Transcript of Public Hearing

Date: June 13, 2017
Case: Meadowbrook Manor of Geneva

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HEALTH FACILITIES AND SERVICES REVIEW BOARD

BEFORE HEARING OFFICER JUAN MORADO, JR.

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IN RE: :

Public Comments Regarding :

Application for a Permit : Project No. 17-012

to Establish a Long-Term :

Care Facility, Meadowbrook :

Manor of Geneva. :

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PUBLIC HEARING

Geneva, Illinois

Tuesday, June 13, 2017

12:00 p.m.

Job No.: 142526

Pages: 1 - 48

Reported by: Melanie L. Humphrey-Sonntag,

CSR, RDR, CRR, CRC, FAPR

HEARING held at the location of:

KANE COUNTY GOVERNMENT CENTER
719 Batavia Avenue
Geneva, Illinois 60134
(630) 232-3400

Before Melanie L. Humphrey-Sonntag, a Certified Shorthand Reporter, Registered Diplomate Reporter, and Certified Realtime Reporter.

PRESENT:

ILLINOIS HEALTH FACILITIES AND SERVICES
REVIEW BOARD, by
JUAN MORADO, JR., Public Hearing Officer
RICHARD SEWELL, Board Member
JEANNIE MITCHELL, Assistant General Counsel
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761
(217) 782-3516

1 P R O C E E D I N G S
2 HEARING OFFICER MORADO: Good afternoon.
3 Thank you for participating in today's proceedings.
4 My name is Juan Morado. I am the general
5 counsel and Hearing Officer for the Illinois Health
6 Facilities and Services Review Board.
7 Present with me today are representatives of
8 the HFSRB. We have Board Member Richard Sewell,
9 along with Assistant General Counsel Jeannie
10 Mitchell.
11 On behalf of the HFSRB, we thank you for
12 attending this hearing, and, per the rules of the
13 Illinois Health Facilities and Services Review
14 Board, I'm going to have to read this very long,
15 legal notice into the record.
16 In accordance with the requirements of the
17 Illinois Health Facilities Planning Act, notice is
18 given of a receipt of an application for permit to
19 establish a long-term care facility in Geneva,
20 Illinois, Project No. 17-012, Meadowbrook Manor of
21 Geneva. The Applicants are Butterfield Health
22 Care III, LLC and MMG Partners, LP.
23 The Applicants propose to establish a
24 150-bed skilled long-term care facility in

1 94,816 gross square feet of newly constructed space.
2 The facility will be located at 37 West 220
3 Keslinger Road, Geneva, Illinois. The project cost
4 is $23,245,319.
5 The public hearing is to be held by the
6 Illinois Health Facilities and Services Review Board
7 staff pursuant to the Illinois Health Facilities
8 Planning Act. The hearing is open to the public and
9 will afford an opportunity for parties with an
10 interest to present written and/or verbal comments
11 relevant to the project.
12 All allegations or assertions should be
13 relevant to the need for the proposed project and be
14 supported with two copies of documentation or
15 materials that are printed or typed on paper sized
16 8 1/2 by 11.
17 The hearing is today, Tuesday, June 13th,
18 2017, at the Kane County Government Center. That's
19 at 719 South Batavia Road, Geneva, Illinois. It
20 will begin at 12:00 p.m. and run through 1:30 p.m.
21 Sign-in was to begin at 11:30 a.m.
22 The public hearing will be accessible to
23 persons with special needs upon notification of
24 anticipated attendance. Persons with special needs

1 should call (217) 782-3516 or send their request in
2 writing no later than two days prior to the hearing
3 date.
4 For additional information, you can call
5 Courtney Avery, administrator at the Illinois Health
6 Facilities and Services Review Board,
7 (312) 814-4825, or at courtney.avery@illinois.gov.
8 The application itself was declared complete
9 an March 29th, 2017. A copy of the application may
10 be viewed on the Illinois Health Facilities and
11 Services Review Board website at the address that
12 I'll give you a little bit later.
13 Consideration by the State Board has been
14 tentatively scheduled for September 26th, 2017, at
15 the State Board meeting, and any person wanting to
16 submit written comments on this project must submit
17 those comments by September 6th, 2017.
18 Please note that, in order to ensure that
19 the Health Facilities and Services Review Board's
20 public hearings protect the privacy and maintain the
21 confidentiality of an individual's health
22 information, covered entities, as defined by the
23 Health Insurance Portability and Accountability Act
24 of 1996 -- such as hospital providers, health plans,

1 and health care clearing houses -- submitting oral
2 or written testimony that discloses protected health
3 information of individuals shall have a valid,
4 written authorization from that individual. The
5 authorization shall allow the covered entity to
6 share the individual's protected health information
7 at this hearing.
8 Now, we had some sign-in going on a little
9 bit earlier. The pink sheets are for folks who
10 wanted to register attendance but didn't necessarily
11 want to speak. The white sheets were if you wanted
12 to go ahead and give testimony.
13 You still have an opportunity to get a sheet
14 from Jeannie. She's right up here. So if you want
15 one, come on up to the front.
16 Those of you who have prepared a written
17 text of your testimony, please note that you can
18 submit the written text, which will be entered into
19 today's record and be available to all the members
20 of the Board prior to the September 26th Board
21 meeting.
22 I'm going to ask that you limit your
23 testimony to three minutes. Participants will be
24 called in numerical order as assigned on your

1 sign-in sheets. As you approach the speaker's
2 podium -- which does not exist.
3 (Laughter.)
4 HEARING OFFICER MORADO: This is the
5 speaker's podium so -- I would say this square seems
6 good enough. If you can come into this square and
7 you can face us over here, that would be great.
8 Please give your sheet to -- you can leave
9 your written comments right up here with us, and
10 it's very important that, prior to beginning your
11 speech, that you say your name and spell it, both
12 first and last, for the benefit of the court
13 reporter. That's very important. And if you have
14 written copies, again, leave those with us.
15 Are there any questions regarding these
16 instructions?
17 (No response.)
18 HEARING OFFICER MORADO: So two last things
19 about the three-minute rule: I think we have enough
20 folks here that we should be able to let people do
21 their three minutes. If it goes a little over, that
22 should be fine, but if it starts to get a little bit
23 winded, please don't be offended if I cut you off
24 because I certainly will.

