

17-044

AUG 29 2017

HEALTH FACILITIES

**LONG-TERM CARE
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

DESCRIPTION OF PROJECT

Project Type

[Check one]

[check one]

<input checked="" type="checkbox"/> General Long-term Care <input type="checkbox"/> Specialized Long-term Care	<input type="checkbox"/> Establishment of a new LTC facility <input type="checkbox"/> Establishment of new LTC services <input checked="" type="checkbox"/> Expansion of an existing LTC facility or service <input checked="" type="checkbox"/> Modernization of an existing facility
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Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Include: the number and type of beds involved; the actions proposed (establishment, expansion and/or modernization); the ESTIMATED total project cost and the funding source(s) for the project.

The owner and operator/Licensee (Applicant) for Smith Crossing is **Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing** an Illinois Not-for-Profit continuing care retirement community (CCRC). Co-Applicant to the project is **The Washington and Jane Smith Home d/b/a Smith Senior Living** (sole corporate member of **Smith Crossing**), is also a not-for-profit entity. The Smith Crossing campus serves residents in 46 Nursing Care beds, 62 Assisted Living units and 173 Independent Living units. This phase three of the campus development proposes the addition of 46 all-private nursing care beds to the existing 46-bed nursing unit located at 10501 Emilie Lane, Orland Park, Will County, Illinois for a total licensed capacity of 92 General Long-Term Care nursing care beds. The existing single story nursing unit (33,609 gsf) will be connected to the proposed 43,596 gsf, 2-story structure with an enclosed corridor. The expansion will include a replacement of its physical and occupational therapy rooms with a therapy gym and new administration offices. The renovation of existing space is to accommodate the nurses chart room where the connection corridor will be located, adjacent resident lounge space affected by the connection, and repurposing of the existing therapy rooms. The proposed project cost is \$22,162,276.

As this project expands the licensed capacity greater than 20 beds/10%, this project is classified as Substantive.

Facility/Project Identification

Facility Name: Smith Crossing		
Street Address: 10501 Emilie Lane		
City and Zip Code: Orland Park, Illinois 60467		
County: Will	Health Service Area: 9	Health Planning Area: Will

Applicant /Co-Applicant Identification

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

Exact Legal Name: Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing		
Address: 10501 Emilie Lane, Orland Park, Illinois 60467		
Name of Registered Agent: C T Corporation System		
Name of Chief Executive Officer: Kevin McGee		
CEO Address: 2320 West 113th Place, Chicago, Illinois 60643-4107		
Telephone Number: (773) 474-7345		

Type of Ownership (Applicant/Co-Applicants)

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

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

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive ALL correspondence or inquiries]

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

Additional Contact

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

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

Facility/Project Identification

Facility Name: Smith Crossing		
Street Address: 10501 Emilie Lane		
City and Zip Code: Orland Park, Illinois 60467		
County: Will	Health Service Area: 9	Health Planning Area: Will

Applicant /Co-Applicant Identification

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

Exact Legal Name: The Washington and Jane Smith Home d/b/a Smith Senior Living
Address: 2320 West 113th Place, Chicago, Illinois 60643-4107
Name of Registered Agent: C T Corporation System
Name of Chief Executive Officer: Kevin McGee
CEO Address: 2320 West 113th Place, Chicago, Illinois 60643-4107
Telephone Number: (773) 474-7345

Type of Ownership (Applicant/Co-Applicants)

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

Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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Telephone Number: (217) 544-1551
E-mail Address: cfoley@foleyandassociates.com
Fax Number: (217) 544-3615

Post Permit Contact

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

Name: Frank Guajardo
Title: Executive Director
Company Name: Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing
Address: 10501 Emilie Lane, Orland Park, Illinois 60467
Telephone Number: (708) 326-2326
E-mail Address: fguajardo@smithseniorliving.org
Fax Number: (708) 326-2770

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing
Address of Site Owner: 10501 Emilie Lane, Orland Park, Illinois 60467
Street Address or Legal Description of Site: 10501 Emilie Lane, Orland Park, Illinois 60467
Proof of ownership or control of the site is to be provided as . Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing
Address: 10501 Emilie Lane, Orland Park, Illinois 60467
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

State Agency Submittals

The following submittals are up- to- date, as applicable:

- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- All reports regarding outstanding permits

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

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

Washington and Jane Smith Community -

This Application for Permit is filed on the behalf of Orland Park d/b/a Smith Crossing * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Andrew Anello
SIGNATURE

Andrew Anello
PRINTED NAME

Board Chair
PRINTED TITLE

Kevin McGee
SIGNATURE

Kevin McGee
PRINTED NAME

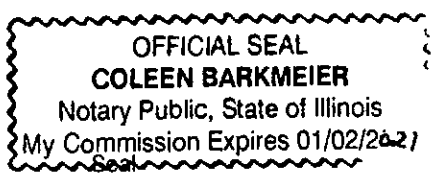
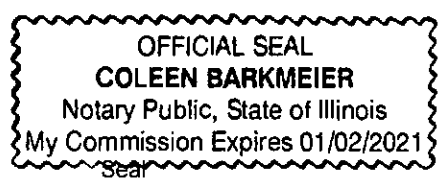
President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24th day of August 2017

Notarization:
Subscribed and sworn to before me
this 24th day of August 2017

Coleen Barkmeier
Signature of Notary

Coleen Barkmeier
Signature of Notary



*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

Washington and Jane Smith Home

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

George Petraitis
 SIGNATURE
 George Petraitis
 PRINTED NAME
 Board Chair
 PRINTED TITLE

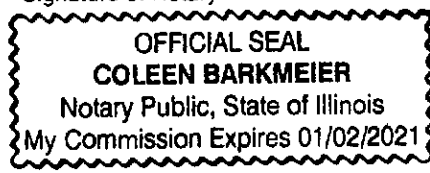
Kevin McGee
 SIGNATURE
 Kevin McGee
 PRINTED NAME
 President
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 24th day of August 2017

Notarization:
 Subscribed and sworn to before me
 this 24th day of August 2017

Coleen Barkmeier
 Signature of Notary

Coleen Barkmeier
 Signature of Notary



Seal

Seal

*Insert EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report. APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. Each item (1-6) must be identified in Attachment 10.

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

1. Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

 - a. Proposing a project of greater or lesser scope and cost;
 - b. Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - c. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - d. Provide the reasons why the chosen alternative was selected.
2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long

term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

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

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of LTC categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each LTC category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

Criterion 1125.510 – Introduction**Bed Capacity**

Applicants proposing to establish, expand and/or modernize General Long Term Care must submit the following information:

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
<input checked="" type="checkbox"/> General Long-Term Care	46	92
<input type="checkbox"/> Specialized Long-Term Care		
<input type="checkbox"/>		

*Existing number of beds as authorized by IDPH and posted in the "LTC Bed Inventory" on the HFSRB website (www.hrfsb.illinois.gov). PLEASE NOTE: ANY bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

Utilization

Utilization for the most current CALENDAR YEAR:

Category of Service	Year	Admissions	Patient Days
<input checked="" type="checkbox"/> General Long Term Care	2015 7/1/16-6/30/17	285 200	15,013 15,126
<input type="checkbox"/> Specialized Long-Term Care			

Applicable Review Criteria - Guide

The review criteria listed below must be addressed, per the LTC rules contained in 77 Ill. Adm. Code 1125. See HFSRB's website to view the subject criteria for each project type - (<http://hfsrb.illinois.gov>). To view LTC rules, click on "Board Administrative Rules" and then click on "77 Ill. Adm. Code 1125".

READ THE APPLICABLE REVIEW CRITERIA OUTLINED BELOW and submit the required documentation for the criteria, as described in SECTIONS IV and V:

GENERAL LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	Subject
Establishment of Services or Facility	.520	Background of the Applicant
	.530(a)	Bed Need Determination
	.530(b)	Service to Planning Area Residents
	.540(a) or (b) + (c) + (d) or (e)	Service Demand – Establishment of General Long Term Care
	.570(a) & (b)	Service Accessibility
	.580(a) & (b)	Unnecessary Duplication & Maldistribution
	.580(c)	Impact of Project on Other Area Providers
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Expansion of Existing Services	.520	Background of the Applicant
	.530(b)	Service to Planning Area Residents
	.550(a) + (b) or (c)	Service Demand – Expansion of General Long-Term Care
	.590	Staffing Availability
	.600	Bed Capacity
	.620	Project Size
	.640	Assurances
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
.610	Community Related Functions	

	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Continuum of Care - Establishment or Expansion	.520	Background of the Applicant
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Defined Population - Establishment or Expansion	.520	Background of the Applicant
	.560(b)(1) & (2)	Defined Population to be Served
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
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Modernization	.650(a)	Deteriorated Facilities
	.650(b) & (c)	Documentation
	.650(d)	Utilization
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA**GENERAL LONG-TERM CARE****Criterion 1125.520 – Background of the Applicant****BACKGROUND OF APPLICANT**

The applicant shall provide:

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1125.530 - Planning Area Need

1. Identify the calculated number of beds needed (excess) in the planning area. See HFSRB website (<http://hfsrb.illinois.gov>) and click on "Health Facilities Inventories & Data".
2. Attest that the primary purpose of the project is to serve residents of the planning area and that at least 50% of the patients will come from within the planning area.
3. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used, as described in Section 1125.540.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

than the number of years projected;

- e. ~~Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;~~
- f. ~~Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB, for each category of service in the application (see the HFSRB Inventory); and~~
- g. ~~Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB.~~

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.550 - Service Demand – Expansion of General Long-Term Care

The applicant shall document #1 and either #2 or #3:

1. Historical Service Demand
 - a. An average annual occupancy rate that has equaled or exceeded occupancy standards for general LTC, as specified in Section 1125.210(c), for each of the latest two years.
 - b. If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.
2. Projected Referrals
The applicant shall provide documentation as described in Section 1125.540(d).
3. **If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as described in Section 1125.540 (e).**

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.560 - Variances to Computed Bed Need – THIS ITEM IS NOT GERMANE

Continuum of Care:

The applicant proposing a continuum of care project shall demonstrate the following:

1. The project will provide a continuum of care for a geriatric population that includes independent living and/or congregate housing (such as unlicensed apartments, high rises for the elderly and retirement villages) and related health and social services. The housing complex shall be on the same site as the health facility component of the project.
2. The proposal shall be for the purposes of and serve only the residents of the housing complex

Criterion 1125.580 - Unnecessary Duplication/Maldistribution – THIS ITEM IS NOT GERMANE

1. The applicant shall provide the following information:
 - a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;
 - b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and
 - c. The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.
2. The applicant shall document that the project will not result in maldistribution of services.
3. The applicant shall document that, within 24 months after project completion, the proposed project:
 - a. Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and
 - b. Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

APPEND DOCUMENTATION AS ATTACHMENT- 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.
2. Provide the following documentation:
 - a. The name and qualification of the person currently filling the position, if applicable; and
 - b. Letters of interest from potential employees; and
 - c. Applications filed for each position; and
 - d. Signed contracts with the required staff; or
 - e. A narrative explanation of how the proposed staffing will be achieved.

APPEND DOCUMENTATION AS ATTACHMENT- 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.600 Bed Capacity

The maximum bed capacity of a general LTC facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient/resident care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c (Long-Term Care Facilities)) over a two-year period.

APPEND DOCUMENTATION AS ATTACHMENT- 20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.610 - Community Related Functions

The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from those organizations.

APPEND DOCUMENTATION AS ATTACHMENT- 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.620 - Project Size

The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards as stated in Appendix A of 77 Ill. Adm. Code 1125 (LTC rules), unless the additional GSF can be justified by documenting one of the following:

1. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
2. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix A;
3. The project involves the conversion of existing bed space that results in excess square footage.

APPEND DOCUMENTATION AS ATTACHMENT- 22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.630 - Zoning

The applicant shall document **one** of the following:

1. The property to be utilized has been zoned for the type of facility to be developed;
2. Zoning approval has been received; or
3. A variance in zoning for the project is to be sought.

APPEND DOCUMENTATION AS ATTACHMENT- 23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.640 - Assurances

1. The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.
2. For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall provide assurance that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required.

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

Criterion 1125.650 - Modernization

1. If the project involves modernization of a category of LTC bed service, the applicant shall document that the bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
 - a. High cost of maintenance;
 - b. non-compliance with licensing or life safety codes;
 - c. Changes in standards of care (e.g., private versus multiple bed rooms); or
 - d. Additional space for diagnostic or therapeutic purposes.
2. Documentation shall include the most recent:
 - a. IDPH and CMMS inspection reports; and
 - b. Accrediting agency reports.
3. Other documentation shall include the following, as applicable to the factors cited in the application:
 - a. Copies of maintenance reports;
 - b. Copies of citations for life safety code violations; and
 - c. Other pertinent reports and data.
4. Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in Section 1125.210(c).

APPEND DOCUMENTATION AS ATTACHMENT- 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW**Criterion 1125.800 Estimated Total Project Cost**

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Availability of Funds – Review Criteria
- Financial Viability – Review Criteria
- Economic Feasibility – Review Criteria, subsection (a)

Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

\$ 2,216,228	a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b. Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c. Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$ 19,946,148	d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.
_____	e. Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied

	by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f. Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g. All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$ 22,162,276	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver – THIS ITEM IS NOT GERMANE

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Washington and Jane Smith Community-Orland Park (OWNER & OPERATOR)

Provide Data for Projects Classified as:	Category A or Category B (last three years)				Category B (Projected)
	6/30/14	6/30/15	6/30/16	6/30/17*	6/30/2022
Enter Historical and/or Projected Years:					
Current Ratio	0.78	0.95	1.62	0.67	1.66
Net Margin Percentage	-24.10%	-6.12%	-10.57%	14.54%	1.87%
Percent Debt to Total Capitalization	114.48%	119.39%	129.57%	118.45%	110.87%
Projected Debt Service Coverage	1.96	2.21	1.66	2.97	1.97
Days Cash on Hand	196	286	295	376	375
Cushion Ratio	1.80	2.72	2.87	6.20	6.9

*2017 is Unaudited as the audit has not yet been complete.

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 29, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 1.5 times for LTC facilities; or
 - B. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1. That the selected form of debt financing for the project will be at the lowest net cost available;
2. That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
3. That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

Identify each area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY SERVICE									
Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$	Mod. \$	
	New	Mod.	New	Circ.*	Mod.	Circ.*	(A x C)	(B x E)	
Nursing	\$ 287.16	\$ 163.11	22,973		296		\$6,596,903	\$48,281	\$6,645,185
Contingency	\$ 23.44	\$ 16.31	22,973		296		\$ 538,572	\$ 312	\$538,884
TOTALS	\$ 310.60	\$ 179.42	22,973	0	296	0	\$7,135,475	\$48,593	\$7,184,069

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT - 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

APPENDIX A**Project Costs and Sources of Funds**

Complete the following table listing all costs associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$ 143,344	\$ 128,656	\$ 272,000
Site Survey and Soil Investigation	\$ -	\$ -	
Site Preparation	\$ 708,316	\$ 635,737	\$ 1,344,053
Off Site Work	\$ -	\$ -	\$ 0
New Construction Contracts	\$ 6,596,903	\$ 5,920,940	\$ 12,517,843
Modernization Contracts	\$ 48,281	\$ 1,250,423	\$ 1,298,704
Contingencies	\$ 538,884	\$ 483,667	\$ 1,022,551
Architectural/Engineering Fees	\$ 530,126	\$ 475,805	\$ 1,005,931
Consulting and Other Fees	\$ 614,372	\$ 551,420	\$ 1,165,792
Movable or Other Equipment (not in construction contracts)	\$ 815,229	\$ 731,695	\$ 1,546,924
Bond Issuance Expense (project related)	\$ 250,063	\$ 224,439	\$ 474,502
Net Interest Expense During Construction (project related)	\$ 338,589	\$ 303,894	\$ 642,483
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ 0
Other Costs To Be Capitalized	\$ 459,277	\$ 412,216	\$ 871,493
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ 0
TOTAL USES OF FUNDS	\$ 11,043,384	\$ 11,118,892	\$ 22,162,276
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	\$ 1,167,952	\$ 1,048,276	\$ 2,216,228
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	\$ 10,511,567	\$ 9,434,481	\$ 19,946,048
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$ 11,679,519	\$ 10,482,757	\$ 22,162,276

*Second level break-out of costs and equipment are appended as APPENDIX-A1 after this page.

**Smith Crossing Rehab Center
Support for Project Cost**

Category	Detail	Sub total	Totals
1 Preplanning Costs			\$272,000
	Wetlands investigation	\$50,000	
	Feasibility Study	\$50,000	
	Market research	\$25,000	
	Strategic Planning	\$147,000	
2 Site Survey and Soil Investigation			\$0
3 Site Preparation			\$1,344,053
4 Off Site Work			\$0
5 New Construction Contracts			\$12,517,843
6 Modernization Contracts			\$1,298,704
7 Contingencies			\$1,022,551
8 Architectural/Engineering Fees			\$1,005,931
9 Consulting and Other Fees			\$1,165,792
	Other Consultants - General	\$25,102	
	Civil Design Consultant	\$92,480	
	Food Service Consultant	\$18,210	
	Geotechnical Consultant	\$15,000	
	Interior Design	\$115,000	
	Landscape Architect	\$55,000	
	Soil Testing Consultant	\$15,000	
	Project Management	\$830,000	
10 Movable or Other Equipment			\$1,546,924
	Furniture & Finishes (see detail)	\$765,254	
	Equipment	\$281,010	
	Food Service Equipment	\$250,000	
	Rehab equipment (new)	\$31,000	
	Telecommunication Systems	\$254,500	
	Telecommunication Systems - General	\$62,000	
	MDF/IDF Equipment Racks and Hardware	\$15,000	
	Wireless Internet	\$40,000	
	CATV - Cable	\$17,500	
	Nurse Call system	\$120,000	
	Computer Equipment & Software	\$31,250	
	Audio/Visual Equipment	\$18,600	
	Audio/Visual Equipment - 65" TV	\$3,000	
	Audio/Visual Equipment -55" TV	\$3,000	
	Audio/Visual Equipment -40" TV	\$12,600	
	Security	\$33,900	
	Medical Equipment	\$72,310	
	Owner Miscellaneous	\$50,000	
	Office Supplies & Equipment (OS&E)	\$40,110	
	House Keeping - see Owners Work Detail	\$12,105	
	Laundry, linens and Small ware - see Owners Work Detail	\$14,905	
	Misc. - see Dwners Work Detail	\$13,100	
11 Bond issuance Expense			\$474,502
12 Net Interest Expense During Construction			\$642,483
13 Fair Market Value of Leased Space or Equipment			\$0
14 Other Costs to be Capitalized			\$871,493
	Fees and permits	\$527,471	
	Legal	\$75,000	
	Testing & Inspection	\$85,000	
	Insurance & Taxes	\$25,971	
	Permits & Fees	\$291,500	
	Project Administration	\$50,000	
	Pre- opening Cost	\$289,022	
	Marketing	\$55,000	
15 Acquisition of Building or Other Property			\$0
Total Project			\$22,162,276

**Smith Crossing Rehab Center
Furniture Budget**

1 Furniture First Floor	Cost	Total
Receptions	1 \$650	\$650
Waiting	1 \$6,000	\$6,000
Welcome Center	1 \$6,500	\$6,500
Dining Area	1 \$34,500	\$34,500
Conference room	1 \$10,000	\$10,000
Dietary office	1 \$4,000	\$4,000
Medical Records	1 \$10,000	\$10,000
Director of Nursing	1 \$4,000	\$4,000
Open office area	1 \$6,000	\$6,000
MD Coordinator	1 \$4,000	\$4,000
Nursing Support	1 \$7,500	\$7,500
Social Services	1 \$5,500	\$5,500
Admissions office	1 \$5,000	\$5,000
Admissions assistant	1 \$5,000	\$5,000
Charting	1 \$1,500	\$1,500
Exam	1 \$4,500	\$4,500
Small Conference room	1 \$4,500	\$4,500
Private Treatment	2 \$5,000	\$10,000
Nurse Station	2 \$650	\$1,300
Nurse Conference room	2 \$2,500	\$5,000
Nurse Lounge	2 \$1,500	\$3,000
Lounge Area	2 \$15,000	\$30,000
Nurses nook	2 \$1,300	\$2,600
Therapy	1 \$2,000	\$2,000
Resident units	22 \$5,000	\$110,000
Outdoor Furnishings	1 \$20,000	\$20,000
Elevator Lobby	1 \$2,000	\$2,000
		\$305,050
2 Furniture Second Floor		
Lounge Area	2 \$18,750	\$37,500
Nurse Station	2 \$650	\$1,300
Nurse Conference room	2 \$2,500	\$5,000
Nurse Lounge	2 \$2,500	\$5,000
Nurses nook	3 \$1,300	\$3,900
Living room	1 \$10,000	\$10,000
Resident Units	24 \$5,000	\$120,000
		\$182,700
3 Window Treatment		\$89,600
4 Interior Signage		\$20,000
5 Artwork		\$45,000
6 Accessories , Vases plant, Etc.		\$15,000
7 Sub total		\$657,350
9 Freight, installation and procurement fee		\$107,904
10 Total		\$765,254

APPENDIX B**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price:	\$ <u>N/A</u>	
Fair Market Value:	\$ <u>N/A</u>	
The project involves the establishment of a new facility or a new category of service		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>N/A</u>		

APPENDIX C**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

- | | |
|---|--|
| <input type="checkbox"/> None or not applicable | <input type="checkbox"/> Preliminary |
| <input checked="" type="checkbox"/> Schematics | <input type="checkbox"/> Final Working |

Anticipated project completion date (refer to Part 1130.140): December 31, 2020

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.
- Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
- Project obligation will occur after permit issuance.

APPENDIX D**Cost/Space Requirements**

Provide in the following format, the department/area DGSF or the building/area BGSF and cost. The type of gross square footage either DGSF or BGSF must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Nursing	\$7,863,407	17629	32,973	15,495	0	17478	
Living/Dining/Activity	\$1,832,869	4937	8,218	3,281	296	4641	
Kitchen/Food Service	\$297,970	595	1,336	741	0	595	
P.T./O.T.	\$493,791	2133	2,214	2,214	0	0	
Laundry	\$14,943	67	67	0	0	67	
Janitor Closets	\$74,492	152	334	182	0	152	
Clean/Soiled Utility	\$416,176	806	1,866	1,060	0	806	
Beauty/Barber	\$49,736	223	223	0		223	
Total Clinical	\$11,043,384	26,542	47,231	22,973	296	23,962	
NON-CLINICAL							
Office/Administration	\$1,036,809	499	2,795	2,296	0	499	
Employee Lounge/ Locker/Training	\$217,006	0	585	585	0	0	
Mechanical/Electrical	\$672,535	188	1,813	1,625	0	188	
Lobby	\$666,228	56	1,796	1,740	0	56	
Storage/Maintenance	\$988,585	942	2,665	1,016	707	942	
Corridor/Public Toilets	\$6,248,303	5,382	16,844	10,683	6161	0	
Stair/Elevators	\$583,506	0	1,573	1,573	0	0	
P.T./O.T.-AL/IL Res. Use	\$409,901	0	1,105	1,105	0	0	
Beauty/Barber-AL/IL Res. Use	\$296,019		798		798		
Total Non-clinical	\$11,118,892	7,067	29,974	20,623	7,666	1,685	
TOTAL	\$22,162,276	33,609	77,205	43,596	7,962	25,647	

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

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ATTACHMENT NO.		PAGES
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2	Site Ownership	32 – 40
3	Operating Identity/Licensee	41 – 43
4	Organizational Relationships	44 – 45
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13	Planning Area Need	113 – 166
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	APPENDICES	
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B	Related Project Costs	25
C	Project Status and Completion Schedule	26
D	Cost/Space Requirements	27

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

Applicant /Co-Applicant Identification

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

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

The Applicant is **Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing**. The entity is the owner and operating entity for the existing facility. The sole corporate member is **The Washington and Jane Smith Home d/b/a Smith Senior Living**, and as such is considered a Co-Applicant. The entities' Illinois Certificates of Good Standing are appended as **ATTACHMENT-1A**.

ATTACHMENT-1



To all to whom these Presents Shall Come, Greeting:

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

WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 02, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of AUGUST A.D. 2017 .

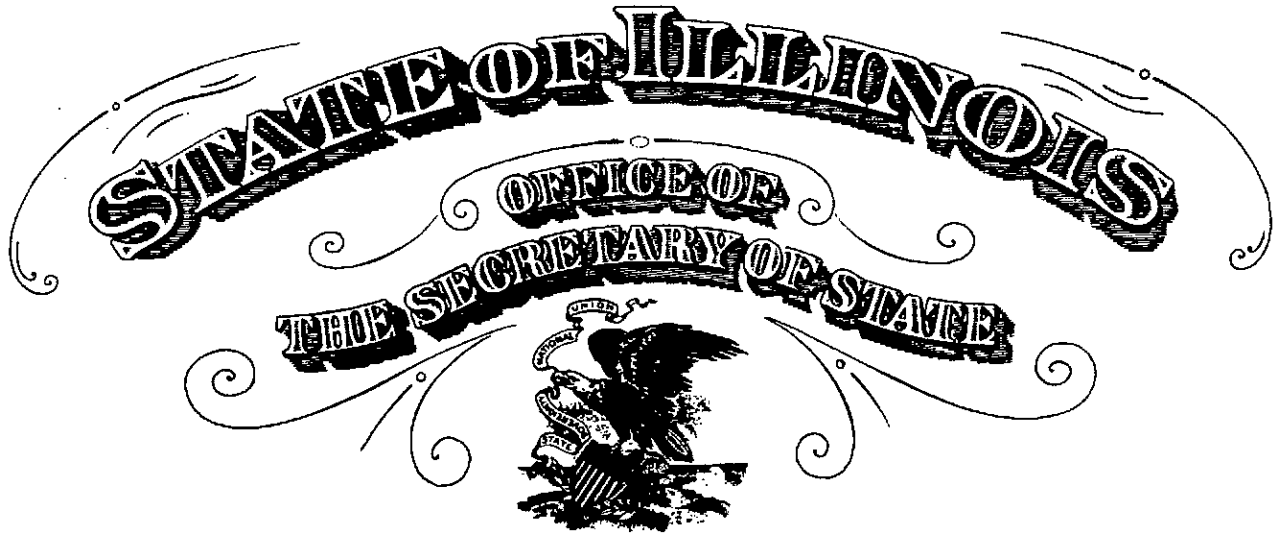


Authentication #: 1723001398 verifiable until 08/18/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A



To all to whom these Presents Shall Come, Greeting:

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

THE WASHINGTON AND JANE SMITH HOME, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 15, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of AUGUST A.D. 2017 .



Authentication #: 1723001458 verifiable until 08/18/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

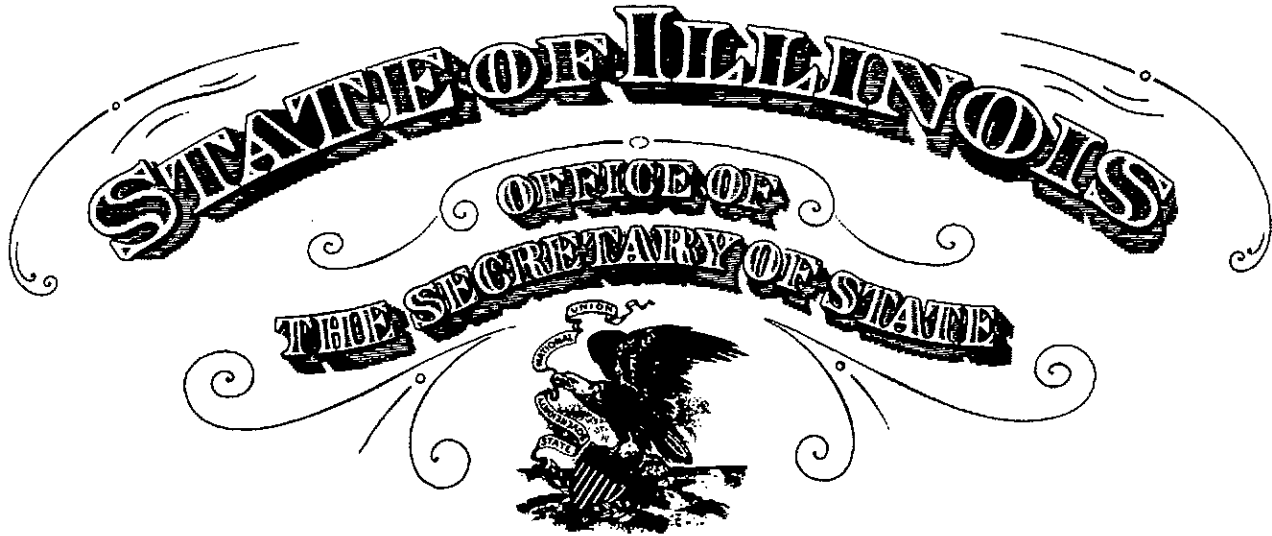
Continued ii

Site Ownership

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

The owner of the existing building and site is **Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing**. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-2A**. As an existing ongoing business, the legal description of the project's site is appended within the Certificate of Status of Exempt Property and the Certificate Regarding Survey of the Bond Financed Property, appended as **ATTACHMENT-2B**.

ATTACHMENT-2



To all to whom these Presents Shall Come, Greeting:

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

WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 02, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of AUGUST A.D. 2017 .



Authentication #: 1723001398 verifiable until 08/18/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-2A

Certificate of Status of Exempt Property

IMPORTANT: Failure to file shall constitute cause to terminate the exemption. This should be completed and returned prior to January 31st to: **Will County - Supervisor of Assessments, 302 N. Chicago Street, Joliet, IL 60432.**

Describe change in ownership and property affected: NONE
(If none, state NONE.) Use attachment if necessary.

Date ownership changed: N/A
Month / Day / Year

Describe change in use and property affected: (Be specific.) NONE
(If none, state NONE.) Use attachment if necessary.

Date use changed: N/A
Month / Day / Year

Is any of this property leased? (yes or no) NO
If yes, attach copies of any lease agreements not previously submitted.

If marked, this office is requesting you to provide a copy of each of your original Certificate of Exemption issued by the Department of Revenue. Attach and return a copy with this document.

*** I hereby certify this to be a true and correct reporting of the facts concerning these properties. ***

Signature: X Rafael J. Mauer CHIEF FINANCIAL OFFICER
Owner or Authorized Representative Title
773) 474-7350 12/19/2016
Phone Number Date

Permanent Parcel Number(s):

19-09-05-201-001-0000

WJS CMNTY-ORLAND PARK
% SMITH SENIOR LIVING
2320 W 113TH PL STE 1335
CHICAGO IL

60643

In accordance with PROPERTY TAX CODE 35 ILCS 200 TITLE #4 / Article 15 this Certification is hereby submitted. As title holder or as the beneficial owner of the rights to the properties identified below, it is hereby declared that as of January 1, 2017, there has not been a change in the ownership or use of the properties since the initial issuance of the Certification of Exemption by the Illinois Department of Revenue, except as noted.

108 ASTG

ATTACHMENT-2B

CERTIFICATE REGARDING SURVEY OF THE BOND FINANCED PROPERTY

Illinois Finance Authority
Chicago, Illinois

FirstMerit Bank, N.A.
Chicago, Illinois

Wells Fargo Bank, National Association,
as Bond Trustee
Chicago, Illinois

First Midwest Bank
Chicago, Illinois

The Bank of New York Mellon Trust
Company, N.A., as Master Trustee
Chicago, Illinois

Jones Day
Chicago, Illinois

Quarles & Brady LLP
Madison, Wisconsin


This certificate is delivered in accordance with two Loan Agreements, each dated as of November 1, 2013 (the "Loan Agreements"), between the Illinois Finance Authority (the "Authority") and Washington and Jane Smith Community-Orland Park (the "Corporation"). Certain terms used herein are defined in the Master Trust Indenture dated as of November 1, 2003, between the Corporation and The Bank of New York Mellon Trust Company, N.A., as successor master trustee (the "Master Trustee"), as previously supplemented and amended and as supplemented and amended by the Third Supplemental Master Trust Indenture dated as of November 1, 2013 (collectively, the "Master Indenture") between the Corporation and the Master Trustee.

The undersigned, Kevin McGee, hereby certifies on behalf of the Corporation that:

1. He is the President and Chief Executive Officer of the Corporation and, as such officer, he is familiar with the properties, affairs and records of the Corporation.
2. The plat of survey of the Land owned by the Corporation dated June 29, 2011, indicating the location of the existing Facilities of the Corporation prepared by Donald L. Johnson, IL PLS No. 035-003329 (the "Survey"), is true, complete and correct in all material respects as of the date hereof.
3. Since the date of the Survey there have been no new structures or changes as to any encroachments, overlaps, unrecorded easements or other new matters, including additional improvements, which a current update of the Survey would disclose, except encroachments, overlaps or unrecorded easements of the type described in subparagraphs (f) and (h) of the definition of Permitted Encumbrances contained in the Master Indenture.

DATED this 8th day of November, 2013.

WASHINGTON AND JANE SMITH COMMUNITY-
ORLAND PARK

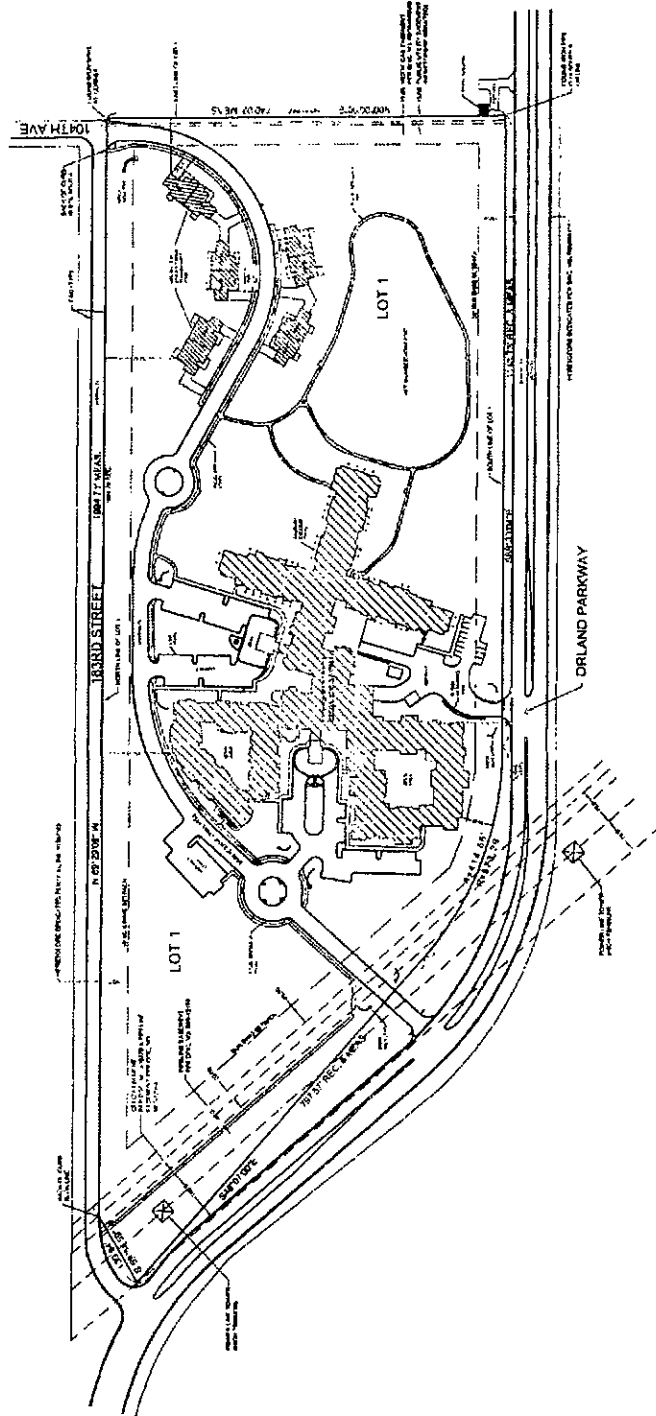
By: 
Treasurer and Chief Financial Officer

ATTACHMENT-2B

ALTA/ACSM LAND TITLE SURVEY

LOT 1 IS BOUNDARIED AS SHOWN. A SUBDIVISION OF ALL THAT PART OF THE UNDIVIDED QUARTERS INTERSECTION OF THE NORTH LINE OF ORLAND PARKWAY AND THE EAST LINE OF BRAD STREET, BEING 1/4 SECTION 16, TOWNSHIP 14 NORTH, RANGE 11 EAST OF THE 10TH MERIDIAN, NEBRASKA, ACCORDING TO THE PLAT THEREOF RECORDED IN PLAT COUNTY RECORDS, BOOK 100, PAGE 100.

DATE OF SURVEY: 08/11/2011



- REMARKS:**
1. ACCORDING TO FIRM FLOOD ELEVATIONS, THIS SITE IS LOCATED IN FLOOD ZONE "C".
 2. CONVEYANCE OF THIS PROPERTY TO ANY OTHER PARTY SHALL BE VOID WITHOUT THE SIGNATURE OF THE SURVEYOR.
 3. ACCORDING TO THE RECORDS OF PLAT AND PLAT COUNTY RECORDS, THIS SITE IS BOUND TO BE USED FOR RESIDENTIAL PURPOSES.
 4. THIS SURVEY IS SUBJECT TO ALL EASEMENTS, RIGHTS, AND INTERESTS SHOWN ON THE PLAT AND RECORDS.
 5. THIS SURVEY IS SUBJECT TO ALL EASEMENTS, RIGHTS, AND INTERESTS SHOWN ON THE PLAT AND RECORDS.
 6. THIS SURVEY IS SUBJECT TO ALL EASEMENTS, RIGHTS, AND INTERESTS SHOWN ON THE PLAT AND RECORDS.
 7. THIS SURVEY IS SUBJECT TO ALL EASEMENTS, RIGHTS, AND INTERESTS SHOWN ON THE PLAT AND RECORDS.
 8. THIS SURVEY IS SUBJECT TO ALL EASEMENTS, RIGHTS, AND INTERESTS SHOWN ON THE PLAT AND RECORDS.

BY THE SURVEYOR: [Signature]
 TITLE: SURVEYOR
 STATE OF NEBRASKA
 EXPIRES: 08/11/2011

NO. OF PAGES	10
NO. OF SHEETS	10
DATE OF SURVEY	08/11/2011
DATE OF PLAT	08/11/2011
DATE OF RECORDING	08/11/2011
DATE OF CLOSURE	08/11/2011

ATTACHMENT-2B

MOONOUGH ASSOCIATES INC.
 1000 S. 10TH STREET
 LINCOLN, NE 68502
 (402) 441-1000

ENDORSEMENT
ISSUED BY

First American Title Insurance Company

Attached to Policy No. NCS-49504A-1-MKE

DATE DOWN ENDORSEMENT 1

1. Schedule A of the above Policy is hereby amended as follows:

- a. The effective date of the Policy is hereby extended from May 31, 2011 to November 22, 2013 at 12:18 p.m..
- b. The Name of Insured shown in Schedule A is hereby amended to read:
The Bank of New York Mellon Trust Company, N.A., as Master Trustee, its successors and/or assigns as their interests may appear.
- c. The description of the mortgage in Schedule A is hereby amended as follows:

Mortgage and Security Agreement dated November 1, 2003 and recorded November 26, 2003 as document R2003-292706 made by Washington and Jane Smith Community-Orland Park, an Illinois not-for-profit corporation to J.P. Morgan Trust Company, National Association, as Master Trustee, to secure Obligations in the amount of \$50,000,000.00.

Amendment to Mortgage and Security Agreement dated as of February 11, 2011 and recorded May 20, 2011 as document R2011-048378 and re-recorded May 31, 2011 as document R2011-050689 made by Washington and Jane Smith Community-Orland Park, an Illinois not-for-profit corporation to The Bank of New York Mellon Trust Company, N.A., as Master Trustee, successor in interest to J.P. Morgan Trust Company, National Association.

Second Amendment to Mortgage and Security Agreement dated as of June 30, 2011 and recorded July 6, 2011 as document R2011-062269 made by Washington and Jane Smith Community-Orland Park, an Illinois not-for-profit corporation to The Bank of New York Mellon Trust Company, N.A., as Master Trustee, successor in interest to J.P. Morgan Trust Company, National Association.

Third Amendment to Mortgage and Security Agreement dated as of November 1, 2013 and recorded November 22, 2013 as document R2013-133891 made by Washington and Jane Smith Community-Orland Park, an Illinois not-for-profit corporation to The Bank of New York Mellon Trust Company, N.A., as Master Trustee, successor in interest to J.P. Morgan Trust Company, National Association.

2. Schedule B of the above Policy is hereby amended by modifying/adding the following:

1. Taxes for the year(s) 2013 and subsequent years.

Total taxes for the year 2012 were not billed.

Permanent Index Number: 19-09-05-201-001-0000

19. Rights or claims of parties in possession not shown by the public records subsequent to May 31, 2011.

20. Any lien, or right to a lien for services, labor or material heretofore or hereafter furnished, imposed by law and not shown by the public records, including tenant improvements, arising subsequent to May 31, 2011.

21. UCC Financing Statement: Debtor: Washington and Jane Smith Community-Orland Park; Secured Party: The Bank of New York Mellon Trust Company, N.A., as Master Trustee; Filed November 22, 2013 as Instrument No. U2013-133892.

3. Endorsement F.A. Form 61 (Pending Disbursements) is hereby deleted from the Policy.

This endorsement does not insure against loss or damage, and the Company will not pay costs, attorneys' fees or expenses, by reason of any claim which arises out of the transaction creating the Modification, by reason of the operation of federal bankruptcy, state insolvency, or similar creditors' rights laws, that is based on:

- (1) the Modification being deemed a fraudulent conveyance or fraudulent transfer;
or
- (2) the subordination of the Interest of the insured mortgagee as a result of the application of the doctrine of equitable subordination because of the Modification; or
- (3) the Modification being deemed a preferential transfer except where the preferential transfer results from the failure:
 - (a) to timely record the instrument of transfer; or
 - (b) of such recordation to impart notice to a purchaser for value or a judgment or lien creditor.

This endorsement is issued as part of the policy. Except as it expressly states, it does not (i) modify any of the terms and provisions of the policy, (ii) modify any prior endorsements, (iii) extend the Date of Policy, or (iv) increase the Amount of Insurance. To the extent a provision of the policy or a previous endorsement is inconsistent with an express provision of this endorsement, this endorsement controls. Otherwise, this endorsement is subject to all of the terms and provisions of the policy and of any prior endorsements.

F.A. Special
Lack of Signatures

ENDORSEMENT

Attached to Policy No. NCS-49504A-1-MKE

Issued By

First American Title Insurance Company

The Company hereby assures the Insured that the Company will not deny liability under the policy or any endorsements issued therewith solely on the grounds that the policy and/or endorsement(s) were issued electronically and/or lack signatures in accordance with Paragraph (c) of the Conditions.

This endorsement is issued as part of the policy. Except as it expressly states, it does not (i) modify any of the terms and provisions of the policy, (ii) modify any prior endorsements, (iii) extend the Date of Policy, or (iv) increase the Amount of Insurance. To the extent a provision of the policy or a previous endorsement is inconsistent with an express provision of this endorsement, this endorsement controls. Otherwise, this endorsement is subject to all of the terms and provisions of the policy and of any prior endorsements.

First American Title Insurance Company



Dennis J. Gilmore
President



Timothy Kemp
Secretary



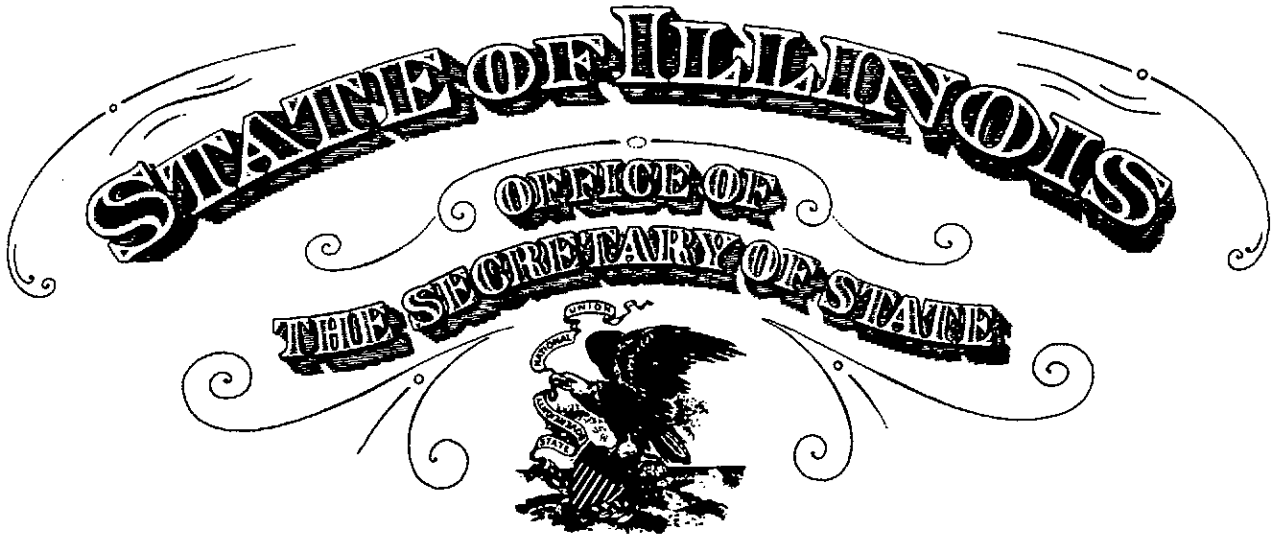
SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
Continued III

Operating Identity/Licensee

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.

The operator/Licensee of the existing Smith Crossing is **Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing**. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A**. The sole corporate member is **The Washington and Jane Smith Home d/b/a Smith Senior Living**, and as such is considered a Co-Applicant. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3B**.

ATTACHMENT-3



To all to whom these Presents Shall Come, Greeting:

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

WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 02, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of AUGUST A.D. 2017 .



Authentication #: 1723001398 verifiable until 08/18/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-3A



To all to whom these Presents Shall Come, Greeting:

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

THE WASHINGTON AND JANE SMITH HOME, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 15, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of AUGUST A.D. 2017 .



Authentication #: 1723001458 verifiable until 08/18/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-3B

SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Continued iv

Organizational Relationships

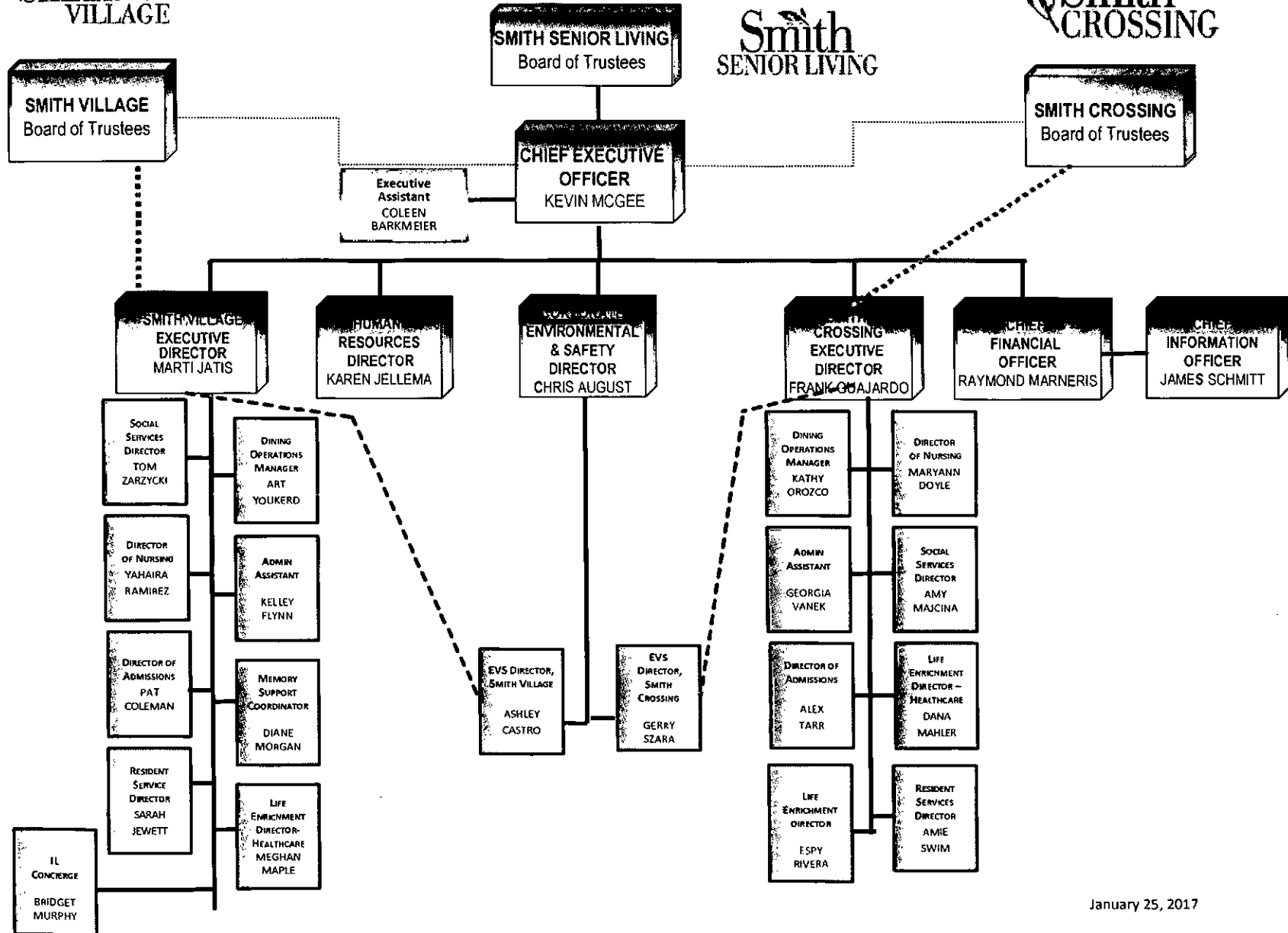
Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

The Applicant is **Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing**. This entity is the owner and operating entity for the existing facility. The sister entity, **The Washington and Jane Smith Community – Beverly d/b/a Smith Village**, also has a campus setting with a nursing unit. The sole corporate member of both entities is **The Washington and Jane Smith Home, d/b/a Smith Senior Living**. A complete organizational chart is appended as **ATTACHMENT-4A**.

ATTACHMENT-4



Smith Senior Living



SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

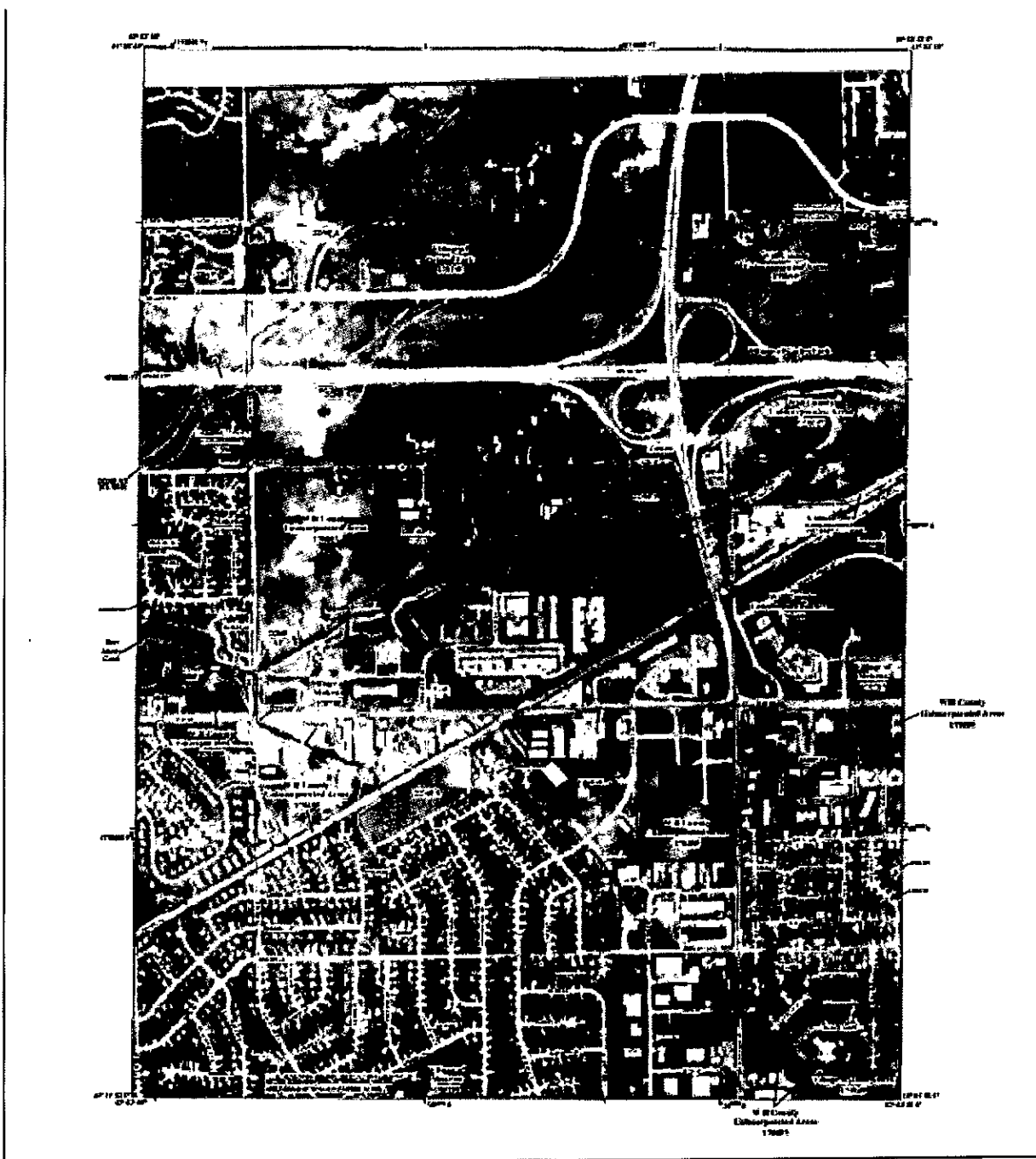
Continued v

Flood Plain Requirements

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

In compliance with this item, appended as **ATTACHMENT-5A**, is a floodplain map as produced through www.FEMA.gov. The Applicant proposes to increase its licensed nursing capacity through the construction of new square footage. As an existing improved parcel the addition will be built in compliance with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. Through the signing of this application, the Applicant attests that the proposed project will comply with the requirements of the aforementioned executive order. Appended as **ATTACHMENT-5B**, is a letter from the Project's Civil Engineers documenting compliance with this item.

ATTACHMENT-5



FLOOD HAZARD INFORMATION

THIS MAP REPORT FOR THE REGIONAL FLOOD HAZARD AND FLOOD RISK ASSESSMENT AND RISK ANALYSIS FOR THE SOUTH EASTERN REGION OF THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP) IS A PRODUCT OF THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP) AND IS A PRODUCT OF THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP).

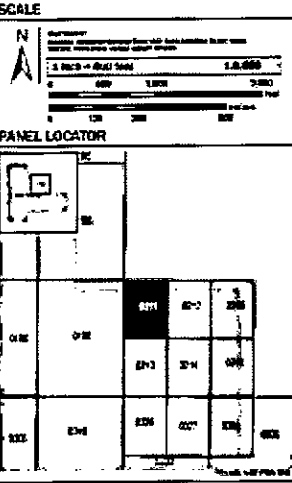
WTP://NFIP.FEMA.GOV

Special Flood Hazard Areas (SFHAs)		Special Flood Hazard Areas (SFHAs)
Flood Hazard Zones (FHZs)		Flood Hazard Zones (FHZs)
Other Flood Hazard Information		Other Flood Hazard Information

NOTES TO USERS

This map is intended to provide information about flood hazards and risks. It is not intended to be used as a basis for insurance underwriting, engineering, or other professional services. The map is a product of the National Flood Insurance Program (NFIP) and is a product of the National Flood Insurance Program (NFIP).

The information on this map is based on the best available data at the time of publication. The map is a product of the National Flood Insurance Program (NFIP) and is a product of the National Flood Insurance Program (NFIP).



FEMMA

National Flood Insurance Program

NATIONAL FLOOD INSURANCE PROGRAM

WIB COUNTY, TENNESSEE

Revised Preliminary 2/1/2017

REVISIONS

NO.	DATE	DESCRIPTION
1	02/01/17	Initial Issue
2	02/01/17	Final Review

Kimley»»Horn

August 25, 2017

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

Attention: Ms. Avery, Administrator

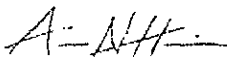
**Re: *Skilled Nursing Short Term Rehabilitation Center
Smith Crossing
10501 Emilie Lane
Orland Park, Illinois 60467***

Dear Ms. Avery,

Please accept this letter as official notice that the Construction Documents to be prepared by Kimley-Horn and Associates, Inc. for the proposed improvements at Smith Crossings shall comply with the requirements set forth within Illinois Executive Order Number 5 (2006) – Construction Activities in Special Flood Hazard Areas. The anticipated site disturbance area shown in the plans will be located outside of the floodplain.

If you have any questions or require any additional information, please contact me at 630-487-5553.

Sincerely,



Andrew N. Heinen, P.E.
Kimley-Horn and Associates, Inc.
Phone: 630-487-5553
Email: andy.heinen@kimley-horn.com

SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Continued vi

Historic Resources Preservation Act Requirements

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

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

ATTACHMENT-6

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

ONLINE SUBMITTAL

July 20, 2017

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

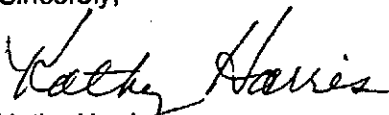
Re: **Smith Crossing**
IHPA LOG# 0203220012HWI

Dear Ms. Leibowitz:

The Applicants are proposing (through the Certificate of Need process) to modernize and expand its existing Long-Term Care facility located at 10501 Emilie Lane, Orland Park, Will County, Illinois. The existing Long-Term Care facility currently contains a 46-bed skilled nursing unit. The proposed expansion will add 42 beds for a total of 88 skilled nursing beds. We are looking to update the above referenced IHPA Log dated April 1, 2002 (**Exhibit I**). Also, enclosed for your convenience is a site layout of the entire Continuum of Care Retirement Community (CCRC) (**Exhibit II**).

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

Sincerely,


Kathy Harris

Enclosures

Office: 217/544-1551

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



Fax: 217/544-3615

ATTACHMENT-6A



**Illinois Historic
Preservation Agency**

1 Old State Capitol Plaza • Springfield, Illinois 62701-1507 • (217) 782-4836 • TTY (217) 524-7128

Will County
Orland Park
183rd st. & 104th Ave
Retirement Community

Please refer to: IHPA LOG #0203220012HWI

April 1, 2002

Mr. John P. Kniery
Charles H. Foley & Associates, Inc.
1638 South MacArthur Boulevard
Springfield, IL 62704

Dear Sir:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that this project, as proposed, will have no effect on any Historic Properties. We, therefore, have no objection to the undertaking proceeding as planned.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act, as amended.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

AEH:EGH:jrm

ATTACHMENT-6A

CHARLES H. **FOLEY & ASSOCIATES** INC.

1638 South MacArthur • Springfield, Illinois 62704
217/544/1551 • Fax: 217/544-3615 • E-mail: foley.associates@mcleodusa.net

SENT VIA FACSIMILE AND U.S. MAIL

March 19, 2002

Anne E. Haaker
Deputy State Historic Preservation Officer
Preservation Services Division
Illinois Historic Preservation Agency
Old State Capitol
Springfield, Illinois 62701

Dear Ms. Haaker:

Washington Jane Smith Community-Orland Park d/b/a Smith Crossing is proposing the establishment of a continuum of care retirement community to be located in Orland Park, Will County, Illinois. The required information is as follows:

- a. Project description is appended as **EXHIBIT I**.
- b. Topographic or metropolitan map: See **EXHIBIT II** for the enclosed map.
- c. Photographs of any standing building/structures: Please note that the subject property is vacant farmland and, thus, no photographs of any standing buildings/structures are necessary.
- d. Building address: 183rd Street & 104th Avenue
Legal description: See **EXHIBIT III**.
- e. The property consists of approximately 32 acres.
- f. Other state agencies involved: The Illinois Department of Public Health for Certificate of Need and licensing.



