ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: **Heddington Oaks**	
Street Address: **2223 West Heading Avenue**	
City and Zip Code: **West Peoria, Illinois 61604**	
County: **Peoria**	Health Service Area: **002** Health Plannin Area: **Peoria**

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]
Exact Legal Name: **County of Peoria**
Street Address: **324 Main Street**
City and Zip Code: : **Peoria 61602**
Name of Registered Agent:
Registered Agent Street Address:
Registered Agent City and Zip Code:
Name of Chief Executive Officer: **Andrew A. Rand, County Board Chairman**
CEO Street Address: **324 Main Street**
CEO City and Zip Code: **Peoria, 61602**
CEO Telephone Number: **(309) 672-6056**

T of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are 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. Knierv**
Title: **President**
Company Name: **Foley & Associates**
Address: **133 South 4th Street, Suite 200, Springfield, Illinois 62701**
Telephone Number: **(217) 544-1551**
E-mail Address: **[illegible] ociates.com**
Fax Number: **(217) 544-3615**

Additional Contact [Person who is also authorized to discuss the application for permit]
Name: **Robert C. Gates**
Title: **Attorney at Law**
Company Name: **Kavanagh, Scully, Sudow, White & Fredrick, P.C.**
Address: **301 SW Adams Street, Suite 700, Peoria, Illinois 61602**
Telephone Number: **(309) 676-1381**
E-mail Address: **robertgates@kssw[illegible].com**
Fax Number: **(309) 676-0324**

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]**

Name: **Shauna Musselman**
Title: **Assistant County Administrator**
Company Name: **County of Peoria**
Address: **324 Main Street, Room 502, Peoria, Illinois 61602**
Telephone Number: **(309) 672-6044**
E-mail Address: **smusselman@peoriacounty.org**
Fax Number: **(309) 672-6054**

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **County of Peoria**
Address of Site Owner: **324 Main Street, Peoria, Illinois 61602**
Street Address or Legal Description of the Site: **2223 West Heading Avenue, West Peoria, IL 61604** **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, 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 ATTACHMENT 2, 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: **County of Peoria**

Address: 324 Main Street, Peoria, Illinois 61602

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each 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 – THIS ITEM IS NOT APPLICABLE

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 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 #2006-5 **(http://www.hfsrb.illinois.gov)**. **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements – THIS ITEM IS NOT APPLICABLE

[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.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

☐ Substantive

☒ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **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.

The Applicant of Heddington Oaks is the **County of Peoria**, i.e., the **Peoria County Board**. The **County of Peoria** proposes to discontinue its entire facility.

Timeline of Events:

April 17, 2020 – County of Peoria notifies public of intent of the County to exit the nursing home business of Heddington Oaks.

April 20, 2020 – County of Peoria's nursing home committee votes to recommend the County's exit from the owning and operating Heddington Oaks.

April 23, 2020 – County of Peoria's full board votes on recommendation to exit the Nursing Home business.

May 6, 2020 – Notice provided to Residents and responsible party regarding County's intent to exit the Nursing Home business.

June 24, 2020 and each subsequent month, the County of Peoria has notified the Health Facilities and Services Review Board that it had temporarily suspended the Nursing Care category of Service while it looked for alternatives uses and/or operators for the facility.

August 7, 2020 – Last resident voluntarily discharged from Heddington Oaks.

August 13, 2020 - Final roster and discharge notice sent to Ombedsman

November 2, 2020 Voters of Peoria County approve the County of Peoria's ability to sell the Heddington Oaks.

As a facility and category of service closure, this project is considered non-Substantive in accordance with the rules of the 77 Illinois Administrative Code, Part 1110 of Subpart A, Section 1110.40.

EXEC SUMMARY ACKNOWLEDGES TIMELY SUBMITTAL PRIOR TO [LICENSE EXPIRES 2/28/21

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) 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 be 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			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
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	**0**	**0**	**0**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**0**	**0**	**0**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ Not Applicable.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): **December 31, 2021**

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): **Not Applicable**

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

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?
☐ Cancer Registry
☐ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☐ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Total Clinical	$0.00	90,671					
NON-REVIEWABLE							
Total Non-clinical	$0.00	54,455					
TOTAL	**$0.00**	**145,126**					

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Heddington Oaks		**CITY: West Peoria**			
REPORTING PERIOD DATES:		**From: January 1, 2020 to: December 31, 2020**			
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care	**214**	**97**	**19,333**	**-214**	**0**
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	**214**	**97**	**19,333**	**-214**	**0**

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of County of Peoria, IL* **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

Scott A. Sorrel
PRINTED NAME

County Administrator
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of November, 2021

Vicki L. Willis
Signature of Notary

VICKI L WILLIS
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
March 02, 2024

Seal

x James T Fennell
SIGNATURE

James T Fennell
PRINTED NAME

Vice Chairman
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of November, 2021

Vicki L. Willis
Signature of Notary

VICKI L WILLIS
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
March 02, 2024

Seal

*Insert EXACT legal name of the applicant

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

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Health Care Consulting
133 South Fourth Street, Suite 200 • Springfield, IL 62701
Office: 217/544-1551
foley@foleyandassociates.com
Fax: 217/544-3615

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notice to the Local Media MUST be submitted with this Application for Discontinuation (20 ILCS 3960/8.7).**

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

Or

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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. For the following questions, 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.

    a. 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.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

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 that the information was 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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT – THIS ITEM IS NOT APPLICABLE

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 relevant area, 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 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 the age and condition of the project site, as well as 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 Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES – THIS ITEM IS NOT APPLICABLE

1) Identify **ALL** 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 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE – THIS SECTION IS NOT APPLICABLE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

    c. The project involves the conversion of existing space that results in excess square footage.

    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

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

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.

2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.

3. Evidence that the shell space is being constructed due to:
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data is available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

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

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA – THIS SECTION IS NOT APPLICABLE

This Section is applicable to all projects proposing the establishment, expansion or modernization of 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 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 APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ **Medical/Surgical**		
☐ **Obstetric**		
☐ **Pediatric**		
☐ **Intensive Care**		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110. 200(d)(1), (2), and (3) - Deteriorated Facilities			X

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(d)(4) - Occupancy			X
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	

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

B. Criterion 1110.205 - Comprehensive Physical Rehabilitation

1. Applicants proposing to establish, expand and/or modernize the Comprehensive Physical Rehabilitation category of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ **Comprehensive Physical Rehabilitation**		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.205(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110. 205(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.205(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.205(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.205(b)(5) - Planning Area Need - Service Accessibility	X		
1110.205(c)(1) - Unnecessary Duplication of Services	X		
1110.205(c)(2) - Maldistribution	X		
1110.205(c)(3) - Impact of Project on Other Area Providers	X		
1110.205(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.205(d)(4) - Occupancy			X
1110.205(e)(1) - Staffing Availability	X	X	
1110.205(f) - Performance Requirements	X	X	X
1110.205(g) - Assurances	X	X	

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

C. Criterion 1110.210 - Acute Mental Illness and Chronic Mental Illness

1. Applicants proposing to establish, expand and/or modernize the Acute Mental Illness and Chronic Mental Illness categories of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ **Acute Mental Illness**		
☐ **Chronic Mental Illness**		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	**Establish**	**Expand**	**Modernize**
1110.210(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.210(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.210(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.210(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.210(b)(5) - Planning Area Need - Service Accessibility	X		
1110.210(c)(1) - Unnecessary Duplication of Services	X		
1110.210(c)(2) - Maldistribution	X		
1110.210(c)(3) - Impact of Project on Other Area Providers	X		
1110.210(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.210(d)(4) - Occupancy			X
1110.210(e)(1) - Staffing Availability	X	X	
1110.210(f) - Performance Requirements	X	X	X
1110.210(g) - Assurances	X	X	

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

D. Criterion 1110.220 - Open Heart Surgery

1. Applicants proposing to establish, expand and/or modernize the Open-Heart Surgery category of service must submit the following information.

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ **Open Heart Surgery**		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

1. Criterion 1110.220(b)(1), Peer Review

Read the criterion and submit a detailed explanation of your peer review program.

2. Criterion 1110.220(b)(2), Establishment of Open-Heart Surgery

Read the criterion and provide the following information:

a. The number of cardiac catheterizations (patients) performed in the latest 12-month period for which data is available.
b. The number of patients referred for open heart surgery following cardiac catheterization at your facility, for each of the last two years.

3. Criterion 1110.220(b)(3), Unnecessary Duplication of Services

Read the criterion and address the following:

a. Contact all existing facilities within 90 minutes travel time of your facility which currently provide or are approved to provide open heart surgery to determine what the impact of the proposed project will be on their facility.
b. Provide a sample copy of the letter written to each of the facilities and include a list of the facilities that were sent letters.
c. Provide a copy of all the responses received.

4. Criterion 1110.220(b)(4), Support Services

Read the criterion and indicate on a service by service basis which of the services listed in this criterion are available on a 24-hour inpatient basis and explain how any services not available on a 24-hour inpatient basis can be immediately mobilized for emergencies at all times.

5. Criterion 1110.220(b)(5), Staffing

Read the criterion and for those positions described under this criterion provide the following information:

a. The name and qualifications of the person currently filling the job.
b. Application filed for a position.
c. Signed contracts with the required staff.
d. A detailed explanation of how you will fill the positions.

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

E. Criterion 1110.225 - Cardiac Catheterization

1. Applicants proposing to establish, expand and/or modernize the Cardiac Catheterization category of service must submit the following information.

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ **Cardiac Catheterization**		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

1. Criterion 1110.225(a), Peer Review

Read the criterion and submit a detailed explanation of your peer review program.

2. Criterion 1110. 225(b), Establishment or Expansion of Cardiac Catheterization Service

Read the criterion and, if applicable, submit the following information:

a. A map (on 8 1/2" x 11" paper) showing the location of the other hospitals providing cardiac catheterization services within the planning area.

b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.

c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last three years.

3. Criterion 1110.225(c), Unnecessary Duplication of Services

Read the criterion and, if applicable, submit the following information.

a. Copies of the letter sent to all facilities within the planning area that currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.

b. Copies of the responses received from the facilities to which the letter was sent.

4. Criterion 1110.225(d), Modernization of Existing Cardiac Catheterization Laboratories

Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.

5. Criterion 1110.225(e), Support Services

Read the criterion and indicate on a service-by-service basis which of the listed services are available on a 24-hour basis and explain how any services not available on a 24-hour basis will be available when needed.

6. Criterion 1110.225(f), Laboratory Location

Read the criterion and, if applicable, submit line drawings showing the location of the proposed laboratories. If the laboratories are not in proximity, explain why.

7. Criterion 1110.225(g), Staffing

Read the criterion and submit a list of names and qualifications of those who will fill the positions detailed in this criterion. Also, provide staffing schedules to show the coverage required by this criterion.

8. Criterion 1110.225(h), Continuity of Care

Read the criterion and submit a copy of the fully executed written referral agreement(s).

9. Criterion 1110.225(i), Multi-institutional Variance

Read the criterion and, if applicable, submit the following information:

a. A copy of a fully executed affiliation agreement between the two facilities involved.

b. Names and positions of the shared staff at the two facilities.

c. The volume of open-heart surgeries performed for the latest 12-month period at the existing operating program.

d. A cost comparison between the proposed project and expansion at the existing operating program.

e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.

f. The number of catheterization laboratories at the operating program.

g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.

h. The basis for the above projection.

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

F. Criterion 1110.230 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service must submit the following information:

2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
☐ **In-Center Hemodialysis**		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.230(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.230(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.230(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.230(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.2300(b)(5) - Planning Area Need - Service Accessibility	X		
1110.230(c)(1) - Unnecessary Duplication of Services	X		
1110.230(c)(2) - Maldistribution	X		
1110.230(c)(3) - Impact of Project on Other Area Providers	X		
1110.230(d)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.230(e) - Staffing	X	X	
1110.230(f) - Support Services	X	X	X
1110.230(g) - Minimum Number of Stations	X		
1110.230(h) - Continuity of Care	X		
1110.230(I) - Relocation (if applicable)	X		
1110.230(j) - Assurances	X	X	

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

4. **Projects for relocation** of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1130.525 – "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.230(i) - Relocation of an in-center hemodialysis facility.

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
☐ Cardiovascular
☐ Colon and Rectal Surgery
☐ Dermatology
☐ General Dentistry
☐ General Surgery
☐ Gastroenterology
☐ Neurological Surgery
☐ Nuclear Medicine
☐ Obstetrics/Gynecology
☐ Ophthalmology
☐ Oral/Maxillofacial Surgery
☐ Orthopedic Surgery
☐ Otolaryngology
☐ Pain Management
☐ Physical Medicine and Rehabilitation
☐ Plastic Surgery
☐ Podiatric Surgery
☐ Radiology
☐ Thoracic Surgery
☐ Urology
☐ Other

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	

1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

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

H. Criterion 1110.240 - Selected Organ Transplantation

This section is applicable to projects involving the establishment or modernization of the Selected Organ Transplantation service.

1. Applicants proposing to establish or modernize the Selected Organ Transplantation category of service must submit the following information:

2. Indicate changes by Service: Indicate # of rooms changed by action(s):

Transplantation Type	# Existing Beds	# Proposed Beds
☐		
☐		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Modernize
1110.240(b)(1) – Planning Area Need - 7 Ill. Adm. Code 1100 (formula calculation)	X	
1110.240(b)(2) – Planning Area Need - Service to Planning Area Residents	X	
1110.240(b)(3) – Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.240(b)(4) – Planning Area Need - Service Accessibility	X	
1110.240(c)(1) – Unnecessary Duplication of Services	X	
1110.240(c)(2) – Maldistribution	X	
1110.240(c)(3) – Impact of Project on Other Area Providers	X	
1110.240(d)(1), (2), and (3) – Deteriorated Facilities		X
1110.240(d)(4) – Utilization		X
1110.240(e) – Staffing Availability	X	
1110.240(f) – Surgical Staff	X	
1110.240(g) – Collaborative Support	X	
1110.240(h) – Support Services	X	
1110.240(i) – Performance Requirements	X	X
1110.240(j) – Assurances	X	X

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

I. Criterion 1110.245 - Kidney Transplantation

This section is applicable to all projects involving the establishment of the Kidney Transplantation service.