1 And the last thing is I have been known in
2 the past to butcher last names, so don't be offended
3 about that, either. So thank you.
4 And we're going to start today with an
5 opening statement from the Applicant representative,
6 Jackie Molen.
7 MS. MOLEN: Hi. Jackie, J-a-c-k-i-e; Molen,
8 M-o-l-e-n. Good afternoon.
9 My name is Jackie Molen, and I am the
10 director of marketing for Butterfield Health Care,
11 one of the Applicants for Meadowbrook Manor of
12 Geneva.
13 I would like to thank everyone who has come
14 to support this project, and I would also like to
15 thank the Review Board for the opportunity to
16 provide additional information on the proposed
17 Meadowbrook Manor of Geneva.
18 We propose to establish a 150-bed skilled
19 long-term care facility. Importantly, the proposed
20 Meadowbrook Manor of Geneva will be located adjacent
21 to the Northwestern Delnor-Community Hospital
22 campus, which includes physician and specialists'
23 offices as well as an ambulatory surgery center.
24 While not physically situated on a hospital

1 campus, a fully occupied 90-bed independent living
2 facility is located near the northwest corner of the
3 hospital campus. The addition of a skilled
4 long-term care facility would provide a continuum of
5 care from independent living to acute care to this
6 health care hub.
7 Furthermore, the proposed Meadowbrook Manor
8 of Geneva will improve access to skilled long-term
9 care to individuals living in Kane County,
10 particularly Medicaid beneficiaries.
11 While, admittedly, there is no shortage of
12 skilled term long-term facilities in the facility --
13 or in the service area; I apologize -- there is an
14 absence of Medicaid beds. Collectively, there are
15 only 661 skilled long-term care beds for Medicaid
16 beneficiaries within the service area.
17 This number is further reduced when the
18 facility admissions restrictions are taken into
19 account. For example, three facilities within the
20 service area are continuing care retirement
21 communities. While not operating under a closed
22 admissions policy, Medicaid beds in the CCRCs are
23 generally reserved for individuals of the community
24 who have exhausted their financial resources and not

1 otherwise available to the general public.
2 With respect to Medicaid certification, it
3 is also important to note that facilities that
4 participate in the Medicaid program are not required
5 to accept any Medicaid residents.
6 Among the remaining skilled long-term care
7 facilities in the service area, only 44 percent of
8 the residents are Medicaid beneficiaries. This is
9 low considering Medicaid is the primary payer of
10 long-term care facilities, accounting for 62.2 of
11 long-term care expenditures in 2010.
12 As previously noted, Meadowbrook Manor of
13 Geneva will be dually certified, and we have a track
14 record of accepting Medicaid residents. I do it
15 myself.
16 In fact, we operate three facilities in
17 Illinois, and approximately 80 percent of our
18 residents are Medicaid beneficiaries.
19 What will further set this facility apart
20 from other services in the area is its clinical
21 programming. As with our other facilities, we will
22 provide a cardiology, pulmonary, wound care, and
23 nephrology clinic as well as bedside dialysis to
24 residents suffering from kidney failure.

1 Rather than having to leave the facility for
2 appointments, residents can schedule appointments
3 with a specialist who conducts weekly rounds. Not
4 only is this a convenience for our residents, but it
5 improves the quality of patient care.
6 Additionally, skilled long-term care beds
7 are warranted in Geneva. As noted in the market
8 survey prepared for this project, the service area
9 population is rapidly aging. By 2021, 15 percent of
10 the population will be over the age of 65, compared
11 to 12 percent in 2016.
12 As a result of the rapid population growth
13 in the 65-and-over age cohort, the current inventory
14 of skilled long-term beds will be insufficient to
15 address the future demand, particularly among
16 Medicaid beneficiaries. Accordingly, this proposed
17 project is warranted.
18 Thank you for your time and attention.
19 I respectfully request the Health Facilities and
20 Services Review Board approve Meadowbrook Manor of
21 Geneva.
22 Thank you.
23 HEARING OFFICER MORADO: Thank you.
24 We're going to have James Helms.

1 MR. HELMS: J-a-m-e-s H-e-l-m-s.
2 Our son has been in Meadowbrook for 13 years
3 with a severe brain injury. They've taken very good
4 care of him. It's a very clean facility.
5 And if it wasn't for them, I wouldn't be
6 here today. I had a severe heart attack there and
7 they took care of me. If they didn't have, I would
8 not be here.
9 They took care of me right away, they got me
10 to the hospital, and I'm still here, as you can see.
11 And I appreciate Meadowbrook very much. And they
12 keep it very clean and nice there, and they take
13 very good care of our son.
14 And that's about all I've got to say.
15 Thank you.
16 HEARING OFFICER MORADO: Thank you for your
17 time.
18 Jean Gaines.
19 MS. GAINES: Jean, J-e-a-n; Gaines,
20 G-a-i-n-e-s. I would like to express my support for
21 a long-term care facility in Geneva.
22 We have a wonderful hospital campus. When
23 one leaves that facility, it is important to provide
24 care for those who are not yet ready to be

