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	RZ	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	SZ	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TQ	TR	TS	TT	TU	TV	TW	TX	TY	TZ	UA	UB	UC	UD	UE	UF	UG	UH	UI	UJ	UK	UL	UM	UN	UO	UP	UQ	UR	US	UT	UU	UV	UW	UX	UY	UZ	VA	VB	VC	VD	VE	VF	VG	VH	VI	VJ	VK	VL	VM	VN	VO	VP	VQ	VR	VS	VT	VU	VV	VW	VX	VY	VZ	WA	WB	WC	WD	WE	WF	WG	WH	WI	WJ	WK	WL	WM	WN	WO	WP	WQ	WR	WS	WT	WU	WV	WW	WX	WY	WZ	XA	XB	XC	XD	XE	XF	YG	YH	YI	YJ	YK	YL	YM	YN	YO	YP	YQ	YR	YS	YT	YU	YV	YW	YX	YY	YZ	ZA	ZB	ZC	ZD	ZE	ZF	ZG	ZH	ZI	ZJ	ZK	ZL	ZM	ZN	ZO	ZP	ZQ	ZR	ZS	ZT	ZU	ZV	ZW	ZX	ZY	ZZ	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	

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			Hire Date	Date	Base	Inc	Hourly	Rate	hrs	Days	per day	per week	per year	per year		# of PTEs	Salary \$5	Salary \$5
					Wage			Wage	3%	per day						2014	2014	2013
																Jan	BUDGET	
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1	St. Paul's Home in Belleville																
2	SHELTER CARE ONLY																
3	SUPPORTING SCHEDULES																
4																	
5																	
6																	
7																	
8																	
9																	
10	INPUT FIELD																
11	Annual Data																
12	PPD VALUES																
13	Med Sup - non chargeable 50-7100-35-02																
14	Pharmacy Council 50-7110-35-02																
15	Medical Director 50-7100-35-02																
16	Clinical Supplies 50-7100-35-02																
17	SHELTER CARE ONLY AT 5%																
18																	
19																	
20																	
21																	
22																	
23	CLINICAL EXPENSES - SHELTER CARE & NURSERY CARE																
24	Special Resident Services - Social Services / Activities																
25	Activities - Shelter & Memory Care 50-9100-05-02																
26	Resident Background Check 50-9170-01-02																
27																	
28																	
29	SPECIAL SERVICES AT 5%																
30																	
31	Marketing																
32	Marketing - NREG 50-9710-01-02																
33	MARKETING AT 15%																
34																	
35	DISCOUNT																
36	Raw Food - ICF/SC 50-8100-30-02																
37	Food - ICF/SC 50-8100-30-02																
38	Food - ICF/SC 50-8100-30-02																
39	Food - ICF/SC 50-8100-30-02																
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73	Food - ICF/SC 50-8100-30-02																
74	MAINTENANCE AT 5%																
75																	

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	1221	1222	1223	1224	1225	1226	1227	1228	1229	1230	1231	1232	1233	1234	1235	1236	1237	1238	1239	1240	1241	1242	1243	1244	1245	1246	1247	1248	1249	1250	1251	1252	1253	1254	1255	1256	1257	1258	1259	1260	1261	1262	1263	1264	1265	1266	1267	1268	1269	1270	1271	1272	1273	1274	1275	1276	1277	1278	1279	1280	1281	1282	1283	1284	1285	1286	1287	1288	1289	1290	1291	1292	1293	1294	1295	1296	1297	1298	1299	1300	1301	1302	1303	1304	1305	1306	1307	1308	1309	1310	1311	1312	1313	1314	1315	1316	1317	1318	1319	1320	1321	1322	1323	1324	1325	1326	1327	1328	1329	1330	1331	1332	1333	1334	1335	1336	1337	1338	1339	1340	1341	1342	1343	1344	1345	1346	1347	1348	1349	1350	1351	1352	1353	1354	1355	1356	1357	1358	1359	1360	1361	1362	1363	1364	1365	1366	1367	1368	1369	1370	1371	1372	1373	1374	1375	1376	1377	1378	1379	1380	1381	1382	1383	1384	1385	1386	1387	1388	1389	1390	1391	1392	1393	1394	1395	1396	1397	1398	1399	1400	1401	1402	1403	1404	1405	1406	1407	1408	1409	1410	1411	1412	1413	1414	1415	1416	1417	1418	1419	1420	1421	1422	1423	1424	1425	1426	1427	1428	1429	1430	1431	1432	1433	1434	1435	1436	1437	1438	1439	1440	1441	1442	1443	1444	1445	1446	1447	1448	1449	1450	1451	1452	1453	1454	1455	1456	1457	1458	1459	1460	1461	1462	1463	1464	1465	1466	1467	1468	1469	1470	1471	1472	1473	1474	1475	1476	1477	1478	1479	1480	1481	1482	1483	1484	1485	1486	148

ST. PAUL'S HOME FEASIBILITY STUDY FOR NEW CAMPUS														
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1														
2														
3														
4														
5														
6	Revenues													TOTAL NEW CAMPUS
7	Retirement Living	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	1,287,120
8	Shelter Care	73,160	73,160	73,160	73,160	73,160	73,160	73,160	73,160	73,160	73,160	73,160	73,160	861,400
9	Private	369,985	369,985	369,985	369,985	369,985	369,985	369,985	369,985	369,985	369,985	369,985	369,985	4,374,195
10	Medicaid - SNF/IC	111,600	111,600	111,600	111,600	111,600	111,600	111,600	111,600	111,600	111,600	111,600	111,600	1,314,000
11	Medicare A	202,049	202,049	202,049	202,049	202,049	202,049	202,049	202,049	202,049	202,049	202,049	202,049	2,378,961
12	Medicare B	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	269,280
13	Other operating income	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	42,600
14	Charitable Care - Foundation Shelter and SNF	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
15	Foundation - Fund Development Staffing and benefits	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
16	Foundation Support	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	48,000
17														
18	Total operating income	904,044	904,044	904,044	904,044	904,044	904,044	904,044	904,044	904,044	904,044	904,044	904,044	10,695,556
19	Expenses													
20	Salaries & benefits													
21	Clinical	201,868	201,868	201,868	201,868	201,868	201,868	201,868	201,868	201,868	201,868	201,868	201,868	2,499,319
22	Special Services	11,714	11,714	11,714	11,714	11,714	11,714	11,714	11,714	11,714	11,714	11,714	11,714	138,441
23	Dietary	43,882	43,882	43,882	43,882	43,882	43,882	43,882	43,882	43,882	43,882	43,882	43,882	526,584
24	Env Service	24,721	24,721	24,721	24,721	24,721	24,721	24,721	24,721	24,721	24,721	24,721	24,721	296,652
25	Maintenance	10,679	10,679	10,679	10,679	10,679	10,679	10,679	10,679	10,679	10,679	10,679	10,679	128,148
26	Admin / Other	37,474	37,474	37,474	37,474	37,474	37,474	37,474	37,474	37,474	37,474	37,474	37,474	449,513
27	Salaries	343,219	343,219	343,219	343,219	343,219	343,219	343,219	343,219	343,219	343,219	343,219	343,219	4,056,426
28	Taxes and Benefits	64,131	64,131	64,131	64,131	64,131	64,131	64,131	64,131	64,131	64,131	64,131	64,131	769,577
29	Salaries & benefits	407,350	407,350	407,350	407,350	407,350	407,350	407,350	407,350	407,350	407,350	407,350	407,350	4,848,183
30	Clinical	69,914	69,914	69,914	69,914	69,914	69,914	69,914	69,914	69,914	69,914	69,914	69,914	827,646
31	Special Services	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	15,600
32	Dietary	36,972	36,972	36,972	36,972	36,972	36,972	36,972	36,972	36,972	36,972	36,972	36,972	437,638
33	Env Service	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	43,740
34	Maintenance	47,233	47,233	47,233	47,233	47,233	47,233	47,233	47,233	47,233	47,233	47,233	47,233	566,790
35	Admin & administrative	113,035	113,035	113,035	113,035	113,035	113,035	113,035	113,035	113,035	113,035	113,035	113,035	1,354,532
36	Operating Expense	272,159	272,159	272,159	272,159	272,159	272,159	272,159	272,159	272,159	272,159	272,159	272,159	3,298,345
37	EBITDA - Earnings Before Interest Taxes Depreciation and Amortization	224,555	224,555	224,555	224,555	224,555	224,555	224,555	224,555	224,555	224,555	224,555	224,555	2,549,027
38	Interest Exp 70% / 15% 15%	93,534	93,534	93,534	93,534	93,534	93,534	93,534	93,534	93,534	93,534	93,534	93,534	1,122,403
39	Depreciation New and current	79,592	79,592	79,592	79,592	79,592	79,592	79,592	79,592	79,592	79,592	79,592	79,592	955,102
40	Amortization of New Financing	2,961	2,961	2,961	2,961	2,961	2,961	2,961	2,961	2,961	2,961	2,961	2,961	35,535
41	Taxes, Interest, Amort / Depre	176,087	176,087	176,087	176,087	176,087	176,087	176,087	176,087	176,087	176,087	176,087	176,087	2,113,040
42	Net income	48,468	48,468	48,468	48,468	48,468	48,468	48,468	48,468	48,468	48,468	48,468	48,468	580,986
43	NET INCOME													435,986
44	Net income %													4.1%
45	Income to be used for DSC													2,549,027
46	DSCR													1.6

