

LONG-TERM CARE
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

RECEIVED

AUG 23 2019

DESCRIPTION OF PROJECT

Project Type

[Check one]

[check one]

HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

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

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.

Alden Courts of Waterford (Alden Courts) is a 64-unit memory care facility on a 38-acre Continuum of Care Retirement Campus that is also home to: Alden of Waterford, a 99-bed nursing care building that is connected to the Subject building via an underground tunnel; Alden Gardens of Waterford, a 121-bed sheltered care building; Alden Horizons, a 68-unit, three story apartment building and 30 villas (98 total units); and The Lakes of Waterford which has 33 duplexes. Also, the Superior at Waterford (18 deluxe duplexes) is currently under construction and will complete the campus. The entire campus is age restricted to the elderly. Alden Courts has 20 nursing beds and 44 sheltered care beds and is proposing to convert its remaining two sheltered care units (44 beds) into two nursing units (40 beds). Alden Courts of Waterford will then have 60 nursing beds. Refer to **ATTACHMENT-ND** for a rendering of the entire campus. As the memory care unit for the campus, Alden Courts is a specialized facility exclusively for the care and treatment of those with memory impairment. Moreover, said conversion will be for the continued care and treatment of those with memory issues as their medical needs start outweighing their programmatic needs.

There is some minimal construction/renovation as part of this project as the unit will have to meet nursing care standards. The existing building is a single story 40,118 gross square foot structure. This project will convert the remaining 30,864 gross square feet of sheltered care space to all nursing. All ancillary services to support the converted units are and will remain in-common and in-place and as such are listed within this application as part of the existing nursing square footage. Alden Courts of Waterford is located at 1991 Randi Drive in Aurora, Illinois.

This project is classified as substantive as it is the addition of nursing beds to the existing nursing category of in accordance with 77 Illinois Administrative Code, Chapter II, Subchapter a, criterion 1110.40.

ALDEN of Waterford



A member of the Alden network

Facility/Project Identification

Facility Name: Alden Courts of Waterford		
Street Address: 1991 Randi Drive		
City and Zip Code: Aurora 60504		
County: Kane	Health Service Area: 008	Health Planning Area: 089

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

Exact Legal Name: Waterford Rehab & Courts, L.L.C.		
Address: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646		
Name of Registered Agent: Mary Chelotti-Smith		
Name of Chief Executive Officer: Joan Carl, Manager		
CEO Address: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646		
Telephone Number: (773) 724-6324		

Type of Ownership (Applicant/Co-Applicants)

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois certificate of good standing.o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.		
APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Primary Contact**[Person to receive ALL correspondence or inquiries)**

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

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

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

Facility/Project Identification

Facility Name: Alden Courts of Waterford		
Street Address: 1991 Randi Drive		
City and Zip Code: Aurora 60504		
County: Kane	Health Service Area: 008	Health Planning Area: 089

Applicant /Co-Applicant Identification

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

Exact Legal Name: Alden of Waterford Investments, L.L.C.		
Address: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646		
Name of Registered Agent: Mary Chelotti-Smith		
Name of Chief Executive Officer: Joan Carl, Manager		
CEO Address: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646		
Telephone Number: (773) 724-6324		

Type of Ownership (Applicant/Co-Applicants)

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

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

[Person to receive ALL correspondence or inquiries]

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

Additional Contact

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

Name: Randi Schullo
Title: President
Company Name: Alden Realty Services, Inc.
Address: 4200 West Peterson Avenue, Chicago, Illinois 60646
Telephone Number: (773) 724-6324
E-mail Address: <u>Randi.schullo@thealdennetwork.com</u>
Fax Number: (773) 286-1562

Facility/Project Identification

Facility Name: Alden Courts of Waterford		
Street Address: 1991 Randi Drive		
City and Zip Code: Aurora 60504		
County: Kane	Health Service Area: 008	Health Planning Area: 089

Applicant /Co-Applicant Identification

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

Exact Legal Name: Alden Courts of Waterford, L.L.C.		
Address: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646		
Name of Registered Agent: Mary Chelotti-Smith		
Name of Chief Executive Officer: Joan Carl, Manager		
CEO Address: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646		
Telephone Number: (773) 724-6324		

Type of Ownership (Applicant/Co-Applicants)

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
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Primary Contact

[Person to receive ALL correspondence or inquiries]

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

Additional Contact

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

Name: Randi Schullo
Title: President
Company Name: Alden Management Services, Inc.
Address: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646
Telephone Number: (773) 724-6324
E-mail Address: Randi.schullo@thealdennetwork.com
Fax Number: (773) 286-1562

Facility/Project Identification

Facility Name: Alden Courts of Waterford		
Street Address: 1991 Randi Drive		
City and Zip Code: Aurora 60504		
County: Kane	Health Service Area: 008	Health Planning Area: 089

Applicant /Co-Applicant Identification

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

Exact Legal Name: The Alden Group, Ltd.		
Address: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646		
Name of Registered Agent: Mary Chelotti-Smith		
Name of Chief Executive Officer: Joan Carl, President		
CEO Address: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646		
Telephone Number: (773) 286-3883		

Type of Ownership (Applicant/Co-Applicants)

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

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

Additional Contact**(Person who is also authorized to discuss the application for permit)**

Name: Randi Schullo
Title: President
Company Name: Alden Management Services, Inc.
Address: 4200 West Peterson Avenue, Chicago, Illinois 60646
Telephone Number: (773) 724-6324
E-mail Address: Randi.schullo@thealdennetwork.com
Fax Number: (773) 286-1562

Post Permit Contact

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

Name: Joseph R. Schullo
Title: Project Manager
Company Name: Alden Realty Services, Inc.
Address: 4200 West Peterson Avenue, Chicago, Illinois 60646
Telephone Number: (773) 724-6406
E-mail Address: joseph.schullo@thealdennetwork.com
Fax Number: (773) 286-1562

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Waterford Rehab & Courts, L.L.C.
Address of Site Owner: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646
Street Address or Legal Description of Site: 1991-2021 Randi Drive, Aurora, Illinois 60504
Proof of ownership or control of the site is to be provided as . Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Alden Courts of Waterford, L.L.C.									
Address: 4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646									
<table border="0"> <tr> <td><input type="checkbox"/> Non-profit Corporation</td> <td><input type="checkbox"/> Partnership</td> <td></td> </tr> <tr> <td><input type="checkbox"/> For-profit Corporation</td> <td><input type="checkbox"/> Governmental</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
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<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 									
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.									

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

State Agency Submittals

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

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


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


CERTIFICATION

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

- 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 manager 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 Waterford Rehab & Courts, LLC * 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.


SIGNATURE
JOAN CARL
PRINTED NAME
CO-MGR
PRINTED TITLE


SIGNATURE
RANDI SCHULLO
PRINTED NAME
CO-Manager
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 9 day of August, 2019


Signature of Notary

Notarization:

Subscribed and sworn to before me
this 9 day of August, 2019


Signature of Notary



Seal




*Insert EXACT legal name of the applicant


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JOAN CARL
PRINTED NAME
CO-MGR
PRINTED TITLE


SIGNATURE
RANDI SCHULTE
PRINTED NAME
Co-Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
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Signature of Notary

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SIGNATURE
JOAN CARL
PRINTED NAME
Co-man
PRINTED TITLE


SIGNATURE
RANDI Schullo
PRINTED NAME
Co-Manager
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 9 day of August, 2019


Signature of Notary

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Subscribed and sworn to before me
this 9 day of August, 2019


Signature of Notary




*Insert EXACT legal name of the applicant


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This Application for Permit is filed on the behalf of The Alden Group, Ltd. *
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.


SIGNATURE
JOAN CARL
PRINTED NAME
CO-MGR
PRINTED TITLE


SIGNATURE
RANDI SCHULLO
PRINTED NAME
V.P.
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 9 day of August, 2019


Signature of Notary

Notarization:

Subscribed and sworn to before me
this 9 day of August, 2019


Signature of Notary

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires February 24, 2022

Seal

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires February 24, 2022

Seal

*Insert EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

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

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

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

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

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

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

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

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

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

Criterion 1125.510 – Introduction**Bed Capacity**

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
<input checked="" type="checkbox"/> General Long-Term Care	20 Nursing 44 Sheltered	60 Nursing
<input type="checkbox"/> Specialized Long-Term Care		
<input type="checkbox"/>		

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

Utilization**Utilization for the most current CALENDAR YEAR:**

Category of Service	Year	Admissions	Patient Days
<input checked="" type="checkbox"/> General Long Term Care -Nursing -Sheltered Care	7/1/18-6/30/19 7/1/18-6/30/19	110	5,935 8,429
<input type="checkbox"/> Specialized Long-Term Care		NA	NA

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1125.530 - Planning Area Need

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

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

Criterion 1125.540 - Service Demand – Establishment of General Long Term Care – This item is not germane.

<ul style="list-style-type: none"> • If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable.
<ul style="list-style-type: none"> • If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals.
<ol style="list-style-type: none"> 1. Document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: resident/patient origin by zip code; name and specialty of referring physician or identification of another referral source; and name and location of the recipient LTC facility. 2. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used. 3. Estimate the number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. Please note: <ul style="list-style-type: none"> • The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload. • The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion • Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's 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. 5. If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows: <ol style="list-style-type: none"> a. The applicant shall define the facility's market area based upon historical resident/patient origin data by zip code or census tract; b. Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Bureau of the Census or IDPH; c. Projections shall be for a maximum period of 10 years from the date the application is submitted; d. Historical data used to calculate projections shall be for a number of years no less

than the number of years projected;

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

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

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

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

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

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

Criterion 1125.560 - Variances to Computed Bed Need – This item is not germane.

Continuum of Care:

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

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

and shall be developed either after the housing complex has been established or as a part of a total housing construction program, provided that the entire complex is one inseparable project, that there is a documented demand for the housing, and that the licensed beds will not be built first, but will be built concurrently with or after the residential units.

3. The applicant shall demonstrate that:

- a. The proposed number of beds is needed. Documentation shall consist of a list of available patients/residents needing the proposed project. The proposed number of beds shall not exceed one licensed LTC bed for every five apartments or independent living units;
- b. There is a provision in the facility's written operational policies assuring that a resident of the retirement community who is transferred to the LTC facility will not lose his/her apartment unit or be transferred to another LTC facility solely because of the resident's altered financial status or medical indigency; and
- c. Admissions to the LTC unit will be limited to current residents of the independent living units and/or congregate housing.

Defined Population:

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

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

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

Criterion 1125.570 - Service Accessibility – This item is not germane.**1. Service Restrictions**

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

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

2. Additional documentation required:

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

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

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution – This item is not germane.

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

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

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

Criterion 1125.650 - Modernization

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

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

SPECIALIZED LONG-TERM

Criterion 1125.720 - Specialized Long-Term Care – Review Criteria – This item is not germane.

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.

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:**

<u>\$835,000</u>	<p>a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b. Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c. Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	<p>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:</p> <ol style="list-style-type: none"> 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.

_____	e. Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f. Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g. All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$835,000	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.

See Section 1120.130 Financial Waiver for information to be provided

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

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

THIS ITEM IS NOT GERMANE

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

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

applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

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

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

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY SERVICE									
Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	0	\$25.96	0	0	13,016	0	\$0.00	\$337,928.11	\$337,928.11
Contingency	0	\$2.60	0	0	13,016	0	\$0.00	\$33,792.81	\$33,792.81
TOTALS	0	\$28.56	0	0	13,016	0	\$0.00	\$371,720.92	\$371,720.92

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

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

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$337,928	\$262,072	\$600,000
Contingencies	\$33,793	\$26,207	\$60,000
Architectural/Engineering Fees	\$22,529	\$17,471	\$40,000
Consulting and Other Fees	\$42,241	\$32,759	\$75,000
Movable or Other Equipment (not in construction contracts)	\$33,793	\$26,207	\$60,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$470,283	\$364,717	\$835,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$470,283	\$364,717	\$835,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$470,283	\$364,717	\$835,000

APPENDIX B**Related Project Costs**

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: \$ N/A
Fair Market Value: \$ N/A

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 \$ 0.00.

APPENDIX C**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

☐ None or not applicable☐ Preliminary☒ Schematics☐ Final WorkingAnticipated project completion date (refer to Part 1130.140): March 31, 2021

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

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

APPENDIX D**Cost/Space Requirements**

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Nursing	\$482,902	5,193	14,981	0	9,798	5,193	
Living/Dining/Activity	\$115,329	1,175	5,323	0	2,340	2,973	
Kitchen/Food Service	\$0	146	587	0	0	587	
Laundry	\$7,886	80	519	0	160	359	
Janitor Closets	\$7,984	81	243	0	162	81	
Clean/Soiled Utility	\$27,403	278	834	0	556	278	
Beauty/Barber	\$0	0	108	0	0	108	
Total Clinical	\$641,504	6,953	22,595	0	13,016	9,579	
NON-CLINICAL							
Office Administration	\$0	0	935	0	0	935	
Employee Lounge/ Locker/Training	\$3,253	53	119	0	66	53	
Interior Court	\$0	0	220	0	0	220	
Lobby	\$0	0	595	0	0	595	
Storage/Maintenance	\$0	0	91	0	0	91	
Corridor/Public Toilets	\$190,243	2,248	6,108	0	3,860	2,248	
Stair/Elevators	\$0	0	925	0	0	925	
Library	\$0	0	306	0	0	306	
Soda	\$0	0	396	0	0	396	
Basement (including link)	\$0	0	6,500	0	0	6,500	
Connecting Tunnel	\$0	0	1,083	0	0	1,083	
All other support	\$0	0	245	0	0	245	
Total Non-clinical	\$193,496	2,301	17,523	0	3,926	13,597	
TOTAL	\$835,000	9,254	40,118	0	16,942	23,176	

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		
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2	Site Ownership	44-46
3	Operating Identity/Licensee	47-49
4	Organizational Relationships	50-53
5	Flood Plain Requirements	54-55
6	Historic Preservation Act Requirements	56-60
	General Information Requirements	
10	Purpose of the Project	61-68
11	Alternatives to the Project	69-75
	Service Specific - General Long-Term Care	
12	Background of the Applicant	76-117
13	Planning Area Need	118-129
14	Establishment of General LTC Service or Facility	130
15	Expansion of General LTC Service or Facility	131-135
16	Variances	136
17	Accessibility	136
18	Unnecessary Duplication/Maldistribution	136
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	Service Specific - Specialized Long-Term Care	
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	Financial and Economic Feasibility:	
27	Availability of Funds	161-162
28	Financial Waiver	163
29	Financial Viability	
30	Economic Feasibility	164-165
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B	Related Project Costs	35
C	Project Status and Completion Schedule	36
D	Cost/Space Requirements	37

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

Applicant /Co-Applicant Identification

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

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

The Applicants for the proposed project, Alden Courts of Waterford, are **Waterford Rehab & Courts, LLC** (owner) and **Alden Courts of Waterford, LLC** (operator/Licensee). The owner of both the ownership and operating entities is **Alden of Waterford Investments, LLC**, with the parent entity being **The Alden Group, Ltd.** Collectively, these entities are the Applicant. The entities' Illinois Certificates of Good Standing are appended as **ATTACHMENT-1A**.

ATTACHMENT-1



To all to whom these Presents Shall Come, Greeting:

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

WATERFORD REHAB AND COURTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 23, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 6TH day of AUGUST A.D. 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1921802552 verifiable until 08/06/2020

Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT-1A



To all to whom these Presents Shall Come, Greeting:

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

ALDEN COURTS OF WATERFORD, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 13, 1999, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 8TH
day of AUGUST A.D. 2019 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1922002704 verifiable until 08/08/2020

Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT-1A



To all to whom these Presents Shall Come, Greeting:

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

ALDEN OF WATERFORD INVESTMENTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 22, 1999, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



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Jesse White

SECRETARY OF STATE



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THE ALDEN GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, 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 6TH day of AUGUST A.D. 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1921802622 verifiable until 08/06/2020

Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT-1A

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

Site Ownership

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

The owner of the existing building and site is **Waterford Rehab & Courts, LLC**. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-2A**. As an existing ongoing business, the most recent property tax document serves as proof of site ownership, appended as **ATTACHMENT-2B**.

ATTACHMENT-2



To all to whom these Presents Shall Come, Greeting:

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

WATERFORD REHAB AND COURTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 23, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



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the State of Illinois, this 6TH
day of AUGUST A.D. 2019 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1921802552 verifiable until 08/06/2020

Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT-2A



David J. Rickert Kane County Treasurer
 Make Checks Payable to: Kane County Treasurer
 Please remit to: P.O. Box 4025 Geneva IL 60134-4025

Parcel Number:

15-36-202-005



1st
2018

WATERFORD REHAB & COURTS LLC
 4200 W PETERSON AVENUE STE 140
 CHICAGO IL 60646-6819



1ST INSTALLMENT 2018	\$37,059.14
ADJUSTMENT	
PENALTY	
INSTALLMENT AMOUNT PAID	\$0.00
INSTALLMENT BALANCE DUE	\$37,059.14
DUE BY 06/03/19	

1536202005100037059140603195

00174109

Remove stub and remit with payment.



David J. Rickert Kane County Treasurer
 Make Checks Payable to: Kane County Treasurer
 Please remit to: P.O. Box 4025 Geneva IL 60134-4025

Parcel Number:

15-36-202-005



2nd
2018

WATERFORD REHAB & COURTS LLC
 4200 W PETERSON AVENUE STE 140
 CHICAGO IL 60646-6819

2ND INSTALLMENT 2018	\$37,059.14
ADJUSTMENT	
PENALTY	
INSTALLMENT AMOUNT PAID	\$0.00
INSTALLMENT BALANCE DUE	\$37,059.14
DUE BY 09/03/19	

1536202005200037059140903192

Remove stub and remit with payment.