Health Care Consulting

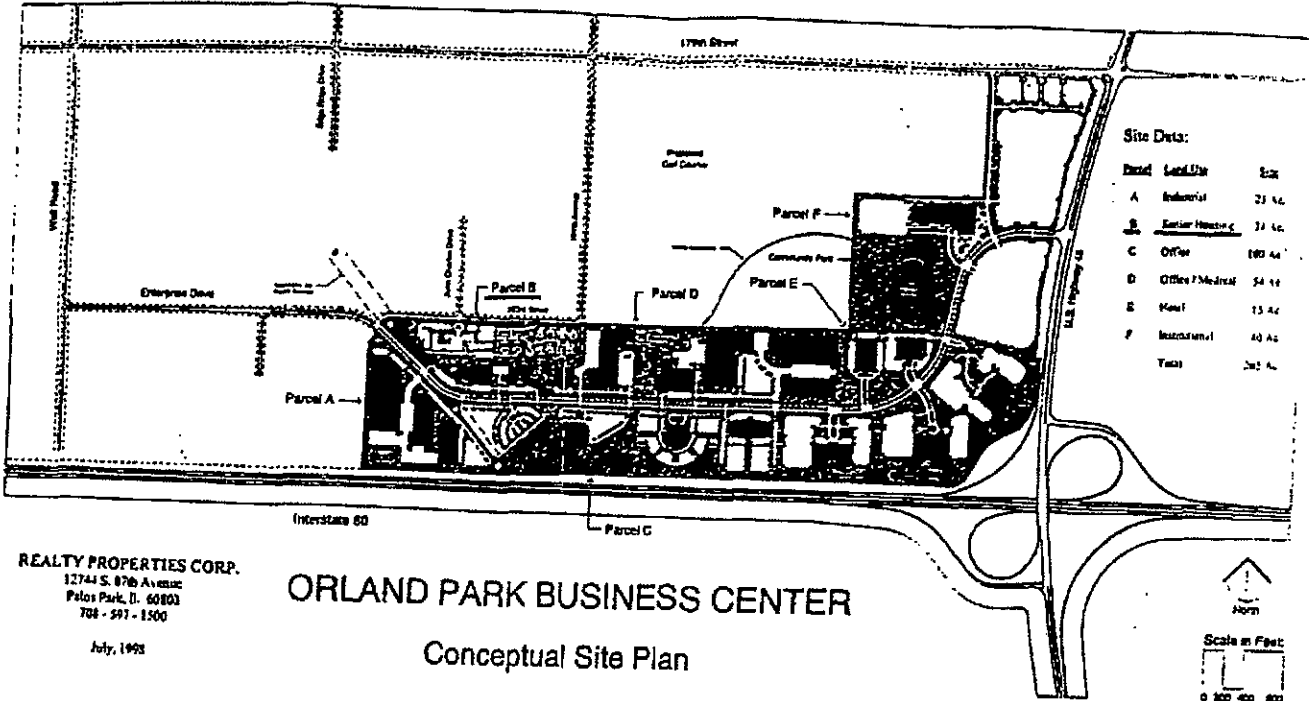
ATTACHMENT-6A

**Smith Crossing
Project Description**

The Continuum Care Retirement Community is expected to include a total of 162 units in one contiguous building: 84 independent living apartments, 30 standard assisted living units, 18 assisted living units with "memory support" (special care services for residents suffering from dementia and Alzheimer's), and 30 skilled nursing care units. In addition, there will be 16 independent living duplexes in eight buildings located on the Property.

~~EXHIBIT I~~

ATTACHMENT-6A



REALTY PROPERTIES CORP.
 12744 S. 87th Avenue
 Palos Park, IL 60803
 708 - 597 - 1500

July, 1998

ORLAND PARK BUSINESS CENTER

Conceptual Site Plan

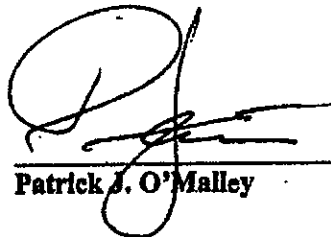
STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

AFFIDAVIT OF TITLE

The undersigned (hereinafter called Seller), being first duly sworn, on oath deposes and says that Seller is the true and lawful owner of premises in Orland Park, Cook County, Illinois, known as 10401 West 183rd Street, and legally described in Report of Title No. 1355248 of Chicago Title Insurance Company, states as follows:


That no agreement or contract for conveyance, or deed, or conveyance, or writing whatsoever, is in existence adversely affecting the title to said premises, which did not appear of record on and prior to the date of said Report of Title, excepting (i) a certain contract for the sale of said premises to Washington and Jane Smith Home, an Illinois not-for-profit corporation (hereinafter referred to as Purchaser), in connection with which this affidavit is given, and (ii) a Plat of Dedication for Orland Parkway, other than as specified herein. That no labor or material has been furnished for premises within the last four months, that is not fully paid for. That since the title date of March 3, 1999, in the Report on Title issued, Seller has not done or suffered to be done anything that could in any way affect the title to the premises, and no proceedings have been filed by or against Seller, nor has any judgment or decree been rendered against Seller nor is there any judgment note or other instrument that can result in a judgment or decree against Seller within five days from the date hereof, that could in any way affect the title to the premises. That Seller will surrender up possession of said premises to Purchaser upon closing, all as provided in said sales contract, subject to farm lease with T and I Farms for the Year ending December 31, 1999. That this affidavit is made to induce, and in consideration of, the said Purchaser's consummation of the purchase of the premises.

IN WITNESS WHEREOF, Seller has hereunto set its hand and seal this 6th day of August, 1999.



Patrick J. O'Malley

SUBSCRIBED AND SWORN TO
before me this 6th day of August, 1999.



Notary Public

OFFICIAL SEAL
MARIANNE C VANEK
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. JULY 19, 2002
(Seal)


STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

AFFIDAVIT OF TITLE

The undersigned (hereinafter called Donor), being first duly sworn, on oath deposes and says that Donor is the true and lawful owner of premises in Orland Park, Cook County, Illinois, known as portion of 10401 West 183rd Street, and legally described as Parcel 1 in Report of Title No. 1355248 of Chicago Title Insurance Company, states as follows:

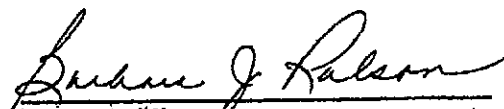
That no agreement or contract for conveyance, or deed, or conveyance, or writing whatsoever, is in existence adversely affecting the title to said premises, which did not appear of record on and prior to the date of said Report of Title, excepting (i) a certain Contribution Agreement for the donation of said premises to Washington and Jane Smith Home, an Illinois not-for-profit corporation (hereinafter referred to as Beneficiary), in connection with which this affidavit is given, and (ii) a Plat of Dedication for Orland Parkway, other than as specified herein. That no labor or material has been furnished for premises within the last four months, that is not fully paid for. That since the title date of March 3, 1999, in the Report on Title issued, Donor has not done or suffered to be done anything that could in any way affect the title to the premises, and no proceedings have been filed by or against Donor, nor has any judgment or decree been rendered against Donor nor is there any judgment note or other instrument that can result in a judgment or decree against Donor within five days from the date hereof, that could in any way affect the title to the premises. That Donor will surrender up possession of said premises to Purchaser at the time of delivering the deed, all as provided in said Contribution Agreement, subject to farm lease with T and I Farms for the Year ending December 31, 1999. That this affidavit is made to induce, and in consideration of, the said Beneficiary's acceptance of the contribution of the premises.

IN WITNESS WHEREOF, Donor has hereunto set its hand and seal this 9th day of August, 1999.



Patrick J. O'Malley

SUBSCRIBED AND SWORN TO
before me this 9th day of August, 1999.



Notary Public



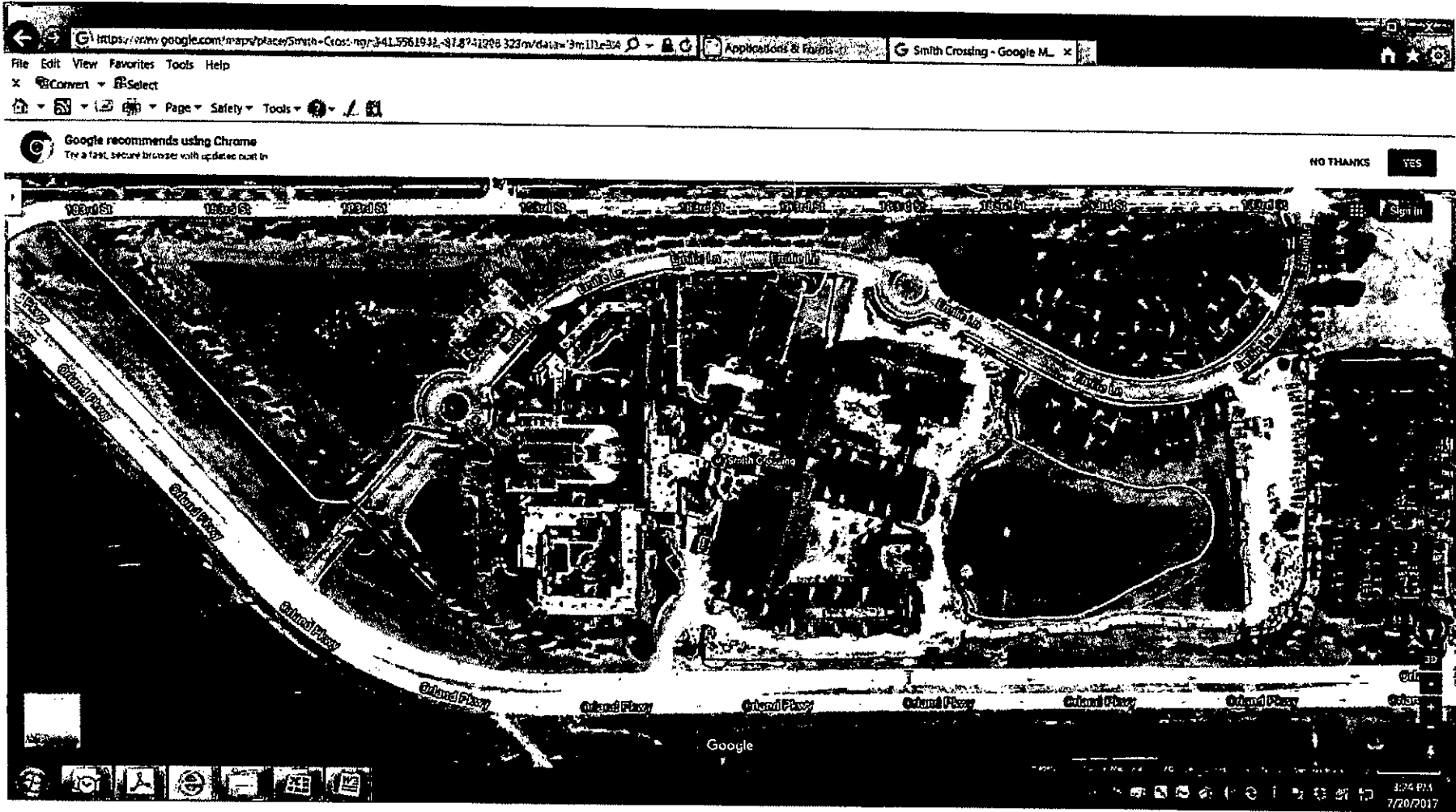
(Seal)

gift parcel

EXHIBIT C

ADJACENT PARCEL

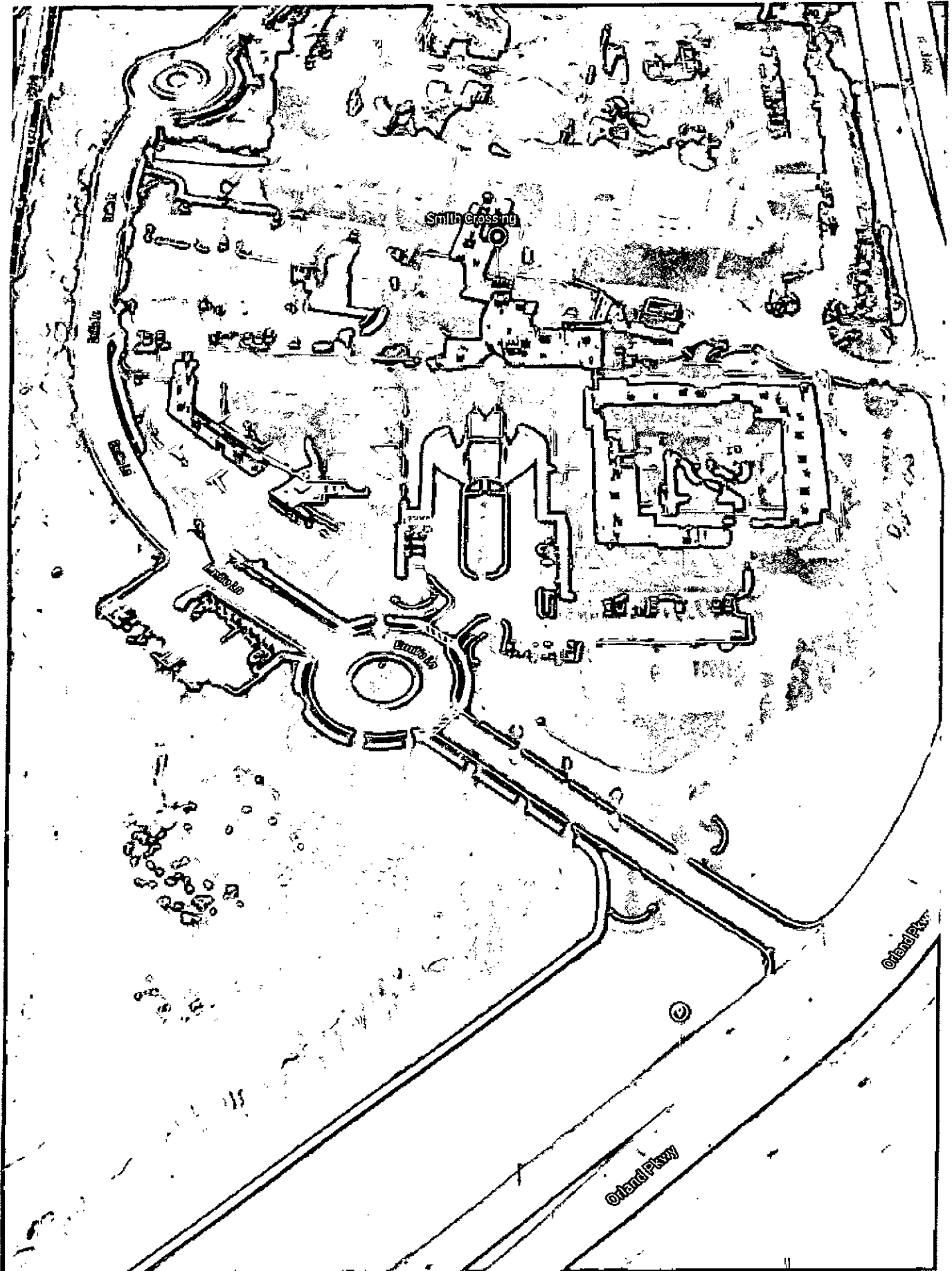
The East 10.00 acres of that part of the Northeast $\frac{1}{4}$ lying Northerly of the premises deeded to the State of Illinois by Warranty Deed recorded June 24, 1966, as Document R66-9111 (commonly known as Interstate 80), and also lying Northerly of the centerline of proposed Enterprise Drive in Orland Park and easterly of the proposed extension of 183rd Street to Enterprise Drive, of Section 5, Township 35 North, Range 12 East of the Third Principal Meridian, in Will County, Illinois.

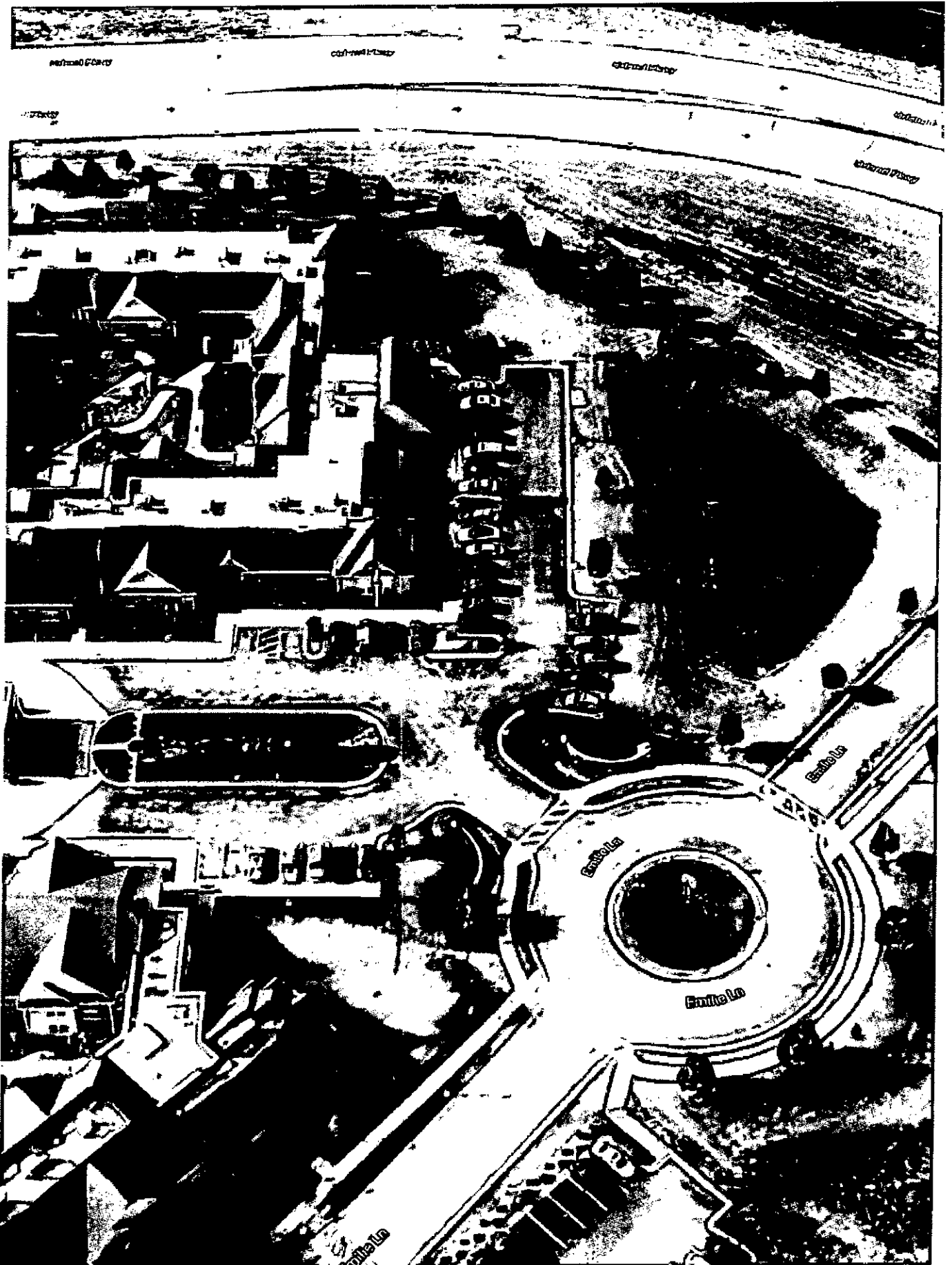


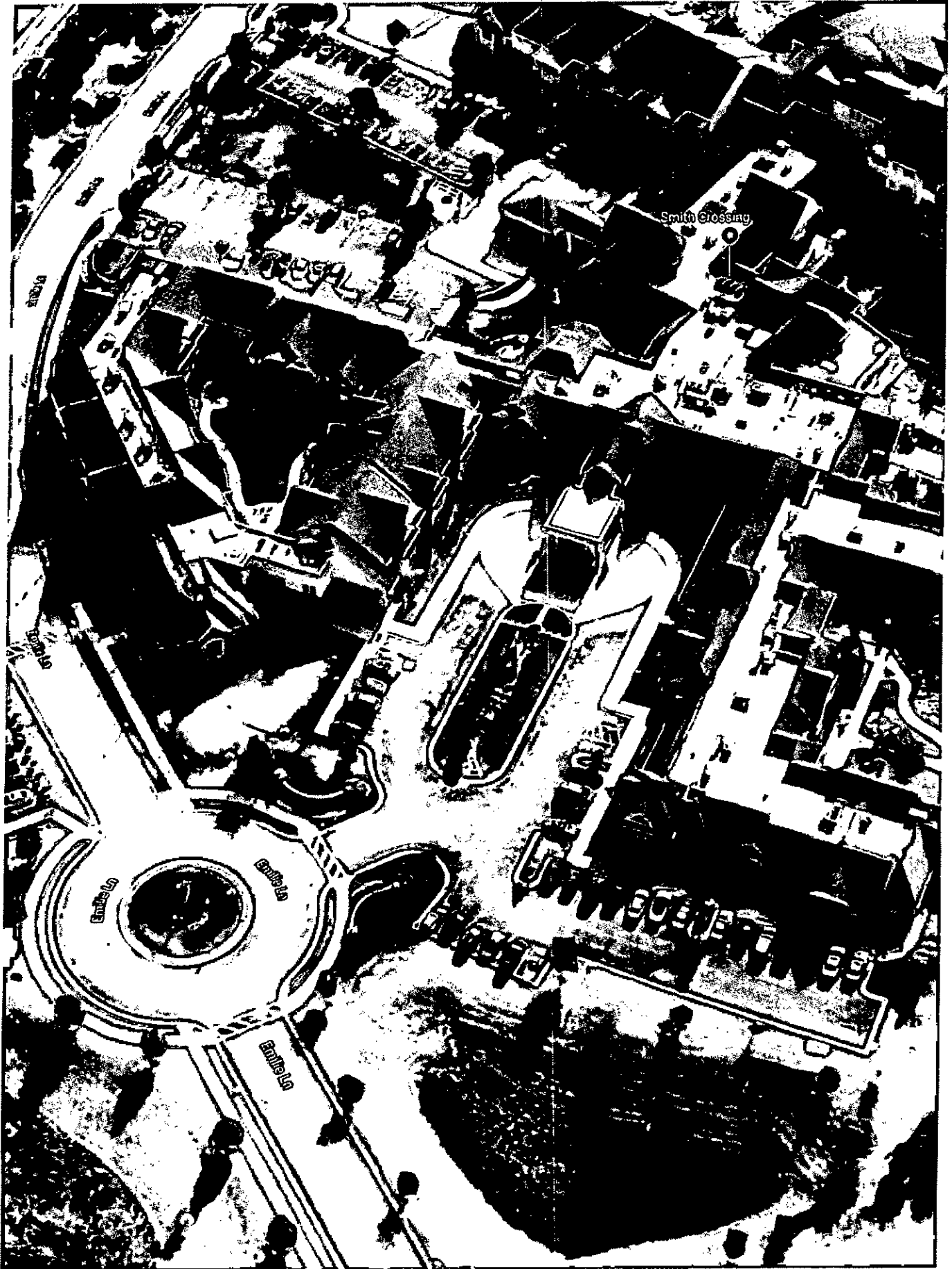
Proposed new construction will be within the red box above.

EXHIBIT II
58

ATTACHMENT-6A







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

Criterion 1125.320 – Purpose of the Project

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

There is an existing need for 42 additional nursing care beds in the Will County Planning Area, Health Service Area (HSA) 9. As the Applicant currently provides services to residents, the proposed project will allow for the expansion of those existing services. Addressing the outstanding need for beds and services under the continuum of an existing health care provider with an existing track record and community footprint provides more certainty that the project will provide health services that improve the healthcare or well-being of the market area population.

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

The market area per the applicant's definition is its existing catchment area. The patient origin of the most recent 18-months admissions to the nursing unit (ending June 30, 2017) illustrate that a 30-minute travel time area is the most inclusive with 94.5 percent of the admissions coming from within the 30-minute travel time contour.

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

Smith Crossing, an existing continuing care retirement community, had 346 admissions to the nursing unit in the 18-months ending June 30, 2017. The issue is that during that same time it had to turn away 2,494 referrals out of 2,878 total referrals. Please note that the difference between admissions and referrals is the number of readmits. Only 13 percent (13.3%) of all admissions are able to be accepted due to beds not being available. Moreover, due to internal need the facility on average keeps three beds on hold to accommodate existing campus residents. It should be known that this is only on an as needed basis, but over the past 18-months

ATTACHMENT-10

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES-INFORMATION REQUIREMENTS *Continued ii*

(January 1, 2016 through June 30, 2017) 1,290 patient days have been held open when an existing campus resident was hospitalized or when the facility was otherwise notified of a forthcoming internal need. Therefore, the existing problem is that there is a need for additional capacity that is complimented by an outstanding need for additional beds and services within the Will County Planning Area.

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

Appended as **ATTACHMENT-10A**, is the Long-Term Care Facility Update (dated May 03, 2017) to the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services for HSA 9, **Will County**.

Appended as **ATTACHMENT-10B**, is the admission data from January 01, 2016 through June 30, 2017 documenting patient origin.

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

Appended as **ATTACHMENT-10D**, is the Smith Crossing Nursing Referral Tracker which identifies total referrals by source, accepted and denied referrals and bed hold days.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

The proposed project is a multi-faceted approach to add to its continuum within its nursing unit. The future of Long-Term Nursing Care is less about short-term rehab of joints and broken limbs and more about the habilitation and rehabilitation of a more acute care patient that would have traditionally been cared for in the hospital setting. This project includes the replacement of its rehabilitation areas into a modern efficient rehab gym that can accommodate a

ATTACHMENT-10

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES-INFORMATION REQUIREMENTS *Continued iii*

greater variety of modalities for therapy, and have therapy offices and private treatment rooms. This project also relocates the nursing administration into a more professional, proficient setting allowing the existing area to be more residential and resident focused. The existing nursing unit will be a more updated transitional and Long-Term Care unit while the expanded unit will be more private (100%) accommodations promoting healing and getting residents back to their homes. All beds will be certified for Medicare and 46 of the beds will be dually certified for Medicare and Medicaid giving this Applicant the greatest flexibility to increase its services to the greatest number of incoming patients. The entire project proposes the orderly modernization and expansion of beds and services within the nursing care continuum. This is how the project will address the internal and external need for nursing beds and services that will also work to improve the area population's well-being.

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

The project's goal is to continue to serve and provide General Long-Term Care services to the geriatric population within the project's catchment area. The goal will be measured by the Applicant's ability to continue to fill its beds to the State's optimal use rate.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

The existing nursing unit was built in 2005 with 30 nursing beds and 16 assisted living beds. In 2012, because of the high demand for nursing beds, the 16 assisted living beds were approved by the Board for conversion to nursing beds, bringing the licensed capacity to the existing 46 beds. Inherently, through the connection of the two buildings, there will be modernization involved. This project is addressing the unmet bed need and the corresponding deflected referrals that Smith Crossing cannot accept due to existing utilization. The

ATTACHMENT-10

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES-INFORMATION REQUIREMENTS *Continued iv*

modernization is not for updating of the existing building as the current nursing unit is in compliance with Life Safety and State building codes in its modern environment. The modernization is a result of connecting the proposed addition to the existing nursing unit. Specifically, the direct area of the connection will take out a nurses charting room. Adjacent to that is a resident lounge/activity space which will be opened up as not to be closed off to the new connection corridor. The existing PT/OT will be converted in-part to a salon and the balance into expanded storage. Finally, the entire space will received light renovations to tie the entire nursing space together along with painting and overall general upkeep of the entire space which will also continue.

ATTACHMENT-10

LONG-TERM CARE FACILITY UPDATES

5/3/2017

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3651	3309	342
Planning Area 7-B	5566	6168	(602)
Planning Area 7-C	5913	6011	(98)
Planning Area 7-D	2462	2892	(430)
Planning Area 7-E	7495	8513	(1018)
HEALTH SERVICE AREA 8			
Kane	2705	2934	(229)
Lake	3653	3979	(326)
McHenry	1060	1095	(35)
HEALTH SERVICE AREA 9			
Grundy	292	265	27
Kankakee	973	989	(16)
Kendall	313	185	128
Will	2931	2889	42
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1219	(142)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)
LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED			
HSA 1	249	333	(84)
HSA 2	239	224	15
HSA 3	206	352	(146)
HSA 4	304	128	176
HSA 5	206	208	(2)
HSA 6, 7, 8, 9	3161	1081	2080
HSA 10	74	32	42
HSA 11	215	288	(73)

Smith Crossing
Admissions
01/01/2016 through 06/30/2017

First Initial	Last Initial	Billing Zip Code	# Admits
J	C	33436	1
E	M	36542	1
G	T	46311	1
M	I	46319	1
H	B	46383	1
J	K	60403	1
R	S	60417	
K	A	60417	
M	W	60417	3
J	D	60421	1
R	L	60422	
C	B	60422	2
G	A	60423	
D	L	60423	
M	V	60423	
D	B	60423	
R	B	60423	
S	N	60423	
E	R	60423	
D	H	60423	
M	L	60423	
A	H	60423	
S	G	60423	
C	M	60423	
S	G	60423	
D	L	60423	
B	G	60423	15
E	W	60428	1
E	F	60429	1
V	P	60430	
V	P	60430	2
J	N	60441	
J	N	60441	
M	C	60441	
G	R	60441	
J	W	60441	5
M	B	60442	1
L	S	60443	1
D	L	60445	
K	G	60445	2
M	W	60446	1
R	A	60448	
P	W	60448	
L	I	60448	
V	H	60448	
R	B	60448	
W	M	60448	
C	G	60448	
S	F	60448	
S	D	60448	

Sub-Total 41

First Initial	Last Initial	Billing Zip Code	# Admits
B	J	60448	
J	M	60448	
F	H	60448	12
O	L	60449	
O	L	60449	
G	C	60449	3
R	D	60451	
C	W	60451	
W	W	60451	
W	G	60451	
G	B	60451	
M	T	60451	
G	O	60451	
C	W	60451	
R	S	60451	
R	N	60451	
N	E	60451	11
T	A	60452	
S	S	60452	
J	L	60452	
J	S	60452	
J	S	60452	
K	T	60452	
M	H	60452	
A	C	60452	
P	W	60452	
E	L	60452	10
B	P	60453	
G	C	60453	
J	S	60453	
M	H	60453	
G	C	60453	5
P	G	60461	
I	H	60461	
S	G	60461	3
I	L	60462	
J	M	60462	
C	N	60462	
R	M	60462	
J	W	60462	
L	W	60462	
M	P	60462	
C	P	60462	
P	B	60462	
G	L	60462	
I	S	60462	
R	M	60462	
J	O	60462	
C	N	60462	
J	O	60462	

Sub-Total 44

First Initial	Last Initial	Billing Zip Code	# Admits
B	T	60462	
J	H	60462	
S	P	60462	
M	W	60462	
J	G	60462	
S	S	60462	
R	L	60462	
E	M	60462	
J	A	60462	
T	M	60462	
M	F	60462	
R	M	60462	
S	M	60462	
L	B	60462	
B	M	60462	
S	B	60462	
L	K	60462	32
K	G	60463	
F	S	60463	
B	K	60463	
J	A	60463	4
C	S	60464	
M	H	60464	
M	M	60464	3
E	W	60465	
H	T	60465	2
V	T	60466	1
D	L	60467	
J	W	60467	
G	O	60467	
E	R	60467	
E	C	60467	
A	S	60467	
M	S	60467	
J	B	60467	
G	C	60467	
P	H	60467	
J	W	60467	
L	P	60467	
B	C	60467	
B	S	60467	
E	S	60467	
G	O	60467	
E	R	60467	
M	D	60467	
R	K	60467	
M	L	60467	
S	S	60467	
B	H	60467	
J	B	60467	

Sub-Total 42

Smith Crossing
Admissions
01/01/2016 through 06/30/2017

First Initial	Last Initial	Billing Zip Code	# Admits
P	H	60467	
J	R	60467	
E	S	60467	
J	R	60467	
J	K	60467	
J	S	60467	
J	R	60467	
R	H	60467	
L	F	60467	
H	W	60467	
L	D	60467	
J	K	60467	
S	C	60467	
C	S	60467	
P	E	60467	
R	K	60467	
J	R	60467	
E	R	60467	
J	A	60467	
P	J	60467	
S	O	60467	
R	S	60467	
R	C	60467	
J	B	60467	
J	P	60467	
G	H	60467	
D	D	60467	
J	R	60467	
R	E	60467	
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P	B	60467	
J	W	60467	
C	H	60467	
M	K	60467	
W	K	60467	
P	K	60467	
C	D	60467	
M	D	60467	
G	D	60467	
E	N	60467	
J	B	60467	
S	B	60467	
L	P	60467	
E	K	60467	
D	K	60467	
W	R	60467	
C	A	60467	
P	H	60467	
G	B	60467	
R	L	60467	

Sub-Total 0

First Initial	Last Initial	Billing Zip Code	# Admits
R	Z	60467	
G	C	60467	
V	R	60467	
L	M	60467	
M	M	60467	
H	P	60467	
P	E	60467	
D	B	60467	
L	H	60467	
L	M	60467	
M	P	60467	
N	O	60467	
G	M	60467	
V	J	60467	
J	M	60467	
M	B	60467	
J	P	60467	
M	H	60467	
R	H	60467	
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D	H	60467	
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E	W	60467	
W	K	60467	
C	P	60467	
J	W	60467	
L	P	60467	
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T	C	60467	
L	M	60467	
R	K	60467	
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E	K	60467	
L	P	60467	
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E	O	60467	
J	B	60467	
G	S	60467	
G	M	60467	
A	R	60467	
M	R	60467	
W	F	60467	
L	J	60467	
T	C	60467	
F	K	60467	
J	K	60467	
H	C	60467	

Sub-Total 0

First Initial	Last Initial	Billing Zip Code	# Admits
C	H	60467	
B	W	60467	
M	M	60467	
B	F	60467	
J	K	60467	
O	R	60467	
G	C	60467	
C	H	60467	
G	M	60467	
A	R	60467	
H	C	60467	
R	R	60467	
J	F	60467	
B	J	60467	
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M	B	60467	
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M	W	60467	
J	S	60467	
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A	G	60467	
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D	L	60467	
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A	G	60467	
L	P	60467	
L	C	60467	
L	C	60467	
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G	W	60467	
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H	O	60467	
P	E	60467	
A	I	60467	
G	M	60467	
R	C	60467	
S	C	60467	
D	T	60467	
E	O	60467	
A	D	60467	
R	E	60467	
G	K	60468	167
H	K	60473	1
C	H	60473	2
D	S	60477	
N	S	60477	
I	B	60477	

Sub-Total 170

Smith Crossing
Admissions
01/01/2016 through 06/30/2017

First Initial	Last Initial	Billing Zip Code	# Admits
M	T	60477	
M	S	60477	
M	D	60477	
M	W	60477	
L	H	60477	
L	W	60477	
H	C	60477	
I	F	60477	
S	P	60477	
H	J	60477	
K	D	60477	
L	M	60477	
K	H	60477	
E	H	60477	23
A	M	60480	1
J	M	60487	
D	D	60487	
R	M	60487	
J	S	60487	
N	E	60487	
G	H	60487	
J	G	60487	
R	G	60487	
N	A	60487	
J	C	60467	
P	C	60487	11
F	S	60527	
M	G	60527	2
L	L	60611	1
V	F	60617	1
K	S	60633	1
M	M	60636	
J	S	60638	2
S	S	60643	1
M	S	60652	1
T	M	60655	1
M	M	60805	1
J	T	60950	1
M	D	82711	1
D	A	85118	1
Subtotal			49

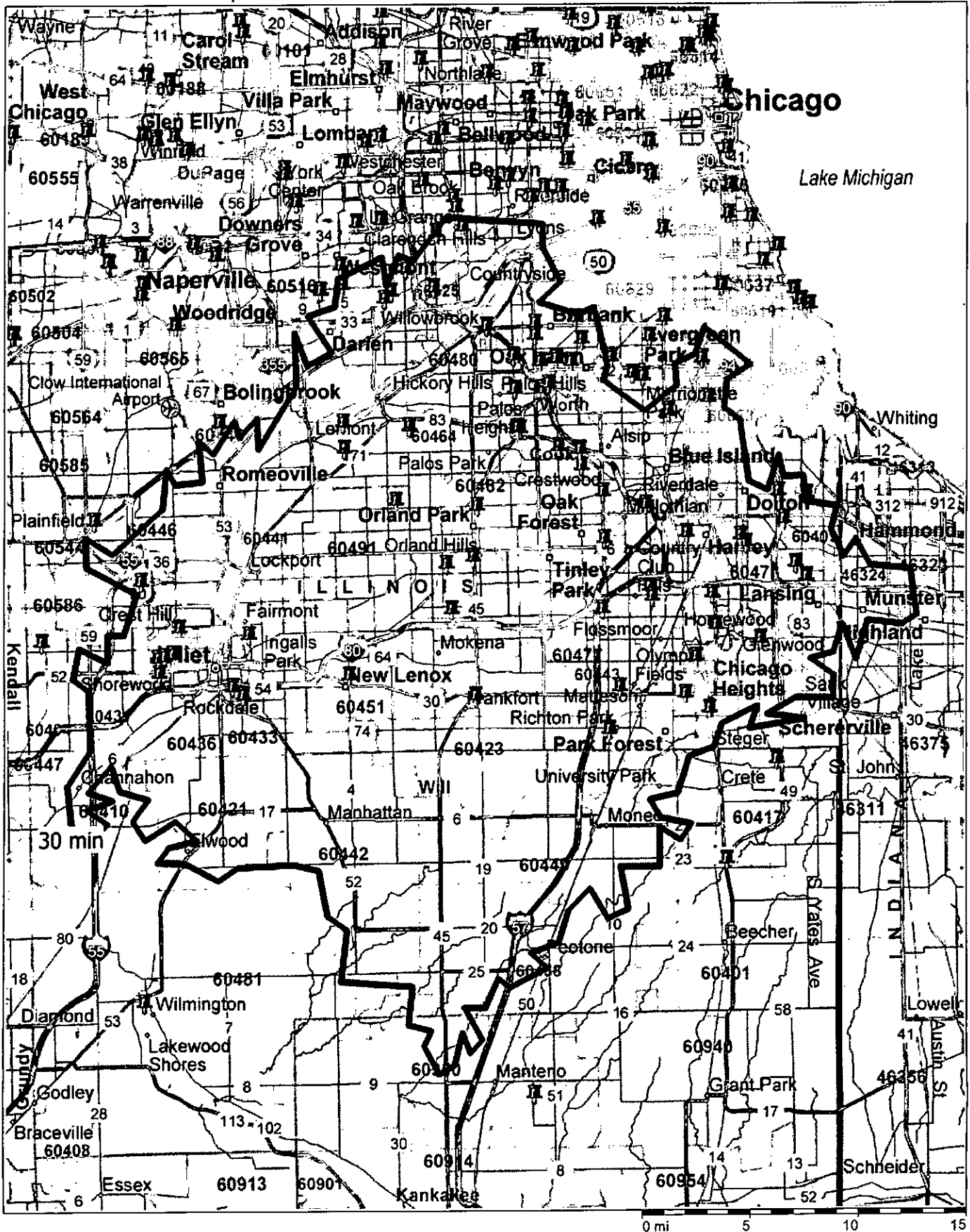
Total 346

30-Minute Zip Codes	# Admits	30-Minute Zip Codes	# Admits
46324	0	60455	0
60403	1	60457	0
60406	0	60458	0
60409	0	60459	0
60411	0	60461	3
60415	0	60462	32
60419	0	60463	4
60421	1	60464	3
60422	2	60465	2
60423	15	60466	1
60425	0	60467	167
60426	0	60468	1
60428	1	60469	0
60429	1	60471	0
60430	2	60472	0
60431	0	60473	2
60432	0	60476	0
60433	0	60477	23
60435	0	60478	0
60436	0	60480	1
60438	0	60482	0
60439	0	60487	11
60441	5	60491	0
60442	1	60501	0
60443	1	60525	0
60445	2	60527	2
60446	1	60534	0
60448	12	60561	0
60449	3	60643	1
60451	11	60803	0
60452	10	60827	0
60453	5	Sub-Total	253
Sub-Total	74		

Total Admits within 30 Minutes 327

% Admits within 30-Min. 94.5%

MapPoint 30 min drive time contour - Smith Crossing



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Weekly Referrals by Month 01/01/2016 - 05/30/2017

Month	Hospital	Approved	Denied	Bed Holds	Total Census
January 2016					
January 4th	SCH	X		1	38
	Christ		X		
	SCH	X			
	Christ		X		
Tues.	SCH	X		1	39
	SCH		X		
	St. James		X		
	SCH	X			
Wed.	SCH		X	0	39
	Palos		X		
	SCH	X			
	Loyola		X		
	SCH		X		
Thurs.	SCH		X	0	38
	NW	X			
	SCH		X		
Fri.	SCH	X		2	40
	Riverside		X		
	Palos		X		
	SCH	X			
Weekend	Palos		X	4	40
	Ingalls		X	4	
	SCH	X			
January 11th	Palos		X	4	40
	SCH		X		
	SCH	X			
	Palos		X		
	Palos		X		
Tues.	SCH		X	4	41
	SCH		X		
	SCH	X			
	RML		X		
Wed.	SCH	X		4	43
	SCH		X		
	SCH		X		
	Palos		X		
	RML		X		
Thurs.	SCH	X		4	43
	LCM		X		
	SCH	X			
	Riverside		X		
	Trinity		X		
Fri.	Palos		X	4	42
	Palos	X			
	Palos		X		
Weekend	Palos		X	2	43
	Palos		X	2	
January 18th	Loyola		X	4	39
	St. James		X		
	St. Joes	X			
Tues.	Metro S	X		2	41
	SCH	X			
	SCH	X			
Wed.	Christ		X	2	39
	Palos		X		
	LCM	X			
	Rush		X		
	SCH	X			
	Riverside		X		
	Riverside		X		
Thurs.	SCH	X		1	41
	Holy Cross		X		
	SCH		X		
	SCH		X		
Fri.	SCH		X	2	40

Month	Hospital	Approved	Denied	Bed Holds	Total Census
February 2016					
February 1st	Chrsit	X		0	42
	Palos		X		
	Chrsit	X			
	SCH		X		
	NuVista	X			
	Palos		X		
Tues.	SCH		X	0	42
	SCH		X		
	NWM		X		
	SCH		X		
	Palos		X		
	Ingalls	X			
	Palos		X		
Wed.	Loyola		X	0	43
	Loyola		X		
	Palos		X		
	St. Joes		X		
	SCH		X		
	Palos		X		
	Riverside		X		
	Palos		X		
Thurs.	SCH		X	1	43
	SCH		X		
	Palos		X		
	Palos	X			
	Alden		X		
Fri.	Palos		X	0	41
	Christ		X		
	Smith Crossing	X			
	Alexian		X		
	SCH		X		
	Palos	X			
	Christ		X		
	SCH		X		
Weekend	SCH	X		2	42
	Palos		X	2	
	Palos	X			
February 8th	Palos		X	2	41
	Christ		X		
	Palos		X		
	SCH		X		
Tues.	SCH		X	2	43
	SCH		X		
	Palos		X		
	SCH	X			
Wed.	SCH		X	2	43
	Palos		X		
	Christ		X		
	Palos		X		
Thurs.	SCH		X	2	43
	SCH		X		
	Palos		X		
	Christ		X		
	St Joes		X		
Fri.	Rush		X	2	44
	SCH		X		
	Riverside		X		
	Palos	X			
	SCH		X		
	South Sub	X			
	SCH		X		
	Riverside		X		
Weekend	SCH		X	0	41
	St. James		X		
February 15th	SCH		X	2	39
	SCH		X		

	Palos		X		
	UofC		X		
Weekend	Riverside		X	1	42
	Palos		X	1	
	Christ		X		
	SCH	X			
	SCH		X		
January 25th	SCH		X	4	42
	Palos	X			
	Christ		X		
	Palos	X			
	Kindrad		X		
	Metro S		X		
	UofC		X		
	Palos		X		
	SCH		X		
Tues.	SCH		X	6	42
	Christ		X		
	SCH	X			
	SCH		X		
	UofC		X		
Metro S			X		
Wed.	Palos		X	3	44
	SCH		X		
	Riverside		X		
	SCH		X		
	Mayo		X		
Thurs.	SCH		X	1	44
	Loyola		X		
	SCH		X		
	Palos		X		
	SCH	X			
Fri.	SCH		X	0	42
	Riverside		X		
	Christ		X		
	Wiss		X		
	Loyola		X		
	Palos		X		
	SCH		X		
Weekend	Adventist		X	0	41
	Palos		X		
		27	81		

	SCH				X
	Palos	X			X
	St. James				X
Tues.	Christ				X
	Palos	X			0
	Palos				40
	SCH				X
	SCH/Alden	X			X
	Palos				X
	Palos	X			X
	Palos				X
	Loyola				X
	St. James				X
Wed.	Smith Crossing	X			0
	Smith Crossing	X			41
	SCH				X
	Loyola				X
	Riverside				X
	Chrsit				X
	LaGrange				X
	Chrsit				X
Thurs.	Palos				X
	Palos				0
	SCH				44
	SCH				X
	SCH				X
	Loyola				X
	Manor Care				X
	St. James				X
	Riverside				X
Fri.	SCH				X
	SCH				0
	SCH				45
	SCH				X
	Stroger				X
Weekend	Palos				X
	Palos				0
	Palos	X			44
	Palos				X
	SCH				X
	SCH				X
	SCH	X			X
	SCH				X
February 22nd	SCH	X			2
	SCH				43
	Palos				X
	Porter				X
Tues.	LCM				X
	LCM				1
	Hinsdale				43
	Palos				X
	Palos	X			X
	Smith Crossing				X
	Smith Crossing	X			X
Wed.	Smith Crossing				1
	SCH				44
	SCH				X
	SCH				X
Thurs.	Ingalls	X			0
	SCH				X
	Palos				X
	Palos				X
	Palos	X			X
	Palos				X
Fri.	Marian Joy				X
	SCH				0
	Palos				X
	Palos				X
	UofC				X
	Palos				X
Weekend	Christ				X
	Palos				0
	Palos				41
	Palos				X
	Palos				X
	UIC				X
February 29th	SCH				X
	SCH	X			0
	SCH				42
		26	108		

Month	Hospital	Approved	Denied	Bed Holds	Total Census
March 2016					
Tues.	UofC		X	0	40
	SCH		X		
	Palos	X			
	Ingalls		X		
	Christ		X		
Wed.	SCH		X	0	40
	NW		X		
	Palos		X		
	Palos		X		
Thurs.	SCH	X		0	41
	Palos		X		
	Rush		X		
Fri.	SCH	X		0	40
	SCH		X		
	Holy Family		X		
	SCH		X		
	Palos	X			
	NW		X		
	Smith Crossing	X			
	SCH		X		
Weekend	St. James		X	0	43
	Smith Crossing	X			
	Christ		X		
March 7th	Rush		X	0	42
	Palos		X		
	Loyola		X		
Tues.	SCH		X	1	43
	SCH		X		
	Palos		X		
	Palos		X		
Wed.	SCH	X			
	Loyola		X	1	43
	UofC		X		
	Mayo		X		
	Palos		X		
Thurs.	Palos		X	1	42
	St. James	X			
	SCH	X			
	St. Joe's		X		
	SCH		X		
Fri.	SCH	X		0	42
	Palos		X		
	Loyola		X		
Weekend	South Sub		X		
	South Sub		X	0	42
	South Sub		X		
	Palos		X		
	SCH	X			
	St. Joe's		X		
March 14th	RUSH	X		0	43
Tues.	St. James		X	0	44
	SCH		X		
	Palos		X		
	Palos		X		
	Weiss	X			
	SCH		X		
	St. Joe's	X			
	Christ	X			
Wed.	SCH		X	0	44
	SCH		X		
	South Sub		X		
	SCH		X		
	Palos		X		
	SCH		X		
	Palos	X			

Month	Hospital	Approved	Denied	Bed Holds	Total Census
April 2016					
April 4th	Palos	X		1	40
	SCH	X			
	Palos	X			
	Palos	X			
	SCH	X			
	Palos	X			
	SCH		X		
Tues.	SCH	X		2	41
Wed.	SCH	X		2	42
	Palos		X		
	Skyline		X		
Thurs.	Palos		X	1	42
	Loyola		X		
	SCH		X		
	Northwestern		X		
Fri.	SCH		X	1	43
	Ingalls	X			
	SCH		X		
	Palos		X		
	SCH		X		
Weekend	SCH		X	2	43
	Palos		X	2	
	Christ	X			
April 11th	Palos		X	2	43
	Palos		X		
	Palos		X		
	SCH		X		
	SCH		X		
Tues.	SCH	X		4	43
	Palos		X		
	Rush		X		
	SCH	X			
Wed.	Loyola		X	2	43
	Palos		X		
	SCH		X		
	SCH		X		
	Rush	X			
	Ingalls	X			
	Palos		X		
	Northwestern		X		
Thurs.	Palos	X		1	39
	Christ		X		
	SCH	X			
	Christ	X			
	UIC		X		
	SCH		X		
Fri.	St. James		X	1	41
	RIC		X		
	SCH		X		
	SCH		X		
	SCH	X			
	LCM		X		
	SCH		X		
Weekend	Christ		X	2	43
	Palos	X		2	
	SCH		X		
	SCH		X		
	SCH	X			
April 18th	Edwards		X	2	44
	Christ		X		
	Christ		X		
	Ingalls		X		
	Riverside		X		
	SCH	X			

Thurs.	Christ		X	0	42
	SCH	X			
	RUSH		X		
	SCH		X		
Fri.	Palos	X		0	40
	Palos		X		
	St. James		X		
Weekend	Christ		X	0	43
	Palos		X		
	Palos		X		
	Palos		X		
	Palos		X		
March 21st	SCH	X		0	42
	St. James		X		
	Christ		X		
	Rush		X		
	Palos		X		
Tues.	Loyola		X	0	41
	Palos		X		
Wed.	Palos	X		0	41
	Loyola		X		
	Manna		X		
	SCH	X			
Thurs.	SCH	X		0	42
Fri.	SCH	X		2	40
	St. James	X			
	SCH	X		1	
Weekend	Riverside		X	1	41
March 28th	Christ		X	1	42
	Palos		X		
	Riverside		X		
		25		71	

	SCH		X		
Tues.	Loyola		X	3	41
	Palos	X			
	Christ		X		
	Lutheran		X		
	Rush		X		
	Manor Care		X		
	SCH	X			
Wed.	SCH	X		3	41
	Christ		X		
	Christ		X		
	Northwestern		X		
	SCH		X		
	SCH		X		
	SCH		X		
	SCH		X		
Thurs.	Rush		X	2	40
	Palos		X		
	Christ	X			
Fri.	SCH		X	2	42
	St. Joe's		X		
	SCH		X		
	SCH		X		
	Palos		X		
	Rush		X		
	Palos	X			
	Riverside		X		
	SCH	X			
	Palos		X		
	Lexington		X		
	South Sub		X		
	RUSH		X		
Weekend	SCH		X	2	41
	SCH		X	2	
	SCH	X			
	Hinsdale	X			
	Palos		X		
April 25th	Marion Joy		X	2	40
	Northwestern		X		
Tues.	Smith Crossing	X		4	41
	SCH		X		
	UofC		X		
	SCH	X			
	Christ		X		
	LCM	X			
Wed.	SCH		X	2	43
	SCH	X			
	South Sub		X		
	Palos		X		
	Smith Crossing	X			
	Palos		X		
	Palos		X		
	South Sub		X		
Thurs.	SCH		X	1	45
	McNeal		X		
	Metro South		X		
	SCH		X		
	SCH	X			
	Christ		X		
	SCH	X			
Fri.	Christ		X	1	45
	Palos		X		
	Weiss		X		
	Palos		X		
Weekend	Ingalls		X	1	42
	Rush		X	1	
	Rush		X		
		36		97	

Month	Hospital	Approved	Denied	Bed Holds	Total Census
May 2016					
May 2nd	METRO S	X		1	42
	SCH	X			
Tues.	Christ		X		41
	SCH		X		
	Symphony		X		
	Palos	X			
	Palos	X			
	SCH		X		
	Marion Joy		X		
Wed.	SCH		X		41
	Palos	X			
	SCH		X		
	SCH		X		
	SCH		X		
Thurs.	SCH	X			42
	SCH		X		
	Riverside		X		
	Palos		X		
	Palos		X		
	Christ		X		
Fri.	SCH	X			43
	SCH		X		
	Palos		X		
	RML		X		
	Mayo		X		
Weekend	Christ		X		43
	SCH		X		
May 9th	Palos		X		43
	Palos		X		
	Palos		X		
	Palos		X		
	Palos		X		
	Christ	X			
	Rush		X		
	Rush		X		
Tues.	Palos		X		43
	SCH		X		
Wed.	SCH	X			43
	Palos		X		
	Loyola		X		
	Christ		X		
	Rush	X			
	LCM		X		
	VA		X		
Thurs.	SCH		X		43
	Palos		X		
	Palos		X		
	Palos		X		
	Loyola		X		
	Loyola		X		
	SCH		X		
	SCH		X		
	SCH		X		
	SCH		X		
Fri.	Palos		X		44
	Christ		X		
	Christ	X			
	Metro		X		
	SCH		X		
	SCH		X		
Weekend	Palos		X		45
	SCH		X		
	SCH		X		

Month	Hospital	Approved	Denied	Bed Holds	Total Census
June 2016					
June 1st 2016	SCH	X		4	43
	SCH		X		
	Private		X		
	Private		X		
	Private		X		
	Palos	X			
	Palos		X		
	SCH		X		
	SCH	X			
	Private		X		
Thurs.	Palos		X	4	44
	Palos		X		
	Christ	X			
	Palos		X		
	Private		X		
	Private		X		
Fri.	Palos		X	3	44
	Riverside		X		
	Riverside		X		
	SCH		X		
	SCH		X		
	SCH		X		
	Private		X		
	Private		X		
Weekend	Private		X	3	44
	Private		X	3	
	Christ	X			
	Private		X		
	Rush		X		
	Private		X		
June 6th	St Joes		X	3	44
	SCH		X		
	SCH		X		
	Private		X		
	Loyola		X		
	Sch		X		
	Palos		X		
	Palos		X		
Tues.	Palos		X	3	45
	Private		X		
	NW	X			
	St James		X		
	RML		X		
Wed.	SCH		X	3	45
	SCH		X		
	Palos		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	SCH	X			
Thurs.	SCH	X		3	44
	SCH		X		
	Palos		X		
	Christ		X		
	Christ		X		
	Private		X		
Fri.	LCM		X	3	44
	UoC		X		
	Private		X		
	Palos		X		
	Palos		X		

	SCH		X			Palos		X		
	Christ		X			SCH		X		
May 16th	Loyola		X	45	Weekend	Palos		X	3	43
	SCH	X				SCH		X	3	
	Private		X			Private		X		
	Private		X			Private		X		
	Palos		X			NW	X			
	Palos	X				Private		X		
	Private		X			Private		X		
	Private		X			SCH		X		
	SCH		X			Private		X		
	SCH		X			Private		X		
	Christ		X		June 13th	Metro		X	3	43
	SCH	X				UIC		X		
	Private		X			SCH	X			
	Private		X			SCH		X		
Tues.	SCH		X	45		Palos	X			
	SCH		X			Palos		X		
	Palos		X		Tues	Private		X	3	42
	Private		X			Private		X		
	Private		X			Private		X		
	Private		X			Palos		X		
	Private		X			Private		X		
Wed.	Christ		X	45	Wed	Christ		X	3	43
	UofC		X			Private		X		
	Private		X			Palos		X		
	Private		X			Palos		X		
	Loyola		X			SCH		X		
	Private		X		Thurs	SCH		X	2	44
Thurs.	Palos		X	46		Palos		X		
	Palos		X			Porter		X		
	South Sub		X			LCM		X		
	SCH		X			Hinsdale		X		
	SCH		X			Palos		X		
	Private		X			SCH		X		
	Private		X			SCH		X		
	Rush		X			Rush		X		
	Private		X			SCH		X		
	Private		X		Fri	Ingalls		X	2	43
	Private		X			SCH		X		
	Private		X			SCH	X			
Fri.	Sch		X	44		SCH	X			
	Sch		X			Palos		X		
	St Joes		X			Palos		X		
	SCH		X			Palos		X		
	SCH		X			Palos		X		
	SCH		X			Marian Joy		X		
	Palos	X			Weekend	Private		X	2	44
	Private		X			Private		X	2	
	Private		X			Private		X		
	SCH		X			Private		X		
	Palos		X			Private		X		
Weekend	Private		X	44	June 20th	Palos		X		
	Private		X			SCH		X	1	45
	Private		X			SCH		X		
	Private		X			SCH		X		
	St. James		X			Palos	X			
	Private		X			UofC		X		
May 23rd	Palos		X	44		Riverside		X		
	Palos		X			Palos		X		
	Palos		X			Christ		X		
	SCH		X			SCH		X		
	SCH		X			SCH		X		
	Private		X		Tues	SCH		X	1	45
	Private		X			SCH	X			
			X			Palos		X		

Tues.	Hinsdale		X	42
	SCH		X	
	SCH		X	
	Palos	X		
	SCH		X	
	St. Joes		X	
Wed.	Metro		X	41
	SCH		X	
	Private		X	
	Private		X	
Thurs	Private		X	41
	SCH		X	
	Palos		X	
	Palos		X	
	Christ		X	
	Christ		X	
	Palos	X		
	SCH		X	
Fri.	SCH		X	40
	Private		X	
	Private		X	
	Private		X	
	Private		X	
	Private		X	
	SCH	X		
	Riverside		X	
	SCH		X	
Weekend	Private		X	41
	Private		X	
	Loyola		X	
May 30th	SCH		X	42
	SCH		X	
	SCH		X	
	Palos	X		
	Palos		X	
	Christ		X	
Tues.	SCH		X	42
	SCH	X		
	Private		X	
	Private		X	
	Private		X	
	Private		X	
	Sch		X	
	SCH		X	
		20	155	

	Christ		X	
	Palos		X	
	Kindrad		X	
	Metro S		X	
	UofC		X	
Wed	Palos		X	1 44
	SCH		X	
	SCH	X		
	Christ		X	
	Private		X	
	Private		X	
	Private		X	
Thurs	Private		X	1 44
	Private		X	
	Palos		X	
	SCH	X		
	SHC		X	
	McNeal		X	
Fri	Palos		X	1 44
	NW		X	
	SCH		X	
	SCH		X	
Weekend	Hinsdale		X	0 45
	Private		X	
	Private		X	
	Private		X	
	Private		X	
	Christ		X	
	SCH		X	
	RUSH		X	
June 27th	SCH		X	0 45
	Palos		X	
	Palos		X	
	St. James		X	
	Christ		X	
	Palos		X	
	Palos		X	
	Palos		X	
	Palos		X	
	SCH		X	
Tues	St. James		X	0 44
	Christ		X	
	Rush		X	
	Palos		X	
Wed	Loyola		X	0 43
	Palos		X	
	Palos	X		
	Loyola		X	
	SCH		X	
	SCH		X	
Thurs	SCH		X	0 42
	SCH		X	
	Palos		X	
	Christ		X	
	Private		X	
	Private		X	
	Private		X	
		18	169	

Month	Hospital	Approved	Denied	Bed Holds	Total Census
July 2016					
July 1st	SCH		X	1	40
	SCH		X		
	SCH		X		
	SCH		X		
	Palos		X		
	Palos	X			
Weekend	Private		X	1	40
	Private		X	1	
	Private		X		
	Christ	X			
	SCH	X			
	SCH		X		
July 4th	Palos		X	0	42
	Loyola		X		
	Sch		X		
	SCH		X		
	SCH		X		
	Palos		X		
	SCH		X		
Tues	Christ		X	1	41
	SCH		X		
	Christ		X		
	SCH		X		
	SCH		X		
	St. James		X		
Wed	SCH		X	1	41
	SCH	X			
	Palos	X			
	SCH	X			
	Loyola		X		
Thurs	SCH		X	2	40
	SCH		X		
	NW		X		
	SCH		X		
	SCH		X		
	Riverside		X		
Fri	Palos		X	2	41
	SCH		X		
	Palos		X		
	Ingalls		X		
Weekend	SCH	X		2	41
	Private		X	2	
	Private		X		
	Private		X		
	Private		X		
July 11th	Alden		X	2	40
	Private		X		
	Private		X		
	SCH	X			
	SCH	X			
	SCH		X		
	SCH		X		
Tues	Palos	X		3	38
	Palos	X			
	Private		X		
	Palos		X		
	Christ		X		
	Palos	X			
Wed	Private		X	3	40
	Private		X		
	SCH	X			
	SCH	X			
Thurs	Private		X	1	41

Month	Hospital	Approved	Denied	Bed Holds	Total Census
August 2016					
August 1st 2016	UoC		X	3	41
	Uoc		X		
	Private		X		
	Private		X		
	SCH	X			
	Private		X		
Tues	Private		X	2	43
	Christ		X		
	Palos	X			
	Private		X		
	SCH	X			
	Palos		X		
Wed	Christ		X	2	43
	SCH	X			
	Private		X		
	Palos		X		
Thurs	Palos		X	1	44
	Christ		X		
	Palos		X		
	Private		X		
	South Sub	X			
	SCH	X			
Fri	Palos		X	2	43
	Private		X		
	SCH	X			
	Palos		X		
	Christ		X		
Weekend	Palos		X	2	43
	SCH	X		2	
August 8th	SCH		X	2	42
	Palos		X		
	Christ		X		
	St Joes		X		
	Private		X		
Tues	SCH	X		1	45
	Riverside		X		
	Palos		X		
	SCH		X		
Wed	South Sub		X	1	44
	SCH		X		
	Riverside		X		
	SCH		X		
Thurs	St. James		X	1	44
	SCH	X			
	SCH		X		
	Ingalls	X			
	Private		X		
	St. James		X		
	Christ		X		
Fri	Palos	X		1	43
	SCH		X		
	Alden		X		
	Palos		X		
	Private		X		
	Palos	X			
Weekend	Loyola		X	1	44
	St. James		X	1	
	Private		X		
	Private		X		
	Private		X		
August 15th	SCH		X	2	44
	Palos	X			

