

PROJECT HEARING REPORT

Project: 16-002, Transitional Care of Fox Valley, Aurora

March 15, 2016

On March 14, 2016, Board Staff (Morado and Mitchell) conducted a public hearing for Project 16-002, Transitional Care of Fox Valley – Aurora. The hearing was held at 10:00 a.m. at Aurora City Council Chambers, 44 East Downer Place, Aurora, Illinois. Board member Brad Burzynski was in attendance.

Individuals who registered their attendance at the hearing:

Support: 1

Opposed: 2

Neutral: 0

Individuals who registered to provide written or oral testimony at the hearing:

Support: 28

Opposed: 6

Neutral: 1

* The individual did not indicate his or her position on the registration form.

Total individuals registered: 38

Number of letters received:

Support: 30

Oppose: 0

Neutral: 0

Transitional Care of Fox Valley - Aurora
Appearance

10am

Support 1 (1)

Oppose 11 (2)

Total: 3

Testimony

Support ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ (28)

Oppose ~~||||~~ 1 (6)

Neutral 1* (1*)

Total: 35

Total (35)

Written

Support: ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ (30)

Oppose:

Neutral: 0



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print)

Alan Itzkowitz

City

Buffalo Grove

State

IL

Zip

60089

Signature

Alan Itzkowitz

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Transitional Care

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/7/2016



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Christopher Vangel

City Naperville State IL Zip 60563

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/7/2016



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) MARR WENDLER

City NAPERVILLE State IL Zip 60563

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/7/2016



①

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Cam Lanning
City Naperville State IL Zip 60565

Signature Cam Lanning

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

The Grove Fox Valley

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



2

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Lisa Williams
Montgomery
City Aurora State IL Zip 60538
Signature Lisa Williams

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



3

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) FRED BERKOVITS

City CHICAGO State IL Zip 60659

Signature *Fred Berkovits*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

BRIA of Geneva

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



23

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print)

Jennifer Davis

City

Naperville

State

IL

Zip

60563

Signature

[Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Nursing + Rehab Center

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



34

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Elliot Triplett

City NAPERVILLE State IL Zip 60563

Signature Elliot Triplett

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

The Springs AT Monarch Landing

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



36

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Teresa McDaniel

City Downers Grove State IL Zip 60515

Signature Teresa McDaniel

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Residential Healthcare Group

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Brian Elch

City Riverwoods State IL Zip 60015

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Individue

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



24

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) WILLIAM LAWRENCE

City PLAINFIELD State IL Zip _____

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



23

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Beverly Ecton Strasser

City Elburn State IL Zip 60119

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



35

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print)

Robert Bailey

City

Aurora

State

IL

Zip

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) TERRI OLSENBURG

City PLAINFIELD State IL Zip 60586

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

11

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Christy Lampsh

City Darien State IL Zip 60561

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ida

III. POSITION (please circle appropriate position)

☒ Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

☒ Written

3/7/2016



10

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Peggy Cozzolino

City Mareville State IL Zip 60563

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



9

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Ashley Duncan

City Plainfield State IL Zip 60586

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



8

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Ruth Christiansen

City Lisle State IL Zip 60556

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



7

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Wes Oldenburg

City Plainfield State IL Zip 60586

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ind

III. POSITION (please circle appropriate position)

☒ Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

☒ Written

3/7/2016



6

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Scott Pylese

City Geneva State IL Zip 60134

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ind

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



5

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Lisa ~~Palma~~ Palese

City Geneva State IL Zip 60134

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Individual

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



25

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) David Isachsen

City Darien State IL Zip 60561

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



260

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Paul Huel

City Willawbuck State IL Zip 60527

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



27

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Robert O'Brien

City Darien State IL Zip 60511

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



28

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Dalean Rumble

City Naperville State IL Zip _____

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



29

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Heather Bullivant

City Bolingbrook State IL Zip 60490

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



30

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Brett Kohnen

City Lisle State IL Zip 60532

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



31

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) Jodi Kohnen

City Le State IL Zip 60532

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



21

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) MIKE BARRY

City WARRENDENBROOK State IL Zip 60527

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) NATE WILKOW

City Westmont State IL Zip 60559

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) JIM BONDI

City Bolingbrook State IL Zip _____

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



18

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) LANDON JOINER

City Countryside State IL Zip 60525

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written

3/7/2016



17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) DEAN NORMAN

City DARIEN State IL Zip 60543

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) JARROD AMOLSCH

City DARIEN State IL Zip 60516

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) CRAIG WATSON

City OSWEGO State IL Zip 60543

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



14

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION
Name (Please Print) BROOKE WATSON
City OSHTAGO State IL Zip 60543
Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)
Support Oppose Neutral