A										B										C										D									
St. Paul's Home in Belleville																																							
STATEMENTS OF REVENUES AND EXPENSES																																							

ST PAUL'S HOME LOAN PAYABLE

Private Placement

	Care Level	\$\$	Square Footage		%
Loan:	Apts	3,000,000	65,259		0
	Clinical	16,857,582	65,249		1
	Sheltered	7,617,418	29,484	94,733	0
		27,475,000	159,992		1

Total Principal Amount

27,475,000

MADS

1,228,269

Interest Rate

3.25%

Amortization Period

40

Princip Due	Principal Amount	Interest Rate	Annual Interest Payment	Principal Payments	Annual Payments on Debt	Monthly Payments
	27,475,000					
2013	27,475,000	3.2500%	38,960		38,960	3,247
2014	27,475,000	3.2500%	553,409		553,409	46,117
2015	27,475,000	3.2500%	887,897	340,371	1,228,268	102,356
2016	27,134,629	3.2500%	876,669	351,600	1,228,268	102,356
2017	26,783,029	3.2500%	865,070	363,198	1,228,268	102,356
2018	26,419,831	3.2500%	853,089	375,180	1,228,269	102,356
2019	26,044,651	3.2500%	840,712	387,556	1,228,269	102,356
2020	25,657,094	3.2500%	827,927	400,341	1,228,268	102,356
2021	25,256,753	3.2500%	814,720	413,548	1,228,268	102,356
2022	24,843,205	3.2500%	801,078	427,190	1,228,269	102,356
2023	24,416,014	3.2500%	786,986	441,283	1,228,268	102,356
2024	23,974,732	3.2500%	772,428	455,840	1,228,268	102,356

Ignore this area

ST PAUL'S HOME LOC LOAN PAYABLE

	Care Level	\$\$	Square Footage		%
Loan:	Apts	-	65,259		0.00%
	Clinical	783,470	65,249		68.88%
	Sheltered	354,026	29,484	94,733	31.12%
		1,137,496	159,992		100.00%

Total Principal Amount	\$1,137,496	MADS	160,274.88
Interest Rate	3.00%		
Amortization Period	1		

Princip Due	Principal Amount	Interest Rate	Annual Interest Payment	Principal Payments	Annual Payments	Monthly Payments
	1,137,496					
Jun-13	1,137,496	3.0000%	17,062.44	-	17,062.44	2,843.74
Jan-14	1,137,496	3.0000%	34,124.88	-	34,124.88	2,843.74
Jan-15	1,137,496	3.0000%	34,124.88	-	34,124.88	2,843.74
Jan-16	1,137,496	3.0000%	34,124.88	45,000	79,124.88	6,593.74
Jan-17	1,092,496	3.0000%	32,774.88	90,000	122,774.88	10,231.24
Jan-18	1,002,496	3.0000%	30,074.88	90,000	120,074.88	10,006.24
Jan-19	912,496	3.0000%	27,374.88	90,000	117,374.88	9,781.24
Jan-20	822,496	3.0000%	24,674.88	120,000	144,674.88	12,056.24
Jan-21	702,496	3.0000%	21,074.88	120,000	141,074.88	11,756.24
Jan-22	582,496	3.0000%	17,474.88	120,000	137,474.88	11,456.24
Jan-23	462,496	3.0000%	13,874.88	120,000	133,874.88	11,156.24
Jan-24	342,496	3.0000%	10,274.88	150,000	160,274.88	13,356.24
Jan-25	192,496	3.0000%	5,774.88	150,000	155,774.88	12,981.24
Jan-26	42,496	3.0000%	1,274.88	42,496	43,770.88	3,647.57
Jan-27	0	3.0000%	0.00			

St. Paul's Home Project Structure

00523

Stabilized Occupancy

Development Project:

Sources of Funds:

Mortgage Debt	27,475,000	Building	\$24,163,085
Sub Debt	-		
STP Contributions:			
Cash & Investments	2,000,000		
Capital Campaign	1,000,000		
LOI	1,137,496		
Total Sources	31,612,496		

Uses of Funds:

	Average Amortization Periods	SNF	Sheltered	Apts	Total
Building - Capitalized	40	16,642,745	7,520,340	-	24,163,085
FF&E - Capitalized	10	1,102,028	497,972	-	1,600,000
CON Licensing Fees	NA	137,753	62,247	-	200,000
PreMarketing Costs	Expense or COI	473,869	214,127	-	687,996
Replacement Reserve (500 per ILU bed)	NA	Balance Sheet Only		90,500	90,500
Loan Origination Financing Costs	40	872,124	394,086	155,205	1,421,415
Working Capital	NA	Balance Sheet	152,348	60,000	549,500
Current Debt Refunding	NA	Balance Sheet	-	2,900,000	2,900,000
Total Uses		19,565,671	8,841,120	3,205,705	31,612,496
		61.89%	27.97%	10.14%	Check

Statistics

	SNF	Sheltered	Apts	Total
Aggregate % Square Feet Applied to Debt	61.36%	27.72%	10.92%	100.00%
Developed Square Feet Applied to Debt	68.88%	31.12%	0.00%	100.00%
Debt % Distributed from Detail Schedule	61.89%	27.97%	10.14%	100.00%

To be applied to principal and interest
allocated by payer type.

**St. Paul's Home
Project Structure
Appendix A**

USE OF FUNDS	BSI Numbers		STIFEL Numbers		Additions to BSI Numbers		Final Appendix A	
	CLINICAL	NONCLINICAL	TOTAL	DIFFERENCE	CLINICAL	NONCLINICAL	CLINICAL	NONCLINICAL
Preplanning Costs (Startup Mktg + Init	\$99,871	\$45,129	\$145,000	(542,996)	373,998	168,998	\$473,869	\$214,127
Site Survey and Soil Investigation	\$27,551	\$12,449	\$40,000	(97,500)	67,155	30,345	\$94,706	\$42,794
Site Prep	\$482,137	\$217,863	\$700,000	-	-	-	\$482,137	\$217,863
Off Site Work	\$0	\$0	\$0	-	-	-	\$0	\$0
New Construction Contracts	\$0	\$0	\$0	-	-	-	\$0	\$0
Modernization Contracts	\$14,157,805	\$6,397,473	\$20,555,278	20,577	(14,173)	(6,404)	\$14,143,632	\$6,391,069
Contingencies	\$344,384	\$155,616	\$500,000	-	-	-	\$344,384	\$155,616
Architectural / Engineering	\$645,042	\$291,474	\$936,516	20,000	(13,775)	(6,225)	\$631,266	\$285,250
Reserve for Replacement	\$0	\$0	\$0	(90,500)	62,333	28,167	\$62,333	\$28,167
Working Capital	\$325,098	\$146,902	\$472,000	(549,500)	378,478	171,022	\$378,478	\$171,022
Consulting and Other Fees	\$1,102,028	\$497,972	\$1,600,000	-	-	-	\$325,098	\$146,902
Movable or Other Equipment	\$103,315	\$46,685	\$150,000	(1,271,415)	875,709	395,706	\$1,102,028	\$497,972
Bond Issuance Expense (project related)	\$0	\$0	\$0	(592,368)	408,004	184,364	\$979,024	\$442,391
Net Interest Expense During	\$0	\$0	\$0	-	-	-	\$403,004	\$184,364
Construction (project related)	\$0	\$0	\$0	-	-	-	\$0	\$0
Fair Market Value of Leased Space or	\$0	\$0	\$0	-	-	-	\$351,271	\$158,729
Equipment	\$351,271	\$158,729	\$510,000	-	-	-	\$0	\$0
Other Costs To Be Capitalized	\$0	\$0	\$0	-	-	-	\$0	\$0
Acquisition of Building or Other	\$0	\$0	\$0	-	-	-	\$0	\$0
Property (excluding land)	\$0	\$0	\$0	-	-	-	\$0	\$0
TOTAL USES OF FUNDS	\$17,638,502	\$10,870,292	\$28,508,794	(3,103,702)	2,137,729	965,973	\$19,776,231	\$11,836,265
"Use" Percentages							62.56%	37.44%
SOURCE OF FUNDS								
Cash and Securities								
Pledges								
Gifts and Bequests								
Bond Issues (project related)								
Mortgage Proceeds								
Subordinate Debt / LOI								
Leases (fair market value)								
Governmental Appropriations								
Grants								
Other Funds and Sources								
TOTAL SOURCES OF FUNDS	\$19,776,231	\$11,836,265	\$31,612,496					

