

[ORIGINAL]**LONG-TERM CARE
APPLICATION FOR PERMIT****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**
This Section must be completed for all projects.**DESCRIPTION OF PROJECT**

AUG 20 2018

Project Type

[Check one]

[check one]

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

☒ General Long-term Care	☒ Establishment of a new LTC facility
☐ Specialized Long-term Care	☐ Establishment of new LTC services
	☐ Expansion of an existing LTC facility or service
	☐ Modernization of an existing facility

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.

Franciscan Ministry proposes to establish a one story wood framed building (approximately 45,750 square feet) connected to the north and west sides of the existing Meadows at Mercy Creek Assisted Living community located at 1501 Mercy Creek Drive, Normal, Illinois. This community is currently owned by the Meadows Mennonite Retirement Community, INC; however, Franciscan Ministries plans to assume ownership of the Meadows at Mercy Creek Assisted Living community, which once owned will be known as the Village at Mercy Creek. The new building will be home to forty private skilled nursing care (SNF) beds, split into two small house neighborhoods of 20 beds each. Contiguous to these 40 beds will be 16 private assisted living memory care (ALMC) apartments designed to skilled care regulations (1-2 occupancy) but operated as a household of assisted living memory care. The architecture of the new nursing care facility will complement the existing assisted living building.

Franciscan Ministries is not proposing to add additional nursing beds to the market, but rather to decrease 40 beds from the Chenoa skilled nursing facility, (located in Chenoa, Illinois and also owned by the Meadows Mennonite Retirement Community, Inc.) and transfer them to the proposed new project. Presently, the Chenoa facility has 116 skilled beds which will be reduced to 76 if the project proposal is approved. The Meadows Mennonite Retirement Community, Inc. is in the process of selling their Chenoa property, and the Asset Purchase Agreement (APA) is currently being negotiated between buyer and seller. This transaction is unrelated to Franciscan Ministries.

The estimated cost of this project will be \$19,210,000.00. Funding for this project will come from Bond Funds.

This application is for the establishment of a new facility; thus, this project is classified as "Substantive" according to the 77 Illinois Administrative Code, Chapter II, Section 1110.140b of subchapter a.

Facility/Project Identification

Facility Name: The Village at Mercy Creek			
Street Address: 1501 Mercy Creek Drive			
City and Zip Code: Normal, IL 61761			
County:	McLean	Health Service Area:	4 Health Planning Area: McLean

Applicant /Co-Applicant Identification**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: The Village at Mercy Creek	
Address: 1501 Mercy Creek Dr. Normal, Illinois 61761	
Name of Registered Agent: CT Corporation	
Chief Executive Officer: Judy Amiano	
CEO Address: 11500 Theresa Dr. Lemont, IL 60439	
Telephone Number: 866-286-8430	

Type of Ownership (Applicant/Co-Applicants)

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐ Other

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

Appended as **ATTACHMENT 1** shows the Certificate of Good Standing. Franciscan Ministries, as sponsored by The Franciscan Sisters of Chicago, will be the Owner of the proposed site and building.

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: Deborah Brown
Title: Health Care Consultant
Company Name: Franciscan Advisory Services, Inc.
Address: 11500 Theresa Lane
Telephone Number: 331-318-5191
E-mail Address: dlbrown@franciscanministries.org
Fax Number: 331-318-5120

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

Name: John D Glover
Title: Chief Operating Officer
Company Franciscan Ministries
Address: 11500 Theresa Dr.
Telephone Number: 331 318 5115
E-mail Address: jglover@franciscanministries.org
Fax Number: 331 318 5120

Post Permit Contact

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

Name: Deborah Brown
Title Director of Operations
Company Name: Franciscan Ministries
Address: 11500 Theresa Dr
Telephone Number: 331318 5191
E-mail Address: dlbrown@franciscanministries.org
Fax Number: 331 318 5120

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site: Owner Franciscan Ministries as sponsored by The Franciscan Sisters of Chicago
Address of Site Owner: 11500 Theresa Dr Lemont, IL 60439
Legal Description of Site: SEC 06-26-4E PT SE-BEG INT E LN SE & N LN RR, W1861.19', N550 14', NE21', SE187.8', SE168', NE100', NE168.36', N620', E TO A PT 1209.52'W & 283' S NE COR SE, S1205.7', E942.76', NE65.45', NE43.08', NE109.08', S175' TO POB
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.
Appended as ATTACHMENT 2 is a notarized statement of the Corporation attesting to Ownership.
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: The Village at Mercy Creek			
Address: 1501 Mercy Creek Dr, Normal, IL 61761			
☒	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☐	Limited Liability Company	☐	Sole Proprietorship ☐ 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. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
Franciscan Ministries, as sponsored by the Franciscan Sisters of Chicago, will be the owner of the proposed site and building. The entity's Illinois Certificate of Good Standing is appended as ATTACHMENT 3 .			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

Appended as **ATTACHMENT 4** is the Organizational Chart of Franciscan Ministries, the owner for the proposed project known as The Village at Mercy Creek.

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>).

Appended as **ATTACHMENT 5A** are FIRM MAPS printed from www.FEMA.gov illustrating that the proposed site is not within a special flood hazard area.

x

Appended as **ATTACHMENT 5B** is a letter from BLDD Architects attesting that the site designated for the proposed SNF will not be located within a flood plain.

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.

Appended as **ATTACHMENT 6** is a letter from Rachel Leibowitz, Deputy State Historic Preservation Officer of the Illinois Historic Preservation Agency, stating that "no significant historic, architectural or archaeological resources are located within the proposed project area."

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:

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

This Application for Permit is filed on the behalf of The Village at Mercy Creek 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.

Judy Amiano
SIGNATURE

Judy Amiano
Chief Executive Officer

SIGNATURE

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15th day of AUGUST 2018

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Denise L. Boudreau
Signature of Notary

Signature of Notary



Seal

Seal

*Insert EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

The proposed project will re-position 40 beds of nursing into the Normal, McLean County, Illinois marketplace. The proposed location of this project is located on/adjacent to an existing senior services community that has been operational in excess of 10 years.

The proposed project will not only improve overall access, but it will also improve access to quality services. Within the existing 30-mile PMA, there are 13 operational facilities totaling 1,227 beds. Of the 1,227 operational beds, 16% of the beds are located in facilities with a 1-Star Rating, and 47% of the beds are located within facilities with a 2-Star Rating. Overall, 63% of the operational skilled nursing beds within the 30 mile PMA operate with a 2- Star Rating, limiting access to quality care. Within the scope of health inspections, 53% of the 1,227 beds are located in facilities with a 1-Star Rating, and 28% of the operational beds are located in facilities with a 2-Star rating (totaling 81% of the 1,227 beds). Overall, residents within the 30-mile PMA have access to only 188 beds with a 3-Star Rating or greater, compromising their access to quality care. In addition, within the 30-mile PMA, 95% of the operational beds are located in facilities in excess of 35 years old. Medicare utilization per community in the 30-mile PMA averages 10%. Three facilities representing 29% of the operational bed capacity within the 30-mile PMA capture 56% of this market share, of which two have an overall 2-Star Rating. In addition, there is a projected 10% increase in the population that will have a need for Medicare services by 2019.

Based on reported hospital re-admission rates (20.28 % -2017 Annual PMA average) , the two primary referring hospitals experienced rates in excess of their targeted range in three of the seven diagnoses monitored by CMS: COPD, pneumonia, and coronary artery bypass graft (CABG), which impacts the quality of life and care of the targeted demographic within the 30-mile PMA. Based on this information, there is an evident need of a provider who has benchmarked success in the reduction of re-admission rates.

The request to re-allocate 40 beds within the 30-Mile PMA is consistent with the market potential showing the ability to increase the beds within the 30-Mile PMA by 5. The re-positioning of these beds is actually of benefit to the greater market. 64% of the beds within the PMA are located within a 10 mile radius of the two primary referring hospitals. Furthermore, within the 10-mile radius, three (3) facilities receive 51% of the market share, of which 20% receive services in a facility with a Star Rating of 2 or less.

Based on this information there is a need for greater access to quality care specific to Medicare driven facilities.

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

The applicant defines the PMA as follows:

All cities, towns, and municipalities within a 30 mile radius of the proposed re-position location

(1150 Mercy Creek Drive, Normal, IL) including 39 census tracts in McLean County and census tract 307 in Woodford County.

The proposed location for the 40-bed re-position has physical accessibility to necessary utilities, proper zoning and compatibility with surrounding land issues, accessibility to full service and emergency healthcare, fire and safety services (Fire and Police – 5 miles, Full Service Hospital – 6 miles).

The proposed re-position location is accessible by the following major highways and thoroughfares: Interstate highways 39, 55 and 74 converge on the south side of Bloomington and divide again on the north side of Normal, I-55 follows Route 66-Illinois, and Veterans Parkway.

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

Multiple demographic and healthcare issues impact the market contained within the 30-mile PMA.

Within the target demographic, there is an expectation of growth within the 30-mile PMA, as the target

Population is projected to increase 1.2% by 2020 and 4.7% by 2030.

Population by Age

Age	2015	2020	2025	2030	2035
65-69	6,863	8,664	9,479	9,462	8,482
70-74	4,753	6,357	7,813	8,525	8,484
75-79	3,369	4,144	5,700	6,995	7,629
80-84	2,476	2,617	3,248	4,460	5,489
85+	2,911	2,931	3,113	3,635	4,489

Projected Population Average Annual Rate of Change

Age/Year	2015-2020	2020-2025	2025-2030	2030-2035
65-69	5.2%	1.9%	0.0%	-2.1%
70-74	6.7%	4.6%	1.8%	-0.1%
75-79	4.6%	7.5%	4.5%	1.8%
80-84	1.1%	4.8%	7.5%	4.6%
85+	0.1%	1.2%	3.4%	4.7%

The Median net worth of the targeted demographic within the 30-mile PMA is \$200,598 and is projected to increase within this demographic by 2020 to \$211,611. It is also projected that over 26% of all households with residents 75 years of age or greater within the 30-mile PMA will have a net worth of \$500,000 or greater. These statistics show that there is not only a demographic need, but also the capacity to financially sustain.

Additionally, within the 30-mile PMA and McLean County, an increase was noted in Medicare Advantage Plans (21 total). Each of these plans will provide value-based payment models that will impact the proposed 40-bed repositioning project.

The competitive landscape within the 30-mile PMA consists of the following 13 facilities:

Facility Name	Distance	Facility Age	Star Rating	# of Beds	% of Market Share
Aperion Care	2.1	40	1	117	10%
Bloomington Rehab	3.5	48	1	78	6%
Heartland of Normal	0.7	48	2	116	9%
Heritage of Bloomington	2.4	54	5	111	9%
Heritage of El Paso	19	45	5	65	5%
Heritage of Normal	0.7	38	2	141	11%
Leroy Manor	20.5	38	2	102	8%
Luther Oaks	6.1	11	NR	18	1%
McClean County	0.8	48	3	150	12%
Meadows Mennonite	23.4	95	2	116	9%
St. Joseph Medical Center	3.6	5	5	12	0%
Westminster Village	4.5	40	4	78	6%
El Paso Health Care Center	19.6	40	2	123	10%

As demonstrated by the chart above, 63% of the skilled nursing facilities within the 30-mile PMA have CMS star ratings at or below two (2) stars. 95% of all skilled nursing facilities within the 30-mile PMA are in facilities in excess of 35 years of age. These factors have not created a healthcare crisis or epidemic yet; however, as the trend of patients admitting to healthcare centers with more complex diagnoses and acute co-morbidities increases, along with the projected growth in senior populations, the potential for a crisis becomes more likely

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

Appended as **ATTACHMENT 10A** is a map identifying the location of the proposed facility, the 20 minute market contour, location of other area nursing facilities and corresponding zip code area.

Appended as **ATTACHMENT 10B** is the listing of Zip codes within the 30-minute market contour for the proposed project.

Appended as **ATTACHMENT 10C** is a summary list of nursing facilities identified within the 30-minute market area contour, their number of nursing beds, and travel times to the proposed site.

Appended as **ATTACHMENT 10D** is the State's 2017 IDPH Inventory of Health Care Facilities and Services and Need Determination by Planning Area, page A-50, Health Service Area 4.

Appended as **ATTACHMENT 10E** is the Long Term Care Facility Update (January 10, 2018) to the 2017 IDPH Inventory of Health Care facilities and Services and Need Determinations.

Appended as **ATTACHMENT 10F** are the 2016 IDPH, Long-Term Care Facility Questionnaires for the facilities within the total proposed market area contour, the 30 minute drive time contour adjusted per the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1100, 510(d).

Appended as **ATTACHMENT 10G**, are the Illinois Department of Public Health Nursing Homes in Illinois Facilities information pages providing documentation of the Medicare/Medicaid certified beds for facilities within the 30-minute market area contour.

Appended as **ATTACHMENT 10H** is a summary list of the facilities within the 30-minute market area contour. This list documents beds by type and payor source.

Appended as **ATTACHMENT 10I** is a Market Study, commissioned by the Applicant and performed by PMD Advisory Services, exploring demand for the proposed project.

Appended as **ATTACHMENT 10J** are the 2017 profiles of the four related facilities in Illinois.

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

Within Franciscan Ministries, 73% of all skilled nursing beds are housed in facilities with a Four-Star rating or greater. Organizationally, benchmarked success is evident in outcomes and customer experience which is of great need within the 30-mile PMA.

Within the market place between the two primary hospitals, re-admission rates for heart failure did not exceed the national average of 21.9% but were very close. COPD diagnoses at St. Joseph Hospital exceeded the national average of 20.0% for Medicare re-admissions, and St. Joseph Hospital also exceeded the national average rate of re-admissions for CABG at a rate of 15.4%. This snapshot of re-admission deficiencies is in correlation to the number of admissions discharged to the beds in the market place that represent beds found within Two-Star facilities. Keeping in mind that the national benchmark for re-admission rates is 17.3%, the following chart illustrates Franciscan Ministries' performance in each of their Illinois facilities with respect to the cardiac, neurological, orthopedic and pulmonary arenas:

	Cardiac	Orthopedic	Pulmonary	Neurologic
Addolorata Villa	3%	16%	10%	6%
Franciscan Village	13%	17%	5%	9%
St. Joseph Village	11%	15%	2%	14%
Village at Victory Lakes	12%	18%	14%	7%

As this chart demonstrates, Franciscan Ministries has a proven track record in successfully managing hospital re-admissions and as such, it will manage patient care with the goal of addressing and/or improving the previously referenced issues as well as the population's health and well-being.

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

Based on industry trends and currently existing partnerships with Accountable Care/Post-Acute Care Networks, a paramount goal is to improve the quality and continuity of care within the market place. As evidenced by the number of skilled nursing beds housed in facilities with a Two-Star rating or less, there is a strong need for a new partner in the market place that can provide consistent outcomes and services at or above the Four-Star benchmark.

The proposed re-positioned 40 bed allotment will impact the market as follows:

Timeline	Opportunity	Action	Outcome
January	Healthcare & Community Introduction	Letter/Meeting/On-site	Positioning of the healthcare center
February	Healthcare & Community Relations		
March	Healthcare & Community Relations		
April	Healthcare & Community Relations		
May	Healthcare & Community Relations		
June	Healthcare & Community Relations	Admissions Accepted	7.5% (3) Occupancy
July	Healthcare & Community Relations	Admissions Accepted	12% (5) Occupancy
August	Healthcare & Community Relations	Admissions Accepted	17% (7) Occupancy
September	Healthcare & Community Relations	Admissions Accepted	22% (9) Occupancy
October	Healthcare & Community Relations	Admissions Accepted	30% (12) Occupancy
November	Healthcare & Community Relations	Admissions Accepted	37.5% (15) Occupancy
December	Healthcare & Community Relations	Admissions Accepted	42% (17.7) Occupancy

2020-Market Stabilization

2021 at a census of 35 (or 88% occupancy) - exceeding current market place averages

Timeline	Opportunity	Action	Outcome
January	Healthcare & Community Introduction	Admissions Accepted	42.5% (17) Occupancy
February	Healthcare & Community Relations	Admissions Accepted	42.5% (17) Occupancy
March	Healthcare & Community Relations	Admissions Accepted	45% (18) Occupancy
April	Healthcare & Community Relations	Admission Accepted	47.5% (19) Occupancy
May	Healthcare & Community Relations	Admission Accepted	52.5% (21) Occupancy
June	Healthcare & Community Relations	Admissions Accepted	57.5% (23) Occupancy
July	Healthcare & Community Relations	Admissions Accepted	62.5% (25) Occupancy
August	Healthcare & Community Relations	Admissions Accepted	67.5% (27) Occupancy
September	Healthcare & Community Relations	Admissions Accepted	72.5% (29) Occupancy
October	Healthcare & Community Relations	Admissions Accepted	77.5% (31) Occupancy
November	Healthcare & Community Relations	Admissions Accepted	82.5% (33) Occupancy
December	Healthcare & Community Relations	Admissions Accepted	88% (35) Occupancy

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.

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.

Given the market demand for skilled beds, it would make no sense to propose a project of greater scope. On the other hand, a project of lesser scope would not be financially feasible. Other market considerations include a relatively low number of private beds in the identified skilled nursing competitors in the area as well as a low number of skilled providers with religious affiliations. It should also be noted that few competitors, if any, have a CMS star rating of four stars or above. Every skilled nursing facility within Franciscan Ministries is currently rated as five stars.

The proposed project would offer a state-of-the-art skilled nursing facility with all private beds, which would enhance resident dignity and provide an overall quality-driven patient experience. This health care center would be designed as a transitional unit for the consumer looking for a short-term stay, whether it be rehab to home or remediation of medically complex issues, such as CHF (chronic heart failure), pneumonia or COPD (chronic obstructive pulmonary disorder). The facility would appeal to both residents already living on campus as well as the senior population from the surrounding community.

In addition to the quality care it would provide, this proposed project would be a faith-based ministry and as such, would continue to promote and support the mission of the legacy sponsor, the Mennonite Retirement Community. Franciscan Ministries, a Catholic organization, would work to enmesh its values with those of the Mennonite Community to provide a Christian environment with a strong spiritual base.

Based on these considerations, it is felt that the proposed project would be the best alternative in meeting the consumers' treatment/care needs in a caring, mission-driven setting.

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
☒ General Long-Term Care	0	40
☐ Specialized Long-Term Care		
☐		

*Existing number of beds as authorized by IDPH and posted in the "LTC Bed Inventory" on the HFSRB website (www.hfrsb.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
☒ General Long Term Care	2018	0	0
☐ 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
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Modernization	.650(a)	Deteriorated Facilities
	.650(b) & (c)	Documentation
	.650(d)	Utilization
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule

	Appendix D	Project Status and Completion Schedule

SPECIALIZED LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	Subject
Establishment of LTC Developmentally Disabled – (Adult)	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(g)	Establishment of Beds – Developmentally Disable -Adult
	.720(j)	State Board Consideration of Public Hearing Testimony
	.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

Establishment of LTC Developmentally Disabled - Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.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

Establishment of Chronic Mental Illness	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(f)	Zoning
	.720(g)	Establishment of Chronic Mental Illness

	.720(j)	State Board Consideration of Public Hearing Testimony
	.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

Establishment of Long Term Medical Care for Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(e)	Long-Term Medical Care for Children-Category of Service
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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

submitted information, as needed, to update and/or clarify data.

Appended as **ATTACHMENT 12A** are listings of all healthcare facilities owned by the Applicant including licensing information.

Appended as **ATTACHMENT 12B** is the documentation of adverse action taken against two owned facilities during the prior three years to the filing of the application. Included are the detailed findings of the violations, corresponding plans of corrections, and evidence of State clearance. Also included is a notarized letter from the owner's CEO, attesting to these actions.

Appended as **ATTACHMENT 12C** is a letter authorizing 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.

Only one application for permit has been submitted, so **ATTACHMENT 12D** is not applicable.

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.

According to the January 10, 2018 update to the 2015 Inventory of Health Care Facilities and Services and Need Determinations, the Board's website (hard copy appended as **ATTACHMENT – 13A**), identifies an excess of 69 beds in McLean County; however, as mentioned in the project's general description, the intent is to transfer 40 of the currently existing SNF beds from the Chenoa campus of the Meadows Mennonite Retirement Community, Inc. to the new skilled nursing facility being proposed on The Village at Mercy Creek campus. As a result, the project is not adding any new beds to the marketplace.

The proposed project for establishment of a nursing home addition on The Village at Mercy Creek campus will take approximately six (6) months to receive its permit, if approved. Once approved, the development time will range from eighteen months to two (2) years to include architectural approval, bidding, permitting, construction, Certificate of Occupancy, and the licensing survey/approval process. For this project, the Applicant has estimated that the building will be opened and licensed in 2020; therefore, the first full year at target utilization is projected to be 2022.

Although the project will not be adding beds to the marketplace, in 2016, the Applicant commissioned PMD Advisory Services to perform a market analysis to determine if there was a need for additional nursing services in McLean County through 2019. The hard copies appended as **ATTACHMENT – 13B** reflect the demand calculation for Medicare, Medicaid and Private Pay/Other. Despite the fact that the net demand was not significant, of the total 966 nursing beds in the designated market area, 708 (or 73%) are in facilities with a Quality Star rating of less than three (3). The Applicant believes, as does PMD, that this project should be able to capture market share from these poorly performing communities. The hard copy appended as **ATTACHMENT – 13C** lists the other nursing facilities in the defined market area, their 2015 patient days and the projected population sizes/planned patient days of the general health service area for 2020.

The hard copy appended as **ATTACHMENT – 13D** outlines the population projections for McLean County by age and sex from 2010 through 2025. For the age groups 70 through 85+, the trend reflects a significant increase in the senior sector over the next five (5) to ten (10) years, demonstrating a potential continued or even increased need for post-acute care in the future.

Through the signing of this application, the Applicant attests that the primary purpose of this project is to serve primarily the residents of McLean County. As documented in the market analysis (appended as **ATTACHMENT – 10I**), 80-90% of the need comes from the primary service area. As such, the majority of the proposed facility patients will be derived from the Planning Area.

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

- 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.
- 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.

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.

Appended as **ATTACHMENT 14A** is the number of referrals to other facilities for Skilled Nursing admits from local referring hospitals.

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.

Appended as **ATTACHMENT 14B** are letters from referral sources that attest to the information requested above.

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:
 - 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 address
4. 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.

Appended as **ATTACHMENT 14C** is a current list of all approved Certificate of Need applications that are deemed complete.

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:

- a. The applicant shall define the facility's market area based upon historical resident/patient origin data by zip code or census tract;

Appended as **ATTACHMENT 14D** is the list of facilities within 30 miles with zip corresponding zip codes.

- 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;

Appended as **ATTACHMENT 14E** is the current population for McLean County.

- 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;

Appended as **ATTACHMENT 14F** are projections through 2020 for births and deaths in McLean County.

- 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

Appended as **ATTACHMENT 14G** are the population projections for Illinois Counties by Age and Sex from 2010-2025.

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).

Due to this project being an establishment of a new facility, this section is not applicable.

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.

As the applicant is not proposing a continuum of care project, this section is not applicable.

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.

The proposed project is not restricting its admissions to a defined population of a religious, fraternal or ethnic nature. Therefore, this section is not applicable.

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

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

- o The absence of the proposed service within the planning area;
- o 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;

Appended as **ATTACHMENT – 17A** is a chart illustrating the market area facilities (roughly 30-minute travel time or shorter), their respective certified Medicare and Medicaid beds and % payor mix. The data clearly shows that only 93 (or 8%) of the total beds available are Medicare-certified. Additionally, two of the communities in the market area – both of which are 15-minutes travel time or shorter – have no Medicaid capability. Although not related to payor source, it

should also be emphasized that only three (3) communities (or 25%) in the market area have Star Ratings of four (4) stars, which suggests that quality of care, in addition to payor source, can be market differentiators here and are evidence of access limitations in the PMA for The Village at Mercy Creek.

- 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;

Appended as **ATTACHMENT 17-B** is a listing of the names, locations and bed counts for other service providers in the planning area. Appended as **ATTACHMENT 17-C** is a listing of the facilities and their respective utilization rates.

- b. Patient/resident location information by zip code;

As the proposed project is for the establishment of a new service, there are no existing patients, so this requirement is not applicable.

- c. Independent time-travel studies;

Appended as **ATTACHMENT 17-D** is a compilation of individual MapQuest time-travel studies for each of the service providers in the planning area.

- d. Certification of a waiting list;

Since the project is for the establishment of a new service, there are no existing patients; therefore, a waiting list is not applicable at this time.

- e. Admission restrictions that exist in area providers;

The Applicant has attested to access limitations due to payor source and quality of care of the other service providers in the planning area (please see **ATTACHMENT 17-A**), not to admission restrictions; therefore, this requirement is not applicable.

- f. An assessment of area population characteristics that document that access problems exist.

Appended as **ATTACHMENT 17-E** is a Senior Market Profile, delineating population characteristics for 2015 and the projection year of 2020 for the Mercy Creek PMA. This profile, as compiled by PMD Advisory Services, focuses on the age groups beginning at 55 years.

- g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see www.hfsrb.illinois.gov).

Appended as **ATTACHMENT 17-F** is a copy of the 2015 IDPH Inventory of Health care Facilities and Services and Need Determinations for McLean County as well as the Illinois Long-Term Care Data Summary for the McLean County Health Service Area for Calendar year 2015.

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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.

Appended as **ATTACHMENT 18** is a list of all zip codes, total population, and names and locations of LTC facilities located within 30 minutes of the project site.

2. The applicant shall document that the project will not result in maldistribution of services.

This 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.

The proposed project will not lower the utilization of other area providers below the occupancy standards that are specified in Section 1125.210(c) and will not lower, to a further extent, the utilization of other facilities that are currently 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.

Appended as **ATTACHMENT 19** is the Staffing Availability proposal for the project.

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.

As this project has not been completed, this above documentation is not applicable.

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.

Appended as **ATTACHMENT 20** is the following statement of attestation: The proposed project known as The Village at Mercy Creek is for the establishment of a 40 bed nursing care facility. Upon completion, the licensed bed capacity will be 40 nursing care beds; therefore, the proposed project is compliant with criterion 1125.600.

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.

Appended as **ATTACHMENT 21** are letters of endorsements for the proposed project.

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.

Appended as **ATTACHMENT 22** is a description of the bed size for the proposed project.

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.

Appended as **ATTACHMENT 23** is a report from BLDD Architects showing that the property to be utilized has been zoned for the type of facility to be developed.

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.

The beds that are approved will be based upon the representations for continuum of care (Section 1125.560) and will provide assurance that the admissions that are specified in this application will remain for the life of the facility. It is the understanding that to eliminate or modify the admissions, prior approval of HFSRB will be required.

Appended as **ATTACHMENT 24** is a notarized letter attesting to the standards specified in Section 1125.210(c).

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

#1 signed statement on letterhead with Ludy's name make statement will be excepting admission externally so #2 does not apply

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).

As the project does not involve modernization of a category of LTC services, this section is not applicable.

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

SPECIALIZED LONG-TERM CARE

Criterion 1125.720 - Specialized Long-Term Care – Review Criteria

This section is applicable to all projects proposing specialized long-term care services or beds.

1. Community Related Functions

Read the criterion and submit the following information:

- a. a description of the process used to inform and receive input from the public including those residents living in close proximity to the proposed facility's location;
- b. letters of support from social, social service and economic groups in the community;
- c. letters of support from municipal/elected officials who represent the area where the project is located.

2. Availability of Ancillary and Support Services

Read the criterion, which applies only to ICF/DD 16 beds and fewer facilities, and submit the following:

- a. a copy of the letter, sent by certified mail return receipt requested, to each of the day programs in the area requesting their comments regarding the impact of the project upon their programs and any response letters;
- b. a description of the public transportation services available to the proposed residents;
- c. a description of the specialized services (other than day programming) available to the residents;
- d. a description of the availability of community activities available to the facility's

residents.

- e. documentation of the availability of community workshops.

3. Recommendation from State Departments

Read the criterion and submit a copy of the letters sent, including the date when the letters were sent, to the Departments of Human Services and Healthcare and Family Services requesting these departments to indicate if the proposed project meets the department's planning objectives regarding the size, type, and number of beds proposed, whether the project conforms or does not conform to the department's plan, and how the project assists or hinders the department in achieving its planning objectives.

4. Long-term Medical Care for Children Category of Service

Read the criterion and submit the following information:

- a. a map outlining the target area proposed to be served;
- b. the number of individuals age 0-18 in the target area and the number of individuals in the target area that require the type of care proposed, include the source documents for this estimate;
- c. any reports/studies that show the points of origin of past patients/residents admissions to the facility;
- d. describe the special programs or services proposed and explain the relationship of these programs to the needs of the specialized population proposed to be served.
- e. indicate why the services in the area are insufficient to meet the needs of the area population;
- f. documentation that the 90% occupancy target will be achieved within the first full year of

5. Zoning

Read the criterion and provide a letter from an authorized zoning official that verifies appropriate zoning.

6. Establishment of Chronic Mental Illness

Read the criterion and provide the following:

- a. documentation of how the resident population has changed making the proposed project necessary.
- b. indicate which beds will be closed to accommodate these additional beds.
- c. the number of admissions for this type of care for each of the last two years.

7. Variance to Computed Bed Need for Establishment of Beds for Developmentally Disabled Placement of Residents from DHS State Operated Beds

Read this criterion and submit the following information:

- a. documentation that all of the residents proposed to be served are now residents of a DHS facility;
- b. documentation that each of the proposed residents has at least one interested family member who resides in the planning area or at least one interested family member that lives out of state but within 15 miles of the planning area boundary where the facility is or will be located;
- c. if the above is not the case then you must document that the proposed resident has

lived in a DHS operated facility within the planning area in which the proposed facility is to be located for more than 2 years and that the consent of the legal guardian has been obtained;

- d. a letter from DHS indicating which facilities in the planning area have refused to accept referrals from the department and the dates of any refusals and the reasons cited for each refusal;
- e. a copy of the letter (sent certified--return receipt requested) to each of the underutilized facilities in the planning area asking if they accept referrals from DHS-operated facilities, listing the dates of each past refusal of a referral, and requesting an explanation of the basis for each refusal;
- f. documentation that each of the proposed relocations will save the State money;
- g. a statement that the facility will only accept future referrals from an area DHS facility if a bed is available;
- h. an explanation of how the proposed facility conforms with or deviates from the DHS comprehensive long range development plan for developmental disabilities services.

As this project does not involve specialized long term care, this section is not applicable.

APPEND DOCUMENTATION AS ATTACHMENT-26 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:**

7,330,000	a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 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;
11,880,000	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: 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.
19,210,000	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.

Appended as **ATTACHMENT 28** is the Financial Viability Schedule.

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

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:	FY 2015	FY 2016	FY 2017	FY 2022
Current Ratio	5.83	7.29	8.14	8.06
Net Margin Percentage	11.8%	11.6%	11.0%	11.1%
Percent Debt to Total Capitalization	95%	90%	88%	88%

Projected Debt Service Coverage	2.27	2.91	2.33	2.46
Days Cash on Hand	322	343	364	314
Cushion Ratio	9.04	9.86	10.64	10.53

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.

Appended as **ATTACHMENT 29** are the project ratios and variances.

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

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								
Department or Area	A	B	C	D	G	Total	Total	Total Cost (G + H)
	Cost/Square Foot	New	Gross Sq. Ft. New	Circ.*	Construction Costs	Construction Costs	FF&E Costs	
Nursing	\$250.00		27,270	21.4%	\$6,817,494	\$6,817,494	\$500,000	\$7,317,494
PT/OT/Wellness	\$250.00		950	21.4%	\$237,500	\$237,500	\$ 50,000	\$ 287,500
Contingency					\$750,000	\$750,000		\$750,000
Site Costs					\$450,000	\$450,000	\$0	\$450,000
TOTALS			28,220		\$8,254,994	\$8,254,994	\$550,000	\$8,804,994
Less: Circulation @21.4%			(6,039)					
Essential Functional Skilled Nursing Square Footage			22,181					
Skilled Nursing Units:			40					40
Sq. ft/SNF unit:			555		Total Cost per SNF Unit			\$220,125

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.

APPENDIX A**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.

Appended as **ATTACHMENT 30A** is a notarized letter attesting to the reasonableness of financing arrangements.

Appended as **ATTACHMENT 30B** is a notarized letter attesting to the conditions of debt financing.

Appended as **ATTACHMENT 30C** is a schedule of Projected Operating Costs and Projected Capital Costs.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	9,232	5,768	15,000
Site Survey and Soil Investigation	11,078	6,922	18,000
Site Preparation	265,876	166,124	432,000
Off Site Work	135,400	84,600	220,000
New Construction Contracts	7,040,789	4,399,211	11,440,000
Modernization Contracts			
Contingencies	356,963	223,037	580,000
Architectural/Engineering Fees	387,736	346,092	630,000
Consulting and Other Fees	553,908	346,092	900,000
Movable or Other Equipment (not in construction contracts)	1,077,807	642,193	1,720,000
Bond Issuance Expense (project related)	295,418	184,582	480,000
Net Interest Expense During Construction (project related)	547,754	342,246	890,000
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	1,163,130	724,870	1,885,000
Acquisition of Building or Other Property (excluding land)			

APPENDIX A

TOTAL USES OF FUNDS	11,842,090	7,367,910	19,210,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	4,530,502	2,799,498	7,330,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)	7,311,588	4,568,412	11,880,000
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	11,842,090	7,367,910	19,210,000

Related Project Costs

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

Land acquisition is related to project ☐ 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 \$ 1,700,000 .

APPENDIX C**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

☐ None or not applicable

☐ Preliminary

☒ Schematics

☐ Final Working

Appended as **ATTACHMENT 31** are drawings showing the project area and the Skilled Nursing areas provided by BLDD Architects.

Anticipated project completion date (refer to Part 1130.140): End of 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

x Project obligation will occur after permit issuance.

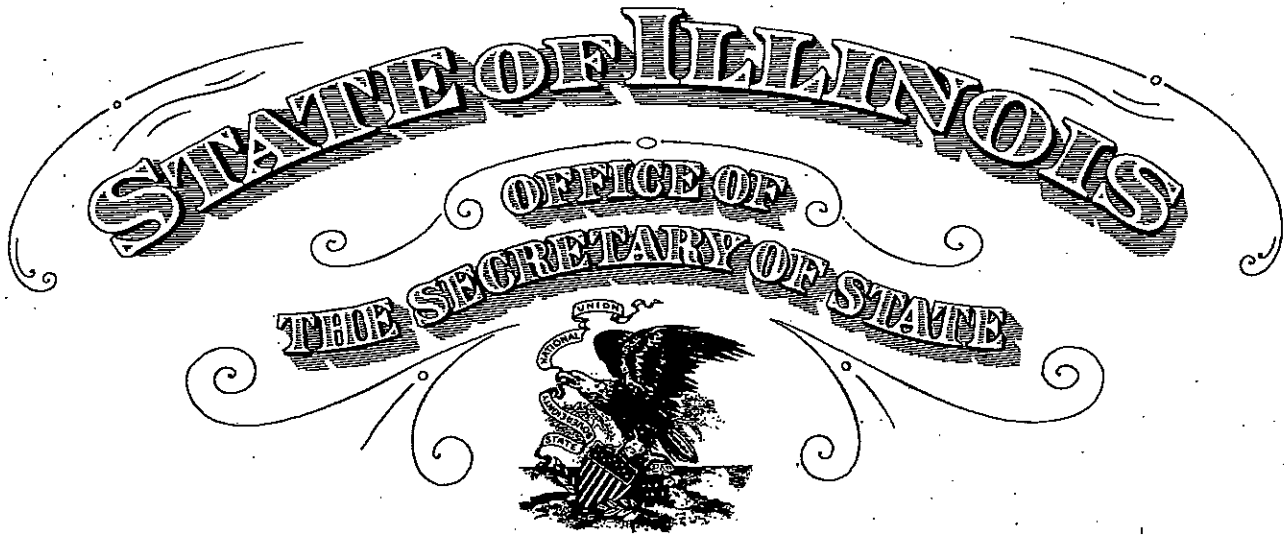
APPENDIX D**Cost/Space Requirements**

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Total Review							
NON CLINICAL	11,842,090		28,157	28,157			
Total Non-clinical	7,367,910		17,593	17,593			
TOTAL	19,210,000		45,750	45,750			

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
1	Applicant/Co-applicant Identification including Certificate of Good Standing	42-43
2	Site Ownership	44-79
3	Operating Identity/Licensee	80
4	Organizational Relationships	81
5	Flood Plain Requirements	82-84
6	Historic Preservation Act Requirements	85
	General Information Requirements	
10	Purpose of the Project	86-358
11	Alternatives to the Project	<i>in application</i>
	Service Specific - General Long-Term Care	
12	Background of the Applicant	359-456
13	Planning Area Need	457-462
14	Establishment of General LTC Service or Facility	463-487
15	Expansion of General LTC Service or Facility	N/A
16	Variances	N/A
17	Accessibility	488-547
18	Unnecessary Duplication/Maldistribution	548
19	Staffing Availability	549
20	Bed Capacity	550
21	Community Relations	551-552
22	Project Size	553
23	Zoning	554-621
24	Assurances	622
25	Modernization	N/A
	Service Specific - Specialized Long-Term Care	
26	Specialized Long-Term Care – Review Criteria	N/A
	Financial and Economic Feasibility:	
27	Availability of Funds	N/A
28	Financial Waiver	623-624
29	Financial Viability	625
30	Economic Feasibility	626-628
	APPENDICES	
A	Project Costs and Sources of Funds	37-38
B	Related Project Costs	39
C	Project Status and Completion Schedule	39
D	Cost/Space Requirements	40



To all to whom these Presents Shall Come, Greeting:

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

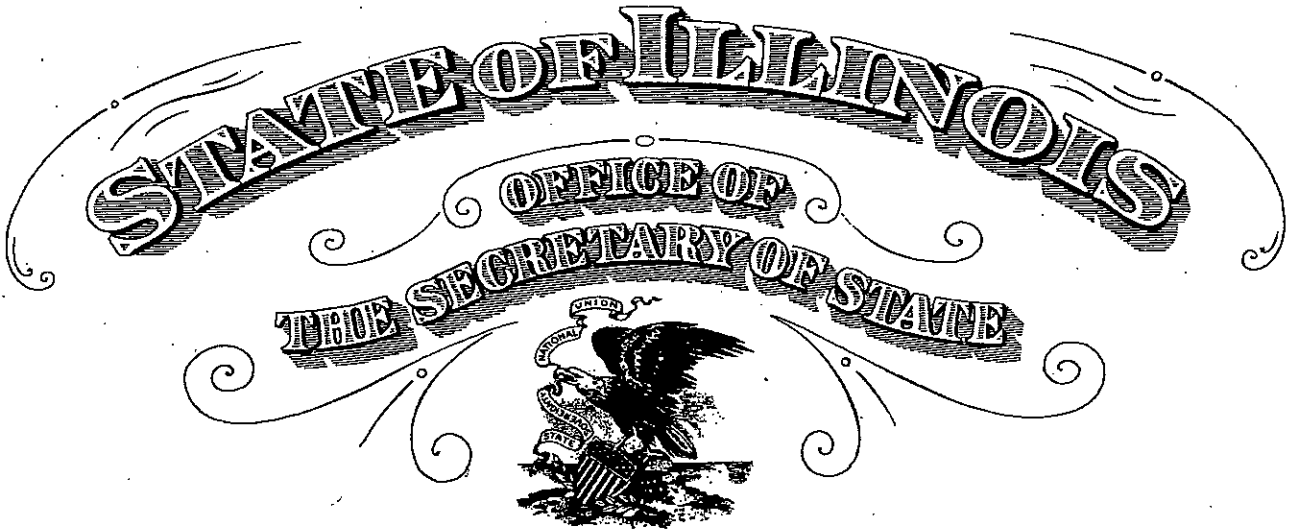
FRANCISCAN SISTERS OF CHICAGO SERVICE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 22, 1988, ADOPTED THE ASSUMED NAME FRANCISCAN MINISTRIES SPONSORED BY THE FRANCISCAN SISTERS OF CHICAGO ON FEBRUARY 17, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of JUNE A.D. 2018 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

FRANCISCAN SISTERS OF CHICAGO SERVICE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 22, 1988, ADOPTED THE ASSUMED NAME FRANCISCAN MINISTRIES SPONSORED BY THE FRANCISCAN SISTERS OF CHICAGO ON FEBRUARY 17, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of JUNE A.D. 2018 .

Jesse White

SECRETARY OF STATE

**CHANGE OF MEMBERSHIP, TRANSFER OF ASSETS AND SERVICES, AND
ASSUMPTION OF LIABILITIES AGREEMENT**

by and among

MEADOWS MENNONITE RETIREMENT COMMUNITY ASSOCIATION, INC.,
an Illinois not-for-profit corporation

THE VILLAS AT MERCY CREEK, NFP,
an Illinois not-for-profit corporation

and

FRANCISCAN SISTERS OF CHICAGO SERVICE CORPORATION,
an Illinois not-for-profit corporation

Dated as of August 8, 2018

CHANGE OF MEMBERSHIP, TRANSFER OF ASSETS AND SERVICES, AND ASSUMPTION OF LIABILITIES AGREEMENT

THIS CHANGE OF MEMBERSHIP, TRANSFER OF ASSETS AND SERVICES, AND ASSUMPTION OF LIABILITIES AGREEMENT, including all Schedules hereto (this "**Agreement**"), is made and entered into as of August 8, 2018 (the "**Execution Date**"), by and among MEADOWS MENNONITE RETIREMENT COMMUNITY ASSOCIATION, INC., an Illinois not-for-profit corporation ("**MMRC**"), THE VILLAS AT MERCY CREEK, NFP, an Illinois not-for-profit corporation (the "**Villas**"), and FRANCISCAN SISTERS OF CHICAGO SERVICE CORPORATION, an Illinois not-for-profit corporation ("**Franciscan**") (each, a "**Party**" and collectively, the "**Parties**").

RECITALS

WHEREAS, MMRC operates a sixty (60) bed assisted living facility, commonly known as "Meadows at Mercy Creek" located at 1501 Mercy Creek Drive, Normal, Illinois 61761 (the "**Normal Facility**");

WHEREAS, MMRC also manages, pursuant to a Maintenance and Management Services Agreement, four (4) independent living units and eight undeveloped subdivided lots in The Villas at Mercy Creek subdivision owned by the Villas located on Victory Lane, Normal, Illinois 61761 (together with the Normal Facility, the "**Property**");

WHEREAS, Franciscan, or an affiliate directly or indirectly controlled by Franciscan (a "**Franciscan Affiliate**"), desires to become the sole member of the Villas as of the Closing Date (as defined in **Section 3.1**), subject to the terms and conditions of this Agreement; and

WHEREAS, MMRC desires to transfer the Transferred Assets (as defined herein) associated with the Normal Facility to the Villas, and Franciscan desires for the Villas to become the sole operator and licensee of the Normal Facility, and as consideration for such transfer, Franciscan will cause the Villas to assume the Assumed Liabilities (as defined herein) as of the Closing Date (as defined in **Section 3.1**), subject to the terms and conditions of this Agreement;

NOW, THEREFORE, in consideration of the mutual covenants and provisions herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto hereby covenant and agree as follows:

ARTICLE I

TERMS OF CHANGE OF CONTROL FOR THE VILLAS

1.1 Amendment of Bylaws Post Execution Date. On or before the Closing Date, the Villas shall amend its Bylaws, in substantially the form attached hereto as Schedule 1.1, to add MMRC as the sole corporate member of the Villas and to remove all references to "delegates" of MMRC appearing therein.

1.2 Membership Change through Amendment of Bylaws. On or before the Closing Date, the Villas shall amend and restate its Bylaws, in substantially the form attached hereto as

Schedule 1.2, to provide that Franciscan or a Franciscan Affiliate shall be the sole member of the Villas effective as of the Closing Date.

1.3 Resignation of Board Members and Board Composition.

(a) On or before the Closing Date, the Villas shall cause each person elected or appointed to serve as a director or member of the governing board of the Villas to submit his or her written resignation, effective on or before the Closing Date. If any director or other such person elected or appointed by the Villas fails or refuses to submit such resignation, such director shall be removed by the Villas, as applicable. Evidence of such resignations or removals shall be provided by the Villas to Franciscan on or before the Closing Date.

(b) On and after the Closing Date, the composition of the governing board of the Villas shall be determined by Franciscan.

1.4 Purchase of Independent Living Unit. MMRC and the Villas shall use commercially reasonable efforts to cooperate with and assist Franciscan in obtaining a purchase contract (the "**Holmes Purchase Contract**") for the Villas to purchase, on or before the Closing Date, the independent living unit owned by Steven Holmes located at 4307 Victory Lane, Normal, Illinois 61761. Notwithstanding anything to the contrary contained in this Agreement, the execution and delivery of the Holmes Purchase Contract as contemplated in this **Section 1.4** on or before the Closing Date shall not be a condition precedent to, or a reason to delay or terminate, the closing of the transactions contemplated in this Agreement; provided that MMRC's covenant to use commercially reasonable efforts to cooperate and assist Franciscan in obtaining the Holmes Purchase Contract shall survive the closing of the transactions contemplated by this Agreement.

1.5 Protective Covenants Relating to The Villas at Mercy Creek Subdivision, Normal, Illinois. MMRC and/or the Villas shall use commercially reasonable efforts to terminate, on or before the Closing Date, the Protective Covenants Relating to The Villas at Mercy Creek Subdivision, Normal, Illinois, attached hereto as Schedule 1.5 (the "**Protective Covenants**"). Notwithstanding anything to the contrary contained in this Agreement, the termination of the Protective Covenants as contemplated in this **Section 1.5** on or before the Closing Date shall not be a condition precedent to, or a reason to delay or terminate, the closing of the transactions contemplated in this Agreement; provided that MMRC's covenant to use commercially reasonable efforts to terminate the Protective Covenants shall survive the closing of the transactions contemplated by this Agreement.

1.6 The Villas at Mercy Creek Homeowners Association. MMRC and/or the Villas shall use commercially reasonable efforts to dissolve, on or before the Closing Date, The Villas at Mercy Creek Homeowners Association (the "**Homeowners Association**"). Notwithstanding anything to the contrary contained in this Agreement, the dissolution of the Homeowners Association as contemplated in this **Section 1.6** on or before the Closing Date shall not be a condition precedent to, or a reason to delay or terminate, the closing of the transactions contemplated in this Agreement; provided that MMRC's covenant to use commercially reasonable efforts to dissolve the Homeowners Association shall survive the closing of the transactions contemplated by this Agreement.

1.7 Line of Credit and Promissory Note. On or before the Closing Date, MMRC and the Villas shall provide evidence reasonably satisfactory to Franciscan that (i) the line of credit dated January 1, 2012, provided to the Villas by the Apostolic Christian Church of Bloomington-Normal (the "**Apostolic Church**") has no outstanding balance and has been terminated and (ii) the Promissory Note dated December 21, 2012, of the Villas payable to the Apostolic Church have each been extended to mature no earlier than December 31, 2022, or otherwise amended with terms reasonably satisfactory to Franciscan.

ARTICLE II

TERMS OF ASSET TRANSFER AND ASSUMPTION OF LIABILITIES FOR THE NORMAL FACILITY

2.1 Asset Transfer. MMRC agrees to take any and all actions necessary to transfer, effective as of the Closing Date, the assets included on Schedule 2.1 (the "**Transferred Assets**") to the Villas free and clear of all liens, pledges, encumbrances, and security interests, except for such liens, pledges, encumbrances and security interests securing or arising out of the Assumed Liabilities or as otherwise approved by Franciscan. A list of excluded assets that shall not be transferred are included on Schedule 2.1(a) (the "**Excluded Assets**"). Notwithstanding anything to the contrary contained in this Agreement, MMRC shall transfer cash or cash equivalents included in the Transferred Assets in an amount not less than the August 2018 rent roll for the Normal Facility received by MMRC as of the Closing Date.

2.2 Liability Assumption. Franciscan, acting as the new corporate member of the Villas, agrees to cause the Villas to assume, effective as of the Closing Date, the liabilities included on Schedule 2.2 (the "**Assumed Liabilities**") as consideration for the Transferred Assets. Notwithstanding anything to the contrary contained in this Agreement, (i) MMRC will retain and be responsible for liabilities that are not Assumed Liabilities, including without limitation all liabilities with respect to the operation of the skilled nursing facility located in Chenoa, Illinois, and known as "Meadows Mennonite Retirement Community" (the "**Chenoa Facility**"), (ii) the Villas will not assume or be responsible for any intercompany payables or loans, (iii) the Villas will not assume or be responsible for the cost to repair the resident call system at the Normal Facility and (iv) the Villas will not assume or be responsible for any interest on the Loyalty Loans (as referenced on Schedule 2.2) accrued and unpaid through July 31, 2018.

2.3 [INTENTIONALLY LEFT BLANK]

2.4 Trusts. Upon transfer of the Transferred Assets to the Villas in accordance with this Agreement, MMRC shall use commercially reasonable efforts to transfer the benefits associated with (i) the Last Will and Testament of Ann Schneckenburger and (ii) the Juanita R. Streid and Susie M. Streid Trusts (collectively, the "**Trusts**"). MMRC agrees to cooperate with Franciscan and the Villas in connection with any legal proceedings arising from the transfer or attempted transfer of the benefits associated with the Trusts, and Franciscan agrees to pay any and all reasonable legal fees arising from any such legal proceedings arising from the transfer or attempted transfer of the benefits associated with the Trusts. Notwithstanding anything to the contrary contained in this Agreement, MMRC's covenant to use commercially reasonable efforts to transfer the benefits of the Trusts to the Villas and to cooperate with Franciscan and the Villas in connection with any legal proceedings arising from the transfer or attempted transfer of the

Trusts to the Villas shall survive the closing of the transactions contemplated by this Agreement and shall be enforceable by the Villas and/or Franciscan notwithstanding any subsequent change in control of MMRC.

2.5 Heartland Line of Credit. As of the Closing Date, MMRC agrees to cause the Line of Credit Agreement, a copy of which is attached hereto as Schedule 2.5 (the "**Heartland Line of Credit**"), to be cancelled and any and all UCC financing statements relating to the security interest granted by MMRC pursuant to the Heartland Line of Credit to be terminated.

2.6 Insurance. For any insurance coverage other than cyber security coverage maintained on a claims-made basis with respect to the Normal Facility, MMRC shall obtain as of the Closing Date three-year extended or "tail" coverage with at least the same coverage and amounts with respect to claims arising out of or relating to events which occurred before or on the Closing Date. Franciscan agrees to reimburse, or to cause the Villas to reimburse, MMRC for the amount of one-half of the premium paid by MMRC for such coverage upon MMRC providing evidence reasonably satisfactory to Franciscan of such payment.

2.7 Employee Matters. The Villas will offer employment to all employees of MMRC employed with respect to the Normal Facility at the respective initial salaries corresponding to their current salaries; provided, however, that such employment will be subject to Franciscan's standard personnel practices and policies. Each employee of MMRC who becomes an employee of Villas (an "**Acquired Employee**") shall receive credit for vesting purposes under the 401(k) plan sponsored by Franciscan for his or her accumulated vesting service credit under the MMRC Section 403(b) plan earned while an employee of MMRC. In addition:

(a) With respect to paid time off ("**PTO**"), each Acquired Employee who is eligible to accrue PTO under the Villas' or Franciscan's PTO plan after the Closing shall be credited with the accrued but unused PTO such Acquired Employee earned as an employee of MMRC (including any accrual remaining for the current year) as of the Closing Date. For each other Acquired Employee who is not eligible to accrue PTO under the Villas' or Franciscan's PTO plan after the Closing, the accrued but unused PTO that such other Acquired Employee earned as an employee of MMRC (including any accrual remaining for the current year) shall be paid to such Acquired Employee in cash by Franciscan on the Closing Date or as soon as administratively practicable thereafter, but in no event later than the first regularly scheduled pay date following the Closing.

(b) Each Acquired Employee's participation in the Villas' or Franciscan's employee benefit plans, as applicable, shall be subject to the provisions thereof, provided that commencement of participation may be delayed for such reasonable period of time (but not to exceed forty-five (45) days after Closing) as the Villas determines to be necessary to arrange for the transition of Acquired Employees from MMRC's benefit programs to the Villas' or Franciscan's benefit programs, as applicable (the "**Transition Period**"), during which Transition Period MMRC covenants that it shall do the following:

(i) If requested by the Villas in the event that the Acquired Employees do not transition to Villas' payroll at Closing, MMRC shall process the payroll, collect and remit all withholding and payroll taxes, make and remit all other payroll deductions, issue all payments,

initiate all direct deposits, and make all required reporting to governmental authorities with respect to all Acquired Employees. MMRC will fulfill its commitments under this subparagraph (i) as Villas' agent, and the Villas shall reimburse MMRC for the amount of the gross pay and payroll taxes and associated payroll processing costs arising with respect to the Acquired Employees after the Closing Date on a monthly basis upon receipt of satisfactory documentation of such amounts (including the associated payroll processing costs) and of remittance of taxes, withholdings and other payments to the proper recipients. If the Acquired Employees transition to Villas' payroll prior to Closing, MMRC shall reimburse the Villas and/or Franciscan for the related payroll and benefit costs for the day(s) prior to Closing in which the Acquired Employees were on the Villas' payroll.

(ii) MMRC shall permit the Acquired Employees and their qualifying dependents to retain coverage under MMRC's group health plan(s), disability plan, life insurance plan, unemployment, workers' compensation, and all other non-retirement benefit programs of MMRC (other than PTO and flexible spending and health savings accounts under MMRC's cafeteria plan) on the same terms and conditions and at the same cost as immediately prior to the Closing Date, it being agreed that (A) the Villas will deduct the relevant premium payments from employees' paychecks and send such amounts to MMRC for the period of time in which the Acquired Employees participate in such benefit programs after Closing, and (B) the Villas will reimburse MMRC for the actual employer cost of insurance premiums and any non-insured benefits and routine per-individual administrative fees attributable to covered Acquired Employees and their dependents upon receipt of satisfactory documentation of such costs. Notwithstanding the preceding provisions of this subparagraph (ii), the parties acknowledge that the Acquired Employees are individually responsible for maintaining the coverages for Cancer, Short-Term Disability, Accident & Disability, and Voluntary Life Programs (each a "**Portable Insurance Program**") during the Transition Period and that MMRC shall not be responsible for any costs incurred by an Acquired Employee due to a lapse in insurance coverage under a Portable Insurance Program during the Transition Period. With respect to COBRA or other applicable continuation coverage, it is agreed that (A) all individuals previously employed by MMRC who had a COBRA qualifying event under MMRC's group health plan(s) prior to the Closing Date (and their covered spouses or dependents) and who timely elected COBRA or other applicable continuation coverage under one or more of MMRC's plans, shall receive continuation coverage under one or more group health plans of MMRC, and neither the Villas nor Franciscan nor any of their group health plans shall have any obligation to provide COBRA or other applicable continuation coverage to any such persons, and (B) Acquired Employees and their spouses or dependents who have a COBRA qualifying event with respect to MMRC's group health plans on or after the Closing Date, shall be covered under MMRC's applicable plan(s) during the transition period described herein, and afterwards shall be entitled to COBRA or other similar continuation coverage under the Villas' or Franciscan's group health plan(s) for the remainder of any continuation coverage period to which they are entitled by law or under the terms of the Villas' or Franciscan's plans.

(c) The parties agree to cooperate with each other in all Transition Period matters and shall promptly and timely provide such information and records relating to the Acquired Employees as any such party may reasonably request or require in order to comply with the provisions of this Section, including, without limitation, the PTO payment under Subsection (a).

(d) For the avoidance of doubt, MMRC agrees that it will be solely responsible for 2018 W-2 reporting of all appropriate amounts with respect to the Acquired Employees (including, without limitation, imputed income under MMRC's group term life insurance plan) for all periods in which the Acquired Employees are covered under MMRC's benefit plans, including any portion of such periods for which the Villas or Franciscan pays or reimburses MMRC for the cost of such coverage.

(e) The Villas and Franciscan shall be responsible for any unemployment insurance claims with respect to the Acquired Employees that arise during the Transition Period and shall reimburse MMRC for all costs incurred by MMRC on a monthly basis upon receipt of satisfactory documentation of such amounts paid by MMRC.

(f) The Villas and Franciscan shall indemnify, defend and hold MMRC harmless from and against any and all claims, actions, suits, demands, proceedings, losses, expenses, damages, obligations and liabilities (including costs of collection, attorney's fees and other costs of defense) arising out of or otherwise in respect of the Acquired Employees during the Transition Period, including but not limited to all liabilities associated with MMRC being the payroll agent for the Transition Period and otherwise due to the Villas or Franciscan failure to comply with their obligations to the Acquired Employees.

2.8 Additional Consideration.

(a) As additional consideration (the "**Additional Consideration**") for the Property and the Transferred Assets in addition to the assumption of the Assumed Liabilities, Franciscan shall deposit on the Closing Date, upon satisfaction or waiver by Franciscan of all of the conditions precedent set forth herein, with Alliance Land Title, Inc., as agent for First American Title Insurance Company (the "**Title Company**"), as escrowee (the "**Escrow Agent**"): (i) Two Hundred Thousand Dollars (\$200,000) for transfer by the Escrow Agent to MMRC and (ii) Fifty Thousand Dollars (\$50,000) to be held in escrow by the Escrow Agent in an interest bearing account (the "**Escrow Account**").

(b) MMRC shall deposit on the Closing Date the amount of the August 2018 rent roll for the Normal Facility received by MMRC as of the Closing Date for transfer by the Escrow Agent to Franciscan upon satisfaction or waiver by MMRC of all of the conditions precedent set forth herein.

(c) The portion of the Additional Consideration to be transferred by the Escrow Agent to MMRC on the Closing Date and the amount to be transferred to Franciscan pursuant to subparagraph (b) of this Section 2.9 shall be released by the Escrow Agent on the Closing Date upon the joint order of MMRC and Franciscan. The portion of the Additional Consideration to be held by the Escrow Agent in the Escrow Account shall be released by the Escrow Agent upon the joint order of MMRC and Franciscan in accordance with **Section 2.9**.

2.9 Working Capital Adjustment.

(a) For purposes of this Section, "**Closing Net Working Capital**" means the accounts receivable of MMRC arising from the operation of the Normal Facility minus the following liabilities of MMRC arising from the operation of the Normal Facility: (i) accounts

payable, (ii) accrued expenses, (iii) accrued paid time off (PTO) liabilities, and (iv) any other current liabilities of MMRC, in each case determined as of the Closing Date and calculated consistent with past accounting methods and procedures used by MMRC in the preparation of its financial statements. All liabilities being assumed by the Villas and considered in the calculation of Closing Net Working Capital are those liabilities incurred by MMRC after July 31, 2018, with the exception being the PTO liability, which the Villas is fully assuming. Within thirty (30) days after the Closing Date, Franciscan will deliver to MMRC a reasonably detailed proposed statement of the final calculation of Closing Net Working Capital (the "**Closing Statement**"), including any adjustments as described in subparagraph (b) of this **Section 2.9**. After delivery of the Closing Statement, the Villas and Franciscan shall promptly make available to MMRC such working papers, books and records of the Villas that MMRC may reasonably require in order to review and understand the Closing Statement and the basis therefor. If MMRC has any objections to the Closing Statement, MMRC shall deliver to the Villas and Franciscan an Objections Statement within thirty (30) days after delivery of the Closing Statement. If an Objections Statement is not delivered within thirty (30) days after delivery of the Closing Statement, the Closing Statement shall be final, binding and non-appealable by the parties hereto. If MMRC timely delivers an Objection Statement, MMRC and Franciscan shall negotiate in good faith to resolve any identified objections. If they do not reach a final resolution within fifteen (15) days after the delivery of the Objections Statement, MMRC or Franciscan may, with written notice to the other party, submit such dispute to an independent accounting firm mutually acceptable to MMRC and Franciscan (the "**Independent Auditor**"). MMRC and Franciscan shall use commercially reasonable efforts to cause the Independent Auditor to resolve all disagreements as soon as practicable. The Closing Statement reflecting the resolution of the dispute by the Independent Auditor shall be final, binding and non-appealable on the parties hereto. "**Final Closing Net Working Capital**" means the final, binding and non-appealable determination of the Closing Net Working Capital pursuant to this **Section 2.9**.

(b) Upon determination of the Final Closing Net Working Capital, the Escrow Agent shall pay to the Villas or MMRC, as applicable, the amount determined under the following circumstances from funds held in the Escrow Account pursuant to joint order of MMRC and Franciscan:

(i) If the cash and cash equivalents transferred by MMRC to the Villas on the Closing Date is less than the amount of the August 2018 rent roll that has been collected in cash and cash equivalents by MMRC through the Closing Date, the amount of the difference will be paid to the Villas from funds held in the Escrow Account.

(ii) If any accounts receivable that are transferred from the MMRC to the Villas on the Closing Date are written off, the amount of the write-off will be paid to the Villas from funds held in the Escrow Account.

(iii) If the actual PTO liability is greater than the balance included in the July 2018 financial statements, the amount of the difference will be paid to the Villas from funds held in the Escrow Account.

(iv) The amount of accrued interest on the Bank Loan from August 1, 2018 to the Closing Date paid by MMRC on the Closing Date will be reimbursed to MMRC from funds held in the Escrow Account.

(v) The amount of funds, if any, remaining in the Escrow Account after the payment of any amounts to the Villas pursuant to clauses (i), (ii) and (iii) and to MMRC pursuant to clause (iv) of this subparagraph (b) shall be paid to MMRC.

(c) Any payment required under subparagraph (b) of this Section shall be (i) due within five (5) business days of determination of the Final Closing Date Net Working Capital and (ii) paid by wire transfer of immediately available funds in the Escrow Account to such account as is directed by Franciscan or MMRC, as the case may be.

(d) If the aggregate amount paid to the Villas from funds held in the Escrow Account pursuant to subparagraph (b) of this Section 2.9 is less than the aggregate amount determined to be payable pursuant to subparagraph (b) of this Section 2.9, MMRC shall pay the Villas the amount of the difference within thirty (30) days of such determination.

2.10 Illinois Health Facilities and Services Review Board. Upon the written request of Franciscan, and in any event prior to any sale or other transfer of assets to a third party, MMRC shall use commercially reasonable efforts to discontinue forty (40) of the Chenoa Facility skilled nursing facility beds, including but not limited to submitting documentation to the Illinois Department of Public Health ("IDPH") and the Illinois Health Facilities and Services Review Board. Notwithstanding anything to the contrary contained in this Agreement, MMRC's covenant to discontinue forty (40) of the Chenoa Facility skilled nursing facility beds shall survive the closing of the transactions contemplated by this Agreement and shall be enforceable by the Villas and/or Franciscan notwithstanding any subsequent change in control of MMRC. MMRC agrees to provide Franciscan not less than thirty (30) days' prior written notice of any sale or other transfer of assets or closure of the Chenoa Facility or change in control of MMRC.

2.11 Normal Facility. Franciscan intends for the Villas to become the sole operator and licensee of the Normal Facility as of the Closing Date and for the Villas to continue to operate the Normal Facility as a Christian home for the elderly.

ARTICLE III CLOSING DATE DELIVERIES AND OTHER REQUIREMENTS

3.1 Closing Date.

(a) The closing of the transactions contemplated by this Agreement (the "Closing") shall occur on or about August 9, 2018, or such other date as is agreed to by the Parties (the "Closing Date").

(b) Subject to **Article I**, unless the Parties otherwise agree in writing, the transactions contemplated herein to become effective as of the Closing Date, shall become so effective, provided that as of the Closing Date all of the conditions precedent set forth herein have occurred.

3.2 Title and Survey.

(a) Title Commitment.

(i) On or before the Closing Date, MMRC shall order, at MMRC's expense, from the Title Company and deliver to Franciscan a commitment (the "**Title Commitment**") for an ALTA owner's title insurance policy (the "**Title Policy**"), to be dated or updated to the Closing Date, insuring or committing to insure, at its ordinary premium rates, the Villa's title in fee simple to the Property, subject only to the Permitted Exceptions (as hereinafter defined), and shall include extended coverage over General Exceptions 1 through 5 inclusive. Franciscan shall have the right, at Franciscan's expense, to request from the Title Company additional endorsements to the Title Policy, as Franciscan may reasonably require ("**Title Endorsements**"). Issuance of the Title Endorsements shall be subject to the Title Company's willingness to issue such Title Endorsements.

(ii) MMRC shall order a new survey of the Property (the "**Survey**"). The Survey shall be a currently dated as-built ALTA survey of the Property, which shall be certified by a licensed surveyor and in a form and substance satisfactory to the Title Company in order for the Title Company to issue extended coverage over matters that would be disclosed by a current accurate survey in the Title Policy.

(iii) MMRC agrees to convey the Property to the Villas free and clear of all liens and encumbrances other than the Permitted Exceptions (hereinafter defined). As used in this Agreement, the term "**Permitted Exceptions**" means (1) real estate taxes and assessments not due and payable as of the Closing Date, (2) building and other set back lines and zoning requirements and restrictions, (3) utility easements and utility lines serving the Improvements on the Property, (4) rights of way of public streets, roadways and alleys, (5) the Bank Mortgage (as defined in Schedule 2.2), (6) the Loyalty Loans (as referenced in Schedule 2.2), (7) any other Assumed Liabilities and (8) any other liens and encumbrances accepted by Franciscan hereunder.

(b) Franciscan's Title and Survey Charges. On the Closing Date, Franciscan shall be responsible for the cost of: (i) a lender's title insurance policy, (ii) all Title Endorsements, (iii) the cost of recording fees for a Special Warranty Deed for the Normal Facility (the "**Special Warranty Deed**") and (iv) the costs associated with the Survey.

(c) MMRC's Title and Survey Charges. On the Closing Date, MMRC shall be responsible for the cost of: (i) the Title Commitment (including, without limitation, the cost of any search or exam fees) and the title premium for the Title Policy with extended coverage over the General Exceptions 1 through 5 and (ii) any recording fees with respect to clearing public records of items that are Title Defects (as hereinafter defined).

3.3 Closing Procedure. Prior to the Closing Date, the Parties shall provide to the Title Company escrow instructions to open an escrow (the "**Escrow**") pursuant to the terms of this Agreement and in accordance with the general provisions of the escrow instructions provided to the Title Company by the Parties at or prior to the Closing Date. Provided that all conditions set forth in this Agreement have been satisfied or waived by the Party intended to be benefited thereby,

on the Closing Date, the Title Company shall record or distribute the following documents and funds in the following manner:

- (a) Record the Special Warranty Deed in the official records of the county in which the Normal Facility is located;
- (b) Deliver to Franciscan and/or the Villas all documents that are required to be delivered pursuant to this Agreement;
- (c) Deliver to MMRC all documents that are required to be delivered pursuant to this Agreement; and
- (d) Deliver to MMRC the Additional Consideration (inclusive of the Deposit).

3.4 Pre-Closing Actions. Prior to the Closing Date, the Parties shall take and cause to be taken all actions necessary or appropriate on their respective parts to implement the transactions contemplated herein on the Closing Date, including the following:

(a) Actions by the Villas. Prior to the Closing Date, the Villas shall obtain all internal approvals of and execution of any and all agreements and other documents and the taking of any and all other actions contemplated or required by this Agreement to be executed or taken by the Villas on or before the Closing Date, including the following:

(i) Approving the Amended Bylaws, in substantially the form attached hereto as Schedule 1.1;

(ii) Approving the Amended Bylaws, in substantially the form attached hereto as Schedule 1.2; and

(iii) Approving any and all other actions necessary to effect or evidence the change of control and conveyance thereof of the Villas and its asserts, as contemplated herein.

(b) Actions by MMRC. Prior to the Closing Date, MMRC shall obtain all internal approvals of and execution of any and all agreements and other documents and the taking of any and all other actions contemplated or required by this Agreement to be executed or taken by MMRC on or before the Closing Date.

(c) Actions by Franciscan. Prior to the Closing Date, Franciscan shall obtain all internal approvals of and execution of any and all agreements and other documents and the taking of any and all other actions contemplated or required by this Agreement to be executed or taken by Franciscan on or before the Closing Date, including but not limited to the filing of an appropriate change of ownership licensure application approved by IDPH for a probationary license to operate the Normal Facility as a duly licensed assisted living facility to be effective as of the Closing Date (the "**Normal Facility License**"). MMRC and the Villas agree to use commercially reasonable efforts to cooperate with and assist Franciscan in connection with the filing of such licensure application.

3.5 Closing Document Deliveries. At the closing, the Parties shall deliver the following documents (the "**Closing Documents**"):

(a) Villas Closing Documents:

(i) Officers' certificates from the Villas and MMRC, dated as of the Closing Date, certifying as to the continued accuracy and completeness of the representations and warranties made on behalf of the Villas, and performance of the covenants and conditions precedent, as set forth in this Agreement, to his or her Knowledge¹;

(ii) Secretaries' certificates from the Villas and MMRC, dated as of the Closing Date, certifying as to the due adoption and continued effectiveness of, and attaching a copy of the resolutions of the Villas' Board of Directors with respect to the actions and transactions required or contemplated by this Agreement, including the Amended Bylaws referenced in **Section 1.1** and **Section 1.2**;

(iii) Evidence of the resignations of each person elected or appointed to serve as a director or member of the governing board of the Villas, effective on or before the Closing Date;

(iv) Documents confirming the termination of the Apostolic Church line of credit and modification of the Promissory Note payable to the Apostolic Church as set forth at **Section 1.7**; and

(v) Such other instruments and documents as may be reasonably necessary to carry out the transactions contemplated or required by this Agreement and to comply with the terms hereof, including any instruments and documents required to be delivered by or with respect to the Villas.

(b) MMRC Closing Documents:

(i) An officer's certificate, dated as of the Closing Date, certifying as to the continued accuracy and completeness of MMRC's representations and warranties, and its performance of the covenants and conditions precedent, set forth in this Agreement, to his or her Knowledge;

(ii) A Secretary's certificate, dated as of the Closing Date, certifying as to the due adoption and continued effectiveness of and attaching a copy of the resolutions of the MMRC's Board of Directors approving, with respect to MMRC, the actions and transactions and actions required or contemplated by this Agreement;

¹ "**Knowledge**" means the actual knowledge held by the applicable Party, through the actual knowledge its chief executive officer and any other management officer with primary responsibility for the subject matter, after reasonable inquiry of responsible subordinates (and if such inquiry is not made, the knowledge that would have been held by the officer if such inquiry had been made).

(iii) Documentation related to the cancellation of the Heartland Line of Credit and termination of the related UCC financing statement as set forth in **Section 2.5**;

(iv) The Title Policy in accordance with **Section 3.2**;

(v) The unaudited financial statements of the interim period through the most recent month-end date for which financial statements are available prior to the Closing Date; and

(vi) Such other instruments and documents as may be reasonably necessary to carry out the transactions contemplated by this Agreement and to comply with the terms hereof including the Special Warranty Deed, a General Bill of Sale and Assignment relating to the Normal Facility, an affidavit of title and such other affidavits as may be required by the Title Company in connection with the Property being conveyed, and an Acceptance and Assumption Agreement (the "**Assumption Agreement**") regarding any of the Transferred Assets, the nature of which requires an assignment to be effectively transferred to the Villas.

(c) Franciscan Closing Documents:

(i) An officer's certificate, dated as of the Closing Date, certifying as to the continued accuracy and completeness of Franciscan's representations and warranties, and its performance of the covenants and conditions precedent, set forth in this Agreement, to his Knowledge;

(ii) A Secretary's certificate, dated as of the Closing Date, certifying as to the due adoption and continued effectiveness of and attaching a copy of the resolutions of the Franciscan Board of Directors approving, with respect to Franciscan, the actions and transactions and actions required or contemplated by this Agreement; and

(iii) Such other instruments and documents as may be reasonably necessary to carry out the transactions contemplated by this Agreement and to comply with the terms hereof, including the Assumption Agreement.

ARTICLE IV TERMINATION

4.1 Termination

(a) This Agreement shall terminate in its entirety in the event that there is a failure of any condition precedent as set forth herein, unless such failure is waived in writing by the other Parties.

(b) Franciscan may terminate this Agreement at any time prior to the Closing Date by written notice to the other Parties, if Franciscan determines, in good faith, that it is not satisfied with the results of its due diligence, including as to Schedules provided by the Villas and MMRC or the Survey delivered pursuant to **Section 3.2(a)(ii)** or a material adverse change has occurred with respect to the Villas or MMRC's business or financial operations or that specific information contained in any updated or completed Schedule or officer's certificate which is

provided to Franciscan prior to the Execution Date, is unacceptable to Franciscan, and the Parties are unable to resolve the issue after good faith efforts.

(c) Franciscan may terminate this Agreement by written notice to the other Parties in accordance with **Section 3.2(d)**.

(d) Any Party may terminate this Agreement by written notice to the other Parties if the Closing Date has not occurred on or before September 15, 2018.

(e) Any agreement entered into pursuant to this Agreement shall terminate in accordance with the terms thereof.

ARTICLE V SURVIVAL

5.1 Survival of Representations, Warranties, Covenants and Agreements.

(a) Survival Periods. Except as otherwise expressly provided in this Agreement, all representations, warranties, covenants and agreements contained in this Agreement or in any document delivered at the closing pursuant hereto shall be deemed to be material and to have been relied upon by the Parties, and shall survive the Closing Date and shall be fully effective and enforceable for a period of twelve (12) months after the Execution Date, but shall thereafter be of no further force or effect, except that (i) the covenants of MMRC set forth **Sections 1.4, 1.5, 1.6 and 2.4** of this Agreement shall survive for a period of eighteen (18) months following the Closing Date, (ii) the covenants of MMRC set forth **Sections 2.6 and 2.10** of this Agreement shall survive for a period of twenty-four (24) months following the Closing Date and (iii) any representation or warranty of a Party contained in this Agreement giving rise to or forming the basis for any claim directly resulting from fraud on the part of such Party as determined by a court of competent jurisdiction shall survive for a period of five (5) years following the Closing Date. Collectively, each of the periods referenced above shall be deemed a "Survival Period."

ARTICLE VI DISPUTE RESOLUTION AND LEGAL REMEDIES

6.1 Judicial and Non-Judicial Dispute Resolution Alternatives. The Parties acknowledge that, notwithstanding their best efforts, disputes may arise after the Closing Date regarding the Parties' respective rights and responsibilities, and obligations and liabilities, under this Agreement and in any document delivered at the closing. In each instance, the Parties shall attempt to resolve the dispute in good faith and consistent with their goals and objectives in entering into this Agreement. If after such efforts the Parties hereto are unable within ten (10) days of the arising of the dispute to resolve the dispute in good faith, the Parties may mutually agree to submit to final and binding arbitration before the American Arbitration Association ("AAA"), with an office located in Chicago, Illinois, or its successor, pursuant to the Federal Arbitration Act, as amended (9 U.S.C. Sections 1 *et seq.*). The Parties hereto agree that the rules of the AAA applicable to commercial arbitrations shall apply to any such arbitration and that the Expedited Procedures under the Commercial Arbitration Rules shall apply. Any Party may commence the arbitration process called for in this Agreement by filing a written demand for arbitration with the AAA, with a copy to the other Parties. The arbitration will be conducted in

Chicago, Illinois, in accordance with the provisions of the AAA Streamlined Arbitration Rules and Procedures in effect at the time of filing of the demand for arbitration. The Parties will cooperate with the AAA and with one another in selecting an arbitrator from the AAA panel of neutrals, and in scheduling the arbitration proceedings. The provisions of this **Section 6.1** with respect to the arbitration before the AAA may be enforced by any court of competent jurisdiction, and the Parties seeking enforcement shall be entitled to an award of all costs, fees and expenses, including attorneys' fees, to be paid by the Parties against whom enforcement is ordered. The fees and expenses of such arbitration (including, but not limited to, attorneys' fees) shall be borne by the non-prevailing Party, as determined by such arbitration. Upon the mutual agreement of the Parties involved in the Dispute, the Parties may submit to final and binding arbitration before any other recognized alternative dispute resolution company or organization. If the Parties are unable to resolve the issue in dispute, and, any Party, acting reasonably and in good faith, believes the issue in dispute is of a material and substantive nature, it shall have the right to pursue any and all legal and equitable rights and remedies, including through proceedings in a court of law.

ARTICLE VII

REPRESENTATIONS AND WARRANTIES OF MMRC AND THE VILLAS

MMRC, on behalf of itself and the Villas, hereby gives and shall give the following representations and warranties to Franciscan; provided, however, that the Parties agree that as of the Execution Date, certain of the Schedules referenced below in this **Article VII** may be incomplete or subject to updating, and further provided that all Schedules shall be complete no later than ten (10) days prior to the Closing Date:

7.1 Due Incorporation; Good Standing; Power. MMRC and the Villas are each duly organized, validly existing and in good standing under the laws of the State of Illinois, and have the corporate power and authority to own, operate or hold under lease their respective properties and assets and to carry on the business and operations as presently conducted or as contemplated to be conducted consistent with the terms of their respective Articles of Incorporation and Bylaws and the provisions of this Agreement.

7.2 Corporate Authorization.

(a) MMRC and the Villas each have the full corporate or other power and authority to enter into and to perform the obligations under this Agreement, including MMRC conveying the Normal Facility and other Transferred Assets, as applicable, to the Villas.

(b) The execution, delivery and performance of this Agreement has been duly and properly authorized by proper corporate or other action in accordance with applicable laws and the applicable Articles of Incorporation and Bylaws.

(c) This Agreement constitutes the lawful, valid and legally binding obligation of MMRC and of the Villas, enforceable in accordance with its terms, except as enforceability may be limited by bankruptcy, insolvency or other laws of general application affecting the enforcement of creditors' rights and by general equitable principles.

7.3 No Violation; Approvals.

(a) Except to the extent specified in Schedule 7.3(a) hereto, the execution, delivery and performance of this Agreement shall not result in the creation of any lien, charge, or encumbrance of any kind or the termination or acceleration of any indebtedness or other obligation of MMRC or the Villas, and is not prohibited by, does not violate or conflict with any provision of, and does not constitute a default under or breach of any contract, lease, agreement, indenture, mortgage, pledge, sublease, option, assignment, permit, license, approval or other commitment to which MMRC or the Villas is a party or is subject or by which any such corporation is bound, any judgment, decree, order, writ or injunction of any court or regulatory authority, or any law, statute, rule or regulation, applicable to MMRC or the Villas.

(b) Except to the extent specified in Schedule 7.3(b) hereto, no approval, authorization, registration, consent, order or other action of or filing that has not occurred or been obtained with or from any person, including any court, administrative agency or other governmental authority, is required for the execution and delivery of this Agreement.

(c) The discontinuation of forty (40) of the MMRC skilled nursing facility beds as set forth in **Section 2.10** hereof is not prohibited by, and will not violate or conflict with any provision of, and will not constitute a default under or breach of any contract, lease, agreement, indenture, mortgage, pledge, sublease, option, assignment, permit, license, approval or other commitment to which MMRC is a party or is subject or by which it is bound.

7.4 Financial Statements.

(a) MMRC has delivered to Franciscan true and correct copies of the consolidated audited financial statements of MMRC and related entities (including the Villas) for the three (3) fiscal years ended 2015, 2016 and 2017, and the unaudited financial statements of the interim period through the most recent month-end date for which financial statements were available prior to the Execution Date (collectively, the "**Consolidated Financial Statements**").

(b) The Consolidated Financial Statements are complete, true and correct in all material respects and present fairly in all material respects the financial position of MMRC and related entities (including the Villas) as well as the results of operations, changes in net assets and cash flows at the dates and for the periods indicated, in conformity with GAAP (except as otherwise disclosed on Schedule 7.4(b)), applied consistently for the periods specified, including the consistent use of assumptions, practices, procedures and terminology.

(c) From and after December 31, 2017 (except as set forth in Schedule 7.4(c)), MMRC has not made any material changes to its accounting methods or practices.

(d) Except as disclosed on Schedule 7.4(d), neither MMRC nor the Villas has any liabilities or obligations, whether contingent or absolute, direct or indirect, or matured or unmatured, which are not shown or provided for in the most recent Consolidated Financial Statements provided to Franciscan, other than obligations or liabilities incurred in the Ordinary Course of Business.

7.5 Interim Changes. Except for matters expressly permitted or authorized by this Agreement and except as set forth on Schedule 7.5, there has not been, after the date of the most recent Consolidated Financial Statements:

(a) Any change in the financial condition, assets, liabilities, properties or results of operation of the Normal Facility or the Villas which has had or could have, in the aggregate, a materially adverse effect on the Property;

(b) Any damage, destruction or loss, whether or not covered by insurance, which has had or could have, in the aggregate, a materially adverse effect on the Property;

(c) Any disposition by MMRC or the Villas of any property, rights or other assets owned by or employed in the Normal Facility or the Villas, except for dispositions in the Ordinary Course of Business of MMRC or the Villas, and other dispositions contemplated by this Agreement;

(d) Any amendment or termination of any material contract which has had or could have, in the aggregate, a materially adverse effect on the Property;

(e) Any new leases including capital, operating or real property leases, or any material amendment to such an existing lease between MMRC or the Villas and a third party with respect to the Property;

(f) Any new debt instrument or other financing arrangement between MMRC or the Villas and a third party regarding the Property;

(g) Any adoption or material amendment of any bonus, profit-sharing, incentive or severance agreement or arrangement, or any benefit plan, involving any officer, director or employee;

(h) Any event or condition of any character which, to MMRC's Knowledge or the Villas' Knowledge, has had or could have, in the aggregate, a materially adverse effect on the Property;

(i) Any material changes in licenses, permits and accreditation affecting the Property;

(j) Any material legal proceeding or investigations or required corrective actions brought by, against or affecting the Property; and

(k) Any change in or material value of the Property;

7.6 Condition of the Property and Major Mechanical Components. Neither MMRC nor the Villas has received any written notice during the past twelve (12) months from any insurance company which has issued a policy with respect to the Property or from any board of fire underwriters (or other body exercising similar functions) claiming any defects or deficiencies in the Property or suggesting or requesting the performance of any repairs, alterations or other work to the Property. To MMRC's Knowledge and to the Villas' Knowledge, the sewage or any waste water systems, life safety systems, the incinerators and the heating or air conditioning equipment located at the Property are in normal operating condition and in compliance with applicable federal, state, or municipal laws, ordinances, orders, regulations or requirements. Neither MMRC or the Villas has received written notice that either of the sewage or any waste

water systems, life safety systems, incinerators or the heating or air conditioning equipment located at the Property violate any applicable federal, state, or municipal laws, ordinances, orders, regulations or requirements.

7.7 Contracts. MMRC has provided copies of all of the contracts to which MMRC or the Villas is a party or by which MMRC or the Villas is bound as of the Execution Date, and Schedule 7.7 lists all of such contracts (collectively, the "**Property Contracts**") which are necessary to operate the Property and which the obligations and liabilities of MMRC thereunder with respect to the Normal Facility will be assumed by the Villas. All Property Contracts are in full force and effect and bind MMRC or the Villas and bind the other parties thereto. To the Knowledge of MMRC and the Knowledge of the Villas, neither MMRC nor the Villas is in default in any material respect under any Property Contract and no other party thereto is in default under any Property Contract. To the Knowledge of MMRC and the Knowledge of the Villas, no event has occurred or fact, circumstance or condition exists that, with or without notice or the lapse of time, or the happening of any further event or existence of any future fact, circumstance or condition, would become a default by MMRC or the Villas under any Property Contract. There are no renegotiations, attempts to renegotiate or outstanding rights to negotiate any amount to be paid or payable to or by MMRC or the Villas under any Property Contract, and neither MMRC nor the Villas has received a demand from any person for such renegotiation that remains outstanding. Neither MMRC nor the Villas has released or waived any of its rights under any Property Contract.

7.8 Taxes and Related Matters. MMRC and the Villas are each qualified as a tax-exempt organization under the Code, and have received Federal Tax Exempt Status. Such Federal Tax Exempt Status has not been revoked or challenged and neither MMRC nor the Villas is under examination or audit by, nor, to MMRC's Knowledge or to the Villas' Knowledge, has either received or become aware of any pending notice from, any federal, state or local taxing authorities or other authorities with jurisdiction over not-for-profit entities and their operations with respect to its Federal Tax Exempt Status or any other material matter, and has not granted any waiver of any statute of limitations with respect to any such examination or audit.

7.9 Hazardous Waste. To MMRC's Knowledge and to the Villas' Knowledge, without any investigation and except as disclosed in any environmental report delivered or obtained by Franciscan or its agents or representatives, neither MMRC nor the Villas has generated, stored or disposed of any hazardous waste at the Property except in such quantities that are customary and legal in the Ordinary Course of Business. Neither MMRC nor the Villas has any Knowledge, without any investigation and except as disclosed in any environmental report delivered or obtained by Franciscan or its agents or representatives, of any previous or present generation, storage, disposal or existence of any hazardous waste. The term "hazardous waste" shall mean "hazardous waste," "toxic substances" or other similar or related terms as defined or used from time to time in the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended (42 U.S.C. Sections 9601 *et seq.*), the Hazardous Materials Transportation Act, as amended (49 U.S.C. Sections 1801 *et seq.*), the Resource Conservation and Recovery Act, as amended (42 U.S.C. Sections 6921 *et seq.*) and regulations adopted thereunder.

7.10 Access to Property. Neither MMRC nor the Villas has received written notice from any federal, state, county, municipal or other governmental plans to (a) change the highway

or road system directly adjacent to the Property or (b). restrict or change access from any such highway or road to the Property.

7.11 Permits. To MMRC's Knowledge and to the Villas' Knowledge, MMRC and the Villas each currently maintains in good standing and full force all of the material certificates, licenses and permits from all applicable governmental authorities in connection with the ownership, use, occupancy, operation and maintenance of the Property as necessary in connection with the current ownership, use, occupancy, operation and maintenance thereof.

7.12 Regulatory Notice. Except as set forth in Schedule 7.12, neither MMRC nor the Villas has received written notice of any outstanding health or Life Safety Code deficiencies cited by IDPH or any other outstanding violations of law from any state or local building, fire safety, health or environmental authorities that have not been corrected as of the Execution Date.

7.13 Litigation and Other Proceedings. Except as set forth on Schedule 7.13, there are no pending or threatened litigation, investigations, claims, lawsuits, governmental actions or other proceedings, including, without limitation, any desk audit or full audit, involving the Property or the operation thereof before any court, agency or other judicial, administrative or other governmental or quasi-governmental body or arbitrator.

7.14 Taxes. MMRC and the Villas have each timely filed all tax returns and reports required by law to have been filed by it and has paid all taxes and governmental charges due and payable with respect to such returns.

7.15 Brokers. Neither MMRC nor the Villas has dealt with any broker or finder which is entitled to a real estate commission as a result of this transaction, other than Patrick Byrne.

7.16 No Material Omissions. MMRC and the Villas have each responded in all material respects to Franciscan's requests for information and documentation as part of Franciscan's due diligence review of the business, operations, assets and liabilities, including information requested pertaining to entities for which MMRC and/or the Villas holds any membership or ownership interest, or is otherwise affiliated. Neither MMRC nor the Villas has knowingly omitted any material information in its respective responses to Franciscan's requests. Neither MMRC nor the Villas has received any material information which would render untrue or misleading any information previously disclosed to Franciscan during its due diligence review.

7.17 Disclosure. The representations and warranties contained herein, and each certificate or other document delivered by MMRC and/or the Villas pursuant to this Agreement, or in connection with the transactions contemplated hereby, are accurate, correct and complete, do not contain any untrue statement of a material fact or omit to state a material fact necessary in order to make the statements and information contained therein not misleading.

ARTICLE VIII
REPRESENTATIONS AND WARRANTIES OF FRANCISCAN

Franciscan gives and shall give the representations and warranties set forth below.

8.1 Due Incorporation; Good Standing; Power. Franciscan is an Illinois not-for-profit corporation, exempt from federal income taxation under Section 501(c)(3) of the Code. Franciscan is duly organized, validly existing and in good standing under the laws of the State of Illinois, and has the corporate power and authority to own, operate or hold under lease its properties and assets and to carry on its business and operations as presently conducted.

8.2 Corporate Authorization. Franciscan has the full corporate power and authority to enter into, and to perform its obligations under, this Agreement. The execution, delivery and performance of this Agreement by Franciscan has been duly and properly authorized by proper corporate action in accordance with applicable laws and its Articles of Incorporation and its corporate Bylaws. This Agreement constitutes the lawful, valid and legally binding obligation of Franciscan, enforceable against it in accordance with its terms, except as enforceability may be limited by bankruptcy, insolvency or other laws of general application affecting the enforcement of creditors' rights and by general equitable principles.

8.3 No Violation. The execution, delivery and performance of this Agreement shall not result in the creation of any lien, charge, or encumbrance of any kind or the acceleration of any indebtedness or other obligation of Franciscan, and is not prohibited by, does not violate or conflict with any provision of, and does not constitute a default under or breach of any contract, lease, agreement, indenture, mortgage, pledge, sublease, option, assignment, permit, license, approval or other commitment to which Franciscan is a party or is subject or by which Franciscan is bound, any judgment, decree, order, writ or injunction of any court or regulatory authority, or any law, statute, rule or regulation applicable to it. No approval, authorization, registration, consent, order or other action of or filing with any person, including any court, administrative agency or other governmental authority, is required (that has not been obtained) for the execution and delivery by Franciscan of this Agreement or the consummation by Franciscan of the transactions contemplated hereby. Notwithstanding anything herein to the contrary, Franciscan makes no representation as to the compliance of the transactions contemplated hereby with applicable antitrust laws.

8.4 "AS IS-WHERE IS" Condition of the Property. FRANCISCAN ACKNOWLEDGES THAT IT HAS HAD AN ADEQUATE OPPORTUNITY TO INSPECT THE PROPERTY AND THE TRANSFERRED ASSETS AND HAS TO ITS SATISFACTION ADEQUATELY INSPECTED THE PROPERTY AND THE TRANSFERRED ASSETS AND, EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES PROVIDED IN THIS AGREEMENT, AND FURTHER SUBJECT TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, FRANCISCAN SHALL RELY EXCLUSIVELY ON ITS OWN INVESTIGATION OF THE PROPERTY AND THE TRANSFERRED ASSETS, ACCEPTS THE RISK THAT ANY INSPECTION MAY NOT DISCLOSE ALL MATERIAL MATTERS AFFECTING THE PROPERTY AND THE TRANSFERRED ASSETS, AND AGREES TO ACCEPT SAME IN ITS PRESENT "AS IS-WHERE IS" CONDITION.

8.5 RELEASE. FRANCISCAN REPRESENTS TO MMRC AND THE VILLAS THAT FRANCISCAN HAS CONDUCTED, OR WILL CONDUCT PRIOR TO CLOSING, SUCH INVESTIGATIONS OF THE PROPERTY AND THE TRANSFERRED ASSETS AS FRANCISCAN DEEMS NECESSARY OR DESIRABLE TO SATISFY ITSELF AS TO ANY MATTER RELATING TO THE PROPERTY AND THE TRANSFERRED ASSETS. UPON CLOSING, EXCEPT AS SPECIFICALLY SET FORTH IN THIS AGREEMENT (AND IN THE DOCUMENTS TO BE DELIVERED BY MMRC AND THE VILLAS TO FRANCISCAN AT CLOSING), FRANCISCAN SHALL ASSUME THE RISK THAT ADVERSE MATTERS REGARDING THE PROPERTY AND THE TRANSFERRED ASSETS MAY NOT HAVE BEEN REVEALED BY FRANCISCAN'S INVESTIGATIONS, AND FRANCISCAN, UPON CLOSING, SHALL BE DEEMED, ON BEHALF OF ITSELF AND ON BEHALF OF ITS TRANSFEREES AND THEIR RESPECTIVE SUCCESSORS AND ASSIGNS (INCLUDING, WITHOUT LIMITATION, ANY AFFILIATE OR NOMINEE OF FRANCISCAN AS PROVIDED HEREIN), TO WAIVE, RELINQUISH, RELEASE AND FOREVER DISCHARGE MMRC AND THE VILLAS, AND THEIR AFFILIATES AND THEIR RESPECTIVE MEMBERS, MANAGERS, PARTNERS, SHAREHOLDERS, OFFICERS, AGENTS, ATTORNEYS, DIRECTORS AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) OF ANY AND EVERY KIND OR CHARACTER, KNOWN OR UNKNOWN, BY REASON OF OR ARISING OUT OF THE PROPERTY AND THE TRANSFERRED ASSETS, INCLUDING, WITHOUT LIMITATION, A LATENT OR PATENT CONSTRUCTION DEFECT OR OTHER PHYSICAL CONDITION (INCLUDING, WITHOUT LIMITATION, FUNGI, MOLD OR MILDEW) WHETHER PURSUANT TO STATUTES IN EFFECT IN THE STATE OF ILLINOIS OR ANY OTHER FEDERAL, STATE OR LOCAL ENVIRONMENTAL OR HEALTH AND SAFETY LAW OR REGULATION; THE EXISTENCE OF ANY HAZARDOUS MATERIAL WHATSOEVER, ON, AT, TO, IN, ABOVE, ABOUT, UNDER, FROM OR IN THE VICINITY OF THE PROPERTY AND THE TRANSFERRED ASSETS; AND ANY AND ALL OTHER ACTS, OMISSIONS, EVENTS, CIRCUMSTANCES OR MATTERS WHATSOEVER REGARDING THE TRANSFERRED ASSETS.

8.6 Brokers. Franciscan represents and warrants that it has not dealt with any broker or finder which is entitled to a real estate commission as a result of this transaction.

8.7 Disclosure. The representations and warranties of Franciscan contained in this Agreement, and each certificate or other document delivered by Franciscan pursuant to this Agreement, or in connection with the transactions contemplated hereby, are accurate, correct and complete, do not contain any untrue statement of a material fact or omit to state a material fact necessary in order to make the statements and information contained therein not misleading.

ARTICLE IX COVENANTS OF THE VILLAS

The Villas hereby agrees to keep, perform and fully discharge the following covenants and agreements, as applicable:

9.1 Pre-Closing Actions and Closing Document Deliveries. The Villas shall comply with the Pre-Closing Actions specified in **Section 3.4(a)** and deliver the Closing Documents referenced in **Section 3.5(a)**.

9.2 Interim Conduct of Business. From the Execution Date to the Closing Date:

(a) The Villas shall:

(i) Preserve, protect and maintain the business, properties and assets of the Villas in all material respects;

(ii) Operate the Villas as a going concern consistent with prior practices and the Ordinary Course of Business in all material respects, including with respect to the incurring of any liabilities;

(iii) Obtain all documents called for by this Agreement and required to facilitate the consummation of the transactions contemplated by this Agreement;

(iv) Conduct the business only in the Ordinary Course of Business;

(v) Maintain the Villas' assets in a condition that complies with all applicable laws and is consistent with the requirements and Ordinary Course of Business;

(vi) Pay when due or otherwise satisfy in the Ordinary Course of Business all of the bona fide liabilities incurred in the Ordinary Course of Business, subject to good faith disputes;

(vii) Comply with all applicable laws and contractual obligations relating to the Villas; and

(viii) Continue in full force and effect the insurance coverage under the existing policies.

(b) Without obtaining Franciscan's prior written consent, the Villas shall not:

(i) Make any changes, or permit any changes to be made, in the Articles of Incorporation or corporate Bylaws of the Villas, except for changes expressly contemplated and authorized by this Agreement, as referenced in **Section 1.1** and **Section 1.2**;

(ii) Enter into or renew any capital, operating or real property lease or any debt instrument or financing arrangement with a third party; or

(iii) Enter into any transaction which is outside the Ordinary Course of Business or which could have a material effect on the business of the Villas, except for transactions expressly authorized by this Agreement.

9.3 Update and Complete Schedules. From the Execution Date, the Villas shall amend, supplement and otherwise complete all Schedules which are incorrect or incomplete as of

the Execution Date, and submit any Schedules needing updating to Franciscan no later than ten (10) days prior to the Closing Date.

9.4 Preserve Accuracy of Representations and Warranties. From the Execution Date to the Closing Date:

(a) The Villas shall not knowingly take any action which would render any representation or warranty contained herein materially inaccurate or untrue as of the Closing Date.

(b) The Villas shall promptly notify Franciscan of any lawsuits, claims, administrative actions or other proceedings asserted in writing or commenced against the Villas or the Villas' officers or directors involving in any material way the businesses, properties or assets of the Villas.

(c) The Villas shall promptly notify Franciscan in writing of any facts or circumstances which come to its attention and which cause any of the representations and warranties made by the Villas herein to be untrue or misleading at any time from the Execution Date to the Closing Date.

9.5 Access to Information.

(a) From the Execution Date to the Closing Date, the Villas shall give to Franciscan and to its representatives full and free access, during normal business hours, to all properties, books, records and contracts pertaining to the businesses, properties and assets of the Villas, as may be reasonably requested, subject to reasonable advance notice and provided that Franciscan shall not exercise such rights of access in such manner as would unduly interfere with operations.

(b) The Villas shall cooperate in keeping Franciscan fully informed and shall promptly notify Franciscan of any adverse event or other adverse change in the Ordinary Course of Business.

9.6 Compliance with Laws and Obligations: Consents. From the Execution Date to the Closing Date, the Villas shall:

(a) Comply in all material respects with all applicable statutes, laws, ordinances and regulations;

(b) Keep, hold and maintain all certificates, accreditation, licenses and other permits necessary for the conduct and operation of the Villas; and

(c) Use commercially reasonable efforts to obtain and, as applicable, cooperate fully with Franciscan in its efforts to obtain, all consents, approvals, exemptions and authorizations of third parties, whether governmental or private, make all filings, and give all notices which may be necessary or appropriate under all applicable laws and under all contracts, agreements and commitments the Villas is a party to or is bound under in order to consummate the transactions contemplated or required by this Agreement.

9.7 Third Party Authorizations. From the Execution Date to the Closing Date, the Villas shall use its best efforts to obtain expeditiously all consents, approvals and authorizations of third parties necessary for the valid execution, delivery and performance of this Agreement.

9.8 Confidentiality of Franciscan Information.

(a) Except as otherwise set forth in this **Section 9.9**:

(i) The Villas shall hold in confidence all information regarding Franciscan obtained in connection with the negotiation and performance of this Agreement or any due diligence investigation. Such obligations shall remain in effect through a ten (10) year period following the Execution Date.

(b) The confidentiality obligation set forth in **Section 9.9(a)** shall not apply to information that:

(i) Was known by the Villas when received;

(ii) Is or hereafter becomes lawfully obtainable by the Villas from other sources; or

(iii) The Villas is required by law to disclose, including in any filings required to be made with any governmental agency and pleadings required to be filed with any court or tribunal (provided that prior to any disclosure of Franciscan information, the Villas shall give Franciscan reasonable advance notice to permit Franciscan to apply for protective order relating to the disclosure of such information).

(c) If the transactions contemplated by this Agreement are not consummated, the Villas shall use its best efforts to continue to hold all confidential Franciscan information in confidence and promptly return to Franciscan upon its written request all documents (and all copies thereof) containing such information.

(d) The Villas acknowledges that there is not an adequate remedy at law for the breach of this **Section 9.9** and that, in addition to any other remedies available, injunctive relief may be granted for any such breach. The provisions of this **Section 9.9** shall survive any termination of this Agreement.

9.9 Insurance. From the Execution Date to the Closing Date, the Villas shall cause each policy of insurance to remain in force through the Closing Date and the Villas shall promptly provide Franciscan with notification of any change in carriers or coverage and copies of all notices received from the carrier within five (5) days after its receipt of same. The Villas shall cooperate fully with Franciscan to facilitate any transition in insurance coverage.

9.10 Performance of Undertakings. The Villas shall use commercially reasonable efforts to perform faithfully at all times any and all covenants, undertakings, stipulations and provisions applicable to it contained in this Agreement and in any and every document executed, authenticated and delivered hereunder.

9.11 Commercially Reasonable Efforts. The Villas shall use commercially reasonable efforts to consummate the transactions contemplated by this Agreement and shall not take any other action inconsistent with its obligations hereunder or which could hinder or materially delay the consummation of the transactions contemplated or required hereby.

ARTICLE X COVENANTS OF MMRC

MMRC hereby agrees to keep, perform and fully discharge the following covenants and agreements, as applicable:

10.1 Pre-Closing Actions and Closing Document Deliveries. MMRC shall comply with the Pre-Closing Actions specified in Section 3.4(b) and deliver the Closing Documents referenced in Section 3.5(b).

10.2 Interim Conduct of Business. From the Execution Date to the Closing Date:

(a) MMRC shall:

(i) Preserve, protect and maintain the business, properties and assets of the Normal Facility;

(ii) Operate the Normal Facility as a going concern consistent with prior practices and the Ordinary Course of Business, including with respect to the incurring of any liabilities;

(iii) Preserve the goodwill of all individuals having business or other relations with the Normal Facility;

(iv) Obtain all documents called for by this Agreement and required to facilitate the consummation of the transactions contemplated by this Agreement;

(v) Conduct the business only in the Ordinary Course of Business;

(vi) Maintain the Normal Facility's assets in a state of good repair and in a condition that complies with all applicable laws and is consistent with the requirements and Ordinary Course of Business;

(vii) Pay when due or otherwise satisfy in the Ordinary Course of Business all of the bona fide liabilities incurred in the Ordinary Course of Business, subject to good faith disputes;

(viii) Keep in full force and effect, without amendment, all material rights relating to the Normal Facility;

(ix) Comply with all laws and contractual obligations relating to the Normal Facility; and

(x) Continue in full force and effect the insurance coverage under the existing policies.

(b) MMRC shall provide Franciscan promptly with interim financial statements, as referenced in **Section 7.4(a)**, as soon as such are available.

(c) Without obtaining Franciscan's prior written consent, MMRC shall not:

(i) Enter into or renew any capital, operating or real property lease or any debt instrument or financing arrangement with a third party; or

(ii) Enter into any transaction which is outside the Ordinary Course of Business or which could have a material effect on the business of the Normal Facility, except for transactions expressly authorized by this Agreement.

10.3 Complete Schedules. From the Execution Date to the Closing Date, MMRC shall not amend or supplement the Schedules except with the prior written consent of Franciscan.

10.4 Preserve Accuracy of Representations and Warranties. From the Execution Date to the Closing Date:

(a) MMRC shall not take any action which would render any representation or warranty contained herein materially inaccurate or untrue as of the Closing Date.

(b) MMRC shall promptly notify Franciscan of any lawsuits, claims, administrative actions or other proceedings asserted or commenced against the MMRC, the Normal Facility, or MMRC's officers or directors involving in any material way the businesses, properties or assets of the Normal Facility.

(c) MMRC shall promptly notify Franciscan in writing of any facts or circumstances which come to its attention and which cause, or through the passage of time may cause, any of the representations and warranties made by MMRC herein to be untrue or misleading at any time from the Execution Date to the Closing Date.

10.5 Access to Information.

(a) From the Execution Date to the Closing Date, MMRC shall give to Franciscan and to its representatives reasonable access, during normal business hours, to all properties, books, records and contracts pertaining to the businesses, properties and assets related to the Normal Facility, as may be reasonably requested, subject to reasonable advance notice and provided that Franciscan shall not exercise such rights of access in such manner as would unduly interfere with operations.

(b) MMRC shall cooperate in keeping Franciscan fully informed and shall promptly notify Franciscan of any adverse event or other adverse change in the Ordinary Course of Business.

10.6 Maintain Books and Accounting Practices. From the Execution Date to the Closing Date, MMRC shall maintain the books of account in the usual, regular and ordinary manner in accordance with GAAP and on a basis consistent with prior years, including the consistent use of assumptions, practices, procedures and terminology, and MMRC shall not make or cause to be made any material changes in the accounting methods or practices of MMRC or relating to the Normal Facility.

10.7 Compliance with Laws and Obligations: Consents. From the Execution Date to the Closing Date, MMRC shall:

- (a) Comply in all material respects with all applicable statutes, laws, ordinances and regulations;
- (b) Keep, hold and maintain all certificates, accreditation, licenses and other permits necessary for the conduct and operation of the Normal Facility; and
- (c) Use best efforts to obtain and, as applicable, cooperate fully with Franciscan in its efforts to obtain, all consents, approvals, exemptions and authorizations of third parties, whether governmental or private, make all filings, and give all notices which may be necessary or appropriate under all applicable laws and under all contracts, agreements and commitments MMRC is a party to or is bound under in order to consummate the transactions contemplated or required by this Agreement.

10.8 Third Party Authorizations. From the Execution Date to the Closing Date, MMRC shall use its best efforts to obtain expeditiously all consents, approvals and authorizations of third parties necessary for the valid execution, delivery and performance of this Agreement.

10.9 Confidentiality of Franciscan Information.

- (a) Except as otherwise set forth in this **Section 10.9**:
 - (i) MMRC shall hold in confidence all information regarding Franciscan obtained in connection with the negotiation and performance of this Agreement or any due diligence investigation. Such obligations shall remain in effect through a ten (10) year period following the Execution Date.
 - (b) The confidentiality obligation set forth in **Section 10.9(a)** shall not apply to information that:
 - (i) Was known by MMRC when received;
 - (ii) Is or hereafter becomes lawfully obtainable by MMRC from other sources; or
 - (iii) MMRC is required by law to disclose, including in any filings required to be made with any governmental agency and pleadings required to be filed with any court or tribunal (provided that prior to any disclosure of Franciscan information, MMRC shall

give Franciscan reasonable advance notice to permit Franciscan to apply for protective order relating to the disclosure of such information).

(c) If the transactions contemplated by this Agreement are not consummated, MMRC shall use its best efforts to continue to hold all confidential Franciscan information in confidence and promptly return to Franciscan upon its written request all documents (and all copies thereof) containing such information.

(d) MMRC acknowledges that there is not an adequate remedy at law for the breach of this Section 10.9 and that, in addition to any other remedies available, injunctive relief may be granted for any such breach. The provisions of this Section 10.9 shall survive any termination of this Agreement.

10.10 Insurance. From the Execution Date to the Closing Date, MMRC shall cause each policy of insurance to remain in force with no gaps in such coverage through the Closing Date and MMRC shall promptly provide Franciscan with notification of any change in carriers or coverage and copies of all notices received from the carrier within five (5) days after its receipt of same. MMRC shall cooperate fully with Franciscan to facilitate any transition in insurance coverage.

10.11 Performance of Undertakings. MMRC shall use its best efforts to perform faithfully at all times any and all covenants, undertakings, stipulations and provisions applicable to it contained in this Agreement and in any and every document executed, authenticated and delivered hereunder.

10.12 Commercially Reasonable Efforts. MMRC shall use commercially reasonable efforts to consummate the transactions contemplated by this Agreement and shall not take any other action inconsistent with its obligations hereunder or which could hinder or materially delay the consummation of the transactions contemplated or required hereby.

ARTICLE XI COVENANTS OF FRANCISCAN

Franciscan hereby agrees to keep, perform and fully discharge the following covenants and agreements:

11.1 Pre-Closing Actions and Closing Document Deliveries. Franciscan shall comply with the Pre-Closing Actions specified in Section 3.4(c) and deliver the Closing Documents referenced in Section 3.5(c).

11.2 Preserve Accuracy of Representations and Warranties. From the Execution Date until the Closing Date:

(a) Franciscan shall not take any action which would render any representation or warranty contained herein inaccurate or untrue as of the Closing Date.

(b) Franciscan shall promptly notify the Villas and MMRC of any lawsuits, claims, administrative actions or other proceedings asserted or commenced against Franciscan, or its officers or directors involving in any material way the ability of Franciscan to consummate the

transactions contemplated or required by this Agreement, or materially affecting Franciscan's business or its assets.

(c) Franciscan shall promptly notify the Villas and MMRC in writing of any facts or circumstances which come to Franciscan's attention and which cause, or through the passage of time may cause, any of the representations and warranties contained herein to be untrue or misleading.

11.3 Third Party Authorizations. From the Execution Date to the Closing Date:

(a) Franciscan shall use best efforts to obtain expeditiously all consents, approvals and authorizations of third parties and to give all notices under all applicable laws and under all contracts, agreements and commitments to which Franciscan is a party or is bound, to the extent necessary for the valid execution, delivery and performance of this Agreement by Franciscan.

(b) Franciscan shall cooperate fully with the Villas and MMRC in efforts to obtain all consents, approvals, exemptions and authorizations of third parties, whether governmental or private, and to make all filings, necessary in order to consummate the transactions contemplated by this Agreement.

11.4 Confidentiality.

(a) Except as otherwise set forth in this Section 11.4, from the Execution Date, with respect to information of the Villas and the Normal Facility, through the Closing Date, Franciscan shall hold in confidence all information regarding the Villas and the Normal Facility obtained in connection with the negotiation and performance of this Agreement, or its due diligence investigation with respect the Villas and the Normal Facility, and shall not divulge to third parties or use such information in a manner detrimental to the Villas or MMRC. Franciscan may share information necessary to obtain necessary regulatory approvals related to this Agreement.

(b) The confidentiality obligation set forth in Section 11.4(a) shall not apply to information that:

- (i) Was known by Franciscan when received;
- (ii) Is or hereafter becomes lawfully obtainable by Franciscan from other sources; or
- (iii) Franciscan is required by law to disclose, including in any filings required to be made with any governmental agency and pleadings required to be filed with any court or tribunal (provided that prior to any disclosure of such information, Franciscan shall give the Villas and MMRC, as applicable, reasonable advance notice to permit such organization to apply for a protective order relating to the disclosure of such information).

(c) If the transactions contemplated by this Agreement are not consummated, Franciscan shall continue to hold all information of the Villas and MMRC in confidence and shall

promptly return to the Villas and/or MMRC upon written request all documents (and all copies thereof) containing such information.

(d) Franciscan acknowledges that there is not an adequate remedy at law for the breach of this **Section 11.4** and that, in addition to any other remedies available, injunctive relief may be granted for any such breach. The provisions of this **Section 11.4** shall survive any termination of this Agreement.

11.5 Performance of Undertakings. Franciscan shall use its best efforts to perform faithfully at all times any and all covenants, undertakings, stipulations and provisions applicable to it contained in this Agreement and in any and every document executed, authenticated and delivered hereunder.

11.6 Commercially Reasonable Efforts. Franciscan shall use commercially reasonable efforts to consummate the transactions contemplated by this Agreement and shall not take any other action inconsistent with its obligations hereunder or which could hinder or materially delay the consummation of the transactions contemplated hereby.

ARTICLE XII

CONDITIONS PRECEDENT TO OBLIGATIONS OF MMRC AND THE VILLAS

The obligations of MMRC and the Villas to consummate the transactions contemplated with respect to MMRC and the Villas under this Agreement are, at the option of MMRC and the Villas, subject to the satisfaction, on or prior to the Closing Date, of the following conditions:

12.1 Accuracy of Warranties; Performance of Covenants. The representations and warranties of Franciscan contained in **Article VIII** shall be accurate in all material respects as if made on and as of the Closing Date. Franciscan shall have performed all of the obligations and complied with each and all of the covenants, agreements and conditions required to be performed or complied with by it on or prior to the Closing Date.

12.2 No Pending Action. No action or proceeding before any court or governmental body shall be pending or threatened wherein an unfavorable judgment, decree or order would prevent the carrying out of this Agreement or any of the transactions contemplated hereby, declare unlawful the transactions contemplated by this Agreement or cause such transactions to be rescinded.

12.3 Regulatory Approvals. All regulatory consents and approvals required for the consummation of the transactions contemplated or required by this Agreement shall have been obtained on or before the Closing Date.

12.4 Consents. All consents, approvals and authorizations of third parties required for the consummation of the transactions, contemplated or required by this Agreement shall have been obtained on or before the Closing Date.

12.5 Completion of Schedules. All Schedules to this Agreement required to be completed by Franciscan shall be complete and otherwise in final form.

12.6 Delivery of Franciscan Closing Documents. Franciscan shall have delivered the Franciscan Closing Documents.

12.7 Delivery of Other Agreements. Franciscan shall have delivered executed copies of all other agreements determined by the Parties to be necessary or appropriate to be entered into as of the Closing Date, relating to the transactions contemplated by this Agreement.

ARTICLE XIII

CONDITIONS PRECEDENT TO OBLIGATIONS OF FRANCISCAN

The obligations of Franciscan to consummate the transactions contemplated by this Agreement are, at the option of Franciscan, subject to the satisfaction, on or prior to the Closing Date, of the following conditions:

13.1 Accuracy of Warranties; Performance of Covenants. Except for changes or developments expressly permitted or contemplated by the express terms of this Agreement or anticipated changes or developments disclosed on a Schedule hereto, the representations and warranties of MMRC and the Villas contained herein shall be accurate in all material respects as if made on and as of the Closing Date. MMRC and the Villas each shall have performed all of the obligations and complied with each and all of the covenants, agreements and conditions applicable to it required to be performed or complied with by them on or prior to the Closing Date. All updates to representations, warranties, performance of covenants and exception schedules between Execution Date of this Agreement and the Closing Date must be submitted by MMRC and the Villas prior to the Closing Date. Any such material change adverse to Franciscan shall be grounds for Franciscan to not consummate the transactions to implement this Agreement.

13.2 No Pending Action. No action or proceeding before any court or governmental body shall be pending or threatened wherein an unfavorable judgment, decree or order would prevent the carrying out of this Agreement or any of the transactions contemplated hereby, declare unlawful the transactions contemplated by this Agreement or cause such transactions to be rescinded.

13.3 Regulatory Approvals. All regulatory consents and approvals required for the consummation of the transactions contemplated or required by this Agreement shall have been obtained on or before the Closing Date.

13.4 Consents. All consents, approvals and authorizations of third parties required for the consummation of the transactions contemplated by this Agreement shall have been obtained on or before the Closing Date, including but not limited to the Villas obtaining the Normal Facility License.

13.5 Completion of All Schedules. All Schedules to this Agreement required to be completed by MMRC and the Villas shall be complete and otherwise in final form acceptable to Franciscan.

13.6 Delivery of MMRC and the Villas Closing Documents. MMRC and the Villas shall have delivered their respective Closing Documents.

13.7 Delivery of Other Agreements. MMRC and the Villas shall have delivered executed copies of all other agreements determined by the Parties to be necessary or appropriate to be entered into as of the Closing Date, relating to the transactions contemplated by this Agreement.

ARTICLE XIV MISCELLANEOUS

14.1 Notices. All notices, demands or other communications given hereunder shall be in writing and shall be deemed to have been duly delivered (a) upon the delivery (or refusal to accept delivery) by messenger or overnight express delivery service (or, if such date is not on a business day, on the business day next following such date), or (b) on the third (3rd) business day next following the date of its mailing by certified mail, postage prepaid, at a post office maintained by the United States Postal Service, or (c) upon the receipt by facsimile or email transmission as evidenced by a receipt transmission report (followed by delivery by one of the other means identified in (a)-(b)), addressed as follows:

if to Franciscan: Franciscan Sisters of Chicago
 Service Corporation
 11500 Theresa Drive
 Lemont, Illinois 60439
 Attention: Judy Amiano, President and CEO
 Facsimile: (331) 318-5210
 Email: jamiano@franciscanministries.org

with a copy to: Nixon Peabody LLP
 70 West Madison Street
 Suite 3500
 Chicago, IL 60602
 Attention: James Broeking
 Facsimile: (312) 977-4109
 Email: jbroeking@nixonpeabody.com

if to MMRC or the
Villas: Meadows Mennonite Retirement Community
 24588 Church Street
 Chenoa, IL 61726
 Attention: Thomas A. Smith
 Facsimile: (309) 747-2944
 Email: tom@meadowscommunities.org

with a copy to:

Duane Morris LLP
190 South LaSalle Street
Suite 3700
Chicago, IL 60603
Attention: Nicholas J. Lynn
Facsimile: (312) 277-6789
Email: njlynn@duanemorris.com

14.2 Expenses. Except as otherwise provided herein, the Parties shall each pay its own fees and expenses and those of their respective agents, advisors, consultants, attorneys and accountants with respect to the transactions described in this Agreement, the negotiation of this Agreement and the closing. MMRC shall bear the cost to record any instrument to clear MMRC's title to the extent MMRC is required to do so pursuant to this Agreement. Prorated State, county and municipal transfer taxes, if any, shall be paid as set forth in the applicable ordinance, or, if not so set forth, by local custom. MMRC shall pay the charges set forth in **Section 3.2(c)** and all costs and fees customarily paid by sellers in a real estate sale transaction in the city where the Normal Facility is located. Franciscan shall pay the charges set forth in **Section 3.2(b)** and all other costs and fees customarily paid by purchasers in a real estate sale transaction in the city where the Normal Facility is located. Unless otherwise agreed, no insurance policies are to be transferred to Franciscan, and no apportionment of the premiums therefor shall be made, in which event, Franciscan shall be responsible for securing its own insurance for the Property.

14.3 Entire Agreement. This Agreement contains the entire understanding of the Parties with respect to the transactions contemplated hereby and supersedes all other agreements and understandings of the Parties on the subject matter hereof.

14.4 Applicable Law and Venue. This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without regard to conflict of laws' provisions. Each Party to this Agreement hereby irrevocably agrees that any legal action or proceeding arising out of or relating to this Agreement or any agreements or transactions contemplated hereby shall be brought exclusively in the state courts located in Cook County, Illinois, or the federal courts located in the Northern District of Illinois, and hereby expressly submits to the personal jurisdiction and venue of such courts for the purposes thereof and expressly waives any claim of improper venue and any claim that such courts are an inconvenient forum. Each Party hereby irrevocably consents to the service of process of any of the aforementioned courts in any such suit, action or proceeding by the mailing of copies thereof by certified mail, postage prepaid, to the address set forth in the notice section hereof, such service to become effective ten (10) days after such mailing.

14.5 Successors and Assigns. This Agreement shall bind and inure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and permitted assigns of the Parties; provided, however, that no Party shall assign this Agreement without the prior written consent of the other Parties. Any assignment not permitted hereunder and undertaken without such prior written consent shall be deemed null and void.

14.6 Modification/Amendment. This Agreement may not be modified or amended except in writing signed by the Parties.

14.7 Risk of Loss. Franciscan shall not accept any risk of loss including eminent domain, fire or other casualty prior to the Closing Date.

14.8 Waiver. No waiver of any term, provision or condition of this Agreement, shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Agreement. No failure to act shall be construed as a waiver of any term, provision, condition or rights granted hereunder.

14.9 Non-Assignment. No Party may assign its rights in this Agreement or delegate its duties under this Agreement to a third party without first obtaining the prior written consent of the other Parties.

14.10 Severability. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Agreement shall not be affected thereby, but, each term and provision shall be valid and be enforced to the fullest extent permitted by law.

14.11 Usage. All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things may require, or "any" shall mean "any and all"; "or" shall mean "and/or" and "including" shall mean "including without limitation.

14.12 Headings. The headings of the various sections of this Agreement have been inserted only for the purposes of convenience, are not part of this Agreement and shall not be deemed in any manner to modify, explain, qualify or restrict any of the provisions of this Agreement.

14.13 Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Signatures sent by telecopy or electronic mail transmissions shall constitute originals.

14.14 Access to Records and Information. If and to the extent applicable to this Agreement and to any agreement contemplated hereunder or entered into pursuant hereto between or among the Parties, the Parties agree to comply with the requirements of Public Law 96-499, Section 952 (Section 1861(v)(1)(I) of the Social Security Act) and regulations promulgated thereunder.

[Signatures on Following Page]

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed as of the day and year first above written.

**MEADOWS MENNONITE RETIREMENT
COMMUNITY ASSOCIATION, INC.**

By: _____
Name: _____
Its: _____

THE VILLAS AT MERCY CREEK, NFP

By: Judy Amiano
Name: Judy Amiano
Its: President

**FRANCISCAN SISTERS OF CHICAGO
SERVICE CORPORATION**

By: Judy Amiano
Name: Judy Amiano
Its: President - CEO

[Signature Page to Change of Membership, Transfer of Assets and Services, and
Assumption of Liabilities Agreement]

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed as of the day and year first above written.

**MEADOWS MENNONITE RETIREMENT
COMMUNITY ASSOCIATION, INC.**

By: Thomas A. Smith
Name: Thomas A. Smith
Its: CEO

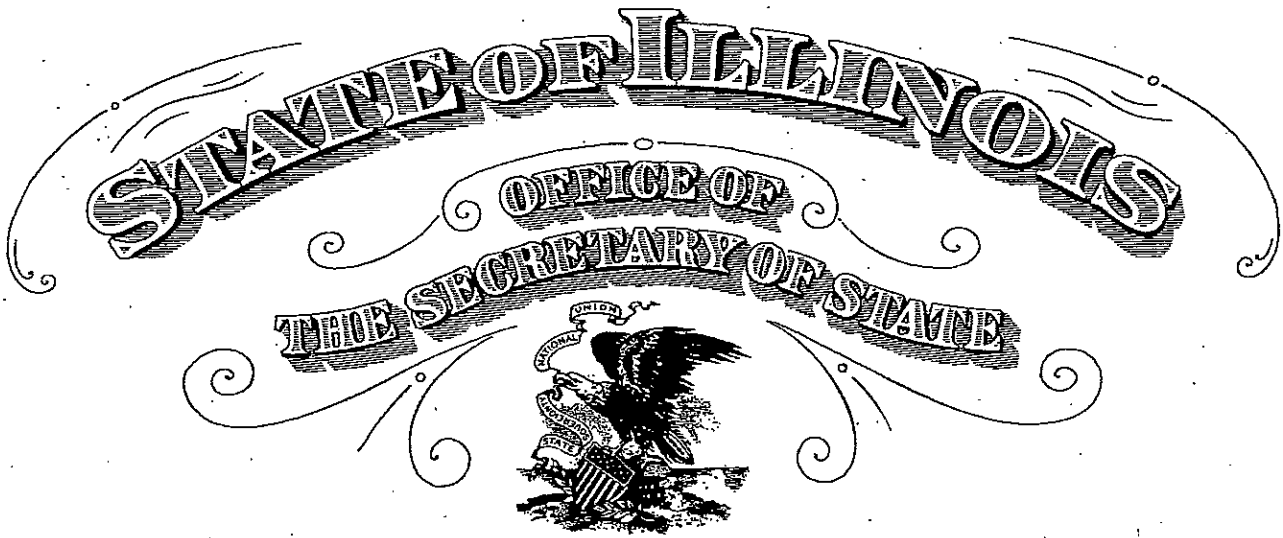
THE VILLAS AT MERCY CREEK, NFP

By: Thomas A. Smith
Name: Thomas A. Smith
Its: CEO

**FRANCISCAN SISTERS OF CHICAGO
SERVICE CORPORATION**

By: (Please see back)
Name: _____
Its: _____

[Signature Page to Change of Membership, Transfer of Assets and Services, and
Assumption of Liabilities Agreement]



To all to whom these Presents Shall Come, Greeting:

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

FRANCISCAN SISTERS OF CHICAGO SERVICE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 22, 1988, ADOPTED THE ASSUMED NAME FRANCISCAN MINISTRIES SPONSORED BY THE FRANCISCAN SISTERS OF CHICAGO ON FEBRUARY 17, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of JUNE A.D. 2018 .



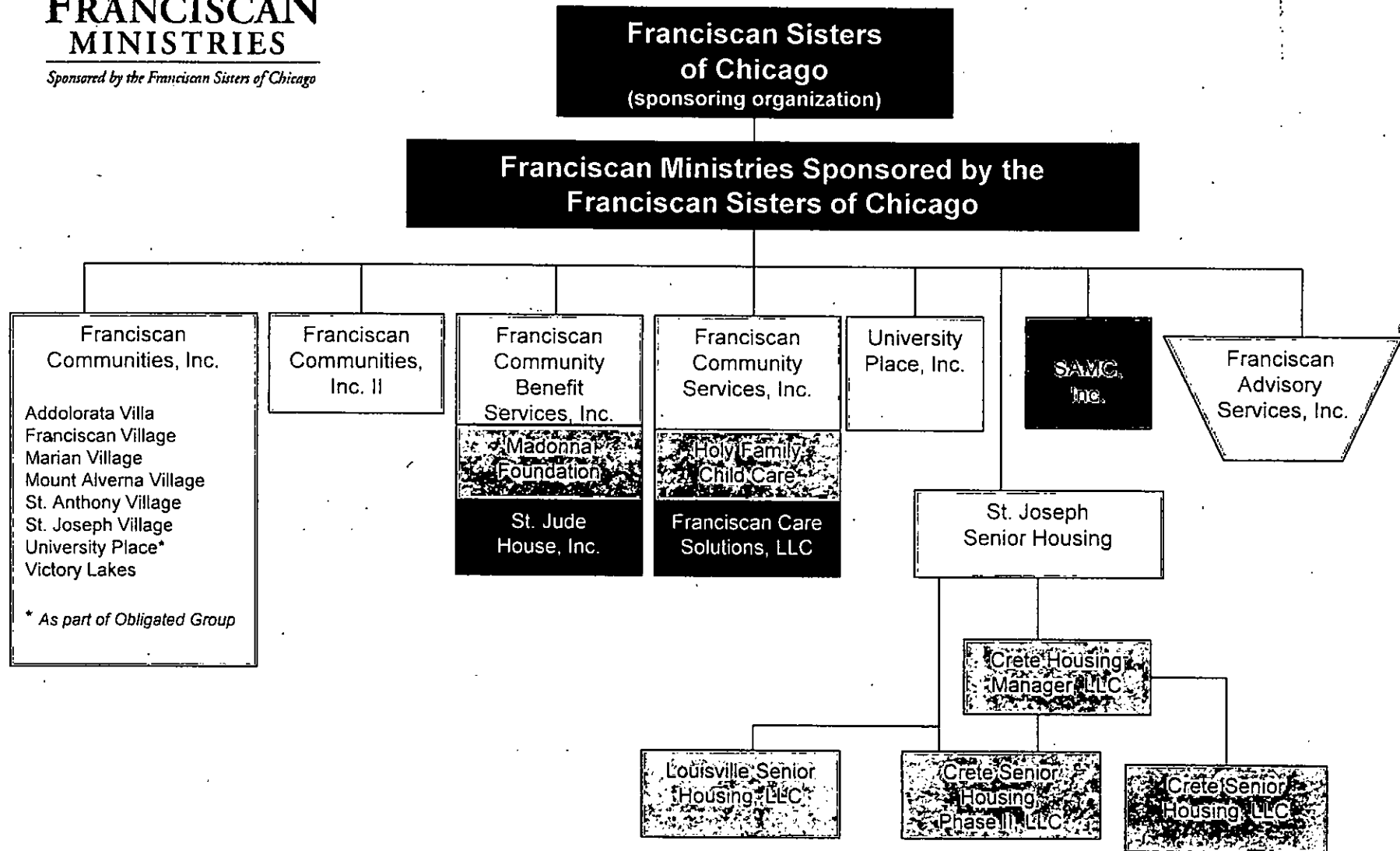
Authentication #: 1816402302 verifiable until 06/13/2019
Authenticate at: <http://www.cyberdriveillinois.com>

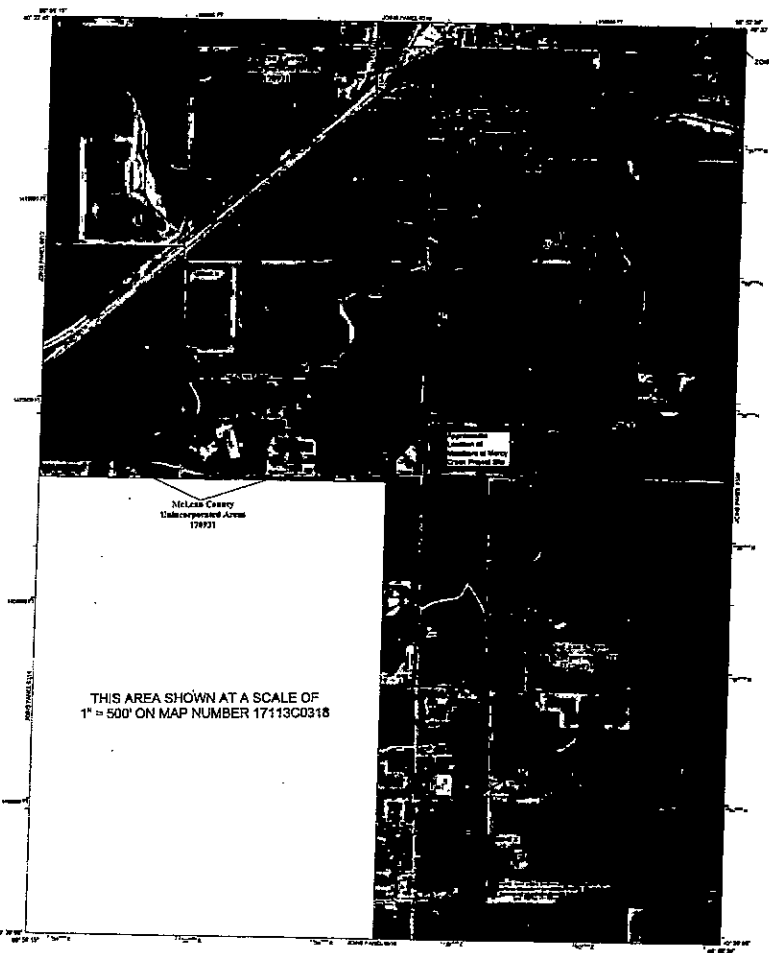
Jesse White

SECRETARY OF STATE

Franciscan Ministries

Legal Organizational Chart



[illegible][illegible][illegible]



October 24, 2017

Ms. Jessica Basile
Director of Plant Resources at Franciscan Ministries
Franciscan Sisters of Chicago
11500 Theresa Drive
Lemont, IL 60439

Re: Flood Plain - Meadows at Mercy Creek Skilled Nursing Facility (SNF) and Memory Care Development
Normal, IL

Jessica:

To the best of our knowledge, and based upon the information we are aware of to date, it appears that the site designated for the proposed SNF referenced above will not be located within a flood plain. Please reference the attached Flood Insurance Rate Map (FIRM) provided online by the National Flood Insurance Program (NFIP).

