

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

[Check one]

[check one]

<input checked="" type="checkbox"/> General Long-term Care  <input type="checkbox"/> Specialized Long-term Care	<input checked="" type="checkbox"/> Establishment of a new LTC facility <input type="checkbox"/> Establishment of new LTC services <input type="checkbox"/> Expansion of an existing LTC facility or service <input type="checkbox"/> 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.

Venus Properties, LLC and Sunshine Gardens Nursing & Rehab, LLC (collectively, the "Applicants") propose the establishment of a 10-bed skilled nursing facility to be located at 442 Comfort Drive, Marion, Illinois.

Sunshine Gardens Nursing & Rehab will be Medicare certified and will accept private insurance. It will not only provide skilled nursing services but inpatient rehabilitation.

The proposed skilled nursing facility will consist 6 private and 2 semi-private rooms in 6,281 gross square feet of clinic space and 1,593 gross square feet of non-clinical space for a total of 7,874 gross square feet.

**Facility/Project Identification**

Facility Name: Sunshine Gardens Nursing & Rehab			
Street Address: 442 Comfort Drive			
City and Zip Code: Marion, Illinois 62959			
County: Williamson	Health Service Area: V	Health Planning Area: 199	

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

Exact Legal Name: Venus Properties, LLC	
Address: 3255 Cinnabar Point, Carbondale, Illinois 62901	
Name of Registered Agent: Srinivas V. Gundala	
Name of Chief Executive Officer: Srinivas V. Gundala	
CEO Address: 3255 Cinnabar Point, Carbondale, Illinois 62901	
Telephone Number:	

**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**.
- 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: Charles Sheets
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3605
E-mail Address: <a href="mailto:csheets@polsinelli.com">csheets@polsinelli.com</a>
Fax Number:

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**Facility/Project Identification**

Facility Name: Sunshine Gardens Nursing & Rehab			
Street Address: 442 Comfort Drive			
City and Zip Code: Marion, Illinois 62959			
County: Williamson	Health Service Area: V	Health Planning Area: 199	

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

Exact Legal Name: Sunshine Gardens Nursing & Rehab, LLC			
Address: 3255 Cinnabar Point, Carbondale, Illinois 62901			
Name of Registered Agent: Srinivas V. Gundala			
Name of Chief Executive Officer: Srinivas V. Gundala			
CEO Address: 3255 Cinnabar Point, Carbondale, Illinois 62901			
Telephone Number:			

**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**.
- 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: Charles Sheets
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3605
E-mail Address: <a href="mailto:csheets@polsinelli.com">csheets@polsinelli.com</a>
Fax Number:

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**Post Permit Contact**

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

Name: Charles Sheets
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3605
E-mail Address: <a href="mailto:csheets@polsinelli.com">csheets@polsinelli.com</a>
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Venus Properties, LLC
Address of Site Owner: 3255 Cinnabar Point, Carbondale, Illinois 62901
Street Address or Legal Description of Site: 442 Comfort Drive, Marion, Illinois 62959
Proof of ownership or control of the site is to be provided. 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 <b>ATTACHMENT-2</b> , 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: Venus Properties, LLC			
Address: 3255 Cinnabar Point, Carbondale, Illinois 62901			
<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"> <li>Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li><b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
APPEND DOCUMENTATION AS <b>ATTACHMENT-3</b> , 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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 – NOT APPLICABLE**

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 Venus Properties, 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

Srinivas Gundala  
PRINTED NAME

Manager  
PRINTED TITLE


2/21/2021  
SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 26 day of February

  
Signature of Notary



Seal

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

Signature of Notary

Seal


\*Insert EXACT legal name of the applicant

**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 Sunshine Gardens Nursing & Rehab, 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

Srinivas Gundala  
PRINTED NAME

Manager  
PRINTED TITLE

2/26/2021  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 26 day of February

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_

  
Signature of Notary

\_\_\_\_\_  
Signature of Notary



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	0	10
<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.hfrsb.illinois.gov](http://www.hfrsb.illinois.gov)). PLEASE NOTE: ANY bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

**Utilization – NOT APPLICABLE****Utilization for the most current CALENDAR YEAR:**

Category of Service	Year	Admissions	Patient Days
<input type="checkbox"/> General Long Term Care			
<input type="checkbox"/> Specialized Long-Term Care			

**Applicable Review Criteria - Guide**

The review criteria listed below must be addressed, per the LTC rules contained in 77 Ill. Adm. Code 1125. See HFSRB's website to view the subject criteria for each project type - (<http://hfsrb.illinois.gov>). To view LTC rules, click on "Board Administrative Rules" and then click on "77 Ill. Adm. Code 1125".

READ THE APPLICABLE REVIEW CRITERIA OUTLINED BELOW and submit the required documentation for the criteria, as described in SECTIONS IV and V:

**GENERAL LONG-TERM CARE**

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	Subject
<b>Establishment of Services or Facility</b>	.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
<b>Continuum of Care – Establishment or Expansion</b>	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule
	.520	Background of the Applicant
	.560(a)(1) through (3)	Continuum of Care Components
<b>Continuum of Care – Establishment or Expansion</b>	.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

**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 1125.560 - Variances to Computed Bed Need****Continuum of Care:**

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

1. The project will provide a continuum of care for a geriatric population that includes independent living and/or congregate housing (such as unlicensed apartments, high rises for the elderly and retirement villages) and related health and social services. The housing complex shall be on the same site as the health facility component of the project.
2. The proposal shall be for the purposes of and serve only the residents of the housing complex and shall be developed either after the housing complex has been established or as a part of a total housing construction program, provided that the entire complex is one inseparable project, that there is a documented demand for the housing, and that the licensed beds will not be built first, but will be built concurrently with or after the residential units.
3. The applicant shall demonstrate that:
  - a. The proposed number of beds is needed. Documentation shall consist of a list of available

patients/residents needing the proposed project. The proposed number of beds shall not exceed one licensed LTC bed for every five apartments or independent living units;

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

### 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 1125.630 - 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.**

**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>\$102,400</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"> <li>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</li> <li>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;</li> </ol>
_____	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"> <li>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;</li> <li>2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>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.;</li> <li>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;</li> <li>5. For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>

_____	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.
<b>\$102,400</b>	<b>TOTAL FUNDS AVAILABLE</b>	

**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.

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

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-

applicant and provide worksheets for each.