Rate 2017	Tax 2017	Taxing District	Rate 2018	Tax 2018	Parcel Number	15-36-202-005	TIF BASE	N/A																																		
0.327853	\$2,458.89	KANE COUNTY	0.323092	\$2,629.88	Late Payment Schedule 1st 2nd June 4 thru Jul 3 \$37,815.03 Jul 4 thru Aug 3 \$38,170.91 Aug 4 thru Sept 3 \$38,726.80 Sept 4 thru Oct 3 \$39,282.69 \$37,815.03 Oct 4 thru Oct 25 \$39,838.58 \$38,170.91 Payments on or after Oct. 4, 2018: Please see instructions, on reverse side, for LATE PAYMENTS.			FAIR CASH VALUE	2,442,169.00																																	
0.074845	\$559.83	KANE COUNTY PENSION	0.084587	\$525.87				LAND VALUE	427,234.00																																	
0.165993	\$1,242.71	KANE FOREST PRESERVE	0.160582	\$1,306.93				+ BUILDING VALUE	386,741.00																																	
0.000148	\$1.10	KANE FOREST PRESERVE PENSION	0.000140	\$1.14				- HOME IMPROVEMENT/VET	0.00																																	
0.194760	\$1,460.70	AURORA TOWNSHIP	0.205107	\$1,669.61				= ASSESSED VALUE	813,975.00																																	
0.021580	\$161.65	AURORA TOWNSHIP PENSION	0.015858	\$129.07	Mail To: WATERFORD REHAB & COURTS LLC 4200 W PETERSON AVENUE STE 140 CHICAGO IL 60646-6819 Property Location: 1991-2021 RANDI DR AURORA, IL 60504 <table><tr><td>Township</td><td>Tax Code</td><td>Acres</td></tr><tr><td>AJ</td><td>AU021</td><td></td></tr><tr><td>Tax Rate</td><td>Sold at Tax Sale</td><td>Forfeited Tax</td></tr><tr><td>9.105720</td><td></td><td></td></tr><tr><td>First Installment Tax</td><td>Second Installment Tax</td><td></td></tr><tr><td>\$37,059.14</td><td>\$37,059.14</td><td></td></tr><tr><td>Adjustment</td><td>Adjustment</td><td></td></tr><tr><td>Penalty</td><td>Penalty</td><td></td></tr><tr><td>Other Fees</td><td>Other Fees</td><td></td></tr><tr><td>Total Due</td><td>Total Due</td><td></td></tr><tr><td>DUE BY 06/03/19</td><td>DUE BY 09/03/19</td><td></td></tr></table>			Township	Tax Code	Acres	AJ	AU021		Tax Rate	Sold at Tax Sale	Forfeited Tax	9.105720			First Installment Tax	Second Installment Tax		\$37,059.14	\$37,059.14		Adjustment	Adjustment		Penalty	Penalty		Other Fees	Other Fees		Total Due	Total Due		DUE BY 06/03/19	DUE BY 09/03/19		x STATE MULTIPLIER	1.000000
Township	Tax Code	Acres																																								
AJ	AU021																																									
Tax Rate	Sold at Tax Sale	Forfeited Tax																																								
9.105720																																										
First Installment Tax	Second Installment Tax																																									
\$37,059.14	\$37,059.14																																									
Adjustment	Adjustment																																									
Penalty	Penalty																																									
Other Fees	Other Fees																																									
Total Due	Total Due																																									
DUE BY 06/03/19	DUE BY 09/03/19																																									
0.091180	\$693.85	AURORA TWP ROAD DIST	0.004657	\$37.90	= EQUALIZED VALUE	813,975.00																																				
0.004890	\$38.60	AURORA TWP ROAD DIST PENSION	1.184508	\$9,641.82	- HOMESTEAD EXEMPTION	0.00																																				
1.251823	\$9,388.67	AURORA CITY	0.789438	\$6,425.81	- SENIOR EXEMPTION	0.00																																				
0.798661	\$5,974.96	AURORA CITY PENSION	4.558109	\$37,065.56	- OTHER EXEMPTIONS	0.00																																				
0.073080	\$38,046.13	EAST AURORA SCH DIST 131	0.396760	\$3,229.56	+ FARMLAND	0.00																																				
0.430110	\$3,225.80	EAST AURORA SCH DIST 131 PENSION	0.541425	\$4,407.06	+ FARM BUILDING	0.00																																				
0.553304	\$4,149.78	WAUBONSEE COLLEGE 516	0.453804	\$3,693.85	= NET TAXABLE VAL	813,975.00																																				
0.498607	\$3,739.55	FOX VALLEY PARK DISTRICT	0.036479	\$296.93	x TAX RATE	9.105720																																				
0.033642	\$262.32	FOX VALLEY PARK DISTRICT PENSION	0.286193	\$2,329.54	= CURRENT TAX	\$74,118.28																																				
0.288730	\$2,185.48	AURORA CITY LIBRARY	0.000000		+ NON AD VALOREM TAX	\$0.00																																				
0.000000		FOX METRO WATER REC DIST			+ BACK TAX / FORF AMT	\$0.00																																				
					- ENTERPRISE ZONE	\$0.00																																				
					= TOTAL TAX DUE	\$74,118.28																																				
9.806696	\$73,550.22	TOTAL	9.105720	\$74,118.28	ATTACHMENT-2B																																					

2018 Kane County Real Estate Tax Bill
 David J. Rickert, County Treasurer
 719 S. Batavia Avenue, Bldg. A
 Geneva, IL 60134

ATTACHMENT 2B

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

Operating Identity/Licensee

- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.

The operator/Licensee of the existing Alden Courts of Waterford is **Alden Courts of Waterford, LLC**. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A**. Please note that the sole shareholder is **Alden of Waterford Investments, LLC**. An Illinois Certificate of Good Standing for this entity is appended as **ATTACHMENT-3B**.



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

ALDEN COURTS OF WATERFORD, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 13, 1999, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 8TH
day of AUGUST A.D. 2019 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1922002704 verifiable until 08/08/2020

Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT-3A



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day of AUGUST A.D. 2019 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1921802574 verifiable until 08/06/2020

Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT-3B

SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

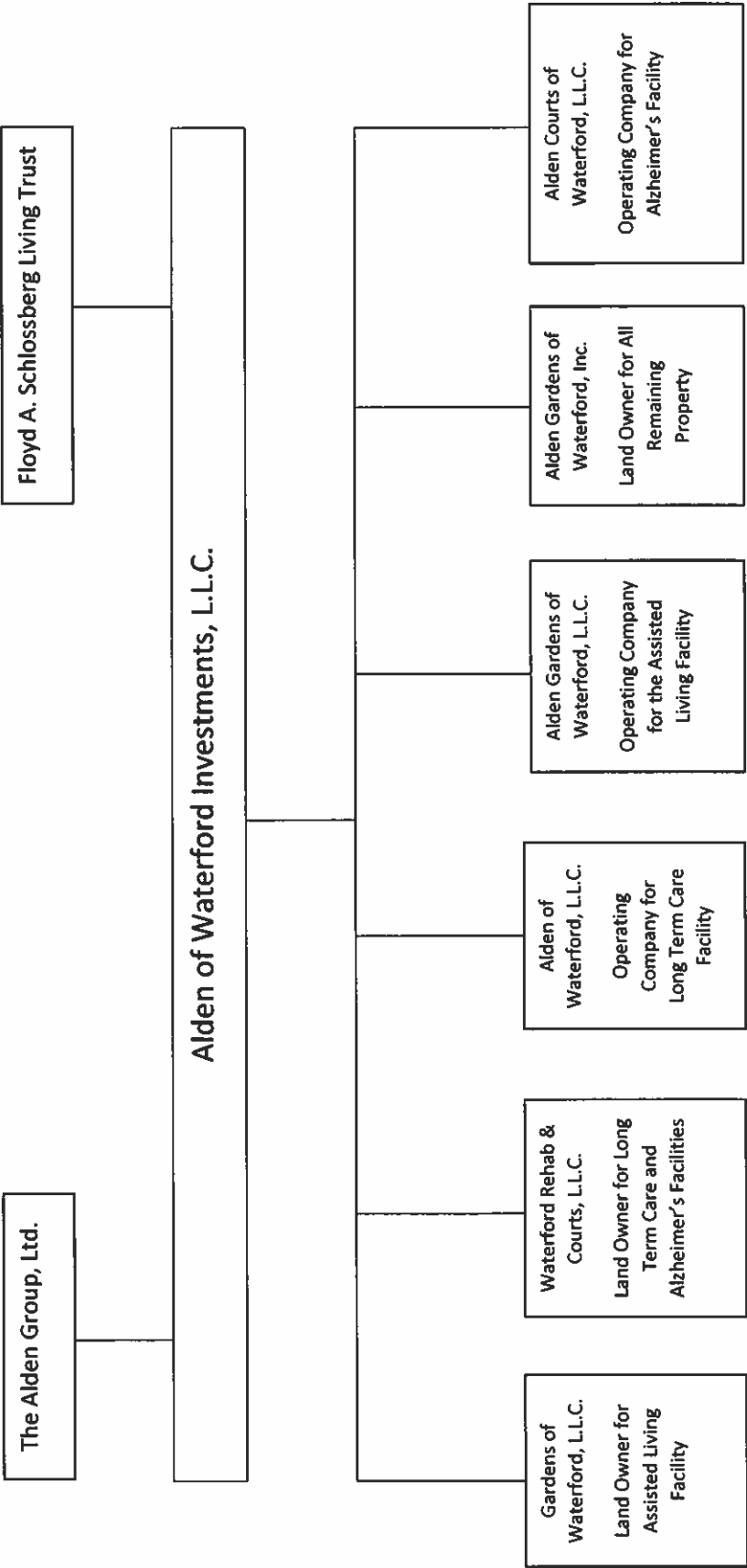
Continued iv

Organizational Relationships

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

Appended as **ATTACHMENT-4A**, is the organizational chart for Alden's total Waterford project in Aurora, Illinois. It should be known that Alden Courts of Waterford has 20 nursing and 44 sheltered care beds existing. The Alden of Waterford campus has two additional licensed facilities: Alden of Waterford, a 99-bed nursing facility that shares the land owner (**Waterford Rehab & Courts, LLC**) with the Subject facility; and Alden Gardens of Waterford, a 121-bed general sheltered care facility which shares the parent entity with the Subject facility. There are other related "Alden" facilities through the parental entities that should be disclosed. Appended as **ATTACHMENT-4B** is a listing of all facilities in which **The Alden Group, Ltd.** (the ultimate parent) has interest. Appended as **ATTACHMENT-4C**, is the Illinois Secretary of State Certificate of Good Standing for **The Alden Group, Ltd.** who is also considered a co-Applicant.

ATTACHMENT-4



Alden Courts of Waterford
Related Entities List

<u>RELATED FACILITY</u>	<u>EXP DATE</u>
Alden Alma Nelson Manor	10/28/2019
Alden Estates of Barrington	10/31/2020
Alden Des Plaines Rehab & HC	10/30/2020
Alden Garden Cts of DesPlaines	2/1/2020
Alden Estates of Evanston	3/14/2021
Heather Health Care Center	6/1/2021
Alden Estates Cts of Huntley	6/25/2020
Alden Lakeland Rehab & HCC	9/30/2019
Alden Lincoln Rehab & H C Ctr	10/31/2019
Alden Long Grove Rehab & HCC	3/6/2020
Alden Terrace of McHenry Rehab	7/9/2020
Alden Estates of Naperville	11/8/2019
Alden Northmoor Rehab & HCC	3/28/2020
Alden North Shore Rehab & HCC	8/9/2021
Alden Orland Park Rehab & HCC	1/7/2020
Alden Park Strathmoor	7/25/2020
Alden Poplar Creek Rehab & HCC	12/31/2020
Alden Princeton Rehab & HCC	7/10/2020
Alden Estates of Shorewood	3/8/2021
Alden Courts of Shorewood	2/21/2020
Alden Estates of Skokie	2/1/2020
Alden Town Manor Rehab & HCC	5/1/2020
Alden Valley Ridge Rehab & HCC	10/31/2019
Alden Village Health Facility	9/19/2020
Alden Village North	2/28/2020
Alden of Waterford	7/31/2021
Alden Courts of Waterford	12/5/2019
Alden Gardens of Waterford	1/9/2020
Alden Wentworth Rehab & HCC	8/2/2020
Alden of Old Town East	5/8/2020
Alden of Old Town West	5/18/2020
Alden Trails	5/18/2021
Alden Springs	9/24/2020



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Jesse White

SECRETARY OF STATE

SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Continued v

Flood Plain Requirements

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

The proposed project is the conversion of the remaining sheltered care beds into nursing all within the existing footprint. No new construction is part of this project. A FIRM map identifying that the area is not within a special flood zone area is appended as **ATTACHMENT-5A**.

ATTACHMENT-5

National Flood Hazard Layer FIRMette



41°44'27.79"N



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS	Without Base Flood Elevation (BFE) Zone A, V, A99 With BFE or Depth Zone AE, AO, AH, VE, AR Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD	0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X Future Conditions 1% Annual Chance Flood Hazard Zone X Area with Reduced Flood Risk due to Levee, See Notes, Zone X Area with Flood Risk due to Levee Zone D

OTHER AREAS	Area of Minimal Flood Hazard Zone X Effective LOMRs Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES	Channel, Culvert, or Storm Sewer Levee, Dike, or Floodwall

OTHER FEATURES	Cross Sections with 1% Annual Chance Water Surface Elevation Coastal Transect Base Flood Elevation Line (BFE) Limit of Study Jurisdiction Boundary Coastal Transect Baseline Profile Baseline Hydrographic Feature

MAP PANELS	Digital Data Available No Digital Data Available Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 8/15/2019 at 12:06:04 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.



41°44'0.94"N

88°15'50.53"W

Uses The National Map: Critical Layer Data released April 2019

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

Historic Resources Preservation Act Requirements

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

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

ATTACHMENT-6

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

ONLINE SUBMITTAL USPS ORIGINALS

August 6, 2019

Jeff Kruchten
Chief Archaeologist
State Historic Preservation Office
ATTN: Review & Compliance
1 Old State Capitol
Springfield, Illinois 62701

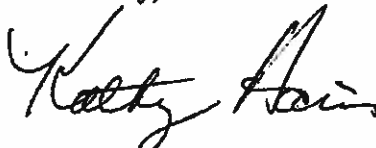
Re: Alden Courts of Waterford
IHPA LOG #960722003J-K and
subsequent LOG #008070915

Dear Mr. Kruchten:

The Applicants are proposing (through the Certificate of Need process) to modernize its existing facility located at 1991 Randi Drive, Aurora, Kane County, Illinois. The existing facility currently contains 20 nursing care beds and 44 sheltered care beds. Alden Courts of Waterford is proposing to convert its remaining 44-bed sheltered care unit into a 40-bed nursing unit for a resulting building compliment of 60 nursing beds. This is an existing facility that will have no new construction, only renovation to existing space. This correspondence seeks to obtain an updated Historic Preservation letter of finding in accordance to the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420et.seq) and other applicable Illinois laws. As no other information is changing, you should have the required information. However, for your convenience we are enclosing a site layout of the entire Continuum of Care Retirement Community (CCRC), the original finding dated December 31, 1996 as well as the subsequent finding dated July 22, 2015.

If you have any questions or need additional information, please do not hesitate to contact me or John P. Kniery.

