



**RECEIVED**

MAR 28 2018

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

SENT VIA HAND DELIVERY

March 27, 2018

Mrs. Kathryn Olsen, Chairwoman  
**Health Facilities and Services Review Board**  
**Illinois Department of Public Health**  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

Re: Permit Alteration Request of HFSRB  
Project #: 17-044, Smith Crossing

Dear Chairwoman Olsen:

Pursuant to 77 Ill. Admin. Code 1130.570(B)(3), the Applicant, Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing, an Illinois Not-for-Profit (hereinafter “Smith Crossing”) request to alter this permit. In proceeding with due diligence in submission of the drawings to IDPH for preliminary plan review, a Scrivener’s error was found in the size of the project as requested and approved. The cost of the project as approved is accurate and does not change. During the design of the project, the decision was made to go from 42 beds to 46 nursing care beds. In response, adjustments were made to the drawings and the cost figures, but inadvertently the square footage in the cost/space chart was not updated. Inadvertently, the incorrect figure was included in the application.

There are two application items that are affected by this request. Appended as **EXHIBIT I** is the Cost/Space Requirements (Appendix D to the CON application) revised chart illustrating the proposed request. Appended as **EXHIBIT II** is the Cost and Gross Square Footage by Service chart.

The first item that must be revised to reflect the proposed alteration is the Cost/Space Requirements chart known as Appendix D of the CON application. The table below summarizes the requested increase in gross square footage. The alteration results in a 3.7% increase in total project size or 1,626 gross square feet which is well within the 5% allowable alterations that the Board can approved. Refer to **EXHIBIT I** for the revised Cost/Space Requirements.

Department/Area	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:
	Existing	Proposed	New Const.
Approved	33,609	77,205	43,596
Altered	33,609	78,831	45,222
Difference	0	1,626	1,626

A Smith Senior Living Community

10501 Emilie Lane • Orland Park, Illinois 60467 T 708-326-2300 F 708-326-2770 smithcrossing.org



Mrs. Kathryn Olsen, Chairwoman  
March 27, 2018  
Page Two

The second item affected through this request is the Cost and Gross Square Feet by Service chart under Section V – Financial and Economic Feasibility Review, Criterion 1125.800 - Economic Feasibility, C. Reasonableness of Project and Related Costs. With the total cost remaining unchanged, the resultant cost per square foot is reduced from \$310.60 down to \$294.11 for new construction and contingency. The modernization cost remained unchanged, but the overall cost was reduced as the total contingencies are shared between new construction and Modernization. The resultant Modernization cost fell from \$179.42 down to \$164.17. Refer to **EXHIBIT II** for the chart reflecting the alteration of this required item.

In accordance with the 77 Ill. Admin. Code 1130.230(h)(6) appended hereto is a check made payable to the Illinois Department of Public Health in the amount of \$1,000 to process this Permit Alteration request.

If there are any questions or concerns related to this request, please do not hesitate to contact me.

Sincerely,



Kevin McGee, President

**ENCLOSURE**

C: Michael Constantino, Chief Project Review  
John Kniery, Health Care Consultant  
Mark Silberman, Partner, Benesch

Smith Crossing  
HFSRB Project #:17-044

Revised 3.22.18

**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.

Department/Area	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>CLINICAL</b>						
Nursing	17,629	34,412	16,783	-	17,478	0
Living/Dining/Activity	4,937	8,218	3,281	296	4,641	0
Kitchen/Food Service	595	1,336	741	-	595	0
P.T./O.T.	2,133	4,347	2,214	-	-	0
Laundry	67	67	-	-	67	0
Janitor Closets	152	334	182	-	152	0
Clean/Soiled Utility	806	1,866	1,060	-	806	0
Beauty/Barber	223	223	-	-	223	0
<b>Total Clinical</b>	<b>26,542</b>	<b>50,803</b>	<b>24,261</b>	<b>296</b>	<b>23,962</b>	<b>0</b>
<b>NON-CLINICAL</b>						
Office/Administration	499	2,795	2,296	-	499	0
Employee Lounge/ Locker/Training	-	585	585	-	-	0
Mechanical/Electrical	188	1,911	1,723	-	188	0
Lobby	56	1,796	1,740	-	56	0
Storage/Maintenance	942	2,254	1,312	707	942	0
Corridor/Public Toilets	5,382	16,009	10,627	6,161	-	0
Stair/Elevators	-	1,573	1,573	-	-	0
P.T./O.T.-AL/IL Res Use	-	1,105	1,105	-	-	0
Beauty/Barber-AL/IL Res Use	-	-	-	798	-	0
<b>Total Non-clinical</b>	<b>7,067</b>	<b>28,028</b>	<b>20,961</b>	<b>7,666</b>	<b>1,685</b>	<b>0</b>
<b>TOTAL</b>	<b>33,809</b>	<b>78,831</b>	<b>45,222</b>	<b>7,962</b>	<b>25,647</b>	<b>0</b>

Smith Crossing  
HFSRB Project #:17-044

Revised

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 New	Mod.	Gross Sq. Ft. New	Circ.*	Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	\$ 271.91	\$ 163.11	24,261		296		\$ 6,596,903	\$ 46,281	\$ 6,645,185
Contingency	\$ 22.20	\$ 1.05					\$ 538,572	\$ 312	\$ 538,684
<b>TOTALS</b>	<b>\$ 294.11</b>	<b>\$ 164.17</b>	<b>24,261</b>	<b>0</b>	<b>296</b>	<b>0</b>	<b>\$ 7,135,475</b>	<b>\$ 48,593</b>	<b>\$ 7,184,069</b>

\* Include the percentage (%) of space for circulation