	Private		X		
	Palos		X		
	Palos		X		
	Palos		X		
	SCH		X		
	St. Joe's		X		
Fri	SCH		X	0	42
	SCH		X		
	Palos		X		
	Rush		X		
	Palos		X		
	Riverside		X		
	SCH		X		
	Palos		X		
	Lexington		X		
Weekend	South Sub		X		
	RUSH		X	0	43
	Private		X		
	Private		X		
	LaGrange	X			
	Private		X		
	Metro		X		
	St. Joe's		X		
July 18th	SCH		X	0	43
	Palos		X		
	Palos		X		
	Palos		X		
	Christ	X			
Tues	Palos		X		
	SCH		X	0	44
	SCH		X		
	SCH		X		
	Palos		X		
	SCH		X		
	SCH		X		
Wed	Hackley	X			
	Christ		X	0	43
	Palos		X		
	SCH		X		
	SCH		X		
	Palos		X		
	Christ		X		
	St Joes		X		
Thurs	Private		X	0	44
	Private		X		
	Palos		X		
	Palos		X		
	Palos		X		
Fri	SCH		X	0	45
	SCH	X			
	NW		X		
	CDP		X		
	SCH		X		
	Smith Crossing	X			
Weekend	Private		X	0	44
	Private		X		
	Private		X		
July 25th	Private		X	1	44
	South Sub		X		
	Palos	X			
	Palos		X		
Tues	SCH	X			
	SCH	X		1	44
	Private		X		

	Palos		X		
	SCH		X		
	Private		X		
	Private		X		
	Palos		X		
Tues	Palos		X	2	43
	Palos		X		
	Palos		X		
	Private		X		
	Christ		X		
	Rush		X		
Wed	Rush		X	2	43
	Palos		X		
	SCH		X		
	SCH	X			
	Private		X		
	Loyola		X		
Thurs	Christ		X	2	41
	Rush		X		
	LCM		X		
	VA		X		
	SCH	X			
	Palos	X			
Fri	Palos		X	0	42
	Private		X		
	Loyola		X		
	Loyola		X		
	SCH	X			
Weekend	Private		X		
	SCH		X	0	42
	SCH		X		
	Palos	X			
August 22nd	Private		X		
	Christ		X	0	43
	Metro		X		
	Private		X		
	Private		X		
	Private		X		
	sCH	X			
Tues	SCH		X	0	44
	SCH		X		
	Palos		X		
	Palos		X		
	St Joes		X		
	St Joes		X		
Wed	Private		X	0	45
	Sch		X		
	SCH		X		
	SCH		X		
Thurs	Loyola		X		
	RML		X	0	44
	South Sub		X		
	SCH		X		
	SCH		X		
	Private		X		
	Mercer		X		
Fri	Private		X	1	45
	Palos		X		
	Palos	X			
	Palos		X		
Weekend	Private		X	2	44
	Private		X	2	
	Private		X		
August 29th	Metro		X	2	44
	Rush		X		
	UIC		X		

	Private		X		
	Private		X		
	Palos	X			
	Christ		X		
Wed	Private		X	2	43
	Private		X		
	SCH	X			
	Private		X		
Thurs	Private		X	2	43
	Palos		X		
	Palos		X		
	Palos		X		
Fri	Christ		X	2	43
	Christ		X		
	Private		X		
	Private		X		
	SCH		X		
Weekend	SCH		X	3	42
	Palos		X	3	
	Private		X		
	Private		X		
			24	127	

	SCH	X			
	SCH		X		
	Private		X		
Tues	Private		X	2	44
	Private		X		
	CDP		X		
	Christ		X		
	LCM		X		
Wed	SCH		X	1	45
	SCH		X		
	Private		X		
	Private		X		
	Palos		X		
			22	121	

Month	Hospital	Approved	Denied	Bed Holds	Total Census
September 2016					
September 1st	Palos		X	1	45
	Palos		X		
	Christ		X		
	SCH		X		
	Smith Crossing	X			
	Palos		X		
Fri	RML		X	1	45
	Private		X		
	Christ		X		
	SCH		X		
	Palos		X		
	Private		X		
Weekend	Palos		X	2	41
	Palos		X	2	
	Private		X		
	Christ		X		
	Rush		X		
September 5th	Rush		X	3	40
	Palos		X		
	SCH	X			
	Private		X		
	Palos	X			
	Loyola		X		
Tues	Christ	X		3	40
	NW	X			
	LCM		X		
	VA		X		
	SCH	X			
Wed	Palos		X	4	38
	Palos		X		
Thurs	Palos		X	5	39
	Loyola		X		
	Loyola		X		
	SCH		X		
	SCH		X		
	SCH		X		
	Palos		X		
Fri	Christ	X		5	40
	Christ		X		
Weekend	Metro		X	5	40
	SCH	X		5	
	SCH	X			
	Palos		X		
	SCH		X		
	Smith Crossing	X			
	SCH		X		
September 12th	Christ		X	4	39
	Loyola		X		
	SCH	X			
	Private		X		
	Private		X		
	Palos		X		
	Palos		X		
	Private		X		
	Private		X		
	SCH	X			
Tues	SCH		X	4	40
	Christ		X		
	SCH	X			
	Private		X		
	Private		X		
	SCH		X		

Month	Hospital	Approved	Denied	Bed Holds	Total Census
October 2016					
October 1st	SCH		X	5	41
	Private	X		5	
	Private		X		
	Private		X		
	SCH	X			
Mon	Rush	X		5	44
	SCH		X		
	SCH		X		
	Palos	X			
Tues	Palos		X	5	44
	SCH		X		
	Christ		X		
	SCH		X		
Wed	Private		X	5	44
	Private		X		
	Private		X		
	Private		X		
	Hinsdale		X		
Thurs	Metro		X	5	43
	Palos		X		
	Palos		X		
	Private		X		
	South Sub		X		
Fri	Private		X	3	44
	Private		X		
Weekend	SCH	X		3	43
	SCH	X		3	
	Christ		X		
	SCH	X			
	Alden		X		
	Palos	X			
	Palos		X		
	SCH		X		
October 10th	Vic Village		X	2	43
	SCH		X		
	Palos		X		
	SCH		X		
	Private		X		
Tues	Private		X	2	44
	SCH		X		
	SCH		X		
	Riverside		X		
	Riverside		X		
	Palos		X		
	Christ		X		
Wed	SCH		X	1	45
	SCH		X		
	Private		X		
	RML		X		
	Alden		X		
Thurs	Christ		X	1	44
	SCH		X		
	Private		X		
	Palos		X		
Fri	Palos		X	2	45
	Palos		X		
	Christ		X		
	Private		X		
	Rush		X		
Weekend	Palos		X	3	43
	SCH	X		3	
	SCH		X		

Wed	SCH		X	4	40
	Palos	X			
	Private		X		
	Private		X		
Thurs	Private		X	3	42
	Private		X		
	Christ		X		
	UofC		X		
	Private		X		
	Private		X		
	Loyola	X			
	Private		X		
	Palos		X		
	Palos		X		
	South Sub		X		
	SCH		X		
	SCH		X		
	Private		X		
Fri	Private		X	4	40
	Rush		X		
	Private		X		
	St. Margarets	X			
	Private		X		
	Private		X		
	SCH	X			
	SCH	X			
Weekend	St Joes		X	4	39
	SCH		X	4	
	SCH		X		
	SCH		X		
	Palos		X		
	Private		X		
September 19th	Private		X	4	39
	SCH		X		
	Palos		X		
	Private		X		
	Private		X		
	Lutheran General	X			
	Private		X		
	Private		X		
	St. James		X		
	Private		X		
	Palos		X		
	Palos		X		
Tues	Palos		X	4	41
	SCH	X			
	SCH		X		
	Private		X		
	Private		X		
	Hinsdale		X		
	SCH		X		
	SCH		X		
	Palos	X			
	SCH		X		
	St. Joes		X		
	Metro		X		
Wed	SCH		X	5	40
	Private		X		
	Private		X		
	Private		X		
	SCH		X		
	Palos		X		
Thurs	Palos		X	4	43
	Christ		X		
	Christ		X		
	Palos	X			

	Palos		X		
	Loyola		X		
October 17th	Christ		X	3	42
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	SCH		X		
	Palos	X			
	Palos		X		
Tues	Palos		X	2	43
	Private		X		
	Loyola		X		
	SCH		X		
	SCH		X		
	Private		X		
	SCH	X			
	Palos		X		
Wed	Private		X	1	43
	Christ		X		
	Metro		X		
	SCH	X			
	SCH		X		
	Palos		X		
Thurs	SCH	X		0	44
	SCH	X			
	SCH	X			
	Christ		X		
	Loyola		X		
	SCH	X			
	Private		X		
	Private		X		
Fri	Palos		X	0	45
	Palos		X		
	Private		X		
	Private		X		
	SCH	X			
	SCH		X		
	Christ		X		
	SCH		X		
Weekend	Private		X	0	44
	Private		X		
	SCH		X		
	SCH	X			
	Palos		X		
October 24th	Private		X	1	43
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Christ		X		
Tues	UofC		X	1	42
	Private		X		
	Private		X		
	Loyola		X		
Wed	Private		X	1	42
	Palos	X			
	Palos		X		
	South Sub		X		
	South Sub		X		
Thurs	St James		X	2	42
	St James		X		
	St James		X		
	Private		X		
	Private		X		
	Private		X		
Fri	Palos		X	1	42
	Palos		X		

	SCH	X			
	Palos		X		
	Riverside		X		
Fri	Riverside		X	5	41
	SCH		X		
	SCH		X		
	SCH		X		
	Palos	X			
weekend	Private		X		
	Private		X	5	41
	Private		X	5	
	Private		X		
	Private		X		
September 26th	Rush		X	5	41
	Private		X		
	St Joes		X		
	SCH		X		
	SCH	X			
	Private		X		
	Loyola		X		
	SCH		X		
Tues	Palos	X		5	40
	Palos		X		
	Palos		X		
	Private		X		
	Private		X		
	St James		X		
	RML		X		
	SCH		X		
	SCH		X		
Wed	Palos		X	5	40
	Private		X		
	St James		X		
	VA		X		
Thurs	Private		X	6	38
	Private		X		
	SCH		X		
	SCH	X			
	Palos	X			
	Palos		X		
Fri	Christ		X	5	41
	Nw		X		
	Bronson		X		
	Private		X		
	Private		X		
	Palos	X			
	Palos		X		
		29		148	

	SCH		X		
	SCH		X		
	Chrsit	X			
	Private		X		
	Ingalls		X		
Weekend	Private		X	1	43
	Private		X	1	
	Private		X		
	SCH	X			
	UIC		X		
	SCH		X		
October 31st	Palos		X	0	43
	Palos		X		
	SCH		X		
	Private		X		
		21		124	

Month	Hospital	Approved	Denied	Bed Holds	Total Census
November 2016					
November 1st	SCH		X	0	42
	SCH		X		
	SCH		X		
Wed	Palos		X		
	Private		X		
	Palos		X	3	42
Thurs	SCH	X			
	SCH				
	Private		X	3	41
Fri	Private		X		
	Hinsdale		X		
	SCH		X	2	41
Weekend	SCH	X			
	Palos		X		
	SCH		X	3	40
November 7th	Metro		X	3	
	SCH	X			
	Private		X		
Tues	Private		X	4	41
	Private		X		
	SCH		X	3	42
Wed	UofC	X			
	Palos	X			
	Christ	X			
Thurs	Christ	X			
	Palos		X	3	42
	SCH		X		
Fri	Palos		X	3	42
	SCH		X		
	Palos		X	2	43
Weekend	Thurs		X	2	43
	Riverside		X		
	Riverside		X		
November 14th	SCH		X		
	Palos	X			
	Palos		X		
Tues	St Joes		X		
	St Joes		X	2	43
	Private		X		
Weekend	SCH	X			
	SCH		X		
	Palos	X			
November 14th	Ingalls		X		
	South Sub		X	1	44
	SCH		X	1	
Tues	SCH		X		
	Private		X		
	Private	X			
Wed	Private		X		
	Palos	X		3	42
	St James		X		
Tues	Palos		X		
	Palos		X		
	RIC		X		
Wed	Private		X	2	42
	Private		X		
	Metro		X		
Wed	Rush		X		
	UIC		X		
	SCH		X		
Wed	SCH	X			
	Private		X	2	40
	Private		X		

Month	Hospital	Approved	Denied	Bed Holds	Total Census
December 2016					
December 1st	SCH	X		6	40
	Bronson	X			
	SCH		X		
Fri	Private		X		
	Palos		X	6	39
	SCH		X		
Weekend	Palos	X			
	SCH		X		
	SCH	X			
December 5th	SCH		X	6	39
	Private		X	6	
	Christ		X		
Tues	Private		X		
	Private		X		
	SCH		X	5	40
Wed	Metro		X		
	St. Joe's		X		
	SCH	X			
Thurs	SCH	X			
	Palos		X	3	42
	Private		X		
Fri	Christ	X			
	Palos	X			
	SCH		X	3	42
Weekend	SCH		X		
	Private		X		
	SCH		X	3	43
December 12th	Thurs		X	3	43
	Private		X		
	St. Joe's	X			
Fri	Christ		X		
	Palos		X		
	SCH		X	1	44
Weekend	SCH		X		
	Palos		X		
	Private		X	1	44
December 12th	Private		X	0	44
	Ingalls		X		
	SCH		X		
Tues	SCH		X		
	SCH		X		
	SCH		X		
Wed	Palos		X	3	43
	Palos		X		
	Private		X		
Wed	Private		X		
	Private		X		
	Christ		X		
Wed	SCH		X		
	SCH		X		
	Palos		X		
Wed	Palos	X			
	Loyola		X		
	SCH		X		
Wed	SCH		X	3	41
	Palos		X		
	SCH		X		

Thurs	SCH	X			
	Private		X	1	40
	Palos	X			
	Private		X		
	Christ		X		
Fri	Private		X		
	Good Sam	X		4	40
	Riverside		X		
	SCH	X			
	Private		X		
Weekend	Christ	X			
	Private		X		
	Loyola		X	4	41
	SCH		X	4	
	SCH		X		
November 21st	SCH		X		
	Palos		X		
	Palos		X		
	Christ		X	4	42
	SCH	X			
Tues	SCH		X		
	Private		X		
	Palos		X		
	Private		X		
	Private		X	3	43
Wed	SCH		X		
	SCH		X		
	SCH		X		
	St. Joe's		X		
	Christ		X	2	42
Thurs	SCH		X		
	South Sub	X			
	SCH		X	2	41
	Palos		X		
	SCH		X		
Fri	Palos		X		
	Christ		X	2	41
	SCH		X		
	RUSH		X		
	Private		X		
Weekend	Palos	X			
	St. James		X		
	Christ		X	4	39
	Palos		X	4	
	Private		X		
November 28th	Palos		X		
	SCH	X		4	40
	Loyola		X		
	Loyola		X	5	41
	CPD		X		
Tues	SCH	X			
	SCH		X		
	SCH		X		
	Private		X		
	Palos		X	6	40
Wed	Palos		X		
	Palos		X		
	Palos		X		
	Metro		X		
	Private		X		

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Thurs	Christ		X	3	41
	SCH		X		
	Christ		X		
	SCH		X		
	SCH		X		
Fri	St. James		X		
	SCH		X		
	Palos		X		
	SCH		X		
	Loyola		X		
Weekend	Private		X		
	SCH		X		
	NW		X	4	40
	SCH		X		
	Private		X		
December 19th	Riverside		X		
	Palos		X		
	SCH		X		
	Palos		X		
	Private		X	4	38
Tues	SCH	X			
	Palos	X			
	SCH	X			
	Private		X		
	Private		X		
Wed	Palos		X		
	SCH	X			
	Private		X		
	Palos		X		
	Private		X		
Thurs	SCH		X	2	40
	LCM	X			
	SCH		X		
	Smith Crossing	X			
	Private		X		
Fri	Private		X		
	Private		X		
	Private		X		
	SCH	X			
	SCH		X		
Wed	St Joes		X	2	43
	Palos		X		
	Palos		X		
	Palos		X		
	St James		X		
Thurs	Private		X		
	Private		X		
	SCH	X			
	Palos		X		
	SCH		X	3	41
Fri	SCH		X		
	SCH		X		
	SCH		X		
	SCH		X		
	Private		X		
St Joes	St Joes		X	5	41
	St joes		X		
	St James		X		
	Christ		X		
	Christ		X		
Loyola	Loyola		X		
	SCH	X			

Weekend	SCH		X	4	38
	Smith Crossing	X		4	
December 26th	Private		X		37
	Private		X	4	
Tues	SCH	X		6	36
	SCH		X		
	SCH		X		
	Palos		X		
Wed	SCH	X			37
	SCH		X	6	
	SCH		X		
	Palos	X			
Thurs	Christ		X		37
	Ingalls		X	4	
	UIC		X		
	UIC		X		
Fri	Palos	X		2	37
	Palos	X			
	Private		X		
	Christ		X		
	Rush		X		
	Rush		X		
	Palos		X		
	SCH	X			
	SCH		X		
	Private		X		
Saturday	Loyola		X	2	38
	Christ		X		
	Rush		X		
	LCM		X		
	VA		X		
	SCH		X		
	Palos		X		

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Month	Hospital	Approved	Denied	Bed Holds	Total Census
January 2017					
January 1st	SCH	X		2	38
	Private		X		
	Private		X		
	St. James	X			
	St. James	X			
	Palos		X		
Mon	SCH		X	1	38
	SCH	X			
	Private		X		
	Palos		X		
	Palos		X		
	Christ		X		
Tues	Palos		X	2	39
	Private		X		
	Private		X		
	Palos		X		
	Riverside		X		
Wed	Riverside		X	4	41
	SCH		X		
	SCH	X			
	SCH		X		
	Private		X		
	Private		X		
Thurs	Private		X	6	40
	Private		X		
	Private		X		
	Private		X		
	Rush		X		
Fri	Private		X	6	40
	South Sub		X		
Weekend	RUSH		X	5	41
	SCH		X	5	
	Private		X		
	SCH		X		
	Hinsdale		X		
	Palos		X		
	Private		X		
	NW		X		
January 9th	SCH	X		3	42
	SCH	X			
Tues	UofC		X	4	42
	SCH		X		
	Christ		X		
	Private		X		
	SCH		X		
	SCH		X		
	Private		X		
Wed	Palos		X	4	42
	SCH		X		
	Palos		X		
	SCH		X		
	Palos		X		
	Private		X		
	SCH		X		
	SCH		X		
	Palos		X		
	Private		X		
Thurs	Palos		X	3	42
	Christ		X		
	Palos	X			
	SCH	X			
	SCH		X		
	SCH		X		

Month	Hospital	Approved	Denied	Bed Holds	Total Census
February 2016					
February 1st	Palos	X		3	39
	UoC	X			
	SCH	X			
	Palos		X		
	Christ		X		
	Private		X		
	Private		X		
	RIC		X		
	Palos	X			
	SCH		X		
Thurs.	St. James		X	3	40
	Sherman		X		
	SCH		X		
	Private		X		
	Private		X		
	SCH	X			
	Private		X		
	Private		X		
	Palos		X		
	SCH		X		
	Christ		X		
	Private		X		
Fri.	Palos		X	2	41
	Private		X		
	Palos		X		
	Private		X		
	Alden		X		
	St. Joes		X		
	Fransican Village		X		
	Hinsdale		X		
	Palos		X		
Weekend	Private		X	2	40
	SCH		X	2	
	SCH		X		
	Christ		X		
February 6th	SCH	X		1	39
	Private		X		
	Palos		X		
	St. Joes		X		
	SCH		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	South Shore		X		
	Private		X		
Tues.	Loyola		X	1	40
	St. James		X		
	SCH		X		
	Private		X		
	SCH		X		
	Private		X		
	Private		X		
	RIC		X		
Wed.	Rush		X	1	41
	SCH		X		
	SCH	X			
	Victorian Village	X			
	Edward		X		
	South Sub		X		
	SCH		X		
	Private		X		
	SCH		X		

Fri	Palos		X	2	43
	SCH		X		
	Private		X		
	Private		X		
Weekend	Palos		X	1	43
	Palos		X	1	
	Rush		X		
	St Joes		X		
	Private		X		
January 16th	SCH		X	4	42
	SCH		X		
	Palos		X		
	SCH		X		
Tues	SCH		X	4	41
	SCH	X			
	Christ		X		
Wed	Loyola		X	4	40
	SCH	X			
	Private		X		
	Private		X		
Thurs	Palos		X	5	40
	Palos		X		
	Private		X		
	Private		X		
Fri	SCH	X		5	38
	SCH	X			
	Christ		X		
	SCH	X			
	Private		X		
	Private		X		
Weekend	SCH		X	3	40
	SCH		X	3	
	Palos		X		
January 23rd	Private		X	4	39
	Private		X		
	Private		X		
	Private		X		
Tues	Private		X	4	39
	Christ		X		
	UofC		X		
	SCH	X			
Wed	Private		X	2	41
	Loyola		X		
	Private		X		
	Christ		X		
	St Joes		X		
Thurs	Private		X	3	39
	Private		X		
	Private		X		
	SCH	X			
	Palos		X		
	Palos		X		
	SCH		X		
Fri	SCH		X	3	40
	SCH	X			
	NW		X		
Weekend	CDP		X	3	38
	SCH		X	3	
	Private		X		
	Private		X		
January 30th	Private		X	3	37
	Private		X		
	Private		X		
	South Sub	X			
Tues	Palos		X	1	40
	Palos		X		

	Private			X	
	St. James		X		
Thurs.	SCH		X	2	42
	Private		X		
	NW		X		
	SCH		X		
	Private		X		
	Edward		X		
	Palos		X		
	Private		X		
	Private		X		
	SCH	X			
Fri.	SCH		X	2	40
	Loyola		X		
	SCH		X		
	Private		X		
	Private		X		
	Palos		X		
	SCH	X			
Weekend	Hinsdale		X	3	42
	Private		X	3	
	SCH		X		
	Palos		X		
	Private		X		
	SCH		X		
	SCH	X			
February 13th	Private		X	3	42
	Hinsdale		X		
	Private		X		
	SCH		X		
	SCH		X		
Tues.	Riverside		X	3	42
	SCH		X		
	SCH		X		
	SCH		X		
	SCH		X		
	St. Joes		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
Wed.	Aiden		X	2	44
	Riverside		X		
	CoD		X		
	Palos		X		
	SCH		X		
	SCH		X		
	Christ		X		
Thurs.	Private		X	2	44
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
Fri.	Private		X	2	44
	UofC		X		
	Aiden		X		
	Private		X		
	SCH	X			
	Regency		X		
	Private		X		
	Private		X		
	Private		X		
	St. Joes		X		
	Private		X	1	
Weekend	SCH		X	1	45

SCH	X
SCH	X
Private	X
Private	X
<hr/>	
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February 20th	UofC		X	1	45
	Private		X		
	SCH	X			
	Private		X		
	Private		X		
	Palos		X		
	Private		X		
	Private		X		
	Private		X		
	St. Joes		X		
	Private		X		
	Private		X		
Tues.	Private		X	1	45
	Private		X		
	SCH		X		
Wed.	SCH		X	1	45
	Metro S		X		
	SCH		X		
	SCH		X		
	Private		X		
	SCH		X		
	Private		X		
	Christ		X		
	Edward		X		
Thurs.	SCH		X	0	46
	SCH		X		
	Palos		X		
	Rush		X		
	SCH	X			
	St. James		X		
	Private		X		
	Private		X		
	Private		X		
Fri.	Private		X	0	45
	Alden		X		
	Private		X		
	RML		X		
Weekend	Private		X	0	45
	Private		X		
	Private		X		
February 27th	Private		X	0	46
	SCH		X		
	Rush		X		
	Private		X		
	Private		X		
	SCH		X		
	SCH		X		
	Riverside		X		
	SCH		X		
	SCH		X		
	Edward		X		
Tues.	Private		X	1	45
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	SCH		X		
	SCH		X		
	Christ		X		
	SCH		X		
	SCH		X		
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Month	Hospital	Approved	Denied	Bed Holds	Total Census
March 2016					
March 1st	Private		X	2	45
	Forest Park		X		
	Joliet Area		X		
	SCH		X		
	SCH		X		
	Private		X		
	SCH		X		
	SCH		X		
	SCH		X		
	Private		X		
Thurs.	Private		X	2	45
	Private		X		
	Private		X		
	Christ		X		
	RML		X		
	SCH		X		
	SCH		X		
	Palos		X		
	Private		X		
	SCH	X			
	Christ		X		
Fri.	Private		X	2	43
	RML		X		
	SCH		X		
Weekend	Private		X	2	44
	Private		X	2	
	SCH		X		
	Christ		X		
	Private		X		
March 6th	Private		X	3	44
	Private		X		
	SCH		X		
	South Sub		X		
	UofC		X		
	Chrsit		X		
Tues.	RIC		X	4	43
	Aiden		X		
	Palos		X		
	SCH	X			
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	SCH		X		
Wed.	St. James		X	2	43
	St. Marys		X		
	Rush		X		
	NW		X		
	Palos		X		
	SCH	X			
	Ingalls		X		
	Private		X		
	SCH		X		
	Christ		X		
	Palos		X		
Thurs.	Private		X	1	41
	SCH		X		
	VA		X		
	Private		X		
Fri.	Private		X	2	40
	Private		X		
	Palos		X		
	Private		X		
Weekend	Evanston		X	1	41
	Evanston		X	1	

Month	Hospital	Approved	Denied	Bed Holds	Total Census
April 2016					
Weekend	SCH		X	6	41
	RUSH	X		6	
	Christ		X		
April 3rd	Private		X	6	41
	Private		X		
	Private		X		
	Private		X		
	Christ		X		
	SCH		X		
	SCH		X		
	Private		X		
	SCH		X		
	Private		X		
	SCH		X		
	Private		X		
	SCH		X		
	Kindred		X		
Tues.	SCH		X	7	40
	SCH		X		
	Palos		X		
	SCH		X		
	Private		X		
	Mercy		X		
	St. Joes		X		
	Private		X		
	SCH		X		
	SCH	X			
	Private		X		
	Christ		X		
Wed.	Private		X	6	38
	Kindrad		X		
	Christ		X		
	Loyola		X		
	Loyola		X		
	RML		X		
	Private		X		
	Private		X		
	Palos		X		
	Private		X		
	NW		X		
Thurs.	Palos	X		5	37
	Private		X		
	South Shore		X		
	SCH		X		
	NW		X		
	St. Joes		X		
	Masonic		X		
Fri.	Christ	X		5	36
	Palos		X		
	Private		X		
	Palos		X		
	South Sub		X		
	Elmhurst		X		
	Christ		X		
	NW		X		
	NW		X		
Weekend	Private		X	5	38
	Private		X	5	
	Private		X		
	SCH		X		
	Christ		X		
	SCH		X		
	SCH		X		
	UIC		X		
April 10th	Private		X	5	38
	Private		X		

	Private		X		
March 13th	Private		X	0	42
	Private		X		
	SCH		X		
	SCH		X		
	Christ		X		
	Private		X		
	SCH		X		
	RML		X		
	Palos		X		
	Hinsdale		X		
Tues.	Private		X	2	41
	Private		X		
	Private		X		
	VA		X		
	UIC		X		
	St Joes		X		
	SCH		X		
	Palos		X		
	LCM		X		
Wed.	NW		X	3	40
	Palos		X		
	SCH		X		
	Chrsit		X		
	SCH	X			
	Rush		X		
	Private		X		
	Christ		X		
	St. Joes	X			
Thurs.	RML		X	3	42
	Private		X		
	Private		X		
	Palos		X		
	SCH		X		
	SCH		X		
	Private		X		
	Private		X		
	SCH		X		
Fri.	Rush		X	3	42
	Palos		X		
	Palos		X		
	Private		X		
	St. James	X			
	Rush		X		
	St. Joes		X		
	SCH		X		
	Palos	X			
Weekend	Christ		X	3	40
	Christ		X		
	Private		X		
	Private		X		
	Palos		X		
March 20th	Palos		X	5	40
	Private		X		
	St. Joes		X		
	Private		X		
	Palos	X			
	Christ		X		
	Private		X		
Tues.	SCH		X	3	40
	Loyola		X		
	Loyola		X		
	Palos		X		
	Palos	X			
	Private		X		
	St. Margarets	X			
	LaGrange		X		
	SCH		X		

	SCH		X		
	RML		X		
	UIC		X		
	Private		X		
	Rush		X		
	NW		X		
	SCH		X		
	Private		X		
Tues.	Private		X	2	41
	SCH	X			
	Private		X		
	SCH		X		
	SCH		X		
	Private		X		
	Private		X		
	NW		X		
	Christ		X		
	Private		X		
	Loyola		X		
Wed.	Private		X	2	42
	Christ		X		
	RML		X		
	Palos		X		
	Palos		X		
	Palos		X		
	Metro		X		
	Christ		X		
Thurs.	Palos	X		3	39
	Private		X		
	SCH		X		
	SCH		X		
	SCH		X		
	SCH		X		
Fri.	RML		X	1	38
	Private		X		
	Loyola		X		
	SCH		X		
	South Sub		X		
	SCH		X		
	Evergreen		X		
	Christ		X		
	Christ		X		
	SCH		X		
	Metro South		X		
Weekend	Loyola		X	1	38
	SCH		X		
	SCH		X		
	Palos		X		
April 17th	Private		X	2	40
	Palos	X			
	SCH		X		
	Manor Care		X		
	SCH		X		
	Rush		X		
Tues.	SCH		X	2	39
	SCH	X			
	Private		X		
	Private		X		
	SCH	X			
	Private		X		
	Private		X		
	Palos		X		
	Private		X		
	Evergreen		X		
	Private		X		
	Private		X		
	SCH	X			

	Private		X		
	St. Joes		X		
Wed.	Rush		X	3	40
	Private		X		
	Stroger		X		
	Riverside		X		
	Unity Hospice		X		
	Palos		X		
	Edward Hospital		X		
	Metro		X		
	St. Joes		X		
Thurs.	Private		X	3	40
	Private		X		
	NW		X		
	SCH	X			
	SCH		X		
	St. James		X		
Fri.	Christ		X	2	41
	Private		X		
	Loyola		X		
	Private		X		
	Edwards		X		
	SCH		X		
	Palos		X		
Weekend	Private		X	4	39
	Private		X	4	
	Private		X		
	Private		X		
	Palos		X		
	Palos		X		
	Palos		X		
	Palos		X		
March 27th	Elmhurst		X	5	39
	Loyola		X		
Tues.	Private		X	6	39
	Palos		X		
	Private		X		
	Private		X		
	Private		X		
	SCH		X		
Wed.	SCH	X		5	41
	SCH		X		
	SCH		X		
	Private		X		
	Vitas		X		
	Christe		X		
	Unity Hospice		X		
Thurs.	St. Marys		X	4	42
	Christ		X		
	Palos		X		
	Palos		X		
	Rush		X		
	Private		X		
	Christ		X		
	Rush		X		
Fri.	Private		X	4	42
	Private		X		

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	NW		X		
	Private		X		
	Private		X		
	SCH		X		
	SCH		X		
Wed.	Private		X	2	40
	Palos		X		
	SCH		X		
	Christ		X		
	SCH		X		
	Private		X		
	LCM		X		
Thurs.	NW		X	2	42
	Metro		X		
	Private		X		
	SCH		X		
	Private		X		
	Private		X		
	Private		X		
Fri.	Private		X	3	42
	Private		X		
	SCH	X			
	SCH		X		
Weekend	Christ		X	3	42
	Private		X	3	
	SCH		X		
	Hinsdale		X		
	SCH		X		
April 24th	SCH	X		2	42
	SCH		X		
	Christ		X		
	SCH		X		
	Private		X		
	SCH		X		
	Christ		X		
Tues.	SCH		X	2	42
	Palos		X		
	Palos		X		
	Private		X		
	Private		X		
	Private		X		
	Joliet Area		X		
	Private		X		
Wed.	Private		X	2	43
	Private		X		
	Private		X		
	Private		X		
	Palos		X		
	Private		X		
	Private		X		
	SCH		X		
	Private		X		
	Metro		X		
	SCH		X		
	NW		X		
Thurs.	RML		X	3	4
	SCH		X		
	SCH		X		
	SCH		X		
	SCH		X		
Fri.	Private		X	4	41
	Private		X		
	SCH		X		
	Palos		X		
	Palos		X		
Weekend	Palos		X	6	41
	Private		X	6	

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Month	Hospital	Approved	Denied	Bed Holds	Total Census
May 2016					
May 1st	Private		X	6	41
	SCH		X		
	Palos		X		
	Private		X		
	Palos		X		
	Private		X		
	Private		X		
	Private		X		
	SCH	X			
	SCH		X		
	Metro		X		
	Loyola		X		
	SCH		X		
	SCH		X		
Tues.	Palos		X	6	40
	SCH		X		
	SCH		X		
	SCH		X		
	Private		X		
	St. Catherines		X		
	Private		X		
	RML		X		
	NW		X		
	SCH		X		
	Christ		X		
	SCH		X		
Wed.	Private		X	5	41
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Palos		X		
	Palos	X			
	Private		X		
	Christ		X		
	SCH		X		
Thurs.	RML		X	5	40
	SCH		X		
	Palos		X		
	Private		X		
	St. James		X		
	SCH		X		
	Ingalls	X			
	Uof C		X		
	Bria		X		
	Christ		X		
	SCH		X		
Fri.	SCH		X	4	41
	Mercy		X		
	Private		X		
	Private		X		
	Christ	X			
	South Sub		X		
	SCH		X		
Weekend	Private		X	4	42
	Private		X	4	
	Palos		X		
	Palos		X		
	Palos		X		
	Palos		X		
	Private		X		
May 8th	Private		X	4	42
	Private		X		
	South Sub		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Palos		X		
	SCH		X		
	Palos		X		
	RIC		X		
Tues.	Providence		X	1	45
	Private		X		
	SCH		X		
	Private		X		
	Private		X		

Month	Hospital	Approved	Denied	Bed Holds	Total Census
June 2016					
June 1st	Shirley Ryan		X	3	40
	Loyola		X		
	Palos	X			
	SCH	X			
	Metro South		X		
	Christ		X		
	Private		X		
	Private		X		
	Loyola		X		
Fri.	Private		X	4	39
	Shirley Ryan		X		
	Metro South		X		
	SCH		X		
	Private		X		
	Palos		X		
	SCH		X		
	Private		X		
Weekend	Private		X	4	41
	Private		X	4	
	Private		X		
	Christ		X		
	Private		X		
	Private		X		
	Christ		X		
	Christ		X		
June 5th	SCH		X	4	41
	Ingalls		X		
	Palos		X		
	Palos		X		
	St. Joes		X		
	Christ		X		
	SCH	X			
	SCH		X		
	SCH	X			
	Private		X		
	Palos		X		
	Christ		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Plymouth Place		X		
	Christ		X		
Tues.	Private		X	5	39
	SCH		X		
	SCH		X		
	Private		X		
	Private		X		
	Palos		X		
	Loyola		X		
	Private		X		
	Private		X		
	Palos		X		
Wed.	Private		X	7	40
	Christ		X		
	SCH		X		
	SCH		X		
	Loyola		X		
	NW		X		
	RUSH		X		
	St. Joes		X		
Thurs.	SCH		X	6	41
	Private		X		
	Private		X		
	Private		X		
	NW		X		
	Ingalls		X		
	SCH		X		
	Palos		X		
	Palos		X		
Fri.	Private		X	4	42
	Weiss	X			
	Private		X		
	NW		X		
	SCH		X		
	Private		X		
	Private		X		
Weekend	SCH		X	4	43

	Palos		X		
	Private		X		
	Private		X		
	Christ		X		
	RML		X		
	Private		X		
Wed.	Centegra		X	2	44
	Private		X		
	Private		X		
	Palos		X		
	Palos		X		
	SCH		X		
	SCH		X		
	Ingalls	X			
	Christ		X		
Thurs.	Private		X	3	43
	SCH		X		
	Private		X		
	Private		X		
	Christ		X		
	Private		X		
	Christ		X		
Fri.	SCH		X	3	44
	SCH		X		
	Palos		X		
	SCH		X		
	SCH	X			
	SCH		X		
	SCH		X		
	Private		X		
	NW		X		
	NW		X		
	Loyola		X		
	Palos		X		
Weekend	Christ		X	4	42
	Christ		X		
	Kindred		X		
	Palos		X		
	Palos		X		
	Palos		X		
May 15th	Private		X	4	42
	Palos		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Palos		X		
	SCH	X			
	SCH		X		
	SCH		X		
Tues.	SCH		X	3	42
	Private		X		
	Private		X		
	Private		X		
	LCM		X		
	SCH		X		
	SCH		X		
	Private		X		
Wed.	Private		X	2	42
	SCH		X		
	Advocate		X		
	Vista		X		
	SCH	X			
	Private		X		
	SCH		X		
Thurs.	SCH		X	3	41
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	LCM		X		
	Palos		X		
	Palos		X		
Fri.	Private		X	3	41
	Private		X		
	St. James		X		
	RIVERSIDE		X		
	SCH		X		
	Private		X		
	SCH		X		

	Christ		X	4	
	Palos		X		
	Palos		X		
	SCH		X		
June 12th	SCH		X	4	42
	SCH		X		
	SCH		X		
	SCH		X		
Tues.	SCH		X	3	42
	SCH		X		
	SCH		X		
	Christ		X		
	Palos		X		
	Palos		X		
Wed.	SCH		X	1	42
	SCH		X		
Thurs.	SCH		X	1	43
	Christ		X		
	Palos		X		
	Palos		X		
	Palos		X		
Fri.	SCH		X	0	43
	SCH		X		
Weekend	Private		X	0	43
June 19th	SCH		X	0	42
	Palos		X		
	Palos		X		
Tues.	SCH		X	0	42
Wed.	SCH		X	3	41
	Metro South	X			
	Kindred		X		
	St. Joes		X		
	Private		X		
	SCH	X			
	Private		X		
	Private		X		
Thurs.	UofC		X	3	40
	Private		X		
	RUSH		X		
	Christ	X			
	LCM		X		
	Loyola		X		
	SCH		X		
	Private		X		
	Private		X		
Fri.	SCH		X	4	41
	SCH		X		
	Loyola		X		
	RUSH		X		
	Christ		X		
	Private		X		
	Private		X		
	Private		X		
Weekend	SCH		X	3	40
	SCH		X		
	Palos		X		
	Palos		X		
	Palos		X		
	Palos		X		
	Palos		X		
	SCH		X		
	SCH		X		
	Christ		X		
	Metro South		X		
June 26th	Loyola	X		3	41
	Christ		X		
	SCH		X		
	Private		X		
	SCH	X			
	Private		X		
	RUSH		X		
	Private		X		
	Palos	X			
	SCH		X		
	Private		X		
	Palos		X		
	NW	X			
	Mercy		X		
Tues.	Christ		X	3	41
	SCH		X		
	Mercy		X		

	Private		X		
	Private		X		
	Christ		X		
	NW		X		
	Palos		X		
Weekend	Christ		X	4	42
	Private		X	4	
	Private		X		
May 22nd	Private		X	4	43
	Private		X		
	Private		X		
	Loyola		X		
	SCH	X			
	SCH		X		
	RIC		X		
	Palos		X		
	Palos		X		
	Private		X		
	Private		X		
	SCH		X		
	Private		X		
Tues.	SCH		X	5	44
	Private		X		
	Loyola		X		
	Private		X		
	Shirley Ryan		X		
	Private		X		
	Private		X		
	LCM		X		
	SCH		X		
	Palos		X		
	Palos		X		
	Memorial	X			
Wed.	Private		X	5	44
	SCH	X			
	Shirley Ryan		X		
	Skokie		X		
	Private		X		
	SCH		X		
Thurs.	Private		X	5	42
	Private		X		
	SCH	X			
	SCH	X			
	Private		X		
	McNeal		X		
	Palos		X		
	Palos		X		
	SCH		X		
	Memorial		X		
	Private		X		
Fri.	Loyola		X	5	44
	SCH		X		
	Palos		X		
Weekend	Palos		X	4	43
	Palos		X	4	
	Private		X		
May 29th	Palos		X	3	43
	Private		X		
	SCH		X		
	SCH		X		
	Christ		X		
	Private		X		
Tues.	Private		X	3	43
	South Sub		X		
	Christ		X		
	Private		X		
	Palos		X		
	Palos		X		
	Christ		X		
	SCH		X		
Wed.	Loyola		X	3	42
	McNeal		X		
	Salem Village		X		
	Palos		X		
	Metro South		X		

13 219

	Private		X		
	Glenbrook		X		
	SCH	X			
	SCH		X		
	SCH		X		
	Shirley Ryan		X		
	SCH		X		
	Christ		X		
	Christ		X		
Wed.	Private		X	3	41
	Palos		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Christ		X		
	Christ	X			
Thurs.	Private		X	4	39
	Private		X		
	NW	X			
	Private		X		
	Ingalls		X		
	Palos		X		
	Palos		X		
	SCH	X			
Fri.	Christ		X	3	41
	SCH		X		
	Private		X		
	Private		X		
	Private		X		
	Private		X		
	Hinsdale		X		
	SCH		X		
	Nw		X		
			16	174	63

Total 18 Month		
Approved	Denied	Referrals
384	2,494	2,878
% of Referrals Approved		13.3%

**SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES-
INFORMATION REQUIREMENTS** *Continued v*

Criterion 1125.330 – Alternatives

1. Identify ALL of the alternatives to the proposed project:

Alternative options must include:

- a. Proposing a project of greater or lesser scope and cost;
- b. Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- c. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- d. Provide the reasons why the chosen alternative was selected.

2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

The alternatives to this project are limited by several factors. First, among them is that the applicant has 46 existing nursing beds that are part of a larger continuing care retirement campus (CCRC) which is also a life care community. As such, there are site and location limitations and a new freestanding independent nursing facility is not a viable option. An existing facility only has options of discontinuation, continuation with no change in scope, expansion of beds and services or a replacement of beds and services. As the existing beds are relatively new, fully utilized and part of a life care community, discontinuation and replacement of beds and services are not viable alternatives. To continue services with no changes to scope would require the Applicant to ignore the outstanding need for additional nursing beds (42) and more importantly that 87 percent of total referrals to the existing nursing unit are denied primarily due to lack of capacity. Therefore, the only alternative to the proposed project is to what size the expansion will take.

ATTACHMENT-11

**SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES-
INFORMATION REQUIREMENTS** *Continued vi*

ALTERNATIVE

The Applicant considered a 20-bed addition to the project, a 42-bed addition and a 46-bed addition. It is clear to see why a 20-bed and a 42-bed expansion would be considered; 42 beds equal the outstanding need identified by the State (refer to ATTACHMENT-11A) and 20 beds represent a lesser cost alternative. The 46-bed expansion was considered as the number that would make the proposed expansion financially viable on its own and with the design of the two-story building allows for the optimal utilization of staff.

Cost

A 20-bed expansion would still carry the replacement of the physical and occupational therapy (PT/OT) gym and that of the administration. It would only allow for the building to be a single story structure. This would only reduce the size of the overall expansion by one third. It would still also require the renovation of areas within the existing nursing unit.

A 42-bed expansion would be expected to cost \$21,612,276. This alternative would include the replacement of the PT/OT gym and the renovated areas within the existing nursing unit.

A 46-bed expansion has a cost of \$22,162,276.

Patient Access

A 20-bed expansion improves patient access. However, it is improved only to the point that is only half of that of what the State's outstanding need for beds is. The existing 46 nursing care beds had 346 admissions in the most recent 18-month timeframe ending June 30, 2017 and maintained a 90 percent use rate for that time period. These admissions equate to 13.3 percent acceptance rate due to existing utilization and licensed capacity. Adding only 20 beds does the least to address the deflection of these referrals.

ATTACHMENT-11

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

A 42-bed expansion improves patient access. It improves access to a point that is equal to that of the outstanding number of nursing beds needed. It also better addresses the resident referrals that are denied due to the lack of capacity.

A 46-bed expansion improves patient access to the greatest level of all options considered.

Quality

There is no difference in quality between the three alternatives. One indicator of the quality that is provided by Smith Crossing is the overwhelming number of referrals that are made to the facility annually. Appended as **ATTACHMENT-11B**, is a listing of referrals, by referral source, for the latest 18-month period ending June 30, 2017 that shows 2,878 referrals were made to the project.

Financial Benefits

A 20-bed expansion with the other necessary components of the project does not cover its costs. Such a project would have to be subsidized by the rest of the campus.

A 42-bed expansion also allows the development to breakeven which is not costing the rest of the CCRC, but it also offers no financial benefits.

A 46-bed expansion essentially takes the 42-bed design and makes it that much more efficient. It doesn't have to add staff and is able to be designed with only a minimal increase in gross square feet to actually allow the project to stand alone. This is the only alternative that provides a return for the campus and therefore offers a financial benefit to the Applicant.

- b. Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- c. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

ATTACHMENT-11 . . .

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES-INFORMATION REQUIREMENTS *Continued viii*

Essentially this project satisfies the above two items as it is an expansion of beds and services of an existing provider/health care resource that is receiving 2,878 annual referrals, yet only able to accommodate 384 of those in the existing 46 beds. Please note that the difference in between admissions and accepted referrals is that admissions data does not count readmissions after hospitalization.

d. Provide the reasons why the chosen alternative was selected.

The alternative to proceed with a 46-bed expansion was chosen as the best option to address the State's outstanding need for beds and yet provide a project that does not provide a financial burden on the rest of the campus, and proves to be financially viable. The decision was not purely financial as this alternative offers the best patient access for greatest number of the continued annual referrals that this facility turns away.

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

This alternative is not based solely, or in part, on improved quality of care as it is on improving accessibility to general geriatric nursing residents. The quantifiable evidence will be the facility's ability to maintain its target use level of 90% by the end of its first two years of opening. What is unique about the proposed project is that they have a track record of achieving this evidence based outcome and it is also evidenced through the healthy referral level of a smaller scale nursing unit.

ATTACHMENT-11

LONG-TERM CARE FACILITY UPDATES

5/3/2017

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3651	3309	342
Planning Area 7-B	5566	6168	(602)
Planning Area 7-C	5913	6011	(98)
Planning Area 7-D	2462	2892	(430)
Planning Area 7-E	7495	8513	(1018)
HEALTH SERVICE AREA 8			
Kane	2705	2934	(229)
Lake	3653	3979	(326)
McHenry	1060	1095	(35)
HEALTH SERVICE AREA 9			
Grundy	292	265	27
Kankakee	973	989	(16)
Kendall	313	185	128
Will	2931	2889	42
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1219	(142)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)
LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED			
HSA 1	249	333	(84)
HSA 2	239	224	15
HSA 3	206	352	(146)
HSA 4	304	128	176
HSA 5	206	208	(2)
HSA 6, 7, 8, 9	3161	1081	2080
HSA 10	74	32	42
HSA 11	215	288	(73)

Smith Crossing
Referrals by Source
01/01/2016 through 06/30/2017

Hospital/Source	Approved	Denied	Source Total
Adventist	0	1	1
Advocate	0	1	1
Alden	0	10	10
Alexian	0	1	1
Bria	0	1	1
Bronson	1	1	2
CDP	0	3	3
Centegra	0	1	1
Chrsit	23	182	205
CPD	0	2	2
Edwards	0	7	7
Elmhurst	0	2	2
Evanston	0	2	2
Evergreen	0	2	2
Forest Park	0	1	1
Fransican Village	0	1	1
Glenbrook	0	1	1
Good Sam	1	0	1
Hackley	1	0	1
Hinsdale	1	14	15
Holy Cross	0	1	1
Holy Family	0	1	1
Ingalls	7	15	22
Joliet Area	0	2	2
Kindred	0	6	6
LaGrange	1	2	3
LCM	2	17	19
Lexington	0	2	2
Loyola	3	75	78
Lutheran	1	1	2
Manna	0	1	1
Manor Care	0	3	3
Marion Joy	0	4	4
Masonic	0	1	1
Mayo	0	3	3
McNeal	0	4	4
Memorial	1	1	2
Mercer	0	1	1
Mercy	0	4	4
Metro South	3	29	32
Sub-Total	45	406	451

Hospital/Source	Approved	Denied	Source Total
NuVista	1	0	1
Northwestern	6	35	41
Palos	86	436	522
Plymoth Place	0	1	1
Porter	0	2	2
Private	0	692	692
Providence	0	1	1
Regency	0	1	1
RIC	0	7	7
Riverside	0	40	40
RML	0	22	22
Rush	5	55	60
Salem Village	0	1	1
SHC	207	626	833
SCH/Alden	1	1	1
Sherman	0	1	1
Shirley Ryan	0	5	5
Skokie	0	1	1
Skyline	0	1	1
Smith Crossing	13	0	13
South Shore	0	2	2
South Sub	3	26	29
St James	0	9	9
St. Joes	4	42	46
St. Catherines	0	1	1
St. James	6	28	34
St. Margarets	2	0	2
St. Marys	0	2	2
Stroger	0	2	2
Symphony	0	1	1
Trinity	0	1	1
UIC	2	33	35
Unity Hospice	0	2	2
VA	0	7	7
Victorian Village	1	1	2
Vitas	0	2	2
Weiss	2	2	4
Sub-Total	339	2,089	2,427
	Approved	Denied	Source Total
	384	2,494	2,878
	% of Referrals Approved		13.3%

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued*

Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

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

Smith Village and Smith Crossing are the only related entities to the Parent entity, **Smith Senior Living**. A copy of all the aforementioned facilities' licenses and certifications as applicable (nursing, assisted living and certificate of Registration) are appended under **ATTACHMENT-12A**.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

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

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

The above requested authorization for the HFSRB and the DPH access to information is appended as **ATTACHMENT-12C**.

4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

This item is not germane.

ATTACHMENT-12

DISPLAY THIS PART IN A CONSPICUOUS PLACE

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

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

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

<small>EXPIRES</small> 10/17/2017	<small>LICENSE NO.</small> 0046698
LONG TERM CARE LICENSE SKILLED	CATEGORY BGBE 46
UNRESTRICTED	46 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

WASHINGTON AND JANE SMITH COMMUNITY-ORLAND

SMITH CROSSING
10501 EMILIE
ORLAND PARK IL 60467
EFFECTIVE DATE: 10/18/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

REGION 7

09/23/16

SMITH CROSSING
10501 EMILIE
ORLAND PARK

IL 60467

ATTACHMENT-12A



State of Illinois 2206585

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

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

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/27/2016	A-9	5101677
ASSISTED LIVING LICENSE ISSUED: 05/27/15 16 ALZHEIMER UNITS 46 REGULAR UNITS 62 TOTAL UNITS		

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

SMITH CROSSING
10501 EMILIE LANE
ORLAND PARK, IL 60467

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

Illinois Business Authorization

WASHINGTON & JANE SMITH COMMUNITY-ORLAND PARK

DBA: SMITH CROSSING

10501 EMILIE LN
ORLAND PARK IL 60467-8805


Loc. Code: 099-0070-5-001
Orland Park (Will)
Will County

Certificate of Registration

Expiration Date:
6/1/2019

Sales and use taxes and fees

(3959-0641)



Director
DEPARTMENT OF REVENUE
Issued DATE: 06/01/2014

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

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

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

EXPIRATION DATE	L.D. NUMBER
02/01/2019	0015032
LONG TERM CARE LICENSE	CATEGORY BGBE
SKILLED 100	
UNRESTRICTED	100 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

THE WASHINGTON AND JANE SMITH COMMUNITY-BEV

SMITH VILLAGE
2320 WEST 113TH. PLACE
CHICAGO IL 60643
EFFECTIVE DATE: 02/02/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

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

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

EXPIRATION DATE	ID NUMBER
06/23/2017	5102006
Issued: 06/23/2016 Category: A-10	
ASSISTED LIVING LICENSE	
Alzheimer Units	24 Regular Units 58
Total Units	82

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

SMITH VILLAGE
2320 WEST 113TH PLACE
CHICAGO IL 60643

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

Region

Printed 06/27/16

JATIS MARTI
SMITH VILLAGE
2320 WEST 113TH PLACE
CHICAGO IL 60643

ATTACHMENT-12A

Verify that all of your Illinois Business Authorization information is correct.

✓ If not, contact us immediately.

✓ If yes, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. **Do not discard** - your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.


Illinois Business Authorization

WASHINGTON & JANE SMITH COMMUNITY BEVERLY
DBA: SMITH VILLAGE
2320 W 113TH PL
CHICAGO IL 60643-4107

Loc: Code: 016-0001-1-001
Chicago (Cook)
Cook County

Expiration Date:
5/1/2019

Certificate of Registration
Sales and use taxes and fees (3959-0658)


Director
DEPARTMENT OF REVENUE
Issued DATE: 05/01/2014



May 10, 2017

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

Please be advised that no adverse action as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Guajardo".

Frank Guajardo
Executive Director

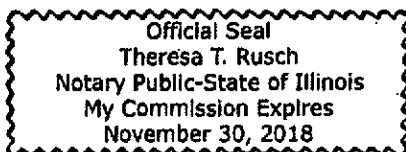
Notarization:

Subscribed and sworn to before me
this 10th day of May 2017

A handwritten signature in black ink, appearing to read "Theresa T. Rusch".

Signature of Notary

Seal:



Smith SENIOR LIVING

August 24, 2017

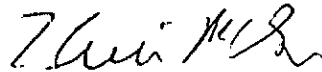
Corporate Office
T 773 474 7300
F 773 474 7352
2320 West 113th Place
Chicago, Illinois 60643
smithseniorliving.org

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

Please be advised that no adverse action as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

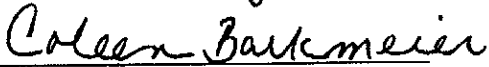
Sincerely,



Kevin McGee
President

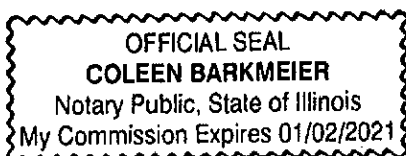
Notarization:

Subscribed and sworn to before me
this 24th day of August 2017



Signature of Notary

Seal



ATTACHMENT-12B



May 10, 2017

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

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

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Guajardo".

Frank Guajardo
Executive Director

Smith SENIOR LIVING

Corporate Office
T 773 474 7300
F 773 474 7352
2320 West 113th Place
Chicago, Illinois 60643
smithseniorliving.org

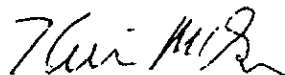
August 24, 2017

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

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

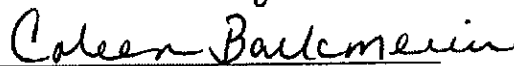
Sincerely,



Kevin McGee
President

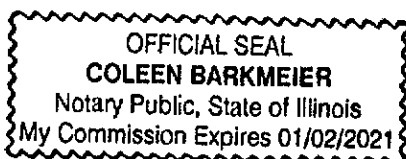
Notarization:

Subscribed and sworn to before me
this 24th day of August 2017



Signature of Notary

Seal



ATTACHMENT-12C

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued ii

Criterion 1125.530 - Planning Area Need

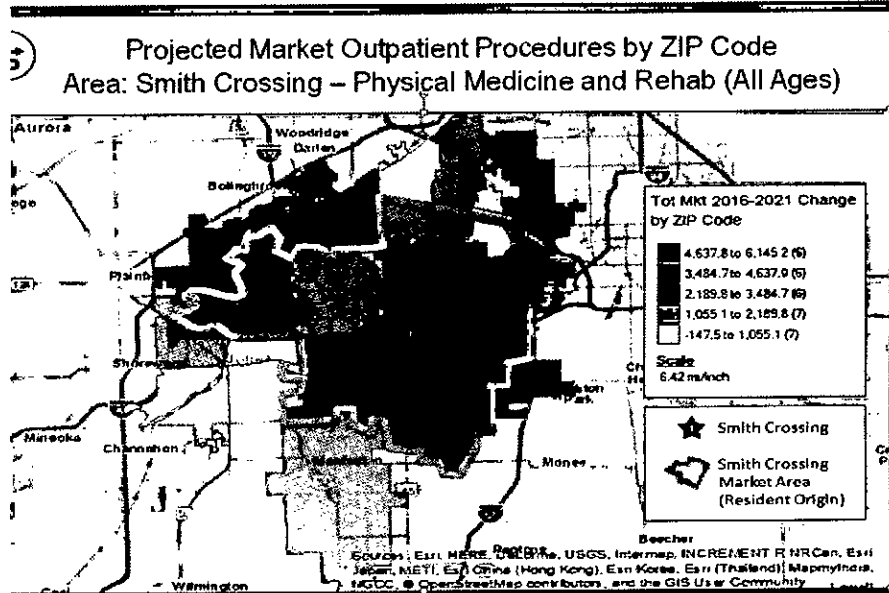
1. Identify the calculated number of beds needed (excess) in the planning area. See HFSRB website (<http://hfsrb.illinois.gov>) and click on “Health Facilities Inventories & Data”.

Appended as ATTACHMENT-13A is a copy of the State's May 3, 2017 Long-Term Care Facility Update to its 2015 Inventory of Health Care Facilities and Services and Need Determinations which shows that there is an outstanding need for 42 additional nursing beds in the Will County Planning Area, HSA 9.

2. Attest that the primary purpose of the project is to serve residents of the planning area and that at least 50% of the patients will come from within the planning area.

Appended as ATTACHMENT-13B is a chart providing the total admissions by Zip Code. Nearly 95 percent (94.5%) of the admissions were derived from within the 30-minute market area contour. The existing Smith Crossing campus is located in Orland Park and in the Will County side of the Will/Cook County line. It is reasonable that 50% of the admissions will come from Will County and 50% will come from Cook County. Moreover, nearly 60 percent

(55.9%) of the admissions came from referral sources within Will County. Therefore, the primary purpose of the project has served the residents of Will County (Will County Planning Area).



ATTACHMENT-13

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued iii

3. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used, as described in Section 1125.540.

Appended as **ATTACHMENT-13C** are 2 hospital/physician referral letters providing 1,409 annual projected and historical referrals. It should be noted that both Silver Cross Hospital and Palos Hospital have limited their referrals to those being sent to Smith Crossing because of the unavailability of beds. Appended as **ATTACHMENT-13D** are excerpts from a full market analysis prepared for the Applicant. This analysis looks at referral volumes, admissions by referral source, and where Smith Crossing residents are seeking acute care services. It also examines where Palos Hospital and Silver Cross are sending their patients for post acute care, discharges by service line, acute care and market share trends, discharge status and finally SNF Snapshot comparison on key metrics for area nursing providers.