Sincerely,



Kathy Harris

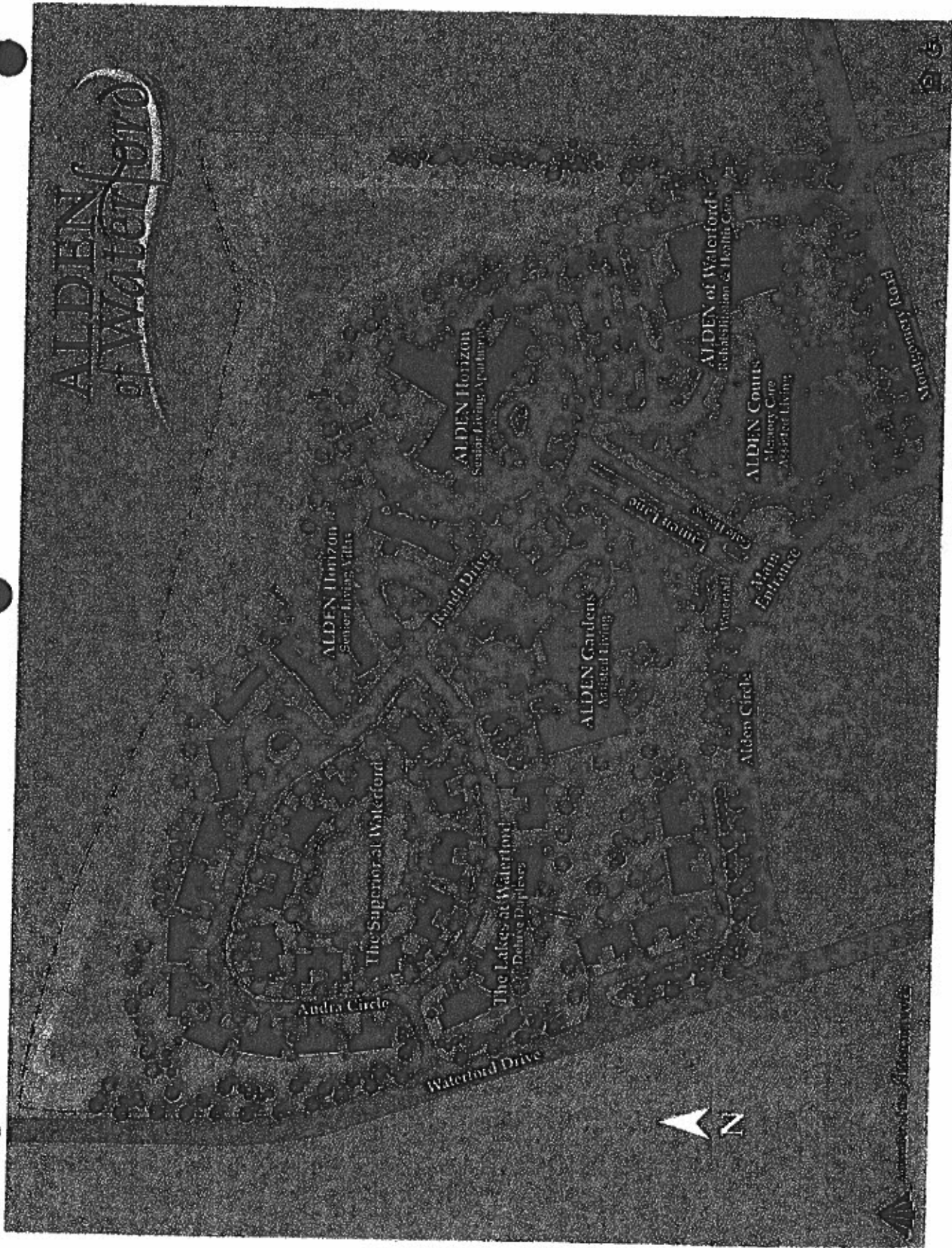
ENCLOSURES

Office: 217/544-1551

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



Fax: 217/544-3615
ATTACHMENT-6A





Illinois Historic Preservation Agency

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

KANE COUNTY
Aurora
071-43187
NEC Montgomery & Waterford
Alden Nursing Center Waterford

PLEASE REFER TO:
IHPA LOG #960722003J-X
ARI
Acres: 5.9 Sites: 0

December 31, 1996

Mr. Thomas Reed
US Department of Housing & Urban Develop
Chicago Regional Office, Region V
77 West Jackson Boulevard
Chicago, Illinois 60604-3507

Dear Sir:

Thank you for submitting the results of the archaeological reconnaissance. Our comments are required by Section 106 of the National Historic Preservation Act of 1966, as amended, and its implementing regulations, 36 CFR 800: "Protection of Historic Properties".

Our staff has reviewed the archaeological Phase I reconnaissance report performed for the project referenced above.

The Phase I survey and assessment of the archaeological resources appear to be adequate. Accordingly, we have determined, based upon this report, that no significant historic, architectural, and archaeological resources are located in the project area.

Please retain this letter in your files as evidence of compliance with Section 106 of the National Historic Preservation Act of 1966, as amended.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

AEH:JKJ

cc: Steve Vahl, US Dept HUD

Printed on Recycled Paper

ATTACHMENT NO. 5A

24

ATTACHMENT-6A



**Illinois Historic
Preservation Agency**

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525
www.illinoishistory.gov

Kane County
Aurora

CON - Rehabilitation for Conversion of Sheltered Care Beds to Long-Term Care Beds, Alden Courts of
Waterford
1991 Randi Dr.
IHPA Log #008070915

July 22, 2015

Kathy Harris
Foley and Associates, Inc.
133 S. 4th St., Suite 200
Springfield, IL 62701

Dear Ms. Harris:

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

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

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

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

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

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

Criterion 1125.320 – Purpose of the Project

On November 17, 2015 phase one of this project was approved to convert 22 sheltered care beds to 20 nursing care beds. The purpose of this project is to implement phase two in order to complete the conversion of the remaining 44 sheltered care beds to 40 nursing care beds resulting in a total licensed capacity of 60 nursing beds for this facility.

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.

Alden Courts of Waterford was originally a 66-bed sheltered care facility for those with memory impairment. Connected to Alden Courts is Alden of Waterford, a 99-bed nursing facility and Alden Gardens of Waterford, a 121-bed general sheltered care facility. Therefore, this project is more accurately an expansion, or redistribution of services, to better care and treat persons with Alzheimer's Disease and Related Dementia (ADRD). Specifically, residents with memory impairment progress slowly through the stages of memory loss and it is best practices to allow elderly to age-in-place regardless of diagnosis. Moreover, it is also best practices to care for general geriatric residents separately from those with dementia. The rationale for this is more about providing the appropriate physical plant environment to nurture residents with ADRD and to minimize confusion, which can lead to frustration, confrontation and acting out. These are all behaviors that can be harmful to the resident presenting the behavior as well as the residents around them and/or staff to include family members.

This project is a result of years of experience in having residents who's medical needs outweigh the programmatic needs dealing with memory impairment, yet the resident cannot remain in a sheltered care facility when they are in need of nursing care, nor can they be appropriately placed in the general nursing care facility when they still need programming for memory care issues. This project proposes to address that gap in care to improve the health care accessibility of this specific population who have memory impairment yet require a nursing level of care.

The market area population to be served has a catchment area of a 10-mile radius from the Subject site. Alden Courts of Waterford (memory sheltered care) and Alden of Waterford (general nursing) have consistently had to refer potential residents in need of this level of care to out-of-area facilities as the Waterford Campus did not have the appropriate level of care to accommodate. This referral out of the retirement community is the issue that this project is addressing.

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

The primary market area is a 10-mile radius from the Applicant's facility. In a recent zip code analysis for all admissions during the most recent 24-month period, 60.7% were from within the radius area.

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

There is an internal demand for the nursing level of care within the memory care setting. Moreover, assisted living is not Medicare or Medicaid eligible. As residents' medical needs

ATTACHMENT-10

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

outweigh their programmatic needs and nursing care is the only option, residents must be discharged out of the memory care building in order for their Medicare or Medicaid benefits to be used. This leads to residents being discharged out to facilities that do not have this level of specialized memory care. Over the past two years Alden Courts of Waterford has transferred 30 residents out of the building for a higher level of care, a few who were Medicaid eligible. Therefore, this proposed project would allow those residents in need of nursing services to remain in, or to transfer within, the campus even with a decline in their financial situation allowing them to remain on campus as Medicaid eligible residents.

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

Appended as **ATTACHMENT-10A**, is the Microsoft MapPoint North America 2013 map identifying the primary service area of 10-mile radius and all zip codes within said market area.

Appended as **ATTACHMENT-10B** is a letter from Alden Courts of Waterford documenting the number of residents discharged (30) due to changes in their medical needs and/or financial needs.

Appended as **ATTACHMENT-10C**, is the patient origin for all admissions by zip code to the Subject facility.

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

The proposed project will allow residents needing to move from sheltered care to nursing care to remain in a memory care specific environment. Existing and future residents will be able to fully and completely age-in-place. The added benefit of the nursing level of care to treat residents with memory care is that should residents be Medicaid eligible or concurrently need Medicaid (rehabilitative) services, the proposed facility will not have to discharge residents.

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

The Applicant's goal is to offer a complete continuum of care throughout its entire campus. Quantitatively, this can be gauged through the Applicant's ability to again reach and maintain the State's target utilization rate of 90% by the second full year of operation after project completion.

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.

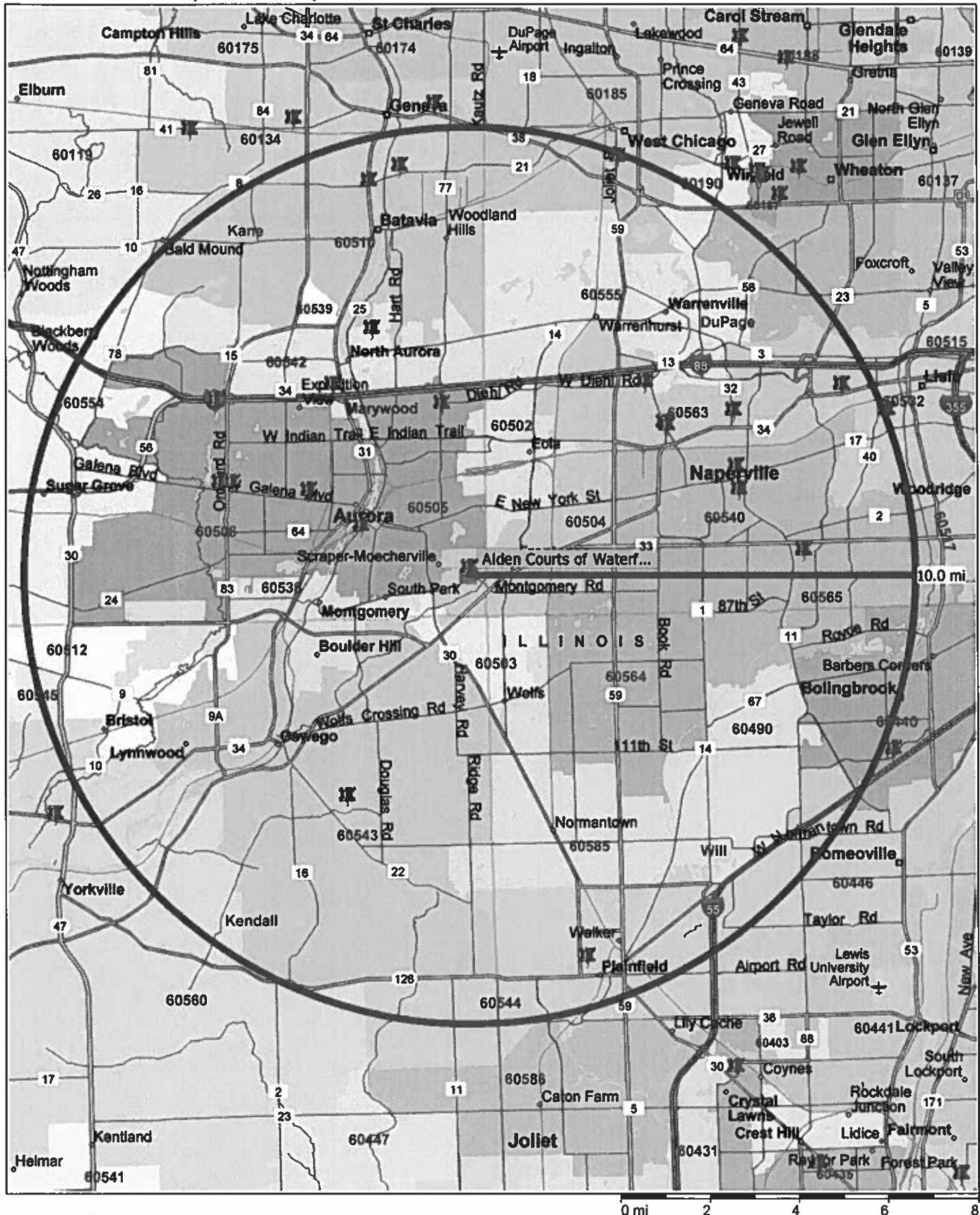
Alden Courts of Waterford was approved by the Illinois Health Facilities and Services Review Board (then Illinois Health Facilities Planning Board) on August 22, 1997 as a 66-bed sheltered care facility and construction was completed in 2001. As a nearly 18-year old building, it is relatively new as compared to traditional long-term care facilities in Illinois. Moreover, the parent company, **The Alden Group, Ltd.**, is a premier provider especially in terms of physical

ATTACHMENT-10

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

plant environment. Together, this facility is in excellent industry standard condition and the modernization of the project is only to bring the one unit up from sheltered care standards to skilled standards to meet all applicable IDPH licensure requirements. This will result in losing four beds. This opportunity also allows the Applicant to replace the existing furniture that is necessary due to normal wear and tear. Therefore, this modernization is not a result of physical plant deficiencies but rather solely due to the change in licensure category.

Map Point Map - Alden Courts of Waterford - 10 Mile Radius



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ATTACHMENT-10A

ALDEN Courts of Waterford

August 2, 2019

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
5252 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

Over the past two years, we have had to transfer 30 people out of our building due to financial reasons or the need for a higher level of care. We currently have three more residents – one of whom has called our facility “home” since 2012 – awaiting outside placement for financial reasons. As the Administrator, it is heartbreaking to see a resident who has called our facility “home” have to transfer for these reasons. It is unfortunate because residents diagnosed with dementia often experience considerable decline when their environment changes.

On a monthly basis, we turn away a significant number of potential residents because we are unable to accept any more Medicare/Medicaid due to being at full capacity on our skilled neighborhood. With the addition of 40 skilled beds, we would be able to give our current residents the ability to age in place and to offer the same opportunity to those in need in our community.

Sincerely,



Caitlin Brozek, BBA, LNHA, Administrator

Alden Courts of Waterford

Alden Courts Memory Care Assisted Living

1991 Randi Drive Aurora, IL 60504 tel: (630)851-1466 fax: (630)585-1008 www.thealdennetwork.com

ATTACHMENT-10B



A member of the Alden network

Alden Courts of Waterford

Residents who discharged due to financial concerns and/or increased skill level

Initials:	Date:	Zip Code:
1. LB	8/24/2017	60477
2. LP	9/8/2017	60560
3. PI	9/26/2017	60543
4. VD	10/14/2017	60563
5. JR	11/11/2017	60540
6. NT	11/13/2017	60543
7. PL	12/21/2017	60555
8. LW	2/15/2018	60504
9. BW	2/16/2018	60560
10.MN	2/19/2018	60175
11.JN	5/15/2018	60504
12.MP	5/20/2018	60560
13.OO	6/1/2018	60542
14.VP	6/10/2018	60538
15.TS	6/19/2018	60538
16. MG	6/22/2018	60554
17. AP	6/30/2018	60564
18. HP	7/25/2018	60506
19. RK	9/5/2018	60555
20. JR	12/28/2018	60466
21. MH	1/5/2019	60620
22.VK	1/26/2019	60560
23. BS	4/4/2019	60542
24. HR	4/26/2019	60505
25. BS	5/8/2019	60490
26. HR	5/17/2019	60505
27. AB	5/24/2019	60502
28. MH	6/28/2019	60506
29. JE	7/19/2019	60607
30. JC	7/31/2019	60615

Alden Courts of Waterford
Admissions Data by Zip Code Area
7/1/17 - 6/30/19

Resident Initials	Zip Code	Resident Initials	Zip Code	Resident Initials	Zip Code	Resident Initials	Zip Code	Resident Initials	Zip Code
GB	26807	LB	60477	LM	60505	LR	60538	RK	60555
WD	43605	VM	60490	MG	60505	JS	60538	ND	60560
RL	60005	SC	60502	MG	60505	DB	60538	LP	60560
LC	60016	GS	60502	DN	60505	LM	60538	BH	60560
BD	60050	LL	60502	KS	60505	CR	60538	RM	60560
EP	60108	LL	60502	DM	60505	JH	60538	OM	60560
MH	60126	SN	60502	AC	60505	JR	60540	CB	60560
MH	60126	SN	60502	FG	60505	MM	60540	BW	60560
DR	60126	AB	60502	HR	60505	MM	60540	DK	60560
JE	60126	DL	60502	JM	60505	MH	60541	TB	60560
RJ	60134	SN	60502	HR	60505	HC	60542	VK	60560
PA	60137	JL	60502	CM	60505	BS	60542	VK	60560
JK	60137	BH	60503	CK	60505	LB	60542	VK	60560
MM	60148	PM	60503	HC	60506	DL	60542	VK	60560
LM	60155	JT	60503	MH	60506	LB	60542	EW	60560
MN	60175	IL	60504	CC	60506	BH	60542	LS	60560
MN	60175	JT	60504	RK	60506	DL	60542	PB	60563
DK	60175	RP	60504	RM	60506	HC	60542	ST	60563
JN	60181	AE	60504	AF	60506	MR	60543	MR	60564
RL	60185	MV	60504	HD	60507	JC	60543	CB	60564
IR	60185	SM	60504	TW	60510	CS	60543	MK	60564
BS	60187	MN	60504	GZ	60510	WS	60543	PH	60565
PB	60187	MK	60504	GZ	60510	WS	60543	JS	60565
DK	60189	WS	60504	CL	60510	RD	60543	AM	60565
JC	60189	MV	60504	ZP	60515	ER	60543	GG	60585
PG	60191	TK	60504	RW	60516	SC	60543	NM	60585
PG	60191	LW	60504	GS	60517	JH	60543	MF	60585
RC	60404	LW	60504	DW	60526	MG	60543	JG	60585
RC	60404	AS	60504	PC	60527	MG	60543	KN	60585
EV	60408	JH	60504	BA	60532	FP	60544	RF	60585
EV	60408	WS	60504	OT	60532	MD	60544	PL	60586
DS	60431	AC	60504	VP	60538	DK	60544	EW	60586
MP	60435	AS	60504	AD	60538	YM	60544	JE	60607
JV	60441	JH	60504	LG	60538	MA	60544	ML	60620
WC	60446	AS	60504	MT	60538	LK	60544	MH	60620
LP	60447	AE	60504	AD	60538	EM	60545	PI	85024
MG	60450	AS	60504	PM	60538	JH	60548	DE	85755
MG	60450	BB	60504	MT	60538	NS	60551	MS	90746
MG	60450	JV	60505	GM	60538	RE	60552	Sub-total	38
ES	60453	DN	60505	AD	60538	JK	60554	Total	206
JR	60466	MG	60505	CA	60538	ED	60554		
JR	60466	EW	60505	CA	60538	RK	60555		
Sub-total	42	Sub-total	42	Sub-total	42	Sub-total	42		

Alden Courts of Waterford
Admissions Data by Zip Code Area
7/1/17 - 6/30/19

10-Mile Radius Zip Codes	# of Admits within 10- Mile Radius
60490	1
60502	10
60503	3
60504	23
60505	17
60506	6
60510	4
60512	0
60538	17
60539	0
60540	3
60542	8
60543	11
60544	6
60555	2
60563	2
60564	3
60565	3
60585	6
125	

Total Admissions 7/1/17 - 6/30/19	206
Total Admission Within 10-Mile Radius	125
% of Admissions Within 10-Mile Radius	60.7%

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

Criterion 1125.330 – Alternatives

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

Alternative options must include:

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

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

The problem this project is addressing is that residents in the sheltered care facility (Alden Courts), which is devoted to memory care, are requiring more care than can be provided in the sheltered care context. These residents are currently being transferred out of the campus for licensed nursing services. The campus's skilled facility (Alden of Waterford), as well as most free-standing nursing facilities, does not have the specialized memory care programming that these dementia residents require.