*Nursing Facility
1021 West E. Street
Belleville, IL 62220
618-233-2095
618-233-2109 fax*



*Retirement Apartments
901 West E. Street
Belleville, IL 62220
618-233-2095*

HOME FOUNDATION

December 31, 2012

To: Illinois Health Facilities and Services Review Board

Subject: Modernization of the Existing St. Paul's Home, Belleville, IL

The primary function of the St. Paul's Home Foundation is to raise, manage, and provide funds in support of the operation of St. Paul's Home, which includes its nursing facility as well as the retirement apartments. I have had the opportunity to review the Illinois Health Facilities and Services Review Board's (the "Board") definition of control. The foundation does not, in any way, have any control, as that term is defined by the Board, over the facility.

St. Paul's Home has been providing care to residents of Belleville, Illinois and the surrounding communities in a fiscally responsible manner for the past 86 years. While the foundation exists to support the facility, it has never had to step in to meet any debt or fulfill any legal obligation that the facility was unable to address. That said, in the unlikely event that the St. Paul's Home would be unable to meet its' debt obligations as related to the proposed Certificate of Need project, as part of our mission, the St. Paul's Home Foundation would be available to help support the operation of the St. Paul's Home and assist in meeting its obligations to its residents and to the community. Our willingness to do so would be to fulfill our mission and under no circumstances would it result in the foundation obtaining control over the facility.

Sincerely,

A handwritten signature in cursive script that reads "Michael Pierce".

Michael Pierce
St. Paul's Home Foundation Chairperson

Economic Feasibility

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 1.5 times for LTC 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.

SEE ATTACHED CORRESPONDENCE

ATTACHMENT 30

St. Andrew's MANAGEMENT SERVICES

Chair
Ronald E. Gribbins, PhD

Vice Chair
Bruce Gosser

Secretary
David Henley

Treasurer
Adrianne R. Williams

Director
Catherine A. Dulle
Susan French

President & CEO
Mary Alice Ryan

St. Paul's Home spent a substantial amount of time and effort assessing the available financing options. We have concluded that the plan outlined in this project application is the most reasonable option available. The cash necessary to complete this project on a cash basis is not available, thus requiring the use of debt financing. The level of borrowing sought integrates the use of cash-on-hand, the liquidation of existing investment, the use of short-term borrowing, and the use of long-term borrowing. This has been designed to structure the most reasonable financing option so as to ensure our fiscal responsibility.

Based upon our efforts and our research, we can certify that the debt financing being utilized is the lowest net cost available to St. Paul's for this project.

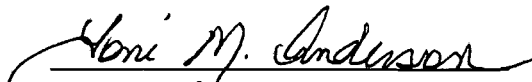
Respectfully submitted,



Gregory Elliott
Chief Financial Officer
St. Andrew's Management Services

Notarization:

Subscribed and sworn to before me
this 4th day of January, 2013


Signature of Notary

TONI M. ANDERSON
My Commission Expires
May 11, 2013
St. Louis County
Commission #09708951

Our Mission: To be the premiere management and consulting firm providing innovative, high quality, cost efficient services to clients who serve older adults through housing, community based services and health care.

6633 Delmar Blvd.

St. Louis, MO 63130

Phone: (314) 726-0111
Fax: (314) 726-2773



Web: www.standrews1.com
e-mail: info@standrews1.com

St. Paul's Home - Belleville, IL

Estimated Project Costs

Department / Area	Cost (\$)	Gross Sq Ft.	Cost/SF
Site Preparation	\$ 1,996,653		
Off-Site Work	\$ -		
CLINICAL			
Resident Rooms	\$ 6,151,450	32,041	\$ 191.99
Nurse, Meds, O2	\$ 281,679	1,404	\$ 200.63
Clean Utility, Soiled Utility, Clean Linen	\$ 211,355	1,190	\$ 177.61
Spa	\$ 545,912	1,074	\$ 508.30
Resident Laundry	\$ 152,660	626	\$ 243.87
Janitor, Misc Storage	\$ 43,191	280	\$ 154.25
Dining, TV, Hearth, Parlor	\$ 1,133,079	6,259	\$ 181.03
Household Kitchen	\$ 704,358	2,185	\$ 322.36
Screened or Covered Porch	\$ 250,023	1,500	\$ 166.68
Corridors	\$ 1,940,000	11,990	\$ 161.80
Stairs	\$ 313,863	2,107	\$ 148.96
Restrooms	\$ 230,704	407	\$ 566.84
Salon	\$ 74,494	362	\$ 205.78
Exam Room	\$ 31,498	197	\$ 159.89
Physical Therapy	\$ 235,881	1,460	\$ 161.56
Elevators	\$ 339,082	596	\$ 568.93
Commercial Laundry	\$ 101,979	358	\$ 284.86
Housekeeping	\$ 106,624	489	\$ 218.05
Renovation	\$ 123,726.05	724	\$ 170.89
Total CLINICAL	\$ 12,971,556	65,249	\$ 198.80
NON-CLINICAL			
Resident Rooms	\$ 1,690,346	8,093	\$ 208.87
Nurse, Meds, O2	\$ 45,723	212	\$ 215.68
Clean Utility, Soiled Utility, Clean Linen	\$ 33,706	183	\$ 184.18
Spa	\$ 28,133	177	\$ 158.94
Resident Laundry	\$ 35,173	155	\$ 226.92
Janitor, Misc Storage	\$ 262,230	1,700	\$ 154.25
Dining, TV, Hearth, Parlor	\$ 207,665	1,138	\$ 182.48
Household Kitchen	\$ 140,872	437	\$ 322.36
Screened or Covered Porch	\$ 50,000	300	\$ 166.67
Corridors, Lobby, Vestibule	\$ 1,267,768	6,935	\$ 182.81
Public Restrooms	\$ 223,826	1,095	\$ 204.41
Community Room/Chapel, Catering Kitchen	\$ 263,684	1,460	\$ 180.61
Stairs	\$ 41,946	278	\$ 150.88
Offices, Conference	\$ 354,245	2,164	\$ 163.70
Employee Lounge, Lockers	\$ 72,190	468	\$ 154.25
Mechanical, Electrical, Plumbing	\$ 88,729	568	\$ 156.21
Elevators	\$ 72,953	143	\$ 510.16
Commercial Laundry	\$ 80,556	285	\$ 282.65
Housekeeping	\$ 24,541	117	\$ 209.75
Renovation	\$ 611,110.97	3,576	\$ 170.89
Total NON-CLINICAL	\$ 5,595,396	29,484	\$ 189.78
Modernization Contracts	\$ 18,566,952	94,733	\$ 195.99
Construction Contingency	\$ 1,196,000		
Other Fees	\$ 10,000		
Bond	\$ 119,519		
Total estimated CONSTRUCTION COSTS	\$ 21,889,125	94,733	\$ 231.06