ATTACHMENT-13

LONG-TERM CARE FACILITY UPDATES

5/3/2017

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3651	3309	342
Planning Area 7-B	5566	6168	(602)
Planning Area 7-C	5913	6011	(98)
Planning Area 7-D	2462	2892	(430)
Planning Area 7-E	7495	8513	(1018)
HEALTH SERVICE AREA 8			
Kane	2705	2934	(229)
Lake	3653	3979	(326)
McHenry	1060	1095	(35)
HEALTH SERVICE AREA 9			
Grundy	292	265	27
Kankakee	973	989	(16)
Kendall	313	185	128
Will	2931	2889	42
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1219	(142)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)
LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED			
HSA 1	249	333	(84)
HSA 2	239	224	15
HSA 3	206	352	(146)
HSA 4	304	128	176
HSA 5	206	208	(2)
HSA 6, 7, 8, 9	3161	1081	2080
HSA 10	74	32	42
HSA 11	215	288	(73)

Smith Crossing
Admissions
01/01/2016 through 06/30/2017

First Initial	Last Initial	Billing Zip Code	# Admits
J	C	33436	1
E	M	36542	1
G	T	46311	1
M	I	46319	1
H	B	46383	1
J	K	60403	1
R	S	60417	
K	A	60417	
M	W	60417	3
J	D	60421	1
R	L	60422	
C	B	60422	2
G	A	60423	
D	L	60423	
M	V	60423	
D	B	60423	
R	B	60423	
S	N	60423	
E	R	60423	
D	H	60423	
M	L	60423	
A	H	60423	
S	G	60423	
C	M	60423	
S	G	60423	
D	L	60423	
B	G	60423	15
E	W	60428	1
E	F	60429	1
V	P	60430	
V	P	60430	2
J	N	60441	
J	N	60441	
M	C	60441	
G	R	60441	
J	W	60441	5
M	B	60442	1
L	S	60443	1
D	L	60445	
K	G	60445	2
M	W	60446	1
R	A	60448	
P	W	60448	
L	I	60448	
V	H	60448	
R	B	60448	
W	M	60448	
C	G	60448	
S	F	60448	
S	D	60448	

Sub-Total 41

First Initial	Last Initial	Billing Zip Code	# Admits
B	J	60448	
J	M	60448	
F	H	60448	12
O	L	60449	
O	L	60449	
G	C	60449	3
R	D	60451	
C	W	60451	
W	W	60451	
W	G	60451	
G	B	60451	
M	T	60451	
G	O	60451	
C	W	60451	
R	S	60451	
R	N	60451	
N	E	60451	11
T	A	60452	
S	S	60452	
J	L	60452	
J	S	60452	
J	S	60452	
K	T	60452	
M	H	60452	
A	C	60452	
P	W	60452	
E	L	60452	10
B	P	60453	
G	C	60453	
J	S	60453	
M	H	60453	
G	C	60453	5
P	G	60461	
I	H	60461	
S	G	60461	3
I	L	60462	
J	M	60462	
C	N	60462	
R	M	60462	
J	W	60462	
L	W	60462	
M	P	60462	
C	P	60462	
P	B	60462	
G	L	60462	
I	S	60462	
R	M	60462	
J	O	60462	
C	N	60462	
J	O	60462	

Sub-Total 44

First Initial	Last Initial	Billing Zip Code	# Admits
B	T	60462	
J	H	60462	
S	P	60462	
M	W	60462	
J	G	60462	
S	S	60462	
R	L	60462	
E	M	60462	
J	A	60462	
T	M	60462	
M	F	60462	
R	M	60462	
S	M	60462	
L	B	60462	
B	M	60462	
S	B	60462	
L	K	60462	32
K	G	60463	
F	S	60463	
B	K	60463	
J	A	60463	4
C	S	60464	
M	H	60464	
M	M	60464	3
E	W	60465	
H	T	60465	2
V	T	60466	1
D	L	60467	
J	W	60467	
G	O	60467	
E	R	60467	
E	C	60467	
A	S	60467	
M	S	60467	
J	B	60467	
G	C	60467	
P	H	60467	
J	W	60467	
L	P	60467	
B	C	60467	
B	S	60467	
E	S	60467	
G	O	60467	
E	R	60467	
M	D	60467	
R	K	60467	
M	L	60467	
S	S	60467	
B	H	60467	
J	B	60467	

Sub-Total 42

ATTACHMENT-13B

Smith Crossing
Admissions
01/01/2016 through 06/30/2017

First Initial	Last Initial	Billing Zip Code	# Admits
P	H	60467	
J	R	60467	
E	S	60467	
J	R	60467	
J	K	60467	
J	S	60467	
J	R	60467	
R	H	60467	
L	F	60467	
H	W	60467	
L	D	60467	
J	K	60467	
S	C	60467	
C	S	60467	
P	E	60467	
R	K	60467	
J	R	60467	
E	R	60467	
J	A	60467	
P	J	60467	
S	O	60467	
R	S	60467	
R	C	60467	
J	B	60467	
J	P	60467	
G	H	60467	
D	D	60467	
J	R	60467	
R	E	60467	
B	L	60467	
P	B	60467	
J	W	60467	
C	H	60467	
M	K	60467	
W	K	60467	
P	K	60467	
C	D	60467	
M	D	60467	
G	D	60467	
E	N	60467	
J	B	60467	
S	B	60467	
L	P	60467	
E	K	60467	
D	K	60467	
W	R	60467	
C	A	60467	
P	H	60467	
G	B	60467	
R	L	60467	

Sub-Total 0

First Initial	Last Initial	Billing Zip Code	# Admits
R	Z	60467	
G	C	60467	
V	R	60467	
L	M	60467	
M	M	60467	
H	P	60467	
P	E	60467	
D	B	60467	
L	H	60467	
L	M	60467	
M	P	60467	
N	O	60467	
G	M	60467	
V	J	60467	
J	M	60467	
M	B	60467	
J	P	60467	
M	H	60467	
R	H	60467	
E	W	60467	
C	A	60467	
H	C	60467	
E	M	60467	
D	H	60467	
B	W	60467	
E	W	60467	
W	K	60467	
C	P	60467	
J	W	60467	
L	P	60467	
E	M	60467	
T	C	60467	
L	M	60467	
R	K	60467	
B	T	60467	
E	K	60467	
L	P	60467	
E	W	60467	
E	O	60467	
J	B	60467	
G	S	60467	
G	M	60467	
A	R	60467	
M	R	60467	
W	F	60467	
L	J	60467	
T	C	60467	
F	K	60467	
J	K	60467	
H	C	60467	

Sub-Total 0

First Initial	Last Initial	Billing Zip Code	# Admits
C	H	60467	
B	W	60467	
M	M	60467	
B	F	60467	
J	K	60467	
O	R	60467	
G	C	60467	
C	H	60467	
G	M	60467	
A	R	60467	
H	C	60467	
R	R	60467	
J	F	60467	
B	J	60467	
R	V	60467	
M	B	60467	
W	M	60467	
M	W	60467	
J	S	60467	
M	C	60467	
A	G	60467	
T	C	60467	
D	L	60467	
M	C	60467	
A	G	60467	
L	P	60467	
L	C	60467	
L	C	60467	
J	B	60467	
M	G	60467	
G	W	60467	
B	W	60467	
E	W	60467	
R	S	60467	
H	D	60467	
P	E	60467	
A	I	60467	
G	M	60467	
R	C	60467	
S	C	60467	
D	T	60467	
E	O	60467	
A	D	60467	
R	E	60467	167
G	K	60468	1
H	K	60473	
C	H	60473	2
D	S	60477	
N	S	60477	
I	B	60477	

Sub-Total 170

Smith Crossing
Admissions
01/01/2016 through 06/30/2017

First Initial	Last Initial	Billing Zip Code	# Admits
M	M	60477	
P	S	60477	
M	T	60477	
J	M	60477	
T	K	60477	
A	C	60477	
M	T	60477	
M	S	60477	
M	D	60477	
M	W	60477	
L	H	60477	
L	W	60477	
H	C	60477	
I	F	60477	
S	P	60477	
H	J	60477	
K	D	60477	
L	M	60477	
K	H	60477	
E	H	60477	23
A	M	60480	1
J	M	60487	
D	D	60487	
R	M	60487	
J	S	60487	
N	E	60487	
G	H	60487	
J	G	60487	
R	G	60487	
N	A	60487	
J	C	60487	
P	C	60487	11
F	S	60527	
M	G	60527	2
L	L	60611	1
V	F	60617	1
K	S	60633	1
M	M	60638	
J	S	60638	2
S	S	60643	1
M	S	60652	1
T	M	60655	1
M	M	60805	1
J	T	60950	1
M	D	62711	1
D	A	85118	1
Sub-Total			49

30-Minute Zip Codes	# Admits	30-Minute Zip Codes	# Admits
46324	0	60455	0
60403	1	60457	0
60406	0	60458	0
60409	0	60459	0
60411	0	60461	3
60415	0	60462	32
60419	0	60463	4
60421	1	60464	3
60422	2	60465	2
60423	15	60466	1
60425	0	60467	167
60426	0	60468	1
60428	1	60469	0
60429	1	60471	0
60430	2	60472	0
60431	0	60473	2
60432	0	60476	0
60433	0	60477	23
60435	0	60478	0
60436	0	60480	1
60438	0	60482	0
60439	0	60487	11
60441	5	60491	0
60442	1	60501	0
60443	1	60525	0
60445	2	60527	2
60446	1	60534	0
60448	12	60561	0
60449	3	60643	1
60451	11	60803	0
60452	10	60827	0
60453	5	Sub-Total	40
Sub-Total	74		
Total Admits within 30-Minute		114	
% Admits within 30-Min.		94.5%	

Total 18 Month Admits 346

Smith Crossing
Admissions by Source
01/01/2016 through 06/30/2017

Admit From Name	#	% Admits by Zip Code	County of Origin
Adventist Hinsdale Hospital	1		DuPage Co.
Alden of Orland Park Rehab	1		Will Co.
Alden of Shorewood	1		Will Co.
Bronson Hospital	1		Indiana
Christ Medical Center	23	6.3%	Cook Co
Franciscan St. Margaret Health	2		Indiana
Good Samaritan Hospital	1		DuPage
Hackley Hospital	1		Michigan
Ingalls Memorial Hospital	7	1.9%	Cook Co.
LaGrange Hospital	1		Cook Co.
Little Company of Mary Hospital	2		Cook Co.
Loyola University Health Center	2		Cook Co.
Lutheran General Hospital	1		Cook Co.
Memorial Medical Center	1		Sangamon Co.
MetroSouth Medical Center	3		Cook Co.
Northwestern Memorial Hospital	5		Cook Co.
NuVista Care	1		
Palos Community Hospital	71	19.3%	Cook Co.
Rush Presbyterian St. Lukes Medical Center	1		Cook Co.
Rush University Medical Center	4		Cook Co.
Silver Cross Hospital	174	47.4%	Will Co.
Smith Crossing	23	6.3%	Will Co.
South Suburban Hospital	3		Cook Co.
St Joseph Hospital Chicago	1		Cook Co.
St. James Hospital / Olympia Fields	6		Cook Co.
St. Joseph Medical Center Provena	3		Will Co.
University of Chicago Medical Center	2		Will Co.
Victorian Village	1		Will Co.
Weiss Memorial Hospital	2		Cook Co.
Home (personal residence)	1		
	367		
	205	55.9%	Will County



1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

August 21, 2017

Illinois Health Facilities and Services Review Board
525 West Jefferson Street / Second Floor
Springfield, IL 62761

RE: Granting Certificate of Need to Smith Crossing

Members of the Board:

Silver Cross Hospital wholeheartedly endorses granting a Certificate of Need to Smith Crossing to build a new wing to house 46 additional beds dedicated to short-term stay rehabilitation for older adults.

Because Smith Crossing currently has only 16 rehab beds, with some reserved for its residents, our patients who choose Smith Crossing as their preferred rehabilitation provider cannot currently be accommodated. Between January 1, 2016 and June 30, 2017, for instance, Silver Cross referred 839 patients to Smith Crossing. Only 170 of our patients, however, could be accepted. These numbers are separate and distinct of referrals provided in support of 15-051, Alden Estates-Courts of New Lenox. That means 80 percent of those ready to be discharged for rehabilitation services were not able to have their preferred option for continued care met.

This project would significantly improve Smith Crossing's ability to respond to our and our patients' requests, and those of other healthcare providers. As a result, access and care would be enhanced for the growing population of older adults in our area. We are grateful to Smith Crossing for its willingness to invest in the future care for the elderly.

We have a very high regard for Smith Crossing. Its team of physical, occupational and speech therapists as well as its nursing professionals consistently make it possible for older adults, including those with medically complex diagnoses, to return to a life of independence. Smith Crossing's medical director has staff privileges at Silver Cross Hospital.

Silver Cross Hospital encourages you to grant permission to Smith Crossing so it can increase its capacity to improve the lives of more older adults.

Very truly yours,

A handwritten signature in cursive script that reads "Mary Bakken".

Mary Bakken
Executive Vice President, Chief Operating Officer

ATTACHMENT-13C

August 24, 2017

Ms. Kathryn J. Olson
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

RE: Smith Crossing in Orland Park


Dear Ms. Olson:

Please accept this as a letter of support for Smith Crossing's application for permit for the addition of 42 Rehab beds increasing their capacity to a total of 58 beds. Palos Health is continuing to serve a growing aging community with many patients being treated for acute episodes of chronic conditions. New payer models and efficient delivery systems require more integrated and collaborative relationships between acute and post-acute providers to assure appropriate use of resources and the delivery of care in the right setting at the right time. While we continue to develop our own post-acute care home based services, we are actively working together with providers of rehab and skilled nursing services to assure this delivery of coordinated care.

Patients being discharged from Palos Hospital for rehab services have consistently identified Smith Crossing as a facility of choice, but they have had limited capacity to accommodate the demand. In fact, for the 18 month period from January, 2016 through June, 2017, approximately 70 patients were discharged from Palos to Smith Crossing. During that same period of time, Palos referred more than 500 discharged patients to Smith Crossing. While there may be reasons other than capacity that the referrals were denied, I believe that these statistics generally speak to the demand and desire for the additional capacity being sought by Smith Crossing. Their reputation and facility are excellent. The need for quality alternatives for rehab services in the face of an aging patient population and the coordinated care is critical. We would encourage approval of the proposed project.

Thank you for your consideration.

Sincerely,



Timothy J. Brosnan
Vice President, Planning and Community Relations



Engagement Objectives

- Update 2016 skilled nursing facility market assessment
- Assess skilled nursing demand (short-term rehab) in coordination with CON consultant
- Identify potential niche or specialty areas to enhance revenue and market position
- Inform discussions regarding partnership and/or affiliation opportunities with acute care hospitals or other organizations
- Inform the decision regarding the optimal number of additional nursing beds to pursue
- Evaluate the opportunity for outpatient therapy

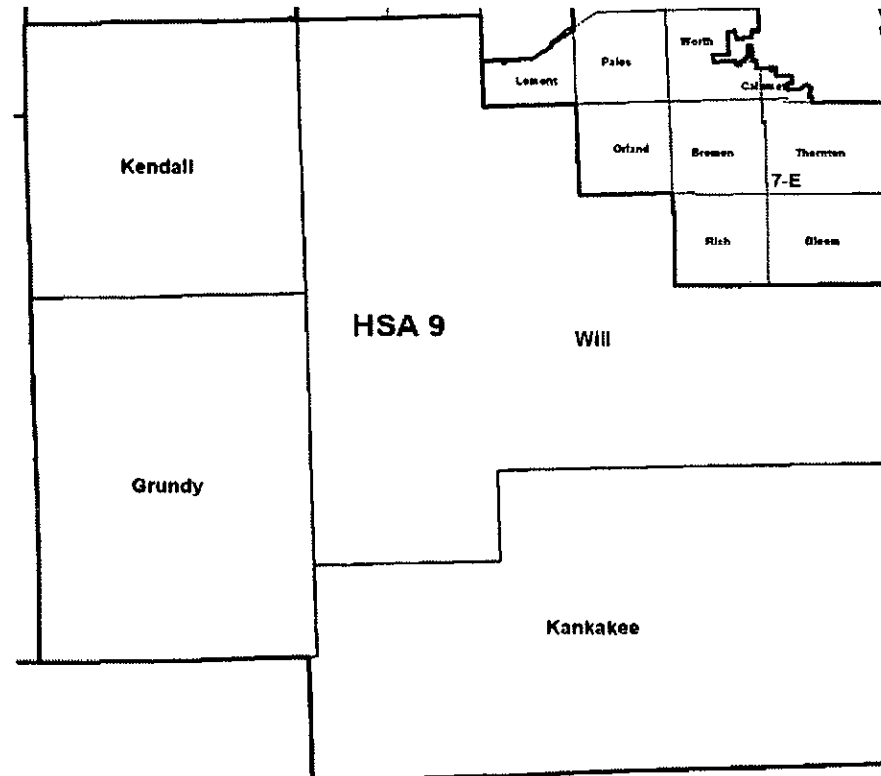




LTC Nursing Care Bed Need: HSA 9

General Long-Term Nursing Care Bed Need by Planning Area

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed	Excess Beds
Grundy County	292	265	27	0
Kankakee County	973	989	0	16
Kendall County	313	185	128	0
Will County	2,931	2,889	42	0
HSA 9 Totals	4,509	4,328	197	16



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ATTACHMENT-13D

Source: Illinois Health Facilities and Services Review Board, Illinois Department of Public Health, January 25, 2017





Smith Crossing Bed Need Determination

Smith Crossing Bed Need Determination (Internal Demand)	
Independent Living Units	173
Assisted Living Units	46
Assisted Living Memory Care Units	16
Total Residential Units	235
Nursing Bed Need – 1 bed per 5 Residential Units	47

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ATTACHMENT-13D

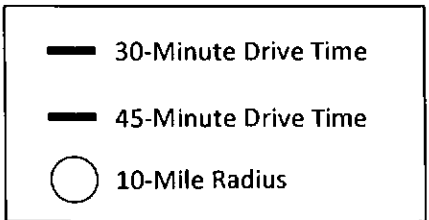
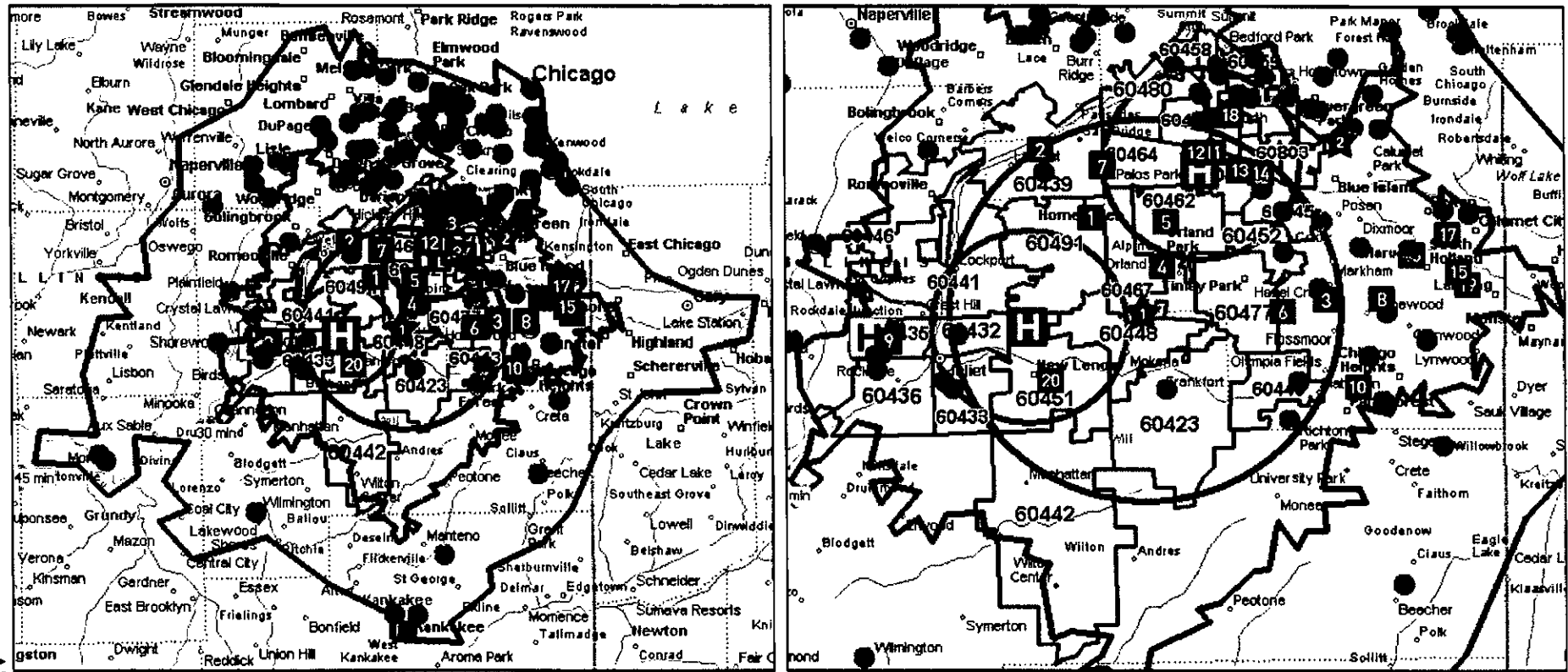
Note: Based on "rule of thumb" provided by John Kniery.





Geographic Service Area Determination for Nursing Beds

(yellow shaded area represents acute care service area)



- Until February 2017, state methodology considered 30-minute and 45-minute drive times to identify competitors
- In March 2017 a new proposed methodology would use a 10-mile radius service area (fewer competitors to be included)

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ATTACHMENT-13D



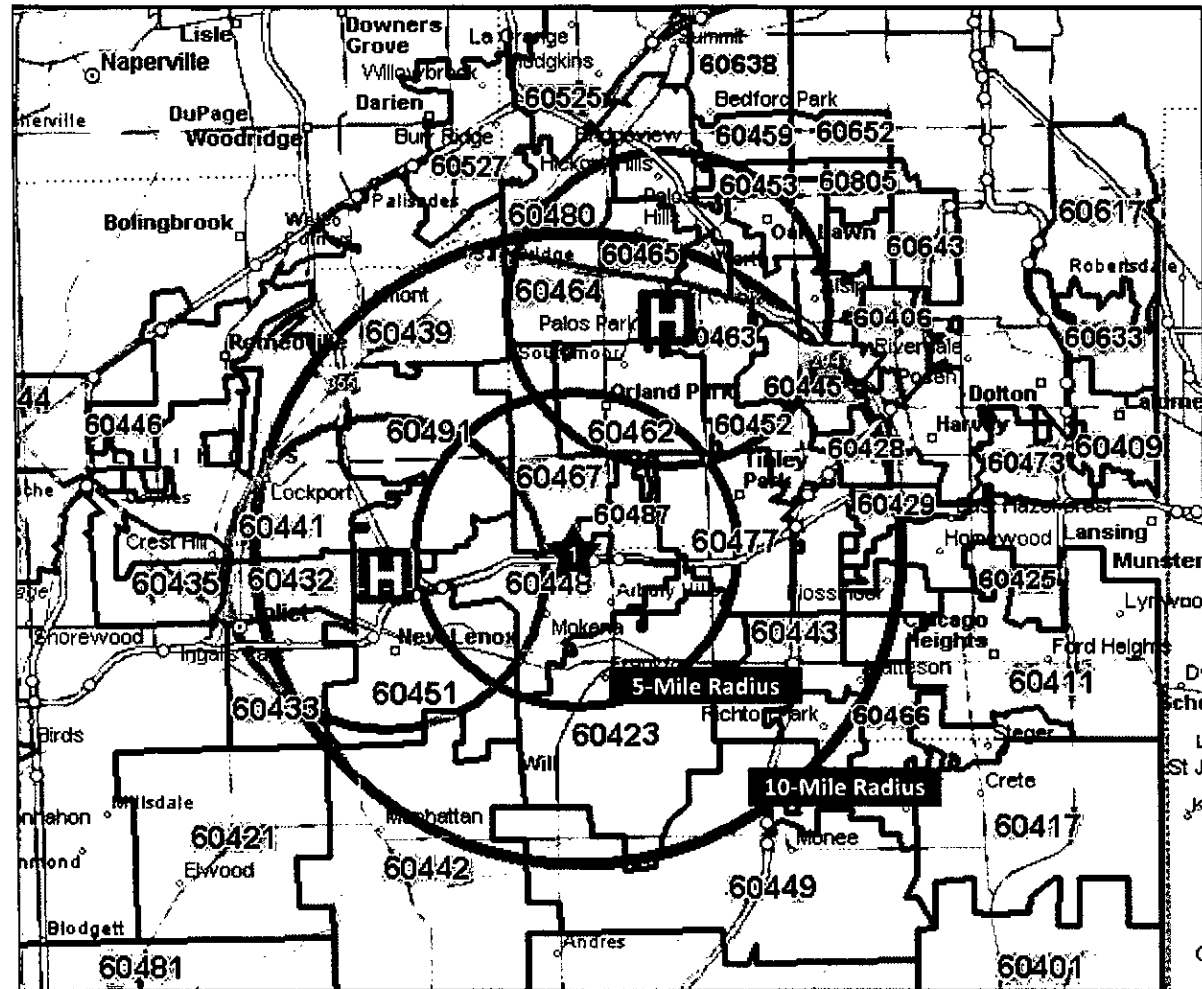
Smith Crossing Short-Term Rehab Patient Origin

Falls within a 10-mile radius

Zip Code Origin
% of Total

- 40.00% and up
- 10.00 - 10.99%
- 5.00 - 5.99%
- 2.00 - 4.99%
- 1.00 - 1.99%
- 0.10 - 0.99%

- ★ Smith Crossing
- H Silver Cross Hospital
- H Palos Community Hospital



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ATTACHMENT-13D





Referral Volumes and Performance

	% of Total Smith Crossing Referrals	Smith Crossing Readmission Rate	Average Length of Stay	Acceptance Rate January 2016- January 2017	% of Total Hospital Referrals to SNF in 2015
Silver Cross Hospital	51%	19.5%	16.9 days	29%	9%
Palos Community Hospital	27%	17.9%	20.4 days	27%	3%
All Referring Hospitals		17.3%	18 days		

Silver Cross is the closest hospital to Smith Crossing and currently accounts for more than half of the referral volume. Garnering additional referral volume will mean taking market share from other skilled nursing providers in the market and Smith Crossing will be competing with the planned Alden Estates of New Lenox (expected opening 2/28/19) to maintain and grow referral volume.

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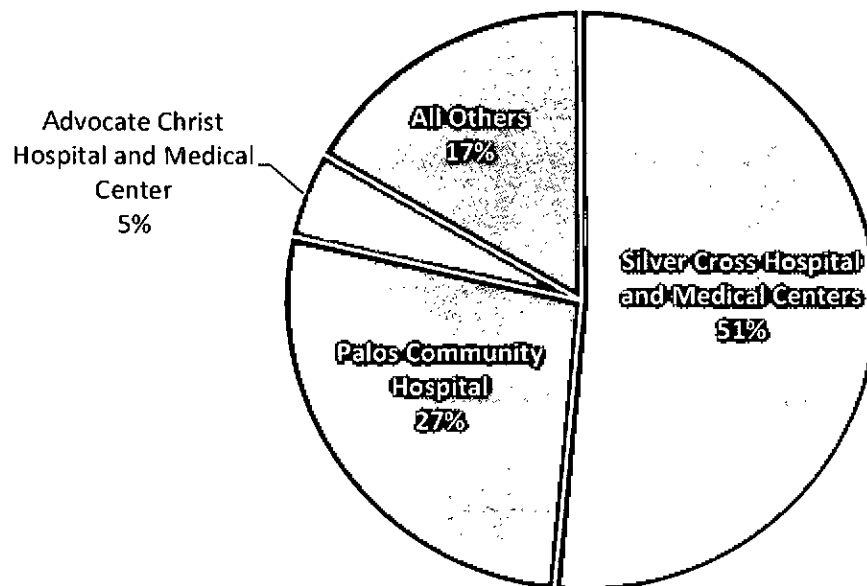
ATTACHMENT-13D





SNF Snapshot: Referral Network

Which Acute Hospitals are referring patients to my facility?



Total Admits by Referral Source

Anchor Hospital Name	Total SNF Admits		Readmit Rate		ALOS (covered)		Average Per Diem	
	2014	2015	2014	2015	2014	2015	2014	2015
Silver Cross Hospital and Medical Centers	124	149	20.2%	19.5%	23.5	16.9	\$467	\$489
Palos Community Hospital	85	78	14.1%	17.9%	24.9	20.4	\$475	\$478
Advocate Christ Hospital and Medical Center	10	14	30.0%	14.3%	22.3	12.3	\$487	\$490
All Others	27	48	22.2%	10.4%	25.3	19.5	\$463	\$499
Grand Total	246	289	18.7%	17.3%	24.1	18.0	\$470	\$487

All Others includes any referral hospitals with Admits <11 which cannot be shown due to CMS privacy requirements.

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ATTACHMENT-13D



Acute Care Interviews & Trends

**Source: Medicare Standard Analytical File CY 2013-2015.
Excludes Alcohol and Drug/Abuse, Psychiatry and Rehab DRGs**



Hospital Interviews

Palos Community Hospital

Margie Zeglen, RHIA, MBA, FACHE

Administrative Director, Clinical Integration & Network
Development

Silver Cross Hospital

Ruth Colby

Chief Strategy Officer

Cheryl Wallin

Administrative Director of Continuum of Care

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ATTACHMENT-13D





Interview: Palos Community Hospital

- Palos – Preferred Provider Network has 12 SNFs
 - NextGen Accountable Care Organization (6-7 SNFs – a subset of the 12 in the preferred provider network; includes Smith Crossing)
 - Clinically Integrated Network
 - Bundled Payments for Care Improvement (BPCI)
- SNFs must have three stars or above to participate in waivers
- PalosLink – access to Epic electronic medical record and admissions decisions
- Top 5 SNFs: Lexington, Alden, both ManorCares & Provident (Provident takes Dialysis patients)
- Highest volumes of patients still go to ManorCare
 - Palos post-acute RNs follow patients to the top 5 high-volume SNFs
- Continued patient demand for Smith Crossing, but limited capacity is a barrier

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Interview: Silver Cross Hospital

- 4% increase in inpatient volume (demographic growth is flat, so gaining market share from others)
- Silver Cross preferred SNF network
 - Must have three stars or better
 - Network SNFs meet quarterly to review performance data
 - Must have visiting physicians from Silver Cross and prefer to have Medical Director or physician on staff – follow bundle patients
 - **Best partners will have sustainable discharge plan that considers meds, social support, transportation, palliative care, hospice, etc. – “standardized, yet customized”**
- Focused on 30-day readmissions penalty – discharge from SNF important to this measure
- Coordination with Silver Cross home health important





Interview: Silver Cross Hospital

- High demand for Smith Crossing but limited availability is a barrier
- Silver Cross supports the Smith Crossing expansion and will continue to refer patients
- Silver Cross declined to discuss the nature or “formality” of any relationship they may have with Alden

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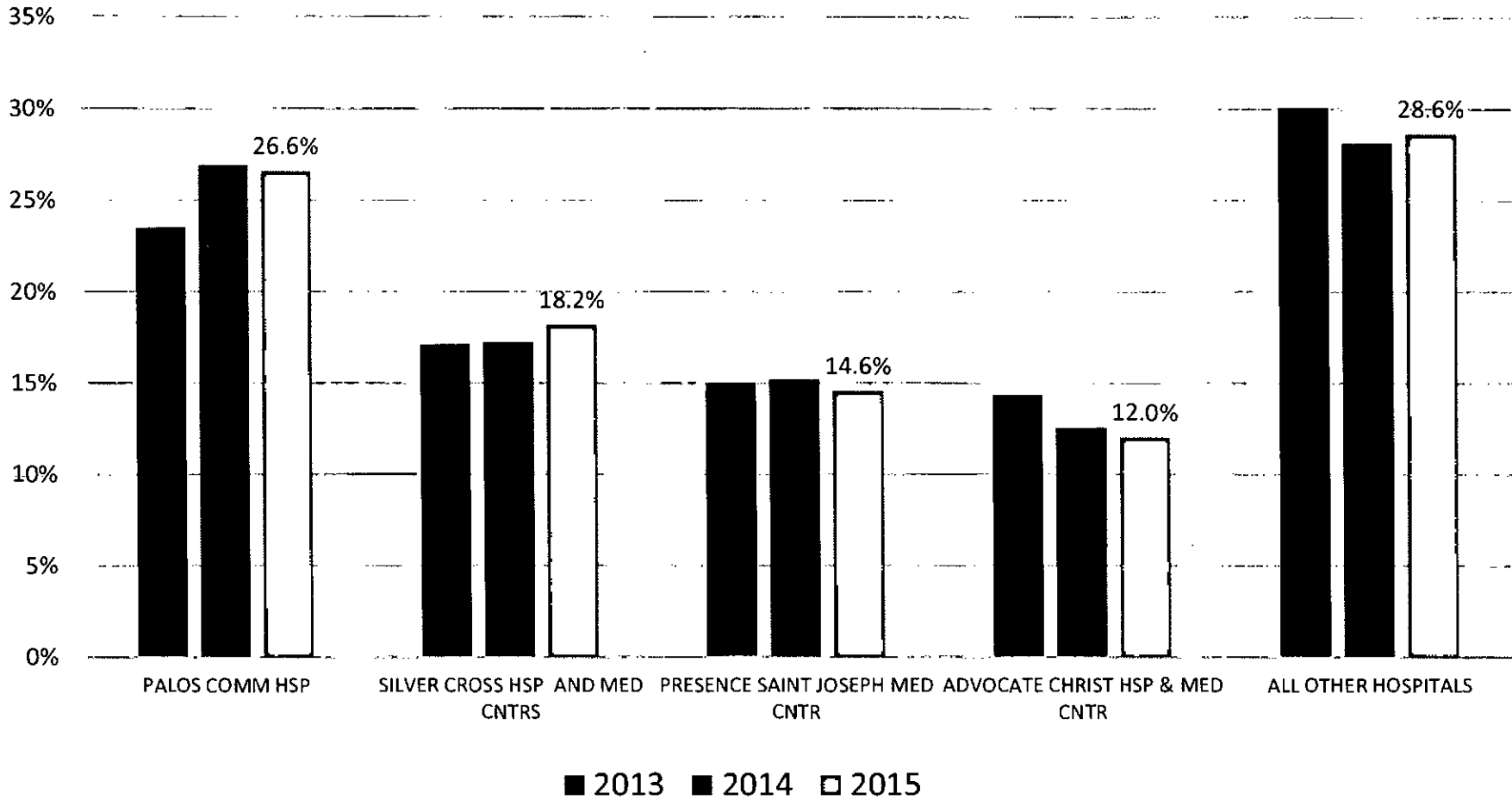
Acute Care Trends

- Palos Community Hospital (Palos) is losing overall market share in the following areas:
 - Cardiovascular disease
 - Oncology
 - Pulmonary medicine
 - Orthopedics
- Silver Cross is gaining market share:
 - Cardio / Vasc / Thor Surgery
 - Cardiovascular disease
 - General medicine
 - General Surgery
 - Nephrology / Urology
 - Pulmonary medicine
 - Orthopedics
- Silver Cross discharges more patients to inpatient rehab than Palos, other area hospitals and the state of Illinois, likely due to highest market share in neurology (stroke), but also because they have inpatient rehab beds (Palos does not).





Market Share Trend Acute Care Services – Ages 65+



"All Others" includes hospitals with <2.5% market share.

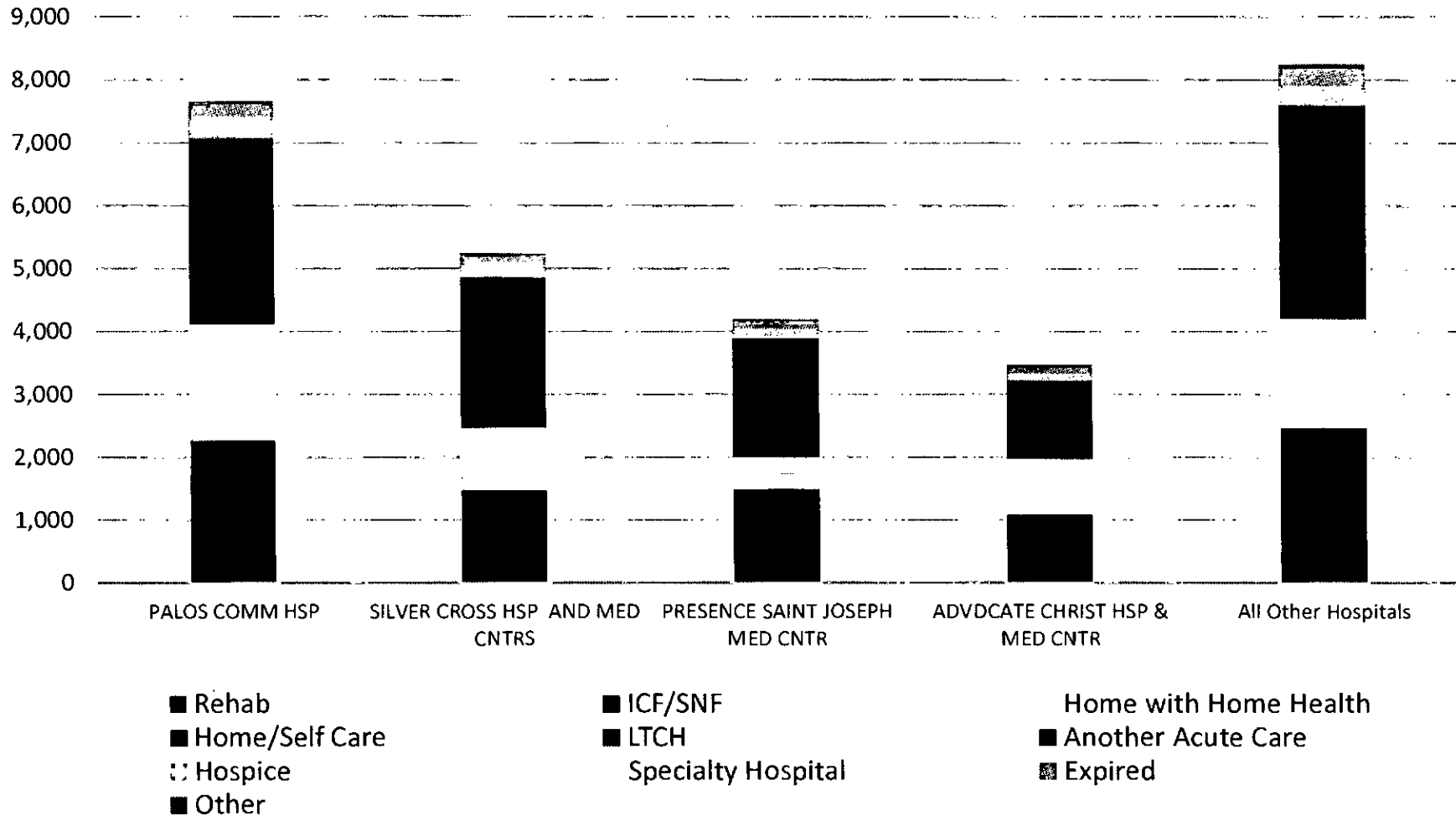
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2015 Discharges by Discharge Status and Provider, Ages 65+

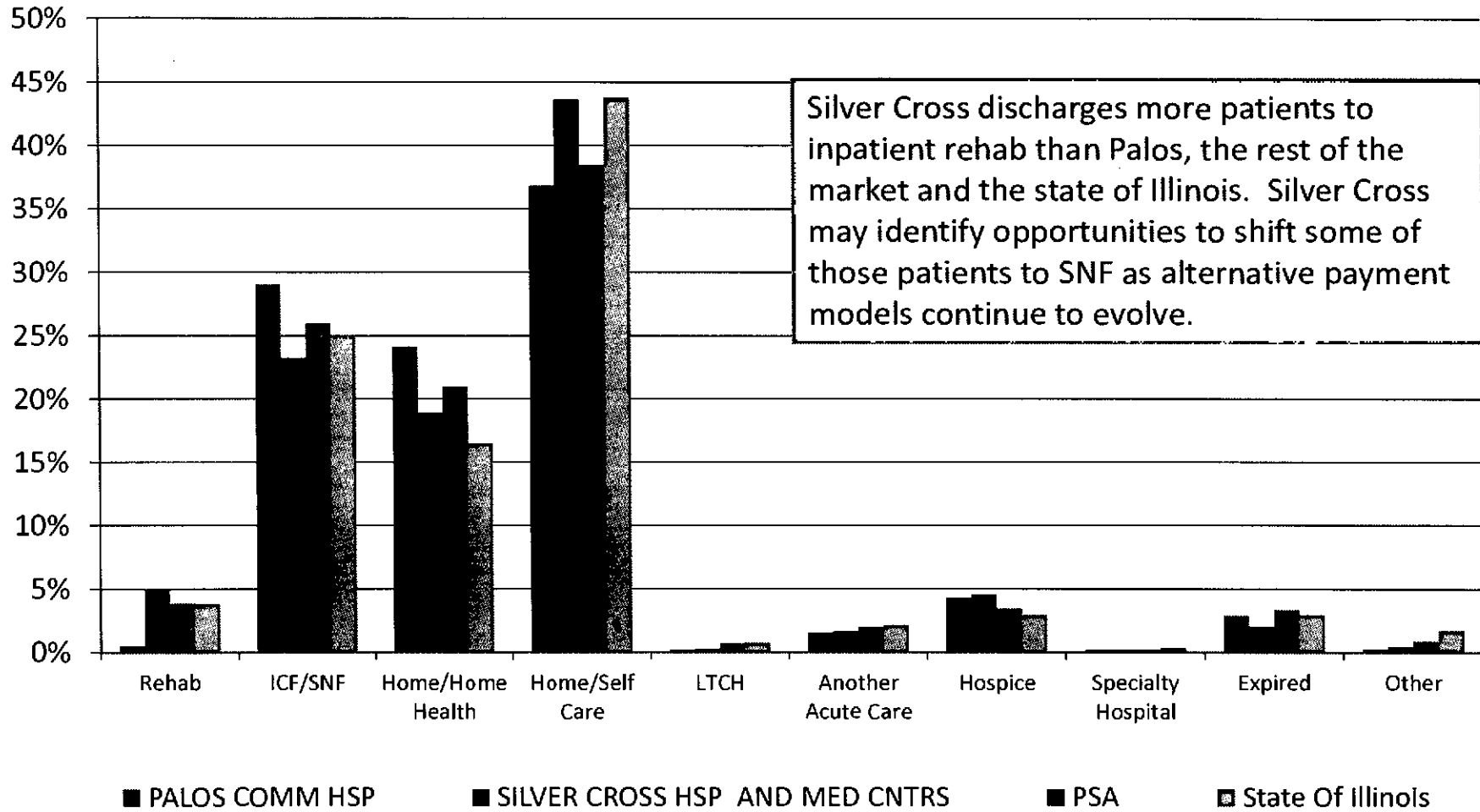


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2015 Discharge Status Conversion Rate Compared to Market and State, Ages 65+



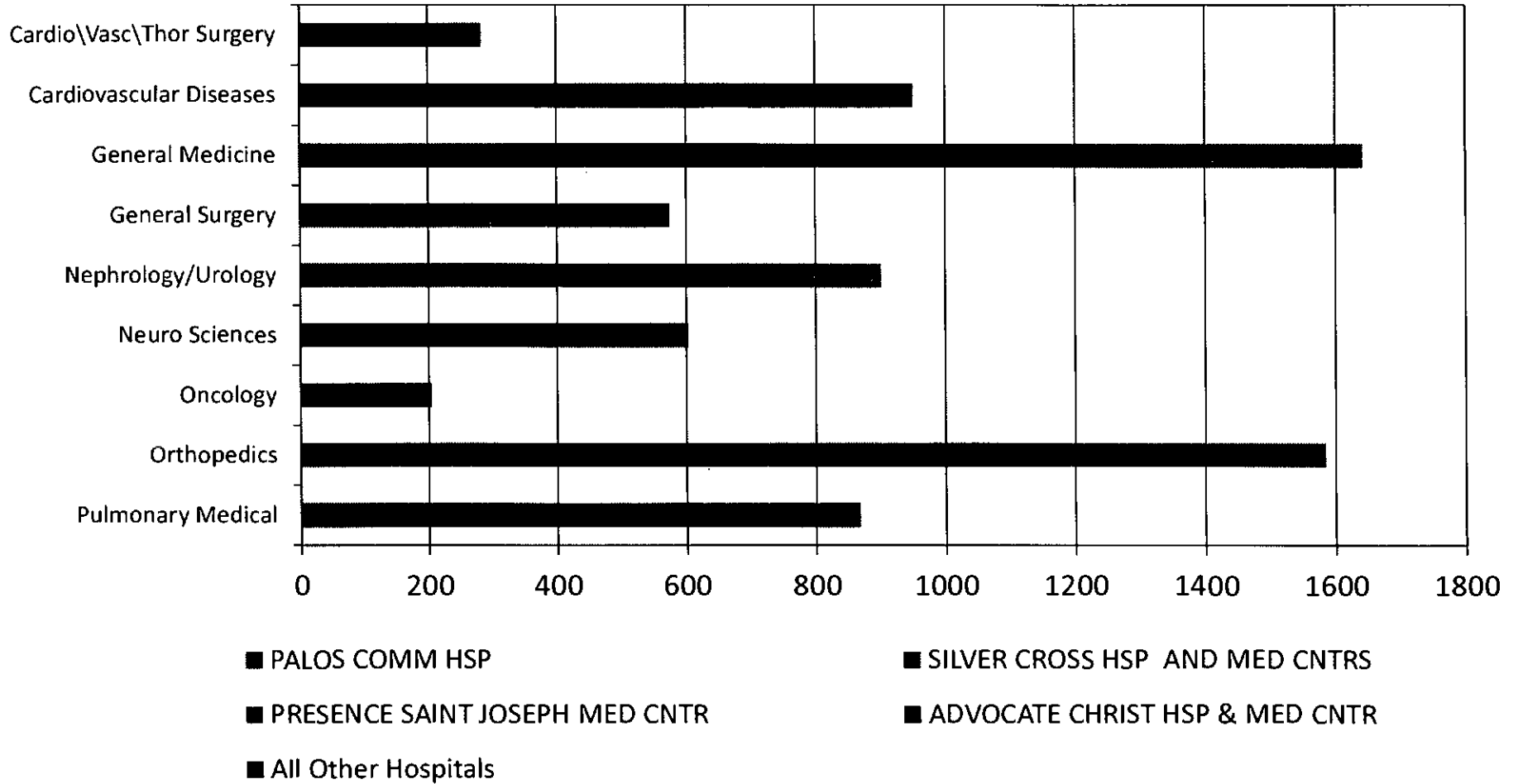
Silver Cross discharges more patients to inpatient rehab than Palos, the rest of the market and the state of Illinois. Silver Cross may identify opportunities to shift some of those patients to SNF as alternative payment models continue to evolve.

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2015 Discharges by Provider and Service Line, Ages 65+ Discharge Status: ICF/SNF



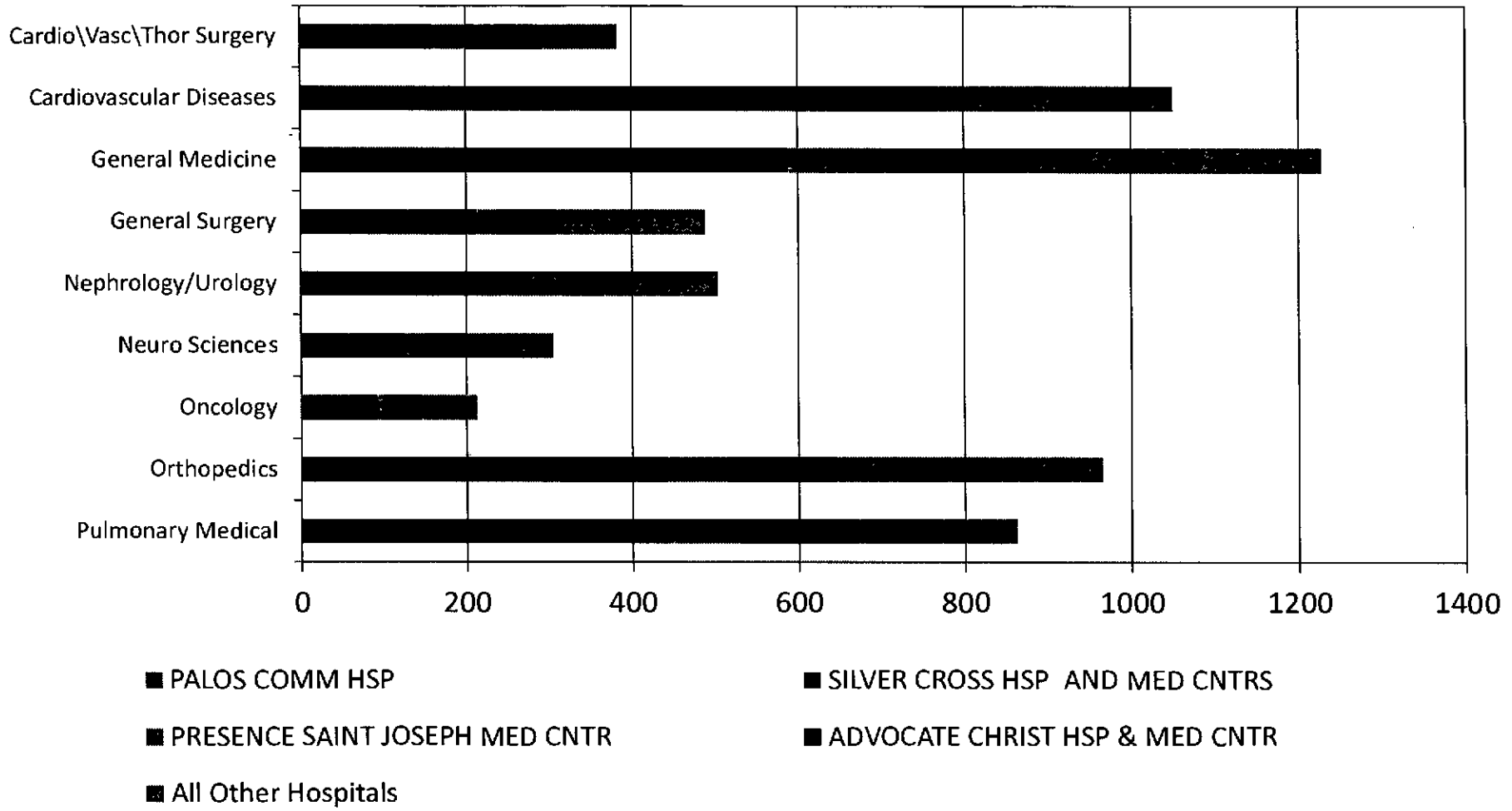
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2015 Discharges by Provider and Service Line, Ages 65+

Discharge Status: Home with Home Health



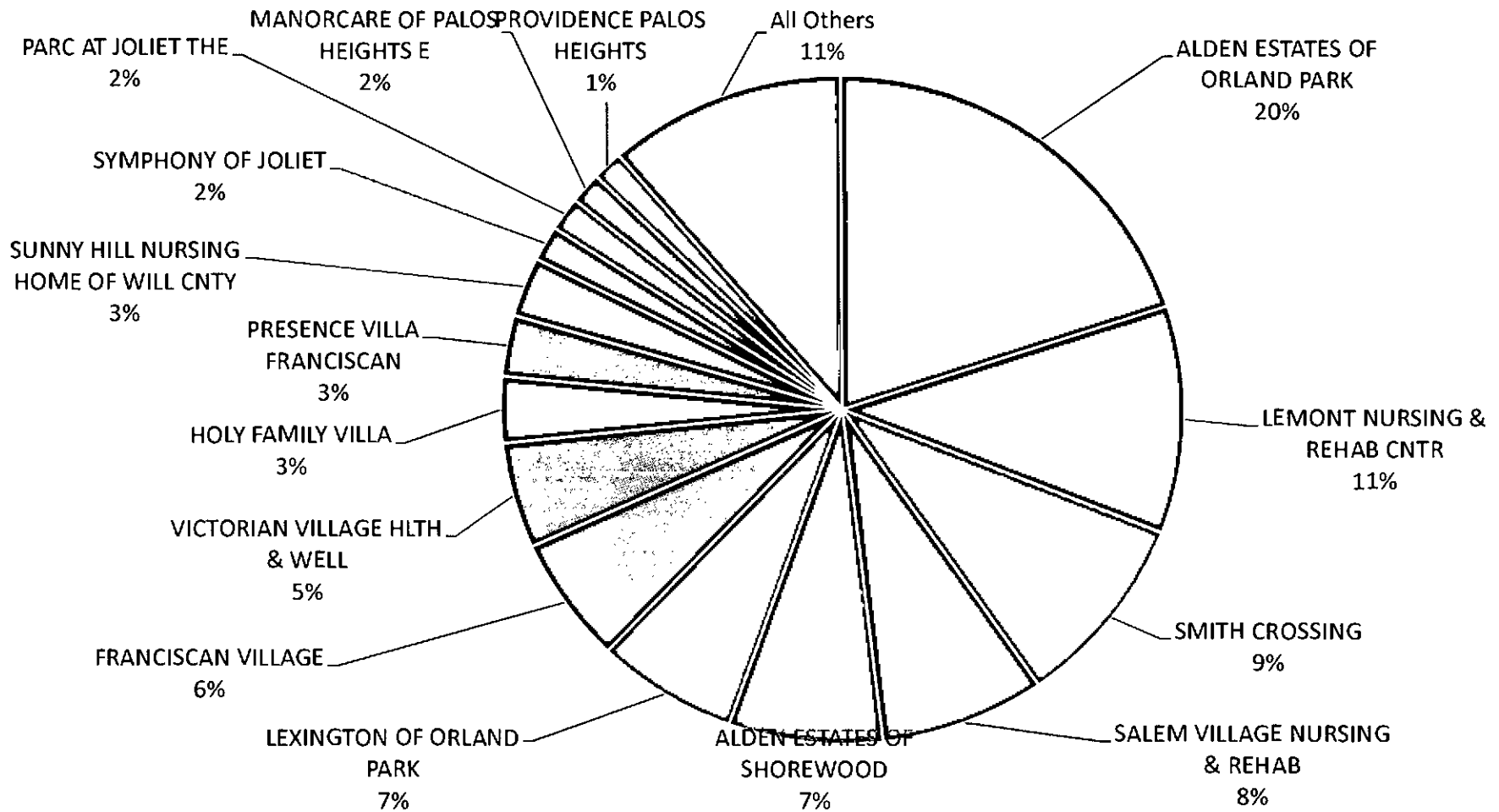
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Silver Cross Hospital and Medical Center: SNF Snapshot

Which SNFs am I sending patients to for post acute care?



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Note: "All Others" includes SNF's with volume <23.





Silver Cross Hospital and Medical Center: SNF Snapshot

How do these SNFs compare in key metric areas?

SNF Name & Provider #	Admits from Silver Cross Hospital	Total 2015 Admits	Readmit Rate	ALOS (covered)	Overall
Alden Estates of Orland Park	317	1,016	21.5%	23.9	★★
Lemont Nursing & Rehab Center	175	357	18.2%	44.0	★★
Smith Crossing	149	289	17.3%	18.0	★★★★
Salem Village Nursing & Rehab	124	241	24.9%	40.4	★
Alden Estates of Shorewood	116	761	21.9%	22.0	★★★
Lexington of Orland Park	106	457	20.1%	28.1	★
Franciscan Village	97	239	21.3%	30.5	★★★★★
Victorian Village Health & Wellness	81	125	16.0%	21.4	★★★★★
Holy Family Villa	51	285	24.9%	28.8	★★
Presence Villa Franciscan	47	769	28.9%	27.7	★
Sunny Hill Nursing Home of Will County	46	101	26.7%	27.6	★★★★
Symphony of Joliet	27	205	22.9%	38.0	★★★★
The Parc at Joliet	26	182	31.3%	36.2	★★★
Manorcare of Palos Heights East	24	1,236	17.5%	30.9	★★★
Providence Palos Heights	23	996	25.1%	19.4	★★★
Lakewood Nursing & Rehab Center	20	274	26.3%	34.0	★★★
Rosewood Care Center of Joliet	16	211	24.6%	27.6	★★★
Our Lady of Angels Ret Home	15	200	23.0%	20.7	★★★
Aperion Care Wilmington	12	59	18.6%	50.4	★
All Others	116				
Grand Total	1,588				

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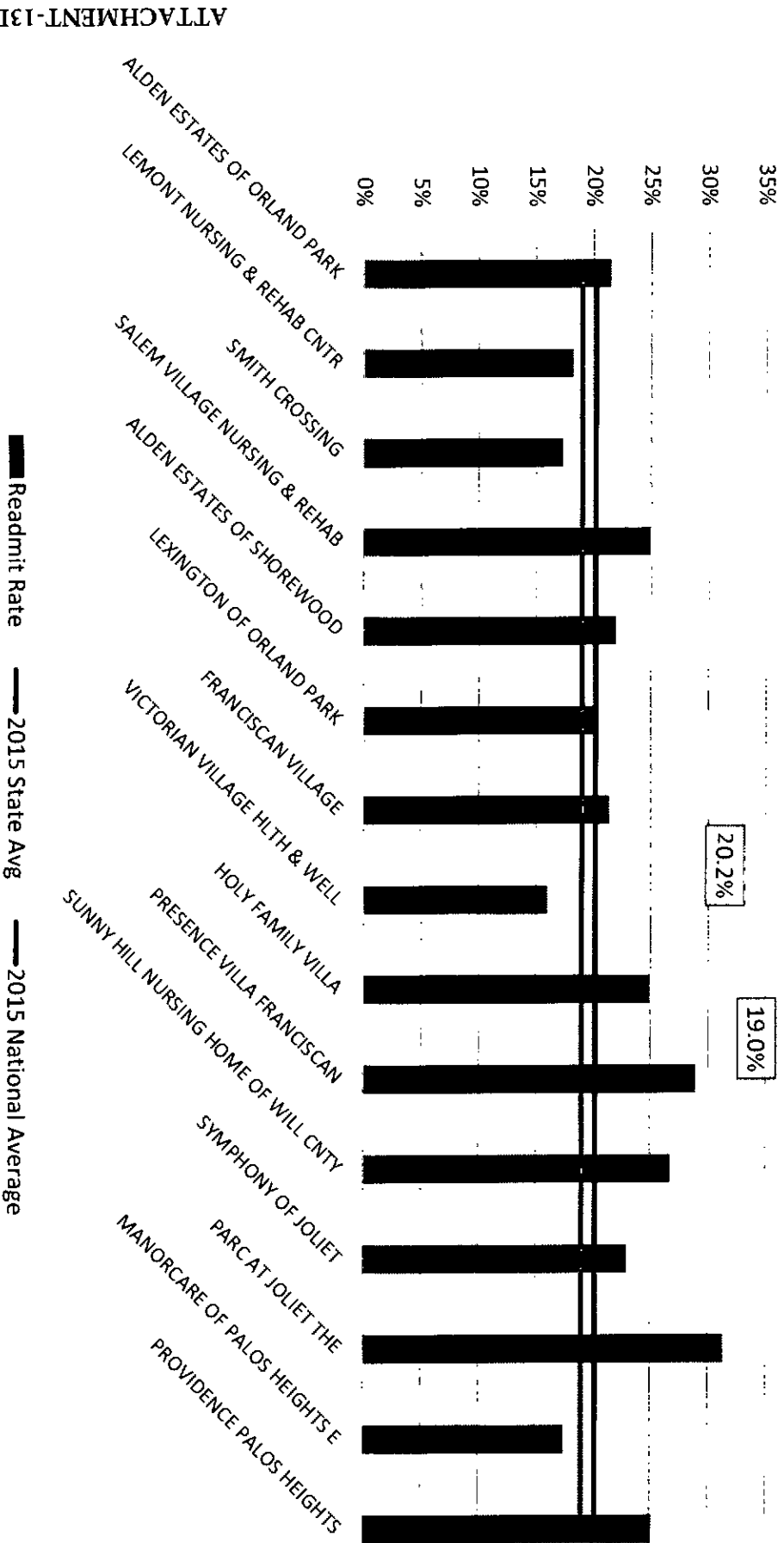




Silver Cross Hospital and Medical Center: SNF Snapshot

How do these SNFs compare in key metric areas?