This project, the conversion of the remaining sheltered care beds into nursing beds through the expansion of the nursing category of care, has limited alternatives as it is predicated on the use of existing space in an existing ongoing operation, i.e., Alden Courts of Waterford. Moreover, this is not a freestanding facility where beds are to be converted between levels of care. Part of this project is the related and connected Alden of Waterford, a 99-bed skilled nursing facility, Alden Gardens of Waterford that is also a sheltered care licensed facility yet not specialized for dementia, and a variety of independent living options from apartments to villas and duplexes. One of the single most important determinants of alternatives is that the Alden Courts building is now, and will remain, for the care and service of those with memory impairment. As such, the alternatives to this project are limited to continuing to discharge and transfer memory care residents out of the facility should their medical needs outweigh their programmatic needs and the project as being proposed, i.e., to convert the entire building from sheltered care to nursing.

As the proposed project is one of several existing care centers within the campus setting, it is fair to assess the alternative of utilizing a portion of the existing nursing building, Alden of Waterford, for this nursing memory care unit. The foremost reason this was not considered is the fact that Alden of Waterford is a rehabilitative model of care, which is more short term in nature, and with the lower average length of stay there is more "turn around", which produces higher peak census days than the overall average utilization indicates. Therefore, a total of 40-60 beds have not been available. Moreover, it has been Alden's approach to not provide one building that can do everything, but rather to develop a building around a more singular purpose as it has on

ATTACHMENT-11

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

its Waterford, Des Plaines, Shorewood and Huntley campuses. In each of these, the latest of the Alden developments, there is a nursing rehabilitative building and a separate memory care building. When possible and needed it has separate assisted living or independent living (low income/affordable senior living) buildings also. Specifically, the Waterford campus has sheltered care for the geriatric population, sheltered care for those with memory care issues and nursing care for the geriatric (rehabilitative/short term). The component that is most limited is the nursing for those with memory care issues.

Alden, through its nearly 50 years of long-term care experience just in Illinois alone, has developed a model of health care delivery for today's seniors that is not a one size fits all. Alden has developed a program for each level of care and has then designed a type of building that best suits that program. Memory care units need to be locked units due to the greater propensity for elopement. These units are also typically in a one-story building. Residents with memory issues are confused easily; the busier and noisier life in a rehabilitative unit would perpetuate and worsen agitation and sundowners, where residents with Alzheimer's Disease or Related Dementia (ADRD) become most confused, agitated or combative. Likewise, for general geriatric care residents to be in a closed and locked unit may not promote the quick healing and recovery that is desired. Rehabilitative care is for residents who are trying to return home or to a lesser level of care. Memory care residents are much more long-term as ARDR is chronic and progressive. Shiny floors and bright rooms promote recovery for general geriatric residents while shiny floors or changing floor coverings can cause confusion for memory care residents. Changing lighting can also negatively influence mood and behavior in those with cognitive or memory care issues. In consideration of these issues, the rehabilitative nursing unit, Alden of Waterford, is a three story building designed for the betterment of recovery, and the Alden Courts of Waterford was designed all on one level with smaller households, turn-around areas for wonderers, secure outdoor areas for each household, and locked units. It should be pointed out that even though a resident's medical needs progress to need nursing care, should they have memory care issues, the benefit of a unit specifically designed for ARDR care and treatment is essential. As such, the conversion of beds from within the nursing building would not be easily accomplished with the larger unit sizes, and ultimately it does not follow Alden's model of delivering health care to both populations. With this understanding the following alternatives were considered.

ALTERNATIVE #1 Lesser Scope:

The alternative of lesser scope has been explored. First, through maintaining only the sheltered level of care for those with memory needs. When their medical needs or financial ability dictated, they had to be discharged to an accommodating setting. Second, to address the issue of allowing residents to age-in-place and to provide Medicaid/Medicare beds to those suffering with memory care issues, Alden established the nursing category of care by converting a single wing to nursing care. That unit was full almost immediately and remains so today.

To satisfy this alternative the Applicant considered only converting one of the remaining two units or converting an additional 22 sheltered care beds into 20 nursing care beds for a resulting total of 40 nursing care beds and 22 sheltered care beds.

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

Cost

The cost of this alternative would be about half (\$417,500) of the current project cost (\$835,000).

Patient Access

The reason for the project is to improve access to memory care for residents who also need nursing level of care. As experienced through the first conversion, converting the entirety of the remaining sheltered care beds would eventually be required. As documented, since the conversion of the first unit, 30 patients or referrals have been turned away due to those referrals/patients needing nursing care. Therefore, the alternative of lesser scope would not fully improve patient access.

Quality

To refer residents and potential admissions out of the campus setting renders the Applicant powerless to influence quality. It should be known that Alden, through all of its related facilities, tries to follow best practices of not mixing transitional rehabilitative residents with memory impaired residents and similarly avoids combining populations with different needs in the lower level of care of assisted/sheltered care.

Financial Benefits

Continuing to refer residents and potential admissions outside of Alden Courts of Waterford and, therefore, out of Waterford campus, does not result in any financial benefits for the residents and displaces them from where they have been living.

ALTERNATIVE #2 Greater Scope:

The existing 64-bed Alden Courts of Waterford building is arranged as three wings with one 20-bed nursing unit and two 22-bed sheltered care households. The proposed project would convert the remaining two wings into two additional 20-bed nursing units. Given that there are only three households, a project of greater scope would require new construction for which there is limited space to conceive.

Cost

As there is limited undeveloped space within the Alden of Waterford campus setting, a project of greater scope is not practical. Therefore, the costs of such a project were not contemplated.

Patient Access

As this alternative is not practically possible, patient access could not be affected.

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

Quality

As this alternative is not practically possible, quality would not be affected.

Financial Benefits

As this alternative is not practically possible, financial benefits would not be affected.

ALTERNATIVE #3 Pursuing a Joint Venture or Utilizing Other Health Care Resources:

In many ways this project is part of a joint venture. There are three separately licensed facilities, although all ultimately owned by **The Alden Group, Ltd.**, that are working together to provide the most appropriate level and type of care for residents. All three licensed facilities and two unlicensed entities are each best at their respective niche, yet jointly venturing to find the best fit to care for their residents. This alternative was considered and is more fully explored under alternative #4, the project as proposed.

ALTERNATIVE #4 Project As Proposed:

The project as being proposed combines the utilization of an existing health care resource in a way that optimizes a minimal addition of nursing beds and the overall utilization of not only the existing health care resource, Alden Courts of Waterford, but also the entire Alden of Waterford campus.

Cost

This project has a cost of \$835,000 for 40 nursing beds in 16,942 gross square feet. That equates to \$49.29 per gross square feet.

Patient Access

Nearly ten percent (7.8%) of the historical admissions to Alden Courts of Waterford have come from within the Waterford campus. The Applicant also states that 30 existing patients were discharged out of the campus to other area facilities within the most recent 24 months because the proposed specialized level of care is not available. From the Applicant's experience, the proposed alternative would improve access. Refer to **ATTACHMENT-10B**.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care and in physical plant environment. This alternative would continue the high quality already provided at all the levels of care within the Alden Waterford campus.

Financial Benefits

Typically, when there is an establishment of a service it is new construction or a massive
ATTACHMENT-11

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

renovation project. As such, establishment projects need to be of a minimum size to effectively realize economies-of-scale, which historically is a minimum of 65-75 beds that can still afford to meet IDPH and life safety code standards. IDPH has a norm of between 435 - 713 gross square feet per bed and a norm of \$276.67 per gross square feet according to the 3rd quartile of the RS Means report (George Roate, IHFSRB Project Review August 14, 2019). Appended as **ATTACHMENT-11A**, is a copy of this correspondence. Thus, even to construct a 40-bed facility could cost \$3,601,136.72 (13,016 GSF of clinical space) just for construction and contingencies without any soft costs. Utilizing the existing available space provides many financial benefits beyond mere hard construction project costs.

Alternative Summary Matrix

Alternatives	Cost	Patient Access	Quality	Financial Benefit
Lesser Scope	\$417,500	Limited nursing services for residents with Memory issues within the Waterford campus and continues limited access overall to proposed services	No Change	No financial benefit as lesser scope equates to no additional nursing services for those with memory care issues.
Greater Scope	>\$835,000	Practically infeasible	Practically infeasible	Practically infeasible
Joint Venture	\$0.00	Continues limit on access as this alternative is similar to maintaining the status quo or that of lesser scope.	No Change	No financial benefit to continuing to transfer residents out for nursing care for those with memory care issues
Proposed Project	\$835,000	Improves access and improves CCRC's ability to allow residents with Memory care to age-in-place.	Improves	Balances financial benefit of adding this additional level of care with the ability to also allow for Medicaid/Medicare residents who have memory care issues an appropriate setting to receive those services

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

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care and in physical plant environment; therefore, this issue is not germane.

Kathy Harris

From: John Kniery
Sent: Wednesday, August 14, 2019 4:51 PM
To: Kathy Harris
Subject: FW: Means for LTC

Use this for ATTACHMENT 11B

From: Roate, George <George.Roate@Illinois.gov>
Sent: Wednesday, August 14, 2019 4:46 PM
To: John Kniery <JKniery@foleyandassociates.com>
Subject: RE: Means for LTC

Thanks John.

Using the supplied data, and counting only 22,595 GSF of clinical space, RS Means came up with 268.62 per GSF for Q3 2019. Add one year of inflation (3%), and it come sup to \$276.67 per GSF (mid-point 2020).

From: John Kniery <JKniery@foleyandassociates.com>
Sent: Wednesday, August 14, 2019 4:20 PM
To: Roate, George <George.Roate@Illinois.gov>
Subject: [External] RE: Means for LTC

Hi George, Can I impose on you for an updated Means number for LTC for Kane County, Zip area 60504? It is 40,118 GSF and one story and 2020 should be midpoint of construction. Many thanks for your consideration on this matter.



John P. Kniery
Health Care Consultant

FOLEY & ASSOCIATES

188 So. Fourth Street, Suite 200
Springfield, Illinois 62701
217.544.1931 - Office
217.544.3515 - Facsimile
foley@foleyandassociates.com

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From: Constantino, Mike <Mike.Constantino@Illinois.gov>
Sent: Friday, July 24, 2015 1:19 PM
To: John Kniery <JKniery@foleyandassociates.com>
Subject: RE: Means for LTC

\$226 GSF

From: John Kniery [<mailto:JKniery@foleyandassociates.com>]

Sent: Friday, July 24, 2015 12:06 PM

To: Constantino, Mike

Subject: Means for LTC

Mike do you have the Means number for LTC for Kane County, Zip area 60504? Many thanks...!

John P. Kniery

Health Care Consultant
Foley & Associates, Inc.
133 So. Fourth Street, Suite 200
Springfield, Illinois 62701
[217.544.1551](tel:217.544.1551) - Office
[217.544.3615](tel:217.544.3615) - Facsimile
foley@foleyandassociates.com

jkniery@foleyandassociates.com

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SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued* I

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

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

ATTACHMENT-12A identifies all nursing facilities owned and operated by the Applicant or its related entities. A copy of all the aforementioned facilities' licenses and certifications as applicable are appended under ATTACHMENT-12B.

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

There are no facilities outside of those listed above that are considered "related" as the ultimate parent of the "Alden" facilities is **The Alden Group, Ltd.**

3. A, certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest

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

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

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

5. 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.

The Applicants have not submitted any other applications in calendar year 2019.

ATTACHMENT-12

Alden Courts of Waterford
Related Entities List

<u>RELATED FACILITY</u>	<u>EXP DATE</u>
Alden Alma Nelson Manor	10/28/2019
Alden Estates of Barrington	10/31/2020
Alden Des Plaines Rehab & HC	10/30/2020
Alden Garden Cts of DesPlaines	2/1/2020
Alden Estates of Evanston	3/14/2021
Heather Health Care Center	6/1/2021
Alden Estates Cts of Huntley	6/25/2020
Alden Lakeland Rehab & HCC	9/30/2019
Alden Lincoln Rehab & H C Ctr	10/31/2019
Alden Long Grove Rehab & HCC	3/6/2020
Alden Terrace of McHenry Rehab	7/9/2020
Alden Estates of Naperville	11/8/2019
Alden Northmoor Rehab & HCC	3/28/2020
Alden North Shore Rehab & HCC	8/9/2021
Alden Orland Park Rehab & HCC	1/7/2020
Alden Park Strathmoor	7/25/2020
Alden Poplar Creek Rehab & HCC	12/31/2020
Alden Princeton Rehab & HCC	7/10/2020
Alden Estates of Shorewood	3/8/2021
Alden Courts of Shorewood	2/21/2020
Alden Estates of Skokie	2/1/2020
Alden Town Manor Rehab & HCC	5/1/2020
Alden Valley Ridge Rehab & HCC	10/31/2019
Alden Village Health Facility	9/19/2020
Alden Village North	2/28/2020
Alden of Waterford	7/31/2021
Alden Courts of Waterford	12/5/2019
Alden Gardens of Waterford	1/9/2020
Alden Wentworth Rehab & HCC	8/2/2020
Alden of Old Town East	5/8/2020
Alden of Old Town West	5/18/2020
Alden Trails	5/18/2021
Alden Springs	9/24/2020

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	
10/28/2019		0044891	
LONG TERM CARE LICENSE SKILLED 268		CATEGORY	BGBE
UNRESTRICTED 268 TOTAL BEDS			

BUSINESS ADDRESS
LICENSEE

ALDEN - ALMA NELSON MANOR, INC.

ALDEN DEBES REHAB & HCC
550 SOUTH MULFORD AVENUE
ROCKFORD IL 61108
EFFECTIVE DATE: 10/29/17

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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	
10/31/2020		0046524	
LONG TERM CARE LICENSE		CATEGORY	BGBE
SKILLED	150		
UNRESTRICTED	150 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF BARRINGTON, INC.

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010
EFFECTIVE DATE: 11/01/18

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	
10/30/2020		0042010	
LONG TERM CARE LICENSE		CATEGORY	BGBE
SKILLED		110	
UNRESTRICTED		110 TOTAL BEDS	

BUSINESS ADDRESS
LICENSEE

ALDEN - DES PLAINES REHABILITATION AND HEAL

ALDEN DES PLAINES REHAB & HC
1221 EAST GOLF ROAD
DES PLAINES IL 60016
EFFECTIVE DATE: 10/31/18

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Department of Public Health

02/01/2020	0054056
LONG TERM CARE LICENSE SHELTERED 42	CATEGORY BGRB
UNRESTRICTED	42 TOTAL BEDS

BUSINESS ADDRESS LICENSEE

ALDEN GARDEN COURTS OF DES PLAINES, LLC

ALDEN GARDEN CTS OF DESPLAINES
1227 EAST GOLF ROAD
DES PLAINES IL 60016
EFFECTIVE DATE: 02/02/18

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Ngozi Ezike, M.D.
Director

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

EXPIRATION DATE	ID NUMBER
03/14/2021	0040733
LONG TERM CARE LICENSE SKILLED 99	CATEGORY BGBE
UNRESTRICTED	99 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF EVANSTON, INC.

ALDEN ESTATES OF EVANSTON
2520 GROSS POINT ROAD
EVANSTON IL 60201
EFFECTIVE DATE: 03/15/19

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REGION 9

02/26/19

ALDEN ESTATES OF EVANSTON
2520 GROSS POINT ROAD
EVANSTON IL 60201

ATTACHMENT-12B

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Ngozi Ezike, M.D.
Director

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

EXPIRATION DATE	ISS. NUMBER
06/01/2021	0023945
LONG TERM CARE LICENSE CATEGORY BGBE	
SKILLED 173	
UNRESTRICTED 173 TOTAL BEDS	

**BUSINESS ADDRESS
LICENSEE**

HEATHER HEALTH CARE CENTER, INC.

**HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY IL 60426
EFFECTIVE DATE: 06/02/19**

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REGION 9

05/29/19

**HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY IL 60426**

ATTACHMENT-12B

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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Ngozi Ezike, M.D.
Director
Issued under the authority of
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<small>License No.</small>	<small>Expiration Date</small>	<small>License Category</small>
06/25/2020	0054924	
LONG TERM CARE LICENSE	CATEGORY	BGBE
SKILLED	170	
UNRESTRICTED	170	TOTAL BEDS

**BUSINESS ADDRESS
 LICENSEE**

ALDEN ESTATES-COURTS OF HUNTLEY, INC.