IV. Testimony (please circle)
Oral Written

3/7/2016



13

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) MELODY WATSON

City OSWEGO State IL Zip 60543

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



12

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Fox Valley – Aurora

Project Number: 16-002

I. IDENTIFICATION

Name (Please Print) MARIAN LAWRENCE

City PLAINFIELD State IL Zip _____

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

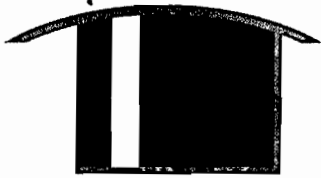
Neutral

IV. Testimony (please circle)

Oral

Written

3/7/2016



Innovative Health

Hello. My name is Brian Cloch, I am one of the principals of Innovative Health, the company proposing to develop Transitional Care of Fox Valley. I have personally worked in the healthcare industry for 35 years and along with my partners we have in excess of 80 years combined experience. We are at a pivotal point in transforming not only how healthcare is delivered, but how it is delivered in a cost effective manner. Our ability to receive high quality healthcare services should not be restricted to any subset of the population.

The idea for this project came to me when my father-in-law was recovering from hip replacement surgery in a traditional nursing home. Although his care was adequate, he was very unhappy with the environment, from the accommodations, to the food, to the shared bathrooms, to the general institutional atmosphere. Having worked in the healthcare industry for years, I knew there ought to be a solution that better met his and his generation's needs.

Researching the subject, I found an alternative in many other states called Transitional Care. Transitional Care is offered in a purpose-built, stand-alone, short-term stay rehabilitation center. Unlike more institutional care models, some of which I still operate today, Transitional Care feels more like a spa, hotel and medically-based fitness/physical rehab center in one centralized location. It specializes exclusively in

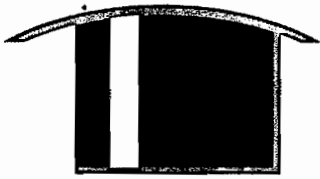
6400 Shafer Ct. #600

Rosemont, IL 60018

inhealth.biz

Transforming the healthcare experience

312.982.1717



Innovative Health

offering the finest in rehabilitation services to help patients bridge the distance between hospital and home.

Transitional Care is a very popular choice right now because it helps answer some of the concerns that healthcare reform raises. At the same time it also speaks to the customer-centric care that the growing and aging Baby Boom population will demand. I'm very excited to bring this kind of innovation and choice to Aurora and the surrounding areas.

This post-acute care center, unlike other facilities that primarily focus on providing long-term care for the aged, will provide a healthy balance of the finest in patient rooms and amenities, treatment protocols and highly skilled care along with the comfort and convenience of a non-institutional, alternative setting. It will offer primarily private rooms with private baths, home-like furnishings, comfortable accommodations for guests, restaurant-style dining options, thoughtful conveniences to minimize disruption allowing for privacy, and dedicated clinical expertise that focuses exclusively on post-hospital care rehabilitation.

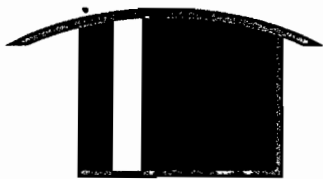
Transitional Care of Fox Valley is NOT another nursing home. Rather, our objective is to re-invent the post-acute care, or post-hospitalization, short-term stay experience.

