



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-09	BOARD MEETING: March 14, 2017	PROJECT NO: 16-056	PROJECT COST: Original:\$74,450,000
FACILITY NAME: Oak Trace		CITY: Downers Grove	
TYPE OF PROJECT: Non-Substantive			HSA: VII

PROJECT DESCRIPTION: The applicants (Lifespace Communities, Inc. and Lifespace DG, LLC) are proposing the modernization of Oak Trace, a one hundred sixty (160) bed long term care facility, located on the campus of Oak Trace Continuing Care Retirement Community (CCRC). Additionally, should this project be approved the number of long term care beds will be reduced to one hundred two (102) long term care beds. The cost of the project is \$74,450,000. The project completion date is March 31, 2020.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (Lifespace Communities, Inc. and LifeSpace DG, LLC d/b/a Oak Trace) are proposing the modernization of Oak Trace, a one hundred sixty (160) bed long term care facility, located on the campus of Oak Trace Continuing Care Retirement Community (CCRC). Additionally, should this project be approved the number of long term care beds will be reduced to one hundred two (102) long term care beds, a decrease of fifty-eight (58) long term care beds. The anticipated cost of the project is \$74,450,000. The expected completion date is March 31, 2020.
- Oak Trace was formerly known as Fairview Baptist Home. The nursing home has appeared before the State Board on two (2) occasions:
 - Permit #88-211 – approved to add thirty-two (32) nursing care beds on March 2, 1989.
 - Permit #92-089 – approved to modernize nursing home and add forty-five (45) nursing care beds on September 17, 1992.
- On August 1, 2011, the Illinois Department of Public Health approved a change of ownership of the nursing care facility to Lifecare DG, LLC.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The applicants are proposing a modernization of a health care facility as defined by the Illinois Health Facilities Planning Act that exceeds the capital expenditure minimum of \$7,320,061.
- **Reviewer Note:** The capital expenditure minimum is adjusted once at the beginning of the State of Illinois fiscal year per RS Means.¹
- As of July 1, 2016 the Capital Expenditure Minimum is
 - \$12,950,881 for Hospitals
 - \$7,320,061 for Long Term Care Facilities
 - \$3,375,491 Other Applications

PURPOSE OF THE PROJECT

- The purpose of the project is the modernization of an existing long term care facility to meet current life safety code standards and current standards of care.

PUBLIC HEARING/COMMENT:

- A public hearing was offered in regard to the proposed project, but none was requested. Letters of support were included in the application for permit and received by mail from the following:
- Pranjali H. Shah, M.D., Medical Director Oak Trace
- Naveen C. Reddy, M.D., Medical Director of Renal Services at Oak Trace
- Laura Crawford, President & CEO, Chamber630
- James G. Jackson, Sr, Fire Chief, Downers Grove Fire Department
- Michelle Hart- Carlson, Oak Trace Administrator
- Those in support of the project believe the redeveloped skilled nursing unit will continue to serve the needs of the seniors in the Downers Grove and surrounding population, as well as current and future residents of the CCRC. It will provide modern nursing rooms and predominantly private rooms in a neighborhood setting, and will add a level of living - memory support assisted living - not previously available to seniors at Oak Trace.

¹ RS Means is one of the world's leading providers of construction cost data, software, and services for all phases of the construction lifecycle. RS Means data from Gordian provides accurate and up-to-date cost information to help owners, developers, architects, engineers, contractors and others carefully and precisely project and control the cost of both new building construction and renovation projects. In addition to its collection of annual construction [cost data books](#), RS Means offers construction estimating and facilities management [seminars](#), electronic cost databases and [software](#), [reference books](#), and [enterprise solutions](#).

CONCLUSIONS:

- The State Board Staff reviewed the application for permit and additional information submitted during the review period and note the following:
- The State Board has no jurisdiction over shelter care or assisted living care units/beds, assisted living memory care beds/units or independent living units. [20 ILCS 3960/3] The Illinois Department of Public Health licenses both assisted living and shelter care beds.
- The modernization of this long term care facility will be a replacement of the facility on the same site. Once the facility is completed, the existing facility will be demolished.
- The extent (i.e. the number of LTC beds justified) of the modernization is dependent on the historical utilization of the current nursing home beds. The State Board's calculated bed need or excess is not considered nor is the utilization of the existing facilities in the forty-five minute (45) service area. Currently, there is an excess of one hundred fifty-seven (157) long term care beds in the 7-C LTC Planning Area. At the end of this report is a list of the long term care facilities in the 7-C LTC Planning Area, number of beds, type of facility, utilization and their Medicare Star Rating.
- The applicants addressed a total of sixteen (16) criteria and successfully addressed them all.

STATE BOARD STAFF REPORT
Project #16-056
Oak Trace

APPLICATION/CHRONOLOGY/SUMMARY	
Applicants(s)	Lifespace Communities, Inc. LifeSpace DG, LLC d/b/a Oak Trace
Facility Name	Oak Trace
Location	250 Village Drive, Downers Grove
Permit Holder	LifeSpace DG, LLC d/b/a Oak Trace
Operating Entity	LifeSpace DG, LLC d/b/a Oak Trace
Owner of Site	LifeSpace DG, LLC d/b/a Oak Trace
Description	Modernization of existing one hundred sixty (160) LTC facility and a reduction of beds to ninety-two (92) LTC beds
Total GSF	231,948
Project Costs	\$74,450,000
Application Received	December 28, 2016
Application Deemed Complete	December 29, 2016
Review Period Ends	February 27, 2017
Financial Commitment Date	March 14, 2019
Project Completion Date	March 31, 2020
Review Period Extended by the State Board Staff?	No
Can the applicants request a deferral?	Yes

I. Project Description

The applicants (Lifespace Communities, Inc. and LifeSpace DG, LLC d/b/a Oak Trace) are proposing the modernization of Oak Trace, a one hundred sixty (160) bed long term care facility, located on the campus of Oak Trace Continuing Care Retirement Community (CCRC). Additionally, should this project be approved the number of long term care beds will be reduced to one hundred two (102) long term care beds. The cost of the project is \$74,450,000. The completion date is March 31, 2020.

II. Summary of Findings

- A.** State Board Staff finds the proposed project is in conformance with the provisions of Part 1110.
- B.** State Board Staff finds the proposed project is in conformance with the provisions of Part 1120.

