

18-005

**LONG-TERM CARE
APPLICATION FOR PERMIT**

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

RECEIVED

JAN 24 2018

DESCRIPTION OF PROJECT

Project Type

[Check one]

[check one]

- ☒ General Long-term Care
- ☐ Specialized Long-term Care

- ☐ Establishment of a new LTC facility
- ☐ Establishment of new LTC services
- ☒ Expansion of an existing LTC facility or service
- ☐ Modernization of an existing facility

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

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 applicants propose the construction of an addition to DeKalb County Rehab & Nursing Center, a county-owned and operated general long-term care facility located in DeKalb, Illinois, as well as the renovation of selected areas within the existing facility. The project will include:

- the construction of a new 18-bed all private room general long-term care unit, including support space such as a prep kitchen, a dining room, and a family room
- the remodeling/renovation of existing patient care units, including the updating and enlarging of family areas
- prep kitchens will be added to existing patient care units
- the addition of a central activity room/area, which will include a coffee shop and video viewing area
- existing nurses stations will be re-design, consistent with contemporary needs

The associated cost for the project addressed through the Application for Permit is approximately \$16.8M, with the sources of funds being cash and a bond issuance, consistent with APPENDIX A to this application.

This is a substantive project as a result of the anticipated capital cost and number of beds proposed to be added.

Facility/Project Identification

Facility Name:	DeKalb County Rehab & Nursing Center		
Street Address:	2600 North Annie Glidden Road		
City and Zip Code:	DeKalb, IL 60115		
County:	DeKalb	Health Service Area:	001
		Health Planning Area:	037

Applicant /Co-Applicant Identification

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

Exact Legal Name:	County of DeKalb
Address:	200 North Main Street Sycamore, IL 60178
Name of Registered Agent:	N/A
Name of Chief Executive Officer:	Gary H. Hanson, County Administrator
CEO Address:	200 North Main Street Sycamore, IL 60178
Telephone Number:	815/895-7125

Type of Ownership (Applicant/Co-Applicants)

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input checked="" 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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Facility/Project Identification

Facility Name:	DeKalb County Rehab & Nursing Center				
Street Address:	2600 North Annie Glidden Road				
City and Zip Code:	DeKalb, IL 60115				
County:	DeKalb	Health Service Area:	001	Health Planning Area:	037

Applicant /Co-Applicant Identification

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

Exact Legal Name:	County of DeKalb d/b/a DeKalb County Rehab & Nursing Center
Address:	200 North Main Street Sycamore, IL 60178
Name of Registered Agent:	N/A
Name of Chief Executive Officer:	Bart Becker
CEO Address:	2600 North Annie Glidden Road DeKalb, IL 60115
Telephone Number:	815/758-2477

Type of Ownership (Applicant/Co-Applicants)

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

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Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Permit Contact

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

Name:	Bart Becker
Title:	Administrator
Company Name:	DeKalb County Rehab & Nursing Center
Address:	2600 N. Annie Glidden Road DeKalb, IL 60115
Telephone Number:	815/758-2417
E-mail Address:	bbecker@dekalbcounty.org
Fax Number:	815/217-0451

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	DeKalb County Public Building Commission
Address of Site Owner:	200 North Main Street Sycamore, IL 60178
Street Address or Legal Description of Site:	2600 N. Annie Glidden Road DeKalb, IL 60115
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 <u>ATTACHMENT-2</u> , 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:	DeKalb County Rehab & Nursing Center		
Address:	2600 N. Annie Glidden Road DeKalb, IL 60115		
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input checked="" 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 <u>ATTACHMENT-3</u> , 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 manager 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.

This Application for Permit is filed on the behalf of County of DeKalb *
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.

Mark Pietrowski Jr.
SIGNATURE

Mark Pietrowski Jr.
PRINTED NAME

DeKalb County Board Chairman
PRINTED TITLE

Gary H. Hanson
SIGNATURE

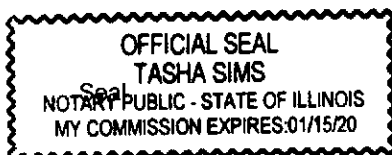
GARY H. HANSON
PRINTED NAME

COUNTY ADMINISTRATOR
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16th day of January, 2018

Tasha Sims
Signature of Notary



Notarization:

Subscribed and sworn to before me
this 16th day of January, 2018

Tasha Sims
Signature of Notary

Seal



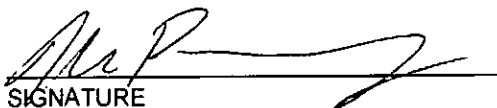
*Insert EXACT legal name of the applicant

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SIGNATURE

Mark Petrowski Jr.
PRINTED NAME

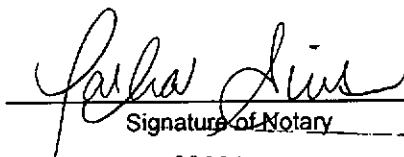
DeKalb County Board chairman
PRINTED TITLE


SIGNATURE

GARY H. HANSON
PRINTED NAME

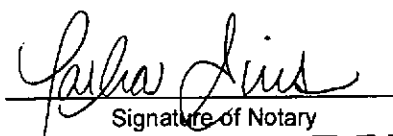
COUNTY ADMINISTRATOR
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16th day of January, 2018


Signature of Notary



Notarization:
Subscribed and sworn to before me
this 16th day of January, 2018


Signature of Notary



*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

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 - 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
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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	190	208
<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.hfsrb.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	2016	210	64,645
<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
	Appendix B	Related Project Costs
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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
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	Appendix D	Project Status and Completion Schedule

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.

Criterion 1125.540 - Service Demand – Establishment of General Long Term Care

NOT APPLICABLE

<ul style="list-style-type: none">• If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable.
<ul style="list-style-type: none">• If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals.
<ol style="list-style-type: none">1. Document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: resident/patient origin by zip code; name and specialty of referring physician or identification of another referral source; and name and location of the recipient LTC facility.2. 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.3. Estimate the number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. Please note:<ul style="list-style-type: none">• The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload.• The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion• Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address4. Provide verification by the referral sources that the prospective resident referrals have not been used to support another pending or approved Certificate of Need (CON) application for the subject services.5. 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 follows:<ol style="list-style-type: none">a. The applicant shall define the facility's market area based upon historical resident/patient origin data by zip code or census tract;b. Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Bureau of the Census or IDPH;c. Projections shall be for a maximum period of 10 years from the date the application is submitted;d. Historical data used to calculate projections shall be for a number of years no less 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

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 and shall be developed either after the housing complex has been established or as a part of a total housing construction program, provided that the entire complex is one inseparable project, that there is a documented demand for the housing, and that the licensed beds will not be built first, but will be built concurrently with or after the residential units.
3. The applicant shall demonstrate that:
 - a. The proposed number of beds is needed. Documentation shall consist of a list of available patients/residents needing the proposed project. The proposed number of beds shall not

exceed one licensed LTC bed for every five apartments or independent living units;

- b. There is a provision in the facility's written operational policies assuring that a resident of the retirement community who is transferred to the LTC facility will not lose his/her apartment unit or be transferred to another LTC facility solely because of the resident's altered financial status or medical indigency; and
- c. Admissions to the LTC unit will be limited to current residents of the independent living units and/or congregate housing.

Defined Population:

The applicant proposing a project for a defined population shall provide the following:

1. The applicant shall document that the proposed project will serve a defined population group of a religious, fraternal or ethnic nature from throughout the entire health service area or from a larger geographic service area (GSA) proposed to be served and that includes, at a minimum, the entire health service area in which the facility is or will be physically located.
2. The applicant shall document each of the following:
 - a. A description of the proposed religious, fraternal or ethnic group proposed to be served;
 - b. The boundaries of the GSA;
 - c. The number of individuals in the defined population who live within the proposed GSA, including the source of the figures;
 - d. That the proposed services do not exist in the GSA where the facility is or will be located;
 - e. That the services cannot be instituted at existing facilities within the GSA in sufficient numbers to accommodate the group's needs. The applicant shall specify each proposed service that is not available in the GSA's existing facilities and the basis for determining why that service could not be provided.
 - f. That at least 85% of the residents of the facility will be members of the defined population group. Documentation shall consist of a written admission policy insuring that the requirements of this subsection (b)(2)(F) will be met.
 - g. That the proposed project is either directly owned or sponsored by, or affiliated with, the religious, fraternal or ethnic group that has been defined as the population to be served by the project. The applicant shall provide legally binding documents that prove ownership, sponsorship or affiliation.

APPEND DOCUMENTATION AS ATTACHMENT- 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.570 - Service Accessibility

NOT APPLICABLE

1. Service Restrictions

The applicant shall document that **at least one** of the following factors exists in the planning area, as applicable:

- The absence of the proposed service within the planning area;
- Access limitations due to payor status of patients/residents, including, but not limited to, individuals with LTC coverage through Medicare, Medicaid, managed care or charity care;
- Restrictive admission policies of existing providers; or
- The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.

