

JAN 13 2016

**LONG-TERM CARE  
APPLICATION FOR PERMIT**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

16-006

**DESCRIPTION OF PROJECT****Project Type**

[Check one]

[check one]

|                                                                                                                       |                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> General Long-term Care<br><br><input type="checkbox"/> Specialized Long-term Care | <input checked="" type="checkbox"/> Establishment of a new LTC facility<br><input type="checkbox"/> Establishment of new LTC services<br><input type="checkbox"/> Expansion of an existing LTC facility or service<br><input type="checkbox"/> 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.**

The Applicants to the project are **The Alden Group, Ltd.** (Parent), **Alden Bartlett, LLC** (owner) and **Alden Estates of Bartlett, Inc.** (operator) and co-Applicant, **Bartlett Investments I, LLC**. The Applicants are proposing the establishment of Alden Estates of Bartlett (Estates), a 68 bed nursing facility. Alden Estates of Bartlett will comprise 63,000 gsf with 83% or 48 private beds rooms.

The Estates, located on 4.8 acres will be a three-story brick and masonry structure with a "main street commons" on the first floor and residents' rooms on the second and third floors. The first floor will offer ancillary services and common area amenities for residents which will include a gourmet café, beauty salon, media room, library/ lounge, activity room as well as a fully equipped occupational and physical therapy area with state of the art services. In addition to the General Long-Term Care services to be provided, the Estates will provide rehabilitation and post-acute programs specializing in; orthopedic, pulmonary, neurologic and respiratory care.

The proposed unit will be certified for both Medicare and Medicaid. As the project is for the establishment of beds and services, the project is considered Substantive in accordance with the rules of the 77IAC, Part 1125.140.

**Facility/Project Identification**

|                                                                                                                                                            |                                 |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| Facility Name: <b>Alden Estates of Bartlett</b>                                                                                                            |                                 |                                  |
| Street Address: <b>Lot 2 on the Artis Senior Living PUD Plan of 6N625 Rte 59<br/>(East Side of Rte 59 South of Apple Valley Dr. North of Congress Dr.)</b> |                                 |                                  |
| City and Zip Code: <b>Bartlett, Illinois 60103-1670</b>                                                                                                    |                                 |                                  |
| County: <b>DuPage County</b>                                                                                                                               | Health Service Area: <b>007</b> | Health Planning Area: <b>7-C</b> |

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

|                                                                        |
|------------------------------------------------------------------------|
| Exact Legal Name: <b>Bartlett Investments I, LLC</b>                   |
| Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b>     |
| Name of Registered Agent: <b>Mary Chelotti-Smith</b>                   |
| Name of Chief Executive Officer: <b>Randi Schullo, Manager</b>         |
| CEO Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b> |
| Telephone Number: <b>(773) 724-6324</b>                                |

**Type of Ownership (Applicant/Co-Applicants)**

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

☐ 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: <b>John P. Kniery</b>                                                             |
| Title: <b>Health Care Consultant</b>                                                    |
| Company Name: <b>Foley &amp; Associates, Inc.</b>                                       |
| Address: <b>133 South 4<sup>th</sup> Street, Suite 200, Springfield, Illinois 62701</b> |
| Telephone Number: <b>(217) 544-1551</b>                                                 |
| E-mail Address: <b>jkniery@foleyandassociates.com</b>                                   |
| Fax Number: <b>(217) 544-3615</b>                                                       |

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

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| Name: <b>Charles H. Foley, MHSA</b>                                                     |
| Title: <b>Health Care Consultant</b>                                                    |
| Company Name: <b>Foley and Associates, Inc.</b>                                         |
| Address: <b>133 South 4<sup>th</sup> Street, Suite 200, Springfield, Illinois 62701</b> |
| Telephone Number: <b>(217) 544-1551</b>                                                 |
| E-mail Address: <b>cfoley@foleyandassociates.com</b>                                    |
| Fax Number: <b>(217) 544-3615</b>                                                       |

**Facility/Project Identification**

|                                                                                                                                                            |                                 |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| Facility Name: <b>Alden Estates of Bartlett</b>                                                                                                            |                                 |                                  |
| Street Address: <b>Lot 2 on the Artis Senior Living PUD Plan of 6N625 Rte 59<br/>(East Side of Rte 59 South of Apple Valley Dr. North of Congress Dr.)</b> |                                 |                                  |
| City and Zip Code: <b>Bartlett, Illinois 60103-1670</b>                                                                                                    |                                 |                                  |
| County: <b>DuPage County</b>                                                                                                                               | Health Service Area: <b>007</b> | Health Planning Area: <b>7-C</b> |

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

|                                                                        |  |  |
|------------------------------------------------------------------------|--|--|
| Exact Legal Name: <b>Alden Estates of Bartlett, Inc.</b>               |  |  |
| Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b>     |  |  |
| Name of Registered Agent: <b>Mary Chelotti-Smith</b>                   |  |  |
| Name of Chief Executive Officer: <b>Randi Schullo, Vice President</b>  |  |  |
| CEO Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b> |  |  |
| Telephone Number: <b>(773) 724-6324</b>                                |  |  |

**Type of Ownership (Applicant/Co-Applicants)**

|                                                                                                                                                                                                                                                                                                                                             |                                              |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Partnership         |                                |
| <input checked="" type="checkbox"/> For-profit Corporation                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Governmental        |                                |
| <input type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
| <ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li></ul> |                                              |                                |
| <b>APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                        |                                              |                                |

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

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| Name: <b>John P. Kniery</b>                                                             |
| Title: <b>Health Care Consultant</b>                                                    |
| Company Name: <b>Foley &amp; Associates, Inc.</b>                                       |
| Address: <b>133 South 4<sup>th</sup> Street, Suite 200, Springfield, Illinois 62701</b> |
| Telephone Number: <b>(217) 544-1551</b>                                                 |
| E-mail Address: <b><u>jkniery@foleyandassociates.com</u></b>                            |
| Fax Number: <b>(217) 544-3615</b>                                                       |

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

|                                                                                |
|--------------------------------------------------------------------------------|
| Name: <b>Joe Ourth</b>                                                         |
| Title: <b>Attorney at Law</b>                                                  |
| Company Name: <b>Arnstein &amp; Lehr, LLP</b>                                  |
| Address: <b>120 South Riverside Plaza, Suite 1200, Chicago, Illinois 60606</b> |
| Telephone Number: <b>(312) 876-7815</b>                                        |
| E-mail Address: <b><u>jourth@arnstein.com</u></b>                              |
| Fax Number: <b>(312) 876-0288</b>                                              |

**Facility/Project Identification**

|                                                                                                                                                            |                                 |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| Facility Name: <b>Alden Estates of Bartlett</b>                                                                                                            |                                 |                                  |
| Street Address: <b>Lot 2 on the Artis Senior Living PUD Plan of 6N625 Rte 59<br/>(East Side of Rte 59 South of Apple Valley Dr. North of Congress Dr.)</b> |                                 |                                  |
| City and Zip Code: <b>Bartlett, Illinois 60103-1670</b>                                                                                                    |                                 |                                  |
| County: <b>DuPage County</b>                                                                                                                               | Health Service Area: <b>007</b> | Health Planning Area: <b>7-C</b> |

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

|                                                                         |
|-------------------------------------------------------------------------|
| Exact Legal Name: <b>The Alden Group, Ltd.</b>                          |
| Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b>      |
| Name of Registered Agent: <b>Mary Chelotti-Smith</b>                    |
| Name of Chief Executive Officer: <b>Floyd A. Schlossberg, President</b> |
| CEO Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b>  |
| Telephone Number: <b>(773) 724-6324</b>                                 |

**Type of Ownership (Applicant/Co-Applicants)**

|                                                            |                                              |                                |
|------------------------------------------------------------|----------------------------------------------|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation            | <input type="checkbox"/> Partnership         |                                |
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental        |                                |
| <input type="checkbox"/> Limited Liability Company         | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> 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: <b>John P. Kniery</b>                                                             |
| Title: <b>Health Care Consultant</b>                                                    |
| Company Name: <b>Foley &amp; Associates, Inc.</b>                                       |
| Address: <b>133 South 4<sup>th</sup> Street, Suite 200, Springfield, Illinois 62701</b> |
| Telephone Number: <b>(217) 544-1551</b>                                                 |
| E-mail Address: <b><u>jkniery@foleyandassociates.com</u></b>                            |
| Fax Number: <b>(217) 544-3615</b>                                                       |

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

|                                                                    |
|--------------------------------------------------------------------|
| Name: <b>Randi Schullo</b>                                         |
| Title: <b>President</b>                                            |
| Company Name: <b>Alden Realty Services, Inc.</b>                   |
| Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b> |
| Telephone Number: <b>(773) 724-6324</b>                            |
| E-mail Address: <b><u>Randi.schullo@thealdennetwork.com</u></b>    |
| Fax Number: <b>(773) 286-1562</b>                                  |



**Facility/Project Identification**

|                                                                                                                                                            |                                 |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| Facility Name: <b>Alden Estates of Bartlett</b>                                                                                                            |                                 |                                  |
| Street Address: <b>Lot 2 on the Artis Senior Living PUD Plan of 6N625 Rte 59<br/>(East Side of Rte 59 South of Apple Valley Dr. North of Congress Dr.)</b> |                                 |                                  |
| City and Zip Code: <b>Bartlett, Illinois 60103-1670</b>                                                                                                    |                                 |                                  |
| County: <b>DuPage County</b>                                                                                                                               | Health Service Area: <b>007</b> | Health Planning Area: <b>7-C</b> |

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

|                                                                        |
|------------------------------------------------------------------------|
| Exact Legal Name: <b>Alden Bartlett, LLC</b>                           |
| Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b>     |
| Name of Registered Agent: <b>Mary Chelotti-Smith</b>                   |
| Name of Chief Executive Officer: <b>Randi Schullo, Manager</b>         |
| CEO Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b> |
| Telephone Number: <b>(773) 724-6324</b>                                |

**Type of Ownership (Applicant/Co-Applicants)**

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

- 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: <b>John P. Kniery</b>                                                                               |
| Title: <b>Health Care Consultant</b>                                                                      |
| Company Name: <b>Foley &amp; Associates, Inc.</b>                                                         |
| Address: <b>133 South 4<sup>th</sup> Street, Suite 200, Springfield, Illinois 62701</b>                   |
| Telephone Number: <b>(217) 544-1551</b>                                                                   |
| E-mail Address: <b><a href="mailto:jkniery@foleyandassociates.com">jkniery@foleyandassociates.com</a></b> |
| Fax Number: <b>(217) 544-3615</b>                                                                         |

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

|                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|
| Name: <b>Randi Schullo</b>                                                                                      |
| Title: <b>President</b>                                                                                         |
| Company Name: <b>Alden Realty Services, Inc.</b>                                                                |
| Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b>                                              |
| Telephone Number: <b>(773) 724-6324</b>                                                                         |
| E-mail Address: <b><a href="mailto:Randi.schullo@thealdennetwork.com">Randi.schullo@thealdennetwork.com</a></b> |
| Fax Number: <b>(773) 286-1562</b>                                                                               |

**Post Permit Contact**

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

|                                                                    |
|--------------------------------------------------------------------|
| Name: <b>Randi Schullo</b>                                         |
| Title: <b>President</b>                                            |
| Company Name: <b>Alden Realty Services, Inc.</b>                   |
| Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b> |
| Telephone Number: <b>(773) 724-6324</b>                            |
| E-mail Address: <b>Randi.schullo@thealdennetwork.com</b>           |
| Fax Number: <b>(773) 286-1562</b>                                  |

**Site Ownership**

[Provide this information for each applicable site]

|                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name of Site Owner: <b>Alden Bartlett, LLC</b>                                                                                                                                                                                                                                 |
| Address of Site Owner: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b>                                                                                                                                                                                                           |
| Street Address or Legal Description of Site: <b>See legal description appended as ATTACHMENT-2A</b>                                                                                                                                                                                        |
| 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 <b>ATTACHMENT-2</b> , 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: <b>Alden Estates of Bartlett, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                               |
| Address: <b>4200 West Peterson Avenue, Chicago, Illinois 60646</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |
| <input type="checkbox"/> Non-profit Corporation<br><input checked="" type="checkbox"/> For-profit Corporation<br><input type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Partnership<br><input type="checkbox"/> Governmental<br><input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |
| <ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul> |                                                                                                                               |
| APPEND DOCUMENTATION AS <b>ATTACHMENT-3</b> , 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**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
- ☐ All reports regarding outstanding permits

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

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

  
SIGNATURE

Randi Schullo

PRINTED NAME

Co-Manager

PRINTED TITLE

  
SIGNATURE

Joan Carl

PRINTED NAME

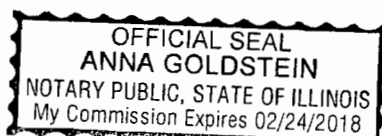
Co-Manager

PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 6 day of January, 2016

  
Signature of Notary

Notarization:  
Subscribed and sworn to before me  
this 6 day of January, 2016

  
Signature of Notary

Seal



Seal

\*Insert EXACT legal name of the applicant

**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 Alden Estates of Bartlett, 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.

  
SIGNATURE

Randi Schullo

PRINTED NAME

President

PRINTED TITLE

  
SIGNATURE

Joan Carl

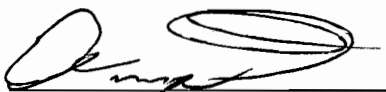
PRINTED NAME

Vice President

PRINTED TITLE

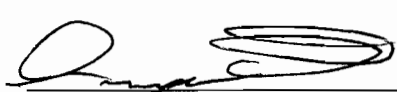
Notarization:

Subscribed and sworn to before me  
this 6 day of January, 2016

  
Signature of Notary

Notarization:

Subscribed and sworn to before me  
this 6 day of January, 2016

  
Signature of Notary



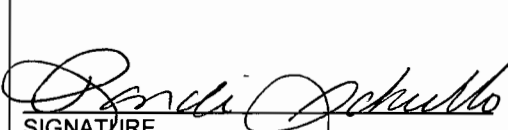
\*Insert EXACT legal name of the applicant

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

  
SIGNATURE

Randi Schullo

PRINTED NAME

Vice President

PRINTED TITLE

  
SIGNATURE

Joan Carl

PRINTED NAME

Vice President

PRINTED TITLE

Notarization:

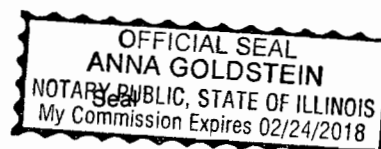
Subscribed and sworn to before me  
this 6 day of January, 2016

Notarization:

Subscribed and sworn to before me  
this 6 day of January, 2016

  
Signature of Notary

  
Signature of Notary



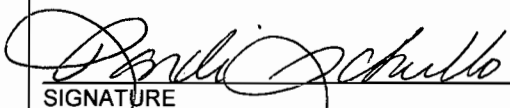
\*Insert EXACT legal name of the applicant

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

  
SIGNATURE  
Randi Schullo

PRINTED NAME

Co-Manager

PRINTED TITLE

  
SIGNATURE  
Joan Carl

PRINTED NAME

C-Manager

PRINTED TITLE

Notarization:

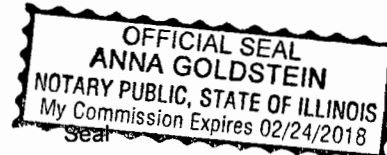
Subscribed and sworn to before me  
this 6 day of January, 2016

Notarization:

Subscribed and sworn to before me  
this 6 day of January, 2016

  
Signature of Notary

  
Signature of Notary



\*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 |
|------------------------------------------------------------|------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> General Long-Term Care | 0                      | 68                                    |
| <input type="checkbox"/> Specialized Long-Term Care        |                        |                                       |
| <input type="checkbox"/>                                   |                        |                                       |

\*Existing number of beds as authorized by IDPH and posted in the "LTC Bed Inventory" on the HFSRB website ([www.hfrsb.illinois.gov](http://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 |
|------------------------------------------------------------|------|------------|--------------|
| <input checked="" type="checkbox"/> General Long Term Care | 2021 | 223        | 22,338       |
| <input type="checkbox"/> Specialized Long-Term Care        |      |            |              |

**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                                                  |
| <b>Establishment of Services or Facility</b> | .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                   |

|                                       |                        |                                                      |
|---------------------------------------|------------------------|------------------------------------------------------|
| <b>Expansion of Existing Services</b> | .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 |

|                                                               |                        |                                        |
|---------------------------------------------------------------|------------------------|----------------------------------------|
| <b>Continuum of Care –<br/>Establishment or<br/>Expansion</b> | .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 |

|                                                                |                  |                                        |
|----------------------------------------------------------------|------------------|----------------------------------------|
| <b>Defined Population –<br/>Establishment or<br/>Expansion</b> | .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 |

|                      |               |                                        |
|----------------------|---------------|----------------------------------------|
| <b>Modernization</b> | .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****NOT APPLICABLE**

| PROJECT TYPE                                                   | REQUIRED REVIEW CRITERIA |                                                         |
|----------------------------------------------------------------|--------------------------|---------------------------------------------------------|
|                                                                | Section                  | Subject                                                 |
| <b>Establishment of LTC Developmentally Disabled – (Adult)</b> | .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 Disabled -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                  |

|                                                                 |            |                                                       |
|-----------------------------------------------------------------|------------|-------------------------------------------------------|
| <b>Establishment of LTC Developmentally Disabled - Children</b> | .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                |

|                                                |         |                                                       |
|------------------------------------------------|---------|-------------------------------------------------------|
| <b>Establishment of Chronic Mental Illness</b> | .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                          |

**NOT APPLICABLE**

|  |            |                                        |
|--|------------|----------------------------------------|
|  | 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 |

|                                                             |            |                                                         |
|-------------------------------------------------------------|------------|---------------------------------------------------------|
| <b>Establishment of Long Term Medical Care for Children</b> | .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****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**

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**

- 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 THIS ITEM IS NOT APPLICABLE**

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 THIS ITEM IS NOT APPLICABLE**

**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:****NOT APPLICABLE**

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****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](http://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**

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**

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.

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

**Criterion 1125.650 - Modernization THIS ITEM IS NOT APPLICABLE**

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

**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.

**NOT APPLICABLE**

- 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>\$ 3,126,852</u> | <p>a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>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</li> <li>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;</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| _____               | b. Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| _____               | c. Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <u>\$15,900,000</u> | <p>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:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>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.;</li> <li>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;</li> <li>5. For any option to lease, a copy of the option, including all terms and conditions.</li> </ol> |

|                     |                              |                                                                                                                                                                                                                                                                                                                                    |
|---------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____               | e.                           | Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; |
| _____               | f.                           | Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;                                                                                                                                                                                                             |
| _____               | g.                           | All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.                                                                                                                                                                                                            |
| <u>\$19,026,652</u> | <b>TOTAL FUNDS AVAILABLE</b> |                                                                                                                                                                                                                                                                                                                                    |

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

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: | NO HISTORICAL YEARS                         | OWNER 2021 | OPERATOR 2021 | COMBINED 2021          |
| Current Ratio                            | N/A                                         | 1.55       | 2.57          | 2.27                   |
| Net Margin Percentage                    | N/A                                         | (20.90%)   | 8.17%         | 5.68%                  |
| Percent Debt to Total Capitalization     | N/A                                         | 79.67%     | 0.00%         | 74.39%                 |
| Projected Debt Service Coverage          | N/A                                         | 1.13       | 3.30          | 1.65                   |
| Days Cash on Hand                        | N/A                                         | 15,273     | 31.59         | 51.03                  |
| Cushion Ratio                            | N/A                                         | 0.54       | 2.67          | 1.06                   |

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<br>(list below)                  | A                       | B    | C                    | D      | E                     | F      | G                    | H                  | Total Cost<br>(G + H) |
|                                       | Cost/Square Foot<br>New | Mod. | Gross Sq. Ft.<br>New | Circ.* | Gross Sq. Ft.<br>Mod. | Circ.* | Const. \$<br>(A x C) | Mod. \$<br>(B x E) |                       |
| Nursing                               | \$211.82                |      | 63,000               |        |                       |        | \$13,344,545         |                    | \$13,344,545          |
| Contingency                           | \$ 21.18                |      | 63,000               |        |                       |        | \$ 1,334,454         |                    | \$ 1,334,454          |
| TOTALS                                | \$233.00                |      | 63,000               |        |                       |        | \$14,678,999         |                    | \$14,678,999          |

\* 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.

| Use of Funds                                   | Clinical             | Non-Clinical        | Amount              |
|------------------------------------------------|----------------------|---------------------|---------------------|
| Preplanning Costs                              | \$ 25,587            | \$ 16,913           | \$42,500            |
| Site Survey and Soil Investigation             | \$ 24,082            | \$ 15,918           | \$40,000            |
| Site Preparation                               | \$ 361,229           | \$ 238,771          | \$600,000           |
| Off Site Work                                  | \$ 72,246            | \$ 47,754           | \$120,000           |
| New Construction Contracts                     | \$ 8,034,052         | \$ 5,310,493        | \$13,344,545        |
| Modernization Contracts                        | \$ -                 | \$ -                | \$ -                |
| Contingencies                                  | \$ 803,405           | \$ 531,049          | \$1,334,454         |
| Architectural/Engineering Fees                 | \$ 662,809           | \$ 438,116          | \$1,100,925         |
| Consulting and Other Fees                      | \$ 411,957           | \$ 272,302          | \$684,259           |
| Movable or Other Equipment                     | \$ 357,127           | \$ 236,061          | \$593,188           |
| Bond Issuance Expense                          | \$ 350,572           | \$ 231,728          | \$582,300           |
| Net Interest Expense During Construction       | \$ 321,783           | \$ 212,698          | \$534,481           |
| Fair Market Value of Leased Space or Equipment | \$ -                 | \$ -                |                     |
| Other Costs to be Capitalized                  | \$ 30,102            | \$ 19,898           | \$50,000            |
| Acquisition of Building or Other Property      | \$ -                 | \$ -                |                     |
| <b>Total IDPH Regulated Uses of Funds</b>      | <b>\$ 11,454,951</b> | <b>\$ 7,571,701</b> | <b>\$19,026,652</b> |
| Source of Funds                                | Clinical             | Non-Clinical        | Total               |
| Cash and Securities                            | \$ 1,882,393         | \$ 1,244,259        | \$3,126,652         |
| Pledges                                        | \$ -                 | \$ -                | \$ -                |
| Gifts and Bequests                             | \$ -                 | \$ -                | \$ -                |
| Bond Issues                                    | \$ -                 | \$ -                | \$ -                |
| Mortgages                                      | \$ 9,572,557         | \$ 6,327,443        | \$15,900,000        |
| Leases                                         | \$ -                 | \$ -                | \$ -                |
| Governmental Appropriations                    | \$ -                 | \$ -                | \$ -                |
| Grants                                         | \$ -                 | \$ -                | \$ -                |
| Other Funds and Sources                        | \$ -                 | \$ -                | \$ -                |
| <b>Total Sources of Funds</b>                  | <b>\$ 11,454,951</b> | <b>\$ 7,571,701</b> | <b>\$19,026,652</b> |

\* Appended as APPENDIX-A1, is a further breakdown of project cost to include FF&E costs specifically.

**Alden Estates of New Lenox**  
**Support for Project Costs**

**Other Project Costs:**

**Line 1: Preplanning Costs**

|                                     |                  |
|-------------------------------------|------------------|
| Preliminary drawings and renderings | \$ 20,000        |
| Architectural Cost Analysis         | 2,500            |
| Phase-one Environmental Study       | 5,000            |
| Preliminary Engineering             | 15,000           |
| <b>Total</b>                        | <b>\$ 42,500</b> |

**Site Survey and soil investigation:**

|                         |                  |
|-------------------------|------------------|
| Surveyor costs          | \$ 25,000        |
| Soil boring and testing | 15,000           |
| <b>Total</b>            | <b>\$ 40,000</b> |

|               |                     |
|---------------|---------------------|
| Architectural | <b>\$ 1,100,925</b> |
|---------------|---------------------|

|                                 |                      |
|---------------------------------|----------------------|
| Construction Contract           | \$ 13,344,545        |
| Contingencies                   | \$ 1,334,454         |
| <b>Total Construction Costs</b> | <b>\$ 14,678,999</b> |

|                                  |                         |
|----------------------------------|-------------------------|
| Offsite Work-Curbs and sidewalks | <b>Total \$ 120,000</b> |
|----------------------------------|-------------------------|

**Site Preparation:**

|                                                                  |                   |
|------------------------------------------------------------------|-------------------|
| Utilities, sewers, grading, sitework, & other improvements/grade | 600,000           |
| <b>Total</b>                                                     | <b>\$ 600,000</b> |

**Consulting and other fees:**

|                                                  |                   |
|--------------------------------------------------|-------------------|
| Building and other permits                       | \$ 400,000        |
| Appraisal                                        | 18,000            |
| CON Consultant                                   | 70,000            |
| Illinois Health Facility Planning Board fees     | 43,698            |
| Illinois Department of Public Health Plan Review | 45,459            |
| Zoning and other regulatory                      | 15,000            |
| Legal                                            | 40,000            |
| Title and Recording fees                         | 35,000            |
| Audit fees                                       | 10,000            |
| <b>Total</b>                                     | <b>\$ 675,157</b> |

**Other costs to be capitalized:**

|                                                                      |                  |
|----------------------------------------------------------------------|------------------|
| Real estate taxes                                                    | \$ 20,000        |
| Minor Moveables (linens, haking equip, appliances, silverware, etc.) | -                |
| Miscellaneous administrative and clerical costs                      | 26,000           |
| Insurance                                                            | 15,000           |
| <b>Total</b>                                                         | <b>\$ 61,000</b> |

**Financing fees:**

|                     |                   |
|---------------------|-------------------|
| Mortgage Insurance  | \$ 118,795        |
| FHA Exam Fees       | 47,518            |
| FHA Inspection fees | 79,198            |
| Financing fees      | 336,789           |
| <b>Total</b>        | <b>\$ 582,300</b> |

**Moveable and other equipment:**

|                                     |                   |
|-------------------------------------|-------------------|
| Major moveable equipment(See list): | \$ 593,189        |
| <b>Total</b>                        | <b>\$ 593,189</b> |

|                              |                   |
|------------------------------|-------------------|
| SubTotal                     | 18,494,070        |
| Construction Period Interest | 534,582           |
| <b>Total</b>                 | <b>19,028,652</b> |

**PROJECT: ALDEN ESTATES OF BARTLETT**  
**F.F. & E PRELIMINARY PLANNING BUDGET**  
**DATE: JANUARY 8, 2016**

PAGE #1

| LOCATION : RESIDENT ROOM                                       |          |     |                                    |              |        |             |              |
|----------------------------------------------------------------|----------|-----|------------------------------------|--------------|--------|-------------|--------------|
|                                                                | TAG      | QTY | ITEM                               | MANUFACTURER | ITEM # | COST PER    | TOTAL        |
| 1                                                              | R/ART-1  | 68  | HEADBOARD ART                      |              |        | \$ 50.00    | \$3,400.00   |
| 2                                                              | R/ART-2  | 48  | PRIVATE - ACCENT ART               |              |        | \$ 75.00    | \$3,600.00   |
| 3                                                              | R/ART-3  | 48  | PRIVATE - ACCENT ART               |              |        | \$ 75.00    | \$3,600.00   |
| 4                                                              | R/ART-4  | 30  | PRIVATE - ACCENT ART               |              |        | \$ 100.00   | \$3,000.00   |
| 5                                                              | R/ART-5  | 10  | DOUBLE - ACCENT ART                |              |        | \$ 100.00   | \$1,000.00   |
| 6                                                              | R/BD-1   | 68  | RESIDENT HEALTHCARE BED            |              |        | \$ 200.00   | \$13,600.00  |
| 7                                                              | R/BD-1A  | 68  | HEALTHCARE MATTRESS                |              |        | \$ 50.00    | \$3,400.00   |
| 8                                                              | R/BC-1   | 90  | BEDSPREAD                          |              |        | \$ 85.00    | \$7,650.00   |
| 9                                                              | R/CG-1   | 68  | 3-DRAWER NIGHTSTAND                |              |        | \$ 250.00   | \$17,000.00  |
| 10                                                             | R/CG-1A  | 68  | NIGHT STAND TOP                    |              |        | \$ 100.00   | \$6,800.00   |
| 11                                                             | R/CG-2   | 68  | PAIR HEAD / FOOTBOARDS             |              |        | \$ 300.00   | \$20,400.00  |
| 12                                                             | R/CG-2A  | 1   | LOT VINYL FOR HEADBOARDS           |              |        | \$ 500.00   | \$500.00     |
| 13                                                             | R/CG-3   | 28  | ARMOIRE                            |              |        | \$ 450.00   | \$12,600.00  |
| 14                                                             | R/CG-3A  | 40  | CUSTOM CLOSET                      |              |        | \$ 240.00   | \$9,600.00   |
| 15                                                             | R/CG-4   | 68  | TV SURROUND                        |              |        | \$ 100.00   | \$6,800.00   |
| 16                                                             | R/CG-5   | 50  | 4-DRAWER DRESSER W/ BOOKCASE HUTCH |              |        | \$ 300.00   | \$15,000.00  |
| 17                                                             | R/CG-8   | 48  | END TABLES                         |              |        | \$ 150.00   | \$7,200.00   |
| 18                                                             | R/CG-9   | 68  | OVER BED TABLES                    |              |        | \$ 125.00   | \$8,500.00   |
| 19                                                             | R/CG-1   | 1   | INSTALLATION OF FURNITURE          |              |        | \$ 1,000.00 | \$1,000.00   |
| 20                                                             | R/EQ-1   | 48  | FLAT SCREEN TVS                    |              |        | \$ 300.00   | \$14,400.00  |
| 21                                                             | R/EQ-2   | 20  | HOSPITAL GRADE TVS                 |              |        | \$ 400.00   | \$8,000.00   |
| 22                                                             | R/EQ-3   | 68  | CABLE CORDS/ JUMPERS               |              |        | \$ 15.00    | \$1,020.00   |
| 23                                                             | R/L-1    | 48  | END TABLE LAMPS                    |              |        | \$ 100.00   | \$4,800.00   |
| 24                                                             | R/PC-1   | 20  | PRIVACY CURTAINS & HARDWARE        |              |        | \$ 200.00   | \$4,000.00   |
| 25                                                             | R/TB-1   | 48  | TABLE BASE                         |              |        | \$ 110.00   | \$5,280.00   |
| 26                                                             | R/TP-1   | 48  | TABLE TOP                          |              |        | \$ 200.00   | \$9,600.00   |
| 27                                                             | R/UPG-1  | 48  | RESIDENT CHAIR / FOOTSTOOL         |              |        | \$ 500.00   | \$24,000.00  |
| 28                                                             | R/UPG-1A | 1   | LOT FABRIC FOR CHAIR / FOOTSTOOL   |              |        | \$ 5,000.00 | \$5,000.00   |
| 29                                                             | R/UPG-2  | 20  | SMALL RESIDENT CHAIR               |              |        | \$ 300.00   | \$6,000.00   |
| 30                                                             | R/UPG-2A | 20  | FABRIC FOR SMALL RESIDENT CHAIR    |              |        | \$ 30.00    | \$600.00     |
| 31                                                             | R/UPG-3  | 30  | LOVESEAT                           |              |        | \$ 350.00   | \$10,500.00  |
| 32                                                             | R/UPG-3A | 300 | FABRIC FOR LOVESEATS               |              |        | \$ 30.00    | \$9,000.00   |
| 33                                                             | R/UPG-3B | 60  | LOVESEAT PILLOWS                   |              |        | \$ 20.00    | \$1,200.00   |
| 34                                                             | R/UPG-3C | 60  | PILLOW FABRIC                      |              |        | \$ 30.00    | \$1,800.00   |
| 35                                                             | R/UPG-4  | 96  | ARM CHAIRS                         |              |        | \$ 200.00   | \$19,200.00  |
| 36                                                             | R/UPG-4A | 96  | FABRIC FOR ARM CHAIRS              |              |        | \$ 30.00    | \$2,880.00   |
| 37                                                             | R/UPG-5  | 18  | LOUNGE CHAIRS                      |              |        | \$ 300.00   | \$5,400.00   |
| 38                                                             | R/WT-1   | 58  | WINDOW TREATMENTS + HARDWARE       |              |        | \$ 600.00   | \$34,800.00  |
| 39                                                             |          | 1   | SATELLITE FOR CABLE TV             |              |        | \$ 500.00   | \$500.00     |
| 40                                                             |          | 1   | IN HOUSE ENTERTAINMENT CHANNELS    |              |        | \$ 200.00   | \$200.00     |
| 41                                                             |          | 1   | CABLE EQUIPMENT- LABOR TO WIRE     |              |        | \$ 800.00   | \$800.00     |
| SUBTOTAL - RESIDENT ROOM FF&E                                  |          |     |                                    |              |        |             | \$313,630.00 |
| LOCATION : RESIDENT BATHROOM                                   |          |     |                                    |              |        |             |              |
| 1                                                              | RB/ART-1 | 68  | MEDICINE CABINET ART               |              |        | \$ 20.00    | \$1,360.00   |
| 2                                                              | RB/CG-1  | 58  | BUILT-IN STORAGE SHELVEING         |              |        | \$ 100.00   | \$5,800.00   |
| 3                                                              | RB/CG-2  | 40  | SHOWER SEAT WITH LEGS              |              |        | \$ 100.00   | \$4,000.00   |
| 4                                                              | RB/MIR-1 | 58  | FRAMED MIRROR                      |              |        | \$ 100.00   | \$5,800.00   |
| 5                                                              | RB/SC-1  | 40  | SHOWER CURTAIN LINER & HARDWARE    |              |        | \$ 75.00    | \$3,000.00   |
| SUBTOTAL - RESIDENT BATHROOM FF&E                              |          |     |                                    |              |        |             | \$19,960.00  |
| LOCATION : PUBLIC WASHROOMS/ LOCKER ROOMS/ NURSES LOCKER ROOMS |          |     |                                    |              |        |             |              |
| 1                                                              | WR/ART-1 | 12  | ART #1                             |              |        | \$ 50.00    | \$600.00     |
| 2                                                              | WR/ART-2 | 12  | ART-2                              |              |        | \$ 50.00    | \$600.00     |
| 3                                                              | WR/EQ-1  | 5   | LOCKERS                            |              |        | \$ 400.00   | \$2,000.00   |
| 4                                                              | WR/MIR-1 | 7   | FRAMED MIRROR                      |              |        | \$ 100.00   | \$700.00     |
| 5                                                              | WR/MIR-2 | 5   | FRAMED MIRROR                      |              |        | \$ 100.00   | \$500.00     |
| SUBTOTAL - PUBLIC WASHROOMS FF&E                               |          |     |                                    |              |        |             | \$4,400.00   |
| LOCATION : GENERAL OFFICE                                      |          |     |                                    |              |        |             |              |
| 1                                                              | O/CG-1   | 2   | 42" 5-HIGH LATERALS                |              |        | \$ 500.00   | \$1,000.00   |
| 2                                                              | O/CG-2   | 2   | 36" 3-HIGH LATERALS                |              |        | \$ 500.00   | \$1,000.00   |
| 3                                                              | O/CG-3   | 1   | 72" LATERAL FILE TOP               |              |        | \$ 250.00   | \$250.00     |
| 4                                                              | O/EQ-1   | 1   | TELEPHONE SYSTEM                   |              |        | \$ 2,500.00 | \$2,500.00   |
| 5                                                              | O/EQ-2   | 1   | COMPUTER                           |              |        | \$ 2,500.00 | \$2,500.00   |
| SUBTOTAL - GENERAL OFFICE FF&E                                 |          |     |                                    |              |        |             | \$7,250.00   |
| SUBTOTAL - PAGE #1 FF&E                                        |          |     |                                    |              |        |             | \$345,240.00 |

1/8/2016 1:37 PM

**PROJECT: ALDEN ESTATES OF BARTLETT**  
**F.F. & E PRELIMINARY PLANNING BUDGET**  
**DATE: JANUARY 8, 2016**

**PAGE #2**

| LOCATION : ADMINISTRATOR'S OFFICE      |           |      |                          |        |             |             |
|----------------------------------------|-----------|------|--------------------------|--------|-------------|-------------|
| 1                                      | AD/ART-1  | 1    | ADMIN. ART #1            |        | \$ 100.00   | \$100.00    |
| 2                                      | AD/ART-2  | 1    | ADMIN. ART #2            |        | \$ 100.00   | \$100.00    |
| 3                                      | AD/CG-1   | 1    | ADMINISTRATOR'S DESK     |        | \$ 800.00   | \$800.00    |
| 4                                      | AD/CG-2   | 1    | ADMINISTRATOR'S BRIDGE   |        | \$ 150.00   | \$150.00    |
| 5                                      | AD/CG-3   | 1    | ADMINISTRATOR'S CREDENZA |        | \$ 800.00   | \$800.00    |
| 6                                      | AD/CG-4   | 1    | BOOKCASE                 |        | \$ 400.00   | \$400.00    |
| 7                                      | AD/CG-5   | 1    | ADMIN. HUTCH WITH DOORS  |        | \$ 550.00   | \$550.00    |
| 8                                      | AD/CG-6   | 1    | ADMIN. TACK BOARD        |        | \$ 100.00   | \$100.00    |
| 9                                      | AD/CG-7   | 1    | ADMIN. TASK LIGHT        |        | \$ 125.00   | \$125.00    |
| 10                                     | AD/CG-8   | 1    | ADMIN. CONFERENCE TABLE  |        | \$ 450.00   | \$450.00    |
| 11                                     | AD/UPG-1  | 1    | ADMIN. DESK CHAIR        |        | \$ 350.00   | \$350.00    |
| 12                                     | AD/UPG-2  | 5    | ADMIN. SIDE CHAIR        |        | \$ 200.00   | \$1,000.00  |
| 13                                     | AD/WT-1   | 1    | ADMIN. WINDOW TREATMENTS |        | \$ 500.00   | \$500.00    |
|                                        |           |      |                          |        |             | \$0.00      |
| SUBTOTAL - ADMINISTRATOR'S OFFICE FF&E |           |      |                          |        |             | \$5,225.00  |
| LOCATION : ADMISSIONS OFFICE           |           |      |                          |        |             |             |
| TAG                                    | QTY       | ITEM | MANUFACTURER             | ITEM # | COST PER    | TOTAL       |
| 1                                      | AM/ART-1  | 1    | ART #1                   |        | \$ 100.00   | \$100.00    |
| 2                                      | AM/ART-2  | 1    | ART #2                   |        | \$ 100.00   | \$100.00    |
| 3                                      | AM/ART-3  | 1    | ART #3                   |        | \$ 100.00   | \$100.00    |
| 4                                      | AM/CG-1   | 1    | DESK                     |        | \$ 900.00   | \$900.00    |
| 5                                      | AM/CG-2   | 1    | BRIDGE                   |        | \$ 300.00   | \$300.00    |
| 6                                      | AM/CG-3   | 1    | CREDENZA                 |        | \$ 900.00   | \$900.00    |
| 7                                      | AM/CG-4   | 1    | HUTCH TOP                |        | \$ 500.00   | \$500.00    |
| 8                                      | AM/CG-5   | 1    | DINING TABLE             |        | \$ 900.00   | \$900.00    |
| 9                                      | AM/CG-6   | 1    | BUFFET                   |        | \$ 900.00   | \$900.00    |
| 10                                     | AM/MIR-1  | 1    | MIRROR                   |        | \$ 250.00   | \$250.00    |
| 8                                      | AM/UPG-1  | 1    | DESK CHAIR               |        | \$ 300.00   | \$300.00    |
| 9                                      | AM/UPG-2  | 6    | SIDE CHAIR               |        | \$ 300.00   | \$1,800.00  |
| 10                                     | AM/WT-1   | 1    | WINDOW TREATMENTS        |        | \$ 500.00   | \$500.00    |
| SUBTOTAL - ADMISSIONS OFFICE FF&E      |           |      |                          |        |             | \$7,550.00  |
| LOCATION : PERSONNEL OFFICE            |           |      |                          |        |             |             |
| 1                                      | P/ART-1   | 1    | ART #1                   |        | \$ 100.00   | \$100.00    |
| 2                                      | P/ART-2   | 1    | ART #2                   |        | \$ 100.00   | \$100.00    |
| 3                                      | P/CG-1    | 1    | DESK                     |        | \$ 840.00   | \$840.00    |
| 4                                      | P/CG-2    | 1    | BRIDGE                   |        | \$ 225.00   | \$225.00    |
| 5                                      | P/CG-3    | 1    | CREDENZA                 |        | \$ 600.00   | \$600.00    |
| 6                                      | P/CG-4    | 1    | KEYBOARD TRAY            |        | \$ 240.00   | \$240.00    |
| 7                                      | P/CG-5    | 1    | OVERHEAD STORAGE         |        | \$ 750.00   | \$750.00    |
| 8                                      | P/CG-6    | 1    | TACK BOARD               |        | \$ 100.00   | \$100.00    |
| 9                                      | P/CG-7    | 1    | TASK LIGHT               |        | \$ 125.00   | \$125.00    |
| 10                                     | P/UPG-1   | 1    | DESK CHAIR               |        | \$ 250.00   | \$250.00    |
| 11                                     | P/UPG-2   | 2    | GUEST CHAIR              |        | \$ 225.00   | \$450.00    |
| SUBTOTAL - PERSONNEL OFFICE FF&E       |           |      |                          |        |             | \$3,780.00  |
| LOCATION : CONFERENCE ROOM             |           |      |                          |        |             |             |
| 1                                      | CON/ART-1 | 1    | ART #1                   |        | \$ 125.00   | \$125.00    |
| 2                                      | CON/ART-2 | 1    | ART #2                   |        | \$ 125.00   | \$125.00    |
| 3                                      | CON/ART-3 | 1    | ART-3                    |        | \$ 200.00   | \$200.00    |
| 4                                      | CON/ART-4 | 1    | ART-4                    |        | \$ 200.00   | \$200.00    |
| 5                                      | CON/CG-1  | 1    | CREDENZA                 |        | \$ 500.00   | \$500.00    |
| 6                                      | CON/TB-1  | 1    | CONFERENCE TABLE BASES   |        | \$ 450.00   | \$450.00    |
| 7                                      | CON/TP-1  | 1    | CONFERENCE TABLE TOP     |        | \$ 1,000.00 | \$1,000.00  |
| 8                                      | CON/UPG-1 | 10   | CONFERENCE CHAIRS        |        | \$ 200.00   | \$2,000.00  |
| SUBTOTAL - MISC. OFFICE FF&E           |           |      |                          |        |             | \$4,600.00  |
| LOCATION : MEDICAL RECORDS OFFICE      |           |      |                          |        |             |             |
| 1                                      | MD/CG-1   | 1    | DESK                     |        | \$ 600.00   | \$600.00    |
| 2                                      | MD/CG-2   | 1    | RETURN                   |        | \$ 350.00   | \$350.00    |
| 3                                      | MD/CG-5   | 6    | 42" - 5-HIGH LATERAL     |        | \$ 500.00   | \$3,000.00  |
| 4                                      | MD/UPG-1  | 1    | DESK CHAIR               |        | \$ 250.00   | \$250.00    |
| 5                                      | MD/UPG-2  | 1    | GUEST CHAIR              |        | \$ 225.00   | \$225.00    |
| SUBTOTAL - MEDICAL RECORDS OFFICE FF&E |           |      |                          |        |             | \$4,425.00  |
| SUBTOTAL - PAGE #2 FF&E                |           |      |                          |        |             | \$25,580.00 |

1/8/2016 1:38 PM



**PROJECT: ALDEN ESTATES OF BARTLETT**  
**F.F. & E PRELIMINARY PLANNING BUDGET**  
**DATE: JANUARY 8, 2016**

PAGE #3

| LOCATION : LOBBY                                                          |     |                             |              |        |             |             |
|---------------------------------------------------------------------------|-----|-----------------------------|--------------|--------|-------------|-------------|
| TAG                                                                       | QTY | ITEM                        | MANUFACTURER | ITEM # | COST PER    | TOTAL       |
| 1 LOB/ART-1                                                               | 1   | ART #1                      |              |        | \$ 100.00   | \$100.00    |
| 2 LOB/ART-2                                                               | 1   | ART #2                      |              |        | \$ 100.00   | \$100.00    |
| 3 LOB/ART-3                                                               | 1   | ART#3                       |              |        | \$ 100.00   | \$100.00    |
| 4 LOB/CG-1                                                                | 3   | END TABLE                   |              |        | \$ 250.00   | \$750.00    |
| 5 LOB/CG-2                                                                | 1   | COCKTAIL TABLE              |              |        | \$ 300.00   | \$300.00    |
| 6 LOB/CG-3                                                                | 1   | BUFFET                      |              |        | \$ 600.00   | \$600.00    |
| 7 LOB/CG-4                                                                | 1   | DESK                        |              |        | \$ 900.00   | \$900.00    |
| 8 LOB/CG-5                                                                | 1   | BRIDGE                      |              |        | \$ 400.00   | \$400.00    |
| 9 LOB/CG-6                                                                | 1   | CREDENZA                    |              |        | \$ 800.00   | \$800.00    |
| 10 LOB/L-1                                                                | 3   | END TABLE LAMPS             |              |        | \$ 100.00   | \$300.00    |
| 11 LOB/UPG-1                                                              | 1   | SOFA                        |              |        | \$ 800.00   | \$800.00    |
| 12 LOB/UPG-1A                                                             | 12  | SOFA FABRIC                 |              |        | \$ 30.00    | \$360.00    |
| 13 LOB/UPG-2                                                              | 1   | LOUNGE CHAIR                |              |        | \$ 450.00   | \$450.00    |
| 14 LOB/UPG-2A                                                             | 7   | LOUNGE CHAIR FABRIC         |              |        | \$ 30.00    | \$210.00    |
| 15 LOB/UPG-3                                                              | 1   | DESK CHAIR                  |              |        | \$ 300.00   | \$300.00    |
| LOB/WT-1                                                                  | 1   | WINDOW TREATMENTS           |              |        | \$ 900.00   | \$900.00    |
| SUBTOTAL - LOBBY FF&E                                                     |     |                             |              |        |             | \$7,370.00  |
| LOCATION : LOUNGES (4) / LIBRARIES (2)                                    |     |                             |              |        |             |             |
| 1 LG/ART-1                                                                | 6   | ART #1                      |              |        | \$ 125.00   | \$750.00    |
| 2 LG/ART-2                                                                | 8   | ART #2                      |              |        | \$ 125.00   | \$750.00    |
| 3 LG/ART-3                                                                | 4   | ART #3                      |              |        | \$ 175.00   | \$700.00    |
| 4 LG/CG-1                                                                 | 12  | END TABLE                   |              |        | \$ 285.00   | \$3,420.00  |
| 5 LG/CG-2                                                                 | 4   | TV CONSOLE                  |              |        | \$ 900.00   | \$3,600.00  |
| 6 LG/CG-3                                                                 | 4   | COCKTAIL TABLE              |              |        | \$ 350.00   | \$1,400.00  |
| 7 LG/EQ-1                                                                 | 4   | FLAT SCREEN                 |              |        | \$ 300.00   | \$1,200.00  |
| 8 LG/L-1                                                                  | 12  | END TABLE LAMPS             |              |        | \$ 100.00   | \$1,200.00  |
| 9 LG/UPG-1                                                                | 4   | SOFAS                       |              |        | \$ 600.00   | \$2,400.00  |
| 10 LG/UPG-1A                                                              | 48  | SOFA FABRIC                 |              |        | \$ 20.00    | \$960.00    |
| 11 LG/UPG-2                                                               | 18  | LOUNGE CHAIR                |              |        | \$ 250.00   | \$4,500.00  |
| 12 LG/UPG-2A                                                              | 99  | LOUNGE CHAIR FABRIC         |              |        | \$ 35.00    | \$3,465.00  |
| 13 LG/UPG-3                                                               | 2   | LOVESEATS                   |              |        | \$ 300.00   | \$600.00    |
| 14 LG/UPG-3A                                                              | 18  | LOVESEAT FABRIC             |              |        | \$ 20.00    | \$360.00    |
| 15 LG/WT-1                                                                | 4   | WINDOW TREATMENTS           |              |        | \$ 900.00   | \$3,600.00  |
| SUBTOTAL - LOUNGES (6) FF&E                                               |     |                             |              |        |             | \$29,301.00 |
| LOCATION : BATHING ROOMS (2)                                              |     |                             |              |        |             |             |
| 1 BA/ART-1                                                                | 2   | ART #1                      |              |        | \$ 100.00   | \$200.00    |
| 2 BA/ART-2                                                                | 2   | ART #2                      |              |        | \$ 100.00   | \$200.00    |
| 3 BA/ART-3                                                                | 2   | ART #3                      |              |        | \$ 100.00   | \$200.00    |
| 4 BA/ART-4                                                                | 2   | ART - 4                     |              |        | \$ 100.00   | \$200.00    |
| 5 BA/ART-5                                                                | 2   | ART-5                       |              |        | \$ 200.00   | \$400.00    |
| 6 BA/ART-6                                                                | 2   | ART-6                       |              |        | \$ 200.00   | \$400.00    |
| 7 BA/ART-7                                                                | 2   | ART-7                       |              |        | \$ 200.00   | \$400.00    |
| 8 BA/EQ-1                                                                 | 1   | DECORATIVE TUB              |              |        | \$ 3,000.00 | \$3,000.00  |
| 9 BA/EQ-2                                                                 | 1   | HEARTH/CARE TUB             |              |        | \$ 5,000.00 | \$5,000.00  |
| 10 BA/MIR-1                                                               | 6   | VANITY MIRRORS              |              |        | \$ 150.00   | \$900.00    |
| 11 BA/PC-1                                                                | 3   | PRIVACY CURTAINS & HARDWARE |              |        | \$ 200.00   | \$600.00    |
| SUBTOTAL - BATHING ROOM (2) FF&E                                          |     |                             |              |        |             | \$11,600.00 |
| LOCATION : CORRIDORS AND ELEVATOR LOBBIES - FIRST, SECOND AND THIRD FLOOR |     |                             |              |        |             |             |
| 1 COR/ART                                                                 | 1   | LOT - ARTWORK               |              |        | \$ 9,000.00 | \$9,000.00  |
| 2 COR/CG-1                                                                | 2   | END TABLE                   |              |        | \$ 200.00   | \$400.00    |
| 3 COR/CG-2                                                                | 2   | CONSOLE TABLE               |              |        | \$ 900.00   | \$1,800.00  |
| 4 COR/DEC                                                                 | 2   | DECORATIVE SCREEN           |              |        | \$ 900.00   | \$1,800.00  |
| 5 COR/EQ-1                                                                | 2   | AQUARIUMS                   |              |        | \$ 2,500.00 | \$5,000.00  |
| 6 COR/L-1                                                                 | 2   | TABLE LAMPS                 |              |        | \$ 100.00   | \$200.00    |
| 7 COR/L-2                                                                 | 4   | CONSOLE TABLE LAMPS         |              |        | \$ 100.00   | \$400.00    |
| 8 COR/SN-1                                                                | 1   | LOT - SIGNAGE               |              |        | \$ 6,000.00 | \$6,000.00  |
| 9 COR/UPG-1                                                               | 12  | ARM CHAIRS                  |              |        | \$ 400.00   | \$4,800.00  |
| 10 COR/UPG-1A                                                             | 48  | ARM CHAIR FABRIC            |              |        | \$ 30.00    | \$1,440.00  |
| 11 COR/WT-1                                                               | 4   | WINDOW TREATMENTS           |              |        | \$ 1,000.00 | \$4,000.00  |
| SUBTOTAL - CORRIDORS FF&E                                                 |     |                             |              |        |             | \$34,840.00 |
| LOCATION : D.O.N. / A.D.O.N OFFICE (2ND & 3RD FLOOR)                      |     |                             |              |        |             |             |
| 1 DON/ART-1                                                               | 2   | ART #1                      |              |        | \$ 100.00   | \$200.00    |
| 2 DON/ART-2                                                               | 2   | ART #2                      |              |        | \$ 100.00   | \$200.00    |
| 3 DON/CG-1                                                                | 2   | DESK                        |              |        | \$ 840.00   | \$1,680.00  |
| 4 DON/CG-2                                                                | 2   | BRIDGE                      |              |        | \$ 225.00   | \$450.00    |
| 5 DON/CG-3                                                                | 2   | CREDENZA                    |              |        | \$ 600.00   | \$1,200.00  |
| 6 DON/CG-4                                                                | 2   | LATERAL FILE                |              |        | \$ 680.00   | \$1,360.00  |
| 7 DON/UPG-1                                                               | 2   | DESK CHAIR                  |              |        | \$ 250.00   | \$500.00    |
| 8 DON/UPG-2                                                               | 4   | SIDE CHAIR                  |              |        | \$ 225.00   | \$900.00    |
| 9 DON/WT-1                                                                | 2   | WINDOW TREATMENTS           |              |        | \$ 500.00   | \$1,000.00  |
| SUBTOTAL - D.O.N. / A.D.O.N OFFICE (2ND & 3RD FLOOR) FF&E                 |     |                             |              |        |             | \$7,490.00  |
| SUBTOTAL - PAGE #3 FF&E                                                   |     |                             |              |        |             | \$90,501.00 |

1/8/2016 1:38 PM

## PROJECT: ALDEN ESTATES OF BARTLETT

PAGE #4

## F.F. &amp; E PRELIMINARY PLANNING BUDGET

DATE: JANUARY 8, 2016

|                                                   | TAG        | QTY | ITEM                            | MANUFACTURER | ITEM # | COST PER    | TOTAL              |
|---------------------------------------------------|------------|-----|---------------------------------|--------------|--------|-------------|--------------------|
| <b>LOCATION : NURSE'S STATION</b>                 |            |     |                                 |              |        |             |                    |
| 1                                                 | NRS/UPG-1  | 6   | NURSE'S STATION CHAIRS          |              |        | \$ 250.00   | \$1,500.00         |
| <b>SUBTOTAL - NURSE'S STATION FF&amp;E</b>        |            |     |                                 |              |        |             | <b>\$1,500.00</b>  |
| <b>LOCATION : EXAM ROOM (1) - 3RD FLOOR</b>       |            |     |                                 |              |        |             |                    |
| 1                                                 | EX/ART-1   | 1   | ART #1                          |              |        | \$ 75.00    | \$75.00            |
| 2                                                 | EX/ART-2   | 1   | ART #2                          |              |        | \$ 75.00    | \$75.00            |
| 3                                                 | EX/CG-1    | 1   | EXAM TABLE                      |              |        | \$ 500.00   | \$500.00           |
| 4                                                 | EX/UPG-1   | 1   | WAITING CHAIR                   |              |        | \$ 250.00   | \$250.00           |
| 5                                                 | EX/UPG-2   | 1   | DOCTOR'S CHAIR                  |              |        | \$ 250.00   | \$250.00           |
| <b>SUBTOTAL - EXAM (1) ROOM FF&amp;E</b>          |            |     |                                 |              |        |             | <b>\$1,150.00</b>  |
| <b>LOCATION : DINING ROOMS (2)</b>                |            |     |                                 |              |        |             |                    |
| 1                                                 | DR/ART-1   | 2   | ART #1                          |              |        | \$ 150.00   | \$300.00           |
| 2                                                 | DR/ART-2   | 2   | ART #2                          |              |        | \$ 150.00   | \$300.00           |
| 3                                                 | DR/ART-3   | 2   | ART #3                          |              |        | \$ 300.00   | \$600.00           |
| 4                                                 | DR/ART-4   | 2   | ART #4                          |              |        | \$ 150.00   | \$300.00           |
| 5                                                 | DR/CG-1    | 2   | BUFFET                          |              |        | \$ 1,100.00 | \$2,200.00         |
| 6                                                 | DR/DEC-1   | 2   | DECORATIVE SCREENS              |              |        | \$ 900.00   | \$1,800.00         |
| 7                                                 | DR/EQ-1    | 2   | ELECTRIC FIREPLACES             |              |        | \$ 900.00   | \$1,800.00         |
| 8                                                 | DR/TB-1    | 10  | TABLE BASE FOR 42" TOPS         |              |        | \$ 230.00   | \$2,300.00         |
| 9                                                 | DR/TB-2    | 2   | TABLE BASES FOR PRIVATE DINING  |              |        | \$ 230.00   | \$460.00           |
| 10                                                | DR/TP-2    | 10  | 42" TABLE TOPS                  |              |        | \$ 300.00   | \$3,000.00         |
| 11                                                | DR/TP-3    | 2   | 42" X 78" TABLE TOP             |              |        | \$ 600.00   | \$1,200.00         |
| 12                                                | DR/UPG-1   | 52  | ARM CHAIRS                      |              |        | \$ 250.00   | \$13,000.00        |
| 13                                                | DR/UPG-1A  | 104 | ARM CHAIR FABRIC                |              |        | \$ 20.00    | \$2,080.00         |
| 14                                                | DR/WT-1    | 2   | LOT - WINDOW TREATMENTS         |              |        | \$ 1,000.00 | \$2,000.00         |
| <b>SUBTOTAL - DINING ROOMS (3) FF&amp;E</b>       |            |     |                                 |              |        |             | <b>\$31,340.00</b> |
| <b>LOCATION : DOCTORS LOUNGES (2)</b>             |            |     |                                 |              |        |             |                    |
| 1                                                 | DR/ART-1   | 2   | ART #1                          |              |        | \$ 125.00   | \$250.00           |
| 2                                                 | DR/ART-2   | 2   | ART #2                          |              |        | \$ 125.00   | \$250.00           |
| 3                                                 | DR/CG-1    | 2   | DESK W/ UPPER SHELF / TACKBOARD |              |        | \$ 700.00   | \$1,400.00         |
| 4                                                 | DR/CG-2    | 1   | END TABLES                      |              |        | \$ 400.00   | \$400.00           |
| 5                                                 | DR/UPG-1   | 2   | LOUNGE CHAIRS                   |              |        | \$ 600.00   | \$1,200.00         |
| 6                                                 | DR/UPG-2   | 2   | DESK CHAIR                      |              |        | \$ 350.00   | \$700.00           |
| <b>SUBTOTAL - DOCTORS LOUNGES (2) FF&amp;E</b>    |            |     |                                 |              |        |             | <b>\$4,200.00</b>  |
| <b>LOCATION : RCC OFFICE (1) - 2ND FLOOR</b>      |            |     |                                 |              |        |             |                    |
| 1                                                 | RCC/ART-1  | 1   | ART #1                          |              |        | \$ 100.00   | \$100.00           |
| 2                                                 | RCC/ART-2  | 1   | ART #2                          |              |        | \$ 100.00   | \$100.00           |
| 3                                                 | RCC/CG-1   | 1   | DESK                            |              |        | \$ 840.00   | \$840.00           |
| 4                                                 | RCC/CG-2   | 1   | BRIDGE                          |              |        | \$ 225.00   | \$225.00           |
| 5                                                 | RCC/CG-3   | 1   | CREDENZA                        |              |        | \$ 600.00   | \$600.00           |
| 6                                                 | RCC/CG-4   | 1   | LATERAL FILE                    |              |        | \$ 680.00   | \$680.00           |
| 7                                                 | RCC/CG-5   | 1   | OVERHEAD STORAGE                |              |        | \$ 950.00   | \$950.00           |
| 8                                                 | DON/UPG-1  | 1   | DESK CHAIR                      |              |        | \$ 250.00   | \$250.00           |
| 9                                                 | DON/UPG-2  | 2   | SIDE CHAIR                      |              |        | \$ 225.00   | \$450.00           |
| <b>SUBTOTAL - RCC OFFICE (2ND FLOOR) FF&amp;E</b> |            |     |                                 |              |        |             | <b>\$4,195.00</b>  |
| <b>LOCATION : MISC OFFICE - DIETARY</b>           |            |     |                                 |              |        |             |                    |
| 1                                                 | MOFF/ART-1 | 1   | ART #1                          |              |        | \$ 100.00   | \$100.00           |
| 2                                                 | MOFF/ART-2 | 1   | ART #2                          |              |        | \$ 100.00   | \$100.00           |
| 3                                                 | MOFF/CG-1  | 1   | DESK                            |              |        | \$ 400.00   | \$400.00           |
| 4                                                 | MOFF/CG-2  | 1   | BRIDGE                          |              |        | \$ 100.00   | \$100.00           |
| 5                                                 | MOFF/CG-3  | 1   | CREDENZA                        |              |        | \$ 400.00   | \$400.00           |
| 6                                                 | RCC/CG-4   | 1   | LATERAL FILE                    |              |        | \$ 450.00   | \$450.00           |
| 7                                                 | RCC/CG-5   | 1   | OVERHEAD STORAGE                |              |        | \$ 500.00   | \$500.00           |
| 8                                                 | DON/UPG-1  | 1   | DESK CHAIR                      |              |        | \$ 250.00   | \$250.00           |
| 9                                                 | DON/UPG-2  | 1   | SIDE CHAIR                      |              |        | \$ 225.00   | \$225.00           |
| <b>SUBTOTAL - MISC OFFICE FF&amp;E</b>            |            |     |                                 |              |        |             | <b>\$2,525.00</b>  |
| <b>SUBTOTAL - PAGE #4 FF&amp;E</b>                |            |     |                                 |              |        |             | <b>\$44,910.00</b> |

1/8/2016 1:38 PM

**PROJECT: ALDEN ESTATES OF BARTLETT**  
**F.F. & E PRELIMINARY PLANNING BUDGET**  
**DATE: JANUARY 8, 2016**

PAGE #5

| LOCATION : ICE CREAM SHOP               |           |      |                              |        |             |             |
|-----------------------------------------|-----------|------|------------------------------|--------|-------------|-------------|
| 1                                       | ICE/ART-1 | 1    | ART #1                       |        | \$ 100.00   | \$100.00    |
| 2                                       | ICE/ART-2 | 1    | ART #2                       |        | \$ 100.00   | \$100.00    |
| 3                                       | ICE/ART-3 | 1    | ART #3                       |        | \$ 100.00   | \$100.00    |
| 4                                       | ICE/ART-4 | 1    | ART #4                       |        | \$ 100.00   | \$100.00    |
| 5                                       | ICE/TB-1  | 3    | TABLE BASE                   |        | \$ 100.00   | \$300.00    |
| 6                                       | ICE/TP-1  | 3    | TABLE TOP                    |        | \$ 200.00   | \$600.00    |
| 7                                       | ICE/UPG-1 | 9    | CAFE CHAIRS                  |        | \$ 200.00   | \$1,800.00  |
| SUBTOTAL - ICE CREAM SHOP FF&E          |           |      |                              |        |             | \$3,100.00  |
| LOCATION : CHICAGO ROOM                 |           |      |                              |        |             |             |
| TAG                                     | QTY       | ITEM | MANUFACTURER                 | ITEM # | COST PER    | TOTAL       |
| 1                                       | CH/ART-1  | 1    | ART #1                       |        | \$ 150.00   | \$150.00    |
| 2                                       | CH/ART-2  | 1    | ART #2                       |        | \$ 150.00   | \$150.00    |
| 3                                       | CH/ART-3  | 1    | ART #3                       |        | \$ 150.00   | \$150.00    |
| 4                                       | CH/ART-4  | 1    | ART #4                       |        | \$ 106.00   | \$106.00    |
| 5                                       | CH/CG-1   | 3    | END TABLE                    |        | \$ 200.00   | \$600.00    |
| 6                                       | CH/CG-2   | 1    | COCKTAIL TABLE               |        | \$ 300.00   | \$300.00    |
| 7                                       | CH/CG-3   | 1    | TV CONSOLE                   |        | \$ 500.00   | \$500.00    |
| 8                                       | CH/EQ-1   | 1    | FLAT SCREEN TV               |        | \$ 400.00   | \$400.00    |
| 10                                      | CH/L-1    | 3    | END TABLE LAMPS              |        | \$ 100.00   | \$300.00    |
| 11                                      | CH/TB-1   | 2    | TABLE BASE                   |        | \$ 150.00   | \$300.00    |
| 12                                      | CH/TP-1   | 1    | 48"X 98" TABLE TOP           |        | \$ 450.00   | \$450.00    |
| 13                                      | CH/UPG-1  | 1    | SOFAS                        |        | \$ 600.00   | \$600.00    |
| 14                                      | CH/UPG-2  | 10   | ARM CHAIRS                   |        | \$ 250.00   | \$2,500.00  |
| 15                                      | CH/UPG-3  | 2    | LOUNGE CHAIR                 |        | \$ 700.00   | \$1,400.00  |
| 16                                      | LIB/WT-1  | 1    | WINDOW TREATMENTS            |        | \$ 1,000.00 | \$1,000.00  |
| SUBTOTAL - CHICAGO ROOM FF&E            |           |      |                              |        |             | \$8,905.00  |
| LOCATION : REHAB THERAPY                |           |      |                              |        |             |             |
| 1                                       | TH/ART-1  | 1    | ART #1                       |        | \$ 85.00    | \$85.00     |
| 2                                       | TH/ART-2  | 1    | ART #2                       |        | \$ 85.00    | \$85.00     |
| 3                                       | TH/ART-3  | 1    | ART #3                       |        | \$ 85.00    | \$85.00     |
| 4                                       | TH/ART-4  | 1    | ART #4                       |        | \$ 85.00    | \$85.00     |
| 5                                       | TH/ART-5  | 1    | ART #5                       |        | \$ 85.00    | \$85.00     |
| 6                                       | TH/ART-6  | 1    | ART #6                       |        | \$ 85.00    | \$85.00     |
| 7                                       | TH/EQ-1   | 1    | LOT THERAPY EQUIPMENT        |        | \$ 8,022.00 | \$8,022.00  |
| 8                                       | TH/PC-1   | 2    | PRIVACY CURTAINS / HARDWARE  |        | \$ 500.00   | \$1,000.00  |
| 9                                       | TH/WT-1   | 1    | LOT WINDOW TREATMENTS        |        | \$ 1,000.00 | \$1,000.00  |
| SUBTOTAL - REHAB THERAPY FF&E           |           |      |                              |        |             | \$10,532.00 |
| LOCATION : OCCUPATIONAL THERAPY         |           |      |                              |        |             |             |
| 1                                       | TBD/ART-1 | 1    | ART #1                       |        | \$ 150.00   | \$150.00    |
| 2                                       | TBD/ART-2 | 1    | ART #2                       |        | \$ 150.00   | \$150.00    |
| 3                                       | TBD/BC-1  | 1    | ART #3                       |        | \$ 150.00   | \$150.00    |
| 4                                       | TBD/CG-1  | 1    | ART #4                       |        | \$ 150.00   | \$150.00    |
| 5                                       | TBD/CG-2  | 1    | HOOD                         |        | \$ 200.00   | \$200.00    |
| 6                                       | TBD/CG-3  | 1    | MICROWAVE                    |        | \$ 400.00   | \$400.00    |
| 7                                       | TBD/CG-4  | 1    | STOVE                        |        | \$ 600.00   | \$600.00    |
| 8                                       | TBD/L-1   | 1    | REFRIGERATOR                 |        | \$ 900.00   | \$900.00    |
| 9                                       | TBD/WT-1  | 1    | WINDOW TREATMENT             |        | \$ 1,000.00 | \$1,000.00  |
| SUBTOTAL - OCCUPATIONAL FF&E            |           |      |                              |        |             | \$3,700.00  |
| LOCATION : REHAB THERAPY BATHROOM       |           |      |                              |        |             |             |
| 1                                       | TB/ART-1  | 2    | ART #1                       |        | \$ 150.00   | \$300.00    |
| 2                                       | TB/MIR-1  | 1    | DECORATIVE VANITY MIRROR     |        | \$ 300.00   | \$300.00    |
| 3                                       | TB/SC-1   | 2    | SHOWER CURTAIN / LINER       |        | \$ 200.00   | \$400.00    |
| SUBTOTAL - THERAPY BATHROOM FF&E        |           |      |                              |        |             | \$1,000.00  |
| LOCATION : CHARTING INSIDE REHAB AND OT |           |      |                              |        |             |             |
| 1                                       | CH/UPG-1  | 9    | TASK CHAIRS                  |        | \$ 225.00   | \$2,025.00  |
| SUBTOTAL - CHARTING FF&E                |           |      |                              |        |             | \$2,025.00  |
| LOCATION : GIFT SHOP                    |           |      |                              |        |             |             |
| 1                                       | GFT/SW-1  | 1    | SLAT WALL, DISPLAYS, INSTALL |        | \$ 2,000.00 | \$2,000.00  |
| 2                                       | GFT/WT-1  | 1    | WINDOW TREATMENT             |        | \$ 500.00   | \$500.00    |
| SUBTOTAL - GIFT SHOP FF&E               |           |      |                              |        |             | \$2,500.00  |
| LOCATION : MAIN VESTIBULE               |           |      |                              |        |             |             |
| 1                                       |           | 1    | BENCH                        |        | \$ 300.00   | \$300.00    |
| 2                                       |           | 1    | WINDOW TREATMENTS            |        | \$ 200.00   | \$200.00    |
| 3                                       |           | 1    | ART #1                       |        | \$ 155.00   | \$155.00    |
| SUBTOTAL - VESTIBULE FF&E               |           |      |                              |        |             | \$655.00    |
| SUBTOTAL - PAGE #5 FF&E                 |           |      |                              |        |             | \$32,418.00 |

1/8/2016 1:38 PM

PROJECT: ALDEN ESTATES OF BARTLETT  
F.F. & E PRELIMINARY PLANNING BUDGET  
DATE: JANUARY 8, 2016

PAGE #6

| LOCATION: ACTIVITY OFFICE         |           |      |                        |        |             |              |
|-----------------------------------|-----------|------|------------------------|--------|-------------|--------------|
| 1                                 | ACO/ART-1 | 1    | ART #1                 |        | \$ 100.00   | \$100.00     |
| 2                                 | ACO/ART-2 | 1    | ART #2                 |        | \$ 100.00   | \$100.00     |
| 3                                 | ACO/CG-1  | 1    | DESK                   |        | \$ 940.00   | \$940.00     |
| 4                                 | ACO/CG-2  | 1    | RETURN                 |        | \$ 600.00   | \$600.00     |
| 5                                 | ACO/CG-3  | 1    | LATERAL FILE           |        | \$ 400.00   | \$400.00     |
| 6                                 | ACO/UPG-1 | 1    | DESK CHAIRS            |        | \$ 250.00   | \$250.00     |
|                                   | ACO/UPG-2 | 2    | SIDE CHAIRS            |        | \$ 225.00   | \$450.00     |
| SUBTOTAL - ACTIVITY OFFICE FF&E   |           |      |                        |        |             | \$2,740.00   |
| LOCATION: ACTIVITY ROOM (1)       |           |      |                        |        |             |              |
| 1                                 | ACT/ART-1 | 1    | ART #1                 |        | \$ 100.00   | \$100.00     |
| 2                                 | ACT/ART-2 | 1    | ART #2                 |        | \$ 100.00   | \$100.00     |
| 3                                 | ACT/ART-3 | 1    | ART #3                 |        | \$ 100.00   | \$100.00     |
| 4                                 | ACT/ART-4 | 1    | ART #4                 |        | \$ 100.00   | \$100.00     |
| 5                                 | ACT/ART-5 | 1    | ART #5                 |        | \$ 100.00   | \$100.00     |
| 6                                 | ACT/ART-6 | 1    | ART #6                 |        | \$ 100.00   | \$100.00     |
| 7                                 | ACT/CG-3  | 1    | MICROWAVE              |        | \$ 100.00   | \$100.00     |
| 8                                 | ACT/CG-4  | 1    | STOVE                  |        | \$ 300.00   | \$300.00     |
| 9                                 | ACT/L-1   | 1    | REFRIGERATOR           |        | \$ 400.00   | \$400.00     |
| 10                                | ACT/EO-1  | 1    | PROJECTOR AND SCREEN   |        | \$ 500.00   | \$500.00     |
| 11                                | ACT/TB-1  | 5    | FOLDING TABLE          |        | \$ 200.00   | \$1,000.00   |
| 12                                | ACT/UPG-1 | 40   | STACK CHAIRS           |        | \$ 75.00    | \$3,000.00   |
| 13                                | ACT/WT-1  | 1    | WINDOW TREATMENTS      |        | \$ 600.00   | \$600.00     |
| SUBTOTAL - ACTIVITY ROOM FF&E     |           |      |                        |        |             | \$5,800.00   |
| LOCATION: BEAUTY SALON            |           |      |                        |        |             |              |
| TAG                               | QTY       | ITEM | MANUFACTURER           | ITEM # | COST PER    | TOTAL        |
| 1                                 | BT/ART-1  | 1    | ART #1                 |        | \$ 175.00   | \$175.00     |
| 2                                 | BT/ART-2  | 1    | ART #2                 |        | \$ 175.00   | \$175.00     |
| 3                                 | BT/ART-3  | 1    | ART #3                 |        | \$ 175.00   | \$175.00     |
| 4                                 | BT/CG-1   | 2    | END TABLES             |        | \$ 400.00   | \$800.00     |
| 5                                 | BT/EO-1   | 2    | FREESTANDING DRYER     |        | \$ 350.00   | \$700.00     |
| 6                                 | BT/TB-1   | 1    | MANICURE TABLE         |        | \$ 500.00   | \$500.00     |
| 7                                 | BT/UPG-1  | 1    | HYDRAULIC CHAIR        |        | \$ 675.00   | \$675.00     |
| 8                                 | BT/UPG-2  | 1    | SHAMPOO CHAIR          |        | \$ 600.00   | \$600.00     |
| 9                                 | BT/UPG-3  | 2    | DRYER CHAIR            |        | \$ 760.00   | \$1,520.00   |
| 10                                | BT/UPG-4  | 1    | MANICURIST STOOL       |        | \$ 150.00   | \$150.00     |
| 11                                | BT/UPG-5  | 1    | MANICURE CHAIR         |        | \$ 225.00   | \$225.00     |
| 12                                | BT/UPG-6  | 1    | WAITING CHAIRS         |        | \$ 450.00   | \$450.00     |
| 13                                | BT/WT-1   | 1    | WINDOW TREATMENTS      |        | \$ 699.48   | \$699.48     |
| SUBTOTAL - BEAUTY SALON FF&E      |           |      |                        |        |             | \$6,844.48   |
| LOCATION: MALL                    |           |      |                        |        |             |              |
| 1                                 | MAL/ART-1 | 1    | LOT ARTWORK            |        | \$ 500.00   | \$500.00     |
| 2                                 | MAL/CG-1  | 1    | BUFFET                 |        | \$ 500.00   | \$500.00     |
| 3                                 | MAL/CG-2  | 6    | END TABLES             |        | \$ 200.00   | \$1,200.00   |
| 4                                 | MAL/CG-3  | 2    | COCKTAIL TABLE         |        | \$ 300.00   | \$600.00     |
| 5                                 | MAL/EO-1  | 1    | POPCORN MACHINE        |        | \$ 400.00   | \$400.00     |
| 6                                 | MAL/EO-2  | 1    | BABY GRAND PIANO       |        | \$ 2,000.00 | \$2,000.00   |
| 7                                 | MAL/EO-3  | 1    | AVIARY                 |        | \$ 5,000.00 | \$5,000.00   |
| 8                                 | MAL/EO-4  | 1    | AQUARIUM               |        | \$ 2,000.00 | \$2,000.00   |
| 9                                 | MAL/L-1   | 6    | END TABLE LAMP         |        | \$ 100.00   | \$600.00     |
| 10                                | MAL/SGN-1 | 6    | SIGNAGE                |        | \$ 500.00   | \$4,000.00   |
| 11                                | MAL/UPG-1 | 6    | LOUNGE CHAIRS          |        | \$ 500.00   | \$3,000.00   |
| 12                                | MAL/UPG-2 | 2    | SOFA                   |        | \$ 700.00   | \$1,400.00   |
| SUBTOTAL - ATRIUM / MALL FF&E     |           |      |                        |        |             | \$20,200.00  |
| LOCATION: PATIO                   |           |      |                        |        |             |              |
| 1                                 | BP/CG-1   | 2    | PATIO END TABLE        |        | \$ 50.00    | \$100.00     |
| 2                                 | BP/CG-2   | 1    | COCKTAIL TABLE         |        | \$ 100.00   | \$100.00     |
| 3                                 | BP/TB-1   | 4    | PATIO TABLE            |        | \$ 300.00   | \$1,200.00   |
| 4                                 | BP/UMB-1  | 2    | MARKET UMBRELLA        |        | \$ 200.00   | \$400.00     |
| 5                                 | BP/UPG-1  | 1    | PATIO SOFA             |        | \$ 600.00   | \$600.00     |
| 6                                 | BP/UPG-2  | 2    | PATIO LOUNGE CHAIR     |        | \$ 400.00   | \$800.00     |
| 7                                 | BP/UPG-3  | 16   | PATIO DINING CHAIRS    |        | \$ 175.00   | \$2,800.00   |
| SUBTOTAL - PATIO FF&E             |           |      |                        |        |             | \$6,000.00   |
| LOCATION: STAFF DINING ROOM       |           |      |                        |        |             |              |
| 1                                 | SD/ART-1  | 1    | ART #1                 |        | \$ 85.00    | \$85.00      |
| 2                                 | SD/ART-2  | 1    | ART #2                 |        | \$ 85.00    | \$85.00      |
| 3                                 | SD/ART-3  | 1    | ART #3                 |        | \$ 85.00    | \$85.00      |
| 4                                 | SD/TB-1   | 5    | PLY MOLD BOOTH SEATING |        | \$ 200.00   | \$1,000.00   |
| SUBTOTAL - STAFF DINING ROOM FF&E |           |      |                        |        |             | \$1,255.00   |
| LOCATION: LAUNDRY                 |           |      |                        |        |             |              |
| 1                                 |           | 2    | WASHER                 |        | \$ 3,000.00 | \$6,000.00   |
| 2                                 |           | 2    | DRYER                  |        | \$ 2,000.00 | \$4,000.00   |
| 3                                 |           | 1    | IRONER                 |        | \$ 1,000.00 | \$1,000.00   |
| 4                                 |           |      |                        |        |             | \$0.00       |
| SUBTOTAL - LAUNDRY FF&E           |           |      |                        |        |             | \$11,000.00  |
| SUBTOTAL - PAGE #6 FF&E           |           |      |                        |        |             | \$54,539.48  |
| SUBTOTAL - ALL FF&E ITEMS         |           |      |                        |        |             | \$593,188.48 |

1/8/2016 1:38 PM

**Alden Estates of Bartlett**  
**Support for p[roject Start-Up Costs**

**Start-Up Costs**

|                              |           |
|------------------------------|-----------|
| Supplies                     | \$ 45,000 |
| Insurance                    | 2,500     |
| Marketing                    | 20,000    |
| Staff Training & Recruitment | 75,000    |
| Miscellaneous                | 25,000    |

|       |                   |
|-------|-------------------|
| Total | <u>\$ 167,500</u> |
|-------|-------------------|

**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: \$ 900,000  
Fair Market Value: \$ \_\_\_\_\_

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

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

Estimated start-up costs and operating deficit cost is \$ 1,267,500.

**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): December, 2019

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.**

| Department/Area                      | Cost                   | Gross Square Feet |                | Amount of Proposed Total Gross Square Feet That Is: |            |          |               |
|--------------------------------------|------------------------|-------------------|----------------|-----------------------------------------------------|------------|----------|---------------|
|                                      |                        | Existing          | Proposed       | New Const.                                          | Modernized | As Is    | Vacated Space |
| <b>CLINICAL</b>                      | -                      | -                 | -              | -                                                   | -          | -        | -             |
| Nursing                              | \$7,139,753            | 0                 | 23,642         | 23,642                                              | 0          | 0        | 0             |
| Living/Dining/Activity               | \$1,675,163            | 0                 | 5,547          | 5,547                                               | 0          | 0        | 0             |
| Kitchen/Food Service                 | \$993,260              | 0                 | 3,289          | 3,289                                               | 0          | 0        | 0             |
| P.T./O.T.                            | \$799,077              | 0                 | 2,646          | 2,646                                               | 0          | 0        | 0             |
| Laundry                              | \$347,898              | 0                 | 1,152          | 1,152                                               | 0          | 0        | 0             |
| Janitor Closets                      | \$19,026               | 0                 | 63             | 63                                                  | 0          | 0        | 0             |
| Clean/Soiled Utility                 | \$189,955              | 0                 | 629            | 629                                                 | 0          | 0        | 0             |
| Beauty/Barber                        | \$104,792              | 0                 | 347            | 347                                                 | 0          | 0        | 0             |
| Housekeeping                         | \$185,425              |                   | 614            | 614                                                 |            |          |               |
| <b>Total Clinical</b>                | <b>\$11,454,348</b>    | <b>0</b>          | <b>37,929</b>  | <b>37,929</b>                                       | <b>0</b>   | <b>0</b> | <b>0</b>      |
| <b>NON-CLINICAL</b>                  |                        |                   |                |                                                     |            |          |               |
| Office/Administration                | \$775,824              | 0                 | 2,569          | 2,569                                               | 0          | 0        | 0             |
| Employee Lounge/<br>Locker/Training  | \$292,633              | 0                 | 969            | 969                                                 | 0          | 0        | 0             |
| Mechanical/Electrical                | \$239,180              | 0                 | 792            | 792                                                 | 0          | 0        | 0             |
| Lobby                                | \$213,208              | 0                 | 706            | 706                                                 | 0          | 0        | 0             |
| Storage/Maintenance                  | \$257,903              | 0                 | 854            | 854                                                 | 0          | 0        | 0             |
| Corridor/Public Toilets              | \$3,833,518            | 0                 | 12,694         | 12,694                                              | 0          | 0        | 0             |
| Stair/Elevators                      | \$1,071,778            | 0                 | 3,549          | 3,549                                               | 0          | 0        | 0             |
| Amenities<br>Penthouse<br>Mechanical | \$464,468<br>\$422,792 |                   | 1,538<br>1,400 | 1,538<br>1,400                                      |            |          |               |
| <b>Total Non-clinical</b>            | <b>\$7,571,304</b>     | <b>0</b>          | <b>25,071</b>  | <b>25,071</b>                                       | <b>0</b>   | <b>0</b> | <b>0</b>      |
| <b>TOTAL</b>                         | <b>\$19,025,652</b>    | <b>0</b>          | <b>63,000</b>  | <b>63,000</b>                                       | <b>0</b>   | <b>0</b> | <b>0</b>      |



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 | 46-50   |
| 2                    | Site Ownership                                                               | 51-54   |
| 3                    | Operating Identity/Licensee                                                  | 55-57   |
| 4                    | Organizational Relationships                                                 | 58-61   |
| 5                    | Flood Plain Requirements                                                     | 62-64   |
| 6                    | Historic Preservation Act Requirements                                       | 65-69   |
|                      | <b>General Information Requirements</b>                                      |         |
| 10                   | Purpose of the Project                                                       | 70-85   |
| 11                   | Alternatives to the Project                                                  | 86-94   |
|                      | <b>Service Specific - General Long-Term Care</b>                             |         |
| 12                   | Background of the Applicant                                                  | 95-131  |
| 13                   | Planning Area Need                                                           | 132-137 |
| 14                   | Establishment of General LTC Service or Facility                             | 138-149 |
| 15                   | Expansion of General LTC Service or Facility                                 |         |
| 16                   | Variances                                                                    |         |
| 17                   | Accessibility                                                                | 150-262 |
| 18                   | Unnecessary Duplication/Maldistribution                                      | 263-285 |
| 19                   | Staffing Availability                                                        | 286-289 |
| 20                   | Bed Capacity                                                                 | 290     |
| 21                   | Community Relations                                                          | 291-294 |
| 22                   | Project Size                                                                 | 295     |
| 23                   | Zoning                                                                       | 296-297 |
| 24                   | Assurances                                                                   | 298-299 |
| 25                   | Modernization                                                                |         |
|                      | <b>Service Specific - Specialized Long-Term Care</b>                         |         |
| 26                   | Specialized Long-Term Care – Review Criteria                                 |         |
|                      | <b>Financial and Economic Feasibility:</b>                                   |         |
| 27                   | Availability of Funds                                                        | 300-316 |
| 28                   | Financial Waiver                                                             |         |
| 29                   | Financial Viability                                                          | 317-327 |
| 30                   | Economic Feasibility                                                         | 328-331 |
|                      | <b>APPENDICES</b>                                                            |         |
| A                    | Project Costs and Sources of Funds                                           | 33-41   |
| B                    | Related Project Costs                                                        | 42      |
| C                    | Project Status and Completion Schedule                                       | 43      |
| D                    | Cost/Space Requirements                                                      | 44      |

**SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**  
Continued i

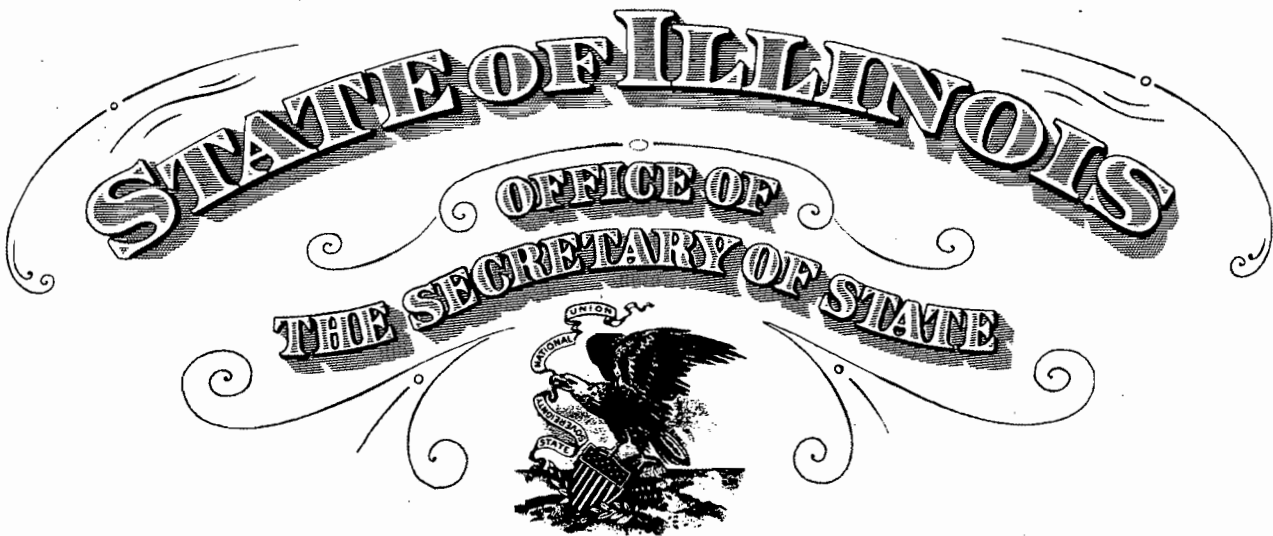
**Applicant /Co-Applicant Identification**

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

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

The Applicants for the proposed project, Alden Estates of Bartlett, are **Alden Bartlett, LLC** (Owner) and **Alden Estates of Bartlett, Inc.** (Operator/Licensee). The owner of both the ownership and operating entities is **Bartlett Investments I, LLC**, with the parent entity being **The Alden Group, Ltd.** Collectively, these entities are the Applicant. The entities' Illinois Certificates of Good Standing are appended as **ATTACHMENT-1A.**

**ATTACHMENT-1**



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

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

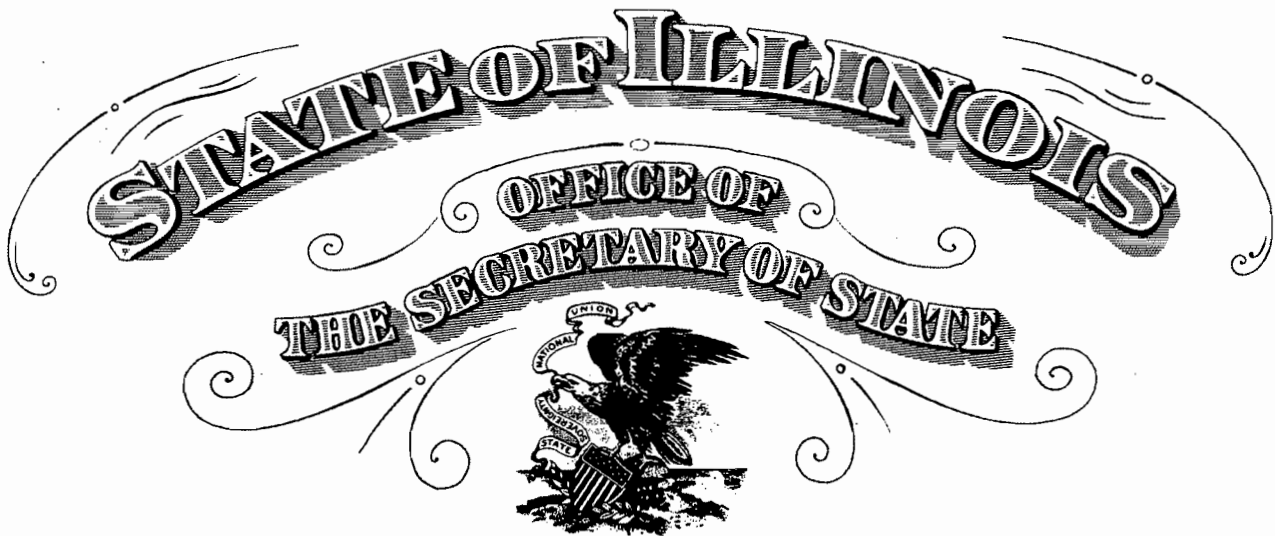
ALDEN BARTLETT, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 11TH  
day of JANUARY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE



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

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

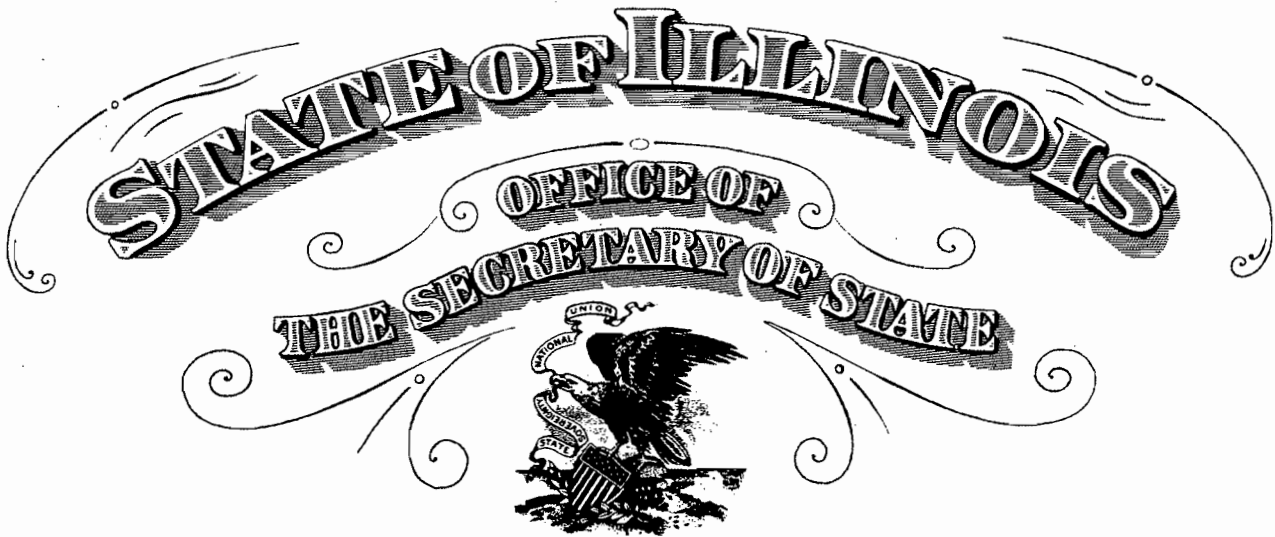
ALDEN ESTATES OF BARTLETT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 11TH  
day of JANUARY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE



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

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

BARTLETT INVESTMENTS I, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



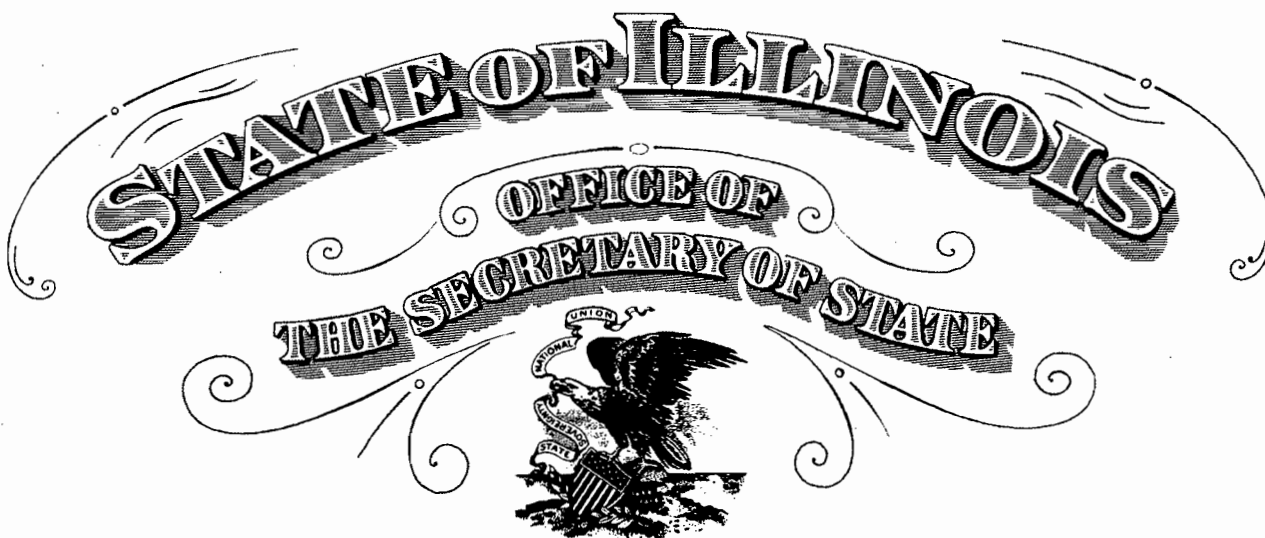
***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 11TH  
day of JANUARY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 1601101580 verifiable until 01/11/2017  
Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT-1A



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

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

THE ALDEN GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 11TH  
day of JANUARY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

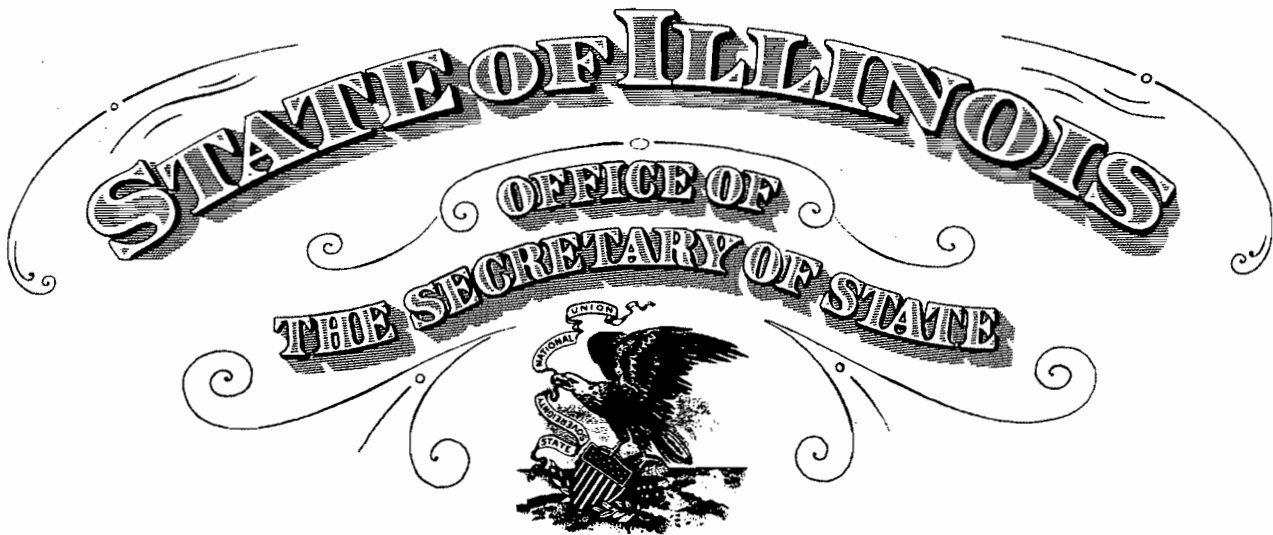
**SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**  
Continued ii

**Site Ownership**

**Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.**

The ownership entity for the proposed project is **Alden Bartlett, LLC**. An Illinois Certificate of Good Standing for this entity is appended as **ATTACHMENT-2A**. The Letter-of-Intent for the Real Estate Purchase Agreement documenting site control is appended as **ATTACHMENT-2B**.

**ATTACHMENT-2**



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

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ALDEN BARTLETT, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 11TH*  
*day of JANUARY A.D. 2016 .*

*Jesse White*

SECRETARY OF STATE





**Alden Realty Services, Inc.**

October 30, 2015

*Development and Management of Real Estate*

Stuart Spaeth, Principal  
Land Link LLC  
3109 Blackhawk Trail  
St. Charles, IL 6074

RE: Letter of Intent to purchase the 5.19 acre portion of the property depicted as Lot 2 on the Artis Senior Living P.U.D. Plan of 6N625 Rte. 59, Bartlett, Illinois.  
Property PIN - 0109205030

Dear Stuart:

Alden Realty Services, Inc., as agent for Purchaser, is interested in purchasing approximately 5.19 acres ("Subject Property") in the above-referenced site. This letter represents a Letter of Intent to purchase the Subject Property, subject to certain terms and conditions.

**Purchase Price:** The purchase price for the Subject Property shall be \$900,000. The exact area of the Subject Property to be acquired shall be determined by a Plat of Survey of the Property during the Inspection Period (as described below).

**Earnest Money:** The Purchaser will deposit \$25,000 into an escrow account with a mutually agreed upon title company ("Earnest Money") which will be applied toward the purchase of the Subject Property at closing. The Earnest Money shall be increased by \$25,000, for a total of \$50,000, at the completion of all of the Contingency items listed below.

**Purchaser's Proposed Use:** Purchaser anticipates the development of a 3-story, skilled nursing facility containing between 100-130 beds. Our design includes a small wing of approximately 20 beds for memory care not assisted living.

**Inspection Period:** Purchaser and its employees, officers, agents, engineers, surveyors, appraisers and other representatives shall have a period of 90 days ("Inspection Period") to conduct such site inspections and testing or other investigations (collectively referred to as "Inspections") on the Subject Property in order to determine if the Property can be used for Purchaser's proposed use. Such inspections may include, but shall not be limited to, the conducting of appraisals, environmental studies, wetland and flood plain surveys, soil tests and any investigations required to develop architectural and engineering plans. Inspections during this period will also assess any easements on the Subject Property to make sure that they will not interfere with Alden's proposed uses. The Seller shall reasonably assist Purchaser in conducting the inspections by providing any available documentation and materials with respect to the title, construction and condition of the Subject Property that are within the Seller's possession.

**Termination Right:** In the event that Purchaser determines, for any reason, on or before the expiration of the Inspection Period, that the results of the inspections of the Subject Property or the other information provided by the Seller or discovered by Purchaser are not satisfied prior to the expiration of the Inspection Period, in either event, the agreement shall be terminated and neither party shall have any further right or obligations under the purchase agreement with all Earnest Money being returned to Purchaser.

**Contingencies:** Purchaser shall not be obligated to purchase any portion of the Subject Property until all of the following contingencies have been resolved to the satisfaction of Purchaser. Purchaser shall have ten (10) months after the expiration of the Inspection Period (the "Due Diligence Period") to secure the following approvals:

- a. **Zoning Approvals:** Purchaser shall secure approval for zoning and any special use permits of the Subject Property from the Village of Bartlett for Purchaser's proposed use as a skilled nursing facility of between 100-130 beds. Seller will assist the Purchaser where feasible and warranted.
- b. **Licensing:** Purchaser will receive appropriate Certificate of Need from the Health Facilities and Services Review Board.

4200 West Peterson Avenue Chicago, Illinois 60646 Phone: (773) 286-3030 Fax: (773) 286-6146  
[www.thealdennetwork.com](http://www.thealdennetwork.com)

c. Financing: Purchaser will receive unconditional commitments (except for customary due diligence items) for financing from lenders and financing sources, sufficient to acquire and develop the Subject Property as described herein.

**Extensions:** Approval and commitment for the contingencies outlined above are not entirely within the Purchaser's control. The Due Diligence Period described above shall be extended, if necessary, for up to two (2) six-month periods upon written notice from Purchaser to Seller and contemporaneous payment of \$10,000 which shall be deemed extension payment. All extension payments will be deemed earned at the time of payment and will be non-refundable, however, such payment will be applied towards purchase price. Purchaser shall have thirty (30) days after the expiration of the due diligence period or any extension thereof to close on the land and financing.

**Closing:** The closing of the purchase between Seller and Purchaser shall occur within thirty (30) days after (a) the expiration of the Due Diligence Period plus any mutually agreed upon extensions and (b) satisfactory resolution (in the sole opinion of the Purchaser) of the aforementioned contingencies. Both parties agree that should an additional thirty (30) day period be required it will not be unreasonably withheld.

**Other Terms and Conditions:** The purchase agreement shall contain other reasonable and customary terms, warranties and representations for the purchase of real property, including (without limitation) an obligation on the part of the Seller to pay for the cost of a title insurance commitment and an updated owner's policy to be delivered at closing by a mutually acceptable title company, insuring Alden's title to the Subject Property, including extended coverage and a 3.0 zoning endorsement, and to deliver a survey of the Subject Property in the same period of time and certified to current ALTA/ACSM Survey Standards.

**Broker Commission and Fees:** The Seller shall be responsible at closing for the payment of any commission due the Seller's real estate brokers or any fees due Seller's real estate broker. The Buyer shall be responsible for payment of a commission to RVG Commercial Realty in an amount equal to two and one-half percent (2.5%) of the purchase price of the Subject property.

**Agreement to Negotiate in Good Faith:** Notwithstanding the contingent nature of the terms of the transaction described in this letter, the parties agree to negotiate a mutually satisfactory purchase agreement through their respective attorneys within a period of fourteen (14) days from the date of acceptance of this Letter of Intent. During such 14-day period, the Seller agrees not to entertain or accept any other offers to purchase or lease all or any portion of the Subject Property from any other prospective buyer or tenant. Thereafter, if the parties have not yet executed a definitive agreement, negotiations shall continue, but either party will have the right to terminate negotiations on ten (10) days prior written notice to the other.

**Non-Binding:** This Letter of Intent is not binding on either party and is subject to the satisfactory execution and delivery of a definitive purchase agreement.

**Confidentiality:** The Seller and its agent(s) agree to not disclose the terms of this letter to any third party without the prior approval of Purchaser.

If the Seller agrees to the terms and conditions of this letter, kindly sign and return the enclosed copy of this letter to the undersigned within five (5) days. We look forward to the possible negotiation of a mutually satisfactory purchase agreement.

Respectfully,  
ALDEN REALTY SERVICES, INC.

By:   
Randi Schullo  
President

The foregoing Letter of Intent is hereby  
accepted on (date) 11/5/15

By:  JAY HICKS

Title: SVP

Cc: Jay Hicks, Michael Deacon

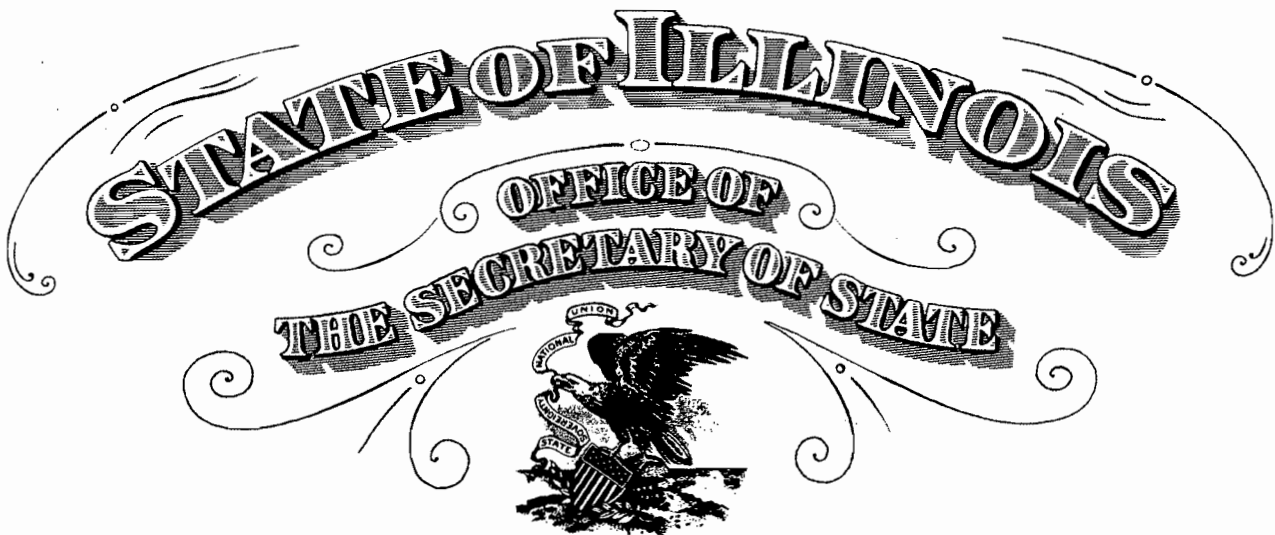
**SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**  
Continued iii

**Operating Identity/Licensee**

- 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.

The Operator/Licensee of the proposed Alden Estates of Bartlett will be **Alden Estates of Bartlett, Inc.** The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A**. Please note that the sole shareholder is **Bartlett Investments I, LLC**. An Illinois Certificate of Good Standing is appended as **ATTACHMENT-3B**.

**ATTACHMENT-3**



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

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

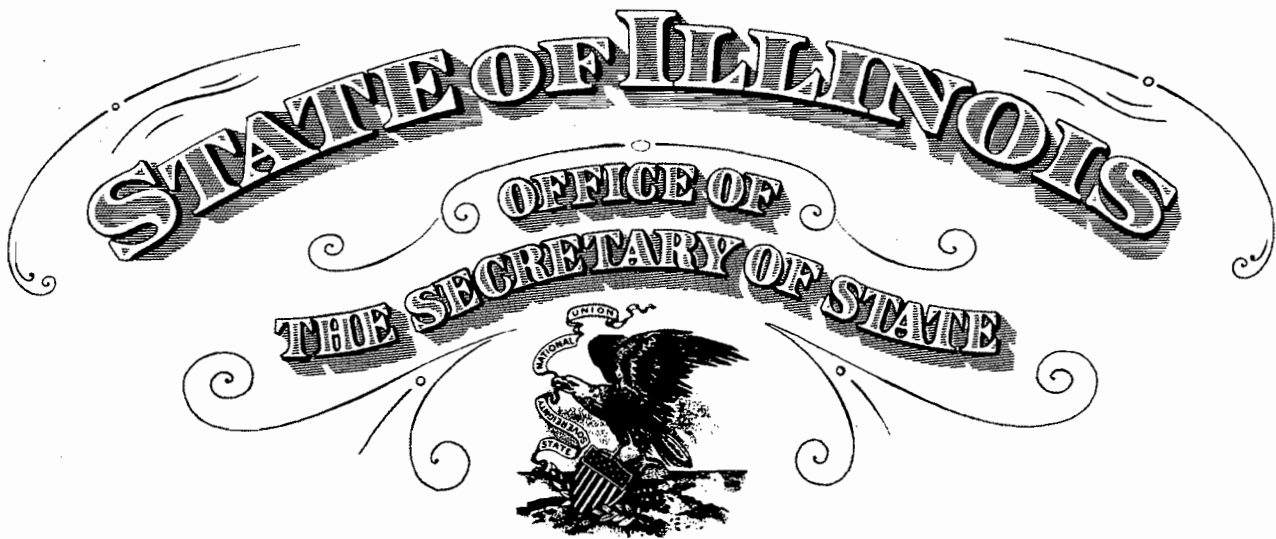
ALDEN ESTATES OF BARTLETT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 11TH  
day of JANUARY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE



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

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

BARTLETT INVESTMENTS I, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 11TH*  
*day of JANUARY A.D. 2016 .*

*Jesse White*

SECRETARY OF STATE

**SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**  
Continued iv

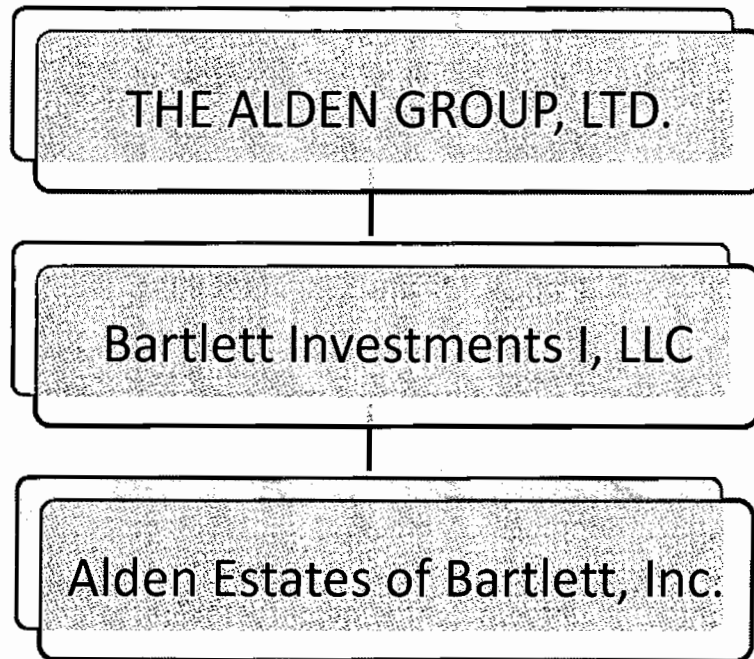
**Organizational Relationships**

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.