1 independent. Currently we do not have anything
2 available.
3 The location for the proposed 150-bed
4 Meadowbrook Manor is perfect, right in the middle of
5 a highly populated Tri-City area with proximity to
6 Delnor Hospital.
7 People tend to stay in Geneva beyond
8 retirement, and the services that will be provided
9 are needed and necessary. Our population is aging
10 and medical services are very important to our
11 community.
12 The facility will also provide jobs, which
13 are an added benefit, both in construction and for
14 staff once it is in operation. We support the
15 facility.
16 HEARING OFFICER MORADO: Thank you very
17 much. If you can leave it right up here, that would
18 be great.
19 MS. GAINES: Thank you.
20 HEARING OFFICER MORADO: Thanks so much.
21 Next up will be Fred Berkovits.
22 MR. BERKOVITZ: Good afternoon. My name is
23 Fred Berkovits, B-e-r-k-o-v-i-t-s, and I'm the
24 director of operations for BRIA of Geneva.

1 We are one of the 30 -- we are one of the
2 facilities within the 30-minute drive time for the
3 proposed project, as well as within 20 miles of the
4 self-defined 20-minute drive time proposed by the
5 Applicant.
6 As this Board is aware, this project
7 extension was denied in September 2016, as the Board
8 concluded that the Applicant did not proceed with
9 due diligence on this project. The Applicant now
10 seeks another extension to 2020.
11 This project began in 2009. Since that time
12 at least 426 new beds have opened or been approved
13 for construction within the market area.
14 As a facility that has been in Geneva for
15 many years, we understand the needs of the
16 community. Simply put, there is no need for
17 additional beds in the area. We believe that the
18 4,127 beds in the area provide all of the services
19 needed.
20 Furthermore, according to Applicant's own
21 submission, current occupancy in the 27 Kane County
22 facilities is only 64.5 percent. Moreover,
23 according to the 2017 LTC facility update reports,
24 not only is there no need for more beds, there is an

1 excess of 590 beds.
2 BRIA of Geneva is licensed for 107 beds, and
3 our census has consistently been well below
4 90 percent, and the majority of our resident
5 population is Medicaid patients.
6 We have never turned away an indigent
7 patient for lack of beds. Currently our patient
8 population is made up of 84 percent Medicaid
9 patients, and we currently have 16 empty beds that
10 can be filled with Medicaid patients.
11 In order for Applicant to achieve the
12 projected stabilized income shown in their
13 submission, they would have to run their facility
14 with a minimum of 30 percent Medicare patients.
15 That's Medicare, not Medicaid.
16 This project is not meant to serve Medicaid
17 patients, as claimed by the Applicant. If the
18 Applicant were allowed to proceed and further
19 saturate the market with another 150 beds, it will
20 cause financial hardship to all of the surrounding
21 facilities by further lowering census while at the
22 same time increasing the demand for quality nursing
23 staffing in a market suffering from shortages.
24 Where does the Applicant propose to find

1 that staffing? I can tell you, by soliciting staff
2 from the area facilities which are already having a
3 difficult time hiring staff. BRIA of Geneva has,
4 for the first time, been forced to resort to agency
5 staffing for nurses and nurses aides.
6 The 2017 extension packet submitted by
7 Applicant is full of inconsistencies and conflicts
8 with data from previous filings, as fully set forth
9 in the written submission that I gave earlier today.
10 Can I keep going?
11 HEARING OFFICER MORADO: Go ahead.
12 MR. BERKOVITZ: The Applicant states that,
13 quote, "While there have been a couple new
14 facilities in the greater 30-minute travel time
15 service area and a few more in the pipeline, the
16 existing and new facilities also appear to limit
17 access to Medicaid-certified beds." By the same
18 token, the Applicant's data shows that there is
19 currently significant excess in Medicaid beds in the
20 market area, that the average household income for
21 the area is projected to increase significantly in
22 the high-income brackets and well outpace the
23 lower-income brackets, and Applicant admits that it
24 plans to serve -- to fill at least 30 percent of its

1 beds with Medicare patients. When talking about
2 limiting access to Medicaid beds, Applicant's
3 project does just that.
4 And for all the foregoing reasons and those
5 reasons set forth in my written submission, BRIA of
6 Geneva objects to this project and asks the Board to
7 once again deny the extension request as it has done
8 in the past.
9 Thank you.
10 HEARING OFFICER MORADO: Thank you.
11 Judy Carroll.
12 MS. CARROLL: Hi. It's Judy Carroll,
13 C-a-r-r-o-l-l.
14 My name is Judy Carroll. I do believe there
15 is a need for a medical care facility that can
16 bridge the gap between hospital and home for the
17 residents of the Tri-Cities.
18 A facility located in Geneva with its
19 proximity to Delnor Hospital could provide the
20 progressive services needed by our local senior
21 citizens and their families.
22 Thank you.
23 HEARING OFFICER MORADO: Thank you.
24 Sandeep Kalra.