2. Additional documentation required:

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

- a. The location and utilization of other planning area service providers;
- b. Patient/resident location information by zip code;
- c. Independent time-travel studies;
- d. Certification of a waiting list;
- e. Admission restrictions that exist in area providers;
- f. An assessment of area population characteristics that document that access problems exist;
- g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see www.hfsrb.illinois.gov).

APPEND DOCUMENTATION AS ATTACHMENT- 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

NOT APPLICABLE

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:

\$1,000,000	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;
\$15,834,948	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.
\$16,834,948	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

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.

NOT APPLICABLE, PROOF OF "A" BOND RATING PROVIDED

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.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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 New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									
* 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.

TYPE OF OWNERSHIP

Applicant County of DeKalb is a governmental entity, and as such is not issued a Certificate of Good Standing. Similarly, applicant County of DeKalb d/b/a DeKalb County Rehab & Nursing Center (the licensee/operator) is not issued a Certificate of Good Standing.

ATTACHMENT 1



DEKALB COUNTY PUBLIC BUILDING COMMISSION
200 NORTH MAIN STREET
SYCAMORE, ILLINOIS 60178

January 5, 2018

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

Please be advised that DeKalb County Rehab & Nursing Center is located on property owned and controlled by the DeKalb County Public Building Commission.

Sincerely,

A handwritten signature in cursive script that reads "Gary H. Hanson".

Gary H. Hanson
Treasurer

State of Illinois

County of DeKalb

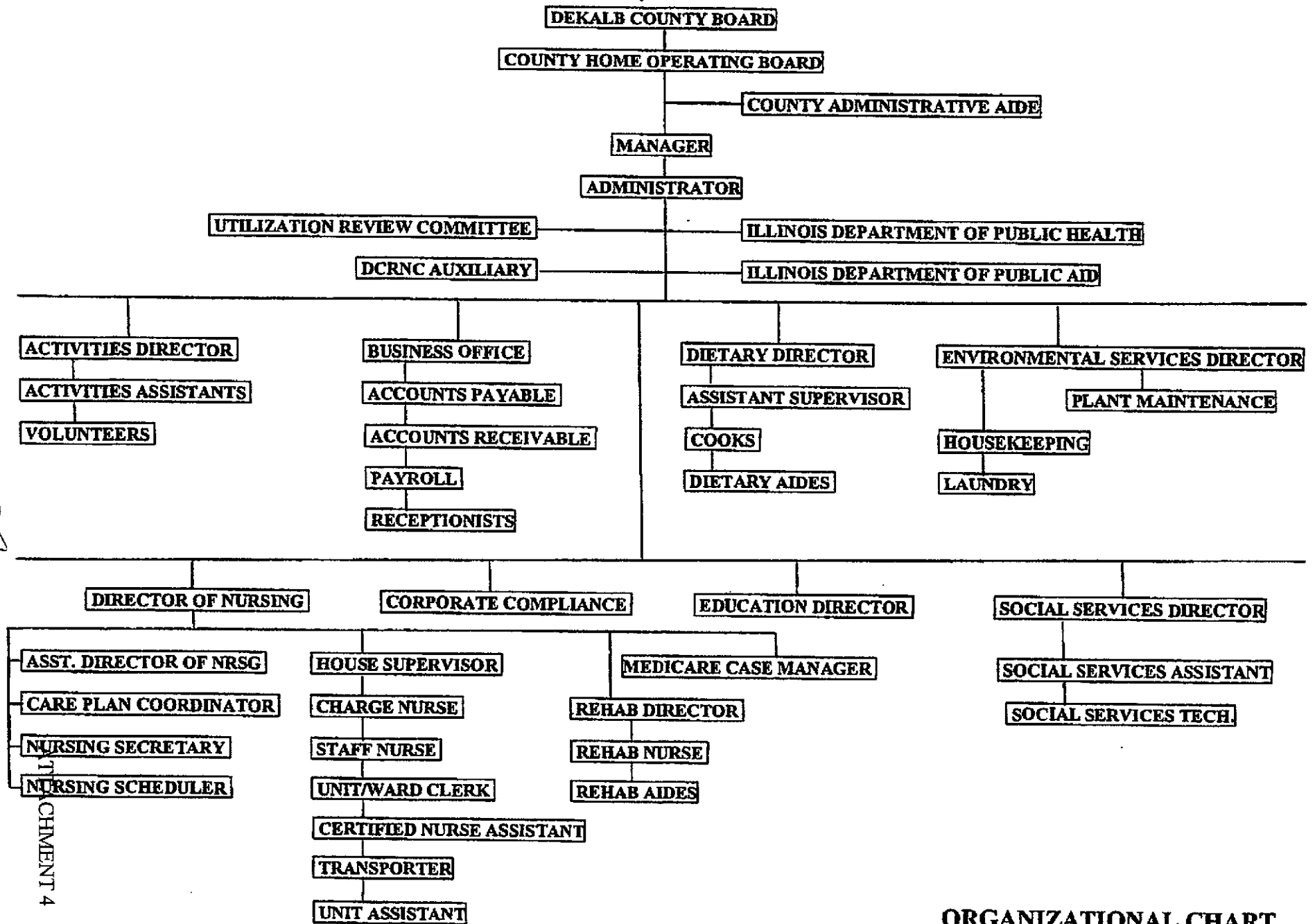
Signed and attested before me on January 5, 2018 (date) by

Gary H. Hanson (name/s of person/s).

A handwritten signature in cursive script, likely belonging to the Notary Public, Tasha Sims.
(Signature of Notary Public)

ATTACHMENT 2

27



ORGANIZATIONAL CHART



DeKalb County Administration

200 N. Main Street ♦ Sycamore, IL 60178-1431 ♦ Phone: 815-895-1630 ♦ Fax: 815-895-7284 ♦ www.dekalbcounty.org

January 16, 2018

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

Please be advised that the DeKalb County Rehab & Nursing Center, located at 2600 North Annie Glidden Road in DeKalb, Illinois is not located in a flood plain, and construction on that site is consistent with Illinois Executive Order #2005-5.

Sincerely,

Gary H. Hanson
County Administrator

State of Illinois

County of DeKalb

Signed and attested before me on January 16, 2018 (date) by

Gary H. Hanson (name/s of person/s).


(Signature of Notary Public)

ATTACHMENT 5



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Bruce Rauner, Governor

Wayne A. Rosenthal, Director

FAX (217) 524-7525

DeKalb County

DeKalb

New Addition and Rehabilitation, DeKalb County Rehab and Nursing Center
2600 N. Annie Glidden Road
SHPO Log #002121917

January 16, 2018

Jacob Axel

Axel & Associates, Inc.

675 North Court, Suite 210

Palatine, IL 60067

Dear Mr. Axel:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5031.

Sincerely,

Rachel Leibowitz, Ph.D.

Deputy State Historic

Preservation Officer

PURPOSE OF THE PROJECT

The primary purposes of the proposed project are to address the need for additional beds at the applicant facility, as well as to provide routine renovation to selected areas of the facility. As such, the health care and well-being of the service area will be improved through the project.

The applicant facility is owned and operated by DeKalb County, and as such, the primary service area consists of the entirety of the county.

As discussed in other portions of this application, DeKalb County Rehab & Nursing Center ("the Center") routinely is required to deny admission to prospective patients due to a lack of beds. During the period July 1-November 30, 2017, 172 (annualized to 412) individuals were denied admission due to the lack of an available bed. In addition, this project will allow the Center to address variety of facility-related improvements to existing space. It should be noted, the proposed renovation is the result of changing expectations, and not life safety, accreditation, or licensure standards. Examples of the renovations to be undertaken to ensure that the Center continues to operate consistent with contemporary standards will be the expansion of family and patient common areas, as well as the reconfiguration of nursing stations.

The primary goal of this project is to complete all aspects of the construction and renovation on schedule, in order to reduce, or potentially eliminate the need to refuse admission due to a lack of available beds.

ADMISSION POLICY

Admission to DeKalb County Rehab & Nursing Center shall be in accordance with:

1. The "Nursing Home Care Reform Act of 1979", Public Aid 81-223, effective March 1, 1980, as amended.
2. Illinois Department of Public Health Minimum Standards, Rules and Regulations for classification and licensure of Skilled Nursing Facilities and Intermediate Care Facilities, Title 77, Public Health, effective July 28, 1980, codified September 28, 1984.
3. Title XIX (Medicaid) of the Social Security Act.
4. Title XVIII (Medicare) of the Social Security Act.

ADMISSION REQUIREMENTS

The Dekalb County Rehab & Nursing Center has 190 skilled nursing residents and will not admit more than this number at any one time.

