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Transcript of Hearing

Date: October 12, 2017
Case: Project 17-035 - Manor Court of Rochelle

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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3 BEFORE HEARING OFFICER MICHAEL CONSTANTINO
4 IN RE: :
5 Public Comments Regarding :
6 Establishment of a 92-bed : Project #17-035
7 Long Term Care Facility in :
8 Rochelle, Illinois :
9 :
10
11
12 HEARING in accordance with requirements of the
13 Illinois Health Facilities Planning Act
14
15 Spring Lake Marina
16 121 South 8th Street
17 Rochelle, Illinois 61068
18 Thursday, October 12, 2017
19 11:00 a.m.
20
21
22 Job No: 160196
23 Pages: 1 - 85
24 Reported by: Camille Connell, RPR, CSR

1 PRESENT:
2 ILLINOIS HEALTH FACILITIES AND
3 SERVICES REVIEW BOARD, by
4 JEANNIE MITCHELL, Public Hearing
5 Officer
6 BRAD BURZYNSKI, State Board Member
7 COURTNEY AVERY, IDPH Staff
8 ANN GUILD, IDPH Staff
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1 P R O C E E D I N G S
2 HEARING OFFICER MITCHELL: All right. If
3 I could have everybody's attention, I'm Jeannie
4 Mitchell, the General Counsel. I am going to go
5 ahead and get started.
6 Good morning. Thank you for participating
7 in today's proceedings. I am Jeannie Mitchell,
8 the General Counsel and Hearing Officer for the
9 Illinois Health Facilities and Services Review
10 Board. Present with me today are representatives
11 of the Board, Member Brad Burzynski, and staff
12 Courtney Avery and Ann Guild. Member Burzynski is
13 just here to observe today.
14 On behalf of the Board, thank you for
15 attending today's hearing. As per the rules of
16 the Illinois Health Planning Act, the previously
17 published legal notice of the order has been
18 submitted to the court reporter and will be
19 included in today's record.
20 Please note that in order to ensure that
21 the Health Facilities and Services Review Board's
22 public hearing protects the privacy and maintains
23 the confidentiality of an individual's health
24 information, covered entities, as defined by the

1 Health Insurance Portability and Accountability
2 Act of 1996, such as hospital providers, health
3 plans, and health care clearinghouses submitting
4 oral or written testimony that discloses protected
5 health information of individuals shall have a
6 valid written authorization from that individual.
7 The authorization shall allow a covered entity to
8 share the individual's protected health
9 information at this hearing.
10 If you have not yet signed in, please see
11 either Courtney Avery if you are testifying, or
12 Ann Guild if you are simply registering you were
13 here. Those of you who have prepared text of your
14 testimony, please note that you may submit the
15 written text which will be entered into today's
16 record and made available for all Board members
17 prior to the January 9th meeting.
18 If you are speaking, I ask that you please
19 limit your testimony to three minutes.
20 Participants will be called by name -- by number,
21 rather. Prior to beginning your remarks, please
22 clearly spell your name for the court reporter.
23 If you have a written copy of your remarks, please
24 provide those to me when you are done speaking.

1 And if you are not speaking, this is a
2 small room, and voices kind of carry. So, please
3 keep conversations to a minimum, and if you are
4 speaking, please speak loudly and project loudly
5 because we don't have a microphone.
6 Now, today's proceeding will begin with
7 Manor Court of Rochelle.
8 MR. HALES: Thanks very much for the
9 introduction of the project, and I appreciate the
10 hearing board being here.
11 My name is Matt Hales. I'm the director
12 of health care and quality assurance for the
13 Liberty Village organization, and I'm here to
14 voice support for this project.
15 First, I would like to clarify that this
16 project, as proposed, is for 92 nursing beds only,
17 70 for general long term, and 22 for our memory
18 care unit.
19 I have been associated with Liberty
20 Village for over 20 years in various roles, and
21 one of the things I want to get across about
22 Liberty village, it is not your typical nursing
23 home provider. We have always been on the leading
24 edge of technology with our facilities, combined

1 with our philosophy of putting our residents at
2 the center of care, which has put us at the
3 forefront of providing quality care. This project
4 seeks to provide skilled nursing and rehab in our
5 Bounce Back neighborhoods, and specialized memory
6 care in our Garden Court neighborhood.
7 We are excited about this project, as it
8 expands on our previous designs. As we learned
9 new ways to do things, we continually update our
10 designs, and this one has more private rooms. It
11 has four individualized neighborhoods, one of
12 which is designed and dedicated to our memory
13 care, which is our Garden Court neighborhood.
14 These neighborhoods get away from the
15 institutional dining room setting and long, narrow
16 corridors and hallways. It helps eliminate
17 centralized areas where residents gather for
18 extended periods of time. This allows the
19 individual more privacy when they need it, but
20 allows time for them to socialize, which is always
21 beneficial in their rehabilitative success.
22 We offer inpatient and outpatient
23 physical, occupational, and speech therapy in our
24 state-of-the-art Bounce Back rehab center. The

1 therapy in the four neighborhoods incorporate a
2 lot of glass and windows, bringing the outside in
3 and further eliminating the institutional feel of
4 the building.
5 The neighborhoods also incorporate a
6 closed patio. Various themes provide an even more
7 home-like environment. Our facilities are also
8 enticing environments for staff as we incorporate
9 leading edge technology for providing care, from
10 completely electronic health records for all
11 staff, including direct care staff, and on-the-go
12 web-based staffing solutions for scheduling, as
13 well as the latest direct care equipment for
14 mobility and monitoring.
15 We also utilize technology to address
16 resident and family satisfaction. We monitor
17 readmission rates back to the hospital to review
18 quality data. This ensures that residents are
19 receiving the care that they want and need to
20 their satisfaction and will also be an excellent
21 partner with local hospitals.
22 Liberty Village is unique in its approach
23 and delivery of care. Our facilities are
24 welcoming of the resident and entire family, and

1 we look forward to providing our services in the
2 Rochelle community.
3 Thank you once again.
4 HEARING OFFICER MITCHELL: I have a big
5 voice, so --
6 MS. KEMNA-KAHN: My name is Dalena
7 Kemna-Kahn, D-a-l-e-n-a, last name is Kemna-Kahn,
8 K-e-m-n-a, hyphen, K-a-h-n, and I'm the
9 administrator of the Pine Acres Rehab and Living
10 Center in DeKalb.
11 Dear Board members, as the administrator
12 of Pine Acres Rehab and Living Center in DeKalb,
13 Illinois, I would like to state our facilities's
14 opposition to Project Number 17-035, Manor Court
15 of Rochelle. This application proposes to
16 establish a 92-bed long term care facility in
17 Rochelle.
18 Although Pine Acres is not in the City of
19 Rochelle, we are part of the planning area that
20 the Illinois Health Facilities and Services Review
21 Board and the Illinois Department of Public Health
22 uses to determine if there is a need for
23 additional general nursing home beds in a given
24 county.

1 The proposal for Project Number 17-035,
2 Manor Court of Rochelle, is in our health services
3 area. According to the inventory of health care
4 facilities and services, a need determinations
5 report of September 1st, 2017, there is a net bed
6 excess in Health Services Area Number 1, of 543
7 general nursing care beds.
8 Specifically in Ogle County, the report
9 shows a bed excess of 16. These are projections
10 of beds needed through 2020, and I have an
11 attachment. There are already six skilled nursing
12 facilities in Ogle County, two in Rochelle, one in
13 Oregon, one in Mount Morris, one in Polo, and one
14 in Byron. They have a total of 565 beds. Adding
15 another 92 beds to this service area would
16 constitute a 16 percent increase to the total bed
17 count. If there is already an excess of general
18 nursing home beds in Ogle County, as determined by
19 the Illinois Health Facilities and Services Review
20 Board and the Department of Public Health, why is
21 there a need to add 16 percent more?
22 Rochelle is a town with an estimated
23 population of 9,227 based on the July 1st, 2016 --
24 according to the United States Census Bureau.

1 Ogle County has an estimated population of 51,273
2 as of July 1st, 2016. Actual census reports from
3 2010 shows a population of 9,574 for Rochelle and
4 a population of 53,497 for Ogle County. There is
5 an estimated decrease in population for Rochelle
6 of 0.04 percent between 2010 and 2016. This is
7 based on the US Census Bureau and a population
8 decrease for Ogle County of the same amount. It
9 is evident that neither Ogle County nor the City
10 of Rochelle is experiencing any population growth
11 that would indicate a need for a proposed
12 facility.
13 Although I realize the population is
14 aging, the question is how our operators expect to
15 recruit staff without population growth. Every
16 skilled nursing facility in Ogle County currently
17 has online ads for RNs, LPNs, and CNA positions.
18 Most have multiple ads for openings in various
19 departments and positions. There are multiple ads
20 for sign-on bonuses, which are normally used to
21 attract workers in a tight employment climate.
22 Currently, our facility has openings for three
23 professional nurses and 14 certified nursing
24 assistants. We also have openings in housekeeping

1 and dietary departments.
2 It takes a great deal of manpower to staff
3 skilled nursing facilities 24 hours a day, 365
4 days a year. It's hard to find qualified workers
5 now with the current level of competition. Adding
6 an additional competitor will make a small
7 workforce pool even smaller.
8 In conclusion, I ask that every board
9 member from the Illinois Health Facilities and
10 Services Review Board vote to reject this
11 proposal. It's not needed based on the assessment
12 of the Board completed on an ongoing basis, and
13 it's not in the best interests of the businesses
14 that already serve the skilled nursing needs of
15 this service region.
16 HEARING OFFICER MITCHELL: Number 2.
17 MR. THELEY: I'm Joe Theley. I've been a
18 resident of the Rochelle community since 1958. I
19 plan to stay here for some time, and I'm here in
20 support of this proposition. I believe that there
21 are a number of people, quite a number of people
22 here, that would like to have the option of being
23 able to be ready for the nursing home without
24 being full-time in a nursing home.