Location: Currently known as 1501 Mercy Creek Drive on the northeast side of Normal, Illinois.

Existing Facility: The current site was developed in 2012 with a 62,000 SF two-story, 60 unit assisted living building. The site was zoned and master planned for future senior living development.

Proposed Addition: The newly proposed project will consist of a one story wood framed building (approximately 44,800 SF) connected to the north and west sides of the existing Meadows at Mercy Creek Assisted Living Community. The new building will be home to forty private skilled nursing care (SNF) beds, split into two small house neighborhoods of twenty beds. Contiguous to these forty beds will be sixteen private assisted living memory care (ALMC) apartments designed to skilled care regulations (I-2 occupancy) but operated as a household of assisted living memory care. The architecture of the new nursing care building will complement the existing assisted living building.

Sincerely,
BLDD Architects, Inc.

Scott M. Likins, AIA, NCARB
Principal

Attachments: Flood Insurance Rate Map - Overall
Flood Insurance Rate Map - Enlarged



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

McLean County

Normal

CON - New Addition for Skilled Nursing Facility and Memory Care Development, Meadows at Mercy Creek.

1501 Mercy Creek Dr.

SHPO Log #010102617

November 7, 2017

Scott Likins, AIA

BLDD Architects, Inc.

833 W. Jackson Blvd., Suite 100

Chicago, IL 60607

Dear Mr. Likins:

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 David Halpin, Cultural Resources Manager, at 217/785-4998.

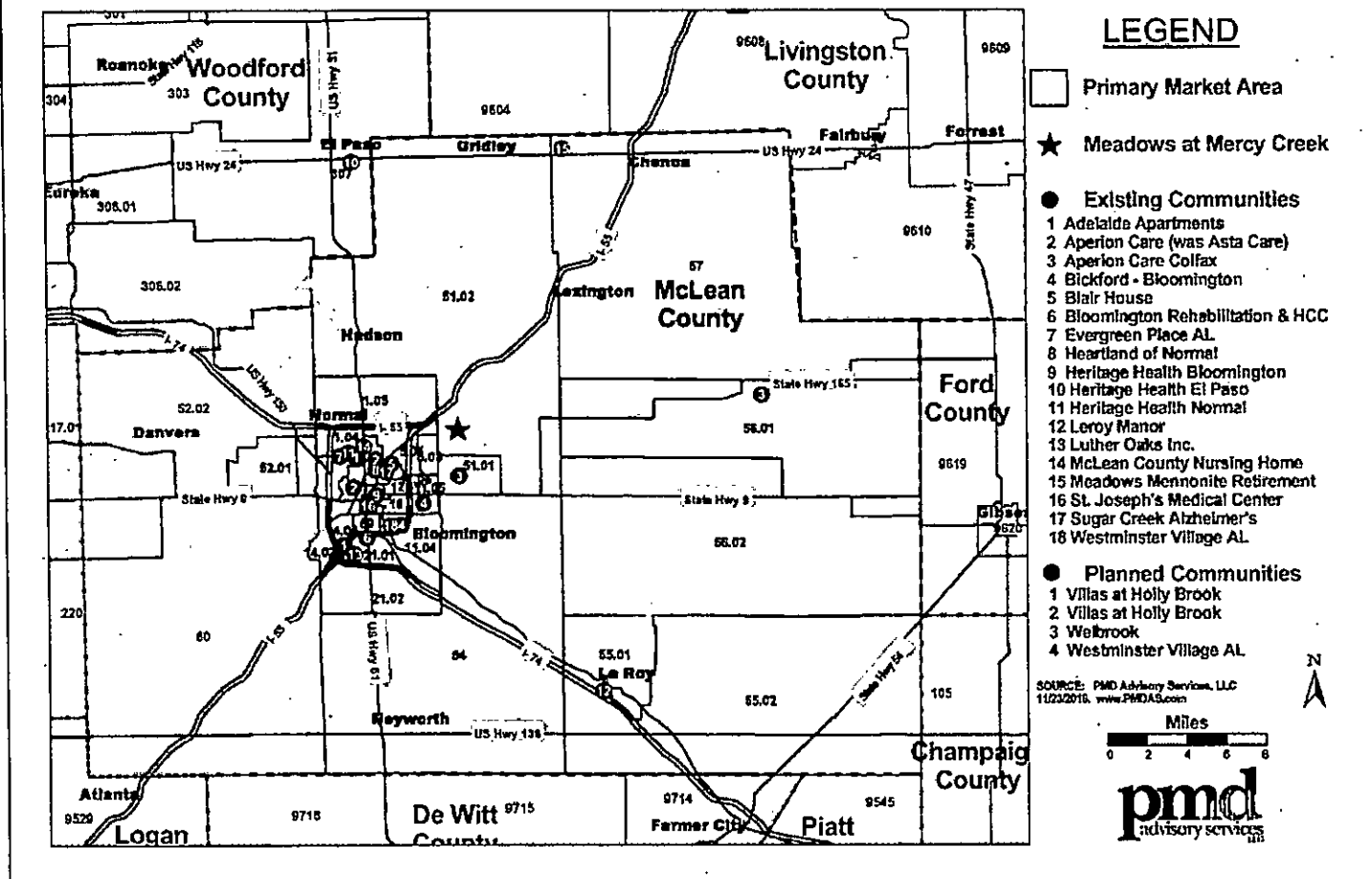
Sincerely,

Rachel Leibowitz, Ph.D.

Deputy State Historic

Preservation Officer

Competitive Communities Map Meadows at Mercy Creek Primary Market Area



Map 6-1: Competitive Communities Mercy Creek PMA

Meadows Mercy SNF Comps in 30 Mile Zips

Community	Street Address	City	State	Zip	# of Beds
APERION CARE BLOOMINGTON	1509 NORTH CALHOUN STREET	BLOOMINGTON	IL	61701	117
BLOOMINGTON REHABILITATION&HCC	1925 SOUTH MAIN STREET	BLOOMINGTON	IL	61701	78
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET	EL PASO	IL	61738	123
EVENGLOW LODGE	215 EAST WASHINGTON	PONTIAC	IL	61764	73
FAIRVIEW HAVEN	605 NORTH 4TH ST	FAIRBURY	IL	61739	63
FLANAGAN REHABILITATION & HCC	201 EAST FALCON HIGHWAY	FLANAGAN	IL	61740	43
GOOD SAMARITAN - FLANAGAN	205 NORTH ADAMS STREET	FLANAGAN	IL	61740	60
GOOD SAMARITAN-PONTIAC	1225 S EWING DRIVE	PONTIAC	IL	61764	90
HEARTLAND OF NORMAL	510 BROADWAY	NORMAL	IL	61761	116
HERITAGE HEALTH-BLOOMINGTON	700 E. WALNUT STREET	BLOOMINGTON	IL	61701	88
HERITAGE HEALTH-EL PASO	555 E. CLAY	EL PASO	IL	61738	65
HERITAGE HEALTH-NORMAL	509 N. ADELAIDE	NORMAL	IL	61761	141
LEROY MANOR	509 SOUTH BUCK ROAD,P.O.BOX	LEROY	IL	61752	102
LUTHER OAKS	601 LUTZ ROAD	BLOOMINGTON	IL	61704	18
MCLEAN COUNTY NURSING HOME	901 NORTH MAIN	NORMAL	IL	61761	150
MEADOWS MENNONITE HOME	24588 CHURCH STREET	CHENOA	IL	61726	116
PONTIAC HEALTHCARE AND REHAB	300 WEST LOWELL	PONTIAC	IL	61764	97
ST JOSEPH'S MEDICAL CENTER	2200 EAST WASHINGTON STREET	BLOOMINGTON	IL	61701	12
WESTMINSTER VILLAGE	2025 EAST LINCOLN STREET	BLOOMINGTON	IL	61701	78

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

9/1/2017
Page A-60

Planning Area: McLean			General Nursing Care	
Facility Name	City	County/Area	Beds	2015 Patient Days
APERION CARE COLFAX	COLFAX	McLean County	0	14,038
2/2/2017 Closure Facility closed; 60 Nursing Care beds removed from Inventory.				
ARBA CARE CENTER OF BLOOMINGTON	BLOOMINGTON	McLean County	117	34,725
BLOOMINGTON REHAB HLTHCARE CTR	BLOOMINGTON	McLean County	78	18,450
HEARTLAND OF NORMAL	NORMAL	McLean County	116	31,814
HERITAGE HEALTH - BLOOMINGTON	BLOOMINGTON	McLean County	88	25,456
3/25/2016 Bed Change Discontinued 23 Nursing Care beds; facility now has 88 Nursing Care beds.				
HERITAGE HEALTH - NORMAL	NORMAL	McLean County	141	42,223
3/25/2016 Bed Change Discontinued 23 Nursing Care beds; facility now has 141 Nursing Care beds.				
LEROY MANOR	LEROY	McLean County	102	25,121
LUTHER OAKS	BLOOMINGTON	McLean County	18	
11/7/2016 13-067 Facility licensed for operation with 18 Nursing Care beds.				
MCLEAN COUNTY NURSING HOME	NORMAL	McLean County	150	44,165
MEADOWS MENNONITE HOME	CHENOA	McLean County	130	36,690
ST. JOSEPH'S MEDICAL CENTER	BLOOMINGTON	McLean County	12	2,407
WESTMINSTER VILLAGE	BLOOMINGTON	McLean County	78	24,310
WESTMINSTER VILLAGE (PERMIT)	BLOOMINGTON	McLean County	18	
09/14/2017 16-052 permit issued to add 18 nursing care beds to existing long-term care facility; facility will have 96 nursing care beds upon project completion.				

Planning Area Totals									1,048	299,399		
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)			2015 Minimum Use Rates		2015 Maximum Use Rates			
004	0-64 Years Old	242,433	703,600	344.6			206.7		551.3			
	65-74 Years Old	285,843	69,900	4,089.3			2,453.6		6,542.9			
	75+ Years Old	1,562,338	57,600	27,123.9			16,274.4		43,398.3			
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days				
0-64 Years Old	24,628	151,400	162.7	206.7	551.3	206.7	164,800	34,070				
65-74 Years Old	35,876	11,100	3,232.1	2,453.6	6,542.9	3,232.1	14,500	46,865	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds	
75+ Years Old	238,895	8,900	26,842.1	16,274.4	43,398.3	26,842.1	9,000	241,579				
Planning Area Totals									322,514	881.2	979	69

Table 6-1: Competitive and Comparable Communities Mercy Creek PMA

			IL/AL		AL			DC/EF			SNF			
Community Name	Zip Code	Year Open	# of Res	% Occ	# of Beds	# Lic	% Occ	# of Beds	# Lic	% Occ	# of Beds	# Lic	% Occ	Type
Existing Communities														
Communities at Mercy Creek	61761	2012	4	100%	60	60	100%							IL/AL
Adelaide Apartments	61761	1960's	24	92%										IL
Aperion Care (was Asta Care)	61701	1978									117	117	94%	SNF
Aperion Care Colfax	61728	WNP									60	60	50%	SNF
Bickford - Bloomington	61704	1999	16	100%	49	55	100%	16	*	WNP				IL/AL/DC
Blair House	61761	1989	110	90%										IL
Bloomington Rehabilitation & HCC	61701	1970's									65	78	85%	SNF
Evergreen Place AL	61761	2001			60	60	98%							AL
Heartland of Normal	61761	1970									97	116	77%	SNF
Heritage Health Bloomington	61701	1964									85	111	97%	SNF
Heritage Health El Paso	61738	1973									65	65	85%	SNF
Heritage Health Normal	61761	1980's									141	141	98%	SNF
Leroy Manor	61752	WNP									101	102	62%	SNF
Luther Oaks Inc.	61704	2007	90	92%	38	40	100%	18	18	100%	18	**	83%	IL/AL/DC
McLean County Nursing Home	61761	1970's									150	150	71%	SNF
Meadows Mennonite Retirement	61726	1923	44	91%							114	116	93%	IL/SNF
St. Joseph's Medical Center	61701	WNP									11	12	36%	SNF
Sugar Creek Alzheimer's SCC	61761	2008						66	76	92%				DC
Westminster Village	61701	1979	198	100%	54	60	100%				78	78	100%	CCRC EF
Total Existing	18		486	95%	261	275	100%	100	94	96%	1102	1146	79%	

Table 6-1: Competitive and Comparable Communities Mercy Creek PMA Continued

			IL		AL			DC			SNF			
Community Name	Zip Code	Year Open	# of Res	% Occ	# of Beds	Lic	Occ	# of Beds	Lic	% Occ	# of Beds	Lic	Occ	Type
Planned Communities														
Villas at Mercy Creek	61761	TBD	12											IL
Villas of Holly Brook	61702	2018			79			32						AL/DC
Villas of Holly Brook	61701	2017			50			20						AL/DC
Welbrook Senior	61704	2017			54			26						AL/DC
Westminster Village	61701	2018	60		6			30			12			CCRC EF
Total Planned	5		72		189	0		108	0		12	0		
Total Existing and Planned	23		558	95%	450	275	100%	208	94	96%	1114	1146	79%	

WNP - Would not Provide

* Licensure Pending

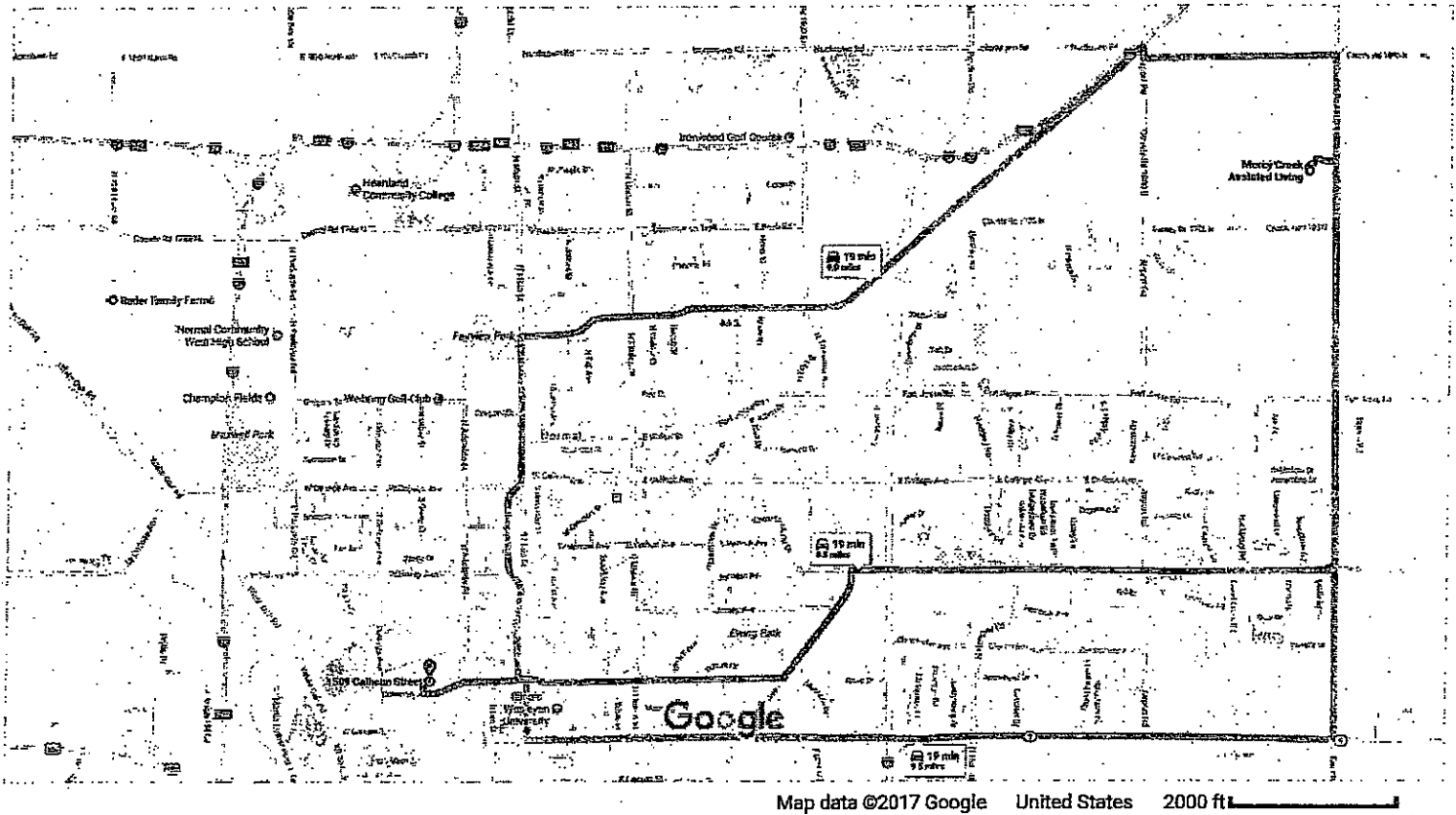
**Closed CON - Residents Only

SOURCE: PMD Advisory Services, LLC along with field, telephone, and internet research, as well as, client input.

Google Maps

Mercy Creek Assisted Living to 1509 Calhoun Street, Drive 8.5 miles, 19 min
Bloomington, IL

Aperion Care Bloomington



via County Rd 1900 E/Towanda-Barnes Rd and General Electric Rd

19 min

Best route

8.5 miles



via County Rd 1900 E/Towanda-Barnes Rd and E Empire St

19 min

9.5 miles



via Old U.S. Rte 66

19 min

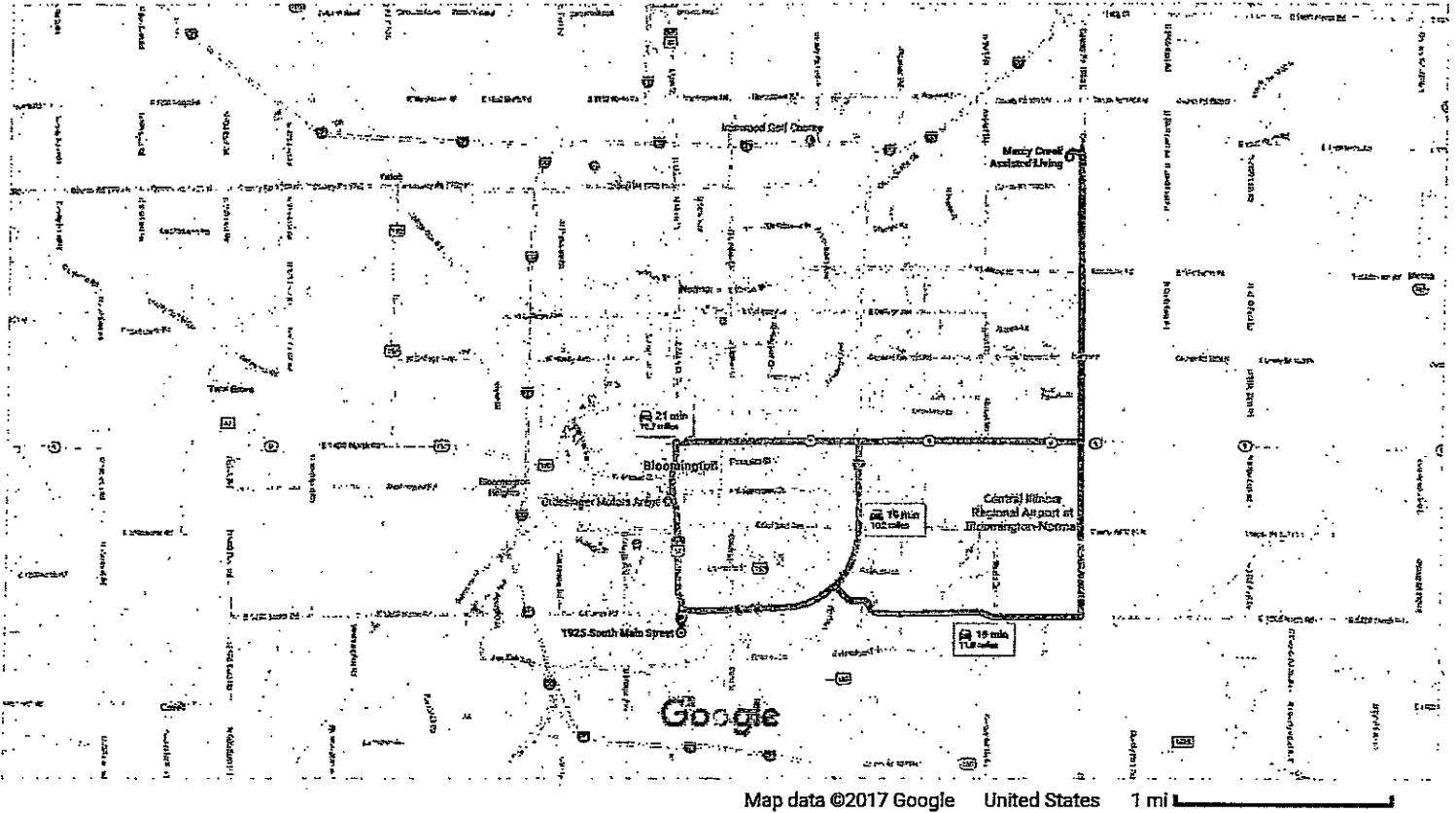
9.0 miles

Google Maps

Mercy Creek Assisted Living to 1925 S Main St,
Bloomington, IL 61704

Drive 11.0 miles, 19 min

Bloomington Rehabilitation & HCC



via County Rd 1900 E/Towanda-Barnes Rd and Ireland Grove Rd
Best route

19 min
11.0 miles



via County Rd 1900 E/Towanda-Barnes Rd and E Empire St

19 min
10.2 miles



via County Rd 1900 E/Towanda-Barnes Rd, E Empire St and S Center St

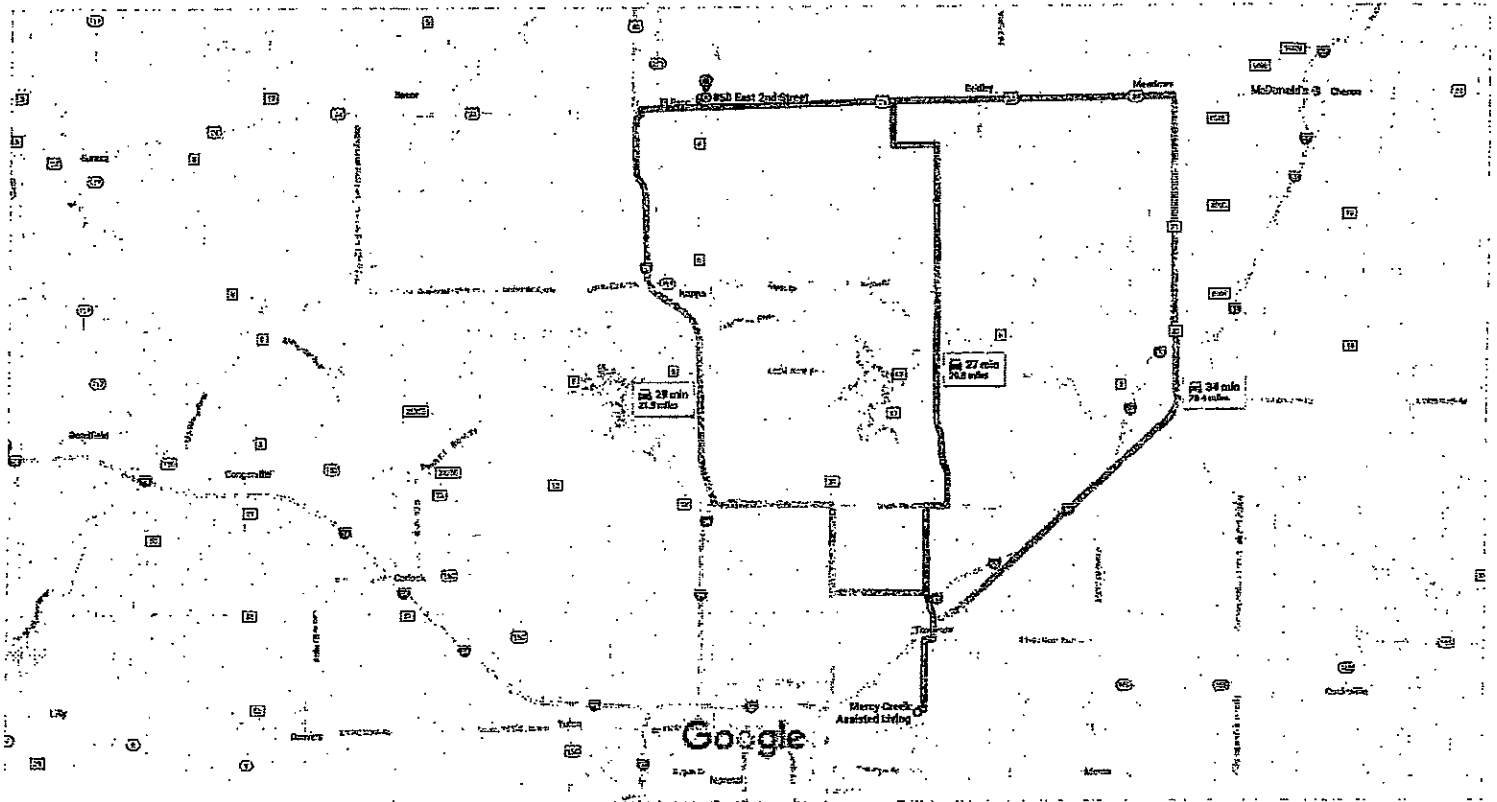
21 min
10.7 miles

Google Maps

Mercy Creek Assisted Living to 850 E 2nd St, El Paso, IL 61738

Drive 20.8 miles, 27 min

El Paso Health Care Center



Map data ©2017 Google United States

2 mi



via N 1925 East Rd

Fastest route, the usual traffic

27 min

20.8 miles



via I-39 N

29 min

21.5 miles



via Historic U.S. 66 E and US-24 W

34 min

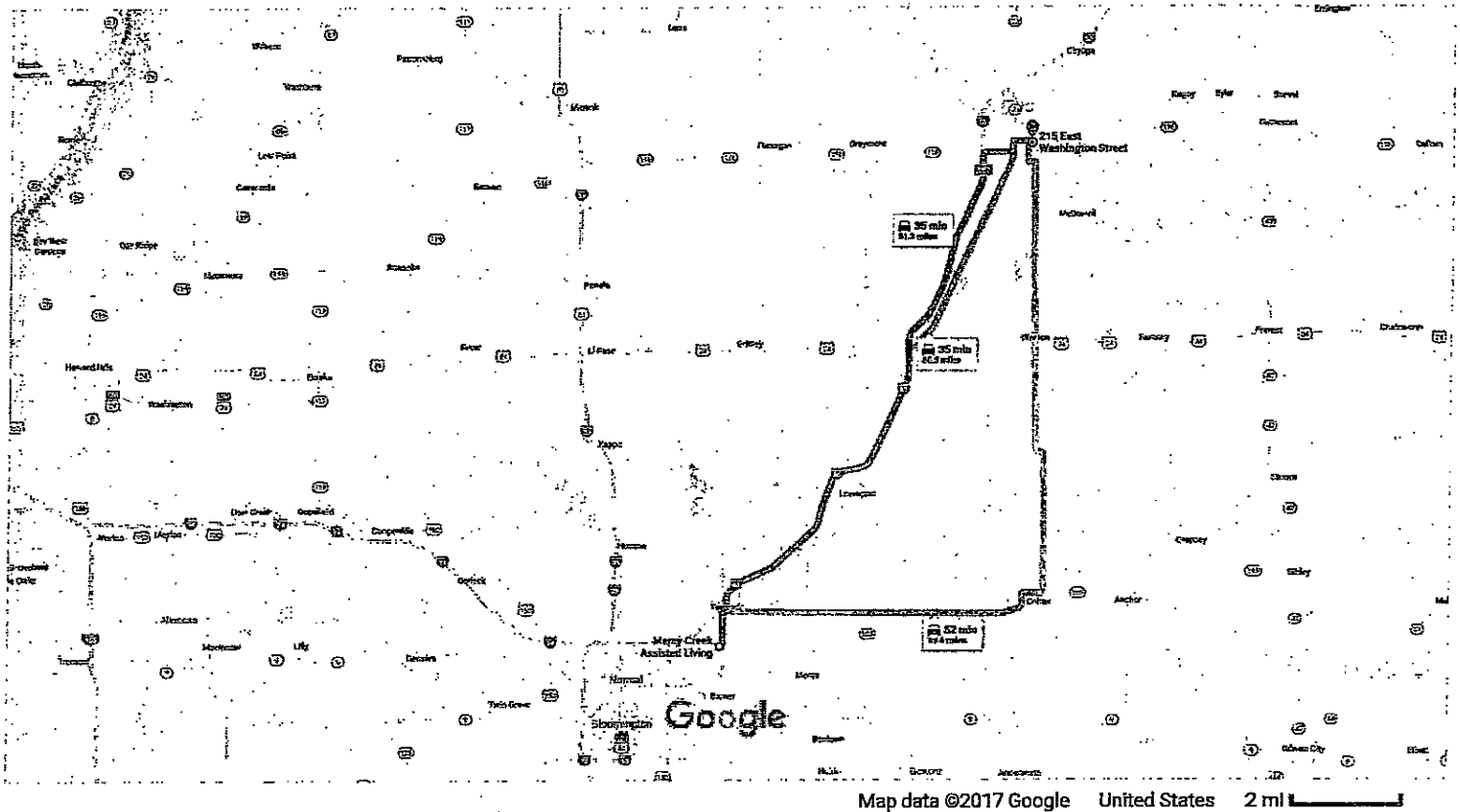
28.4 miles

Google Maps

Mercy Creek Assisted Living to 215 E Washington
St, Pontiac, IL

Drive 31.3 miles, 35 min

Evenglow Lodge



via I-55 N

35 min without traffic

35 min

31.3 miles



via I-55 N and Historic U.S. 66 E

35 min without traffic

35 min

30.5 miles



via E 1900 North Rd

52 min without traffic

52 min

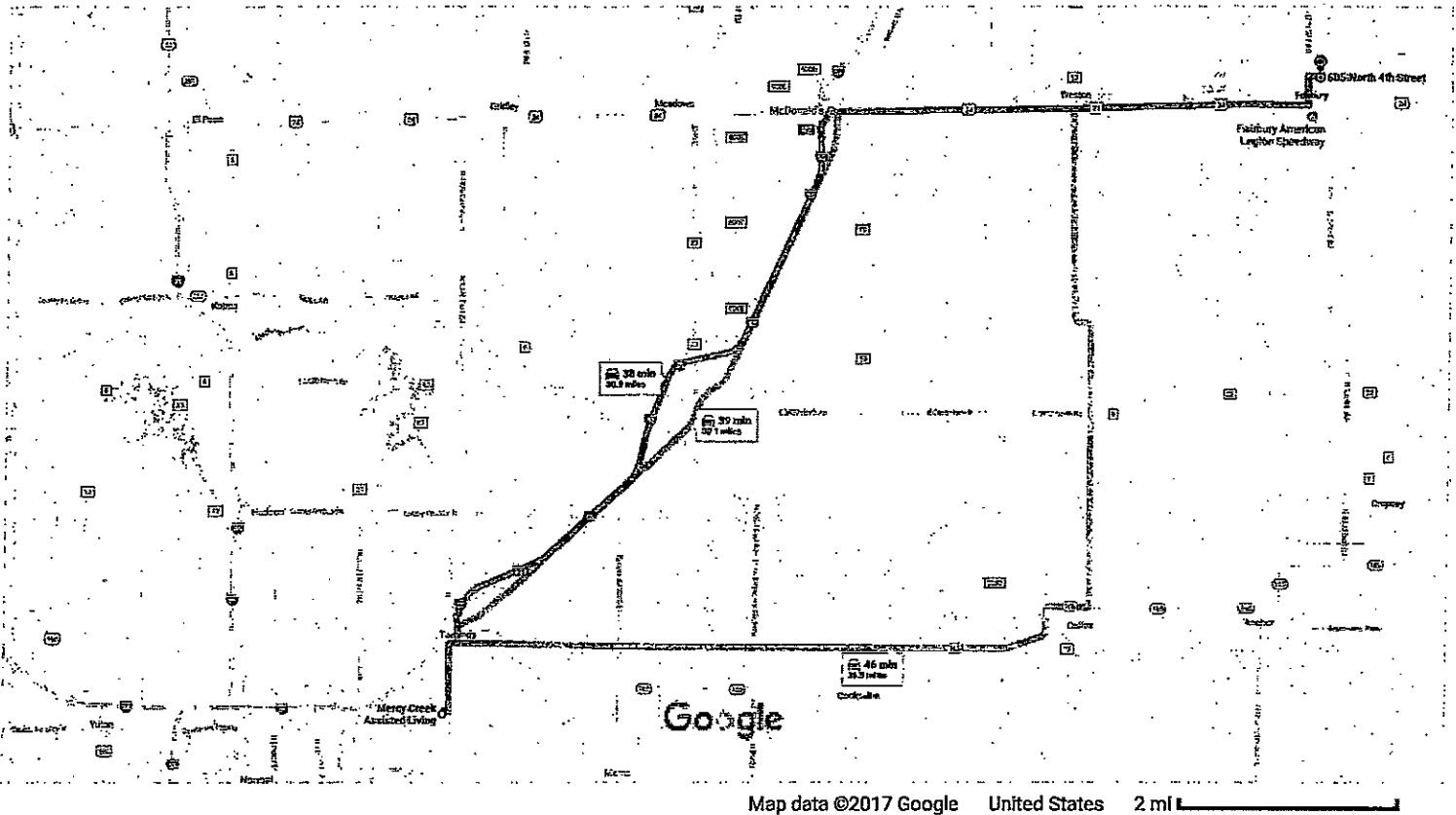
39.6 miles

Google Maps

Mercy Creek Assisted Living to 605 N 4th St,
Fairbury, IL

Drive 30.9 miles, 38 min

Fairview Haven



via I-55 N and US-24 E

38 min without traffic

38 min

30.9 miles



via Historic U.S. 66 E and US-24 E

39 min without traffic

39 min

30.1 miles



via E 1900 North Rd

46 min without traffic

46 min

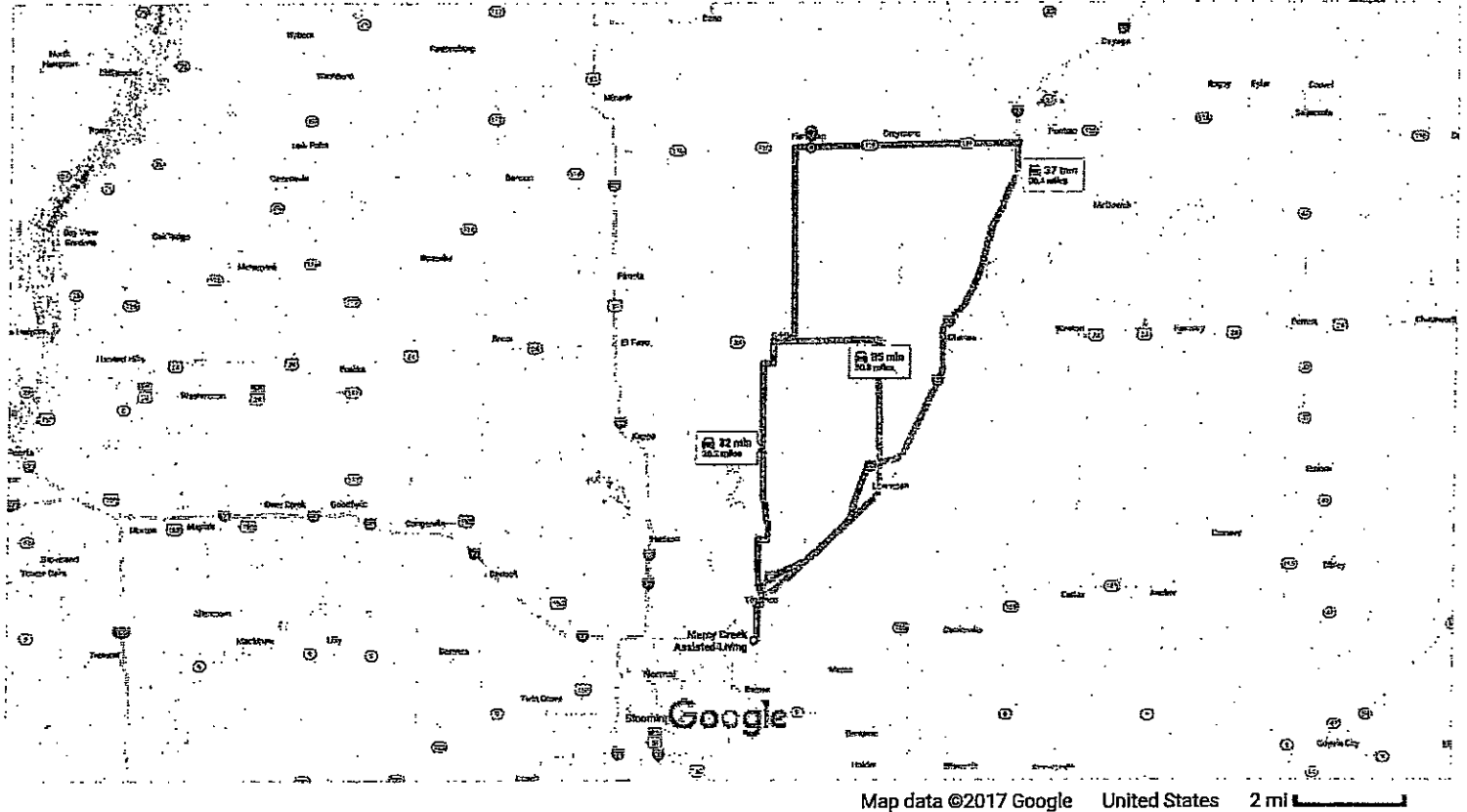
36.3 miles

Google Maps

Mercy Creek Assisted Living to 201 East Falcon Highway, Flanagan, IL

Drive 26.2 miles, 32 min

Flanagan Rehabilitation & HCC



Map data ©2017 Google United States 2 mi



via N 1925 East Rd and N 300 E Rd
Fastest route, the usual traffic

32 min
26.2 miles



via Historic U.S. 66 E and N 300 E Rd

35 min
30.8 miles



via I-55 N and IL-116 W/1700 N Rd

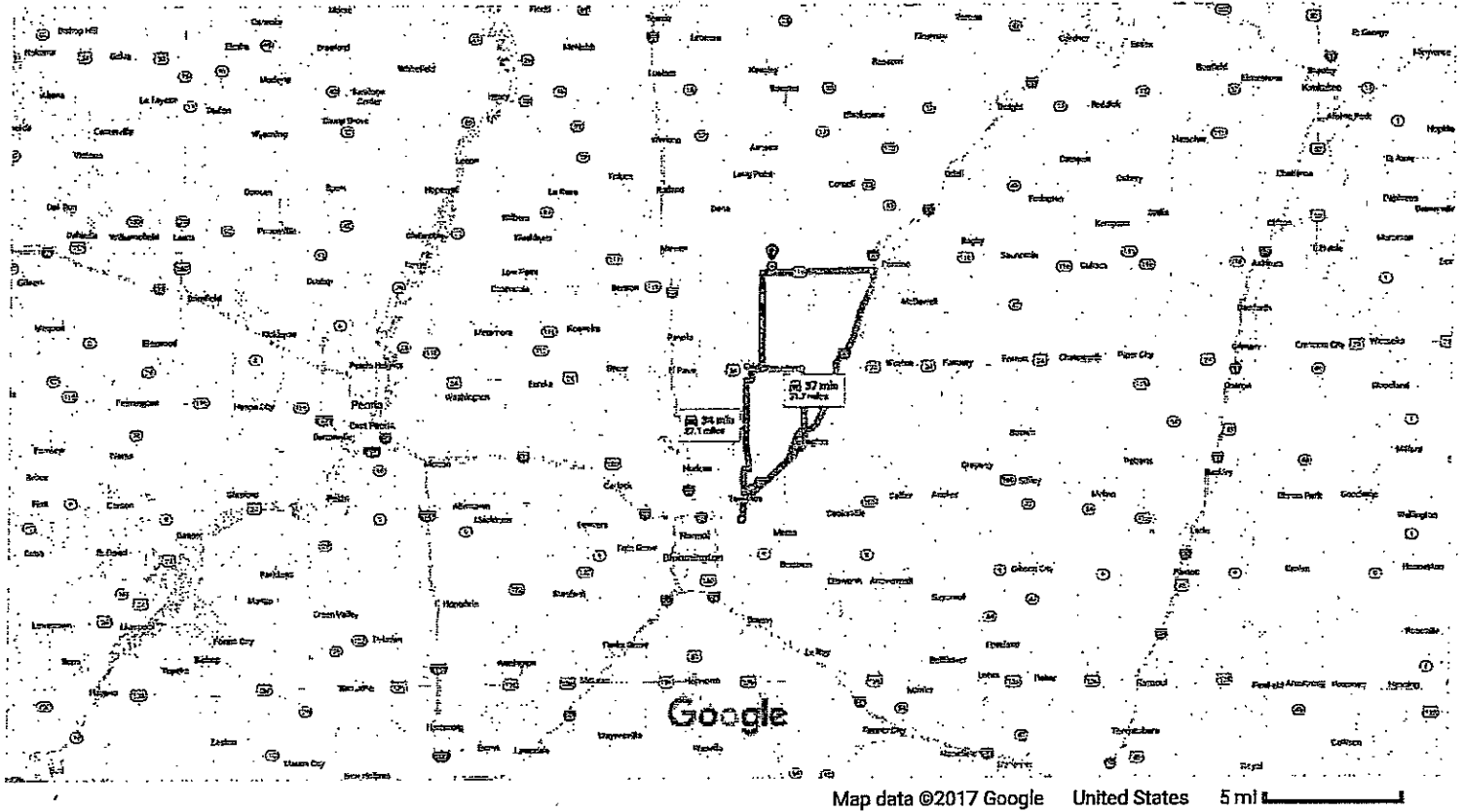
37 min
38.4 miles

Google Maps

Mercy Creek Assisted Living to 205 North Adams Street, Flanagan, IL 61740

Drive 27.1 miles, 34 min

Good Samaritan-Flanagan



Map data ©2017 Google United States 5 mi



via N 1925 East Rd and N 300 E Rd
Fastest route, the usual traffic

34 min
27.1 miles



via N 300 E Rd

37 min
31.7 miles



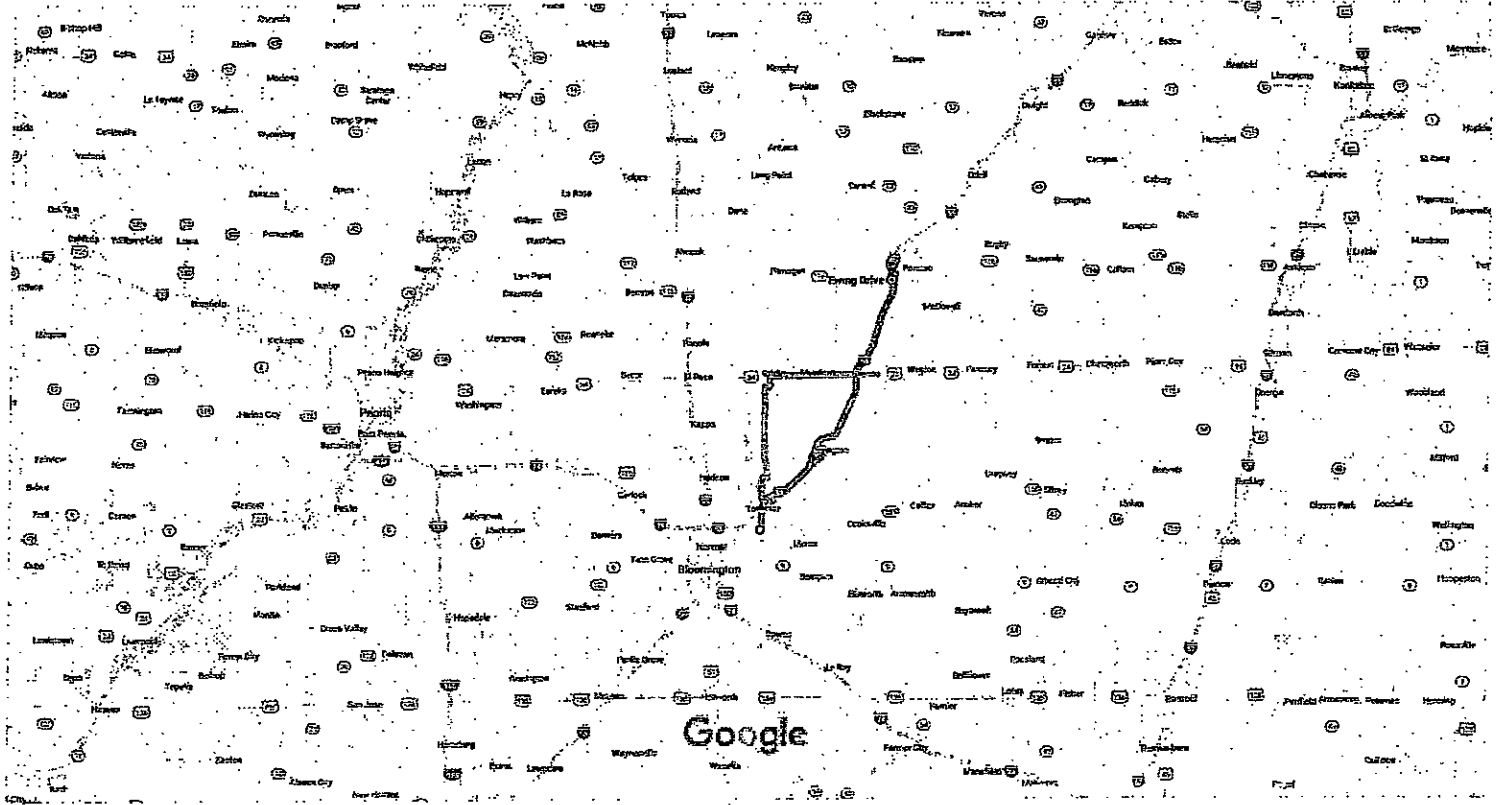
via I-55 N

39 min
38.7 miles

Google Maps

Mercy Creek Assisted Living to Ewing Dr, Pontiac, IL 61764 Drive 29.3 miles, 29 min

Good Samaritan-Pontiac



Map data ©2017 Google United States 5 mi



via I-55 N

Fastest route, the usual traffic

29 min

29.3 miles



via Historic U.S. 66 E and I-55 N

32 min

30.3 miles



via US-24 E/E 3100 North Rd/County Rd 3100 N and I-55 N

40 min

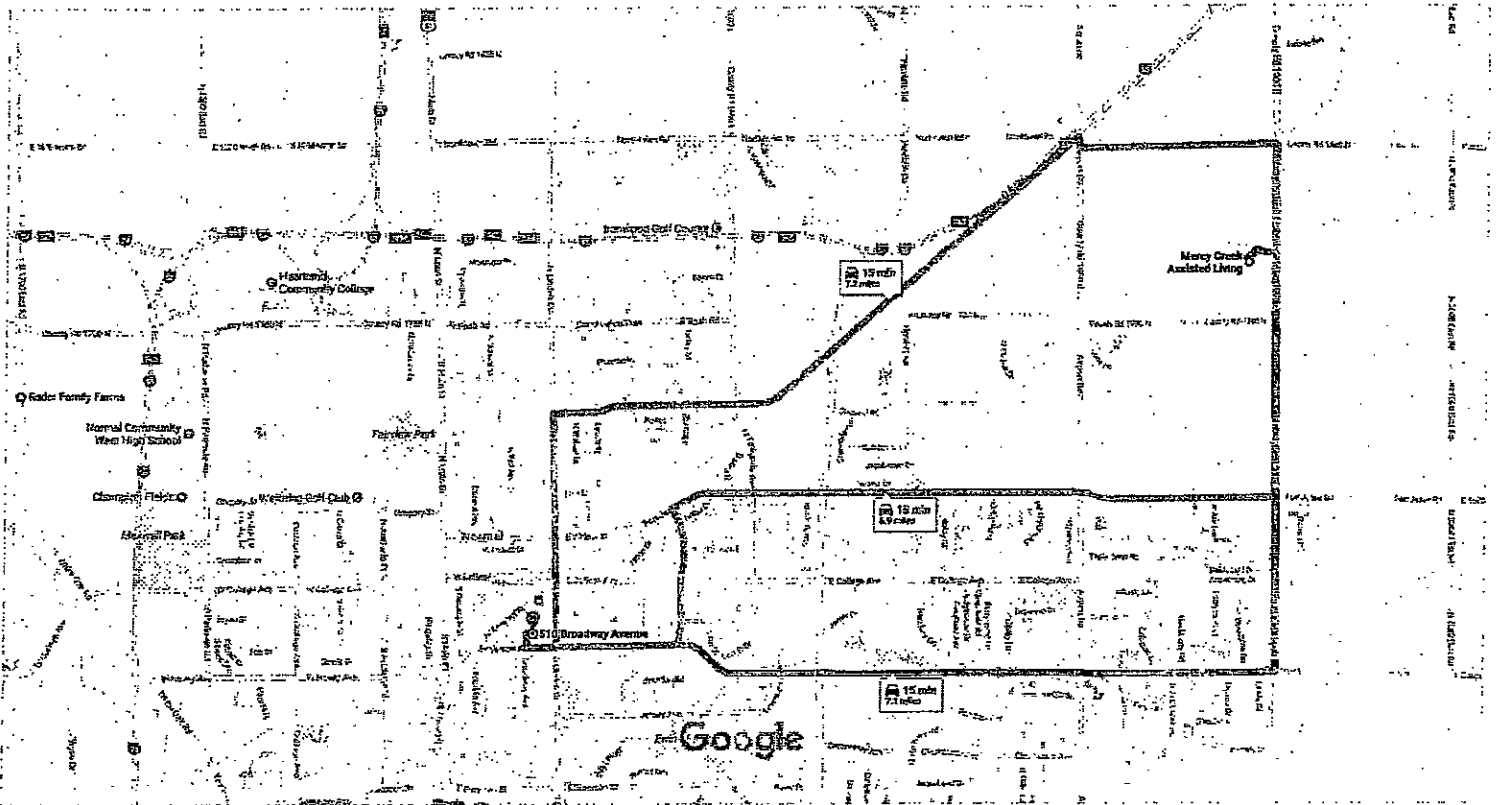
34.9 miles

Google Maps

Mercy Creek Assisted Living to 510 Broadway Ave,
Normal, IL 61761

Drive 7.1 miles, 15 min

Heartland of Normal



Map data ©2017 Google United States 2000 ft



via County Rd 1900 E/Towanda-Barnes Rd and General Electric Rd

15 min

Best route

7.1 miles



via Fort Jesse Rd

15 min

6.9 miles



via Old U.S. Rte 66

15 min

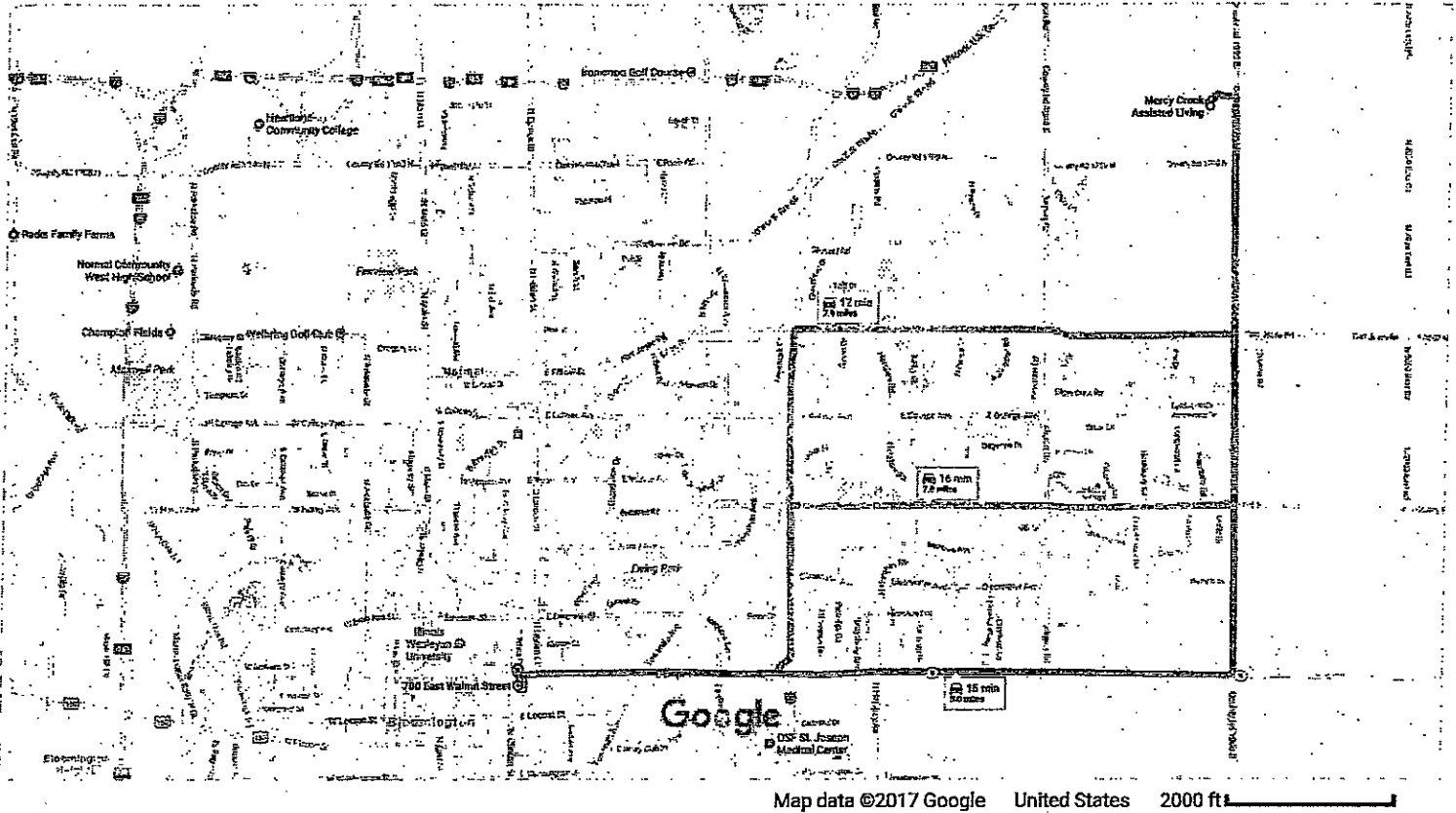
7.2 miles

Google Maps

Mercy Creek Assisted Living to 700 E Walnut St,
Bloomington, IL 61701

Drive 8.0 miles, 15 min

Heritage Health Bloomington



via County Rd 1900 E/Towanda-Barnes Rd and E Empire St
Fastest route, the usual traffic

15 min
8.0 miles



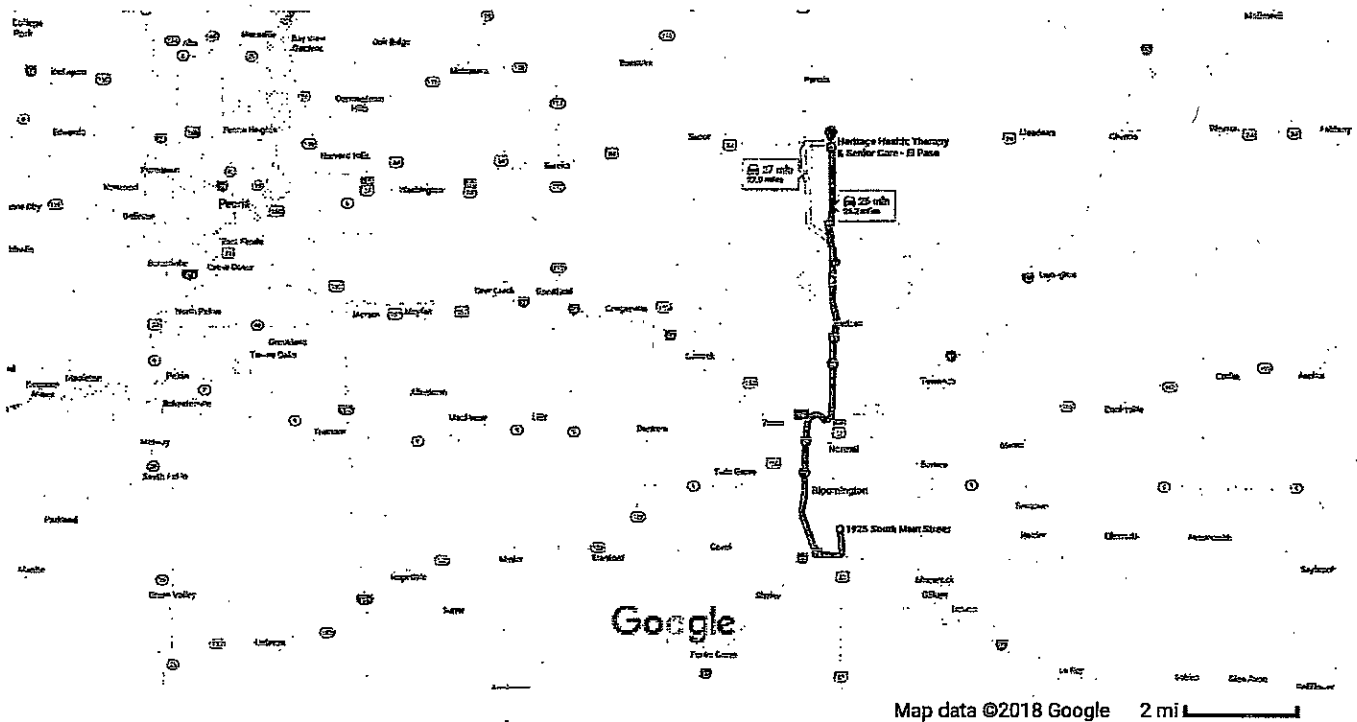
via County Rd 1900 E/Towanda-Barnes Rd and General Electric Rd

16 min
7.9 miles



via Fort Jesse Rd

17 min
7.9 miles



1925 S Main St
Bloomington, IL 61704

Get on I-74/US-51 N in Bloomington Township

1. Head south on US-51 BUS S/S Main St —2 min (1.5 mi)
2. Use the right lane to take the Interstate 74/U.S. 51 ramp to Peoria/Rockford —1.2 mi

Continue on I-74/US-51 N. Take I-39 N to IL-251 N in Hudson Township. Take exit 8 from I-39 N/US-51 N

3. Merge onto I-74/US-51 N —15 min (17.3 mi)
4. Continue onto I-55 N/US-51 N —7.6 mi
5. Take exit 164 for I-39/US-51 N toward Rockford —1.0 mi
6. Continue onto I-39 N/US-51 N —1.3 mi
7. Take exit 8 for IL-251 toward Kappa/Lake Bloomington Rd —7.2 mi

Follow IL-251 N and County Rd 2800 E to E Clay St in El Paso

—9 min (6.4 mi)

- 8. Turn right onto IL-251 N
-----0.2 mi
- 9. Turn left to stay on IL-251 N
-----2.2 mi
- 10. Turn right onto County Rd 600 N/State St
-----0.2 mi
- 11. Turn left onto County Rd 2800 E
-----3.8 mi
- 12. Turn left onto E Clay St
-----374 ft

Heritage Health: Therapy & Senior Care - El Paso

555 E Clay St, El Paso, IL 61738

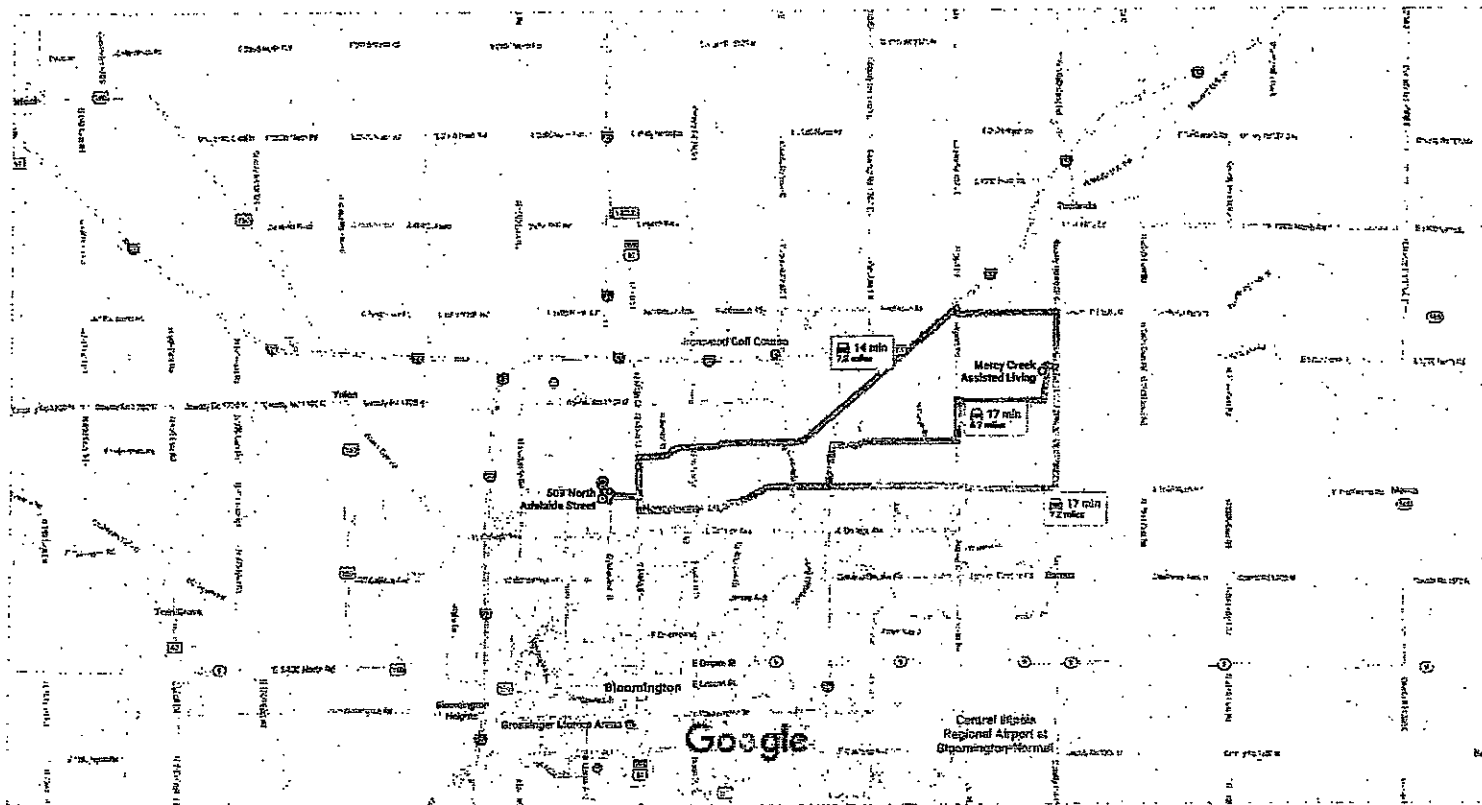
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

Mercy Creek Assisted Living to 509 N Adelaide St,
Normal, IL 61761

Drive 7.3 miles, 14 min

Heritage Health- Normal



Map data ©2017 Google United States

1 mi



via Old U.S. Rte 66

Fastest route, the usual traffic

14 min

7.3 miles



via Fort Jesse Rd

17 min

7.2 miles



via Shepard Rd

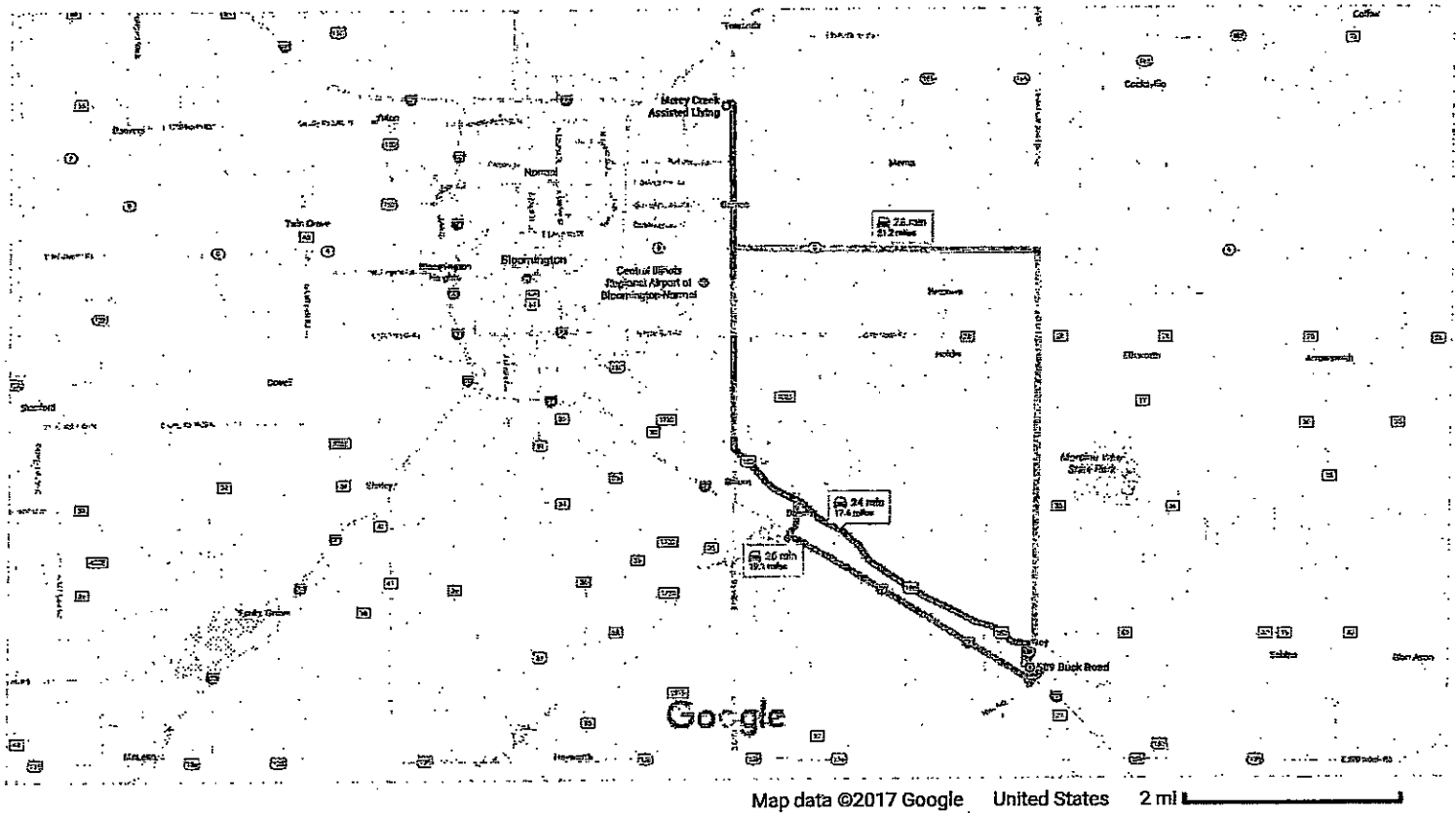
17 min

6.7 miles

Google Maps

Mercy Creek Assisted Living to 509 Buck Rd, Le Roy, IL Drive 17.6 miles, 24 min

Leroy Manor



via County Rd 1900 E/Towanda-Barnes Rd and US-150 E
Fastest route, the usual traffic

24 min
17.6 miles



via County Rd 1900 E/Towanda-Barnes Rd and I-74

26 min
19.1 miles



via IL-9 E/E 1400 North Rd/County Rd 1400 N and Leroy-Lexington Blacktop

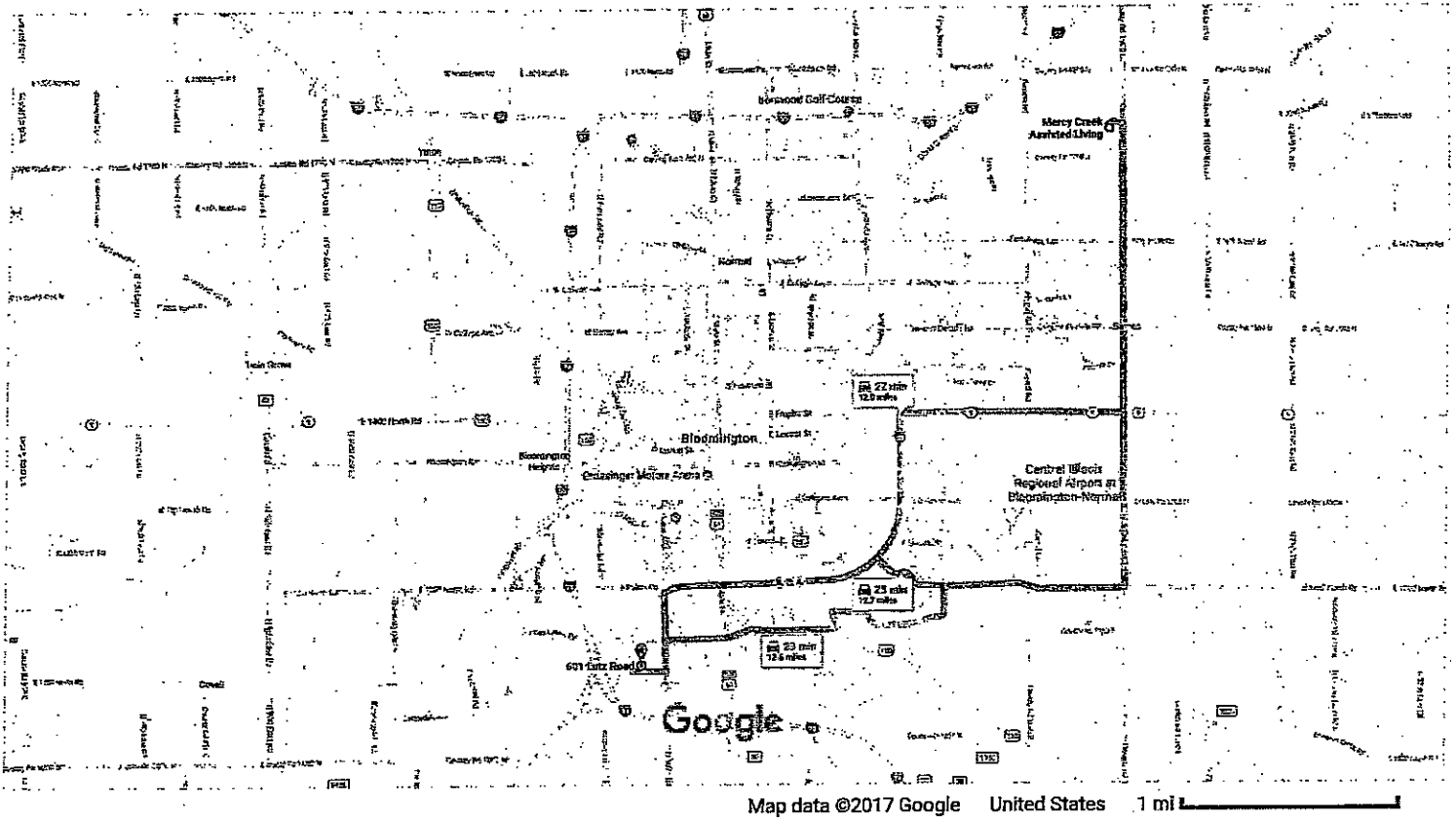
28 min
21.2 miles

Google Maps

Mercy Creek Assisted Living to 601 Lutz Rd,
Bloomington, IL

Drive 12.7 miles, 23 min

Luther Oaks



via County Rd 1900 E/Towanda-Barnes Rd
Best route

23 min
12.7 miles



via County Rd 1900 E/Towanda-Barnes Rd and E Empire St

22 min
12.0 miles



via County Rd 1900 E/Towanda-Barnes Rd and Ireland Grove Rd

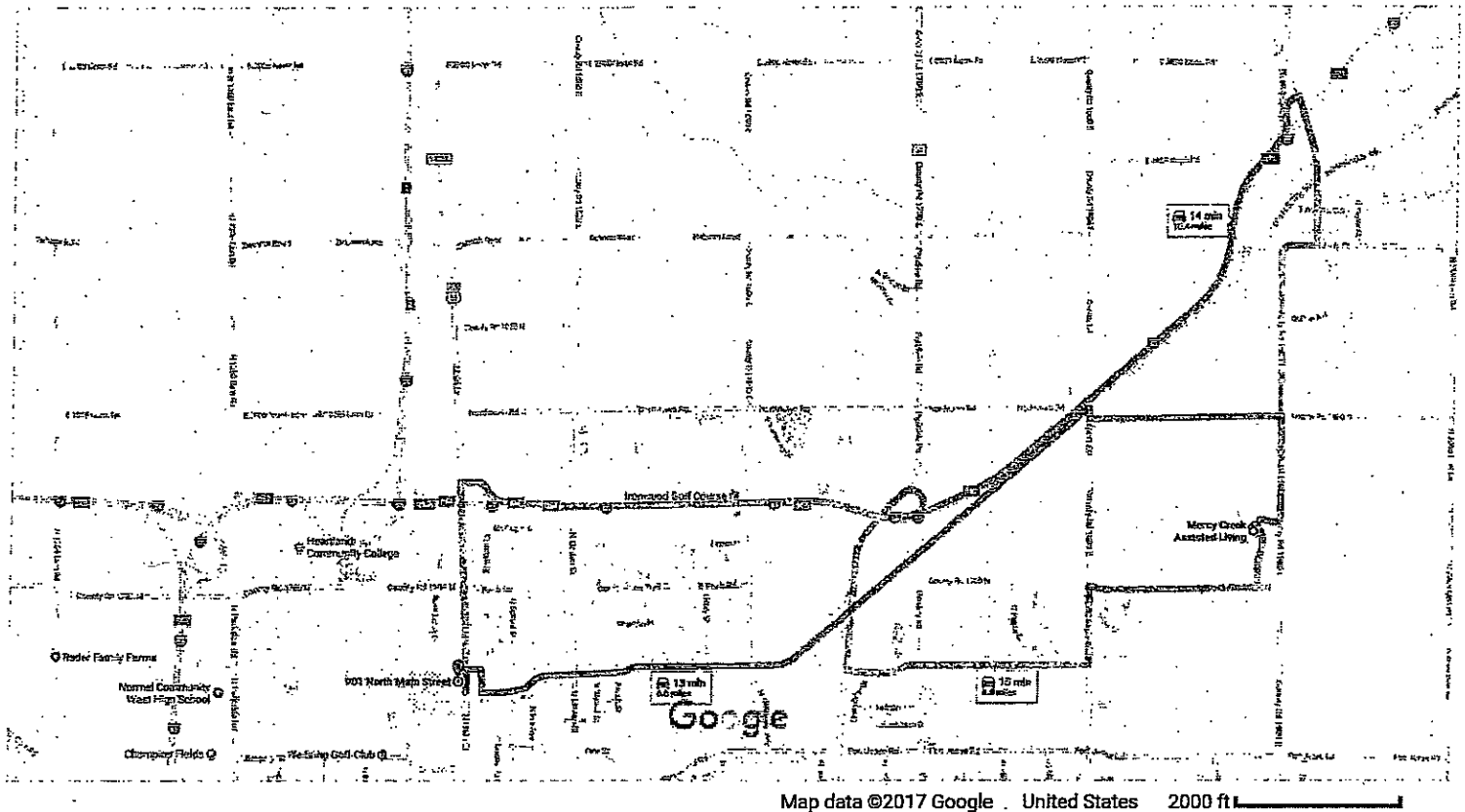
23 min
12.6 miles

Google Maps

Mercy Creek Assisted Living to 901 North Main
Street, Normal, IL

Drive 6.6 miles, 13 min

McLean County Nursing Home



via Old U.S. Rte 66 and Shelbourne Dr
Fastest route

13 min
6.6 miles



via I-55 S

14 min
10.4 miles



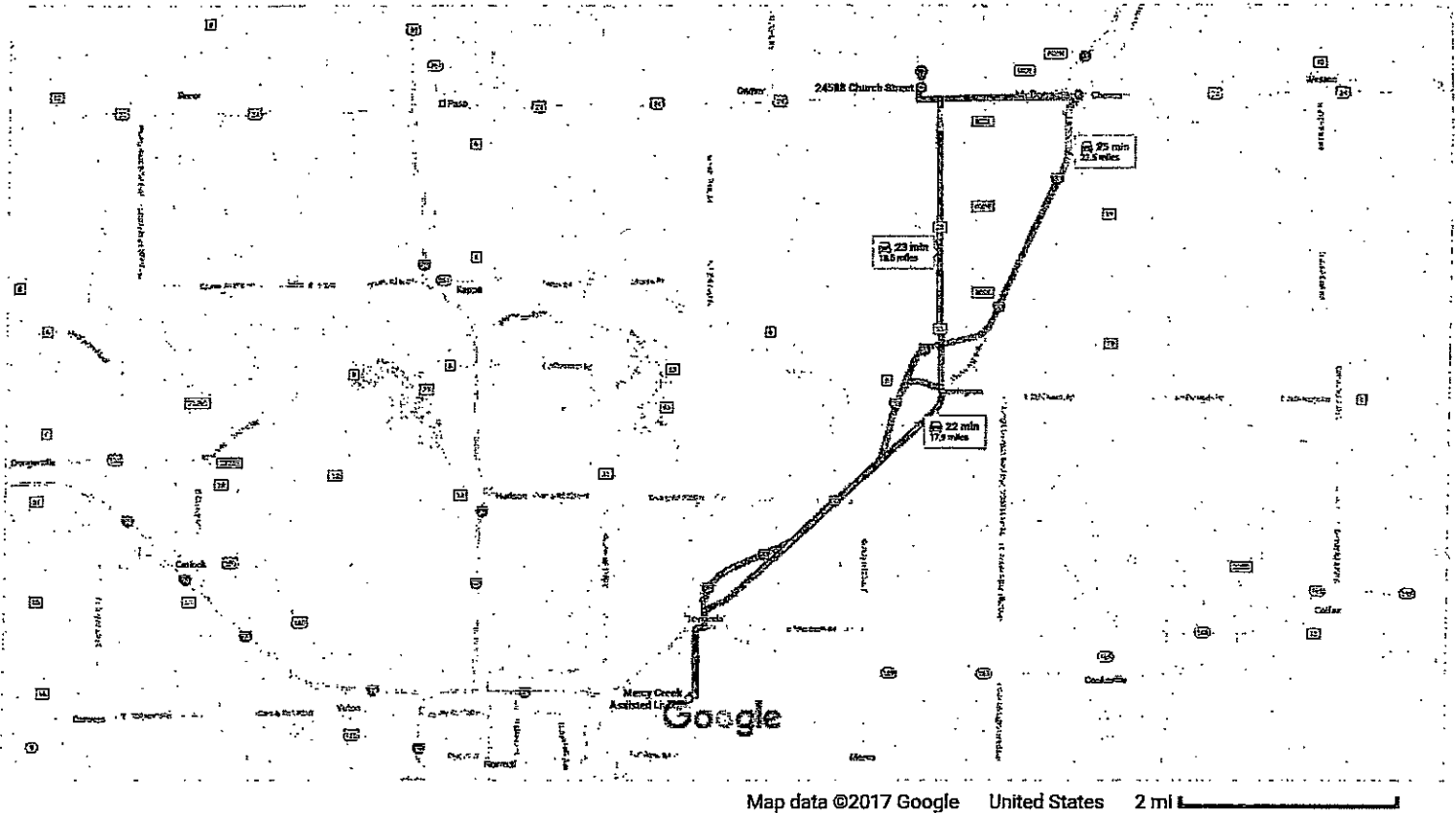
via Shepard Rd and I-55 S

15 min
8.8 miles

Google Maps

Mercy Creek Assisted Living to 24588 Church Street, Drive 17.9 miles, 22 min
Chenoa, IL

Meadows Mennonite Home



via Historic U.S. 66 E and County Hwy 23
Fastest route

22 min
17.9 miles



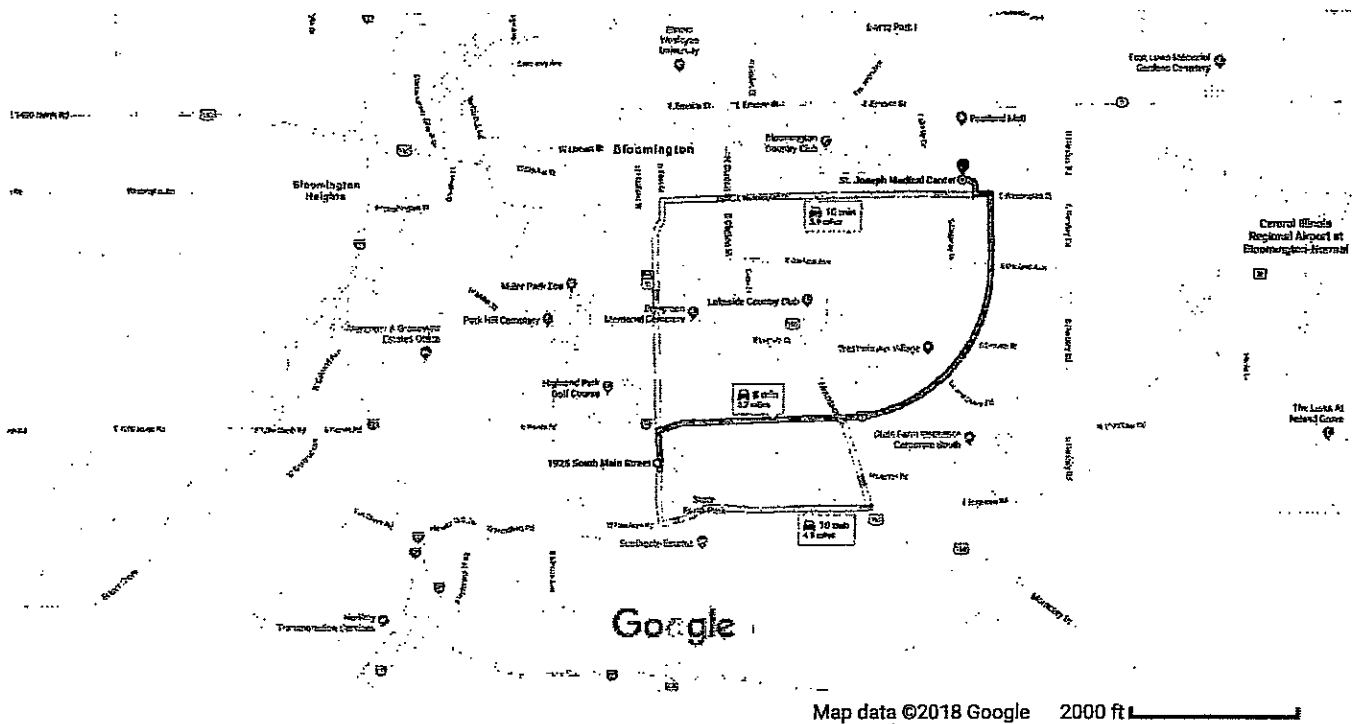
via I-55 N and County Hwy 23

23 min
18.5 miles



via I-55 N

25 min
22.5 miles



1925 S Main St

Bloomington, IL 61704

1. Head south on S Main St
210 ft
2. Make a U-turn
0.3 mi
3. Turn right to merge onto I-55BL/Historic U.S. 66 E/S Veterans Pkwy
Pass by Steak 'n Shake (on the right in 0.9 mi)
3.1 mi
4. Turn left onto E Washington St
0.1 mi
5. Turn right at the 1st cross street onto St Joseph Dr
0.1 mi
6. Continue straight to stay on St Joseph Dr
Destination will be on the left
177 ft

St. Joseph Medical Center

Bloomington, IL 61701

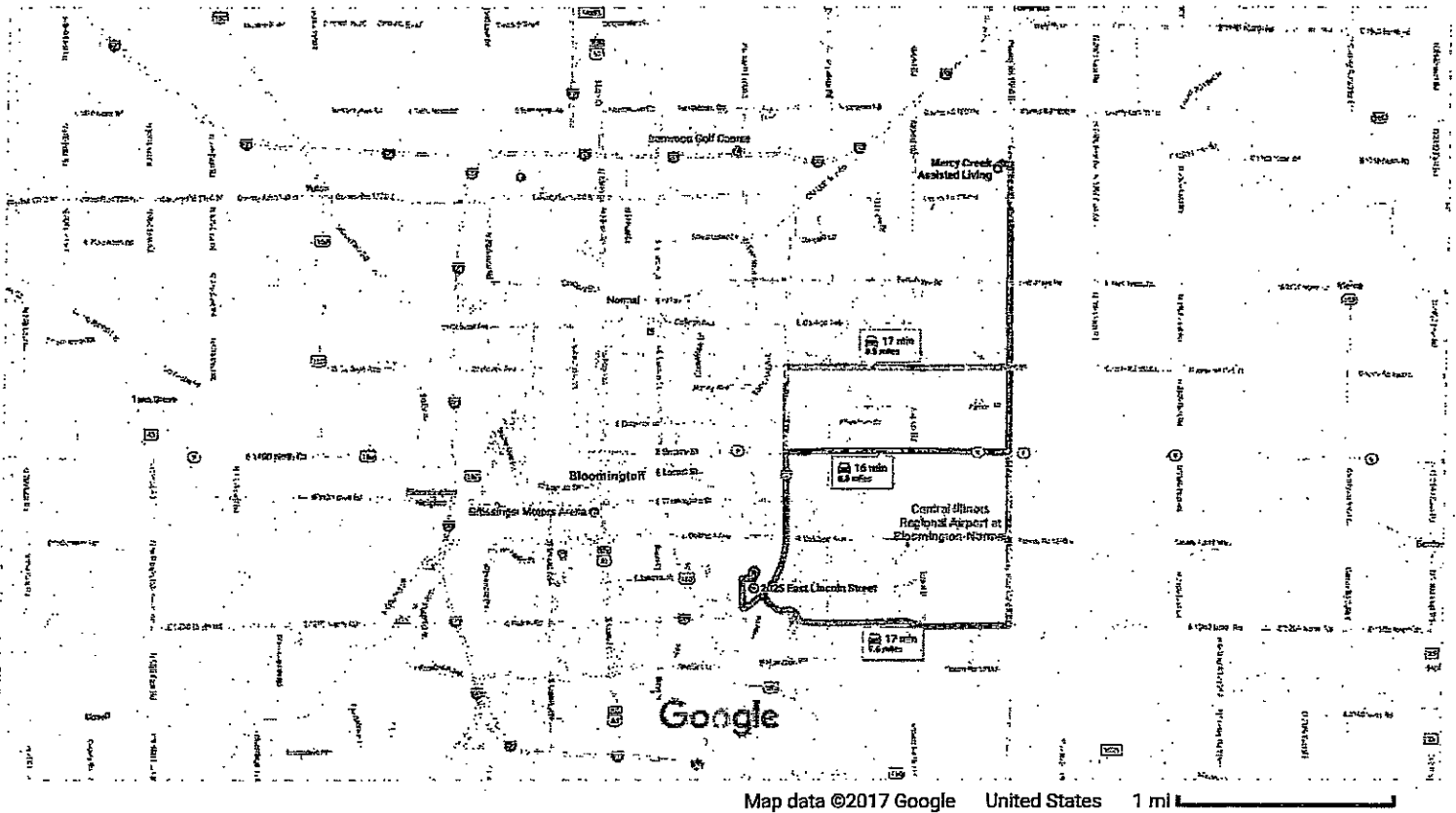
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



Mercy Creek Assisted Living to 2025 East Lincoln Street, Bloomington, IL

Drive 8.8 miles, 16 min

Westminister Village



via County Rd 1900 E/Towanda-Barnes Rd and E Empire St

16 min

Fastest route now due to traffic conditions

8.8 miles



via County Rd 1900 E/Towanda-Barnes Rd and Ireland Grove Rd

17 min

9.6 miles



via County Rd 1900 E/Towanda-Barnes Rd, General Electric Rd and Historic U.S. 66
W/N Veterans Pkwy

17 min

8.8 miles

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Nursing Care

Illinois Health Facilities and Services Review Board
 Illinois Department of Public Health

9/1/2017
 Page A - 50

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 4				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2020	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Champaign County	908	855	0	53
Clark County	245	215	0	30
Coles/Cumberland Counties	939	643	0	296
DeWitt County	190	210	20	0
Douglas County	233	188	0	45
Edgar County	299	270	0	29
Ford Counties	434	205	0	229
Iroquois County	486	401	0	85
Livingston County	518	423	0	95
McLean County	1048	982	0	66
Macon County	1096	902	0	194
Moultrie County	361	238	0	123
Piatt County	160	145	0	15
Shelby County	259	162	0	97
Vermilion County	766	605	0	161
HSA 4 TOTALS	7942	6444	20	1518

LONG-TERM CARE FACILITY UPDATES
1/10/2018
CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
Health Service Area 1					
Ogle	17-035	1/9/2018	Manor Court of Rochelle, Rochelle	Received permit to establish a facility with 92 Nursing Care beds at Flagg Road and 20th Street in Rochelle.	New
Health Service Area 2					
Bureau/Putnam	CHOW	11/1/2017	Colonial Healthcare and Rehabilitation Center, Princeton	Change of ownership occurred.	
	Name Change	11/2/2017	Aperion Care Princeton, Princeton	Formerly Colonial Healthcare and Rehabilitation Center	
Fulton	Closure	9/15/2017	Prairie View Care Center - Lewistown, Lewistown	Facility closed; 99 Nursing Care beds removed from inventory.	
LaSalle	CHOW	11/1/2017	Rivershores Health & Rehabilitation Center, Marseilles	Change of ownership occurred.	
	Name Change	11/2/2017	Aperion Care Marseilles, Marseilles	Formerly Rivershores Health & Rehabilitation Center.	
Peoria	CHOW	11/1/2017	Heights Healthcare & Rehabilitation Center, Peoria Heights	Change of ownership occurred.	
	Name Change	11/2/2017	Aperion Care Peoria Heights, Peoria Heights	Formerly Heights Healthcare & Rehabilitation Center.	
Tazewell	CHOW	11/1/2017	Morton Villa Health & Rehabilitation Center, Morton	Change of ownership occurred.	
	Name Change	11/2/2017	Aperion Care Morton Villa, Morton	Formerly Morton Villa Health & Rehabilitation Center.	
Health Service Area 3					
Adams	Bed Change	10/12/2017	Illinois Veterans Home at Quincy, Quincy	Facility discontinued 165 Nursing Care beds; facility now has 386 Nursing Care beds.	
Sangamon	Closure	9/7/2017	Oak Terrace Care Center, Springfield	Facility closed; 78 Nursing Care beds and 20 Sheltered Care beds removed from inventory.	
	Bed Change	10/31/2017	St. Joseph's Home of Springfield, Springfield	Facility converted 1 Sheltered Care bed to Nursing Care. Facility now has 74 Nursing Care beds and 10 Sheltered Care beds.	
Health Service Area 4					
Clark	Bed Change	10/1/2017	Burnsides Community Health Center, Marshall	Facility discontinued 20 Nursing Care beds; facility now has 75 Nursing Care beds.	
Ford	Name Change	9/27/2017	Accolade Healthcare of Paxton, Paxton	Formerly Paxton Healthcare and Rehabilitation.	
	CHOW	11/1/2017	Illinois Knights Templar Home, Paxton	Change of ownership occurred.	
	Name Change	11/1/2017	Accolade Paxton Senior Living, Paxton	Formerly Illinois Knights Templar Home.	
Iroquois	Bed Change	10/13/2017	The Iroquois Resident Home, Watseka	Facility discontinued 9 Nursing Care beds; facility now has 35 Nursing Care beds.	
Livingston	Name Change	9/27/2017	Accolade Healthcare of Pontiac, Pontiac	Formerly Pontiac Healthcare and Rehabilitation.	
Macon	Closure	9/21/2017	Lincoln Manor, Decatur	Facility closed; 140 Nursing Care beds removed from inventory.	
Health Service Area 5					
Health Service Area 6					
6-A	Bed Change	12/7/2017	Peterson Park Nursing Home, Chicago	Facility added 8 Nursing Care beds; facility now has 196 Nursing Care beds.	New
6-B	Bed Change	9/25/2016	Schwab Rehabilitation Hospital, Chicago	Facility added 10 Nursing Care beds; facility now has 31 Nursing Care beds.	
	Bed Change	11/22/2017	Schwab Rehabilitation Hospital, Chicago	Facility revoked addition of 10 Nursing Care beds; facility now operates 21 Nursing Care beds.	New
Health Service Area 7					
7-C	Bed Change	10/1/2017	Tabor Hills Health Care, Naperville	Facility discontinued 12 Nursing Care beds; facility now has 199 Nursing Care beds.	

LONG-TERM CARE FACILITY UPDATES
1/10/2018
CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
7-E	CHOW	11/1/2017	Wood Glen Nursing & Rehabilitation Center, West Chicago	Change of ownership occurred	
	Name Change	11/2/2017	Aperion Care West Chicago, West Chicago	Formerly Wood Glen Nursing & Rehabilitation Center.	
	E-046-17	11/7/2017	Advocate South Suburban Hospital, Hazel Crest	Received exemption to discontinue 41 bed Skilled Nursing (Long-Term Care) category of service.	New
	Bed Change	12/20/2017	Lemont Nursing & Rehab Center, Lemont	Facility added 15 Nursing Care beds. Facility now has 173 Nursing Care beds.	New
Health Service Area 8					
Health Service Area 9					
Health Service Area 10					
Health Service Area 11					
Monroe	Bed Change	11/3/2017	Oak Hill, Waterloo	Facility added 13 Nursing Care beds; facility now has 144 Nursing Care beds.	

CHANGES TO SPECIALIZED LONG-TERM CARE

Health Service Area 1					
Health Service Area 2					
Health Service Area 3					
Health Service Area 4					
Health Service Area 5					
Health Service Area 6, 7, 8, 9					
HSA 7	Closure	11/28/2017	Phoenix Court, South Holland	Facility closed; converted to CILA. 16 ICF/DD beds removed from inventory.	New
Health Service Area 10					
Health Service Area 11					

CHANGES TO CHRONIC MENTAL ILLNESS

CHANGES TO SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES

LONG-TERM CARE FACILITY UPDATES

1/10/2018

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	394	279	115
Carroll	156	155	1
DeKalb	756	742	14
Jo Daviess	173	147	26
Lee	281	353	(72)
Ogle	548	657	(109)
Stephenson	574	646	(72)
Whiteside	584	819	(235)
Winnebago	2,063	2,220	(157)
HEALTH SERVICE AREA 2			
Bureau/Putnam	378	377	1
Fulton	439	504	(65)
Henderson/Warren	169	216	(47)
Knox	743	916	(173)
LaSalle	1,189	1,266	(77)
McDonough	325	360	(35)
Marshall/Stark	283	427	(144)
Peoria	1,429	1,608	(179)
Tazewell	1,075	1,256	(181)
Woodford	586	593	(7)
HEALTH SERVICE AREA 3			
Adams	1,029	1,129	(100)
Brown/Schuyler	146	179	(33)
Calhoun/Pike	267	337	(70)
Cass	135	150	(15)
Christian	338	427	(89)
Greene	131	119	12
Hancock	152	184	(32)
Jersey	345	369	(24)
Logan	402	446	(44)
Macoupin	646	704	(58)
Mason	105	164	(59)
Menard	119	106	13
Montgomery	405	480	(75)
Morgan/Scott	453	551	(98)
Sangamon	1,215	1,171	44

LONG-TERM CARE FACILITY UPDATES

1/10/2018

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 4			
Champaign	853	920	(67)
Clark	215	225	(10)
Coles/Cumberland	642	939	(297)
DeWitt	209	190	19
Douglas	187	233	(46)
Edgar	269	299	(30)
Ford	204	434	(230)
Iroquois	400	477	(77)
Livingston	422	518	(96)
McLean	979	1,048	(69)
Macon	899	956	(57)
Moultrie	238	361	(123)
Piatt	144	160	(16)
Shelby	161	259	(98)
Vermilion	604	766	(162)
HEALTH SERVICE AREA 5			
Alexander/Pulaski	88	83	5
Bond	96	90	6
Clay	121	209	(88)
Crawford	165	160	5
Edwards/Wabash	139	129	10
Effingham	348	434	(86)
Fayette	168	261	(93)
Franklin	306	383	(77)
Gallatin/Hamilton/Saline	537	582	(45)
Hardin/Pope	70	62	8
Jackson	264	251	13
Jasper	57	57	0
Jefferson	339	336	3
Johnson/Massac	280	299	(19)
Lawrence	216	340	(124)
Marion	472	509	(37)
Perry	150	210	(60)
Randolph	408	490	(82)
Richland	254	309	(55)
Union	273	293	(20)
Washington	161	148	13
Wayne	132	169	(37)
White	251	351	(100)
Williamson	513	555	(42)
HEALTH SERVICE AREA 6			
Planning Area 6-A	4,523	6,513	(1,990)
Planning Area 6-B	3,020	3,009	11
Planning Area 6-C	4,201	4,586	(385)

LONG-TERM CARE FACILITY UPDATES

1/10/2018

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3,590	3,309	281
Planning Area 7-B	5,500	6,168	(668)
Planning Area 7-C	5,848	5,999	(151)
Planning Area 7-D	2,407	2,892	(485)
Planning Area 7-E	7,361	8,487	(1,126)
HEALTH SERVICE AREA 8			
Kane	2,826	2,934	(108)
Lake	3,804	3,909	(105)
McHenry	1,062	1,095	(33)
HEALTH SERVICE AREA 9			
Grundy	269	265	4
Kankakee	980	989	(9)
Kendall	305	184	121
Will	3,109	2,835	274
HEALTH SERVICE AREA 10			
Henry	407	495	(88)
Mercer	147	172	(25)
Rock Island	1,130	1,219	(89)
HEALTH SERVICE AREA 11			
Clinton	320	357	(37)
Madison	1,904	2,212	(308)
Monroe	293	263	30
St. Clair	1,867	2,101	(234)

LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED

HSA 1	253	333	(80)
HSA 2	241	224	17
HSA 3	207	336	(129)
HSA 4	307	112	195
HSA 5	222	208	14
HSA 6, 7, 8, 9	3,167	1,065	2,102
HSA 10	74	32	42
HSA 11	217	288	(71)

BLOOMINGTON REHAB HLTHCARE CTR			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1925 SOUTH MAIN STREET			Aggressive/Anti-Social	0	DIAGNOSIS		
BLOOMINGTON, IL. 61704			Chronic Alcoholism	0	Neoplasms	1	
			Developmentally Disabled	0	Endocrine/Metabolic	3	
Reference Numbers			Drug Addiction	0	Blood Disorders	1	
Facility ID	6000996		Medicaid Recipient	0	*Nervous System Non Alzheimer	8	
Health Service Area	004		Medicare Recipient	0	Alzheimer Disease	1	
Planning Service Area	113	McLean	Mental Illness	0	Mental Illness	0	
County	113	McLean County	Non-Ambulatory	0	Developmental Disability	0	
			Non-Mobile	0	Circulatory System	13	
			Public Aid Recipient	0	Respiratory System	2	
Administrator			Under 65 Years Old	0	Digestive System	2	
Janice Kindred			Unable to Self-Medicate	0	Genitourinary System Disorders	0	
			Ventilator Dependent	1	Skin Disorders	4	
Contact Person and Telephone			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	16	
Markay Snyder			Other Restrictions	1	Injuries and Poisonings	0	
3096918113			No Restrictions	0	Other Medical Conditions	1	
			Note: Reported restrictions denoted by 'I'			Non-Medical Conditions	0
Registered Agent Information					TOTALS	52	
Marikay Snyder							
830 West Trailcreek Drive							
			ADMISSIONS AND DISCHARGES - 2016				
					Total Residents Diagnosed as Mentally Ill	13	
Date Questionnaire Completed	3/15/2017		Residents on 1/1/2016	45			
			Total Admissions 2016	72	Total Residents Reported as Identified Offenders	4	
			Total Discharges 2016	65			
			Residents on 12/31/2016	52			

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	78	58	78	52	26	26	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	78	58	78	52	26	26	78

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	1083	11.4%	15710	55.0%	0	0	2055	0	18848	66.0%	66.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1083	11.4%	15710	55.0%	0	0	2055	0	18848	66.0%	66.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	21	31	0	0	0	0	0	0	21	31	52

BLOOMINGTON REHAB HLTHCARE CTR

1925 SOUTH MAIN STREET
BLOOMINGTON, IL. 61704

Classification Numbers

Facility ID 6000996
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	46	0	0	4	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	46	0	0	4	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	1	0	0	0	1
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	19.00
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	52.00

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
4.7%	83.4%	0.0%	1.0%	10.9%	100.0%		
128,909	2,286,863	0	26,502	300,278	2,742,552	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF NORMAL			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
510 BROADWAY			Aggressive/Anti-Social	1	DIAGNOSIS	
NORMAL, IL. 61761			Chronic Alcoholism	1	Neoplasms	1
			Developmentally Disabled	1	Endocrine/Metabolic	1
Reference Numbers			Drug Addiction	1	Blood Disorders	1
Facility ID	6000244		Medicaid Recipient	0	*Nervous System Non Alzheimer	12
Health Service Area	004		Medicare Recipient	0	Alzheimer Disease	0
Planning Service Area	113	McLean	Mental Illness	0	Mental Illness	4
County	113	McLean County	Non-Ambulatory	0	Developmental Disability	0
			Non-Mobile	0	Circulatory System	11
Administrator			Public Aid Recipient	0	Respiratory System	9
Douglas Rutter			Under 65 Years Old	0	Digestive System	2
			Unable to Self-Medicate	0	Genitourinary System Disorders	4
Contact Person and Telephone			Ventilator Dependent	1	Skin Disorders	6
Adam Swartz			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	11
419-254-5189			Other Restrictions	0	Injuries and Poisonings	14
			No Restrictions	0	Other Medical Conditions	12
Registered Agent Information			<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
CT Corporation System					TOTALS	88
208 South LaSalle St, Ste 814			ADMISSIONS AND DISCHARGES - 2016			
					Total Residents Diagnosed as Mentally Ill	
Date Questionnaire Completed			3/22/2017	Residents on 1/1/2016	88	67
				Total Admissions 2016	502	
				Total Discharges 2016	502	
				Residents on 12/31/2016	88	Total Residents Reported as Identified Offenders
						0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	109	94	97	88	28	116	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	109	94	97	88	28	116	50

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5123	12.1%	15481	84.6%	0	3360	5397	0	29361	69.2%		73.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%		0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%		0.0%
Sheltered Care					0	0	0	0	0	0.0%		0.0%
TOTALS	5123	12.1%	15481	84.6%	0	3360	5397	0	29361	69.2%		73.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	5	0	0	0	0	0	0	0	5	5
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	6	16	0	0	0	0	0	0	6	16	22
75 to 84	13	19	0	0	0	0	0	0	13	19	32
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	29	59	0	0	0	0	0	0	29	59	88

HEARTLAND OF NORMAL

510 BROADWAY
NORMAL, IL. 61761

Classification Numbers

Facility ID 6000244
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	43	0	10	15	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	43	0	10	15	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	259
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	8.00
Non-Health Staff	24.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.0%	24.1%	0.0%	16.5%	26.3%	100.0%		
2,801,004	2,045,259	0	1,396,895	2,233,152	8,476,310	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - BLOOMINGTON			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
700 EAST WALNUT			Aggressive/Anti-Social	1	DIAGNOSIS		
BLOOMINGTON, IL. 61701			Chronic Alcoholism	1	Neoplasms	5	
			Developmentally Disabled	1	Endocrine/Metabolic	0	
Reference Numbers			Drug Addiction	1	Blood Disorders	0	
Facility ID	6004261		Medicaid Recipient	0	*Nervous System Non Alzheimer	11	
Health Service Area	004		Medicare Recipient	0	Alzheimer Disease	0	
Planning Service Area	113	McLean	Mental Illness	1	Mental Illness	10	
County	113	McLean County	Non-Ambulatory	0	Developmental Disability	0	
			Non-Mobile	0	Circulatory System	9	
Administrator			Public Aid Recipient	0	Respiratory System	2	
Susan Holifield			Under 65 Years Old	0	Digestive System	0	
			Unable to Self-Medicate	0	Genitourinary System Disorders	1	
Contact Person and Telephone			Ventilator Dependent	1	Skin Disorders	1	
Rabecca Howard			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	7	
308-828-4361			Other Restrictions	0	Injuries and Poisonings	4	
			No Restrictions	0	Other Medical Conditions	17	
Registered Agent Information			<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
Ben Hart						TOTALS	67
115 W Jefferson St., Suite 401							
ADMISSIONS AND DISCHARGES - 2016							
Date Questionnaire Completed		3/21/2017	Residents on 1/1/2016	66	Total Residents Diagnosed as Mentally Ill		10
			Total Admissions 2016	389	Total Residents Reported as Identified Offenders		0
			Total Discharges 2016	388			
			Residents on 12/31/2016	67			

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	85	85	85	67	21	88	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	85	85	85	67	21	88	30

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	3759	11.7%	7893	71.9%	0	0	12381	0	24033	74.6%	77.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3759	11.7%	7893	71.9%	0	0	12381	0	24033	74.6%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	11	13	0	0	0	0	0	0	11	13	24
85+	7	23	0	0	0	0	0	0	7	23	30
TOTALS	26	41	0	0	0	0	0	0	26	41	67

HERITAGE HEALTH - BLOOMINGTON

700 EAST WALNUT
BLOOMINGTON, IL. 61701

Classification Numbers

Facility ID 6004261
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	23	0	0	34	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	23	0	0	34	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	9.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.3%	16.2%	0.0%	0.0%	53.5%	100.0%		
2,217,144	1,182,115	0	0	3,915,565	7,314,824	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 23 Nursing Care beds; facility now has 88 Nursing Care beds.

HERITAGE HEALTH - NORMAL

509 NORTH ADELAIDE

NORMAL, IL. 61761

Reference Numbers

Facility ID 6008510

Health Service Area 004

Planning Service Area 113 McLean

County 113 McLean County

Administrator

Dianne Cochran

Contact Person and Telephone

Rabeca Howard

309-823-7139

Registered Agent Information

Ben Hart

115 W Jefferson Street Suite 401

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	61
Developmental Disability	0
Circulatory System	21
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	114

ADMISSIONS AND DISCHARGES - 2016

Date Questionnaire Completed	3/23/2017	Residents on 1/1/2016	110	Total Residents Diagnosed as Mentally Ill	89
		Total Admissions 2016	343	Total Residents Reported as Identified Offenders	1
		Total Discharges 2016	339		
		Residents on 12/31/2016	114		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	141	124	124	114	114	27	118	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	141	124	124	114	114	27	118	91

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3324	7.7%	15674	47.1%	0	0	22443	0	41441	80.3%	91.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3324	7.7%	15674	47.1%	0	0	22443	0	41441	80.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	19	64	0	0	0	0	0	0	19	64	83
TOTALS	32	82	0	0	0	0	0	0	32	82	114

HERITAGE HEALTH - NORMAL

509 NORTH ADELAIDE
NORMAL, IL. 61761

Classification Numbers

Facility ID 6008510
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	39	0	0	65	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	39	0	0	65	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	100.00
Certified Aides	142.00
Other Health Staff	0.00
Non-Health Staff	2772.00
Totals	3036.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.5%	21.5%	0.0%	0.0%	59.0%	100.0%		
2,043,439	2,257,176	0	0	6,182,308	10,482,923	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 23 Nursing Care beds; facility now has 141 Nursing Care beds.

LEROY MANOR			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
509 S BUCK ROAD P.O. BOX 149			Aggressive/Anti-Social	0	DIAGNOSIS	
LEROY, IL 61752			Chronic Alcoholism	0	Neoplasms	0
			Developmentally Disabled	0	Endocrine/Metabolic	2
			Drug Addiction	0	Blood Disorders	0
Reference Numbers			Medicaid Recipient	0	*Nervous System Non Alzheimer	16
Facility ID	6012157		Medicare Recipient	0	Alzheimer Disease	4
Health Service Area	004		Mental Illness	0	Mental Illness	0
Planning Service Area	113	McLean	Non-Ambulatory	0	Developmental Disability	0
County	113	McLean County	Non-Mobile	0	Circulatory System	10
			Public Aid Recipient	0	Respiratory System	2
Administrator			Under 65 Years Old	0	Digestive System	4
Karrie Polen			Unable to Self-Medicate	0	Genitourinary System Disorders	2
			Ventilator Dependent	0	Skin Disorders	2
Contact Person and Telephone			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	14
Karrie Polen			Other Restrictions	0	Injuries and Poisonings	0
309-962-5000			No Restrictions	1	Other Medical Conditions	10
			<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
Registered Agent Information					TOTALS	66
J. Michael Bibb						
285 S Farnham St.						
			ADMISSIONS AND DISCHARGES - 2016			
Date Questionnaire Completed			Residents on 1/1/2016	72	Total Residents Diagnosed as Mentally Ill	
3/12/2017			Total Admissions 2016	53		
			Total Discharges 2016	60	Total Residents Reported as Identified Offenders	
			Residents on 12/31/2016	65		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	102	73	102	65	37	102	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	102	73	102	65	37	102	102

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1696	4.5%	16576	44.4%	130	0	5582	0	23984	64.2%	64.2%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	1696	4.5%	16576	44.4%	130	0	5582	0	23984	64.2%	64.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	3	18	0	0	0	0	0	0	3	18	21
85+	6	27	0	0	0	0	0	0	6	27	33
TOTALS	13	52	0	0	0	0	0	0	13	52	65

LEROY MANOR

509 S BUCK ROAD P.O. BOX 149
LEROY, IL. 61752

Classification Numbers

Facility ID 6012157
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	42	0	21	0	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	42	0	21	0	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	7.00
Non-Health Staff	39.00
Totals	91.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.1%	50.7%	1.0%	1.8%	28.5%	100.0%		
775,590	2,171,685	43,483	75,177	1,219,474	4,285,409	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LUTHER OAKS, BLOOMINGTON

601 LUTZ ROAD
BLOOMINGTON, IL. 61704

Reference Numbers

Facility ID 6016943
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

Administrator

Tim Kmetz

Contact Person and Telephone

Tim Kmetz
309-557-8003

Registered Agent Information

Andrew P. Tecson
30 South Wacker Drive Suite 2600

ADMISSION RESTRICTIONS

Aggressive/Anti-Social 0
Chronic Alcoholism 0
Developmentally Disabled 1
Drug Addiction 0
Medicaid Recipient 0
Medicare Recipient 0
Mental Illness 0
Non-Ambulatory 0
Non-Mobile 0
Public Aid Recipient 0
Under 65 Years Old 0
Unable to Self-Medicate 0
Ventilator Dependent 0
Infectious Disease w/ Isolation 0
Other Restrictions 1
No Restrictions 0
Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 0
Endocrine/Metabolic 1
Blood Disorders 0
*Nervous System Non Alzheimer 0
Alzheimer Disease 9
Mental Illness 0
Developmental Disability 0
Circulatory System 4
Respiratory System 2
Digestive System 0
Genitourinary System Disorders 0
Skin Disorders 0
Musculo-skeletal Disorders 1
Injuries and Poisonings 0
Other Medical Conditions 1
Non-Medical Conditions 0
TOTALS 18

ADMISSIONS AND DISCHARGES - 2016

Date Questionnaire Completed 5/30/2017

Residents on 1/1/2016 0
Total Admissions 2016 19
Total Discharges 2016 1
Residents on 12/31/2016 18

Continuing Care Retirement Community

Total Residents Diagnosed as
Mentally Ill 0

Total Residents Reported as
Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	18	18	18	18	18	0	0	0
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0	0
TOTAL BEDS	18	18	18	18	18	0	0	0

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	558	0	558	8.5%	8.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	558	0	558	8.5%	8.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	4	14	0	0	0	0	0	0	4	14	18

LUTHER OAKS, BLOOMINGTON

601 LUTZ ROAD
BLOOMINGTON, IL. 61704

Classification Numbers

Facility ID 6016943
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	18	0	18
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	18	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	2.00
Certified Aides	8.00
Other Health Staff	1.00
Non-Health Staff	6.00
Totals	21.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	185,737	185,737	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCLEAN COUNTY NURSING HOME

901 NORTH MAIN
NORMAL, IL. 61761

Reference Numbers

Facility ID 6005946
Health Service Area 004
Planning Service Area 113
County 113 McLean
McLean County

Administrator

Cindy Wegner

Contact Person and Telephone

Sharon Bounds
309-888-5380

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social 1
Chronic Alcoholism 1
Developmentally Disabled 0
Drug Addiction 1
Medicaid Recipient 0
Medicare Recipient 0
Mental Illness 1
Non-Ambulatory 0
Non-Mobile 0
Public Aid Recipient 0
Under 65 Years Old 0
Unable to Self-Medicate 0
Ventilator Dependent 1
Infectious Disease w/ Isolation 0
Other Restrictions 0
No Restrictions 0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 0
Endocrine/Metabolic 4
Blood Disorders 2
*Nervous System Non Alzheimer 1
Alzheimer Disease 11
Mental Illness 35
Developmental Disability 0
Circulatory System 14
Respiratory System 11
Digestive System 1
Genitourinary System Disorders 3
Skin Disorders 0
Musculo-skeletal Disorders 4
Injuries and Poisonings 2
Other Medical Conditions 13
Non-Medical Conditions 0
TOTALS 101

ADMISSIONS AND
DISCHARGES - 2016

Date Questionnaire Completed	3/29/2017	Residents on 1/1/2016	118	Total Residents Diagnosed as Mentally Ill	35
		Total Admissions 2016	89	Total Residents Reported as Identified Offenders	1
		Total Discharges 2016	106		
		Residents on 12/31/2016	101		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	120	150	101	49	18	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	120	150	101	49	18	150

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	860	13.1%	25630	46.7%	454	0	10096	0	37040	67.5%	67.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	860	13.1%	25630	46.7%	454	0	10096	0	37040	67.5%	67.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	5	54	0	0	0	0	0	0	5	54	59
TOTALS	20	81	0	0	0	0	0	0	20	81	101

MCLEAN COUNTY NURSING HOME

901 NORTH MAIN
NORMAL, IL. 61761

Classification Numbers

Facility ID 6005946
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	65	1	0	33	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	65	1	0	33	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	11.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	55.00
Totals	117.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.1%	58.4%	1.0%	0.0%	32.6%	100.0%		
537,733	3,878,645	64,695	0	2,165,215	6,646,288	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWS MENNONITE RETIREMENT COMMUNI

24588 CHURCH STREET

CHENOA, IL. 61726

Reference Numbers

Facility ID 6006001

Health Service Area 004

Planning Service Area 113 McLean

County 113 McLean County

Administrator

Linda Schubert

Contact Person and Telephone

Linda Schubert

309-747-3643

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	11
Mental Illness	39
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

ADMISSIONS AND DISCHARGES - 2016

Date Questionnaire Completed

3/30/2017

Residents on 1/1/2016 101

Total Admissions 2016 136

Total Discharges 2016 142

Residents on 12/31/2016 95

Total Residents Diagnosed as Mentally Ill 69

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	114	110	114	95	35	116	130
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	3	1	3	0	0		
TOTAL BEDS	130	117	111	117	95	35	116	130

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	1871	4.4%	15898	33.4%	0	0	20418	0	38187	80.3%	91.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	1	0	1	0.0%	0.1%
TOTALS	1871	4.4%	15898	33.4%	0	0	20419	0	38188	80.3%	89.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	9	17	0	0	0	0	0	0	9	17	26
85+	17	43	0	0	0	0	0	0	17	43	60
TOTALS	27	68	0	0	0	0	0	0	27	68	95

MEADOWS MENNONITE RETIREMENT COMMUNI

24588 CHURCH STREET
CHENOA, IL. 61726

Classification Numbers

Facility ID	6006001
Health Service Area	004
Planning Service Area	113 McLean
County	113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	36	0	0	55	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	36	0	0	55	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	85	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	15.00
Certified Aides	81.00
Other Health Staff	6.00
Non-Health Staff	93.00
Totals	210.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.1%	29.1%	0.0%	2.3%	50.5%	100.0%		
1,545,521	2,487,156	0	198,674	4,315,405	8,546,756	1,500,996	17.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH'S MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	7

Reference Numbers

Facility ID 6011407
Health Service Area 004
Planning Service Area 113
County 113

McLean
McLean County

Administrator

Chad Boore

Contact Person and Telephone

Kyle Scheuer
309-662-3311 x3070

Registered Agent Information

St. Joseph Medical Center
2200 East Washington Street

ADMISSIONS AND DISCHARGES - 2016

Date Questionnaire Completed	3/23/2017	Residents on 1/1/2016	6	Total Residents Diagnosed as Mentally Ill	0
		Total Admissions 2016	218	Total Residents Reported as Identified Offenders	0
		Total Discharges 2016	217		
		Residents on 12/31/2016	7		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	12	12	8	12	7	5	12	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	8	12	7	5	12	12

FACILITY UTILIZATION - 2016**PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1624	37.0%	145	3.3%	0	152	0	11	1932	44.0%	44.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1624	37.0%	145	3.3%	0	152	0	11	1932	44.0%	44.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	4	3	0	0	0	0	0	0	4	3	7

ST. JOSEPH'S MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Classification Numbers
Facility ID 6011407
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE								AVERAGE DAILY PAYMENT RATES		
LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	3	3	0	1	0	0	7	Nursing Care	0	668
Skilled Under 22	0	0	0		0	0		Skilled Under 22	0	0
Intermediate D		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	Sheltered Care	0	0
TOTALS	3	3	0		0	0				

RESIDENTS BY RACIAL/ETHNICITY GROUPING						FACILITY STAFFING	
RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals	Employment Category	Full-Time Equivalent
Asian	0	0	0	0	0	Administrators	0.10
American Indian	0	0	0	0	0	Physicians	0.05
Black	0	0	0	0	0	Director of Nursing	0.50
Hawaiian/Pacific Isl.	0	0	0	0	0	Registered Nurses	4.80
White	7	0	0	0	7	LPN's	0.90
Race Unknown	0	0	0	0	0	Certified Aides	3.90
Total	7	0	0	0	7	Other Health Staff	0.00
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals	Non-Health Staff	1.00
Hispanic	7	0	0	0	7	Totals	11.25
Non-Hispanic	0	0	0	0	0		
Ethnicity Unknown	0	0	0	0	0		
Total	7	0	0	0	7		

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTMINSTER VILLAGE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2025 EAST LINCOLN STREET			Aggressive/Anti-Social	1	DIAGNOSIS	
BLOOMINGTON, IL. 61701			Chronic Alcoholism	1	Neoplasms	1
Reference Numbers			Developmentally Disabled	1	Endocrine/Metabolic	5
Facility ID	6009922		Drug Addiction	1	Blood Disorders	1
Health Service Area	004		Medicaid Recipient	1	*Nervous System Non Alzheimer	17
Planning Service Area	113	McLean	Medicare Recipient	0	Alzheimer Disease	1
County	113	McLean County	Mental Illness	1	Mental Illness	0
Administrator			Non-Ambulatory	0	Developmental Disability	0
Susan Post			Non-Mobile	0	Circulatory System	24
Contact Person and Telephone			Public Aid Recipient	0	Respiratory System	3
Susan Post			Under 65 Years Old	0	Digestive System	1
309-663-6474			Unable to Self-Medicate	0	Genitourinary System Disorders	2
Registered Agent Information			Ventilator Dependent	1	Skin Disorders	0
Barb Nathan			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	10
2025 E Lincoln			Other Restrictions	0	Injuries and Poisonings	0
			No Restrictions	0	Other Medical Conditions	5
			<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
			ADMISSIONS AND DISCHARGES - 2016		TOTALS	70
Date Questionnaire Completed			Residents on 1/1/2016	67	Total Residents Diagnosed as Mentally Ill	0
Continuing Care Retirement Community			Total Admissions 2016	78	Total Residents Reported as Identified Offenders	0
Life Care Facility			Total Discharges 2016	75		
			Residents on 12/31/2016	70		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	78	70	78	70	8	39	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		0
TOTAL BEDS	78	78	70	78	70	8	39	0

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2059	14.4%	0	0.0%	0	0	21502	0	23561	82.5%		82.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%		0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%		0.0%
Sheltered Care					0	0	0	0	0	0.0%		0.0%
TOTALS	2059	14.4%	0	0.0%	0	0	21502	0	23561	82.5%		82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	17	43	0	0	0	0	0	0	17	43	60
TOTALS	21	49	0	0	0	0	0	0	21	49	70

WESTMINSTER VILLAGE

2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Classification Numbers

Facility ID 6009922
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	0	59	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	0	59	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	314	223
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	8.00
Certified Aides	32.00
Other Health Staff	2.00
Non-Health Staff	7.00
Totals	61.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.5%	0.0%	0.0%	0.0%	84.5%	100.0%		
896,644	0	0	0	4,886,206	5,782,850	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

APERION CARE BLOOMINGTON

1509 NORTH CALHOUN STREET
BLOOMINGTON IL 61701

ADMINISTRATOR: MICHELLE ARNOLD
TELEPHONE: 309-827-6046

Licensee ID	: 0053983
Facility ID	: 6001010
Skilled beds	: 117
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 0
Medicare/Medicaid beds	: 73
Medicaid beds	: 36
Fax	: 309-829-1992
County	: Mclean
Medicare Certification Number	: 14-5371
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	: 14E104
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

Facility Information
Ownership information

Surveys

Administration

Staffing

Admission Restrictions

Admissions & Discharges

Licensed Beds / Beds in use

Residents

Primary Diagnosis

Age Gender & Level of Care

Racial / Ethnic Groups

Patient Days

Level of Care

Payment Source

Private Payment Rates



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

BLOOMINGTON REHABILITATION&HCC

1925 SOUTH MAIN STREET

BLOOMINGTON IL 61701

ADMINISTRATOR: JANICE KINDRED

TELEPHONE: 309-829-4348

Licensee ID	: 0047415
Facility ID	: 6000996
Skilled beds	: 26
Intermediate beds	: 52
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 0
Medicare/Medicaid beds	: 26
Medicaid beds	: 52
Fax	: 309-827-4570
County	: Mclean
Medicare Certification Number	: 14-5610
Medicare Skilled Certification Number	: 14A365
Medicaid ICF/DD Certification Number	: 14E103
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

Facility Information

Ownership information

Surveys

Administration

Staffing

Admission Restrictions

Admissions & Discharges

Licensed Beds / Beds in use

Residents

Primary Diagnosis

Age Gender & Level of Care

Racial / Ethnic Groups

Patient Days

Level of Care

Payment Source

Private Payment Rates

idph online home

nursing homes in Illinois



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

HEARTLAND OF NORMAL

510 BROADWAY

NORMAL IL 61761

ADMINISTRATOR: HEATHER M BROWN

TELEPHONE: 309-452-4406

Licensee ID	: 0049536
Facility ID	: 6000244
Skilled beds	: 116
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 43
Medicare/Medicaid beds	: 59
Medicaid beds	: 0
Fax	: 309-454-7908
County	: Mclean
Medicare Certification Number	: 14-5031
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

[Facility Information](#)

[Ownership information](#)

Surveys

Administration

[Staffing](#)

[Admission Restrictions](#)

[Admissions & Discharges](#)

[Licensed Beds / Beds in use](#)

Residents

[Primary Diagnosis](#)

[Age Gender & Level of Care](#)

[Racial / Ethnic Groups](#)

Patient Days

[Level of Care](#)

[Payment Source](#)

[Private Payment Rates](#)



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

HERITAGE HEALTH-BLOOMINGTON

700 E. WALNUT STREET
BLOOMINGTON IL 61701

ADMINISTRATOR: SUSAN HOLIFIELD
TELEPHONE: 309-827-8004

Licensee ID	: 0048157
Facility ID	: 6004261
Skilled beds	: 88
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 58
Medicare/Medicaid beds	: 30
Medicaid beds	: 0
Fax	: 309-827-0256
County	: Mclean
Medicare Certification Number	: 14-5016
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	: 14E646
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

[Facility Information](#)
[Ownership Information](#)

Surveys

Administration

[Staffing](#)
[Admission Restrictions](#)
[Admissions & Discharges](#)
[Licensed Beds / Beds in use](#)

Residents

[Primary Diagnosis](#)
[Age Gender & Level of Care](#)
[Racial / Ethnic Groups](#)

Patient Days

[Level of Care](#)
[Payment Source](#)
[Private Payment Rates](#)

idph online home

nursing homes in Illinois



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

HERITAGE HEALTH-NORMAL

509 N. ADELAIDE

NORMAL IL 61761

ADMINISTRATOR: DIANNE COCHRAN

TELEPHONE: 309-452-7468

Licensee ID	: 0048082
Facility ID	: 6008540
Skilled beds	: 141
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 50
Medicare/Medicaid beds	: 66
Medicaid beds	: 23
Fax	: 309-862-3148
County	: Mclean
Medicare Certification Number	: 14-5732
Medicare Skilled Certification Number	: 14A391
Medicaid ICF/DD Certification Number	: 14E303
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

Facility Information

Ownership information

Surveys

Administration

Staffing

Admission Restrictions

Admissions & Discharges

Licensed Beds / Beds in use

Residents

Primary Diagnosis

Age Gender & Level of Care

Racial / Ethnic Groups

Patient Days

Level of Care

Payment Source

Private Payment Rates

idph online home

nursing homes in illinois



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

LEROY MANOR

509 SOUTH BUCK ROAD, P.O. BOX 149

LEROY IL 61752

ADMINISTRATOR: DARLA COIT

TELEPHONE: 309-962-5000

Licensee ID : 0047704

Facility ID : 6012157

Skilled beds : 102

Intermediate beds : 0

Icf-dd beds : 0

Shelter Care beds : 0

Community Living beds : 0

Under 22 beds : 0

Medicare beds : 0

Medicare/Medicaid beds : 102

Medicaid beds : 0

Fax : 309-962-6227

County : Mclean

Medicare Certification Number : 14-5674

Medicare Skilled Certification
Number : 14A431

Medicaid ICF/DD Certification
Number

Medicaid DD Certification
Number

Medicaid Swing Bed Certification
Number

General

Facility Information

Ownership information

Surveys

Administration

Staffing

Admission Restrictions

Admissions & Discharges

Licensed Beds / Beds in use

Residents

Primary Diagnosis

Age Gender & Level of Care

Racial / Ethnic Groups

Patient Days

Level of Care

Payment Source

Private Payment Rates

idph online home

nursing homes in Illinois



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

LUTHER OAKS

601 LUTZ ROAD
BLOOMINGTON IL 61704

ADMINISTRATOR: DOUGLAS RUTTER
TELEPHONE: 309-664-5940

Licensee ID	: 0054437
Facility ID	: 6016943
Skilled beds	: 18
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 0
Medicare/Medicaid beds	: 18
Medicaid beds	: 0
Fax	: 309-664-5999
County	: Mclean
Medicare Certification Number	: 14-6184
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

[Facility Information](#)
[Ownership information](#)

Surveys

Administration

[Staffing](#)
[Admission Restrictions](#)
[Admissions & Discharges](#)
[Licensed Beds / Beds in use](#)

Residents

[Primary Diagnosis](#)
[Age Gender & Level of Care](#)
[Racial / Ethnic Groups](#)

Patient Days

[Level of Care](#)
[Payment Source](#)
[Private Payment Rates](#)



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

MCLEAN COUNTY NURSING HOME

901 NORTH MAIN

NORMAL IL 61761

ADMINISTRATOR: CYNTHIA WEGNER

TELEPHONE: 309-888-5380

Licensee ID	: 0018150
Facility ID	: 6005946
Skilled beds	: 150
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 0
Medicare/Medicaid beds	: 100
Medicaid beds	: 50
Fax	: 309-454-4594
County	: Mclean
Medicare Certification Number	: 14-5494
Medicare Skilled Certification Number	: 14A138
Medicaid ICF/DD Certification Number	: 14E466
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

Facility Information

Ownership information

Surveys

Administration

Staffing

Admission Restrictions

Admissions & Discharges

Licensed Beds / Beds in use

Residents

Primary Diagnosis

Age Gender & Level of Care

Racial / Ethnic Groups

Patient Days

Level of Care

Payment Source

Private Payment Rates

idph online home

nursing homes in Illinois



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

MEADOWS MENNONITE HOME

24588 CHURCH STREET

CHENOA IL 61726

ADMINISTRATOR: NICOLE M HIBBARD

TELEPHONE: 309-747-2702

Licensee ID	: 0011544
Facility ID	: 6006001
Skilled beds	: 116
Intermediate beds	: 14
Icf-dd beds	: 0
Shelter Care beds	: 29
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 0
Medicare/Medicaid beds	: 116
Medicaid beds	: 14
Fax	: 309-747-2944
County	: Mclean
Medicare Certification Number	: 14-6109
Medicare Skilled Certification Number	: 14A510
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

[Facility Information](#)

[Ownership Information](#)

Surveys

Administration

[Staffing](#)

[Admission Restrictions](#)

[Admissions & Discharges](#)

[Licensed Beds / Beds in use](#)

Residents

[Primary Diagnosis](#)

[Age Gender & Level of Care](#)

[Racial / Ethnic Groups](#)

Patient Days

[Level of Care](#)

[Payment Source](#)

[Private Payment Rates](#)

idph online home

nursing homes in Illinois



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

ST JOSEPH'S MEDICAL CENTER

2200 EAST WASHINGTON STREET
BLOOMINGTON IL 61701

ADMINISTRATOR: DEBORAH S SMITH
TELEPHONE: 309-662-3311

Licensee ID	: 8025355
Facility ID	: 6011407
Skilled beds	: 12
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 0
Medicare/Medicaid beds	: 12
Medicaid beds	: 0
Fax	: 309-662-5512
County	: Mclean
Medicare Certification Number	: 14-5590
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

[Facility Information](#)
[Ownership information](#)

Surveys

Administration

[Staffing](#)
[Admission Restrictions](#)
[Admissions & Discharges](#)
[Licensed Beds / Beds in use](#)

Residents

[Primary Diagnosis](#)
[Age Gender & Level of Care](#)
[Racial / Ethnic Groups](#)

Patient Days

[Level of Care](#)
[Payment Source](#)
[Private Payment Rates](#)



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

WESTMINSTER VILLAGE

2025 EAST LINCOLN STREET
BLOOMINGTON IL 61701

ADMINISTRATOR: SUSAN POST
TELEPHONE: 309-663-6474

Licensee ID	: 0028191
Facility ID	: 6009922
Skilled beds	: 78
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 39
Medicare/Medicaid beds	: 0
Medicaid beds	: 0
Fax	: 309-661-2749
County	: Mclean
Medicare Certification Number	: 14-5400
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

[Facility Information](#)
[Ownership Information](#)

Surveys

Administration

[Staffing](#)
[Admission Restrictions](#)
[Admissions & Discharges](#)
[Licensed Beds / Beds in use](#)

Residents

[Primary Diagnosis](#)
[Age Gender & Level of Care](#)
[Racial / Ethnic Groups](#)

Patient Days

[Level of Care](#)
[Payment Source](#)
[Private Payment Rates](#)

idph online home

nursing homes in illinois

Table 6-26: Payor Mix and CMS 5 Star Quality Rating

Community Name	Medicare %	Medicare Beds	Medicaid %	Medicaid Beds	Private Pay/ Other %	Private Pay/ Other Beds	Five Star Overall Rating	# of Beds
Aperion Care (was Asta Care)*	0%	0	0%	0	0%	0	1	117
Aperion Care Colfax/Arba Care Center	14%	9	86%	51	0%	0	1	60
Bloomington Rehabilitation & HCC	6%	4	79%	51	15%	10	1	65
Heartland of Normal	20%	20	39%	38	41%	40	4	97
Heritage Health Bloomington	13%	11	35%	30	52%	44	4	85
Heritage Health El Paso	4%	3	59%	38	37%	24	3	65
Heritage Health Normal	12%	17	38%	54	50%	71	2	141
Leroy Manor	6%	6	44%	45	50%	50	1	101
McLean County Nursing Home	3%	4	70%	105	27%	41	1	150
Meadows Mennonite Retirement	7%	8	40%	45	53%	61	2	114
St. Joseph's Medical Center	51%	6	0%	0	49%	5	4	11
Westminster Village	9%	7	0%	0	91%	71	2	78
Average/Total	8%	93	53%	457	39%	416	2	1084

Source: snfdata.com/medicare.gov

*No data reported. Calls to admissions were not returned
Luther Oaks omitted from list as it is not certified.