It is the policy of the Dekalb County Rehab & Nursing Center to admit and treat all residents without regard to race, color, and national origin. The same requirements for admission are applied to all, and all of the facilities of the Nursing Home are available, without exception, to all residents and visitors.

Any person or organization who has occasion to refer persons for admission or recommend the Dekalb County Rehab & Nursing Center are advised to do so without regard to the resident's race, color, national origin, handicap or age.

No female person shall knowingly be admitted to or kept in the Dekalb County Rehab & Nursing Center if she is pregnant.

Likewise, no person who is determined by a physician to have serious mental, emotional or behavioral problems; or anyone who is destructive of property, himself, or poses an endangerment to others shall be admitted to or kept in this facility.

It is established as a Nursing Home for adults. No person under 18 years of age will be admitted without prior approval from the Department of Public Health.

The Dekalb County Rehab & Nursing Center will not admit any resident who requires a ventilator or in-house dialysis on a part time or full time basis. It will not admit any person whom facility deems unable to have needs met by resources available.

No person will knowingly be admitted who has any communicable, contagious or infectious disease. Any exceptions to this Policy will be made in accordance with Federal and State Regulations.

All non-citizens must be legal United States residents. No person without a social security number will be admitted.

No individual who leaves the facility AMA shall be re-admitted.

No individual who has an outstanding bill at this facility will be re-admitted.

All persons will have a UCLA background check completed at admission. No person who is identified on a UCLA background check as a sex offender or other serious offense that may endanger other residents, staff, or visitors, will be admitted to facility.

Admissions to the DeKalb County Rehab & Nursing Center are limited to residents of DeKalb County. However, if beds are available and there are NO County residents in need of a bed, the facility may accept a non-county resident.

Admissions to the Nursing Center are made only on the approval of the supervisor of the Township in which they reside.

All residents admitted must have a local physician who has privileges at Kishwaukee Hospital.

The physician must complete the required Physical Exam and Order Forms prior to admission. The family, guardian, or resident representative must complete several information sheets concerning the resident, prior to admission to this facility. The date of admission can not be determined until the Township, Physician, and family papers are completed and returned.

In accordance with State of Illinois Regulations, a person cannot be admitted to this facility until a written contract has been executed between the facility and the person, his guardian, a member of the immediate family, or a designated representative.

If the resident has a guardian, has give Power of Attorney, or designated another person to represent him/her, the facility must have a copy of that document.

The facility shall determine the appropriateness of the admission in accordance with applicable State and Federal rules and internally by:

1. Review the existing medical record.
2. Physician completing history and physical.
3. Consultation with physician and prior health care providers.
4. Visit with prospective resident and family members.
5. Completion of the facility's pre-admission forms.
6. Completion of Universal Prescreening Form (DPA 2536 and OBRA Level I).
7. Utilization Review Committee confirmation.

ADMISSION PROCESS (REGULAR)

Admission of DeKalb County residents shall follow a rotation of townships as below:

- | | |
|-----------------------|--------------------------|
| 1. DeKalb Township | 16. DeKalb Township |
| 2. Afton Township | 17. Sycamore Township |
| 3. Sycamore Township | 18. Squaw Grove Township |
| 4. DeKalb Township | 19. DeKalb Township |
| 5. Clinton Township | 20. Somonauk Township |
| 6. Genoa Township | 21. Genoa Township |
| 7. Cortland Township | 22. Paw Paw Township |
| 8. DeKalb Township | 23. DeKalb Township |
| 9. Sandwich Township | 24. Sandwich Township |
| 10. Franklin Township | 25. Sycamore Township |
| 11. Kingston Township | 26. Pierce Township |
| 12. DeKalb Township | 27. DeKalb Township |
| 13. Malta Township | 28. Milan Township |
| 14. Mayfield Township | 29. South Grove Township |
| 15. Shabbona Township | 30. Victor Township |

When a bed is available, Social Services will contact the Supervisor of the township next in rotation. They shall have a 24 hour period in which to provide a name to pass. Social Services shall use this procedure with subsequent townships until an admission is secured.

MEDICARE ADMISSION

The regular admission process shall be followed, except when the Nursing Center is contacted by an Acute Care (hospital) facility seeking a Medicare certified bed. In this case, the regular admission process shall be circumvented and an admission shall be made out of rotation if the following criteria is met:

1. DeKalb County Resident (verified and approved by Township).
2. Desires placement in DeKalb County Rehab & Nursing Center.
3. Meets the program requirements of Medicare.
4. A Medicare bed is available.

MEDICARE PROCESS:

The DeKalb County Rehab & Nursing Center has a designated section of the facility to place short-term Medicare. When the hospital has a potential patient that meets Medicare criteria, the Discharge Planner at the Hospital will contact the Social Services Department at DCRNC.

The procedure that the Social Services staff follows are:

1. First determine if we have a Medicare bed open.
2. Determine if the patient is a resident of DeKalb County and meets residency requirements for their particular township.
3. Determine if the person meets Medicare criteria.
 - a. Social Services Department will obtain information per phone with Discharge Planner at hospital.

ATTACHMENT 10

1. Patient must require "Skilled Care" on a daily basis.
2. The service must be so inherently complex that it can be safely and effectively performed only by or under the supervision of professional or technical personnel.
- b. Social Services staff will make a pre-admission visit to review resident's chart and assess the individual.
- c. Review the information obtained with Medicare Case Manager, RN, to determine if patient will meet Medicare criteria.
4. After the determination is made for acceptance, the admission procedure is completed the same as a regular admission.
5. Family is informed how Medicare coverage will pay for only a limited time.
6. The nursing staff must also be informed that this individual is a Medicare admission.
7. At the time that the resident no longer meets Medicare coverage, the resident/family/POA must be informed of this decision.
 - a. Social Services first contact family member or responsible party that Medicare has stopped (either by phone or in person).
 - b. A letter is then sent to the family (see attached form letter) informing them of the decision and if they question the decision, they have the right to appeal.
 - c. Original letter is placed on chart, one copy given to the Business Office and one copy placed in Social Service chart.

ADMISSION PROCESS (ACUTE CARE – NON MEDICARE)

Any resident who is in an Acute Care setting (hospital) and requires nursing home placement will have priority over regular admissions on the Township waiting list.

ADMISSION PROCESS NON RESIDENT OF DEKALB COUNTY

DeKalb County Rehab & Nursing Center will be available to all who qualify for long term care, giving first preference to residents of DeKalb County. However, if beds are available and no County resident is in need of placement, DeKalb County Rehab & Nursing Center will accept placement of a non-county resident (see mission statement 3-4-1998 amended by the Nursing Home Facilities Committee).

RE-ADMISSION

Resident discharged seeking re-admission will be admitted following the admission process (regular) or the admission process (Medicare). Residents transferred to acute care facilities (hospital), shall be re-admitted in accordance with the rules and regulations of titled programs.

WAITING LIST

Township Supervisors shall share, at the request of the DeKalb County Rehab & Nursing Center, the next name on their waiting list to facilitate the admission process.

CERTIFIED BEDS

DeKalb County Rehab & Nursing Center participates in Federal Titled programs under the Social Security Act. There are 190 beds certified under Title XIX (Medicaid), and 190 beds certified under Title XVIII (Medicare).

ADMISSION APPEAL PROCEDURE

Any Township Supervisor that wishes to grieve an admission process may do so, in writing to the Chairman, County Home and Health Services Committee. If the Township Supervisor is not satisfied with the Committee decision, the appeal shall be present to the DeKalb County Board. The decision of the DeKalb County Board shall be final.

ADMISSION MEDICAL CARE POLICY

It is the policy of the DeKalb County Rehab & Nursing Center that each resident shall have a complete physical examination within five (5) days prior to admission or within 72 hours after admission. Documentation on the medical record shall include but is not limited to:

1. Physical examination and medical history.
2. Social / medical history.
3. Evaluation of resident's condition and functional level, both mental and physical.
4. Diagnosis of resident.
5. Recommendation for the resident's care.
6. Documentation regarding past or present Tuberculosis infection determined by either a Tuberculosis Skin Test or a chest x-ray. If resident is a nonreactor, a TB Skin Test will be administered within 7 days of admission. If reaction is nonsignificant, a second skin test shall be done within one week. If the first and/or second skin test reaction is significant or tuberculosis is suspected, the Lung Clinic will be notified for follow-up.
7. Documentation of the presence or absence of pressure ulcers and order for treatment.
8. Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech Therapy eval and treatment orders as indicated.
9. Activity Orders.
10. Physician Order Sheet.
11. Resident Admission / Discharge Information.
12. Physician Certification.
13. Resuscitation Status Form completed and signed.

The following information should accompany the resident upon admission or as soon as possible.