6400 Shafer Ct. #600

Rosemont, IL 60018

inhealth.biz

Transforming the healthcare experience 312.982.1717

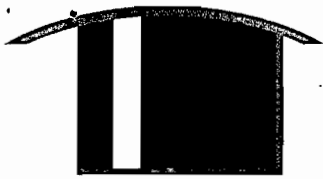


Innovative Health

Currently, Aurora residents have no choice but to go to a traditional, mixed-use, nursing home for post-hospitalization rehabilitation services. Transitional Care of Fox Valley will bring jobs. At full census, Transitional Care of Fox Valley will offer over 100 new jobs to the community. Transitional Care of Fox Valley will generate tax dollars, both real estate and local tax revenue as the proposed site is currently vacant. Transitional Care of Fox Valley will provide quality rehabilitative care to all people and all payor sources.

The need for Transitional Care of Fox Valley was further affirmed when the Illinois Health Facilities and Service Review Board, the sole authority having jurisdiction over licensing these facilities, published the bed need for this area. The current published bed need is for 136 beds and Transitional Care of Fox Valley will meet half of that demand.

Lastly, none of us are getting younger but it will come as no surprise to any of us that our population is aging. The Baby Boomers are hitting the time of their life where, like it or not, the need for these services increases. It behooves us all to begin preparing today for this age wave's needs and demands. Our goal as we age should not simply be to live longer, but to live longer and healthier. Transitional Care of Fox Valley is one piece of that puzzle in the game of life.



Innovative Health

In closing, I want to talk about the future of healthcare. There is a stated, documented and published need for far more of these beds in the planning area than Transitional Care of Fox Valley will even begin to address in the near future. In addition to the supply and demand, one also needs to consider the changing healthcare environment. Healthcare reform changes our norm. Shorter hospital length of stays and an increase in outpatient procedures will continue to result in discharging people "sicker and quicker," thereby driving an increased need for high-quality, short-term, high-acuity, post-acute care. At a time when money is scarce, costs are soaring and our nation is aging, we need to explore cost-effective, customer-centric and innovative alternatives to healthcare's current status quo.

Transitional Care of Fox Valley offers an alternative choice. It offers quality. It offers cost savings. It offers what the local community needs and deserves.

Transitional Care is the model of the future and the future in NOW. Hospitals know it. Doctors know it. Insurers know it. Local area residents and healthcare professionals who signed letters of support for this needed Aurora project know it. Innovative Health is passionate about the opportunity to bring this innovative model to Aurora to further round out the fine complement of medical services offered in the community. Please vote in favor of bringing innovation to Aurora.

Thank you.

6400 Shafer Ct. #600

Rosemont, IL 60018

inhealth.biz

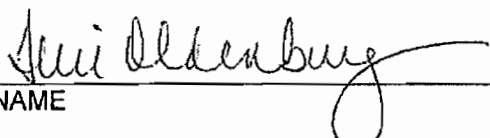
Transforming the healthcare experience 312.982.1717

Testimony of Terri Oldenburg
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Terri Oldenburg and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

Transitional Care of Fox Valley will be unlike other skilled nursing facilities in the area. Its state of the art physical plant will have a rehabilitation focus, with a large therapy room and state of the art equipment. To further promote recovery, the proposed skilled nursing facility will include private rooms with attached bathrooms. Private rooms give patients the privacy they need for bedside consultations and family visits and have been shown to improve sleep, reduce stress, promote healing, and shorten stays.

The proposed Transitional Care of Fox Valley will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Fox Valley and urge the Health Facilities and Services Review Board to approve this project.



NAME
1900 Pebble Beach Dr Plainfield, IL 60586

ADDRESS
March 10, 2016

DATE

Testimony of Craig Watson
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Craig Watson, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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The proposed Transitional Care of Fox Valley will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Fox Valley and urge the Health Facilities and Services Review Board to approve this project.

Craig Watson
NAME

202 Northampton Dr. Elmhurst, IL 60120
ADDRESS

10 March 2016
DATE

Testimony of Jarrod Arnold
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Jarrod Arnold and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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The proposed Transitional Care of Fox Valley will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Fox Valley and urge the Health Facilities and Services Review Board to approve this project.

Jarrod Arnold
NAME

222 Hawthorne Ave DAPHEN
ADDRESS

3/14/16
DATE

Testimony of DEAN NORMAN
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is DEAN NORMAN, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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The proposed Transitional Care of Fox Valley will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Fox Valley and urge the Health Facilities and Services Review Board to approve this project.