2. Variance

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

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

## Economic Feasibility

This section is applicable to all projects

### A. Reasonableness of Financing Arrangements

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

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

### B. Conditions of Debt Financing

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

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

### C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY SERVICE									
Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

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

**D. Projected Operating Costs**

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

**E. Total Effect of the Project on Capital Costs**

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

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



**Section I, Identification, General Information, and Certification**

**Applicants**

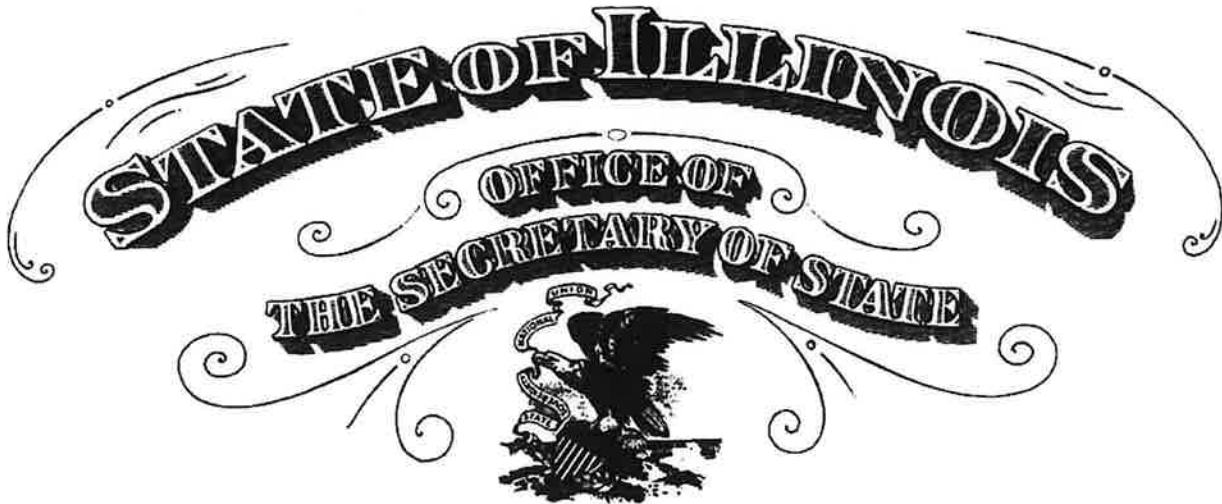
Certificates of Good Standing for Sunshine Gardens Nursing and Rehab, LLC and Venus Properties, LLC (collectively, the “Applicants”) are attached at Attachment – 1.

Sunshine Gardens Nursing and Rehab, LLC will be the operator of the nursing home to be located at 442 Comfort Drive, Marion, Illinois 62959.

As a related person who controls the use of capital assets that are components of the project, Venus Properties, LLC is named as a co-applicant in this certificate of need application.

File Number

0447013-3



***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***

VENUS PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 01, 2013, 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 25TH  
day of FEBRUARY A.D. 2021 .***

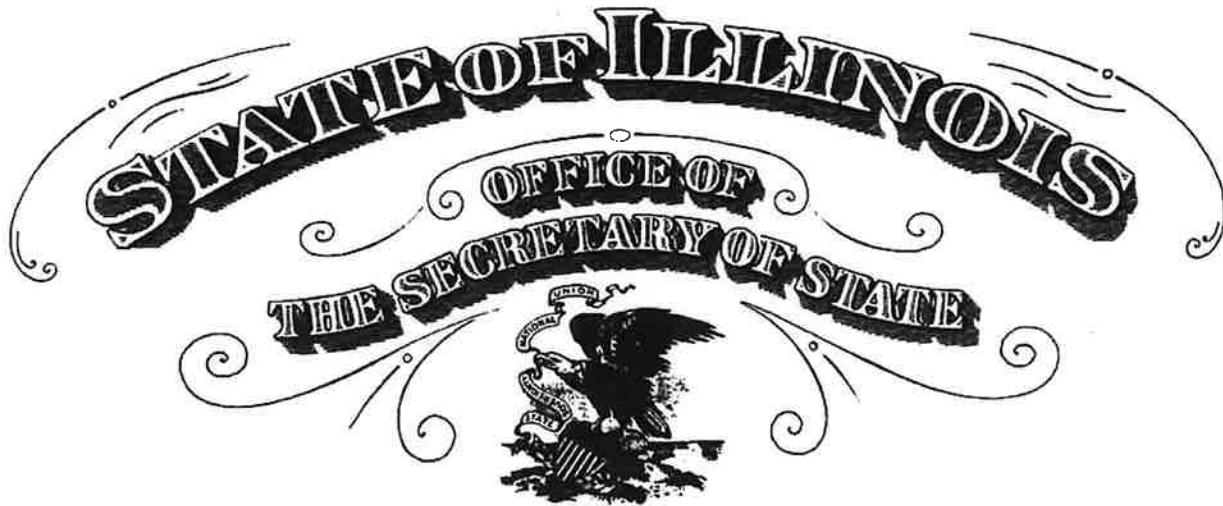
*Jesse White*

SECRETARY OF STATE

Authentication #: 2105604110 verifiable until 02/25/2022  
Authenticate at: <http://www.cyberdriveillinois.com>

File Number

0975191-2



***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***

SUNSHINE GARDENS NURSING & REHAB LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 20, 2021, 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 25TH day of FEBRUARY A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 2105604144 verifiable until 02/25/2022  
Authenticate at: <http://www.cyberdriveillinois.com>

**Section I, Identification, General Information, and Certification**

**Site Ownership**

Documentation from the Williamson County Supervisor of Assessments identifying Venus Properties, LLC as the owner of the site of the proposed skilled nursing facility is attached at Attachment – 2.

Attachment – 2

2/22/2021

## Feature Report



## WILLIAMSON COUNTY, ILLINOIS

Report generated: Monday, February 22, 2021

PIN Number: 06-14-353-006



## Report

PIN Number

Owner Name

Location

Billing Name

Billing Address

06-14-353-006

VENUS PROPERTIES, LLC

COMFORT DRIVE; MARION, IL; 62959

VENUS PROPERTIES LLC

3255 CINNABAR POINT; CARBONDALE IL; 62901

## Property

Legal

Use Code

Book

Lot

Section

CREE COMMERCIAL

0080

494

013

Township

Use Code Description

Page

Block

Quarter Section

West Marion

Commercial

123

000

Link to Property Card

By downloading this file, users acknowledge all information both on this page as a whole and in the downloaded document are subject to the Legal Disclaimer that can be found in the corner of this webpage. Property record cards are rescanned when values change. Ownership changes do not initiate a rescan. As a result, downloadable documents may not represent the most current version of each record.