Meadows at Mercy Creek

Market Feasibility Analysis

Normal, IL

Prepared for:
Communities of Mercy Creek

Turning mature market data into management decisions.SM

pmd
advisory services
LLC



Turning mature market data into management decisions®

November 29, 2016

Mr. Jay Biere
President and CEO
Meadows at Mercy Creek
1501 Mercy Creek Drive
Normal, Illinois 61761

Via Email: JayB@meadowscommunities.org

**Re: Results of the Meadows at Mercy Creek Market Feasibility Analysis to Determine
Market Depth and Demand for Independent Living, Assisted Living, Dementia Care,
and Skilled Nursing**

Dear Mr. Biere:

This report presents the results of the market feasibility analysis conducted by PMD Advisory Services LLC (PMD). This report presents our analysis of the market for Independent Living, Assisted Living, Dementia Care, and Skilled Nursing in the Normal, IL market area. It is our understanding that this analysis will be used to inform the strategic planning process for this campus.

PMD Advisory Services, LLC understands that the analysis will be used as support for your internal planning process. PMD has no responsibility to update the information presented in the study unless engaged by you to do so. PMD dedicates its efforts to provide objective, professional advice, and helpful recommendations based on the information reviewed during the research period and founded on research, marketing and development principles that have worked successfully in other, similar retirement community markets.

Thank you for allowing us the opportunity to work with you on this project. After you have a chance to review, please contact us so we can schedule a time to review our findings and answer your questions.

Sincerely,
PMD Advisory Services, LLC



1139 Riverwalk Court, Hebron, KY 41048 · (859) 689-9420
www.pmdas.com

CONTENTS

Chapter 1 - Summary of Findings.....	1
Chapter 2 - Conclusions and Recommendations	11
Chapter 3 – Community Description	22
Chapter 4 – Site Location Evaluation	26
Chapter 5 – Market Area Description	29
Chapter 6 – Competitive and Comparable Environment	54
Chapter 7 - Market Demand Analysis	99
Chapter 8 – Hospital Partnership, SNF Market Share Analysis and Accountable Care/Network Opportunities	126

Appendix 1 – Site Evaluation Form	
Appendix 2 – Senior Market Profile	
Appendix 3 – Thematic Map Report	
Appendix 4 – Competitive Communities	
Appendix 5 – Market Demand Model Output	



CHAPTER 1

SUMMARY OF FINDINGS

Introduction

The purpose of this engagement was to complete a supply and demand market analysis to determine market depth to support independent living (entrance fee), assisted living and assisted living dementia care in the PMA for the strategic planning purposes for Communities at Mercy Creek community located 1501 Mercy Creek Drive, Normal, IL.

The market analysis will determine support for a possible expansion of the Mercy Creek campus to include independent living (entrance fee) residences, assisted living, assisted living dementia care, skilled nursing residences/beds.

The analysis includes:

- A calculation of project and market penetration rates
- Specific recommendations regarding the number of independent living (entrance fee), assisted living, assisted living dementia care, skilled nursing by payor type, and strategies for post-acute care for the Communities at Mercy Creek primary market area (PMA)



To assess the market potential within the Communities at Mercy Creek market area to support the existing complement of products as well as any additional products, PMD:

- defined a market area based on resident zip code of origin data
- reviewed local real estate market conditions
- analyzed demographic data for the market area
- identified potential competitors (existing and planned)
- generated an inventory of facility characteristics
- made site visits to collect a sample of the competitive communities
- secret shopped and researched other competitive communities
- calculated potential market demand using PMD's proprietary Senior Market Profile (SMP) demographic segmentation database and proprietary models for calculating independent living, assisted living, assisted living dementia care and skilled nursing
- identified strategies for the Communities at Mercy Creek to employ to create a competitive advantage in the provision of post-acute care.

Community Description

Communities at Mercy Creek are located at 1501 Mercy Creek Drive in the northeast area of Normal and opened in 2012. The Mercy Creek campus has four independent living villas with 100% occupancy and 60 licensed assisted living beds with 100% occupancy. At buildout, the villas will total 16 residences. Mercy Creek is adjacent to the Apostolic Church which has had a business and financial interest in the villa development and has provided land to Mercy Creek's existing buildings and for expansion. The campus has additional contiguous acreage to support additional development.

Campus Location Evaluation

An evaluation of the campus's location, using 16 different criteria rated the location 72 out of 100. This classifies the location as "Good" for the development, continued operation and investment in senior housing and long term care.



Market Area Definition

The market area definition typically includes the area in which the project site is located and towns, cities, and/or counties that are located within close geographic proximity. The market area for Meadows at Mercy Creek in Normal is based on resident origin data, PMD's field analysis and expected patterns of movement and migration. The Meadows at Mercy Creek campus is expected to generate 65% of the community's resident population. For the purposes of this analysis, the Meadows at Mercy Creek PMA has been defined to include 39 census tracts in McLean County and census tract 307 in Woodford County.

Market Area Demographics

Communities at Mercy Creek Primary Market Area's total population and household growth outpaced the nation and state's total population and household growth rates from 2010 to 2015. The PMA's total population and household growth rates will continue to increase at a faster pace than Illinois and U.S.'s growth rates between 2015 and 2020.

- Long-range population projections show the influence of aging Baby Boomers in the Mercy Creek PMA, following the population as they age into older age cohorts with at times sizable average annual rates of change anticipated between 2020 and 2025 and 2025 to 2030. The long-term population projections for the Mercy Creek PMA indicate continued growth and depth in the age 75 and older population in the PMA. This is generally a good indicator for the continued development of senior living and care services in the PMA.
- Estimates show there were a total of 5,942 age 75 and older households in the Mercy Creek PMA in 2015. The PMA age 75+ segment increased at an average annual rate of 1.3% between 2010 and 2015, which mirrored the nation's growth and well outpaced Illinois's 0.5% average annual growth rate for age 75+ households. The PMA's age 75 and older households will total 6,499 in 2020 representing a projected average annual growth rate of 1.9% which is in line with U.S. growth and well outpaces the 1.2% state average annual increase for the cohort between 2015 and 2020.
- In 2015 median income for age 75 and older households in the Mercy Creek PMA of \$33,548 was well above both Illinois's \$27,622 and the nation's \$26,955 median income for target market households. PMA median income for age 75 and older households is

projected to rise reaching \$34,909 in 2020 remaining above the state and the national median incomes for the cohort.

- Median home value for age 75 and older PMA homeowners of \$167,769 was moderate compared to U.S. and Illinois median home values for age 75+ owners in 2015. The median home value for PMA age 75 and older households is projected to increase reaching \$178,279 effectively narrowing the gap between it and the state and national median home values in 2020.
- Median net worth for the Mercy Creek PMA age 75 and older households of \$200,598 was markedly higher than Illinois (\$126,459) and U.S. (\$120,203) target market households in 2015. Projections show median net worth for PMA age 75+ households increasing to \$211,611 in 2020 remaining well above the state and nation. In fact, over 26% of age 75 and older households in the PMA are projected to have net worth of \$500,000 or more in 2020.
- The geographic distribution of targeted age 75 and older households (with minimum income of \$50,000) and adult children (households age 45 to 64 with minimum income of \$100,000) in the PMA and surrounding vicinity show many Mercy Creek PMA census tracts will have the highest densities of targeted households in 2019.

Competitive Products

At the time of the study, there were 18 communities (including Communities at Mercy Creek) within the PMA considered to be competitive or comparable.

In the Mercy Creek PMA there are 486 independent living residences with an average occupancy of 95%, 261 assisted living beds with an average occupancy of 100%, 100 dementia care beds with an average occupancy of 96% and 1,102 skilled nursing beds with an average occupancy of 79%.

The planned supply reflects an expansion at Westminster Village, which plans to add 60 independent living residences, 6 assisted living beds, 30 assisted living dementia care beds and 12 beds of skilled nursing. In addition, there are three new communities being developed which will add 183 potentially competitive assisted living beds and 78 potentially competitive assisted living dementia care beds to the Mercy Creek PMA.



Market Demand Analysis

In order to conduct the market feasibility tests for the proposed products, the SMP data for the Mercy Creek PMA was used with PMD's proprietary demand models for independent living (entrance fee and rental), assisted living, assisted living dementia care, and skilled nursing.

Independent Living Demand – Entrance Fee

This demand analysis indicates that the PMA, using the assumptions identified in this analysis based on all age 75 and older owner households who have homes worth \$125,664 or more, and can afford a monthly fee of \$2,267 or higher can support about **48 - 80** additional residences with a project penetration rate of 3% and 5% respectively. The existing market penetration rate in the Mercy Creek PMA is 10.4% which falls within the PMD "excellent" benchmark range and indicates that there is likely excellent potential in the market for new product, depending on other factors in the PMA. The addition of 80 entrance fee residences in 2019 (potential at a 5% penetration rate), increases the market penetration rate to 13.5% indicating excellent market potential.

Independent Living Demand – Rental

This demand analysis indicates that the PMA, using the assumptions identified in this analysis based on all age 75 and older owner households who can afford a monthly fee of \$3,169 or higher can support about **45 - 75** additional residences with a project penetration rate of 3% and 5% respectively. The existing market penetration rate in the Mercy Creek PMA is 32.2% which falls within the PMD "good" benchmark range and indicates a market that may be reaching or at market saturation, depending on other factors in the PMA. The addition of 75 entrance fee residences in 2019 (potential at a 5% penetration rate), increases the market penetration rate to 36.5% indicating a potentially saturated market.

Assisted Living Frail Demand

This demand analysis indicates that the PMA, using the assumptions identified in this analysis, using a minimum monthly fee of \$4,869 in 2019 dollars and a minimum household income of \$35,000 in 2019, will **not** support any additional assisted living residences



Assisted Living Dementia Care Demand

This demand analysis indicates that the PMA, using the assumptions identified in this analysis, using a minimum monthly fee of \$7,313 in 2019 and a minimum household income of \$50,000 in 2019 the market, will support 18 - 27 additional assisted living dementia care residences.

Nursing – Private Pay/Other

It is estimated that the proposed Mercy Creek project should be able to capture 7 Private Pay/Other beds in 2019 due to population growth in the PMA.

Nursing – Medicare

It is estimated that the proposed Mercy Creek project should be able to capture 1 Medicare bed in 2019 due to population growth in the PMA.

Nursing – Medicaid

It is estimated that the proposed Mercy Creek project should be able to capture 5 Medicaid beds in 2019 due to population growth in the PMA.

SNF Niche Market Analysis

The purpose of this portion of the engagement was to provide the Communities at Mercy Creek with the basis for the development of strategies for hospital and other partnerships and analyze each competitor's market share to assist in the strategic planning process for Mercy Creek

Strategies were developed after examination of external market forces to include the status of hospital readmissions and discharges to SNFs by area hospitals, market share analysis of the SNF competition, Accountable Care Organization opportunities, post-acute care preferred provider relationships, bundled payment opportunities, and Medicare Advantage insurance plan opportunities.

The analysis included:

- hospital readmissions for the seven disease states that CMS (Centers for Medicare and Medicaid Services) monitors (heart failure, hip/knee surgery, stroke, COPD, pneumonia, heart attack, and coronary artery bypass graft (CABG))
- the two market area referring hospitals patterns of discharge to skilled nursing facilities for the same seven disease states
- evaluation of the SNF market share in the PMA from the same two hospitals for discharges across seven broad diagnostic categories (cardiology, medicine, neurology, orthopedics, pulmonology, surgery, and urology)
- analysis of area Accountable Care Organizations and Post-Acute Care Networks operating in the PMA
- analysis of Medicare Advantage opportunities
- based on the above, PMD provides an opportunity assessment and recommendations, organized in order of suggested priority.

Hospital Analysis

To conduct the hospital analysis for potential partnership opportunities, PMD used the hospitals reported data to CMS to identify readmissions, current as of December 31, 2015. The number of discharges made to SNFs was extracted from hospital cost report data. Data identifying admissions to area SNFs across seven broad disease categories was extracted from hospital cost report and public use files.

Based on staff input, PMD analyzed the following hospitals for inclusion in the hospital analysis: Advocate BroMenn Medical Center and OSF St. Joseph Medical Center.

Hospital Readmissions

The two referring hospitals experienced readmissions in excess of the targeted percentages in 2015 in only three of the seven diagnoses CMS monitors: COPD, pneumonia, and coronary artery bypass graft (CABG).

Hospital Discharges to Skilled Nursing Facilities

PMD analyzed discharge to SNF patterns to identify the origin of concentrations of discharges to SNFs. From that knowledge, specific disease states for which Mercy Creek may potentially develop disease management programs can be targeted.

Both referring hospitals discharged varying numbers of patients directly to skilled nursing facilities for each of the seven diagnoses of interest. St. Joseph's had the largest number of total SNF discharges in the seven disease states with 242 discharges, and Advocate BroMenn had 209 discharges to SNFs in 2015.

PMD analyzed the number of discharges to SNFs for the seven diagnoses CMS monitors. Advocate BroMenn discharged the greatest number of heart failure (35) and COPD (26) patients to SNFs. St. Joseph's discharged the largest number of pneumonia (107), hip/knee replacement surgery (59) patients to SNFs. Neither hospital discharged heart attack or CABG patients to SNFs.

Skilled Nursing Facility Market Share Analysis

PMD analyzed each of the competitor's admissions across seven broad diagnostic categories (cardiology, medicine, neurology, orthopedics, pulmonology, surgery, and urology), looking for concentrations and/or gaps in the patterns of admissions to identify potential opportunities. The market share analysis provides the basis to develop strategies to increase market share of certain desirable patient groups, with higher reimbursement and generally better margins. The results of the analysis point to "target" SNFs from which Mercy Creek may potentially acquire market share, and dispels common misinterpretations of the actual state of the market.

In terms of the 2014 top three SNF facilities overall SNF market share from Advocate BroMenn, Heartland Normal had 28% share, Heritage Health Bloomington had 25% share, and Heritage Health Normal had 20% share. St. Joseph inpatient SNF was the leader in overall discharges from St. Josephs with a 39% share, followed by Heritage Health Normal with 14% share, and Heritage Health Bloomington with 13% share.

Specifically, the market leaders in Cardiology, Medicine, Neurology, Orthopedics, Pulmonology, Surgery, and Urology discharges for the two hospitals are described below.

Advocate BroMenn Medical Center

The market leaders for Advocate BroMenn discharges to SNF were Heritage Health Normal who had the largest market share of Cardiology (26%) and Urology (26%); and was tied with Heartland Normal for Surgery (37%) discharges. Heartland Normal was market leader for Medicine (31%) and Pulmonology (35%) discharges, and was tied with Heritage Health Normal for Surgery (37%). Heritage Bloomington was market leader for Orthopedics (33%) and was tied with Heritage Normal for Neurology (29%) patients.

OSF St. Joseph Medical Center

St. Joseph inpatient SNF was market leader for Cardiology (42%), Medicine (38%), Neurology (38%), Orthopedics (40%), Pulmonology (33%), and Surgery (69%). Heartland Normal was market leader for Urology with 37% discharges.

Accountable Care Organization and Preferred Provider Opportunities

Advocate Health System ACO

Growth in accountable care organizations in the Normal/Bloomington area has been minimal to date. In fact, the only Accountable Care Organization licensed in the PMA was Advocate Physician Partners Accountable Care, Inc. The ACO was formed in 2012 under the auspice of the Advocate Health Care System and consists of all the Advocate hospitals and more than 5,000 physicians. It was formed as a “care management collaboration” and is a recognized leader in care management and clinical integration across the country.

Acute Network

One of the Advocate Physician Partners ACOs notable programs is the Post-Acute Network, in which Meadows Mennonite Chenoa participates. The Advocate ACO developed a preferred network of community-based skilled nursing, long-term acute care, and rehabilitation providers who meet Advocate’s standards for quality. This Post-Acute Network (PAN) includes 41 skilled

nursing facilities that have partnered with Advocate to provide optimal care through its “SNF Care Program.” The 41 SNFs are located system wide and extend beyond the PMA.

OSF St. Joseph Medical Center Post-Acute Care Preferred Provider Network OSF St. Joseph Medical Center formed a post-acute care preferred provider network currently comprised of approximately nine SNFs. Meadows Mennonite Chenoa is a participant. Four SNFs located in the PMA participate in the network and include Heritage Health Bloomington, OSF St. Joseph Transitional Care Unit, Heartland of Normal, and Heritage Health Normal. The preferred SNFs have an OSF Health Care physician continue to manage patient care in each SNF.

CHAPTER 2

CONCLUSIONS AND RECOMMENDATIONS

Based on PMD's market analysis, we offer the following conclusions and recommendations for the Meadows at Mercy Creek team. These recommendations offer ideas and strategies that we believe would likely position the proposed Meadows at Mercy Creek community in a leadership role in serving older adults within the Meadows at Mercy Creek market.

Conclusions

- The Meadows at Mercy Creek site location scored as a “good” location for the development and continued investment in senior living and care.
- Growth in age 75 and older population in the Meadows at Mercy Creek PMA is projected to accelerate resulting in the addition of 933 persons between 2015 and 2020, it will continue to outpace the state and parallel the U.S. growth rate for the segment during the period.
- The long-term population projections for the Meadows at Mercy Creek PMA between 2020 and 2035 indicate continued growth and depth in the age 75 and older population within

the PMA with average annual growth rates of more than 7% during varying five-year intervals, in a large part reflecting the impact of aging Baby Boomers.

- Nearly three-quarters of age 75 and older households in the Meadows at Mercy Creek PMA are estimated to have been owner households in 2015. Since owner households typically comprise a majority of community prospects, this is considered a positive indicator for the proposed Meadows at Mercy Creek project.
- Two of the three key financial indicators for age 75 and older households in the Meadows at Mercy Creek PMA - income and net worth – were in 2015 and will in 2020 be markedly higher than Illinois and the U.S. Home value is the third indicator and while the PMA's median home has been and will continue to be lower than both the state and nation, projections show the gap narrowing markedly between 2015 and 2020 which is also a favorable factor for the Meadows at Mercy Creek project.
- The Meadows at Mercy Creek campus is projected to be located in very good proximity to concentrations of age 75 and older households with minimum income of \$50,000 and adult children age 45 to 64 households with \$100,000 minimum income in 2019.
- The Meadows at Mercy Creek market area currently contains the following existing number of senior living residences:
 - Independent Living – 486 residences in service – 95% occupied
 - Assisted Living – 261 beds in service – 100% occupied
 - Assisted Living Dementia Care – 100 beds in service – 96% occupied
 - Skilled Nursing – 1,102 beds in service – 79% occupied
 - Five planned communities were identified at the time of the study
- Based on the results of the demand analysis, it appears that the market, based on the price points tested, is deep enough to support:
 - Up to 80 additional market rate independent living entrance fee apartment residences with a market penetration rate of 13.5% using demand at 5% project penetration rate
 - Up to 75 additional market rate living rental residences based on the project penetration calculation, however, the resulting market penetration rate would be 36.5% and PMD feels that this is an indication that the market for rental senior living residences is probably saturated

- No additional market rate assisted living residences - PMD's analysis indicates that while the market will support the amount of existing and planned product currently in place or in planning, there is no room for additional residences at this point in time
- Up to 27 additional market rate assisted living dementia care residences
- In addition, PMD conducted a fee sensitivity analysis using a \$175,000 minimum entrance fee and \$1,158 monthly fee which indicated sufficient demand to add 16 villa style residences on the Mercy Creek campus with a different design than the existing product – PMD believes that the current product is more “house” (e.g. A basement) and overpriced in the market
- Skilled Nursing – demand for additional beds
 - 7 Private Pay/Other beds
 - 1 Medicare beds
 - 5 Medicaid beds
- SNF Niche Market Conclusions
 - The two referring hospitals had excess readmissions for three of the seven diagnoses CMS monitors (pneumonia, COPD, and Coronary Artery Bypass Graft surgery) in 2015
 - The two referring hospitals discharged a total of 451 patients to SNFs in 2015
 - Of the 13 competitive SNFs located in the PMA, concentration of discharges from the two referring hospitals for seven large diagnostic groups was spread across four facilities: Heartland of Normal, Heritage Health Normal, Heritage Health Bloomington, and St. Joseph Medical Center SNF
 - Relatively strong competition for pulmonology patients exists from Heritage Health Normal and Heritage Health Bloomington because they have 24/7 respiratory therapy available, but are older, with outdated physical plants

- The most compelling and mutually beneficial hospital partnership opportunities employ disease state management for pneumonia and COPD, based on readmissions and discharge patterns to SNF
- Developing a relationship with the ACO, Advocate Physician Partners Accountable Care, Inc., presents a real opportunity to participate in alternative payment models
- Becoming a preferred provider for St. Joseph Medical Center presents a real opportunity to provide post-acute care to its discharged patients
- Developing a relationship with Medicare Advantage insurers, beyond fee-for-service contracts, represents a burgeoning opportunity
- Constructing a new state-of-the-art skilled nursing facility will position the Communities at Mercy Creek to take advantage of increases in short term admissions and be more competitive in the market.

Recommendations:

- The demand analysis supports the possible expansion of the Mercy Creek campus to include new entrance fee independent living residences, assisted living dementia care and skilled nursing beds. PMD does not recommend adding new rental independent living residences because of the high market penetration rates, an indication that the rental market may currently be saturated.
- PMD recommends that Mercy Creek expand the existing campus by adding:
 - 36 entrance fee apartments style residences
 - 12 villa style residences (no basements at a lower price point)
 - 12 assisted living dementia care residences
 - 24 skilled nursing beds/residences in a household-based model that operates with a culture of person-centered care – these skilled beds would be relocated from the

Chenoa campus and used to implement the proposed skilled nursing strategy which follows

PMD recommends developing independent living entrance fee (apartments and villas) assisted living dementia care, skilled nursing as shown in Table 2-1 below

Table 2-1: Proposed New Meadows at Mercy Creek Product Description and Mix for Independent Living, Assisted Living Dementia Care, and Skilled Nursing

			Proposed 2019 Fees	
Residences	Product Mix	Square Feet	Entrance Fee*	Monthly Fee
Apartments				
1 Bedroom/1 Bath	10	750	\$125,664	\$2,267
1 Bedroom/1.5 Bath w/ Den	14	950	\$132,500	\$2,367
2 Bedroom/2 Bath	12	1,200	\$145,000	\$2,950
Total Residences	36			
Villas				
Two-Bedroom 2 Bath	6	1,200	\$175,000	\$1,158
Two-Bedroom 2 Bath w/Den	6	1,800	\$225,000	\$1,300
Total Residences	12			
Assisted Living Dementia Care All Inclusive				
Studio	10	325		\$7,313
One-Bedroom	2	415		\$7,500
Total Residences	12			
Skilled Nursing				
Suites	24	250		
Total New Residences	84			

*90% refund plan

It is important to remember that while the demand analysis indicates that there are enough age and income qualified households in the PMA to support the expansion as shown in the table above, this analysis does not tell us if the residents in the market area that have the need for independent living, assisted living dementia care and skilled nursing have the resources to afford it will actually move to a community as proposed.

Independent Living

- In order for the Mercy Creek campus to be competitive in the market and to be consistent with the current offering on campus, monthly fees for the new independent living villa residences should include a service and amenity package which is the same as that offered to existing independent living villa residents on the campus.
- Also, to be in line with the existing products in the market, monthly fees for the new independent living apartments residences should include:
 - Two meals a day
 - Bi-monthly housekeeping
 - Bi-monthly linen laundry
 - Scheduled Transportation
 - Scheduled Activities
 - All utilities
 - Emergency response system
 - Priority admission to assisted living, assisted living dementia care, and skilled nursing
 - Interior and exterior maintenance
- Residence features:
 - High quality lighting and improved outlet placement
 - Ample closet space with walk-in closets
 - Linen closets in the bath
 - Pantry in the kitchen
 - Showers with easy entry in one-bath residences and a shower and tub in two-bath residences
 - Washers and dryers in all residences (preferably side by side)
 - Screened in patios or balconies
 - Wireless internet service in common areas and in residences
 - Individually controlled thermostats
 - Top of the line cabinets and appliances
 - Hard surface countertops

- Covered parking
- One and two car garages (villas)
- Independent living residence upgrade options for a fee should include:
 - Carpeting and flooring
 - Countertops and cabinets
 - Kitchen appliances

Assisted Living Dementia Care

- Assisted living dementia care monthly fees should be all-inclusive and include:
 - Three meals daily
 - All Utilities
 - Weekly light housekeeping service
 - Weekly personal laundry service
 - Weekly linen service
 - Assistance with ADL's
 - Daily bed making
 - Cable television
 - Local telephone service
 - Daily reminders
 - Escort service
 - Scheduled activities
 - Scheduled transportation
 - 24-hour staffing
 - Interior and exterior maintenance
 - Emergency response system
 - Health monitoring
 - Household model with person centered care
 - Dementia specific programming
- Neighborhood Features in assisted living dementia care should include:
 - Secured area

- Country kitchen
- Dining area with plenty of windows for natural light
- Lounge area with fireplace
- T.V. room
- Residence Features in assisted living dementia care should include:
 - High quality lighting and improved outlet placement
 - Ample closet space with walk-in closets
 - Kitchenettes with refrigerator and microwave
 - Linen closets in the bath
 - Private bath with showers with easy entry
 - Internet connections or access to wireless internet service
 - Individually controlled thermostats

Skilled Nursing

Based on PMD's analyses of demand, hospital partnership opportunities and SNF market share, we offer the following opportunity assessment and recommendations to Mercy Creek. The assessment is a synthesis of:

- the data-driven analysis of hospital readmission excesses
- hospital patterns of discharge to SNFs SNF market share analysis across broad diagnostic groupings
- a market situational analysis in terms of Accountable Care and post-acute care preferred provider networks
- anticipated near-term future expansion of bundled payments
- Medicare Advantage Plans in the PMA.

PMD believes there are potential opportunities to participate with the Advocate ACO and become a preferred provider with St. Joseph's if the new facility is willing to:

- bear risk;
- accept capitated payments;
- provide positive outcomes within the ACOs parameters;



- meet the network standards; and
- develop the capability to provide a variety of data to them.

Strategies to get the ACO and preferred provider network's attention include demonstrating superior performance on quality, length of stay, volume, readmission rates, return to community rates, patient outcomes and satisfaction, and cost per episode. Once at the table, Mercy Creek may have the opportunity to highlight its points of difference and attempt to strike a formal preferred provider agreement, typically in the form of a Memorandum of Understanding, outlining each party's roles and responsibilities.

Medicare Advantage Opportunities

As of 2016, of over two million Illinois Medicare enrollees, just 18% of Medicare beneficiaries were enrolled in Medicare Advantage plans, compared to the nationwide average of 31% enrollment. Rapid growth of the enrollment in these plans is expected throughout the U.S. and in Illinois. There were 21 different Medicare Advantage plans in McLean County licensed to operate in 2017. Each plan has developed or will develop a version of value-based payment models for both acute and post-acute care. PMD believes potential opportunities lie in approaching select plans and present a willingness and flexibility to enter new arrangements with alternative payment models to garner a larger share of the Medicare Advantage market.

Construct New Short Term Rehab Beds

PMD conducted field work and visited the PMAs top competitors, and although the demand analysis did not support strong demand for additional skilled nursing beds, PMD believes there is room in the market area for a new state-of-the-art skilled nursing facility. While the competition operates in older facilities that are unappealing in today's market, there is a strong concentration of market share among three providers that the Communities at Mercy Creek will most likely need to take market share from. In the first quarter of 2016 BroMenn referred 87% to three facilities (Heartland of Normal, and Heritage Health of Bloomington) and St. Joseph's referred 61% to four facilities (St. Joseph's Transitional Care Unit, Heartland of Normal, Heritage Health of Normal, Heritage Health of Bloomington).

That being said, PMD believes for Mercy Creek to take advantage of the ACO, preferred provider arrangements, and Medicare Advantage opportunities, a newly constructed skilled nursing facility is recommended. The new facility will need to be aggressive in both the number and type of medically complex skilled patients it accepts and is prepared to care for, and the concomitant marketing efforts to support the development of the beds. PMD believes the Meadows Mennonite organization has an opportunity to offer newly constructed skilled nursing beds on the Mercy Creek campus by transferring 24 beds from the Meadows Mennonite Chenoa campus to the Mercy Creek campus.

- It is recommended that the Communities at Mercy Creek construct a new, state-of-the-art skilled nursing facility comprised of approximately 24 skilled nursing beds (12 short term rehab beds and 12 long term beds) using beds that are transferred from the Meadows Mennonite Chenoa campus
- The 24 bed skilled nursing facility should contain two 12 bed neighborhoods, using a person centered care philosophy, with the following features and amenities:
 - en suite baths with walk in/roll in showers with a homelike decor,
 - upgraded furniture and furnishings,
 - flat screen TVs with premium cable and movie channels,
 - telephone and telephone service,
 - wi fi throughout,
 - separate dining room, open from 7A to 7P,
 - increase dining choices and options to include ordering on demand, in room dining and ordering off-menu,
 - daily newspaper delivery,
 - concierge services.

Consumer Research

PMD recommends that Mercy Creek consider conducting consumer research in the form of focus groups to get direct input from the target market on the following issues:

- Market awareness of the Meadows at Mercy Creek brand and the consumers view of the brand

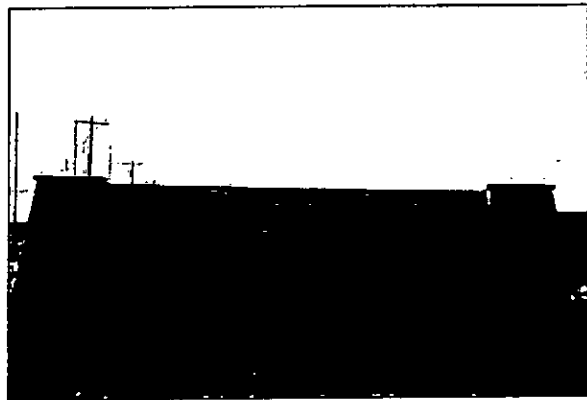
- The likely hood of the consumer to remain in the area for their retirement and if not explore their reasons for leaving the area
- Perceived strengths and weaknesses of the proposed Mercy Creek site from the viewpoint of the consumer
- Needs and desires of target market consumers as they are experiencing aging
- Market interest in a senior housing community located in a multi-use urban environment
- Market interest and understanding in senior housing, especially the concept of an entrance fee community
- Target consumer reaction to proposed product offering: floor plans, pricing, amenities and services

CHAPTER 3

COMMUNITY DESCRIPTION

Communities at Mercy Creek

The Meadows tradition began in 1923 when the original Meadows Mennonite Retirement Community in Chenoa opened with a ministry to serve individuals in the aging process. Communities at Mercy Creek is located on Mercy Creek Drive in the northeast area of Normal and opened in 2012. The communities were founded to provide Christian comprehensive senior living options designed



to continue, in faith, the work of the church and to meet community needs by caring for seniors. The Chenoa campus provides a continuum of care providing independent living, dementia care within a skilled nursing setting and skilled nursing care. Meadows at Mercy Creek is licensed assisted living and the Villas at Mercy Creek provide an independent living option.

At the time of the study, the Mercy Creek campus had four independent living villas with 100% occupancy and 60 licensed assisted living beds with 100% occupancy. At buildout, the villas will total 16 residences. Mercy Creek is also adjacent to the Apostolic Church which has had a business and financial interest in the villa development and has provided land for Mercy Creek's existing buildings and for expansion. The campus has additional contiguous acreage to support possible future development. Although it is the newest community in the PMA, competitors are going through expansions and updates and several new communities are on the horizon or under construction.

The wood and stone porte-cochere at Mercy Creek's entrance sets the tone for the building and provides very good curb appeal. Inside the building, all common areas are modern, upscale and residential in nature. The use of wood and stone on the interior provides a warm and inviting atmosphere. The building interior and the residential apartments have a very good feel.

The following amenities are available at Meadows at Mercy Creek:

- Activity Room
- Beauty Salon/Barber Shop
- Bistro
- Center Courtyard and Patios
- Computer Lounge
- Conference Room
- Dining Room
- Gift Shop
- Health Spa
- Library
- Private Dining Room
- Theatre Room

Villas at Mercy Creek Independent Living

The villas are built as they are sold. Residents receive the same use of amenities as the Meadows residents. The villas come with two-car garages, optional sunrooms and full basements.

Table 3-1: The Villas at Mercy Creek Residences and Fees

Independent Living - Villas at Mercy Creek							
Type	# of Units	% Occ.	Sq. Ft.	Founder's Purchase	Monthly HOA	Est. Monthly Additional Expenses	Total Monthly
Villas	4	100%					
Two-Bedroom/Two-Bath	2		1,125	\$218,295	\$260	\$800	\$1,060
Two-Bedroom/Two-Bath/Den/Sunroom	2		1,725	\$264,655	\$345	\$1,000	\$1,345

The following services are included in the monthly HOA fee:

- Home Maintenance Exterior
- Home Maintenance Interior
- Lawn Care
- Snow Removal

The villa residents are also responsible for paying the following expenses represented by the estimated monthly additional expenses column in the table:

- Cable TV
- Electric
- Gas
- Internet
- Real Estate Tax
- Renter Liability Ins.
- Sewer
- Telephone
- Trash
- Water

Assisted Living

The apartments have nine-foot ceilings, crown molding, and other modern features. They are well maintained and show well. All apartments provide a kitchenette with microwave and small refrigerator, as well as a stainless sink. The bathroom is spacious and closet space is generous. The community offers three different floor plans.

Table 3-2: Meadows at Mercy Creek Residences and Fees

Assisted Living - Meadows at Mercy Creek							
Type	# of Units	% Occ.	Sq. Ft.	Founder's Purchase	Deposit	All-Inclusive Monthly Fee	Second Person
Apartments	60	100%					
One-Bedroom			536	\$145,000	\$1,000 (\$700 Refundable)	\$4,138	\$800
One-Bedroom Deluxe			604	\$165,000	\$1,000 (\$700 Refundable)	\$4,456	\$800
Two-Bedroom			726	\$195,000	\$1,000 (\$700 Refundable)	\$4,880	\$800

The following services are included in the Meadows monthly fees:

- 24-Hour Emergency Response
- 24-Hour Staff
- Activities
- Assistance w/ADL's
- Cable TV
- Housekeeping Weekly
- Internet
- Linen Service Weekly
- Maintenance
- Medication Management
- Scheduled Transportation
- Three Meals Daily
- Utilities (Except Phone)

Both Mercy Creek products are well done and very viable competitors in the Bloomington-Normal market area.

CHAPTER 4

SITE LOCATION EVALUATION

Meadows at Mercy Creek

Using an objective 16-point evaluation tool, PMD evaluated the location of the Meadows at Mercy Creek site. Appendix 1 of this report contains the Meadows at Mercy Creek Site Location Evaluation Checklist. The results of the evaluation follow.

Site Location Evaluation Criteria

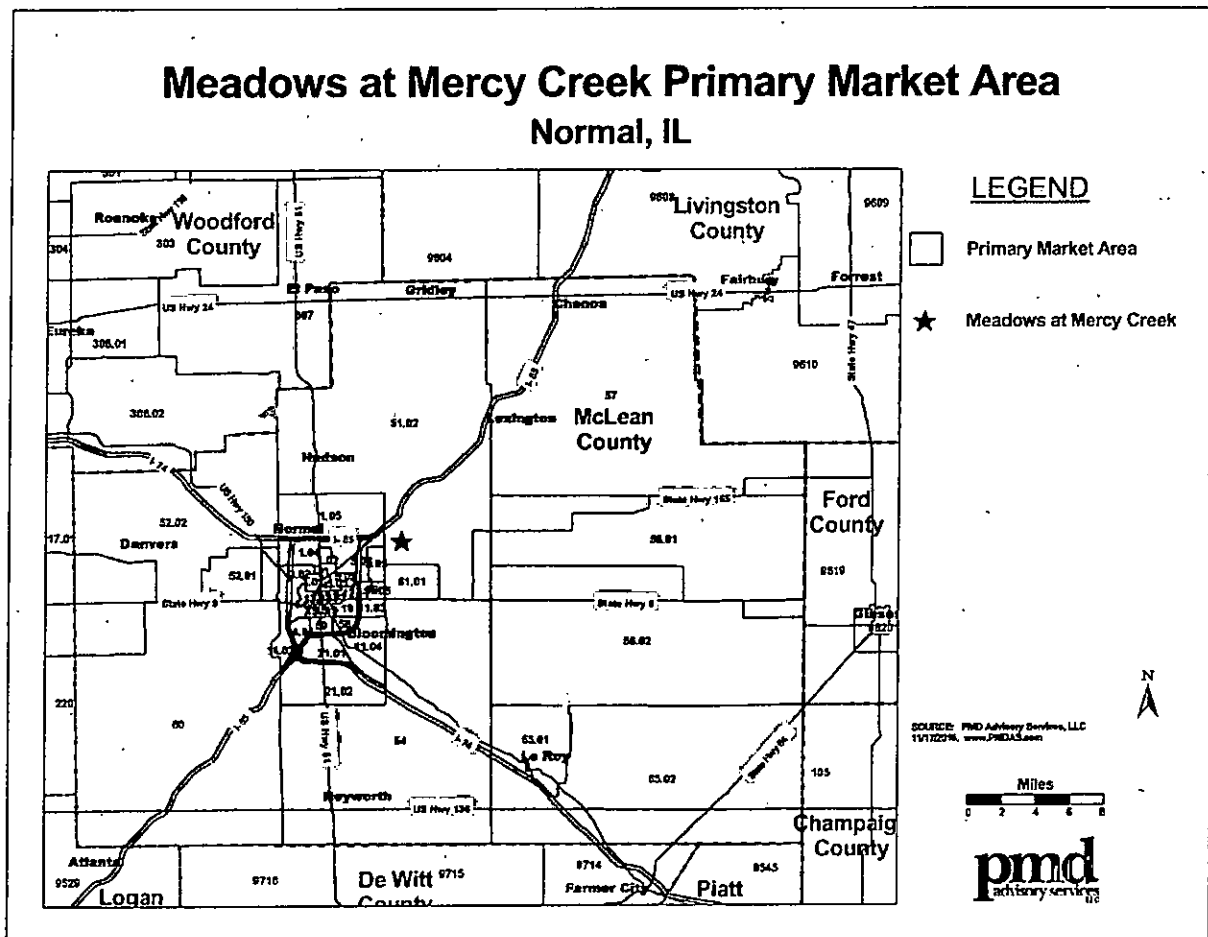
Several key factors determine a location's suitability for development of senior housing and care facilities. They include the following:

- Accessibility to utilities
- Accessibility to public transportation (more of an issue for employees than the residents)
- Proper zoning and compatibility with surrounding land uses
- Accessibility to full service and emergency health care, fire and safety services
- Accessibility to religious and cultural facilities
- Access to shopping and personal service providers



been defined to include 39 census tracts in McLean County and census tract 307 in Woodford County. See Table 5-1 and Map 5-1 below.

Map 5-1: Covenant Village of Meadows at Mercy Creek Primary Market Area, Normal, IL



Demographic Characteristics

The analysis of demographic trends presents 2010, 2015, and 2020 population and household data. Sources include 2010 (and 2000) U.S. Census data, The Nielsen Company estimates for the year 2015 and projections for 2020 both of which are provided on the SMP. (See Appendix 2 for the SMP.)

Mercy Creek is expected to appeal to the age 65 and older population for nursing care and the age 75 and older population for assisted living/dementia care needs. This section presents general demographic data for the population as a whole, as well as summary data for target market segments. Comparisons to the state of Illinois and the United States are made throughout the section to provide a context for the data presented. Additional detailed data is provided from the SMP in separate subsections.

Population

Population trends for the Mercy Creek PMA in comparison to trends for the state of Illinois and the United States are presented in Table 5-1 below. Table 5-2 and Table 5-3 display population projections and population projection average annual change rates that provide a long range view of population growth by age segment in the PMA.

Table 5-1: Population Trends, Meadows at Mercy Creek Primary Market Area, Illinois and U.S. - 2010-2020

Population Trends Meadows at Mercy Creek Primary Market Area 2010-2020							
	2010 Census	2015 Estimates	2020 Projections	Change* 2010-2015		Change* 2015-2020	
				Number	Percent	Number	Percent
PMA							
Age 65+ % of total	17,201 10.3%	20,375 11.6%	24,713 13.6%	3,174	3.7%	4,338	4.3%
Age 75+ % of total	8,264 4.9%	8,759 5.0%	9,692 5.3%	495	1.2%	933	2.1%
TOTAL	167,085	175,038	181,945	7,953	1.0%	6,907	0.8%
IL							
Age 65+ % of total	1,609,213 12.5%	1,812,958 14.1%	2,085,261 16.1%	203,745	2.5%	272,303	3.0%
Age 75+ % of total	759,678 5.9%	782,026 6.1%	838,812 6.5%	22,348	0.6%	56,786	1.5%
TOTAL	12,830,632	12,900,879	12,983,189	70,247	0.1%	82,310	0.1%
United States							
Age 65+ % of total	40,267,984 13.0%	46,876,970 14.7%	55,154,921 16.7%	6,608,986	3.3%	8,277,951	3.5%
Age 75+ % of total	18,554,555 6.0%	19,861,500 6.2%	21,994,496 6.7%	1,306,945	1.4%	2,132,996	2.1%
TOTAL	308,745,538	319,459,991	330,689,365	10,714,453	0.7%	11,229,374	0.7%

*Average Annual change. Source: Senior Market Profile, PMD Advisory Services, LLC, and The Nielsen Company November 2016.

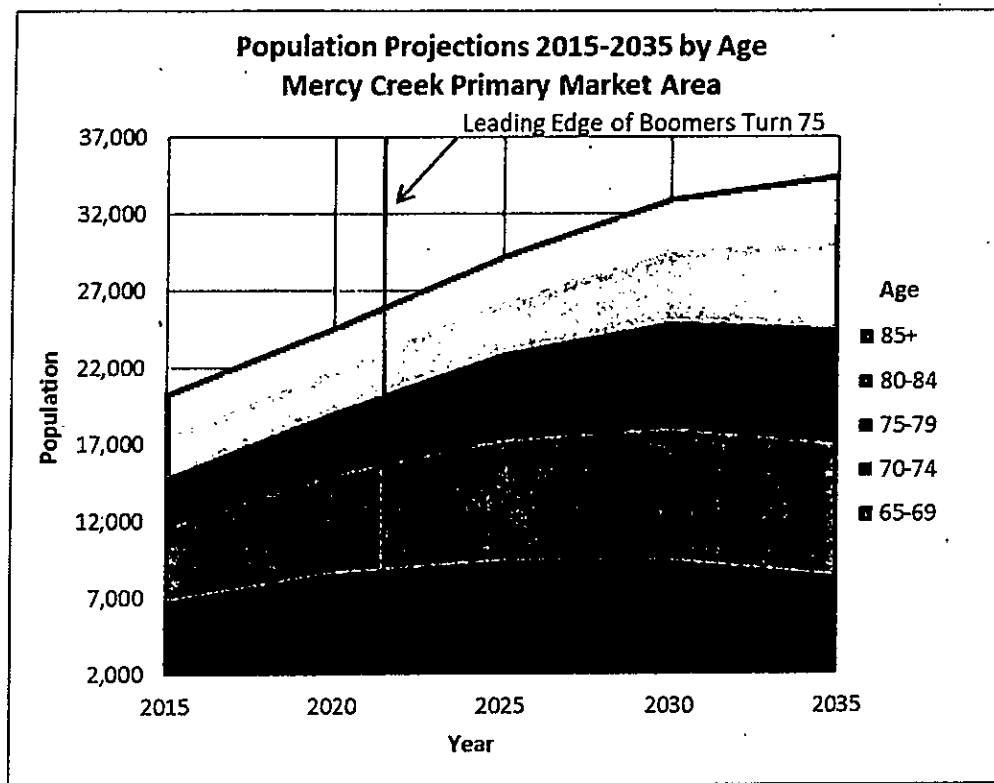
- Total population growth in the Mercy Creek PMA well outpaced Illinois and U.S. growth rates between 2010 and 2015. Projections show PMA population will grow at a slightly slower pace while Illinois and U.S. maintain rates between 2015 and 2020.
- Age 65 and older population in the Mercy Creek PMA grew at a faster rate than both Illinois and the U.S.' 65+ segment between 2010 and 2015. Even faster paced growth is projected for the PMA 65+ age cohort staying ahead of the state and nation's pace of growth for the cohort between 2015 and 2020.
- The age 75 and older population growth in the Mercy Creek PMA grew twice as fast as the state, but slightly slower than the U.S.'s age 75 plus population growth between 2010 and 2015. PMA age 75 and older population growth is projected to grow at a substantially faster pace than the previous period, well outpacing Illinois's age 75+ population growth and tracking with the nation over the 2015-2020 five-year period.
- The age 75 and older population as a proportion of the total population for the Mercy Creek PMA was notably smaller (younger) than Illinois and the U.S. proportion in 2015 and projections for 2020 indicate those relationships will remain the same through 2020.

Population Projections 2015 to 2035

The graph below presents population projections by five-year age cohort over age 65 from 2015 through 2035 for the Mercy Creek PMA. Figure 5-1 below illustrates the population projection trend lines. Table 5-2 below contains the actual projections for each age cohort and Table 5-3 shows the average annual rates of change by age cohort. The shading in Table 5-3 represents age cohorts with Baby Boomers (persons born between 1946 and 1964).

These population projections for the Mercy Creek PMA are based on McLean and Woodford county population projection change rates by age cohort from "2015 Complete Economic and Demographic Data Source (CEDDS), State and County Projections to 2045, Woods and Poole Economics, Washington, D.C., Copyright 2015" which has been applied to PMD's SMP estimates for the PMA to extrapolate the projections to the year 2035.

Figure 5-1: Population Projections 2015-2035 by Age, Meadows at Mercy Creek PMA



Source: "2015 Complete Economic and Demographic Data Source (CEDDS), State and County Projections to 2045, Woods and Poole Economics, Washington, D.C., Copyright 2015", SMP, and PMD Advisory Services, LLC.

Table 5-2: Projected Population by Age – Meadows at Mercy Creek PMA

Age	2015	2020	2025	2030	2035
65-69	6,863	8,664	9,479	9,462	8,482
70-74	4,753	6,357	7,813	8,525	8,484
75-79	3,369	4,144	5,700	6,995	7,629
80-84	2,479	2,617	3,248	4,460	5,489
85+	2,911	2,931	3,113	3,635	4,489

Table 5-3: Projected Population: Average Annual Rates of Change – Meadows at Mercy Creek PMA

Age/Year	2015-2020	2020-2025	2025-2030	2030-2035
65-69	5.2%	1.9%	0.0%	-2.1%
70-74	6.7%	4.6%	1.8%	-0.1%
75-79	4.6%	7.5%	4.5%	1.8%
80-84	1.1%	4.8%	7.5%	4.6%
85+	0.1%	1.2%	3.4%	4.7%

Source: "2015 Complete Economic and Demographic Data Source (CEDDS), State and County Projections to 2045, Woods and Poole Economics, Washington, D.C., Copyright 2015", SMP, and PMD Advisory Services, LLC.

Observations on Population Projections

- Population age 65 to 69 and particularly age 70 to 74, which will include Baby Boomers, and the age 75 to 79 segment are projected to increase much faster pace than the age 80 to 84 segment between 2015 and 2020. Virtually no growth is expected for the age 85 and older cohort during the same period.
- During the 2020 to 2025 period, accelerated growth is projected for the age 75 to 79 Baby Boomer segment, and particularly the 80 to 84 and age 85 and older segments in the Mercy Creek PMA. By contrast, the age 65 to 69 and age 70 to 74 cohorts are projected to grow at a markedly slower pace from 2020 to 2025 compared to the previous five-year period.
- Population age 80 to 84 in the Mercy Creek PMA is projected to grow much faster than the two previous periods and the age 85 and older cohort will also grow substantially faster between 2025 and 2030. Notably slower growth is projected for the 70 to 74 and 75 to 79 age segments during the same period. The age 65 to 69 growth rate will stall from 2025 to 2030.
- Faster growth is projected for the Mercy Creek PMA age 85 and older cohort with slower growth rates expected for the age 75 to 79 and age 80 to 84 cohorts between 2030 and 2035. Contracted population growth, compared to the previous 2025-2030 period, is anticipated for the 65 to 69 and 70 to 74 age cohorts during the 2030-2035 period.

Long-range population projections show the influence of aging Baby Boomers in the Mercy Creek PMA, following the population as they age into older age cohorts with sizable average annual rates of change anticipated during varying intervals between 2020 and 2035.

The long-term population projections for the Mercy Creek PMA indicate continued growth and depth in the age 75 and older population in the PMA. This is a good indicator for the continued development of senior living and care services in the PMA.

Households

Household change for the Mercy Creek PMA, the state of Illinois and the U.S. are presented below in Table 5-4. Table 5-4 provides information for households. We examine both population and households to gain a complete understanding of market demographic characteristics and changes. Household counts for the Mercy Creek PMA, the state of Illinois and the U.S. are presented in Table 5-4, and household change rates for the period 2010 to 2015 and 2015 to 2020, which follows. The proportion of age 75 and older households is also presented in Table 5-4.

Table 5-4: Household Trends, Meadows at Mercy Creek Primary Market Area, Illinois and U.S. - 2010-2020

Household Trends Meadows at Mercy Creek Primary Market Area 2010-2020							
	2010 Census	2015 Estimates	2020 Projections	Change* 2010-2015		Change* 2015-2020	
				Number	Percent	Number	Percent
PMA							
Age 65+	11,265	13,341	15,867	2,076	3.7%	2,526	3.8%
% of total	17.6%	19.8%	22.5%				
Age 75+	5,567	5,942	6,499	375	1.3%	557	1.9%
% of total	8.7%	8.8%	9.2%				
TOTAL	64,179	67,547	70,425	3,368	1.0%	2,878	0.9%
IL							
Age 65+	1,047,166	1,167,945	1,325,876	120,779	2.3%	157,931	2.7%
% of total	21.6%	23.9%	26.8%				
Age 75+	513,214	525,714	558,001	12,500	0.5%	32,287	1.2%
% of total	10.6%	10.7%	11.3%				
TOTAL	4,836,972	4,894,599	4,946,594	57,627	0.2%	51,995	0.2%
United States							
Age 65+	25,819,836	29,730,257	34,531,218	3,910,421	3.0%	4,800,961	3.2%
% of total	22.1%	24.6%	27.5%				
Age 75+	12,315,319	13,089,290	14,335,647	773,971	1.3%	1,246,357	1.9%
% of total	10.6%	10.8%	11.4%				
TOTAL	116,716,292	121,099,157	125,616,498	4,382,865	0.8%	4,517,341	0.7%

*Average Annual change. Source: Senior Market Profile, PMD Advisory Services, LLC, and The Nielsen Company November 2016.

- Total households in the Mercy Creek PMA grew faster than the nation and five times faster than the state's growth rate between 2010 and 2015. Projections show total PMA and U.S. households growing slightly slower while the state's households maintain its growth rate from 2015 to 2020.

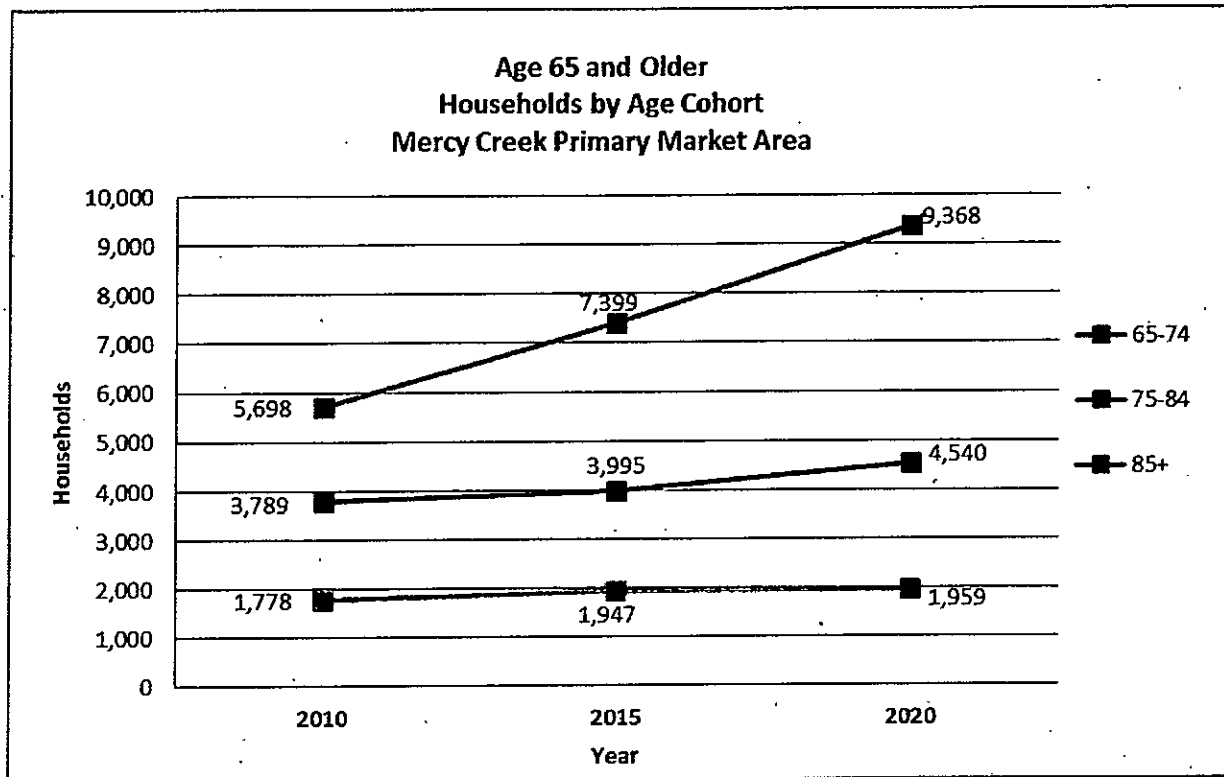
- Age 65 and older households in the Mercy Creek PMA markedly faster than the state and the U.S.'s growth for the cohort between 2010 and 2015. PMA households age 65 and older are projected to grow at a faster pace compared to the previous period and will continue to outpace both the state and U.S. growth rates for age 65+ household segments between 2015 and 2020.
- Estimates show growth in age 75 and older households in the Mercy Creek PMA grew more than twice as fast as Illinois and at pace with U.S. age 75+ households between 2010 and 2015. The PMA's age 75 and older households are projected to show accelerated growth paralleling the U.S. and well outpacing Illinois' age 75+ projected growth for the cohort between 2015 and 2020.

Household Trends by Age Cohort

Figure 5-2 below illustrates change between 2010 and 2020 for age 65 and older households by age cohort. Between 2010 and 2015, the age 65 to 74 segment, including Baby Boomers, is estimated to have grown significantly – more than three times faster than the age 85 plus cohort. The age 75 to 84 segment grew the slowest by comparison during the same period.

The age 65 to 74 cohort in the Mercy Creek PMA is projected to continue to grow at a swift pace between 2015 and 2020. The age 75 to 84 cohort is expected to grow more than twice as fast between 2015 and 2020 than the previous period. The pace of growth for the age 85 and older cohort will slow considerably between 2015 and 2020. See Figure 5-2.

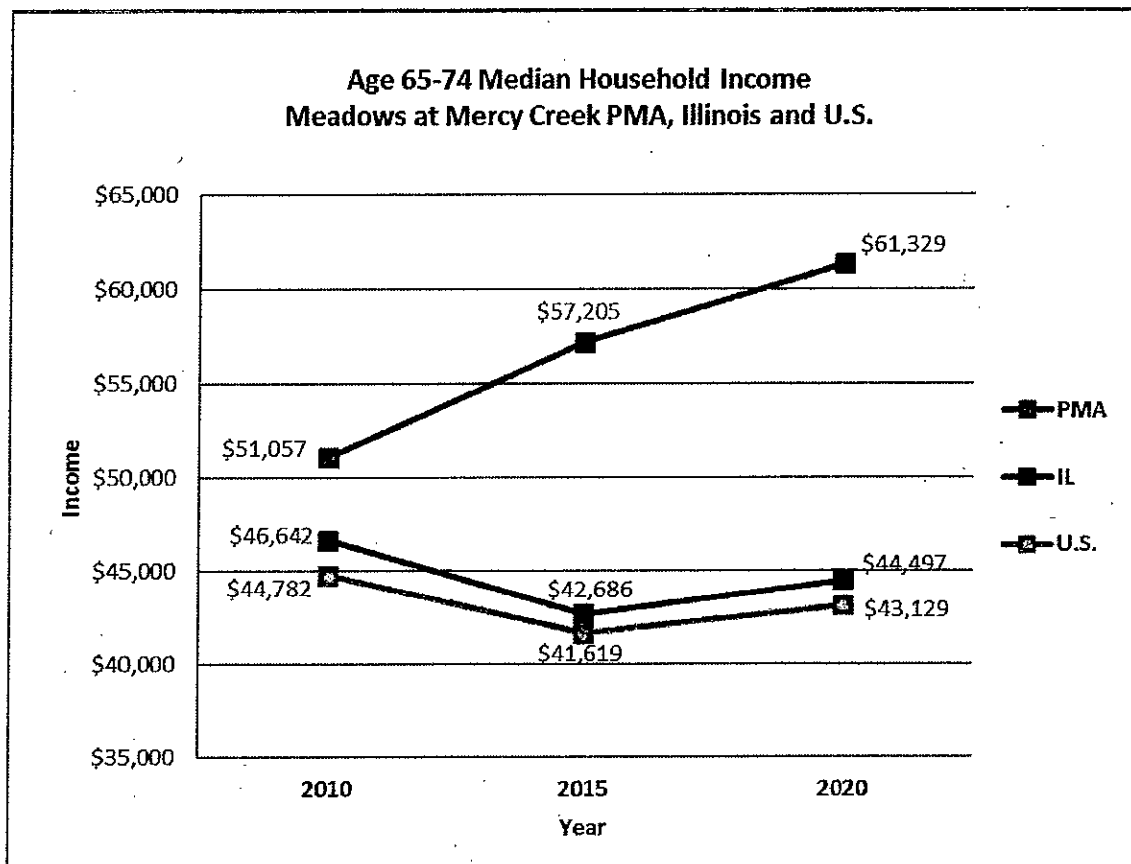
Figure 5-2: Age 65 and Older Households by Age Cohort
Meadows at Mercy Creek Primary Market Area



Target Market Household Income Trends

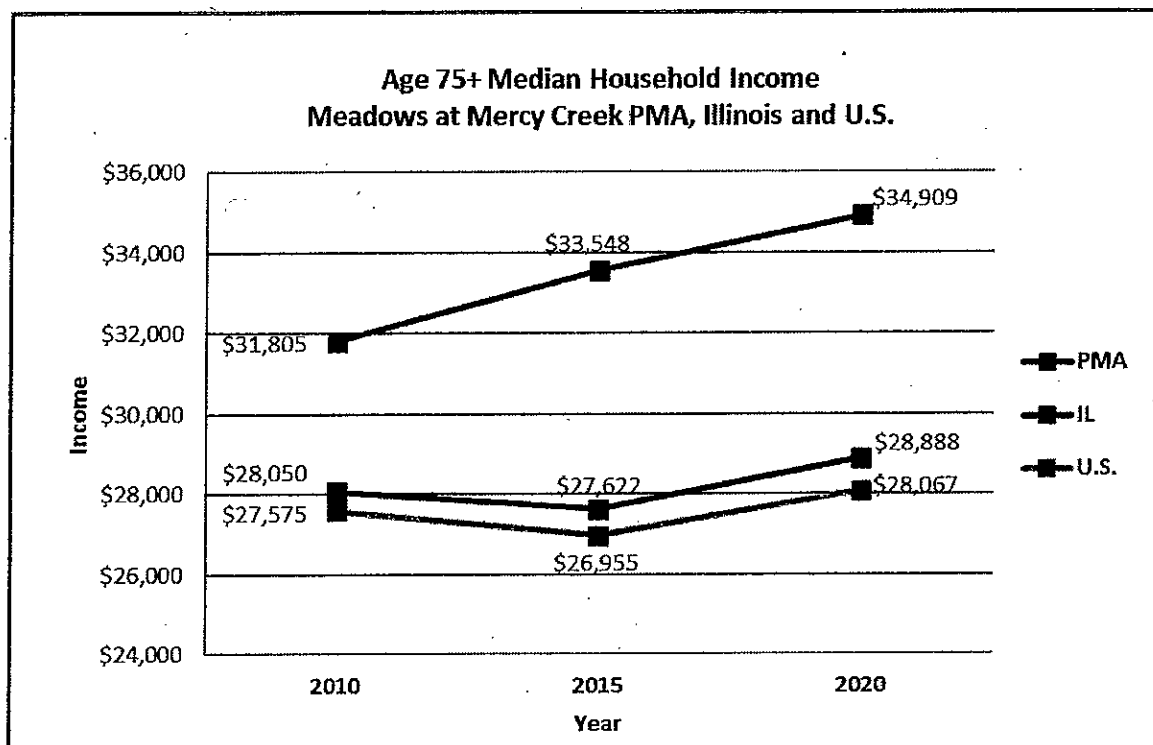
Median income for the age 65 to 74 households in the Mercy Creek PMA was well above both the Illinois and U.S. median incomes for the age cohort in 2015. Projections for 2020 indicate that the PMA median income for households age 65 to 74 will continue to increase albeit at a slower pace but remaining above the state and nation's median income for the age cohort in 2020. See Figure 5-3.

*Figure 5-3: Age 65-74 Median Household Income
Meadows at Mercy Creek PMA, Illinois and U.S. 2010-2020*



In 2015, median income for age 75 and older households in the Mercy Creek PMA was also substantially higher than the Illinois and U.S. median incomes for target market households. PMA median income for age 75 and older households is projected to continue rising at a faster pace staying well above the nation and the state median incomes for the cohort in 2020. See Figure 5-4 below.

Figure 5-4: Age 75 and Older Median Household Income, Meadows at Mercy Creek PMA, Illinois and U.S. - 2010-2020

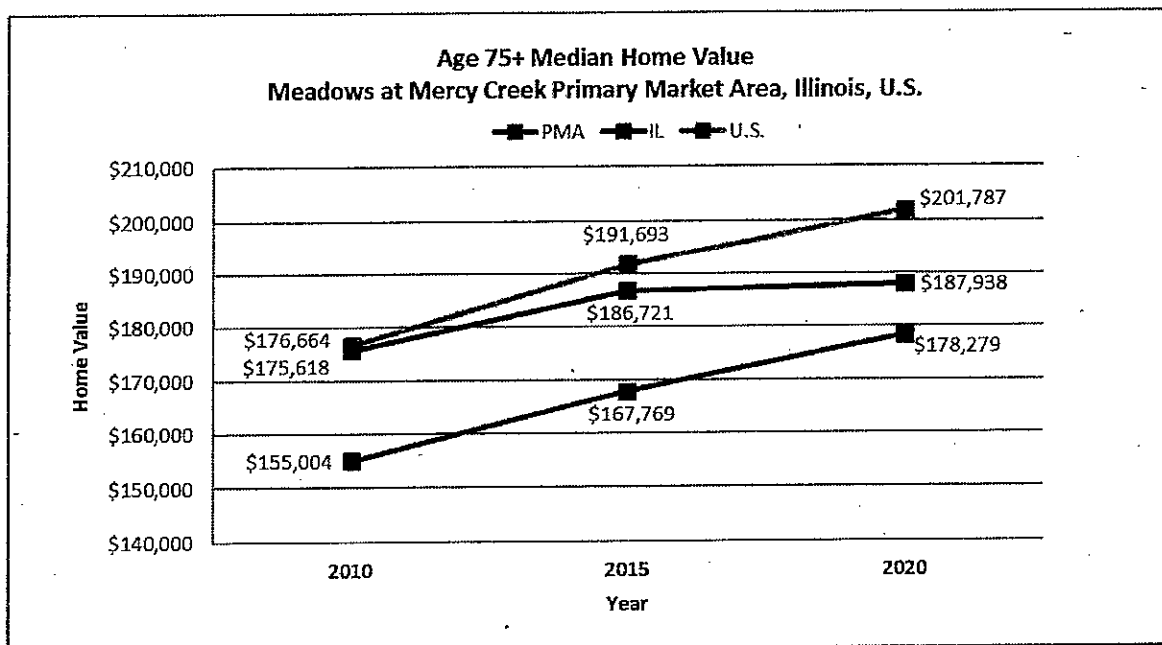


Census-Based Housing Value Trends in the Market Area

Home value information presented in this section of the report begins with the self-reported home value of the individual owner as recorded on their 2000 U.S. Census form. Home value data were not collected on the 2010 decennial Census form. Nielsen current year estimates for 2015 are based on the American Community Survey data. Current year estimates for 2015 and five year projections for 2020 are based on these home values which were, in some cases, underreported.

Median home value for age 75 and older PMA homeowners was noticeably lower than the estimated median home value for Illinois and the U.S. age 75+ homeowners in 2015. The gap between home values will narrow but the median home value for the Mercy Creek PMA age 75 and older households will continue to be below the state and the U.S. age 75 and older home values in 2020. See Figure 5-5.

Figure 5-5: Age 75 and Older Census Based Median Home Value, Meadows at Mercy Creek PMA, Illinois and U.S.: 2010-2020



Housing Sales Values in the PMA

Median Multiple Listing Service Sale Price

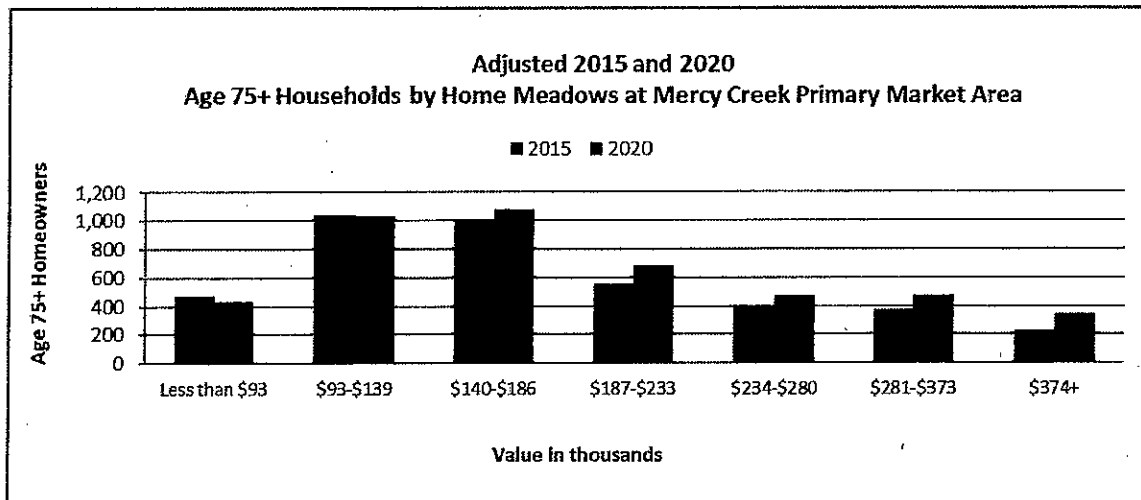
To estimate the actual median home sale values in the PMA, PMD obtained Multiple Listing Service information for the Mercy Creek PMA from Trulia.com, a real estate search website. The estimated median sales price for the period of October 2015 to October 2016 was \$156,886 for the Mercy Creek PMA.

PMD also received input from a representative at Coldwell Banker in Bloomington who indicated the average price (in the Normal market) was \$161,000 for the second week of November 2016. Their Coldwell Banker team “had another record year” suggesting listing and home sales are strong in the Mercy Creek PMA.

Calculation of Home Value Adjustment

The estimated median sales price for the Mercy Creek PMA was found to be \$156,886 during the last year. This median is 6.5% lower than the estimated 2015 median home value on PMD’s Senior Market Profile of \$167,784 for the PMA. These two data points indicate that the home values in the SMP over report the estimated median value; therefore, an adjustment of 6.5% to home values will be made when conducting the demand analysis. Figure 5-6 shows the adjusted number of PMA age 75 and older households by home value for the years 2015 and 2020.

Figure 5-6: Adjusted Age 75+ Households by Home Value, Meadows at Mercy Creek PMA, 2015-2020



Target Market Net Worth – All Households and Age 75+ Households

Net worth estimates for the current year and five-year projections for all households and for age 75 and older households are taken from the SMP (see Appendix 2), which present median data for the PMA, the state and the U.S. and distributions for PMA households. Net worth is defined as all assets (such as the value of a home and investments) minus all liabilities (car loan, credit card debt, mortgage, etc.).

In 2015, the estimated median net worth for age 75 and older households in the Mercy Creek PMA was \$200,598 compared to the median net worth of \$62,892 for all households. Net worth is typically higher for age 75 and older households as a majority are homeowners who have paid off the mortgage on their homes. Younger households are more likely to be renters who have fewer accumulated assets and proportionately more liabilities. Projections show the Mercy Creek PMA median net worth for age 75 and older households increasing by an average annual rate of 2.1% to a total of \$221,611 in 2020 - compared to a 3.3% average annual increase reaching \$73,323 for all Mercy Creek PMA households.

Estimates show 1,405 or 24.2% of Mercy Creek PMA age 75 and older households had a net worth of \$500,000 or more in 2015. Projections indicate that this segment in the Mercy Creek PMA with high net worth will increase to 1,622 and comprise 26.4% of all age 75 and older households in the year 2020.

The median net worth for PMA age 75 and older households of \$200,598 was well above average compared to Illinois (\$126,459) and U.S. (\$120,203) in 2015. Mercy Creek PMA net worth for age 75 and older households net worth of \$211,611 will remain well above the state (\$129,279) and nation (\$122,910) median net worth for the cohort in 2020.

Geographic Distribution of Target Market Households

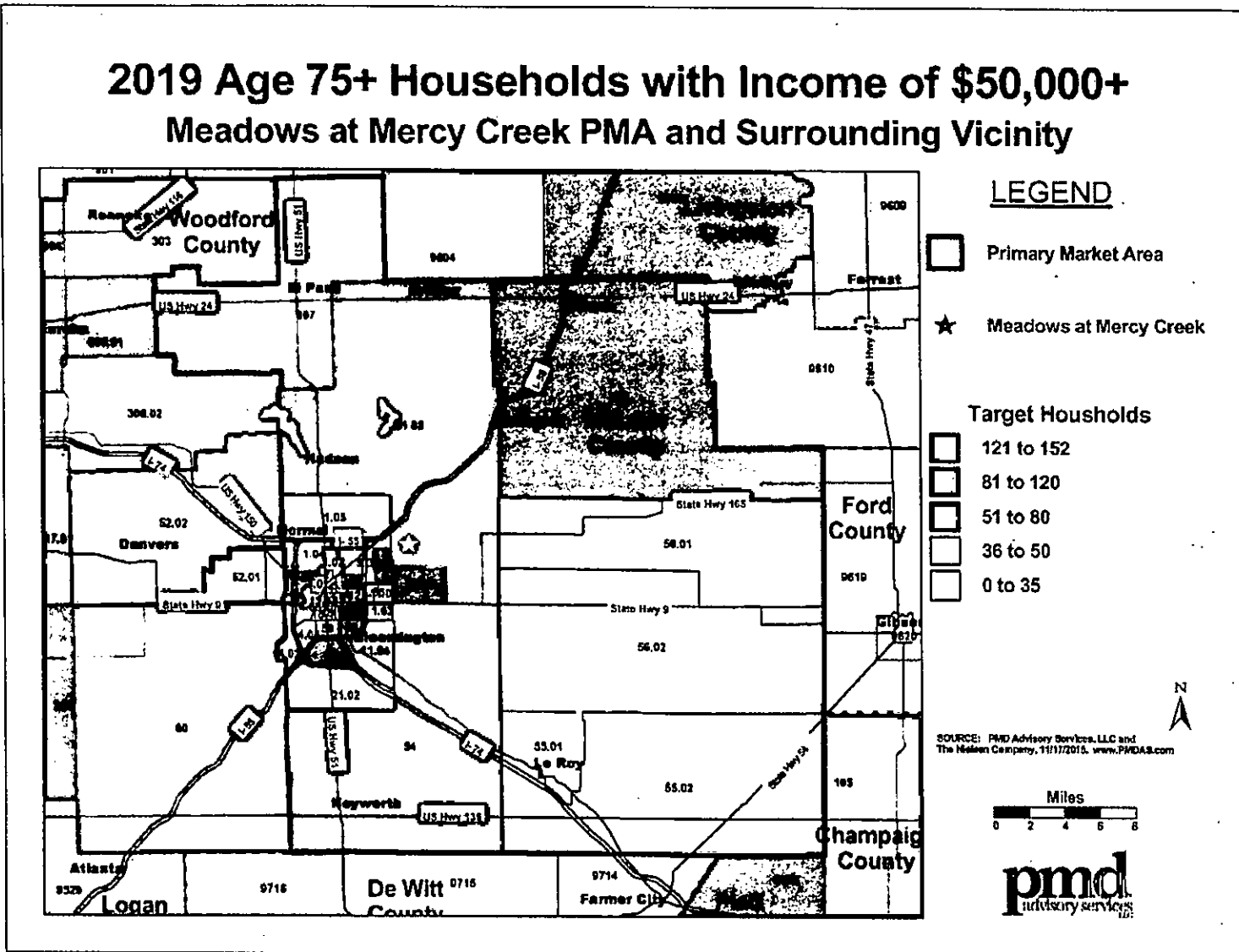
Target Senior Households – 2019 Age 75 and Older Households with Income \$50,000+

The geographic distribution of target market senior and adult children households in the Mercy Creek PMA and surrounding zip codes are displayed on Map 5-2 on the following page. Senior target market households are defined as households with a head of household age 75 and older with income of \$50,000 and above in 2019. Map 5-3 presents the number of target adult children households, age 45 to 64 with income of \$100,000 and above in 2019 by zip code. The corresponding Thematic Map Report appears in Appendix 3.

- Census tract 58, located southwest of the Mercy Creek and The Mercy Creek campus census tract 51.02 are projected to have the highest and 2nd highest number of age 75 and older households with a minimum income of \$50,000 in 2019 with 152 and 150 target market households, respectively.
- PMA census tracts 11.04 and 54, to the south of the Mercy Creek campus, are projected to rank 4th and 5th highest with 145 and 133 targeted age 75 and older households with minimum income \$50,000 in 2019, respectively.
- Census tract 5.05 to the immediate southwest of the Mercy Creek campus, and census tract 3.02, situated west of Interstate 55, will rank 9th and 10th highest with 113 and 110 age 75 and older target market households projected for 2019.
- Several PMA census tracts round out the top 20 highest in the region ranging from 71 in census tract 1.04 to 103 target market households in tract 5.05 in 2019.

Most of the census tracts with the most age 75 and older households with incomes of \$50,000 and above in 2019 are projected to be located within the PMA including the Mercy Creek campus tract.

Map 5-2: 2019 Age 75 and Older Households with Income of \$50,000 and Above



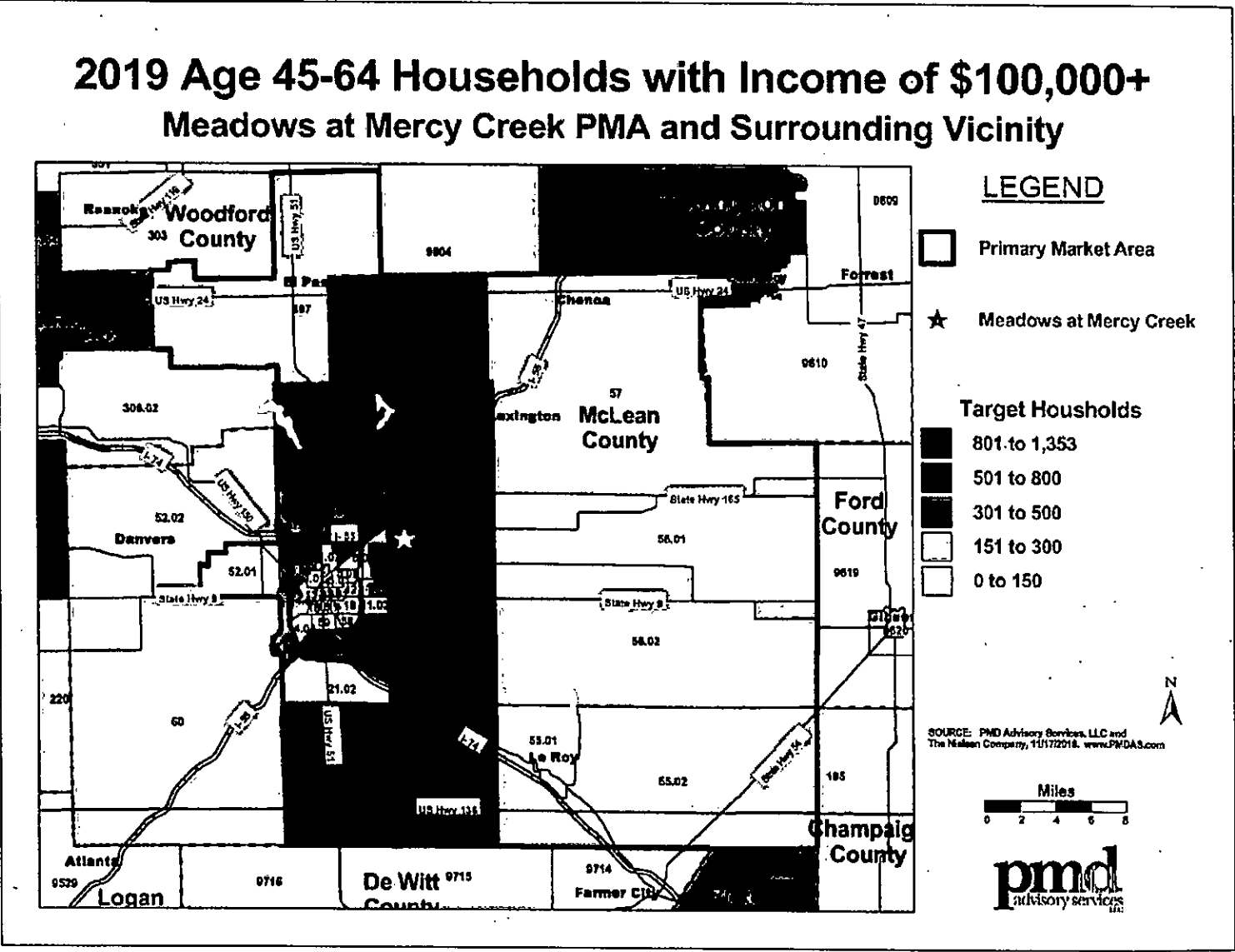
Adult Children – 2019 Age 45-64 with Household Incomes of \$100,000 and Above

Map 5-3 on the following page depicts the density of target adult children households age 45-64 (adult children) with household incomes of \$100,000 and above within and adjacent to the Mercy Creek PMA in 2019.

- Mercy Creek PMA census tract 51.01 is projected to have more age 45 to 64 households with a minimum income of \$100,000 than any other tract in the PMA and surrounding vicinity with 1,353 adult children households projected for 2019. Nearby census tracts 54, 5.05 and 11.04 are projected to have 1,127, 950 and 930 targeted adult children households age 45 to 64, (ranking them 2nd, 3rd, and 4th highest, respectively).
- The campus of Mercy Creek census tract 51.02 is projected to rank 6th highest with 568 age 45 to 64 households with minimum income \$100,000 in 2019. Nearby census tracts 1.04 and 1.05 will rank 5th and 8th highest with 617 and 400 age 45 to 64 target market households projected for 2019.
- Inside the PMA census tracts 14.02 and 11.05 are projected to have 393 and 385 households age 45 to 64 with a minimum income of \$100,000 which rounds out the top 10 highest concentrations in 2019.

Nine of the top 10 census tracts with the highest densities of adult children households age 45 to 64 with a minimum income of \$100,000 in 2019 will be located within the PMA with several in close proximity to, and including, the Mercy Creek campus.

Map 5-3: 2019 Age 45-64 Households with Income of \$100,000 and Above

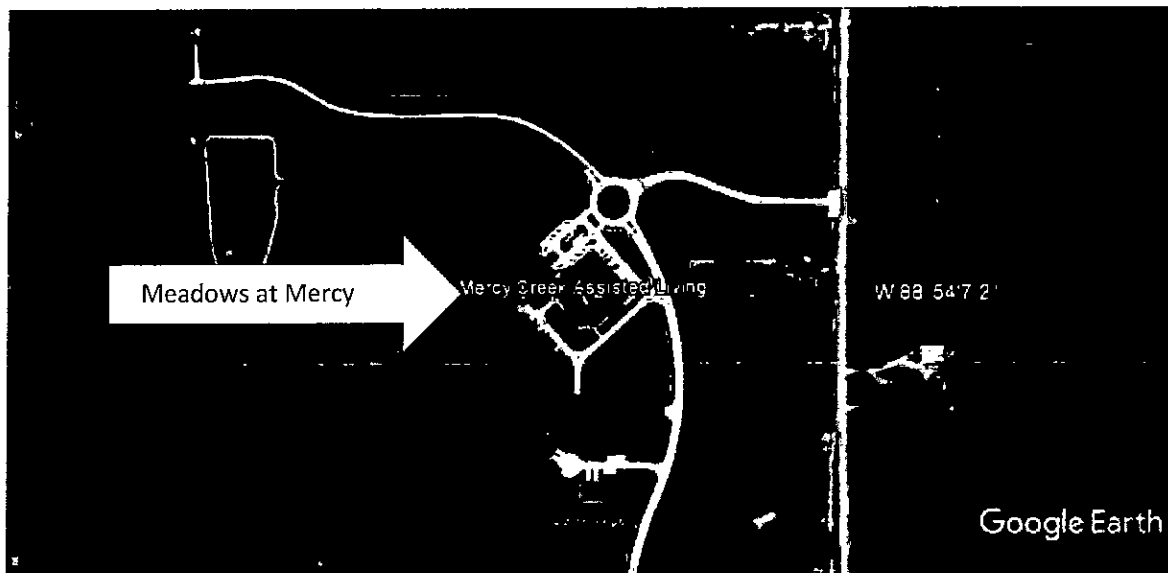


PMD's Campus Location Evaluation tool takes into account each of these factors and how they all impact the successful development of senior housing and care on the Meadows at Mercy Creek campus.

Site Location

The Meadows at Mercy Creek community is located at 1501 Mercy Creek Drive, Normal, IL 61761. See photo below.

Aerial Photo 4-1: Meadows at Mercy Creek Campus and Surrounding Area



Results of Meadows at Mercy Creek Evaluation

An evaluation of the campus' location, using 16 different criteria rated the location 72 out of 100. This classifies the location as "Good" location. Please refer to the completed Site Location Evaluation Form in Appendix 1 for detailed information.

The location's strengths include:

- Access to all required utilities
- Acceptable zoning

- Land uses for contiguous properties are primarily undeveloped farm land, an educational facility and a church are all compatible
- Vehicular access to the campus is from a quiet street
- Religious facility (Apostolic Church) is less than .5 miles south of the site and adjacent to the Mercy Creek Communities acreage
- The location is in a safe area
- Major shopping is within 5 miles (Shoppes at College Hills)

The location's weaknesses include:

- Fire and Police are over five miles away
- Full service hospital is over six miles away
- Convenience shopping is five miles away
- There is no public transportation

Overall, PMD's analysis indicates that from a location perspective, the location is a "Good" location for the development, operation and investment in senior housing.

Lifestyle Segments Analysis

PMD Advisory Services, LLC (PMD) has completed the lifestyle segment analysis of the existing Mercy Creek residents. This section presents the dominant lifestyle segments represented in the market area. The lifestyle segment data is provided by The Nielsen Company.

Findings

The lifestyle segment analysis indicates there is a commonality among households that have moved in to Mercy Creek. The majority of the households came from the Town and Rural and Suburban segments and clearly represent a lower middle income resident base.

T2: Country Comfort (Segment 28: Country Casuals) - The six segments in Country Comfort are filled with predominantly upper-middle class homeowners. In their placid towns and scenic bedroom communities, these Americans tend to be married, with or without children. They enjoy comfortable upscale lifestyles, exhibiting high indices for outdoor activities like gardening, barbecuing and playing golf, as well as home-based activities such as woodworking and crafts. Reflecting their rural, family environment, they prefer trucks, SUVs, and minivans to cars.

T3: Middle America (Segments 44 Country Strong and 52 Simple Pleasures) -The seven segments in Middle America are filled with middle class to lower-middle class homeowners living in small towns and remote exurbs. Typically found in scenic settings throughout the nation's heartland, Middle Americans are a mix of couples and families. Like many residents of remote communities, these conservative consumers tend to prefer traditional rural pursuits: fishing, hunting, making crafts, antique collecting, watching television, and meeting at civic and veterans clubs for recreation and companionship. Friday nights are for celebrating high school sports.

T4: Rustic Living (Segment 57: Back County Folks) - The seven segments in Rustic Living represent the nation's most isolated towns and rural villages. As a group, T4 residents have relatively modest incomes, aging homes, and blue-collar occupations. Many of the residents, a mix of young singles and seniors, are unmarried, and they've watched scores of their neighbors migrate to the city. In their remote communities, these consumers spend their leisure time in such

traditional small-town activities as fishing and hunting, attending social activities at the local church and veterans club, and enjoying country music and car racing.

S2: The Affluentials (Segment 8 Gray Power) - The seven segments in The Affluentials are one socioeconomic rung down from the Elite Suburbs, with a significant drop in median income; but, their residents still enjoy comfortable, suburban lifestyles. The median income and IPA in S2 are well above the U.S. median values, and the members of this social group are a mix of families, couples and singles who tend to have college degrees and white-collar jobs. As consumers, The Affluentials are big fans of health foods, computer equipment, consumer electronics, and the full range of big-box retailers.

S3: Middleburbs (Segment 20 Empty Nests) - The four segments that comprise Middleburbs share a middle class, suburban perspective, but the similarity ends there. The group includes a mix of ages and interests. Mostly homeowners, the presence of children varies across the segments. The members of Middleburbs tend to have plenty of discretionary income to visit nightclubs and casual-dining restaurants, shop at midscale department stores, and travel often.

S4: Inner Suburbs (Segment 36 Toolbelt Traditionalist) - The four segments in the Inner Suburbs social group are concentrated in the inner-ring suburbs of major metro areas where residents tend to be high school educated, unmarried, and downscale. There's diversity in this group, with segments divided evenly between homeowners and renters, and filled with households that are either young or aging in place. The behaviors of the S4 segments vary as well, from younger, more tech savvy segments to more mature segments that are slower to adopt new technology.

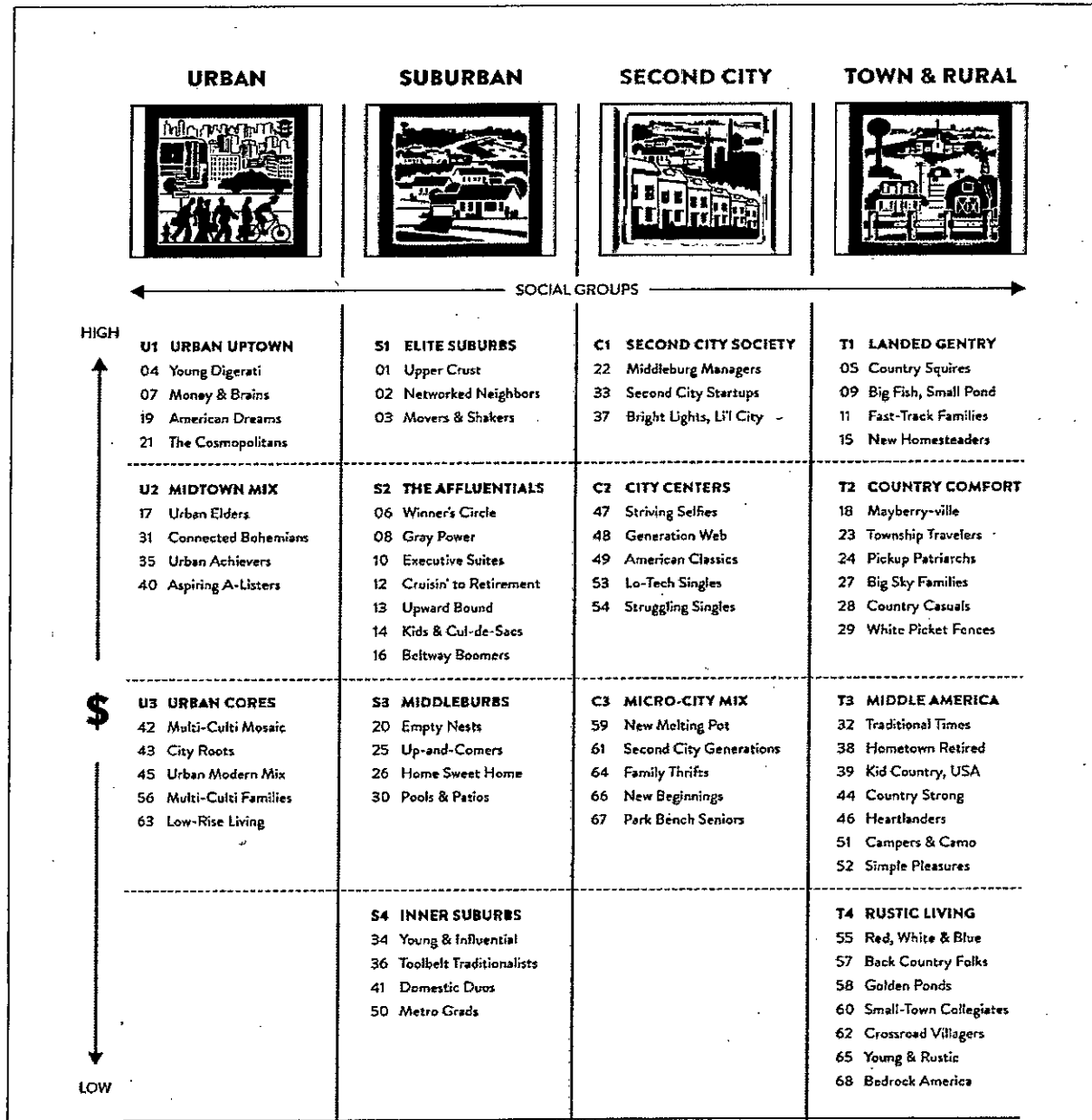
Target Market Households Lifestyle Segments

PMD utilized The Nielsen PRIZM Premier Segment database to determine the lifestyle segment distribution of the households with residents that have moved in to Mercy Creek.

The Nielsen Group PRIZM Premier Segment consists of four class categories: Urban, Suburban, Second City, and Town and Rural. Under these four groups are 14 social groups based on

urbanization class and affluence. These 14 groups are broken down into 68 lifestyle segments which are used in this analysis. See figure 5-7 below.

Figure 5-7: Nielsen PRIZM Premier Social Groups



Source: The Nielsen Company April 2016

Table 5-6 which follows illustrates the distribution of the residents at Mercy Creek.

Table 5-6: Mercy Creek Prizm Premier Segment Distribution

Meadows at Mercy Creek					
Mercy Creek Prizm Premier Segment Distribution					
Prizm Nick Name	Prizm Number	Number of Residents	Percent of Total	Accum. Percent	Wealth/Age
Country Strong	44	7	11.3%	11.3%	Lower Mid - <55
Simple Pleasures	52	6	9.7%	21.0%	Lower Mid - 65+
Empty Nests	20	5	8.1%	29.0%	Upper Mid - 65+
Back Country Folks	57	4	6.5%	35.5%	Downscale 55+
Toolbelt Traditionalists	36	4	6.5%	41.9%	Midscale - 55+
Country Casuals	28	4	6.5%	48.4%	Upper Mid - 55+
Gray Power	8	3	4.8%	53.2%	Wealthy - 55+

Urban
Suburban
Second City
Town/Rural

Source: The Nielsen Company April, 2016

A large percentage of the residents identified in the Mercy Creek PMA are Town and Rural Social Groups. Town & Rural (T) areas have population density centiles under 40. This Social Group includes exurbs, towns, farming communities and a wide range of other rural areas. The town aspect of this class covers the thousands of small towns and villages scattered among the rural heartland, as well as the low-density areas far beyond the outer beltways and suburban rings of America's major metros. Households in these exurban segments live among higher densities and are more affluent than their rural neighbors.

A percentage of the residents in the Mercy Creek PMA were categorized in the Suburban segment. **Suburban** (S) areas have population density scores between 40 and 90, and are clearly dependent on urban areas or second cities. Unlike second cities, they are not the population center of their surrounding community, but rather a continuation of the density decline from the city center. While some suburbs may be employment centers, their lifestyles and commuting patterns will be more tied to one another, or to the urban or second city core, than within themselves.

The Mercy Creek residents were classified as lower, middle class income households, mostly age 55 and older. Fifty-three (53.2%) percent of the Mercy Creek residents fall within the seven segments identified in Table 5-6. Thirty-four percent come from Town and Rural (34.0%) and Nineteen percent (19.4%) come from Suburban segments. None of the residents from the top seven segments were classified as Urban or Second City.

Mercy Creek – Dominant Lifestyle Segment Narratives

Following is a brief description of the dominant segments, including affluence scale, age, and family composition.

8- Gray Power: *Wealthy Older Mostly Without Kids*

Gray Power consists of upscale older couples typically living just beyond the nation's beltways. This segment is a haven for white-collar professionals drawn to comfortable homes and apartments within a manageable commute to downtown jobs, restaurants, and entertainment. They enjoy traveling and watching golf on television.

Owns a Lexus • Eats at Bonefish Grill • Shops at Chico's • Follows PGA/LPGA • Visits Alaska • Watches Golf Channel • Listens to News • Age 55+ Homeowners • Millionaires IPA • Below Average Tech

20- Empty Nests: *Upper Mid Mature Without Kids*

With their grown-up children out of the house, Empty Nests is composed of upper-middle income older Americans who pursue active, and activist, lifestyles. Most residents are over 65 years old, but they show no interest in a rest-home retirement. They travel frequently, enjoy golf, and many are active in their country clubs or fraternal groups.

Owns a Buick • Eats at Bonefish Grill • Shops at Stein Mart • Follows PGA/LPGA • Cruises on Royal Caribbean • Watches Golf Channel • Listens to Soft Adult Contemporary • Age 65+ • Mostly Owners • Elite IPA • Below Average Tech

28- Country Casuals: *Upper Mid Older Mostly Without Kids*

There's a laid-back atmosphere in Country Casuals, a collection of older, midscale empty-nest households. Today, these Baby Boom couples enjoy outdoor activities like hunting, and going out to eat but are not likely to be up-to-date on technology.

Owns a GMC • Eats at Hardee's • Shops at Hobby Lobby • Goes hunting • Stays at Hampton Inn • Watches Sportsman Channel • Listens to Classic Country • Age 55+ • Mostly Owners • High IPA • Below Average Tech

36- Toolbelt Traditionalists: *Midscale Older Mostly Without Kids*

Like many other older segments, Toolbelt Traditionalists have empty nests. If something needs to be fixed, they are likely to do the work themselves with their own power tools or paint. They enjoy the benefits of AARP and are frequent QVC and HSN shoppers.

Owns a Buick • Eats at Bob Evans • Shops at Chico's • Follows PGA/LPGA • Cruises on Royal Caribbean • Visits AARP • Listens to Gospel • Age 55+ • Mostly Owners • Low IPA • Average Tech

44- Country Strong: *Lower Mid Middle Age Family Mix*

Country Strong are lower middle class families in rural areas that embrace their day-to-day lives. They are focused on their families and prefer hunting and country music to keeping up with the latest technology.

Owns a GMC • Eats at Hardee's • Shops at Books-a-Million • Goes hunting • Stays at Super 8 • Watches CMT • Listens to New Country • Age <55 • Mostly Owners • Below Average IPA • Below Average Tech

52- Simple Pleasures: *Lower Mid Mature Without Kids*

With many of its residents over 65 years old, Simple Pleasures is mostly a retirement lifestyle: a neighborhood of lower-middle-class singles and couples living in modestly priced homes. Many are high school- educated seniors who held blue-collar jobs before their retirement.

Owns a Buick • Eats at Bob Evans • Shops at Chico's • Follows figure skating • Visits Alaska • Watches Fox News • Listens to Classic Country • Age 65+ • Mostly Owners • Above Average IPA • Lowest Tech

57- Back Country Folks: *Downscale Older Mostly Without Kids*

Strewn among remote farm communities across the nation, Back Country Folks are a long way away from economic paradise. The residents have below average incomes and live in older, modest-sized homes and manufactured housing. Typically, life in this segment is a throwback to an earlier era when farming dominated the American landscape.

Owns a GMC • Eats at Hardee's • Visits family/lifestyle sites on PC • Follows pro rodeo • Stays at Super 8 • Watches Sportsman Channel • Listens to Classic Country

CHAPTER 6

COMPETITIVE AND COMPARABLE ENVIRONMENT

PMD examined existing independent living, assisted living, assisted living dementia care, and skilled nursing competitive and comparable communities within the Mercy Creek PMA, Normal, Illinois.

Competitive Communities - Independent Living, Assisted Living, Assisted Living Dementia Care, and Skilled Nursing

PMD's investigation into the PMA for Mercy Creek uncovered the following retirement communities considered to be comparable and/or competitive for this analysis. PMD obtained information on competitive/comparable communities via field visits, client input, telephone inquiries, and website research (both community and state organizations), and community brochures. Unless otherwise noted, this chapter and Appendix 4 contains the counts used in the demand analysis for each product type.

At the time of the study, there were 18 communities (including Mercy Creek) within the PMA considered to be competitive or comparable.

In the Mercy Creek PMA there are 486 independent living residences with an average occupancy of 95%, 261 assisted living beds in service with an average occupancy of 100%, 100 assisted living dementia care beds in service with an average occupancy of 96% and 1,102 skilled nursing beds in service with an average occupancy of 79%.

The planned supply reflects an expansion at Westminster Village, which plans to add 60 independent living residences, 6 assisted living beds, 30 assisted living dementia care beds and 12 beds of skilled nursing. In addition to Westminster Village, there are three new communities being developed which will add 183 potentially competitive assisted living beds and 78 potentially competitive assisted living dementia care beds to the Mercy Creek PMA.

The information in Table 6-1 which follows was reported to PMD during field visits, telephone, internet research, collateral materials, and client input. The information was collected in October and November, 2016 and the data reported reflects the market findings at the time of the research. Following is a brief description of each community. Detailed data on each community is provided in Appendix 4.

Table 6-1: Competitive and Comparable Communities Mercy Creek PMA

			IL		AL			DC			SNF			
Community Name	Zip Code	Year Open	# of Res	% Occ.	# of Beds	# Lic	% Occ.	# of Beds	# Lic	% Occ.	# of Beds	# Lic	% Occ.	Type
Existing Communities														
Communities at Mercy Creek	61761	2012	4	100%	60	60	100%							IL/AL
Adelaide Apartments	61761	1960's	24	92%										IL
Aperion Care (was Asta Care)	61701	1978									117	117	94%	SNF
Aperion Care Colfax	61728	WNP									60	60	50%	SNF
Bickford - Bloomington	61704	1999	16	100%	49	55	100%	16	*	WNP				IL/AL/DC
Blair House	61761	1989	110	90%										IL
Bloomington Rehabilitation & HCC	61701	1970's									65	78	85%	SNF
Evergreen Place AL	61761	2001			60	60	98%							AL
Heartland of Normal	61761	1970									97	116	77%	SNF
Heritage Health Bloomington	61701	1964									85	111	97%	SNF
Heritage Health El Paso	61738	1973									65	65	85%	SNF
Heritage Health Normal	61761	1980's									141	141	98%	SNF
Leroy Manor	61752	WNP									101	102	62%	SNF
Luther Oaks Inc.	61704	2007	90	92%	38	40	100%	18	18	100%	18	**	83%	IL/AL/DC
McLean County Nursing Home	61761	1970's									150	150	71%	SNF
Meadows Mennonite Retirement	61726	1923	44	91%							114	116	93%	IL/SNF
St. Joseph's Medical Center	61701	WNP									11	12	36%	SNF
Sugar Creek Alzheimer's SCC	61761	2008						66	76	92%				DC
Westminster Village	61701	1979	198	100%	54	60	100%				78	78	100%	CCRC EF
Total Existing	18		486	95%	261	275	100%	100	94	96%	1102	1146	79%	

Table 6-1: Competitive and Comparable Communities Mercy Creek PMA Continued

			IL		AL			DC			SNF			
Community Name	Zip Code	Year Open	# of Res	% Occ.	# of Beds	# Lic	% Occ.	# of Beds	# Lic	% Occ.	# of Beds	# Lic	% Occ.	Type
Planned Communities														
Villas at Mercy Creek	61761	TBD	12											IL
Villas of Holly Brook	61702	2018			79			32						AL/DC
Villas of Holly Brook	61701	2017			50			20						AL/DC
Welbrook Senior	61704	2017			54			26						AL/DC
Westminster Village	61701	2018	60		6			30			12			CCRC EF
Total Planned	5		72		189	0		108	0		12	0		
Total Existing and Planned	23		558	95%	450	275	100%	208	94	96%	1114	1146	79%	

WNP - Would not Provide

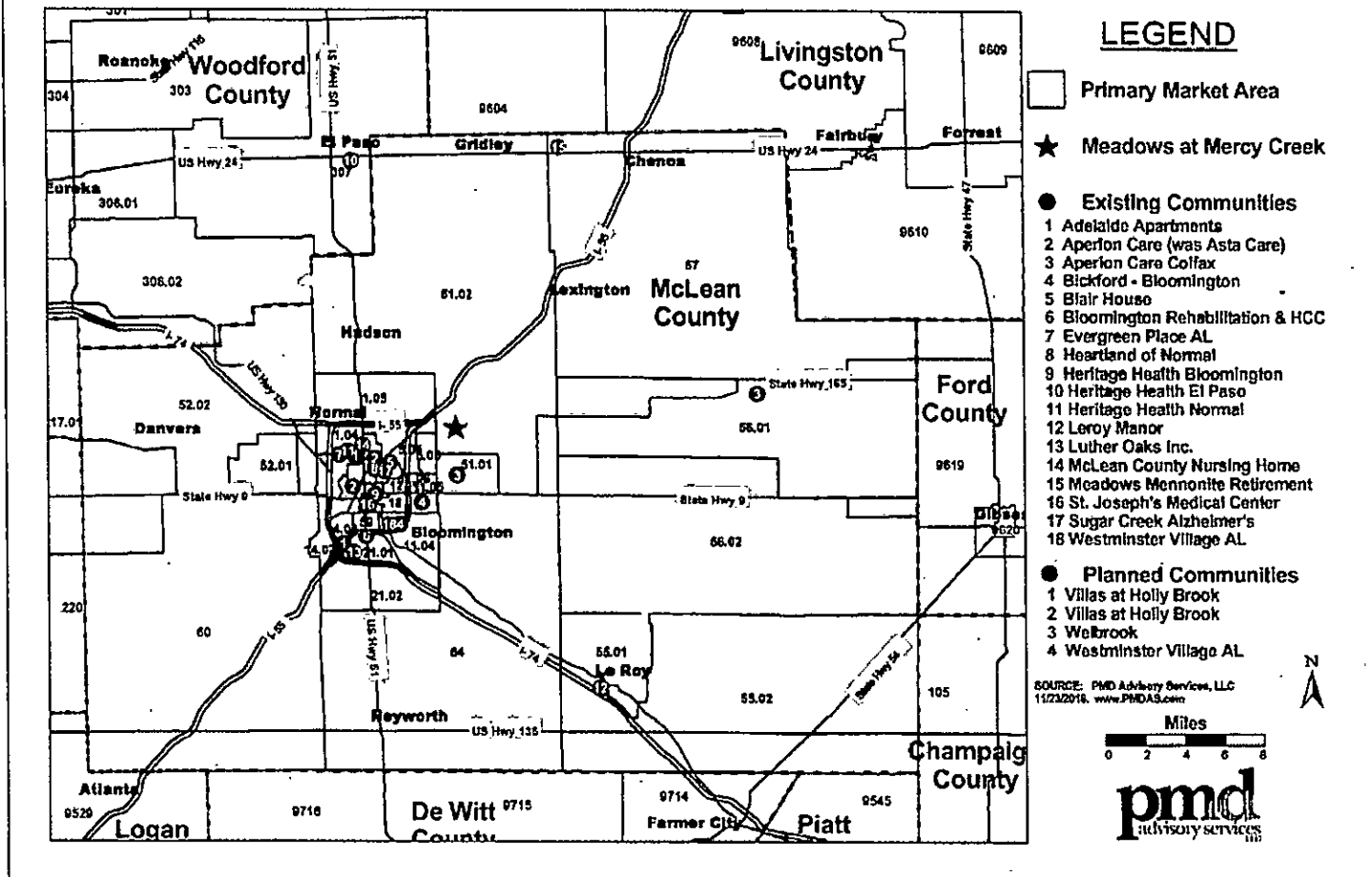
* Licensure Pending

**Closed CON - Residents Only

SOURCE: PMD Advisory Services, LLC along with field, telephone, and internet research, as well as, client input.

Competitive Communities Map

Meadows at Mercy Creek Primary Market Area



Map 6-1: Competitive Communities Mercy Creek PMA

Adelaide Apartments is an independent living community located on the campus of Heritage Health in Normal. Heritage Health owns the community of 24 independent living residences reported with 92% occupancy. Management reported the building usually has a wait list.



The building is dated and worn and would not be comparable with new independent living in the PMA. It was originally built in the 1960's as student housing and turned into senior housing in the 1980's.

The following amenities are available at the community:

- Beauty Salon at Heritage Health
- Lounge/Dining Area
- Secure Building
- Two Patios

Table 6-2: Adelaide Apartments Independent Living Residences and Fees

Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	Second Person
Apartments	24	92%				
Studio			400	None	\$958	None
One-Bedroom/One-Bath			590	None	\$1,544	\$294
Two-Bedroom/One-Bath			770	None	\$1,797	\$294

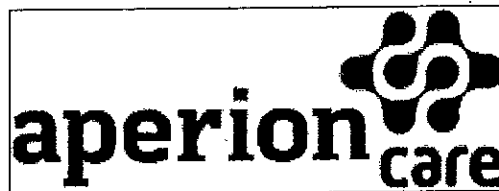
The following services are included in the monthly fees:

- Coffee Bar 24/7
- Continental Breakfast Five Days/Week
- Emergency Call System
- Heat/Water/Gas
- Housekeeping
- Limited Activities

- Maintenance
- Noon Meal Daily

The residences at Adelaide Apartments are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and depending on price points might be competitive with a new product introduced in the market.

Aperion Care, formerly Asta Care Center of Bloomington is a skilled nursing facility that opened in 1978. It is located on Calhoun Street close to Illinois State University and Illinois Wesleyan



University. Aperion is the management company of several independently owned facilities in Indiana and Illinois. The community is licensed for 117 beds. On the day surveyed, management reported the community was operating 117 beds with 94% occupancy.

The amenities at Aperion Care are limited and include common areas and a dining room.

Table 6-3: Aperion Care Skilled Nursing Residences and Fees

Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Fee	LOC
Beds	117	94%				
Semi-Private			WNP	None	\$200	None
Shared			WNP	None	\$200	None

WNP – Would not Provide

The following services are included in the daily fee:

- 24-Hour Nursing
- Housekeeping Daily
- Laundry & Linen Service Daily
- Medication Management
- Personal Daily Assistance
- Three Meals Daily

The residences at Aperion Care in Bloomington are included in the demand analysis for Mercy Creek because they are located within the PMA and are competitive.

Bickford of Bloomington is an independent living, assisted living and assisted living dementia care community located on Heartland Drive in Bloomington. The community opened in 1999 and the assisted living dementia care neighborhood will be opening as soon as its license is issued.



The community is part of the Bickford Senior Living portfolio. At the time of the site visit, management reported 16 independent living residences and 49 assisted living residences with 100% occupancy. Prospects may put names on a wait list for a \$500 refundable deposit. The new assisted living dementia care neighborhood will have 16 beds. The property is in a park-like setting, surrounded by medical offices and has good curb appeal.

The community has a lot of common spaces which have recently been remodeled and updated. The center of the building is open to the second floor and is very spacious. The apartments are large but very dated in design and finishes. The kitchens are older style, including dated appliances. Bathrooms are wheelchair accessible with roll-in showers. Larger apartments are available with washers and dryers. The community has a \$5,000 community fee which can be spread over ten months

The amenities available at Bickford of Bloomington include:

- Activities Area
- Beauty Salon
- Billiards
- Bistro
- Dining Area
- Family Areas
- Outdoor Patio
- Private Dining Room
- Whirlpool Spa Room

Table 6-4: Bickford of Bloomington Independent Living Residences and Fees

Independent Living						
Type	# of Units	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	Second Person
Apartments	16	100%				
Pine Studio			389	\$5,000	\$2,738	\$791
Spruce Studio			512	\$5,000	\$3,315	\$791
Maple One-Bedroom			551	\$5,000	\$3,741	\$791
Walnut One-Bedroom			646	\$5,000	\$4,380	\$791
Oak One-Bedroom			699	\$5,000	\$4,623	\$791
Sycamore One-Bedroom			890	\$5,000	\$5,049	\$791
Birch Two-Bedroom			772	\$5,000	\$5,505	\$791
Poplar Two-Bedroom			839	\$5,000	\$5,901	\$791
Alder Two-Bedroom			942	\$5,000	\$6,996	\$791
Beech Two-Bedroom			1,124	\$5,000	\$7,700	\$791

Table 6-5: Bickford of Bloomington Assisted Living Residences and Fees

Assisted Living							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC	Second Person
Apartments	49	100%					
Pine Studio			389	\$5,000	\$2,738	See Below	\$791
Spruce Studio			512	\$5,000	\$3,315	See Below	\$791
Maple One-Bedroom			551	\$5,000	\$3,741	See Below	\$791
Walnut One-Bedroom			646	\$5,000	\$4,380	See Below	\$791
Oak One-Bedroom			699	\$5,000	\$4,623	See Below	\$791
Sycamore One-Bedroom			890	\$5,000	\$5,049	See Below	\$791
Birch Two-Bedroom			772	\$5,000	\$5,505	See Below	\$791
Poplar Two-Bedroom			839	\$5,000	\$5,901	See Below	\$791
Alder Two-Bedroom			942	\$5,000	\$6,996	See Below	\$791
Beech Two-Bedroom			1,124	\$5,000	\$7,700	See Below	\$791
Levels of Care							
Level 1						\$913	
Level 2						\$1,673	
Level 3						\$2,433	
Level 4						\$3,194	
Level 5						\$3,954	

Table 6-6: Bickford of Bloomington Assisted Living Dementia Care Residences and Fees

Assisted Living Dementia Care							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC	Second Person
Apartments	16	WNP					
Spruce Studio			512	\$5,000	\$3,315	\$3,376	None

WNP – Would not Provide Presales Figures

The following services are included in the base monthly fees:

- 24-Hour Emergency Response System
- Activities
- Direct TV
- Housekeeping Weekly
- Licensed Nurse Available
- Linen Service Weekly
- Maintenance
- Scheduled Transportation
- Three Meals Daily
- Utilities (Except Phone)

The residences at Bickford of Bloomington are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Blair House is an independent living community located on East College Avenue in Normal. It was built in 1989 and is owned by Holiday Retirement. On the day of the visit, management reported the community had 110 apartments with 90% occupancy. The community is located in a residential neighborhood and has a pleasant external appearance.



Inside, the community is old and dated and is typical Holiday design with the dining room, open and off the main entrance. The residents observed were very frail.

The following amenities are available at the community:

- Activity/Exercise Room
- Beauty/Barber Salon
- Billiard Lounge
- Chapel
- Dining Room
- Free Laundry Facilities
- Game Room
- Large screen TV lounge
- Library
- Private Dining Room
- Resident kitchen

The apartments are basic and have kitchenettes only due to the three meals the community provides each day. The bathrooms are wheelchair accessible with step-in showers.

Table 6-7: Blair House Independent Living Residences and Fees

Independent Living						
Type	# of Units	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	Second Person
Apartments	110	90%				
Studio			410-500	\$3,050-\$6,550	\$2,400-\$3,150	\$730
One-Bedroom			486-767	\$3,050-\$6,550	\$2,900-\$4,100	\$730
Two-Bedroom			860-901	\$3,050-\$6,550	\$4,500-\$5,800	\$730

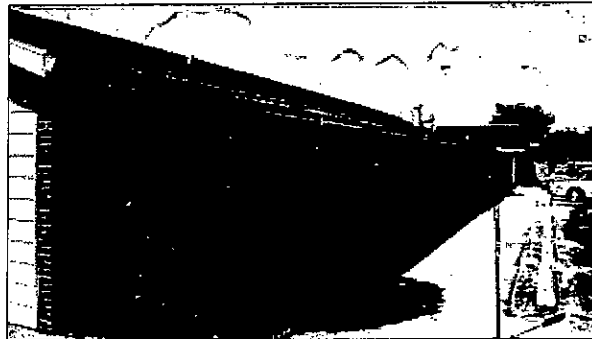
The following services are included in the monthly fees:

- 24-Hour Emergency Response
- 24-Hour Onsite Management Staff
- Activities
- Cable TV
- Housekeeping Weekly
- Linen Service Weekly
- Maintenance
- Scheduled Transportation
- Three Meals Daily
- Utilities (Except Phone)

The residences at Blair House are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Bloomington Rehabilitation and Health

Care Center is a skilled nursing facility located on South Main Street and built in the 1970's. The owner of the facility is Petersen Health Operations, LLC, a for-profit entity, located in Peoria. On the day surveyed, management reported to be operating 65 beds of its 78 licensed skilled nursing beds with 85% occupancy.



The onsite amenities include:

- Activity/Game Room
- Beauty Shop
- Dining Room
- Gardens
- Sunroom

Table 6-8: Bloomington Rehabilitation and Health Care Center Residences and Fees

Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC
Beds	65	85%				
Semi-Private			WNP	None	\$150	All-Inclusive
Private			WNP	None	\$165	All-Inclusive

WNP – Would not Provide

The following services are included:

- 24-Hour Care
- Activities
- Assistance w/ADL's
- Laundry Services
- Local Transportation
- Medication Management
- Three Meals Daily

The residences at Bloomington Rehabilitation and Health Care Center are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Evergreen Place Assisted Living is located on Gregory Street in Normal on the Heritage Health campus. It is part of the Heritage Health Enterprises portfolio which includes Evergreen Heritage Village, primarily a low income subsidized



assisted living property, and several skilled nursing properties – including one in Bloomington and the one adjacent to this community. The community is close to Illinois State University and across from Wiebring Golf Course. The single story building opened in 2001 and has good curb appeal. On the day of the site visit, management reported the community had 60 assisted living apartments with 98% occupancy. There was one studio apartment available.

The interior of the building presents well and was very clean. The hallways are wide and fresh from a remodel that was just completed in July, 2016, as are most of the common areas. The dining room also showed well with golden tablecloths and hardwood floors.

The following amenities are available at the community:

- Activity Room
- Beauty/Barber Shop
- Bistro
- Chapel
- Club Room
- Community Center
- Country Store
- Family Room
- Fitness Center
- Library
- Private Dining Room
- Resident Kitchen
- TV lounge

The apartments are small and lack upgraded features, but have wheelchair accessible bathrooms and roll-in showers. The kitchenettes come with a small microwave and small refrigerator.

Table 6-9: Evergreen Place Assisted Living Residences and Fees

Assisted Living							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC	Second Person
Apartments	60	98%					
Studio			331	None	\$3,375-\$3,670	\$495-\$1,000	\$800
One-Bedroom/One-Bath			387	None	\$3,875-\$4,165	\$500-\$1,020	\$800
Two-Bedroom/One-Bath			672	None	\$4,980	\$465-\$920	\$800
Two-Bedroom/One 1/2 Bath			672	None	\$4,980	\$465-\$920	\$800

The following services are included in the monthly fees:

- Activities
- Cable
- Emergency Response System
- Housekeeping Weekly
- Linen Service Weekly
- Maintenance
- Scheduled Transportation
- Three Meals Daily
- Utilities (Except Phone)
- Wi-Fi

The residences at Evergreen Place Assisted Living are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Heartland of Normal is a skilled nursing facility that was built in the 1970's. It is located on Broadway in Normal. The owner



of the facility is Heartland of Normal IL LLC, a for-profit entity, part of the Heartland Manor Care portfolio. On the day surveyed, management reported to be operating 97 beds of its 116 licensed skilled nursing beds with 77% occupancy.

The community's onsite amenities include:

- Activities
- Dining Room
- Internet café
- Lounges

Table 6-10: Heartland of Normal Residences and Fees

Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC
Beds	97	77%				
Semi-Private LTC			WNP	None	\$263	All-Inclusive
Private LTC			WNP	None	\$302	All-Inclusive
Semi-Private STC			WNP	None	\$175	All-Inclusive
Private STC			WNP	None	\$250	All-Inclusive

WNP – Would Not Provide

The following services are included in the daily fees:

- 24-Hour Nursing Care
- Activities
- Assistance w/ADL's
- Laundry & Linen Service
- Medication Management
- Snacks
- Three Meals Daily
- Wi-Fi

The residences at Heartland of Normal are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Heritage Health Bloomington

is a skilled nursing community located on E. Walnut Street in Bloomington. One of two Heritage Health properties in the Bloomington/Normal area, it is located in a modest, older



Bloomington neighborhood, the property has been extensively remodeled both inside and outside. Management reported the community has 85 beds with 97% occupancy during the tour.

The community has a 28 bed rehab unit which was full at the time of the site visit. There are 24 private beds and four semi-private beds. The community reported the rehab unit is usually full. There are no designated specialty beds within the rehab unit. The rooms are institutional in size and design with faux wood flooring, flat screen TV's, beds that raise and lower, a recliner and side table. The bathrooms have toilets and sinks, but no showers.

The rehab gym is very well equipped as is a resident kitchen. The community features an Independent Day Program to make sure residents who are living alone can function in all spaces of a home such as tub/shower, kitchen, laundry, and other activities of daily living before they return home. Overall, the community shows well but does not promote a residential feel..