1 Several years ago, when we built San
2 Gabriel, we thought that was going to be one of
3 the options, and it didn't work out that way. But
4 I think that's an option that we, as citizens,
5 ought to have.
6 And that's all I have to say about that,
7 is just that I'm in support of it, and I think we
8 ought to have that option. Thank you.
9 HEARING OFFICER MITCHELL: Number 3.
10 MS. SASSMAN: I am here today in support
11 of Liberty Village. My 95-year-old mother lives
12 with me --
13 HEARING OFFICER MITCHELL: Sorry, ma'am.
14 Can you state your name and spell it for the court
15 reporter?
16 MS. SASSMAN: Oh, I'm sorry. Linda
17 Sassman, S-a-s-s-m-a-n. My mother wasn't able to
18 come today. So, I am reading a letter for her, if
19 that's okay.
20 My name is Vivian Holt. I am 95 years
21 old. When my husband, Thurman Holt, was in his
22 early 80s with Alzheimer's, his doctor recommended
23 he go into a nursing home as I was unable to care
24 for him anymore. At that time, only one facility

1 in DeKalb, Illinois, had an Alzheimer's unit
2 available. I had no other choice. I didn't have
3 a problem with that facility, other than it being
4 out of town and made a hardship on me traveling.
5 I had a disabled daughter living with me and
6 another daughter that spent the winters out of
7 state, which caused me to visit less than I would
8 have liked. We must remember -- we are living to
9 be so much older now. As a usual thing, one will
10 go into the nursing home and the other is left
11 alone and too old to be driving over long
12 distances, whereas if we have a home here,
13 visiting would be so much easier. I would love to
14 see a beautiful facility as Liberty Village,
15 Rochelle.
16 I also have one from a cousin that lives
17 out of state that was here recently, and still has
18 family here, and she also had a problem.
19 My name is Janet Holt. My sister Carol
20 McEvoy and my brother Jerry McEvoy were lifelong
21 residents of the Rochelle, Illinois, when they at
22 different times had to go into a nursing home,
23 there wasn't a room available for Carol, and there
24 wasn't an Alzheimer's unit available for Jerry.

1 We had to take him to a facility out of town,
2 which made a hardship for family and friends to
3 visit. Although it didn't make any difference to
4 Jerry in his condition, being in town would have
5 made Carol much happier. I feel Rochelle would
6 really benefit having a great nursing facility
7 like Liberty Village to build here. It would
8 benefit patients needing their type of care and
9 would be so convenient for family and friends.
10 Thank you.
11 HEARING OFFICER MITCHELL: Number 4.
12 Please state and spell your name.
13 MS. GRIFFITH: Eileen Griffith,
14 G-r-i-f-f-i-t-h, and I'm reading a letter on
15 behalf of my niece, Emma Hughes.
16 As a longtime resident of Rochelle, I
17 write to express my full support of the Liberty
18 Village facility proposal. Rochelle is in dire
19 need of a new skilled nursing facility that offers
20 multiple services to local residents, especially
21 memory care services. There are no local
22 facilities that have means to properly care for
23 dementia or Alzheimer's patients. My father, a
24 longtime resident of Rochelle, suffered from

1 dementia. Unfortunately, my family had no viable
2 options here in Rochelle and had no choice but to
3 move our father into a facility that is out of
4 town and further away from us. Most of the
5 facilities in the DeKalb, Sycamore, and Rockford
6 areas that specialize in memory care had at least
7 a one- to two-year waiting list. We ended up
8 moving our father to a wonderful facility in
9 LaSalle. Unfortunately, it's 45 minutes from
10 Rochelle.
11 However, our priority was to find a
12 facility that could best care for our father and
13 his special needs as a dementia patient, and we
14 needed to find one fast. If only we had had the
15 option of Liberty Village in Rochelle, we would
16 have loved having our father in town where we
17 could visit him daily as opposed to weekends. I
18 have no doubt my father would have loved that too.
19 Although it may be too late for my father,
20 my hope is that Liberty Village is an option for
21 other family members, friends, and myself down the
22 road. Knowing that these special services would
23 be available to us in our own community would
24 bring great peace of mind to us, and I believe to

1 most local residents. I hope Rochelle takes
2 advantage of this wonderful opportunity. I only
3 wish someone had proposed this sooner.
4 HEARING OFFICER MITCHELL: Number 5.
5 MR. RITTER: My name is Daniel Ritter,
6 R-i-t-t-e-r. I am the administrator at Oregon
7 Living and Rehabilitation Center in Oregon,
8 Illinois, and I composed this letter in regards to
9 the proposed building of a new facility:
10 Dear Colleagues, this is an open letter in
11 response to an application that has been submitted
12 to the Illinois Health Facilities and Planning
13 Board to construct a new 92-bed skilled nursing
14 facility in the City of Rochelle in Ogle County,
15 Illinois. If allowed to be constructed, the name
16 of the new proposed facility, Liberty Village,
17 will add an additional 70 general long term care
18 beds, 22 special dementia care beds, at the time
19 32 assisted living units to the already overbedded
20 county. Oregon Living and Rehabilitation Center
21 opposes the construction of the proposed new
22 facility on the grounds that it would not only add
23 additional unneeded beds, but would impose
24 unwarranted financial harm for the existing health

1 care facilities in the county. Data provided by
2 both United States Census Bureau and the Illinois
3 Department of Health simply do not support the
4 need for adding additional skilled nursing beds in
5 Ogle County. Between the years of 2010 and 2015,
6 Ogle County has experienced a population decline
7 of two and a half percent. Between the years of
8 2010 and 2016, that population decline actually
9 grew to 4.2 percent. Only 18 percent of the total
10 population of 51,273 for Ogle County is 65 years
11 of age or older.
12 For 2016 to 2017, only 7,495 households
13 have at least one family member over the age of
14 60. Based on the Illinois Department of Health
15 report titled, Inventory of Health Care Facilities
16 and Needs Determination, dated 13 August 2015,
17 there were 6,074 existing skilled nursing beds for
18 Ogle County at the time, with a projected need of
19 5,523 for 2018, resulting in an overbedding of 680
20 licensed beds. There are almost as many licensed
21 skilled beds as are households with family members
22 over the age of 60. In fact, based on the
23 Illinois Department of Health's own statistics,
24 Ogle County is currently overbedded by 17 beds.

1 The construction of this new facility will result
2 in an excess of almost 110 beds for the County.
3 Given the current census challenges being
4 experienced by all the facility in Ogle County,
5 not to mention the ongoing challenges of finding
6 qualified professionals to staff those facilities,
7 the approval to allow the creation of 124 long
8 term care beds for the County would have an
9 unwarranted and unnecessary negative effect on all
10 the existing long-term care providers.
11 Oregon Living and Rehabilitation Center
12 respectfully requests that the approval to move
13 forward with construction be denied at this time.
14 Thank you for your consideration in this
15 matter. I sincerely hope that the correct
16 decision is made, and that approval to construct
17 the facility is not granted.
18 HEARING OFFICER MITCHELL: Number 6.
19 MS. STARK: My name is Jen Stark, J-e-n,
20 S-t-a-r-k. I'm the director of community
21 relations for Momentum Health Care. I'm speaking
22 on behalf of my owners that were unable to attend
23 today and myself.
24 The facilities that I have are Oregon

1 Living and Rehab Oregon, Illinois, with a secured
2 unit for demented residents; then I have The
3 Meadows Assisted Living of Franklin Grove;
4 Franklin Grove Living and Rehab Center; I have
5 Maple Crossing of Amboy with a secured unit for
6 demented residents; I also have Prairie Crossing
7 Living and Rehabilitation Center in Shabbona,
8 Illinois, with a certified dementia unit, and
9 Prairie Crossing Supportive Living.
10 First, I would like to speak on behalf of
11 my owners. Momentum Healthcare and its facilities
12 oppose the construction of a 92-bed facility in
13 Rochelle proposed to be called Manor Court of
14 Rochelle. We believe that construction of this
15 facility will cannibalize nursing homes in Ogle
16 County and its surrounding areas, and will have a
17 major impact on the current nursing home
18 landscape, and will negatively impact our
19 businesses and residents.
20 A few highlights of why we feel this
21 facility should not be constructed: According to
22 the inventory of health care facilities and
23 services and need determinations, there is already
24 an excess of 17 beds in Ogle County, with 72

1 excess beds in Lee County. Without currently
2 going into the entire calculation of how the
3 numbers are calculated, suffice to say we believe
4 the excessive number of beds to be actually much
5 higher. The excessive number of beds are based on
6 projected population growth estimates, with a
7 correlation of a higher number of planned patient
8 dates. In fact, the population of Ogle and Lee
9 have decreased 4 and 5 percent, respectively,
10 between 2010 and 2016. Between 2013 and 2016,
11 Ogle County saw an 8 percent decrease in census
12 among its skilled nursing homes, and Lee County
13 saw a 9 percent decrease. The notion that adding
14 another nursing home would create jobs is
15 preposterous. All it would do is redistribute the
16 already shortage of nurses and CNAs that we are
17 currently fighting for.
18 Lastly, Ogle County, and the other
19 counties for that matter, all pay real estate
20 taxes. The two Petersen homes in Rochelle alone
21 between 2011 and 2015, paid close to $314,000 in
22 taxes. Manor Court would be a nonprofit and would
23 be exempt from real estate taxes.
24 On behalf of myself, as somebody who has

1 worked directly in the area of health care and
2 skilled nursing marketing for the past six years,
3 I am ready to share my opposition to the
4 development of Manor Court in Rochelle.
5 There are several stances today that
6 people are taking with this development. One may
7 be that there is already an excess of beds not
8 being utilized in the area. In the past, we saw a
9 lot of ortho patients, but now with advances in
10 medicine, these patients are returning home
11 quicker than ever before, and that's from the
12 hospital.
13 Another fact is that this nonprofit
14 development will be exempt from real estate taxes,
15 which will be of no benefit to the residents in
16 the Town of Rochelle.
17 Also, there are talks of the memory care
18 unit that would be in this facility. I want
19 people to be aware that there is a difference
20 between memory care and a certified dementia unit.
21 In the marketing realm, customer service
22 has always been a top priority for me to be able
23 to do my job effectively. I bring this up with
24 staffing challenges that I have seen in the past

1 few years with various agencies. In speaking with
2 my counterparts, staffing is a widespread issue
3 regardless of how many wage-slash-benefit analyses
4 that we do of the area.
5 With a new development, that may cause
6 more of a shortage with the clinical team that we
7 need to run a facility with the quality and care
8 that our residents and families deserve. When
9 facilities experiences a staffing shortage, we
10 have to rely on agency staffing to fill our void.
11 We fight day in and day out to keep the agency
12 staffing out of our facility for our residents.
13 With consistent staffing, we know that we can best
14 meet the needs of our residents, our families, and
15 we know this by knowing your expectations,
16 families likes, dislikes, etc.
17 With agencies, we do not have this luxury,
18 as they do not know our residents as we do. Every
19 facility in the area would have to agree with me
20 on this, as we have all experienced it at one time
21 or another.
22 Also, in terms of health care marketing,
23 if the beds aren't full, you are on the chopping
24 block. And I know this firsthand as a marketer.