## URL

## Assessment

Land Lot Acres

Farm Acres

Non Farm Acres

Total Acres

Land Amount

Farm Land Amount

Building Amount

Farm Building Amount

Full Market Value non farm

Total Amount

1.5

0

0

1.5

\$68,980.00

\$0.00

\$1,208,980.00

\$0.00

\$3,827,820.00

\$1,275,940.00



2/22/2021

Feature Report

**Exemption**

**Owner Occupied**

**Sr. Homestead**

**Sr. Freeze**

**Home Improvement**

**Home Imp. Through**

**Disabled Homeowner**

**Disabled Veteran 50%-60%**

**Disabled Veteran 70%-100%**

**Returning Veteran**

Disclaimer: This map is prepared strictly for tax purposes only. It should not be used for any conveyance, as the boundary lines may not be exact.

2/22/2021

Feature Report



## WILLIAMSON COUNTY, ILLINOIS

Report generated: Monday, February 22, 2021

PIN Number: 06-14-353-012

**Report**

**PIN Number**  
**Owner Name**  
**Location**  
**Billing Name**  
**Billing Address**

06-14-353-012  
 VENUS PROPERTIES, LLC  
 COMFORT DR; MARION IL; 62959  
 VENUS PROPERTIES, LLC  
 3255 CINNABAR POINT; CARBONDALE IL; 62901

**Property**

**Legal**  
**Use Code**  
**Book**  
**Lot**  
**Section**

CREE COMMERCIAL SUB EX S 35'  
 0060  
 494  
 010

**Township**  
**Use Code Description**  
**Page**  
**Block**  
**Quarter Section**

West Marion  
 Commercial  
 123  
 000

**URL****Link to Property Card**

By downloading this file, users acknowledge all information both on this page as a whole and in the downloaded document are subject to the Legal Disclaimer that can be found in the corner of this webpage. Property record cards are rescanned when values change. Ownership changes do not initiate a rescan. As a result, downloadable documents may not represent the most current version of each record.

**Assessment**

**Land Lot Acres**  
**Farm Acres**  
**Non Farm Acres**  
**Total Acres**  
**Land Amount**  
**Farm Land Amount**  
**Building Amount**  
**Farm Building Amount**  
**Full Market Value non farm**  
**Total Amount**

1.21  
 0  
 0  
 1.21  
 \$38,940.00  
 \$0.00  
 \$0.00  
 \$0.00  
 \$116,820.00  
 \$38,940.00

2/22/2021

Feature Report

**Exemption****Owner Occupied****Sr. Homestead****Sr. Freeze****Home Improvement****Home Imp. Through****Disabled Homeowner****Disabled Veteran 50%-60%****Disabled Veteran 70%-100%****Returning Veteran**

Disclaimer: This map is prepared strictly for tax purposes only. It should not be used for any conveyance, as the boundary lines may not be exact.

2/22/2021

## Feature Report



## WILLIAMSON COUNTY, ILLINOIS

Report generated: Monday, February 22, 2021

PIN Number: 06-14-353-010



## Report

**PIN Number**  
**Owner Name**  
**Location**  
**Billing Name**  
**Billing Address**

06-14-353-010  
 VENUS PROPERTIES, LLC  
 COMFORT DR; MARION IL; 62959  
 VENUS PROPERTIES, LLC  
 3255 CINNABAR POINT; CARBONDALE IL; 62901

## Property

**Legal**  
**Use Code**  
**Book**  
**Lot**  
**Section**

CREE COMMERCIAL SUB E  
 104.57'OF N 168.92'  
 0060  
 494  
 011

**Township**  
**Use Code Description**  
**Page**  
**Block**  
**Quarter Section**

West Marion  
 Commercial  
 123  
 000

Link to Property Card

By downloading this file, users acknowledge all information both on this page as a whole and in the downloaded document are subject to the Legal Disclaimer that can be found in the corner of this webpage. Property record cards are rescanned when values change. Ownership changes do not initiate a rescan. As a result, downloadable documents may not represent the most current version of each record.

## URL

## Assessment

Land Lot Acres	0.41
Farm Acres	0
Non Farm Acres	0
Total Acres	0.41
Land Amount	\$13,200.00
Farm Land Amount	\$0.00
Building Amount	\$0.00
Farm Building Amount	\$0.00
Full Market Value non farm	\$39,600.00
Total Amount	\$13,200.00

2/22/2021

Feature Report

**Exemption****Owner Occupied****Sr. Homestead****Sr. Freeze****Home Improvement****Home Imp. Through****Disabled Homeowner****Disabled Veteran 50%-60%****Disabled Veteran 70%-100%****Returning Veteran**

Disclaimer: This map is prepared strictly for tax purposes only. It should not be used for any conveyance, as the boundary lines may not be exact.



2/22/2021

## Feature Report



## WILLIAMSON COUNTY, ILLINOIS

Report generated: Monday, February 22, 2021

PIN Number: 06-14-353-011



## Report

PIN Number

Owner Name

Location

Billing Name

Billing Address

06-14-353-011

VENUS PROPERTIES, LLC

COMFORT DR; MARION IL; 62959

VENUS PROPERTIES, LLC

3255 CINNABAR POINT; CARBONDALE IL; 62901

## Property

Legal

CREE COMMERCIAL SUB EX W  
202.86'

Township

West Marion

Use Code

0080

Use Code Description

Commercial

Book

484

Page

123

Lot

012

Block

000

Section

Quarter Section

Link to Property Card

By downloading this file, users acknowledge all information both on this page as a whole and in the downloaded document are subject to the Legal Disclaimer that can be found in the corner of this webpage. Property record cards are rescanned when values change. Ownership changes do not initiate a rescan. As a result, downloadable documents may not represent the most current version of each record.

## URL

## Assessment

Land Lot Acres

0.52

Farm Acres

0

Non Farm Acres

0

Total Acres

0.52

Land Amount

\$16,740.00

Farm Land Amount

\$0.00

Building Amount

\$0.00

Farm Building Amount

\$0.00

Full Market Value non farm

\$50,220.00

Total Amount

\$16,740.00

2/22/2021

Feature Report

**Exemption**  
**Owner Occupied**  
**Sr. Homestead**  
**Sr. Freeze**  
**Home Improvement**  
**Home Imp. Through**  
**Disabled Homeowner**  
**Disabled Veteran 50%-60%**  
**Disabled Veteran 70%-100%**  
**Returning Veteran**

Disclaimer: This map is prepared strictly for tax purposes only. It should not be used for any conveyance, as the boundary lines may not be exact.