**ALDEN ESTATES CTS OF HUNTLEY
 12140 REGENCY PARKWAY
 HUNTLEY IL 60142**

EFFECTIVE DATE: 06/26/19

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

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<small>EXPIRATION DATE</small> 09/30/2019	<small>LG NUMBER</small> 0017319
LONG TERM CARE LICENSE SKILLED	CATEGORY BGR 300
UNRESTRICTED	300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - LAKELAND REHABILITATION AND HEALTH

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640
EFFECTIVE DATE: 10/01/18

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REGION 8

08/21/18

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640

ATTACHMENT-12B

State of Illinois
Department of Public Health

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

Issued under the authority of
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Department of Public Health

EXPIRATION DATE	IN NUMBER
10/31/2019	0040709
LONG TERM CARE LICENSE SKILLED	CATEGORY 34 INTERMEDIATE 62
UNRESTRICTED	96 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - LINCOLN PARK REHABILITATION AND HEA

ALDEN LINCOLN REHAB & H C CTR
504 WEST WELLINGTON AVENUE
CHICAGO IL 60657
EFFECTIVE DATE: 11/01/17

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Ngozi Ezike, M.D.
Director

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Department of Public Health

EXPIRATION DATE		ID NUMBER	
03/06/2020		0040683	
LONG TERM CARE LICENSE	CATEGORY	BGBE	
SKILLED	210 INTERMEDIATE	38	
UNRESTRICTED	248 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

ALDEN - LONG GROVE REHABILITATION AND HEALTH

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047
EFFECTIVE DATE: 03/07/19

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REGION 1

02/26/19

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047

ATTACHMENT-12B

State of Illinois
Department of Public Health

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Ngozi Ezika, M.D.
Director

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Department of Public Health

EXPIRATION DATE	IL NUMBER
07/09/2020	0040691
LONG TERM CARE LICENSE SKILLED 316	CATEGORY BGBE
UNRESTRICTED	316 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN TERRACE OF MCHENRY REHABILITATION AND

ALDEN TERRACE OF MCHENRY REHAB
803 ROYAL DRIVE
MCHENRY IL 60050

EFFECTIVE DATE: 07/10/19

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Ngozi Ezike, M.D.
Director

Issued under the authority of
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Department of Public Health

EXPIRATION DATE	LP NUMBER
11/08/2019	0022509
LONG TERM CARE LICENSE SKILLED 203	CATEGORY BDBH
UNRESTRICTED	203 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF NAPERVILLE, INC

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565
EFFECTIVE DATE: 11/09/18

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REGION 7

05/21/19

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565

ATTACHMENT-12B

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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MIRV D. SHAH, M.D., J.D. issued under the authority of
DIRECTOR The State of Illinois
Department of Public Health

03/28/2020	0041277
LONG TERM CARE LICENSE SKILLED 198	CATEGORY BCBE
UNRESTRICTED	198 TOTAL BEDS

BUSINESS ADDRESS LICENSEE

ALDEN - NORTHBOR REHABILITATION AND HEALTH

ALDEN ESTATES OF NORTHBOR
5831 NORTH NORTHWEST HIGHWAY
CHICAGO IL 60631

EFFECTIVE DATE: 03/29/18

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Ngozi Ezike, M.D.
Director

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

08/09/2021	0042028
LONG TERM CARE LICENSE	CATEGORY BGBE
SKILLED 93	
UNRESTRICTED	93 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - NORTH SHORE REHABILITATION AND HEAL

ALDEN NORTH SHORE REHAB & HCC
5050 WEST TOUHY AVENUE
SKOKIE IL 60077

EFFECTIVE DATE: 08/10/19

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LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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MIRAV D. SHAH, M.D., J.D.
Issued under the authority of
The State of Illinois
Department of Public Health

01/07/2020		0042192	
LONG TERM CARE LICENSE	CATEGORY	BGBE	
SKILLED	200		
UNRESTRICTED	200	TOTAL BEDS	

**BUSINESS ADDRESS
LICENSEE**
ALDEN - ORLAND PARK REHABILITATION AND HEAL

ALDEN ESTATES OF ORLAND PARK
16450 SOUTH 97TH AVENUE
ORLAND PARK IL 60462
EFFECTIVE DATE: 01/08/19

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State of Illinois Department of Public Health

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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.

Ngozi Ezike, M.D.
Director

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

EXPIRATION DATE		LIC. NUMBER	
07/25/2020		0044909	
LONG TERM CARE LICENSE		CATEGORY	BGBE
SKILLED		189	
UNRESTRICTED		189 TOTAL BEDS	

BUSINESS ADDRESS
LICENSEE

ALDEN - PARK STRATHMOOR, INC.

ALDEN PARK STRATHMOOR
5668 STRATHMOOR DRIVE

ROCKFORD IL 61107

EFFECTIVE DATE: 07/26/19

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State of Illinois

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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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	
12/31/2020		0032896	
LONG TERM CARE LICENSE	CATEGORY	BGBE	
SKILLED	217		
UNRESTRICTED	217 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

ALDEN - POPLAR CREEK REHABILITATION AND HEA

ALDEN POPLAR CREEK REHAB & HCC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60169
EFFECTIVE DATE: 01/01/19

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REGION 9

12/20/18

ALDEN POPLAR CREEK REHAB & HCC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60169

ATTACHMENT-12B

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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	
07/10/2020		0036244	
LONG TERM CARE LICENSE		CATEGORY	BGBE
SKILLED	225		
UNRESTRICTED	225 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

PRINCETON REHABILITATION AND HEALTH CARE CE

PRINCETON REHAB & HCC
255 WEST 69TH STREET
CHICAGO IL 60621

EFFECTIVE DATE: 07/11/18

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REGION 8

06/26/18

PRINCETON REHAB & HCC
255 WEST 69TH STREET
CHICAGO IL 60621

ATTACHMENT-12B

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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Ngozi Ezike, M.D.
Director

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

EXPIRATION DATE		LICENSE	
03/08/2021		0050781	
LONG TERM CARE LICENSE	CATEGORY	BGBE	
SKILLED	100		
UNRESTRICTED	100	TOTAL BEDS	

BUSINESS ADDRESS LICENSEE

ALDEN ESTATES OF SHOREWOOD, INC

ALDEN ESTATES OF SHOREWOOD
710 WEST BLACK ROAD
SHOREWOOD IL 60404

EFFECTIVE DATE: 03/09/19

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DISPLAY THIS PART IN A
CONTRASTY PLACE

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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DIRAY D. SHAH, M.D., J.D.
DIRECTOR

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

02/21/2020	0052530
LONG TERM CARE LICENSE SKILLED 50	CATEGORY BGRB
UNRESTRICTED 50 TOTAL BEDS	

BUSINESS ADDRESS
LICENSEE

ALDEN COURTS OF SHOREWOOD, INC.

ALDEN COURTS OF SHOREWOOD
700 WEST BLACK ROAD
SHOREWOOD IL 60404

EFFECTIVE DATE: 02/22/19

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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.

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

EXPIRATION DATE	16 MAR 20
02/01/2020	0050146
LONG TERM CARE LICENSE SKILLED	CATEGORY EGBE 56
UNRESTRICTED	56 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF SKOKIE, INC.

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE IL 60076
EFFECTIVE DATE: 02/02/18

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← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

REGION 9

01/26/18

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE IL 60076

ATTACHMENT-12B

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.

Ngozi Ezike, M.D.
Director

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

EXPIRATION DATE		ID NUMBER	
05/01/2020		0038000	
LONG TERM CARE LICENSE		CATEGORY	BGBE
SKILLED		249	
UNRESTRICTED		249 TOTAL BEDS	

BUSINESS ADDRESS
LICENSEE

ALDEN - TOWN MANOR REHABILITATION AND HEALTH

ALDEN TOWN MANOR REHAB & HCC
6120 WEST OGDEN
CICERO IL 60804
EFFECTIVE DATE: 05/02/19

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DISPLAY THIS PART IN A
CONSPICUOUS PLACE

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

EXPIRATION DATE	IS NUMBER
10/31/2019	0036640
LONG TERM CARE LICENSE SKILLED 207	CATEGORY BGBE
UNRESTRICTED	207 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN-VALLEY RIDGE REHABILITATION AND HEALTH

ALDEN VALLEY RIDGE REHAB & HCC
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 11/01/17

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REGION 7

10/26/17

ALDEN VALLEY RIDGE REHAB & HCC
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

ATTACHMENT-12B

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

<small>EXPIRATION DATE</small> 09/16/2020	<small>IL NUMBER</small> 0038455
LONG TERM CARE LICENSE MC/DD	CATEGORY BGBE 126
UNRESTRICTED	126 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN VILLAGE HEALTH FACILITY FOR CHILDREN

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 09/17/18

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REGION 7

08/21/18

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE IL 60108

ATTACHMENT-12B

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

<small>EXPIRATION DATE</small> 02/28/2020	<small>IF APPLICABLE</small> 0049122
LONG TERM CARE LICENSE MC/DD	CATEGORY BGBE
UNRESTRICTED	150 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN VILLAGE NORTH, INC.

ALDEN VILLAGE NORTH
7464 N. SHERIDAN ROAD
CHICAGO IL 60626
EFFECTIVE DATE: 03/01/18

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DISPLAY THIS PART IN A
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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.

Ngozi Ezike, M.D.
Director

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

EXPIRATION DATE	ID NUMBER
07/31/2021	0042036
LONG TERM CARE LICENSE SKILLED 99	CATEGORY BGBE
UNRESTRICTED	99 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF WATERFORD, L.L.C.

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504
EFFECTIVE DATE: 08/01/19

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REGION 7

07/22/19

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA

IL 60504

PLEASE PRINT NAME AND
COMPANY NAME

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 indicated below.

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

12/05/2019	0044180
LONG TERM CARE LICENSE	CATEGORY BGRB
SKILLED	20 SHELTERED 44
UNRESTRICTED	64 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE
ALDEN COURTS OF WATERFORD, L.L.C.

ALDEN COURTS OF WATERFORD
1991 RANDI DRIVE
AURORA IL 60504

EFFECTIVE DATE: 12/06/17

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State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

If a person, firm or corporation desires to obtain a license, permit, certification or registration, it is required to comply with the provisions of the Illinois Vehicle and Traffic Code and to comply with the regulations of the Illinois Department of Public Health.

MIRAV D. MIHA, M.D., J.D. Commissioner of the Department of Public Health
DIRECTOR

01/05/2020	0044503
LONG TERM CARE LICENSE	CATEGORY BONE
REGISTERED 121	
UNRESTRICTED	121 TOTAL PDS

ILLINOIS AUDIT
LICENSE

ALDEN GARDENS OF WATERFORD, L.L.C.

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504
EFFECTIVE DATE: 01/10/19

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SECTION 7

02/13/18

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504

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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.

Ngozi Ezike, M.D.
Director

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

Expiration Date	ID Number
08/02/2020	0026435
LONG TERM CARE LICENSE SKILLED 300	CATEGORY BGBE
UNRESTRICTED 300 TOTAL BEDS	

BUSINESS ADDRESS
LICENSEE

WENTWORTH REHABILITATION AND HEALTH CARE CE

WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621
EFFECTIVE DATE: 08/03/19

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REGION 8

07/22/19

WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621

ATTACHMENT-12B

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
05/08/2020	0042069
LONG TERM CARE LICENSE ICFDD	CATEGORY BGBE 16
UNRESTRICTED	16 TOTAL BEDS

BUSINESS ADDRESS LICENSEE

ALDEN OF OLD TOWN EAST, INC.

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/09/18

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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	L.D. NUMBER
05/18/2020	0042077
LONG TERM CARE LICENSE ICFDD 16	CATEGORY BGBE
UNRESTRICTED	16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF OLD TOWN WEST, INC.

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/18

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DISPLAY THIS PART IN A
CONSPICUOUS PLACE

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

EXPIRATION DATE	LB NUMBER
09/24/2020	0047191
LONG TERM CARE LICENSE ICFDD	CATEGORY BBBE 16
UNRESTRICTED	16 TOTAL BEDS

BUSINESS ADDRESS LICENSEE

ALDEN SPRINGS, INC.

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 09/25/18

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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.

Ngozi Ezike, M.D.
Director

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

EXPIRATION DATE		LIC. NUMBER	
05/18/2021		0042051	
LONG TERM CARE LICENSE	ICFDD	CATEGORY	BGBE
	16		
UNRESTRICTED		16 TOTAL BEDS	

BUSINESS ADDRESS LICENSEE

ALDEN TRAILS, INC.

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/19

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Alden Courts of Waterford



August 9, 2019

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

Dear Ms. Avery:

Please be advised that no adverse actions as defined under 1130.140 have been taken against the Applicant Alden Courts of Waterford, L.L.C., Inc. within three years preceding the filing of the Certificate of Need Application.

There are a few other Alden facilities that have received violations at the "A" level from the Illinois Department of Public Health. Notably, there are 33 Alden licensed long-term care facilities in the State of Illinois. Since August of 2016, only 5 of those facilities have received level "A" violations. Attached is a certified listing of facilities with level "A" violations, as well as a list of all Alden facilities that have had no type "A" violations filed against them within the past three (3) years.

Sincerely,

ALDEN COURTS OF WATERFORD

By: 
Randi Schullo
Co-Manager

Notarization:

Subscribed and sworn to before me
this 9 day of AUGUST 2019



Signature of Notary
Seal



4200 West Peterson Avenue Chicago Illinois 60646

**CERTIFIED LIST OF ALDEN LONG TERM CARE FACILITIES
WITH LEVEL "A" VIOLATIONS SINCE AUGUST 2019**

Wentworth Rehabilitation and Health Care Center NH 17-S-0145

Alden-Town Manor Rehabilitation and Health Care Center, Inc. NH18-C0423
Requested a Hearing-Level "A" reduced to a "C". Settlement documents being drafted.

Alden -Town Manor Rehabilitation and Health Care Center NH 18-C0539 (Hearing Requested)

Alden Terrace of McHenry Rehabilitation and Health Care Center 18-C0512 (Hearing Requested)

Alden-Town Manor Rehabilitation and Health Care Center NH 19-C0342 (Hearing Requested)

Alden Estates of Northmoor NH 19-C0254 (Hearing Requested)

Alden-Long Grove Rehabilitation and Health Care Center NH 19-C0194 (Hearing Requested)

**ADEN LONG TERM CARE FACILITIES
WITH NO TYPE "A" VIOLATIONS SINCE DECEMBER 2014**

**ALDEN ALMA NELSON MANOR
ALDEN ESTATES OF BARRINGTON
ALDEN DES PLAINES
ALDEN GARDENS COURTS DES PLAINES
ALDEN ESTATES OF EVANSTON
ALDEN ESTATES COURTS OF HUNTLEY
HEATHER HEALTH CARE CENTER
ALDEN LAKELAND
ALDEN LINCOLN PARK
ALDEN ESTATES OF NAPERVILLE
ALDEN NORTH SHORE
ALDEN OF OLD TOWN EAST
ALDEN OF OLD TOWN WEST
ALDEN ESTATES OF ORLAND PARK
ALDEN PARK STRATHMOOR
ALDEN POPLAR CREEK
PRINCETON REHABILITATION AND HEALTH CARE CENTER
ALDEN ESTATES OF SHOREWOOD
ALDEN COURTS OF SHOREWOOD
ALDEN ESTATES OF SKOKIE
ALDEN SPRINGS
ALDEN TRAILS
ALDEN VALLEY RIDGE
ALDEN VILLAGE
ALDEN VILLAGE NORTH
ALDEN OF WATERFORD
ALDEN COURTS OF WATERFORD
ALDEN GARDENS OF WATERFORD**



August 9, 2019

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

Dear Ms. Avery:

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

Sincerely,

WATERFORD REHAB & COURTS, LLC

By: 
Randi Schullo, Co-Manager

4200 West Peterson Avenue Chicago Illinois 60646



August 9, 2019

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

Dear Ms. Avery:

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Sincerely,

ALDEN OF WATERFORD INVESTMENTS, LLC

By 
Randi Schullo
Co-Manager

4200 West Peterson Avenue Chicago Illinois 60646



August 9, 2019

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

Dear Ms. Avery:

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

Sincerely,

THE ALDEN GROUP, LTD

By: 
Randi Schullo
Vice President

4200 West Peterson Avenue Chicago Illinois 60646



August 9, 2019

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

Dear Ms. Avery:

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Sincerely,

ALDEN COURTS OF WATERFORD, LLC

By: 
Randi Schulto
Co-Manager

4200 West Peterson Avenue Chicago Illinois 60646

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued II

Criterion 1125.530 - Planning Area Need

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

According to the Update to the Inventory of Health Care Facilities and Services and Need Determinations – 2017 Long-Term Care Services, dated August 8, 2019, the Board's website (hard copy appended as **ATTACHMENT-13A**) identifies a need for 12 nursing care beds in Health Service Area 8, Planning Area Kane. This project is not the typical establishment of beds and services. The proposed 40 nursing beds are part of a campus consisting of 131 independent living units and three separately licensed facilities:

- Alden Courts – a 20-bed nursing care and 44-bed sheltered care facility devoted exclusively to memory care.
- Alden Gardens – a 121-bed sheltered care facility devoted to geriatric residents not needing memory care services.
- Alden of Waterford – a 99-bed skilled nursing facility for geriatrics patients without memory care requirements.

Appended as **ATTACHMENT-13B** is a site map of the entire Alden Waterford Campus illustrating all components within this extensive campus. This project is more of a repositioning of existing beds. Specifically, the 40 proposed nursing beds will also cater to those with memory impairment. It should be noted that the calculated bed need does not differentiate between general nursing, short term rehabilitation and specialized memory care type of nursing beds. In addition to the State's identified need for 12 additional nursing care beds, there is an internal need that is derived from turning away residence who's medical and/or financial needs change to require nursing care. See **ATTACHMENT-10B**.

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.

As the Alden Courts of Waterford patient origin data (refer to **ATTACHMENT-10C**) indicates over 60% of all admissions were derived from within the 10-mile radius. Additionally, nearly 10% (7.3%) were residents who aged-in-place from within the CCRC campus. See **ATTACHMENT-13C**.