Estimated Project Costs Summary

Total CLINICAL	\$ 13,807,696	65,249	\$ 211.62
Total NON-CLINICAL	\$ 8,081,428	29,484	\$ 274.10
Total estimated CONSTRUCTION COSTS	\$ 21,889,125	94,733	\$ 231.06

ASSUMPTIONS

1. The only costs we have currently included with the "Other Fees" section is the cost certification.
2. We have pro-rated the building permit fees across the site work and modernization work.
3. Unless a portion could be specifically attributed to a department/area, the following items have been pro-rated on a cost/sf basis among the modernization contracts: general conditions, foundations, structural steel, building skin, drywall, roofing, HVAC, fire protection, and electrical
5. We have included all costs as being "on-site"

St. Paul's Home - Belleville, IL

Estimated Project Costs

Department / Area	Cost (\$)	Gross Sq Ft.	Cost/SF
CLINICAL			
Resident Rooms	\$ 6,547,969	32,041	\$ 191.99
Nurse, Meds, O2	\$ 299,836	1,404	\$ 200.63
Clean Utility, Soiled Utility, Clean Linen	\$ 224,979	1,190	\$ 177.61
Spa	\$ 581,101	1,074	\$ 508.30
Resident Laundry	\$ 162,500	626	\$ 243.87
Janitor, Misc Storage	\$ 45,975	280	\$ 154.25
Dining, TV, Hearth, Parlor	\$ 1,206,117	6,259	\$ 181.03
Household Kitchen	\$ 749,760	2,185	\$ 322.36
Screened or Covered Porch	\$ 266,139	1,500	\$ 166.68
Corridors	\$ 2,065,051	11,990	\$ 161.80
Stairs	\$ 334,094	2,107	\$ 148.96
Restrooms	\$ 245,575	407	\$ 566.84
Salon	\$ 79,295	362	\$ 205.78
Exam Room	\$ 33,528	197	\$ 159.89
Physical Therapy	\$ 251,085	1,460	\$ 161.56
Elevators	\$ 360,939	596	\$ 568.93
Commercial Laundry	\$ 108,553	358	\$ 284.86
Housekeeping	\$ 113,497	489	\$ 218.05
Renovation	\$ 131,701	724	\$ 170.89
Total CLINICAL	\$ 13,807,696	65,249	\$ 211.62

NON-CLINICAL			
Resident Rooms	\$ 1,799,305	8,093	\$ 208.87
Nurse, Meds, O2	\$ 48,670	212	\$ 215.68
Clean Utility, Soiled Utility, Clean Linen	\$ 35,878	183	\$ 184.18
Spa	\$ 29,946	177	\$ 158.94
Resident Laundry	\$ 37,440	155	\$ 226.92
Janitor, Misc Storage	\$ 279,133	1,700	\$ 154.25
Dining, TV, Hearth, Parlor	\$ 221,051	1,138	\$ 182.48
Household Kitchen	\$ 149,952	437	\$ 322.36
Screened or Covered Porch	\$ 53,223	300	\$ 166.67
Corridors, Lobby, Vestibule	\$ 1,349,488	6,935	\$ 182.81
Public Restrooms	\$ 238,253	1,095	\$ 204.41
Community Room/Chapel, Catering Kitchen	\$ 280,681	1,460	\$ 180.61
Stairs	\$ 44,649	278	\$ 150.88
Offices, Conference	\$ 377,080	2,164	\$ 163.70
Employee Lounge, Lockers	\$ 76,844	468	\$ 154.25
Mechanical, Electrical, Plumbing	\$ 94,448	568	\$ 156.21
Elevators	\$ 77,655	143	\$ 510.16
Commercial Laundry	\$ 85,749	285	\$ 282.65
Housekeeping	\$ 26,123	117	\$ 209.75
Renovation	\$ 650,503	3,576	\$ 170.89
Site Preparation	\$ 2,125,356		
Off-Site Work	\$ -		
Total NON-CLINICAL	\$ 8,081,428	29,484	\$ 274.10

Estimated Project Costs Summary

Total CLINICAL	\$ 13,807,696	65,249	\$ 211.62
Total NON-CLINICAL	\$ 8,081,428	29,484	\$ 274.10
Total estimated CONSTRUCTION COSTS	\$ 21,889,125	94,733	\$ 231.06

ASSUMPTIONS

1. We have placed all construction costs in either the clinical or non-clinical areas based upon LGA's designation.
2. All site preparation has been included with non-clinical
3. We have pro-rated the permit, construction contingency, other fees and bond among the clinical and non-clinical line items.
4. Unless a portion could be specifically attributed to a department/area, the following items have been pro-rated on a cost/sf basis among the clinical/non-clinical areas: general conditions, foundations, structural steel, building skin, drywall, roofing, HVAC, fire protection, and electrical
5. We have included all costs as being "on-site"