III. General Information

Lifespace Communities, Inc. owns and operates senior living communities. The company's communities provide complete continuum of care services, including skilled care and wellness services. It was formerly known as Life Care Retirement Communities, Inc. and changed its name to Lifespace Communities, Inc. in October 2009. The company was founded in 1976 and is based in Des Moines, Iowa. It has locations in Delray Beach, Juno Beach, and Longwood, Florida; Prairie Village, Kansas;

Lombard and Downers Grove, Illinois; Urbandale, Iowa; Bloomington, Minnesota; Upper St. Clair, Pennsylvania; and Lincoln, Nebraska.

Lifespace Communities Inc. provides accounting, compliance, construction management, corporate governance, financing, human resources, information technology, insurance, legal, management, marketing, risk management, and treasury. Lifespace Communities Inc. charges Oak Trace a management fee to cover the costs of the providing these services and to maintain necessary reserves.

LifeSpace DG, LLC d/b/a Oak Trace is an Iowa limited liability incorporated in 2011 to acquire Fairview Ministries out of bankruptcy in August of 2011. LifeSpace DG, LLC d/b/a Oak Trace operates under the name of Oak Trace and its sole corporate member is Lifespace Communities, Inc. Oak Trace is part of a continuing care retirement community (CCRC). Oak Trace was constructed in 1972 and the residential living apartments were added in 1989. Oak Trace is located on an approximately 40-acre site.

The Oak Trace CCRC is licensed under the Illinois Life Care Facilities Act (210 ILCS 40/1). The Act empowers the Department of Public Health to issue permits allowing facilities to enter into Life Care Contracts, and charges the Department of Public Health with responsibility for monitoring those facilities for compliance with the act and the code. At present, approximately one hundred (100) facilities or campus communities in Illinois hold one or more permits to offer and to enter into Life Care Contracts issued by the Department. In all, these facilities and campus communities encompass more than 23,000 living units that can be occupied under life care contracts. Most Illinois life care facilities and campus communities are located within the greater Chicago metropolitan area. <http://www.idph.state.il.us/about/lifecare.htm>

Life Care contracts must:

- Contain provisions for personal, nursing, or medical services, with maintenance services
- Require an entrance fee
- Cover a term longer than 12 months
- Include a 14-day rescission period

The number of independent living units, sheltered care beds and skilled care beds is shown below:

TABLE ONE
Oak Trace CCRC
Number of Independent Living Apts., Duplexes, Shelter Care, Assisted Living, and Skilled Care Beds

	Existing	Renovation	New	Future
Independent Living Apts.	218	0	0	218
Independent Living Duplexes	56	40	0	16
Sheltered Care Beds	54	54	0	0
Assisted Living Apts.	0	0	66	66
Memory Support Asst. Living	0	0	28	28
Skilled Nursing Beds	160	160	102	102
	488	254	196	430

Oak Trace is a one hundred sixty (160) bed long term care facility located at 250 Village Drive, Downers Grove in Health Service Area VII and Long Term Care Health Planning Area 7-C. HSA VII consists of Suburban Cook and DuPage Counties. The LTC 7-C planning area consists of DuPage County. The proposed modernization is subject to a Part 1110 and Part 1120 review. Financial Commitment will occur after permit issuance.

IV. Continuing Care Retirement Community (CCRC)

The Certificate of Need Program is responsible for evaluating the need for establishment of new nursing homes in the state, which includes nursing homes associated with CCRCs and freestanding nursing homes.

In the case of **freestanding nursing homes**, part of the evaluation includes a numeric bed need methodology. Additionally, any person may be admitted into a freestanding nursing home provided that there is a bed available and the nursing home can meet the care needs of that person. There is no membership fee or entrance fee, and the range of services is not contractually guaranteed. Care in freestanding nursing homes is usually paid by Medicaid, Medicare, the resident, or a combination of the three.

Current State Board rules allows for a nursing home to be established under a CCRC variance to the calculated bed need (77 IAC 1125.560). To qualify for the variance there must be a calculated **excess of long term care beds** in the Long Term Care Planning Area.

Those nursing homes that are approved under the CCRC variance must meet the following requirements:

- that the nursing home is on the same site as the housing complex,
- that the nursing home will only serve the residents of the housing complex,
- that number of nursing home beds must not exceed one (1) bed for every five (5) independent living units,

- 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
- That admission to the long term care unit will be limited to current residents of the independent living units and/or congregate housing.

Oak Trace was not approved under the CCRC variance; therefore the requirements above are not applicable to this facility. Admission to Oak Trace Nursing Home is not limited to current residents of the independent living units and/or congregate housing.

V. **Project Details**

The proposed project downsizes and replaces the existing nursing care beds to modernize the nursing care facility. Also included is construction of sixty-six (66) new assisted living apartments and twenty-eight (28) new memory support assisted living apartments. All will be constructed in a 231,948 bgsf healthcare building located adjacent to the current nursing facility. Reviewable space will be 67,735 bgsf and will be associated with the licensed long-term care services and the remaining 164,213 bgsf will be non-reviewable space. The building will include a four-story wing housing the memory support assisted living apartments and the nursing beds and a three-story wing housing the assisted living apartments. The new modernized nursing facility will result in a reduction in the number of licensed nursing care beds at Oak Trace from one hundred sixty (160) to one hundred two (102) of which ninety (90) will be private rooms and six (6) will be semi private rooms. Upon completion of the new healthcare center, the existing nursing facility will be demolished. The total project costs are anticipated to total \$74,450,000. [Application for Permit page 1-2]

VI. **Project Uses and Sources of Funds**

The applicants are funding this project with a bond issue of \$74,450,000. The reviewable portion of this project includes the skilled nursing care space only. The non-reviewable portion includes the cost of the assisted living portion of the project. The State Board does not have jurisdiction of the assisted living portion.