1. Applicants proposing to establish or modernize the Kidney Transplantation category of service must submit the following information:

2. Indicate changes: Indicate # of key rooms by action:

Category of Service	# Existing Beds	# Proposed Beds
☐ **Kidney Transplantation**		

3. READ the applicable review criteria outlined below and **submit required documentation for the criteria printed below in bold:**

APPLICABLE REVIEW CRITERIA	Establish	Modernize
1110.245(b)(1) – Planning Area Need - 7 Ill. Adm. Code 1100 (formula calculation)	X	
1110.245(b)(2) – Planning Area Need - Service to Planning Area Residents	X	
1110.245(b)(3) – Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.245(b)(4) – Planning Area Need - Service Accessibility	X	
1110.245(c)(1) – Unnecessary Duplication of Services	X	
1110.245(c)(2) – Maldistribution	X	
1110.245(c)(3) – Impact of Project on Other Area Providers	X	
1110.245(d)(1), (2), and (3) – Deteriorated Facilities		X
1110.245(d)(4) – Occupancy		X
1110.245(e) – Staffing Availability	X	
1110.245(f) – Surgical Staff	X	
1110.245(g) – Support Services	X	
1110.245(h) – Performance Requirements	X	X
1110.245(i) – Assurances	X	
APPEND DOCUMENTATION for "Surgical Staff" and "Support Services", AS ATTACHMENT 26 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

J. Criterion 1110.250 - Subacute Care Hospital Model

Category of Service	# Proposed Beds
☐ Subacute Care Hospital	

This section is applicable to all projects proposing to establish a subacute care hospital model.

1. **Criterion 1110.250(b)(1), Distinct Unit**

   a. Provide a copy of the physical layout (an architectural schematic) of the subacute unit (include the room numbers) and describe the travel patterns to support services and patient and visitor access.

   b. Provide a summary of shared services and staff and how costs for such will be allocated between the unit and the hospital or long-term care facility.

   c. Provide a staffing plan with staff qualifications and explain how non-dedicated staffing services will be provided.

2. **Criterion 1110.250(b)(2), Contractual Relationship**

   a. If the applicant is a licensed long-term care facility or a previously licensed general hospital, the applicant must provide a copy of a contractual agreement (transfer agreement) with a general acute care hospital. Provide the travel time to the facility that signed the contract. Explain how the procedures for providing emergency care under this contract will work.

   b. If the applicant is a licensed general hospital, the applicant must document that its emergency capabilities continue to exist in accordance with the requirements of hospital licensure.

3. **Rule 1110.250(c)(1), State Board Prioritization of Hospital Applications**

   Read this rule, which applies only to hospital applications, and provide the requested information as applicable.

   a. Financial Support

      Will the subacute care model provide the necessary financial support for the facility to provide continued acute care services? Yes___ No _____

      If yes, submit the following information:

      (1) Two years of projected financial statements that exclude the financial impact of the subacute care hospital model as well as two years of projected financial statements which include the financial impact of the subacute care hospital model;

      (2) the assumptions used in developing both sets of financial statements;

      (3) a narrative description of the factors within the facility or the area which will prevent the facility from complying with the financial ratios within the next two years without the proposed project;

      (4) a narrative explanation as to how the proposed project will allow you to meet the financial ratios;

      (5) if the projected financial statements (which include the subacute impact) at the applicant facility fail to meet the Part 1120 financial ratios, provide a copy of a

binding agreement with another institution which guarantees the financial viability

Subacute Care Hospital Model (continued)

of the subacute hospital model for a period of five years; and

(6) historical financial statements for each of the last three calendar years.

b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes ☐ No ☐

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

c. Multi-Institutional System

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the acute care facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

d. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

e. Case mix and Utilization

Provide the following information:

(1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)
- Other complex diagnosis which included physiological monitoring on a continuous basis

(2) for multi-institutional systems provide the above information from each of the signatory facilities. If more than one signatory is involved, provide separate sheets for each one.

f. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMOs.

g. Notice of License Revocation/Decertification

Did IDPH issue the applicant facility a notice of license revocation Yes ☐ No ☐

Was the applicant facility decertified from a Federal Title XVIII or XIX program within the past 5 years Yes ☐ No ☐

Subacute Care Hospital Model (continued)

h. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes ☐ No ☐
If yes, provide a copy of the latest Joint Commission letter of accreditation.

i. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation must consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill these positions are presently employed at the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full-time (FTEs) physical therapist
- One or more occupational therapists
- One or more speech therapists

j. Audited Financial Reports

Submit audited financial reports of the applicant facility for the latest three fiscal years.

4. Rule 1110.250(c)(2), State Board Prioritization-Long-Term Care Facilities

This rule applies only to LTC facility applications. Read the criterion and submit the required information, as applicable.

a. Exceptional Care

Has the applicant facility had an Exceptional Care Contract with the Illinois Department of Public Aid for at least two years in the past four years? Yes ____ No _____

If yes, provide copies of the Exceptional Care Contract with the Illinois Department of Public Aid for each these four years.

b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes ☐ No ☐

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

c. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

d. Case Mix and Utilization

Provide the following information:

(1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries

- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)

Subacute Care Hospital Model (continued)

- Other complex diagnoses which included physiological monitoring on a continuous basis

(2) for multi-institutional systems, provide the same information from each of the signatory facilities. If more than one signatory is involved, provide a separate sheet for each one.

e. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMO's.

f. Notice of License Revocation/Decertification

Did IDPH issue the applicant facility a notice of license revocation Yes ☐ No ☐

Was the applicant facility decertified from a Federal Title XVIII or XIX program within the past 5 years Yes ☐ No ☐

g. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation shall consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill the positions are currently employed by the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full time (FTEs) physical therapists
- One or more occupational therapists
- One or more speech therapists

h. Financial Reports

Submit copies of the applicant facility's financial reports for the last three fiscal years.

i. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes ☐ No ☐
If yes, provide a copy of the latest Joint Commission letter of accreditation.

j. Multi-Institutional Arrangements

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

5. Section 1110.250(c)(3), State Board Prioritization of Previously Licensed Hospitals - Chicago

This section must be completed only by applicants whose site was previously licensed as a hospital in Chicago. Provide the following information:

a. letters from health facilities establishing a referral agreement for subacute hospital patients;

b. letters from physicians indicating that they will refer subacute patients to your proposed facility;

c. the number of admissions and patient days for each of the last five years for each of the following types of patients (this information must be provided from each referring facility):

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)
- Other complex diagnoses, which included physiological monitoring on a continuous basis.

APPEND DOCUMENTATION AS ATTACHMENT 27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

K. Community-Based Residential Rehabilitation Center

This section is applicable to all projects proposing to establish a Community-based Residential Rehabilitation Center Alternative Health Care Model.

A. Criterion 1110.260(b)(1), Staffing

Read the criterion and provide the following information:

1. A detailed staffing plan that identifies the number and type of staff positions dedicated to the model and the qualifications for each position;
2. How special staffing circumstances will be handled;
3. The staffing patterns for the proposed center; and
4. The manner in which non-dedicated staff services will be provided.

B. Criterion 1110.260(b)(2), Mandated Services

Read the criterion and provide a narrative description documenting how the applicant will provide the minimum range of services required by the Alternative Health Care Delivery Act and specified in 1110.2820(b).

C. Criterion 1110.260(b)(3), Unit Size

Read the criterion and provide a narrative description that identifies the number and location of all beds in the model. Include the total number of beds for each residence and the total number of beds for the model.

D. Criterion 1110.260(b)(4), Utilization

Read the criterion and provide documentation that the target utilization for the model will be achieved by the second year of the model's operation. Include supporting information such as historical utilization trends, population growth, expansion of professional staff or programs, and the provision of new procedures that may increase utilization.

E. Criterion 1110.260(b)(5), Background of Applicant

Read the criterion and provide documentation that demonstrates the applicant's experience in providing the services required by the model. Provide evidence that the programs offered in the model have been accredited by the Commission on Accreditation of Rehabilitation Facilities as a Brain Injury Community-Integrative Program for at least three of the last five years.

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

L. 1110.265 - Long Term Acute Care Hospital

1. Applicants proposing to establish, expand and/or modernize Long Term Acute Care Hospital Bed projects must submit the following information:

2. Indicate the bed service(s) and capacity changes by Service:
Indicate the # of beds by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ **LTACH**		
☐ **Intensive Care**		
☐ _____		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.265(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.265(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.265(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.265(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.265(b)(5) - Planning Area Need - Service Accessibility	X		
1110.265(c)(1) - Unnecessary Duplication of Services	X		
1110.265(c)(2) - Maldistribution	X		
1110.265(c)(3) - Impact of Project on Other Area Providers	X		
1110.265(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.265(d)(4) - Occupancy			X
110.265(e) - Staffing Availability	X	X	
1110.265(f) - Performance Requirements	X	X	X
1110.265(g) - Assurances	X	X	
APPEND DOCUMENTATION AS ATTACHMENT 29, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

N. Freestanding Emergency Center Medical Services

These criteria are applicable only to those projects or components of projects involving the freestanding emergency center medical services (FECMS) category of service.

A. Criterion 1110.280 – Establishment of Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. Projected Utilization – Provide the projected number of patient visits per day for each treatment station in the FEC based upon 24-hour availability, including an explanation of how the projection was determined. [1110.280(c)(3)(B))]

2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]

3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]

4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280(b)(5)(C)]

5. Certification signed by two authorized representative(s) of the applicant entity(s) that they have reviewed, understand and plan to comply with both of the following requirements [1110.280(b)(6)]:
   - A) The requirements of becoming a Medicare provider of freestanding emergency services; and
   - B) The requirements of becoming licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].

6. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the proposed FEC [1110.280(c)]:
   - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the proposed site, indicating how the travel time was calculated.
   - B) Provide a list of the projected patient volume for the proposed FEC, categorized by zip code. Indicate what percentage of this volume represents residents from the proposed FEC's service area.
   - C) Provide either of the following:
     - a) Provide letters from authorized representatives of hospitals, or other FEC facilities, that are part of the Emergency Medical Services System (EMSS) for the defined service area, that contain patient origin information by zip code, (each letter shall contain a certification by the authorized representative that the representations contained in the letter are true and correct. A complete set of the letters with original notarized signatures shall accompany the application for permit), or
     - b) Patient origin information by zip code from independent data sources (e.g., Illinois Health and Hospital Association COMP data or IDPH hospital discharge data), based upon the patient's legal residence, for patients receiving services in the existing service area's facilities' emergency departments (EDs), verifying that at

least 50% of the ED patients served during the last 12-month

Freestanding Emergency Center Medical Services (continued)

period were residents of the service area.

7. Area Need; Service Demand – Historical Utilization [1110.280(c)(3)(A)]
   - A) Provide the annual number of ED patients that have received care at facilities that are in the FEC's service area for the latest two-year period prior to submission of the application
   - B) Provide the estimated number of patients anticipated to receive services at the proposed FEC, including an explanation of how the projection was determined.

8. Area Need; Service Accessibility - Document one of the following (using supporting documentation as specified in accordance with the requirements of 77 Ill. Adm. Code 1110.280(c)(4)(B) Supporting Documentation) [1110.3230(c)(4)(A)]:
   - i) The absence of the proposed ED service within the service area;
   - ii) The area population and existing care system exhibit indicators of medical care problems,
   - iii) All existing emergency services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 Ill Adm. Code 1100.

9. Unnecessary Duplication - Document that the project will not result in an unnecessary duplication by providing the following information [1110.280(d)(1)]:
   - A) A list of all zip code areas (in total or in part) that are located 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 population); and
   - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide emergency medical services.

10. Unnecessary Maldistribution - Document that the project will not result in maldistribution of services by documenting the following [1110.280(d)(2)]:
    - A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing ED departments within 30 minutes travel time of the applicant's site; or
    - B) That there is not an insufficient population to provide the volume or caseload necessary to utilize the ED services proposed by the project at or above utilization standards.

11. Impact on Area Providers [1110.280(d)(3)] – Document that, within 24 months after project completion, the proposed project will not lower the utilization of other service area providers below, or further below, the utilization standards specified in 77 Ill. Adm. Code 1100 (using supporting documentation in accordance with the requirements of 77 Ill. Adm. Code 1110.3230(c)(4)).

12. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.280(f)).

Freestanding Emergency Center Medical Services (continued)

B. Criterion 1110.280 – Expansion of Existing Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]

2. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]

3. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280(b)(5)(C)]

4. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements [1110.280(a)(b)(A) and (B)]:
   A) The requirements of being a Medicare provider of freestanding emergency services; and
   B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].

5. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the expanded FEC [1110.280(c)(2)]:
   A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the expanded FEC, indicating how the travel time was calculated.
   B) Provide a list of the historical (latest 12-month period) patient volume for the existing FEC, categorized by zip code, based on the patient's legal residence. Indicate what percentage of this volume represents residents from the existing FEC's service area, based on patient's legal residence.

6. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.280(f)).

C. Criterion 1110.280 – Modernization of Existing Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. The historical number of visits (based on the latest 12-month period) for the existing FEC.

2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]

3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]

Freestanding Emergency Center Medical Services
(continued)

4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280.(b)(5)(C)]

5. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements [1110.280(b)(6)(A) and (B)]:
   A) The requirements of being a Medicare provider of freestanding emergency services; and
   B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].

6. Category of Service Modernization - Document that the existing treatment 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 high cost of maintenance, non-compliance with licensing or life safety codes, changes in standards of care, or additional space for diagnostic or therapeutic purposes. Documentation shall include the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) Inspection reports, and Joint Commission on Accreditation of Healthcare Organizations reports. Other documentation shall include the following, as applicable to the factors cited in the application, copies of maintenance reports, copies of citations for life safety code violations, and other pertinent reports and data.

APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

O. BIRTH CENTER – REVIEW CRITERIA

These criteria are applicable only to those projects or components of projects involving a birth center.

Criterion 77 IAC 1110.275(b)(1) – "Location"

1. Document that the proposed birth center will be in one of the geographic areas, as provided in the Alternative Healthcare Delivery Act.

2. Document that the proposed birth center is owned or operated by a hospital; or owned or operated by a federally qualified health center; or owned and operated by a private person or entity.

