

**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:	DuPage Care Center		
Street Address:	400 N. County Farm Road		
City and Zip Code:	Wheaton, IL 60187		
County: DuPage	Health Service Area 007	Health Planning Area: 7-C	

Applicant /Co-Applicant Identification

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

Exact Legal Name:	DuPage Care Center
Address:	400 N. County Farm Road, Wheaton, IL 60187
Name of Registered Agent:	Deborah Conroy
Name of Chief Executive Officer:	Janelle Chadwick
CEO Address:	400 N. County Farm Road, Wheaton, IL 60187
Telephone Number:	630-784-4202

Type of Ownership of Applicant/Co-Applicant

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

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

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Janelle Chadwick
Title:	Facilities Administrator
Company Name:	DuPage Care Center
Address:	400 N. County Farm Road
Telephone Number:	(630) 784-4202
E-mail Address:	Janelle.chadwick@dupageco.org
Fax Number:	(630) 784-4403

Additional Contact

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

Name:	Anita Rajagopal
Title:	Assistant Administrator
Company Name:	DuPage Care Center
Address:	400 N. County Farm Road
Telephone Number:	(630) 784-4200
E-mail Address:	anita.rajagopal@dupageco.org
Fax Number:	(630) 784-4403

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APPLICATION FOR PERMIT**

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Facility/Project Identification

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Street Address:	400 N. County Farm Road		
City and Zip Code:	Wheaton, IL 60187		
County: DuPage	Health Service Area	007	Health Planning Area: 7-C

Applicant /Co-Applicant Identification

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

Exact Legal Name:	County of DuPage
Address:	421 N. County Farm Road, Wheaton, IL 60187
Name of Registered Agent:	Deborah Conroy
Name of Chief Executive Officer:	Deborah Conroy
CEO Address:	421 N. County Farm Road, Wheaton, IL 60187
Telephone Number:	630-407-6060

Type of Ownership of Applicant/Co-Applicant

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
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[Person to receive all correspondence or inquiries during the review period]

Name:	Janelle Chadwick
Title:	Facilities Administrator
Company Name:	DuPage Care Center
Address:	400 N. County Farm Road
Telephone Number:	(630) 784-4202
E-mail Address:	Janelle.chadwick@dupageco.org
Fax Number:	(630) 784-4403

Additional Contact

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

Name:	Anita Rajagopal
Title:	Assistant Administrator
Company Name:	DuPage Care Center
Address:	400 N. County Farm Road
Telephone Number:	(630) 784-4200
E-mail Address:	anita.rajagopal@dupageco.org
Fax Number:	(630) 784-4403

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:	Janelle Chadwick
Title:	Administrator
Company Name:	DuPage Care Center
Address:	400 N. County Farm Road, Wheaton IL. 60187
Telephone Number:	(630) 784-4202
E-mail Address:	Janelle.chadwick@dupageco.org
Fax Number:	(630) 784-4403

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	County of DuPage
Address of Site Owner:	421 N. County Farm Road, Wheaton, IL 60187
Street Address or Legal Description of Site: 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.	
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name: DuPage Care Center	
Address: 400 N. County Farm Road, Wheaton, IL 60187	
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- ☐ Substantive
☒ Non-substantive

Part 1120 Applicability or Classification:

[Check one only.]

- ☒ Part 1120 Not Applicable
☐ Category A Project
☐ Category B Project
☐ DHS or DVA Project

Not applicable – per 1120.20 – Because it is a County owned Facility

2. Narrative Description

Provide in the space below, 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.

County of DuPage Care Center

The DuPage Care Center is located at 400 N. County Farm Road in Wheaton, Illinois and was originally built in 1888 as a County Alms House for the Indigent and became a nursing facility in the 1930's. It has gone through major expansions in 1964, 1979, and 1993. The facility provides subacute care, long term care and Alzheimer's special care. The facility has 366 beds and is home to 300 plus residents and provides an array of services. It complies with standards set by the Illinois Department of Public Health and the Centers for Medicare and Medicaid Services.