1 I have seen marketers filtered through various
2 positions due to the census not being high enough.
3 When the numbers weren't there, I was accustomed
4 to calling up my competitors, such as [inaudible],
5 to see if this was just for me or this was the
6 feeling in the general area. It was the general
7 area.
8 When the hospitals are low and we are low,
9 with all the options that we have in this area, we
10 are seeing more changes in job roles. We take
11 pride in what we do for senior care. We
12 compassionately care for residents that grow into
13 our family. In an area that already has enough
14 opportunity, I hope we can continue to do it for
15 residents years to come and to the standards that
16 we have set for ourselves in this industry. Thank
17 you.
18 HEARING OFFICER MITCHELL: Number 7.
19 MR. PENMAN: Hi. Jason Penman from Paw
20 Paw, Illinois, J-a-s-o-n, P-e-n-m-a-n. I live
21 about 18 miles away. I feel this is a good
22 location for Liberty Village, and I support this.
23 It brings competition, and competition brings
24 everyone better and makes the whole community

1 better, and I support this. Thank you.
2 HEARING OFFICER MITCHELL: Number 8.
3 MS. HERRERA: Hello, my name is Tricia
4 Herrera, H-e-r-r-e-r-a, and I am here today
5 representing the Rochelle Chamber of Commerce. We
6 support this Liberty Village Manor Court. We feel
7 that the additional services they offer will be
8 beneficial to our residents, to our Chamber
9 members, and we just want to offer our support for
10 this facility today. Thank you.
11 HEARING OFFICER MITCHELL: Marta Davis.
12 MS. DAVIS: Marta Davis, M-a-r-t-a,
13 D-a-v-i-s. I am the administrator of Prairie
14 Crossing Assisted Living in Shabbona, Illinois.
15 I've been the administrator there for almost five
16 years. We are a very small supported living with
17 36 apartments in DeKalb County, but we are just
18 outside of Ogle County. We also have a sister
19 facility, Prairie Crossing Living and Rehab, right
20 next door, so that if one spouse needs nursing
21 home care and another one, as it was stated
22 earlier, just needs a little more help and maybe
23 can't drive, they can live with me at my facility,
24 and then we assist them in having meals together

1 and being able to spend time together, but still
2 be at the appropriate level that's needed.
3 I feel this proposed facility will hurt
4 our facility and will hurt others already
5 struggling in the area. We already face struggles
6 with census and with available apartments already
7 in the area. We do not need more facilities to
8 come into the area to compete for residents. We
9 have not been full for almost a year, and we have
10 staffing issues as well. Finding good help is
11 already hard, and if facilities come in and pull
12 from the small pool of health care workers, it
13 will be even worse.
14 On behalf of myself, my facility, my
15 staff, and my residents, please do not allow this
16 proposed project to happen. Thank you.
17 HEARING OFFICER MITCHELL: Number 9.
18 MR. FOLMAR: So my name is Greg Folmar,
19 F-o-l-m-a-r. I'm a financial advisor with Edward
20 Jones here in town, and I'm here to represent our
21 firm. We have got three branches here in town,
22 serving probably a thousand households that -- you
23 know, husband, wife, maybe kids included in that,
24 and in my experience alone, I have currently about

1 a dozen clients that are in assisted living
2 facilities, two of which are in Alzheimer care,
3 and out of that, maybe one -- actually, one is
4 here in town. It creates a burden on the family.
5 I deal a lot with their children, who are their
6 powers of attorney at this point. I am constantly
7 hearing the difficulty that the travel entails and
8 wanting to see their family members.
9 You know, I feel that if we had a facility
10 here, it would ease the burden on the immediate
11 family members who, as most know, provide the most
12 care prior to attending one of these facilities.
13 Primary caregivers are your immediate family, and
14 I have come into situations where parents are kept
15 at home under the care of their children due to
16 the fact that they do not want to be farther away.
17 That creates a burden not only on the immediate
18 family members, but you know, it just trickles
19 down throughout the rest. I feel if they had a
20 place here where they can visit after work for an
21 hour, rather than having to spend one day, 30 to
22 40 minutes away, a week, it would be a lot more
23 beneficial to everybody. So, that's our stance.
24 Thank you.

1 HEARING OFFICER MITCHELL: Number 10.
2 MS. DIETZEN: My name is Carrie Dietzen,
3 C-a-r-r-i-e, D-i-e-t-z-e-n. Thank you for
4 allowing me to speak to you today. My brother,
5 John Dietzen, and I, we are the owners and
6 operators of San Gabriel assisted living here in
7 Rochelle, and I am speaking on behalf of my
8 brother, John, myself, and our business in
9 opposition to this, or to the granting of this
10 certificate of need for Rochelle Gardens. The
11 reason being is because in the Rochelle newspaper,
12 in September it was reported that not only will
13 they be bringing 92 assisted living beds, there
14 will be 32 skilled beds. There is some confusion
15 even amongst the City officials as to whether or
16 not there will be assisted living, but we do
17 believe that that will be part of the mix, because
18 that tends to be Liberty Village's model.
19 And again, being in the business and
20 knowing what this -- what the City of Rochelle and
21 the surrounding community actually has in terms of
22 a market for assisted living, we feel that it
23 would be too much. There is no additional need
24 for facilities in Rochelle or in Ogle County.

1 Seven years ago, when we were doing our
2 marketing study, our demographic study, for this
3 particular project, we meticulously researched the
4 region, applied very, very strict numbers and
5 formulas in coming up with the exact number that
6 is needed or was needed at the time. That number,
7 as a result of our study, turned out to be 79.
8 At that time, Rochelle Gardens had 11
9 assisted living beds, and there was another
10 facility up in Oregon who had 16. So, that
11 brought the unmet need at that time down to 52.
12 Our particular model supplies 53 beds, and sure
13 enough, in six years our performance, our
14 occupancy, and our success has demonstrated that
15 that truly is the sweet spot for this area -- 53
16 beds.
17 So, again, we really would like to
18 strongly encourage you to consider the fact that
19 there really is no need. And also, I would like
20 to echo the comments that some of the other
21 facility representatives have been making
22 regarding staffing. It is one of the most
23 difficult things that we face, day in and day out,
24 to find the staff, to train them, because it does

1 take a very special heart in a person to want to
2 serve -- to want to work in the homes of the
3 elderly.
4 So, we are all competing for a very
5 limited supply of staff and having this very large
6 facility come into this community will -- all of
7 us will suffer.
8 So, I thank you for your time, and I wish
9 you very good luck in your decision making.
10 HEARING OFFICER MITCHELL: Number 11.
11 MS. HOLT: Marilyn Holt, M-a-r-i-l-y-n,
12 H-o-l-t.
13 Good morning, my name is Marilyn Holt, and
14 I thank you for the opportunity to speak in
15 support of this project. I have worked as a
16 physical therapist for 40 years across the
17 continuum of care, and I'm a certified geriatric
18 specialist by the Academy of Geriatric Physical
19 Therapy of the American Physical Therapy
20 Association. I have worked for this organization
21 about 35 years, and I want to tell you how excited
22 we are about this proposed 92-bed skilled nursing
23 project for your community here in Rochelle.
24 I wanted to talk to you a little bit about

1 what our basic philosophy is. Bounce Back is not
2 a jingle or a slogan, but rather a commitment to
3 excellence in geriatric rehab based on the three
4 foundational principles -- expert staff,
5 evidence-based care, and state-of-the-art
6 equipment.
7 When we talk about expert staff, we really
8 -- the Bounce Back therapy staff understands the
9 uniqueness of every individual we treat, and the
10 importance of understanding -- we are working with
11 people that cover a very broad age range, from 65
12 to 100. We also serve younger people in their
13 forties and fifties that have had motor vehicle
14 accidents. So, the expertise of our therapy staff
15 is very important. All the decisions we make
16 about the development of our therapy programs is
17 based upon the evidence that would support the
18 need for therapy, for balance and falls
19 improvement, osteoporosis management. We have
20 state-of-the-art equipment, and that's how we make
21 our decisions here. We have the air-compressed
22 strength training equipment, which we use not only
23 in our therapy, but in our AJ's Fitness Program,
24 which is air compressed. Older adults should do

1 eight to ten different muscle groups two to three
2 times a week. It's operated by a card that slips
3 into a computer card reader and sets the equipment
4 up. It's safe and easy for staff and for patients
5 to get off and on. We also have aerobic
6 conditioning equipment, which allows the people
7 that we work with to exercise safely doing aerobic
8 exercises for 30 minutes, five days a week. We
9 also will be planning on installing a ceiling
10 track, which is a very exciting innovation. We
11 have just begun -- over the last couple
12 construction projects we have done it, which
13 allows us to really work on balance and falls,
14 improvements allow us to challenge people's
15 balance outside their base of support, work on
16 getting up and down from the floor, really
17 maximizing their performance. One of the most
18 exciting things, though, is once you graduate from
19 therapy and if you live on our campus, you can
20 continue to participate. After your
21 pro-functional maintenance program is established,
22 you can come down to the department free of charge
23 to our AJ's Fitness Program to exercise on
24 state-of-the-art equipment. And we say that's

1 staying on track to good health, because that's
2 what's going to maintain people in the least
3 restrictive environment. The experience and
4 expertise of our therapy staff and our
5 state-of-the-art equipment help people reach their
6 goals and stay on track to good health. In our
7 organization in the year 2016, we had 7,610
8 admissions. 5,706 of these individuals returned
9 home or to a less-restrictive environment. So,
10 you know, that's what our real commitment is --
11 working together with a whole health care team.
12 We help our residents Bounce Back, rehab, recover,
13 and return home. Thank you.
14 HEARING OFFICER MITCHELL: Number 12.
15 MS. ALSOP: My name is Pastor Joy Alsop,
16 A-l-s-o-p. I serve Faith Lutheran Church here in
17 Rochelle. Faith Lutheran has been a part of the
18 community for over 50 years and being made up of
19 people who love this community and love being a
20 part of it.
21 So, I've been here for about four years,
22 and it has broken my heart to see the people that
23 have to leave this community that they love in
24 order to receive the services that we are talking