TABLE TWO			
Project Costs and Sources of Funds			
	Reviewable	Non Reviewable	Total
Preplanning Costs	\$142,000	\$344,000	\$486,000
Site Survey and Soil Investigation	\$20,000	\$41,000	\$61,000
Site Preparation	\$787,000	\$1,910,000	\$2,697,000
Off Site Work	\$52,000	\$124,000	\$176,000
Modernization Contracts	\$15,500,000	\$36,500,000	\$52,000,000
Contingencies	\$1,250,000	\$2,722,000	\$3,972,000
Architectural/Engineering Fees	\$856,000	\$2,075,000	\$2,931,000
Consulting and other Fees	\$1,086,000	\$2,375,000	\$3,461,000
Movable or Other Equipment	\$700,000	\$775,000	\$1,475,000
Bond Issuance Expense	\$540,000	\$1,180,000	\$1,720,000

TABLE TWO			
Project Costs and Sources of Funds			
	Reviewable	Non Reviewable	Total
Net Interest Expense During Construction	\$1,490,000	\$3,260,000	\$4,750,000
Other Costs To Be Capitalized	\$227,000	\$494,000	\$721,000
Total Uses of Funds	\$22,650,000	\$51,800,000	\$74,450,000
Source of Funds	Reviewable	Non Reviewable	Total
Bond Issues	\$22,650,000	\$51,800,000	\$74,450,000
Total Sources of Funds	\$22,650,000	\$51,800,000	\$74,450,000

VII. Costs Space Requirements

The applicants are proposing a total of 231,948 BGSF. The nursing care portion of the project will be 67,735 BGSF. The remaining BGSF will be for the new assisted living apartments and assisted living memory care apartments.

Reviewer Note: The State Board has no jurisdiction over assisted living or sheltered care units/beds or assisted living memory care units/beds. However, the State Board annually collects patient day information for sheltered care units/beds as part of the Annual Long Term Care Survey. *“Assisted living – a home, building, residence, or any other place where sleeping accommodations are provided for at least three unrelated adults, at least 80% of whom are 55 years of age or older and provided consistent with the purposes of the Act.”* [77 IAC 295.200] *“Sheltered Care – a home, institution, building, residence or any other place which provides maintenance and personal care [i.e room and board] for three (3) or more unrelated persons”* (210 ILCS 45/1-113)

For new construction, the standards are based on the inclusion of all building components and are expressed in building gross square feet (BGSF). For modernization projects, the standards are based upon interior build-out only and are expressed in departmental gross square feet (DGSF). Spaces to be included in the applicant's determination of square footage shall include all functional areas minimally required for the applicable service areas, by the appropriate rules, required for IDPH licensure and/or federal certification and any additional spaces required by the applicant's operational program.

TABLE THREE			
Costs Space Requirements			
Department/Area	Costs	Proposed	Modernized
Nursing Suites	\$11,554,000	34,553	34,553
Commons	\$4,928,000	14,737	14,737
Support/Adm	\$6,168,000	18,445	18,445
Total Reviewable	\$22,650,000	67,735	67,735
Support/Adm.	\$2,483,000	7,872	7,872
Assisted Living	\$39,720,000	125,919	125,919
Memory Support	\$7,762,000	24,606	24,606
Outpatient Services	\$1,835,000	5,816	5,816
Total Non Reviewable	\$51,800,000	164,213	164,213

TABLE THREE			
Costs Space Requirements			
Department/Area	Costs	Proposed	Modernized
Total	\$74,450,000	231,948	231,948

VIII. General Long Term Care

A) Criterion 1125.320 - Purpose of the Project

To demonstrate compliance with this criterion, the applicants must document that the project will provide health services that

- 1. improves the long-term nursing care or well-being of the market area population to be served;**
- 2. defines the planning area or market area;**
- 3. for projects involving modernization, the applicant shall describe the conditions being upgraded.**

The purpose of the project is the modernization of an existing long term care facility to meet current life safety code standards and current standards of care. Oak Trace is located in Health Service Area VII, Health Planning Area 7-C. A market study for the project was prepared by Greystone Communities in 2016 and has been provided. The study identified the primary market area as a fourteen (14) zip code area surrounding the current Oak Trace campus and encompassing zip codes in the following cities: Downers Grove, Brookfield, Clarendon Hills, Woodridge, Hinsdale, Oak Brook, La Grange, La Grange Park, Willowbrook, Lisle, Western Springs, Westmont and Darien. This primary market area represents the geographic area from which Oak Trace draws the majority of its residents. The primary market area was determined based on a number of factors including an analysis of the prior residences of the current Oak Trace residents and admissions. The applicants also provided a nursing bed assessment comparing the number of nursing care beds per 1,000 population for the +75 population and the +85 population in the Primary Market Area, the State of Illinois, and the United States

TABLE FOUR		
Primary Market Area by Fourteen (14) Zip Codes		
Zip Code	City	Population
60513	Brookfield	19,047
60514	Clarendon Hills	9,708
60515	Downers Grove	27,503
60516	Downers Grove	29,084
60517	Woodridge	32,038
60521	Hinsdale	17,597
60523	Oak Brook	9,890
60525	LaGrange	32,475
60526	LaGrange Polk	13,301
60527	Willowbrook	27,486
60532	Lisle	27,066
60558	Western Springs	12,539
60559	Darien	23,570

TABLE FIVE			
Applicants' Nursing Bed Assessment			
	PMA	Illinois	USA
Existing Nursing Beds	1,931	98,348	169,943
Age 75+ Population	23,402	794,874	20,367,433
Age 85+ Population	8,136	252,469	6,232,138
Number of Beds/1,000 Seniors Age 75+	83	124	83
Number of Beds/1,000 Seniors Age 85+	237	390	272

According to the applicants the current healthcare facility is functionally obsolete and its physical plant has reached the end of its useful life especially the mechanical, electrical and plumbing ("MEP") systems. A majority of the mechanical equipment and plumbing equipment requires partial to full replacement. The systems as they currently operate are increasing the utility usage of water, gas, electric and sewer. The failed systems are leading to wasteful use of the utilities needed to operate the equipment resulting in higher operating costs. Additionally, the existing building does not meet code requirements due to the age of the physical plant. The HVAC and fire alarm system do not meet current codes, standard and regulations. Oak Trace has to obtain additional architectural reviews to determine whether they satisfy the Fire Safety Evaluation System requirement to address deficiencies identified by the Illinois Department of Public Health licensure division on a routine basis because of non-compliance with licensing/life safety code requirements.