DEAN NORMAN
NAME

1622 HEATHER LANE DARIEN, IL 60561
ADDRESS

3/10/16
DATE

Testimony of Melody Watson
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Melody Watson and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Melody Watson
NAME

202 Northampton St Oswego, IL 60553
ADDRESS

10 March 2016
DATE

Testimony of Brooke Watson
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Brooke Watson and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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The proposed Transitional Care of Fox Valley will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Fox Valley and urge the Health Facilities and Services Review Board to approve this project.

Brooke Watson
NAME

1920 Candlelight Lane Montgomery, IL 60538
ADDRESS

March 10, 2016
DATE

Testimony of Landon Toier
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Landon Toier, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Landon Toier
NAME

7020 Hillside Rd Countryside IL 60525
ADDRESS

3-10-16
DATE

Testimony of Jim Bondi
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Jim Bondi, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Jim Bondi
NAME

1060 River Trail Bolingbrook IL
ADDRESS

3.10.16
DATE

Testimony of NATE WILKON
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is NATE WILKON, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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NATE WILKON
NAME

823 ADAM ST WESTMONT IL 60559
ADDRESS

3/16/16
DATE

Testimony of Mike Barry
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Mike Barry and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Mike Barry
NAME

8280 TENNESSEE WILLAMSBROOK IL 60527
ADDRESS

3/10/16
DATE

Testimony of DAVID ISAACSON
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is DAVID ISAACSON and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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DAVID ISAACSON

NAME

17W545 EARL CT. DARIEN IL 60561

ADDRESS

3/10/16

DATE

Testimony of Paul Hoef
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Paul, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Paul Hoef
NAME

6443 Clarendon Hills Rd Unit 301 C Willowbrook IL 60527
ADDRESS

3/10/16
DATE

Testimony of Dalean Rumble
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Dalean Rumble, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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NAME

2252 Salisbury, Naperville IL
ADDRESS

March 11, 2016
DATE

Testimony of Heather Bullivant
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Heather Bullivant, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Heather L Bullivant
NAME

1448 Comanche Drive, Bolingbrook IL 60490

ADDRESS

03/11/16

DATE

Testimony of BRETT KOHNEN
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is BRETT KOHNEN and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Brett Kohnen
NAME

4320 JUANHOE AVE / LISCIE, IL
ADDRESS 60532

3-11-16
DATE

Testimony of Jodi Kohnen
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Jodi Kohnen, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Jodi Kohnen
NAME

4320 IVANHOE AVE Lisle IL 60532
ADDRESS

3-11-16
DATE

Testimony of Beverly Ecton Strasser
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Beverly Ecton Strasser, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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NAME-Beverly Ecton Strasser

ADDRESS- 1322 Souders Avenue
Elburn, IL 60119

DATE-March 10, 2016

Testimony of William Lawrence
Transitional Care of Fox Valley (Proj. No. 16-002)

HFSRB Public Hearing

March 14, 2016

My name is William Lawrence, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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William Lawrence
NAME

13466 Tall Pine Lane, Plainfield, Ill.
ADDRESS

3-10-2016
DATE

Testimony of _____
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Christylangsch, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Christylangsch
NAME

1106 Tamarack Drive Down IL 60561
ADDRESS

3/10/16
DATE

Testimony of Peggy Cozzolino
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Peggy Cozzolino, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Peggy Cozzolino
NAME

590 Windham, Naperville, IL 60563
ADDRESS

3/10/2016
DATE

Testimony of Ashley Duncan
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Ashley Duncan and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Ashley Duncan
NAME

4805 Lobelia Ct. Plainfield, IL 60586
ADDRESS

3/11/16
DATE

Testimony of Kurt Christiansen
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Kurt Christiansen, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Kurt Christiansen
NAME

4317 Ivanhoe Ave, Lisle, IL 60532
ADDRESS

3/11/16

DATE

Testimony of Wes Oldenburg
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Wes Oldenburg, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Wes Oldenburg

NAME

1900 Pebble Beach Dr., Plainfield, IL 60586

ADDRESS

March 10th, 2016

DATE

Testimony of Scott Palase
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Scott Palase, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

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Scott Palase
NAME

305 Cape Way, Geneva, IL 60134
ADDRESS

3-9-16
DATE

Testimony of Lisa Palese
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Lisa Palese, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

Transitional Care of Fox Valley will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Fox Valley will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Fox Valley and urge the Health Facilities and Services Review Board to approve this project.