1. Transfer Form (if coming from another nursing home or hospital).
2. Hospital transfers should have History, Physical, and other pertinent reports and/or documentation. If physician has signed and dated the transfer form, Admission to Nursing Home, it is not necessary to confirm the orders unless there are questions or additional orders are needed. Completed POS will be sent to physician for signature.
3. Medication Orders. If resident is receiving Psychotropic drugs, need to have diagnosis for and consent needs to be obtained.
4. If safety device is needed, state type to be used, reason why, when applied, and consent obtained.
5. Possible lab tests - see medication guidelines.
6. Treatment Orders to include minimal of weekly Braden Scale & skin check X4. Other treatment orders as prescribed and/or per facility skin care protocol.
7. Diet Order.
8. Specific procedures required for health and safety of the resident.
9. Consent for administration of Pneumonia Vaccine and Flu vaccine.
10. Resuscitation orders.
11. Standing orders.

Nursing Administration reviews all prospective admissions. A New Admission Information Sheet will be given to all departments which provides a brief summary of the new resident and their needs. All admissions to the DeKalb County Rehab & Nursing Center are approved by the Utilization Review/Quality Assurance Committee of the Nursing Home.

Minimum Data Set Assessment and Departmental Assessments will be made on each resident admitted to the facility. The Nursing, Restorative, Activity, Dietary, and Social Service Assessments will be completed prior to the Care Plan Conference. All assessments will be placed in the resident's medical record.

Reviewed: 2-2015

ADMISSION / RE-ADMISSION POLICY

The DeKalb County Rehab & Nursing Center has 190 skilled nursing beds and will not admit more than this number at any one time.

It is the policy of the DeKalb County Rehab & Nursing Center to admit and treat all residents without regard to race, color, and national origin. The same requirements for admission are applied to all, and all of the facilities of the Nursing Home are available, without exception, to all residents and visitors.

Any person or organization who has occasion to refer persons for admission or recommend the DeKalb County Rehab & Nursing Center are advised to do so without regard to the resident's race, color, national origin, handicap or age.

No female person shall knowingly be admitted to or kept in the DeKalb County Rehab & Nursing Center if she is pregnant.

Likewise, no person who is determined by a physician to have serious mental, emotional or behavioral problems; or anyone who is destructive of property, himself, or poses an endangerment to others shall be admitted to or kept in this facility.

It is established as a Nursing Home for adults. No person under 18 years of age will be admitted without prior approval from the Department of Public Health.

The DeKalb County Rehab & Nursing Center will not admit any resident who requires a ventilator or in-house dialysis on a part time or full time basis. It will not admit any person whom facility deems unable to have needs met by resources available.

No person will knowingly be admitted who has any communicable, contagious or infectious disease. Any exceptions to this Policy will be made in accordance with Federal and State Regulations.

All non-citizens must be legal United States residents. No person without a social security number will be admitted.

No individual who leaves the facility AMA shall be re-admitted.

No individual who has an outstanding bill at this facility will be re-admitted.

All persons will have a UCIA background check completed at admission. No person who is identified on a UCIA background check as a sex offender or other serious offense that may endanger other residents, staff, or visitors, will be admitted to facility.

Written: February 1984

Reviewed: March 2006, March 2015

Medicare Admission

Admission Procedure for DeKalb County Rehab & Nursing Center

Residents of DeKalb County are given priority for admission to DeKalb County Rehab & Nursing Center and are admitted through one of nineteen townships. There are two methods of admission to DCRNC, and in either case a DeKalb County Resident needs to make application with and be approved by his/her Township Supervisor.

- Patient is in the hospital
- Physician contacts Hospital Discharge Planner. Patient needs extended rehab/skilled nursing.
- 34 ➤ Discharge Planner contacts DCRNC Admissions Office for bed availability.
- DCRNC staff review patient and chart at hospital and meet with patient/family and hospital staff.
- DCRNC determines if patient meets Medicare Criteria.
- Patient qualifies. Patient/family is agreeable to placement. Admission packet completed by patient/family.
- ATTACHMENT 10 Pre-screening is completed to ensure the necessity of placement.
- Township application made.
- Physician writes discharge order.
- Transfer to DCRNC.

Regular Admission

Admission Procedure for DeKalb County Rehab & Nursing Center

Residents of DeKalb County are given priority for admission to DeKalb County Rehab & Nursing Center and are admitted through one of nineteen townships. There are two methods of admission to DCRNC, and in either case a DeKalb County Resident needs to make application with and be approved by his/her Township Supervisor.

- Potential resident places his/her name on the Township Waiting List.
- When a bed becomes available at DCRNC, the admissions office contacts the Township Supervisor. (DCRNC maintains a township rotation list)
- Township Supervisor refers to his/her waiting list and contacts the potential resident/family.
- Resident/family contacts DCRNC and begins the admission papers.
- Physician completes medical papers.
- Pre-screening is completed to ensure the necessity of placement. (IL state law)
- Pre-admission Home Visit.
- Admission to DCRNC.

ALTERNATIVES

The proposed project has two primary purposes: to increase accessibility and to modernize the existing facility. The need to increase accessibility is in direct response to the approximately 400 patients a year—nearly all of which are DeKalb County residents—that cannot be admitted to DeKalb County Rehab & Nursing Center (“DCRNC”) because of a lack of available beds. The need to modernize the existing facility is due primarily to the County’s desire to maintain a contemporary long-term care facility for its residents.

As an alternative to the addition of the proposed eighteen beds, the number of beds could have been increased, but doing so would have increased the project cost beyond the target level. In addition, and from a design perspective, an 18-bed addition can appropriately be accommodated by the site. A larger number of beds would increase accessibility to DCRNC, but would negatively impact the operation of privately-owned long-term care facilities in the area, as DCRNC is often a prospective patient’s first choice. This alternative would have no impact on the quality of care provided at DCRNC, but would increase operating costs proportionate to the number of beds added.

As a second alternative, the project’s modernization components not directly related to the addition of beds could be omitted. Doing so would reduce the project cost by approximately five million dollars. This alternative, however, would not address the County’s desire to maintain a contemporary long-term care facility for its residents. Had this alternative been selected, it would not have significantly impacted operating costs, accessibility to services, or quality of care.

BACKGROUND

Attached is a photocopy of DeKalb Rehab & Nursing Center's IDPH-issued license.

There are no other IDPH-licensed health care facilities owned and/or operated by the applicants.

As a governmental entity, County of DeKalb is not issued a Certificate of Good Standing by the Illinois Secretary of State.

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	LD NUMBER
06/30/2018	0044321
LONG TERM CARE LICENSE CATEGORY BGBE	
SKILLED	190
UNRESTRICTED	190 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

THE COUNTY OF DEKALB

DEKALB COUNTY REHAB & NURSING
2600 NORTH ANNIE GLIDDEN ROAD
DEKALB IL 60115
EFFECTIVE DATE: 07/01/16

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

REGION 1

06/28/16

DEKALB COUNTY REHAB & NURSING
2600 NORTH ANNIE GLIDDEN ROAD
DEKALB IL 60115

42

DEKALB COUNTY REHAB & NURSING CENTER


2600 N. ANNIE GLIDDEN ROAD, DEKALB, IL 60115
PHONE 815-758-2477 FAX 815-217-0451

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

As the Administrator of DeKalb County Rehab & Nursing Center, I hereby certify that no adverse action has been taken against it, directly or indirectly, within three years prior to the filing of this application, with the exception of a limited number of Type A violations, as are commonplace in the long-term care setting. In each instance, the violation was immediately addressed and the correction accepted by the applicable regulatory agency. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

I hereby authorize HFSRB and IDPH to access any documentation which it finds necessary to verify any information submitted, including, but not limited to: official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.


Bart Becker
Administrator

Subscribed and sworn to before me this
3 day of January, 2018


Notary Public



ATTACHMENT 12

PLANNING AREA NEED

As of the filing of this Certificate of Need Application, the most recent update to the *Inventory of Health Care Facilities and Services and Need Determinations* indicates that a need for sixteen general long term care beds exists in DeKalb County.

With the signatures provided on the Certification pages of this application, the applicants certify that the primary purpose of DeKalb County Rehab & Nursing Center ("DCRNC") is to serve the residents of DeKalb County, that 50%+ of the patients admitted to DCRNC reside in DeKalb County prior to admission, and that it is fully anticipated that 50%+ of the patients admitted in the future will be DeKalb County residents. During the 12-month period ending November 30, 2017, 92.7% of the patients admitted to DCRNC were DeKalb County residents.

In addition, between July 1, 2017 and November 30, 2017 (5 months), a total of 172 prospective referrals from hospitals were denied admission to DCRNC due to the lack of available beds. Annualized, the 172 denied patients equates to 412 patients denied admission. During the three year period 2014-2016, DCRNC admitted an average of 207 patients a year, discharged an average of 209 patients a year and had a 3-year occupancy rate of 90.7%, ranging between 88.9% and 93.0%, annually. Patient days ranged between 61,654 and 64,645, annually, resulting in an average of 62,944 patient days. To achieve the HFSRB's 90% occupancy rate of the proposed 208 beds (68,328 patient days), 5,384 incremental patient days of care (68,328-62,944) would need to be provided. Had the additional eighteen beds been available last year, the 412 "denied" patients would only have needed to realize an average length of stay of 13.1 days in order for the facility to reach the 90% occupancy target. The 2016 average length of stay (patient days ÷ admissions) was 307.8 days.