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1	ST. PAUL'S VILLAGE DRAFT PROFORMA BASED ON STABILIZED OCCUPANCY																						
2	RETIREMENT, SHELTER CARE/MEMORY CARE AND SKILLED NURSING LEVELS OF CARE																						
3																							
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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
ST. PAUL'S HOME FEASIBILITY STUDY FOR NEW CAMPUS														
RETIREMENT APARTMENTS ONLY														
1														
2														
3														
4														
5														
6	Revenues													
7														
8	Retirement Apt Rents	104,560	104,560	104,560	104,560	104,560	104,560	104,560	104,560	104,560	104,560	104,560	1,254,720	
9	2nd person fees	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	32,400	
10														
11														
12	Total operating income	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	1,287,120	
13														
14	Expenses - Salaries, Wages and Benefits													
15	Clinical													
16	Special Services	2,354	2,247	2,354	2,247	2,354	2,247	2,354	2,247	2,354	2,354	2,354	2,354	27,817
17	Dietary	11,638	11,109	11,638	11,109	11,638	11,109	11,638	11,109	11,638	11,638	11,638	137,542	
18	Env Service	3,740	3,570	3,740	3,570	3,740	3,570	3,740	3,570	3,740	3,740	3,740	44,198	
19	Maintenance	2,376	2,376	2,376	2,376	2,376	2,376	2,376	2,376	2,376	2,376	2,376	28,516	
20	Admin / Other	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	50,000	
21	Salaries	24,275	23,469	24,275	23,469	24,275	23,469	24,275	23,469	24,275	24,275	24,275	288,073	
22														
23	Taxes and Benefits	4,215	4,153	4,215	4,304	4,366	4,304	4,366	4,304	4,366	4,366	4,366	51,690	
24	Salaries & benefits	28,490	27,622	28,490	27,773	28,641	27,773	28,641	27,773	28,641	28,641	28,641	339,763	
25														
26	Clinical													
27	Special Services	400	400	400	400	400	400	400	400	400	400	400	4,800	
28	Dietary	8,650	8,650	8,650	8,650	8,650	8,650	8,650	8,650	8,650	8,650	8,650	103,800	
29	Environmental Services	543	543	543	543	543	543	543	543	543	543	543	6,510	
30	Maintenance	16,400	16,400	16,400	16,400	16,400	16,400	16,400	16,400	16,400	16,400	16,400	200,800	
31	General & administrative	14,108	14,108	14,108	14,108	14,108	14,108	14,108	14,108	14,108	14,108	14,108	169,296	
32	Operating Expense	40,101	40,101	40,101	42,101	40,101	40,101	40,101	42,101	40,101	40,101	40,101	485,206	
33														
34														
35	EBITDA - Earnings Before Interest Taxes Depreciation and Amortization	38,670	39,538	38,670	37,387	38,519	39,387	38,519	37,387	38,519	38,519	38,519	462,151	
36														
37	Interest Exp	9,485	9,485	9,485	9,485	9,485	9,485	9,485	9,485	9,485	9,485	9,485	113,819	
38	Depreciation	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	150,000	
39	Amortization	323	323	323	323	323	323	323	323	323	323	323	3,880	
40	Taxes, Interest, Amort / Depre	22,308	22,308	22,308	22,308	22,308	22,308	22,308	22,308	22,308	22,308	22,308	267,699	
41														
42	Net Income	16,362	17,229	16,362	15,078	16,211	17,078	16,211	15,078	16,211	16,211	16,211	194,452	
43														
44														
45														
46	NET INCOME												194,452	
47	Net Income %												15.1%	
48	Income to be used for DSC												458,271	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1														
2														
3														
4														
5														
6	Revenues	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	New Campus
7														
8	Shelter Care	73,160	66,080	73,160	70,800	73,160	70,800	73,160	73,160	70,800	73,160	70,800	73,160	861,400
9	Charitable Care - Foundation w/ SNF	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000
10	Total operating income	74,160	67,080	74,160	71,800	74,160	71,800	74,160	74,160	71,800	74,160	71,800	74,160	873,400
11														
12	Expenses													
13	Clinical	10,574	10,093	10,574	10,093	10,574	10,093	10,574	10,574	10,093	10,574	10,574	10,574	124,966
14	Special Services	468	447	468	447	468	447	468	468	447	468	468	468	5,531
15	Dietary	1,717	1,639	1,717	1,639	1,717	1,639	1,717	1,717	1,639	1,717	1,717	1,717	20,288
16	Env Service	1,108	1,058	1,108	1,058	1,108	1,058	1,108	1,108	1,058	1,108	1,108	1,108	13,094
17	Maintenance	653	623	653	623	653	623	653	653	623	653	653	653	7,715
18	Admin / Other	1,874	1,797	1,874	1,797	1,874	1,797	1,874	1,874	1,797	1,874	1,874	1,874	22,176
19	Salaries	16,393	15,656	16,393	15,656	16,393	15,656	16,393	16,393	15,656	16,393	16,393	16,393	193,769
20														
21	Taxes and Benefits	3,148	3,092	3,148	3,243	3,299	3,243	3,299	3,299	3,243	3,299	3,299	3,299	38,913
22	Salaries & benefits	19,541	18,748	19,541	18,899	19,692	18,899	19,692	19,692	18,899	19,692	19,692	19,692	232,682
23														
24	Clinical	312	312	312	312	312	312	312	312	312	312	312	312	3,746
25	Special Services	45	45	45	45	45	45	45	45	45	45	45	45	540
26	Dietary	4,452	4,029	4,452	4,311	4,452	4,311	4,452	4,452	4,311	4,452	4,311	4,452	52,438
27	Environmental Services	527	476	527	510	527	510	527	527	510	527	510	527	6,205
28	Maintenance	4,485	4,485	4,485	4,485	4,485	4,485	4,485	4,485	4,485	4,485	4,485	4,485	55,820
29	General & administrative	8,412	8,047	8,412	8,290	8,412	8,290	8,412	8,412	8,290	8,412	8,290	8,412	100,088
30	Operating Expense	18,233	17,394	18,233	18,953	18,233	17,953	18,233	18,233	18,953	18,233	17,953	18,233	218,837
31														
32														
33	EBITDA - Earnings Before Interest Taxes Depreciation and Amortization	36,386	30,938	36,386	33,948	36,235	34,948	36,235	36,235	33,948	36,235	34,154	36,235	421,880
34														
35	Interest Exp	26,159	26,159	26,159	26,159	26,159	26,159	26,159	26,159	26,159	26,159	26,159	26,159	313,904
36	Depreciation	19,817	19,817	19,817	19,817	19,817	19,817	19,817	19,817	19,817	19,817	19,817	19,817	237,806
37	Amortization	821	821	821	821	821	821	821	821	821	821	821	821	9,852
38	Taxes, Interest, Amort / Depre	46,797	46,797	46,797	46,797	46,797	46,797	46,797	46,797	46,797	46,797	46,797	46,797	561,562
39														
40	Net Income	(10,411)	(15,858)	(10,411)	(12,849)	(10,562)	(11,849)	(10,562)	(10,562)	(12,849)	(10,562)	(12,643)	(10,562)	(139,682)
41														
42														
43														
44	NET INCOME												NET INCOME	(139,682)
45	Net Income %												Net Income %	-16.0%
46	Income to be used for DSC												Income to be used for DSC	412,028

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1														
2														
3														
4														
5														
6	Revenues	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	New Campus
7														
8	Private	369,985	341,860	369,985	360,610	369,985	360,610	369,985	360,610	369,985	369,985	360,610	369,985	4,374,195
9	Medicaid - SNF/IC	111,600	100,800	111,600	108,000	111,600	108,000	111,600	108,000	108,000	111,600	108,000	111,600	1,314,000
10	Medicare A	202,049	182,496	202,049	195,531	202,049	195,531	202,049	195,531	202,049	202,049	195,531	202,049	2,378,961
11	Medicare B	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	269,280
12	Other operating income	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	42,600
13	Charitable Care - Foundation w/ Shelter	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	48,000
14	Foundation Support	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	108,000
15	Total operating income	722,624	664,146	722,624	703,131	722,624	703,131	722,624	703,131	722,624	722,624	703,131	722,624	8,535,036
16														
17	Expenses													
18	Clinical	200,907	191,775	200,907	191,775	200,907	191,775	200,907	191,775	200,907	200,907	200,907	200,907	2,374,153
19	Special Services	8,892	8,892	8,892	8,892	8,892	8,892	8,892	8,892	8,892	8,892	8,892	8,892	105,092
20	Dietary	32,617	31,134	32,617	31,134	32,617	31,134	32,617	31,134	32,617	32,617	32,617	32,617	385,470
21	Env Service	21,051	20,094	21,051	20,094	21,051	20,094	21,051	20,094	21,051	21,051	21,051	21,051	248,781
22	Maintenance	10,027	9,463	10,027	9,463	10,027	9,463	10,027	9,463	10,027	10,027	10,027	10,027	118,065
23	Admin / Other	31,434	29,967	31,434	29,967	31,434	29,967	31,434	29,967	31,434	31,434	31,434	31,434	371,339
24	Salaries	304,927	290,921	304,927	290,921	304,927	290,921	304,927	290,921	304,927	304,927	304,927	304,927	3,603,100
25														
26	Taxes and Benefits	56,748	55,677	56,748	58,395	59,466	58,395	59,466	59,466	58,395	59,466	59,466	59,466	701,154
27	Salaries & benefits	361,675	346,597	361,675	349,315	364,393	349,315	364,393	364,393	349,315	364,393	364,393	364,393	4,304,254
28														
29	Clinical	69,602	64,692	69,602	68,099	69,202	67,699	69,602	69,202	70,099	69,602	67,699	69,202	823,900
30	Special Services	855	855	855	855	855	855	855	855	855	855	855	855	10,260
31	Dietary	23,870	21,710	23,870	23,150	23,870	23,150	23,870	23,150	23,870	23,870	23,150	23,870	281,400
32	Environmental Services	2,635	2,180	2,635	2,550	2,635	2,550	2,635	2,550	2,550	2,635	2,550	2,635	31,025
33	Maintenance	26,348	26,348	26,348	26,348	26,348	26,348	26,348	26,348	26,348	26,348	26,348	26,348	322,170
34	General & administrative	90,516	89,780	93,844	93,156	94,844	93,156	94,844	94,844	93,156	94,844	94,844	93,156	1,125,548
35	Operating Expense	213,825	205,764	213,753	217,157	217,753	213,753	217,753	217,753	219,157	218,153	215,540	218,537	2,594,302
36														
37														
38	EBITDA - Earnings Before Interest Taxes Depreciation and Amortization	147,123	111,784	142,195	136,659	140,477	140,059	140,077	140,477	134,659	140,077	123,197	139,694	1,636,479
39														
40	Interest Exp	57,890	57,890	57,890	57,890	57,890	57,890	57,890	57,890	57,890	57,890	57,890	57,890	694,680
41	Depreciation	47,275	47,275	47,275	47,275	47,275	47,275	47,275	47,275	47,275	47,275	47,275	47,275	567,296
42	Amortization	1,817	1,817	1,817	1,817	1,817	1,817	1,817	1,817	1,817	1,817	1,817	1,817	21,803
43	Taxes, Interest, Amort / Depre	106,982	106,982	106,982	106,982	106,982	106,982	106,982	106,982	106,982	106,982	106,982	106,982	1,283,779
44														
45	Net income	40,142	4,803	35,214	29,677	33,496	33,077	33,096	33,496	27,677	33,096	16,216	32,712	352,700
46														
47														
48														
49	NET INCOME													352,700
50	Net income %													4.1%
51	Income to be used for DSC													1,069,183