**Section I, Identification, General Information, and Certification****Operating Entity/Licensee**

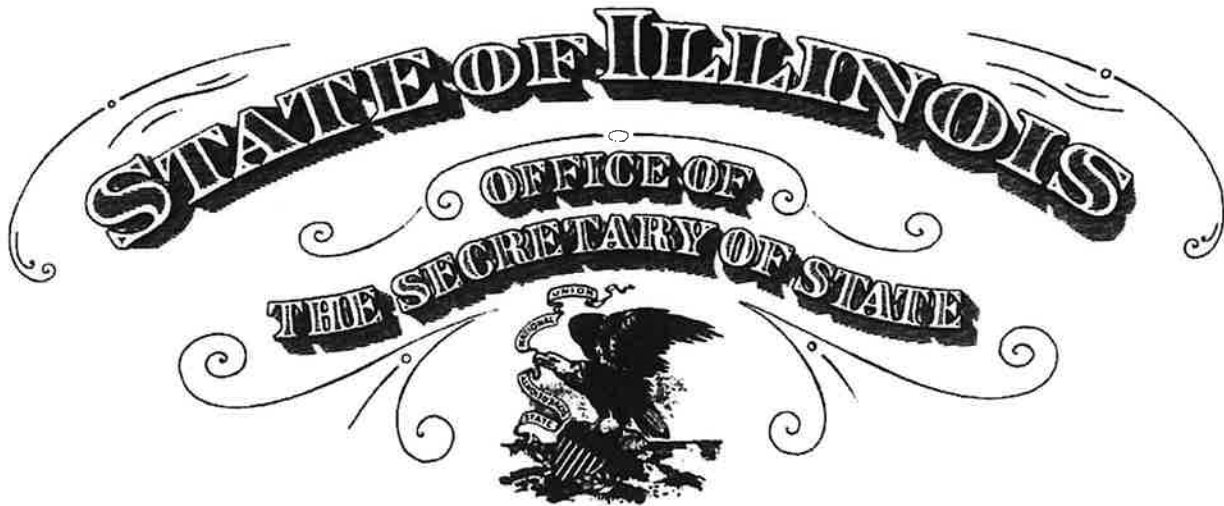
A certificate of good standing for the operator Sunshine Gardens Nursing and Rehab, LLC is attached at Attachment – 3.

Persons owning 5% or greater ownership interest in Sunshine Gardens Nursing and Rehab, LLC and Venus Properties, LLC are listed below:

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Entlty</b>	<b>Interest</b>
Srinivas Gundala	3255 Cinnabar Point	Carbondale	Sunshine Gardens Nursing and Rehab, LLC	100%
Srinivas Gundala	3255 Cinnabar Point	Carbondale	Venus Properties, LLC	100%

File Number

0975191-2



***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***

SUNSHINE GARDENS NURSING & REHAB LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 20, 2021, 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 25TH day of FEBRUARY A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE

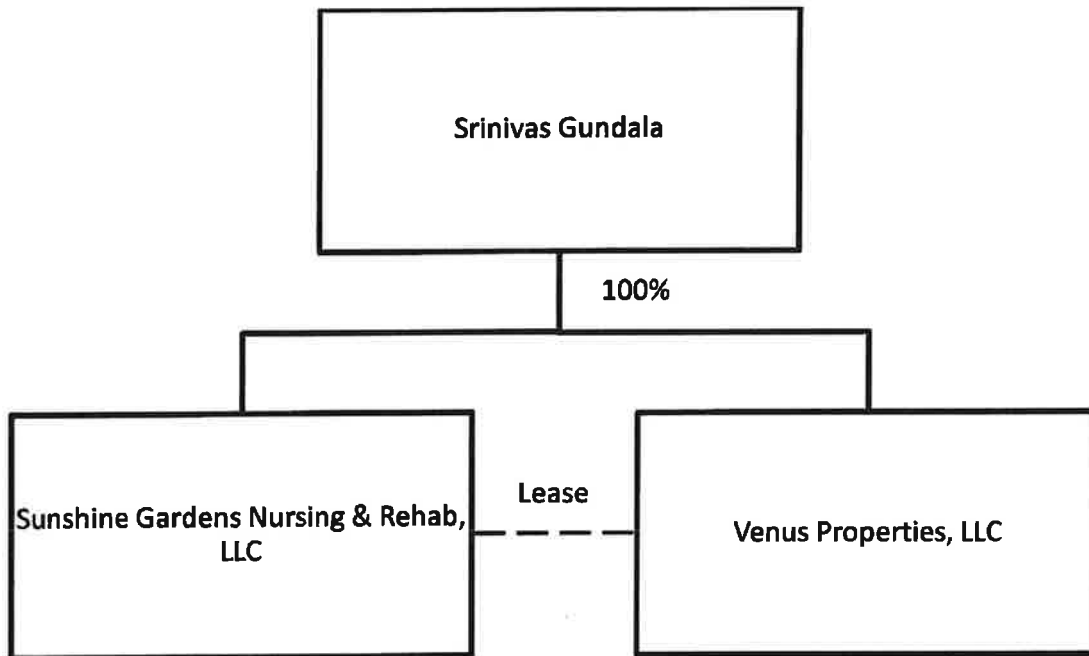
Authentication #: 2105604144 verifiable until 02/25/2022  
Authenticate at: <http://www.cyberdriveillinois.com>

**Section I, Identification, General Information, and Certification**  
**Organizational Relationships**

The organizational chart for Sunshine Gardens Nursing and Rehab, LLC is attached at Attachment – 4.

Attachment – 4

**Sunshine Gardens Nursing & Rehab**



**Section I, Identification, General Information, and Certification**  
**Flood Plain Requirements**

The site of the proposed skilled nursing facility complies with the requirements of the Illinois Executive Order #2005-5. Sunshine Nursing and Rehab will be located at 442 Comfort Drive, Marion, Illinois 62959. As shown on the FEMA flood plan map attached at Attachment – 5, the site of the proposed skilled nursing facility is located in an area of minimal flood hazard.



# National Flood Hazard Layer FIRMette



## Legend

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

<b>SPECIAL FLOOD HAZARD AREAS</b>	Without Base Flood Elevation (BFE) Zone A, V, X99
	With BFE or Depth Zone AE, AO, AH, VE, AR
<b>OTHER AREAS OF FLOOD HAZARD</b>	Regulatory Floodway
	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
<b>OTHER AREAS</b>	Future Conditions 1% Annual Chance Flood Hazard Zone X
	Area with Reduced Flood Risk due to Levees, See Notes, Zone X
<b>GENERAL STRUCTURES</b>	Area with Flood Risk due to Levee Zone D
	NO SCREEN
<b>OTHER AREAS</b>	Area of Minimal Flood Hazard Zone X
	Effective LOMRs
<b>GENERAL STRUCTURES</b>	Area of Undetermined Flood Hazard Zone D
	Channel, Culvert, or Storm Sewer
<b>OTHER FEATURES</b>	Levee, Dike, or Floodwall
	Cross Sections with 1% Annual Chance
<b>MAP PANELS</b>	Water Surface Elevation
	Coastal Transect
<b>OTHER FEATURES</b>	Base Flood Elevation Line (BFE)
	Limit of Study
<b>OTHER FEATURES</b>	Jurisdiction Boundary
	Coastal Transect Baseline
<b>OTHER FEATURES</b>	Profile Baseline
	Hydrographic Feature
<b>MAP PANELS</b>	Digital Data Available
	No Digital Data Available
<b>MAP PANELS</b>	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 3/15/2021 3:33 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.