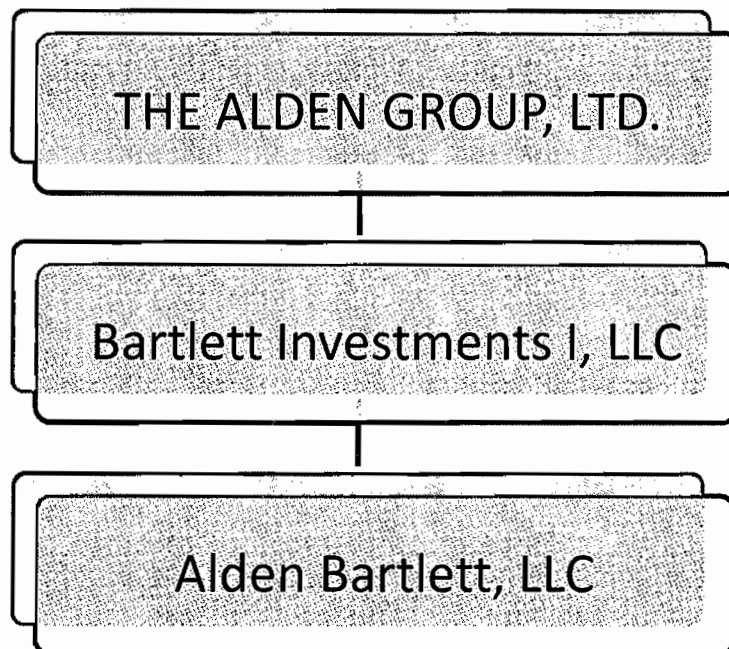
Appended as **ATTACHMENT-4A**, is the organizational chart for this project. It should be known that the ownership and operating/licensee entities have no history; therefore, the Parent will be the sole financial contributor to the proposed project. There are other related “Alden” facilities through the parent entity that should be disclosed. Appended at **ATTACHMENT-4B** is a listing of all facilities in which **The Alden Group, Ltd.** (the ultimate parent) has interest. Appended as **ATTACHMENT-4C**, is the Illinois Certificate of Good Standing for **The Alden Group, Ltd.**, who is considered a Co-Applicant.

**ATTACHMENT-4**

**Operator – Alden Estates of Bartlett, Inc.**



**Building/Site – Alden Bartlett, LLC**

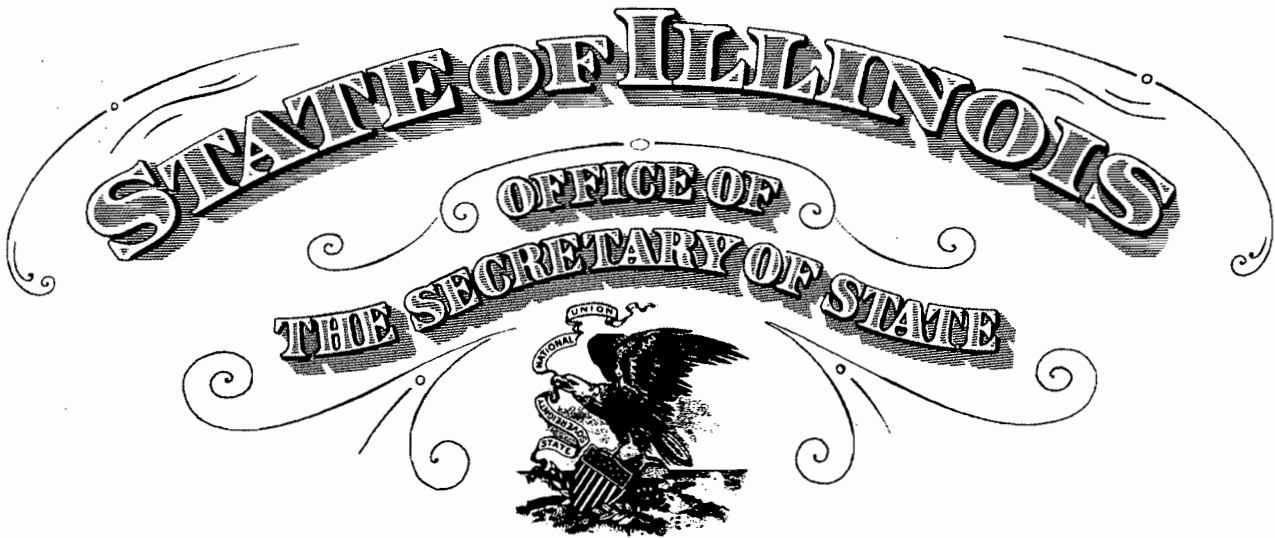


Alden Estates of Bartlett  
Other Related Facilities through the Ultimate Parent  
The Alden Group, Ltd.

**RELATED FACILITIES**

Alden Alma Nelson Manor  
Alden Estates of Barrington  
Alden Des Plaines Rehab & HC  
Alden Garden Cts of DesPlaines  
Alden Estates of Evanston  
Heather Health Care Center  
Alden Lakeland Rehab & HCC  
Alden Lincoln Rehab & H C Ctr  
Alden Long Grove Rehab & HCC  
Alden Terrace of McHenry Rehab  
Alden Estates of Naperville  
Alden Northmoor Rehab & HCC  
Alden North Shore Rehab & HCC  
Alden Orland Park Rehab & HCC  
Alden Park Strathmoor  
Alden Poplar Creek Rehab & HCC  
Alden Princeton Rehab & HCC  
Alden Estates of Shorewood  
Alden Estates of Skokie  
Alden Town Manor Rehab & HCC  
Alden Valley Ridge Rehab & HCC  
Alden Village Health Facility  
Alden Village North  
Alden of Waterford  
Alden Courts of Waterford  
Alden Gardens of Waterford  
Alden Wentworth Rehab & HCC  
Alden of Old Town East  
Alden of Old Town West  
Alden Trails  
Alden Springs





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

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

THE ALDEN GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 11TH*  
*day of JANUARY A.D. 2016 .*

*Jesse White*

SECRETARY OF STATE

**SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**  
Continued v

**Flood Plain Requirements**

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

Appended as **ATTACHMENT-5A** is a letter from Alden Design Group, Inc. dated 09/28/15, as well as a FIRM Map printed from [www.FEMA.gov](http://www.FEMA.gov), providing documentation that the proposed project site is not within a special flood hazard area.

**ATTACHMENT-5**



ALDEN DESIGN GROUP, INC.

ARCHITECTS

January 08, 2016

Ms. Randi Schlossberg-Schullo  
**Alden Realty Services, Inc.**  
4200 West Peterson Avenue  
Chicago, IL 60656

**RE: Alden Estates of Bartlett – Proposed LTC Facility**  
Floodplain Requirements

Ms. Schlossberg-Schullo,

This letter will serve as documentation that the proposed Long-Term Care Facility in Bartlett will comply with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. We have attached to this letter a floodplain map indicating where the proposed facility will be located.

Should you have any further questions, please do not hesitate to contact us.

Sincerely,  
**Alden Design Group, Inc. - Architects**

  
Michael J Bailey NCARB, ALA

CC: Ray Schultz – Alden Design Group  
Ritchie D Schullo – Alden Bennett Construction  
Robert Molitor – Alden Management Services

File



**SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**  
Continued vi

**Historic Resources Preservation Act Requirements**

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

Appended as **ATTACHMENT-6A**, is the Applicant's submission to the Illinois Historic Preservation Agency (HPA) documenting compliance with the requirements of the Historic Resources Preservation Act. The response from HPA on this submission will be forwarded upon receipt.

**ATTACHMENT-6**

# FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA  
cfoley@foleyandassociates.com  
**ONLINE SUBMITTAL**

John P. Kniery  
jkniery@foleyandassociates.com

January 11, 2016

Rachel Leibowitz, Ph.D.  
Deputy State Historic Preservation Officer  
Illinois Historic Preservation Agency  
Preservation Service Division  
Old State Capitol  
Springfield, Illinois 62701

Re: **New Long-Term Care facility to be located in Bartlett, DuPage County**

Dear Ms. Haaker:

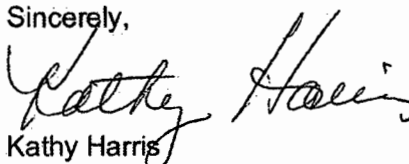
The Applicants are proposing (through the Certificate of Need process) to establish a new Long-Term Care facility depicted as Lot 2 on the Artis Sr. Living P.U.D. Plan of 6N625 Rte. 59, Bartlett, DuPage County, Illinois. The proposed Long-Term Care facility will consist of 68 skilled nursing beds.

The required information is as follows:

- a. General project address: **Lot 2 on the Artis Sr. Living P.U.D. Plan of 6N625 Rte 59 (East side of Route 59, South of Apple Valley Drive, North of Congress Drive), Bartlett, DuPage County, Illinois.**
- b. Map showing the general location of the project: **See attached "Exhibit A".**
- c. Photographs of any standing building/structures within the project area: **There are no buildings or structures. See attached "Exhibit B".**
- d. Addresses for buildings/structures if present: **N/A**
- e. Total acres of project: **4.8**
- f. List of other federal or state agencies which potentially would be involved in funding, licensing permitting or official support/approval: **CMMS, IDPH, IHFS, and HUD will be involved in licensing, permitting and certification of this facility.**
- g. Requested HARGIS map: **Upon search of the above general project address, no records were found in the HARGIS map database.**

According to the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420et.seq) and other applicable Illinois laws, it is my understanding that you will review the attached information and provide evaluation comments, with respect to any historic resources. If you have any questions or need additional information, please do not hesitate to contact myself or John P. Kniery.

Sincerely,

  
Kathy Harris

Enclosures

Health Care Consulting  
133 South Fourth Street, Suite 200 • Springfield, IL 62701  
foley@foleyandassociates.com

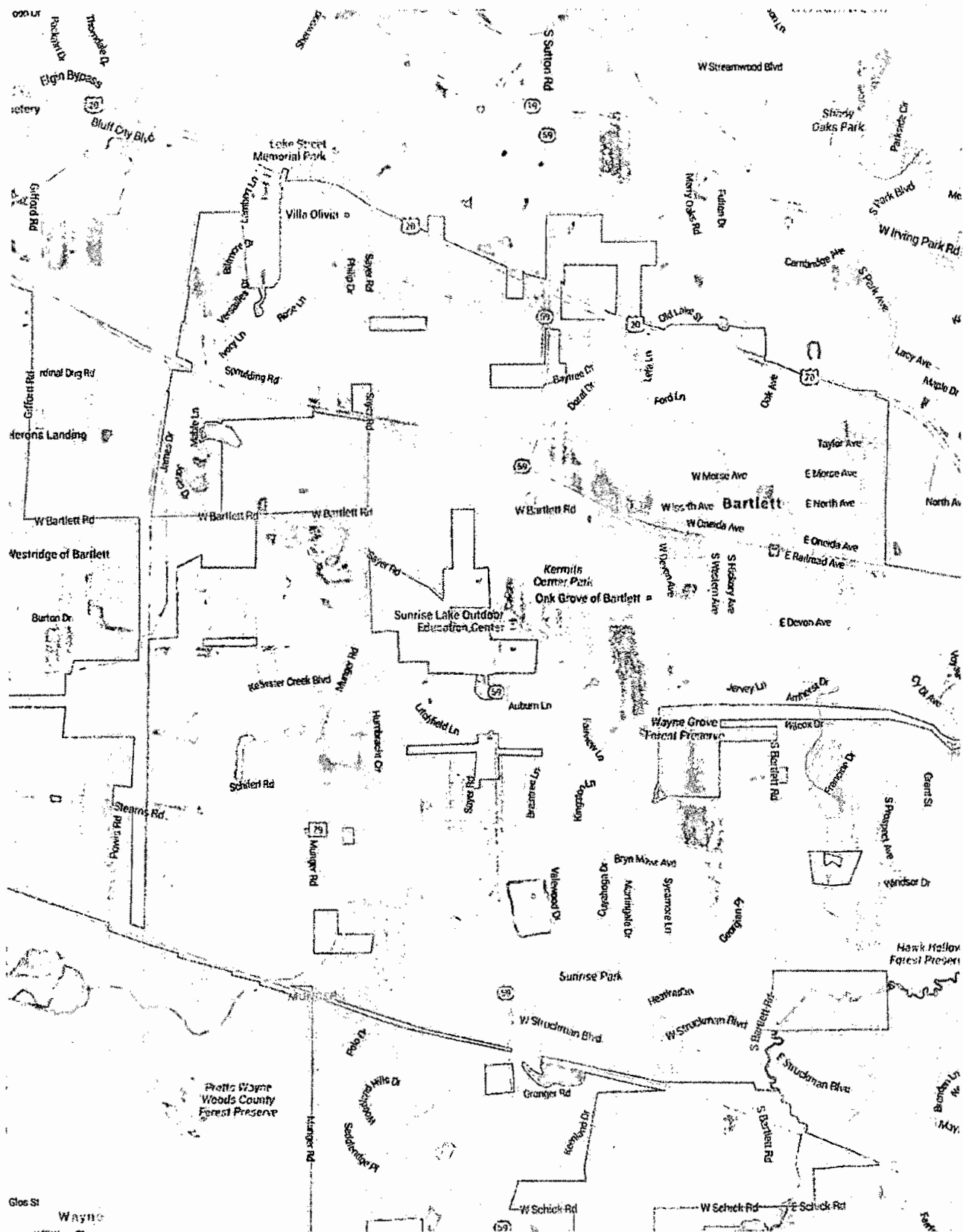


Office: 217/544-1551

Fax: 217/544-3615

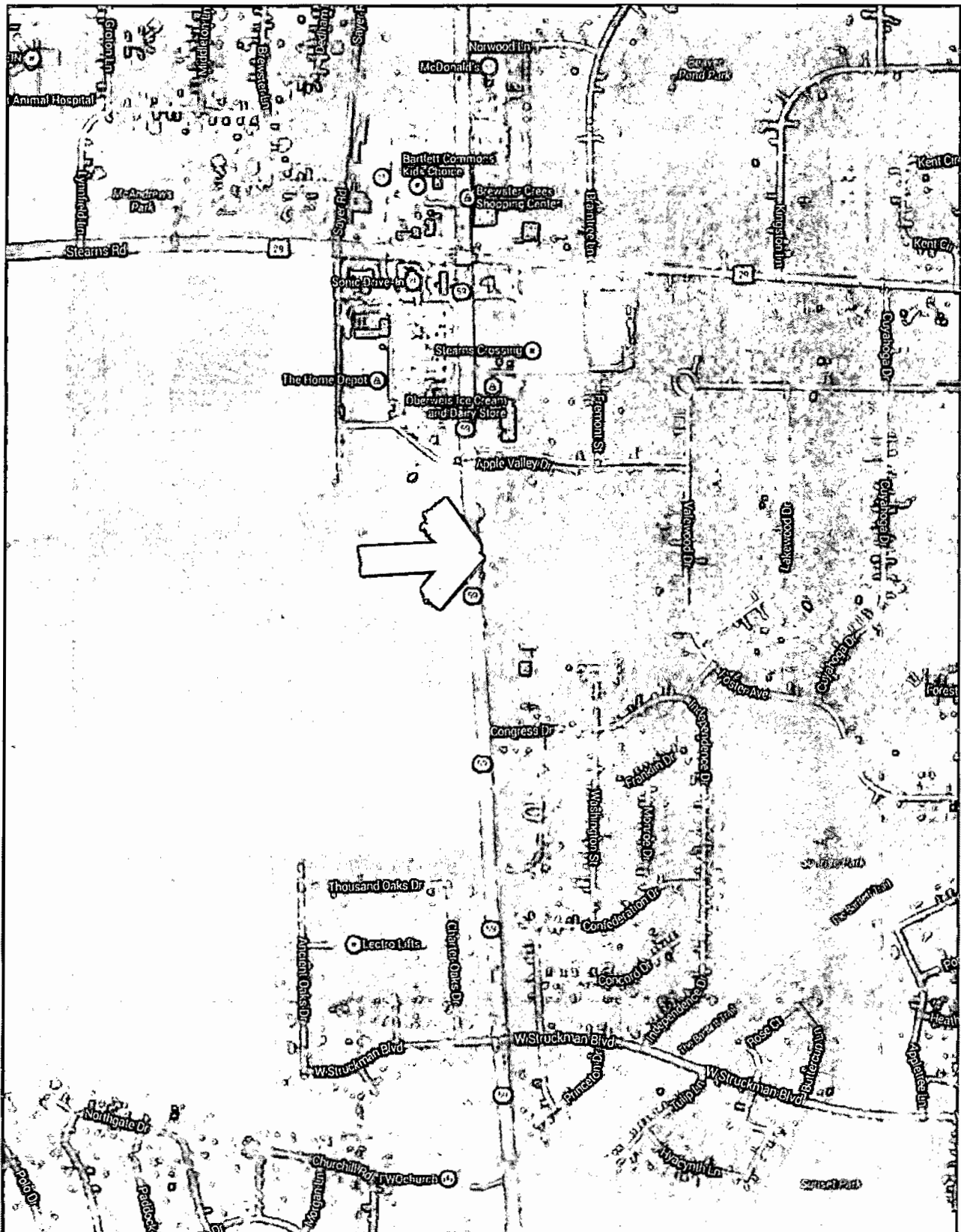
ATTACHMENT-6A

# Google Maps Bartlett, IL



ATTACHMENT-6A

Google Maps Bartlett, IL



ATTACHMENT-6A



## Kathy Harris

---

**From:** Kathy Harris  
**Sent:** Tuesday, January 12, 2016 10:34 AM  
**To:** 'HPA.ProjectsBox@Illinois.gov'  
**Subject:** Alden Estates of Bartlett - Historic Preservation Request letter for CON Application  
**Attachments:** Historic Preservation Request Letter & attachments - Alden Estates of Bartlett 1.11.16.pdf

Kathy Harris

Foley & Associates, Inc.  
133 South Fourth Street, Suite 200  
Springfield, Illinois 62701  
217.544.1551 - Office  
217.544.3615 - Facsimile  
[foley@foleyandassociates.com](mailto:foley@foleyandassociates.com)

### CONFIDENTIALITY NOTICE

This transmission and the attachments accompanying it contain confidential information belonging to the sender that is legally privileged. The information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled unless otherwise required by law. If you have received this transmission in error, please notify the sender immediately and destroy all copies of this message including any attachments. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or publication of this message, or the taking of any action based on it is strictly prohibited. The sender hereby reserves all legal rights it has in this message and all rights to take action to protect it or obtain damages for unauthorized disclosure copying, distribution, publication or use.

## **SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS** Continued I

### **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.

The proposed project will establish a 68-bed nursing care facility in Bartlett, DuPage County, Illinois. This project addresses the current bed need of 138 nursing care beds for Health Service Area 7, DuPage County (**7-C Planning Area**), as published in the 11/18/2015 Update to the 2015 Illinois Department of Public Health (hereafter known as IDPH) Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services. This project will increase access for nursing care as all proposed nursing beds will be certified for both Medicare and Medicaid. Improved accessibility for nursing care services will be provided to residents of the market area, i.e., a 30-minute travel time from the proposed site. Specifically, this proposed 68-bed nursing care facility will provide general long-term care, rehabilitative nursing services, and post acute nursing services under the skilled care (SNF) license.

The 7-C Planning Area is DuPage County. This is a large area for a Planning Service Area (PSA). The project is only proposing to address half of the identified need for additional nursing beds. Moreover, these beds will be established in the most northern half of the PSA as there is currently a project on file in the southern half of the 7-C PSA. Although the Illinois Certificate of Need program does not have a batching review process, it should be noted that projects #15-056 and #16-002 are both in the South Western most part of the County, thereby not addressing accessibility to the entire PSA. Addressing accessibility within the County coupled with the outside indicators of need like the 7-A Planning Service Area outstanding need for beds implies that the need is not exclusive to the Southwestern corner of the PSA. Providing nursing

**ATTACHMENT-10**

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

care services throughout implicitly documents that health care will improve accessibility and will be improved for the market area population.

|                   | Nursing Bed Need Projected from State and Planning Area Ratio of Pop. to Nursing Beds |                                 |                                |                              |                                    |                                |
|-------------------|---------------------------------------------------------------------------------------|---------------------------------|--------------------------------|------------------------------|------------------------------------|--------------------------------|
|                   | 2018<br>Projected<br>Population                                                       | 2013*<br>Inventory<br>Lic. Beds | Ratio of<br>Tot Pop :<br>1 Bed | 2018<br>Projected<br>65+ Pop | 2013-2018<br>65+ Pop<br>Growth (%) | Ratio of<br>65+ Pop :<br>1 bed |
| Illinois          | 13,069,300                                                                            | 100,792                         | 129.7:1                        | 2,018,400                    | 15.8%                              | 20.0:1                         |
| 7-C Planning Area | 934,300                                                                               | 5,862                           | 159.4:1                        | 152,800                      | 26.1%                              | 26.1:1                         |
| 7-A Planning Area | 629,500                                                                               | 3,321                           | 189.6:1                        | 106,700                      | 22.8%                              | 32.1:1                         |

Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 LTC Services

The above chart illustrates that based upon the State's and 7-C and 7-A Planning Area's ratio of population to nursing beds the Village of Bartlett itself can support the proposed project.

The proposed project site is located in Northern DuPage County (DuPage County is Planning Service Area 7-C). The State's new Inventory (2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services) shows a path of growth in terms of need for additional nursing care services that includes Will County (need of 141), 7-A Planning Service Area (need of 462) directly North of the 7-C PSA and McHenry County Planning Service Area (need of 127) to the Northwest of the 7-A PSA. This is a corridor of need and this project will provide health services that will improve accessibility for nursing care services to the residents of the market area, i.e., a 30-minute travel time from the proposed site. It should be noted that although there is not a batching review process in the Health Facilities and Services Review Board's rules, there is an application on file in McHenry County (HFSRB Project Number 15-044), Will County (HFSRB Project Number 15-051), and two very close in proximity to one another in Southern DuPage County (HFSRB Project Numbers 15-056 and 16-002). These last two projects monopolize the entire 7-C PSA bed need (138 beds needed) in the Southwestern most corner of the PSA some

**ATTACHMENT-10**

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

seven miles from one another. The proposed project is over 15 miles away and approximately 30 or more minutes from the proposed Lisle site. Therefore, the proposed project ensures not only improving the healthcare of the residents in the PSA it provides more equitable accessibility.

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

In accordance with the State's required travel time contour, the proposed market area is the thirty minute drive time contour adjusted per the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1100.510(d).

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

There is an identified need for 138 additional nursing care beds and services in Health

| Ratio of Population to Nursing Beds Comparison - 2013 DATA FROM 2015 INVENTORY PUBLISHED 08/03/2015                                                                                                    |                                 |                                 |        |           |                         |                              |                              |        |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------|--------|-----------|-------------------------|------------------------------|------------------------------|--------|-----------------------------|
| Market                                                                                                                                                                                                 | 2013<br>Estimated<br>Population | 2018<br>Estimated<br>Population | Growth | Lic. Beds | Population<br>for 1-bed | 2013<br>Estimated<br>65+ Pop | 2018<br>Estimated<br>65+ Pop | Growth | 65+ Population<br>for 1-bed |
| Illinois                                                                                                                                                                                               | 2,880,900                       | 13,069,300                      | 1.5%   | 100,792   | 129.7                   | 1,742,900                    | 2,018,400                    | 15.8%  | 20.0                        |
| HSA 7-C                                                                                                                                                                                                | 930,400                         | 934,300                         | 0.4%   | 5,862     | 159.4                   | 121,200                      | 152,800                      | 26.1%  | 26.1                        |
| HSA 7-A                                                                                                                                                                                                | 617,7000                        | 629,500                         | 1.9%   | 3,321     | 189.6                   | 86,900                       | 106,700                      | 22.8%  | 32.1                        |
| Bartlett                                                                                                                                                                                               | 41,227                          | 41,632                          | 1.0%   |           |                         | 3,463                        |                              |        |                             |
| Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services<br>population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015 |                                 |                                 |        |           |                         |                              |                              |        |                             |

Service Area 7, 7-C (DuPage County) Planning Service Area. This project addresses that existing identified need. The chart provided herein, portrays the issue that the proposed project seeks to address. Specifically, the Planning Service Areas of HSA-7C and HSA-7A each have a ratio of population per single nursing bed that is higher than that of the State. The proposed project seeks to establish nursing beds in a community that has over 40,000 people and over 8% (3,463 in 2010) are elderly over the age of 65. Even with the outstanding needed 138-nursing care beds, the ratio of population to beds only falls to 155.7 people per nursing bed and the ratio

**ATTACHMENT-10**

## **SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS** Continued IV

of 65+ population to nursing beds only drops to 25.5 elderly per nursing bed well higher than the State's ratio. Therefore, the issue is the lack of accessibility to nursing services in the 7-C PSA and throughout the PSA.

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

Appended as **ATTACHMENT-10A**, is the Long-Term Care Facility Update (November 18, 2015) to the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care Services for **DuPage County, HSA 7-C**.

Appended as **ATTACHMENT-10B** is the Microsoft MapPoint North America 2009 map identifying the location of the proposed facility, the 30-minute market contour, location of other area nursing facilities, and zip code areas.

Appended as **ATTACHMENT-10C**, is a summary list of nursing facilities identified within the market area contour, their number of nursing beds, and travel times to the proposed site.

Appended as **ATTACHMENT-10D** is census data from the US Census Bureau for the Village of Bartlett.

Appended as **ATTACHMENT-10E** is documentation from the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care Services

Appended as **ATTACHMENT-10F** are two physician referral letters. These letters support the project and the Applicant's ability to appropriately utilize the proposed facility.

**ATTACHMENT-10**

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

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 proposed facility addresses only half of the outstanding need for nursing care beds of the 7-C PSA as defined in the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care which calculates an existing need for 138 additional nursing care beds.

Appended as **ATTACHMENT-10F**, are two (2) physician letters of support stating that it is their intent to provide referrals should openings be available. It should be noted that these letters provide that collectively in the most recent 12 months 420 referrals have been made to area nursing facilities. Specifically, for the proposed project, these same physicians have indicated that they could make referrals of 35 patients per month for the general geriatric nursing beds. On an annual basis these referrals account for 420 referrals to the nursing unit of the proposed Alden Estates of Bartlett. The important point is that accessibility will be greatly improved.

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

This project's goal is to serve and provide general long-term care services and innovative (ADRD) long-term care services to the geriatric population of those within the 7-C Planning Service Area. The goal will be measured by the Applicant's ability to continuously fill its beds and provide the proposed services.

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.

Since this proposed project is for the establishment and construction of a facility and does not involve modernization, this item is not applicable.

**ATTACHMENT-10**

**LONG-TERM CARE FACILITY UPDATES**

11/18/2015

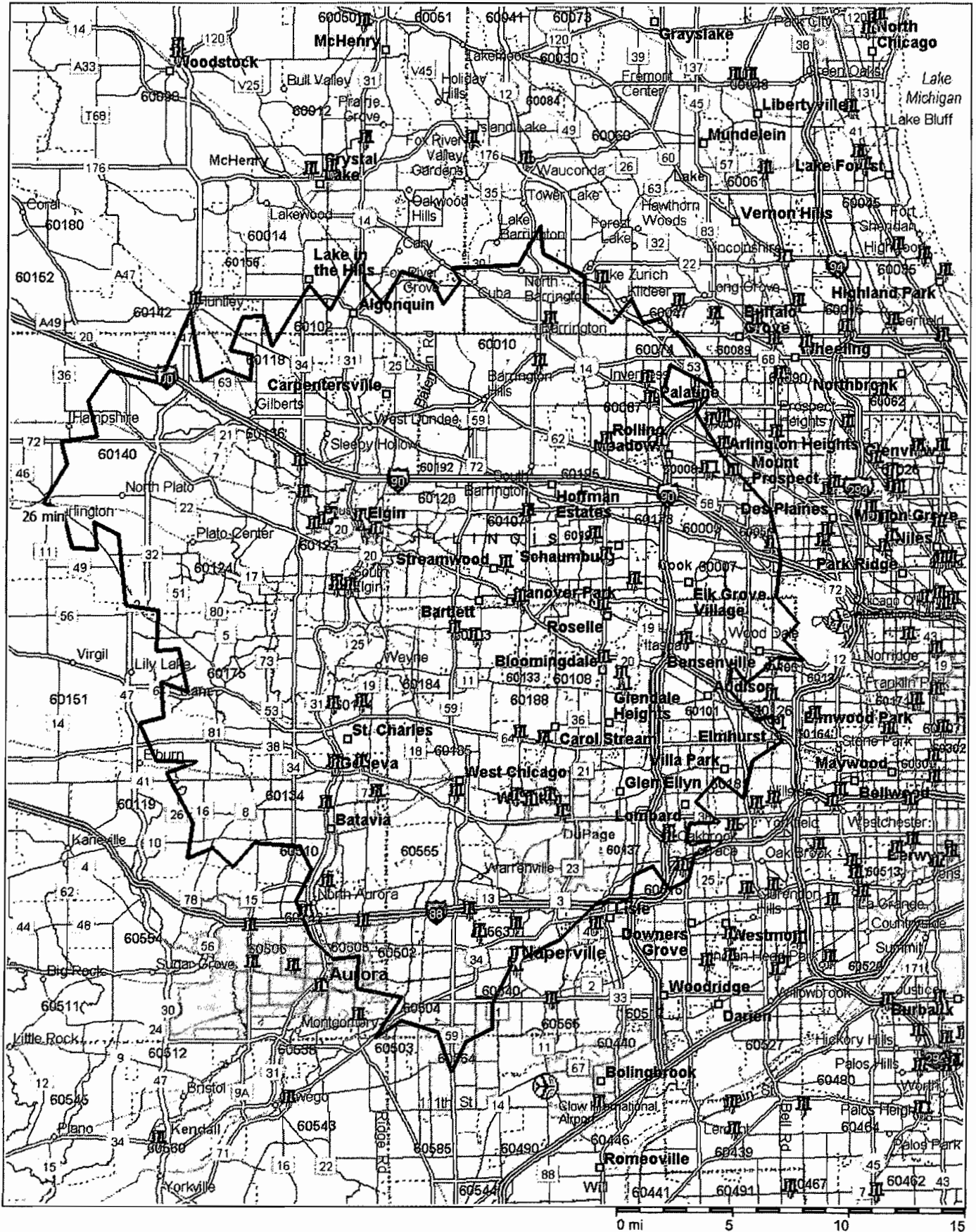
**CALCULATED BED NEEDS**

| Planning Area                 | Calculated<br>Beds Needed | Approved<br>Beds | Additional Beds Needed<br>or Excess Beds ( ) |
|-------------------------------|---------------------------|------------------|----------------------------------------------|
| <b>HEALTH SERVICE AREA 7</b>  |                           |                  |                                              |
| Planning Area 7-A             | 3783                      | 3321             | 462                                          |
| Planning Area 7-B             | 6101                      | 6827             | (726)                                        |
| Planning Area 7-C             | 5998                      | 5860             | 138                                          |
| Planning Area 7-D             | 2462                      | 2904             | (442)                                        |
| Planning Area 7-E             | 8026                      | 9165             | (1139)                                       |
| <b>HEALTH SERVICE AREA 8</b>  |                           |                  |                                              |
| Kane                          | 2705                      | 3084             | (379)                                        |
| Lake                          | 4186                      | 4494             | (308)                                        |
| McHenry                       | 1124                      | 997              | 127                                          |
| <b>HEALTH SERVICE AREA 9</b>  |                           |                  |                                              |
| Grundy                        | 300                       | 265              | 35                                           |
| Kankakee                      | 1072                      | 1368             | (296)                                        |
| Kendall                       | 336                       | 185              | 151                                          |
| Will                          | 2931                      | 2790             | 141                                          |
| <b>HEALTH SERVICE AREA 10</b> |                           |                  |                                              |
| Henry                         | 433                       | 500              | (67)                                         |
| Mercer                        | 170                       | 172              | (2)                                          |
| Rock Island                   | 1077                      | 1219             | (142)                                        |
| <b>HEALTH SERVICE AREA 11</b> |                           |                  |                                              |
| Clinton                       | 326                       | 357              | (31)                                         |
| Madison                       | 1824                      | 2212             | (388)                                        |
| Monroe                        | 304                       | 250              | 54                                           |
| St. Clair                     | 1860                      | 2251             | (391)                                        |

**LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED**

|                |      |      |       |
|----------------|------|------|-------|
| HSA 1          | 249  | 335  | (86)  |
| HSA 2          | 239  | 256  | (17)  |
| HSA 3          | 206  | 360  | (154) |
| HSA 4          | 304  | 128  | 176   |
| HSA 5          | 222  | 256  | (34)  |
| HSA 6, 7, 8, 9 | 3161 | 1021 | 2140  |
| HSA 10         | 74   | 32   | 42    |
| HSA 11         | 215  | 288  | (73)  |

# MapPoint Map 30 min adj drive time Alden Estates of Bartlett



Copyright © and (P) 1988–2008 Microsoft Corporation and/or its suppliers. All rights reserved. <http://www.microsoft.com/mapoint/>  
 Certain mapping and direction data © 2008 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2008 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2008 by Applied Geographic Systems. All rights reserved.

ATTACHMENT-10B



Alden Estates of Bartlett  
30-Minute Adjusted Drive Time Facilities

|                              |                                            |                                  |                 | 2014 PROFILE DATA          |                |                      |
|------------------------------|--------------------------------------------|----------------------------------|-----------------|----------------------------|----------------|----------------------|
| FACID                        | FACNAME                                    | ADDRESS                          | CITY            | # of Licensed Nursing Beds | Drive Distance | Adjusted Travel Time |
|                              | Assisi Healthcare Center at Clare Oaks (1) | 775 W Bartlett Rd                | Bartlett        | 120                        | 2.4            | 5.75                 |
| 6001713                      | Wood Glen Nursing & Rehab Ctr (2)          | County Farm Rd & 5R-64           | West Chicago    | 213                        | 4.3            | 8.05                 |
| 6012975                      | Lexington Of Streamwood                    | 815 East Irving Park Road        | Streamwood      | 214                        | 5.7            | 11.5                 |
| 6016554                      | Claremont-Hanover Park (3)                 | 2016 West Lake Street            | Hanover Park    | 150                        | 5              | 11.5                 |
| 6008718                      | South Elgin Rehab & Hlthcare Ctr           | 746 Spring Street                | South Elgin     | 90                         | 6.2            | 12.65                |
| 6003263                      | Tower Hill Healthcare Center               | 759 Kane Street                  | South Elgin     | 206                        | 6.4            | 12.65                |
| 6014666                      | Rosewood Care Ctr St. Charles              | 850 Dunham Road                  | St. Charles     | 109                        | 7.5            | 12.65                |
| 6006902                      | Heritage Health - Elgin                    | 355 Raymond Street               | Elgin           | 94                         | 7.2            | 14.95                |
| 6007439                      | Provena Pine View Care Center (4)          | 611 Allen Lane                   | St. Charles     | 120                        | 9.1            | 16.1                 |
| 6005847                      | ARBA Care Center of Elgin                  | 134 North Mclean Boulevard       | Elgin           | 102                        | 9.7            | 16.1                 |
| 6000277                      | Manorcare of Elgin                         | 180 South State Street           | Elgin           | 88                         | 7.8            | 16.1                 |
| 6004758                      | River View Rehab Center                    | 50 North Jane Drive              | Elgin           | 203                        | 9.8            | 17.25                |
| 6009872                      | West Chicago Terrace Nursing Home          | 928 Joliet Road                  | West Chicago    | 120                        | 8.1            | 17.25                |
| 6011753                      | Windsor Park Manor                         | 110 Windsor Park Drive           | Carol Stream    | 80                         | 8.6            | 17.25                |
| 6000020                      | Abbington Rehab & Nursing Ctr              | 31 West Central                  | Roselle         | 82                         | 7.6            | 17.25                |
| 6001366                      | Alden-Poplar Creek Rehab & Care            | 1545 Barrington Road             | Hoffman Estates | 217                        | 8.6            | 17.25                |
| 6012827                      | Sherman West Court (5)                     | 1950 Larkin Avenue               | Elgin           | 112                        | 10.1           | 18.4                 |
| 6003503                      | Bria of Geneva                             | 1101 East State Street           | Geneva          | 107                        | 10.3           | 19.55                |
| 6014237                      | Rosewood Care Center of Elgin              | 2355 Royal Boulevard             | Elgin           | 139                        | 11.8           | 19.55                |
| 6000392                      | Apostolic Christian Resthaven (6)          | 2750 West Highland Avenue        | Elgin           | 50                         | 10.6           | 19.55                |
| 6011993                      | Lexington Health Care Center-Bloomington   | 165 South Bloomington Road       | Bloomington     | 166                        | 8              | 19.55                |
| 6012553                      | Lexington Of Schaumburg                    | 675 South Roselle Road           | Schaumburg      | 214                        | 9.4            | 19.55                |
| 6012686                      | Manor Care - Elk Grove Village             | 1920 Nerge Road                  | Elk Grove Villg | 190                        | 9.5            | 19.55                |
| 6008171                      | Batavia Rehab & Hlthcare Ctr.              | 520 Fabyan Parkway               | Batavia         | 63                         | 11.6           | 21.85                |
| 6005334                      | Winfield Woods Healthcare Center           | 28W141 Liberty Street            | Winfield        | 138                        | 9.9            | 21.85                |
| 6002612                      | Dupage Convalescent Home                   | 400 N County Farm Road           | Wheaton         | 368                        | 10.3           | 21.85                |
| 6000459                      | Alden-Valley Ridge Rehab & Care            | 275 East Army Trail Road         | Bloomington     | 207                        | 8.7            | 21.85                |
| 6001002                      | West Suburban Nursing & Rehab Center       | 311 Edgewater Drive              | Bloomington     | 259                        | 9.5            | 21.85                |
| 6008361                      | Wynscape Health & Rehab                    | 2180 Manchester Road             | Wheaton         | 209                        | 10.6           | 23                   |
| 6003404                      | Friendship Village Schaumburg              | 350 West Schaumburg Road         | Schaumburg      | 250                        | 9.7            | 23                   |
| 6000483                      | Forest View Rehab & Nursing Center         | 535 South Elm                    | Itasca          | 144                        | 13             | 24.15                |
| 6009963                      | Wheaton Care Center                        | 1325 Manchester Road             | Wheaton         | 123                        | 11.5           | 25.3                 |
| 6002208                      | Covenant Health Care Center                | 831 Batavia Avenue               | Batavia         | 99                         | 14.1           | 27.6                 |
| 6003735                      | Alden Estates of Barrington                | 1420 South Barrington Road       | Barrington      | 150                        | 13.2           | 27.6                 |
| 6014252                      | Tabor Hills Healthcare (7)                 | 1437 Crystal Avenue              | Naperville      | 211                        | 13.6           | 28.75                |
| 6016570                      | Greenfields of Geneva                      | 0N801 Friendship Way             | Geneva          | 43                         | 16.7           | 29.9                 |
| 6011910                      | St. Patrick's Residence                    | 1400 Brookdale Road              | Naperville      | 209                        | 14.3           | 29.9                 |
|                              |                                            |                                  |                 | 5659                       |                |                      |
| Permit Projects Not Complete |                                            |                                  |                 | # of Licensed              | Drive          | Adjusted             |
| FACID                        | FACNAME                                    | ADDRESS                          | CITY            | Nursing Beds               | Distance       | Travel Time          |
| 10-065                       | Park Point South Elgin Healthcare          | Illinois 25 & East Middle Street | South Elgin     | 120                        | 4.8            | 8.05                 |
| 09-030                       | Addison Rehabilitation & Living Center     | 1754 Capital Street              | Elgin           | 120                        | 15.3           | 24.15                |
| 08-099                       | Meadowbrook Manor                          | 37W220 Keslinger Road            | Geneva          | 150                        | 13.3           | 27.6                 |
|                              |                                            |                                  |                 | 390                        |                |                      |
|                              |                                            |                                  |                 | 6049                       |                |                      |

**SPECIALIZED POPULATION**

|                          |                     |         |      |       |
|--------------------------|---------------------|---------|------|-------|
| Marjanjoy Rehab Hospital | 2050 W Roosevelt Rd | Wheaton | 11.6 | 26.45 |
|--------------------------|---------------------|---------|------|-------|

- (1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)
- (2) Used profile address which is the same as website address (201 W North Ave)
- (3) Profile address is 2000 West Lake Street
- (4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center
- (5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds
- (6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks
- (7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
[www.mapquest.com](http://www.mapquest.com)  
 Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services  
 Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)  
 American Fact Finder, United States Census Bureau ([www.factfinder.census.gov](http://www.factfinder.census.gov))  
 Microsoft MapPoint 2009



Search

Topics

Population, Economy

Geography

Maps, Products

Library

Infographics, Publications

Data

Tools, Developers

Surveys/Programs

Respond, Survey Data

Newsroom

News, Blogs

About Us

Our Research

State &amp; County QuickFacts

NOTE: This version of QuickFacts will no longer be updated with new data. Please visit the new for the latest data.

## Bartlett (village), Illinois

| People QuickFacts                                                     | Bartlett  | Illinois    |
|-----------------------------------------------------------------------|-----------|-------------|
| Population, 2014 estimate                                             | 41,632    | 12,880,580  |
| Population, 2010 (April 1) estimates base                             | 41,227    | 12,831,587  |
| Population, percent change - April 1, 2010 to July 1, 2014            | 1.0%      | 0.4%        |
| Population, 2010                                                      | 41,208    | 12,830,632  |
| Persons under 5 years, percent, 2010                                  | 6.8%      | 6.5%        |
| Persons under 18 years, percent, 2010                                 | 27.3%     | 24.4%       |
| Persons 65 years and over, percent, 2010                              | 8.4%      | 12.5%       |
| Female persons, percent, 2010                                         | 51.0%     | 51.0%       |
| White alone, percent, 2010 (a)                                        | 78.6%     | 71.5%       |
| Black or African American alone, percent, 2010 (a)                    | 2.3%      | 14.5%       |
| American Indian and Alaska Native alone, percent, 2010 (a)            | 0.2%      | 0.3%        |
| Asian alone, percent, 2010 (a)                                        | 14.4%     | 4.6%        |
| Native Hawaiian and Other Pacific Islander alone, percent, 2010 (a)   | Z         | 0.0%        |
| Two or More Races, percent, 2010                                      | 1.9%      | 2.3%        |
| Hispanic or Latino, percent, 2010 (b)                                 | 8.6%      | 15.8%       |
| White alone, not Hispanic or Latino, percent, 2010                    | 73.2%     | 63.7%       |
| Living in same house 1 year & over, percent, 2009-2013                | 94.1%     | 88.8%       |
| Foreign born persons, percent, 2009-2013                              | 17.7%     | 13.8%       |
| Language other than English spoken at home, pct age 5+, 2009-2013     | 25.4%     | 22.3%       |
| High school graduate or higher, percent of persons age 25+, 2009-2013 | 93.4%     | 87.3%       |
| Bachelor's degree or higher, percent of persons age 25+, 2009-2013    | 43.3%     | 31.4%       |
| Veterans, 2009-2013                                                   | 1,684     | 727,919     |
| Mean travel time to work (minutes), workers age 16+, 2009-2013        | 34.7      | 28.0        |
| Housing units, 2010                                                   | 14,509    | 5,298,715   |
| Homeownership rate, 2009-2013                                         | 89.1%     | 67.5%       |
| Housing units in multi-unit structures, percent, 2009-2013            | 11.4%     | 32.9%       |
| Median value of owner-occupied housing units, 2009-2013               | \$272,200 | \$182,300   |
| Households, 2009-2013                                                 | 13,932    | 4,772,723   |
| Persons per household, 2009-2013                                      | 2.96      | 2.63        |
| Per capita money income in past 12 months (2013 dollars), 2009-2013   | \$36,203  | \$29,666    |
| Median household income, 2009-2013                                    | \$93,250  | \$56,797    |
| Persons below poverty level, percent, 2009-2013                       | 5.0%      | 14.1%       |
| Business QuickFacts                                                   | Bartlett  | Illinois    |
| Total number of firms, 2007                                           | 3,474     | 1,123,817   |
| Black-owned firms, percent, 2007                                      | 1.4%      | 9.5%        |
| American Indian- and Alaska Native-owned firms, percent, 2007         | F         | 0.5%        |
| Asian-owned firms, percent, 2007                                      | 12.8%     | 5.3%        |
| Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007 | F         | 0.1%        |
| Hispanic-owned firms, percent, 2007                                   | S         | 5.0%        |
| Women-owned firms, percent, 2007                                      | 27.5%     | 30.5%       |
| Manufacturers shipments, 2007 (\$1000)                                | 274,153   | 257,760,713 |
| Merchant wholesaler sales, 2007 (\$1000)                              | 318,183   | 231,082,768 |
| Retail sales, 2007 (\$1000)                                           | 150,784   | 165,450,520 |
| Retail sales per capita, 2007                                         | \$3,690   | \$12,847    |
| Accommodation and food services sales, 2007 (\$1000)                  | 33,337    | 25,469,026  |
| Geography QuickFacts                                                  | Bartlett  | Illinois    |

ATTACHMENT-10D

|                                 |         |           |
|---------------------------------|---------|-----------|
| Land area in square miles, 2010 | 15.63   | 55,518.93 |
| Persons per square mile, 2010   | 2,637.1 | 231.1     |
| FIPS Code                       | 04013   | 17        |
| Counties                        |         |           |

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 25 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed; does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

Source: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, County Business Patterns, Economic Census, Survey of Business Owners, Building Permits, Census of Governments

Last Revised: Wednesday, 02-Dec-2015 09:24:08 EST

[ABOUT US](#)

[FIND DATA](#)

[BUSINESS & INDUSTRY](#)

[PEOPLE & HOUSEHOLDS](#)

[SPECIAL TOPICS](#)

[NEWSROOM](#)

||||

# INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

| Planning Area: Planning Area 7-A                                                                                                                        |                   |                     | General Long-Term Care Category of Service |                   | General Nursing Care |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|--------------------------------------------|-------------------|----------------------|--|
| Facility Name                                                                                                                                           | City              | County/Area         | Beds                                       | 2013 Patient Days |                      |  |
| ADDOLORATA VILLA                                                                                                                                        | WHEELING          | Wheeling Township   | 98                                         | 31,715            |                      |  |
| ALDEN ESTATES OF BARRINGTON                                                                                                                             | BARRINGTON        | Barrington Township | 150                                        | 43,959            |                      |  |
| ALDEN-POPLAR CREEK REHAB & CARE                                                                                                                         | HOFFMAN ESTATES   | Schaumburg Township | 217                                        | 66,891            |                      |  |
| APERION CARE PLUM GROVE                                                                                                                                 | PALATINE          | Palatine Township   | 69                                         | 21,058            |                      |  |
| ASBURY COURT NURSING & REHAB (PERMIT)                                                                                                                   | DES PLAINES       | Elk Grove Township  | 71                                         |                   |                      |  |
| 8/27/2014 14-022 Permit issued to establish a facility with 71 Nursing Care beds.                                                                       |                   |                     |                                            |                   |                      |  |
| ASBURY HEALTHCARE (PERMIT)                                                                                                                              | DES PLAINES       | Elk Grove Township  | 0                                          |                   |                      |  |
| 8/27/2014 08-064 Permit to establish a facility with 75 Nursing Care beds abandoned upon approval of project 14-022.                                    |                   |                     |                                            |                   |                      |  |
| ASSISI HEALTHCARE CENTER AT CLARE OAKS                                                                                                                  | BARTLETT          | Hanover Township    | 120                                        | 36,695            |                      |  |
| BROOKDALE PROSPECT HEIGHTS                                                                                                                              | PROSPECT HGTS     | Wheeling Township   | 30                                         | 6,797             |                      |  |
| 8/29/2014 CHOW Change of Ownership occurred.                                                                                                            |                   |                     |                                            |                   |                      |  |
| CHURCH CREEK                                                                                                                                            | ARLINGTON HEIGHTS | Wheeling Township   | 56                                         | 13,871            |                      |  |
| 3/8/2013 Address Address changed to 1200 West Central Road, Arlington Heights, IL 60005.                                                                |                   |                     |                                            |                   |                      |  |
| CLAREMONT-HANOVER PARK                                                                                                                                  | HANOVER PARK      | Hanover Township    | 150                                        | 32,576            |                      |  |
| FRIENDSHIP VILLAGE SCHAUMBURG                                                                                                                           | SCHAUMBURG        | Schaumburg Township | 250                                        | 77,150            |                      |  |
| GREEK AMERICAN REHAB & CARE CENTER                                                                                                                      | WHEELING          | Wheeling Township   | 188                                        | 64,621            |                      |  |
| 12/1/2014 Bed Change Discontinued 10 Nursing Care beds; facility now has 188 Nursing Care beds.                                                         |                   |                     |                                            |                   |                      |  |
| LEXINGTON HEALTH CARE - WHEELING                                                                                                                        | WHEELING          | Wheeling Township   | 215                                        | 67,882            |                      |  |
| LEXINGTON OF SCHAUMBURG                                                                                                                                 | SCHAUMBURG        | Schaumburg Township | 214                                        | 66,128            |                      |  |
| LEXINGTON OF STREAMWOOD                                                                                                                                 | STREAMWOOD        | Hanover Township    | 214                                        | 64,746            |                      |  |
| LUTHERAN HOME FOR AGED                                                                                                                                  | ARLINGTON HEIGHTS | Elk Grove Township  | 346                                        | 112,251           |                      |  |
| 4/14/2015 Bed Change Facility converted 12 beds from Sheltered Care to Nursing Care; facility now has 346 Nursing Care beds and 46 Sheltered Care beds. |                   |                     |                                            |                   |                      |  |
| MANOR CARE - ELK GROVE VILLAGE                                                                                                                          | ELK GROVE VILLG   | Elk Grove Township  | 190                                        | 62,700            |                      |  |
| MANOR CARE OF ARLINGTON HEIGHTS                                                                                                                         | ARLINGTON HEIGHTS | Wheeling Township   | 151                                        | 38,370            |                      |  |
| MANOR CARE OF ROLLING MEADOWS                                                                                                                           | ROLLING MEADOWS   | Palatine Township   | 155                                        | 37,553            |                      |  |
| ROSEWOOD CARE CENTER OF INVERNESS                                                                                                                       | INVERNESS         | Palatine Township   | 142                                        | 38,184            |                      |  |
| ST. JOSEPH'S HOME FOR ELDERLY                                                                                                                           | PALATINE          | Palatine Township   | 59                                         | 20,748            |                      |  |
| THE MOORINGS HEALTH CENTER                                                                                                                              | ARLINGTON HEIGHTS | Wheeling Township   | 116                                        | 33,806            |                      |  |
| TRANSITIONAL CARE CTR - ARLINGTON HTS (PERMIT                                                                                                           | ARLINGTON HEIGHTS | Wheeling Township   | 120                                        |                   |                      |  |

8/3/2015  
Page A-107

**ATTACHMENT-10E**

# INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

8/3/2015  
Page A-110

Illinois Department of Public Health  
Illinois Health Facilities and Services Review Board

## General Long-Term Care Category of Service

Planning Area: Planning Area 7-C

| Facility Name                                                                                                                                      | City          | County/Area            | General Nursing Care |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|----------------------|-------------------|
|                                                                                                                                                    |               |                        | Beds                 | 2013 Patient Days |
| ABBINGTON REHAB & NURSING CTR                                                                                                                      | ROSELLE       | Bloomington Township   | 82                   | 24,594            |
| ALDEN ESTATES OF NAPERVILLE                                                                                                                        | NAPERVILLE    | Naperville Township    | 203                  | 55,305            |
| ALDEN-VALLEY RIDGE REHAB & CARE                                                                                                                    | BLOOMINGDALE  | Bloomington Township   | 207                  | 65,828            |
| BEACON HILL                                                                                                                                        | LOMBARD       | York Township          | 110                  | 37,338            |
| BRIA OF WESTMONT                                                                                                                                   | WESTMONT      | Downers Grove Township | 215                  | 69,576            |
| BRIDGEWAY SENIOR LIVING                                                                                                                            | BENSENVILLE   | Addison Township       | 222                  | 57,351            |
| 1/1/2015 CHOW Change of Ownership occurred.                                                                                                        |               |                        |                      |                   |
| BROOKDALE BURR RIDGE                                                                                                                               | BURR RIDGE    | Downers Grove Township | 30                   | 7,691             |
| 8/29/2014 CHOW Change of Ownership occurred.                                                                                                       |               |                        |                      |                   |
| BROOKDALE PLAZA LISLE                                                                                                                              | LISLE         | Lisle Township         | 55                   | 17,022            |
| BURGESS SQUARE                                                                                                                                     | WESTMONT      | Downers Grove Township | 203                  | 53,843            |
| CHATEAU NRSNG & REHAB CENTER                                                                                                                       | WILLOWBROOK   | Downers Grove Township | 150                  | 51,678            |
| COMMUNITY NSG & REHAB CENTER                                                                                                                       | NAPERVILLE    | Naperville Township    | 153                  | 43,625            |
| DUPAGE CONVALESCENT HOME                                                                                                                           | WHEATON       | Milton Township        | 368                  | 117,057           |
| ELMBROOK NURSING                                                                                                                                   | ELMHURST      | York Township          | 180                  | 58,591            |
| ELMHURST EXTENDED CARE CENTER                                                                                                                      | ELMHURST      | York Township          | 108                  | 27,154            |
| 12/1/2013 CHOW Change of Ownership occurred.                                                                                                       |               |                        |                      |                   |
| FOREST VIEW REHAB & NURSING CENTER                                                                                                                 | ITASCA        | Addison Township       | 144                  | 32,224            |
| LEXINGTON HLTH CARE CTR-BLOOMINGDALE                                                                                                               | BLOOMINGDALE  | Bloomington Township   | 166                  | 51,400            |
| LEXINGTON HLTH CARE CTR-LOMBARD                                                                                                                    | LOMBARD       | York Township          | 224                  | 62,961            |
| LEXINGTON OF ELMHURST                                                                                                                              | ELMHURST      | York Township          | 145                  | 40,286            |
| MANOR CARE - NAPERVILLE                                                                                                                            | NAPERVILLE    | Naperville Township    | 118                  | 32,624            |
| MANORCARE OF HINSDALE                                                                                                                              | HINSDALE      | Downers Grove Township | 202                  | 59,858            |
| MANORCARE OF WESTMONT                                                                                                                              | WESTMONT      | Downers Grove Township | 149                  | 42,696            |
| 3/26/2015 Bed Change Facility discontinued 6 Nursing Care beds. Facility now has 149 Nursing Care beds.                                            |               |                        |                      |                   |
| MARIANOY REHAB HOSPITAL                                                                                                                            | WHEATON       | Milton Township        | 27                   | 9,453             |
| 8/6/2013 Bed Change Converted 7 beds from Comprehensive Rehabilitation category of service to Nursing Care; facility now has 27 Nursing Care beds. |               |                        |                      |                   |
| 10/7/2014 Board Order Nursing Care beds reduced by 7 by order of the Board; facility now has 20 Nursing Care beds.                                 |               |                        |                      |                   |
| 4/3/2015 Correction 7 Nursing Care beds restored to facility; facility now has 27 Nursing Care beds.                                               |               |                        |                      |                   |
| 6/1/5400 07-042 Completed project to establish 20 bed skilled nursing (long-term care) category of service.                                        |               |                        |                      |                   |
| MEADOWBROOK MANOR                                                                                                                                  | NAPERVILLE    | Naperville Township    | 245                  | 85,387            |
| OAK BROOK HEALTH CARE CENTER                                                                                                                       | OAK BROOK     | York Township          | 156                  | 42,646            |
| OAK TRACE                                                                                                                                          | DOWNERS GROVE | Downers Grove Township | 160                  | 29,312            |
| PARK PLACE CHRISTIAN VILLAGE                                                                                                                       | ELMHURST      | York Township          | 37                   | 11,707            |
| PROVIDENCE OF DOWNERS GROVE                                                                                                                        | DOWNERS GROVE | Downers Grove Township | 145                  | 31,574            |
| 8/1/2013 CHOW Change of Ownership occurred.                                                                                                        |               |                        |                      |                   |
| SNOW VALLEY NURSING & REHAB CENTER                                                                                                                 | LISLE         | Lisle Township         | 0                    |                   |
| 8/26/2013 Closure Facility closed due to flood damage. 51 Nursing Care beds removed from inventory.                                                |               |                        |                      |                   |
| ST. PATRICK'S RESIDENCE                                                                                                                            | NAPERVILLE    | Naperville Township    | 209                  | 69,372            |

# INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

8/3/2015  
Page A-111

Illinois Department of Public Health  
Illinois Health Facilities and Services Review Board

## General Long-Term Care Category of Service

| Planning Area: Planning Area 7-C                                                                                        |                                | General Nursing Care           |                            |                            |                               |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|----------------------------|----------------------------|-------------------------------|
| Facility Name                                                                                                           | City                           | County/Area                    | Beds                       | 2013 Patient Days          |                               |
| TABOR HILLS HEALTHCARE                                                                                                  | NAPERVILLE                     | Naperville Township            | 211                        | 60,669                     |                               |
| THE SPRINGS AT MONARCH LANDING                                                                                          | NAPERVILLE                     | Naperville Township            | 96                         |                            |                               |
| 10/9/2014 12-036 Facility licensed for operation as The Springs at Monarch Landing.                                     | NAPERVILLE                     | Lisle Township                 | 0                          |                            |                               |
| TRANSITIONAL CARE CTR - NAPERVILLE (PERMIT)                                                                             | NAPERVILLE                     |                                |                            |                            |                               |
| 11/26/2013 Abandoned Permit to establish facility with 120 Nursing Care beds relinquished; beds removed from inventory. | WEST CHICAGO                   | Winfield Township              | 120                        | 42,758                     |                               |
| WEST CHICAGO TERRACE NURSING HOME                                                                                       | BLOOMINGDALE                   | Bloomington Township           | 259                        | 67,349                     |                               |
| WEST SUBURBAN NURSING & REHAB CENTER                                                                                    | WHEATON                        | Milton Township                | 123                        | 42,022                     |                               |
| WHEATON CARE CENTER                                                                                                     | CAROL STREAM                   | Bloomington Township           | 80                         | 23,445                     |                               |
| WINDSOR PARK MANOR                                                                                                      | WINFIELD                       | Winfield Township              | 138                        | 48,282                     |                               |
| WINFIELD WOODS HEALTHCARE CENTER                                                                                        | WEST CHICAGO                   | Wayne Township                 | 213                        | 74,428                     |                               |
| WOOD GLEN NURSING & REHAB CENTER                                                                                        | WHEATON                        | Milton Township                | 209                        | 41,913                     |                               |
| 9/24/2013 Bed Change Added 6 Nursing Care beds; facility now has 213 Nursing Care beds.                                 |                                |                                |                            |                            |                               |
| WYNSCAPE HEALTH & REHAB                                                                                                 |                                |                                |                            |                            |                               |
| 3/2/2015 CHOW Change of ownership occurred.                                                                             |                                |                                | 5,862                      | 1,689,019                  |                               |
| Planning Area Totals                                                                                                    |                                |                                |                            |                            |                               |
| HEALTH SERVICE AREA                                                                                                     | AGE GROUPS                     | 2013 Patient Days              | 2013 Population            | 2013 Use Rates (Per 1,000) | 2013 Minimum Use Rates        |
| 007                                                                                                                     | 0-64 Years Old                 | 2,012,607                      | 2,972,900                  | 677.0                      | 406.2                         |
|                                                                                                                         | 65-74 Years Old                | 1,186,719                      | 265,200                    | 4,474.8                    | 2,684.9                       |
|                                                                                                                         | 75+ Years Old                  | 4,776,556                      | 227,900                    | 20,959.0                   | 12,575.4                      |
|                                                                                                                         | 2013 PSA Estimated Populations | 2013 PSA Use Rates (Per 1,000) | 2013 HSA Minimum Use Rates | 2013 HSA Maximum Use Rates | 2013 PSA Planned Patient Days |
| 0-64 Years Old                                                                                                          | 299,698                        | 370.4                          | 406.2                      | 1,083.2                    | 317,438                       |
| 65-74 Years Old                                                                                                         | 234,969                        | 3,390.6                        | 2,684.9                    | 7,159.7                    | 313,970                       |
| 75+ Years Old                                                                                                           | 1,154,352                      | 22,241.8                       | 12,575.4                   | 33,534.4                   | 1,338,959                     |
|                                                                                                                         |                                |                                |                            |                            | Planned Bed Need (90% Occ.)   |
|                                                                                                                         |                                |                                |                            |                            | 5,998                         |
|                                                                                                                         |                                |                                |                            |                            | 136                           |

HS

January 6, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Estates of Bartlett, Inc., 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am a practicing physician in the Bartlett area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 68 bed skilled rehabilitation and health care center in this area.

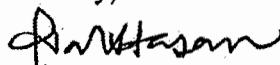
As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care over the years.

Over the years, I have referred approximately 15 patients per month for skilled care to facilities farther than the proposed Alden project location in Bartlett. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 15 patients per month for skilled care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

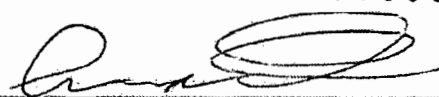
Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely;

  
Dr. Hasan







*Dennis Kellar MD*

NW Pulmonary & Sleep Medicine

900 West Main St Suite # 100  
Lake Zurich, IL 60047

January 6, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Estates of Bartlett, Inc., 68 Bed Skilled  
Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am a practicing physician in the Bartlett area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 68 bed skilled rehabilitation and health care center in this area.

As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care and this proposed facility will be very beneficial for their well being.

Over the years, I have referred approximately 20 patients per month for skilled care to facilities farther than the proposed Alden project location in Bartlett. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 20 patients per month for skilled care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely;

*Dennis Kellar, MD*



ATTACHMENT-10F

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

### 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.**

This project presents a situation that has become more common in areas around the State of Illinois in terms of health planning. The dichotomy is that within the 7-C Planning Area there is currently an outstanding need for 138 nursing care beds according to the new 2015 IDPH, Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services. However, at the same time, the State's latest available information (IDPH, Long-Term Care Questionnaire Data for 2014) shows that many facilities have utilization rates that are under the State's optimal rate of 90 percent (77 Illinois Administrative Code, Chapter II, Section 1125.210.c). See ATTACHMENT-11A for the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term

| Market Area                                                                  | Nursing Beds | Utilization |
|------------------------------------------------------------------------------|--------------|-------------|
| Illinois                                                                     | 98,819       | 76%         |
| PSA 7C                                                                       | 5,841        | 78.5%       |
| PSA 7A                                                                       | 3,321        | 77.4%       |
| 30-minute                                                                    | 6,049        | 77%         |
| Source: LTC Fac. Questionnaire for 2014,<br>IDPH, Health Systems Development |              |             |

ATTACHMENT-11

## **SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS** Continued VII

Care. It is hard to balance these two issues since the identified need for additional nursing beds is also significantly high in the neighboring 7-A PSA (462 beds needed).

Therefore, the alternatives to the project as proposed are limited. The alternatives that were considered include: “Maintain the Status Quo”, “Establish a Larger Project” and the “Project as Proposed”. It should be noted that all alternatives are limited based on the identified need for 138 nursing beds.

### **MAINTAIN THE STATUS QUO**

#### Total Costs

There are no capital costs associated with this alternative. The true cost of this alternative is the inaccessibility to general long-term care services for the residents of the Planning Area (7-C) that the proposed market area is part of. Specifically, this alternative maintains that there will be a large need for 600 nursing beds between the 7-C and 7-A Planning Service Areas (see **ATTACHMENT-11A**) according to the Long-Term Care Facility Update, November 18, 2015 to the IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services.

#### Patient Access

In light of two other projects on file addressing the need in the 7-C PSA, there appears to be the potential for a maldistribution of services in the Planning Service Area. A maldistribution is typified by having too many beds in one area. HFSRB Project Numbers 15-056 and 16-002 are both located around Naperville, just under 7 miles apart. Together these projects would unfairly appropriate all of the outstanding needed beds (138) in the Southwestern corner of the County. This alternative of maintaining the Status Quo allows for the aforementioned projects to be approved negatively impacting patient accessibility throughout the PSA.

**ATTACHMENT-11**

## **SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS** Continued VIII

Out of the total of 40-nursing facilities within a 30-minute travel time contour, only four are within 5 miles or 10 minutes. There are only seventeen facilities within a 15 minute travel time. More than half of the facilities 60% are greater than 15 minutes travel time from the proposed site. Refer to **ATTACHMENT-11B** for the travel time and distance listing of area facilities. When the 30-minute market area contour is analyzed, there is accessibility to nursing services yet immediate access for the Village of Bartlett has the population to support the majority of the beds being proposed by itself. The Planning area also has the highest use rates as compared to the State, and adjacent Planning Service Area 7-A.

The State's new bed need inventory in and of itself implies that there is an accessibility issue. The bed need calculation uses the historical use rates and applies them forward. Before one additional bed is needed, the entire existing inventory (including the three permitted yet not complete facilities) capacity at 90% is factored in first and, therefore, if there is a need it comes only after the existing beds are presumed filled.

Finally, in addition to the ratio of population per nursing bed, the 30-minute market area is abutted by the 7-A Planning Service Area that cumulatively calculate a need for 600 additional nursing care beds. Therefore, this alternative does not enhance patient accessibility and as such was not determined to be viable.

### Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care and in physical plant environment but this alternative restricts the accessibility of those in need of long-term care for general geriatric nursing care. This alternative does not allow for greater quality of care for the general geriatric residents as the populations will have to seek services in out-of-area facilities as

**ATTACHMENT-11**

## **SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS** Continued IX

the use rates continue to increase.

### Financial Benefits

As there is no project cost and no nursing services available within the primary market area, there can be no financial benefits as there is nothing to benefit from. In fact, there would appear to be a cost. The populations of all of the communities in Northern DuPage County, especially those 65 and over are at a disadvantage. This population must seek long-term care at a significant distance. The growth rate of the over 65 age cohort in HSA-7C is increasing at the impressive rate of over 26% whereas the total population is stagnant with a 1.9% overall increase. The vertical alignment of hospitals and Long-Term Care resulting from the Affordable Care Act and Accountable Care Organizations (ACO Contracts), residents are being pushed downstream. With an increasing elderly population moving more quickly through the Hospitals, this alternative does not address access and as such was considered not viable.

## **ESTABLISH A LARGER PROJECT**

### Total Costs

The need in the 7-C PSA is for 138 additional nursing care beds. The abutting 7-A PSA also has an identified need for beds (462). The two Planning Service Areas of which the proposed project's 30-minute market contour envelopes collectively has a need for 600 nursing care beds. This number is too voluminous for an Applicant to even consider and there would be no consistent features such as land, construction type, staffing, administration, etc... Furthermore, HFSRB has a norm for total facility size of 250 beds (77 Illinois Administrative Code, Chapter II, Section 1125.600). Finally, although there is overlap with the PSA's, the need for the 7-C Planning Area is 138 so it would only make sense to limit the size maximum for this alternative to 138 beds. As the proposed project has a construction and contingency cost of

**ATTACHMENT-11**

## **SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS** Continued X

approximately \$235/gsf and the norm of 713 gsf/bed, a project based on this alternative could realize a construction and contingency cost of bed cost of \$23,122,590, whereas the project as proposed has a cost of under \$15,000,000 (\$14,805,000) for the construction and contingency project costs. Therefore, it appears safe to estimate total costs for this alternative to far outweigh those being proposed.

### Patient Access

Patient accessibility could be negatively impacted by this alternative if the entire outstanding need is established in an area that is not centrally located. Locating such a large number of beds in one community, especially considering the community is not centrally located within the PSA, could cause accessibility issues.

### Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to providing the highest quality in care and in physical plant environment regardless of bed capacity or size; that being said, there are quality concerns when a project becomes too big or institutional.

### Financial Benefits

Although the potential income from so many beds identified in this alternative could be desirable, institutional sized facilities are not popular. Therefore, realizing financial benefits for this alternative most likely would not be viable. The Applicant's intent with the size of the project was to effectively create no impact on the area's existing facilities while satisfying the need for beds 7-C Planning Service Area. Therefore, to proceed with this alternative and thereby potentially impacting the utilization of other area facilities, could cause negative financial benefits for all. Thus, this alternative was considered not viable.

**ATTACHMENT-11**

## **SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS** Continued XI

### **THE PROJECT AS PROPOSED**

This alternative is also consistent with the alternative of proposing a project of smaller scope. The need identified for the PSA is 138 and this project is proposing only 68 beds (half of the identified need for additional beds and services).

#### Total Costs

The proposed project cost is \$14,678,999 for construction cost plus contingencies.

#### Patient Access

The proposed project improves accessibility in a responsible fashion. The project establishes a service in a substantially sized community with a large number of seniors that are growing at an unprecedented rate. However, the project does not intend to improve the ratio of population to each nursing bed to a number more in line with that of the State's. The beds needed are derived from a five year projection and for each entire county. As the proposed project's market contour is geographically placed in the most northern half of the PSA and the fact that there are projects proposed in the most Southwestern part of the PSA, the 68 beds proposed are appropriate to ensure access without harming accessibility to other area facilities.

#### Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to provide the highest quality in care and in physical plant environment regardless of bed capacity or size. Moreover, the Applicant only has the highest appreciation for the other nursing providers in the area. Therefore, quality is not of issue or of great concern.

#### Financial Benefits

Through the Applicant's ability in addressing the accessibility issue of 30-minute market area and the 7-C Planning Service Area, it appears they will have the ability not only to benefit

**ATTACHMENT-11**

## **SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS** Continued xii

financially from the operations but the elderly residents Northern DuPage County may benefit as well. As these elderly residents continue to age, they will not have to leave the community for nursing services. There is a resultant financial benefit of less travel for loved ones, friends and family members and for the community who will be able to keep their residents and their economic impact. There are many intangible financial benefits but there are also the one that result in jobs and the additional tax base income for the community. Finally, there is a benefit of appropriate accessibility of proposing only half of the beds needed as the locale is not central to the entire PSA. Due to this alternative's ability to address the issue of accessibility, its ability to offer a service in a quality manner that are indicative of the other Alden facilities provides for multiple financial benefits; therefore, this alternative was considered the most viable.

3. The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

The alternative of the "Project as Proposed" is based on the identified bed need (138-beds in 7-C Planning Service Area and 462 needed beds in the 7-A PSA) within the Applicant's 30-minute market contour. Therefore, this alternative is not based solely or in part on improved quality of care. Moreover, the State has one nursing bed for every 129 persons or one nursing beds for every 20 seniors (65+). This would appear to suggest that DuPage County could support 7,203 - 7,640 total nursing beds or 1,341 - 1,778 additional nursing beds as compared to the State's ratio of persons to nursing beds or elderly persons to nursing beds respectively. Therefore, this item would appear to be not applicable.

**ATTACHMENT-11**



**LONG-TERM CARE FACILITY UPDATES**

11/18/2015

**CALCULATED BED NEEDS**

| Planning Area                 | Calculated<br>Beds Needed | Approved<br>Beds | Additional Beds Needed<br>or Excess Beds ( ) |
|-------------------------------|---------------------------|------------------|----------------------------------------------|
| <b>HEALTH SERVICE AREA 7</b>  |                           |                  |                                              |
| Planning Area 7-A             | 3783                      | 3321             | 462                                          |
| Planning Area 7-B             | 6101                      | 6827             | (726)                                        |
| Planning Area 7-C             | 5998                      | 5860             | 138                                          |
| Planning Area 7-D             | 2462                      | 2904             | (442)                                        |
| Planning Area 7-E             | 8026                      | 9165             | (1139)                                       |
| <b>HEALTH SERVICE AREA 8</b>  |                           |                  |                                              |
| Kane                          | 2705                      | 3084             | (379)                                        |
| Lake                          | 4186                      | 4494             | (308)                                        |
| McHenry                       | 1124                      | 997              | 127                                          |
| <b>HEALTH SERVICE AREA 9</b>  |                           |                  |                                              |
| Grundy                        | 300                       | 265              | 35                                           |
| Kankakee                      | 1072                      | 1368             | (296)                                        |
| Kendall                       | 336                       | 185              | 151                                          |
| Will                          | 2931                      | 2790             | 141                                          |
| <b>HEALTH SERVICE AREA 10</b> |                           |                  |                                              |
| Henry                         | 433                       | 500              | (67)                                         |
| Mercer                        | 170                       | 172              | (2)                                          |
| Rock Island                   | 1077                      | 1219             | (142)                                        |
| <b>HEALTH SERVICE AREA 11</b> |                           |                  |                                              |
| Clinton                       | 326                       | 357              | (31)                                         |
| Madison                       | 1824                      | 2212             | (388)                                        |
| Monroe                        | 304                       | 250              | 54                                           |
| St. Clair                     | 1860                      | 2251             | (391)                                        |

**LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED**

|                |      |      |       |
|----------------|------|------|-------|
| HSA 1          | 249  | 335  | (86)  |
| HSA 2          | 239  | 256  | (17)  |
| HSA 3          | 206  | 360  | (154) |
| HSA 4          | 304  | 128  | 176   |
| HSA 5          | 222  | 256  | (34)  |
| HSA 6, 7, 8, 9 | 3161 | 1021 | 2140  |
| HSA 10         | 74   | 32   | 42    |
| HSA 11         | 215  | 288  | (73)  |

Alden Estates of Bartlett  
30-Minute Adjusted Drive Time Facilities

|                              |                                              |                                  |                 | 2014 PROFILE DATA          |                |                      |
|------------------------------|----------------------------------------------|----------------------------------|-----------------|----------------------------|----------------|----------------------|
| FACID                        | FACNAME                                      | ADDRESS                          | CITY            | # of Licensed Nursing Beds | Drive Distance | Adjusted Travel Time |
|                              | Assisi Healthcare Center at Clare Oaks (1)   | 775 W Bartlett Rd                | Bartlett        | 120                        | 2.4            | 5.75                 |
| 6001713                      | Wood Glen Nursing & Rehab Ctr (2)            | County Farm Rd & SR-64           | West Chicago    | 213                        | 4.3            | 8.05                 |
| 6012975                      | Lexington Of Streamwood                      | 815 East Irving Park Road        | Streamwood      | 214                        | 5.7            | 11.5                 |
| 6016554                      | Claremont-Hanover Park (3)                   | 2016 West Lake Street            | Hanover Park    | 150                        | 5              | 11.5                 |
| 6008718                      | South Elgin Rehab & Hlthcare Ctr             | 746 Spring Street                | South Elgin     | 90                         | 6.2            | 12.65                |
| 6003263                      | Tower Hill Healthcare Center                 | 759 Kane Street                  | South Elgin     | 206                        | 6.4            | 12.65                |
| 6014666                      | Rosewood Care Ctr St. Charles                | 850 Dunham Road                  | St. Charles     | 109                        | 7.5            | 12.65                |
| 6006902                      | Heritage Health - Elgin                      | 355 Raymond Street               | Elgin           | 94                         | 7.2            | 14.95                |
| 6007439                      | Provena Pine View Care Center (4)            | 611 Allen Lane                   | St. Charles     | 120                        | 9.1            | 16.1                 |
| 6005847                      | ARBA Care Center of Elgin                    | 134 North Mclean Boulevard       | Elgin           | 102                        | 9.7            | 16.1                 |
| 6000277                      | Manorcare of Elgin                           | 180 South State Street           | Elgin           | 88                         | 7.8            | 16.1                 |
| 6004758                      | River View Rehab Center                      | 50 North Jane Drive              | Elgin           | 203                        | 9.8            | 17.25                |
| 6009872                      | West Chicago Terrace Nursing Home            | 928 Joliet Road                  | West Chicago    | 120                        | 8.1            | 17.25                |
| 6011753                      | Windsor Park Manor                           | 110 Windsor Park Drive           | Carol Stream    | 80                         | 8.6            | 17.25                |
| 6000020                      | Abbington Rehab & Nursing Ctr                | 31 West Central                  | Roselle         | 82                         | 7.6            | 17.25                |
| 6001366                      | Alden-Poplar Creek Rehab & Care              | 1545 Barrington Road             | Hoffman Estates | 217                        | 8.6            | 17.25                |
| 6012827                      | Sherman West Court (5)                       | 1950 Larkin Avenue               | Elgin           | 112                        | 10.1           | 18.4                 |
| 6003503                      | Bria of Geneva                               | 1101 East State Street           | Geneva          | 107                        | 10.3           | 19.55                |
| 6014237                      | Rosewood Care Center of Elgin                | 2355 Royal Boulevard             | Elgin           | 139                        | 11.8           | 19.55                |
| 6000392                      | Apostolic Christian Resthaven (6)            | 2750 West Highland Avenue        | Elgin           | 50                         | 10.6           | 19.55                |
| 6011993                      | Lexington Health Care Center-Bloomingtondale | 165 South Bloomingtondale Road   | Bloomingtondale | 166                        | 8              | 19.55                |
| 6012553                      | Lexington Of Schaumburg                      | 675 South Roselle Road           | Schaumburg      | 214                        | 9.4            | 19.55                |
| 6012686                      | Manor Care - Elk Grove Village               | 1920 Nerge Road                  | Elk Grove Villg | 190                        | 9.5            | 19.55                |
| 6008171                      | Batavia Rehab & Hlthcare Ctr.                | 520 Fabyan Parkway               | Batavia         | 63                         | 11.6           | 21.85                |
| 6005334                      | Winfield Woods Healthcare Center             | 28W141 Liberty Street            | Winfield        | 138                        | 9.9            | 21.85                |
| 6002612                      | Dupage Convalescent Home                     | 400 N County Farm Road           | Wheaton         | 368                        | 10.3           | 21.85                |
| 6000459                      | Alden-Valley Ridge Rehab & Care              | 275 East Army Trail Road         | Bloomingtondale | 207                        | 8.7            | 21.85                |
| 6001002                      | West Suburban Nursing & Rehab Center         | 311 Edgewater Drive              | Bloomingtondale | 259                        | 9.5            | 21.85                |
| 6008361                      | Wynscape Health & Rehab                      | 2180 Manchester Road             | Wheaton         | 209                        | 10.6           | 23                   |
| 6003404                      | Friendship Village Schaumburg                | 350 West Schaumburg Road         | Schaumburg      | 250                        | 9.7            | 23                   |
| 6000483                      | Forest View Rehab & Nursing Center           | 535 South Elm                    | Itasca          | 144                        | 13             | 24.15                |
| 6009963                      | Wheaton Care Center                          | 1325 Manchester Road             | Wheaton         | 123                        | 11.5           | 25.3                 |
| 6002208                      | Covenant Health Care Center                  | 831 Batavia Avenue               | Batavia         | 99                         | 14.1           | 27.6                 |
| 6003735                      | Alden Estates of Barrington                  | 1420 South Barrington Road       | Barrington      | 150                        | 13.2           | 27.6                 |
| 6014252                      | Tabor Hills Healthcare (7)                   | 1437 Crystal Avenue              | Naperville      | 211                        | 13.6           | 28.75                |
| 6016570                      | Greenfields of Geneva                        | 0N801 Friendship Way             | Geneva          | 43                         | 16.7           | 29.9                 |
| 6011910                      | St. Patrick's Residence                      | 1400 Brookdale Road              | Naperville      | 209                        | 14.3           | 29.9                 |
|                              |                                              |                                  |                 | 5659                       |                |                      |
| Permit Projects Not Complete |                                              |                                  |                 | # of Licensed              | Drive          | Adjusted             |
| FACID                        | FACNAME                                      | ADDRESS                          | CITY            | Nursing Beds               | Distance       | Travel Time          |
| 10-065                       | Park Point South Elgin Healthcare            | Illinois 25 & East Middle Street | South Elgin     | 120                        | 4.8            | 8.05                 |
| 09-030                       | Addison Rehabilitation & Living Center       | 1754 Capital Street              | Elgin           | 120                        | 15.3           | 24.15                |
| 08-099                       | Meadowbrook Manor                            | 37W220 Keslinger Road            | Geneva          | 150                        | 13.3           | 27.6                 |
|                              |                                              |                                  |                 | 390                        |                |                      |
|                              |                                              |                                  |                 | 6049                       |                |                      |

**SPECIALIZED POPULATION**

|                          |                     |         |      |       |
|--------------------------|---------------------|---------|------|-------|
| Marianjoy Rehab Hospital | 2050 W Roosevelt Rd | Wheaton | 11.6 | 26.45 |
|--------------------------|---------------------|---------|------|-------|

- (1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)
- (2) Used profile address which is the same as website address (201 W North Ave)
- (3) Profile address is 2000 West Lake Street
- (4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center
- (5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds
- (6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks
- (7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
[www.mapquest.com](http://www.mapquest.com)  
 Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services  
 Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)  
 American Fact Finder, United States Census Bureau ([www.factfinder.census.gov](http://www.factfinder.census.gov))  
 Microsoft MapPoint 2009

## SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued i

### GENERAL LONG-TERM CARE

#### Criterion 1125.520 – Background of the Applicant

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

**ATTACHMENT-12A** identifies all nursing facilities owned and operated by related entities as the Applicant only owns and operates Alden Estates of Bartlett. A copy of all related facility licenses and certifications as applicable are appended under **ATTACHMENT-12B**.

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.

The required documentation with regards to adverse action, as required under 1125.520, c) 2, is appended as **ATTACHMENT-12C**. It should be noted that the ownership and operating entities of the proposed Alden Estates of Bartlett do not have any adverse action taken against them.

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.**

The above requested authorization for the Health Facilities and Services Review Board and the Department of Public Health access to information is appended as **ATTACHMENT-12D**.

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.

This item is not applicable.

**ATTACHMENT-12**

Alden Estates of Bartlett  
Other Related Facilities through the Ultimate Parent  
The Alden Group, Ltd.

**RELATED FACILITIES**

Alden Alma Nelson Manor  
Alden Estates of Barrington  
Alden Des Plaines Rehab & HC  
Alden Garden Cts of DesPlaines  
Alden Estates of Evanston  
Heather Health Care Center  
Alden Lakeland Rehab & HCC  
Alden Lincoln Rehab & H C Ctr  
Alden Long Grove Rehab & HCC  
Alden Terrace of McHenry Rehab  
Alden Estates of Naperville  
Alden Northmoor Rehab & HCC  
Alden North Shore Rehab & HCC  
Alden Orland Park Rehab & HCC  
Alden Park Strathmoor  
Alden Poplar Creek Rehab & HCC  
Alden Princeton Rehab & HCC  
Alden Estates of Shorewood  
Alden Estates of Skokie  
Alden Town Manor Rehab & HCC  
Alden Valley Ridge Rehab & HCC  
Alden Village Health Facility  
Alden Village North  
Alden of Waterford  
Alden Courts of Waterford  
Alden Gardens of Waterford  
Alden Wentworth Rehab & HCC  
Alden of Old Town East  
Alden of Old Town West  
Alden Trails  
Alden Springs

**State of Illinois** 2149064  
**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 Business and Regulatory Code and is hereby authorized to engage in the activity as indicated below.

**LA MAR HASBROUCK, MD, MPH**  
**DIRECTOR**

Issued under the authority of  
The Board of Health  
Department of Public Health

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 10/28/2015      | BGBE     | 0044891   |

**LONG TERM CARE LICENSE**  
**SKILLED 268**

**UNRESTRICTED 268 TOTAL BEDS**

**BUSINESS ADDRESS**  
**LICENSEE**

**ALDEN - ALMA NELSON MANOR, INC.**  
**ALDEN ALMA NELSON MANOR**  
**550 SOUTH MULFORD AVENUE**  
**ROCKFORD IL 61108**  
**EFFECTIVE DATE: 10/29/13**

The face of this license has a colored background. Please be alert for the State of Illinois - 677.

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

**REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION**

**State of Illinois** 2149064  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 10/28/2015      | BGBE     | 0044891   |

**LONG TERM CARE LICENSE**  
**SKILLED 268**

**UNRESTRICTED 268 TOTAL BEDS**

**REGION 1**

**09/25/13**

**ALDEN ALMA NELSON MANOR**  
**550 SOUTH MULFORD AVENUE**  
**ROCKFORD IL 61108**

**FEE RECEIPT NO.**

**ATTACHMENT-12B**

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

**State of Illinois 2193112**  
**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 Public Health  
Department of Public Health

| EXPIRATION DATE                          | CATEGORY | IDENTIFICATION NUMBER |
|------------------------------------------|----------|-----------------------|
| 10/31/2016                               | 86BE     | 0046524               |
| LONG TERM CARE LICENSE<br>SKILLED<br>150 |          |                       |
| UNRESTRICTED 150 TOTAL BEDS              |          |                       |

**BUSINESS ADDRESS**  
**LICENSEE**

**ALDEN ESTATES OF BARRINGTON, INC.**

**ALDEN ESTATES OF BARRINGTON**  
**1420 SOUTH BARRINGTON ROAD**  
**BARRINGTON IL 60010**

**THE EFFECTIVE DATE IS 11/01/16**  
The State of Illinois • 497 •

**State of Illinois 21931**  
**Department of Public Health**  
**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

| EXPIRATION DATE | CATEGORY | IDENTIFICATION NUMBER |
|-----------------|----------|-----------------------|
| 10/31/2016      | 86BE     | 0046524               |

**LONG TERM CARE LICENSE**  
**SKILLED**  
**150**

**UNRESTRICTED 150 TOTAL BEDS**

**REGION 9**

**10/24/14**

**ALDEN ESTATES OF BARRINGTON**  
**1420 SOUTH BARRINGTON ROAD**  
**BARRINGTON IL 60010**

**FEE RECEIPT NO.**



**State of Illinois 2189104**  
**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 | ISSUANCE |
|------------------------------------------|----------|----------|
| 10/30/2016                               | 5G8E     | 0042010  |
| LONG TERM CARE LICENSE<br>SKILLED<br>110 |          |          |
| UNRESTRICTED 110 TOTAL BEDS              |          |          |

BUSINESS ADDRESS  
LICENSEE

**ALDEN - DES PLAINES REHABILITATION AND HEAL**  
**ALDEN DES PLAINES REHAB & HC**  
**1221 EAST GOLF ROAD**  
**DES PLAINES IL 60018**  
**THE REEFERLINE, DATE 10/11/14**  
The State of Illinois • 497 •



State of Illinois 2208269

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.

NIRAV D. SHAH, M.D., J.D.  
DIRECTOR

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

| EXPIRATION DATE                         | CATEGORY | ID NUMBER |
|-----------------------------------------|----------|-----------|
| 11/27/2017                              | B6BE     | 0044529   |
| LONG TERM CARE LICENSE<br>SHELTERED 042 |          |           |
| UNRESTRICTED 042 TOTAL BEDS             |          |           |

BUSINESS ADDRESS

LICENSEE

ALDEN-DES PLAINES REHABILITATION AND HEALTH

ALDEN GARDEN CTS OF DESPLAINES  
1227 GOLF ROAD  
DES PLAINES IL 60016

EFFECTIVE DATE: 11/28/15

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



DISPLAY THIS PART IN A CONSPICUOUS PLACE  
 REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2203834  
 Department of Public Health  
 LICENSE PERMIT CERTIFICATION REGISTRATION

03/14/2017 068E 0048732  
 LONG TERM CARE LICENSE  
 SKILLED 099  
 UNRESTRICTED 099 TOTAL BEDS

REGION 9  
 02/25/15  
 ALDEN ESTATES OF EVANSTON  
 2520 GROSS POINT ROAD  
 EVANSTON IL 60201

FEE RECEIPT NO.

State of Illinois 2203834  
 Department of Public Health  
 LICENSE PERMIT CERTIFICATION REGISTRATION

The purpose of this certificate is to certify that the person named herein is qualified to perform the duties of a long term care facility administrator in the State of Illinois.

MAYOR G. SMITH, R.D. J.D.  
 DIRECTOR

03/14/2017 068E 0048732  
 LONG TERM CARE LICENSE  
 SKILLED 099  
 UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS  
 LICENSEE  
 ALDEN ESTATES OF EVANSTON, INC.  
 2520 GROSS POINT ROAD  
 EVANSTON IL 60201  
 EFFECTIVE DATE 03/13/12

**State of Illinois 2206443**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

A 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.

**AY D. SHAH, M.D., J.D.**  
**DIRECTOR**

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

| EXPIRATION DATE               | CATEGORY | ID NUMBER |
|-------------------------------|----------|-----------|
| 06/01/2016                    | BG9E     | 0023945   |
| LONG TERM CARE LICENSE<br>173 |          |           |
| UNRESTRICTED 173 TOTAL BEDS   |          |           |

**BUSINESS ADDRESS**

**HEATHER HEALTH CARE CENTER, INC.**  
**LICENSEE**  
 HEATHER HEALTH CARE CENTER  
 5600 SOUTH HONDRE STREET  
 HARVEY IL 60426  
 EFFECTIVE DATE: 06/02/15  
 This license is a public document of the State of Illinois - 4/97

← DISPLAY THIS PART IN A  
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
 IDENTIFICATION

**State of Illinois 2206443**  
**Department of Public Health**  
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 06/01/2016      | BG9E     | 0023945   |

LONG TERM CARE LICENSE  
 173

UNRESTRICTED 173 TOTAL BEDS

REGION 9

05/22/15

HEATHER HEALTH CARE CENTER  
 15600 SOUTH HONDRE STREET  
 HARVEY IL 60426

FEE RECEIPT NO.

**State of Illinois 2207865**  
**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.

**NIKAY D. SHAM, M.D., J.D.**  
**DIRECTOR**

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

|                 |          |             |
|-----------------|----------|-------------|
| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
| 09/30/2017      | B6BE     | 0017319     |

**LONG TERM CARE LICENSE  
SKILLED  
300**

**UNRESTRICTED 300 TOTAL BEDS**

**BUSINESS ADDRESS**  
**LICENSEE**

**ALDEN - LAKELAND REHABILITATION AND HEALTH**  
**ALDEN LAKELAND REHAB & HCC**  
**820 WEST LAWRENCE**  
**CHICAGO IL 60640**  
**EFFECTIVE DATE: 10/01/15**  
The Department of Public Health, State of Illinois

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois 2207865**  
**Department of Public Health**  
**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

|                 |          |             |
|-----------------|----------|-------------|
| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
| 09/30/2017      | B6BE     | 0017319     |

**LONG TERM CARE LICENSE  
SKILLED  
300**

**UNRESTRICTED 300 TOTAL BEDS**

**REGION 8**  
**09/28/15**  
**ALDEN LAKELAND REHAB & HCC**  
**820 WEST LAWRENCE**  
**CHICAGO IL 60640**

**FEE RECEIPT NO.**

**State of Illinois 2208267**  
**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.

**NIRAV D. SHAH, M.D., J.D.**  
**DIRECTOR**  
 Issued under the authority of  
 The State of Illinois  
 Department of Public Health

| EXPIRATION DATE                                           | CATEGORY | ID NUMBER |
|-----------------------------------------------------------|----------|-----------|
| 10/31/2017                                                | BGBE     | 0040709   |
| LONG TERM CARE LICENSE<br>SKILLED 034<br>INTERMEDIATE 062 |          |           |
| UNRESTRICTED 096 TOTAL BEDS                               |          |           |

BUSINESS ADDRESS

LICENSEE

ALDEN - LINCOLN PARK REHABILITATION AND HEA

ALDEN LINCOLN REHAB & H C CTR  
 504 WEST HELLINGTON AVENUE  
 CHICAGO IL 60657

EXPIRATION DATE: 10/31/15  
 The State of Illinois has a Central Data Group, which is the authority of the State of Illinois • 4197 •

DISPLAY THIS PART IN A  
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
 IDENTIFICATION

**State of Illinois 2208267**  
**Department of Public Health**  
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 10/31/2017      | BGBE     | 0040709   |

LONG TERM CARE LICENSE  
 SKILLED 034  
 INTERMEDIATE 062

UNRESTRICTED 096 TOTAL BEDS

REGION 8

10/28/15

ALDEN LINCOLN REHAB & H C CTR  
 504 WEST HELLINGTON AVENUE  
 CHICAGO IL 60657

FEE RECEIPT NO.

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

**State of Illinois 216554**  
**Department of Public Health**  
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 03/06/2016      | BGBE     | 0040683   |

LONG TERM CARE LICENSE  
 SKILLED 210  
 INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BED

REGION 1

02/25/14

ALDEN LONG GROVE REHAB & HCC  
 BOX 2308, RFD OLD HICKS ROAD  
 LONG GROVE IL 60047

FEE RECEIPT NO.

**State of Illinois 2165549**  
**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 | ID NUMBER |
|-----------------|----------|-----------|
| 03/06/2016      | BGBE     | 0040683   |

LONG TERM CARE LICENSE  
 SKILLED 210  
 INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BEDS

BUSINESS ADDRESS  
 LICENSEE

ALDEN - LONG GROVE REHABILITATION AND HEALTH

ALDEN LONG GROVE REHAB & HCC  
 BOX 2308, RFD OLD HICKS ROAD  
 LONG GROVE IL 60047

EFFECTIVE DATE: 03/07/14

The face of this license has a colored background. Printed by Authority of the State of Illinois 7-4187.



**State of Illinois 2206752**  
**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

**NIRAY D. SHAH, M.D., J.D.**  
**DIRECTOR**

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

| EXPIRATION DATE                          | CATEGORY | ID NUMBER |
|------------------------------------------|----------|-----------|
| 07/13/2016                               | BGBE     | 0040691   |
| LONG TERM CARE LICENSE<br>SKILLED<br>316 |          |           |
| UNRESTRICTED 316 TOTAL BEDS              |          |           |

**BUSINESS ADDRESS  
LICENSEE**

**ALDEN TERRACE OF MCHEMRY REHABILITATION AND**

**ALDEN TERRACE OF MCHEMRY REHAB  
803 ROYAL DRIVE  
MCHEMRY**

**IL 60050**

**EFFECTIVE DATE: 07/19/15**

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/87 •



DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

2193094

State of Illinois

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 11/08/2016      | B68E     | 0022509   |

LONG TERM CARE LICENSE  
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

REGION 7

10/24/14

ALDEN ESTATES OF NAPERVILLE  
1525 SOUTH OXFORD LANE  
NAPERVILLE IL 60563

FEE RECEIPT NO.

State of Illinois 2193094

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 | ID NUMBER |
|---------------------------------------|----------|-----------|
| 11/08/2016                            | B68E     | 0022509   |
| LONG TERM CARE LICENSE<br>SKILLED 203 |          |           |
| UNRESTRICTED 203 TOTAL BEDS           |          |           |

BUSINESS ADDRESS  
LICENSEE

ALDEN ESTATES OF NAPERVILLE, INC

ALDEN ESTATES OF NAPERVILLE  
1525 SOUTH OXFORD LANE  
NAPERVILLE IL 60563

The State of Illinois, Department of Public Health, is hereby authorized to issue this certificate of licensure.

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

**State of Illinois 2165551**  
**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 Sanitary and Health Act and is hereby authorized to  
engage in the activity as indicated herein.

**LA MAR HASBROUCK, MD, MPH**  
**DIRECTOR**

**LA MAR HASBROUCK, MD, MPH**  
**Director of Public Health**

|                                   |      |         |
|-----------------------------------|------|---------|
| 03/28/2016                        | 86BE | 0041277 |
| LONG TERM CARE LICENSE<br>SKILLED |      |         |
| UNRESTRICTED 198 TOTAL BEDS       |      |         |

**BUSINESS ADDRESS**  
**LICENSEE**

**ALDEN - NORTHGARD REHABILITATION AND HEALTH**

**ALDEN NORTHGARD REHAB & HCC**  
**5831 NORTH NORTHWEST HIGHWAY**  
**CHICAGO IL 60631**

**EXPIRATION DATE: 03/29/16**  
**Authority of the State of Illinois - 1077**

**State of Illinois 2165551**  
**Department of Public Health**

**LICENSE PERMIT CERTIFICATION REGISTRATION**

|                                   |      |         |
|-----------------------------------|------|---------|
| 03/28/2016                        | 86BE | 0041277 |
| LONG TERM CARE LICENSE<br>SKILLED |      |         |
| UNRESTRICTED 198 TOTAL BEDS       |      |         |

**REGION 8**

**02/25/14**

**ALDEN NORTHGARD REHAB & HCC**  
**5831 NORTH NORTHWEST HIGHWAY**  
**CHICAGO IL 60631**

**FEE RECEIPT NO.**



DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

2141874

State of Illinois  
Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

| EXPIRATION DATE | CATEGORY | LS NUMBER |
|-----------------|----------|-----------|
| 08/09/2015      | BGBE     | 0042028   |

LONG TERM CARE LICENSE  
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

REGION 9

07/23/13

ALDEN NORTH SHORE REHAB & HCC  
5050 WEST YOUHY AVENUE  
SKOKIE IL 60077

FEE RECEIPT NO.

State of Illinois 2141874

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 | LS NUMBER |
|-----------------|----------|-----------|
| 08/09/2015      | BGBE     | 0042028   |

LONG TERM CARE LICENSE  
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

BUSINESS ADDRESS  
LICENSEE

ALDEN - NORTH SHORE REHABILITATION AND HEAL

ALDEN NORTH SHORE REHAB & HCC  
5050 WEST YOUHY AVENUE  
SKOKIE IL 60077

THE EFFECTIVE DATE: 07/23/13 Day of the State of Illinois - 497 -

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

**State of Illinois** 219846  
**Department of Public Health**  
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|-----------------|----------|-------------|
| 01/07/2017      | B6BE     | 0042192     |

LONG TERM CARE LICENSE  
SKILLED 200

UNRESTRICTED 200 TOTAL BED

REGION 9

12/22/14

ALDEN ORLAND PARK REHAB & HCC  
16450 SOUTH 97TH AVENUE  
ORLAND PARK IL 60462

FEE RECEIPT NO.

**State of Illinois** 2198464  
**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.

**LAMAR HASSEROUCK, MD, MPH**  
**DIRECTOR**  
Issued under the authority of  
The State of Illinois  
Department of Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|-----------------|----------|-------------|
| 01/07/2017      | B6BE     | 0042192     |

LONG TERM CARE LICENSE  
SKILLED 200

UNRESTRICTED 200 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - ORLAND PARK REHABILITATION AND HEAL

ALDEN ORLAND PARK REHAB & HCC  
15450 SOUTH 97TH AVENUE  
ORLAND PARK IL 60462

The State of Illinois Department of Public Health, Authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

**State of Illinois** **2206755**  
**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|-----------------|----------|-------------|
| 07/25/2017      | BGBE     | 0044909     |

LONG TERM CARE LICENSE  
SKILLED 189

UNRESTRICTED - 189 TOTAL BEDS

REGION 1

06/24/15

ALDEN PARK STRATHMOOR  
5668 STRATHMOOR DRIVE  
ROCKFORD IL 61107

FEE RECEIPT NO.

**State of Illinois** **2206755**  
**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.

**NIRAV D. SHAH, M.D., J.D.**  
**DIRECTOR**

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

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|-----------------|----------|-------------|
| 07/25/2017      | BGBE     | 0044909     |

LONG TERM CARE LICENSE  
SKILLED 189

UNRESTRICTED - 189 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - PARK STRATHMOOR, INC.

ALDEN PARK STRATHMOOR  
5668 STRATHMOOR DRIVE  
ROCKFORD IL 61107

EFFECTIVE DATE: 07/26/15  
The face of this license has a colored background. Printed by authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois 2198450**  
**Department of Public Health**  
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION

|                 |          |             |
|-----------------|----------|-------------|
| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
| 12/31/2016      | BGRE     | 0032896     |

LONG TERM CARE LICENSE  
 217  
 SKILLED

UNRESTRICTED 217 TOTAL BEDS

REGION 9  
 12/22/14

ALDEN POPLAR CREEK REHAB & HCC  
 1545 BARRINGTON ROAD  
 HOFFMAN ESTATES IL 60194

FEE RECEIPT NO.

**State of Illinois 2198450**  
**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.

LAMAR HASBROUCK, MD, MPH  
 DIRECTOR

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

|                 |          |             |
|-----------------|----------|-------------|
| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
| 12/31/2016      | BGRE     | 0032896     |

LONG TERM CARE LICENSE  
 217  
 SKILLED

UNRESTRICTED 217 TOTAL BEDS

BUSINESS ADDRESS  
 LICENSEE

ALDEN - POPLAR CREEK REHABILITATION AND HEA  
 ALDEN POPLAR CREEK REHAB & HCC  
 1545 BARRINGTON ROAD  
 HOFFMAN ESTATES IL 60194

The effective date is 01/01/15. Authority of the State of Illinois - 497.

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION



**State of Illinois** **2206742**  
**Department of Public Health**  
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 07/10/2016      | BGBE     | 0036244   |

LONG TERM CARE LICENSE  
SKILLED 225

UNRESTRICTED 225 TOTAL BEDS

REGION 8

06/24/15

ALDEN PRINCETON REHAB & HCC  
255 WEST 69TH STREET  
CHICAGO IL 60621

FEE RECEIPT NO.



**State of Illinois 2206742**  
**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.

**HIRAV D. SHAH, M.D., J.D.**  
**DIRECTOR**

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

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 07/13/2016      | BGBE     | 0036244   |

LONG TERM CARE LICENSE  
SKILLED 225

UNRESTRICTED 225 TOTAL BEDS

BUSINESS ADDRESS  
LICENSEE

ALDEN - PRINCETON REHABILITATION AND HEALTH

ALDEN PRINCETON REHAB & HCC  
255 WEST 69TH STREET  
CHICAGO IL 60621

EFFECTIVE DATE: 07/11/15  
The face of this license has a colored background. Printed by Authority of the State of Illinois • 457 •



State of Illinois 2203850

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.

NIRAV D. SHAH, M.D., J.D.  
DIRECTOR

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

| EXPIRATION DATE                       | CATEGORY | I.D. NUMBER |
|---------------------------------------|----------|-------------|
| 03/03/2015                            | 833E     | 0050781     |
| LONG TERM CARE LICENSE<br>SKILLED 100 |          |             |
| UNRESTRICTED 100 TOTAL BEDS           |          |             |

BUSINESS ADDRESS  
LICENSEE

ALDEN ESTATES OF SHOREWOOD, INC

ALDEN ESTATES OF SHOREWOOD  
710 WEST BLACK ROAD  
SHOREWOOD IL 60404

EFFECTIVE DATE: 03/09/15

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

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

State of Illinois 2162046  
Department of Public Health  
LICENSE PERMIT CERTIFICATION REGISTRATION

| EXPIRATION DATE                       | CATEGORY | IL NUMBER |
|---------------------------------------|----------|-----------|
| 02/01/2016                            | B68E     | 0050146   |
| LONG TERM CARE LICENSE<br>SKILLED 056 |          |           |

UNRESTRICTED 056 TOTAL BEDS

REGION 9

01/23/14

ALDEN ESTATES OF SKOKIE  
4626 OLD ORCHARD ROAD  
SKOKIE IL 60076

FEE RECEIPT NO.

State of Illinois 2162046  
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 | IL NUMBER |
|---------------------------------------|----------|-----------|
| 02/01/2016                            | B68E     | 0050146   |
| LONG TERM CARE LICENSE<br>SKILLED 056 |          |           |

UNRESTRICTED 056 TOTAL BEDS

BUSINESS ADDRESS  
LICENSEE

ALDEN ESTATES OF SKOKIE, INC.

ALDEN ESTATES OF SKOKIE  
4626 OLD ORCHARD ROAD  
SKOKIE IL 60076

EFFECTIVE DATE: 02/02/14

The face of this license has a patterned background. Printed by Authority of the State of Illinois - 4/07.



← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



**State of Illinois 2206187**  
**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.

**NIRAV D. SHAH, M.D., J.D.**  
**DIRECTOR**

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

| EXPIRATION DATE                          | CATEGORY | ID NUMBER |
|------------------------------------------|----------|-----------|
| 05/01/2016                               | 86BE     | 0038000   |
| LONG TERM CARE LICENSE<br>SKILLED<br>237 |          |           |
| UNRESTRICTED 237 TOTAL BEDS              |          |           |

**BUSINESS ADDRESS**

**LICENSEE**

**ALDEN - TOWN MANOR REHABILITATION AND HEALTH**

**ALDEN TOWN MANOR REHAB & HCC**  
**6120 WEST OGDEN**  
**CICERO**

**IL 60804**

**EFFECTIVE DATE: 05/02/15**  
The State of Illinois has a background check requirement for all licensees.

**State of Illinois 2206187**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 05/01/2016      | 86BE     | 0038000   |

**LONG TERM CARE LICENSE**  
**SKILLED**  
**237**

**UNRESTRICTED 237 TOTAL BEDS**

**REGION 9**

**04/28/15**

**ALDEN TOWN MANOR REHAB & HCC**  
**6120 WEST OGDEN**  
**CICERO**

**IL 60804**

**FEE RECEIPT NO.**





State of Illinois 2208258

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.

**NIRAV D. SHAH, M.D., J.D.**  
**DIRECTOR**

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

| EXPIRATION DATE                       | CATEGORY | ID NUMBER |
|---------------------------------------|----------|-----------|
| 10/31/2017                            | BGBE     | 0036640   |
| LONG TERM CARE LICENSE<br>SKILLED 207 |          |           |
| UNRESTRICTED 207 TOTAL BEDS           |          |           |

BUSINESS ADDRESS

LICENSEE

**ALDEN-VALLEY RIDGE REHABILITATION AND HEALT**

**ALDEN VALLEY RIDGE REHAB & HCC**  
**275 EAST ARMY TRAIL ROAD**  
**BLOOMINGDALE IL 60108**

**EFFECTIVE DATE: 11/01/15**

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

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

**State of Illinois 2186531**  
**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 | ID NUMBER |
|------------------------------------|----------|-----------|
| 09/16/2016                         | 868E     | 0038455   |
| LONG TERM CARE LICENSE<br>UNDER 22 |          |           |
| UNRESTRICTED 126 TOTAL BEDS        |          |           |

**BUSINESS ADDRESS**

**LICENSEE**

**ALDEN VILLAGE HEALTH FACILITY FOR CHILDREN**  
**ALDEN VILLAGE HEALTH FACILITY**  
**267 EAST LAKE STREET**  
**BLOOMINGDALE IL 60108**

The facility has a current background check on file with the Department of Public Health, State of Illinois, dated 09/13/14.

Authority of the State of Illinois • 4/97 •

**State of Illinois 2186531**  
**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 09/16/2016      | 868E     | 0038455   |

LONG TERM CARE LICENSE  
UNDER 22

UNRESTRICTED 126 TOTAL BEDS

REGION 7

08/22/14

ALDEN VILLAGE HEALTH FACILITY  
267 EAST LAKE STREET  
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

**State of Illinois 2165567**  
**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 | TX NUMBER |
|-----------------|----------|-----------|
| 02/28/2016      | 868E     | 0049122   |

**LONG TERM CARE LICENSE**  
**UNDER 22**

**UNRESTRICTED 150 TOTAL BEDS**

**BUSINESS ADDRESS**  
**LICENSEE**  
**ALDEN VILLAGE NORTH, INC.**  
**ALDEN VILLAGE NORTH**  
**7464 N. SHERIDAN ROAD**  
**CHICAGO IL 60626**  
**EFFECTIVE DATE: 02/01/14**

The fee is \$1,000.00, as required by the Department of Public Health, pursuant to the Illinois Health Care Code, 210 ILCS 5/1-1.1.