The purpose of the project is to improve the existing capital asset of the County of DuPage Care Center. To provide a level of modernization that addresses the ongoing needs of the facility that has been hard hit by not only a long lifetime of daily use but the added abuse that the rigors of infection mitigation have required during the ongoing COVID-19 pandemic. This solution may not address some of the current "standards of living" that we as a society have come to expect, like private rooms and toilet rooms for each resident, but it will greatly improve the "standards of care" that each resident receives at the facility. New finishes with antimicrobial qualities that are easier to keep clean and maintain will be implemented to support the physical health of the residents; while also opening the opportunity to change the color and texture from the institutional primary colors to a warm and welcoming color palette that promotes improved emotional and psychological welfare.

The proposed solution also allows for the re-evaluation of the operational/functional support spaces of the facility and the changing ways in which the staff, residents, family, and community interact. By consolidating spaces and taking advantage of changing procedural needs, we are able to recapture underutilized space for enlarged social gathering spaces. This is true not only on each of the resident floors but also for the primary entrance, internal lobby and the open courtyard.

The rationale for the project to be considered Non-Substantive is because it is not a new or replacement facility, it does not propose a new service or the discontinuation of services, and it does not propose a change in the bed capacity.

The proposed scope of work includes:

- Modernization of resident room finishes including the replacement of all casework and fixtures
- Modernization of VCT flooring with new luxury vinyl floor planking
- Modernization of acoustical ceiling tiles
- Modernization of wood doors with new composite plastic materials
- Modernization of wood hand and guard rails with composite plastic materials
- Modernization of fluorescent lighting with LED
- Modernization of oxygen and vacuum ports
- Modernization of resident room HVAC units
- Modernization of toilet room floor and wall finishes with new ceramic tile
- Modernization of shower room floor and wall finishes with new ceramic tile
- Modernization of Nurse Stations with new layouts and finishes
- Modernization of end-of-life Fire Suppression System components
- Modernization of Fire Panels
- Modernization of Building HVAC systems
- Modernization of Laundry Equipment
- Installation of a digital antenna system
- Entry Lobby modernization
- Exterior Entrance Drive modernization and New Canopy

Additional information related to General Long-Term Care – Review Criteria as it relates to the Modernization of facilities can be found in this document as identified in the chart below.

Modernization	.650(a)	Deteriorated Facilities	Attachment 12A – Executive Summary of intended Scope of Work
	.650(b) & (c)	Documentation	See Attachment 12B – IDPH Annual Licensure and Certification Survey
	.650(d)	Utilization	See Page 9 of this application for the Facility Bed Capacity and Utilization Chart.
	.600	Bed Capacity	See Page 9 of this application for the Facility Bed Capacity and Utilization Chart.
	.610	Community Related Functions	See Attachment 12C for information addressing Community Related Functions.
	.620	Project Size	See Attachment 14 – Project Size Chart
	.630	Zoning	See Attachment 12D for confirmation of conformance with Zoning

Section 1125.210 General Long-Term Nursing Care Category of Service

b) Utilization Target

Facilities providing a general long-term nursing care service should operate those beds at a minimum annual average occupancy of 90% or higher.

Section 1125.610 Community Related Functions

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

Section 1125.620 Project Size – Review Criterion

The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards of Appendix A, unless the additional GSF can be justified 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;
- b) The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix A;
- c) The project involves the conversion of existing bed space that results in excess square footage.