#21-006

**Section I, Identification, General Information, and Certification**  
**Historic Resources Preservation Act Requirements**

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



## Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271

[www.dnr.illinois.gov](http://www.dnr.illinois.gov)

Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

JB Pritzker, Governor  
Colleen Callahan, Director

FAX (217) 524-7525

Williamson County

Marion

CON - Modernization to Establish a 10-Bed Skilled Nursing Facility, Sunshine Gardens Nursing & Rehab  
442 Comfort Dr.  
SHPO Log #004030221

March 16, 2021

Anne Cooper  
Polsinelli  
150 N. Riverside Plaza, Suite 3000  
Chicago, IL 60606-1599

Dear Ms. Cooper:

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 call 217/782-4836.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert F. Appleman".

Robert F. Appleman  
Deputy State Historic  
Preservation Officer

**Section II, Purpose of the Project, and Alternatives – Information Requirements**  
**Criterion 1125.320, Purpose of the Project**

Venus Properties, LLC operates Sunshine Gardens, a senior living community in Marion, Illinois that provides both independent living and assisted living units. Sunshine Gardens focuses on individual resident's needs in developing individualized care plans for each resident. While Sunshine Gardens provides residents with personal care services, including assistance with activities of daily living, it does not offer skilled nursing or rehabilitation services. Over the past 4 years, twenty-five residents left the community for skilled nursing or rehabilitation services. Seniors prefer to age safely and comfortably in the community of their choice. The establishment of a 10-bed skilled nursing unit will allow residents requiring a higher level of care to remain in the community.

Allowing residents to remain in the community will provide emotional, social and health benefits. It will protect social connections. Social isolation is a major problem among the elderly, and relationships that are found in a community are important to maintain. Residents who remain in the community will be better able maintain their social relationships. Further, community participation has been found to reduce mortality; increase physical function, muscular strength and levels of self-related health; reduce depression and pain; and increase life expectancy. The proposed 10-bed skilled nursing unit will allow residents to move to a higher level of care without losing the benefits of a community they know.

**Section II, Purpose of Project, and Alternatives – Information Requirements**  
**Criterion 1125.300, Alternatives**

**Alternatives**

The Applicants considered three options prior to determining to establish a 10-bed skilled nursing unit. After exploring these options, which are discussed in more detail below, the Applicants determined to establish a 10-bed skilled nursing unit. A review of each of the options considered and the reasons they were rejected follows.

**1. Maintain the Status Quo/Do Nothing**

Venus Properties, LLC operates Sunshine Gardens, a senior living community in Marion, Illinois that provides both independent living and assisted living units. Sunshine Gardens focuses on individual resident's needs in developing individualized care plans for each resident. While Sunshine Gardens provides residents with personal care services, including assistance with activities of daily living, it does not offer skilled nursing or rehabilitation services. Over the past 4 years, twenty-five residents left the community for skilled nursing or rehabilitation services.

If residents must leave the safety and security of a community they know, they will not receive emotional, social and health benefits of staying within a community with friends and neighbors they know. Social isolation is a major problem among the elderly, and relationships that are found in a community are important to maintain. Residents who remain in the community will be better able maintain their social relationships. Further, community participation has been found to reduce mortality; increase physical function, muscular strength and levels of self-related health; reduce depression and pain; and increase life expectancy.

Continuing to require residents to leave the community to receive a higher level of care will adversely affect their emotional, social and physical well-being. Accordingly, this option was rejected.

**2. Establish a larger skilled nursing unit**

The Applicants explored the option of establishing a 28-bed skilled nursing unit. While this option would address the need for skilled nursing and rehab services on the campus of Sunshine Gardens, the Applicant's projected the cost to build a 28-bed skilled nursing unit would be \$1,500,000. This option would not address the State Board's cost containment tenet. Accordingly, this option was rejected.

**3. Establish a 10-bed skilled nursing unit**

Over the past four years, 25 residents of Sunshine Gardens had to leave the community to receive skilled nursing and rehabilitation care. None of these residents returned to the



community. The 10-bed skilled nursing unit will be sufficient to serve the needs of the community residents.

Importantly, the skilled nursing unit will allow residents enjoy the many benefits of aging in a community where they will be safe and secure. Social isolation is a major problem among the elderly, and relationships that are found in a community are important to maintain. Residents who remain in the community will be better able maintain their social relationships. Further, community participation has been found to reduce mortality; increase physical function, muscular strength and levels of self-related health; reduce depression and pain; and increase life expectancy. The proposed 10-bed skilled nursing unit will allow residents to move to a higher level of care without losing the benefits of a community they know. As a result, the Applicants chose this option.

The cost of this alternative is \$102,400.

**Section IV, Service Specific Review Criteria****Criterion 1125.520 Background of the Applicant****Background of the Applicant**

1. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") have taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare and Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by Applicants, directly or indirectly within 3 years preceding the filing of this application.
2. The Applicants have not previously owned or operated any health care facilities. Accordingly, this criterion is not applicable.
3. An authorization permitting the State Board and IDPH access to any documents necessary to verify information submitted, including but not limited to: official records of IDPH or State agencies and the records of nationally recognized accreditation organizations is attached at Attachment – 12.
4. The Applicants have not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.



February 22, 2021

Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any health care facility owned or operated by Sunshine Gardens Nursing & Rehab, LLC and Venus Properties, LLC in the State of Illinois during the three-year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1125.520(c), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Srinivas Gundala  
Manager  
Sunshine Gardens Nursing & Rehab, LLC  
Venus Properties, LLC

Subscribed and sworn to me  
This 26 day of February, 2021

  
\_\_\_\_\_  
Notary Public



**Section IV, Service Specific Review Criteria****Criterion 1125.560(a) Continuum of Care**

1. The addition of a 10-bed skilled nursing unit at Sunshine Gardens is needed to provide a continuum of care for the community's residents living in independent and assisted living units. As noted in the letter from Srinivas Gundala, manager, Sunshine Gardens Nursing & Rehab, LLC, over the past four years, 25 residents left the community to receive skilled nursing or rehabilitation care unavailable at Sunshine Gardens. See Attachment – 16A. The addition of the 10 skilled nursing beds will allow residents to age in place in a community with their friends and neighbors.
2. Attached at Attachment – 16B are Sunshine Gardens operational policies assuring that a resident of the retirement community who is transferred to the skilled nursing unit will not lose his/her apartment unit or transferred to another skilled nursing facility due to the resident's altered financial status of medical indigency.
3. As noted in the letter from Srinivas Gundala, manager, Sunshine Gardens Nursing & Rehab, LLC, admissions will be limited to current residents of the independent and assisted living units at Sunshine Gardens. See Attachment – 16A.