Criterion 77 IAC 1110.275(b)(2) – "Service Provision to a Health Professional Shortage Area"

Document whether the proposed site is in or will predominantly serve the residents of a health professional shortage area. If it will not, demonstrate that it will be in a health planning area with a demonstrated need for obstetrical service beds or that there will be a reduction in the existing number of obstetrical service beds in the planning area so that the birth center will not result in an increase in the total number of obstetrical service beds in the health planning area.

Criterion 77 IAC 1110.275(b)(3) – "Admission Policies"

Provide admission policies that will be in effect at the facility and a signed statement that no restrictions on admissions due to payor source will occur.

Criterion 77 IAC 1110.275(b)(4) – "Bed Capacity"

Document that the proposed birth center will have no more than 10 beds.

Criterion 77 IAC 1110.275(b)(5) – "Staffing Availability"

Document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

Criterion 77 IAC 1110.275(b)(6) – "Emergency Surgical Backup"

Document that either:

1. The birth center will operate under a hospital license and will be located within 30 minutes ground travel time from the hospital; **OR**

2. A contractual agreement has been signed with a licensed hospital within 30 minutes ground travel time from the licensed hospital for the referral and transfer of patients in need of an emergency caesarian delivery.

Criterion 77 IAC 1110.275(b)(7) – "Education"

A written narrative on the prenatal care and community education services offered by the birth center and how these services are being coordinated with other health services in the community.

Criterion 77 IAC 1110.275(b)(8) – "Inclusion in Perinatal System"

1. Letter of agreement with a hospital designated under the Perinatal System and a copy of the

hospital's maternity service; **OR**

2. An applicant that is not a hospital shall identify the regional perinatal center that will provide neonatal intensive care services, as needed to the applicant birth center patients; and a letter of intent, signed by both the administrator of the proposed birth center and the administrator of the regional perinatal center, shall be provided.

Criterion 77 IAC 1110.275(b)(9) – "Medicare/Medicaid Certification"

The applicant shall document that the proposed birth center will be certified to participate in the Medicare and Medicaid programs under titles XVIII and XIX, respectively, of the federal Social Security Act.

Criterion 77 IAC 1110.275(b)(10)- "Charity Care"

The applicant shall provide to HFSRB a copy of the charity care policy that will be adopted by the proposed birth center.

Criterion 77 IAC 1110.275(b)(11) – "Quality Assurance"

The applicant shall provide to HFSRB a copy of the quality assurance program to be adopted by the birth center.

APPEND DOCUMENTATION AS ATTACHMENT-32, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VI. 1120.120 - AVAILABILITY OF FUNDS – THIS ITEM IS NOT APPLICABLE

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: 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 timetable 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 timetable of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all

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

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY – THIS ITEM IS NOT APPLICABLE

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 the project's 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 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

	Historical 3 Years			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.

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 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY – THIS ITEM IS NOT APPLICABLE

This section is applicable to all projects subject to Part 1120.

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 the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other 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:

1. Identify each department or 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 DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			

Total			

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM THIS SECTION IS NOT APPLICABLE

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: _____
(Name) (Address)

_____
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: _____
(Address) (City) (State)

_____
(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (https://msc.fema.gov/portal/home) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the ***Go To NFHL Viewer*** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

   If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No ___

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.
If the determination is being made by a local official, please complete the following:

FIRM Panel Number:_____ Effective Date:_____

Name of Official:_____ Title: _____

Business/Agency:_____ Address:_____

_____
(City) (State) (ZIP Code) (Telephone Number)

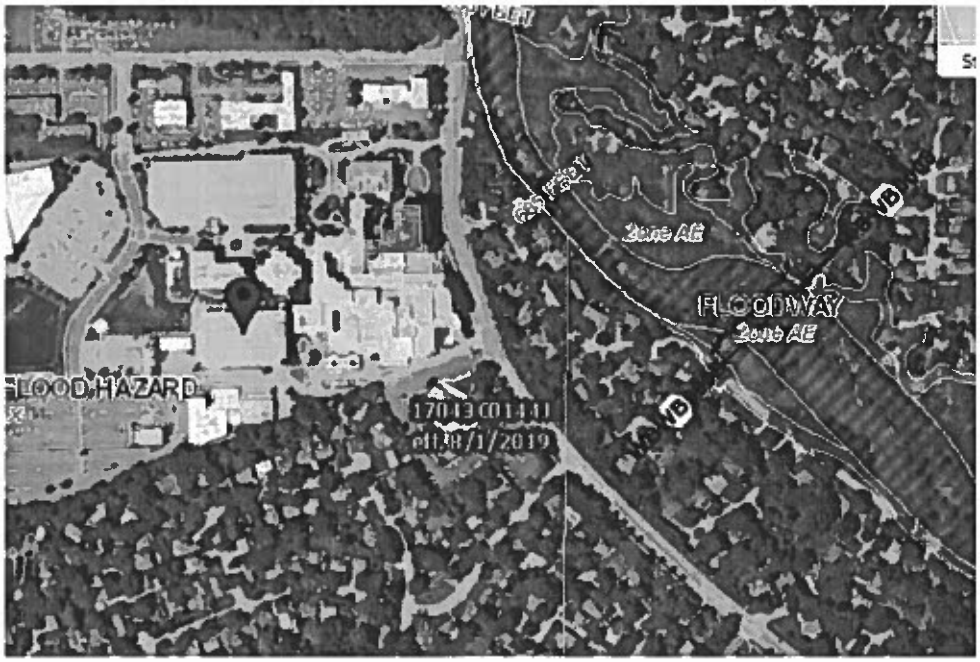
Signature:_____ Date: _____

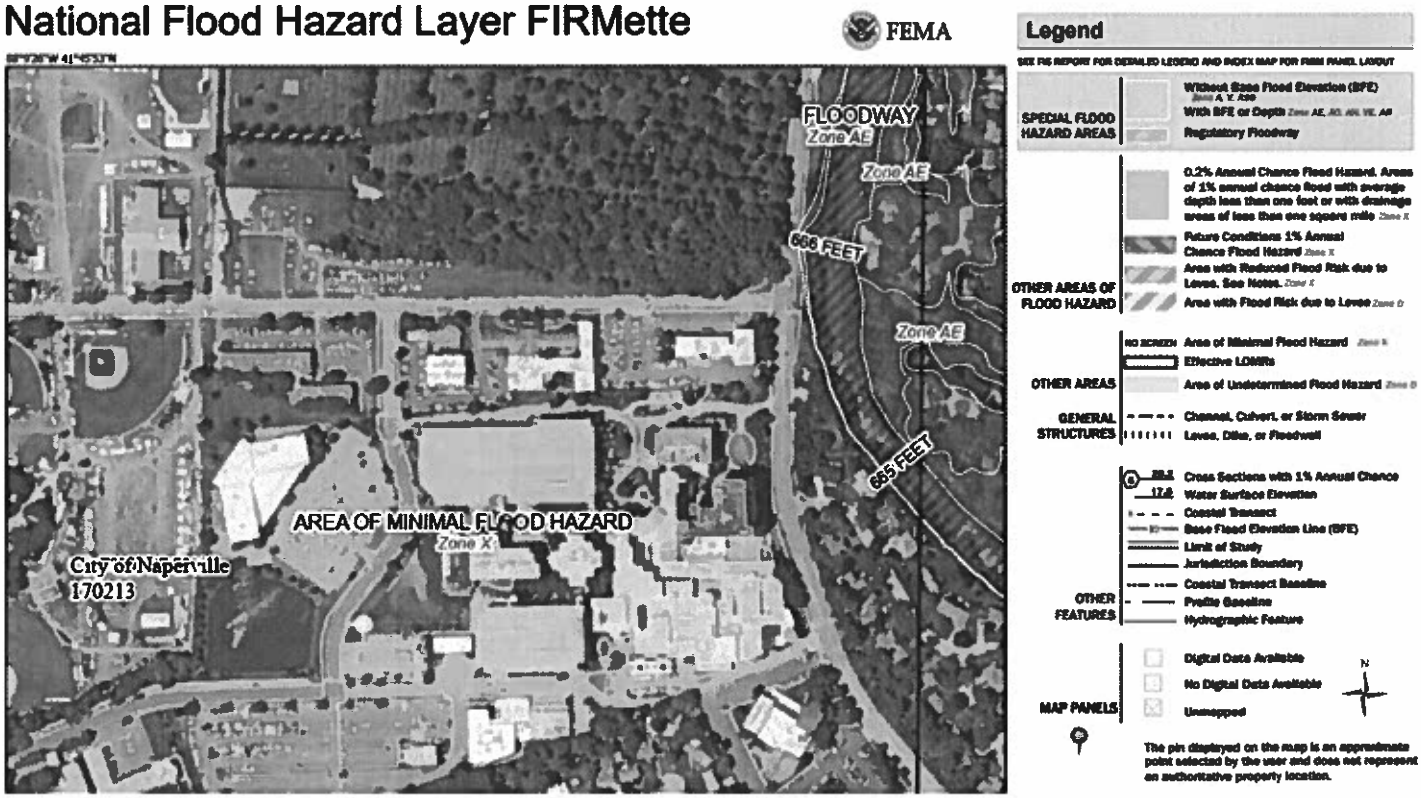
NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

Floodplain Map Example

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.





After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
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2	Site Ownership	54
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	55
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	56
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12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
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	Service Specific:	NA
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
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27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	Financial and Economic Feasibility:	NA
33	Availability of Funds	
34	Financial Waiver	
35	Financial Viability	
36	Economic Feasibility	
37	Safety Net Impact Statement	
38	Charity Care Information	
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SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
Continued i

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

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

The Applicant for the discontinuation of Heddington Oaks is the County of Peoria, (owner and operator/Licensee). This entity is governmental, so an Illinois Certificates of Good Standing is not applicable.

ATTACHMENT-1

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 the County of Peoria. As a Governmental entity, an Illinois Certificate of Good Standing is not applicable.

ATTACHMENT-2

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

Operating Identity/Licensee

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

The Operator/Licensee of the existing facility is the County of Peoria. As a Governmental entity an Illinois Certificate of Good Standing is not applicable.

ATTACHMENT-3

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.

Heddington Oaks is controlled by and operated by the Peoria County Board, a division of Illinois State government. The County administers Heddington Oaks through its County Health Committee, supported by the County Administrator and by the Assistant County Administrator. Operations at Heddington Oaks are directed by a licensed nursing home administrator.

ATTACHMENT-4

SECTION II – DISCONTINUATION Continued I

Criterion 1110.290 – Discontinuation

1. Identify the categories of service and the number of beds, if any that are to be discontinued.

The Nursing Care Category of Service will be discontinued. Therefore, all 214 nursing care beds will not remain licensed.

2. Identify all of the other clinical services that are to be discontinued.

As a Long-Term Care facility, only the nursing category of service is considered clinical and, therefore, entire facility will be discontinued.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

Since June 2020, the County of Peoria has requested a temporary suspension of the nursing category of service. The County communicated its intent to HFSRB and has updated that intent every thirty (30) days as required by regulation. The County continues to seek qualified alternatives for Heddington Oaks and believes that final disposition for HO can be achieved no later than December 31, 2020.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

As previously stated, the County of Peoria is actively seeking alternative uses for the Heddington Oaks building. Currently, the Facility is being utilized by the Peoria County Health Department for vaccination purposes related to CoVid-19. The County has received authorization to sell and, next, has received proposals from qualified brokers to assist in marketing the facility. In all cases "highest and best uses" will be considered for the physical plant. Currently, the equipment remains in the facility. The County will consider options related to the equipment to go with the physical plant or including sale or donation.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.

The County of Peoria will retain all medical records pertaining to the long-term care services being discontinued in accordance with Illinois Department of Public Health requirements. The Peoria County Assistant Administrator will supervise the location, retention, and ultimate destruction of said documents in accordance with Licensure and Medicare/Medicaid requirements. The existing retention policy from the facility's procedure manual is appended as **ATTACHMENT-10A**.

6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.

On April 16, 2020, the County notified all Heddington Oaks residents that it intended to cease operations of the facility and seek the required voter approval to sell the facility, refer to **ATTACHMENT-10B**. The required voter referendum passed in November 2020, refer to **ATTACHMENT-10C**.

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SECTION II – DISCONTINUATION Continued ii

On April 17, 2020 the Peoria County Board announced at a press conference that they will be discussing exiting the nursing home business and closing Heddington Oaks. Enclosed is a link to that press conference: https://www.facebook.com/watch/?v=221437515939593, also refer to https://www.heddingtonoaks.com/. An excerpt of remarks is provided below:

While financials are a large part of our concern, we also recognize that our predecessors on this board did not get into the business of long-term care in order to turn a profit. It was not a business decision in 1848 when the County Farm was created to take care of those who were sick and poor. Peoria County's leadership made that decision to take care of residents when there was no other place for them to go, and by doing so, they filled a very real and pressing need that was not being met at the time.

Today, 172 years later, the healthcare field has changed in ways our forefathers could not imagine. And ultimately, it has changed for the better. There are now numerous options for rehabilitation and long-term care; better financial contributions through programs like Medicare, Medicaid and private insurance; and skilled social service agencies that help our aging population to remain independent longer. The needs our local government once solely filled for our community are now being widely met by the private sector.

We cannot ignore the financial hardships we have encountered over the past few years. Heddington Oaks has not been able to meet the census numbers needed to sustain the facility long-term, and a tight labor market has led to difficulties in recruitment and retainment of team members. We have repeatedly dipped into Heddington Oaks reserves to continue providing care to our residents, and this financial model is not sustainable. The economics behind Peoria County operating a single site facility are not sustainable. The overwhelming majority of other counties in Illinois have already come to this same decision for their county-owned assisted living facilities, because the regulatory environment and funding mechanisms work against county government delivering this service.

We have done our due diligence over the past 3 years to evaluate all our options. The Board has engaged community partners, including OSF HealthCare and UnityPoint Health. We've implemented the best practices recommended by long-term care professionals in an effort to ensure we explored every available option within our reach. While these efforts have helped us in some small regard, it has not been enough to overcome the state of affairs.

