FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

HAND DELIVERED

January 21, 2016

Mr. George K. Roate, Reviewer
Illinois Department of Public Health
Office of Health Systems Development
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Project No. 16-006, Alden Estates of Bartlett

Dear Mr. Roate:

Please accept the enclosed (5) replacement pages providing updated licenses per your request for the above referenced project.

If you have any questions, please don't hesitate to contact me.

Sincerely,

Kathy Harris

Kathy Harris

Enclosures

Health Care Consulting
133 South Fourth Street, Suite 200 • Springfield, IL 62701
Office: 217/544-1551
foley@foleyandassociates.com
Fax: 217/544-3615

State of Illinois 2207892
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
10/28/2016	BGBE	0044891

LONG TERM CARE LICENSE
SKILLED 268

UNRESTRICTED 268 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - ALMA NELSON MANOR, INC.

ALDEN DEBES REHAB & HCC
550 SOUTH MULFORD AVENUE
ROCKFORD IL 61108

EFFECTIVE DATE: 10/29/15

97

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 220789
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATIC

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/28/2016	BGBE	0044891

LONG TERM CARE LICENSE
SKILLED 268

UNRESTRICTED 268 TOTAL BE

REGION 1

09/28/15

ALDEN DEBES REHAB & HCC
550 SOUTH MULFORD AVENUE
ROCKFORD IL 61108

FEE RECEIPT NO.

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2207132
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/09/2017	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

REGION 9

07/29/15

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

FEE RECEIPT NO.

State of Illinois 2207132
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/09/2017	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

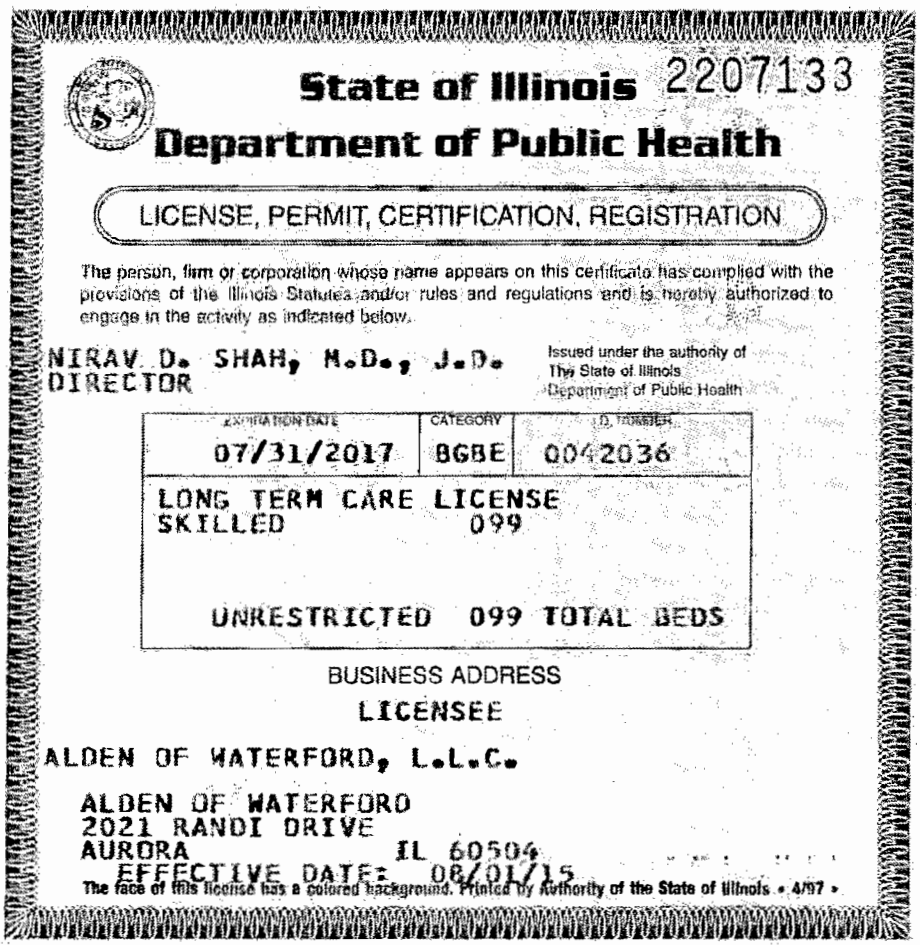
UNRESTRICTED 093 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - NORTH SHORE REHABILITATION AND HEAL

ALDEN NORTH SHORE REHAB & HCC
5050 WEST TOUHY AVENUE
SKOKIE IL 60077
EFFECTIVE DATE: 08/10/15

The office of this license has a criminal background check authority of the State of Illinois • 497 •



State of Illinois 2207133
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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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
07/31/2017	BGBE	0042036

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN OF WATERFORD, L.L.C.

