



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

ELECTRONICALLY TRANSFERRED

May 26, 2020

Susan Prizant, Senior Paralegal
Gutnicki
4711 Golf Road
Skokie, Illinois 60076

Re: Hope Creek Nursing and Rehab Center

Dear Ms. Prizant

This letter is in response to the submittal of Application for Permit for a change of ownership of Hope Creek Nursing and Rehab Center. We need the following information.

1. Aperion Care, Inc. needs to be an Applicant on this Application for Permit. (See 77 ILAC 1130.220 – Necessary Parties to an Application for Permit.)
 - a. We will need a page 1 of the application for permit for this Applicant.
 - b. We will need a Certificate of Good standing for the Applicant.
 - c. We will need a listing of all facilities owned by Aperian Care, Inc. including licensing numbers and a certified listing of any adverse actions.
 - d. We will need a signed certificate page for Aperian Care, Inc.
2. We need either the resolution or the minutes from the Rock Island County Board Meeting that this change of ownership was approved by the Rock Island County Board.
3. We need a copy of the amendment to the purchase agreement. Also, we need evidence that the amendment to the purchase agreement has been approved by the Rock Island County Board, either a resolution or the minutes from the Rock Island County Board meeting.
4. Page 2: The Application requires certificates of good standing for the applicants and co-applicants.
5. Page 2: Is the name on the license going to be Operator of Quad City Rehab Center, LLC d/b/a Hope Creek Care Center? Or some other entity?
6. Page 6: Schedule: Project Uses: Needs to include the acquisition price of the skilled nursing home only. Sources of Funds needs to include how the purchase is going to be paid for only.
7. Page 51: Our records indicate that the nursing home is certified for 245 Medicare and Medicaid beds. The Asset Purchase Agreement states 20 beds are certified by Medicare.

We need an explanation for this difference. Should the project be approved how many beds will be certified for Medicare and Medicaid?

8. Page 64: What is the name of the entity that appears to control the first and second applicant?
9. Page 70 (2) We need the name of the corporate officers who own 5% or more of the Applicants and the facilities listed.
10. Page 70 3 (a): There is a listing of the adverse actions against an applicant. We need to know which Applicant?
11. We need a comfort letter from a CPA firm or accounting firm for Aperion Care, Inc. The Board needs to know if Aperion Care Inc. has enough resources to fund the purchase. The Board will also accept audited financial statements for Aperion Care, Inc.

If you should have questions please contact Mike Constantino or George Roate at 217.782.3516 or mike.constantino@illinois.gov or george.roate@illinois.gov

Sincerely,



Mike Constantino, Project Reviewer
Illinois Health Facilities and Services Review Board