1 about today. I am modifying my written thing a
2 bit because of what I've heard today. I don't
3 disagree with the numbers I am hearing. My sister
4 is a nurse. She has been in this sort of nursing
5 for 15 years, and she will say that people do the
6 best when their family is there, and I know how
7 hard it is to find good staff. But they need
8 their family, and I have people who cannot be with
9 their families because of the situation.
10 Now, in my experience, I have visited
11 people predominantly in Franklin Grove or Mount
12 Morris or Rockford. So, I was a bit surprised to
13 hear the concern. I already said this, but I
14 understand the numbers. But people want to be in
15 Rochelle. They want to be where they love, they
16 want to be by their families. A couple of
17 specific examples, which -- I'll think you will
18 hear more about one, would be couples who have to
19 be separated or move far away, because Rochelle
20 does not provide what both people need -- memory
21 care in particular is one of our downfalls.
22 So, I feel very strongly that Liberty
23 Village would be a wonderful addition to this
24 Rochelle community, not thinking about those

1 numbers, but thinking about people, which is what
2 this whole industry is for -- to care for people
3 and their physical and emotional needs.
4 So, I would encourage you to strongly take
5 that into consideration as you plan for how this
6 will work out. So, thank you for your time.
7 HEARING OFFICER MITCHELL: Number 13.
8 MS. EYLER: Jenny Eyler, J-e-n-n-y,
9 E-y-l-e-r. Good morning, my name is Jenny Eyler,
10 and I am the social work consultant for the
11 northern region of Illinois for our Liberty
12 Village organization, and I focus on social
13 services activities in Garden Court, our certified
14 dementia program.
15 I would like to thank you all for allowing
16 me the opportunity to discuss with you how the
17 Garden Court program surpasses the expectations of
18 a typical memory care program.
19 On Garden Court, we seek to provide an
20 environment that's conducive to enhancing
21 socialization and maintaining independence. Our
22 neighborhood design features widened hallways,
23 large living and activities spaces, spacious
24 dining areas and an enclosed courtyard, all of

1 which are beneficial in reducing anxiety and
2 managing confusion.
3 Garden Court is centered on the philosophy
4 of activities-based care. On Garden Court, every
5 action that is taken with a resident is considered
6 an activity. Through our activity program,
7 residents are encouraged to continue participating
8 in activities that were important to them prior to
9 the disease process hindering their abilities. We
10 strive to keep residents functioning at their
11 highest practical level and maintaining their
12 current abilities. Our programs are designed to
13 encourage cognitive processing, physical fitness,
14 and socialization with peers, staff, and family
15 members. Rather than focusing on the skills that
16 the resident no longer possesses, we focus on
17 remaining abilities and strengths of the
18 individual in an attempt to capitalize on those
19 abilities through the use of specialized
20 programming.
21 We recognize that there is no cure for
22 dementia. However, our specialized programming is
23 geared towards allowing the resident to continue
24 completing activities of daily living, such as

1 driving, grooming, and eating with staff doing the
2 prompting. Programs are designed to focus on
3 procedural memory deficits and structures to
4 stimulate this type of memory and encourage
5 ongoing independence. We further provide
6 specialized mood behavioral programs for
7 individuals requiring such attention and focus.
8 Our program not only focuses on the resident, but
9 is designed to provide guidance and support to
10 loved ones caring for individuals with dementia.
11 We offer a regular support group to help
12 loved ones through difficult times, provide
13 guidance on how to have meaningful interactions
14 with their loved ones, and provide an atmosphere
15 of excessive support. This group is available to
16 not only the family members of our residents
17 living at Liberty Village, but also to members of
18 the community who care for loved ones with
19 dementia at home.
20 Speaking very specifically about our
21 Garden Court program and its components, we offer
22 extensive and rigorous training to all staff
23 working in the facility, as everyone working in
24 the facility is going to come into contact with

1 dementia. Specifically for our Garden Court
2 staff, we offer even more extensive training and
3 personalized training for the residents that
4 specifically live on Garden Court. Further and
5 more detailed training is provided throughout the
6 course of the year with continuing education. We
7 feel that education is crucial to the success of
8 our program, and because of this, we want to
9 ensure that up-to-date, current information
10 related to dementia care is offered to staff on a
11 regular basis.
12 Because of our commitment to excellence
13 and the importance of providing individualized
14 care to Garden Court residents, we staff our
15 program at a much higher level than is typical of
16 a normal memory care program. On average, we
17 offer one certified nurses aide for every eight
18 residents residing on Garden Court. In addition,
19 staffing is adjusted and increased on an as-needed
20 basis, based on the acuity level of the patients
21 in our care and the individual needs of each
22 person.
23 Further staffing includes supervision by a
24 full-time director, the Garden Court coordinator,

1 and a nurse to monitor the medical needs of the
2 residents residing in our memory care program.
3 Our Garden Court neighborhood is not the typical
4 Alzheimer's or dementia unit. Our program is a
5 true memory care program that offers care and
6 support for not just the residents, but the entire
7 family.
8 Currently, there is no local programs
9 available that offer the same type of care and
10 support as our Garden Court program is designed to
11 provide. We would be honored and excited to
12 provide this type of programming and level of care
13 to Rochelle. Thank you for your time.
14 HEARING OFFICER MITCHELL: Number 14.
15 MS. RITTER: My name is Sandy Ritter,
16 S-a-n-d-y, R-i-t-t-e-r. So, good afternoon. My
17 name again is Sandy Ritter, and I have been with
18 Liberty Village for 14 years. Most recently, in
19 the last four, I have been with the support
20 service team that we have. The responsibility of
21 our team is to support the staff and to ensure we
22 are providing a consistent, high quality of
23 service and care in each of our facilities.
24 Earlier this year, our developer was made aware of

1 a skilled care need in the Rochelle area, meaning
2 Rochelle residents were choosing, when possible,
3 to travel outside of their community to obtain
4 long-term care, dementia/Alzheimer care and rehab
5 services. I had the opportunity earlier in this
6 year also to come and speak with the Rochelle
7 residents and community leaders, and to find out
8 how they feel about a proposed project here in
9 Rochelle. What I have found is -- I've never been
10 to Rochelle before, I just kind of went out there
11 and talked to a little bit of everybody -- what I
12 found was overwhelming support from everyone I met
13 with, which is maybe unusual. Every person was
14 affected by not having a nursing home here, and
15 every person that I talked to had a story of one
16 or two or three people that this affects their
17 families, their friends. They said they were
18 traveling 20 to 40 minutes away. Sometimes they
19 are sending family members to another state,
20 actually, to live with another sibling because
21 they couldn't find the services that they needed.
22 This takes the resident out of their familiar
23 community and creates hardships on family and
24 friends of the resident.

1 Rochelle is fortunate to have Rochelle
2 Community Hospital providing surgical and medical
3 care, and it only makes sense to have a facility
4 that clients can follow through locally here.
5 Liberty Village is a proven leader in the long
6 term care industry. We have earned an excellent
7 reputation in our projects in approximately 18
8 locations throughout Illinois. We offer more than
9 just a pretty facility. The developer puts a lot
10 of thought into each one of our projects that we
11 do. He wants to make sure that we are offering
12 quality care for residents in a warm and
13 comfortable environment. Resident's rooms, he
14 heard what people wanted. They want private baths
15 and showers. He heard they want to eat with other
16 like-minded people in a neighborhood. We do our
17 main street theme with a library, ice cream
18 parlor, indoor-outdoor lounge creates a pleasant
19 and personal experience for family and friends who
20 visit with their loved ones. We feel the proposed
21 Liberty Village of Rochelle will give another
22 excellent option for the people in this area who
23 need skilled nursing care. Our project enhances
24 and complements other services in the community

1 and brings economic development into Rochelle.
2 When the need in the Rochelle community
3 was brought to our attention, we had a choice. We
4 saw a need, and we made a choice to invest in the
5 Rochelle community. The other existing facilities
6 that oppose us here today, they had the same
7 choice to do that. Rochelle has basically -- all
8 the facilities have the same choice to make the
9 investment here in the community. The need for
10 this project is further supported by approximately
11 235 additional signatures that were not included
12 in the original application. We respectfully ask
13 and urge the approval of our application.
14 So, do you want me to turn that in to you,
15 or --
16 HEARING OFFICER MITCHELL: Yes, please.
17 Thank you. Number 15.
18 MS. SNYDER-CHURA: My name is Vickie
19 Snyder-Chura, S-n-y-d-e-r, C-h-u-r-a. I'm from
20 Rochelle Township High School. I serve on
21 Rochelle's Planning and Zoning Commission.
22 Alzheimer's.org, a website with which I am very
23 familiar, tells us that one in eight people over
24 the age of 65 in the United States are affected.

1 An epidemic is forecasted by 2050, according to
2 reports in the USA Today, the Daily Mail, the
3 Alzheimer's Reading Room, and our veterans. I'm
4 here to support the Liberty Village. Rochelle has
5 long been known as an innovator in transportation
6 and technology, and I think at this time, the City
7 has a chance to meet another critical need ahead
8 of the curve. We can keep our loved ones in the
9 community that they know and love, and we can
10 bring additional seniors into Rochelle. New
11 people in Rochelle generate revenue for the city.
12 Families outside the city will visit the residents
13 that live in San Gabriel, Rochelle Gardens,
14 Rochelle Rehab and Health Care, Lincoln Manor, and
15 Countryside Village Apartments, shop in our
16 stores, they eat in our restaurants, visit our
17 hospitals, use medical facilities and pharmacies.
18 Their sales tax revenues support our schools, our
19 city services, and our parks.
20 The proposed facility is adjacent to
21 Rochelle Township High School, and we look forward
22 to establishing relationships and opportunities
23 for our kids to visit with and to work with
24 residents of the Village as they do with San

1 Gabriel. We have a warm and friendly relationship
2 with San Gabriel. The kids enjoy it, as do the
3 residents.
4 Our greatest generation and our Baby
5 Boomers have worked very hard. They deserve the
6 best, and they deserve options. I ask that you
7 consider letting the market drive this
8 competition. It will only elevate the quality of
9 service for our seniors in Rochelle. Thank you.
10 HEARING OFFICER MITCHELL: 16.
11 MS. FLANAGAN: Hello, my name is Sarah
12 Flanagan, S-a-r-a-h, F-l-a-n-a-g-a-n, and I'm here
13 today representing the Hub City Senior Center.
14 I'm on the Hub City Senior Center Board.
15 Connie Dougherty, our executive director,
16 wrote this letter for me to read today.
17 Dear Illinois Health Facilities and
18 Services Review Board, please consider this a
19 letter of support for Liberty Village to construct
20 a 92-bed nursing facility. The senior citizens of
21 the City of Rochelle have a great need for this
22 facility and the services it will offer, including
23 rehabilitation, skilled nursing, as well as an
24 Alzheimer's/dementia unit. As the director of the