1 DR. KALRA: Good afternoon. My name is
2 Dr. Sandeep Kalra, S-a-n-d-e-e-p; Kalra, K-a-l-r-a.
3 I'm a board-certified internal medicine physician.
4 I practice internal medicine in Naperville and
5 surrounding suburbs.
6 I have been part of the visiting physician
7 facility at both the Meadowbrooks for the last
8 12 years. I've had the honor and privilege of
9 serving hundreds of patients at both these
10 facilities and currently have a -- I have about
11 60 patients in each facility.
12 In these last 12 years I've found these
13 facilities to be very kind and generous in diversity
14 of patients they have accepted as well as diversity
15 of employees that they have employed.
16 They have served so many underprivileged
17 patients as well as Medicaid/public aid patients,
18 some of whom call Meadowbrook as their home now.
19 These are probably the only two facilities in
20 Naperville and Bolingbrook -- and I wanted to
21 highlight that -- which afford different levels of
22 care, including a first floor for rehab patients, a
23 second floor for intermediate care patients, a third
24 floor for dementia patients and more chronic

1 conditions, and a separate memory unit.
2 I think both the Meadowbrooks, as a nursing
3 home and their corporate, have done a tremendous
4 service to both Naperville, Bolingbrook, and their
5 surrounding suburbs. They have excellent owners,
6 well-qualified staff who have evolved over
7 the years, and have not shied away from upgrading
8 and updating to the best new standards in health
9 care.
10 Going above the fact, I think both the
11 Meadowbrook owners should be allowed to provide the
12 same extension of care and long-term care to their
13 elderly patients of this community. They
14 participate in regular State surveys and are trying
15 to meet the requirements of the State of Illinois
16 for their licensing, as well as the care of their
17 patients.
18 They're also trying to keep up with all the
19 requirements of the health field and are
20 collaborating with the accountability care
21 organizations of the surrounding hospitals of the
22 area.
23 Thank you.
24 HEARING OFFICER MORADO: Thank you.

1 Do you want to -- you can leave your
2 comments here. Thank you so much.
3 DR. KALRA: Thank you.
4 HEARING OFFICER MORADO: Lauri Ciaccio-
5 Huerta.
6 MS. CIACCIO-HUERTA: Pretty well. You said
7 you butcher names.
8 It's Lauri, L-a-u-r-i; Ciaccio,
9 C-i-a-c-c-i-o, dash, H-u-e-r-t-a. That's quite
10 well.
11 So my name is Lauri. My dad, Dennis, had a
12 stroke 8 1/2 years ago. Forgive me. I'm going to
13 get choked up talking.
14 MS. MITCHELL: That's fine.
15 MS. CIACCIO-HUERTA: Because of his medical
16 needs, we could not bring him home. Thankfully, we
17 found Meadowbrook.
18 The facility itself is exceptional, always
19 clean, always kept up. The rooms are a perfect
20 combination of privacy with the individual
21 televisions in the wardrobes and things but also
22 with the companionship of a roommate. My dad always
23 had somebody to talk to late at night.
24 We especially, as a family, appreciated all

1 of the additional living spaces, the courtyard, the
2 private dining rooms, the ice cream parlor. We were
3 still able to get together as a family and have
4 family birthdays and holidays or even just get
5 together and play cards and maybe have dinner
6 together. It gave us a little bit of a home life.
7 But most importantly -- this is where
8 I really get choked up -- are the people. Their
9 dedication, their caring is so above and beyond.
10 It's because of that that we were able to have my
11 dad with us for an additional eight years.
12 From Day One, everybody there worked as hard
13 as they could to rehab my dad back as far as he
14 could come and then to help him maintain that for as
15 long as was possible. I know everybody throws
16 around this term, "continuity of care," these days,
17 but I cannot tell you what a comfort it was for my
18 dad to have familiar faces taking care of him while
19 he was there, to know his aides and know his nurses
20 as they were coming in to him and what it meant to
21 us as a family to not once in eight years -- to be
22 able to go home at night and never once worry that
23 my dad was being taken care of, to know that these
24 people were looking out for him at all times.

1 Not only should you 100 percent build this
2 facility in Geneva, but this facility should be the
3 model for every single nursing facility in this
4 country.
5 Thank you.
6 HEARING OFFICER MORADO: Thank you for
7 sharing.
8 Patti Long.
9 MS. LONG: Patti; last name is Long,
10 L-o-n-g.
11 Hello. My name is Patti Long. I'm the
12 administrator at BRIA of Geneva, where I've worked
13 for the last 2 1/2 years.
14 BRIA of Geneva has 107 dual-certified beds,
15 and during my time there we have never reached
16 occupancy. We serve a predominately Medicaid
17 population and have never turned down a Medicaid
18 patient due to lack of beds. We are committed to
19 providing the highest quality of care to all we
20 serve.
21 Staffing in our nursing department has been
22 our greatest challenge, and over the last year we
23 have been forced to use agency nurses and CNAs for
24 the first time in our existence.

1 In my opinion, there is no need for an
2 additional 150 beds in Geneva, and allowing this
3 project to go forward will have a negative impact on
4 all surrounding facilities.
5 Thank you.
6 HEARING OFFICER MORADO: Thank you.
7 Scott Vavrinchik.
8 MR. VAVRINCHIK: Good afternoon, ladies and
9 gentlemen. My name is Scott Vavrinchik, S-c-o-t-t;
10 V, as in "Victor," -a-v, as in "Victor,"
11 -r-i-n-c-h-i-k.
12 I'm one of the owners of Affiliated Dialysis
13 Centers, providing in-house hemodialysis services to
14 skilled care centers throughout Illinois, Ohio, and
15 California. We have had the extreme privilege of
16 partnering with Meadowbrook since 2011 at three of
17 their locations, namely La Grange, Naperville, and
18 Bolingbrook.
19 After reviewing our data, we have
20 administered over 27,000 dialysis treatments over
21 the past six years to those three locations. They
22 have been and continue to be an excellent partner,
23 utilizing state-of-the-art equipment, thus providing
24 cutting-edge dialysis therapy for their residents in