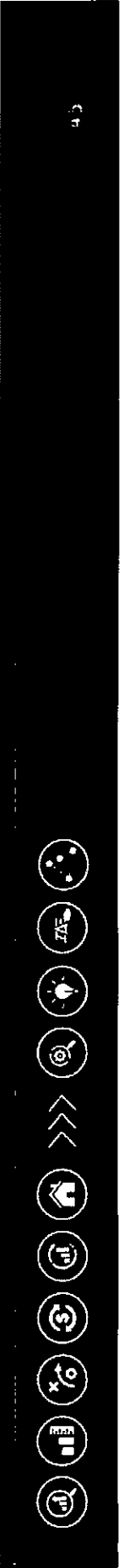
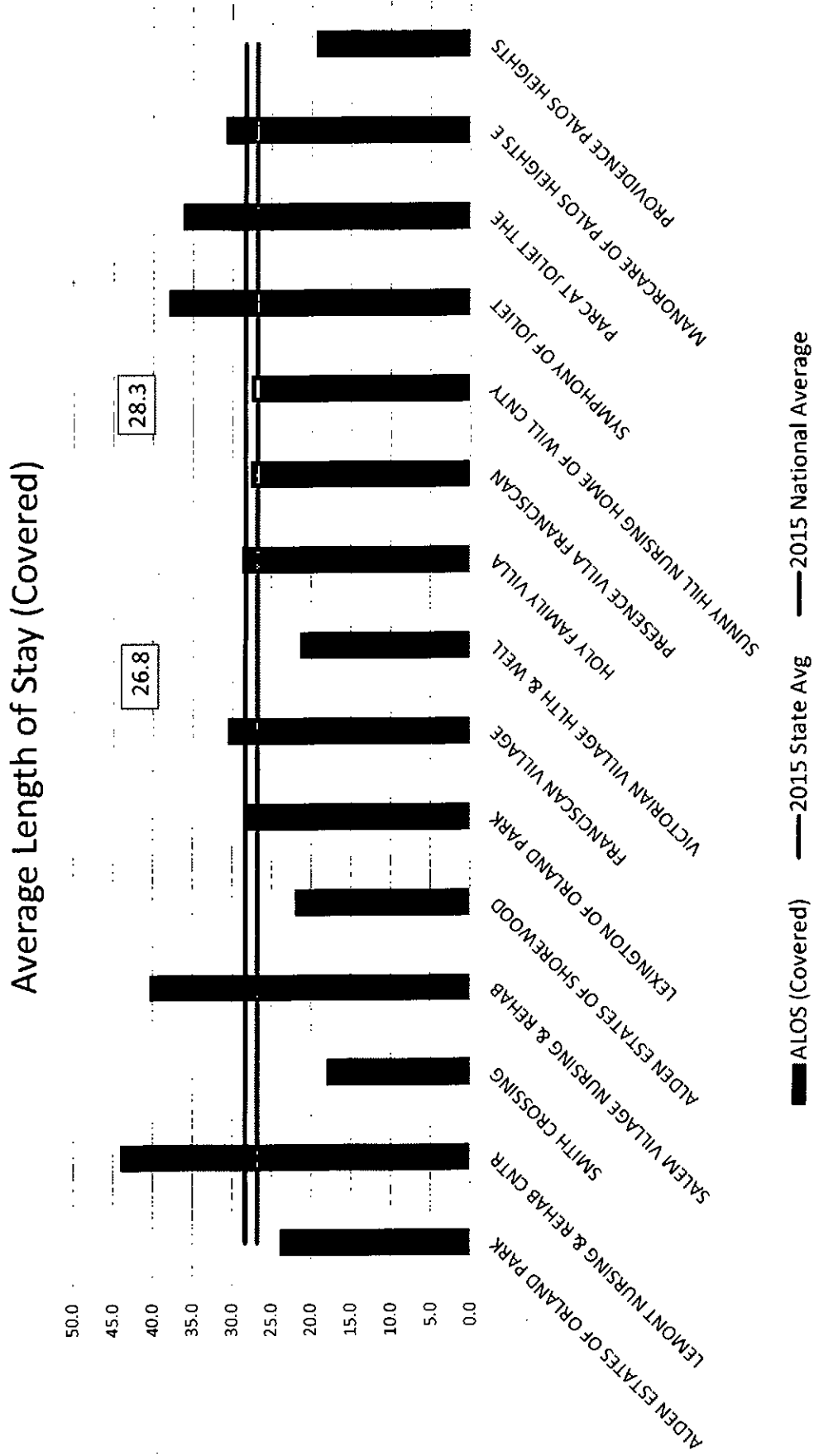
Readmit Rates





Silver Cross Hospital and Medical Center: SNF Snapshot

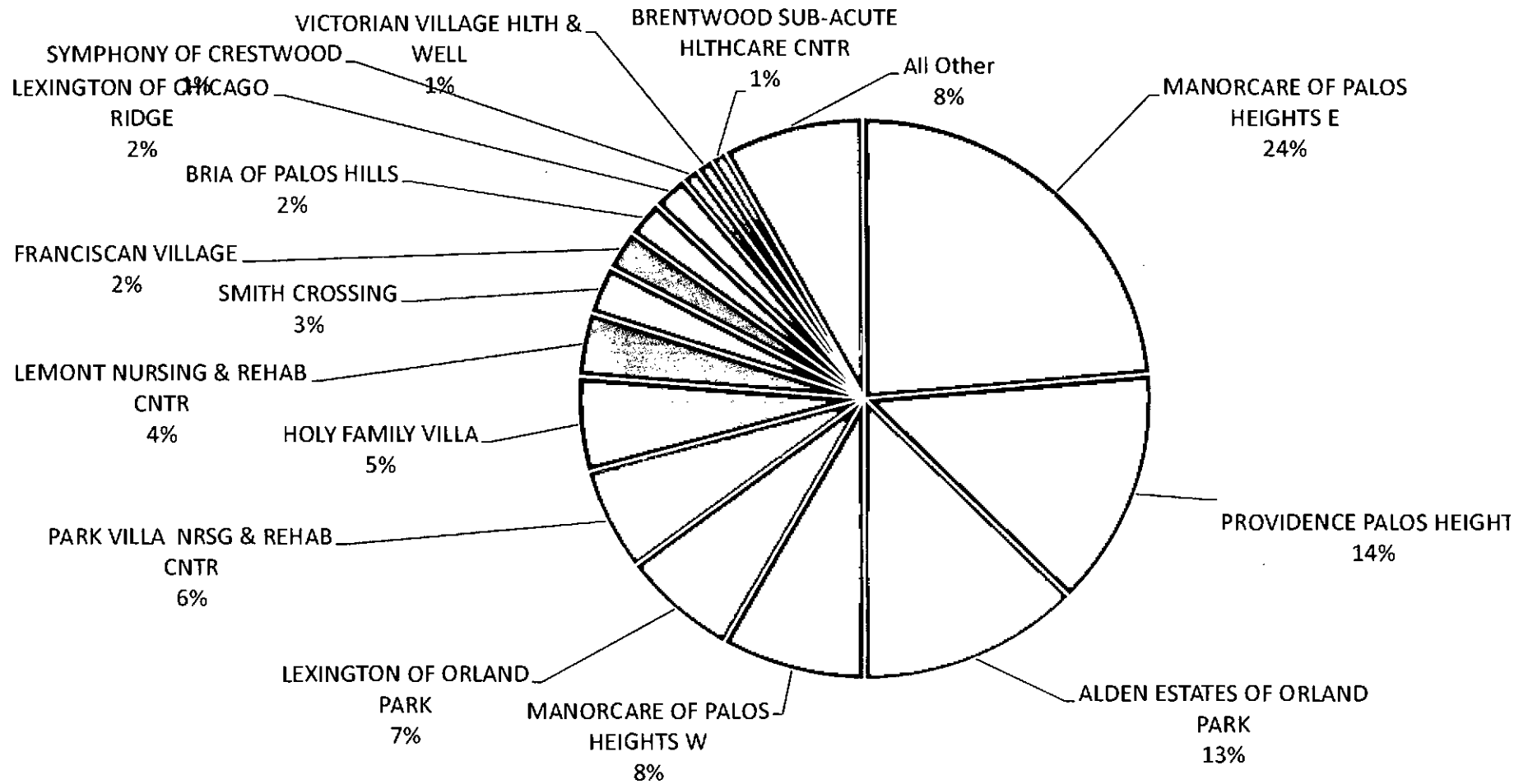
How do these SNFs compare in key metric areas?





Palos Community Hospital: SNF Snapshot

Which SNFs am I sending patients to for post acute care?



Note: "All Others" includes SNF's with volume <25

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Palos Community Hospital: SNF Snapshot

How do these SNFs compare in key metric areas?

SNF Name & Provider #	Admits from Palos Community Hospital	Total 2015 Admits	Readmit Rate	ALOS (covered)	Overall
Manorcare of Palos Heights East	658	1,236	17.5%	30.9	★★★
Providence Palos Heights	386	996	25.1%	19.4	★★★
Alden Estates of Orland Park	353	1,016	21.5%	23.9	★★
Manorcare of Palos Heights West	227	510	27.6%	32.3	★
Lexington of Orland Park	184	457	20.1%	28.1	★
Park Villa Nursing & Rehab Center	166	472	29.7%	23.4	★★★★★
Holy Family Villa	153	285	24.9%	28.8	★★
Lemont Nursing & Rehab Center	102	357	18.2%	44.0	★★
Smith Crossing	78	289	17.3%	18.0	★★★★★
Franciscan Village	64	239	21.3%	30.5	★★★★★
Bria of Palos Hills	60	90	21.1%	32.5	★★★
Lexington of Chicago Ridge	57	432	28.7%	22.3	★★★
Symphony of Crestwood	27	294	28.2%	24.1	★
Victorian Village Health & Wellness	27	125	16.0%	21.4	★★★★★
Brentwood Sub-Acute Healthcare Center	25	576	25.5%	22.5	★★
Chicago Ridge Nursing Center	23	93	30.1%	31.6	★★★
Manorcare of Oak Lawn West	16	451	25.1%	27.0	★★★
Villa at Evergreen Park	13	796	25.0%	24.4	★★
Midway Neurological / Rehab Center	11	87	16.1%	49.5	★★
All Others	159				
Grand Total	2,789				

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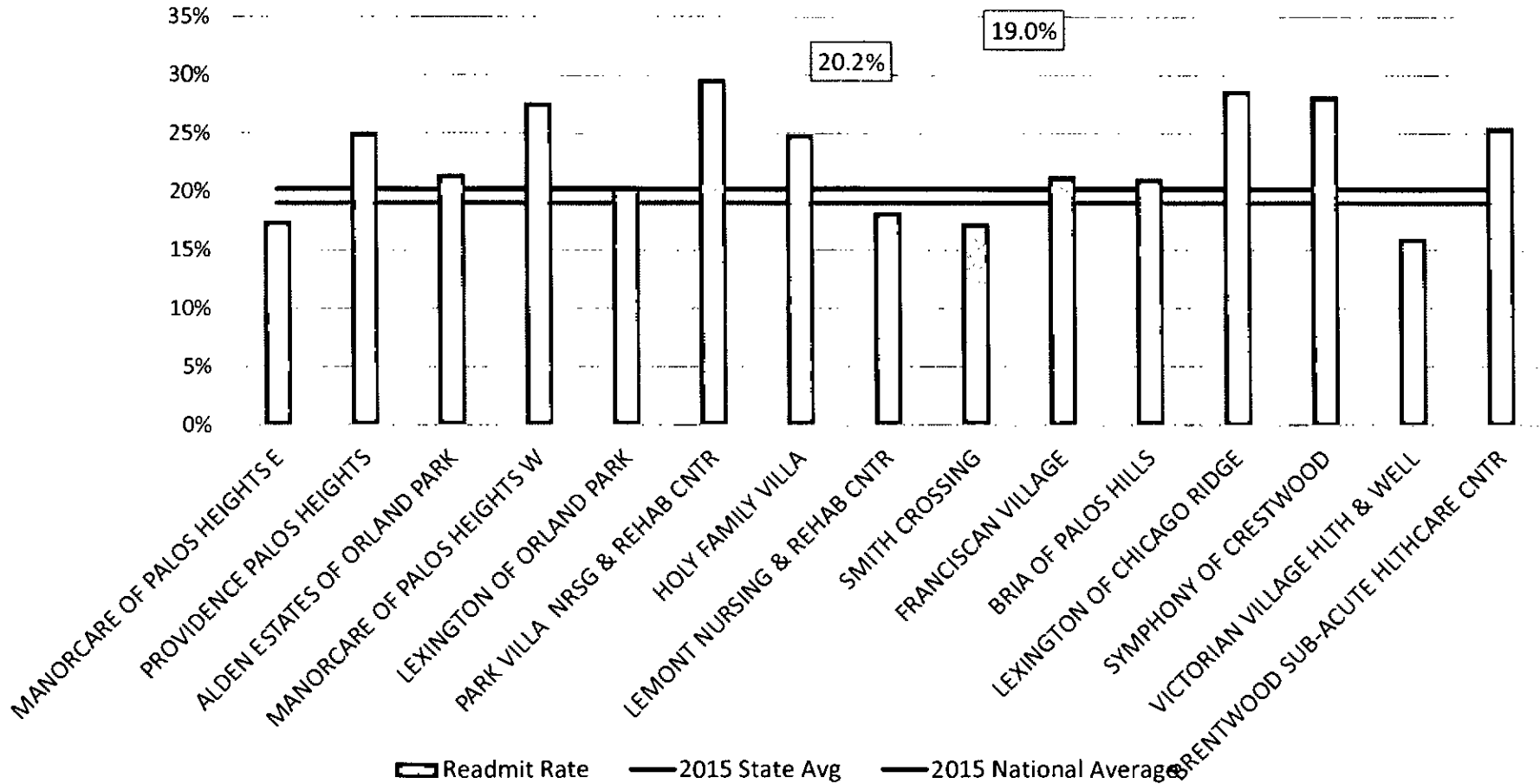




Palos Community Hospital: SNF Snapshot

How do these SNFs compare in key metric areas?

Readmit Rates



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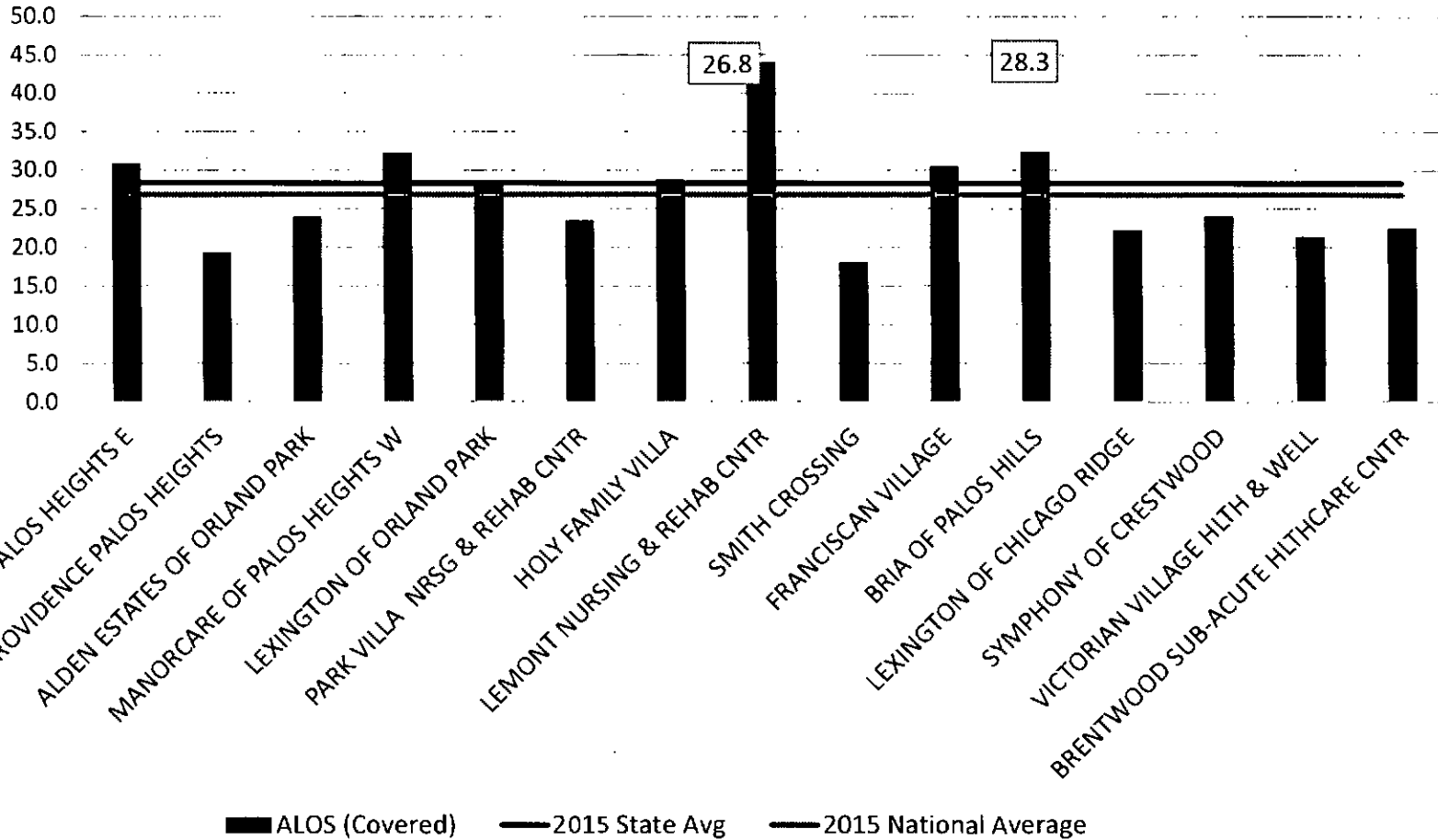




Palos Community Hospital: SNF Snapshot

How do these SNFs compare in key metric areas?

Average Length of Stay (Covered)



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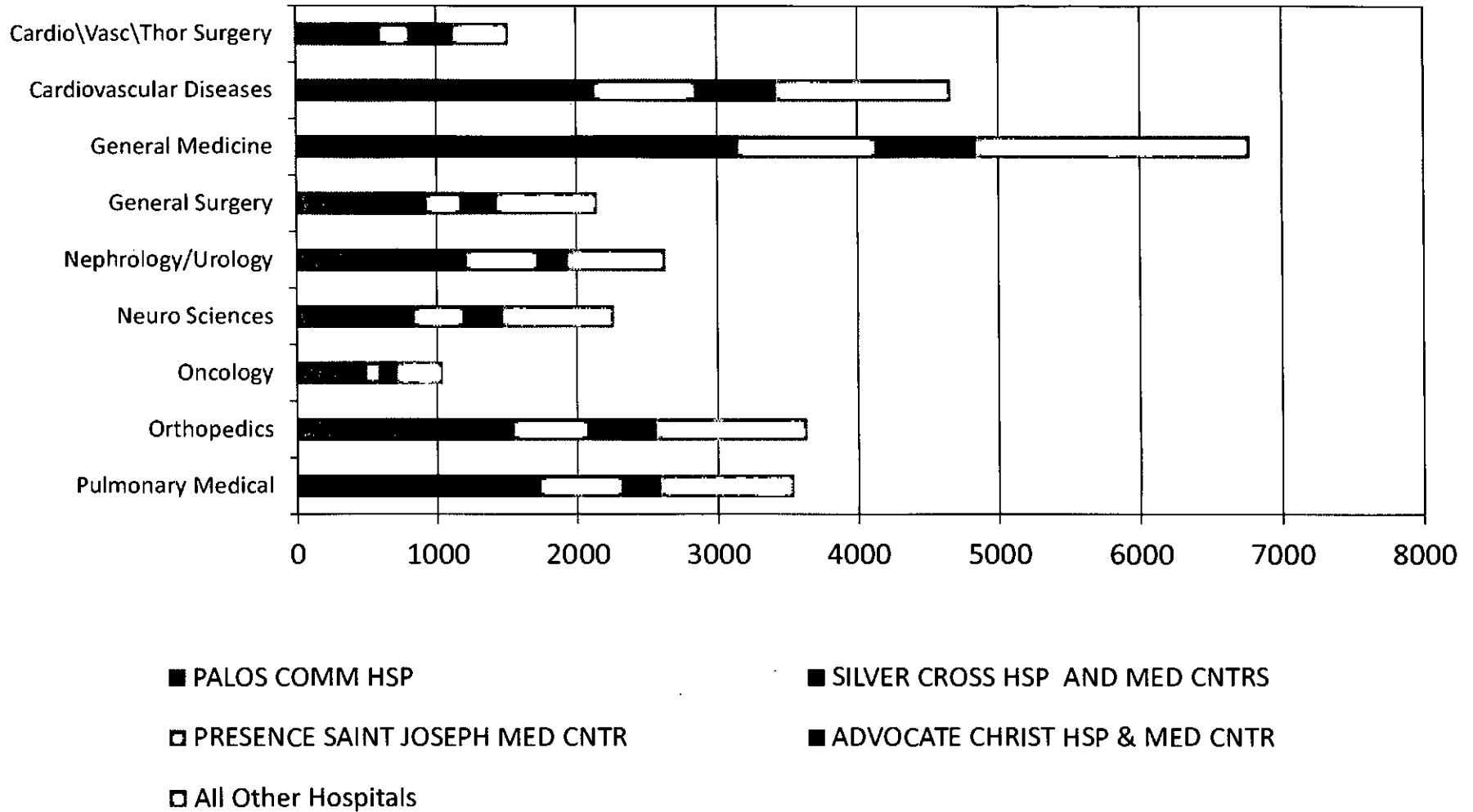


Discharge Patterns

**Source: Medicare Standard Analytical File CY 2013-2015.
Excludes Alcohol and Drug Abuse, Psychiatry and Rehab DRGs**



2015 Discharges by Service Line, Ages 65+

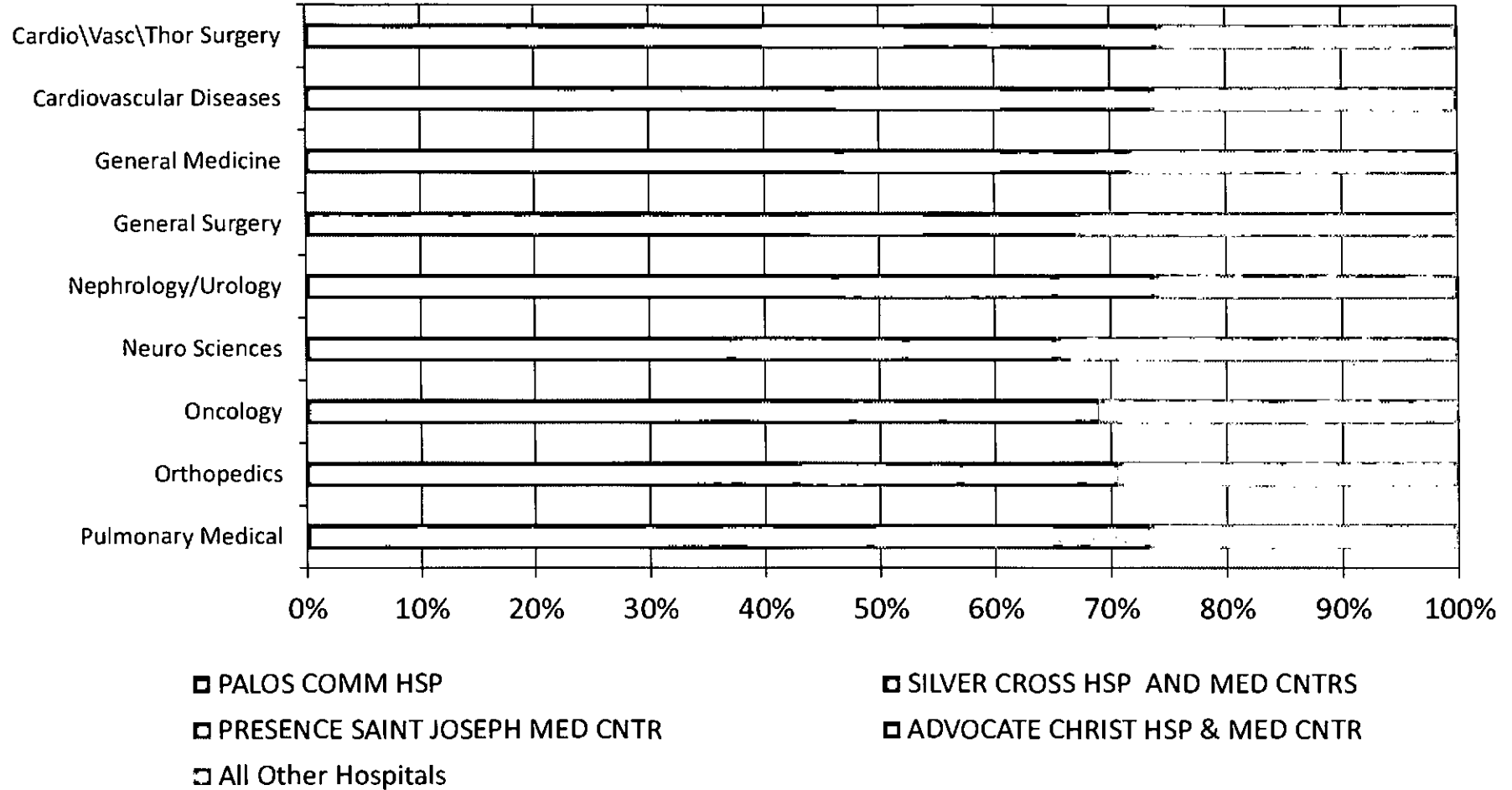


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2015 Market Share by Service Line, Ages 65+

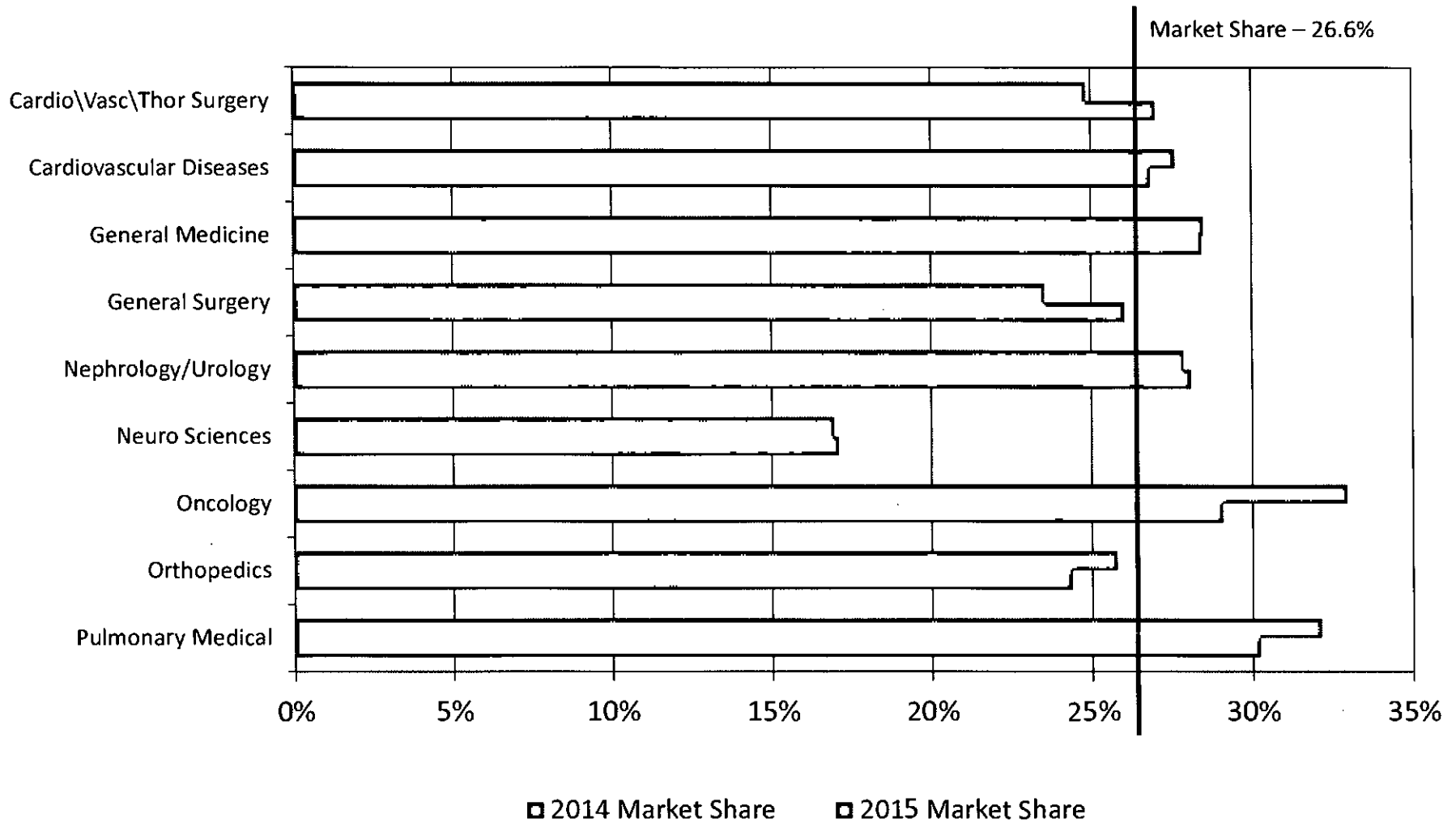


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Palos Community Hospital Market Share by Service Line, Ages 65+

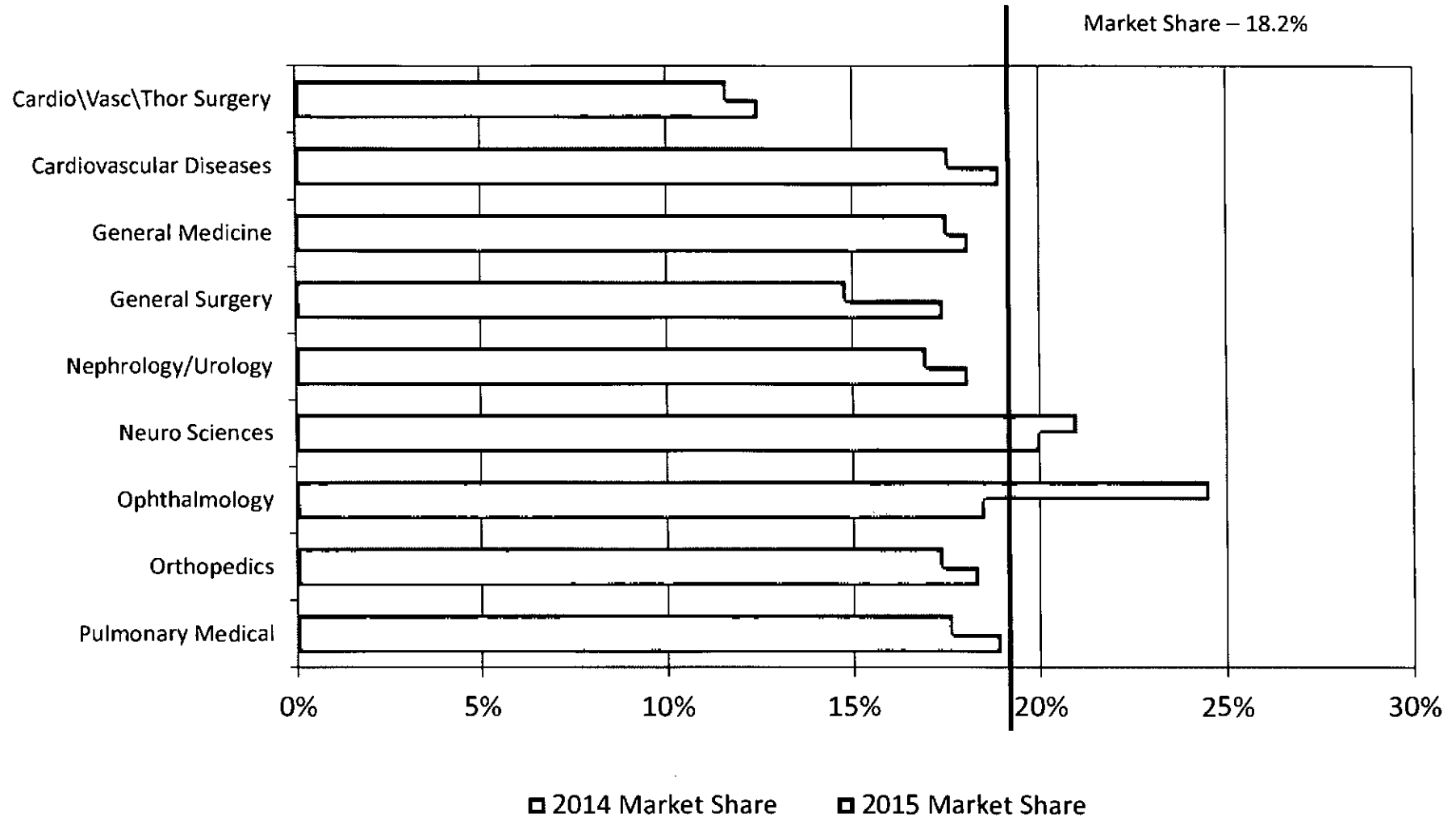


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Silver Cross Hospital Market Share by Service Line, Ages 65+



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2015 Discharges by Service Line and Discharge Status, Ages 65+

	Rehab	ICF/SNF	Home with Home Health	Home/Self Care	LTCH	Another Acute Care	Hospice	Specialty Hospital	Expired	Other	Total
Cardio\Vasc\Thor Surgery	77	249	432	646	3	11	10	1	17	6	1626
Cardiovascular Diseases	66	952	1088	2222	9	116	171	14	115	40	4795
ENT	3	61	68	191		1				2	326
General Medicine	100	1903	1432	3335	35	94	328	25	326	53	7632
General Surgery	96	604	524	752	86	13	47	2	61	7	2192
Gynecology	1	12	16	86				1		1	117
Nephrology/Urology	62	913	587	986	6	18	92	9	58	13	2746
Neuro Sciences	306	622	335	836	9	26	124	10	69	10	2348
Oncology	25	231	234	371	3	27	141	2	56	3	1093
Ophthalmology		7	6	39						1	53
Orthopedics	313	1781	969	543	8	27	30	2	19	16	3798
Pulmonary Medical	55	935	861	1626	18	48	203	7	182	18	221
Total	1104	8270	6552	11633	177	381	1146	73	903	170	30409
	3.6%	27.2%	21.5%	38.3%	0.6%	1.3%	3.8%	0.2%	3.0%	0.6%	100.0%

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Top 3 Readmission DRGs – Acute Care

	1	2	3
Palos Community Hospital	26.4% Respiratory Infections & Inflammations w/MCC	26.3% Heart Failure & Shock w/CC	25.6% Heart Failure & Shock w/MCC
Silver Cross Hospital & Medical Center	33.3% Heart Failure & Shock w/MCC	25.9% Renal Failure w/CC	24.1% Psychoses

Source: Definitive Healthcare

Note: Readmission Rate is expressed as a % of Qualifying Claims (QC) readmitted within 30 days of initial discharge. QC are admissions before Dec 1, 2015, and exclude expired and discharges against medical advice.

Demographics & Other Market Data



Population by Age Groups

	Pop 2017	Pop 2022	% Growth 2017-2022	Net Growth 2017-2022
Age 00-14	143,379	137,505	-4.10%	-5,874
Age 15-24	105,645	105,528	-0.11%	-117
Age 25-34	99,787	97,085	-2.71%	-2,702
Age 35-44	98,989	101,768	2.81%	2,779
Age 45-54	107,636	98,755	-8.25%	-8,881
Age 55-64	108,025	109,771	1.62%	1,746
Age 65-74	70,446	83,935	19.15%	13,489
Age 75-84	35,861	41,613	16.04%	5,752
Age 85+	15,894	15,982	0.55%	88
Total	785,662	791,942	0.80%	6,280
Age 0-17	175,881	169,416	-3.68%	-6,465
Age 18-64	487,580	480,996	-1.35%	-6,584
Age 65+	122,201	141,530	15.82%	19,329

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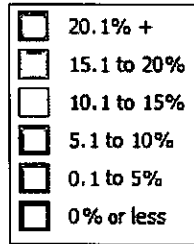
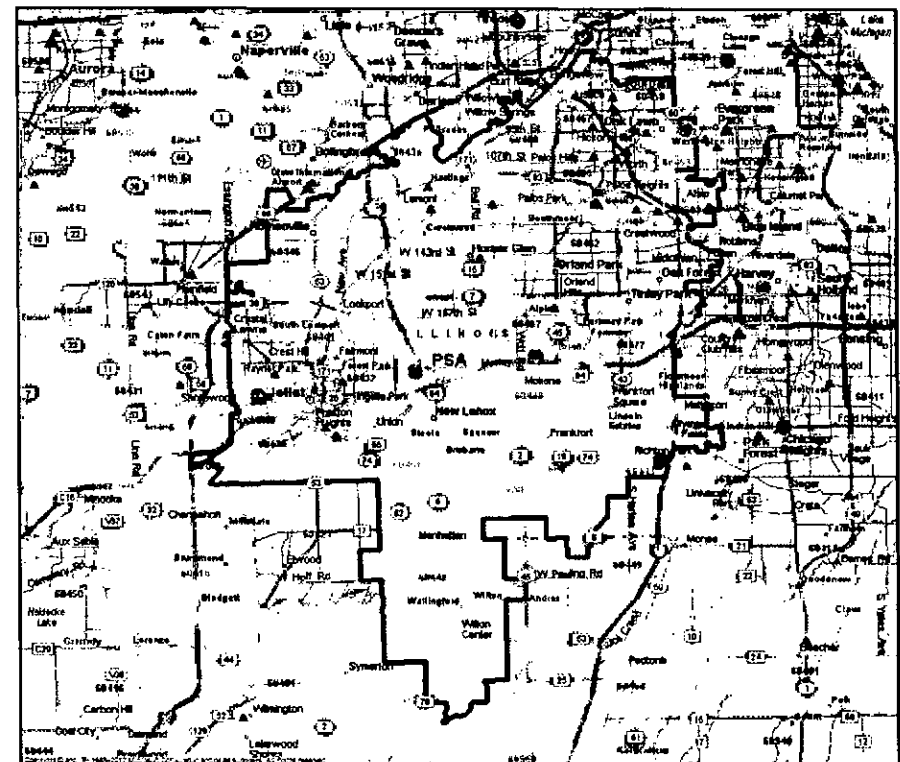
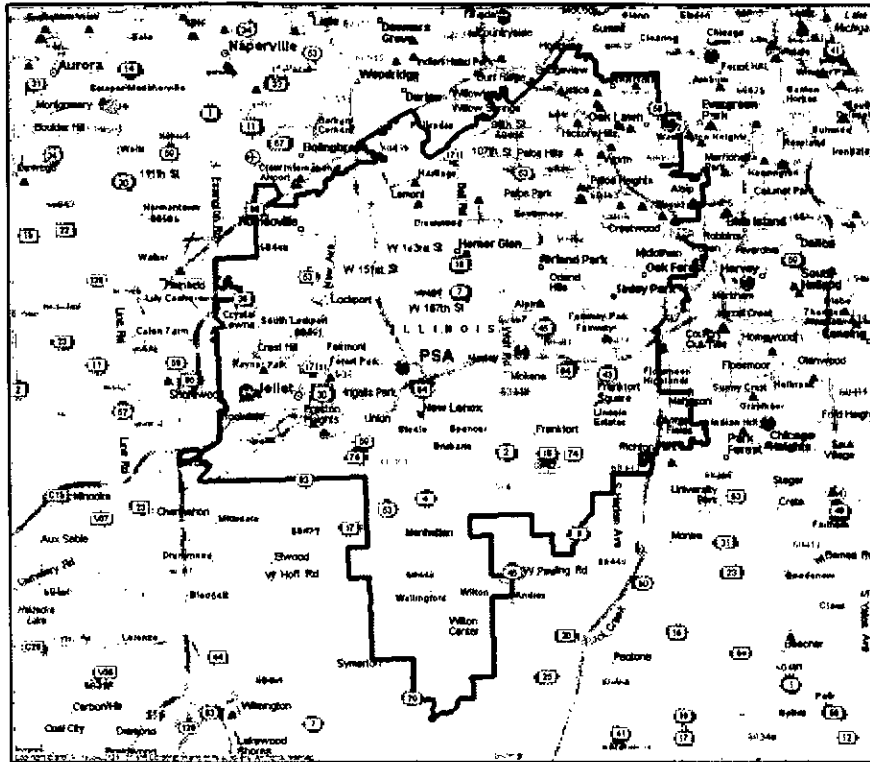




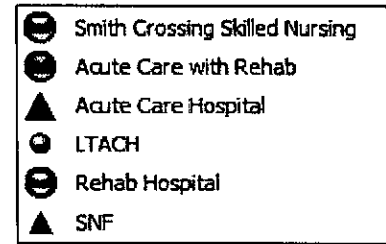
Percent Growth 2017-2022

Total Population

65+ Population



	% Growth Total Pop 2017-2022	% Growth 65+ Pop 2017-2022
PSA	0.80%	15.82%
State of IL	0.20%	14.58%
USA	3.77%	17.50%

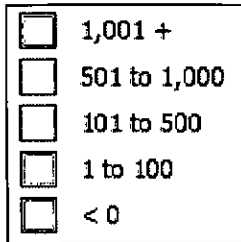


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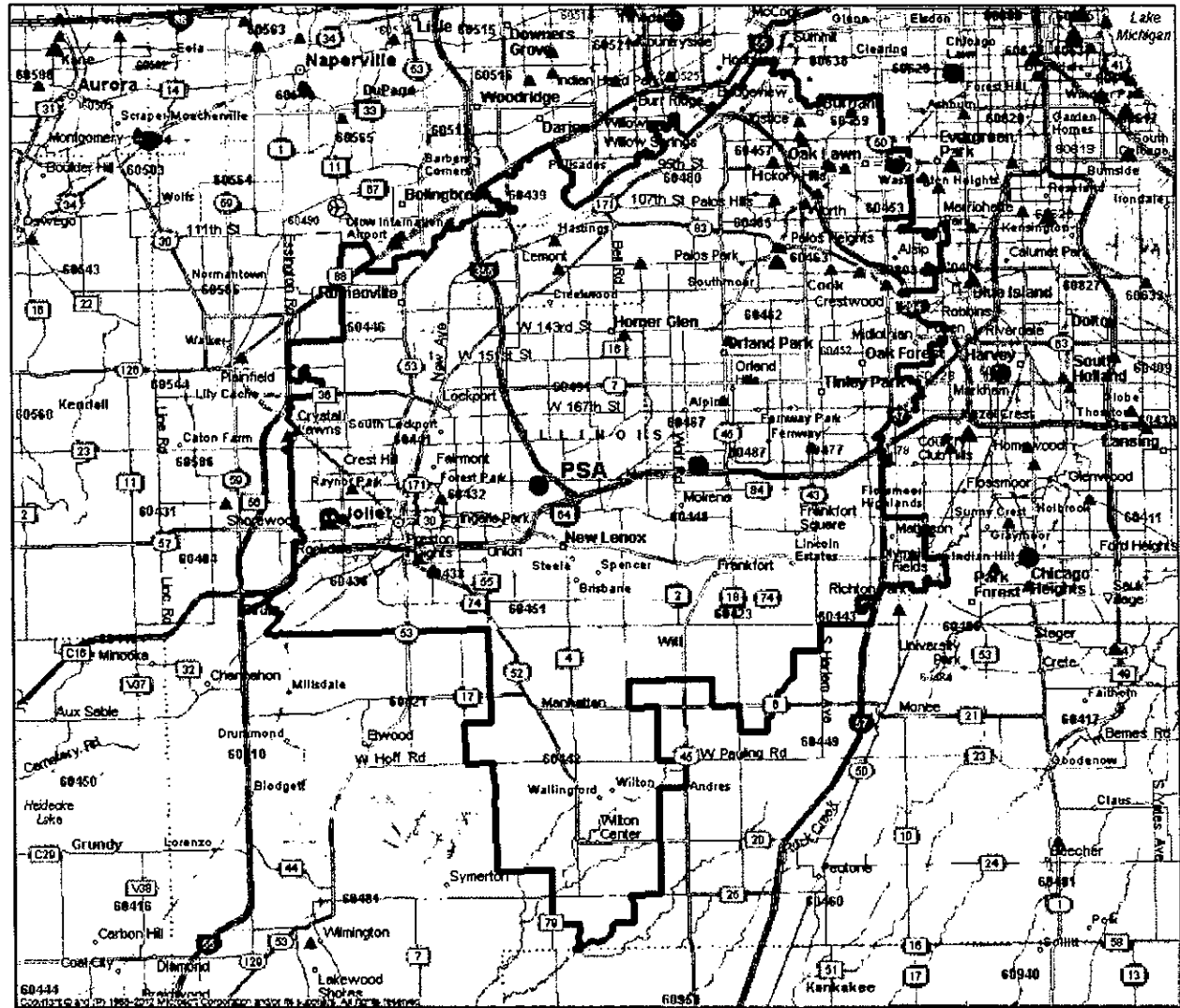
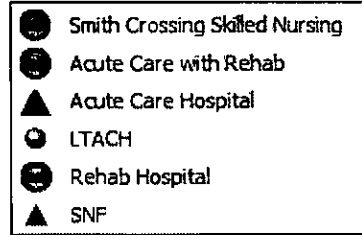
Net Growth 65+ Population – 2017-2022



Net Growth by Zip Code

Net Growth 65+ Population 2016-2021

PSA 19,329



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Skilled Nursing Competition



Competitive Snapshot

SNF Name & Provider #	# of Medicare Certified Beds	Total SNF Admits	Readmit Rate	ALOS (covered)	Allowed Per Diem	Avg CMI of Index DRG	Star Ratings				
							Overall	Quality	RN Staff Only	Total Staffing	Health Inspect. Surveys
SMITH CROSSING-146110	46	289	17.3%	18.0	\$487	1.80	4	3	5	4	4
MANORCARE OF PALOS HEIGHTS E-145607	184	1,236	17.5%	30.9	\$588	1.88	3	5	4	3	2
ALDEN ESTATES OF ORLAND PARK-145963	200	1,016	21.5%	23.9	\$522	1.81	2	3	4	2	2
PROVIDENCE PALOS HEIGHTS-145681	193	996	25.1%	19.4	\$476	1.91	3	3	5	4	2
WARREN BARR LIVING & REHAB CTR-145336	271	968	22.4%	31.7	\$559	2.06	2	3	5	5	1
LUTHERAN HOME FOR THE AGED-145739	250	928	10.0%	26.6	\$506	2.01	5	5	5	5	4
GLENVIEW TERRACE NURSING CTR-145268	314	886	15.3%	18.8	\$567	1.93	3	4	5	4	2
VILLA AT EVERGREEN PARK THE-145734	242	796	25.0%	24.4	\$554	1.94	2	5	3	3	1
COMM FIRST MED CNTR-145548	66	789	14.2%	13.7	\$517	1.60	4	3	5	4	4
MANORCARE OF ELK GROVE VILLAGE-145689	190	727	17.2%	32.3	\$523	1.81	5	5	5	4	3
LEXINGTON OF LAGRANGE-145737	120	599	19.7%	31.1	\$565	1.79	5	5	5	4	4
BRENTWOOD SUB-ACUTE HLTHCARE CNTR-145211	163	576	25.5%	22.5	\$585	2.44	2	2	3	4	1
ALDEN ESTATES OF BARRINGTON-145557	150	567	19.8%	21.0	\$587	2.27	2	3	4	2	2
ALDEN N SHDRE REHAB & HCC-145984	93	546	17.9%	20.4	\$548	1.97	5	5	5	3	5
PRESENCE RESURRECTION N & R-145324	296	534	14.0%	30.5	\$511	1.87	3	4	5	3	3
ALDEN ESTATES OF SKOKIE-145869	56	513	4.7%	11.7	\$582	2.19	5	5	5	5	5
MANORCARE OF PALOS HEIGHTS W-145893	130	510	27.6%	32.3	\$566	1.99	1	3	1	1	2
MANORCARE OF OAK LAWN E-145363	122	508	32.3%	23.4	\$566	1.87	2	5	5	3	1
WARREN BARR S LOOP-145632	197	504	28.8%	31.4	\$582	2.24	1	2	1	1	1
VILLA AT S HOLLAND THE-145671	171	500	28.8%	31.2	\$555	1.84	2	5	3	4	1
ST JOSEPH HSP-CHICAGO-145568	26	484	21.3%	9.1	\$448	1.82	4	2	5	4	4
MANORCARE OF ARLINGTON HEIGHTS-145199	151	480	16.7%	26.4	\$532	2.06	4	3	5	4	3
ABINGTON OF GLENVIEW NURSING-145683	143	474	17.5%	22.3	\$553	1.83	5	5	5	5	3
APERION CARE INTERNATIONAL-146001	218	474	31.2%	40.9	\$547	1.88	3	4	4	4	2
FRIENDSHIP VILLAGE-SCHAUMBURG-145341	250	473	11.6%	30.2	\$532	1.47	5	5	5	3	4
PARK VILLA NRSG & REHAB CNTR-145779	101	472	29.7%	23.4	\$552	1.80	5	5	5	3	4

Note: Swing Bed Hospitals (identified by a "u" or "z" as 3rd digit of provider #) will not have "# of Beds" or "Star Ratings"



* Skilled Nursing data unavailable



Competitive Snapshot

SNF Name & Provider #	# of Medicare Certified Beds	Total SNF Admits	Readmit Rate	ALOS (covered)	Allowed Per Diem	Avg CMI of Index DRG	Star Ratings				
							Overall	Quality	RN Staff Only	Total Staffing	Health Inspect. Surveys
LEXINGTON OF ORLAND PARK-145899	259	457	20.1%	28.1	\$545	1.78	1	2	3	2	1
MANORCARE OF S HOLLAND-145608	216	456	29.8%	29.2	\$562	1.76	2	5	4	3	1
ALDEN DES PLAINES REHAB & HC-145998	110	451	13.1%	20.4	\$544	1.83	5	5	4	3	5
MANORCARE OF OAK LAWN W-145087	191	451	25.1%	27.0	\$561	1.90	3	4	5	4	2
PLYMOUTH PLACE-146128	86	451	15.1%	25.5	\$522	1.73	4	5	4	4	2
ADVOCATE S SUBURBAN HSP-SNF-145599	41	445	16.2%	13.1	\$503	1.72	3	1	5	5	3
ALDEN ESTATES OF EVANSTON-145907	99	432	19.7%	24.6	\$547	2.01	3	4	5	3	3
LEXINGTON OF CHICAGO RIDGE-145700	203	432	28.7%	22.3	\$549	1.82	3	2	5	4	2
W SUBURBAN HSP MED CTR-145743	50	420	25.7%	16.0	\$469	1.77	4	2			4
NORRIDGE GARDENS-145329	292	412	22.3%	35.9	\$568	1.79	4	4	4	4	3
GOTTLIEB MEM HSP-145526	32	410	14.9%	18.9	\$493	1.72	5	3	5	5	4
AVANTARA PARK RIDGE-145667	140	399	17.3%	24.5	\$585	1.69	5	5	5	4	4
SWEDISH COVENANT HSP-145573	46	397	21.9%	11.0	\$449	1.60	5	4	5	5	5
MOORINGS OF ARLINGTON HEIGHTS-146007	84	378	15.9%	22.0	\$489	1.83	5	5	5	5	3
MANORCARE OF HOMEWOOD-145684	132	377	27.1%	30.0	\$550	1.75	2	2	4	2	2
MAC NEAL MEM HSP-145848	25	375	14.4%	15.4	\$469	1.87	5	4			5
SYMPHONY OF LINCOLN PARK-145510	248	375	27.2%	29.4	\$556	1.69	3	5	4	2	2
PRESENCE RESURRECTION LIFE CTR-145960	157	367	23.4%	31.6	\$513	1.88	5	5	5	3	4
SYMPHONY OF S SHORE-145977	248	364	27.5%	38.3	\$577	1.73	2	5	2	3	1
LEMONT NURSING & REHAB CNTR-145901	158	357	18.2%	44.0	\$557	1.58	2	2	3	2	2
ASSISIHLTHCARE OF CLARE OAKS-146125	120	356	12.9%	32.0	\$521	1.76	5	5	5	4	4
VILLA AT WINDSOR PARK-145970	240	336	19.6%	35.1	\$549	1.67	2	5	4	4	1
RUSH OAK PARK HSP SKILLED CARE UNIT-145583	36	333	15.0%	12.1	\$482	1.82	5	4	5	5	5
LEXINGTON OF SCHAUMBURG-145678	214	329	17.0%	31.4	\$554	1.65	3	2	5	5	2
LEE MANOR-145382	262	324	17.0%	19.7	\$545	1.84	3	5	5	3	2
MANORCARE OF NBROOK-145982	158	322	18.9%	28.7	\$543	1.84	3	4	5	3	3
LIEBERMAN CNTR FOR HLTH & REHAB-145931	240	321	24.6%	28.0	\$551	1.76	5	5	5	4	4
PRESENCE VILLA SCALABRINI N&R-145956	229	316	14.2%	42.9	\$539	1.54	4	5	5	3	3
AVANTI WELLNESS & REHAB-145630	212	309	22.7%	21.5	\$555	2.11	5	5	4	4	4
BRITISH HOME THE-145827	72	301	20.3%	32.1	\$521	1.87	4	4	3	4	3
LEXINGTON OF STREAMWOOD-145701	214	296	26.0%	26.6	\$565	1.94	3	2	5	4	2
WMINSTER PLACE-145026	105	295	16.9%	24.0	\$505	1.89	5	5			4
SYMPHONY OF CRESTWOOD-145718	297	294	28.2%	24.1	\$536	1.91	1	4	3	2	1
ST PAULS HOUSE & HLTH CR CTR-145767	110	289	29.4%	27.4	\$511	1.90	3	3	5	4	2
SYMPHONY AT 87TH STREET-145983	210	288	22.6%	32.4	\$538	1.52	3	5	3	2	2

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* Skilled Nursing data unavailable



Competitive Snapshot

SNF Name & Provider #	# of Medicare Certified Beds	Total SNF Admits	Readmit Rate	ALOS (covered)	Allowed Per Diem	Avg CMI of Index DRG	Star Ratings				
							Overall	Quality	RN Staff Only	Total Staffing	Health Inspect. Surveys
ALDEN POPLAR CREEK REHAB & HCC-145403	217	287	17.1%	28.1	\$541	1.71	3	4	4	2	3
HOLY FAMILY VILLA-146053	129	285	24.9%	28.8	\$516	1.74	2	1	5	4	2
TERRACES AT THE CLARE-146141	48	279	24.7%	24.0	\$523	2.07	4	5	5	5	2
PRAIRIE MANOR NRSNG & REHAB CTR-145629	148	276	29.3%	34.8	\$552	1.49	1	1	2	2	2
CHURCH CREEK-145640	56	266	19.5%	26.1	\$523	1.46	4	3	5	4	3
GROVE AT LINCOLN PARK THE-145875	109	265	34.7%	34.3	\$605	1.65	4	3	4	2	4
GROVE OF EVANSTON L & R THE-145011	124	258	24.8%	42.2	\$622	1.67	4	5	4	3	3
APERION CARE FOREST PARK-145969	232	256	23.8%	38.7	\$519	1.83	2	2	4	3	2
GENERATIONS AT REGENCY-145237	300	249	29.7%	26.8	\$561	1.88	1	2	2	1	1
ROSEWOOD CARE CNTR OF INVERNESS-145994	110	249	17.3%	29.8	\$504	1.63	5	2	5	5	4
SYMPHONY AT ARIA-145946	198	247	24.7%	34.5	\$556	1.79	2	4	4	4	1
COVENANT HLTH CR CTR-NBRK-145527	102	236	14.0%	24.0	\$510	1.69	4	4	5	4	4
MOSAIC OF LAKESHORE THE-145244	313	236	28.0%	36.8	\$545	1.64	1	1	3	3	1
NORWOOD CROSSING-145974	131	235	20.9%	38.7	\$532	1.66	5	2	5	4	5
SAINTS MARY & ELIZABETH MED CNTR-145541	28	230	23.5%	22.1	\$551	1.95	5	3	5	5	4
BELLA TERRA MORTON GROVE-145198	211	224	20.1%	23.8	\$576	1.54	3	2	4	2	3
GLENCREST HLTHCR & REHAB CTR-145484	312	221	24.0%	22.5	\$520	2.33	1	2	5	3	1
WESLEY PLACE-145591	108	214	15.0%	32.1	\$548	1.95	5	5	5	5	3
HARMONY NURSING & REHAB CNTR-145775	180	213	24.4%	24.7	\$514	1.74	4	5	4	2	3
PRESENCE SAINT BENEDICT N & R-145731	99	207	21.3%	36.6	\$534	1.74	5	5	5	3	4
GREEK AMERICAN REHAB CARE CTR-146031	188	195	19.5%	26.5	\$537	1.57	3	4	4	2	3
SYMPHONY OF MORGAN PARK-145764	294	182	24.7%	36.3	\$550	1.58	1	4	1	1	2
FAIRMONT CARE CENTRE-145867	186	180	22.2%	32.2	\$572	1.74	5	5	4	2	4
SYMPHONY OF BRONZEVILLE-145337	302	177	20.9%	41.3	\$563	1.75	2	5	1	1	2
LINCOLNWOOD PLACE-145786	40	171	22.8%	36.0	\$537	1.58	5	5	5	3	5
SCHWAB REHAB CTR SNU-145966	30	170	20.6%	11.9	\$450	1.88	5	2	5	5	4
SMITH VILLAGE-145904	100	159	13.8%	28.2	\$474	1.58	5	5	5	4	4
BALLARD RESPIRATORY AND REHAB-145334	231	153	28.8%	24.4	\$587	2.09	1	1	5	3	1
LEXINGTON OF WHEELING-145835	215	152	23.0%	32.6	\$521	1.63	2	2	3	3	2
ST JOSEPH VILLAGE OF CHICAGO-145637	54	150	17.3%	29.1	\$511	1.59	5	4	5	5	5
ADMIRAL AT THE LAKE THE-146165	36	145	20.0%	21.8	\$524	1.92	5	5	5	5	4
ALDEN ESTATES OF NMOOR-145888	198	143	16.8%	28.9	\$510	1.79	5	5	4	2	5
BRIA OF FOREST EDGE-145864	328	142	16.2%	51.1	\$484	1.21	1	2	3	3	1
MANORCARE OF ROLLING MEADOWS-145350	155	140	21.4%	29.7	\$516	1.72	4	5	5	3	3
SYMPHONY EVANSTON HLTHCARE-145803	148	140	22.1%	34.7	\$565	1.68	5	5	5	5	3

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ATTACHMENT-13D



* Skilled Nursing data unavailable



Competitive Snapshot

SNF Name & Provider #	# of Medicare Certified Beds	Total SNF Admits	Readmit Rate	ALOS (covered)	Allowed Per Diem	Avg CMI of Index DRG	Star Ratings				
							Overall	Quality	RN Staff Only	Total Staffing	Health Inspect. Surveys
MONTGOMERY PLACE-145748	18	138	12.3%	24.3	\$482	1.77	5	3	5	5	4
WOODBIDGE NURSING PAVILION-145792	222	138	23.2%	38.2	\$499	1.43	1	4	1	1	2
ALDEN TDWN MANOR REHAB & HCC-145736	237	135	21.5%	25.3	\$503	1.67	1	2	3	2	1
ASTORIA PLACE LIVING & REHAB-145634	164	133	18.8%	35.2	\$572	1.87	5	5	5	4	3
GENERATIONS AT APPLEWOOD-145781	115	130	24.6%	30.2	\$511	1.80	2	3	3	2	2
SYMPHONY OF CHICAGO W-145661	234	130	20.8%	40.4	\$595	1.89	2	5	1	1	2
LAKEVIEW REHAB & NURSING CNTR-145654	178	126	18.3%	32.5	\$582	1.69	5	5	3	2	4
NILES NSG & REHAB CTR-145696	304	125	22.4%	46.3	\$504	1.38	2	5	2	1	2
MOSAC OF UPTOWN THE-145881	310	122	23.8%	31.1	\$575	1.73	1	2	4	2	1
SYMPHONY AT MIDWAY-145995	249	121	19.8%	44.3	\$546	1.81	2	5			1
APERION CARE OAK LAWN-145197	134	117	27.4%	31.0	\$543	1.63	3	5			2
CHALET LIVING & REHAB-145670	219	116	32.8%	43.9	\$584	1.58	2	2			2
CONTINENTAL NURSING & REHAB CNTR-145730	208	116	31.9%	32.9	\$549	1.26	1	4	3	3	1
S SUBURBAN REHAB CNTR-146132	259	116	26.7%	27.9	\$526	1.37	2	3	3	3	2
CARLTON AT THE LAKE THE-145679	244	114	8.8%	56.0	\$549	1.58	2	4	4	2	2
BRIDGEVIEW HLTH CARE CNTR-145208	146	112	17.0%	39.9	\$548	1.32	2	5	1	1	2
BRIA OF RIVER OAKS-145735	309	109	21.1%	58.5	\$444	1.31	2	5	2	1	2
ADDOLORATA VILLA-145724	88	107	8.4%	32.3	\$524	1.68	5	5	5	5	3
GENERATIONS OAKTON PAVILLION-145626	275	107	24.3%	32.1	\$569	1.43	1	1	4	2	1
GLEN BRIDGE N & REHAB CENTRE-145662	302	104	19.2%	32.3	\$518	2.38	2	2	5	3	2
WINDMILL NURSING PAVILION-145927	150	104	25.0%	35.4	\$491	1.52	2	3	3	2	2
ESTATES OF HYDE PARK THE-145828	155	102	27.5%	39.2	\$508	1.42	1	3	2	2	1
APERION CARE BURBANK-145913	56	101	32.7%	39.3	\$524	1.26	2	3	3	2	2
GENERATIONS AT ELMWOOD PARK-145419	245	101	26.7%	43.8	\$593	2.29	1	1	4	2	1
PRESENCE MARYHAVEN NSG & REHAB-145741	135	100	20.0%	40.6	\$538	1.56	4	5	5	3	3
BROOKDALE PROSPECT HEIGHTS-145852	30	99	16.2%	24.9	\$548	1.52	3	3	5	4	2
BIRCHWOOD PLAZA-145532	200	97	23.7%	43.8	\$560	1.56	5	2	4	2	5
GLENWOOD HLTHCARE & REHAB-145758	184	97	30.9%	32.2	\$565	1.87	1	2	3	2	1
GROVE OF LAGRANGE PARK THE-145307	131	96	24.0%	45.5	\$603	1.64	3	5	3	2	2
BELHAVEN NURSING & REHAB CNTR-145549	221	94	38.3%	36.4	\$559	1.40	1	2	1	1	1
APERION CARE DOLTON-145877	80	93	30.1%	37.2	\$546	1.74	2	4	1	1	3
CHICAGO RIDGE NURSING CNTR-145639	231	93	30.1%	31.6	\$511	1.66	3	5	4	2	2
COURTYARD HLTHCARE CNTR-145070	145	92	38.0%	29.5	\$570	1.73	2	2	2	2	2
SPOINT NURSING & REHAB CNTR-145914	228	91	24.2%	41.1	\$552	1.74	1	4	2	1	1
BRIA OF PALOS HILLS-145650	177	90	21.1%	32.5	\$526	1.71	3	4	5	5	2

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ATTACHMENT-13D



* Skilled Nursing data unavailable



Competitive Snapshot

SNF Name & Provider #	# of Medicare Certified Beds	Total SNF Admits	Readmit Rate	ALOS (covered)	Allowed Per Diem	Avg CMI of Index DRG	Star Ratings				
							Overall	Quality	RN Staff Only	Total Staffing	Health Inspect. Surveys
PARKSHORE ESTATES NURSING & REHAB-145938	318	90	26.7%	37.1	\$549	1.46	2	5	2	1	1
MIDWAY NEUROLOGICAL / REHAB CNTR-145778	404	87	16.1%	49.5	\$494	1.39	2	5	1	1	1
CITY VIEW MULTICARE CNTR-145850	485	82	20.7%	41.5	\$505	1.28	1	2	1	1	1
TRI-STATE NURSING & REHAB CTR-145879	84	79	34.2%	36.9	\$556	1.88	4	2	3	3	4
WCHESTER HLTH & REHAB-145660	120	79	19.0%	28.0	\$479	1.46	1	3			1
MEADOWBROOK MANOR - LAGRANGE-146093	197	77	22.1%	32.9	\$544	1.92	3	3	5	4	2
GLENSHIRE NURSING & REHAB CTRE-145424	294	75	30.7%	27.2	\$544	3.37	1	2	4	2	1
PARAMOUNT OAK PARK R & N CTR-145714	204	74	33.8%	35.3	\$569	1.52	1	3	2	2	1
CENTRAL NURSING HOME-145648	245	71	12.7%	40.1	\$554	1.64	1	3			1
SELFHHELP HOME OF CHICAGO-146009	72	70	20.0%	29.8	\$468	1.51	5	4	5	5	5
CENTRAL BAPT VILLAGE-145853	120	69	11.6%	33.2	\$502	1.51	5	5	5	5	3
BALMORAL HOME-145796	213	68	23.5%	46.6	\$491	1.16	4	5	4	2	3
GENERATIONS AT COLUMBUS PARK-145834	216	68	33.8%	40.3	\$503	1.36	2	2	1	1	3
PERSHING GARDENS HLTHCARE CNTR-146078	51	68	25.0%	34.0	\$542	1.59	4	3	4	4	4
BETHESDA REHAB & SENIOR CARE-145844	80	67	17.9%	21.3	\$500	1.58	2	5	5	4	1
MOSAIC OF MAYFIELD THE-145885	156	67	25.4%	32.9	\$560	2.09	1	1	1	1	2
WINDSOR ESTATES NSG & REHAB-145967	111	65	30.8%	46.8	\$553	1.37	3	3	5	4	2
KENSINGTON PLACE NRSG & REHAB-145829	155	64	29.7%	47.8	\$528	1.29	2	3	3	2	2
CLARK MANOR CNV CNTR-145507	267	63	30.2%	44.8	\$490	1.40	2	2	2	2	2
AMBASSADOR NURSING & REHAB CNTR-145343	190	62	32.3%	38.2	\$552	1.47	2	3	2	1	3
ROSEWOOD CARE CNTR NBROOK-145971	147	62	16.1%	46.9	\$517	1.67	4	3	3	2	4
VI AT THE GLEN-146107	47	61	18.0%	21.3	\$576	1.71	5	4	5	5	4
PARK VIEW REHAB CNTR-145765	128	58	22.4%	45.6	\$522	1.37	4	3	3	2	4
GROSSE POINTE MANOR-145999	99	56	28.6%	25.3	\$587	1.42	4	3	2	1	5
MOSAIC OF BEACON THE-145776	143	56	19.6%	37.2	\$555	1.86	3	4	4	2	3
WATERFRONT TERRACE-145939	118	56	17.9%	36.3	\$557	1.65	3	5	3	2	2
BUCKINGHAM PAVILION-145285	235	55	20.0%	27.7	\$469	1.46	5	5	5	4	3
CNTR HOME HISPANIC ELDERLY-146062	156	55	34.5%	44.1	\$539	1.54	2	3	3	2	2
WENTWORTH REHAB & HCC-145429	300	55	20.0%	44.7	\$534	1.41	1	3	2	1	1
COUNTRYSIDE NURSING & REHAB CTR-145798	197	54	22.2%	39.4	\$532	1.21	2	3	3	2	2
BRIA OF CHICAGO HEIGHTS-145898	112	53	22.6%	42.6	\$512	1.43	4	5	4	4	2
CITADEL CARE CNTR-WILMETTE-145932	80	53	17.0%	42.3	\$519	1.61	4	4	5	4	3
PETERSON PARK HLTH CARE CTR-145838	188	52	15.4%	46.1	\$568	1.55	4	4	4	2	4
GROVE OF SKOKIE THE-145860	149	50	6.0%	46.1	\$565	1.48	3	3	5	3	3
ALDEN LAKELAND REHAB & HCC-145450	300	46	21.7%	31.9	\$550	3.18	4	2	5	3	4

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ATTACHMENT-13D



* Skilled Nursing data unavailable



Competitive Snapshot

SNF Name & Provider #	# of Medicare Certified Beds	Total SNF Admits	Readmit Rate	ALOS (covered)	Allowed Per Diem	Avg CMI of Index DRG	Star Ratings				
							Overall	Quality	RN Staff Only	Total Staffing	Health Inspect. Surveys
WARREN PARK HLTH & LIVING CTR-145806	127	45	8.9%	53.3	\$506	1.31	3	3	1	1	4
DOBSON PLAZA-145122	97	44	22.7%	47.3	\$551	1.53	4	3	5	3	4
PRINCETON REHAB & HCC-145688	225	43	25.6%	34.3	\$536	1.36	1	4	2	1	1
SHERIDAN SHORES CR & REHAB CTR-145482	191	43	27.9%	43.3	\$554	1.56	5	5	4	4	3
ALDEN LINCOLN REHAB & H C CTR-145126	96	41	41.5%	30.2	\$516	1.62	5	5	5	3	4
APERION CARE PLUM GROVE-145658	69	41	17.1%	42.9	\$556	1.55	1	4	2	1	2
CAMBRIDGE NURSING & REHAB CNTR-145468	113	41	36.6%	40.2	\$576	1.32	4	4	5	3	4
CALIFORNIA GARDENS N & REHAB C-145625	297	40	25.0%	36.3	\$537	2.03	1	3	1	1	2
GROVE OF NBROOK THE-145809	134	40	37.5%	31.6	\$576	1.48	2	3	4	2	2
MATHER THE-146145	37	40	17.5%	24.7	\$487	1.58	5	4	5	5	4
RIDGEVIEW REHAB & NURSING CNTR-145832	136	40	22.5%	46.5	\$566	1.14	3	5	2	1	3
WATERFORD NURSING & REHAB THE-145659	141	39	12.8%	53.0	\$546	1.68	4	3	3	2	4
APERION CARE EVANSTON-146058	57	38	23.7%	46.3	\$535	1.41	4	3	4	2	4
OAK LAWN RESPIRATORY & REHAB-145942	143	36	33.3%	28.9	\$623	4.53	3	2	3	2	3
PARK HOUSE NURSING & REHAB CTR-146018	106	36	16.7%	36.8	\$514	1.19	2	3	2	1	3
PINE CREST HLTH CARE-145220	199	36	27.8%	40.9	\$539	1.71	1	3	2	1	2
BERKELEY NURSING & REHAB CNTR-146013	72	35	8.6%	43.6	\$526	1.57	1	2	2	1	1
ELSTON NURSING & REHAB CENTRE-145415	117	35	28.6%	27.5	\$513	2.11	3	1	5	5	3
ATRIUM HLTH CARE CNTR-145479	160	34	23.5%	43.7	\$562	1.56	3	5	3	2	2
LAKEFRONT NURSING & REHAB CTR-145235	99	34	20.6%	43.4	\$561	1.38	4	4	3	2	4
COMM CARE CNTR-146164	204	33	21.2%	46.9	\$475	1.10	1	4	3	2	1
APERION CARE MDLOTHIAN-145947	91	30	16.7%	38.6	\$494	1.25	2	5	1	1	2
BRIAR PLACE-145784	232	29	13.8%	46.8	\$491	1.39	1	3	2	1	1
OAKRIDGE HLTHCARE CNTR-145996	73	27	14.8%	45.7	\$553	2.04	5	5	5	5	4
HEATHER HLTH CARE CNTR-145173	173	26	19.2%	43.7	\$500	1.51	1	4	1	1	1
PARK RIDGE CARE CNTR-145839	46	25	12.0%	34.0	\$572	1.54	4	4	4	2	4
FOSTER HLTH & REHAB CNTR-146167	46	24	8.3%	50.7	\$575	1.29	4	5	3	2	3
HICKORY NURSING PAVILION-145866	74	23	26.1%	28.9	\$500	1.59	3	2	4	2	3
ARBOUR HLTH CARE CNTR-146169	99	21	38.1%	28.9	\$571	1.10	2	5	4	2	1
GLEN OAKS NRSNG & REHAB CTR-145171	298	14	7.1%	30.7	\$548	1.81	4	5	5	3	3
GLEN SAINT ANDREW LIVING COMM-146176	55	11	9.1%	39.5	\$576	1.77	4	5	4	2	3
VVWOOD MANOR THE-146149	115	11	9.1%	27.9	\$451	1.86	5	5	4	2	4

Note: Swing Bed Hospitals (identified by a "u" or "z" as 3rd digit of provider #) will not have "# of Beds" or "Star Ratings"

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ATTACHMENT-13D



* Skilled Nursing data unavailable

DHG

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DIXON HUGHES GOODMAN

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued iv

Criterion 1125.550 - Service Demand – Expansion of General Long-Term Care

The applicant shall document #1 and either #2 or #3:

1. Historical Service Demand

- a. An average annual occupancy rate that has equaled or exceeded occupancy standards for general LTC, as specified in Section 1125.210(c), for each of the latest two years.