1 Hub City Senior Center for the past 16 years, it's
2 my observation that the needs of Rochelle's older
3 adults are not currently being met within our
4 city. Many of our senior citizens that I have had
5 the privilege to serve have had to travel outside
6 of Rochelle in order to obtain the level of care
7 that they require. It is heartbreaking for them
8 to have to leave the community that they know and
9 love in order to do so. It is oftentimes also
10 very difficult for our family members and friends
11 to travel outside of our community to visit their
12 loved ones. I can speak firsthand to this
13 hardship, not only because of the people we serve
14 at the senior center, but also because my mother
15 required rehabilitation after back surgery and had
16 no choice but to travel outside of Rochelle to
17 obtain the type of therapy that she required.
18 I am hopefully optimistic that the
19 Illinois Health Facilities Review Board will give
20 their stamp of approval to make Liberty Village a
21 viable option to Rochelle's senior citizens and
22 their families. Sincerely, Connie Dougherty,
23 executive director.
24 In addition to that, I also have a

1 personal letter that I myself would like to
2 address. My personal grandmother came to live
3 here in Rochelle in an assisted living facility
4 when it opened. She lived there for approximately
5 five years, and was very happy there, and her
6 care, the staff, the facility was top notch and we
7 were very pleased.
8 But about a year ago, her dementia started
9 developing into Alzheimer's and got worse. She is
10 physically fit and loved to walk, so she started
11 to walk to different places in Rochelle, crossed
12 busy intersections alone and could not find her
13 way home. She would stay up all night walking the
14 halls and would pack her suitcase to go outside to
15 walk home to Iowa. The staff worked with us and
16 did everything they could do to help grandma, but
17 her needs eventually started to surpass the level
18 of care that they could provide.
19 Because of our limited resources, we
20 looked outside town for a memory care facility.
21 The one that she ended up moving to is
22 Lincolnshire in Sycamore. She has lived there
23 about one year, and she seems to have adjusted
24 well to the health care professionals and she has

1 people there watching her at at all times. It's
2 the same proposed idea as Liberty Village with a
3 town square and different wings, and memory care
4 facilities there.
5 It would have been much more convenient
6 for our family to have her here in Rochelle. The
7 majority of our family lives in the area and
8 everybody works. It makes commuting to see
9 grandma difficult sometimes. We were able to stop
10 in for a few minutes or go to a program in the
11 afternoon when she lived in Rochelle. We want to
12 make sure that she gets the good quality care that
13 she needs, and our biggest concern is that she is
14 in a safe environment. If grandma was continuing
15 to live in Rochelle at a facility that could meet
16 her memory care needs, we would see her more often
17 and it would make for a happier, healthier family
18 situation. Thank you.
19 HEARING OFFICER MITCHELL: 17.
20 MS. SMITH: Pat Smith, P-a-t, S-m-i-t-h.
21 I'm here in support of the Liberty Village
22 facility in Rochelle.
23 In March 2009, at the age of 80 years, my
24 dad was admitted into a nursing home in Rockford.

1 His Alzheimer's had progressed to a level that he
2 could not remain at home. Rockford offered 24/7
3 skilled care and in an Alzheimer's unit in that
4 facility, so it was the place that we chose. Mom
5 does not drive out of town, much less the
6 interstate. She drives locally only, and that has
7 been for many years now. At the time that dad was
8 admitted to the nursing home, my sister and I were
9 working full-time, my sister worked nights and I
10 got home from the office around 6:00 p.m. every
11 night. So, we would alternate weekends to drive
12 mom to see dad. It would have been so nice for
13 mom to see dad on a daily basis, but it just
14 wasn't possible. It would have been so beneficial
15 on an emotional level to be able to have meals
16 with him and feel as if she was able to still care
17 for him in a small way. During the warmer months,
18 I would take mom midweek to see dad.
19 Dad was in a nursing home for three years.
20 He passed away in 2012. My mom will be 87 this
21 month. You never know what the future holds, and
22 I hope she remains in good health until she
23 passes, but that may not happen. So, I have to
24 think about the future and what it may hold for

1 her.
2 If there is ever a need for her to go into
3 a nursing home, it would be so nice to have a
4 facility like we have discussed today, Liberty
5 Village, in Rochelle. My mom and I are very
6 close. She depends on me for various daily needs
7 in her life. So, it would be very difficult for
8 me to think about if she did have to go to a
9 nursing home, it would probably have to be out of
10 town and it would be very difficult for me not to
11 see her on a daily basis.
12 So, I really hope that the type of nursing
13 home that we are here to discuss today will come
14 to fruition in Rochelle. It would be beneficial
15 for all of us.
16 HEARING OFFICER MITCHELL: 18.
17 MR. WILSON: Good afternoon. Hello, my
18 name is Greg Wilson. I'm the senior vice --
19 spelled W-i-l-s-o-n. I'm a senior vice president
20 of operations for Petersen Health Care.
21 At this time, I would like to provide two
22 copies of my written testimony, and I'll refer to
23 that in my comments here, but I will also reserve
24 the right to revise those written comments. We

1 have obtained legal counsel to represent us in
2 this matter, and as mesmerized as my wife and
3 daughter were with my arguments last night, this
4 probably won't be the last word on our response to
5 the application.
6 Petersen Health Care owns the two
7 facilities here in Rochelle and a third in Ogle
8 County. We own several others in the HSA 1
9 planning area. Several of my directors are here
10 today, and I promise you they are not all going to
11 speak. I'm going to speak on their behalf.
12 So, when the others in the industry -- and
13 I thank my counterparts here. Petersen Health
14 Care purchased the facilities in Rochelle in
15 November 2006, and since that time, we have paid
16 almost a million dollars in property taxes. We
17 have employed more than a hundred people per year,
18 we have cared for thousands of citizens here in
19 Rochelle, and we continue to do that. The
20 facilities were going to go out of business before
21 we purchased them. We saved them, and as I
22 started getting calls from my folks and from other
23 folks in here saying this application was in, my
24 original response was disbelief, because it's

1 fairly settled in the industry and has been for
2 years that there is no bed need in any of the HSAs
3 in Illinois -- barely in any county in Illinois.
4 The only projects we have seen approved for years
5 are one for bed replacements, where a provider
6 replaces their own beds, or a various cases where
7 there is some innovative service that is not met,
8 some gap between hospital care and nursing home
9 care.
10 So, my original response was, there is no
11 way. But I went to the site and I looked at the
12 application, and when I saw who the applicant was
13 and I saw their fine Consultant Group -- hello,
14 Mr. Foley -- then it kind of made sense, because
15 these same folks have had a decade-long effort to
16 try to change this process in Springfield to try
17 to amend the Health Facilities Planning Act, to
18 try to change the Board. And I've been a part of
19 all those processes.
20 So, the main argument for changing the
21 process, at least in Springfield where it's been
22 defeated -- and I can repeat this in my sleep, is
23 the aging and decaying bed inventory in Illinois.
24 There is some truth in that. It's not because

1 providers don't want to provide and don't want to
2 upgrade their facilities. Since we have opened
3 these buildings in Rochelle, both of them got new
4 roofs, new sprinkler systems, we have improved the
5 landscaping, one has been remodeled twice and the
6 other one has been remodeled once and is in the
7 process of being remodeled again. We have redone
8 the shower rooms.
9 But frankly, as I stand here today, the
10 State of Illinois owed my company almost a $100
11 million. That goes back multiple years. So, my
12 response to the aging and decaying beds in
13 Illinois? Pay me. Give me a fair rate, pay me on
14 time, and I'll put two or three million dollars in
15 all my homes. We may well replace a home or two,
16 or consolidate homes. But the State has to do
17 their job first.
18 So, in the legislative sessions eight or
19 ten years ago, the first shot at this was, they
20 just wanted to change the bed need calculations,
21 and I get it -- they want to build nursing homes.
22 But I'll get to why the State has an interest in
23 this in the future.
24 So, the original effort was, there is a

1 bunch of unused beds. The State should claw them
2 back so we can build more nursing homes. There is
3 a big problem with that. All of our loans, our
4 financing for our homes, all our lines of credit,
5 especially our HUD loans, which I would say close
6 to half of the nursing homes in Illinois are on a
7 HUD loan, are based on those licensed beds. You
8 can't just take them away. So, it affects not
9 only the nursing home community, the finance
10 community, the lending community, all the way down
11 the line.
12 So, that effort was beaten back. So, as
13 everything happens in Springfield, when you can't
14 get what you want, you develop a commission to
15 study the issue. So, we went through a four- to
16 five-year period where we had a commission, and
17 these folks were on the commission. We were
18 participants initially through our association.
19 Through that process, they came up with a scheme
20 called the bed-by-sell scheme. If the State can't
21 fall back, why can't we buy and sell the beds
22 amongst ourselves?
23 So, my response to that, when I heard of
24 that scheme, we went along with other providers

1 that do what we do and said, Well, what if I have
2 600 of those beds myself, but I don't want to sell
3 them? I want to use them myself. So, I take my
4 600 beds, and I build a hundred-bed nursing home
5 right next to where you are doing this.
6 Whoa, Craig. You are talking crazy. You
7 can't do this. We have got this Planning Act, and
8 you can't just go build where you want, which is
9 what we are talking about here, basically.
10 So, that commission essentially timed out
11 of its legislative time period, and it's gone
12 away. So, the last couple legislative sessions,
13 we have basically thrown out the cloak and the
14 efforts to completely disband the Health Care
15 Facilities Planning Board and get rid of the Act.
16 Well, doing something like that brings the
17 hospitals into the fight. So, that's not going to
18 happen. So, these ideas -- this competition idea
19 to build nursing homes wherever we want has been
20 defeated in Springfield.
21 So, what we are seeing here, as a sports
22 metaphor, is a hail Mary -- some way to try and
23 get around the Act, to try to get around the
24 legislation, to try to get around the financial

1 industry. There is no need for this project.
2 Now, there may be a need as described by the fine
3 citizens here. But the need and the Act is a very
4 specific thing, as is the bed calculation. You
5 don't get to brainstorm and spitball with your
6 consultants and come up with imaginary need, as
7 was done here. You don't get to design your own
8 bed need calculation to find some imaginary bed
9 need, because the formula in the law shows there
10 is a huge excess of nursing home beds.
11 HEARING OFFICER MITCHELL: Sir, please
12 complete your comments.
13 MR. WILSON: I'll be brief. Please bear
14 with me. I've got lots of residents whose homes
15 are on the line and employees whose jobs are on
16 the line. So, no. You have to follow the law.
17 20 ILCS 3960 in the law, and again this has been
18 said in Springfield over the last decade, this
19 project is not innovative, there is no unmet need
20 that's in the law in HSA 1, in Ogle County or
21 Rochelle, and they are not proposing any
22 innovative services clearly, and this is clearly
23 an unnecessary duplication of services, and there
24 is not sufficient staff available to support this