1 need.
2 The address of the proposed location,
3 37 West 220 Keslinger Road, Geneva, would be a prime
4 location for a skilled care center offering in-house
5 hemodialysis, the geography bordering on
6 Carpentersville to the east, south to Channahon,
7 west to Annawan, north to Mount Carroll, and back
8 east to Carpentersville. To our knowledge, there
9 are no skilled care centers offering in-house
10 hemodialysis services in that area.
11 The closest skilled care centers offering
12 dialysis are located in Naperville, which is one of
13 Mr. Vangel's, Elgin, and Rockford. The need for a
14 skilled care center in that middle market patient
15 segment offering in-house hemodialysis services are
16 obvious and well warranted.
17 Thank you.
18 HEARING OFFICER MORADO: Thank you.
19 Lisa Taylor.
20 MS. TAYLOR: Hello. Lisa Taylor, L-i-s-a
21 T-a-y-l-o-r.
22 My name is Lisa Taylor. I specialize in
23 advanced wound care and general surgery. I'm a
24 nurse-practitioner and I provide services at

1 La Grange and Bolingbrook.
2 And I have to tell you my background
3 includes working as an RN in rehab, so that's kind
4 of where a lot of my background comes into this,
5 what I'm going to say.
6 There might not be, in other people's
7 opinion, a need for more beds, but what I can tell
8 you is there is a need for quality because I follow
9 patients that have come from other facilities into
10 my hospital for their wound care. Take them to the
11 OR, clean them up, they get sent back to the rehab
12 facilities, and some are less than stellar.
13 And I can tell you Meadowbrook has been
14 excellent. They -- for all the crazy things that,
15 you know, I demand, they actually -- you know, for
16 my patients -- they follow through. So I would
17 never associate myself or my collaborating physician
18 with any facility that would not provide excellent
19 care.
20 And one of the buildings that I'm at
21 currently is going over 200 days without an acquired
22 pressure ulcer. That's quite exceptional. Many
23 places do not achieve that. And I know that because
24 my background, again, comes from a rehab background,

1 so I can tell you that quality is number one. It's
2 not about how many beds you need, how many beds you
3 have, it's about how many of those beds are quality,
4 and I can tell you Meadowbrook is quality.
5 HEARING OFFICER MORADO: Thank you.
6 Donald Woodard.
7 MR. WOODARD: She took my speech.
8 (Laughter.)
9 MR. WOODARD: Donald Woodard, W-o-o-d-a-r-d.
10 I'm from Naperville Meadowbrook. I've been
11 the resident council president for three years, very
12 proud of it.
13 But I know -- I heard about the beds and
14 stuff. I was in another nursing home in Rockford.
15 It was like -- bad. You know what I mean? For
16 service, atmospheres. You could barely see in the
17 hallways. If you got a glass of water or a cup of
18 water, it took a while.
19 While I've been here, it's like -- it's like
20 the best place you could be. I mean, it's like a
21 family place. I mean, you walk in, everything's
22 clean. People are friendly. It's like -- how do
23 you explain it?
24 It's like -- I ask the ombudsman to come for

1 a meeting once a month. I says, "How do we rate
2 when you go to a lot of places?"
3 They go, "You're right up there because
4 you're one of the best."
5 We have 20-plus people at our meeting every
6 month. It's a lot more than normal. And I don't
7 know. I don't -- it's like a family there. You
8 know what I mean? It's like -- I don't know.
9 I can't visualize these people that are there going
10 anyplace else.
11 Geneva, like you say, they might not have --
12 they might think they have a lot of empty beds. But
13 if people are going to go to a nursing home,
14 hopefully they can go to someplace where it's nice,
15 no odors, clean, et cetera. All right?
16 Thank you.
17 HEARING OFFICER MORADO: Thank you, sir.
18 Allan Castillo.
19 MR. CASTILLO: Good afternoon. I'm Allan
20 Castillo, C-a-s-t-i-l-l-o.
21 Hi. I've been a CNA, a scheduler at BRIA of
22 Geneva for three years now. Our staff is dedicated
23 to provide the highest quality care. Due to
24 staffing shortage in the area, I'm often called upon

1 to work overtime and double shifts. I try to help
2 as often as I can, but I do so at the expense of
3 spending time with my family.
4 For the last several months, we have used
5 agency staffing because it has been so hard to hire
6 staff. Agency work hard and try their best, but
7 they do not know our, you know, residents the way we
8 do. This makes it difficult to provide continuity
9 of care and adds more stress to our already
10 overworked staff. Another facility in Geneva will
11 only make the staffing crisis worse and will hurt
12 everyone in the area.
13 Thank you.
14 HEARING OFFICER MORADO: Thank you.
15 Jacqueline Rice.
16 MS. RICE: Jacqueline Rice,
17 J-a-c-q-u-e-l-i-n-e. Last name, Rice, R-i-c-e.
18 Hello. I am a certified family
19 nurse-practitioner, and I've been going to the
20 Meadowbrook facilities for the past 17 years.
21 I have seen patients in all three of the
22 facilities at one time or another, Meadowbrook
23 La Grange, Meadowbrook Bolingbrook, and Meadowbrook
24 Naperville. These facilities serve a diverse

1 population. They not only take Medicaid patients
2 but they also take VA patients, which I feel is a
3 necessity in this time.
4 They provide rehab, long-term care, and they
5 also have dementia care, which I can tell you, in a
6 number of the facilities that I go to, they have --
7 they no longer have their dementia units, so that is
8 a big necessity, also, to have a dementia unit.
9 These facilities, they keep them up-to-date.
10 They're Joint Commission certified. They have a
11 well-qualified staff who not only works together as
12 a team but they also work together as a family and
13 provide a caring, homelike environment for the
14 residents that they serve.
15 My patients who live there are very happy
16 and content, and I have recommended these facilities
17 to many of my patients and friends because of the
18 excellent care that my patients have received there.
19 I think that another Meadowbrook facility would be
20 an asset to your community.
21 Thank you.
22 HEARING OFFICER MORADO: Thank you.
23 Mark Hocuk.
24 MR. HOCUK: You're the fifth person in my