B) Criterion 1125.330 – Alternatives to the Proposed Project
To demonstrate compliance with this criterion, the applicants must

1. Identify all alternatives;
2. Provide 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;
3. For every alternative considered the total project costs and the reason for the rejection must be provided; and,
4. For the selected alternative the reasons for the selection must be provided

1. Do nothing

Per the applicants this alternative was rejected for the following reasons:

a) Oak Trace recently been experiencing declining financial performance as a result of the aging physical plant, low average occupancy levels and higher annual operating and capital expenditures.

b) A report was prepared by Metro Design Associates, Inc. on June 29, 2016 to provide an evaluation of the residence building and the health care center. The report stated the *"building MEP infrastructure for the most part has exceeded the mean useful life and a majority of the equipment and systems require partial to full replacement. The systems as they currently operate are increasing the utility usage of water, gas, electric and sewer for both facilities investigated. These failed systems are leading to wasteful use of the utilities needed to operate the equipment. The energy usage will continue to rise for the facility due to the inefficiency of the equipment and systems installed."*

c) The existing building does not meet code requirements due to the age of the physical plant. Oak Trace currently has to obtain addition architectural reviews to satisfy the Fire

Safety Evaluation System requirements to address the deficiencies identified in the annual Life Safety Code survey. The existing building is not able to comply with current standards.

d) As the Oak Trace senior living community has aged, it is no longer market viable. The existing healthcare center is outdated and has become functionally obsolete. The healthcare center does not have private skilled nursing rooms with showers and only approximately twenty-nine (29) of the current rooms have showers which is the contemporary standard for this service. **There are no capital costs to this alternative.**

2. Remodel the existing building that currently houses the sheltered care facility apartments and nursing facility.

According to the applicants this alternative was rejected for the following reasons:

Remodeling the existing building is a short-term solution that would not result in creating a market viable product. The skilled nursing facility does not offer private rooms with showers and only approximately twenty-nine (29) of the current rooms have showers. The building design is institutional and does not offer desired amenities and social areas to provide a resident-centered environment. The existing building does not meet code requirements due to the age of the physical plant. Renovations to bring the existing building to code requirements would be extensive. In June of 2009, ARCH Consultants, LTD. conducted a site survey of the campus. Based on the survey, ARCH recommended a ten-year budget for capital replacement projects in the healthcare center. In total, the report identified \$16,307,333 (in 2009 dollars) worth of capital replacement projects for the period of time from 2009-2018. The report's assumptions did not include escalation costs over the ten-year period. The assumptions only addressed physical attributes and did not include soft costs such as professional consulting fees, design and other associated costs. The report also acknowledges that it did not address updating the building design/layout to conform to current market expectations. Additionally, one of the significant conclusions of the report is the following, *"The HVAC and fire alarm system for the facility do not meet current codes, standards and regulations. They can exist as per the status quo because the system is "grandfathered", which means it can remain as long as the areas the system serves, does not get remodeled/renovated. Any remodel/renovation project could trigger losing the "grandfather" status. The governmental agencies that have jurisdiction over this facility can also require upgrading to current standards and codes. It is recommended that the facility be brought to meet these standards and codes if the master plan is for the facility to remain. The cost for upgrading the associated systems has not been incorporated into this report."* Examples are the following:

- Fire Alarm system in the resident's rooms (detectors and closers).
- Make-up air to all resident rooms." [Make up air is the air that is brought into the room to replace that which has been exhausted]

The types of renovations required of the forty-five (45) year old building are extensive and would not lessen the significant capital expenditures required to maintain the building every year. **Capital Costs \$81,175,000**

3. Construct a skilled nursing facility at a location other than the campus of Oak Trace.

The applicants stated that this alternative was not feasible for the following reasons.

Construction of a skilled nursing facility at another location would fail to provide a continuum of care in a single location for the residents of the CCRC. In fact, several of the facilities in the planning area are already being utilized above the 90% occupancy standard required by the State. The only option would be to develop transfer agreements with several of the existing facilities, which would be burdensome to both Oak Trace and those facilities. Couples often choose a CCRC for the benefit of being close to a spouse who may require a higher level of care after living in an independent living unit for a period of time. Utilizing an existing facility would require the spouse to travel greater distances to visit his or her ailing loved one. **Capital Costs \$81,010,000**

4. The applicants stated using underutilized beds or other space in the facility would not be feasible for the following reasons:

a) Oak Trace does not currently have excess capacity to relocate the existing patients of the one hundred sixty (160) bed nursing facility to other buildings on the current Oak Trace campus. The only other congregate building on the Oak Trace campus does not meet building code requirements for the provision of skilled nursing care. No Capital Costs were provided for this alternative. [See pages 81-84 of the Application for Permit]

C) Criterion 1125.520 –Background of the Applicants

To demonstrate compliance with this criterion the applicants must

1. Document that no adverse action has been taken against the applicants, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicants, directly or indirectly, within three years preceding the filing of the application and;.
 2. Provide Authorization permitting HFSRB and 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.
 3. *Adverse action means a disciplinary action taken by IDPH, CMMS, or any other State or federal agency against a person or entity that owns or operates or owns and operates a licensed or Medicare or Medicaid certified healthcare facility in the State of Illinois.*
-
1. The applicants provided a letter attesting that no adverse actions have been taken against the applicants in the past three years from the date of filing of this application for permit, a listing of all facilities owned by the applicants and their Medicare certification number and authorization permitting IDPH and the State Board access to any documents necessary to verify the information submitted in the application for permit.
 2. The project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard. [Application for Permit pages 55-57].
 3. The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420) to review state funded, permitted or

licensed undertakings for their effect on cultural resources. The Historic Preservation Agency “has determined, based on the available information, that no significant historic architectural or archaeological resources are located within the proposed project area.”

4. Lifespace Communities, Inc. is an Iowa nonprofit corporation incorporated in the State of Iowa authorized to transact business in the State of Illinois and is in Good Standing. Life Space DG, LLC, is an Iowa Limited Liability Company authorized to transact business in the State of Illinois and is in Good Standing. Lifespace Communities, Inc is the sole corporate member of Life Space DG, LLC.
5. Proof of ownership of the property was provided at pages 41-47 of the application for permit.
6. All required reports of the State Board and the Illinois Department of Public Health have been provided. Additionally the applicants have submitted all of the required reports to IDPH in compliance with the Life Care Facilities Act (210 ILCS 40/1).