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

**State of Illinois 2165567**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

| EXPIRATION DATE | CATEGORY | TX NUMBER |
|-----------------|----------|-----------|
| 02/28/2016      | 868E     | 0049122   |

**LONG TERM CARE LICENSE**  
**UNDER 22**

**UNRESTRICTED 150 TOTAL BEDS**

**REGION B**

**02/25/14**

**ALDEN VILLAGE NORTH**  
**7464 N. SHERIDAN ROAD**  
**CHICAGO IL 60626**

**FEE RECEIPT NO.**

**State of Illinois 2182266**  
**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 HAR HASBROUCK, MD, MPH**  
**DIRECTOR**

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

|                                                     |                         |                             |
|-----------------------------------------------------|-------------------------|-----------------------------|
| EXPIRATION DATE<br><b>07/31/2015</b>                | CATEGORY<br><b>BG8E</b> | ID NUMBER<br><b>0042036</b> |
| <b>LONG TERM CARE LICENSE</b><br><b>SKILLED 099</b> |                         |                             |
| <b>UNRESTRICTED 099 TOTAL BEDS</b>                  |                         |                             |

**BUSINESS ADDRESS  
LICENSEE**

**ALDEN OF WATERFORD, L.L.C.**

**ALDEN OF WATERFORD**  
**2021 RANDI DRIVE**  
**AURORA**

**EFFECTIVE DATE: 08/01/14**  
**IL 60504**

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

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION →

**State of Illinois 2182266**  
**Department of Public Health**  
**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

|                                                     |                         |                             |
|-----------------------------------------------------|-------------------------|-----------------------------|
| EXPIRATION DATE<br><b>07/31/2015</b>                | CATEGORY<br><b>BG8E</b> | ID NUMBER<br><b>0042036</b> |
| <b>LONG TERM CARE LICENSE</b><br><b>SKILLED 099</b> |                         |                             |
| <b>UNRESTRICTED 099 TOTAL BEDS</b>                  |                         |                             |

**REGION 7**

**07/24/14**

**ALDEN OF WATERFORD**  
**2021 RANDI DRIVE**  
**AURORA IL 60504**

**FEE RECEIPT NO.**



**State of Illinois 2208569**  
**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.

**NIRAV D. SHAH, M.D., J.D.**  
**DIRECTOR**

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

| EXPIRATION DATE                         | CATEGORY | ID NUMBER |
|-----------------------------------------|----------|-----------|
| 12/05/2017                              | BGBE     | 0044180   |
| LONG TERM CARE LICENSE<br>SHELTERED 066 |          |           |
| UNRESTRICTED 066 TOTAL BEDS             |          |           |

BUSINESS ADDRESS

LICENSEE

**ALDEN COURTS OF WATERFORD, L.L.C.**

**ALDEN COURTS OF WATERFORD**  
**1991 RANDI DRIVE**  
**AURORA IL 60504**

**EFFECTIVE DATE: 12/05/15**  
The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION



**State of Illinois 2208569**  
**Department of Public Health**  
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 12/05/2017      | BGBE     | 0044180   |

LONG TERM CARE LICENSE  
SHELTERED 066

UNRESTRICTED 066 TOTAL BEDS

REGION 7

11/24/15

**ALDEN COURTS OF WATERFORD**  
**1991 RANDI DRIVE**  
**AURORA IL 60504**

FEE RECEIPT NO.

ATTACHMENT-12B



**State of Illinois 2159306**  
**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** Issued under the authority of  
The State of Illinois  
Department of Public Health  
**DIRECTOR**

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|-----------------|----------|-------------|
| 01/09/2016      | 868E     | 0044503     |

**LONG TERM CARE LICENSE**  
**SHELTERED 121**

**UNRESTRICTED 121 TOTAL BEDS**

**BUSINESS ADDRESS**  
**LICENSEE**  
**ALDEN GARDENS OF WATERFORD, L.L.C.**  
**ALDEN GARDENS OF WATERFORD**  
**1955 RANDI DRIVE**  
**AURORA IL 60504**  
**EFFECTIVE DATE: 01/10/16**

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

**State of Illinois 215930**  
**Department of Public Health**  
**LICENSE, PERMIT, CERTIFICATION, REGISTRATIC**

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|-----------------|----------|-------------|
| 01/09/2016      | 868E     | 0044503     |

**LONG TERM CARE LICENSE**  
**SHELTERED 121**

**UNRESTRICTED 121 TOTAL B**

**REGION 7**  
**12/20/13**  
**ALDEN GARDENS OF WATERFORD**  
**1955 RANDI DRIVE**  
**AURORA IL 60504**

FEE RECEIPT NO.

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

2182253

State of Illinois

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

08/02/2015 863E 0026435

LONG TERM CARE LICENSE  
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

REGION 8

07/24/14

ALDEN WENTWORTH REHAB & HCC  
201 WEST 69TH STREET  
CHICAGO IL 60621

FEE RECEIPT NO.

State of Illinois 2182253

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

MAR HASBROUCK, MD, MPH  
DIRECTOR

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

08/02/2015 863E 0026435

LONG TERM CARE LICENSE  
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS  
LICENSEE

DEN - WENTWORTH REHABILITATION AND HEALTH

ALDEN WENTWORTH REHAB & HCC  
201 WEST 69TH STREET  
CHICAGO IL 60621

EFFECTIVE DATE: 08/03/14

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

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION



**State of Illinois 2172233**  
**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 HAR HASBROUCK, MD, MPH**  
**DIRECTOR**

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

|                                 |          |           |
|---------------------------------|----------|-----------|
| EXPIRATION DATE                 | CATEGORY | ID NUMBER |
| 05/03/2016                      | B63E     | 0042069   |
| LONG TERM CARE LICENSE<br>ICFDD |          |           |
| UNRESTRICTED 016 TOTAL BEDS     |          |           |

**BUSINESS ADDRESS**  
**LICENSEE**

**ALDEN OF OLD TOWN EAST, INC.**

**ALDEN OF OLD TOWN EAST**  
**108 SOUTH FIRST STREET**  
**BLOOMINGDALE IL 60108**  
**EFFECTIVE DATE: 05/09/14**

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/87 •

**State of Illinois 2172233**  
**Department of Public Health**  
**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

|                                 |          |           |
|---------------------------------|----------|-----------|
| EXPIRATION DATE                 | CATEGORY | ID NUMBER |
| 05/03/2016                      | B63E     | 0042069   |
| LONG TERM CARE LICENSE<br>ICFDD |          |           |

**UNRESTRICTED 016 TOTAL BEDS**

**REGION 7**

**04/24/14**

**ALDEN OF OLD TOWN EAST**  
**108 SOUTH FIRST STREET**  
**BLOOMINGDALE IL 60108**

**FEE RECEIPT NO.**



**State of Illinois 2172234**  
**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<br><b>05/13/2016</b>   | CATEGORY<br><b>B63E</b> | ID NUMBER<br><b>0042077</b> |
| LONG TERM CARE LICENSE<br>ICFDD<br>016 |                         |                             |
| UNRESTRICTED 016 TOTAL BEDS            |                         |                             |

**BUSINESS ADDRESS  
LICENSEE**

**ALDEN OF OLD TOWN WEST, INC.**  
**ALDEN OF OLD TOWN WEST**  
**118 SOUTH BLOOMINGDALE ROAD**  
**BLOOMINGDALE IL 60108**  
**EFFECTIVE DATE: 05/19/14**

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4097 •

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

**State of Illinois 2172234**  
**Department of Public Health**  
**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

|                                        |                         |                             |
|----------------------------------------|-------------------------|-----------------------------|
| EXPIRATION DATE<br><b>05/13/2016</b>   | CATEGORY<br><b>B63E</b> | ID NUMBER<br><b>0042077</b> |
| LONG TERM CARE LICENSE<br>ICFDD<br>016 |                         |                             |

**UNRESTRICTED 016 TOTAL BEDS**

**REGION 7**

**04/24/14**

**ALDEN OF OLD TOWN WEST**  
**118 SOUTH BLOOMINGDALE ROAD**  
**BLOOMINGDALE IL 60108**

**FEE RECEIPT NO.**

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

2172232

State of Illinois  
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 05/10/2016      | BGBE     | 0042051   |

LONG TERM CARE LICENSE  
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/14

ALDEN TRAILS  
273 ARMY TRAIL ROAD  
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

**State of Illinois 2172232**  
**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 | ID NUMBER |
|-----------------|----------|-----------|
| 05/10/2016      | BGBE     | 0042051   |

LONG TERM CARE LICENSE  
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS  
LICENSEE

ALDEN TRAILS, INC.

ALDEN TRAILS  
273 ARMY TRAIL ROAD  
BLOOMINGDALE IL 60108  
EFFECTIVE DATE: 05/12/14

The face of this license has a colored background. Printed by authority of the State of Illinois • 007 •

**State of Illinois 2186542**  
**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<br><b>09/24/2016</b> | CATEGORY<br><b>86BE</b> | LOG NUMBER<br><b>0047191</b> |
| <b>LONG TERM CARE LICENSE</b>        |                         |                              |
| <b>ICFOD 016</b>                     |                         |                              |
| <b>UNRESTRICTED 016 TOTAL BEDS</b>   |                         |                              |

**BUSINESS ADDRESS**  
**LICENSEE**

**ALDEN SPRINGS, INC.**

**ALDEN SPRINGS**  
**207 EAST ARMY TRAIL ROAD**  
**BLOOMINGDALE IL 60108**  
**TO EFFECTIVE DATE: 09/25/16**

Authority of the State of Illinois • 4137 •



**Alden Estates of Bartlett, Inc.**

January 6, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Alden Estates of Bartlett, Inc.

Dear Ms. Avery:

Please be advised that no adverse actions as defined under §1130.140 have been taken against the Application (Alden Estates of Bartlett, Inc.) within three years preceding the filing of the Certificate of Need Application.

There are a few other Alden Facilities that have received violations at the "A" level from the Illinois Department of Public Health. Notably, there are 31 Alden licensed long-term care facilities in the State of Illinois. Since October of 2012, only 4 of those facilities have received level "A" violations. Attached is a certified listing of facilities with level "A" violations, as well as a list of all Alden facilities have had no type "A" violations filed against them within the past three (3) years.

Sincerely,

ALDEN ESTATES OF BARTLETT, INC.

By:

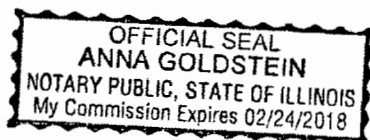
Randi Schullo  
Vice President

Notarization:

Subscribed and sworn to before me this 6 day of January, 2016

Signature of Notary

Seal



**CERTIFIED LIST OF ALDEN LONG TERM CARE FACILITIES  
WITH LEVEL "A" VIOLATIONS SINCE 2013**

**Alden Estates of Shorewood: NH13 S0069**

**Alden-Princeton: NH14 C0310**

**Alden Alma Nelson: Type AA NH14 S0371 (hearing requested)**

**Alden-Long Grove: NH15 S0018**

ALDEN LONG TERM CARE FACILITIES  
WITH NO TYPE "A" VIOLATIONS SINCE JUNE 2012

ALDEN ESTATES OF BARRINGTON  
ALDEN DES PLAINES  
ALDEN GARDENS COURTS DES PLAINES  
ALDEN ESTATES OF EVANSTON  
HEATHER HEALTH CARE CENTER  
ALDEN LAKELAND  
ALDEN LINCOLN PARK  
ALDEN MCHENRY  
ALDEN ESTATES OF NAPERVILLE  
ALDEN NORTHMOOR  
ALDEN NORTH SHORE  
ALDEN OF OLD TOWN EAST  
ALDEN OF OLD TOWN WEST  
ALDEN ESTATES OF ORLAND PARK  
ALDEN PARK STRATHMOOR  
ALDEN POPLAR CREEK  
ALDEN ESTATES OF SKOKIE  
ALDEN SPRINGS  
ALDEN TOWN MANOR  
ALDEN TRAILS  
ALDEN VALLEY RIDGE  
ALDEN VILLAGE  
ALDEN VILLAGE NORTH  
ALDEN OF WATERFORD  
ALDEN COURTS OF WATERFORD  
ALDEN GARDENS OF WATERFORD  
ALDEN WENTWORTH



Alden Estates of Bartlett, Inc.

January 6, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Alden Estates of Bartlett, Inc.

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to §1125.520.(3).

Sincerely,

ALDEN ESTATES OF BARTLETT, INC.

By:   
Randi Schullo  
Vice President

Notarization:

Subscribed and sworn to before me this 6 day of January, 2016

  
Signature of Notary

Seal



## SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued ii

### Criterion 1125.530 - Planning Area Need

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”.

According to the Update to the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care Services dated November 18, 2015 the Board’s website identifies a need of 138 nursing care beds in Health Service Area 7, Planning Area 7-C. It is interesting to also note that the Planning Area directly to the north, 7-A (most Northern border of DuPage County) shows a calculated need for 462 nursing care beds. This results in a combined need of 600 beds. Refer to **ATTACHMENT-13A** for the above referenced Update to Inventory dated November 18, 2015.

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.

Through the signing of this application, the Applicant attests that the primary purpose of this project is to serve primarily the residents of Bartlett and the residents of the 7-C Planning Service Area. The location selected for the proposed project also indicates that the primary purpose of the project is for more specifically the residents of Northern DuPage County. The population of Bartlett itself (41,632) can justify the need ranging from 261-nursing beds when the 7-C ratio of population to existing nursing beds is used and to up to 320 when the State's ratio of total population to beds is factored. This is indicative of more than 50% of the population to be served coming from Bartlett which is within the PSA.

**ATTACHMENT-13**



#### SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued iii

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.

Appended as **ATTACHMENT-13B**, are two (2) physician referral letters providing, to the best of their abilities, their historical referrals. Collectively, these physicians have identified 420 referrals made to area nursing facilities in the most recent 12-month period. These letters have identified the same number of projected potential annual referrals to Alden Estates of Bartlett for the next two years.

It should be noted that the projected referrals are well within the number of historical referrals made and are more than enough to fill the proposed project's beds given the average length of stay of area facilities (30-minute travel time contour's 2014 ALOS of 155.8 days = 1,699,578 total nursing patient days / 10,907 total admissions). Refer to **ATTACHMENT-13C** for a chart listing the number of admissions and patient days by facility and the resulting average length of stay (ALOS). Therefore, it will take 143.4 annual referrals with this ALOS to fill the facility to its target 90 percent utilization (68 beds x 365 days x 90% = 22,338 patient days). Since 420 annual referrals are being estimated it would appear that there are nearly 3 times (2.93x) the referrals needed to support this project.

**ATTACHMENT-13**

**LONG-TERM CARE FACILITY UPDATES**

11/18/2015

**CALCULATED BED NEEDS**

| Planning Area                                      | Calculated<br>Beds Needed | Approved<br>Beds | Additional Beds Needed<br>or Excess Beds ( ) |
|----------------------------------------------------|---------------------------|------------------|----------------------------------------------|
| <b>HEALTH SERVICE AREA 7</b>                       |                           |                  |                                              |
| Planning Area 7-A                                  | 3783                      | 3321             | 462                                          |
| Planning Area 7-B                                  | 6101                      | 6827             | (726)                                        |
| Planning Area 7-C                                  | 5998                      | 5860             | 138                                          |
| Planning Area 7-D                                  | 2462                      | 2904             | (442)                                        |
| Planning Area 7-E                                  | 8026                      | 9165             | (1139)                                       |
| <b>HEALTH SERVICE AREA 8</b>                       |                           |                  |                                              |
| Kane                                               | 2705                      | 3084             | (379)                                        |
| Lake                                               | 4186                      | 4494             | (308)                                        |
| McHenry                                            | 1124                      | 997              | 127                                          |
| <b>HEALTH SERVICE AREA 9</b>                       |                           |                  |                                              |
| Grundy                                             | 300                       | 265              | 35                                           |
| Kankakee                                           | 1072                      | 1368             | (296)                                        |
| Kendall                                            | 336                       | 185              | 151                                          |
| Will                                               | 2931                      | 2790             | 141                                          |
| <b>HEALTH SERVICE AREA 10</b>                      |                           |                  |                                              |
| Henry                                              | 433                       | 500              | (67)                                         |
| Mercer                                             | 170                       | 172              | (2)                                          |
| Rock Island                                        | 1077                      | 1219             | (142)                                        |
| <b>HEALTH SERVICE AREA 11</b>                      |                           |                  |                                              |
| Clinton                                            | 326                       | 357              | (31)                                         |
| Madison                                            | 1824                      | 2212             | (388)                                        |
| Monroe                                             | 304                       | 250              | 54                                           |
| St. Clair                                          | 1860                      | 2251             | (391)                                        |
| <b>LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED</b> |                           |                  |                                              |
| HSA 1                                              | 249                       | 335              | (86)                                         |
| HSA 2                                              | 239                       | 256              | (17)                                         |
| HSA 3                                              | 206                       | 360              | (154)                                        |
| HSA 4                                              | 304                       | 128              | 176                                          |
| HSA 5                                              | 222                       | 256              | (34)                                         |
| HSA 6, 7, 8, 9                                     | 3161                      | 1021             | 2140                                         |
| HSA 10                                             | 74                        | 32               | 42                                           |
| HSA 11                                             | 215                       | 288              | (73)                                         |

*GH*

January 6, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Estates of Bartlett, Inc., 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am a practicing physician in the Bartlett area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 68 bed skilled rehabilitation and health care center in this area.

As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care over the years.

Over the years, I have referred approximately 15 patients per month for skilled care to facilities farther than the proposed Alden project location in Bartlett. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 15 patients per month for skilled care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely;

*Dr. Hasan*

Dr. Hasan



*[Signature]*

*Dennis Kellar MD*

NW Pulmonary & Sleep Medicine

900 West Main St Suite # 100  
Lake Zurich, IL 60047

January 6, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Estates of Bartlett, Inc., 68 Bed Skilled  
Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am a practicing physician in the Bartlett area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 68 bed skilled rehabilitation and health care center in this area.

As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care and this proposed facility will be very beneficial for their well being.

Over the years, I have referred approximately 20 patients per month for skilled care to facilities farther than the proposed Alden project location in Bartlett. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 20 patients per month for skilled care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely;

*Dennis Kellar, MD DABSM, FACP*



*Anna Goldstein*

ATTACHMENT-13B

Alden Estates of Bartlett  
Average Length of Stay for  
30-Minute Adjusted Drive Time Facilities

| 2014 PROFILE DATA |                                              |                 |                               |                         |            |         | Adjusted<br>Travel Time |
|-------------------|----------------------------------------------|-----------------|-------------------------------|-------------------------|------------|---------|-------------------------|
| FACID             | FACNAME                                      | CITY            | # of Licensed<br>Nursing Beds | Nursing<br>Patient Days | Admissions | ALOS    |                         |
|                   | Assisi Healthcare Center at Clare Oaks (1)   | Bartlett        | 120                           | 38,265                  | 444        | 86.2    | 5.75                    |
| 6001713           | Wood Glen Nursing & Rehab Ctr (2)            | West Chicago    | 213                           | 62,443                  | 55         | 1135.3  | 8.05                    |
| 6012975           | Lexington Of Streamwood                      | Streamwood      | 214                           | 63,263                  | 387        | 163.5   | 11.5                    |
| 6016554           | Claremont-Hanover Park (3)                   | Hanover Park    | 150                           | 36,880                  | 978        | 37.7    | 11.5                    |
| 6008718           | South Elgin Rehab & Hlthcare Ct              | South Elgin     | 90                            | 25,749                  | 66         | 390.1   | 12.65                   |
| 6003263           | Tower Hill Healthcare Center                 | South Elgin     | 206                           | 68,825                  | 103        | 668.2   | 12.65                   |
| 6014666           | Rosewood Care Ctr St. Charles                | St. Charles     | 109                           | 33,080                  | 305        | 108.5   | 12.65                   |
| 6006902           | Heritage Health - Elgin                      | Elgin           | 94                            | 29,191                  | 65         | 449.1   | 14.95                   |
| 6007439           | Provena Pine View Care Center (4)            | St. Charles     | 120                           | 34,387                  | 350        | 98.2    | 16.1                    |
| 6005847           | ARBA Care Center of Elgin                    | Elgin           | 102                           | 31,628                  | 72         | 439.3   | 16.1                    |
| 6000277           | Manorcare of Elgin                           | Elgin           | 88                            | 27,394                  | 219        | 125.1   | 16.1                    |
| 6004758           | River View Rehab Center                      | Elgin           | 203                           | 66,066                  | 36         | 1835.2  | 17.25                   |
| 6009872           | West Chicago Terrace Nursing Home            | West Chicago    | 120                           | 42,450                  | 72         | 589.6   | 17.25                   |
| 6011753           | Windsor Park Manor                           | Carol Stream    | 80                            | 23,501                  | 304        | 77.3    | 17.25                   |
| 6000020           | Abbingdon Rehab & Nursing Ctr                | Roselle         | 82                            | 25,521                  | 165        | 154.7   | 17.25                   |
| 6001366           | Alden-Poplar Creek Rehab & Care              | Hoffman Estates | 217                           | 64,850                  | 400        | 162.1   | 17.25                   |
| 6012827           | Sherman West Court (5)                       | Elgin           | 112                           | 27,348                  | 840        | 32.6    | 18.4                    |
| 6003503           | Bria of Geneva                               | Geneva          | 107                           | 30,718                  | 175        | 175.5   | 19.55                   |
| 6014237           | Rosewood Care Center of Elgin                | Elgin           | 139                           | 43,270                  | 442        | 97.9    | 19.55                   |
| 6000392           | Apostolic Christian Resthaven (6)            | Elgin           | 50                            | 17,030                  | 27         | 630.7   | 19.55                   |
| 6011993           | Lexington Health Care Center-Bloomingtondale | Bloomingtondale | 166                           | 51,481                  | 319        | 161.4   | 19.55                   |
| 6012553           | Lexington Of Schaumburg                      | Schaumburg      | 214                           | 64,854                  | 522        | 124.2   | 19.55                   |
| 6012686           | Manor Care - Elk Grove Village               | Elk Grove Villg | 190                           | 62,632                  | 1101       | 56.9    | 19.55                   |
| 6008171           | Batavia Rehab & Hlthcare Ctr.                | Batavia         | 63                            | 19,147                  | 35         | 547.1   | 21.85                   |
| 6005334           | Winfield Woods Healthcare Center             | Winfield        | 138                           | 40,037                  | 24         | 1668.2  | 21.85                   |
| 6002612           | Dupage Convalescent Home                     | Wheaton         | 368                           | 117,889                 | 234        | 503.8   | 21.85                   |
| 6000459           | Alden-Valley Ridge Rehab & Care              | Bloomingtondale | 207                           | 67,439                  | 167        | 403.8   | 21.85                   |
| 6001002           | West Suburban Nursing & Rehab Center         | Bloomingtondale | 259                           | 67,403                  | 214        | 315.0   | 21.85                   |
| 6008361           | Wynscape Health & Rehab                      | Wheaton         | 209                           | 41,952                  | 653        | 64.2    | 23                      |
| 6003404           | Friendship Village Schaumburg                | Schaumburg      | 250                           | 77,235                  | 485        | 159.2   | 23                      |
| 6000483           | Forest View Rehab & Nursing Center           | Itasca          | 144                           | 35,687                  | 122        | 292.5   | 24.15                   |
| 6009963           | Wheaton Care Center                          | Wheaton         | 123                           | 41,984                  | 57         | 736.6   | 25.3                    |
| 6002208           | Covenant Health Care Center                  | Batavia         | 99                            | 31,325                  | 241        | 130.0   | 27.6                    |
| 6003735           | Alden Estates of Barrington                  | Barrington      | 150                           | 42,883                  | 722        | 59.4    | 27.6                    |
| 6014252           | Tabor Hills Healthcare (7)                   | Naperville      | 211                           | 62,759                  | 332        | 189.0   | 28.75                   |
| 6016570           | Greenfields of Geneva                        | Geneva          | 43                            | 12,290                  | 0          | #DIV/0! | 29.9                    |
| 6011910           | St. Patrick's Residence                      | Naperville      | 209                           | 70,722                  | 174        | 406.4   | 29.9                    |
|                   |                                              |                 | 5659                          | 1,699,578               | 10907      | 155.8   |                         |

(1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)

(2) Used profile address which is the same as website address (201 W North Ave)

(3) Profile address is 2000 West Lake Street

(4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center

(5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds

(6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks

(7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development

[www.mapquest.com](http://www.mapquest.com)

Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services

Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)

American Fact Finder, United States Census Bureau ([www.factfinder.census.gov](http://www.factfinder.census.gov))

Microsoft MapPoint 2009

## SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued iv

### Criterion 1125.540 - Service Demand – Establishment of General Long Term Care

- 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.

Appended as **ATTACHMENT-14A** are two (2) physician referral letters identifying 420 referrals that have been made to area nursing homes for the most recent two years. The requested documentation is provided to the best of the physicians' ability especially in light of HIPPA privacy requirements.

- 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.

The physician referral letters appended in **ATTACHMENT-14A** use the historical referrals to area facilities as their basis of making projections. It should be noted that the physicians reviewed their patient files, and to the level that the information was available or allowed, were able to make conservative projections of referrals to the proposed project. It should also be noted that the sources' estimates didn't reference an allowance for increased patient load which is inevitable with the growing 65+ age cohort.

**ATTACHMENT-14**

## SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued v

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.

The referral letters, appended as **ATTACHMENT-14A**, anticipate monthly referrals of 35 residents. Together, and on an annualized basis, the projected referrals equal 420 residents/patients. The historical annual referrals equate to 420 patients. Even though the health care providers are facing a substantial increase in the 65+ age cohort, the anticipated referrals were not in excess of the historically documented caseload. Moreover, the 24-month projected referral number is equal to that of the historical projected number.

As the Applicant is proposing the establishment of a new facility, the portion of this item to document expansion project is not applicable.

It should be noted that each referral letter has the required notarized signature, name and 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.

The referral letters, appended as **ATTACHMENT-14A**, each state that the referrals have not been used to justify or support another Certificate of Need application.

**ATTACHMENT-14**

## SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued vi

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;

Although the Applicant's service area is the 30-minute travel area contour, its Planning Service Area is HSA-7C. HSA-7C is the same as DuPage County and although the County has a flat total growth rate of 0.4%, the elderly population (those 65+) have been growing at a rate of 26.1% according to the State's Inventory of Health Care Facilities and Services and Need Determinations, 2015, Long-Term Care. This is 60.5% higher elderly growth rate than that of the State's. An over 65 growth rate this much higher than that of the State's in an area that has a flat total population growth is significantly "graying" and should qualify as rapid population growth. Moreover, it appears that the PSA's 65+ age cohort continues to outpace the State through 2020.

- 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;

| Market    | 2013<br>Estimated<br>Pop. | 2018<br>Estimated<br>Pop. | Growth | 2020<br>Estimated<br>Pop. | Growth | 2013<br>Estimated<br>65+ Pop | 2018<br>Estimated<br>65+ Pop | Growth | 2020<br>Estimated<br>65+ Pop | Growth |
|-----------|---------------------------|---------------------------|--------|---------------------------|--------|------------------------------|------------------------------|--------|------------------------------|--------|
| Illinois  | 2,880,900                 | 13,069,300                | 1.5%   | 13,129,233                | 0.45%  | 1,742,900                    | 2,018,400                    | 15.8%  | 2,136,585                    | 5.9%   |
| HSA 7-C   | 930,400                   | 934,300                   | 0.4%   | 939,016                   | 0.50%  | 121,200                      | 152,800                      | 26.1%  | 165,821                      | 8.5%   |
| HSA 7-A   | 617,700                   | 629,500                   | 1.9%   | n/a                       | n/a    | 86,900                       | 106,700                      | 22.8%  | n/a                          | n/a    |
| Bartlett* | 41,227                    | 41,632                    | 1.0%   | n/a                       | n/a    | 8,900                        | n/a                          | n/a    | n/a                          | n/a    |

Inventory of Health Care Facilities and Services and Need Determinations 2015

Sources: Long-Term Care Services;

Population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015;

<http://quickfacts.census.gov/qfd/states/17/1752584.html>

\*Bartlett: Population estimates and projections use 2010 base year and 2014 projected year.

The above base year estimates and the projections were taken from IDPH and the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations,

**ATTACHMENT-14**



**SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA** Continued vii

Volume2, Parts VI-VII, Long-Term Care Services. Appended as **ATTACHMENT-14B**  
IDPH Inventory pages for each Planning Area identified herein.

- c. Projections shall be for a maximum period of 10 years from the date the application is submitted;

The population increase cited is the five year increment as required for preparation of the State bed need calculation.

- d. Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

The need calculated is considered current need and not projected need. It should be noted that the current need for services is reflected in part of the beds needed as determined by the latest IDPH Update to the Inventory of Health Care Facilities and Services and Need Determinations, as of November 18, 2015 for 7-C (DuPage County) and 7-A Planning Service Areas. In these areas there is a collective need for 600 additional nursing beds through 2018. Refer to **ATTACHMENT-14C** for a copy of the Update to the Inventory.

- 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;

The populations used to document population is IDPH data that has accounted for all population changes in terms of births, deaths and net migration has been included. Moreover, the State rules allow for a 5-year projection. As we are now in 2016, a true 5-year projection would be through 2021. As the State's recently published State/County demographics indicate, the elderly population continues to grow and the PSA elderly age cohort is increasing at a faster rate than that of the State.

**ATTACHMENT-14**

**SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA** Continued viii

- 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

The demographic data projected in **ATTACHMENT-14B** provides total population and the 65+ age cohort. Additionally, all relied upon demographics are taken from the State's Inventory and/or its recently published State/County demographic study.

- g. Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB.

The methodology for the project is simply based on the census figures and the State's need calculations. The Applicant has not made any assumptions or adjustments.

**ATTACHMENT- 14**

January 6, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Estates of Bartlett, Inc., 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am a practicing physician in the Bartlett area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 68 bed skilled rehabilitation and health care center in this area.

As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care over the years.

Over the years, I have referred approximately 15 patients per month for skilled care to facilities farther than the proposed Alden project location in Bartlett. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 15 patients per month for skilled care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely;

Dr. Hasan



*Dennis Kellar MD*

NW Pulmonary & Sleep Medicine

900 West Main St Suite # 100  
Lake Zurich, IL 60047

January 6, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Estates of Bartlett, Inc., 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am a practicing physician in the Bartlett area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 68 bed skilled rehabilitation and health care center in this area.

As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care and this proposed facility will be very beneficial for their well being.

Over the years, I have referred approximately 20 patients per month for skilled care to facilities farther than the proposed Alden project location in Bartlett. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 20 patients per month for skilled care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely;

*Dennis Kellar, MD*



*[Signature]*

ATTACHMENT-14A

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

## General Long-Term Care Category of Service

| Planning Area: | Planning Area 7-A | Facility Name                                                                                                                                           | City              | County/Area         | General Nursing Care |                   |
|----------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|----------------------|-------------------|
|                |                   |                                                                                                                                                         |                   |                     | Beds                 | 2013 Patient Days |
|                |                   | ADDOLORATA VILLA                                                                                                                                        | WHEELING          | Wheeling Township   | 98                   | 31,715            |
|                |                   | ALDEN ESTATES OF BARRINGTON                                                                                                                             | BARRINGTON        | Barrington Township | 150                  | 43,959            |
|                |                   | ALDEN-POPLAR CREEK REHAB & CARE                                                                                                                         | HOFFMAN ESTATES   | Schaumburg Township | 217                  | 66,891            |
|                |                   | APERION CARE PLUM GROVE                                                                                                                                 | PALATINE          | Palatine Township   | 69                   | 21,058            |
|                |                   | ASBURY COURT NURSING & REHAB (PERMIT)                                                                                                                   | DES PLAINES       | Elk Grove Township  | 71                   |                   |
|                |                   | 8/27/2014 14-022 Permit issued to establish a facility with 71 Nursing Care beds.                                                                       |                   |                     |                      |                   |
|                |                   | ASBURY HEALTHCARE (PERMIT)                                                                                                                              | DES PLAINES       | Elk Grove Township  | 0                    |                   |
|                |                   | 8/27/2014 08-064 Permit to establish a facility with 75 Nursing Care beds abandoned upon approval of project 14-022.                                    |                   |                     |                      |                   |
|                |                   | ASSISI HEALTHCARE CENTER AT CLARE OAKS                                                                                                                  | BARTLETT          | Hanover Township    | 120                  | 36,695            |
|                |                   | BROOKDALE PROSPECT HEIGHTS                                                                                                                              | PROSPECT HGTS     | Wheeling Township   | 30                   | 6,797             |
|                |                   | 8/29/2014 CHOW Change of Ownership occurred.                                                                                                            |                   |                     |                      |                   |
|                |                   | CHURCH CREEK                                                                                                                                            | ARLINGTON HEIGHTS | Wheeling Township   | 56                   | 13,871            |
|                |                   | 3/8/2013 Address Address changed to 1200 West Central Road, Arlington Heights, IL 60005.                                                                |                   |                     |                      |                   |
|                |                   | CLAREMONT-HANOVER PARK                                                                                                                                  | HANOVER PARK      | Hanover Township    | 150                  | 32,576            |
|                |                   | FRIENDSHIP VILLAGE SCHAUMBURG                                                                                                                           | SCHAUMBURG        | Schaumburg Township | 250                  | 77,150            |
|                |                   | GREEK AMERICAN REHAB & CARE CENTER                                                                                                                      | WHEELING          | Wheeling Township   | 188                  | 64,621            |
|                |                   | 12/1/2014 Bed Change Discontinued 10 Nursing Care beds; facility now has 188 Nursing Care beds.                                                         |                   |                     |                      |                   |
|                |                   | LEXINGTON HEALTH CARE - WHEELING                                                                                                                        | WHEELING          | Wheeling Township   | 215                  | 67,882            |
|                |                   | LEXINGTON OF SCHAUMBURG                                                                                                                                 | SCHAUMBURG        | Schaumburg Township | 214                  | 66,128            |
|                |                   | LEXINGTON OF STREAMWOOD                                                                                                                                 | STREAMWOOD        | Hanover Township    | 214                  | 64,746            |
|                |                   | LUTHERAN HOME FOR AGED                                                                                                                                  | ARLINGTON HEIGHTS | Elk Grove Township  | 346                  | 112,251           |
|                |                   | 4/14/2015 Bed Change Facility converted 12 beds from Sheltered Care to Nursing Care; facility now has 346 Nursing Care beds and 46 Sheltered Care beds. |                   |                     |                      |                   |
|                |                   | MANOR CARE - ELK GROVE VILLAGE                                                                                                                          | ELK GROVE VILLG   | Elk Grove Township  | 190                  | 62,700            |
|                |                   | MANOR CARE OF ARLINGTON HEIGHTS                                                                                                                         | ARLINGTON HEIGHTS | Wheeling Township   | 151                  | 38,370            |
|                |                   | MANOR CARE OF ROLLING MEADOWS                                                                                                                           | ROLLING MEADOWS   | Palatine Township   | 155                  | 37,553            |
|                |                   | ROSEWOOD CARE CENTER OF INVERNESS                                                                                                                       | INVERNESS         | Palatine Township   | 142                  | 38,184            |
|                |                   | ST. JOSEPH'S HOME FOR ELDERLY                                                                                                                           | PALATINE          | Palatine Township   | 59                   | 20,748            |
|                |                   | THE MOORINGS HEALTH CENTER                                                                                                                              | ARLINGTON HEIGHTS | Wheeling Township   | 116                  | 33,806            |
|                |                   | TRANSITIONAL CARE CTR - ARLINGTON HTS (PERMIT                                                                                                           | ARLINGTON HEIGHTS | Wheeling Township   | 120                  |                   |

8/3/2015  
Page A-107

**Illinois Department of Public Health  
Illinois Health Facilities and Services Review Board**

146

# INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

8/3/2015  
Page A-110

Illinois Department of Public Health  
Illinois Health Facilities and Services Review Board

## General Long-Term Care Category of Service

### Planning Area: Planning Area 7-C

| Facility Name                                                                                                                                      | City          | County/Area            | General Nursing Care |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|----------------------|-------------------|
|                                                                                                                                                    |               |                        | Beds                 | 2013 Patient Days |
| ABBINGTON REHAB & NURSING CTR                                                                                                                      | ROSELLE       | Bloomington Township   | 82                   | 24,594            |
| ALDEN ESTATES OF NAPERVILLE                                                                                                                        | NAPERVILLE    | Naperville Township    | 203                  | 55,305            |
| ALDEN-VALLEY RIDGE REHAB & CARE                                                                                                                    | BLOOMINGDALE  | Bloomington Township   | 207                  | 65,828            |
| BEACON HILL                                                                                                                                        | LOMBARD       | York Township          | 110                  | 37,338            |
| BRIA OF WESTMONT                                                                                                                                   | WESTMONT      | Downers Grove Township | 215                  | 69,576            |
| BRIDGEWAY SENIOR LIVING                                                                                                                            | BENSENVILLE   | Addison Township       | 222                  | 57,351            |
| 1/1/2015 CHOW Change of Ownership occurred.                                                                                                        |               |                        |                      |                   |
| BROOKDALE BURR RIDGE                                                                                                                               | BURR RIDGE    | Downers Grove Township | 30                   | 7,691             |
| 8/29/2014 CHOW Change of Ownership occurred.                                                                                                       |               |                        |                      |                   |
| BROOKDALE PLAZA LISLE                                                                                                                              | LISLE         | Lisle Township         | 55                   | 17,022            |
| BURGESS SQUARE                                                                                                                                     | WESTMONT      | Downers Grove Township | 203                  | 53,843            |
| CHATEAU NRSNG & REHAB CENTER                                                                                                                       | WILLOWBROOK   | Downers Grove Township | 150                  | 51,678            |
| COMMUNITY NSG & REHAB CENTER                                                                                                                       | NAPERVILLE    | Naperville Township    | 153                  | 43,625            |
| DUPAGE CONVALESCENT HOME                                                                                                                           | WHEATON       | Milton Township        | 368                  | 117,057           |
| ELMBROOK NURSING                                                                                                                                   | ELMHURST      | York Township          | 180                  | 58,591            |
| ELMHURST EXTENDED CARE CENTER                                                                                                                      | ELMHURST      | York Township          | 108                  | 27,154            |
| 12/1/2013 CHOW Change of Ownership occurred.                                                                                                       |               |                        |                      |                   |
| FOREST VIEW REHAB & NURSING CENTER                                                                                                                 | ITASCA        | Addison Township       | 144                  | 32,224            |
| LEXINGTON HLTH CARE CTR-BLOOMINGDALE                                                                                                               | BLOOMINGDALE  | Bloomington Township   | 166                  | 51,400            |
| LEXINGTON HLTH CARE CTR-LOMBARD                                                                                                                    | LOMBARD       | York Township          | 224                  | 62,961            |
| LEXINGTON OF ELMHURST                                                                                                                              | ELMHURST      | York Township          | 145                  | 40,286            |
| MANOR CARE - NAPERVILLE                                                                                                                            | NAPERVILLE    | Naperville Township    | 118                  | 32,624            |
| MANORCARE OF HINSDALE                                                                                                                              | HINSDALE      | Downers Grove Township | 202                  | 59,858            |
| MANORCARE OF WESTMONT                                                                                                                              | WESTMONT      | Downers Grove Township | 149                  | 42,696            |
| 3/26/2015 Bed Change Facility discontinued 6 Nursing Care beds. Facility now has 149 Nursing Care beds.                                            |               |                        |                      |                   |
| MARIANOY REHAB HOSPITAL                                                                                                                            | WHEATON       | Milton Township        | 27                   | 9,453             |
| 8/6/2013 Bed Change Converted 7 beds from Comprehensive Rehabilitation category of service to Nursing Care; facility now has 27 Nursing Care beds. |               |                        |                      |                   |
| 10/7/2014 Board Order Nursing Care beds reduced by 7 by order of the Board; facility now has 20 Nursing Care beds.                                 |               |                        |                      |                   |
| 4/3/2015 Correction 7 Nursing Care beds restored to facility; facility now has 27 Nursing Care beds.                                               |               |                        |                      |                   |
| 6/1/5400 07-042 Completed project to establish 20 bed skilled nursing (long-term care) category of service.                                        |               |                        |                      |                   |
| MEADOWBROOK MANOR                                                                                                                                  | NAPERVILLE    | Naperville Township    | 245                  | 85,387            |
| OAK BROOK HEALTH CARE CENTER                                                                                                                       | OAK BROOK     | York Township          | 156                  | 42,646            |
| OAK TRACE                                                                                                                                          | DOWNERS GROVE | Downers Grove Township | 160                  | 29,312            |
| PARK PLACE CHRISTIAN VILLAGE                                                                                                                       | ELMHURST      | York Township          | 37                   | 11,707            |
| PROVIDENCE OF DOWNERS GROVE                                                                                                                        | DOWNERS GROVE | Downers Grove Township | 145                  | 31,574            |
| 8/1/2013 CHOW Change of Ownership occurred.                                                                                                        |               |                        |                      |                   |
| SNOW VALLEY NURSING & REHAB CENTER                                                                                                                 | LISLE         | Lisle Township         | 0                    |                   |
| 8/26/2013 Closure Facility closed due to flood damage. 51 Nursing Care beds removed from inventory.                                                |               |                        |                      |                   |
| ST. PATRICK'S RESIDENCE                                                                                                                            | NAPERVILLE    | Naperville Township    | 209                  | 69,372            |

# INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

| Planning Area: Planning Area 7-C            |                 |                                                                                                    |                                | General Nursing Care       |                                |                               |                      |
|---------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|--------------------------------|-------------------------------|----------------------|
| Facility Name                               |                 | City                                                                                               | County/Area                    | Beds                       | 2013 Patient Days              |                               |                      |
| TABOR HILLS HEALTHCARE                      |                 | NAPERVILLE                                                                                         | Naperville Township            | 211                        | 60,669                         |                               |                      |
| THE SPRINGS AT MONARCH LANDING              |                 | NAPERVILLE                                                                                         | Naperville Township            | 96                         |                                |                               |                      |
| 10/9/2014                                   | 12-036          | Facility licensed for operation as The Springs at Monarch Landing.                                 |                                |                            |                                |                               |                      |
| TRANSITIONAL CARE CTR - NAPERVILLE (PERMIT) |                 | NAPERVILLE                                                                                         | Lisle Township                 | 0                          |                                |                               |                      |
| 11/26/2013                                  | Abandoned       | Permit to establish facility with 120 Nursing Care beds relinquished; beds removed from inventory. |                                |                            |                                |                               |                      |
| WEST CHICAGO TERRACE NURSING HOME           |                 | WEST CHICAGO                                                                                       | Winfield Township              | 120                        | 42,758                         |                               |                      |
| WEST SUBURBAN NURSING & REHAB CENTER        |                 | BLOOMINGDALE                                                                                       | Bloomington Township           | 259                        | 67,349                         |                               |                      |
| WHEATON CARE CENTER                         |                 | WHEATON                                                                                            | Milton Township                | 123                        | 42,022                         |                               |                      |
| WINDSOR PARK MANOR                          |                 | CAROL STREAM                                                                                       | Bloomington Township           | 80                         | 23,445                         |                               |                      |
| WINFIELD WOODS HEALTHCARE CENTER            |                 | WINFIELD                                                                                           | Winfield Township              | 138                        | 48,282                         |                               |                      |
| WOOD GLEN NURSING & REHAB CENTER            |                 | WEST CHICAGO                                                                                       | Wayne Township                 | 213                        | 74,428                         |                               |                      |
| 9/24/2013                                   | Bed Change      | Added 6 Nursing Care beds; facility now has 213 Nursing Care beds.                                 |                                |                            |                                |                               |                      |
| WYNSCAPE HEALTH & REHAB                     |                 | WHEATON                                                                                            | Milton Township                | 209                        | 41,913                         |                               |                      |
| 3/2/2015                                    | CHOW            | Change of ownership occurred.                                                                      |                                |                            |                                |                               |                      |
| Planning Area Totals                        |                 |                                                                                                    |                                | 5,862                      | 1,689,019                      |                               |                      |
| HEALTH SERVICE AREA                         |                 | AGE GROUPS                                                                                         | 2013 Patient Days              | 2013 Use Rates (Per 1,000) | 2013 Minimum Use Rates         | 2013 Maximum Use Rates        |                      |
| 148                                         | 007             | 0-64 Years Old                                                                                     | 2,012,607                      | 2,972,900                  | 406.2                          | 1,083.2                       |                      |
|                                             |                 | 65-74 Years Old                                                                                    | 1,186,719                      | 265,200                    | 2,684.9                        | 7,159.7                       |                      |
|                                             |                 | 75+ Years Old                                                                                      | 4,776,556                      | 227,900                    | 12,575.4                       | 33,534.4                      |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 | 2013 PSA Estimated Populations                                                                     | 2013 PSA Use Rates (Per 1,000) | 2013 HSA Minimum Use Rates | 2018 PSA Projected Populations | 2018 PSA Planned Patient Days |                      |
|                                             | 0-64 Years Old  | 809,200                                                                                            | 370.4                          | 1,083.2                    | 781,500                        | 317,438                       | Planned              |
|                                             | 65-74 Years Old | 69,300                                                                                             | 3,390.6                        | 7,159.7                    | 92,600                         | 313,970                       | Planned              |
|                                             | 75+ Years Old   | 51,900                                                                                             | 22,241.8                       | 33,534.4                   | 60,200                         | 1,338,959                     | Average Daily Census |
|                                             |                 |                                                                                                    |                                |                            |                                |                               | Bed Need (90% Occ.)  |
|                                             |                 |                                                                                                    |                                |                            |                                |                               | Beds Needed          |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                |                               |                      |
|                                             |                 |                                                                                                    |                                |                            |                                | </                            |                      |



**LONG-TERM CARE FACILITY UPDATES**

11/18/2015

**CALCULATED BED NEEDS**

| Planning Area                 | Calculated<br>Beds Needed | Approved<br>Beds | Additional Beds Needed<br>or Excess Beds ( ) |
|-------------------------------|---------------------------|------------------|----------------------------------------------|
| <b>HEALTH SERVICE AREA 7</b>  |                           |                  |                                              |
| Planning Area 7-A             | 3783                      | 3321             | 462                                          |
| Planning Area 7-B             | 6101                      | 6827             | (726)                                        |
| Planning Area 7-C             | 5998                      | 5860             | 138                                          |
| Planning Area 7-D             | 2462                      | 2904             | (442)                                        |
| Planning Area 7-E             | 8026                      | 9165             | (1139)                                       |
| <b>HEALTH SERVICE AREA 8</b>  |                           |                  |                                              |
| Kane                          | 2705                      | 3084             | (379)                                        |
| Lake                          | 4186                      | 4494             | (308)                                        |
| McHenry                       | 1124                      | 997              | 127                                          |
| <b>HEALTH SERVICE AREA 9</b>  |                           |                  |                                              |
| Grundy                        | 300                       | 265              | 35                                           |
| Kankakee                      | 1072                      | 1368             | (296)                                        |
| Kendall                       | 336                       | 185              | 151                                          |
| Will                          | 2931                      | 2790             | 141                                          |
| <b>HEALTH SERVICE AREA 10</b> |                           |                  |                                              |
| Henry                         | 433                       | 500              | (67)                                         |
| Mercer                        | 170                       | 172              | (2)                                          |
| Rock Island                   | 1077                      | 1219             | (142)                                        |
| <b>HEALTH SERVICE AREA 11</b> |                           |                  |                                              |
| Clinton                       | 326                       | 357              | (31)                                         |
| Madison                       | 1824                      | 2212             | (388)                                        |
| Monroe                        | 304                       | 250              | 54                                           |
| St. Clair                     | 1860                      | 2251             | (391)                                        |

**LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED**

|                |      |      |       |
|----------------|------|------|-------|
| HSA 1          | 249  | 335  | (86)  |
| HSA 2          | 239  | 256  | (17)  |
| HSA 3          | 206  | 360  | (154) |
| HSA 4          | 304  | 128  | 176   |
| HSA 5          | 222  | 256  | (34)  |
| HSA 6, 7, 8, 9 | 3161 | 1021 | 2140  |
| HSA 10         | 74   | 32   | 42    |
| HSA 11         | 215  | 288  | (73)  |

## SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued ix

### Criterion 1125.570 - Service Accessibility

#### I. 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;

Although there is no absence of nursing care within the 7-C Planning Service Area, there is a great lack of nursing services in the PSA and Bartlett. Utilizing the State's own ratio of Population to nursing beds some 320 nursing beds could be supported by the Bartlett population of 41,632 people. Based on the State's ratio of the over 65 age cohort to nursing beds approximately 173.2 beds could be supported by the Village. To utilize DuPage County's ratios of total population to nursing beds and the elderly (65+) population to nursing beds are also supportive of the project as those two projected ratios justify between 132.7 and 321 nursing beds just for the Village of Bartlett. It should be

| Nursing Bed Need Projected from State and Planning Area Ratio of Pop. to Nursing Beds |                                 |                                 |                               |                              |                               |                                    |                                    |                                    |                                  |
|---------------------------------------------------------------------------------------|---------------------------------|---------------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------------|
|                                                                                       | 2018<br>Projected<br>Population | 2013*<br>Inventory<br>Lic. Beds | Ratio of<br>Tot Pop:<br>1 Bed | 2018<br>Projected<br>65+ Pop | Ratio of<br>65+ Pop:<br>1 bed | 2014<br>Bartlett<br>Tot Population | 2010<br>Bartlett<br>65+ Population | Need<br>based<br>upon<br>Tot. Pop. | Need<br>based<br>upon<br>65+ Pop |
| Illinois                                                                              | 13,069,300                      | 100,792                         | 129.7:1                       | 2,018,400                    | 20.0:1                        | 41,632                             | 3,463                              | 321                                | 173.2                            |
| HSA 7-C                                                                               | 934,300                         | 5,862                           | 159.4:1                       | 152,800                      | 26.1:1                        | 41,632                             | 3,463                              | 261                                | 132.7                            |

\* 7-C number of beds equates to Inventory's calculation of total beds needed.

Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 LTC Services

<http://quickfacts.census.gov/qfd/states/17/1752584.html>

<http://www.zip-codes.com/zip-code/60451/zip-code-60451-2010-census.asp>

noted that Assisi Healthcare Center at Clare Oaks is located in Bartlett but is only has potentially 3 available beds under the State's target use rate of 90%. Moreover, this facility is part of a Continuum of Care Retirement Community (CCRC) giving priority admissions to residents of its campus. Refer to **ATTACHMENT-17A** for the project's

**ATTACHMENT-17**

# SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued x

narrative description from its CON application #05-002. Therefore, the lack of the proposed service in Bartlett and the PSA is a service restriction. For the ratio and projected need calculation refer to the chart below.

- 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;

| FACNAME                                      | CITY            | # of<br>Licensed<br>Nursing<br>Beds | ICF<br>Beds | Medicare<br>Beds | Medicare/Medicaid<br>Beds | Medicaid<br>Beds |
|----------------------------------------------|-----------------|-------------------------------------|-------------|------------------|---------------------------|------------------|
| Assisi Healthcare Center at Clare Oaks       | Bartlett        | 120                                 | 0           | 93               | 27                        | 0                |
| Wood Glen Nursing & Rehab Ctr                | West Chicago    | 213                                 | 0           | 0                | 213                       | 0                |
| Lexington Of Streamwood                      | Streamwood      | 214                                 | 0           | 32               | 182                       | 0                |
| Claremont-Hanover Park                       | Hanover Park    | 150                                 | 0           | 136              | 14                        | 0                |
| South Elgin Rehab & Hlthcare Ct              | South Elgin     | 90                                  | 76          | 0                | 14                        | 76               |
| Tower Hill Healthcare Center                 | South Elgin     | 206                                 | 0           | 0                | 206                       | 0                |
| Rosewood Care Ctr St. Charles                | St. Charles     | 109                                 | 0           | 49               | 0                         | 58               |
| Heritage Health - Elgin                      | Elgin           | 94                                  | 0           | 0                | 94                        | 0                |
| Provena Pine View Care Center (1)            | St. Charles     | 120                                 | 0           | 60               | 60                        | 0                |
| ARBA Care Center of Elgin                    | Elgin           | 102                                 | 50          | 0                | 52                        | 50               |
| Manorcare of Elgin                           | Elgin           | 88                                  | 0           | 0                | 88                        | 0                |
| River View Rehab Center                      | Elgin           | 203                                 | 0           | 0                | 203                       | 0                |
| West Chicago Terrace Nursing Home            | West Chicago    | 120                                 | 120         | 0                | 0                         | 0                |
| Windsor Park Manor                           | Carol Stream    | 80                                  | 0           | 36               | 0                         | 12               |
| Abbington Rehab & Nursing Ctr                | Roselle         | 82                                  | 60          | 0                | 19                        | 63               |
| Alden-Poplar Creek Rehab &Care               | Hoffman Estates | 217                                 | 0           | 0                | 217                       | 0                |
| Sherman West Court                           | Elgin           | 112                                 | 0           | 74               | 0                         | 12               |
| Bria of Geneva                               | Geneva          | 107                                 | 0           | 0                | 107                       | 0                |
| Rosewood Care Center of Elgin                | Elgin           | 139                                 | 0           | 67               | 0                         | 59               |
| Apostolic Christian Resthaven (2)            | Elgin           | 50                                  | 0           | 0                | 0                         | 50               |
| Lexington Health Care Center-Bloomingtondale | Bloomingtondale | 166                                 | 0           | 35               | 131                       | 0                |
| Lexington Of Schaumburg                      | Schaumburg      | 214                                 | 0           | 44               | 170                       | 0                |
| Manor Care - Elk Grove Village               | Elk Grove Villg | 190                                 | 0           | 0                | 190                       | 0                |
| Batavia Rehab & Hlthcare Ctr.                | Batavia         | 63                                  | 63          | 0                | 0                         | 63               |
| Winfield Woods Healthcare Center             | Winfield        | 138                                 | 107         | 0                | 31                        | 107              |
| Dupage Convalescent Home                     | Wheaton         | 368                                 | 0           | 0                | 368                       | 140              |
| Alden-Valley Ridge Rehab &Care               | Bloomingtondale | 207                                 | 0           | 0                | 207                       | 0                |
| West Suburban Nursing & Rehab Center         | Bloomingtondale | 259                                 | 0           | 0                | 259                       | 0                |
| Wynscape Health & Rehab                      | Wheaton         | 209                                 | 0           | 0                | 199                       | 0                |
| Friendship Village Schaumburg                | Schaumburg      | 250                                 | 0           | 60               | 190                       | 0                |
| Forest View Rehab & Nursing Center           | Itasca          | 144                                 | 68          | 0                | 76                        | 68               |
| Wheaton Care Center                          | Wheaton         | 123                                 | 41          | 0                | 81                        | 42               |
| Covenant Health Care Center                  | Batavia         | 99                                  | 0           | 49               | 50                        | 0                |
| Alden Estates of Barrington                  | Barrington      | 150                                 | 0           | 0                | 150                       | 0                |
| Tabor Hills Healthcare                       | Naperville      | 211                                 | 19          | 52               | 0                         | 60               |
| Greenfields of Geneva                        | Geneva          | 43                                  | 0           | 41               | 2                         | 0                |
| St. Patrick's Residence                      | Naperville      | 209                                 | 3           | 0                | 206                       | 3                |
|                                              |                 | 5659                                | 607         | 828              | 3806                      | 863              |

As there are long-term care nursing beds and Medicare and Medicaid nursing beds within a 30-minute travel time contour, there is not an absence of the service. However, there appears to be access limitations due to payment status as not all beds in

ATTACHMENT-17

#### SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xi

all facilities accept Medicare and Medicaid. In fact, 17.5% (990 beds) of the beds are not certified for Medicaid. Similarly, 18% (1,025 beds) are not certified for Medicare. Finally, it should be noted that 607 of the existing beds are Intermediate Care beds which indicates that these beds are more custodial and cannot provide Skilled care or rehabilitative care as being proposed by this project. Therefore, not all beds are equal and accessible. It should be noted that all beds being proposed will be Medicare and Medicaid certified.

○ Restrictive admission policies of existing providers; or

It is a restrictive admission policy where there is a calculated need for additional beds and services regardless of existing capacity. The chart appended as **ATTACHMENT-17B** identifies that the utilization rate for the existing facilities within the 30-minute market contour appears to be realistically much improved as the peak utilization, based on the peak beds set-up, equates to 84.4%. A higher peak utilization rate is a restrictive policy toward admissions as it skews to appearance of available capacity. Specifically, the potential available existing nursing beds within the 30-minute market contour (5,659 nursing beds) under the State's target rate of 90%, there are 436 potentially underutilized nursing beds. When evaluating the same equation for peak beds set-up there are only 311 nursing beds potentially underutilized. This equates to only 7.74% of the total beds are really potentially available to accept utilization over and above the existing capacity. It is also important to point out that the new bed need calculation used these lower than 90% use rates and projected them forward. The resulting need is for not only the additional 141 beds but it takes into account filling all bed under the State's target occupancy of 90%. The two Planning Service Area (7-C and

**ATTACHMENT-17**

#### SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xii

7-A) need of 600 additional nursing beds only comes after the calculation fills to 90% the existing bed capacity. Therefore, the need for additional nursing beds in and of itself is a restrictive admissions policy.

- 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.

This item is not germane to this project as the issue is of accessibility to services due to the overwhelming need for addition beds that are documented.

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;

Appended as **ATTACHMENT-17C**, is a listing of the names and locations of other planning area service providers and the corresponding travel time studies from MapQuest. A listing of the facilities and their respective utilization rates are appended as **ATTACHMENT-17B**. The corresponding individual facility profiles are appended as **ATTACHMENT-17D**.

b. Patient/resident location information by zip code;

The proposed project is for the establishment of service, and therefore there are no existing residents. Patient/resident location information by zip code is not applicable.

c. Independent time-travel studies;

Refer to **ATTACHMENT-17C** for a summary listing and independent travel-time studies from MapQuest.

**ATTACHMENT-17**

**SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA** Continued xiii

d. Certification of a waiting list;

As the proposed project is for the establishment of service, and as a result there are no existing residents, a wait list is not applicable.

e. Admission restrictions that exist in area providers;

Refer to the chart included above for a listing of the admission restrictions discussed above.

f. An assessment of area population characteristics that document that access problems exist;

Appended as **ATTACHMENT-17E**, is a copy of the 2015 Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, for Long-Term Care.

g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov)).

Appended as **ATTACHMENT-17F**, is a copy of the November 18, 2015 update to the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services for Will County Planning Area.

**ATTACHMENT- 17**

**K. Historic Resources Preservation Act Requirements** (refer to instructions for completion of this application)

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

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-5 AFTER THE LAST PAGE OF THIS SECTION.****L. Project Classification** (check those applicable, refer to Part 1110.40 and Part 1120.20.b)

1. Part 1110 Classification  
☒ Substantive  
☐ Non-substantive
2. Part 1120 Applicability or Classification: (check one only)  
☐ Part 1120 Not Applicable ☐ Category A Project  
☐ DHS or DVA Project ☒ Category B Project

**M. 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. Include the rationale as to the project's classification as substantive or non-substantive. If the project site does NOT have a street address, include a legal description of the site.

The applicant proposes the "establishment" of a nursing facility (Assisi Health Center), consisting of 120 skilled care beds, seventeen general sheltered care beds and sixteen sheltered care beds for residents suffering from dementia. The facility will be an integral component of a continuing care retirement community (CCRC) being developed by The Sisters of St. Joseph of the Third Order of St. Francis on their Bartlett campus. The CCRC will be known as Clare Oaks. The campus currently and will continue to house a variety of services, consistent with the Congregation's mission, including Clare Woods Academy/Bartlett Learning Center, a 125-student special education school, serving 43 area school districts.

The proposed nursing facility will be available to residents of the continuing care community, as well as non-residents; and is being developed consistent with the IDPH's determination that 159 skilled care beds are needed in the planning area (7A).

The project is classified as "substantive", in that it proposes the establishment of a new licensed health care facility.

Clare Oaks will consist of the following components:

## Assisi Health Center

- 120 skilled care beds
- 17 general sheltered care beds\*
- 16 sheltered care/dementia beds\*
- San Damiano Apartment Residences\*
- 124 independent living apartments, ranging in size from 625 to 1,150 square feet

**Carillon Commons\***

- communal dining
- private dining room
- health clinic
- swimming pool
- aerobics and fitness center
- arts and crafts
- gift shop
- lounges
- chaplain's office
- activity director's office
- administrative area
- card room
- beauty/barber shop

**Cottages\***

- 10 independent living cottages, five being 1,889 square feet and five being 2,143 square feet

In addition an existing building, housing a chapel\*, a conference center/meeting rooms\*, a kitchen, and a laundry will be renovated for continued use.

The entity identified as the applicant in Section I.B. of the application is the sole entity meeting the definition of "necessary parties to the application" contained in Section 1130.220.

\*denoted project components that are "non-reviewable" under the Act

Alden Estates of Bartlett  
Utilization Data for  
30-Minute Adjusted Drive Time Facilities

|                              |                                              |                 | 2014 PROFILE DATA          |                  |                      |                   |                        |                      |
|------------------------------|----------------------------------------------|-----------------|----------------------------|------------------|----------------------|-------------------|------------------------|----------------------|
| FACID                        | FACNAME                                      | CITY            | # of Licensed Nursing Beds | Peak Beds Set-up | Nursing Patient Days | Nursing Occupancy | Set-Up NRSRG Occupancy | Adjusted Travel Time |
|                              | Assisi Healthcare Center at Clare Oaks (1)   | Bartlett        | 120                        | 118              | 38,265               | 87.36%            | 88.84%                 | 5.75                 |
| 6001713                      | Wood Glen Nursing & Rehab Ctr (2)            | West Chicago    | 213                        | 213              | 62,443               | 80.99%            | 80.99%                 | 8.05                 |
| 6012975                      | Lexington Of Streamwood                      | Streamwood      | 214                        | 214              | 63,263               | 80.99%            | 80.99%                 | 11.5                 |
| 6016554                      | Claremont-Hanover Park (3)                   | Hanover Park    | 150                        | 105              | 36,880               | 67.36%            | 96.23%                 | 11.5                 |
| 6008718                      | South Elgin Rehab & Hlthcare Ctr             | South Elgin     | 90                         | 90               | 25,749               | 78.38%            | 78.38%                 | 12.65                |
| 6003263                      | Tower Hill Healthcare Center                 | South Elgin     | 206                        | 206              | 68,825               | 91.53%            | 91.53%                 | 12.65                |
| 6014666                      | Rosewood Care Ctr St. Charles                | St. Charles     | 109                        | 109              | 33,080               | 83.15%            | 83.15%                 | 12.65                |
| 6006902                      | Heritage Health - Elgin                      | Elgin           | 94                         | 94               | 29,191               | 85.08%            | 85.08%                 | 14.95                |
| 6007439                      | Provena Pine View Care Center (4)            | St. Charles     | 120                        | 110              | 34,387               | 78.51%            | 85.65%                 | 16.1                 |
| 6005847                      | ARBA Care Center of Elgin                    | Elgin           | 102                        | 100              | 31,628               | 84.95%            | 86.65%                 | 16.1                 |
| 6000277                      | Manorcare of Elgin                           | Elgin           | 88                         | 84               | 27,394               | 85.29%            | 89.35%                 | 16.1                 |
| 6004758                      | River View Rehab Center                      | Elgin           | 203                        | 203              | 66,066               | 89.16%            | 89.16%                 | 17.25                |
| 6009872                      | West Chicago Terrace Nursing Home            | West Chicago    | 120                        | 120              | 42,450               | 96.92%            | 96.92%                 | 17.25                |
| 6011753                      | Windsor Park Manor                           | Carol Stream    | 80                         | 80               | 23,501               | 80.48%            | 80.48%                 | 17.25                |
| 6000020                      | Abbington Rehab & Nursing Ctr                | Roselle         | 82                         | 82               | 25,521               | 85.27%            | 85.27%                 | 17.25                |
| 6001366                      | Alden-Poplar Creek Rehab & Care              | Hoffman Estates | 217                        | 194              | 64,850               | 81.88%            | 91.58%                 | 17.25                |
| 6012827                      | Sherman West Court (5)                       | Elgin           | 112                        | 112              | 27,348               | 66.90%            | 66.90%                 | 18.4                 |
| 6003503                      | Bria of Geneva                               | Geneva          | 107                        | 107              | 30,718               | 78.65%            | 78.65%                 | 19.55                |
| 6014237                      | Rosewood Care Center of Elgin                | Elgin           | 139                        | 139              | 43,270               | 85.29%            | 85.29%                 | 19.55                |
| 6000392                      | Apostolic Christian Resthaven (6)            | Elgin           | 50                         | 50               | 17,030               | 93.32%            | 93.32%                 | 19.55                |
| 6011993                      | Lexington Health Care Center-Bloomingtondale | Bloomingtondale | 166                        | 166              | 51,481               | 84.97%            | 84.97%                 | 19.55                |
| 6012553                      | Lexington Of Schaumburg                      | Schaumburg      | 214                        | 214              | 64,854               | 83.03%            | 83.03%                 | 19.55                |
| 6012686                      | Manor Care - Elk Grove Village               | Elk Grove Villg | 190                        | 190              | 62,632               | 90.31%            | 90.31%                 | 19.55                |
| 6008171                      | Batavia Rehab & Hlthcare Ctr.                | Batavia         | 63                         | 63               | 19,147               | 83.27%            | 83.27%                 | 21.85                |
| 6005334                      | Winfield Woods Healthcare Center             | Winfield        | 138                        | 138              | 40,037               | 79.49%            | 79.49%                 | 21.85                |
| 6002612                      | Dupage Convalescent Home                     | Wheaton         | 368                        | 338              | 117,889              | 87.77%            | 95.56%                 | 21.85                |
| 6000459                      | Alden-Valley Ridge Rehab & Care              | Bloomingtondale | 207                        | 203              | 67,439               | 89.26%            | 91.02%                 | 21.85                |
| 6001002                      | West Suburban Nursing & Rehab Center         | Bloomingtondale | 259                        | 259              | 67,403               | 71.30%            | 71.30%                 | 21.85                |
| 6008361                      | Wynscape Health & Rehab                      | Wheaton         | 209                        | 209              | 41,952               | 54.99%            | 54.99%                 | 23                   |
| 6003404                      | Friendship Village Schaumburg                | Schaumburg      | 250                        | 240              | 77,235               | 84.64%            | 88.17%                 | 23                   |
| 6000483                      | Forest View Rehab & Nursing Center           | Itasca          | 144                        | 144              | 35,687               | 67.90%            | 67.90%                 | 24.15                |
| 6009963                      | Wheaton Care Center                          | Wheaton         | 123                        | 123              | 41,984               | 93.52%            | 93.52%                 | 25.3                 |
| 6002208                      | Covenant Health Care Center                  | Batavia         | 99                         | 90               | 31,325               | 86.69%            | 95.36%                 | 27.6                 |
| 6003735                      | Alden Estates of Barrington                  | Barrington      | 150                        | 150              | 42,883               | 78.33%            | 78.33%                 | 27.6                 |
| 6014252                      | Tabor Hills Healthcare (7)                   | Naperville      | 211                        | 211              | 62,759               | 81.49%            | 81.49%                 | 28.75                |
| 6016570                      | Greenfields of Geneva                        | Geneva          | 43                         | 43               | 12,290               | 78.31%            | 78.31%                 | 29.9                 |
| 6011910                      | St. Patrick's Residence                      | Naperville      | 209                        | 209              | 70,722               | 92.71%            | 92.71%                 | 29.9                 |
|                              |                                              |                 | 5659                       | 5520             | 1,699,578            | 82.28%            | 84.35%                 |                      |
| Permit Projects Not Complete |                                              |                 |                            |                  |                      |                   |                        |                      |
| FACID                        | FACNAME                                      | CITY            | # of Licensed Nursing Beds | Peak Beds Set-up | Nursing Patient Days | Nursing Occupancy | Set-Up NRSRG Occupancy | Adjusted Travel Time |
| 10-065                       | Park Point South Elgin Healthcare            | South Elgin     | 120                        |                  |                      | 0.00%             | #DIV/0!                | 8.05                 |
| 09-030                       | Addison Rehabilitation & Living Center       | Elgin           | 120                        |                  |                      | 0.00%             | #DIV/0!                | 24.15                |
| 08-099                       | Meadowbrook Manor                            | Geneva          | 150                        |                  |                      | 0.00%             | #DIV/0!                | 27.6                 |
|                              |                                              |                 | 390                        |                  |                      |                   |                        |                      |
|                              |                                              |                 | 6049                       |                  |                      | 76.98%            | 84.35%                 |                      |

**SPECIALIZED POPULATION**

|                          |         |         |         |       |
|--------------------------|---------|---------|---------|-------|
| Marianjoy Rehab Hospital | Wheaton | #DIV/0! | #DIV/0! | 26.45 |
|--------------------------|---------|---------|---------|-------|

- (1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)
- (2) Used profile address which is the same as website address (201 W North Ave)
- (3) Profile address is 2000 West Lake Street
- (4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center
- (5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds
- (6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks
- (7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
[www.mapquest.com](http://www.mapquest.com)  
 Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services  
 Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)  
 American Fact Finder, United States Census Bureau ([www.factfinder.census.gov](http://www.factfinder.census.gov))  
 Microsoft MapPoint 2009



Alden Estates of Bartlett  
30-Minute Adjusted Drive Time Facilities

|                              |                                            |                                  |                 | 2014 PROFILE DATA          |                |                      |
|------------------------------|--------------------------------------------|----------------------------------|-----------------|----------------------------|----------------|----------------------|
| FACID                        | FACNAME                                    | ADDRESS                          | CITY            | # of Licensed Nursing Beds | Drive Distance | Adjusted Travel Time |
|                              | Assisi Healthcare Center at Clare Oaks (1) | 775 W Bartlett Rd                | Bartlett        | 120                        | 2.4            | 5.75                 |
| 6001713                      | Wood Glen Nursing & Rehab Ctr (2)          | County Farm Rd & SR-64           | West Chicago    | 213                        | 4.3            | 8.05                 |
| 6012975                      | Lexington Of Streamwood                    | 815 East Irving Park Road        | Streamwood      | 214                        | 5.7            | 11.5                 |
| 6016554                      | Claremont-Hanover Park (3)                 | 2016 West Lake Street            | Hanover Park    | 150                        | 5              | 11.5                 |
| 6008718                      | South Elgin Rehab & Hlthcare Ctr           | 746 Spring Street                | South Elgin     | 90                         | 6.2            | 12.65                |
| 6003263                      | Tower Hill Healthcare Center               | 759 Kane Street                  | South Elgin     | 206                        | 6.4            | 12.65                |
| 6014666                      | Rosewood Care Ctr St. Charles              | 850 Dunham Road                  | St. Charles     | 109                        | 7.5            | 12.65                |
| 6006902                      | Heritage Health - Elgin                    | 355 Raymond Street               | Elgin           | 94                         | 7.2            | 14.95                |
| 6007439                      | Provena Pine View Care Center (4)          | 611 Allen Lane                   | St. Charles     | 120                        | 9.1            | 16.1                 |
| 6005847                      | ARBA Care Center of Elgin                  | 134 North Mclean Boulevard       | Elgin           | 102                        | 9.7            | 16.1                 |
| 6000277                      | Manorcare of Elgin                         | 180 South State Street           | Elgin           | 88                         | 7.8            | 16.1                 |
| 6004758                      | River View Rehab Center                    | 50 North Jane Drive              | Elgin           | 203                        | 9.8            | 17.25                |
| 6009872                      | West Chicago Terrace Nursing Home          | 928 Joliet Road                  | West Chicago    | 120                        | 8.1            | 17.25                |
| 6011753                      | Windsor Park Manor                         | 110 Windsor Park Drive           | Carol Stream    | 80                         | 8.6            | 17.25                |
| 6000020                      | Abbington Rehab & Nursing Ctr              | 31 West Central                  | Roselle         | 82                         | 7.6            | 17.25                |
| 6001366                      | Alden-Poplar Creek Rehab & Care            | 1545 Barrington Road             | Hoffman Estates | 217                        | 8.6            | 17.25                |
| 6012827                      | Sherman West Court (5)                     | 1950 Larkin Avenue               | Elgin           | 112                        | 10.1           | 18.4                 |
| 6003503                      | Bria of Geneva                             | 1101 East State Street           | Geneva          | 107                        | 10.3           | 19.55                |
| 6014237                      | Rosewood Care Center of Elgin              | 2355 Royal Boulevard             | Elgin           | 139                        | 11.8           | 19.55                |
| 6000392                      | Apostolic Christian Resthaven (6)          | 2750 West Highland Avenue        | Elgin           | 50                         | 10.6           | 19.55                |
| 6011993                      | Lexington Health Care Center-Bloomington   | 165 South Bloomington Road       | Bloomington     | 166                        | 8              | 19.55                |
| 6012553                      | Lexington Of Schaumburg                    | 675 South Roselle Road           | Schaumburg      | 214                        | 9.4            | 19.55                |
| 6012686                      | Manor Care - Elk Grove Village             | 1920 Nerge Road                  | Elk Grove Villg | 190                        | 9.5            | 19.55                |
| 6008171                      | Batavia Rehab & Hlthcare Ctr.              | 520 Fabyan Parkway               | Batavia         | 63                         | 11.6           | 21.85                |
| 6005334                      | Winfield Woods Healthcare Center           | 28W141 Liberty Street            | Winfield        | 138                        | 9.9            | 21.85                |
| 6002612                      | Dupage Convalescent Home                   | 400 N County Farm Road           | Wheaton         | 368                        | 10.3           | 21.85                |
| 6000459                      | Alden-Valley Ridge Rehab & Care            | 275 East Army Trail Road         | Bloomington     | 207                        | 8.7            | 21.85                |
| 6001002                      | West Suburban Nursing & Rehab Center       | 311 Edgewater Drive              | Bloomington     | 259                        | 9.5            | 21.85                |
| 6008361                      | Wynscape Health & Rehab                    | 2180 Manchester Road             | Wheaton         | 209                        | 10.6           | 23                   |
| 6003404                      | Friendship Village Schaumburg              | 350 West Schaumburg Road         | Schaumburg      | 250                        | 9.7            | 23                   |
| 6000483                      | Forest View Rehab & Nursing Center         | 535 South Elm                    | Itasca          | 144                        | 13             | 24.15                |
| 6009963                      | Wheaton Care Center                        | 1325 Manchester Road             | Wheaton         | 123                        | 11.5           | 25.3                 |
| 6002208                      | Covenant Health Care Center                | 831 Batavia Avenue               | Batavia         | 99                         | 14.1           | 27.6                 |
| 6003735                      | Alden Estates of Barrington                | 1420 South Barrington Road       | Barrington      | 150                        | 13.2           | 27.6                 |
| 6014252                      | Tabor Hills Healthcare (7)                 | 1437 Crystal Avenue              | Naperville      | 211                        | 13.6           | 28.75                |
| 6016570                      | Greenfields of Geneva                      | ON801 Friendship Way             | Geneva          | 43                         | 16.7           | 29.9                 |
| 6011910                      | St. Patrick's Residence                    | 1400 Brookdale Road              | Naperville      | 209                        | 14.3           | 29.9                 |
|                              |                                            |                                  |                 | 5659                       |                |                      |
| Permit Projects Not Complete |                                            |                                  |                 | # of Licensed              | Drive          | Adjusted             |
| FACID                        | FACNAME                                    | ADDRESS                          | CITY            | Nursing Beds               | Distance       | Travel Time          |
| 10-065                       | Park Point South Elgin Healthcare          | Illinois 25 & East Middle Street | South Elgin     | 120                        | 4.8            | 8.05                 |
| 09-030                       | Addison Rehabilitation & Living Center     | 1754 Capital Street              | Elgin           | 120                        | 15.3           | 24.15                |
| 08-099                       | Meadowbrook Manor                          | 37W220 Keslinger Road            | Geneva          | 150                        | 13.3           | 27.6                 |
|                              |                                            |                                  |                 | 390                        |                |                      |
|                              |                                            |                                  |                 | 6049                       |                |                      |

**SPECIALIZED POPULATION**

|                          |                     |         |      |       |
|--------------------------|---------------------|---------|------|-------|
| Marianjoy Rehab Hospital | 2050 W Roosevelt Rd | Wheaton | 11.6 | 26.45 |
|--------------------------|---------------------|---------|------|-------|

- (1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)
- (2) Used profile address which is the same as website address (201 W North Ave)
- (3) Profile address is 2000 West Lake Street
- (4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center
- (5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds
- (6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks
- (7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
[www.mapquest.com](http://www.mapquest.com)  
 Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services  
 Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)  
 American Fact Finder, United States Census Bureau ([www.factfinder.census.gov](http://www.factfinder.census.gov))  
 Microsoft MapPoint 2009

## YOUR TRIP TO:

829 Carillon Dr, Bartlett, IL 60103-5300



5 MIN | 2.4 MI

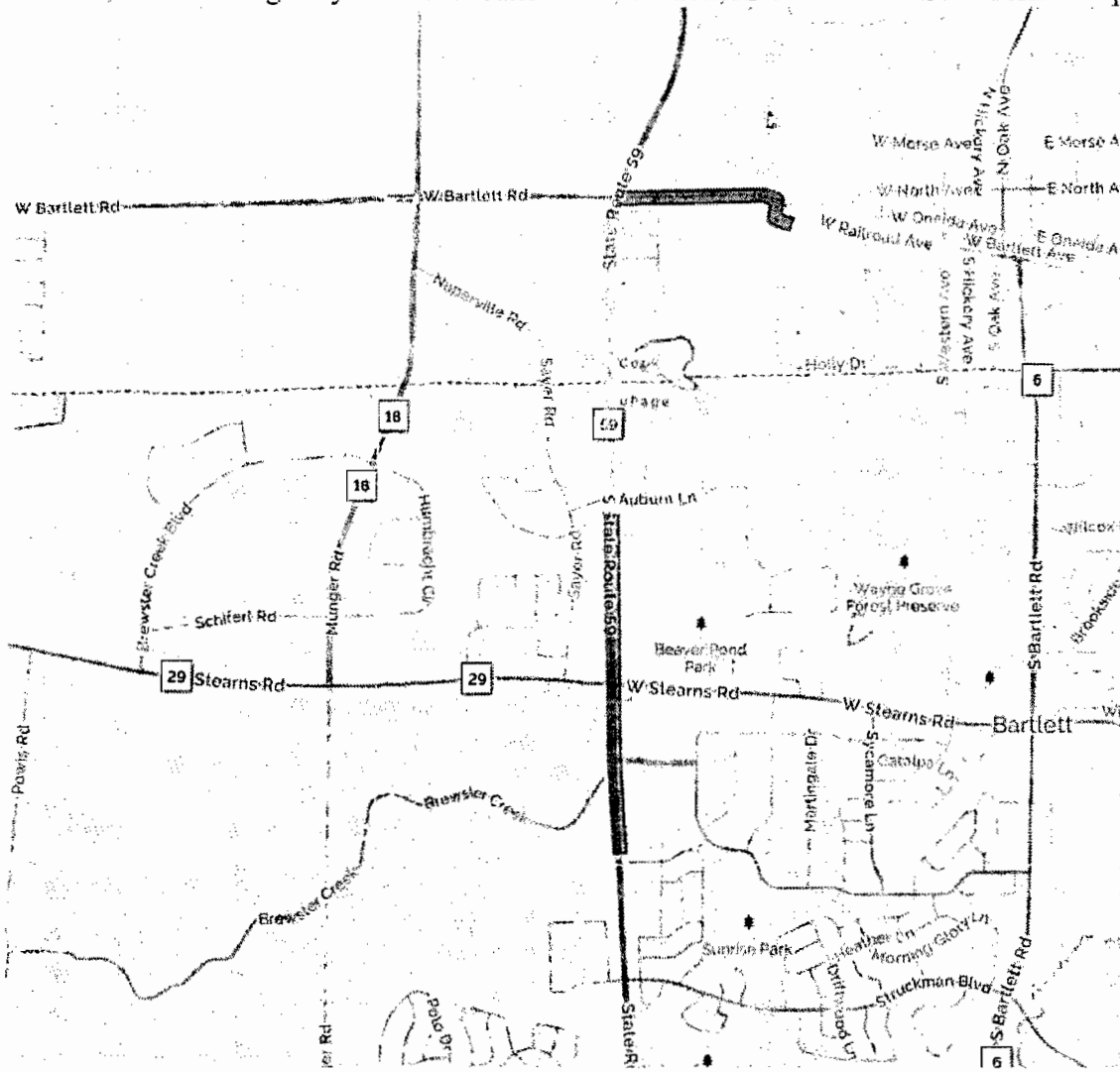
Trip time based on traffic conditions as of 3:31 PM on January 8, 2016. Current Traffic: Moderate

Assisi Healthcare Center at Clare Oaks

-  1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.  
Then 1.83 miles -1.83 total miles
-  2. Turn right onto W Bartlett Rd.  
Then 0.46 miles 2.30 total miles
-  3. Turn right onto Carillon Dr.  
Then 0.06 miles 2.35 total miles
-  4. Take the 1st left to stay on Carillon Dr.  
Then 0.06 miles 2.41 total miles
-  5. 829 CARILLON DR is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



**829 Carillon  
Dr, Bartlett, IL  
60103-5300**

**997 Il Highway  
59 Bartlett, IL  
60103-1670**

## YOUR TRIP TO:



201 W North Ave, West Chicago, IL 60185

7 MIN | 4.3 MI

Trip time based on traffic conditions as of 8:13 PM on January 11, 2016. Current Traffic: Moderate

Wood Glen Nursing &amp; Rehab Ctr



1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.

Then 0.11 miles

0.11 total miles



2. Take the 1st left.

If you are on IL-59 and reach Stearns Rd you've gone about 0.2 miles too far.

Then 0.02 miles

0.13 total miles



3. Turn left.

If you reach W Stearns Rd you've gone about 0.3 miles too far.

Then 0.01 miles

0.14 total miles



4. Take the 1st right onto S IL Route 59/IL-59. Continue to follow IL-59.

If you are on Apple Valley Dr and reach Fremont St you've gone about 0.1 miles too far.

Then 3.87 miles

4.01 total miles



5. Turn right onto North Ave/IL-64.

North Ave is just past Teresa Way.

Kiddy Place Learning Ctr is on the corner.

Then 0.20 miles

4.20 total miles



6. Take the 2nd right onto Teresa Way.

Teresa Way is just past Franciscan Way.

If you reach Atlantic Dr you've gone about 0.3 miles too far.

Then 0.06 miles

4.26 total miles

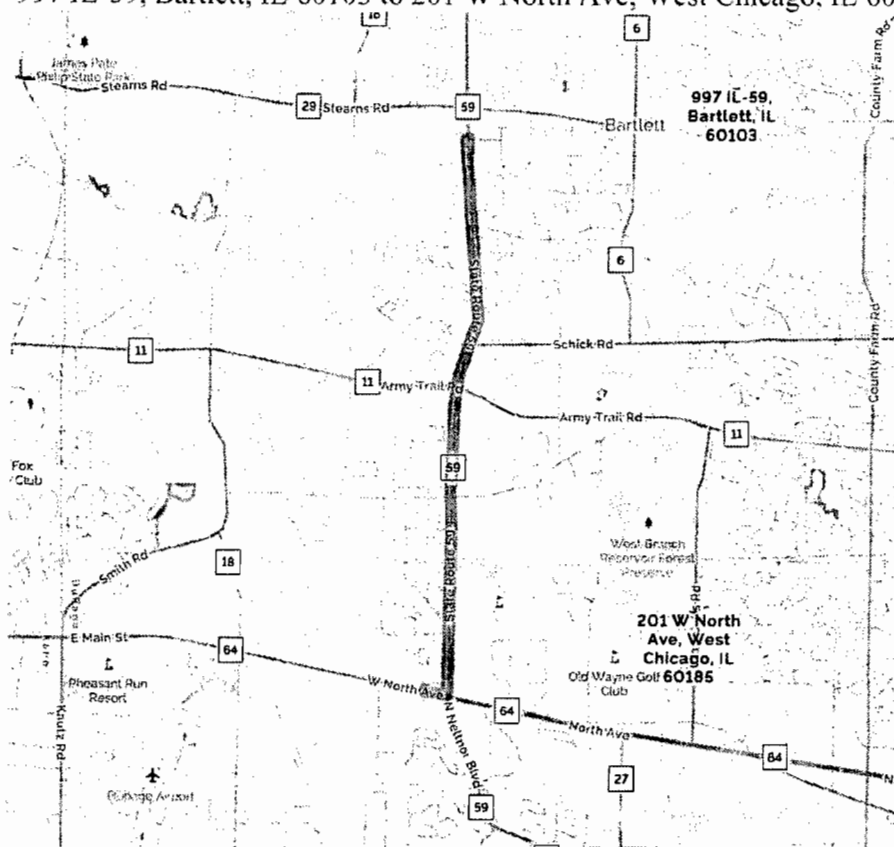


7. 201 W NORTH AVE.

If you reach Franciscan Way you've gone a little too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



ATTACHMENT-17C

# YOUR TRIP TO:

IL Highway 25 & E Middle St

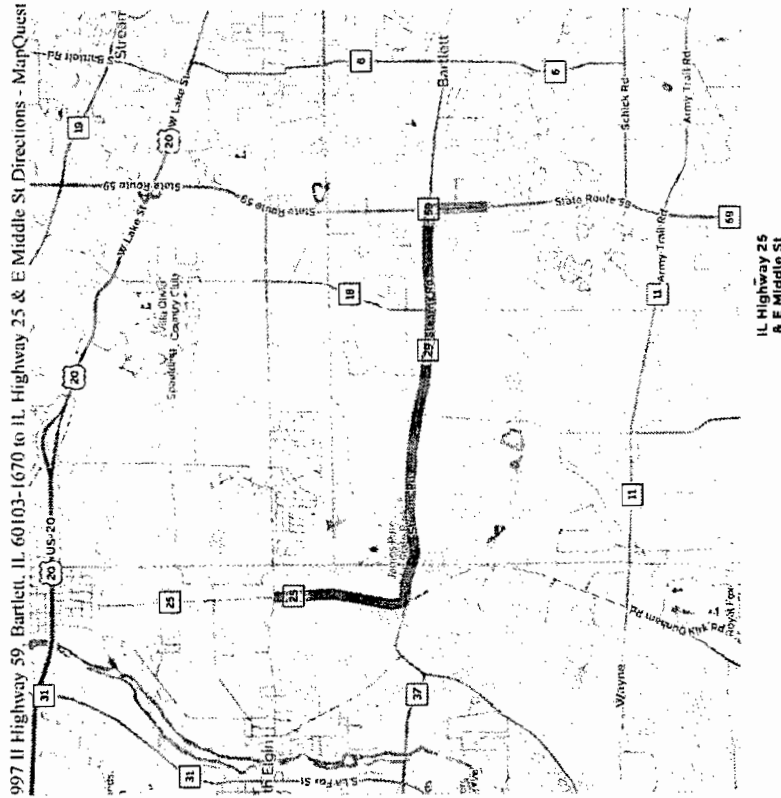
7 MIN | 4.8 MI

Time based on traffic conditions as of 4:56 PM on January 8, 2016. Current Traffic: Light

Park Point South Elgin Healthcare

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 0.48 miles
2. Turn left onto Stearns Rd/County Hwy-29. Continue to follow Stearns Rd.  
Stearns Rd is 0.1 miles past S Il Route 59.  
Nicodino's Pizza Co & Cafe is on the corner.  
If you are on S Il Route 59 and reach Norewood Ln you've gone about 0.2 miles too far.  
Then 3.23 miles
3. Turn right onto IL Route 25/IL-25.  
IL Route 25 is 0.3 miles past Old Stearns Rd.  
Then 1.09 miles
4. IL Highway 25 & E Middle St. IL HIGHWAY 25 & E MIDDLE ST.  
Your destination is 0.2 miles past Southwind Blvd.  
Then 0.79 total miles

Use of directions and maps is subject to our Terms of Use. We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



## YOUR TRIP TO:

815 E Irving Park Rd, Streamwood, IL 60107



10 MIN | 5.7 MI

Trip time based on traffic conditions as of 3:31 PM on January 8, 2016. Current Traffic: Moderate

Lexington Of Streamwood



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Continue to follow S Il Route 59.

Then 3.57 miles 3.57 total miles

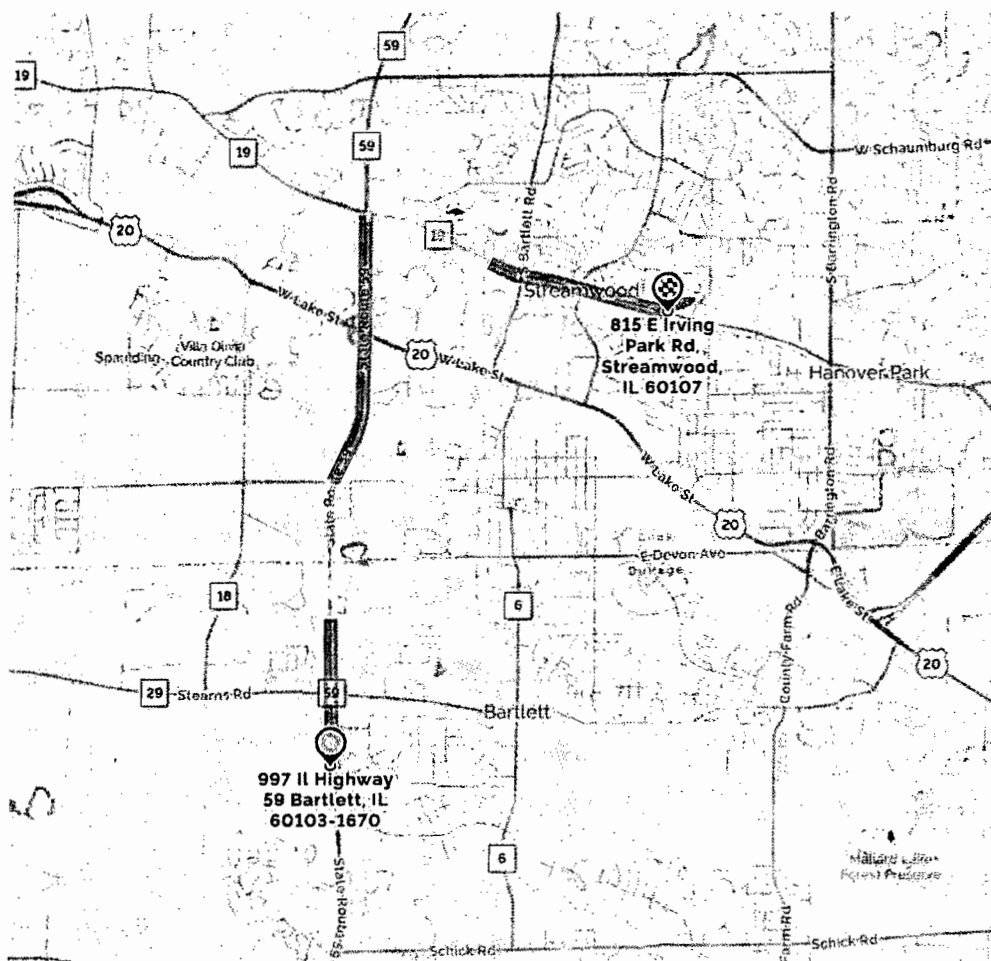


2. Turn right onto W Irving Park Rd/IL-19.

Then 2.08 miles 5.65 total miles



3. 815 E IRVING PARK RD.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

2016 W Lake St, Hanover Park, IL 60133

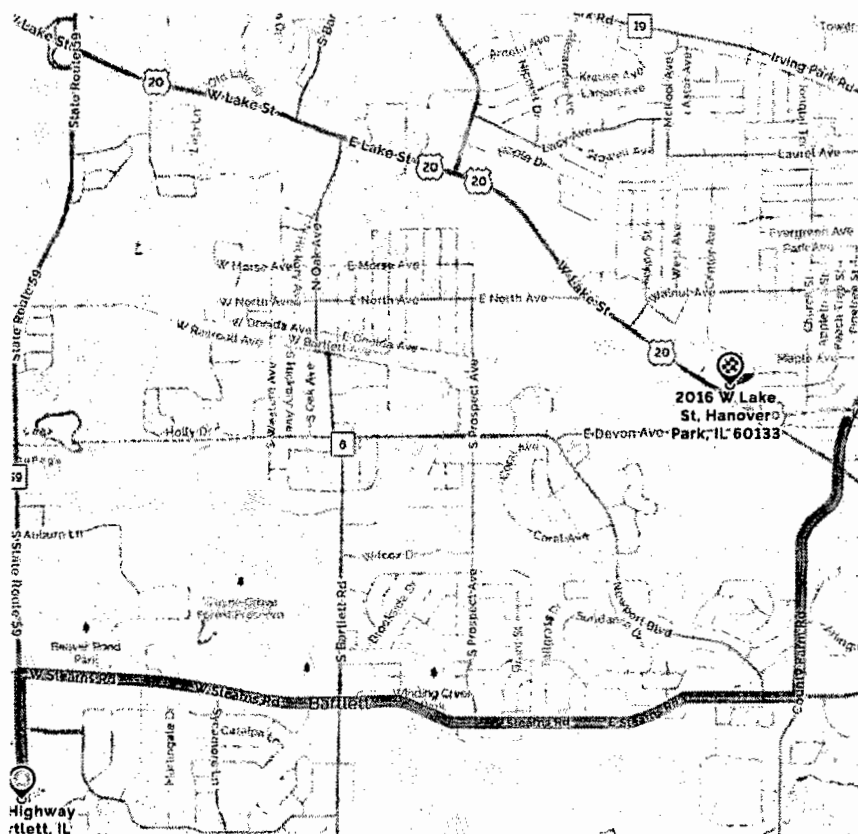


10 MIN | 5.0 MI

Trip time based on traffic conditions as of 3:40 PM on January 8, 2016. Current Traffic: Moderate

Claremont-Hanover Park

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 0.48 miles 0.48 total miles
2. Turn right onto W Stearns Rd/County Hwy-29. Continue to follow W Stearns Rd.  
Then 2.96 miles 3.44 total miles
3. Turn left onto County Farm Rd.  
Then 1.12 miles 4.56 total miles
4. Turn left onto E Lake St/US-20 W.  
Then 0.48 miles 5.04 total miles
5. 2016 W LAKE ST.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



## YOUR TRIP TO:

746 Spring St, South Elgin, IL 60177



11 MIN | 6.2 MI

Trip time based on traffic conditions as of 3:07 PM on January 8, 2016. Current Traffic: Light

South Elgin Rehab &amp; Hlthcare Ct



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.32 miles 0.32 total miles



2. Turn left onto Stearns Rd/County Hwy-29. Continue to follow Stearns Rd.

Then 3.68 miles 4.00 total miles



3. Turn right onto S Gilbert St.

Then 1.32 miles 5.31 total miles



4. Turn left onto E State St.

Then 0.36 miles 5.67 total miles



5. Turn right onto N La Fox St/IL-31.

Then 0.05 miles 5.72 total miles

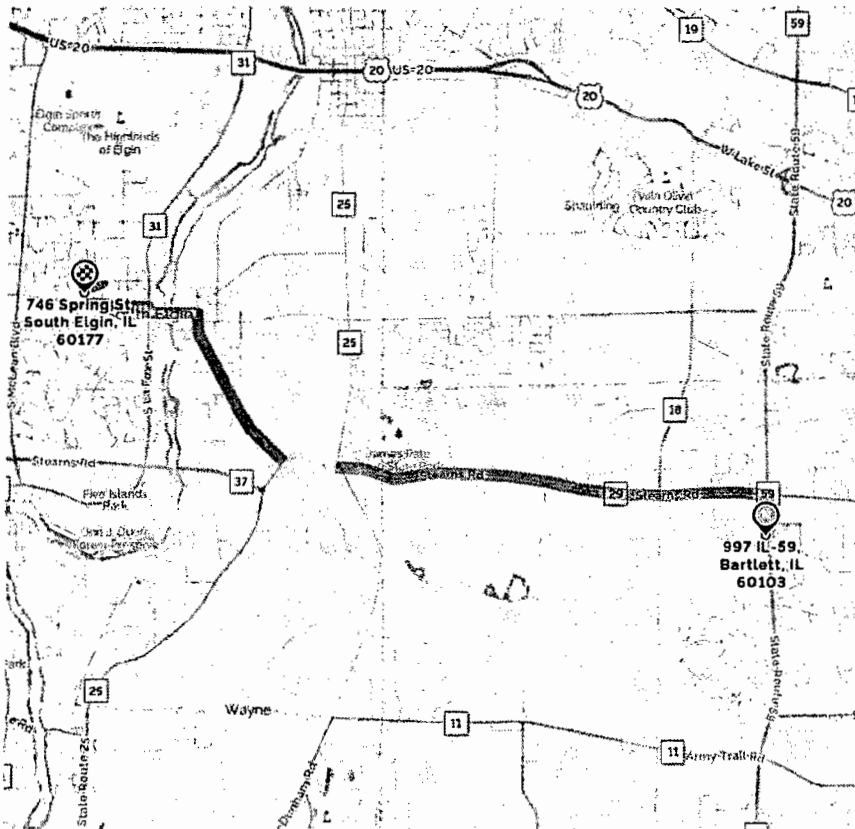


6. Take the 1st left onto W Spring St.

Then 0.47 miles 6.19 total miles



7. 746 SPRING ST is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

759 Kane St, South Elgin, IL 60177

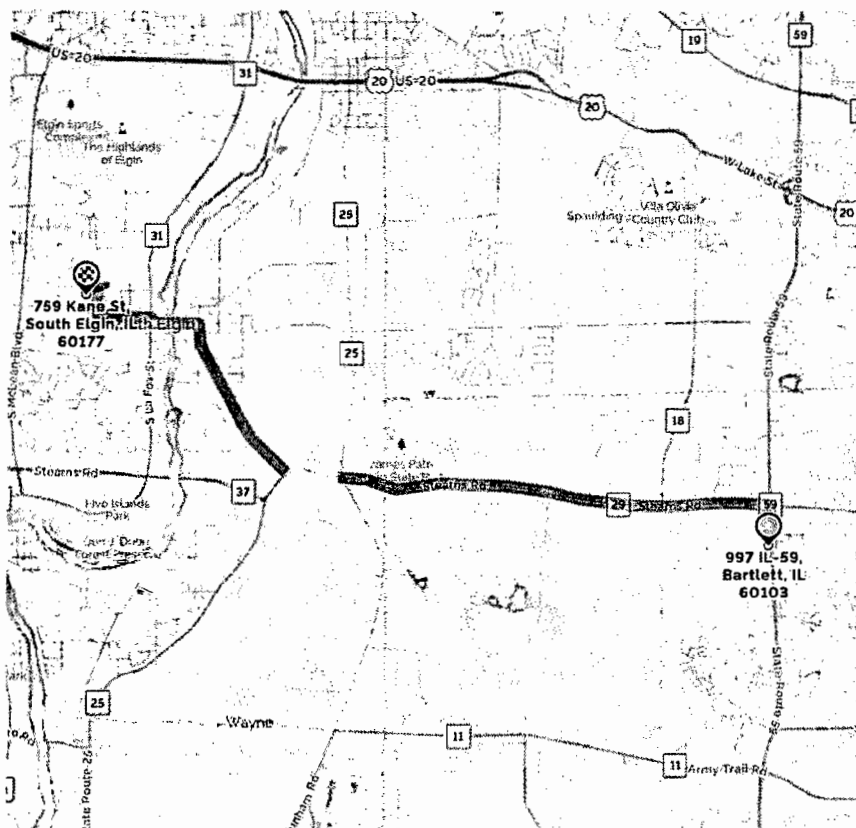


11 MIN | 6.4 MI

Trip time based on traffic conditions as of 3:05 PM on January 8, 2016. Current Traffic: Light

Tower Hill Healthcare Center

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 0.32 miles 0.32 total miles
2. Turn left onto Stearns Rd/County Hwy-29. Continue to follow Stearns Rd.  
Then 3.68 miles 4.00 total miles
3. Turn right onto S Gilbert St.  
Then 1.32 miles 5.31 total miles
4. Turn left onto E State St.  
Then 0.36 miles 5.67 total miles
5. Turn right onto N La Fox St/IL-31.  
Then 0.05 miles 5.72 total miles
6. Take the 1st left onto W Spring St.  
Then 0.41 miles 6.13 total miles
7. Turn right onto Martin Dr.  
Then 0.17 miles 6.30 total miles
8. Take the 1st left onto Kane St.  
Then 0.06 miles 6.36 total miles
9. 759 KANE ST is on the left.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

850 Dunham Rd, Saint Charles, IL 60174

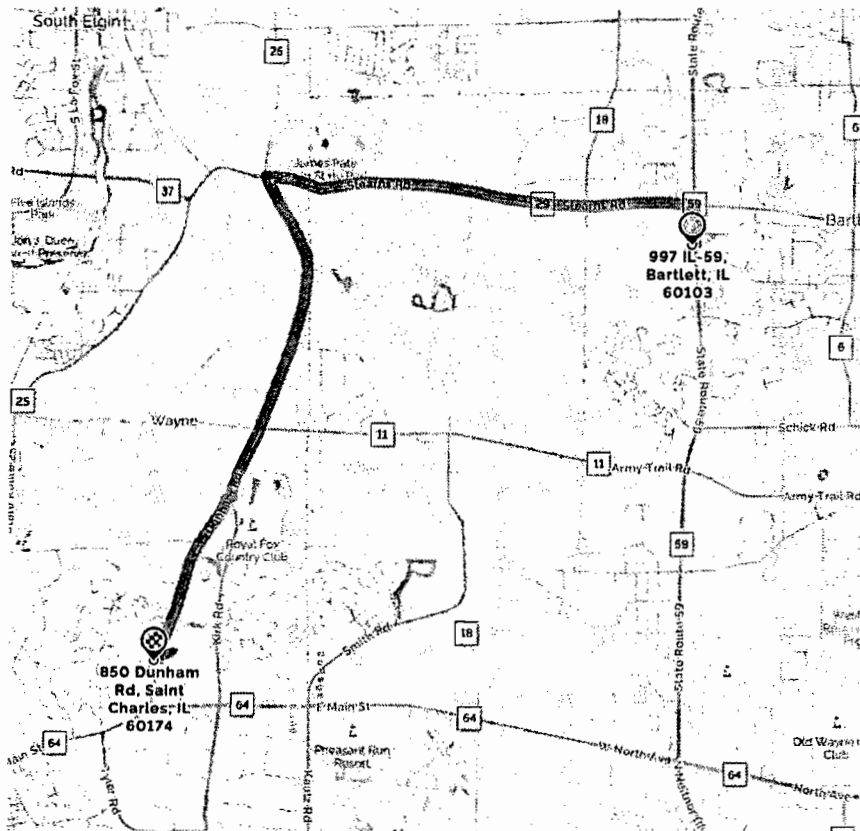


11 MIN | 7.5 MI

Trip time based on traffic conditions as of 3:10 PM on January 8, 2016. Current Traffic: Light

Rosewood Care Ctr St. Charles

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 0.32 miles 0.32 total miles
2. Turn left onto Stearns Rd/County Hwy-29. Continue to follow Stearns Rd.  
Then 3.24 miles 3.56 total miles
3. Turn left onto Dunham Rd/IL-25. Continue to follow Dunham Rd.  
Then 2.54 miles 6.10 total miles
4. Turn right to stay on Dunham Rd.  
Then 1.37 miles 7.47 total miles
5. 850 DUNHAM RD is on the left.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

355 Raymond St, Elgin, IL 60120

**13 MIN** | **7.2 MI**

Trip time based on traffic conditions as of 4:22 PM on January 8, 2016. Current Traffic: Moderate

Heritage Health - Elgin



1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.

Then 2.78 miles 2.78 total miles



2. Merge onto US-20 W via the ramp on the left toward Elgin.

If you reach Red Oak Dr you've gone about 0.1 miles too far.

Then 3.66 miles 6.43 total miles



3. Take the exit toward IL-25 S.

Then 0.09 miles 6.52 total miles



4. Merge onto Grace St.

Then 0.00 miles 6.53 total miles



5. Take the 1st left onto Dwight St.

If you reach Hastings St you've gone a little too far.

Then 0.10 miles 6.62 total miles



6. Take the 1st right onto Raymond St.

If you reach the end of Dwight St you've gone a little too far.

Then 0.57 miles 7.19 total miles

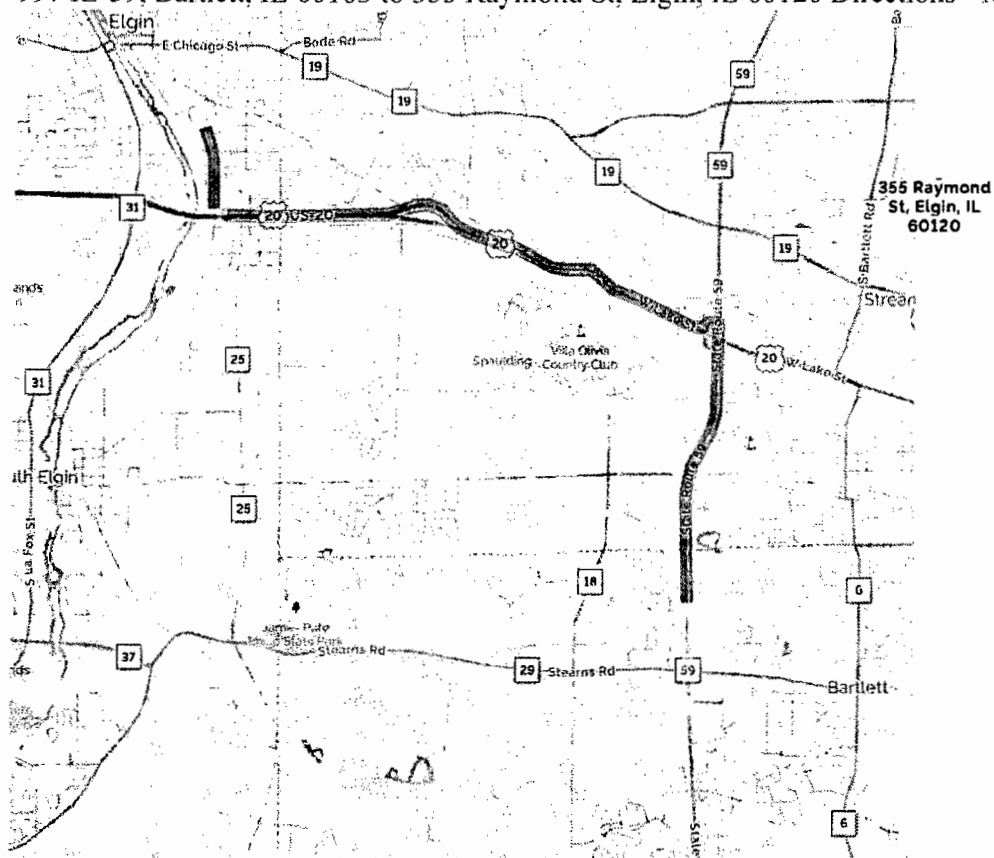


7. 355 RAYMOND ST is on the right.

Your destination is just past Yarwood St.

If you reach Watch St you've gone a little too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



997 IL-59,  
Bartlett, IL  
60103

## YOUR TRIP TO:

611 Allen Ln, Saint Charles, IL 60174



14 MIN | 9.1 MI

Trip time based on traffic conditions as of 2:06 PM on January 8, 2016. Current Traffic: Light

Provena Pine View Care Center

## Start of next leg of route



1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.