February 22, 2021

Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Chair Savage:

The establishment of a 10-bed skilled nursing facility on the campus of Sunshine Gardens will provide the full continuum of care for our geriatric population that includes independent living and assisted living. Due to the inability to provide skilled nursing care and rehabilitation services, a total of 25 residents left the community over the past three plus years.

Year	Residents Requiring Skilled Nursing	Length of Stay at Sunshine Gardens
2018	6	26 months
2019	8	22 months
2020	7	24 months
2021	4	18 months
<b>Total</b>	<b>25</b>	

Establishing a skilled nursing facility on the campus of Sunshine Gardens will allow residents to age in a community with their friends and neighbors while providing them with a higher level of care when needed.

Pursuant to 77 Ill. Admin. Code § 1125.560(a)(3)(C), I hereby certify that admissions to the skilled nursing unit will be limited to current residents of the independent living and assisted and Memory Care living units.

Sincerely,



Srinivas Gundala  
Manager  
Sunshine Gardens Nursing & Rehab, LLC  
Venus Properties, LLC

*Subscribed and sworn to me  
this 26<sup>th</sup> day of February,  
2021*

*Tara Snider*



# Sunshine Gardens

## Residents Transfer Policy 09-10-2016

Sunshine Gardens is licensed as a private pay assisted living and Memory Care center and is not a Supportive Living Facility and does not accept any aid from Medicaid or any other insurance agency.

Residents or their Power of Attorneys pay their monthly financial obligation from their personal funds.

If the residents can not meet their financial obligation with the help local Long-Term Care Ombudsman, Shawnee Alliance for Older Adults Sunshine Gardens will find accommodation in a Supportive Living Facility and transfer the residents. Until the resident finds a supportive living Sunshine Gardens assures the residents of their stay in Sunshine Gardens.

For further assistance Sunshine Gardens and the resident's family will seek help from:

Shawnee Alliance  
6355 Brandhorst Drive  
Carterville, Illinois 62918  
Phone: (618) 985-8322  
Email: [sasinfo@shsdc.org](mailto:sasinfo@shsdc.org)

Termination of the agreement will occur

(1) if the Community is inappropriate for the resident or if the resident becomes a danger to themselves or others.

(2) The use of the Community changes.

(3) Even with the assistance of the Community's Memory Care Services, you are still in need of a higher level of care.

Sunshine Gardens assures residents who are transferred to the skilled nursing unit will not lose their unit/apartment or transferred to another skilled nursing facility due to the residents altered financial status or medical indigency.

**Section IV, Service Specific Review Criteria****Criterion 1125.590 Staffing Availability**

Sunshine Gardens Nursing and Rehab will be staffed in accordance with all State and Medicare staffing requirements. Job listings will be posted on recruiting websites and applications and resumes collected. Prior to the opening of the Sunshine Gardens Nursing and Rehab, a team consisting of current management will interview, conduct background and drug screening, hire and train staff.

**Section IV, Service Specific Review Criteria**

**Criterion 1125.610 Community Related Functions**

Letters of support from Sanjeev Kumar, Ph.D., P.E., Director, Professor, and Distinguished Teacher, School of Civil, Environmental, and Infrastructure Engineering, Southern Illinois University – Carbondale; Dr. Pradeep Reddy; and William M. Heneghan.

January 26, 2021

**To Whom It May Concern**

I am pleased to offer my strongest support for the Sunshine Gardens Nursing & Rehab LLC's Certificate of Need application to have in-patient rehab and nursing home beds. This will enable Sunshine Gardens Nursing & Rehab LLC to better meet the growing needs of community by providing broader access to nursing home care. Your approval of this request would greatly enhance the availability of most needed healthcare resources and immeasurably benefit the community.

My uncle was in Sunshine Gardens' Assisted Living and now is in Sunshine Gardens' Memory Care and receiving exceptional care. Recently he has been in and out of hospital a few times and needs an inpatient rehab and possibly a nursing home. I know he can go to the other facilities in the area but I also know that if he goes to the other facilities for rehab and nursing needs he will not be very happy because he loves being at Sunshine Gardens and is very satisfied with the quality of care he is receiving. We are also concerned that we will not get the personal care he is getting at Sunshine Gardens.

I am a very active member of the community in Southern Illinois and I know other families also seek outstanding care at this facility for their loved ones. I strongly believe that this facility would be of great advantage to the Southern Illinois community.

Thank you for the opportunity to add my unequivocal endorsement for Sunshine Gardens Nursing & Rehab LLC's application. Please feel free to contact me at [kumars.engr@gmail.com](mailto:kumars.engr@gmail.com) or at 618-201-3691 if I could provide any additional information.

Sincerely



Sanjeev Kumar, Ph.D., P.E.  
Director, Professor and Distinguished Teacher  
School of Civil, Environmental and Infrastructure Engineering  
Southern Illinois University Carbondale





Pradeep Reddy, M.D., Jeremy Gerwe, M.D.,  
Bindu Reddy, M.D., Amy Gerwe, M.D.,  
Carline Mbeumo, M.D. Sadashivaiah Bhaskar, M.D.  
Ronald Chediak, M.D.  
Annie Imboden, CPNP, Sarah Ford, CNNP,  
Michelle Wharton, CFNP, Ashley May, CFNP  
Kathy Herren, PA-C, Angela Henson, PA-C  
Leanne DeNeal, PA-C

3412 Office Park Drive, Marion, IL 62959  
310 W. St. Louis St., West Frankfort, IL 62896  
28 Veteran's Drive, Harrisburg, IL 62946  
900 E. Walnut St. Ste. 6, Carbondale, IL 62901  
1007 S. 42<sup>nd</sup> St., Ste. 1, Mt. Vernon, IL 62864  
Phone: 618-993-0404 Fax: 618-993-1717  
[www.pediatricgroupllc.com](http://www.pediatricgroupllc.com)

---

January 26, 2021

To Whom it may concern,

I write this letter to offer my support for the Sunshine Gardens Nursing & Rehab LLC Certificate of Need application to have in patient rehab and nursing home beds. Sunshine Gardens Nursing & Rehab LLC's inpatient rehab and nursing beds will immensely help the community.