The following amenities are available at the community:

- Activity Area
- Dining Room
- Family Lounge
- Private Dining Room
- Rehab Gym

Table 6-11: Heritage Health Bloomington Skilled Nursing Residences and Fees

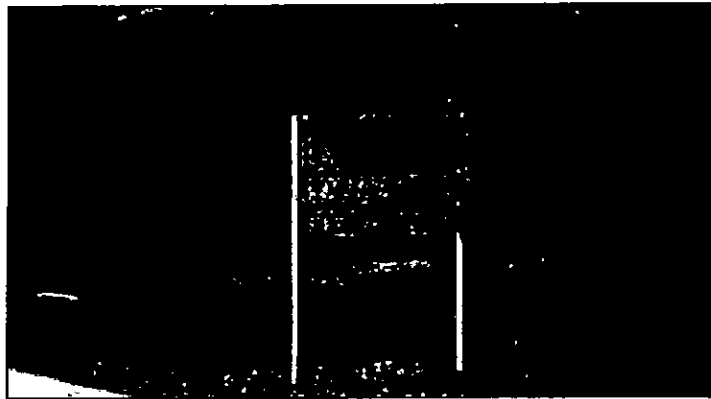
Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Rate	LOC
Beds	85	97%				
Semi-Private			WNP	None	\$218	All-Inclusive
Large Semi-Private			WNP	None	\$235	All-Inclusive
Private			WNP	None	\$269	All-Inclusive
Private Suite/Semi-Private to Private			WNP	None	\$292	All-Inclusive
Private Suite/Semi-Private to Private Large			WNP	None	\$372	All-Inclusive
WNP - Would not Provide						

The following services are included in the fees:

- 24-Hour Nursing Care
- Activities
- Assistance w/ADL's
- Laundry & Linen Service
- Medication Management
- Snacks
- Three Meals Daily

The residences at Heritage Health Bloomington are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Heritage Health Normal is one of the area's skilled nursing communities owned by Heritage Health Enterprises. On the day surveyed, management reported to be operating 141 beds of its 164 licensed skilled nursing beds with 98% occupancy. The building



dates to the 1980's but shows very well for its age. The building is on the same campus as Evergreen Place Assisted Living and is close to the Illinois State University Campus.

The community has a dedicated 24-bed RESTORE unit designed to expedite the return home for residents, as well as Legacy Care, dedicated to the care of assisted living dementia care residents.

The following amenities are available at the community:

- Beauty Shop
- Dining Room
- Family Lounge
- Private Dining Room
- State-of-art therapy Center

Table 6-12: Heritage Health Normal Skilled Nursing Residences and Fees

Skilled Nursing							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Rate	LOC	Second Person
Beds	141	98%					
Semi-Private			WNP	None	\$213-\$218	All-Inclusive	None
Private			WNP	None	\$262-\$292	All-Inclusive	None
Semi-Private Legacy Care (ALZ)			WNP	None	\$235	All-Inclusive	None
Private Legacy Care (ALZ)			WNP	None	\$271-\$372	All-Inclusive	None

WNP – Would not Provide

The following services are included in the daily rates:

- 24-Hour Nursing Care
- Activities
- Assistance with ADL's

- Flat Screen TV w/Cable
- Medication Management
- Three Meals Daily
- Wi-Fi

The residences at Heritage Health Normal are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Luther Oaks is owned by Lutheran Life Communities and opened in August, 2007. It is an entrance fee continuing care retirement community located on 10 acres in a rural setting on Lutz Road, a short drive from Bloomington. There are two, four-story brick buildings with aluminum



siding. The community is warm and inviting and all common spaces show very well. The entire community, including the apartments, had a very comfortable, residential feel. The common areas, especially the dining venues and casual bar, were well appointed.

On the day of the tour, management reported the community had 90 independent living residences with 92% occupancy, 38 assisted living beds with 100% occupancy, 18 assisted living dementia care beds with 100% occupancy and 18 all private skilled nursing suites with 83% occupancy. Management also reported the community was approaching ten years old so they will be starting a community refurbishing program very soon which will include upgrading the apartment appliances to stainless and quartz countertops in the kitchens.

The following amenities are available at the community:

- Beauty/Barber Shop
- Chapel
- Club Room with Internet
- Community Room
- Convenience Store
- Dining Room
- Fitness Center
- Library
- Lounge Area
- Outdoor Patios/Landscaped Grounds
- Private Dining Room

There are two entrance fee programs with refund options of 90% and 75%. Both plans provide a discount program on additional levels of care.

Apartments in both independent and assisted living had modern appliances and cabinetry. Showers in independent living are step-in, and showers in assisted living are roll-in. All bathrooms are wheelchair accessible. Washers and dryers are provided in the independent living apartments.

Table 6-13: Luther Oaks Independent Living Residences and Fees

Independent Living							
Type	# of Units	% Occ.	Sq. Ft.	90% Refund EF	Monthly Fee 90% Refund	75% Refund EF	Monthly Fee 75% Refund
Apartments - Rental Plan	90	92%					
One-Bedroom Standard	16		695	\$144,000	\$2,530	\$122,400	\$2,277
One-Bedroom Traditional	8		755	\$159,000	\$2,770	\$135,150	\$2,493
One-Bedroom Deluxe Patio	8		771	\$172,000	\$2,870	\$150,000	\$2,580
One-Bedroom Deluxe Sunroom	12		814	\$185,000	\$3,010	\$157,250	\$2,650
Two-Bedroom Traditional	10		989	\$205,000	\$3,180	\$188,000	\$2,750
Two-Bedroom Classic Sunroom	8		1,034	\$222,000	\$3,320	\$198,000	\$2,800
Two-Bedroom Deluxe Patio	4		1,141	\$244,000	\$3,570	\$207,400	\$3,213
Two-Bedroom Deluxe Sunroom	8		1,193	\$262,000	\$3,740	\$222,700	\$3,366
Two-Bedroom Grand Patio	4		1,283	\$280,000	\$4,010	\$238,000	\$3,609
Two-Bedroom Grand Sunroom	12		1,344	\$285,000	\$4,180	\$242,250	\$3,762
Second Person Fee					\$860		\$860

Table 6-14: Luther Oaks Assisted Living Residences and Fees

Assisted Living							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC	Second Person
Beds	38	100%					
One-Bedroom			473	None	\$4,740	Incs Level 1	\$950
One-Bedroom			523	None	\$5,020	Incs Level 1	\$950
Two-Bedroom			854	None	\$6,600	Incs Level 1	\$950
Enhanced LOC						\$440	

Table 6-15: Luther Oaks Assisted Living Dementia Care Residences and Fees

Assisted Living Dementia Care						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC
Beds	18	100%				
Private Suite			WNP	None	WNP	WNP

WNP – Would not Provide

Table 6-16: Luther Oaks Skilled Nursing Residences and Fees

Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily	LOC
Beds	18	83%				
Private Suite			WNP	None	WNP	All-Inclusive

WNP – Would not Provide

The following services are included in the fees:

- 24-Hour Emergency Call
- 32 Meals Monthly Lunch or Dinner (Three Daily AL/DC/SNF)
- Activities
- Assistance w/ADL's (Level 1 AL/All in DC and SNF)
- Daily Bed Making (DC Only)
- Discounted Healthcare
- Expanded Cable
- Flat Linens Bi-Weekly (Weekly AL/DC)
- Housekeeping Bi-Weekly (Weekly AL/DC)
- Internet
- Maintenance
- Medication Management (DC/SNF Only)
- Overnight checks
- Personal Laundry (AL/DC/SNF Only)
- Transportation
- Utilities (Except Phone)

All residence types at Luther Oaks are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Meadows Mennonite Chenoa is a rental independent living and skilled nursing community located on Church Street in Chenoa, Illinois. The surrounding area is agricultural about a 25-minute drive from Normal and Bloomington. It has been providing



care since 1923, with an excellent reputation for quality of care. On the day of the visit, management reported the community had 44 independent living residences with 91% occupancy. The skilled nursing had a total of 114 beds, 67 dedicated to mid and late stage dementia care and 47 in skilled care with 93% occupancy, overall.

The following amenities are available at the community:

- Aviaries (SNF)
- Beauty/Barber Salon
- Campus Center
- Chapel
- Dining Room (in SNF)
- Fitness Center
- Full-Service Kitchen
- Horseshoe Pits
- Multi-Purpose Room
- Shuffleboard Courts

Table 6-17: Meadows Menmonite Chenoa Independent Living Residences and Fees

Independent Living						
Type	# of Units	% Occ.	Sq. Ft.	Deposit*	Monthly Fee	Second Person
Duplexes**	44	91%				
Burt Quad One-Bedroom/One-Bath	4		613	\$1,500	\$675	None
Oak Ct Two-Bedroom/One-Bath	2		856	\$1,500	\$850	None
Maple Ct Two-Bedroom/One-Bath	4		960	\$1,500	\$850	None
Burt Two-Bedroom/1.5 Bath/Porch	4		985	\$1,500	\$850	None
Burt Two-Bedroom/1.5 Bath/Porch	14		1,000	\$1,500	\$850	None
Oak Ct Two-Bedroom/One-Bath	4		1,000	\$1,500	\$850	None
Evergreen Ct Two-Bedroom/One-Bath	2		1,050	\$1,500	\$850	None
Evergreen Ct Two-Bedroom/One-Bath	4		1,120	\$1,500	\$850	None
North Ct Two-Bedroom/One-Bath	2		1,124	\$1,500	\$850	None
North Ct Two-Bedroom/One-Bath	2		1,150	\$1,500	\$850	None
North Ct Two-Bedroom/One-Bath	2		1,333	\$1,500	\$850	None
* \$1,200 is refundable						
** Upgraded villas are \$1,100/Month						

The following services are included in the monthly fees:

- 24-Hour Emergency Call Alert
- Cable
- Insurance
- Landscaping
- Maintenance
- Priority Admission to SNF
- Property Taxes
- Sewer
- Snow Removal
- Trash Removal
- Twice Monthly Transportation
- Water

Table 6-18: Meadows Mennonite Chenoa Skilled Nursing Residences and Fees

Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.*	Community Fee	Daily Fee	LOC
Beds	114	93%				
Semi-Private Memory Care	67**		325	None	\$235	All-Inclusive
Private Memory Care			250	None	\$255	All-Inclusive
Semi-Private LTC	47**		325	None	\$225	All-Inclusive
Private LTC			250	None	\$245	All-Inclusive
*Mid-Stage Dementia are large rooms						
**# of beds represents the total number of memory care and LTC, not private and semi-private						

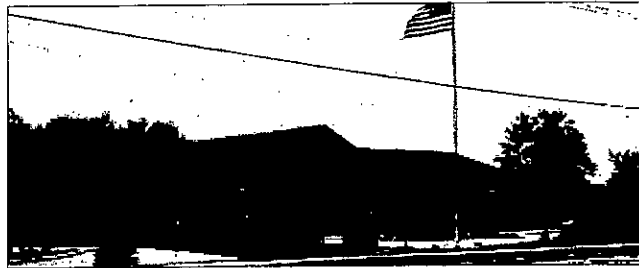
The following services are included in the daily fees:

- 24-Hour Nursing Care
- Activities
- Assistance w/ADL's
- Coordination of Appointments
- Emergency Call System
- Medication Management
- Onsite Chaplain
- Regular Housekeeping Services
- Regular Laundry Services
- Rehabilitation
- Security
- Three Meals Daily
- Utilities (Except Phone)
- Wi-Fi

The residences at Meadows Mennonite Chenoa are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Sugar Creek Alzheimer's Special Care

Center is located on E. Vernon Avenue in Normal. The community is owned by JEA Senior Living and opened in 2008. On the day surveyed management reported to be operating 66 beds of its 76 licensed assisted living beds at 92% occupancy. There was a total of 38 rooms, providing both private and semi-private accommodations.



JEA's signature program "Meaningful Moments" is designed to honor the individual resident's life story in order to provide individuals with unique moments throughout their day.

The following amenities are available at the community:

- Dining Room
- Fireplace
- Game Room
- Landscaped Secured Courtyards
- Living Room
- Private Dining Room
- Security System
- TV Room
- Walking Paths

Table 6-19: Sugar Creek Dementia Care Residences and Fees

Assisted Living Dementia Care							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC	Second Person
Rooms	66	92%					
Shared Level I			188	\$1,000	\$4,600	All-Inclusive	None
Shared Level II			188	\$1,000	\$4,900	All-Inclusive	None
Shared Level III			188	\$1,000	\$5,200	All-Inclusive	None
Shared Level IV			188	\$1,000	\$5,500	All-Inclusive	None
Shared Level V			188	\$1,000	\$5,800	All-Inclusive	None
Add'l for Private Room			276	\$1,000	\$1,500	All-Inclusive	None

The following services are provided in the monthly fees:

- 24-Hour Care
- Assistance w/ADL's
- Furnished Linens
- Furnished Room
- Laundry
- Medication Management
- Routine Housekeeping
- Specially Trained Staff
- Three Meals/Snacks Daily

The residences at Sugar Creek Alzheimer's Special Care Center are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Westminster Village retirement community is located in Bloomington, Illinois. This community opened in 1979 and is a Continuing Care Retirement Community (CCRC) which has 22 cottages, 176 independent living apartments, 54 assisted living



apartments and 78 skilled nursing beds. The community representative reported 100% occupancy in all levels of care with a 300 prospect wait list.

The community is situated on 40 acres in a quiet, residential neighborhood off of Lincoln Street. Curb appeal is good with mature trees on the property. The sales rep indicated an expansion plan that will eventually add 12 skilled nursing beds, 6 assisted living beds, 30 assisted living dementia care beds and 60 independent living residences. Skilled nursing is phase I of the expansion with a new two-story building of 50 beds. When that is complete, the existing skilled nursing building will be gutted and converted into 40 private skilled nursing beds. Phase II is two to three years out and will be a new three-story building for 60 assisted living beds and 30 assisted living dementia care beds. The existing assisted living building will be converted to 60 independent living residences.

The sales rep also indicated a new trend happening at the community which is a lot of children of past residents are moving in.

The following amenities are available at the community:

- Activity/exercise room
- Bank
- Beauty/barber salon
- Billiard lounge
- Chapel
- Convenience Store
- Dining room

- Fitness room
- Free laundry facilities
- Game room
- Large screen TV lounge
- Library
- Private dining room
- Resident kitchen
- Walking Path

Table 6-20: Westminster Village Independent Living Residences and Fees

Independent Living								
Type	# of Units	% Occ.	Sq. Ft.	Life Occ. EF 36 Months	Return on Equity EF 75% Refundable	Rental Deposit	Monthly Fee EF/Rental	Second Person EF/Rental Monthly Fee
Apartments	176	100%						
Studio			439	\$58,630	\$85,000	\$2,358	\$1,986/ \$2,358	N/A
One-Bedroom			523	\$68,640	\$115,000	\$2,900- \$3,800	\$2,075/ \$2,900	\$872/\$900
Two-Bedroom			765	\$97,240	\$150,000	\$3,585- \$4,485	\$2,262/ \$3,585	\$905/\$900
Two-Bedroom Expanded			860	\$120,120	\$175,000	\$3,892- \$4,792	\$2,345/ \$3,892	\$937/\$900
Two-Bedroom Expanded Corner			860	\$120,120	\$175,000	\$3,892- \$4,792	\$2,345/ \$3,892	\$937/\$900
Two-Bedroom Deluxe I			1,046	\$141,570	\$210,000	\$4,062- \$4,962	\$2,501/ \$4,062	\$981/\$900
Two-Bedroom Deluxe II			1,288	\$159,445	\$230,000	\$4,294- \$5,194	\$2,659/ \$4,294	\$982/\$900
Duplexes	22	100%		Life Lease	90% Return Monthly Fee	85% Return Monthly Fee	80% Return Monthly Fee	
The Sassafras			1,440	\$150,000*	\$601	\$534	\$466	
The Maple			1,675	\$150,000*	\$601	\$534	\$466	
The Linden			1,780	\$150,000*	\$601	\$534	\$466	
*Starting Prices - based on resale								

The following services are included in the independent living monthly fees:

- 24-Hour Staff
- Activities
- Cable
- Does Not Include Real Estate Taxes
- Emergency Response System
- Housekeeping Bi-Weekly
- Linen/Flat Service Bi-Weekly
- Maintenance
- One Meal Daily
- Priority Healthcare Access
- Scheduled Transportation
- Utilities (Except Phone)

Table 6-21: Westminster Village Assisted Living Residences and Fees

Assisted Living							
Type	# of Units	% Occ.	Sq. Ft.	Deposit	Monthly Fee	LOC	Second Person
Apartments	54	100%					
Efficiency			250	One Month	\$2,881	Level 1 Inc Level 2 \$425 Level 3 \$850	\$875
Studio			439	One Month	\$4,077	Level 1 Inc Level 2 \$425 Level 3 \$850	\$875
One-Bedroom			523	One Month	\$4,326	Level 1 Inc Level 2 \$425 Level 3 \$850	\$875
Two-Bedroom			765+	One Month	\$4,659	Level 1 Inc Level 2 \$425 Level 3 \$850	\$875

Table 6-22: Westminster Village Skilled Nursing Residences and Fees

Skilled Nursing							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Fee	LOC	Second Person Fee
Rooms	78	100%					
Private			WNP	None	\$314-\$446	All-Inclusive	None
Semi-private Level One			WNP	None	\$223	All-Inclusive	None
Semi-private Level Two			WNP	None	\$236	All-Inclusive	None

WNP - Would not Provide

The following services are included in the base fees:

- 24-Hour Staff
- Activities
- Emergency Response System
- Housekeeping
- Level of Care 1
- Linen Service Weekly
- Maintenance
- Scheduled Transportation
- Three Meals Daily
- Utilities (Except Phone)

In addition to the above, the following services are provided in skilled nursing:

- 24-Hour Care
- Assistance w/ADL's
- Medication Management

The residences at Westminster Village are included in the demand analysis for the Mercy Creek PMA because they are located within the PMA and are competitive.

Skilled Nursing Payor Details

The following table reflects the payor mix as well as the Five Star Quality Rating of the identified competitive and comparable skilled nursing facilities for the Mercy Creek PMA.

Table 6-26: Payor Mix and CMS 5 Star Quality Rating

Community Name	Medicare %	Medicare Beds	Medicaid %	Medicaid Beds	Private Pay/ Other %	Private Pay/ Other Beds	Five Star Overall Rating	# of Beds
Aperion Care (was Asta Care)*	0%	0	0%	0	0%	0	1	117
Aperion Care Colfax/Arba Care Center	14%	9	86%	51	0%	0	1	60
Bloomington Rehabilitation & HCC	6%	4	79%	51	15%	10	1	65
Heartland of Normal	20%	20	39%	38	41%	40	4	97
Heritage Health Bloomington	13%	11	35%	30	52%	44	4	85
Heritage Health El Paso	4%	3	59%	38	37%	24	3	65
Heritage Health Normal	12%	17	38%	54	50%	71	2	141
Leroy Manor	6%	6	44%	45	50%	50	1	101
McLean County Nursing Home	3%	4	70%	105	27%	41	1	150
Meadows Mennonite Retirement	7%	8	40%	45	53%	61	2	114
St. Joseph's Medical Center	51%	6	0%	0	49%	5	4	11
Westminster Village	9%	7	0%	0	91%	71	2	78
Average/Total	8%	93	53%	457	39%	416	2	1084

Source: snfdata.com/medicare.gov

*No data reported. Calls to admissions were not returned
Luther Oaks omitted from list as it is not certified.

CMS Five Star Quality Rating

CMS measures quality via a combination of calculated and self-reported data and provides this data in a rating available to the public. The three components CMS measures are: health inspections, staffing, and quality measures. A star rating is provided for each of these 3 sources, then, these 3 ratings are combined to calculate an overall rating (mathematically some scores are weighted more heavily than others). This information provides a "snap shot" of the care individual nursing homes provide. While there have been objections about the accuracy of the ratings, the measures remain the recognized rating representing quality in the SNF industry.

Equally important, insurance companies, hospitals and ACOs have begun using a facility's CMS 5 Star Quality Rating as a determination whether to do business with an individual SNF. A rating

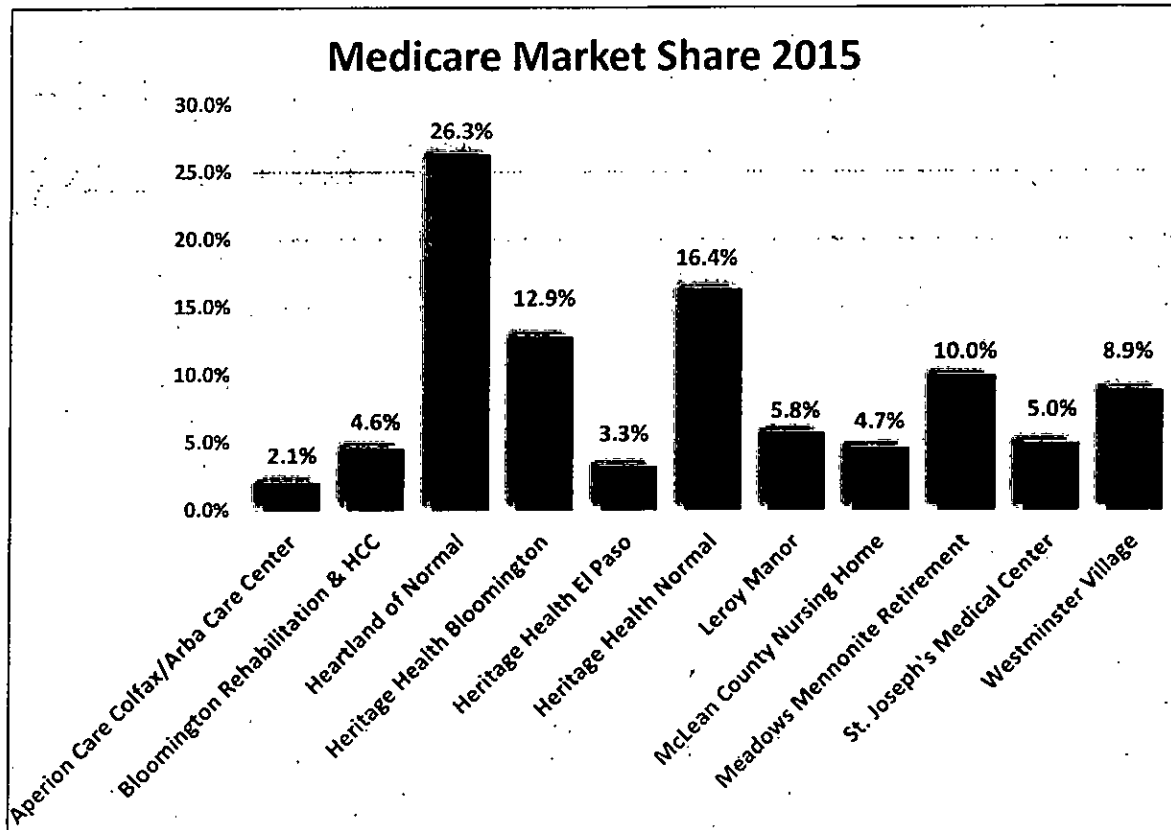
of less than 3 Stars has been commonly used as a cut-off for contracting purposes. So the importance of maintaining high quality is even more underscored.

No facilities in the PMA have achieved 5 Stars on the CMS 5 Star Rating, the highest rating. Heartland of Normal, Heritage Health Bloomington and St. Joseph's Medical Center skilled nursing unit were all rated 4 Stars. Overall, the competitors 5 Star Rating was below average, or 2 Stars. There were seven of the twelve facilities that were rated below average (less than three stars).

Medicare Market Share

Medicare, as a payor source, is often considered to be the most sought after form of reimbursement because the prospective daily rate is higher than other forms of reimbursement and depending on the acuity (based on RUGs categories), the potential profitability may be higher. PMD analyzed 2015 Cost Report information to determine each facility's Medicare market share using the assumption that a larger market share of Medicare patients means a stronger competitive factor. Heartland of Normal had the highest Medicare market share in the PMA with 26.3%. Heritage Health Normal and Heritage Health Bloomington followed with 16.4% and 12.9% respectively. These three facilities account for 55.6% of the market share, and on this basis are considered very strong competitors. Figure 6-1 displays the Medicare Market Share for the PMA extracted from the 2015 Cost Reports.

Figure 6-1: 2015 Medicare Market Share

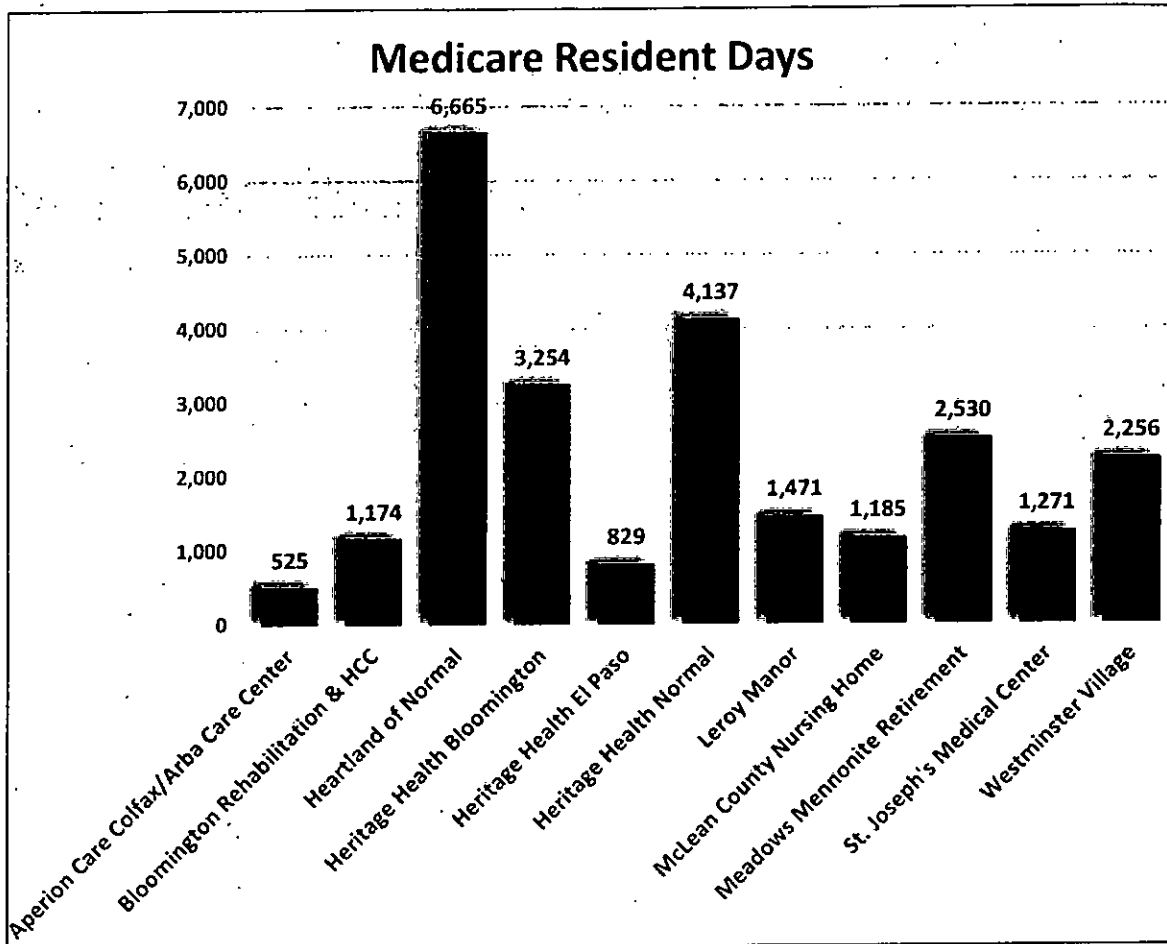


Analysis of Medicare Utilization

PMD considers Medicare utilization, as measured by resident Medicare days and turns per bed, to be a leading indicator of a facility's competitiveness in the provision of skilled care. As the market conditions continue to evolve to include the re-direction of post-acute care to lower cost alternative settings such as home health and assisted living, SNFs find themselves competing for fewer Medicare patients. As SNFs scramble to ramp up their marketing and relationship building to maintain their position in terms of Medicare admissions, PMD believes there are opportunities for facilities who can handle a large number of resident days with a high number of turns per bed (shorter lengths of stay per patient per bed). So, facilities who admit more Medicare patients have higher Medicare resident days and IF they are able to turn over their patients with shorter lengths of stay we consider them to be strongly competitive.

In terms of the number of Medicare resident days, the clear leader was Heartland of Normal with 6,665 days, followed by Heritage Health Normal with 4,137 days. The number of resident Medicare days is displayed below in Figure 6-2.

Figure 6-2: Medicare Resident Days

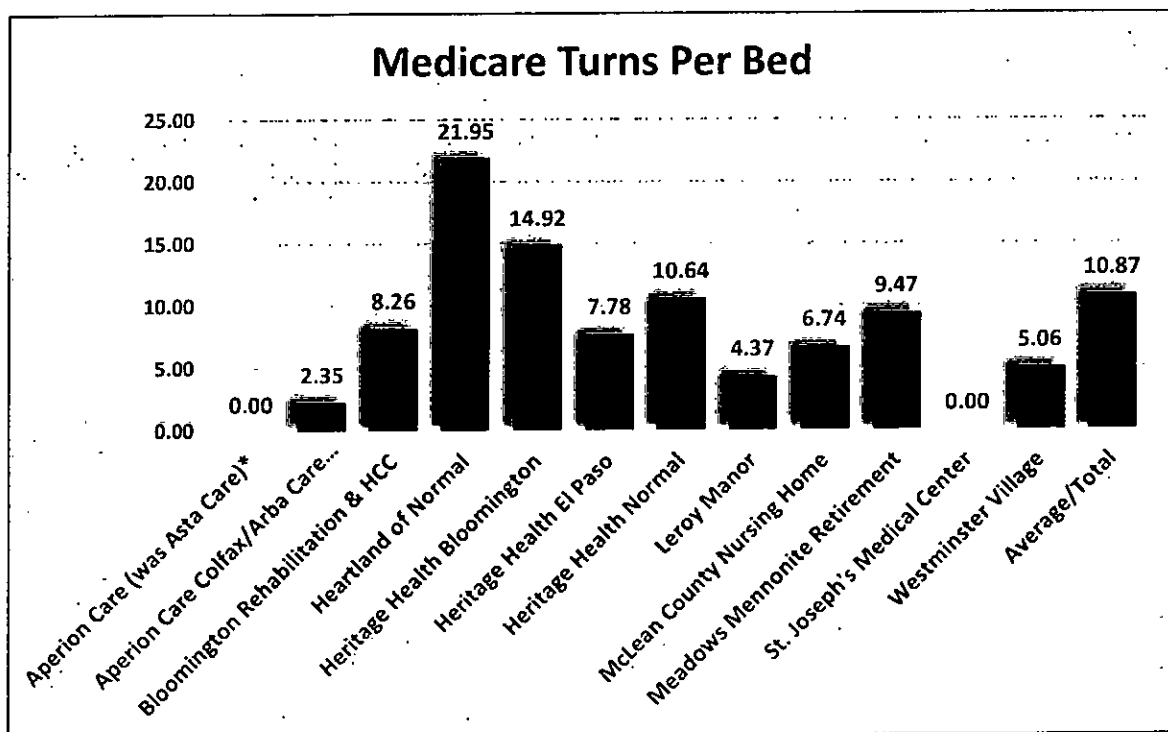


Source: 2015 Medicare Cost Reports

The number of Medicare admissions is one set of indicators PMD analyzes to determine a facility's competitiveness in the provision of skilled care. The other is 'throughput' and is typically measured by the number of turns per Medicare bed. As the lengths of stay decrease, we expect turns per bed to increase; but it must be in tandem with an increase in the overall number of Medicare resident days to result in competitiveness and profitability. Turns per bed is defined as the number of Medicare admissions/discharges divided by the number of functional (staffed) beds. Medicare Cost Report data for 2015 was used to analyze the number of Medicare admissions and Medicare discharges for each of the facilities and to calculate the number of turns per Medicare bed.

In this context, PMD found that Heartland of Normal had the highest turns per bed with 21.9 turns, followed by Heritage Health Bloomington with 14.9 turns per bed. The PMA contains low competition for Medicare residents as evidenced by the average number of Medicare days, discharges per month, and turns per bed. Figure 6-3 below displays the number of Medicare turns per bed.

Figure 6-3: Medicare Turns per Bed



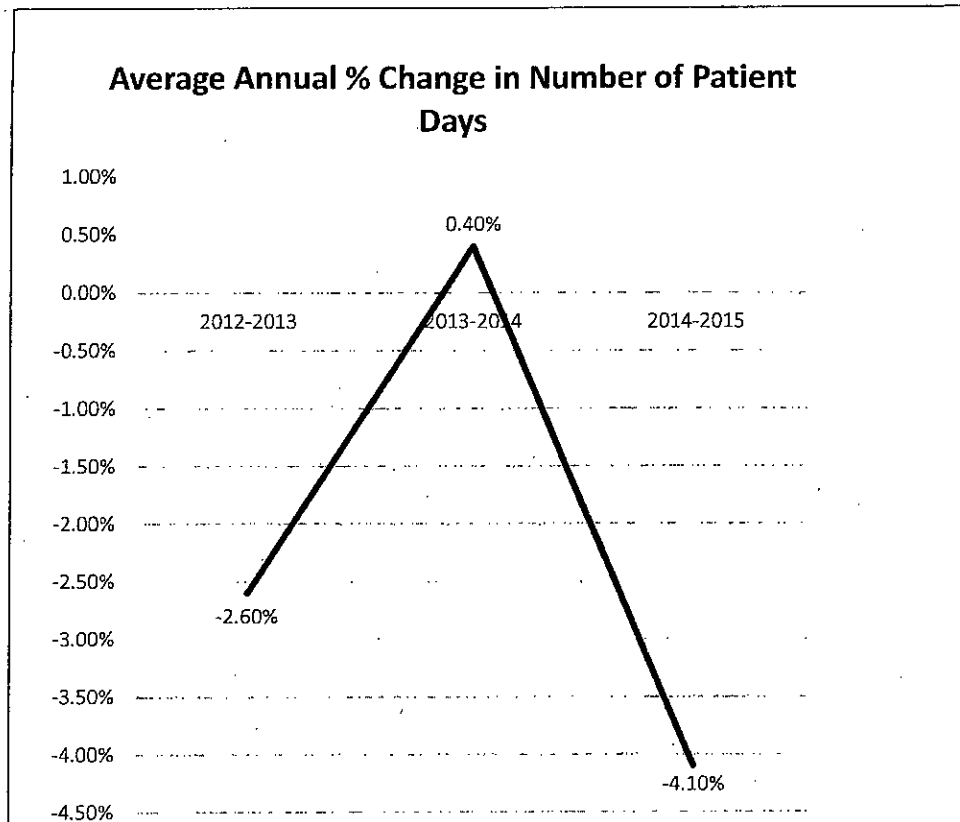
Asperion Care acquired Asta Care within the past 12 months. Therefore, there is no recent cost report filed in order to determine Medicare turns per bed. St. Joseph's Medical Center Transitional Care Unit does not report Medicare activity separate from the hospital. Therefore, we are unable to calculate turns per bed.

Annual Patient Day Trends

As the SNF industry continues to change and evolve to meet the demands of new reimbursement and care models, such as bundled payments and disease management guidelines, we are seeing a decline in the annual number of patient days in numerous markets. PMD believes this decline will continue into the future and includes the analysis of trends in annual patient days to display the average annual percent change in days over the last three years. Data was extracted from the cost reports for 2012, 2013, 2014, and 2015, respectively.

The average decline in patient days over the three years analyzed, was 2.13% per year. This 2.13% rate of decline was incorporated into the demand analysis projected out to 2019 to capture the anticipated decline in patient days in calculating unmet demand. Figure 6-4 below displays the average annual percentage change in the number of patient days.

Figure 6-4: Average Annual Percentage Change in Number of Patient Days

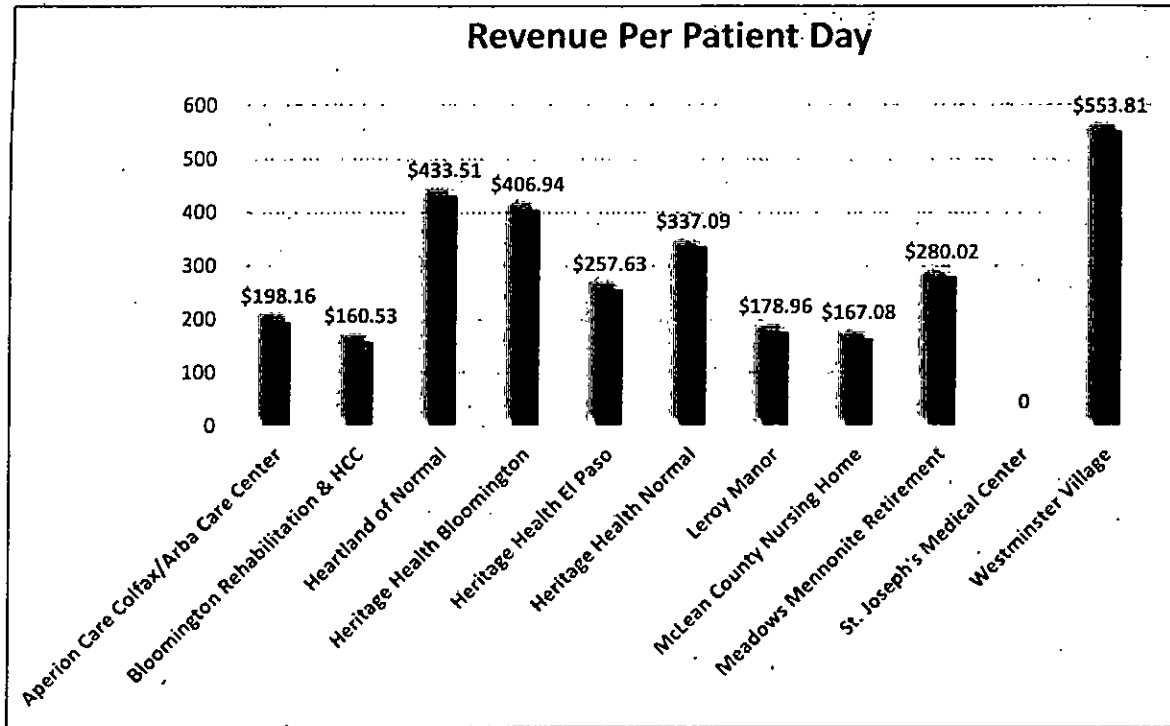


Financial Metrics

Revenue per Patient Day

PMD analyzed the total revenue per patient day (PPD) for all payors from the latest settled cost report data, in this instance 2015. The purpose of this analysis was to identify which facilities had admitted higher acuity patients which equates to higher revenue per patient day. Westminster Village had the highest revenue per patient day of \$553.81, followed by Heartland of Normal with \$433.51. The PMA's average revenue PPD was \$270.34. Figure 6-5 below displays revenue per patient day extracted from the 2015 cost reports.

Figure 6-5: 2015 Revenue per Patient Day



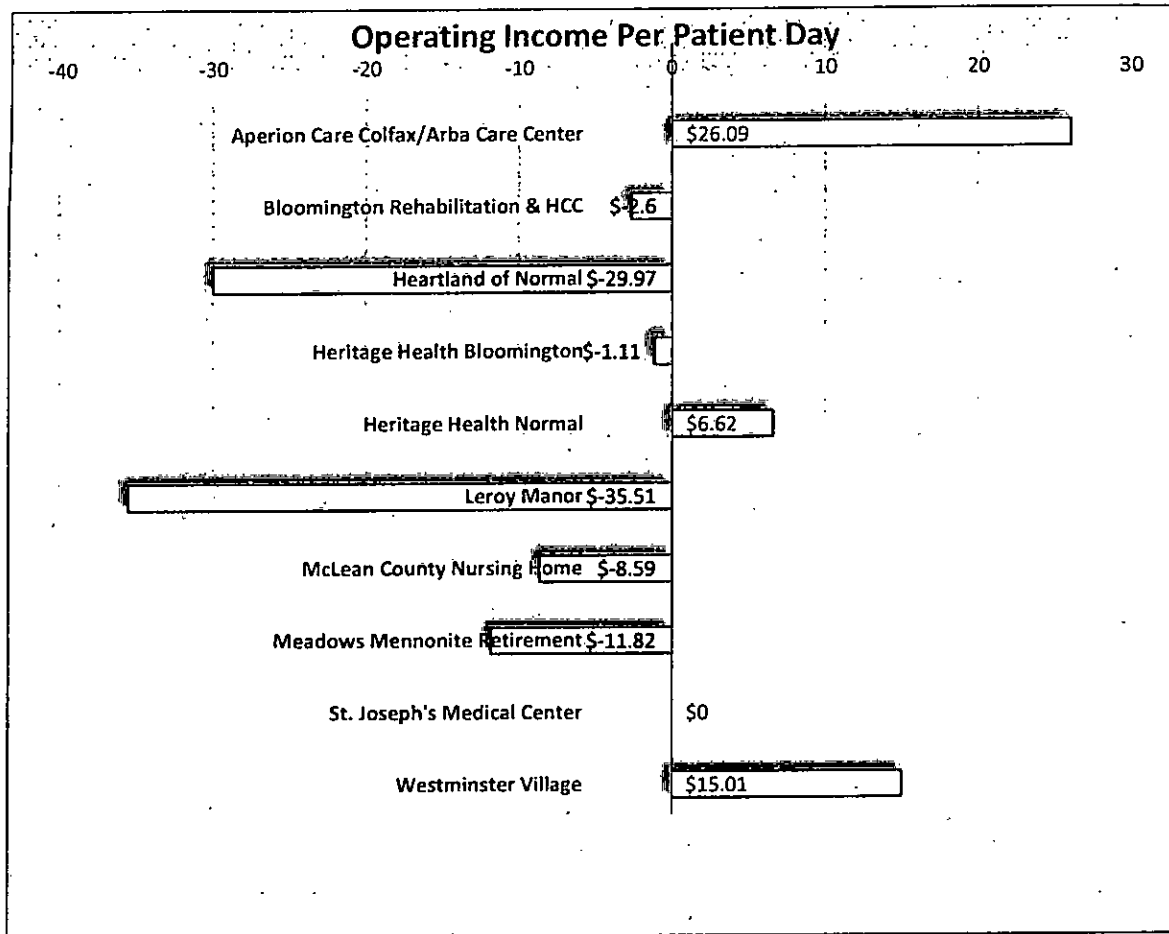
St. Joseph's Medical Center Transitional Care Unit does not report Medicare activity separate from the hospital. Therefore, revenue per patient day is not available.

Operating Income per Patient Day

Data analyzed from the 2015 cost reports indicated the PMA had an average operating income per patient day of -\$4.65. Of the ten facilities reported, only three posted positive operating income PPD.

Aperion Care Colfax had the highest operating income PPD with \$26.09. Westminster Village was second with \$15.01 operating income PPD and Heritage Health Normal with \$6.62. All others posted operating loss PPD with Meadows Mennonite Retirement posting -\$11.82 operating loss PPD. Figure 6-6 below displays the operating income per patient day for each of the SNFs in the PMA.

Figure 6-6: 2014 Operating Income per Patient Day



Planned Communities

In order to identify any planned communities, PMD obtained and performed analysis of FW Dodge Construction Reports for the Mercy Creek PMA as well as contacted the local planning departments located within the PMA. Field visits were also made to competitive and comparable communities and discussions were conducted with onsite personnel. Five planned communities were identified at the time research was conducted.

- There are 12 more residences at **Villas at Mercy Creek** planned for the community. These independent living residences *are* included in the planned supply on Table 6-1.
- **Villas at Holly Brook and Reflections Memory Care** will be an assisted living and assisted living dementia care community located at 2016 Fox Creek Road in Bloomington, Illinois 61701. Construction began on October 29, 2016. The two-story, 60,000 square foot building will include 50 assisted living beds and 20 assisted living dementia care beds. These beds *are included* in the planned supply counts as they are located in the Mercy Creek PMA.
- **The Villas of Holly Brook and Reflections Memory Care** at Towanda Barnes Road project is a single-story community with 50 assisted living beds and 32 assisted living dementia care beds. A possible second phase could add another 29 beds for assisted living. The community's 11-acre site is located on the northeast corner of Towanda Barnes and General Electric roads. The new street will be named Holly Brook Court. These beds *are included* in the planned supply counts as they are located in the Mercy Creek PMA.
- **Welbrook Senior Living** is constructing its first community in Illinois. The El Segundo, California, company is building a \$4.5 million assisted living and assisted living dementia care community at 1402 Leslie Drive in East Bloomington. The community will offer 54 assisted living beds and 26 assisted living dementia care beds.

dementia care beds scheduled to open in the fall of 2017. These beds *are included* in the planned supply counts as they are located in the Mercy Creek PMA.

- **Westminster Village** has an expansion plan that will eventually add 12 skilled nursing beds, 6 assisted living beds, 30 assisted living dementia care beds and 60 independent living residences. Skilled nursing is phase I of the expansion with a new two-story building of 50 beds. When that is complete, the existing skilled nursing building will be gutted and converted into 40 private skilled nursing beds. Phase II is two to three years out and will be a new three-story building for 60 assisted living beds and 30 assisted living dementia care beds. The existing assisted living building will be converted to 60 independent living residences.

CHAPTER 7

MARKET DEMAND ANALYSIS

This section of the market analysis presents the working assumptions used to evaluate the market potential for additional independent living residences (entrance fee and rental), assisted living, assisted living dementia care, and skilled nursing in the Mercy Creek PMA. Demand calculations are based on an opening year of 2019. To determine market demand, PMD will assume that all comparable existing and planned residences in the PMA are full and will test to see if the market will support additional residences of each type in the Mercy Creek PMA.

The SMP data summarized previously in the Demographic Characteristics section of this report are employed in this market assessment. Information and insights gathered in previous sections were also used to help formulate assumptions in this analysis of market depth.

The SMP data for the PMA are utilized in PMD's proprietary computer models, in order to estimate PMA unit potential for independent living residences (entrance fee and rental), assisted living, assisted living dementia care, and skilled nursing residences/beds. The assumptions and results of the demand calculations are summarized in this section.



Independent Living Demand Analysis

To evaluate the market penetration rates for the independent living demand calculations, PMD will calculate the market penetration rates using three methodologies. Those three methodologies are:

1. PMD methodology using segmentation of data by Age and Income.
2. Ziegler Methodology developed by the Demand Methodology Task Force.
3. NIC (National Investment Center for Senior Housing and Care Industry) MAP Methodology.

The Project Penetration Rate calculates the portion of the net qualified target market (age, income and home value qualified households (for entrance fee products) less existing and planned competitive residences) that the subject project can expect to capture. Historically, Project Penetration Rates of 3% to 5% have been used as benchmarks. PMD contends that the Project Penetration Rate cannot be used in a vacuum and must be evaluated based on local market conditions and the resulting Market Penetration Rate.

The Market Penetration Rate calculates the total number of age and income qualified households that are currently living in existing product plus any required to fill planned residences divided by the total number of age and income qualified households in the market area. Using this PMD formula for calculating market penetration, historically Market Penetration rates of less than 25% indicate excellent opportunity in most markets while rates between 25% and 30% indicate very good potential, depending on the current occupancy rates in existing communities.

By measuring the unit potential, using both the Project Penetration Rate and the Market Penetration Rate, we are able to identify the number of new residences that can be added to the market and keep close to, or within, historical benchmarks.

Following are the assumptions utilized in developing both the Project Penetration Rate and the Market Penetration Rate for the independent living analysis in the Mercy Creek PMA.



Table 7-1 below provides a breakdown of the residences/beds included in the demand analysis.

Independent Living Demand Analysis – Entrance Fee Residences

The table below reflects the independent living entrance fee competitive communities used in this demand analysis.

Table 7-1: Demand Calculation Assumptions – Independent Living Entrance Fee Supply

Community Name	Zip Code	Year Open	IL		Type
			# of Res	% Occ.	
Existing Communities					
Westminster Village	61701	1979	198	100%	CCRC EF
Total Existing	1		198	100%	
Planned Communities					
Westminster Village	61701	2018	60		CCRC EF
Total Planned	1		60		
Total Existing and Planned	2		258	100%	

Independent Living Entrance Fee Assumptions

PMD conducted testing on independent living entrance fees based on all owner households with a home value of **\$125,664 and above** (2019 dollars) and who can afford corresponding monthly fees of **\$2,267 and a second person fee of \$983** (2019 dollars). All renter households were discounted by 80%, assuming that potential residents would likely be owners trading the equity in their home for the entrance fee. The entrance fees and monthly fee are based on the current 2016 fees for a one-bedroom apartment style residence at Westminster Village increased by 3% per year to an opening year of 2019.

The demand assumptions and results of the demand calculations are summarized in this section, and the detailed demand calculations appear in Table 7-3. Following is a summary description of the assumptions used for evaluating the depth of demand by Project and Market Penetration Rates for independent living entrance fee residences in the Mercy Creek PMA.

Table 7-2: Demand Calculation Assumptions – Independent Living Entrance Fee - Apartments

Assumption	Independent Living - \$125,664+ Entrance Fee
First Year of Occupancy	2019
Minimum Age at Entrance	75
Multipliers:	74.1% Percent Age 75+ Owners 25.9% Percent Age 75+ Renters 53.4% Percent Age 75+ 1 Person 46.6% Percent Age 75+ MC and Other 72.2% Percent with Homes worth \$125,664+
2019 Monthly Fees:	Price Point 1: \$2,267 2 nd Person Fee: \$983
Fee to Income Ratio	60% assuming that independent living households could spend up to 60% of their monthly income to cover the monthly fee.
Stabilized Occupancy	95%
Percent Draw from the Study Area	65%
Upper Income Limit	No upper income limit is used in this analysis.
Contribution of Home Sale to Homeowner Annual Income	None assuming it will be used for entrance fee.
Existing Competitive Communities	There were 198 competitive and comparable entrance fee residences identified in and adjacent to the PMA.
Planned Competitive Communities	60 planned residences were identified in and adjacent to the PMA.
Acceptable Project Penetration Rates	3% and 5% rates are tested in this analysis

Table 7-3: Demand Calculation Assumptions – Independent Living Entrance Fee

Mercy Creek PMA			
Independent Living Entrance Fee Demand Analysis			
Assumptions			
Year of Opening:		2019	
Minimum Entry Age at Opening:		75	
Rent to Income Ratio:		60%	
Minimum Monthly Fee at Opening:		\$2,267	
Second Person Charge:		\$983	
Annual Income Requirement for 1 person Household:		\$45,340	
Annual Income Requirement for 2 person Household:		\$65,000	
Minimum Entrance Fee at Opening:		\$125,664	
Age and Income Qualified Households by Type			
1 Person Owner Households:		712	
Married Couples and Other Owner Households:		420	
20% of 1 Person Renter Households		69	
20% of Married Couples and Other Renter Households		41	
Total Age and Income Qualified Households:		1,242	
Competitive Residences			
Existing:		198	
Planned:		60	
Total:		258	
Net Target Market:		984	
Project Penetration Rate:		3%	5%
	Net Target Households:	30	49
Market Area Draw:	65%	45	76
Occupancy Rate:	95%	48	80
Total Supportable Residences:		48	80
Market Penetration Rate			
Current Supply:		10.4%	
With 3% Demand :		12.3%	
With 5% Demand:		13.5%	
*Market penetration rates are based on the total number of households with incomes of \$45,340+			
SOURCE: PMD Advisory Services, LLC			
11/28/2016 16:07			

Findings - Project Penetration Rates – Independent Living Entrance Fee

This demand analysis indicates that the PMA, using the assumptions identified in this analysis based on all age 75 and older owner households who have homes worth \$125,664 or more, and can afford a monthly fee of \$2,267 or higher can support about **48 - 80** additional residences with a project penetration rate of 3% and 5% respectively.

Findings – Market Penetration Rates – Independent Living Entrance Fee

Utilizing the PMD methodology for calculation of demand, the current market penetration rate for age 75 and above independent living entrance fee residences is **10.4%** which remains within the PMD “excellent” benchmark range of less than 25% and indicates that there is likely excellent potential in the market for new product, depending on other factors in the PMA. This calculation is based on **258** existing and planned comparable and competitive entrance fee residences divided by 2,493 qualified households, which is the total number of target age 75 and older households with an annual income of \$45,340 or more.

The project penetration calculation indicates that the market based on households age 75 and older should support an additional 48 - 80 residences in 2019. The existing market penetration rate in the Mercy Creek PMA is 10.4% which falls within the PMD “excellent” benchmark range and indicates that there is likely excellent potential in the market for new product, depending on other factors in the PMA. The addition of 80 entrance fee residences in 2019 (potential at a 5% penetration rate), increases the market penetration rate to 13.5% indicating excellent market potential.

Ziegler Methodology

The Ziegler Methodology uses an estimate of age 75 and older households with incomes of \$50,000. The difference between the PMD methodology and the Ziegler methodology is that the PMD methodology discounts households by type reflecting their likelihood to move to a senior living community while the Ziegler methodology does not. Also, the number of existing residences includes both all residences and is adjusted for a 65% market area draw and a 95% occupancy rate. This results in a market penetration rate of **18.0%** in 2019.

NIC Methodology

The NIC Methodology uses an estimate of age 75 and older households, regardless of income, tenure, or home value. The supply data using this methodology does not account for vacancy of 5% or market area draw of 65%. This results in a market penetration of **10.0%** in 2019.

Table 7-4 summarizes the results of the three market penetration rate tests and compares them to Fitch and BB&T Benchmarks.

Table 7-4: Independent Living Entrance Fee Market Penetration Rates

Comparison of Market Penetration Rates		
Mercy Creek PMA – Mercy Creek, IL		
2019 Calculation - Entry Fee of \$125,664		
Market Penetration Calculation based on the addition of 80 entrance fee apartment residences in the market.		
		Market Penetration Rate
PMD Methodology*		13.5%
Ziegler Methodology**		18.0%
NIC Methodology***		10.0%
Fitch Benchmarks****		<15%
BB&T Average Benchmarks****		15%-25%

* PMD Methodology based on age 75+, income qualified households.

**Ziegler Methodology based on age75+ income qualified households - this calculation includes all income qualified owners and renters in the calculation of the base regardless of ownership status.

***NIC Methodology based on age 75+ households - all owners and all renters. The NIC base includes all renter and home owner households regardless of income.

****Fitch and BB&T Benchmarks measured using NIC and Ziegler methodology.

Independent Living Demand Analysis – Rental

The table below reflects the independent living rental competitive communities used in this demand analysis.

Table 7-5: Demand Calculation Assumptions – Independent Living Rental Supply

			IL		
Community Name	Zip Code	Year Open	# of Res	% Occ.	Type
Existing Communities					
Meadows Mennonite Retirement	61726	1923	44	91%	CCRC Rental
Westminster Village	61701	1979	198	100%	CCRC EF
Adelaide Apartments	61761	1960's	24	92%	IL
Blair House	61761	1989	110	90%	IL
Meadows at Mercy Creek A.L.	61761	2012	4	100%	IL/AL
Bickford - Bloomington	61704	1999	16	100%	IL/AL/DC
Luther Oaks Inc.	61704	2007	90	92%	IL/AL/DC
Total Existing	7		486	95%	
Planned Communities					
Villas at Mercy Creek	61761	TBD	12		IL
Westminster Village	61701	2018	60		CCRC EF
Total Planned	2		72		
Total Existing and Planned	9		558	95%	

PMD conducted testing on independent living rental based on all households who can afford a monthly fees of \$3,169 and a second person fee of \$953 (2019 dollars). The monthly fee is based on the current 2016 fees for a one-bedroom residence at Blair House increased by 3% per year to an opening year of 2019.

The demand assumptions and results of the demand calculations are summarized in this section, and the detailed demand calculations appear in Table 7-7. Following is a summary description of the assumptions used for evaluating the depth of demand by Project and Market Penetration Rates for independent living rental residences in the Mercy Creek PMA.

Table 7-6: Demand Calculation Assumptions – Independent Living Rental

Assumption	Independent Living Rental
First Year of Occupancy	2019
Minimum Age at Entrance	75
Multipliers:	53.4% Percent Age 75+ 1 Person 46.6% Percent Age 75+ MC and Other
2019 Monthly Fees:	Price Point 1: \$3,169 2 nd Person Fee: \$953
Fee to Income Ratio	60% assuming that independent living households could spend up to 60% of their monthly income to cover the monthly fee.
Stabilized Occupancy	95%
Percent Draw from the Study Area	65%
Upper Income Limit	No upper income limit is used in this analysis.
Contribution of Home Sale to Homeowner Annual Income	None assuming it will be used for entrance fee.
Existing Competitive Communities	There were 486 competitive and comparable residences identified in and adjacent to the PMA.
Planned Competitive Communities	72 planned residences were identified in and adjacent to the PMA.
Acceptable Project Penetration Rates	3% and 5% rates are tested in this analysis

Table 7-7: Demand Calculation Assumptions – Independent Living Rental

Mercy Creek PMA Independent Living Rental Demand Analysis			
Assumptions			
Year of Opening:		2019	
Minimum Entry Age at Opening:		75	
Rent to Income Ratio:		60%	
Minimum Monthly Fee at Opening:		\$3,169	
Second Person Charge:		\$953	
Annual Income Requirement for 1 person Household:		\$63,380	
Annual Income Requirement for 2 person Household:		\$82,440	
Age and Income Qualified Households by Type			
1 Person Households:		926	
Married Couples and Other Households:		563	
Total Age and Income Qualified Households:		1,489	
Competitive Residences			
Existing:		486	
Planned:		72	
Total:		558	
Net Target Market:		931	
Project Penetration Rate:		3%	5%
	Net Target Households:	28	47
Market Area Draw:	65%	43	72
Occupancy Rate:	95%	45	75
Total Supportable Residences:		45	75
*Market penetration rates are based on the total number of households with incomes of \$63,380+			
Market Penetration Rate			
Current Supply:		32.2%	
With 3% Demand :		34.8%	
With 5% Demand:		36.5%	
SOURCE: PMD Advisory Services, LLC			
11/23/2016 8:01			



Findings - Project Penetration Rates – Independent Living Rental

This demand analysis indicates that the PMA, using the assumptions identified in this analysis based on all age 75 and older owner households who can afford a monthly fee of \$3,169 or higher can support about 45 - 75 additional residences with a project penetration rate of 3% and 5% respectively.

Findings – Market Penetration Rates – Independent Living Rental

Utilizing the PMD methodology for calculation of demand, the current market penetration rate for age 75 and above independent living rental residences is **32.2%** which is within the PMD “good” benchmark range of less than 35% and indicates that there is likely good potential in the market for existing product, depending on other factors in the PMA. This calculation is based on 558 existing and planned comparable and competitive rental residences divided by 1,734 qualified households, which is the total number of target age 75 and older households who can afford a monthly fee of \$3,169 or more.

The project penetration calculation indicates that the market based on households age 75 and older should support an additional 45 - 75 residences in 2019. The existing market penetration rate in the Mercy Creek PMA is 32.2% which indicates the market that may be reaching or at market saturation, depending on other factors in the PMA. The addition of 75 entrance fee residences in 2019 (potential at a 5% penetration rate), increases the market penetration rate to 36.5% indicating a potentially saturated market with minimal opportunity for new product.

Ziegler Methodology

The Ziegler Methodology uses an estimate of age 75 and older households with incomes of \$50,000. The difference between the PMD methodology and the Ziegler methodology is that the PMD methodology discounts households by type reflecting their likelihood to move to a senior living community while the Ziegler methodology does not. Also, the number of existing residences includes both all residences and is adjusted for a 55% market area draw and a 95% occupancy rate. This results in a market penetration rate of **17.8%** in 2019.

NIC Methodology

The NIC Methodology uses an estimate of age 75 and older households, regardless of income, tenure, or home value. The supply data using this methodology does not account for vacancy of 5% or market area draw of 65%. This results in a market penetration of **9.9%** in 2019.

Table 7-8 summarizes the results of the three market penetration rate tests and compares them to Fitch and BB&T Benchmarks.

Table 7-8: Independent Living Rental Market Penetration Rates

Comparison of Market Penetration Rates

Mercy Creek PMA – Mercy Creek, IL

2019 Calculation - Monthly Fee of \$3,169

Market Penetration Calculation based on the addition of 75 rental residences in the market.

	Market Penetration Rate
PMD Methodology*	36.5%
Ziegler Methodology**	17.8%
NIC Methodology***	9.9%
Fitch Benchmarks****	<15%
BB&T Average Benchmarks****	15%-25%

* PMD Methodology based on age 75+, income qualified households.

**Ziegler Methodology based on age 75+ income qualified households - this calculation includes all income qualified owners and renters in the calculation of the base regardless of ownership status.

***NIC Methodology based on age 75+ households - all owners and all renters. The NIC base includes all renter and home owner households regardless of income.

****Fitch and BB&T Benchmarks measured using NIC and Ziegler methodology.

While no nationally accepted standards exist for achievable market penetration as the CCRC product is still maturing in many regions, a market in a region which is at or below 25% total market penetration indicates excellent market potential. A market penetration rate of 25% to 30% indicates very good opportunity. A market penetration rate of 35% or more is an indication of a market that may be reaching saturation.

For purposes of this study, secondary source analysis, risk ratings for market penetration are characterized as:

<u>Market Penetration Rate</u>	<u>General Characterization for Most Markets</u>
• Rate of less than 25%	Excellent market potential
• Rate of 25 - 30%	Very Good market potential
• Rate of 31 - 35%	Good market potential
• Rate of more than 35%	Fair market potential

It is important to remember that this analysis calculates the number of age and income qualified households living within the PMA that are not currently residing in a senior living community that could support additional senior living residences. It does not tell us how many of these qualified households will move to a senior living community, or more specifically, to the Mercy Creek senior living community.

Assisted Living Demand Analysis

Testing was conducted using estimated 2019 monthly fees starting at \$4,869 (all-inclusive 2016 monthly fees at Mercy Creek inflated to 2019 dollars) with a minimum annual income of \$35,000 for one-person households.

The minimum household income approach defined above is based on the results of a national analysis conducted by NIC and anecdotal evidence from providers that demonstrates that assisted living (frail and dementia care) residents often have incomes below what we would calculate using the monthly fee. This reflects spend down of assets and/or financial assistance provided by family members plus other sources like the Veterans Association.

The demand assumptions and results of the demand calculations are summarized in this section, and the detailed spend down tables appear in Appendix 5. Following is a summary description of the balance of the assumptions used and the results of evaluating the depth of demand by Project and Market Penetration Rates for assisted living residences in the Mercy Creek PMA.

Table 7-9 below provides a breakdown of the residences/beds included in the assisted living demand analysis.

Table 7-9: Demand Calculation Assumptions – Assisted Living Supply

			AL			
Community Name	Zip Code	Year Open	# of Beds	# Lic	% Occ.	Type
Existing Communities						
Meadows at Mercy Creek A.L.	61761	2012	60	60	100%	IL/AL
Bickford - Bloomington	61704	1999	49	55	100%	IL/AL/DC
Evergreen Place AL	61761	2001	60	60	98%	AL
Luther Oaks Inc.	61704	2007	38	40	100%	IL/AL/DC
Westminster Village	61701	1979	54	60	100%	CCRC EF
Total Existing	5		261	275	100%	
Planned Communities						
Villas of Hollybrook	61702	2018	79			AL/DC
Villas of Hollybrook	61701	2017	50			AL/DC
Welbrook Senior	61704	2017	54			AL/DC
Westminster Village	61701	2018	6			CCRC EF
Total Planned	4		189	0		
Total Existing and Planned	9		450	275	100%	

WNP - Would not Provide

* Licensure Pending

Table 7-10: Demand Calculation Assumptions – Assisted Living

Assumption:	
First Year of Occupancy	2019
Minimum Age at Entry	75
Households expected to receive assistance from a formal caregiver for activities of daily living: Normal Acuity	The percent of households expected to receive assistance from formal care givers for two or more activities of daily living is estimated by age – 9.7% age 75-84 and 28.6% age 85+
Multipliers:	53.4% Percent Age 75+ 1 Person 46.6% Percent Age 75+ MC and Other
Minimum Monthly Fee 2019 dollars:	Price Point 1: \$4,869
Minimum Household Income 2019 dollars:	Minimum Income: \$35,000
Stabilized Occupancy	95%
Percent Draw from the PMA	65%
Upper Income Limit	None
Spend down of assets on fees:	It is expected over the typical length of stay in assisted living of 21 months that a household with an annual income of \$35,000 will spend down about \$63,721 of assets. The age 75 median net worth in the PMA is \$217,408 and a household with the median net worth will have a balance remaining of \$156,814.
Existing Competitive Communities	There are 261 existing assisted living residences in and adjacent to the PMA. 60 of them are likely classified as households; 201 are likely classified as group quarters. Assisted living residences classified as group quarters are not in the household counts, so they don't have to be extracted from the qualified household counts. However, in the demand analysis 57.8% of these residences are included as competitive because the individuals that fill the residences vacated by turnover are in the household counts and must be taken out. Therefore, the total number of competitive residences utilized in the demand calculations is 176 (60 + (57.8% of 201)).
Planned Competitive Communities	189 planned competitive residences were identified in and adjacent to the PMA.
Acceptable Market Capture Rate	20% and 25%

Table 7-11: Demand Calculation Assumptions – Assisted Living

Mercy Creek PMA Assisted Living Demand Analysis			
Assumptions			
Year of Opening:		2019	
Minimum Entry Age at Opening:		75	
Minimum Monthly Fee at Opening:		\$4,869	
Annual Income Requirement:		\$77,904	
Annual Income based on Spend Down Analysis:		\$35,000	
Age, Income, Need Qualified* Households by Type			
1 person - Income and Asset Spend Down		243	
Married Couples and Other - Inc and Spend Down		87	
Total Age, Income and Need Qualified Households:		330	
Competitive Residences			
Existing:		176	
Planned:		189	
Total:		365	
Net Target Market:		-35	
Project Penetration Rate:		20%	25%
	Net Target Households:	0	0
Market Area Draw:	65%	0	0
Occupancy Rate:	95%	0	0
Total Supportable Residences:		0	0
Market Penetration Rate			
Current Supply:		11.56%	
With 20% Demand :		11.56%	
With 25% Demand:		11.56%	
*Need qualification equals the need for assistance with 2+ ADLs.			
SOURCE: PMD Advisory Services, LLC			
11/23/2016 9:57			



Assisted Living Frail Demand

This demand analysis indicates that the PMA, using the assumptions identified in this analysis, using a minimum monthly fee of \$4,869 in 2019 dollars and a minimum household income of \$35,000 in 2019, will **not** support additional assisted living residences. For the detail spend down tables see Appendix 5.

Assisted Living Dementia Demand Analysis

Testing was conducted using estimated 2019 monthly fees starting at \$7,313 (all-inclusive 2016 Bickford assisted living dementia care fee inflated to 2019 dollars) with a minimum income of \$50,000 required for one-person households for assisted living dementia care.

The minimum household income approach defined above is based on the results of a national analysis conducted by NIC and anecdotal evidence from providers that demonstrates that assisted living (frail and dementia care) residents often have incomes below what we would calculate using the monthly fee. This reflects spend down of assets and/or financial assistance provided by family members plus other sources like the Veterans Association.

The demand assumptions and results of the demand calculations are summarized in this section, and the detailed spend down tables appear in Appendix 5. Following is a summary description of the balance of the assumptions used and the results of evaluating the depth of demand by Project and Market Penetration Rates for assisted living dementia care residences in the Mercy Creek PMA.

Table 7-12 below provides a breakdown of the assisted living dementia care residences/beds included in the demand analysis.

Table 7-12: Demand Calculation Assumptions – Assisted Living Dementia Care Supply

Community Name	Zip Code	Year Open	DC			Type
			# of Beds	# Lic	% Occ.	
Existing Communities						
Bickford - Bloomington	61704	1999	16	*	WNP	IL/AL/DC
Luther Oaks Inc.	61704	2007	18	18	100%	IL/AL/DC
Sugar Creek Alzheimer's SCC	61761	2008	66	76	92%	DC
Total Existing	3		100	94	96%	
Planned Communities						
Villas of Hollybrook	61702	2018	32			AL/DC
Villas of Hollybrook	61701	2017	20			AL/DC
Welbrook Senior	61704	2017	26			AL/DC
Westminster Village	61701	2018	30			CCRC EF
Total Planned	4		108	0		
Total Existing and Planned	7		208	94	96%	

WNP - Would not Provide

* Licensure Pending

Table 7-13: Demand Calculation Assumptions – Assisted Living Dementia Care

Assumption:	
First Year of Occupancy	2019
Minimum Age at Entry	75
Households expected to receive assistance from a formal caregiver for activities of daily living: Normal Acuity plus Dementia	The percent of households expected to receive assistance from formal care givers for two or more activities of daily living plus symptoms of dementia is estimated by age. – 14.3% age 75-84 and 31.2% age 85+
Multipliers:	53.4% Percent Age 75+ 1 Person 47.2% Percent Age 75+ MC and Other
Minimum Monthly Fee 2019 dollars:	Price Point 1: \$7,313
Minimum Household Income 2019 dollars:	Minimum Income: \$50,000
Stabilized Occupancy	95%
Percent Draw from the PMA	65%
Upper Income Limit	None
Spend down of assets on fees:	It is expected over the typical length of stay in dementia care of 22 months that a household with an annual income of \$50,000 will spend down about \$93,918 of assets. The age 75 median net worth in the PMA is \$217,408 and a household with the median net worth will have a balance remaining of \$126,515.
Existing Competitive Communities	There are 100 existing dementia living residences in and adjacent to the PMA. None of them are likely classified as households; 100 of them are likely classified as group quarters. Assisted Living dementia care residences classified as group quarters are not in the household counts, so they don't have to be extracted from the qualified household counts; However, in the demand analysis, 54.8% of these residences are included as competitive because the individuals that fill the residences vacated by turnover are in the household counts and must be taken out. Therefore, the total number of competitive residences utilized in the demand calculations is 55 (54.8% of 100).
Planned Competitive Communities	108 planned competitive residences were identified in and adjacent the PMA.
Acceptable Market Capture Rate	10% and 15%

Table 7-14: Demand Calculation Assumptions – Assisted Living Dementia Care

Mercy Creek PMA Dementia Care Demand Analysis			
Assumptions			
Year of Opening:		2019	
Minimum Entry Age at Opening:		75	
Minimum Monthly Fee at Opening:		\$7,313	
Annual Income Requirement:		\$109,695	
Annual Income based on Spend Down Analysis:		\$50,000	
Age, Income, Need Qualified* Households by Type			
1 person - Income and Asset Spend Down		216	
Married Couples and Other - Inc and Spend Down		59	
Total Age, Income and Need Qualified Households:		275	
Competitive Residences			
Existing:		55	
Planned:		108	
Total:		163	
Net Target Market:		112	
Project Penetration Rate:		10%	15%
	Net Target Households:	11	17
Market Area Draw:	65%	17	26
Occupancy Rate:	95%	18	27
Total Supportable Residences:		18	27
Market Penetration Rate			
Current Supply:		7.43%	
With 10% Demand:		8.26%	
With 15% Demand:		8.67%	
*Need qualification equals the need for assistance with 2+ ADLs and symptoms of dementia.			
SOURCE: PMD Advisory Services, LLC			
11/23/2016 13:10			

Assisted Living Dementia Care Demand

This demand analysis indicates that the PMA, using the assumptions identified in this analysis, using a minimum monthly fee of \$7,313 in 2019 and a minimum household income of \$50,000 in 2019 the market, will support 18 - 27 additional assisted living dementia care residences. For the detailed spend down tables see Appendix 5.

Skilled Nursing Demand Analysis

Demand Analysis Assumptions

The working assumptions used to analyze demand for skilled nursing private pay, Medicare and Medicaid beds in the Mercy Creek PMA include using the age qualified population for the PMA and the total number of beds from the facilities that were identified in the competitive analysis. The number of beds used in the demand analysis includes beds from the 35 communities in the market with nursing care beds. In recognition of the industry's declining number of patient days, PMD analyzed the trend in patient days over the last three years in the PMA. PMD estimated the declining trend will continue at the same average annual rate through the projected target year, in this case -2.13% decrease in patient days per year. PMD utilized a project penetration rate of 15% to determine demand potential for the Communities at Mercy Creek project. *Fifteen (15) percent project penetration rates were used in the analysis of each payor type to reflect the age, marketability and how well the existing competitors would likely fair when compared to the skilled nursing beds on the Mercy Creek campus.*

Demand Analysis – Private Pay

To determine demand for Private Pay skilled nursing beds, PMD calculated the number of Private Pay beds in the PMA that are supported by the existing age 65 and older population in the market area using the entire complement of skilled nursing beds minus the reported percentage of Medicaid, and Medicare beds. In 2016, the PMA had 21,243 persons over the age of 65. This base of age 65 and older population supported a total of 416 Private Pay beds. This equates to a 2.0% utilization rate.

PMD estimates the age 65 and older population will increase to 23,845 by the year 2019. Using the current utilization rate of 2.0% for age 65 and older persons adjusted by market area draw, it

is estimated that the Communities at Mercy Creek market area will support 48 additional Private Pay/Other beds by 2019. PMD estimates that the Mercy Creek project could expect to capture 7 of those beds.

Of the total 416 skilled nursing private pay beds 303 beds are in facilities with a Quality Star Rating of less than 3. Our sense is that the Mercy Creek project should be able to take market share from these poorly performing communities.

Table 7-15: Private Pay Skilled Nursing Demand Calculation

SKILLED NURSING PRIVATE PAY/OTHER DEMAND CALCULATION	
	2016 Estimates
	Private Pay/Other
Age 65 and Older Population	21,243
Total Existing Private Pay/Other Beds	416
PMA Base Use Rate for Population Age 65 and Older (Existing Beds/Age 65+ Population)	2.0%
	2019
	Private Pay/Other
Projected Age 65 and Older Population	23,845
PMA Base Use Rate for Population Age 65 * Age 65+ Population	477
Avg Annual Percent Change in SNF Patient Days	-2.13%
Estimate of New Supportable Beds	447
Total Existing Private Pay/Other Competitive Beds	416
Total Planned Private Pay/Other Competitive Beds	0
Total Existing Plus Planned Private Pay/Other Competitive Beds	416
Estimate of Net New Supportable Beds	31
Market Area Draw	65%
Net New Supportable Beds Divided by Market Area Draw = Total Supportable Market Area Beds	48
Net Demand at Project Penetration Rate	
15%	7

Findings- Private Pay

It is estimated that the proposed Mercy Creek project should be able to capture 7 Private Pay/Other beds in 2019 due to population growth in the PMA.

Demand Analysis – Medicare

To determine demand for Medicare skilled nursing beds, PMD calculated the number of Medicare beds in the PMA that are supported by the existing age 65 and older population in the market area using the entire complement of skilled nursing beds minus the reported percentage of private pay/other and Medicaid beds. In 2016, the PMA had 21,243 persons over the age of 65. This base of age 65 and older population supported a total of 93 Medicare beds. This equates to a 0.44% utilization rate.

PMD estimates that the age 65 and older population will increase to 23,845 by the year 2019. Using the current use rate of 0.44% for age 65 and older persons adjusted by market area draw, it is estimated that the Mercy Creek market area will support 8 additional Medicare beds by 2019. PMD estimates that the Mercy Creek project could expect to capture 1 of those beds.

Of the total 93 skilled nursing Medicaid beds 54 beds are in facilities with a Quality Star Rating of less than 3. Our sense is that the Mercy Creek project should be able to take market share from these poorly performing communities.

Table 7-16: Medicare Skilled Nursing Demand Calculation

SKILLED NURSING MEDICARE DEMAND CALCULATION	
	2016 Estimates
	Medicare
Age 65 and Older Population	21,243
Total Existing Medicare Beds	93
PMA Base Use Rate for Population Age 65 and Older (Existing Beds/Age 65+ Population)	0.44%
	2019
	Medicare
Projected Age 65 and Older Population	23,845
PMA Base Use Rate for Population Age 65 * Age 65+ Population	105
Avg Annual Percent Change in SNF Patient Days	-2.13%
Estimate of New Supportable Beds	98
Total Existing Medicare Competitive Beds	93
Total Planned Medicare Competitive Beds	0
Total Existing plus Medicare Competitive Beds	93
Estimate of Net New Supportable Beds	5
Market Area Draw	65%
Net New Supportable Beds Divided by Market Area Draw = Total Supportable Market Area Beds	8
Net Demand at Project Penetration Rate	
15%	1

Findings – Medicare

It is estimated that the proposed Mercy Creek project should be able to capture 1 Medicare bed in 2019 due to population growth in the PMA.

Demand Analysis – Medicaid

PMD calculated the number of Medicaid certified beds in the PMA that are supported by the existing age 65 and older population in the market area using the entire complement of skilled nursing beds minus the reported percentage of private pay, Medicare and other insurance beds. In 2016, the PMA had 21,243 persons over the age of 65. This base of age 65 and older population supported a total of 457 Medicaid beds. This equates to a 2.15% utilization rate.

PMD estimates the age 65 and older population will increase to 23,845 by the year 2019. Using the current utilization rate of 2.15% for age 65 and older persons adjusted by market area draw, it is estimated that the Mercy Creek market area will support 36 additional Medicaid beds by 2019. PMD estimates that the Mercy Creek project could expect to capture 5 of those beds.

Of the total 457 skilled nursing Medicaid beds 351 beds are in facilities with a Quality Star Rating of less than 3. Our sense is that the Mercy Creek project should be able to take market share from these poorly performing communities.

Table 7-17: Medicaid Skilled Nursing Demand Calculation

SKILLED NURSING MEDICAID DEMAND CALCULATION	
	2016 Estimates
	Medicaid
Age 65 and Older Population	21,243
Total Existing Medicaid Beds	457
PMA Base Use Rate for Population Age 65 and Older (Existing Beds/Age 65+ Population)	2.15%
	2019
	Medicaid
Projected Age 65 and Older Population	23,845
PMA Base Use Rate for Population Age 65 * Age 65+ Population	513
Avg Annual Percent Change in SNF Patient Days	-2.13%
Estimate of New Supportable Beds	481
Total Existing Medicaid Competitive Beds	457
Total Planned Medicaid Competitive Beds	0
Total Existing plus Planned Medicaid Competitive Beds	457
Estimate of Net New Supportable Beds	24
Market Area Draw	65%
Net New Supportable Beds Divided by Market Area Draw = Total Supportable Market Area Beds	36
Net Demand at Project Penetration Rate	
15%	5

Findings – Medicaid

It is estimated that the proposed Mercy Creek project should be able to capture 5 Medicaid beds in 2019 due to population growth in the PMA.

CHAPTER 8
HOSPITAL PARTNERSHIP,
SNF MARKET SHARE ANALYSIS, AND
ACCOUNTABLE CARE/
POST-ACUTE CARE NETWORK
OPPORTUNITIES

The purpose of this portion of the engagement was to provide Communities at Mercy Creek with the basis for the development of strategies for hospital and other partnerships and analyze each competitor's market share to assist in the strategic planning process for Communities at Mercy Creek.

Strategies were developed after examination of external market forces to include the status of hospital readmissions and discharges to SNFs by area hospitals, market share analysis of the SNF competition, Accountable Care Organization (ACO) opportunities, post-acute care preferred provider relationships, bundled payment opportunities, and Medicare Advantage insurance plan opportunities.

The strategies PMD developed are predicated on Meadows Mennonite successfully transferring some skilled nursing beds from Meadows Mennonite Chenoa to the Communities at Mercy Creek.

Hospital Analysis and SNF Market Share Analysis

PMD conducted an analysis of the market area's top two referring area hospitals from three perspectives that PMD believes will provide insight into identification of partnership/alliance opportunities for Communities at Mercy Creek. The first portion of the hospital analysis examines hospital readmissions for the seven disease states that CMS monitors (heart failure, hip/knee surgery, stroke, COPD, pneumonia, heart attack, and coronary artery bypass graft (CABG)). The second portion of the analysis examines each of the top two referring hospital's patterns of discharge to skilled nursing facilities for the same seven disease states. Last, we analyzed individual SNF market share from the same two hospitals for discharges across seven large diagnostic categories.

This three-pronged hospital and market share analysis provides the basis for custom hospital-specific and market-driven strategies that Communities at Mercy Creek can pursue. The intended result is designed to enhance hospital relations, provide a much needed readmission reduction program, provide a strategy to increase market share, and position Communities at Mercy Creek to take advantage of ACO and post-acute care network partnership opportunities.

Hospital Analysis

Hospital Readmission Analysis

PMD believes it is relevant to conduct an analysis of the area hospital's readmission rates and subsequent CMS imposed penalties for excess readmissions. Specifically, hospitals are looking to partner with post-acute care providers now more than ever because they play an integral role in transferring patients across the continuum of care and they can no longer afford, literally, to discharge to SNFs who have high readmission rates that are out of line with national norms.

But how does a SNF significantly impact readmissions? PMD believes it can be accomplished through thoughtfully structured, focused and consistently implemented clinical disease management programs. Consistently applied disease management programs can produce positive outcomes including readmission reductions. PMD believes several market opportunities exist for Communities at Mercy Creek through the creation and implementation of disease management programs: a boost to overall market share, a niche market opportunity, and positioning for bundled payments and risk bearing arrangements.

Skilled Nursing Value-Based Payment Program

Monitoring readmissions are not reserved for hospitals any longer. Beginning in 2016, CMS will begin sending SNFs confidential quality feedback reports on their measured performance, probably late this summer. Also, starting in October, 2016 CMS began posting SNF performance on Nursing Home compare. The two measures that will be used are:

1. SNF all cause readmission measure – estimates the risk standardized rate of unexpected readmissions within 30 days of hospitalization
2. SNF 30 day potentially preventable readmission measure – estimates the risk standardized rate of unexpected, potentially preventable readmission rate within 30 days of hospitalization.

Why is this important in 2016? Experts believe the quarterly feedback reports on SNFs readmission performance will most likely be the basis for incentive/penalty payments when they are finally implemented, currently estimated to begin in fiscal year 2019. Under the program, the plan is to reduce all SNF Medicare payments by 2%, and a portion of these dollars will be

redistributed as incentive payments for SNFs that perform well on the hospital readmission measures.

So, SNFs stand to either gain from incentive payments for superior performance when it comes to their own readmissions, or lose Medicare revenue based on performance that misses the targeted percentages for readmissions. Coupled with an opportunity to potentially gain market share by working with hospitals to “help” them with their excess readmissions, readmission reduction programs becoming a top priority for SNFs.

For this analysis and in an effort to identify future relationship-building opportunities between Communities at Mercy Creek and area hospitals, PMD analyzed hospital readmissions for fiscal year 2015 for the seven diagnoses that CMS currently monitors and uses to calculate payment penalties for excess Medicare readmissions. While much attention and effort is being put forth to reduce/eliminate excess readmissions, there remains several “hot pockets” of opportunity with area hospitals. That being said, an individual hospital’s readmission rates are a moving target. Remarkable strides have been made in the market area in the last 12 months and as readmission reduction efforts are implemented and refined, current performance may differ from that represented in the analysis.

Based on staff input and area referral patterns to Communities at Mercy Creek, PMD analyzed the following hospitals for inclusion in the readmission analysis: Advocate BroMenn Medical Center and OSF St. Joseph Medical Center. PMD identified only slight excess Medicare readmissions in three of the seven diagnoses currently being monitored: COPD, pneumonia, and coronary artery bypass graft (CABG). The data used for the analysis was current as of December 31, 2015.

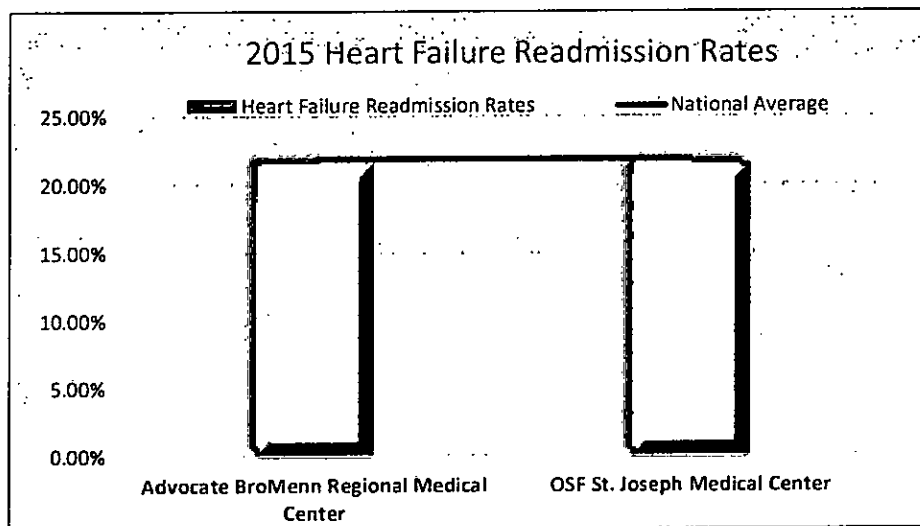
It should be noted that CMS adjusts the national target 30-day risk adjusted readmission rates downward each fiscal year. The 2016 fiscal year overall readmission rate is scheduled to drop from 15.6% to 15.31%, a significant change when hospitals were “on the edge” of missing the targets in 2015.

Hospital performance is essentially graded on a curve because the calculations for determining penalties are based on comparisons to the national average. For each measure, if the national rate of Medicare readmissions declines—then it is possible for hospitals to improve their readmission rates, but still be penalized. That is to say, while the local hospitals appear to have had their readmission rates under control in 2015, that may not be the case once the target has been lowered again for fiscal year

2017, nor does it imply the hospitals have not recently had penalties applied.

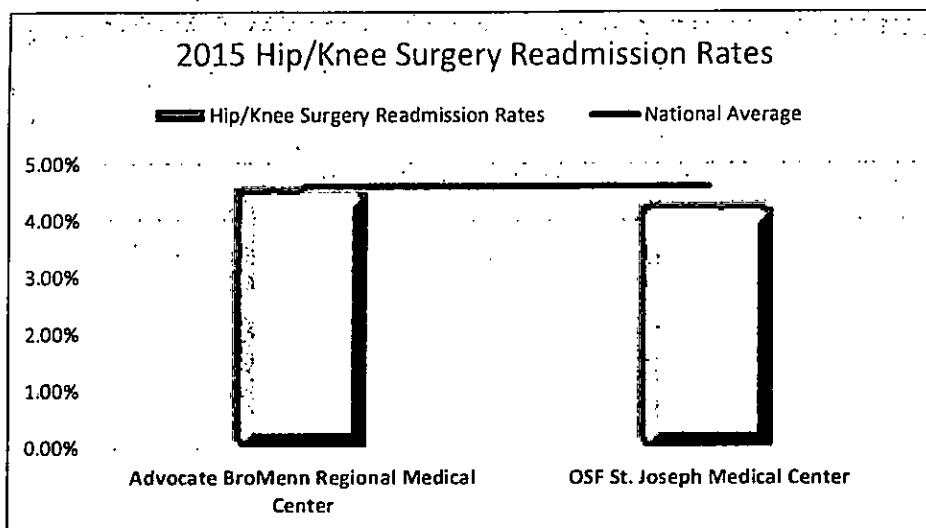
Specifically, in 2015, both of the two hospitals had readmissions for heart failure under control. Neither one exceeded the national average of 21.9% but were very close to exceeding the target. See Figure 8-1 below for details.

Figure 8-1: Heart Failure Readmission Rate



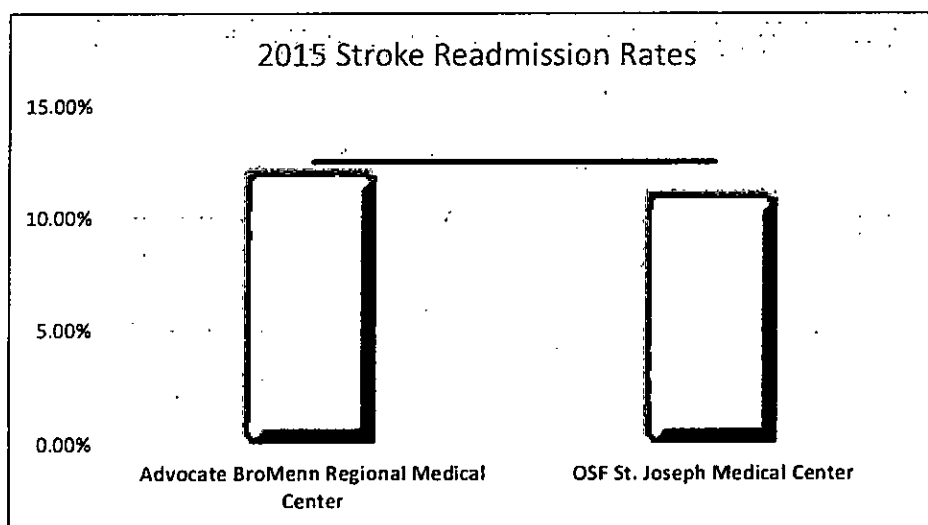
Neither of the hospitals exceeded the national average of 4.6% for hip/knee surgery readmissions, although BroMenn came close to exceeding the target with 4.5% readmissions. See Figure 8-2 below for details

Figure 8-2: Hip/Knee Surgery Readmission Rate



Again, neither of the hospitals exceeded the national average rate for Medicare readmissions of Stroke patients with 12.5% readmissions. BroMenn came close with 11.9% readmissions. See Figure 8-3 below for details.

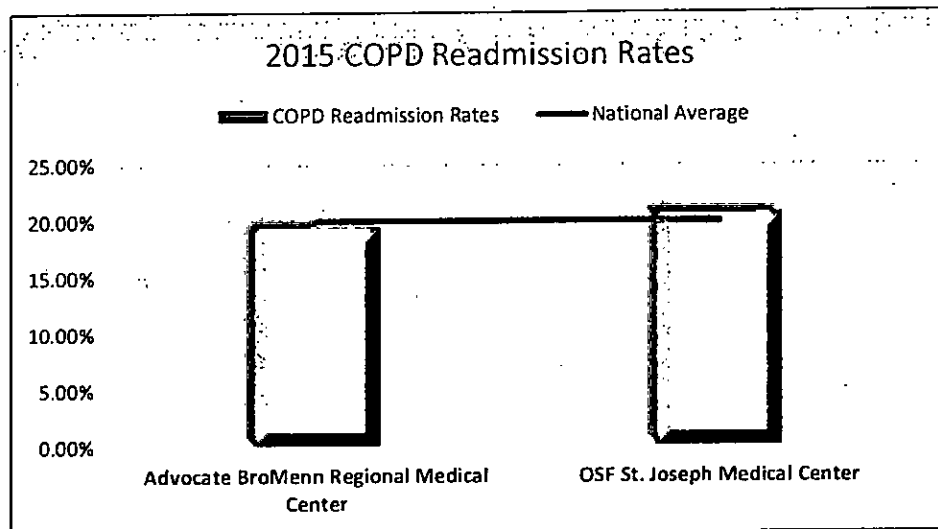
Figure 3-3: Stroke Readmission Rate



Only St. Josephs exceeded the national average rate of 20.0% for COPD Medicare readmissions with 20.7% readmissions, although Advocate BroMenn was close. See Figure 8-4 below for

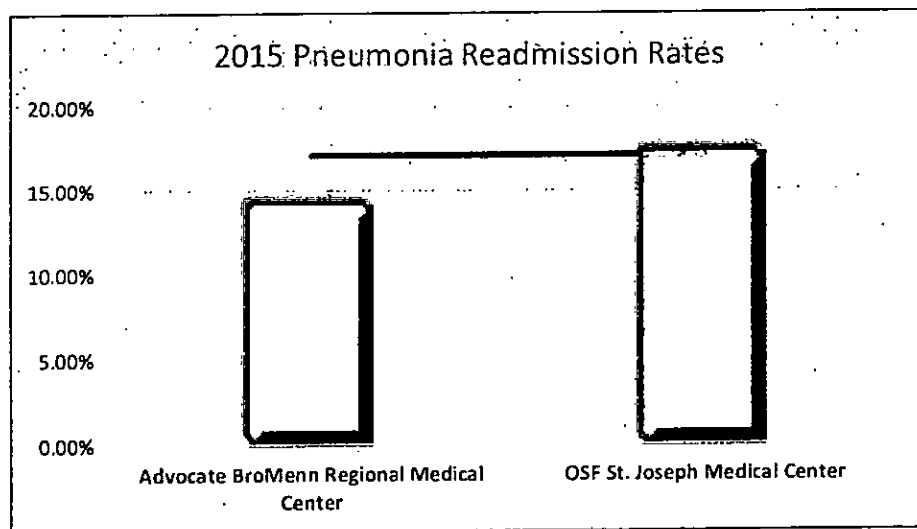
details.

Figure 8-4: COPD Readmission Rate



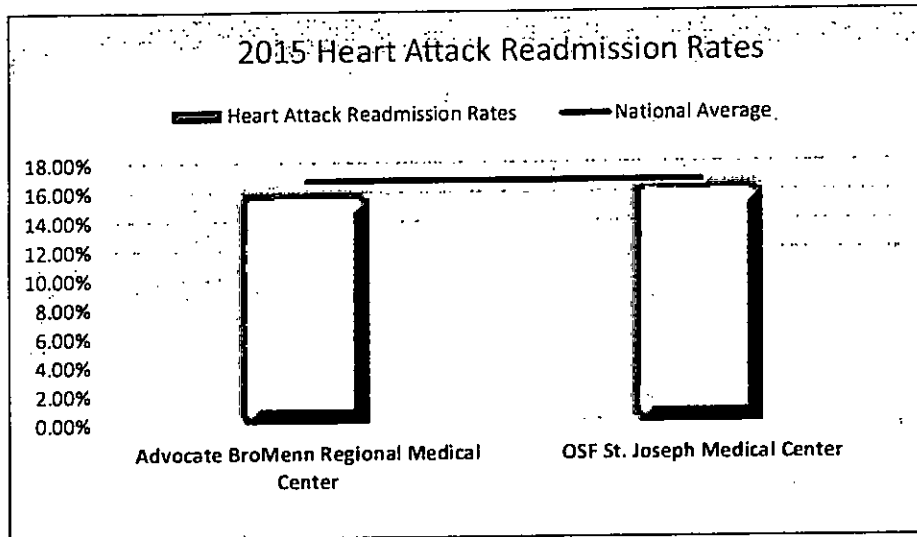
St. Joseph's was the only hospital to exceed the national average rate of 17.1% for pneumonia readmissions with 17.3% readmissions. See Figure 8-5 below for details.

Figure 8-5: Pneumonia Readmission Rate



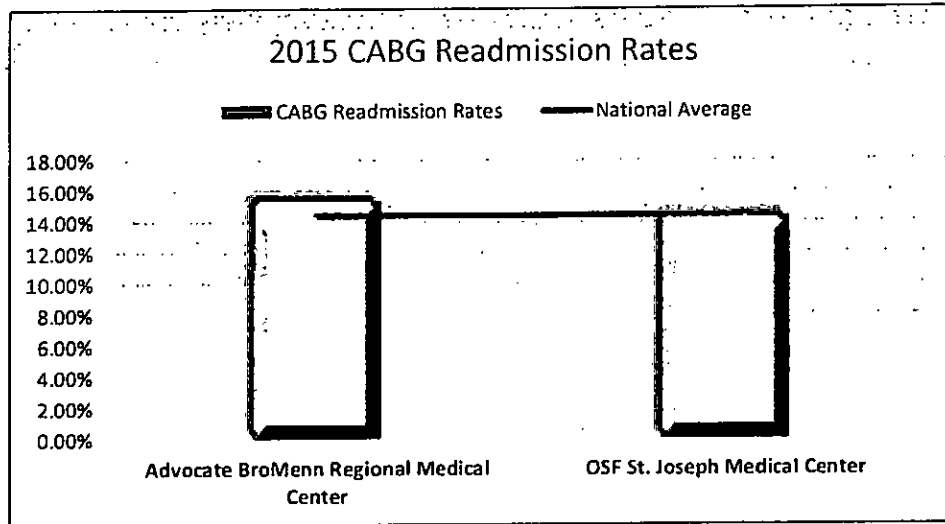
Neither hospital exceeded the national average for heart attack readmissions. The target was 16.8%, and BroMenn had 16.2% readmissions and St. Joseph had 15.6% readmissions. See Figure 8-6 below for details.

Figure 8-6: Heart Attack Readmission Rate



St. Joseph exceeded the national average rate for Coronary Artery Bypass Graft (CABG) readmissions. The target was 14.4% and St. Joseph had 15.4% readmissions. BroMenn had the same percentage readmissions as the national target (14.4%). See Figure 8-7 below for details.

Figure 8-7: CABG Readmission Rate



The significance of analyzing the hospital readmission rates is to understand the degree of the hospital's "pain", as represented by monetary penalties applied to ALL current Medicare fee-for-service admissions based on excess readmissions in the above seven categories. The following table represents the 2015 percent payment reduction applied against all Medicare fee-for-service revenue through December 31, 2015.

In congruence with the above relatively favorable hospital performance on readmissions, the 2015 percent payment reduction was relatively quite low. BroMenn's Medicare payment percent reduction for 2015 was -0.31% and St. Joseph did not have readmission penalties applied.

Table 8-1: Medicare Percent Payment Reduction

2015 Medicare Percent Payment Reduction	
	Percent Reduction
Advocate Bro Menn Regional Medical Center	-0.31%
OSF St. Joseph Medical Center	0.00%

The fines, applied to all Medicare fee-for-service admissions, are a powerful motivator for hospitals to work with post-acute providers that can help them get, and *keep*, their readmissions under control. While the two area hospitals demonstrated good control over their readmissions in

2015, Communities at Mercy Creek needs to keep in mind the national target percentages are adjusted downward each year by CMS. That implies that while readmissions were under control using the 2015 targets, the 2016 targets, and beyond, will require even more attention by the hospitals and post-acute care partners to maintain the hospital's performance levels.

Post-acute care providers, such as Communities at Mercy Creek, that come to the table armed with the above data and a readmission reduction program have a much higher probability of getting the hospital's attention and building a relationship than those skilled nursing providers who do not have the data to support their position, do not have a program to reduce readmissions, and is not attentive to a hospital's situation.

Analysis of Select Hospital Discharges to Skilled Nursing Facilities

Analysis of each hospital's frequency of discharge to SNF providers of post-acute care allows Communities at Mercy Creek to identify opportunities to develop specialized disease state management programs for short stay residents that may be of great interest to area hospitals. The potential for strategic alliances that may evolve out of the successful implementation of these programs could include participation in bundled payments and risk sharing in the near future.

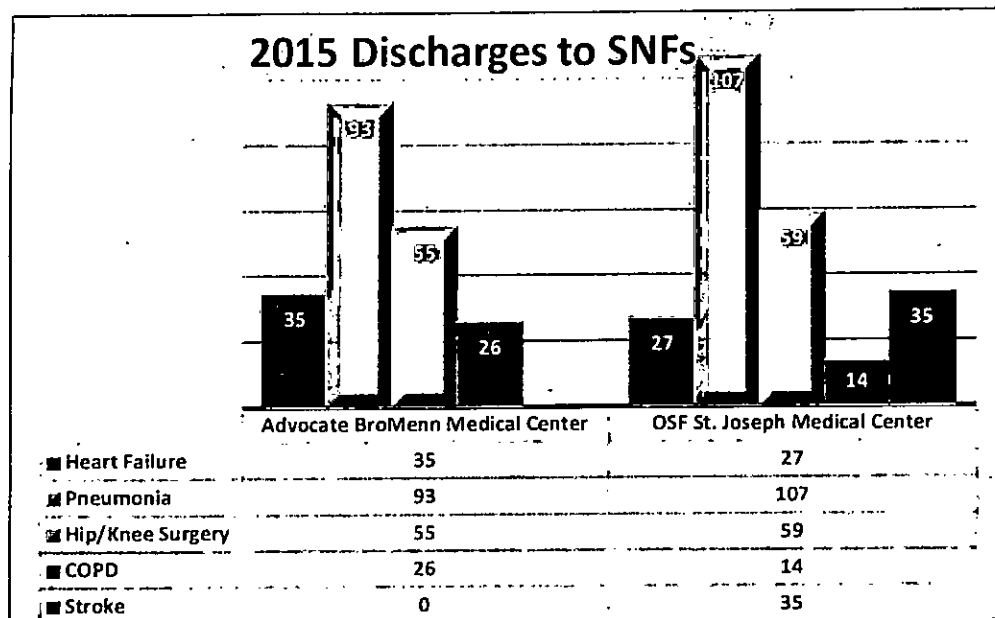
More short stay residents require much higher levels of service, but also provide higher reimbursement and the type of reimbursement that generally offers better margins. A key element in the transformation of the skilled nursing industry is how to attract and care for a growing number of short stay residents. In the short term, PMD believes as programs are designed for the Communities at Mercy Creek SNF, specific disease state management programs would potentially provide a greater number of Medicare admissions, and in particular, admissions with more complex care needs and rehab needs that are potentially more profitable.

PMD analyzed discharge-to-SNF patterns to identify specific disease states which Communities at Mercy Creek can focus on to develop disease management programs to attract a larger number of higher reimbursed patients. Both of the potential top two referring hospitals discharged varying numbers of patients directly to skilled nursing facilities for each of the seven diagnoses of interest. The figures below display each diagnosis and the 2015 discharges to skilled nursing facilities.

An overview of all 2015 SNF discharges (for the seven diseases states CMS monitors) to both of the top two referring hospitals follows. OSF St. Joseph's Medical Center had the largest number of SNF discharges in the seven disease states with 242 discharges and Advocate BroMenn Medical Center had 209 discharges in 2015. There were no discharges to SNFs for heart attack or CABG in 2015, and as such, these two diagnoses do not appear on the figures below.

Figure 8-8 displays the number of 2015 discharges to SNFs from Advocate BroMenn and St. Joseph's Medical Centers.

Figure 8-8 2015 Discharges to SNFs



In 2015, of the 62 discharges to SNFs for heart failure from the two hospitals, Advocate BroMenn had the greatest number of discharges with 35 discharges. St. Joseph's had 27 heart failure discharges. Of the 200 pneumonia discharges to SNFs in 2015, St. Joseph's had the largest number of discharges to SNF with 107 discharges. Advocate BroMenn had 93 pneumonia discharges. Of the 114 discharges to SNFs for hip/knee surgery from the two hospitals, St. Joseph's had the largest number of discharges with 59 discharges, followed closely by Advocate BroMenn with 55 hip/knee surgery discharges to SNFs. Of the 40 COPD discharges to SNFs, Advocate BroMenn had the largest number of discharges with 26 discharges. St. Joseph's had 14 COPD discharges. St. Joseph's was the only hospital to discharge Stroke patients to a SNF in 2015. St. Joseph's discharged 35 Stroke patients to SNFs in 2015. Again, the two hospitals did not discharge heart attack or CABG patients to SNFs in 2015.

Skilled Nursing Facility Market Share Analysis

The third component of PMD's analysis of strategic hospital opportunities and market share analysis drills deeper into discharges to skilled nursing providers to gain an understanding of the diagnostic groups of patients that area SNFs have admitted from the two referring hospitals. The analysis then quantifies the number of admissions that the competitive SNFs in the market area admit from local hospitals to identify the market share of patients in each of eight broad diagnostic categories (e.g., cardiology, orthopedics, pulmonary, etc.). The analysis provides the basis to develop strategies to increase market share of certain desirable patient groups, points to "target" SNFs from which Communities at Mercy Creek may acquire future market share, and dispels common misinterpretations of the actual state of the market.

Data used in the market share analysis was extracted from each of the hospital's cost reports for the year ending December 31, 2014. Unfortunately, the 2015 hospital discharge data to SNFs had some problems and was not available for the analysis at this time. To provide a more recent analysis of the market, PMD also presents data from the first quarter of 2016, following the 2014 data below.

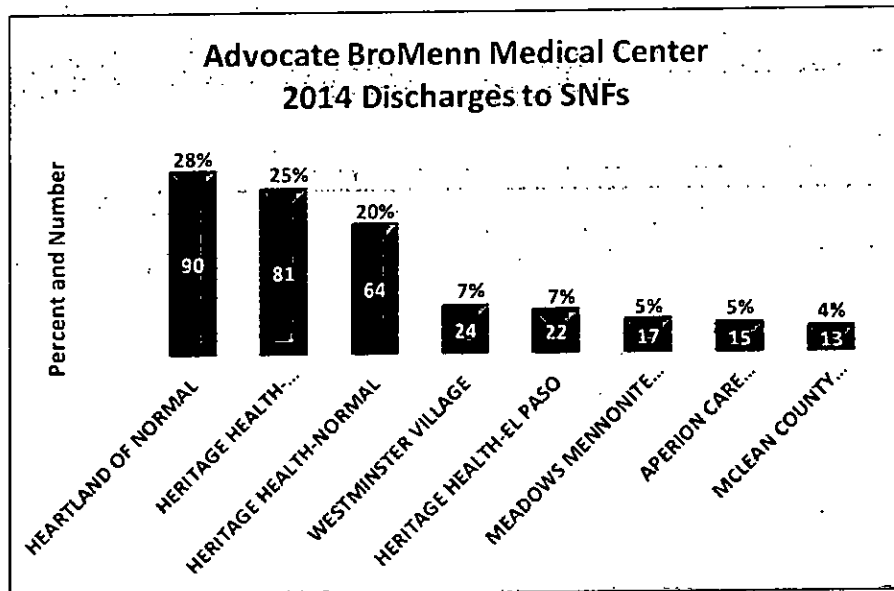
The SNF market share is calculated based on the two hospitals discharges to the PMAs SNFs, and does not include all discharges made to all SNFs.

Overall SNF Market Share

In 2014, Advocate BroMenn Medical Center discharged to eight of the thirteen SNFs located in the PMA, which represented 71% of the total SNF discharges. OSF St. Joseph Medical Center discharged to seven of the thirteen PMAs SNFs in 2014, which represented 67% of the total SNF discharges.

The 2014 and first quarter 2016 SNF discharges from Advocate BroMenn Medical Center follows.

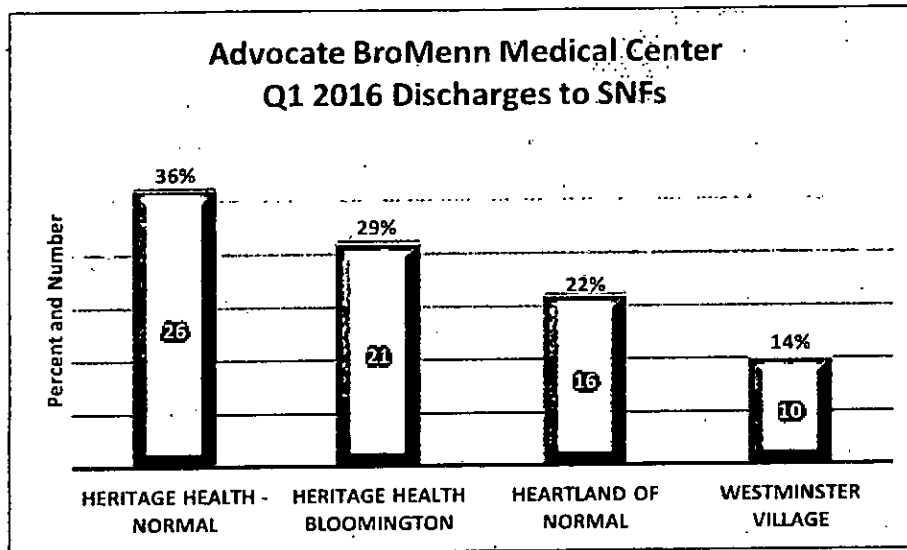
Figure 8-9: 2014 Advocate BroMenn Medical Center PMA SNF Market Share – Percent and Number



In 2014, Heartland of Normal commanded the largest market share from Advocate BroMenn with 28% overall market share. Heritage Health Bloomington followed closely with 25% overall market share.

PMD analyzed Q1 2016 SNF discharges and found a shift in the trends of discharges. Q1 2016 discharges to SNFs are displayed below in Figure 8-10.

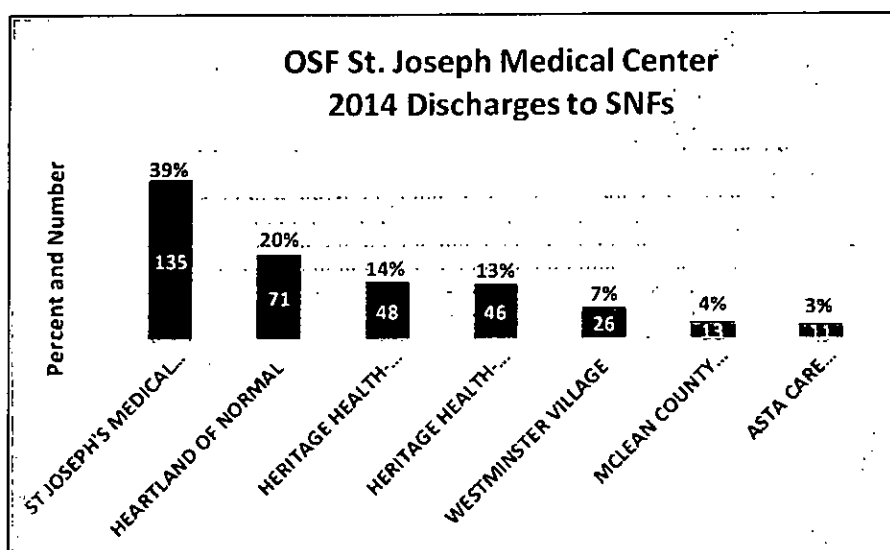
Figure 8-10: Q1 2016 Advocate BroMenn Medical Center PMA SNF Market Share – Percent and Number



While the numbers were much smaller in the first quarter of 2016, Advocate BroMenn discharged to only four of the PMA SNFs which represented 67% of the total discharges to the PMAs SNFs. Unlike activity in 2014, Heritage Health Normal had the largest market share of discharges with 36% share. The market leader in 2014, Heartland of Normal, had 22% of discharges in Q1 2016.

PMD analyzed the OSF St. Joseph Medical Center discharges to SNF in 2014 and Q1 2016 and the results are displayed below in Figure 8-11 and Figure 8-12.

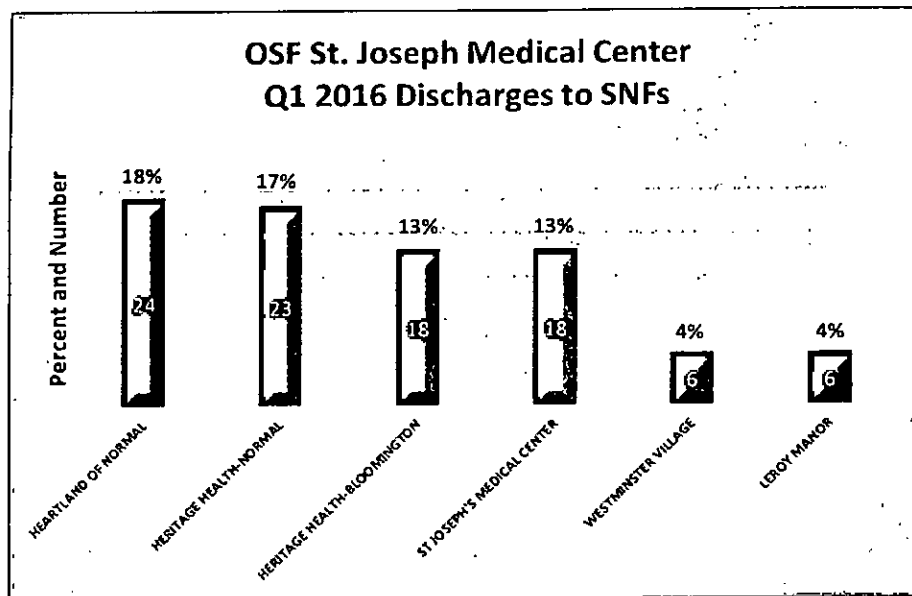
Figure 8-11: 2014 OSF St. Joseph Medical Center SNF Market Share.— Percent and Number



In 2014 the 12 bed SNF located in St. Joseph Medical Center was the clear leader for overall market share with 39% share. Heartland of Normal was a distant second place with 20% overall market share.

In the first quarter of 2016, OSF St. Joseph Medical Center discharged to six PMA SNFs and PMD found a distinctive shift in discharge patterns. Unlike activity in 2014, the market leader was Heartland of Normal with 18% of the PMAs SNF discharges, followed closely by Heritage Health of Normal with 17% of the discharges. The SNF unit located in St. Joseph's ranked fourth with 13% of the PMAs SNF discharges in Q1 2016. Figure 8-12 displays the Q1 2016 discharges below.

Figure 8-12: Q1 2016 OSF St. Joseph Medical Center PMA SNF Market Share – Percent and Number

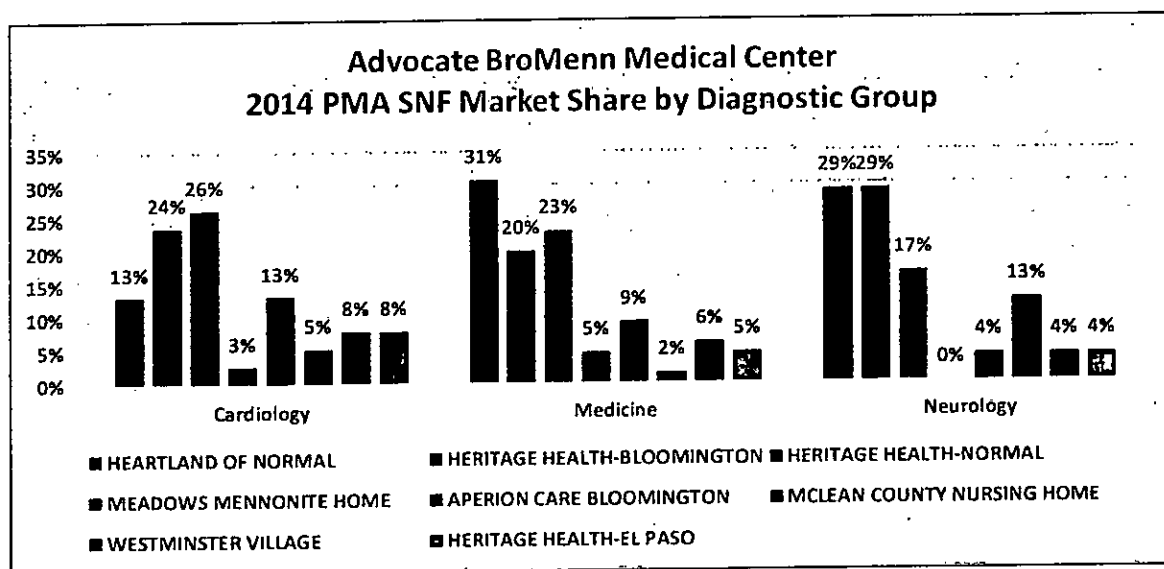


Market Share Across Seven Diagnostic Groups

PMD also analyzed the SNF discharges across seven broad diagnostic groupings and the market share for each SNF in the PMA. PMD selected the following diagnostic groupings as representative of the large majority of patients admitted to SNFs: cardiology, medicine, neurology, orthopedics, pulmonology, surgery, and urology. PMD broke the seven diagnostic categories into several figures for each hospital to make it easier to read.

Skilled nursing market share from Advocate BroMenn Medical Center for cardiology, medicine and neurology is displayed below in Figure 8-13.

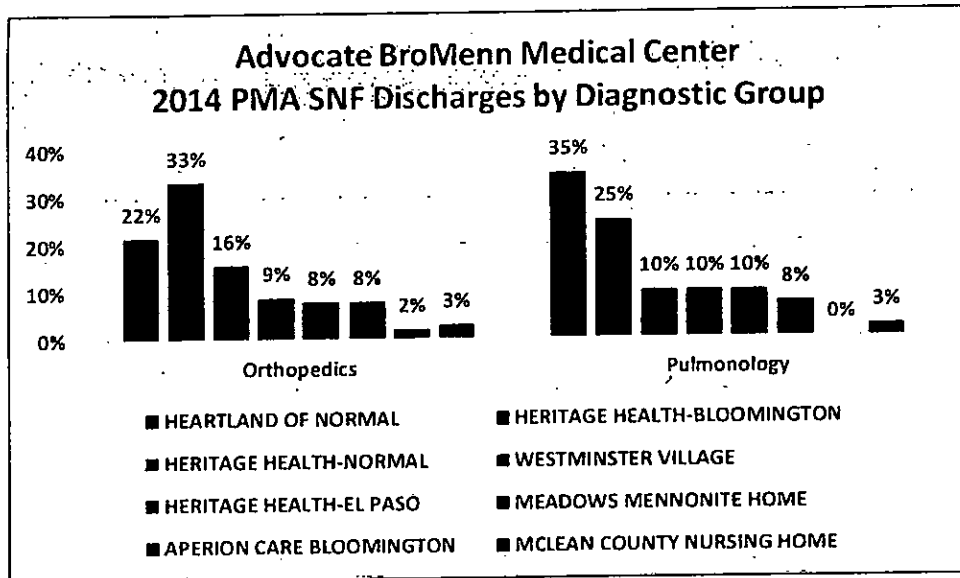
Figure 8-13: Advocate BroMenn Medical Center 2014 PMA SNF Market Share – Cardiology, Medicine, & Neurology



Twenty-six percent (26%) of Advocate BroMenn's Cardiology discharges to SNFs were made to Heritage Health Normal, followed by Heritage Health Bloomington with 24% of the discharges. Heartland of Normal commanded the greatest market share of Medicine discharges with 31% share. Both Heartland of Normal and Heritage Health Bloomington were tied for the largest share of Neurology discharges with 29% share each.

Figure 8-14 displays the 2014 SNF discharges from Advocate BroMenn for Orthopedics and Pulmonology.

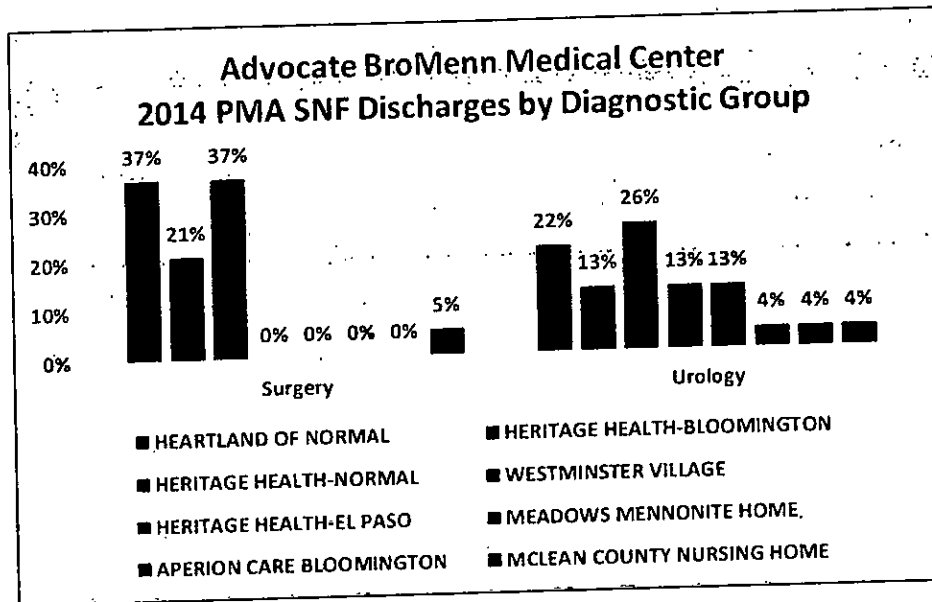
Figure 8-14: Advocate BroMenn Medical Center 2014 PMA SNF Market Share – Orthopedics & Pulmonology



Heritage Health Bloomington had the largest share of Advocate BroMenn's Orthopedics SNF discharges with 33% share. Heartland of Normal had the largest share of 2014 Pulmonology SNF discharges with 35% share.

Figure 8-15 below displays Advocate BroMenn's 2014 discharges to SNF for Surgery and Urology.

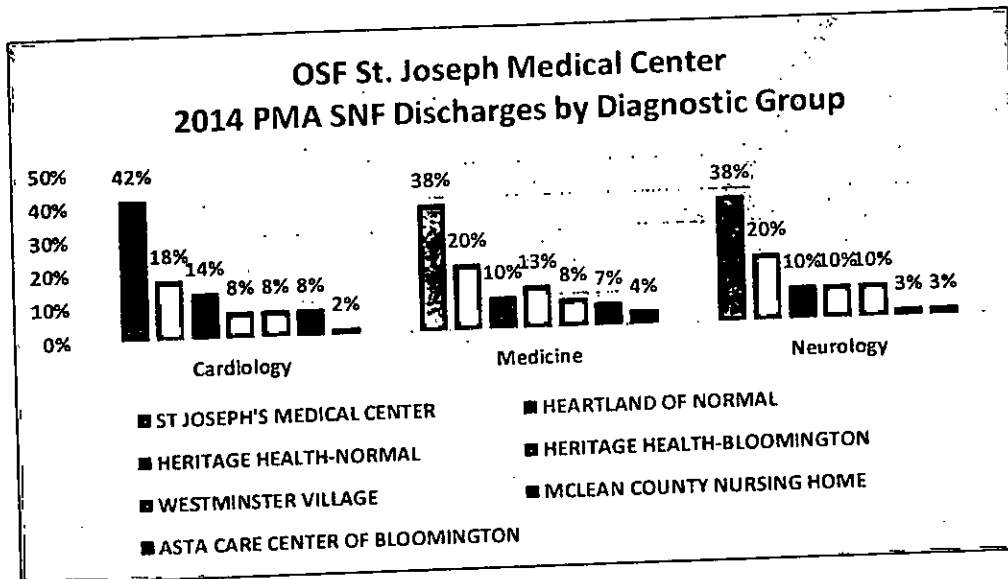
Figure 8-15: Advocate BroMenn Medical Center 2014 PMA SNF Market Share – Surgery & Urology



Both Heartland of Normal and Heritage Health Normal were tied for the largest share of Advocate BroMenn's Surgery discharges with 37% share each. Heritage Health Normal had the largest share of Urology discharges with 26% share.

OSF St. Joseph Medical Center discharges to PMA SNFs in 2014 for Cardiology, Medicine, and Neurology are displayed below in Figure 8-16.

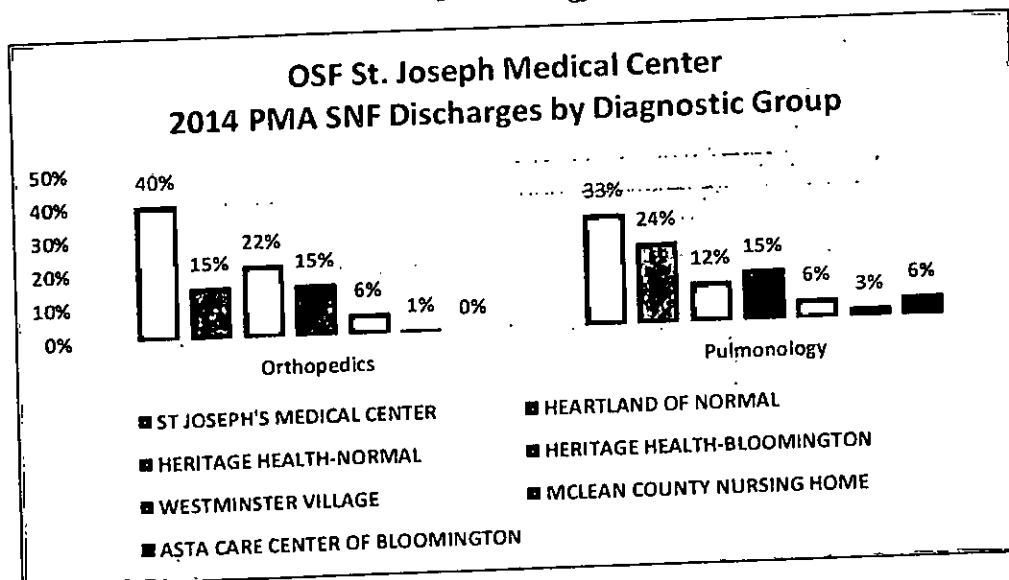
Figure 8-17: OSF St. Joseph Medical Center 2014 PMA SNF Market Share – Cardiology, Medicine, & Neurology



In 2014, St. Joseph Medical Center SNF far exceeded all other SNF providers in Cardiology (42%); Medicine (38%), and Neurology (38%) discharges to SNFs.

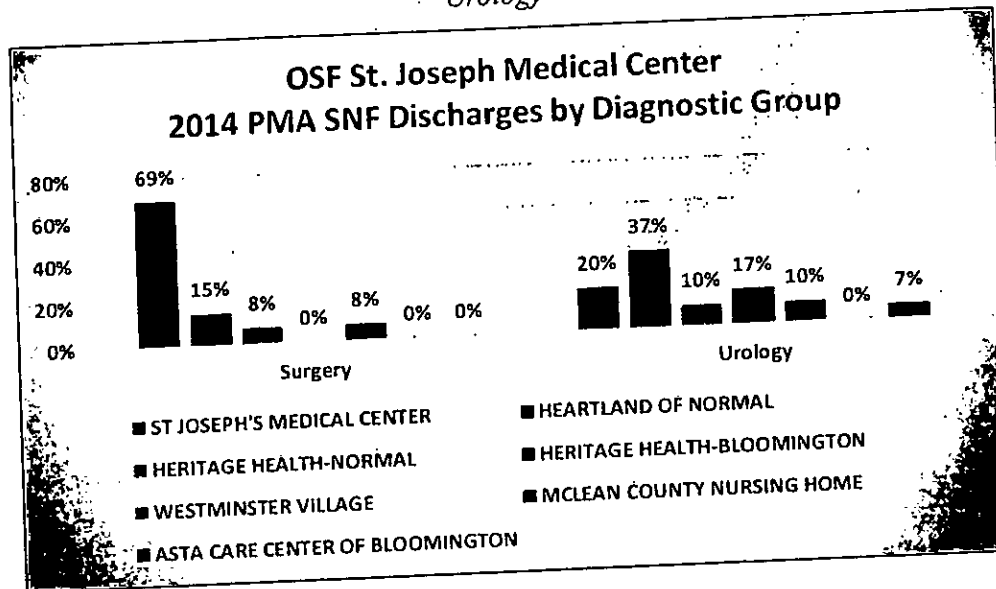
Figure 8-18 below displays the 2014 discharges to SNF for Orthopedics and Pulmonology.

Figure 8-18: OSF St. Joseph Medical Center 2014 PMA SNF Market Share – Orthopedics & Pulmonology



Again, St. Joseph Medical Center had the largest share for both Orthopedics (40%) and Pulmonology (33%) SNF discharges.

Figure 8-19: OSF St. Joseph Medical Center 2014 PMA SNF Market Share – Surgery & Urology



In 2014, St. Joseph Medical Center had the lion share of Surgery discharges to SNF with a 69% share. Heartland of Normal had the largest share of Urology discharges to SNFs with 37% share.