Then 0.32 miles 0.32 total miles



2. Turn left onto Stearns Rd/County Hwy-29. Continue to follow Stearns Rd.

Then 3.24 miles 3.56 total miles



3. Turn left onto Dunham Rd/IL-25. Continue to follow Dunham Rd.

Then 2.54 miles 6.10 total miles



4. Turn right to stay on Dunham Rd

Then 0.42 miles 6.52 total miles



5. Take the 2nd right onto Country Club Rd

Then 1.51 miles 8.03 total miles



6. Turn left onto N 5th Ave/IL-25.

Then 0.92 miles 8.95 total miles

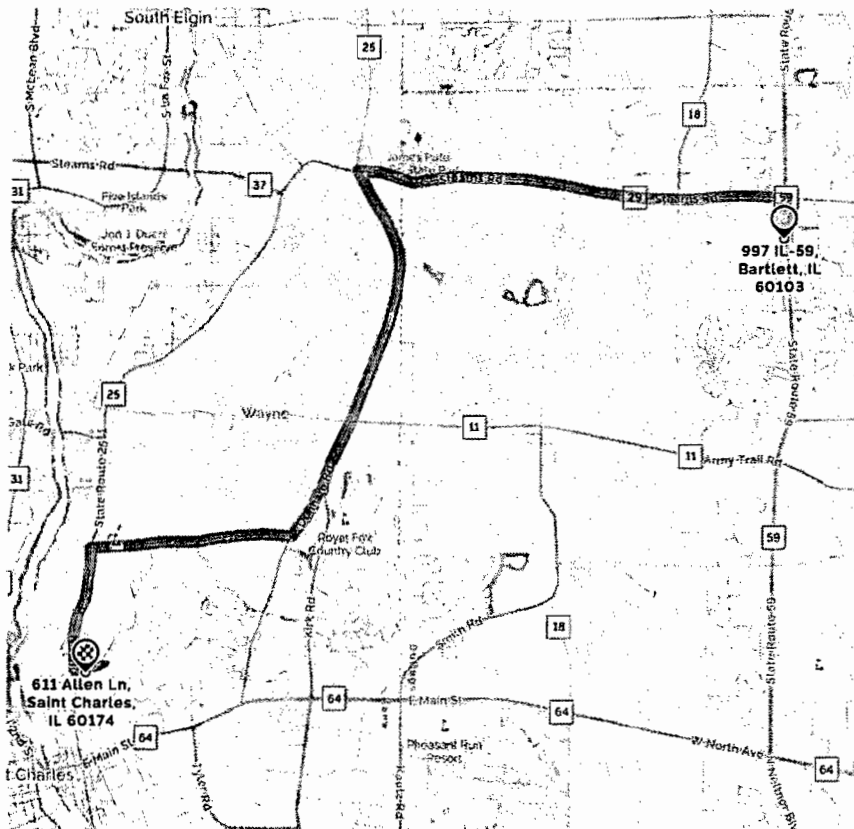


7. Turn left onto Allen Ln.

Then 0.11 miles 9.05 total miles



8. 611 ALLEN LN.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

134 N McLean Blvd, Elgin, IL 60123-5125

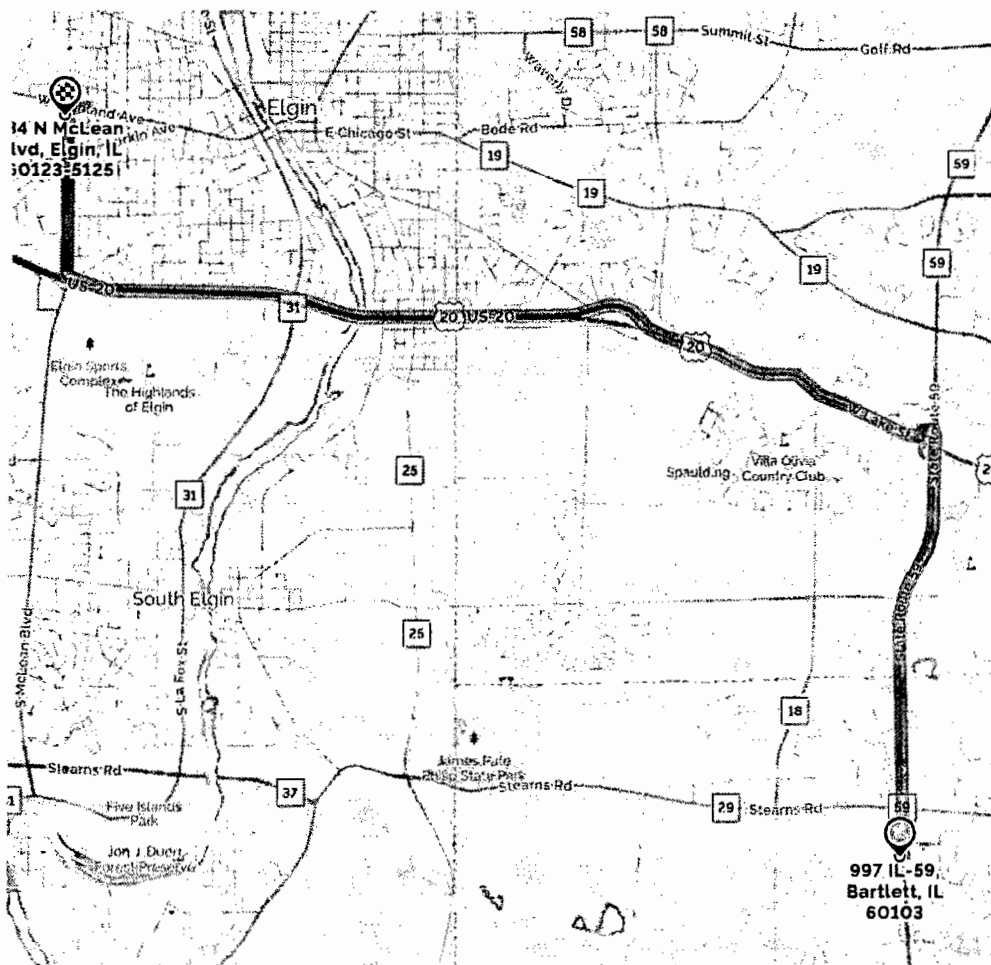


14 MIN | 9.7 MI

Trip time based on traffic conditions as of 3:14 PM on January 8, 2016. Current Traffic: Light

ARBA Care Center of Elgin

1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.  
Then 2.78 miles 2.78 total miles
2. Merge onto US-20 W via the ramp on the left toward Elgin.  
Then 5.59 miles 8.37 total miles
3. Take the McLean Blvd exit.  
Then 0.31 miles 8.67 total miles
4. Turn slight right onto S McLean Blvd.  
Then 0.98 miles 9.65 total miles
5. 134 N MCLEAN BLVD is on the left.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

180 S State St, Elgin, IL 60123-6429



14 MIN | 7.8 MI

Trip time based on traffic conditions as of 4:22 PM on January 8, 2016. Current Traffic: Heavy

Manorcare of Elgin



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 2.78 miles

--- 2.78 total miles



2. Merge onto US-20 W via the ramp on the left toward Elgin.

If you reach Red Oak Dr you've gone about 0.1 miles too far.

Then 4.20 miles

--- 6.98 total miles



3. Take the IL-31/State St exit.

Then 0.18 miles

--- 7.15 total miles



4. Merge onto S State St/IL-31 toward Elgin.

Then 0.68 miles

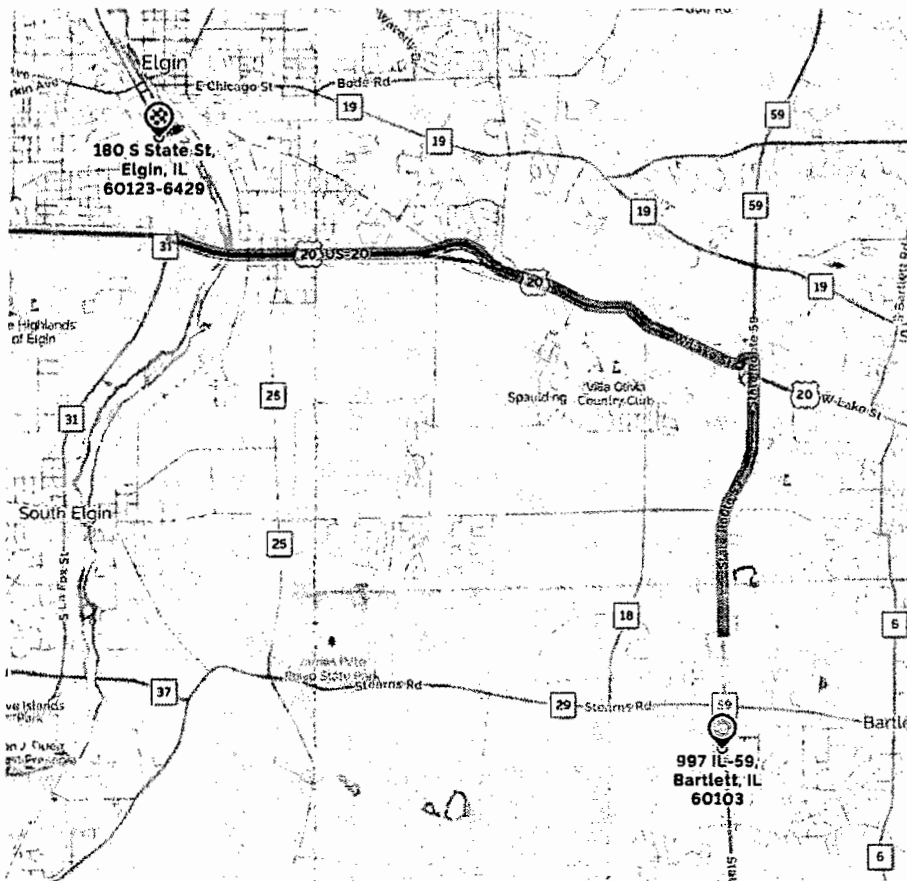
--- 7.84 total miles



5. 180 S STATE ST is on the left.

Your destination is 0.1 miles past Standish Ct.

If you reach Locust St you've gone about 0.1 miles too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



## YOUR TRIP TO:



50 N Jane Dr, Elgin, IL 60123-5118

15 MIN | 9.8 MI

Trip time based on traffic conditions as of 3:13 PM on January 8, 2016. Current Traffic: Light

River View Rehab Center



1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.

Then 2.78 miles

2.78 total miles



2. Merge onto US-20 W via the ramp on the left toward Elgin.

Then 5.59 miles

8.37 total miles



3. Take the McLean Blvd exit.

Then 0.31 miles

8.67 total miles



4. Turn slight right onto S McLean Blvd.

Then 0.75 miles

9.42 total miles



5. Turn left onto Larkin Ave.

Then 0.25 miles

9.67 total miles



6. Turn right onto N Jane Dr.

Then 0.10 miles

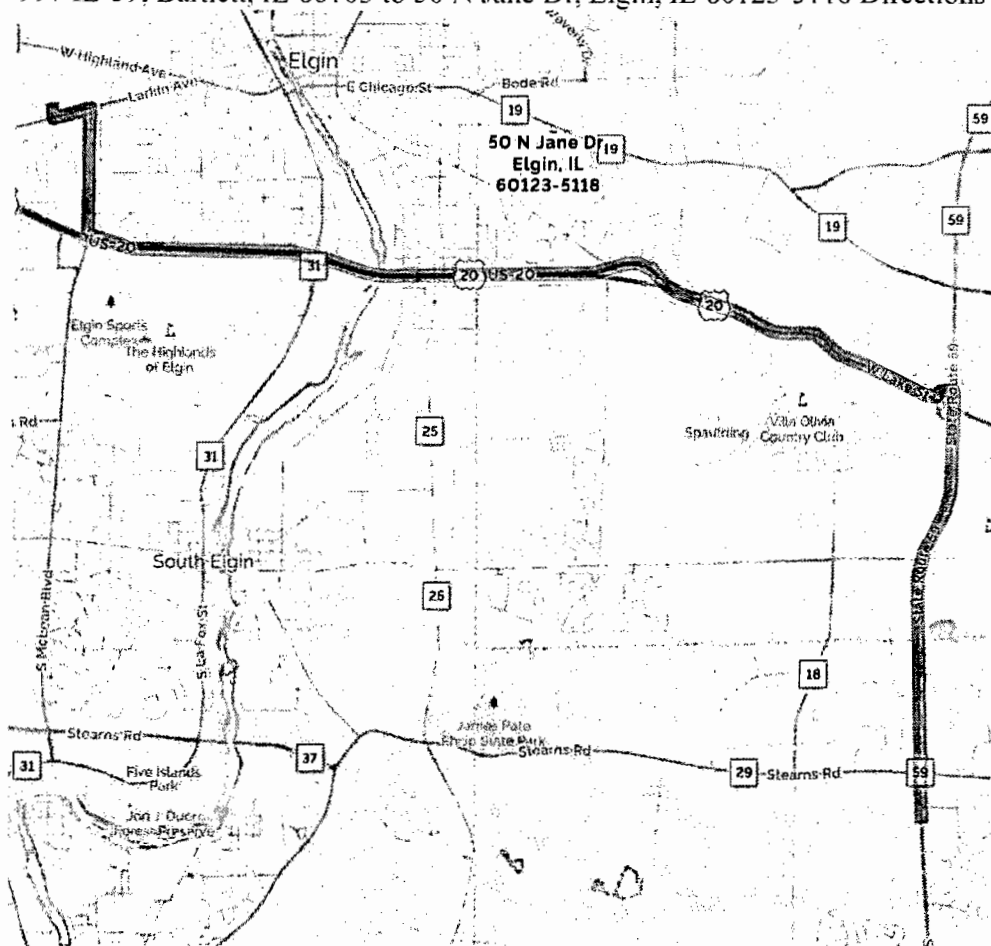
9.77 total miles



7. 50 N JANE DR is on the left.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 IL-59,  
Bartlett, IL  
60103

ATTACHMENT-17C

## YOUR TRIP TO:



928 Joliet St, West Chicago, IL 60185-3725

**15 MIN | 8.1 MI**

Trip time based on traffic conditions as of 3:29 PM on January 8, 2016. Current Traffic: Moderate

West Chicago Terrace Nursing Home



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.27 miles 0.27 total miles



2. Take the 1st left.

*If you are on IL-59 and reach Stearns Rd you've gone about 0.2 miles too far.*

Then 0.02 miles 0.28 total miles



3. Turn left.

*If you reach W Stearns Rd you've gone about 0.3 miles too far.*

Then 0.01 miles 0.29 total miles



4. Take the 1st right onto S Il Route 59/IL-59. Continue to follow IL-59.

*If you are on Apple Valley Dr and reach Fremont St you've gone about 0.1 miles too far.*

Then 7.30 miles 7.59 total miles



5. Turn right onto E Forest Ave.

*E Forest Ave is 0.1 miles past E Lester St.**If you are on Hahn Pl and reach Glen St you've gone about 0.1 miles too far.*

Then 0.50 miles 8.09 total miles



6. Turn left onto Joliet St.

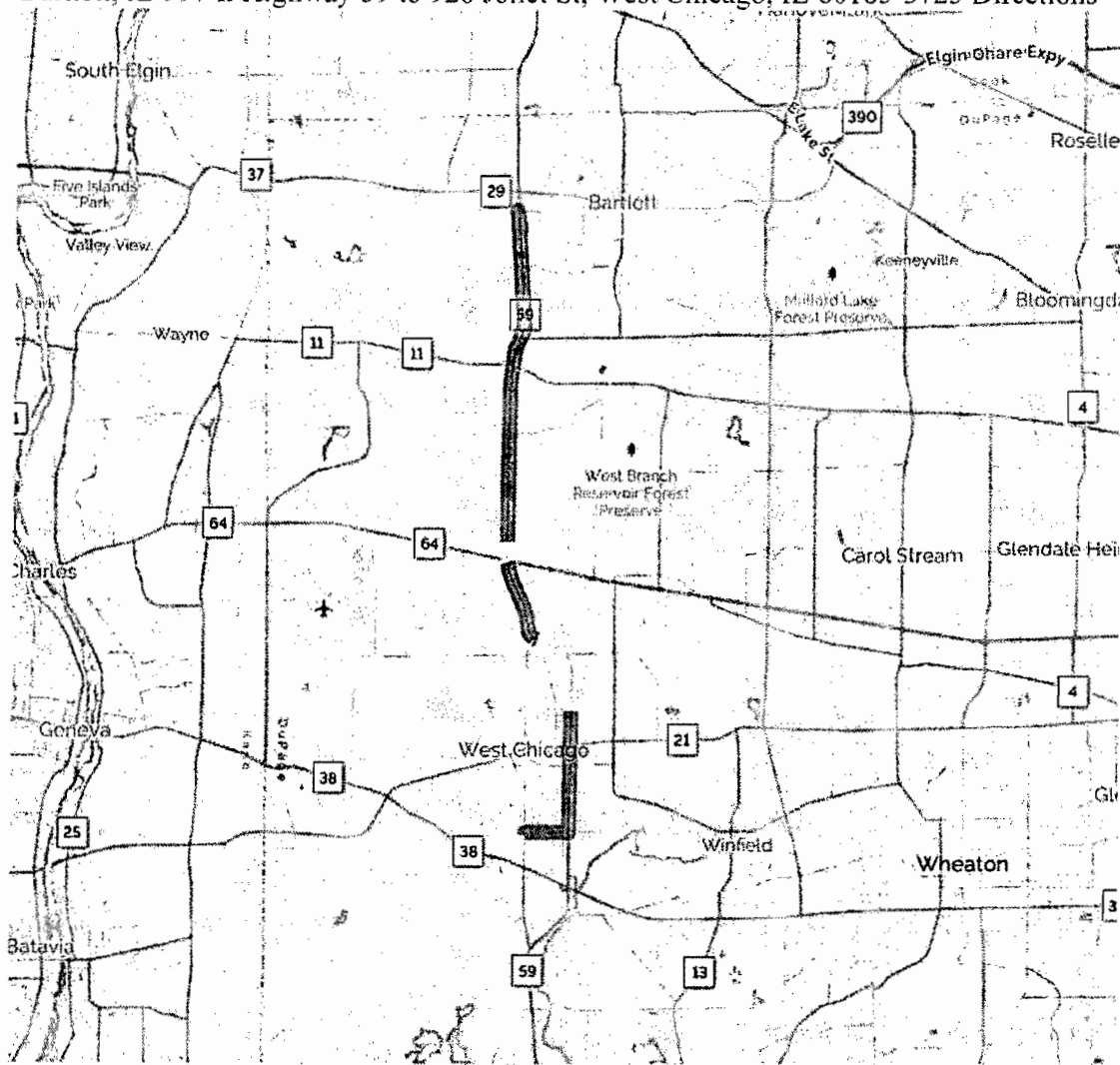
Then 0.03 miles 8.13 total miles



7. 928 JOLIET ST is on the right.

*If you reach Glen St you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 Il Highway  
59 Bartlett, IL  
60103-1670

928 Joliet St,  
West Chicago,  
IL 60185-3725

## YOUR TRIP TO:

110 Windsor Park Dr, Carol Stream, IL 60188-1986



15 MIN | 8.6 MI

Trip time based on traffic conditions as of 3:39 PM on January 8, 2016. Current Traffic: Moderate

Windsor Park Manor

### Start of next leg of route



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.26 miles 0.26 total miles



2. Make a U-turn at Apple Valley Dr onto S Il Route 59/IL-59.

Then 1.77 miles 2.03 total miles



3. Turn left onto Army Trail Rd/County Hwy-11.

Then 1.87 miles 3.90 total miles



4. Turn right onto Fair Oaks Rd.

Then 0.05 miles 3.95 total miles



5. Fair Oaks Rd becomes Fair Oaks Rd.

Then 0.26 miles 4.21 total miles



6. Fair Oaks Rd becomes Fair Oaks Rd.

Then 1.93 miles 6.14 total miles



7. Turn left onto North Ave/IL-64.

Then 1.28 miles 7.42 total miles



8. Turn right onto County Farm Rd.

Then 0.20 miles 7.61 total miles



9. Turn left onto Saint Charles Rd.

Then 0.95 miles 8.57 total miles



10. Take the 3rd left onto Windsor Park Dr.

Then 0.03 miles 8.60 total miles



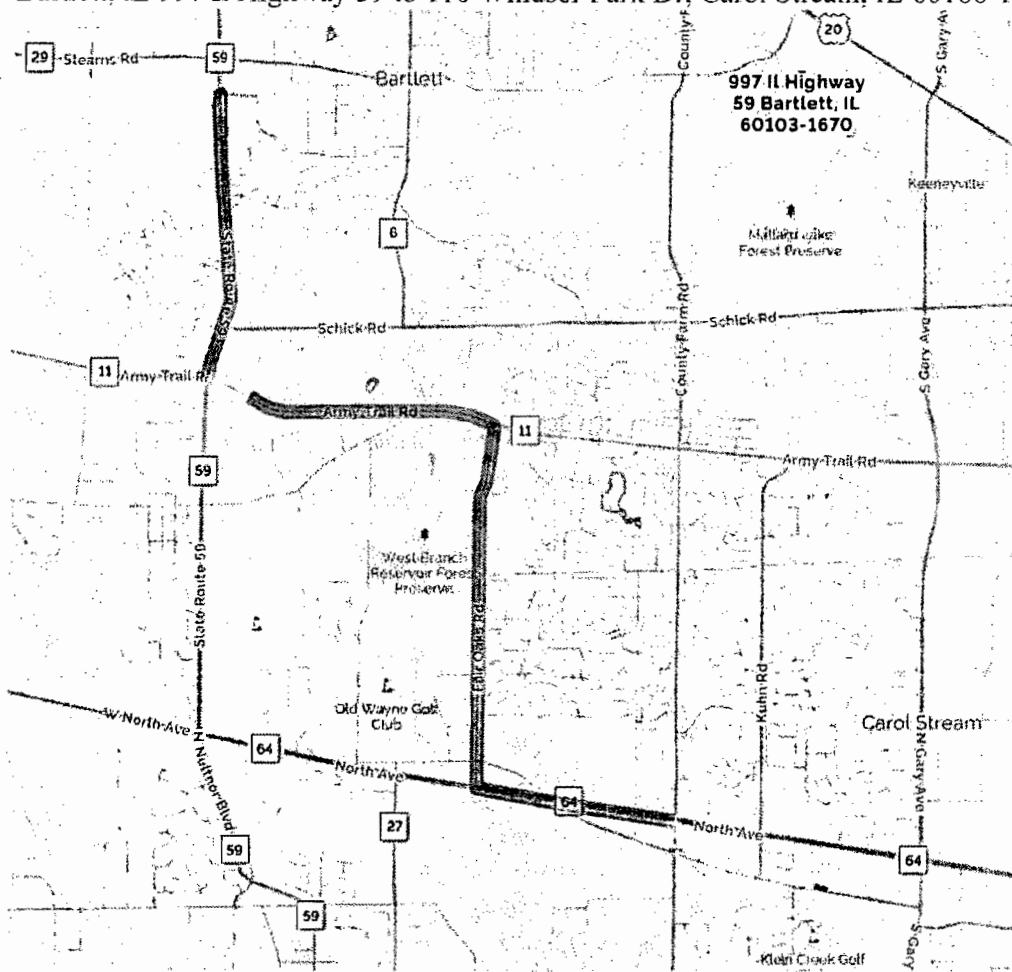
11. Take the 1st left to stay on Windsor Park Dr.



12. 110 WINDSOR PARK DR is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



110 Windsor  
Park Dr, Carol  
Stream, IL  
60188-1986

## YOUR TRIP TO:

31 W Central Ave, Roselle, IL 60172



15 MIN | 7.6 MI

Trip time based on traffic conditions as of 3:42 PM on January 8, 2016. Current Traffic: Light

Abbington Rehab &amp; Nursing Ctr

## Start of next leg of route



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.48 miles 0.48 total miles



2. Turn right onto W Stearns Rd/County Hwy-29. Continue to follow W Stearns Rd

Then 2.96 miles 3.44 total miles



3. W Stearns Rd becomes Greenbrook Blvd.

Then 0.94 miles 4.38 total miles



4. Turn right onto E Lake St/US-20 E.

Then 0.36 miles 4.74 total miles



5. Turn left onto Bartels Rd.

Then 0.36 miles 5.10 total miles

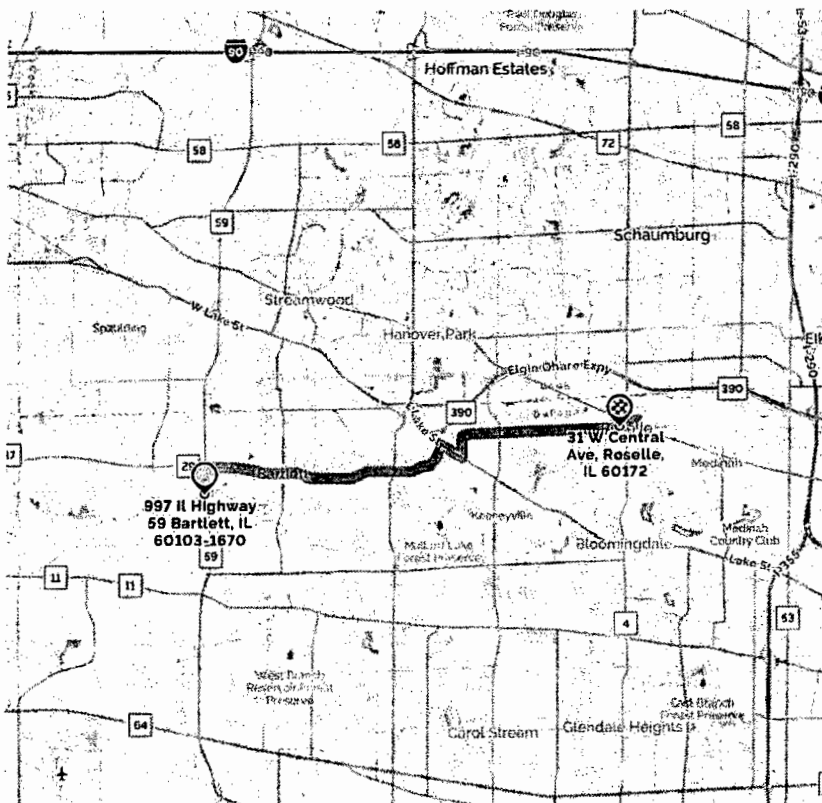


6. Turn right onto Central Ave.

Then 2.48 miles 7.59 total miles



7. 31 W CENTRAL AVE is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

1545 Barrington Rd, Hoffman Estates, IL 60169



15 MIN | 8.6 MI

Trip time based on traffic conditions as of 3:42 PM on January 8, 2016. Current Traffic: Moderate

Alden-Poplar Creek Rehab &amp; Care



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Continue to follow S Il Route 59.

Then 3.58 miles

3.58 total miles



2. S Il Route 59 becomes S Sutton Rd/IL-59.

Then 1.91 miles

5.48 total miles



3. Turn right onto Golf Rd/IL-58.

Then 2.55 miles

8.03 total miles



4. Turn left onto Barrington Rd.

Then 0.52 miles

8.55 total miles



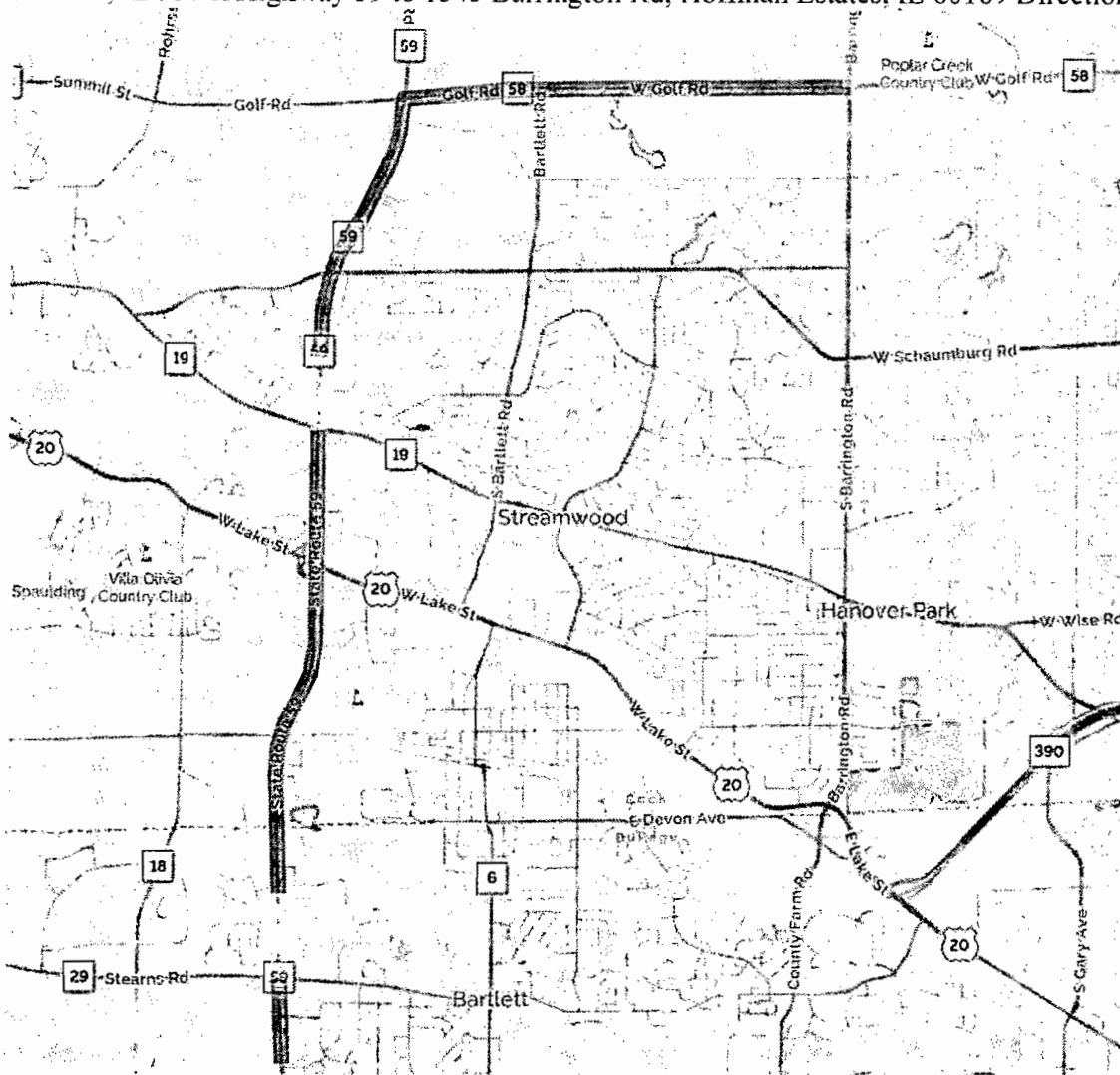
5. 1545 BARRINGTON RD.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



1545  
Barrington Rd,  
Hoffman  
Estates, IL  
60169



997 Il Highway  
59 Bartlett, IL  
60103-1670

ATTACHMENT-17C

## YOUR TRIP TO:

1950 Larkin Ave, Elgin, IL 60123

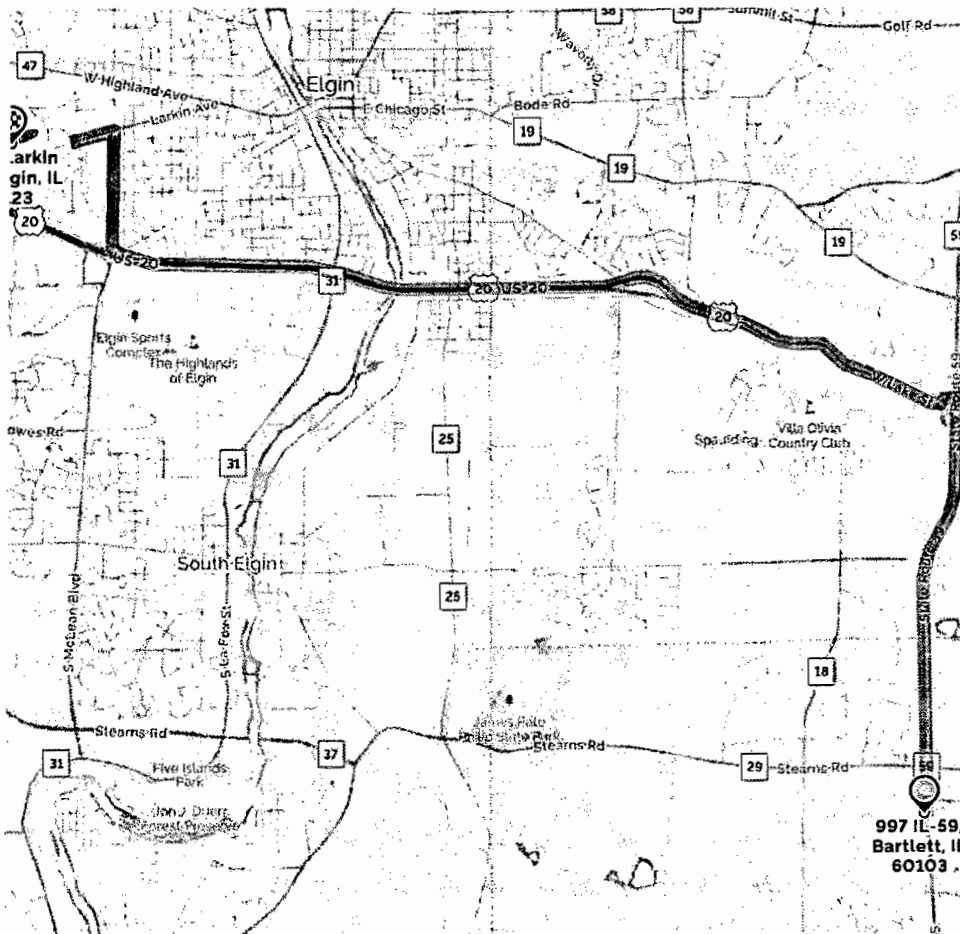


16 MIN | 10.1 MI

Trip time based on traffic conditions as of 3:12 PM on January 8, 2016. Current Traffic: Light

Sherman West Court

1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.  
Then 2.78 miles 2.78 total miles
2. Merge onto US-20 W via the ramp on the left toward Elgin.  
Then 5.59 miles 8.37 total miles
3. Take the McLean Blvd exit.  
Then 0.31 miles 8.67 total miles
4. Turn slight right onto S McLean Blvd.  
Then 0.75 miles 9.42 total miles
5. Turn left onto Larkin Ave.  
Then 0.65 miles 10.07 total miles
6. 1950 LARKIN AVE is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

1101 E State St, Geneva, IL 60134-2437



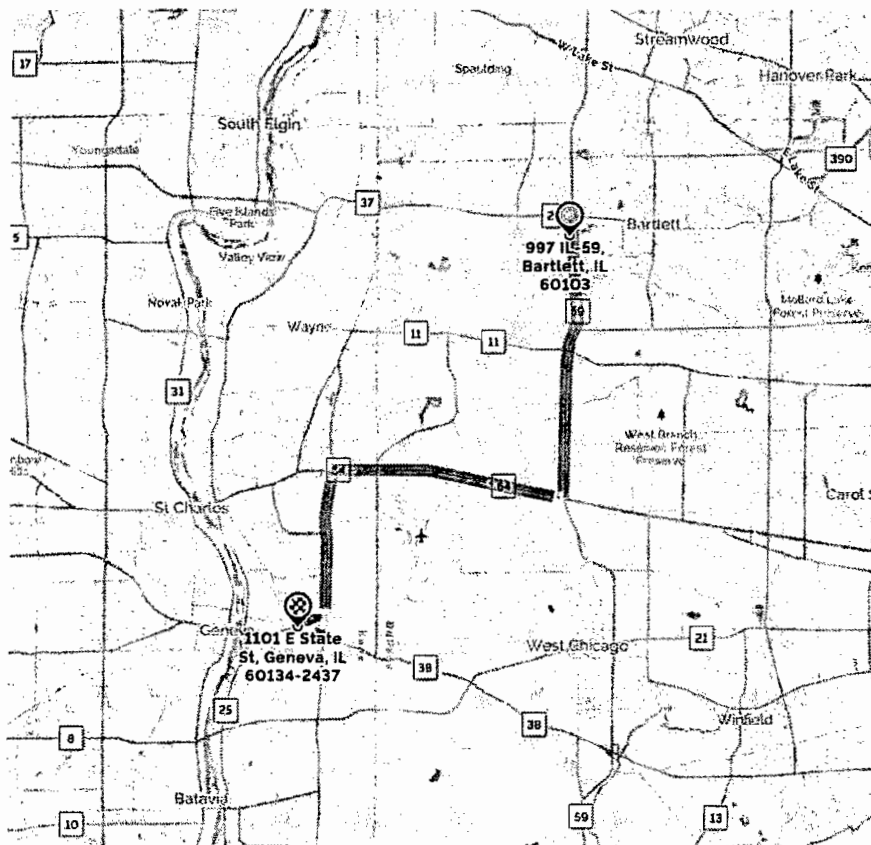
17 MIN | 10.3 MI

Trip time based on traffic conditions as of 3:05 PM on January 8, 2016. Current Traffic Light

Bria of Geneva

## Start of next leg of route

1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.  
Then 0.10 miles 0.10 total miles
2. Make a U-turn at Apple Valley Dr onto IL-59.  
Then 3.90 miles 4.00 total miles
3. Turn right onto North Ave/IL-64. Continue to follow IL-64.  
Then 3.51 miles 7.51 total miles
4. Turn left onto Kirk Rd.  
Then 2.44 miles 9.95 total miles
5. Turn right onto E State St/IL-38.  
Then 0.38 miles 10.33 total miles
6. 1101 E STATE ST is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

2355 Royal Blvd, Elgin, IL 60123

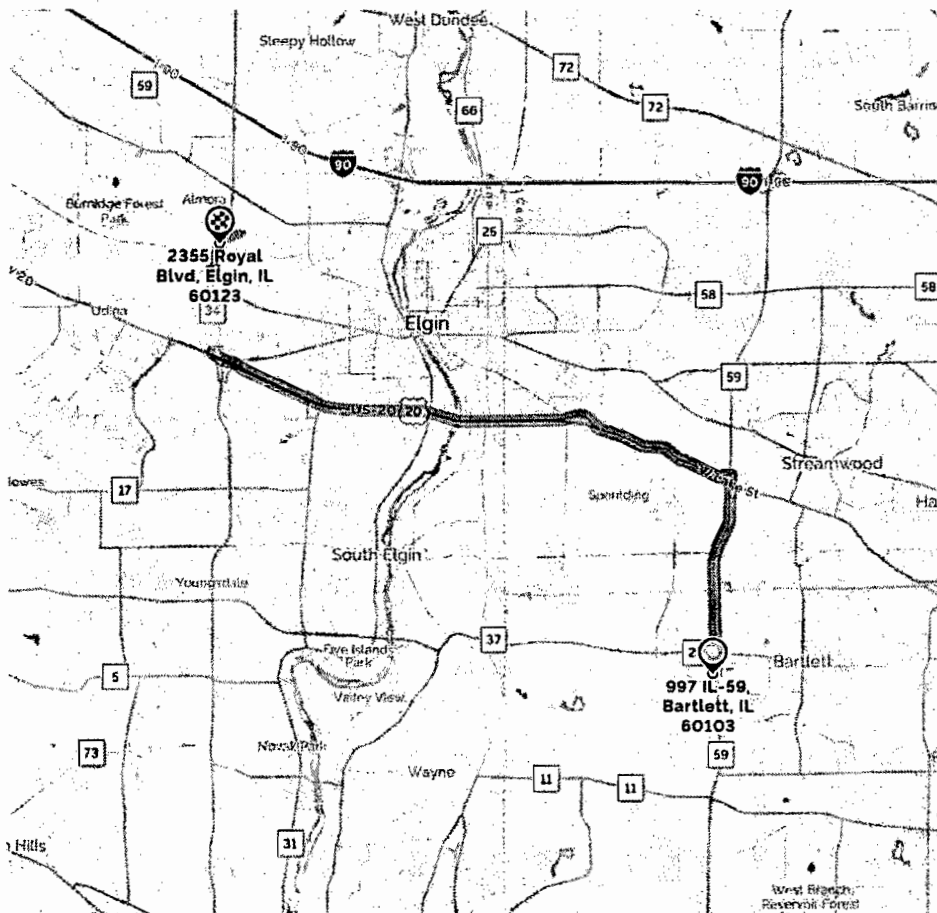


17 MIN | 11.8 MI

Trip time based on traffic conditions as of 3:11 PM on January 8, 2016. Current Traffic: Moderate

Rosewood Care Center of Elgin

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 2.78 miles 2.78 total miles
2. Merge onto US-20 W via the ramp on the left toward Elgin.  
Then 7.45 miles 10.22 total miles
3. Take the Randall Rd exit.  
Then 0.19 miles 10.41 total miles
4. Turn left onto Randall Rd/County Hwy-34.  
Then 1.40 miles 11.82 total miles
5. 2355 ROYAL BLVD.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

2750 W Highland Ave, Elgin, IL 60124-7948



17 MIN | 10.6 MI

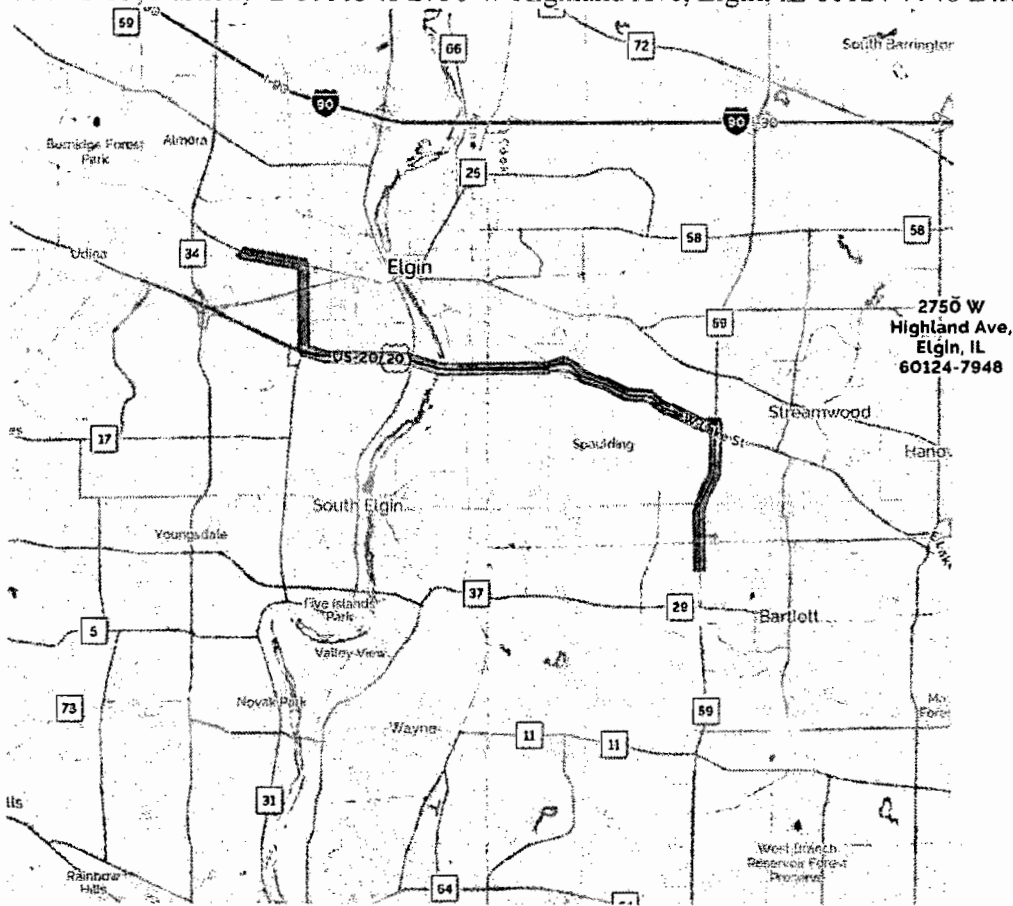
Trip time based on traffic conditions as of 4:21 PM on January 8, 2016. Current Traffic: Moderate

Apostolic Christian Resthaven

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 2.78 miles 2.78 total miles
2. Merge onto US-20 W via the ramp on the left toward Elgin.  
*If you reach Red Oak Dr you've gone about 0.1 miles too far.*  
Then 5.59 miles 8.37 total miles
3. Take the McLean Blvd exit.  
Then 0.31 miles 8.67 total miles
4. Turn slight right onto S McLean Blvd.  
*McLean Bp is on the corner.*  
Then 1.07 miles 9.74 total miles
5. Turn left onto W Highland Ave.  
*W Highland Ave is 0.1 miles past Easy St.*  
*If you reach Lawrence Ave you've gone about 0.1 miles too far.*  
Then 0.87 miles 10.61 total miles
6. 2750 W HIGHLAND AVE is on the right.  
*Your destination is 0.1 miles past Presidential Ln.*  
*If you reach N Airline St you've gone a little too far.*

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 IL-59,  
Bartlett, IL  
60103

ATTACHMENT-17C

YOUR TRIP TO:

165 S Bloomingdale Rd, Bloomingdale, IL 60108



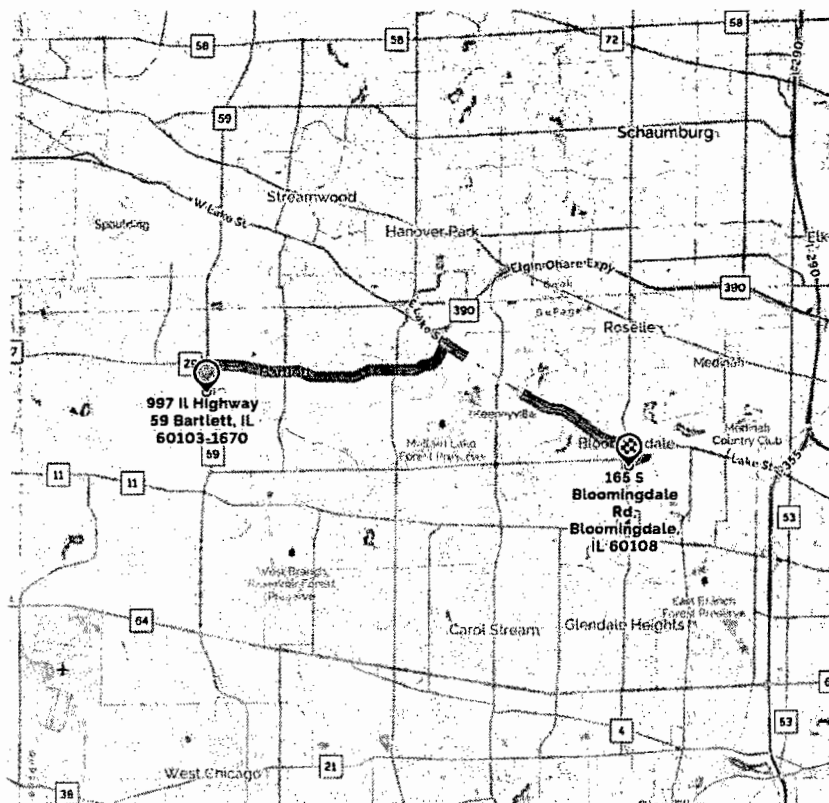
17 MIN | 8.0 MI

Trip time based on traffic conditions as of 3:41 PM on January 8, 2016. Current Traffic: Moderate

Lexington Health Care Center-Bloomingdale

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 0.48 miles 0.48 total miles
2. Turn right onto W Stearns Rd/County Hwy-29. Continue to follow W Stearns Rd.  
Then 2.96 miles 3.44 total miles
3. W Stearns Rd becomes Greenbrook Blvd.  
Then 0.94 miles 4.38 total miles
4. Turn right onto E Lake St/US-20 E.  
Then 3.25 miles 7.63 total miles
5. Turn right onto S Bloomingdale Rd/County Hwy-4.  
Then 0.40 miles 8.03 total miles
6. 165 S BLOOMINGDALE RD is on the left.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



ATTACHMENT-17C

## YOUR TRIP TO:

675 S Roselle Rd, Schaumburg, IL 60193



17 MIN | 9.4 MI

Trip time based on traffic conditions as of 3:43 PM on January 8, 2016. Current Traffic: Moderate

Lexington Of Schaumburg



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.48 miles 0.48 total miles



2. Turn right onto W Stearns Rd/County Hwy-29. Continue to follow W Stearns Rd.

Then 2.96 miles 3.44 total miles



3. W Stearns Rd becomes Greenbrook Blvd.

Then 0.95 miles 4.39 total miles



4. Turn left onto E Lake St/US-20 W.

Then 0.03 miles 4.42 total miles



5. Take the Elgin-O'Hare Expy E ramp.

Then 0.55 miles 4.97 total miles



6. Merge onto Elgin Ohare Expy E.

Then 2.67 miles 7.64 total miles



7. Take the Roselle Rd exit.

Then 0.33 miles 7.97 total miles



8. Turn left onto County Hwy-4/S Roselle Rd. Continue to follow S Roselle Rd.

Then 1.44 miles 9.41 total miles

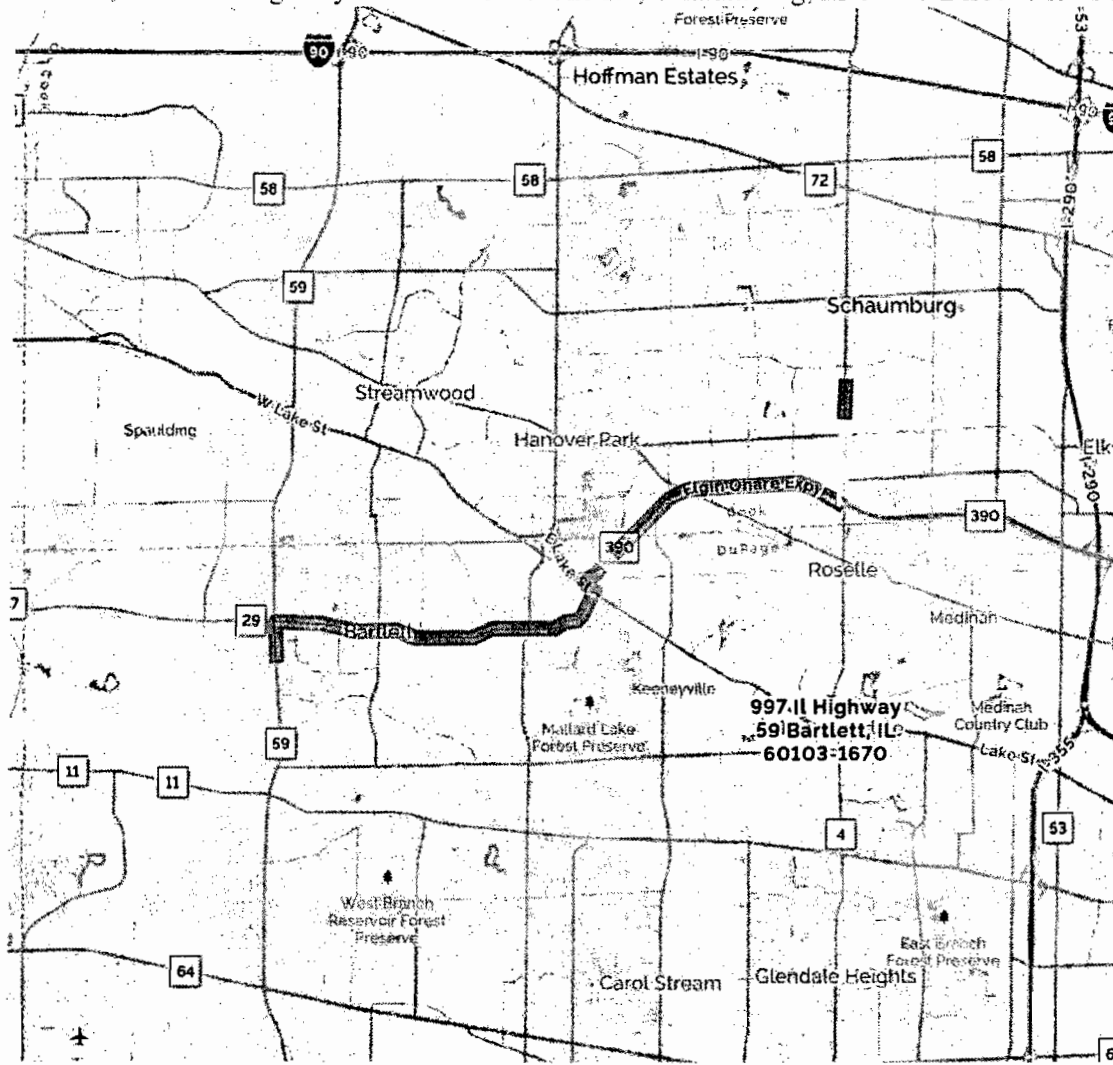


9. 675 S ROSELLE RD is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C





675 S Roselle  
Rd,  
Schaumburg,  
IL 60193

YOUR TRIP TO:



1920 Nerge Rd, Elk Grove Village, IL 60007-2907

17 MIN | 9.5 MI

Trip time based on traffic conditions as of 4:26 PM on January 8, 2016. Current Traffic: Moderate

Manor Care - Elk Grove Village

Start of next leg of route



1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.

Then 0.32 miles 0.32 total miles



2. Turn right onto W Stearns Rd/County Hwy-29. Continue to follow W Stearns Rd.

Then 2.96 miles 3.28 total miles



3. W Stearns Rd becomes Greenbrook Blvd.

Then 0.95 miles 4.24 total miles



4. Turn left onto E Lake St/US-20 W.

Then 0.03 miles 4.26 total miles



5. Take the Elgin-O'Hare Expy E ramp.

Then 0.55 miles 4.81 total miles



6. Merge onto Elgin Ohare Expy E.

Then 2.67 miles 7.49 total miles



7. Take the Roselle Rd exit.

Then 0.33 miles 7.81 total miles



8. Turn left onto County Hwy-4/S Roselle Rd. Continue to follow S Roselle Rd.

Then 0.30 miles 8.12 total miles



9. Turn right onto E Nerge Rd.

Then 1.33 miles 9.45 total miles



10. Make a U-turn at Arkansas Dr onto Nerge Rd.

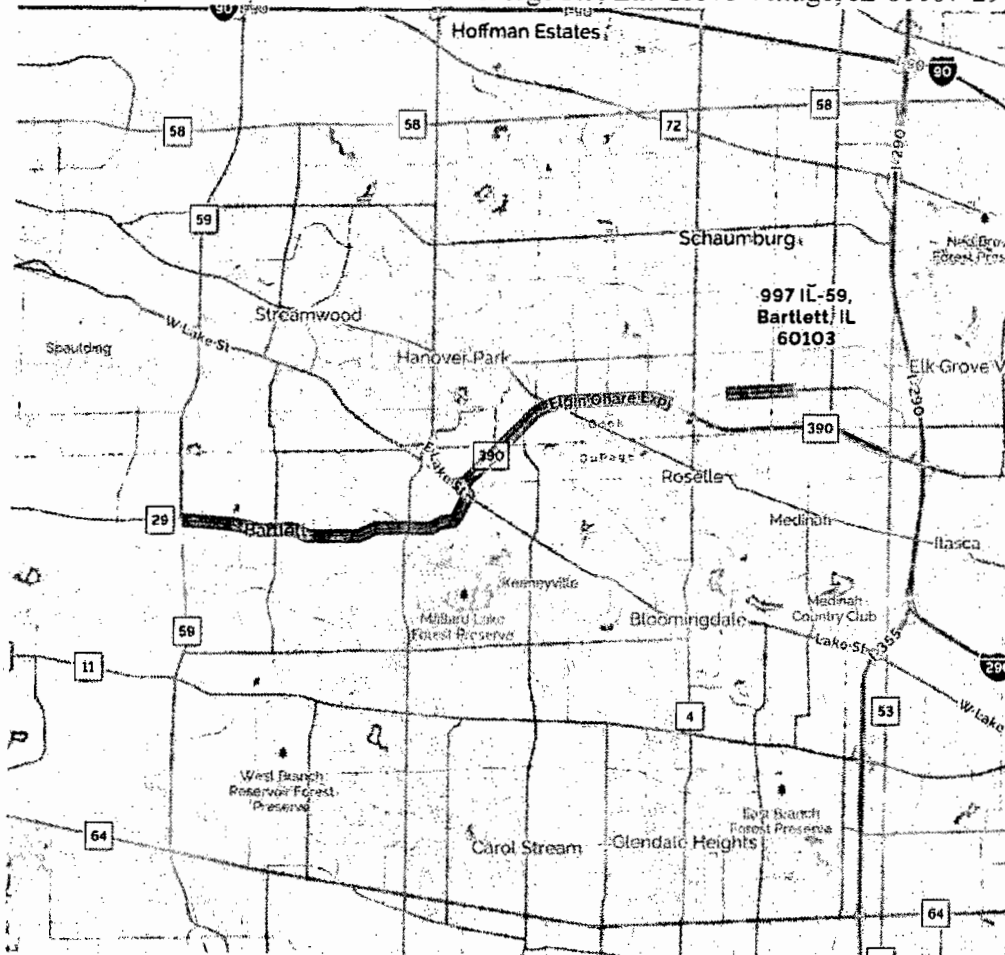
Then 0.07 miles 9.52 total miles



11. 1920 NERGE RD is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



1920 Nerge  
Rd, Elk Grove  
Village, IL  
60007-2907

ATTACHMENT-17C

## YOUR TRIP TO:

520 Fabyan Pkwy, Batavia, IL 60510



19 MIN | 11.6 MI

Trip time based on traffic conditions as of 3:04 PM on January 8, 2016. Current Traffic: Light

Batavia Rehab &amp; Hlthcare Ctr.

## Start of next leg of route



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.10 miles 0.10 total miles



2. Make a U-turn at Apple Valley Dr onto IL-59

Then 4.92 miles 5.02 total miles



3. Turn right onto Arbor Ave.

Then 1.26 miles 6.28 total miles



4. Turn right onto E Washington St/County Hwy-21. Continue to follow County Hwy-21.

Then 3.38 miles 9.65 total miles

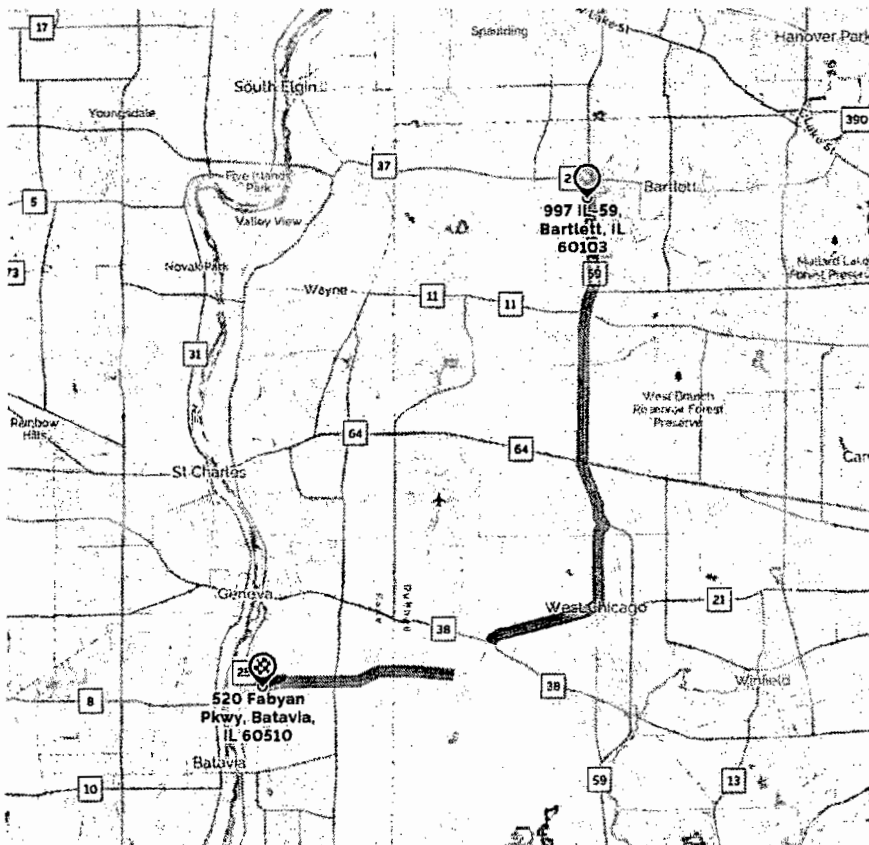


5. County Hwy-21 becomes Fabyan Pkwy.

Then 1.93 miles 11.58 total miles



6. 520 FABYAN PKWY is on the left.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

## YOUR TRIP TO:

28W141 Liberty St, Winfield, IL 60190



19 MIN | 9.9 MI

Trip time based on traffic conditions as of 3:32 PM on January 8, 2016. Current Traffic: Moderate

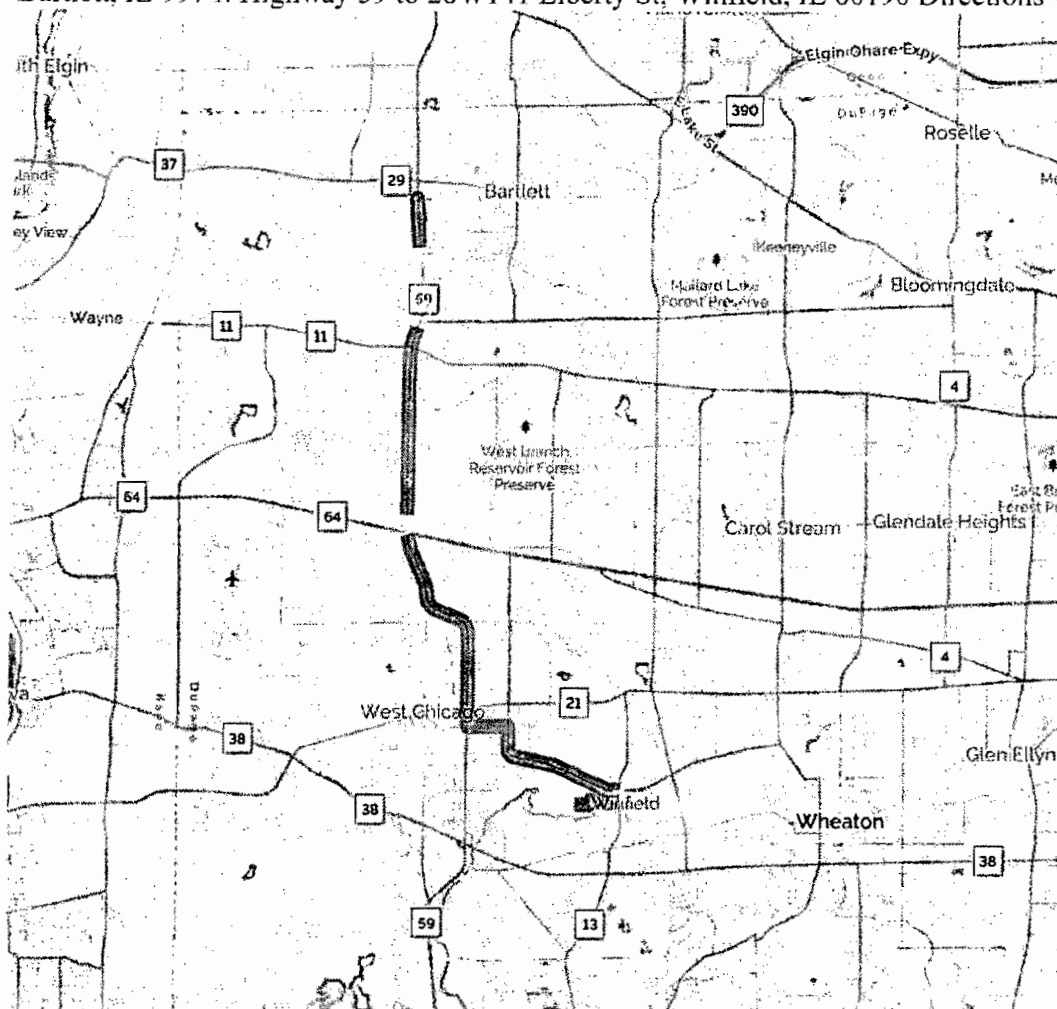
Winfield Woods Healthcare Center

## Start of next leg of route

-  1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 0.26 miles 0.26 total miles
-  2. Make a U-turn at Apple Valley Dr onto IL-59.  
Then 6.57 miles 6.83 total miles
-  3. Turn left onto Main St.  
Then 0.51 miles 7.33 total miles
-  4. Take the 2nd right onto Prince Crossing Rd/County Hwy-27. Continue to follow County Hwy-27.  
Then 1.76 miles 9.10 total miles
-  5. Turn right onto Winfield Rd.  
Then 0.15 miles 9.24 total miles
-  6. Take the 1st right onto Beecher Ave.  
Then 0.38 miles 9.62 total miles
-  7. Turn left onto Wynwood Rd.  
Then 0.12 miles 9.74 total miles
-  8. Stay straight to go onto Liberty St.  
Then 0.13 miles 9.86 total miles
-  9. 28W141 LIBERTY ST.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 Il Highway  
59 Bartlett, IL  
60103-1670

28W141  
Liberty St,  
Winfield, IL  
60190

ATTACHMENT-17C

## YOUR TRIP TO:



400 N County Farm Rd, Wheaton, IL 60187

19 MIN | 10.3 MI

Trip time based on traffic conditions as of 3:33 PM on January 8, 2016. Current Traffic: Moderate

Dupage Convalescent Home

## Start of next leg of route



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.26 miles 0.26 total miles



2. Make a U-turn at Apple Valley Dr onto IL-59.

Then 6.57 miles 6.83 total miles



3. Turn left onto Main St.

Then 0.51 miles 7.33 total miles



4. Take the 2nd right onto Prince Crossing Rd/County Hwy-27. Continue to follow County Hwy-27.

Then 2.44 miles 9.77 total miles



5. Turn right onto County Farm Rd.

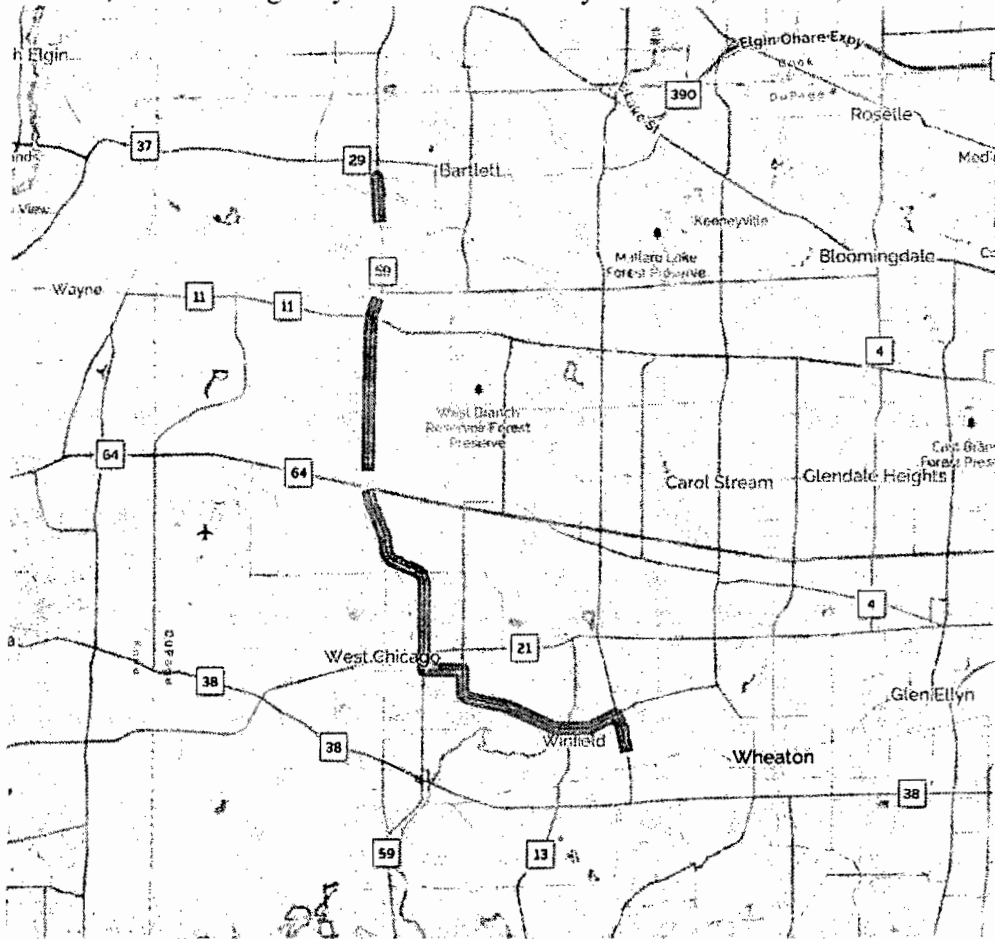
Then 0.49 miles 10.26 total miles



6. 400 N COUNTY FARM RD.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 Il Highway  
59 Bartlett, IL  
60103-1670

400 N County  
Farm Rd,  
Wheaton, IL  
60187

ATTACHMENT-17C



## YOUR TRIP TO:



275 E Army Trail Rd, Bloomingdale, IL 60139

**19 MIN | 8.7 MI**

Trip time based on traffic conditions as of 4:25 PM on January 8, 2016. Current Traffic: Heavy

Alden-Valley Ridge Rehab &amp; Care



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.11 miles

0.11 total miles



2. Take the 1st left.

Then 0.02 miles

0.13 total miles



3. Turn left.

Then 0.01 miles

0.14 total miles



4. Take the 1st right onto S Il Route 59/IL-59.

Then 1.75 miles

1.89 total miles



5. Turn left onto Army Trail Rd/County Hwy-11. Continue to follow Army Trail Rd.

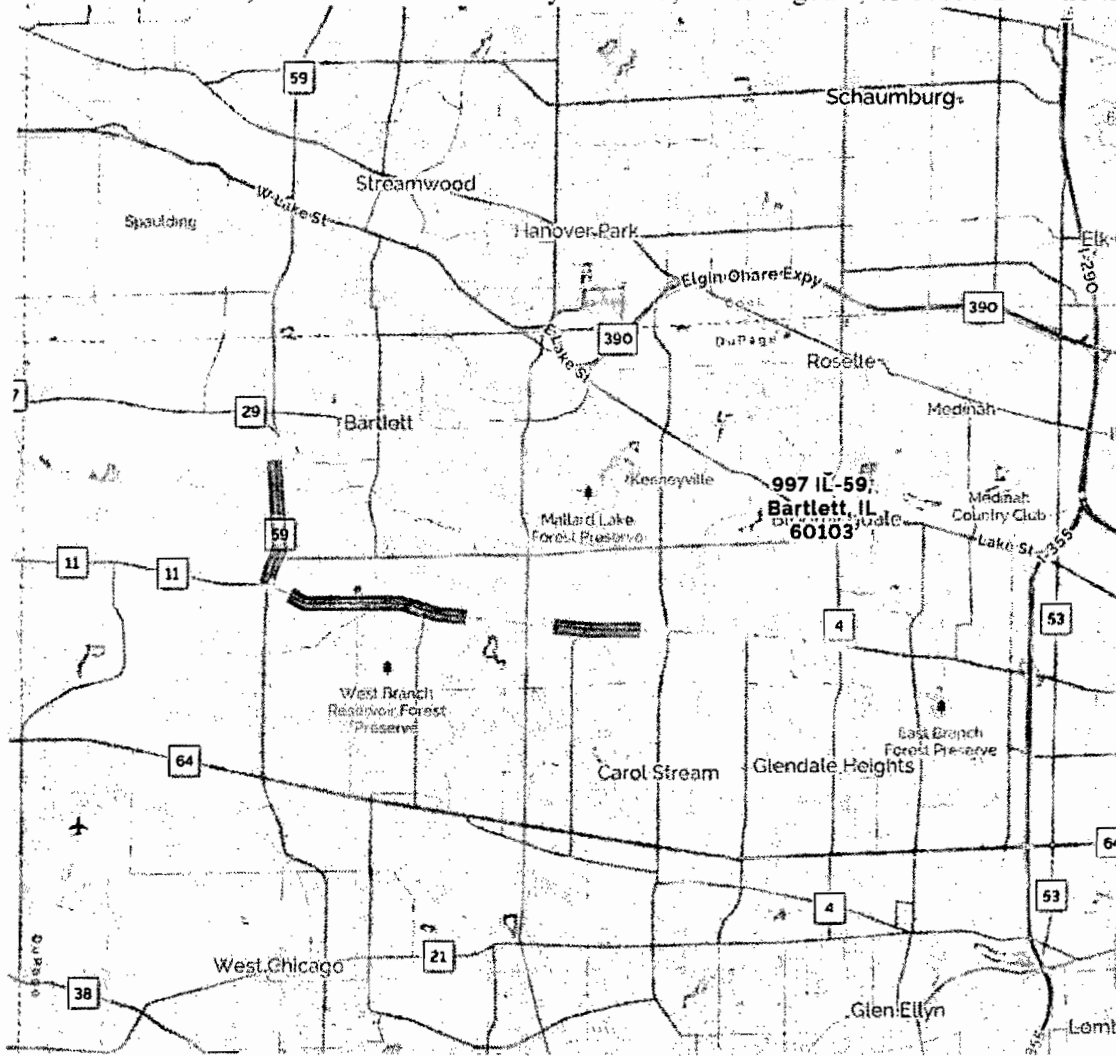
Then 6.82 miles

8.71 total miles



6. 275 E ARMY TRAIL RD is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



275 E Army  
Trail Rd,  
Bloomingdale,  
IL 60139

## YOUR TRIP TO:



311 Edgewater Dr, Bloomingdale, IL 60108

19 MIN | 9.5 MI

Trip time based on traffic conditions as of 4:26 PM on January 8, 2016. Current Traffic: Moderate

West Suburban Nursing &amp; Rehab Center

## Start of next leg of route



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.10 miles 0.10 total miles



2. Make a U-turn at Apple Valley Dr onto S Il Route 59/IL-59.

Then 1.46 miles 1.56 total miles



3. Turn left onto W Schick Rd.

Then 6.47 miles 8.03 total miles



4. Turn right onto S Bloomingdale Rd/County Hwy-4.

Then 0.58 miles 8.62 total miles



5. Turn left onto Edgewater Dr.

Then 0.90 miles 9.51 total miles



6. Turn left.

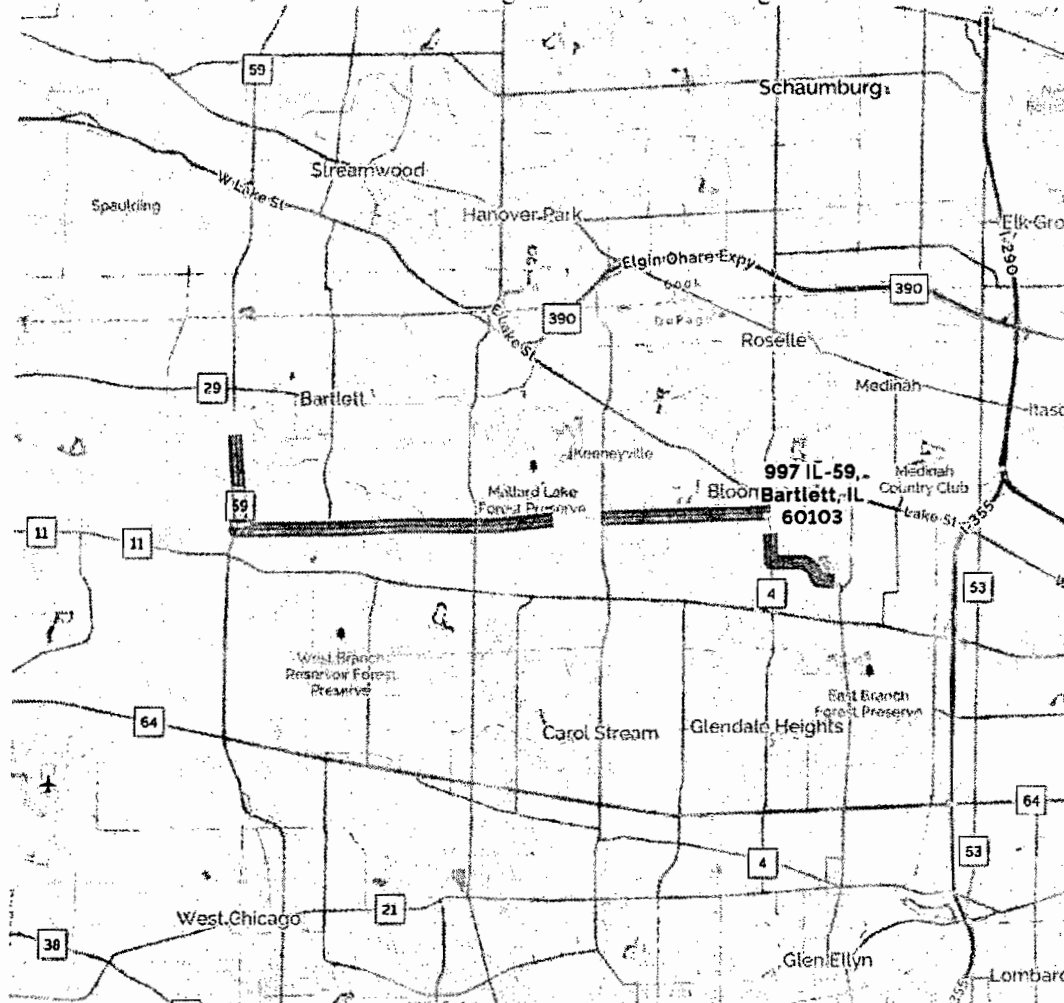
Then 0.01 miles 9.52 total miles



7. 311 EDGEWATER DR.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



311 Edgewater  
Dr,  
Bloomingdale,  
IL 60108

ATTACHMENT-17C

## YOUR TRIP TO:



2180 Manchester Rd, Wheaton, IL 60187-4580

20 MIN | 10.6 MI

Trip time based on traffic conditions as of 3:33 PM on January 8, 2016. Current Traffic: Moderate

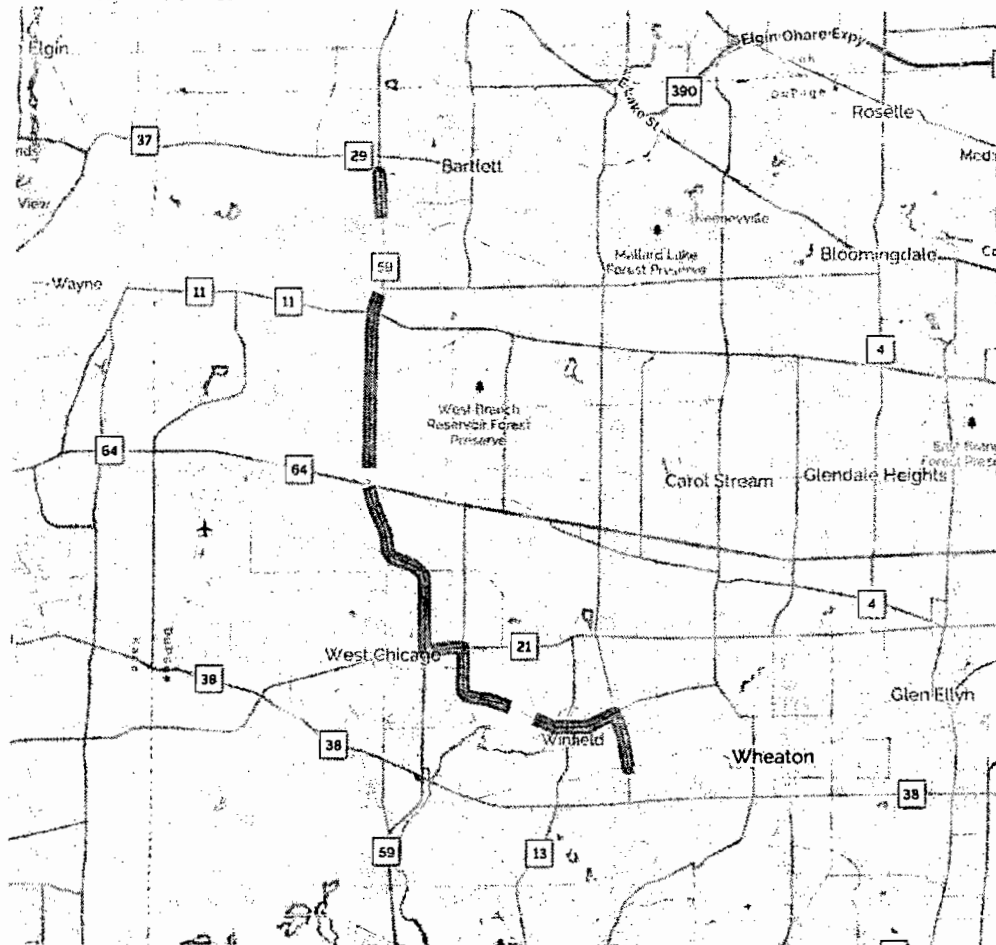
Wynscape Health &amp; Rehab

## Start of next leg of route

1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.  
Then 0.26 miles 0.26 total miles
2. Make a U-turn at Apple Valley Dr onto IL-59  
Then 6.36 miles 6.62 total miles
3. Turn left onto E Washington St/County Hwy-21. Continue to follow County Hwy-21.  
Then 0.51 miles 7.13 total miles
4. Turn right onto Prince Crossing Rd/County Hwy-27. Continue to follow County Hwy-27.  
Then 2.69 miles 9.82 total miles
5. Turn right onto County Farm Rd.  
Then 0.71 miles 10.52 total miles
6. Turn left onto Manchester Rd.  
Then 0.05 miles 10.57 total miles
7. 2180 MANCHESTER RD is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 II Highway  
59 Bartlett, IL  
60103-1670

2180  
Manchester  
Rd, Wheaton,  
IL 60187-4580

ATTACHMENT-17C

## YOUR TRIP TO:

350 W Schaumburg Rd, Schaumburg, IL 60194



20 MIN | 9.7 MI

Trip time based on traffic conditions as of 3:53 PM on January 8, 2016. Current Traffic: Light

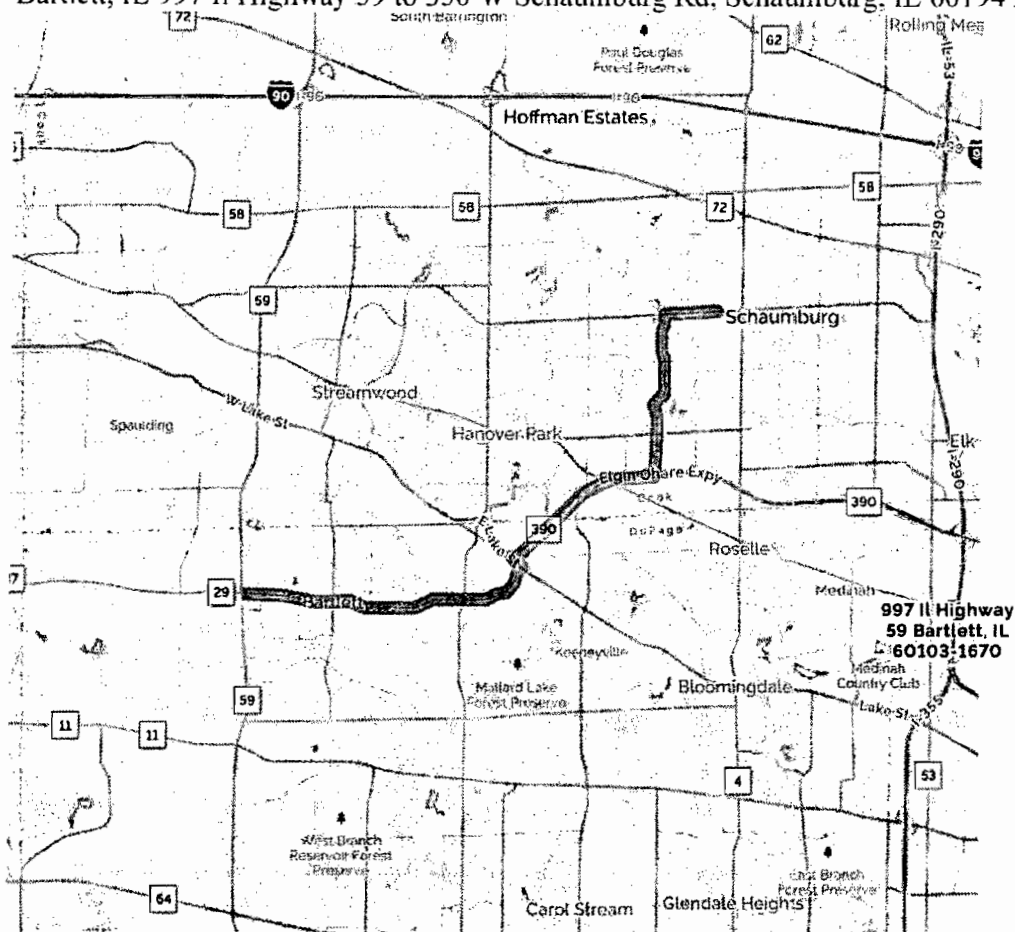
Friendship Village Schaumburg

## Start of next leg of route:

1. Start out going north on S II Route 59/IL-59 toward Apple Valley Dr.  
Then 0.48 miles 0.48 total miles
2. Turn right onto W Stearns Rd/County Hwy-29. Continue to follow W Stearns Rd.  
Then 2.96 miles 3.44 total miles
3. W Stearns Rd becomes Greenbrook Blvd.  
Then 0.95 miles 4.39 total miles
4. Turn left onto E Lake St/US-20 W.  
Then 0.03 miles 4.42 total miles
5. Take the Elgin-O'Hare Expy E ramp.  
Then 0.55 miles 4.97 total miles
6. Merge onto Elgin Ohare Expy E.  
Then 0.39 miles 5.36 total miles
7. Take the Springinsguth Rd exit toward Irving Park Rd.  
Then 0.46 miles 5.82 total miles
8. Stay straight to go onto Frontage Rd.  
Then 0.95 miles 6.77 total miles
9. Turn left onto Wright Blvd.  
Then 0.54 miles 7.31 total miles
10. Wright Blvd becomes S Salem Dr.  
Then 1.61 miles 8.92 total miles
11. Turn right onto W Schaumburg Rd.  
Then 0.69 miles 9.61 total miles
12. Make a U-turn at Sumac Ln onto W Schaumburg Rd.  
Then 0.10 miles 9.71 total miles
13. 350 W SCHAUMBURG RD is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



350 W  
Schaumburg  
Rd,  
Schaumburg,  
IL 60194

ATTACHMENT-17C



## YOUR TRIP TO:



1754 Capital St, Elgin, IL 60124-7896

21 MIN | 15.3 MI

Trip time based on traffic conditions as of 3:12 PM on January 8, 2016. Current Traffic: Light

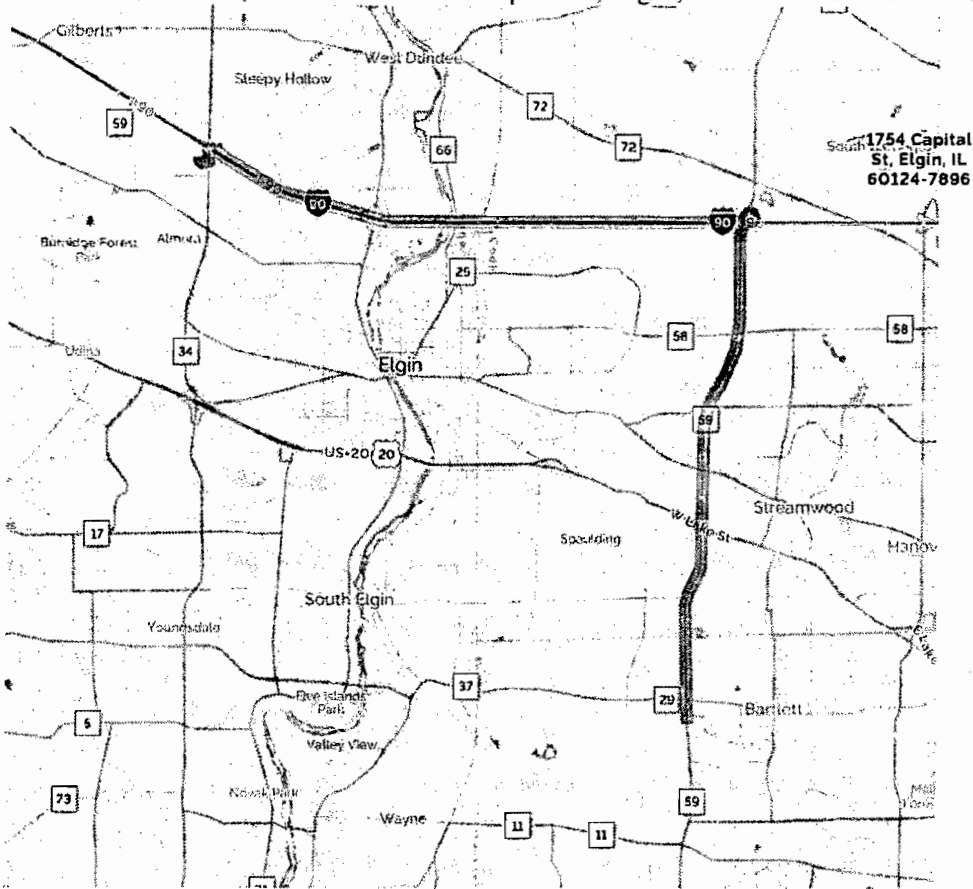
Addison Rehabilitation &amp; Living Center

## Start of next leg of route

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Continue to follow S Il Route 59.  
Then 3.42 miles 3.42 total miles
2. S Il Route 59 becomes S Sutton Rd/IL-59.  
Then 3.33 miles 6.76 total miles
3. Merge onto I-90 W/Jane Addams Memorial Tollway W toward Rockford  
(Portions toll) (Electronic toll collection only).  
Then 7.62 miles 14.38 total miles
4. Take the Randall Rd exit.  
Then 0.38 miles 14.76 total miles
5. Keep right to take the ramp toward Elgin.  
Then 0.07 miles 14.83 total miles
6. Turn left onto County Hwy-34/Randall Rd.  
Then 0.25 miles 15.09 total miles
7. Turn right onto Westfield Dr.  
Then 0.10 miles 15.19 total miles
8. Take the 1st right onto Capital St.  
Then 0.09 miles 15.27 total miles
9. 1754 CAPITAL ST.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 IL-59,  
Bartlett, IL  
60103

ATTACHMENT-17C

## YOUR TRIP TO:

535 S Elm St, Itasca, IL 60143-2187

**21 MIN** | **13.0 MI**

Trip time based on traffic conditions as of 4:27 PM on January 8, 2016. Current Traffic: Light

Forest View Rehab &amp; Nursing Center



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.32 miles 0.32 total miles



2. Turn right onto W Stearns Rd/County Hwy-29. Continue to follow W Stearns Rd

Then 2.96 miles 3.28 total miles



3. W Stearns Rd becomes Greenbrook Blvd

Then 0.95 miles 4.24 total miles



4. Turn left onto E Lake St/US-20 W.

Then 0.03 miles 4.26 total miles



5. Take the Elgin-O'Hare Expy E ramp.

Then 0.55 miles 4.81 total miles



6. Merge onto Elgin Ohare Expy E.

Then 5.59 miles 10.40 total miles



7. Take the IL-53 S/Rohlwing Rd exit.

Then 0.05 miles 10.44 total miles



8. Turn slight right onto N Rohlwing Rd/IL-53.

Then 0.97 miles 11.41 total miles



9. Turn left onto W Irving Park Rd/IL-19.

Then 0.97 miles 12.38 total miles



10. Turn right onto N Walnut St.

Then 0.53 miles 12.92 total miles



11. Turn left onto E George St.

Then 0.06 miles 12.98 total miles



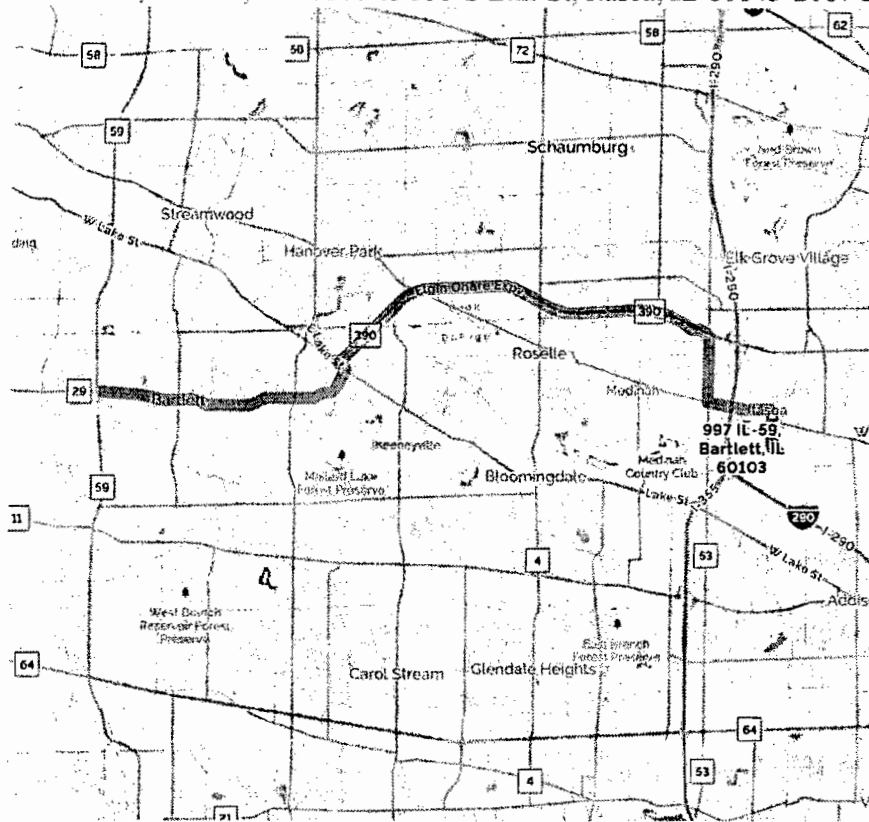
12. Take the 1st right onto S Elm St.

Then 0.05 miles 13.03 total miles



13. 535 S ELM ST.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



535 S Elm St,  
Itasca, IL  
60143-2187

## YOUR TRIP TO:



1325 Manchester Rd, Wheaton, IL 60187-4760

22 MIN | 11.5 MI

Trip time based on traffic conditions as of 3:34 PM on January 8, 2016. Current Traffic: Moderate

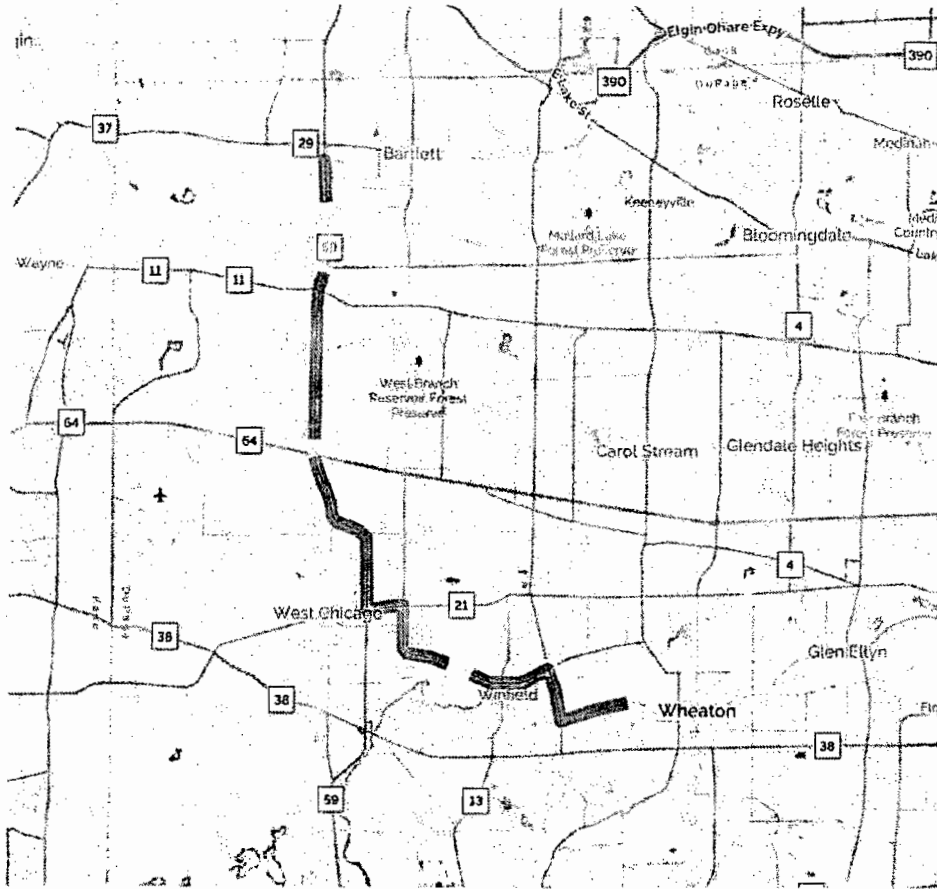
Wheaton Care Center

## Start of next leg of route

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 0.26 miles 0.26 total miles
2. Make a U-turn at Apple Valley Dr onto IL-59.  
Then 6.36 miles 6.62 total miles
3. Turn left onto E Washington St/County Hwy-21. Continue to follow County Hwy-21.  
Then 0.51 miles 7.13 total miles
4. Turn right onto Prince Crossing Rd/County Hwy-27. Continue to follow County Hwy-27.  
Then 2.69 miles 9.82 total miles
5. Turn right onto County Farm Rd.  
Then 0.71 miles 10.52 total miles
6. Turn left onto Manchester Rd.  
Then 0.94 miles 11.47 total miles
7. 1325 MANCHESTER RD is on the left.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 IL Highway  
59 Bartlett, IL  
60103-1670

1325  
Manchester  
Rd, Wheaton,  
IL 60187-4760

**YOUR TRIP TO:**  
831 S Batavia Ave



**24 MIN | 14.1 MI**

Trip time based on traffic conditions as of 3:01 PM on January 8, 2016. Current Traffic: Light

Covenant Health Care Center

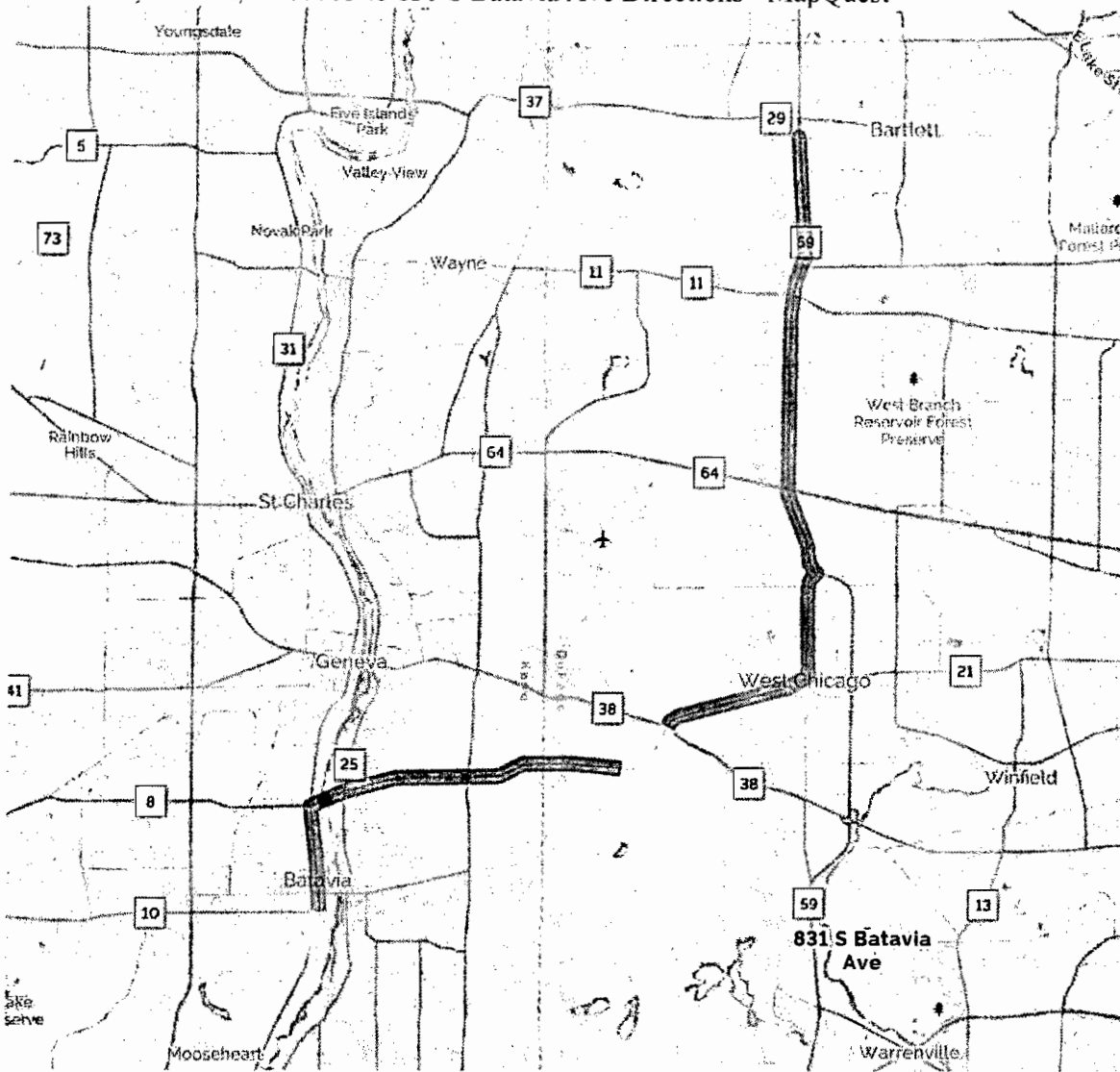
**Start of next leg of route**

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 0.10 miles 0.10 total miles
2. Make a U-turn at Apple Valley Dr onto IL-59.  
Then 4.92 miles 5.02 total miles
3. Turn right onto Arbor Ave.  
Then 1.26 miles 6.28 total miles
4. Turn right onto E Washington St/County Hwy-21. Continue to follow County Hwy-21.  
Then 3.38 miles 9.65 total miles
5. County Hwy-21 becomes Fabyan Pkwy.  
Then 2.73 miles 12.38 total miles
6. Turn left onto N Batavia Ave/IL-31.  
Then 1.69 miles 14.07 total miles
7. 831 S Batavia Ave, Batavia, IL 60510-3005. 831 S BATAVIA AVE is on the right.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

997 IL-59,  
Bartlett, IL  
60103





## YOUR TRIP TO:

37W220 Keslinger Rd, Geneva, IL 60134



24 MIN | 13.3 MI

Trip time based on traffic conditions as of 3:03 PM on January 8, 2016. Current Traffic: Light

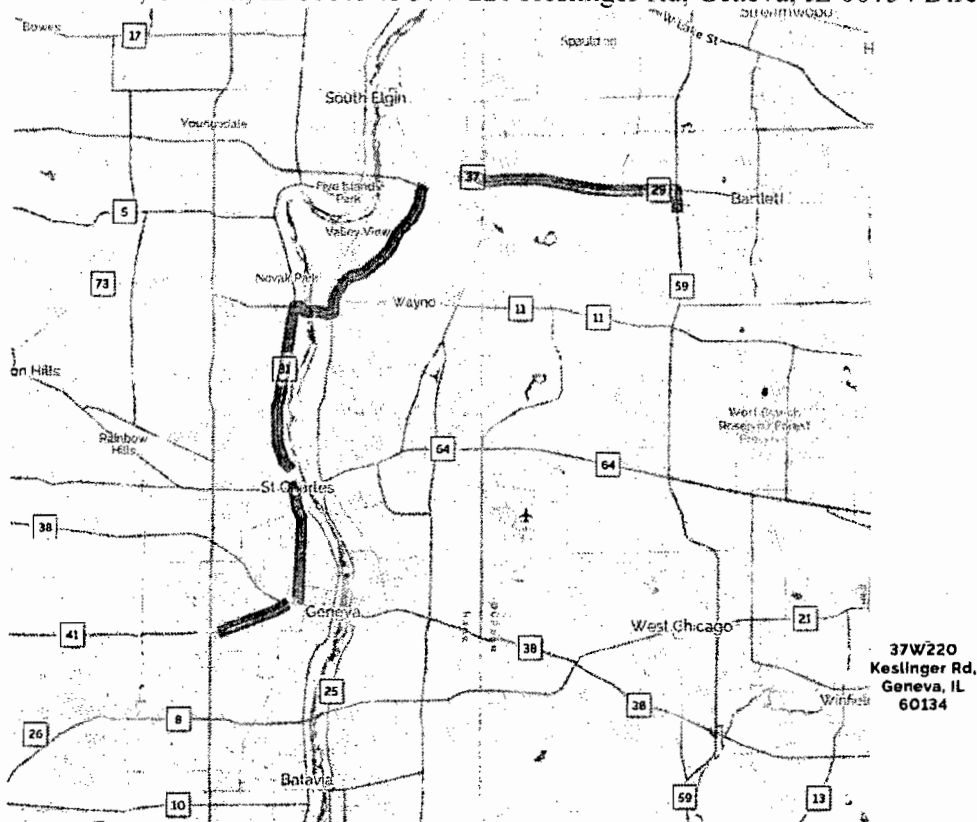
Meadowbrook Manor

Start of next leg of route

1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.  
Then 0.32 miles 0.32 total miles
2. Turn left onto Stearns Rd/County Hwy-29. Continue to follow Stearns Rd.  
Then 3.94 miles 4.26 total miles
3. Stay straight to go onto IL Route 25/IL-25. Continue to follow IL-25.  
Then 2.35 miles 6.61 total miles
4. Turn right onto Red Gate Rd.  
Then 0.62 miles 7.23 total miles
5. Take the 2nd left onto IL Route 31/IL-31. Continue to follow IL-31.  
Then 2.69 miles 9.92 total miles
6. Turn right onto W Main St/IL-64.  
Then 0.06 miles 9.98 total miles
7. Take the 1st left onto S 3rd St.  
Then 1.05 miles 11.03 total miles
8. S 3rd St becomes Anderson Blvd.  
Then 0.65 miles 11.68 total miles
9. Turn right onto W State St/IL-38.  
Then 0.15 miles 11.83 total miles
10. Take the 3rd left onto Kaneville Rd.  
Then 1.24 miles 13.07 total miles
11. Kaneville Rd becomes Keslinger Rd/County Hwy-41.  
Then 0.21 miles 13.27 total miles
12. 37W220 KESLINGER RD.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 IL-59,  
Bartlett, IL  
60103

37W220  
Keslinger Rd,  
Geneva, IL  
60134

## YOUR TRIP TO:

1420 S Barrington Rd, Barrington, IL 60010



24 MIN | 13.2 MI

Trip time based on traffic conditions as of 3:56 PM on January 8, 2016. Current Traffic: Heavy

Alden Estates of Barrington



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Continue to follow S Il Route 59.

Then 3.58 miles 3.58 total miles



2. S Il Route 59 becomes IL-59.

Then 8.22 miles 11.79 total miles



3. Turn slight right onto W Dundee Rd/IL-68.

Then 1.11 miles 12.91 total miles



4. Turn left onto S Barrington Rd.

Then 0.32 miles 13.22 total miles



5. 1420 S BARRINGTON RD is on the left.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

997 IL Highway  
59 Bartlett, IL  
60103-1670

## YOUR TRIP TO:

1347 Crystal Ave, Naperville, IL 60563

**25 MIN | 13.6 MI**

Trip time based on traffic conditions as of 3:27 PM on January 8, 2016. Current Traffic: Moderate

Tabor Hills Healthcare



1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.

Then 0.27 miles

0.27 total miles



2. Take the 1st left.

*If you are on IL-59 and reach Stearns Rd you've gone about 0.2 miles too far.*

Then 0.02 miles

0.28 total miles



3. Turn left.

*If you reach W Stearns Rd you've gone about 0.3 miles too far.*

Then 0.01 miles

0.29 total miles



4. Take the 1st right onto S Il Route 59/IL-59. Continue to follow IL-59.

*If you are on Apple Valley Dr and reach Fremont St you've gone about 0.1 miles too far.*

Then 11.76 miles

12.05 total miles



5. Turn left onto Ferry Rd.

*Ferry Rd is 0.4 miles past Estes St.**Omega Restaurant is on the corner.**If you reach Odyssey Ave you've gone a little too far.*

Then 0.81 miles

12.86 total miles



6. Turn right onto Raymond Dr/County Hwy-1.

*Raymond Dr is 0.5 miles past Comfort Dr.**If you reach Old River Rd you've gone a little too far.*

Then 0.63 miles

13.49 total miles

ATTACHMENT-17C

Crystal Ave is 0.2 miles past W Diehl Rd.

If you reach McDowell Rd you've gone a little too far.

Then 0.10 miles

13.59 total miles

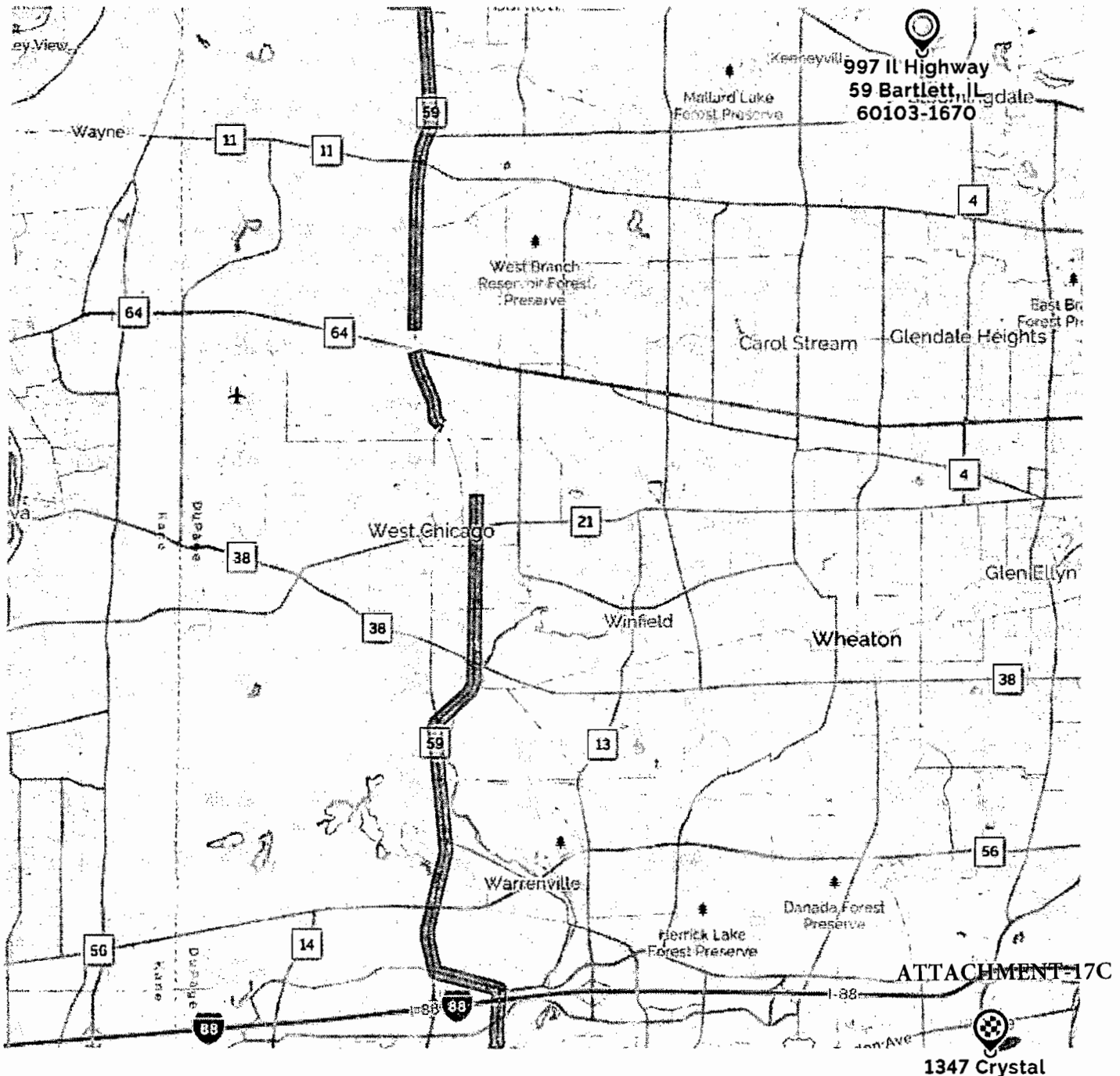


8. 1347 CRYSTAL AVE is on the right

Your destination is just past Cermak Ct.