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

Appended as **ATTACHMENT-13D** are 3 physician referral letters providing historical and potential referrals. Collectively, these referral sources have identified 383 historical annual referrals and 180-204 potential annual referrals to Alden Courts of Waterford for the next two years.

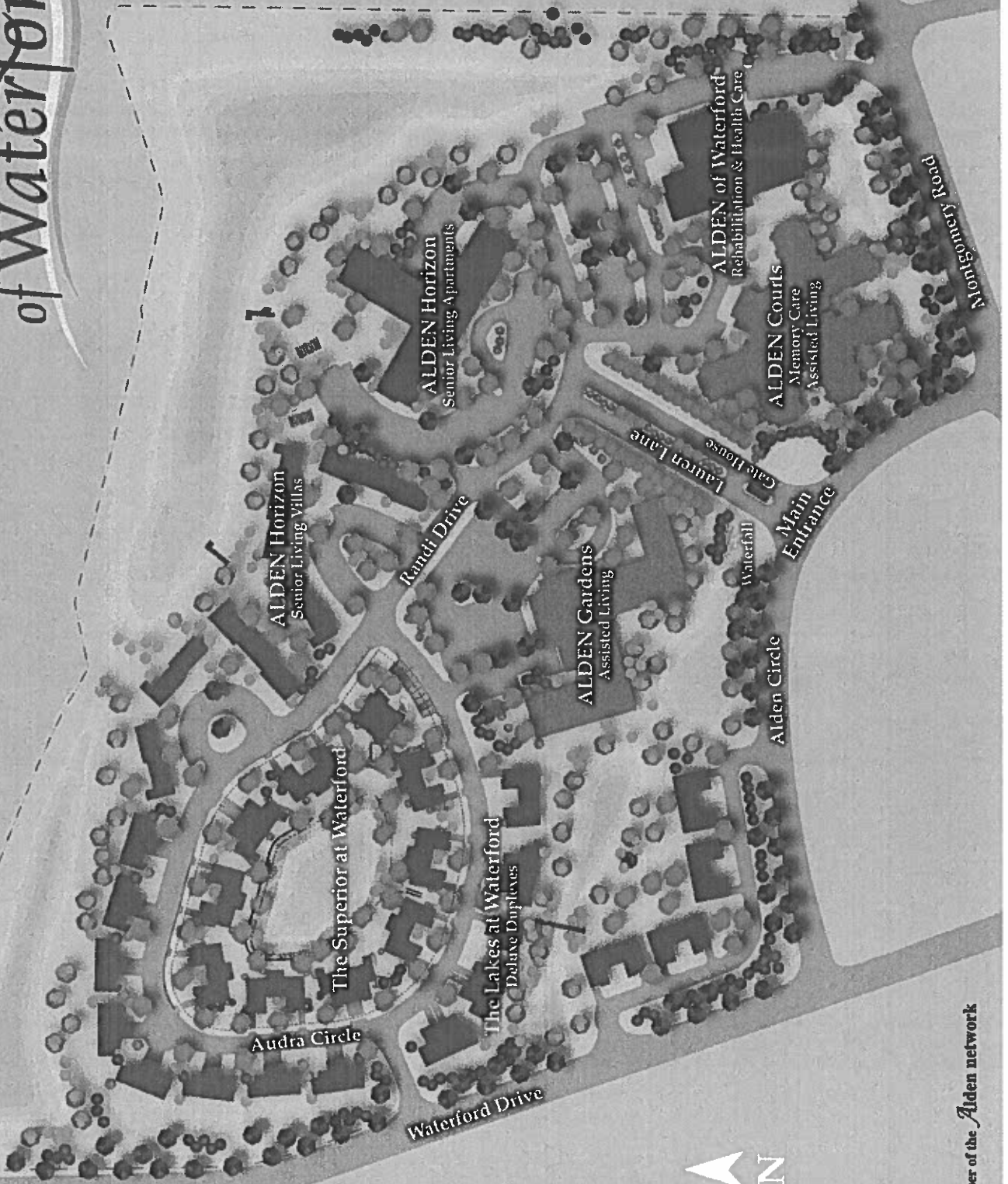
LONG-TERM CARE FACILITY UPDATES

8/8/2019

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	3,329	261
Planning Area 7-B	5,500	6,168	(668)
Planning Area 7-C	5,848	5,956	(108)
Planning Area 7-D	2,407	2,917	(510)
Planning Area 7-E	7,361	8,505	(1,144)
HEALTH SERVICE AREA 8			
Kane	2,826	2,814	12
Lake	3,804	3,889	(85)
McHenry	1,062	1,079	(17)
HEALTH SERVICE AREA 9			
Grundy	269	265	4
Kankakee	980	989	(9)
Kendall	305	184	121
Will	3,109	2,907	202
HEALTH SERVICE AREA 10			
Henry	407	495	(88)
Mercer	147	172	(25)
Rock Island	1,130	1,190	(60)
HEALTH SERVICE AREA 11			
Clinton	320	355	(35)
Madison	1,904	2,141	(237)
Monroe	293	263	30
St. Clair	1,867	2,101	(234)
LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED			
HSA 1	253	303	(50)
HSA 2	241	208	33
HSA 3	207	336	(129)
HSA 4	307	80	227
HSA 5	222	160	62
HSA 6, 7, 8, 9	3,167	1,053	2,114
HSA 10	74	32	42
HSA 11	217	272	(55)

ALDEN of Waterford



A member of the Alden network



ATTACHMENT-13B

Alden Courts of Waterford
Admissions by Referral Source
7/1/2017 - 6/30/19

Initials	Referral Source
BA	Adventist Bolingbrook Hospital
LC	Adventist Bolingbrook Hospital
DR	Adventist Bolingbrook Hospital
DS	Adventist Bolingbrook Hospital
JV	Adventist Bolingbrook Hospital
DW	Adventist Bolingbrook Hospital
JR	Adventist Bolingbrook Hospital
JK	Adventist Bolingbrook Hospital
CR	Advocate Christ Medical Center
PH	Advocate Good Samaritan Hospital
GZ	Advocate Good Samaritan Hospital
YM	Alden Courts of Shorewood
MV	Alden Estates of Naperville
OM	Alden Gardens of Waterford
MD	Alden Gardens of Waterford
JN	Alden Gardens of Waterford
AC	Alden Gardens of Waterford
AE	Alden Gardens of Waterford
ND	Alden of Waterford
HC	Alden of Waterford
CB	Alden of Waterford
MR	Alden of Waterford
MK	Alden of Waterford
EP	Alden of Waterford
KS	Alden of Waterford
AC	Alden of Waterford
MK	Alden of Waterford
HR	Alden of Waterford
PG	Alexian Brothers
RM	Arden Courts of Geneva
MH	Bickford
RK	Central DuPage Hospital
IR	Central DuPage Hospital
DK	Central DuPage Hospital
JS	Central DuPage Hospital
JC	Central DuPage Hospital
MM	Central DuPage Hospital
PB	Central DuPage Hospital
BD	Community Hospital
SC	Delnor Hospital
HC	Delnor Hospital
TW	Delnor Hospital
GZ	Delnor Hospital
WD	Delnor Hospital

Sub-Total

44

Initials	Referral Source
CL	Delnor Hospital
PL	Edward Hospital
MN	Edward Hospital
LP	Edward Hospital
SM	Edward Hospital
PA	Edward Hospital
WS	Edward Hospital
ZP	Edward Hospital
PC	Edward Hospital
VK	Edward Hospital
AS	Edward Hospital
AS	Edward Hospital
DB	Edward Hospital
AS	Edward Hospital
HC	Edward Hospital
BB	Edward Hospital
MH	Elmhurst Memorial
IL	Home
RP	Home
EW	Home
BS	Home
AD	Home
MV	Home
TK	Home
AB	Home
AD	Home
PB	Home
RE	Home
LW	Home
ST	Home
RK	Home
ER	Home
JR	Linden Oaks Hospital
LM	Linden Oaks Hospital
ML	Little Company of Mary
MS	Loyola University Medical Center
GS	MacNeal Hospital
OT	Manorcare Hinsdale
LB	Manorcare of Palos Heights West
EV	Northwest Community Hospital
BH	Northwestern Memorial Hospital
MN	Other Hospital
PI	Other Nursing Home
RK	Presence Mercy Medical Center

Sub-Total

44

Alden Courts of Waterford
Admissions by Referral Source
7/1/2017 - 6/30/19

Initials	Referral Source
JK	Presence Mercy Medical Center
MH	Presence Mercy Medical Center
LL	Presence Mercy Medical Center
RJ	Presence Mercy Medical Center
LB	Presence Mercy Medical Center
PG	Presence Mercy Medical Center
RL	Presence Mercy Medical Center
RC	Presence Mercy Medical Center
MG	Presence Mercy Medical Center
DL	Presence Mercy Medical Center
RC	Presence Saint Joseph Medical Center
MP	Presence Saint Joseph Medical Center
JC	Presence Saint Joseph Medical Center
FP	Rush Copley Medical Center
GS	Rush Copley Medical Center
LP	Rush Copley Medical Center
LL	Rush Copley Medical Center
RL	Rush Copley Medical Center
JT	Rush Copley Medical Center
WC	Rush Copley Medical Center
AE	Rush Copley Medical Center
ES	Rush Copley Medical Center
GG	Rush Copley Medical Center
BH	Rush Copley Medical Center
NM	Rush Copley Medical Center
RM	Rush Copley Medical Center
MH	Rush Copley Medical Center
BW	Rush Copley Medical Center
JV	Rush Copley Medical Center
MG	Rush Copley Medical Center
AD	Rush Copley Medical Center
ED	Rush Copley Medical Center
MR	Rush Copley Medical Center
CB	Rush Copley Medical Center
LG	Rush Copley Medical Center
MT	Rush Copley Medical Center
MF	Rush Copley Medical Center
EV	Rush Copley Medical Center
DL	Rush Copley Medical Center
HD	Rush Copley Medical Center
MM	Rush Copley Medical Center
LB	Rush Copley Medical Center
MN	Rush Copley Medical Center
SN	Rush Copley Medical Center
Sub-Total	44

Initials	Referral Source
BH	Rush Copley Medical Center
PM	Rush Copley Medical Center
SN	Rush Copley Medical Center
PM	Rush Copley Medical Center
DL	Rush Copley Medical Center
MT	Rush Copley Medical Center
GM	Rush Copley Medical Center
DK	Rush Copley Medical Center
JR	Rush Copley Medical Center
WS	Rush Copley Medical Center
DK	Rush Copley Medical Center
MG	Rush Copley Medical Center
JG	Rush Copley Medical Center
KN	Rush Copley Medical Center
CA	Rush Copley Medical Center
LW	Rush Copley Medical Center
CA	Rush Copley Medical Center
CC	Rush Copley Medical Center
EW	Rush Copley Medical Center
LM	Rush Copley Medical Center
MA	Rush Copley Medical Center
MG	Rush Copley Medical Center
MG	Rush Copley Medical Center
TB	Rush Copley Medical Center
DN	Rush Copley Medical Center
VK	Rush Copley Medical Center
VK	Rush Copley Medical Center
RD	Rush Copley Medical Center
JH	Rush Copley Medical Center
DM	Rush Copley Medical Center
SN	Rush Copley Medical Center
VM	Rush Copley Medical Center
LR	Rush Copley Medical Center
EM	Rush Copley Medical Center
SC	Rush Copley Medical Center
WS	Rush Copley Medical Center
MH	Rush Copley Medical Center
AS	Rush Copley Medical Center
JH	Rush Copley Medical Center
MM	Rush Copley Medical Center
JS	Rush Copley Medical Center
VK	Rush Copley Medical Center
JH	Rush Copley Medical Center
FG	Rush Copley Medical Center
Sub-Total	44

Alden Courts of Waterford
Admissions by Referral Source
7/1/2017 - 6/30/19

Initials	Referral Source
AM	Rush Copley Medical Center
RW	Rush Copley Medical Center
EW	Rush Copley Medical Center
JM	Rush Copley Medical Center
AF	Rush Copley Medical Center
MG	Rush Copley Medical Center
LS	Rush Copley Medical Center
JL	Rush Copley Medical Center
HR	Rush Copley Medical Center
JT	Rush Copley Medical Center
JH	Rush Copley Medical Center
MG	Rush Copley Medical Center
CM	Rush Copley Medical Center
DE	Rush Copley Medical Center
GB	Rush Copley Medical Center
LK	Rush Copley Medical Center
JH	Rush Copley Medical Center
CK	Rush Copley Medical Center
DK	Rush Copley Medical Center
RF	Rush Copley Medical Center
DN	Rush University Medical Center
JE	Rush University Medical Center
JE	Rush University Medical Center
CS	Spectrum Health Hospital
LM	Symphony of Orchard Valley
MG	Tillers Nursing & Rehab
VP	Tillers Nursing & Rehab
WS	Tillers Nursing & Rehab
NS	Tillers Nursing & Rehab
BS	Wynscape Health & Rehab

Sub-Total 30
Total 206

TOTAL ADMISSIONS BY Referral Source	
Adventist Bolingbrook Hospital	8
Advocate Christ Medical Center	1
Advocate Good Samaritan Hospital	2
Alden Courts of Shorewood	1
Alden Estates of Naperville	1
Alden Gardens of Waterford	5
Alden of Waterford	10
Alexian Brothers	1
Arden Courts of Geneva	1
Bickford	1
Central DuPage Hospital	7
Community Hospital	1
Delnor Hospital	6
Edward Hospital	15
Elmhurst Memorial	1
Home	15
Linden Oaks Hospital	2
Little Company of Mary	1
Loyola University Medical Center	1
MacNeal Hospital	1
Manorcare Hinsdale	1
Manorcare of Palos Heights West	1
Northwest Community Hospital	1
Northwestern Memorial Hospital	1
Other Hospital	1
Other Nursing Home	1
Presence Mercy Medical Center	11
Presence Saint Joseph Medical Center	3
Rush Copley Medical Center	95
Rush University Medical Center	3
Spectrum Health Hospital	1
Symphony of Orchard Valley	1
Tillers Nursing & Rehab	4
Wynscape Health & Rehab	1

206

August 1, 2019



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

RE: Alden Courts of Waterford

Dear Ms. Avery:

As the Medical Director of Alden Courts of Waterford, I am writing to express my support for Alden's proposed expansion of nursing memory care services which will be accomplished through the conversion of 44 sheltered care beds to 40 skilled care beds at Alden Courts of Waterford. Upon project completion, the facility will offer 60 skilled care beds for patients with memory impairments. Alden of Waterford has been part of the Aurora community for nearly 20 years. Its star ratings are among the best in the area and they are widely recognized for their great care.

Too often I observe the transferring of patients to different facilities because the skilled bed capacity is not there. This creates a burden on the families who are driving a long distance to pay their loved one a visit. I have referred approximately five patients a month to nursing care. Many of the referrals to other area providers are not as well equipped to care for our patients. Moving forward I would be able to refer at least four to five patients per month to Alden Courts within a 24-month period after project completion. I will provide a list identifying where my patients originate (see attached listing).

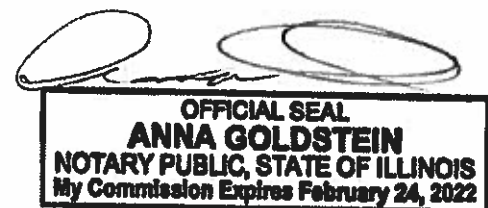
I would like to add that I am familiar with the health status of the existing sheltered care residents and in my opinion their medical needs will outweigh their programmatic needs within the next 12-24 months. Therefore, they will be able to age-in-place with the change to nursing. Moreover, as the population continues to age in and around the Aurora area, these services are needed as much as ever. Alden Courts of Waterford is a place line none other and these additional beds would be able to benefit the patients of our community. Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Kalpesh Patel".

Kalpesh Patel, MD



Resident Zip Codes 8/1/17 - 7/31/19			
Kalpesh Patel			
Zip Code	Waterford Estates	Waterford Courts	Total Referrals
60502	17	14	31
60504	32	17	49
60505	37	20	57
60506	28	17	45
60538	31	17	48
60543	24	16	40
60544	16	15	31
60560	23	15	38
	208	131	339

August 2, 2019

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

RE: Application for Certificate of Need for Alden Courts of Waterford

Dear Ms. Avery,

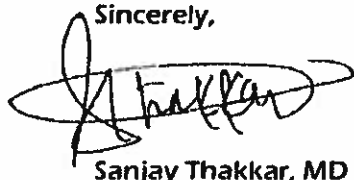
I am a physician who currently sees residents at Alden Courts of Waterford. The building is specifically designed to service residents who have memory care diagnosis. The residents currently living or receiving rehabilitation in this building receive great care and the staff are trained and truly dedicated to their well-being.

I previously wrote encouragement for the facility to convert twenty-two sheltered care beds to twenty skilled beds. Since then, those twenty beds have almost always remained full and they have had to turn away qualified Medicare or Medicaid patients due to no bed availability. I'm certain that the conversion of these forty beds would be a great addition to help service the community.

I have worked with the Alden of Waterford campus for many, many years. I have my own practice in the area and work at Rush Copley Medical Center. I have referred approximately six patients to Alden Courts of Waterford monthly, for the past two years. Refer to the appended listing for patient origin of my referrals to Alden. I expect to continue referring approximately six patients per month within the twenty-four-month period after the project is completed as there would be increased bed availability. With the additional beds, my patients could continue to receive quality care while aging in place. This is most critical to their mental health. As the population continues to age, these services are needed as much as ever. Please note that these patient referrals have not been used to support any other pending or approved certificate of need application.