SERVICE DEMAND

The demand for beds at DeKalb County Rehab & Nursing Center ("DCRNC") has historically exceeded the availability of suitable beds, resulting in the denial of admissions on a regular basis. In 2016, 64,645 and in 2017, 65,348 patient days of care were provided, respectively. The resultant occupancy rates during those two years were 93.0% and 94.2%, respectively. The historically-high occupancy rates during the two-year period noted above have, in major part, resulted in DCRNC having to routinely deny admission to prospective patients,, many of which are referred by area hospitals, due to a lack of beds. Between July 1 and November 30, 2017 172 patients were denied admission (annualized to 412), and a list (DCRNC Referral Denial Log) of those patients is attached. The high volume of denials documented in the attached list is viewed by DCRNC as an under-representation of potential referrals. As noted in the attached log, the single largest referral source is Northwestern Medicine Kishwaukee Hospital. When the discharge planners at the hospital are informed of a lack of beds for referral, it is reasonable to assume that they will seek alternative referral sites for, at minimum, the remainder of that day.

DCRNC Referral Denial(No Bed Available) Log

DATE	INITIALS(REFERRAL)	REFERRAL LOCATION
7/3/2017	J.K.	PRESENCE
7/4/2017	S.C.	KISHWAUKEE
7/5/2017	D.S.	KISHWAUKEE
7/5/2017	N.M.	KISHWAUKEE
7/4/2017	E.C.	KISHWAUKEE
7/6/2017	C.L.	KISHWAUKEE
7/7/2017	C.H.	KISHWAUKEE
7/7/2017	P.S.	KISHWAUKEE
7/7/2017	D.S.	KISHWAUKEE
7/10/2017	B.M.	CENTENNIAL HILLS
7/11/2017	W.W.	NM HOSPITAL
7/12/2017	R.N.	KISHWAUKEE
7/12/2017	D.B.	KINDRED
7/13/2017	J.M.	KISHWAUKEE
7/13/2017	C.H.	KINDRED
7/13/2017	R.H.	LOYOLA
7/13/2017	B.D.	KINDRED
7/13/2017	M.M.	KISHWAUKEE
7/17/2017	R.W.	KISHWAUKEE
7/17/2017	D.M.	KISHWAUKEE
7/17/2017	A.C.	ALDEN GARDENS/AURORA
7/20/2017	ML.	MARIONJOY
7/20/2017	P.M.	KISHWAUKEE
7/21/2017	L.H.	SHIRLEY RYAN ABILITYLAB
7/24/2017	S.G.	CDH
7/24/2017	C.D.	SSM HEALTH ST. MARY'S HOSPITAL
7/24/2017	J.H.	KISHWAUKEE
7/21/2017	R.N.	KISHWAUKEE
7/21/2017	F.D.	ELMHURST
7/24/2017	J.M.	KISHWAUKEE
7/24/2017	D.T.	KISHWAUKEE
7/24/2017	T.B.	KISHWAUKEE
7/24/2017	L.B.	OSF
7/24/2017	A.A.	OSF
7/24/2017	R.N.	KISHWAUKEE
7/25/2017	B.S.	KISHWAUKEE

7/25/2017	P.B.	CDH
7/25/2017	L.B.	OSF
7/26/2017	L.C.	KISHWAUKEE
7/26/2017	K.A.	GLEN ELSTON/CHICAGO
7/26/2017	M.D.	UNITED HOSPITAL SYSTEM
7/27/2017	P.M.	KISHWAUKEE
7/27/2017	T.L.	KINDRED
7/27/2017	S.C.	LOYOLA
7/27/2017	B.L.	KISHWAUKEE
7/31/2017	C.L.	KISHWAUKEE
7/31/2017	R.C.	ALEXIAN BROTHERS
7/31/2017	H.T.	KISHWAUKEE
7/31/2017	R.W.	OSF
7/31/2017	L.M.	OSF
8/2/2017	L.N.	WILLOWCREST
8/3/2017	R.C.	KISHWAUKEE
8/3/2017	J.G.	SIH HERRIN HOSPITAL
8/4/2017	S.A.	KINDRED
8/7/2017	D.L.	KISHWAUKEE
8/10/2017	C.S.	KISHWAUKEE
8/8/2017	D.C.	KISHWAUKEE
8/9/2017	M.L.	KINDRED
8/9/2017	C.N.	PARK PLACE OF BELVIDERE
8/9/2017	K.K.	KISHWAUKEE
8/14/2017	G.N.	OSF
8/14/2017	R.H.	KISHWAUKEE
8/16/2017	D.B.	KISHWAUKEE
8/22/2017	B.S.	KISHWAUKEE
8/25/2017	L.M.	OSF
8/25/2017	L.W.	ADVOCATE CHRIST MC
8/28/2017	D.M.	KISHWAUKEE
8/28/2017	T.P.	KISHWAUKEE
8/31/2017	E.P.	KISHWAUKEE
8/29/2017	G.C.	LOYOLA
8/30/2017	R.P.	VALLEY WEST
9/1/2017	K.R.	ALEXIAN BROTHERS
9/1/2017	J.G.	SIH HERRIN HOSPITAL
9/1/2017	M.H.	HOME
9/1/2017	D.T.	KISHWAUKEE

9/1/2017	V.H.	HOME
9/1/2017	R.F.	HOME
9/1/2017	V.B.	HOME
9/1/2017	D.J.	BETHANY
9/1/2017	A.J.	BETHANY
9/7/2017	J.G.	KISHWAUKEE
9/5/2017	G.K.	CDH
9/6/2017	M.D.	KISHWAUKEE
9/6/2017	N.D.	U OF CHICAGO
9/7/2017	R.S.	KISHWAUKEE
9/7/2017	D.S.	KISHWAUKEE
9/8/2017	V.H.	PINE ACRES
9/8/2017	J.M.	KISHWAUKEE
9/8/2017	G.K.	CDH
9/8/2017	F.A.	KISHWAUKEE
9/11/2017	D.S.	KISHWAUKEE
9/11/2017	M.B.	KISHWAUKEE
9/11/2017	D.T.	KISHWAUKEE
9/12/2017	R.R.	KISHWAUKEE
9/15/2017	L.M.	KINDRED
9/18/2017	M.W.	KISHWAUKEE
9/18/2017	T.W.	KISHWAUKEE
9/19/2017	C.S.	PRESENCE MERCY
9/19/2017	H.G.	LOUIS A. WEISS MEMORIAL HOSPITAL
9/19/2017	C.L.	KISHWAUKEE
9/20/2017	T.S.	KISHWAUKEE
9/21/2017	L.C.	KISHWAUKEE
9/22/2017	M.O.	KISHWAUKEE
9/22/2017	D.M.	KINDRED
9/22/2017	J.A.	KISHWAUKEE
9/25/2017	R.C.	KISHWAUKEE
9/26/2017	N.V.	CDH
9/26/2017	L.C.	KISHWAUKEE
9/27/2017	L.H.	LOYOLA
9/30/2017	E.P.	KISHWAUKEE
10/1/2017	R.H.	HOME
10/1/2017	D.M.	HOME
10/1/2017	J.R.	HOME
10/1/2017	P.T.	HOME

ATTACHMENT 15

10/1/2017	C.P.	HOME/MISSOURI
10/1/2017	D.S.	SYMPHONY ORCHARD AURORA
10/1/2017	W.S.	HOME
10/1/2017	P.F.	HOME
10/1/2017	V.D.	RIVERVIEW ELGIN
10/1/2017	D.E.	BARB CITY MANOR
10/2/2017	J.S.	OSF
10/6/2017	V.M.	KISHWAUKEE
10/6/2017	J.M.	ADVOCATE SHERMAN
10/12/2017	E.G.	KISHWAUKEE
10/11/2017	J.C.	KISHWAUKEE
10/11/2017	M.L.	MAYO CLINIC
10/11/2017	J.D.	EDWARD
10/11/2017	B.T.	KINDRED
10/16/2017	D.D.	ADVOCATE SHERMAN
10/16/2017	J.M.	ADVOCATE SHERMAN
10/16/2017	I.A.	KISH/DR. MORKER
10/17/2017	J.M.	ADVOCATE SHERMAN
10/18/2017	L.N.	KISHWAUKEE
10/19/2017	J.M.	EDWARD HOSPITAL
10/23/2017	G.K.	CDH
10/25/2017	S.K.	KISHWAUKEE
10/26/2017	R.W.	KISHWAUKEE
10/30/2017	M.L.	KISHWAUKEE
10/30/2017	F.R.	KISHWAUKEE
10/30/2017	B.W.	EDWARDS
10/31/2017	K.C.	KINDRED
11/1/2017	B.J.	HERITAGE WOODS
11/1/2017	L.C.	TOWER HILL-SOUTH ELGIN
11/1/2017	J.G.	HOME/OHIO
11/1/2017	E.A.	HERITAGE WOODS
11/1/2017	P.E.	PINE ACRES
11/1/2017	B.W.	HOME
11/1/2017	P.D.	HOME
11/1/2017	D.G.	HOME
11/1/2017	E.N.	ROCKFORD MEMORIAL HOSPITAL
11/1/2017	M.O.	BARB CITY MANOR
11/1/2017	S.M.	AURORA CONVOLESCENT HOME
11/1/2017	F.W.	HERITAGE WOODS