PMD did not display the SNFs market share from Advocate BroMenn and St. Joseph's for Q1 2016. Specifically, PMD believes that because the number of discharges was so small, an analysis of market share for Q1 2016 may not be representative of the overall state of the market.

Accountable Care Organization and Preferred Provider Opportunities

Advocate Health System ACO

Growth in accountable care organizations in the Normal/Bloomington area has been slow to start to date. In fact, the only Accountable Care Organization licensed in the PMA was Advocate Physician Partners Accountable Care, Inc. The ACO was formed in 2012 under the auspice of the Advocate Health Care System and consists of all the Advocate hospitals and more than 5,000 physicians. It was formed as a “care management collaboration” and is a recognized leader in care management and clinical integration across the country.

Post-Acute Network

One of the Advocate Physician Partners ACOs notable programs is the Post-Acute Network, in which Meadows Mennonite Chenoa participates. The Advocate ACO developed a preferred network of community-based skilled nursing, long-term acute care, and rehabilitation providers who meet Advocate’s standards for quality. This Post-Acute Network (PAN) includes 41 skilled nursing facilities that have partnered with Advocate to provide optimal care through its “SNF Care Program.” The 41 SNFs are system wide and extends beyond the Communities at Mercy Creek PMA.

In this care model, SNF patients are seen by an on-site provider—an Advocate employed advanced practice nurse (APN) or physician—three to five days per week. The APN helps ensure a smooth transition, communicates with the SNF physician, is closely involved with the SNF staff to facilitate medical care coordination and discharge planning, and is responsible for relaying medical information back to the referring PCP. Results have been impressive: in 2015, with a patient volume of more than 9,400, the post-acute adjusted length of stay was 15.5 days (reduced from a 2014 average length of stay of 17 days) and the readmission rate was just 13.5%. This compares to a national average length of stay of 27.6 days for fee-for-service Medicare beneficiaries, according to the most recent report. CMS has taken notice of the care model, and has singled out Advocate’s SNF Care Program as a national model for achieving goals of improved care and reduced cost.

OSF St. Joseph Medical Center Post-Acute Care Preferred Provider Network

OSF St. Joseph Medical Center formed a post-acute care preferred provider network currently comprised of approximately nine SNFs. Meadows Mennonite Chenoa is a participant. Four SNFs located in the PMA participate in the network and include Heritage Health Bloomington, OSF St. Joseph Transitional Care Unit, Heartland of Normal, and Heritage Health Normal. The preferred SNFs have an OSF Health Care physician continue to manage patient care in each SNF.

Minimal network standards to obtain and keep participant status in the OSF St. Joseph post-acute care preferred provider network are fairly typical and include:

- 1) 4 – 5 Star CMS overall rating;
- 2) 3 – 5 Star CMS quality rating,
- 3) RN on site 24/7,
- 4) ability to start IV lines 24/7, and
- 5) ability to admit within two hours of notification.

Medicare Advantage Opportunities

As of 2016, of over two million Illinois Medicare enrollees, just 18% of Medicare beneficiaries were enrolled in Medicare Advantage plans, compared to the nationwide average of 31% enrollment. Rapid growth of the enrollment in these plans is expected throughout the U.S. and in Illinois. There were 21 different Medicare Advantage plans in McLean County licensed to operate in 2017. Each plan has developed or will develop a version of value-based payment models for both acute and post-acute care. PMD believes potential opportunities lie in approaching select plans and present a willingness and flexibility to enter new arrangements with alternative payment models to garner a larger share of the Medicare Advantage market.

APPENDIX 1
Site Evaluation Form

Turning mature market data into management decisions.[®]

pmd
advisory services
LLC

Senior Housing Site Location Evaluation Check List

Project: Meadows at Mercy Creek

Date: November 9, 2016

Location: 1501 Mercy Creek Drive, Normal, IL 61761

Client: Meadows at Mercy Creek

1. Site Services Available

Gas

Yes (4) 4

Electricity

Yes (4) 4

Water

Yes (4) 4

Sewer

Yes (4) 4

Telephone

Yes (4) 4

Total: 20

2. Vehicular Access to Site

From quiet residential street

Yes (5) 5

From secondary commercial street

Yes (3)

From busy primary artery

Yes (1)

Total: 5

3. Property Zoning:

Zoned for elderly housing

Yes (5) 5

Can be rezoned for elderly housing

Yes (3)

Total: 5

4. Fire and Police Protection Proximity:

0-1 mile

(6)

1-5 miles

(3)

5-10 miles

(1) 1

Does not exist

(0)

Total: 1

5. Emergency Health Care Proximity:

0-1 mile

(6)

1-5 miles

(3) 3

5-10 miles

(1)

Does not exist

(0)

Total: 3

6. Full Service Hospital Proximity:

0-1 mile

(6)

1-5 miles

(3)

5-10 miles

(1) 1

Greater than 10 miles

(0)

Total: 1

7. Degree of Neighborhood Safety and Security:

Very Safe

(6) 6

Average

(3)

Security Required

(1)

Total: 6

Senior Housing Site Location Evaluation Check List

Project: Meadows at Mercy Creek

Date: November 9, 2016

Location: 1501 Mercy Creek Drive, Normal, IL 61761

Client: Meadows at Mercy Creek

8. Cultural Facility Proximity: (e.g. Theater, Library, Museum, etc.)

0-5 blocks

½-1 mile

1-5 miles

5-10 miles

(5) _____

(3) _____

(1) 1

(0) _____

Total:

1

9. Religious Facility Proximity:

0-5 blocks

½-1 mile

1-5 miles

5-10 miles

(6) 6

(3) _____

(1) _____

(0) _____

Total:

6

10. Convenience Shopping Proximity: (e.g. bank, Drugstore, Cleaner, Deli, etc.)

0-5 blocks

½-1 mile

1-5 miles

5-10 miles

(5) _____

(3) _____

(1) 1

(0) _____

Total:

1

11. Parks and Recreation Facility Proximity:

0-5 blocks

½-1 mile

1-5 miles

5-10 miles

(5) _____

(3) _____

(1) 3

(0) _____

Total:

3

12. Major Shopping Mall Proximity:

0-5 miles

5-10 mile

10-20 miles

(5) 5

(3) _____

(1) _____

Total:

5

13. Public Transportation Access Point:

At Site

2 blocks

5 blocks

Does not exist

(5) _____

(3) _____

(1) _____

(0) 0

Total:

0

14. Surrounding Land Use:

Compatible

Incompatible

(5) 5

(1) _____

Total:

5

Senior Housing Site Location Evaluation Check List

Project: Meadows at Mercy Creek

Date: November 9, 2016

Location: 1501 Mercy Creek Drive, Normal, IL 61761

Client: Meadows at Mercy Creek

15. Project Design, Compatibility with Surrounding Neighborhood (Example: High-rise in Neighborhood of Single Family Bungalows not Compatible):

Yes	(5)	<u>5</u>
No	(0)	<u>0</u>
Total:		5

16. Nearest Similar Facility:

5-10 miles	(5)	<u>5</u>
1-5 miles	(3)	<u>0</u>
0-1 miles	(1)	<u>0</u>
Total:		5

TOTAL SCORE: 72

Scoring: Maximum Score = 100 Points

85 to 100 = Excellent Site Should appeal to wide market.

70 to 85 = Good Site Depending on negatives - may have slightly limited market range.

55 to 70 = Average Site Need to carefully evaluate negatives - may have limited marketability.

0 to 55 = Below Average Site May be more risks than necessary - get several additional opinions

APPENDIX 2

Senior Market Profile

The Senior Market Profile in this appendix utilizes block group level data supplied by The Nielsen Company from the 2010 U.S. Census including population and household data. The SMP also includes current year (2015) estimates and (2020) projections of population and households by age, income, home value and net worth supplied by The Nielsen Company. PMD has developed estimates and projections using these data, specifically estimates of median income and home value for 2010 and estimates and projections of age specific home value, net worth and need for assistance with activities of daily living that are included in the SMP.

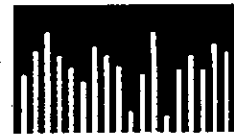
Estimates and projections of need for assistance with activities of daily living on pages 8 and 9 are the result of extensive research using a variety of current resources and PMD maintains the methodology is statistically sound, however testers (when in beta testing mode) found the new methodology produces counts that are unusually low (in the limited number of market areas tested). For this reason, PMD is reviewing the ADL methodology and is using blended multipliers based on previous PMD research in this market analysis.

Turning mature market data into management decisions.™

pmd
advisory services
LLC



Senior Market Profile



Mercy Creek PMA

Normal, IL

Page 1 of 13

Market Area Overview 2015 Estimates

Households

67,547 Total Households

5,942 Total 75+ Households

Age 75+ Household Income

916 75+ Households with Income of <\$15,000

2,187 75+ Households with Income of \$15K-\$34,999

2,839 75+ Households with Income of >\$35,000

Age 75+ Housholds in Need of Assistance

250 75+ Households with 1+ ADLs and Income of <\$15,000

575 75+ Households with 1+ ADLs and Income of \$15K-\$34,999

698 75+ Households with 1+ ADLs and Income of >\$35,000

Age 75+ Housholds with Dementia

245 75+ Households with 1+ ADLs and Dementia and Income of <\$15,000

553 75+ Households with 1+ ADLs and Dementia and Income of \$15K-\$34,999

639 75+ Households with 1+ ADLs and Dementia and Income of >\$35,000

Adult Child Households

24,367 Total 45-64 Households

13,607 45-64 Households with Income of \$75,000+

Household Home Value and Net Worth

63,413 All Age Household Median Income

33,548 75+ Household Median Income

167,784 All Age Household Median Home Value

167,769 75+ Household Median Home Value

62,892 All Age Household Median Net Worth

200,598 75+ Household Median Net Worth

Household Tenure / Type

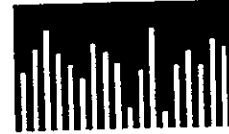
	Own		Rent	
	Count	Percent	Count	Percent
Total	44,927	66.5	22,620	33.5
Age 75+	4,402	74.1	1,540	25.9

Households By Type

	1 Person Female		1 Person Male		Couple		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total	9,148	13.5	7,359	10.9	16,294	24.1	34,746	51.4
Age 75+	2,394	40.3	780	13.1	2,097	35.3	671	11.3



Senior Market Profile



2010 census 2015 current 2020 projection

Mercy Creek PMA
Normal, IL

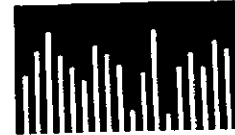
Page 2 of 13

Census and Current Year Estimates

Variable	2010 Census Summary Comparison			2015 Estimate Summary Comparison			Market Area Change 2010 - 2015	
	Mkt Area	IL	US	Mkt Area	IL	US	Number	*AA%
Population								
Total (all ages)	167,085	12,830,632	308,745,538	175,038	12,900,879	319,459,991	7,953	1.0
55 and older	34,198	3,082,420	76,750,713	40,035	3,437,686	87,463,350	5,837	3.4
% of total	20.5	24.0	24.9	22.9	26.6	27.4		
65 and older	17,201	1,609,213	40,267,984	20,375	1,812,958	46,876,970	3,174	3.7
% of total	10.3	12.5	13.0	11.6	14.1	14.7		
75 and older	8,264	759,678	18,554,555	8,759	782,026	19,861,500	495	1.2
% of total	4.9	5.9	6.0	5.0	6.1	6.2		
85 and older	2,681	234,912	5,493,433	2,911	249,826	6,094,345	230	1.7
% of total	1.6	1.8	1.8	1.7	1.9	1.9		
Median age	32.0	36.5	37.1	32.8	37.1	37.5		
Households								
Total (all ages)	64,179	4,836,972	116,716,292	67,547	4,894,599	121,099,157	3,368	1.1
55 and older	21,561	1,911,567	47,160,174	25,187	2,112,824	53,228,855	3,626	3.4
% of total	33.6	39.5	40.4	37.3	43.2	44.0		
55-64	10,296	864,401	21,340,338	11,846	944,879	23,498,598	1,550	3.0
% of total	16.0	17.9	18.3	17.5	19.3	19.4		
65 and older	11,265	1,047,166	25,819,836	13,341	1,167,945	29,730,257	2,076	3.7
% of total	17.6	21.6	22.1	19.8	23.9	24.6		
65-74	5,698	533,952	10,937,349	7,399	642,231	16,640,967	1,701	6.0
% of total	8.9	11.0	9.4	11.0	13.1	13.7		
75 and older	5,567	513,214	12,315,319	5,942	525,714	13,089,290	375	1.4
% of total	8.7	10.6	10.6	8.8	10.7	10.8		
75-84	3,789	355,982	8,716,367	3,995	358,688	9,108,721	206	1.1
% of total	5.9	7.4	7.5	5.9	7.3	7.5		
85 and older	1,778	157,232	3,598,952	1,947	167,026	3,980,569	169	1.9
% of total	2.8	3.3	3.1	2.9	3.4	3.3		
Avg. Household size	2.6	2.7	2.6	2.6	2.6	2.6		
Avg. Household size 75+	1.5	1.5	1.5	1.5	1.5	1.5		
Median Income								
All Households	58,542	55,290	50,821	63,413	53,987	49,401	4,871	1.7
55-64	73,063	63,795	58,768	80,427	65,384	59,541	7,364	2.0
65-74	51,057	46,642	44,782	57,205	42,686	41,619	6,148	2.4
Age 75+	31,805	28,050	27,575	33,548	27,622	26,955	1,743	1.1
Age 65+	41,875	36,051	35,432	45,159	34,483	33,872	3,284	1.6
Median Home Value								
All Households	155,018	161,575	156,979	167,784	171,790	170,333	12,766	1.7
Age 75+	155,004	175,618	176,664	167,769	186,721	191,693	12,765	1.7
Median Net Worth								
All Age Households				62,892	62,809	52,637		
Age 75+				200,598	126,459	120,203		



Senior Market Profile



Mercy Creek PMA

Normal, IL

2010 census 2015 current 2020 projection

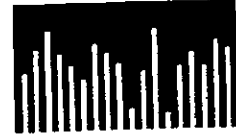
Page 3 of 13

Current and Projection Year Estimates

Variable	2015 Estimate Summary Comparison			2020 Projection Summary Comparison			Market Area Change 2015 - 2020	
	Mkt Area	IL	US	Mkt Area	IL	US	Number	*AA%
Total (all ages)	175,038	12,900,879	319,459,991	181,945	12,983,189	330,689,365	6,907	0.79
55 and older	40,035	3,437,686	87,463,350	45,814	3,769,730	98,282,778	5,779	2.89
% of total	22.9	26.6	27.4	25.2	29.0	29.7		
65 and older	20,375	1,812,938	46,876,970	24,713	2,085,261	55,154,921	4,338	4.26
% of total	11.6	14.1	14.7	13.6	16.1	16.7		
75 and older	8,759	782,026	19,861,500	9,692	838,812	21,994,496	933	2.13
% of total	5.0	6.1	6.2	5.3	6.5	6.7		
85 and older	2,911	249,826	6,094,345	2,931	251,446	6,447,122	20	0.14
% of total	1.7	1.9	1.9	1.6	1.9	1.9		
Median age	32.8	37.1	37.5	34.1	38.0	38.2		
Households								
Total (all ages)	67,547	4,894,599	121,099,157	70,425	4,946,594	125,616,498	2,878	0.85
55 and older	25,187	2,112,824	53,228,855	28,266	2,294,263	59,173,983	3,079	2.44
% of total	37.3	43.2	44.0	40.1	46.4	47.1		
55-64	11,846	944,879	23,498,598	12,399	968,387	24,642,765	553	0.93
% of total	17.5	19.3	19.4	17.6	19.6	19.6		
65 and older	13,341	1,167,945	29,730,257	15,867	1,325,876	34,531,218	2,526	3.79
% of total	19.8	23.9	24.6	22.5	26.8	27.5		
65-74	7,399	642,231	16,640,967	9,368	767,875	20,195,571	1,969	5.32
% of total	11.0	13.1	13.7	13.3	15.5	16.1		
75 and older	5,942	525,714	13,089,290	6,499	558,001	14,335,647	557	1.87
% of total	8.8	10.7	10.8	9.2	11.3	11.4		
75-84	3,995	358,688	9,108,721	4,540	390,740	10,147,633	545	2.73
% of total	5.9	7.3	7.5	6.4	7.9	8.1		
85 and older	1,947	167,026	3,980,569	1,959	167,261	4,188,014	12	0.12
% of total	2.9	3.4	3.3	2.8	3.4	3.3		
Avg. Household size	2.6	2.6	2.6	2.6	2.6	2.6		
Avg. Household size 75+	1.5	1.5	1.5	1.5	1.5	1.5		
Median Income								
All Households	63,413	53,987	49,401	68,580	54,971	49,918	5,167	1.63
55-64	80,427	65,384	59,541	90,317	67,682	61,560	9,890	2.46
65-74	57,205	42,686	41,619	61,329	44,497	43,129	4,124	1.44
Age 75+	33,548	27,622	26,955	34,909	28,888	28,067	1,361	0.81
Age 65+	45,159	34,483	33,872	48,539	36,592	35,407	3,380	1.5
Median Home Value								
All Households	167,784	171,790	170,333	178,267	169,473	176,945	10,483	1.25
Age 75+	167,769	186,721	191,693	178,279	187,938	201,787	10,510	1.25
Median Net Worth								
All Age Households	62,892	62,809	52,637	73,323	67,537	56,614	10,431	3.32
Age 75+	200,598	126,459	120,203	221,611	129,279	122,910	21,013	2.1



Senior Market Profile



Mercy Creek PMA Population / Age / Sex

Normal, IL

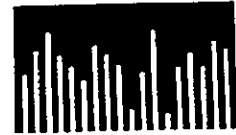
2010 census 2015 current 2020 projection

Page 4 of 13

Age	Market Area Population			Change 2010 - 2015		Change 2015 - 2020	
	2010	2015	2020	Number	*AA%	Number	*AA%
Total	167,085	175,038	181,945	7,953	1.0	6,907	0.8
Under 25	67,018	68,105	66,664	1,087	0.3	-1,441	-0.4
25 to 34	23,202	23,862	25,624	660	0.6	1,762	1.5
35 to 44	20,542	21,504	22,781	962	0.9	1,277	1.2
45 to 49	11,287	10,595	10,494	-692	-1.2	-101	-0.2
50 to 54	10,838	10,937	10,568	99	0.2	-369	-0.7
55 to 59	9,524	10,589	10,792	1,065	2.2	203	0.4
60 to 64	7,473	9,071	10,309	1,598	4.3	1,238	2.7
65 to 69	5,076	6,863	8,664	1,787	7.0	1,801	5.2
70 to 74	3,861	4,753	6,357	892	4.6	1,604	6.7
75 to 79	2,975	3,369	4,144	394	2.6	775	4.6
80 to 84	2,608	2,479	2,617	-129	-1.0	138	1.1
85 and older	2,681	2,911	2,931	230	1.7	20	0.1
Median age	32	33	34	1	0.5	1	0.8
Female Total	86,090	89,911	93,367	3,821	0.9	3,456	0.8
Under 25	34,133	34,458	33,629	325	0.2	-829	-0.5
25 to 34	11,637	12,029	12,868	392	0.7	839	1.4
35 to 44	10,240	10,664	11,436	424	0.8	772	1.4
45 to 49	5,728	5,373	5,213	-355	-1.2	-160	-0.6
50 to 54	5,611	5,581	5,393	-30	-0.1	-188	-0.7
55 to 59	4,981	5,523	5,550	542	2.2	27	0.1
60 to 64	3,804	4,778	5,449	974	5.1	671	2.8
65 to 69	2,688	3,580	4,620	892	6.6	1,040	5.8
70 to 74	2,079	2,532	3,379	453	4.4	847	6.7
75 to 79	1,723	1,890	2,281	167	1.9	391	4.1
80 to 84	1,618	1,519	1,556	-99	-1.2	37	0.5
85 and older	1,848	1,984	1,993	136	1.5	9	0.1
Median age	28	29	30	1	0.5	1	0.9
Male Total	80,995	85,127	88,578	4,132	1.0	3,451	0.8
Under 25	32,885	33,647	33,035	762	0.5	-612	-0.4
25 to 34	11,565	11,833	12,756	268	0.5	923	1.6
35 to 44	10,302	10,840	11,345	538	1.0	505	0.9
45 to 49	5,559	5,222	5,281	-337	-1.2	59	0.2
50 to 54	5,227	5,356	5,175	129	0.5	-181	-0.7
55 to 59	4,543	5,066	5,242	523	2.3	176	0.7
60 to 64	3,669	4,293	4,860	624	3.4	567	2.6
65 to 69	2,388	3,283	4,044	895	7.5	761	4.6
70 to 74	1,782	2,221	2,978	439	4.9	757	6.8
75 to 79	1,252	1,479	1,863	227	3.6	384	5.2
80 to 84	990	960	1,061	-30	-0.6	101	2.1
85 and older	833	927	938	94	2.3	11	0.2
Median age	26	27	29	1	1.1	2	1.1



Senior Market Profile



Mercy Creek PMA Household Income

Normal, IL

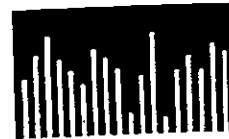
2010 census 2015 current 2020 projection

Page 5 of 13

Age	Market Area Households			Change 2010 - 2015		Change 2015 - 2020	
	2010	2015	2020	Number	*AA%	Number	*AA%
Total	63,907	67,547	70,425	3,640	1.1	2,878	0.9
Under 25	6,086	5,646	4,932	-440	-1.4	-714	-2.5
25 to 34	11,826	12,136	12,530	310	0.5	394	0.6
35 to 44	11,492	12,057	12,688	565	1.0	631	1.0
45 to 49	6,577	6,086	5,976	-491	-1.5	-110	-0.4
50 to 54	6,365	6,435	6,033	70	0.2	-402	-1.2
55 to 59	5,850	6,470	6,548	620	2.1	78	0.2
60 to 64	4,446	5,376	5,851	930	4.2	475	1.8
65 to 69	3,136	4,271	5,312	1,135	7.2	1,041	4.9
70 to 74	2,562	3,128	4,056	566	4.4	928	5.9
75 to 79	1,860	2,166	2,629	306	3.3	463	4.3
80 to 84	1,929	1,829	1,911	-100	-1.0	82	0.9
85 and older	1,778	1,947	1,959	169	1.9	12	0.1
Median age	32	33	34	0.8	0.5	1	0.8
Household Income (for all HH)							
Total		67,547	70,425			2,878	0.9
Less than 15		7,832	7,347			-485	-1.2
15 to <25		6,223	5,994			-229	-0.7
25 to <35		5,828	5,804			-24	-0.1
35 to <50		7,724	7,588			-136	-0.4
50 to <60		4,496	4,558			62	0.3
60 to <75		7,344	6,855			-489	-1.3
75 to <100		9,382	9,739			357	0.8
100 to <125		6,111	6,930			819	2.7
125 to <150		4,303	4,872			569	2.6
150 to <200		4,573	5,369			796	3.5
200 and over		3,731	5,369			1,638	8.8
HH Income by Percentage							
Total		67,547	70,425			2,878	0.9
Less than 15		12	10			-1	-2.1
15 to <25		9	9			-1	-1.5
25 to <35		9	8			0	-0.9
35 to <50		11	11			-1	-1.1
50 to <60		7	7			0	-0.6
60 to <75		11	10			-1	-2.2
75 to <100		14	14			0	-0.1
100 to <125		9	10			1	1.8
125 to <150		6	7			1	1.6
150 to <200		7	8			1	2.4
200 and over		6	8			2	7.6



Senior Market Profile



Mercy Creek PMA
Current Age / Income

Normal, IL

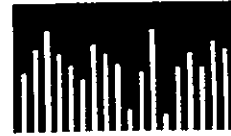
2010 census 2015 current 2020 projection

Page 6 of 13

Household Income (000's Dollars)	Totals by Age of Householder					45+ HHLDS	55+ HHLDS
	Total	Under 45	45-54	55-59	60-64		
Total	67,547	29,839	12,521	6,472	5,374	37,708	25,187
Less than 15	7,832	4,293	927	614	510	3,539	2,612
15 to <25	6,223	2,801	592	399	331	3,422	2,830
25 to <35	5,828	2,980	547	329	273	2,848	2,301
35 to <50	7,724	3,308	1,155	666	553	4,416	3,261
50 to <60	4,496	2,076	772	415	344	2,420	1,648
60 to <75	7,344	3,810	1,187	626	520	3,534	2,347
75 to <100	9,382	4,130	1,876	926	769	5,252	3,376
100 to <125	6,111	2,406	1,630	738	614	3,705	2,075
125 to <150	4,303	1,606	1,049	492	408	2,697	1,648
150 to <200	4,573	1,483	1,465	662	550	3,090	1,625
200 and over	3,731	946	1,321	605	502	2,785	1,464
Median Income	63,413	57,409	89,392	80,049	80,072	69,376	59,648
Mean Income	86,158	73,038	118,446	108,960	108,951	96,541	85,652
Household Income (000's Dollars)						65+ HHLDS	75+ HHLDS
	65-69	70-74	75-79	80-84	85+		
Total	4,271	3,128	2,165	1,830	1,947	13,341	5,942
Less than 15	330	242	288	244	384	1,488	916
15 to <25	474	348	431	364	483	2,100	1,278
25 to <35	456	334	321	271	317	1,699	909
35 to <50	648	475	362	306	251	2,042	919
50 to <60	327	239	128	108	87	889	323
60 to <75	439	322	171	144	125	1,201	440
75 to <100	662	485	218	184	132	1,681	534
100 to <125	296	216	76	65	70	723	211
125 to <150	305	223	83	71	66	748	220
150 to <200	179	131	48	40	15	413	103
200 and over	155	113	39	33	17	357	89
Median Income	56,973	56,904	36,740	36,765	28,375	45,159	33,548
Mean Income	76,583	76,485	54,183	54,201	43,035	64,959	50,536



Senior Market Profile



Mercy Creek PMA

Normal, IL

2010 census 2015 current 2020 projection

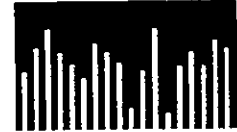
Projection Age / Income

Page 7 of 13

Household Income (000's Dollars)	Totals by Age of Householder					45+	55+
	Total	Under 45	45-54	55-59	60-64	HHLDS	HHLDS
Total	70,425	30,150	12,009	6,549	5,850	40,275	28,266
Less than 15	7,347	3,914	778	553	494	3,433	2,655
15 to <25	5,994	2,554	488	350	312	3,440	2,952
25 to <35	5,804	2,829	465	305	272	2,975	2,510
35 to <50	7,588	3,147	976	599	536	4,441	3,465
50 to <60	4,558	3,525	671	385	344	2,465	1,794
60 to <75	6,855	2,093	966	547	489	3,330	2,364
75 to <100	9,739	4,276	1,704	898	803	5,463	3,759
100 to <125	6,930	2,769	1,647	800	714	4,161	2,514
125 to <150	4,872	1,834	1,042	521	465	3,038	1,996
150 to <200	5,369	1,798	1,549	747	667	3,571	2,022
200 and over	5,369	1,411	1,723	844	754	3,958	2,235
Median Income	68,580	57,464	99,355	89,894	89,882	75,247	64,803
Mean Income	96,153	81,265	134,131	124,020	124,017	106,854	95,265
Household Income (000's Dollars)						65+	75+
	65-69	70-74	75-79	80-84	85+	HHLDS	HHLDS
Total	5,311	4,057	2,631	1,909	1,959	15,867	6,499
Less than 15	378	288	334	242	366	1,608	942
15 to <25	543	414	495	360	478	2,290	1,333
25 to <35	538	411	383	278	323	1,933	984
35 to <50	765	585	424	309	247	2,330	980
50 to <60	397	304	158	114	92	1,065	364
60 to <75	495	378	195	141	119	1,328	455
75 to <100	823	629	274	199	133	2,058	606
100 to <125	416	318	107	77	82	1,000	266
125 to <150	416	318	115	83	78	1,010	276
150 to <200	261	199	76	55	17	608	148
200 and over	279	213	70	51	24	637	145
Median Income	61,061	61,032	38,679	38,592	29,211	48,539	34,909
Mean Income	84,853	84,854	59,584	59,557	45,775	72,795	55,414



Senior Market Profile



Mercy Creek PMA ADLs Age / Income

Normal, IL

2010 census 2015 current 2020 projection

Page 8 of 13

2015 Households with 1+ ADLs by Income by Age of Householder

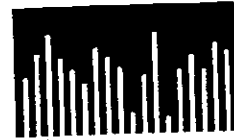
	Totals by Age of Householder					65+ HHLDS	75+ HHLDS
	65-69	70-74	75-79	80-84	85+		
Total	295	337	333	444	746	2,155	1,523
Less than 15	23	26	44	59	147	299	250
15 to <25	33	38	66	88	185	410	339
25 to <35	31	36	49	66	121	303	236
35 to <50	45	51	56	74	96	322	226
50 to <60	23	26	20	26	33	128	79
60 to <75	30	35	26	35	48	174	109
75 to <100	46	52	34	45	51	228	130
100 to <125	20	23	12	16	27	98	55
125 to <150	21	24	13	17	25	100	55
150 to <200	12	14	7	10	6	49	23
200 and over	11	12	6	8	7	44	21
Median Income	56,957	56,539	36,875	36,824	28,388	45,161	33,605
Mean Income	76,658	76,164	54,281	54,331	43,333	56,986	48,933

2019 Households with 1+ ADLs by Income by Age of Householder

						65+ HHLDS	75+ HHLDS
	65-69	70-74	75-79	80-84	85+		
Total	366	437	404	462	751	2,420	1,617
Less than 15	26	31	51	59	140	307	250
15 to <25	37	45	76	87	183	428	346
25 to <35	37	44	59	67	124	331	250
35 to <50	53	63	65	75	95	351	235
50 to <60	27	33	24	28	35	147	87
60 to <75	34	41	30	34	46	185	110
75 to <100	57	68	42	48	51	266	141
100 to <125	29	34	16	19	31	129	66
125 to <150	29	34	18	20	30	131	68
150 to <200	18	21	12	13	7	71	32
200 and over	19	23	11	12	9	74	32
Median Income	61,324	60,732	38,692	38,600	29,274	48,627	34,893
Mean Income	84,834	84,711	59,927	59,210	45,764	63,637	53,144



Senior Market Profile



Mercy Creek PMA Dementia Age / Income

Normal, IL

2010 census 2015 current 2020 projection

Page 9 of 13

2015 HHlds w/Dementia and 1+ ADLs by Income by Age of Householder

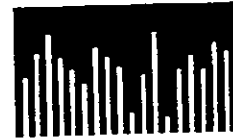
	Totals by Age of Householder					65+ HHLDS	75+ HHLDS
	65-69	70-74	75-79	80-84	85+		
Total	56	104	189	412	836	1,597	1,437
Less than 15	4	8	25	55	165	257	245
15 to <25	6	12	38	82	208	346	328
25 to <35	6	11	28	61	136	242	225
35 to <50	9	16	32	69	108	234	209
50 to <60	4	8	11	24	37	84	72
60 to <75	6	11	15	32	54	118	101
75 to <100	9	16	19	42	57	143	118
100 to <125	4	7	7	15	30	63	52
125 to <150	4	7	7	16	28	62	51
150 to <200	2	4	4	9	6	25	19
200 and over	2	4	3	7	7	23	17
Median Income	57,500	56,250	36,406	36,739	28,309	45,000	33,571
Mean Income	76,291	76,324	53,269	53,912	42,796	50,261	47,361

2020 HHlds w/Dementia and 1+ ADLs by Income by Age of Householder

						65+ HHLDS	75+ HHLDS
	65-69	70-74	75-79	80-84	85+		
Total	69	137	229	432	842	1,709	1,503
Less than 15	5	10	29	55	157	256	241
15 to <25	7	14	43	81	206	351	330
25 to <35	7	14	33	63	139	256	235
35 to <50	10	19	37	70	106	242	213
50 to <60	5	10	14	26	40	95	80
60 to <75	7	13	17	32	51	120	100
75 to <100	11	21	24	45	57	158	126
100 to <125	5	11	9	17	35	77	61
125 to <150	5	11	10	19	34	79	63
150 to <200	3	7	7	12	7	36	26
200 and over	4	7	6	12	10	39	28
Median Income	60,000	61,154	38,649	38,643	29,173	48,677	35,000
Mean Income	85,428	84,794	59,646	59,789	45,615	55,826	51,827



Senior Market Profile



Mercy Creek PMA

Normal, IL

2010 census 2015 current 2020 projection

Home Value and Wealth - Age 75+ Households

Page 10 of 13

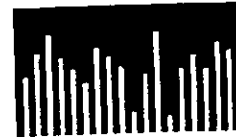
HOME VALUE	Home Value and Wealth		Change 2015 - 2020	
	2015	2020	Number	*AA%
Total Owner Units	4,402	4,863	461	2.1
Less than \$50,000	332	357	25	1.5
\$50,000 to \$99,999	473	437	-36	-1.5
\$100,000 to \$149,999	1,036	1,030	-6	-0.1
\$150,000 to \$199,999	1,013	1,075	62	1.2
\$200,000 to \$249,999	551	677	126	4.6
\$250,000 to \$299,999	401	468	67	3.3
\$300,000 to \$399,999	371	472	101	5.4
\$400,000 to \$499,999	140	206	66	9.4
\$500,000 to \$749,999	64	105	41	12.8
\$750,000 to \$999,999	14	25	11	15.7
\$1,000,000 and over	7	11	4	11.4
Median Value	167,769	178,279	10,510	1.3

Age 75+ Households				
By Percentage of Total				
Less than \$50,000	7.5	7.3	-0.2	-0.5
\$50,000 to \$99,999	10.7	9	-1.7	-3.2
\$100,000 to \$149,999	23.5	21.2	-2.3	-2.0
\$150,000 to \$199,999	23	22.1	-0.9	-0.8
\$200,000 to \$249,999	12.5	13.9	1.4	2.2
\$250,000 to \$299,999	9.1	9.6	0.5	1.1
\$300,000 to \$399,999	8.4	9.7	1.3	3.1
\$400,000 to \$499,999	3.2	4.2	1	6.3
\$500,000 to \$749,999	1.5	2.2	0.7	9.3
\$750,000 to \$999,999	0.3	0.5	0.2	13.3
\$1,000,000 and over	0.2	0.2	0	0.0

75+ Households Household Wealth		Households			
	2015	2020			
TOTAL	5,817	6,140	323	1.1	
Less than \$25,000	1,495	1,463	-32	-0.4	
\$25,000 to \$49,999	163	161	-2	-0.2	
\$50,000 to \$74,999	265	278	13	1.0	
\$75,000 to \$99,999	210	209	-1	-0.1	
\$100,000 to \$149,999	394	399	5	0.3	
\$150,000 to \$249,999	753	782	29	0.8	
\$250,000 to \$499,999	1,132	1,226	94	1.7	
\$500,000 to \$749,999	534	607	73	2.7	
\$750,000 to \$999,999	301	316	15	1.0	
\$1,000,000 and over	570	699	129	4.5	
Age 75+ Median Net Worth	200,598	221,611	21,014	2.1	



Senior Market Profile



Mercy Creek PMA

Normal, IL

2010 census 2015 current 2020 projection
Page 11 of 13

Home Value and Wealth - All Households

HOME VALUE	Home Value and Wealth		Change 2015 - 2020	
	2015	2020	Number	*AA%
Total Owner Units	44,927	47,032	2,105	0.9
Less than \$50,000	3,381	3,441	60	0.4
\$50,000 to \$99,999	4,832	4,231	-601	-2.5
\$100,000 to \$149,999	10,574	9,965	-609	-1.2
\$150,000 to \$199,999	10,338	10,399	61	0.1
\$200,000 to \$249,999	5,626	6,546	920	3.3
\$250,000 to \$299,999	4,091	4,527	436	2.1
\$300,000 to \$399,999	3,786	4,563	777	4.1
\$400,000 to \$499,999	1,429	1,993	564	7.9
\$500,000 to \$749,999	655	1,020	365	11.1
\$750,000 to \$999,999	145	238	93	12.8
\$1,000,000 and over	70	109	39	11.1
Median Value **	167,784	178,267	10,483	1.2

All Households

By Percentage of Total

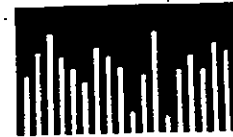
	2015	2020	Change	%
Less than \$50,000	8	7	-0.2	-0.5
\$50,000 to \$99,999	11	9	-1.8	-3.3
\$100,000 to \$149,999	24	21	-2.3	-2.0
\$150,000 to \$199,999	23	22	-0.9	-0.8
\$200,000 to \$249,999	13	14	1.4	2.2
\$250,000 to \$299,999	9	10	0.5	1.1
\$300,000 to \$399,999	8	10	1.3	3.1
\$400,000 to \$499,999	3	4	1	6.3
\$500,000 to \$749,999	2	2	0.7	9.3
\$750,000 to \$999,999	0	1	0.2	13.3
\$1,000,000 and over	0	0	0	0.0

All Households Household Wealth

	Households		Change 2015 - 2020	
	2015	2020	Number	%
TOTAL	66,171	68,226	2,055	0.6
Less than \$25,000	27,570	27,405	-165	-0.1
\$25,000 to \$49,999	3,919	3,857	-62	-0.3
\$50,000 to \$74,999	3,097	3,056	-41	-0.3
\$75,000 to \$99,999	2,514	2,497	-17	-0.1
\$100,000 to \$149,999	4,108	4,117	9	0.0
\$150,000 to \$249,999	5,670	5,793	123	0.4
\$250,000 to \$499,999	7,640	8,098	458	1.2
\$500,000 to \$749,999	3,549	3,922	373	2.1
\$750,000 to \$999,999	2,213	2,496	283	2.6
\$1,000,000 and over	5,891	6,985	1,094	3.7
Median Net Worth	62,892	73,323	10,432	3.3



Senior Market Profile



Mercy Creek PMA

Normal, IL

2010 census 2015 current 2020 projection

Page 12 of 13

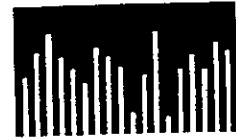
Population Age 65+ by Race and Hispanic Origin

POPULATION *	Market Area Population			Change 2010 - 2015		Change 2015 - 2020	
	2010	2015	2020	Number	*AA%	Number	*AA%
Total AmIn/AlNat Pop.	386	483	587	97	5.0	104	4.3
AmIn/AlNat Age 65 - 69	9	16	23	7	15.6	7	8.8
AmIn/AlNat Age 70 - 74	7	12	22	5	14.3	10	16.7
AmIn/AlNat Age 75 - 79	5	6	9	1	4.0	3	10.0
AmIn/AlNat Age 80 - 84	2	2	4	0	0.0	2	20.0
AmIn/AlNat Age 85 and older	3	4	7	1	6.7	3	15.0
Median AmIn/AlNat Age	28	28	29	0	0.2	1	0.6
Total Asian Pop.	7,203	8,956	10,849	1,753	4.9	1,893	4.2
Asian Population Age 65 - 69	77	143	235	66	17.1	92	12.9
Asian Population Age 70 - 74	48	79	155	31	12.9	76	19.2
Asian Population Age 75 - 79	38	49	79	11	5.8	30	12.2
Asian Population Age 80 - 84	20	20	29	0	0.0	9	9.0
Asian Population Age and older	9	10	13	1	2.2	3	6.0
Median Asian Age	29	29	30	0	0.0	1	0.4
Total Black Population	12,353	13,452	14,551	1,099	1.8	1,099	1.6
Black Population Age 65 - 69	158	241	344	83	10.5	103	8.5
Black Population Age 70 - 74	105	135	202	30	5.7	67	9.9
Black Population Age 75 - 79	74	85	109	11	3.0	24	5.6
Black Population Age 80 - 84	51	47	51	-4	-1.6	4	1.7
Black Population Age 85 and older	54	65	76	11	4.1	11	3.4
Median Black Age	26	26	28	1	0.7	2	1.5
Total Pacific Islander Pop.	56	62	67	6	2.1	5	1.6
PI Population Age 65 - 69	0	0	1	0	1.0	1	0.0
PI Population Age 70 - 74	0	0	0	0	1.0	0	0.0
PI Population Age 75 - 79	0	0	1	0	1.0	1	0.0
PI Population Age 80 - 84	0	0	0	0	1.0	0	0.0
PI Population Age 85 and older	0	0	2	0	1.0	2	0.0
Median PI Age	26	26	28	1	0.5	2	1.3
Total White Pop.	140,589	144,604	147,376	4,015	0.6	2,772	0.4
White Population Age 65-69	4,792	6,400	7,958	1,608	6.7	1,558	4.9
White Population Age 70-74	3,671	4,490	5,915	819	4.5	1,425	6.3
White Population Age 75-79	2,836	3,201	3,896	365	2.6	695	4.3
White Population Age 80-84	2,527	2,404	2,519	-123	-1.0	115	1.0
White Population Age 85 and older	2,598	2,808	2,802	210	1.6	-6	0.0
Median White Age	34	35	37	1	0.6	2	0.9
Total Hispanic Pop.	7,358	8,718	10,173	1,360	3.7	1,455	3.3
Hispanic Population Age 65-69	61	96	153	35	11.5	57	11.9
Hispanic Population Age 70-74	41	58	96	17	8.3	38	13.1
Hispanic Population Age 75-79	34	44	71	10	5.9	27	12.3
Hispanic Population Age 80-84	21	23	42	2	1.9	19	16.5
Hispanic Population Age 85 and older	17	25	36	8	9.4	11	8.8
Median Hispanic Age	22	23	24				

* "Other Race" and "2 or More Races" counts are not included, therefore totals by race will not sum to Total Population.



Senior Market Profile



Mercy Creek PMA

Normal, IL

2010 **2015** **2020**
census current projection

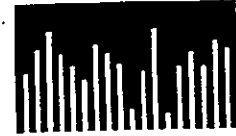
Market Area Geography

Market Area selection type: TreeView selected

State	County	Tract	Block Group	Zip Code
17	113	102		McLean County, Illinois Tract 000102
17	113	104		McLean County, Illinois Tract 000104
17	113	105		McLean County, Illinois Tract 000105
17	113	200		McLean County, Illinois Tract 000200
17	113	301		McLean County, Illinois Tract 000301
17	113	302		McLean County, Illinois Tract 000302
17	113	400		McLean County, Illinois Tract 000400
17	113	501		McLean County, Illinois Tract 000501
17	113	502		McLean County, Illinois Tract 000502
17	113	504		McLean County, Illinois Tract 000504
17	113	505		McLean County, Illinois Tract 000505
17	113	1103		McLean County, Illinois Tract 001103
17	113	1104		McLean County, Illinois Tract 001104
17	113	1105		McLean County, Illinois Tract 001105
17	113	1106		McLean County, Illinois Tract 001106
17	113	1200		McLean County, Illinois Tract 001200
17	113	1301		McLean County, Illinois Tract 001301
17	113	1302		McLean County, Illinois Tract 001302
17	113	1303		McLean County, Illinois Tract 001303
17	113	1402		McLean County, Illinois Tract 001402



Senior Market Profile



Mercy Creek PMA

Normal, IL

2010 census 2015 current 2020 projection

Market Area Geography

Market Area selection type: TreeView selected

State	County	Tract	Block Group	Zip Code
17	113	1403		McLean County, Illinois Tract 001403
17	113	1404		McLean County, Illinois Tract 001404
17	113	1500		McLean County, Illinois Tract 001500
17	113	1600		McLean County, Illinois Tract 001600
17	113	1700		McLean County, Illinois Tract 001700
17	113	1800		McLean County, Illinois Tract 001800
17	113	2101		McLean County, Illinois Tract 002101
17	113	2102		McLean County, Illinois Tract 002102
17	113	5101		McLean County, Illinois Tract 005101
17	113	5102		McLean County, Illinois Tract 005102
17	113	5201		McLean County, Illinois Tract 005201
17	113	5400		McLean County, Illinois Tract 005400
17	113	5501		McLean County, Illinois Tract 005501
17	113	5502		McLean County, Illinois Tract 005502
17	113	5601		McLean County, Illinois Tract 005601
17	113	5602		McLean County, Illinois Tract 005602
17	113	5700		McLean County, Illinois Tract 005700
17	113	5800		McLean County, Illinois Tract 005800
17	113	5900		McLean County, Illinois Tract 005900
17	203	30700		Woodford County, Illinois Tract 030700

APPENDIX 3

Thematic Map Report

Turning mature market data into management decisions.[™]

pmd
advisory services
LLC

Thematic Map Report

Meadows at Mercy Creek PMA and Surrounding Vicinity

Census Tract	County	2019 Age 75+ HH's w/Inc. \$50K+	Rank	Census Tract	County	2019 Age 45-54 HH's w/Inc. \$100K+	Rank
58	McLean	152	1	51.01	McLean	1,353	1
51.02	McLean	150	2	54	McLean	1,127	2
304	Woodford	148	3	5.05	McLean	950	3
11.04	McLean	145	4	11.04	McLean	930	4
54	McLean	133	5	1.04	McLean	617	5
306.01	Woodford	129	6	51.02	McLean	568	6
217.01	Tazewell	123	7	217.01	Tazewell	560	7
9608	Livingston	117	8	1.05	McLean	400	8
5.05	McLean	113	9	14.02	McLean	393	9
3.02	McLean	110	10	11.05	McLean	385	10
21.01	McLean	103	11	306.01	Woodford	376	11
5.02	McLean	99	12	304	Woodford	373	12
57	McLean	95	13	9608	Livingston	326	13
51.01	McLean	89	14	9545	Piatt	312	14
220	Tazewell	86	15	3.02	McLean	302	15
18	McLean	83	16	21.01	McLean	302	16
9545	Piatt	82	17	57	McLean	298	17
5.04	McLean	74	18	11.03	McLean	293	18
1.04	McLean	71	19	9716	De Witt	287	19
105	Champaign	69	20	60	McLean	286	20
11.03	McLean	65	21	220	Tazewell	281	21
306.02	Woodford	61	22	105	Champaign	272	22
9604	Livingston	59	23	307	Woodford	271	23
9620	Ford	56	24	58	McLean	253	24
60	McLean	54	25	18	McLean	250	25
12	McLean	53	26	9620	Ford	229	26
303	Woodford	52	27	1.02	McLean	226	27
307	Woodford	51	28	5.04	McLean	219	28
9609	Livingston	50	29	52.02	McLean	218	29
59	McLean	49	30	55.02	McLean	195	30
1.05	McLean	48	31	9715	De Witt	191	31
9716	De Witt	46	32	303	Woodford	182	32
1.02	McLean	45	33	9604	Livingston	178	33
5.01	McLean	44	34	306.02	Woodford	176	34
9529	Logan	43	35	14.03	McLean	170	35
3.01	McLean	41	36	56.02	McLean	160	36
52.02	McLean	41	37	301	Woodford	153	37
302	Woodford	37	38	9529	Logan	150	38
13.01	McLean	36	39	21.02	McLean	149	39
14.04	McLean	34	40	14.04	McLean	147	40
9715	De Witt	33	41	9714	De Witt	145	41
9610	Livingston	33	42	11.06	McLean	135	42
9714	De Witt	32	43	52.01	McLean	130	43
4	McLean	31	44	302	Woodford	130	44
14.02	McLean	29	45	3.01	McLean	116	45
55.02	McLean	29	46	9619	Ford	113	46
9619	Ford	28	47	12	McLean	108	47
14.03	McLean	27	48	9609	Livingston	107	48
301	Woodford	27	49	5.02	McLean	105	49
21.02	McLean	25	50	13.01	McLean	101	50
55.01	McLean	25	51	55.01	McLean	97	51
56.02	McLean	23	52	5.01	McLean	86	52
52.01	McLean	21	53	56.01	McLean	80	53
16	McLean	19	54	9610	Livingston	66	54
56.01	McLean	19	55	4	McLean	63	55
11.05	McLean	14	56	59	McLean	62	56
17	McLean	14	57	17	McLean	41	57
11.06	McLean	12	58	13.03	McLean	36	58
15	McLean	10	59	13.02	McLean	30	59

Thematic Map Report
Meadows at Mercy Creek PMA and Surrounding Vicinity

Census Tract	County	2019 Age 75+ HH's w/inc. \$50K+	Rank	Census Tract	County	2019 Age 45-54 HH's w/inc. \$100K+	Rank
13.03	McLean	8	60	15	McLean	21	60
13.02	McLean	3	61	16	McLean	18	61
2	McLean	0	62	2	McLean	0	62

PMA geography appear in bold typeface. Project campus/site appears in italics.

Source: PMD Advisory Services, LLC and The Nielsen Company, November 2016

APPENDIX 4

Competitive Community Data

Turning mature market data into management decisions.[®]

pmd
advisory services
LLC

Meadows Communities at Mercy Creek**IL/AL EF****Address:** 1501 Mercy Creek Drive, Normal, IL 61761**Phone Number:** 309-268-1501**Year Opened:** 2002**Sponsor/Profit Status:** Meadows Mennonite Retirement & Apostolic Christian Church/Non Profit**Independent Living - Villas at Mercy Creek Life Lease**

Type	# of Units	% Occ.	Sq. Ft.	Founder's Purchase	Monthly HOA	Est. Monthly Additional*	Total Monthly
Villas	4	100%					
Two-Bedroom/Two-Bath	2		1,125	\$218,295	\$260	\$800	\$1,060
Two-Bedroom/Two-Bath/Den/Sunroom	2		1,725	\$264,655	\$345	\$1,000	\$1,345

Assisted Living - Meadows at Mercy Creek

Type	# of Units	% Occ.	Sq. Ft.	Founder's Purchase	Deposit	All-Inclusive Monthly Fee	Second Person
Apartments	60	100%					
One-Bedroom			536	\$145,000	\$1,000 (\$700 Refundable)	\$4,138	\$800
One-Bedroom Deluxe			604	\$165,000	\$1,000 (\$700 Refundable)	\$4,456	\$800
Two-Bedroom			726	\$195,000	\$1,000 (\$700 Refundable)	\$4,880	\$800

Villa Services:

Home Maintenance Exterior
Home Maintenance Interior
Lawn Care
Snow Removal

AL Services:

24-Hour Emergency Response
24-Hour Staff
Activities
Assistance w/ADL's
Cable TV
Housekeeping Weekly
Internet
Linen Service Weekly
Maintenance
Medication Management
Scheduled Transportation
Three Meals Daily
Utilities (Except Phone)

Amenities:

Activity Room
Beauty Salon/Barber Shop
Bistro
Center Courtyard and Patios
Computer Lounge
Conference Room
Dining Room
Gift Shop
Health Spa
Library
Private Dining Room
Theatre Room

***Additional Monthly:**

Cable TV
Electric
Gas
Internet
Real Estate Tax
Renter Liability Ins.
Sewer
Telephone
Trash
Water

Adelaide Apartments

IL

Address: 509 N. Adelaide St., Normal, IL 61761**Phone Number:** 309-452-7468**Year Opened:** 1980's**Sponsor/Profit Status:** Heritage Health/For Profit**Skilled Nursing**

Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	Second Person
Apartments	24	92%				
Studio			400	None	\$958	None
One-Bedroom/One-Bath			590	None	\$1,544	\$294
Two-Bedroom/One-Bath			770	None	\$1,797	\$294

Services:

Coffee Bar 24/7
Continental Breakfast Five Days/Week
Emergency Call System
Heat/Water/Gas
Housekeeping
Limited Activities
Maintenance
Noon Meal Daily
Preferred Access to Health Care

Amenities:

Beauty Salon at Heritage Health
Lounge/Dining Area
Secure Building
Two Patios

Aperion Care (was Asta Care Center of Bloomington)

SNF

Address: 1509 North Calhoun St., Bloomington, IL 61701

Phone Number: 309-827-6046

Year Opened: 1978

Sponsor/Profit Status: Aperion Care/For Profit



Skilled Nursing

Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Fee	LOC
Beds	117	94%				
Semi-Private			WNP	None	\$200	None
Shared			WNP	None	\$200	None

WNP - Would not Provide

Services:

24-Hour Nursing

Housekeeping Daily

Laundry & Linen Service Daily

Medication Management

Personal Daily Assistance

Three Meals Daily

Amenities:

Common Areas

Dining Room

Bickford Bloomington

IL/AL/DC

Address: 14 Heartland Dr., Bloomington, IL 61704

Phone Number: 309-661-0094

Year Opened: 1999

Sponsor/Profit Status: Bickford Retirement/For Profit



Independent Living						
Type	# of Units	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	Second Person
Apartments	16	100%				
Pine Studio			389	\$5,000	\$2,738	\$791
Spruce Studio			512	\$5,000	\$3,315	\$791
Maple One-Bedroom			551	\$5,000	\$3,741	\$791
Walnut One-Bedroom			646	\$5,000	\$4,380	\$791
Oak One-Bedroom			699	\$5,000	\$4,623	\$791
Sycamore One-Bedroom			890	\$5,000	\$5,049	\$791
Birch Two-Bedroom			772	\$5,000	\$5,505	\$791
Poplar Two-Bedroom			839	\$5,000	\$5,901	\$791
Alder Two-Bedroom			942	\$5,000	\$6,996	\$791
Beech Two-Bedroom			1,124	\$5,000	\$7,700	\$791

Assisted Living							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC	Second Person
Apartments	49	100%					
Pine Studio			389	\$5,000	\$2,738	See Below	\$791
Spruce Studio			512	\$5,000	\$3,315	See Below	\$791
Maple One-Bedroom			551	\$5,000	\$3,741	See Below	\$791
Walnut One-Bedroom			646	\$5,000	\$4,380	See Below	\$791
Oak One-Bedroom			699	\$5,000	\$4,623	See Below	\$791
Sycamore One-Bedroom			890	\$5,000	\$5,049	See Below	\$791
Birch Two-Bedroom			772	\$5,000	\$5,505	See Below	\$791
Poplar Two-Bedroom			839	\$5,000	\$5,901	See Below	\$791
Alder Two-Bedroom			942	\$5,000	\$6,996	See Below	\$791
Beech Two-Bedroom			1,124	\$5,000	\$7,700	See Below	\$791
Levels of Care							
Level 1						\$913	
Level 2						\$1,673	
Level 3						\$2,433	
Level 4						\$3,194	
Level 5						\$3,954	

Dementia Care							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC	Second Person
Apartments	16	WNP					
Spruce Studio			512	\$5,000	\$3,315	\$3,376	None

WNP - Would not Provide Presales Figures

Bickford of Bloomington Continued**Services:**

24-Hour Emergency Response System

Activities

Direct TV

Housekeeping Weekly

Licensed Nurse Available

Linen Service Weekly

Maintenance

Scheduled Transportation

Three Meals Daily

Utilities (Except Phone)

Amenities:

Activities Area

Beauty Salon

Billiards

Bistro

Dining Area

Family Areas

Outdoor Patio

Private Dining Room

Whirlpool Spa Room

Blair House

IL

Address: 1200 E. College Ave., Normal, IL 61761

Phone Number: 309-319-7578

Year Opened: 1989

Sponsor/Profit Status: Holiday Retirement/For Profit



Independent Living

Type	# of Units	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	Second Person
Apartments	110	90%				
Studio			410-500	\$3,050-\$6,550	\$2,400-\$3,150	\$730
One-Bedroom			486-767	\$3,050-\$6,550	\$2,900-\$4,100	\$730
Two-Bedroom			860-901	\$3,050-\$6,550	\$4,500-\$5,800	\$730

Services:

24-Hour Emergency Response

24-Hour Onsite Management Staff

Activities

Cable TV

Housekeeping Weekly

Linen Service Weekly

Maintenance

Scheduled Transportation

Three Meals Daily

Utilities (Except Phone)

Amenities:

Activity/Exercise Room

Beauty/Barber Salon

Billiard Lounge

Chapel

Dining Room

Free Laundry Facilities

Game Room

Large screen TV lounge

Library

Private Dining Room

Resident Kitchen

Bloomington Rehab & HCC**SNF****Address:** 1925 South Main Street, Bloomington, IL 61701**Phone Number:** 309-829-4348**Year Opened:** 1970's**Sponsor/Profit Status:** Petersen Health Operations, LLC/For Profit**Skilled Nursing**

Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC
Beds	65	85%				
Semi-Private			WNP	None	\$150	All-Inclusive
Private			WNP	None	\$165	All-Inclusive

WNP - Would not Provide

Services:

24-Hour Care

Activities

Assistance w/ADL's

Laundry Services

Local Transportation

Medication Management

Three Meals Daily

Amenities:

Activity/Game Room

Beauty Shop

Dining Room

Gardens

Sunroom

Evergreen Place Assisted Living**AL****Address:** 801 Gregory St., Normal, IL 61761**Phone Number:** 309-451-9355**Year Opened:** 2001**Sponsor/Profit Status:** Heritage Health/For Profit**Assisted Living**

Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC	Second Person
Apartments	60	98%					
Studio			331	None	\$3,375-\$3,670	\$495-\$1,000	\$800
One-Bedroom/One-Bath			387	None	\$3,875-\$4,165	\$500-\$1,020	\$800
Two-Bedroom/One-Bath			672	None	\$4,980	\$465-\$920	\$800
Two-Bedroom/One 1/2 Bath			672	None	\$4,980	\$465-\$920	\$800

Services:

Activities

Cable

Emergency Response System

Housekeeping Weekly

Linen Service Weekly

Maintenance

Scheduled Transportation

Three Meals Daily

Utilities (Except Phone)

Wi-Fi

Amenities:

Activity Room

Beauty/Barber Shop

Bistro

Chapel

Club Room

Community Center

Country Store

Family Room

Fitness Center

Library

Private Dining Room

Resident Kitchen

TV Lounge

Heartland of Normal

SNF

Address: 510 Broadway, Normal, IL 61761

Phone Number: 309-452-4406

Year Opened: 1970

Sponsor/Profit Status: Heartland of Normal IL LLC/For Profit

Heartland ManorCare **Skilled Nursing**

Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC
Beds	97	77%				
Semi-Private LTC			WNP	None	\$263	All-Inclusive
Private LTC			WNP	None	\$302	All-Inclusive
Semi-Private STC			WNP	None	\$175	All-Inclusive
Private STC			WNP	None	\$250	All-Inclusive

Services:

24-Hour Nursing Care

Activities

Assistance w/ADL's

Laundry & Linen Service

Medication Management

Snacks

Three Meals Daily

Wi-Fi

Amenities:

Activities

Dining room

Internet café

Lounges

Heritage Health Bloomington

SNF

Address: 700 E. Walnut, Bloomington, IL 61701

Phone Number: 309-825-1409

Year Opened: 1964

Sponsor/Profit Status: Heritage Manor-Bloomington LLC/For Profit

**Skilled Nursing**

Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Rate	LOC
Beds	85	97%				
Semi-Private			WNP	None	\$218	All-Inclusive
Large Semi-Private			WNP	None	\$235	All-Inclusive
Private			WNP	None	\$269	All-Inclusive
Private Suite/Semi-Private to Private			WNP	None	\$292	All-Inclusive
Private Suite/Semi-Private to Private Large			WNP	None	\$372	All-Inclusive

WNP - Would not Provide

Services:

24-Hour Nursing Care

Activities

Assistance w/ADL's

Laundry & Linen Service

Medication Management

Snacks

Three Meals Daily

Amenities:

Activity Area

Dining Room

Family Lounge

Private Dining Room

Rehab Gym

Heritage Health El Paso

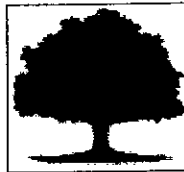
SNF

Address: 555 Clay Street, El Paso, IL 61738

Phone Number: 309-527-6240

Year Opened: 1997

Sponsor: Heritage Enterprises/For Profit



**HERITAGETM
HEALTH**

Therapy & Senior Care

Skilled Nursing

Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Fees	LOC
Rooms	65	85%				
Private			WNP	None	\$233-\$293	All-Inclusive
Semi-Private			WNP	None	\$214	All-Inclusive

WNP - Would not Provide

Services

24-Hour Care

Activities

Assistance w/ADL's

Housekeeping Daily

Laundry Daily

Linen Service as Needed

Medication Management

Three Meals Daily

Amenities

Beauty/Barber Shop

Dining Room

Gardens

Library

Outside Exercise Trails

Sitting Rooms

Heritage Health Normal**SNF****Address:** 509 N. Adelaide St., Normal, IL 61761**Phone Number:** 309-825-1409**Year Opened:** 1980's**Sponsor/Profit Status:** Heritage Manor-Bloomington LLC/For Profit**Skilled Nursing**

Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Rate	LOC	Second Person
Beds	141	98%					
Semi-Private			WNP	None	\$213-\$218	All-Inclusive	None
Private			WNP	None	\$262-\$292	All-Inclusive	None
Semi-Private Legacy Care (ALZ)			WNP	None	\$235	All-Inclusive	None
Private Legacy Care (ALZ)			WNP	None	\$271-\$372	All-Inclusive	None

WNP - Would not Provide

Services:

24-Hour Nursing Care

Activities

Assistance with ADL's

Flat Screen TV w/Cable

Medication Management

Three Meals Daily

Wi-Fi

Amenities:

Beauty Shop

Dining Room

Family Lounge

Private Dining Room

State-of-art therapy Center

Leroy Manor**SNF****Address:** 509 South Buck Rd., Leroy, IL 61752**Phone Number:** 309-962-5000**Year Opened:** 1989**Sponsor/Profit Status:** Unlimited Development/Non Profit**Skilled Nursing**

Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Rate	LOC
Beds	101	62%				
Semi-Private			WNP	None	WNP	All-Inclusive
Private			WNP	None	WNP	All-Inclusive

WNP - Would not Provide

Services:

24-Hour Nursing Care

Activities

Assistance w/ADL's

Housekeeping Daily

Laundry

Medication Management

Three Meals Daily

Amenities:

Activities Area

Beauty Shop

Landscaped Grounds

Luther Oaks

CCRC EF

Address: 601 Lutz Rd., Bloomington, IL 61704

Phone Number: 309-664-5940

Year Opened: 2007

Sponsor/Profit Status: Lutheran Life/Non Profit

Independent Living							
Type	# of Units	% Occ.	Sq. Ft.	90% Refund EF	Monthly Fee 90% Refund	75% Refund EF	Monthly Fee 75% Refund
Apartments - Rental Plan	90	92%					
One-Bedroom Standard	16		695	\$144,000	\$2,530	\$122,400	\$2,277
One-Bedroom Traditional	8		755	\$159,000	\$2,770	\$135,150	\$2,493
One-Bedroom Deluxe Patio	8		771	\$172,000	\$2,870	\$150,000	\$2,580
One-Bedroom Deluxe Sunroom	12		814	\$185,000	\$3,010	\$157,250	\$2,650
Two-Bedroom Traditional	10		989	\$205,000	\$3,180	\$188,000	\$2,750
Two-Bedroom Classic Sunroom	8		1,034	\$222,000	\$3,320	\$198,000	\$2,800
Two-Bedroom Deluxe Patio	4		1,141	\$244,000	\$3,570	\$207,400	\$3,213
Two-Bedroom Deluxe Sunroom	8		1,193	\$262,000	\$3,740	\$222,700	\$3,366
Two-Bedroom Grand Patio	4		1,283	\$280,000	\$4,010	\$238,000	\$3,609
Two-Bedroom Grand Sunroom	12		1,344	\$285,000	\$4,180	\$242,250	\$3,762
Second Person Monthly Fee					\$860		\$860

Assisted Living							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC	Second Person
Beds	38	100%					
One-Bedroom			473	None	\$4,740	Incs Level 1	\$950
One-Bedroom			523	None	\$5,020	Incs Level 1	\$950
Two-Bedroom			854	None	\$6,600	Incs Level 1	\$950
Enhanced LOC						\$440	

Dementia Care						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC
Beds	18	100%				
Private Suite			WNP	None	WNP	WNP

Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily	LOC
Beds	18	83%				
Private Suite			WNP	None	WNP	All-Inclusive

WNP - Would not Provide

Luther Oaks Continued**Services:**

24-Hour Emergency Call
32 Meals Monthly Lunch or Dinner (Three Daily AL/DC/SNF)
Activities
Assistance w/ADL's (Level 1 AL/All in DC and SNF)
Daily Bed Making (DC Only)
Discounted Healthcare
Expanded Cable
Flat Linens Bi-Weekly (Weekly AL/DC)
Housekeeping Bi-Weekly (Weekly AL/DC)
Internet
Maintenance
Medication Management (DC/SNF Only)
Overnight checks
Personal Laundry (AL/DC/SNF Only)
Transportation
Utilities (Except Phone)

Amenities:

Beauty/Barber Shop
Chapel
Club Room with Internet
Community Room
Convenience Store
Dining Rooms - Two
Fitness Center
Library
Lounge Area
Outdoor Patios/Landscaped Grounds
Private Dining Room

McLean County Nursing Home SNF Address: 901 North Main, Normal IL 61761 Phone Number: 309-888-5380 Year Opened: 1970's Sponsor/Profit Status: County of McLean/Non Profit						
Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Fee	LOC
Beds	150	71%				
Semi-Private			WNP	None	\$185	All-Inclusive
Private			WNP	None	\$200	All-Inclusive
WNP - Would not Provide						
Services: 24-Hour Care Activities Assistance w/ADL's Housekeeping Laundry Medication Management Three Meals Daily				Amenities: Activity Area Dining Room Exercise Area Movies		

Meadows Chenoa IL/SNF Address: 24588 Church Street, Chenoa, IL 61726 Phone Number: 309-268-1501 Year Opened: 1923 Sponsor/Profit Status: Meadows Mennonite Retirement						
Independent Living						
Type	# of Units	% Occ.	Sq. Ft.	Deposit*	Monthly Fee**	Second Person
Duplexes**	44	91%				
Burt Quad One-Bedroom/One-Bath	4		613	\$1,500	\$675	None
Oak Ct Two-Bedroom/One-Bath	2		856	\$1,500	\$850	None
Maple Ct Two-Bedroom/One-Bath	4		960	\$1,500	\$850	None
Burt Two-Bedroom/1.5 Bath/Porch	4		985	\$1,500	\$850	None
Burt Two-Bedroom/1.5 Bath/Porch	14		1,000	\$1,500	\$850	None
Oak Ct Two-Bedroom/One-Bath	4		1,000	\$1,500	\$850	None
Evergreen Ct Two-Bedroom/One-Bath	2		1,050	\$1,500	\$850	None
Evergreen Ct Two-Bedroom/One-Bath	4		1,120	\$1,500	\$850	None
North Ct Two-Bedroom/One-Bath	2		1,124	\$1,500	\$850	None
North Ct Two-Bedroom/One-Bath	2		1,150	\$1,500	\$850	None
North Ct Two-Bedroom/One-Bath	2		1,333	\$1,500	\$850	None
*\$1,200 is refundable **Upgraded villas are \$1,100						
Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.*	Community Fee	Daily Fee	LOC
Beds	114	93%				
Semi-Private Memory Care	67**		325	None	\$235	All-Inclusive
Private Memory Care			250	None	\$255	All-Inclusive
Semi-Private LTC	47**		325	None	\$225	All-Inclusive
Private LTC			250	None	\$245	All-Inclusive
*Mid-Stage Dementia are large rooms **Total type memory care and LTC/Not Private or Semi-Private						
IL Services	SNF Services:			Amenities:		
24-Hour Emergency Call Alert	24-Hour Nursing Care			Aviaries (SNF)		
Cable	Activities			Beauty/Barber Salon		
Insurance	Assistance w/ADL's			Campus Center		
Landscaping	Coordination of Appointments			Chapel		
Maintenance	Emergency Call System			Dining Room (in SNF)		
Priority Admission to SNF	Medication Management			Fitness Center		
Property Taxes	Onsite Chaplain			Full-Service Kitchen		
Sewer	Regular Housekeeping Services			Horseshoe Pits		
Snow Removal	Regular Laundry Services			Multi-Purpose Room		
Trash Removal	Rehabilitation			Shuffleboard Courts		
Twice Monthly Transportation	Security					
Water	Three Meals Daily					
	Utilities (Except Phone)					
	Wi-Fi					

St. Joseph's Medical Center SNF Address: 2200 East Washington Street Bloomington IL 61701 Phone Number: 309-662-3311 Year Opened: N/A Sponsor/Profit Status: Church Related/Non Profit						
Skilled Nursing						
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Fee	LOC
Beds	11	36%				
Semi Private			WNP	None	WNP	All-Inclusive
WNP - Would not Provide						
Services: 24/7 RN Staff Housekeeping Phone Three Meals Daily TV Valet Parking Wi-Fi			Amenities: Activities Chapel Family Lounge Gift Shop Meals Delivered to Room.			

Sugar Creek Alzheimer's Special Care**DC****Address:** 505 E. Vernon Ave., Normal, IL 61761**Phone Number:** 309-451-3000**Year Opened:** 2008**Sponsor/Profit Status:** JEA Senior Living/For Profit**Dementia Care**

Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Monthly Fee	LOC	Second Person
Rooms	66	92%					
Shared Level I			188	\$1,000	\$4,600	All-Inclusive	None
Shared Level II			188	\$1,000	\$4,900	All-Inclusive	None
Shared Level III			188	\$1,000	\$5,200	All-Inclusive	None
Shared Level IV			188	\$1,000	\$5,500	All-Inclusive	None
Shared Level V			188	\$1,000	\$5,800	All-Inclusive	None
Add'l for Private Room			276	\$1,000	\$1,500	All-Inclusive	None

Services:

24-Hour Care

Assistance w/ADL's

Furnished Linens

Furnished Room

Laundry

Medication Management

Routine Housekeeping

Specially Trained Staff

Three Meals/Snacks Daily

Amenities:

Dining Room

Fireplace

Game Room

Landscaped Secured Courtyards

Living Room

Private Dining Room

Security System

TV Room

Walking Paths

Westminster Village

CCRC EF

Address: 2025 East Lincoln Street, Bloomington, IL 61701

Phone Number: 309-663-6474

Year Opened: 1979

Sponsor/Profit Status: Westminster Village/Non Profit

Independent Living								
Type	# of Units	% Occ.	Sq. Ft.	Life Occ. EF 36 Months	Return on Equity EF 75% Refundable	Rental Deposit	Monthly Fee EF/Rental	Second Person EF/Rental Monthly Fee
Apartments	176	100%						
Studio			439	\$58,630	\$85,000	\$2,358	\$1,986/\$2,358	N/A
One-Bedroom			523	\$68,640	\$115,000	\$2,900-\$3,800	\$2,075/\$2,900	\$872/\$900
Two-Bedroom			765	\$97,240	\$150,000	\$3,585-\$4,485	\$2,262/\$3,585	\$905/\$900
Two-Bedroom Expanded			860	\$120,120	\$175,000	\$3,892-\$4,792	\$2,345/\$3,892	\$937/\$900
Two-Bedroom Expanded Corner			860	\$120,120	\$175,000	\$3,892-\$4,792	\$2,345/\$3,892	\$937/\$900
Two-Bedroom Deluxe I			1,046	\$141,570	\$210,000	\$4,062-\$4,962	\$2,501/\$4,062	\$981/\$900
Two-Bedroom Deluxe II			1,288	\$159,445	\$230,000	\$4,294-\$5,194	\$2,659/\$4,294	\$982/\$900
Duplexes	22	100%		Life Lease	90% Return Monthly Fee	85% Return Monthly Fee	80% Return Monthly Fee	
The Sassafras			1,440	\$150,000*	\$601	\$534	\$466	
The Maple			1,675	\$150,000*	\$601	\$534	\$466	
The Linden			1,780	\$150,000*	\$601	\$534	\$466	
*Starting Prices - based on resale								

Westminster Village Continued

Assisted Living							
Type	# of Units	% Occ.	Sq. Ft.	Deposit	Monthly Fee	LOC	Second Person
Apartments	54	100%					
Efficiency			250	One Month	\$2,881	Level 1 Inc. Level 2 \$425 Level 3 \$850	\$875
Studio			439	One Month	\$4,077	Level 1 Inc. Level 2 \$425 Level 3 \$850	\$875
One-Bedroom			523	One Month	\$4,326	Level 1 Inc. Level 2 \$425 Level 3 \$850	\$875
Two-Bedroom			765+	One Month	\$4,659	Level 1 Inc. Level 2 \$425 Level 3 \$850	\$875
Skilled Nursing							
Type	# of Beds	% Occ.	Sq. Ft.	Community Fee	Daily Fee	LOC	Second Person Fee
Rooms	78	100%					
Private			WNP	None	\$314-\$446	All-Inclusive	None
Semi-private Level One			WNP	None	\$223	All-Inclusive	None
Semi-private Level Two			WNP	None	\$236	All-Inclusive	None
WNP - Would not Provide							
Services IL:		AL/SNF Services		Amenities:			
24-Hour Staff		24-Hour Staff		Activity/exercise room			
Activities		Activities		Bank			
Cable		Emergency Response System		Beauty/barber salon			
Does Not Include Real Estate Taxes		Housekeeping		Billiard lounge			
Emergency Response System		Level of Care 1		Chapel			
Housekeeping Bi-Weekly		Linen Service Weekly		Convenience Store			
Linen/Flat Service Bi-Weekly		Maintenance		Dining room			
Maintenance		Scheduled Transportation		Fitness room			
One Meal Daily		Three Meals Daily		Free laundry facilities			
Priority Healthcare Access		Utilities (Except Phone)		Game room			
Scheduled Transportation		Add'l for SNF		Large screen TV lounge			
Utilities (Except Phone)		24-Hour Care		Library			
		Assistance w/ADL's		Private dining room			
		Medication Management		Resident kitchen			
				Walking Path			

APPENDIX 5

Market Demand Model Output

Turning mature market data into management decisions.[®]

pmd
advisory services
LLC

Mercy Creek PMA Assisted Living Spend Down Analysis

Typical Owner Household Resident Spend Down Profile

Month	Actual AL Monthly Fee	Medical & Other Personal Costs	Total Monthly Cost	Monthly Income	Monthly Short Fall	Accum Assets Required to be Drawn	Age 75+ Median Net Worth	Interest Proceeds
1	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$2,952	\$214,456	\$179
2	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$5,905	\$211,682	\$176
3	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$8,857	\$208,907	\$174
4	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$11,809	\$206,128	\$172
5	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$14,762	\$203,348	\$169
6	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$17,714	\$200,565	\$167
7	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$20,666	\$197,780	\$165
8	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$23,619	\$194,992	\$162
9	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$26,571	\$192,202	\$160
10	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$29,523	\$189,410	\$158
11	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$32,476	\$186,616	\$156
12	\$4,869	\$1,000	\$5,869	\$2,917	\$2,952	\$35,428	\$183,819	\$153
13	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$38,572	\$180,828	\$151
14	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$41,715	\$177,835	\$148
15	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$44,859	\$174,840	\$146
16	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$48,003	\$171,842	\$143
17	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$51,147	\$168,841	\$141
18	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$54,290	\$165,838	\$138
19	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$57,434	\$162,833	\$136
20	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$60,578	\$159,825	\$133
21	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$63,721	\$156,814	\$131
22	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$66,865	\$153,801	\$128
23	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$70,009	\$150,786	\$126
24	\$5,112	\$1,050	\$6,162	\$3,019	\$3,144	\$73,152	\$147,768	\$123
25	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$76,499	\$144,545	\$120
26	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$79,845	\$141,319	\$118
27	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$83,191	\$138,091	\$115
28	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$86,537	\$134,859	\$112
29	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$89,883	\$131,626	\$110
30	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$93,229	\$128,389	\$107
31	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$96,576	\$125,150	\$104
32	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$99,922	\$121,908	\$102
33	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$103,268	\$118,664	\$99
34	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$106,614	\$115,416	\$96
35	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$109,960	\$112,166	\$93
36	\$5,368	\$1,103	\$6,471	\$3,124	\$3,346	\$113,306	\$108,914	\$91
37	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$116,667	\$105,444	\$88
38	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$120,427	\$101,972	\$85
39	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$123,987	\$98,496	\$82
40	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$127,548	\$95,018	\$79
41	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$131,108	\$91,537	\$76
42	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$134,668	\$88,053	\$73
43	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$138,229	\$84,566	\$70
44	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$141,789	\$81,076	\$68
45	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$145,349	\$77,583	\$65
46	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$148,910	\$74,087	\$62
47	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$152,470	\$70,589	\$59
48	\$5,636	\$1,158	\$6,794	\$3,234	\$3,560	\$156,030	\$67,087	\$56
49	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$159,817	\$63,356	\$53
50	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$163,604	\$59,622	\$50
51	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$167,391	\$55,885	\$47
52	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$171,178	\$52,145	\$43
53	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$174,965	\$48,401	\$40
54	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$178,752	\$44,655	\$37
55	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$182,539	\$40,905	\$34
56	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$186,325	\$37,152	\$31
57	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$190,112	\$33,396	\$28
58	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$193,899	\$29,637	\$25
59	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$197,686	\$25,875	\$22
60	\$5,918	\$1,216	\$7,134	\$3,347	\$3,787	\$201,473	\$22,110	\$18

Spend Down Model Inputs	
5.00%	Annual Monthly Fee and Personal Expense Increase
\$35,000	Annual Household Income Minimum Threshold
3.50%	Annual Income Increase

Note: The State of Seniors Housing 2016 report states the average length of stay in assisted living at 20.8 months.

pmd
PMA Management Division

Mercy Creek PMA Dementia Care Spend Down Analysis

Typical Owner Household Resident Spend Down Profile

Month	Actual DC Monthly Fee	Medical & Other Personal Costs	Total Monthly Cost	Monthly Income	Monthly Short Fall	Accum Assets Required to be Drawn	Age 75+ Median Net Worth	Interest Proceeds
1	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$4,146	\$213,262	\$178
2	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$8,293	\$209,293	\$174
3	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$12,439	\$205,322	\$171
4	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$16,585	\$201,346	\$168
5	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$20,732	\$197,368	\$164
6	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$24,878	\$193,386	\$161
7	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$29,024	\$189,401	\$158
8	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$33,171	\$185,412	\$155
9	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$37,317	\$181,420	\$151
10	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$41,463	\$177,425	\$148
11	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$45,610	\$173,427	\$145
12	\$7,313	\$1,000	\$8,313	\$4,167	\$4,146	\$49,756	\$169,425	\$141
13	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$54,172	\$165,150	\$138
14	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$58,588	\$160,871	\$134
15	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$63,004	\$156,589	\$130
16	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$67,421	\$152,304	\$127
17	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$71,837	\$148,014	\$123
18	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$76,253	\$143,722	\$120
19	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$80,669	\$139,425	\$116
20	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$85,085	\$135,125	\$113
21	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$89,501	\$130,822	\$109
22	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$93,918	\$126,515	\$105
23	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$98,334	\$122,204	\$102
24	\$7,679	\$1,050	\$8,729	\$4,313	\$4,416	\$102,750	\$117,890	\$98
25	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$107,166	\$113,586	\$94
26	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$111,582	\$109,286	\$91
27	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$116,000	\$104,986	\$87
28	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$120,416	\$100,686	\$83
29	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$124,832	\$96,386	\$79
30	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$129,248	\$92,086	\$75
31	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$133,664	\$87,786	\$71
32	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$138,080	\$83,486	\$67
33	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$142,496	\$79,186	\$64
34	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$146,912	\$74,886	\$60
35	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$151,328	\$70,586	\$56
36	\$8,063	\$1,103	\$9,165	\$4,463	\$4,702	\$155,744	\$66,286	\$52
37	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$160,160	\$61,986	\$48
38	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$164,576	\$57,686	\$44
39	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$168,992	\$53,386	\$40
40	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$173,408	\$49,086	\$36
41	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$177,824	\$44,786	\$32
42	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$182,240	\$40,486	\$28
43	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$186,656	\$36,186	\$24
44	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$191,072	\$31,886	\$20
45	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$195,488	\$27,586	\$16
46	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$199,904	\$23,286	\$12
47	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$204,320	\$18,986	\$8
48	\$8,466	\$1,158	\$9,623	\$4,620	\$5,004	\$208,736	\$14,686	\$4
49	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$213,152	\$10,386	-\$2
50	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$217,568	\$6,086	-\$7
51	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$221,984	\$1,786	-\$11
52	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$226,400	-\$2,514	-\$16
53	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$230,816	-\$7,214	-\$20
54	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$235,232	-\$11,914	-\$24
55	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$239,648	-\$16,614	-\$29
56	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$244,064	-\$21,314	-\$33
57	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$248,480	-\$26,014	-\$38
58	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$252,896	-\$30,714	-\$42
59	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$257,312	-\$35,414	-\$47
60	\$8,889	\$1,216	\$10,105	\$4,781	\$5,323	\$261,728	-\$40,114	-\$51

Spend Down Model Inputs	
5.00%	Annual Monthly Fee and Personal Expense Increase
\$50,000	Annual Household Income Minimum Threshold
3.50%	Annual Income Increase

Note: The State of Seniors Housing 2016 report states the average length of stay in assisted living at 21.9 months.

pmd
PMA Dementia Care

Turning mature market data into management decisions.[®]

pmd
advisory services

1139 Riverwalk Court
Hebron, KY 41048
(859) 689-9420
www.pmdas.com



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

ADDOLORATA VILLA

555 MCHENRY ROAD

WHEELING IL 60090

ADMINISTRATOR: ALPANA PATEL

TELEPHONE: 847-403-5567

Licensee ID	: 0045443
Facility ID	: 6000046
Skilled beds	: 88
Intermediate beds	: 10
Icf-dd beds	: 0
Shelter Care beds	: 43
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 58
Medicare/Medicaid beds	: 32
Medicaid beds	: 0
Fax	: 847-808-6240
County	: Cook
Medicare Certification Number	: 14-5724
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

[Facility Information](#)

[Ownership information](#)

[Surveys](#)

Administration

[Staffing](#)

[Admission Restrictions](#)

[Admissions & Discharges](#)

[Licensed Beds / Beds in use](#)

Residents

[Primary Diagnosis](#)

[Age Gender & Level of Care](#)

[Racial / Ethnic Groups](#)

Patient Days

[Level of Care](#)

[Payment Source](#)

[Private Payment Rates](#)

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL. 60090

Reference Numbers

Facility ID 6000046

Health Service Area 007

Planning Service Area 701 Planning Area 7-A

County 031 Wheeling Township

Administrator

Alpana Patel

Contact Person and Telephone

Alpana Patel

847-403-5567

Registered Agent Information

CT Corporation

208 South Laselle Street

ADMISSION RESTRICTIONS

Aggressive/Anti-Social 1
Chronic Alcoholism 1
Developmentally Disabled 1
Drug Addiction 1
Medicaid Recipient 0
Medicare Recipient 0
Mental Illness 0
Non-Ambulatory 0
Non-Mobile 0
Public Aid Recipient 0
Under 65 Years Old 0
Unable to Self-Medicate 0
Ventilator Dependent 1
Infectious Disease w/ Isolation 0
Other Restrictions 0
No Restrictions 0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 0
Endocrine/Metabolic 3
Blood Disorders 1
*Nervous System Non Alzheimer 13
Alzheimer Disease 8
Mental Illness 0
Developmental Disability 0
Circulatory System 25
Respiratory System 7
Digestive System 1
Genitourinary System Disorders 9
Skin Disorders 2
Musculo-skeletal Disorders 9
Injuries and Poisonings 11
Other Medical Conditions 3
Non-Medical Conditions 0
TOTALS 92

ADMISSIONS AND
DISCHARGES - 2016

Date Questionnaire Completed 3/21/2017

Continuing Care Retirement Community

Residents on 1/1/2016 100
Total Admissions 2016 163
Total Discharges 2016 171
Residents on 12/31/2016 92

Total Residents Diagnosed as
Mentally Ill 0Total Residents Reported as
Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	89	98	79	19	88	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	31	15	31	13	-13		
TOTAL BEDS	98	129	104	129	92	6	88	30

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4159	12.9%	5871	53.5%	0	569	15983	365	26947	75.1%	75.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	7330	1156	8486	0.0%	74.8%
TOTALS	4159	12.9%	5871	53.5%	0	569	23313	1521	35433	98.8%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	10	0	0	0	0	2	2	5	12	17
85+	14	48	0	0	0	0	2	7	16	55	71
TOTALS	19	60	0	0	0	0	4	9	23	69	92

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING, IL. 60090

Classification Numbers

Facility ID 6000046
Health Service Area 007
Planning Service Area 701 Planning Area 7-A
County 031 Wheeling Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	12	0	1	55	1	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	9	4	13
TOTALS	10	12	0	1	64	5	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	352	311
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	171	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	13	90
Race Unknown	0	0	0	0	0
Total	79	0	0	13	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	78	0	0	12	90
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	13	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	4.00
Certified Aides	29.00
Other Health Staff	5.00
Non-Health Staff	2.00
Totals	53.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.4%	7.3%	0.0%	1.9%	65.4%	100.0%		
2,531,620	727,335	0	187,654	6,515,140	9,961,749	212,020	2.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

FRANCISCAN VILLAGE

1270 FRANCISCAN DRIVE

LEMONT IL 60439

ADMINISTRATOR: SYLVIA CZERWINSKI

TELEPHONE: 630-243-3400

Licensee ID	: 0045419
Facility ID	: 6012413
Skilled beds	: 127
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 38
Medicare/Medicaid beds	: 0
Medicaid beds	: 31
Fax	: 630-257-5823
County	: Cook
Medicare Certification Number	: 14-6029
Medicare Skilled Certification Number	: 14A447
Medicaid ICF/DD Certification Number	: 14E261
Medicaid DD Certification Number	
Medicaid Swing Bed Certification Number	

General

Facility Information
Ownership information

Surveys

Administration

Staffing
Admission Restrictions
Admissions & Discharges
Licensed Beds / Beds in use

Residents

Primary Diagnosis
Age Gender & Level of Care
Racial / Ethnic Groups

Patient Days

Level of Care
Payment Source
Private Payment Rates

FRANCISCAN VILLAGE

1260 FRANCISCAN DRIVE
LEMONT, IL. 60439

Classification Numbers

Facility ID 6012413
Health Service Area 007
Planning Service Area 705 Planning Area 7-E
County 031 Lemont Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	21	0	2	55	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	21	0	2	55	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	330	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.30
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.23
LPN's	14.62
Certified Aides	47.80
Other Health Staff	2.00
Non-Health Staff	37.44
Totals	128.39

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.9%	8.3%	0.0%	4.3%	52.5%	100.0%		
4,449,551	1,054,485	0	550,786	6,682,811	12,737,633	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

ST JOSEPH VILLAGE OF CHICAGO

4021 WEST BELMONT AVENUE

CHICAGO IL 60641

ADMINISTRATOR: BRIAN CELERIO

TELEPHONE: 773-328-5500

Licensee ID	: 0046581
Facility ID	: 6008957
Skilled beds	: 54
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 43
Medicare/Medicaid beds	: 11
Medicaid beds	: 0
Fax	: 773-328-5502
County	: Cook
Medicare Certification Number	: 14-5637
Medicare Skilled Certification Number	: 14A371
Medicaid ICF/DD Certification Number	: 14E166
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General

Facility Information

Ownership information

Surveys

Administration

Staffing

Admission Restrictions

Admissions & Discharges

Licensed Beds / Beds in use

Residents

Primary Diagnosis

Age Gender & Level of Care

Racial / Ethnic Groups

Patient Days

Level of Care

Payment Source

Private Payment Rates

idph online home

nursing homes in Illinois

ST. JOSEPH VILLAGE

4021 WEST BELMONT AVENUE
CHICAGO, IL 60641

Classification Numbers

Facility ID 6008957
Health Service Area 006
Planning Service Area 601 Planning Area 6-A
County 031 Area 21 - Avondale

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	7	0	5	18	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	7	0	5	18	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	1.00
Certified Aides	21.00
Other Health Staff	1.00
Non-Health Staff	31.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.6%	5.5%	0.0%	11.7%	41.2%	100.0%		
2,847,024	377,862	0	798,054	2,815,000	6,837,940	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH'S HOME FOR AGED
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	16
Mental Illness	32
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	78

Reference Numbers

Facility ID 6008965
Health Service Area 003
Planning Service Area 167 Sangamon
County 167 Sangamon County

Administrator

Sister M. Lenore Highland

Contact Person and Telephone

SISTER M. LENORE HIGHLAND
217-529-5596

Registered Agent Information

Sister Paula Vasquez
2408 West Heading Avenue

ADMISSIONS AND
DISCHARGES - 2016

Date Questionnaire Completed	3/14/2017	Residents on 1/1/2016	78	Total Residents Diagnosed as Mentally Ill	27
		Total Admissions 2016	39	Total Residents Reported as Identified Offenders	0
		Total Discharges 2016	50		
		Residents on 12/31/2016	67		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	73	67	67	6	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	11	11	11	11	11	0		
TOTAL BEDS	84	84	84	78	78	6	0	0

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	21805	2620	24425	91.4%	91.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	2542	855	3397	84.4%	84.4%
TOTALS	0	0.0%	0	0.0%	0	0	24347	3475	27822	90.5%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	1	1	4	5
75 to 84	10	6	0	0	0	0	1	1	11	7	18
85+	8	39	0	0	0	0	2	6	10	45	55
TOTALS	19	48	0	0	0	0	3	8	22	56	78



Nursing Homes in Illinois

Who Regulates
Nursing Homes?

A Listing of Illinois
Nursing Homes

How to Select a
Nursing Home

Centers for
Medicare and
Medicaid Services
Nursing Home
Compare Website

Quarterly Reports
of Nursing Home
Violation

Illinois Law on
Advance Directives

Nursing Homes
with No
Certification
Deficiencies

Nursing Home
Care Act

Illinois Health Care
Worker Registry

Centers for
Medicare and
Medicaid Services
Nursing Home
Quality Initiative

Facility Information

VILLAGE AT VICTORY LAKES, THE

1055 EAST GRAND AVENUE
LINDENHURST IL 60046

ADMINISTRATOR: JEANNE HEID-GRUBMAN
TELEPHONE: 847-356-5900

Licensee ID	: 0048256
Facility ID	: 6011332
Skilled beds	: 120
Intermediate beds	: 0
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 96
Medicare/Medicaid beds	: 24
Medicaid beds	: 0
Fax	: 847-356-4599
County	: Lake
Medicare Certification Number	: 14-5602
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

General
Facility Inform
Ownership in
Surveys

Administ
Staffing
Admission R
Admissions &
Licensed Beds

Residents
Primary Diag
Age Gender & L
Racial / Ethn

Patient D
Level of Care
Payment Sou
Private Paym

idph online home

nursing homes in Illinois

THE VILLAGE AT VICTORY LAKES

1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Classification Numbers

Facility ID 6011332
Health Service Area 008
Planning Service Area 097 Lake
County 097 Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	17	0	7	32	1	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	17	0	7	32	1	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	312	408
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	12.00
Certified Aides	54.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	125.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
54.1%	9.3%	0.0%	8.3%	28.3%	100.0%		
6,663,453	1,146,928	0	1,016,891	3,480,635	12,307,907	1,149	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE VILLAGE AT VICTORY LAKES

1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Reference Numbers

Facility ID 6011332
Health Service Area 008
Planning Service Area 097 Lake
County 097 Lake County

Administrator

Jeanne Heid-Grubman

Contact Person and Telephone

Jeanne Heid-Grubman
847-356-5900

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social 1
Chronic Alcoholism 1
Developmentally Disabled 0
Drug Addiction 1
Medicaid Recipient 0
Medicare Recipient 0
Mental Illness 1
Non-Ambulatory 0
Non-Mobile 0
Public Aid Recipient 0
Under 65 Years Old 0
Unable to Self-Medicate 0
Ventilator Dependent 1
Infectious Disease w/ Isolation 0
Other Restrictions 0
No Restrictions 0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 1
Endocrine/Metabolic 0
Blood Disorders 0
*Nervous System Non Alzheimer 15
Alzheimer Disease 0
Mental Illness 19
Developmental Disability 0
Circulatory System 17
Respiratory System 6
Digestive System 2
Genitourinary System Disorders 3
Skin Disorders 1
Musculo-skeletal Disorders 1
Injuries and Poisonings 8
Other Medical Conditions 6
Non-Medical Conditions 0
TOTALS 79

ADMISSIONS AND
DISCHARGES - 2016

Date Questionnaire Completed	3/23/2017	Residents on 1/1/2016	82	Total Residents Diagnosed as Mentally Ill	19
Continuing Care Retirement Community		Total Admissions 2016	801	Total Residents Reported as Identified Offenders	0
		Total Discharges 2016	804		
		Residents on 12/31/2016	79		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	118	99	118	79	41	120	24
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	118	99	118	79	41	120	24

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.						Occ. Pct.	Occ. Pct.	
Nursing Care	11577	26.4%	6678	76.0%	0	2059	10932	4	31250	71.2%	72.4%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	11577	26.4%	6678	76.0%	0	2059	10932	4	31250	71.2%	72.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	8	38	0	0	0	0	0	0	8	38	46
TOTALS	21	60	0	0	0	0	0	0	21	60	81

Franciscan Ministries Illinois

Illinois

St. Joseph Village of Chicago

Facility State License Number
0046581

Tax ID Number
35-1124441

Medicaid Provider Number
35-1124441003

Medicare Provider Number
14-5637

Star Quality Rating
5 Stars

Addolorata Villa

Facility State License Number
0045443

Tax ID Number
35-1124441

Medicaid Provider Number
35-1124441005

Medicare Provider Number
14-5724

Star Quality Rating
5 Stars

Franciscan Village

Facility State License Number
004519

Tax ID Number
35-1124441

Medicaid Provider Number
35-1124441006

Medicare Provider Number
14-6029

Star Quality Rating
5 Stars

The Village at Victory Lakes

Facility State License Number
0048256

Tax ID Number
35-1124441

Medicaid Provider Number
35-11244411007

Medicare Provider Number
14-5602

Star Quality Rating
5 Stars

Indiana

**Hancock Regional Hospital d/b/a
St. Anthony Home- Crown Point**

Facility State License Number
18-000120-1

Tax ID Number
35-1124441

Medicaid Provider Number
100274780

Medicare Provider Number
15-5214

Star Quality Rating
2 Stars

University Place

Facility State License Number
18-003673

Tax ID Number
35-2058981

Medicaid Provider Number
200450890A

Medicare Provider Number
15-5725

Star Quality Rating
4 Stars

OHIO

Mt. Alverna Village

Facility State License Number
0902R

Tax ID Number
35-1124441

Medicaid Provider Number
26-02044

Medicare Provider Number
36-6071

Star Ratings
5 Stars

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	LIC. NUMBER
07/12/2018	0046581
LONG TERM CARE LICENSE SKILLED 54	CATEGORY BGBE
UNRESTRICTED	54 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCISCAN COMMUNITIES, INC.

ST JOSEPH VILLAGE OF CHICAGO
4021 WEST BELMONT AVENUE
CHICAGO IL 60641
EFFECTIVE DATE: 07/13/16

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

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

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

EXPIRATION DATE		ID NUMBER	
04/30/2019		0045443	
LONG TERM CARE LICENSE	CATEGORY	BGBE	
SKILLED 88	INTERMEDIATE	10	
SHELTERED 43			
UNRESTRICTED	141 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCISCAN COMMUNITIES, INC.

ADDOLORATA VILLA
555 MCHENRY ROAD

WHEELING IL 60090

EFFECTIVE DATE: 05/01/18

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

REGION 9

03/15/18

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING

IL 60090

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	I.D. NUMBER
11/03/2019	0045419
LONG TERM CARE LICENSE SKILLED 127	CATEGORY BGBE
UNRESTRICTED 127 TOTAL BEDS	

BUSINESS ADDRESS
LICENSEE

FRANCISCAN COMMUNITIES, INC.

FRANCISCAN VILLAGE
1270 FRANCISCAN DRIVE
LEMONT IL 60439
EFFECTIVE DATE: 11/04/17

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

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

REGION 9

10/26/17

FRANCISCAN VILLAGE
1270 FRANCISCAN DRIVE
LEMONT

IL 60439

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	DL NUMBER
05/16/2019	0048256
LONG TERM CARE LICENSE SKILLED 120	CATEGORY BGBE
UNRESTRICTED	120 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE
FRANCISCAN COMMUNITIES, INC.

VILLAGE AT VICTORY LAKES, THE
1055 EAST GRAND AVENUE
LINDENHURST IL 60046
EFFECTIVE DATE: 05/17/17

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

Indiana State Department of Health

Comprehensive Care License

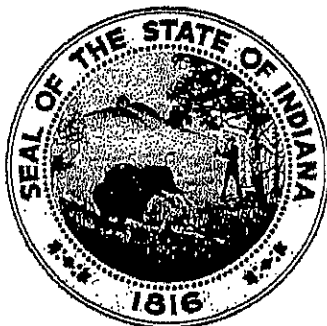
This is to certify that:

HANCOCK REGIONAL HOSPITAL d/b/a
ST ANTHONY HOME - CROWN POINT
203 FRANCISCAN DR
CROWN POINT, IN

a 192 bed Comprehensive Care Facility, has fulfilled the requirements for licensure and is subject to provisions of IC 16-28 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation, replacement, or reduction at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 18-000120-1 is effective March 1, 2018 and expires February 28, 2019.



MATTHEW FOSTER
DIRECTOR, LONG TERM CARE DIVISION
PH 317/233-7289 FAX: 317/233-7322

SDH 25-028
State Form 44876 (R3/5-05)
HEA FAC/CERT

STATE OF OHIO
OHIO DEPARTMENT OF HEALTH

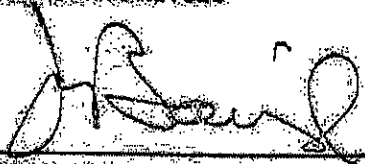
RESIDENTIAL CARE FACILITY LICENSE

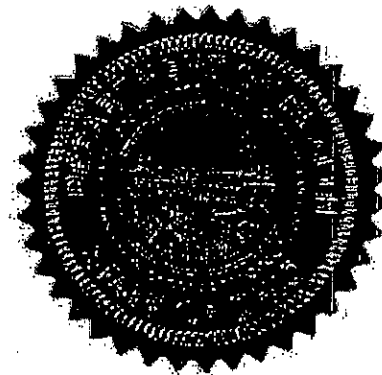
Hereby Issued in accordance with Chapter 3721. of the Ohio Revised Code and Chapter 3701-17 of the Ohio Administrative Code to:

MOUNT ALVERNA VILLAGE
6765 STATE ROAD
PARMA, OH

Facility ID #: 0902R
Capacity: 45 Residents
Effective Date: September 22, 2005
Operator: FRANCISCAN COMMUNITIES

In witness thereof


J. Nick Baird, MD
Director of Health



This is a non-transferable license and must be posted in a conspicuous place in the facility.



FRANCISCAN MINISTRIES

Sponsored by the Franciscan Sisters of Chicago

11500 THERESA DRIVE

LEMONT, IL 60439-2727

PHONE (331) 318-5200 • FAX (331) 318-5210

www.franciscancommunities.org

July 1, 2018

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

To whom it may concern,

Please be advised of the following adverse action as defined under 1125.140 that has been taken against the applicant in the past 3 years is as follows:

Addolorata Villa - Date: 2-9-2017, and 4-7-2017

IDPH issued Type A violation, Conditional License and \$25,000 fine. Federal CMP assessed at \$3,097.00 both fines reduced using all legal remedies available.

Survey cycle opened 2-9-2017 and remained open until 6-1-2017. CMP's stemmed from a self-reported incident/accident with injury to a resident. Requested IDPH hearing and with assistance from our attorney Conditional License was withdrawn and IDPH fine was reduced to \$16,250.00 through Consent Agreement. Federal hearing waived for reduction of CMP by 35% to \$2,013.05.

Franciscan Village - Date: 1-16-2018

Complaint Surveys – No federal deficiencies cited. 4 State tags cited constituting a Type B violation. CMP was \$2,200.00. Waived hearing and received a 35% reduction in fine and penalties to \$1,430.00.

These are the total adverse actions taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application

Sincerely,

Judy Amiano
Chief Executive Officer



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

01/31/2018

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Ms. Sylvia Czerwinski, Administrator
Franciscan Village
1270 Franciscan Drive
Lemont, IL 60439

Provider #: 146029/ 0045419
Survey Date: January 18, 2018
Survey Type: FRI of 12/22/17/IL99388
FRI of 12/22/17/IL 99345

Dear Administrator:

On January 18, 2018 an inspection was conducted at Franciscan Village by staff of the Illinois Department of Public Health to determine compliance with federal certification requirements for nursing homes participating in the Medicare/Medicaid programs. As a result of that inspection, no deficiencies were identified (See Enclosure #1, CMS Form 2567L.)

If you have any questions concerning this notice, please contact my staff at (217) 782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

Sherry Barr
Division of Quality Assurance
Office of Health Care Regulations

Encl:

cc:

Illinois Department on Aging
Division of LTC-FO
CT Corporation System, Registered Agent
a2/Current-No Cycle/mw

ATTACHMENT 12B

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/18/2018
NAME OF PROVIDER OR SUPPLIER FRANCISCAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN DRIVE LEMONT, IL 60439		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS FRI of 12/22/17/IL99388 FRI of 12/22/17/IL 99345 Franciscan Village is in compliance with 42 CFR part 483, Requirements for Long Term Care facilities for this survey	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



**Service of Process
Transmittal**

03/30/2018

CT Log Number 533067320

TO: Helene Galuszka
Franciscan Sisters of Chicago Service Corporation
11500 Theresa Dr
Lemont, IL 60439-2727

FV

RE: Process Served in Illinois

FOR: Franciscan Communities, Inc. (Domestic State: IN)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Plt. f vs. FRANCISCAN VILLAGE, Dft. // To: Franciscan Communities, Inc.

DOCUMENT(S) SERVED: Notice(s), Proof, Statement

COURT/AGENCY: None Specified
Case # NH1850086

NATURE OF ACTION: Code Violation / Code Enforcement - Violation of Section 3-303(b) of the Act and Section 300.278 of the Code,

ON WHOM PROCESS WAS SERVED: C T Corporation System, Chicago, IL

DATE AND HOUR OF SERVICE: By Certified Mail on 03/30/2018 postmarked on 03/27/2018

JURISDICTION SERVED : Illinois

APPEARANCE OR ANSWER DUE: Within 10 days after receipt

ATTORNEY(S) / SENDER(S): Sammye Geer
DEPARTMENT OF PUBLIC HEALTH - STATE OF ILLINOIS
525-535 West Jefferson Street
Springfield, IL 62761-0001

ACTION ITEMS: SOP Papers with Transmittal, via UPS Next Day Air , 1ZX212780104337963

SIGNED: C T Corporation System
ADDRESS: 208 South LaSalle Street
Suite 814
Chicago, IL 60604
TELEPHONE: 312-345-4336

Page 1 of 1 / SH

Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package only, not contents.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS,
Complainant,

v.

FRANCISCAN VILLAGE,
Respondent.

) Docket No. NH18-S0086
)
)
)
)
)
)
)

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED;
NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF
VIOLATORS;

NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.)
(hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Licensure Investigation conducted by the Department on January 18, 2018, at Franciscan Village, 1270 Franciscan Drive, Lemont, Illinois 60439. On March 16, 2018, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.

- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of \$2,200.00, as follows:

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b)5), 300.1210d)6) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

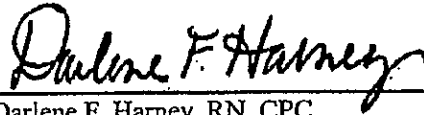
Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Darlene F. Harney, RN, CPC
Bureau Chief, Long Term Care
Designee of the Director
Office of Health Care Regulation

Dated this 26th day of March, 2017.

Docket No. NH 18-S0086

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/18/2018
NAME OF PROVIDER OR SUPPLIER FRANCISCAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN DRIVE LEMONT, IL 60439		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Facility Reported Incidents of 12/22/17/IL99388, Facility Reported Incidents of 12/22/17/IL99345	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/18/2018
NAME OF PROVIDER OR SUPPLIER FRANCISCAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN DRIVE LEMONT, IL 60439		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on observation, interviews, and record review the facility failed to ensure safe transfers for 2 residents (R1 and R4) of residents reviewed for use of gait belts during transfers. This failure	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/18/2018
NAME OF PROVIDER OR SUPPLIER FRANCISCAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN DRIVE LEMONT, IL 60439		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 resulted in a fractured right arm for R1, after a transfer/fall without a gait belt Findings Include: On 1/17/18 at 1 PM, V4 (1st floor AM Supervisor) stated "I did not see the incident personally. I was called to R1's room after being informed that R1 was on the floor in the bathroom. When I went to the room, I noted that R1 was on the floorway of the bathroom and her bedroom. V5 (Certified Nursing Assistant / CNA) stated "I was taking R1 off the toilet and her knees buckled. I immediately grabbed hold of her and lowered her to the floor." V4 stated "I assessed R1 for pain or any injuries. I had V6 (RN) come to the room and she also assessed R1. R1 had no complaints regarding pain or limited range of motion besides her baseline abilities. I went to get the patient lift to lift R1 off the floor but V5 and V7 (CNAs) were already lifting her into her wheelchair. After R1 was placed in her wheelchair, R1 began to complain of right arm pain. I called the physician and received an order to get an x-ray. The x-ray noted a fracture of the right arm. We applied an ice pack and provided pain medication. We called the physician and received an order to transfer R1 to the emergency room for treatment. R1 was in the hospital for about 48 hours until the orthopedic physician decided that R1 was not a candidate for surgery. R1 was returned to the facility with a splint and orders to remain in bed. R1 was to follow up with the orthopedic in two weeks." V4 was asked about the use of a gait belt when R1 was examined. V4 stated "I did not see a gait belt on R1 nor did V5 and V7 use a gait belt when they lifted R1 back into her wheelchair." On 1/18/17 at 9:30 AM, V6 (RN) stated "V5 was	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/18/2018
NAME OF PROVIDER OR SUPPLIER FRANCISCAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN DRIVE LEMONT, IL 60439			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 3 assisting R1 to the toilet and obtain a urine specimen. After using the toilet, V5 was assisting R1 back into her wheelchair. V4 (Supervisor) called me to R1's room. I assessed R1 on the floor and noted that she had no visible injuries, pain, or bleeding. R1 was able to move her extremities. The CNA (V5 and V7) placed R1 back into her wheelchair." V6 was asked about a gait belt being used. V6 stated "There was no gait belt that I can remember being used to transfer R1. When I interviewed R1's CNA, she did not mention anything about using a gait belt." On 1/18/18 at 1:50 PM, V5 (CNA) stated "I placed R1 onto the toilet to get a urine specimen. After toileting, R1 stood up holding the grab bars and I noticed her knees were buckling. I immediately grabbed her around the waist and lowered her to the floor. The nurses came in and assessed her for any injuries. I (E5) and E7 assisted R1 back into her wheelchair. Only after that did R1 state that she had pain in her right arm. When I placed R1 onto the toilet I did not have a gait belt. When V7 and I placed R1 back into her wheelchair, we did not use a gait belt. We transferred R1 under her arms and grabbed her waist of her pants." V5 was asked about R1's client care card and the instructions to use a sit to stand for R1 when transferring. V5 stated "R1 and her family are against the use of a sit to stand transfer device. We have let management know that R1 refuses the sit to stand and have not done anything about it. In addition, after the fall, management started implementing the use of gait belts last Monday." On 1/18/18 at 2 PM, V3 (RN / Second Floor Supervisor) stated "Actually the use of gait belts has been inserviced and reinserviced a number of times. We had another gait belt inservice which started last Mouday, which may be the	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/18/2018
NAME OF PROVIDER OR SUPPLIER FRANCISCAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN DRIVE LEMONT, IL 60439		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 situation that staff are referring to." On 1/17/18 at 3 PM, V1 (Administrator) and V2 (Director of Nursing) were asked about the falls committee discussion after R1's fall regarding the use of gait belts. V1 and V2 stated "Actually gait belts were never discussed during the fall review of R1." On 1/18/18 at 2 PM, a review of the chart was conducted. The Client Care Card was noted for assessment date 11/30/17 "Sit to Stand Mechanical" use for transfers for Resident R1. On 1/18/18 at 2 PM, a review of the chart noted R1's Care Plan. The care plan notes "Transfers: R1 will complete transfers with the assistance of 1 to 2 as needed. Pivot Transfer with gait belt x 1-2 assists as needed; may use transfer device as indicated x 2 staff." This is post fall. Prior to R1's incident, R1 was sit to stand. 1 person assist with gait belt. On 1/17/18 at 11:35 AM, V8 (Registered Nurse / RN) was transferring R4 from her bed to her wheelchair preparing to go the dining room for lunch. V8 transferred R4 by supporting her under her arms to a stand and pivot position onto the wheelchair. V8 was not using a gait belt during the transfer to ensure a safe transfer. V2 (Director of Nursing) stated "All transfers should be accomplished with the use of a transfer device and/or gait belt." On 1/18/18 at 10 AM, V1 (Administrator) and V2 (Director of Nursing) provided the policy and procedure for Gait Belts (dated October 1, 2012). The policy notes "It is the policy of the community to use gait belts to transfer residents who require partial weight bearing assistance. To safely	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/18/2018
NAME OF PROVIDER OR SUPPLIER FRANCISCAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN DRIVE LEMONT, IL 60439		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 transfer a resident while providing increased leverage for the resident assistant. This policy is implemented by the Director of Nursing/designee and monitored by the nurse...." (B)	S9999		

300.610

Resident Care

A resident care committee will be formed and will consist of Medical Director, Director of Nursing, Assistant Director of Nursing and members of the Interdisciplinary Team. This team will meet annually in June.

By June 30, 2018 the committee will review and update as needed any resident care policy and procedures.

Resident care staff members will receive a review on the current care policies and procedure by June 1, 2018.

A copy will be kept at each nurse's station. In-services to all staff regarding any updates or new policies will be conducted subsequent to the review and update and as needed throughout the year.

The Director of Nursing will report to the QAPI Committee on a quarterly basis any update to policies that need to be made.

300.2010(5b)

General Requirements for Nurses and Personnel

Nursing personnel will be in-serviced on safe transfers, ambulation and use of gait belt by May 1st, 2018.

The Director of Nursing or designee will audit to ensure each staff member has a gait belt for use. Daily monitoring of gait belt use will be conducted by the Director of Nursing or designee by randomly observing staff to ensure they have the gait belt with them and also observing 3 transfers per day/5 days per week on varying shifts. Any deficient practice will be corrected immediately. The Director of Nursing will report audit findings to the QAPI Committee on a monthly basis and the Committee will determine if further monitoring is warranted.

Completion date: May 1, 2018

300.2010 (6b)

Client care cards and care plans will reflect the transfer status of each resident-by May 1st 2018. Care cards and care plans will be updated as residents' needs or order changes.

An audit will be conducted by Director of Nursing or Designee of 15 care cards and care plans weekly x12 weeks and then quarterly for 15 records for 3 quarters. Any discrepancies will be corrected immediately.

The Director of Nursing will report to the QAPI Committee on a monthly then quarterly basis the audit findings and the Committee will determine if further or more frequent monitoring is warranted.

Completion date: May 1, 2018

300.3240

Abuse and Neglect

An in-service on gait belt and safe transfers will be completed for nursing personnel by May 1, 2018.

The Director of Nursing or designee will audit to ensure each staff member has a gait belt for use. Daily monitoring of gait belt use will be conducted by the Director of Nursing or designee by randomly observing staff to ensure they have the gait belt with them and also observing 3 transfers per day/5 days per week on varying shifts. Any deficient practice will be corrected immediately,

The Director of Nursing will report audit findings to the QAPI Committee on a monthly basis and the Committee will determine if further monitoring is warranted.

Completion date: May 1, 2018



FRANCISCAN COMMUNITIES

Sponsored by the Franciscan Sisters of Chicago

11500 THERESA DRIVE

LEMONT, IL 60439-2727

PHONE (331) 318-5200 • FAX (331) 318-5210

www.franciscancommunities.org

April 4, 2018

Illinois Department of Public Health
525-535 West Jefferson Street
P.O. Box 4263
Springfield, Illinois 62761-0001

SENT OVERNIGHT VIA FEDEX

Docket No.: NH18-S0086
CMS Certification Number: 146029
Date of Survey: 01/18/2018
Complaint Survey

Dear Sir or Madam:

In the above referenced matter concerning Franciscan Communities, Inc., d/b/a Franciscan Village, Lemont, Illinois, please accept this letter as our formal written request to waive a hearing in this matter. In accordance with the opportunity for waiving the hearing, we submit the enclosed check in the amount of \$1,430.00 representing a 35% reduction in the Civil Money Penalty assessed related to the Type "B" violations cited for the above survey listed. This request, the enclosed check and the required acceptance of the Plan of Correction that has been submitted are expected to provide final and complete resolution to this matter.

We look forward to a prompt and timely resolution.

Should you have any questions or if any further information is required, please contact my office at (331) 318-5120.

Sincerely,

Sylvia Czerwinski
Administrator
Franciscan Village





FRANCISCAN COMMUNITIES

Sponsored by the Franciscan Sisters of Chicago

11500 THERESA DRIVE

LEMONT, IL 60439-2727

PHONE (331) 318-5200 • FAX (331) 318-5210

www.franciscancommunities.org

September 29, 2017

Illinois Department of Public Health
P.O. Box 4623
Springfield, Illinois 62708

SENT CERTIFIED VIA USPS

CMS Certification Number: 145724
Start Date for this Cycle: 2/9/2017
Docket number: NH 17-S0237

Dear Sir or Madam:

In the above referenced matter concerning Franciscan Communities, Inc., d/b/a Addolorata Villa, 555 McHenry Road, Wheeling, Illinois, please accept this letter and the enclosed check as payment in full of the imposed Fine Assessment associated with the above Docket number. A copy of the Final Order is enclosed along with the check in the amount of \$16,250.00.

Should you have any questions or if any further information is required, please contact my office at (331) 318-5120

Sincerely,

Kathleen Kelly
Vice President of Clinical Services

ATTACHMENT 12B

ATTACHMENT 12B

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on interview and record review, the facility failed to provide supervision while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents. This failure resulted in R1 sustaining fractures of the tibia and fibula leading up to hospitalization. Findings include: R1 is a 90 year old female admitted to the facility 9/20/2008. R1's face sheet diagnosis includes dementia, atrial fibrillation, heart failure and type 2 diabetes mellitus. On 4/6/17 at 10:15am in 2nd floor common area accompanied by E7 (RN-Registered Nurse), R1 was in wheelchair with both legs on the footrests,	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X8) COMPLETE DATE
S9999	Continued From page 2 lower right leg in a cast. E7 stated, "The resident is wearing a leg cast for an ankle fracture from a fall. She ambulates in wheel chair and is a 1-2 person assist." R1 is alert and oriented to self only and is hard of hearing. R1's MDS (Minimum Data Set) dated 2/1/17 indicates the following: BIMS (Brief Interview for Mental Status) - 99 (the resident was unable to complete the interview); Transfer 3/3 (Extensive Assistance/Two persons assist), Toilet use 3/2 (Extensive Assist/one person assist), Mobility Device (Wheelchair). R1's fall risk screening tool dated 2/3/17 indicates a total score of 16 (Total score of 10 or above represents high risk). R1's care plan for fall intervention dated 2/20/17 denotes, in part: "....Remind all staff, resident is total supervision with toileting instructions were provided at the start of the shift and as needed." R1's initial fall incident report to the state agency dated 3/14/17 denotes, in part: ".... On 3/13/2017 around 7:15pm, after dinner assigned CNA (certified Nursing Aide) toileted the resident, after few minutes resident was noted sitting in the bathroom floor facing the toilet Resident was sent to ER (Emergency Room) for evaluation and treatment and admitted for right tibia fracture Resident's last fall incident was on 7/6/2014." R1's final incident report to the state agency dated 3/17/17 denotes, in part: "....Investigation revealed that CNA observed another resident who needed assistance immediately while with this resident. CNA stepped out to assist this other resident and asked the resident to wait for her return, CNA returned within a minute or two and	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 observed the resident on the floor. Resident continues to be at the hospital" R1's hospital record dated 3/17/17 indicates R1 was admitted on 3/14/17, discharged on 3/17/17. Diagnosis: Fracture, tibia and fibula. R1's X ray report dated on 3/15/17 documents, in part: "....Right ankle pain, Status post fall. Frontal and lateral views of the right tibia and fibula were obtained. There is an acute fracture through the proximal shaft of the fibula. There is some cortical irregularity involving the proximal shaft of the tibia below the tibial plateau adjacent to the proximal portion of the intramedullary nail and a non-displaced fracture in this region is not excluded" R1's hospital discharge instruction dated 3/17/17 denotes, in part: "....No weight bearing right leg. Plan to keep cast to right leg for 1 month. Follow up with specialty in Orthopedic Surgery in 1 month" On 4/5/16 at 12:15pm, E2 (Assistant Director of Nursing) stated: "When a fall occurs, the nurse gathers reports and starts the investigation, the reports go to me and I talk to the witness and the residents. I feel like the CNA should not have left the resident on the toilet by herself because of the resident's low safety awareness and confusion. One-on-one education was given to the CNA after the incident...." On 4/6/17 at 1:05pm, E3 (DON - Director of Nursing) stated, "Because most of the residents on the 2nd floor are high fall risk with a risk score of 10 or more, it is important that fall interventions are in place for the high fall risks because of the residents' confusion, low safety awareness and	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER ADDOLORATA VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 555 MCHENRY ROAD WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 Impulsivity. Fall intervention is in the residents care plan and is updated quarterly and after significant changes, staff should review care plans to ensure the fall interventions are followed...." Facility's policy entitled: "Falls -Clinical Protocol" documents, in part, "....the staff and physician will identify pertinent interventions to try to prevent subsequent falls The staff and physician will monitor and document the response to the interventions intended to reduce falling or the consequence of falling...."	S9999		
	(A)			

To: Illinois Department of Public Health ILDPH003

Date: 09/25/2017

Invoice Number	Date	Account Description	Distribution Reference	Voucher Amount	Paid Amount
019222017	09/22/2017	Addolorata Villa		\$16,250.00	\$16,250.00

TOTAL: \$16,250.00

THIS CHECK HAS A COLORED BACKGROUND AND CONTAINS MULTIPLE SECURITY FEATURES. SEE BACK FOR DETAILS



Franciscan Communities Inc.
11500 Theresa Drive
Lemont, IL 60439

Huntington National Bank
Columbus, OH 43218

237878
044000024

DATE	AMOUNT
Sep 25, 2017	\$16,250.00

Sixteen Thousand Two Hundred Fifty Dollars and 00 Cents

Pay to the Order of:

Illinois Department of Public Health
PO Box 4263
Springfield, IL 62708-4263

VOID after 180 days

Judy Amiano
Richard S. Jurens

⑈ 237878 ⑈ ⑆044000024⑆ 01892894038⑈

THE DEPARTMENT OF PUBLIC HEALTH,
STATE OF ILLINOIS,

vs.

Docket No. NH 17-S0237

NOW COME the Complainant and the Respondent, by and through their attorneys, and request the Director of the Illinois Department of Public Health to issue a Final Order in the above-captioned matter consistent with the following:

1. The Illinois Department of Public Health ("Department") is designated as the State Agency to administer the provisions of the Nursing Home Care Act (210 ILCS 45/1-101 *et seq*) ("Act").
2. Franciscan Communities, Inc. d/b/a Addolorata Villa ("Respondent"), was, at all pertinent times, licensed by the Department to operate a facility located at 555 McHenry Road, Wheeling, Illinois 60090.
3. On or about April 7, 2017, employees of the Department conducted an investigation of Respondent's facility, which resulted in the issuance of a Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License and Imposed Plan of Correction; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing ("Notice") as more fully set forth in Exhibit A incorporated herein. The basis for the Department's decision is set forth in the Statement of Violations also contained in Exhibit A.
4. Respondent timely requested a hearing to contest the Department's allegations, determinations, and notices set forth in Paragraph 3 above.
5. The Department and Respondent have agreed, in order to resolve this matter, that Respondent be permitted to enter into this Consent Agreement and Request for Final Order ("Consent Agreement") with the Department, providing for the imposition of certain provisions that are consistent with the best interests of the People of the State of Illinois, subject to the entering of a Final Order dismissing this matter.

6. This Consent Agreement is a compromise and settlement of violations alleged in Docket Number NH 17-S0237. This Consent Agreement shall not be used in determining liability in any action brought by a third party not a signatory to this Consent Agreement against Respondent. Nothing herein shall be considered an admission of fault of any kind by Respondent as to any action brought by a third party, nor shall anything herein be considered a reflection of any weakness of proof by the Department. The parties agree that this Consent Agreement is entered into solely for the purpose of settlement and, except for future actions between the Department and Respondent, does not constitute an admission of any liability or wrongdoing by the Respondent, its parent, subsidiaries or other related entities, or each of its directors, officers, employees, agents, successors, assigns and attorneys. Nothing in this paragraph shall prevent the Department from using violations imposed herein in any other matter before the Department, as set forth in Paragraph 1.2 below.

NOW, THEREFORE, in consideration of the aforesaid Recitals and representations, the mutual covenants and provisions hereinafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are mutually acknowledged by the parties, the parties hereby agree as follows:

ARTICLE I

Respondent's Consideration

- 1.1 Respondent hereby withdraws its request for a hearing in this matter, thereby expressly waiving its right to contest the Statement of Violations as described in Paragraph 3 of the Recitals, as amended by this Consent Agreement.
- 1.2 The Respondent agrees not to contest the imposition of a Type "A" Violation in the present matter for the following sections of the Skilled Nursing and Intermediate Care Facilities Code ("Code") (77 Ill. Adm. Code 300 *et seq.*): 300.610(a), 300.1210(b), and 300.1210(d)(6), or contest that they were imposed in any other matter before the Department, including but not limited to, any license denial, license revocation, license nonrenewal, or license suspension proceeding. Therefore, the Type "A" Violation is imposed against the Respondent and Respondent agrees to pay the Fine Assessment pursuant to the terms set forth in Paragraph 1.3 below.
- 1.3 Within 30 (thirty) days of receipt of this Final Order, Respondent shall deliver to the Department \$16,250 (Sixteen Thousand Two Hundred Fifty Dollars) ("Agreed Fine Amount"). The check for the Agreed Fine Amount shall be made out to the Illinois Department of Public Health, and delivered to the Illinois Department of Public Health, P.O. Box 4263, Springfield, Illinois 62708.

- 1.4 The Agreed Fine Amount will be in full satisfaction of all matters in controversy for which this action was brought by the Department against Respondent in this matter. Should the payment described in Paragraph 1.3 above not be made on a timely basis, the Department shall re-institute this action against Respondent, regardless of whether Respondent still exists as a legal entity.
- 1.5 Respondent shall comply with the Imposed Plan of Correction contained in Exhibit A.

ARTICLE II

Department's Consideration

- 2.1 The Department hereby amends the Notice, *nunc pro tunc*, deleting Code section 300.3240(a) and reducing the fine assessment from \$25,000 (Twenty-Five Thousand Dollars) to the Agreed Fine Amount, taking into consideration the facts of this incident and the additional information presented by Respondent.
- 2.2 The Department agrees that if Respondent is cited with any other violation of the Code Sections for which this Type "A" Violation is imposed, the determination as to whether the new citation constitutes a repeat violation shall be based upon the following definition within Section 300.330 of the Code:

for purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that an accepted plan of correction was not complied with, within a period of not more than 12 months from the issuance of the initial violation. A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility. (Section 3-305(7) of the Act).

- 2.3 The Department withdraws the Conditional License and reinstates Respondent's unrestricted license, *nunc pro tunc*.

ARTICLE III

General Provisions

- 3.1 This Consent Agreement shall become binding on, and shall inure to the benefit of, the parties hereto, their successors, or assignees immediately upon the execution of this Consent Agreement by the Director of Public Health, or his designee, dismissing the above-captioned matter with prejudice.

- 3.2 The provisions of this Consent Agreement shall apply notwithstanding any transfer of facility ownership or interest. Should Respondent fail to comply with any provisions of this Consent Agreement, the Department may reinstate this action against Respondent, and if Respondent no longer exists as a legal entity, said action shall proceed against any person having five percent (5%) or more interest in Respondent.
- 3.3 In the event that any of the provisions of Article I are not complied with within the times specified therein, this Consent Agreement will be held for naught, except for the provisions referred to in Paragraph 1.1 wherein Respondent has withdrawn its request for hearing to contest this matter.
- 3.4 It is hereby agreed that this matter be dismissed with prejudice, all matters in controversy for which this matter was brought having been fully settled, compromised, and adjourned.
- 3.5 This Consent Agreement constitutes the entire agreement of the parties, and no other understandings, agreements, or representations (oral or otherwise) exist or have been made by or among the parties. The parties hereto acknowledge that they, and each of them, have read and understood this Consent Agreement in all respects.

Illinois Department of Public Health



By: Rebecca Gold
Assistant General Counsel
Illinois Department of Public Health

9/11/17
Date

Franciscan Communities, Inc. d/b/a Addolorata Villa



By: Sara Pugh
Attorney on behalf of Respondent

September 8, 2017
Date



FRANCISCAN COMMUNITIES

Sponsored by the Franciscan Sisters of Chicago

11500 THERESA DRIVE
LEMONT, IL 60439-2727
PHONE (331) 318-5200 • FAX (331) 318-5210
www.franciscancommunities.org

August 30, 2017

Centers for Medicare & Medicaid Service
Division of Premium Billing & Collections
Mail Stop C3-11-03
7500 Security Boulevard
Baltimore, Maryland 21244

SENT OVERNIGHT VIA FEDEX

CMS Certification Number: 145724
Start Date for this Cycle: 2/9/2017
CMP case number: 2017-05-LTC-725

Dear Sir or Madam:

In the above referenced matter concerning Franciscan Communities, Inc., d/b/a Addolorata Villa, 555 McHenry Road, Wheeling, Illinois, please accept this letter and the enclosed check as payment in full of the imposed Civil Monetary Penalty associated with the above CMP case number. A written request to waive a hearing in this matter was sent and acknowledged by CMS and is referenced in the attached letter from CMS.

In accordance with the opportunity for waiving the hearing, the submitted check is in the amount of \$2013.05 representing a 35% reduction in the CMP assessed, which was \$3097.00.

We look forward to a prompt and timely resolution to this matter.

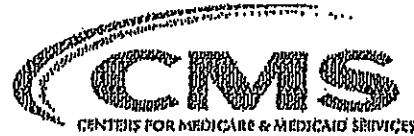
Should you have any questions or if any further information is required, please contact my office at (331) 318-5120

Sincerely,

Kathleen Kelly
Vice President of Clinical Services



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
293 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



CMS Certification Number (CCN): 145724

August 22, 2017
(By FAX Only)

Administrator
Addolorata Villa
555 McHenry Road
Wheeling, IL 60090

Dear Administrator:

Subject: Civil Money Penalty Case Number 2017-05-LTC-725
Cycle Start Date: February 9, 2017

By letter dated June 20, 2017, and in accordance with the statutory provisions of Sections 1819(h) and/or 1919(h) of the Social Security Act and the regulations at 42 CFR §§ 488.430 to 488.444, we advised you that the Centers for Medicare & Medicaid Services had imposed a civil money penalty (CMP) on Addolorata Villa for not meeting the Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This notice is to inform you that the CMP imposed as noted below is due and payable on September 16, 2017.