CY	Patient Days	% Utilization
2015	15,013	89%
2016	15,365	92%
Average	30,378	90.5%

Source: 2015 & 2016 LTC Fac. Questionnaire, IDPH, Health Systems Dev.

- b. If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.

Appended as **ATTACHMENT-15A**, is a listing of all referrals by referral source.

This listing identifies all referrals to include those admitted and those denied due to not having available capacity. This listing also identified the referral sources. This applicant seeks to address the outstanding need for additional nursing care beds as set-forth by the State's update to its Inventory but also a good portion of the referrals that are being denied due to lack of available capacity.

2. Projected Referrals

The applicant shall provide documentation as described in Section 1125.540(d).

Appended as **ATTACHMENT-15B** are 2 hospital referral letters. Smith Crossing has the advantage over more traditional start-up projects. Silver Cross Hospital and Palos Hospital have provided nearly 70 percent (66.8%) of the admissions to Smith Crossing. The attached referral sources (see **ATTACHMENT-15A**) are able to document what has been referred as compared to what could be referred. These letters indicate that Smith Crossing has been

ATTACHMENT-15

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued v

consistently been the preferred choice of the referenced hospital patients. Over an 18 month period ending June 30, 2017, there have been a combined 1,355 patients referred to Smith Crossing by these two hospitals. Of those referred, only 293 were approved for admission, as the utilization was consistently at or above target utilization (90%).

3. **If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as described in Section 1125.540 (e).**

This project is not based on rapid population growth as it is on patient accessibility and internal demand. Appended as ATTACHMENT-13D are excerpts from the Applicant's internal market feasibility study. This study provides five year population projections that have a large base with some 785,662 people within the market area. This study also shows that the 65+ age cohort is expected to grow by 15.2 percent. Moreover, the 65-74 and the 75-84 age cohorts are projected to increase by 19.2 percent and 16 percent respectively. While the overall population does not qualify for the rapid population growth criteria, certainly, the age cohort that is most likely to received nursing care services does.

ATTACHMENT-15

Smith Crossing
Referrals by Source
01/01/2016 through 06/30/2017

Hospital/Source	Approved	Denied	Source Total
Adventist	0	1	1
Advocate	0	1	1
Alden	0	10	10
Alexian	0	1	1
Bria	0	1	1
Bronson	1	1	2
CDP	0	3	3
Centegra	0	1	1
Chrsit	23	182	205
CPD	0	2	2
Edwards	0	7	7
Elmhurst	0	2	2
Evanston	0	2	2
Evergreen	0	2	2
Forest Park	0	1	1
Fransican Village	0	1	1
Glenbrook	0	1	1
Good Sam	1	0	1
Hackley	1	0	1
Hinsdale	1	14	15
Holy Cross	0	1	1
Holy Family	0	1	1
Ingalls	7	15	22
Joliet Area	0	2	2
Kindred	0	6	6
LaGrange	1	2	3
LCM	2	17	19
Lexington	0	2	2
Loyola	3	75	78
Lutheran	1	1	2
Manna	0	1	1
Manor Care	0	3	3
Marion Joy	0	4	4
Masonic	0	1	1
Mayo	0	3	3
McNeal	0	4	4
Memorial	1	1	2
Mercer	0	1	1
Mercy	0	4	4
Metro South	3	29	32
Sub-Total	45	406	451

Hospital/Source	Approved	Denied	Source Total
NuVista	1	0	1
Northwestern	6	35	41
Palos	86	436	522
Plymoth Place	0	1	1
Porter	0	2	2
Private	0	692	692
Providence	0	1	1
Regency	0	1	1
RIC	0	7	7
Riverside	0	40	40
RML	0	22	22
Rush	5	55	60
Salem Village	0	1	1
SHC	207	626	833
SCH/Alden	1	1	1
Sherman	0	1	1
Shirley Ryan	0	5	5
Skokie	0	1	1
Skyline	0	1	1
Smith Crossing	13	0	13
South Shore	0	2	2
South Sub	3	26	29
St James	0	9	9
St. Joes	4	42	46
St. Catherines	0	1	1
St. James	6	28	34
St. Margarets	2	0	2
St. Marys	0	2	2
Stroger	0	2	2
Symphony	0	1	1
Trinity	0	1	1
UIC	2	33	35
Unity Hospice	0	2	2
VA	0	7	7
Victorian Village	1	1	2
Vitas	0	2	2
Weiss	2	2	4
Sub-Total	339	2,089	2,427
	Approved	Denied	Source Total
	384	2,494	2,878
	% of Referrals Approved		13.3%



August 21, 2017

Illinois Health Facilities and Services Review Board
525 West Jefferson Street / Second Floor
Springfield, IL 62761

RE: Granting Certificate of Need to Smith Crossing

Members of the Board:

Silver Cross Hospital wholeheartedly endorses granting a Certificate of Need to Smith Crossing to build a new wing to house 46 additional beds dedicated to short-term stay rehabilitation for older adults.

Because Smith Crossing currently has only 16 rehab beds, with some reserved for its residents, our patients who choose Smith Crossing as their preferred rehabilitation provider cannot currently be accommodated. Between January 1, 2016 and June 30, 2017, for instance, Silver Cross referred 839 patients to Smith Crossing. Only 170 of our patients, however, could be accepted. These numbers are separate and distinct of referrals provided in support of 15-051, Alden Estates-Courts of New Lenox. That means 80 percent of those ready to be discharged for rehabilitation services were not able to have their preferred option for continued care met.

This project would significantly improve Smith Crossing's ability to respond to our and our patients' requests, and those of other healthcare providers. As a result, access and care would be enhanced for the growing population of older adults in our area. We are grateful to Smith Crossing for its willingness to invest in the future care for the elderly.

We have a very high regard for Smith Crossing. Its team of physical, occupational and speech therapists as well as its nursing professionals consistently make it possible for older adults, including those with medically complex diagnoses, to return to a life of independence. Smith Crossing's medical director has staff privileges at Silver Cross Hospital.

Silver Cross Hospital encourages you to grant permission to Smith Crossing so it can increase its capacity to improve the lives of more older adults.

Very truly yours,

Mary Bakken
Executive Vice President, Chief Operating Officer

August 24, 2017

Ms. Kathryn J. Olson
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

RE: Smith Crossing in Orland Park

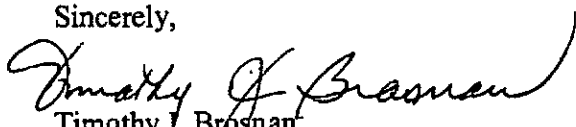
Dear Ms. Olson:

Please accept this as a letter of support for Smith Crossing's application for permit for the addition of 42 Rehab beds increasing their capacity to a total of 58 beds. Palos Health is continuing to serve a growing aging community with many patients being treated for acute episodes of chronic conditions. New payer models and efficient delivery systems require more integrated and collaborative relationships between acute and post-acute providers to assure appropriate use of resources and the delivery of care in the right setting at the right time. While we continue to develop our own post-acute care home based services, we are actively working together with providers of rehab and skilled nursing services to assure this delivery of coordinated care.

Patients being discharged from Palos Hospital for rehab services have consistently identified Smith Crossing as a facility of choice, but they have had limited capacity to accommodate the demand. In fact, for the 18 month period from January, 2016 through June, 2017, approximately 70 patients were discharged from Palos to Smith Crossing. During that same period of time, Palos referred more than 500 discharged patients to Smith Crossing. While there may be reasons other than capacity that the referrals were denied, I believe that these statistics generally speak to the demand and desire for the additional capacity being sought by Smith Crossing. Their reputation and facility are excellent. The need for quality alternatives for rehab services in the face of an aging patient population and the coordinated care is critical. We would encourage approval of the proposed project.

Thank you for your consideration.

Sincerely,



Timothy J. Brosnan
Vice President, Planning and Community Relations

ATTACHMENT-15B

Smith Crossing
Admissions
01/01/2016 through 06/30/2017

First Initial	Last Initial	Billing Zip Code	# Admits
J	C	33436	1
E	M	36542	1
G	T	46311	1
M	I	46319	1
H	B	46383	1
J	K	60403	1
R	S	60417	
K	A	60417	
M	W	60417	3
J	D	60421	1
R	L	60422	
C	B	60422	2
G	A	60423	
D	L	60423	
M	V	60423	
D	B	60423	
R	B	60423	
S	N	60423	
E	R	60423	
D	H	60423	
M	L	60423	
A	H	60423	
S	G	60423	
C	M	60423	
S	G	60423	
D	L	60423	
B	G	60423	15
E	W	60428	1
E	F	60429	1
V	P	60430	
V	P	60430	2
J	N	60441	
J	N	60441	
M	C	60441	
G	R	60441	
J	W	60441	5
M	B	60442	1
L	S	60443	1
D	L	60445	
K	G	60445	2
M	W	60446	1
R	A	60448	
P	W	60448	
L	I	60448	
V	H	60448	
R	B	60448	
W	M	60448	
C	G	60448	
S	F	60448	
S	D	60448	

Sub-Total 41

First Initial	Last Initial	Billing Zip Code	# Admits
B	J	60448	
J	M	60448	12
F	H	60448	
O	L	60449	
O	L	60449	
G	C	60449	3
R	D	60451	
C	W	60451	
W	W	60451	
W	G	60451	
G	B	60451	
M	T	60451	
G	O	60451	
C	W	60451	
R	S	60451	
R	N	60451	
N	E	60451	11
T	A	60452	
S	S	60452	
J	L	60452	
J	S	60452	
J	S	60452	
K	T	60452	
M	H	60452	
A	C	60452	
P	W	60452	
E	L	60452	10
B	P	60453	
G	C	60453	
J	S	60453	
M	H	60453	
G	C	60453	5
P	G	60461	
I	H	60461	
S	G	60461	3
I	L	60462	
J	M	60462	
C	N	60462	
R	M	60462	
J	W	60462	
L	W	60462	
M	P	60462	
C	P	60462	
P	B	60462	
G	L	60462	
I	S	60462	
R	M	60462	
J	O	60462	
C	N	60462	
J	O	60462	

Sub-Total 44

First Initial	Last Initial	Billing Zip Code	# Admits
B	T	60462	
J	H	60462	
S	P	60462	
M	W	60462	
J	G	60462	
S	S	60462	
R	L	60462	
E	M	60462	
J	A	60462	
T	M	60462	
M	F	60462	
R	M	60462	
S	M	60462	
L	B	60462	
B	M	60462	
S	B	60462	
L	K	60462	32
K	G	60463	
F	S	60463	
B	K	60463	
J	A	60463	4
C	S	60464	
M	H	60464	
M	M	60464	3
E	W	60465	
H	T	60465	2
V	T	60466	1
D	L	60467	
J	W	60467	
G	O	60467	
E	R	60467	
E	C	60467	
A	S	60467	
M	S	60467	
J	B	60467	
G	C	60467	
P	H	60467	
J	W	60467	
L	P	60467	
B	C	60467	
B	S	60467	
E	S	60467	
G	O	60467	
E	R	60467	
M	D	60467	
R	K	60467	
M	L	60467	
S	S	60467	
B	H	60467	
J	B	60467	

Sub-Total 42

Smith Crossing
Admissions
01/01/2016 through 06/30/2017

First Initial	Last Initial	Billing Zip Code	# Admits
P	H	60467	
J	R	60467	
E	S	60467	
J	R	60467	
J	K	60467	
J	S	60467	
J	R	60467	
R	H	60467	
L	F	60467	
H	W	60467	
L	D	60467	
J	K	60467	
S	C	60467	
C	S	60467	
P	E	60467	
R	K	60467	
J	R	60467	
E	R	60467	
J	A	60467	
P	J	60467	
S	O	60467	
R	S	60467	
R	C	60467	
J	B	60467	
J	P	60467	
G	H	60467	
D	D	60467	
J	R	60467	
R	E	60467	
B	L	60467	
P	B	60467	
J	W	60467	
C	H	60467	
M	K	60467	
W	K	60467	
P	K	60467	
C	D	60467	
M	D	60467	
G	D	60467	
E	N	60467	
J	B	60467	
S	B	60467	
L	P	60467	
E	K	60467	
D	K	60467	
W	R	60467	
C	A	60467	
P	H	60467	
G	B	60467	
R	L	60467	

Sub-Total 0

First Initial	Last Initial	Billing Zip Code	# Admits
R	Z	60467	
G	C	60467	
V	R	60467	
L	M	60467	
M	M	60467	
H	P	60467	
P	E	60467	
D	B	60467	
L	H	60467	
L	M	60467	
M	P	60467	
N	O	60467	
G	M	60467	
V	J	60467	
J	M	60467	
M	B	60467	
J	P	60467	
M	H	60467	
R	H	60467	
E	W	60467	
C	A	60467	
H	C	60467	
E	M	60467	
D	H	60467	
B	W	60467	
E	W	60467	
W	K	60467	
C	P	60467	
J	W	60467	
L	P	60467	
E	M	60467	
T	C	60467	
L	M	60467	
R	K	60467	
B	T	60467	
E	K	60467	
L	P	60467	
E	W	60467	
E	O	60467	
J	B	60467	
G	S	60467	
G	M	60467	
A	R	60467	
M	R	60467	
W	F	60467	
L	J	60467	
T	C	60467	
F	K	60467	
J	K	60467	
H	C	60467	

Sub-Total 0

First Initial	Last Initial	Billing Zip Code	# Admits
C	H	60467	
B	W	60467	
M	M	60467	
B	F	60467	
J	K	60467	
O	R	60467	
G	C	60467	
C	H	60467	
G	M	60467	
A	R	60467	
H	C	60467	
R	R	60467	
J	F	60467	
B	J	60467	
R	V	60467	
M	B	60467	
W	M	60467	
M	W	60467	
J	S	60467	
M	C	60467	
A	G	60467	
T	C	60467	
D	L	60467	
M	C	60467	
A	G	60467	
L	P	60467	
L	C	60467	
L	C	60467	
J	B	60467	
M	G	60467	
G	W	60467	
B	W	60467	
E	W	60467	
R	S	60467	
H	O	60467	
P	E	60467	
A	I	60467	
G	M	60467	
R	C	60467	
S	C	60467	
D	T	60467	
E	O	60467	
A	D	60467	
R	E	60467	167
G	K	60468	1
H	K	60473	
C	H	60473	2
D	S	60477	
N	S	60477	
I	B	60477	

Sub-Total 170

Smith Crossing
Admissions
01/01/2016 through 06/30/2017

First Initial	Last Initial	Billing Zip Code	# Admits
M	M	60477	
P	S	60477	
M	T	60477	
J	M	60477	
T	K	60477	
A	C	60477	
M	T	60477	
M	S	60477	
M	D	60477	
M	W	60477	
L	H	60477	
L	W	60477	
H	C	60477	
I	F	60477	
S	P	60477	
H	J	60477	
K	D	60477	
L	M	60477	
K	H	60477	
E	H	60477	23
A	M	60480	1
J	M	60487	
D	D	60487	
R	M	60487	
J	S	60487	
N	E	60487	
G	H	60487	
J	G	60487	
R	G	60487	
N	A	60487	
J	C	60487	
P	C	60487	11
F	S	60527	
M	G	60527	2
L	L	60611	1
V	F	60617	1
K	S	60633	1
M	M	60638	
J	S	60638	2
S	S	60643	1
M	S	60652	1
T	M	60655	1
M	M	60805	1
J	T	60950	1
M	D	62711	1
D	A	85118	1
Sub-Total			49

30-Minute Zip Codes	# Admits	30-Minute Zip Codes	# Admits
46324	0	60455	0
60403	1	60457	0
60406	0	60458	0
60409	0	60459	0
60411	0	60461	3
60415	0	60462	32
60419	0	60463	4
60421	1	60464	3
60422	2	60465	2
60423	15	60466	1
60425	0	60467	167
60426	0	60468	1
60428	1	60469	0
60429	1	60471	0
60430	2	60472	0
60431	0	60473	2
60432	0	60476	0
60433	0	60477	23
60435	0	60478	0
60436	0	60480	1
60438	0	60482	0
60439	0	60487	11
60441	5	60491	0
60442	1	60501	0
60443	1	60525	0
60445	2	60527	2
60446	1	60534	0
60448	12	60561	0
60449	3	60643	1
60451	11	60803	0
60452	10	60827	0
60453	5		
Sub-Total	74	Sub-Total	40

Total Admits within 30-Minute 114

% Admits within 30-Min. 94.5%

Total 18 Month Admits 346

Smith Crossing
Admissions by Source
01/01/2016 through 06/30/2017

Admit From Name	#	% Admits by Zip Code	County of Origin
Adventist Hinsdale Hospital	1		DuPage Co.
Alden of Orland Park Rehab	1		Will Co.
Alden of Shorewood	1		Will Co.
Bronson Hospital	1		Indiana
Christ Medical Center	23	6.3%	Cook Co
Franciscan St. Margaret Health	2		Indiana
Good Samaritan Hospital	1		DuPage
Hackley Hospital	1		Michigan
Ingalls Memorial Hospital	7	1.9%	Cook Co.
LaGrange Hospital	1		Cook Co.
Little Company of Mary Hospital	2		Cook Co.
Loyola University Health Center	2		Cook Co.
Lutheran General Hospital	1		Cook Co.
Memorial Medical Center	1		Sangamon Co.
MetroSouth Medical Center	3		Cook Co.
Northwestern Memorial Hospital	5		Cook Co.
NuVista Care	1		
Palos Community Hospital	71	19.3%	Cook Co.
Rush Presbyterian St. Lukes Medical Center	1		Cook Co.
Rush University Medical Center	4		Cook Co.
Silver Cross Hospital	174	47.4%	Will Co.
Smith Crossing	23	6.3%	Will Co.
South Suburban Hospital	3		Cook Co.
St Joseph Hospital Chicago	1		Cook Co.
St. James Hospital / Olympia Fields	6		Cook Co.
St. Joseph Medical Center Provena	3		Will Co.
University of Chicago Medical Center	2		Will Co.
Victorian Village	1		Will Co.
Weiss Memorial Hospital	2		Cook Co.
Home (personal residence)	1		
	367		
	205	55.9%	Will County

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued vi*

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.

Nursing care is the only category of service applicable. It should be known that this project includes the existing operations in good standing with IDPH and CMMS that meet all licensing requirements to include staffing. Moreover, upon project completion, the facility will maintain its good standing with IDPH and CMMS.

2. Provide the following documentation:

- a. The name and qualification of the person currently filling the position, if applicable; and
- b. Letters of interest from potential employees; and
- c. Applications filed for each position; and
- d. Signed contracts with the required staff; or
- e. A narrative explanation of how the proposed staffing will be achieved.

Appended as **ATTACHMENT-19A**, is the existing staffing pattern for the 46-bed facility and the proposed staffing pattern for the proposed additional 46 nursing care beds, by position title. This project will result in an increase of full time equivalents, from 70.9 full time equivalents to 132.0 full time equivalents, a net increase of 61.1 full time equivalents. Appended as **ATTACHMENT-19B**, is a letter from Mr. Guajardo, Executive of Director of Smith Crossing, outlining how the proposed staffing will be achieved. Mr. Guajardo also identified a listing of active job applicants on file by position type at Smith Crossing. The following provides further details of meeting staffing requirements.

ATTACHMENT-19

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued* vii

As previously mentioned, this entity is related to "sister" CCRC, Smith Village, in Morgan Park neighborhood of Chicago, PSA 6-C. This organization will begin a comprehensive recruitment program approximately four to six months prior to the opening of the expansion in order to insure that all of the necessary positions are filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools, as well as utilizing the subscription job search sites, has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start up or expanding services. The following steps are taken to actively recruit new staff:

A listing is obtained from the Illinois Board of Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility in the specific areas and the positions that are available;

1. *Advertisement in the local newspaper and digital media;*
2. *A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A video will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question and answer session on the philosophy of the organization;*
3. *Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program and a continual in-service training program enhance the attraction of new employees and helps retain qualified and dedicated staff.*

As this project is only adding to its existing staff and does not have the burden of

ATTACHMENT- 19

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued viii

establishing staff and programming and services from scratch, it does not appear that with the Applicant's experience that there will be any difficulty in securing the needed health care manpower.

The existing nursing unit has a ratio of 1.54 total FTE's to licensed beds; upon project completion Smith Crossing nursing unit will have a ratio of 1.45 total FTE's to licensed beds. This represents a 5.8% improvement in staffing efficiency.

Staffing for Existing 46 beds:

1st shift

Nursing Dept:	FTE:	Administrative/ Supportive:	FTE:
DON	1.0	Life Enrichment Director	1.0
RN/LPN	2.8	Admissions Director	1.0
CNA's	7.5	Receptionist	2.1
Restorative aide:	1.2	Security	2.1
MDS coordinator	1.0	Social Services Director	1.0
Restorative nurse	0.8	Human Resources	1.0
Wound care nurse	0.8	EVS Director	1.0
		Housekeeping Supervisor	1.0
Dietary:	FTE:	Maintenance Supervisor	1.0
Servers	2.8	Painter	1.0
Cook	2.8	Administrative Assistant	1.0
		Medical Records	1.0
Life Enrichment:	FTE:	Executive Director	1.0
Aide	2.1		
EVS:	FTE:		
Housekeeper	4.2		
Laundry	2.8		
Maintenance	2.0		

2nd shift

Nursing Dept:	FTE:
RN/LPN	2.8
CNA's	7.5
Dietary:	FTE:
Servers	1.4
Cook	2.8
EVS:	FTE:
Housekeeper	1.4
Life Enrichment:	FTE:
Aide	0.7

3rd shift

Nursing Dept:	FTE:
RN/LPN	2.8
CNA's	4.5



Proposed Staffing for 46 bed expansion:

1st Shift

Nursing Dept:	FTE:
ADON	1.0
RN	5.6
CNAs	8.4
MDS Coordinator	1.5

Dietary:	FTE:
Servers	2.8
Cook	1.4

Life Enrichment:	FTE:
Aide	1.4

EVS:	FTE:
Housekeeper	2.8
Laundry Aide	1.4

Administrative staff:	FTE:
Administrator	1.0
Unit Clerk/Scheduler	1.4
Reception/security	4.2
Nurse liaison	1.0
Social Services	1.0
Admissions assistant	1.0

2nd Shift

Nursing Dept:	FTE:
PM Supervisor	1.4
RN	5.6
CNAs	8.4

Dietary:	FTE:
Servers	1.4
Cook	1.4

3rd Shift

Nursing Dept:	FTE:
Night Supervisor	1.4
RN	2.8
CNAs	2.8





August 22, 2017

RE: CON application for 46 SNF beds

To Whom It May Concern:

Smith Crossing has an existing 46 bed SNF unit that is part of a Life Care Community comprised of 173 Independent Living apartments and 62 Assisted Living apartments.

Due to the internal and external demands for skilled nursing beds, Smith Crossing is requesting to expand the bed capacity by 46 beds.

I have attached a description of what the proposed staffing pattern will be for the addition detailed per shift for each department for your review.

The Facility will achieve this staffing pattern, by advertising open positions on its website, we will also utilize job search engines indicating that we are adding staffing opportunities due to the expansion. The current active applications we have for existing jobs are as follows:

RN=64 LPN=236 C.N.A.= 1458

Server=928 Cooks=116 Life enrichment=43 HK/Ldy=532

Smith Crossing has been accredited through CARF-CCAC since 2008. We would be notifying CARF of the expansion of services in the skilled unit.

Should you have any questions please feel free to contact me at 708-326-2300.

Sincerely,

Frank Guajardo
Executive Director



SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued ix*

Criterion 1125.600 Bed Capacity

The maximum bed capacity of a general LTC facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient/resident care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I. Subchapter c (Long-Term Care Facilities)) over a two-year period.

This project is only for the addition of 46 nursing beds to an existing 46-bed Long Term Care nursing facility. Upon project completion the licensed bed capacity will be 92 nursing beds. Therefore, the proposed project is compliant with this criterion.

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued x

Criterion 1125.610 - Community Related Functions

The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from those organizations.

Appended as **ATTACHMENT-21A** are nine (9) letters of support for the proposed addition to Smith Crossing. These letters are from:

- Amanda Mauceri, Director, Evergreen Senior Living;
- James G. Moustis, Supervisor, Frankfort Township;
- Ming-Yeng Tang, MD, J & M Tang, MDS and Associates, SC;
- Mary Therese Galka, RN, BSN, Assistant Professor and Program Coordinator, Moraine Valley Community College;
- Dr. Tim Harlow, Senior Pastor, Parkview Christian Church;
- Keith Pekau, Village President, Village of Orland Park;
- Reverend Dindo Billote, Pastor, St. Mary Catholic Church;
- Edward G. Joy, MD, Integrity Orthopedics, and;
- D. Matthew Jordan, Social Science Teacher, Lincoln-Way East High School.

ATTACHMENT- 21

EVERGREEN

 SENIOR LIVING

Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

RE: Smith Crossing in Orland Park

To Whom It May Concern:

August 15, 2017

Evergreen Senior Living is a comprised of 116 Assisted Living and Memory Support apartments located at 10820 183rd Street, Orland Park, IL. We are licensed by the Illinois Depart of Public Health and have 76 Assisted Living apartments and 40 Memory Support Apartments. We have been open since March of 2016. We currently are taking care of our 82 seniors.

Evergreen Senior Living has grown fast with a wide range of ages within our community. Some of our seniors are more compromised with their health than others. Our number goal is to try to maintain our residents for as long as possible keeping them as independent for as long as possible. Often times we need to send our seniors either to the hospital or to local rehabilitation centers for short term acute stays.

With the growing number of seniors in this area, we are in support of a possible Smith Crossing expansion of rehabilitation. Our seniors and their families would benefit greatly of this being so close to our community. Evergreen Senior Living and Smith Crossing share the same mission of having older adults being able to return to their previous independence level within the homes. A strong rehabilitation with a great reputation within the community, Smith Crossing is sure to be a continued success and terrific choice for our seniors and their families.

If you have any questions, please feel free to call.

Thank you in advance for taking the time to review this letter.

Sincerely,


Amanda Mauceri - Director
Evergreen Senior Living
10820 183rd Street
Orland Park, IL 60467
Office: 708-479-1082
Cell: 708-522-6755

ATTACHMENT-21A



11000 W. Lincoln Hwy. ♦ Frankfort, Illinois 60423 ♦ 815-469-4907 ♦ 815-469-4911 (FAX)

JAMES G. MOUSTIS
Supervisor

NELLA PICCOLIN
Clerk

August 17, 2017

Trustee
DAVID SMITH
NICK GEORGE
GREGORY GRIFFIN
LAURA MIROBALLI

Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761
RE: Smith Crossing in Orland Park

To Whom It May Concern;

Smith Crossing currently has 16 beds dedicated to short-term stay rehab patients. It now seeks to build a second state-of-the-art wing with an additional 46 rehab beds, increasing its capacity to 62 rehab beds. As part of this plan, Smith Crossing is preparing its rehab professionals to treat more individuals who are medically complex and/or challenged with cognitive limitations.

Because it is a not-for-profit organization, Smith Crossing demonstrates its appreciation for this status by contributing to the vitality of older adults in the southwest suburban sector of metropolitan Chicago. Smith Crossing began building its \$97 million campus in 2003 and expanded it by 60 percent with a \$35 million investment in 2012.

Smith Crossing has consistently sought ways to serve its residents and their families as well as those in the community who care about the well-being of older adults. Currently, Smith Crossing's 300 residents in all levels, from independent living to skilled nursing care, are served by 250 full and part-time employees.

With only 16 rehab beds, Smith Crossing, a life plan community in Orland Park, can accommodate only 11 percent of the requests and referrals it receives from hospital care coordinators and other senior living communities without their own rehab program. On a monthly average, 150 older adults, who need rehab care so they can return to a life of independence, were denied rehab services at Smith Crossing.

ATTACHMENT-21A

Between January 1, 2016 and June 30, 2017, 2,878 referrals of older adults were made to its in-patient, short-term stay rehab wing. During those same 18 months, Smith Crossing had to turn away 2,557 senior citizens because it did not have room to serve them.

Silver Cross Hospital, which refers the most rehab patients to Smith Crossing, reports a high demand for rehab services at Smith Crossing that it cannot fulfill due to size limitations.

Between January 2016 and June 2017, for instance, Silver Cross referred 839 patients to Smith Crossing. Due to its limited availability with only 16 rehab beds, Smith Crossing could accept only 170 patients, requiring 669 others to seek rehab services at their second or third choices.


A study of how Medicare patients, who live within 10 miles of Smith Crossing and have used short-term rehab programs, confirms an increase in the number of older adults who may need rehab services.

- In 2017, there are 88,340 older adults with Medicare benefits in the area.
- In 2022, that population is expected to increase to 103,698.

With the possible January, 2018 approval of the Illinois Health Facilities and Services Review Board, Smith Crossing most likely could have its new 46 beds ready to receive short-term stay rehab patients in late 2018 or early 2019.

I strongly support Smith Crossing's request for the addition of 46 rehab beds for their short-term stay rehabilitation center on its Campus in Orland Park, Illinois. I would ask the Illinois Health Facilities and Services Review Board to approve Smith Crossing's request for additional rehab beds.

Respectfully,


James Moustis
Frankfort Township Supervisor

Ming-Yeng Tang, MD

August 14, 2017

Illinois Health Facilities and
Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

RE Granting Certificate of Need to Smith Crossing

Members of the Board:

As the medical director of Smith Crossing since 2012, I implore you to help Smith Crossing serve more older adults who need rehabilitation services and support after a medical incident or surgery. In addition to my responsibilities at Smith Crossing's medical director, I also have a private practice with an office in Oak Lawn for more than 25 years. I am affiliated with Silver Cross Hospital in New Lenox, Palos Community Hospital in Palos Heights and Advocate Christ Hospital in Oak Lawn.

Based on my relationships as the physician for close to 100 Smith Crossing residents as well as other patients, who live in their homes in the southwest suburbs of Chicago, I know Smith Crossing's rehab programs make a critical difference.

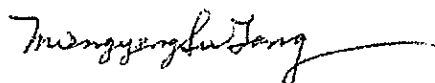
A combination of Smith Crossing's talented, committed rehabilitation professionals and a beautiful environment encourages patients to tackle their rehab work with a positive attitude.

Unfortunately, Smith Crossing cannot respond to more than 85 percent of patients who seek rehab services there. With only 16 rehab beds now, some of which are held for Smith Crossing residents when they return from the hospital, this life plan community cannot meet the needs of older adults in our area seeking to return to their life of independence.

I also visit my patients at other rehab facilities in the southwest suburbs. I can attest to the fact Smith Crossing has set the gold standard for providing comprehensive rehabilitation services and a setting that motivates patients to be ambitious about complying with their individualized rehab plans. Smith Crossing is the finest example of person-centered care for its residents and for older adults who benefit from its short-term stay rehab programs.

I hope you will make it possible for Smith Crossing to ensure more older adults will benefit from the superior quality rehab programs it offers.

Thank you for your consideration and support,



Ming-Yeng Tang, MD

J & M Tang, MDS and Associates, SC
9710 Southwest Highway • Oak Lawn, Illinois 60453 • 708.424.2082

ATTACHMENT-21A

July 27th, 2017

To Whom It May Concern:

Moraine Valley Community College In Palos Hills, Illinois conducts clinical rotations for our Certified Nursing Assistant students at several long term care facilities in the southwest suburbs of Chicago and in Lemont. Smith Crossing is by far one of our favorite sites to send our students. Its welcoming staff, accommodating administration, and receptive residents make this clinical rotation irreplaceable. Smith Crossing provides an outstanding experience for our students. Currently, Moraine Valley conducts approximately 8-10 clinical sessions at the facility per year.

Our very experienced instructors bring CNA students to Smith Crossing for clinical rotations totaling 40 hours, which are required by the Illinois Department of Public Health for certification in Illinois. Upon completion, the students have the experience, knowledge and skills needed to pass the state certification exam and ultimately practice as Certified Nursing Assistants. Moraine Valley has a 96% success rate on this test. Students are then able to find employment in the community, often times at Smith Crossing. Certified Nursing Assistants are in demand at most hospitals and long term care facilities in the area. Many of these students are then able to continue on with their education to become Registered Nurses.

While the students benefit from this experience, so do the residents. Students who complete their clinical rotations at Smith Crossing spend their time providing hands on personal care for the elderly and medically complex residents living in the facility, under the supervision of their instructors. They have the chance to interact one on one, providing joyful interaction between themselves and the geriatric clients. When students are asked about their experience at Smith Crossing, they reply, "It was great," "We learned so much," "The residents loved us," "The facility was warm and inviting."

It has been an honor and privilege to maintain this 11 year affiliation with Smith Crossing. We feel Smith Crossing sets the standard for how long-term care facilities should operate. It is evident that the administration and the staff make a conscientious effort to assure that every resident is well cared for and the facility is in compliance.

Expanding the number of Medicare beds at Smith Crossing, will give our CNA students the opportunity to care for a greater number of subacute patients, thus enhancing their experience and skills. My sincere hope is that we will continue to be healthcare education partners for many years to come. In doing so, we are providing a service not only to our students but to the facility and to the community.

Sincerely yours,

Mary Therese Galka, RN, BSN

Mary Therese Galka, RN, BSN
Assistant Professor and Program Coordinator
Moraine Valley Community College
Palos Hills, Illinois



HOMER GLEN CAMPUS | 815-838-9080
14367 W. 159th Street, Homer Glen, IL 60491

NEW LENOX CAMPUS | 815-717-6008
2121 S. Schoolhouse Road, New Lenox, IL 60451

ORLAND PARK CAMPUS | 708-478-7477
11100 Orland Parkway, Orland Park, IL 60467

August 17, 2017

Illinois Health Facilities and Service Review Board
525 West Jefferson Street
Second Floor
Springfield IL 62761

RE: SMITH CROSSING IN ORLAND PARK

Parkview Christian Church is a multi-site organization, with campuses in Orland Park, Homer Glen, and New Lenox. We serve thousands of older adults in the area at these sites, along with offering a weekly church service and Bible study at Smith Crossing, which are open to its residents and guests.

We recognize there is increased demand for rehab services in the southwest suburban sector of Metropolitan Chicago due to the increased needs of the Baby Boomer population and the fact that the Silent and Greatest Generations are living longer. We see this trend firsthand as we serve a large number of older adults in our three local church campus sites. Some of Smith Crossing's residents are also members/attendees and volunteer at Parkview.

Adding 46 new rehab beds to Smith Crossing's current 16 rehab bed unit will allow access to more individuals in our area, which is currently underserved. Smith Crossing will also be helping more older adults return to their previous independent lifestyles in their homes with this addition.

Parkview Christian Church is pleased to submit this Letter of Support for your approval of the addition of a new short-term rehabilitation center on Smith Crossing's campus in Orland Park, Illinois.

Sincerely,

A handwritten signature in black ink, appearing to be "T Harlow", written over a horizontal line.

Dr. Tim Harlow
Senior Pastor

parkviewchurch.com | parkviewchurch.com/SocialMedia

ATTACHMENT-21A

MAYOR
Keith Pekau

VILLAGE CLERK
John C. Mehalek
14700 S. Ravinia
Orland Park, IL 60462
(708) 403-6100
www.orlandpark.org



VILLAGE HALL

TRUSTEES

Kathleen M. Fenton
James V. Dodge
Patricia A. Gira
Carole Griffin Ruzich
Daniel T. Calandriello
Michael F. Carroll

August 8, 2017

Illinois Health Facilities and Services Review Board
525 West Jefferson Street – Second Floor
Springfield, IL 62761

RE: Smith Crossing – Orland Park

Ladies and Gentlemen:

Please accept the Village of Orland Park's support for Smith Crossing's request to add a new short term stay rehabilitation center on its Orland Park campus. Smith Crossing has completed an analysis of the region and has confirmed a need for superior quality rehab services for senior populations.

Our community is one of the faster growing areas in Illinois. The population growth in Orland Park is projected to be an estimated 17.5% by 2020. As our population continues to grow and age, our community members will need an increasing amount of rehabilitative care. As mayor, I want to ensure that our residents have access to the best possible services and that our seniors can hold onto their precious independence.

Smith Crossing currently offers 16 rehab beds, being able to accommodate only 11 percent of the requests and referrals from hospital care coordinators and other senior living communities without rehab programs. They report that a monthly average of 150 seniors --- who need rehab to return to lives of independence --- are denied rehabilitation services at Smith Crossing because of a lack of space.

From January 1, 2016 to June 30, 2017, Smith Crossing received referrals of 2,878 older adults to its in-patient, short term stay rehab wing. During that same 18-month period, Smith Crossing had to turn away an additional 2,557 seniors because it did not have the room to serve them.

I ask that you help Smith Crossing meet the rapidly increasing rehabilitation needs of our seniors, aging baby boomers and other generations, all of whom are living longer. Help these people have access to rehabilitation services so they can continue to enjoy lives of independence.

The numbers speak for themselves --- Smith Crossing needs 46 additional rehab beds to meet the current demand.

Thank you for your consideration.

Sincerely yours,

Keith Pekau, Village President
Village of Orland Park

ATTACHMENT-21A



ST. MARY CATHOLIC CHURCH

19515 South 115th Avenue ✻ P.O. Box 2 ✻ Mokena, IL 60448-0002
Phone: (708) 326-9300 ✻ Fax: (708) 326-9301 ✻ www.stmarymokena.org

August 10, 2017

Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Fl.
Springfield, IL 62761
Re: Smith Crossing in Orland Park

As Pastor of St. Mary Church in Mokena, I am writing in support of expansion of Smith Crossing in Orland Park. About 3,000 families make up our parish and many now reside or use the rehab facilities at Smith Crossing. Our parish deacons have been serving the Catholic community at Smith Crossing since its opening. We gladly attest to the superb care given patients and residents and we're proud to have such a fine facility in our community.

We have become aware that some of our parishioners have been denied rehab services due to limited space. We whole heartedly approve of building additional space to accommodate more people. Area residents are drawn to Smith Crossing knowing its fine reputation for beautiful facilities and excellent care. Many have commented it's like a 5 star hotel!

Thank you for your attention to this appeal to allow expansion of Smith Crossing in Orland Park. I'm sure the demand for its services will remain far into the future.

Respectfully yours,

Reverend Dindo Billote
Pastor

ATTACHMENT-21A

INTEGRITY ORTHOPEDICS
6850 West Centennial Drive
Tinley Park, IL 60477
(708) 429-3455
(708) 429-3422 fax



INTEGRITY
ORTHOPEDICS
IntegrityOrthopedics.com

DANIEL WEBER, M.D.
Fellowship Trained
Hip and Knee Reconstruction
Sports Medicine/Arthroscopy

JAMES KRCIK, M.D.
Fellowship Trained
Pediatric and Adult Sports Medicine
Arthroscopy

EDWARD JOY, M.D.
Fellowship Trained
Shoulder and Elbow Surgery

August 22, 2017

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: Awarding Smith Crossing a Certificate of Need

HFSRB Members:

I highly commend awarding a Certificate of Need to Smith Crossing so it can expand its short-term stay rehabilitation program for older adults.

Over the last eight years, my patients report their exceptional care and experience at Smith Crossing. I also see how the rehab program there enhances recuperation after orthopedic surgery at Palos Community Hospital where I have staff privileges. Our department's social workers tell patients Smith Crossing provides the best outcomes.

On a personal note, my Mother currently is benefitting from her short-term stay rehab at Smith Crossing. As her son, I appreciate the thoughtful and kind ways staff members address her underlying dementia compounded by post-operative confusion resulting from anesthesia used during her recent hip replacement surgery.

Smith Crossing staff's competence and commitment to person-centered care also quickly addressed my Mother's pressure sores, which existed before she was discharged to Smith Crossing, and effectively remediated infections following her surgery. My family is fortunate one of the 16 rehab beds at Smith Crossing was available when she was ready to be discharged.

Unfortunately, my Mother's complex medical situation is becoming more common as we treat the increasing number of aging adults who live in our area. The need for more highly skilled rehab programs is growing. I have learned during the 18 months ending this June 30, Smith Crossing only had room for 72 of the 522 patients Palos Community Hospital sought to discharge to its rehab program. That means 450 of our patients had to seek support elsewhere.

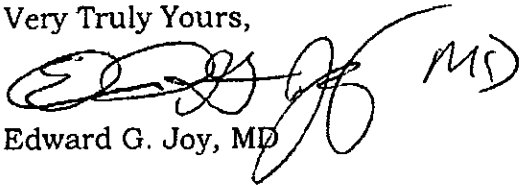
ATTACHMENT-21A



INTEGRITY
ORTHOPEDICS
IntegrityOrthopedics.com

Please award a CON for 46 additional rehab beds to Smith Crossing. I know this not-for-profit organization is dedicated to treating more patients like my Mother.

Very Truly Yours,



Edward G. Joy, MD



Lincoln-Way Community High School East

201 Colorado Avenue • Frankfort, Illinois 60423-1395
815.464.4000 • 815.464.4132 Fax • Web: lw210.org/east

16 August 2017

Dr. R. Scott Tingley
Superintendent
815.462.2130

Dr. Sharon Michalak
Principal
815.464.4130

Dr. Joseph Skarbek
Associate Principal
815.464.4234

Dr. Sarah Hogeveen
Associate Principal
815.464.4247

Mr. Mark Vander Kooi
Athletic Director
815.464.4138

Ms. Karen Murphy
PPS Director
815.464.4155

Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

RE: Smith Crossing in Orland Park

To the Honorable Members of the Review Board:

I write to you today to impress upon you the value that Smith Crossing adds to our local area. I am the Faculty Advisor for the Key Club at Lincoln-Way East High School, part of the world's largest service organization for teens. Many of my students' grandparents have benefited from the resources that Smith Crossing currently has available, from their rehab facilities to their independent and assisted living apartments. I am excited for their plans and future potential.

From my vantage as Key Club sponsor, Smith Crossing is a tremendously important partner in our mission. Together, Smith Crossing provides our young people an important avenue to volunteer and give back to our community—especially in our focal areas of serving senior citizens and special needs. Smith Crossing has year-round service opportunities, and my students have eagerly met this need with hundreds of hours of service over the years. Just as important, the opportunities and activities that Smith Crossing facilitates help us to shape the skills and character of our membership, as we seek to build key leaders.

I am appreciative of how much Smith Crossing invests in our young people. Some administrators and residents have even attended Key Club meetings at our school to show support for our mission and to interact with our kids. Throughout Smith Crossing's community, students have been introduced to veterans going back to World War II; a Chicago police officer who worked a detail for a visit by the Pope; a woman who worked on a portion of the Manhattan Project in Tennessee—and so many other interesting stories. Students have gained a personal appreciation for these unique connections many residents have with our past. Even the less "historical" offer personal insights, teach new skills such as dancing or knitting, and overall forge relationships that shape our students' character, respect for others, and admiration of their elders.

We are very happy that through all our years of volunteering, Smith Crossing has afforded our kids these opportunities for personal growth. We appreciate the support they give our club, and enthusiasm that they instill in our members. I have seen Smith Crossing's growth, which has enabled even more students to serve. I am excited for their future prospects and glad to carry our community partnership forward. I strongly urge you to consider their request.

Sincerely,

D. Matthew Jordan
Social Science Teacher
Key Club Advisor
Lincoln-Way East High School

Mission Statement:
Lincoln-Way Community
High Schools are
committed to providing
the experiences and
opportunities necessary
to maximize the
academic and social
growth of all students.

"Lincoln-Way
Community High
School District #210
does not discriminate
on the basis of
color, race, gender,
nationality, religion,
religious affiliation,
handicap, or disability."

ATTACHMENT-21A

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued xi*

Criterion 1125.620 - Project Size

The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards as stated in Appendix A of 77 Ill. Adm. Code 1125 (LTC rules), unless the additional GSF can be justified by documenting one of the following:

Upon project completion, Smith Crossing will comprise 47,231 clinical gross square feet of space for 92 nursing care beds. The clinical gross square feet per bed equates to 513.4 gross square feet per bed upon project completion. It should be noted that the proposed project is in compliance with this criterion as the full bed compliment is well within the range limit of 435-713 gross square feet per bed.

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xii

Criterion 1125.630 - Zoning

The applicant shall document one of the following:

1. The property to be utilized has been zoned for the type of facility to be developed;
2. Zoning approval has been received; or
3. A variance in zoning for the project is to be sought.

Appended as **ATTACHMENT-23A**, is a letter from Karie Friling, Director of Development Services, Village of Orland Park for the proposed project providing status of zoning.

ATTACHMENT- 23

MAYOR
Keith Pekau

VILLAGE CLERK
Jahn C. Mehalek

14700 S. Ravinia Avenue
Orland Park, IL 60462
708.403.6100
OrlandPark.org



TRUSTEES

Kathleen M. Fenton
James V. Dodge
Patricia A. Gira
Carole Griffin Ruzich
Daniel T. Calandriello
Michael F. Carroll

July 18, 2017

Mr. Kevin McGee
Chief Executive Officer
Smith Crossing
10501 Emilie Lane
Orland Park, IL 60467

Re: Smith Crossing, Zoning Confirmation

Dear Mr. Kevin McGee,

On behalf of the Department of Development Services of Orland Park, I am writing to confirm that Smith Crossing is located in the Village's COR Mixed Use District. The Village Board of Trustees approved the first phase of Smith Crossing on September 23, 2003 and second phase on September 29, 2010. Both projects conformed to the zoning requirements of COR Mixed Use District.

The Village of Orland Park has met with representatives from Smith Crossing to discuss a third phase to Smith Crossing, which would include the construction of a new building as well as other site plan changes. Although a formal petition has not been submitted, Smith Crossing's pending proposal would be assessed through the same zoning requirements, as updated, as the previous two project phases.

We look forward to working with Smith Crossing through the remainder of the development review process, which includes a comprehensive design review, a public hearing and a final review by the Village's approving bodies.

Please contact me with any questions at 708-403-5300.

Sincerely,

A handwritten signature in black ink that reads 'Karie Friling'.

Karie Friling
Director of Development Services
Orland Park

ATTACHMENT-23A

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xiii

Criterion 1125.640 – Assurances

1. The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.

2. For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall provide assurance that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required.

Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number 1.

As the existing facility and the proposed expansion are not addressing the continuum of care variance (Section 1125.560(a)), item 2 above is not applicable.

ATTACHMENT- 24



August 24, 2017

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, Washington and Jane Smith Community – Orland Park dba Smith Crossing understands that it is expected to achieve and maintain the occupancy specified in §1125.210 (c) by the second year of operation after project completion. Our ability to maintain this occupancy level could be affected by various factors outside of our control, such as natural disasters, regulatory changes in healthcare, interruption of necessary utilities, physical plant problems, or other unexpected issues outside of our control which could have a direct or indirect effect upon our occupancy rate.

Sincerely,

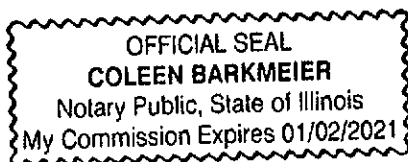
Frank Guajardo
Executive Director

Notarization:

Subscribed and sworn to before me
this 24th day of August 2017

Signature of Notary

Seal



SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xlv

Criterion 1125.650 - Modernization

The proposed project involves the modernization and expansion of the Long-Term Nursing Care category of service. As such, the 77 Illinois Administrative Code, Chapter II of Subchapter b, Section 1125.210(c) sets the target utilization rate at 90 percent. Smith Crossing, in the most recent two calendar years for which the State has published, shows the annual utilization at 92% and 89.4% for CY 2016 and 2015 respectively. Refer to **ATTACHMENT-25A** for the State's most recent facility profile for the Subject facility (it should be noted that although already submitted, 2016 facility profiles have not been published). Therefore, the occupancy standard for modernization, 90 percent, has been met.

It should be noted that the modernization is to allow for the connection of the expansion with the existing nursing unit. The connection will allow residents of the entire campus use of the new therapy gym and the free flow of staff between the units. In addition to the expansion of nursing beds, the new construction will include the relocation of the campus's physical and occupational therapy rooms into a more robust and comprehensive therapy gym to be sized to meet the needs of the expansion and that of the entire campus. The current therapy rooms that are within the existing nursing unit will be repurposed to a much needed expanded salon and resident storage which there is never enough space for. The only other renovations will occur where the connection is made, and that includes the elimination of a nurses' staffing area and the opening up of the adjacent resident lounge area to allow for better flow and aesthetics. Finally, the existing nursing unit is relatively new, built in 2005, and modern but renovations will tie the aesthetics of the existing with that of the proposed. This modernization does not seek modernization due to deteriorated or functionally obsolete physical plant environment.

ATTACHMENT-25

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued i

Criterion 1125.800 Estimated Total Project Cost

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Availability of Funds – Review Criteria
- Financial Viability – Review Criteria
- Economic Feasibility – Review Criteria, subsection (a)

Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

- a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:

Appended as ATTACHMENT-27A, are Board Resolutions from Smith Crossing and Smith Senior Living respectively. These resolutions authorize the use of cash and securities to fund the equity portion of the project costs. Appended as ATTACHMENT-27B are three years of audited financial statements illustrating available funds for this project.

- d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:

3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;

Appended as ATTACHMENT-27A are the Board Resolutions (Smith Crossing and Smith Senior Living respectively) authorizing the use of financing to fund the

ATTACHMENT-27

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW *Continued ii*

balance of the project. Appended as **ATTACHMENT-27C** is a letter from First Midwest Bank providing the financing for the project.

ATTACHMENT-27

**RESOLUTION OF THE BOARD OF TRUSTEES
OF
WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
d/b/a SMITH CROSSING
REGARDING REIMBURSEMENT EXPENDITURES**

DEFINITION OF TERMS

In this resolution:

"*Corporation*" means Washington and Jane Smith Community - Orland Park d/b/a Smith Crossing, an Illinois not-for-profit corporation.

"*Project*" means:

(i) the construction of approximately 46 skilled nursing beds to be used for short-term rehabilitation at this Corporation's existing senior living community;

(ii) the remodeling and renovation of certain existing community areas, including the current physical and occupational therapy room, with a new beauty salon, a dry kitchen storage room, and a housekeeping storage room, and an expansion of existing laundry facilities at this Corporation's existing senior living community;

(vi) the acquisition and installation of equipment for this Corporation's community, including the new projects described above; and

(vii) architectural, engineering, surveying, soil testing, reimbursement bond issuance and similar costs that are incurred prior to the commencement of the activities described in this paragraph.

BACKGROUND OF RESOLUTION

This Corporation is pursuing the Project, and will pursue the necessary Certificate of Need from the State of Illinois. On an interim basis, until other financing for the Project is obtained, this Corporation intends to pay all or a portion of the costs of the Project from funds available to it. Those funds, however, are not available for that purpose on a permanent basis. This Corporation intends, therefore, to reimburse itself from the proceeds of reimbursement obligations or bonds to be issued on its behalf for the amounts which it has paid. It is the purpose of this resolution to formally state that intention.

RESOLVED

1. Pursuit of Project. The President, Vice President, Secretary, Treasurer, Chief Executive Officer and Chief Financial Officer or any one or more of them of the Corporation are authorized to pursue the Project, including making application for a Certificate of Need and pursuing necessary financing.

2. Intention to Reimburse. This Corporation declares its intention to reimburse itself for expenditures relating to the Project which it pays with its own funds. This Corporation expects the reimbursement to be funded with the proceeds of a loan, reimbursement obligations,

or bonds to be issued on its behalf with respect to the Project. This Corporation does not expect the aggregate principal amount of the obligations or bonds to be issued for the purpose of reimbursing the Corporation for costs of the Project to exceed \$25,000,000. This Corporation acknowledges that any such reimbursement must be made not later than eighteen months after the later of the date on which the expenditure to be reimbursed is paid or the date on which the property for which the reimbursement is made is placed in service or abandoned, but in no event more than three years after the date on which the expenditure to be reimbursed was paid. Each of the costs to be reimbursed is of a type that is properly chargeable to a capital account, or would be chargeable to a capital account with a proper election to do so, or is a cost of issuance for a bond.

3. Reasonableness. This Corporation's expectation to reimburse itself for costs of the Project which it pays before the reimbursement bonds are issued is reasonable. This Corporation does not have a pattern of failing to reimburse itself for expenditures which it has made and with respect to which resolutions similar to this resolution have been adopted. The funds applied to the temporary payment of the costs of the Project are needed on a long-term basis for other purposes and are not, therefore, available for the permanent payment of Project costs. No other funds of this Corporation are reserved or otherwise set aside for the payment of costs of the Project for which reimbursement is expected.

ADOPTED: August 24, 2017

Coleen Barkmeier

Coleen Barkmeier, Secretary

August 24, 2017

**RESOLUTION OF THE BOARD OF TRUSTEES
OF
THE WASHINGTON AND JANE SMITH HOME
d/b/a SMITH SENIOR LIVING
REGARDING REIMBURSEMENT EXPENDITURES**

DEFINITION OF TERMS

In this resolution:

"Corporation" means The Washington and Jane Smith Home d/b/a Smith Senior Living, an Illinois not-for-profit corporation.

"Project" means:

(i) the construction of approximately 46 skilled nursing beds to be used for short-term rehabilitation at Smith Crossing's existing senior living community;

(ii) the remodeling and renovation of certain existing community areas, including the current physical and occupational therapy room, with a new beauty salon, a dry kitchen storage, and a housekeeping storage room, and an expansion of existing laundry facilities at Smith Crossing's existing senior living community;

(vi) the acquisition and installation of equipment for Smith Crossing's community, including the new projects described above; and

(vii) architectural, engineering, surveying, soil testing, reimbursement bond issuance and similar costs that are incurred prior to the commencement of the activities described in this paragraph.

"Smith Crossing" means Washington and Jane Smith Community - Orland Park, an Illinois not-for-profit corporation, and a subsidiary of the Corporation.