1 life who pronounced that right.
2 Did he not? I mean, no one's ever done
3 that.
4 Mark Hocuk, H-o-c-u-k.
5 MS. MITCHELL: He's having a really good day
6 today.
7 HEARING OFFICER MORADO: I'm feeling special
8 right now.
9 MR. HOCUK: So I want to say -- Mark Hocuk.
10 I'm the administrator at Meadowbrook Manor of
11 Naperville. I want to thank you for the opportunity
12 to talk in front of you, in front of the Board here.
13 I've worked for the Vangel and Jafari family
14 for the last nine years. I'm here to attest that
15 these families are actively involved in making sure
16 that the highest level of care is being provided to
17 their patients and our residents.
18 Nowhere else have I seen owners who work so
19 hands-on in our buildings. You will not find this
20 at other skilled nursing facilities, owners who come
21 in weekly, know the names of our residents and our
22 patients, and the residents and patients know the
23 names of our owners.
24 Meadowbrook Manor specializes in short-term

1 rehabilitation services for those patients that have
2 gone through anything from a knee replacement to
3 spinal surgery and anything in between. We also
4 have a dedicated memory care unit in our building
5 that serves the ever-growing aging population.
6 We strive to offer the best care for our
7 people. We offer topnotch facilities. We groom our
8 coworkers to be the best they can be. And there is
9 no other place that I would rather work nor any
10 employer that I would want to work for.
11 It is with great pleasure that I stand
12 before you and give my own testimonial to what a
13 great addition I think that Meadowbrook Manor of
14 Geneva would be to your community, as I witness it
15 firsthand every day, all the great things that these
16 families have accomplished in our own community.
17 Thank you very much.
18 HEARING OFFICER MORADO: Thank you.
19 John Maze.
20 MR. MAZE: My name is John Maze, M-a-z-e.
21 I've worked for the owners for 10 years.
22 Part of my job is taking the owners' passion
23 and developing that inside their existing buildings.
24 Latest technologies, latest trends, we're in the

1 constant form of upgrade in all of their buildings.
2 I'm here today to show support for Geneva.
3 This project will bring 150-plus construction jobs,
4 let alone the facility jobs, as well.
5 Thank you.
6 HEARING OFFICER MORADO: Thank you, sir.
7 Holly Stech.
8 MS. STECH: Hello. I'm Holly Stech,
9 H-o-l-l-y S-t-e-c-h. Hi.
10 MS. MITCHELL: Good morning.
11 MS. STECH: I'm the director of admissions
12 at the Meadowbrook of Bolingbrook. I've been in
13 health care for over 25 years, the last 14 of those
14 being at Meadowbrook Manor.
15 At Meadowbrook Manor we offer a variety of
16 services for our community, ranging from respite
17 stays, which gives family care takers a break or
18 just a few days off, to long-term care. Our
19 short-term postacute unit provides therapy and
20 nursing care after a hospital stay, which enables
21 our residents to recover and return to their homes
22 without having to leave the community.
23 We have excellent physicians and specialists
24 from the area available, as well, several of which

1 attend to our residents right at the facility.
2 One of the things I like the most about
3 Meadowbrook Manor is the family atmosphere.
4 Everyone's treated like family, whether it's our
5 residents, their families, or our staff. I can
6 speak from personal experience, as well, as I had my
7 mom at the facility for care. They have a great
8 team of employees, many who have been with the
9 company 10-plus years. We offer a large array of
10 employment opportunities to the community.
11 So, in conclusion, I love being able to go
12 to a place every day where I feel I can make a
13 difference. I don't provide physical care, but
14 I certainly provide compassion and support, which I
15 feel helps to enhance the healing process.
16 Thank you.
17 HEARING OFFICER MORADO: Thank you.
18 Isabel Perez.
19 MS. PEREZ: Hello. Isabel Perez,
20 I-s-a-b-e-l; Perez, P-e-r-e-z.
21 I've been a registered nurse for over
22 22 years. And of those 22 years, 17 of those years
23 have been working with the Vangel family.
24 I've had the privilege to be a part of a

1 remarkable team, working with Meadowbrook Manor
2 nursing home and rehab. I started as a staff LPN
3 and worked my way through to director of nursing for
4 the last 10 years.
5 As a resident of the very community where
6 Meadowbrook resides at this time, both my parents
7 have actually resided as residents there. I can
8 truly state that this company places great effort on
9 providing excellent care to their residents and they
10 take great pride in providing support to the
11 families.
12 Meadowbrook Manor provides a variety of
13 services to the community and to the surrounding
14 communities. The services range from postacute
15 rehab, intermediate care, skilled care, as well as
16 memory care.
17 We are one of the very few facilities that
18 offer medical care and services to our veterans,
19 which offer their families some sort of support,
20 from respite care to allow them to be caregivers and
21 time off, as well as long-term care.
22 We partner with a majority of the hospice
23 community, as well, hospice companies out there that
24 actually practice at our facilities, to allow the

1 families that time.
2 Meadowbrook Manor is more than just another
3 corporation. They are a family. It's my
4 professional opinion that there are very few
5 facilities out there that offer such rewarding
6 careers and where you are appreciated for the
7 profession and advocacy you have chosen.
8 Like myself, there are many, many
9 individuals working there that are greater than
10 10 years. So if you provide good support to your
11 actual employees, they're not going to leave.
12 HEARING OFFICER MORADO: Thank you.
13 MS. PEREZ: Thank you.
14 HEARING OFFICER MORADO: KC Karanth.
15 MS. KARANTH: First name is KC, the letters
16 K and C. Last name is K-a-r-a-n-t-h.
17 Hello. I'm pleased to say that I've worked
18 with Meadowbrook Manor in Naperville for nearly
19 20 years, of which the last 9 years has been as the
20 assistant administrator of this facility.
21 I'm incredibly proud to be -- proud of the
22 care and the services provided by our facility and
23 our excellent, high-qualified staff. As a
24 family-owned and -operated corporation, it's