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 equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$184,200	\$276,300	\$460,500
Site Survey and Soil Investigation	\$0	\$10,000	\$10,000
Site Preparation	\$0	\$521,900	\$521,900
Off Site Work	\$0	\$0	\$0
New Construction Contracts		\$921,000	\$921,000
Modernization Contracts	\$9,598,504	\$14,397,756	\$23,996,260
Contingencies	\$1,166,600	\$1,749,900	\$2,916,500
Architectural/Engineering Fees	\$722,520	\$1,083,780	\$1,806,300
Consulting and Other Fees	\$0	\$0	\$0
Movable or Other Equipment (not in construction contracts)	\$0	\$0	\$0
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs to Be Capitalized	\$27,016	\$40,524	\$67,540
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$11,698,840	\$19,001,160	\$30,700,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	
Cash and Securities	\$426,900	\$93,250	\$520,150
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$2,000,000	\$2,000,000
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$10,071,940	\$15,107,910	\$25,179,850
Grants	\$0	\$0	\$0
Other Funds and Sources	\$1,200,000	\$1,800,000	\$3,000,000
TOTAL SOURCES OF FUNDS	\$11,698,840	\$19,001,160	\$30,700,000

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ <u>N/A</u> Fair Market Value: \$ <u>N/A</u>
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \$ <u>N/A</u> .

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2026</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

Are the following submittals up to date as applicable:

<input type="checkbox"/> Cancer Registry <input type="checkbox"/> APORS <input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted <input checked="" type="checkbox"/> All reports regarding outstanding permits Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.
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Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Building Gross Square Feet That Is:			
		Extg	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Resident Rooms	\$10,411,968	96,265	96,265	0	96,265	0	0
Nursing Stations	\$1,286,872	10,700	10,700	0	10,700	0	0
PT/OT	\$0	10,800	10,800	0	0	10,800	0
Total Clinical	\$11,698,840	117,765	117,765	0	106,965	10,800	
NON REVIEWABLE							
Lobby	\$650,000	2,300	2,300	0	2,300	0	0
Exterior Entrance	\$2,452,900	16,222	16,222	0	16,222	0	0
Pharmacy	\$0	1,790	1,790	0	0	1,790	0
Dining/Kitchen	\$0	13,892	13,892	0	0	13,892	0
Administration	\$250,000	13,697	13,697	0	2,055	11,642	0
Circulation	\$6,548,260	36,932	36,932	0	29,545	7,387	0
Laundry	\$600,000	2,900	2,900	0	580	2,320	0
Crafts / Activities Rooms	\$0	3,068	3,068	0	0	3,068	0
Other / Storage	\$0	58,334	58,334	0	0	58,334	0
Infrastructure systems (MEP/FP)	\$8,500,000	5,000	5,000	0	5000	0	0
Total Non-clinical	\$19,001,160	154,135	154,135	0	55,702	98433	0
TOTAL	\$30,700,000	271,900	271,900	0	162,667	109,233	0

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 following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year** for which the data are 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: DuPage Care Center		CITY: Wheaton			
REPORTING PERIOD DATES: From: January 1, 2022 to: December 31, 2022					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	N/A	N/A	N/A	N/A	N/A
Obstetrics	N/A	N/A	N/A	N/A	N/A
Pediatrics	N/A	N/A	N/A	N/A	N/A
Intensive Care	N/A	N/A	N/A	N/A	N/A
Comprehensive Physical Rehabilitation	N/A	N/A	N/A	N/A	N/A
Acute/Chronic Mental Illness	N/A	N/A	N/A	N/A	N/A
Neonatal Intensive Care	N/A	N/A	N/A	N/A	N/A
General Long-Term Care	366	223	81,364	0	366
Specialized Long Term Care	N/A	N/A	N/A	N/A	N/A
Long Term Acute Care	N/A	N/A	N/A	N/A	N/A
Other ((Identify))	N/A	N/A	N/A	N/A	N/A
TOTALS:	366	223	81,364	0	366

General Long-Term Care

The occupancy in the calendar years 2020 to present has been greatly impacted by COVID outbreaks and the inability to accept new admissions. Our average occupancy for 2022 was 223. In prior years, before COVID, the DuPage Care Center ran an average daily census above 300. Now that we are seeing longer breaks in our outbreak status, the number of referrals and admissions has grown significantly. Based on historical occupancy data and our continuation as a safety net for those needing Medicaid services in DuPage County, we expect our occupancy to increase by 20-30 while still allowing unoccupied beds to remain open for construction purposes. Below data as indicated on annual Illinois Long Term Care Profiles.