BACKGROUND OF RESOLUTION

Smith Crossing is pursuing the Project, and will pursue the necessary Certificate of Need from the State of Illinois. On an interim basis, until other financing for the Project is obtained, Smith Crossing intends to pay all or a portion of the costs of the Project from funds available to it. Those funds, however, are not available for that purpose on a permanent basis. Smith Crossing intends, therefore, to reimburse itself from the proceeds of reimbursement obligations or bonds to be issued on its behalf for the amounts which it has paid. This Corporation approves of the actions of Smith Crossing in connection with the Project. It is the purpose of this resolution to formally state that approval.

RESOLVED

1. Pursuit of Project. The pursuit of the Project is authorized. The President, Vice President, Secretary, Treasurer, Chief Executive Officer and Chief Financial Officer or any one or more of them of the Corporation are authorized to take any action required to assist Smith

Crossing in pursuing the Project, including making application for a Certificate of Need and pursuing necessary financing.

2. Intention to Reimburse. This Corporation declares its intention to reimburse itself for expenditures relating to the Project which it pays with its own funds. This Corporation expects the reimbursement to be funded with the proceeds of a loan, reimbursement obligations, or bonds to be issued on behalf of Smith Crossing with respect to the Project. This Corporation does not expect the aggregate principal amount of the obligations or bonds to be issued for the purpose of reimbursing the Corporation or Smith Crossing for costs of the Project to exceed \$25,000,000. This Corporation acknowledges that any such reimbursement must be made not later than eighteen months after the later of the date on which the expenditure to be reimbursed is paid or the date on which the property for which the reimbursement is made is placed in service or abandoned, but in no event more than three years after the date on which the expenditure to be reimbursed was paid. Each of the costs to be reimbursed is of a type that is properly chargeable to a capital account, or would be chargeable to a capital account with a proper election to do so, or is a cost of issuance for a bond.

3. Reasonableness. This Corporation's and Smith Crossing's expectation to reimburse themselves for costs of the Project which it pays before the reimbursement bonds are issued is reasonable. Neither this Corporation nor Smith Crossing has a pattern of failing to reimburse itself for expenditures which it has made and with respect to which resolutions similar to this resolution have been adopted. The funds applied to the temporary payment of the costs of the Project are needed on a long-term basis for other purposes and are not, therefore, available for the permanent payment of Project costs. No other funds of this Corporation or Smith Crossing are reserved or otherwise set aside for the payment of costs of the Project for which reimbursement is expected.

ADOPTED: August 24, 2017



Coleen Barkmeier, Secretary

August 24, 2017

Smith Crossing
Statements of Financial Position (Unaudited)
As of Friday, June 30, 2017

	6/30/2017	6/30/2016
ASSETS		
Current Assets		
Cash and Cash Equivalents	2,005,702	3,320,540
Accounts Receivable - Net of Allowance	931,993	624,176
A/R Entrance Fees	65,000	845,760
Other Receivables	350	0
Prepaid Expenses	118,545	107,453
Due from Affiliates	0	854,241
Total Current Assets	3,121,589	5,752,176
Property, Plant and Equipment - Net		
Fixed Assets	63,557,375	65,824,871
Construction in Progress	188,756	0
Total Property, Plant and Equipment - Net	63,744,132	65,824,871
Other Assets		
Long-term Investments	12,887,533	7,902,421
Acquisition Costs	771,810	1,049,347
Total Other Assets	13,459,143	8,951,768
Total Assets	80,324,864	80,528,809
LIABILITIES AND FUND BALANCES		
Current Liabilities		
Current Portion - LT Debt	1,003,241	962,421
Accounts Payable incl. Construction	2,211,292	1,302,157
Compensation Related	235,938	376,976
Resident Credit Balances	153,984	105,708
Refundable Resident Deposits	503,545	418,807
Deferred Revenues - NonRefundable	383,704	360,370
Other Current Liabilities	754	11,185
Due to Affiliates	195,925	0
Total Current Liabilities	4,688,383	3,537,824
Long-Term Liabilities		
Long-Term Debt Obligations	32,194,792	33,147,781
Derivative Liability Interest Rate Swap	1,438,496	3,058,277
Entrance Fees Refundable	43,945,045	45,006,238
Deferred Revenues - NonRefundable	3,227,456	3,559,199
Total Long-Term Liabilities	80,805,789	84,771,494
Total Liabilities	85,494,172	88,309,319
Net Assets		
Current Year Change in Net Assets	2,811,002	-1,773,333
Unrestricted	-7,780,310	-6,006,977
Total Net Assets	-6,169,308	-7,780,310
Total Liabilities and Net Assets	80,324,864	80,528,809

Smith Crossing
Quarterly Income Statement
 Friday, June 30, 2017

	4th Qtr - FY 2017			Year to Date		
	Actual	Plan	Fav/(UnFav)	Actual	Plan	Fav/(UnFav)
Operating Revenues & Other Support Svcs						
Independent Living	\$1,652,855	\$1,677,367	(\$24,512)	\$6,884,799	\$6,709,468	(\$24,669)
Assisted Living	884,770	1,032,795	(48,025)	3,993,211	4,131,180	(137,968)
Nursing Services	1,325,859	1,416,238	(90,379)	5,440,968	5,680,514	(239,546)
Ancillary	446,511	473,065	(26,554)	1,769,698	1,896,664	(126,968)
Gross Service Revenue	4,409,994	4,599,464	(189,470)	17,888,676	18,417,826	(529,151)
Less Contractual Allowances	(218,787)	(317,386)	98,599	(1,088,912)	(1,273,224)	184,311
Less Charity Care	(15,615)	(33,926)	18,311	(27,981)	(135,704)	107,723
Less Purchase Discounts	(95,751)	(66,000)	(29,751)	(370,872)	(264,000)	(106,872)
Net Service Revenue	4,079,841	4,182,152	(102,311)	16,401,110	16,744,899	(343,789)
Office Rent Income	1,500	1,500	0	6,000	6,000	0
Entrance Fees Recognized	182,871	127,500	55,171	780,809	516,000	270,809
Donations & Contributions	7,300	5,250	2,050	20,850	21,000	(150)
Miscellaneous Revenue	67,680	83,154	(15,574)	272,678	310,119	(37,441)
Total Operating Revenues & Other	\$4,338,892	\$4,399,557	(\$60,664)	\$17,481,447	\$17,592,018	(\$110,571)
Operating Expenses						
Ancillary Services	197,096	268,774	71,877	935,877	1,078,048	142,171
Administrative & General	271,519	223,888	(47,630)	934,853	927,593	(7,260)
Salon	34,813	39,091	4,278	143,312	156,064	12,752
Activities / Life Enrichment	146,877	135,469	(11,388)	548,791	548,875	1,884
Social Services	20,710	17,820	(2,889)	77,096	78,580	(516)
Admissions	11,358	10,928	(431)	44,371	44,394	23
Dining Services	744,304	886,074	(68,230)	2,795,466	2,798,554	1,088
Environmental Services	574,358	544,518	(29,840)	2,271,263	2,155,484	(115,779)
Marketing	188,546	162,979	(3,566)	846,937	698,820	51,883
Nursing Services	837,411	761,376	(78,033)	3,034,893	3,014,254	(20,639)
Initiatives / Board Expenses	41,400	0	(41,400)	122,694	0	(122,694)
Mgt Contract / Pass-Thru	284,806	352,790	68,185	1,316,254	1,453,778	137,524
Bond Interest/Costs	352,270	357,529	5,259	1,402,949	1,443,645	40,696
Depreciation / Amortization	868,261	885,646	(2,614)	3,509,339	3,462,585	(46,754)
Total Operating Expenses	\$4,651,527	\$4,428,904	(\$124,623)	\$17,782,095	\$17,856,473	\$74,378
Change in Net Assets Before Net Nonoperating Revenues and Exps	(\$212,635)	(\$27,347)	(\$185,288)	(\$300,648)	(\$264,465)	(\$36,183)
Non-Operating Revenues & Expenses						
Dividends & Interest	61,778	48,050	15,728	270,885	184,200	88,685
Change in Fair Value of Interest Rate Swap	(49,545)	0	(49,545)	1,619,780	0	1,619,780
Realized Gains / (Losses)	18,424	28,680	(10,256)	203,579	114,720	88,859
Unrealized Gains / (Losses)	269,706	0	269,706	817,969	0	617,969
Other Investment Income & Exp.	0	0	0	(583)	0	(583)
Change in Portfolios	300,363	74,730	225,633	2,911,650	288,920	2,612,730
Total Non-Operating Revs & Exps	\$300,363	\$74,730	\$225,633	\$2,911,650	\$288,920	\$2,612,730
Change in Net Assets	\$87,728	\$47,383	\$40,345	\$2,811,002	\$34,485	\$2,576,537

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ATTACHMENT-27B

SMITH CROSSING
Smith Crossing
For the Twelve Months Ending Friday, June 30, 2017

	Actual	Plan	Variance Fav/(Unfav)		Pct of Total	
			\$\$\$	Pct	Revs	Exps
Functional Expenses:						
Salaries & Wages	\$3,700,177	\$3,809,528	\$109,349	2.9%	21.2%	20.8%
Benefits & Payroll Taxes	\$997,493	\$950,772	-\$46,722	-4.9%	5.7%	5.6%
Personnel Costs	\$78,932	\$76,340	-\$2,592	-3.4%	0.5%	0.4%
Supplies	\$186,767	\$196,928	\$10,161	5.2%	1.1%	1.1%
Facility Expense	\$610,580	\$453,468	-\$157,112	-34.6%	3.5%	3.4%
Utilities	\$486,215	\$484,675	-\$1,540	-0.3%	2.8%	2.7%
Telephones	\$63,060	\$34,932	-\$28,128	-80.5%	0.4%	0.4%
Business & Dept Expense	\$52,353	\$64,503	\$12,150	18.8%	0.3%	0.3%
Programming Expense	\$116,260	\$128,384	\$12,123	9.4%	0.7%	0.7%
Food Costs	\$975,400	\$977,212	\$1,813	0.2%	5.6%	5.5%
Marketing & Advertising	\$398,946	\$421,830	\$24,884	5.9%	2.3%	2.2%
Smith Cares / Temp Staffing	\$1,548,968	\$1,479,298	-\$69,669	-4.7%	8.9%	8.7%
Contract / Consulting Svcs	\$931,374	\$890,580	-\$40,794	-4.6%	5.3%	5.2%
Computers & Software Leases	\$49,207	\$27,241	-\$21,966	-80.8%	0.3%	0.3%
Accounting & Legal	\$38,175	\$36,550	-\$1,825	-4.4%	0.2%	0.2%
Corporate & Administrative	\$34,660	\$65,634	\$30,974	47.2%	0.2%	0.2%
Management Fees / Pass-Thru	\$1,316,254	\$1,453,778	\$137,524	9.5%	7.5%	7.4%
Commercial Insurance	\$254,910	\$234,950	-\$19,960	-8.5%	1.5%	1.4%
Taxes & Fees	\$96,200	\$85,596	-\$10,804	-12.4%	0.6%	0.5%
Bond & Other Interest Expense	\$1,402,949	\$1,443,645	\$40,696	2.8%	8.0%	7.9%
Ancillary Expenses	\$935,877	\$1,078,048	\$142,171	13.2%	5.4%	5.3%
Depreciation / Amort	\$3,509,339	\$3,462,585	-\$48,754	-1.4%	20.1%	19.7%
TOTALS	\$17,782,095	\$17,856,473	\$74,378	0.4%	101.7%	100.0%

**Smith Crossing
Statement of Cash Flows
For the Twelve Months Ending Friday, June 30, 2017**

	Month CHANGE	YTD CHANGE
Change in Net Assets	(185,739)	2,611,002
Adjustments to Reconcile Change in Net Cash Provided by (used in) Operating Activities		
Depreciation and Amortization	297,360	3,568,478
Net Realized & Unrealized (Gain) / Loss in Market Value	(7,874)	(1,021,548)
(Increase) / Decrease in Current Assets		
Accounts Receivable	268,329	520,869
Prepaid Expense	(8,863)	(11,091)
Increase / (Decrease) in Liabilities		
Accounts Payable	283,061	909,135
Accrued Expenses & Other Liabilities	(124,128)	(151,470)
Change in Fair Value of Interest Rate Swap	49,545	(1,618,780)
Total Adjustments	755,431	2,192,595
Net Cash Provided by (used in) Operating Activities	569,692	4,803,696
Cash Flows from Investing Activities		
Fixed Assets	(813,417)	(964,107)
Construction in Progress	383,289	(186,756)
Investments	(42,978)	(3,763,584)
Net Cash Provided by (Used in) Investing Activities	(273,106)	(4,914,427)
Cash Flows from Financing Activities		
Payments Due To/(From) Related Closing, Sales, & Escrow Deposits	85,600	1,050,165
Entrance Fees Refundable	49,080	84,738
Deferred Revenues - Entrance Fees	(377,013)	(1,037,859)
Notes Payable	(74,292)	(331,743)
Bonds Payable	(348)	(4,049)
	(81,895)	(965,260)
Net Cash Provided by (Used in) Financing Activities	(398,868)	(1,204,007)
TOTAL CASH FLOWS	(102,282)	(1,314,838)
CASH FLOW SUMMARY		
Net Increase (Decrease) in Cash	(102,282)	(1,314,838)
Cash at Beginning of Period	2,107,984	3,320,540
Cash and Equivalents at End of Period	2,005,702	2,005,702
VERIFICATION - Ending Cash Per Books	2,005,702	2,005,702

**WASHINGTON AND JANE SMITH COMMUNITY –
ORLAND PARK
DBA: SMITH CROSSING
FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2016 AND 2015**



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ATTACHMENT-27B

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
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YEARS ENDED JUNE 30, 2016 AND 2015**

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Washington and Jane Smith Community - Orland Park
dba: Smith Crossing
Orland Park, Illinois

We have audited the accompanying financial statements of the Washington and Jane Smith Community - Orland Park dba: Smith Crossing (the Organization), which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities and changes in net assets (deficit), and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Trustees
Washington and Jane Smith Community - Orland Park
dba: Smith Crossing

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Washington and Jane Smith Community - Orland Park dba: Smith Crossing as of June 30, 2016 and 2015, and the results of its operations, changes in net assets (deficit), and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 14 to the financial statements, the Organization adopted a recently issued accounting standard related to the accounting for debt issuance costs. The new standard requires entities to present debt issuance costs as a direct deduction from the face amount of the related borrowings, amortize debt issuance costs using the effective interest method over the life of the debt, and record the amortization as a component of interest expense. Our opinion is not modified with respect to this matter.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Oak Brook, Illinois
September 1, 2016

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2016 AND 2015**

ASSETS	2016	2015
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 3,320,538	\$ 2,770,920
Resident Accounts Receivable, Net of Allowance for Doubtful Accounts	624,176	639,099
Entrances Fees Receivable	845,760	1,146,680
Prepaid Expenses and Other Assets	107,453	90,694
Due from Affiliates	<u>854,242</u>	<u>-</u>
Total Current Assets	5,752,169	4,647,393
PROPERTY AND EQUIPMENT, NET	65,824,872	68,141,647
OTHER ASSETS		
Long-Term Investments	7,902,421	7,928,426
Other Assets	2,209	1,654
Costs of Acquiring Initial Continuing-Care Contracts, Net of Accumulated Amortization of \$1,767,758 and \$1,490,021 in 2016 and 2015, Respectively	<u>1,049,348</u>	<u>1,327,085</u>
Total Other Assets	8,953,978	9,257,165
Total Assets	<u>\$ 80,531,019</u>	<u>\$ 82,046,205</u>

See accompanying Notes to Financial Statements.

(3)

ATTACHMENT-27B

LIABILITIES AND NET ASSETS (DEFICIT)	<u>2016</u>	<u>2015</u>
CURRENT LIABILITIES		
Current Portion of Long-Term Debt	\$ 962,421	\$ 1,002,074
Current Portion of Capital Lease	4,049	3,776
Accounts Payable	511,326	438,324
Accounts Payable - Entrance Fees	790,830	2,006,356
Accrued Salaries	377,051	345,777
Resident Trust Liability	13,319	8,364
Resident Credit Balances	105,708	143,482
Deferred Revenue From Nonrefundable Continuing-Care Contracts	360,370	350,854
Refundable Reservation Deposits	418,807	458,372
Due to Affiliates	-	140,328
Total Current Liabilities	<u>3,543,881</u>	<u>4,897,707</u>
LONG-TERM LIABILITIES		
Long-Term Debt, Net of Current Portion	33,133,555	35,496,054
Capital Lease, Net of Current Portion	10,177	14,263
Fair Value Interest Rate Swap	3,058,276	1,734,328
Refundable Continuing-Care Contracts	45,006,238	42,365,533
Deferred Revenue from Nonrefundable Continuing-Care Contracts, Net of Current Portion	<u>3,559,199</u>	<u>3,545,288</u>
Total Long-Term Liabilities	<u>84,767,445</u>	<u>83,155,466</u>
Total Liabilities	88,311,326	88,053,173
NET DEFICIT		
Unrestricted	<u>(7,780,307)</u>	<u>(6,006,968)</u>
Total Liabilities and Net Deficit	<u>\$ 80,531,019</u>	<u>\$ 82,046,205</u>

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS (DEFICIT)
YEARS ENDED JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
REVENUES, GAINS, AND OTHER SUPPORT		
Independent Living Services	\$ 6,497,238	\$ 6,194,553
Assisted Living Services	4,079,036	3,925,550
Nursing Care Services	5,202,405	4,894,392
Ancillary Services	1,755,658	1,961,183
Miscellaneous Support Services	305,798	253,005
Contractual Allowances	(1,185,775)	(1,232,453)
Health Services Discounts	(342,018)	(248,399)
Net Resident Service Revenue	<u>18,312,340</u>	<u>15,747,831</u>
Continuing-Care Contracts Recognized	467,363	816,753
Contributions	17,776	13,448
Total Revenues, Gains, and Other Support	<u>16,797,479</u>	<u>16,378,032</u>
EXPENSES		
Nursing Services	2,794,840	2,673,108
Dining Services	2,729,978	2,692,703
Environmental Services	1,525,968	1,370,385
Smith Senior Living Service Fees	1,428,785	1,313,535
Administrative and General Services	1,034,988	1,049,444
Ancillary Services	1,127,790	1,247,797
Housekeeping and Laundry Services	603,371	600,271
Support Services	521,738	486,921
Marketing Services	653,872	731,151
Depreciation and Amortization	3,389,109	3,362,202
Interest Costs	1,453,753	1,522,873
Total Expenses	<u>17,264,192</u>	<u>17,050,390</u>
OPERATING LOSS BEFORE OTHER INCOME	(466,713)	(672,358)
Interest and Dividends Income	235,984	159,848
Change in Fair Value of Swap	(1,323,938)	(258,773)
Net Realized Gain (Loss) on Investments	(299,135)	67,604
DEFICIT OF NET REVENUE OVER EXPENSE	(1,853,802)	(703,679)
Net Unrealized Gain (Loss) on Investments	43,155	(359,553)
Contributions from Affiliate	37,308	46,744
CHANGE IN NET DEFICIT	(1,773,339)	(1,016,488)
Net Deficit - Beginning of Year	<u>(6,006,968)</u>	<u>(4,990,480)</u>
NET DEFICIT - END OF YEAR	<u>\$ (7,780,307)</u>	<u>\$ (6,006,968)</u>

See accompanying Notes to Financial Statements.

(5)

ATTACHMENT-27B

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2016 AND 2015**

	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets (Deficit)	\$ (1,773,339)	\$ (1,016,488)
Adjustments to Reconcile Change in Net Assets (Deficit) to Net Cash Provided by Operating Activities:		
Continuing-Care Contracts Recognized	(467,363)	(616,753)
Depreciation and Amortization	3,389,109	3,362,202
Amortized Interest Expense	57,140	57,140
Provision for Bad Debts	9,233	88,734
Reinvestment of Income Dividends	(236,710)	(157,856)
Change in Fair Market Value of Interest Rate Swaps	1,323,948	258,773
Net Realized and Unrealized (Gain) Loss on Investments	255,980	291,949
Change in Assets and Liabilities:		
Refund Deposits	-	89,648
Resident Accounts Receivable	42,604	(88,338)
Entrance Fees Receivable	500,920	(132,630)
Prepaid Expenses	(17,314)	(31,197)
Accounts Payable	73,002	(6,708)
Resident Liability	4,955	4,834
Accrued Expenses and Other Current Liabilities	(6,500)	41,224
Due to Affiliate	(994,570)	(1,184,276)
Net Cash Provided by Operating Activities	2,161,095	960,258
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Property and Equipment	(794,597)	(232,827)
Proceeds from Sale of Investment Securities	1,999,961	564,779
Purchases of Investment Securities	(1,993,226)	(3,555,879)
Net Cash Used by Investing Activities	(787,862)	(3,223,927)
CASH FLOWS FROM FINANCING ACTIVITIES		
Receipt of Refundable Reservation Deposits	21,167	179,058
Proceeds from Refundable and Nonrefundable Entrance Fees	4,278,014	9,020,772
Refunds of Entrance Fees	(2,859,691)	(3,822,062)
Principal Payments on Capital Lease Obligations	(3,813)	(3,522)
Principal Payments on Long-Term Debt	(2,459,292)	(2,468,958)
Net Cash Provided (Used) by Financing Activities	(823,615)	2,905,288
NET CHANGE IN CASH AND CASH EQUIVALENTS	549,618	641,619
Cash and Cash Equivalents - Beginning of Year	2,770,920	2,129,301
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 3,320,538	\$ 2,770,920
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash Paid During the Year for Interest	\$ 1,378,670	\$ 1,465,733

See accompanying Notes to Financial Statements.

(6)

ATTACHMENT-27B

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Washington and Jane Smith Community - Orland Park dba: Smith Crossing (the Organization) was incorporated under the laws of Illinois as a nonprofit corporation on August 2, 1999 for the charitable purpose of providing independent living, assisted living, and nursing care services to men and women through the operation of a life plan community, located in Orland Park, Illinois.

The community, an accredited continuing-care retirement community (CCRC), was originally developed in 2003 and was renovated and expanded in 2013. The campus now consists of 10 independent living ranch-style duplex homes, 163 independent living apartments, 46 assisted living units, 16 assisted living memory support units, and 46 licensed nursing beds. Thirty of the skilled licensed nursing beds are dual certified for Medicare and Medicaid. Sixteen of the skilled licensed beds are for short-term rehabilitation and are Medicare certified.

The Organization's related corporate parent and operating organizations (affiliates) that are not included in these financial statements include Washington and Jane Smith Home dba: Smith Senior Living (Smith Senior Living), Washington and Jane Smith Community - Beverly dba: Smith Village (Smith Village), and Smith Cares LLC (Smith Cares). Smith Senior Living is the sole member of Smith Cares, which provides nursing and maintenance support services to residents of Smith Crossing and Smith Village.

Basis of Presentation

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Financial Statement Presentation

Contributions received are recorded as an increase in unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted Net Assets - Those resources over which the board of trustees (board) has discretionary control. Designated amounts represent those revenues that the board has set aside for a particular purpose.

Temporarily Restricted Net Assets - Those resources subject to donor-imposed restrictions that will be satisfied by actions of the Organization or through the passage of time.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Financial Statement Presentation (Continued)

Permanently Restricted Net Assets - Those resources subject to a donor-imposed restriction that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on related investments for program purposes.

The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When donor restrictions are satisfied, net assets are released and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met in the same reporting period as received are recorded as unrestricted contributions. No such donor-restricted contributions were received during 2016 or 2015.

As of June 30, 2016 and 2015, the Organization has no temporarily or permanently restricted net assets.

Use of Estimates

The preparation of financial statements in conformity with accounting standards generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expense during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization qualifies as a tax-exempt corporation described in Section 501(c)(3) of the Internal Revenue Code (IRC) and is exempt from federal and state income taxes on related income pursuant to Section 501(a) of the IRC.

The Organization is not aware of any activities that would jeopardize its tax-exempt status. Should that status be challenged in the future, all years since inception could be subject to review by the Internal Revenue Service (IRS).

Net Resident Services Revenue

Net resident service revenue is recognized in the period in which occupancy and services are provided. Net resident service revenue is reported at the estimated net realizable amounts from residents and third-party payers, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are reserved on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Third Party Reimbursement Agreements

Medicaid

The Organization participates in the Medicaid program. This federal program is administered by the Illinois Department of Healthcare and Family Services (HFS). A licensed nursing facility that participates in the Medicaid program in the State of Illinois is reimbursed based upon prospective rates. Rates are set taking into account individual facility costs, variations in patient case mix, and geographical location.

Medicare

This federal program is administered by the Centers for Medicare and Medicaid Services (CMS). The Organization is paid under the Medicare Prospective Payment System (PPS) for residents who are Medicare Part A eligible and meet the coverage guidelines for skilled nursing facility services (SNFs). A Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (for example, diagnosis-related groups for inpatient hospital services). CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospice, hospital outpatient, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities. Annual cost reports are required to be submitted to the designated Medicare administrative contractor; however, they do not contain a cost settlement.

Occupancy Percentages

During the years ended June 30, the occupancy percentages and the percentages of residents covered under the Medicaid and Medicare programs for the skilled nursing facility were as follows:

	2016		2015	
	Days	Percent	Days	Percent
Medicaid	1,447	9.6%	1,455	9.7%
Medicare	5,407	35.7%	6,642	44.2%
Private and Other	8,293	54.8%	6,916	46.1%
Total	<u>15,147</u>	100%	<u>15,013</u>	100%
Skilled Nursing Facility Occupancy Percentage		91.0%		89.4%

For the years ended June 30, 2016 and 2015, occupancy percentages for the assisted living units were 96.1% and 94.1%, respectively.

For the years ended June 30, 2016 and 2015, occupancy percentages for the independent living units were 95.2% and 92.4%, respectively.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents

Cash and cash equivalents consist of bank deposits in accounts that are interest-bearing and federally insured up to \$250,000 or non-interest-bearing and fully guaranteed by the federal government. Additionally, for purposes of the statements of cash flows, the Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

Resident Accounts Receivable

The Organization reports accounts receivable for services rendered at net realizable amounts from third-party payers, residents, and others. An allowance for doubtful accounts is provided based upon the review of outstanding receivables, historical collection information, and existing economic conditions. Accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account. At June 30, 2016 and 2015, the allowance for doubtful accounts was \$36,120 and \$93,714, respectively.

Entrance Fees Receivable

Entrance fees receivable consist of unpaid entrance fees from residents. As these amounts are due within 12 months and considered fully collectible, no allowance has been established for these balances.

Property and Equipment

Property and equipment are stated at cost or, if donated to the Organization, at fair value on the date of donation. Additions and improvements with an estimated useful life of three years or more and a cost in excess of \$5,000 are capitalized; expenditures for routine maintenance are charged to operations. Depreciation is provided over the estimated useful lives of the various classes of assets on the straight-line method.

Impairment of Long-Lived Assets

On an ongoing basis, the Organization reviews long-lived assets for impairment whenever events or circumstances indicate the carrying amounts may be overstated. The Organization recognizes impairment losses if the undiscounted cash flows expected to be generated by the asset are less than the carrying value of the related asset. The impairment loss adjusts the assets to fair value. As of June 30, 2016 and 2015, management believes that no impairments existed.

Other Assets

Included in other assets are \$2,209 and \$1,654 of funds in which residents can elect to use the organization for the management of their funds through the resident trust accounts. There is no upper limit on amounts that can be accepted. Residents authorize the Organization to utilize their funds to pay for items as needed. All funds are held separately from corporate funds but commingled with other residents' funds. Interest is paid on a pass-through basis from banking institutions. No additional fees are incurred for residents to utilize this trust fund arrangement.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments and Investment Income

All investments are valued at their fair values in the statements of financial position. Investment income includes dividend, interest, and realized gains and losses from unrestricted investments and is recorded as other income. Unrealized gains and losses are included in the change in net assets.

Obligation to Provide Future Services

The Organization calculates the present value of the net cost of future services and use of facilities to be provided to current residents and compares that amount to the balance of deferred revenue from entrance fees. If the present value of the net cost of future services and use of facilities were to exceed the deferred revenue from entrance fees, a liability (obligation to provide future services) would be recorded with a corresponding charge to income. No such obligation was required to be recorded at June 30, 2016 and 2015.

Costs of Acquiring Initial Continuing-Care Contracts

Marketing costs totaling \$2,817,106 incurred in connection with securing the initial continuing-care contracts were capitalized and are being amortized over the average life expectancy of the initial residents. Marketing costs are net of accumulated amortization of \$1,767,758 and \$1,490,021 as of June 30, 2016 and 2015, respectively. Amortization expense for the years ended June 30, 2016 and 2015 was \$277,737 and \$277,737, respectively.

Continuing-Care Contracts

Under a continuing-care contract, a resident makes an initial two-part payment for their occupied unit. The refundable portion of the payment is held as an interest-free deposit by the Organization and is repaid, as provided in the contract, after the resident terminates occupancy at the Organization and their unit is reoccupied or 365 days after the resident terminates occupancy at the Organization, whichever occurs first. The refundable portion of the payment is not recognized into income by the Organization. The nonrefundable portion is recorded as deferred revenue when the contract is executed and the resident takes occupancy. Revenue is recognized over the resident's remaining life expectancy as determined annually from actuarial tables.

In addition to the initial payment, residents pay a monthly service charge for utilities, insurance, maintenance, and other provided services. The resident does not acquire an ownership interest in the property.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

In-Kind Contributions

In addition to receiving cash contributions, the Organization periodically receives in-kind contributions from various donors. It is the policy of the Organization to record the estimated fair value of certain in-kind contributions as both revenue and expense for the programs or activities benefited when such donations create or enhance nonfinancial assets or require specialized skills, are performed by people with these skills and would be purchased by the Organization. No such contributions were received during 2016 and 2015.

The value of donated services is not reflected in the accompanying financial statements since the above criteria were not met. However, volunteers have donated 5,866 hours and 5,480 hours to various activities for the years ended June 30, 2016 and 2015, respectively.

Charitable Care

Smith Senior Living sponsors senior living communities with a history of more than nine decades of serving seniors. Designed to support Independent living, Assisted living, Alzheimer's and Memory support, and Skilled Nursing Care; residents and their families are offered the security of knowing assistance and health care is available, all on the same campus, if and when it is ever needed.

Charity care covers services provided to a resident with a demonstrated inability to pay. A resident is eligible for charity care consideration based upon meeting certain income and asset eligibility criteria as established by corporate policy. Charity care represents residential and health care services that are provided but are never expected to result in payment. As a result, charity care does not qualify for recognition as receivable or net resident revenue in the financial statements. Charity care will be valued based on the lower of cost of resident care services, or charges, with costs being determined by application of the standard cost-to-charge ratio or from the Organization's cost accounting system.

Using this methodology, the Organization has estimated the costs foregone for service and supplies furnished under the Organization's financial assistance policy aggregated approximately \$74,000 and \$125,000 for the years ended June 30, 2016 and 2015, respectively.

Uncompensated Charges

The Organization provides nursing care to residents under the Medicaid program for which the costs to provide such care exceeds reimbursement. The Organization funds this difference through its operations and charitable giving. The shortfall associated for care provided under this program for the years ended June 30, 2016 and 2015 was approximately \$170,000 and \$266,000, respectively.

Advertising

The Organization expenses general and employment advertising costs as incurred. Advertising expense amounted to approximately \$124,000 and \$121,000 for the years ended June 30, 2016 and 2015, respectively.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Deficit of Net Revenue Over Expense

The statements of activities and changes in net assets (deficit) include a measurement of deficit of net revenue over expense. Changes in unrestricted net assets which are excluded from deficit of net revenue over expense, consistent with industry practice, include net unrealized gains (losses) on investments and contributions from affiliates.

Reclassifications

Certain reclassifications have been made to present the prior year's financial statements on a basis comparable to the current year's financial statements. These reclassifications had no effect on total net assets or the change in net assets previously reported.

Interest Rate Swaps

The Organization utilizes derivative instruments to mitigate its exposure to interest rate fluctuations. All derivative instruments are recorded in the statements of financial position at fair value. Management has elected not to apply hedge accounting. Therefore, the change in fair value of derivative instruments is reflected in nonoperating revenues (expenses) in the accompanying statements of activities and changes in net assets (deficit). The period cash settlements on these derivative instruments are recorded in interest expense.

Recent Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued amended guidance to clarify the principles for recognizing revenue from contracts with customers. The guidance requires an entity to recognize revenue to depict the transfer of goods or services to customers in an amount that reflects the consideration to which an entity expects to be entitled in exchange for those goods or services. The guidance also requires expanded disclosures relating to the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. Additionally, qualitative and quantitative disclosures are required regarding customer contracts, significant judgments and changes in judgments, and assets recognized from the costs to obtain or fulfill a contract. The guidance will initially be applied retrospectively using one of two methods. The standard will be effective for the Organization for annual reporting periods beginning after December 15, 2017, including interim reporting periods within that reporting period. Early adoption is permitted beginning for annual reporting periods beginning after December 15, 2016, including interim reporting periods within that reporting period. Management is evaluating the impact of the amended revenue recognition guidance on the entity's financial statements.

In February 2016, the FASB issued amended guidance for the treatment of leases. The guidance requires lessees to recognize a right-of-use asset and a corresponding lease liability for all operating and finance leases with lease terms greater than one year. The guidance also requires both qualitative and quantitative disclosures regarding the nature of the entity's leasing activities. The guidance will initially be applied using a modified retrospective approach. The amendments in the guidance are effective for fiscal years beginning after December 15, 2018. Early adoption is permitted. Management is evaluating the impact of the amended lease guidance on the entity's financial statements.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

New Accounting Pronouncements

In August 2016, the FASB issued Accounting Standards Update (ASU) 2016-14, *Not-For-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. This standard was issued to improve the information presented in financial statements and notes about a not-for-profit entity's liquidity, financial performance, and cash flows. The effective date for the ASU is fiscal years beginning after December 15, 2017 (or the year ended December 31, 2018, for calendar year entities); however, early application is permitted. Management is evaluating the impact of the amended revenue recognition guidance on the entity's financial statements.

During the year ended June 30, 2016, the Organization early adopted a provision of FASB Accounting Standards Update (ASU) 2016-01, *Financial Instruments – Overall: Recognition and Measurement of Financial Assets and Financial Liabilities*. This provision eliminates the requirement for entities, other than public business entities, to disclose the fair values of financial instruments carried at amortized cost, as previously required by Accounting Standards Codification (ASC) 825-10-50. As such, the Organization has omitted this disclosure for the years ended June 30, 2016 and 2015. The early adoption of this provision did not have an impact on the Organization's financial position or results of operations.

NOTE 2 PROPERTY AND EQUIPMENT

The Organization's property and equipment and the related accumulated depreciation at June 30 are as follows:

	<u>2016</u>	<u>2015</u>
Land	\$ 6,452,639	\$ 6,452,639
Buildings and Improvements	76,163,935	75,666,454
Furniture and Equipment	2,593,696	2,520,354
Vehicles	<u>182,382</u>	<u>182,382</u>
Subtotal	85,392,652	84,821,829
Less: Accumulated Depreciation	<u>19,567,780</u>	<u>16,680,182</u>
Total	<u>\$ 65,824,872</u>	<u>\$ 68,141,647</u>

Depreciation expense for the years ended June 30, 2016 and 2015 was \$3,111,372 and \$3,084,465, respectively.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 3 INVESTMENTS

The following are the major types of investments held by the Organization at June 30:

	<u>2016</u>	<u>2015</u>
Unrestricted Long-Term Investments:		
Cash and Cash Equivalents	\$ 68,364	\$ 78,835
Mutual Funds	7,834,057	7,849,591
Total	<u>\$ 7,902,421</u>	<u>\$ 7,928,426</u>

NOTE 4 REFUNDABLE RESERVATION DEPOSITS

The Organization has collected a 10% refundable reservation deposit from individuals who have signed intents to occupy an independent living unit. The total liability, including accrued interest payable, was \$92,110 and \$82,880 at June 30, 2016 and 2015, respectively.

The Organization has also collected a refundable reservation deposit from individuals who have signed intents to occupy assisted living and skilled nursing units. The Organization does not pay interest on these deposits. The liability was \$326,697 and \$375,492 at June 30, 2016 and 2015, respectively.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 5 LONG-TERM DEBT

A summary of long-term debt at June 30 is as follows:

<u>Description</u>	<u>2016</u>	<u>2015</u>
Illinois Finance Authority Variable Rate Revenue bonds, Series 2013A, (the Organization) in the amount of \$23,800,000 with a final maturity date of November 15, 2038. The Series 2013A bonds have been privately placed with First Merit Bank for the initial 10-year period, requiring monthly payments of \$46,527 plus interest at a variable rate equal to 75% of the one month LIBOR plus 1.78% (2.13% at June 30, 2016). Secured by real estate.	\$ 20,366,592	\$ 21,817,598
Illinois Finance Authority Variable Rate Revenue bonds, Series 2013B, (the Organization) in the amount of \$16,400,000 with a final maturity date of November 15, 2038. The Series 2013A bonds have been privately placed with First Merit Bank for the first 10-year period, requiring monthly payments of \$32,328, plus interest at a variable rate equal to 75% of the one month LIBOR plus 1.78% (2.13% at June 30, 2016). Secured by real estate.	14,153,173	15,161,459
Subtotal	<u>34,519,765</u>	<u>36,979,057</u>
Less: Bond Issuance Costs, Net	(423,789)	(480,929)
Less: Current Maturities	(962,421)	(1,002,074)
Total	<u>\$ 33,133,555</u>	<u>\$ 35,496,054</u>

Future maturities of long-term debt for the years ending June 30 are as follows:

<u>Years Ending June 30,</u>	<u>Amount</u>
2017	\$ 962,421
2018	998,345
2019	1,034,309
2020	1,069,977
2021	1,109,394
Thereafter	29,345,319
Total	<u>\$ 34,519,765</u>

Deferred Financing Costs

Bond issuance costs represent costs incurred in the procurement of the Illinois Health Facilities Authority Revenue Bonds, Series 2013 totaling \$571,401. These deferred costs are being amortized using the effective interest method over the life of the bonds. Accumulated amortization as of June 30, 2016 and 2015 is \$147,612 and \$90,472, respectively.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 5 LONG-TERM DEBT (CONTINUED)

Restrictive Covenants

The provisions of the debt agreements as described above contain various restrictive covenants that limit the occurrence of additional debt and require certain measures of financial performance be satisfied as long as the debt is outstanding. Failure to maintain compliance could result in acceleration of payment for debt outstanding under the Master Trust Indenture. At June 30, 2016 and 2015, the Organization was in compliance with all such covenants.

NOTE 6 INTEREST RATE SWAPS

The Organization entered into two interest rate swap agreements on November 8, 2013 to hedge interest rate exposure on the Series 2013A and Series 2013B bonds. The agreements, which expire on November 8, 2023, effectively fix the interest rate on an original notional value of \$32,000,000 at 4.11%. The notional values of the swaps include annual amortization consistent with the Series 2013A and Series 2013B bonds. These agreements are considered to be derivative financial instruments and are reported at their fair value as a liability of \$3,058,276 and \$1,734,328 in long-term liabilities in the statements of financial position at June 30, 2016 and 2015, respectively. The net changes in the fair value of the agreements are reported as nonoperating revenues (expenses) in the statements of activities and changes in net assets (deficit) for the years ended June 30, 2016 and 2015.

NOTE 7 DEFINED CONTRIBUTION PLAN

The Organization provides benefits under the same plan of its affiliate organization, Smith Senior Living. The Organization now follows safe harbor provisions by matching 100% of employees' first 3% of contributions, plus 50% of the next 2% of employee compensation. The Organization's plan also provides for an additional discretionary contribution to all eligible employees who have in excess of 1,000 hours worked in the plan year, are age 21 or older, and are employed as of the last day of the plan year. Employer contributions to the 401(k) plan for the years ended June 30, 2016 and 2015 totaled \$39,699 and \$17,996, respectively.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 8 COMMITMENTS AND CONTINGENCIES

Litigation

The Organization is subject to asserted and unasserted claims encountered in the normal course of business. The Organization's management and legal counsel assess such contingent liabilities, and such assessment inherently involves an exercise of judgment. In assessing loss contingencies related to legal proceedings that are pending against the Organization or unasserted claims that may result in such proceedings, the Organization's legal counsel evaluates the perceived merits of any legal proceedings or unasserted claims, as well as the perceived merits of the amount of relief sought or expected to be sought therein. In the opinion of management, disposition of these matters will not have a material effect on the Organization's financial condition or results of operations.

Health Care

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to matters such as licensure, accreditation, government health care program participation requirements, reimbursement for resident services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

Government Regulations - Medicaid

The state of Illinois reserves the right to perform field audit examinations of the Organization's records. Any adjustments resulting from such examinations could retroactively adjust Medicaid revenue.

Government Regulations - Medicare

The Medicare intermediary has the authority to audit the skilled nursing facility's records any time within a three-year period after the date the skilled nursing facility receives a final notice of program reimbursement for each cost reporting period. Any adjustments resulting from these audits could retroactively adjust Medicare revenue.

NOTE 9 CONCENTRATION OF CREDIT RISK

The Organization maintains its cash and cash equivalents, investments, and assets limited as to use, at financial institutions which management believes has strong credit ratings and that the credit risk related to these deposits is minimal. Accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At times, deposits may exceed FDIC limits. The Organization has not experienced any losses in such accounts and believes they are not exposed to any significant credit risk.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 9 CONCENTRATION OF CREDIT RISK (CONTINUED)

The Organization grants credit without collateral to its various facility residents or their families, most of who are private pay individuals or are insured under third-party payer agreements. The mix of receivables from residents and third-party payers was as follows at June 30:

	2016	2015
Medicaid	20.1%	13.3%
Medicare	46.5%	51.3%
Private and Insurance	33.4%	35.4%
Total	100.0%	100.0%

NOTE 10 RELATED-PARTY TRANSACTIONS

Services Agreement

The Organization has an agreement with Smith Senior Living to oversee its general operations. The initial term of this agreement was for the period from July 1, 2003 to March 31, 2005. This agreement renews annually thereafter unless terminated in accordance with other terms and conditions contained therein. Furthermore, certain subordination and deferral provisions apply in connection with payment of compensation to Smith Senior Living.

Under the terms of the agreement, the Organization must compensate Smith Senior Living for services rendered. The agreement also contains a provision to compensate Smith Senior Living for supplemental services it may provide above and beyond those enumerated in the agreement. In addition, the Organization must pay Smith Senior Living an additional sum on a monthly basis as reimbursement for Smith Senior Living's overhead expenses related to the Organization.

Expenses incurred by the Organization for services provided under this agreement and certain pass-through corporate costs for the years ended June 30, 2016 and 2015, were approximately \$1,428,785 and \$1,313,000, respectively.

Expenses

Smith Senior Living is the sole member of Smith Cares, which provides nursing and maintenance support services to residents of the Organization and Smith Village. Expense incurred by the Organization with Smith Cares for the years ended June 30, 2016 and 2015, totaled approximately \$1,380,028 and \$1,285,000, respectively.

Due to Affiliates

The Organization had amounts due from Smith Senior Living and Smith Cares at June 30, 2016 of \$854,242 and amounts due to Smith Senior Living and Smith Cares at June 30, 2015 of \$140,328, representing unpaid subordinated fees for overseeing general operations and certain other pass-through corporate costs related to services provided by Smith Senior Living, an affiliated organization through a common board of trustees. The Organization's ability to meet its obligations is dependent upon future operations.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 10 RELATED-PARTY TRANSACTIONS (CONTINUED)

Contributions from Affiliates

Smith Senior Living made contributions to the Organization totaling \$37,308 and \$46,744, which are reported as contributions from affiliates with the statements of activities and changes in net assets (deficit) for the years ended June 30, 2016 and 2015.

NOTE 11 FAIR VALUE MEASUREMENTS OF FINANCIAL INSTRUMENTS

The accounting principles generally accepted in the United States of America define fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the Organization's principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

The guidance establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

Level 1 – Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date. The fair values of cash and cash equivalents, common stock, and mutual funds that are readily marketable are determined by obtaining quoted prices on nationally recognized securities exchanges.

Level 2 – Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable, or can be corroborated by observable market data.

Level 3 – Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The level that has the most observable significant input determines the placement of the entire fair value measurement in the hierarchy.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 11 FAIR VALUE MEASUREMENTS OF FINANCIAL INSTRUMENTS (CONTINUED)

Assets and liabilities measured at fair value on a recurring basis are summarized below:

	June 30, 2016			Total
	Level 1	Level 2	Level 3	
Mutual Funds:				
Fixed Income	\$ 4,246,559	\$ -	\$ -	\$ 4,246,559
Equities	3,587,498	-	-	3,587,498
Total Investments at Fair Value	<u>\$ 7,834,057</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,834,057</u>
Interest Rate Swaps	<u>\$ -</u>	<u>\$ 3,058,276</u>	<u>\$ -</u>	<u>\$ 3,058,276</u>
	June 30, 2015			Total
	Level 1	Level 2	Level 3	
Mutual Funds:				
Fixed Income	\$ 5,027,404	\$ -	\$ -	\$ 5,027,404
Equities	2,822,187	-	-	2,822,187
Total Investments at Fair Value	<u>\$ 7,849,591</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,849,591</u>
Interest Rate Swaps	<u>\$ -</u>	<u>\$ 1,734,328</u>	<u>\$ -</u>	<u>\$ 1,734,328</u>

Interest Rate Swaps

The fair value of the interest rate swaps are estimated by a third party using a model that builds a yield curve from market data for actively traded securities at various times and maturities and takes into account current interest rates and the current credit worthiness of the respective counterparties. Such securities are classified within Level 2 of the valuation hierarchy.

NOTE 12 FUNCTIONAL EXPENSES

The Organization provides services to senior citizens within its geographic location. Expenses related to providing these services are as follows:

	2016	2015
Program	\$ 15,714,036	\$ 15,633,510
Management and General	1,550,156	1,416,880
Total Operating Expenses	<u>\$ 17,264,192</u>	<u>\$ 17,050,390</u>

Salaries and related expenses are allocated based on job descriptions and the best estimates of management. Expenses, other than salaries and related expenses, which are not directly identifiable by program or supporting services, are allocated based on the best estimates of management.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 13 CASH FLOW DISCLOSURES

Cash paid for interest during the years ended June 30, 2016 and 2015 was \$1,396,613 and \$1,465,733, respectively.

During the year ended June 30, 2016, the Organization had the following noncash activities:

The Organization reduced refundable continuing-care contracts and resident accounts receivable by \$36,914 for residents who used a portion of the refundable entrance fee in order to pay outstanding monthly service fees.

Refundable continuing-care contracts in process of settlement included in accounts payable totaled \$790,831.

Entrance fees totaling \$200,000 were financed through the issuance of entrance fee receivables.

During the year ended June 30, 2015, the Organization had the following noncash activities:

The Organization reduced refundable continuing-care contracts and resident accounts receivable by \$14,719 for residents who used a portion of the refundable entrance fee in order to pay outstanding monthly service fees.

Refundable continuing-care contracts in process of settlement included in accounts payable totaled \$2,006,356.

Entrance fees totaling \$563,940 were financed through the issuance of entrance fee receivables.

NOTE 14 CHANGE IN ACCOUNTING PRINCIPLE

The Organization has adopted the accounting guidance in FASB Accounting Standards Update (ASU) No. 2015-03, Interest—Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs. ASU 2015-03 requires organizations to present debt issuance costs as a direct deduction from the face amount of the related borrowings, amortize debt issuance costs using the effective interest method over the life of the debt, and record the amortization as a component of interest expense. The effect of adopting the new standard decreased the debt issuance costs asset to zero and decreased the debt liability by \$480,929 as of July 1, 2015. The effect of adopting the new standard also decreased amortization expense by \$57,140 and increased interest expense by \$57,140 for the year ended June 30, 2015. The adoption of the new standard had no effect on previously reported total net assets or change in net assets. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. The ASU is retrospectively applied. The Organization has elected to adopt this change in accounting principle as of July 1, 2015, prior to its effective date.

**WASHINGTON AND JANE SMITH COMMUNITY – ORLAND PARK
DBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 16 SUBSEQUENT EVENTS

The Organization evaluated subsequent events through September 1, 2016, the date the financial statements were available to be issued. Events or transactions occurring after June 30, 2016, but prior to September 1, 2016, that provided additional evidence about conditions that existed at June 30, 2016, have been recognized in the financial statements for the year ended June 30, 2016. Events or transactions that provided evidence about conditions that did not exist at June 30, 2016, but arose before the financial statements were available to be issued have not been recognized in the financial statements for the year ended June 30, 2016.

Impactful interactions for success

WASHINGTON AND JANE SMITH COMMUNITY -
ORLAND PARK
OBA: SMITH CROSSING
FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2015 AND 2014



Wealth Advisory

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WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
OBA: SMITH CROSSING
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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Washington and Jane Smith Community - Orland Park
dba: Smith Crossing
Orland Park, Illinois

We have audited the accompanying financial statements of the Washington and Jane Smith Community - Orland Park dba: Smith Crossing (the Organization), which comprise the statements of financial position as of June 30, 2015 and 2014, and the related statements of activities and changes in net assets (deficit), and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



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Board of Trustees
Washington and Jane Smith Community - Orland Park
dba: Smith Crossing

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Washington and Jane Smith Community - Orland Park dba: Smith Crossing as of June 30, 2015 and 2014, and the results of its operations, changes in net assets (deficit) and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Correction of Error

As discussed in Note 14 to the financial statements, an error resulting in an understatement of amounts previously reported for the fair value of interest rate swaps as of June 30, 2014, was discovered during the current year. Accordingly, amounts reported for the fair value of interest rate swaps and the change in fair value of interest rate swaps have been restated in the 2014 financial statements now presented, and an adjustment has been made to net assets as of June 30, 2014, to correct the error. Our opinion is not modified with respect to this matter.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Oak Brook, Illinois
September 1, 2015

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
OBA: SMITH CROSSING
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2015 AND 2014**

ASSETS	2015	<u>As Restated 2014</u>
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 2,770,920	\$ 2,129,301
Reservation Deposits		89,648
Resident Accounts Receivable, Net of Allowance for Doubtful Accounts	639,099	654,214
Entrances Fees Receivable	1,146,880	450,110
Prepaid Expenses and Other Assets	90,894	59,431
Total Current Assets	<u>4,647,393</u>	<u>3,382,704</u>
PROPERTY AND EQUIPMENT, NET	68,141,647	70,993,285
OTHER ASSETS		
Long-Term Investments	7,928,426	5,071,419
other Assets	1,654	1,720
Deferred Financing Costs, Net of Accumulated Amortization of \$90,472 and \$33,332 in 2015 and 2014, Respectively	480,929	538,069
Costs of Acquiring Initial Continuing-Care Contracts, Net of Accumulated Amortization of \$1,490,021 and \$1,212,284 in 2015 and 2014, Respectively	1,327,085	1,604,822
Total Other Assets	<u>9,738,094</u>	<u>7,216,030</u>
Total Assets	<u>\$ 82,527,134</u>	<u>\$ 81,592,019</u>

See accompanying Notes to Financial Statements.

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LIABILITIES AND NET ASSETS (DEFICIT)	<u>2015</u>	<u>As Restated 2014</u>
CURRENT LIABILITIES		
Current Portion of Long-Term Debt	\$ 1,002,074	\$ 968,961
Current Portion of Capital Lease	3,776	3,522
Accounts Payable	438,324	445,032
Accounts Payable - Entrance Fees	2,006,356	525,328
Accrued Salaries	345,777	314,306
Resident Trust Liability	8,364	3,530
Resident Credit Balances	143,482	133,729
Deferred Revenue From Nonrefundable Continuing-Care Contracts	350,854	141,391
Refundable Reservation Deposits	458,372	453,330
Due to Affiliates	140,328	1,324,604
Total Current Liabilities	<u>4,897,707</u>	<u>4,313,733</u>
LONG-TERM LIABILITIES		
Long-Term Debt, Net of Current Portion	35,976,983	38,479,054
Capital Lease, Net of Current Portion	14,263	18,039
Fair Value Interest Rate Swap	1,734,328	1,475,555
Refundable Continuing-Care Contracts	42,365,533	38,912,243
Deferred Revenue from Nonrefundable Continuing-Care Contracts, Net of Current Portion	3,545,288	3,383,875
Total Long-Term Liabilities	<u>83,636,395</u>	<u>82,268,766</u>
Total Liabilities	88,534,102	86,582,499
NET ASSETS (DEFICIT)		
Unrestricted	(6,006,968)	(4,990,480)
Total Liabilities and Net Assets (Deficit)	<u>\$ 82,527,134</u>	<u>\$ 81,592,019</u>

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**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
OBA : SMITH CROSSING
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS (DEFICIT)
YEARS ENDED JUNE 30, 2015 AND 2014**

	2015	As Restated 2014
REVENUES, GAINS, AND OTHER SUPPORT		
Independent Living Services	\$ 6,194,553	\$ 5,506,516
Assisted Living Services	3,925,550	3,731,632
Nursing Care Services	4,894,392	5,007,947
Ancillary Services	1,961,183	1,799,671
Miscellaneous Support Services	253,005	251,215
Contractual Allowances	(1,232,453)	(1,418,583)
Health Services Discounts	(248,399)	(199,828)
Net Resident Service Revenue	15,747,831	14,678,570
Continuing-Care Contracts Recognized	616,753	455,535
Contributions	13,448	17,984
Bond Funds Investment Income	-	7,211
Total Revenues, Gains, and Other Support	16,378,032	15,159,300
EXPENSES		
Nursing Services	2,673,108	2,749,729
Dining Services	2,692,703	2,584,329
Environmental Services	1,370,385	1,315,423
Management Fees	1,313,535	1,231,866
Administrative and General Services	1,049,444	837,093
Ancillary Services	1,247,797	1,119,780
Housekeeping and Laundry Services	600,271	578,325
Support Services	486,921	498,178
Marketing Services	731,451	703,098
Depreciation and Amortization	3,419,342	3,479,422
Interest Costs	1,485,733	1,792,623
Total Expenses	17,050,390	16,889,866
OPERATING LOSS BEFORE OTHER INCOME	(672,358)	(1,730,566)
Loss on Refinance of Long-Term Debt	-	(653,629)
Interest and Dividends Income	159,848	97,035
Change in Fair Value of Swap	(258,773)	(1,475,555)
Net Realized Gain on Investments	67,604	29,461
DEFICIT OF NET REVENUE OVER EXPENSE	(703,679)	(3,933,234)
Net Unrealized Gain (Loss) on Investments	(359,553)	248,681
Contributions from Affiliate	46,744	-
CHANGE IN NET ASSETS (DEFICIT)	(1,016,488)	(3,684,553)
Net Assets (Deficit) - Beginning of Year	(4,990,460)	(1,305,927)
NET ASSETS (DEFICIT) - END OF YEAR, as Restated for 2014	\$ (6,006,968)	\$ (4,990,480)

See accompanying Notes to Financial Statements.

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ATTACHMENT-27B

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
OBA : SMITH CROSSING
STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2015 AND 2014**

	2015	As Restated 2014
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets (Deficit)	\$ (1,016,488)	\$ (3,684,553)
Adjustments to Reconcile Change in Net Assets (Deficit) to Net Cash Provided by Operating Activities:		
Continuing-Care Contracts Recognized	(616,753)	(455,535)
Depreciation and Amortization	3,419,342	3,479,422
Recovery of Bad Debts	88,734	22,870
Loss on Refinance of Long-Term Debt		853,629
Reinvestment of Income Dividends	(157,856)	(102,858)
Net Gain on Disposal of Fixed Assets		(537)
Change in Fair Market Value of Interest Rate Swaps	258,773	1,475,555
Net Realized and Unrealized (Gain) Loss on Investments	291,949	(278,162)
Change in Assets and Liabilities:		
Refund Deposits	89,648	169,515
Resident Accounts Receivable	(88,338)	(184,525)
Entrance Fees Receivable	(132,630)	(449,760)
Prepaid Expenses	(31,197)	(131,841)
Accounts Payable	(6,708)	28,091
Resident Liability	4,834	3,530
Accrued Expenses and Other Current Liabilities	41,224	605,159
Due to Affiliate	(1,184,276)	(1,268,178)
Net Cash Provided by Operating Activities	960,258	81,822
CASH FLOWS FROM INVESTING ACTIVITIES		
Change in Assets Limited as to Use		1,008,407
Purchase of Property and Equipment	(232,827)	(363,293)
Proceeds from Sale of Investment Securities	564,779	1,141,514
Purchases of Investment Securities	(3,555,879)	(2,914,858)
Net Cash Used by Investing Activities	(3,223,927)	(1,128,230)
CASH FLOWS FROM FINANCING ACTIVITIES		
Receipt of Refundable Reservation Deposits	179,058	166,658
Proceeds from Refundable and Nonrefundable Entrance Fees	9,020,772	6,814,438
Refunds of Entrance Fees	(3,822,062)	(2,413,530)
Net Payments to Affiliates		(680,140)
Principal Payments on Capital Lease Obligations	(3,522)	
Principal Payments on Long-Term Debt	(2,468,958)	(2,209,318)
Net Cash Provided by Financing Activities	2,905,288	1,678,108
NET CHANGE IN CASH AND CASH EQUIVALENTS	641,619	631,700
Cash and Cash Equivalents - Beginning of Year	2,129,301	1,497,601
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 2,770,920	\$ 2,129,301

See accompanying Notes to Financial Statements.

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WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
OBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Washington and Jane Smith Community - Orland Park dba: Smith Crossing (the Organization) was incorporated under the laws of Illinois as a nonprofit corporation on August 2, 1999 for the charitable purpose of providing independent living, assisted living, and nursing care services to men and women through the operation of a continuing care retirement community, located in Orland Park, Illinois.

The community, an accredited continuing care retirement community (CCRC), was originally developed in 2003 and renovated and expanded in 2013. The campus now consists of 10 independent living ranch-style duplex homes, 163 independent living apartments, 46 assisted living units, 16 assisted living memory support units and 46 licensed nursing beds. Thirty of the skilled licensed nursing beds are dual certified for Medicare and Medicaid. Sixteen of the skilled licensed beds are for short-term rehabilitation and are Medicare certified.

The Organization's related corporate parent and operating organizations (affiliates) that are not included in these financial statements include Washington and Jane Smith Home dba: Smith Senior Living (Smith Senior Living), Washington and Jane Smith Community - Beverly dba: Smith Village (Smith Village), and Smith Cares LLC (Smith Cares). Smith Senior Living is the sole member of Smith Cares, which provides nursing and maintenance support services to residents of Smith Crossing and Smith Village.

Basis of Presentation

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Financial Statement Presentation

Contributions received are recorded as an increase in unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted Net Assets - Those resources over which the board of trustees (board) has discretionary control. Designated amounts represent those revenues that the board has set aside for a particular purpose.

Temporarily Restricted Net Assets - Those resources subject to donor-imposed restrictions that will be satisfied by actions of the Organization or through the passage of time.

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
OBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Financial Statement Presentation (Continued)

Permanently Restricted Net Assets - Those resources subject to a donor-imposed restriction that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on related investments for program purposes.

The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When donor restrictions are satisfied, net assets are released and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met in the same reporting period as received are recorded as unrestricted contributions. No such donor-restricted contributions were received during 2015 or 2014.

As of June 30, 2015 or 2014, the Organization has no temporarily or permanently restricted net assets.

Use of Estimates

The preparation of financial statements in conformity with accounting standards generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expense during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization qualifies as a tax-exempt corporation described in Section 501(c)(3) of the Internal Revenue Code (IRC) and is exempt from federal and state income taxes on related income pursuant to Section 501(a) of the IRC.

The Organization is not aware of any activities that would jeopardize its tax-exempt status. Should that status be challenged in the future, all years since inception could be subject to review by the Internal Revenue Service (IRS).

Net Resident Services Revenue

Net resident service revenue is recognized in the period in which occupancy and services are provided. Net resident service revenue is reported at the estimated net realizable amounts from residents and third-party payers, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are reserved on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
OBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Third Party Reimbursement Agreements

Medicaid

The Organization participates in the Medicaid program. This federal program is administered by the Illinois Department of Healthcare and Family Services (HFS). A licensed nursing facility that participates in the Medicaid program in the State of Illinois is reimbursed based upon prospective rates. Rates are set taking into account individual facility costs, variations in patient case mix and geographical location.

Medicare

This federal program is administered by the Centers for Medicare and Medicaid Services (CMS). The Organization is paid under the Medicare Prospective Payment System (PPS) for residents who are Medicare Part A eligible and meet the coverage guidelines for skilled nursing facility services (SNFs). A Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (for example, diagnosis-related groups for inpatient hospital services). CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospice, hospital outpatient, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities. Annual cost reports are required to be submitted to the designated Medicare Administrative Contractor; however, they do not contain a cost settlement.

Occupancy Percentages

During the years ended June 30, 2015 and 2014, the occupancy percentages and the percentages of residents covered under the Medicaid and Medicare programs for the skilled nursing facility were as follows:

	2015		2014	
	Days	Percent	Days	Percent
Medicaid	1,455	9.7%	1,807	12.0%
Medicare	6,642	44.2%	6,837	45.3%
Private and Other	6,916	46.1%	6,452	42.7%
Total	15,013	100.0%	15,096	100.0%
Skilled Nursing Facility Occupancy Percentage		89.4%		87.2%

For the years ended June 30, 2015 and 2014, occupancy percentages for the assisted living units were 94.1% and 94.5%, respectively.

For the years ended June 30, 2015 and 2014, occupancy percentages for the independent living units were 92.4% and 84.4%, respectively.