Lisa Palese
NAME

305 Cape Way, Geneva IL 60134
ADDRESS

3-9-16
DATE

Testimony of Robert O'Brien
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is Robert O'Brien, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

Transitional Care of Fox Valley will be unlike other skilled nursing facilities in the area. It will provide a high quality post-hospitalization care alternative with a specialized focus on short-term rehabilitation. It will have higher nursing staff ratios than traditional skilled nursing facilities, which will translate to better response times, higher patient satisfaction and better overall care.

The proposed Transitional Care of Fox Valley will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Fox Valley and urge the Health Facilities and Services Review Board to approve this project.

Robert O'Brien
NAME

1153 Lucebark Ct
ADDRESS

Darien, IL 60561
DATE

Testimony of Marian G. Lauren
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

My name is _____, and I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

Transitional Care of Fox Valley will be unlike other skilled nursing facilities in the area. It will provide a high quality post-hospitalization care alternative with a specialized focus on short-term rehabilitation. It will have higher nursing staff ratios than traditional skilled nursing facilities, which will translate to better response times, higher patient satisfaction and better overall care.

The proposed Transitional Care of Fox Valley will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Fox Valley and urge the Health Facilities and Services Review Board to approve this project.

Marian G. Lauren
NAME

13466 Tall Pine Lane
ADDRESS

2-10-16
DATE

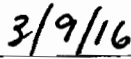
Testimony of Evercore Companies, LLC
Transitional Care of Fox Valley (Proj. No. 16-002)
HFSRB Public Hearing
March 14, 2016

We are the Developer of the "500 Station Blvd" luxury apartment complex adjacent to Transitional Care of Fox Valley that is currently under construction. I support Transitional Care of Fox Valley's application to establish a 68 bed skilled nursing facility in Aurora, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Fox Valley, and this project will address the need for additional skilled nursing beds.

Transitional Care of Fox Valley will fill a need in our community for short-term rehabilitation for high-acuity patients and we urge the Health and Facilities and Services Review Board to approve this project.


NAME


TITLE


DATE

Good Morning. My name is Elliot Triplett and I'm the Administrator for The Springs at Monarch Landing, which is located within planning area 7-C, the same as the applicant, Transitional Care of Fox Valley. I'm here today in opposition of the Transitional Care of Fox Valley project, on behalf of Monarch Landing, which is home to over 500 residents and the employer of over 350 employees.

The Springs at Monarch Landing is a five-star rated, 96 bed skilled nursing facility. Our community opened in November 2014 to serve the post-acute care and long-term care needs for residents living at Monarch Landing and in the greater Naperville area. Our building was designed to have six separate living areas, featuring predominately private residential rooms with en-suite baths, lounge areas and country kitchens all within a warm and healing environment. This unique design is smaller in scale, catering to just 16 individuals each, which enables each person to focus on their own health, social and emotional needs.

Currently, two of these areas are dedicated to providing personalized post-acute care to individuals discharging from the hospital and requiring additional nursing care or therapy services in order to return to their homes. In addition, upon occupancy stabilization, anticipated for early 2017, post-acute care services will consume two more of these areas and provide services to 60 individuals per day.

Transitional Care of Fox Valley claims their project is filling a service need not currently available within the geographic area. This is simply not true. The Springs at Monarch Landing is designed both physically and programmatically to care for older adults with post-acute care needs. If the Certificate of Need is granted to Transitional Care of Fox Valley, we anticipate that our occupancy will be negatively impacted, which will cause serious financial implications to our organization and our ability to provide excellent care and services. Monarch Landing is committed to maintaining our 5-star rating as deemed by CMS, but must be able to achieve the economies of scale as planned when the project was approved.

When you consider the various factors required to gain approval for a skilled nursing facility Certificate of Need, such as ability to provide a new service or impact to competitor utilization, it is clear that Transitional Care of Fox Valley does not meet the criteria. We ask that the Board deny their request for Project 16-002.