Now is the time for Peoria County to exit this business. But please know that this remains a decision all our board members have wrestled with. Refer to https://www.heddingtonoaks.com/.

The Peoria County Board also discussed the option to close at a special Executive Committee meeting on Monday, April 20 at 5:00 p.m. The meeting was livestreamed and a link to that is provided herein: https://www.facebook.com/watch/?v=992053281196468 (also refer to https://www.heddingtonoaks.com/). The meeting was public and those who wished to submit public comment for the committee meeting were asked to email or call the County by 2:00 p.m. on April 20.

The special Executive Committee's proposal went before the full Peoria County Board during a special Peoria County Board meeting on Thursday, April 23 at 6:00 p.m. This virtual

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SECTION II – DISCONTINUATION Continued III

meeting was also livestreamed and a link to that is as follows: https://www.facebook.com/watch/?v=3409681679060762, also refer to https://www.heddingtonoaks.com/. As the meeting was also subject to the "open meeting act", those who wished to submit public comment for the board meeting were encouraged to email or call the county by 2:00 p.m. on April 23.

The final requirement for the County was voter permission to sell the facility. On November 3, 2020, the voters of Peoria County approved by the margin of 84.1% to 15.9% the ballot initiative to allow the County to sell Heddington Oaks. Please refer to a link to the official election results which can be accessed through the following link. https://www.peoriaelections.org/DocumentCenter/View/501/official-cumulative and appended as **ATTACHMENT-10C**.

7. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

Through the signing of this Application by the authorized representatives of the County of Peoria, it is hereby certified that within 60-days following the date of the discontinuation completion, all required information (annual survey and cost reports) will be submitted. Please note that, as the facility's nursing category of service has been temporarily suspended since June by the Applicant, there will be no reporting requirements for calendar year 2021.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

The decision to close Heddington Oaks involved three elements: finance, staffing, and census.

From 2013 to 2019, revenue shortfalls averaged $2.46 million per year. Included in the 2015 losses were the demolition costs of the County's former nursing home, Bel-Wood,at approximately $1.2 Million. In 2019, Heddington Oaks' fund balance was a negative ($1.44 Million). Additionally, the County-wide loss of tax revenues has created a situation where the 6.0¢ property levy was insufficient to cover the bond payments in 2019 and 2020. The result was that $71,466 in 2019 and $345,000 in 2020 had to be transferred in from the Public Facilities Sales Tax Fund to cover the shortfall in compliance with the bond covenants.

Staffing, particularly over the last few years, has been especially challenging. Heddington Oaks, and Bel-Wood Nursing Home in prior years, always prided itself on staffing above the regulatory minimums. About three years ago, especially on the weekends, staffing levels dropped to the minimum requirements. As Peoria is a healthcare hub, there has been a continuous shortage of skilled nursing personnel because demand is so strong. New clinical staff are more interested in take-home pay rather than in the value of benefits. As a government employer with mandated benefit

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SECTION II – DISCONTINUATION Continued iv

levels (Illinois Municipal Retirement Fund), the County was at a significant market disadvantage. Certified Nursing Assistants (CNAs), for example, are known to change employers for as little as $.25/hour.

The County's original financial model, put in place in 2010, called for an average daily census of 200, with 27 of those beds being Medicare patients (short term rehab stays). The updated financial model that OSF helped the County put in place in 2019 called for an average daily census of 160, with 28 of those beds being Medicare patients. The County has never been able to consistently meet these numbers. Please note that the County's 2010 model predates Affordable Care Act changes. When UnityPoint opened a Medicare-focused skilled nursing facility at Proctor, Medicare referrals slowed. In pursuit of additional revenues, the County dialysis services, but the deficit was too great to overcome.
#

Please refer to **ATTACHMENT-10D**, which is a copy of the County of Peoria's Board Resolution for Discontinuation to ascertain its rational in its own words. In essence, the County of Peoria could not ignore the financial hardships that it had encountered over the last few years. Heddington Oaks has not been able to meet the census numbers needed to sustain the facility, and a tight labor market led to difficulties in recruitment and retention of team members. The County had to repeatedly subsidize Heddington Oaks to fund operations, and this financial model is not sustainable. As many other counties have experienced, the economics associated with a County-owned facility make it difficult to sustain.

The County of Peoria has done its due diligence over the past 3 years to evaluate all options. The Board has engaged community partners, including OSF HealthCare and UnityPoint Health. They have implemented the best practices recommended by long-term care professionals to ensure the County has explored every available option. While these efforts have helped in some small regard, they have not been enough to reverse Heddington Oak's performance.

IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.

The discontinuation of the nursing category of service and the discontinuation of the entire Heddington Oaks facility will not have an adverse effect on the care of the residents. Within 120-days of making the announcement of the possibility of closure, all residents were voluntarily discharged to other appropriate environments. As of August 7, 2020, the last resident voluntarily discharged from Heddington Oaks; therefore, it would further appear that there has not been nor will there be an adverse effect upon access should the discontinuation be granted.

2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the geographic service area.

Appended as **ATTACHMENT-10E** is a chart identifying all existing nursing homes within the geographic service area (17-miles).

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SECTION II – DISCONTINUATION Continued v

Appended as **ATTACHMENT-10F** is a copy of the sample letter sent to all nursing homes within geographic service area.

Appended as **ATTACHMENT-10G** is a copy of the return receipt request ("green cards") documenting each facility was contacted. A copy of the impact statement will be forwarded upon receipt.

It is worth noting that virtually all Heddington Oaks residents relocated within the existing market area. Therefore, it would appear that no adverse impact has been felt by area health care providers.

ATTACHMENT-10

#21-035

Inquiries and Applications to:

Local Records Unit
Illinois State Archives
Margaret Cross Norton Building
Springfield, IL 62756
(217)782-7075

APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

Application No. 06:195

COUNTY	CITY	ZIP
Peoria	Peoria	61604

AGENCY
Bel-Wood Nursing Home

ADDRESS
6701 West Plank Road

PHONE
309-697-4541

I hereby request authority to dispose of local government records according to the schedule below. I certify that any microfilm or digitized copies will be made in accordance with standards of the Local Records Commission and will be adequate substitutes for the original records.

Kate Van Beek 4/20/06
Signature of Agency Head Date

Kate Van Beek, Interim Director

LOCAL RECORDS COMMISSION APPROVAL

John L. Countryman
CHAIRMAN

David A. Joens
DIRECTOR, STATE ARCHIVES

August 1, 2006
DATE

RECORDS LISTED ON THIS APPLICATION MAY BE DISPOSED OF:

- AFTER THEIR INDIVIDUAL RETENTION PERIOD IS COMPLETE,
- IF THEY ARE CORRECTLY LISTED ON A RECORDS DISPOSAL CERTIFICATE SUBMITTED TO AND APPROVED BY THE LOCAL RECORDS COMMISSION SIXTY (60) DAYS PRIOR TO DISPOSAL,
- PROVIDING ANY LOCAL, STATE, AND FEDERAL AUDIT REQUIREMENTS HAVE BEEN MET,
- AS LONG AS THEY ARE NOT NEEDED FOR ANY LITIGATION EITHER PENDING OR ANTICIPATED.

THIS RECORDS RETENTION SCHEDULE DOES NOT RELIEVE LOCAL GOVERNMENTS OF RETENTION REQUIREMENTS MANDATED BY OTHER STATE AND FEDERAL STATUTES AND/OR REGULATIONS. WHEN SUCH AN OBLIGATION DOES EXIST, THEN THE LONGER RETENTION PERIOD TAKES PRECEDENCE.

DISPOSAL OF RECORDS AFTER MICROFILMING OR DIGITIZING MUST BE NOTED ON THE RECORDS DISPOSAL CERTIFICATE

THIS APPLICATION AND ANY RELATED RECORDS CERTIFICATES ARE TO BE RETAINED PERMANENTLY.

This application supersedes #85:269

ATTACHMENT-10A

Peoria County
Bel-Wood Nursing Home
Application 06:195

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES

ADMINISTRATIVE FILES

100. APPLICATIONS FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS AND RECORDS DISPOSAL CERTIFICATES

Dates: 2006-
Volume: Negligible
Annual Accumulation: Negligible
Arrangement: Chronological

Recommendation: Retain permanently.

101. ADMINISTRATIVE FILES

Dates: 2005-
Volume: 1 Cu. Ft.
Annual Accumulation: 1 Cu. Ft.
Arrangement: Chronological

Recommendation: Retain for one (1) year, then dispose of records no longer possessing any further administrative, fiscal, legal, and/or historical value.

102. AGENDAS

Dates: 2004-
Volume: Negligible
Annual Accumulation: Negligible
Arrangement: Chronological

Recommendation: Retain one coy of each agenda permanently. Retain convenience copies until administrative use is complete, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
106.	POLICES AND PROCEDURES Dates: 1984- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain permanently. (Any changes made need to be recorded in the minutes.)
107.	VISITOR SIGN IN-SIGN OUT SHEETS Dates: 2002- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES

FISCAL RECORDS

200. ACCOUNTS RECEIVABLE RECORDS

Dates: 1998-
Volume: 3 Cu. Ft.
Annual Accumulation: ¼ Cu. Ft.
Arrangement: Chronological

Recommendation: Retain for seven (7) years, then dispose of.

201. AUDIT TRAILS

Dates: 2002-
Volume: 3 Cu. Ft.
Annual Accumulation: ½ Cu. Ft.
Arrangement: Chronological

Recommendation: Retain for seven (7) years, then dispose of.

202. AUDIT REPORTS

Dates: 2004-
Volume: Negligible
Annual Accumulation: Negligible
Arrangement: Chronological

Recommendation: Retain one copy of each audit report permanently. Retain duplicate audits for one (1) year, then dispose of.

203. BUDGET REPORTS

Dates: 1998-
Volume: Negligible
Annual Accumulation: Negligible
Arrangement: Chronological

Recommendation: Retain for seven (7) years, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
204.	CANCELLED CHECKS, BANK STATEMENTS, DEPOSIT SLIPS, PAID BILLS, INVOICES, VOUCHERS, ETC. Dates: 1998- Volume: 8 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological Recommendation: Retain for seven (7) years, then dispose of.
205.	CHECK COPIES, CHECK STUBS, RECEIPTS, RECEIPT BOOKS Dates: 2004- Volume: ½ Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.
206.	FINANCIAL REPORTS (MONTHLY) Dates: 2003- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.
207.	HOLIDAY COMPENSATION SHEETS Dates: 1994- Volume: 2 Cu. Ft. Annual Accumulation: ¼ Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years if recorded in personnel records, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
208.	HOSPITAL MEDICARE AND MEDICAID STATEMENTS Dates: 1997- Volume: 18 Cu. Ft. Annual Accumulation: 2 Cu. Ft. Arrangement: Chronological Recommendation: Retain for seven (7) years, then dispose of.
209.	ILLINOIS DEPARTMENT OF PUBLIC AID FISCAL TRANSFER TO BELLWOOD Dates: 2003- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for seven (7) years, then dispose of.
210.	LEDGERS (ACCRUALS AND DAILY PRINTOUTS) Dates: 1994- Volume: 10 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.
211.	LEDGERS (GENERAL ACCOUNT RECEIVABLE AND PAYABLES) Dates: 1997- Volume: 1 Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for seven (7) years, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
212.	MEDICAID BILLINGS (DAILY) Dates: 1997- Volume: 28 Cu. Ft. Annual Accumulation: 4 Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.
213.	SALARY COST REPORTS Dates: 1997- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for five (5) years, then dispose of. Or retain until administrative use is complete, then dispose of.
214.	STATE & FEDERAL TAX STATEMENTS AND REPORTS (W-2'S, W-3'S, W-4'S, IL-941'S, IL-1099'S, ETC.) Dates: 1998- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain W-4's for five (5) years after termination of employment or until W-4 is superseded by a new W-4, then dispose of. Retain all other tax forms in this record series for seven (7) years, then dispose of.
215.	TRIAL BALANCE SHEETS, BILLING PRINT OUTS (DAILY) Dates: 2000- Volume: 30 Cu. Ft. Annual Accumulation: 4 Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
216.	TRIAL RUN BALANCE SHEETS (MONTHLY)
	Dates: 2001- Volume: 3 Cu. Ft. Annual Accumulation: ½ Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
	PATIENT RECORDS
300.	BIRTH AND DEATH CERTIFICATES Dates: 1990- Volume: ½ Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain for six (6) years following ineligibility or inactivation of patient, then dispose of.
301.	CASE WORKERS ADMISSION FORMS (COPIES) Dates: 2005- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain until usefulness of record is complete, then dispose of.
302.	HOME HEALTH CARE VISIT RECORDS Dates: 2001- Volume: 3 Cu. Ft. Annual Accumulation: ½ Cu. Ft. Arrangement: Chronological & Alphabetical Recommendation: Retain for six (6) years following ineligibility or inactivation of patient, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
303.	PATIENT ACCOUNT LEDGERS Dates: 1995- Volume: ¼ Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological & Alphabetical Recommendation: Retain for six (6) years after transfer, death or discharge of patient, then dispose of.
304.	PATIENT CHECK SHEETS (DAILY) Dates: 1997- Volume: 7 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Alphabetical Recommendation: Retain for two (2) years, then dispose of.
305.	PATIENT FILES (APPLICATION FOR LONG TERM FACILITIES, POWER OF ATTORNEY, MEDICAL FILES, FINANCIAL RECORDS) Dates: 2001- Volume: 200 Cu. Ft. Annual Accumulation: 40 Cu. Ft. Arrangement: Alphabetical Recommendation: Retain for six (6) years after inactivation of patient in program, then dispose of.
306.	PATIENT LAB REPORTS Dates: 1998- Volume: 7 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Alphabetical Recommendation: Positive: File with case file. Negative: Retain for six (6) months, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
307.	PATIENTS RE-ADMISSION MEDICAL RECORDS Dates: 1997- Volume: 2 Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain for six (6) years following inactivation or ineligibility of client, then dispose of.
308.	RESIDENTS INCIDENTS AND ACCIDENT REPORTS Dates: 1997- Volume: 1 Cu. Ft. Annual Accumulation: ¼ Cu. Ft. Arrangement: Alphabetical Recommendation: Retain for six (6) years following inactivation of patient in program, then dispose of.
309.	RESIDENCE MEDICAL WORKSHEETS (DAILY) Dates: 2001- Volume: 5 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years after transferred to residents permanent file, then dispose of.
310.	RESIDENTS MONITORING REPORT SHEETS (TWENTY FOUR HOUR) Dates: 1997- Volume: 8 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
	PERSONNEL RECORDS
400.	APPLICATIONS FOR EMPLOYMENT (SOLICITED AND UNSOLICITED) AND SUPPORTING DOCUMENTS (I.E. RESUMES, LETTERS OF RECOMMENDATION) Dates: 2000- Volume: ½ Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain solicited applications and supporting documents for two (2) years from date of the application, then dispose of. Retain unsolicited applications and supporting documents for one (1) year from date of the application, then dispose of.
401.	CRIMINAL HISTORY BACKGROUND INVESTIGATIONS REQUESTS FORMS, RELATED CORRESPONDENCE DOCUMENTS, AND BACKGROUND REPORTS Dates: 1996- Volume: ¼ Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain until the hiring process is complete, then dispose of.
402.	DISCIPLINARY CASE FILES Dates: 1992- Volume: ½ Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain major offenses (drugs, felony crimes, etc.) for five (5) years after termination of employment, then dispose of. Retain other cases for three (3) years after settlement, then dispose of.

APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
403.	DISCRIMINATION COMPLAINTS Dates: 1998- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for three (3) years after settlement of complaint, then dispose of.
404.	EMPLOYEE CANCELLATION SHEETS (DAILY) Dates: 2000- Volume: 6 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Alphabetical Recommendation: Retain for two (2) years if recorded in permanent records, then dispose of.
405.	EMPLOYEE PAYROLL ADVICE Dates: 1994- Volume: Negligible Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain for seven (7) years, then dispose of.
406.	EMPLOYEE SUMMARY SHEETS (MONTHLY) Dates: 1979- Volume: 23 Cu. Ft. Annual Accumulation: 2 Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
407.	EMPLOYERS FIRST REPORT OF INJURY Dates: 1994- Volume: ½ Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain for seven (7) years, then dispose of.
408.	EMPLOYMENT OF MINORS Dates: 1997- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for five (5) years after termination of employment, then dispose of.
409.	HOME HEALTH CARE SHIFT SHEETS Dates: 2001- Volume: 1 Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain for two (2) years, then dispose of.
410.	OVERTIME SLIPS (SCHEDULING) Dates: 1998- Volume: 3 Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain for two (2) years if recorded in the permanent records, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
411.	PAYROLL DEDUCTIONS AND AUTHORIZATIONS Dates: 1994- Volume: 3 Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain deduction authorizations for five (5) years following termination of employment, then dispose of. Retain garnishment records for seven (7) years after settlement, then dispose of.
412.	PERSONNEL ACTION NOTIFICATION (YELLOW SHEETS) Dates: 1992- Volume: 3 Cu. Ft. Annual Accumulation: Negligible Arrangement: Alphabetical Recommendation: Retain for seven (7) years, then dispose of.
413.	REQUESTS FOR TIME OFF (VACATION, SICK LEAVE ETC.) Dates: 1994- Volume: 3 Cu. Ft. Annual Accumulation: ¼ Cu. Ft. Arrangement: Alphabetical Recommendation: Retain for two (2) years, then dispose of.
414.	SALARY SCHEDULES Dates: 1997- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain permanently.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

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ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
415.	STAFF SCHEDULES Dates: 1993- Volume: ½ Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.
416.	STAFFING REQUESTS Dates: 1996- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.
417.	TIME SHEETS Dates: 1992- Volume: 54 Cu. Ft. Annual Accumulation: 6 Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.
418.	WORK ORDERS Dates: 2003- Volume: 3 Cu. Ft. Annual Accumulation: 1 Cu. Ft. Arrangement: Chronological Recommendation: Retain for sixty (60) days after completion of work, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
419.	WORKMAN'S COMPENSATION RECORDS Dates: 1988- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for seven (7) years following settlement, then dispose of.

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APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES

REPORTS

500. ADMISSION CENSUS REPORTS (DAILY)

Dates: 1998-
Volume: Negligible
Annual Accumulation: Negligible
Arrangement: Chronological

Recommendation: Retain for five (5) years, then dispose of.

501. APPOINTMENT MESSAGE BOOKS

Dates: 1998-
Volume: Negligible
Annual Accumulation: Negligible
Arrangement: Chronological

Recommendation: Retain for two (2) years, then dispose of.

502. EMPLOYEE SURVEYS

Dates: 1998-
Volume: Negligible
Annual Accumulation: Negligible
Arrangement: Chronological

Recommendation: Retain for two (2) years, then dispose of.

503. ILLINOIS DEPARTMENT OF PUBLIC HEALTH INCIDENT AND ACCIDENT REPORTS

Dates: 2000-
Volume: Negligible
Annual Accumulation: Negligible
Arrangement: Chronological

Recommendation: Retain for seven (7) years after settlement, then dispose of.

APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
504.	ILLINOIS DEPARTMENT OF PUBLIC HEALTH INSPECTIONS Dates: 1997- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for three (3) years, then dispose of.
505.	ILLINOIS DEPARTMENT OF PUBLIC HEALTH STATE SURVEY REPORTS (ANNUAL) Dates: 2003- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for seven (7) years, then dispose of.
506.	INVENTORIES OF EQUIPMENT Dates: 2000- Volume: Negligible Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for two (2) years after superseded by a new inventory, then dispose of.
507.	LONG TERM CARE FACILITY NOTIFICATION FORM TO ILLINOIS DEPARTMENT OF PUBLIC AID (CHANGES OF RESIDENCE LEVEL OF CARE) Dates: 1997- Volume: 3 Cu. Ft. Annual Accumulation: ¼ Cu. Ft. Arrangement: Chronological Recommendation: Retain for seven (7) years, then dispose of.

APPLICATION FOR AUTHORITY TO DISPOSE OF LOCAL RECORDS

(CONTINUATION SHEET)

ITEM NO.	DESCRIPTION OF ITEMS OR RECORDS SERIES
508.	MEDICARE SUPPLIES RECORDS Dates: 1993- Volume: 1 Cu. Ft. Annual Accumulation: Negligible Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.
509.	ORBITS REPORTS (DAILY SUPPLY USAGE) Dates: 1998- Volume: 32 Cu. Ft. Annual Accumulation: 6 Cu. Ft. Arrangement: Chronological Recommendation: Retain for two (2) years, then dispose of.

ATTACHMENT-10A

HEDDINGTON OAKS
PEORIA COUNTY
Caring for Seniors with Respect and Compassion

April 16, 2020

Dear Residents, Family Members and Guardians:

It is with a heavy heart that we write to you today regarding the Peoria County Board's decision to consider and vote on whether the County will discontinue the function of providing nursing home services. After years of financial instability, and after exhausting every resource available to us in trying to change the course, we have determined it is time to discuss closing the business. If the vote is to discontinue these services, then Peoria County will begin the process of closing Heddington Oaks.

Over the past five years, finances at Heddington Oaks have consistently failed to break even. A tight labor market making recruiting and retention difficult, low census numbers, liability costs, changes in government regulations, rising bond payments, and other factors have all contributed to our current situation. We have dipped into our reserves in an attempt to continue providing care to our residents, but this financial model is no longer sustainable. Our reserves are now exhausted. We have repeatedly taken the advice of both internal and external experts to try to overcome the financial situation, and while it has helped us in some regards, it is no longer a responsible option.

This does not mean the closure will happen immediately. We will be using every resource within our reach to help you make the best decision for yourself or your loved ones when the time comes to transition to a new place of residence. Additional information about your options will be forthcoming.

The Peoria County Board is discussing the option to close at a special Executive Committee meeting on Monday, April 20 at 5:00 p.m. The meeting will be livestreamed on our Peoria County Facebook page at www.facebook.com/peoriacountygov or available to view on our website, www.peoriacounty.org. Those who wish to submit public comment for the committee meeting may email heddingtonfamilies@peoriacounty.org or fax (309) 672-6054 by 2:00 p.m. on April 20.

If approved at the special Executive Committee meeting, the proposal will go before the full Peoria County Board during a special Peoria County Board meeting on Thursday, April 23 at 6:00 p.m. This virtual meeting will also be livestreamed on our Facebook page. Those who wish to submit public comment for the board meeting may email countyclerk@peoriacounty.org or fax (309) 672-6063 by 2:00 p.m. on April 23.

2223 West Heading Ave | West Peoria, IL 61604 | Tel. 309.636-3600 | www.HeddingtonOaks.com

ATTACHMENT-10B

In the following days, you'll be receiving a call to follow up on this letter. You can also email your concerns to heddingtonfamilies@peoriacounty.org or call (309) 672-6056.

As board members, we take our duty of making these difficult decisions very seriously and understand this decision will have a tremendous impact on residents, family and staff. Peoria County has a 170-year legacy of care, and neither we nor our fellow Board Members are taking this decision lightly.

Again, this is the first of multiple communications with you, and more information will be forthcoming after the Board votes on April 23.

Sincerely,

Andrew Rand
Chairman, Peoria County Board
arand@peoriacounty.org

Sharon Williams
Chair, County Health Committee
swilliams@peoriacounty.org

ATTACHMENT-10B

Cumulative Report — Official
Peoria County — 2020 General Election — November 03, 2020

11/18/2020 07:41 AM

Total Number of Voters : 85,167 of 117,380 = 72.56%

Precincts Reporting 169 of 169 = 100.00%

Party	Candidate	Vote by Mail		Early		Election		Total	
CONSTITUTION BALLOT PROPOSED AMENDMENT TO THE 1970 ILLINOIS CONSTITUTION, Vote For 1									
	Yes	16,349	56.97%	10,267	39.82%	8,871	31.19%	35,487	42.80%
	No	12,349	43.03%	15,516	60.18%	19,567	68.81%	47,432	57.20%
	Cast Votes:	28,698	96.25%	25,783	98.06%	28,438	98.05%	82,919	97.42%
	Over Votes:	3	0.01%	0	0.00%	0	0.00%	3	0.00%
	Under Votes:	1,114	3.74%	511	1.94%	567	1.95%	2,192	2.58%
FOR PRESIDENT AND VICE PRESIDENT OF THE UNITED STATES, Vote For 1									
REP	(Donald J. Trump (Michael R. Pence	7,876	26.83%	12,912	49.57%	17,464	61.12%	38,252	45.55%
DEM	(Joseph R. Biden (Kamala D. Harris	20,740	70.66%	12,704	48.78%	10,134	35.47%	43,578	51.90%
GRN	(Howie Hawkins (Angela Walker	188	0.64%	109	0.42%	210	0.73%	507	0.60%
PSL	(Gloria La Riva (Leonard Peltier	53	0.18%	22	0.08%	30	0.10%	105	0.13%
ASP	(Brian Carroll (Amar Patel	89	0.30%	45	0.17%	82	0.29%	216	0.26%
LIB	(Jo Jorgensen (Jeremy "Spike" Cohen	403	1.37%	252	0.97%	654	2.29%	1,309	1.56%
	Kasey Wells (W)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Shawn Howard (W)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Deborah Rouse (W)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Mark Charles (W)	2	0.01%	1	0.00%	0	0.00%	3	0.00%
	Barbara Bellar (W)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Todd Cella (W)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Jade Simmons (W)	2	0.01%	1	0.00%	0	0.00%	3	0.00%
	Andy Hope Williams Jr (W)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Joseph Kishore (W)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Cast Votes:	29,353	98.30%	26,046	99.05%	28,574	98.50%	83,973	98.60%
	Over Votes:	84	0.28%	0	0.00%	0	0.00%	84	0.10%
	Under Votes:	425	1.42%	251	0.95%	434	1.50%	1,110	1.30%
FOR UNITED STATES SENATOR, Vote For 1									
REP	Mark C. Curran Jr.	8,372	28.47%	12,641	48.87%	16,332	57.59%	37,345	44.65%
DEM	Richard J. Durbin	19,881	67.60%	12,448	48.13%	10,562	37.24%	42,891	51.28%
WWP	Willie L. Wilson	289	0.98%	152	0.59%	226	0.80%	667	0.80%
GRN	David F. Black	302	1.03%	187	0.72%	327	1.15%	816	0.98%
LIB	Danny Malouf	564	1.92%	436	1.69%	914	3.22%	1,914	2.29%
	Lowell Martin Seida (W)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Cast Votes:	29,408	98.48%	25,864	98.35%	28,361	97.77%	83,633	98.20%
	Over Votes:	26	0.09%	0	0.00%	0	0.00%	26	0.03%
	Under Votes:	428	1.43%	433	1.65%	647	2.23%	1,508	1.77%

ATTACHMENT-10C

#21-035

Cumulative Report — Official
Peoria County — 2020 General Election — November 03, 2020

11/18/2020 07:41 AM

Total Number of Voters : 85,167 of 117,380 = 72.56%

Precincts Reporting 169 of 169 = 100.00%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR REPRESENTATIVE IN CONGRESS 17TH CONGRESSIONAL DISTRICT, Vote For 1									
REP	Esther Joy King	2,019	19.13%	2,872	33.92%	4,599	44.34%	9,490	32.29%
DEM	Cheri Bustos	8,527	80.79%	5,593	66.05%	5,770	55.64%	19,890	67.67%
	General Parker (W)	8	0.08%	3	0.04%	2	0.02%	13	0.04%
	Cast Votes:	10,554	98.49%	8,468	97.93%	10,371	97.33%	29,393	97.91%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	162	1.51%	179	2.07%	285	2.67%	626	2.09%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
72	72	100.00%	30,019	47,507	63.19%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR REPRESENTATIVE IN CONGRESS 18TH CONGRESSIONAL DISTRICT, Vote For 1									
REP	Darin LaHood	9,280	49.41%	11,482	66.03%	14,142	78.50%	34,904	64.41%
DEM	George Petrilli	9,501	50.59%	5,908	33.97%	3,874	21.50%	19,283	35.59%
	Cast Votes:	18,781	98.09%	17,390	98.53%	18,016	98.17%	54,187	98.26%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	365	1.91%	260	1.47%	336	1.83%	961	1.74%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
99	99	100.00%	55,148	69,873	78.93%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR STATE SENATOR 37TH LEGISLATIVE DISTRICT, Vote For 1									
REP	Win Stoller	9,158	99.41%	9,505	99.91%	10,483	99.93%	29,146	99.76%
	Marcus Throneburg (W)	54	0.59%	9	0.09%	7	0.07%	70	0.24%
	Cast Votes:	9,212	71.51%	9,514	80.32%	10,490	87.61%	29,216	79.61%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	3,671	28.49%	2,331	19.68%	1,483	12.39%	7,485	20.39%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
66	66	100.00%	36,701	45,260	81.09%