1 reassuring to our residents to see the ownership
2 walk through the building, take the time to talk and
3 meet the residents, addressing any of their concerns
4 that they may have in a very timely manner.
5 The facility provides a large variety of
6 services, as you've heard, to the community,
7 including bedside dialysis, wound treatment,
8 physical, occupational, and speech, cardio/pulmo, as
9 well as a dedicated memory care unit.
10 Not only do we have activities throughout
11 the day, there are trips to casinos, ballparks,
12 movie theaters, scheduled entertainment. Our meals
13 are prepared fresh daily, and menus are varied and
14 diverse, just like our population.
15 Our residents come from all walks of life
16 and so do our staff, from all economic backgrounds,
17 and are very diverse in ethnicity, yet here at
18 Meadowbrook we are all family. Our residents enjoy
19 mingling with one another as well as with the staff.
20 Deep bonds are formed with their caregivers.
21 And while our family -- I'm sorry.
22 While our facility may not be the house that
23 they lived in for many years, they do call it their
24 home. I'm honored to be part of this wonderful team

1 and the community it serves.
2 Thank you.
3 HEARING OFFICER MORADO: Thank you.
4 Dr. Zaid Jabbar.
5 DR. JABBAR: Good afternoon, guys.
6 My name is Zaid Jabbar. I'm a primary care
7 doctor. I refer to Meadowbrook facilities, and I'm
8 here to show them my support for this facility.
9 The main thing I think -- a couple points to
10 point out: Number one, I think the facility will
11 serve a huge need in this growing area for a skilled
12 facility as we head into the next 10, 20 years.
13 I think what makes Meadowbrook special is
14 that they have a lot of specialty care. As a
15 primary care doctor, I like to be able to have a
16 cardiologist in-house; I like to have a
17 pulmonologist in-house, wound care.
18 This is very different than other facilities
19 I've been to that we're able to consult
20 cardiologists, be able to see -- for the patient to
21 see a cardiologist, to see a pulmonologist, so, to
22 me, that's such a huge thing, to be able to have
23 access to specialty care in a skilled nursing
24 facility.

1 The third point I think that's important is
2 the location. I think the location's perfect. It's
3 next to the hospital. There is, I understand, an
4 independent living facility there, so it will
5 provide a good continuum of care between acute care,
6 subacute rehab or skilled nursing, and then
7 independent care.
8 So I'm here to show my support.
9 HEARING OFFICER MORADO: Thank you.
10 Richard Lynn.
11 MR. LYNN: My name is Richard Lynn, L-y-n-n.
12 I appreciate the Board having this open
13 forum today and the ability to talk with you about
14 this opportunity.
15 As I mentioned, my name is Richard Lynn, and
16 I work with a company called Marcus & Millichap.
17 And what we are is investment sales brokers of all
18 types of senior housing, which includes both skilled
19 nursing facilities, like what is proposed here, as
20 well as assisted living, memory care, independent
21 living, and throughout the country -- in Illinois
22 and throughout the country. So that's just a little
23 bit of my background and, you know, my knowledge.
24 I have known this organization for over

1 20 years, and I personally have done -- completed
2 transactions with them, both for commercial
3 real estate as well as health care-related
4 facilities, and they've all been able to go through
5 from finish to end [sic] in a very professional and
6 excellent manner.
7 This particular facility from an investment
8 side -- or from our side -- I looked at it just a
9 little bit differently. I know your zones are a
10 little further out, but I looked at it within the
11 7-mile radius. And within that 7-mile radius, there
12 are eight other skilled nursing facilities, and, of
13 those, the average age of those are 30 years.
14 And so it is very beneficial to the industry
15 to bring new facilities to the marketplace to
16 freshen up. You have Delnor-Community Hospital and
17 Northwestern, which is brand-new. This would
18 complement it. The industry needs to be lifted up
19 to a higher level.
20 Of the eight that we looked at in town, the
21 other ones, there are several of them that have
22 either out-of-state owners or managers -- or
23 out-of-area is a better way to put it -- or large
24 corporations that take care of it.

1 Meadowbrook Manor facilities, these people
2 are local and strong to the area and add a real
3 benefit to the ability to have health care and one
4 of the major strengths of looking for health care
5 people that we look for in the area.
6 I would just like to, you know, reiterate
7 that this group is experienced, they are well
8 capitalized, and they're professionally staffed.
9 They, in other words, can make it happen.
10 You know, with that said, this project,
11 I believe, is very well conceived -- I've learned
12 about it for some time -- needed in the community,
13 and will be an asset both to the community as well
14 as the residents.
15 Thank you very much.
16 HEARING OFFICER MORADO: Thank you.
17 Before we have a closing statement, is there
18 anyone else who would like to speak who hasn't had
19 an opportunity to yet?
20 (No response.)
21 HEARING OFFICER MORADO: Okay. I'm going to
22 call Anne to come on and give her closing statement.
23 MS. COOPER: Good afternoon. My name is
24 Anne Cooper.