I strongly encourage you to consider the application.

Sincerely,



Sanjay Thakkar, MD



Resident Zip Codes 8/1/17 - 7/31/19			
Sanjay Thakkar			
Zip Code	Waterford Estates	Waterford Courts	Total Referrals
60502	21	14	35
60504	44	20	64
60505	53	24	77
60506	39	19	58
60538	43	19	62
60543	32	18	50
60544	20	15	35
60560	31	16	47
	283	145	428

July 31, 2019

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

RE: Alden Courts of Waterford

Dear Ms. Avery,

This letter is to serve as confirmation of my support for conversion of the remaining 44 Sheltered Care Beds to 40 Long Term Care Beds at Alden Courts of Waterford in Aurora, Illinois.

A cursory review of our filed indicated that we had previously referred approximately eight patients each month to area facilities.

I believe I would be able to refer in the future at approximately two to three patients per month to Alden Courts of Waterford for memory care services in the next 24 months from project completion. Appended hereto is a listing of referrals that I have made to Alden. Please note that these referrals have not been used to support any other CON application.

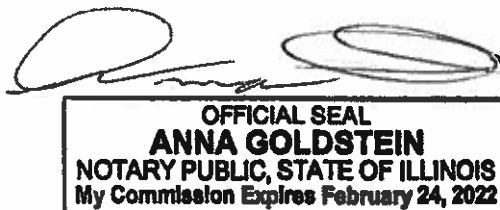
There are few facilities in the area that can offer the services Alden Courts of Waterford holds.

I encourage you to consider Alden Courts of Waterford's application.

Sincerely,



Dennis Keane, MD



Resident Zip Codes 8/1/17 - 7/31/19			
Dennis Keane			
Zip Code	Waterford Estates	Waterford Courts	Total Referrals
60502	13	13	26
60504	20	14	34
60505	23	14	37
60506	19	13	32
60538	19	14	33
60543	17	13	30
60544	13	13	26
60560	16	13	29
	140	107	247

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued III

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

According to the Applicable Review Criteria – Guide, this item is not applicable to expansion of existing service projects.

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued iv

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

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

1. Historical Service Demand

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

Alden Courts of Waterford is a 64-bed facility catering to those with memory impairments. Under HFSRB project number 15-037, the permit completion date was August 31, 2017. As such, the two years of data that is available includes the fill-up of that project's establishment of 20 nursing beds through the conversion of 22 sheltered care units. The nursing utilization rate per year for the two years ending June 30, 2019 were 69% and 81% respectively. Moreover, the month of June 2019 showed that the use rate was 87% or 17.4 residents. This is effectively full given the four shared rooms on the unit. The rationale behind the proposed project is to realize better economies-of-scale in having a 60-bed memory care nursing unit in which gender, behavioral and isolation issues do not have such an effect on utilization. Please see the two-year patient day chart appended as **ATTACHMENT-15A**.

- 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.

The Applicant has needed to refer both existing residents (30 in past 24-months from Alden Courts of Waterford) to other facilities not on its campus in order to receive nursing services for individuals with memory impairment. Refer to **ATTACHMENT-10B**.

As a further indicator of need the facility has maintained an active wait list since the nursing beds were established two years ago. The facility's administrator has provided a letter documenting that it has over 70 individuals actively seeking memory care nursing services. Refer to **ATTACHMENT-15B**.

2. Projected Referrals

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

Appended as **ATTACHMENT-13D** are three (3) physician referral letters indicating that between 144-168 annual referrals could be made to the facility upon project completion for the next two years. The 144 referrals will result in an average length of stay of only 139 days for this 60-bed nursing facility. This proposed population is not the short-term rehabilitative population. According to the IDPH 2017-Illinois Long-Term Care Profile for the subject facility, the actually average length of stay was 257 days (total patient days / total admissions). Therefore, it would appear that there is more than enough demand for the proposed beds and services.

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

This project is not based upon rapid population growth and as such, this item is not applicable.

ATTACHMENT-15

Courts of Waterford Paid Census Days by Month, 07/01/17-06/30/19

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	12-Mo. Tot.
Insurance	27	-	-	-	-	-	-	-	-	-	21	-	
Medicaid	132	248	265	269	265	258	309	280	310	300	303	271	
Medicare A	162	191	155	96	104	158	196	135	176	92	173	152	5,048
Sheltered Care	1,021	1,034	1,022	1,043	920	952	842	811	958	900	955	854	11,312
TOTAL	1,342	1,473	1,442	1,408	1,289	1,368	1,347	1,226	1,444	1,292	1,452	1,277	16,360
Patient Days	321	439	420	365	369	416	505	415	486	392	497	423	5,048
Days in Month	31	31	30	31	30	31	31	28	31	30	31	30	365
Utilization	52%	71%	70%	59%	62%	67%	81%	74%	78%	65%	80%	71%	69%
ADC	10.4	14.2	14.0	11.8	12.3	13.4	16.3	14.8	15.7	13.1	16.0	14.1	13.8

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Insurance	2	9	-	30	15	-	15	-	32	25	20	31	
Medicaid	310	310	300	310	320	341	341	308	341	322	309	300	
Medicare A	208	152	156	144	129	132	180	186	145	137	183	192	5,935
Sheltered Care	755	729	713	796	802	826	774	645	708	631	572	478	8,429
TOTAL	1,275	1,200	1,169	1,280	1,266	1,299	1,310	1,139	1,226	1,115	1,084	1,001	14,364
Patient Days	520	471	456	484	464	473	536	494	518	484	512	523	5,935
Days in Month	31	31	30	31	30	31	31	28	31	30	31	30	365
Utilization	84%	76%	76%	78%	77%	76%	86%	88%	84%	81%	83%	87%	81%
ADC	16.8	15.2	15.2	15.6	15.5	15.3	17.3	17.6	16.7	16.1	16.5	17.4	16.3

Source: Alden Courts of Waterford

ALDEN Courts of Waterford

August 21, 2019

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
5252 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

In a previous letter, I had mentioned that on a monthly basis we have had to turn away a significant number of potential residents because we are unable to accept any more Medicare/Medicaid due to being at full capacity on our 20-bed skilled neighborhood. To put this into perspective, we have accumulated a waiting list of over 70 people in the last two years.

With the addition of 40 skilled beds, we would be able to give these people in need in our community a place to call home.

Sincerely,



Caitlin Brozek, BBA, LNHA, Administrator

Alden Courts of Waterford

Enclosure: Wait List

Alden Courts Memory Care Assisted Living

1991 Randi Drive Aurora, IL 60504 tel: (630)851-1466 fax: (630)585-1008

www.thealdennetwork.com



A member of the Alden network

ATTACHMENT-15B

Alden Courts of Waterford
Wait List

**We reviewed the wait list earlier this year, and the below list is up-to-date

Initials:	Zip Code:
1. LW	60504
2. NT	60543
3. JR	60540
4. PL	60555
5. PE	60545
6. BS	60542
7. HR	60538
8. OT	60532
9. JG	60585
10. LM	60526
11. GH	60526
12. AP	60065
13. LP	60506
14. EK	60435
15. AW	60115
16. KB	60126
17. CC	60526
18. SC	60526
19. EV	85003
20. SN	60586
21. SB	60062
22. IH	60436
23. SG	60544
24. NI	60543
25. RP	60603
26. AH	60506
27. EJ	60515
28. MG	60172
29. JS	60159
30. AH	60505
31. RM	60119
32. PS	60504
33. LC	60435
34. SE	60457
35. JC	60505
36. DR	60540
37. KA	60612
38. MJ	44511
39. RD	60510

40. NR	60185
41. IN	60526
42. LW	60527
43. DK	60504
44. PD	60540
45. CP	60516
46. RI	60607
47. PE	60601
48. LF	60123
49. EE	60504
50. PI	60543
51. RS	60193
52. BH	60504
53. BG	60172
54. TD	60526
55. PB	60540
56. DB	60526
57. AT	60403
58. JT	60403
59. HB	80185
60. VK	60543
61. MO	60062
62. MS	48167
63. RF	60062
64. BE	60521
65. PB	60440
66. LP	60526
67. MP	60623
68. GC	60172
69. PA	60187
70. SV	60540
71. MR	60010

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued v

Criterion 1125.560 - Variances to Computed Bed Need

This project is for the expansion of beds in an existing facility that does not require new construction. Moreover, there is a positive bed need computed. Therefore, this item is not applicable.

ATTACHMENT-16

Criterion 1125.570 - Service Accessibility

According to the Applicable Review Criteria – Guide, this item is not applicable to expansion of existing service projects.

ATTACHMENT-17

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

According to the Applicable Review Criteria – Guide, this item is not applicable to expansion of existing service projects.

ATTACHMENT-18

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued vi

Criterion 1125.590 - Staffing Availability

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

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

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

Appended as **ATTACHMENT-19A** are the existing and proposed staffing patterns by position title for this project. The Subject facility has an existing 20-bed nursing care unit and an existing 44-bed sheltered care unit. This project proposes to convert the 44-bed sheltered care unit to a 40-bed nursing care unit for a resulting building compliment of 60 nursing care beds. It should be noted that one wing of the existing sheltered care beds has not been in use which is reflected in the current staffing pattern. The proposed staffing pattern will result in an increase of 10 full time equivalents from 30 full time equivalents to 40 full time equivalents. The proposed staffing will be achieved in the following manner:

The Applicants are related to a much larger organization that operates several general and specialized long-term care facilities. Therefore, the Applicant and its administrative service company have the resources of general long-term care facilities throughout Illinois. This organization also has several assisted living and independent living units within Illinois. It is the policy of the organization to begin a comprehensive recruitment program for every new facility, or new category of service, approximately four to six months prior to the opening in order to ensure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start-up facilities. The Applicant is managed by Alden Management Services, Inc., which recruits locally, regionally, and nationally for highly qualified staff.

ATTACHMENT- 19

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued vii

1. A listing is obtained from the Illinois Board of Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility, or category of service, in the specific areas and the positions that are available;
2. Advertisement in the local newspaper;
3. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A film will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question and answer session on the philosophy of the organization;
4. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program, and a continual in-service training program enhances the attraction of new employees and helps retain qualified and dedicated staff. It should be noted that the administrative services company is located in Chicago and is very familiar with the employment situation of the area. Alden also has employees within the area and the State to pull from to fill any needed position. The proposed employees will have paid continuing education credits, competitive wages, and a pension offered. With such a large number of existing employees one strong focus of recruitment will be by word of mouth by these existing employees to their respective communities. Furthermore, Alden will provide an upward mobility transfer for those employees within the market area.

As an existing facility, the following are the specific hiring procedures used at the Subject facility:

1. Applications are completed either online or in person;
2. Hiring manager reviews the applications;
3. Calls are made to the eligible candidates for each position to interview with specific manager;
4. If the candidate meets the requirements of the position, a second interview is scheduled with the Executive Director;
5. If the position is a management position, an interview is scheduled with a corporate partner to determine whether the candidate meets the job requirements;
6. Potential candidates are drug tested following a second successful interview and are informed that results will be communicated with them within a week;
7. Potential candidates are called by the Business Office Manager when the drug test results are received;

ATTACHMENT- 19

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued viii

8. If the drug test results show the candidate is eligible for hire, the candidate is then scheduled to come in for orientation.

Employee turnover at Alden Courts of Waterford is very low and the Applicant has not experienced any difficulty in maintaining appropriate staffing levels. Caitlin Brozek, Administrator of Alden Courts of Waterford, has provided a statement indicating more than half of the current employees have more than two years of seniority and several have been there as long as seven years. Additionally, she has provided a listing of applications on file by position title. Ms. Brozek's documentation is appended as **ATTACHMENT-19B**. Thus, it does not appear that between the Applicant's experience and through the experience of the existing campus that there will be any difficulty in securing the needed health care manpower.

Alden Courts of Waterford
Staffing Patterns

<u>Current Staffing Pattern</u>		<u>Proposed Staffing Pattern</u>	
<u>Title</u>	<u>FTE</u>	<u>Title</u>	<u>FTE</u>
<u>ADMINISTRATIVE</u>		<u>ADMINISTRATIVE</u>	
Administrator	1	Administrator	1
Memory Care Director	1	Memory Care Director	1
Receptionist	1.5	Receptionist	1.5
<u>NURSING</u>		<u>NURSING</u>	
Director of Nursing	1	Director of Nursing	1
Registered Nurse	6	Registered Nurse	9
Certified Nurse Aide	6	Certified Nurse Aide	18
<u>DIETARY</u>		<u>DIETARY</u>	
Dietary Aide	3	Dietary Aide	3
<u>ACTIVITIES</u>		<u>ACTIVITIES</u>	
Activity Aide	2	Activity Aide	2
Memory Care Aide	1.5	Memory Care Aide	1.5
Resident Assistants	5	Resident Assistants	0
<u>HOUSEKEEPING</u>		<u>HOUSEKEEPING</u>	
Housekeeping Aide	2	Housekeeping Aide	2
	30		40

Laundry and Dietary services are provided through Alden of Waterford Rehabilitation and Health Care Center. These costs are reflected as Contracted Costs in the financial statements under the appropriate cost center.

ALDEN Courts of Waterford

August 21, 2019

To whom it may concern:

I have attached a list of the applications submitted for CNA, LPN, and RN positions in 2019. Not all applicants attached were hired, nor was there necessarily a position open when the applications were received. We average approximately 65 employees at any time and more than half have been with the company for over two years. While we do experience turnover in these positions, it is generally low and we have had several employees with us for 7+ years.



Caitlin Brozek, BBA, LNHA

Administrator

Alden Courts Memory Care Assisted Living

1991 Randi Drive Aurora, IL 60504 tel: (630)851-1466 fax: (630)585-1008 www.thealdennetwork.com



A member of the Alden network

ATTACHMENT-19B

**Alden Courts of Waterford
Employment Applications on File**

RN

PT – Jan 2019
CL – Jan 2019
RB – Jan 2019
TM – Feb 2019
MB – May 2019
MB – Jun 2019
VM – Jun 2019
HW – Jun 2019
LH – Jun 2019
BB – Jun 2019
RC – Jul 2019
CK – Jul 2019
NE – Jul 2019
SD – Jul 2019
MB – Jul 2019
HA – Jul 2019
WN – Jul 2019
FA – Jul 2019
BR – Aug 2019
NV – Aug 2019
CA – Aug 2019
RG – Aug 2019
EM – Aug 2019
AP – Aug 2019
JC – Aug 2019
DK – Aug 2019

LPN

DB – Jan 2019
SG – Jan 2019
AR – Jan 2019
XR – Jan 2019
KI – Jan 2019
JS – Jan 2019
LL – Jan 2019
PS – Feb 2019
MD – Feb 2019
MJ – Apr 2019
VC – Apr 2019
MC – May 2019
OL – Jul 2019
GT – Jul 2019
SV – Jul 2019
GH – Aug 2019
DH – Aug 2019

CNA

CP – Jan 2019
LF – Jan 2019
GC – Jan 2019
DA – Jan 2019
TW – Jan 2019
TL – Jan 2019
MS – Jan 2019
VM – Jan 2019
JM – Jan 2019
DK – Jan 2019
DS – Feb 2019
SL – Feb 2019
EA – Feb 2019
LD – Mar 2019
DK – Mar 2019
LC – Mar 2019
NM – Mar 2019
LH – Mar 2019
SR – Mar 2019
RB – Mar 2019
DW – Mar 2019
KA – Mar 2019
NA – Apr 2019
KK – Apr 2019
CJ – Apr 2019
KP – Apr 2019
MH – Apr 2019
AJ – May 2019
CM – May 2019
DH – May 2019
YK – May 2019
AR – May 2019
EH – May 2019
EG – May 2019
KJ – May 2019
TF – May 2019
JE – May 2019

CNA

AH – May 2019
DG – May 2019
DP – May 2019
CS – Jun 2019
OW – Jun 2019
AC – Jun 2019
VS – Jun 2019
SL – Jun 2019
AS – Jun 2019
AG – Jun 2019
RG – Jun 2019
DD – Jun 2019
LF – Jun 2019
KS – Jul 2019
HE – Jul 2019
DJ – Jul 2019
MZ – Jul 2019
RW – Jul 2019
RB – Jul 2019
KB – Jul 2019
AV – Jul 2019
SW – Jul 2019
NM – Aug 2019
MH – Aug 2019
OE – Aug 2019
BR – Aug 2019

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued ix

Criterion 1125.600 Bed Capacity

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

This project is for the conversion of the 44 sheltered care beds to 40 nursing care beds in the existing campus. Upon project completion the licensed bed capacity will be 60 nursing beds. Therefore, the proposed project is compliant with this criterion.

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued x

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT-21A** are three (3) letters of support for the proposed addition of nursing memory care services to Alden Courts of Waterford. These letters are from:

- Micki Miller, Executive Director, Senior Services Associates, and
- L. Patrick Reedy, Illinois Chapter Executive Director, Alzheimer's Association.
- Jane Hove, Interim President & CEO, Aurora Regional Chamber of Commerce

Senior Services Associates

Serving Older Adults, Persons with Disabilities
and their Families Since 1973

Kane County Senior Services
Greater Elgin Senior Center
101 S. Grove Avenue
Elgin, IL 60120
1.800.942.1724 • 847.741.0404
Fax: 847.741.2163

McHenry County Senior Services
McHenry Township Recreation Center
3519 N. Richmond Road
McHenry, IL 60051
1.800.339.3200 • 815.344.3555
Fax: 815.344.3593

Kane County Senior Services
Aurora Township Senior Center
900 N. Lake Street, first floor
Aurora, IL 60506
630.897.4035
Fax: 630.897.6901

Kendall County Senior Services
908 Game Farm Road
Yorkville, IL 60560
630.553.5777
Fax: 630.553.6979

McHenry County Senior Services
110 W. Woodstock Street
Crystal Lake, IL 60014
815.356.7457
Fax: 815.356.7754

August 2, 2019

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

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

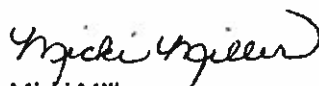
Dear Ms. Avery,

I am writing to express my support for Alden's proposed expansion of nursing memory care services which will be accomplished through the conversion of 44 sheltered care beds to 40 skilled care beds at Alden Courts of Waterford, which currently consists of 44 sheltered care and 20 nursing beds. Upon project completion, the facility will offer 60 nursing care beds for those with memory impairment. The continuum of care community at Alden of Waterford provides many different housing options and access to multiple levels of care. The campus consists of everything from independent senior living, deluxe duplexes and apartments to assisted living, memory care and skilled rehabilitation. As the population continues to age in and around the Aurora area, these services are needed as much as ever.