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WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
OBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents

Cash and cash equivalents consist of bank deposits in accounts that are interest-bearing and federally insured up to \$250,000 or non-interest-bearing and fully guaranteed by the federal government. Additionally, for purposes of the statements of cash flows, the Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

Resident Accounts Receivable

The Organization reports accounts receivable for services rendered at net realizable amounts from third-party payers, residents, and others. An allowance for doubtful accounts is provided based upon the review of outstanding receivables, historical collection information, and existing economic conditions. Accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account. At June 30, 2015 or 2014, the allowance for doubtful accounts was \$93,714 and \$24,050, respectively.

Entrance Fees Receivable

Entrance fees receivable consist of unpaid entrance fees from residents. As these amounts are due within 12 months and considered fully collectible, no allowance has been established for these balances.

Property and Equipment

Property and equipment are stated at cost or, if donated to the Organization, at fair value on the date of donation. Additions and improvements with an estimated useful life of three years or more and a cost in excess of \$5,000 are capitalized; expenditures for routine maintenance are charged to operations. Depreciation is provided over the estimated useful lives of the various classes of assets on the straight-line method.

Impairment of Long-Lived Assets

On an ongoing basis, the Organization reviews long-lived assets for impairment whenever events or circumstances indicate that the carrying amounts may be overstated. The Organization recognizes impairment losses if the undiscounted cash flows expected to be generated by the asset are less than the carrying value of the related asset. The impairment loss adjusts the assets to fair value. As of June 30, 2015 and 2014, management believes that no impairments existed.

Investments and Investment Income

All investments are valued at their fair values in the statements of financial position. Investment income includes dividend, interest, and realized gains and losses from unrestricted investments and is recorded as other income. Unrealized gains and losses are included in the change in net assets.

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
OBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Obligation to Provide Future Services

The Organization calculates the present value of the net cost of future services and use of facilities to be provided to current residents and compares that amount to the balance of deferred revenue from entrance fees. If the present value of the net cost of future services and use of facilities were to exceed the deferred revenue from entrance fees, a liability (obligation to provide future services) would be recorded with a corresponding charge to income. No such obligation was required to be recorded at June 30, 2015 and 2014.

Deferred Financing Costs

As of June 30, 2015, deferred financing costs represent costs incurred with the refinancing of the Series 2003 bonds through the issuance of Series 2013 bonds (see Note 6) and total \$571,401. These deferred costs are being amortized using the straight-line method over the life of the related bonds. Upon the refinancing of the Series 2003 bonds, the Organization incurred a loss of \$853,629 related to the write off of the unamortized deferred financing costs on the Series 2003 bonds. Amortization expense related to deferred financing costs amounted to \$57,140 and \$59,862 for the years ended June 30, 2015 and 2014, respectively.

Costs of Acquiring Initial Continuing-Care Contracts

Marketing costs totaling \$2,817,106 incurred in connection with securing the initial continuing-care contracts were capitalized and are being amortized over the average life expectancy of the initial residents. Marketing costs are net of accumulated amortization of \$1,490,021 and \$1,212,284 as of June 30, 2015 and 2014, respectively. Amortization expense for the years ended June 30, 2015 or 2014 was \$277,737 and \$277,737, respectively.

Continuing-Care Contracts

Under a continuing-care contract, a resident makes an initial two-part payment for their occupied unit. The refundable portion of the payment is held as an interest-free deposit by the Organization and is repaid, as provided in the contract, after the resident terminates occupancy at the Organization and their unit is reoccupied or 365 days after the resident terminates occupancy at the Organization, whichever occurs first. The refundable portion of the payment is not recognized into income by the Organization. The nonrefundable portion is recorded as deferred revenue when the contract is executed and the resident takes occupancy. Revenue is recognized over the resident's remaining life expectancy as determined annually from actuarial tables.

In addition to the initial payment, residents pay a monthly service charge for utilities, insurance, maintenance, and other provided services. The resident does not acquire an ownership interest in the property.

WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
OBA: SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

In-Kind Contributions

In addition to receiving cash contributions, the Organization periodically receives in-kind contributions from various donors. It is the policy of the Organization to record the estimated fair value of certain in-kind contributions as both revenue and expense for the programs or activities benefited when such donations create or enhance nonfinancial assets or require specialized skills, are performed by people with these skills and would be purchased by the Organization. No such contributions were received during 2015 and 2014.

The value of donated services is not reflected in the accompanying financial statements since the above criteria was not met. However, volunteers have donated 5,480 hours and 5,377 hours to various activities for the years ended June 30, 2015 and 2014, respectively.

Charitable Care

Smith Senior Living sponsors senior living communities with a history of more than nine decades of serving seniors. Designed to support Independent living, Assisted living, Alzheimer's and Memory support, and Skilled Nursing Care; residents and their families are offered the security of knowing assistance and health care is available, all on the same campus, if and when it is ever needed.

Charity care covers services provided to a resident with a demonstrated inability to pay. A resident is eligible for charity care consideration based upon meeting certain income and asset eligibility criteria as established by corporate policy. Charity care represents residential and health care services that are provided but are never expected to result in payment. As a result, charity care does not qualify for recognition as receivable or net resident revenue in the financial statements. Charity care will be valued based on the lower of cost of resident care services, or charges, with costs being determined by application of the standard cost-to-charge ratio or from the Organization's cost accounting system.

Using this methodology, the Organization has estimated the costs foregone for service and supplies furnished under the Organization's financial assistance policy aggregated approximately \$125,000 and \$132,000 for the years ended June 30, 2015 or 2014, respectively.

Uncompensated Charges

The Organization provides nursing care to residents under the Medicaid program for which the costs to provide such care exceeds reimbursement. The Organization funds this difference through its operations and charitable giving. The shortfall associated for care provided under this program for the years ended June 30, 2015 and 2014 was approximately \$266,000 and \$354,000, respectively.

Advertising

The Organization expenses general and employment advertising costs as incurred. Advertising expense amounted to approximately \$121,000 and \$39,000 for the years ended June 30, 2015 and 2014, respectively.

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NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Deficit of Net Revenue Over Expense

The statements of activities and changes in net assets (deficit) include a measurement of deficit of net revenue over expense. Changes in unrestricted net assets which are excluded from deficit of net revenue over expense, consistent with industry practice, include net unrealized gains (losses) on investments and contributions from affiliates.

Reclassifications

Certain reclassifications have been made to present the prior year's financial statements on a basis comparable to the current year's financial statements. These reclassifications had no effect on total net assets or the change in net assets previously reported.

Interest Rate Swaps

The Organization utilizes derivative instruments to mitigate its exposure to interest rate fluctuations. All derivative instruments are recorded in the statements of financial position at fair value. Management has elected not to apply hedge accounting. Therefore, the change in fair value of derivative instruments is reflected in non-operating revenues (expenses) in the accompanying statements of activities and changes in net assets (deficit). The period cash settlements on these derivative instruments are recorded in interest expense.

Pending Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers*. This guidance supersedes currently revenue recognition and most industry specific guidance. Under this standard, the core principle is that an "entity will recognize revenue to depict the transfer of promised goods and services to customers in an amount that reflects the consideration to which the entity expects to be entitled for those goods and services". The standard requires that revenue is recognized as performance obligations within the resident contracts are satisfied. The standard is effective for years beginning after December 15, 2017. The Organization has not determined the impact of the adoption of ASU No. 2014-09 on its financial statements.

In April 2015, the FASB issued ASU No. 2015-03, *Interest - Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs*. Under this standard, debt issuance costs will no longer be reported on the statements of financial position as an asset. Such costs will be presented as a direct reduction from the carrying amount of the related debt. When adopted, amortization of deferred financing costs will be reported as a component of interest expense on the statements of activities and changes in net assets (deficit). The standard is effective for years beginning after December 15, 2015. When adopted, this standard will be applied retrospectively for all years presented within the financial statements of the Organization and result in a reduction of both total assets and total liabilities of approximately \$481,000.

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
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NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 2 PROPERTY AND EQUIPMENT

The Organization's property and equipment, and the related accumulated depreciation, at June 30, 2015 and 2014 are as follows:

	2015	2014
Land	\$ 6,452,639	\$ 6,452,639
Buildings and Improvements	75,666,454	75,620,146
Furniture and Equipment	2,520,354	2,333,835
Vehicles	182,382	182,382
Subtotal	<u>84,821,829</u>	<u>84,589,002</u>
Less: Accumulated Depreciation	16,680,182	13,595,717
Total	<u>\$ 68,141,647</u>	<u>\$ 70,993,285</u>

Depreciation expense for the years ended June 30, 2015 and 2014 was \$3,084,465 and \$3,059,144, respectively.

NOTE 3 INVESTMENTS

The following are the major types of investments held by the Organization at June 30:

	2015	2014
Unrestricted Long-Term Investments:		
Cash and Cash Equivalents	\$ 78,835	\$ 50,054
Mutual Funds	7,849,591	5,021,365
Total	<u>\$ 7,928,426</u>	<u>\$ 5,071,419</u>

NOTE 4 REFUNDABLE RESERVATION DEPOSITS

The Organization has collected a 10% refundable reservation deposit from individuals who have signed intents to occupy an independent living unit. The total liability, including accrued interest payable, was \$82,880 and \$44,320 at June 30, 2015 and 2014, respectively.

The Organization has also collected a refundable reservation deposit from individuals who have signed intents to occupy assisted living and skilled nursing units. The Organization does not pay interest on these deposits. The liability was \$375,492 and \$409,010 at June 30, 2015 and 2014, respectively.

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
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NOTES TO FINANCIAL STATEMENTS
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NOTE 5 LONG-TERM DEBT

A summary of long-term debt at June 30 is as follows :

Description	2015	2014
Illinois Finance Authority Variable Rate Revenue Bonds, Series 2013A, (the Organization) in the amount of \$23,600,000 with a final maturity date of November 15, 2038. The Series 2013A bonds have been privately placed with First Merit Bank, for the initial ten year period, requiring monthly principal payments of \$46,527 plus interest at a variable rate equal to 75% of the 1 Mo. LIBOR plus 1.78% (1.96% at June 30, 2015). Secured by real estate.	\$ 21,817,598	\$ 23,274,311
Illinois Finance Authority Variable Rate Revenue Bonds, Series 2013B, (the Organization) in the amount of \$16,400,000 with a final maturity date of November 15, 2038. The Series 2013B bonds have been privately placed with First Midwest Bank, for the first 10-year period, requiring monthly principal payments of \$32,328, plus interest at a variable rate equal to 75% of the 1 Mo. LIBOR plus 1.78% (1.96% at June 30, 2015). Secured by real estate.	15,161,459	16,173,704
Gross	36,979,057	39,448,015
Less: Current Maturities	1,002,074	968,961
Total	\$ 35,976,983	\$ 38,479,054

Future maturities of long-term debt for the years ending June 30 are as follows:

Years Ending June 30,	Amount
2016	\$ 1,002,074
2017	1,035,753
2018	1,071,677
2019	1,107,641
2020	1,143,309
Thereafter	31,618,603
Total	\$ 36,979,057

Restrictive Covenants

The provisions of the debt agreements as described above contain various restrictive covenants that limit the occurrence of additional debt and require certain measures of financial performance be satisfied as long as the debt is outstanding. Failure to maintain compliance could result in acceleration of payment for debt outstanding under the Master Trust Indenture. Management believes the Organization is in compliance with such covenants at June 30, 2015 and 2014.

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
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NOTE 6 INTEREST RATE SWAPS

The Organization entered into two interest rate swap agreements on November 8, 2013 to hedge interest rate exposure on the Series 2013A and Series 20138 Bonds. The agreements, which expire on November 8, 2023, effectively fix the interest rate on an original notional value of \$32,000,000 at 4.11%. The notional values of the swaps include annual amortization consistent with the Series 2013A and Series 20138 Bonds. These agreements are considered to be derivative financial instruments and are reported at their fair value as a liability of \$1,734,328 and \$1,475,555 in long-term liabilities in the statements of financial position at June 30, 2015 and 2014, respectively. The net changes in the fair value of the agreements are reported as non-operating revenues (expenses) in the statements of activities and changes in net assets (deficit) for the years ended June 30, 2015 and 2014.

NOTE 7 DEFINED CONTRIBUTION PLAN

The Organization provides benefits under the same plan of its affiliate organization, Smith Senior Living. Effective November 23, 2009, the Organization merged its historical pension plan into a safe harbor 401(k) plan and discontinued the historical contribution of 8% of eligible employee compensation as of July 1, 2009. The Organization now follows safe harbor provisions by matching 100% of employees' first 3% of contributions, plus 50% of the next 2% of employee compensation. The Organization's plan also provides for an additional discretionary contribution to all eligible employees who have in excess of 1,000 hours worked in the plan year, are age 21 or older, and are employed as of the last day of the plan year. Employer contributions to the 401(k) plan for the years ended June 30, 2015 and 2014 totaled \$17,996 and \$48,791, respectively.

NOTE 8 COMMITMENTS AND CONTINGENCIES

Litigation

The Organization is subject to asserted and unasserted claims encountered in the normal course of business. The Organization's management and legal counsel assess such contingent liabilities, and such assessment inherently involves an exercise of judgment. In assessing loss contingencies related to legal proceedings that are pending against the Organization or unasserted claims that may result in such proceedings, the Organization's legal counsel evaluates the perceived merits of any legal proceedings or unasserted claims, as well as the perceived merits of the amount of relief sought or expected to be sought therein. In the opinion of management, disposition of these matters will not have a material effect on the Organization's financial condition or results of operations.

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
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NOTE 8 COMMITMENTS AND CONTINGENCIES (CONTINUED)

Health Care

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for resident services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

Government Regulations - Medicaid

The state of Illinois reserves the right to perform field audit examinations of the Organization's records. Any adjustments resulting from such examinations could retroactively adjust Medicaid revenue.

Government Regulations - Medicare

The Medicare intermediary has the authority to audit the skilled nursing facility's records any time within a three-year period after the date the skilled nursing facility receives a final notice of program reimbursement for each cost reporting period. Any adjustments resulting from these audits could retroactively adjust Medicare revenue.

NOTE 9 CONCENTRATION OF CREDIT RISK

The Organization maintains its cash and cash equivalents, investments, and assets limited as to use, at financial institutions which management believes has strong credit ratings and that the credit risk related to these deposits is minimal. Accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At times, deposits may exceed FDIC limits. The Organization has not experienced any losses in such accounts and believes they are not exposed to any significant credit risk.

The Organization grants credit without collateral to its various facility residents or their families, most of whom are private pay individuals or are insured under third-party payer agreements. The mix of receivables from residents and third-party payers was as follows at June 30, 2015 and 2014:

	2015	2014
Medicaid	13.3 %	12.5 %
Medicare	51.3	38.8
Private and Insurance	35.4	48.7
Total	100.0 %	100.0 %

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NOTE 10 RELATED PARTY TRANSACTIONS

Services Agreement

The Organization has an agreement with Smith Senior Living to oversee its general operations. The initial term of this agreement was for the period from July 1, 2003 to March 31, 2005. This agreement renews annually thereafter unless terminated in accordance with other terms and conditions contained therein. Furthermore, certain subordination and deferral provisions apply in connection with payment of compensation to Smith Senior Living.

Under the terms of the agreement, the Organization must compensate Smith Senior Living for services rendered. The agreement also contains a provision to compensate Smith Senior Living for supplemental services it may provide above and beyond those enumerated in the agreement. In addition, the Organization must pay Smith Senior Living an additional sum on a monthly basis as reimbursement for Smith Senior Living's overhead expenses related to the Organization.

Expenses incurred by the Organization for services provided under this agreement and certain pass-through corporate costs for the years ended June 30, 2015 and 2014, were approximately \$1,313,000 and \$1,232,000, respectively.

Expenses

Smith Senior Living is the sole member of Smith Cares, which provides nursing and maintenance support services to residents of the Organization and Smith Village. Expense incurred by the Organization with Smith Cares for the years ended June 30, 2015 and 2014, totaled approximately \$1,285,000 and \$1,324,000, respectively.

Due to Affiliates

The Organization had amounts due to Smith Senior Living and Smith Cares at June 30, 2015 and 2014 of \$140,328 and \$1,324,604, respectively, representing unpaid subordinated fees for overseeing general operations and certain other pass-through corporate costs related to services provided by Smith Senior Living, an affiliated organization through a common board of trustees. The Organization's ability to meet its obligations is dependent upon future operations.

Contributions from Affiliates

Smith Senior Living made contributions to the Organization totaling \$46,744 and \$-0-, which are reported as contributions from affiliates with the statements of activities and changes in net assets (deficit) for the years ended June 30, 2015 and 2014.

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NOTE 11 FAIR VALUE MEASUREMENTS OF FINANCIAL INSTRUMENTS

The accounting principles generally accepted in the United States of America define fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the Organization's principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

The guidance establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

Level 1 – Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date. The fair values of cash and cash equivalents, common stock, and mutual funds that are readily marketable are determined by obtaining quoted prices on nationally recognized securities exchanges.

Level 2 – Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable, or can be corroborated by observable market data.

Level 3 – Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The level that has the most observable significant input determines the placement of the entire fair value measurement in the hierarchy.

Assets and liabilities measured at fair value on a recurring basis are summarized below:

	June 30, 2015			Total
	Level 1	Level 2	Level 3	
Mutual Funds:				
Fixed Income	\$ 5,027,404	\$	\$	\$ 5,027,404
Equities	2,822,187			2,822,187
Total Investments at Fair Value	<u>\$ 7,849,591</u>	<u>\$</u>	<u>\$</u>	<u>\$ 7,849,591</u>
Interest Rate Swaps	<u>\$</u>	<u>\$ 1,734,328</u>	<u>\$</u>	<u>\$ 1,734,328</u>
	June 30, 2014			Total
	Level 1	Level 2	Level 3	
Mutual Funds:				
Fixed Income	\$ 2,473,682	\$	\$	\$ 2,473,682
Equities	2,547,883			2,547,883
Total Investments at Fair Value	<u>\$ 5,021,365</u>	<u>\$</u>	<u>\$</u>	<u>\$ 5,021,365</u>
Interest Rate Swaps	<u>\$</u>	<u>\$ 1,475,555</u>	<u>\$</u>	<u>\$ 1,475,555</u>

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
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NOTE 11 FAIR VALUE MEASUREMENTS OF FINANCIAL INSTRUMENTS (CONTINUED)

Interest Rate Swaps

The fair value of the interest rate swaps are estimated by a third party using a model that builds a yield curve from market data for actively traded securities at various times and maturities and takes into account current interest rates and the current credit worthiness of the respective counterparties. Such securities are classified within Level 2 of the valuation hierarchy .

NOTE 12 FUNCTIONAL EXPENSES

The Organization provides services to senior citizens within its geographic location. Expenses related to providing these services are as follows during 2015 and 2014:

	2015	2014
Program	\$ 15,633,510	\$ 15,575,554
Management and General	1,416,880	1,314,312
Total Operating Expenses	\$ 17,050,390	\$ 16,889,866

Salaries and related expenses are allocated based on job descriptions and the best estimates of management. Expenses, other than salaries and related expenses, which are not directly identifiable by program or supporting services, are allocated based on the best estimates of management.

NOTE 13 CASH FLOW DISCLOSURES

Cash paid for interest during the years ended June 30, 2015 and 2014 was \$1,465,733 and \$1,975,155, respectively.

During the year ended June 30, 2015, the Organization had the following non-cash activities:

The Organization reduced refundable continuing-care contracts and resident accounts receivable by \$14,719 for residents who used a portion of the refundable entrance fee in order to pay outstanding monthly service fees.

Refundable continuing-care contracts in process of settlement included in accounts payable totaled \$2,006,358.

**WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK
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NOTES TO FINANCIAL STATEMENTS
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NOTE 13 CASH FLOW DISCLOSURES (CONTINUED)

During the year ended June 30, 2014, the Organization had the following non-cash activities:

The Organization financed the acquisition of equipment by entering into a capital lease in the amount of \$21,581.

The Organization reduced refundable continuing-care contracts and resident accounts receivable by \$91,790 for residents who used a portion of the refundable entrance fee in order to pay outstanding monthly service fees.

Refundable continuing-care contracts in process of settlement included in accounts payable totaled \$525,328.

NOTE 14 PRIOR PERIOD ADJUSTMENT

During the year ended June 30, 2015, the Organization recorded a prior period adjustment in order to reflect a previously omitted long-term liability related to interest rate swaps. This adjustment was recorded retrospectively with the June 30, 2014 net assets being restated. This adjustment resulted in the following changes to amounts previously reported as of June 30, 2014:

	Unrestricted Net Assets (Deficit)	Fair Value of Interest Rate Swa	Change in Fair Value of Interest Rate Swa	Change in Net Deficit
As Previously Reported as of June 30, 2014	\$ (3,514,925)	\$	\$	\$ (2,208,998)
Prior Period Adjustment	<u>(1,475,555)</u>	<u>1,475,555</u>	<u>1,475,555</u>	<u>(1,475,555)</u>
As Restated	<u>\$ (4,990,480)</u>	<u>\$ 1,475,555</u>	<u>\$ 1,475,555</u>	<u>\$ (3,684,553)</u>

NOTE 15 SUBSEQUENT EVENTS

The Organization evaluated subsequent events through September 1, 2015, the date the financial statements were available to be issued. Events or transactions occurring after June 30, 2015, but prior to September 1, 2015, that provided additional evidence about conditions that existed at June 30, 2015, have been recognized in the financial statements for the year ended June 30, 2015. Events or transactions that provided evidence about conditions that did not exist at June 30, 2015, but arose before the financial statements were available to be issued have not been recognized in the financial statements for the year ended June 30, 2015.

August 22, 2017

Mr. Raymond Marneris
Chief Financial Officer
Smith Crossing
2320 West 113th Street
Chicago, IL 60643

RE: Financing proposal for Smith Crossing ("the Borrower", "the Obligated Group"),

Dear Ray,

First Midwest Bank ("the Bank" or "FMB") has reviewed your financing request for a new skilled nursing facility on the Smith Crossing campus. The Bank is interested in further pursuing this financing with you and this letter a preliminary and tentative proposal based upon our recent discussions with you and our analysis and review to date of the financial condition, business prospects and operations of Smith Crossing.

Borrower /

Obligated Group: Smith Crossing, Inc. ("Smith Crossing", "the Borrower" or "the Obligated Group").

Credit Facility

Types:

- A) Non-Bank Qualified Private Placement ("the Tax-exempt Draw Down Bonds")
- B) Taxable construction Loan ("the Taxable Loan")

Facilities A and B are herein collectively referred to as the "Credit Facilities"

Purpose:

The proceeds of the Credit Facilities will be used to finance an expansion of the Smith Crossing campus in the form of a new skilled nursing facility.

Facility

Amount:

Up to \$30,000,000

Final Facility Amount

/ Loan to Value:

The Bank will order and obtain an acceptable appraisal. The Final Facility Amount shall not exceed 80% of the 'As Is' appraised value.

Initial Term /

Commitment:

Up to 10 years from closing.

Interest Rate

Option (s):

The Bank proposes providing a floating rate interest option for the Credit Facilities on a taxable and / or tax-exempt basis. The Bank is willing to work with the Borrower to structure a transaction which provides the most flexible plan of finance and capital structure for Smith Crossing and the Borrower will also have the option of choosing any combination of taxable and tax-exempt structures.

ATTACHMENT-27C

The Borrower will also have the option of drawing down any portion of the Credit Facilities, regardless if the Bonds are issued on taxable or tax-exempt basis; however, any unfunded portion of the Credit Facilities must be fully drawn no later than 12-months from close. The Bank would charge an unused fee of 0.25% a month on any undrawn commitment calculated as $(\text{Undrawn Loan Amount} * 0.25\%) / 365 * \text{Number of Days in Period (i.e. 30 days)}$.

**Tax-Exempt
Floating-Rate**

Interest Calculation: 75% (30 Day Libor plus *300 basis point applicable credit spread*), to be reset on a monthly basis.

**Taxable
Floating-Rate
Interest**

Calculation: 30 Day Libor plus *300 basis point applicable credit spread*, to be reset on a monthly basis.

**Final Maturity and
Amortization:**

Interest only during construction and FMB is willing to structure the amortization for a term of up to 25 years, or whatever lesser period as determined to be the useful life of the assets being financed, per bond counsel.

Closing Fee:

The Bank will charge a one-time closing fee of 25 basis points on the Final Facility Amount. Regardless of the term and / or interest rate mode chosen, \$20,000 of the closing fee will be due at the time of acceptance of this proposal and the remainder due at the time of closing.

Collateral:

The Bank will be secured by 1) first mortgage on the Borrower's interest in the community and all fixtures and property pursuant to a mortgage and security agreement; 2) on all property and assets of the Borrower including but not limited to inventory, accounts receivable, leasehold improvements, and equipment; and 3) a pledge of gross revenues which will include an assignment of interest in all rents and leases.

**Prepayment
Fees:**

The Bank would require 60 days-notice of the Borrower's intent to prepay the loan in whole or in part. FMB would charge an exit fee of 3% in Years 1 and 2, 2% in Years 3, 4, and 1% in Years 5 and 6, with no additional pre-payment penalties thereafter.

**Additional
Business:**

It is understood that the Borrower will utilize the Bank as its primary banking partner. This will include maintenance of the majority of the operating and depository accounts at the Bank. All debt service payments shall be automatically debited from the Borrower's operating account at the Bank on the fifth of every month.

**Construction
Monitor:**

The Bank will require a third party construction monitor for the project.

Title Policy: Borrower shall provide Bank with an ALTA Loan Title Policy in form and manner satisfactory to the Bank in the amount of the Term Loan insuring the mortgage of the Bank on the Property.

Survey: Borrower shall provide Bank with an ALTA survey in form and manner satisfactory to the Bank that is certified to the Bank and the title company issuing the ALTA Loan Title Policy referred to in this letter.

Environmental: The Bank will require a Phase I Environmental Site Assessment or other environmental assessment the Bank may deem appropriate (and a Phase II if necessary) showing the site to be free from environmental hazards.

Insurance: Borrower shall provide Bank with proof of, and at all times maintain, insurance coverage in effect on the Property in form, type, amount and manner satisfactory to the Bank, including, but not limited to, casualty insurance and business interruption insurance in an amount acceptable to the Bank and naming Bank as mortgagee and loss payee, and liability insurance naming Bank as an additional insured.

Covenants: As long as the Bank's debt is outstanding, the Bank will also require the following covenants through the term of our loan:

1. Upon stabilization debt service coverage for the Borrower shall be at least 1.20x throughout the term of the loan, tested on a quarterly basis utilizing the trailing 12 months.
2. Days Cash on Hand ratio of the Borrower, calculated on a rolling twelve month basis and reported on a semi-annual basis of at least 180 days.
3. The Borrower will be required to maintain a minimum campus-wide occupancy of 85%, tested quarterly, with adjustments made for units related to the construction project.
4. Other standard and customary covenants for a transaction of this type.

Financial Reporting:

The Bank will require the following:

1. Quarterly status reports with updates on occupancy, payor mix and operations inclusive of interim income statement, balance sheet, cash flow statements, etc.
2. Annual financial projections / budget with accompanying current rates (entrance fees, monthly fees etc.), balance sheet, income statement, and cash flow within 60 days of each fiscal year end.
3. Annual audited financial statements of the Borrower to be delivered within 150 days of the end of each fiscal year end.
4. Copies of facility inspection reports with highlights of any finding, exceptions, or deficiencies related to the licensure of the Borrower's facilities.
5. Together with the above financial statements, the Borrower will provide an Officers Certificate identifying that the Borrower has maintained compliance with its covenants and that there has not been an event of default.

6. Other additional information as reasonably requested by the Bank.

**Additional
Conditions /
Conditions to
Close:**

1. Receipt of required GMP contract, appraisal, environmental reports, surveys, property condition inspection reports, financial projections, and title policies as deemed necessary by the Bank.
2. Completion of Bank's due diligence including but not limited to review the unaudited interim financial statements, evidence of insurance, and other customary items for such related transactions.
3. Execution and delivery of all financing related documents and all certificates, authorizations, opinions, and account control agreements as requested and in a form acceptable to the Bank.
4. Receipt of all required fees to be paid and expenses for which invoices have been presented prior to closing.

**Expenses &
Indemnification:**

The Borrower will pay all costs and expenses associated with the preparation and due diligence of the term loan and all documentation executed in connection with the term loan, including without limitation all out-of-pocket expenses and reasonable legal fees of the counsel of the Bank regardless of whether or not the term loan is closed.

The Borrower shall indemnify and hold harmless the Bank, its directors, officers, affiliates, and employees from and against all losses, liabilities, claims, damages or expenses relating to the facility and the Borrower including, without limitation, reasonable attorneys' fees and settlement costs. This indemnification shall survive and continue for the benefit of all such persons or entities. The indemnification provisions will not apply to the extent that such losses, liabilities, claims, or damages are incurred by reason of gross negligence or willful misconduct of the applicable indemnified person, as determined by a final, non-appealable judgment by a court of competent jurisdiction.

The terms and conditions discussed herein are non-binding and subject to change upon full underwriting of the loan request. Any future commitment to lend on this project will first be subject to receipt of the required certificate of need, full underwriting and due diligence by The Bank and approval of the First Midwest Bank loan committee; therefore, the terms and conditions highlighted herein should not be construed as a binding obligation.

Oral agreements or commitments to loan money, extend credit or to forbear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable, regardless of the legal theory upon which it is based that is in any way related to the credit agreement. To protect you (Borrower (s)) and us (Lender) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

Sincerely,

FIRST MIDWEST BANK



Kimberly A. McMahon
SVP, Healthcare Lending
CC : Mike Taylor - FMB

Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

1. The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Appended as **ATTACHMENT-27B** for which the financial statements from which the historical ratios are calculated. Appended as **ATTACHMENT-29A**, are the projected financial statements from which the proposed ratios are calculated.

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Appended as **ATTACHMENT-29B** are the worksheets detailing the calculations for the historical and projected ratios. It should be noted that the Applicant included additional ratios that it uses as part of its accreditation by CARF International, the Commission on Accreditation of Rehabilitation Facilities, which is an independent, nonprofit accreditation of health and human services providers. Appended as **ATTACHEMENT-29C** is an overview of what CARF International is. It should be known that Smith Crossing consistently ranks in the top 25th percentile of ranked CCRC's. As a Life Care Community with entry fees, the financial statements and resulting ratios are more unique than typical freestanding long-term care facilities.

ATTACHMENT-29

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued iv

2. Variance - Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

Through the signing of this Application, The Washington and Jane Smith Home d/b/a Smith Senior Living (sole corporate member of Smith Crossing) will assume the legal responsibility to meet the debt obligations should the Applicant default.

ATTACHMENT-29

**Smith Crossings
Projected Balance Sheets**

	6/30/2017	6/30/2018	6/30/2019	6/30/2020	6/30/2021	6/30/2022	6/30/2023
ASSETS							
<u>CURRENT ASSETS</u>							
Cash and Equivalents	2,005,702	235,660	1,279,395	1,960,504	3,621,138	5,252,827	6,768,561
Accounts Receivable-Residents & Other	997,343	997,347	997,346	1,203,078	1,454,371	1,463,781	1,473,389
Deposits and Prepaid Expenses	<u>118,545</u>	<u>118,545</u>	<u>118,545</u>	<u>162,168</u>	<u>163,259</u>	<u>164,377</u>	<u>165,522</u>
TOTAL CURRENT ASSETS	3,121,589	1,351,551	2,395,285	3,325,750	5,238,765	6,880,984	8,407,472
<u>LAND, BLDGS & EQUIP, AT COST</u>							
NET LAND, BUILDING & EQUIPMENT	63,744,132	65,195,401	75,740,666	79,677,562	76,768,284	73,904,929	71,081,161
<u>OTHER ASSETS</u>							
Investments - long term	12,687,533	12,687,533	12,687,533	13,687,533	14,687,533	15,687,533	16,687,533
Deferred Financing Costs	<u>771,610</u>	<u>952,610</u>	<u>617,733</u>	<u>248,464</u>	<u>(138,001)</u>	<u>(524,466)</u>	<u>(910,931)</u>
TOTAL ASSETS	<u>80,324,864</u>	<u>80,187,096</u>	<u>91,441,218</u>	<u>96,939,309</u>	<u>96,556,582</u>	<u>95,948,980</u>	<u>95,265,235</u>
<i>LIABILITIES and NET ASSETS</i>							
<u>LIABILITIES</u>							
Accounts Payable-Trade & Other	2,407,971	1,407,971	907,971	1,039,517	1,169,764	1,176,455	1,183,319
Accrued Expenses	235,936	235,938	235,938	295,929	338,355	341,441	344,619
Resident Deposits	657,529	657,529	657,529	657,529	657,529	657,529	657,529
Current portion of long term debt	1,003,241	1,003,241	1,003,241	1,542,323	1,563,886	1,586,312	1,609,635
Deferred Revenue - Nonrefundable	<u>383,704</u>	<u>383,704</u>	<u>383,704</u>	<u>383,704</u>	<u>383,704</u>	<u>363,704</u>	<u>383,704</u>
TOTAL CURRENT LIABILITIES	4,688,383	3,688,383	3,188,383	3,919,002	4,113,239	4,145,441	4,178,806
Long term debt	32,194,792	33,133,461	44,939,718	50,072,079	48,402,040	46,664,575	44,853,788
Derivative Liability - SWAP	1,438,496	1,438,496	1,438,496	1,438,496	1,438,496	1,438,496	1,438,496
Entrance Fees - Refundable	43,945,045	43,633,004	43,268,481	42,910,177	42,496,741	42,046,767	41,558,795
Deferred Revenue - Nonrefundable	3,227,456	3,227,456	3,227,456	3,227,456	3,227,456	3,227,456	3,227,456
Net Assets - Beginning of Year	(7,780,310)	(5,169,308)	(4,933,704)	(4,641,315)	(5,627,901)	(5,121,390)	(4,573,755)
Current Year Net Revenues	<u>2,611,002</u>	<u>235,604</u>	<u>292,389</u>	<u>(986,585)</u>	<u>506,511</u>	<u>547,634</u>	<u>581,650</u>
Net Assets - end of Year	<u>(5,169,308)</u>	<u>(4,933,704)</u>	<u>(4,641,315)</u>	<u>(5,627,901)</u>	<u>(5,121,390)</u>	<u>(4,573,755)</u>	<u>(3,992,105)</u>
TOTAL LIABILITIES & NET ASSETS	<u>80,324,864</u>	<u>80,187,095</u>	<u>91,441,218</u>	<u>95,939,310</u>	<u>94,556,582</u>	<u>92,948,961</u>	<u>91,265,235</u>

**Smith Crossings
Skilled Nursing Units
Statement of Operations**

	Existing 46 bed Skilled Nursing							
	Actual 6/30/2017	6/30/2018	6/30/2019	6/30/2020	Projected			
	6/30/2021	6/30/2022	6/30/2023	6/30/2024				
Revenue								
Resident Income	\$5,616,090	5,756,493	5,900,405	6,047,915	6,199,113	6,354,091	6,512,943	6,675,767
Other Income	232,378	239,349	246,529	253,925	261,543	269,389	277,471	285,795
	<u>\$5,848,468</u>	<u>\$5,995,842</u>	<u>\$6,146,934</u>	<u>\$6,301,840</u>	<u>\$6,460,656</u>	<u>\$6,623,480</u>	<u>\$6,790,414</u>	<u>\$6,961,562</u>
Expenses								
Administration and General	559,974	573,973	588,323	603,031	618,107	633,559	649,398	665,633
Maintenance, Housekeeping & Utilities	310,502	321,370	332,618	344,259	356,309	368,779	381,687	395,046
Food Service	382,166	393,631	405,440	417,603	430,131	443,035	456,326	470,016
Activities & Salon	121,791	125,444	129,208	133,084	137,076	141,189	145,424	149,787
Health Services	2,414,207	2,486,634	2,561,233	2,638,070	2,717,212	2,798,728	2,882,690	2,969,171
Amortization	7,631	7,631	7,631	7,631	7,631	7,631	7,631	7,631
Depreciation	244,559	254,342	264,515	275,096	286,100	297,544	309,445	321,823
Interest	183,984	174,785	166,046	157,744	149,856	142,364	135,245	128,483
Pre-opening costs	-	-	-	-	-	-	-	-
	<u>4,224,814</u>	<u>4,337,809</u>	<u>4,455,012</u>	<u>4,576,516</u>	<u>4,702,421</u>	<u>4,832,828</u>	<u>4,967,846</u>	<u>5,107,589</u>
Excess of Revenues over Expenses	<u>\$1,623,654</u>	<u>\$1,658,033</u>	<u>\$1,691,922</u>	<u>\$1,725,324</u>	<u>\$1,758,235</u>	<u>\$1,790,652</u>	<u>\$1,822,568</u>	<u>\$1,853,973</u>
Cash Net Revenue	<u>\$1,875,844</u>	<u>\$1,920,005</u>	<u>\$1,964,068</u>	<u>\$2,008,050</u>	<u>\$2,051,966</u>	<u>\$2,095,826</u>	<u>\$2,139,644</u>	<u>\$2,183,427</u>

**Smith Crossings
Skilled Nursing Units
Statement of Operations**

New 46 bed Skilled Nursing (Short Term Rehab Unit)

	<i>8 Months</i> 6/30/2020	<i>1st full year</i> 6/30/2021	6/30/2022	6/30/2023	6/30/2024
Revenue					
Resident Income	3,754,608	8,340,706	8,512,442	8,687,784	8,866,811
Other Income	<u>82,934</u>	<u>181,094</u>	<u>185,088</u>	<u>189,181</u>	<u>193,375</u>
	3,837,542	8,521,800	8,697,530	8,876,964	9,060,186
Expenses					
Administration and General	282,273	369,583	380,071	390,859	401,954
Maintenance, Housekeeping & Utilities	244,702	408,154	420,211	432,634	445,434
Food Service	236,316	431,737	444,723	458,099	471,878
Activities & Salon					
Health Services	2,926,828	5,514,845	5,668,249	5,825,955	5,960,602
Amortization	34,392	51,588	51,588	51,588	51,588
Depreciation	514,412	778,760	786,618	795,260	804,768
Interest	573,840	849,978	827,984	805,110	781,320
Pre-opening costs	<u>355,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	5,167,763	8,404,646	8,579,443	8,759,505	8,917,545
Excess of Revenues over Expenses	<u>(1,330,221)</u>	<u>117,155</u>	<u>118,087</u>	<u>117,459</u>	<u>142,641</u>
<i>Cash Net Revenue</i>	<u><i>(\$781,418)</i></u>	<u><i>\$947,503</i></u>	<u><i>\$956,292</i></u>	<u><i>\$964,308</i></u>	<u><i>\$998,996</i></u>

**Smith Crossings
Skilled Nursing Units
Statement of Operations**

	Total 92 Bed Skilled Nursing							
	Actual 6/30/2017	6/30/2018	6/30/2019	6/30/2020	Projected 6/30/2021	6/30/2022	6/30/2023	6/30/2024
Revenue								
Resident Income	\$5,616,090	\$5,756,493	\$5,900,405	9,802,523	14,539,820	14,866,533	15,200,727	15,542,578
Other Income	<u>\$232,378</u>	<u>\$239,349</u>	<u>\$246,529</u>	<u>336,859</u>	<u>442,637</u>	<u>454,477</u>	<u>466,652</u>	<u>479,170</u>
	\$5,848,468	\$5,995,842	\$6,146,934	10,139,382	14,982,457	15,321,010	15,667,379	16,021,747
Expenses								
Administration and General	\$559,974	\$573,973	\$588,323	885,304	987,690	1,013,630	1,040,257	1,067,588
Maintenance, Housekeeping & Utilities	\$310,502	\$321,370	\$332,618	588,961	764,463	788,991	814,321	840,480
Food Service	\$382,166	\$393,631	\$405,440	653,919	861,867	887,757	914,425	941,894
Activities & Salon	\$121,791	\$125,444	\$129,208	133,084	137,076	141,189	145,424	149,787
Health Services	\$2,414,207	\$2,486,634	\$2,561,233	5,564,898	8,232,057	8,466,977	8,708,645	8,929,773
Amortization	\$7,631	\$7,631	\$7,631	42,022	59,218	59,218	59,218	59,218
Depreciation	\$244,559	\$254,342	\$264,515	789,507	1,064,860	1,084,161	1,104,706	1,126,591
Interest	\$183,984	\$174,785	\$166,046	731,584	999,835	970,347	940,355	909,803
Pre-opening costs	-	-	-	355,000	-	-	-	-
	<u>\$4,224,814</u>	<u>\$4,337,809</u>	<u>\$4,455,012</u>	<u>\$9,744,279</u>	<u>\$13,107,067</u>	<u>\$13,412,271</u>	<u>\$13,727,351</u>	<u>\$14,025,134</u>
Excess of Revenues over Expenses	<u>\$1,623,654</u>	<u>\$1,658,033</u>	<u>\$1,691,922</u>	<u>\$395,103</u>	<u>\$1,875,390</u>	<u>\$1,908,739</u>	<u>\$1,940,027</u>	<u>\$1,996,613</u>
Cash Net Revenue	<u>\$1,875,844</u>	<u>\$1,920,005</u>	<u>\$1,964,068</u>	<u>\$1,226,633</u>	<u>\$2,999,468</u>	<u>\$3,052,119</u>	<u>\$3,103,951</u>	<u>\$3,182,422</u>

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ATTACHMENT-29A

Smith Crossings
Statement of Projected Total Revenues and Expenses
2018 through 2023

	6/30/2018	6/30/2019	Start-up 6/30/2020	6/30/2021	Target Year 6/30/2022	6/30/2023
Revenues						
Resident Fees - IL	6,866,172	7,072,158	7,284,322	7,502,852	7,727,937	7,959,776
Resident Fees - AL	3,854,509	3,970,144	4,089,248	4,211,926	4,338,283	4,468,432
	-	-	-	-	-	-
Resident Fees - Nursing	5,756,493	5,900,405	9,802,523	14,539,820	14,866,533	15,200,727
Investment income	481,580	488,804	496,136	503,578	511,132	518,799
Other Income	696,403	717,295	821,748	942,073	968,896	996,503
Earned Entrance Fees	812,041	844,523	878,304	913,436	949,974	987,972
Total Revenues	18,467,199	18,993,329	23,372,282	28,613,684	29,362,755	30,132,209
Expenses						
Administration and General	3,142,314	3,220,871	3,583,666	3,753,512	3,848,597	3,946,098
Housekeeping and Laundry	672,800	692,984	848,850	935,572	963,622	992,514
Maintenance and Utilities	1,682,781	1,750,092	1,929,721	2,100,669	2,182,447	2,267,440
Food Service	2,879,330	2,965,710	3,290,998	3,578,058	3,685,434	3,796,032
Health Services	4,169,302	4,294,381	7,350,041	10,070,754	10,360,835	10,659,319
Activities & Salon	710,806	732,131	754,095	776,717	800,019	824,019
Amortization	334,877	334,877	369,269	386,465	386,465	386,465
Depreciation	3,360,866	3,495,301	4,149,525	4,559,278	4,718,356	4,884,268
Interest	1,278,518	1,214,593	1,727,703	1,946,148	1,869,345	1,794,403
Pre Opening costs	-	-	355,000	-	-	-
Total Expenses	18,231,595	18,700,940	24,358,867	28,107,173	28,815,120	29,550,559
Excess of Revenues over Expenses	235,604	292,389	(986,585)	506,511	547,634	581,650
Cash Net Revenues	3,119,306	3,278,044	2,653,904	4,538,818	4,702,482	4,864,411

Smith Crossing
Charitable Care Cost Calculation
Fiscal Years Ended June 30, 2017 and 2016

	2017 Total Expenses	2017 Independent Living	2017 Assisted Living	2017 Skilled Nursing	2017 Total
Annual Census					
Private Pay		60,168	20,330	8,706	89,204
2nd person		15,333	716		16,049
MedicareA				5,017	5,017
Medicaid				1,451	1,451
Hospice				115	115
Third party					-
Total		75,501	21,046	15,289	111,836
Number of residents served/Day		206.85	57.66	41.89	306.40
Percent of Total		67.510462%	18.818627%	13.670911%	
			32.489538%		
			57.92211%	42.07789%	
Expenses					
Administration	981,965	662,929	184,792	134,244	981,965
Bad Debt Expense	0				0
Provider tax	96,200			96,200	96,200
Ancillary Services	935,877		542,080	393,797	935,877
Activities	257,350	128,675	128,675		257,350
SNF Activities	289,441		167,650	121,791	289,441
Admissions	44,371			44,371	44,371
Dining Services	2,795,466	1,887,232	526,068	382,166	2,795,466
EVS	2,271,263	1,533,340	427,421	310,502	2,271,263
Nursing Management	512,600		96,605	415,995	512,600
Nursing Skilled	1,527,319			1,527,319	1,527,319
Nursing AL	994,974		994,974		994,974
Marketing	646,937	436,750	121,745	88,442	646,937
Social Services	77,096			77,096	77,096
Management	1,438,948	971,440	270,790	196,717	1,438,948
Interest	1,345,809	908,562	253,263	183,984	1,345,809
Depreciation (General)	312,087	210,691	58,730	42,665	312,087
Depreciation (IL)	2,120,733	2,120,733			2,120,733
Depreciation (AL)	596,888		596,888		596,888
Depreciation (Nursing)	201,894			201,894	201,894
Amortization- Debt	57,140	38,205	11,304	7,631	57,140
Amortization - Marketing	277,737	277,737			277,737
Total Expenses	17,782,095	9,176,295	4,380,986	4,224,815	17,782,095
Cost per resident served		\$44,361.63	\$75,979.28	\$100,860.57	
Cost per resident day		\$121.54	\$208.16	\$276.33	
Residents receiving charity		1	2	2	
Percent of charity care		41.47%	25.22%	32.15%	
Charity care delivered		0.4147	0.5044	0.643	
Cost of Charity Care		\$18,396.77	\$38,323.95	\$64,853.35	
Ancillary Charity					
Total Cost Of Charity Care		\$18,396.77	\$38,323.95	\$64,853.35	\$121,574.07
Medicaid Contractual Allowances					
Medicaid Revenue Per Day				\$147.43	
Medicaid Resident Cost per day				\$276.33	
Loss per day per Medicaid Resident				-\$128.90	
Total Medicaid Resident Days				1451	
Total Unreimbursed Costs Per Medicaid Resident				-\$187,034.39	\$187,034.39
Total Cost of Charity Care					\$308,608.46

Smith Crossing
Charitable Care Cost Calculation
Fiscal Years Ended June 30, 2017 and 2016

	2016 Total Expenses	2016 Independent Living	2016 Assisted Living	2016 Skilled Nursing	2016 Total
Annual Census					
Private Pay		60,271	21,819	8,176	90,266
2nd person		15,568	621		16,189
MedicareA				5,407	5,407
Medicaid				1,447	1,447
Hospice				117	117
Third party					-
Total		75,839	22,440	15,147	113,426
Number of residents served/Day		207.21	61.31	41.39	309.91
Percent of Total		66.862095%	19.783824%	13.354081%	
			33.137905%		
			59.70149%	40.29851%	
Expenses					
Administration	813,476	543,907	160,937	108,632	813,476
Bad Debt Expense	9,233				
Provider tax	89,471			89,471	89,471
Ancillary Services	980,436		585,335	395,101	980,436
Activities	377,611	188,806	188,806		377,611
SNF Activities	291,473			231,327	231,327
Admissions	45,761			D	0
Dining Services	2,729,979	1,825,321	540,094	364,564	2,729,979
EVS	2,129,340	1,423,721	421,265	284,354	2,129,340
Nursing Management	439,205		65,414	373,791	439,205
Nursing Skilled	1,445,343			1,445,343	1,445,343
Nursing AL	910,294		910,294		910,294
Marketing	653,871	437,192	129,361	87,318	653,871
Social Services	76,746			76,746	76,746
Management	1,428,785	955,316	282,668	190,801	1,428,785
Interest	1,396,613	933,805	276,303	186,505	1,396,613
Depreciation (General)	236,448	158,094	46,778	31,575	236,448
Depreciation (IL)	2,073,113	2,073,113			2,073,113
Depreciation (AL)	595,976		595,976		595,976
Depreciation (Nursing)	205,835			205,835	205,835
Amortization- Debt	57,140	38,205	11,304	7,631	57,140
Amortization - Marketing	277,737	277,737			277,737
Total Expenses	17,263,886	8,855,216	4,214,536	4,078,995	17,148,746
Cost per resident served		\$42,735.39	\$68,739.76	\$98,561.57	
Cost per resident day		\$116.76	\$187.81	\$269.29	
Residents receiving charity		1	1		
Percent of charity care		41.44%	74.38%		
Charity care delivered		0.4144	0.7438		
Cost of Charity Care		\$17,709.55	\$51,128.63		
Ancillary Charity				5309.62	
Total Cost Of Charity Care		\$17,709.55	\$51,128.63	\$5,309.62	\$74,147.80
Medicaid Contractual Allowances					
Medicaid Revenue Per Day				\$152.08	
Medicaid Resident Cost per day				\$269.29	
Loss per day per Medicaid Resident				-\$117.21	
Total Medicaid Resident Days				1447	
Total Unreimbursed Costs Per Medicaid Resident				-\$169,608.51	\$169,608.51
Total Cost of Charity Care					\$243,756.31

**Smith Crossings
Projected Financial Ratios**

CARF International
Financial Ratio Benchmarking
Ratio Quartiles
25% 50% 75%

	6/30/2014	6/30/2015	6/30/2016	6/30/2017	6/30/2018	6/30/2019	6/30/2020 Start-up	6/30/2021	Target Year 6/30/2022	6/30/2023			
CURRENT RATIO													
Current Assets	\$3,382,704	\$4,647,393	\$5,752,169	\$3,121,589	\$1,351,551	\$2,395,285	\$3,325,750	\$5,238,765	\$6,880,984	\$8,407,472			
Current Liabilities	\$4,313,733	\$4,897,707	\$3,543,881	\$4,692,721	\$3,688,383	\$3,188,383	\$3,919,002	\$4,113,239	\$4,145,441	\$4,178,806			
Current Ratio	0.78	0.95	1.62	0.67	0.37	0.75	0.85	1.27	1.66	2.01			
Operating Ratio													
Total Operating Expenses	\$16,889,866	\$17,050,390	\$17,264,192	\$17,782,655	18,230,595	18,700,940	24,358,867	28,107,173	28,815,120	29,550,559			
Less: Depreciation/Amortization	\$4,332,691	\$3,419,342	\$3,389,109	\$3,509,340	3,695,743	3,830,178	4,518,794	4,172,813	5,104,821	5,270,733			
Cash Operating Expenses	\$12,557,175	\$13,631,048	\$13,875,083	\$14,273,315	\$14,534,852	\$14,870,762	\$19,840,073	\$23,934,360	\$23,710,299	\$24,279,826			
Total Operating Revenues	\$15,285,816	\$16,605,484	\$16,771,636	\$17,955,908	\$18,867,199	\$18,993,329	\$23,372,282	\$28,613,684	\$29,362,755	\$30,132,209			
Less: Amortization of Entrance Fees	\$455,535	\$616,753	\$467,363	\$780,809	\$812,041	\$844,523	\$878,304	\$913,436	\$949,974	\$987,972			
Cash Operating Revenues	\$14,830,281	\$15,988,731	\$16,304,273	\$17,175,099	\$18,055,158	\$18,148,806	\$22,493,978	\$27,700,248	\$28,412,781	\$29,144,237			
Operating Ratio	84.67%	85.25%	85.10%	83.10%	80.50%	81.94%	88.20%	86.40%	83.45%	83.31%	104.66%	98.85%	93.88%
Net Operating Margin Ratio													
Cash Operating Revenues	\$14,830,281	\$15,988,731	\$16,304,273	\$17,175,099	\$18,055,158	\$18,148,806	\$22,493,978	\$27,700,248	\$28,412,781	\$29,144,237			
Less: Investment Income / Dividends	\$133,727	\$227,452	-\$63,151	\$474,464	\$481,580	\$488,804	\$496,136	\$503,578	\$511,132	\$518,799			
Total Resident Revenues	\$14,696,554	\$15,761,279	\$16,367,424	\$16,700,635	\$17,573,578	\$17,660,002	\$21,997,842	\$27,196,670	\$27,901,649	\$28,625,438			
Cash Operating Expenses	\$12,557,175	\$13,631,048	\$13,875,083	\$14,273,315	\$14,534,852	\$14,870,762	\$19,840,073	\$23,934,360	\$23,710,299	\$24,279,826			
Less: Interest Expense	\$1,792,623	\$1,465,733	\$1,453,753	\$1,402,949	\$1,278,518	\$1,214,593	\$1,727,703	\$1,946,148	\$1,869,345	\$1,794,403			
Operating Expenses associated with Resident Revenue	\$10,764,552	\$12,165,315	\$12,421,330	\$12,870,366	\$13,256,334	\$13,656,169	\$18,112,370	\$21,988,212	\$21,840,954	\$22,485,423			
CCRC's Net Resident Revenue	\$3,932,002	\$3,595,964	\$3,946,094	\$3,830,269	\$4,317,244	\$4,003,833	\$3,885,472	\$5,208,458	\$6,060,695	\$6,140,015			
Net Operating Margin Ratio	26.75%	22.82%	24.11%	22.93%	24.57%	22.67%	17.66%	19.15%	21.72%	21.45%	-1.43%	4.72%	11.47%
NET MARGIN PERCENTAGE													
Net Income	-\$3,684,533	-\$1,016,488	-\$1,773,339	\$2,611,002	\$235,604	\$292,389	-\$631,585	\$506,511	\$547,634	\$581,650			
Net operating Revenue	\$15,285,816	\$16,605,484	\$16,771,636	\$17,955,908	\$18,467,199	\$18,993,329	\$23,372,282	\$28,613,684	\$29,362,755	\$30,132,209			
Net Margin Percentage	-24.10%	-6.12%	-10.57%	14.54%	1.28%	1.54%	-2.70%	1.77%	1.87%	1.93%			

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EXHIBIT-29B

LONG-TERM DEBT TO CAPITALIZATION

Long-Term debt	\$39,448,015	\$36,981,057	\$34,095,976	\$33,187,856	33,133,461	44,939,718	50,072,079	48,402,040	46,664,575	44,853,788			
Net Assets	-\$4,990,480	-\$6,006,968	-\$7,780,307	-\$5,169,305	(4,933,704)	(4,641,315)	(5,627,901)	(5,121,390)	(4,573,755)	(3,992,105)			
Long-Term Debt to Capitalization Ratio	114.48%	119.39%	129.57%	118.45%	117.50%	111.52%	112.66%	111.83%	110.87%	109.77%	125.52%	81.27%	45.72%

DEBT SERVICE COVERAGE

Excess (deficit) of Revenues over Expenses	-\$3,684,553	-\$1,016,488	-\$1,773,339	\$2,611,002	\$235,604	\$292,389	(\$986,585)	\$506,511	\$547,634	\$581,650			
Less: Earned EF	-\$455,535	-\$616,753	\$467,363	\$780,809	(\$812,041)	(\$844,523)	(\$878,304)	(\$913,436)	(\$949,974)	(\$987,972)			
Add:													
Net Entrance Fees	\$4,400,908	\$5,198,710	\$1,618,323	\$356,237	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000			
Change in Fair Value of Swap	\$1,475,555	\$258,773	\$1,323,938	-\$1,619,780									
Interest Expense	\$1,792,623	\$1,465,733	\$1,453,753	\$1,402,949	\$1,278,518	\$1,214,593	\$1,727,703	\$1,946,148	\$1,869,345	\$1,794,403			
Depreciation & Amortization	\$4,333,051	\$3,419,342	\$3,389,109	\$3,509,340	<u>\$3,695,743</u>	<u>\$3,830,178</u>	<u>\$4,518,794</u>	<u>\$4,945,743</u>	<u>\$5,104,821</u>	<u>\$5,270,733</u>			
Net Revenues Available for Debt Service:	\$7,862,049	\$8,709,317	\$6,479,147	\$7,040,557	\$4,897,824	\$4,992,636	\$4,881,607	\$6,984,966	\$7,071,827	\$7,158,813			
Max annual debt service	\$4,001,941	\$3,934,691	\$3,913,045	\$2,368,209	\$2,276,863	\$2,248,902	\$2,797,680	\$3,594,624	\$3,584,384	\$3,581,868			
Debt Service Coverage	1.96	2.21	1.66	2.97	2.15	2.22	1.74	1.94	1.97	2.00	1.78	2.62	3.78

275 DAYS CASH ON HAND

Cash & Investment	7200720	10699346	11222959	14693234	16,126,234	18,014,492	19,573,906	22,147,973	24,729,638	27,233,344			
Operating Expenses before Depreciation	13410444	13631048	13875083	14273315	14,870,729	15,205,639	20,209,342	23,547,895	24,096,765	24,666,291			
Days Cash on Hand	196	286	295	376	396	432	354	343	375	403	172	317	556

CUSHION RATIO

Cash	\$2,129,301	\$2,770,920	\$3,320,538	\$2,005,701	3,438,701	3,326,959	2,886,373	3,460,440	4,042,105	4,545,811			
Investments	5,071,419	7,928,426	7,902,421	12,687,533	12,687,533	14,687,533	16,687,533	18,687,533	20,687,533	22,687,533			
Total	\$7,200,720	\$10,699,346	\$11,222,959	\$14,693,234	16,126,234	18,014,492	19,573,906	22,147,973	24,729,638	27,233,344			
Principal & Interest Payments	\$4,001,941	\$3,934,691	\$3,913,045	\$2,368,209	2,276,863	2,248,902	2,797,680	3,594,624	3,584,384	3,581,868			
Cushion Ratio	1.80	2.72	2.87	6.20	7.1	8.0	7.0	6.2	6.9	7.6	3.41	7.45	13.24

ATTACHMENT-29B

Smith Crossing is 1 of 10 CCRC's in the State of Illinois that is accredited by CARF International.

- Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, CARF International is an independent, nonprofit accreditor of health and human services in the following areas:
 - Aging Services
 - Behavioral Health
 - Child and Youth Services
 - Employment and Community Services
 - One-Stop Career Centers
 - Vision Rehabilitation Services
 - Medical Rehabilitation
 - DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies)
 - Opioid Treatment Program

The CARF International group of companies currently accredits more than 50,000 programs and services at 25,000 locations. More than 10 million persons of all ages are served annually by 7,000 CARF-accredited service providers.

CARF accreditation extends to countries in North and South America, Europe, Asia, and Africa.

Mission: The mission of CARF is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served.

- **Quality standards**

Quality standards form the cornerstone of CARF accreditation. Conformance to quality standards is a way to identify areas for improvement and growth and help the service provider focus on improved service outcomes, satisfaction of the persons served, and quality service delivery. Each standard sets a guideline for the subject addressed.

The unique collection of standards in each standards manual composes a framework that builds upon your existing practices. Each manual includes quality standards for business practices, service processes, and specific programs and services. Standards provide a mechanism for continuous improvement to positively impact service providers and their consumers.

CARF publishes standards manuals for Aging Services (including Continuing Care Retirement Communities)

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued v

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

This item is not germane as this project will be funded in equity with the balance coming from a conventional mortgage.

2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

- A. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 1.5 times for LTC facilities; or

- B. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

Appended as ATTACHMENT-30A, is a letter from the owner addressing reasonableness of financing arrangements.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1. That the selected form of debt financing for the project will be at the lowest net cost available;
2. That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

ATTACHMENT - 30

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued vi

3. That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

Appended as **ATTACHMENT-30B** is a letter from the owner addressing the conditions of debt financing.

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

	June 30, 2022	
Administration and General	1,013,630	
Maintenance, Housekeeping & Utilities	788,991	
Food Service	887,757	
Activities & Salon	141,189	
Health Services	8,466,977	
Total	\$11,298,544	
Patient Days @ 90%		30,222*
Total/Operating Cost/PT Day		\$373.85

*Actual Patient Days in the projected financial statements presume 93% utilization.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

	June 30, 2022	
Amortization	8,466,977	
Depreciation	59,218	
Interest	1,084,161	
Total	\$2,113,727	
PT Days @ 90%		30,222*
Total/Operating Cost/PT Day		\$69.94

*Actual Patient Days in the projected financial statements presume 93% utilization.



August 24, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Certificate of Need Application for
(Washington and Jane Smith
Community - Orland Park);
reasonableness of financing arrangements

Dear Ms. Avery:

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 1.5 times for LTC facilities; or
 - B. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

Respectfully,

[Signature]
Board Chair

[Signature]
President

Notarization:
Subscribed and sworn to before me
this 24th day of August 2017
[Signature]
Signature of Notary

Notarization:
Subscribed and sworn to before me
this 24th day of August 2017
[Signature]
Signature of Notary

Seal
OFFICIAL SEAL
COLEEN BARKMEIER
Notary Public, State of Illinois
My Commission Expires 01/02/2021

Seal
OFFICIAL SEAL
COLEEN BARKMEIER
Notary Public, State of Illinois
My Commission Expires 01/02/2021





August 24, 2017

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

RE: Certificate of Need Application for
(Washington and Jane Smith Community -
Orland Park); conditions of debt financing


Dear Ms. Avery:

B. Conditions of Debt Financing


This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1. That the selected form of debt financing for the project will be at the lowest net cost available;


Respectfully,




Board Chair




President

Notarization:
Subscribed and sworn to before me
this 24th day of August 2017


Signature of Notary

Notarization:
Subscribed and sworn to before me
this 24th day of August 2017


Signature of Notary

Seal 

Seal 