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	St. Paul's Home in Belleville																
2	SHELTER CARE ONLY																
3	SUPPORTING SCHEDULES																
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9	INPUT FIELD																
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23	CLINICAL EXPENSES - SHELTER CARE & MEMORY CARE																
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			Annual Ops Budget	2013 Budget													
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14	ILLU Apartments 4107	One Bedroom			55,720.00	55,720.00	
15	ILLU Apartments	Two Bedroom			24,145.00	24,145.00	
16	ILLU Apartments	Two Bedroom			24,695.00	24,695.00	
17	ILLU Apartment Revenues		1,275,162		104,568	104,568	
18	Shelter Care 50-4100-01-00	One Bedroom with 1st person	548,431		18,890	18,890	
19	Shelter Care 50-4100-01-00	Studio	39,746		24,450	24,450	
20	Shelter Care 50-4100-01-00	Companion	24,800		22,400	22,400	
21	Shelter Care Revenues		458,431		71,166	66,090	
22	Intermediate Care	ICP Memory Care Companion			34,720	34,720	
23	Intermediate Care	ICP Memory Care Studio			44,140	44,140	
24	Intermediate Care						
25	SNF Priv	SNF Private room	\$ 250.00		77,500	70,000	
26	SNF Priv	SNF Private room	\$ 250.00		108,500	98,000	
27	SNF Priv	Companion	\$ 215.00		104,625	94,500	
28	SNF Priv	Companion	\$ 215.00		151,700	143,600	
29	SNF Priv	Companion	\$ 215.00		77,500	70,000	
30	SNF Priv	Companion	\$ 215.00		208,310	184,100	
31	SNF Priv	Companion	\$ 215.00		689,925	639,925	
32	SNF Priv	Companion	\$ 215.00				
33	SNF Priv	Companion	\$ 215.00				
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99	SNF Priv	Companion	\$ 215.00				
100	SNF Priv	Companion	\$ 215.00				

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4	STATEMENTS OF REVENUES & EXPENSES:								
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17	Three Bedroom																			
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20	One Bedroom with 2nd person																			
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59	Other Operating Expenses:								
60	Land parcels fees Asst.	58-1100-01-00		2,700	2,700	32,400	32,400		
61	Vending 4500			200	200	3,600	3,600		3,600
62	Meal Delivery								
63	BerGrest Meals 4664	(1,354)		250	250	3,000	3,000		3,000
64	Meal Svc 4810, 11, 15	59,009		2,000	2,000	24,000	24,000		24,000
65	Personal Services 4515			1,000	1,000	12,000	12,000		12,000
66									
67				6,350	6,350	76,000	76,000		42,600
68									
69	Foundation - Support Fund Development			5,000	5,000	60,000	60,000		60,000
70	Charitable Care from Foundation - applied to Shelter care as Revenues			5,000	5,000	60,000	60,000		60,000
71	FOUNDATION ALA, DC 4950-91			4,000	4,000	48,000	48,000		48,000
72	General Income 4918								
73				\$ 14,000	\$ 14,000	\$ 168,000	\$ 168,000	\$ -	\$ 168,000
74									
75	Gross Operating Revenues			\$ 883,191	\$ 904,844	\$ 10,695,556	\$ 1,287,120	\$ 861,400	8,547,036
76									
77									10,695,556

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6	Revenues	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL NEW CAMPUS
7	8 Retirement Living	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	107,260	1,287,720
8	9 Shelter Care	73,160	73,160	73,160	73,160	73,160	73,160	73,160	73,160	73,160	73,160	73,160	73,160	861,400
9	10 Private	369,985	369,985	369,985	369,985	369,985	369,985	369,985	369,985	369,985	369,985	369,985	369,985	4,374,195
10	11 Medicaid - SNF/IC	111,600	111,600	111,600	111,600	111,600	111,600	111,600	111,600	111,600	111,600	111,600	111,600	1,314,000
11	12 Medicare A	202,049	202,049	202,049	202,049	202,049	202,049	202,049	202,049	202,049	202,049	202,049	202,049	2,378,961
12	13 Medicare B	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	22,440	269,280
13	14 Other operating income	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	3,550	42,600
14	15 Charitable Care - Foundation Shelter and SNF	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
15	16 Foundation - Fund Development staffing and benefits	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
16	17 Foundation Support	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	48,000
17	18 Total operating income	904,044	904,044	904,044	904,044	904,044	904,044	904,044	904,044	904,044	904,044	904,044	904,044	10,695,556
18	19 Expenses													
19	20 Salaries & benefits													
20	21 Clinical	211,481	211,481	211,481	211,481	211,481	211,481	211,481	211,481	211,481	211,481	211,481	211,481	2,499,319
21	22 Special Services	11,714	11,714	11,714	11,714	11,714	11,714	11,714	11,714	11,714	11,714	11,714	11,714	138,441
22	23 Dietary	43,882	43,882	43,882	43,882	43,882	43,882	43,882	43,882	43,882	43,882	43,882	43,882	523,300
23	24 Env Service	25,898	25,898	25,898	25,898	25,898	25,898	25,898	25,898	25,898	25,898	25,898	25,898	306,072
24	25 Maintenance	10,679	10,679	10,679	10,679	10,679	10,679	10,679	10,679	10,679	10,679	10,679	10,679	125,730
25	26 Admin / Other	37,474	37,474	37,474	37,474	37,474	37,474	37,474	37,474	37,474	37,474	37,474	37,474	443,515
26	27 Salaries	343,219	343,219	343,219	343,219	343,219	343,219	343,219	343,219	343,219	343,219	343,219	343,219	4,056,426
27	28 Taxes and Benefits	64,111	64,111	64,111	64,111	64,111	64,111	64,111	64,111	64,111	64,111	64,111	64,111	791,257
28	29 Salaries & benefits	407,330	407,330	407,330	407,330	407,330	407,330	407,330	407,330	407,330	407,330	407,330	407,330	4,848,183
29	30 Clinical	69,914	69,914	69,914	69,914	69,914	69,914	69,914	69,914	69,914	69,914	69,914	69,914	827,646
30	31 Special Services	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	15,600
31	32 Dietary	36,972	36,972	36,972	36,972	36,972	36,972	36,972	36,972	36,972	36,972	36,972	36,972	437,638
32	33 Environmental Services	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	43,740
33	34 Maintenance	47,233	47,233	47,233	47,233	47,233	47,233	47,233	47,233	47,233	47,233	47,233	47,233	578,790
34	35 General & administrative	113,035	113,035	113,035	113,035	113,035	113,035	113,035	113,035	113,035	113,035	113,035	113,035	1,394,632
35	36 Operating Expense	272,159	272,159	272,159	272,159	272,159	272,159	272,159	272,159	272,159	272,159	272,159	272,159	3,298,345
36	37 EBITDA - Earnings Before Interest Taxes Depreciation and Amortization	224,555	224,555	224,555	224,555	224,555	224,555	224,555	224,555	224,555	224,555	224,555	224,555	2,549,027
37	38 Interest Exp 70% / 15% 15%	93,534	93,534	93,534	93,534	93,534	93,534	93,534	93,534	93,534	93,534	93,534	93,534	1,122,403
38	39 Depreciation New and Current	79,592	79,592	79,592	79,592	79,592	79,592	79,592	79,592	79,592	79,592	79,592	79,592	955,102
39	40 Amortization of New Financing	2,961	2,961	2,961	2,961	2,961	2,961	2,961	2,961	2,961	2,961	2,961	2,961	35,535
40	41 Taxes, Interest, Amort / Depre	176,087	176,087	176,087	176,087	176,087	176,087	176,087	176,087	176,087	176,087	176,087	176,087	2,113,040
41	42 Net Income	48,468	48,468	48,468	48,468	48,468	48,468	48,468	48,468	48,468	48,468	48,468	48,468	455,986
42	43 NET INCOME													
43	44 Net Income %													4.1%
44	45 Income to be used for DSC													2,549,027
45	46 DSCR													1.6
46	47													
47	48													
48	49													
49	50													
50	51													
51	52													
52	53													
53	54													
54	55													
55	56													
56	57													
57	58													