	2016	2017	2018	2019	2020	2021	2022
Patient Days	118,417	119,117	117,762	115,988	106,178	88,637	81,364
Average Daily Census	324	326	323	318	291	243	223

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of DuPage Care Center *
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.

Janelle Chadwick
SIGNATURE
Janelle Chadwick
PRINTED NAME
Administrator
PRINTED TITLE

Anita Rajagopal
SIGNATURE
ANITA RAJAGOPAL
PRINTED NAME
ASSISTANT ADMINISTRATOR
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 21 day of MARCH, 2021

Stella A Howard
Signature of Notary OFFICIAL SEAL
STELLA A HOWARD
Seal NOTARY PUBLIC, STATE OF ILLINOIS
DU PAGE COUNTY
MY COMMISSION EXPIRES 09/09/2023

*Insert EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 21 day of MARCH, 2021

Stella A Howard
Signature of Notary OFFICIAL SEAL
STELLA A HOWARD
Seal NOTARY PUBLIC, STATE OF ILLINOIS
DU PAGE COUNTY
MY COMMISSION EXPIRES 09/09/2023

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of County of DuPage *
~~DuPage County~~
 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

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
 this 23 day of March

Signature of Notary

Seal

Official Seal
 Rose Wasik
 Notary Public State of Illinois
 My Commission Expires 03/25/2025

*Insert EXACT legal name of the applicant

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
 this 23 day of March

Signature of Notary

Seal

Official Seal
 Rose Wasik
 Notary Public State of Illinois
 My Commission Expires 03/25/2025

SECTION II – 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.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

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 the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency 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

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION III - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - 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.**
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;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

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	MET 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:

NOT APPLICABLE – modernization scope does not include any unfinished or shell space.

1. Total gross square footage 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 are 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:

NOT APPLICABLE – modernization scope does not include any unfinished or shell space.

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 IV – CHANGE OF OWNERSHIP OF COUNTY-OWNED LONG-TERM CARE FACILITIES

NOT APPLICABLE – No change of ownership is being requested.

This Section is applicable to projects involving merger, consolidation or acquisition/change of ownership.

NOTE: For all projects involving a change of ownership THE TRANSACTION DOCUMENT must be submitted with the application for permit. The transaction document must be signed dated and contain the appropriate contingency language.

A. Criterion 1110.240(b), Impact Statement

Read the criterion and provide an impact statement that contains the following information:

1. Any change in the number of beds or services currently offered.
2. Who the operating entity will be.
3. The reason for the transaction.
4. Any anticipated additions or reductions in employees now and for the two years following completion of the transaction.
5. A cost-benefit analysis for the proposed transaction.

B. Criterion 1110.240(c), Access

Read the criterion and provide the following:

1. The current admission policies for the facilities involved in the proposed transaction.
2. The proposed admission policies for the facilities.
3. A letter from the CEO certifying that the admission policies of the facilities involved will not become more restrictive.

C. Criterion 1110.240(d), Health Care System

Read the criterion and address the following:

1. Explain what the impact of the proposed transaction will be on the other area providers.
2. List all of the facilities within the applicant's health care system and provide the following for each facility.
 - a. the location (town and street address);
 - b. the number of beds;
 - c. a list of services; and
 - d. the utilization figures for each of those services for the last 12 month period.
3. Provide copies of all present and proposed referral agreements for the facilities involved in this transaction.
4. Provide time and distance information for the proposed referrals within the system.
5. Explain the organization policy regarding the use of the care system providers over area providers.
6. Explain how duplication of services within the care system will be resolved.
7. Indicate what services the proposed project will make available to the community that are not now available.