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANTS (77 IAC 1125.520)

D) Criterion 1125.650 (a), (b), (c) and (d) – Modernization – Deteriorated Facilities
To determine compliance with this criterion, the applicants must document that the bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized.

- a) As evidence of the existing conditions at the nursing home, a copy of the Illinois Department of Public Health Life Safety Code Certification survey along with the Plan of Correction was furnished by the Department of Public Health to the State Board. The facility was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 463.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care.

Additionally as stated above, the one hundred sixty (160) bed skilled nursing facility does not offer private rooms with showers and only approximately twenty-nine (29) of the current rooms have showers. The building design is institutional and does not offer desired amenities and social areas to provide a resident-centered environment. The existing building does not meet current code requirements due to the age of the physical plant.

ARCH Consultants, Ltd. a consulting firm providing management with planning and management processes for all project types from expanding and remodeling existing facilities to conceptualizing and constructing totally new facilities, recommended several items to be addressed at the nursing home in a report dated October 2009.

“The HVAC and fire alarm system for the facility do not meet current codes, standards and regulations. They can exist as per the status quo because the system is "grandfathered", which means it can remain as long as the areas the system serves, does not get remodeled/renovated. Any remodel/renovation project could trigger losing the "grandfather" status. The governmental agencies that have jurisdiction over this facility can also require upgrading to current standards and codes. It is recommended that the facility be brought to meet these standards and codes if the master plan is for the facility to remain. The cost for upgrading the associated systems has not been incorporated into this report.”

Reviewer Note: Should this project be approved by the State Board, IDPH Health Care Regulation will require Oak Trace to meet all current code requirements. A project of this type is considered a major alteration by IDPH Health Care Regulation subject to the all of the requirements of a new facility and current code.

d) The State Board’s target occupancy for the modernization of an existing long term care facility is eighty percent (80%). Per the applicants ninety-two (92) of the one hundred sixty (160) beds are occupied or fifty-eight percent (58%). The five (5) year average utilization will justify 100 beds at the target occupancy of 80%. See Table below.

TABLE SIX Oak Trace Historical Utilization						
	2011	2012	2013	2014	2016	Average
Beds	160	160	160	160	160	160
Days	27,678	22,022	29,312	32,053	33,872	28,987
Occ. Pct.	47.39%	37.71%	50.19%	54.89%	58.00%	49.64%
Number of Beds Justified	95	76	101	110	116	100
Information from Annual Long Term Care Survey						
2015 information being revised by the applicants.						
2016 information provided by the applicants in the application for permit.						

From the information reviewed by the State Board Staff it appears that the modernization of the long term facility is warranted. While the historical utilization will justify one hundred (100) beds and not the one hundred two (102) beds being requested it appears reasonable that should the State Board approve the proposed project the one hundred two (102) beds will be utilized.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION MODERNIZATION–DETERIORATED FACILITIES (77 IAC 1125.650(a), (b), (c) and (d))

E) Criterion 1125.600 - Modernization – Bed Capacity

To demonstrate compliance with this criterion, the applicants must document that the proposed number of beds will not exceed two hundred fifty (250) beds unless the applicants can document that a larger facility would provide personalization of patient/resident care and documents provision of quality care.

The applicants are proposing to modernize the long term care facility resulting in a reduction in the number of beds from one hundred sixty (160) beds to one hundred two (102) beds. The maximum bed capacity of a general long term care facility is two hundred fifty (250) beds. The applicants met the requirements of this criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION MODERNIZATION–BED CAPACITY (77 IAC 1125.600)

F) Criterion 1125.610 - Community Related Functions

To demonstrate compliance with this criterion, the applicants must document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is located.

Three letters were provided from the following individuals:

- Pranjali H. Shah, M.D., Medical Director, Oak Trace
- Naveen C. Reddy, M.D., Medical Director of Renal Services at Oak Trace
- Laura Crawford, President & CEO, Chamber630

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION MODERNIZATION–COMMUNITY RELATED FUNCTIONS (77 IAC 1125.610)

G) Criterion 1125.620 - Project Size

To demonstrate compliance with this criterion, the applicants must document that the amount of physical space proposed for the project is necessary and not excessive.

The applicants are proposing 231,948 total GSF of which 67,735 GSF is dedicated to the skilled care facility. The State Board Standard is 435-713 BGSF/Bed. The applicants are proposing (67,735BGSF /102 beds = 664 BGSF per bed). The applicants have met the requirement of Part 1125.Appendix A.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION MODERNIZATION–PROJECT SIZE (77 IAC 1125.620)

H) Criterion 1125.630 - Zoning

To demonstrate compliance with this criterion, the applicants must document one of the following:

- a) The property to be utilized has been zoned for the type of facility to be developed;
- b) Zoning approval has been received; or
- c) A variance in zoning for the project is to be sought.

The proposed modernization will be constructed on the same parcel of the land as the existing long term care facility. The property is currently zoned for the type of facility being modernized. [Application for permit 94-96]

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN
CONFORMANCE WITH CRITERION MODERNIZATION-ZONING (77 IAC
1125.630)**

I) Criterion 1125.640 - Assurances

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.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION MODERNIZATION-ASSURANCES (77 IAC 1125.640)

IX. FINANCIAL

A) Criterion 1125.800 - Availability of Funds

B) Criterion 1125.800 – Financial Viability

To demonstrate compliance with these two (2) criteria the applicants must document that the funds for the project are available and the applicants are financially viable.

CCRCs are typically financed using a combination of the following three sources: short-term construction loan, long-term debt, and equity. A brief explanation of each source is shown below.

Short-term debt

This type of loan is generally provided by a group of commercial banks. In the CCRC industry, there are four or five major banks that act as lead bank.

Long-term debt

The long-term debt for a CCRC can be any of the following types:

- Mortgage with the same group of banks that provided the short-term construction loan;
- A fixed-rate taxable bond issue;
- A mortgage with an insurance company; or
- Variable rate tax exempt bonds backed by a letter of credit from a bank.

Equity

This source is generally the cash used to purchase the land and to fund the preliminary development costs through presales.

The applicants are funding this project with revenue bonds totaling \$74,450,000. The applicants provided evidence of an “A” or better bond rating from Fitch Ratings. It appears that the applicants have sufficient funds to fund this modernization project.