ST PAUL'S HOME LOAN PAYABLE

Private Placement

	Care Level	\$	Square Footage		%
Loan:	Apts	3,000,000	65,259		0
	Clinical	16,857,582	65,249		1
	Sheltered	7,617,418	29,484	94,733	0
		27,475,000	159,992		1

Total Principal Amount

27,475,000

MADS

1,228,269

Interest Rate

3.25%

Amortization Period

40

Princiap Due	Principal Amount	Interest Rate	Annual Interest Payment	Principal Payments	Annual Payments on Debt	Monthly Payments
	27,475,000					
2013	27,475,000	3.2500%	38,960			
2014	27,475,000	3.2500%	553,409		38,960	3,247
2015	27,475,000	3.2500%	887,897		553,409	46,117
2016	27,134,629	3.2500%	876,669	340,371	1,228,268	102,356
2017	26,783,029	3.2500%	865,070	351,600	1,228,268	102,356
2018	26,419,831	3.2500%	853,089	363,198	1,228,268	102,356
2019	26,044,651	3.2500%	840,712	375,180	1,228,269	102,356
2020	25,657,094	3.2500%	827,927	387,556	1,228,269	102,356
2021	25,256,753	3.2500%	814,720	400,341	1,228,268	102,356
2022	24,843,205	3.2500%	801,078	413,548	1,228,268	102,356
2023	24,416,014	3.2500%	786,986	427,190	1,228,269	102,356
2024	23,974,732	3.2500%	772,428	441,283	1,228,268	102,356
				455,840	1,228,268	102,356

ST PAUL'S HOME LOC LOAN PAYABLE

	Care Level	\$\$	Square Footage		%
Loan:	Apts	-	65,259		0.00%
	Clinical	783,470	65,249		68.88%
	Sheltered	354,026	29,484	94,733	31.12%
		1,137,496	159,992		100.00%
Total Principal Amount		\$1,137,496		MADS	160,274.88
Interest Rate		3.00%			
Amortization Period		1			

Princip Due	Principal Amount	Interest Rate	Annual Interest Payment	Principal Payments	Annual Payments	Monthly Payments
	1,137,496					
Jun-13	1,137,496	3.0000%	17,062.44	-	17,062.44	2,843.74
Jan-14	1,137,496	3.0000%	34,124.88	-	34,124.88	2,843.74
Jan-15	1,137,496	3.0000%	34,124.88	-	34,124.88	2,843.74
Jan-16	1,137,496	3.0000%	34,124.88	45,000	79,124.88	6,593.74
Jan-17	1,092,496	3.0000%	32,774.88	90,000	122,774.88	10,231.24
Jan-18	1,002,496	3.0000%	30,074.88	90,000	120,074.88	10,006.24
Jan-19	912,496	3.0000%	27,374.88	90,000	117,374.88	9,781.24
Jan-20	822,496	3.0000%	24,674.88	120,000	144,674.88	12,056.24
Jan-21	702,496	3.0000%	21,074.88	120,000	141,074.88	11,756.24
Jan-22	582,496	3.0000%	17,474.88	120,000	137,474.88	11,456.24
Jan-23	462,496	3.0000%	13,874.88	120,000	133,874.88	11,156.24
Jan-24	342,496	3.0000%	10,274.88	150,000	160,274.88	13,356.24
Jan-25	192,496	3.0000%	5,774.88	150,000	155,774.88	12,981.24
Jan-26	42,496	3.0000%	1,274.88	42,496	43,770.88	3,647.57
Jan-27	0	3.0000%	0.00			

St. Paul's Home Project Structure

Stabilized Occupancy

Development Project:

Sources of Funds:

Mortgage Debt	27,475,000	Building	\$24,163,085
Sub Debt	-		
STP Contributions:			-
Cash & Investments	2,000,000		
Capital Campaign	1,000,000		
LOI	1,137,496		

Total Sources

31,612,496

Average Amortization Periods

SNE **Sheltered** **Apts**

Total

Uses of Funds:

Building - Capitalized	24,163,085	40	16,642,745	7,520,340	-	24,163,085
FF&E - Capitalized	1,600,000	10	1,102,028	497,972	-	1,600,000
CON Licensing Fees	200,000	NA	137,753	62,247	-	200,000
PreMarketing Costs	687,996	Expense or COI	473,869	214,127	-	687,996
Replacement Reserve (500 per ILU bed)	90,500	NA	Balance Sheet Only		90,500	90,500
Loan Origination Financing Costs	1,421,415	40	872,124	394,086	155,205	1,421,415
Working Capital	549,500	NA	Balance Sheet	337,152	152,348	549,500
Current Debt Refunding	2,900,000	NA	Balance Sheet	-	2,900,000	2,900,000

Total Uses

31,612,496

19,565,671	8,841,120	3,205,705	31,612,496

Statistics

<u>SNF</u>	<u>Sheltered</u>	<u>Apts</u>	<u>Total</u>

Aggregate % Square Feet Applied to Debt	61.36%	27.72%	10.92%	100.00%

Developed Square Feet Applied to Debt	68.88%	31.12%	0.00%	100.00%

Debt % Distributed from Detail Schedule	61.89%	27.97%	10.14%	100.00%

To be applied to principal and interest allocated by payer type.

**St. Paul's Home
Project Structure
Appendix A**

USE OF FUNDS	BSI Numbers		TOTAL	Sitel Numbers		Additions to BSI Numbers		Final Appendix A	
	CLINICAL	NONCLINICAL		TOTAL	DIFFERENCE	CLINICAL	NONCLINICAL	CLINICAL	NONCLINICAL
Preplanning Costs (Startup Mdg + Init Site Survey and Soil Investigation Site Prep	\$99,871	\$45,129	\$145,000	687,996	(\$42,996)	373,998	168,998	\$473,869	\$214,127
Off Site Work	\$27,531	\$12,449	\$40,000	137,500	(97,500)	67,155	30,345	\$94,706	\$42,794
New Construction Contracts, Modernization Contracts	\$482,137	\$217,863	\$700,000	700,000	-	-	-	\$482,137	\$217,863
Contingencies	\$0	\$0	\$0	-	-	-	-	\$0	\$0
Architectural / Engineering Reserve for Replacement	\$14,157,805	\$6,397,473	\$20,555,278	20,534,701	20,577	(14,173)	(6,404)	\$14,143,632	\$6,391,069
Working Capital	\$344,384	\$155,616	\$500,000	500,000	-	-	-	\$344,384	\$155,616
Consulting and Other Fees	\$645,042	\$291,474	\$936,516	916,516	20,000	(13,775)	(6,225)	\$631,266	\$285,250
Movable or Other Equipment	\$325,098	\$146,902	\$472,000	90,500	(90,500)	62,333	28,167	\$62,333	\$28,167
Bond Issuance Expense (project related)	\$1,102,028	\$497,972	\$1,600,000	549,500	(\$49,500)	378,478	171,022	\$378,478	\$171,022
Net Interest Expense During Construction (project related)	\$103,315	\$46,685	\$150,000	472,000	-	-	-	\$325,098	\$146,902
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0	1,600,000	-	-	-	\$1,102,028	\$497,972
Other Costs To Be Capitalized	\$351,271	\$158,729	\$510,000	1,421,415	(1,271,415)	875,709	395,706	\$979,024	\$442,391
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0	592,368	(\$92,368)	408,004	184,364	\$408,004	\$184,364
TOTAL USES OF FUNDS	\$17,658,502	\$2,900,000	\$20,558,502	2,900,000	-	2,137,729	965,973	\$19,776,231	\$2,900,000
"Use" Percentages				31,612,496	(3,103,702)	-	-	\$11,836,265	\$31,612,496
								62.56%	37.44%

SOURCE OF FUNDS			
Cash and Securities	1,251,165	748,835	2,000,000
Pledges	-	-	-
Gifts and Bequests	625,583	374,417	1,000,000
Bond Issues (project related)	-	-	-
Mortgage Proceeds	17,187,885	10,287,115	27,475,000
Subordinate Debt / LOI	711,598	425,898	1,137,496
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Source			
TOTAL SOURCES OF FUNDS	\$ 19,776,231	\$ 11,836,265	\$ 31,612,496

Tellatin, Short & Hansen, Inc.