APPEND DOCUMENTATION AS ATTACHMENT-19, 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)

**NOT APPLICABLE –
Based on A- or better
Bond Rating**

**Bond and Additional
Information provided in
Attachment 20**

V. 1120.120 - Availability of Funds

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

<u>\$ 520,150</u>	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;
<u>\$ 0</u>	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
<u>\$2,000,000</u>	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table 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.
<u>\$25,179,850</u>	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;
<u>\$ 0</u>	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>\$3,000,000</u>	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$30,700,000</u>	TOTAL FUNDS AVAILABLE	

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

VI. **1120.130 - Financial Viability****NOT APPLICABLE - Based on A- or better Bond Rating**

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. All of the projects capital expenditures are completely funded through internal sources
2. 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
3. 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-21, 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

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

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

2. Variance

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

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

VII. 1120.140 - Economic Feasibility**NOT APPLICABLE - Based on A- or better Bond Rating**

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 of 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	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

VIII. Safety Net Impact Statement**NOT APPLICABLE - Based on Non-substantive project status****SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

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 43.

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

IX. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

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 44.

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

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

ATTACHMENT 1
Type of Ownership of Applicant/Co-Applicant

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

The County of DuPage does not have an Illinois issued Certificate of Good Standing as it is not a corporation. The DuPage Care Center is a separate licensed operating entity of the County and also does not have an Illinois issued Certificate of Good Standing.

Please see ATTACHMENT 2 – Site Ownership and ATTACHMENT 3 Operating Identity/Licensee

ATTACHMENT 2
Site Ownership

Street Address or Legal Description of Site:

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.



February 7th, 2023

Deborah Conroy
Chair
DuPage Care Center
400 N. County Farm Road
Wheaton, IL 60187

Re: Attestation of Site Ownership

To Whom it May Concern:

As representative of county of DuPage, I, Deborah Conroy, herby attest that the site of the proposed modernization for the DuPage Care Center, located at 400. N County Farm Road Wheaton, IL, 60187 is owned by the County of DuPage.

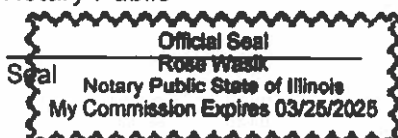
Sincerely,

A handwritten signature in black ink, appearing to read "Deborah Conroy".

Subscribed and sworn to before me this 10 Day of
Feb., 2023

A handwritten signature in blue ink, appearing to read "Rose Wasik".

Notary Public



ATTACHMENT 2A Site Ownership

Street Address or Legal Description of Site:

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.

R91-176192

91 DEC 31 PM 12:45

RECORDED
DU PAGE COUNTY*Blaney*

QUIT-CLAIM DEED OF CONVEYANCE

The Grantor, the WHEATON PUBLIC BUILDING COMMISSION, a municipal corporation organized and existing under and by virtue of the laws of the State of Illinois, of the County of DuPage and State of Illinois, for and in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, conveys and quitclaims to the County of DuPage, a municipal corporation and a body corporate and politic, of the County of DuPage and State of Illinois, all interest in the following described real estate, situated in the City of Wheaton, County of DuPage and State of Illinois, to-wit:

That part of the Northwest quarter of Section 18, Township 39 North, Range 10, East of the Third Principal Meridian, described by commencing at the point of intersection of the center line of County Farm Road with the center line of Manchester Road and running thence North along the center line of County Farm Road, 725.88 feet for a place of beginning; thence West at right angles to said center line, 577.13 feet; thence North parallel with said center line, 251.03 feet; thence East at right angles to said center line, 142.66 feet; thence North 00 degrees 19 minutes 00 seconds West, 334.55 feet; thence North 88 degrees 48 minutes 30 seconds East 79.60 feet; thence North parallel with said center line, 215.28 feet; thence East at right angles to said center line, 256.90 feet; thence South parallel with said center line, 48.00 feet; thence East at right angles to said center line, 99.84 feet to a point on said center line which is 754.51 feet North of the place of beginning; then South along said center line 754.51 feet to the place of beginning in DuPage County, Illinois.

P.I.N. 05-18-107-001

Commonly known as 400 N. County Farm Road, Wheaton, Illinois

together with all facilities located thereon and all other buildings, structures or improvements which may at any time hereafter be constructed on the above-described real estate; and

SECTION 4

PARAGRAPH 1

VIA R.T.