ATTACHMENT-10C

#21-035

Cumulative Report — Official

Peoria County — 2020 General Election — November 03, 2020

11/18/2020 07:41 AM

Total Number of Voters : 85,167 of 117,380 = 72.56%

Precincts Reporting 169 of 169 = 100.00%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR STATE SENATOR 46TH LEGISLATIVE DISTRICT, Vote For 1									
REP	Mary Burress	3,863	23.25%	5,777	41.16%	8,465	51.44%	18,105	38.44%
DEM	Dave Koehler	12,750	76.75%	8,258	58.84%	7,991	48.56%	28,999	61.56%
	Cast Votes:	16,613	98.12%	14,035	97.13%	16,456	96.62%	47,104	97.30%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	319	1.88%	414	2.87%	576	3.38%	1,309	2.70%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
109	109	100.00%	48,413	72,120	67.13%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR REPRESENTATIVE IN THE GENERAL ASSEMBLY 73RD REPRESENTATIVE DISTRICT, Vote For 1									
REP	Ryan Spain	9,823	100.00%	9,997	100.00%	10,777	100.00%	30,597	100.00%
	Cast Votes:	9,823	76.25%	9,997	84.40%	10,777	90.01%	30,597	83.37%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	3,060	23.75%	1,848	15.60%	1,196	9.99%	6,104	16.63%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
66	66	100.00%	36,701	45,260	81.09%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR REPRESENTATIVE IN THE GENERAL ASSEMBLY 91ST REPRESENTATIVE DISTRICT, Vote For 1									
REP	Mark A. Luft	856	44.79%	1,251	70.68%	2,742	79.20%	4,849	67.88%
DEM	Josh Grys	1,055	55.21%	519	29.32%	720	20.80%	2,294	32.12%
	Cast Votes:	1,911	96.81%	1,770	97.25%	3,462	96.09%	7,143	96.57%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	63	3.19%	50	2.75%	141	3.91%	254	3.43%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
17	17	100.00%	7,397	9,363	79.00%

ATTACHMENT-10C

#21-035

Cumulative Report — Official

Peoria County — 2020 General Election — November 03, 2020

11/18/2020 07:41 AM

Total Number of Voters : 85,167 of 117,380 = 72.56%

Precincts Reporting 169 of 169 = 100.00%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR REPRESENTATIVE IN THE GENERAL ASSEMBLY 92ND REPRESENTATIVE DISTRICT, Vote For 1									
DEM	Jehan Gordon-Booth	12,234	85.38%	8,494	71.80%	8,184	64.73%	28,912	74.51%
LIB	Chad Grimm	2,095	14.62%	3,336	28.20%	4,459	35.27%	9,890	25.49%
	Cast Votes:	14,329	95.79%	11,830	93.67%	12,643	94.15%	38,802	94.60%
	Over Votes:	1	0.01%	0	0.00%	0	0.00%	1	0.00%
	Under Votes:	628	4.20%	799	6.33%	786	5.85%	2,213	5.40%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
95	95	100.00%	41,016	62,757	65.36%

FOR COUNTY CLERK TWO YEAR UNEXPIRED TERM, Vote For 1									
DEM	Rachael Parker	22,956	83.55%	15,823	68.09%	15,419	60.07%	54,198	70.96%
LIB	Ann Agama	4,519	16.45%	7,415	31.91%	10,249	39.93%	22,183	29.04%
	Cast Votes:	27,475	92.15%	23,238	88.38%	25,668	88.50%	76,381	89.74%
	Over Votes:	7	0.02%	0	0.00%	0	0.00%	7	0.01%
	Under Votes:	2,333	7.82%	3,056	11.62%	3,337	11.50%	8,726	10.25%
FOR STATE'S ATTORNEY, Vote For 1									
DEM	Jodi M. Hoos	25,663	100.00%	20,024	100.00%	21,970	100.00%	67,657	100.00%
	Cast Votes:	25,663	86.07%	20,024	76.15%	21,970	75.75%	67,657	79.49%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	4,152	13.93%	6,270	23.85%	7,035	24.25%	17,457	20.51%
FOR AUDITOR, Vote For 1									
DEM	Jessica Thomas	22,428	82.67%	15,590	67.42%	15,175	59.36%	53,193	70.16%
LIB	Joe Rusch	4,701	17.33%	7,533	32.58%	10,388	40.64%	22,622	29.84%
	Cast Votes:	27,129	90.99%	23,123	87.94%	25,563	88.13%	75,815	89.07%
	Over Votes:	2	0.01%	0	0.00%	0	0.00%	2	0.00%
	Under Votes:	2,684	9.00%	3,171	12.06%	3,442	11.87%	9,297	10.92%
FOR CIRCUIT CLERK, Vote For 1									
REP	Anita J. Meeker	8,691	30.29%	12,066	47.60%	15,629	56.27%	36,386	44.47%
DEM	Robert (Bob) Spears	20,005	69.71%	13,283	52.40%	12,144	43.73%	45,432	55.53%
	Cast Votes:	28,696	96.25%	25,349	96.41%	27,773	95.75%	81,818	96.13%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	1,119	3.75%	945	3.59%	1,232	4.25%	3,296	3.87%

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ATTACHMENT - 10C

#21-035

Cumulative Report — Official
Peoria County — 2020 General Election — November 03, 2020

11/18/2020 07:41 AM

Total Number of Voters : 85,167 of 117,380 = 72.56%

Precincts Reporting 169 of 169 = 100.00%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR CORONER, Vote For 1									
DEM	Jamie Harwood	24,929	88.79%	19,005	78.51%	19,546	73.21%	63,480	80.37%
LIB	K. Eric Shaffer	3,148	11.21%	5,203	21.49%	7,152	26.79%	15,503	19.63%
	Cast Votes:	28,077	94.17%	24,208	92.07%	26,698	92.05%	78,983	92.80%
	Over Votes:	5	0.02%	0	0.00%	0	0.00%	5	0.01%
	Under Votes:	1,733	5.81%	2,086	7.93%	2,307	7.95%	6,126	7.20%
FOR MEMBER OF THE COUNTY BOARD DISTRICT 1, Vote For 1									
DEM	Sharon K. Williams	1,166	100.00%	657	100.00%	1,223	100.00%	3,046	100.00%
	Cast Votes:	1,166	89.90%	657	76.48%	1,223	76.15%	3,046	80.97%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	131	10.10%	202	23.52%	383	23.85%	716	19.03%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
12	12	100.00%	3,762	6,123	61.44%

FOR MEMBER OF THE COUNTY BOARD DISTRICT 3, Vote For 1

DEM	Betty Duncan	668	100.00%	488	100.00%	680	100.00%	1,836	100.00%
	Cast Votes:	668	91.26%	488	85.76%	680	86.96%	1,836	88.14%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	64	8.74%	81	14.24%	102	13.04%	247	11.86%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
12	12	100.00%	2,083	4,471	46.59%

FOR MEMBER OF THE COUNTY BOARD DISTRICT 5, Vote For 1

DEM	Brandy Bryant	1,113	100.00%	945	100.00%	1,131	100.00%	3,189	100.00%
	Cast Votes:	1,113	90.34%	945	83.19%	1,131	82.55%	3,189	85.31%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	119	9.66%	191	16.81%	239	17.45%	549	14.69%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
12	12	100.00%	3,738	6,046	61.83%

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ATTACHMENT-10C

#21-035

Total Number of Voters : 85,167 of 117,380 = 72.56%

Precincts Reporting 169 of 169 = 100.00%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR MEMBER OF THE COUNTY BOARD DISTRICT 6 TWO YEAR UNEXPIRED TERM, Vote For 1									
DEM	Eden S. Blair	1,436	100.00%	1,184	100.00%	981	100.00%	3,601	100.00%
	Cast Votes:	1,436	85.27%	1,184	79.57%	981	81.01%	3,601	82.16%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	248	14.73%	304	20.43%	230	18.99%	782	17.84%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
12	12	100.00%	4,383	6,565	66.76%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR MEMBER OF THE COUNTY BOARD DISTRICT 7, Vote For 1									
DEM	James C. "Jimmy" Dillon	1,434	100.00%	1,053	100.00%	1,262	100.00%	3,749	100.00%
	Cast Votes:	1,434	88.85%	1,053	83.64%	1,262	81.58%	3,749	84.82%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	180	11.15%	206	16.36%	285	18.42%	671	15.18%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
13	13	100.00%	4,420	6,250	70.72%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR MEMBER OF THE COUNTY BOARD DISTRICT 9, Vote For 1									
DEM	Kate Pastucha	1,411	100.00%	1,095	100.00%	1,151	100.00%	3,657	100.00%
	Cast Votes:	1,411	84.44%	1,095	78.78%	1,151	75.43%	3,657	79.73%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	260	15.56%	295	21.22%	375	24.57%	930	20.27%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
11	11	100.00%	4,587	6,605	69.45%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR MEMBER OF THE COUNTY BOARD DISTRICT 11, Vote For 1									
REP	Linda E. Daley	1,434	72.90%	1,401	76.43%	1,003	74.02%	3,838	74.45%
LIB	Chris Buckely	533	27.10%	432	23.57%	352	25.98%	1,317	25.55%
	Cast Votes:	1,967	84.17%	1,833	89.59%	1,355	92.24%	5,155	88.09%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	370	15.83%	213	10.41%	114	7.76%	697	11.91%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
13	13	100.00%	5,852	7,213	81.13%

ATTACHMENT-10C

#21-035

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Cumulative Report — Official
Peoria County — 2020 General Election — November 03, 2020

11/18/2020 07:41 AM

Total Number of Voters : 85,167 of 117,380 = 72.56%

Precincts Reporting 169 of 169 = 100.00%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR MEMBER OF THE COUNTY BOARD DISTRICT 13, Vote For 1									
REP	James Fennell	1,186	100.00%	1,092	100.00%	2,177	100.00%	4,455	100.00%
	Cast Votes:	1,186	76.47%	1,092	87.50%	2,177	90.26%	4,455	85.49%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	365	23.53%	156	12.50%	235	9.74%	756	14.51%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
12	12	100.00%	5,211	6,851	76.06%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR MEMBER OF THE COUNTY BOARD DISTRICT 15, Vote For 1									
REP	Steven Rieker	1,923	100.00%	1,855	100.00%	1,415	100.00%	5,193	100.00%
	Cast Votes:	1,923	72.08%	1,855	83.00%	1,415	90.07%	5,193	80.21%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	745	27.92%	380	17.00%	156	9.93%	1,281	19.79%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
12	12	100.00%	6,474	7,694	84.14%

Party	Candidate	Vote by Mail		Early		Election		Total	
FOR MEMBER OF THE COUNTY BOARD DISTRICT 17, Vote For 1									
DEM	Jennifer Allison	1,209	81.14%	801	55.70%	964	50.44%	2,974	61.46%
LIB	Tom Inman	281	18.86%	637	44.30%	947	49.56%	1,865	38.54%
	Cast Votes:	1,490	92.15%	1,438	89.15%	1,911	89.42%	4,839	90.16%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	127	7.85%	175	10.85%	226	10.58%	528	9.84%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
13	13	100.00%	5,367	7,013	76.53%

Party	Candidate	Vote by Mail		Early		Election		Total	
(To fill the vacancy of the Hon. Jodi M. Hoos), Vote For 1									
DEM	Chris Doscotch	25,217	100.00%	20,404	100.00%	22,478	100.00%	68,099	100.00%
	Cast Votes:	25,217	84.58%	20,404	77.60%	22,478	77.50%	68,099	80.01%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	4,598	15.42%	5,890	22.40%	6,527	22.50%	17,015	19.99%

ATTACHMENT - 10C

#21-035

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Tom L. Kilbride, Vote For 1									
	Yes	18,273	66.32%	12,637	51.79%	12,239	44.95%	43,149	54.49%
	No	9,281	33.68%	11,763	48.21%	14,988	55.05%	36,032	45.51%
	Cast Votes:	27,554	92.42%	24,400	92.80%	27,227	93.87%	79,181	93.03%
	Over Votes:	8	0.03%	0	0.00%	0	0.00%	8	0.01%
	Under Votes:	2,253	7.56%	1,894	7.20%	1,778	6.13%	5,925	6.96%
Mary W. McDade, Vote For 1									
	Yes	23,282	85.99%	18,412	77.66%	19,475	74.44%	61,169	79.50%
	No	3,792	14.01%	5,297	22.34%	6,687	25.56%	15,776	20.50%
	Cast Votes:	27,074	90.81%	23,709	90.17%	26,162	90.20%	76,945	90.40%
	Over Votes:	1	0.00%	0	0.00%	0	0.00%	1	0.00%
	Under Votes:	2,740	9.19%	2,585	9.83%	2,843	9.80%	8,168	9.60%
Stephen A. Kouri, Vote For 1									
	Yes	22,095	81.74%	19,171	81.75%	20,411	78.99%	61,677	80.81%
	No	4,937	18.26%	4,280	18.25%	5,430	21.01%	14,647	19.19%
	Cast Votes:	27,032	90.67%	23,451	89.19%	25,841	89.09%	76,324	89.67%
	Over Votes:	2	0.01%	0	0.00%	0	0.00%	2	0.00%
	Under Votes:	2,781	9.33%	2,843	10.81%	3,164	10.91%	8,788	10.32%
James A. Mack, Vote For 1									
	Yes	20,918	81.37%	17,383	77.00%	18,785	74.20%	57,086	77.56%
	No	4,790	18.63%	5,192	23.00%	6,533	25.80%	16,515	22.44%
	Cast Votes:	25,708	86.23%	22,575	85.86%	25,318	87.29%	73,601	86.47%
	Over Votes:	5	0.02%	0	0.00%	0	0.00%	5	0.01%
	Under Votes:	4,102	13.76%	3,719	14.14%	3,687	12.71%	11,508	13.52%
Heddington Oaks, Vote For 1									
	Yes	25,687	89.55%	20,710	83.05%	21,839	79.38%	68,236	84.10%
	No	2,998	10.45%	4,228	16.95%	5,674	20.62%	12,900	15.90%
	Cast Votes:	28,685	96.21%	24,938	94.84%	27,513	94.86%	81,136	95.33%
	Over Votes:	2	0.01%	0	0.00%	0	0.00%	2	0.00%
	Under Votes:	1,128	3.78%	1,356	5.16%	1,492	5.14%	3,976	4.67%

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Village of Bartonville, Vote For 1									
	Yes	624	68.12%	568	70.82%	871	72.16%	2,063	70.53%
	No	292	31.88%	234	29.18%	336	27.84%	862	29.47%
	Cast Votes:	916	97.76%	802	97.92%	1,207	96.87%	2,925	97.44%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	21	2.24%	17	2.08%	39	3.13%	77	2.56%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
10	10	100.00%	3,002	4,109	73.06%

Party	Candidate	Vote by Mail		Early		Election		Total	
West Peoria Township, Vote For 1									
	Yes	476	62.06%	276	55.20%	434	58.02%	1,186	58.86%
	No	291	37.94%	224	44.80%	314	41.98%	829	41.14%
	Cast Votes:	767	98.59%	500	97.47%	748	97.14%	2,015	97.77%
	Over Votes:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Under Votes:	11	1.41%	13	2.53%	22	2.86%	46	2.23%

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
4	4	100.00%	2,061	2,858	72.11%

ATTACHENT-10C

#21-035

TO THE HONORABLE COUNTY BOARD)
)
COUNTY OF PEORIA, ILLINOIS)

Your Executive Committee does hereby recommend passage of the following Resolution.