My friend Dr Chandra had briefly stayed in Sunshine Gardens assisted living and I was impressed by their skillful and compassionate care. Dr Chandra could be needing a nursing home stay, if Sunshine Gardens Nursing & Rehab has beds it would be my very first choice for the quality care.

Williamson county needs a quality inpatient rehab and nursing home, and this will greatly benefit the community.

I am happy for the opportunity to give a letter of support to Sunshine Gardens Nursing & Rehab LLC's application for certificate of need.

Sincerely

Pradeep G. Reddy M.D.

**To Whom It May Concern**

I have great pleasure in offering my support for the Sunshine Gardens Nursing & Rehab LLC Certificate of Need application to have in patient rehab and nursing home beds.

There is a good need for quality nursing home in this community and I am sure Sunshine Gardens Nursing & Rehab LLC will full fill the need and will certainly help the community.

My uncle Mr. Anthony Heneghan was in Sunshine Gardens assisted living and now in Sunshine Gardens Memory Care and receiving care.

My Uncle Tony has been in and out of the Hospital recently and it would be very beneficial if he could receive inpatient rehab and nursing attention. If Tony is moved to different Facilities, it makes it difficult for a Memory Care patient to be in an unfamiliar environment. I am looking forward to my uncle receiving the same compassionate care.

This would not only help my uncle but also other residents who will be needing inpatient rehab and nursing home needs and this will benefit the community.

I would like to thank for this opportunity to provide this letter of support to Sunshine Gardens Nursing & Rehab LLC's application for certificate of need. If you have any questions or concerns, please do not hesitate to call me. I would like to be notified if this is not taking place.

Sincerely,

A handwritten signature in blue ink, appearing to read "W. Heneghan", with a stylized flourish at the end.

William M. Heneghan  
237 Deerfield Court  
New Lenox, IL 60451  
Cell # 847-344-8217

**Section IV, Service Specific Review Criteria**

**Criterion 1125.630 Zoning**

A letter from Tim Stotlar, Director, Building and Code Services, City of Marion confirming the site for the proposed skilled nursing facility is zoned as C-2 Highway Commercial, which will allow a skilled nursing facility and rehabilitation facility is attached at Attachment – 23.

Attachment – 23



1102 Tower Square Plaza Marion, IL 62959

BUILDING & CODE SERVICES

Phone 618-999-2422 Fax 618-997-9577

January 27, 2021

RE: Zoning

To whom it may concern,

Venus Properties LLC., doing business as Sunshine Gardens, is located at 442 Comfort Drive  
in Marion, Illinois 62959.

This area is zoned as C-2 Highway Commercial. A nursing home, inpatient and outpatient  
rehabilitation would be allowed in this zone.

It is our understanding that there would be no change to the footprint of this structure.

Please contact me with any further questions.

Tim Stotlar

Director

Building and Code Services

**Section IV, Service Specific Review Criteria****Criterion 1125.640 Assurance**

A letter from Srinivas Gundala, manager Sunshine Gardens Nursing & Rehab, LLC attesting (1) that by the second year of project completion, the skilled nursing facility will achieve and maintain the occupancy standards specified in Section 1125.210(c) and (2) the skilled nursing facility will maintain admissions of limitations for the life of the facility and will seek approval from the State Board to eliminate or modify the admissions limitations.

Attachment – 24

February 22, 2021

Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Chair Savage:

Pursuant to 77 Ill. Admin. Code § 1125.640 I hereby certify that by the second year of operation after project completion, Sunshine Gardens Nursing & Rehab, LLC will achieve and maintain the occupancy standards specified in 1125.210 (c) of the Board's rules for the long term care category of services.

Sincerely,



Srinivas Gundala  
Manager  
Sunshine Gardens Nursing & Rehab, LLC  
Venus Properties, LLC

Subscribed and sworn to me  
This 26 day of February, 2021

  
Notary Public

**Section V, Financial and Economic Feasibility Review**

**Criterion 1125.800, Availability of Funds**

The project will be funded entirely with cash and cash equivalents. A letter from First Southern Bank evidencing sufficient cash and securities are available to fund the project is attached at Attachment – 27.

Attachment – 27





February 19, 2021

Ms. Courtney Avery, Administrator  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Ms. Avery

I am writing to you on behalf of Venus Properties, LLC located at 442 Comfort Drive, Marion, IL. Operating under EIN #37-1740347. Venus Properties, LLC has been a customer with First Southern Bank since 2014 when they opened a deposit account. They have maintained their accounts in such a manner that their current balance is in excess of \$175,000, furthermore, in 2020 they maintained an average balance in excess of \$150,000.

These funds have not been pledge to secure any obligations with First Southern Bank for Venus Properties, LLC or have we had any financial institution ask to place a hold on their accounts. As with any unpledged deposit account they have access to their collected funds when needed.

I hope this information provided satisfy your request.

Please let me know if you have any questions.

Sincerely

A handwritten signature in blue ink, appearing to read 'Gene Morris'.

Gene Morris  
Loan Officer  
First Southern Bank  
1023 Fourth Street  
Eldorado, IL 62930  
Telephone 618-997-4341, Ext 1612

---

[www.firstsouthernbank.net](http://www.firstsouthernbank.net)

**Section V, Financial and Economic Feasibility Review**

**Criterion 1120.130(a), Financial Viability Waiver**

The project will be funded entirely with cash and cash equivalents. A letter from First Southern Bank evidencing sufficient cash and securities are available to fund the project is attached at Attachment – 27.

Attachment – 28

**Section V, Financial and Economic Feasibility Review**

**Criterion 1120.140(a), Reasonableness of Financing Arrangements**

Attached at Attachment – 30A is a letter from Srinivas Gundala, manager, Sunshine Gardens Nursing & Rehab, LLC and Venus Properties, LLC attesting that the total estimated project costs will be funded entirely with cash and cash equivalents.