Because the applicants provided evidence of an “A” or better bond rating, State Board Staff determined by rule that the applicants are financially viable.

TABLE SEVEN Lifespace Communities, Inc. Audited Financial Information December 31, (in thousands)			
Balance Sheet Data	2013	2014	2015
Unrestricted Cash and Investments	\$159,095	\$164,726	\$169,953
Restricted Cash and Investments	\$29,182	\$22,080	\$28,081
Net Accounts Receivable	\$9,401	\$10,286	\$11,934
PPE	\$368,135	\$378,767	\$395,739
Total Assets	\$573,004	\$586,083	\$614,429
Current Liabilities	\$51,622	\$52,710	\$57,125
Total Debt	\$141,516	\$132,317	\$153,315
Deferred Revenue	\$143,372	\$152,982	\$159,402
Refundable Entrance Fees	\$319,725	\$320,131	\$322,191
Unrestricted Net Assets	\$60,810	\$72,140	\$77,829
Income Statement	2013	2014	2015
Resident Service Revenue	\$151,545	\$156,214	\$161,699
Amortization of Advance Fees	\$23,915	\$26,005	\$27,202
Interest and Dividends	\$4,361	\$3,092	\$3,655
Other Operating Revenue	\$0	\$0	\$1,911
Total Operating Revenue	\$179,821	\$185,311	\$194,467
Total Expenses	\$174,579	\$181,246	\$189,564
Operating Income	\$5,242	\$4,065	\$4,903
Realized Gains/(Losses) on Investments	-\$52	\$838	-\$313
Other Non-Operating Revenue	\$0	-\$98	-\$5,333
Total Non-Operating Revenue	-\$52	\$836	\$313
Excess Income	\$5,190	\$4,903	\$4,590
Net Operating Income	\$10,850	\$10,499	\$10,308
Information taken from Fitch Report			

Reviewer Note: Revenue bonds are municipal **bonds** that finance income-producing projects and are secured by a specified **revenue** source. Typically, **revenue bonds** can be issued by any government agency or fund that is managed in the manner of a business, such as entities having both operating **revenues** and expenses.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERIA AVAILABILITY OF FUNDS AND FINANCIAL VIABILITY (77 IAC 1125.800)

X. ECONOMIC FEASIBILITY

A) Criterion 1125.800 - Reasonableness of Financing Arrangements

B) Criterion 1125.800 - Terms of Debt Financing

To demonstrate compliance with these two criteria, the applicants must document that the financing arrangements are reasonable based on the stated terms of the debt financing.

The applicants are funding this project with revenue bonds totaling \$74,450,000. The applicants provided evidence of an “A” or better bond rating from Fitch Ratings. The new issue debt will be

1. \$62,660,000 Iowa Finance Authority Revenue Bonds, Series 2016A,

2. \$28,990,000 Palm Beach County Health Facilities Authority Revenue Bonds, Series 2016B,

Security: Pledge of unrestricted receivables of the obligated group (OG), a mortgage interest in certain property and a debt service reserve fund (DSRF),

Purpose: To finance various capital projects, reimburse for prior capital spending, refund the series 2010S bonds, fund capitalized interest, fund a DSRF and pay costs of issuance.

Interest: Fixed Rate bond yield of approximately 4%

Financial covenants: Includes a rate covenant requiring minimum debt service coverage of 1.2 X and a liquidity covenant requiring a minimum 120 days cash on hand.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERIA REASONABLENESS OF FINANCING ARRANGEMENTS AND TERMS OF DEBT FINANCING (77 IAC 1125.800)

C) Criterion 1125.800 – Reasonableness of Project Costs

To determine compliance with this criterion, the applicants must document that the project costs meets the requirements of Part 1125.Appendix B.

The applicants met all of the below project costs standards established in 1125 Part B.

- Preplanning costs are 1.8% of modernization, including contingencies and moveable equipment.
- Site Survey, Soil Investigation and Site Preparation costs are five percent (5%) of modernization and contingency costs.
- Modernization and Contingencies is RS Means 2017 Construction Standard inflated by 3% to the midpoint of construction.
- Architectural and Engineering Fees are a percentage of modernization and contingency costs as published in Centralized Fee Negotiation Professional Services and Fees Handbook by Capital Development Board.
- Movable Equipment Costs are the 2008 standard published at Part 1125.Appendix B and inflated by 3% to the midpoint of construction.

TABLE EIGHT					
Project Costs and Sources of Funds					
Use of Funds	Reviewable	State Board Standard	Project Costs	Met State Board Standard	
Preplanning Costs	\$142,000	1.80%	\$314,100	0.81%	Yes
Site Survey, Soil Invest. Site Prep. Costs	\$807,000	5.00%	\$837,500	4.82%	Yes
Modernization and Contingencies Costs	\$16,750,000	\$254.32/BGSF	\$16,972,045	\$247.29/ BGSF	Yes
Contingencies	\$1,250,000	15%	\$2,325,000	7.46%	Yes
Architectural/Engineering Fees	\$856,000	5.87-8.81%	\$1,475,675	5.11%	Yes
Movable or Other Equipment Costs	\$700,000	\$8,985. per bed	\$826,625.52	\$6,862.75	Yes
Off Site Work	\$52,000	No Standards			
Bond Issuance Expense	\$540,000				
Net Interest Expense During Construction	\$1,490,000				
Other Costs To Be Capitalized	\$227,000				
Total Uses of Funds	\$22,814,000				

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 IAC 1125.800)

D) Criterion 1125.800 –Direct Operating Costs

To determine compliance with this criterion, the applicants must document the direct operating costs for the first year at target utilization but no more than two years after project completion.

The applicants stated that their cost per equivalent patient in 2016 was \$199.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION DIRECT OPERATING COSTS (77 IAC 1125.800)

E) Criterion 1125.800 – Effect of the Project on Capital Costs

To determine compliance with this criterion, the applicants must document the direct operating costs for the first year at target utilization but no more than two years after project completion.