If you reach Coral Dr you've gone a little too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



ATTACHMENT-17C

1347 Crystal

## YOUR TRIP TO:

On801 Friendship Way, Geneva, IL 60134

**26 MIN | 16.7 MI**

Trip time based on traffic conditions as of 3:03 PM on January 8, 2016. Current Traffic Light

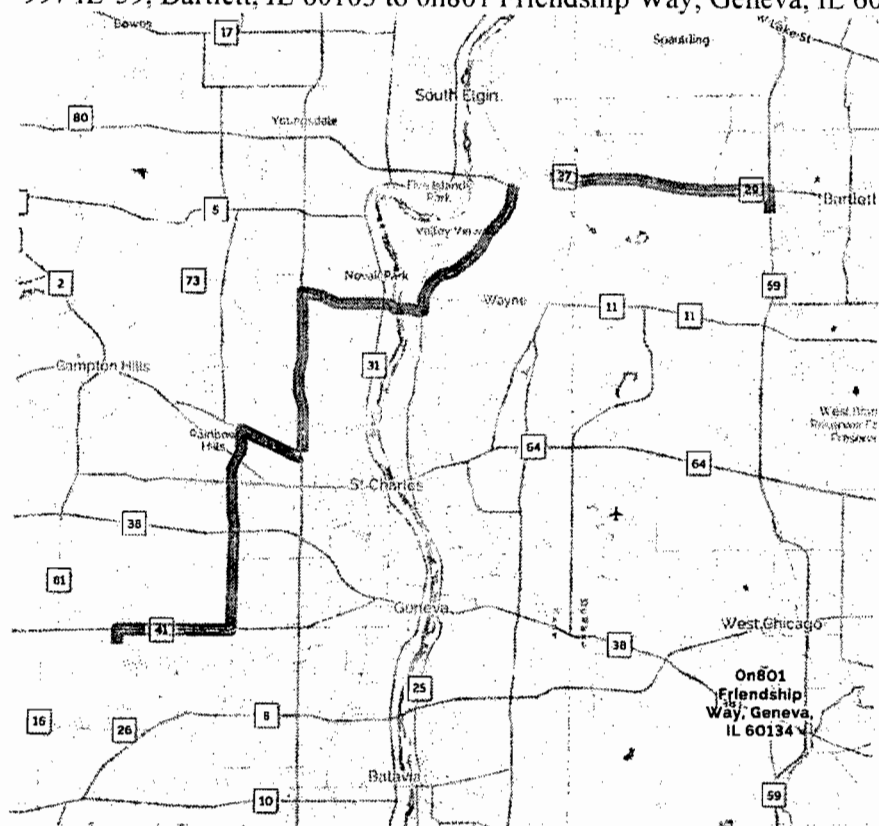
Greenfields of Geneva

## Start of next leg of route

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.  
Then 0.32 miles 0.32 total miles
2. Turn left onto Stearns Rd/County Hwy-29. Continue to follow Stearns Rd.  
Then 3.94 miles 4.26 total miles
3. Stay straight to go onto IL Route 25/IL-25. Continue to follow IL-25.  
Then 2.35 miles 6.61 total miles
4. Turn right onto Red Gate Rd.  
Then 1.87 miles 8.48 total miles
5. Turn left onto Randall Rd.  
Then 2.37 miles 10.85 total miles
6. Turn right onto Ogan St/County Hwy-53.  
Then 0.98 miles 11.84 total miles
7. Turn left onto Peck Rd.  
Then 2.92 miles 14.76 total miles
8. Turn right onto Keslinger Rd/County Hwy-41.  
Then 1.70 miles 16.45 total miles
9. Turn left onto Friendship Way.  
Then 0.21 miles 16.67 total miles
10. ON801 FRIENDSHIP WAY.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 IL-59,  
Bartlett, IL  
60103



## YOUR TRIP TO:



1400 Brookdale Rd, Naperville, IL 60563-2126

**26 MIN | 14.3 MI**

Trip time based on traffic conditions as of 4:23 PM on January 8, 2016. Current Traffic: Moderate

St. Patrick's Residence



1. Start out going north on S IL Route 59/IL-59 toward Apple Valley Dr.

Then 0.11 miles

0.11 total miles



2. Take the 1st left.

Then 0.02 miles

0.13 total miles



3. Turn left.

Then 0.01 miles

0.14 total miles



4. Take the 1st right onto S IL Route 59/IL-59. Continue to follow IL-59.

Then 11.76 miles

11.89 total miles



5. Turn left onto Ferry Rd.

Then 0.81 miles

12.70 total miles



6. Turn right onto Raymond Dr/County Hwy-1.

Then 1.58 miles

14.29 total miles



7. Turn right onto Brookdale Rd.

Then 0.00 miles

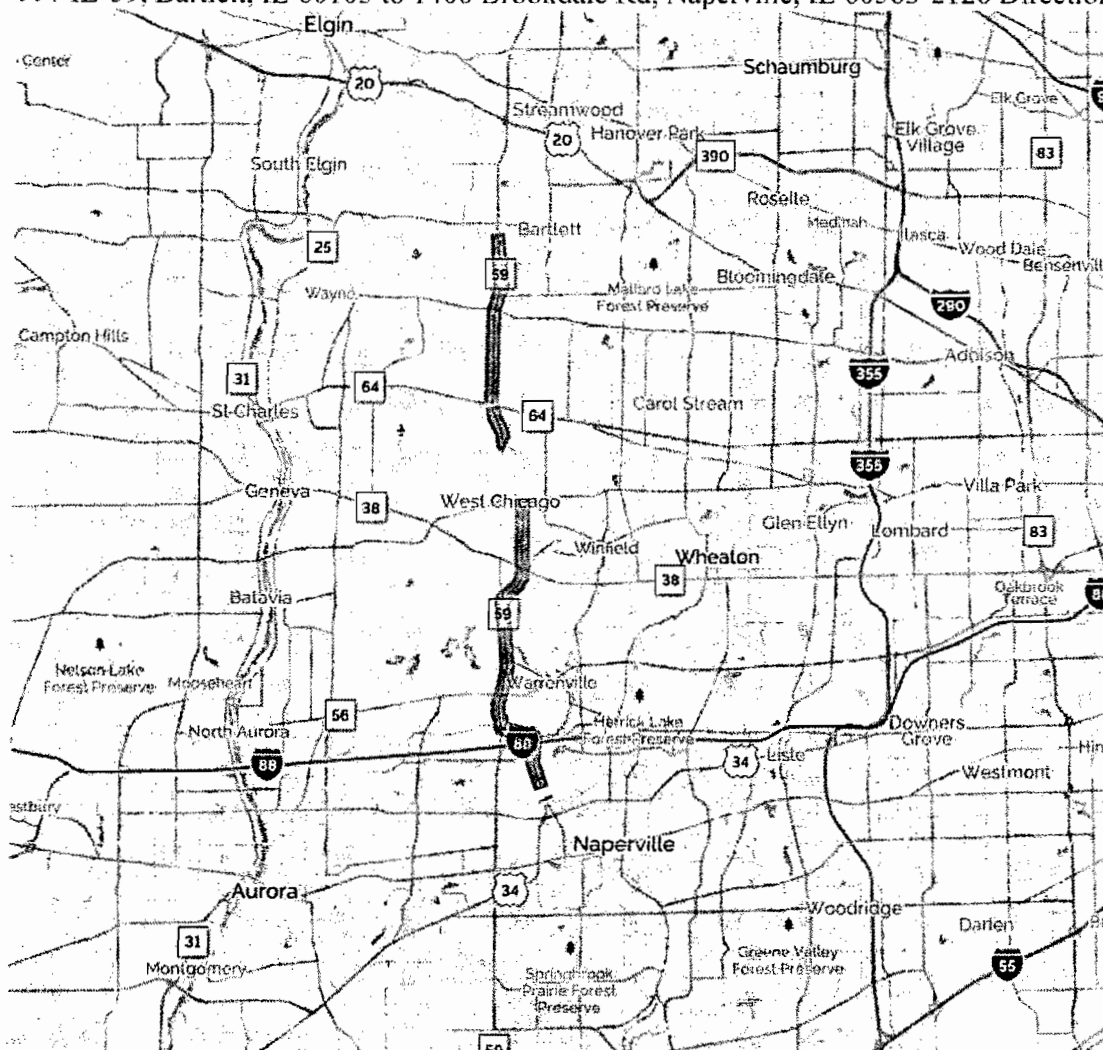
14.29 total miles



8. 1400 BROOKDALE RD is on the left.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 IL-59,  
Bartlett, IL  
60103

1400  
Brookdale Rd,  
Naperville, IL  
60563-2126

ATTACHMENT-17C

| ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------|--|--|--|--|--|--|--|--|--|
| ASSISI HEALTHCARE CENTER AT CLARE OAKS             |  |  |  |  |  |  |  |  |  |
| BARTLETT                                           |  |  |  |  |  |  |  |  |  |
| ASSISI HEALTHCARE CENTER AT CLARE OAKS             |  |  |  |  |  |  |  |  |  |
| BARTLETT, IL. 60103                                |  |  |  |  |  |  |  |  |  |
| Reference Numbers                                  |  |  |  |  |  |  |  |  |  |
| Facility ID                                        |  |  |  |  |  |  |  |  |  |
| Health Services Area                               |  |  |  |  |  |  |  |  |  |
| Planning Service Area                              |  |  |  |  |  |  |  |  |  |
| County                                             |  |  |  |  |  |  |  |  |  |
| Administrator                                      |  |  |  |  |  |  |  |  |  |
| Tiffany Barton                                     |  |  |  |  |  |  |  |  |  |
| Contact Person and Telephone                       |  |  |  |  |  |  |  |  |  |
| TIFFANY BARTON                                     |  |  |  |  |  |  |  |  |  |
| Registered Agent Information                       |  |  |  |  |  |  |  |  |  |
| Corporate/Service Company                          |  |  |  |  |  |  |  |  |  |
| 2711 Centerville Rd.                               |  |  |  |  |  |  |  |  |  |
| Winnington, IL 60108                               |  |  |  |  |  |  |  |  |  |
| Date Questionnaire Completed                       |  |  |  |  |  |  |  |  |  |
| 3/17/2015                                          |  |  |  |  |  |  |  |  |  |
| Continuing Care Retirement Community               |  |  |  |  |  |  |  |  |  |
| Life Care Facility                                 |  |  |  |  |  |  |  |  |  |
| ADMISSIONS AND DISCHARGES - 2014                   |  |  |  |  |  |  |  |  |  |
| Residents on 1/1/2013                              |  |  |  |  |  |  |  |  |  |
| 103                                                |  |  |  |  |  |  |  |  |  |
| Total Admissions 2013                              |  |  |  |  |  |  |  |  |  |
| 444                                                |  |  |  |  |  |  |  |  |  |
| Total Discharges 2013                              |  |  |  |  |  |  |  |  |  |
| 459                                                |  |  |  |  |  |  |  |  |  |
| Residents on 12/31/2013                            |  |  |  |  |  |  |  |  |  |
| 88                                                 |  |  |  |  |  |  |  |  |  |
| Total Residents Diagnosed as                       |  |  |  |  |  |  |  |  |  |
| Mentally Ill                                       |  |  |  |  |  |  |  |  |  |
| 0                                                  |  |  |  |  |  |  |  |  |  |
| Total Residents Reported as                        |  |  |  |  |  |  |  |  |  |
| Identified Offenders                               |  |  |  |  |  |  |  |  |  |
| 0                                                  |  |  |  |  |  |  |  |  |  |

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |     |     |     |    |    |     |     |    |    |
|--------------------------------------------------------------|-----|-----|-----|----|----|-----|-----|----|----|
| MEDICARE CERTIFIED BEDS                                      |     |     |     |    |    |     |     |    |    |
| MEDICAID CERTIFIED BEDS                                      |     |     |     |    |    |     |     |    |    |
| LEVEL OF CARE                                                |     |     |     |    |    |     |     |    |    |
| Nursing Care                                                 |     |     |     |    |    |     |     |    |    |
| Skilled Under 22                                             |     |     |     |    |    |     |     |    |    |
| Intermediate DD                                              |     |     |     |    |    |     |     |    |    |
| Sheltered Care                                               |     |     |     |    |    |     |     |    |    |
| TOTAL BEDS                                                   |     |     |     |    |    |     |     |    |    |
| 120                                                          | 116 | 100 | 116 | 88 | 32 | 120 | 120 | 27 | 27 |

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |       |      |       |      |       |     |       |       |       |
|---------------------------------------------------------------------------------------|-------|------|-------|------|-------|-----|-------|-------|-------|
| FACILITY UTILIZATION - 2014                                                           |       |      |       |      |       |     |       |       |       |
| LEVEL OF CARE                                                                         |       |      |       |      |       |     |       |       |       |
| Nursing Care                                                                          |       |      |       |      |       |     |       |       |       |
| Skilled Under 22                                                                      |       |      |       |      |       |     |       |       |       |
| Intermediate DD                                                                       |       |      |       |      |       |     |       |       |       |
| Sheltered Care                                                                        |       |      |       |      |       |     |       |       |       |
| TOTALS                                                                                |       |      |       |      |       |     |       |       |       |
| 15982                                                                                 | 35.6% | 6014 | 61.0% | 1770 | 14647 | 252 | 39255 | 97.4% | 98.0% |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |    |   |   |   |   |   |    |    |    |
|-------------------------------------------------------------------|----|---|---|---|---|---|----|----|----|
| NURSING CARE                                                      |    |   |   |   |   |   |    |    |    |
| SKILLED UNDER 22                                                  |    |   |   |   |   |   |    |    |    |
| INTERMEDIATE DD                                                   |    |   |   |   |   |   |    |    |    |
| SHELTERED                                                         |    |   |   |   |   |   |    |    |    |
| AGE GROUPS                                                        |    |   |   |   |   |   |    |    |    |
| Under 18                                                          |    |   |   |   |   |   |    |    |    |
| 18 to 44                                                          |    |   |   |   |   |   |    |    |    |
| 45 to 59                                                          |    |   |   |   |   |   |    |    |    |
| 60 to 74                                                          |    |   |   |   |   |   |    |    |    |
| 75 to 84                                                          |    |   |   |   |   |   |    |    |    |
| 85+                                                               |    |   |   |   |   |   |    |    |    |
| TOTALS                                                            |    |   |   |   |   |   |    |    |    |
| 18                                                                | 70 | 0 | 0 | 0 | 0 | 0 | 18 | 70 | 88 |

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
Page 105 of 2048  
10/14/2015

| ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------|--|--|--|--|--|--|--|--|--|
| ASSISI HEALTHCARE CENTER AT CLARE OAKS             |  |  |  |  |  |  |  |  |  |
| BARTLETT                                           |  |  |  |  |  |  |  |  |  |
| ASSISI HEALTHCARE CENTER AT CLARE OAKS             |  |  |  |  |  |  |  |  |  |
| BARTLETT, IL. 60103                                |  |  |  |  |  |  |  |  |  |
| Reference Numbers                                  |  |  |  |  |  |  |  |  |  |
| Facility ID                                        |  |  |  |  |  |  |  |  |  |
| Health Services Area                               |  |  |  |  |  |  |  |  |  |
| Planning Service Area                              |  |  |  |  |  |  |  |  |  |
| County                                             |  |  |  |  |  |  |  |  |  |
| Administrator                                      |  |  |  |  |  |  |  |  |  |
| Tiffany Barton                                     |  |  |  |  |  |  |  |  |  |
| Contact Person and Telephone                       |  |  |  |  |  |  |  |  |  |
| TIFFANY BARTON                                     |  |  |  |  |  |  |  |  |  |
| Registered Agent Information                       |  |  |  |  |  |  |  |  |  |
| Corporate/Service Company                          |  |  |  |  |  |  |  |  |  |
| 2711 Centerville Rd.                               |  |  |  |  |  |  |  |  |  |
| Winnington, IL 60108                               |  |  |  |  |  |  |  |  |  |
| Date Questionnaire Completed                       |  |  |  |  |  |  |  |  |  |
| 3/17/2015                                          |  |  |  |  |  |  |  |  |  |
| Continuing Care Retirement Community               |  |  |  |  |  |  |  |  |  |
| Life Care Facility                                 |  |  |  |  |  |  |  |  |  |
| ADMISSIONS AND DISCHARGES - 2014                   |  |  |  |  |  |  |  |  |  |
| Residents on 1/1/2013                              |  |  |  |  |  |  |  |  |  |
| 103                                                |  |  |  |  |  |  |  |  |  |
| Total Admissions 2013                              |  |  |  |  |  |  |  |  |  |
| 444                                                |  |  |  |  |  |  |  |  |  |
| Total Discharges 2013                              |  |  |  |  |  |  |  |  |  |
| 459                                                |  |  |  |  |  |  |  |  |  |
| Residents on 12/31/2013                            |  |  |  |  |  |  |  |  |  |
| 88                                                 |  |  |  |  |  |  |  |  |  |
| Total Residents Diagnosed as                       |  |  |  |  |  |  |  |  |  |
| Mentally Ill                                       |  |  |  |  |  |  |  |  |  |
| 0                                                  |  |  |  |  |  |  |  |  |  |
| Total Residents Reported as                        |  |  |  |  |  |  |  |  |  |
| Identified Offenders                               |  |  |  |  |  |  |  |  |  |
| 0                                                  |  |  |  |  |  |  |  |  |  |

| RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |    |   |   |    |   |    |    |   |    |
|-----------------------------------------------|----|---|---|----|---|----|----|---|----|
| LEVEL OF CARE                                 |    |   |   |    |   |    |    |   |    |
| Nursing Care                                  |    |   |   |    |   |    |    |   |    |
| Skilled Under 22                              |    |   |   |    |   |    |    |   |    |
| Intermediate DD                               |    |   |   |    |   |    |    |   |    |
| Sheltered Care                                |    |   |   |    |   |    |    |   |    |
| TOTALS                                        |    |   |   |    |   |    |    |   |    |
| 30                                            | 14 | 0 | 3 | 32 | 0 | 88 | 32 | 0 | 88 |

| RESIDENTS BY RACE/ETHNICITY GROUPING |              |   |                  |   | FACILITY STAFFING |                |                      |
|--------------------------------------|--------------|---|------------------|---|-------------------|----------------|----------------------|
| RACE                                 | Nursing Care |   | Skilled Under 22 |   | Intermediate DD   | Sheltered Care | Totals               |
|                                      |              |   |                  |   |                   |                |                      |
| Asian                                | 3            | 0 | 0                | 0 | 0                 | 0              | 3                    |
| American Indian                      | 0            | 0 | 0                | 0 | 0                 | 0              | 0                    |
| Black                                | 1            | 0 | 0                | 0 | 0                 | 0              | 1                    |
| Black/African/Caribbean              | 0            | 0 | 0                | 0 | 0                 | 0              | 0                    |
| White                                | 84           | 0 | 0                | 0 | 0                 | 0              | 84                   |
| Race Unknown                         | 0            | 0 | 0                | 0 | 0                 | 0              | 0                    |
| Total                                | 88           | 0 | 0                | 0 | 0                 | 0              | 88                   |
| ETHNICITY                            | Nursing Care |   | Skilled Under 22 |   | Intermediate DD   | Sheltered Care | Totals               |
|                                      |              |   |                  |   |                   |                |                      |
| Hispanic                             | 0            | 0 | 0                | 0 | 0                 | 0              | 0                    |
| Non-Hispanic                         | 88           | 0 | 0                | 0 | 0                 | 0              | 88                   |
| Ethnicity Unknown                    | 0            | 0 | 0                | 0 | 0                 | 0              | 0                    |
| Total                                | 88           | 0 | 0                | 0 | 0                 | 0              | 88                   |
|                                      |              |   |                  |   |                   |                | Employment Category  |
|                                      |              |   |                  |   |                   |                | Administrators       |
|                                      |              |   |                  |   |                   |                | Physicians           |
|                                      |              |   |                  |   |                   |                | Director of Nursing  |
|                                      |              |   |                  |   |                   |                | Registered Nurses    |
|                                      |              |   |                  |   |                   |                | LPNs                 |
|                                      |              |   |                  |   |                   |                | Certified Aides      |
|                                      |              |   |                  |   |                   |                | Other Health Staff   |
|                                      |              |   |                  |   |                   |                | Non-Health Staff     |
|                                      |              |   |                  |   |                   |                | Totals               |
|                                      |              |   |                  |   |                   |                | Full-Time Equivalent |
|                                      |              |   |                  |   |                   |                | 1.00                 |
|                                      |              |   |                  |   |                   |                | 0.00                 |
|                                      |              |   |                  |   |                   |                | 1.00                 |
|                                      |              |   |                  |   |                   |                | 20.00                |
|                                      |              |   |                  |   |                   |                | 10.00                |
|                                      |              |   |                  |   |                   |                | 54.00                |
|                                      |              |   |                  |   |                   |                | 5.00                 |
|                                      |              |   |                  |   |                   |                | 50.00                |
|                                      |              |   |                  |   |                   |                | 150.00               |

**ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014    WOOD GLEN NURSING & REHAB CENTER    WEST CHICAGO**

|                                  |                           |
|----------------------------------|---------------------------|
| WOOD GLEN NURSING & REHAB CENTER | Classification Numbers    |
| 201 W. North Ave.                | License Number 000713     |
| WEST CHICAGO, IL 60615           | Health Service Area 007   |
|                                  | Planning Service Area 703 |
|                                  | Planning Area 7-C 043     |
|                                  | County Wayne Township     |

| LEVEL<br>OF CARE | RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |        |         |         | TOTALS | AVERAGE DAILY PAYMENT RATES |        |  |
|------------------|-----------------------------------------------|----------|--------|---------|---------|--------|-----------------------------|--------|--|
|                  | Medicare                                      | Medicaid | Public | Private | Charity |        | LEVEL OF CARE               |        |  |
|                  |                                               |          |        |         |         |        | SINGLE                      | DOUBLE |  |
| Nursing Care     | 1                                             | 174      | 0      | 0       | 33      | 0      | 115                         | 175    |  |
| Skilled Under 22 | 0                                             | 0        | 0      | 0       | 0       | 0      | 0                           | 0      |  |
| Intermediate D   | 0                                             | 0        | 0      | 0       | 0       | 0      | 0                           | 0      |  |
| Skilled Care     | 0                                             | 0        | 0      | 0       | 0       | 0      | 0                           | 0      |  |
| TOTALS           | 1                                             | 174      | 0      | 0       | 33      | 0      | 208                         | 208    |  |

| RESIDENTS BY RACIAL/ETHNICITY GROUPING |              |                  |                 |                | FACILITY STAFFING |                     |                      |
|----------------------------------------|--------------|------------------|-----------------|----------------|-------------------|---------------------|----------------------|
| RACE                                   | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltoned Care | Totals            | Employment Category | Full-Time Equivalent |
| Asian                                  | 2            | 0                | 0               | 0              | 2                 |                     |                      |
| American Indian                        | 0            | 0                | 0               | 0              | 0                 | Administrators      | 1.00                 |
| Black                                  | 10           | 0                | 0               | 0              | 10                | Physicians          | 0.00                 |
| Hawaiian/Pacific Isl.                  | 3            | 0                | 0               | 0              | 3                 | Director of Nursing | 1.00                 |
| White                                  | 184          | 0                | 0               | 0              | 184               | Registered Nurses   | 9.00                 |
| Other Race Unknown                     | 9            | 0                | 0               | 0              | 9                 | LPN's               | 6.00                 |
| Total                                  | 208          | 0                | 0               | 0              | 208               | Certified Aides     | 26.00                |
|                                        |              |                  |                 |                |                   | Other Health Staff  | 6.00                 |
| ETHNICITY                              | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltoned Care | Totals            | Non-Health Staff    |                      |
| Hispanic                               | 9            | 0                | 0               | 0              | 9                 |                     |                      |
| Non-Hispanic                           | 199          | 0                | 0               | 0              | 199               |                     |                      |
| Ethnicity Unknown                      | 0            | 0                | 0               | 0              | 0                 |                     |                      |
| Total                                  | 208          | 0                | 0               | 0              | 208               |                     |                      |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |          |           |              |                   |             |            |
|------------------------------------------------|----------|-----------|--------------|-------------------|-------------|------------|
|                                                | Medicare | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     |
| Medicare                                       | 4.2%     | 73.7%     | 0.0%         | 15.4%             | 6.7%        | 100.0%     |
| Medicaid                                       | 420,021  | 7,440,864 |              | 1,257,520         | 672,619     | 10,000,560 |
| Private Insurance                              |          |           |              |                   |             |            |
| Private Pay                                    |          |           |              |                   |             |            |
| Other                                          |          |           |              |                   |             |            |
| Clarity Care Expense as % of Total Net Revenue |          |           |              |                   |             | 0.0%       |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014      WOOD GLEN NURSING & REHAB CENTER      WEST CHICAGO

| WOOD GLEN NURSING & REHAB CENTER |        | ADMISSION RESTRICTIONS   |   | RESIDENTS BY PRIMARY DIAGNOSIS |   |
|----------------------------------|--------|--------------------------|---|--------------------------------|---|
| 201 W. North Ave.                |        | Aggressive/Anti-Social   | 0 | DIAGNOSIS                      |   |
| WEST CHICAGO, IL. 60165          |        | Chronic Alcoholism       | 0 | Narcissism                     | 0 |
|                                  |        | Developmentally Disabled | 7 | Endocrine/Metabolic            | 7 |
|                                  |        | Drug Addiction           | 0 | Blood Disorders                | 3 |
| Reference Numbers                |        | Molded Recipient         | 0 | Nervous System Non Alzheimer   | 9 |
| Facility ID                      | 600713 |                          |   |                                |   |

|     |                       |   |                                 |     |
|-----|-----------------------|---|---------------------------------|-----|
| 007 | Health Service Area   | 0 | Alzheimer Disease               | 3   |
| 703 | Planning Service Area | 0 | Mental Illness                  | 151 |
| 043 | Wayne Township        | 0 | Developmental Disability        | 2   |
|     |                       | 0 | Circulatory System              | 10  |
|     |                       | 0 | Respiratory System              | 8   |
|     |                       | 0 | Digestive System                | 9   |
|     |                       | 0 | Circulatory System Disorders    | 0   |
|     |                       | 1 | Stroke Disorders                | 3   |
|     |                       | 0 | Musculo-skeletal Disorders      | 1   |
|     |                       | 0 | Injuries and Poisonings         | 0   |
|     |                       | 0 | Other Medical Conditions        | 9   |
|     |                       | 0 | No Restrictions                 | 0   |
|     |                       | 0 | Medicare Recipient              | 0   |
|     |                       | 0 | Medicaid Recipient              | 0   |
|     |                       | 0 | Public Assistance Recipient     | 0   |
|     |                       | 0 | Under 65 Years Old              | 0   |
|     |                       | 0 | Unable to Self-Medicate         | 0   |
|     |                       | 0 | Ventilator Dependent            | 0   |
|     |                       | 0 | Infectious Disease w/ Isolation | 0   |
|     |                       | 0 | Other Restrictions              | 0   |
|     |                       | 0 | No Restrictions                 | 0   |
|     |                       | 0 | Contact Person and Telephone    | 0   |
|     |                       | 0 | Shannon Lessor                  | 0   |
|     |                       | 0 | 000-076-0 100 x 10              | 0   |

| Registered Agent Information | Date Questionnaire Completed | ADMISSIONS AND DISCHARGES - 2014 | Non-Medical Conditions                           | 0   |
|------------------------------|------------------------------|----------------------------------|--------------------------------------------------|-----|
|                              | 3/25/2015                    | Residents on 1/1/2013            | TOTALS                                           | 208 |
|                              |                              | Total Admissions 2013            | Total Residents Diagnosed as                     | 100 |
|                              |                              | Total Discharges 2013            | Monthly Ill                                      |     |
|                              |                              | Residents on 12/31/2013          | Total Residents Reported as Identified Offenders | 10  |

| LEVEL OF CARE    | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                |              |                |                |                   |                               |                               |  |
|------------------|--------------------------------------------------------------|----------------|--------------|----------------|----------------|-------------------|-------------------------------|-------------------------------|--|
|                  | LICENSED<br>BEDS                                             | PEAK<br>SET-UP | PEAK<br>USED | BEDS<br>SET-UP | BEDS<br>IN USE | AVAILABLE<br>BEDS | MEDICARE<br>CERTIFIED<br>BEDS | MEDICAID<br>CERTIFIED<br>BEDS |  |
| Nursing Care     | 213                                                          | 213            | 213          | 213            | 208            | 5                 | 207                           | 207                           |  |
| Skilled Under 22 | 0                                                            | 0              | 0            | 0              | 0              | 0                 | 0                             | 0                             |  |
| Intermediate DD  | 0                                                            | 0              | 0            | 0              | 0              | 0                 | 0                             | 0                             |  |
| Skilled Care     | 0                                                            | 0              | 0            | 0              | 0              | 0                 | 0                             | 0                             |  |
| TOTAL BEDS       | 213                                                          | 213            | 213          | 213            | 208            | 5                 | 207                           | 207                           |  |

| FACILITY UTILIZATION - 2014                                                           |           |           |           |           |              |           |                   |           |             |           |              |           |               |           |           |        |
|---------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|--------------|-----------|-------------------|-----------|-------------|-----------|--------------|-----------|---------------|-----------|-----------|--------|
| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |           |           |           |           |              |           |                   |           |             |           |              |           |               |           |           |        |
| LEVEL OF CARE                                                                         | Medicare  |           | Medicaid  |           | Other Public |           | Private Insurance |           | Private Pay |           | Charity Care |           | Licensed Beds |           | Peak Beds |        |
|                                                                                       | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days    | Occ. Pct. | Pat. days         | Occ. Pct. | Pat. days   | Occ. Pct. | Pat. days    | Occ. Pct. | Pat. days     | Occ. Pct. | Beds      | Set Up |
| Nursing Care                                                                          | 1233      | 1.6%      | 57027     | 75.5%     | 0            | 0.0%      | 0                 | 0.0%      | 365         | 3818      | 0            | 0         | 62443         | 80.3%     | 60.3%     | 80.3%  |
| Skilled Under 22                                                                      |           |           |           |           |              |           |                   |           |             |           |              |           |               |           |           |        |
| Intermediate OD                                                                       |           |           | 0         | 0.0%      | 0            | 0.0%      | 0                 | 0.0%      | 0           | 0         | 0            | 0         | 0             | 0.0%      | 0.0%      | 0.0%   |
| Skilled Care                                                                          |           |           |           |           |              |           |                   |           |             |           |              |           |               |           |           |        |
| TOTALS                                                                                | 1233      | 1.6%      | 57027     | 75.5%     | 0            | 0.0%      | 0                 | 0.0%      | 365         | 3818      | 0            | 0         | 62443         | 80.3%     | 80.3%     | 80.3%  |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |              |        |              |        |              |        |           |        |       |        |             |
|-------------------------------------------------------------------|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| AGE GROUPS                                                        | NURSING CARE |        | SKL UNDER 22 |        | INTERMED. DO |        | 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                                                          | 28           | 10     | 0            | 0      | 0            | 0      | 0         | 0      | 28    | 10     | 38          |
| 45 to 59                                                          | 45           | 34     | 0            | 0      | 0            | 0      | 0         | 0      | 44    | 34     | 78          |
| 60 to 64                                                          | 16           | 12     | 0            | 0      | 0            | 0      | 0         | 0      | 16    | 12     | 28          |
| 65 to 74                                                          | 14           | 27     | 0            | 0      | 0            | 0      | 0         | 0      | 14    | 27     | 41          |
| 75 to 84                                                          | 8            | 11     | 0            | 0      | 0            | 0      | 0         | 0      | 6     | 11     | 17          |
| 85+                                                               | 4            | 2      | 0            | 0      | 0            | 0      | 0         | 0      | 4     | 2      | 6           |
| TOTALS                                                            | 119          | 96     | 0            | 0      | 0            | 0      | 0         | 0      | 119   | 96     | 208         |

| ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 |  |  |  | LEXINGTON OF STREAMWOOD                          |  | STREAMWOOD                     |  |
|----------------------------------------------------|--|--|--|--------------------------------------------------|--|--------------------------------|--|
| LEXINGTON OF STREAMWOOD                            |  |  |  | ADMISSION RESTRICTIONS                           |  | RESIDENTS BY PRIMARY DIAGNOSIS |  |
| 815 EAST IRVING PARK ROAD<br>STREAMWOOD, IL 60107  |  |  |  | Aggressive/Abuse-Social                          |  | 1                              |  |
| Reference Numbers                                  |  |  |  | Chronic Alcoholism                               |  | 1                              |  |
| Facility ID 6012975                                |  |  |  | Developmentally Disabled                         |  | 5                              |  |
| Health Service Area 007                            |  |  |  | Drug Addiction                                   |  | 1                              |  |
| Planning Service Area 701                          |  |  |  | Medicaid Recipient                               |  | 0                              |  |
| County 031                                         |  |  |  | Mental Illness                                   |  | 0                              |  |
| Administrator                                      |  |  |  | Non-Ambulatory                                   |  | 1                              |  |
| Kadang Youso                                       |  |  |  | Public Aid Recipient                             |  | 0                              |  |
| Contact Person and Telephone                       |  |  |  | Under 65 Years Old                               |  | 0                              |  |
| Bridget Rumold                                     |  |  |  | Unable to Self-Medicate                          |  | 0                              |  |
| 6304584035                                         |  |  |  | Vomitor Dependent                                |  | 1                              |  |
| Registered Agent Information                       |  |  |  | Infectious Disease w/ Isolation                  |  | 3                              |  |
|                                                    |  |  |  | Other Restrictions                               |  | 0                              |  |
|                                                    |  |  |  | No Restrictions                                  |  | 48                             |  |
|                                                    |  |  |  | Other Medical Conditions                         |  | 0                              |  |
|                                                    |  |  |  | Non-Medical Conditions                           |  | 170                            |  |
|                                                    |  |  |  | TOTALS                                           |  |                                |  |
|                                                    |  |  |  | Total Residents Diagnosed as                     |  | Mentally Ill                   |  |
|                                                    |  |  |  | Residents on 11/1/2013                           |  | 190                            |  |
|                                                    |  |  |  | Total Admissions 2013                            |  | 387                            |  |
|                                                    |  |  |  | Total Discharges 2013                            |  | 398                            |  |
|                                                    |  |  |  | Residents on 12/31/2013                          |  | 178                            |  |
|                                                    |  |  |  | Total Residents Reported as Identified Offenders |  | 0                              |  |

Note: Reported restrictions derived by JY

| ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 |  |  |  | LEXINGTON OF STREAMWOOD                          |  | STREAMWOOD                     |  |
|----------------------------------------------------|--|--|--|--------------------------------------------------|--|--------------------------------|--|
| LEXINGTON OF STREAMWOOD                            |  |  |  | ADMISSION RESTRICTIONS                           |  | RESIDENTS BY PRIMARY DIAGNOSIS |  |
| 815 EAST IRVING PARK ROAD<br>STREAMWOOD, IL 60107  |  |  |  | Aggressive/Abuse-Social                          |  | 1                              |  |
| Reference Numbers                                  |  |  |  | Chronic Alcoholism                               |  | 1                              |  |
| Facility ID 6012975                                |  |  |  | Developmentally Disabled                         |  | 5                              |  |
| Health Service Area 007                            |  |  |  | Drug Addiction                                   |  | 1                              |  |
| Planning Service Area 701                          |  |  |  | Medicaid Recipient                               |  | 0                              |  |
| County 031                                         |  |  |  | Mental Illness                                   |  | 0                              |  |
| Administrator                                      |  |  |  | Non-Ambulatory                                   |  | 1                              |  |
| Kadang Youso                                       |  |  |  | Public Aid Recipient                             |  | 0                              |  |
| Contact Person and Telephone                       |  |  |  | Under 65 Years Old                               |  | 0                              |  |
| Bridget Rumold                                     |  |  |  | Unable to Self-Medicate                          |  | 0                              |  |
| 6304584035                                         |  |  |  | Vomitor Dependent                                |  | 1                              |  |
| Registered Agent Information                       |  |  |  | Infectious Disease w/ Isolation                  |  | 3                              |  |
|                                                    |  |  |  | Other Restrictions                               |  | 0                              |  |
|                                                    |  |  |  | No Restrictions                                  |  | 48                             |  |
|                                                    |  |  |  | Other Medical Conditions                         |  | 0                              |  |
|                                                    |  |  |  | Non-Medical Conditions                           |  | 170                            |  |
|                                                    |  |  |  | TOTALS                                           |  |                                |  |
|                                                    |  |  |  | Total Residents Diagnosed as                     |  | Mentally Ill                   |  |
|                                                    |  |  |  | Residents on 11/1/2013                           |  | 190                            |  |
|                                                    |  |  |  | Total Admissions 2013                            |  | 387                            |  |
|                                                    |  |  |  | Total Discharges 2013                            |  | 398                            |  |
|                                                    |  |  |  | Residents on 12/31/2013                          |  | 178                            |  |
|                                                    |  |  |  | Total Residents Reported as Identified Offenders |  | 0                              |  |

Note: Reported restrictions derived by JY

| ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 |  |  |  | LEXINGTON OF STREAMWOOD                          |  | STREAMWOOD                     |  |
|----------------------------------------------------|--|--|--|--------------------------------------------------|--|--------------------------------|--|
| LEXINGTON OF STREAMWOOD                            |  |  |  | ADMISSION RESTRICTIONS                           |  | RESIDENTS BY PRIMARY DIAGNOSIS |  |
| 815 EAST IRVING PARK ROAD<br>STREAMWOOD, IL 60107  |  |  |  | Aggressive/Abuse-Social                          |  | 1                              |  |
| Reference Numbers                                  |  |  |  | Chronic Alcoholism                               |  | 1                              |  |
| Facility ID 6012975                                |  |  |  | Developmentally Disabled                         |  | 5                              |  |
| Health Service Area 007                            |  |  |  | Drug Addiction                                   |  | 1                              |  |
| Planning Service Area 701                          |  |  |  | Medicaid Recipient                               |  | 0                              |  |
| County 031                                         |  |  |  | Mental Illness                                   |  | 0                              |  |
| Administrator                                      |  |  |  | Non-Ambulatory                                   |  | 1                              |  |
| Kadang Youso                                       |  |  |  | Public Aid Recipient                             |  | 0                              |  |
| Contact Person and Telephone                       |  |  |  | Under 65 Years Old                               |  | 0                              |  |
| Bridget Rumold                                     |  |  |  | Unable to Self-Medicate                          |  | 0                              |  |
| 6304584035                                         |  |  |  | Vomitor Dependent                                |  | 1                              |  |
| Registered Agent Information                       |  |  |  | Infectious Disease w/ Isolation                  |  | 3                              |  |
|                                                    |  |  |  | Other Restrictions                               |  | 0                              |  |
|                                                    |  |  |  | No Restrictions                                  |  | 48                             |  |
|                                                    |  |  |  | Other Medical Conditions                         |  | 0                              |  |
|                                                    |  |  |  | Non-Medical Conditions                           |  | 170                            |  |
|                                                    |  |  |  | TOTALS                                           |  |                                |  |
|                                                    |  |  |  | Total Residents Diagnosed as                     |  | Mentally Ill                   |  |
|                                                    |  |  |  | Residents on 11/1/2013                           |  | 190                            |  |
|                                                    |  |  |  | Total Admissions 2013                            |  | 387                            |  |
|                                                    |  |  |  | Total Discharges 2013                            |  | 398                            |  |
|                                                    |  |  |  | Residents on 12/31/2013                          |  | 178                            |  |
|                                                    |  |  |  | Total Residents Reported as Identified Offenders |  | 0                              |  |

Note: Reported restrictions derived by JY

| ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 |  |  |  | LEXINGTON OF STREAMWOOD                          |  | STREAMWOOD                     |  |
|----------------------------------------------------|--|--|--|--------------------------------------------------|--|--------------------------------|--|
| LEXINGTON OF STREAMWOOD                            |  |  |  | ADMISSION RESTRICTIONS                           |  | RESIDENTS BY PRIMARY DIAGNOSIS |  |
| 815 EAST IRVING PARK ROAD<br>STREAMWOOD, IL 60107  |  |  |  | Aggressive/Abuse-Social                          |  | 1                              |  |
| Reference Numbers                                  |  |  |  | Chronic Alcoholism                               |  | 1                              |  |
| Facility ID 6012975                                |  |  |  | Developmentally Disabled                         |  | 5                              |  |
| Health Service Area 007                            |  |  |  | Drug Addiction                                   |  | 1                              |  |
| Planning Service Area 701                          |  |  |  | Medicaid Recipient                               |  | 0                              |  |
| County 031                                         |  |  |  | Mental Illness                                   |  | 0                              |  |
| Administrator                                      |  |  |  | Non-Ambulatory                                   |  | 1                              |  |
| Kadang Youso                                       |  |  |  | Public Aid Recipient                             |  | 0                              |  |
| Contact Person and Telephone                       |  |  |  | Under 65 Years Old                               |  | 0                              |  |
| Bridget Rumold                                     |  |  |  | Unable to Self-Medicate                          |  | 0                              |  |
| 6304584035                                         |  |  |  | Vomitor Dependent                                |  | 1                              |  |
| Registered Agent Information                       |  |  |  | Infectious Disease w/ Isolation                  |  | 3                              |  |
|                                                    |  |  |  | Other Restrictions                               |  | 0                              |  |
|                                                    |  |  |  | No Restrictions                                  |  | 48                             |  |
|                                                    |  |  |  | Other Medical Conditions                         |  | 0                              |  |
|                                                    |  |  |  | Non-Medical Conditions                           |  | 170                            |  |
|                                                    |  |  |  | TOTALS                                           |  |                                |  |
|                                                    |  |  |  | Total Residents Diagnosed as                     |  | Mentally Ill                   |  |
|                                                    |  |  |  | Residents on 11/1/2013                           |  | 190                            |  |
|                                                    |  |  |  | Total Admissions 2013                            |  | 387                            |  |
|                                                    |  |  |  | Total Discharges 2013                            |  | 398                            |  |
|                                                    |  |  |  | Residents on 12/31/2013                          |  | 178                            |  |
|                                                    |  |  |  | Total Residents Reported as Identified Offenders |  | 0                              |  |

Note: Reported restrictions derived by JY

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |              |        |                  |        |              |        |           |        |       |        |             |
|-------------------------------------------------------------------|--------------|--------|------------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| AGE GROUPS                                                        | NURSING CARE |        | SKILLED 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            | 1      | 0                | 0      | 0            | 0      | 0         | 0      | 0     | 1      | 1           |
| 45 to 59                                                          | 2            | 2      | 0                | 0      | 0            | 0      | 0         | 0      | 2     | 2      | 4           |
| 60 to 64                                                          | 3            | 5      | 0                | 0      | 0            | 0      | 0         | 0      | 3     | 5      | 8           |
| 65 to 74                                                          | 14           | 22     | 0                | 0      | 0            | 0      | 0         | 0      | 14    | 22     | 36          |
| 75 to 84                                                          | 16           | 32     | 0                | 0      | 0            | 0      | 0         | 0      | 16    | 32     | 48          |
| 85+                                                               | 16           | 66     | 0                | 0      | 0            | 0      | 0         | 0      | 16    | 66     | 82          |
| TOTALS                                                            | 51           | 128    | 0                | 0      | 0            | 0      | 0         | 0      | 51    | 128    | 179         |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 CLAREMONT-HANOVER PARK HANOVER PARK

|                                                                                            |                                                         |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------|
| CLAREMONT-HANOVER PARK<br>2000 WEST LAKE STREET<br>HANOVER PARK, IL 60133                  | Classification Numbers<br>601655-4<br>007<br>701<br>031 |
| Reference Numbers<br>Facility ID<br>Health Service Area<br>Planning Service Area<br>County | 601655-4<br>007<br>701<br>Hanover Township              |

| LEVEL OF CARE    | Medicare | Medicaid | Other | Private | Charity | TOTALS |
|------------------|----------|----------|-------|---------|---------|--------|
| Nursing Care     | 53       | 2        | 0     | 14      | 7       | 76     |
| Skilled Under 22 | 0        | 0        | 0     | 0       | 0       | 0      |
| Intermediate DD  | 0        | 0        | 0     | 0       | 0       | 0      |
| Sheltered Care   | 0        | 0        | 0     | 0       | 0       | 0      |
| TOTALS           | 53       | 2        | 0     | 14      | 7       | 76     |

| RACE                  | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-----------------------|--------------|------------------|-----------------|----------------|--------|
| Ashen                 | 3            | 0                | 0               | 0              | 3      |
| American Indian       | 0            | 0                | 0               | 0              | 0      |
| Black                 | 1            | 0                | 0               | 0              | 1      |
| Hispanic/Pacific Isl. | 0            | 0                | 0               | 0              | 0      |
| White                 | 72           | 0                | 0               | 0              | 72     |
| Race Unknown          | 0            | 0                | 0               | 0              | 0      |
| Total                 | 76           | 0                | 0               | 0              | 76     |

| ETHNICITY         | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-------------------|--------------|------------------|-----------------|----------------|--------|
| Hispanic          | 1            | 0                | 0               | 0              | 1      |
| Non-Hispanic      | 75           | 0                | 0               | 0              | 75     |
| Ethnicity Unknown | 0            | 0                | 0               | 0              | 0      |
| Total             | 76           | 0                | 0               | 0              | 76     |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | Medicare   | Medicaid | Other Public | Private Insurance | Charity Care | Expenses as % of Total Net Revenue |
|------------------------------------------------|------------|----------|--------------|-------------------|--------------|------------------------------------|
|                                                | 78.1%      | 1.1%     | 0.0%         | 16.2%             | 0            | 0.0%                               |
|                                                | 12,710,220 | 174,720  | 0            | 2,475,415         | 0            | 10,255,248                         |

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 CLAREMONT-HANOVER PARK HANOVER PARK

|                                                                                            |                                            |                                                                   |
|--------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------|
| CLAREMONT-HANOVER PARK<br>2000 WEST LAKE STREET<br>HANOVER PARK, IL 60133                  | ADMISSION RESTRICTIONS                     | RESIDENTS BY PRIMARY DIAGNOSIS                                    |
| Reference Numbers<br>Facility ID<br>Health Service Area<br>Planning Service Area<br>County | 601655-4<br>007<br>701<br>Hanover Township | 1<br>1<br>1<br>3<br>0<br>1<br>13<br>12<br>4<br>3<br>3<br>34<br>70 |

| LEVEL OF CARE    | Medicare | Medicaid | Other | Private | Charity | TOTALS |
|------------------|----------|----------|-------|---------|---------|--------|
| Nursing Care     | 53       | 2        | 0     | 14      | 7       | 76     |
| Skilled Under 22 | 0        | 0        | 0     | 0       | 0       | 0      |
| Intermediate DD  | 0        | 0        | 0     | 0       | 0       | 0      |
| Sheltered Care   | 0        | 0        | 0     | 0       | 0       | 0      |
| TOTALS           | 53       | 2        | 0     | 14      | 7       | 76     |

| RACE                  | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-----------------------|--------------|------------------|-----------------|----------------|--------|
| Ashen                 | 3            | 0                | 0               | 0              | 3      |
| American Indian       | 0            | 0                | 0               | 0              | 0      |
| Black                 | 1            | 0                | 0               | 0              | 1      |
| Hispanic/Pacific Isl. | 0            | 0                | 0               | 0              | 0      |
| White                 | 72           | 0                | 0               | 0              | 72     |
| Race Unknown          | 0            | 0                | 0               | 0              | 0      |
| Total                 | 76           | 0                | 0               | 0              | 76     |

| ETHNICITY         | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-------------------|--------------|------------------|-----------------|----------------|--------|
| Hispanic          | 1            | 0                | 0               | 0              | 1      |
| Non-Hispanic      | 75           | 0                | 0               | 0              | 75     |
| Ethnicity Unknown | 0            | 0                | 0               | 0              | 0      |
| Total             | 76           | 0                | 0               | 0              | 76     |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | Medicare   | Medicaid | Other Public | Private Insurance | Charity Care | Expenses as % of Total Net Revenue |
|------------------------------------------------|------------|----------|--------------|-------------------|--------------|------------------------------------|
|                                                | 78.1%      | 1.1%     | 0.0%         | 16.2%             | 0            | 0.0%                               |
|                                                | 12,710,220 | 174,720  | 0            | 2,475,415         | 0            | 10,255,248                         |

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



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 TOWER HILL HEALTHCARE CENTER SOUTH ELGIN

TOWER HILL HEALTHCARE CENTER  
759 KANE STREET  
SOUTH ELGIN, IL 60177

Classification Numbers  
License Number 000263  
Health Service Area 008  
Planning Service Area 080  
County Kane

| LEVEL OF CARE    | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTALS | LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|----------|----------|--------------|-------------------|-------------|--------------|--------|------------------|--------|--------|
| Nursing Care     | 23       | 131      | 0            | 0                 | 32          | 0            | 186    | Nursing Care     | 202    | 100    |
| Skilled Under 22 | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Intermediate DD  | 0      | 0      |
| Sheltered Care   | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Sheltered Care   | 0      | 0      |
| TOTALS           | 23       | 131      | 0            | 0                 | 32          | 0            | 186    |                  |        |        |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| RACE              | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Facility Staffing        |
|-------------------|--------------|------------------|-----------------|----------------|--------|--------------------------|
| Asian             | 1            | 0                | 0               | 0              | 1      | Administrators 1.00      |
| American Indian   | 0            | 0                | 0               | 0              | 0      | Physicians 0.00          |
| Black             | 0            | 0                | 0               | 0              | 0      | Director of Nursing 1.00 |
| Hispanic          | 0            | 0                | 0               | 0              | 0      | Registered Nurses 19.00  |
| White             | 179          | 0                | 0               | 0              | 179    | LPN's 11.00              |
| Race Unknown      | 0            | 0                | 0               | 0              | 0      | Certified Aides 67.00    |
| Total             | 186          | 0                | 0               | 0              | 186    | Other Health Staff 72.00 |
| ETHNICITY         | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff 172.00  |
| Hispanic          | 0            | 0                | 0               | 0              | 0      | Totals                   |
| Non-Hispanic      | 177          | 0                | 0               | 0              | 177    |                          |
| Ethnicity Unknown | 0            | 0                | 0               | 0              | 0      |                          |
| Total             | 186          | 0                | 0               | 0              | 186    |                          |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|------------|------------------------------------------------|
| 31.3%     | 53.7%     | 0.0%         | 0.0%              | 15.1%       | 100.0%     | 0.0%                                           |
| 4,207,224 | 7,220,042 | 0            | 0                 | 2,079,403   | 13,506,559 |                                                |

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 TOWER HILL HEALTHCARE CENTER SOUTH ELGIN

TOWER HILL HEALTHCARE CENTER  
759 KANE STREET  
SOUTH ELGIN, IL 60177

Reference Numbers 000263  
Health Service Area 008  
Planning Service Area 080  
County Kane

| LEVEL OF CARE    | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTALS | LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|----------|----------|--------------|-------------------|-------------|--------------|--------|------------------|--------|--------|
| Nursing Care     | 23       | 131      | 0            | 0                 | 32          | 0            | 186    | Nursing Care     | 202    | 100    |
| Skilled Under 22 | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Intermediate DD  | 0      | 0      |
| Sheltered Care   | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Sheltered Care   | 0      | 0      |
| TOTALS           | 23       | 131      | 0            | 0                 | 32          | 0            | 186    |                  |        |        |

RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE              | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Facility Staffing        |
|-------------------|--------------|------------------|-----------------|----------------|--------|--------------------------|
| Asian             | 1            | 0                | 0               | 0              | 1      | Administrators 1.00      |
| American Indian   | 0            | 0                | 0               | 0              | 0      | Physicians 0.00          |
| Black             | 0            | 0                | 0               | 0              | 0      | Director of Nursing 1.00 |
| Hispanic          | 0            | 0                | 0               | 0              | 0      | Registered Nurses 19.00  |
| White             | 179          | 0                | 0               | 0              | 179    | LPN's 11.00              |
| Race Unknown      | 0            | 0                | 0               | 0              | 0      | Certified Aides 67.00    |
| Total             | 186          | 0                | 0               | 0              | 186    | Other Health Staff 72.00 |
| ETHNICITY         | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff 172.00  |
| Hispanic          | 0            | 0                | 0               | 0              | 0      | Totals                   |
| Non-Hispanic      | 177          | 0                | 0               | 0              | 177    |                          |
| Ethnicity Unknown | 0            | 0                | 0               | 0              | 0      |                          |
| Total             | 186          | 0                | 0               | 0              | 186    |                          |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|------------|------------------------------------------------|
| 31.3%     | 53.7%     | 0.0%         | 0.0%              | 15.1%       | 100.0%     | 0.0%                                           |
| 4,207,224 | 7,220,042 | 0            | 0                 | 2,079,403   | 13,506,559 |                                                |

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 TOWER HILL HEALTHCARE CENTER SOUTH ELGIN

TOWER HILL HEALTHCARE CENTER  
759 KANE STREET  
SOUTH ELGIN, IL 60177

Reference Numbers 000263  
Health Service Area 008  
Planning Service Area 080  
County Kane

| LEVEL OF CARE    | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTALS | LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|----------|----------|--------------|-------------------|-------------|--------------|--------|------------------|--------|--------|
| Nursing Care     | 23       | 131      | 0            | 0                 | 32          | 0            | 186    | Nursing Care     | 202    | 100    |
| Skilled Under 22 | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Intermediate DD  | 0      | 0      |
| Sheltered Care   | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Sheltered Care   | 0      | 0      |
| TOTALS           | 23       | 131      | 0            | 0                 | 32          | 0            | 186    |                  |        |        |

RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE              | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Facility Staffing        |
|-------------------|--------------|------------------|-----------------|----------------|--------|--------------------------|
| Asian             | 1            | 0                | 0               | 0              | 1      | Administrators 1.00      |
| American Indian   | 0            | 0                | 0               | 0              | 0      | Physicians 0.00          |
| Black             | 0            | 0                | 0               | 0              | 0      | Director of Nursing 1.00 |
| Hispanic          | 0            | 0                | 0               | 0              | 0      | Registered Nurses 19.00  |
| White             | 179          | 0                | 0               | 0              | 179    | LPN's 11.00              |
| Race Unknown      | 0            | 0                | 0               | 0              | 0      | Certified Aides 67.00    |
| Total             | 186          | 0                | 0               | 0              | 186    | Other Health Staff 72.00 |
| ETHNICITY         | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff 172.00  |
| Hispanic          | 0            | 0                | 0               | 0              | 0      | Totals                   |
| Non-Hispanic      | 177          | 0                | 0               | 0              | 177    |                          |
| Ethnicity Unknown | 0            | 0                | 0               | 0              | 0      |                          |
| Total             | 186          | 0                | 0               | 0              | 186    |                          |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|------------|------------------------------------------------|
| 31.3%     | 53.7%     | 0.0%         | 0.0%              | 15.1%       | 100.0%     | 0.0%                                           |
| 4,207,224 | 7,220,042 | 0            | 0                 | 2,079,403   | 13,506,559 |                                                |

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







PRESENCE PINE VIEW CARE CENTER  
 611 ALLEN LANE  
 ST. CHARLES, IL 60174  
 Reference Numbers  
 Facility ID 6007439  
 Health Service Area 008  
 Planning Service Area 089  
 County Kane  
 Classification Numbers  
 License Number 6007439  
 Health Service Area 008  
 Planning Service Area 089  
 County Kane

| LEVEL OF CARE    | Medicare | Medicaid | Other | Private | Charity | TOTALS | LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|----------|----------|-------|---------|---------|--------|------------------|--------|--------|
| Nursing Care     | 22       | 54       | 0     | 2       | 0       | 94     | Nursing Care     | 373    | 273    |
| Skilled Under 22 | 0        | 0        | 0     | 0       | 0       | 0      | Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0        | 0        | 0     | 0       | 0       | 0      | Intermediate DD  | 0      | 0      |
| Sheltered Care   | 0        | 0        | 0     | 0       | 0       | 0      | Sheltered Care   | 0      | 0      |
| TOTALS           | 22       | 54       | 0     | 2       | 0       | 94     |                  |        |        |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| RACE            | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-----------------|--------------|------------------|-----------------|----------------|--------|
| American Indian | 0            | 0                | 0               | 0              | 0      |
| Asian           | 0            | 0                | 0               | 0              | 0      |
| Black           | 0            | 0                | 0               | 0              | 0      |
| Hispanic        | 0            | 0                | 0               | 0              | 0      |
| White           | 94           | 0                | 0               | 0              | 94     |
| Race Unknown    | 0            | 0                | 0               | 0              | 0      |
| TOTAL           | 94           | 0                | 0               | 0              | 94     |

RESIDENTS BY ETHNICITY GROUPING

| ETHNICITY         | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-------------------|--------------|------------------|-----------------|----------------|--------|
| Hispanic          | 1            | 0                | 0               | 0              | 1      |
| Non-Hispanic      | 93           | 0                | 0               | 0              | 93     |
| Ethnicity Unknown | 0            | 0                | 0               | 0              | 0      |
| TOTAL             | 94           | 0                | 0               | 0              | 94     |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

|          | Medicare  | Medicaid  | Other Public | Private Insurance | Charity Care | Expense as % of Total Net Revenue |
|----------|-----------|-----------|--------------|-------------------|--------------|-----------------------------------|
| Medicare | 43.0%     | 30.4%     | 0.0%         | 11.3%             | 0            | 0.0%                              |
| Medicaid | 3,677,158 | 2,504,603 | 0            | 967,047           | 1,305,071    | 8,544,477                         |
| TOTALS   |           |           |              |                   |              |                                   |

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

PRESENCE PINE VIEW CARE CENTER  
 611 ALLEN LANE  
 ST. CHARLES, IL 60174  
 Reference Numbers  
 Facility ID 6007439  
 Health Service Area 008  
 Planning Service Area 089  
 County Kane  
 Admission Restrictions  
 Aggressive/Ani-Social  
 Chronic Alcoholism  
 Developmentally Disabled  
 Drug Addiction  
 Medication Recipient  
 Medicare Recipient  
 Mental Illness  
 Non-Ambulatory  
 Non-Mobile  
 Public Aid Recipient  
 Under 65 Years Old  
 Unable to Self-Medicate  
 Verbal Abuse  
 Violent Behavior  
 Other Restrictions  
 No Restrictions  
 Note: Reported restrictions do not include the following:

| ADMISSION RESTRICTIONS         | 0  | DIAGNOSIS |
|--------------------------------|----|-----------|
| Neoplasms                      | 0  |           |
| Endocrine/Metabolic            | 3  |           |
| Blood Disorders                | 2  |           |
| Nervous System Non Alzheimer   | 5  |           |
| Alzheimer Disease              | 7  |           |
| Mental Illness                 | 0  |           |
| Developmental Disability       | 18 |           |
| Circulatory System             | 3  |           |
| Respiratory System             | 3  |           |
| Digestive System               | 2  |           |
| Genitourinary System Disorders | 1  |           |
| Skin Disorders                 | 1  |           |
| Musculo-skeletal Disorders     | 5  |           |
| Injuries and Poisonings        | 2  |           |
| Other Medical Conditions       | 7  |           |
| TOTALS                         | 39 |           |

ADMISSIONS AND DISCHARGES - 2014

|                         | 4/14/2015 | Residents on 1/1/2013 | 88 |
|-------------------------|-----------|-----------------------|----|
| Total Admissions 2013   | 358       |                       |    |
| Total Discharges 2013   | 344       |                       |    |
| Residents on 12/31/2013 | 94        |                       |    |

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

| LEVEL OF CARE    | LICENSED BEDS | PEAK SET-UP | PEAK USED | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |
|------------------|---------------|-------------|-----------|-------------|----------------|-------------------------|-------------------------|
| Nursing Care     | 120           | 110         | 108       | 110         | 26             | 120                     | 80                      |
| Skilled Under 22 | 0             | 0           | 0         | 0           | 0              | 0                       | 0                       |
| Intermediate DD  | 0             | 0           | 0         | 0           | 0              | 0                       | 0                       |
| Sheltered Care   | 0             | 0           | 0         | 0           | 0              | 0                       | 0                       |
| TOTAL BEDS       | 120           | 110         | 108       | 110         | 26             | 120                     | 80                      |

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE    | Medicare | Medicaid | Other Public | Private Insurance | Charity Care | Licensee | Peak Beds |
|------------------|----------|----------|--------------|-------------------|--------------|----------|-----------|
| Nursing Care     | 7709     | 16469    | 0            | 6167              | 0            | 34387    | 85.6%     |
| Skilled Under 22 | 0        | 0        | 0            | 0                 | 0            | 0        | 0.0%      |
| Intermediate DD  | 0        | 0        | 0            | 0                 | 0            | 0        | 0.0%      |
| Sheltered Care   | 0        | 0        | 0            | 0                 | 0            | 0        | 0.0%      |
| TOTALS           | 7709     | 18109    | 0            | 6167              | 0            | 34387    | 85.6%     |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

| AGE GROUPS | Male | Female | Male | Female | Male | Female | Male | Female | TOTAL |
|------------|------|--------|------|--------|------|--------|------|--------|-------|
| Under 18   | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0     |
| 18 to 44   | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0     |
| 45 to 59   | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0     |
| 60 to 64   | 3    | 0      | 0    | 0      | 0    | 0      | 3    | 0      | 3     |
| 65 to 74   | 8    | 4      | 0    | 0      | 0    | 0      | 6    | 4      | 12    |
| 75 to 84   | 6    | 17     | 0    | 0      | 0    | 0      | 6    | 17     | 23    |
| 85+        | 9    | 47     | 0    | 0      | 0    | 0      | 0    | 47     | 56    |
| TOTALS     | 26   | 68     | 0    | 0      | 0    | 0      | 20   | 68     | 94    |



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 MANORCARE OF ELOIN

MANORCARE OF ELOIN  
180 SOUTH STATE STREET  
ELOIN, IL 60123

Classification Numbers  
License Number 0000277  
Health Service Area 008 Kane  
Planning Service Area 008 Kane County  
County 008 Kane County

| LEVEL OF CARE    | Medicaid | Medicare | Other | Public | Private | Charity | TOTALS | LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|----------|----------|-------|--------|---------|---------|--------|------------------|--------|--------|
| Nursing Care     | 13       | 57       | 0     | 4      | 1       | 0       | 75     | Nursing Care     | 317    | 283    |
| Skilled Under 22 | 0        | 0        | 0     | 0      | 0       | 0       | 0      | Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0        | 0        | 0     | 0      | 0       | 0       | 0      | Intermediate DD  | 0      | 0      |
| Sheltered Care   | 0        | 0        | 0     | 0      | 0       | 0       | 0      | Sheltered Care   | 0      | 0      |
| TOTALS           | 13       | 57       | 0     | 4      | 1       | 0       | 75     |                  |        |        |

| RESIDENTS BY RACIALETHNICITY GROUPING |                  |                  |                 |                |        |                     |                      |  |  | FACILITY STAFFING |  |  |  |
|---------------------------------------|------------------|------------------|-----------------|----------------|--------|---------------------|----------------------|--|--|-------------------|--|--|--|
| RACE                                  | Nursing Care     | Skilled Under 22 | Intermediate DD | Sheltered Care | Totals | Employment Category | Full-Time Equivalent |  |  |                   |  |  |  |
| Asian                                 | 0                | 0                | 0               | 0              | 0      | Administrators      | 1.00                 |  |  |                   |  |  |  |
| American Indian                       | 0                | 0                | 0               | 0              | 0      | Physicians          | 0.00                 |  |  |                   |  |  |  |
| Black                                 | 9                | 0                | 0               | 0              | 9      | Director of Nursing | 1.00                 |  |  |                   |  |  |  |
| Caucasian/Pacific Is.                 | 0                | 0                | 0               | 0              | 0      | Registered Nurses   | 14.00                |  |  |                   |  |  |  |
| Hispanic                              | 68               | 0                | 0               | 0              | 68     | LPN's               | 6.00                 |  |  |                   |  |  |  |
| White                                 | 0                | 0                | 0               | 0              | 0      | Certified Aides     | 20.00                |  |  |                   |  |  |  |
| Other Unknown                         | 0                | 0                | 0               | 0              | 0      | Other Health Staff  | 12.00                |  |  |                   |  |  |  |
| Total                                 | 75               | 0                | 0               | 0              | 75     | Non-Health Staff    | 13.00                |  |  |                   |  |  |  |
|                                       |                  |                  |                 |                |        | Totals              | 67.00                |  |  |                   |  |  |  |
| ETHNICITY                             |                  |                  |                 |                |        |                     |                      |  |  |                   |  |  |  |
| Nursing Care                          | Skilled Under 22 | Intermediate DD  | Sheltered Care  | Totals         |        |                     |                      |  |  |                   |  |  |  |
| Hispanic                              | 5                | 0                | 0               | 5              |        |                     |                      |  |  |                   |  |  |  |
| Non-Hispanic                          | 70               | 0                | 0               | 70             |        |                     |                      |  |  |                   |  |  |  |
| Ethnicity Unknown                     | 0                | 0                | 0               | 0              |        |                     |                      |  |  |                   |  |  |  |
| Total                                 | 75               | 0                | 0               | 75             |        |                     |                      |  |  |                   |  |  |  |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |           |              |                   |             |           |                                                  |
|------------------------------------------------|-----------|--------------|-------------------|-------------|-----------|--------------------------------------------------|
| Medicare                                       | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Care Expense as a % of Total Net Revenue |
| 40.7%                                          | 41.0%     | 0.0%         | 10.7%             | 7.6%        | 100.0%    |                                                  |
| 2,591,086                                      | 2,613,564 | 0            | 681,830           | 483,094     | 6,370,473 | 0.0%                                             |

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

| 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 |
| 40.7%                                          | 41.0%     | 0.0%         | 10.7%             | 7.6%        | 100.0%    | 0                     | 0.0%                                           |
| 2,591,086                                      | 2,613,564 | 0            | 681,630           | 483,004     | 6,370,473 |                       |                                                |

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 MANORCARE OF ELOIN

MANORCARE OF ELOIN  
180 SOUTH STATE STREET  
ELOIN, IL 60123

Reference Numbers  
Facility ID 6000277  
Health Service Area 008 Kane  
Planning Service Area 008 Kane County  
County 008 Kane County

| RESIDENTS BY PRIMARY DIAGNOSIS |   |    |   |   |   |   |   |   |   |
|--------------------------------|---|----|---|---|---|---|---|---|---|
| DIAGNOSIS                      | 1 | 2  | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Neoplasms                      | 1 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Endocrine/Metabolic            | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blood Disorders                | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nervous System Non Alzheimer   | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Alzheimer Disease              | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mental Illness                 | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Developmental Disability       | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Circulatory System             | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Respiratory System             | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Digestive System               | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Genitourinary System Disorders | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skin Disorders                 | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Musculo-skeletal Disorders     | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Injuries and Poisonings        | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Medical Conditions       | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-Medical Conditions         | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS                         | 1 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

|                                                    |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------|--|--|--|--|--|--|--|--|--|
| ADMISSIONS AND DISCHARGES - 2014                   |  |  |  |  |  |  |  |  |  |
| 4/8/2015                                           |  |  |  |  |  |  |  |  |  |
| Residents on 1/1/2013 70                           |  |  |  |  |  |  |  |  |  |
| Total Admissions 2013 218                          |  |  |  |  |  |  |  |  |  |
| Total Discharges 2013 214                          |  |  |  |  |  |  |  |  |  |
| Residents on 12/31/2013 75                         |  |  |  |  |  |  |  |  |  |
| Total Residents Reported as Identified Offenders 6 |  |  |  |  |  |  |  |  |  |
| Total Residents Diagnosed as Mentally Ill 0        |  |  |  |  |  |  |  |  |  |
| TOTALS 75                                          |  |  |  |  |  |  |  |  |  |
| Non-Medical Conditions 75                          |  |  |  |  |  |  |  |  |  |

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |               |           |                |                  |                  |                     |                         |                         |        |
|--------------------------------------------------------------|---------------|-----------|----------------|------------------|------------------|---------------------|-------------------------|-------------------------|--------|
| LEVEL OF CARE                                                | LICENSED BEDS | PEAK BEDS | PEAK BEDS USED | PEAK BEDS SET-UP | PEAK BEDS IN USE | PEAK BEDS AVAILABLE | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS | TOTALS |
| Nursing Care                                                 | 68            | 84        | 80             | 84               | 75               | 13                  | 88                      | 61                      | 61     |
| 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                                               | 0             | 0         | 0              | 0                | 0                | 0                   | 0                       | 0                       | 0      |
| TOTAL BEDS                                                   | 68            | 84        | 80             | 84               | 75               | 13                  | 88                      | 61                      | 61     |

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |          |          |              |                   |             |         |       |          |          |
|---------------------------------------------------------------------------------------|----------|----------|--------------|-------------------|-------------|---------|-------|----------|----------|
| LEVEL OF CARE                                                                         | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | TOTAL | Medicare | Medicaid |
| Nursing Care                                                                          | 4322     | 13.5%    | 20046        | 90.0%             | 1768        | 1229    | 27394 | 85.3%    | 89.3%    |
| Skilled Under 22                                                                      | 0        | 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%     | 0.0%     |
| Sheltered Care                                                                        | 0        | 0.0%     | 0            | 0.0%              | 0           | 0       | 0     | 0.0%     | 0.0%     |
| TOTALS                                                                                | 4322     | 13.5%    | 20046        | 90.0%             | 1768        | 1229    | 27394 | 85.3%    | 89.3%    |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |      |        |      |        |      |        |      |        |       |
|-------------------------------------------------------------------|------|--------|------|--------|------|--------|------|--------|-------|
| AGE GROUPS                                                        | Male | Female | Male | Female | Male | Female | Male | Female | TOTAL |
| Under 18                                                          | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0     |
| 18 to 44                                                          | 1    | 1      | 0    | 0      | 0    | 0      | 1    | 1      | 2     |
| 45 to 50                                                          | 1    | 1      | 0    | 0      | 0    | 0      | 1    | 1      | 2     |
| 51 to 64                                                          | 1    | 1      | 0    | 0      | 0    | 0      | 1    | 1      | 2     |
| 65 to 74                                                          | 5    | 3      | 0    | 0      | 0    | 0      | 5    | 3      | 8     |
| 75 to 84                                                          | 3    | 21     | 0    | 0      | 0    | 0      | 3    | 21     | 24    |
| 85+                                                               | 0    | 28     | 0    | 0      | 0    | 0      | 0    | 28     | 28    |
| TOTALS                                                            | 20   | 55     | 0    | 0      | 0    | 0      | 20   | 55     | 75    |

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
Page 1126 of 2046

| LEVEL            | OF CARE | Medicare | Medicaid | Private | Insurance | Pay | Private | Charity | TOTALS |
|------------------|---------|----------|----------|---------|-----------|-----|---------|---------|--------|
| Nursing Care     | 12      | 174      | 0        | 0       | 0         | 6   | 0       | 0       | 192    |
| 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   | 0       | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| TOTALS           | 12      | 174      | 0        | 0       | 0         | 6   | 0       | 0       | 192    |

| RACE                  | Medicare | Medicaid | Private | Insurance | Pay | Private | Charity | TOTALS |
|-----------------------|----------|----------|---------|-----------|-----|---------|---------|--------|
| Asian                 | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| American Indian       | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Black                 | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Hispanic              | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Hawaiian/Pacific Isl. | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| White                 | 149      | 0        | 0       | 0         | 0   | 0       | 0       | 149    |
| Race Unknown          | 30       | 0        | 0       | 0         | 0   | 0       | 0       | 30     |
| Total                 | 179      | 0        | 0       | 0         | 0   | 0       | 0       | 179    |

| ETHNICITY         | Medicare | Medicaid | Private | Insurance | Pay | Private | Charity | TOTALS |
|-------------------|----------|----------|---------|-----------|-----|---------|---------|--------|
| Hispanic          | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Non-Hispanic      | 149      | 0        | 0       | 0         | 0   | 0       | 0       | 149    |
| Ethnicity Unknown | 30       | 0        | 0       | 0         | 0   | 0       | 0       | 30     |
| Total             | 179      | 0        | 0       | 0         | 0   | 0       | 0       | 179    |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | Medicare | Medicaid  | Private | Insurance | Pay     | Private | Charity | TOTALS    |
|------------------------------------------------|----------|-----------|---------|-----------|---------|---------|---------|-----------|
| Medicare                                       | 14.5%    | 78.6%     | 3.2%    | 0.0%      | 3.7%    | 0.0%    | 0.0%    | 100.0%    |
| Medicaid                                       | 620,464  | 4,446,505 | 180,413 | 0         | 211,590 | 0       | 0       | 5,058,972 |

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

| CHOW        | 6/1/2014 | Change of Ownership occurred. | 6/1/2014 | Formerly Maplewood Care. |
|-------------|----------|-------------------------------|----------|--------------------------|
| Name Change |          |                               |          |                          |

| LEVEL OF CARE    | Medicare | Medicaid | Private | Insurance | Pay | Private | Charity | TOTALS |
|------------------|----------|----------|---------|-----------|-----|---------|---------|--------|
| Nursing Care     | 12       | 174      | 0       | 0         | 6   | 0       | 0       | 192    |
| Skilled Under 22 | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Intermediate DD  | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Sheltered Care   | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| TOTALS           | 12       | 174      | 0       | 0         | 6   | 0       | 0       | 192    |

| LEVEL OF CARE    | Medicare | Medicaid | Private | Insurance | Pay | Private | Charity | TOTALS |
|------------------|----------|----------|---------|-----------|-----|---------|---------|--------|
| Nursing Care     | 12       | 174      | 0       | 0         | 6   | 0       | 0       | 192    |
| Skilled Under 22 | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Intermediate DD  | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Sheltered Care   | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| TOTALS           | 12       | 174      | 0       | 0         | 6   | 0       | 0       | 192    |

| LEVEL            | OF CARE | Medicare | Medicaid | Private | Insurance | Pay | Private | Charity | TOTALS |
|------------------|---------|----------|----------|---------|-----------|-----|---------|---------|--------|
| Nursing Care     | 12      | 174      | 0        | 0       | 0         | 6   | 0       | 0       | 192    |
| 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   | 0       | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| TOTALS           | 12      | 174      | 0        | 0       | 0         | 6   | 0       | 0       | 192    |

| RACE                  | Medicare | Medicaid | Private | Insurance | Pay | Private | Charity | TOTALS |
|-----------------------|----------|----------|---------|-----------|-----|---------|---------|--------|
| Asian                 | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| American Indian       | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Black                 | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Hispanic              | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Hawaiian/Pacific Isl. | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| White                 | 149      | 0        | 0       | 0         | 0   | 0       | 0       | 149    |
| Race Unknown          | 30       | 0        | 0       | 0         | 0   | 0       | 0       | 30     |
| Total                 | 179      | 0        | 0       | 0         | 0   | 0       | 0       | 179    |

| ETHNICITY         | Medicare | Medicaid | Private | Insurance | Pay | Private | Charity | TOTALS |
|-------------------|----------|----------|---------|-----------|-----|---------|---------|--------|
| Hispanic          | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Non-Hispanic      | 149      | 0        | 0       | 0         | 0   | 0       | 0       | 149    |
| Ethnicity Unknown | 30       | 0        | 0       | 0         | 0   | 0       | 0       | 30     |
| Total             | 179      | 0        | 0       | 0         | 0   | 0       | 0       | 179    |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | Medicare | Medicaid  | Private | Insurance | Pay     | Private | Charity | TOTALS    |
|------------------------------------------------|----------|-----------|---------|-----------|---------|---------|---------|-----------|
| Medicare                                       | 14.5%    | 78.6%     | 3.2%    | 0.0%      | 3.7%    | 0.0%    | 0.0%    | 100.0%    |
| Medicaid                                       | 620,464  | 4,446,505 | 180,413 | 0         | 211,590 | 0       | 0       | 5,058,972 |

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

| CHOW        | 6/1/2014 | Change of Ownership occurred. | 6/1/2014 | Formerly Maplewood Care. |
|-------------|----------|-------------------------------|----------|--------------------------|
| Name Change |          |                               |          |                          |

| LEVEL OF CARE    | Medicare | Medicaid | Private | Insurance | Pay | Private | Charity | TOTALS |
|------------------|----------|----------|---------|-----------|-----|---------|---------|--------|
| Nursing Care     | 12       | 174      | 0       | 0         | 6   | 0       | 0       | 192    |
| Skilled Under 22 | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Intermediate DD  | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Sheltered Care   | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| TOTALS           | 12       | 174      | 0       | 0         | 6   | 0       | 0       | 192    |

| LEVEL OF CARE    | Medicare | Medicaid | Private | Insurance | Pay | Private | Charity | TOTALS |
|------------------|----------|----------|---------|-----------|-----|---------|---------|--------|
| Nursing Care     | 12       | 174      | 0       | 0         | 6   | 0       | 0       | 192    |
| Skilled Under 22 | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Intermediate DD  | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| Sheltered Care   | 0        | 0        | 0       | 0         | 0   | 0       | 0       | 0      |
| TOTALS           | 12       | 174      | 0       | 0         | 6   | 0       | 0       | 192    |

| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO                      |  |  |  |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--|--|--|--|
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  |
| WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST CHICAGO TERRACE NURSING HOME |  |  |  |  |  |  |  |  |  | WEST                              |  |  |  |  |  |  |  |  |  |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 WINDSOR PARK MAJOR CAROL STREAM

WINDSOR PARK MAJOR  
110 WINDSOR PARK DRIVE  
CAROL STREAM, IL 60188  
Reference Numbers 6011753  
Facility ID 6011753  
Health Service Area 007  
Planning Service Area 703  
County 043  
Planning Area 7-C  
Bloomington Township

| RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |          |              |                   |             |         |        |                  |        |
|-----------------------------------------------|----------|----------|--------------|-------------------|-------------|---------|--------|------------------|--------|
| LEVEL OF CARE                                 | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | TOTALS | LEVEL OF CARE    | DOUBLE |
| Nursing Care                                  | 19       | 0        | 0            | 0                 | 40          | 0       | 67     | Nursing Care     | 307    |
| Skilled Under 22                              | 0        | 0        | 0            | 0                 | 0           | 0       | 0      | Skilled Under 22 | 0      |
| Intermediate DD                               | 0        | 0        | 0            | 0                 | 0           | 0       | 0      | Intermediate DD  | 0      |
| Sheltered Care                                | 0        | 0        | 0            | 0                 | 0           | 0       | 0      | Sheltered Care   | 0      |
| TOTALS                                        | 19       | 0        | 0            | 0                 | 40          | 0       | 67     |                  |        |

| RESIDENTS BY RACE/ETHNICITY GROUPING |              |                  |                 |                |        |                     |                      |                     |                      |
|--------------------------------------|--------------|------------------|-----------------|----------------|--------|---------------------|----------------------|---------------------|----------------------|
| RACE                                 | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Facility Category   | Full-Time Equivalent | Facility Category   | Full-Time Equivalent |
| Asian                                | 0            | 0                | 0               | 0              | 0      | Administrators      | 1.00                 | Administrators      | 1.00                 |
| American Indian                      | 0            | 0                | 0               | 0              | 0      | Physicians          | 0.00                 | Physicians          | 0.00                 |
| Black                                | 1            | 0                | 0               | 0              | 1      | Director of Nursing | 1.00                 | Director of Nursing | 1.00                 |
| Hispanic                             | 1            | 0                | 0               | 0              | 1      | Registered Nurses   | 13.00                | Registered Nurses   | 13.00                |
| White                                | 65           | 0                | 0               | 0              | 65     | LPNs                | 6.00                 | LPNs                | 6.00                 |
| Race Unknown                         | 0            | 0                | 0               | 0              | 0      | Certified Nurses    | 32.00                | Certified Nurses    | 32.00                |
| TOTALS                               | 67           | 0                | 0               | 0              | 67     | Other Health Staff  | 4.00                 | Other Health Staff  | 4.00                 |
| ETHNICITY                            | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff    | 20.00                | Non-Health Staff    | 20.00                |
| Hispanic                             | 1            | 0                | 0               | 0              | 1      | TOTALS              | 83.00                | TOTALS              | 83.00                |
| Non-Hispanic                         | 66           | 0                | 0               | 0              | 66     |                     |                      |                     |                      |
| Ethnicity Unknown                    | 0            | 0                | 0               | 0              | 0      |                     |                      |                     |                      |
| Total                                | 67           | 0                | 0               | 0              | 67     |                     |                      |                     |                      |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Date) |          |              |                   |             |           |         |                       |                                                |  |
|------------------------------------------------|----------|--------------|-------------------|-------------|-----------|---------|-----------------------|------------------------------------------------|--|
| Medicare                                       | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS    | Charity | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |  |
| 2,435,073                                      | 0.0%     | 0            | 183,061           | 5,557,641   | 8,180,675 | 314,135 | 3.8%                  |                                                |  |

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 WINDSOR PARK MAJOR CAROL STREAM

WINDSOR PARK MAJOR  
110 WINDSOR PARK DRIVE  
CAROL STREAM, IL 60188  
Reference Numbers 6011753  
Facility ID 6011753  
Health Service Area 007  
Planning Service Area 703  
County 043  
Planning Area 7-C  
Bloomington Township

| RESIDENTS BY PRIMARY DIAGNOSIS |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| DIAGNOSIS                      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Neoplasms                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Endocrine/Metabolic            | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blood Disorders                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| *Nervous System Non Alzheimer  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Alzheimer Disease              | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mental Illness                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Developmental Disability       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Circulatory System             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Respiratory System             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Digestive System               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Genitourinary System Disorders | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skin Disorders                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Musculo-skeletal Disorders     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Injuries and Poisonings        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Medical Conditions       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-Medical Conditions         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS                         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| ADMISSIONS AND DISCHARGES - 2014 |            |                         |            |                         |            |                         |            |                         |            |
|----------------------------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|------------|
| ADMISSIONS                       | DISCHARGES | ADMISSIONS              | DISCHARGES | ADMISSIONS              | DISCHARGES | ADMISSIONS              | DISCHARGES | ADMISSIONS              | DISCHARGES |
| Residents on 1/1/2013            | 50         | Residents on 1/1/2013   | 50         | Residents on 1/1/2013   | 50         | Residents on 1/1/2013   | 50         | Residents on 1/1/2013   | 50         |
| Total Admissions 2013            | 304        | Total Discharges 2013   | 299        | Total Admissions 2013   | 304        | Total Discharges 2013   | 299        | Total Admissions 2013   | 304        |
| Total Discharges 2013            | 299        | Residents on 12/31/2013 | 65         | Total Discharges 2013   | 299        | Residents on 12/31/2013 | 65         | Total Discharges 2013   | 299        |
| Residents on 12/31/2013          | 65         |                         |            | Residents on 12/31/2013 | 65         |                         |            | Residents on 12/31/2013 | 65         |

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |               |           |                |        |             |                |                         |                         |        |
|--------------------------------------------------------------|---------------|-----------|----------------|--------|-------------|----------------|-------------------------|-------------------------|--------|
| LEVEL OF CARE                                                | LICENSED BEDS | PEAK BEDS | PEAK BEDS USED | SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS | TOTALS |
| Nursing Care                                                 | 80            | 80        | 80             | 80     | 80          | 13             | 30                      | 12                      | 12     |
| 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                                               | 0             | 0         | 0              | 0      | 0           | 0              | 0                       | 0                       | 0      |
| TOTAL BEDS                                                   | 80            | 80        | 80             | 80     | 80          | 13             | 30                      | 12                      | 12     |

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE |          |          |              |                   |             |         |       |               |           |
|-------------------------------------------------------------------------------|----------|----------|--------------|-------------------|-------------|---------|-------|---------------|-----------|
| LEVEL OF CARE                                                                 | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | TOTAL | Licensed Beds | Peak Beds |
| Nursing Care                                                                  | 9053     | 52.6%    | 0            | 815               | 14036       | 1697    | 23501 | 80.5%         | 80.5%     |
| Skilled Under 22                                                              | 0        | 0.0%     | 0            | 0                 | 0           | 0       | 0     | 0.0%          | 0.0%      |
| Intermediate DD                                                               | 0        | 0.0%     | 0            | 0                 | 0           | 0       | 0     | 0.0%          | 0.0%      |
| Sheltered Care                                                                | 0        | 0.0%     | 0            | 0                 | 0           | 0       | 0     | 0.0%          | 0.0%      |
| TOTALS                                                                        | 9053     | 52.6%    | 0            | 815               | 14036       | 1697    | 23501 | 80.5%         | 80.5%     |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |      |        |      |        |      |        |      |        |       |
|-------------------------------------------------------------------|------|--------|------|--------|------|--------|------|--------|-------|
| AGE GROUPS                                                        | Male | Female | Male | Female | Male | Female | Male | Female | TOTAL |
| Under 10                                                          | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0     |
| 10 to 44                                                          | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0     |
| 45 to 59                                                          | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0     |
| 60 to 74                                                          | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0     |
| 75 to 84                                                          | 5    | 5      | 0    | 0      | 0    | 0      | 0    | 0      | 10    |
| 85+                                                               | 14   | 36     | 0    | 0      | 0    | 0      | 0    | 0      | 50    |
| TOTALS                                                            | 20   | 44     | 0    | 0      | 0    | 0      | 0    | 0      | 67    |



ABBINGTON REHAB & NURSING CTR  
31 WEST CENTRAL  
ROSELLE, IL 60172

Classification Numbers  
License Number 6000020  
Health Service Area 007  
Planning Service Area 703  
County 043  
Planning Area 7-C  
Bloomington Township

ABBINGTON REHAB & NURSING CTR  
31 WEST CENTRAL  
ROSELLE, IL 60172

Reference Numbers 6000020  
Facility ID 007  
Health Service Area 703  
Planning Service Area 043  
County 043  
Planning Area 7-C  
Bloomington Township

Administrators  
Janel Canichio  
Janel Canichio  
Janel Canichio

Contact Person and Telephone  
Janel Canichio  
0307045058

Registered Agent Information  
M.S. Registered Agent Service  
191 N. Wacker Suite 1800  
Chicago, IL 60606

Date Questionnaire Completed 4/10/2015

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013 50  
Total Admissions 2013 165  
Total Discharges 2013 151  
Residents on 12/31/2013 73

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 6

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |               |           |             |             |             |                |                         |                         |       |
|--------------------------------------------------------------|---------------|-----------|-------------|-------------|-------------|----------------|-------------------------|-------------------------|-------|
| LEVEL OF CARE                                                | LICENSED BEDS | PEAK BEDS | PEAK SET-UP | BEDS IN USE | BEDS SET-UP | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS | TOTAL |
| Nursing Care                                                 | 82            | 82        | 82          | 73          | 02          | 74             | 19                      | 74                      | 74    |
| 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                                               | 0             | 0         | 0           | 0           | 0           | 0              | 0                       | 0                       | 0     |
| TOTAL BEDS                                                   | 82            | 82        | 82          | 73          | 02          | 74             | 19                      | 74                      | 74    |

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |                    |                    |                        |                       |                             |                        |                       |                             |                    |
|---------------------------------------------------------------------------------------|--------------------|--------------------|------------------------|-----------------------|-----------------------------|------------------------|-----------------------|-----------------------------|--------------------|
| LEVEL OF CARE                                                                         | Medicare Pat. days | Medicaid Pat. days | Other Public Pat. days | Private Pay Pat. days | Private Insurance Pat. days | Other Public Pat. days | Private Pay Pat. days | Private Insurance Pat. days | Medicare Pat. days |
| Nursing Care                                                                          | 2426               | 20562              | 76.1%                  | 0                     | 2533                        | 0                      | 25521                 | 85.3%                       | 85.3%              |
| Skilled Under 22                                                                      | 0                  | 0                  | 0.0%                   | 0                     | 0                           | 0                      | 0                     | 0.0%                        | 0.0%               |
| Intermediate DD                                                                       | 0                  | 0                  | 0.0%                   | 0                     | 0                           | 0                      | 0                     | 0.0%                        | 0.0%               |
| Sheltered Care                                                                        | 0                  | 0                  | 0.0%                   | 0                     | 0                           | 0                      | 0                     | 0.0%                        | 0.0%               |
| TOTALS                                                                                | 2426               | 20562              | 76.1%                  | 0                     | 2533                        | 0                      | 25521                 | 85.3%                       | 85.3%              |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |      |        |      |        |      |        |      |        |             |
|-------------------------------------------------------------------|------|--------|------|--------|------|--------|------|--------|-------------|
| AGE GROUPS                                                        | Male | Female | Male | Female | Male | Female | Male | Female | GRAND TOTAL |
| Under 18                                                          | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0           |
| 18 to 44                                                          | 1    | 0      | 0    | 0      | 0    | 0      | 1    | 0      | 1           |
| 45 to 59                                                          | 6    | 7      | 0    | 0      | 0    | 0      | 6    | 7      | 13          |
| 60 to 64                                                          | 9    | 3      | 0    | 0      | 0    | 0      | 9    | 3      | 12          |
| 65 to 74                                                          | 6    | 13     | 0    | 0      | 0    | 0      | 6    | 13     | 19          |
| 75 to 84                                                          | 6    | 13     | 0    | 0      | 0    | 0      | 6    | 13     | 19          |
| 85+                                                               | 3    | 6      | 0    | 0      | 0    | 0      | 3    | 6      | 9           |
| TOTALS                                                            | 31   | 42     | 0    | 0      | 0    | 0      | 31   | 42     | 73          |

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
Page 17 of 2046  
10/14/2015

31 WEST CENTRAL  
ROSELLE, IL 60172

Classification Numbers  
License Number 6000020  
Health Service Area 007  
Planning Service Area 703  
County 043  
Planning Area 7-C  
Bloomington Township

| RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |          |              |                   |             |              |        |                  |        |
|-----------------------------------------------|----------|----------|--------------|-------------------|-------------|--------------|--------|------------------|--------|
| LEVEL OF CARE                                 | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTALS | LEVEL OF CARE    | DOUBLE |
| Nursing Care                                  | 6        | 00       | 0            | 0                 | 7           | 0            | 73     | Nursing Care     | 220    |
| Skilled Under 22                              | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Skilled Under 22 | 0      |
| Intermediate DD                               | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Intermediate DD  | 0      |
| Sheltered Care                                | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Sheltered Care   | 0      |
| TOTALS                                        | 6        | 00       | 0            | 0                 | 7           | 0            | 73     |                  |        |

| RESIDENTS BY RACE/ETHNICITY GROUPING |              |                  |                 |                |        |                     |                      |                                                |  |
|--------------------------------------|--------------|------------------|-----------------|----------------|--------|---------------------|----------------------|------------------------------------------------|--|
| RACE                                 | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Employment Category | Full-Time Equivalent | Charity Care Expense as % of Total Net Revenue |  |
| Asian                                | 1            | 0                | 0               | 0              | 1      | Administrators      | 1.00                 |                                                |  |
| American Indian                      | 0            | 0                | 0               | 0              | 0      | Physicians          | 0.00                 |                                                |  |
| Black                                | 5            | 0                | 0               | 0              | 5      | Director of Nursing | 1.00                 |                                                |  |
| Hispanic/Latino                      | 0            | 0                | 0               | 0              | 0      | Registered Nurses   | 8.00                 |                                                |  |
| White                                | 64           | 0                | 0               | 0              | 64     | LPN's               | 4.00                 |                                                |  |
| Race Unknown                         | 3            | 0                | 0               | 0              | 3      | Certified Aide      | 23.00                |                                                |  |
| Total                                | 73           | 0                | 0               | 0              | 73     | Other Health Staff  | 2.00                 |                                                |  |
| ETHNICITY                            | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff    | 10.00                |                                                |  |
| Hispanic                             | 1            | 0                | 0               | 0              | 1      | Totals              | 56.00                |                                                |  |
| Non-Hispanic                         | 72           | 0                | 0               | 0              | 72     |                     |                      |                                                |  |
| Ethnicity Unknown                    | 0            | 0                | 0               | 0              | 0      |                     |                      |                                                |  |
| Total                                | 73           | 0                | 0               | 0              | 73     |                     |                      |                                                |  |

| 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 |  |  |
| 730,822                                        | 2,971,701 | 0            | 0                 | 485,235     | 4,187,758 | 0                    | 0.0%                                           |  |  |

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

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
Page 18 of 2046  
10/14/2015

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 ALDEN-POPLAR CREEK REHAB & HEALTH CARE HOFFMAN ESTATES

| ALDEN-POPLAR CREEK REHAB & HEALTH CARE              |  |  |  | RESIDENTS BY PRIMARY DIAGNOSIS                     |  |  |  |
|-----------------------------------------------------|--|--|--|----------------------------------------------------|--|--|--|
| 1545 BARRINGTON ROAD<br>HOFFMAN ESTATES, IL 60169   |  |  |  | ADMISSION RESTRICTIONS                             |  |  |  |
| Reference Numbers 0001308                           |  |  |  | ADMISSIONS AND DISCHARGES - 2014                   |  |  |  |
| Facility ID 007                                     |  |  |  | 4/15/2015                                          |  |  |  |
| Planning Service Area 701                           |  |  |  | Residents on 11/1/2013 171                         |  |  |  |
| County Schaumburg Township                          |  |  |  | Total Admissions 2013 400                          |  |  |  |
| Administrator Jeff Russell                          |  |  |  | Total Discharges 2013 308                          |  |  |  |
| Contact Person and Telephone Chris Kuehn            |  |  |  | Residents on 12/31/2013 173                        |  |  |  |
| 773-206-3003 ext. 6534                              |  |  |  | Total Residents Reported as Identified Offenders 0 |  |  |  |
| Registered Agent Information Mary Chobiti-Smith     |  |  |  | Total Residents Diagnosed as Mentally Ill 1        |  |  |  |
| 4200 W. Peterson Avenue Suite 140 Chicago, IL 60646 |  |  |  | Total Residents Diagnosed as 1                     |  |  |  |
| Date Questionnaire Completed                        |  |  |  | Total Residents Diagnosed as 1                     |  |  |  |

| Data Questionnaire Completed |  | 4/15/2015 |  | Resilients on 11/1/2013  |  | 171 |  |
|------------------------------|--|-----------|--|--------------------------|--|-----|--|
|                              |  |           |  | Total Admissions 2013    |  | 400 |  |
|                              |  |           |  | Total Discharges 2013    |  | 308 |  |
|                              |  |           |  | Resilients on 12/31/2013 |  | 173 |  |
|                              |  |           |  |                          |  | 0   |  |

Note: Reported residents located by 1/1

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |               |           |                  | MEDICARE/MEDICAID CERTIFIED BEDS |                  |                  |                  |
|--------------------------------------------------------------|---------------|-----------|------------------|----------------------------------|------------------|------------------|------------------|
| LEVEL OF CARE                                                | LICENSED BEDS | PEAK BEDS | PEAK BEDS IN USE | PEAK BEDS IN USE                 | PEAK BEDS IN USE | PEAK BEDS IN USE | PEAK BEDS IN USE |
| Nursing Care                                                 | 217           | 184       | 100              | 179                              | 179              | 179              | 179              |
| Skilled Under 22                                             | 0             | 0         | 0                | 0                                | 0                | 0                | 0                |
| Intermediate DD                                              | 0             | 0         | 0                | 0                                | 0                | 0                | 0                |
| Sheltered Care                                               | 0             | 0         | 0                | 0                                | 0                | 0                | 0                |
| TOTAL BEDS                                                   | 217           | 184       | 100              | 179                              | 179              | 179              | 179              |

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |  |                  |  |                 |  |              |  |          |  |          |  |                   |  |         |  |           |  |       |  |           |  |                   |  |           |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |     |  |
|---------------------------------------------------------------------------------------|--|------------------|--|-----------------|--|--------------|--|----------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|-----------|--|-------------------|--|-----------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|----------|--|-------------------|--|---------|--|-----------|--|-------|--|-----|--|
| LEVEL OF CARE                                                                         |  |                  |  | Medicare        |  |              |  | Medicaid |  |          |  | Private Insurance |  |         |  | Charity   |  |       |  | Uninsured |  |                   |  | Peak Beds |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |          |  |                   |  |         |  |           |  |       |  |     |  |
| Nursing Care                                                                          |  | Skilled Under 22 |  | Intermediate DD |  | Skilled Care |  | TOTAL    |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid  |  | Private Insurance |  | Charity   |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Medicaid |  | Private Insurance |  | Charity |  | Uninsured |  | TOTAL |  | Med |  |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

| NURSING CARE |        |      |        | SHeltered |        |      |        | TOTAL |        |      |        |
|--------------|--------|------|--------|-----------|--------|------|--------|-------|--------|------|--------|
| Male         | Female | Male | Female | Male      | Female | Male | Female | Male  | Female | Male | Female |
| 0            | 0      | 0    | 0      | 0         | 0      | 0    | 0      | 0     | 0      | 0    | 0      |
| 0            | 0      | 0    | 0      | 0         | 0      | 0    | 0      | 0     | 0      | 0    | 0      |
| 4            | 3      | 0    | 0      | 0         | 0      | 0    | 0      | 4     | 3      | 0    | 0      |
| 2            | 3      | 0    | 0      | 0         | 0      | 0    | 0      | 2     | 3      | 0    | 0      |
| 5            | 17     | 0    | 0      | 0         | 0      | 0    | 0      | 5     | 17     | 0    | 0      |
| 22           | 35     | 0    | 0      | 0         | 0      | 0    | 0      | 22    | 35     | 0    | 0      |
| 24           | 84     | 0    | 0      | 0         | 0      | 0    | 0      | 24    | 84     | 0    | 0      |
| 57           | 122    | 0    | 0      | 0         | 0      | 0    | 0      | 57    | 122    | 0    | 0      |
| TOTALS       | 57     | 122  | 0      | 0         | 0      | 0    | 0      | 57    | 122    | 0    | 0      |

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 ALDEN-POPLAR CREEK REHAB & HEALTH CARE HOFFMAN ESTATES

| ALDEN-POPLAR CREEK REHAB & HEALTH CARE              |  |  |  | RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE      |  |  |  |
|-----------------------------------------------------|--|--|--|----------------------------------------------------|--|--|--|
| 1545 BARRINGTON ROAD<br>HOFFMAN ESTATES, IL 60169   |  |  |  | ADMISSION RESTRICTIONS                             |  |  |  |
| Reference Numbers 0001308                           |  |  |  | ADMISSIONS AND DISCHARGES - 2014                   |  |  |  |
| Facility ID 007                                     |  |  |  | 4/15/2015                                          |  |  |  |
| Planning Service Area 701                           |  |  |  | Residents on 11/1/2013 171                         |  |  |  |
| County Schaumburg Township                          |  |  |  | Total Admissions 2013 400                          |  |  |  |
| Administrator Jeff Russell                          |  |  |  | Total Discharges 2013 308                          |  |  |  |
| Contact Person and Telephone Chris Kuehn            |  |  |  | Residents on 12/31/2013 173                        |  |  |  |
| 773-206-3003 ext. 6534                              |  |  |  | Total Residents Reported as Identified Offenders 0 |  |  |  |
| Registered Agent Information Mary Chobiti-Smith     |  |  |  | Total Residents Diagnosed as Mentally Ill 1        |  |  |  |
| 4200 W. Peterson Avenue Suite 140 Chicago, IL 60646 |  |  |  | Total Residents Diagnosed as 1                     |  |  |  |
| Date Questionnaire Completed                        |  |  |  | Total Residents Diagnosed as 1                     |  |  |  |

| RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |          |       | RESIDENTS BY RACIAL/ETHNICITY GROUPING |          |          |       |
|-----------------------------------------------|----------|----------|-------|----------------------------------------|----------|----------|-------|
| LEVEL OF CARE                                 | Medicare | Medicaid | Other | RACE                                   | Medicare | Medicaid | Other |
| Nursing Care                                  | 31       | 107      | 10    | Asian                                  | 11       | 0        | 0     |
| Skilled Under 22                              | 0        | 0        | 0     | American Indian                        | 0        | 0        | 0     |
| Intermediate DD                               | 0        | 0        | 0     | Black                                  | 5        | 0        | 0     |
| Sheltered Care                                | 0        | 0        | 0     | Hawaiian/Pacific Isl.                  | 0        | 0        | 0     |
| TOTALS                                        | 31       | 107      | 10    | White                                  | 148      | 0        | 0     |

| RESIDENTS BY RACIAL/ETHNICITY GROUPING |              |                  |                 | RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |          |       |
|----------------------------------------|--------------|------------------|-----------------|-----------------------------------------------|----------|----------|-------|
| RACE                                   | Nursing Care | Skilled Under 22 | Intermediate DD | LEVEL OF CARE                                 | Medicare | Medicaid | Other |
| Asian                                  | 11           | 0                | 0               | Nursing Care                                  | 31       | 107      | 10    |
| American Indian                        | 0            | 0                | 0               | Skilled Under 22                              | 0        | 0        | 0     |
| Black                                  | 5            | 0                | 0               | Intermediate DD                               | 0        | 0        | 0     |
| Hawaiian/Pacific Isl.                  | 0            | 0                | 0               | Sheltered Care                                | 0        | 0        | 0     |
| White                                  | 148          | 0                | 0               | TOTALS                                        | 31       | 107      | 10    |
| Ethnicity Unknown                      | 17           | 0                | 0               |                                               |          |          |       |
| Total                                  | 179          | 0                | 0               |                                               |          |          |       |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |           |              |                   | FACILITY STAFFING   |             |                   |              |
|------------------------------------------------|-----------|--------------|-------------------|---------------------|-------------|-------------------|--------------|
| Medicare                                       | Medicaid  | Other Public | Private Insurance | Employment Category | Private Pay | Private Insurance | Charity Care |
| 5,002,261                                      | 0,053,114 | 002,779      | 1,201,878         | Administrators      | 11,600      | 7,850             | 0            |
| 5,002,261                                      | 0,053,114 | 002,779      | 1,201,878         | Physicians          | 11,600      | 7,850             | 0            |
|                                                |           |              |                   | Director of Nursing | 11,600      | 7,850             | 0            |
|                                                |           |              |                   | Registered Nurses   | 11,600      | 7,850             | 0            |
|                                                |           |              |                   | LPN's               | 11,600      | 7,850             | 0            |
|                                                |           |              |                   | Certified Aides     | 11,600      | 7,850             | 0            |
|                                                |           |              |                   | Other Health Staff  | 11,600      | 7,850             | 0            |
|                                                |           |              |                   | Non-Health Staff    | 11,600      | 7,850             | 0            |
|                                                |           |              |                   | TOTALS              | 11,600      | 7,850             | 0            |

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

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development





ROSEWOOD CARE CENTER OF ELGIN  
2355 ROYAL BOULEVARD  
ELGIN, IL 60123

Classification Numbers  
License Number 6014237  
Health Service Area 008  
Planning Service Area 080  
County Kane Kane County

| RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |          |       |                   |             |         |        |                  |        |
|-----------------------------------------------|----------|----------|-------|-------------------|-------------|---------|--------|------------------|--------|
| LEVEL OF CARE                                 | Medicare | Medicaid | Other | Private Insurance | Private Pay | Charity | TOTALS | LEVEL OF CARE    | DOUBLE |
| Nursing Care                                  | 21       | 44       | 0     | 5                 | 42          | 0       | 112    | Nursing Care     | 188    |
| Skilled Under 22                              | 0        | 0        | 0     | 0                 | 0           | 0       | 0      | Skilled Under 22 | 0      |
| Intermediate DD                               | 0        | 0        | 0     | 0                 | 0           | 0       | 0      | Intermediate DD  | 0      |
| Sheltered Care                                | 0        | 0        | 0     | 0                 | 0           | 0       | 0      | Sheltered Care   | 0      |
| TOTALS                                        | 21       | 44       | 0     | 5                 | 42          | 0       | 112    |                  |        |

| RESIDENTS BY RACE/ETHNICITY GROUPING |              |                  |                 |                |        |                     |                      |                      |                                                |
|--------------------------------------|--------------|------------------|-----------------|----------------|--------|---------------------|----------------------|----------------------|------------------------------------------------|
| RACE                                 | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Employment Category | Full-Time Equivalent | Charity Care Expense | Charity Care Expense as % of Total Net Revenue |
| Asian                                | 0            | 0                | 0               | 0              | 0      | Administrators      | 1.00                 |                      |                                                |
| American Indian                      | 0            | 0                | 0               | 0              | 0      | Physicians          | 0.00                 |                      |                                                |
| Black                                | 1            | 0                | 0               | 0              | 1      | Director of Nursing | 1.00                 |                      |                                                |
| Hawaiian/Pacific Is.                 | 0            | 0                | 0               | 0              | 0      | Registered Nurses   | 32.00                |                      |                                                |
| White                                | 111          | 0                | 0               | 0              | 111    | LPN's               | 16.00                |                      |                                                |
| Race Unknown                         | 0            | 0                | 0               | 0              | 0      | Certified Aide      | 51.00                |                      |                                                |
| Total                                | 112          | 0                | 0               | 0              | 112    | Other Health Staff  | 4.00                 |                      |                                                |
| ETHNICITY                            | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff    | 28.00                |                      |                                                |
| Hispanic                             | 1            | 0                | 0               | 0              | 1      | TOTALS              | 133.00               |                      |                                                |
| Non-Hispanic                         | 111          | 0                | 0               | 0              | 111    |                     |                      |                      |                                                |
| Ethnicity Unknown                    | 0            | 0                | 0               | 0              | 0      |                     |                      |                      |                                                |
| Total                                | 112          | 0                | 0               | 0              | 112    |                     |                      |                      |                                                |

| 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 |  |  |
| 4,747,700                                      | 2,102,440 | 0            | 420,094           | 3,426,451   | 10,697,285 | 0                    | 0.0%                                           |  |  |

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

ROSEWOOD CARE CENTER OF ELGIN  
2355 ROYAL BOULEVARD  
ELGIN, IL 60123

Reference Numbers 6014237  
Health Service Area 008  
Planning Service Area 080  
County Kane Kane County

Administrator  
Peggy Aschenbrenner  
Contact Person and Telephone  
Jan Pocher 314/994-0076x3025

Registered Agent Information  
Don Maher  
412 E. Lawrence Ave  
Springfield, IL 62703

Date Questionnaire Completed 4/16/2015

| RESIDENTS BY PRIMARY DIAGNOSIS          |   |   |   |   |   |   |   |   |   |
|-----------------------------------------|---|---|---|---|---|---|---|---|---|
| DIAGNOSIS                               | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Aggression/Abuse                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chronic Alcoholism                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Developmentally Disabled                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Drug Addiction                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medicaid Recipient                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medicare Recipient                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mental Illness                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-Ability                             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-Mobility                            | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Public Aid Recipient                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Under 65 Years Old                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unable to Self-Medicate                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ventilator Dependent                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Infectious Disease w/ Isolation         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Restrictions                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No Restrictions                         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| None Reported (Residents denied by ...) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS                                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| ADMISSIONS AND DISCHARGES - 2014 |            |      |      |      |      |      |      |      |      |
|----------------------------------|------------|------|------|------|------|------|------|------|------|
| ADMISSIONS                       | DISCHARGES | PEAK | BEPS | BEPS | BEPS | BEPS | BEPS | BEPS | BEPS |
| Residents on 1/1/2013            | 115        | 130  | 127  | 130  | 127  | 130  | 127  | 130  | 127  |
| Total Admissions 2013            | 442        |      |      |      |      |      |      |      |      |
| Total Discharges 2013            | 445        |      |      |      |      |      |      |      |      |
| Residents on 12/31/2013          | 112        |      |      |      |      |      |      |      |      |

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |               |           |           |           |           |           |           |           |           |
|--------------------------------------------------------------|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| LEVEL OF CARE                                                | LICENSED BEDS | PEAK BEDS | BEPS BEDS | BEPS BEDS | BEPS BEDS | BEPS BEDS | BEPS BEDS | BEPS BEDS | BEPS BEDS |
| Nursing Care                                                 | 130           | 130       | 127       | 130       | 127       | 130       | 127       | 130       | 127       |
| 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                                               | 0             | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         |
| TOTAL BEDS                                                   | 130           | 130       | 127       | 130       | 127       | 130       | 127       | 130       | 127       |