11/1/2017	V.S.	HOME
11/1/2017	N.H.	VILLA FRANCESIAN
11/1/2017	C.H.	PINE ACRES
11/1/2017	S.W.	BETHANY
11/1/2017	P.S.	HOME
11/1/2017	F.R.	AMBERCARE WOODS ROCKFORD
11/1/2017	R.H.	BETHANY
11/1/2017	F.A.	KISHWAUKEE
11/6/2017	S.W.	KISHWAUKEE
11/6/2017	T.T.	ALEXIAN
11/6/2017	E.B.	KISHWAUKEE
11/8/2017	S.R.	KISHWAUKEE
11/7/2017	W.B.	SHERMAN ADVOCATE
11/8/2017	E.A.	KISHWAUKEE
11/8/2017	B.L.	KISHWAUKEE
11/11/2017	I.M.	KISHWAUKEE
11/13/2017	W.H.	KISHWAUKEE
11/13/2017	E.A.	KISHWAUKEE
11/11/2017	E.L.	KISHWAUKEE
11/13/2017	M.S.	KISHWAUKEE
11/13/2017	M.P.	OSF
11/13/2017	J.R.	KISHWAUKEE
11/15/2017	J.M.	KINDRED
11/15/2017	F.R.	KISHWAUKEE
11/15/2017	M.S.	KISHWAUKEE
11/20/2017	D.L.	KISHWAUKEE
11/25/2017	D.S.	KISHWAUKEE
11/27/2017	L.B.	KISHWAUKEE
11/27/2017	J.G.	ADVOCATE SHERMAN
11/29/2017	M.M.	KISHWAUKEE
11/29/2017	W.T.	KISHWAUKEE
11/29/2017	B.W.	KISHWAUKEE
11/30/2017	G.W.	KISHWAUKEE
11/30/2017	L.D.	KINDRED
11/30/2017	R.M.	JESSE BROWN VA
12/1/2017	S.C.	HOME
12/1/2017	M.C.	KISHWAUKEE
12/4/2017	N.H.	PRESENCE VILLA

STAFFING AVAILABILITY

DeKalb County Rehab & Nursing Center maintains and will continue to maintain staffing levels consistent with or exceeding all applicable licensure and accreditation standards and requirements.

Attached are the names of the center's current clinical leadership team. Qualified staff in all clinical disciplines have historically been and will continue to be recruited through normal recruitment avenues, including word of mouth and placement of advertisements in local and professional publications.

No unusual difficulties in the recruitment of qualified staff are anticipated as a result of the proposed project.

DeKalb County Rehab & Nursing Center Management List (Clinical Areas)

Bart Becker, CTRS, LNHA	Administrator
Star Maizonet, R.N.	Director of Nursing
Jennifer Borresen, R.N.	Assistant Director of Nursing
Amy Larson, R.N.	Director of CVS (Dementia Unit)
Mary Wiltse-Simpson, R.N.	House Supervisor
Michelle Bergeson, R.N.	Infection Control/ Education Dir.
Pam Hawbaker, R.N.	Restorative Nurse
Maggie Govea, R.N.	Case Manager
Deanna Donnelly, R.N.	Case Manager
Julie Beatty, R.N.	Care Plan Coordinator
Kris Decker, R.N.	Clinical Compliance Director
Annie Gainwell, C.O.T.A.	Director of Therapy
Dr.Sujata Morker, M.D.	Medical Director

BED CAPACITY

Upon the completion of the proposed project, DeKalb County Rehab & Nursing Center will have 208 beds, consistent with applicable IDPH licensure standards, which limit the size of a general long-term care facility to 250 beds.

PROJECT SIZE

The amount of space provided for the DeKalb County Rehab & Nursing Center is not excessive, and is necessary to ensure that the facility is providing space consistent with contemporary standards for general long-term care facilities. Upon the completion of the project, 108,763dgsf will be provided, or 523dgsf/bed, as compared to the IDPH standard of 570dgsf/bed. The 523dgsf/bed consists of 81,881dgsf of existing space plus 26,862dgsf of newly-constructed space (please see APPENDIX D).



DeKalb County Administration

200 N. Main Street ♦ Sycamore, IL 60178-1431 ♦ Phone: 815-895-1630 ♦ Fax: 815-895-7284 ♦ www.dekalbcounty.org

January 16, 2018

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

Please be advised that the DeKalb County Rehab & Nursing Center is not currently in violation of any applicable zoning ordinance, nor is it anticipated that the proposed project will be in violation of any applicable zoning ordinance.

Sincerely,

Gary H. Hanson
County Administrator

State of Illinois

County of DeKalb

Signed and attested before me on January 16, 2018 (date) by

Gary H. Hanson (name/s of person/s).


(Signature of Notary Public)

ATTACHMENT 23

ASSURANCES

With the filing of this application, it is the expectation of the applicants that the DeKalb County Rehab & Nursing Center will reach the IHFSRB-adopted utilization target by the second year following the project's completion, and maintain that level.

Gary H. Hanson
Gary H. Hanson
County Administrator
County of DeKalb

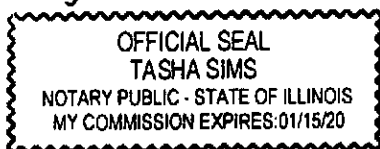
JANUARY 16, 2018

State of Illinois

County of DeKalb

Signed and attested before me on January 16, 2018 (date) by

Gary H. Hanson (name/s of person/s).



Tasha Sims
(Signature of Notary Public)

ATTACHMENT 24

MODERNIZATION

Modernization, in the form of new construction is anticipated to involve 13,649dgsf of new construction for the skilled care category of service and 60,696DGSF of renovation on the existing skilled nursing unit space, with the levels of renovation varying over the various functional components of the existing units.

The primary purpose of the new construction component is to expand DeKalb County Rehab & Nursing Center's ("DCRNC's") skilled nursing care bed capacity, and the primary purposes of the renovation components are 1) to incorporate more contemporary design features onto the existing skilled care units, therein reducing the disparity between the existing units and the proposed new unit; and 2) to perform relatively routine renovation needed to any facility over time.

DCRNC is in full compliance with applicable facility-related licensure requirements, accreditation standards, and life-safety codes; and none of the proposed renovation is in response to a condition of non-compliance.

DCRNC routinely meets/exceeds the 90% occupancy standard cited in Section 1125.210(c).



ISSUER COMMENT

27 October 2017

RATING

General Obligation (or GO Related) ¹

Aa1

No Outlook

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DeKalb County, IL

Annual Comment on DeKalb County

Issuer Profile

DeKalb County is located in central northern Illinois and the county seat of Sycamore is approximately 55 miles west of downtown Chicago. The county has a population of 104,528 and a moderate population density of 167 people per square mile. The county's median family income is \$70,256 (1st quartile) and the August 2017 unemployment rate was 4.4% (3rd quartile) ². The largest industry sectors that drive the local economy are agriculture, retail trade, health services, and manufacturing.

Credit Overview

DeKalb County has a very strong credit position, and its Aa1 rating slightly exceeds the median rating of Aa2 for US counties. Key credit factors include a robust financial position, an affordable debt burden and a somewhat inflated pension liability. The credit position also reflects an ample tax base, healthy income levels and low wealth levels.

Finances: The financial position of the county is robust and is slightly favorable with respect to the assigned rating of Aa1. The fund balance as a percent of operating revenues (79%) far exceeds the US median. However, this metric fell modestly between 2012 and 2016. Furthermore, the cash balance as a percent of operating revenues (64%) is far superior to the US median.

Debt and Pensions: DeKalb County has manageable debt and pension burdens overall, yet they are weak relative to its Aa1 rating. The net direct debt to full value (0.2%) is slightly under the US median, and did not change from 2012 to 2016. Also, the Moody's-adjusted net pension liability to operating revenues (2.5x) unfavorably is materially above the US median. Favorably, the county makes 100% of its annual required contribution.