The applicants stated that capital cost per equivalent patient was 2016 is \$52.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION EFFECT OF THE PROJECT ON CAPITAL COSTS (77 IAC 1125.800)

State Board Staff Notes:

The Nursing Home Compare quality rating system gives each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have quality much above average and nursing homes with 1 star are considered to have quality much below average. There is one Overall 5-star rating for each nursing home, and a separate rating for each of the following three sources of information:

- **Health Inspections** – The health inspection rating contains information from the last 3 years of onsite inspections, including both standard surveys and any complaint surveys. This information is gathered by trained, objective inspectors who go onsite to the nursing home and follow a specific process to determine the extent to which a nursing home has met Medicaid and Medicare’s minimum quality requirements. The most recent survey findings are weighted more than the prior two years. More than 180,000 onsite reviews are used in the health inspection scoring nationally.
- **Staffing** – The staffing rating has information about the number of hours of care provided on average to each resident each day by nursing staff. This rating considers differences in the levels of residents’ care need in each nursing home. For example, a nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high.
- **Quality Measures (QMs)** – The quality measure rating has information on 11 different physical and clinical measures for nursing home residents. The rating now includes information about nursing homes’ use of antipsychotic medications in both long-stay and short-stay residents. This information is collected by the nursing home for all residents. The QMs offer information about how well nursing homes are caring for their residents’ physical and clinical needs. More than 12 million assessments of the conditions of nursing home residents are used in the Five-Star rating system. <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/fsqrs.html>

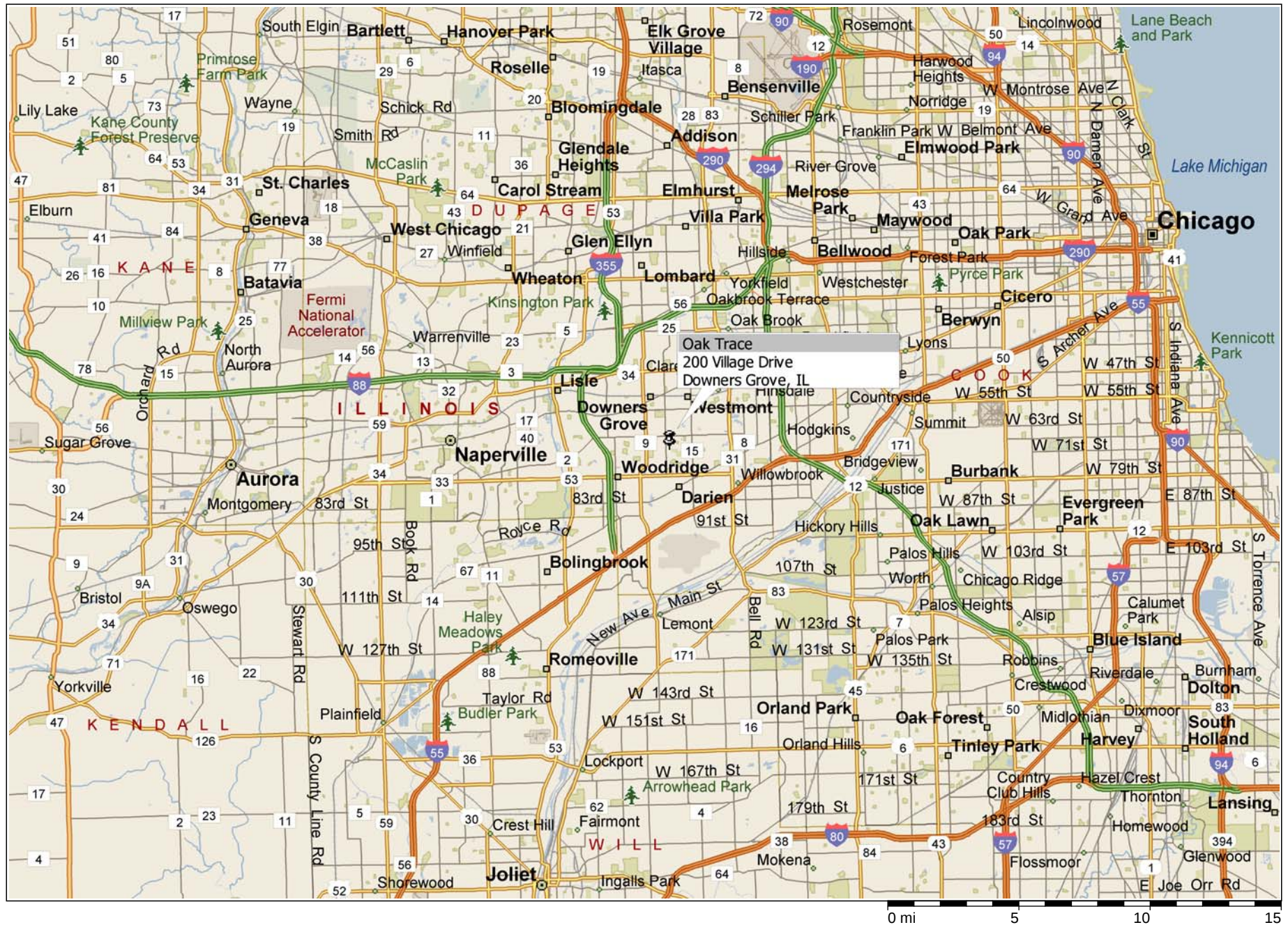
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TABLE SEVEN
Long Term Care Facilities in the 7-C Planning Area