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |          |          |              |                   |             |         |       |               |                         |
|---------------------------------------------------------------------------------------|----------|----------|--------------|-------------------|-------------|---------|-------|---------------|-------------------------|
| LEVEL OF CARE                                                                         | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | TOTAL | Licensed Beds | Medicaid Certified Beds |
| Nursing Care                                                                          | 8567     | 17084    | 0            | 1143              | 16476       | 0       | 43270 | 65.3%         | 65.3%                   |
| Skilled Under 22                                                                      | 0        | 0        | 0            | 0                 | 0           | 0       | 0     | 0.0%          | 0.0%                    |
| Intermediate DD                                                                       | 0        | 0        | 0            | 0                 | 0           | 0       | 0     | 0.0%          | 0.0%                    |
| Sheltered Care                                                                        | 0        | 0        | 0            | 0                 | 0           | 0       | 0     | 0.0%          | 0.0%                    |
| TOTALS                                                                                | 8567     | 17084    | 0            | 1143              | 16476       | 0       | 43270 | 65.3%         | 65.3%                   |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |              |                  |                 |           |       |      |        |      |        |
|-------------------------------------------------------------------|--------------|------------------|-----------------|-----------|-------|------|--------|------|--------|
| AGE GROUPS                                                        | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered | TOTAL | Male | Female | Male | Female |
| Under 10                                                          | 0            | 0                | 0               | 0         | 0     | 0    | 0      | 0    | 0      |
| 10 to 44                                                          | 0            | 0                | 0               | 0         | 0     | 0    | 0      | 0    | 0      |
| 45 to 59                                                          | 1            | 1                | 0               | 0         | 2     | 1    | 1      | 1    | 1      |
| 60 to 74                                                          | 0            | 0                | 0               | 0         | 0     | 0    | 0      | 0    | 0      |
| 75 to 84                                                          | 6            | 5                | 0               | 0         | 11    | 6    | 5      | 6    | 5      |
| 85+                                                               | 13           | 18               | 0               | 0         | 31    | 13   | 18     | 13   | 18     |
| TOTALS                                                            | 26           | 24               | 0               | 0         | 50    | 26   | 24     | 26   | 24     |

[illegible]

| HIGHLAND OAKS                                  |              |                  |                 | Classification Numbers                         |                     |                       |                      |
|------------------------------------------------|--------------|------------------|-----------------|------------------------------------------------|---------------------|-----------------------|----------------------|
| 750 WEST HIGHLAND AVENUE                       |              |                  |                 | License Number                                 | Health Service Area | Planning Service Area | County               |
| ELGIN, IL 60124                                |              |                  |                 | 6000382                                        | 008                 | 008                   | Kane County          |
| RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE  |              |                  |                 | AVERAGE DAILY PAYMENT RATES                    |                     |                       |                      |
| LEVEL                                          | Medicare     | Medicaid         | Other Public    | Private Payer                                  | Charity Care        | TOTALS                |                      |
| Nursing Care                                   | 0            | 14               | 0               | 0                                              | 26                  | 40                    | LEVEL OF CARE        |
| Skilled Under 22                               | 0            | 0                | 0               | 0                                              | 0                   | 0                     | Nursing Care         |
| Intermediate DD                                | 0            | 0                | 0               | 0                                              | 0                   | 0                     | Subbed Under 22      |
| Sheltered Care                                 | 0            | 0                | 0               | 0                                              | 0                   | 0                     | Intermediate DD      |
| TOTALS                                         | 0            | 14               | 0               | 0                                              | 26                  | 40                    | Sheltered Care       |
| RESIDENTS BY RACIAL/ETHNICITY GROUPING         |              |                  |                 | FACILITY STAFFING                              |                     |                       |                      |
| RACE                                           | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care                                 | TOTALS              | Employment Category   | Full-Time Equivalent |
| Asian                                          | 0            | 0                | 0               | 0                                              | 0                   | Administrators        | 1.00                 |
| American Indian                                | 0            | 0                | 0               | 0                                              | 0                   | Physicians            | 0.00                 |
| Black                                          | 0            | 0                | 0               | 0                                              | 0                   | Director of Nursing   | 1.00                 |
| Caucasian/Pacific Isl.                         | 0            | 0                | 0               | 0                                              | 0                   | Registered Nurses     | 15.00                |
| White                                          | 40           | 0                | 0               | 0                                              | 40                  | LPN's                 | 3.00                 |
| Race Unknown                                   | 0            | 0                | 0               | 0                                              | 0                   | Certified Aides       | 37.00                |
| TOTAL                                          | 40           | 0                | 0               | 0                                              | 40                  | Other Health Staff    | 1.00                 |
| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |              |                  |                 | Charity Care Expense as % of Total Net Revenue |                     |                       |                      |
| ETHNICITY                                      | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care                                 | TOTALS              | Charity Care Expense* | Total Net Revenue    |
| Hispanic                                       | 0            | 0                | 0               | 0                                              | 0                   | 100.0%                | 3,234,733            |
| Non-Hispanic                                   | 40           | 0                | 0               | 0                                              | 40                  | 0                     | 0.0%                 |
| Ethnicity Unknown                              | 0            | 0                | 0               | 0                                              | 0                   |                       |                      |
| TOTAL                                          | 40           | 0                | 0               | 0                                              | 40                  |                       |                      |

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 LEXINGTON HLTH CARE CTR-BLOOMINGDALE BLOOMINGDALE

LEXINGTON HLTH CARE CTR-BLOOMINGDALE  
165 SOUTH BLOOMINGDALE ROAD  
BLOOMINGDALE, IL 60108

Classification Numbers  
License Number 6011003  
Health Service Area 007  
Planning Service Area 703  
County 043  
Bloomington Township

| LEVEL OF CARE    | Medicare | Medicaid | Other | Private | Charity | TOTALS | LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|----------|----------|-------|---------|---------|--------|------------------|--------|--------|
| Nursing Care     | 42       | 0        | 90    | 5       | 10      | 147    | Nursing Care     | 386    | 231    |
| Skilled Under 22 | 0        | 0        | 0     | 0       | 0       | 0      | Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0        | 0        | 0     | 0       | 0       | 0      | Intermediate DD  | 0      | 0      |
| Sheltered Care   | 0        | 0        | 0     | 0       | 0       | 0      | Sheltered Care   | 0      | 0      |
| TOTALS           | 42       | 0        | 90    | 5       | 10      | 147    |                  |        |        |

| RESIDENTS BY RACIAL/ETHNICITY GROUPING |              |                  |                 |                | FACILITY STAFFING |                     |                      |
|----------------------------------------|--------------|------------------|-----------------|----------------|-------------------|---------------------|----------------------|
| RACE                                   | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Totals            | Employment Category | Full-Time Equivalent |
| Asian                                  | 12           | 0                | 0               | 0              | 12                | Administrators      | 1.00                 |
| American Indian                        | 2            | 0                | 0               | 0              | 2                 | Physicians          | 0.00                 |
| Black                                  | 0            | 0                | 0               | 0              | 0                 | Director of Nursing | 1.00                 |
| Hispanic/Latino                        | 0            | 0                | 0               | 0              | 0                 | Registered Nurses   | 11.00                |
| White                                  | 127          | 0                | 0               | 0              | 127               | LPNs                | 8.00                 |
| Race Unknown                           | 0            | 0                | 0               | 0              | 0                 | Certified Aides     | 35.00                |
| Total                                  | 147          | 0                | 0               | 0              | 147               | Other Health Staff  | 5.00                 |
| ETHNICITY                              |              |                  |                 |                |                   | Non-Health Staff    | 33.00                |
| Hispanic                               | 5            | 0                | 0               | 0              | 5                 | Totals              | 94.00                |
| Non-Hispanic                           | 142          | 0                | 0               | 0              | 142               |                     |                      |
| Ethnicity Unknown                      | 0            | 0                | 0               | 0              | 0                 |                     |                      |
| Total                                  | 147          | 0                | 0               | 0              | 147               |                     |                      |

| RESIDENTS BY RACE/ETHNICITY GROUPING |              |                  |                 |                |        | FACILITY STAFFING   |                      |
|--------------------------------------|--------------|------------------|-----------------|----------------|--------|---------------------|----------------------|
| RACE                                 | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Employment Category | Full-Time Equivalent |
| Asian                                | 12           | 0                | 0               | 0              | 12     | Administrators      | 1.00                 |
| American Indian                      | 2            | 0                | 0               | 0              | 2      | Physicians          | 0.00                 |
| Black                                | 0            | 0                | 0               | 0              | 0      | Director of Nursing | 1.00                 |
| Hispanic/Pacific Isl.                | 0            | 0                | 0               | 0              | 0      | Registered Nurses   | 11.00                |
| White                                | 127          | 0                | 0               | 0              | 127    | LPN's               | 8.00                 |
| Race Unknown                         | 0            | 0                | 0               | 0              | 0      | Certified Aides     | 35.00                |
| Total                                | 147          | 0                | 0               | 0              | 147    | Other Health Staff  | 5.00                 |
| ETHNICITY                            | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff    | 33.00                |
| Hispanic                             | 5            | 0                | 0               | 0              | 5      | Totals              | 94.00                |
| Non-Hispanic                         | 142          | 0                | 0               | 0              | 142    |                     |                      |
| Ethnicity Unknown                    | 0            | 0                | 0               | 0              | 0      |                     |                      |
| Total                                | 147          | 0                | 0               | 0              | 147    |                     |                      |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |           |              |                   |             |            |
|------------------------------------------------|-----------|--------------|-------------------|-------------|------------|
| Medicare                                       | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     |
| 40.0%                                          | 42.8%     | 0.0%         | 7.3%              | 8.8%        | 100.0%     |
| 5,515,303                                      | 5,709,800 | 0            | 1,008,172         | 1,186,011   | 13,400,008 |

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 LEXINGTON HLTH CARE CTR-BLOOMINGDALE BLOOMINGDALE

LEXINGTON HLTH CARE CTR-BLOOMINGDALE  
165 SOUTH BLOOMINGDALE ROAD  
BLOOMINGDALE, IL 60108

Reference Numbers  
Facility ID 6011003  
Health Service Area 007  
Planning Service Area 703  
County 043  
Bloomington Township

|                                  |              |                      |                                 |   |                              |    |
|----------------------------------|--------------|----------------------|---------------------------------|---|------------------------------|----|
| Health Service Area              | 007          | Planning Area 7.C    | Medicare Recipient              | 0 | Alzheimer Disease            | 2  |
| Planning Service Area            | 703          | Bloomington Township | Mental Illness                  | 1 | Mental Illness               | 2  |
| County                           | 013          |                      | Non-Medical                     | 0 | Developmental Disability     | 0  |
|                                  |              |                      | Public Aid Recipient            | 0 | Circulatory System           | 35 |
|                                  |              |                      | Under 65 Years Old              | 0 | Respiratory System           | 10 |
|                                  |              |                      | Unable to Self-Administer       | 0 | Digestive System             | 3  |
| Administrator                    | Jenna Myczek |                      | Vendor Dispute                  | 1 | Gonorrhea/Syphilis/Disorders | 1  |
| Coast Guard Person and Telephone |              |                      | Infectious Disease w/ Isolation | 0 | Skin Disorders               | 15 |
|                                  |              |                      | No Restrictions                 | 0 | Musculo-skeletal Disorders   | 5  |
|                                  |              |                      |                                 |   | Injuries and Poisonings      | 30 |
|                                  |              |                      |                                 |   | Other Medical Conditions     |    |

| ADMISSIONS AND DISCHARGES - 2014 |     | Total Residents Diagnosed as Mentally Ill |  | Total Residents Reported as Identified Offenders |  |
|----------------------------------|-----|-------------------------------------------|--|--------------------------------------------------|--|
| Residents on 1/1/2013            | 318 |                                           |  |                                                  |  |
| Total Admissions 2013            | 310 |                                           |  |                                                  |  |
| Total Discharges 2013            | 400 |                                           |  |                                                  |  |
| Residents on 12/31/2013          | 147 |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |
|                                  |     |                                           |  |                                                  |  |

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |                  |        |      |                |                   |                               |      |     |  |
|--------------------------------------------------------------|------------------|--------|------|----------------|-------------------|-------------------------------|------|-----|--|
| LEVEL OF CARE                                                | LICENSED<br>BEDS | PEAK   |      | BEDS<br>IN USE | AVAILABLE<br>BEDS | MEDICARE<br>CERTIFIED<br>BEDS |      |     |  |
|                                                              |                  | SET-UP | USED |                |                   | SET-UP                        | USED |     |  |
| Nursing Care                                                 | 166              | 104    | 150  | 106            | 147               | 10                            | 186  | 131 |  |
| Skilled Under 22                                             | 0                | 0      | 0    | 0              | 0                 | 0                             | 0    | 0   |  |
| Intermediate DD                                              | 0                | 0      | 0    | 0              | 0                 | 0                             | 0    | 0   |  |
| Sheltered Care                                               | 0                | 0      | 0    | 0              | 0                 | 0                             | 0    | 0   |  |
| TOTAL BEDS                                                   | 166              | 166    | 150  | 166            | 147               | 10                            | 186  | 131 |  |

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |          |          |              |                   |             |         |               |           |        |
|---------------------------------------------------------------------------------------|----------|----------|--------------|-------------------|-------------|---------|---------------|-----------|--------|
| LEVEL OF CARE                                                                         | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | Licensed Beds | Peak Beds | Set Up |
| Nursing Care                                                                          | 9412     | 15.5%    | 34660        | 72.5%             | 2418        | 4082    | 0             | 51481     | 85.0%  |
| Skilled Under 22                                                                      | 0        | 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%      | 0.0%   |
| Sheltered Care                                                                        | 0        | 0.0%     | 0            | 0.0%              | 0           | 0       | 0             | 0.0%      | 0.0%   |
| TOTALS                                                                                | 9412     | 15.5%    | 34660        | 72.5%             | 2418        | 4082    | 0             | 51481     | 85.0%  |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |              |                  |              |           |       |      |        |      |        |
|-------------------------------------------------------------------|--------------|------------------|--------------|-----------|-------|------|--------|------|--------|
| AGE GROUPS                                                        | NURSING CARE | SKILLED UNDER 22 | INTERMED. DD | SHeltered | TOTAL | Male | Female | Male | Female |
| Under 10                                                          | 0            | 0                | 0            | 0         | 0     | 0    | 0      | 0    | 0      |
| 10 to 44                                                          | 0            | 0                | 0            | 0         | 0     | 0    | 0      | 0    | 0      |
| 45 to 59                                                          | 2            | 0                | 0            | 0         | 2     | 2    | 0      | 0    | 0      |
| 60 to 64                                                          | 1            | 1                | 0            | 0         | 2     | 1    | 1      | 1    | 1      |
| 65 to 74                                                          | 8            | 11               | 0            | 0         | 19    | 6    | 13     | 17   | 17     |
| 75 to 84                                                          | 16           | 30               | 0            | 0         | 46    | 16   | 30     | 46   | 46     |
| 85+                                                               | 17           | 83               | 0            | 0         | 100   | 17   | 83     | 100  | 100    |
| TOTALS                                                            | 42           | 105              | 0            | 0         | 147   | 42   | 105    | 147  | 147    |

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
Page 10/10 of 2016

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
Page 10/10 of 2016

LEXINGTON OF SCHAUMBURG  
675 SOUTH ROSELLE ROAD  
SCHAUMBURG, IL 60103

Reference Numbers  
Facility ID 6012553  
Health Service Area 007  
Planning Service Area 701  
County Schaumburg Township

Classification Numbers  
License Number 6012553  
Health Service Area 007  
Planning Service Area 701  
County Schaumburg Township

| RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |          |              |                   |             |              |        |                             |        |
|-----------------------------------------------|----------|----------|--------------|-------------------|-------------|--------------|--------|-----------------------------|--------|
| LEVEL OF CARE                                 | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTALS | AVERAGE DAILY PAYMENT RATES |        |
| Nursing Care                                  | 58       | 96       | 0            | 19                | 7           | 0            | 170    | LEVEL OF CARE               | SINGLE |
| Skilled Under 22                              | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Nursing Care                | 276    |
| Intermediate DD                               | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Skilled Under 22            | 219    |
| Sheltered Care                                | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Intermediate DD             | 0      |
| TOTALS                                        | 58       | 96       | 0            | 19                | 7           | 0            | 170    | Sheltered Care              | 0      |

| RESIDENTS BY RACE/ETHNICITY GROUPING |              |                  |                 |                |        |                     |                     |                      |                                                |
|--------------------------------------|--------------|------------------|-----------------|----------------|--------|---------------------|---------------------|----------------------|------------------------------------------------|
| RACE                                 | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Facility Staffing   | Employment Category | Full Time Equivalent | Charity Care Expense as % of Total Net Revenue |
| Asian                                | 11           | 0                | 0               | 0              | 11     | Administrators      | Administrators      | 1.00                 | 0.0%                                           |
| American Indian                      | 0            | 0                | 0               | 0              | 0      | Physicians          | Physicians          | 0.60                 | 0.0%                                           |
| Black                                | 5            | 0                | 0               | 0              | 5      | Director of Nursing | Director of Nursing | 1.00                 | 0.0%                                           |
| Hawaiian/Pacific Isl.                | 0            | 0                | 0               | 0              | 0      | Registered Nurses   | Registered Nurses   | 12.00                | 0.0%                                           |
| White                                | 102          | 0                | 0               | 0              | 102    | LPN's               | LPN's               | 11.00                | 0.0%                                           |
| Race Unknown                         | 0            | 0                | 0               | 0              | 0      | Certified Aides     | Certified Aides     | 47.00                | 0.0%                                           |
| Total                                | 178          | 0                | 0               | 0              | 178    | Other Health Staff  | Other Health Staff  | 5.00                 | 0.0%                                           |
| ETHNICITY                            | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff    | Non-Health Staff    | 40.00                | 0.0%                                           |
| Hispanic                             | 4            | 0                | 0               | 0              | 4      | Totals              | Totals              | 117.00               | 0.0%                                           |
| Non-Hispanic                         | 174          | 0                | 0               | 0              | 174    |                     |                     |                      |                                                |
| Ethnicity Unknown                    | 0            | 0                | 0               | 0              | 0      |                     |                     |                      |                                                |
| Total                                | 178          | 0                | 0               | 0              | 178    |                     |                     |                      |                                                |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |           |              |                   |             |            |                                                |                       |                                                |                                                |
|------------------------------------------------|-----------|--------------|-------------------|-------------|------------|------------------------------------------------|-----------------------|------------------------------------------------|------------------------------------------------|
| Medicare                                       | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     | Charity Care Expense as % of Total Net Revenue | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue | Charity Care Expense as % of Total Net Revenue |
| 38.1%                                          | 42.6%     | 0.0%         | 9.5%              | 9.8%        | 100.0%     | 0.0%                                           | 0                     | 0.0%                                           | 0.0%                                           |
| 6,170,302                                      | 8,010,435 | 0            | 1,515,976         | 1,591,920   | 16,225,723 |                                                |                       |                                                |                                                |

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

LEXINGTON OF SCHAUMBURG  
675 SOUTH ROSELLE ROAD  
SCHAUMBURG, IL 60103

Reference Numbers  
Facility ID 6012553  
Health Service Area 007  
Planning Service Area 701  
County Schaumburg Township

Classification Numbers  
License Number 6012553  
Health Service Area 007  
Planning Service Area 701  
County Schaumburg Township

| RESIDENTS BY PRIMARY DIAGNOSIS |          |          |              |                   |             |              |        |                             |        |
|--------------------------------|----------|----------|--------------|-------------------|-------------|--------------|--------|-----------------------------|--------|
| DIAGNOSIS                      | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTALS | AVERAGE DAILY PAYMENT RATES |        |
| Nursing Care                   | 58       | 96       | 0            | 19                | 7           | 0            | 170    | LEVEL OF CARE               | SINGLE |
| Skilled Under 22               | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Nursing Care                | 276    |
| Intermediate DD                | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Skilled Under 22            | 219    |
| Sheltered Care                 | 0        | 0        | 0            | 0                 | 0           | 0            | 0      | Intermediate DD             | 0      |
| TOTALS                         | 58       | 96       | 0            | 19                | 7           | 0            | 170    | Sheltered Care              | 0      |

| RESIDENTS BY RACE/ETHNICITY GROUPING |              |                  |                 |                |        |                     |                     |                      |                                                |
|--------------------------------------|--------------|------------------|-----------------|----------------|--------|---------------------|---------------------|----------------------|------------------------------------------------|
| RACE                                 | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Facility Staffing   | Employment Category | Full Time Equivalent | Charity Care Expense as % of Total Net Revenue |
| Asian                                | 11           | 0                | 0               | 0              | 11     | Administrators      | Administrators      | 1.00                 | 0.0%                                           |
| American Indian                      | 0            | 0                | 0               | 0              | 0      | Physicians          | Physicians          | 0.60                 | 0.0%                                           |
| Black                                | 5            | 0                | 0               | 0              | 5      | Director of Nursing | Director of Nursing | 1.00                 | 0.0%                                           |
| Hawaiian/Pacific Isl.                | 0            | 0                | 0               | 0              | 0      | Registered Nurses   | Registered Nurses   | 12.00                | 0.0%                                           |
| White                                | 102          | 0                | 0               | 0              | 102    | LPN's               | LPN's               | 11.00                | 0.0%                                           |
| Race Unknown                         | 0            | 0                | 0               | 0              | 0      | Certified Aides     | Certified Aides     | 47.00                | 0.0%                                           |
| Total                                | 178          | 0                | 0               | 0              | 178    | Other Health Staff  | Other Health Staff  | 5.00                 | 0.0%                                           |
| ETHNICITY                            | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff    | Non-Health Staff    | 40.00                | 0.0%                                           |
| Hispanic                             | 4            | 0                | 0               | 0              | 4      | Totals              | Totals              | 117.00               | 0.0%                                           |
| Non-Hispanic                         | 174          | 0                | 0               | 0              | 174    |                     |                     |                      |                                                |
| Ethnicity Unknown                    | 0            | 0                | 0               | 0              | 0      |                     |                     |                      |                                                |
| Total                                | 178          | 0                | 0               | 0              | 178    |                     |                     |                      |                                                |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |           |              |                   |             |            |                                                |                       |                                                |                                                |
|------------------------------------------------|-----------|--------------|-------------------|-------------|------------|------------------------------------------------|-----------------------|------------------------------------------------|------------------------------------------------|
| Medicare                                       | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS     | Charity Care Expense as % of Total Net Revenue | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue | Charity Care Expense as % of Total Net Revenue |
| 38.1%                                          | 42.6%     | 0.0%         | 9.5%              | 9.8%        | 100.0%     | 0.0%                                           | 0                     | 0.0%                                           | 0.0%                                           |
| 6,170,302                                      | 8,010,435 | 0            | 1,515,976         | 1,591,920   | 16,225,723 |                                                |                       |                                                |                                                |

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





| RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |          |              |                   |             |         |        |                  |                             |
|-----------------------------------------------|----------|----------|--------------|-------------------|-------------|---------|--------|------------------|-----------------------------|
| LEVEL OF CARE                                 | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | TOTALS | LEVEL OF CARE    | AVERAGE DAILY PAYMENT RATES |
| Nursing Care                                  | 0        | 46       | 1            | 0                 | 4           | 0       | 51     | Nursing Care     | 200                         |
| Skilled Under 22                              | 0        | 0        | 0            | 0                 | 0           | 0       | 0      | Skilled Under 22 | 0                           |
| Intermediate DD                               | 0        | 0        | 0            | 0                 | 0           | 0       | 0      | Intermediate DD  | 0                           |
| Sheltered Care                                | 0        | 0        | 0            | 0                 | 0           | 0       | 0      | Sheltered Care   | 0                           |
| TOTALS                                        | 0        | 46       | 1            | 0                 | 4           | 0       | 51     |                  |                             |

| RESIDENTS BY RACIAL/ETHNICITY GROUPING |              |                  |                 |                |        |                      |                      |                      |                                           |
|----------------------------------------|--------------|------------------|-----------------|----------------|--------|----------------------|----------------------|----------------------|-------------------------------------------|
| RACE                                   | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Facility Staffing    | Employment Category  | Full Time Equivalent | Charity Expense as % of Total Net Revenue |
| Asian                                  | 0            | 0                | 0               | 0              | 0      | Administrators       | Administrators       | 1.00                 |                                           |
| American Indian                        | 0            | 0                | 0               | 0              | 0      | Physicians           | Physicians           | 1.00                 |                                           |
| Black                                  | 4            | 0                | 0               | 0              | 4      | Directors of Nursing | Directors of Nursing | 1.00                 |                                           |
| Hawaiian/Pacific Is.                   | 2            | 0                | 0               | 0              | 2      | Registered Nurses    | Registered Nurses    | 3.00                 |                                           |
| White                                  | 41           | 0                | 0               | 0              | 41     | LPN's                | LPN's                | 4.00                 |                                           |
| Race Unknown                           | 4            | 0                | 0               | 0              | 4      | Certified Aides      | Certified Aides      | 9.00                 |                                           |
| Total                                  | 51           | 0                | 0               | 0              | 51     | Other Health Staff   | Other Health Staff   | 13.00                |                                           |
| ETHNICITY                              | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff     | Non-Health Staff     | 31.00                |                                           |
| Hispanic                               | 4            | 0                | 0               | 0              | 4      |                      |                      |                      |                                           |
| Non-Hispanic                           | 47           | 0                | 0               | 0              | 47     |                      |                      |                      |                                           |
| Ethnicity Unknown                      | 0            | 0                | 0               | 0              | 0      |                      |                      |                      |                                           |
| Total                                  | 51           | 0                | 0               | 0              | 51     |                      |                      |                      |                                           |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |           |              |                   |             |           |                                           |                 |                      |                                                |
|------------------------------------------------|-----------|--------------|-------------------|-------------|-----------|-------------------------------------------|-----------------|----------------------|------------------------------------------------|
| Medicare                                       | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    | Charity Expense as % of Total Net Revenue | Charity Expense | Charity Care Expense | Charity Care Expense as % of Total Net Revenue |
| 0.0%                                           | 0.1%      | 0.0%         | 0.0%              | 8.9%        | 2,562,103 | 0.0%                                      | 0               | 0                    | 0.0%                                           |
| 0                                              | 2,351,894 | 0            | 0                 | 230,239     |           |                                           |                 |                      |                                                |

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

| ADMISSIONS AND DISCHARGES - 2014 |            |                       |                         |                       |                         |                       |                         |                       |                         |
|----------------------------------|------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|
| ADMISSIONS                       | Discharges | Residents on 1/1/2013 | Residents on 12/31/2013 | Residents on 1/1/2014 | Residents on 12/31/2014 | Residents on 1/1/2015 | Residents on 12/31/2015 | Residents on 1/1/2016 | Residents on 12/31/2016 |
| 51                               | 16         | 51                    | 35                      | 35                    | 35                      | 35                    | 35                      | 35                    | 35                      |
| 1                                | 1          | 1                     | 1                       | 1                     | 1                       | 1                     | 1                       | 1                     | 1                       |

| LICENSED BEDS, BEDS IN USE, MEDICAID/MEDICARE CERTIFIED BEDS |               |           |             |                         |                         |                |        |                                  |                                  |
|--------------------------------------------------------------|---------------|-----------|-------------|-------------------------|-------------------------|----------------|--------|----------------------------------|----------------------------------|
| LEVEL OF CARE                                                | LICENSED BEDS | PEAK BEDS | BEDS IN USE | MEDICAID CERTIFIED BEDS | MEDICARE CERTIFIED BEDS | AVAILABLE BEDS | TOTALS | ADMISSIONS AND DISCHARGES - 2014 | ADMISSIONS AND DISCHARGES - 2015 |
| Nursing Care                                                 | 03            | 57        | 59          | 0                       | 0                       | 12             | 63     | 51                               | 16                               |
| 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                                               | 0             | 0         | 0           | 0                       | 0                       | 0              | 0      | 0                                | 0                                |
| TOTAL BEDS                                                   | 03            | 57        | 59          | 0                       | 0                       | 12             | 63     | 51                               | 16                               |

| FACILITY UTILIZATION - 2014 |          |          |              |                   |             |         |       |               |           |
|-----------------------------|----------|----------|--------------|-------------------|-------------|---------|-------|---------------|-----------|
| LEVEL OF CARE               | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | TOTAL | Licensed Beds | Peak Beds |
| Nursing Care                | 0        | 0.0%     | 0.0%         | 0.0%              | 0.0%        | 0.0%    | 0.0%  | 0.0%          | 0.0%      |
| Skilled Under 22            | 0        | 0.0%     | 0.0%         | 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%    | 0.0%  | 0.0%          | 0.0%      |
| Sheltered Care              | 0        | 0.0%     | 0.0%         | 0.0%              | 0.0%        | 0.0%    | 0.0%  | 0.0%          | 0.0%      |
| TOTALS                      | 0        | 0.0%     | 0.0%         | 0.0%              | 0.0%        | 0.0%    | 0.0%  | 0.0%          | 0.0%      |

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |          |          |              |                   |             |         |       |               |           |
|---------------------------------------------------------------------------------------|----------|----------|--------------|-------------------|-------------|---------|-------|---------------|-----------|
| LEVEL OF CARE                                                                         | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | TOTAL | Licensed Beds | Peak Beds |
| Nursing Care                                                                          | 0        | 0.0%     | 0.0%         | 0.0%              | 0.0%        | 0.0%    | 0.0%  | 0.0%          | 0.0%      |
| Skilled Under 22                                                                      | 0        | 0.0%     | 0.0%         | 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%    | 0.0%  | 0.0%          | 0.0%      |
| Sheltered Care                                                                        | 0        | 0.0%     | 0.0%         | 0.0%              | 0.0%        | 0.0%    | 0.0%  | 0.0%          | 0.0%      |
| TOTALS                                                                                | 0        | 0.0%     | 0.0%         | 0.0%              | 0.0%        | 0.0%    | 0.0%  | 0.0%          | 0.0%      |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |      |        |      |        |      |        |      |        |       |
|-------------------------------------------------------------------|------|--------|------|--------|------|--------|------|--------|-------|
| AGE GROUPS                                                        | Male | Female | Male | Female | Male | Female | Male | Female | TOTAL |
| Under 18                                                          | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0     |
| 18 to 44                                                          | 1    | 0      | 0    | 0      | 0    | 0      | 1    | 0      | 1     |
| 45 to 59                                                          | 4    | 3      | 0    | 0      | 0    | 0      | 4    | 3      | 7     |
| 60 to 74                                                          | 4    | 1      | 0    | 0      | 0    | 0      | 4    | 1      | 5     |
| 75 to 84                                                          | 4    | 6      | 0    | 0      | 0    | 0      | 4    | 6      | 10    |
| 85+                                                               | 3    | 0      | 0    | 0      | 0    | 0      | 3    | 0      | 3     |
| TOTALS                                                            | 18   | 33     | 0    | 0      | 0    | 0      | 18   | 33     | 51    |

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
 Page 101 of 2048  
 10/14/2015

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 WINFIELD WOODS HEALTHCARE CENTER WINFIELD

WINFIELD WOODS HEALTHCARE CENTER  
28 WEST 141 LIBERTY ROAD  
WINFIELD, IL 60180

Classification Numbers  
License Number 6005334  
Health Service Area 007  
Planning Service Area 703  
County Winfield Township

| LEVEL OF CARE    | Medicare | Medicaid | Other | Private Insurance | Private Pay | Charity | TOTALS | LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|----------|----------|-------|-------------------|-------------|---------|--------|------------------|--------|--------|
| Nursing Care     | 8        | 111      | 0     | 1                 | 5           | 0       | 125    | Nursing Care     | 160    | 145    |
| Skilled Under 22 | 0        | 0        | 0     | 0                 | 0           | 0       | 0      | Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0        | 0        | 0     | 0                 | 0           | 0       | 0      | Intermediate DD  | 0      | 0      |
| Sheltered Care   | 0        | 0        | 0     | 0                 | 0           | 0       | 0      | Sheltered Care   | 0      | 0      |
| TOTALS           | 8        | 111      | 0     | 1                 | 5           | 0       | 125    |                  |        |        |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| RACE                  | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-----------------------|--------------|------------------|-----------------|----------------|--------|
| Asian                 | 2            | 0                | 0               | 0              | 2      |
| American Indian       | 0            | 0                | 0               | 0              | 0      |
| Black                 | 4            | 0                | 0               | 0              | 4      |
| Hawaiian/Pacific Isl. | 0            | 0                | 0               | 0              | 0      |
| White                 | 119          | 0                | 0               | 0              | 119    |
| Race Unknown          | 0            | 0                | 0               | 0              | 0      |
| Total                 | 125          | 0                | 0               | 0              | 125    |

RESIDENTS BY ETHNICITY

| ETHNICITY         | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-------------------|--------------|------------------|-----------------|----------------|--------|
| Hispanic          | 2            | 0                | 0               | 0              | 2      |
| Non-Hispanic      | 123          | 0                | 0               | 0              | 123    |
| Ethnicity Unknown | 0            | 0                | 0               | 0              | 0      |
| Total             | 125          | 0                | 0               | 0              | 125    |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    |
|-----------|-----------|--------------|-------------------|-------------|-----------|
| 10.3%     | 74.2%     | 0.0%         | 0.7%              | 100.0%      |           |
| 1,348,310 | 5,100,853 | 0            | 47,405            | 486,208     | 6,982,776 |

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

Charity Care Expense as % of Total Net Revenue 0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 WINFIELD WOODS HEALTHCARE CENTER WINFIELD

WINFIELD WOODS HEALTHCARE CENTER  
28 WEST 141 LIBERTY ROAD  
WINFIELD, IL 60180

Reference Numbers 6005334  
Facility ID 007  
Health Service Area 703  
Planning Service Area 043  
County Winfield Township

| LEVEL OF CARE    | Medicare | Medicaid | Other | Private Insurance | Private Pay | Charity | TOTALS |
|------------------|----------|----------|-------|-------------------|-------------|---------|--------|
| Nursing Care     | 8        | 111      | 0     | 1                 | 5           | 0       | 125    |
| Skilled Under 22 | 0        | 0        | 0     | 0                 | 0           | 0       | 0      |
| Intermediate DD  | 0        | 0        | 0     | 0                 | 0           | 0       | 0      |
| Sheltered Care   | 0        | 0        | 0     | 0                 | 0           | 0       | 0      |
| TOTALS           | 8        | 111      | 0     | 1                 | 5           | 0       | 125    |

RESIDENTS BY ETHNICITY

| ETHNICITY         | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-------------------|--------------|------------------|-----------------|----------------|--------|
| Hispanic          | 2            | 0                | 0               | 0              | 2      |
| Non-Hispanic      | 123          | 0                | 0               | 0              | 123    |
| Ethnicity Unknown | 0            | 0                | 0               | 0              | 0      |
| Total             | 125          | 0                | 0               | 0              | 125    |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare  | Medicaid  | Other Public | Private Insurance | Private Pay | TOTALS    |
|-----------|-----------|--------------|-------------------|-------------|-----------|
| 10.3%     | 74.2%     | 0.0%         | 0.7%              | 100.0%      |           |
| 1,348,310 | 5,100,853 | 0            | 47,405            | 486,208     | 6,982,776 |

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

Charity Care Expense as % of Total Net Revenue 0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 DUPAGE CONVALESCENT CENTER WHEATON

DUPAGE CONVALESCENT CENTER  
400 NORTH COUNTY FARM ROAD  
WHEATON, IL 60187

Reference Numbers  
Facility ID 0002612  
Health Service Area 007  
Planning Service Area 703  
County Planning Area 7-C  
County Milton Township

| LEVEL OF CARE    | Medicare | Medicaid | Private Insurance | Other | Private Care | Charity | TOTALS |
|------------------|----------|----------|-------------------|-------|--------------|---------|--------|
| Nursing Care     | 16       | 101      | 0                 | 3     | 102          | 0       | 312    |
| Skilled Under 22 | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| Intermediate DD  | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| Skilled Care     | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| TOTALS           | 16       | 101      | 0                 | 3     | 102          | 0       | 312    |

| RACE            | Medicare | Medicaid | Private Insurance | Other | Private Care | Charity | TOTALS |
|-----------------|----------|----------|-------------------|-------|--------------|---------|--------|
| Asian           | 10       | 0        | 0                 | 0     | 0            | 0       | 10     |
| American Indian | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| Black           | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| Hispanic        | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| White           | 286      | 0        | 0                 | 0     | 0            | 0       | 286    |
| Race Unknown    | 8        | 0        | 0                 | 0     | 0            | 0       | 8      |
| TOTAL           | 312      | 0        | 0                 | 0     | 0            | 0       | 312    |

| ETHNICITY         | Medicare | Medicaid | Private Insurance | Other | Private Care | Charity | TOTALS |
|-------------------|----------|----------|-------------------|-------|--------------|---------|--------|
| Hispanic          | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| Non-Hispanic      | 304      | 0        | 0                 | 0     | 0            | 0       | 304    |
| Ethnicity Unknown | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| TOTAL             | 312      | 0        | 0                 | 0     | 0            | 0       | 312    |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | Medicare   | Medicaid   | Private Insurance | Other Public | Private Pay | Charity | Expense as % of Total Net Revenue |
|------------------------------------------------|------------|------------|-------------------|--------------|-------------|---------|-----------------------------------|
| Medicare                                       | 10.1%      | 41.0%      | 0.0%              | 0.0%         | 41.3%       | 0       | 0.0%                              |
| Medicaid                                       | 12,710,720 | 12,710,720 | 0                 | 0            | 12,588,270  | 0       | 0.0%                              |
| Private Insurance                              | 4,915,030  | 4,915,030  | 0                 | 0            | 30,517,004  | 0       | 0.0%                              |

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 DUPAGE CONVALESCENT CENTER WHEATON

DUPAGE CONVALESCENT CENTER  
400 NORTH COUNTY FARM ROAD  
WHEATON, IL 60187

Reference Numbers  
Facility ID 0002612  
Health Service Area 007  
Planning Service Area 703  
County Planning Area 7-C  
County Milton Township

| LEVEL OF CARE    | Medicare | Medicaid | Private Insurance | Other | Private Care | Charity | TOTALS |
|------------------|----------|----------|-------------------|-------|--------------|---------|--------|
| Nursing Care     | 16       | 101      | 0                 | 3     | 102          | 0       | 312    |
| Skilled Under 22 | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| Intermediate DD  | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| Skilled Care     | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| TOTALS           | 16       | 101      | 0                 | 3     | 102          | 0       | 312    |

| RACE            | Medicare | Medicaid | Private Insurance | Other | Private Care | Charity | TOTALS |
|-----------------|----------|----------|-------------------|-------|--------------|---------|--------|
| Asian           | 10       | 0        | 0                 | 0     | 0            | 0       | 10     |
| American Indian | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| Black           | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| Hispanic        | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| White           | 286      | 0        | 0                 | 0     | 0            | 0       | 286    |
| Race Unknown    | 8        | 0        | 0                 | 0     | 0            | 0       | 8      |
| TOTAL           | 312      | 0        | 0                 | 0     | 0            | 0       | 312    |

| ETHNICITY         | Medicare | Medicaid | Private Insurance | Other | Private Care | Charity | TOTALS |
|-------------------|----------|----------|-------------------|-------|--------------|---------|--------|
| Hispanic          | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| Non-Hispanic      | 304      | 0        | 0                 | 0     | 0            | 0       | 304    |
| Ethnicity Unknown | 0        | 0        | 0                 | 0     | 0            | 0       | 0      |
| TOTAL             | 312      | 0        | 0                 | 0     | 0            | 0       | 312    |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | Medicare   | Medicaid   | Private Insurance | Other Public | Private Pay | Charity | Expense as % of Total Net Revenue |
|------------------------------------------------|------------|------------|-------------------|--------------|-------------|---------|-----------------------------------|
| Medicare                                       | 10.1%      | 41.0%      | 0.0%              | 0.0%         | 41.3%       | 0       | 0.0%                              |
| Medicaid                                       | 12,710,720 | 12,710,720 | 0                 | 0            | 12,588,270  | 0       | 0.0%                              |
| Private Insurance                              | 4,915,030  | 4,915,030  | 0                 | 0            | 30,517,004  | 0       | 0.0%                              |

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

**LODEN-VALLEY RIDGE REHAB & CARE**

|                         |                     |         |
|-------------------------|---------------------|---------|
| 75 EAST ARMY TRAIL ROAD | License Number      | 6000450 |
| LOOMINGDALE, IL 60108   | Health Service Area | 007     |

|                       |     |                      |
|-----------------------|-----|----------------------|
| Planning Service Area | 703 | Planning Area 7-C    |
| County                | 043 | Bloomington Township |

| LEVEL OF CARE        | RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |       |         |         |        | AVERAGE DAILY PAYMENT RATES |        |  |
|----------------------|-----------------------------------------------|----------|-------|---------|---------|--------|-----------------------------|--------|--|
|                      | Medicare                                      | Medicaid | Other | Private | Charity | TOTALS | LEVEL OF CARE               |        |  |
|                      |                                               |          |       |         |         |        | SINGLE                      | DOUBLE |  |
| Skilled Nursing Care | 16                                            | 134      | 19    | 0       | 12      | 0      | 205                         | 280    |  |
| Intermediate Care    | 0                                             | 0        | 0     | 0       | 0       | 0      | 0                           | 0      |  |
| Skilled Under-22     | 0                                             | 0        | 0     | 0       | 0       | 0      | 0                           | 0      |  |
| Intermediate D       | 0                                             | 0        | 0     | 0       | 0       | 0      | 0                           | 0      |  |
| Intermediate D13     | 0                                             | 0        | 0     | 0       | 0       | 0      | 0                           | 0      |  |
| Intermediate D15     | 0                                             | 0        | 0     | 0       | 0       | 0      | 0                           | 0      |  |
| Skilled Care         | 0                                             | 0        | 0     | 0       | 0       | 0      | 0                           | 0      |  |
| Skilled Care         | 0                                             | 0        | 0     | 0       | 0       | 0      | 0                           | 0      |  |
| TOTALS               | 10                                            | 134      | 19    | 0       | 12      | 0      | 181                         |        |  |

| RESIDENTS BY RACIAL/ETHNICITY GROUPING |              |                  |                 | FACILITY STAFFING |        |                     |                      |
|----------------------------------------|--------------|------------------|-----------------|-------------------|--------|---------------------|----------------------|
| RACE                                   | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care    | Totals | Employment Category | Full-Time Equivalent |
| Hispanic                               | 11           | 0                | 0               | 0                 | 11     | Administrators      | 1.00                 |
| Indian                                 | 0            | 0                | 0               | 0                 | 0      | Physicians          | 0.00                 |
| Black                                  | 10           | 0                | 0               | 0                 | 10     | Director of Nursing | 1.00                 |
| Latino/Pacific Isl.                    | 0            | 0                | 0               | 0                 | 0      | Registered Nurses   | 11.25                |
| White                                  | 143          | 0                | 0               | 0                 | 143    | LPN's               | 10.81                |
| Ethnicity Unknown                      | 17           | 0                | 0               | 0                 | 17     | Certified Aides     | 27.03                |
| Total                                  | 181          | 0                | 0               | 0                 | 181    | Other Health Staff  | 0.87                 |
|                                        |              |                  | Intermediate DD | Sheltered Care    | Totals | Non-Health Staff    | 19.65                |
|                                        |              |                  | 0               | 0                 | 12     | Totals              | 71.01                |
| Hispanic                               | 12           | 0                | 0               | 0                 | 12     |                     |                      |
| Non-Hispanic                           | 164          | 0                | 0               | 0                 | 164    |                     |                      |
| Ethnicity Unknown                      | 5            | 0                | 0               | 0                 | 5      |                     |                      |
| Total                                  | 181          | 0                | 0               | 0                 | 181    |                     |                      |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |       |           |              |                   |             |
|------------------------------------------------|-------|-----------|--------------|-------------------|-------------|
| Medicare                                       | 2.11% | Medicaid  | Other Public | Private Insurance | Private Pay |
| 2,705,157                                      | 62.4% | 8,008,557 | 0.5%         | 14%               | 6.0%        |
|                                                |       |           | 640,001      | 175,168           | 1,100,341   |
|                                                |       |           |              |                   | 12,836,354  |
|                                                |       |           |              |                   | TOTALS      |
|                                                |       |           |              |                   | 100.0%      |
|                                                |       |           |              |                   | 0           |
|                                                |       |           |              |                   | 0.0%        |

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

---

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development

---

**ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 ALDEN-VALLEY RIDGE REHAB & CARE BLOOMINGDALE**

[illegible]

**2775 EAST ARMY TRAIL ROAD  
BLOOMINGDALE, IL 60109**

| Reference Numbers | Endocrine/Metabolic Disorders | Developmentally Disabled | Drug Addiction | Medicinal Substance Abuse |
|-------------------|-------------------------------|--------------------------|----------------|---------------------------|
| 6000450           | 1                             | 1                        | 1              | 0                         |

|                              |     |                      |                                 |   |                                 |    |
|------------------------------|-----|----------------------|---------------------------------|---|---------------------------------|----|
| Health Service Area          | 007 | Planning Area 7-C    | Medical Recipient               | 0 | Alzheimer Disease               | 10 |
| Planning Service Area        | 703 |                      | Mental Illness                  | 0 | Mental Illness                  | 4  |
| County                       | 043 | Bloomington Township | Non-Subsidiary                  | 0 | Developmental Disability        | 2  |
|                              |     |                      | Non-Mobile                      | 0 | Excitatory System               | 28 |
|                              |     |                      | Public Recipient                | 0 | Respiratory System              | 22 |
|                              |     |                      | Under 65 Years Old              | 0 | Digestive System                | 0  |
|                              |     |                      | Unable to Self-Medicate         | 0 | Cardiovascular System Disorders | 3  |
| Administrator                |     |                      | Volunteer Dependent             | 1 | Sex Disorders                   | 0  |
| Emily Rickman                |     |                      | Infectious Disease w/ Isolation | 0 | Musculo-skeletal Disorders      | 2  |
| Contact Person and Telephone |     |                      | Other Restrictions              | 1 | Injuries and Poisonings         | 1  |
| Chris Kuhn                   |     |                      | No Restrictions                 | 0 | Other Medical Conditions        | 75 |
| 773-7246534                  |     |                      |                                 |   |                                 |    |

| Registered Agent Information                                                    | ADMISSIONS AND DISCHARGES - 2014 | TOTALS                                                                                             | Non-Medical Conditions                                                                            |
|---------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Mary Chelakoti-Smith<br>4200 W. Polkston Avenue, Suite 140<br>Chicago, IL 60646 | 4/16/2015                        | Residents on 1/1/2013<br>Total Admissions 2013<br>Total Discharges 2013<br>Residents on 12/31/2013 | Total Residents Diagnosed as Mentally Ill<br><br>Total Residents Reported as Identified Offenders |
| Date Questionnaire Completed                                                    |                                  |                                                                                                    |                                                                                                   |

Note: Reported restrictions desired by 71'

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS | LICENSED BEDS | PEAK BEDS USED SET-UP | PEAK BEDS USED SET-UP | BEDS IN USE | AVAILABLE DECS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |
|--------------------------------------------------------------|---------------|-----------------------|-----------------------|-------------|----------------|-------------------------|-------------------------|
| LEVEL OF CARE                                                | 207           | 203                   | 103                   | 203         | 181            | 207                     | 207                     |
| Nursing Care                                                 | 0             | 0                     | 0                     | 0           | 0              | 0                       | 0                       |
| Skilled Under 22                                             | 0             | 0                     | 0                     | 0           | 0              | 0                       | 0                       |

[illegible]

| LEVEL OF CARE    | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. |
|------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Nursing Care     | 5059      | 6.7%      | 50645     | 67.0%     | 5107      | 302       | 6153      | 23        | 87439     | 80.3%     |
| Skilled Under 22 |           |           | 0         | 0.0%      | 0         | 0         | 0         | 0         | 0         | 0.0%      |
| Intermediate DD  |           |           | 0         | 0.0%      | 0         | 0         | 0         | 0         | 0         | 0.0%      |
| Skilled Over 22  |           |           | 0         | 0.0%      | 0         | 0         | 0         | 0         | 0         | 0.0%      |
| TOTALS           | 5059      | 6.7%      | 50645     | 67.0%     | 5107      | 302       | 6153      | 23        | 87439     | 80.3%     |

| AGE GROUPS | NURSING CARE |        | RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |        |              |        |           |        |       |        | GRAND TOTAL |
|------------|--------------|--------|-------------------------------------------------------------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
|            |              |        | SKL UNDER 22                                                      |        | INTERMED. DD |        | SHELTERED |        | TOTAL |        |             |
|            | Male         | Female | Male                                                              | Female | Male         | Female | Male      | Female | Male  | Female |             |
| Under 19   | 0            | 0      | 0                                                                 | 0      | 0            | 0      | 0         | 0      | 0     | 0      | 0           |
| 18 to 44   | 2            | 0      | 0                                                                 | 0      | 0            | 0      | 0         | 0      | 2     | 0      | 2           |
| 45 to 59   | 2            | 4      | 0                                                                 | 0      | 0            | 0      | 0         | 0      | 2     | 4      | 6           |
| 60 to 64   | 5            | 4      | 0                                                                 | 0      | 0            | 0      | 0         | 0      | 0     | 5      | 9           |

|          |    |     |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |    |    |    |     |    |    |
|----------|----|-----|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|----|----|----|-----|----|----|
|          | 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 |
| 65 to 74 | 23 | 16  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 23  | 16  | 0  | 0  | 0  | 0   | 30 |    |
| 75 to 84 | 18 | 34  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 18 | 34  | 50  | 16 | 0  | 0  | 50  |    |    |
| 85+      | 18 | 57  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 18 | 57  | 75  | 18 | 0  | 0  | 75  |    |    |
| TOTALS   | 60 | 115 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 60 | 115 | 181 | 58 | 0  | 0  | 181 |    |    |

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
10/14/2015

\_\_\_\_\_



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 WYNSCAPE

| WYNSCAPE              |                   | ADMISSION RESTRICTIONS          |   | RESIDENTS BY PRIMARY DIAGNOSIS |     |
|-----------------------|-------------------|---------------------------------|---|--------------------------------|-----|
| 2180 MANCHESTER ROAD  | WHEATON, IL 60187 | Aggressive/Anti-Social          | 1 | Neoplasms                      | 1   |
| Reference Numbers     | 6008361           | Chronic Alcoholism              | 0 | Endocrine/Metabolic            | 4   |
| Facility ID           | 007               | Developmentally Disabled        | 1 | Blood Disorders                | 1   |
| Health Service Area   | 703               | Drug Addiction                  | 1 | Nervous System Non-Alzheimer   | 8   |
| Planning Service Area | 703               | Medicaid Recipient              | 0 | Alzheimer Disease              | 1   |
| County                | 943               | Mental Illness                  | 1 | Neural Illness                 | 4   |
|                       |                   | Non-Addictive                   | 0 | Developmental Disability       | 0   |
|                       |                   | Public Aid Recipient            | 0 | Circulatory System             | 22  |
|                       |                   | Under 65 Years Old              | 0 | Respiratory System             | 17  |
|                       |                   | Unable to Self-Medicare         | 0 | Digestive System               | 4   |
|                       |                   | Verbal/Dysphagia                | 1 | Genitourinary System Disorders | 9   |
|                       |                   | Infectious Disease w/ Isolation | 0 | Skin Disorders                 | 3   |
|                       |                   | Other Restrictions              | 0 | Musculo-Skeletal Disorders     | 20  |
|                       |                   | No Restrictions                 | 0 | Injuries and Poisonings        | 17  |
|                       |                   |                                 |   | Other Medical Conditions       | 0   |
|                       |                   |                                 |   | TOTALS                         | 111 |
|                       |                   |                                 |   | Total Residents Diagnosed as   | 4   |
|                       |                   |                                 |   | Menstrual III                  |     |
|                       |                   |                                 |   | Total Residents Reported as    | 0   |
|                       |                   |                                 |   | Identified Offenders           |     |

| ADMISSIONS AND DISCHARGES - 2014 |     |
|----------------------------------|-----|
| Residents on 1/1/2013            | 119 |
| Total Admissions 2013            | 653 |
| Total Discharges 2013            | 601 |
| Residents on 12/31/2013          | 111 |

Date Questionnaire Completed 4/14/2015  
Continuing Care Retirement Community

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |               |           |             |           |                |                         |                         |       |   |
|--------------------------------------------------------------|---------------|-----------|-------------|-----------|----------------|-------------------------|-------------------------|-------|---|
| LEVEL OF CARE                                                | LICENSED BEDS | PEAK BEDS | BEDS IN USE | PEAK BEDS | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS | TOTAL |   |
| Nursing Care                                                 | 206           | 209       | 125         | 209       | 98             | 199                     | 0                       | 199   | 0 |
| 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                                               | 0             | 0         | 0           | 0         | 0              | 0                       | 0                       | 0     | 0 |
| TOTAL BEDS                                                   | 206           | 209       | 125         | 209       | 98             | 199                     | 0                       | 199   | 0 |

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |          |          |         |         |         |         |         |         |           |
|---------------------------------------------------------------------------------------|----------|----------|---------|---------|---------|---------|---------|---------|-----------|
| LEVEL OF CARE                                                                         | Medicare | Medicaid | Private | Charity | Private | Charity | Private | Charity | Peak Beds |
| Nursing Care                                                                          | 17994    | 1106     | 2004    | 19048   | 0       | 41052   | 55.0%   | 55.0%   | 55.0%     |
| Skilled Under 22                                                                      | 0        | 0        | 0       | 0       | 0       | 0       | 0.0%    | 0.0%    | 0.0%      |
| Intermediate DD                                                                       | 0        | 0        | 0       | 0       | 0       | 0       | 0.0%    | 0.0%    | 0.0%      |
| Sheltered Care                                                                        | 0        | 0        | 0       | 0       | 0       | 0       | 0.0%    | 0.0%    | 0.0%      |
| TOTALS                                                                                | 17994    | 1106     | 2004    | 19048   | 0       | 41052   | 55.0%   | 55.0%   | 55.0%     |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |              |                  |              |           |       |      |        |      |        |
|-------------------------------------------------------------------|--------------|------------------|--------------|-----------|-------|------|--------|------|--------|
| AGE GROUPS                                                        | NURSING CARE | SKILLED UNDER 22 | INTERMED. DD | SHELTERED | TOTAL | Male | Female | Male | Female |
| Under 18                                                          | 0            | 0                | 0            | 0         | 0     | 0    | 0      | 0    | 0      |
| 18 to 44                                                          | 0            | 0                | 0            | 0         | 0     | 0    | 0      | 0    | 0      |
| 45 to 59                                                          | 2            | 0                | 0            | 0         | 2     | 0    | 2      | 0    | 2      |
| 60 to 74                                                          | 0            | 0                | 0            | 0         | 0     | 0    | 0      | 0    | 0      |
| 75 to 84                                                          | 14           | 18               | 0            | 0         | 32    | 14   | 18     | 0    | 0      |
| 85+                                                               | 6            | 62               | 0            | 0         | 68    | 6    | 62     | 0    | 0      |
| TOTALS                                                            | 23           | 80               | 0            | 0         | 103   | 23   | 80     | 0    | 0      |

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
Page 2043 of 3046  
10/14/2015

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 WYNSCAPE

| WYNSCAPE              |                   | Classification Numbers |         |
|-----------------------|-------------------|------------------------|---------|
| 2180 MANCHESTER ROAD  | WHEATON, IL 60187 | Licensure Number       | 9008361 |
| Reference Numbers     | 6008361           | Health Service Area    | 007     |
| Facility ID           | 007               | Planning Service Area  | 703     |
| Health Service Area   | 703               | County                 | 943     |
| Planning Service Area | 703               |                        |         |
| County                | 943               |                        |         |

| RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |          |       |         |         |        |                  |        |        |
|-----------------------------------------------|----------|----------|-------|---------|---------|--------|------------------|--------|--------|
| LEVEL OF CARE                                 | Medicare | Medicaid | Other | Private | Charity | TOTALS | LEVEL OF CARE    | SINGLE | DOUBLE |
| Nursing Care                                  | 42       | 3        | 0     | 12      | 54      | 111    | Nursing Care     | 266    | 271    |
| Skilled Under 22                              | 0        | 0        | 0     | 0       | 0       | 0      | Skilled Under 22 | 0      | 0      |
| Intermediate DD                               | 0        | 0        | 0     | 0       | 0       | 0      | Intermediate DD  | 0      | 0      |
| Sheltered Care                                | 0        | 0        | 0     | 0       | 0       | 0      | Sheltered Care   | 0      | 0      |
| TOTALS                                        | 42       | 3        | 0     | 12      | 54      | 111    |                  |        |        |

| RESIDENTS BY RACIAL/ETHNICITY GROUPING |              |                  |                 |                |        |                     |                     |                      |  |
|----------------------------------------|--------------|------------------|-----------------|----------------|--------|---------------------|---------------------|----------------------|--|
| RACE                                   | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Facility Staffing   | Employment Category | Full-Time Equivalent |  |
| Asian                                  | 2            | 0                | 0               | 0              | 2      | Administrators      | 1.00                | 1.00                 |  |
| American Indian                        | 0            | 0                | 0               | 0              | 0      | Physicians          | 1.00                | 1.00                 |  |
| Black                                  | 0            | 0                | 0               | 0              | 0      | Director of Nursing | 1.00                | 1.00                 |  |
| Hawaiian/Pacific Isl.                  | 0            | 0                | 0               | 0              | 0      | Registered Nurses   | 21.20               | 21.20                |  |
| White                                  | 109          | 0                | 0               | 0              | 109    | LPN's               | 6.30                | 6.30                 |  |
| Race Unknown                           | 0            | 0                | 0               | 0              | 0      | Certified Aides     | 54.30               | 54.30                |  |
| Total                                  | 111          | 0                | 0               | 0              | 111    | Other Health Staff  | 10.00               | 10.00                |  |
| ETHNICITY                              | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Non-Health Staff    | 85.87               | 85.87                |  |
| Hispanic                               | 0            | 0                | 0               | 0              | 0      | Totals              | 160.87              | 160.87               |  |
| Non-Hispanic                           | 111          | 0                | 0               | 0              | 111    |                     |                     |                      |  |
| Ethnicity Unknown                      | 0            | 0                | 0               | 0              | 0      |                     |                     |                      |  |
| Total                                  | 111          | 0                | 0               | 0              | 111    |                     |                     |                      |  |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |          |              |                   |             |            |                                                |                      |                                                |  |
|------------------------------------------------|----------|--------------|-------------------|-------------|------------|------------------------------------------------|----------------------|------------------------------------------------|--|
| Medicare                                       | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS     | Charity Care Expense as % of Total Net Revenue | Charity Care Expense | Charity Care Expense as % of Total Net Revenue |  |
| 0.420.304                                      | 222.740  | 0.0%         | 0.1%              | 27.3%       | 15,107.208 | 0.0%                                           | 0                    | 0.0%                                           |  |
|                                                |          |              |                   |             |            |                                                |                      |                                                |  |

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

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
Page 2044 of 3046  
10/14/2015







ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 WHEATON CARE CENTER WHEATON

WHEATON CARE CENTER  
1325 MANCHESTER ROAD  
WHEATON, IL 60187

Classification Numbers  
License Number 6000563  
Health Services Area 007  
Planning Area 7-C  
County Milan Township

| RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE |          |          |       |                   |             |         |        |                  |        |
|-----------------------------------------------|----------|----------|-------|-------------------|-------------|---------|--------|------------------|--------|
| LEVEL OF CARE                                 | Medicaid | Medicare | Other | Private Insurance | Private Pay | Charity | TOTALS | LEVEL OF CARE    | DOUBLE |
| Nursing Care                                  | 4        | 111      | 2     | 0                 | 3           | 0       | 120    | Nursing Care     | 180    |
| Skilled Under 22                              | 0        | 0        | 0     | 0                 | 0           | 0       | 0      | Skilled Under 22 | 0      |
| Intermediate DD                               | 0        | 0        | 0     | 0                 | 0           | 0       | 0      | Intermediate DD  | 0      |
| Sheltered Care                                | 0        | 0        | 0     | 0                 | 0           | 0       | 0      | Sheltered Care   | 0      |
| TOTALS                                        | 4        | 111      | 2     | 0                 | 3           | 0       | 120    |                  |        |

| RESIDENTS BY RACIAL/ETHNICITY GROUPING |       |       |          |              |       |       |        |                     |                      |
|----------------------------------------|-------|-------|----------|--------------|-------|-------|--------|---------------------|----------------------|
| RACE                                   | Asian | Black | Hispanic | Non-Hispanic | White | Other | TOTALS | Employment Category | Full-Time Equivalent |
| Asian                                  | 1     | 0     | 0        | 0            | 0     | 0     | 1      | Administrators      | 1.00                 |
| Black                                  | 0     | 0     | 0        | 0            | 0     | 0     | 0      | Physicians          | 0.00                 |
| Hispanic                               | 0     | 0     | 0        | 0            | 0     | 0     | 0      | Director of Nursing | 1.00                 |
| Non-Hispanic                           | 0     | 0     | 0        | 0            | 0     | 0     | 0      | Registered Nurses   | 2.00                 |
| White                                  | 0     | 0     | 0        | 0            | 0     | 0     | 0      | LPN's               | 8.00                 |
| Other                                  | 0     | 0     | 0        | 0            | 0     | 0     | 0      | Certified Nurses    | 20.00                |
| TOTALS                                 | 1     | 0     | 0        | 0            | 0     | 0     | 1      | Other Health Staff  | 33.00                |
|                                        |       |       |          |              |       |       |        | Non-Health Staff    | 67.00                |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) |           |              |                   |             |         |         |           |                                           |  |
|------------------------------------------------|-----------|--------------|-------------------|-------------|---------|---------|-----------|-------------------------------------------|--|
| Medicaid                                       | Medicare  | Other Public | Private Insurance | Private Pay | Charity | Expense | TOTALS    | Charity Expense as % of Total Net Revenue |  |
| 14.2%                                          | 81.9%     | 0.0%         | 0.8%              | 3.1%        | 0       | 0       | 100.0%    | 0.0%                                      |  |
| 925,860                                        | 5,346,895 | 0            | 52,213            | 201,560     | 0       | 0       | 6,526,528 |                                           |  |

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 WHEATON CARE CENTER WHEATON

WHEATON CARE CENTER  
1325 MANCHESTER ROAD  
WHEATON, IL 60187

Reference Numbers  
Health Services Area 007  
Planning Area 7-C  
County Milan Township

| RESIDENTS BY PRIMARY DIAGNOSIS |     |   |   |   |   |   |   |   |   |
|--------------------------------|-----|---|---|---|---|---|---|---|---|
| DIAGNOSIS                      | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Aggressive/Anxiety-Depression  | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chronic Alcoholism             | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Developmentally Disabled       | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Drug Addiction                 | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medication Recipient           | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mental Illness                 | 27  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-Abuse                      | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-Mobile                     | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Public Aid Recipient           | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Under 65 Years Old             | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unable to Self-Medicate        | 2   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Violator of Rules              | 2   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Infantile Disease w/ Isolation | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Restrictions             | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No Restrictions                | 31  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS                         | 120 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| ADMISSIONS AND DISCHARGES - 2014 |                         |      |                         |                         |      |                         |                         |      |                         |
|----------------------------------|-------------------------|------|-------------------------|-------------------------|------|-------------------------|-------------------------|------|-------------------------|
| ADMISSIONS                       | DISCHARGES              | PEAK | ADMISSIONS              | DISCHARGES              | PEAK | ADMISSIONS              | DISCHARGES              | PEAK | ADMISSIONS              |
| Residents on 1/1/2013            | Residents on 1/1/2013   | 119  | Residents on 1/1/2013   | Residents on 1/1/2013   | 119  | Residents on 1/1/2013   | Residents on 1/1/2013   | 119  | Residents on 1/1/2013   |
| Total Admissions 2013            | Total Discharges 2013   | 57   | Total Admissions 2013   | Total Discharges 2013   | 57   | Total Admissions 2013   | Total Discharges 2013   | 57   | Total Admissions 2013   |
| Residents on 12/31/2013          | Residents on 12/31/2013 | 120  | Residents on 12/31/2013 | Residents on 12/31/2013 | 120  | Residents on 12/31/2013 | Residents on 12/31/2013 | 120  | Residents on 12/31/2013 |

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |               |             |             |             |             |             |             |             |             |
|--------------------------------------------------------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| LEVEL OF CARE                                                | LICENSED BEDS | BEDS IN USE | BEDS IN USE | BEDS IN USE | BEDS IN USE | BEDS IN USE | BEDS IN USE | BEDS IN USE | BEDS IN USE |
| Nursing Care                                                 | 123           | 123         | 123         | 123         | 123         | 123         | 123         | 123         | 123         |
| 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                                               | 0             | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           |
| TOTAL BEDS                                                   | 123           | 123         | 123         | 123         | 123         | 123         | 123         | 123         | 123         |

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE |          |          |              |                   |             |         |       |          |          |
|---------------------------------------------------------------------------------------|----------|----------|--------------|-------------------|-------------|---------|-------|----------|----------|
| LEVEL OF CARE                                                                         | Medicaid | Medicare | Other Public | Private Insurance | Private Pay | Charity | TOTAL | Medicaid | Medicare |
| Nursing Care                                                                          | 2860     | 9.8%     | 37832        | 94.3%             | 0           | 0       | 41612 | 94.3%    | 94.3%    |
| Skilled Under 22                                                                      | 0        | 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%     | 0.0%     |
| Sheltered Care                                                                        | 0        | 0.0%     | 0            | 0.0%              | 0           | 0       | 0     | 0.0%     | 0.0%     |
| TOTALS                                                                                | 2860     | 9.8%     | 37832        | 94.3%             | 0           | 0       | 41612 | 94.3%    | 94.3%    |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 |      |        |      |        |      |        |      |        |       |
|-------------------------------------------------------------------|------|--------|------|--------|------|--------|------|--------|-------|
| AGE GROUP                                                         | Male | Female | Male | Female | Male | Female | Male | Female | TOTAL |
| Under 18                                                          | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0     |
| 18 to 44                                                          | 5    | 0      | 0    | 0      | 0    | 0      | 5    | 0      | 5     |
| 45 to 64                                                          | 33   | 17     | 0    | 0      | 0    | 0      | 33   | 17     | 50    |
| 65 to 74                                                          | 14   | 5      | 0    | 0      | 0    | 0      | 14   | 5      | 19    |
| 75 to 84                                                          | 15   | 14     | 0    | 0      | 0    | 0      | 15   | 14     | 29    |
| 85+                                                               | 4    | 6      | 0    | 0      | 0    | 0      | 4    | 6      | 10    |
| TOTALS                                                            | 72   | 48     | 0    | 0      | 0    | 0      | 72   | 48     | 120   |

Source: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development  
Page 2007 of 2046  
10/14/2015



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 ALDEN ESTATES OF BARRINGTON

| ADMISSION RESTRICTIONS          |   | RESIDENTS BY PRIMARY DIAGNOSIS |     |
|---------------------------------|---|--------------------------------|-----|
| Aggressive/Alcohol-Subst        | 1 | Neoplasms                      | 2   |
| Chronic Alcoholism              | 1 | Endocrine/Metabolic            | 3   |
| Developmentally Disabled        | 1 | Blood Disorders                | 0   |
| Drug Addiction                  | 0 | Nervous System Non-Alzheimer   | 12  |
| Medicaid Recipient              | 0 | Alzheimer Disease              | 0   |
| Medicare Recipient              | 0 | Mental Illness                 | 0   |
| Non-Residential                 | 0 | Developmental Disability       | 11  |
| Non-Mobile                      | 0 | Circulatory System             | 18  |
| Public Aid Recipient            | 0 | Respiratory System             | 0   |
| Under 65 Years Old              | 0 | Digestive System               | 0   |
| Unable to Self-Medicate         | 0 | Genitourinary System Disorders | 0   |
| Vanitation Dependent            | 0 | Skin Disorders                 | 0   |
| Infectious Disease w/ Isolation | 0 | Musculo-skeletal Disorders     | 11  |
| Other Restrictions              | 0 | Injuries and Poisonings        | 2   |
| No Restrictions                 | 0 | Other Medical Conditions       | 65  |
| Total Residents                 |   | Non-Medical Conditions         | 0   |
| TOTALS                          |   | Total Residents Diagnosed as   | 122 |
| Total Residents                 |   | Monthly Ill                    | 0   |

| ADMISSIONS AND DISCHARGES - 2014 |     | Total Residents Reported as |   |
|----------------------------------|-----|-----------------------------|---|
| Resident on 1/1/2013             | 113 | Identified Offenders        | 1 |
| Total Admissions 2013            | 722 |                             |   |
| Total Discharges 2013            | 706 |                             |   |
| Residents on 12/31/2013          | 120 |                             |   |

Date Questionnaire Completed 4/7/2015

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |               |                |                     |                         |                         |  |  |  |  |
|--------------------------------------------------------------|---------------|----------------|---------------------|-------------------------|-------------------------|--|--|--|--|
| LEVEL OF CARE                                                | LICENSED BEDS | PEAK BEDS USED | PEAK BEDS AVAILABLE | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |  |  |  |  |
| Nursing Care                                                 | 150           | 134            | 28                  | 150                     | 150                     |  |  |  |  |
| Skilled Under 22                                             | 0             | 0              | 0                   | 0                       | 0                       |  |  |  |  |
| Intermediate DD                                              | 0             | 0              | 0                   | 0                       | 0                       |  |  |  |  |
| Sheltered Care                                               | 0             | 0              | 0                   | 0                       | 0                       |  |  |  |  |
| TOTAL BEDS                                                   | 150           | 134            | 28                  | 150                     | 150                     |  |  |  |  |

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| FACILITY UTILIZATION - 2014 |          |          |              |                   |             |         |       |           |           |
|-----------------------------|----------|----------|--------------|-------------------|-------------|---------|-------|-----------|-----------|
| LEVEL OF CARE               | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | Other | Unlabeled | Peak Beds |
| Nursing Care                | 12615    | 23.0%    | 22332        | 40.8%             | 309         | 4374    | 3253  | 0         | 150       |
| Skilled Under 22            | 0        | 0.0%     | 0            | 0.0%              | 0           | 0       | 0     | 0         | 0         |
| Intermediate DD             | 0        | 0.0%     | 0            | 0.0%              | 0           | 0       | 0     | 0         | 0         |
| Sheltered Care              | 0        | 0.0%     | 0            | 0.0%              | 0           | 0       | 0     | 0         | 0         |
| TOTALS                      | 12615    | 23.0%    | 22332        | 40.8%             | 309         | 4374    | 3253  | 0         | 150       |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

| NURSING CARE |      |        |      |        |      |        |      |        |             |
|--------------|------|--------|------|--------|------|--------|------|--------|-------------|
| AGE GROUPS   | Male | Female | Male | Female | Male | Female | Male | Female | GRAND TOTAL |
| Under 18     | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0           |
| 18 to 44     | 1    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 1           |
| 45 to 50     | 7    | 5      | 0    | 0      | 0    | 0      | 0    | 0      | 12          |
| 51 to 64     | 3    | 4      | 0    | 0      | 0    | 0      | 0    | 0      | 7           |
| 65 to 74     | 10   | 10     | 0    | 0      | 0    | 0      | 0    | 0      | 20          |
| 75 to 84     | 5    | 22     | 0    | 0      | 0    | 0      | 0    | 0      | 27          |
| 85+          | 13   | 33     | 0    | 0      | 0    | 0      | 0    | 0      | 46          |
| TOTALS       | 39   | 83     | 0    | 0      | 0    | 0      | 0    | 0      | 122         |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 ALDEN ESTATES OF BARRINGTON

| ADMISSION RESTRICTIONS          |   | RESIDENTS BY PRIMARY DIAGNOSIS |     |
|---------------------------------|---|--------------------------------|-----|
| Aggressive/Alcohol-Subst        | 1 | Neoplasms                      | 2   |
| Chronic Alcoholism              | 1 | Endocrine/Metabolic            | 3   |
| Developmentally Disabled        | 1 | Blood Disorders                | 0   |
| Drug Addiction                  | 0 | Nervous System Non-Alzheimer   | 12  |
| Medicaid Recipient              | 0 | Alzheimer Disease              | 0   |
| Medicare Recipient              | 0 | Mental Illness                 | 0   |
| Non-Residential                 | 0 | Developmental Disability       | 11  |
| Non-Mobile                      | 0 | Circulatory System             | 18  |
| Public Aid Recipient            | 0 | Respiratory System             | 0   |
| Under 65 Years Old              | 0 | Digestive System               | 0   |
| Unable to Self-Medicate         | 0 | Genitourinary System Disorders | 0   |
| Vanitation Dependent            | 0 | Skin Disorders                 | 0   |
| Infectious Disease w/ Isolation | 0 | Musculo-skeletal Disorders     | 11  |
| Other Restrictions              | 0 | Injuries and Poisonings        | 2   |
| No Restrictions                 | 0 | Other Medical Conditions       | 65  |
| Total Residents                 |   | Non-Medical Conditions         | 0   |
| TOTALS                          |   | Total Residents Diagnosed as   | 122 |
| Total Residents                 |   | Monthly Ill                    | 0   |

| LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS |               |                |                     |                         |                         |  |  |  |  |
|--------------------------------------------------------------|---------------|----------------|---------------------|-------------------------|-------------------------|--|--|--|--|
| LEVEL OF CARE                                                | LICENSED BEDS | PEAK BEDS USED | PEAK BEDS AVAILABLE | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |  |  |  |  |
| Nursing Care                                                 | 150           | 134            | 28                  | 150                     | 150                     |  |  |  |  |
| Skilled Under 22                                             | 0             | 0              | 0                   | 0                       | 0                       |  |  |  |  |
| Intermediate DD                                              | 0             | 0              | 0                   | 0                       | 0                       |  |  |  |  |
| Sheltered Care                                               | 0             | 0              | 0                   | 0                       | 0                       |  |  |  |  |
| TOTAL BEDS                                                   | 150           | 134            | 28                  | 150                     | 150                     |  |  |  |  |

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| FACILITY UTILIZATION - 2014 |          |          |              |                   |             |         |       |           |           |
|-----------------------------|----------|----------|--------------|-------------------|-------------|---------|-------|-----------|-----------|
| LEVEL OF CARE               | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | Other | Unlabeled | Peak Beds |
| Nursing Care                | 12615    | 23.0%    | 22332        | 40.8%             | 309         | 4374    | 3253  | 0         | 150       |
| Skilled Under 22            | 0        | 0.0%     | 0            | 0.0%              | 0           | 0       | 0     | 0         | 0         |
| Intermediate DD             | 0        | 0.0%     | 0            | 0.0%              | 0           | 0       | 0     | 0         | 0         |
| Sheltered Care              | 0        | 0.0%     | 0            | 0.0%              | 0           | 0       | 0     | 0         | 0         |
| TOTALS                      | 12615    | 23.0%    | 22332        | 40.8%             | 309         | 4374    | 3253  | 0         | 150       |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

| NURSING CARE |      |        |      |        |      |        |      |        |             |
|--------------|------|--------|------|--------|------|--------|------|--------|-------------|
| AGE GROUPS   | Male | Female | Male | Female | Male | Female | Male | Female | GRAND TOTAL |
| Under 18     | 0    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 0           |
| 18 to 44     | 1    | 0      | 0    | 0      | 0    | 0      | 0    | 0      | 1           |
| 45 to 50     | 7    | 5      | 0    | 0      | 0    | 0      | 0    | 0      | 12          |
| 51 to 64     | 3    | 4      | 0    | 0      | 0    | 0      | 0    | 0      | 7           |
| 65 to 74     | 10   | 10     | 0    | 0      | 0    | 0      | 0    | 0      | 20          |
| 75 to 84     | 5    | 22     | 0    | 0      | 0    | 0      | 0    | 0      | 27          |
| 85+          | 13   | 33     | 0    | 0      | 0    | 0      | 0    | 0      | 46          |
| TOTALS       | 39   | 83     | 0    | 0      | 0    | 0      | 0    | 0      | 122         |





ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 ST. PATRICK'S RESIDENCE NAPERVILLE

| ST. PATRICK'S RESIDENCE | ST. PATRICK'S RESIDENCE | ST. PATRICK'S RESIDENCE | ST. PATRICK'S RESIDENCE | ST. PATRICK'S RESIDENCE | ST. PATRICK'S RESIDENCE |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1400 BROOKDALE ROAD     | 1400 BROOKDALE ROAD     | 1400 BROOKDALE ROAD     | 1400 BROOKDALE ROAD     | 1400 BROOKDALE ROAD     | 1400 BROOKDALE ROAD     |
| NAPERVILLE, IL 60563    | NAPERVILLE, IL 60563    | NAPERVILLE, IL 60563    | NAPERVILLE, IL 60563    | NAPERVILLE, IL 60563    | NAPERVILLE, IL 60563    |
| Reference Numbers       | 6011910                 | 6011910                 | 6011910                 | 6011910                 | 6011910                 |
| Health Service Area     | 007                     | 007                     | 007                     | 007                     | 007                     |
| Planning Service Area   | 703                     | 703                     | 703                     | 703                     | 703                     |
| County                  | 043                     | 043                     | 043                     | 043                     | 043                     |
| Planning Area 7-C       |                         |                         |                         |                         |                         |
| Naperville Township     |                         |                         |                         |                         |                         |

| LEVEL OF CARE    | Medicare | Medicaid | Other | Private | Charity | TOTALS | LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|----------|----------|-------|---------|---------|--------|------------------|--------|--------|
| Nursing Care     | 25       | 86       | 0     | 1       | 69      | 181    | Nursing Care     | 281    | 257    |
| Skilled Under 22 | 0        | 0        | 0     | 0       | 0       | 0      | Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0        | 0        | 0     | 0       | 0       | 0      | Intermediate DD  | 0      | 0      |
| Sheltered Care   | 0        | 0        | 0     | 0       | 0       | 0      | Sheltered Care   | 263    | 234    |
| TOTALS           | 25       | 86       | 0     | 1       | 69      | 181    |                  |        |        |

| RACE     | Asian | Black | Hispanic | White | Other | TOTALS | ETHNICITY | Asian | Black | Hispanic | White | Other | TOTALS |
|----------|-------|-------|----------|-------|-------|--------|-----------|-------|-------|----------|-------|-------|--------|
| Asian    | 1     | 0     | 0        | 0     | 0     | 1      | Asian     | 1     | 0     | 0        | 0     | 0     | 1      |
| Black    | 0     | 0     | 0        | 0     | 0     | 0      | Black     | 0     | 0     | 0        | 0     | 0     | 0      |
| Hispanic | 0     | 0     | 0        | 0     | 0     | 0      | Hispanic  | 0     | 0     | 0        | 0     | 0     | 0      |
| White    | 180   | 0     | 0        | 0     | 0     | 180    | White     | 180   | 0     | 0        | 0     | 0     | 180    |
| Other    | 0     | 0     | 0        | 0     | 0     | 0      | Other     | 0     | 0     | 0        | 0     | 0     | 0      |
| TOTALS   | 181   | 0     | 0        | 0     | 0     | 181    | TOTALS    | 181   | 0     | 0        | 0     | 0     | 181    |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | Medicare    | Medicaid    | Other Public | Private Insurance | Charity | TOTALS     |
|------------------------------------------------|-------------|-------------|--------------|-------------------|---------|------------|
| Medicare                                       | 23.4%       | 32.7%       | 0.0%         | 1.7%              | 0.0%    | 100.0%     |
| Medicaid                                       | \$3,008,855 | \$5,817,873 | 0            | 299,067           | 0       | 7,205,011  |
| Other Public                                   |             |             |              |                   |         | 17,050,886 |
| Private Insurance                              |             |             |              |                   |         |            |
| Charity                                        |             |             |              |                   |         |            |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 ST. PATRICK'S RESIDENCE NAPERVILLE

| ST. PATRICK'S RESIDENCE | ST. PATRICK'S RESIDENCE | ST. PATRICK'S RESIDENCE | ST. PATRICK'S RESIDENCE | ST. PATRICK'S RESIDENCE | ST. PATRICK'S RESIDENCE |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1400 BROOKDALE ROAD     | 1400 BROOKDALE ROAD     | 1400 BROOKDALE ROAD     | 1400 BROOKDALE ROAD     | 1400 BROOKDALE ROAD     | 1400 BROOKDALE ROAD     |
| NAPERVILLE, IL 60563    | NAPERVILLE, IL 60563    | NAPERVILLE, IL 60563    | NAPERVILLE, IL 60563    | NAPERVILLE, IL 60563    | NAPERVILLE, IL 60563    |
| Reference Numbers       | 6011910                 | 6011910                 | 6011910                 | 6011910                 | 6011910                 |
| Health Service Area     | 007                     | 007                     | 007                     | 007                     | 007                     |
| Planning Service Area   | 703                     | 703                     | 703                     | 703                     | 703                     |
| County                  | 043                     | 043                     | 043                     | 043                     | 043                     |
| Planning Area 7-C       |                         |                         |                         |                         |                         |
| Naperville Township     |                         |                         |                         |                         |                         |

| LEVEL OF CARE    | Medicare | Medicaid | Other | Private | Charity | TOTALS | LEVEL OF CARE    | SINGLE | DOUBLE |
|------------------|----------|----------|-------|---------|---------|--------|------------------|--------|--------|
| Nursing Care     | 25       | 86       | 0     | 1       | 69      | 181    | Nursing Care     | 281    | 257    |
| Skilled Under 22 | 0        | 0        | 0     | 0       | 0       | 0      | Skilled Under 22 | 0      | 0      |
| Intermediate DD  | 0        | 0        | 0     | 0       | 0       | 0      | Intermediate DD  | 0      | 0      |
| Sheltered Care   | 0        | 0        | 0     | 0       | 0       | 0      | Sheltered Care   | 263    | 234    |
| TOTALS           | 25       | 86       | 0     | 1       | 69      | 181    |                  |        |        |

| RACE     | Asian | Black | Hispanic | White | Other | TOTALS | ETHNICITY | Asian | Black | Hispanic | White | Other | TOTALS |
|----------|-------|-------|----------|-------|-------|--------|-----------|-------|-------|----------|-------|-------|--------|
| Asian    | 1     | 0     | 0        | 0     | 0     | 1      | Asian     | 1     | 0     | 0        | 0     | 0     | 1      |
| Black    | 0     | 0     | 0        | 0     | 0     | 0      | Black     | 0     | 0     | 0        | 0     | 0     | 0      |
| Hispanic | 0     | 0     | 0        | 0     | 0     | 0      | Hispanic  | 0     | 0     | 0        | 0     | 0     | 0      |
| White    | 180   | 0     | 0        | 0     | 0     | 180    | White     | 180   | 0     | 0        | 0     | 0     | 180    |
| Other    | 0     | 0     | 0        | 0     | 0     | 0      | Other     | 0     | 0     | 0        | 0     | 0     | 0      |
| TOTALS   | 181   | 0     | 0        | 0     | 0     | 181    | TOTALS    | 181   | 0     | 0        | 0     | 0     | 181    |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | Medicare    | Medicaid    | Other Public | Private Insurance | Charity | TOTALS     |
|------------------------------------------------|-------------|-------------|--------------|-------------------|---------|------------|
| Medicare                                       | 23.4%       | 32.7%       | 0.0%         | 1.7%              | 0.0%    | 100.0%     |
| Medicaid                                       | \$3,008,855 | \$5,817,873 | 0            | 299,067           | 0       | 7,205,011  |
| Other Public                                   |             |             |              |                   |         | 17,050,886 |
| Private Insurance                              |             |             |              |                   |         |            |
| Charity                                        |             |             |              |                   |         |            |

# INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

| General Long-Term Care Category of Service |                                                                                                                                                    |               |                        | General Nursing Care |                   |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|----------------------|-------------------|
| Planning Area:                             | Facility Name                                                                                                                                      | City          | County/Area            | Beds                 | 2013 Patient Days |
| Planning Area 7-C                          | ABBINGTON REHAB & NURSING CTR                                                                                                                      | ROSELLE       | Bloomington Township   | 82                   | 24,594            |
|                                            | ALDEN ESTATES OF NAPERVILLE                                                                                                                        | NAPERVILLE    | Naperville Township    | 203                  | 55,305            |
|                                            | ALDEN-VALLEY RIDGE REHAB & CARE                                                                                                                    | BLOOMINGDALE  | Bloomington Township   | 207                  | 65,828            |
|                                            | BEACON HILL                                                                                                                                        | LOMBARD       | York Township          | 110                  | 37,338            |
|                                            | BRIA OF WESTMONT                                                                                                                                   | WESTMONT      | Downers Grove Township | 215                  | 69,576            |
|                                            | BRIDGEWAY SENIOR LIVING                                                                                                                            | BENSENVILLE   | Addison Township       | 222                  | 57,351            |
|                                            | 1/1/2015 CHOW Change of Ownership occurred.                                                                                                        |               |                        |                      |                   |
|                                            | BROOKDALE BURR RIDGE                                                                                                                               | BURR RIDGE    | Downers Grove Township | 30                   | 7,691             |
|                                            | 8/29/2014 CHOW Change of Ownership occurred.                                                                                                       |               |                        |                      |                   |
|                                            | BROOKDALE PLAZA LISLE                                                                                                                              | LISLE         | Lisle Township         | 55                   | 17,022            |
|                                            | BURGESS SQUARE                                                                                                                                     | WESTMONT      | Downers Grove Township | 203                  | 53,843            |
|                                            | CHATEAU NRSNG & REHAB CENTER                                                                                                                       | WILLOWBROOK   | Downers Grove Township | 150                  | 51,678            |
|                                            | COMMUNITY NSG & REHAB CENTER                                                                                                                       | NAPERVILLE    | Naperville Township    | 153                  | 43,625            |
|                                            | DUPAGE CONVALESCENT HOME                                                                                                                           | WHEATON       | Milton Township        | 368                  | 117,057           |
|                                            | ELMBROOK NURSING                                                                                                                                   | ELMHURST      | York Township          | 180                  | 58,591            |
|                                            | ELMHURST EXTENDED CARE CENTER                                                                                                                      | ELMHURST      | York Township          | 108                  | 27,154            |
|                                            | 12/1/2013 CHOW Change of Ownership occurred.                                                                                                       |               |                        |                      |                   |
|                                            | FOREST VIEW REHAB & NURSING CENTER                                                                                                                 | ITASCA        | Addison Township       | 144                  | 32,224            |
|                                            | LEXINGTON HLTH CARE CTR-BLOOMINGDALE                                                                                                               | BLOOMINGDALE  | Bloomington Township   | 166                  | 51,400            |
|                                            | LEXINGTON HLTH CARE CTR-LOMBARD                                                                                                                    | LOMBARD       | York Township          | 224                  | 62,961            |
| Planning Area 7-D                          | LEXINGTON OF ELMHURST                                                                                                                              | ELMHURST      | York Township          | 145                  | 40,286            |
|                                            | MANOR CARE - NAPERVILLE                                                                                                                            | NAPERVILLE    | Naperville Township    | 118                  | 32,624            |
|                                            | MANORCARE OF HINSDALE                                                                                                                              | HINSDALE      | Downers Grove Township | 202                  | 59,858            |
|                                            | MANORCARE OF WESTMONT                                                                                                                              | WESTMONT      | Downers Grove Township | 149                  | 42,696            |
|                                            | 3/26/2015 Bed Change Facility discontinued 6 Nursing Care beds. Facility now has 149 Nursing Care beds.                                            |               |                        |                      |                   |
|                                            | MARIANJOY REHAB HOSPITAL                                                                                                                           | WHEATON       | Milton Township        | 27                   | 9,453             |
|                                            | 8/6/2013 Bed Change Converted 7 beds from Comprehensive Rehabilitation category of service to Nursing Care; facility now has 27 Nursing Care beds. |               |                        |                      |                   |
|                                            | 10/7/2014 Board Order Nursing Care beds reduced by 7 by order of the Board; facility now has 20 Nursing Care beds.                                 |               |                        |                      |                   |
|                                            | 4/3/2015 Correction 7 Nursing Care beds restored to facility; facility now has 27 Nursing Care beds.                                               |               |                        |                      |                   |
|                                            | 6/1/5400 07-042 Completed project to establish 20 bed skilled nursing (long-term care) category of service.                                        |               |                        |                      |                   |
|                                            | MEADOWBROOK MANOR                                                                                                                                  | NAPERVILLE    | Naperville Township    | 245                  | 85,387            |
|                                            | OAK BROOK HEALTH CARE CENTER                                                                                                                       | OAK BROOK     | York Township          | 156                  | 42,646            |
|                                            | OAK TRACE                                                                                                                                          | DOWNERS GROVE | Downers Grove Township | 160                  | 29,312            |
|                                            | PARK PLACE CHRISTIAN VILLAGE                                                                                                                       | ELMHURST      | York Township          | 37                   | 11,707            |
|                                            | PROVIDENCE OF DOWNERS GROVE                                                                                                                        | DOWNERS GROVE | Downers Grove Township | 145                  | 31,574            |
|                                            | 8/1/2013 CHOW Change of Ownership occurred.                                                                                                        |               |                        |                      |                   |
|                                            | SNOW VALLEY NURSING & REHAB CENTER                                                                                                                 | LISLE         | Lisle Township         | 0                    |                   |
|                                            | 8/26/2013 Closure Facility closed due to flood damage. 51 Nursing Care beds removed from inventory.                                                |               |                        |                      |                   |
|                                            | ST. PATRICK'S RESIDENCE                                                                                                                            | NAPERVILLE    | Naperville Township    | 209                  | 69,372            |



# INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

| Planning Area: Planning Area 7-C            |                                                                                                    |                                |                            | General Nursing Care           |                               |
|---------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|--------------------------------|-------------------------------|
| Facility Name                               | City                                                                                               | County/Area                    | Beds                       | 2013 Patient Days              |                               |
| TABOR HILLS HEALTHCARE                      | NAPERVILLE                                                                                         | Naperville Township            | 211                        | 60,669                         |                               |
| THE SPRINGS AT MONARCH LANDING              | NAPERVILLE                                                                                         | Naperville Township            | 96                         |                                |                               |
| 10/9/2014 12-036                            | Facility licensed for operation as The Springs at Monarch Landing.                                 |                                |                            |                                |                               |
| TRANSITIONAL CARE CTR - NAPERVILLE (PERMIT) | NAPERVILLE                                                                                         | Lisle Township                 | 0                          |                                |                               |
| 11/26/2013 Abandoned                        | Permit to establish facility with 120 Nursing Care beds relinquished; beds removed from inventory. |                                |                            |                                |                               |
| WEST CHICAGO TERRACE NURSING HOME           | WEST CHICAGO                                                                                       | Winfield Township              | 120                        | 42,758                         |                               |
| WEST SUBURBAN NURSING & REHAB CENTER        | BLOOMINGDALE                                                                                       | Bloomington Township           | 259                        | 67,349                         |                               |
| WHEATON CARE CENTER                         | WHEATON                                                                                            | Milton Township                | 123                        | 42,022                         |                               |
| WINDSOR PARK MANOR                          | CAROL STREAM                                                                                       | Bloomington Township           | 80                         | 23,445                         |                               |
| WINFIELD WOODS HEALTHCARE CENTER            | WINFIELD                                                                                           | Winfield Township              | 138                        | 48,282                         |                               |
| WOOD GLEN NURSING & REHAB CENTER            | WEST CHICAGO                                                                                       | Wayne Township                 | 213                        | 74,428                         |                               |
| 9/24/2013 Bed Change                        | Added 6 Nursing Care beds; facility now has 213 Nursing Care beds.                                 |                                |                            |                                |                               |
| WYNSCAPE HEALTH & REHAB                     | WHEATON                                                                                            | Milton Township                | 209                        | 41,913                         |                               |
| 3/2/2015 CHOW                               | Change of ownership occurred.                                                                      |                                |                            |                                |                               |
| Planning Area Totals                        |                                                                                                    |                                | 5,862                      | 1,689,019                      |                               |
| HEALTH SERVICE AREA                         | AGE GROUPS                                                                                         | 2013 Patient Days              | 2013 Use Rates (Per 1,000) | 2013 Minimum Use Rates         | 2013 Maximum Use Rates        |
| 007                                         | 0-64 Years Old                                                                                     | 2,012,607                      | 677.0                      | 406.2                          | 1,083.2                       |
|                                             | 65-74 Years Old                                                                                    | 1,186,719                      | 4,474.8                    | 2,684.9                        | 7,159.7                       |
|                                             | 75+ Years Old                                                                                      | 4,776,556                      | 20,959.0                   | 12,575.4                       | 33,534.4                      |
| 0-64 Years Old                              | 2013 PSA Estimated Populations                                                                     | 2013 PSA Use Rates (Per 1,000) | 2018 PSA Planned Use Rates | 2018 PSA Projected Populations | 2018 PSA Planned Patient Days |
|                                             | 299,698                                                                                            | 370.4                          | 406.2                      | 781,500                        | 317,438                       |
| 65-74 Years Old                             | 234,969                                                                                            | 3,390.6                        | 3,390.6                    | 92,600                         | 313,970                       |
| 75+ Years Old                               | 1,154,352                                                                                          | 22,241.8                       | 22,241.8                   | 60,200                         | 1,338,959                     |
|                                             |                                                                                                    |                                | Planning Area Totals       | 1,970,367                      | 5,398,313                     |
|                                             |                                                                                                    |                                |                            | 5,998                          | 136                           |

**LONG-TERM CARE FACILITY UPDATES**

11/18/2015

**CALCULATED BED NEEDS**

| Planning Area                                      | Calculated<br>Beds Needed | Approved<br>Beds | Additional Beds Needed<br>or Excess Beds ( ) |
|----------------------------------------------------|---------------------------|------------------|----------------------------------------------|
| <b>HEALTH SERVICE AREA 7</b>                       |                           |                  |                                              |
| Planning Area 7-A                                  | 3783                      | 3321             | 462                                          |
| Planning Area 7-B                                  | 6101                      | 6827             | (726)                                        |
| Planning Area 7-C                                  | 5998                      | 5860             | 138                                          |
| Planning Area 7-D                                  | 2462                      | 2904             | (442)                                        |
| Planning Area 7-E                                  | 8026                      | 9165             | (1139)                                       |
| <b>HEALTH SERVICE AREA 8</b>                       |                           |                  |                                              |
| Kane                                               | 2705                      | 3084             | (379)                                        |
| Lake                                               | 4186                      | 4494             | (308)                                        |
| McHenry                                            | 1124                      | 997              | 127                                          |
| <b>HEALTH SERVICE AREA 9</b>                       |                           |                  |                                              |
| Grundy                                             | 300                       | 265              | 35                                           |
| Kankakee                                           | 1072                      | 1368             | (296)                                        |
| Kendall                                            | 336                       | 185              | 151                                          |
| Will                                               | 2931                      | 2790             | 141                                          |
| <b>HEALTH SERVICE AREA 10</b>                      |                           |                  |                                              |
| Henry                                              | 433                       | 500              | (67)                                         |
| Mercer                                             | 170                       | 172              | (2)                                          |
| Rock Island                                        | 1077                      | 1219             | (142)                                        |
| <b>HEALTH SERVICE AREA 11</b>                      |                           |                  |                                              |
| Clinton                                            | 326                       | 357              | (31)                                         |
| Madison                                            | 1824                      | 2212             | (388)                                        |
| Monroe                                             | 304                       | 250              | 54                                           |
| St. Clair                                          | 1860                      | 2251             | (391)                                        |
| <b>LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED</b> |                           |                  |                                              |
| HSA 1                                              | 249                       | 335              | (86)                                         |
| HSA 2                                              | 239                       | 256              | (17)                                         |
| HSA 3                                              | 206                       | 360              | (154)                                        |
| HSA 4                                              | 304                       | 128              | 176                                          |
| HSA 5                                              | 222                       | 256              | (34)                                         |
| HSA 6, 7, 8, 9                                     | 3161                      | 1021             | 2140                                         |
| HSA 10                                             | 74                        | 32               | 42                                           |
| HSA 11                                             | 215                       | 288              | (73)                                         |

## SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xiv

### Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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;

Appended as **ATTACHMENT-18A**, is a listing of all zip code areas that are located in total or in part within the 30-minute adjusted travel contour from the proposed 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

**ATTACHMENT-18A** also lists the corresponding population for the zip code areas. The census data from <http://factfinder.census.gov> is appended as **ATTACHMENT-18B**.

- 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.

A list of the names and locations of all existing and approved LTC facilities located within 30 minutes of the proposed project site is appended as **ATTACHMENT-18C**.

2. The applicant shall document that the project will not result in maldistribution of services.

Misdistribution is typified by having too many facilities clustered together within the service area where as the ratio of “beds” to “population” is one and one half times greater than the ratio of the State as a whole. The primary service area is that of the Village of Bartlett but more appropriately the northern half of the 7-C PSA. Upon project completion, Bartlett will have one nursing

**ATTACHMENT-18**

#### SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xv

home bed for every 221.4 persons whereas the State has one nursing bed for every 129.7 people.

The actual ratio of “beds” to “population” for the State and the 30-minute travel contour is as follows:

$$\frac{\text{(30-minute drive time) Population (2010) (30-minute drive time)}}{6,117 \text{ (6,049 existing + 68 proposed beds)}} = .004683$$

$$\frac{\text{Total of Nursing Care Beds (State of Illinois)}}{\text{Population}} = \frac{100,792 \text{ (Existing)}}{12,880,900} = .007825 * 1.5 = .011737$$

The State’s resultant ratio is one hundredths nursing beds to every person. The market contour’s ratio is four thousandths nursing for every person. More simple put Statewide there is a one nursing bed for every 127 people. This PSA will have one nursing care bed for every 213 people. Thus, it would appear that a “maldistribution” in accordance with the Board’s definition does not exist.

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.

The Village of Bartlett has a single facility with 120 beds which is nearly optimally utilized with only 3 potential available beds based upon licensed capacity. Moreover, this facility is part of a CCRC which implies priority admission is given to the residents of the campus over general community admits. Therefore, with a need for up to 321 nursing beds when the State’s use ratio of population to nursing beds, the 68

**ATTACHMENT-18**

**SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA** Continued xvi

proposed beds should have minimal impact on Assisi Healthcare Center at Clare Oaks. Moreover, as the average use rate for the 30-minute travel time contour is 77% the existing use rate is already below 90%, the State's target utilization rate and item 3A above is not applicable.