12/31/91
DATE
BUYER, SELLER, OR REPRESENTATIVE

N.C.
3

(a) all machinery, apparatus, equipment, fittings and fixtures of every kind and nature whatsoever that may now or hereafter be placed in any building, structure or improvement now or hereafter constructed or placed upon the above-described site or any part thereof and which shall for all purposes hereof be deemed included in the term "facility," including, without limitation, all engines, furnaces, boilers, stokers, pumps, heaters, tanks, motors, dynamos, generators, electrical equipment, heating, plumbing, lifting and ventilating apparatus, air cooling and air conditioning equipment and apparatus, gas and electrical fixtures, elevators, shades, awnings, venetian blinds, screens and radiators, and all other building equipment used or procured for use in connection with the operation or maintenance of any such building, structure or improvement; and

(b) all right, title and interest of the Commission, now owned or hereafter acquired, in and to all real estate, interest in lands, leaseholds, rights-of-way, alleys, passages, tenements, hereditaments, privileges, easements, franchises, and appurtenances thereto belonging or in any wise appertaining to the above-described real estate.

IN WITNESS WHEREOF, the WHEATON PUBLIC BUILDING COMMISSION, a municipal corporation, has caused this instrument to be executed in the name of the WHEATON PUBLIC BUILDING COMMISSION, by its Chairman and Secretary.

Dated this 30th day of December, 1991.

WHEATON PUBLIC BUILDING COMMISSION

By: John P. Tavano
Chairman

By: Donald B. Radtke
Secretary

Prepared by:

JAMES, BROOKS, ADAMS AND TARULIS
Steven B. Adams
101 N. Washington Street
Naperville, Illinois 60540
(708) 355-2101

Return Recorded Deed to:

Mr. Ronald Reinecke
Administrator
DuPage Convalescent Center
400 N. County Farm Road
Wheaton, Illinois 60187

ATTACHMENT 2A
Site Ownership

STATE OF ILLINOIS }
COUNTY OF DU PAGE } ss

I, Steven B. Adams, a Notary Public in and for the County and State aforesaid, do hereby certify that John P. Lawrence and S. Rogers, Chairman and Secretary, respectively, of the WHEATON PUBLIC BUILDING COMMISSION, personally known to me to be the same persons whose names are subscribed to the foregoing instrument as such Chairman and Secretary, respectively, appeared before me this day in person and acknowledged that they signed and delivered the said instrument as their free and voluntary act and as the free and duly authorized act of the WHEATON PUBLIC BUILDING COMMISSION, for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 30th day of December, 1991.

Steven B. Adams
Notary Public



R91-175193

ATTACHMENT 3
Operating Identity/Licensee

- Corporations and limited liability companies must provide an **Illinois Certificate of Good Standing**.



STATE OF ILLINOIS

LICENSE

Be it known that this facility is licensed to engage in the activities specified in the annual license certificate displayed below for the period designated in that certificate.

This Document is valid only so long as a current license certificate is displayed at right.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Dr. Sameer Vohra
Executive Director

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

11/28/2023	0008201
LONG TERM CARE LICENSE	CATEGORY BGBE
SKILLED 366	
UNRESTRICTED	366 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

DUPAGE COUNTY BOARD

DUPAGE CARE CENTER
400 N COUNTY FARM RD
WHEATON IL 60187
EFFECTIVE DATE: 11/29/22

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT 3A

Operating Identity/Licensee – Administrator License

State of Illinois
Illinois Department of Public Health



Long-Term Care Facility - Administrator Form

Important Notice: The state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 83-1530 or Public Act 82-567. Disclosure of this information is mandatory. Please mail this form with an original signature to: LTC-QA, 525 West Jefferson, 5th FL, Springfield, IL 62761.

I. GENERAL FACILITY INFORMATION

Facility Name (30 Characters Max) DuPage Care Center
Complete Street Address 400 North County Farm Road
City Wheaton ZIP Code 60187

II. INDIVIDUAL INFORMATION

Name (Last) Chadwick (First) Janelle (MI) L
Facility E-Mail Address (Required) Janelle.Chadwick@dupageco.org
Start Date as Administrator of the above named facility 7/24/2017

III. LICENSURE INFORMATION

Are you an Illinois licensed nursing home administrator?