Facility Name	Facility City	Type of Facility ⁽¹⁾	Planning Area	Total Licensed Beds ⁽²⁾	Utilization	Star Rating:
Abbingdon Rehab & Nursing Ctr	Roselle		Planning Area 7-C	82	86.60%	3
Bridgeway Christian Village Rehab & Snf	Bensenville		Planning Area 7-C	222	73.80%	1
Alden-Valley Ridge Rehab & Care	Bloomingtondale		Planning Area 7-C	207	86.80%	4
Lexington Hlth Care Ctr-Bloomingtondale	Bloomingtondale		Planning Area 7-C	166	84.50%	2
West Suburban Nursing & Rehab Center	Bloomingtondale		Planning Area 7-C	259	72.20%	2
Brookdale Burr Ridge	Burr Ridge	CCRC, Life Care Facility	Planning Area 7-C	150	78.40%	4
Windsor Park Manor	Carol Stream	CCRC, Life Care Facility	Planning Area 7-C	80	84.00%	5
Oak Trace	Downers Grove	CCRC, Life Care Facility	Planning Area 7-C	160	176.00%	4
Providence Of Downers Grove	Downers Grove		Planning Area 7-C	241	56.80%	3
Elmbrook Nursing	Elmhurst		Planning Area 7-C	180	94.60%	3
Elmhurst Extended Care Center	Elmhurst		Planning Area 7-C	108	68.90%	5
Lexington Of Elmhurst	Elmhurst		Planning Area 7-C	145	69.10%	5
Park Place Christian Community	Elmhurst	Life Care Facility	Planning Area 7-C	37	88.20%	5
Manorcare Of Hinsdale	Hinsdale		Planning Area 7-C	202	79.80%	4
Forest View Rehab & Nursing Center	Itasca		Planning Area 7-C	144	70.10%	5
Brookdale Plaza Lisle	Lisle	CCRC	Planning Area 7-C	82	112.90%	5
Beacon Hill	Lombard	CCRC	Planning Area 7-C	110	92.40%	5
Lexington Hlth Care Ctr-Lombard	Lombard		Planning Area 7-C	224	74.60%	2
Alden Estates Of Naperville	Naperville		Planning Area 7-C	203	80.50%	2
Community Nsg & Rehab Center	Naperville		Planning Area 7-C	153	65.40%	4
Manor Care - Naperville	Naperville		Planning Area 7-C	118	50.60%	4
Meadowbrook Manor	Naperville		Planning Area 7-C	245	93.10%	2
St. Patrick's Residence	Naperville		Planning Area 7-C	210	89.50%	4
Tabor Hills Healthcare Facility, Inc.	Naperville		Planning Area 7-C	211	80.10%	5
The Springs At Monarch Landing	Naperville	CCRC	Planning Area 7-C	96	28.00%	5

Oak Brook Healthcare Centre	Oak Brook	Planning Area 7-C	154	63.40%	5
West Chicago Terrace Nursing Home	West Chicago	Planning Area 7-C	120	91.10%	3
Wood Glen Nursing & Rehab Center	West Chicago	Planning Area 7-C	213	6.10%	4
Bria Of Westmont	Westmont	Planning Area 7-C	215	84.50%	4
Burgess Square	Westmont	Planning Area 7-C	203	69.50%	4
Manorcare Of Westmont	Westmont	Planning Area 7-C	149	72.20%	4
Dupage Convalescent Center	Wheaton	Planning Area 7-C	368	89.10%	4
Wheaton Care Center	Wheaton	Planning Area 7-C	123	94.10%	1
Wynscape	Wheaton	CCRC	209	54.30%	4
Marionjoy Rehabilitation Hospital	Wheaton	Planning Area 7-C	27	91.1%	5
Chateau Nursing & Rehabilitation Center	Willowbrook	Planning Area 7-C	150	90.90%	4
Winfield Woods Healthcare Center	Winfield	Planning Area 7-C	138	95.30%	4
Average Utilization and Star Rating				78.88%	3.77
1. Information regarding Life Care Facility and CCRC designation provided by IDPH Office Policy, Planning and Statistics - Prerna Khullar GPSI Intern					
2. Information regarding number of beds and utilization taken from 2015 Long Term Care Questionnaire.					

16-056 Oak Trace - Downers Grove



OAK TRACE

250 VILLAGE DRIVE
DOWNERS GROVE, IL. 60516

Reference Numbers

Facility ID 6003032
Health Service Area 007
Planning Service Area 703 Planning Area 7-C
County 043 Downers Grove Township

Administrator

Michelle Hart-Carlson

Contact Person and Telephone

Michelle Hart-Carlson
630-769-6201

Registered Agent Information

Charles Hall
100 E. Grand Avenue Suite 200

ADMISSION RESTRICTIONS

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 0
Endocrine/Metabolic 0
Blood Disorders 0
*Nervous System Non Alzheimer 0
Alzheimer Disease 0
Mental Illness 0
Developmental Disability 0
Circulatory System 0
Respiratory System 0
Digestive System 0
Genitourinary System Disorders 0
Skin Disorders 0
Musculo-skeletal Disorders 0
Injuries and Poisonings 0
Other Medical Conditions 0
Non-Medical Conditions 0
TOTALS 0

ADMISSIONS AND DISCHARGES - 2015

Note: Information on resident diagnoses was not collected for 2015

Date Questionnaire Completed	3/31/2016	Residents on 1/1/2015	135	Total Residents Diagnosed as Mentally Ill	0
Continuing Care Retirement Community		Total Admissions 2015	442		
Life Care Facility		Total Discharges 2015	433	Total Residents Reported as Identified Offenders	0
		Residents on 12/31/2015	144		

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	160	160	112	160	97	63	39	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	72	72	49	72	47	25		
TOTAL BEDS	232	232	161	232	144	88	39	0

FACILITY UTILIZATION - 2015**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	TOTAL	Licensed		Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.						Pat. days	Pat. days	Pat. days
Nursing Care	11389	80.0%	0	0.0%	0	7287	31035	53102	102813	176.0%	176.0%	
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	16720	0	16720	63.6%	63.6%	
TOTALS	11389	80.0%	0	0.0%	0	7287	47755	53102	119533	141.2%	141.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	3	0	0	0	0	0	5	2	8	10
65 to 74	7	14	0	0	0	0	4	1	11	15	26
75 to 84	6	32	0	0	0	0	1	10	7	42	49
85+	6	26	0	0	0	0	4	22	10	48	58
TOTALS	22	75	0	0	0	0	9	38	31	113	144

OAK TRACE

250 VILLAGE DRIVE
DOWNERS GROVE, IL. 60516

Classification Numbers

License Number 6003032
Health Service Area 007
Planning Service Area 703 Planning Area 7-C
County 043 Downers Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	0	0	0	63	7	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	47	0	47
TOTALS	27	0	0	0	110	7	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	326	276
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	158	138

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	47	144
Race Unknown	0	0	0	0	0
Total	97	0	0	47	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	96	0	0	46	142
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	47	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	7.00
Certified Aides	44.00
Other Health Staff	3.00
Non-Health Staff	132.00
Totals	205.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
52.0%	0.0%	0.0%	9.2%	38.8%	100.0%		
6,488,979	0	0	1,147,703	4,845,146	12,481,828	657,946	5.3%

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