Item 3B above requires that the proposed project will not lower, to a further extent, the utilization of other area facilities. In addition to the published need for additional nursing beds which takes into account the lower than optimal existing use rates and subtracts out all approved nursing care beds, the PSA has a significant 65+ age cohort growth rate. These two issues indicate that utilization of area facilities should not impact use rates of area facilities. Refer to the chart below.

| <b>Market</b> | <b>2013<br/>Estimated<br/>Population</b> | <b>2018<br/>Estimated<br/>Population</b> | <b>Growth</b> | <b>2013<br/>Estimated<br/>65+ Pop</b> | <b>2018<br/>Estimated<br/>65+ Pop</b> | <b>Growth</b> |
|---------------|------------------------------------------|------------------------------------------|---------------|---------------------------------------|---------------------------------------|---------------|
| Illinois      | 12,880,900                               | 13,069,300                               | 1.5%          | 1,742,900                             | 2,018,400                             | 15.8%         |
| HSA 7-C       | 930,400                                  | 934,300                                  | 0.4%          | 121,200                               | 152,800                               | 26.1%         |
| HSA 7-A       | 617,700                                  | 629,500                                  | 1.9%          | 86,900                                | 106,700                               | 22.8%         |

Sources: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services;  
Population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015;  
<http://quickfacts.census.gov/qfd/states/17/1752584.html>  
<http://www.zip-codes.com/zip-code/60451/zip-code-60451-2010-census.asp>

Alden Estates of Bartlett  
30-Minute Zip Codes

| <b>ZIP Code</b> | <b>Population</b> |
|-----------------|-------------------|
| 60005           | 30,462            |
| 60007           | 33,830            |
| 60008           | 22,402            |
| 60010           | 44,416            |
| 60067           | 38,303            |
| 60101           | 39,709            |
| 60102           | 32,670            |
| 60103           | 42,426            |
| 60106           | 20,150            |
| 60107           | 41,155            |
| 60108           | 23,105            |
| 60110           | 39,204            |
| 60118           | 15,442            |
| 60120           | 50,154            |
| 60123           | 49,054            |
| 60124           | 20,447            |
| 60133           | 38,377            |
| 60134           | 29,290            |
| 60136           | 7,276             |
| 60137           | 38,418            |
| 60139           | 35,000            |
| 60140           | 14,509            |
| 60143           | 10,198            |
| 60148           | 52,833            |
| 60157           | 2,020             |
| 60169           | 34,154            |
| 60172           | 24,695            |
| 60173           | 12,108            |
| 60174           | 31,437            |
| 60175           | 26,068            |
| 60177           | 22,810            |
| 60181           | 28,898            |
| 60184           | 2,424             |
| 60185           | 36,259            |
| 60187           | 28,544            |
| 60188           | 42,614            |
| 60190           | 10,614            |
| 60191           | 14,389            |
| 60192           | 16,637            |
| 60193           | 40,210            |
| 60194           | 19,596            |
| 60195           | 4,294             |
| 60502           | 23,099            |
| 60504           | 37,173            |
| 60510           | 29,155            |
| 60555           | 13,533            |
| 60563           | 36,554            |
| <b>Total</b>    | <b>1,306,115</b>  |

Sources:

Microsoft MapPoint 2009

American Fact Finder, United States Census Bureau ([www.factfinder.census.gov](http://www.factfinder.census.gov))

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

| Subject                           | ZCTA5 60005 |         | ZCTA5 60007 |         | ZCTA5 60008 |         | ZCTA5 60009 |
|-----------------------------------|-------------|---------|-------------|---------|-------------|---------|-------------|
|                                   | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    |
| <b>SEX AND AGE</b>                |             |         |             |         |             |         |             |
| Total population                  | 30,462      | 30,462  | 33,830      | 33,830  | 22,402      | 22,402  | 44,416      |
| Male                              | 15,146      | 49.7%   | 16,654      | 49.2%   | 10,980      | 49.0%   | 21,678      |
| Female                            | 15,316      | 50.3%   | 17,176      | 50.8%   | 11,422      | 51.0%   | 22,738      |
| Under 5 years                     | 2,121       | 7.0%    | 1,887       | 5.6%    | 1,662       | 7.4%    | 2,037       |
| 5 to 9 years                      | 1,611       | 5.3%    | 1,653       | 4.9%    | 1,328       | 5.9%    | 3,026       |
| 10 to 14 years                    | 1,877       | 6.2%    | 2,080       | 6.1%    | 1,142       | 5.1%    | 3,423       |
| 15 to 19 years                    | 1,636       | 5.4%    | 1,947       | 5.8%    | 1,350       | 6.0%    | 3,298       |
| 20 to 24 years                    | 1,324       | 4.3%    | 1,756       | 5.2%    | 1,350       | 6.0%    | 1,626       |
| 25 to 34 years                    | 4,405       | 14.5%   | 3,827       | 11.3%   | 3,851       | 17.2%   | 2,630       |
| 35 to 44 years                    | 3,974       | 13.0%   | 4,530       | 13.4%   | 2,885       | 12.9%   | 5,109       |
| 45 to 54 years                    | 4,681       | 15.4%   | 5,571       | 16.5%   | 3,282       | 14.7%   | 7,990       |
| 55 to 59 years                    | 1,732       | 5.7%    | 2,987       | 8.8%    | 1,542       | 6.9%    | 3,811       |
| 60 to 64 years                    | 1,799       | 5.9%    | 2,454       | 7.3%    | 1,211       | 5.4%    | 3,290       |
| 65 to 74 years                    | 2,532       | 8.3%    | 2,809       | 8.3%    | 1,424       | 6.4%    | 4,857       |
| 75 to 84 years                    | 1,640       | 5.4%    | 1,781       | 5.3%    | 936         | 4.2%    | 2,485       |
| 85 years and over                 | 1,130       | 3.7%    | 548         | 1.6%    | 439         | 2.0%    | 834         |
| Median age (years)                | 40.9        | (X)     | 43.4        | (X)     | 36.6        | (X)     | 46.5        |
| 18 years and over                 | 23,889      | 78.4%   | 26,905      | 79.5%   | 17,470      | 78.0%   | 33,547      |
| 21 years and over                 | 23,075      | 75.8%   | 25,999      | 76.9%   | 16,742      | 74.7%   | 32,356      |
| 62 years and over                 | 6,385       | 21.0%   | 6,670       | 19.7%   | 3,452       | 15.4%   | 10,140      |
| 65 years and over                 | 5,302       | 17.4%   | 5,138       | 15.2%   | 2,799       | 12.5%   | 8,176       |
| 18 years and over                 | 23,889      | 23,889  | 26,905      | 26,905  | 17,470      | 17,470  | 33,547      |
| Male                              | 11,570      | 48.4%   | 12,890      | 47.9%   | 8,443       | 48.3%   | 16,111      |
| Female                            | 12,319      | 51.6%   | 14,015      | 52.1%   | 9,027       | 51.7%   | 17,436      |
| 65 years and over                 | 5,302       | 5,302   | 5,138       | 5,138   | 2,799       | 2,799   | 8,176       |
| Male                              | 2,112       | 39.8%   | 2,168       | 42.2%   | 1,060       | 37.9%   | 3,877       |
| Female                            | 3,190       | 60.2%   | 2,970       | 57.8%   | 1,739       | 62.1%   | 4,299       |
| <b>RACE</b>                       |             |         |             |         |             |         |             |
| Total population                  | 30,462      | 30,462  | 33,830      | 33,830  | 22,402      | 22,402  | 44,416      |
| One race                          | 29,841      | 98.0%   | 33,155      | 98.0%   | 22,212      | 99.2%   | 43,689      |
| Two or more races                 | 621         | 2.0%    | 675         | 2.0%    | 190         | 0.8%    | 727         |
| One race                          | 29,841      | 98.0%   | 33,155      | 98.0%   | 22,212      | 99.2%   | 43,689      |
| White                             | 25,282      | 83.0%   | 27,693      | 81.9%   | 16,362      | 73.0%   | 38,559      |
| Black or African American         | 764         | 2.5%    | 213         | 0.6%    | 828         | 3.7%    | 285         |
| American Indian and Alaska Native | 202         | 0.7%    | 104         | 0.3%    | 134         | 0.6%    | 37          |
| Cherokee tribal grouping          | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 15          |
| Chippewa tribal grouping          | 0           | 0.0%    | 52          | 0.2%    | 0           | 0.0%    | 8           |
| Navajo tribal grouping            | 22          | 0.1%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| Sioux tribal grouping             | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| Asian                             | 2,164       | 7.1%    | 3,584       | 10.6%   | 1,639       | 7.3%    | 4,674       |
| Asian Indian                      | 300         | 1.0%    | 1,459       | 4.3%    | 356         | 1.6%    | 2,532       |
| Chinese                           | 230         | 0.8%    | 631         | 1.9%    | 372         | 1.7%    | 863         |
| Filipino                          | 614         | 2.0%    | 529         | 1.6%    | 327         | 1.5%    | 422         |
| Japanese                          | 324         | 1.1%    | 425         | 1.3%    | 78          | 0.3%    | 169         |
| Korean                            | 360         | 1.2%    | 317         | 0.9%    | 347         | 1.5%    | 383         |
| Vietnamese                        | 21          | 0.1%    | 51          | 0.2%    | 0           | 0.0%    | 82          |
| Other Asian                       | 315         | 1.0%    | 172         | 0.5%    | 159         | 0.7%    | 223         |
| Native Hawaiian and Other Pacific | 0           | 0.0%    | 18          | 0.1%    | 69          | 0.3%    | 0           |
| Native Hawaiian                   | 0           | 0.0%    | 18          | 0.1%    | 69          | 0.3%    | 0           |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

|                                          |        |        |        |        |        |        |        |
|------------------------------------------|--------|--------|--------|--------|--------|--------|--------|
| Guamanian or Chamorro                    | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| Samoan                                   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| Other Pacific Islander                   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| Some other race                          | 1,429  | 4.7%   | 1,543  | 4.6%   | 3,180  | 14.2%  | 134    |
| Two or more races                        | 621    | 2.0%   | 675    | 2.0%   | 190    | 0.8%   | 727    |
| White and Black or African American      | 148    | 0.5%   | 106    | 0.3%   | 10     | 0.0%   | 56     |
| White and American Indian and            | 68     | 0.2%   | 48     | 0.1%   | 19     | 0.1%   | 153    |
| White and Asian                          | 232    | 0.8%   | 177    | 0.5%   | 73     | 0.3%   | 326    |
| Black or African American and            | 0      | 0.0%   | 0      | 0.0%   | 29     | 0.1%   | 0      |
| Race alone or in combination with one or |        |        |        |        |        |        |        |
| Total population                         | 30,462 | 30,462 | 33,830 | 33,830 | 22,402 | 22,402 | 44,416 |
| White                                    | 25,886 | 85.0%  | 28,216 | 83.4%  | 16,523 | 73.8%  | 39,159 |
| Black or African American                | 918    | 3.0%   | 319    | 0.9%   | 874    | 3.9%   | 352    |
| American Indian and Alaska Native        | 270    | 0.9%   | 182    | 0.5%   | 189    | 0.8%   | 195    |
| Asian                                    | 2,407  | 7.9%   | 3,941  | 11.6%  | 1,712  | 7.6%   | 5,160  |
| Native Hawaiian and Other Pacific        | 60     | 0.2%   | 59     | 0.2%   | 69     | 0.3%   | 21     |
| Some other race                          | 1,542  | 5.1%   | 1,816  | 5.4%   | 3,232  | 14.4%  | 289    |
| HISPANIC OR LATINO AND RACE              |        |        |        |        |        |        |        |
| Total population                         | 30,462 | 30,462 | 33,830 | 33,830 | 22,402 | 22,402 | 44,416 |
| Hispanic or Latino (of any race)         | 3,168  | 10.4%  | 3,419  | 10.1%  | 5,781  | 25.8%  | 2,098  |
| Mexican                                  | 2,118  | 7.0%   | 2,352  | 7.0%   | 4,713  | 21.0%  | 1,404  |
| Puerto Rican                             | 376    | 1.2%   | 598    | 1.8%   | 234    | 1.0%   | 79     |
| Cuban                                    | 158    | 0.5%   | 160    | 0.5%   | 0      | 0.0%   | 144    |
| Other Hispanic or Latino                 | 516    | 1.7%   | 309    | 0.9%   | 834    | 3.7%   | 471    |
| Not Hispanic or Latino                   | 27,294 | 89.6%  | 30,411 | 89.9%  | 16,621 | 74.2%  | 42,318 |
| White alone                              | 23,964 | 78.7%  | 26,020 | 76.9%  | 13,947 | 62.3%  | 36,687 |
| Black or African American alone          | 716    | 2.4%   | 200    | 0.6%   | 828    | 3.7%   | 253    |
| American Indian and Alaska Native        | 0      | 0.0%   | 71     | 0.2%   | 0      | 0.0%   | 23     |
| Asian alone                              | 2,164  | 7.1%   | 3,584  | 10.6%  | 1,639  | 7.3%   | 4,593  |
| Native Hawaiian and Other Pacific        | 0      | 0.0%   | 0      | 0.0%   | 69     | 0.3%   | 0      |
| Some other race alone                    | 11     | 0.0%   | 84     | 0.2%   | 0      | 0.0%   | 57     |
| Two or more races                        | 439    | 1.4%   | 452    | 1.3%   | 138    | 0.6%   | 705    |
| Two races including Some other           | 12     | 0.0%   | 109    | 0.3%   | 0      | 0.0%   | 155    |
| Two races excluding Some other           | 427    | 1.4%   | 343    | 1.0%   | 138    | 0.6%   | 550    |
| Total housing units                      | 13,149 | (X)    | 14,099 | (X)    | 9,147  | (X)    | 17,076 |



Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

| 110     | ZCTA5 60067 |         | ZCTA5 60101 |         | ZCTA5 60102 |         | ZCTA5 60103 |         | ZCTA5 60106 |         | ZCTA5 60107 |
|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|
| Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 44,416  | 38,303      | 38,303  | 39,709      | 39,709  | 32,670      | 32,670  | 42,426      | 42,426  | 20,150      | 20,150  | 41,155      |
| 48.8%   | 19,093      | 49.8%   | 19,125      | 48.2%   | 16,326      | 50.0%   | 21,427      | 50.5%   | 9,927       | 49.3%   | 20,824      |
| 51.2%   | 19,210      | 50.2%   | 20,584      | 51.8%   | 16,344      | 50.0%   | 20,999      | 49.5%   | 10,223      | 50.7%   | 20,331      |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 4.6%    | 2,182       | 5.7%    | 3,041       | 7.7%    | 2,133       | 6.5%    | 2,512       | 5.9%    | 1,259       | 6.2%    | 2,651       |
| 6.8%    | 2,446       | 6.4%    | 3,461       | 8.7%    | 1,725       | 5.3%    | 3,161       | 7.5%    | 1,529       | 7.6%    | 3,215       |
| 7.7%    | 2,407       | 6.3%    | 2,502       | 6.3%    | 2,680       | 8.2%    | 3,261       | 7.7%    | 1,283       | 6.4%    | 2,629       |
| 7.4%    | 2,653       | 6.9%    | 2,552       | 6.4%    | 2,830       | 8.7%    | 3,431       | 8.1%    | 1,301       | 6.5%    | 2,711       |
| 3.7%    | 1,233       | 3.2%    | 2,509       | 6.3%    | 1,804       | 5.5%    | 1,746       | 4.1%    | 1,532       | 7.6%    | 2,577       |
| 5.9%    | 4,405       | 11.5%   | 6,275       | 15.8%   | 3,074       | 9.4%    | 5,066       | 11.9%   | 3,159       | 15.7%   | 6,583       |
| 11.5%   | 5,134       | 13.4%   | 4,696       | 11.8%   | 5,044       | 15.4%   | 6,189       | 14.6%   | 2,531       | 12.6%   | 6,397       |
| 18.0%   | 6,535       | 17.1%   | 5,182       | 13.0%   | 5,871       | 18.0%   | 7,813       | 18.4%   | 2,743       | 13.6%   | 6,250       |
| 8.6%    | 2,868       | 7.5%    | 2,650       | 6.7%    | 2,302       | 7.0%    | 2,815       | 6.6%    | 1,346       | 6.7%    | 2,472       |
| 7.4%    | 2,773       | 7.2%    | 2,197       | 5.5%    | 1,933       | 5.9%    | 2,380       | 5.6%    | 1,277       | 6.3%    | 2,005       |
| 10.9%   | 3,430       | 9.0%    | 2,771       | 7.0%    | 2,240       | 6.9%    | 2,508       | 5.9%    | 1,101       | 5.5%    | 2,389       |
| 5.6%    | 1,691       | 4.4%    | 1,440       | 3.6%    | 695         | 2.1%    | 1,036       | 2.4%    | 643         | 3.2%    | 1,025       |
| 1.9%    | 546         | 1.4%    | 433         | 1.1%    | 339         | 1.0%    | 508         | 1.2%    | 446         | 2.2%    | 251         |
|         |             |         |             |         |             |         |             |         |             |         |             |
| (X)     | 42.1        | (X)     | 33.9        | (X)     | 40.1        | (X)     | 38.3        | (X)     | 35.0        | (X)     | 35.4        |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 75.5%   | 29,328      | 76.6%   | 29,062      | 73.2%   | 24,246      | 74.2%   | 31,059      | 73.2%   | 15,360      | 76.2%   | 30,929      |
| 72.8%   | 28,372      | 74.1%   | 27,621      | 69.6%   | 22,872      | 70.0%   | 29,633      | 69.8%   | 14,539      | 72.2%   | 29,259      |
| 22.8%   | 7,325       | 19.1%   | 6,153       | 15.5%   | 4,272       | 13.1%   | 5,199       | 12.3%   | 2,719       | 13.5%   | 4,737       |
| 18.4%   | 5,667       | 14.8%   | 4,644       | 11.7%   | 3,274       | 10.0%   | 4,052       | 9.6%    | 2,190       | 10.9%   | 3,665       |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 33,547  | 29,328      | 29,328  | 29,062      | 29,062  | 24,246      | 24,246  | 31,059      | 31,059  | 15,360      | 15,360  | 30,929      |
| 48.0%   | 13,978      | 47.7%   | 14,122      | 48.6%   | 12,058      | 49.7%   | 15,484      | 49.9%   | 7,566       | 49.3%   | 15,276      |
| 52.0%   | 15,350      | 52.3%   | 14,940      | 51.4%   | 12,188      | 50.3%   | 15,575      | 50.1%   | 7,794       | 50.7%   | 15,653      |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 8,176   | 5,667       | 5,667   | 4,644       | 4,644   | 3,274       | 3,274   | 4,052       | 4,052   | 2,190       | 2,190   | 3,665       |
| 47.4%   | 2,535       | 44.7%   | 2,107       | 45.4%   | 1,548       | 47.3%   | 1,776       | 43.8%   | 875         | 40.0%   | 1,475       |
| 52.6%   | 3,132       | 55.3%   | 2,537       | 54.6%   | 1,726       | 52.7%   | 2,276       | 56.2%   | 1,315       | 60.0%   | 2,190       |
|         |             |         |             |         |             |         |             |         |             |         |             |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 44,416  | 38,303      | 38,303  | 39,709      | 39,709  | 32,670      | 32,670  | 42,426      | 42,426  | 20,150      | 20,150  | 41,155      |
| 98.4%   | 37,510      | 97.9%   | 39,084      | 98.4%   | 32,112      | 98.3%   | 41,830      | 98.6%   | 19,842      | 98.5%   | 40,225      |
| 1.6%    | 793         | 2.1%    | 625         | 1.6%    | 558         | 1.7%    | 596         | 1.4%    | 308         | 1.5%    | 930         |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 98.4%   | 37,510      | 97.9%   | 39,084      | 98.4%   | 32,112      | 98.3%   | 41,830      | 98.6%   | 19,842      | 98.5%   | 40,225      |
| 86.8%   | 30,573      | 79.8%   | 33,390      | 84.1%   | 28,886      | 88.4%   | 32,858      | 77.4%   | 16,175      | 80.3%   | 24,576      |
| 0.6%    | 654         | 1.7%    | 1,752       | 4.4%    | 592         | 1.8%    | 833         | 2.0%    | 736         | 3.7%    | 1,063       |
| 0.1%    | 48          | 0.1%    | 94          | 0.2%    | 50          | 0.2%    | 153         | 0.4%    | 89          | 0.4%    | 92          |
| 0.0%    | 15          | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 17          | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 12          | 0.0%    | 0           | 0.0%    | 42          | 0.2%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 10.5%   | 5,531       | 14.4%   | 2,036       | 5.1%    | 2,265       | 6.9%    | 6,547       | 15.4%   | 728         | 3.6%    | 6,352       |
| 5.7%    | 1,790       | 4.7%    | 1,490       | 3.8%    | 1,429       | 4.4%    | 3,005       | 7.1%    | 343         | 1.7%    | 3,345       |
| 1.9%    | 1,066       | 2.8%    | 0           | 0.0%    | 56          | 0.2%    | 637         | 1.5%    | 0           | 0.0%    | 179         |
| 1.0%    | 555         | 1.4%    | 201         | 0.5%    | 450         | 1.4%    | 1,701       | 4.0%    | 263         | 1.3%    | 1,773       |
| 0.4%    | 698         | 1.8%    | 5           | 0.0%    | 0           | 0.0%    | 17          | 0.0%    | 7           | 0.0%    | 49          |
| 0.9%    | 1,137       | 3.0%    | 0           | 0.0%    | 42          | 0.1%    | 365         | 0.9%    | 49          | 0.2%    | 210         |
| 0.2%    | 41          | 0.1%    | 46          | 0.1%    | 13          | 0.0%    | 107         | 0.3%    | 26          | 0.1%    | 122         |
| 0.5%    | 244         | 0.6%    | 294         | 0.7%    | 275         | 0.8%    | 715         | 1.7%    | 40          | 0.2%    | 674         |
| 0.0%    | 38          | 0.1%    | 0           | 0.0%    | 0           | 0.0%    | 4           | 0.0%    | 0           | 0.0%    | 8           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 8           |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

|        |        |        |        |        |        |        |        |        |        |        |        |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 0.0%   | 38     | 0.1%   | 0      | 0.0%   | 0      | 0.0%   | 4      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.3%   | 666    | 1.7%   | 1,812  | 4.6%   | 319    | 1.0%   | 1,435  | 3.4%   | 2,114  | 10.5%  | 8,134  |
| 1.6%   | 793    | 2.1%   | 625    | 1.6%   | 558    | 1.7%   | 596    | 1.4%   | 308    | 1.5%   | 930    |
| 0.1%   | 107    | 0.3%   | 42     | 0.1%   | 86     | 0.3%   | 169    | 0.4%   | 8      | 0.0%   | 284    |
| 0.3%   | 37     | 0.1%   | 37     | 0.1%   | 95     | 0.3%   | 137    | 0.3%   | 85     | 0.4%   | 14     |
| 0.7%   | 481    | 1.3%   | 176    | 0.4%   | 254    | 0.8%   | 182    | 0.4%   | 30     | 0.1%   | 260    |
| 0.0%   | 0      | 0.0%   | 48     | 0.1%   | 36     | 0.1%   | 1      | 0.0%   | 0      | 0.0%   | 0      |
|        |        |        |        |        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |        |        |        |        |
| 44,416 | 38,303 | 38,303 | 39,709 | 39,709 | 32,670 | 32,670 | 42,426 | 42,426 | 20,150 | 20,150 | 41,155 |
| 88.2%  | 31,317 | 81.8%  | 33,907 | 85.4%  | 29,408 | 90.0%  | 33,388 | 78.7%  | 16,404 | 81.4%  | 25,441 |
| 0.8%   | 761    | 2.0%   | 1,850  | 4.7%   | 748    | 2.3%   | 1,003  | 2.4%   | 788    | 3.9%   | 1,389  |
| 0.4%   | 85     | 0.2%   | 198    | 0.5%   | 268    | 0.8%   | 300    | 0.7%   | 198    | 1.0%   | 118    |
| 11.6%  | 6,061  | 15.8%  | 2,261  | 5.7%   | 2,519  | 7.7%   | 6,808  | 16.0%  | 770    | 3.8%   | 6,692  |
| 0.0%   | 53     | 0.1%   | 0      | 0.0%   | 0      | 0.0%   | 16     | 0.0%   | 59     | 0.3%   | 17     |
| 0.7%   | 819    | 2.1%   | 2,126  | 5.4%   | 372    | 1.1%   | 1,521  | 3.6%   | 2,275  | 11.3%  | 8,485  |
|        |        |        |        |        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |        |        |        |        |
| 44,416 | 38,303 | 38,303 | 39,709 | 39,709 | 32,670 | 32,670 | 42,426 | 42,426 | 20,150 | 20,150 | 41,155 |
| 4.7%   | 2,297  | 6.0%   | 15,661 | 39.4%  | 2,092  | 6.4%   | 4,786  | 11.3%  | 9,314  | 46.2%  | 12,503 |
| 3.2%   | 1,782  | 4.7%   | 14,067 | 35.4%  | 1,528  | 4.7%   | 3,480  | 8.2%   | 7,561  | 37.5%  | 10,217 |
| 0.2%   | 176    | 0.5%   | 443    | 1.1%   | 257    | 0.8%   | 463    | 1.1%   | 386    | 1.9%   | 522    |
| 0.3%   | 36     | 0.1%   | 92     | 0.2%   | 36     | 0.1%   | 56     | 0.1%   | 8      | 0.0%   | 34     |
| 1.1%   | 303    | 0.8%   | 1,059  | 2.7%   | 271    | 0.8%   | 787    | 1.9%   | 1,359  | 6.7%   | 1,730  |
| 95.3%  | 36,006 | 94.0%  | 24,048 | 60.6%  | 30,578 | 93.6%  | 37,640 | 88.7%  | 10,836 | 53.8%  | 28,652 |
| 82.6%  | 29,128 | 76.0%  | 19,989 | 50.3%  | 27,339 | 83.7%  | 29,781 | 70.2%  | 9,278  | 46.0%  | 20,779 |
| 0.6%   | 592    | 1.5%   | 1,617  | 4.1%   | 540    | 1.7%   | 822    | 1.9%   | 712    | 3.5%   | 1,028  |
| 0.1%   | 16     | 0.0%   | 25     | 0.1%   | 23     | 0.1%   | 36     | 0.1%   | 0      | 0.0%   | 13     |
| 10.3%  | 5,508  | 14.4%  | 2,036  | 5.1%   | 2,265  | 6.9%   | 6,533  | 15.4%  | 728    | 3.6%   | 6,265  |
| 0.0%   | 38     | 0.1%   | 0      | 0.0%   | 0      | 0.0%   | 4      | 0.0%   | 0      | 0.0%   | 0      |
| 0.1%   | 42     | 0.1%   | 32     | 0.1%   | 9      | 0.0%   | 75     | 0.2%   | 17     | 0.1%   | 0      |
| 1.6%   | 682    | 1.8%   | 349    | 0.9%   | 402    | 1.2%   | 389    | 0.9%   | 101    | 0.5%   | 567    |
| 0.3%   | 42     | 0.1%   | 49     | 0.1%   | 0      | 0.0%   | 43     | 0.1%   | 0      | 0.0%   | 53     |
| 1.2%   | 640    | 1.7%   | 300    | 0.8%   | 402    | 1.2%   | 346    | 0.8%   | 101    | 0.5%   | 514    |
|        |        |        |        |        |        |        |        |        |        |        |        |
| (X)    | 16,289 | (X)    | 13,753 | (X)    | 11,881 | (X)    | 14,640 | (X)    | 7,481  | (X)    | 13,784 |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

| 107     | ZCTA5 60108 |         | ZCTA5 60110 |         | ZCTA5 60118 |         | ZCTA5 60120 |         | ZCTA5 60123 |         | ZCTA5 60124 |
|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|
| Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    |
| 41,155  | 23,105      | 23,105  | 39,204      | 39,204  | 15,442      | 15,442  | 50,154      | 50,154  | 49,054      | 49,054  | 20,447      |
| 50.6%   | 11,072      | 47.9%   | 20,192      | 51.5%   | 7,789       | 50.4%   | 25,098      | 50.0%   | 24,836      | 50.6%   | 10,118      |
| 49.4%   | 12,033      | 52.1%   | 19,012      | 48.5%   | 7,653       | 49.6%   | 25,056      | 50.0%   | 24,218      | 49.4%   | 10,329      |
| 6.4%    | 1,279       | 5.5%    | 3,235       | 8.3%    | 1,005       | 6.5%    | 4,863       | 9.7%    | 4,101       | 8.4%    | 1,953       |
| 7.8%    | 1,293       | 5.6%    | 4,070       | 10.4%   | 878         | 5.7%    | 4,092       | 8.2%    | 3,313       | 6.8%    | 1,216       |
| 6.4%    | 1,035       | 4.5%    | 3,626       | 9.2%    | 811         | 5.3%    | 3,779       | 7.5%    | 3,666       | 7.5%    | 1,157       |
| 6.6%    | 972         | 4.2%    | 2,911       | 7.4%    | 958         | 6.2%    | 3,760       | 7.5%    | 3,427       | 7.0%    | 1,477       |
| 6.3%    | 1,181       | 5.1%    | 2,475       | 6.3%    | 788         | 5.1%    | 3,324       | 6.6%    | 3,594       | 7.3%    | 861         |
| 16.0%   | 3,123       | 13.5%   | 6,356       | 16.2%   | 1,745       | 11.3%   | 8,273       | 16.5%   | 7,226       | 14.7%   | 2,462       |
| 15.5%   | 3,015       | 13.0%   | 6,004       | 15.3%   | 2,046       | 13.2%   | 7,326       | 14.6%   | 6,221       | 12.7%   | 3,061       |
| 15.2%   | 3,140       | 13.6%   | 5,345       | 13.6%   | 2,784       | 18.0%   | 6,253       | 12.5%   | 6,356       | 13.0%   | 3,229       |
| 6.0%    | 2,051       | 8.9%    | 1,672       | 4.3%    | 1,396       | 9.0%    | 2,585       | 5.2%    | 2,981       | 6.1%    | 1,220       |
| 4.9%    | 1,965       | 8.5%    | 1,319       | 3.4%    | 995         | 6.4%    | 2,094       | 4.2%    | 2,729       | 5.6%    | 1,153       |
| 5.8%    | 2,157       | 9.3%    | 1,352       | 3.4%    | 1,141       | 7.4%    | 2,158       | 4.3%    | 2,818       | 5.7%    | 1,796       |
| 2.5%    | 1,228       | 5.3%    | 671         | 1.7%    | 621         | 4.0%    | 1,147       | 2.3%    | 1,758       | 3.6%    | 643         |
| 0.6%    | 666         | 2.9%    | 168         | 0.4%    | 274         | 1.8%    | 500         | 1.0%    | 864         | 1.8%    | 219         |
| (X)     | 44.0        | (X)     | 30.6        | (X)     | 42.8        | (X)     | 31.4        | (X)     | 33.9        | (X)     | 39.1        |
| 75.2%   | 18,966      | 82.1%   | 26,280      | 67.0%   | 12,199      | 79.0%   | 35,189      | 70.2%   | 35,762      | 72.9%   | 15,029      |
| 71.1%   | 18,360      | 79.5%   | 24,948      | 63.6%   | 11,679      | 75.6%   | 32,868      | 65.5%   | 33,741      | 68.8%   | 14,366      |
| 11.5%   | 5,115       | 22.1%   | 3,082       | 7.9%    | 2,689       | 17.4%   | 4,987       | 9.9%    | 6,946       | 14.2%   | 3,227       |
| 8.9%    | 4,051       | 17.5%   | 2,191       | 5.6%    | 2,036       | 13.2%   | 3,805       | 7.6%    | 5,440       | 11.1%   | 2,658       |
| 30,929  | 18,966      | 18,966  | 26,280      | 26,280  | 12,199      | 12,199  | 35,189      | 35,189  | 35,762      | 35,762  | 15,029      |
| 49.4%   | 9,021       | 47.6%   | 13,470      | 51.3%   | 5,975       | 49.0%   | 17,610      | 50.0%   | 17,701      | 49.5%   | 7,319       |
| 50.6%   | 9,945       | 52.4%   | 12,810      | 48.7%   | 6,224       | 51.0%   | 17,579      | 50.0%   | 18,061      | 50.5%   | 7,710       |
| 3,665   | 4,051       | 4,051   | 2,191       | 2,191   | 2,036       | 2,036   | 3,805       | 3,805   | 5,440       | 5,440   | 2,658       |
| 40.2%   | 1,634       | 40.3%   | 1,171       | 53.4%   | 943         | 46.3%   | 1,571       | 41.3%   | 2,193       | 40.3%   | 1,283       |
| 59.8%   | 2,417       | 59.7%   | 1,020       | 46.6%   | 1,093       | 53.7%   | 2,234       | 58.7%   | 3,247       | 59.7%   | 1,375       |
| 41,155  | 23,105      | 23,105  | 39,204      | 39,204  | 15,442      | 15,442  | 50,154      | 50,154  | 49,054      | 49,054  | 20,447      |
| 97.7%   | 22,769      | 98.5%   | 38,528      | 98.3%   | 15,262      | 98.8%   | 49,044      | 97.8%   | 47,538      | 96.9%   | 20,285      |
| 2.3%    | 336         | 1.5%    | 676         | 1.7%    | 180         | 1.2%    | 1,110       | 2.2%    | 1,516       | 3.1%    | 162         |
| 97.7%   | 22,769      | 98.5%   | 38,528      | 98.3%   | 15,262      | 98.8%   | 49,044      | 97.8%   | 47,538      | 96.9%   | 20,285      |
| 59.7%   | 18,606      | 80.5%   | 25,222      | 64.3%   | 13,725      | 88.9%   | 30,406      | 60.6%   | 33,628      | 68.6%   | 16,307      |
| 2.6%    | 681         | 2.9%    | 2,623       | 6.7%    | 360         | 2.3%    | 2,772       | 5.5%    | 3,755       | 7.7%    | 1,164       |
| 0.2%    | 33          | 0.1%    | 165         | 0.4%    | 0           | 0.0%    | 322         | 0.6%    | 279         | 0.6%    | 43          |
| 0.0%    | 0           | 0.0%    | 10          | 0.0%    | 0           | 0.0%    | 13          | 0.0%    | 92          | 0.2%    | 0           |
| 0.0%    | 13          | 0.1%    | 14          | 0.0%    | 0           | 0.0%    | 23          | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 49          | 0.1%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 12          | 0.0%    | 0           | 0.0%    | 0           |
| 15.4%   | 3,189       | 13.8%   | 1,650       | 4.2%    | 855         | 5.5%    | 2,755       | 5.5%    | 1,923       | 3.9%    | 2,544       |
| 8.1%    | 1,652       | 7.1%    | 578         | 1.5%    | 148         | 1.0%    | 535         | 1.1%    | 293         | 0.6%    | 386         |
| 0.4%    | 260         | 1.1%    | 175         | 0.4%    | 220         | 1.4%    | 169         | 0.3%    | 300         | 0.6%    | 282         |
| 4.3%    | 596         | 2.6%    | 451         | 1.2%    | 158         | 1.0%    | 717         | 1.4%    | 461         | 0.9%    | 951         |
| 0.1%    | 129         | 0.6%    | 47          | 0.1%    | 41          | 0.3%    | 130         | 0.3%    | 0           | 0.0%    | 66          |
| 0.5%    | 326         | 1.4%    | 164         | 0.4%    | 151         | 1.0%    | 90          | 0.2%    | 58          | 0.1%    | 29          |
| 0.3%    | 92          | 0.4%    | 11          | 0.0%    | 42          | 0.3%    | 64          | 0.1%    | 16          | 0.0%    | 721         |
| 1.6%    | 134         | 0.6%    | 224         | 0.6%    | 95          | 0.6%    | 1,050       | 2.1%    | 795         | 1.6%    | 109         |
| 0.0%    | 0           | 0.0%    | 18          | 0.0%    | 8           | 0.1%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 18          | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

|        |        |        |        |        |        |        |        |        |        |        |        |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 8      | 0.1%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 19.8%  | 260    | 1.1%   | 8,850  | 22.6%  | 314    | 2.0%   | 12,789 | 25.5%  | 7,953  | 16.2%  | 227    |
| 2.3%   | 336    | 1.5%   | 676    | 1.7%   | 180    | 1.2%   | 1,110  | 2.2%   | 1,516  | 3.1%   | 162    |
| 0.7%   | 43     | 0.2%   | 180    | 0.5%   | 4      | 0.0%   | 519    | 1.0%   | 422    | 0.9%   | 54     |
| 0.0%   | 57     | 0.2%   | 119    | 0.3%   | 46     | 0.3%   | 90     | 0.2%   | 87     | 0.2%   | 0      |
| 0.6%   | 96     | 0.4%   | 62     | 0.2%   | 62     | 0.4%   | 78     | 0.2%   | 319    | 0.7%   | 47     |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 5      | 0.0%   | 74     | 0.2%   | 0      |
|        |        |        |        |        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |        |        |        |        |
| 41,155 | 23,105 | 23,105 | 39,204 | 39,204 | 15,442 | 15,442 | 50,154 | 50,154 | 49,054 | 49,054 | 20,447 |
| 61.8%  | 18,863 | 81.6%  | 25,753 | 65.7%  | 13,905 | 90.0%  | 31,342 | 62.5%  | 34,993 | 71.3%  | 16,469 |
| 3.4%   | 724    | 3.1%   | 2,849  | 7.3%   | 364    | 2.4%   | 3,337  | 6.7%   | 4,367  | 8.9%   | 1,218  |
| 0.3%   | 126    | 0.5%   | 304    | 0.8%   | 46     | 0.3%   | 488    | 1.0%   | 467    | 1.0%   | 43     |
| 16.3%  | 3,364  | 14.6%  | 1,821  | 4.6%   | 917    | 5.9%   | 2,947  | 5.9%   | 2,304  | 4.7%   | 2,591  |
| 0.0%   | 16     | 0.1%   | 18     | 0.0%   | 42     | 0.3%   | 90     | 0.2%   | 38     | 0.1%   | 0      |
| 20.6%  | 348    | 1.5%   | 9,152  | 23.3%  | 348    | 2.3%   | 13,108 | 26.1%  | 8,510  | 17.3%  | 288    |
|        |        |        |        |        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |        |        |        |        |
| 41,155 | 23,105 | 23,105 | 39,204 | 39,204 | 15,442 | 15,442 | 50,154 | 50,154 | 49,054 | 49,054 | 20,447 |
| 30.4%  | 2,070  | 9.0%   | 20,081 | 51.2%  | 1,175  | 7.6%   | 29,338 | 58.5%  | 19,170 | 39.1%  | 2,129  |
| 24.8%  | 1,137  | 4.9%   | 18,063 | 46.1%  | 805    | 5.2%   | 26,101 | 52.0%  | 16,089 | 32.8%  | 1,156  |
| 1.3%   | 205    | 0.9%   | 976    | 2.5%   | 140    | 0.9%   | 1,742  | 3.5%   | 1,798  | 3.7%   | 540    |
| 0.1%   | 60     | 0.3%   | 0      | 0.0%   | 44     | 0.3%   | 102    | 0.2%   | 55     | 0.1%   | 0      |
| 4.2%   | 668    | 2.9%   | 1,042  | 2.7%   | 186    | 1.2%   | 1,393  | 2.8%   | 1,228  | 2.5%   | 433    |
| 69.6%  | 21,035 | 91.0%  | 19,123 | 48.8%  | 14,267 | 92.4%  | 20,816 | 41.5%  | 29,884 | 60.9%  | 18,318 |
| 50.5%  | 16,875 | 73.0%  | 14,398 | 36.7%  | 12,953 | 83.9%  | 15,004 | 29.9%  | 23,168 | 47.2%  | 14,644 |
| 2.5%   | 678    | 2.9%   | 2,492  | 6.4%   | 305    | 2.0%   | 2,544  | 5.1%   | 3,748  | 7.6%   | 1,000  |
| 0.0%   | 33     | 0.1%   | 38     | 0.1%   | 0      | 0.0%   | 24     | 0.0%   | 80     | 0.2%   | 29     |
| 15.2%  | 3,182  | 13.8%  | 1,617  | 4.1%   | 855    | 5.5%   | 2,709  | 5.4%   | 1,923  | 3.9%   | 2,544  |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 86     | 0.2%   | 8      | 0.1%   | 133    | 0.3%   | 14     | 0.0%   | 0      |
| 1.4%   | 267    | 1.2%   | 492    | 1.3%   | 146    | 0.9%   | 402    | 0.8%   | 951    | 1.9%   | 101    |
| 0.1%   | 27     | 0.1%   | 120    | 0.3%   | 0      | 0.0%   | 11     | 0.0%   | 41     | 0.1%   | 0      |
| 1.2%   | 240    | 1.0%   | 372    | 0.9%   | 146    | 0.9%   | 391    | 0.8%   | 910    | 1.9%   | 101    |
|        |        |        |        |        |        |        |        |        |        |        |        |
| (X)    | 9,732  | (X)    | 12,304 | (X)    | 6,433  | (X)    | 15,929 | (X)    | 17,543 | (X)    | 7,020  |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

| 124     | ZCTA5 60133 |         | ZCTA5 60134 |         | ZCTA5 60136 |         | ZCTA5 60137 |         | ZCTA5 60139 |         | ZCTA5 601 |
|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-----------|
| Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate  |
| 20,447  | 38,377      | 38,377  | 29,290      | 29,290  | 7,276       | 7,276   | 38,418      | 38,418  | 35,000      | 35,000  | 14,509    |
| 49.5%   | 19,147      | 49.9%   | 14,590      | 49.8%   | 3,750       | 51.5%   | 18,634      | 48.5%   | 18,062      | 51.6%   | 7,136     |
| 50.5%   | 19,230      | 50.1%   | 14,700      | 50.2%   | 3,526       | 48.5%   | 19,784      | 51.5%   | 16,938      | 48.4%   | 7,373     |
| 9.6%    | 2,700       | 7.0%    | 1,745       | 6.0%    | 672         | 9.2%    | 2,679       | 7.0%    | 2,904       | 8.3%    | 1,160     |
| 5.9%    | 3,053       | 8.0%    | 2,276       | 7.8%    | 762         | 10.5%   | 2,584       | 6.7%    | 2,397       | 6.8%    | 942       |
| 5.7%    | 3,365       | 8.8%    | 2,681       | 9.2%    | 565         | 7.8%    | 2,808       | 7.3%    | 2,237       | 6.4%    | 1,608     |
| 7.2%    | 3,355       | 8.7%    | 2,378       | 8.1%    | 476         | 6.5%    | 2,611       | 6.8%    | 2,410       | 6.9%    | 938       |
| 4.2%    | 2,092       | 5.5%    | 1,272       | 4.3%    | 213         | 2.9%    | 1,830       | 4.8%    | 2,911       | 8.3%    | 806       |
| 12.0%   | 5,751       | 15.0%   | 2,244       | 7.7%    | 1,255       | 17.2%   | 3,634       | 9.5%    | 5,889       | 16.8%   | 1,568     |
| 15.0%   | 5,849       | 15.2%   | 4,377       | 14.9%   | 1,582       | 21.7%   | 5,070       | 13.2%   | 4,747       | 13.6%   | 1,829     |
| 15.8%   | 5,471       | 14.3%   | 5,283       | 18.0%   | 743         | 10.2%   | 6,226       | 16.2%   | 4,734       | 13.5%   | 2,402     |
| 6.0%    | 2,158       | 5.6%    | 1,801       | 6.1%    | 313         | 4.3%    | 3,283       | 8.5%    | 2,028       | 5.8%    | 861       |
| 5.6%    | 1,909       | 5.0%    | 1,945       | 6.6%    | 252         | 3.5%    | 2,129       | 5.5%    | 1,876       | 5.4%    | 722       |
| 8.8%    | 1,791       | 4.7%    | 1,900       | 6.5%    | 355         | 4.9%    | 2,867       | 7.5%    | 2,055       | 5.9%    | 1,094     |
| 3.1%    | 735         | 1.9%    | 1,094       | 3.7%    | 0           | 0.0%    | 1,886       | 4.9%    | 601         | 1.7%    | 491       |
| 1.1%    | 148         | 0.4%    | 294         | 1.0%    | 88          | 1.2%    | 811         | 2.1%    | 211         | 0.6%    | 88        |
| (X)     | 33.3        | (X)     | 40.6        | (X)     | 32.5        | (X)     | 41.1        | (X)     | 32.9        | (X)     | 36.6      |
| 73.5%   | 27,275      | 71.1%   | 20,955      | 71.5%   | 4,979       | 68.4%   | 28,606      | 74.5%   | 26,253      | 75.0%   | 10,223    |
| 70.3%   | 25,609      | 66.7%   | 19,910      | 68.0%   | 4,747       | 65.2%   | 27,281      | 71.0%   | 24,579      | 70.2%   | 9,635     |
| 15.8%   | 3,630       | 9.5%    | 4,431       | 15.1%   | 591         | 8.1%    | 6,702       | 17.4%   | 3,849       | 11.0%   | 2,173     |
| 13.0%   | 2,674       | 7.0%    | 3,288       | 11.2%   | 443         | 6.1%    | 5,564       | 14.5%   | 2,867       | 8.2%    | 1,673     |
| 15,029  | 27,275      | 27,275  | 20,955      | 20,955  | 4,979       | 4,979   | 28,606      | 28,606  | 26,253      | 26,253  | 10,223    |
| 48.7%   | 13,416      | 49.2%   | 10,349      | 49.4%   | 2,334       | 46.9%   | 13,607      | 47.6%   | 13,439      | 51.2%   | 4,926     |
| 51.3%   | 13,859      | 50.8%   | 10,606      | 50.6%   | 2,645       | 53.1%   | 14,999      | 52.4%   | 12,814      | 48.8%   | 5,297     |
| 2,658   | 2,674       | 2,674   | 3,288       | 3,288   | 443         | 443     | 5,564       | 5,564   | 2,867       | 2,867   | 1,673     |
| 48.3%   | 1,319       | 49.3%   | 1,446       | 44.0%   | 228         | 51.5%   | 2,452       | 44.1%   | 1,233       | 43.0%   | 882       |
| 51.7%   | 1,355       | 50.7%   | 1,842       | 56.0%   | 215         | 48.5%   | 3,112       | 55.9%   | 1,634       | 57.0%   | 791       |
| 20,447  | 38,377      | 38,377  | 29,290      | 29,290  | 7,276       | 7,276   | 38,418      | 38,418  | 35,000      | 35,000  | 14,509    |
| 99.2%   | 37,692      | 98.2%   | 29,064      | 99.2%   | 7,080       | 97.3%   | 37,718      | 98.2%   | 33,776      | 96.5%   | 14,077    |
| 0.8%    | 685         | 1.8%    | 226         | 0.8%    | 196         | 2.7%    | 700         | 1.8%    | 1,224       | 3.5%    | 432       |
| 99.2%   | 37,692      | 98.2%   | 29,064      | 99.2%   | 7,080       | 97.3%   | 37,718      | 98.2%   | 33,776      | 96.5%   | 14,077    |
| 79.8%   | 20,231      | 52.7%   | 27,181      | 92.8%   | 5,395       | 74.1%   | 33,321      | 86.7%   | 22,207      | 63.4%   | 12,121    |
| 5.7%    | 3,338       | 8.7%    | 299         | 1.0%    | 284         | 3.9%    | 1,503       | 3.9%    | 2,126       | 6.1%    | 76        |
| 0.2%    | 60          | 0.2%    | 67          | 0.2%    | 122         | 1.7%    | 53          | 0.1%    | 257         | 0.7%    | 21        |
| 0.0%    | 14          | 0.0%    | 6           | 0.0%    | 0           | 0.0%    | 5           | 0.0%    | 0           | 0.0%    | 21        |
| 0.0%    | 5           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0         |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0         |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 6           | 0.0%    | 0           | 0.0%    | 0         |
| 12.4%   | 5,809       | 15.1%   | 1,019       | 3.5%    | 793         | 10.9%   | 2,703       | 7.0%    | 8,085       | 23.1%   | 105       |
| 1.9%    | 3,329       | 8.7%    | 142         | 0.5%    | 152         | 2.1%    | 943         | 2.5%    | 3,710       | 10.6%   | 0         |
| 1.4%    | 207         | 0.5%    | 63          | 0.2%    | 0           | 0.0%    | 345         | 0.9%    | 263         | 0.8%    | 0         |
| 4.7%    | 815         | 2.1%    | 621         | 2.1%    | 641         | 8.8%    | 92          | 0.2%    | 1,762       | 5.0%    | 37        |
| 0.3%    | 22          | 0.1%    | 24          | 0.1%    | 0           | 0.0%    | 66          | 0.2%    | 17          | 0.0%    | 0         |
| 0.1%    | 146         | 0.4%    | 110         | 0.4%    | 0           | 0.0%    | 142         | 0.4%    | 74          | 0.2%    | 0         |
| 3.5%    | 190         | 0.5%    | 0           | 0.0%    | 0           | 0.0%    | 47          | 0.1%    | 1,055       | 3.0%    | 40        |
| 0.5%    | 1,100       | 2.9%    | 59          | 0.2%    | 0           | 0.0%    | 1,068       | 2.8%    | 1,204       | 3.4%    | 28        |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 16          | 0.0%    | 64          | 0.2%    | 0         |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 64          | 0.2%    | 0         |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

|        |        |        |        |        |       |       |        |        |        |        |        |
|--------|--------|--------|--------|--------|-------|-------|--------|--------|--------|--------|--------|
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 8      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 8      | 0.0%   | 0      | 0.0%   | 0      |
| 1.1%   | 8,254  | 21.5%  | 498    | 1.7%   | 486   | 6.7%  | 122    | 0.3%   | 1,037  | 3.0%   | 1,754  |
| 0.8%   | 685    | 1.8%   | 226    | 0.8%   | 196   | 2.7%  | 700    | 1.8%   | 1,224  | 3.5%   | 432    |
| 0.3%   | 172    | 0.4%   | 17     | 0.1%   | 0     | 0.0%  | 71     | 0.2%   | 321    | 0.9%   | 62     |
| 0.0%   | 41     | 0.1%   | 17     | 0.1%   | 0     | 0.0%  | 88     | 0.2%   | 30     | 0.1%   | 173    |
| 0.2%   | 292    | 0.8%   | 170    | 0.6%   | 94    | 1.3%  | 305    | 0.8%   | 232    | 0.7%   | 178    |
| 0.0%   | 7      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 37     | 0.1%   | 19     | 0.1%   | 0      |
|        |        |        |        |        |       |       |        |        |        |        |        |
|        |        |        |        |        |       |       |        |        |        |        |        |
| 20,447 | 38,377 | 38,377 | 29,290 | 29,290 | 7,276 | 7,276 | 38,418 | 38,418 | 35,000 | 35,000 | 14,509 |
| 80.5%  | 20,833 | 54.3%  | 27,407 | 93.6%  | 5,489 | 75.4% | 33,911 | 88.3%  | 23,133 | 66.1%  | 12,553 |
| 6.0%   | 3,554  | 9.3%   | 316    | 1.1%   | 284   | 3.9%  | 1,643  | 4.3%   | 2,556  | 7.3%   | 138    |
| 0.2%   | 133    | 0.3%   | 84     | 0.3%   | 122   | 1.7%  | 269    | 0.7%   | 306    | 0.9%   | 194    |
| 12.7%  | 6,193  | 16.1%  | 1,199  | 4.1%   | 989   | 13.6% | 3,076  | 8.0%   | 8,576  | 24.5%  | 283    |
| 0.0%   | 22     | 0.1%   | 22     | 0.1%   | 0     | 0.0%  | 48     | 0.1%   | 99     | 0.3%   | 0      |
| 1.4%   | 8,368  | 21.8%  | 498    | 1.7%   | 588   | 8.1%  | 274    | 0.7%   | 1,591  | 4.5%   | 1,773  |
|        |        |        |        |        |       |       |        |        |        |        |        |
|        |        |        |        |        |       |       |        |        |        |        |        |
| 20,447 | 38,377 | 38,377 | 29,290 | 29,290 | 7,276 | 7,276 | 38,418 | 38,418 | 35,000 | 35,000 | 14,509 |
| 10.4%  | 14,457 | 37.7%  | 1,301  | 4.4%   | 1,216 | 16.7% | 2,837  | 7.4%   | 10,873 | 31.1%  | 3,213  |
| 5.7%   | 13,241 | 34.5%  | 1,095  | 3.7%   | 518   | 7.1%  | 2,116  | 5.5%   | 9,033  | 25.8%  | 2,237  |
| 2.6%   | 376    | 1.0%   | 60     | 0.2%   | 37    | 0.5%  | 258    | 0.7%   | 577    | 1.6%   | 67     |
| 0.0%   | 112    | 0.3%   | 26     | 0.1%   | 0     | 0.0%  | 112    | 0.3%   | 102    | 0.3%   | 0      |
| 2.1%   | 728    | 1.9%   | 120    | 0.4%   | 661   | 9.1%  | 351    | 0.9%   | 1,161  | 3.3%   | 909    |
| 89.6%  | 23,920 | 62.3%  | 27,989 | 95.6%  | 6,060 | 83.3% | 35,581 | 92.6%  | 24,127 | 68.9%  | 11,296 |
| 71.6%  | 14,187 | 37.0%  | 26,424 | 90.2%  | 4,827 | 66.3% | 30,772 | 80.1%  | 13,119 | 37.5%  | 10,894 |
| 4.9%   | 3,175  | 8.3%   | 270    | 0.9%   | 284   | 3.9%  | 1,488  | 3.9%   | 2,036  | 5.8%   | 76     |
| 0.1%   | 31     | 0.1%   | 67     | 0.2%   | 78    | 1.1%  | 33     | 0.1%   | 49     | 0.1%   | 21     |
| 12.4%  | 5,792  | 15.1%  | 1,019  | 3.5%   | 762   | 10.5% | 2,703  | 7.0%   | 7,991  | 22.8%  | 105    |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 16     | 0.0%   | 64     | 0.2%   | 0      |
| 0.0%   | 185    | 0.5%   | 0      | 0.0%   | 81    | 1.1%  | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.5%   | 550    | 1.4%   | 209    | 0.7%   | 28    | 0.4%  | 569    | 1.5%   | 868    | 2.5%   | 200    |
| 0.0%   | 63     | 0.2%   | 0      | 0.0%   | 0     | 0.0%  | 35     | 0.1%   | 209    | 0.6%   | 0      |
| 0.5%   | 487    | 1.3%   | 209    | 0.7%   | 28    | 0.4%  | 534    | 1.4%   | 659    | 1.9%   | 200    |
|        |        |        |        |        |       |       |        |        |        |        |        |
| (X)    | 11,705 | (X)    | 10,427 | (X)    | 2,275 | (X)   | 14,752 | (X)    | 12,510 | (X)    | 4,831  |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

| 140     | ZCTA5 60143 |         | ZCTA5 60148 |         | ZCTA5 60157 |         | ZCTA5 60169 |         | ZCTA5 60172 |         | ZCTA5 60172 |
|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|
| Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 14,509  | 10,198      | 10,198  | 52,833      | 52,833  | 2,020       | 2,020   | 34,154      | 34,154  | 24,695      | 24,695  | 12,108      |
| 49.2%   | 5,142       | 50.4%   | 25,914      | 49.0%   | 982         | 48.6%   | 16,881      | 49.4%   | 11,884      | 48.1%   | 6,275       |
| 50.8%   | 5,056       | 49.6%   | 26,919      | 51.0%   | 1,038       | 51.4%   | 17,273      | 50.6%   | 12,811      | 51.9%   | 5,833       |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 8.0%    | 524         | 5.1%    | 2,430       | 4.6%    | 25          | 1.2%    | 2,373       | 6.9%    | 1,356       | 5.5%    | 722         |
| 6.5%    | 697         | 6.8%    | 2,812       | 5.3%    | 71          | 3.5%    | 2,314       | 6.8%    | 1,678       | 6.8%    | 569         |
| 11.1%   | 483         | 4.7%    | 3,274       | 6.2%    | 176         | 8.7%    | 2,431       | 7.1%    | 1,711       | 6.9%    | 559         |
| 6.5%    | 578         | 5.7%    | 3,410       | 6.5%    | 196         | 9.7%    | 2,027       | 5.9%    | 1,886       | 7.6%    | 473         |
| 5.6%    | 491         | 4.8%    | 3,586       | 6.8%    | 144         | 7.1%    | 2,306       | 6.8%    | 1,440       | 5.8%    | 981         |
| 10.8%   | 1,161       | 11.4%   | 7,494       | 14.2%   | 115         | 5.7%    | 6,358       | 18.6%   | 3,089       | 12.5%   | 3,795       |
| 12.6%   | 1,608       | 15.8%   | 6,901       | 13.1%   | 296         | 14.7%   | 4,321       | 12.7%   | 3,321       | 13.4%   | 1,855       |
| 16.6%   | 1,442       | 14.1%   | 8,686       | 16.4%   | 352         | 17.4%   | 4,587       | 13.4%   | 4,079       | 16.5%   | 1,199       |
| 5.9%    | 672         | 6.6%    | 3,259       | 6.2%    | 136         | 6.7%    | 2,281       | 6.7%    | 1,996       | 8.1%    | 639         |
| 5.0%    | 1,037       | 10.2%   | 3,116       | 5.9%    | 122         | 6.0%    | 1,823       | 5.3%    | 1,408       | 5.7%    | 525         |
| 7.5%    | 962         | 9.4%    | 3,558       | 6.7%    | 137         | 6.8%    | 2,077       | 6.1%    | 1,699       | 6.9%    | 584         |
| 3.4%    | 352         | 3.5%    | 2,676       | 5.1%    | 142         | 7.0%    | 846         | 2.5%    | 705         | 2.9%    | 153         |
| 0.6%    | 191         | 1.9%    | 1,631       | 3.1%    | 108         | 5.3%    | 410         | 1.2%    | 327         | 1.3%    | 54          |
|         |             |         |             |         |             |         |             |         |             |         |             |
| (X)     | 42.1        | (X)     | 40.5        | (X)     | 44.4        | (X)     | 33.8        | (X)     | 39.0        | (X)     | 31.3        |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 70.5%   | 8,038       | 78.8%   | 42,199      | 79.9%   | 1,595       | 79.0%   | 25,597      | 74.9%   | 18,636      | 75.5%   | 9,923       |
| 66.4%   | 7,874       | 77.2%   | 40,127      | 76.0%   | 1,542       | 76.3%   | 24,689      | 72.3%   | 17,734      | 71.8%   | 9,633       |
| 15.0%   | 1,961       | 19.2%   | 9,580       | 18.1%   | 459         | 22.7%   | 4,308       | 12.6%   | 3,567       | 14.4%   | 962         |
| 11.5%   | 1,505       | 14.8%   | 7,865       | 14.9%   | 387         | 19.2%   | 3,333       | 9.8%    | 2,731       | 11.1%   | 791         |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 10,223  | 8,038       | 8,038   | 42,199      | 42,199  | 1,595       | 1,595   | 25,597      | 25,597  | 18,636      | 18,636  | 9,923       |
| 48.2%   | 3,995       | 49.7%   | 20,341      | 48.2%   | 824         | 51.7%   | 12,216      | 47.7%   | 8,859       | 47.5%   | 5,062       |
| 51.8%   | 4,043       | 50.3%   | 21,858      | 51.8%   | 771         | 48.3%   | 13,381      | 52.3%   | 9,777       | 52.5%   | 4,861       |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 1,673   | 1,505       | 1,505   | 7,865       | 7,865   | 387         | 387     | 3,333       | 3,333   | 2,731       | 2,731   | 791         |
| 52.7%   | 707         | 47.0%   | 3,141       | 39.9%   | 221         | 57.1%   | 1,307       | 39.2%   | 1,303       | 47.7%   | 432         |
| 47.3%   | 798         | 53.0%   | 4,724       | 60.1%   | 166         | 42.9%   | 2,026       | 60.8%   | 1,428       | 52.3%   | 359         |
|         |             |         |             |         |             |         |             |         |             |         |             |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 14,509  | 10,198      | 10,198  | 52,833      | 52,833  | 2,020       | 2,020   | 34,154      | 34,154  | 24,695      | 24,695  | 12,108      |
| 97.0%   | 10,040      | 98.5%   | 51,623      | 97.7%   | 2,020       | 100.0%  | 33,393      | 97.8%   | 24,398      | 98.8%   | 11,844      |
| 3.0%    | 158         | 1.5%    | 1,210       | 2.3%    | 0           | 0.0%    | 761         | 2.2%    | 297         | 1.2%    | 264         |
|         |             |         |             |         |             |         |             |         |             |         |             |
| 97.0%   | 10,040      | 98.5%   | 51,623      | 97.7%   | 2,020       | 100.0%  | 33,393      | 97.8%   | 24,398      | 98.8%   | 11,844      |
| 83.5%   | 8,903       | 87.3%   | 44,111      | 83.5%   | 1,893       | 93.7%   | 18,370      | 53.8%   | 20,367      | 82.5%   | 7,110       |
| 0.5%    | 56          | 0.5%    | 2,422       | 4.6%    | 18          | 0.9%    | 2,195       | 6.4%    | 1,627       | 6.6%    | 434         |
| 0.1%    | 0           | 0.0%    | 118         | 0.2%    | 0           | 0.0%    | 37          | 0.1%    | 16          | 0.1%    | 0           |
| 0.1%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 5           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 16          | 0.0%    | 0           | 0.0%    | 0           |
| 0.7%    | 759         | 7.4%    | 4,555       | 8.6%    | 102         | 5.0%    | 8,069       | 23.6%   | 2,030       | 8.2%    | 3,791       |
| 0.0%    | 488         | 4.8%    | 2,787       | 5.3%    | 37          | 1.8%    | 5,341       | 15.6%   | 1,095       | 4.4%    | 2,073       |
| 0.0%    | 82          | 0.8%    | 217         | 0.4%    | 39          | 1.9%    | 434         | 1.3%    | 292         | 1.2%    | 350         |
| 0.3%    | 84          | 0.8%    | 392         | 0.7%    | 0           | 0.0%    | 611         | 1.8%    | 397         | 1.6%    | 427         |
| 0.0%    | 51          | 0.5%    | 83          | 0.2%    | 26          | 1.3%    | 314         | 0.9%    | 71          | 0.3%    | 234         |
| 0.0%    | 0           | 0.0%    | 246         | 0.5%    | 0           | 0.0%    | 390         | 1.1%    | 107         | 0.4%    | 505         |
| 0.3%    | 0           | 0.0%    | 55          | 0.1%    | 0           | 0.0%    | 64          | 0.2%    | 0           | 0.0%    | 119         |
| 0.2%    | 54          | 0.5%    | 775         | 1.5%    | 0           | 0.0%    | 915         | 2.7%    | 68          | 0.3%    | 83          |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 173         | 0.7%    | 13          |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

|        |        |        |        |        |       |       |        |        |        |        |        |
|--------|--------|--------|--------|--------|-------|-------|--------|--------|--------|--------|--------|
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      | 0.0%   | 34     | 0.1%   | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      | 0.0%   | 139    | 0.6%   | 13     |
| 12.1%  | 322    | 3.2%   | 417    | 0.8%   | 7     | 0.3%  | 4,722  | 13.8%  | 185    | 0.7%   | 496    |
| 3.0%   | 158    | 1.5%   | 1,210  | 2.3%   | 0     | 0.0%  | 761    | 2.2%   | 297    | 1.2%   | 264    |
| 0.4%   | 0      | 0.0%   | 83     | 0.2%   | 0     | 0.0%  | 138    | 0.4%   | 47     | 0.2%   | 51     |
| 1.2%   | 52     | 0.5%   | 482    | 0.9%   | 0     | 0.0%  | 36     | 0.1%   | 134    | 0.5%   | 0      |
| 1.2%   | 88     | 0.9%   | 349    | 0.7%   | 0     | 0.0%  | 140    | 0.4%   | 49     | 0.2%   | 158    |
| 0.0%   | 0      | 0.0%   | 33     | 0.1%   | 0     | 0.0%  | 27     | 0.1%   | 0      | 0.0%   | 0      |
|        |        |        |        |        |       |       |        |        |        |        |        |
|        |        |        |        |        |       |       |        |        |        |        |        |
| 14,509 | 10,198 | 10,198 | 52,833 | 52,833 | 2,020 | 2,020 | 34,154 | 34,154 | 24,695 | 24,695 | 12,108 |
| 86.5%  | 9,061  | 88.9%  | 45,158 | 85.5%  | 1,893 | 93.7% | 18,871 | 55.3%  | 20,646 | 83.6%  | 7,319  |
| 1.0%   | 68     | 0.7%   | 2,541  | 4.8%   | 18    | 0.9%  | 2,384  | 7.0%   | 1,674  | 6.8%   | 499    |
| 1.3%   | 52     | 0.5%   | 688    | 1.3%   | 0     | 0.0%  | 222    | 0.6%   | 150    | 0.6%   | 0      |
| 2.0%   | 847    | 8.3%   | 5,092  | 9.6%   | 102   | 5.0%  | 8,434  | 24.7%  | 2,097  | 8.5%   | 3,990  |
| 0.0%   | 0      | 0.0%   | 47     | 0.1%   | 0     | 0.0%  | 0      | 0.0%   | 173    | 0.7%   | 13     |
| 12.2%  | 340    | 3.3%   | 575    | 1.1%   | 7     | 0.3%  | 5,037  | 14.7%  | 252    | 1.0%   | 551    |
|        |        |        |        |        |       |       |        |        |        |        |        |
|        |        |        |        |        |       |       |        |        |        |        |        |
| 14,509 | 10,198 | 10,198 | 52,833 | 52,833 | 2,020 | 2,020 | 34,154 | 34,154 | 24,695 | 24,695 | 12,108 |
| 22.1%  | 1,097  | 10.8%  | 4,465  | 8.5%   | 40    | 2.0%  | 7,498  | 22.0%  | 2,486  | 10.1%  | 1,058  |
| 15.4%  | 827    | 8.1%   | 3,290  | 6.2%   | 31    | 1.5%  | 6,252  | 18.3%  | 1,810  | 7.3%   | 726    |
| 0.5%   | 187    | 1.8%   | 475    | 0.9%   | 0     | 0.0%  | 605    | 1.8%   | 298    | 1.2%   | 209    |
| 0.0%   | 68     | 0.7%   | 51     | 0.1%   | 0     | 0.0%  | 35     | 0.1%   | 31     | 0.1%   | 0      |
| 6.3%   | 15     | 0.1%   | 649    | 1.2%   | 9     | 0.4%  | 606    | 1.8%   | 347    | 1.4%   | 123    |
| 77.9%  | 9,101  | 89.2%  | 48,368 | 91.5%  | 1,980 | 98.0% | 26,656 | 78.0%  | 22,209 | 89.9%  | 11,050 |
| 75.1%  | 8,087  | 79.3%  | 40,398 | 76.5%  | 1,853 | 91.7% | 15,882 | 46.5%  | 18,189 | 73.7%  | 6,567  |
| 0.5%   | 28     | 0.3%   | 2,411  | 4.6%   | 18    | 0.9%  | 2,185  | 6.4%   | 1,566  | 6.3%   | 434    |
| 0.1%   | 0      | 0.0%   | 53     | 0.1%   | 0     | 0.0%  | 16     | 0.0%   | 16     | 0.1%   | 0      |
| 0.7%   | 759    | 7.4%   | 4,521  | 8.6%   | 102   | 5.0%  | 8,058  | 23.6%  | 2,030  | 8.2%   | 3,791  |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      | 0.0%   | 173    | 0.7%   | 13     |
| 0.0%   | 75     | 0.7%   | 21     | 0.0%   | 7     | 0.3%  | 6      | 0.0%   | 48     | 0.2%   | 0      |
| 1.4%   | 152    | 1.5%   | 964    | 1.8%   | 0     | 0.0%  | 509    | 1.5%   | 187    | 0.8%   | 245    |
| 0.0%   | 0      | 0.0%   | 89     | 0.2%   | 0     | 0.0%  | 135    | 0.4%   | 0      | 0.0%   | 41     |
| 1.4%   | 152    | 1.5%   | 875    | 1.7%   | 0     | 0.0%  | 374    | 1.1%   | 187    | 0.8%   | 204    |
|        |        |        |        |        |       |       |        |        |        |        |        |
| (X)    | 4,051  | (X)    | 22,417 | (X)    | 882   | (X)   | 12,168 | (X)    | 9,646  | (X)    | 6,484  |



Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

| 173     | ZCTA5 60174 |         | ZCTA5 60175 |         | ZCTA5 60177 |         | ZCTA5 60181 |         | ZCTA5 60184 |         | ZCTA5 60184 |
|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|
| Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    |
| 12,108  | 31,437      | 31,437  | 26,068      | 26,068  | 22,810      | 22,810  | 28,898      | 28,898  | 2,424       | 2,424   | 36,259      |
| 51.8%   | 15,169      | 48.3%   | 13,857      | 53.2%   | 11,046      | 48.4%   | 14,414      | 49.9%   | 1,234       | 50.9%   | 18,597      |
| 48.2%   | 16,268      | 51.7%   | 12,211      | 46.8%   | 11,764      | 51.6%   | 14,484      | 50.1%   | 1,190       | 49.1%   | 17,662      |
| 6.0%    | 1,460       | 4.6%    | 1,075       | 4.1%    | 1,590       | 7.0%    | 1,841       | 6.4%    | 62          | 2.6%    | 2,521       |
| 4.7%    | 1,914       | 6.1%    | 1,817       | 7.0%    | 1,924       | 8.4%    | 1,859       | 6.4%    | 124         | 5.1%    | 2,948       |
| 4.6%    | 2,049       | 6.5%    | 2,833       | 10.9%   | 2,297       | 10.1%   | 1,887       | 6.5%    | 168         | 6.9%    | 3,041       |
| 3.9%    | 2,138       | 6.8%    | 2,392       | 9.2%    | 1,772       | 7.8%    | 1,824       | 6.3%    | 175         | 7.2%    | 3,066       |
| 8.1%    | 1,340       | 4.3%    | 1,434       | 5.5%    | 847         | 3.7%    | 2,055       | 7.1%    | 125         | 5.2%    | 2,291       |
| 31.3%   | 3,996       | 12.7%   | 1,755       | 6.7%    | 2,540       | 11.1%   | 4,243       | 14.7%   | 212         | 8.7%    | 4,774       |
| 15.3%   | 4,005       | 12.7%   | 3,579       | 13.7%   | 4,307       | 18.9%   | 3,931       | 13.6%   | 234         | 9.7%    | 4,991       |
| 9.9%    | 5,071       | 16.1%   | 4,893       | 18.8%   | 3,808       | 16.7%   | 4,412       | 15.3%   | 544         | 22.4%   | 5,374       |
| 5.3%    | 2,319       | 7.4%    | 2,402       | 9.2%    | 1,373       | 6.0%    | 2,089       | 7.2%    | 241         | 9.9%    | 2,262       |
| 4.3%    | 2,352       | 7.5%    | 1,406       | 5.4%    | 793         | 3.5%    | 1,481       | 5.1%    | 240         | 9.9%    | 1,487       |
| 4.8%    | 2,412       | 7.7%    | 1,687       | 6.5%    | 879         | 3.9%    | 1,981       | 6.9%    | 234         | 9.7%    | 2,406       |
| 1.3%    | 1,565       | 5.0%    | 642         | 2.5%    | 504         | 2.2%    | 1,028       | 3.6%    | 43          | 1.8%    | 741         |
| 0.4%    | 816         | 2.6%    | 153         | 0.6%    | 176         | 0.8%    | 267         | 0.9%    | 22          | 0.9%    | 357         |
| (X)     | 42.6        | (X)     | 40.6        | (X)     | 36.0        | (X)     | 36.6        | (X)     | 47.3        | (X)     | 33.8        |
| 82.0%   | 24,537      | 78.1%   | 18,719      | 71.8%   | 15,899      | 69.7%   | 22,327      | 77.3%   | 1,981       | 81.7%   | 25,761      |
| 79.6%   | 23,542      | 74.9%   | 17,739      | 68.0%   | 15,128      | 66.3%   | 21,088      | 73.0%   | 1,860       | 76.7%   | 24,226      |
| 7.9%    | 6,137       | 19.5%   | 3,132       | 12.0%   | 1,933       | 8.5%    | 4,075       | 14.1%   | 464         | 19.1%   | 4,348       |
| 6.5%    | 4,793       | 15.2%   | 2,482       | 9.5%    | 1,559       | 6.8%    | 3,276       | 11.3%   | 299         | 12.3%   | 3,504       |
| 9,923   | 24,537      | 24,537  | 18,719      | 18,719  | 15,899      | 15,899  | 22,327      | 22,327  | 1,981       | 1,981   | 25,761      |
| 51.0%   | 11,762      | 47.9%   | 9,827       | 52.5%   | 7,683       | 48.3%   | 11,103      | 49.7%   | 1,039       | 52.4%   | 13,052      |
| 49.0%   | 12,775      | 52.1%   | 8,892       | 47.5%   | 8,216       | 51.7%   | 11,224      | 50.3%   | 942         | 47.6%   | 12,709      |
| 791     | 4,793       | 4,793   | 2,482       | 2,482   | 1,559       | 1,559   | 3,276       | 3,276   | 299         | 299     | 3,504       |
| 54.6%   | 1,941       | 40.5%   | 1,209       | 48.7%   | 616         | 39.5%   | 1,455       | 44.4%   | 167         | 55.9%   | 1,664       |
| 45.4%   | 2,852       | 59.5%   | 1,273       | 51.3%   | 943         | 60.5%   | 1,821       | 55.6%   | 132         | 44.1%   | 1,840       |
| 12,108  | 31,437      | 31,437  | 26,068      | 26,068  | 22,810      | 22,810  | 28,898      | 28,898  | 2,424       | 2,424   | 36,259      |
| 97.8%   | 30,957      | 98.5%   | 25,625      | 98.3%   | 22,582      | 99.0%   | 28,224      | 97.7%   | 2,424       | 100.0%  | 35,889      |
| 2.2%    | 480         | 1.5%    | 443         | 1.7%    | 228         | 1.0%    | 674         | 2.3%    | 0           | 0.0%    | 370         |
| 97.8%   | 30,957      | 98.5%   | 25,625      | 98.3%   | 22,582      | 99.0%   | 28,224      | 97.7%   | 2,424       | 100.0%  | 35,889      |
| 58.7%   | 28,282      | 90.0%   | 24,458      | 93.8%   | 19,696      | 86.3%   | 22,689      | 78.5%   | 2,337       | 96.4%   | 30,703      |
| 3.6%    | 433         | 1.4%    | 445         | 1.7%    | 665         | 2.9%    | 1,462       | 5.1%    | 23          | 0.9%    | 697         |
| 0.0%    | 28          | 0.1%    | 39          | 0.1%    | 63          | 0.3%    | 59          | 0.2%    | 0           | 0.0%    | 36          |
| 0.0%    | 0           | 0.0%    | 1           | 0.0%    | 0           | 0.0%    | 10          | 0.0%    | 0           | 0.0%    | 23          |
| 0.0%    | 7           | 0.0%    | 38          | 0.1%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 31.3%   | 806         | 2.6%    | 659         | 2.5%    | 1,577       | 6.9%    | 2,395       | 8.3%    | 64          | 2.6%    | 2,121       |
| 17.1%   | 334         | 1.1%    | 212         | 0.8%    | 227         | 1.0%    | 1,132       | 3.9%    | 50          | 2.1%    | 704         |
| 2.9%    | 77          | 0.2%    | 15          | 0.1%    | 95          | 0.4%    | 199         | 0.7%    | 0           | 0.0%    | 43          |
| 3.5%    | 152         | 0.5%    | 163         | 0.6%    | 623         | 2.7%    | 339         | 1.2%    | 14          | 0.6%    | 782         |
| 1.9%    | 21          | 0.1%    | 0           | 0.0%    | 0           | 0.0%    | 49          | 0.2%    | 0           | 0.0%    | 18          |
| 4.2%    | 9           | 0.0%    | 25          | 0.1%    | 100         | 0.4%    | 19          | 0.1%    | 0           | 0.0%    | 80          |
| 1.0%    | 17          | 0.1%    | 155         | 0.6%    | 47          | 0.2%    | 0           | 0.0%    | 0           | 0.0%    | 291         |
| 0.7%    | 196         | 0.6%    | 89          | 0.3%    | 485         | 2.1%    | 657         | 2.3%    | 0           | 0.0%    | 203         |
| 0.1%    | 14          | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 14          | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

|        |        |        |        |        |        |        |        |        |       |       |        |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|--------|
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      |
| 0.1%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      |
| 4.1%   | 1,394  | 4.4%   | 24     | 0.1%   | 581    | 2.5%   | 1,619  | 5.6%   | 0     | 0.0%  | 2,332  |
| 2.2%   | 480    | 1.5%   | 443    | 1.7%   | 228    | 1.0%   | 674    | 2.3%   | 0     | 0.0%  | 370    |
| 0.4%   | 229    | 0.7%   | 29     | 0.1%   | 0      | 0.0%   | 210    | 0.7%   | 0     | 0.0%  | 44     |
| 0.0%   | 92     | 0.3%   | 64     | 0.2%   | 37     | 0.2%   | 199    | 0.7%   | 0     | 0.0%  | 69     |
| 1.3%   | 49     | 0.2%   | 335    | 1.3%   | 124    | 0.5%   | 88     | 0.3%   | 0     | 0.0%  | 195    |
| 0.0%   | 0      | 0.0%   | 5      | 0.0%   | 0      | 0.0%   | 31     | 0.1%   | 0     | 0.0%  | 0      |
|        |        |        |        |        |        |        |        |        |       |       |        |
|        |        |        |        |        |        |        |        |        |       |       |        |
| 12,108 | 31,437 | 31,437 | 26,068 | 26,068 | 22,810 | 22,810 | 28,898 | 28,898 | 2,424 | 2,424 | 36,259 |
| 60.4%  | 28,728 | 91.4%  | 24,896 | 95.5%  | 19,872 | 87.1%  | 23,246 | 80.4%  | 2,337 | 96.4% | 31,069 |
| 4.1%   | 696    | 2.2%   | 489    | 1.9%   | 717    | 3.1%   | 1,745  | 6.0%   | 23    | 0.9%  | 741    |
| 0.0%   | 120    | 0.4%   | 108    | 0.4%   | 100    | 0.4%   | 308    | 1.1%   | 0     | 0.0%  | 109    |
| 33.0%  | 855    | 2.7%   | 994    | 3.8%   | 1,701  | 7.5%   | 2,569  | 8.9%   | 64    | 2.6%  | 2,316  |
| 0.1%   | 48     | 0.2%   | 0      | 0.0%   | 0      | 0.0%   | 7      | 0.0%   | 0     | 0.0%  | 0      |
| 4.6%   | 1,470  | 4.7%   | 34     | 0.1%   | 648    | 2.8%   | 1,712  | 5.9%   | 0     | 0.0%  | 2,394  |
|        |        |        |        |        |        |        |        |        |       |       |        |
|        |        |        |        |        |        |        |        |        |       |       |        |
| 12,108 | 31,437 | 31,437 | 26,068 | 26,068 | 22,810 | 22,810 | 28,898 | 28,898 | 2,424 | 2,424 | 36,259 |
| 8.7%   | 3,174  | 10.1%  | 1,243  | 4.8%   | 3,014  | 13.2%  | 6,502  | 22.5%  | 13    | 0.5%  | 16,617 |
| 6.0%   | 2,814  | 9.0%   | 1,004  | 3.9%   | 2,468  | 10.8%  | 5,288  | 18.3%  | 13    | 0.5%  | 15,488 |
| 1.7%   | 176    | 0.6%   | 87     | 0.3%   | 389    | 1.7%   | 500    | 1.7%   | 0     | 0.0%  | 273    |
| 0.0%   | 71     | 0.2%   | 34     | 0.1%   | 22     | 0.1%   | 211    | 0.7%   | 0     | 0.0%  | 227    |
| 1.0%   | 113    | 0.4%   | 118    | 0.5%   | 135    | 0.6%   | 503    | 1.7%   | 0     | 0.0%  | 629    |
| 91.3%  | 28,263 | 89.9%  | 24,825 | 95.2%  | 19,796 | 86.8%  | 22,396 | 77.5%  | 2,411 | 99.5% | 19,642 |
| 54.2%  | 26,740 | 85.1%  | 23,344 | 89.6%  | 17,440 | 76.5%  | 18,160 | 62.8%  | 2,330 | 96.1% | 16,556 |
| 3.6%   | 410    | 1.3%   | 396    | 1.5%   | 544    | 2.4%   | 1,419  | 4.9%   | 17    | 0.7%  | 669    |
| 0.0%   | 28     | 0.1%   | 1      | 0.0%   | 0      | 0.0%   | 27     | 0.1%   | 0     | 0.0%  | 23     |
| 31.3%  | 806    | 2.6%   | 641    | 2.5%   | 1,577  | 6.9%   | 2,376  | 8.2%   | 64    | 2.6%  | 2,121  |
| 0.1%   | 14     | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 74     | 0.3%   | 23     | 0.1%   | 0     | 0.0%  | 157    |
| 2.0%   | 265    | 0.8%   | 443    | 1.7%   | 161    | 0.7%   | 391    | 1.4%   | 0     | 0.0%  | 116    |
| 0.3%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 48     | 0.2%   | 0     | 0.0%  | 0      |
| 1.7%   | 265    | 0.8%   | 443    | 1.7%   | 161    | 0.7%   | 343    | 1.2%   | 0     | 0.0%  | 116    |
|        |        |        |        |        |        |        |        |        |       |       |        |
| (X)    | 12,884 | (X)    | 8,331  | (X)    | 7,745  | (X)    | 11,055 | (X)    | 898   | (X)   | 11,207 |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

| 185     | ZCTA5 60187 |         | ZCTA5 60188 |         | ZCTA5 60190 |         | ZCTA5 60191 |         | ZCTA5 60192 |         | ZCTA5 60193 |
|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|
| Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    |
| 36,259  | 28,544      | 28,544  | 42,614      | 42,614  | 10,614      | 10,614  | 14,389      | 14,389  | 16,637      | 16,637  | 40,210      |
| 51.3%   | 14,096      | 49.4%   | 20,976      | 49.2%   | 5,399       | 50.9%   | 7,290       | 50.7%   | 8,143       | 48.9%   | 19,080      |
| 48.7%   | 14,448      | 50.6%   | 21,638      | 50.8%   | 5,215       | 49.1%   | 7,099       | 49.3%   | 8,494       | 51.1%   | 21,130      |
| 7.0%    | 1,482       | 5.2%    | 2,066       | 4.8%    | 587         | 5.5%    | 947         | 6.6%    | 958         | 5.8%    | 2,627       |
| 8.1%    | 1,712       | 6.0%    | 2,493       | 5.9%    | 457         | 4.3%    | 906         | 6.3%    | 1,214       | 7.3%    | 2,294       |
| 8.4%    | 1,974       | 6.9%    | 3,006       | 7.1%    | 693         | 6.5%    | 818         | 5.7%    | 1,218       | 7.3%    | 1,995       |
| 8.5%    | 2,906       | 10.2%   | 3,543       | 8.3%    | 701         | 6.6%    | 847         | 5.9%    | 1,104       | 6.6%    | 2,029       |
| 6.3%    | 2,543       | 8.9%    | 3,103       | 7.3%    | 421         | 4.0%    | 717         | 5.0%    | 793         | 4.8%    | 1,965       |
| 13.2%   | 3,323       | 11.6%   | 5,889       | 13.8%   | 1,227       | 11.6%   | 1,710       | 11.9%   | 1,499       | 9.0%    | 5,989       |
| 13.8%   | 3,149       | 11.0%   | 5,106       | 12.0%   | 1,372       | 12.9%   | 2,083       | 14.5%   | 2,556       | 15.4%   | 5,428       |
| 14.8%   | 4,495       | 15.7%   | 7,895       | 18.5%   | 1,754       | 16.5%   | 2,203       | 15.3%   | 2,927       | 17.6%   | 6,045       |
| 6.2%    | 1,699       | 6.0%    | 3,066       | 7.2%    | 858         | 8.1%    | 833         | 5.8%    | 1,466       | 8.8%    | 3,320       |
| 4.1%    | 1,336       | 4.7%    | 2,447       | 5.7%    | 966         | 9.1%    | 838         | 5.8%    | 1,278       | 7.7%    | 2,742       |
| 6.6%    | 1,789       | 6.3%    | 2,103       | 4.9%    | 980         | 9.2%    | 1,488       | 10.3%   | 1,049       | 6.3%    | 3,244       |
| 2.0%    | 1,306       | 4.6%    | 1,063       | 2.5%    | 437         | 4.1%    | 776         | 5.4%    | 425         | 2.6%    | 1,872       |
| 1.0%    | 830         | 2.9%    | 834         | 2.0%    | 161         | 1.5%    | 223         | 1.5%    | 150         | 0.9%    | 660         |
| (X)     | 36.0        | (X)     | 37.9        | (X)     | 43.9        | (X)     | 40.5        | (X)     | 41.3        | (X)     | 41.2        |
| 71.0%   | 22,058      | 77.3%   | 32,983      | 77.4%   | 8,428       | 79.4%   | 11,241      | 78.1%   | 12,456      | 74.9%   | 32,081      |
| 66.8%   | 19,635      | 68.8%   | 30,912      | 72.5%   | 8,120       | 76.5%   | 10,732      | 74.6%   | 11,900      | 71.5%   | 30,909      |
| 12.0%   | 4,809       | 16.8%   | 5,378       | 12.6%   | 2,162       | 20.4%   | 2,965       | 20.6%   | 2,449       | 14.7%   | 7,119       |
| 9.7%    | 3,925       | 13.8%   | 4,000       | 9.4%    | 1,578       | 14.9%   | 2,487       | 17.3%   | 1,624       | 9.8%    | 5,776       |
| 25,761  | 22,058      | 22,058  | 32,983      | 32,983  | 8,428       | 8,428   | 11,241      | 11,241  | 12,456      | 12,456  | 32,081      |
| 50.7%   | 10,657      | 48.3%   | 16,178      | 49.0%   | 3,987       | 47.3%   | 5,577       | 49.6%   | 6,053       | 48.6%   | 14,748      |
| 49.3%   | 11,401      | 51.7%   | 16,805      | 51.0%   | 4,441       | 52.7%   | 5,664       | 50.4%   | 6,403       | 51.4%   | 17,333      |
| 3,504   | 3,925       | 3,925   | 4,000       | 4,000   | 1,578       | 1,578   | 2,487       | 2,487   | 1,624       | 1,624   | 5,776       |
| 47.5%   | 1,625       | 41.4%   | 1,739       | 43.5%   | 664         | 42.1%   | 1,114       | 44.8%   | 750         | 46.2%   | 2,093       |
| 52.5%   | 2,300       | 58.6%   | 2,261       | 56.5%   | 914         | 57.9%   | 1,373       | 55.2%   | 874         | 53.8%   | 3,683       |
| 36,259  | 28,544      | 28,544  | 42,614      | 42,614  | 10,614      | 10,614  | 14,389      | 14,389  | 16,637      | 16,637  | 40,210      |
| 99.0%   | 27,787      | 97.3%   | 41,928      | 98.4%   | 10,357      | 97.6%   | 14,026      | 97.5%   | 16,194      | 97.3%   | 39,338      |
| 1.0%    | 757         | 2.7%    | 686         | 1.6%    | 257         | 2.4%    | 363         | 2.5%    | 443         | 2.7%    | 872         |
| 99.0%   | 27,787      | 97.3%   | 41,928      | 98.4%   | 10,357      | 97.6%   | 14,026      | 97.5%   | 16,194      | 97.3%   | 39,338      |
| 84.7%   | 24,947      | 87.4%   | 31,744      | 74.5%   | 9,825       | 92.6%   | 12,694      | 88.2%   | 11,322      | 68.1%   | 31,052      |
| 1.9%    | 1,015       | 3.6%    | 2,155       | 5.1%    | 203         | 1.9%    | 177         | 1.2%    | 165         | 1.0%    | 1,236       |
| 0.1%    | 4           | 0.0%    | 106         | 0.2%    | 0           | 0.0%    | 18          | 0.1%    | 0           | 0.0%    | 21          |
| 0.1%    | 0           | 0.0%    | 12          | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 7           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 4           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 5.8%    | 1,692       | 5.9%    | 6,782       | 15.9%   | 281         | 2.6%    | 704         | 4.9%    | 4,707       | 28.3%   | 6,194       |
| 1.9%    | 131         | 0.5%    | 3,751       | 8.8%    | 53          | 0.5%    | 237         | 1.6%    | 2,218       | 13.3%   | 2,519       |
| 0.1%    | 218         | 0.8%    | 331         | 0.8%    | 8           | 0.1%    | 90          | 0.6%    | 738         | 4.4%    | 732         |
| 2.2%    | 158         | 0.6%    | 931         | 2.2%    | 48          | 0.5%    | 309         | 2.1%    | 472         | 2.8%    | 860         |
| 0.0%    | 31          | 0.1%    | 126         | 0.3%    | 0           | 0.0%    | 20          | 0.1%    | 374         | 2.2%    | 560         |
| 0.2%    | 133         | 0.5%    | 266         | 0.6%    | 17          | 0.2%    | 0           | 0.0%    | 721         | 4.3%    | 1,256       |
| 0.8%    | 89          | 0.3%    | 360         | 0.8%    | 39          | 0.4%    | 17          | 0.1%    | 105         | 0.6%    | 91          |
| 0.6%    | 932         | 3.3%    | 1,017       | 2.4%    | 116         | 1.1%    | 31          | 0.2%    | 79          | 0.5%    | 176         |
| 0.0%    | 0           | 0.0%    | 10          | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

|        |        |        |        |        |        |        |        |        |        |        |        |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 0.0%   | 0      | 0.0%   | 10     | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 6.4%   | 129    | 0.5%   | 1,131  | 2.7%   | 48     | 0.5%   | 433    | 3.0%   | 0      | 0.0%   | 835    |
| 1.0%   | 757    | 2.7%   | 686    | 1.6%   | 257    | 2.4%   | 363    | 2.5%   | 443    | 2.7%   | 872    |
| 0.1%   | 123    | 0.4%   | 128    | 0.3%   | 40     | 0.4%   | 181    | 1.3%   | 63     | 0.4%   | 154    |
| 0.2%   | 182    | 0.6%   | 31     | 0.1%   | 13     | 0.1%   | 47     | 0.3%   | 138    | 0.8%   | 146    |
| 0.5%   | 355    | 1.2%   | 194    | 0.5%   | 120    | 1.1%   | 24     | 0.2%   | 99     | 0.6%   | 254    |
| 0.0%   | 0      | 0.0%   | 32     | 0.1%   | 34     | 0.3%   | 9      | 0.1%   | 23     | 0.1%   | 22     |
|        |        |        |        |        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |        |        |        |        |
| 36,259 | 28,544 | 28,544 | 42,614 | 42,614 | 10,614 | 10,614 | 14,389 | 14,389 | 16,637 | 16,637 | 40,210 |
| 85.7%  | 25,680 | 90.0%  | 32,295 | 75.8%  | 10,048 | 94.7%  | 13,048 | 90.7%  | 11,628 | 69.9%  | 31,778 |
| 2.0%   | 1,170  | 4.1%   | 2,382  | 5.6%   | 277    | 2.6%   | 375    | 2.6%   | 348    | 2.1%   | 1,492  |
| 0.3%   | 205    | 0.7%   | 177    | 0.4%   | 64     | 0.6%   | 82     | 0.6%   | 161    | 1.0%   | 286    |
| 6.4%   | 2,071  | 7.3%   | 7,134  | 16.7%  | 418    | 3.9%   | 728    | 5.1%   | 4,926  | 29.6%  | 6,592  |
| 0.0%   | 11     | 0.0%   | 36     | 0.1%   | 0      | 0.0%   | 0      | 0.0%   | 13     | 0.1%   | 53     |
| 6.6%   | 183    | 0.6%   | 1,358  | 3.2%   | 81     | 0.8%   | 527    | 3.7%   | 10     | 0.1%   | 972    |
|        |        |        |        |        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |        |        |        |        |
| 36,259 | 28,544 | 28,544 | 42,614 | 42,614 | 10,614 | 10,614 | 14,389 | 14,389 | 16,637 | 16,637 | 40,210 |
| 45.8%  | 1,172  | 4.1%   | 5,538  | 13.0%  | 571    | 5.4%   | 3,225  | 22.4%  | 681    | 4.1%   | 3,136  |
| 42.7%  | 741    | 2.6%   | 4,227  | 9.9%   | 415    | 3.9%   | 2,731  | 19.0%  | 529    | 3.2%   | 1,421  |
| 0.8%   | 67     | 0.2%   | 372    | 0.9%   | 68     | 0.6%   | 230    | 1.6%   | 46     | 0.3%   | 608    |
| 0.6%   | 111    | 0.4%   | 161    | 0.4%   | 11     | 0.1%   | 63     | 0.4%   | 0      | 0.0%   | 17     |
| 1.7%   | 253    | 0.9%   | 778    | 1.8%   | 77     | 0.7%   | 201    | 1.4%   | 106    | 0.6%   | 1,090  |
| 54.2%  | 27,372 | 95.9%  | 37,076 | 87.0%  | 10,043 | 94.6%  | 11,164 | 77.6%  | 15,956 | 95.9%  | 37,074 |
| 45.7%  | 23,963 | 84.0%  | 27,679 | 65.0%  | 9,335  | 87.9%  | 10,260 | 71.3%  | 10,641 | 64.0%  | 28,870 |
| 1.8%   | 1,014  | 3.6%   | 2,131  | 5.0%   | 203    | 1.9%   | 150    | 1.0%   | 165    | 1.0%   | 1,203  |
| 0.1%   | 0      | 0.0%   | 34     | 0.1%   | 0      | 0.0%   | 18     | 0.1%   | 0      | 0.0%   | 8      |
| 5.8%   | 1,684  | 5.9%   | 6,747  | 15.8%  | 281    | 2.6%   | 634    | 4.4%   | 4,707  | 28.3%  | 6,168  |
| 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.4%   | 16     | 0.1%   | 12     | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 133    |
| 0.3%   | 695    | 2.4%   | 473    | 1.1%   | 224    | 2.1%   | 102    | 0.7%   | 443    | 2.7%   | 692    |
| 0.0%   | 26     | 0.1%   | 19     | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 10     | 0.1%   | 62     |
| 0.3%   | 669    | 2.3%   | 454    | 1.1%   | 224    | 2.1%   | 102    | 0.7%   | 433    | 2.6%   | 630    |
|        |        |        |        |        |        |        |        |        |        |        |        |
| (X)    | 9,797  | (X)    | 16,213 | (X)    | 4,150  | (X)    | 5,530  | (X)    | 5,629  | (X)    | 16,271 |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

| 193     | ZCTA5 60194 |         | ZCTA5 60195 |         | ZCTA5 60502 |         | ZCTA5 60504 |         | ZCTA5 60510 |         | ZCTA5 60511 |
|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|
| Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    | Percent | Estimate    |
| 40,210  | 19,596      | 19,596  | 4,294       | 4,294   | 23,099      | 23,099  | 37,173      | 37,173  | 29,115      | 29,115  | 13,533      |
| 47.5%   | 9,206       | 47.0%   | 2,201       | 51.3%   | 11,126      | 48.2%   | 18,151      | 48.8%   | 13,933      | 47.9%   | 6,924       |
| 52.5%   | 10,390      | 53.0%   | 2,093       | 48.7%   | 11,973      | 51.8%   | 19,022      | 51.2%   | 15,182      | 52.1%   | 6,609       |
| 6.5%    | 1,560       | 8.0%    | 254         | 5.9%    | 1,837       | 8.0%    | 2,693       | 7.2%    | 1,541       | 5.3%    | 818         |
| 5.7%    | 1,157       | 5.9%    | 172         | 4.0%    | 2,004       | 8.7%    | 3,438       | 9.2%    | 2,424       | 8.3%    | 768         |
| 5.0%    | 1,115       | 5.7%    | 112         | 2.6%    | 2,042       | 8.8%    | 2,456       | 6.6%    | 2,250       | 7.7%    | 742         |
| 5.0%    | 827         | 4.2%    | 124         | 2.9%    | 1,069       | 4.6%    | 2,879       | 7.7%    | 2,207       | 7.6%    | 1,010       |
| 4.9%    | 998         | 5.1%    | 338         | 7.9%    | 1,079       | 4.7%    | 2,336       | 6.3%    | 1,468       | 5.0%    | 911         |
| 14.9%   | 3,360       | 17.1%   | 1,690       | 39.4%   | 3,391       | 14.7%   | 6,429       | 17.3%   | 2,788       | 9.6%    | 1,873       |
| 13.5%   | 2,694       | 13.7%   | 505         | 11.8%   | 4,262       | 18.5%   | 6,622       | 17.8%   | 3,561       | 12.2%   | 2,169       |
| 15.0%   | 2,646       | 13.5%   | 294         | 6.8%    | 3,674       | 15.9%   | 5,242       | 14.1%   | 5,222       | 17.9%   | 2,202       |
| 8.3%    | 1,434       | 7.3%    | 342         | 8.0%    | 1,005       | 4.4%    | 1,935       | 5.2%    | 2,349       | 8.1%    | 1,147       |
| 6.8%    | 1,081       | 5.5%    | 153         | 3.6%    | 860         | 3.7%    | 1,113       | 3.0%    | 1,718       | 5.9%    | 620         |
| 8.1%    | 1,411       | 7.2%    | 114         | 2.7%    | 1,480       | 6.4%    | 1,363       | 3.7%    | 1,873       | 6.4%    | 781         |
| 4.7%    | 624         | 3.2%    | 158         | 3.7%    | 330         | 1.4%    | 406         | 1.1%    | 1,085       | 3.7%    | 373         |
| 1.6%    | 689         | 3.5%    | 38          | 0.9%    | 66          | 0.3%    | 261         | 0.7%    | 629         | 2.2%    | 119         |
| (X)     | 37.9        | (X)     | 30.7        | (X)     | 35.6        | (X)     | 32.7        | (X)     | 41.0        | (X)     | 38.0        |
| 79.8%   | 15,086      | 77.0%   | 3,714       | 86.5%   | 16,391      | 71.0%   | 26,823      | 72.2%   | 21,467      | 73.7%   | 10,585      |
| 76.9%   | 14,822      | 75.6%   | 3,553       | 82.7%   | 15,900      | 68.8%   | 25,285      | 68.0%   | 20,304      | 69.7%   | 9,976       |
| 17.7%   | 3,326       | 17.0%   | 357         | 8.3%    | 2,264       | 9.8%    | 2,592       | 7.0%    | 4,529       | 15.6%   | 1,635       |
| 14.4%   | 2,724       | 13.9%   | 310         | 7.2%    | 1,876       | 8.1%    | 2,030       | 5.5%    | 3,587       | 12.3%   | 1,273       |
| 32,081  | 15,086      | 15,086  | 3,714       | 3,714   | 16,391      | 16,391  | 26,823      | 26,823  | 21,467      | 21,467  | 10,585      |
| 46.0%   | 6,814       | 45.2%   | 1,937       | 52.2%   | 7,750       | 47.3%   | 13,442      | 50.1%   | 9,964       | 46.4%   | 5,434       |
| 54.0%   | 8,272       | 54.8%   | 1,777       | 47.8%   | 8,641       | 52.7%   | 13,381      | 49.9%   | 11,503      | 53.6%   | 5,151       |
| 5,776   | 2,724       | 2,724   | 310         | 310     | 1,876       | 1,876   | 2,030       | 2,030   | 3,587       | 3,587   | 1,273       |
| 36.2%   | 1,047       | 38.4%   | 104         | 33.5%   | 907         | 48.3%   | 893         | 44.0%   | 1,487       | 41.5%   | 543         |
| 63.8%   | 1,677       | 61.6%   | 206         | 66.5%   | 969         | 51.7%   | 1,137       | 56.0%   | 2,100       | 58.5%   | 730         |
| 40,210  | 19,596      | 19,596  | 4,294       | 4,294   | 23,099      | 23,099  | 37,173      | 37,173  | 29,115      | 29,115  | 13,533      |
| 97.8%   | 19,166      | 97.8%   | 4,239       | 98.7%   | 22,221      | 96.2%   | 35,753      | 96.2%   | 28,464      | 97.8%   | 13,027      |
| 2.2%    | 430         | 2.2%    | 55          | 1.3%    | 878         | 3.8%    | 1,420       | 3.8%    | 651         | 2.2%    | 506         |
| 97.8%   | 19,166      | 97.8%   | 4,239       | 98.7%   | 22,221      | 96.2%   | 35,753      | 96.2%   | 28,464      | 97.8%   | 13,027      |
| 77.2%   | 13,272      | 67.7%   | 2,280       | 53.1%   | 15,852      | 68.6%   | 23,889      | 64.3%   | 26,795      | 92.0%   | 11,591      |
| 3.1%    | 774         | 3.9%    | 182         | 4.2%    | 1,875       | 8.1%    | 4,660       | 12.5%   | 568         | 2.0%    | 448         |
| 0.1%    | 11          | 0.1%    | 7           | 0.2%    | 29          | 0.1%    | 64          | 0.2%    | 34          | 0.1%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           |
| 15.4%   | 3,559       | 18.2%   | 1,633       | 38.0%   | 4,328       | 18.7%   | 4,736       | 12.7%   | 502         | 1.7%    | 545         |
| 6.3%    | 1,948       | 9.9%    | 1,196       | 27.9%   | 2,476       | 10.7%   | 2,556       | 6.9%    | 66          | 0.2%    | 154         |
| 1.8%    | 162         | 0.8%    | 80          | 1.9%    | 425         | 1.8%    | 483         | 1.3%    | 118         | 0.4%    | 82          |
| 2.1%    | 488         | 2.5%    | 0           | 0.0%    | 638         | 2.8%    | 870         | 2.3%    | 16          | 0.1%    | 75          |
| 1.4%    | 137         | 0.7%    | 18          | 0.4%    | 83          | 0.4%    | 22          | 0.1%    | 16          | 0.1%    | 16          |
| 3.1%    | 560         | 2.9%    | 284         | 6.6%    | 135         | 0.6%    | 251         | 0.7%    | 108         | 0.4%    | 71          |
| 0.2%    | 0           | 0.0%    | 0           | 0.0%    | 278         | 1.2%    | 46          | 0.1%    | 0           | 0.0%    | 62          |
| 0.4%    | 264         | 1.3%    | 55          | 1.3%    | 293         | 1.3%    | 508         | 1.4%    | 178         | 0.6%    | 85          |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 30          | 0.1%    | 0           | 0.0%    | 14          |
| 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 0           | 0.0%    | 30          | 0.1%    | 0           | 0.0%    | 14          |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

|        |        |        |       |       |        |        |        |        |        |        |        |
|--------|--------|--------|-------|-------|--------|--------|--------|--------|--------|--------|--------|
| 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      | 0.0%   | 0      | 0.0%   | 0      | 0.0%   | 0      |
| 2.1%   | 1,550  | 7.9%   | 137   | 3.2%  | 137    | 0.6%   | 2,374  | 6.4%   | 565    | 1.9%   | 429    |
| 2.2%   | 430    | 2.2%   | 55    | 1.3%  | 878    | 3.8%   | 1,420  | 3.8%   | 651    | 2.2%   | 506    |
| 0.4%   | 99     | 0.5%   | 0     | 0.0%  | 174    | 0.8%   | 342    | 0.9%   | 133    | 0.5%   | 110    |
| 0.4%   | 47     | 0.2%   | 0     | 0.0%  | 31     | 0.1%   | 283    | 0.8%   | 198    | 0.7%   | 30     |
| 0.6%   | 198    | 1.0%   | 26    | 0.6%  | 347    | 1.5%   | 293    | 0.8%   | 192    | 0.7%   | 236    |
| 0.1%   | 0      | 0.0%   | 0     | 0.0%  | 95     | 0.4%   | 146    | 0.4%   | 0      | 0.0%   | 23     |
|        |        |        |       |       |        |        |        |        |        |        |        |
|        |        |        |       |       |        |        |        |        |        |        |        |
| 40,210 | 19,596 | 19,596 | 4,294 | 4,294 | 23,099 | 23,099 | 37,173 | 37,173 | 29,115 | 29,115 | 13,533 |
| 79.0%  | 13,650 | 69.7%  | 2,313 | 53.9% | 16,569 | 71.7%  | 25,007 | 67.3%  | 27,349 | 93.9%  | 12,014 |
| 3.7%   | 904    | 4.6%   | 182   | 4.2%  | 2,305  | 10.0%  | 5,357  | 14.4%  | 799    | 2.7%   | 663    |
| 0.7%   | 99     | 0.5%   | 7     | 0.2%  | 283    | 1.2%   | 620    | 1.7%   | 232    | 0.8%   | 112    |
| 16.4%  | 3,809  | 19.4%  | 1,681 | 39.1% | 4,784  | 20.7%  | 5,202  | 14.0%  | 761    | 2.6%   | 781    |
| 0.1%   | 0      | 0.0%   | 0     | 0.0%  | 0      | 0.0%   | 30     | 0.1%   | 0      | 0.0%   | 24     |
| 2.4%   | 1,595  | 8.1%   | 166   | 3.9%  | 207    | 0.9%   | 2,513  | 6.8%   | 656    | 2.3%   | 504    |
|        |        |        |       |       |        |        |        |        |        |        |        |
|        |        |        |       |       |        |        |        |        |        |        |        |
| 40,210 | 19,596 | 19,596 | 4,294 | 4,294 | 23,099 | 23,099 | 37,173 | 37,173 | 29,115 | 29,115 | 13,533 |
| 7.8%   | 2,867  | 14.6%  | 120   | 2.8%  | 1,668  | 7.2%   | 7,960  | 21.4%  | 1,887  | 6.5%   | 2,354  |
| 3.5%   | 2,009  | 10.3%  | 104   | 2.4%  | 1,404  | 6.1%   | 6,303  | 17.0%  | 1,472  | 5.1%   | 2,195  |
| 1.5%   | 416    | 2.1%   | 0     | 0.0%  | 232    | 1.0%   | 774    | 2.1%   | 147    | 0.5%   | 112    |
| 0.0%   | 12     | 0.1%   | 0     | 0.0%  | 0      | 0.0%   | 69     | 0.2%   | 15     | 0.1%   | 0      |
| 2.7%   | 430    | 2.2%   | 16    | 0.4%  | 32     | 0.1%   | 814    | 2.2%   | 253    | 0.9%   | 47     |
| 92.2%  | 16,729 | 85.4%  | 4,174 | 97.2% | 21,431 | 92.8%  | 29,213 | 78.6%  | 27,228 | 93.5%  | 11,179 |
| 71.8%  | 11,950 | 61.0%  | 2,208 | 51.4% | 14,402 | 62.3%  | 19,045 | 51.2%  | 25,741 | 88.4%  | 9,681  |
| 3.0%   | 762    | 3.9%   | 182   | 4.2%  | 1,865  | 8.1%   | 4,571  | 12.3%  | 467    | 1.6%   | 448    |
| 0.0%   | 11     | 0.1%   | 7     | 0.2%  | 16     | 0.1%   | 0      | 0.0%   | 20     | 0.1%   | 0      |
| 15.3%  | 3,530  | 18.0%  | 1,633 | 38.0% | 4,328  | 18.7%  | 4,705  | 12.7%  | 502    | 1.7%   | 545    |
| 0.0%   | 0      | 0.0%   | 0     | 0.0%  | 0      | 0.0%   | 30     | 0.1%   | 0      | 0.0%   | 14     |
| 0.3%   | 62     | 0.3%   | 118   | 2.7%  | 40     | 0.2%   | 8      | 0.0%   | 0      | 0.0%   | 0      |
| 1.7%   | 414    | 2.1%   | 26    | 0.6%  | 780    | 3.4%   | 854    | 2.3%   | 498    | 1.7%   | 491    |
| 0.2%   | 42     | 0.2%   | 0     | 0.0%  | 28     | 0.1%   | 32     | 0.1%   | 15     | 0.1%   | 23     |
| 1.6%   | 372    | 1.9%   | 26    | 0.6%  | 752    | 3.3%   | 822    | 2.2%   | 483    | 1.7%   | 468    |
|        |        |        |       |       |        |        |        |        |        |        |        |
| (X)    | 7,992  | (X)    | 2,375 | (X)   | 8,177  | (X)    | 14,257 | (X)    | 11,089 | (X)    | 5,372  |

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

|         |             |         |
|---------|-------------|---------|
| 555     | ZCTA5 60563 |         |
| Percent | Estimate    | Percent |
|         |             |         |
| 13,533  | 36,554      | 36,554  |
| 51.2%   | 17,967      | 49.2%   |
| 48.8%   | 18,587      | 50.8%   |
|         |             |         |
| 6.0%    | 2,494       | 6.8%    |
| 5.7%    | 2,121       | 5.8%    |
| 5.5%    | 2,464       | 6.7%    |
| 7.5%    | 2,386       | 6.5%    |
| 6.7%    | 1,783       | 4.9%    |
| 13.8%   | 6,598       | 18.1%   |
| 16.0%   | 5,081       | 13.9%   |
| 16.3%   | 5,017       | 13.7%   |
| 8.5%    | 1,780       | 4.9%    |
| 4.6%    | 1,864       | 5.1%    |
| 5.8%    | 2,210       | 6.0%    |
| 2.8%    | 1,525       | 4.2%    |
| 0.9%    | 1,231       | 3.4%    |
|         |             |         |
| (X)     | 36.0        | (X)     |
|         |             |         |
| 78.2%   | 27,855      | 76.2%   |
| 73.7%   | 26,734      | 73.1%   |
| 12.1%   | 5,996       | 16.4%   |
| 9.4%    | 4,966       | 13.6%   |
|         |             |         |
| 10,585  | 27,855      | 27,855  |
| 51.3%   | 13,504      | 48.5%   |
| 48.7%   | 14,351      | 51.5%   |
|         |             |         |
| 1,273   | 4,966       | 4,966   |
| 42.7%   | 2,037       | 41.0%   |
| 57.3%   | 2,929       | 59.0%   |
|         |             |         |
|         |             |         |
| 13,533  | 36,554      | 36,554  |
| 96.3%   | 35,414      | 96.9%   |
| 3.7%    | 1,140       | 3.1%    |
|         |             |         |
| 96.3%   | 35,414      | 96.9%   |
| 85.6%   | 27,271      | 74.6%   |
| 3.3%    | 1,968       | 5.4%    |
| 0.0%    | 21          | 0.1%    |
| 0.0%    | 1           | 0.0%    |
| 0.0%    | 0           | 0.0%    |
| 0.0%    | 6           | 0.0%    |
| 0.0%    | 0           | 0.0%    |
| 4.0%    | 5,364       | 14.7%   |
| 1.1%    | 2,952       | 8.1%    |
| 0.6%    | 1,454       | 4.0%    |
| 0.6%    | 284         | 0.8%    |
| 0.1%    | 96          | 0.3%    |
| 0.5%    | 179         | 0.5%    |
| 0.5%    | 102         | 0.3%    |
| 0.6%    | 297         | 0.8%    |
| 0.1%    | 0           | 0.0%    |
| 0.1%    | 0           | 0.0%    |

1,306,075.00

Alden Estates of Bartlett  
Census Data for 30-min Zip Codes

|        |        |        |
|--------|--------|--------|
| 0.0%   | 0      | 0.0%   |
| 0.0%   | 0      | 0.0%   |
| 0.0%   | 0      | 0.0%   |
| 3.2%   | 790    | 2.2%   |
| 3.7%   | 1,140  | 3.1%   |
| 0.8%   | 142    | 0.4%   |
| 0.2%   | 55     | 0.2%   |
| 1.7%   | 314    | 0.9%   |
| 0.2%   | 270    | 0.7%   |
|        |        |        |
|        |        |        |
| 13,533 | 36,554 | 36,554 |
| 88.8%  | 27,918 | 76.4%  |
| 4.9%   | 2,469  | 6.8%   |
| 0.8%   | 523    | 1.4%   |
| 5.8%   | 5,864  | 16.0%  |
| 0.2%   | 0      | 0.0%   |
| 3.7%   | 1,060  | 2.9%   |
|        |        |        |
|        |        |        |
| 13,533 | 36,554 | 36,554 |
| 17.4%  | 3,497  | 9.6%   |
| 16.2%  | 2,630  | 7.2%   |
| 0.8%   | 167    | 0.5%   |
| 0.0%   | 200    | 0.5%   |
| 0.3%   | 500    | 1.4%   |
| 82.6%  | 33,057 | 90.4%  |
| 71.5%  | 24,448 | 66.9%  |
| 3.3%   | 1,968  | 5.4%   |
| 0.0%   | 20     | 0.1%   |
| 4.0%   | 5,364  | 14.7%  |
| 0.1%   | 0      | 0.0%   |
| 0.0%   | 291    | 0.8%   |
| 3.6%   | 966    | 2.6%   |
| 0.2%   | 142    | 0.4%   |
| 3.5%   | 824    | 2.3%   |
|        |        |        |
| (X)    | 16,086 | (X)    |



Alden Estates of Bartlett  
30-Minute Adjusted Drive Time Facilities

|                              |                                              |                                  |                 | 2014 PROFILE DATA          |                |                      |
|------------------------------|----------------------------------------------|----------------------------------|-----------------|----------------------------|----------------|----------------------|
| FACID                        | FACNAME                                      | ADDRESS                          | CITY            | # of Licensed Nursing Beds | Drive Distance | Adjusted Travel Time |
|                              | Assisi Healthcare Center at Clare Oaks (1)   | 775 W Bartlett Rd                | Bartlett        | 120                        | 2.4            | 5.75                 |
| 6001713                      | Wood Glen Nursing & Rehab Ctr (2)            | County Farm Rd & SR-64           | West Chicago    | 213                        | 4.3            | 8.05                 |
| 6012975                      | Lexington Of Streamwood                      | 815 East Irving Park Road        | Streamwood      | 214                        | 5.7            | 11.5                 |
| 6016554                      | Claremont-Hanover Park (3)                   | 2016 West Lake Street            | Hanover Park    | 150                        | 5              | 11.5                 |
| 6008718                      | South Elgin Rehab & Hlthcare Ct              | 746 Spring Street                | South Elgin     | 90                         | 6.2            | 12.65                |
| 6003263                      | Tower Hill Healthcare Center                 | 759 Kane Street                  | South Elgin     | 206                        | 6.4            | 12.65                |
| 6014666                      | Rosewood Care Ctr St. Charles                | 850 Dunham Road                  | St. Charles     | 109                        | 7.5            | 12.65                |
| 6006902                      | Heritage Health - Elgin                      | 355 Raymond Street               | Elgin           | 94                         | 7.2            | 14.95                |
| 6007439                      | Provena Pine View Care Center (4)            | 611 Allen Lane                   | St. Charles     | 120                        | 9.1            | 16.1                 |
| 6005847                      | ARBA Care Center of Elgin                    | 134 North Mclean Boulevard       | Elgin           | 102                        | 9.7            | 16.1                 |
| 6000277                      | Manorcare of Elgin                           | 180 South State Street           | Elgin           | 88                         | 7.8            | 16.1                 |
| 6004758                      | River View Rehab Center                      | 50 North Jane Drive              | Elgin           | 203                        | 9.8            | 17.25                |
| 6009872                      | West Chicago Terrace Nursing Home            | 928 Joliet Road                  | West Chicago    | 120                        | 8.1            | 17.25                |
| 6011753                      | Windsor Park Manor                           | 110 Windsor Park Drive           | Carol Stream    | 80                         | 8.6            | 17.25                |
| 6000020                      | Abbington Rehab & Nursing Ctr                | 31 West Central                  | Roselle         | 82                         | 7.6            | 17.25                |
| 6001366                      | Alden-Poplar Creek Rehab & Care              | 1545 Barrington Road             | Hoffman Estates | 217                        | 8.6            | 17.25                |
| 6012827                      | Sherman West Court (5)                       | 1950 Larkin Avenue               | Elgin           | 112                        | 10.1           | 18.4                 |
| 6003503                      | Bria of Geneva                               | 1101 East State Street           | Geneva          | 107                        | 10.3           | 19.55                |
| 6014237                      | Rosewood Care Center of Elgin                | 2355 Royal Boulevard             | Elgin           | 139                        | 11.8           | 19.55                |
| 6000392                      | Apostolic Christian Resthaven (6)            | 2750 West Highland Avenue        | Elgin           | 50                         | 10.6           | 19.55                |
| 6011993                      | Lexington Health Care Center-Bloomingtondale | 165 South Bloomingtondale Road   | Bloomingtondale | 166                        | 8              | 19.55                |
| 6012553                      | Lexington Of Schaumburg                      | 675 South Roselle Road           | Schaumburg      | 214                        | 9.4            | 19.55                |
| 6012686                      | Manor Care - Elk Grove Village               | 1920 Nerge Road                  | Elk Grove Villg | 190                        | 9.5            | 19.55                |
| 6008171                      | Batavia Rehab & Hlthcare Ctr.                | 520 Fabyan Parkway               | Batavia         | 63                         | 11.6           | 21.85                |
| 6005334                      | Winfield Woods Healthcare Center             | 28W141 Liberty Street            | Winfield        | 138                        | 9.9            | 21.85                |
| 6002612                      | Dupage Convalescent Home                     | 400 N County Farm Road           | Wheaton         | 368                        | 10.3           | 21.85                |
| 6000459                      | Alden-Valley Ridge Rehab & Care              | 275 East Army Trail Road         | Bloomingtondale | 207                        | 8.7            | 21.85                |
| 6001002                      | West Suburban Nursing & Rehab Center         | 311 Edgewater Drive              | Bloomingtondale | 259                        | 9.5            | 21.85                |
| 6008361                      | Wynscape Health & Rehab                      | 2180 Manchester Road             | Wheaton         | 209                        | 10.6           | 23                   |
| 6003404                      | Friendship Village Schaumburg                | 350 West Schaumburg Road         | Schaumburg      | 250                        | 9.7            | 23                   |
| 6000483                      | Forest View Rehab & Nursing Center           | 535 South Elm                    | Itasca          | 144                        | 13             | 24.15                |
| 6009963                      | Wheaton Care Center                          | 1325 Manchester Road             | Wheaton         | 123                        | 11.5           | 25.3                 |
| 6002208                      | Covenant Health Care Center                  | 831 Batavia Avenue               | Batavia         | 99                         | 14.1           | 27.6                 |
| 6003735                      | Alden Estates of Barrington                  | 1420 South Barrington Road       | Barrington      | 150                        | 13.2           | 27.6                 |
| 6014252                      | Tabor Hills Healthcare (7)                   | 1437 Crystal Avenue              | Naperville      | 211                        | 13.6           | 28.75                |
| 6016570                      | Greenfields of Geneva                        | 0N801 Friendship Way             | Geneva          | 43                         | 16.7           | 29.9                 |
| 6011910                      | St. Patrick's Residence                      | 1400 Brookdale Road              | Naperville      | 209                        | 14.3           | 29.9                 |
|                              |                                              |                                  |                 | 5659                       |                |                      |
| Permit Projects Not Complete |                                              |                                  |                 |                            |                |                      |
| FACID                        | FACNAME                                      | ADDRESS                          | CITY            | # of Licensed Nursing Beds | Drive Distance | Adjusted Travel Time |
| 10-065                       | Park Point South Elgin Healthcare            | Illinois 25 & East Middle Street | South Elgin     | 120                        | 4.8            | 8.05                 |
| 09-030                       | Addison Rehabilitation & Living Center       | 1754 Capital Street              | Elgin           | 120                        | 15.3           | 24.15                |
| 08-099                       | Meadowbrook Manor                            | 37W220 Keslinger Road            | Geneva          | 150                        | 13.3           | 27.6                 |
|                              |                                              |                                  |                 | 390                        |                |                      |
|                              |                                              |                                  |                 | 6049                       |                |                      |

**SPECIALIZED POPULATION**

|                          |                     |         |      |       |
|--------------------------|---------------------|---------|------|-------|
| Marianjoy Rehab Hospital | 2050 W Roosevelt Rd | Wheaton | 11.6 | 26.45 |
|--------------------------|---------------------|---------|------|-------|

(1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)

(2) Used profile address which is the same as website address (201 W North Ave)

(3) Profile address is 2000 West Lake Street

(4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center

(5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds

(6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks

(7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development

[www.mapquest.com](http://www.mapquest.com)

Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services

Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)

American Fact Finder, United States Census Bureau ([www.factfinder.census.gov](http://www.factfinder.census.gov))

Microsoft MapPoint 2009

## SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xvii

### Criterion 1125.590 - Staffing Availability

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.