Alden of Waterford has been a part of the Aurora community for over 20 years. I hope that it will continue for another 20 years and continue to grow and evolve as it has been.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,



Micki Miller
Executive Director
Senior Services Associates



ATTACHMENT-21A



August 5, 2019

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

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

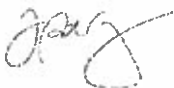
Dear Ms. Avery,

I am writing to express my support for Alden's proposed expansion of nursing memory care services, which will be accomplished through the conversion of 44 sheltered care beds to 40 skilled care beds at its Alden Courts of Waterford community. Alden Courts of Waterford currently consists of 44 sheltered care and 20 nursing beds. Upon project completion, the facility will offer 60 nursing care beds for those with memory impairment.

The continuum of care community at Alden of Waterford provides many housing options and access to multiple levels of care. The campus offers everything from independent senior living duplexes and apartments to assisted living, memory care, and skilled rehabilitation. As the senior population in the Aurora area continues to grow, there is a growing need for nursing care, especially memory care.

Alden of Waterford has been a significant part of the Aurora community for over 20 years. I urge you to strongly consider approving Alden's certificate of need application.

Sincerely,



L. Patrick Reedy
Illinois Chapter Executive Director

Illinois Chapter

Bloomington

207 South Prospect, Suite 1, Bloomington, IL 61704
p 309.662.8392 f 309.664.0495
(Champaign p 217.351.1726)

Carbondale

320 East Walnut Street, Suite A, Carbondale, IL 62901
p 618.985.1095 f 618.549.2362

Chicago

8430 West Bryn Mawr, Suite 800, Chicago, IL 60631
p 847.933.2413 f 773.444.0930

Joliet

950 Essington Road, Suite 200, Joliet, IL 60435
p 815.744.0804 f 815.773.7340

Peoria

614 West Glen Avenue, Peoria, IL 61614
p 309.681.1100 f 309.681.1101

Quincy

105 North 36th Street, Suite 201, Quincy, IL 62301
p 217.641.0140 f 644.273.4364

Rockford

1111 South Alpine Road, Suite 307, Rockford, IL 61108
p 815.484.1300 f 815.484.9286

Springfield

2309 West White Oaks Drive, Suite E, Springfield, IL 62704
p 217.726.5184 f 217.726.5185



August 13, 2019

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

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

I am writing to express my support for Alden's proposed expansion of nursing memory care services which will be accomplished through the conversion of 44 sheltered care beds to 40 skilled care beds at Alden Courts of Waterford, which currently consists of 44 sheltered care and 20 nursing beds. Upon project completion, the facility will offer 60 nursing care beds for those with memory impairment. The continuum of care community at Alden of Waterford provides many different housing options and access to multiple levels of care. The campus consists of everything from independent senior living, deluxe duplexes and apartments to assisted living, memory care and skilled rehabilitation. As the population continues to age in and around the Aurora area, these services are needed as much as ever.

Alden of Waterford has been a part of the Aurora community for over 20 years. I hope that it will continue for another 20 years and continue to grow and evolve as it has been.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Jane Hove, Interim President & CEO
Aurora Regional Chamber of Commerce

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xl

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.

Upon project completion, this phase of conversion of beds and modernization of Alden Courts of Waterford will comprise 22,595 gross square feet of clinical space for 60 nursing care beds. This equates to 376.6 gsf per bed upon project completion. The proposed project complies with this criterion as the full bed compliment does not exceed the range limit of 435-713 gross square feet per bed.

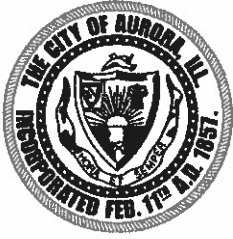
SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xli

Criterion 1125.630 - Zoning

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

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

Appended as **ATTACHMENT-23A**, is a letter from Edward T. Sieben, Zoning Administrator, City of Aurora, Planning & Zoning Division, providing documentation that the Subject facility is operating in compliance.



City of Aurora

Zoning and Planning Division

Mailing Address: 44 E. Downer Place, Aurora, IL 60507-2067
Office Location: 77 S. Broadway, 2nd Floor, Aurora, IL 60505
630-256-3080 • coaplanning@aurora-il.org

Letter of Zoning Verification

August 6, 2019

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board,
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor

RE: Alden Courts of Waterford
1991 Randi Drive, Aurora, IL 60504
PIN: 15-36-202-005

Please be advised that the above-mentioned property is zoned **PDD, Planned Development District**.

The subject licensed Health Care facility is a permitted conditional use under the Aurora Zoning Ordinance. To the best of my knowledge, the facility is operating in compliance. Therefore, the current zoning use as a nursing facility is "lawfully established under the City of Aurora regulation."

If you have any questions, please contact me at (630) 256-3080.

Sincerely,

Edward T. Sieben,
Zoning Administrator
City of Aurora
Planning & Zoning Division

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xiii

Criterion 1125.640 – Assurances

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

Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number 1. Item two above does not apply as the existing campus was not originally approved under the continuum of care or defined population criterion.

Alden Courts of Waterford, LLC



August 15, 2019

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

RE: Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

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



Sincerely,

ALDEN COURTS OF WATERFORD, L.L.C.

By: 
Randi Schullo

Subscribed and sworn to before me
this 15 day of August, 2019

Notary Public



SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued I

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;

This item is not applicable.

- b. Non-compliance with licensing or life safety codes;

As this project is changing from sheltered care to skilled nursing care, the modernization requires meeting the higher level of licensing standards and life safety codes that include changes in the physical plant requirements. Specifically, to be eligible for nursing licensure, each nursing unit requires the addition of an exam room, medication room, clean linen room, clean utility room and soiled utility room. The existing tub room will be required to be remodeled to meet these new standards and the nursing station reconfigured to provide visual control of the corridors. Finally, one of the existing two-bed rooms will be repurposed for the required exam room and training toilet (which was previously in the existing tub room and does not meet the necessary standards). These are the extent of the alterations to each unit that pertains to licensing standards and life safety codes.

- c. Changes in standards of care (e.g., private versus multiple bed rooms); or

This item is not applicable.

- d. Additional space for diagnostic or therapeutic purposes.

As explained in item "b" above, part of the renovations include "required" diagnostic/therapeutic space such as the exam room which was not required under the sheltered care level of licensing. The need for this space is primarily due to licensing requirements.

2. Documentation shall include the most recent:

- a. IDPH and CMMS inspection reports; and

The existing space is licensed as sheltered care. The need to modernize is more about realigning the campus continuum of care to provide a nursing level of care for memory impaired residents than it is about correcting or updating the facility to meet present day standards and practices. This facility is designed specifically for the care and treatment of those with memory issues and as it continues in that path, a modernization is merely needed to meet that end with IDPH licensure.

- b. Accrediting agency reports.

This item is not applicable due to the nature of the modernization.

3. Other documentation shall include the following, as applicable to the factors cited in the application:

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued II

a. Copies of maintenance reports;

This item is not applicable.

b. Copies of citations for life safety code violations; and

This item is not applicable.

c. Other pertinent reports and data.

Appended as **ATTACHMENT-25A** is the IDPH physical plant licensing requirements for a nursing unit illustrating the need for clean and soiled utilities, an exam room, and a unit tub/shower room.

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).

This item relates to the only the nursing beds within Alden Courts of Waterford which is a 64-bed facility catering to those with memory impairments. Under HFSRB project number 15-037, the permit completion date was August 31, 2017. As such, the two years of data that is available includes the fill-up of that project's establishment of 20 nursing beds through the conversion of 22 sheltered care units. The nursing utilization rate per year for the two years ending June 30, 2019 were 69% and 81% respectively. According to the rules regarding establishment, a facility is allowed time for fill-up through the second full year of operation. Now that we are in the second full year of operation, the Applicant has 17.4 residents. This is effectively full given the four shared rooms on the unit. The rationale behind the proposed project is to realize better economies-of-scale in having a 60-bed memory care nursing unit in which gender, behavioral and isolation issues do not have such an effect on utilization. Please see the two-year patient day chart appended as **ATTACHMENT-15A**.

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE
SECTION 300.2860 NURSING UNIT

Section 300.2860 Nursing Unit

- a) The number of resident beds in a nursing unit shall not exceed 75 beds.
 - 1) Not less than 60 percent of the resident beds shall be in one or two bed rooms.
 - 2) Not less than three percent of the total number of the beds in the facility shall be located in single bed rooms with a private bath, water closet and lavatory.
- b) General Requirements for Bedrooms
 - 1) Resident bedrooms shall have an entrance directly off a corridor with an entrance door which swings into the room.
 - 2) Resident bedrooms shall have adequate and satisfactory artificial light and be equipped in accordance with Section 300.2940(a)2) and (e)(1).
 - 3) Residents shall have access to a toilet room without entering the general corridor area.
 - 4) The facility shall provide a closet or wardrobe of at least four square feet for each resident.
 - 5) Resident bedroom floors shall be at or above grade level.
 - 6) Each room used as a resident bedroom shall have at least one outside window, and a total window area to the outside equal to at least one-tenth the floor area of the room.
 - 7) A nurses' call system shall be provided in accordance with Section 300.2940 (g). (B)

- 8) Complete visual privacy shall be provided for each resident in multibed rooms. Design for privacy shall not restrict resident access to the entry, lavatory, nor toilet.
- 9) No resident bedroom shall be located more than 120 feet from the nurses' station, clean utility room, and soiled utility room.

c) Resident Bedrooms

- 1) Single resident bedrooms shall contain at least 100 square feet. Multiple resident bedrooms shall contain at least 80 square feet per bed. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways.
- 2) Multiple resident bedrooms shall not have more than four beds nor more than three beds deep from an outside wall. All beds shall have a minimum clearance of three feet at the foot and sides of the bed.

d) Special Care Room

- 1) The facility shall provide a special care room for each nursing unit.
- 2) This room shall be provided with a private toilet room containing water closet, lavatory, bathtub or shower and all other necessary facilities to meet the resident's needs. (B)
- 3) This room shall be located to allow direct visual supervision from the nurses' station.
- 4) This room shall be included in the authorized maximum bed capacity for the facility.
- 5) It is permissible for the room to be occupied by a resident, not in need of special care, provided the resident is clearly informed and understands he or she will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care.

e) Nurses' Station (B)

- 1) The facility shall provide a minimum of one nursing station per unit with direct access to the corridor for each nursing unit. The location of this station shall allow visual control without the use of mirrors of each resident sleeping corridor. Separation shall be provided from the utility rooms.
- 2) One or more nursing units may be combined at a central nursing station if sufficient space is provided for all nursing functions.

- 3) A lounge with toilet room shall be provided near each station for nursing staff. Lockers for safekeeping of coats and personal effects may be provided within this space or in a convenient central location.

f) Bath and Toilet Rooms

- 1) The resident bedroom toilet room shall serve no more than two resident rooms nor more than eight beds. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from the toilet room when the resident room contains a lavatory.
- 2) The facility shall provide one wheelchair resident toilet room for each sex residing in a nursing unit. The room shall be accessible from the corridor. This room shall contain a water closet and lavatory.
- 3) Wheelchair resident toilet rooms are not required when all resident toilet rooms can accommodate wheelchair residents.
- 4) The facility shall provide one training toilet room on each nursing floor, which is accessible from the corridor. Three-foot clearance at the front and both sides of the water closet shall be provided. This room shall contain a lavatory accessible for wheelchair use.
- 5) The facility shall provide one bathtub or shower for each ten resident beds per nursing unit which are not served by bathing or showering facilities in resident rooms.
- 6) All shower stalls for residents not needing assistance shall be at least three feet square and shall have no curb.
- 7) The facility shall provide at least one bathtub for assisted bathing per nursing unit. There shall be a clear area at least three feet wide at both sides and one end of the tub.
- 8) The facility shall provide at least one shower stall for assisted showering per nursing unit. The shower stall shall be at least four feet square with no curb.
- 9) The facility shall provide a toilet room with a water closet and lavatory, accessible to the assisted bathtub and shower without entering the general corridor. This room may be arranged to serve as the training toilet facility.
- 10) Grouped bathing and toilet facilities shall be partitioned or curtained for privacy.

g) Utility Rooms

- 1) The clean utility room shall have direct access to a corridor or access may be through the nurses' station entrance. This room shall contain work counters, single or double compartment sink with integral drainboard, storage

cabinets, and an autoclave. (Autoclave may be waived in lieu of other methods if sterilization is approved by Department.)

- 2) A clean linen storage room or closet within the clean utility room shall be provided. If a closed cart system is used, storage may be in an alcove.
- 3) The soiled utility room shall have direct access to a corridor. This room shall contain work counters, storage cabinets, and a clinical rim flush sink. The room shall also contain a three compartment sink with integral drainboard if chemical sanitizing procedures are used, or a double compartment sink with integral drainboard if a utensil sanitizer is used (See Section 300.2430).
- 4) The charging room for a linen chute shall be large enough to unload the collecting cart with the door closed.

h) Medication Facilities

- 1) A medication station shall be provided for convenient and prompt 24 hour distribution of medicine to residents. The medicine preparation room shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. A sink for handwashing and preparation of medication shall be provided in the medication preparation room.
 - 2) If medicine dispensing carts are used, a specific storage space for the cart shall be provided, which may be located in the nurses' station or in an alcove or other space under the direct control of the nursing staff. A sink for handwashing and preparation of medication shall be provided in the nurses' station.
- i) A nourishment station shall be provided with a handwashing sink and equipment including refrigerator, and storage cabinets for serving nourishment between scheduled meals. Ice for residents' use shall be provided only by icemaker dispenser units.
- j) A room for examination and treatment of residents shall be provided and shall have a minimum floor area of 100 square feet, excluding space for vestibule, closets and work counters (whether fixed or movable). The minimum room dimension shall be ten feet. The room shall contain a lavatory or sink equipped for handwashing; a work counter; storage facilities; and a desk, counter, or shelf space for writing.
- k) An equipment storage room shall be provided for storage of equipment such as I.V. stands, inhalators, air mattresses, walkers, and wheelchairs.
- l) Parking space for wheelchairs shall be provided and located out of path of normal traffic.

(Source: Amended at 18 Ill. Reg. 1491, effective January 14, 1994)

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued III

Criterion 1125.720 - Specialized Long-Term Care – Review Criteria

As this project is for an existing general long-term care facility, this item is not applicable to expansion of existing service projects.

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued iv

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

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

Appended as **ATTACHMENT-27A**, is documentation that Alden of Waterford has wherewithal of funds in excess of the project amount that will be fully used to fund the project. Therefore, the Applicant is funding the modernization and conversion through internal resources.



FIFTH THIRD BANK

August 20, 2019

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

Dear Ms. Avery:

In documentation of item 1125.800 Availability of Funds (a) Cash and Securities, please be advised that I am familiar with the financial condition of the sponsor, Waterford Rehab and Courts, LLC, and its affiliates, and wish to advise you that they have access to sufficient finances in excess of the \$835,000 necessary to fund the working capital and the equity required for the project. If you have any questions, please do not hesitate to contact me at (312) 633-0203.

Sincerely,

John Sassaris
Senior Vice President
Market Executive
Fifth Third Bank

Notarization:

Subscribed and sworn to before me

this 20 day of August 2019

Signature of Notary



SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued v

Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided.

As the proposed project meets item 2 above of the Financial Viability Waiver, this item is not applicable.

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued vi

Economic Feasibility

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

Appended as ATTACHMENT-30A, is a letter from the owner addressing reasonableness of financing arrangements.

B. Conditions of Debt Financing

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

This item is not applicable as the project is being funded completely with internal resources and does not require financing.

D. Projected Operating Costs

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

Salaries	\$2,550,663	
Benefits	\$496,532	
Supplies	\$611,523	
Patient Days @ 90%		19,710
Total/Operating Cost/PT Day	\$2,553,520	\$129.55

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.

Depreciation	\$318,006	
Interest Expense	\$312,329	
PT Days @ 90%		19,710
Total/Operating Cost/PT Day	\$756,025	\$38.36



August 9, 2019

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

RE: Certificate of Need Application for Alden Waterford Rehab & Courts, L.L.C.; conditions of debt financing

Dear Ms. Avery:

A. Reasonableness of Financing Arrangements

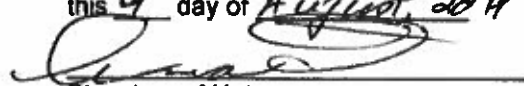
The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

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

Respectfully,


Board Member or Officer
Derek Smart, Chief Financial Officer

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this 9 day of August, 2019

Signature of Notary
Seal

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

Signature of Notary
Seal

4200 West Peterson Avenue Chicago Illinois 60646



ATTACHMENT-30A