The total amount due is based on imposition as follows:

- Federal Civil Money Penalty of \$3,097.00 per instance for the instance of noncompliance at F0323 (S/S: G) identified in the CMS 2567 for the survey ending on April 7, 2017

The total amount due is \$2013.05. This total amount due reflects a thirty-five percent (35%) reduction in the CMP, since you waived your right to a hearing on the noncompliance as specified at 42 CFR § 488.436.

You should pay the full amount due by check or electronic transfer of funds. Please note that, in accordance with the regulations at 42 CFR § 488.442, CMS will assess interest on any unpaid balance of the penalty beginning on the due date. The rate of interest is 10 %.

To ensure proper crediting of your payment, you must include the CMP case number and your CMS Certification Number (CCN) on your check and on all correspondence relating to the CMP.

The CMP case number is: 2017-05-LTC-725
Your CMS Certification Number (CCN) is: 145724

Page 2

Make the check payable to the Centers for Medicare & Medicaid Services and send the check to:

Centers for Medicare & Medicaid Services
Division of Premium Billing & Collections
Mail Stop C3-11-03
Post Office Box 7520
Baltimore, MD 21207

If you use a delivery service, such as Federal Express, use the following address only:

Centers for Medicare & Medicaid Services
Division of Premium Billing & Collections
Mail Stop C3-11-03
7500 Security Boulevard
Baltimore, MD 21244

Do not send your original CMP payment check to the Chicago Regional Office. Otherwise, your payment will be considered late and offset may be initiated and/or interest may be charged.

To pay by electronic transfer of funds to CMS:

Subtype/Type Code:	10 00
Amount:	\$2013.05
Sending Bank Routing Number:	<i>(insert the sending bank routing number)</i>
ABA Number of Receiving Institution (EFT/ACH):	051 036 706
ABA Number of Receiving Institution (Wire Transfer):	021 030 004
Receiver Name:	Treasury NYC
Receiving Institution Name:	Federal Reserve Bank of New York
Receiving Institution Address:	33 Liberty Street, New York, NY 10045
Beneficiary Account Number:	875050080000
Beneficiary Name:	Centers for Medicare & Medicaid Services (CMS)
Beneficiary Physical Address:	7500 Security Blvd., Baltimore, MD 21244
CMS Tax ID Number:	52-0883104
Credit Gateway Customer Care Number	1 (877) 815-1206
Remarks:	Civil Money Penalty; 145724 2017-05-LTC-725

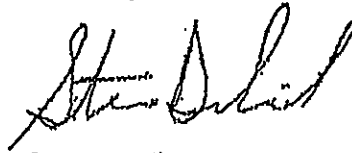
If CMS does not receive a check or electronic transfer of funds for the full amount by the payment due date, both the CMP and any interest accrued after the payment due date will be deducted from sums owed to you without any further notification from this office.

Page 3

CONTACT INFORMATION

If you have any questions regarding this matter, please contact me at (312) 886-5216 or Tasha Fisher, Management Analyst, at (312) 353-7362. Information may also be faxed to (443) 380-6627.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Delich", written in a cursive style.

Steven Delich
Principal Program Representative
Long Term Care Certification
& Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Healthcare and Family Services

To: Centers For Medicare And Medicaid CENTE001

Date: 08/28/2017

Invoice Number	Date	Account Description	Distribution Reference	Voucher Amount	Paid Amount
145724	08/06/2017	Addolorata Villa		\$2,013.05	\$2,013.0

TOTAL: \$2,013.05

THIS CHECK HAS A COLORED BACKGROUND AND CONTAINS MULTIPLE SECURITY FEATURES. SEE BACK FOR DETAILS.



Franciscan Communities Inc.
11500 Theresa Drive
Lemont, IL 60439

Huntington National Bank
Columbus, OH 43218

237146
044000024

DATE

AMOUNT

Aug 28, 2017

\$2,013.05

Two Thousand Thirteen Dollars and 05 Cents

Pay to the Order of:

Centers For Medicare And Medicaid
Division Of Accounting Operations
Mail Stop C3-11-03 - 7500 Security Blvd.
BALTIMORE, MD 21244

Judy Amiano



⑈ 237146⑈ ⑆044000024⑆ 01892894038⑈



FRANCISCAN COMMUNITIES

Sponsored by the Franciscan Sisters of Chicago

11500 THERESA DRIVE
LEMONT, IL 60439-2727
PHONE (331) 318-5200 • FAX (331) 318-5210
www.franciscancommunities.org

August 10, 2017

ATTN: Hearing Waivers
Centers for Medicare and Medicaid Services
Division of Survey and Certification
Chicago Regional Office
233 North Michigan Ave, Suite 600
Chicago, Illinois 60601-5519

SENT VIA EMAIL

CMS Certification Number: 145724
Start Date for this Cycle: 2/9/2017

Dear Sir or Madam:

In the above referenced matter concerning Franciscan Communities, Inc., d/b/a Addolorata Villa, Wheeling, Illinois, please accept this letter as our formal written request to waive a hearing in this matter. In accordance with the opportunity for waiving the hearing, we request a 35% reduction in the Civil Money Penalty of \$3,097.00 which has been assessed. Upon notification of the waiver approval and CMP reduction, a check will be prepared and sent overnight to CMS as requested.

We look forward to a prompt and timely resolution to this matter.

Should you have any questions or if any further information is required, please contact my office at (331) 318-5120.

Sincerely,

Kathleen Kelly
Vice President of Clinical Services
Franciscan Ministries



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Survey and Certification
Regional Office
North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



CMS Certification Number (CCN): 145724

June 29, 2017
By Certified Mail

Addolorata Villa
Attention Administrator
555 McHenry Road
Wheeling, IL 60090

Dear Administrator:

SUBJECT: SURVEY FINDINGS AND IMPOSITION OF REMEDIES
Cycle Start Date: 2/9/17

SURVEY RESULTS

On February 9, 2017, February 14, 2017, April 7, 2017, Health surveys were completed at Addolorata Villa by the Illinois Department of Public Health (IDPH) to determine if your facility was in compliance with the Federal requirements for nursing homes participating in the Medicare and Medicaid programs. The surveys found that your facility was not in substantial compliance, with the most serious deficiency at scope and severity (S/S) level G, cited as follows:

- F323 -- S/S: G -- 483.25(d)(1)(2)(n)(1)-(3) -- Free of Accident Hazards/supervision/devices.

The State agency advised you of the deficiencies that led to this determination and provided you with a copy of the survey report (CMS-2567).

SUMMARY OF ENFORCEMENT REMEDIES

As a result of the survey findings, and as authorized by the Centers for Medicare & Medicaid Services (CMS), the IDPH notified you of the imposition of the following remedy, as well as your appeal rights:

- Mandatory Three Month Denial of Payment for New Admissions effective May 9, 2017

Based on the survey findings, the IDPH notified you they were recommending that the CMS impose an additional remedy, as follows:

- Civil Money Penalty effective April 7, 2017

However, the IDPH conducted a revisit to your facility on June 1, 2017, and conducted an in-office review of documentation you submitted to verify compliance, and found that your facility was in substantial compliance as of April 24, 2017. As a result, the following remedies will not go into effect:

- Mandatory Six Month Termination
- Mandatory Three Month Denial of Payment for New Admissions

However, based on the period of time your facility was not in substantial compliance, the following remedy has gone into effect:

- Civil Money Penalty effective April 7, 2017

The authority for the imposition of remedies is contained in §§ 1819(h) and 1919(h) of the Social Security Act ("Act") and Federal regulations at 42 CFR § 488 Subpart F, Enforcement of Compliance for Long-Term Care Facilities with Deficiencies.

CIVIL MONEY PENALTY

On September 6, 2016 the Department of Health and Human Services (HHS) published an Interim Final Rule in the Federal Register which adjusts for inflation CMP amounts authorized under the Social Security Act. See 45 CFR Part 102. In determining the amount of the Civil Money Penalty (CMP) that we are imposing, we have considered your facility's history, including any repeated deficiencies; its financial condition; and the factors specified in the Federal requirement at 42 CFR §488.404. We are imposing the following CMP:

- Federal Civil Money Penalty of \$3,097.00 per instance for the instance of noncompliance at F0323 (S/S: G) identified in the CMS-2567 for the survey ending April 7, 2017.

If you believe that you have documented evidence that should be considered in establishing the amount of the CMP, the following documents should be submitted electronically to Steven Delich at Steven.Delich@cms.hhs.gov within fifteen (15) days from the receipt of this notice:

- Written, dated request specifying the reason financial hardship is alleged
- List of the supporting documents submitted
- Current balance sheet
- Current income statements
- Current cash flow statements
- Most recent full year audited financial statements prepared by an independent accounting firm, including footnotes
- Most recent full year audited financial statements of the home office and/or related entities, prepared by an independent accounting firm, including footnotes
- Disclosure of expenses and amounts paid/accrued to the home office and/or related entities
- Schedule showing amounts due to/from related companies or individuals included in the balance sheets. The schedule should list the names of related organizations or persons and indicate where the amounts appear on the balance sheet (e.g., Accounts Receivable, Notes Receivable, etc.)
- If the nursing home requests an extended payment schedule of more than twelve (12) months duration, the provider must submit a letter from a financial institution denying the provider's loan request for the amount of the CMP

The CMP is due and payable and may be placed in an escrow account fifteen days after one of the following, whichever occurs first:

- The date on which an Independent IDR process is completed, if applicable or
- The date which is 90 calendar days after the date of the notice of imposition of the civil money penalty.

CMP REDUCED IF HEARING WAIVED

If you waive your right to a hearing, in writing, within 60 calendar days from receipt of this notice, the amount of your CMP will be reduced by thirty-five percent (35%). To receive this reduction, the written waiver should be sent to the Centers for Medicare & Medicaid Services, Division of Survey and Certification at RO5LTChearingWaivers@cms.hhs.gov. Please include your CCN and the Cycle Start Date in the subject line of your email.

The failure to request a hearing within 60 calendar days from your receipt of this notice does not constitute a waiver of your right to a hearing for purposes of the 35% reduction.

CMP CASE NUMBER

A CMP case number will be assigned to your case only when the final CMP is due and payable. At that time you will receive a notice from this office with the CMP case number and payment instructions. Prior to the assignment of a CMP case number, you must ensure that your facility's name, CMS Certification Number (CCN), and the enforcement cycle start date appear on any correspondence pertaining to this CMP.

- Your CMS Certification Number (CCN) is 145724.
- The start date for this cycle is 2/9/17.

CMP PAYMENT

When due, the CMP is payable by check to CMS at the following address:

Centers for Medicare & Medicaid Services
Division of Accounting Operations
Mail Stop C3-11-03
Post Office Box 7520
Baltimore, MD 21207

If you use a delivery service, such as Federal Express, use the following address only:

Centers for Medicare & Medicaid Services
Division of Accounting Operations
Mail Stop C3-11-03
7500 Security Boulevard
Baltimore, MD 21244

Note that your check must be sent to one of the above addresses--not to the Chicago Regional Office. If the total amount of the CMP is not received by the due date, interest will be assessed in accordance with the regulations at 42 CFR § 488.442 on the unpaid balance of the penalty beginning on the due date. The Federal rate of interest is 10%. The CMP, and any interest accrued after the due date, will be deducted from sums owing to you **without any further notification from this office.**

APPEAL RIGHTS

This formal notice imposed:

- Civil Money Penalty effective April 7, 2017

If you disagree with the findings of noncompliance which resulted in this imposition, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in Federal regulations at 42 CFR §498.40, et. seq.

You are required to file your appeal electronically at the Departmental Appeals Board Electronic Filing System Web site (DAB E-File) at <https://dab.efile.hhs.gov/>. To file a new appeal using DAB E-File, you first need to register a new account by: (1) clicking Register on the DAB E-File home page; (2) entering the information requested on the "Register New Account" form; and (3) clicking Register Account at the bottom of the form. If you have more than one representative, each representative must register separately to use DAB E-File on your behalf.

The e-mail address and password provided during registration must be entered on the login screen at https://dab.efile.hhs.gov/user_sessions/new to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he is a party or authorized representative. Once registered, you may file your appeal by:

- Clicking the **File New Appeal** link on the Manage Existing Appeals screen, then clicking **Civil Remedies Division** on the File New Appeal screen.
- Entering and uploading the requested information and documents on the "File New Appeal-Civil Remedies Division" form.

At minimum, the Civil Remedies Division (CRD) requires a party to file a signed request for hearing and the underlying notice letter from CMS that sets forth the action taken and the party's appeal rights. A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree, including a finding of substandard quality of care, if applicable. It should also specify the basis for contending that the findings and conclusions are incorrect. The DAB will set the location for the hearing. Counsel may represent you at a hearing at your own expense.

All documents must be submitted in Portable Document Format ("PDF"). Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:59 p.m. ET of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that CMS files, or CRD issues on behalf of the Administrative Law Judge, via DAB E-File. Correspondingly, CMS will also be deemed to have consented to electronic service. More detailed instructions for using DAB E-File in cases before the DAB's Civil Remedies Division can be found by clicking the button marked **E-Filing Instructions** after logging-in to DAB E-File.

For questions regarding the E-Filing system, please contact E-File System Support at OSDABImmediateOffice@hhs.gov.

Please note that all hearing requests must be filed electronically unless you have no access to the internet or a computer. In those circumstances, you will need to provide an explanation as to why you are unable to file electronically and request a waiver from e-filing with your written request. Such a request should be made to:

Department of Health and Human Services
Departmental Appeals Board, MS 6132
Civil Remedies Division
Attention: Nancy K. Rubenstein, Director
330 Independence Avenue, SW
Cohen Building, Room G-644
Washington, D.C. 20201

A request for a hearing must be filed no later than 60 days from the date of receipt of this notice.

INFORMAL DISPUTE RESOLUTION

The State agency offered you an opportunity for informal dispute resolution (IDR) following its survey visits. A request for IDR will not delay the effective date of any enforcement action. However, IDR results will be considered when applicable.

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with §488.431, when a civil money penalty subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute SQC or immediate jeopardy) to:

Allison Fields
Illinois Department of Public Health
525 West Jefferson Street, 5th Floor
Springfield, IL 62761
Phone: 217-558-3800 Fax: 217-785-4200
Email: allison.fields@illinois.gov

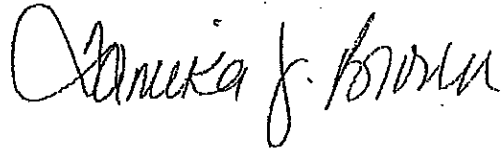
This request must be sent within 10 calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Page 6

CONTACT INFORMATION

If you have any questions regarding this matter, please contact Steven Delich, Program Representative, at (312) 886-5216. Information may also be faxed to (443) 380-6627.

Sincerely,

A handwritten signature in black ink, appearing to read "Tamika J. Brown". The signature is fluid and cursive, with the first name being the most prominent.

Tamika J. Brown
Acting Branch Manager
Long Term Care Certification
& Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Healthcare and Family Services
Illinois Long Term Care Ombudsman
Telligen
U.S. Department of Justice, Northern District of Illinois



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

June 14, 2017

Alpana Patel, Administrator
Addolorata Villa
555 McHenry Road
Wheeling, Illinois 60090

Dear Administrator:

On June 07, 2017 the department issued your facility a Notice of "A" Violation with the assigned Docket Number of 17-S0237. The notice stated that the conditional license would follow under separate cover. Contained within is the said license. This license is to be posted according to the instructions given in the notice.

Sincerely,

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Cc: CT Corporation System, Registered Agent
Addolorata Villa/04-07-2017/17-S0237/S.Geer

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		LIC. NUMBER	
01/01/2018		0045443	
LONG TERM CARE LICENSE		CATEGORY	BGBE
SKILLED	88	INTERMEDIATE	10
SHELTERED	43		
CONDITIONAL		141 TOTAL BEDS	

BUSINESS ADDRESS
LICENSER

FRANCISCAN COMMUNITIES, INC.

ADDOLORATA VILLA
555 MCHENRY ROAD

WHEELING IL 60090

EFFECTIVE DATE: 07/02/17

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

REGION 9

06/09/17

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING

IL 60090 ATTACHMENT 12B

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH	)	Docket No. NH 17-S0237
STATE OF ILLINOIS,	)	
Complainant,	)	
	)	
v.	)	
	)	
FRANCISCAN COMMUNITIES, INC.,	)	
D/B/A, ADDOLORATA VILLA	)	
Respondent.	)	

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE; NOTICE OF
PLAN OF CORRECTION REQUIRED; NOTICE OF CONDITIONAL LICENSE; NOTICE OF FINE
ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.)
(hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Licensure Investigation conducted by the Department on April 07, 2017, at Addolorata Villa, 555 McHenry Road, Wheeling, Illinois 60090. On May 30, 2017, the Department determined that such violations constitute one or more Type "A" violations of the Act and the Skilled and Intermediate Care Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in The Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "A" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unrestricted license issued to Addolorata Villa, 555 McHenry Road, Wheeling, Illinois 60090 on May 01, 2016. The Facility's current license number is 0045443. The term of the conditional license shall be from July 02, 2017 to January 01, 2018. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON JULY 02, 2017.

The Conditional License will be withdrawn and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of \$25,000.00, as follows:

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department;
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license, the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

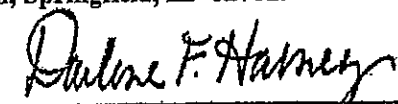
Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation.

Plans of Correction, Hearing and Waiver Requests can be emailed to the following email address: DPHLTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care - Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Darlene F. Harney, RN, CPC
Bureau Chief, Long Term Care
Office of Health Care Regulation

Dated this 7th day of June, 2017.

IDPH Licensure Findings
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724/0045443

IRI 3-13-17/IL92793

Type A Violation

Statement of Licensure Findings 300.610a), 300.1210b), 300.1210d)6), 300.3240a) stating, "the facility failed to provide supervision while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents. This failure resulted in R1 sustaining fractures of the tibia and fibula leading up to hospitalization."

Corrective actions which will be accomplished for the resident affected by the deficient practice.

R1's Fall care plan and care card was reviewed and revised.

How the facility will identify other residents having the potential to be affected by the same deficient practice.

Residents who require supervision during toileting have been identified by the Assistant Directors of Nursing and a review of those residents' care plans and the CNA care cards associated with those residents have also been completed to ensure the nursing staff is fully aware of each resident's safety needs and supervision requirements.

Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur.

C.N.A. involved was given one on one education and we have followed our standard practice of performance enhancement for this C.N.A.

Nursing associates were in-serviced on providing supervision to all residents at high risk for falls during toileting. Included in the in-service is the need to review the care plan and the care card to ensure they appropriately reflect a plan that meets each resident's care, safety and supervision needs when toileting or when assisting with any other ADL.

The Director of Nursing or designee(s) has reviewed fall risk assessments for current residents and with each new admission for 60 days after to ensure the care plan and care card for each resident has appropriate and necessary safety measures in place and are communicated to staff. Any care plans or care cards that are found to not be complete or appropriate will be corrected immediately.

After the 60 days, the Director of Nursing or designee(s) will begin a random audit of 5 resident records each week for 4 weeks and then monthly for 2 months will be reviewed to reconcile and evaluate the fall risk assessment and the interventions and safety measures indicated on the care plans and care cards for appropriateness and completeness.

The Director of Nursing or designee(s) will review falls weekly with the Interdisciplinary Team to investigate the circumstances surrounding any fall which occurred and to

IDPH Licensure Findings
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724/0045443

IRI 3-13-17/IL92793

Type A Violation

review the care plan and care card to ensure updating is completed. Any deficient practices contributing to a resident fall will be handled immediately.

Quality Assurance Plans to monitor facility performance to ensure corrections are achieved and are permanent.

The Director of Nursing or designee(s) will report the results of the audits to the QAA committee to determine if further monitoring is warranted.

Completion Date: April 24, 2017

Alpana Patel, Administrator

Date

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

IL6000046

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
COMPLETED

C

04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

S 000 Initial Comments

S 000

Incident Investigation of 3-13-17/IL92793

S9999 Final Observations

S9999

Statement of Licensure Violations

300.610a)
300.1210b)
300.1210d)6)
300.3240a)

Section 300.610 Resident Care Policies
a) The facility shall have written policies and
procedures governing all services provided by the
facility. The written policies and procedures shall
be formulated by a Resident Care Policy
Committee consisting of at least the
administrator, the advisory physician or the
medical advisory committee, and representatives
of nursing and other services in the facility. The
policies shall comply with the Act and this Part.
The written policies shall be followed in operating
the facility and shall be reviewed at least annually
by this committee, documented by written, signed
and dated minutes of the meeting.

Section 300.1210 General Requirements for
Nursing and Personal Care
b) The facility shall provide the necessary care
and services to attain or maintain the highest
practicable physical, mental, and psychological
well-being of the resident, in accordance with
each resident's comprehensive resident care
plan. Adequate and properly supervised nursing
care and personal care shall be provided to each
resident to meet the total nursing and personal
care needs of the resident. Restorative measures
shall include, at a minimum, the following

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/21/17



FRANCISCAN
COMMUNITIES
ADDOLORATA VILLA

June 23, 2017

Sammye Geer
Illinois Department of Public Health
Long Term Care - Quality Assurance
525 W. Jefferson Street,
Springfield, IL 62761

Email: DPH.LTCQA.POChearing@illinois.gov

Re: Addolorata Villa
Provider #: 145724/0045443
Docket No. NH 17-S0237

Survey Date: 04/07/2017
Type of Survey: IRI of 3-13-17/IL02793

Dear Sammye Geer,

Addolorata Villa ("the Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider of any employee, agent, office, director or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services, ("CMS"), the state of Illinois or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceedings on that basis.

Should you have any questions regarding the attached information, please feel free to contact me at (847) 403-5567 or via fax (847) 808-6240.

Sincerely,

Alpana Patel, LNHA
Administrator
Addolorata Villa
555 McHenry Road
Wheeling, IL 60090

IDPH Licensure Findings
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724/0045443

IRI 3-13-17/IL92793

Type A Violation

Statement of Licensure Findings 300.610a), 300.1210b), 300.1210d)6), 300.3240a) stating, "the facility failed to provide supervision while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents. This failure resulted in R1 sustaining fractures of the tibia and fibula leading up to hospitalization."

Corrective actions which will be accomplished for the resident affected by the deficient practice.

R1's Fall care plan and care card was reviewed and revised.

How the facility will identify other residents having the potential to be affected by the same deficient practice.

Residents who require supervision during toileting have been identified by the Assistant Directors of Nursing and a review of those residents' care plans and the CNA care cards associated with those residents have also been completed to ensure the nursing staff is fully aware of each resident's safety needs and supervision requirements.

Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur.

C.N.A. involved was given one on one education and we have followed our standard practice of performance enhancement for this C.N.A.

Nursing associates were in-serviced on providing supervision to all residents at high risk for falls during toileting. Included in the in-service is the need to review the care plan and the care card to ensure they appropriately reflect a plan that meets each resident's care, safety and supervision needs when toileting or when assisting with any other ADL.

The Director of Nursing or designee(s) has reviewed fall risk assessments for current residents and for each new admission for 60 days to ensure the care plan and care card for each resident has appropriate and necessary safety measures in place and that they are communicated to the staff. Any care plans or care cards that are found to be incomplete or inappropriate will be corrected immediately and communicated to the staff.

After the 60 days, the Director of Nursing or designee(s) will begin a random audit of 5 resident records each week for 4 weeks and monthly thereafter for 2 months. The record will be reviewed to reconcile and evaluate the fall risk assessment and the interventions and safety measures indicated on the care plans and care cards for appropriateness, completeness and consistency.

IDPH Licensure Findings
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724/0045443

IRI 3-13-17/IL92793

Type A Violation

The Director of Nursing or designee(s) will review falls weekly with the Interdisciplinary Team to investigate the circumstances surrounding any fall which occurred and to

review the care plan and care card to ensure updating is completed. Any deficient practices contributing to a resident fall will be handled immediately and if necessary staff will be held accountable consistent with the established Performance Enhancement process..

Quality Assurance Plans to monitor facility performance to ensure corrections are achieved and are permanent.

The Director of Nursing or designee(s) will report the results of the audits to the QAA committee monthly to determine if further monitoring is warranted.

Completion Date: June 2, 2017

 LNHA

Alpana Patel, Administrator

6/23/17

Date



IDPH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

June 8, 2017

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Alpana Patel, Administrator
Addolorata Villa
555 McHenry Road
Wheeling, IL 60090

Reference:	Provider ID:	145724 0045443
	Cycle Date:	February 9, 2017
	Survey Date:	June 1, 2017
	Survey Type:	Revisit to IRI of 3-13-17/IL92793
	LSC Survey:	February 14, 2017

Dear Administrator:

On February 9, 2017 an inspection was conducted at Addolorata Villa by staff of the Illinois Department of Public Health to determine compliance with federal certification requirements for nursing homes participating in the Medicare/Medicaid programs. As a result of that inspection, the facility was determined to not be in "Substantial Compliance" with regulatory requirements as found in Title 42, Code of Federal Regulations. Written Deficiencies and proposed, recommended or imposed remedies were sent to the facility in an "Initial Notice" and any amendments thereto dated February 15, 2017. Following a revisit to the facility on April 7, 2017, it was determined that the facility continued to not be in "Substantial Compliance" with the regulations and remedies were imposed and recommended to the Centers for Medicare and Medicaid Services (CMS) for imposition. (See Revisit Notice dated April 12, 2017.)

As a result of the re-inspection of the facility on June 1, 2017, the facility is now considered to be in substantial compliance with this enforcement cycle and eligible for continuing participation in the Medicare/Medicaid programs. (See enclosed "Post Certification revisit Report", CMS form 2567B.) The Department will recommend to CMS that all imposed remedies including Civil Money Penalties and Denial of Payments for New Admissions be discontinued effective April 24, 2017. The facility will be notified directly by CMS of the final total amount of the Civil Money Penalties and the date due as well as the facility's hearing rights.

If you have any questions concerning this notice, please contact my staff at (217) 782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

Sherry Barr 16

Sherry Barr
Division of Quality Assurance
Office of Health Care Regulation

Encls:

cc: Centers for Medicare and Medicaid Services
Illinois Department of Healthcare & Family Services
Illinois Department on Aging
Division of Financial Services
CT Corporation System, Registered Agent
LTC/FO
B14d/kt

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 145724	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/1/2017
NAME OF FACILITY ADDOLORATA VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 555 MCHENRY ROAD WHEELING, IL 60090	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0323	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25(d)(1)(2)(n)(1)-(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/24/2017	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 4/7/2017

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES, WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO



IDPH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

June 8, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Alpana Patel, Administrator
Addolorata Villa
555 McHenry Road
Wheeling, IL 60090

REFERENCE: Provider #: 145724/0045443
 Cycle Date: February 9, 2017
 Survey Date: February 9, 2017
 Survey Type: Annual Health Survey
 LSC Survey: February 14, 2017

Dear Administrator:

On February 9, 2017, an 'Annual Inspection' was conducted at Addolorata Villa by staff of the Illinois Department of Public Health to determine compliance with federal certification requirements for nursing homes participating in the Medicare/Medicaid programs. As a result of that inspection and any required revisits, the Department is recommending to the Centers for Medicare and Medicaid Services and the Illinois Department of Healthcare & Family Services that the facility be certified for continuing participation in the Medicare (Title 18) and Medicaid (Title 19) programs.

If you have any questions concerning this notice, please contact my staff at (217) 782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800 547-0466.

Sincerely,

Sherry Barr 16

Sherry Barr
Division of Quality Assurance
Office of Health Care Regulation

cc: Illinois Department of Healthcare & Family Services
Illinois Department on Aging
CT Corporation System, Registered Agent
F1/kt

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS,
Complainant,

Y.

FRANCISCAN COMMUNITIES, INC.,
D/B/A, ADDOLORATA VILLA
Respondent.

Docket No. NH 17-S0237

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE; NOTICE OF
PLAN OF CORRECTION REQUIRED; NOTICE OF CONDITIONAL LICENSE; NOTICE OF FINE
ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Licensure Investigation conducted by the Department on April 07, 2017, at Addolorata Villa, 555 McHenry Road, Wheeling, Illinois 60090. On May 30, 2017, the Department determined that such violations constitute one or more Type "A" violations of the Act and the Skilled and Intermediate Care Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in The Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "A" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

ATTAC

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unrestricted license issued to Addolorata Villa, 555 McHenry Road, Wheeling, Illinois 60090 on May 01, 2016. The Facility's current license number is 0045443. The term of the conditional license shall be from July 02, 2017 to January 01, 2018. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON JULY 02, 2017.

The Conditional License will be withdrawn and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of \$25,000.00, as follows:

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do 426 of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department;
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license, the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

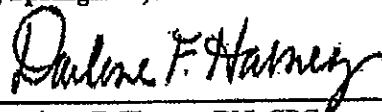
Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation.

Plans of Correction, Hearing and Waiver Requests can be emailed to the following email address: DPH.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Darlene F. Harney, RN, CPC
Bureau Chief, Long Term Care
Office of Health Care Regulation

Dated this 7th day of June, 2017.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER ADDOLORATA VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 555 MCHENRY ROAD WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
S 000	Initial Comments Incident investigation of 3-13-17/IL92793	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/21/17

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

**555 MCHENRY ROAD
WHEELING, IL 60090**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on interview and record review, the facility failed to provide supervision while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents. This failure resulted in R1 sustaining fractures of the tibia and fibula leading up to hospitalization. Findings include: R1 is a 90 year old female admitted to the facility 9/20/2008. R1's face sheet diagnosis includes dementia, atrial fibrillation, heart failure and type 2 diabetes mellitus. On 4/6/17 at 10:15am in 2nd floor common area accompanied by E7 (RN-Registered Nurse), R1 was in wheelchair with both legs on the footrests,	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

**555 MCHENRY ROAD
WHEELING, IL 60090**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 lower right leg in a cast. E7 stated, "The resident is wearing a leg cast for an ankle fracture from a fall. She ambulates in wheel chair and is a 1-2 person assist." R1 is alert and oriented to self only and is hard of hearing. R1's MDS (Minimum Data Set) dated 2/1/17 indicates the following: BIMS (Brief Interview for Mental Status) - 99 (the resident was unable to complete the interview); Transfer 3/3 (Extensive Assistance/Two persons assist), Toilet use 3/2 (Extensive Assist/one person assist), Mobility Device (Wheelchair). R1's fall risk screening tool dated 2/3/17 indicates a total score of 16 (Total score of 10 or above represents high risk). R1's care plan for fall intervention dated 2/20/17 denotes, in part: "....Remind all staff, resident is total supervision with toileting instructions were provided at the start of the shift and as needed." R1's Initial fall incident report to the state agency dated 3/14/17 denotes, in part: ".... On 3/13/2017 around 7:15pm, after dinner assigned CNA (certified Nursing Aide) toileted the resident, after few minutes resident was noted sitting in the bathroom floor facing the toilet Resident was sent to ER (Emergency Room) for evaluation and treatment and admitted for right tibia fracture Resident's last fall incident was on 7/6/2014." R1's final incident report to the state agency dated 3/17/17 denotes, in part: "....Investigation revealed that CNA observed another resident who needed assistance immediately while with this resident. CNA stepped out to assist this other resident and asked the resident to wait for her return, CNA returned within a minute or two and	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 observed the resident on the floor. Resident continues to be at the hospital" R1's hospital record dated 3/17/17 indicates R1 was admitted on 3/14/17, discharged on 3/17/17. Diagnosis: Fracture, tibia and fibula. R1's X ray report dated on 3/15/17 documents, in part: "...Right ankle pain, Status post fall. Frontal and lateral views of the right tibia and fibula were obtained. There is an acute fracture through the proximal shaft of the fibula. There is some cortical irregularity involving the proximal shaft of the tibia below the tibial plateau adjacent to the proximal portion of the intramedullary nail and a non-displaced fracture in this region is not excluded" R1's hospital discharge instruction dated 3/17/17 denotes, in part: "...No weight bearing right leg. Plan to keep cast to right leg for 1 month. Follow up with specialty in Orthopedic Surgery in 1 month" On 4/5/16 at 12:15pm, E2 (Assistant Director of Nursing) stated: "When a fall occurs, the nurse gathers reports and starts the investigation, the reports go to me and I talk to the witness and the residents. I feel like the CNA should not have left the resident on the toilet by herself because of the resident's low safety awareness and confusion. One-on-one education was given to the CNA after the incident...." On 4/6/17 at 1:05pm, E3 (DON - Director of Nursing) stated, "Because most of the residents on the 2nd floor are high fall risk with a risk score of 10 or more, it is important that fall interventions are in place for the high fall risks because of the residents' confusion, low safety awareness and	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 Impulsivity. Fall intervention is in the residents care plan and is updated quarterly and after significant changes, staff should review care plans to ensure the fall interventions are followed...." Facility's policy entitled: "Falls -Clinical Protocol" documents, in part, "....the staff and physician will identify pertinent interventions to try to prevent subsequent falls The staff and physician will monitor and document the response to the interventions intended to reduce falling or the consequence of falling...." (A)	S9999		

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

Complainant,

V.

FRANCISCAN COMMUNITIES, INC.

D/B/A, ADDOLORATA VILLA

Respondent.

Docket No. NH 17-S0237

PROOF OF SERVICE

The Conditional License will follow under a separate cover letter.

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: CT Corporation System
 Licensee Info: Franciscan Communities, Inc.
 Address: 208 South LaSalle Street, Suite 814
 Chicago, Illinois 60604

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 7th day of June, 2017.

Sammye Geer

Sammye Geer
Administrative Assistant
Long Term Care- Quality Assurance
Office of Health Care Regulations

State Licensure Findings
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724/0045443

IRI 3-13-17/IL92793

Statement of Licensure Findings 300.610a), 300.1210b), 300.1210d)6), 300.3240a) stating, "the facility failed to supervise while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents."

R1's Fall care plan and care card was reviewed and revised.

Residents who require supervision during toileting have been identified by the Assistant Directors of Nursing and a review of those residents' care plans and the CNA care cards associated with those residents have also been reviewed to ensure the nursing staff is fully aware of each resident's safety needs and supervision requirements.

C.N.A. involved was given one on one education and we have followed our standard practice of performance enhancement for this C.N.A.

Nursing associates will be in-serviced on providing supervision to all residents at high risk for falls during toileting. Included in the in-service is the need to review the care plan and the care card to ensure they appropriately reflect a plan that meet each resident's care, safety and supervision needs when toileting or when assisting with any other ADL.

The Director of Nursing or designee(s) will review fall risk assessments for current residents and with each new admission for the next 60 days to ensure the care plan and care card for each resident has appropriate and necessary safety measures in place and are communicated to staff. Any care plans or care cards that are found to not be complete or appropriate will be corrected immediately.

After the 60 days, a random audit of 5 resident records each week for 4 weeks and then monthly for 2 months will be reviewed to reconcile and evaluate the fall risk assessment and the interventions and safety measures indicated on the care plans and care cards for appropriateness and completeness.

The Director of Nursing or designee(s) will review falls weekly with the Interdisciplinary Team to investigate the circumstances surrounding any fall which occurred and to review the care plan and care card to ensure updating is completed. Any deficient practices contributing to a resident fall will be handled immediately.

The Director of Nursing or designee(s) will report the results of the audits to the QAA committee to determine if further monitoring is warranted.

Completion Date: April 24, 2017

Alpana Patel, Administrator

Date

PLAN OF CORRECTION
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724

F-323 483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS /SUPERVISION
/DEVICES SS=G

The facility must ensure that resident environment remains as free of accident hazards as possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

Corrective actions which will be accomplished for the resident affected by the deficient practice.

CMS 2567 cited 483.25(d)(1)(2)(n)(1)-(3) stating, "the facility failed to supervise while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents."

R1's Fall care plan and care card was reviewed and revised.

How the facility will identify other residents having the potential to be affected by the same deficient practice.

Residents who require supervision during toileting have been identified by the Assistant Directors of Nursing and a review of those residents' care plans and the CNA care cards associated with those residents have also been reviewed to ensure the nursing staff is fully aware of each resident's safety needs and supervision requirements.

Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur.

C.N.A. involved was given one on one education and we have followed our standard practice of performance enhancement for this C.N.A.

Nursing associates will be in-serviced on providing supervision to all residents at high risk for falls during toileting. Included in the in-service is the need to review the care plan and the care card to ensure they appropriately reflect a plan that meet each resident's care, safety and supervision needs when toileting or when assisting with any other ADL.

The Director of Nursing or designee(s) will review fall risk assessments for current residents and with each new admission for the next 60 days to ensure the care plan and care card for each resident has appropriate and necessary safety measures in place and are communicated to staff. Any care plans or care cards that are found to not be complete or appropriate will be corrected immediately.

After the 60 days, a random audit of 5 resident records each week for 4 weeks and then monthly for 2 months will be reviewed to reconcile and evaluate the fall risk assessment and the interventions and safety measures indicated on the care plans and care cards for appropriateness and completeness.

PLAN OF CORRECTION
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724

F-323 483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS /SUPERVISION
/DEVICES SS=G

The Director of Nursing or designee(s) will review falls weekly with the Interdisciplinary Team to investigate the circumstances surrounding any fall which occurred and to review the care plan and care card to ensure updating is completed. Any deficient practices contributing to a resident fall will be handled immediately.

Quality Assurance Plans to monitor facility performance to ensure corrections are achieved and are permanent.

The Director of Nursing or designee(s) will report the results of the audits to the QAA committee to determine if further monitoring is warranted.

Completion Date: April 24, 2017

Alpana Patel, Administrator

Date

IDPH Licensure Findings
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724/0045443

IRI 3-13-17/IL92793

Type A Violation

Statement of Licensure Findings 300.610a), 300.1210b), 300.1210d)6), 300.3240a) stating, "the facility failed to provide supervision while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents. This failure resulted in R1 sustaining fractures of the tibia and fibula leading up to hospitalization."

Corrective actions which will be accomplished for the resident affected by the deficient practice.

R1's Fall care plan and care card was reviewed and revised.

How the facility will identify other residents having the potential to be affected by the same deficient practice.

Residents who require supervision during toileting have been identified by the Assistant Directors of Nursing and a review of those residents' care plans and the CNA care cards associated with those residents have also been completed to ensure the nursing staff is fully aware of each resident's safety needs and supervision requirements.

Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur.

C.N.A. involved was given one on one education and we have followed our standard practice of performance enhancement for this C.N.A.

Nursing associates were in-serviced on providing supervision to all residents at high risk for falls during toileting. Included in the in-service is the need to review the care plan and the care card to ensure they appropriately reflect a plan that meets each resident's care, safety and supervision needs when toileting or when assisting with any other ADL.

The Director of Nursing or designee(s) has reviewed fall risk assessments for current residents and with each new admission for 60 days after to ensure the care plan and care card for each resident has appropriate and necessary safety measures in place and are communicated to staff. Any care plans or care cards that are found to not be complete or appropriate will be corrected immediately.

After the 60 days, the Director of Nursing or designee(s) will begin a random audit of 5 resident records each week for 4 weeks and then monthly for 2 months will be reviewed to reconcile and evaluate the fall risk assessment and the interventions and safety measures indicated on the care plans and care cards for appropriateness and completeness.

The Director of Nursing or designee(s) will review falls weekly with the Interdisciplinary Team to investigate the circumstances surrounding any fall which occurred and to

IDPH Licensure Findings
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724/0045443

IRI 3-13-17/IL92793

Type A Violation

review the care plan and care card to ensure updating is completed. Any deficient practices contributing to a resident fall will be handled immediately.

Quality Assurance Plans to monitor facility performance to ensure corrections are achieved and are permanent.

The Director of Nursing or designee(s) will report the results of the audits to the QAA committee to determine if further monitoring is warranted.

Completion Date: April 24, 2017

Alpana Patel, Administrator

Date



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

April 12, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Alpana Patel, Administrator
Addolorata Villa
555 McHenry Road
Wheeling, IL 60090

RE: Provider #: 145724/0045443
Survey Date: April 7, 2017
Survey Type: IRI of 3-13-17/IL92793

Dear Administrator:

Pursuant to the Illinois Nursing Home Care Act, a licensure survey was conducted at Addolorata Villa on April 7, 2017 by staff of the Illinois Department of Public Health. The licensure survey was part of a combined survey during which federal certification regulations were also evaluated. As a result of that combined survey, certification deficiencies have been issued to the facility and certification remedies have been proposed, recommended or imposed.

Enclosed with this letter are *licensure findings* written as a result of that combined survey. Based on these findings, the Department may issue licensing violations to the facility which may result in a monetary fine, conditional license or other serious licensure penalty. If you wish, you may submit *comments* to the findings. Comments may be used by the facility to refute the findings of the surveyors, explain extenuating circumstances that the facility could not have reasonably prevented or inform the Department of methods and timetables to correct the non-compliance. **Please note that while comments may include information on corrective actions taken, an official plan of correction cannot be accepted for licensure at this time because no licensure violation has been cited.**

After a review of the findings, and any comments timely submitted by the facility, the Department will determine whether to issue any licensure violations and licensure penalties. **Any such licensure violations and penalties shall be in addition to any certification deficiencies and remedies already received by the facility.** Should any plan of correction be required, one will be requested in the notice accompanying the licensure violation(s).

After you have reviewed the findings, please submit the signed state form and any comments to the following email address: DPH.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then continue to send your signed state form and any comments to the Illinois Department of Public Health, Division of Quality Assurance, Attention: Sammye Geer, 525 West Jefferson Street 5th fl, Springfield, Illinois 62761. Comments must be received by the Department within 10 days of receipt of the findings by the facility. Please allow 3 business days to process the comments or plan of correction.

If you have any questions concerning these findings please contact the Department at (217) 782-5180 or you may contact the department's TTY number (hearing impaired use only) at 1-800-547-0466.

Sincerely,

Sherry Barr 16

Sherry Barr
Division of Quality Assurance
Office of Health Care Regulation

Enclosures

cc:

LIC/FINDINGS/kt

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Incident investigation of 3-13-17/IL92793	S 000		
S9999	Final Observations Statement of Licensure Findings 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on interview and record review, the facility failed to provide supervision while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents. This failure resulted in R1 sustaining fractures of the tibia and fibula leading up to hospitalization. Findings include: R1 is a 90 year old female admitted to the facility 9/20/2008. R1's face sheet diagnosis includes dementia, atrial fibrillation, heart failure and type 2 diabetes mellitus. On 4/6/17 at 10:15am in 2nd floor common area accompanied by E7 (RN-Registered Nurse), R1 was in wheelchair with both legs on the footrests,	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 lower right leg in a cast. E7 stated, "The resident is wearing a leg cast for an ankle fracture from a fall. She ambulates in wheel chair and is a 1-2 person assist." R1 is alert and oriented to self only and is hard of hearing. R1's MDS (Minimum Data Set) dated 2/1/17 indicates the following: BIMS (Brief Interview for Mental Status) - 99 (the resident was unable to complete the interview); Transfer 3/3 (Extensive Assistance/Two persons assist), Toilet use 3/2 (Extensive Assist/one person assist), Mobility Device (Wheelchair). R1's fall risk screening tool dated 2/3/17 indicates a total score of 16 (Total score of 10 or above represents high risk). R1's care plan for fall intervention dated 2/20/17 denotes, in part: "....Remind all staff, resident is total supervision with toileting Instructions were provided at the start of the shift and as needed." R1's initial fall incident report to the state agency dated 3/14/17 denotes, in part: ".... On 3/13/2017 around 7:15pm, after dinner assigned CNA (certified Nursing Aide) toileted the resident, after few minutes resident was noted sitting in the bathroom floor facing the toilet Resident was sent to ER (Emergency Room) for evaluation and treatment and admitted for right tibia fracture Resident's last fall incident was on 7/6/2014." R1's final incident report to the state agency dated 3/17/17 denotes, in part: "....Investigation revealed that CNA observed another resident who needed assistance immediately while with this resident. CNA stepped out to assist this other resident and asked the resident to wait for her return, CNA returned within a minute or two and	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 observed the resident on the floor. Resident continues to be at the hospital R1's hospital record dated 3/17/17 indicates R1 was admitted on 3/14/17, discharged on 3/17/17. Diagnosis: Fracture, tibia and fibula. R1's X ray report dated on 3/15/17 documents, in part: "...Right ankle pain, Status post fall. Frontal and lateral views of the right tibia and fibula were obtained. There is an acute fracture through the proximal shaft of the fibula. There is some cortical irregularity involving the proximal shaft of the tibia below the tibial plateau adjacent to the proximal portion of the intramedullary nail and a non-displaced fracture in this region is not excluded" R1's hospital discharge instruction dated 3/17/17 denotes, in part: "...No weight bearing right leg. Plan to keep cast to right leg for 1 month. Follow up with specialty in Orthopedic Surgery in 1 month" On 4/5/16 at 12:15pm, E2 (Assistant Director of Nursing) stated: "When a fall occurs, the nurse gathers reports and starts the investigation, the reports go to me and I talk to the witness and the residents. I feel like the CNA should not have left the resident on the toilet by herself because of the resident's low safety awareness and confusion. One-on-one education was given to the CNA after the incident...." On 4/6/17 at 1:05pm, E3 (DON - Director of Nursing) stated, "Because most of the residents on the 2nd floor are high fall risk with a risk score of 10 or more, it is important that fall interventions are in place for the high fall risks because of the residents' confusion, low safety awareness and	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL 60090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 Impulsivity. Fall intervention is in the residents care plan and is updated quarterly and after significant changes, staff should review care plans to ensure the fall interventions are followed...." Facility's policy entitled: "Falls -Clinical Protocol" documents, in part, "....the staff and physician will identify pertinent interventions to try to prevent subsequent falls The staff and physician will monitor and document the response to the interventions intended to reduce falling or the consequence of falling...."	S9999		



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

April 12, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Alpana Patel, Administrator
Addolorata Villa
555 McHenry Road
Wheeling, IL 60090

REFERENCE: Provider #: 145724/0045443
Cycle Date: February 9, 2017
Survey Date: April 7, 2017
Survey Type: IRI of 3-13-17/IL02793
LSC Survey: February 14, 2017

Dear Administrator:

On, February 9, 2017, an inspection was conducted at Addolorata Villa by staff of the Illinois Department of Public Health to determine compliance with federal certification requirements for nursing homes participating in the Medicare/Medicaid programs. Deficiencies were identified and remedies have been proposed, recommended or imposed in an 'Initial Notice' dated February 15, 2017 and any amendments thereto. A revisit has been conducted at the facility on April 7, 2017 to investigate complaint allegations or incident reports or to conduct an Annual Survey. As a result of the revisit, **ADDITIONAL DEFICIENCIES** were identified. (See enclosed Statement of Deficiencies, CMS Form 2567L.)

Because the additional deficiencies were rated at a higher scope and severity than deficiencies identified in the 'Initial Notice' dated February 15, 2017 and any amendments thereto, the following revised remedies will be imposed or recommended for imposition as a result of the revisit.

Imposed and/or Recommended Remedies for the Survey Cycle of February 9, 2017

The Department, as authorized by CMS Regional V, is notifying you of CMS' imposition of the following remedy:

- Denial of payment for New Admissions beginning May 9, 2017. Facility notified in letter dated March 8, 2017.

In addition, the following "Category 2" and/or "Category 3" remedies are being *recommended for imposition* by CMS:

- Civil Money Penalty of \$500.00 per day beginning April 7, 2017 and continuing until compliance has been achieved.
- Termination of Provider agreement, beginning August 8, 2017.

All revised remedies will be effective as indicated above and all time lines established by the initial survey cycle date related to denial of payments for new admissions or termination from continuing participation in the Medicare/Medicaid programs remain unchanged.

Before a revisit will be scheduled, and no later than 10 days after receipt of this Notice, the facility must provide to the Department an acceptable POC (See Initial Notice for components of an acceptable POC) for all deficiencies, except level 'A' deficiencies. An acceptable POC will also serve as the facility's 'Allegation of Compliance' thereby signifying that the facility attests that it will be in 'Substantial Compliance' with all federal certification requirements by the correction date stated in the POC. The Department will presume that the facility will be in 'Substantial Compliance' based upon the acceptable POC and a revisit will be conducted to verify compliance.

Informal Dispute Resolution

The facility may request an 'Informal Dispute Resolution' (See Enclosure #3) to challenge any deficiency that renders the facility not in substantial compliance ("D" or above). *The Informal Dispute Resolution process will not delay the effective date of any enforcement action!* If the facility requests an Informal Dispute Resolution without submitting an acceptable POC and the Department's decision, as a result of the dispute resolution process does not result in the deletion of the deficiency, please be advised that the Department will then proceed to impose or recommend imposition of the remedies.

Please use the following addresses for any correspondence to the Department:

POC's and IDR's are mailed to:

Allison Fields
Illinois Department of Public Health
Office of Healthcare Regulation
Division of Quality Assurance
525 West Jefferson Street, 5th Floor
Springfield, Illinois 62761-0001

If you have any questions concerning this notice, please contact my staff at the address above or telephone (217) 782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

Sherry Barr 15

Sherry Barr
Division of Quality Assurance
Office of Health Care Regulation

Encl:

cc: Centers for Medicare and Medicaid Services
Illinois Department of Healthcare & Family Services
Illinois Department on Aging
Guardianship & Advocacy Commission
Division of LTC-FO
CT Corporation System, Registered Agent
G3b/kt

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145724	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/07/2017
NAME OF PROVIDER OR SUPPLIER ADDOLORATA VILLA			STREET ADDRESS, CITY, STATE, ZIP CODE 555 MCHENRY ROAD. WHEELING, IL 60090		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 323 SS-G	Incident investigation of 3-13-17/IL92793 483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. (1) Assess the resident for risk of entrapment from bed rails prior to installation. (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide supervision while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents. This failure resulted in R1 sustaining fractures of	F 323			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145724	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDOLORATA VILLA

**555 MCHENRY ROAD
WHEELING, IL 60090**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 1 the tibia and fibula leading up to hospitalization. Findings include: R1 is a 90 year old female admitted to the facility 9/20/2008. R1's face sheet diagnosis includes dementia, atrial fibrillation, heart failure and type 2 diabetes mellitus. On 4/6/17 at 10:15am in 2nd floor common area accompanied by E7 (RN-Registered Nurse), R1 was in wheelchair with both legs on the footrests, lower right leg in a cast. E7 stated, "The resident is wearing a leg cast for an ankle fracture from a fall. She ambulates in wheel chair and is a 1-2 person assist." R1 is alert and oriented to self only and is hard of hearing. R1's MDS (Minimum Data Set) dated 2/1/17 indicates the following: BIMS (Brief Interview for Mental Status) - 99 (the resident was unable to complete the interview); Transfer 3/3 (Extensive Assistance/Two persons assist), Toilet use 3/2 (Extensive Assist/one person assist), Mobility Device (Wheelchair). R1's fall risk screening tool dated 2/3/17 indicates a total score of 18 (Total score of 10 or above represents high risk). R1's care plan for fall intervention dated 2/20/17 denotes, in part: "....Remind all staff, resident is total supervision with toileting Instructions were provided at the start of the shift and as needed." R1's initial fall incident report to the state agency dated 3/14/17 denotes, in part: ".... On 3/13/2017 around 7:15pm, after dinner assigned CNA (certified Nursing Aide) toileted the resident, after	F 323		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145724	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/07/2017
NAME OF PROVIDER OR SUPPLIER ADDOLORATA VILLA			STREET ADDRESS, CITY, STATE, ZIP CODE 555 MCHENRY ROAD WHEELING, IL 60090		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 323	Continued From page 2 few minutes resident was noted sitting in the bathroom floor facing the toilet Resident was sent to ER (Emergency Room) for evaluation and treatment and admitted for right tibia fracture Resident's last fall incident was on 7/8/2014." R1's final incident report to the state agency dated 3/17/17 denotes, in part: "....Investigation revealed that CNA observed another resident who needed assistance immediately while with this resident. CNA stepped out to assist this other resident and asked the resident to wait for her return, CNA returned within a minute or two and observed the resident on the floor. Resident continues to be at the hospital" R1's hospital record dated 3/17/17 indicates R1 was admitted on 3/14/17, discharged on 3/17/17. Diagnosis: Fracture, tibia and fibula. R1's X ray report dated on 3/15/17 documents, in part: "....Right ankle pain, Status post fall. Frontal and lateral views of the right tibia and fibula were obtained. There is an acute fracture through the proximal shaft of the fibula. There is some cortical irregularity involving the proximal shaft of the tibia below the tibial plateau adjacent to the proximal portion of the intramedullary nail and a non-displaced fracture in this region is not excluded" R1's hospital discharge instruction dated 3/17/17 denotes, in part: "....No weight bearing right leg. Plan to keep cast to right leg for 1 month. Follow up with specialty in Orthopedic Surgery in 1 month" On 4/5/16 at 12:15pm, E2 (Assistant Director of Nursing) stated: "When a fall occurs, the nurse	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145724	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2017

NAME OF PROVIDER OR SUPPLIER

ADDOLORATA VILLA

STREET ADDRESS, CITY, STATE, ZIP CODE

**555 MCHENRY ROAD
WHEELING, IL 60090**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 3 gathers reports and starts the investigation, the reports go to me and I talk to the witness and the residents. I feel like the CNA should not have left the resident on the toilet by herself because of the resident's low safety awareness and confusion. One-on-one education was given to the CNA after the incident...." On 4/6/17 at 1:05pm, E3 (DON - Director of Nursing) stated, "Because most of the residents on the 2nd floor are high fall risk with a risk score of 10 or more, it is important that fall interventions are in place for the high fall risks because of the residents' confusion, low safety awareness and impulsivity. Fall intervention is in the residents care plan and is updated quarterly and after significant changes, staff should review care plans to ensure the fall interventions are followed...." Facility's policy entitled: "Falls -Clinical Protocol" documents, in part, "....the staff and physician will identify pertinent interventions to try to prevent subsequent falls The staff and physician will monitor and document the response to the interventions intended to reduce falling or the consequence of falling...."	F 323		

ATTACHMENT 12B



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Informational Notice

April 07, 2017

Administrator
Addolorata Villa
555 McHenry Road
Wheeling, Illinois 60090

Re: Plan of Correction Submission
Skilled Nursing and Intermediate Care Facilities (77 Illinois Adm. Code 300);
Sheltered Care Facilities (77 Illinois Adm. Code 330);
Illinois Veterans' Home (77 Illinois Adm. Code 340);
Intermediate Care for the Developmentally Disabled Facilities (77 Illinois Adm. Code 350);
Long Term Care for Under Age 22 Facilities (77 Illinois Adm. Code 390)

Dear Administrator:

The Department has determined that your facility shall have 10 days after receipt of this notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for the attached notice.

If you have any questions regarding the attached notice of violation, please contact the Quality Assurance Division at 217-782-5180.

Sincerely,

Darlene F. Harney, RN, CPC
Bureau Chief, Long Term Care
Office of Health Care Regulation

Copy: File

Illinois Department of Healthcare and Family Services
Guardianship & Advocacy Commission
CT Corporation System, Registered Agent

PLAN OF CORRECTION
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724

F-323 483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS /SUPERVISION
/DEVICES SS=G

The facility must ensure that resident environment remains as free of accident hazards as possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

Corrective actions which will be accomplished for the resident affected by the deficient practice.

CMS 2567 cited 483.25(d)(1)(2)(n)(1)-(3) stating, "the facility failed to supervise while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents."

R1's Fall care plan and care card was reviewed and revised. (Care Plan Attachment A)

How the facility will identify other residents having the potential to be affected by the same deficient practice.

Residents who require supervision during toileting have been identified by the Assistant Directors of Nursing and a review of those residents' care plans and the CNA care cards associated with those residents have also been reviewed to ensure the nursing staff is fully aware of each resident's safety needs and supervision requirements.

Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur.

C.N.A. involved was given one on one education and we have followed our standard practice of performance enhancement for this C.N.A.

Nursing associates will be in-serviced on providing supervision to all residents at high risk for falls during toileting. Included in the in-service is the need to review the care plan and the care card to ensure they appropriately plan that each resident's care, safety and supervision needs are met when toileting or when assisting with any other ADL.

The Director of Nursing or designee(s) will review fall risk assessments for current residents and each new admission for the next 60 days to ensure the care plan and care card for each resident has appropriate and necessary safety measures in place and communicated to staff. Any care plans or care cards that are found to not be complete or appropriate will be corrected immediately.

After the 60 days, a random audit of 5 resident records will be reviewed to reconcile and evaluate the fall risk assessment and the interventions and safety measures indicated on the care plans and care cards for appropriateness and completeness.

PLAN OF CORRECTION
FACILITY: ADDOLORATA VILLA

SURVEY DATE: 04/07/2017
PROVIDER #: 145724

**F-323 483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS /SUPERVISION
/DEVICES SS=G**

The Director of Nursing or designee(s) will review falls weekly with the Interdisciplinary Team to investigate the circumstances surrounding any fall which occurred and to

review the care plan and care card to ensure updating is completed. Any deficient practices contributing to a resident fall will be handled immediately.

Quality Assurance Plans to monitor facility performance to ensure corrections are achieved and are permanent.

The Director of Nursing or designee(s) will report the results of the audits to the QAA committee to determine if further monitoring is warranted.

Completion Date: April 24, 2017

Alpana Patel, Administrator

Date



FRANCISCAN MINISTRIES

Sponsored by the Franciscan Sisters of Chicago

11500 THERESA DRIVE
LEMONT | IL 60439-2727
PHONE (331) 318-5200 | FAX (331) 318-5210
www.franciscanministries.org

July 1, 2018

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

Dear Ms. Avery:

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

Sincerely,

Judy Amiano
Chief Executive Officer

ATTACHMENT 12C



LONG-TERM CARE FACILITY UPDATES

1/10/2018

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 4			
Champaign	853	920	(67)
Clark	215	225	(10)
Coles/Cumberland	642	939	(297)
DeWitt	209	190	19
Douglas	187	233	(46)
Edgar	269	299	(30)
Ford	204	434	(230)
Iroquois	400	477	(77)
Livingston	422	518	(96)
McLean	979	1,048	(69)
Macon	899	956	(57)
Moultrie	238	361	(123)
Piatt	144	160	(16)
Shelby	161	259	(98)
Vermilion	604	766	(162)
HEALTH SERVICE AREA 5			
Alexander/Pulaski	88	83	5
Bond	96	90	6
Clay	121	209	(88)
Crawford	165	160	5
Edwards/Wabash	139	129	10
Effingham	348	434	(86)
Fayette	168	261	(93)
Franklin	306	383	(77)
Gallatin/Hamilton/Saline	537	582	(45)
Hardin/Pope	70	62	8
Jackson	264	251	13
Jasper	57	57	0
Jefferson	339	336	3
Johnson/Massac	280	299	(19)
Lawrence	216	340	(124)
Marion	472	509	(37)
Perry	150	210	(60)
Randolph	408	490	(82)
Richland	254	309	(55)
Union	273	293	(20)
Washington	161	148	13
Wayne	132	169	(37)
White	251	351	(100)
Williamson	513	555	(42)
HEALTH SERVICE AREA 6			
Planning Area 6-A	4,523	6,513	(1,990)
Planning Area 6-B	3,020	3,009	11
Planning Area 6-C	4,201	4,586	(385)

is estimated that the Communities at Mercy Creek market area will support 48 additional Private Pay/Other beds by 2019. PMD estimates that the Mercy Creek project could expect to capture 7 of those beds.

Of the total 416 skilled nursing private pay beds 303 beds are in facilities with a Quality Star Rating of less than 3. Our sense is that the Mercy Creek project should be able to take market share from these poorly performing communities.

Table 7-15: Private Pay Skilled Nursing Demand Calculation

SKILLED NURSING PRIVATE PAY/OTHER DEMAND CALCULATION	
	2016 Estimates
	Private Pay/Other
Age 65 and Older Population	21,243
Total Existing Private Pay/Other Beds	416
PMA Base Use Rate for Population Age 65 and Older (Existing Beds/Age 65+ Population)	2.0%
	2019
	Private Pay/Other
Projected Age 65 and Older Population	23,845
PMA Base Use Rate for Population Age 65 * Age 65+ Population	477
Avg Annual Percent Change in SNF Patient Days	-2.13%
Estimate of New Supportable Beds	447
Total Existing Private Pay/Other Competitive Beds	416
Total Planned Private Pay/Other Competitive Beds	0
Total Existing Plus Planned Private Pay/Other Competitive Beds	416
Estimate of Net New Supportable Beds	31
Market Area Draw	65%
Net New Supportable Beds Divided by Market Area Draw = Total Supportable Market Area Beds	48
Net Demand at Project Penetration Rate	
15%	7

Table 7-16: Medicare Skilled Nursing Demand Calculation

SKILLED NURSING MEDICARE DEMAND CALCULATION	
	2016 Estimates
	Medicare
Age 65 and Older Population	21,243
Total Existing Medicare Beds	93
PMA Base Use Rate for Population Age 65 and Older (Existing Beds/Age 65+ Population)	0.44%
	2019
	Medicare
Projected Age 65 and Older Population	23,845
PMA Base Use Rate for Population Age 65 * Age 65+ Population	105
Avg Annual Percent Change in SNF Patient Days	-2.13%
Estimate of New Supportable Beds	98
Total Existing Medicare Competitive Beds	93
Total Planned Medicare Competitive Beds	0
Total Existing plus Medicare Competitive Beds	93
Estimate of Net New Supportable Beds	5
Market Area Draw	65%
Net New Supportable Beds Divided by Market Area Draw = Total Supportable Market Area Beds	8
Net Demand at Project Penetration Rate	
15%	1

Findings -- Medicare

It is estimated that the proposed Mercy Creek project should be able to capture **1** Medicare bed in 2019 due to population growth in the PMA.

Table 7-17: Medicaid Skilled Nursing Demand Calculation

SKILLED NURSING MEDICAID DEMAND CALCULATION	
	2016 Estimates
	Medicaid
Age 65 and Older Population	21,243
Total Existing Medicaid Beds	457
PMA Base Use Rate for Population Age 65 and Older (Existing Beds/Age 65+ Population)	2.15%
	2019
	Medicaid
Projected Age 65 and Older Population	23,845
PMA Base Use Rate for Population Age 65 * Age 65+ Population	513
Avg Annual Percent Change in SNF Patient Days	-2.13%
Estimate of New Supportable Beds	481
Total Existing Medicaid Competitive Beds	457
Total Planned Medicaid Competitive Beds	0
Total Existing plus Planned Medicaid Competitive Beds	457
Estimate of Net New Supportable Beds	24
Market Area Draw	65%
Net New Supportable Beds Divided by Market Area Draw = Total Supportable Market Area Beds	36
Net Demand at Project Penetration Rate	
15%	5

Findings -- Medicaid

It is estimated that the proposed Mercy Creek project should be able to capture 5 Medicaid beds in 2019 due to population growth in the PMA.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

9/1/2017

Page A-60

Planning Area: McLean			General Nursing Care									
Facility Name		City	County/Area	Beds	2015 Patient Days							
APERION CARE COLFAX		COLFAX	McLean County	0	14,038							
2/2/2017	Closure	Facility closed; 60 Nursing Care beds removed from Inventory.										
ARBA CARE CENTER OF BLOOMINGTON		BLOOMINGTON	McLean County	117	34,725							
BLOOMINGTON REHAB HLTHCARE CTR		BLOOMINGTON	McLean County	78	18,450							
HEARTLAND OF NORMAL		NORMAL	McLean County	116	31,814							
HERITAGE HEALTH - BLOOMINGTON		BLOOMINGTON	McLean County	88	25,456							
3/25/2016	Bed Change	Discontinued 23 Nursing Care beds; facility now has 88 Nursing Care beds.										
HERITAGE HEALTH - NORMAL		NORMAL	McLean County	141	42,223							
3/25/2016	Bed Change	Discontinued 23 Nursing Care beds; facility now has 141 Nursing Care beds.										
LEROY MANOR		LEROY	McLean County	102	25,121							
LUTHER OAKS		BLOOMINGTON	McLean County	18								
11/7/2016	13-067	Facility licensed for operation with 18 Nursing Care beds.										
MCLEAN COUNTY NURSING HOME		NORMAL	McLean County	150	44,165							
MEADOWS MENNONITE HOME		CHENOA	McLean County	130	36,690							
ST. JOSEPH'S MEDICAL CENTER		BLOOMINGTON	McLean County	12	2,407							
WESTMINSTER VILLAGE		BLOOMINGTON	McLean County	78	24,310							
WESTMINSTER VILLAGE (PERMIT)		BLOOMINGTON	McLean County	18								
3/14/2017	16-052	permit issued to add 18 nursing care beds to existing long-term care facility; facility will have 96 nursing care beds upon project completion.										
Planning Area Totals				1,048	299,399							
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates						
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3						
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9						
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3						
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days				
0-64 Years Old	24,628	151,400	162.7	206.7	551.3	206.7	164,800	34,070	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds	
65-74 Years Old	35,876	11,100	3,232.1	2,453.6	6,542.9	3,232.1	14,500	46,865				
75+ Years Old	238,895	8,900	26,842.1	16,274.4	43,398.3	26,842.1	9,000	241,579				
Planning Area Totals									322,514	881.2	979	69

Table 4. Population Projections for Illinois Counties by Age and Sex: 2010 to 2025
(as of July 1 of the specified years, except as noted)—Continued

County Sex and Age	Census April 1, 2010 ¹	Estimate 2010 ¹	Projections		
			2015	2020	2025
McLean					
Both Sexes Total	169,572	169,838	178,627	188,341	197,855
0-4	10,650	10,580	10,637	12,356	12,937
5-9	10,914	10,838	10,582	10,658	12,393
10-14	10,421	10,359	10,676	10,466	10,590
15-19	14,903	14,861	17,255	17,269	16,803
20-24	20,902	21,704	19,167	20,871	20,275
25-29	12,201	12,172	16,586	14,337	16,255
30-34	11,270	11,275	11,534	15,955	13,834
35-39	10,575	10,449	11,065	11,357	15,771
40-44	10,370	10,312	10,383	11,002	11,316
45-49	11,526	11,409	10,132	10,222	10,862
50-54	11,082	11,036	11,061	9,860	9,983
55-59	9,781	9,786	10,529	10,594	9,487
60-64	7,637	7,658	9,120	9,862	9,972
65-69	5,156	5,181	6,997	8,377	9,101
70-74	3,859	3,876	4,534	6,172	7,447
75-79	3,030	3,025	3,214	3,777	5,167
80-84	2,636	2,639	2,347	2,485	2,911
85+	2,659	2,678	2,808	2,724	2,751
65+	17,340	17,399	19,900	23,533	27,377
Male Total	82,329	82,499	86,563	91,084	95,493
0-4	5,374	5,338	5,440	6,319	6,616
5-9	5,559	5,521	5,347	5,456	6,341
10-14	5,377	5,342	5,383	5,240	5,380
15-19	7,001	6,985	7,882	7,821	7,595
20-24	10,014	10,443	9,397	9,961	9,604
25-29	6,126	6,116	8,206	7,286	7,940
30-34	5,575	5,578	5,639	7,744	6,905
35-39	5,422	5,358	5,447	5,526	7,622
40-44	5,073	5,045	5,330	5,422	5,508
45-49	5,657	5,600	4,962	5,247	5,350
50-54	5,361	5,338	5,461	4,856	5,144
55-59	4,673	4,675	5,019	5,161	4,611
60-64	3,761	3,771	4,262	4,606	4,767
65-69	2,443	2,456	3,375	3,832	4,162
70-74	1,779	1,788	2,119	2,928	3,341
75-79	1,283	1,282	1,442	1,716	2,384
80-84	1,008	1,012	931	1,049	1,251
85+	843	851	920	915	972
65+	7,356	7,389	8,787	10,440	12,109
Female Total	87,243	87,339	92,064	97,257	102,362
0-4	5,276	5,242	5,197	6,037	6,321
5-9	5,355	5,317	5,235	5,202	6,051
10-14	5,044	5,017	5,293	5,226	5,210
15-19	7,902	7,876	9,373	9,448	9,209
20-24	10,888	11,261	9,769	10,910	10,670
25-29	6,075	6,056	8,380	7,051	8,315
30-34	5,695	5,697	5,895	8,211	6,930
35-39	5,153	5,091	5,617	5,831	8,149
40-44	5,297	5,267	5,053	5,581	5,808
45-49	5,869	5,809	5,170	4,976	5,513
50-54	5,721	5,698	5,600	5,003	4,840
55-59	5,108	5,111	5,510	5,433	4,875
60-64	3,876	3,887	4,859	5,256	5,204
65-69	2,713	2,725	3,622	4,545	4,939
70-74	2,080	2,088	2,415	3,244	4,105
75-79	1,747	1,743	1,772	2,060	2,784
80-84	1,628	1,627	1,416	1,436	1,660
85+	1,816	1,827	1,888	1,808	1,778
65+	9,984	10,010	11,113	13,093	15,267

SECTION IV-SEERVICE SPECIFIC REVIEW CRITERIA

Primary Referral Hospitals:

1. Advocate Bromenn Medical Center
2. St. Joseph Medical Center

Referral Trends (2017 Data):

Advocate Bromenn Medical Center

Facility	# of received discharges (admits)
Heartland of Normal	98
Heritage Health - Bloomington	88
Heritage Health - Normal	74
Other (Less than 10 referrals received annually combined facility total	58
McLean County Nursing Home	19
Westminster Village	19
Meadows Mennonite Home	16
Heritage Heath - EL Paso	15
Bloomington Rehabilitation & HCC	12
Leroy Manor	<11
Aperion Care Bloomington	<11
Evenglow Lodge	<11
Fairview Haven	<11
Farmer City Rehab and Healthcare	<11
Pontiac Healthcare and Rehab	<11
Total # of discharges to SNF's	448

St. Joseph Medical Center

Facility	# of received discharges (admits)
Heartland of Normal	120
Heritage Health Bloomington	103
St. Joseph Medical Center	101
Heritage Health Normal	92
Other (Less than 10 referrals received annually combined facility total	83
Manor Court of Clinton	32
Westminster Village	26
Pontiac Healthcare and Rehab	22
Leroy Manor	20
Evenglow Lodge	15
Meadows Mennonite Home	15
Bloomington Rehabilitation & HCC	14
Aperion Care Bloomington	11
Fairview Haven	11

Heritage El Paso	11
Total # of discharges to SNF's	676

Zip Code Statistics & Discharge Totals

Advocate Bromenn Medical Center (2017)

61761	762
61701	642
61704	405
61705	178
61738	122
61752	107
61753	97
61739	92
61727	90
61764	84
Other	1160
Total Discharges	3739

Advocate Bromenn Medical Center (2016): 2721 Total Discharges

Advocate Bromenn Medical Center (2016): 967 Total SNF Discharges

St. Joseph Medical Center

61701	749
61761	452
61704	425
61764	230
61727	174
61705	125
61752	76
61739	74
61745	66
61364	50
Other	1028
Total Discharges	3455

St. Joseph Medical Center (2016): 2526 Total Discharges

St. Joseph Medical Center (2016): 698 Total SNF Discharges

2) Estimated # of prospective resident whom eth referral sources will refer annually to the applicant's facility within a 24-month period after project completion

Timeline Year 1	# of Referral Received	Outcome
June	10	7.5% (3) Occupancy
July	12	12% (5) Occupancy
August	15	17% (7) Occupancy
September	20	22% (9) Occupancy
October	25	30% (12) Occupancy
November	27	37.5% (15) Occupancy
December	30	42% (17.7) Occupancy
January	32	42.5% (17) Occupancy
February	34	42.5% (17) Occupancy
March	36	45% (18) Occupancy
April	38	47.5% (19) Occupancy
May	40	52.5% (21) Occupancy
Annual # of Referrals	319	

Timeline Year 2	# Referrals	Outcome
June	42	57.5% (23) Occupancy
July	45	62.5% (25) Occupancy
August	47	67.5% (27) Occupancy
September	50	72.5% (29) Occupancy
October	52	77.5% (31) Occupancy
November	55	82.5% (33) Occupancy
December	57	88% (35) Occupancy
January	60	90% (36) Occupancy
February	62	92.5% (37) Occupancy
March	65	92.5% (37) Occupancy
April	67	95% (38) Occupancy
May	70	95% (38) Occupancy
Annual # of Referrals	662	

SECTION IV-SEERVICE SPECIFIC REVIEW CRITERIA

Primary Referral Hospitals:

1. Advocate Bromenn Medical Center
2. St. Joseph Medical Center

Referral Trends (2017 Data):

Advocate Bromenn Medical Center

Facility	# of received discharges (admits) -
Heartland of Normal	98
Heritage Health - Bloomington	88
Heritage Health - Normal	74
Other (Less than 10 referrals received annually combined facility total	58
McLean County Nursing Home	19
Westminster Village	19
Meadows Mennonite Home	16
Heritage Heath - EL Paso	15
Bloomington Rehabilitation & HCC	12
Leroy Manor	<11
Aperion Care Bloomington	<11
Evenglow Lodge	<11
Fairview Haven	<11
Farmer City Rehab and Healthcare	<11
Pontiac Healthcare and Rehab	<11
Total # of discharges to SNF's	448

St. Joseph Medical Center

Facility	# of received discharges (admits)
Heartland of Normal	120
Heritage Health Bloomington	103
St. Joseph Medical Center	101
Heritage Health Normal	92
Other (Less than 10 referrals received annually combined facility total	83
Manor Court of Clinton	32
Westminster Village	26
Pontiac Healthcare and Rehab	22
Leroy Manor	20
Evenglow Lodge	15
Meadows Mennonite Home	15
Bloomington Rehabilitation & HCC	14
Aperion Care Bloomington	11
Fairview Haven	11

Heritage El Paso	11
Total # of discharges to SNF's	676

Zip Code Statistics & Discharge Totals

Advocate Bromenn Medical Center (2017)

61761	762
61701	642
61704	405
61705	178
61738	122
61752	107
61753	97
61739	92
61727	90
61764	84
Other	1160
Total Discharges	3739

Advocate Bromenn Medical Center (2016): 2721 Total Discharges

Advocate Bromenn Medical Center (2016): 967 Total SNF Discharges

St. Joseph Medical Center

61701	749
61761	452
61704	425
61764	230
61727	174
61705	125
61752	76
61739	74
61745	66
61364	50
Other	1028
Total Discharges	3455

St. Joseph Medical Center (2016): 2526 Total Discharges

St. Joseph Medical Center (2016): 698 Total SNF Discharges

2) Estimated # of prospective resident whom eth referral sources will refer annually to the applicant's facility within a 24-month period after project completion

Timeline Year 1	# of Referral Received	Outcome
June	10	7.5% (3) Occupancy
July	12	12% (5) Occupancy
August	15	17% (7) Occupancy
September	20	22% (9) Occupancy
October	25	30% (12) Occupancy
November	27	37.5% (15) Occupancy
December	30	42% (17.7) Occupancy
January	32	42.5% (17) Occupancy
February	34	42.5% (17) Occupancy
March	36	45% (18) Occupancy
April	38	47.5% (19) Occupancy
May	40	52.5% (21) Occupancy
Annual # of Referrals	319	

Timeline Year 2	# Referrals	Outcome
June	42	57.5% (23) Occupancy
July	45	62.5% (25) Occupancy
August	47	67.5% (27) Occupancy
September	50	72.5% (29) Occupancy
October	52	77.5% (31) Occupancy
November	55	82.5% (33) Occupancy
December	57	88% (35) Occupancy
January	60	90% (36) Occupancy
February	62	92.5% (37) Occupancy
March	65	92.5% (37) Occupancy
April	67	95% (38) Occupancy
May	70	95% (38) Occupancy
Annual # of Referrals	662	

 Advocate BroMenn Medical Center

1304 Franklin Avenue || Normal, IL 61761 || T 309.454.1400 || advocatehealth.com

August 15, 2018

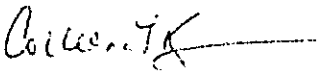
Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, IL 62761

Dear Ms. Avery,

I would like to support The Village of Mercy Creek's application for a Certificate of Need to establish a 40-bed long-term care skilled nursing facility to be located west of Towanda Barnes Road and North of East Raab road in Normal Illinois. I believe The Village of Mercy Creek provides a very important service to the Bloomington-Normal area.

Geographically, the location will be ideal for some of the elderly who live in this area. This project will provide outstanding services to residents of this community. I believe The Village of Mercy Creek will fill a needed gap in skilled nursing for the area. Thank you so much for considering The Village of Mercy Creek for the addition of these nursing beds. I wish the best and offer our support in their endeavor.

Respectfully,



Colleen Kannaday, FACHE
President

MEDICAL HILLS INTERNISTS

Internal Medicine

James Swanson, M.D.

Michael Cochran, M.D.

Stephen Kindred, M.D.

William Ray, M.D.

John Poag II, M.D.

Sven Klauss, M.D.

Peter Abadeer, D.O.

Lilla Berck, M.D.

Danielle Francois Kim, D.O.

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street

Springfield, IL 62761

Internal Medicine/Pediatrics

Eric Farinas, M.D.

Luke Pogue, M.D.

James Hancock, M.D.

Jeffrey Hoschek, M.D.

Dear Ms. Avery,

I would like to express my support for the Villages of Mercy Creek's application for a Certificate of Need to establish a 40 bed long-term care skilled nursing facility to be located west of Towanda Barnes Road and North of East Raab road in Normal Illinois.

Rheumatology

Katy Wong, M.D.

The Villages of Mercy Creek is very important to the Bloomington-Normal area. This project will not only provide progressive services to the senior population, but it will also bring new jobs to the community.

Nurse Practitioner

Denise Wilson,

PhD, RN, CS, FNP

Geographically, the location will be ideal for some of the elderly who live in this area. This area is not currently served by a long-term skilled nursing facility. I have no doubt that this project will provide outstanding service to residents of this community. I believe that this new Villages of Mercy Creek facility will provide excellent, supportive, and compassionate care for their clients.

Emeritus

Lyle VanNess, M.D.

Paul Sheffler, M.D.

Dan Scott, M.D.

John Krueger, M.D.

James Bilyeu, M.D.

Thank you for considering this request.

Respectfully,



William J. Ray, MD

1401 Eastland Drive

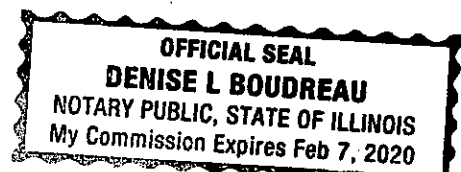
Bloomington, Illinois 61701

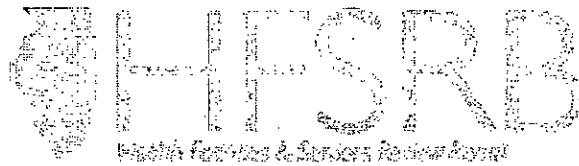
Phone: 309-663-8311

Fax: 309-663-1810

www.medicalhills.org

Subscribed and sworn to before me this
15th day of August 2018



(/sites/hfsrb/)

Applications Deemed Complete

2013

13-058 - Warren G. Murray Developmental Center, Centralia

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Warren-G.-Murray-Developmental-Center,-Centralia.aspx>)

2017

17-013 - Geneva Crossing Dialysis, Carol Stream

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Geneva-Crossing-Dialysis,-Carol-Stream--17-013.aspx>)

17-015 - Stone Quarry Dialysis, Hodgkins

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Stone-Quarry-Dialysis,-Hodgkins--17-015.aspx>)

17-029 - Melrose Village Dialysis, Melrose Park

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Melrose-Village-Dialysis,-Melrose-Park--17-029.aspx>)

17-043 - DaVita Romeoville Dialysis, Romeoville

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-Romeoville-Dialysis,-Romeoville--17-043.aspx>)

17-060 - Fresenius Kidney Care Waukegan Park, Waukegan

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Kidney-Care-Waukegan-Park,-Waukegan--17-060.aspx>)

17-066 - DaVita North Dunes Dialysis, Waukegan

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-North-Dunes-Dialysis,-Waukegan--17-066.aspx>)

17-068 - DaVita Oak Meadows Dialysis, Oak Lawn

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-Oak-Meadows-Dialysis,-Oak-Lawn--17-068.aspx>)

17-070 - Dialysis Care Center Rockford, Rockford

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Dialysis-Care-Center-Rockford,-Rockford--17-070.aspx>)

17-071 - Dialysis Care Center Hazel Crest, Hazel Crest

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Dialysis-Care-Center-Hazel-Crest,-Hazel-Crest--17-071.aspx>)

17-073 - Illinois Back & Neck Institute, Elmhurst

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Illinois-Back-and-Neck-Institute,-Elmhurst--17-073.aspx>)

2018

18-002 - Retina Surgery Center, Niles (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Retina-Surgery-Center,-Niles--18-002.aspx>)

18-006 - Fresenius Kidney Care Madison County, Granite City
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Kidney-Care-Madison-County,-Granite-City--18-006.aspx>)

18-007 - Dialysis Care Center Hickory Hills, Hickory Hills
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Dialysis-Care-Center-Hickory-Hills,-Hickory-Hills--18-007.aspx>)

18-011 - Vermilion County Dialysis, Danville
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Vermilion-County-Dialysis,-Danville--18-011.aspx>)

18-012 - Beacon Hill, Lombard (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Beacon-Hill,-Lombard--18-012.aspx>)

18-013 - Blessing Hospital, Quincy (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Blessing-Hospital,-Quincy--18-013.aspx>)

18-014 - Carle Surgicenter Danville, Danville
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Carle-Surgicenter-Danville,-Danville--18-014.aspx>)

18-015 - Edward Hospital, Naperville (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Edward-Hospital,-Naperville--18-015.aspx>)

18-016 - Transformative Health of McHenry, McHenry
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Transformative-Health-of-McHenry,-McHenry--18-016.aspx>)

18-017 - Marshall Square Dialysis, Chicago
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Marshall-Square-Dialysis,-Chicago--18-017.aspx>)

18-018 - North Suburban Pain and Spine Center, Des Plaines
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/North-Suburban-Pain-and-Spine-Center,-Des-Plaines--18-018.aspx>)

18-019 - Dialysis Care Center Evergreen Park, Evergreen Park
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Dialysis-Care-Center-Evergreen-Park,-Evergreen-Park--18-019.aspx>)

Exemptions

E-035-18 - Palos Health Surgery Center, Orland Park

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Palos-Health-Surgery-Center,-Orland-Park--E-035-18.aspx>)

E-036-18 - Silver Cross Hospital and Medical Clinics, New Lenox

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Silver-Cross-Hospital-and-Medical-Clinics,-New-Lenox--E-036-18.aspx>)

E-037-18 - Edgemont Dialysis, East St. Louis

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Edgemont-Dialysis,-East-St-Louis--E-037-18.aspx>)

E-038-18 - Northgrove Dialysis, Highland Park

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Northgrove-Dialysis,-Highland-Park--E-038-18.aspx>)

E-039-18 - Oak Lawn Endoscopy Center, Oak Lawn

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Oak-Lawn-Endoscopy-Center,-Oak-Lawn--E-039-18.aspx>)

E-040-18 - North Shore Endoscopy Center, Lake Bluff

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/North-Shore-Endoscopy-Center,-Lake-Bluff--E-040-18.aspx>)

E-041-18 - Glen Endoscopy Center, LLC, Glenview

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Glen-Endoscopy-Center,-LLC,-Glenview--E-041-18.aspx>)

Applications Acted On (/sites/hfsrb/Projects/Pages/AppsActOn.aspx)

2018 (/sites/hfsrb/Projects/Pages/Acted-Upon-2018.aspx)

2017 (/sites/hfsrb/Projects/Pages/Acted-Upon-2017.aspx)

2016 (/sites/hfsrb/Projects/Pages/Acted-Upon-2016.aspx)

2015 (/sites/hfsrb/Projects/Pages/Acted-Upon-2015.aspx)

2014 (/sites/hfsrb/Projects/Pages/Acted-Upon-2014.aspx)

2013 (/sites/hfsrb/Projects/Pages/Acted-Upon-2013.aspx)

2012 (/sites/hfsrb/Projects/Pages/Acted-Upon-2012.aspx)

Older Applications (/sites/hfsrb/Projects/Pages/Older-Applications-Acted-On.aspx)

Exemptions (/sites/hfsrb/Projects/Pages/Acted-On-Exemptions.aspx)

Applications Deemed Complete (/sites/hfsrb/Projects/Pages/CompApps.aspx)

Results of Meetings (/sites/hfsrb/Projects/Pages/VoteTally.aspx)

Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761
Phone: 217-782-3516
TTY: 800-547-0466
Fax: 217-785-4111

[\(/sites/hfsrb/About/Pages/Contact.aspx\)](/sites/hfsrb/About/Pages/Contact.aspx)

[Illinois.gov Home \(/\) \(/\)](#)

[Bruce Rauner, Governor \(/gov\)](#)

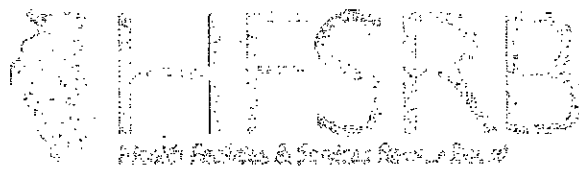
[About \(/sites/hfsrb/about\)](/sites/hfsrb/about)

[Illinois Privacy Info \(/Pages/Privacy.aspx\)](/Pages/Privacy.aspx)

[Kids Privacy \(/Pages/kids-privacy.aspx\)](/Pages/kids-privacy.aspx)

[Web Accessibility \(http://www.dhs.state.il.us/page.aspx?item=32765\)](http://www.dhs.state.il.us/page.aspx?item=32765)

Copyright © 2018 State of Illinois



(/sites/hfsrb/)

2018

18-001 - DaVita Garfield Kidney Center, Chicago

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-Garfield-Kidney-Center,-Chicago--18-001.aspx>)

18-003 - Taylorville Memorial Hospital, Taylorville

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Taylorville-Memorial-Hospital,-Taylorville--18-003.aspx>)

18-004 - Fresenius Medical Care Elgin, Elgin

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Medical-Care-Elgin,-Elgin--18-004.aspx>)

18-005 - DeKalb County Rehab & Nursing Center, DeKalb

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DeKalb-County-Rehab--Nursing-Center,-DeKalb--18-005.aspx>)

18-008 - Kildeer Ambulatory Care Center, Kildeer

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Kildeer-Ambulatory-Care-Center,-Kildeer--18-008.aspx>)

18-009 - Alden Estates/Courts of New Lenox, New Lenox

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Alden-Estates-Courts-of-New-Lenox,-New-Lenox--18-009.aspx>)

18-010 - Blessing Hospital Medical Office Building, Quincy

(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Blessing-Hospital-Medical-Office-Building,-Quincy--18-010.aspx>)

Applications Acted On (/sites/hfsrb/Projects/Pages/AppsActOn.aspx)

2018 (/sites/hfsrb/Projects/Pages/Acted-Up-on-2018.aspx)

2017 (</sites/hfsrb/Projects/Pages/Acted-Up-on-2017.aspx>)

2016 (</sites/hfsrb/Projects/Pages/Acted-Up-on-2016.aspx>)

2015 (</sites/hfsrb/Projects/Pages/Acted-Up-on-2015.aspx>)

2014 (</sites/hfsrb/Projects/Pages/Acted-Up-on-2014.aspx>)

2013 (</sites/hfsrb/Projects/Pages/Acted-Up-on-2013.aspx>)

2012 (</sites/hfsrb/Projects/Pages/Acted-Up-on-2012.aspx>)

[Older Applications \(/sites/hfsrb/Projects/Pages/Older-Applications-Acted-On.aspx\)](/sites/hfsrb/Projects/Pages/Older-Applications-Acted-On.aspx)

[Exemptions \(/sites/hfsrb/Projects/Pages/Acted-On-Exemptions.aspx\)](/sites/hfsrb/Projects/Pages/Acted-On-Exemptions.aspx)

[Applications Deemed Complete \(/sites/hfsrb/Projects/Pages/CompApps.aspx\)](/sites/hfsrb/Projects/Pages/CompApps.aspx)

[Results of Meetings \(/sites/hfsrb/Projects/Pages/VoteTally.aspx\)](/sites/hfsrb/Projects/Pages/VoteTally.aspx)

Illinois Health Facilities and Services Review Board

525 W. Jefferson St., Second Floor

Springfield, IL 62761

Phone: 217-782-3516

TTY: 800-547-0466

Fax: 217-785-4111

[\(/sites/hfsrb/About/Pages/Contact.aspx\)](/sites/hfsrb/About/Pages/Contact.aspx)

[Illinois.gov Home \(/\) \(/\)](#)

[Bruce Rauner, Governor \(/gov\)](#)

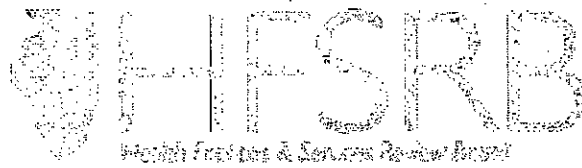
[About \(/sites/hfsrb/about\)](/sites/hfsrb/about)

[Illinois Privacy Info \(/Pages/Privacy.aspx\)](/Pages/Privacy.aspx)

[Kids Privacy \(/Pages/kids-privacy.aspx\)](/Pages/kids-privacy.aspx)

[Web Accessibility \(http://www.dhs.state.il.us/page.aspx?item=32765\)](http://www.dhs.state.il.us/page.aspx?item=32765)

Copyright © 2018 State of Illinois



(/sites/hfsrb/)

2017

17-001 - Mercy Health Hospital and Medical Center Crystal Lake Medical Office Building, Crystal Lake (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Mercy-Health-Hospital-Crystal-Lake-Medical-Office-Building,-Crystal-Lake--17-001.aspx>)

17-002 - Mercy Health Hospital and Medical Center Crystal Lake, Crystal Lake (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Mercy-Health-Hospital-Crystal-Lake,-Crystal-Lake--17-002.aspx>)

17-003 - Fresenius Medical Care Gurnee, Gurnee (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Medical-Care-Gurnee,-Gurnee--17-003.aspx>)

17-004 - Fresenius Kidney Care Mount Prospect, Mount Prospect (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Kidney-Care-Mount-Prospect,-Mount-Prospect--17-004.aspx>)

17-005 - Chicago Vascular ASC, Westmont (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Chicago-Vascular-ASC,-Westmont--17-005.aspx>)

17-006 - NorthShore University HealthSystem, Round Lake Beach Medical Clinics Building, Round Lake Beach (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/NorthShore-University-HealthSystem,-Round-Lake-Beach-Medical-Clinics-Building,-Round-Lake-Beach--17-006.aspx>)

17-007 - Pana Community Hospital, Pana (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Pana-Community-Hospital,-Pana--17-007.aspx>)

17-008 - OSF Center for Health-Streator, Streator (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/OSF-Center-for-Health-Streator,-Streator--17-008.aspx>)

17-009 - Silver Oaks Hospital, New Lenox (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Silver-Oaks-Hospital,-New-Lenox--17-009.aspx>)

17-010 - Mercy Circle, Chicago (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Mercy-Circle,-Chicago--17-010.aspx>)

17-011 - Carle-Staley Road Medical Office Development, Champaign (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Carle-Staley-Road-Medical-Office-Building,-Champaign--17-011.aspx>)

17-012 - Meadowbrook Manor of Geneva, Geneva
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Meadowbrook-Manor-of-Geneva,-Geneva--17-012.aspx>)

17-014 - Rutgers Park Dialysis, Woodridge
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Rutgers-Park-Dialysis,-Woodridge--17-014.aspx>)

17-016 - Salt Creek Dialysis, Villa Park (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Salt-Creek-Dialysis,-Villa-Park--17-016.aspx>)

17-017 - Provident Hospital of Cook County, Chicago
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Provident-Hospital-of-Cook-County,-Chicago--17-017.aspx>)

17-018 - DuPage Vascular Care, Woodridge
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DuPage-Vascular-Care,-Woodridge--17-018.aspx>)

17-019 - SwedishAmerican Hospital, Rockford
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/SwedishAmerican-Hospital,-Rockford--17-019.aspx>)

17-020 - AMITA Health Bartlett Medical Clinic Building, Bartlett
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/AMITA-Health-Bartlett-Medical-Clinic-Building,-Bartlett--17-020.aspx>)

17-021 - AMITA Health Woodridge Medical Clinic Building, Woodridge
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/AMITA-Health-Woodridge-Medical-Clinic-Building,-Woodridge--17-021.aspx>)

17-022 - St. Anthony's Memorial Hospital Ambulatory Care Center, Effingham
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/St.-Anthony's-Memorial-Ambulatory-Care-Center,-Effingham--17-022.aspx>)

17-023 - Fresenius Medical Care Oswego, Oswego
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Medical-Care-Oswego,-Oswego--17-023.aspx>)

17-024 - Fresenius Kidney Care Springfield East, Springfield
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Kidney-Care-Springfield-East,-Springfield--17-024.aspx>)

17-025 - Fresenius Medical Care Crestwood, Crestwood
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Medical-Care-Crestwood,-Crestwood--17-025.aspx>)

17-026 - Elmhurst Foot & Ankle Surgery Center, Elmhurst
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Elmhurst-Foot-Ankle-Surgery-Center,-Elmhurst--17-026.aspx>)

17-027 - Fresenius Medical Care, Sandwich
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Medical-Care,-Sandwich--17-027.aspx>)

17-028 - AMITA Health Adventist Medical Center LaGrange, LaGrange
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/AMITA-Health-Adventist-Medical-Center-LaGrange,-LaGrange--17-028.aspx>)

17-030 - SwedishAmerican Hospital Northeast Medical Clinic, Rockford
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/SwedishAmerican-Hospital-Northeast-Medical-Clinic,-Rockford--17-030.aspx>)

17-031 - Fresenius Kidney Care Peoria Heights, Peoria
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Kidney-Care-Peoria-Heights,-Peoria--17-031.aspx>)

17-032 - Illini Renal Dialysis, Champaign (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Illini-Renal-Dialysis,-Champaign--17-032.aspx>)

17-033 - Fresenius Medical Care Palatine, Palatine
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Medical-Care-Palatine,-Palatine--17-033.aspx>)

17-034 - Fresenius Medical Care Naperville, Naperville
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Medical-Care-Naperville,-Naperville--17-034.aspx>)

17-035 - Manor Court of Rochelle, Rochelle
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Manor-Court-of-Rochelle,-Rochelle--17-035.aspx>)

17-036 - Centegra Hospital-Woodstock, Woodstock
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Centegra-Hospital-Woodstock,-Woodstock-17-036.aspx>)

17-037 - Centegra Hospital-Huntley, Huntley
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Centegra-Hospital-Huntley,-Huntley--17-037.aspx>)

17-038 - Fresenius Kidney Care South Elgin, South Elgin
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Kidney-Care-South-Elgin,-South-Elgin--17-038.aspx>)

17-039 - DaVita Alpine Dialysis, Rockford
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-Alpine-Dialysis,-Rockford--17-039.aspx>)

17-040 - DaVita Edgemont Dialysis, East St. Louis
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-Edgemont-Dialysis,-East-St.-Louis--17-040.aspx>)

17-041 - Palos Hills Surgery Center, Palos Hills
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Palos-Hills-Surgery-Center,-Palos-Hills--17-041.aspx>)

17-042 - Memorial Hospital-East Medical Clinics Building-Phase II, Shiloh
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Memorial-Hospital-East-Medical-Clinics-Building-Phase-II,-Shiloh--17-042.aspx>)

17-044 - Smith Crossing, Orland Park (<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Smith-Crossing,-Orland-Park--17-044.aspx>)

17-045 - Proctor Community Hospital, Peoria
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Proctor-Community-Hospital,-Peoria--17-045.aspx>)

17-046 - AMITA Health St. Alexius Medical Center, Hoffman Estates
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/AMITA-Health-St.-Alexius-Medical-Center,-Hoffman-Estates--17-046.aspx>)

17-047 - Vascular Access Centers of Illinois, Chicago
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Vascular-Access-Centers-of-Illinois,-Chicago--17-047.aspx>)

17-048 - Lake Behavioral Hospital, Waukegan
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Lake-Behavioral-Hospital,-Waukegan--17-048.aspx>)

17-049 - DaVita Northgrove Dialysis, Highland
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-Northgrove-Dialysis,-Highland--17-049.aspx>)

17-050 - OSF St. Joseph Medical Center, Bloomington
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/OSF-St.-Joseph-Medical-Center,-Bloomington--17-050.aspx>)

17-051 - OSF St. Anthony Health Center, Alton
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/OSF-St.-Anthony-Health-Center,-Alton--17-051.aspx>)

17-052 - Dialysis Care Center Beverly, Chicago
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Dialysis-Care-Center-Beverly,-Chicago-17-052.aspx>)

17-053 - DaVita Ford City Dialysis, Chicago
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-Ford-City-Dialysis,-Chicago--17-053.aspx>)

17-054 - Ann & Robert H. Lurie Childrens Hospital, Chicago
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Lurie-Childrens-Hospital,-Chicago--17-054.aspx>)

17-055 - Northwestern Medicine Delnor Hospital, Geneva
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Northwestern-Medicine-Delnor-Hospital,-Geneva--17-055.aspx>)

17-056 - Fresenius Medical Care Galesburg, Galesburg
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Medical-Care-Galesburg,-Galesburg--17-056.aspx>)

17-057 - Valley Ambulatory Surgery Center, St. Charles
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Valley-Ambulatory-Surgery-Center,-St.-Charles--17-057.aspx>)

17-058 - Premier Cardiac Surgery Center, Merrionette Park
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Premier-Cardiac-Surgery-Center,-Merrionette-Park--17-058.aspx>)

17-059 - Deerpath Orthopedic Surgical Center, LLC, Morris
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Deerpath-Orthopedic-Surgical-Center,-LLC,-Morris--17-059.aspx>)

17-061 - Dialysis Care Center Elgin, Elgin
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Dialysis-Care-Center-Elgin,-Elgin---17-061.aspx>)

17-062 - DaVita Auburn Park Dialysis, Chicago
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-Auburn-Park-Dialysis,-Chicago--17-062.aspx>)

17-063 - DaVita Hickory Creek Dialysis, Joliet
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-Hickory-Creek-Dialysis,-Joliet--17-063.aspx>)

17-064 - DaVita Brickyard Dialysis, Chicago
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/DaVita-Brickyard-Dialysis,-Chicago--17-064.aspx>)

17-065 - Fresenius Kidney Care New Lenox, New Lenox
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Fresenius-Kidney-Care-New-Lenox,-New-Lenox--17-065.aspx>)

17-067 - HSHS St. John's Hospital, Springfield
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/HSHS-St.-John's-Hospital,-Springfield--17-067.aspx>)

17-069 - Memorial Hospital-East Medical Clinics Building-Phase II, Shiloh
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Memorial-Hospital-East-Medical-Clinics-Building,-Shiloh--17-069.aspx>)

17-072 - Illinois Vascular Care, Schaumburg
(<https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Illinois-Vascular-Care,-Schaumburg--17-072.aspx>)

Applications Acted On (/sites/hfsrb/Projects/Pages/AppsActOn.aspx)

2018 (/sites/hfsrb/Projects/Pages/Acted-Upon-2018.aspx)

2017 (/sites/hfsrb/Projects/Pages/Acted-Upon-2017.aspx)

2016 (</sites/hfsrb/Projects/Pages/Acted-Upon-2016.aspx>)

2015 (</sites/hfsrb/Projects/Pages/Acted-Upon-2015.aspx>)

2014 (</sites/hfsrb/Projects/Pages/Acted-Upon-2014.aspx>)

2013 (</sites/hfsrb/Projects/Pages/Acted-Upon-2013.aspx>)

2012 (</sites/hfsrb/Projects/Pages/Acted-Upon-2012.aspx>)

[Older Applications \(/sites/hfsrb/Projects/Pages/Older-Applications-Acted-On.aspx\)](/sites/hfsrb/Projects/Pages/Older-Applications-Acted-On.aspx)

[Exemptions \(/sites/hfsrb/Projects/Pages/Acted-On-Exemptions.aspx\)](/sites/hfsrb/Projects/Pages/Acted-On-Exemptions.aspx)

[Applications Deemed Complete \(/sites/hfsrb/Projects/Pages/CompApps.aspx\)](/sites/hfsrb/Projects/Pages/CompApps.aspx)

[Results of Meetings \(/sites/hfsrb/Projects/Pages/VoteTally.aspx\)](/sites/hfsrb/Projects/Pages/VoteTally.aspx)

Illinois Health Facilities and Services Review Board

525 W. Jefferson St., Second Floor

Springfield, IL 62761

Phone: 217-782-3516

TTY: 800-547-0466

Fax: 217-785-4111

[\(/sites/hfsrb/About/Pages/Contact.aspx\)](/sites/hfsrb/About/Pages/Contact.aspx)

[Illinois.gov Home \(/\)](#)

[Bruce Rauner, Governor \(/gov\)](#)

[About \(/sites/hfsrb/about\)](/sites/hfsrb/about)

[Illinois Privacy Info \(/Pages/Privacy.aspx\)](/Pages/Privacy.aspx)

[Kids Privacy \(/Pages/kids-privacy.aspx\)](/Pages/kids-privacy.aspx)

[Web Accessibility \(http://www.dhs.state.il.us/page.aspx?item=32765\)](http://www.dhs.state.il.us/page.aspx?item=32765)

Copyright © 2018 State of Illinois

Meadows Mercy SNF Comps in 30 Mile Zips

Community	Street Address	City	State	Zip	# of Beds
APERION CARE BLOOMINGTON	1509 NORTH CALHOUN STREET	BLOOMINGTON	IL	61701	117
BLOOMINGTON REHABILITATION&HCC	1925 SOUTH MAIN STREET	BLOOMINGTON	IL	61701	78
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET	EL PASO	IL	61738	123
EVENGLOW LODGE	215 EAST WASHINGTON	PONTIAC	IL	61764	73
FAIRVIEW HAVEN	605 NORTH 4TH ST	FAIRBURY	IL	61739	63
FLANAGAN REHABILITATION & HCC	201 EAST FALCON HIGHWAY	FLANAGAN	IL	61740	43
GOOD SAMARITAN - FLANAGAN	205 NORTH ADAMS STREET	FLANAGAN	IL	61740	60
GOOD SAMARITAN-PONTIAC	1225 S EWING DRIVE	PONTIAC	IL	61764	90
HEARTLAND OF NORMAL	510 BROADWAY	NORMAL	IL	61761	116
HERITAGE HEALTH-BLOOMINGTON	700 E. WALNUT STREET	BLOOMINGTON	IL	61701	88
HERITAGE HEALTH-EL PASO	555 E. CLAY	EL PASO	IL	61738	65
HERITAGE HEALTH-NORMAL	509 N. ADELAIDE	NORMAL	IL	61761	141
LEROY MANOR	509 SOUTH BUCK ROAD,P.O.BOX	LEROY	IL	61752	102
LUTHER OAKS	601 LUTZ ROAD	BLOOMINGTON	IL	61704	18
MCLEAN COUNTY NURSING HOME	901 NORTH MAIN	NORMAL	IL	61761	150
MEADOWS MENNONITE HOME	24588 CHURCH STREET	CHENOA	IL	61726	116
PONTIAC HEALTHCARE AND REHAB	300 WEST LOWELL	PONTIAC	IL	61764	97
ST JOSEPH'S MEDICAL CENTER	2200 EAST WASHINGTON STREET	BLOOMINGTON	IL	61701	12
WESTMINSTER VILLAGE	2025 EAST LINCOLN STREET	BLOOMINGTON	IL	61701	78

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

9/1/2017
Page A-60

Planning Area: McLean

Facility Name	City	County/Area	General Nursing Care	
			Beds	2015 Patient Days
APERION CARE COLFAX	COLFAX	McLean County	0	14,038
2/2/2017 Closure Facility closed; 60 Nursing Care beds removed from Inventory.				
ARBA CARE CENTER OF BLOOMINGTON	BLOOMINGTON	McLean County	117	34,725
BLOOMINGTON REHAB HLTHCARE CTR	BLOOMINGTON	McLean County	78	18,450
HEARTLAND OF NORMAL	NORMAL	McLean County	116	31,814
HERITAGE HEALTH - BLOOMINGTON	BLOOMINGTON	McLean County	88	25,456
3/25/2016 Bed Change Discontinued 23 Nursing Care beds; facility now has 88 Nursing Care beds.				
HERITAGE HEALTH - NORMAL	NORMAL	McLean County	141	42,223
3/25/2016 Bed Change Discontinued 23 Nursing Care beds; facility now has 141 Nursing Care beds.				
LEROY MANOR	LEROY	McLean County	102	25,121
LUTHER OAKS	BLOOMINGTON	McLean County	18	
11/7/2016 13-067 Facility licensed for operation with 18 Nursing Care beds.				
MCLEAN COUNTY NURSING HOME	NORMAL	McLean County	150	44,165
MEADOWS MENNONITE HOME	CHENOA	McLean County	130	36,690
ST. JOSEPH'S MEDICAL CENTER	BLOOMINGTON	McLean County	12	2,407
WESTMINSTER VILLAGE	BLOOMINGTON	McLean County	78	24,310
WESTMINSTER VILLAGE (PERMIT)	BLOOMINGTON	McLean County	18	
3/14/2017 16-052 permit issued to add 18 nursing care beds to existing long-term care facility; facility will have 96 nursing care beds upon project completion.				

Planning Area Totals

1,048 299,399

HEALTH SERVICE AREA	AGE GROUPS	Planning Area Totals									1,048	299,399
		2015 Patient Days		2015 Population		2015 Use Rates (Per 1,000)		2015 Minimum Use Rates		2015 Maximum Use Rates		
004	0-64 Years Old	242,433		703,600		344.6		206.7		551.3		
	65-74 Years Old	285,843		69,900		4,089.3		2,453.6		6,542.9		
	75+ Years Old	1,562,338		57,600		27,123.9		16,274.4		43,398.3		
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days				
0-64 Years Old	24,628	151,400	162.7	206.7	551.3	206.7	164,800	34,070				
65-74 Years Old	35,876	11,100	3,232.1	2,453.6	6,542.9	3,232.1	14,500	46,865	Planned Average Daily Census	Planned Bed Need (90% Occ.)		
75+ Years Old	238,895	8,900	26,842.1	16,274.4	43,398.3	26,842.1	9,000	241,579			Excess Beds	
Planning Area Totals									322,514	881.2	979	69

Table A-1. Total Fertility Rates* for Illinois, Chicago and Illinois Counties:
2010-15, 2015-20, and 2020-25 (Continued)

<i>County/Area</i>	<i>1990</i>	<i>2000</i>	<i>2010</i>	<i>2010-2015</i>	<i>2015-2020</i>	<i>2020-2025</i>
Iroquois	2.00766	2.21373	2.06743	2.06567	2.06567	2.06567
Jackson	1.26901	1.36088	1.51781	1.51702	1.51702	1.51702
Jasper	2.16812	1.86800	2.30976	2.23649	2.23649	2.23649
Jefferson	2.19033	2.06756	2.20799	2.06792	2.20799	2.20799
Jersey	1.62125	1.72003	1.75198	1.62992	1.62992	1.62992
Jo Daviess	1.78691	2.14147	1.29269	1.60289	1.60289	1.60289
Johnson	2.07488	2.31074	2.18312	2.18312	2.18312	2.18312
Kane	2.42778	2.72418	2.18735	2.18735	2.44597	2.44597
Kankakee	2.32920	2.17440	2.05308	1.92782	1.92782	1.92782
Kendall	2.03252	2.31303	2.09772	2.09723	2.10000	1.90000
Knox	1.81891	1.90281	1.93895	1.77298	1.77298	1.77298
Lake	2.27136	2.43371	2.04285	2.02563	2.10000	1.90000
LaSalle	2.00406	2.23529	1.98235	1.97869	1.97869	1.97869
Lawrence	1.97589	1.89352	2.03014	2.03014	2.03014	2.03014
Lee	2.05916	1.80601	1.98553	1.97513	1.97656	1.97656
Livingston	1.91950	2.13532	2.32933	1.99138	2.32933	2.32933
Logan	1.80805	1.60291	2.05104	1.62478	1.89428	1.89428
McDonough	1.17273	1.30109	1.52185	1.35047	1.52185	1.52185
McHenry	2.18398	2.29790	1.97417	1.97232	1.97232	1.97232
McLean	1.49121	1.63028	1.75303	1.63729	1.75076	1.75076
Macon	2.10079	1.95741	2.11110	1.97801	1.97801	1.97801
Macoupin	1.84645	1.96078	1.82661	1.90133	1.90133	1.90133
Madison	1.95671	1.85807	1.82422	1.80607	1.80607	1.80607
Marion	2.24749	2.17451	2.23351	2.22797	2.10000	2.00000
Marshall	1.96298	1.92684	1.97126	1.97126	1.97126	1.97126
Mason	2.10006	2.00197	2.03992	2.03590	2.00000	2.00000
Massac	1.93092	2.06385	2.06553	2.06553	2.00000	2.00000
Menard	1.94007	1.97818	1.91982	1.91868	1.91868	1.91868
Mercer	1.84382	2.15807	1.89759	1.89653	1.89653	1.89653
Monroe	1.88572	2.05373	1.87456	1.87456	1.87456	1.87456
Montgomery	2.04125	2.13123	2.00510	2.00308	2.00510	2.00510
Morgan	1.73902	1.83880	1.92016	1.95121	1.95121	1.95121
Moultrie	2.13192	2.48663	2.08307	2.08055	2.08055	2.08055
Ogle	2.16772	2.05321	1.92711	1.92300	1.92300	1.92300
Peoria	2.01950	2.04383	2.14698	2.07370	2.04383	2.04383
Perry	2.08664	1.86440	1.87623	1.87397	1.87623	1.87623
Piatt	1.82618	1.96242	1.93211	1.93211	1.93211	1.93211

Table A-4. Projected Number of Deaths for Illinois, Chicago and Illinois Counties:
2010-15, 2015-20, and 2020-25 (Continued)

County/Area	2010-2015	2015-2020	2020-2025
Iroquois	1,892	1,909	1,951
Jackson	2,396	2,593	2,788
Jasper	503	512	534
Jefferson	2,188	2,322	2,491
Jersey	1,217	1,312	1,418
Jo Daviess	1,246	1,373	1,527
Johnson	602	664	726
Kane	15,116	17,427	20,360
Kankakee	5,358	5,714	6,163
Kendall	2,585	3,114	3,839
Knox	3,319	3,411	3,491
Lake	21,905	25,004	29,010
LaSalle	6,442	6,517	6,765
Lawrence	1,044	1,039	1,046
Lee	1,778	1,898	2,023
Livingston	2,122	2,216	2,348
Logan	1,536	1,605	1,681
McDonough	1,552	1,607	1,657
McHenry	11,469	13,091	15,216
McLean	6,718	7,234	7,943
Macon	7,057	7,078	7,172
Macoupin	2,778	2,860	2,969
Madison	14,341	15,002	15,786
Marion	2,588	2,702	2,798
Marshall	752	752	771
Mason	851	783	768
Massac	843	899	967
Menard	634	684	768
Mercer	841	916	993
Monroe	1,435	1,613	1,804
Montgomery	1,765	1,807	1,882
Morgan	1,930	1,997	2,111
Moultrie	911	902	933
Ogle	2,428	2,670	2,961
Peoria	8,945	9,107	9,505
Perry	1,175	1,217	1,284
Piatt	833	844	897
Pike	1,012	1,005	1,025
Pope	266	257	265

Table 4. Population Projections for Illinois Counties by Age and Sex: 2010 to 2025
(as of July 1 of the specified years, except as noted)—Continued

County Sex and Age	Census April 1, 2010 ¹	Estimate 2010 ¹	Projections		
			2015	2020	2025
McLean					
Both Sexes Total	169,572	169,838	178,627	188,341	197,855
0-4	10,650	10,580	10,637	12,356	12,937
5-9	10,914	10,838	10,582	10,658	12,393
10-14	10,421	10,359	10,676	10,466	10,590
15-19	14,903	14,861	17,255	17,269	16,803
20-24	20,902	21,704	19,167	20,871	20,275
25-29	12,201	12,172	16,586	14,337	16,255
30-34	11,270	11,275	11,534	15,955	13,834
35-39	10,575	10,449	11,065	11,357	15,771
40-44	10,370	10,312	10,383	11,002	11,316
45-49	11,526	11,409	10,132	10,222	10,862
50-54	11,082	11,036	11,061	9,860	9,983
55-59	9,781	9,786	10,529	10,594	9,487
60-64	7,637	7,658	9,120	9,862	9,972
65-69	5,156	5,181	6,997	8,377	9,101
70-74	3,859	3,876	4,534	6,172	7,447
75-79	3,030	3,025	3,214	3,777	5,167
80-84	2,636	2,639	2,347	2,485	2,911
85+	2,659	2,678	2,808	2,724	2,751
65+	17,340	17,399	19,900	23,533	27,377
Male Total	82,329	82,499	86,563	91,084	95,493
0-4	5,374	5,338	5,440	6,319	6,616
5-9	5,559	5,521	5,347	5,456	6,341
10-14	5,377	5,342	5,383	5,240	5,380
15-19	7,001	6,985	7,882	7,821	7,595
20-24	10,014	10,443	9,397	9,961	9,604
25-29	6,126	6,116	8,206	7,286	7,940
30-34	5,575	5,578	5,639	7,744	6,905
35-39	5,422	5,358	5,447	5,526	7,622
40-44	5,073	5,045	5,330	5,422	5,508
45-49	5,657	5,600	4,962	5,247	5,350
50-54	5,361	5,338	5,461	4,856	5,144
55-59	4,673	4,675	5,019	5,161	4,611
60-64	3,761	3,771	4,262	4,606	4,767
65-69	2,443	2,456	3,375	3,832	4,162
70-74	1,779	1,788	2,119	2,928	3,341
75-79	1,283	1,282	1,442	1,716	2,384
80-84	1,008	1,012	931	1,049	1,251
85+	843	851	920	915	972
65+	7,356	7,389	8,787	10,440	12,109
Female Total	87,243	87,339	92,064	97,257	102,362
0-4	5,276	5,242	5,197	6,037	6,321
5-9	5,355	5,317	5,235	5,202	6,051
10-14	5,044	5,017	5,293	5,226	5,210
15-19	7,902	7,876	9,373	9,448	9,209
20-24	10,888	11,261	9,769	10,910	10,670
25-29	6,075	6,056	8,380	7,051	8,315
30-34	5,695	5,697	5,895	8,211	6,930
35-39	5,153	5,091	5,617	5,831	8,149
40-44	5,297	5,267	5,053	5,581	5,808
45-49	5,869	5,809	5,170	4,976	5,513
50-54	5,721	5,698	5,600	5,003	4,840
55-59	5,108	5,111	5,510	5,433	4,875
60-64	3,876	3,887	4,859	5,256	5,204
65-69	2,713	2,725	3,622	4,545	4,939
70-74	2,080	2,088	2,415	3,244	4,105
75-79	1,747	1,743	1,772	2,060	2,784
80-84	1,628	1,627	1,416	1,436	1,660
85+	1,816	1,827	1,888	1,808	1,778
65+	9,984	10,010	11,113	13,093	15,267

Table 3. Population Projections for Illinois Counties: 2010 to 2025
(as of July 1 of the specified years, except as noted)

State/County	Census	Estimate	Projections		
	April 1, 2010 ¹	2010 ¹	2015	2020	2025
Illinois	12,830,632	12,841,980	12,978,800	13,129,233	13,263,662
Adams	67,103	67,141	65,717	64,741	63,924
Alexander	8,238	8,228	7,911	7,606	7,307
Bond	17,768	17,777	18,005	18,357	18,689
Boone	54,165	54,176	57,712	61,503	65,315
Brown	6,937	6,915	7,269	7,576	7,845
Bureau	34,978	34,921	34,251	33,682	33,144
Calhoun	5,089	5,093	4,989	4,920	4,856
Carroll	15,387	15,358	14,735	14,169	13,601
Cass	13,642	13,633	13,297	13,019	12,739
Champaign	201,081	201,370	209,055	217,735	225,626
Christian	34,800	34,804	34,015	33,152	32,345
Clark	16,335	16,300	15,817	15,396	14,976
Clay	13,815	13,809	13,448	13,172	12,929
Clinton	37,762	37,838	38,212	38,696	39,130
Coles	53,873	53,945	55,207	56,851	58,405
Cook	5,194,675	5,199,971	5,173,864	5,132,412	5,078,297
Crawford	19,817	19,832	19,471	19,185	18,887
Cumberland	11,048	11,046	10,894	10,782	10,670
DeKalb	105,160	105,186	112,129	119,701	126,927
De Witt	16,561	16,583	16,172	15,832	15,495
Douglas	19,980	19,976	19,862	19,767	19,709
DuPage	916,924	917,942	927,150	939,015	950,948
Edgar	18,576	18,533	17,682	16,904	16,138
Edwards	6,721	6,732	6,540	6,390	6,249
Effingham	34,242	34,226	33,784	33,463	33,179
Fayette	22,140	22,136	22,481	22,840	23,130
Ford	14,081	14,074	13,709	13,450	13,244
Franklin	39,561	39,570	38,953	38,470	37,958
Fulton	37,069	37,061	36,330	35,761	35,221
Gallatin	5,589	5,588	5,263	4,953	4,650
Greene	13,886	13,875	13,343	12,881	12,429
Grundy	50,063	50,127	53,015	55,970	58,944
Hamilton	8,457	8,461	8,405	8,361	8,316
Hancock	19,104	19,114	18,154	17,353	16,579
Hardin	4,320	4,311	4,124	3,948	3,762
Henderson	7,331	7,331	7,048	6,792	6,526
Henry	50,486	50,443	49,243	48,234	47,250
Iroquois	29,718	29,657	28,592	27,687	26,816
Jackson	60,218	60,355	61,025	62,031	62,818
Jasper	9,698	9,697	9,151	8,698	8,304
Jefferson	38,827	38,787	38,964	39,227	39,331
Jersey	22,985	22,963	23,227	23,578	23,885
Jo Daviess	22,678	22,677	22,408	22,138	21,805
Johnson	12,582	12,611	13,039	13,489	13,889
Kane	515,269	516,378	547,942	583,386	619,296
Kankakee	113,449	113,511	115,128	117,167	119,073
Kendall	114,736	115,239	129,201	142,818	156,190
Knox	52,919	52,943	51,625	50,492	49,329
Lake	703,462	704,492	732,633	764,397	794,076
LaSalle	113,924	113,843	112,881	112,417	112,034
Lawrence	16,833	16,833	16,633	16,493	16,368
Lee	36,031	35,943	35,972	36,065	36,119
Livingston	38,950	38,882	39,050	39,390	39,596
Logan	30,305	30,272	30,273	30,380	30,441
McDonough	32,612	32,614	33,089	33,824	34,565
McHenry	308,760	309,229	326,691	345,056	363,311
McLean	169,572	169,838	178,627	188,341	197,855
Macon	110,768	110,757	107,814	105,401	103,126
Macoupin	47,765	47,791	46,811	45,987	45,162
Madison	269,282	269,314	270,121	271,688	272,987
Marion	39,437	39,439	38,337	37,323	36,283

Community Name	Medicare %	Medicare Beds	Medicaid %	Medicaid Beds	Private Pay/ Other %	Private Pay/ Other Beds	Five Star Overall Rating	# of Beds
Aperion Care (was Asta Care)*	0%	0	0%	0	0%	0	1	117
Aperion Care Colfax/Arba Care Center	14%	9	86%	51	0%	0	1	60
Bloomington Rehabilitation & HCC	6%	4	79%	51	15%	10	1	65
Heartland of Normal	20%	20	39%	38	41%	40	4	97
Heritage Health Bloomington	13%	11	35%	30	52%	44	4	85
Heritage Health El Paso	4%	3	59%	38	37%	24	3	65
Heritage Health Normal	12%	17	38%	54	50%	71	2	141
Leroy Manor	6%	6	44%	45	50%	50	1	101
McLean County Nursing Home	3%	4	70%	105	27%	41	1	150
Meadows Mennonite Retirement	7%	8	40%	45	53%	61	2	114
St. Joseph's Medical Center	51%	6	0%	0	49%	5	4	11
Westminster Village	9%	7	0%	0	91%	71	2	78
Average/Total	8%	93	53%	457	39%	416	2	1084

Meadows Mercy SNF Comps in 30 Mile Zips

Community	Street Address	City	State	Zip	# of Beds
APERION CARE BLOOMINGTON	1509 NORTH CALHOUN STREET	BLOOMINGTON	IL	61701	117
BLOOMINGTON REHABILITATION&HCC	1925 SOUTH MAIN STREET	BLOOMINGTON	IL	61701	78
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET	EL PASO	IL	61738	123
EVENGLOW LODGE	215 EAST WASHINGTON	PONTIAC	IL	61764	73
FAIRVIEW HAVEN	605 NORTH 4TH ST	FAIRBURY	IL	61739	63
FLANAGAN REHABILITATION & HCC	201 EAST FALCON HIGHWAY	FLANAGAN	IL	61740	43
GOOD SAMARITAN - FLANAGAN	205 NORTH ADAMS STREET	FLANAGAN	IL	61740	60
GOOD SAMARITAN-PONTIAC	1225 S EWING DRIVE	PONTIAC	IL	61764	90
HEARTLAND OF NORMAL	510 BROADWAY	NORMAL	IL	61761	116
HERITAGE HEALTH-BLOOMINGTON	700 E. WALNUT STREET	BLOOMINGTON	IL	61701	88
HERITAGE HEALTH-EL PASO	555 E. CLAY	EL PASO	IL	61738	65
HERITAGE HEALTH-NORMAL	509 N. ADELAIDE	NORMAL	IL	61761	141
LEROY MANOR	509 SOUTH BUCK ROAD,P.O.BOX	LEROY	IL	61752	102
LUTHER OAKS	601 LUTZ ROAD	BLOOMINGTON	IL	61704	18
MCLEAN COUNTY NURSING HOME	901 NORTH MAIN	NORMAL	IL	61761	150
MEADOWS MENNONITE HOME	24588 CHURCH STREET	CHENOA	IL	61726	116
PONTIAC HEALTHCARE AND REHAB	300 WEST LOWELL	PONTIAC	IL	61764	97
ST JOSEPH'S MEDICAL CENTER	2200 EAST WASHINGTON STREET	BLOOMINGTON	IL	61701	12
WESTMINSTER VILLAGE	2025 EAST LINCOLN STREET	BLOOMINGTON	IL	61701	78

BLOOMINGTON REHAB HLTHCARE CTR

1925 SOUTH MAIN STREET

BLOOMINGTON, IL. 61704

Reference Numbers

Facility ID 6000996

Health Service Area 004

Planning Service Area 113 McLean

County 113 McLean County

Administrator

Janice Kindred

Contact Person and Telephone

Marikay Snyder

3096918113

Registered Agent Information

Marikay Snyder

830 West Trailcreek Drive

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

*Note: Reported restrictions denoted by '1'***RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	52

ADMISSIONS AND DISCHARGES - 2016

Date Questionnaire Completed	3/15/2017	Residents on 1/1/2016	45	Total Residents Diagnosed as Mentally Ill	13
		Total Admissions 2016	72		
		Total Discharges 2016	65	Total Residents Reported as Identified Offenders	4
		Residents on 12/31/2016	52		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	78	58	78	52	26	26	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	78	58	78	52	26	26	78

FACILITY UTILIZATION - 2016**PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	1083	11.4%	15710	55.0%	0	0	2055	0	18848	66.0%	66.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1083	11.4%	15710	55.0%	0	0	2055	0	18848	66.0%	66.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	21	31	0	0	0	0	0	0	21	31	52

BLOOMINGTON REHAB HLTHCARE CTR

1925 SOUTH MAIN STREET
BLOOMINGTON, IL. 61704

Classification Numbers

Facility ID 6000996
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	46	0	0	4	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	46	0	0	4	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	1	0	0	0	1
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	19.00
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	52.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
4.7%	83.4%	0.0%	1.0%	10.9%	100.0%		
128,909	2,286,863	0	26,502	300,278	2,742,552	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF NORMAL			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
510 BROADWAY			Aggressive/Anti-Social	1	DIAGNOSIS	
NORMAL, IL. 61761			Chronic Alcoholism	1	Neoplasms	1
Reference Numbers			Developmentally Disabled	1	Endocrine/Metabolic	1
Facility ID	6000244		Drug Addiction	1	Blood Disorders	1
Health Service Area	004		Medicaid Recipient	0	*Nervous System Non Alzheimer	12
Planning Service Area	113	McLean	Medicare Recipient	0	Alzheimer Disease	0
County	113	McLean County	Mental Illness	0	Mental Illness	4
Administrator			Non-Ambulatory	0	Developmental Disability	0
Douglas Rutter			Non-Mobile	0	Circulatory System	11
Contact Person and Telephone			Public Aid Recipient	0	Respiratory System	9
Adam Swartz			Under 65 Years Old	0	Digestive System	2
419-254-5189			Unable to Self-Medicate	0	Genitourinary System Disorders	4
Registered Agent Information			Ventilator Dependent	1	Skin Disorders	6
CT Corporation System			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	11
208 South LaSalle St, Ste 814			Other Restrictions	0	Injuries and Poisonings	14
			No Restrictions	0	Other Medical Conditions	12
			<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
					TOTALS	88

ADMISSIONS AND DISCHARGES - 2016

Date Questionnaire Completed	3/22/2017	Residents on 1/1/2016	88	Total Residents Diagnosed as Mentally Ill	67
		Total Admissions 2016	502	Total Residents Reported as Identified Offenders	0
		Total Discharges 2016	502		
		Residents on 12/31/2016	88		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	109	94	97	88	28	116	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	109	94	97	88	28	116	50

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days		
Nursing Care	5123	12.1%	15481	84.6%	0	3360	5397	0	29361	69.2%	73.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5123	12.1%	15481	84.6%	0	3360	5397	0	29361	69.2%	73.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	5	0	0	0	0	0	0	0	5	5
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	6	16	0	0	0	0	0	0	6	16	22
75 to 84	13	19	0	0	0	0	0	0	13	19	32
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	29	59	0	0	0	0	0	0	29	59	88

HEARTLAND OF NORMAL

510 BROADWAY
NORMAL, IL. 61761

Classification Numbers

Facility ID 6000244
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	43	0	10	15	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	43	0	10	15	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	259
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	8.00
Non-Health Staff	24.00
Totals	81.00

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.0%	24.1%	0.0%	16.5%	26.3%	100.0%		
2,801,004	2,045,259	0	1,396,895	2,233,152	8,476,310	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - BLOOMINGTON

700 EAST WALNUT
BLOOMINGTON, IL. 61701

Reference Numbers

Facility ID 6004261
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

Administrator

Susan Holifield

Contact Person and Telephone

Rabecca Howard
308-828-4361

Registered Agent Information

Ben Hart
115 W Jefferson St., Suite 401

ADMISSION RESTRICTIONS

Aggressive/Anti-Social 1
Chronic Alcoholism 1
Developmentally Disabled 1
Drug Addiction 1
Medicaid Recipient 0
Medicare Recipient 0
Mental Illness 1
Non-Ambulatory 0
Non-Mobile 0
Public Aid Recipient 0
Under 65 Years Old 0
Unable to Self-Medicate 0
Ventilator Dependent 1
Infectious Disease w/ Isolation 0
Other Restrictions 0
No Restrictions 0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 5
Endocrine/Metabolic 0
Blood Disorders 0
*Nervous System Non Alzheimer 11
Alzheimer Disease 0
Mental Illness 10
Developmental Disability 0
Circulatory System 9
Respiratory System 2
Digestive System 0
Genitourinary System Disorders 1
Skin Disorders 1
Musculo-skeletal Disorders 7
Injuries and Poisonings 4
Other Medical Conditions 17
Non-Medical Conditions 0
TOTALS 67

ADMISSIONS AND
DISCHARGES - 2016

Date Questionnaire Completed	3/21/2017	Residents on 1/1/2016	66	Total Residents Diagnosed as Mentally Ill	10
		Total Admissions 2016	389	Total Residents Reported as Identified Offenders	0
		Total Discharges 2016	388		
		Residents on 12/31/2016	67		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	85	85	85	67	21	88	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	85	85	85	67	21	88	30

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3759	11.7%	7893	71.9%	0	0	12381	0	24033	74.6%	77.3%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	3759	11.7%	7893	71.9%	0	0	12381	0	24033	74.6%	77.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	11	13	0	0	0	0	0	0	11	13	24
85+	7	23	0	0	0	0	0	0	7	23	30
TOTALS	26	41	0	0	0	0	0	0	26	41	67

HERITAGE HEALTH - BLOOMINGTON

700 EAST WALNUT
BLOOMINGTON, IL. 61701

Classification Numbers

Facility ID 6004261
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	23	0	0	34	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	23	0	0	34	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	9.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.3%	16.2%	0.0%	0.0%	53.5%	100.0%		
2,217,144	1,182,115	0	0	3,915,565	7,314,824	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 23 Nursing Care beds; facility now has 88 Nursing Care beds.