Re: Regulatory Process to Effect the Closure of Heddington Oaks, a Skilled Nursing Facility Owned and Operated by the County of Peoria.

RESOLUTION

WHEREAS, while it has taken many different forms in different locations, the County of Peoria has delivered skilled nursing services to the residents of Peoria County since 1848 or 172 years, and;

WHEREAS, the current form of those services is in the form of Heddington Oaks, as constructed by the County of Peoria in 2013, and;

WHEREAS, to be able to deliver these services, the voters of Peoria County have on four separate occasions approved referenda to either construct a new facility (1966), levy a property tax (1983), increase the amount of property tax the County Board may levy annually (2003), and the public facilities sales tax (2008), and;

WHEREAS, the Peoria County Board has the authority under the Counties Code (55 ILCS 5/5-21) to ask the voters to further increase the amount of property tax levied despite the fact that the amount of levy capable of being increased is insufficient to make the Heddington Oaks financially sustainable, and;

WHEREAS, for the last several years the Peoria County Board worked through multiple processes, partners, and corrective actions to positively impact census, revenue, staffing, and regulatory environments, and;

WHEREAS, the resident census of the financial model used to justify the Certificate of Need for the construction of Heddington Oaks required the facility to average 27 Medicare residents per day, a figure that has never been reached and then sustained since opening, and;

WHEREAS, the resident census of the financial model created in partnership with OSF Healthcare's POINTcore in 2019 required the facility to average 28 Medicare residents per day, a figure than has never been reached and then sustained, and;

WHEREAS, the payer mix of resident census has had a significant negative impact on Heddington Oaks' financial condition, and;

WHEREAS, the combination of centralizing State offices dedicated to assisting citizens of Illinois with their public aid (Medicaid) applications and approvals resulted in decreased service; significantly increased wait times (from 45-days to typically more than 6-months);

resulted in a sharp increase in Heddington Oaks' Medicaid pending census and explosive growth in other third-party payer source, and aged accounts receivable exceeding $8 million, and;

WHEREAS, despite revenue shortfalls, Heddington Oaks and Bel-Wood before it was known throughout the community for having competent and compassionate care of any skilled nursing facility, and;

WHEREAS, in many cases the high standard of care was a direct result of implementing a staffing model that exceed the regulatory requirements, that added to the operational expense of Heddington Oaks, and;

WHEREAS, the financial impacts of staffing above the regulatory minimums taken in combination with extreme shortages in healthcare worker staffing nationally, statewide, and especially locally led to a revised staffing model implemented approximately three years ago that aligns to the regulatory minimums, and;

WHEREAS, extrapolating national nursing shortage data, Heddington Oaks would need more than forty percent (40%) of the LPNs working in skilled care in the Peoria region to be fully staffed at the LPN position, a market saturation rate that would be unattainable given the fierce competition for skilled healthcare workers in our region, and;

WHEREAS, despite Heddington Oaks' reputation for quality care over the course of time, several significant regulatory violations related to resident care has resulted in Heddington Oaks being rated as a two-star facility until April 1, 2020, and;

WHEREAS, the upgrade to a three-star facility as of April 1, 2020 is too little improvement too late to have a positive impact on census, and;

WHEREAS, some of the aforementioned regulatory violations resulted in civil litigation further impacting, negatively, the financial sustainability of Heddington Oaks, and;

WHEREAS, changes in the regulations of skilled nursing facilities have made it increasingly difficult for county-owned nursing homes, such as Heddington Oaks, to remain viable and financially sustainable, and;

WHEREAS, these changes in the regulatory environment, specifically implementation of home healthcare rules under the Affordable Care Act and Illinois' implementation of Managed Care rules for all Medicaid services, including skilled nursing, had not been drafted when the Peoria County Board voted to construct Heddington Oaks, and;

WHEREAS, these changes in the regulatory environment resulted in decreased census caused by a fundamental shift to managed care for public aid residents, where what was medically best for the resident was not always chosen due to cost, and;

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WHEREAS, these changes in the regulatory environment resulted in decreased census caused by a fundamental shift to managed care for public aid residents, where what was medically best for the resident was not always chosen due to cost, and;

WHEREAS, these changes in the regulatory environment resulted in decreased census caused by a significant increase in the use of home healthcare services in lieu of skilled nursing care, and;

WHEREAS, these changes in the regulatory environment resulted in a market shift for seniors to live independently for as long as possible, followed by residence with a child, prior to relocating into intermediate or skilled care, and;

WHEREAS, the finances of then Bel-Wood and now Heddington Oaks are accounted for as an enterprise fund in the County of Peoria's financial statements, and;

WHEREAS, the Heddington Oaks fund stands alone as a business unit that had a fund balance of $15,710,393 for the year ended December 31, 2012, and;

WHEREAS, the Heddington Oaks fund balance for the year ended December 31, 2019 stood at ($1,477,189), a loss of $17,187,582 since 2012, and;

WHEREAS, the County's General Fund has never subsidized the Heddington Oaks Fund since its inception in 2012, and;

WHEREAS, having drawn down the Heddington Oaks fund balance by $6,902,788 by the end of 2015, and facing declining census and revenues the Peoria County Board in December 2016, for the first time appointed, non-elected subject matter experts to the County Health Committee, a standing committee of the County Board, and;

WHEREAS, leadership from both of the community's healthcare systems were asked and provided an executive level individual with knowledge and expertise in the financial operation of healthcare networks and skilled nursing facilities, and;

WHEREAS, the appointments to the County Health Committee were charged with assisting the County Board with exhausting all options to reverse the financial degradation of Heddington Oaks' fund balance, and;

WHEREAS, recommendations included methods to boost census and boost Medicare reimbursement rates; streamlining purchasing and changing staffing ratios to reflect the regulatory minimums to reduce costs; stabilize management turnover to provide clear operational direction; and many others, and;

WHEREAS, in 2018 when the terms of the subject matter experts concluded, the County Board entered into a strategic partnership with OSF Healthcare's POINTcore to further the work that was started in the two previous years, and;

WHEREAS, the POINTcore team made additional recommendations that included better employee engagement to build a better functioning team; inclusion in OSF's joint purchasing contracts; ensuring strong relationships with orthopedic and cardiovascular physicians in the OSF

WHEREAS, these changes in the regulatory environment resulted in decreased census caused by a significant increase in the use of home healthcare services in lieu of skilled nursing care, and;

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WHEREAS, the POINTcore team made additional recommendations that included better employee engagement to build a better functioning team; inclusion in OSF's joint purchasing contracts; ensuring strong relationships with orthopedic and cardiovascular physicians in the OSF

Healthcare network; an entirely new financial proforma to account for changes in the skilled nursing industry since Heddington Oaks' opening in 2013; and many others, and;

WHEREAS, to cover expenditures, the new financial proforma calculated the need for 28 of the 150 average daily census to be Medicare paying beds, and;

WHEREAS, despite the valiant efforts of the Heddington Oaks team the average weekly Medicare census since January 1, 2016 is 14 beds, having exceeded 20 beds 9.9% of the time with a maximum Medicare census during the time of 25 occupied beds, and;

WHEREAS, during the same period, operating expenditures were at or below the annual adopted budget, and;

WHEREAS, since January 2016 and including depreciation expenses, the lack of revenue resulting from a lack of census caused a $9,706,785 loss in operating income, and;

WHEREAS, during the same period but before depreciation expenses, the same lack of revenue resulting from a lack of census caused an operating loss of $4,188,468, and;

WHEREAS, 55 ILCS 5/5-21001 §5 of the Counties Code authorizes a county board to control the admission and discharge of patients within a county-owned nursing home; and

WHEREAS, 55 ILCS 5/5-21001 §7 of the Counties Code authorizes a county board and to make all rules and regulations for the management of the home and of the patients therein; and

WHEREAS, having identified the issues listed herein; listened to and implemented recommendations from external subject matter experts and internal leaders; and thus, taken corrective actions to resolve these issues, the financial insolvency of Heddington Oaks is a threat to the financial sustainability of the County of Peoria, and;

WHEREAS, it is for these reasons that the Peoria County Board, with regard to our 172-year heritage and our responsibility to the future generations, has reached the difficult conclusion that the County of Peoria should no longer be in the skilled nursing business and thereby needs to initate a State regulatory process to close Heddington Oaks.

NOW, THEREFORE, BE IT RESOLVED, by the County Board of Peoria County, that the County Board deems that it is in the best interest of the county to discontinue the governmental function of providing nursing home services; and

BE IT FURTHER RESOLVED, by the County Board of Peoria County, that the County Board deems that it is in the best interest of the county to direct the Administration to initiate the regulatory process to close the Heddington Oaks Nursing Home; and

BE IT FURTHER RESOLVED, that the County Board hereby authorizes the undertaking of any and all administrative and regulatory measures necessary to permanently close the Heddington Oaks Nursing Home, including all necessary applications to the Illinois

Department of Public Health and the Health Facilities and Services Review Board or other regulatory bodies as necessary, and

BE IT FURTHER RESOLVED, that the County Board hereby authorizes the undertaking of any and all other legal measures necessary to properly effectuate the permanent closure of the Heddington Oaks Nursing Home, and

BE IT FURTHER RESOLVED, the County Board directs the Administration to ensure compliance with all necessary requirements for a safe, orderly, and compassionate transfer of Heddington Oaks residents to other qualified and appropriate facilities; and

BE IT FURTHER RESOLVED that the County Board authorizes Administration to engage outside consultants as necessary to assist with the closure process and work as expeditiously, efficiently, and with all due speed to effect closure.

RESPECTFULLY SUBMITTED,
EXECUTIVE COMMITTEE

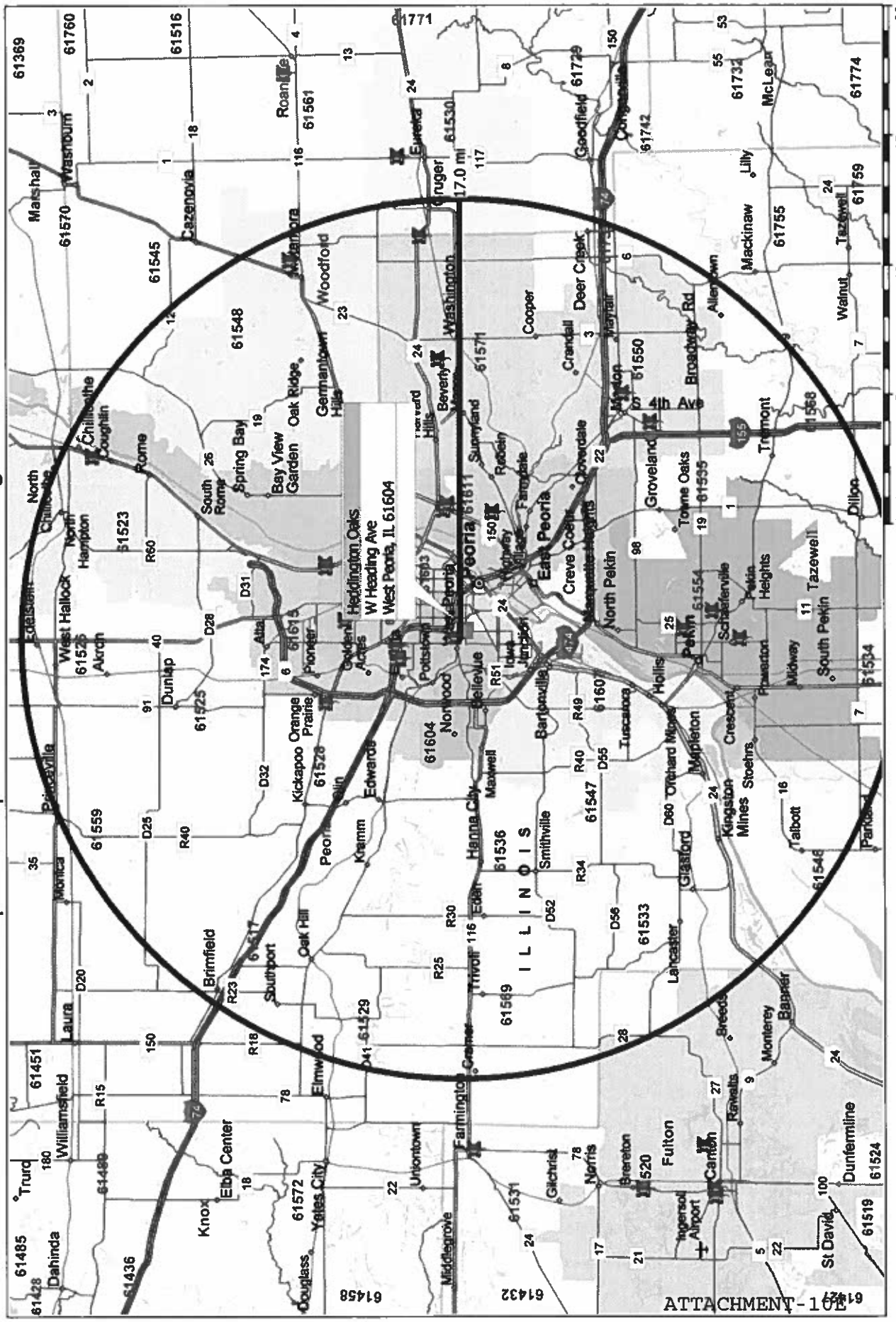

Chart of Area Nursing Homes
within GSA of Heddington Oaks (17-mile radius)