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504

EFFECTIVE DATE: 08/01/15

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State of Illinois 2208916

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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VIRAV 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
01/09/2018	BGBE	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

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2208916

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
01/09/2018	BGBE	0044503

LONG TERM CARE LICENSE
SHELTERED 121

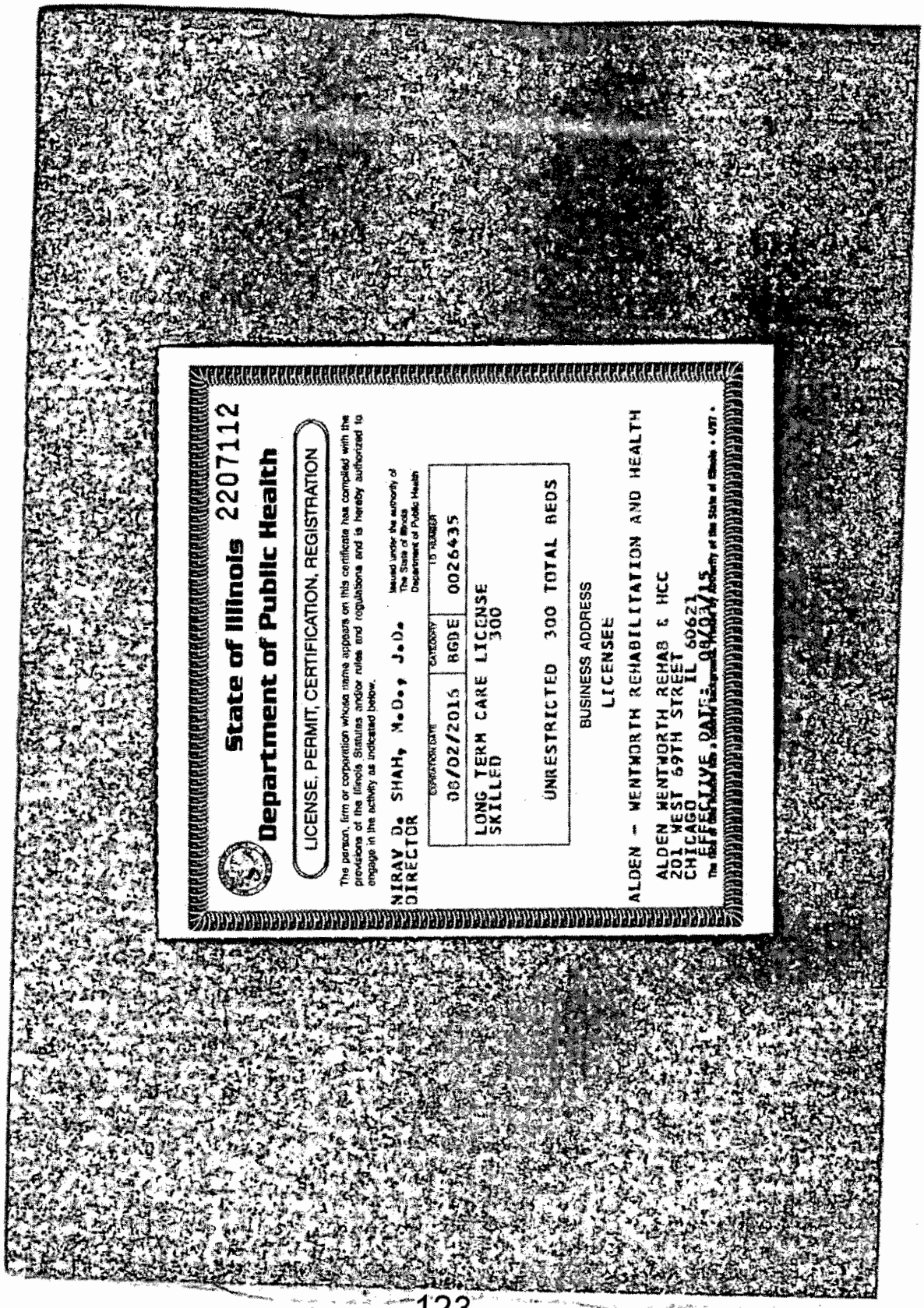
UNRESTRICTED 121 TOTAL BEDS

REGION 7

12/28/15

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504

FEE RECEIPT NO.



State of Illinois 2207112
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	LICENSE NUMBER
06/02/2015	BGDE	0026435

LONG TERM CARE LICENSE
SKILLED
300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - WENTWORTH REHABILITATION AND HEALTH

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

EFFECTIVE DATE: 08/03/15