HERITAGE HEALTH - NORMAL

509 NORTH ADELAIDE
NORMAL, IL. 61761

Reference Numbers

Facility ID 6008510
Health Service Area 004
Planning Service Area 113
County 113 McLean County

Administrator

Dianne Cochran

Contact Person and Telephone

Rabecca Howard
309-823-7139

Registered Agent Information

Ben Hart
115 W Jefferson Street Suite 401

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	61
Developmental Disability	0
Circulatory System	21
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	114

ADMISSIONS AND
DISCHARGES - 2016

Date Questionnaire Completed 3/23/2017

Residents on 1/1/2016	110
Total Admissions 2016	343
Total Discharges 2016	339
Residents on 12/31/2016	114

Total Residents Diagnosed as Mentally Ill	89
Total Residents Reported as Identified Offenders	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	141	124	124	114	114	27	118	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	141	124	124	114	114	27	118	91

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	3324	7.7%	15674	47.1%	0	0	22443	0	41441	80.3%	91.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3324	7.7%	15674	47.1%	0	0	22443	0	41441	80.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	19	64	0	0	0	0	0	0	19	64	83
TOTALS	32	82	0	0	0	0	0	0	32	82	114

HERITAGE HEALTH - NORMAL

509 NORTH ADELAIDE
NORMAL, IL. 61761

Classification Numbers

Facility ID 6008510
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	39	0	0	65	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	39	0	0	65	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	100.00
Certified Aides	142.00
Other Health Staff	0.00
Non-Health Staff	2772.00
Totals	3036.00

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.5%	21.5%	0.0%	0.0%	59.0%	100.0%		
2,043,439	2,257,176	0	0	6,182,308	10,482,923	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 23 Nursing Care beds; facility now has 141 Nursing Care beds.

LEROY MANOR
509 S BUCK ROAD P.O. BOX 149
LEROY, IL. 61752

Reference Numbers

Facility ID 6012157
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

Administrator

Karrie Polen

Contact Person and Telephone

Karrie Polen
309-962-5000

Registered Agent Information

J. Michael Bibo
285 S Farnham St.

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	66

ADMISSIONS AND DISCHARGES - 2016

Date Questionnaire Completed	3/12/2017	Residents on 1/1/2016	72	Total Residents Diagnosed as Mentally Ill	0
		Total Admissions 2016	53		
		Total Discharges 2016	60	Total Residents Reported as Identified Offenders	0
		Residents on 12/31/2016	65		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	102	73	102	65	37	102	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	102	73	102	65	37	102	102

FACILITY UTILIZATION - 2016**PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.						Beds	Set Up
Nursing Care	1696	4.5%	16576	44.4%	130	0	5582	0	23984	64.2%	64.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1696	4.5%	16576	44.4%	130	0	5582	0	23984	64.2%	64.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	3	18	0	0	0	0	0	0	3	18	21
85+	6	27	0	0	0	0	0	0	6	27	33
TOTALS	13	52	0	0	0	0	0	0	13	52	65

LEROY MANOR
509 S BUCK ROAD P.O. BOX 149
LEROY, IL 61752

Classification Numbers

Facility ID 6012157
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE								AVERAGE DAILY PAYMENT RATES		
LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	2	42	0	21	0	0	65	Nursing Care	205	175
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
Intermediate D		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	Sheltered Care	0	0
TOTALS	2	42	0	21	0	0	65			

RESIDENTS BY RACIAL/ETHNICITY GROUPING						FACILITY STAFFING	
RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals	Employment Category	Full-Time Equivalent
Asian	0	0	0	0	0	Administrators	1.00
American Indian	0	0	0	0	0	Physicians	0.00
Black	1	0	0	0	1	Director of Nursing	1.00
Hawaiian/Pacific Isl.	0	0	0	0	0	Registered Nurses	5.00
White	64	0	0	0	64	LPN's	8.00
Race Unknown	0	0	0	0	0	Certified Aides	30.00
Total	65	0	0	0	65	Other Health Staff	7.00
						Non-Health Staff	39.00
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals	Totals	91.00
Hispanic	1	0	0	0	1		
Non-Hispanic	64	0	0	0	64		
Ethnicity Unknown	0	0	0	0	0		
Total	65	0	0	0	65		

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.1%	50.7%	1.0%	1.8%	28.5%	100.0%		
775,590	2,171,685	43,483	75,177	1,219,474	4,285,409	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LUTHER OAKS, BLOOMINGTON

601 LUTZ ROAD
BLOOMINGTON, IL. 61704

Reference Numbers

Facility ID 6016943
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

Administrator

Tim Kmetz

Contact Person and Telephone

Tim Kmetz
309-557-8003

Registered Agent Information

Andrew P. Tecson
30 South Wacker Drive Suite 2600

ADMISSION RESTRICTIONS

Aggressive/Anti-Social 0
Chronic Alcoholism 0
Developmentally Disabled 1
Drug Addiction 0
Medicaid Recipient 0
Medicare Recipient 0
Mental Illness 0
Non-Ambulatory 0
Non-Mobile 0
Public Aid Recipient 0
Under 65 Years Old 0
Unable to Self-Medicate 0
Ventilator Dependent 0
Infectious Disease w/ Isolation 0
Other Restrictions 1
No Restrictions 0
Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 0
Endocrine/Metabolic 1
Blood Disorders 0
*Nervous System Non Alzheimer 0
Alzheimer Disease 9
Mental Illness 0
Developmental Disability 0
Circulatory System 4
Respiratory System 2
Digestive System 0
Genitourinary System Disorders 0
Skin Disorders 0
Musculo-skeletal Disorders 1
Injuries and Poisonings 0
Other Medical Conditions 1
Non-Medical Conditions 0
TOTALS 18

ADMISSIONS AND
DISCHARGES - 2016

Date Questionnaire Completed	5/30/2017	Residents on 1/1/2016	0	Total Residents Diagnosed as Mentally Ill	0
Continuing Care Retirement Community		Total Admissions 2016	19	Total Residents Reported as Identified Offenders	0
		Total Discharges 2016	1		
		Residents on 12/31/2016	18		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	18	18	18	18	18	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	18	18	18	18	18	0	0	0

FACILITY UTILIZATION - 2016

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public		Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	558	0	558	8.5%	8.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	558	0	558	8.5%	8.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	4	14	0	0	0	0	0	0	4	14	18

LUTHER OAKS, BLOOMINGTON

601 LUTZ ROAD
BLOOMINGTON, IL. 61704

Classification Numbers

Facility ID 6016943
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	18	0	18
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	18	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	2.00
Certified Aides	8.00
Other Health Staff	1.00
Non-Health Staff	6.00
Totals	21.00

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	185,737	185,737	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCLEAN COUNTY NURSING HOME

901 NORTH MAIN
NORMAL, IL. 61761

Classification Numbers

Facility ID	6005946
Health Service Area	004
Planning Service Area	113 McLean
County	113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	65	1	0	33	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	65	1	0	33	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	11.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	55.00
Totals	117.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.1%	58.4%	1.0%	0.0%	32.6%	100.0%		
537,733	3,878,645	64,695	0	2,165,215	6,646,288	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWS MENNONITE RETIREMENT COMMUNI

24588 CHURCH STREET
CHENOA, IL. 61726

Classification Numbers

Facility ID 6006001
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	36	0	0	55	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	36	0	0	55	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	85	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	15.00
Certified Aides	81.00
Other Health Staff	6.00
Non-Health Staff	93.00
Totals	210.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.1%	29.1%	0.0%	2.3%	50.5%	100.0%		
1,545,521	2,487,156	0	198,674	4,315,405	8,546,756	1,500,996	17.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH'S MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Classification Numbers

Facility ID 6011407
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	3	0	1	0	0	7
Skilled Under 22	0	0	0		0	0	
Intermediate DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	3	0		0	0	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	668
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	0	0	0	0	0
Total	7	0	0	0	7

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	7	0	0	0	7

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.10
Physicians	0.05
Director of Nursing	0.50
Registered Nurses	4.80
LPN's	0.90
Certified Aides	3.90
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	11.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTMINSTER VILLAGE
2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Reference Numbers

Facility ID 6009922
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

Administrator

Susan Post

Contact Person and Telephone

Susan Post
309-663-6474

Registered Agent Information

Barb Nathan
2025 E Lincoln

ADMISSION RESTRICTIONS

Aggressive/Anti-Social 1
Chronic Alcoholism 1
Developmentally Disabled 1
Drug Addiction 1
Medicaid Recipient 1
Medicare Recipient 0
Mental Illness 1
Non-Ambulatory 0
Non-Mobile 0
Public Aid Recipient 0
Under 65 Years Old 0
Unable to Self-Medicate 0
Ventilator Dependent 1
Infectious Disease w/ Isolation 0
Other Restrictions 0
No Restrictions 0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS

Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	17
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	70

ADMISSIONS AND DISCHARGES - 2016

Date Questionnaire Completed	3/13/2017	Residents on 1/1/2016	67	Total Residents Diagnosed as Mentally Ill	0
Continuing Care Retirement Community		Total Admissions 2016	78	Total Residents Reported as Identified Offenders	0
Life Care Facility		Total Discharges 2016	75		
		Residents on 12/31/2016	70		

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	78	70	78	70	8	39	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	78	70	78	70	8	39	0

FACILITY UTILIZATION - 2016**PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2059	14.4%	0	0.0%	0	0	21502	0	23561	82.5%	82.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2059	14.4%	0	0.0%	0	0	21502	0	23561	82.5%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	17	43	0	0	0	0	0	0	17	43	60
TOTALS	21	49	0	0	0	0	0	0	21	49	70

WESTMINSTER VILLAGE
2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Classification Numbers

Facility ID 6009922
Health Service Area 004
Planning Service Area 113 McLean
County 113 McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	0	59	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	0	59	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	314	223
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

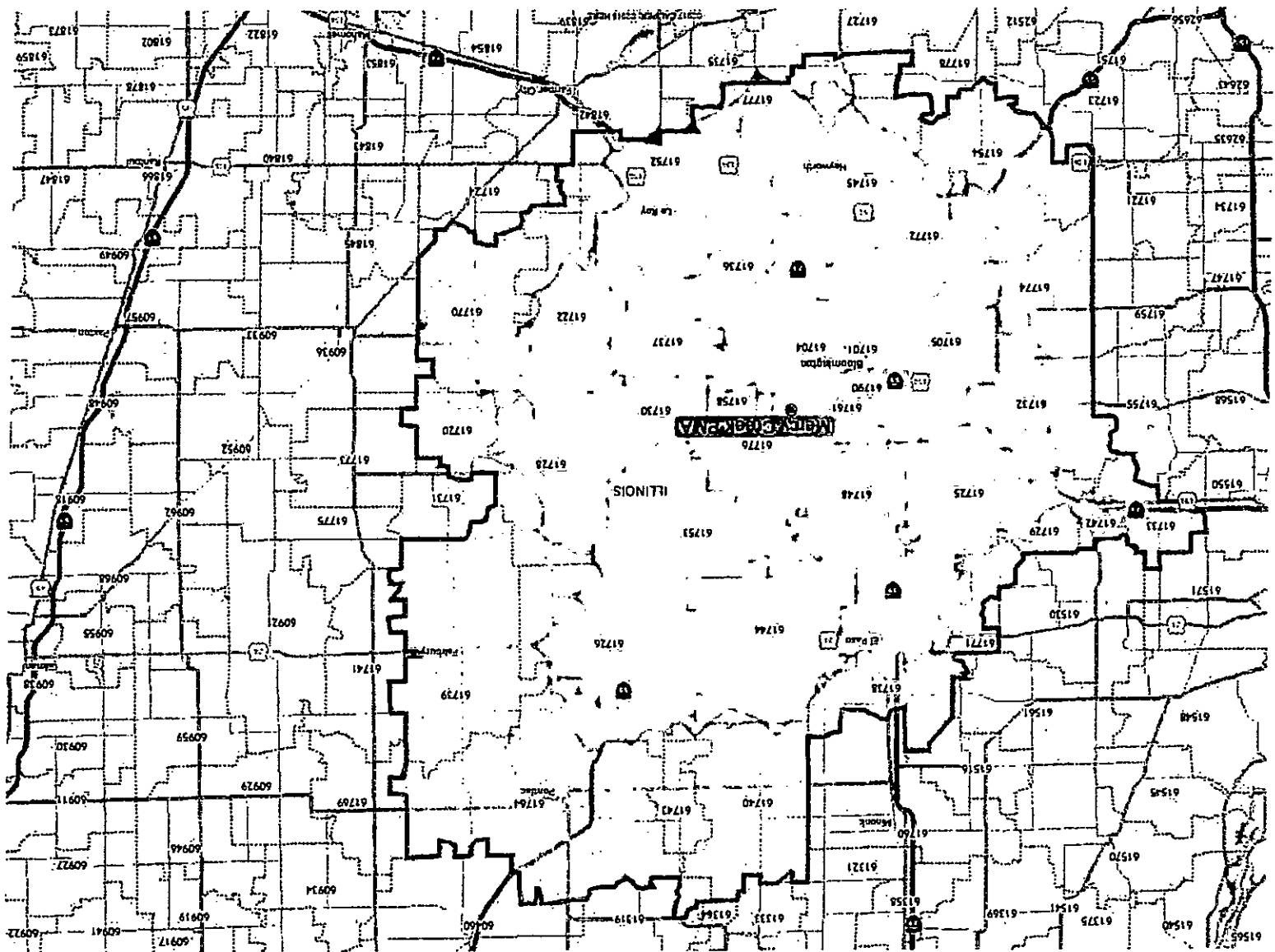
FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	8.00
Certified Aides	32.00
Other Health Staff	2.00
Non-Health Staff	7.00
Totals	61.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.5%	0.0%	0.0%	0.0%	84.5%	100.0%		
896,644	0	0	0	4,886,206	5,782,850	0	0.0%

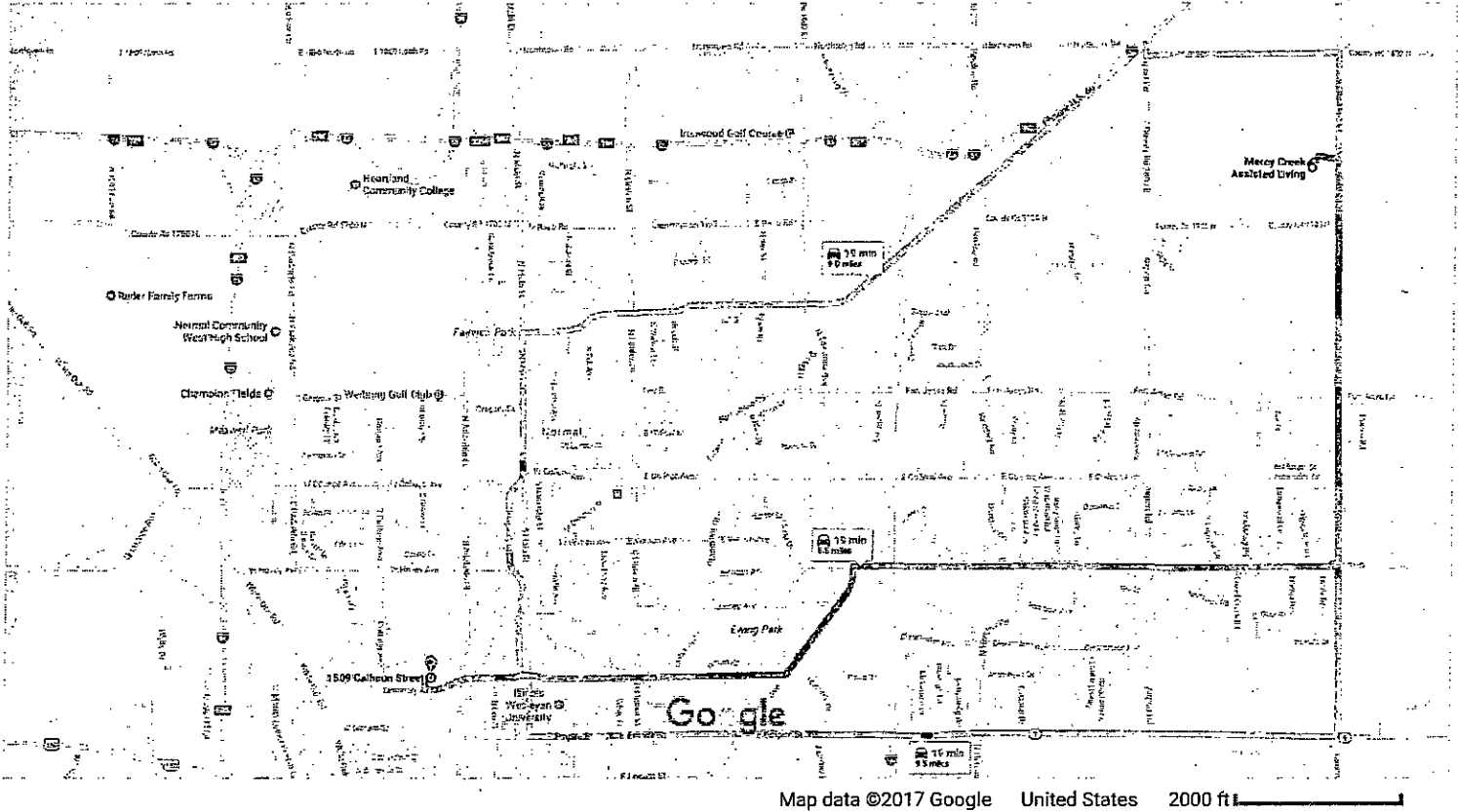
*Charity Care Expense does not include expenses which may be considered a community benefit.



Google Maps

Mercy Creek Assisted Living to 1509 Calhoun Street, Drive 8.5 miles, 19 min
Bloomington, IL

Aperion Care Bloomington



via County Rd 1900 E/Towanda-Barnes Rd and General Electric Rd
Best route

19 min
8.5 miles



via County Rd 1900 E/Towanda-Barnes Rd and E Empire St

19 min
9.5 miles



via Old U.S. Rte 66

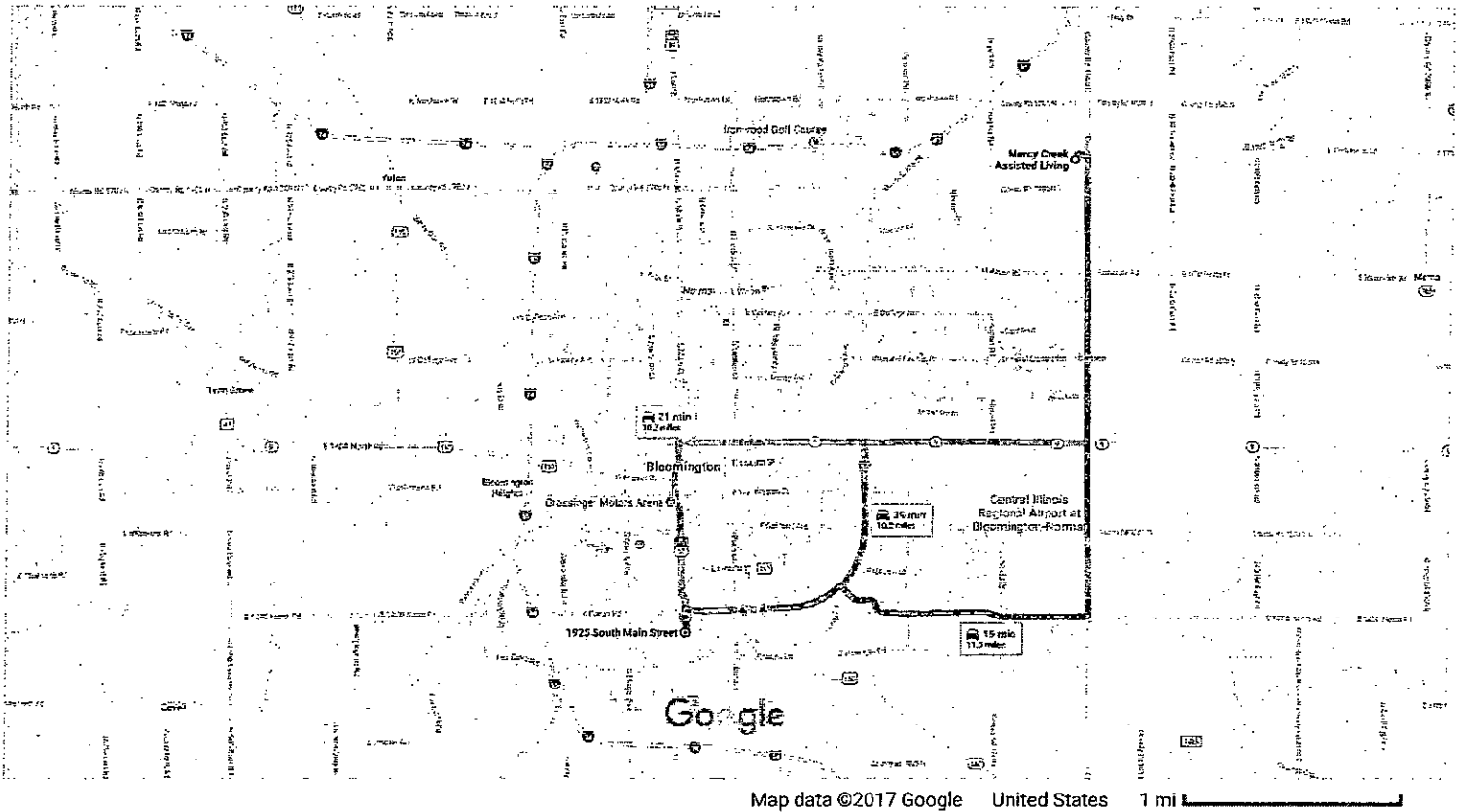
19 min
9.0 miles

Google Maps

Mercy Creek Assisted Living to 1925 S Main St,
Bloomington, IL 61704

Drive 11.0 miles, 19 min

Bloomington Rehabilitation & HCC



via County Rd 1900 E/Towanda-Barnes Rd and Ireland Grove Rd
Best route

19 min
11.0 miles



via County Rd 1900 E/Towanda-Barnes Rd and E Empire St

19 min
10.2 miles



via County Rd 1900 E/Towanda-Barnes Rd, E Empire St and S Center St

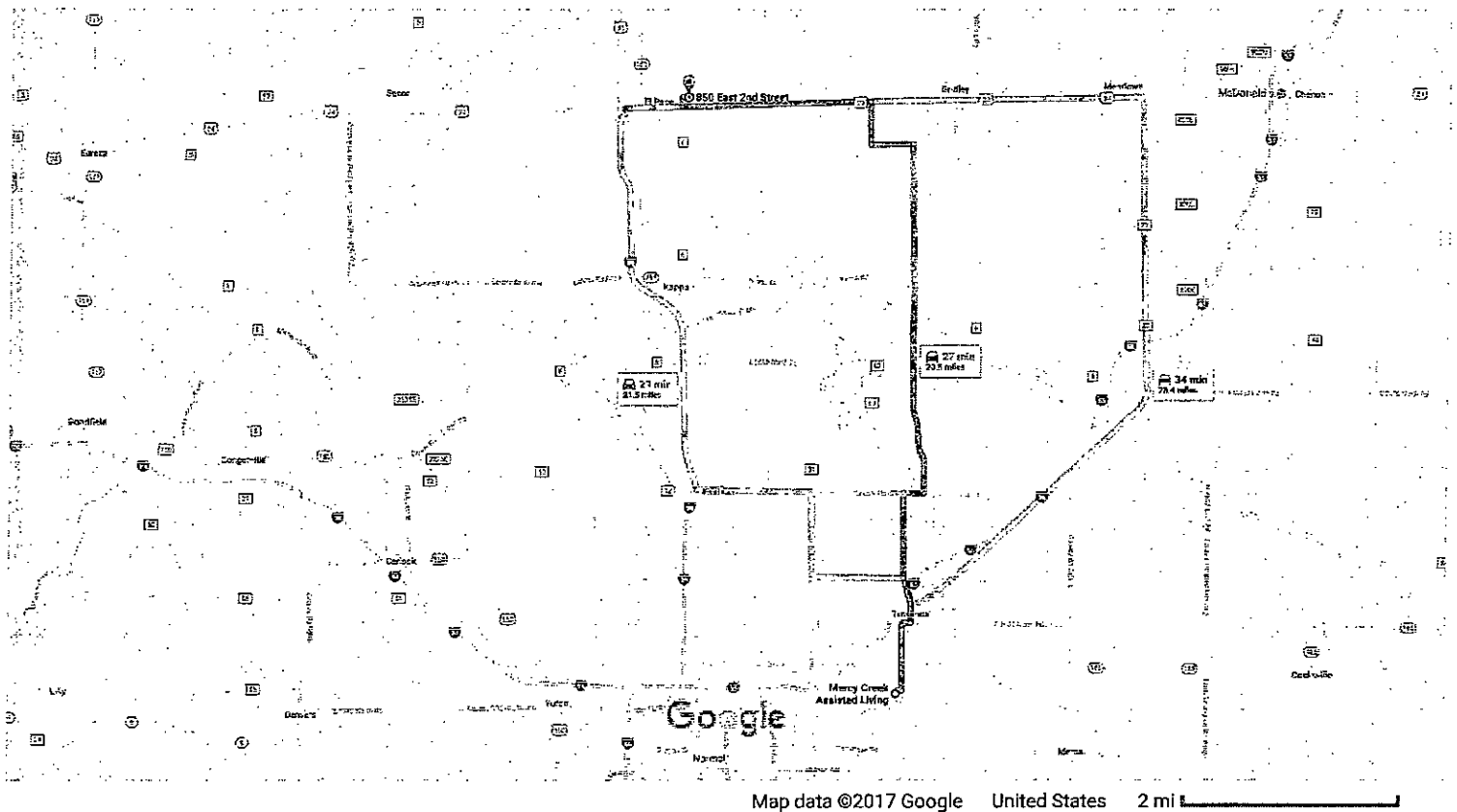
21 min
10.7 miles



Mercy Creek Assisted Living to 850 E 2nd St, El Paso, IL 61738

Drive 20.8 miles, 27 min

El Paso Health Care Center



via N 1925 East Rd
Fastest route, the usual traffic

27 min
20.8 miles



via I-39 N

29 min
21.5 miles



via Historic U.S. 66 E and US-24 W

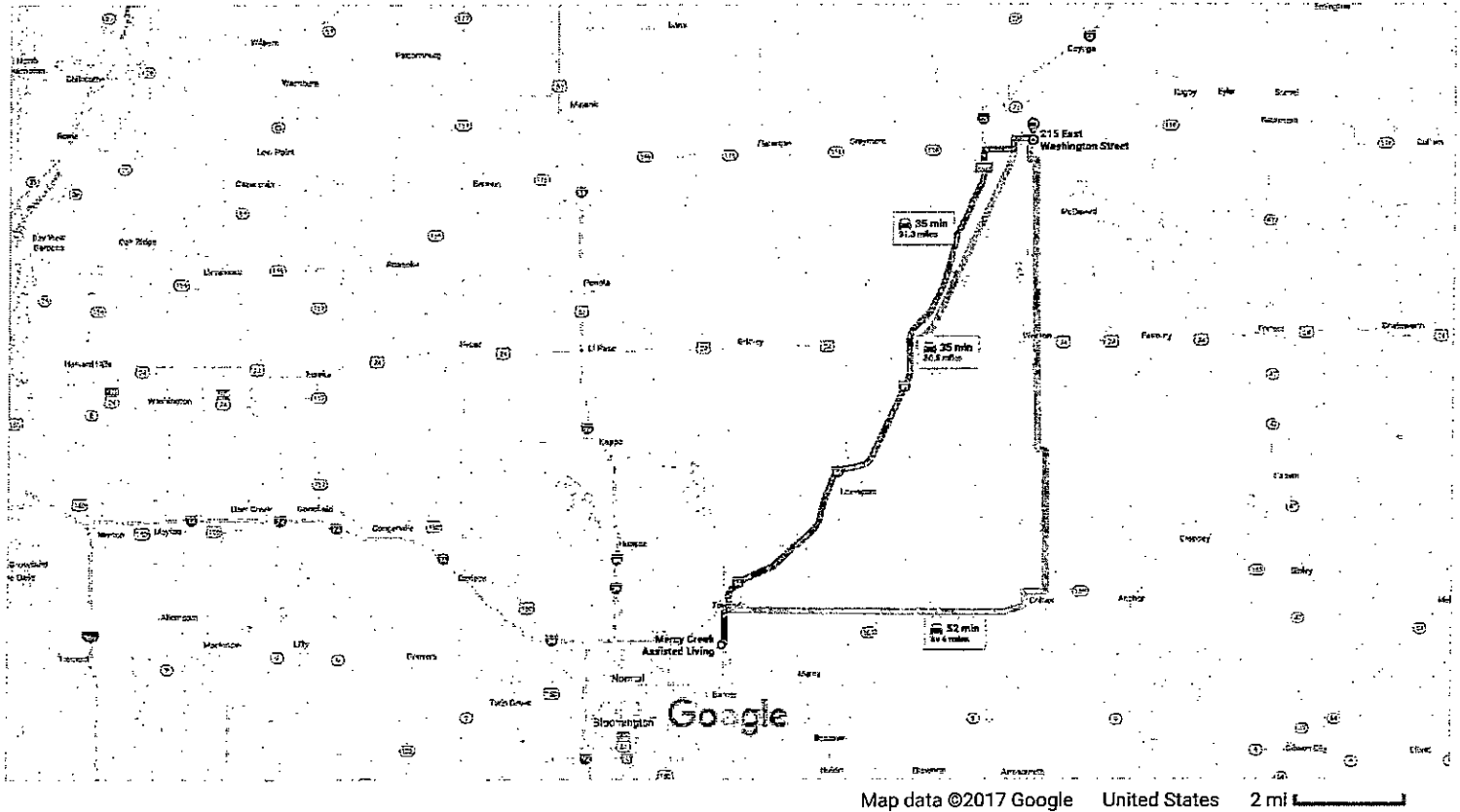
34 min
28.4 miles

Google Maps

Mercy Creek Assisted Living to 215 E Washington
St, Pontiac, IL

Drive 31.3 miles, 35 min

Evenglow Lodge



via I-55 N

35 min without traffic

35 min

31.3 miles



via I-55 N and Historic U.S. 66 E

35 min without traffic

35 min

30.5 miles



via E 1900 North Rd

52 min without traffic

52 min

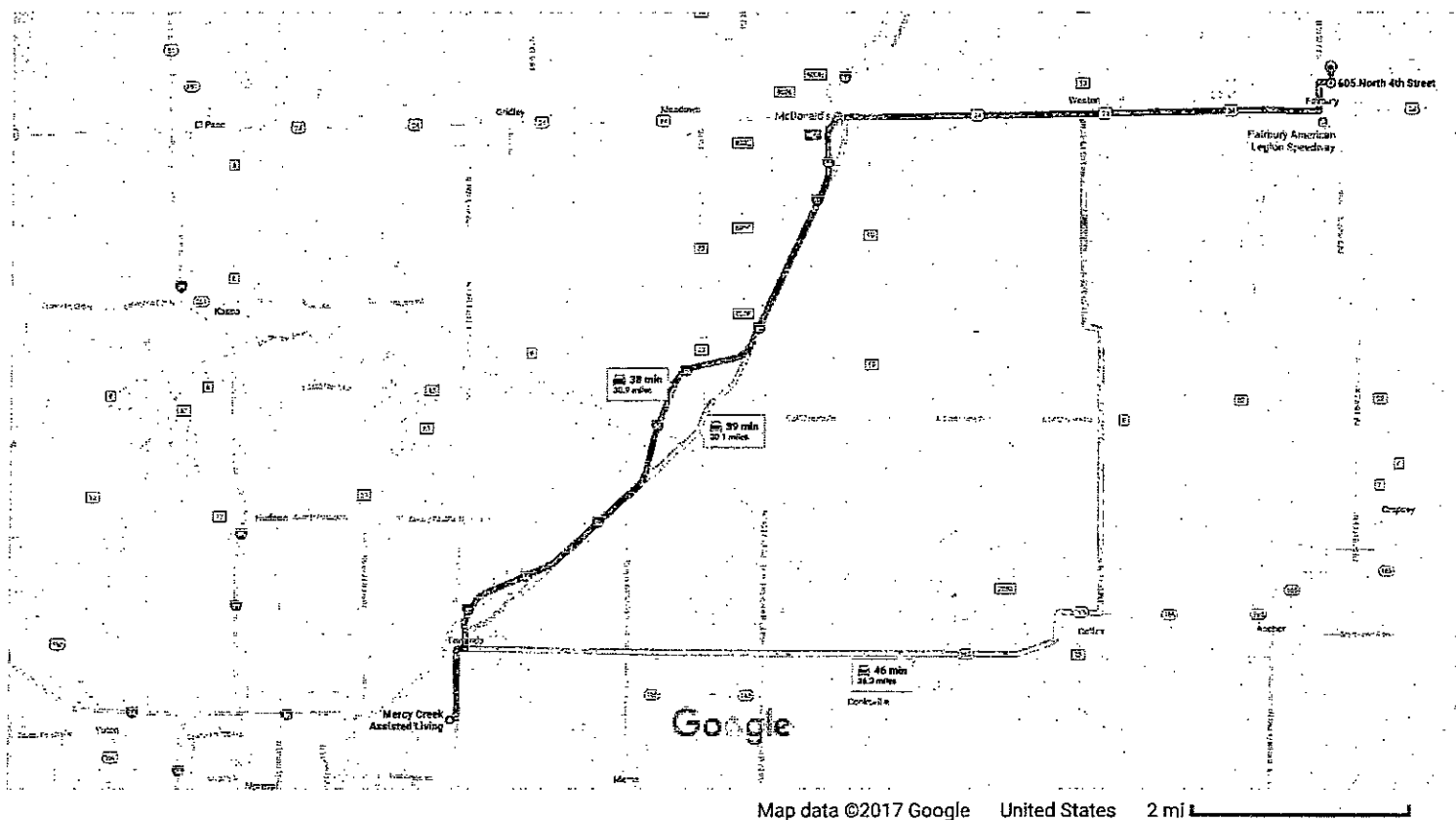
39.6 miles

Google Maps

Mercy Creek Assisted Living to 605 N 4th St,
Fairbury, IL

Drive 30.9 miles, 38 min

Fairview Haven



via I-55 N and US-24 E

38 min without traffic

38 min

30.9 miles



via Historic U.S. 66 E and US-24 E

39 min without traffic

39 min

30.1 miles



via E 1900 North Rd

46 min without traffic

46 min

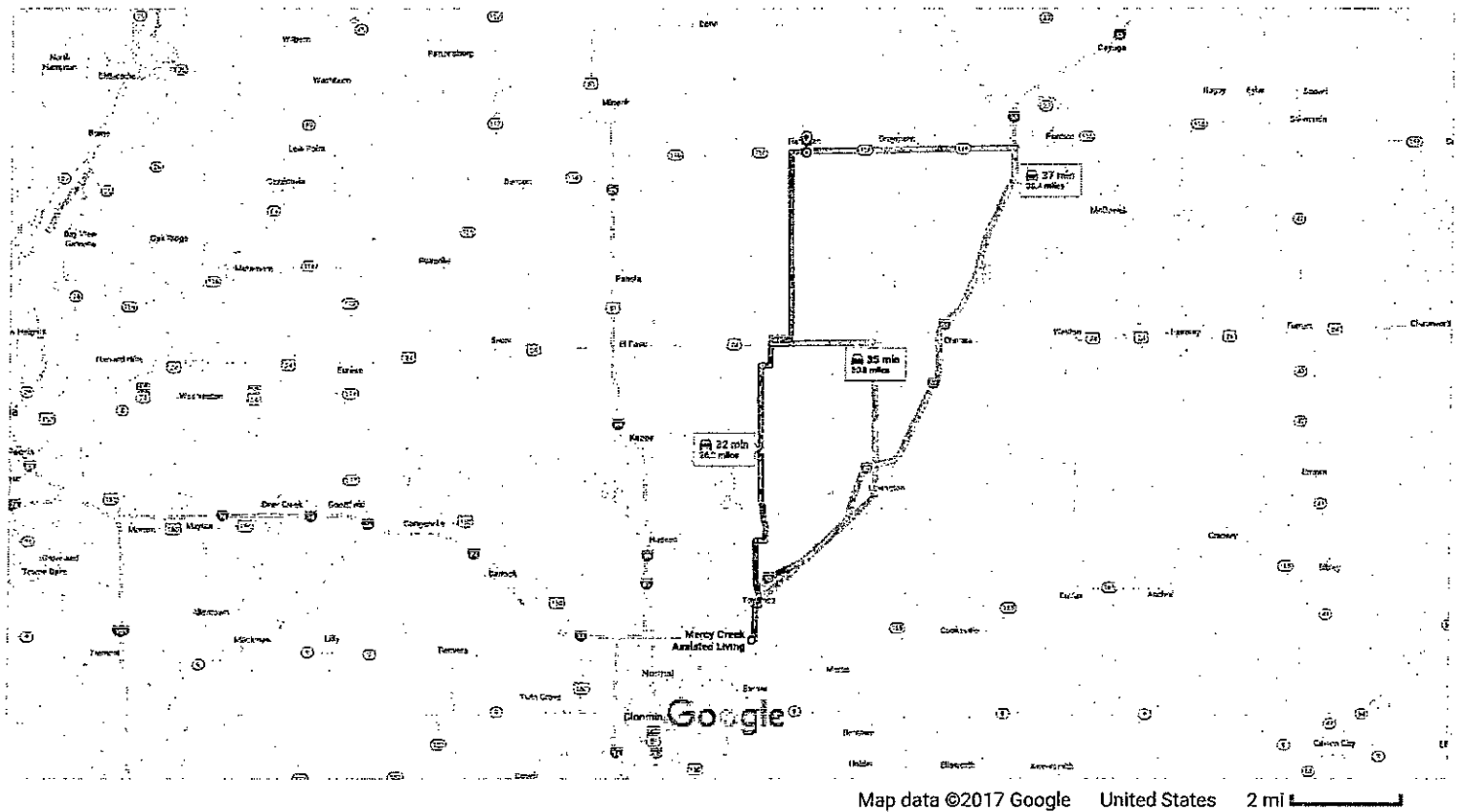
36.3 miles

Google Maps

Mercy Creek Assisted Living to 201 East Falcon Highway, Flanagan, IL

Drive 26.2 miles, 32 min

Flanagan Rehabilitation & HCC



via N 1925 East Rd and N 300 E Rd
Fastest route, the usual traffic

32 min
26.2 miles



via Historic U.S. 66 E and N 300 E Rd

35 min
30.8 miles



via I-55 N and IL-116 W/1700 N Rd

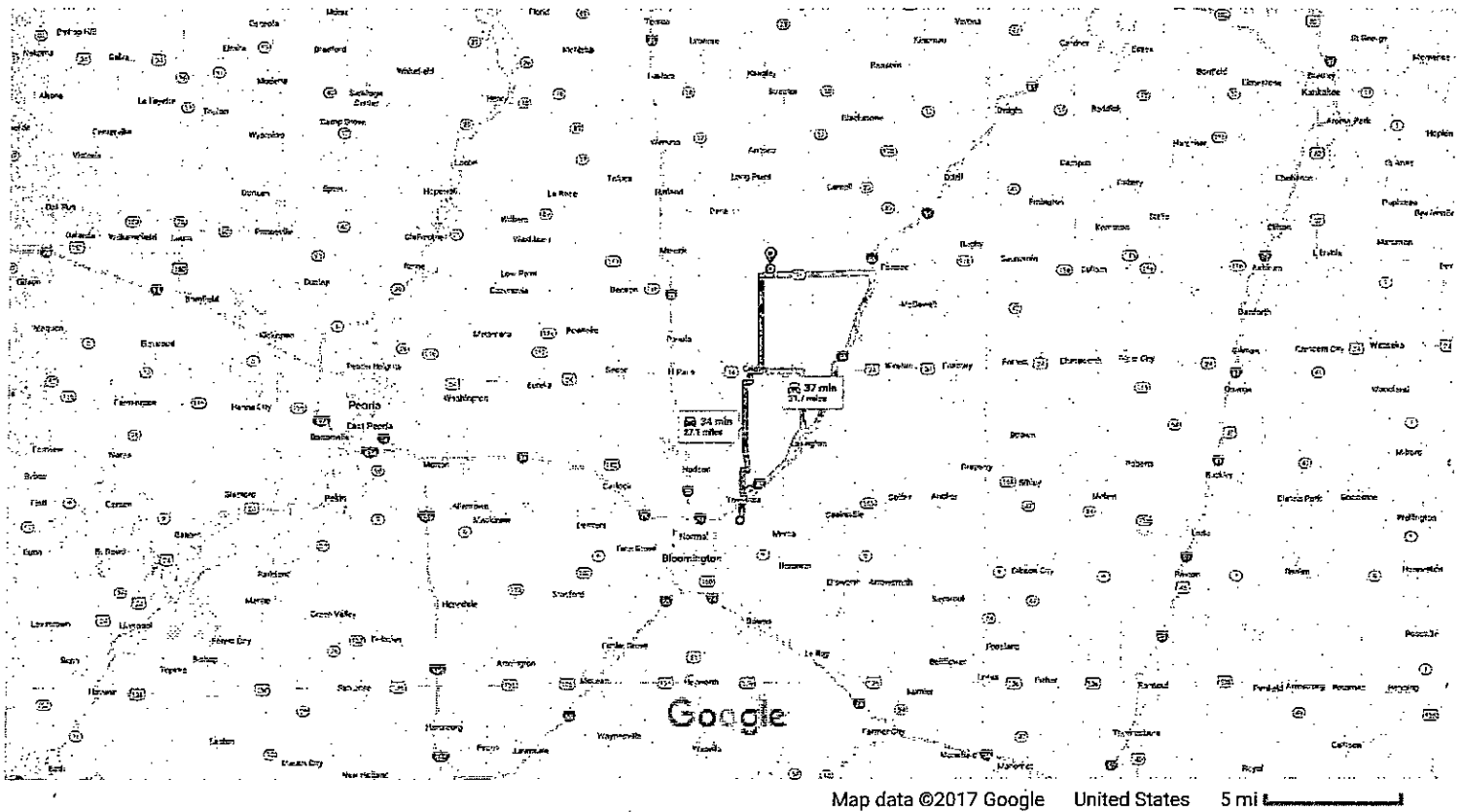
37 min
38.4 miles

Google Maps

Mercy Creek Assisted Living to 205 North Adams Street, Flanagan, IL 61740

Drive 27.1 miles, 34 min

Good Samaritan-Flanagan



via N 1925 East Rd and N 300 E Rd
Fastest route, the usual traffic

34 min
27.1 miles



via N 300 E Rd

37 min
31.7 miles



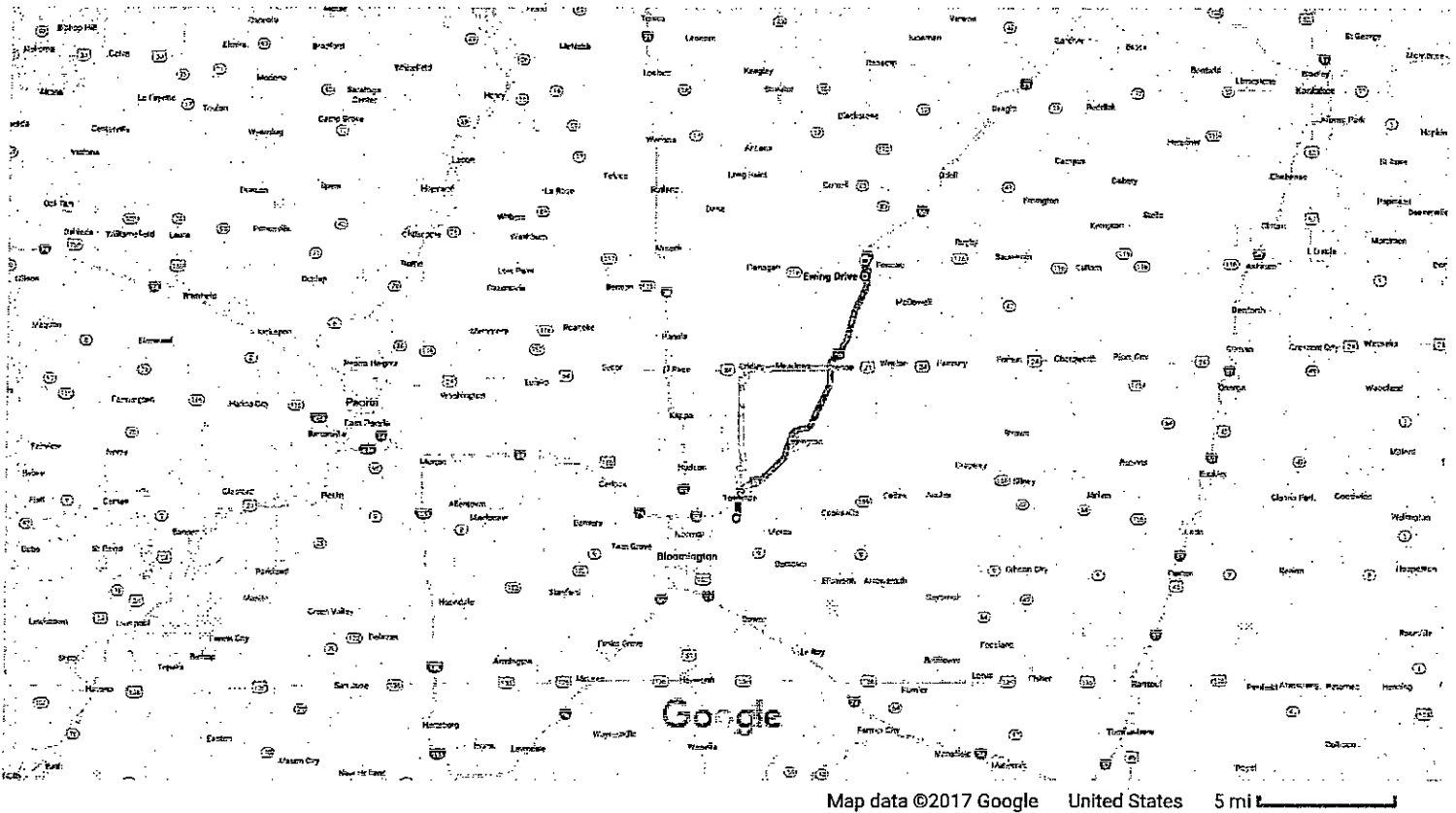
via I-55 N

39 min
38.7 miles

Google Maps

Mercy Creek Assisted Living to Ewing Dr, Pontiac, IL 61764 Drive 29.3 miles, 29 min

Good Samaritan-Pontiac



via I-55 N

Fastest route, the usual traffic

29 min

29.3 miles



via Historic U.S. 66 E and I-55 N

32 min

30.3 miles



via US-24 E/E 3100 North Rd/County Rd 3100 N and I-55 N

40 min

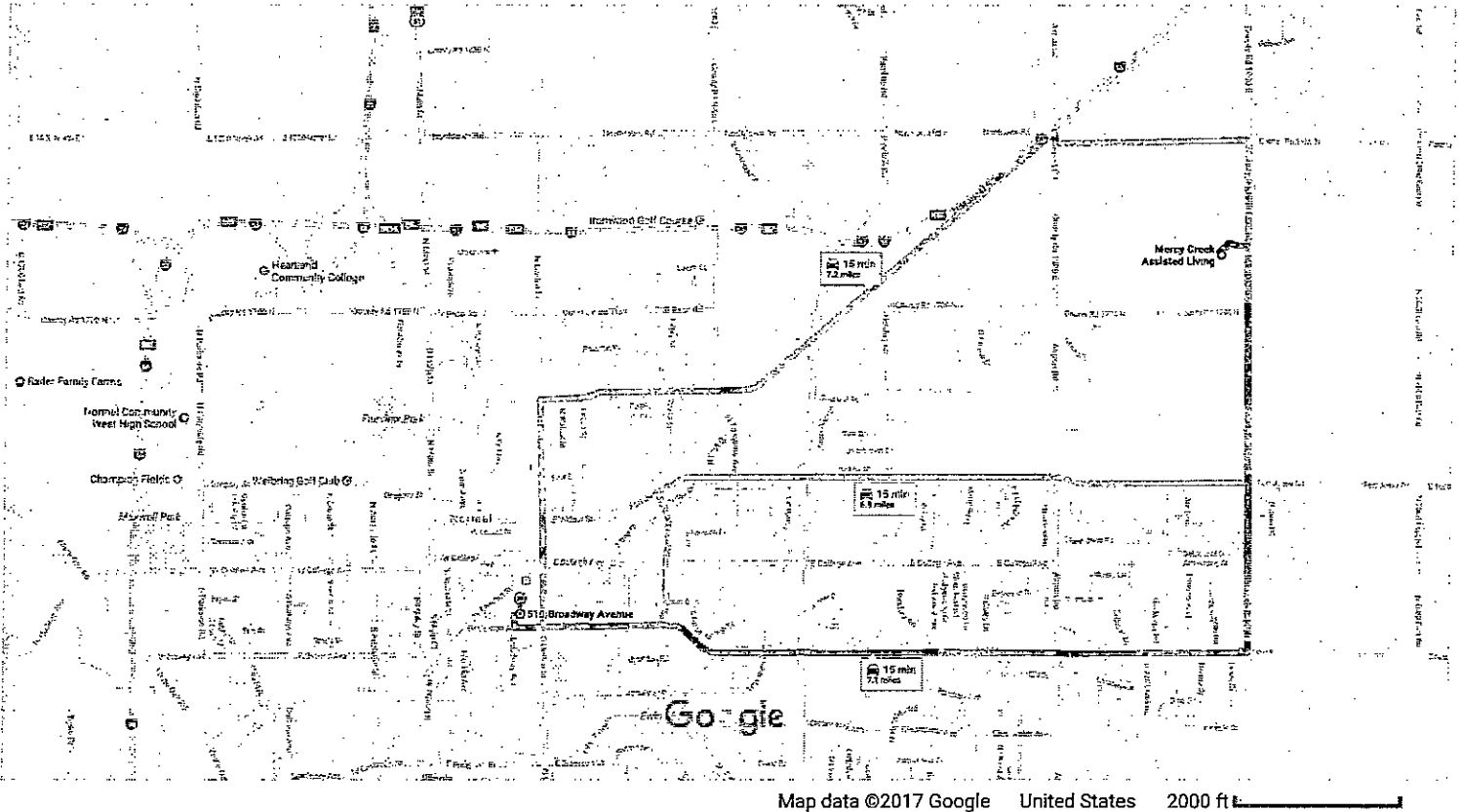
34.9 miles

Google Maps

Mercy Creek Assisted Living to 510 Broadway Ave,
Normal, IL 61761

Drive 7.1 miles, 15 min

Heartland of Normal



via County Rd 1900 E/Towanda-Barnes Rd and General Electric Rd

15 min

Best route

7.1 miles



via Fort Jesse Rd

15 min

6.9 miles



via Old U.S. Rte 66

15 min

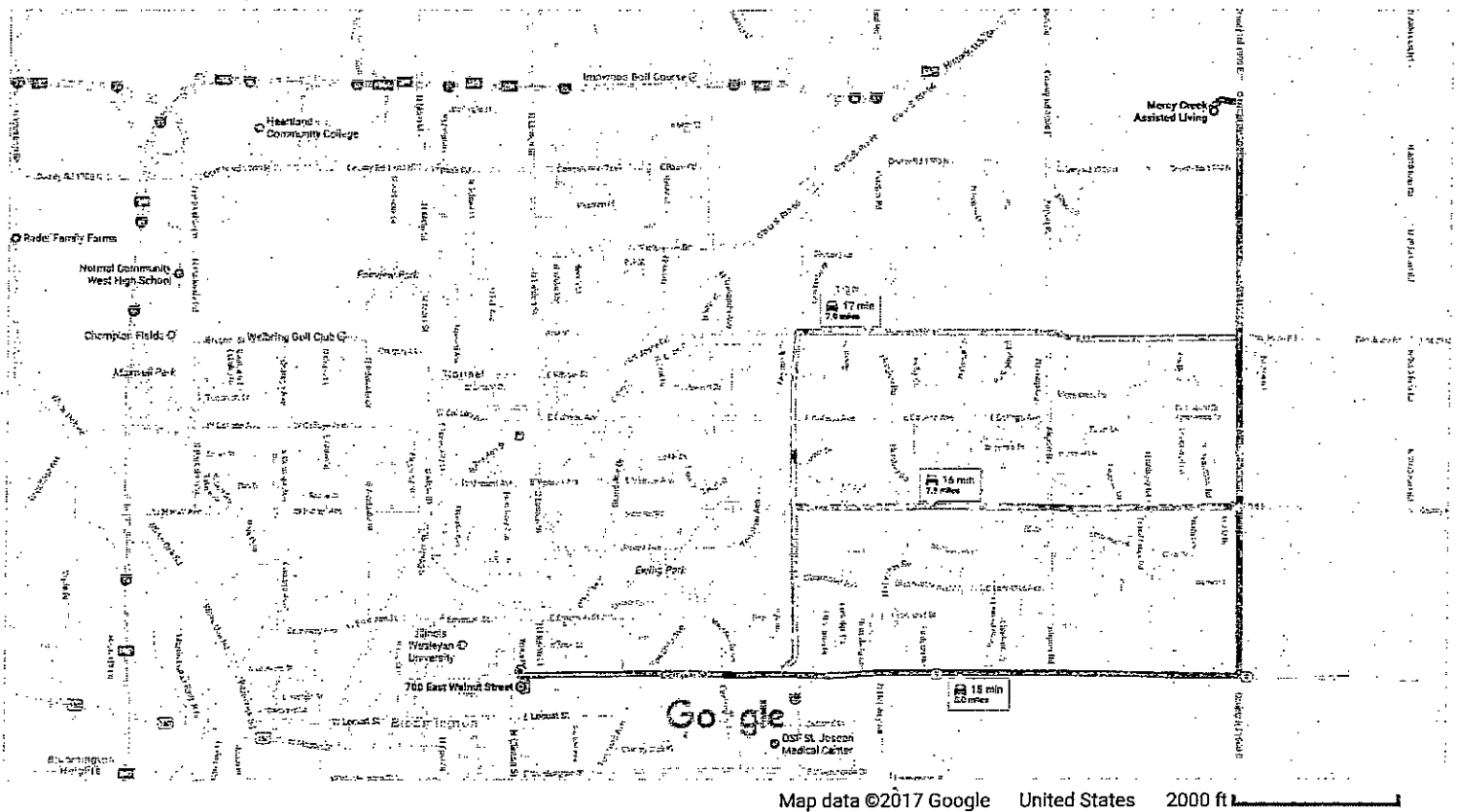
7.2 miles



Mercy Creek Assisted Living to 700 E Walnut St,
Bloomington, IL 61701

Drive 8.0 miles, 15 min

Heritage Health Bloomington



via County Rd 1900 E/Towanda-Barnes Rd and E Empire St
Fastest route, the usual traffic

15 min
8.0 miles



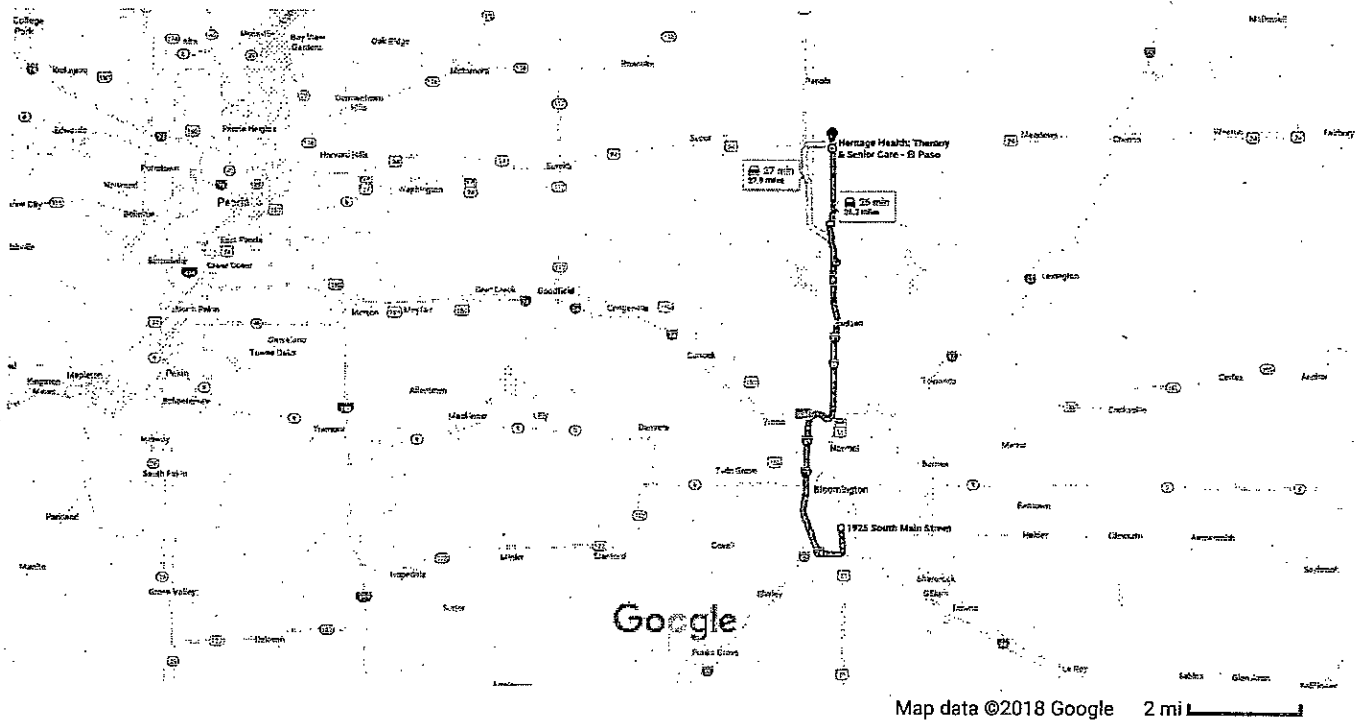
via County Rd 1900 E/Towanda-Barnes Rd and General Electric Rd

16 min
7.9 miles



via Fort Jesse Rd

17 min
7.9 miles



1925 S Main St
Bloomington, IL 61704

Get on I-74/US-51 N in Bloomington Township

1. Head south on US-51 BUS S/S Main St —2 min (1.5 mi)
2. Use the right lane to take the Interstate 74/U.S. 51 ramp to Peoria/Rockford —1.2 mi
3. Merge onto I-74/US-51 N —0.3 mi

Continue on I-74/US-51 N. Take I-39 N to IL-251 N in Hudson Township. Take exit 8 from I-39 N/US-51 N

4. Continue onto I-55 N/US-51 N —15 min (17.3 mi)
5. Take exit 164 for I-39/US-51 N toward Rockford —7.6 mi
6. Continue onto I-39 N/US-51 N —1.0 mi
7. Take exit 8 for IL-251 toward Kappa/Lake Bloomington Rd —1.3 mi
8. Follow IL-251 N and County Rd 2800 E to E Clay St in El Paso —7.2 mi
9. Turn right onto E Clay St —0.3 mi

Follow IL-251 N and County Rd 2800 E to E Clay St in El Paso

- 8. Turn right onto IL-251 N
0.2 mi
- 9. Turn left to stay on IL-251 N
2.2 mi
- 10. Turn right onto County Rd 600 N/State St
0.2 mi
- 11. Turn left onto County Rd 2800 E
3.8 mi
- 12. Turn left onto E Clay St
374 ft

Heritage Health: Therapy & Senior Care - El Paso

555 E Clay St, El Paso, IL 61738

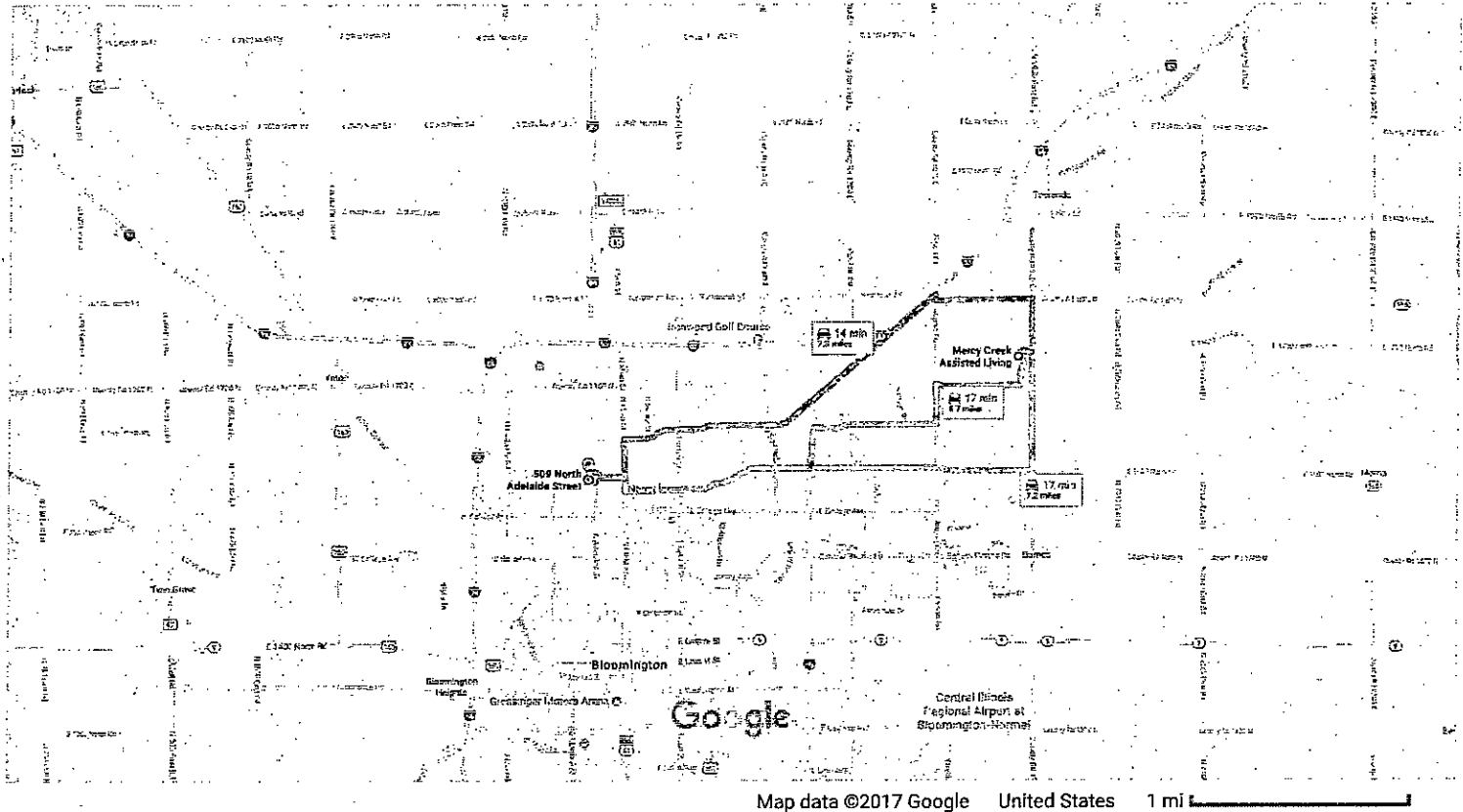
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

Mercy Creek Assisted Living to 509 N Adelaide St,
Normal, IL 61761

Drive 7.3 miles, 14 min

Heritage Health- Normal



via Old U.S. Rte 66

Fastest route, the usual traffic

14 min

7.3 miles



via Fort Jesse Rd

17 min

7.2 miles



via Shepard Rd

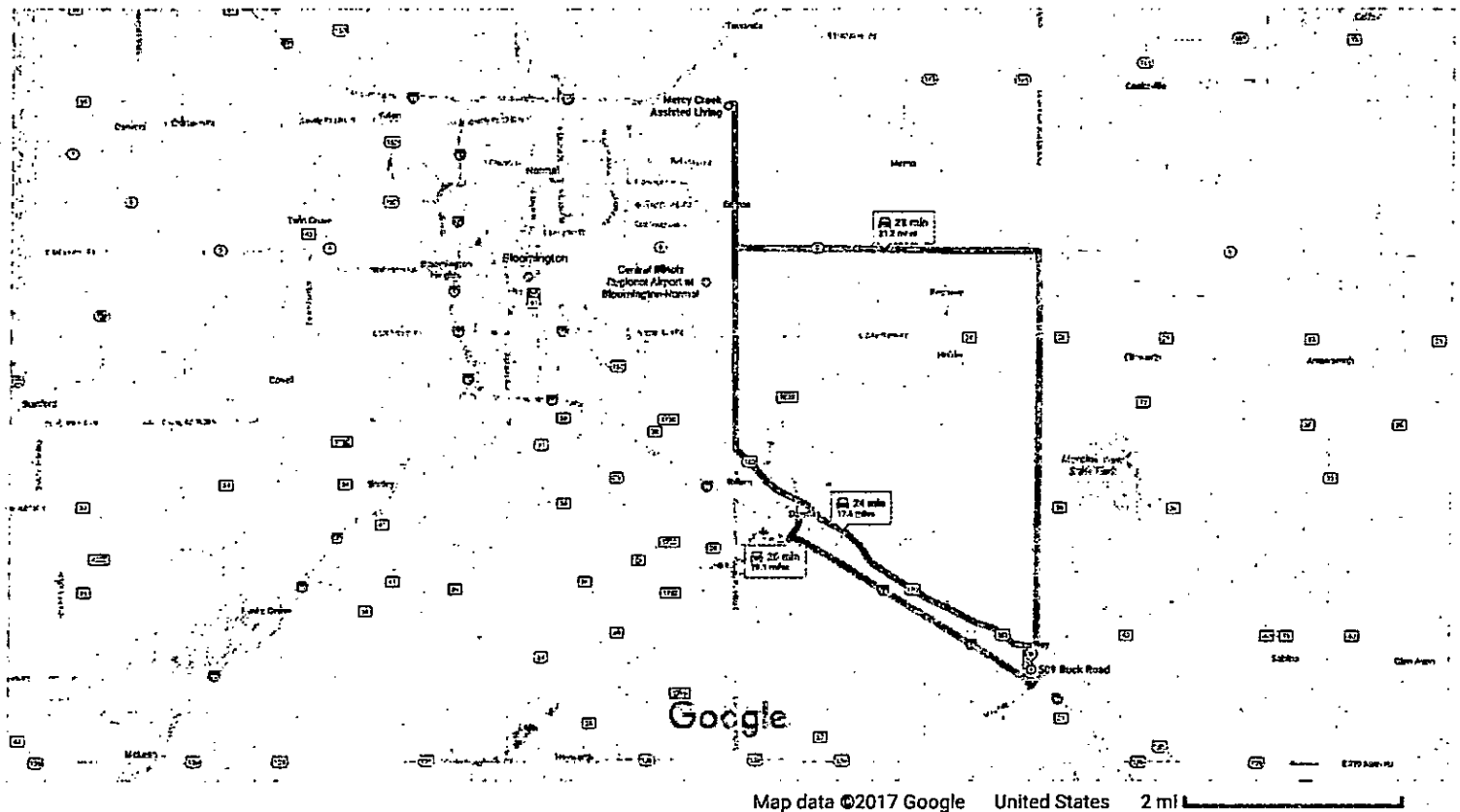
17 min

6.7 miles

Google Maps

Mercy Creek Assisted Living to 509 Buck Rd, Le Roy, IL Drive 17.6 miles, 24 min

Leroy Manor



via County Rd 1900 E/Towanda-Barnes Rd and US-150 E

24 min

Fastest route, the usual traffic

17.6 miles



via County Rd 1900 E/Towanda-Barnes Rd and I-74

26 min

19.1 miles



via IL-9 E/E 1400 North Rd/County Rd 1400 N and Leroy-Lexington Blacktop

28 min

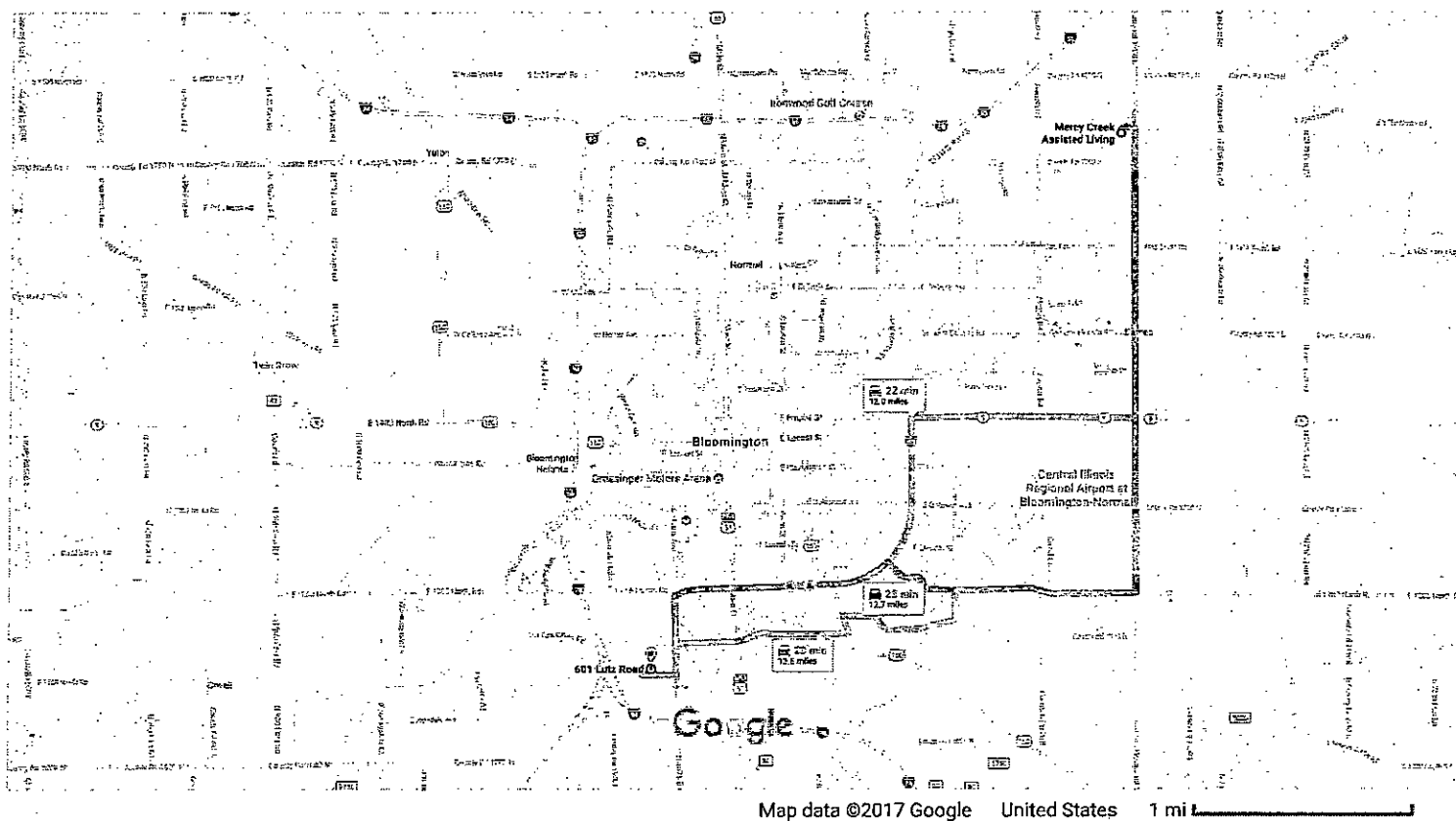
21.2 miles

Google Maps

Mercy Creek Assisted Living to 601 Lutz Rd,
Bloomington, IL

Drive 12.7 miles, 23 min

Luther Oaks



via County Rd 1900 E/Towanda-Barnes Rd
Best route

23 min
12.7 miles



via County Rd 1900 E/Towanda-Barnes Rd and E Empire St

22 min
12.0 miles



via County Rd 1900 E/Towanda-Barnes Rd and Ireland Grove Rd

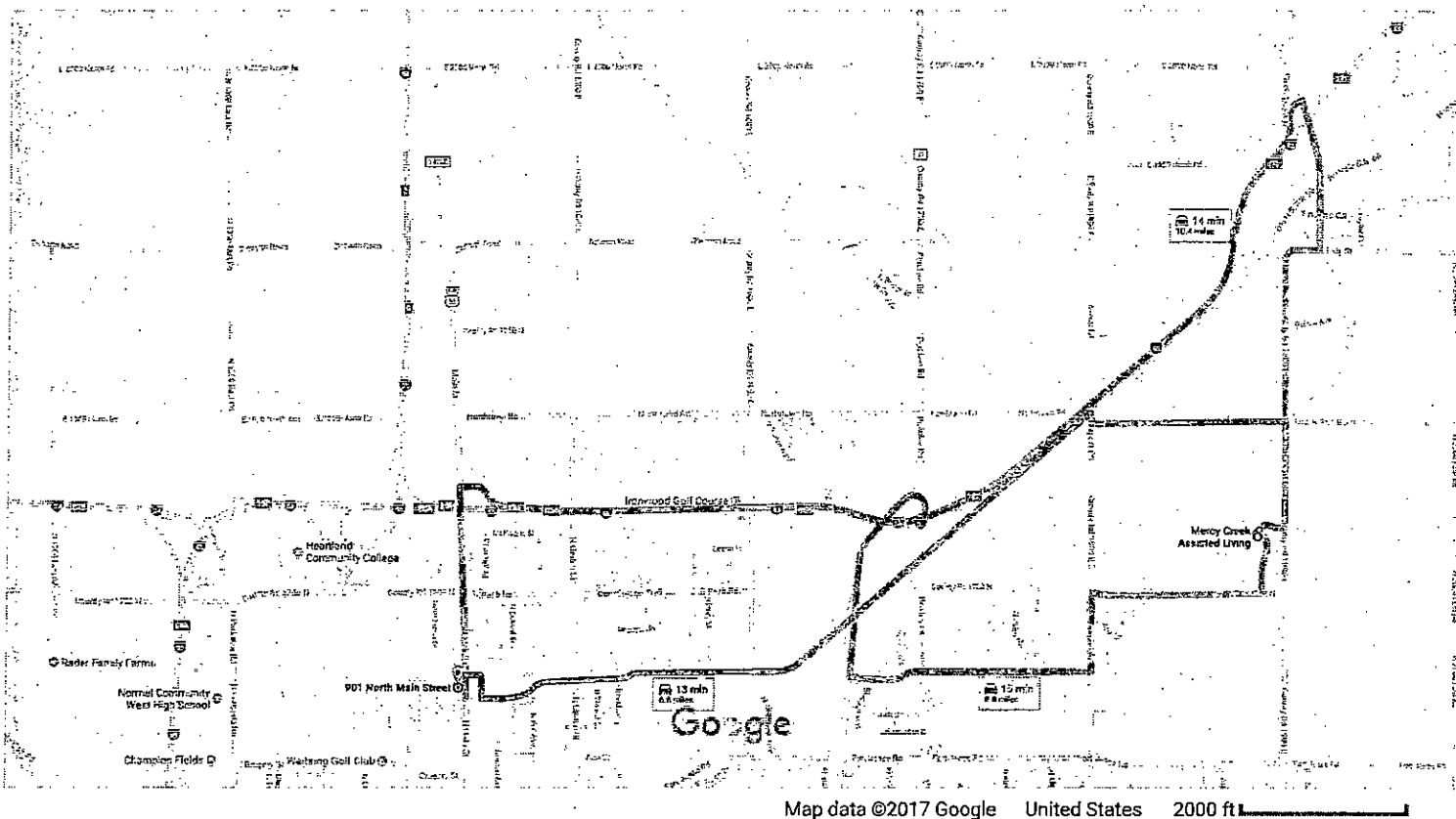
23 min
12.6 miles

Google Maps

Mercy Creek Assisted Living to 901 North Main
Street, Normal, IL

Drive 6.6 miles, 13 min

McLean County Nursing Home



via Old U.S. Rte 66 and Shelbourne Dr
Fastest route

13 min
6.6 miles



via I-55 S

14 min
10.4 miles



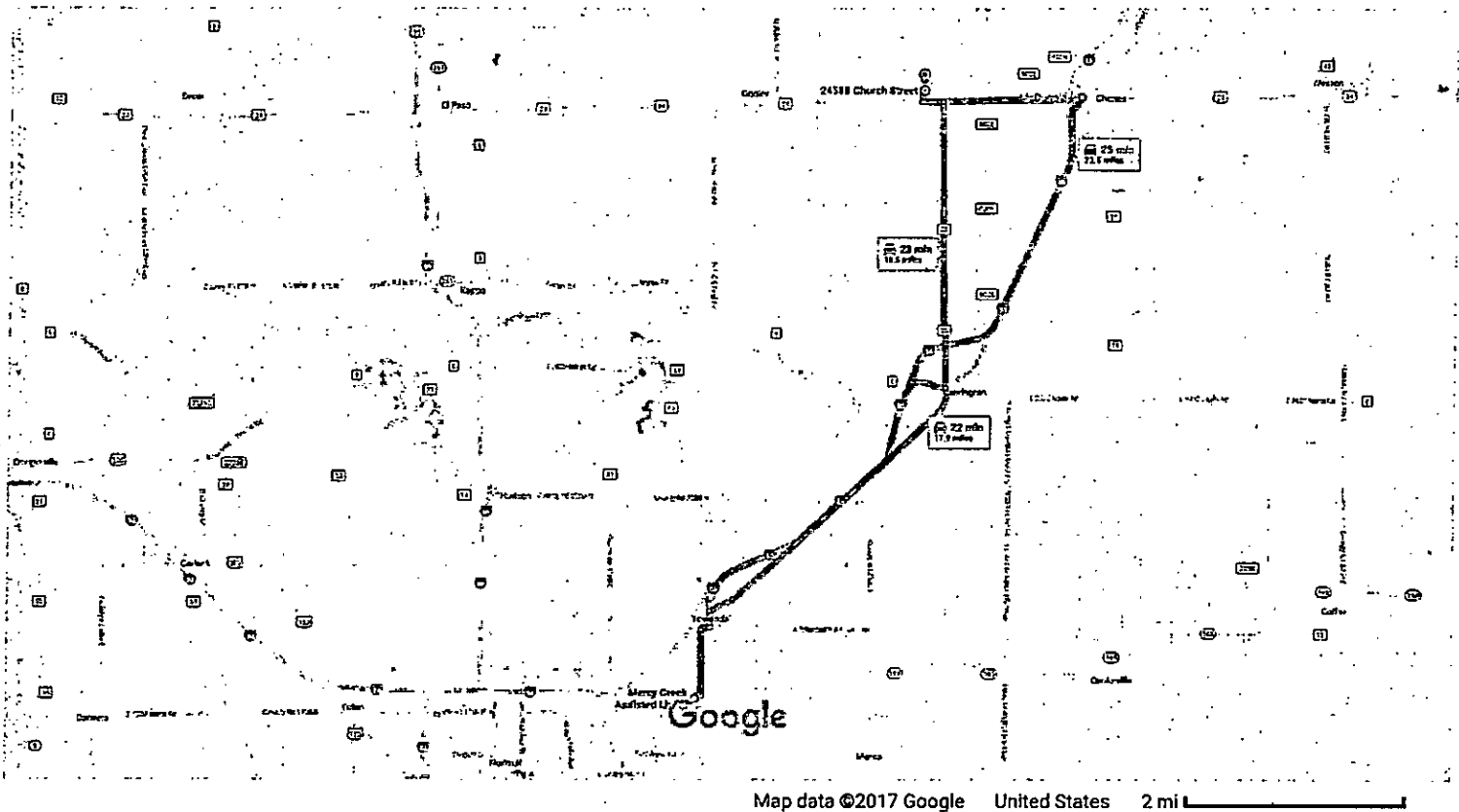
via Shepard Rd and I-55 S

15 min
8.8 miles

Google Maps

Mercy Creek Assisted Living to 24588 Church Street, Drive 17.9 miles, 22 min
Chenoa, IL

Meadows Mennonite Home



via Historic U.S. 66 E and County Hwy 23
Fastest route

22 min
17.9 miles



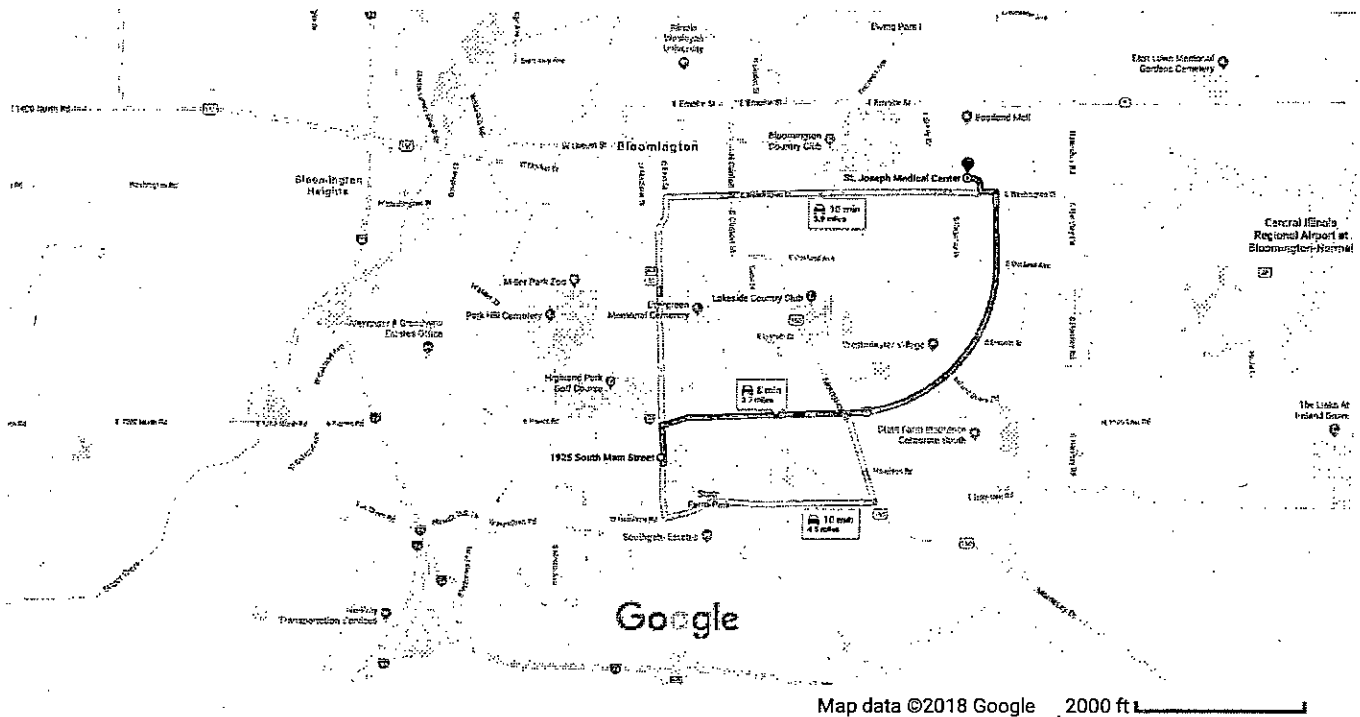
via I-55 N and County Hwy 23

23 min
18.5 miles



via I-55 N

25 min
22.5 miles



1925 S Main St
Bloomington, IL 61704

↑ 1. Head south on S Main St

210 ft

↻ 2. Make a U-turn

0.3 mi

⤴ 3. Turn right to merge onto I-55BL/Historic U.S. 66 E/S Veterans Pkwy

📍 Pass by Steak 'n Shake (on the right in 0.9 mi)

3.1 mi

↶ 4. Turn left onto E Washington St

0.1 mi

➡ 5. Turn right at the 1st cross street onto St Joseph Dr

0.1 mi

↑ 6. Continue straight to stay on St Joseph Dr

📍 Destination will be on the left

177 ft

St. Joseph Medical Center
Bloomington, IL 61701

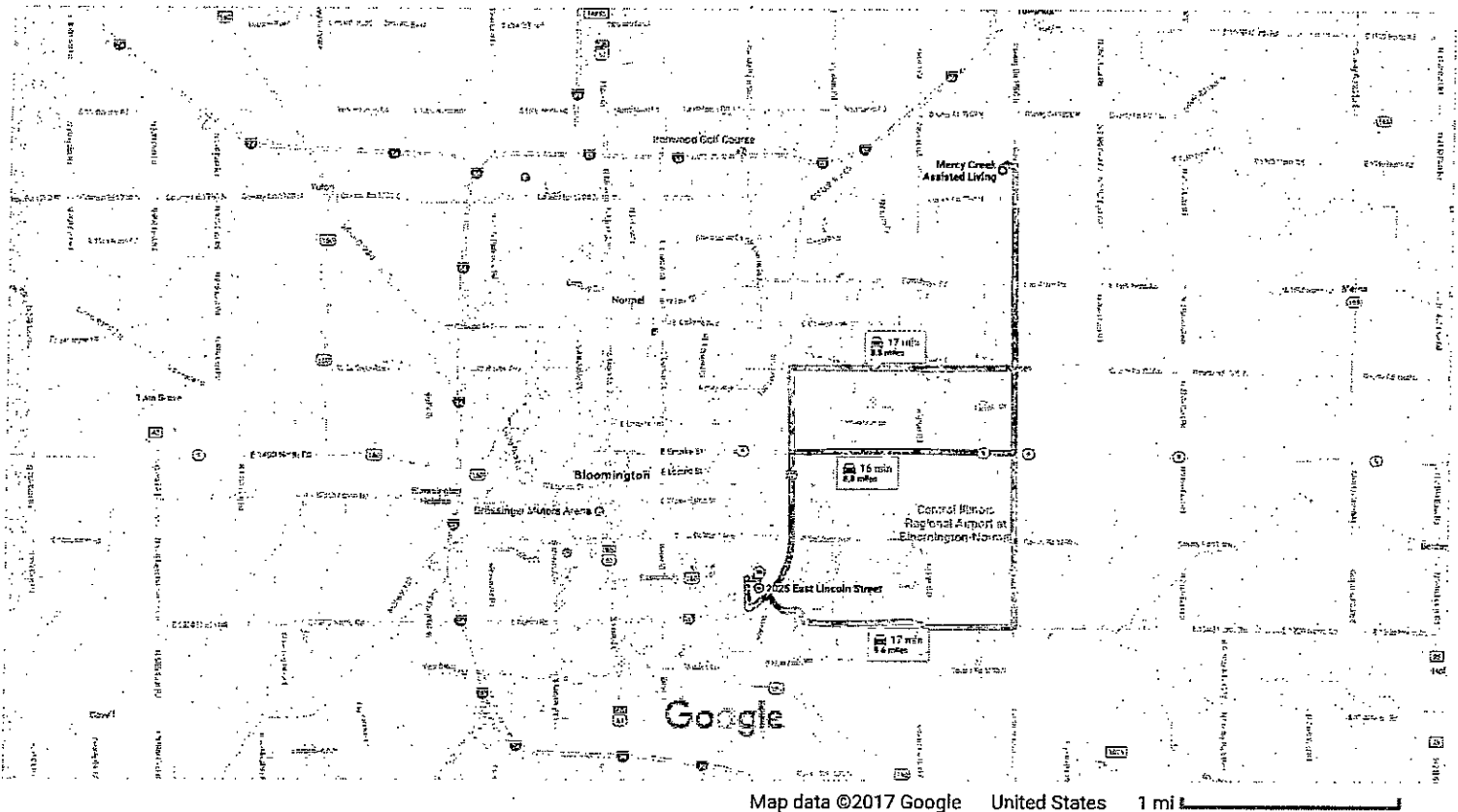
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

Mercy Creek Assisted Living to 2025 East Lincoln
Street, Bloomington, IL

Drive 8.8 miles, 16 min

Westminster Village



via County Rd 1900 E/Towanda-Barnes Rd and E Empire St

16 min

Fastest route now due to traffic conditions

8.8 miles



via County Rd 1900 E/Towanda-Barnes Rd and Ireland Grove Rd

17 min

9.6 miles

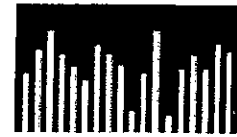
via County Rd 1900 E/Towanda-Barnes Rd, General Electric Rd and Historic U.S. 66
W/N Veterans Pkwy

17 min

8.8 miles



Senior Market Profile



Mercy Creek PMA

Normal, IL

2010 **2015** **2020**
census current projection

Current and Projection Year Estimates

Page 3 of 13

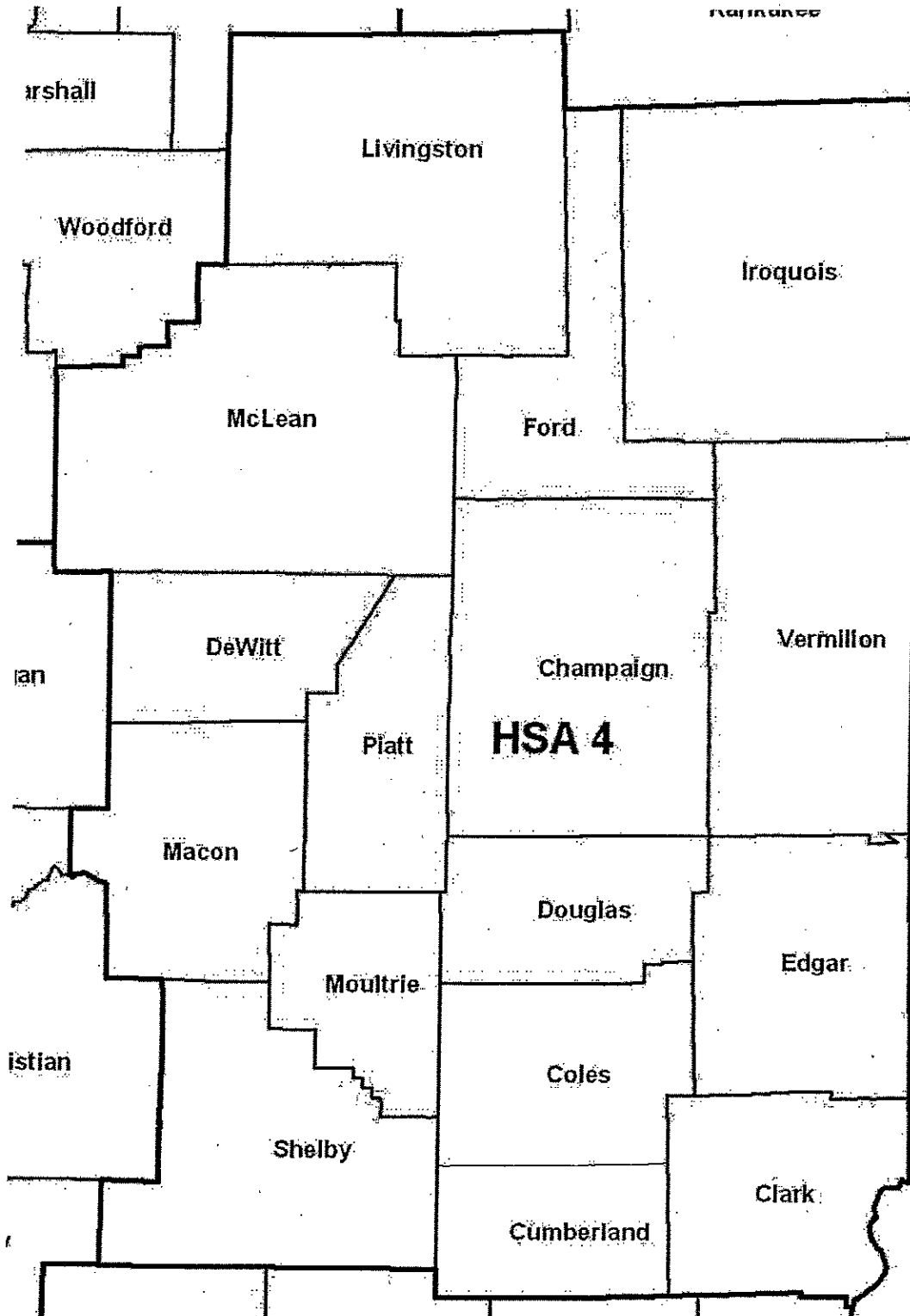
Variable	2015 Estimate Summary Comparison			2020 Projection Summary Comparison			Market Area Change 2015 - 2020	
	Mkt Area	IL	US	Mkt Area	IL	US	Number	*AA%
Total (all ages)	175,038	12,900,879	319,459,991	181,945	12,983,189	330,689,365	6,907	0.79
55 and older	40,035	3,437,686	87,463,350	45,814	3,769,730	98,282,778	5,779	2.89
% of total	22.9	26.6	27.4	25.2	29.0	29.7		
65 and older	20,375	1,812,958	46,876,970	24,713	2,085,261	55,154,921	4,338	4.26
% of total	11.6	14.1	14.7	13.6	16.1	16.7		
75 and older	8,759	782,026	19,861,500	9,692	838,812	21,994,496	933	2.13
% of total	5.0	6.1	6.2	5.3	6.5	6.7		
85 and older	2,911	249,826	6,094,345	2,931	251,446	6,447,122	20	0.14
% of total	1.7	1.9	1.9	1.6	1.9	1.9		
Median age	32.8	37.1	37.5	34.1	38.0	38.2		
Households								
Total (all ages)	67,547	4,894,599	121,099,157	70,425	4,946,594	125,616,498	2,878	0.85
55 and older	25,187	2,112,824	53,228,855	28,266	2,294,263	59,173,983	3,079	2.44
% of total	37.3	43.2	44.0	40.1	46.4	47.1		
55-64	11,846	944,879	23,498,598	12,399	968,387	24,642,765	553	0.93
% of total	17.5	19.3	19.4	17.6	19.6	19.6		
65 and older	13,341	1,167,945	29,730,257	15,867	1,325,876	34,531,218	2,526	3.79
% of total	19.8	23.9	24.6	22.5	26.8	27.5		
65-74	7,399	642,231	16,640,967	9,368	767,875	20,195,571	1,969	5.32
% of total	11.0	13.1	13.7	13.3	15.5	16.1		
75 and older	5,942	525,714	13,089,290	6,499	558,001	14,335,647	557	1.87
% of total	8.8	10.7	10.8	9.2	11.3	11.4		
75-84	3,995	358,688	9,108,721	4,540	390,740	10,147,633	545	2.73
% of total	5.9	7.3	7.5	6.4	7.9	8.1		
85 and older	1,947	167,026	3,980,569	1,959	167,261	4,188,014	12	0.12
% of total	2.9	3.4	3.3	2.8	3.4	3.3		
Avg. Household size	2.6	2.6	2.6	2.6	2.6	2.6		
Avg. Household size 75+	1.5	1.5	1.5	1.5	1.5	1.5		
Median Income								
All Households	63,413	53,987	49,401	68,580	54,971	49,918	5,167	1.63
55-64	80,427	65,384	59,541	90,317	67,682	61,560	9,890	2.46
65-74	57,205	42,686	41,619	61,329	44,497	43,129	4,124	1.44
Age 75+	33,548	27,622	26,955	34,909	28,888	28,067	1,361	0.81
Age 65+	45,159	34,483	33,872	48,539	36,592	35,407	3,380	1.5
Median Home Value								
All Households	167,784	171,790	170,333	178,267	169,473	176,945	10,483	1.25
Age 75+	167,769	186,721	191,693	178,279	187,938	201,787	10,510	1.25
Median Net Worth								
All Age Households	62,892	62,809	52,637	73,323	67,537	56,614	10,431	3.32
Age 75+	200,598	126,459	120,203	221,611	129,279	122,910	21,013	2.1

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Nursing Care

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

9/1/2017
Page A - 49

Health Service Area 4



INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Nursing Care

Illinois Health Facilities and Services Review Board
 Illinois Department of Public Health

9/1/2017
 Page A - 50

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 4				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2020	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Champaign County	908	855	0	53
Clark County	245	215	0	30
Coles/Cumberland Counties	939	643	0	296
DeWitt County	190	210	20	0
Douglas County	233	188	0	45
Edgar County	299	270	0	29
Ford Counties	434	205	0	229
Iroquois County	486	401	0	85
Livingston County	518	423	0	95
McLean County	1048	982	0	66
Macon County	1096	902	0	194
Moultrie County	361	238	0	123
Piatt County	160	145	0	15
Shelby County	259	162	0	97
Vermilion County	766	605	0	161
HSA 4 TOTALS	7942	6444	20	1518

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS*
TOTAL FACILITIES	11	Aggressive/Anti-Social	6 DIAGNOSIS
HOSPITAL BASED UNITS	1	Chronic Alcoholism	7 Neoplasms
FREE STANDING FACILITIES	10	Developmentally Disabled	4 Endocrine/Metabolic
		Drug Addiction	7 Blood Disorders
		Medicaid Recipient	1 Nervous System Non Alzheimer
FACILITIES LICENSED FOR:		Medicare Recipient	0 Alzheimer Disease
NURSING CARE BEDS ONLY	10	Mental Illness	5 Mental Illness
DD CARE BEDS ONLY	0	Non-Ambulatory	0 Developmental Disability
MULTI-LICENSED FACILITIES	1	Non-Mobile	0 Circulatory System
		Public Aid Recipient	1 Respiratory System
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0 Digestive System
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicate	0 Genitourinary System Disorders
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	10 Skin Disorders
FOR PROFIT OWNERSHIP	8	Infectious Disease w/ Isolation	0 Musculo-skeletal Disorders
		Other Restrictions	1 Injuries and Poisonings
		No Restrictions	1 Other Medical Conditions
CONTINUING CARE COMMUNITY	3		Non-Medical Conditions
LIFE CARE FACILITY	2		TOTALS

*Data Not Collected for 2015

Reported Identified Offenders 28 Total Residents Diagnosed with Mental Illness 59

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2015
Nursing Care	1,118	1,073	912	1,063	806	312	808	823	Residents on 1/1/2015 866
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2015 2,244
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2015 2,311
Sheltered Care	29	3	1	3	0	29			Residents on 12/31/2015 799
TOTAL BEDS	1,147	1,076	913	1,066	806	341	808	823	

FACILITY UTILIZATION - 2015

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	27,126	9.2%	157,016	52.3%	2,507	7,854	106,704	7	301,214	73.8%	76.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	210	0	210	2.0%	19.2%
TOTALS	27,126	9.2%	157,016	52.3%	2,507	7,854	106,914	7	301,424	72.0%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	1	0	0	0	0	0	0	4	1	5
45 to 59	19	20	0	0	0	0	0	0	19	20	39
60 to 64	13	10	0	0	0	0	0	0	13	10	23
65 to 74	42	56	0	0	0	0	0	0	42	56	98
75 to 84	71	146	0	0	0	0	0	0	71	146	217
85+	103	336	0	0	0	0	0	0	103	336	439
TOTALS	252	569	0	0	0	0	0	0	252	569	821

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	69	409	3	11	314	0	806
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	69	409	3	11	314	0	806

AVERAGE DAILY PAYMENT RATES		
LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	243	231
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	78	78

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	1	0	0	0	1
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	785	0	0	0	785
Race Unknown	0	0	0	0	0
Total	821	0	0	0	821

ETHNICITY	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	779	0	0	0	779
Ethnicity Unknown	37	0	0	0	37
Total	821	0	0	0	821

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.10
Physicians	1.05
Director of Nursing	10.50
Registered Nurses	78.80
LPN's	123.90
Certified Aides	386.20
Other Health Staff	54.00
Non-Health Staff	301.00
Totals	965.55

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.5%	23.9%	0.2%	8.9%	45.5%	100.0%		
13,951,403	15,513,117	145,168	5,764,901	29,490,714	64,865,303	1,800,775	2.8%

*Charity Expense does not include expenses which may be considered a community benefit.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

General Long-Term Care Category of Service

8/3/2015
Page A-60

Planning Area: McLean

Facility Name	City	County/Area	General Nursing Care	
			Beds	2013 Patient Days
ARBA CARE CENTER OF BLOOMINGTON	BLOOMINGTON	McLean County	117	36,065
6/10/2014 CHOW Change of Ownership occurred.				
ARBA CARE CENTER OF COLFAX	COLFAX	McLean County	60	13,389
6/10/2014 CHOW Change of Ownership occurred.				
BLOOMINGTON REHAB HLTHCARE CTR	BLOOMINGTON	McLean County	78	19,850
HEARTLAND OF NORMAL	NORMAL	McLean County	116	33,131
HERITAGE HEALTH - BLOOMINGTON	BLOOMINGTON	McLean County	111	25,175
HERITAGE HEALTH - NORMAL	NORMAL	McLean County	164	42,834
LEROY MANOR	LEROY	McLean County	102	30,225
LUTHER OAKS (PERMIT)	BLOOMINGTON	McLean County	18	
2/20/2014 13-067 Permit issued to establish an 18 bed Nursing Care facility at 601 Lutz Road in Bloomington.				
MCLEAN COUNTY NURSING HOME	NORMAL	McLean County	150	49,976
MEADOWS MENNONITE HOME	CHENOA	McLean County	130	31,617
ST. JOSEPH'S MEDICAL CENTER	BLOOMINGTON	McLean County	12	2,420
WESTMINSTER VILLAGE	BLOOMINGTON	McLean County	78	20,855
Planning Area Totals			1,136	305,537

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days		2013 Population		2013 Use Rates (Per 1,000)		2013 Minimum Use Rates		2013 Maximum Use Rates		
004	0-64 Years Old	279,113		712,000		392.0		235.2		627.2		
	65-74 Years Old	289,827		65,300		4,438.4		2,663.0		7,101.4		
	75+ Years Old	1,628,025		56,900		28,612.0		17,167.2		45,779.3		
	2013 PSA Patient Days	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days				
0-64 Years Old	23,392	153,000	152.9	235.2	627.2	235.2	162,400	38,198				
65-74 Years Old	42,018	10,300	4,079.4	2,663.0	7,101.4	4,079.4	13,300	54,256	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds	
75+ Years Old	240,127	8,700	27,600.8	17,167.2	45,779.3	27,600.8	8,700	240,127				
Planning Area Totals									332,581	911.2	1,012	124

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

9/1/2017
Page A-51

Planning Area: Champaign			General Nursing Care	
Facility Name	City	County/Area	Beds	2015 Patient Days
CHAMPAIGN COUNTY NURSING HOME	URBANA	Champaign County	243	73,806
CHAMPAIGN URBANA REG REHAB CENTER	SAVOY	Champaign County	213	43,174
CLARK-LINDSEY VILLAGE	URBANA	Champaign County	95	23,689
8/16/2017 Bed Change Added 12 Nursing Care beds; facility now has 95 Nursing Care beds and 19 Sheltered Care beds.				
COUNTRY HEALTH	GIFFORD	Champaign County	89	30,143
HEARTLAND OF CHAMPAIGN	CHAMPAIGN	Champaign County	102	28,788
HELIA HEALTHCARE OF CHAMPAIGN	CHAMPAIGN	Champaign County	118	22,167
ILLINI HERITAGE REHAB & NURSING CENTER	CHAMPAIGN	Champaign County	60	19,441
Planning Area Totals			920	241,208

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3

	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	21,178	182,800	115.9	206.7	551.3	206.7	189,900	39,259			
65-74 Years Old	33,798	12,500	2,703.8	2,453.6	6,542.9	2,703.8	16,600	44,884			
75+ Years Old	186,232	10,600	17,569.1	16,274.4	43,398.3	17,569.1	11,200	196,773			
Planning Area Totals								280,916	767.5	853	67

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

9/1/2017

Page A-52

Planning Area: Clark			General Nursing Care							
Facility Name		City	County/Area	Beds	2015 Patient Days					
BURNSIDES COMMUNITY HEALTH CENTER		MARSHALL	Clark County	95	23,801					
CASEY HEALTHCARE CENTER		CASEY	Clark County	69	20,313					
HEARTLAND MANOR NURSING HOME		CASEY	Clark County	81	20,644					
Planning Area Totals				245	64,758					
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates				
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3				
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9				
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3				
2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	8,487	12,700	668.3	206.7	551.3	11,900	6,560			
65-74 Years Old	7,126	1,800	3,958.9	2,453.6	6,542.9	1,900	7,522			
75+ Years Old	49,145	1,300	37,803.8	16,274.4	43,398.3	1,500	56,706			
Planning Area Totals							70,788	193.4	215	30

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

9/1/2017
Page A-53

Planning Area: Coles/Cumberland			General Nursing Care	
Facility Name	City	County/Area	Beds	2015 Patient Days
CHARLESTON REHAB & HEALTH CARE CENTER	CHARLESTON	Coles County	139	20,359
CUMBERLAND REHAB & HEALTH CARE	GREENUP	Cumberland County	54	12,399
DOUGLAS NURSING & REHAB CENTER	MATTOON	Coles County	79	16,849
HEARTLAND CHRISTIAN VILLAGE	NEOGA	Cumberland County	71	22,643
HILLTOP SKILLED NURSING & REHAB	CHARLESTON	Coles County	108	18,008
MATTOON REHAB & HEALTHCARE CENTER	MATTOON	Coles County	148	29,845
ODD FELLOWS - REBAKAH HOME	MATTOON	Coles County	162	43,060
PALM TERRACE OF MATTOON	MATTOON	Coles County	178	50,065
Planning Area Totals			939	213,228

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)		2015 Minimum Use Rates		2015 Maximum Use Rates	
004	0-64 Years Old	242,433	703,600	344.6		206.7		551.3	
	65-74 Years Old	285,843	69,900	4,089.3		2,453.6		6,542.9	
	75+ Years Old	1,562,338	57,600	27,123.9		16,274.4		43,398.3	

	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	39,231	52,600	745.8	206.7	551.3	551.3	57,000	31,424			
65-74 Years Old	31,603	5,500	5,746.0	2,453.6	6,542.9	5,746.0	6,000	34,476			
75+ Years Old	142,394	4,600	30,955.2	16,274.4	43,398.3	30,955.2	4,700	145,490			
Planning Area Totals								211,389	577.6	642	297

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

9/1/2017
Page A-54

Planning Area: DeWitt			General Nursing Care								
Facility Name		City	County/Area		Beds	2015 Patient Days					
DR. JOHN WARNER HOSPITAL (SWING BEDS)		CLINTON	DeWitt County		0	67					
FARMER CITY REHAB & HEALTHCARE CENTER		FARMER CITY	DeWitt County		56	17,212					
HAWTHORNE INN OF CLINTON		CLINTON	DeWitt County		134	43,024					
Planning Area Totals					190	60,303					
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates					
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3					
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9					
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3					
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days			
0-64 Years Old	1,753	13,200	132.8	206.7	551.3	206.7	12,500	2,584	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
65-74 Years Old	8,765	1,900	4,613.2	2,453.6	6,542.9	4,613.2	1,800	8,304			
75+ Years Old	49,785	1,200	41,487.5	16,274.4	43,398.3	41,487.5	1,400	58,083			
Planning Area Totals							68,970	188.4	209	19	

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

9/1/2017
Page A-55

Planning Area: Douglas			General Nursing Care							
Facility Name		City	County/Area	Beds	2015 Patient Days					
ARCOLA HEALTHCARE CARE CENTER		ARCOLA	Douglas County	100	28,617					
NEWMAN REHAB & HEALTHCARE CTR		NEWMAN	Douglas County	60	15,589					
TUSCOLA HEALTH CARE CENTER		TUSCOLA	Douglas County	73	18,498					
7/14/2015	CHOW	Change of Ownership occurred.								
9/1/2016	CHOW	Change of ownership occurred.								
Planning Area Totals				233	62,704					
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates				
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3				
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9				
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3				
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days		
0-64 Years Old	14,061	16,300	862.6	206.7	551.3	551.3	16,000	8,821	Planned	Planned
65-74 Years Old	10,641	1,800	5,911.7	2,453.6	6,542.9	5,911.7	2,100	12,415	Average Daily	Bed Need
75+ Years Old	38,002	1,600	23,751.3	16,274.4	43,398.3	23,751.3	1,700	40,377	Census	(90% Occ.)
			Planning Area Totals		61,612	168.3	187	46	Excess Beds	

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

9/1/2017
 Page A-56

Planning Area: Edgar			General Nursing Care							
Facility Name	City	County/Area	Beds	2015 Patient Days						
PARIS COMMUNITY HOSPITAL (SWING BEDS)	PARIS	Edgar County	0	815						
PARIS HEALTHCARE CENTER	PARIS	Edgar County	128	28,675						
PLEASANT MEADOWS SENIOR LIVING	CHRISMAN	Edgar County	109	34,486						
TWIN LAKES REHAB & HEALTH CARE	PARIS	Edgar County	62	16,694						
Planning Area Totals			299	80,670						
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates				
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3				
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9				
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3				
2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	5,475	14,000	391.1	206.7	551.3	391.1	12,800	5,006		
65-74 Years Old	11,681	2,200	5,309.5	2,453.6	6,542.9	5,309.5	2,300	12,212		
75+ Years Old	63,514	1,600	39,696.3	16,274.4	43,398.3	39,696.3	1,800	71,453		
Planning Area Totals							88,671	242.3	269	30

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

9/1/2017
Page A-57

Planning Area: Ford			General Nursing Care									
Facility Name		City	County/Area	Beds	2015 Patient Days							
GIBSON COMMUNITY HOSPITAL		GIBSON CITY	Ford County	16	4,580							
GIBSON COMMUNITY HOSPITAL (SWING BEDS)		GIBSON CITY	Ford County	0	787							
GIBSON COMMUNITY HOSPITAL ANNEX		GIBSON CITY	Ford County	26	8,290							
HEARTLAND OF PAXTON		PAXTON	Ford County	106	26,930							
HERITAGE HEALTH - GIBSON CITY		GIBSON CITY	Ford County	75	18,814							
ILLINOIS KNIGHTS TEMPLAR HOME		PAXTON	Ford County	75	17,945							
PAXTON HEALTHCARE AND REHAB		PAXTON	Ford County	76	21,612							
8/2/2017 CHOW		Change of ownership occurred.										
PIPER CITY REHAB & LIVING CENTER		PIPER CITY	Ford County	60	15,935							
Planning Area Totals				434	114,893							
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates						
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3						
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9						
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3						
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days				
0-64 Years Old	15,068	11,000	1,369.8	206.7	551.3	551.3	10,900	6,009	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds	
65-74 Years Old	13,561	1,300	10,431.5	2,453.6	6,542.9	6,542.9	1,400	9,160				
75+ Years Old	86,264	1,400	61,617.1	16,274.4	43,398.3	43,398.3	1,200	52,078				
Planning Area Totals									67,247	183.7	204	230

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

9/1/2017
Page A-58

Planning Area: Iroquois

			General Nursing Care							
Facility Name	City	County/Area	Beds	2015 Patient Days						
GILMAN HEALTHCARE CENTER	GILMAN	Iroquois County	99	24,949						
IROQUOIS MEMORIAL HOSPITAL (SWING BEDS)	WATSEKA	Iroquois County	0	0						
IROQUOIS RESIDENT HOME	WATSEKA	Iroquois County	44	11,671						
PRAIRIEVIEW LUTHERAN HOME	DANFORTH	Iroquois County	90	29,320						
PRESENCE A MERKLE-C KNIPPRATH NH	CLIFTON	Iroquois County	99	19,225						
SHELDON HEALTH CARE CENTER	SHELDON	Iroquois County	31	8,983						
WATSEKA REHAB & HEALTH CARE CTR	WATSEKA	Iroquois County	123	32,679						
Planning Area Totals			486	126,827						
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates				
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3				
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9				
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3				
2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	14,310	22,500	636.0	206.7	551.3	21,300	11,743			
65-74 Years Old	20,623	3,400	6,065.6	2,453.6	6,065.6	3,500	21,230			
75+ Years Old	91,894	2,700	34,034.8	16,274.4	43,398.3	2,900	98,701			
Planning Area Totals			131,673	359.8	400	86				

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Health Facilities and Services Review Board
Department of Public Health

General Long-Term Care Category of Service

9/1/2017
Page A-59

Planning Area: Livingston

Facility Name	City	County/Area	General Nursing Care	
			Beds	2015 Patient Days
ENGLOW LODGE	PONTIAC	Livingston County	73	22,284
VIEW HAVEN	FAIRBURY	Livingston County	63	21,661
NAGAN REHAB & HEALTH CARE CTR	FLANAGAN	Livingston County	43	13,724
DD SAMARITAN - PONTIAC	PONTIAC	Livingston County	90	5,512
3/1/2016 12-027	Project completed - replacement facility opened with 90 Nursing Care beds.			
3/1/2016 Add Change	Address change - address now 1225 South Ewing Drive, Pontiac IL 61764			
3/1/2016 CHOW	Change of Ownership occurred.			
DD SAMARITAN-FLANAGAN	FLANAGAN	Livingston County	60	13,983
STAGE HEALTH - DWIGHT	DWIGHT	Livingston County	92	30,641
TIAC HEALTHCARE AND REHAB	PONTIAC	Livingston County	97	25,958
2/2017 CHOW	Change of ownership occurred.			

Planning Area Totals							518	133,763
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates		
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3		
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9		
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3		
2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	
Years Old	8,026	30,700	261.4	206.7	551.3	261.4	32,400	8,470
1 Years Old	12,994	3,600	3,609.4	2,453.6	6,542.9	3,609.4	3,900	14,077
Years Old	112,743	3,000	37,581.0	16,274.4	43,398.3	37,581.0	3,100	116,501
Planning Area Totals							139,048	379.9
							422	96

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

9/1/2017
Page A-60

Planning Area: McLean			General Nursing Care							
Facility Name	City	County/Area	Beds	2015 Patient Days						
APERION CARE COLFAX	COLFAX	McLean County	0	14,038						
2/2/2017 Closure Facility closed; 60 Nursing Care beds removed from Inventory.										
ARBA CARE CENTER OF BLOOMINGTON	BLOOMINGTON	McLean County	117	34,725						
BLOOMINGTON REHAB HLTHCARE CTR	BLOOMINGTON	McLean County	78	18,450						
HEARTLAND OF NORMAL	NORMAL	McLean County	116	31,814						
HERITAGE HEALTH - BLOOMINGTON	BLOOMINGTON	McLean County	88	25,456						
3/25/2016 Bed Change Discontinued 23 Nursing Care beds; facility now has 88 Nursing Care beds.										
HERITAGE HEALTH - NORMAL	NORMAL	McLean County	141	42,223						
3/25/2016 Bed Change Discontinued 23 Nursing Care beds; facility now has 141 Nursing Care beds.										
LEROY MANOR	LEROY	McLean County	102	25,121						
LUTHER OAKS	BLOOMINGTON	McLean County	18							
11/7/2016 13-067 Facility licensed for operation with 18 Nursing Care beds.										
MCLEAN COUNTY NURSING HOME	NORMAL	McLean County	150	44,165						
MEADOWS MENNONITE HOME	CHENOA	McLean County	130	36,690						
ST. JOSEPH'S MEDICAL CENTER	BLOOMINGTON	McLean County	12	2,407						
WESTMINSTER VILLAGE	BLOOMINGTON	McLean County	78	24,310						
WESTMINSTER VILLAGE (PERMIT)	BLOOMINGTON	McLean County	18							
3/14/2017 16-052 permit issued to add 18 nursing care beds to existing long-term care facility; facility will have 96 nursing care beds upon project completion.										
Planning Area Totals			1,048	299,399						
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates				
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3				
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9				
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3				
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days		
0-64 Years Old	24,628	151,400	162.7	206.7	551.3	206.7	164,800	34,070	Planned Average Daily Census	Planned Bed Need (90% Occ.)
65-74 Years Old	35,876	11,100	3,232.1	2,453.6	6,542.9	3,232.1	14,500	46,865		
75+ Years Old	238,895	8,900	26,842.1	16,274.4	43,398.3	26,842.1	9,000	241,579		
Planning Area Totals							322,514	881.2	979	Excess Beds

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

9/1/2017

Page A-61

Planning Area: Macon

Facility Name	City	County/Area	General Nursing Care	
			Beds	2015 Patient Days
APERION CARE DECATUR	DECATUR	Macon County	140	33,774
5/1/2016 CHOW Change of ownership occurred.				
DECATUR REHAB & HEALTHCARE CENTER	DECATUR	Macon County	58	13,802
EASTERN STAR AT MACON	MACON	Macon County	48	7,590
10/14/2015 Correction Facility converted 4 beds from Sheltered Care to Nursing Care; facility now has 48 Nursing Care and 16 Sheltered Care beds.				
FAIR HAVENS CHRISTIAN HOME	DECATUR	Macon County	154	43,738
HEARTLAND OF DECATUR	DECATUR	Macon County	117	31,608
HERITAGE HEALTH - MOUNT ZION	MOUNT ZION	Macon County	75	24,594
HICKORY POINT CHRISTIAN VILLAGE	FORSYTH	Macon County	64	21,294
IMBODEN CREEK LIVING CENTER	DECATUR	Macon County	95	29,946
MCKINLEY COURT	DECATUR	Macon County	150	47,480
ST. MARY'S HOSPITAL	DECATUR	Macon County	0	0
3/13/2017 E-014-17 Exemption approved to discontinue 14 bed Long-Term Care unit.				
SYMPHONY OF DECATUR	DECATUR	Macon County	195	59,229
Planning Area Totals			1,096	313,055

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates					
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3					
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9					
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3					
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days			
0-64 Years Old	35,584	88,100	403.9	206.7	551.3	403.9	84,700	34,211	Planned	Planned	
65-74 Years Old	46,440	10,600	4,381.1	2,453.6	6,542.9	4,381.1	12,000	52,574	Average Daily	Bed Need	
75+ Years Old	231,031	9,600	24,065.7	16,274.4	43,398.3	24,065.7	8,700	209,372	Census	(90% Occ.)	Excess Beds
Planning Area Totals								296,156	809.2	899	197

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Planning Area: Moultrie			General Nursing Care								
Facility Name		City	County/Area	Beds	2015 Patient Days						
ARTHUR HOME		ARTHUR	Moultrie County	53	14,780						
EASTVIEW TERRACE		SULLIVAN	Moultrie County	63	18,411						
MASON POINT		SULLIVAN	Moultrie County	122	36,411						
SULLIVAN REHAB & HEALTH CARE CTR		SULLIVAN	Moultrie County	123	23,548						
Planning Area Totals				361	93,150						
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates					
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3					
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9					
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3					
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days			
0-64 Years Old	12,445	11,900	1,045.8	206.7	551.3	551.3	11,700	6,450	Planned	Planned	
65-74 Years Old	14,708	1,500	9,805.3	2,453.6	6,542.9	6,542.9	1,700	11,123	Average Daily	Bed Need	
75+ Years Old	65,997	1,400	47,140.7	16,274.4	43,398.3	43,398.3	1,400	60,758	Census	(90% Occ.)	Excess Beds
Planning Area Totals								78,331	214.0	238	123

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

9/1/2017

Page A-63

Planning Area: Piatt			General Nursing Care							
Facility Name	City	County/Area	Beds	2015 Patient Days						
BEMENT HEALTH CARE CENTER	BEMENT	Piatt County	60	12,699						
JOHN & MARY KIRBY HOSPITAL (SWING BEDS)	MONTICELLO	Piatt County	0	1,351						
PLATT COUNTY NURSING HOME	MONTICELLO	Piatt County	100	28,519						
Planning Area Totals			160	42,569						
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates				
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3				
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9				
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3				
2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	4,771	13,300	358.7	206.7	551.3	358.7	12,800	4,592		
65-74 Years Old	2,936	1,800	1,631.1	2,453.6	6,542.9	2,453.6	2,100	5,153		
75+ Years Old	34,862	1,200	29,051.7	16,274.4	43,398.3	29,051.7	1,300	37,767		
Planning Area Totals							47,511	129.8	144	16

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

9/1/2017
Page A-64

Planning Area: Shelby			General Nursing Care								
Facility Name		City	County/Area	Beds	2015 Patient Days						
MOWEAQUA REHAB & HEALTHCARE CENTER		MOWEAQUA	Shelby County	70	11,695						
SHELBY MEMORIAL HOSPITAL (SWING BEDS)		SHELBYVILLE	Shelby County	0	303						
SHELBYVILLE MANOR		SHELBYVILLE	Shelby County	109	29,156						
SHELBYVILLE REHAB & HLTHCARE CTR		SHELBYVILLE	Shelby County	80	11,889						
Planning Area Totals				259	53,043						
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates					
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3					
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9					
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3					
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days			
0-64 Years Old	4,197	18,200	230.6	206.7	551.3	230.6	16,600	3,828	Planned	Planned	
65-74 Years Old	6,106	2,800	2,180.7	2,453.6	6,542.9	2,453.6	2,700	6,625	Average Daily	Bed Need	
75+ Years Old	42,740	2,200	19,427.3	16,274.4	43,398.3	19,427.3	2,200	42,740	Census	(90% Occ.)	Excess Beds
Planning Area Totals								53,193	145.3	161	98

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

9/1/2017
Page A-65

Planning Area: Vermilion

Planning Area: Vermilion			General Nursing Care								
Facility Name	City	County/Area	Beds	2015 Patient Days							
COLONIAL MANOR	DANVILLE	Vermilion County	90	25,535							
8/28/2017 Bed Change Added 7 Nursing Care beds; facility now has 90 Nursing Care beds.											
DANVILLE CARE	DANVILLE	Vermilion County	200	37,876							
GARDENVIEW MANOR	DANVILLE	Vermilion County	213	44,570							
HAWTHORNE INN OF DANVILLE	DANVILLE	Vermilion County	80	26,645							
HERITAGE HEALTH - HOOPESTON	HOOPESTON	Vermilion County	75	26,361							
HOOPESTON COMMUNITY HOSPITAL (SWING BEDS)	HOOPESTON	Vermilion County	0	259							
NORTH LOGAN HEALTHCARE CENTER	DANVILLE	Vermilion County	108	29,798							
Planning Area Totals			766	191,044							
HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates					
004	0-64 Years Old	242,433	703,600	344.6	206.7	551.3					
	65-74 Years Old	285,843	69,900	4,089.3	2,453.6	6,542.9					
	75+ Years Old	1,562,338	57,600	27,123.9	16,274.4	43,398.3					
	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	33,219	64,900	511.8	206.7	551.3	511.8	62,500	31,991			
65-74 Years Old	28,985	8,100	3,578.4	2,453.6	6,542.9	3,578.4	8,900	31,848			
75+ Years Old	128,840	6,300	20,450.8	16,274.4	43,398.3	20,450.8	6,600	134,975			
Planning Area Totals			198,814	543.2	604	162					

Community	Street Address	City	State	Zip	Population
Aperion Care Bloomington	1509 North Calhoun St	Bloomington	IL	61701	36,100
Bloomington Rehabilitation	1925 South Main St.	Bloomington	IL	61701	36,100
El Paso health Care Center	850 East Second St	El Paso	IL	61738	4,450
Evenglow Lodge	215 East Washington	Pontiac	IL	61764	11,800
Fairview haven	605 North 4th St	Fairbury	IL	61739	5,000
Flanagan Rehabilitation	201 East Falcon Highway	Flanagan	IL	61740	1,660
Good Samaritan- Flanagan	205 North Adams St.	Flanagan	IL	61740	1,660
Good Samaritan- Pontiac	1225 South Ewing dr	Pontiac	IL	61764	14,600
Heartland of Normal	510 Broadway	Normal	IL	61761	52,497
Heritage Health-Bloomington	700 East Walnut	Bloomington	IL	61701	36,100
Heritage Health- El Paso	555 East Clay	El Paso	IL	61738	4,450
Heritage Health-Normal	509 North Adelaide	Normal	IL	61761	52,497
Leroy Manor	509 South Buck Rd	Leroy	IL	61752	4,339
Luther Oaks	601 Lutz Road	Bloomington	IL	61704	36,100
McLean County Nursing Home	901 North Main	Normal	IL	61761	52,497
Meadows Mennonite Home	24588 church St.	Chenoa	IL	61726	2,544
Pontiac Healthcare and Rehab	300 West Lowell	Pontiac	IL	61764	14,600
St. Joseph Medical Center	2200 East Washington St.	Bloomington	IL	61701	36,100
Westminister Village	2025 East Lincoln	Bloomington	IL	61701	36,100

**The Village at Mercy Creek
Certificate of Need Application
Criterion 1125.590 Staffing Availability**

Residents		1-10	11-20	21-30	31-40
Day					
RN		0.0	0.0	0.0	16.0
LPN		8.0	16.0	16.0	8.0
CNA		8.0	16.0	24.0	24.0
PM					
RN		0.0	0.0	8.0	16.0
LPN		8.0	16.0	8.0	8.0
CNA		8.0	16.0	24.0	24.0
Night					
RN		0.0	0.0	0.0	8.0
LPN		8.0	8.0	16.0	8.0
CNA		8.0	8.0	16.0	16.0
Total per day		48.0	80.0	112.0	128.0
Staffing per Resident Day		4.80	4.00	3.73	3.20

Section IV-Service Specific Review Criteria

This proposed project known as The Village at Mercy Creek is for the establishment of a 40 bed nursing care facility. Upon project completion the licensed bed capacity will be 40 nursing care beds. Therefore, the proposed project is compliant with criterion 1125.600.