1 project. Those are just the facts.
2 The clear objective of this project is to
3 cannibalize existing long-term care providers in
4 the planning area, exactly the thing this Act is
5 designed to prevent. Make no mistake, if this
6 project is approved, our two facilities will cease
7 to exist in Rochelle, and the poorest and neediest
8 citizens of this area needing long-term care will
9 no longer have options in this community.
10 This project does not, by any stretch of
11 the imagination, comprise a historic basis of the
12 program. Quite the opposite. Allowing this would
13 be a horrible precedent for the Board to set.
14 So, quickly let me address a few specifics
15 of the application. Now, we will go through the
16 numbers. My colleagues have done very well with
17 that. Let me talk about the Act itself. It's an
18 Act that shall establish the procedure, one -- -
19 HEARING OFFICER MITCHELL: Sir, please.
20 UNIDENTIFIED FEMALE: Can we get three
21 minutes for one of our counterparts to speak on
22 behalf? We have a representative that has not
23 spoke, and I would be more than happy --
24 HEARING OFFICER MITCHELL: There will be

1 an opportunity at the end where you can ask a
2 question. But right now, we have limited three
3 minutes -- we have allowed people three minutes --
4 UNIDENTIFIED MALE: I think there has been
5 several.
6 HEARING OFFICER MITCHELL: Have those
7 comments can be submitted in writing?
8 UNIDENTIFIED MALE: No, they haven't.
9 MR. WILSON: So then, I will make one
10 final point, and it's an important point. I think
11 it goes to several of comments earlier. So, I
12 think it's important to note -- so, why does the
13 State have an interest in having -- why can't you
14 just have open competition? If this was a hundred
15 percent private insurance market, the State
16 wouldn't have an interest. They could open up
17 this process, and we could all just build
18 facilities and compete it out. Six in ten
19 residents in nursing homes today, almost seven in
20 ten, are paid for by Medicaid. The State pays
21 their bill. The State has an interest in making
22 sure there are facilities to provide for those
23 poorest and neediest of the citizens. Illinois
24 pays the lowest Medicaid rate, the lowest daily

1 rate, in the nation. That's by design. The
2 Illinois scheme designed by the government is,
3 providers will be paid where you can just break
4 even caring for Medicaid. And in their scheme,
5 there is some other percentage -- 5, 10, 15, 20,
6 30 of lucrative pay types where the provider can
7 make money by cost shifting.
8 HEARING OFFICER MITCHELL: You will have
9 to bring it to a close.
10 MR. WILSON: If you have a project like
11 this, that cherry-picks the very -- the highest,
12 most lucrative residents and leaves the Medicaid
13 residents, none of our facilities can survive.
14 So, I encourage the Board to defeat this project.
15 I have submitted my written comments.
16 HEARING OFFICER MITCHELL: Everything in
17 your document will go into the record.
18 MR. WILSON: I've got it. It's all there.
19 HEARING OFFICER MITCHELL: We will make
20 sure we get it into the record. Number 19.
21 MS. OLDS: Thank you. My name is Lynn
22 Olds, L-y-n-n, O-l-d-s. My name is Lynn Olds, and
23 I am here in support of this project. I am the
24 director of marketing and sales for Liberty

1 Village of Princeton. My role at Liberty Village
2 is very divers. I spend time on campus, in the
3 hospital, doctors' offices, community
4 organizations as well as other nursing homes at
5 times. Due to my exposure in all of these areas,
6 I am able to provide a unique perspective on what
7 the duck of bring to our seniors, employees, and
8 community.
9 Today, I would like to give you a glimpse
10 of what it means to live the Liberty lifestyle.
11 First of all, we truly focus on the whole
12 resident. We not only provide excellent nursing
13 care, we fulfill their social and emotional needs
14 as well. We believe each senior has the right to
15 live life to the fullest each and every day. We
16 do this many different ways. We have an
17 incredibly large variety of activities. We let
18 the seniors choose the activities they want to do.
19 We will frequently do impromptu activities. If a
20 senior is in the mood to play chess instead of
21 making a craft, we will play chess with him.
22 Also, we make it a priority for them to spend time
23 outside and even leave our campus. We have
24 designed the exterior of our building to replicate

1 a front porch you might see at home. This is a
2 favorite visiting place enjoyed by our seniors and
3 their loved ones.
4 In addition, we run bus trips daily,
5 allowing them to enjoy off of our campus. On our
6 campus in Princeton, we have a pond stocked with
7 fish. You will often find someone fishing or
8 simply enjoying the view. Happiness is different
9 for each individual. We get to know our seniors
10 and adapt what we are doing to fulfill that
11 happiness for them.
12 Another thing I find unique to Liberty
13 Village is our campus itself. We have tried to
14 replicate the home environment as much as
15 possible. You won't find institutional furniture
16 in our buildings. Our resident rooms are bigger
17 than most other homes, offering more personal
18 space. The entire building is designed into
19 neighborhoods, where the seniors live with other
20 seniors who are at a similar level of care. Each
21 neighborhood even has its own dining room. Our
22 seniors dine with their neighbors in a way that
23 mimics how you would eat in a restaurant. We
24 don't have one huge dining room where everyone

1 eats at the same time, creating an institutional
2 atmosphere. Each neighborhood is designed with
3 additional sitting spaces that replicate a home
4 living room. This gives people the opportunity to
5 visit privately in the same manner they would have
6 at their own home. Another very important feature
7 is our calm, clean, odor-free environment. We
8 work hard to keep it this way. If we wouldn't
9 want it in our home, we won't allow it in theirs.
10 Next, we offer AJ's Fitness. This is a
11 functional maintenance program designed to keep
12 our seniors strong and mobile. Any senior who is
13 not receiving therapy is encouraged to attend AJ's
14 Fitness, where they work one-on-one with a fitness
15 coordinator. Because we want our seniors to be as
16 healthy as possible, we offer this program free of
17 charge.
18 One program we are famous for is Bounce
19 Back. This is our short-term rehab program. We
20 use state-of-the-art therapy equipment that is
21 specially designed for seniors. We offer
22 physical, occupational, and speech therapy. As
23 with everything at Liberty Village, we took it up
24 another level. Our therapists aren't only trained

1 in their particular discipline. They are also
2 trained in complex disease management, dementia,
3 urinary incontinence, and lymphoderma. Our speech
4 therapist is also certified in VitalStim for
5 swallowing. We understand not everyone reacts to
6 a condition in the same way. Therefore, we
7 provide individualized programming designed to
8 each person's specific needs. There is no
9 cookie-cutter program at Liberty Village. Our
10 therapy gym is open seven days a week. We also
11 have a rehospitalization intervention program,
12 where we track all Bounce Back patients who run a
13 high risk of hospital readmission due to cardiac
14 and respiratory conditions.
15 HEARING OFFICER MITCHELL: Please bring
16 your comments to a close.
17 MS. OLDS: Okay. For at least two years,
18 we have maintained a 0 percent readmission rate.
19 So, I can close it there.
20 As you can see, because Jenny already
21 spoke about Garden Court, which Princeton is a
22 certified memory care program. As you can see,
23 there is several things that Liberty Village
24 provides that other nursing homes don't. Our

1 purpose is to care for our seniors and provide
2 them with the highest quality of life every single
3 day. We believe in our purpose and are very
4 passionate about it. Thank you for your time.
5 HEARING OFFICER MITCHELL: 20.
6 MS. FOLKERS: Name is Harry Folkers
7 (phonetic). I'm here and my wife's here today to
8 support. We are excited about the prospect of
9 Liberty Village coming to Rochelle. Having lived
10 here 55 years nearly, we desire a good quality
11 health care, multiple health care facilities, that
12 meets the needs of our kids and our friends.
13 Thank you.
14 HEARING OFFICER MITCHELL: 21.
15 MS. HOLT: I'm Heddy (phonetic) Holt,
16 H-o-l-t. I was born and raised in Rochelle. I'm
17 currently the administrator at Liberty Village of
18 Princeton. I have worked in the long term health
19 care field for 45 years. My first 25 years were
20 spent in the Rochelle Health Care Center. I
21 believe that I worked in two Rochelle health care
22 centers during their prime years, and at that time
23 we maintained record census levels and served many
24 Rochelle residents, community leaders and their

1 families, as well as residents from surrounding
2 communities.
3 I am here today because many of our
4 seniors or many of our elders who are choosing to
5 go out of state because -- or out of town, because
6 they don't feel that their needs can be met
7 locally.
8 In 1997, the Rochelle Health Care Centers
9 were sold, and I made a decisions to leave
10 Rochelle toward advancing my career in long-term
11 care. I would hear of multiple changes in
12 ownership with the two Rochelle Health Care
13 Centers through the years. I would hear of the
14 Rochelle residents making decisions to secure
15 their long-term health care needs outside of
16 Rochelle, and my family was faced with having to
17 make difficult decisions to take two of my uncles
18 that suffered from Alzheimer's disease out of town
19 to secure the appropriate care they needed.
20 Most recently, in the last two months, my
21 cousin's family had to make the decision to move
22 him 45 minutes away from Rochelle to secure the
23 level of care that he needed. They tried to
24 locate a home closer, but found that there were no

1 secure dementia units in Rochelle, and that the
2 homes in some of the closer surrounding areas had
3 waiting lists of up to one and a half to two
4 years.
5 In 2014, I accepted a position at Liberty
6 Village of Princeton, where I found one of the
7 most elaborate care settings that I have ever had
8 the pleasure of working in. Our developer was not
9 only concerned with the type of buildings he would
10 build for elders and the community we serve, but
11 he also developed innovative programs that would
12 enhance senior lifestyles. I was so impressed
13 with what I found at Liberty Village of Princeton
14 that one day, while having lunch with our
15 developer, I simply posed the question to him,
16 What is the possibility of building a Liberty
17 Village in my hometown of Rochelle?
18 Here we are today. There are plans to
19 build a premiere facility in the City of Rochelle,
20 and I believe that we need this for our elders so
21 they can age in place with grace and dignity in
22 their hometown. It's my passion that we be
23 allowed to bring Liberty Village to Rochelle so
24 that my family and my friends can experience the