1 I'm one of the attorneys for Meadowbrook
2 Manor of Geneva, and I just wanted to summarize
3 briefly why this proposed skilled nursing facility
4 is warranted.
5 As you heard, Meadowbrook Manor will be a
6 150-bed, dually certified to participate in both the
7 Medicare and Medicaid programs. That's important
8 because this project will address the need for
9 Medicaid skilled nursing beds in the Geneva service
10 area.
11 Historically Meadowbrook facilities have
12 operated -- have been highly utilized and
13 approximately 80 percent of their residents are
14 Medicaid beneficiaries. Assuming this trend
15 continues with this facility, we're looking at
16 around a hundred Medicaid beneficiaries in this
17 facility.
18 Currently there are 14 facilities within the
19 immediate Geneva service area, that 20-minute
20 service area that was described earlier. And based
21 upon our analysis of admissions restrictions and
22 types of patient populations that are served, there
23 are really currently only 88 Medicaid -- or as of
24 2015 -- only 88 Medicaid beds available, which is

1 insufficient given the aging of this population in
2 Kane County and the increased demand for skilled
3 nursing facilities in this area.
4 Additionally, as described, the location of
5 the proposed Meadowbrook Manor of Geneva is an
6 integral part of this project. It was purposely
7 sited to be adjacent to the Northwestern Medicine
8 Delnor-Community Hospital campus, which not only
9 serves the acute care hospital but physician and
10 specialty offices and an ambulatory surgery center.
11 Additionally, an unrelated 90-bed
12 independent living facility is located in the
13 northwest corner adjacent to the medical/hospital
14 campus. The addition of Meadowbrook Manor of Geneva
15 will add a much needed skilled nursing component to
16 this burgeoning health care hub.
17 Furthermore, Meadowbrook Manor is part of
18 Northwestern's preferred provider skilled nursing
19 network. They collaboratively work with
20 Northwestern to reduce readmissions, infection
21 rates, and we anticipate that this collaborative
22 relationship with Northwestern will continue at the
23 Geneva facility.
24 As discussed earlier, too, what sets

1 Meadowbrook Manor apart from other facilities in the
2 area is the clinical programming which is not
3 available at other facilities in this area, namely
4 the pulmonology -- pulmonary, cardiac, and wound
5 care clinics where patients or residents can meet
6 with their physicians on a weekly basis to discuss
7 care plans, which provides for a better quality of
8 care.
9 Additionally, they also offer home
10 hemodialysis, which is crucial because, whether
11 you're on home -- when you're -- if you have to do
12 in-center hemodialysis, you have to be transported
13 to a facility three days a week for three to
14 five hours a week -- or three to five hours a
15 session -- so having home hemodialysis in the
16 facility is critical to patient care.
17 Finally, the facility will also be a modern,
18 state-of-the-art facility, and, as described
19 earlier, most of the facilities -- or nearly all the
20 facilities within the Geneva service area are
21 30 years or older. Only two facilities have been
22 built within the last five years.
23 Accordingly, the rooms are much smaller in
24 the older facilities, it has a more institutional

1 feel, and, therefore, they generally cannot
2 accommodate the current medical equipment needs of
3 residents like power wheelchairs, lifts, and other
4 respiratory equipment, other equipment that
5 residents may need.
6 Finally, I'd like to recognize that this
7 project has received support from the mayor of the
8 City of Geneva, the Geneva Chamber of Commerce, the
9 mayor of Bolingbrook, and the mayor of Stone Park.
10 Accordingly, I think this project is
11 warranted, and I respectfully request the Board
12 approve this project.
13 Thank you.
14 HEARING OFFICER MORADO: Thank you.
15 Well, I certainly feel special today,
16 getting a whole bunch of names correct.
17 MS. MITCHELL: He was very proud of himself
18 up here.
19 HEARING OFFICER MORADO: I feel like I've
20 earned my money today.
21 So we have this scheduled for a couple
22 more minutes -- a couple more minutes, until 1:30.
23 I don't want to hold everyone here until
24 that time, so I'm going to read some information

1 that I usually read before I close this out, and
2 then we're just going to kind of sit around and wait
3 to see if a bus is going to come and drop off a
4 whole bunch of people to give additional comment.
5 But I didn't want to, you know, hold anybody here,
6 so let me read this information for you.
7 Please note that this project is tentatively
8 scheduled for consideration by the Board at its
9 September 26th, 2017, meeting. The meeting is
10 tentatively scheduled to be held in Springfield,
11 Illinois. Please refer to the HFSRB website at
12 www.hfsrb.Illinois.gov for more details on possible
13 agenda changes.
14 I'm going to ask that you please prepare to
15 take note of the following times and dates: The
16 State Board staff report will be posted online at
17 www.hfsrb.illinois.gov\sars.htm on September 12th,
18 2017. The deadline to submit a written response to
19 the State Board staff report is 9:00 a.m.,
20 Wednesday, September 6th, 2017.
21 Written comments and responses should be
22 sent to the Illinois Health Facilities and Services
23 Review Board, attention Courtney Avery,
24 administrator. That's at 525 West Jefferson Street,

1 Second Floor, Springfield, Illinois 62761.
2 Does anybody have any additional questions?
3 (No response.)
4 HEARING OFFICER MORADO: All right. We're
5 going to sit around for a little bit and wait and
6 see if anybody shows up, then I'll get up and deem
7 this officially closed.
8 So thank you very much for coming and
9 participating today.
10 AUDIENCE MEMBERS: Thank you.
11 (A recess was taken from 12:48 p.m. to
12 1:15 p.m.)
13 HEARING OFFICER MORADO: Would anyone like
14 to give comment who hasn't given comment yet?
15 (No response.)
16 HEARING OFFICER MORADO: Hearing that there
17 are no additional comments or questions, I deem this
18 public hearing adjourned.
19 Thank you for your participation.
20 (Off the record at 1:15 p.m.)
21
22
23
24

CERTIFICATE OF SHORTHAND REPORTER

I, Melanie L. Humphrey-Sonntag, Certified Shorthand Reporter No. 084-004299, CSR, RDR, CRR, CRC, FAPR, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand this 25th day of June, 2017.

My CSR commission expires: May 31, 2019.

_____

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