ID	FACNAME++	ADDRESS	CITY	ZIP	Gen Beds	SC Beds	Nursing Beds	Peak Beds Set up	Patient Days	Licensed Use Rate	Peak Set-up Use Rate
6016190	Hawthorne Manor of Peoria	6906 NORTH STALWORTH DRIVE	Peoria	61615	50		50	50	11973	65.6%	65.6%
6011712	Pekin Manor	1520 El Camino Drive	Pekin	61554-0000	130	0					
6003933	Hallmark House Nursing Center	2501 Allentown Road	Pekin	61554-0000	71	0					
6007330	Timbercreek Rehab & Health Care	2220 State Street	Pekin	61554-0000	202	0	202	202	25121	34.1%	34.1%
6000814	Heddington Oaks	2223 West Heading Avenue	Peoria	61604-0000	214	0	214	214	52315	67.0%	67.0%
6007272	Sharon Health Care Willows	3520 North Rochelle	Peoria	61604-0000	218	0	218	218	53157	66.8%	66.8%
6007306	Sharon Health Care Elms	3611 North Rochelle	Peoria	61604-0000	98	0	98	98	27416	76.6%	76.6%
6007298	Sharon Health Care Pines	3614 North Rochelle	Peoria	61604-0000	116	0	116	116	36143	85.4%	85.4%
6007611	John C Proctor Endow Home	2724 West Reservoir	Peoria	61615-0000	59	0	59	59	17287	80.3%	80.3%
6012165	University Rehab at Northmoor (4)	1500 West Northmoor Road	Peoria	61614-0000	120	0	120	120	40	0.1%	0.1%
6001721	Christian Buehler Mem Home (1)	3415 North Sheridan Road	Peoria	61604-0000	78	0	78	78	19345	67.9%	67.9%
6010813	UnityPoint Health-Proctor TTC (3)	5409 North Knoxville Avenue	Peoria	61614-0000	25	0	30	34	9687	88.5%	78.1%
6000293	Generations of Peoria	5600 Glen Elm Drive	Peoria	61614-0000	144	0	144	144	41610	79.2%	79.2%
6004147	Aperion Care Peoria Heights	1629 Gardner Lane	Peoria Heights	61614-0000	110	0	110	79	28935	72.1%	100.3%
6003420	Cornerstone Rehab & Healthcare	5533 North Galena Road	Peoria Heights	61616-0000	94	4	98	98	14947	41.8%	41.8%
6000426	Apostolic Christian Skylines	7023 North East Skyline Drive	Peoria	61614-0000	57	0	57	57	19666	94.5%	94.5%
6005615	The Lutheran Home	7019 North Galena Road	Peoria	61614-0000	105	0	107	107	29112	74.5%	74.5%
6003198	Fondulac Rehab & Health Care Ctr	901 Illini Drive	East Peoria	61611-0000	98	0	98	98	19390	54.2%	54.2%
6012017	Lakeside Rehab and Healthcare (2)	900 Centennial Drive	East Peoria	61611-0000	120	0	120	120	0	0.0%	0.0%
6008056	Generations at Riverview	500 Centennial Drive	East Peoria	61611-0000	71	0	71	68	16951	65.4%	68.3%
6006399	Apeiron Care Morton Villa	190 East Queenwood Road	Morton	61550-0000	106	0	106	105	33965	87.8%	88.6%
6000400	Apostolic Christian Restmor	935 East Jefferson Street	Morton	61550-0000	116	26	116	116	36640	86.5%	86.5%
6009740	Washington Christian Village	1110 New Castle	Washington	61571-0000	122	0					
6002885	Apostolic Christian - Eureka	610 Cruger	Eureka	61530-0000	100	9	100	94	32540	89.2%	94.8%
6007199	Heritage Health - Chillicothe	1028 Hillcrest Drive	Chillicothe	61523-0000	106	0	106	98	29152	75.3%	81.5%
6011464	Snyder Village	1200 East Partridge	Metamora	61548-0000	104	0	106	106	34295	88.6%	88.6%
							2524	2479	589687	64.0%	65.2%
							323				
						Total Bed	2847				

Source: https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Documents/2019%20Facility%20Profiles.pdf

(1) Profile listed 211,160 patient days or 741.7% use rate; also indicated 53 residents. Using that number * 365 came up with 19,345 patient days.

(2) Name Change Formerly known as Rosewood Care Center - East Peoria

(3) Name Change Formerly known as Proctor Memorial Hospital

(4) Name Change Formerly known as Rosewood Care Center of Peoria

ATTACHMENT - 10E

#21-035

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Bekime Feezor-Branch, Administrator
Hawthorne Manor of Peoria
6906 North Stalworth Drive
Peoria, IL 61615

RE: Discontinuation of Heddington Oaks

Dear Ms. Feezor-Branch:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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Your response would be made part of our application as filed with the Illinois Health Facilities and Services Review Board. Your immediate attention would be most appreciated.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

John P. Kniery
President

Health Care Consulting
133 South Fourth Street, Suite 200 • Springfield, IL 62701
Office: 217/544-1551
foley@foleyandassociates.com
Fax: 217/544-3615

ATTACHMENT-10F

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Mr. Jason Young, Administrator
Pekin Manor
1520 El Camino Drive
Pekin, IL 61554

RE: Discontinuation of Heddington Oaks

Dear Mr. Young:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Ms. Laurie Read, Administrator
Hallmark House Nursing Center
2501 Allentown Road
Pekin, IL 61554

RE: Discontinuation of Heddington Oaks

Dear Ms. Read:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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ATTACHMENT - 10 F

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Charles K. Turpin, Administrator
Timbercreek Rehab & Health Care
2220 State Street
Pekin, IL 61554

RE: Discontinuation of Heddington Oaks

Dear Mr. Turpin:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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ATTACHMENT - 10F

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Cindy Stribley, Administrator
Sharon Health Care Willows
3520 North Rochelle
Peoria, IL 61604

RE: Discontinuation of Heddington Oaks

Dear Ms. Stribley:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Sharyl Ford, Administrator
Sharon Health Care Elms
3611 North Rochelle
Peoria, IL 61604

RE: Discontinuation of Heddington Oaks

Dear Ms. Ford:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Randall Bauer, Administrator
Sharon Health Care Pines
3614 North Rochelle
Peoria, IL 61604

RE: Discontinuation of Heddington Oaks

Dear Mr. Bauer:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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ATTACHMENT-10F

#21-035

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Donna Malone, Administrator
John C Proctor Endow Home
2724 West Reservoir
Peoria, IL 61615

RE: Discontinuation of Heddington Oaks

Dear Ms. Malone:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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ATTACHMENT-10F

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Anna Johnson, Administrator
University Rehab at Northmoor
1500 West Northmoor Road
Peoria, IL 61614

RE: Discontinuation of Heddington Oaks

Dear Ms. Johnson:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Rich Amberg, Administrator
Christian Buehler Mem Home
3415 North Sheridan Road
Peoria, IL 61604

RE: Discontinuation of Heddington Oaks

Dear Mr. Amberg:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Keith Knepp, MD, Administrator
UnityPoint Health-Proctor TTC
5409 North Knoxville Avenue
Peoria, IL 61614

RE: Discontinuation of Heddington Oaks

Dear Dr. Knepp:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Janice L. Tabor, Administrator
Generations of Peoria
5600 Glen Elm Drive
Peoria, IL 61614

RE: Discontinuation of Heddington Oaks

Dear Ms. Tabor:

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John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Randi Leinhart, Administrator
Aperion Care Peoria Heights
1629 Gardner Lane
Peoria Heights, IL 61614

RE: Discontinuation of Heddington Oaks

Dear Mr. Leinhart:

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ATTACHMENT-10F

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cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Jason Stewart, Administrator
Cornerstone Rehab & Healthcare
5533 North Galena Road
Peoria Heights, IL 61616

RE: Discontinuation of Heddington Oaks

Dear Mr. Stewart:

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Dean Thomas, Administrator
Apostolic Christian Skylines
7023 North East Skyline Drive
Peoria, IL 61614

RE: Discontinuation of Heddington Oaks

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John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Michelle L. Pollard, Administrator
The Lutheran Home
7019 North Galena Road
Peoria, IL 61614

RE: Discontinuation of Heddington Oaks

Dear Ms. Pollard:

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cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Debbie Snow, Administrator
Fondulac Rehab & Health Care Ctr
901 Illini Drive
East Peoria, IL 61611

RE: Discontinuation of Heddington Oaks

Dear Ms. Snow:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Cindy Wegner, Administrator
Lakeside Rehab and Healthcare
900 Centennial Drive
East Peoria, IL 61611

RE: Discontinuation of Heddington Oaks

Dear Ms. Wegner:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

As you are well aware, Peoria County announced its intent to close Heddington Oaks in April 2020. Subsequently, all Heddington Oaks residents were informed and the County assisted with resident relocations. By August 7, all HO residents had been voluntarily discharged and relocated. Virtually, all HO residents remained in the local market area, which indicates that HO's closing did not have a negative impact on area facilities.

Your response would be made part of our application as filed with the Illinois Health Facilities and Services Review Board. Your immediate attention would be most appreciated.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

John P. Kniery
President

Health Care Consulting
133 South Fourth Street, Suite 200 • Springfield, IL 62701
Office: 217/544-1551
foley@foleyandassociates.com
Fax: 217/544-3615

ATTACHMENT-10F

#21-035

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Amanda Colwell, Administrator
Generations at Riverview
500 Centennial Drive
East Peoria, IL 61611

RE: Discontinuation of Heddington Oaks

Dear Ms. Colwell:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Erica Otto, Administrator
Apeiron Care Morton Villa
190 East Queenwood Road
Morton, IL 61550

RE: Discontinuation of Heddington Oaks

Dear Ms. Otto:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Michael Kaiser, Administrator
Apostolic Christian Restmor
935 East Jefferson Street
Morton, IL 61550

RE: Discontinuation of Heddington Oaks

Dear Mr. Kaiser:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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ATTACHMENT-10F

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Ms. Brandy Cooper, Administrator
Washington Christian Village
1201 New Castle
Washington, IL 61571

RE: Discontinuation of Heddington Oaks

Dear Ms. Cooper:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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Fax: 217/544-3615

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Kimberly Joos, Administrator
Apostolic Christian – Eureka
610 Cruger
Eureka, IL 61530

RE: Discontinuation of Heddington Oaks

Dear Ms. Joos:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Melissa Stachowiak, Administrator
Heritage Health – Chillicothe
1028 Hillcrest Drive
Chillicothe, IL 61523

RE: Discontinuation of Heddington Oaks

Dear Ms. Stachowiak:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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Fax: 217/544-3615

ATTACHMENT-10F

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA US MAIL

February 24, 2021

Heather O'Brien, Administrator
Snyder Village
1200 East Partridge
Metamora, IL 61548

RE: Discontinuation of Heddington Oaks

Dear Ms. O'Brien:

The County of Peoria is proposing the discontinuation of its Long-Term Care facility licensed as Heddington Oaks, located at 2223 West Heading Avenue, West Peoria, Peoria County, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Health Facilities Act, a Certificate of Need application for permit must be filed for the closure of a County Owned nursing home. Part of this process includes the solicitation of letters from area facilities indicating how this closure will affect them.

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ATTACHMENT-10F

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

1110.110(a) – Background of the Applicant

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

Heddington Oaks is the only licensed health care facility owned or operated by the County of Peoria.

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.

The County of Peoria owns 100% of the ownership and operations of Heddington Oaks. County Board Members for the County of Peoria are the directors of the facility.

3. For the following questions, 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.

   a. 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.

   b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

   c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

   d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

   e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

Appended as **ATTACHMENT-11A** is a signed and notarized addressing background; it should be known that no adverse action has been taken against this Applicant.

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.**

Appended as **ATTACHMENT-11B** is a letter authorizing permission addressing this item.

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 that the information was 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.

This item is not germane as no other applications have been filed related to this project.

ATTACHMENT-11

Scott Sorrel
County Administrator

County of Peoria
County Administration
Peoria County Courthouse, Room 502
324 Main Street, Peoria, Illinois 61602
Phone (309) 672-6056 Fax (309) 672-6054 TDD (309) 672-6073
Email: ssorrel@peoriacounty.org

February 24, 2021

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:

a. No 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.

b. No Applicant or member of the Applicant entity has been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

c. No Applicant or person has been charged with fraudulent conduct or any act involving moral turpitude.

d. No applicant has one or more unsatisfied judgements against him or her.

e. No applicant is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

Sincerely,

Notarization:
Subscribed and sworn to before me
this 24th day of February, 2021
Vicki L. Willis
Signature of Notary
Seal

VICKI L WILLIS
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
March 02, 2024

ATTACHMENT-11A

Scott Sorrel
County Administrator

County of Peoria
County Administration
Peoria County Courthouse, Room 502
324 Main Street, Peoria, Illinois 61602
Phone (309) 672-6056 Fax (309) 672-6054 TDD (309) 672-6073
Email: ssorrel@peoriacounty.org

February 24, 2021

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 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.

Sincerely,

ATTACHMENT-11B