1 Liberty lifestyle and have viable options for care
2 when they need it right here in their hometown.
3 We shouldn't have to leave our community to
4 receive the health care we need. I implore you to
5 grant the approval needed to build this home.
6 Please do not say no to Rochelle's elders and
7 future elders. Thank you.
8 HEARING OFFICER MITCHELL: Ma'am, may I
9 please have your green sheet? Thank you. 22.
10 MS. SULLIVAN: Sandy Sullivan,
11 S-u-l-l-i-v-a-n. This is very dear and near to my
12 heart, as I took a vacation day to be here. I
13 would like to voice my support for the new Liberty
14 Village facility in Rochelle. When my own mother
15 was ill, a facility like this would have been
16 perfect for her, since the facility we currently
17 have could not care for her. I urge the State
18 Review Board to consider the needs of both
19 Rochelle residents and those in surrounding
20 communities who would benefit from this new
21 facility. Thank you very much.
22 HEARING OFFICER MITCHELL: 23.
23 MR. BROOKS: My name is Mic Brooks, M-i-c,
24 B-r-o-o-k-s. I am speaking in favor of the

1 proposed nurse home facility. Four years ago, my
2 parents needed to move from San Gabriel assisted
3 living, as my mother's Alzheimer's progressed to
4 point of needing a higher level of care.
5 Meanwhile, my father who had Parkinson's, had a
6 strong desire to reside where my mother did. We
7 did not have a Rochelle choice at that time, as we
8 do now. We needed a facility that offers specific
9 memory care areas, staffing, and programs for her
10 care along with a skilled nursing home wing for my
11 father. We were forced to go out of town 30 miles
12 to Mount Morris.
13 Rochelle residents and their families
14 deserve choice and more options those who need
15 long-term care and updated facilities for the
16 residents and their families. The burden on our
17 families to be forced to drive at least an hour
18 for each visit is challenging. We have a great
19 hospital in Rochelle, and would prefer to have
20 more services locally for the continuum of care
21 necessary as we all age.
22 My father's Parkinson's will most likely
23 progress and memory care services may become
24 necessary for him down the road. We would welcome

1 the ability to move him to Rochelle when the
2 proposed facility would become a reality. I also
3 work at a financial institution and have done so
4 for over 35 years, and I know many families who
5 now choose to care for their loved ones with
6 Alzheimer's in their own home. My father tried to
7 do this for years, and it takes an enormous strain
8 for the caregiver. If we had a memory care unit
9 in Rochelle, it might be easier for the family to
10 choose this option earlier before caregivers'
11 health and welfare deteriorates until they feel
12 they have no choice.
13 Thank you for the opportunity to speak
14 before you today, and please approve this
15 application, so Rochelle residents and their
16 families have more choice in rehab and care
17 facilities.
18 I want to go off-script for just a little
19 bit. I hope that your decisions are not simply
20 made by numbers. I don't care if there is
21 capacity in our community or our county. Families
22 are going to go where they feel the care is best
23 given, and they will drive to wherever it takes to
24 get that care. And quite honestly, the quality of

1 the care is the most important thing, and if there
2 is capacity the area, maybe that's because people
3 choose to go somewhere else. Thank you.
4 HEARING OFFICER MITCHELL: 25.
5 MR. BOEHLE: Michael Boehle, B-o-e-h-l-e.
6 I personally, I've got nothing against the health
7 care facilities we have. My mother is in the
8 Meadows. I know people at Pinecrest. I know
9 people in all these places. They are taken care
10 of, to the best of my knowledge. But it's not
11 here. My mother is 94 years old. She is at the
12 Meadows. Every Sunday, I drive 90 miles just to
13 get her to church from where I live to where she
14 is at, back and forth. We need something local.
15 I'm sorry. I'm with Mic. If your beds aren't
16 full, maybe it's your fault. I don't even know --
17 and know people at San Gabriel. I pick people up
18 at San Gabriel, and I don't even know why they are
19 in the health care equation. They got 53 beds,
20 but it's not a health care facility. It's an
21 assisted living, and if they get bad, they are out
22 of there. They go someplace else, and go to one
23 of these other facilities. I'm definitely in
24 support of this.

1 Thank you. And there has been nothing
2 said about the numbers from Lee County.
3 HEARING OFFICER MITCHELL: 26.
4 MR. MACTAGGERT: Clarence Mactaggert
5 M-a-c-t-a-g-g-e-r-t, and I'm here to support this
6 facility. I may need it myself not too far down
7 the road, and my wife is currently in assisted
8 living/memory care in Rockford, and she has been
9 there since January, and I guess I should be on my
10 way now. I generally go up three times a week.
11 It's inconvenient, and it would be nice to have
12 something good here. And that's all I got to say.
13 Thank you.
14 HEARING OFFICER MITCHELL: Thank you. 27.
15 MR. PRABHAKAR: Hi, my name is John
16 P-r-a-b-h-a-k-a-r. I'm glad I don't have to spell
17 my other name. I've been in this country for 50
18 years. I'm a proud citizen of this wonderful
19 United States of America. I've been in the
20 Rochelle community for 43 years. Rochelle is my
21 home. I even have my monument in the cemetery a
22 couple blocks away. My problem is that I've been
23 in many of the facilities that have a similar
24 arrangement to this. I think it's a great idea.

1 I've learned from being in America, the most
2 important thing is location, location, location.
3 This place will be walking distance of my home
4 now.
5 I think -- I operated on seniors, I hold
6 Bible studies for seniors, but I became a senior.
7 Even though we don't like to admit it, I think we
8 have to face reality. One of these days we have
9 to be in need of an institution like this. I
10 think I want the Board to know, so far I have seen
11 the opposition as being from institutions, and one
12 of them is a local institution. The best of them
13 are about 30 to 45 minutes away. I want the Board
14 to pay attention to this, not just numbers like
15 other people have said.
16 Even though they say there is a bed excess
17 and so on, there are two things about that. One
18 is, I don't know the statistics about the beds for
19 memory care, Alzheimer's care, is not available
20 locally. Second thing is, in any situation you
21 can't just pay attention to numbers, whether there
22 is a disaster or a tragedy. You have to put faces
23 to the numbers. You are hearing interesting
24 stories here. I think people who are in a

1 situation like this, to be in a nursing home or a
2 nursing care facility, I think the familiarity is
3 important and support is very important, not only
4 support of family, but friends too.
5 Now, if we have a problem still 30 to
6 45 minutes away, you have care. There are good
7 facilities. But I want to be cared for locally.
8 We have a hospital here. When I was operating,
9 people said, Oh, how nice it is to have surgery
10 done here. In the same way, it would be nice to
11 have memory care or Alzheimer's care in this area.
12 I also want to mention that what I learned
13 is competition is good. When I was looking for a
14 place to practice for the hospital, they said we
15 have too many surgeons here. We don't want
16 another one. When I came here, the other surgeon
17 said, Come on over. We would love to improve my
18 surgical facilities. We can work together, and so
19 on.
20 So, for 30 years we worked together. I
21 think competition is good. I sincerely believe
22 having a wonderful facility like this will improve
23 not only locally, but around this area. So, I'm
24 in support of this project. Thank you.

1 HEARING OFFICER MITCHELL: 29.
2 MS. My name is Linda McKibben, L-i-n-d-a,
3 M-c-K-i-b-b-e-n, and I'm here to comment on my
4 firsthand experience with Liberty Estates/Liberty
5 Village in Peru. My parents -- I'm an only child,
6 and I have lived here many, many years now. But
7 my parents moved to Liberty Estates in Peru when
8 they were 89 and 93, and they lived there for
9 three years and eight months, and I'm here to
10 address, perhaps, a missing piece of the puzzle.
11 If there are too many beds, maybe something could
12 be reconfigured to have independent living there,
13 because at Liberty Estates, the apartments -- it's
14 a month by month rental. You don't buy into it.
15 The apartments provide an independent structure
16 with two meals a day, weekly light cleaning that
17 includes towels and bedding, laundry, linens, and
18 changing of the sheets, and many seniors such as
19 my parents needed such an intermediate step on
20 their journey -- not everyone is ready for
21 assisted living or an Alzheimer's unit or straight
22 nursing home care, skilled care, and the added
23 expense of assisted living when they transition
24 out of their primary residence, and I would like

1 people to consider this essential component.
2 Thank you. And my dad also had two months' stay
3 at Petersen Rehab in Rockford, and he had two
4 months' stay at Bounce Back, and both places
5 rehabbed him very well. He still is mobile, and
6 he was a regular, three times a week visitor to
7 AJ's Fitness Center, and that was great. He was
8 on his feet, vertical, more muscle strength -- he
9 was more active as a senior citizen than he ever
10 was as a young man.
11 So, I am for the project with the
12 modifications of adding an independent living,
13 because sometimes people go to assisted living
14 when there is no independent living available, and
15 they just need a little bit more help with the
16 day-to-day things that a facility, such as the
17 cleaning and the meals. They don't necessarily
18 need help with their medicines or with bathing or
19 anything else that's more personal. Thank you.
20 HEARING OFFICER MITCHELL: 30.
21 MR. HAYDEN: My name is Spencer Hayden.
22 I'm the owner of Hayden Real Estate in Rochelle,
23 and just to make everything perfectly clear, I am
24 one of the owners of the land that Liberty Village

1 has an option on.
2 However, that's not really why I'm here.
3 I have heard -- I had a story about Alzheimer's,
4 and my mother suffering from Alzheimer's, and I
5 had a sister in Phoenix, and I lived here, and we
6 ended up taking her to Phoenix because there was
7 no facility around here that was able to take care
8 of her. But having sat here for an hour and a
9 half and listened to everybody, I think I would
10 say that I agree with all the people here that
11 Rochelle is the biggest town in Ogle County, and
12 probably has about the least amount of full
13 services available for seniors, and it's not a
14 numbers game we are talking about, it's a people
15 game, and I'm here to support Liberty Village.
16 Thank you.
17 HEARING OFFICER AVERY: No one has 31. Is
18 that right? Is there anyone who wishes to testify
19 who has not had an opportunity to do so?
20 UNIDENTIFIED FEMALE: Yes, me.
21 HEARING OFFICER AVERY: Yes, come on up.
22 MS. CRYER: Oh, thank you. I just heard
23 about this yesterday --
24 UNIDENTIFIED MALE: State your name,