Economy and Tax Base: The economy and tax base of the county are strong. On the other hand, they are relatively weak when compared to the Aa1 rating assigned. The full value (\$5.2 billion) is below the US median, and decreased materially between 2012 and 2016. Additionally, the median family income is a solid 106.4% of the US level. Lastly, the full value per capita (\$50,029) is below other Moody's-rated counties nationwide. The county benefits from the presence of Northern Illinois University.

Management and Governance: Illinois counties have an Institutional Framework score ³ of A, which is moderate compared to the nation. Institutional Framework scores measure a sector's legal ability to increase revenues and decrease expenditures. Most counties are non-home rule and are subject to tax rate limitations. Total operating tax yield for non-home rule entities subject to the Property Tax Extension Limitation Law (PTELL) is capped to the lesser of 5% or CPI growth, plus new construction. Revenue predictability is moderate, with varying

dependence on property, sales, and state-distributed income taxes. Expenditures, which are primarily for criminal justice, are moderately predictable. Counties have limited ability to reduce expenditures given strong public sector unions and pension benefits that enjoy strong constitutional protections.

EXHIBIT 1

Key Indicators ^{4,5} DeKalb County

	2012	2013	2014	2015	2016	US Median	Credit Trend
Economy / Tax Base							
Total Full Value	\$6,093M	\$5,591M	\$5,184M	\$5,090M	\$5,229M	\$7,552M	Weakened
Full Value Per Capita	\$58,131	\$53,343	\$49,416	\$48,788	\$50,029	\$80,731	Weakened
Median Family Income (% of US Median)	110%	110%	110%	106%	106%	94%	Stable
Finances							
Available Fund Balance as % of Operating Revenues	83.2%	84.9%	84.1%	80.9%	79.0%	31.6%	Stable
Net Cash Balance as % of Operating Revenues	81.3%	80.9%	82.2%	77.4%	64.0%	35.9%	Weakened
Debt / Pensions							
Net Direct Debt / Full Value	0.1%	0.3%	0.3%	0.3%	0.2%	0.5%	Stable
Net Direct Debt / Operating Revenues	0.19x	0.48x	0.41x	0.37x	0.34x	0.61x	Stable
Moody's-adjusted Net Pension Liability (3-yr average) to Full Value	0.9%	1.0%	1.1%	1.4%	1.8%	1.0%	Weakened
Moody's-adjusted Net Pension Liability (3-yr average) to Operating Revenues	1.46x	1.54x	1.65x	2.00x	2.52x	1.23x	Weakened
	2012	2013	2014	2015	2016	US Median	
Debt and Financial Data							
Population	104,820	104,820	104,919	104,345	104,528	N/A	
Available Fund Balance (\$000s)	\$30,180	\$30,547	\$29,915	\$29,488	\$29,292	\$20,856	
Net Cash Balance (\$000s)	\$29,470	\$29,101	\$29,262	\$28,207	\$23,713	\$22,190	
Operating Revenues (\$000s)	\$36,258	\$35,963	\$35,580	\$36,444	\$37,075	\$64,065	
Net Direct Debt (\$000s)	\$6,841	\$17,195	\$14,438	\$13,636	\$12,790	\$36,705	
Moody's Adjusted Net Pension Liability (3-yr average) (\$000s)	\$52,855	\$55,280	\$58,532	\$72,838	\$93,614	\$73,224	

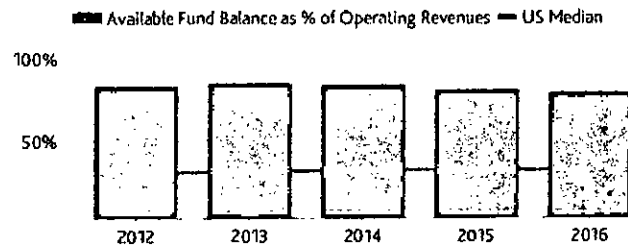
Source: Moody's Investors Service

This publication does not announce a credit rating action. For any credit ratings referenced in this publication, please see the ratings tab on the issuer/entity page on www.moodys.com for the most updated credit rating action information and rating history.

ATTACHMENT 28

EXHIBIT 2

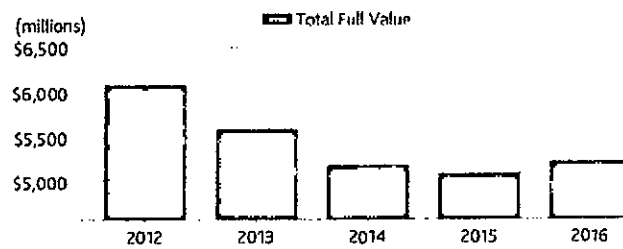
Available fund balance as a percent of operating revenues decreased from 2012 to 2016



Source: Issuer financial statements; Moody's Investors Service

EXHIBIT 3

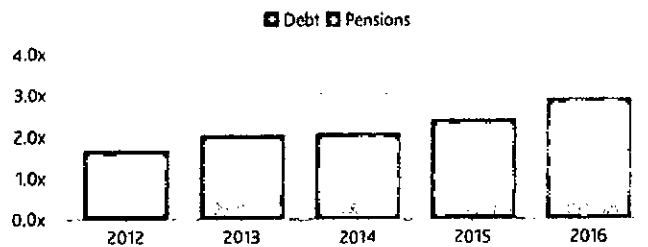
Full value of the property tax base decreased from 2012 to 2016



Source: Issuer financial statements; Government data sources; Offering statements; Moody's Investors Service

EXHIBIT 4

Moody's-adjusted net pension liability to operating revenues increased from 2012 to 2016



Source: Issuer financial statements; Government data sources; Offering statements; Moody's Investors Service

Endnotes

- 1 The rating referenced in this report is the Issuer's General Obligation (GO) rating or its highest public rating that is GO-related. A GO bond is generally backed by the full faith and credit pledge and total taxing power of the Issuer. GO-related securities include general obligation limited tax, annual appropriation, lease revenue, non-ad valorem, and moral obligation debt. The referenced ratings reflect the government's underlying credit quality without regard to state guarantees, enhancement programs or bond insurance.
- 2 The demographic data presented, including population, population density, per capita personal income and unemployment rate are derived from the most recently available US government databases. Population, population density and per capita personal income come from the American Community Survey while the unemployment rate comes from the Bureau of Labor Statistics.

The largest industry sectors are derived from the Bureau of Economic Analysis. Moody's allocated the per capita personal income data and unemployment data for all counties in the US census into quartiles. The quartiles are ordered from strongest-to-weakest from a credit perspective: the highest per capita personal income quartile is first quartile, and the lowest unemployment rate is first quartile.
- 3 The institutional framework score assesses a municipality's legal ability to match revenues with expenditures based on its constitutionally and legislatively conferred powers and responsibilities. See US Local Government General Obligation Debt (December 2016) methodology report for more details.
- 4 For definitions of the metrics in the Key Indicators Table, US Local Government General Obligation Methodology and Scorecard User Guide (July 2014). Metrics represented as N/A indicate the data were not available at the time of publication.
- 5 The medians come from our most recently published local government medians report, Medians - Tax Base Growth Reinforces Sector Stability as Pension Troubles Remain (March 2017) which is available on Moody's.com. The medians presented here are based on the key metrics outlined in Moody's GO methodology and the associated scorecard.

ATTACHMENT 28

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REPORT NUMBER 1088370



DeKalb County Administration

200 N. Main Street ♦ Sycamore, IL 60178-1431 ♦ Phone: 815-895-1630 ♦ Fax: 815-895-7284 ♦ www.dekalbcounty.org

January 16, 2018

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

A major portion of the cost associated with the DeKalb County Rehab & Nursing Center's expansion program will be addressed through a bond issuance in the name of the County of DeKalb, and to be secured in the future. Based on a recent issuance secured by the county, it is anticipated that a 20-year term will be sought at a rate of approximately 4.25%.

The proposed financing will, it is believed, result in the lowest net cost available for the project.

Sincerely,

Gary H. Hanson
County Administrator

State of Illinois

County of DeKalb

Signed and attested before me on January 16, 2018 (date) by

Gary H. Hanson (name/s of person/s).