Nursing care is the only category of service applicable.

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.

Appended as **ATTACHMENT-19A**, is the proposed staffing pattern by position title for the proposed 68-bed Long-Term Care facility. This project is atypical from traditional start-up projects as the parental entity has three immediate area (within the required 30-minute travel time) facilities. From these facilities, Alden Poplar Creek Rehab & Care, Alden Valley Ridge Rehab & Care, Alden Estates of Barrington and Alden Gardens of Bloomingdale (SLF) in the past six months, 382 job applications have been submitted

(unsolicited).

Thus, the majority  
of personnel can  
be in place as the

**JOB APPLICATION/RESUMES COUNT (6 MONTHS)**

| FACILITY                | DON | ADON | RN | LPN | CNA |
|-------------------------|-----|------|----|-----|-----|
| BARRINGTON              | 0   | 5    | 21 | 62  | 103 |
| GARDENS OF BLOOMINGDALE | 2   | 0    | 2  | 3   | 19  |
| POPLAR CREEK            | 6   | 0    | 18 | 19  | 81  |
| VALLEY RIDGE            | 0   | 0    | 5  | 0   | 36  |
| TOTAL                   | 8   | 5    | 46 | 84  | 239 |

initial project proceeds through construction completion.

**ATTACHMENT- 19**

#### SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xviii

Without solicitation the Applicants have all necessary direct care staffing needed to staff the facility and the project has yet to be approved. To achieve adequate staffing levels, the Applicant will start by reviewing and interviewing from the employment applications currently on file. To further explain the internal process in recruiting and hiring staff a narrative description is provided below:

The Applicants are related to a much larger organization that operates several general and several specialized long-term care facilities. Therefore, the Applicant and its administrative service company have the resources of general long-term care facilities throughout Illinois. This organization also has several assisted living and independent living units within Illinois. It is the policy of the organization to begin a comprehensive recruitment program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start-up facilities. The Applicant is closely related to Alden Management Services, Inc., the administrative services company, who recruits locally, regionally, and nationally for highly qualified staff.

##### Specific Staffing Achievement Plan

We will utilize all available print, online, and face to face advertising to publicize the opening and available positions including but not limited to the following options:

1. Post a banner ad (3x's) in the local newspaper announcing the expected facility opening, scheduled to be posted 3-, 2-, and 1-month prior to opening.

**ATTACHMENT- 19**

**SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA** Continued xix

2. Hold a day-long job fair locally to recruit and interview candidates 1-2 months prior to opening.
3. Create and add to the Alden Network website 2 individual home pages applicable to each facility listing information about construction progress, facility services and open positions including on line application capability.
4. Utilize available contracted job postings through CareerBuilder and LinkedIn.
5. Utilize available contracted recruiters for major positions search.
6. Advertise internally within our current network of facilities for staff transfers and/or promotions.
7. Signage at the job site will include contact phone number for career information.

Thus, it does not appear that between the Applicant's experience and through the experience of the existing facilities that there will be any difficulty in securing the needed health care manpower.

**Alden Estates of Bartlett  
Staffing at 90% Occupancy**

**Administrative:**

|                     |             |
|---------------------|-------------|
| Administrator       | 1.00        |
| Personnel/Offic Mgr | 1.00        |
| Social Service      | 1.00        |
| Asst Administrator  | 1.00        |
| Resident Care Coord | 2.00        |
| Admissions          | 1.00        |
| Receptionist        | 1.50        |
| Total               | <u>8.50</u> |

**Nursing:**

|               |              |
|---------------|--------------|
| DON           | 1.00         |
| ADON          | 1.00         |
| Professionals | 8.00         |
| Aides         | 17.00        |
| Unit Manager  | 1.40         |
| Total         | <u>28.40</u> |

**Activities:**

|       |          |
|-------|----------|
| Aides | 2        |
| Total | <u>2</u> |

**Dietary:**

|                       |           |
|-----------------------|-----------|
| Supervisor            | 1         |
| Chefs and Cooks       | 2         |
| Dietary Aides         | 3         |
| Dining Room Hostesses | 2         |
| Dining Room Aides     | 4         |
| Total                 | <u>12</u> |

**Housekeeping and Maintenance:**

|                          |          |
|--------------------------|----------|
| Supervisor               | 1        |
| Housekeeping and Laundry | 5        |
| Total                    | <u>6</u> |

**SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA** Continued xx

**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 proposed project is only for the establishment of a 68-bed nursing care facility well under this 250 bed limit. Therefore, the proposed project is compliant with this criterion.

**ATTACHMENT- 20**

**SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA** Continued xxi

**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 as **ATTACHMENT-21A** are three (3) letters of support for the proposed Alden Estates of Bartlett. These letters are from State Senator Tom Cullerton; Hanover Township's Director of Senior Service, Tracey Colagrossi; and Dr. Jennifer Anda.

**ATTACHMENT- 21**

338 S. ARDMORE AVENUE  
VILLA PARK, IL 60181  
630-903-6662



M118 CAPITOL BUILDING  
SPRINGFIELD, IL 62706  
217-782-9463

ILLINOIS STATE SENATE  
**TOM CULLERTON**  
STATE SENATOR • 23<sup>RD</sup> DISTRICT

January 11, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Estates of Bartlett, 68 Bed Skilled  
Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

It is my understanding that Alden Estates of Bartlett proposes to build a 68 bed skilled rehabilitation and health care center in Health Service Area 7C DuPage County, Illinois. The project will be located adjacent to a new assisted living development.

We believe that a facility of this type will provide access to health care placement for senior citizens in our community and improve overall health care service provided to DuPage County residents. It will also help beautify the surrounding neighborhood.

In addition, this project will have a positive impact on the economic development in the community and the county residents' quality of life. It is estimated that this project will create approximately 150 full-time construction and healthcare related jobs.

As an elected official, representing the Bartlett area for the past several years, I am always excited to welcome new businesses that provide support and services for our citizens. I ask that you support and endorse this worthwhile healthcare project for the residents of Bartlett, DuPage County, Illinois. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Cullerton", written over a horizontal line.

Senator Thomas Cullerton





# HANOVER

TOWNSHIP January 6, 2016

## SENIOR SERVICES

Supervisor  
Brian P. McGuire  
Clerk  
Katy Dolan Baumer  
Assessor  
Thomas S. Smogolski  
Highway Commissioner  
P. Craig Ochoa  
Trustees  
Mary Alice Benoit  
Steve Caramelli  
Craig Essick  
Howard K. Krick  
Administrator  
James C. Barr, MPA  
Director  
Tracey Colagrossi

Ms. Courtney Avery, Administrator  
Health Facilities  
and Services  
Review Board  
Illinois  
Department of  
Public Health  
525 W. Jefferson  
Street, Second Floor  
Springfield, Illinois  
62761

RE: Application for Certificate of Need for Alden Estates of  
Bartlett, 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

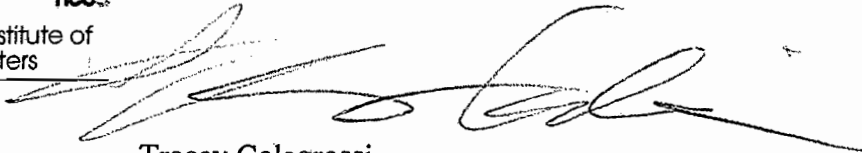
Dear Ms. Avery,

I am writing to express my support for Alden Estates of Bartlett's proposed 68-bed skilled rehabilitation and health care center which is proposed for the Bartlett area. With the aging population of the Bartlett area, this service is very much needed.

I urge you to give Alden Estates of Bartlett's certificate of need application every consideration.

Sincerely,

Accredited by   
National Institute of  
Senior Centers



Tracey Colagrossi  
Director of Senior Services  
Hanover Township  
[Tcolagrossi@hanover-township.org](mailto:Tcolagrossi@hanover-township.org)

ARMY TRAIL ANIMAL HOSPITAL, LLC  
1095 WEST ARMY TRAIL ROAD  
BARTLETT, IL 60103  
(630) 289-0900

January 6, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Estates of Bartlett, 68 Bed Skilled  
Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

It is my understanding that Alden Estates of Bartlett proposes to build a 68 bed skilled rehabilitation and health care center in Health Service Area 7C DuPage County, Illinois. The project will be located adjacent to a new assisted living development.

We believe that a facility of this type will provide access to health care placement for senior citizens in our community and improve overall health care service provided to DuPage County residents. It will also help beautify the surrounding neighborhood.

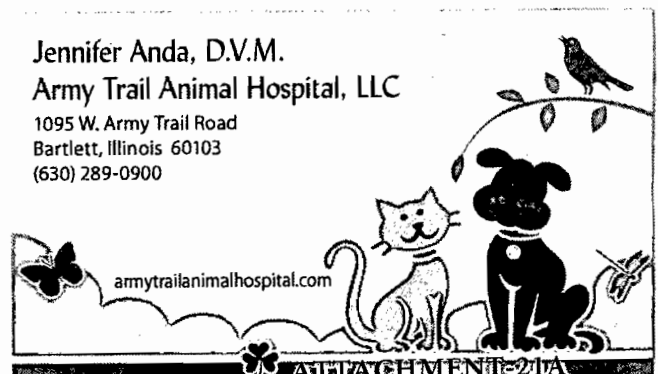
In addition, this project will have a positive impact on the economic development in the community and the county residents' quality of life. It is estimated that this project will create approximately 150 full-time construction and healthcare related jobs.

As a business community member located in Bartlett for the past several years, we are always excited to welcome new businesses that provide support and services for our citizens. We ask that you support and endorse this worthwhile healthcare project for the residents of Bartlett, DuPage County, Illinois. Thank you for your consideration.

Sincerely,



Jennifer Anda, D.V.M.  
Army Trail Animal Hospital, LLC  
1095 W. Army Trail Road  
Bartlett, Illinois 60103  
(630) 289-0900



## SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xxii

### 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:

Upon project completion, the proposed Alden Estates of Bartlett will comprise 37,929 gross square feet of clinical space for 68 nursing care beds. This equates to 557.8 gsf per bed upon project completion. It should be noted that the proposed project is in compliance with the criterion as the full bed compliment is well within the range limit of 435-713 gross square feet per bed for clinical space.

**SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA** Continued xxiii

**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.

Appended as **ATTACHMENT-23A**, is a letter from the Village of Bartlett's Mr. James J. Plonczynski, AICP, Zoning Official. This letter indicates the current status of zoning and that a portion of the property has already received a special use for a PUD for senior living memory care.

**ATTACHMENT- 23**



THE VILLAGE OF  
**BARTLETT**

228 S. MAIN STREET  
BARTLETT, ILLINOIS 60103

PHONE 630.837.0800

FAX 630.837.7168

www.village.bartlett.il.us

VILLAGE PRESIDENT  
Kevin Wallace

ADMINISTRATOR  
Valerie L. Salmons

VILLAGE CLERK  
Lorna Giles

TRUSTEES  
T. L. Arends  
Michael E. Camerer D.C.  
Vince Carbonaro  
Raymond H. Deyne  
Adam J. Hopkins  
Aaron H. Reinke

January 8, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 West Jefferson Street, Second Floor  
Springfield, IL 60504

**Re: Zoning for PIN: 01-09-205-030, located on the east side of Rt. 59, 200' south of Apple Valley Drive, Bartlett, IL**

Dear Ms. Avery:

This is in response to a request by Barry Mullen, Development Director, The Alden Foundation, Chicago Illinois regarding the zoning of the property identified above. The property is zoned **PD – Planned Development District. A portion of this property has received a special use for a Planned Unit Development (PUD) for Artis Senior Living Memory Care Facility by Ordinance 2015-37.**

If you require further help or information, please call me at 630-540-5940.

Very truly yours,

James J. Plonczynski, AICP  
Village Of Bartlett  
Zoning Administrator

Cc: Barry Mullen, The Alden Foundation

## SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xxiv

### 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.

Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number 1 above.

The proposed project is for the establishment of a free standing nursing facility and not part of a continuum of care community (CCRC). Therefore, item number 2 above is not applicable to this project.

**ATTACHMENT- 24**



Alden Estates of Bartlett, Inc.

January 6, 2016

Ms. Courtney Avery, Administrator  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Alden Estates of Bartlett, Inc.  
Assurance for Criterion 1125.210 ( c )

Dear Ms. Avery:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, Alden Estates of Bartlett, Inc., understands that it is expected to achieve and maintain the occupancy specified in §1125.210( c ) by the second year of operation after project completion. 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, interruption of necessary utilities, physical plan problems, or other unexpected issues outside of our control which could have a direct or indirect effect upon our occupancy rate.

Sincerely,

ALDEN ESTATES OF BARTLETT, INC.

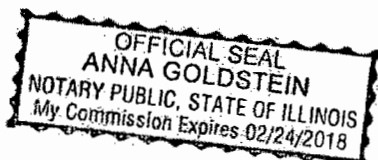
By: Randi Schullo  
Randi Schullo  
Vice President

Notarization:

Subscribed and sworn to before me this 6 day of January, 2016

[Signature]  
Signature of Notary

Seal



ATTACHMENT-24A

## SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued i

### 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:**

- 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;
- 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:
  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.;

Appended as **ATTACHMENT-27A**, is a letter from the Applicant's chief financial officer attesting that the Applicant has cash and securities to meet the equity portion of the project.

Appended as **ATTACHMENT-27B**, is a letter from Capital Funding, LLC attesting to its expectation to make the loan and providing the terms and conditions of the mortgage.

Appended as **ATTACHMENT-27C**, is the amortization schedule illustrating terms and conditions.

**ATTACHMENT-27**





**Alden Management Services, Inc.**

---

January 6, 2016

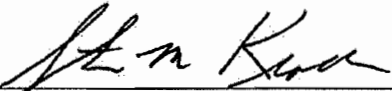
Ms. Courtney Avery  
Chairman  
Illinois Health Facilities and Services Review board  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

Dear Ms. Avery:

In documentation of item §1120.120 Availability of Funds (a) Cash and Securities, please be advised that I am familiar with the financial condition of the Applicants of the Alden Estates of Bartlett, excess of \$5,500,000.00 necessary to fund the equity required for the project.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

By:   
Steven M. Kroll  
Chief Financial Officer

Notarization:

Subscribed and sworn to before me this 6 day of January 2016

  
Signature of Notary

Seal:



4200 West Peterson Ave. Chicago, Illinois 60646-6052 (773) 286-3883  
Management and Consultants of Health Care Facilities

[www.TheAldenNetwork.com](http://www.TheAldenNetwork.com)

ATTACHMENT-27A

# CAPITAL FUNDING, LLC



January 11, 2016

Ms. Randi Schullo  
Alden Management Services, Inc.  
4200 West Peterson, Suite 140  
Chicago, IL 60646

Re: Alden Estates of Bartlett

Dear Ms. Schullo:

This proposal has been prepared to provide financing utilizing mortgage insurance issued by the United States Department of Housing and Urban Development ("HUD") through Section 232 of the National Housing Act for the proposed 68-bed skilled nursing facility known as Alden Estates of Bartlett ("Project"). Notwithstanding the foregoing, the following term sheet structure is offered for discussion purposes, is subject to credit committee approval, and is not a commitment to lend. Capital Funding, LLC is hereafter referred to as Lender.

The terms and conditions discussed herein are non-binding and subject to change upon full underwriting of the loan request. Any future commitment to lend on this Project will first be subject to receipt of the required certificate of need, full underwriting and due diligence by Lender and approval by Lender; therefore, the terms and conditions below should not be construed as a binding obligation.

Oral agreements or commitments to loan money, extend credit or to forebear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable, regardless of the legal theory upon which it is based that is in any way related to the credit agreement. To protect you (Borrower(s)) and us (Lender) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

The proposed terms are as follows:

|                     |                                                                                                                                                                                                                                                                       |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Borrower:</b>    | Borrower will be a single asset entity to be approved by Lender.                                                                                                                                                                                                      |
| <b>Loan Amount:</b> | <p>An amount equal to the lesser of:</p> <ul style="list-style-type: none"><li>• 90% of HUD-approved construction costs</li><li>• 80% of HUD-approved appraised 'as-stabilized' value</li></ul> <p>The loan amount is estimated to be approximately \$15,900,000.</p> |

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Purpose:</b>                    | The Loan shall be for the purpose of constructing a 68-bed skilled nursing facility known as Alden Estates of Bartlett.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Construction Loan Term:</b>     | Estimated to be 18 Months following initial endorsement of the credit instrument by FHA within which time final endorsement of the credit instrument by FHA shall be accomplished by the Mortgagor, subject to extensions consented to by FHA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Permanent Loan Term:</b>        | 40 Years or other term approved by HUD from the first payment of principal or other terms as set forth in the FHA Commitment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Interest Rate:</b>              | Fixed Rate to be determined based on market conditions. Under market conditions as of January 11, 2016 the interest rate is approximately 4.40%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Mortgage Insurance Premium:</b> | 0.77% on the outstanding balance paid monthly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Recourse:</b>                   | Non-recourse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Fees:</b>                       | <ul style="list-style-type: none"> <li>A. Application fee of 0.30% of the total loan amount.</li> <li>B. Mortgage Banker Fee of 2.00% of the total loan amount.</li> <li>C. First year's Mortgage Insurance Premium equal to 0.77% of the total loan amount is paid to HUD from mortgage proceeds.</li> <li>D. GNMA Placement Fees of \$5,000.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Pre-payment:</b>                | Market pre-payment terms available and negotiated at the time of rate lock.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Collateral:</b>                 | The Insured Loan shall be evidenced and secured by (1) a first mortgage lien on the land and improvements now and hereafter acquired or constructed thereon, (2) a chattel mortgage or security agreement creating a first mortgage lien on the furnishings and equipment to be located at the Project, and (3) the endorsement by FHA of the Insured Loan. The Insured Loan shall also be secured by a lien on the Project operator's: tangible and intangible personal property (including, but not limited to, cash and deposit accounts); to the extent assignable under applicable law, licenses, certificates, permits and other governmental approval necessary and required to operate the Project; the books and records of the Project; and accounts receivable. A Deposit Account Control Agreement will be required from the operator. |

|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Loan to Value:</b>                               | Not to exceed 80% (including funding of reserves and closing costs).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>SPE Provision:</b>                               | The Borrower and Operator will each be a single purpose entity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Appraisal:</b>                                   | Project shall be appraised by an appraiser approved by Lender and such appraisal must be accepted by Lender (appraisal fees to be paid by Borrower). In the event the Project appraises for less than \$19,875,000, Lender shall lower the Loan Amount such that the Loan Amount not exceed 80% of the appraised value.                                                                                                                                                                                                                                                                                                                             |
| <b>No Other Encumbrances:</b>                       | Borrower will not, without prior written consent of Lender and HUD, create, place or permit to be created or placed, or allow to remain any deed of trust, mortgage, voluntary or involuntary lien, security interest, encumbrance or charge against or covering the Project, or any part thereof, regardless of whether the same are expressly or otherwise subordinate to the lien or security interest created in Lender's deed of trust or mortgage. Borrower will cause any of such encumbrances that arise outside of the ordinary course of business and without the prior written consent of Lender to be promptly discharged and released. |
| <b>Zoning:</b>                                      | Borrower will provide acceptable evidence that the Project is zoned for the intended use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Skilled Nursing Facility State Requirements:</b> | It is the Lender's understanding that a Certificate of Need is required by the state of Illinois. The Borrower will provide acceptable evidence that all required document/permits have been obtained to operate a skilled nursing facility.                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Title Insurance:</b>                             | Lender requires an ALTA lender's extended coverage title insurance commitment from a company acceptable to Lender ("Title Company") insuring Lender for the Loan Amount, evidencing Borrower's title to the Collateral and showing Lender's lien on the Project is or will be upon recordation of a valid first lien.                                                                                                                                                                                                                                                                                                                               |
| <b>Plans/Specs:</b>                                 | A complete set of final working plans, including drawings, specifications, details and manuals, for the Project ("Plans"). Borrower represents and warrants that the Plans shall be in full accordance with all applicable statutes, law, ordinances, regulations and requirements of all governmental agencies including HUD having jurisdiction over the Project, including without limitation the Americans With Disabilities Act and any other statues, laws, ordinances, regulations and requirements dealing with access to real estate properties by persons with disabilities. All specialized                                              |

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                         | drawings shall be signed by licensed engineers of the respective disciplines normally responsible for such drawings.                                                                                                                                                                                                                                                                                                                                 |
| <b>Contractors:</b>     | A list of all contractors, subcontractors and materialmen to be employed in connection with the Project. Said list shall provide a name and telephone number, a general description of the nature of the work to be performed, and an approximate dollar value of the services or material to be provided. Lender is hereby authorized to confirm this information.                                                                                  |
| <b>Permits:</b>         | Copies of all permits required for each phase of the construction of the Project. Written confirmation from the suppliers including but not limited to water, storm and sanitary sewer, gas, electric and telephone utilities for the Project.                                                                                                                                                                                                       |
| <b>Budget:</b>          | A detailed budget showing a schedule of the estimated construction costs and the estimated timing of disbursements. Lender is hereby authorized to confirm this transaction.                                                                                                                                                                                                                                                                         |
| <b>Insurance</b>        | During the Construction Period, evidence the Project is covered by a Lender-approved construction policy (builder's risk policy) in an amount satisfactory to Lender and showing Lender and HUD as Loss Payee. Borrower shall also provide evidence that all appropriate contractors have Lender-required insurance.                                                                                                                                 |
| <b>Survey:</b>          | An ALTA survey (at Borrower's expense) showing that the Project, if constructed in accordance with the plans and specifications provided, shall lie wholly within the boundaries of the property described on Lender's deed of trust or mortgage without encroachment or violation of any zoning ordinances, building codes or regulations, or setback requirements. This survey must show the complete legal description and zoning of the Project. |
| <b>Environmental:</b>   | A HUD-compliant report is required, which shall (a) be prepared by a qualified environmental engineer or consultant satisfactory to Lender, (b) be satisfactory in form and substance to Lender, (c) identify and evaluate any "recognized environmental condition" associated with the Project, (d) evaluate current and past uses of the Project and the Land.                                                                                     |
| <b>Flood Insurance:</b> | Should the Project at any time prior to the Closing Date or during the term of the Loan be deemed to be located in an area designated by the Director of the Federal Emergency Management Agency as a special flood hazard area, Borrower agrees to obtain and maintain federal flood insurance, if available, for the full unpaid principal balance of the Loan and any prior lines on the collateral, up to the                                    |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | maximum policy limits set forth under the National Flood Insurance Program, or as otherwise required by Lender. Flood insurance may be purchased under the national Flood Insurance Program or from private insurers; however, the amount of insurance must be approved by Lender. To the extent HUD deems any potential flood hazard to be a critical action, HUD may choose not to insure the loan.                                                                                                                                                                   |
| <b>Change Orders:</b>           | Borrower will fund into escrow 100% of the value of all change orders.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Disbursements on Loan:</b>   | Disbursements shall be made through Capital Funding, LLC. Updated title insurance endorsements insuring Lender against mechanics liens will be obtained with each disbursement. Borrower agrees to pay all fees and expenses related to these services, to the extent not funded through the mortgage.                                                                                                                                                                                                                                                                  |
| <b>Additional Requirements:</b> | Other due diligence information may be required. Borrower shall provide all due diligence items reasonably requested by Lender and HUD; and all due diligence shall be subject to the approval of Lender in Lender's sole discretion. Approval of all due diligence, all Loan Documents, and all documentation associated with any other source of funding for the Project, shall be approved by Lender. Lender or HUD may require additional information to fully underwrite and approve the loan, and may change any conditions listed herein at its full discretion. |

The Insured Loan will be made by Lender only upon compliance with each of the following conditions:

1. The Borrower shall have complied with all of the requirements of the FHA Commitment, the requirements of HUD's attorneys, and applicable FHA regulations and all of the requirements of Lender pursuant to this term sheet.
2. Lender shall have approved in its sole discretion the title company, bonding company, insurance companies and all loan documents, instruments, agreements, leases, organizational documents of Borrower and Operator entities, letters of credit, title, hazard insurance, malpractice and property policies, and such other documents required by FHA and Lender in connection with the financing transaction contemplated by this term sheet, which approval shall not be unreasonably withheld. Copies of such proposed documentation shall be submitted to Lender and its special counsel for review at least three weeks prior to the scheduled date of the FHA Endorsement.

3. All costs and expenses in connection with the financing transactions contemplated by this term sheet shall be paid by the Borrower or other party assuming liability for the payment thereof, including but not limited to: Third Party Reports (independent appraisal, property inspection and architectural and cost review, environmental assessment, feasibility and/or market study); the fees and expenses of the special counsel in the transaction; recording costs; title company charges; survey charges; Borrower's legal fees. To the extent possible, these fees will be included in the mortgage and credited against any equity requirement or refunded at the closing.
4. This term sheet is contingent upon receipt of acceptable full market study performed by market analyst to be determined by Lender. Additionally, valuation will be driven by reconciliation to market comparables on per-day revenue rates as well as expense comparables. If market study or expense calculations, in Lender's opinion, does not support the project or underwriting, this term sheet will be modified as Lender deems appropriate, and can be terminated by Borrower with no penalties of fee payment obligations.

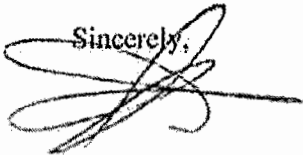
On or prior to the date of the FHA Endorsement, the Borrower shall have presented to Lender duly executed copies of its resolutions authorizing the Insured Loan transaction and all authorizations and approvals of governmental or quasi-governmental bodies which shall be required by law to consummate the transaction contemplated by this term sheet, in each case in form and substance satisfactory to Lender and the special counsel.

As a requirement for proper organization and planning, a member of Lender's staff shall be present whenever you meet with an FHA representative concerning the loan application. In addition, all correspondence from FHA should be cleared through Lender's office before transmittal of a reply. Copies of statements required of the sponsor and file copies of all correspondence between the Borrower and FHA shall be furnished to Lender's office.

Capital Funding Group ("CFG") is a leading provider of full-service, comprehensive financing solutions for multifamily properties and healthcare facilities across the country. Through the CFG family of companies, CFG offers bridge loans, HUD loans, commercial banking, working capital lending, purchase/leasebacks, spend management, investment advisory services and more. CFG has previously provided over \$22M in funding for other projects related to Alden Management Services, Inc.

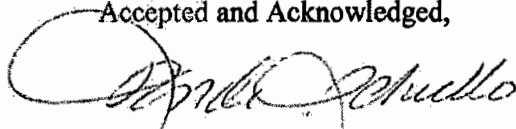
Thank you for this opportunity. If you have any questions regarding the above, please do not hesitate to let me know.

Sincerely,

A handwritten signature in black ink, appearing to be 'Erik Howard', with a large, stylized flourish at the end.

Erik Howard  
Managing Director

Accepted and Acknowledged,

A handwritten signature in black ink, appearing to be 'Randi Schullo', with a large, stylized flourish at the end.

Randi Schullo



# Loan Amortization Calculator

Almost any data field on this form may be calculated. Enter the appropriate numbers in each slot, leaving blank (or zero) the value that you wish to determine, and then click "Calculate" to update the page.

Principal

15900000.00

Payments per Year

12

Annual Interest Rate

4.5000

Number of Regular Payments

480

Balloon Payment

Payment Amount

71480.49

☒ Show Amortization Schedule**Calculate**

This loan calculator is written and maintained by Bret Whissel.  
See [Bret's Blog](#) for help, a spreadsheet, derivations, calculator news, and more information.

---

## Summary

Principal borrowed: \$15,900,000.00  
Regular Payment amount: \$71,480.49  
Final Balloon Payment: \$0.00  
Interest-only payment: \$59,625.00  
\*Total Repaid: \$34,310,635.20  
\*Total Interest Paid: \$18,410,635.20

Annual Payments: 12  
Total Payments: 480 (40.00 years)  
Annual interest rate: 4.50%  
Periodic interest rate: 0.3750%  
Debt Service Constant: 5.3948%  
\*Total interest paid as a percentage of Principal: 115.790%

*\*These results are estimates which do not account for accumulated error of payments being rounded to the nearest cent. See the amortization schedule for more accurate values.*

ATTACHMENT-27C

| Pmt   | Principal | Interest  | Cum Prin   | Cum Int      | Prin Bal      |
|-------|-----------|-----------|------------|--------------|---------------|
| 1     | 11,855.49 | 59,625.00 | 11,855.49  | 59,625.00    | 15,888,144.51 |
| 2     | 11,899.95 | 59,580.54 | 23,755.44  | 119,205.54   | 15,876,244.56 |
| 3     | 11,944.57 | 59,535.92 | 35,700.01  | 178,741.46   | 15,864,299.99 |
| 4     | 11,989.37 | 59,491.12 | 47,689.38  | 238,232.58   | 15,852,310.62 |
| 5     | 12,034.33 | 59,446.16 | 59,723.71  | 297,678.74   | 15,840,276.29 |
| 6     | 12,079.45 | 59,401.04 | 71,803.16  | 357,079.78   | 15,828,196.84 |
| 7     | 12,124.75 | 59,355.74 | 83,927.91  | 416,435.52   | 15,816,072.09 |
| 8     | 12,170.22 | 59,310.27 | 96,098.13  | 475,745.79   | 15,803,901.87 |
| 9     | 12,215.86 | 59,264.63 | 108,313.99 | 535,010.42   | 15,791,686.01 |
| 10    | 12,261.67 | 59,218.82 | 120,575.66 | 594,229.24   | 15,779,424.34 |
| 11    | 12,307.65 | 59,172.84 | 132,883.31 | 653,402.08   | 15,767,116.69 |
| 12    | 12,353.80 | 59,126.69 | 145,237.11 | 712,528.77   | 15,754,762.89 |
| <hr/> |           |           |            |              |               |
| 13    | 12,400.13 | 59,080.36 | 157,637.24 | 771,609.13   | 15,742,362.76 |
| 14    | 12,446.63 | 59,033.86 | 170,083.87 | 830,642.99   | 15,729,916.13 |
| 15    | 12,493.30 | 58,987.19 | 182,577.17 | 889,630.18   | 15,717,422.83 |
| 16    | 12,540.15 | 58,940.34 | 195,117.32 | 948,570.52   | 15,704,882.68 |
| 17    | 12,587.18 | 58,893.31 | 207,704.50 | 1,007,463.83 | 15,692,295.50 |
| 18    | 12,634.38 | 58,846.11 | 220,338.88 | 1,066,309.94 | 15,679,661.12 |
| 19    | 12,681.76 | 58,798.73 | 233,020.64 | 1,125,108.67 | 15,666,979.36 |
| 20    | 12,729.32 | 58,751.17 | 245,749.96 | 1,183,859.84 | 15,654,250.04 |
| 21    | 12,777.05 | 58,703.44 | 258,527.01 | 1,242,563.28 | 15,641,472.99 |
| 22    | 12,824.97 | 58,655.52 | 271,351.98 | 1,301,218.80 | 15,628,648.02 |
| 23    | 12,873.06 | 58,607.43 | 284,225.04 | 1,359,826.23 | 15,615,774.96 |
| 24    | 12,921.33 | 58,559.16 | 297,146.37 | 1,418,385.39 | 15,602,853.63 |
| <hr/> |           |           |            |              |               |
| 25    | 12,969.79 | 58,510.70 | 310,116.16 | 1,476,896.09 | 15,589,883.84 |
| 26    | 13,018.43 | 58,462.06 | 323,134.59 | 1,535,358.15 | 15,576,865.41 |
| 27    | 13,067.24 | 58,413.25 | 336,201.83 | 1,593,771.40 | 15,563,798.17 |
| 28    | 13,116.25 | 58,364.24 | 349,318.08 | 1,652,135.64 | 15,550,681.92 |
| 29    | 13,165.43 | 58,315.06 | 362,483.51 | 1,710,450.70 | 15,537,516.49 |
| 30    | 13,214.80 | 58,265.69 | 375,698.31 | 1,768,716.39 | 15,524,301.69 |
| 31    | 13,264.36 | 58,216.13 | 388,962.67 | 1,826,932.52 | 15,511,037.33 |
| 32    | 13,314.10 | 58,166.39 | 402,276.77 | 1,885,098.91 | 15,497,723.23 |
| 33    | 13,364.03 | 58,116.46 | 415,640.80 | 1,943,215.37 | 15,484,359.20 |
| 34    | 13,414.14 | 58,066.35 | 429,054.94 | 2,001,281.72 | 15,470,945.06 |
| 35    | 13,464.45 | 58,016.04 | 442,519.39 | 2,059,297.76 | 15,457,480.61 |
| 36    | 13,514.94 | 57,965.55 | 456,034.33 | 2,117,263.31 | 15,443,965.67 |
| <hr/> |           |           |            |              |               |
| 37    | 13,565.62 | 57,914.87 | 469,599.95 | 2,175,178.18 | 15,430,400.05 |
| 38    | 13,616.49 | 57,864.00 | 483,216.44 | 2,233,042.18 | 15,416,783.56 |
| 39    | 13,667.55 | 57,812.94 | 496,883.99 | 2,290,855.12 | 15,403,116.01 |
| 40    | 13,718.80 | 57,761.69 | 510,602.79 | 2,348,616.81 | 15,389,397.21 |
| 41    | 13,770.25 | 57,710.24 | 524,373.04 | 2,406,327.05 | 15,375,626.96 |
| 42    | 13,821.89 | 57,658.60 | 538,194.93 | 2,463,985.65 | 15,361,805.07 |
| 43    | 13,873.72 | 57,606.77 | 552,068.65 | 2,521,592.42 | 15,347,931.35 |
| 44    | 13,925.75 | 57,554.74 | 565,994.40 | 2,579,147.16 | 15,334,005.60 |
| 45    | 13,977.97 | 57,502.52 | 579,972.37 | 2,636,649.68 | 15,320,027.63 |
| 46    | 14,030.39 | 57,450.10 | 594,002.76 | 2,694,099.78 | 15,305,997.24 |
| 47    | 14,083.00 | 57,397.49 | 608,085.76 | 2,751,497.27 | 15,291,914.24 |
| 48    | 14,135.81 | 57,344.68 | 622,221.57 | 2,808,841.95 | 15,277,778.43 |
| <hr/> |           |           |            |              |               |
| 49    | 14,188.82 | 57,291.67 | 636,410.39 | 2,866,133.62 | 15,263,589.61 |
| 50    | 14,242.03 | 57,238.46 | 650,652.42 | 2,923,372.08 | 15,249,347.58 |
| 51    | 14,295.44 | 57,185.05 | 664,947.86 | 2,980,557.13 | 15,235,052.14 |
| 52    | 14,349.04 | 57,131.45 | 679,296.90 | 3,037,688.58 | 15,220,703.10 |
| 53    | 14,402.85 | 57,077.64 | 693,699.75 | 3,094,766.22 | 15,206,300.25 |
| 54    | 14,456.86 | 57,023.63 | 708,156.61 | 3,151,789.85 | 15,191,843.39 |
| 55    | 14,511.08 | 56,969.41 | 722,667.69 | 3,208,759.26 | 15,177,332.31 |
| 56    | 14,565.49 | 56,915.00 | 737,233.18 | 3,265,674.26 | 15,162,766.82 |

| Pmt | Principal | Interest  | Cum Prin     | Cum Int       | Prin Bal      |
|-----|-----------|-----------|--------------|---------------|---------------|
| 169 | 22,233.78 | 49,246.71 | 2,789,777.73 | 9,290,425.08  | 13,110,222.27 |
| 170 | 22,317.16 | 49,163.33 | 2,812,094.89 | 9,339,588.41  | 13,087,905.11 |
| 171 | 22,400.85 | 49,079.64 | 2,834,495.74 | 9,388,668.05  | 13,065,504.26 |
| 172 | 22,484.85 | 48,995.64 | 2,856,980.59 | 9,437,663.69  | 13,043,019.41 |
| 173 | 22,569.17 | 48,911.32 | 2,879,549.76 | 9,486,575.01  | 13,020,450.24 |
| 174 | 22,653.80 | 48,826.69 | 2,902,203.56 | 9,535,401.70  | 12,997,796.44 |
| 175 | 22,738.75 | 48,741.74 | 2,924,942.31 | 9,584,143.44  | 12,975,057.69 |
| 176 | 22,824.02 | 48,656.47 | 2,947,766.33 | 9,632,799.91  | 12,952,233.67 |
| 177 | 22,909.61 | 48,570.88 | 2,970,675.94 | 9,681,370.79  | 12,929,324.06 |
| 178 | 22,995.52 | 48,484.97 | 2,993,671.46 | 9,729,855.76  | 12,906,328.54 |
| 179 | 23,081.76 | 48,398.73 | 3,016,753.22 | 9,778,254.49  | 12,883,246.78 |
| 180 | 23,168.31 | 48,312.18 | 3,039,921.53 | 9,826,566.67  | 12,860,078.47 |
| 181 | 23,255.20 | 48,225.29 | 3,063,176.73 | 9,874,791.96  | 12,836,823.27 |
| 182 | 23,342.40 | 48,138.09 | 3,086,519.13 | 9,922,930.05  | 12,813,480.87 |
| 183 | 23,429.94 | 48,050.55 | 3,109,949.07 | 9,970,980.60  | 12,790,050.93 |
| 184 | 23,517.80 | 47,962.69 | 3,133,466.87 | 10,018,943.29 | 12,766,533.13 |
| 185 | 23,605.99 | 47,874.50 | 3,157,072.86 | 10,066,817.79 | 12,742,927.14 |
| 186 | 23,694.51 | 47,785.98 | 3,180,767.37 | 10,114,603.77 | 12,719,232.63 |
| 187 | 23,783.37 | 47,697.12 | 3,204,550.74 | 10,162,300.89 | 12,695,449.26 |
| 188 | 23,872.56 | 47,607.93 | 3,228,423.30 | 10,209,908.82 | 12,671,576.70 |
| 189 | 23,962.08 | 47,518.41 | 3,252,385.38 | 10,257,427.23 | 12,647,614.62 |
| 190 | 24,051.94 | 47,428.55 | 3,276,437.32 | 10,304,855.78 | 12,623,562.68 |
| 191 | 24,142.13 | 47,338.36 | 3,300,579.45 | 10,352,194.14 | 12,599,420.55 |
| 192 | 24,232.66 | 47,247.83 | 3,324,812.11 | 10,399,441.97 | 12,575,187.89 |
| 193 | 24,323.54 | 47,156.95 | 3,349,135.65 | 10,446,598.92 | 12,550,864.35 |
| 194 | 24,414.75 | 47,065.74 | 3,373,550.40 | 10,493,664.66 | 12,526,449.60 |
| 195 | 24,506.30 | 46,974.19 | 3,398,056.70 | 10,540,638.85 | 12,501,943.30 |
| 196 | 24,598.20 | 46,882.29 | 3,422,654.90 | 10,587,521.14 | 12,477,345.10 |
| 197 | 24,690.45 | 46,790.04 | 3,447,345.35 | 10,634,311.18 | 12,452,654.65 |
| 198 | 24,783.04 | 46,697.45 | 3,472,128.39 | 10,681,008.63 | 12,427,871.61 |
| 199 | 24,875.97 | 46,604.52 | 3,497,004.36 | 10,727,613.15 | 12,402,995.64 |
| 200 | 24,969.26 | 46,511.23 | 3,521,973.62 | 10,774,124.38 | 12,378,026.38 |
| 201 | 25,062.89 | 46,417.60 | 3,547,036.51 | 10,820,541.98 | 12,352,963.49 |
| 202 | 25,156.88 | 46,323.61 | 3,572,193.39 | 10,866,865.59 | 12,327,806.61 |
| 203 | 25,251.22 | 46,229.27 | 3,597,444.61 | 10,913,094.86 | 12,302,555.39 |
| 204 | 25,345.91 | 46,134.58 | 3,622,790.52 | 10,959,229.44 | 12,277,209.48 |
| 205 | 25,440.95 | 46,039.54 | 3,648,231.47 | 11,005,268.98 | 12,251,768.53 |
| 206 | 25,536.36 | 45,944.13 | 3,673,767.83 | 11,051,213.11 | 12,226,232.17 |
| 207 | 25,632.12 | 45,848.37 | 3,699,399.95 | 11,097,061.48 | 12,200,600.05 |
| 208 | 25,728.24 | 45,752.25 | 3,725,128.19 | 11,142,813.73 | 12,174,871.81 |
| 209 | 25,824.72 | 45,655.77 | 3,750,952.91 | 11,188,469.50 | 12,149,047.09 |
| 210 | 25,921.56 | 45,558.93 | 3,776,874.47 | 11,234,028.43 | 12,123,125.53 |
| 211 | 26,018.77 | 45,461.72 | 3,802,893.24 | 11,279,490.15 | 12,097,106.76 |
| 212 | 26,116.34 | 45,364.15 | 3,829,009.58 | 11,324,854.30 | 12,070,990.42 |
| 213 | 26,214.28 | 45,266.21 | 3,855,223.86 | 11,370,120.51 | 12,044,776.14 |
| 214 | 26,312.58 | 45,167.91 | 3,881,536.44 | 11,415,288.42 | 12,018,463.56 |
| 215 | 26,411.25 | 45,069.24 | 3,907,947.69 | 11,460,357.66 | 11,992,052.31 |
| 216 | 26,510.29 | 44,970.20 | 3,934,457.98 | 11,505,327.86 | 11,965,542.02 |
| 217 | 26,609.71 | 44,870.78 | 3,961,067.69 | 11,550,198.64 | 11,938,932.31 |
| 218 | 26,709.49 | 44,771.00 | 3,987,777.18 | 11,594,969.64 | 11,912,222.82 |
| 219 | 26,809.65 | 44,670.84 | 4,014,586.83 | 11,639,640.48 | 11,885,413.17 |
| 220 | 26,910.19 | 44,570.30 | 4,041,497.02 | 11,684,210.78 | 11,858,502.98 |
| 221 | 27,011.10 | 44,469.39 | 4,068,508.12 | 11,728,680.17 | 11,831,491.88 |
| 222 | 27,112.40 | 44,368.09 | 4,095,620.52 | 11,773,048.26 | 11,804,379.48 |
| 223 | 27,214.07 | 44,266.42 | 4,122,834.59 | 11,817,314.68 | 11,777,165.41 |
| 224 | 27,316.12 | 44,164.37 | 4,150,150.71 | 11,861,479.05 | 11,749,849.29 |
| 225 | 27,418.56 | 44,061.93 | 4,177,569.27 | 11,905,540.98 | 11,722,430.73 |

| Pmt | Principal | Interest  | Cum Prin     | Cum Int       | Prin Bal      |
|-----|-----------|-----------|--------------|---------------|---------------|
| 226 | 27,521.37 | 43,959.12 | 4,205,090.64 | 11,949,500.10 | 11,694,909.36 |
| 227 | 27,624.58 | 43,855.91 | 4,232,715.22 | 11,993,356.01 | 11,667,284.78 |
| 228 | 27,728.17 | 43,752.32 | 4,260,443.39 | 12,037,108.33 | 11,639,556.61 |
|     |           |           |              |               |               |
| 229 | 27,832.15 | 43,648.34 | 4,288,275.54 | 12,080,756.67 | 11,611,724.46 |
| 230 | 27,936.52 | 43,543.97 | 4,316,212.06 | 12,124,300.64 | 11,583,787.94 |
| 231 | 28,041.29 | 43,439.20 | 4,344,253.35 | 12,167,739.84 | 11,555,746.65 |
| 232 | 28,146.44 | 43,334.05 | 4,372,399.79 | 12,211,073.89 | 11,527,600.21 |
| 233 | 28,251.99 | 43,228.50 | 4,400,651.78 | 12,254,302.39 | 11,499,348.22 |
| 234 | 28,357.93 | 43,122.56 | 4,429,009.71 | 12,297,424.95 | 11,470,990.29 |
| 235 | 28,464.28 | 43,016.21 | 4,457,473.99 | 12,340,441.16 | 11,442,526.01 |
| 236 | 28,571.02 | 42,909.47 | 4,486,045.01 | 12,383,350.63 | 11,413,954.99 |
| 237 | 28,678.16 | 42,802.33 | 4,514,723.17 | 12,426,152.96 | 11,385,276.83 |
| 238 | 28,785.70 | 42,694.79 | 4,543,508.87 | 12,468,847.75 | 11,356,491.13 |
| 239 | 28,893.65 | 42,586.84 | 4,572,402.52 | 12,511,434.59 | 11,327,597.48 |
| 240 | 29,002.00 | 42,478.49 | 4,601,404.52 | 12,553,913.08 | 11,298,595.48 |
|     |           |           |              |               |               |
| 241 | 29,110.76 | 42,369.73 | 4,630,515.28 | 12,596,282.81 | 11,269,484.72 |
| 242 | 29,219.92 | 42,260.57 | 4,659,735.20 | 12,638,543.38 | 11,240,264.80 |
| 243 | 29,329.50 | 42,150.99 | 4,689,064.70 | 12,680,694.37 | 11,210,935.30 |
| 244 | 29,439.48 | 42,041.01 | 4,718,504.18 | 12,722,735.38 | 11,181,495.82 |
| 245 | 29,549.88 | 41,930.61 | 4,748,054.06 | 12,764,665.99 | 11,151,945.94 |
| 246 | 29,660.69 | 41,819.80 | 4,777,714.75 | 12,806,485.79 | 11,122,285.25 |
| 247 | 29,771.92 | 41,708.57 | 4,807,486.67 | 12,848,194.36 | 11,092,513.33 |
| 248 | 29,883.57 | 41,596.92 | 4,837,370.24 | 12,889,791.28 | 11,062,629.76 |
| 249 | 29,995.63 | 41,484.86 | 4,867,365.87 | 12,931,276.14 | 11,032,634.13 |
| 250 | 30,108.11 | 41,372.38 | 4,897,473.98 | 12,972,648.52 | 11,002,526.02 |
| 251 | 30,221.02 | 41,259.47 | 4,927,695.00 | 13,013,907.99 | 10,972,305.00 |
| 252 | 30,334.35 | 41,146.14 | 4,958,029.35 | 13,055,054.13 | 10,941,970.65 |
|     |           |           |              |               |               |
| 253 | 30,448.10 | 41,032.39 | 4,988,477.45 | 13,096,086.52 | 10,911,522.55 |
| 254 | 30,562.28 | 40,918.21 | 5,019,039.73 | 13,137,004.73 | 10,880,960.27 |
| 255 | 30,676.89 | 40,803.60 | 5,049,716.62 | 13,177,808.33 | 10,850,283.38 |
| 256 | 30,791.93 | 40,688.56 | 5,080,508.55 | 13,218,496.89 | 10,819,491.45 |
| 257 | 30,907.40 | 40,573.09 | 5,111,415.95 | 13,259,069.98 | 10,788,584.05 |
| 258 | 31,023.30 | 40,457.19 | 5,142,439.25 | 13,299,527.17 | 10,757,560.75 |
| 259 | 31,139.64 | 40,340.85 | 5,173,578.89 | 13,339,868.02 | 10,726,421.11 |
| 260 | 31,256.41 | 40,224.08 | 5,204,835.30 | 13,380,092.10 | 10,695,164.70 |
| 261 | 31,373.62 | 40,106.87 | 5,236,208.92 | 13,420,198.97 | 10,663,791.08 |
| 262 | 31,491.27 | 39,989.22 | 5,267,700.19 | 13,460,188.19 | 10,632,299.81 |
| 263 | 31,609.37 | 39,871.12 | 5,299,309.56 | 13,500,059.31 | 10,600,690.44 |
| 264 | 31,727.90 | 39,752.59 | 5,331,037.46 | 13,539,811.90 | 10,568,962.54 |
|     |           |           |              |               |               |
| 265 | 31,846.88 | 39,633.61 | 5,362,884.34 | 13,579,445.51 | 10,537,115.66 |
| 266 | 31,966.31 | 39,514.18 | 5,394,850.65 | 13,618,959.69 | 10,505,149.35 |
| 267 | 32,086.18 | 39,394.31 | 5,426,936.83 | 13,658,354.00 | 10,473,063.17 |
| 268 | 32,206.50 | 39,273.99 | 5,459,143.33 | 13,697,627.99 | 10,440,856.67 |
| 269 | 32,327.28 | 39,153.21 | 5,491,470.61 | 13,736,781.20 | 10,408,529.39 |
| 270 | 32,448.50 | 39,031.99 | 5,523,919.11 | 13,775,813.19 | 10,376,080.89 |
| 271 | 32,570.19 | 38,910.30 | 5,556,489.30 | 13,814,723.49 | 10,343,510.70 |
| 272 | 32,692.32 | 38,788.17 | 5,589,181.62 | 13,853,511.66 | 10,310,818.38 |
| 273 | 32,814.92 | 38,665.57 | 5,621,996.54 | 13,892,177.23 | 10,278,003.46 |
| 274 | 32,937.98 | 38,542.51 | 5,654,934.52 | 13,930,719.74 | 10,245,065.48 |
| 275 | 33,061.49 | 38,419.00 | 5,687,996.01 | 13,969,138.74 | 10,212,003.99 |
| 276 | 33,185.48 | 38,295.01 | 5,721,181.49 | 14,007,433.75 | 10,178,818.51 |
|     |           |           |              |               |               |
| 277 | 33,309.92 | 38,170.57 | 5,754,491.41 | 14,045,604.32 | 10,145,508.59 |
| 278 | 33,434.83 | 38,045.66 | 5,787,926.24 | 14,083,649.98 | 10,112,073.76 |
| 279 | 33,560.21 | 37,920.28 | 5,821,486.45 | 14,121,570.26 | 10,078,513.55 |
| 280 | 33,686.06 | 37,794.43 | 5,855,172.51 | 14,159,364.69 | 10,044,827.49 |
| 281 | 33,812.39 | 37,668.10 | 5,888,984.90 | 14,197,032.79 | 10,011,015.10 |

| Pmt | Principal        | Interest         | Cum Prin            | Cum Int              | Prin Bal            |
|-----|------------------|------------------|---------------------|----------------------|---------------------|
| 282 | 33,939.18        | 37,541.31        | 5,922,924.08        | 14,234,574.10        | 9,977,075.92        |
| 283 | 34,066.46        | 37,414.03        | 5,956,990.54        | 14,271,988.13        | 9,943,009.46        |
| 284 | 34,194.20        | 37,286.29        | 5,991,184.74        | 14,309,274.42        | 9,908,815.26        |
| 285 | 34,322.43        | 37,158.06        | 6,025,507.17        | 14,346,432.48        | 9,874,492.83        |
| 286 | 34,451.14        | 37,029.35        | 6,059,958.31        | 14,383,461.83        | 9,840,041.69        |
| 287 | 34,580.33        | 36,900.16        | 6,094,538.64        | 14,420,361.99        | 9,805,461.36        |
| 288 | 34,710.01        | 36,770.48        | 6,129,248.65        | 14,457,132.47        | 9,770,751.35        |
| 289 | 34,840.17        | 36,640.32        | 6,164,088.82        | 14,493,772.79        | 9,735,911.18        |
| 290 | 34,970.82        | 36,509.67        | 6,199,059.64        | 14,530,282.46        | 9,700,940.36        |
| 291 | 35,101.96        | 36,378.53        | 6,234,161.60        | 14,566,660.99        | 9,665,838.40        |
| 292 | 35,233.60        | 36,246.89        | 6,269,395.20        | 14,602,907.88        | 9,630,604.80        |
| 293 | 35,365.72        | 36,114.77        | 6,304,760.92        | 14,639,022.65        | 9,595,239.08        |
| 294 | 35,498.34        | 35,982.15        | 6,340,259.26        | 14,675,004.80        | 9,559,740.74        |
| 295 | 35,631.46        | 35,849.03        | 6,375,890.72        | 14,710,853.83        | 9,524,109.28        |
| 296 | <b>35,765.08</b> | <b>35,715.41</b> | <b>6,411,655.80</b> | <b>14,746,569.24</b> | <b>9,488,344.20</b> |
| 297 | 35,899.20        | 35,581.29        | 6,447,555.00        | 14,782,150.53        | 9,452,445.00        |
| 298 | 36,033.82        | 35,446.67        | 6,483,588.82        | 14,817,597.20        | 9,416,411.18        |
| 299 | 36,168.95        | 35,311.54        | 6,519,757.77        | 14,852,908.74        | 9,380,242.23        |
| 300 | 36,304.58        | 35,175.91        | 6,556,062.35        | 14,888,084.65        | 9,343,937.65        |
| 301 | 36,440.72        | 35,039.77        | 6,592,503.07        | 14,923,124.42        | 9,307,496.93        |
| 302 | 36,577.38        | 34,903.11        | 6,629,080.45        | 14,958,027.53        | 9,270,919.55        |
| 303 | 36,714.54        | 34,765.95        | 6,665,794.99        | 14,992,793.48        | 9,234,205.01        |
| 304 | 36,852.22        | 34,628.27        | 6,702,647.21        | 15,027,421.75        | 9,197,352.79        |
| 305 | 36,990.42        | 34,490.07        | 6,739,637.63        | 15,061,911.82        | 9,160,362.37        |
| 306 | 37,129.13        | 34,351.36        | 6,776,766.76        | 15,096,263.18        | 9,123,233.24        |
| 307 | 37,268.37        | 34,212.12        | 6,814,035.13        | 15,130,475.30        | 9,085,964.87        |
| 308 | 37,408.12        | 34,072.37        | 6,851,443.25        | 15,164,547.67        | 9,048,556.75        |
| 309 | 37,548.40        | 33,932.09        | 6,888,991.65        | 15,198,479.76        | 9,011,008.35        |
| 310 | 37,689.21        | 33,791.28        | 6,926,680.86        | 15,232,271.04        | 8,973,319.14        |
| 311 | 37,830.54        | 33,649.95        | 6,964,511.40        | 15,265,920.99        | 8,935,488.60        |
| 312 | 37,972.41        | 33,508.08        | 7,002,483.81        | 15,299,429.07        | 8,897,516.19        |
| 313 | 38,114.80        | 33,365.69        | 7,040,598.61        | 15,332,794.76        | 8,859,401.39        |
| 314 | 38,257.73        | 33,222.76        | 7,078,856.34        | 15,366,017.52        | 8,821,143.66        |
| 315 | 38,401.20        | 33,079.29        | 7,117,257.54        | 15,399,096.81        | 8,782,742.46        |
| 316 | 38,545.21        | 32,935.28        | 7,155,802.75        | 15,432,032.09        | 8,744,197.25        |
| 317 | 38,689.75        | 32,790.74        | 7,194,492.50        | 15,464,822.83        | 8,705,507.50        |
| 318 | 38,834.84        | 32,645.65        | 7,233,327.34        | 15,497,468.48        | 8,666,672.66        |
| 319 | 38,980.47        | 32,500.02        | 7,272,307.81        | 15,529,968.50        | 8,627,692.19        |
| 320 | 39,126.64        | 32,353.85        | 7,311,434.45        | 15,562,322.35        | 8,588,565.55        |
| 321 | 39,273.37        | 32,207.12        | 7,350,707.82        | 15,594,529.47        | 8,549,292.18        |
| 322 | 39,420.64        | 32,059.85        | 7,390,128.46        | 15,626,589.32        | 8,509,871.54        |
| 323 | 39,568.47        | 31,912.02        | 7,429,696.93        | 15,658,501.34        | 8,470,303.07        |
| 324 | 39,716.85        | 31,763.64        | 7,469,413.78        | 15,690,264.98        | 8,430,586.22        |
| 325 | 39,865.79        | 31,614.70        | 7,509,279.57        | 15,721,879.68        | 8,390,720.43        |
| 326 | 40,015.29        | 31,465.20        | 7,549,294.86        | 15,753,344.88        | 8,350,705.14        |
| 327 | 40,165.35        | 31,315.14        | 7,589,460.21        | 15,784,660.02        | 8,310,539.79        |
| 328 | 40,315.97        | 31,164.52        | 7,629,776.18        | 15,815,824.54        | 8,270,223.82        |
| 329 | 40,467.15        | 31,013.34        | 7,670,243.33        | 15,846,837.88        | 8,229,756.67        |
| 330 | 40,618.90        | 30,861.59        | 7,710,862.23        | 15,877,699.47        | 8,189,137.77        |
| 331 | 40,771.22        | 30,709.27        | 7,751,633.45        | 15,908,408.74        | 8,148,366.55        |
| 332 | 40,924.12        | 30,556.37        | 7,792,557.57        | 15,938,965.11        | 8,107,442.43        |
| 333 | 41,077.58        | 30,402.91        | 7,833,635.15        | 15,969,368.02        | 8,066,364.85        |
| 334 | 41,231.62        | 30,248.87        | 7,874,866.77        | 15,999,616.89        | 8,025,133.23        |
| 335 | 41,386.24        | 30,094.25        | 7,916,253.01        | 16,029,711.14        | 7,983,746.99        |
| 336 | 41,541.44        | 29,939.05        | 7,957,794.45        | 16,059,650.19        | 7,942,205.55        |
| 337 | 41,697.22        | 29,783.27        | 7,999,491.67        | 16,089,433.46        | 7,900,508.33        |

| Pmt   | Principal | Interest  | Cum Prin      | Cum Int       | Prin Bal     |
|-------|-----------|-----------|---------------|---------------|--------------|
| 338   | 41,853.58 | 29,626.91 | 8,041,345.25  | 16,119,060.37 | 7,858,654.75 |
| 339   | 42,010.53 | 29,469.96 | 8,083,355.78  | 16,148,530.33 | 7,816,644.22 |
| 340   | 42,168.07 | 29,312.42 | 8,125,523.85  | 16,177,842.75 | 7,774,476.15 |
| 341   | 42,326.20 | 29,154.29 | 8,167,850.05  | 16,206,997.04 | 7,732,149.95 |
| 342   | 42,484.93 | 28,995.56 | 8,210,334.98  | 16,235,992.60 | 7,689,665.02 |
| 343   | 42,644.25 | 28,836.24 | 8,252,979.23  | 16,264,828.84 | 7,647,020.77 |
| 344   | 42,804.16 | 28,676.33 | 8,295,783.39  | 16,293,505.17 | 7,604,216.61 |
| 345   | 42,964.68 | 28,515.81 | 8,338,748.07  | 16,322,020.98 | 7,561,251.93 |
| 346   | 43,125.80 | 28,354.69 | 8,381,873.87  | 16,350,375.67 | 7,518,126.13 |
| 347   | 43,287.52 | 28,192.97 | 8,425,161.39  | 16,378,568.64 | 7,474,838.61 |
| 348   | 43,449.85 | 28,030.64 | 8,468,611.24  | 16,406,599.28 | 7,431,388.76 |
| <hr/> |           |           |               |               |              |
| 349   | 43,612.78 | 27,867.71 | 8,512,224.02  | 16,434,466.99 | 7,387,775.98 |
| 350   | 43,776.33 | 27,704.16 | 8,556,000.35  | 16,462,171.15 | 7,343,999.65 |
| 351   | 43,940.49 | 27,540.00 | 8,599,940.84  | 16,489,711.15 | 7,300,059.16 |
| 352   | 44,105.27 | 27,375.22 | 8,644,046.11  | 16,517,086.37 | 7,255,953.89 |
| 353   | 44,270.66 | 27,209.83 | 8,688,316.77  | 16,544,296.20 | 7,211,683.23 |
| 354   | 44,436.68 | 27,043.81 | 8,732,753.45  | 16,571,340.01 | 7,167,246.55 |
| 355   | 44,603.32 | 26,877.17 | 8,777,356.77  | 16,598,217.18 | 7,122,643.23 |
| 356   | 44,770.58 | 26,709.91 | 8,822,127.35  | 16,624,927.09 | 7,077,872.65 |
| 357   | 44,938.47 | 26,542.02 | 8,867,065.82  | 16,651,469.11 | 7,032,934.18 |
| 358   | 45,106.99 | 26,373.50 | 8,912,172.81  | 16,677,842.61 | 6,987,827.19 |
| 359   | 45,276.14 | 26,204.35 | 8,957,448.95  | 16,704,046.96 | 6,942,551.05 |
| 360   | 45,445.92 | 26,034.57 | 9,002,894.87  | 16,730,081.53 | 6,897,105.13 |
| <hr/> |           |           |               |               |              |
| 361   | 45,616.35 | 25,864.14 | 9,048,511.22  | 16,755,945.67 | 6,851,488.78 |
| 362   | 45,787.41 | 25,693.08 | 9,094,298.63  | 16,781,638.75 | 6,805,701.37 |
| 363   | 45,959.11 | 25,521.38 | 9,140,257.74  | 16,807,160.13 | 6,759,742.26 |
| 364   | 46,131.46 | 25,349.03 | 9,186,389.20  | 16,832,509.16 | 6,713,610.80 |
| 365   | 46,304.45 | 25,176.04 | 9,232,693.65  | 16,857,685.20 | 6,667,306.35 |
| 366   | 46,478.09 | 25,002.40 | 9,279,171.74  | 16,882,687.60 | 6,620,828.26 |
| 367   | 46,652.38 | 24,828.11 | 9,325,824.12  | 16,907,515.71 | 6,574,175.88 |
| 368   | 46,827.33 | 24,653.16 | 9,372,651.45  | 16,932,168.87 | 6,527,348.55 |
| 369   | 47,002.93 | 24,477.56 | 9,419,654.38  | 16,956,646.43 | 6,480,345.62 |
| 370   | 47,179.19 | 24,301.30 | 9,466,833.57  | 16,980,947.73 | 6,433,166.43 |
| 371   | 47,356.12 | 24,124.37 | 9,514,189.69  | 17,005,072.10 | 6,385,810.31 |
| 372   | 47,533.70 | 23,946.79 | 9,561,723.39  | 17,029,018.89 | 6,338,276.61 |
| <hr/> |           |           |               |               |              |
| 373   | 47,711.95 | 23,768.54 | 9,609,435.34  | 17,052,787.43 | 6,290,564.66 |
| 374   | 47,890.87 | 23,589.62 | 9,657,326.21  | 17,076,377.05 | 6,242,673.79 |
| 375   | 48,070.46 | 23,410.03 | 9,705,396.67  | 17,099,787.08 | 6,194,603.33 |
| 376   | 48,250.73 | 23,229.76 | 9,753,647.40  | 17,123,016.84 | 6,146,352.60 |
| 377   | 48,431.67 | 23,048.82 | 9,802,079.07  | 17,146,065.66 | 6,097,920.93 |
| 378   | 48,613.29 | 22,867.20 | 9,850,692.36  | 17,168,932.86 | 6,049,307.64 |
| 379   | 48,795.59 | 22,684.90 | 9,899,487.95  | 17,191,617.76 | 6,000,512.05 |
| 380   | 48,978.57 | 22,501.92 | 9,948,466.52  | 17,214,119.68 | 5,951,533.48 |
| 381   | 49,162.24 | 22,318.25 | 9,997,628.76  | 17,236,437.93 | 5,902,371.24 |
| 382   | 49,346.60 | 22,133.89 | 10,046,975.36 | 17,258,571.82 | 5,853,024.64 |
| 383   | 49,531.65 | 21,948.84 | 10,096,507.01 | 17,280,520.66 | 5,803,492.99 |
| 384   | 49,717.39 | 21,763.10 | 10,146,224.40 | 17,302,283.76 | 5,753,775.60 |
| <hr/> |           |           |               |               |              |
| 385   | 49,903.83 | 21,576.66 | 10,196,128.23 | 17,323,860.42 | 5,703,871.77 |
| 386   | 50,090.97 | 21,389.52 | 10,246,219.20 | 17,345,249.94 | 5,653,780.80 |
| 387   | 50,278.81 | 21,201.68 | 10,296,498.01 | 17,366,451.62 | 5,603,501.99 |
| 388   | 50,467.36 | 21,013.13 | 10,346,965.37 | 17,387,464.75 | 5,553,034.63 |
| 389   | 50,656.61 | 20,823.88 | 10,397,621.98 | 17,408,288.63 | 5,502,378.02 |
| 390   | 50,846.57 | 20,633.92 | 10,448,468.55 | 17,428,922.55 | 5,451,531.45 |
| 391   | 51,037.25 | 20,443.24 | 10,499,505.80 | 17,449,365.79 | 5,400,494.20 |
| 392   | 51,228.64 | 20,251.85 | 10,550,734.44 | 17,469,617.64 | 5,349,265.56 |
| 393   | 51,420.74 | 20,059.75 | 10,602,155.18 | 17,489,677.39 | 5,297,844.82 |
| 394   | 51,613.57 | 19,866.92 | 10,653,768.75 | 17,509,544.31 | 5,246,231.25 |

| Pmt | Principal | Interest  | Cum Prin      | Cum Int       | Prin Bal     |
|-----|-----------|-----------|---------------|---------------|--------------|
| 395 | 51,807.12 | 19,673.37 | 10,705,575.87 | 17,529,217.68 | 5,194,424.13 |
| 396 | 52,001.40 | 19,479.09 | 10,757,577.27 | 17,548,696.77 | 5,142,422.73 |
| 397 | 52,196.40 | 19,284.09 | 10,809,773.67 | 17,567,980.86 | 5,090,226.33 |
| 398 | 52,392.14 | 19,088.35 | 10,862,165.81 | 17,587,069.21 | 5,037,834.19 |
| 399 | 52,588.61 | 18,891.88 | 10,914,754.42 | 17,605,961.09 | 4,985,245.58 |
| 400 | 52,785.82 | 18,694.67 | 10,967,540.24 | 17,624,655.76 | 4,932,459.76 |
| 401 | 52,983.77 | 18,496.72 | 11,020,524.01 | 17,643,152.48 | 4,879,475.99 |
| 402 | 53,182.46 | 18,298.03 | 11,073,706.47 | 17,661,450.51 | 4,826,293.53 |
| 403 | 53,381.89 | 18,098.60 | 11,127,088.36 | 17,679,549.11 | 4,772,911.64 |
| 404 | 53,582.07 | 17,898.42 | 11,180,670.43 | 17,697,447.53 | 4,719,329.57 |
| 405 | 53,783.00 | 17,697.49 | 11,234,453.43 | 17,715,145.02 | 4,665,546.57 |
| 406 | 53,984.69 | 17,495.80 | 11,288,438.12 | 17,732,640.82 | 4,611,561.88 |
| 407 | 54,187.13 | 17,293.36 | 11,342,625.25 | 17,749,934.18 | 4,557,374.75 |
| 408 | 54,390.33 | 17,090.16 | 11,397,015.58 | 17,767,024.34 | 4,502,984.42 |
| 409 | 54,594.30 | 16,886.19 | 11,451,609.88 | 17,783,910.53 | 4,448,390.12 |
| 410 | 54,799.03 | 16,681.46 | 11,506,408.91 | 17,800,591.99 | 4,393,591.09 |
| 411 | 55,004.52 | 16,475.97 | 11,561,413.43 | 17,817,067.96 | 4,338,586.57 |
| 412 | 55,210.79 | 16,269.70 | 11,616,624.22 | 17,833,337.66 | 4,283,375.78 |
| 413 | 55,417.83 | 16,062.66 | 11,672,042.05 | 17,849,400.32 | 4,227,957.95 |
| 414 | 55,625.65 | 15,854.84 | 11,727,667.70 | 17,865,255.16 | 4,172,332.30 |
| 415 | 55,834.24 | 15,646.25 | 11,783,501.94 | 17,880,901.41 | 4,116,498.06 |
| 416 | 56,043.62 | 15,436.87 | 11,839,545.56 | 17,896,338.28 | 4,060,454.44 |
| 417 | 56,253.79 | 15,226.70 | 11,895,799.35 | 17,911,564.98 | 4,004,200.65 |
| 418 | 56,464.74 | 15,015.75 | 11,952,264.09 | 17,926,580.73 | 3,947,735.91 |
| 419 | 56,676.48 | 14,804.01 | 12,008,940.57 | 17,941,384.74 | 3,891,059.43 |
| 420 | 56,889.02 | 14,591.47 | 12,065,829.59 | 17,955,976.21 | 3,834,170.41 |
| 421 | 57,102.35 | 14,378.14 | 12,122,931.94 | 17,970,354.35 | 3,777,068.06 |
| 422 | 57,316.48 | 14,164.01 | 12,180,248.42 | 17,984,518.36 | 3,719,751.58 |
| 423 | 57,531.42 | 13,949.07 | 12,237,779.84 | 17,998,467.43 | 3,662,220.16 |
| 424 | 57,747.16 | 13,733.33 | 12,295,527.00 | 18,012,200.76 | 3,604,473.00 |
| 425 | 57,963.72 | 13,516.77 | 12,353,490.72 | 18,025,717.53 | 3,546,509.28 |
| 426 | 58,181.08 | 13,299.41 | 12,411,671.80 | 18,039,016.94 | 3,488,328.20 |
| 427 | 58,399.26 | 13,081.23 | 12,470,071.06 | 18,052,098.17 | 3,429,928.94 |
| 428 | 58,618.26 | 12,862.23 | 12,528,689.32 | 18,064,960.40 | 3,371,310.68 |
| 429 | 58,838.07 | 12,642.42 | 12,587,527.39 | 18,077,602.82 | 3,312,472.61 |
| 430 | 59,058.72 | 12,421.77 | 12,646,586.11 | 18,090,024.59 | 3,253,413.89 |
| 431 | 59,280.19 | 12,200.30 | 12,705,866.30 | 18,102,224.89 | 3,194,133.70 |
| 432 | 59,502.49 | 11,978.00 | 12,765,368.79 | 18,114,202.89 | 3,134,631.21 |
| 433 | 59,725.62 | 11,754.87 | 12,825,094.41 | 18,125,957.76 | 3,074,905.59 |
| 434 | 59,949.59 | 11,530.90 | 12,885,044.00 | 18,137,488.66 | 3,014,956.00 |
| 435 | 60,174.41 | 11,306.08 | 12,945,218.41 | 18,148,794.74 | 2,954,781.59 |
| 436 | 60,400.06 | 11,080.43 | 13,005,618.47 | 18,159,875.17 | 2,894,381.53 |
| 437 | 60,626.56 | 10,853.93 | 13,066,245.03 | 18,170,729.10 | 2,833,754.97 |
| 438 | 60,853.91 | 10,626.58 | 13,127,098.94 | 18,181,355.68 | 2,772,901.06 |
| 439 | 61,082.11 | 10,398.38 | 13,188,181.05 | 18,191,754.06 | 2,711,818.95 |
| 440 | 61,311.17 | 10,169.32 | 13,249,492.22 | 18,201,923.38 | 2,650,507.78 |
| 441 | 61,541.09 | 9,939.40  | 13,311,033.31 | 18,211,862.78 | 2,588,966.69 |
| 442 | 61,771.86 | 9,708.63  | 13,372,805.17 | 18,221,571.41 | 2,527,194.83 |
| 443 | 62,003.51 | 9,476.98  | 13,434,808.68 | 18,231,048.39 | 2,465,191.32 |
| 444 | 62,236.02 | 9,244.47  | 13,497,044.70 | 18,240,292.86 | 2,402,955.30 |
| 445 | 62,469.41 | 9,011.08  | 13,559,514.11 | 18,249,303.94 | 2,340,485.89 |
| 446 | 62,703.67 | 8,776.82  | 13,622,217.78 | 18,258,080.76 | 2,277,782.22 |
| 447 | 62,938.81 | 8,541.68  | 13,685,156.59 | 18,266,622.44 | 2,214,843.41 |
| 448 | 63,174.83 | 8,305.66  | 13,748,331.42 | 18,274,928.10 | 2,151,668.58 |
| 449 | 63,411.73 | 8,068.76  | 13,811,743.15 | 18,282,996.86 | 2,088,256.85 |
| 450 | 63,649.53 | 7,830.96  | 13,875,392.68 | 18,290,827.82 | 2,024,607.32 |

| Pmt   | Principal  | Interest | Cum Prin      | Cum Int       | Prin Bal     |
|-------|------------|----------|---------------|---------------|--------------|
| 451   | 63,888.21  | 7,592.28 | 13,939,280.89 | 18,298,420.10 | 1,960,719.11 |
| 452   | 64,127.79  | 7,352.70 | 14,003,408.68 | 18,305,772.80 | 1,896,591.32 |
| 453   | 64,368.27  | 7,112.22 | 14,067,776.95 | 18,312,885.02 | 1,832,223.05 |
| 454   | 64,609.65  | 6,870.84 | 14,132,386.60 | 18,319,755.86 | 1,767,613.40 |
| 455   | 64,851.94  | 6,628.55 | 14,197,238.54 | 18,326,384.41 | 1,702,761.46 |
| 456   | 65,095.13  | 6,385.36 | 14,262,333.67 | 18,332,769.77 | 1,637,666.33 |
| <hr/> |            |          |               |               |              |
| 457   | 65,339.24  | 6,141.25 | 14,327,672.91 | 18,338,911.02 | 1,572,327.09 |
| 458   | 65,584.26  | 5,896.23 | 14,393,257.17 | 18,344,807.25 | 1,506,742.83 |
| 459   | 65,830.20  | 5,650.29 | 14,459,087.37 | 18,350,457.54 | 1,440,912.63 |
| 460   | 66,077.07  | 5,403.42 | 14,525,164.44 | 18,355,860.96 | 1,374,835.56 |
| 461   | 66,324.86  | 5,155.63 | 14,591,489.30 | 18,361,016.59 | 1,308,510.70 |
| 462   | 66,573.57  | 4,906.92 | 14,658,062.87 | 18,365,923.51 | 1,241,937.13 |
| 463   | 66,823.23  | 4,657.26 | 14,724,886.10 | 18,370,580.77 | 1,175,113.90 |
| 464   | 67,073.81  | 4,406.68 | 14,791,959.91 | 18,374,987.45 | 1,108,040.09 |
| 465   | 67,325.34  | 4,155.15 | 14,859,285.25 | 18,379,142.60 | 1,040,714.75 |
| 466   | 67,577.81  | 3,902.68 | 14,926,863.06 | 18,383,045.28 | 973,136.94   |
| 467   | 67,831.23  | 3,649.26 | 14,994,694.29 | 18,386,694.54 | 905,305.71   |
| 468   | 68,085.59  | 3,394.90 | 15,062,779.88 | 18,390,089.44 | 837,220.12   |
| <hr/> |            |          |               |               |              |
| 469   | 68,340.91  | 3,139.58 | 15,131,120.79 | 18,393,229.02 | 768,879.21   |
| 470   | 68,597.19  | 2,883.30 | 15,199,717.98 | 18,396,112.32 | 700,282.02   |
| 471   | 68,854.43  | 2,626.06 | 15,268,572.41 | 18,398,738.38 | 631,427.59   |
| 472   | 69,112.64  | 2,367.85 | 15,337,685.05 | 18,401,106.23 | 562,314.95   |
| 473   | 69,371.81  | 2,108.68 | 15,407,056.86 | 18,403,214.91 | 492,943.14   |
| 474   | 69,631.95  | 1,848.54 | 15,476,688.81 | 18,405,063.45 | 423,311.19   |
| 475   | 69,893.07  | 1,587.42 | 15,546,581.88 | 18,406,650.87 | 353,418.12   |
| 476   | 70,155.17  | 1,325.32 | 15,616,737.05 | 18,407,976.19 | 283,262.95   |
| 477   | 70,418.25  | 1,062.24 | 15,687,155.30 | 18,409,038.43 | 212,844.70   |
| 478   | 70,682.32  | 798.17   | 15,757,837.62 | 18,409,836.60 | 142,162.38   |
| 479   | 70,947.38  | 533.11   | 15,828,785.00 | 18,410,369.71 | 71,215.00    |
| 480   | *71,215.00 | 267.06   | 15,900,000.00 | 18,410,636.77 | 0.00         |

\*The final payment has been adjusted to account for payments having been rounded to the nearest cent.



### Financial Viability

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

### Financial Viability Waiver

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

1. “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.

Appended as ATTACHMENT-29A, are the worksheets providing the calculations for each entity, i.e., Alden Bartlett, LLC (owner), Alden Estates of Bartlett, Inc. (operator), and on a combined basis (Bartlett Investments I, LLC).

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.

The projected financial statements for the first full year at target utilization (second year after project completion (2021) is appended as ATTACHMENT-29B. The proforma statements are for the ownership entity, the operator entity, and on a combined basis.

Alden Bartlett, LLC (Real Estate)  
Real Estate Viability Ratios

| Current Ratio:                           | 2019       | Ratio   | 2020       | Ratio   | 2021       | Ratio   |
|------------------------------------------|------------|---------|------------|---------|------------|---------|
| Current Assets                           | 470,407    | 2.01    | 595,806    | 1.63    | 625,272    | 1.55    |
| Current liabilities                      | 233,995    |         | 366,358    |         | 402,964    |         |
| Net Margin Percentage:                   |            |         |            |         |            |         |
| Net Income                               | (42,112)   | -3.85%  | (268,709)  | -22.00% | (261,652)  | -20.90% |
| Net Operating Income                     | 1,092,405  |         | 1,221,215  |         | 1,252,025  |         |
| Percent of debt to total capitalization: |            |         |            |         |            |         |
| Long term debt                           | 15,628,648 | 78.72%  | 15,470,945 | 79.20%  | 15,305,997 | 79.67%  |
| Long term debt plus shareholder's equity | 19,853,381 |         | 19,534,452 |         | 19,212,513 |         |
| Projected Debt Service Coverage:         |            |         |            |         |            |         |
| Net Income+Depreciation+Interest         | 977,645    | 1.14    | 965,725    | 1.13    | 965,871    | 1.13    |
| Principal and Interest                   | 857,766    |         | 857,766    |         | 857,766    |         |
| Days Cash on Hand:                       |            |         |            |         |            |         |
| Cash in bank                             | 371,407    | 135,788 | 450,806    | 14,959  | 460,272    | 15,273  |
| Operating Expenses/365                   | 3          |         | 30         |         | 30         |         |
| Cushion Ratio:                           |            |         |            |         |            |         |
| Cash and investments                     | 371,407    | 0.43    | 450,806    | 0.53    | 460,272    | 0.54    |
| Maximum Annual Debt Service              | 857,766    |         | 857,766    |         | 857,766    |         |

These ratios should not be considered in an evaluation of project viability. Because these entities are related parties individual entity ratios are irrelevant. The combined ratios should be used to evaluate financial feasibility.

Alden Estates of Bartlett, Inc. (Operator)  
Operator Viability Ratios

| Current Ratio:                           | 2018        | Ratio   | 2020       | Ratio  | 2021       | Ratio |
|------------------------------------------|-------------|---------|------------|--------|------------|-------|
| Current Assets                           | 1,131,741   | 1.33    | 1,662,326  | 1.95   | 2,227,673  | 2.57  |
| Current liabilities                      | 850,942     |         | 850,318    |        | 865,199    |       |
| Net Margin Percentage:                   |             |         |            |        |            |       |
| Net Income                               | (1,487,642) | -35.66% | 780,742    | 7.43%  | 894,355    | 8.17% |
| Net Revenues                             | 4,171,761   |         | 10,512,212 |        | 10,943,980 |       |
| Percent of debt to total capitalization: |             |         |            |        |            |       |
| Long term debt                           | 518,441     | 59.19%  | 268,907    | 24.56% | -          | 0.00% |
| Long term debt plus shareholder's equity | 875,856     |         | 1,094,767  |        | 1,362,473  |       |
| Projected Debt Service Coverage:         |             |         |            |        |            |       |
| Net Income+Depreciation+Interest         | (1,440,500) | (30.56) | 829,139    | 2.96   | 924,778    | 3.30  |
| Principal and Interest                   | 47,142      |         | 279,960    |        | 279,960    |       |
| Days Cash on Hand:                       |             |         |            |        |            |       |
| Cash in bank                             | 77,190      | 5.22    | 225,706    | 9.86   | 748,162    | 31.59 |
| Operating Expenses/365                   | 14,798      |         | 22,899     |        | 23,682     |       |
| Cushion Ratio:                           |             |         |            |        |            |       |
| Cash and investments                     | 77,190      | 1.64    | 225,706    | 0.81   | 748,162    | 2.67  |
| Maximum Annual Debt Service              | 47,142      |         | 279,960    |        | 279,960    |       |

These ratios should not be considered in an evaluation of project viability. Because these entities are related parties individual entity ratios are irrelevant. The combined ratios should be used to evaluate financial feasibility.

**Bartlett Investments I, LLC  
Combined Viability Ratios**

| <b>Current Ratio:</b>                           | <b>2019</b> | <b>Ratio</b> | <b>2020</b> | <b>Ratio</b> | <b>2021</b> | <b>Ratio</b> |
|-------------------------------------------------|-------------|--------------|-------------|--------------|-------------|--------------|
| Current Assets                                  | 1,602,148   | 1.48         | 2,258,132   | 1.86         | 2,852,945   | 2.27         |
| Current liabilities                             | 1,084,937   |              | 1,216,676   |              | 1,257,663   |              |
| <b>Net Margin Percentage:</b>                   |             |              |             |              |             |              |
| Net Income                                      | (1,540,005) | -36.91%      | 512,031     | 4.87%        | 621,695     | 5.68%        |
| Net Operating income                            | 4,172,166   |              | 10,513,427  |              | 10,946,005  |              |
| <b>Percent of debt to total capitalization:</b> |             |              |             |              |             |              |
| Long term debt                                  | 16,147,089  | 77.90%       | 15,739,852  | 76.30%       | 15,305,997  | 74.39%       |
| Long term debt plus shareholder's equity        | 20,729,237  |              | 20,629,219  |              | 20,574,986  |              |
| <b>Projected Debt Service Coverage:</b>         |             |              |             |              |             |              |
| Net Income+Depreciation+Interest                | (473,106)   | (0.42)       | 1,794,862   | 1.58         | 1,879,640   | 1.65         |
| Principal and Interest                          | 1,137,718   |              | 1,137,718   |              | 1,137,718   |              |
| <b>Days Cash on Hand:</b>                       |             |              |             |              |             |              |
| Cash in bank                                    | 448,597     | 36.28        | 676,512     | 29.54        | 1,208,434   | 51.03        |
| Operating Expenses/365                          | 12,365      |              | 22,899      |              | 23,682      |              |
| <b>Cushion Ratio:</b>                           |             |              |             |              |             |              |
| Cash and investments                            | 448,597     | 0.39         | 676,512     | 0.59         | 1,208,434   | 1.06         |
| Maximum Annual Debt Service                     | 1,137,718   |              | 1,137,718   |              | 1,137,718   |              |

The project does not meet minimum standards for Days Cash on Hand or a Cushion Ratio. Because this is an operating business whose receivables are due from third party payers such as The State of Illinois, Medicare and insurance carriers, collections Range from 45 up to as much as 210 days. In order to meet these ratios, the project would need to borrow additional funds which would add debt services and interest costs to the project. Therefore, a waiver is requested.

(0)

**Alden Bartlett, LLC (Real Estate)**  
**Projected Income Statement**  
**For the years to end December 31, 2019, 2020 and 2021**

|                            | <u>2019</u>      | <u>2020</u>      | <u>2021</u>      |
|----------------------------|------------------|------------------|------------------|
| Rental Income              | 1,092,000        | 1,220,000        | 1,250,000        |
| Interest income            | <u>405</u>       | <u>1,215</u>     | <u>2,025</u>     |
| Total Income.              | <u>1,092,405</u> | <u>1,221,215</u> | <u>1,252,025</u> |
| Operating Expenses:        |                  |                  |                  |
| Interest expenses          | 594,229          | 706,986          | 700,083          |
| Mortgage insurance         | 66,000           | 78,890           | 78,138           |
| Real Estate Taxes          | 24,000           | 150,000          | 180,000          |
| Property Insurance         | 14,760           | 15,600           | 17,016           |
| Professional fees          | 7,500            | 7,500            | 7,500            |
| Other costs                | 2,500            | 3,500            | 3,500            |
| Depreciation expense       | <u>425,528</u>   | <u>527,448</u>   | <u>527,460</u>   |
| Total Expenses             | <u>1,134,517</u> | <u>1,489,924</u> | <u>1,513,677</u> |
| Net Income from Operations | (42,112)         | (268,709)        | (261,652)        |
| Income Taxes               | <u>(16,845)</u>  | <u>(107,484)</u> | <u>(104,661)</u> |
| Net Income                 | <u>(25,267)</u>  | <u>(161,225)</u> | <u>(156,991)</u> |

**Alden Bartlett, LLC (Real Estate)**  
**Projected Balance Sheet**  
**As of December 31, 2019 through 2021**

|                                                   | <u>2019</u>       | <u>2020</u>       | <u>2021</u>        |
|---------------------------------------------------|-------------------|-------------------|--------------------|
| <b>Current assets:</b>                            |                   |                   |                    |
| Cash In bank and on hand                          | 371,407           | 450,806           | 460,272            |
| Tax and insurance escrows                         | <u>99,000</u>     | <u>145,000</u>    | <u>165,000</u>     |
| <b>Total current assets</b>                       | <u>470,407</u>    | <u>595,806</u>    | <u>625,272</u>     |
| <b>Property, Plant and equipment:</b>             |                   |                   |                    |
| Land                                              | 1,208,128         | 1,208,128         | 1,208,128          |
| Building                                          | 17,913,248        | 17,913,248        | 17,913,248         |
| Major moveables                                   | 796,276           | 796,276           | 796,276            |
| Minor moveables                                   | -                 | -                 | -                  |
| Subtotal                                          | <u>19,917,652</u> | <u>19,917,652</u> | <u>19,917,652</u>  |
| Accumulated depreciation                          | <u>(425,528)</u>  | <u>(952,976)</u>  | <u>(1,480,436)</u> |
| <b>Net fixed assets</b>                           | <u>19,492,124</u> | <u>18,964,676</u> | <u>18,437,216</u>  |
| <b>Other assets:</b>                              |                   |                   |                    |
| Deferred Income Taxes                             | 16,845            | 124,328           | 228,989            |
| Replacement reserve                               | <u>108,000</u>    | <u>216,000</u>    | <u>324,000</u>     |
| <b>Total assets</b>                               | <u>20,087,376</u> | <u>19,900,810</u> | <u>19,615,477</u>  |
| <b>Liabilities and Stockholder's Equity</b>       |                   |                   |                    |
| <b>Current Liabilities:</b>                       |                   |                   |                    |
| Current portion mortgage payable                  | 150,776           | 157,703           | 164,948            |
| Accrued real estate taxes                         | 24,000            | 150,000           | 180,000            |
| Accrued interest                                  | <u>59,219</u>     | <u>58,655</u>     | <u>58,016</u>      |
| <b>Total current liabilities</b>                  | <u>233,995</u>    | <u>366,358</u>    | <u>402,964</u>     |
| Long term debt-mortgage payable                   | <u>15,628,648</u> | <u>15,470,945</u> | <u>15,305,997</u>  |
| <b>Total liabilities</b>                          | <u>15,862,643</u> | <u>15,837,303</u> | <u>15,708,961</u>  |
| <b>Member's Equity:</b>                           |                   |                   |                    |
| Contributed capital                               | 4,250,000         | 4,250,000         | 4,250,000          |
| Retained earnings                                 | <u>(25,267)</u>   | <u>(186,493)</u>  | <u>(343,484)</u>   |
| <b>Total Member's Equity</b>                      | <u>4,224,733</u>  | <u>4,063,507</u>  | <u>3,906,516</u>   |
| <b>Total liabilities and stockholder's equity</b> | <u>20,087,376</u> | <u>19,900,810</u> | <u>19,615,477</u>  |

**Alden Estates of Bartlett Inc. (Operator)**  
**Projected Balance Sheet**  
**As of December 31, 2019 through 2021**

|                                                            | <u>2019</u>      | <u>2020</u>      | <u>2021</u>      |
|------------------------------------------------------------|------------------|------------------|------------------|
| <b>Current assets:</b>                                     |                  |                  |                  |
| Cash in bank and on hand                                   | 77,190           | 225,706          | 748,162          |
| Accounts receivable net of allowance for doubtful accounts | 1,024,551        | 1,403,620        | 1,444,835        |
| Inventory                                                  | 10,000           | 10,000           | 10,000           |
| Prepaid expenses                                           | 20,000           | 23,000           | 24,676           |
| <b>Total current assets</b>                                | <u>1,131,741</u> | <u>1,662,326</u> | <u>2,227,673</u> |
| <b>Other assets:</b>                                       |                  |                  |                  |
| Deferred Income Taxes                                      | 595,057          | 282,760          |                  |
| <b>Total assets</b>                                        | <u>1,726,798</u> | <u>1,945,086</u> | <u>2,227,673</u> |
| <b>Liabilities and Stockholder's Equity</b>                |                  |                  |                  |
| <b>Current Liabilities:</b>                                |                  |                  |                  |
| Current Portion Bank debt                                  | 231,559          | 249,534          | 268,907          |
| Accounts payable                                           | 310,790          | 278,310          | 299,700          |
| Accrued salaries                                           | 124,746          | 180,901          | 186,629          |
| Accrued interest                                           | 4,687            | 3,240            | 1,815            |
| Accrued payroll taxes                                      | 9,912            | 11,689           | 21,004           |
| Accrued Provider Taxes                                     | 19,248           | 26,644           | 26,644           |
| Other liabilities                                          | 150,000          | 100,000          | 50,000           |
| Corporate Tax Liability                                    | -                | -                | 10,500           |
| <b>Total current liabilities</b>                           | <u>850,942</u>   | <u>850,318</u>   | <u>865,199</u>   |
| Long term debt-Line of credit                              | 518,441          | 268,907          |                  |
| <b>Total liabilities</b>                                   | <u>1,369,383</u> | <u>1,119,225</u> | <u>865,199</u>   |
| <b>Stockholder's equity:</b>                               |                  |                  |                  |
| Contributed capital                                        | 1,250,000        | 1,250,000        | 1,250,000        |
| Retained earnings                                          | (892,585)        | (424,140)        | 112,473          |
| <b>Total stockholder's equity</b>                          | <u>357,415</u>   | <u>825,860</u>   | <u>1,362,473</u> |
| <b>Total liabilities and stockholder's equity</b>          | <u>1,726,798</u> | <u>1,945,085</u> | <u>2,227,672</u> |

**Alden Estates of Bartlett, Inc. (Operator)**  
**Projected Statement of Operations**  
**for the years to and December 31, 2019, 2020, and 2021**

|                                    | 2019                  | Per                | 2020                 | Per              | 2021                 | Per              |
|------------------------------------|-----------------------|--------------------|----------------------|------------------|----------------------|------------------|
|                                    | <u>Total</u>          | <u>Diem</u>        | <u>Total</u>         | <u>Diem</u>      | <u>Total</u>         | <u>Diem</u>      |
| <b>Revenues:</b>                   |                       |                    |                      |                  |                      |                  |
| Room & Board                       | \$ 4,148,136          | \$ 447.48          | \$ 10,451,547        | \$ 461.11        | \$ 10,879,899        | \$ 471.32        |
| Ancillary income                   | 23,175                | 2.50               | 60,085               | 2.65             | 63,481               | 2.75             |
| Provider tax                       | -                     | -                  | -                    | -                | -                    | -                |
| Other                              | 450                   | 0.05               | 600                  | 0.03             | 600                  | 0.03             |
| <b>Total Revenue</b>               | <b>\$ 4,171,761</b>   | <b>\$ 450.03</b>   | <b>\$ 10,512,212</b> | <b>\$ 483.79</b> | <b>\$ 10,943,980</b> | <b>\$ 474.09</b> |
| <b>Expenses:</b>                   |                       |                    |                      |                  |                      |                  |
| Nursing & Ancillary                | \$ 2,159,329          | \$ 232.94          | \$ 4,663,551         | \$ 205.75        | \$ 4,831,413         | \$ 209.30        |
| Activities                         | 40,594                | 4.38               | 70,668               | 3.12             | 72,598               | 3.14             |
| Employee costs                     | 450,993               | 48.65              | 764,347              | 33.72            | 782,245              | 33.89            |
| Dietary costs                      | 483,495               | 52.18              | 795,818              | 35.11            | 824,518              | 35.72            |
| Housekeeping & repairs             | 348,481               | 37.59              | 551,799              | 24.34            | 627,987              | 27.20            |
| Laundry & Linen                    | 48,360                | 5.22               | 56,175               | 2.48             | 73,508               | 3.18             |
| Marketing expenses                 | 57,649                | 6.22               | 61,470               | 2.71             | 61,320               | 2.66             |
| General and administrative         | 810,727               | 87.46              | 1,288,394            | 55.96            | 1,230,014            | 53.28            |
| Bad debts                          | 41,713                | 4.50               | 131,395              | 5.80             | 164,151              | 7.11             |
| Insurance expense                  | 78,920                | 8.51               | 99,456               | 4.39             | 101,448              | 4.39             |
| <b>Total expenses</b>              | <b>\$ 4,520,261</b>   | <b>\$ 487.62</b>   | <b>\$ 8,463,073</b>  | <b>\$ 373.38</b> | <b>\$ 8,768,202</b>  | <b>\$ 379.88</b> |
| <b>Gross Profit</b>                | <b>(348,500)</b>      | <b>\$ (37.59)</b>  | <b>\$ 2,049,139</b>  | <b>90.41</b>     | <b>\$ 2,174,778</b>  | <b>\$ 84.21</b>  |
| <b>Capital costs:</b>              |                       |                    |                      |                  |                      |                  |
| Rent Expense                       | \$ 1,092,000          | \$ 117.80          | \$ 1,220,000         | 53.83            | \$ 1,250,000         | \$ 54.15         |
| Interest-Working Capital           | \$ 47,142             | \$ 5.09            | 48,397               | 2.14             | 30,423               | 1.32             |
| <b>Total capital costs</b>         | <b>\$ 1,139,142</b>   | <b>\$ 122.89</b>   | <b>\$ 1,268,397</b>  | <b>\$ 55.98</b>  | <b>\$ 1,280,423</b>  | <b>\$ 55.47</b>  |
| <b>Net Income from Operations</b>  | <b>\$ (1,487,642)</b> | <b>\$ (160.48)</b> | <b>\$ 780,742</b>    | <b>34.45</b>     | <b>\$ 894,355</b>    | <b>\$ 38.74</b>  |
| <b>Income tax expense(benefit)</b> | <b>\$ 595,057</b>     |                    | <b>\$ (312,297)</b>  |                  | <b>\$ (357,742)</b>  |                  |
| <b>Net Income</b>                  | <b>(892,585)</b>      |                    | <b>468,445</b>       |                  | <b>536,613</b>       |                  |
| <b>Occupancy</b>                   | <b>9,270</b>          |                    | <b>22,666</b>        |                  | <b>23,084</b>        |                  |
| <b>Available Days</b>              | <b>20,808</b>         |                    | <b>24,820</b>        |                  | <b>24,820</b>        |                  |
| <b>Occupancy</b>                   | <b>44.55%</b>         |                    | <b>91.32%</b>        |                  | <b>93.01%</b>        |                  |



**Bartlett Investments I, LLC (Holding Company)**  
**Projected Unconsolidated Balance Sheet**  
**As of December 31, 2019, 2020 and 2021**

**Investments:**

Investment in Alden Estates-Courts of Bartlett, Inc.(Operator)  
Investment in Alden Bartlett, LLC (Real Estate)  
**Total Assets**

**Member's Equity**

**Alden New Lenox Investments, LLC**  
**Projected Unconsolidated Income Statement**  
**For the years to end December 31, 2016 through 2014**

**Equity in earnings (loss) on unconsolidated subsidiaries**

|                                                                 | <u>2019</u>         | <u>2020</u>       | <u>2021</u>       |
|-----------------------------------------------------------------|---------------------|-------------------|-------------------|
| Investment in Alden Estates-Courts of Bartlett, Inc.(Operator)  | 357,415             | 825,860           | 1,362,473         |
| Investment in Alden Bartlett, LLC (Real Estate)                 | 4,224,733           | 4,063,507         | 3,906,516         |
| <b>Total Assets</b>                                             | <u>4,582,148</u>    | <u>4,889,367</u>  | <u>5,268,989</u>  |
| <b>Member's Equity</b>                                          | <u>4,582,148</u>    | <u>4,889,367</u>  | <u>5,268,989</u>  |
| <b>Alden New Lenox Investments, LLC</b>                         |                     |                   |                   |
| <b>Projected Unconsolidated Income Statement</b>                |                     |                   |                   |
| <b>For the years to end December 31, 2016 through 2014</b>      |                     |                   |                   |
| <b>Equity in earnings (loss) on unconsolidated subsidiaries</b> | <u>\$ (924,003)</u> | <u>\$ 307,219</u> | <u>\$ 373,017</u> |

**Bartlett Investments I, LLC**  
**Projected Combined Balance Sheet**  
**As of December 31, 2019 through 2021**

|                                                            | <u>2019</u>       | <u>2020</u>       | <u>2021</u>        |
|------------------------------------------------------------|-------------------|-------------------|--------------------|
| <b>Current assets:</b>                                     |                   |                   |                    |
| Cash in bank and on hand                                   | 448,597           | 676,512           | 1,208,434          |
| Accounts receivable net of allowance for doubtful accounts | 1,024,551         | 1,403,620         | 1,444,835          |
| Inventory                                                  | 10,000            | 10,000            | 10,000             |
| Prepaid Expenses                                           | 20,000            | 23,000            | 24,676             |
| Tax and insurance escrows                                  | 99,000            | 145,000           | 165,000            |
| <b>Total current assets</b>                                | <u>1,602,148</u>  | <u>2,258,132</u>  | <u>2,852,945</u>   |
| <b>Property, Plant and equipment:</b>                      |                   |                   |                    |
| Land                                                       | 1,208,128         | 1,208,128         | 1,208,128          |
| Building                                                   | 17,913,248        | 17,913,248        | 17,913,248         |
| Major moveables                                            | 796,276           | 796,276           | 796,276            |
| Minor moveables                                            | -                 | -                 | -                  |
| Subtotal                                                   | <u>19,917,652</u> | <u>19,917,652</u> | <u>19,917,652</u>  |
| Accumulated depreciation                                   | <u>(425,528)</u>  | <u>(952,976)</u>  | <u>(1,480,436)</u> |
| <b>Net fixed assets</b>                                    | <u>19,492,124</u> | <u>18,964,676</u> | <u>18,437,216</u>  |
| <b>Other assets:</b>                                       |                   |                   |                    |
| Deferred Income Taxes                                      | 611,902           | 407,088           | 218,489            |
| Replacement reserve                                        | 108,000           | 216,000           | 324,000            |
| <b>Total assets</b>                                        | <u>21,814,174</u> | <u>21,845,896</u> | <u>21,832,650</u>  |
| <b>Liabilities and Stockholder's Equity</b>                |                   |                   |                    |
| <b>Current Liabilities:</b>                                |                   |                   |                    |
| Current portion long term debt                             | 382,335           | 407,237           | 433,855            |
| Accounts payable                                           | 310,790           | 278,310           | 299,700            |
| Accrued salaries                                           | 124,746           | 180,901           | 186,629            |
| Accrued real estate taxes                                  | 24,000            | 150,000           | 180,000            |
| Accrued interest                                           | 63,906            | 61,895            | 59,831             |
| Accrued payroll taxes                                      | 9,912             | 11,689            | 21,004             |
| Accrued Provider Taxes                                     | 19,248            | 26,644            | 26,644             |
| Other liabilities                                          | 150,000           | 100,000           | 50,000             |
| <b>Total current liabilities</b>                           | <u>1,084,937</u>  | <u>1,216,676</u>  | <u>1,257,663</u>   |
| Long term debt-Line of credit                              | 518,441           | 268,907           | -                  |
| Long term debt-mortgage payable                            | 15,628,648        | 15,470,945        | 15,305,997         |
| <b>Total liabilities</b>                                   | <u>17,232,026</u> | <u>16,956,528</u> | <u>16,563,660</u>  |
| <b>Stockholder's equity:</b>                               |                   |                   |                    |
| Contributed capital                                        | 5,500,000         | 5,500,000         | 5,500,000          |
| Retained earnings                                          | <u>(917,852)</u>  | <u>(610,633)</u>  | <u>(231,011)</u>   |
| <b>Total stockholder's equity</b>                          | <u>4,582,148</u>  | <u>4,889,367</u>  | <u>5,268,989</u>   |
| <b>Total liabilities and stockholder's equity</b>          | <u>21,814,174</u> | <u>21,845,896</u> | <u>21,832,649</u>  |

**Bartlett Investments I, LLC**

**Projected Statement of Combined Operations**

for the years to end December 31, 2019, 2020, and 2021

|                                    | <u>2019</u>           | <u>Per</u>         | <u>2020</u>         | <u>Per</u>       | <u>2021</u>         | <u>Per</u>       |
|------------------------------------|-----------------------|--------------------|---------------------|------------------|---------------------|------------------|
|                                    | <u>Total</u>          | <u>Diem</u>        | <u>Total</u>        | <u>Diem</u>      | <u>Total</u>        | <u>Diem</u>      |
| <b>Revenues:</b>                   |                       |                    |                     |                  |                     |                  |
| Room & Board                       | \$ 4,148,136          | \$ 447.48          | \$ 10,451,547       | \$ 461.11        | \$ 10,879,899       | \$ 471.32        |
| Ancillary income                   | \$ 23,175             | 2.50               | 60,065              | 2.65             | 63,481              | 2.75             |
| Interest income                    | \$ 405                | 0.04               | 1,215               | 0.05             | 2,025               | 0.22             |
| Provider tax                       |                       |                    |                     |                  |                     |                  |
| Other                              | 450                   | 0.05               | 600                 | 0.03             | 600                 | 0.03             |
| <b>Total Revenue</b>               | <b>4,172,166</b>      | <b>\$ 450.07</b>   | <b>10,513,427</b>   | <b>\$ 463.84</b> | <b>10,946,005</b>   | <b>\$ 474.31</b> |
| <b>Expenses:</b>                   |                       |                    |                     |                  |                     |                  |
| Nursing & Ancillary                | \$ 2,159,329          | \$ 232.94          | \$ 4,663,551        | \$ 205.75        | \$ 4,831,413        | \$ 209.30        |
| Activities                         | 40,594                | 4.38               | 70,668              | 3.12             | 72,598              | 3.14             |
| Employee costs                     | 450,993               | 48.65              | 764,347             | 33.72            | 782,245             | 33.89            |
| Dietary costs                      | 483,496               | 52.16              | 795,818             | 35.11            | 824,518             | 35.72            |
| Housekeeping & repairs             | 348,481               | 37.59              | 551,799             | 24.34            | 627,997             | 27.20            |
| Laundry & Linen                    | 48,360                | 5.22               | 56,175              | 2.48             | 73,508              | 3.18             |
| Marketing expenses                 | 57,649                | 6.22               | 61,470              | 2.71             | 61,320              | 2.66             |
| General and administrative         | 830,727               | 89.61              | 1,279,394           | 56.45            | 1,252,014           | 54.24            |
| Bad debts                          | 41,713                | 4.50               | 131,395             | 5.80             | 164,151             | 7.11             |
| Insurance expense                  | 93,680                | 10.11              | 115,056             | 5.08             | 118,464             | 5.13             |
| <b>Total expenses</b>              | <b>4,555,023</b>      | <b>\$ 491.37</b>   | <b>8,489,674</b>    | <b>374.56</b>    | <b>8,808,227</b>    | <b>381.57</b>    |
| <b>Gross Profit</b>                | <b>(382,856)</b>      | <b>\$ (41.30)</b>  | <b>2,023,752</b>    | <b>\$ 89.29</b>  | <b>2,137,778</b>    | <b>\$ 92.61</b>  |
| <b>Capital costs:</b>              |                       |                    |                     |                  |                     |                  |
| Mortgage Interest                  | \$ 594,229            | \$ 64.10           | \$ 706,986          | \$ 31.19         | \$ 700,062          | \$ 30.33         |
| Real Estate Taxes                  | 24,000                | 2.59               | 150,000             | 6.62             | 180,000             | 7.80             |
| Mortgage Insurance                 | 66,250                | 7.15               | 78,890              | 3.48             | 78,138              | 3.38             |
| Interest-Working Capital           | \$ 47,142             | 5.09               | 48,397              | 2.14             | 30,423              | 1.32             |
| Depreciation                       | 425,528               | 45.90              | 527,448             | 23.27            | 527,460             | 22.85            |
| <b>Total capital costs</b>         | <b>\$ 1,157,149</b>   | <b>\$ 124.83</b>   | <b>\$ 1,511,721</b> | <b>\$ 66.70</b>  | <b>\$ 1,516,083</b> | <b>\$ 65.68</b>  |
| <b>Net income from Operations</b>  | <b>\$ (1,540,005)</b> | <b>\$ (166.13)</b> | <b>\$ 512,031</b>   | <b>22.59</b>     | <b>\$ 621,695</b>   | <b>26.93</b>     |
| <b>Income tax expense(benefit)</b> | <b>\$ 616,002</b>     |                    | <b>\$ (204,812)</b> |                  | <b>\$ (248,678)</b> |                  |
| <b>Net Income</b>                  | <b>(924,003)</b>      |                    | <b>307,219</b>      |                  | <b>373,017</b>      |                  |
| <b>Occupancy</b>                   | <b>9,270</b>          |                    | <b>22,666</b>       |                  | <b>23,084</b>       |                  |
| <b>Available Days</b>              | <b>20,808</b>         |                    | <b>24,820</b>       |                  | <b>24,820</b>       |                  |
| <b>Occupancy</b>                   | <b>44.55%</b>         |                    | <b>91.32%</b>       |                  | <b>93.01%</b>       |                  |

## 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:

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.

Appended as **ATTACHMENT-30A**, is a letter from the owner addressing reasonableness of financing arrangements.

### 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.

Appended as **ATTACHMENT-30B**, is a letter from the owner addressing the conditions of debt financing.

**ATTACHMENT-30**

## SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued iv

### 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.

|                             |              |          |
|-----------------------------|--------------|----------|
|                             |              |          |
| Salaries                    | \$ 2,963,952 |          |
| Benefits                    | \$ 663,898   |          |
| Supplies                    | \$ 3,371,582 |          |
| Therapy Costs               | \$ 1,808,795 |          |
| Patient Days @ 93%          |              | 23,082   |
| Total/Operating Cost/PT Day | \$8,808,227  | \$381.61 |

### 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.

|                             |             |         |
|-----------------------------|-------------|---------|
|                             |             |         |
| Depreciation                | \$ 527,460  |         |
| Interest Expense            | \$ 730,485  |         |
| Mortgage Insurance          | \$ 78,138   |         |
| Real Estate Taxes           | \$ 180,000  |         |
| Patient Days @ 90%          |             | 23,082  |
| Total/Operating Cost/PT Day | \$1,516,083 | \$65.68 |

ALDEN BARTLETT, LLC  
4200 WEST PETERSON AVENUE  
CHICAGO, ILLINOIS 60646

January 6, 2016

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

RE: Certificate of Need Application for (Alden Estates Of Bartlett, Inc./  
Alden Bartlett, LLC)  
Reasonableness of financing arrangements

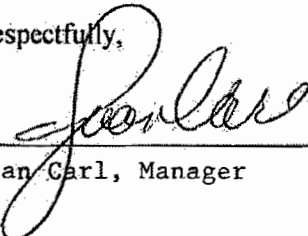
Dear Ms. Avery:

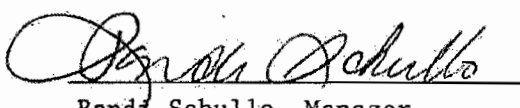
**A. Reasonableness of Financing Arrangements**

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.

Respectfully,

  
Joan Carl, Manager

  
Randi Schullo, Manager

Notarization:

Subscribed and sworn to before me  
this 6 day of JANUARY, 2016

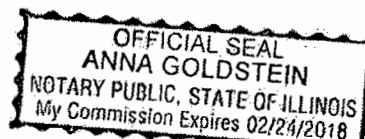
  
Signature of Notary  
Seal



Notarization:

Subscribed and sworn to before me  
this 6 day of JANUARY, 2016

  
Signature of Notary  
Seal



ALDEN BARTLETT, LLC  
4200 WEST PETERSON AVENUE  
CHICAGO, ILLINOIS 60646

January 6, 2016

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street, Second Floor  
Springfield, Illinois 62761

RE: Certificate of Need Application for (Alden Estates of Bartlett, Inc./  
Alden Bartlett, LLC):  
conditions of debt financing

Dear Ms. Avery:

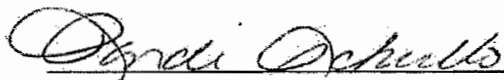
**B. Conditions of Debt Financing**

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.

Respectfully,

  
Joan Carl  
Manager

  
Randi Schullo  
Manager

Notarization:

Subscribed and sworn to before me

this 6 day of JANUARY, 2016



Signature of Notary

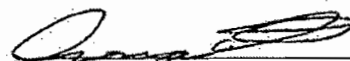
Seal



Notarization:

Subscribed and sworn to before me

this 6 day of JANUARY, 2016



Signature of Notary

Seal