1 please.
2 MS. CRYER: Carolyn Cryer, C-a-r-o-l-y-n,
3 C-r-y-e-r. I always do that. I'm nervous. I
4 just heard about this yesterday, so I didn't write
5 anything down on paper, and I don't care about
6 numbers of beds, I don't care about numbers of
7 rooms. I care about care, and I've had both
8 parents in nursing homes, they were in Zion, dad
9 had dementia, so I didn't move him here, mom was
10 moved here, she was warehoused up in Zion, and she
11 was warehoused here, and you will read about that
12 term, warehoused, if you read about nursing homes.
13 It isn't fun. I found out if I didn't visit the
14 homes, they didn't get good care. Now, that's not
15 true of every home, but that's what was happening
16 to my parents. And that's sad, because whether we
17 are present or not, they should get good care.
18 I've been in many nursing homes. We have sung in
19 all the nursing homes from Rochelle to Rock
20 Falls/Sterling, Amboy, Shabbona. So, think of
21 that big rectangle, and we sing in all those
22 nursing homes, and it's wonderful. The people
23 love music. They want to clap their hands, they
24 want to get up and move a little bit, and it's

1 just a joy to be with them. But some places don't
2 have that.
3 Now, we do sing out at our two nursing
4 homes, and the people there really appreciate it.
5 We will be there next week. I'm losing my train
6 of thought. What's next? I know I have more.
7 I'll probably be in a home someday. I'm a single
8 woman. I've been in many homes here. I think the
9 best one is San Gabriel, but if I need need extra
10 help than that, I would need more than San
11 Gabriel. I lived in Freeport, and I visited
12 Liberty Village often when I was there, because it
13 is an excellent home. I have a sister-in-law
14 living there right now, and several friends from
15 the church that I went with over there in
16 Freeport. They all love their home, they call it
17 home -- it's almost like that ad on TV, This is my
18 favorite home in one of these places for us old
19 people. But they still feel like they have a
20 home, and that's so important. It's -- we don't
21 want to be isolated. I don't want to be like my
22 mom in a bed and she was an ornery old lady. So,
23 I can see why she was neglected, but they
24 shouldn't be neglected, and unless I visited her

1 every day, she did not get care. That's sad.
2 I forgot what else I was going to say.
3 Thank you.
4 HEARING OFFICER MITCHELL: Sir, I didn't
5 realize that. Please come up.
6 MS. STOUFFER: Well, my name is Marj
7 Stouffer, M-a-r-j, S-t-o-u-f-f-e-r. I live at
8 Lincoln Manor, and I am here to speak in regards
9 to surgical patients, postsurgical, being put in
10 the nursing home. Every nursing home I've been
11 put in -- I've had several, because I had several
12 joint replacements here -- part of the nursing
13 home population, you need a different care than
14 they give the nursing home patients, and that's
15 not been available, and the rehab in most of the
16 places has been abominable. Petersen was one of
17 the best that I've ever been in for rehab, but
18 Franklin Grove was just a sad joke. There was no
19 rehab, per se. I don't know what it's like now,
20 but that's what it was like last year when I was
21 there. And I just think it's a wonderful idea to
22 separate the populations -- nursing home, memory
23 problems, and rehab for patients. It's just a
24 different type of thing they need, and the fact

1 that you also get your own private bathroom is a
2 big deal. And that's all I have to say. I'm in
3 favor of it being built. Thank you.
4 HEARING OFFICER MITCHELL: Ma'am in the
5 yellow. I'll make this brief, my name is
6 Marguerite Nye, M-a-r-g-u-e-r-i-t-e, N-y-e. I'm
7 an Illinois licensed social worker. I have worked
8 almost 20 years at the Rochelle Community Hospital
9 and 17 years with Serenity Hospice and Home.
10 In my opinion, Rochelle and the
11 surrounding areas definitely would benefit from
12 this facility. Thank you.
13 HEARING OFFICER MITCHELL: Mr. Kniery.
14 MR. KNIERY: My name is John Kniery,
15 K-n-i-e-r-y. I've been a health care consultant
16 for 20 years. I currently serve on the not for
17 profit board directing this project as their
18 President, and I would like to tell you a little
19 bit about this entity. You have heard from
20 several of our staff, these people care. These
21 people are the ones who -- Carbondale, for
22 instance, they -- we took over the county nursing
23 home. You know, that is not a population who
24 cherry-picks. They took over and built a new

1 home, not only for that one but Clinton Manor, the
2 old DeWitt County Nursing Home. These people
3 care. It's not about cherry-picking. Yes, you do
4 have a business to run, but they do it very well.
5 They put their money into the facilities, they put
6 the money into the staff.
7 When this company comes into a community,
8 it looks at the entire market. It had looked at
9 assisted living, but there is a beautiful assisted
10 living that we have decided, let's complement that
11 facility. We are going up right behind them. So,
12 independent living, in our state's program, is not
13 off the table. That is something, but what we
14 have to do one step at time, and the first step in
15 part of this project is for the 92 beds, 70 of
16 which are general geriatric, which are broken down
17 between long term and short-term general nursing
18 care, and then the balance of 22 beds for nursing
19 memory care. We looked at this community -- the
20 second component, outside of assisted living, are
21 the nursing facilities. We have two nursing
22 facilities within 16 miles of Rochelle. Those two
23 facilities, one is primarily for MI, so that's not
24 a population that we would intermingle with or

1 compete with. The other facility, the smaller
2 facility, is for 50 beds. These two homes
3 combined have an average size of 271 gross square
4 feet per bed. Our facility is being proposed at
5 691 gross square feet per bed. That's
6 all-inclusive, that's not bedroom size, that's all
7 inclusive. I would like to make one correction in
8 the application itself. Within the service area,
9 the 30-minute travel time, there is one facility,
10 that is Neighbors, we provided the wrong square
11 footage. They went new through an expansion
12 several years ago. They went through an
13 expansion, and we didn't include that expanded
14 square footage, but they added 30 beds over and
15 above. They had to go through the CON process as
16 we are. There was not a bed need at that time.
17 The excessive beds was higher -- it was over 90
18 beds at that time. It has been decreasing every
19 time the new projections, for the last three
20 projection cycles.
21 The residents of Rockford deserve a more
22 modern facility -- facilities with amenities. The
23 residents not only deserve that, they expect it
24 now today. Amenities such as more private rooms,

1 all private, full baths -- full bathrooms. In
2 each of the resident rooms, there is multiple
3 small dining rooms, state-of-the-art PT and OT,
4 and I can't even -- this lift that's being
5 illustrated right here, Marilyn had me in that
6 lift at one of the openings, and I don't want to
7 tell you what I weigh, but it helps with mobility.
8 Let me tell you, it's incredible.
9 Several issues that were brought up today.
10 There is a new -- it was said that this is not
11 new. An Ogle County facility added beds at a time
12 when there was not a need, DeKalb County, the
13 facilities of DeKalb County -- there is a need in
14 DeKalb County. Needs are derived, they come from
15 the HSA, but they are for the planning areas, the
16 different counties in Illinois is mostly counties.
17 But there is a need even in the for beds, not
18 excess. For beds, in DeKalb County. These
19 facilities that I have I had the opportunity to
20 represent, they pay taxes. They pay real estate
21 taxes because of the Provena case. That had gone
22 around, so they will pay taxes. And we haven't,
23 until just the last few speakers, we haven't
24 touched on the issue that many local residents

1 seek care -- hospital care, specialized care,
2 surgeries, at the Rockford facilities -- at
3 facilities that are outside of Rochelle and
4 outside of Ogle County. We have a hard time
5 getting those residents back. When they go there,
6 they don't come back. We have heard that several
7 times. I think they would like to come back, I
8 think their families would like to come back, and
9 we are trying to give them that opportunity.
10 Thank you for your time.
11 HEARING OFFICER MITCHELL: Thank you.
12 Please note that this project is tentatively
13 scheduled for consideration by the Board at its
14 January 9th meeting. A meeting will be held at
15 the Bolingbrook Golf Club, located at 2001 Rodeo
16 Drive, Bolingbrook, Illinois, at 9 a.m.
17 Please refer to the HSFRB website at
18 www.hfsrb.illinois.gov for more details and
19 possible venue changes. I ask that you please
20 prepare to take notes of the following dates and
21 times.
22 Any person wanting to make written
23 comments must submit these comments by Wednesday,
24 December 20th. The State Board schedule will be

1 posted online at www.hfsrb.illinois.gov on
2 Tuesday, December 26th. The deadline to submit
3 written comments for the State Board Staff Report
4 is 9 a.m. Tuesday, January 2nd.
5 Written comments and responses should be
6 sent to the Illinois Health Facilities and
7 Services Review Board, Attention: Courtney Avery,
8 525 West Jefferson Street, 2nd Floor, Springfield,
9 Illinois, 62761.
10 Are there any questions?
11 UNIDENTIFIED FEMALE: The information you
12 just read, where may we find that online?
13 HEARING OFFICER MITCHELL: You may find it
14 on our website, www.hfsrb.illinois.gov.
15 UNIDENTIFIED FEMALE: Thank you.
16 HEARING OFFICER MITCHELL: Any other
17 questions? There was another question. Same
18 question? Okay.
19 Hearing that there are no further
20 questions or comments, there are -- your white
21 sheets, if you would turn those in. If there is
22 anyone who did not have a white sheet and still
23 wants to register their appearance in opposition
24 or neutral.

1 Yes, ma'am?
2 UNIDENTIFIED FEMALE: I just have one
3 question. Under the pretenses of the signatures
4 for petition in support of this development was,
5 as I understand, because there seems to be a lot
6 of confusion over Liberty Court, Manor Court,
7 assistive living, supportive living, certified
8 dementia unit, dementia care. Can somebody speak
9 to that, and how it was relayed?
10 HEARING OFFICER MITCHELL: Not at this
11 time. Not for this public hearing. And also note
12 that there is an opportunity to speak on this
13 project at the meeting for public participation,
14 and that's the January 9th thing.
15 UNIDENTIFIED FEMALE: One more time the
16 website.
17 HEARING OFFICER MITCHELL: Sure.
18 Www.hfsrb.illinois.gov.
19 This public hearing is adjourned. Again,
20 thank you for your participation.
21 (The hearing concluded at 12:58 p.m.)
22
23
24

1 CERTIFICATE OF SHORTHAND REPORTER
2
3 I, Camille S. Connell, the officer before whom
4 the foregoing deposition was taken, do hereby
5 certify that the foregoing transcript is a true
6 and correct record of the testimony given; that
7 said testimony was taken by me stenographically
8 and thereafter reduced to typewriting under my
9 direction; and that I am neither counsel for,
10 related to, nor employed by any of the parties to
11 this case and have no interest, financial or
12 otherwise, in its outcome.
13
14 IN WITNESS WHEREOF, I have hereunto set my hand
15 and affixed my notarial seal this 24th day of
16 October, 2017.
17
18
19 Camille Connell
20
21 _____
22 Camille S. Connell, CSR, RPR
23
24

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