Attachment – 30A

February 22, 2021

Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Reasonableness of Financing Arrangements**

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,



Srinivas Gundala  
Manager  
Sunshine Gardens Nursing & Rehab, LLC  
Venus Properties, LLC

Subscribed and sworn to me  
This 26 day of February, 2021

  
\_\_\_\_\_  
Notary Public



**Section V, Financial and Economic Feasibility Review**  
**Criterion 1120.140(b), Conditions of Debt Financing**

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

**Section V, Financial and Economic Feasibility Review**  
**Criterion 1120.140(c), Reasonableness of Project and Related Costs**

1. The Cost and Gross Square Feet by Department is provided in the table below.

<b>COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE</b>									
Department (list below) CLINICAL	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)	
<b>CLINICAL</b>									
Nurses Station		\$6.21			201		\$480	\$768	\$1,248
Medication Room		\$6.21			455		\$1,087	\$1,739	\$2,826
Exam Room		\$6.21			185		\$442	\$707	\$1,149
Resident Rooms		\$6.21			4,896		\$11,692	\$18,708	\$30,400
Special/Nursing Care Room		\$6.21			544		\$1,299	\$2,078	\$3,377
Contingency		\$0.51			6,281		\$1,231	\$1,969	\$3,200
<b>TOTAL CLINICAL</b>		<b>\$6.72</b>			<b>6,281</b>		<b>\$16,231</b>	<b>\$25,969</b>	<b>\$42,200</b>
<b>NON-CLINICAL</b>									
Bathtub Room		\$6.43			254		\$837	\$797	\$1,634
Dining/Multi- Purpose Room		\$6.43			873		\$2,877	\$2,740	\$5,617
Equipment Storage		\$6.44			342		\$1,127	\$1,074	\$2,201
Men's Restroom		\$6.43			67		\$221	\$210	\$431
Women's Restroom		\$6.44			57		\$188	\$179	\$367
Contingency		\$0.63			1,593		\$512	\$488	\$1,000
<b>TOTAL NON- CLINICAL</b>		<b>\$7.06</b>			<b>1,593</b>		<b>\$5,762</b>	<b>\$5,488</b>	<b>\$11,250</b>

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	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)	
<b>TOTAL</b>		<b>\$6.79</b>			<b>7,874</b>		<b>\$21,993</b>	<b>\$31,457</b>	<b>\$53,450</b>
* Include the percentage (%) of space for circulation									

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
Preplanning Costs	\$1,000	1.8% x construction and modernization contracts plus contingencies plus equipment costs = 1.8% x (\$15,000 + \$24,000 + \$3,200 + \$15,000) 1.8% x \$57,200 = \$1,029.30	Below State Standard
New Construction Contracts & Modernization Contracts & Contingencies	\$42,200	\$296.97 x 6,281 GSF = \$1,863,384.27	Below State Standard
Contingencies	\$3,200	10% of (New Construction + Modernization Construction Contracts) 10% x (\$15,000 + \$24,400) = 10% x \$39,000 = \$3,900	Below State Standard

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
Architectural/Engineering Fees	\$5,200	10.59% - 15.89% of New Construction + Modernization Contracts + Contingencies) = $10.59\% - 15.89\% \times (\$15,000 + \$24,000 + \$3,200) =$ $10.59\% - 15.89\% \times \$42,200 =$ $\$4,468.98 - \$6,705.58$	Meets State Standard
Consulting and Other Fees	\$4,000	No State Standard	No State Standard
Moveable Equipment	\$15,000	No State Standard	No State Standard
Fair Market Value of Leased Space or Equipment	\$16,000	No State Standard	No State Standard



**Section V, Financial and Economic Feasibility Review**  
**Criterion 1120.310(d), Projected Operating Costs**

Operating Expenses: \$1,665,590

Resident Days: 3,352

Operating Expense per Resident Day: \$496.89

**Section V, Financial and Economic Feasibility Review**  
**Criterion 1120.310(e), Total Effect of Project on Capital Costs**

**Capital Costs: \$198,000**

**Resident Days: 3,352**

**Capital Costs per Resident Day: \$59.07**

**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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$1,000	\$450	\$1,450
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$15,000	\$5,250	\$20,250
Modernization Contracts	\$24,000	\$5,000	\$29,000
Contingencies	\$3,200	\$1,000	\$4,200
Architectural/Engineering Fees	\$5,200	\$1,300	\$6,500
Consulting and Other Fees	\$4,000	\$2,000	\$6,000
Movable or Other Equipment (not in construction contracts)	\$15,000	\$2,000	\$17,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$16,000	\$2,000	\$18,000
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$83,400</b>	<b>\$19,000</b>	<b>\$102,400</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$83,400	\$19,000	\$102,400
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$83,400</b>	<b>\$19,000</b>	<b>\$102,400</b>



**APPENDIX C****Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

- |   |  |
|---|--|
| <input type="checkbox"/> None or not applicable | <input type="checkbox"/> Preliminary   |
| <input checked="" type="checkbox"/> Schematics  | <input type="checkbox"/> Final Working |

Anticipated project completion date (refer to Part 1130.140): December 31, 2022

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
<b>CLINICAL</b>							
Nurses Station	\$2,614	201			201		
Medication Room	\$5,917	455			455		
Exam Room	\$2,406	185			185		
Resident Rooms	\$63,672	4,896					
Special/Nursing Care Room	\$7,075	544			5,440		
<b>Total Review</b>	<b>\$81,684</b>	<b>6,281</b>			<b>6,281</b>		
<b>NON CLINICAL</b>							
Bathtub Room	\$3,303	254			254		
Dining/Multi-Purpose Room	\$11,353	873			873		
Equipment Storage	\$4,448	342			342		
Men's Restroom	\$871	67			67		
Women's Restroom	\$741	57			57		
<b>Total Non-clinical</b>	<b>\$20,716</b>	<b>1,593</b>			<b>1,593</b>		
<b>TOTAL</b>	<b>\$102,400</b>	<b>7,874</b>			<b>7,874</b>		

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing		19 – 21
2	Site Ownership		22 – 30
3	Operating Identity/Licensee		31 – 32
4	Organizational Relationships		33 – 34
5	Flood Plain Requirements		35 – 36
6	Historic Preservation Act Requirements		37 – 38
	<b>General Information Requirements</b>		
10	Purpose of the Project		39
11	Alternatives to the Project		40 – 41
	<b>Service Specific - General Long-Term Care</b>		
12	Background of the Applicant		42 – 43
13	Planning Area Need		
14	Establishment of General LTC Service or Facility		
15	Expansion of General LTC Service or Facility		
16	Variances		44 – 46
17	Accessibility		
18	Unnecessary Duplication/Maldistribution		
19	Staffing Availability		47
20	Bed Capacity		
21	Community Relations		48 – 51
22	Project Size		
23	Zoning		52 – 53
24	Assurances		54 – 55
25	Modernization		
	<b>Service Specific - Specialized Long-Term Care</b>		
26	Specialized Long-Term Care – Review Criteria		
	<b>Financial and Economic Feasibility:</b>		
27	Availability of Funds		56 – 57
28	Financial Waiver		58
29	Financial Viability		
30	Economic Feasibility		59 – 66
	<b>APPENDICES</b>		
A	Project Costs and Sources of Funds		67
B	Related Project Costs		68
C	Project Status and Completion Schedule		69
D	Cost/Space Requirements		70