Attachment 20



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

Dear Ms. Avery,

I would like to express my support for the Villages of Mercy Creek's application for a Certificate of Need to establish a 40 bed long-term care skilled nursing facility to be located west of Towanda Barnes Road and North of East Raab road in Normal Illinois.

I believe the Villages of Mercy Creek is very important to the Bloomington-Normal area. This project will not only provide progressive services to the senior population, but it will also bring new jobs to the community.

Geographically, the location will be ideal for some of the elderly who live in this area. This project will provide outstanding services to resident of this community. I believe that the new Villages of Mercy Creek will provide the utmost supportive and compassionate care for their clients.

Thank you so much for considering the Villages of Mercy Creek and I wish the best and offer our support in their endeavor.

Respectfully,

Robert W. Donaghy RPh

209 Green Street - Chenoa, Illinois 61726



ILLINOIS HOUSE OF REPRESENTATIVES

SPRINGFIELD OFFICE
314 CAPITOL
SPRINGFIELD, IL 62706
(217) 782-1118
FAX (217) 558-6271



DISTRICT OFFICE
104 W. NORTH STREET
NORMAL, IL 61761
(309) 662-1100
FAX (309) 662-1150
www.rep-danbrady.com

DANIEL P. BRADY
STATE REPRESENTATIVE • 105TH DISTRICT
DEPUTY REPUBLICAN LEADER

August 15, 2018

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

Dear Ms. Avery:

I would like to express my support for the Villages of Mercy Creek's application for a Certificate of Need to establish a 40 bed long-term care skilled nursing facility to be located west of Towanda Barnes Road and north of East Raab Road in Normal, Illinois.

I believe the Villages of Mercy Creek is very important to the Bloomington-Normal area. This project will not only provide progressive services to the senior population, it will also bring new jobs to the community.

Geographically, the location will be ideal for some of the elderly who live in this area. This project will provide outstanding services to residents of this community. I believe that the new villages of Mercy Creek will provide the utmost supportive and compassionate care for their clients.

Thank you in advance for considering the Villages of Mercy Creek and I offer my support in their endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel P. Brady".

Daniel P. Brady
State Representative
105th District

Section IV-Service Specific Review Criteria

ATTACHMENT 22-Upon project completion, The Village at Mercy Creek will comprise 28,157 gross square feet of space for 40 nursing care beds. This equates to 704 gsf per bed upon project completion. It should be noted that the proposed project is in compliance with the criterion as the full complement is well within the range limit of 713 gross square feet per bed.



BLDD
ARCHITECTS

October 24, 2017

Ms. Jessica Basile
Director of Plant Resources at Franciscan Ministries
Franciscan Sisters of Chicago
11500 Theresa Drive
Lemont, IL 60439

Re: Zoning - Meadows at Mercy Creek Skilled Nursing Facility (SNF) and Memory Care Development
Normal, IL

Jessica:

To the best of our knowledge, and based upon the information we are aware of to date, it appears that the site designated for the proposed SNF referenced above is zoned for this particular occupancy and use.

Location: Currently known as 1501 Mercy Creek Drive on the northeast side of Normal, Illinois.

Current Zoning: The existing facility and proposed SNF addition appear to be zoned S-2, Public Lands and Institutions District. According to Section 15.6-12 of the local Zoning Regulations, Nursing and Retirement Homes are permitted uses within this district.

Existing Facility: The current site was developed in 2012 with a 62,000 SF two-story, 60 unit assisted living building. The site was zoned and master planned for future senior living development.

Proposed Addition: The newly proposed project will consist of a one story wood framed building (approximately 44,800 SF) connected to the north and west sides of the existing Meadows at Mercy Creek Assisted Living Community. The new building will be home to forty private skilled nursing care (SNF) beds, split into two small house neighborhoods of twenty beds. Contiguous to these forty beds will be sixteen private assisted living memory care (ALMC) apartments designed to skilled care regulations (I-2 occupancy) but operated as a household of assisted living memory care. The architecture of the new nursing care building will complement the existing assisted living building.

Sincerely,
BLDD Architects, Inc.

Scott M. Likins, AIA, NCARB
Principal

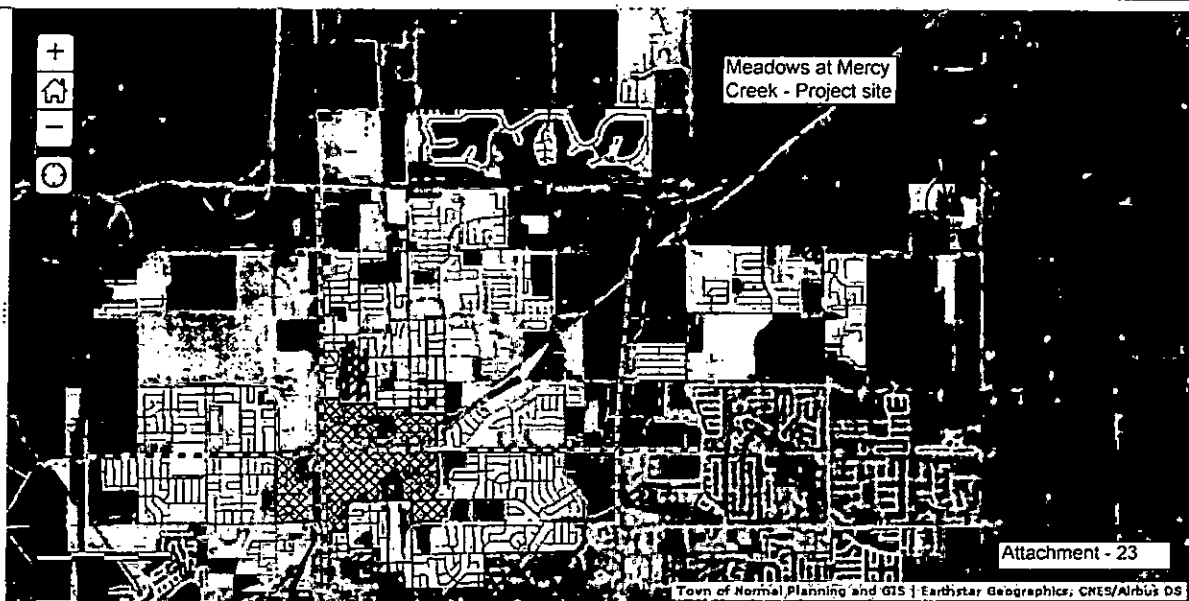
Attachments: Normal, IL Zoning Maps
Normal, IL Zoning Regulations (Chapter 15-6)



[Details](#) | [Basemap](#)[Print](#) | [Measure](#) [About](#) | [Content](#) | [Legend](#)

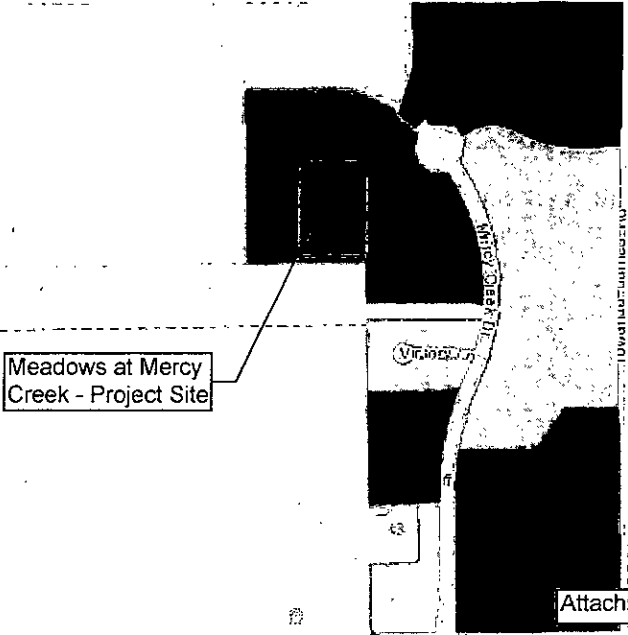
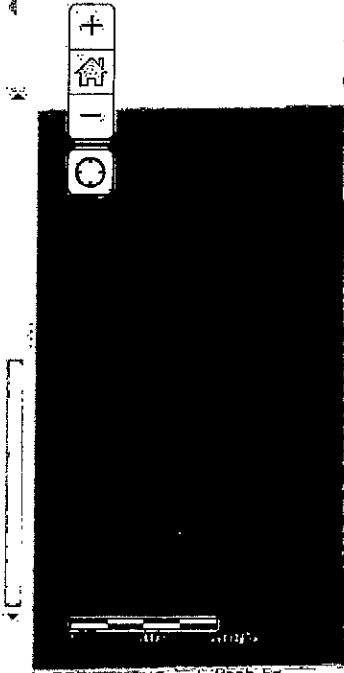
Legend

- ☒ G-1 - Office District
- ☒ C-2 - Neighborhood Shopping District
- ☒ C-3 - Community / Regional Shopping District
- ☒ M-1 - Restricted Manufacturing District
- ☒ M-2 - General Manufacturing District
- ☒ R-1A - Single Family Residence District
- ☒ R-1B - Single Family Residence District
- ☒ R-2 - Mixed Residence District
- ☒ R-3A - Medium Density Multi-Family Residence District
- ☒ R-3B - High Density Multi-Family Residence District
- ☒ S-1 - University District
- ☒ S-2 - Public Lands and Institutions District



Legend

- ☐ C-1 - Office District
- ☒ C-2 - Neighborhood Shopping District
- ☐ C-3 - Community / Regional Shopping District
- ☐ M-1 - Restricted Manufacturing District
- ☐ M-2 - General Manufacturing District
- ☐ R-1A - Single Family Residence District
- ☐ R-1B - Single Family Residence District
- ☐ R-2 - Mixed Residence District
- ☐ R-3A - Medium Density Multi-Family Residence District
- ☐ R-3B - High Density Multi-Family Residence District
- ☐ S-1 - University District
- ☒ S-2 - Public Lands and Institutions District



DIVISION 6PRINCIPAL USES AND DISTRICT STANDARDS

SEC. 15.6-1 PREAMBLE. These Principal Uses and District Standards are intended to govern the use of land, buildings, and structures and establish bulk and off-street parking and loading requirements applicable thereto. It is essential that each new use of land, buildings, or structures become an integral part of the overall function and pattern of community development. All development subject to the provisions of this Code, except as provided hereinafter for Planned Unit Developments, as provided in ordinances authorizing special use permits or pursuant to variations granted by the Zoning Board of Appeals or corporate authority shall conform to the standards of the district in which it is located.

SEC. 15.6-2 A-AGRICULTURE DISTRICT.

- A. Intent. The intent of the A-Agriculture District is to govern the use of land, buildings, and structures within areas of the Town where soil, topographic, and other conditions are best suited for the pursuit of agriculture or where essential community facilities or utilities do not yet or are not reasonably expected to serve the property. These regulations are further intended to provide for the protection and conservation of natural resources; to prevent or minimize conflicts between agriculture and non-agricultural land uses; act as a holding zone for annexed land prior to timely development; and to facilitate orderly and efficient urban development by preventing a scattered and indiscriminate pattern of urban growth.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the A-Agriculture zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration:
 - 1. The suitability of the property for agricultural uses.
 - 2. The extent to which the property and adjoining properties exhibit indicators of urbanization, such as land subdivision, change in land use, or substantial increases in property values.
 - 3. The impact of agricultural use upon the property and upon adjacent properties.
 - 4. Potential public benefit derived from preservation of natural resources on or under the property.
 - 5. The extent to which the property can be effectively served by existing or proposed public facilities and utilities.

- C. Permitted Uses. In the A-Agriculture District, no buildings or land shall be used except for one or more of the following specified uses, unless otherwise provided in this Code.
1. Agriculture
 2. Farm
 3. Roadside stands for sale of agricultural products
 4. Telecommunication antenna and related telecommunication antenna facilities. (Amended 6/16/97 by Ord. No. 4456)
- D. Special Uses. The following special uses may be permitted, subject to the conditions and standards stated in Division 10 of this Code.
1. Agriculture & Horticultural Fairs, Displays & Shows & Exhibits
 2. Bed and Breakfast (Added 7/19/99 by Ord. No. 4606)
 3. Cemeteries
 4. Country Clubs & Private Golf Courses
 5. Extraction, Loading, Storage, Washing & Hauling of Sand, Gravel & Topsoil
 6. Nurseries & Greenhouses
 7. Riding Stables
 8. Veterinary Hospitals
- E. Bulk Regulations. The following bulk requirements shall apply to all permitted uses. Bulk requirements relating to special uses are listed in SEC. 15.10-4 of this Code.
1. Lot Size and Width: Lots shall contain a minimum of five (5) acres and shall have a minimum lot width of three hundred (300) feet.
 2. Yards:
 - a. Front Yard: Fifty (50) feet minimum.
 - b. Side Yard: Fifty (50) feet minimum each.
 - c. Corner Side Yard: Fifty (50) feet minimum.
 - d. Rear Yard: Fifty (50) feet minimum.
 - e. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.
 3. Building Height: Not to exceed thirty-five (35) feet or two (2) stories, whichever is lower. For exemptions from these height regulations, see SEC. 15.4-3(C) of this Code.
- F. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.
- G. Off-Street Parking and Loading Requirements. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.

SEC. 15.6-3 R-1AA SINGLE-FAMILY RESIDENCE DISTRICT.

- A. Intent. The intent of this R-1AA Residence District is to provide for the establishment of areas characterized by large-lot single-family dwellings intended for occupancy by families and related recreational, religious, and cultural facilities that serve the immediately surrounding residents, as well as those living in the district. The R-1AA district provides for up to approximately two dwelling units per acre.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the R-1AA Residence zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration:
1. The capacity of existing and proposed community facilities and utilities, including water, sewer, and transportation systems, to serve the uses which might lawfully occur on the property so zoned.
 2. The adequacy of public services, including police and fire protection and solid waste collection, serving the property and the impact permitted uses would have upon these services.
 3. The extent to which the permitted uses will promote balanced growth in the community and will be consistent with the Town's goals for equal housing opportunities and a variety of housing types.
 4. The existence of vacant properties in the vicinity that are developable for uses compatible to those permitted in this district.
 5. The impact any natural disasters, including flooding, would have upon permitted uses.
 6. The impact the permitted uses would have upon the environment including noise, air, or water pollution.
 7. The potential impact existing or permitted uses in the vicinity would have upon uses authorized in the R-1AA District and the impact such uses, if developed on the property would have upon existing uses in the vicinity.
 8. The conformance of the proposal to the Town's Comprehensive Plan and Official Map.
- C. Permitted Uses. In the R-1AA Residence District, no building or land shall be used except for one or more of the following specified uses, unless otherwise provided in this Code.

1. Agriculture
2. Day Care Home (Added 2/20/95 by Ord. No. 4290, Effective 7/1/95)
3. Dwellings, Single Family

D. Special Uses. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.

1. Bed and Breakfast (Added 7/19/99 by Ord. No. 4606)
2. Cemeteries
3. Churches & Other Places of Public Worship
4. Country Clubs & Private Golf Courses
5. Day Care Centers in Churches

E. Bulk Regulations. The following bulk requirements shall apply to all permitted uses. Bulk requirements relating to special uses are listed in SEC. 15.10-4 of this Code.

1. Lot Size and Width: Lots shall contain a minimum of twenty-two thousand five hundred (22,500) square feet and shall have a minimum lot width of one hundred twenty-five (125) feet.

2. Yards.

- a. Front Yard: Forty (40) feet minimum or the average setback, whichever is greater.
- b. Side Yards: Twenty (20) feet minimum each.
- c. Corner Side Yards: Thirty-five (35) feet minimum.
- d. Rear Yard: Sixty (60) feet minimum.
- e. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.
- f. With the exception of driveways leading to off-street parking, private sidewalks, front stoops and porches, the remainder of the front and corner side yards shall be landscaped. (Added 1/20/04 by Ord. No. 4926)

3. Building Height: Not to exceed thirty-five (35) feet or two (2) stories, whichever is lower. For exemptions from these height regulations, see SEC. 15.4-3(C) of this Code.

F. Signs. All signs shall conform to the requirements contained in Division 13 of this code.

G. Off-Street Parking and Loading Regulations. All off-street parking and loading shall conform to the requirements contained in Division 7.

SEC. 15.6-4 R-1A SINGLE-FAMILY RESIDENCE DISTRICT.

- A. Intent. The intent of this R-1A Residence District is to provide primarily for the establishment of areas characterized by moderate-sized lots and single-family detached dwellings intended for occupancy by families. In addition to these dwellings, related recreational, religious, and cultural facilities intended to serve the immediately surrounding residents are allowed where such facilities are found to be compatible with surrounding residential development. The R-1A district allows densities of up to approximately four dwelling units per acre.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the R-1A Residence zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration:
1. The capacity of existing and proposed community facilities and utilities, including water, sewer, and transportation systems, to serve the permitted uses which might lawfully occur on the property so zoned.
 2. The adequacy of public services, including police and fire protection and solid waste collection, serving the property and the impact permitted uses would have upon these services.
 3. The extent to which the permitted uses will promote balanced growth in the community and will be consistent with the Town's goals for equal housing opportunities and a variety of housing types.
 4. The existence of vacant properties in the vicinity that are developable for uses compatible to those permitted in this district.
 5. The impact any natural disasters, including flooding, would have upon permitted uses.
 6. The impact the permitted uses would have upon the environment including noise, air, or water pollution.
 7. The potential impact existing or permitted uses in the vicinity would have upon uses authorized in the R-1A District and the impact such uses, if developed on the property would have upon existing uses in the vicinity.
 8. The conformance of the proposal to the Town's Comprehensive Plan and Official Map.
- C. Permitted Uses. In the R-1A Residence District, no building or land shall be used except for one or more of the following specified uses, unless otherwise provided in this Code.
1. Agriculture
 2. Day Care Home (Added 2/20/95 by Ord. No. 4290, Effective 7/1/95)
 3. Dwellings, Single Family

D. Special Uses. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.

1. Bed and Breakfast (Added 7/19/99 by Ord. No. 4606)
2. Cemeteries
3. Churches & Other Places of Public Worship
4. Country Clubs & Private Golf Courses
5. Day Care Centers in Churches

E. Bulk Regulations. The following bulk regulations shall apply to all permitted uses. Bulk regulations relating to special uses are listed in SEC. 15.10-4 of this Code.

1. Lot Size and Width: Lots shall contain a minimum of ten thousand (10,000) square feet and shall have a minimum lot width of seventy (70) feet.

2. Yards.

- a. Front Yard: Thirty (30) feet minimum or the average setback, whichever is greater.
- b. Side Yards: Eight (8) feet minimum each.
- c. Corner Side Yard: Thirty (30) feet minimum.
- d. Rear Yard: Forty (40) feet minimum.
- e. For General Yard Regulations that are applicable, see SEC. 15.4-5 of this Code.
- f. With the exception of driveways leading to off-street parking, private sidewalks, front stoops and porches, the remainder of the front and corner side yards shall be landscaped. (Added 1/20/04 by Ord. No. 4926)

3. Building Height: Not to exceed thirty-five (35) feet or two (2) stories, whichever is lower. For exemptions from these height regulations, see SEC. 15.4-3(C) of this Code.

F. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.

G. Off-Street Parking and Loading Regulations. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.

SEC. 15.6-5 R-1B SINGLE-FAMILY RESIDENCE DISTRICT.

- A. Intent. The intent of this R-1B Residence District is to provide primarily for the establishment of areas of higher density single-family detached dwellings. Densities of approximately six dwelling units per acre are allowed. This district may be applied to newly developed areas, as well as the older residential areas of the Town.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the R-1B Residence zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration:
1. The capacity of existing and proposed community facilities and utilities, including water, sewer, and transportation systems, to serve the permitted uses which might lawfully occur on the property so zoned.
 2. The adequacy of public services, including police and fire protection and solid waste collection, serving the property and the impact permitted uses would have upon these services.
 3. The extent to which the permitted uses will promote balanced growth in the community and will be consistent with the Town's goals for equal housing opportunities and a variety of housing types.
 4. The existence of vacant or redevelopable properties in the vicinity that are developable for uses compatible to those permitted in this district.
 5. The impact any natural disasters, including flooding, would have upon permitted uses.
 6. The impact the permitted uses would have upon the environment including noise, air, or water pollution.
 7. The potential impact existing or permitted uses in the vicinity would have upon uses authorized in the R-1B District and the impact such uses, if developed on the property would have upon existing uses in the vicinity.
 8. The conformance of the proposal to the Town's Comprehensive Plan and Official Map.
- C. Permitted Uses. In the R-1B Residence District, no building or land shall be used except for one (1) or more of the following specified uses, unless otherwise provided in this Code.
1. Agriculture
 2. Day Care Home (Added 2/20/95 by Ord. No. 4290, Effective 7/1/95)
 3. Dwellings, Single Family

D. Special Uses. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.

1. Bed and Breakfast (Added 7/19/99 by Ord. No. 4606)
2. Cemeteries
3. Churches & Other Places of Public Worship
4. Country Clubs & Private Golf Courses
5. Day Care Centers in Churches

E. Bulk Regulations. The following bulk regulations shall apply to all permitted residential uses. Bulk regulations relating to special uses are listed in SEC. 15.10-4 of this Code.

1. Lot Size and Width: Lots shall contain a minimum of six thousand six hundred (6,600) square feet and shall have a minimum lot width of sixty (60) feet.
2. Yards.
 - a. Front Yard: Twenty-five (25) feet minimum or the average setback, whichever is greater.
 - b. Side Yards: Six (6) feet minimum each. (Amended 11/20/95 by Ord. No. 4356)
 - c. Corner Side Yard: Twenty-five (25) feet minimum.
 - d. Rear Yard: Thirty-five (35) feet minimum.
 - e. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.
 - f. With the exception of driveways leading to off-street parking, private sidewalks, front stoops and porches, the remainder of the front and corner side yards shall be landscaped. (Added 1/20/04 by Ord. No. 4926)
3. Building Height: Not to exceed thirty-five (35) feet or two (2) stories, whichever is lower. For exemptions from these height regulations, see SEC. 15.4-3(C) of this Code.

F. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.

G. Off-Street Parking and Loading Requirements. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.

SEC. 15.6-6 R-2 MIXED RESIDENTIAL DISTRICT.

- A. Intent. The intent of this R-2 Residence District is to accommodate development characterized by a mixture of housing types at a high single-family and low multiple-family structural density. Densities of up to approximately 14 dwelling units per acre are allowed. This district allows for the conversion of dwelling units in older residential areas of mixed dwelling types in order to extend the economic lift of these structures and allow owners to justify expenditures for repairs and modernization and serves as a zone of transition between lower density residential districts and residential districts that permit greater land use intensity and structural density.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the R-2 Residence zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration:
1. The availability of permanent open spaces, including public parks, golf courses, schools, and similar such uses in proximity to the subject property.
 2. The distance the subject property is from primary service facilities and activity centers, including schools, commercial centers, cultural nodes and places of employment.
 3. The capacity of existing and proposed community facilities and utilities, including water, sewer, and transportation systems, to serve the permitted uses which might lawfully occur on the property so zoned.
 4. The relationship of the subject property to the various aspects of the Town's transportation system including pedestrian ways, bicycle paths, major and collector streets, and public transit.
 5. The adequacy of public services including schools, police and fire protection and solid waste collection, serving the property and the impact the permitted uses would have upon these services.
 6. The potential impact existing or permitted uses in the vicinity would have upon land uses authorized in the R-2 District and the impact such uses, if developed, would have upon existing uses in the vicinity.
 7. The extent to which the permitted uses will promote balanced growth in the community and will be consistent with the Town's goals for equal housing opportunity and a variety of housing types.
 8. The impact any natural disasters, including flooding would have upon the permitted uses.

9. The impact the permitted uses would have upon the environment including noise, air, and water pollution.
 10. The conformance of the proposal to the Town's Comprehensive Plan and Official Map.
- C. Permitted Uses. In the R-2 Residence District, no building or land may be used except for one or more of the following specified uses, unless otherwise provided in the Code.
1. Agriculture
 2. Day Care Home (Added 2/20/95 by Ord. No. 4290, Effective 7/1/95)
 3. Dwelling, Two-Family
 4. Dwellings, Single Family
- D. Special Uses. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.
1. Bed and Breakfast (Added 7/19/99 by Ord. No. 4606)
 2. Churches & Other Places of Public Worship
 3. Day Care Centers
- E. Bulk Regulations. The following bulk requirements shall apply to all permitted residential uses. Bulk requirements relating to special uses are listed in SEC. 15.10-4 of this Code.
1. Lot Size and Width: Lots shall be sized as follows:
 - a. Dwellings, single-family: Six thousand six hundred (6,600) square feet and sixty (60) feet in width.
 - b. Dwellings, two-family: Seven thousand five hundred (7,500) square feet and seventy-five (75) feet in width, except, however, where a lot of record contains one (1) side yard of zero (0) feet, then the lot must contain three thousand seven hundred and fifty (3,750) square feet and thirty seven and one-half (37.5) feet in width. (Amended 9/16/91)(Amended 11/16/92 by Ord. 4091)
 - c. Day Care Centers: In accordance with Department of Children and Family Service licensing standards.
 2. Yards.
 - a. Front Yard: Twenty-five (25) feet minimum or the average setback, whichever is greater.

- b. Side Yards: Six (6) feet minimum each except a lot of record meeting or exceeding all bulk requirements of this district may contain one (1) side yard of at least six (6) feet and one (1) sideyard of zero (0) feet, provided that side yard of zero (0) feet abuts another lot with a side yard of zero (0) feet and the two (2) lots share the same side yard of zero (0) feet. (Amended 9/16/91)(Amended 11/16/92 by Ord. 4091)
 - c. Corner Side Yard: Twenty-five (25) feet minimum.
 - d. Rear Yard: Thirty-five (35) feet minimum.
 - e. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.
 - f. With the exception of driveways leading to off-street parking, private sidewalks, front stoops and porches, the remainder of the front and corner side yards shall be landscaped. (Added 1/20/04 by Ord. No. 4926)
3. Building Height. Not to exceed thirty-five (35) feet or two (2) stories, whichever is lower. For exemptions from these height regulations see SEC. 15.4-3(C) of this Code.
- F. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.
- G. Off-Street Parking and Loading Regulations. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.

SEC. 15.6-7 R-3A MEDIUM-DENSITY MULTIPLE-FAMILY RESIDENCE DISTRICT.

- A. Intent. The intent of this R-3A Residence District is to facilitate the development of residential districts for primarily multiple-family residences, which may generally serve as a zone of transition between non-residential districts and residential districts of more moderate density. This district is further intended to provide for the needs of persons desiring the apartment type of dwelling at densities from 12 to 18 dwelling units per acre.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the R-3A Residence zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration.
1. The availability of permanent open spaces, including public parks, golf courses, schools, and similar such uses in proximity to the subject property.
 2. The relationship of the subject property to the various aspects of the Town's transportation system including pedestrian ways, bicycle paths, major and collector streets, and public transit.
 3. The distance the subject property is from primary service facilities and activity centers, including schools, commercial centers, cultural nodes and places of employment.
 4. The adequacy of public services including schools, police and fire protection, and solid waste collection, serving the property and the impact the permitted uses would have upon these services.
 5. The capacity of existing and proposed community facilities and utilities including water and sewer systems, to serve the permitted uses which might lawfully occur on the property so zoned.
 6. The potential impact existing or permitted uses in the vicinity would have upon this residential use and the impact uses authorized in the district would have upon these surrounding areas.
 7. The extent to which the permitted uses will promote balanced growth in the community and will be consistent with the Town's goals for equal housing opportunity and a variety of housing types.
 8. The impact the permitted uses would have upon the environment, including noise, air, and water pollution.
 9. Impact any natural disasters, including flooding, would have upon the permitted uses.
 10. The conformance of the proposal with the Town's Comprehensive Plan and Official Map.

- C. Permitted Uses. In the R-3A Residence District, no building or land shall be used except for one or more of the following specified uses, unless otherwise provided in this Code.

1. Agriculture
2. Day Care Home (Added 2/20/95 by Ord. No. 4290, Effective 7/1/95)
3. Dwelling, Multiple-Family
4. Dwelling, Two-Family

- D. Special Uses. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.

1. Bed and Breakfast (Added 7/19/99 by Ord. No. 4606)
2. Churches & Other Places of Public Worship
3. Commercial Parking Lot (Added 1/16/01 by Ord. No. 4707)
4. Country Clubs & Private Golf Courses
5. Day Care Centers
6. Nursing & Retirement Homes
7. Rooming Houses
8. Therapeutic Care Homes

- E. Bulk Regulations. The following bulk requirements shall apply to all permitted uses. Bulk requirements relating to special uses are listed in SEC. 15.10-4 of this Code.

1. Lot Size and Width: Lots shall be sized as follows:
 - a. Dwellings, two family: Eight thousand (8,000) square feet and eighty (80) feet in width; however, when one side yard of zero (0) feet is proposed, then the lot must contain four thousand (4,000) square feet and forty (40) feet in width. (Amended 11/20/95 by Ord. No. 4356)
 - b. Dwellings, multiple-family: Seventy (70) feet in width and
 - (i) Efficiency unit: One thousand five hundred (1,500) square feet per dwelling unit.
 - (ii) One bedroom unit: Two thousand (2,000) square feet per dwelling unit.
 - (iii) Two or more bedroom units: Two thousand four hundred (2,400) square feet per dwelling unit.
 - c. Day Care Centers: In accordance with Department of Children and Family Service licensing standards.

2. Yards.

- a. Front Yard: Twenty-five (25) feet minimum or the average setback, whichever is greater, or as otherwise provided in the Parking Impact Zone. (Added 10/15/01 by Ord. No. 4751).
- b. Side Yards: Side yards ten (10) feet minimum each except for a two (2) family lot that contains one (1) side yard of ten (10) feet and one (1) side yard of zero (0) feet provided that the side yard of zero (0) feet and abutting or adjoining lot share the same side yard of zero (0) feet. (Amended 11/20/95 by Ord. No. 4356)
- c. Corner Side Yard: Twenty-five (25) feet minimum.
- d. Rear Yard: Thirty (30) feet minimum, except as otherwise provided in the Parking Impact Zone. (Added 10/15/01 by Ord. No. 4751).
- e. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.

3. Building Height: Not to exceed thirty-five (35) feet or two (2) stories, whichever is lower. For exemptions from these height regulations see SEC. 15.4-3(C) of this Code.

- F. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.
- G. Off-Street Parking and Loading Regulations. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.
- H. Development Standards. The provisions set forth in Division 14 shall apply to any proposal for development in the R-3A District. (Added 1/20/04 by Ord. No. 4926)

SEC. 15.6-8 R-3B HIGH DENSITY MULTIPLE-FAMILY RESIDENCE DISTRICT.

- A. Intent. The intent of this R-3B Residential District is to allow for areas of highly concentrated multiple-family residential development. This district provides for more intense land usage in areas where lower density development is deemed neither appropriate nor economical. It is further intended for this district to provide apartment type dwellings in mid-rise structures for those persons desiring to live in such an environment. Allowing densities of up to 72 dwelling units per acre, this district may be applied to areas best suited for such intense residential usage, principally on the fringes of the central business district and Illinois State University. It may also be applied to other areas in the Town where comparable physical arrangements of land uses are present.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property in the R-3B Residence zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration.
1. The availability of permanent open spaces, including public parks, golf courses, schools, and similar such uses in proximity to the subject property.
 2. The relationship of the subject property to the various aspects of the Town's transportation system including pedestrian ways, bicycle paths, major and collector streets, and public transit.
 3. The distance the subject property is from primary service facilities and activity centers, including schools, commercial centers, cultural nodes and places of employment.
 4. The adequacy of public services including schools, police and fire protection, and solid waste collection, serving the property and the impact the permitted uses would have upon these services.
 5. The capacity of existing and proposed community facilities and utilities including water and sewer systems, to serve the permitted uses which might lawfully occur on the property so zoned.
 6. The potential impact existing or permitted uses in the vicinity would have upon this residential use and the impact uses permitted in this district would have upon such surrounding uses.
 7. The extent to which the permitted uses will promote balanced growth in the community and will be consistent with the Town's goals for equal housing opportunity and a variety of housing types.
 8. The impact the permitted uses would have upon the environment, including noise, air, and water pollution.

9. The impact any natural disasters, including flooding, would have upon the permitted uses.
 10. The conformance of the proposal to the Town's Comprehensive Plan and Official Map.
- C. Permitted Uses. In the R-3B Residence District, no building or land shall be used except for one or more of the following specified uses, unless otherwise provided in this Code.
1. Agriculture
 2. Day Care Centers
 3. Day Care Home (Added 2/20/95 by Ord. No. 4290, Effective 7/1/95)
 4. Dwelling, Multiple-Family
 5. Rooming Houses
 6. Therapeutic Care Homes
- D. Special Uses. The following special uses may be permitted, subject to the conditions and standards stated in Division 10 of this Code.
1. Bed and Breakfast (Added 7/19/99 by Ord. No. 4606)
 2. Churches & Other Places of Public Worship
 3. College, University Classroom (Added 2/20/95 by Ord. No. 4289)
 4. Commercial Parking Lot (Added 1/16/01 by Ord. No. 4707)
 5. Convenience Established in Multiple-Family Buildings
 6. High-Rise Building
 7. Office Building
- E. Site Plan Review. Site Plan Review and approval by the Town Council, after a legislative public hearing and recommendation by the Normal Planning Commission, in accordance with SEC. 15.8-3 of this Code shall be required for all development which fulfills one or more on the following criteria:
1. The development of land on a tract one (1) acre or larger. (Amended 11/20/95 by Ord. No. 4356)
- F. Bulk Regulations. The following bulk requirements shall apply to all permitted uses. Bulk requirements relating to special uses are listed in SEC. 15.10-4 of this Code.
1. Lot Size and Width: Lots shall be sized as follows:
 - a. Dwellings, multiple-family: Six thousand (6,000) square feet and sixty (60) feet in width, and
 - b. Therapeutic Care Homes: Four hundred (400) square feet per occupant. Minimum Width: Sixty (60) feet. Day Care Centers: In accordance with Department of Children and Family Services licensing standards.
 - c. Other: No minimum.

2. Yards.

- a. Front Yard: Twenty (20) feet minimum, except as otherwise provided in the Parking Impact Zone. (Added 10/15/01 by Ord. No. 4751)
- b. Side Yards: Nine (9) feet minimum.
- c. Corner Side Yards: Twenty (20) feet minimum.
- d. Rear Yard: Twenty-five (25) feet minimum, except as otherwise provided in the Parking Impact Zone. (Added 10/15/01 by Ord. No. 4751)
- e. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.

3. Building Height: Maximum heights permitted are as follows. For exemptions from these height regulations see SEC. 15.4-3(C) of this Code.

- a. Day Care centers, rooming houses, therapeutic care homes, fraternities and sororities: Thirty-five (35) feet or three (3) stories, whichever is lower.
- b. Dwellings, multiple-family: Sixty-five (65) feet or six (6) stories, whichever is lower.

G. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.

H. Off-Street Parking and Loading Regulations. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.

I. Development Standards. The provisions set forth in Division 14 shall apply to any proposal for development in the R-3B District. (Added 1/20/04 by Ord. No. 4926)

SEC. 15.6-9 R-4 MOBILE HOME RESIDENCE DISTRICT.

- A. Intent. The intent of this R-4 Residence District is to provide for the establishment of mobile home subdivisions, wherein individual lots are provided for ownership in a manner and at a density deemed appropriate, safe and compatible to surrounding land uses and densities and in conformance with the Subdivision Code, Chapter 16 of the Municipal Code of the Town of Normal.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the R-4 Residence zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration.
1. The capacity of existing and proposed community facilities and utilities, including water, sewer, and transportation systems, to serve the permitted uses which might lawfully occur on the property so zoned.
 2. The relationship of the subject property to the various aspects of the Town's transportation system, including pedestrian ways, bicycle paths, major and collector streets and public transit.
 3. The adequacy of public services including police and fire protection, solid waste collection, and public schools that would serve the property and the impact the permitted uses would have upon these.
 4. The extent to which the permitted uses will promote balanced growth in the community and will be consistent with the Town's goals for equal housing opportunities and a variety of housing types.
 5. The compatibility of uses authorized in the district with existing and permitted uses on surrounding properties.
 6. The impact any natural disasters, including flooding, will have upon the permitted uses.
 7. The impact the permitted uses would have upon the natural environment including noise, air, and water pollution.
 8. The conformance of the proposal to the Town's Comprehensive Plan and Official Map.
- C. Permitted Uses. In the R-4 Residence District, no building or land shall be used except for one or more of the following specified uses, unless otherwise provided in this Code.
1. Agriculture
 2. Day Care Home (Added 2/20/95 by Ord. No. 4290, Effective 7/1/95)
 3. Dwellings, Mobile Home
 4. Single-Family Manufactured Unit (Amended 11/20/95 by Ord. No. 4356)

- D. Special Uses. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.
 - 1. Bed and Breakfast (Added 7/19/99 by Ord. No. 4606)
 - 2. Cemeteries
 - 3. Day Care Centers in Churches

- E. Bulk Regulations. The following bulk requirements shall apply to all permitted uses. Bulk requirements relating to special uses are listed in SEC. 15.10-4 of this Code.
 - 1. Lot Size and Width: Lots shall contain six thousand six hundred (6,600) square feet and shall have a minimum lot width of sixty (60) feet.

 - 2. Yards.
 - a. Front Yard: Twenty-five (25) feet minimum.
 - b. Side Yards: Two side yards having a combined width of not less than twelve (12) feet with neither less than five (5) feet in width.
 - c. Corner Side Yard: Twenty-five (25) feet minimum.
 - d. Rear Yard: Thirty-five (35) feet minimum.
 - e. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.

 - 3. Building Height: Not to exceed thirty-five (35) feet or two (2) stories, whichever is lower. For exemptions from these height regulations, see SEC. 15.4-3(C) of this Code.

- F. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.

- G. Off-Street Parking and Loading Regulations. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.

SEC. 15.6-10 SPECIAL PUBLIC INTEREST DISTRICTS.A. Intent. It is the intent of these regulations to permit the creation of SPECIAL PUBLIC INTEREST (S) districts:

1. In general areas officially designated as having special and substantial public interest in protection of existing or proposed character, or of principal views of, from, or through such areas;
2. Surrounding individual buildings or grounds where there is special and substantial public interest in protecting such buildings and their visual environment; or
3. In other cases where special and substantial public interest requires modification of existing zoning regulations or repeal and replacement of such regulations for the accomplishment of special public purposes for which the district was established.

It is further intended that such SPECIAL PUBLIC INTEREST (S) districts and the regulations established therein shall be in accord with and promote the purposes set forth in the Town's Comprehensive Plan and other officially adopted plans of the Town and shall encourage land use and development in substantial accord with the physical design set forth therein.

B. Effect of S District Designation. Such S districts designated by amendment of the Zoning Map supplant district or districts existing at the time of creation of a particular S district.C. Preparation of Recommendations for Specific S Zoning. Recommendations for specific S district zoning classification shall be prepared by the Planning Commission on its own initiative or at the direction of the Council. Each recommendation shall identify the proposed zoning classification by the S prefix and a number identifying the particular district and shall contain information and recommendations as indicated below concerning the regulations proposed for such district classification:

1. Statement of Intent. The recommendation shall include a statement of intent, specifying the nature of the special and substantial public interest involved and the objectives to be promoted by special regulations and/or procedures, within the district as a whole, or within subareas of the district, if division into such subareas is reasonably necessary for achievement of regulatory purposes.

2. Proposed Regulations. The recommendation shall include regulations designed to promote the special purposes of the district, as set forth in the statement of intent. In particular, such regulations may require submission of detailed site plans, building plans and elevations, and maps indicating the relation of proposed development to surrounding or otherwise affected property in terms of location, amount, character, and continuity of open space; protection of desirable principal views; convenience of access through and between buildings or in other locations where appropriate for public purposes and where such access will reduce pedestrian congestion on public streets; separation of pedestrian and vehicular traffic; signs; lighting; mixtures of proposed uses and other matters as appropriate to determinations related to special public interest of the district and the objectives to be promoted.

The regulations may require special approval of such plans by the Planning Commission, Town Council, or other officials or agencies of the Town.

SEC. 15.6-11 S-1 UNIVERSITY DISTRICT.

- A. Intent. The intent of this S-1 University District is to allow for the establishment and expansion of colleges, universities, or theological schools. It shall be applied to property owned, or leased, and used by a college, university, or theological school for educational or education related activities. While providing for flexibility in land usage, this district recognizes the multi-building, multi-acre, traffic-generating character of universities and the profound influence such a school may have upon surrounding neighborhoods and public facilities and utilities. This district is not to serve as a substitute for comprehensive, cooperative, campus-community planning but rather it is intended to foster better relations and mutual problem solving between the two.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the S-1 zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration.
1. The relationship of the subject property to the various aspects of the Town's transportation system including pedestrian ways, bicycle paths, major and collector streets, parking facilities, and public transit and the probable impact the permitted uses will have upon this system.
 2. The capacity of existing and proposed community facilities and utilities including water and sewer systems, to serve the permitted uses which might lawfully occur on the property so zoned.
 3. The potential impact existing or permitted uses in the vicinity would have upon this proposed university use and the impact uses authorized in the district would have upon the surrounding permitted or existing uses.
 4. The extent to which the permitted uses will promote balanced growth in the community.
 5. The impact uses authorized in the district would have upon the environment, including noise, air, and water pollution.
 6. The impact any natural disasters, including flooding, would have upon uses authorized in the district.
 7. The conformance of the proposal to the Town's Comprehensive Plan and Official Map.
- C. Permitted Uses. In the S-1 University District, no building or land shall be used except for one or more of the following specified uses, unless otherwise provided in this Code.

1. Agriculture
2. Arena, Stadium
3. Art Gallery, Museum
4. Auditorium
5. Book, Stationery Store
6. Bowling, Billiard Center
7. Business School
8. Churches & Other Places of Public Worship
9. College, University Classroom
10. Computer Data-Processing Center
11. Dance Studio
12. Day Care Centers
13. Dormitory Residence Hall
14. Exhibition Hall, Exposition Hall
15. Farm
16. Fieldhouse
17. Golf Course, Public
18. Greenhouse
19. Heating, Physical Plant
20. Ice Rink
21. Junior College Classroom Building
22. Laboratory
23. Library
24. Office Building, Office
25. Park
26. Parking Lot
27. Planetarium
28. Police Station
29. Radio, T.V. Station
30. Recreation Center
31. Rooming Houses
32. School, Elementary
33. School, High
34. School, Junior High
35. Specialty School
36. Swimming Facility
37. Telecommunication Antenna and Related Telecommunication Antenna Facilities (Added 6/16/97 by Ord. No. 4445)
38. Theater
39. Other uses similar to the above, provided such uses are consistent with the purpose of this district.

D. Special Uses. No special uses are permitted in this district.

E. Bulk Regulations. The following bulk requirements shall apply to all permitted uses.

1. Lot Size and Width: No minimum.
 2. Yards: No minimum, although the General Yard Regulations contained in SEC. 15.4-5 of this Code shall apply.
 3. Building Height: No maximum height requirement.
 4. Day Care Centers: In accordance with Department of Children and Family Service licensing standards.
- F. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.
- G. Off-Street Parking and Loading Regulations. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.

SEC. 15.6-12 S-2 PUBLIC LANDS AND INSTITUTIONS DISTRICT.

- A. Intent. The intent of this S-2 Public Lands and Institutions District is to allow for the establishment and maintenance of public uses, publicly regulated uses, and private uses that display an inherent relationship to the public interest. The creation of such a district shall be provided for parcels of substantial size where such community serving uses are necessary in order that adequate community services may be rendered and where, through proper site selection and planning, such uses are compatible with the surrounding area.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the S-2 zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration.
1. The extent to which the uses authorized in the district are necessary for the proper provision of community services.
 2. The potential impact existing or permitted uses in the vicinity would have upon the public uses and impact the permitted uses would have upon these surrounding uses.
 3. The capacity of existing and proposed community facilities and utilities, including water, sewer, and transportation systems, to serve the uses authorized in the district.
 4. The impact the permitted uses would have upon the environment, including noise, air, and water pollution.
 5. The impact any natural disasters, including flooding, would have upon the permitted uses.
 6. The conformance of the proposal to the Town's Comprehensive Plan and Official Map.
- C. Permitted Uses. In the S-2 Public Lands and Institutions District, no building or land shall be used except for one (1) or more of the following specified uses, unless otherwise provided in this Code.
1. Agriculture
 2. Airport, Heliport
 3. Arena, Stadium
 4. Art Gallery, Museum
 5. Auditorium
 6. Churches & Other Places of Public Worship
 7. College, University Classroom

8. Community Center
9. Convention Center
10. Correctional Institutions, Detention Centers & Rehabilitation Centers
11. Dormitory
12. Dwelling, Multi-family provided such dwelling unit is restricted to residents 55 years of age and older with no more than 20 percent of the dwelling units occupied by a grandfamily (Added 5/18/09 by Ord. No. 5265)
13. Electric Power Plants & Substations
14. Fieldhouse
15. Fire Station
16. Gas Company Plants and Facilities
17. Golf Course, Public
18. Gymnasium
19. Hospital
20. Ice Rink
21. Junior College Classroom Building
22. Legislative Hall
23. Library
24. Nursing & Retirement Homes
25. Office Building, Office
26. Park
27. Parking Lot
28. Police Station
29. Radio, T.V. Station
30. Recreation Center
31. Sanitary landfill
32. School Administrative Offices
33. School Bus Garages and/or repair shops, Public Transit Garages
34. School System Warehouses; Governmental Warehouses and Storage Areas
35. School, Elementary
36. School, High
37. School, Junior High
38. Student Residence Hall
39. Swimming Facility
40. Telecommunication Antenna and Related Telecommunication Antenna Facilities (Added 6/16/97 by Ord. No. 4456)
41. Telephone Exchange
42. Water Filtration/Treatment Plants & Elevated & Underground storage Tanks
43. Welfare Agency
44. Zoo
45. Other uses similar to the above, provided such uses are consistent with the purpose of this district.

(Amended 6/17/96 by Ord. No. 4395)

- D. Special Uses. No special uses are permitted in this district.
- E. Site Plan Review and Approval by the Town Council. After a legislative public hearing and recommendation by the Normal Planning Commission, in accordance with SEC. 15.8-3 of this Code shall be required for all developments in the District. (Amended 11/20/95 by Ord. No. 4356)

- F. Bulk Regulations. The following bulk requirements shall apply to all permitted uses.
1. Lot Size and Width: No minimum.
 2. Yards. No minimum, although the General Yard Regulations contained in Section 15.4-5 of this Code shall apply.
 3. Building Height. No maximum.
- G. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.
- H. Off-Street Parking and Loading Regulations. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.
- I. Development Standards. The provisions set forth in Division 14 shall apply to any proposal for development in the S-2 District. (Added 1/20/04 by Ord. No. 4926)

SEC. 15.6-13 S-3 HISTORIC AND CULTURAL DISTRICT.

A. Intent. In addition to those general purposes set forth in Division 2 of this Code, it is hereby declared a matter of public policy that the protection, enhancement, perpetuation, and use of improvements of special character or special historical interest or value is a public necessity and is required in the interest of the health, prosperity, safety, and welfare of the citizens of the Town. This S-3 Historic and Cultural District shall be applied as an overlay or a combined district. This technique retains the list of uses allowed in the present zoning classification that the S-3 District overlays. The purpose of the S-3 Historic and Cultural District is to:

1. effect and accomplish the protection, enhancement, and perpetuation of such improvements and of such districts that represent or reflect elements of the Town's cultural, social, economic, political, and architectural history;
2. safeguard the Town's historic and cultural heritage, as embodied and reflected in such landmarks and historic districts;
3. stabilize and improve property values;
4. foster civic pride in the beauty and noble accomplishments of the past;
5. protect and enhance the Town's attractions to residents, home buyers, tourists, and visitors and shoppers, thereby supporting and promoting business, commerce and industry;
6. strengthen the economy of the Town; and
7. promote the use of historic districts and landmarks for education, pleasure, and welfare of the people of the Town.

B. Zoning Map Amendment Guidelines

1. Any portion of the Town classified in a S-3 Historic and Cultural District shall also be classified in one (1) or more of other districts established in Division 6 of this Code. The official zoning map shall designate any land classified in a S-3 District by a combination of symbols, e.g. S-3/R-1AA, S-3/R-1A, S-3/R-1B, S-3/R-2, S-3/R-3A, S-3/R-3B, etc.

2. In a S-3 Historic and Cultural District, all the regulations of the underlying Agriculture District, Residential District, Special Public Interest District, Business/Commercial District or Manufacturing District established by Division 6 of this Code shall apply, except insofar as such regulations are in conflict with the special regulations applicable to the S-3 Historic and Cultural District, and in the event of such a conflict, the regulations governing such S-3 District shall apply. All permitted uses or special uses otherwise allowable in the underlying Agriculture District, Residence District, Special Public Interest District, Business District or Manufacturing District shall continue to be allowable uses except as provided in Division 12, SEC. 15.12-1(E) of this Code.

C. Bulk Regulations. The following bulk regulations shall apply to all permitted uses.

1. Lot Regulations. To the extent that existing patterns of platting or lotting contribute to the character of the S-3 Historic and Cultural District, it is the intent of this Section to encourage continuations of such patterns and prevent future fragmentation of land ownership likely to have adverse effects on such character. Therefore, lots or portions of lots existing at the time such lots or portions thereof are classified into the S-3 Historic and Cultural District may be combined but, subject to the general provisions cited in SEC. 15.4-3 of this Code, it shall be unlawful for any such existing lot or combinations of lots or portions thereof in single ownership at the time of such zoning to the S-3 District to be reduced in width, depth, or area without the approval by the Preservation Commission of either a Certificate of Appropriateness in accordance with SEC. 12-1(E)(20) through SEC. 15.12-1(E)(24)(k) of this Code or Certificate of Economic Hardship in accordance with SEC. 15.12-1(E)(25) through SEC. 15.12-1(E)(26) of this code.
2. Yard Regulations. Subject to the general provisions cited in SEC. 15.4-3 of this Code, it shall be unlawful for front yards, side yards, rear yards or portions thereof existing at the time that such yards are classified into the S-3 Historic and Cultural District to be reduced in width, depth, or area without the approval by the Preservation Commission of either a Certificate of Appropriateness in accordance with SEC. 15.12-1(E)(25) through SEC. 15.12-1(E)(26) of this Code.
3. Height Regulations
 - a. Existing Buildings or Structures – Subject to the general provisions cited in SEC. 15.4-3 of this Code, it shall be unlawful for the height of buildings or structures or portions thereof existing at the time that such buildings or structures or portions thereof are classified into the S-3 Historic and Cultural District to be altered without the approval by the Preservation Commission of either a Certificate of appropriateness in accordance with SEC. 15.12-1(E)(24)(k) of this Code or a Certificate of Economic Hardship in accordance with SEC. 15.12-1(E)(25) through SEC. 15.12-1(E)(26) of this Code.

- b. New Buildings or Structures – Subject to the general provisions cited in SEC. 15.4-3 of this Code, it shall be unlawful for any building or structure to be constructed or erected in the S-3 Historic and Cultural District to any height above grade without the approval by the Preservation Commission of either a Certificate of Appropriateness in accordance with SEC. 15.12-1(E)(20) through SEC. 15.12-1(E)(24)(k) of this Code or a Certificate of Economic Hardship in accordance with SEC. 15.12-1(E)(25) through SEC. 15.12-1(E)(26) of this Code.
- D. Site Plan Review. No building permit for any building or structure or for any exterior improvement or addition to any building or structure in the S-3 Historic and Cultural District shall be issued by the Zoning Administrator unless and until:
1. The construction plans and specifications for such building or structure or addition thereto have been reviewed by the Preservation Commission and until a Certificate of Appropriateness has been approved by the Preservation Commission as provided by SEC. 15.12-1(E)(20) through SEC. 15.12-1(E)(24)(k) of this Code, or
 2. A Certificate of Economic Hardship has been approved by the Preservation Commission in accordance with SEC. 15.12-1(E)(25) through SEC. 15.12-1(E)(26) of this Code.

SEC. 15.6-13 Amended by Ordinance No. 3925, August 20, 1990.

SEC. 15.6-14 C-1 OFFICE DISTRICT.

- A. Intent. The intent of this C-1 Office District is to accommodate office buildings primarily. Related retail, service, institution and multiple family uses commonly associated with office use are allowed to a limited extent. This district may be applied as a transitional-use buffer between residential uses and uses which would be incompatible with residential districts. The prime characteristics of this district are the low intensity of land coverage and the absence of such nuisance factors as noise, air pollutant emission, and glare.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the C-1 zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration.
1. The degree to which the permitted uses serve as a buffer between uses of lower and higher intensity that if adjacent could prove incompatible.
 2. The potential impact existing or permitted uses in the vicinity would have upon the uses authorized in the district and the impact the permitted uses would have upon these uses.
 3. The adequacy of public services, including police and fire protection, serving the property and the impact the permitted uses would have upon these services.
 4. The capacity of existing and proposed community facilities and utilities, including water, sewer, and transportation systems to serve the permitted uses which might lawfully occur on the property so zoned.
 5. The extent to which the permitted uses will promote balanced growth and sound economic development in the community.
 6. The impact any natural disasters, including flooding, would have upon the permitted uses.
 7. The impact the permitted uses would have upon the environment; including noise, air, and water pollution.
 8. The conformance of the proposal to the Comprehensive Plan and Official Map.

C. Permitted Uses. In the C-1 Office District, no building or land may be used except for one or more of the following specified uses, unless provided in this Code.

1. Agriculture
2. Ambulatory Surgical Treatment Center or Surgi-Center (Added 5/15/00 by Ord. No. 4653)
3. Art Gallery, Museum
4. Bank
5. Barber, Beauty Shop when located in an Office Building
6. Birthing Center (Added 6/19/00 by Ord. No. 4657)
7. Book Stationery Store
8. Business School
9. Computer Data-Processing Center
10. Dairy Store when located in an Office Building
11. Day Care Centers
12. Delicatessen when located in an Office Building
13. Diagnostic Imaging Center (Added 6/19/00 by Ord. No. 4657)
14. Diagnostic Laboratory Testing Center (Added 6/19/00 by Ord. No. 4657)
15. Drug Store when located in an Office Building
16. Dry Cleaning pick-up store when located in an Office Building
17. Dwelling Units when located above the first story
18. Health Club
19. Market, Grocery Store when located in an Office Building
20. News Stand when located in an Office Building
21. Nursery School
22. Office Building, Office
23. Post-surgical Recovery Care Center (Added 6/19/00 by Ord. No. 4657)
24. Radio, T.V. Station
25. Restaurant, when located in an Office Building
26. Shoe Repair Shop when located in an Office Building
27. Specialty Food Store when located in an Office Building
28. Specialty School
29. Tobacco Shop, when located in an Office Building
30. Travel Bureau
31. Vocational School
32. Other uses similar to the above, provided such uses are consistent with the purpose of the district.

D. Special Uses. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.

1. High-rise buildings.
2. Telecommunication Antenna and related telecommunication antenna facilities. (Added 6/16/97 by Ord. No. 4456)

E. Bulk Regulations. The following bulk regulations shall apply to all permitted uses. Bulk requirements relating to special uses are listed in SEC. 15.10-4 of this Code.

1. Lot Size and Width: No minimum.
2. Yards.
 - a. Front Yard: Twenty (20) feet minimum.
 - b. Side Yards: Two side yards having a combined width of fifteen (15) feet with neither side yard less than five (5) feet in width. In addition to this minimum, one (1) additional foot of side yard must be maintained for each two (2) feet of building height over thirty (30) feet.
 - c. Corner Side Yard: A side yard abutting a street shall be a minimum of twenty (20) feet.
 - d. Rear Yard: Twenty (20) feet minimum.
 - e. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.
3. Building Height: Not to exceed sixty-five (65) feet or six stories, whichever is lower.
4. Floor Area: The total floor area of all buildings on a lot shall not exceed forty (40) percent of the net lot area.

F. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.

G. Off-Street Parking and Loading Regulations. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.

H. Development Standards. The provisions set forth in Division 14 shall apply to any proposal for development in the C-1 District. (Added 1/20/04 by Ord. No. 4926)

SEC. 15.6-15 C-2 NEIGHBORHOOD SHOPPING DISTRICT.

- A. Intent. The intent of this C-2 Neighborhood Shopping District is to provide establishments, including retail stores and personal service facilities, which serve the frequently recurring needs of a surrounding residential neighborhood. While intended to provide for convenience shopping, certain business types that might tend to be a nuisance to surrounding residential development are excluded. To these ends, the C-2 regulations are designed to further protect adjacent property by: (1) applying specific size standards to permitted uses, and (2) establishing bulk and placement requirements that are comparable to residential district standards. Neighborhood shopping centers should be located at the intersection of two major streets or at the intersection of a major and a collector and designed to serve approximately one square mile of residential development; a neighborhood shopping center is ordinarily built around a supermarket as the principal tenant. The minimum area to be zoned C-2 (1.5 acres) is sufficient in size to prevent spot zoning and still meet the anticipated needs for convenience shopping. The maximum area to be zoned C-2 (7 acres) is intended to prevent the development of a shopping center that serves an area much larger than a neighborhood.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the C-2 zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration.
1. A C-2 District at any one location shall not be less than one and one-half (1.5) acres or more than seven (7) acres in size.
 2. The relationship of the subject property to the various aspects of the Town's transportation system, including major and collector streets, pedestrian ways, and bicycle paths and the impact the permitted uses would have upon this system.
 3. The extent to which surrounding zoning and land usage provides a transition from this more intense use to lower density residential development.
 4. The capacity of existing and proposed community facilities and utilities, including water and sewer systems, to serve the permitted uses which might lawfully occur on the property so zoned.
 5. The availability of other convenience shopping and service facilities in the anticipated service area and the extent to which the uses authorized in the district fulfill unmet needs for convenience shopping.
 6. The impact the permitted uses would have upon the existing or permitted uses in the vicinity and the effect these uses would have upon the uses authorized in the district.

7. The impact the permitted uses would have upon the environment, including noise, air, and water pollution.
8. The impact any natural disasters, including flooding, would have upon the permitted uses.
9. The conformance of the proposal to the Town's Comprehensive Plan and Official Map.

C. Permitted Uses. In the C-2 Neighborhood Shopping District, no building or land shall be used except for one (1) or more of the following specified uses, unless otherwise provided in this Code.

1. Agriculture
2. Art & School Supply Store
3. Bakery & Donut Shops (Retail Sales Only)
4. Bank
5. Barber, Beauty Shop
6. Book, Stationery Store
7. Candy & Ice Cream Shops
8. Car Wash (Added by Ord. No. 4141, 5/17/93)
9. Dairy Store
10. Dance Studio
11. Delicatessen
12. Drug Store
13. Dry Cleaners
14. Florist Shop
15. Gift Shop
16. Hardware Store
17. Health Club
18. Hobby, Toy Shop
19. Household Goods, Sales & Repair
20. Laundry
21. Liquor Store
22. Market, Grocery Store
23. News Stand
24. Office Building, Office
25. Pet Store
26. Photographic Studios
27. Restaurants
28. Shoe Repair Shop
29. Specialty Food Store
30. Tailor, Dress Making Shop
31. Tobacco Shop
32. Travel Bureau
33. Other uses similar to the above, provided such uses are consistent with the purposes of this district.

- D. Special Use. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.
 - 1. Telecommunication Antenna and related telecommunication antenna facilities. (Added 6/16/97 by Ord. No. 4456)
- E. Site Plan Review and Approval by the Town Council. After a legislative public hearing and recommendation by the Normal Planning Commission, in accordance with SEC. 15.8-3 of this Code shall be required for all developments in the district. (Amended by Ord. No. 4142, 5/17/93)(Amended 11/20/95 by Ord. No. 4356)
- F. Bulk Regulations. The following bulk requirements shall apply to all permitted uses.
 - 1. Lot Size and Width: No minimum.
 - 2. Yards:
 - a. Front and Corner Side Yards: Fifty (50) feet except that off-street parking may be permitted to within twenty-five (25) feet of a front or corner side yard lot line.
 - b. Side and Rear Yards: Fifty (50) feet except that off-street parking may be permitted to within ten (10) feet of a side or rear lot line.
 - c. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.
 - 3. Building Height. Not to exceed two (2) stories or twenty-five (25) feet, whichever is lower.
 - 4. Floor Area: The total floor area of all buildings on a lot shall not exceed thirty (30) percent of the net lot area.
- G. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.
- H. Off-Street Parking and Loading Regulations. All off-street parking and loading must comply with the provisions set forth in Division 14 of this Code. (Amended 1/20/04 by Ord. No. 4926)
- I. Development Standards. The following general development standards and the provisions set forth in Division 14 shall apply to any proposal for development in the C-2 District. (Amended 1/20/04 by Ord. No. 4926)

1. One of the following types of screening along the side and rear lot lines abutting areas zoned or developed for residential use shall be provided:
 - a. Solid fence or masonry wall with no apertures, running parallel and adjacent to applicable side and rear lot lines, and not less than six (6) feet in height, nor more than ten (10) feet.
 - b. Dense evergreen hedge running parallel and adjacent to applicable side and rear lot lines; said hedge shall be at least three (3) feet in height when planted and not less than six (6) feet at mature height.
2. Hours of business shall be limited to 6:00 a.m. to 11:00 p.m. and stated in all rental agreements.

(Subsection I Amended 1/20/04 by Ord. No. 4926)

SEC. 15.6-16 C-3 COMMUNITY/REGIONAL SHOPPING DISTRICT.

- A. Intent. The intent of this C-3 Community/Regional Shopping District is to facilitate the development of community and region serving retail trade centers. The development contemplated in this district has such distinguishing characteristics as: (1) unified site planning and development which promotes a safe and conducive atmosphere for large volumes of shoppers, (2) site accessibility such that the high volumes of traffic generated create a minimal congestion and adverse impact upon surrounding land use, (3) unified architectural treatment of buildings rather than an assemblage of separate, conflicting store and structural types, and (4) a trade area that includes the entire community at a minimum and may include the entire county and surrounding areas outside the county. While recognizing the potential monetary benefits accruing from the development of a large shopping center within the Town and the flexibility necessary for such a development, these regulations are intended to insure that a proper location be selected and site planning be performed to better accomplish the purposes of zoning.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property in the C-3 zoning classification, the Planning Commission and the Town Council may apply the following guidelines to the proposal under consideration.
1. A C-3 District at any one location shall not be less than ten (10) acres in size.
 2. The relationship of the subject property to the Town's transportation system and the impact the permitted uses would have upon this system. The volumes of traffic generated by development in this district necessitates its location near or adjacent to the intersection of two major streets or a collector street and a major street.
 3. The compatibility of uses authorized in the district with existing or permitted uses in the area and the impact the permitted uses would have upon such uses.
 4. The extent of which surrounding zoning and land usage provides adequate transition from this intense use to uses of lesser intensity.
 5. The capacity of existing and proposed community facilities and utilities, including water and sewer systems, to serve the permitted uses which might lawfully occur on the property so zoned.
 6. The impact the permitted uses would have upon the environment, including noise, air, and water pollution.
 7. The impact any natural disasters, including flooding, would have upon the permitted uses.

8. The conformance of the proposal to the Town's Comprehensive Plan and Official Map.

C. Permitted Uses. In the C-3 Community/Regional Shopping District, no building or land shall be used except for one of the following specified uses, unless otherwise provided in this Code.

1. Agriculture
2. Amusement Center
3. Appliance Repair Shop
4. Appliance Store
5. Art & School Supply Store
6. Art Gallery, Museum
7. Bakery & Donut Shops (Retail Sales Only)
8. Bank
9. Barber, Beauty Shop
10. Book, Stationery Store
11. Bowling, Billiard Center
12. Candy & Ice Cream Shops
13. Clothing Store
14. Dairy Store
15. Dance Studio
16. Delicatessen
17. Department Store
18. Drug Store
19. Dry Cleaners
20. Dry Good Store
21. Florist Shop
22. Fur Store
23. Furniture Repair Store
24. Furniture Store
25. Garden Supply Store
26. Gift Shop
27. Hardware Store
28. Health Club
29. Hobby, Toy Shop
30. Household Goods, Sales & Repair
31. Ice Rink
32. Jewelry Store
33. Laundry
34. Leather Goods Shop
35. Liquor Store
36. Mail Order Store
37. Market, Grocery Store
38. Motel, Hotel
39. Motion Picture Theater
40. Motor Vehicle Parts & Accessory Sales

41. Music Store
42. News Stand
43. Office Building, Office
44. Optical Goods Sales
45. Pet Store
46. Photographic Studios
47. Photographic Supply Sales
48. Restaurants
49. Roller Rink
50. Rug, Floor-Covering Store
51. Shoe Repair Shop
52. Shoe Store
53. Specialty Food Store
54. Sporting Goods Sales
55. Tailor, Dress Making Shop
56. Theater
57. Tobacco Shop
58. Travel Bureau
59. Variety Store
60. Vocational School
61. Wallpaper, Paint Store
62. Other uses similar to the above, provided such uses are consistent with the purpose of this district.

D. Special Use. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.

1. High-Rise Building
2. Telecommunication Antenna and related telecommunication antenna facilities (Added 6/16/97 by Ord. No. 4456)

E. Site Plan Review. In accordance with the requirements and procedures stated in SEC. 15.8-3, public site plan review and approval by the Town Council, after a public hearing and recommendation by the Planning Commission shall be required for all new or expanded development in the C-3 District.

F. Bulk Regulations. The following bulk requirements shall apply to all permitted uses.

1. Lot Size and Width: No minimum.
2. Yards:
 - a. Front and Corner Side Yards: Fifty (50) feet except that off-street parking is permitted within twenty-five (25) feet of a front lot line.

- b. Side and Rear: Twenty-five (25) feet except that parking may be permitted to within ten (10) feet of a side or rear lot line.
 - c. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.
- 3. Building Height: Not to exceed four (4) stories or forty-five (45) feet, whichever is lower.
- 4. Floor Area: The total floor area of all buildings on a lot shall not exceed thirty (30) percent of the lot area.
- G. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.
- H. Off-Street Parking and Loading Regulations. All off-street parking and loading must comply with the provisions set forth in Division 14 of this Code. (Amended 1/20/04 by Ord. No. 4926)
- I. Development Standards. The provisions set forth in Division 14 of this Code shall apply to any proposal for development in the C-3 District. (Amended 1/20/04 by Ord. No. 4926)
- J. The Town Council may waive any portion of the standards, requirements or procedures for this Section of the Code, provided that such waivers are not contrary to the spirit, purpose and intent of this Code and in accordance with all applicable Federal and State Laws.

SEC. 15.6-17 B-1 GENERAL BUSINESS DISTRICT.

- A. Intent. The intent of the General Business District is to provide for certain types of commercial activities that have a functional relationship to the major street system, and in some instances, an economic relationship to the central business district or to commercial and regional shopping areas. Such activities will include retail, service, amusement establishments and wholesale suppliers. Customers in this district will generally use an automobile or a form of public transit to reach a desired establishment. Since there is little essential interdependence of activities, each establishment must accommodate customers within its own parking area. The automobile and truck traffic this district generates and the adverse effects from this traffic combine to make these business areas incompatible with residential development; this district should only be used along the fringe of a neighborhood and not within it. The avoidance of undue traffic congestion, the promotion of safe traffic flow, and the protection of surrounding properties from adverse impacts are major considerations in the application of the district.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property in the B-1 zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration:
1. The relationship of the subject property to the Town's transportation system and the impact the permitted uses would have upon these systems; traffic congestion and safety are of primary concern.
 2. The potential impact the uses authorized in the district would have upon any existing or permitted uses in the surrounding area.
 3. The extent to which the permitted uses contribute to an undesirable pattern of strip commercial development; including the resultant numerous curb cuts and piecemeal development on small lots.
 4. The capacity of existing and proposed community facilities and utilities, including water and sewer systems, to serve the permitted uses which lawfully occur on the property to zoned.
 5. The adequacy of public service, including police and fire protection, serving the property and the impact the permitted uses would have upon these services.
 6. The impact the permitted uses would have upon the environment, including noise, air, and water pollution.
 7. The impact any natural disasters, including flooding, would have upon the permitted uses.
 8. The conformance of the proposal to the Comprehensive Plan and Official Map.

C. Permitted Uses. In the B-1 General Business District, no building or land may be used except for one or more of the following specified uses, unless otherwise provided in this Code:

1. Adult Hotels/Motels (Added 6/17/02 by Ord. No. 4801)
2. Adult Lingerie Modeling Studios (Added 6/17/02 by Ord. No. 4801)
3. Adult Media Stores (Added 6/17/02 by Ord. No. 4801)
4. Adult Modeling Shops (Added 6/17/02 by Ord. No. 4801)
5. Adult Motion Picture Theater (Added 6/17/02 by Ord. No. 4801)
6. Agriculture
7. Agricultural Implement, Sales & Repair
8. Agricultural Supply Store
9. Ambulance Service
10. Amusement Center
11. Appliance Repair Shop
12. Appliance Store
13. Arena, Stadium
14. Art & School Supply Store
15. Art Gallery, Museum
16. Athletic Club, Indoor
17. Auction House
18. Automobile Service Station
19. Automobile, Truck Sales
20. Bakery
21. Bakery & Donut Shops (Retail Sales Only)
22. Ballroom, Dance Hall
23. Bank
24. Barber, Beauty Shop
25. Boat Sales
26. Book, Stationery Store
27. Bowling, Billiard Center
28. Bus Passenger Terminal
29. Business School
30. Candy & Ice Cream Shops
31. Car Wash
32. Churches & Other Places of Public Worship
33. Clothing Store
34. Clubs, Private
35. Computer Data-Processing Center
36. Contractor's Shop except such use shall not be permitted in the P1 Corridor (Amended 6/20/05 by Ord. No. 5013)
37. Dairy Store
38. Dance Studio
39. Day Care Centers
40. Delicatessen
41. Department Store
42. Drug Store
43. Dry Cleaners

44. Dry Good Store
45. Dwelling Units when located above the first story
46. Exhibition Hall, Exposition Hall
47. Florist Shop
48. Food Locker Plants
49. Funeral Parlor
50. Fur Store
51. Furniture Repair Store
52. Furniture Store
53. Garden Supply Store
54. Gift Shop
55. Gymnasium
56. Hardware Store
57. Health Club
58. Hobby, Toy Shop
59. Household Goods, Sales & Repair
60. Ice Rink
61. Indoor Tennis Club
62. Jewelry Store
63. Laundry
64. Leather Goods Shop
65. Liquor Store
66. Lumberyard, Building Materials Storage
67. Mail Order Store
68. Market, Grocery Store
69. Media Shops (Added 6/17/02 by Ord. No. 4801)
70. Miniature Golf Course
71. Mini-warehouse (with or without dwelling unit for superintendent) except such use shall not be permitted in the P1 Corridor (Deleted 9/20/04 by Ord. No. 4967, to be reinstated 5/1/05 unless further action taken prior to 5/1/05)(Date extended to 8/1/05 by Ord. No. 5005)(Amended 6/20/05 by Ord. No. 5013)(Amended 6/20/05 by Ord. No. 5013)
72. Mobile Home, Recreational Vehicle Rental and Sales
73. Motel, Hotel
74. Motion Picture Theater
75. Motor Vehicle Parts & Accessory Sales
76. Motor Vehicle Repairs, Paint Shop
77. Motor Vehicle Sales
78. Motor Vehicle Storage
79. Music Store
80. News Stand
81. Newspaper, Magazine Printing & Publishing
82. Night Club
83. Nurseries & Greenhouses
84. Nursery School
85. Office Building, Office
86. Optical Goods Sales
87. Parking Lot
88. Pet Store

89. Photographic Studios
 90. Photographic Supply Sales
 91. Print Shop
 92. Radio, T.V. Station
 93. Recreation Center
 94. Recreational Vehicle Sales
 95. Restaurant Supplies & Services
 96. Restaurants
 97. Retail Lumber Sales
 98. Roller Rink
 99. Rug, Floor-Covering Store
 100. Sex Shops (Added 6/17/02 by Ord. No. 4801)
 101. Sexually Oriented Entertainment Business (Added 6/17/02 by Ord. No. 4801)
 102. Shoe Repair Shop
 103. Shoe Store
 104. Specialty Food Store
 105. Specialty School
 106. Sporting Goods Sales
 107. Supper Club
 108. Swimming Facility
 109. Tailor, Dress Making Shop
 110. Taxidermist Shop (Added 11/20/95 by Ord. No. 4356)
 111. Theater
 112. Tobacco Shop
 113. Trailer Rental and Sales
 114. Travel Bureau
 115. Truck Freight Terminal except such use shall not be permitted in the P1 Corridor (Amended 6/20/05 by Ord. No. 5013)
 116. Truck Stop
 117. Truck Terminal except such use shall not be permitted in the P1 Corridor (Amended 6/20/05 by Ord. No. 5013)
 118. Variety Store
 119. Veterinary Hospitals
 120. Video Rental Stores (Added 11/20/95 by Ord. No. 4356)
 121. Vocational School
 122. Wallpaper, Paint Store
 123. Warehouse; Mini (with or without dwelling unit for Superintendent)
 124. Wholesale Distributors
 125. Other uses similar to the above, provided such uses are consistent with the purpose of this district.
- (Renumbered 6/17/02 by Ord. No. 4801)

D. Special Use. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.

1. Bed and Breakfast (Added 7/19/99 by Ord. No. 4606)
2. Dwelling, Multiple Family (Added 7/21/03 by Ord. No. 4881)
3. Gun Range, Indoor (Added 6/17/13 by Ord. No. 5495)

4. High-Rise Building
5. Kennels (Added 7/15/02 by Ord. No. 4805)
6. Mobile Home Parks
7. Telecommunication Antenna and related telecommunication antenna facilities (Added 6/16/97 by Ord. No. 4456)
8. Remote Controlled Racetracks (Added 1/17/06 by Ord. No. 5047)
9. Tourist Cabins, Recreational Vehicle & Tourist Camps

E. Site Plan Review.

1. In accordance with the requirements and procedures stated in SEC. 15.8-3, public site plan review and approval by the Town Council after legislative public hearing and recommendation by the Planning Commission shall be required for all development which fulfills one (1) or more of the following criteria.
 - a. The development of land consisting of five (5) acres or more.
 - b. The development of land which is an expansion of an existing structure or use and which, if a new development, would be permitted only when processed under the site plan review procedures contained herein.

F. Bulk Regulations. The following bulk requirements shall apply to all permitted uses. Bulk requirements relating to special uses are listed in SEC. 15.10-4 of this Code.

1. Lot Size and Width: No minimum.
2. Yards.
 - a. Front Yard: Twenty-five (25) feet minimum. (Amended 1/20/04 by Ord. No. 4926)
 - b. Side Yards: Two (2) side yards having a combined width of fifteen (15) feet with neither side yard less than five (5) feet.
 - c. Corner Side Yard: Twenty-five (25) feet minimum. (Amended 1/20/04 by Ord. No. 4926)
 - d. Rear Yard: Twenty (20) feet minimum.
 - e. For General Yard Regulations that are applicable, see SEC. 15.4-5 of this Code.
3. Building Height: Not to exceed sixty-five (65) feet or six stories, whichever is lower.

4. Day Care Centers: In accordance with Department of Children and Family Service licensing standards.
- G. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.
- H. Off-Street Parking and Loading Requirements. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.
- I. Separation Requirements for Sexually Oriented Entertainment Business: No lot line of any lot to be occupied by any Sexually Oriented Entertainment Business Establishment shall be located closer than one thousand (1,000) feet to the lot line of any other lot occupied by a Sexually Oriented Entertainment Business Establishment, and no lot line of any lot to be occupied by any Sexually Oriented Entertainment Business Establishment shall be located closer than thirteen hundred and twenty (1320) feet to the lot line of any other lot used for an amusement center, an amusement park, a day care center, children's home, children's museum, orphanage, agency operated family home, agency operated group home, child care facility, foster care home, hobby shop or toy store, institutional home for the care of children, nursery school or preschool, elementary school, junior high school, senior high school, park, playground, gymnasium, recreation center, a miniature golf course, a place of worship, a religious education facility, a residential dwelling, a hospital, a skating rink or a zoo. (Added 6/17/02 by Ord. No. 4801)
- J. Development Standards. The provisions set forth in Division 14 of this Code shall apply to any proposal for development in the B-1 District. (Added 1/20/04 by Ord. No. 4926)

SEC. 15.6-18 B-2 CENTRAL BUSINESS DISTRICT.

- A. Intent. The intent of this B-2 Central Business District is to provide for a variety of retail stores and shops, offices and services in the central business area of the Town. This area has historically served the major retail marketing function of the community and at the time of adoption of this Code displays the highest concentration of commercial development. In this district each establishment contributes to the whole shopping area by adding to the variety of goods available and to comparison shopping opportunities. This essential inter-dependence of activities is given precedence over any desire to require automobile parking spaces adjacent to each building although provisions are made for the cooperative development of off-street parking facilities by public and private interests.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property in the B-2 zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration:
1. The relationship of the subject property to the Town's transportation systems and the impact the permitted uses would have upon these systems. Potential conflicts between pedestrians and motorized traffic are of major concern.
 2. The extent to which surrounding zoning and land usage provides adequate transition from this intense business use to uses of lesser intensity.
 3. The potential impact the uses authorized in the district would have upon any existing or permitted uses, especially residential, in the surrounding area.
 4. The extent to which the subject property is a logical extension of the central business area.
 5. The capacity of existing and proposed community facilities and utilities, including water and sewer systems, to serve the permitted uses which might lawfully occur on the property so zoned.
 6. The adequacy of public services including police and fire protection, serving the property and the impact the permitted uses would have upon these services.
 7. The impact any natural disasters, including flooding, would have upon the permitted uses.
 8. The impact the permitted uses would have upon the environment, including noise, air, and water pollution.
 9. The conformance of the proposal to the Comprehensive Plan and Official Map.

C. Permitted Uses. In the B-2 Central Business District, no building or land shall be used except for one or more of the following specified uses, unless otherwise provided in this Code.

1. Appliance Repair Shop
2. Appliance Store
3. Art & School Supply Store
4. Art Gallery, Museum
5. Athletic Club, Indoor
6. Bakery
7. Bakery & Donut Shops (Retail Sales Only)
8. Ballroom, Dance Hall
9. Bank
10. Barber, Beauty Shop
11. Bicycle Shop
12. Book, Stationery Store
13. Bowling, Billiard Center
14. Candy & Ice Cream Shops
15. Churches & Other Places of Public Worship
16. Clothing Store
17. Clubs, Private
18. Computer Data-Processing Center
19. Dance Studio
20. Day Care Center
21. Delicatessen
22. Department Store
23. Drug Store
24. Dry Cleaners
25. Dwelling Units when located above the first story
26. Educational Facilities
27. Electronic Equipment Sales & Service
28. Exhibition Hall, Exposition Hall
29. Florist Shop
30. Funeral Parlor
31. Fur Store
32. Furniture Repair Store
33. Furniture Store
34. Garden Supply Store
35. Gift Shop
36. Hardware Store
37. Health Club
38. Hobby, Toy Shop
39. Hotel-Motel/Conference Center
40. Household Goods, Sales & Repair
41. Jewelry Store
42. Laundry

43. Leather Goods Shop
44. Library
45. Linen Supply House
46. Liner Housing, including first floor dwelling units or a combination of dwelling units and other permitted uses. (Added 9/19/2011 by Ord. No. 5397)
47. Liquor Store
48. Mail Order Store
49. Market, Grocery Store
50. Motion Picture Theater
51. Music Store
52. News Stand
53. Newspaper, Magazine Printing & Publishing
54. Night Club
55. Nursery School
56. Office Building, Office
57. Optical Goods Sales
58. Parking Lot
59. Pet Store
60. Photographic Studios
61. Photographic Supply Sales
62. Post Office
63. Print Shop
64. Professional Service Office
65. Radio, T.V. Station
66. Recreation Center
67. Restaurants
68. Rug, Floor-Covering Store
69. Salon, Spa
70. Shoe Repair Shop
71. Shoe Store
72. Specialty Food Store
73. Sporting Goods Sales
74. Supper Club
75. Tailor, Dress Making Shop
76. Theater
77. Tobacco Shop
78. Transportation Terminal
79. Travel Bureau
80. Variety Store
81. Video Rental Store
82. Wallpaper, Paint Store
83. Other uses similar to the above, provided such uses are consistent with the purpose of this district.

(Entire Subsection C Amended 2/18/02 by Ord. No. 4772)

- D. Special Uses. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.

1. Bed and Breakfast (Added 7/19/99 by Ord. No. 4606)
 2. Telecommunication Antenna and related telecommunication antenna facilities (Added 6/16/97 by Ord. No. 4456)
 3. Vehicle Fueling Station (Added 2/18/02 by Ord. No. 4772)
- E. Bulk Regulations. The following bulk requirements shall apply to all permitted uses. Bulk requirements for special uses are listed in SEC. 15.10-4 of this Code.
1. Lot Size and Width: No minimum.
 2. Yards: None required.
 3. Building Height: Building height must conform to the requirements contained in Division 17 of this Code, except liner housing which may be constructed at a height equivalent to the adjoining structure. (Amended 4/17/89)(Amended 1/20/04 by Ord. No. 4926)(Amended 9/19/2011 by Ord. No. 5397)
- F. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.
- G. Off-Street Parking and Loading. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.
- H. Development Standards. All development in the B-2 District must conform to the requirements contained in Division 17 of this Code. (Amended 1/20/04 by Ord. No. 4926)

SEC. 15.6-19 M-1 RESTRICTED MANUFACTURING DISTRICT.

- A. Intent. The intent of this M-1 Restricted Manufacturing District is to provide for industrial uses with an absence of objectionable external effects in areas that are suitable for this type of development by reason of topography, relative location, and adequate utility and transportation systems. Compatibility with surrounding districts is further assured by limiting development by reason of topography, relative location, and adequate utility and transportation systems. Compatibility with surrounding districts is further assured by limiting development to low industrial densities. Just as industrial uses are excluded from residential areas to promote public health, safety and welfare, so are residential developments excluded from this district.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property to the M-1 zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposed under consideration:
1. The relationship of the subject property to various aspects of the transportation system, including rail, air, highway and street, and pedestrian, and the impact the permitted uses would have upon these systems. Truck traffic and its impact is of major concern generally, as well as the affect on vehicular travel times.
 2. The extent to which surrounding zoning and land usage provide an adequate transition from these industrial uses to uses of lesser intensity and the degree to which the uses authorized in the district serve as a buffer between other districts which exhibit more objectionable effects and uses of lower intensity.
 3. The capacity of existing and proposed public utilities to the site, including water and sewer systems to serve the permitted uses which might lawfully occur on the property so zoned.
 4. The adequacy of public services, including police and fire protection, serving the property in question and the impact the permitted uses would have upon these services.
 5. The impact the permitted uses would have upon the environment including noise, air, and water pollution.
 6. The impact any natural disasters, including flooding, would have upon the permitted uses.
 7. The conformance of the proposal to the Comprehensive Plan and the Official Map.

- C. Permitted Uses. In the M-1 Restricted Manufacturing District, no building or land shall be used except for one or more of the following specified uses unless otherwise provided in this Code.

1. Agriculture
2. Agricultural Implement, Sales & Repair
3. Agricultural Supply Store
4. Ambulance Service
5. Auction House
6. Automobile, Truck Sales
7. Bagged Mineral Products
8. Bakery
9. Bicycle Manufacture
10. Boat Manufacture
11. Boat Sales
12. Car Wash
13. Churches and Other Places of Public Worship
14. Clubs, Private
15. Contractor's Shop except such use shall not be permitted in the P1 Corridor
(Amended 6/20/05 by Ord. No. 5013)
16. Cordate, Rope, Twine & Net Manufacture
17. Electrical & Electronic Machinery Manufacture
18. Electrical Appliance Manufacture
19. Fleet Fueling Depot (Added 4/17/95 by Ord. No. 4309)
20. Food Locker Plants
21. Footwear Manufacture
22. Furniture, Fixture, Bedding Manufacture
23. Indoor Tennis Club
24. Instrument Manufacture
25. Jewelry Manufacture
26. Kennels, with or without dwelling unit for superintendent (Added 7/15/02
by Ord. No. 4805)(Amended 8/18/03 by Ord. No. 4884)
27. Knitting Mills, all fabrics absent of any dye process
28. Linen Supply House
29. Lumberyard, Building Materials Storage
30. Manufacture of Products from Cork or Wood
31. Manufacture of Products from Plastic
32. Manufacture of Products from Processed Fur
33. Mobile Home, Recreational Vehicle Rental and Sales
34. Motor Vehicle Repairs, Paint Shop
35. Motor Vehicle Sales
36. Motor Vehicle Storage
37. Musical Instrument Manufacture
38. Newspaper, Magazine Printing & Publishing
39. Nurseries & Greenhouses
40. Office Use (Added by Ord. 4099, 12/21/92)
41. Photographic, Optical Goods Manufacture
42. Pottery, China, Earthenware Manufacture

43. Print Shop
44. Radio, Radar Site
45. Recreational Vehicle Sales
46. Retail Lumber Sales
47. Snack Food Manufacture
48. Soft Drink, Carbonated Water Industry
49. Sporting Goods Manufacture
50. Storage, Canned or Bottled Food & Soft Drinks
51. Storage; Fibre Products
52. Storage; Flour, Starch & Sugar
53. Storage; Heavy Machinery & Equipment
54. Storage; Ice
55. Storage; Loose or Bagged Processed Food
56. Storage; Non-Hazardous Chemicals or Plastic Products
57. Storage; Packaged Foodstuff
58. Storage; Packaged Mineral Products
59. Storage; Packaged Tobacco Products
60. Storage; Paper, Paper Products
61. Storage; Rolled Paper
62. Storage; Wood Products, Furniture
63. Taproom in Brewery holding a Class P Liquor License (Added 1/17/2017 by Ord. No. 5677)
64. Taxidermist Shop (Added 11/20/95 by Ord. No. 4356)
65. Textile Manufacture; absent of any dye process
66. Toys, Sporting Goods Manufacture
67. Trailer Rental and Sales
68. Truck Freight Terminal except such use shall not be permitted in the P1 Corridor (Amended 6/20/05 by Ord. No. 5013)
69. Truck Terminal except such use shall not be permitted in the P1 Corridor (Amended 6/20/05 by Ord. No. 5013)
70. Veterinary Clinics (Added 7/15/02 by Ord. No. 4805)
71. Warehouse; General
72. Warehouse; Mini (with or without dwelling unit for Superintendent) except such use shall not be permitted in the P1 Corridor (Amended 6/20/05 by Ord. No. 5013)
73. Watch, Clock Manufacture
74. Wearing Apparel Manufacture
75. Wholesale Distributors
76. Wooden, Cone Containers Manufacture
77. Other uses similar to the above, provided such uses are consistent with the purpose of this district.

(Items 37 through 71 renumbered pursuant to Ord. 4099, 12/21/92)(Items 19 through 72 renumbered pursuant to Ord. No. 4309, 4/17/95)(Items 25 through 75 renumbered pursuant to Ord. No. 4805)(Items 62 through 76 renumbered pursuant to Ord. 5677, 1/17/17)

D. Special Uses. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.

1. Coal Storage
2. Concrete Batch Plant
3. Extraction, Loading, Storage, Washing & Hauling of Sand, Gravel & Topsoil
4. Gun Range, Indoor (Added 6/17/13 by Ord. No. 5495)
5. Remote Controlled Racetracks (Added 1/17/06 by Ord. No. 5047)
6. Telecommunication Antenna and related telecommunication antenna facilities (Added 6/16/97 by Ord. No. 4456)

E. Site Plan Review. Site Plan Review and approval by the Town Council, after a legislative public hearing and recommendation by the Normal Planning Commission, in accordance with SEC. 15.8-3 of this Code shall be required for all development which fulfills one or more of the following criteria:

1. The development of land to be used for a permitted use, any part of which is within five hundred (500) feet of an R-1AA, R-1A, or R-1B residence district boundary line.
2. The development of land which is an expansion of an existing structure or use and which, if new development, would be permitted only when processed under the site plan review procedures contained herein.

(Subsection (E) Amended 11/20/95 by Ord. No. 4356)(Amended 4/15/96 by Ord. No. 4385)

F. Bulk Regulations. The following bulk requirements shall apply to all permitted uses. Bulk requirements relating to special uses are listed in SEC. 15.10-4 of this Code.

1. Lot Size and Width: No minimum.
2. Yards:
 - a. Front: Twenty-five (25) feet minimum. (Amended 1/20/04 by Ord. No. 4926)
 - b. Side Yards: Two (2) side yards with a combined width of fifteen (15) feet with neither side yard less than five (5) feet.
 - c. Corner Side Yard: Twenty-five (25) feet minimum. (Amended 1/20/04 by Ord. No. 4926)
 - d. Rear: Twenty (20) feet minimum.
 - e. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.

3. Building Height: Not to exceed forty-five (45) feet or four (4) stories, whichever is lower. For exemptions from height regulations see SEC.15.4-3(C) of this Code.
- G. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.
- H. Off-Street Parking and Loading Requirements. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.
- I. If outside accessory storage exists on a lot in an M-1 district which coincides with the lot line of an adjacent residence district or is adjacent to an alley or street which separates such M-1 district and residential district, screening shall be provided with planting of trees and shrubs or a densely planted compact hedge maturing to not less than five (5) feet of such lot line.
- J. Development Standards. The provisions set forth in Division 14 shall apply to any proposal for development in the M-1 District. (Added 1/20/04 by Ord. No. 4926)

SEC. 15.6-20 M-2 GENERAL MANUFACTURING.

- A. Intent. The intent of this M-2 General Manufacturing District is to provide for the more intense types of industrial and manufacturing uses which generally exhibit higher levels of objectionable external effects. This district should not be located adjacent to residential districts, and its contiguity to commercial and business areas should, wherever possible, be avoided. Uses permitted in this district will provide for those basic industries needed to expand employment opportunities within the Town.
- B. Zoning Map Amendment Guidelines. In making its legislative determination to zone or rezone property in the M-2 zoning classification, the Planning Commission and Town Council may apply the following guidelines to the proposal under consideration:
1. The relationship of the subject property to various aspects of the transportation system, including rail, air, highway, and street, and pedestrian, and the impact the proposal would have upon these systems. Truck traffic and its impact is of major concern generally, as well as the affect on vehicular travel times.
 2. The extent to which surrounding zoning and land usage provides an adequate transition from these industrial uses to uses of lesser intensity and the degree to which the uses authorized in the district serve as a buffer between other districts which exhibit more objectionable effects and uses of lower intensity.
 3. The capacity of existing and proposed public utilities to the site, including water and sewer systems to serve the permitted uses which might lawfully occur on the property so zoned.
 4. The adequacy of public services, including police and fire protection, serving the property in question and the impact the permitted uses would have upon these services.
 5. The impact the permitted uses would have upon the environment, including noise, air, and water pollution.
 6. The impact any natural disasters, including flooding, would have upon the permitted uses.
 7. The conformance of the proposal to the Comprehensive Plan and the Official Map.

C. Permitted Uses. In the M-2 General Manufacturing District, no building or land may be used except for one or more of the following specified uses, unless otherwise provided in this Code.

1. Agriculture
2. Agricultural Products & Storage
3. Aircraft Manufacture & Assembly
4. Bagged Mineral Products
5. Bakery
6. Bicycle Manufacture
7. Boat Manufacture
8. Concrete Batch Plant
9. Contractor's Shop except such use shall not be permitted in the P1 Corridor
(Added 5/17/99 by Ord. No. 4593) (Amended 6/20/05 by Ord. No. 5013)
10. Cordage, Rope, Twine & Net Manufacture
11. Cotton: Spinning & Weaving
12. Dairy Products Manufacture
13. Distilling, Rectifying, Blending Spirits
14. Drugs, Pharmaceutical Manufacture
15. Electrical & Electronic Machinery Manufacture
16. Electrical Appliance Manufacture
17. Food Locker Plants
18. Footwear Manufacture
19. Furniture, Fixture, Bedding Manufacture
20. Glass Manufacture
21. Grain Elevator
22. Health Clubs and Private Recreation (Added 10/20/2014 by Ord. No. 5562)
23. Instrument Manufacture
24. Jewelry Manufacture
25. Kennel, With or Without Dwelling Unit for Superintendent
26. Knitting Mills, all Fibers
27. Lumberyard, Building Materials Storage
28. Machinery Manufacture
29. Manufacture of Grain Mill Products
30. Manufacture of Products from Cork or Wood
31. Manufacture of Products from Processed Fur
32. Manufacture of Products from Processed Leather
33. Manufacture of Transport Equipment, Component Parts Only
34. Metal Products Manufacture
35. Motor Powered Equipment Repair and Sales and Services Shop (Added
2/21/2000 by Ord No. 4640)
36. Motor Vehicle Manufacture & Assembly
37. Motor Vehicle Storage
38. Newspaper, Magazine Printing & Publishing
39. Photographic, Optical Goods Manufacture
40. Plastic & Plastic Products Manufacture
41. Pottery, China, Earthenware Manufacture
42. Radio, Radar Site
43. Rail Terminal

44. Retail Lumber Sales
45. Rubber, Rubber Products Manufacture
46. Snack Food Manufacture
47. Soft Drink, Carbonated Water Industry
48. Sporting Goods Manufacture
49. Storage, Canned or Bottled Food & Soft Drinks
50. Storage; Fibre Products
51. Storage; Flour, Starch & Sugar
52. Storage; Heavy Machinery & Equipment
53. Storage; Ice
54. Storage; Loose or Bagged Agricultural Products
55. Storage; Metal, Metal Products
56. Storage; Non-Hazardous Chemicals or Plastic Products
57. Storage; Packaged Foodstuff
58. Storage; Packaged Mineral Products
59. Storage; Packaged Tobacco Products
60. Storage; Paper, Paper Products
61. Storage; Petroleum Products
62. Storage; Seeds, Beans, Nuts & Silage
63. Storage; Wood, Paper, Products
64. Textile Manufacture; absent of any dye process
65. Toys, Sporting Goods Manufacture
66. Truck Freight Terminal except such use shall not be permitted in the P1 Corridor (Amended 6/20/05 by Ord. No. 5013)
67. Truck Terminal except such use shall not be permitted in the P1 Corridor (Amended 6/20/05 by Ord. No. 5013)
68. Warehouse; General
69. Warehouse; Mini (with or without Dwelling Unit for Superintendent) except such use shall not be permitted in the P1 Corridor (Amended 6/20/05 by Ord. No. 5013)
70. Watch, Clock Manufacture
71. Wearing Apparel Manufacture
72. Wholesale Distributors
73. Wooden, Cone Containers Manufacture
74. Wool, Worsted; Spinning & Weaving
74. Other uses similar to the above, provided such uses are consistent with the purpose of this district.

D. Special Uses. The following special uses may be permitted subject to the conditions and standards stated in Division 10 of this Code.

1. Asphalt Batch Plant
2. Coal Storage
3. Extraction, Loading, Storage, Washing & Hauling of Sand, Gravel & Topsoil
4. Remote Controlled Racetracks (Added 1/17/06 by Ord. No. 5047)
5. Telecommunication Antenna and related telecommunication antenna facilities (Added 6/16/97 by Ord. No. 4456)

E. Site Plan Review.

1. In accordance with the requirements and procedures stated in SEC. 15.8-3 public site plan review and approval by the Town Council after legislative public hearing and recommendation by the Planning Commission shall be required for all development which fulfills one (1) or more of the following criteria.
 - a. The development of land for a manufacturing or industrial use where such use involves noise, smoke, particulate matter, toxic or noxious matter, odors, fire, and explosive hazards, or vibration, or glare or heat.
 - b. The development of land consisting of twenty (20) acres or more, net site area.
 - c. The development of land which is an expansion of an existing structure or use and which, if new development, would be permitted only when processed under the site plan review procedures contained herein.

F. Bulk Regulations. The following bulk requirements shall apply to all permitted uses. Bulk requirements relating to special uses are listed in SEC. 15.10-4 of this Code.

1. Lot Size and Width: No minimum.
2. Yards:
 - a. Front: Twenty-five (25) feet minimum. (Amended 1/20/04 by Ord. No. 4926)
 - b. Side Yards: Five (5) feet minimum.
 - c. Corner Side Yard: Twenty-five (25) feet minimum. (Amended 1/20/04 by Ord. No. 4926)
 - d. Rear: Twenty (20) feet minimum.
 - e. For General Yard Regulations that are applicable see SEC. 15.4-5 of this Code.
3. Building Height. Not to exceed forty-five (45) feet or four stories, whichever is lower.

G. Signs. All signs shall conform to the requirements contained in Division 13 of this Code.

- H. Off-Street Parking and Loading Regulations. All off-street parking and loading shall conform to the requirements contained in Division 7 of this Code.
- I. If outside accessory storage exists on a lot in an M-2 district which coincides with the lot line of an adjacent residence district or is adjacent to an alley or street which separates such M-2 district and residential district, screening shall be provided with planting of trees and shrubs or a densely planted compact hedge maturing to not less than five (5) feet in two (2) years, parallel to and within three (3) feet of such lot line.
- J. Development Standards. The provisions set forth in Division 14 shall apply to any proposal for development in the M-2 District. (Added 1/20/04 by Ord. No. 4926)

SEC. 15.6-21 – FORM BASED OVERLAY DISTRICT

A. Intent. In addition to those general purposes set forth in Division 2 of this Code, it is the purpose and design of the Form Based Overlay District to foster land development that sets careful and clear controls on building form, public spaces, streetscapes, building architecture, and the relationship of the building on the lot. This Form Based Overlay District shall be applied as an overlay or a combined district. This technique retains the list of uses allowed in the present zoning classification that the Form Based Overlay District overlays unless such uses are modified by the adopting ordinance. The purpose of the Form Based Overlay District is to:

1. regulate how lots and buildings relate to public spaces and the surrounding neighborhood;
2. govern building form and placement of the building in relation to the lot and street;
3. stabilize and improve property values;
4. require certain building elements to enhance public places;
5. encourage architectural character that incorporates the best urban practices;
6. protect and enhance the Town's attractions to residents, home buyers, tourists, and visitors and shoppers, thereby supporting and promoting business, commerce and industry; and
7. strengthen the economy of the Town.

B. Zoning Map Amendment Guidelines

1. Any portion of the Town classified in a FB Form Based Overlay District shall also be classified in one (1) or more of other districts established in Division 6 of this Code. The official zoning map shall designate any land classified in a FB District by a combination of symbols, e.g. FB/R-1AA, FB/R-1A, FB/R-1B, FB/R-2, FB/R-3A, FB/R-3B, etc.
2. In a FB Form Based Overlay District, all the regulations of the underlying Agriculture District, Residential District, Special Public Interest District, Business/Commercial District or Manufacturing District established by Division 6 of this Code shall apply, except insofar as such regulations are in conflict with the special regulations applicable to the FB Form Based Overlay District, and in the event of such a conflict, the regulations governing such FB Form Based Overlay District shall control. All permitted uses or special uses otherwise allowable in the underlying Agriculture District, Residence District, Special Public Interest District, Business

District or Manufacturing District shall continue to be allowable uses except as provided in the Form Based Code developed for the particular FB Overlay District.

- C. Form Based Code. Designation of an area as a FB Form Based Overlay District shall include the establishment of a Form Based Code for that district. Such Code shall be incorporated into the designating ordinance by reference and shall be kept on file in the Office of the Town Clerk. Such Code shall include the following elements:

1. A regulating plan which provides specific information on permitted development for each building site and how each lot relates to public spaces and the surrounding neighborhood.
2. Building envelope standards which establish basic parameters governing building form, building placement (in three dimensions) and required or permitted building elements.
3. Architectural standards which govern a building's architectural elements and sets parameters for allowable materials, configurations and construction techniques.
4. Streetscape standards which establish the relationship between public space and buildings and set the parameters for landscaping and other amenities on or near each building site.

- D. Site Plan Review. No building permit for any building or structure or for any exterior improvement or addition to any building or structure in the FB Form Based Overlay District shall be issued by the Zoning Administrator unless and until the construction plans and specifications for such building or structure or addition thereto have been reviewed by the Community Design Review Committee in the process set forth in Division 14 of this Code, and found to be in compliance with the Form Based Code applicable to such site.

(Entire SEC. 15.6-21 Added 3/15/04 by Ord. No. 4937)

SEC. 15.6-22 – P-1 OVERLAY CORRIDOR

- A. Intent. In addition to those general purposes set forth in Division 2 of this Code, it is the purpose and design of the P-1 Corridor to enhance the visual character and economic value of the Town's major commercial corridors by prohibiting uses that have an industrial appearance. This P-1 Corridor shall be applied as an overlay district. This technique retains the list of uses allowed in the present zoning classification that the P-1 Corridor overlays with the exceptions listed in B below.

- B. P-1 Corridor. The P-1 Corridor is a zoning overlay district as depicted on the Town of Normal Zoning Map and pertains to all lots immediately adjacent to the identified roadways. In this corridor, the following uses are prohibited regardless of the underlying zoning classification: Adult Hotels/Motels, Adult Lingerie Modeling Studios, Adult Media Stores, Adult Modeling Shops, Adult Motion Picture Theater, Contractor's Shop, Remote Controlled Racetracks, Sex Shops, Sexually Oriented Entertainment Business, Truck Freight Terminal, Truck Stop, Truck Terminal, and Mini Warehouse. The P-1 Corridor designation does not otherwise affect the regulations of the underlying zoning classification.

(SEC. 15.6-22 Added 6/20/05 by Ord. No. 5013)(Amended 9/19/05 by Ord. No. 5027)(Amended 1/17/06 by Ord. No. 5047)

SEC. 15.6-23 – SOUTH UPTOWN DISTRICT OVERLAY. The South Uptown District Overlay is a zoning overlay district as depicted on the Town of Normal Zoning Map and subject to the Form Based Code for the District as set forth in the designating Ordinance No. 4940, passed and approved on the 15th day of March, 2004. A copy of the regulating Form Based Code is on file in the Office of the Town Clerk. (Added 6/20/11 by Ord. No. 5388)

SEC. 15.6-24 – OPTIONAL MAIN STREET FORM BASED OVERLAY DISTRICT. The Main Street Form Based Overlay District is a zoning overlay district as depicted on the Town Zoning Map. The property within the District may be, but is not required to be used and developed in accordance with the regulating Form Based Code for the District as set forth in the Designating Ordinance No. 5388 passed and approved on the 20th day of June, 2011. A copy of the Regulating Form Based Code is on file in the Office of the Town Clerk. Each property owner may elect to use and develop property within the District subject to the Code. If an owner makes such election the property within the District shall be subject to the Form Based Code regulations rather than zoning regulations of the underlying zoning district, except the sign regulations set forth in Chapter 15 shall continue to apply to property subject to the Form Based Code. By making such election an owner also agrees, for all new construction with more than 7,500 square feet on the ground floor, to achieve enough LEED points to attain at least LEED "Certified" status. As used herein, LEED means the most current version of the Leadership in Energy and Environmental Design rating systems published by the United States Green Building Council. A copy of the most current versions of such publication shall be kept on file in the Office of the Town Clerk. An election pursuant to this Section shall be made by execution of the following form or a form in substantially the following format:

ELECTION TO SUBJECT PROPERTY TO THE NORMAL MAIN
STREET FORM BASED ZONING OVERLAY DISTRICT AND OBTAIN
LEED CERTIFIED STATUS FOR ANY NEW CONSTRUCTION WITH MORE
THAN 7,500 SQUARE FEET ON THE GROUND FLOOR

As Owner(s) of the following described property, I (we) elect to subject such Property to the Normal Main Street Form Based Zoning Overlay District and



FRANCISCAN MINISTRIES

Sponsored by the Franciscan Sisters of Chicago

11500 THERESA DRIVE

LEMONT, IL 60439-2727

PHONE (331) 318-5200 • FAX (331) 318-5210

www.franciscancommunities.org

July 1, 2018

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Establishment of Facility Assurances

To Whom It May Concern,

Pursuant to 77 111. Admin Code § 1125.640 (a), I hereby certify the following:

By the second year of operation after the project completion, Franciscan Ministries expects to achieve and maintain the occupancy standards specified in Section 1125.210 (c) of the Board's rules for the long term care category of service.

Sincerely,

Judy Amiano
Chief Executive Officer

State of Illinois

County of COOK

Signed before me on this 15th day of AUGUST, 2018, by Judy Amiano.

Notary Public



ATTACHMENT 24



Franciscan Ministries and Affiliates					Viability Benchmark
Prior Years				After Adding SNF	
				2022 Proj	
PROFITABILITY RATIOS					
Net Operating Margin Ratio:					
Net Operating Margin - Resident Service	2015	2016	2017		
	13,581,558	13,556,030	13,090,020	15,882,337	
Divided by: Net Resident Service Revenue	114,748,715	116,982,939	118,588,512	142,448,299	
Net Operating Margin Ratio	11.8%	11.6%	11.0%	11.1%	2.5% or more

Definition: This ratio looks at the core, sustainable business of a CCRC. It shows the cash generated from revenues and expenses realized solely in the delivery of resident services. The ratio excludes net proceeds from entrance fees.

LIQUIDITY RATIOS

Days Cash on Hand

Total Cash and Unrestricted Investments	106,934,895	116,597,709	125,841,512	129,473,468	
Operating Expenses*	121,088,081	123,915,854	126,045,717	150,519,749	
*excludes provision for bad debts					
Divided by: Days in Year	365	365	365	365	
TOTAL	331,748	339,495	345,331	412,383	
Days Cash on Hand	322	343	364	314	45 or more

Definition: This ratio measure the number of days of cash that a provider has to cover operating expenses with unrestricted cash and cash equivalent investments. Proceeds from entrance fees can have a positive impact on this ratio if used to build cash reserves.

Cushion Ratio

Total Cash and Unrestricted Investments	106,934,895	116,597,709	125,841,512	129,473,468	
Divided by: Annual Debt Service	11,823,072	11,823,072	11,823,072	12,296,274	
Cushion Ratio	9.04	9.86	10.64	10.53	3.0 or more

Definition: This ratio measures the provider's strength to pay its annual debt obligation from available cash. The results of this ratio is best analyzed in combination with other ratios to determine the provider's ability to pay future debt service including scheduled principal balloon payments.

Current Ratio

Current Assets	32,224,113	30,847,412	32,549,528	38,048,978	
Current Liabilities	5,528,966	4,234,181	3,997,888	4,723,363	
Current Ratio	5.83	7.29	8.14	8.06	1.5 or more

Definition: This ratio measures the ability to pay current liabilities based on the current assets. The higher the ratio, the better the indication that management can pay its short-term obligations.

Franciscan Ministries and Affiliates

	Prior Years			After Adding SNF	Viability Benchmark
CAPITAL STRUCTURE RATIOS:					
Debt Service Coverage Ratio					
Funds Available for Debt Service	26,855,100	34,373,504	27,528,952	30,302,771	
Annual Debt Service	11,823,072	11,823,072	11,823,072	12,296,274	
Debt Service Coverage Ratio	2.27	2.91	2.33	2.46	1.50 or more

Definition: This ratio measures the provider's strength to pay its annual debt obligation from remaining revenues after covering resident related expenses. This ratio includes proceeds from entrance fees. Comparing this ratio to the Debt Service Coverage Ratio - Revenue Basis gives an indication of the provider's reliance on entrance fee proceeds to cover debt service obligations.

Long-Term Debt as a % of Total Capital Ratio

Long-term Debt	182,897,853	175,007,379	187,347,417	224,498,592	
Long-term Debt	182,897,853	175,007,379	187,347,417	224,498,592	
Plus Unrestricted Net Assets	8,709,744	18,653,294	26,336,908	29,395,234	
TOTAL	191,607,597	193,660,673	213,684,325	253,893,826	
Long-term Debt as a % of Total Capital Ratio	95%	90%	88%	88%	80% or less

Definition: This ratio shows to what extent a provider relies on debt instead of net assets earned from operations or contributions. This ratio gives an indication of the provider's ability to handle annual fluctuations from weakened operations while maintaining its ability to pay its long-term debt.

Explanation for non-compliance:

The system is steadily improving this benchmark due to increased net assets and expects this positive trend to continue.

Debt was used for strategic purposes, including campus renovations and improvements, and campus repositioning.

The Village at Mercy Creek
CON Application
Project Ratios

	Clinical	Non-clinical	Combined	CON Benchmark	
1 Preplanning					
Preplanning costs	\$ 9,232	\$ 5,768	\$ 15,000		
Construction contracts	\$ 7,040,789	\$ 4,399,211	\$ 11,440,000		
Contingendes	\$ 356,963	\$ 223,037	\$ 580,000		
Moveable Equipment	\$ 573,136	\$ 326,864	\$ 900,000		
Sub-total	\$ 7,970,887	\$ 4,949,113	\$ 12,920,000		
Preplanning %	0.1%	0.1%	0.1%	1.8%	met
				or less	

2 Site Survey and Preparation					
Site survey costs	\$ 11,078	\$ 6,922	\$ 18,000		
Preparation costs	\$ 265,876	\$ 166,124	\$ 432,000		
Sub-total	\$ 276,954	\$ 173,046	\$ 450,000		
Construction contracts	\$ 7,040,789	\$ 4,399,211	\$ 11,440,000		
Contingendes	\$ 356,963	\$ 223,037	\$ 580,000		
Sub-total	\$ 7,397,752	\$ 4,622,248	\$ 12,020,000		
Site survey/planning %	3.7%	3.7%	3.7%	5.0%	met
				or less	

4 Contingency					
Contingendes	\$ 356,963	\$ 223,037	\$ 580,000		
Construction contracts	\$ 7,040,789	\$ 4,399,211	\$ 11,440,000		
Contingency Percentage	5.1%	5.1%	5.1%	10.0%	met
				or less	schematics ratio target

5 A/E Fees					
Architectural	\$ 387,736	\$ 242,264	\$ 630,000		
Engineering	\$ 53,890	\$ 32,110	\$ 86,000		
Combined	\$ 441,626	\$ 274,374	\$ 716,000		0.05
Construction contracts	\$ 7,040,789	\$ 4,399,211	\$ 11,440,000		
Contingendes	\$ 356,963	\$ 223,037	\$ 580,000		
Sub-total	\$ 7,397,752	\$ 4,622,248	\$ 12,020,000		
A/E %	6.0%	5.2%	5.2%	5.8%	met
				and	
A/E %	6.0%	5.2%	5.2%	8.7%	met
				or less	

6 FFE per unit					
Moveable equipment	\$ 573,136	\$ 326,864	\$ 900,000		
Units	40	16	56		
FFE/unit	\$ 14,328	\$ 20,429	\$ 16,071	\$ 8,723.36	
FFE/unit LTC/unit	\$ 14,328	\$ 20,429	\$ 16,071	\$ 6,491.00	not met
				or less	

EXPLANATION: The statistic was 10+ years without adding inflation. In addition, small household design concept being implemented.



FRANCISCAN MINISTRIES

Sponsored by the Franciscan Sisters of Chicago

11500 THERESA DRIVE

LEMONT, IL 60439-2727

PHONE (331) 318-5200 • FAX (331) 318-5210

www.franciscancommunities.org

Date: 8-15-2018

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

RE: Certificate of Need Application for (The Village at Mercy Creek):
reasonableness of financing arrangements

Dear Ms. Avery:

A. Reasonableness of Financing Arrangements

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

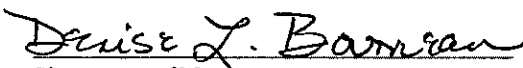
1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - a. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least .15 times for LTC facilities; or
 - b. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

Respectfully,


CEO

Notarization:

Subscribed and sworn to before me
this 15th day of AUGUST, 2018.


Signature of Notary
Seal



ATTACHMENT 30A





FRANCISCAN MINISTRIES

Sponsored by the Franciscan Sisters of Chicago

11500 THERESA DRIVE
LEMONT, IL 60439-2727
PHONE (331) 318-5200 • FAX (331) 318-5210
www.franciscancommunities.org

Date: 8-15-2018

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

RE: Certificate of Need Application for (The Village at Mercy Creek):
reasonableness of financing arrangements

Dear Ms. Avery:

B. Conditions of Debt Financing

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

1. That selected form of debt financing for the project will be at the lowest net cost available; or
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; or
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.

Respectfully,

July Amiano
CEO

Notarization:

Subscribed and sworn to before me
this 15th day of August, 2018.

Denise L. Boudreau
Signature of Notary
Seal



ATTACHMENT 30B



The Village at Mercy Creek
Certificate of Need Application
Economic Feasibility (D) - Projected Operating Costs
Economic Feasibility (E) - Projected Capital Costs
(Initial Stabilized Year in Current Dollars)

Initial Stabilized Year - Census

Medicare	17.70
Medicaid	8.80
Private Pay	8.80
Total census	35.30

Skilled Nursing

Operating Expenses	<u>Current Dollars</u>	<u>PPD</u>
Salaries/Benefits	\$ 2,155,128	\$ 167.27
Medicare - Therapy	585,628	90.65
Medicaid	2,828	0.09
Purchased Services-Administration	94,738	7.35
Dining	108,475	8.42
Medicare - Pharmacy	233,772	36.18
Medical Supplies	79,195	6.15
Other Drugs/Supplies/Other	78,529	6.09
Administrative	30,687	2.38
Marketing Commissions	3,025	0.23
Marketing	40,709	3.16
Workers Comp	39,006	3.03
Insurance	24,071	1.87
Bad Debts	11,553	0.90
Providers' tax	54,226	4.21
Utilities	65,455	5.08
Management Fees	254,716	19.77
Total Other Operating Expenses Before Interest Exp	<u>\$ 3,861,742</u>	

Routine Capital Expenditures **\$ 44,424**

PROJECT AREAS		SKILLED NURSING AREA	
SHORT TERM NORTH	13940	SHORT TERM NORTH	13940
LONG TERM SOUTH	13290	LONG TERM SOUTH	13290
(+SPA+RR+PT/OT)	927	(+SPA+RR+PT/OT)	927
COMMONS	5373	TOTAL (BGSF)	28157
MEMORY CARE (AL)	12220	UTILIZATION	704 SF/BED
TOTAL (BGSF)	45750	(TOTAL/40 BEDS)	

date

10/23/17

revised

drawn by

CML

checked by

SML

BLDD
ARCHITECTS

Design Firm Registration #184-000723

SITE PLAN

MEADOWS AT MERCY CREEK

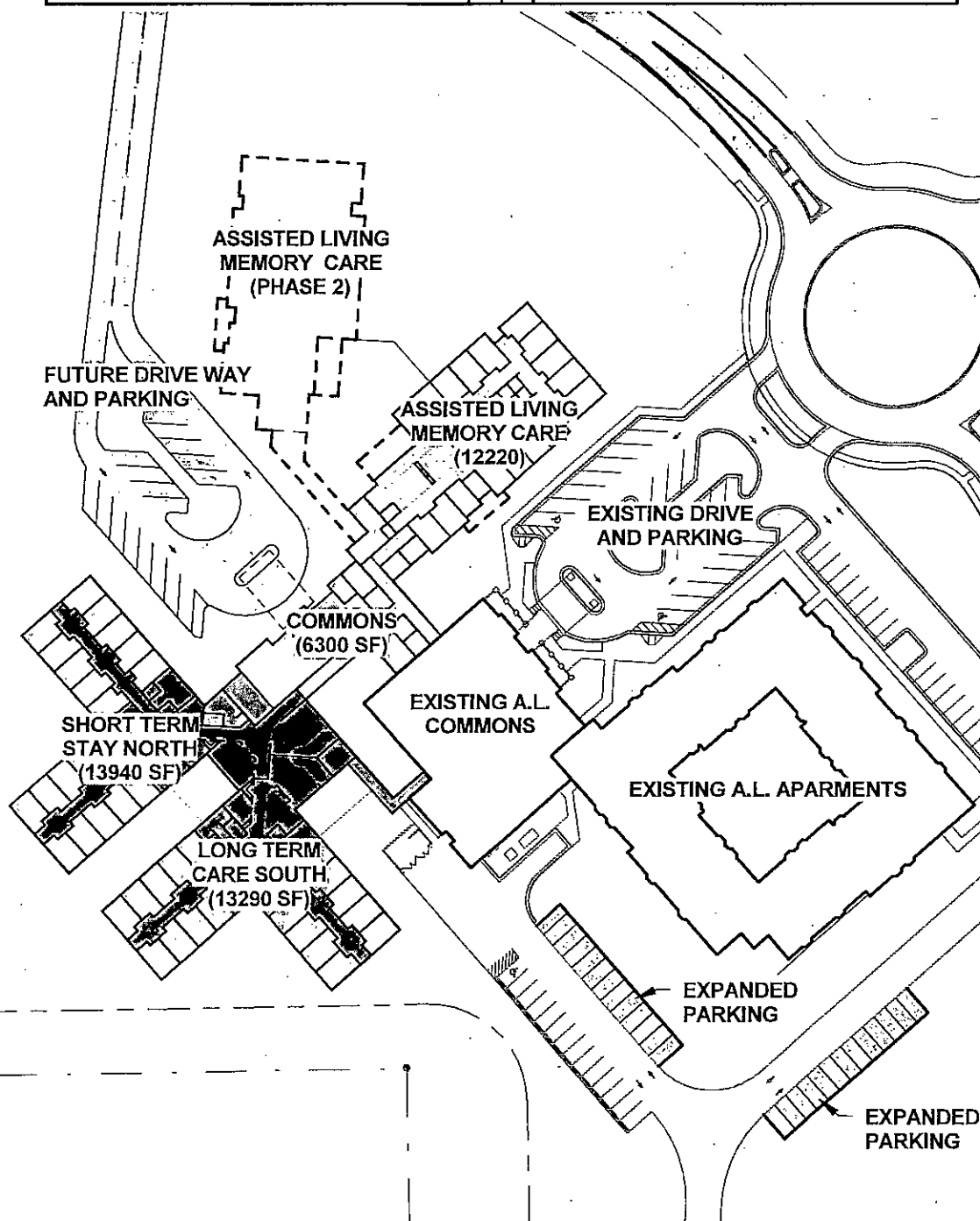
NORMAL, IL

sheet

AP101

project

174SI15.200



1 SITE PLAN
1" = 100'-0"

date
10/24/17
revised

drawn by
CML
checked by
SML

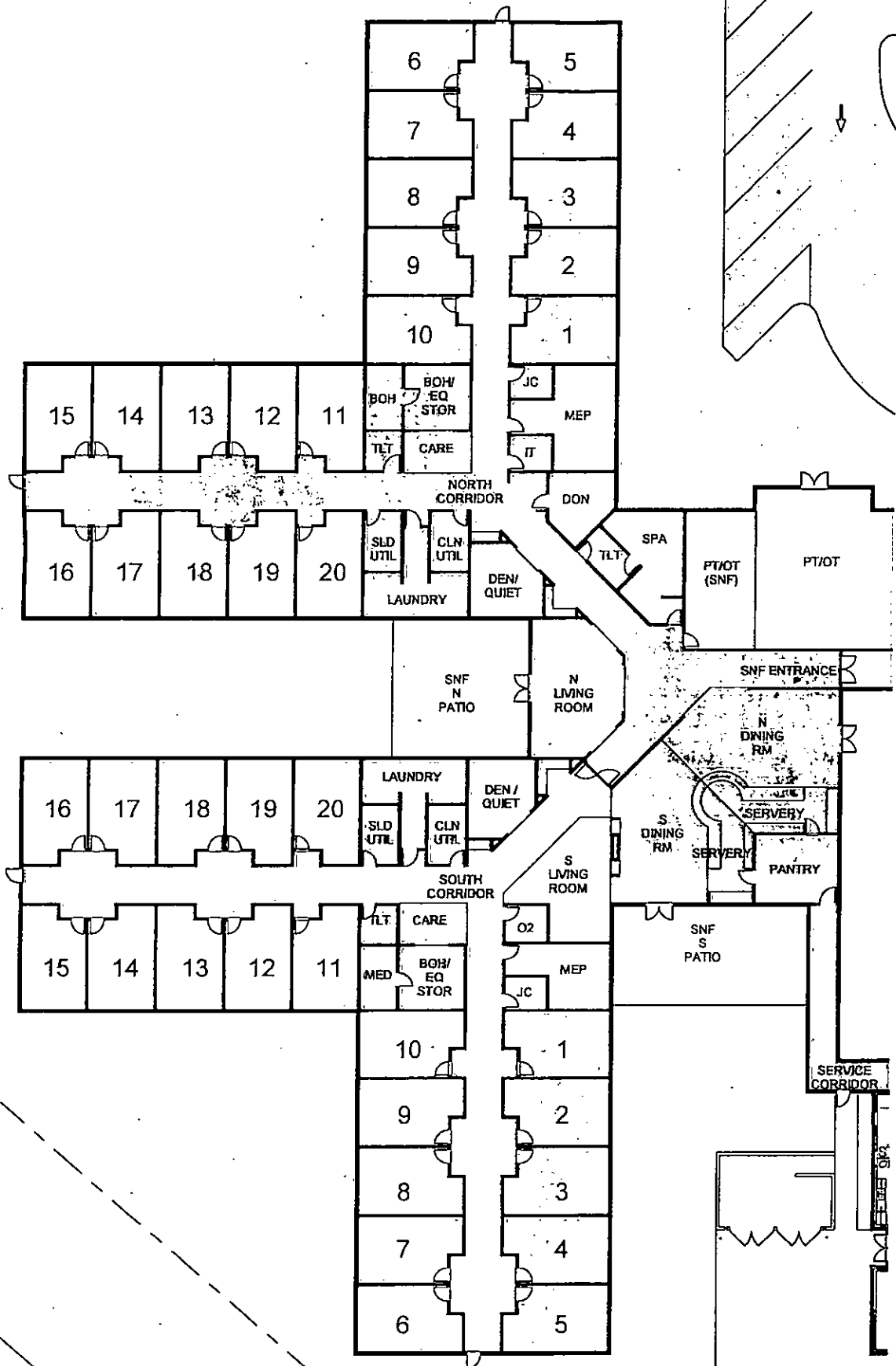
BLDD
ARCHITECTS

Design Firm Registration #184-000723

FLOOR PLAN
MEADOWS AT MERCY CREEK
NORMAL, IL

sheet
AP102

project
174SI15.200



① FLOOR PLAN
1/32" = 1'-0"



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT

LONG-TERM CARE APPLICATION

JULY 2012 EDITION

TABLE OF CONTENTS

SECTION NO.		PAGES
	Instructions	ii-iii
I.	Identification, General Information and Certification	1-5
II.	Project Purpose, and Alternatives	6-7
III.	Bed Capacity, Utilization and Applicable Review Criteria-Guide	8-12
IV.	Service Specific Review Criteria	
	A. General Long Term Care	13-20
	B. Specialized Long Term Care	21-22
V.	Financial and Economic Feasibility Review	
	A. Availability of Funds	23-24
	B. Financial Viability	24-25
	C. Economic Feasibility	25-26
	APPENDICES	
	A. Project Costs and Sources of Funds	27
	B. Related Project Costs	28
	C. Project Status and Completion Schedules	29
	D. Cost/Space Requirements	30
	Index of Attachments to the Application	31

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
 525 WEST JEFFERSON STREET, 2nd FLOOR
 SPRINGFIELD, ILLINOIS 62761
 (217) 782-3516

**INSTRUCTIONS
GENERAL**

- o The Application must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act, including those involving establishment, expansion or modernization of a service or facility.
- o The person(s) preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1125 and 1130).
- o This Application does not supersede any of the above-cited rules and requirements that are currently in effect.
- o The application form is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Code 1125 (Long-Term Care)).
- o Questions concerning completion of this form may be directed to the Health Facilities and Services Review Board staff at (217)782-3516.
- o Copies of this application form are available on the Health Facilities and Services Review Board website www.hfsrb.illinois.gov.

SPECIFIC

- o Use this form, as written and formatted.
- o Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- o **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. If a criterion is **NOT APPLICABLE**, label as such and state the reason why.
- o For all applications that time and distance are required for a criterion submit copies of all Map-Quest Printouts that indicate the distance and time from the proposed facility or location to the facilities identified.
- o **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION FOR PERMIT. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION AND OR NUMBERING.**
- o Attachments for each Section should be appended after the last page of the application for permit.
- o Begin each Attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- o For those criteria that require MapQuest printouts, physician referral letters and attachments, impact letters and documentation of receipt, include as appendices after that last attachment submitted with the application for permit. Label as Appendices 1, 2 etc.
- o For all applications that require physician referrals the following must be provided: a summary of the total number of patients by zip code and a summary (number of patients by zip code) for each facility the physician referred patients in the past 12 or 24 months whichever is applicable.
- o Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- o The application must be signed by the authorized representative(s) of each applicant entity.
- o Provide an original application and one copy - both **unbound**. Label the copy of the application for permit that contains the original signatures, as "ORIGINAL".

Failure to follow these requirements **WILL** result in the application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the application being declared null and void. Applicants are advised to read Part 1130 with respect to completeness (1130.620(d)).

ADDITIONAL REQUIREMENTS**FLOOD PLAIN REQUIREMENTS**

Before an application for permit involving construction will be deemed **COMPLETE** the applicant must **attest** that the project **is or is not in a flood plain**, and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2005-5**.

HISTORIC PRESERVATION REQUIREMENTS

In accordance with the requirements of the Illinois Historic Resources Preservation Act (IHRP), the Health Facilities Planning Board is required to advise the Historic Preservation Agency of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the IHRP Agency to determine if certain projects may impact upon historic resources. Such types of projects include:

1. Projects involving demolition of any structures; or
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the Illinois Historic Preservation Agency so known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The Historic Preservation Agency (HPA) will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from the HPA with the submission of the application for permit.

Information concerning the Historic Resources Preservation Act may be obtained by calling (217)782-4836 or writing Illinois Historic Preservation Agency Preservation Services Division, Old State Capitol, Springfield, Illinois 67201,

FEE

An application processing fee (refer to Part 1130.620(f) for the determination of the fee) must be submitted with most applications. If a fee is applicable, an initial fee of \$2,500 **MUST** be submitted at the same time as submission of the application. **The application will not be declared complete and the review will not be initiated if the processing fee is not submitted.** HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **Payment may be by check or money order and must be made payable to the Illinois Department of Public Health.**

SUBMISSION OF APPLICATION

Submit an original and one copy of all Sections of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761