St. Louis, Missouri
Salem, Oregon
Boston, Massachusetts
Edwardsville, Illinois
www.tellatin.com

An Appraisal
Presented in a
Summary Report

St. Paul's Home for the Aged

1021 West E Street
Belleville, St. Clair County, Illinois
TS&H File Reference: 1118776

Prepared for
M&I Bank and BMO Harris Bank N.A.

Effective Date of the Appraisal
As Is Value September 14, 2011

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Tellatin, Short & Hansen, Inc.

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October 4, 2011

Ms. Claire Krueger
M&I Bank
13205 Manchester Road
St. Louis, Missouri 63131

RE: An Appraisal in a **Summary** Report
St. Paul's Home for the Aged
1021 West E Street
Belleville, St. Clair County, Illinois 62220
Tellatin, Short & Hansen, Inc. File Reference: 1118776

Dear Ms. Krueger:

In accordance with the signed engagement contract dated August 12, 2011 (shown as Exhibit A in this report), we have appraised St. Paul's Home for the Aged, an existing 113-bed skilled nursing and 22-bed sheltered care facility.

The purpose of the appraisal is to develop an opinion of the "as is" market value for the going concern, also known as the market value for the total assets of the business, including the fee simple interest in the real estate. A description of the property, together with information providing a basis for our opinions, is presented in the accompanying self-contained report.

It is our understanding that the intended use of this appraisal is to assist in documenting the value for loan underwriting, risk classification, and other bank purposes. This report and its contents are solely for the intended use, and it should not be relied upon for any other purpose. Otherwise, neither the whole nor any part of this appraisal or any reference thereto may be included in any document, statement, appraisal, or circular without our explicit, prior written approval of the form and context in which it appears.

Our analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with: the Uniform Standards of Professional Appraisal Practice of the Appraisal Foundation, and the requirements of the Code of Professional Ethics and Standards of Professional Practice of the Appraisal Institute; Title and the appraisal guidelines of M&I Bank and BMO Harris Bank N.A.

This appraisal is not based upon a requested minimum or maximum valuation, a specific valuation, the approval of a loan or any prearranged condition that warrants a bias. In the course of our fieldwork, we have determined that the appraised property has no natural, cultural, scientific or recreational value.

Based on the data, analyses and conclusions presented in the attached report, it is our opinion that the "as is" market value of the going concern, including the fee simple interest in the real property is:

\$5,250,000 as of **September 14, 2011**

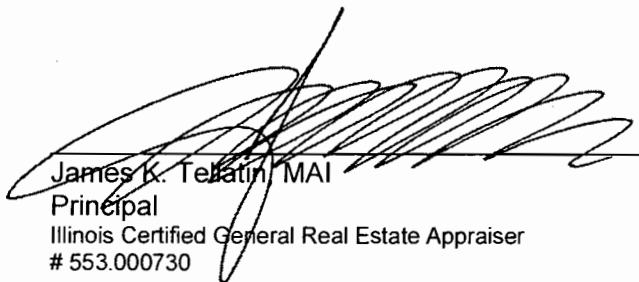
The date of this report is October 4, 2011.

The accompanying prospective financial analysis is based on assumptions and opinions developed in connection with the appraisal. However, some assumptions inevitably will not materialize, and unanticipated events and circumstances will occur. The actual results achieved during the holding period will vary from our forecasts, and these variations may be material. We have not been engaged to evaluate the effectiveness of management, and we are not responsible for management's actions such as the quality of care or marketing efforts.

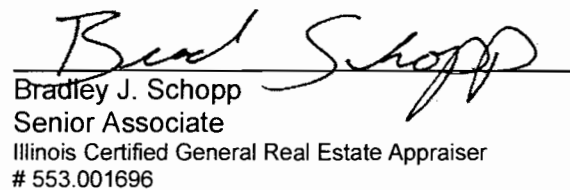
A copy of this report, together with the field data from which it was prepared, is retained in our files. These data are available for your inspection upon request.

Respectfully submitted,

Tellatin, Short & Hansen, Inc.



James K. Tellatin, MAI
Principal
Illinois Certified General Real Estate Appraiser
553.000730



Bradley J. Schopp
Senior Associate
Illinois Certified General Real Estate Appraiser
553.001696

Tellatin, Short & Hansen, Inc.

St. Louis, Missouri
Salem, Oregon
Boston, Massachusetts
Edwardsville, Illinois
www.tellatin.com

An Appraisal
Presented in a
Summary Report
St. Paul's Home for the Aged
901 West E Street
Belleville, St. Clair County, Illinois

Prepared for
M&I Bank and BMO Harris Bank N.A.

Effective Date of the Appraisal
As Is September 14, 2011

Subject Property Latitude and Longitude Coordinates
38° 31' 07" North, 89° 59' 44" West

Copyright 2011

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October 4, 2011

File Reference: 1118776

Ms. Claire Krueger
M&I Bank
13205 Manchester Road,
St. Louis, MO 63131

RE: An Appraisal Presented in a **Summary** Report
St. Paul's Home for the Aged
901 West E Street
Belleville, St. Clair County, Illinois 62220

Dear Ms. Krueger:

In accordance with the signed engagement contract dated August 12, 2011 (shown as Exhibit A in this report), we have appraised St. Paul's Home for the Aged, an existing 53-unit, 53-bed, month-to-month independent living facility consisting of: 53 month-to-month independent living units.

The purpose of the appraisal is to estimate the "as is" market value for the going concern including the fee simple interest in the real estate. A description of the property, together with information providing a basis for estimates, is presented in the accompanying report.

It is our understanding that the intended use of this appraisal is to assist in documenting the value for loan underwriting, risk classification, and other bank purposes. This report and its contents are solely for the intended use, and it should not be relied upon for any other purpose. Otherwise, neither the whole nor any part of this appraisal or any reference thereto may be included in any document, statement, appraisal, or circular without our explicit, prior written approval of the form and context in which it appears.

Our analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with: the Uniform Standards of Professional Appraisal Practice of the Appraisal Foundation, and the requirements of the Code of Professional Ethics and Standards of Professional Practice of the Appraisal Institute; Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA); and the appraisal guidelines of M&I Bank and BMO Harris Bank N.A.

This appraisal is not based upon a requested minimum or maximum valuation, a specific valuation, the approval of a loan or any prearranged condition that warrants a bias. In the course of our fieldwork, we have determined that the appraised property has no natural, cultural, scientific or recreational value.

Based on the data, analyses and conclusions presented in the attached report, it is our opinion that the "as is" market value of the going concern of the subject property is:

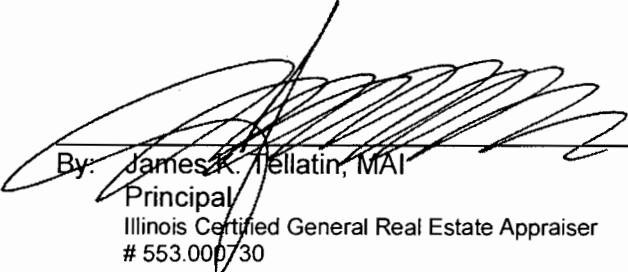
\$3,960,000 as of September 14, 2011

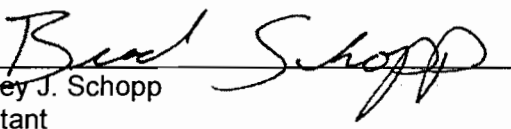
The accompanying prospective financial analysis is based on assumptions and opinions developed in connection with the appraisal. However, some assumptions inevitably will not materialize, and unanticipated events and circumstances will occur. The actual results achieved during the holding period will vary from our forecasts, and these variations may be material. We have not been engaged to evaluate the effectiveness of management, and we are not responsible for management's actions such as the quality of care or marketing efforts.

A copy of this report, together with the field data from which it was prepared, is retained in our files. These data are available for your inspection upon request.

Respectfully submitted,

Tellatin, Short & Hansen, Inc.


By: James K. Tellatin, MAI
Principal
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553.000730


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