(Signature of Notary Public)

ATTACHMENT 30B

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	A	B	C	D	E	F	G	H	
	Cost/Sq. Ft.		DGSF		DGSF		New Const. \$	Modernization \$	Total
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Reviewable									
Skilled Care Unit	\$ 230.00	\$ 75.00	13,649		60,696		\$ 3,139,270	\$ 4,552,200	\$ 7,691,470
Rehabilitation		\$ 50.00			4,915			\$ 245,750	\$ 245,750
	\$ 230.00	\$ 73.13	13,649		65,611		\$ 3,139,270	\$ 4,797,950	\$ 7,937,220
Non-Reviewable									
Resident Storage	\$ 180.00		5,200				\$ 936,000		\$ 936,000
Administrative		\$ 50.00			5,823			\$ 291,150	\$ 291,150
Dietary		\$ 30.00			4,420			\$ 132,600	\$ 132,600
General Stotrage/Maint.		\$ 20.00			1,395			\$ 27,900	\$ 27,900
Beauty Salon/Gift Shop		\$ 40.00			500			\$ 20,000	\$ 20,000
Laundry		\$ 30.00			930			\$ 27,900	\$ 27,900
Staff Areas		\$ 40.00			698			\$ 27,920	\$ 27,920
Dietary Transportation	\$ 230.00		2,400				\$ 552,000		\$ 552,000
Family/Public Areas	\$ 230.00		3,693				\$ 849,390		\$ 849,390
Canopy	\$ 100.00		1,920				\$ 192,000		\$ 192,000
	\$ 191.43	\$ 38.32	13,213		13,766		\$ 2,529,390	\$ 527,470	\$ 3,056,860
			26,862		79,377		\$ 5,668,660	\$ 5,325,420	\$ 10,994,080
Contingency	\$ 10.00	\$ 10.00					\$ 268,620	\$ 793,770	\$ 1,062,390
							\$ 5,937,280	\$ 6,119,190	\$ 12,056,470

TOTAL EFFECT OF THE PROJECT ON OPERATING COSTS
and CAPITAL COSTS

DeKalb County Rehab & Nursing Center
----Year 2 following project completion---

Projected Patient Days: 68,328

Staffing Costs:	\$10,237,949	
Medical Supply Costs:	\$76,535	
Operating Cost per Patient Day:		\$150.96
Depreciation and Amortization:	\$1,179,892	
Interest Expense	\$558,239	
Capital Costs per Patient Day		\$25.44

ATTACHMENTS 30D & 30E

68

PROJECT COST AND SOURCES OF FUNDS

	Reviewable	Non-Reviewable	Total
Project Cost:			
Preplanning Costs	\$ 100,000	\$ 35,000	\$ 135,000
Site Survey and Soil Investigation	\$ 12,000	\$ 8,000	\$ 20,000
Site Preparation	\$ 130,000	\$ 80,000	\$ 210,000
Off Site Work			
New Construction Contracts	\$ 3,139,270	\$ 4,797,950	\$ 7,937,220
Modernization Contracts	\$ 2,529,390	\$ 527,470	\$ 3,056,860
Contingencies	\$ 792,600	\$ 269,790	\$ 1,062,390
Architectural/Engineering Fees	\$ 550,000	\$ 185,000	\$ 735,000
Consulting and Other Fees	\$ 150,000	\$ 100,000	\$ 250,000
Movable and Other Equipment (not in construction contracts)	\$ 775,000	\$ 337,000	\$ 1,112,000
Net Interest Expense During Construction Period	\$ 815,029	\$ 301,449	\$ 1,116,478
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized	\$ 900,000	\$ 300,000	\$ 1,200,000
Acquisition of Building or Other Property			
TOTAL USES OF FUNDS	\$ 9,893,289	\$ 6,941,659	\$ 16,834,948
Sources of Funds:			
Cash and Securities	\$ 800,000	\$ 200,000	\$ 1,000,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)	\$ 9,093,289	\$ 6,741,659	\$ 15,834,948
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$ 9,893,289	\$ 6,941,659	\$ 16,834,948

PROJECT COSTS and SOURCES OF FUNDS

PROJECT COSTS

Pre-Planning Costs		
Market Analyses	\$65,000	
Cost Estimating	\$45,000	
Misc./Other	<u>\$25,000</u>	
		\$135,000
Site Survey & Soil Investigation		
Soil Investigation	\$15,000	
Misc./Other	<u>\$5,000</u>	
		\$20,000
Site Preparation		
Landscaping	\$60,000	
Parking/Road & Walk-ways	\$40,000	
Exterior Lighting/Signage	\$90,000	
Misc./Other	<u>\$20,000</u>	
		\$210,000
New Construction		
Per APPENDIX D		\$7,937,220
Modernization		
Per APPENDIX D		\$ 3,056,860
Contingencies		
New Construction-Related	\$268,620	
Renovation-Related	<u>\$ 793,770</u>	
		\$1,062,390
Architectural & Engineering Fees		
Preliminary Renderings	\$20,000	
Design	\$560,000	
Engineering	\$70,000	
Reg. Agency Interaction	\$10,000	
Project Monitoring	\$10,000	
Reimbursables	\$15,000	
Misc./Other	<u>\$50,000</u>	
		\$735,000
Consulting and Other Fees		
Legal	\$10,000	
CON-Related	\$75,000	
Reg. Approvals, other	\$10,000	
Local Permitting	\$5,000	
Interior Design	\$30,000	
Insurance	\$30,000	
Commissioning	\$20,000	
Equipment Planning	\$20,000	
Misc./Other	<u>\$50,000</u>	
		\$250,000
Moveable Equipment		
Skilled Care Unit-New	\$117,000	
Skilled Care Units-Existing	\$458,000	
Rehabilitation	\$200,000	
Administration	\$70,000	
Dietary	\$200,000	
Other Non-Reviewable	<u>\$67,000</u>	
		\$ 1,112,000
Construction Period Interest		\$ 1,116,478

PROJECT COSTS and SOURCES OF FUNDS

Other Costs to be Capitalized

Bond Issuance	\$150,000	
Generator Upgrades	\$625,000	
Chiller Upgrades	<u>\$425,000</u>	
		\$1,200,000

TOTAL COST **\$16,834,948**

SOURCES OF FUNDS

Cash and Securities	\$1,000,000	
Bond Issuance	<u>\$ 15,834,948</u>	

TOTAL SOURCES OF FUNDS **\$16,834,948**

6 P

Related Project Costs

APPENDIX B

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 ☐ Yes ☒ No

Purchase Price: \$ _____

Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service

☐ Yes ☒ 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 \$ _____.

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

- ☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): _ March 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.

Cost Space Requirements

		Gross Square Feet		Amount of Proposed Total Square Feet			
				That is:			
Dept./Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Reviewable							
Skilled Care Unit	\$ 9,346,490	61,659	75,308	13,649	60,696	963	
Rehabilitation	\$ 546,799	4,915	4,915		4,915		
	\$ 9,893,289	66,574	80,223	13,649	65,611	963	
Non-Reviewable							
Resident Storage	\$ 1,251,914		5,200	5,200			
Administrative	\$ 984,166	5,823	5,823		5,823		
Dietary	\$ 627,666	4,420	4,420		4,420		
General Stotrage/Maint.	\$ 372,153	1,395	1,395		1,395		
Beauty Salon/Gift Shop	\$ 46,942	888	888		500	388	
Laundry	\$ 163,883	930	930		930		
Staff Areas	\$ 85,272	698	698		698		
Dietary Transportation	\$ 1,049,499		2,400	2,400			
Family/Public Areas	\$ 1,943,665		3,693	3,693			
Canopy	\$ 416,500		1,920	1,920			
Receiving		750	750			750	
Mechanical		403	403			403	
	\$ 6,941,659	15,307	28,520	13,213	13,766	1,541	
	\$ 16,834,948	81,881	108,743	26,862	79,377	2,504	

71

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:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
		Applicant/Co-applicant Identification including Certificate of Good Standing	25
1		Site Ownership	26
2		Operating Identity/Licensee	
3		Organizational Relationships	27
4		Flood Plain Requirements	28
5		Historic Preservation Act Requirements	29
6			
		General Information Requirements	
10		Purpose of the Project	30
11		Alternatives to the Project	40
		Service Specific - General Long-Term Care	
12		Background of the Applicant	41
13		Planning Area Need	44
14		Establishment of General LTC Service or Facility	45
15		Expansion of General LTC Service or Facility	
16		Variances	
17		Accessibility	
18		Unnecessary Duplication/Maldistribution	
19		Staffing Availability	51
20		Bed Capacity	53
21		Community Relations	
22		Project Size	54
23		Zoning	55
24		Assurances	56
25		Modernization	57
		Service Specific - Specialized Long-Term Care	
26		Specialized Long-Term Care – Review Criteria	
		Financial and Economic Feasibility:	
27		Availability of Funds	
28		Financial Waiver	58
29		Financial Viability	
30		Economic Feasibility	63
		APPENDICES	
A		Project Costs and Sources of Funds	66
B		Related Project Costs	69
C		Project Status and Completion Schedule	70
D		Cost/Space Requirements	71

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

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JAN 24 2018

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

by FedEx

January 23, 2018

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

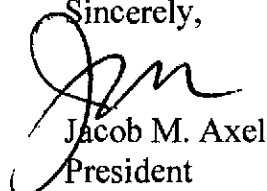
Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Need ("CON") application addressing the modernization and expansion of DeKalb County Rehab & Nursing Center, and being filed on behalf of applicants County of DeKalb and County of DeKalb d/b/a DeKalb County Rehab & Nursing Center.

The application is accompanied with a check, in the amount of \$2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,



Jacob M. Axel
President

enclosures