☒ Yes License Number 044.005978 Expiration Date 11/30/23 * Attach Photocopy of License

☐ No * Attach a copy of the application submitted to the Illinois Department of Financial and Professional Regulation

Are you currently listed as the administrator of any other facility?

☒ No ☐ Yes If Yes, please complete the following:

Facility Name	City	Hours Worked	
		From:	To:
Facility Name _____	City _____	_____	_____
Facility Name _____	City _____	_____	_____
Facility Name _____	City _____	_____	_____
Facility Name _____	City _____	_____	_____

IV. DECLARATIONS/SIGNATURES

I declare that I have examined this application, including attachments, accompanying documents and statements and, to the best of my knowledge and belief, the information is true, correct and complete. I understand any omissions or misstatements of material facts may jeopardize the facility qualifying for a long term license

Signature

Janelle Chadwick

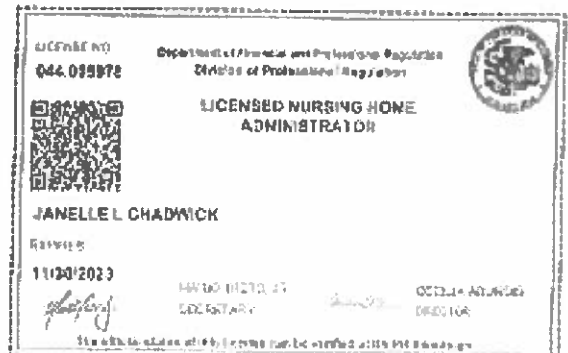
Date

10-24-22



Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 91248

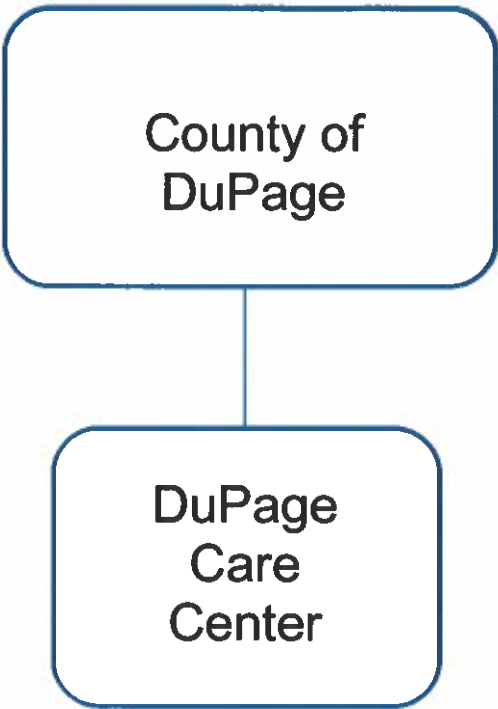


Cut on Dotted Line ✂

ATTACHMENT 3A
Administrator License

ATTACHMENT 4
Operating Identity/Licensee

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.



**ATTACHMENT 5
Flood Plan Requirements**

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



February 7th, 2023

Deborah Conroy
Chair
DuPage Care Center
400 N. County Farm Road
Wheaton, IL 60187

Re: DuPage Care Center Flood Plain Requirements

To Whom it May Concern:

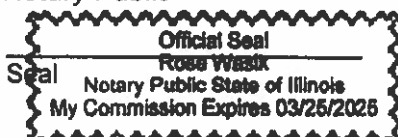
As representative of DuPage Care Center, I, Deborah Conroy, affirm that the proposed location for the establishment of DuPage Care Center complies with Illinois Executive Order #2005-5. The proposed location is 400 N County Farm Road Wheaton, IL, 60187 is not located in a flood plain, as evidence please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

I hereby certify this true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Subscribed and sworn to before me this 10 Day of
Feb., 2023

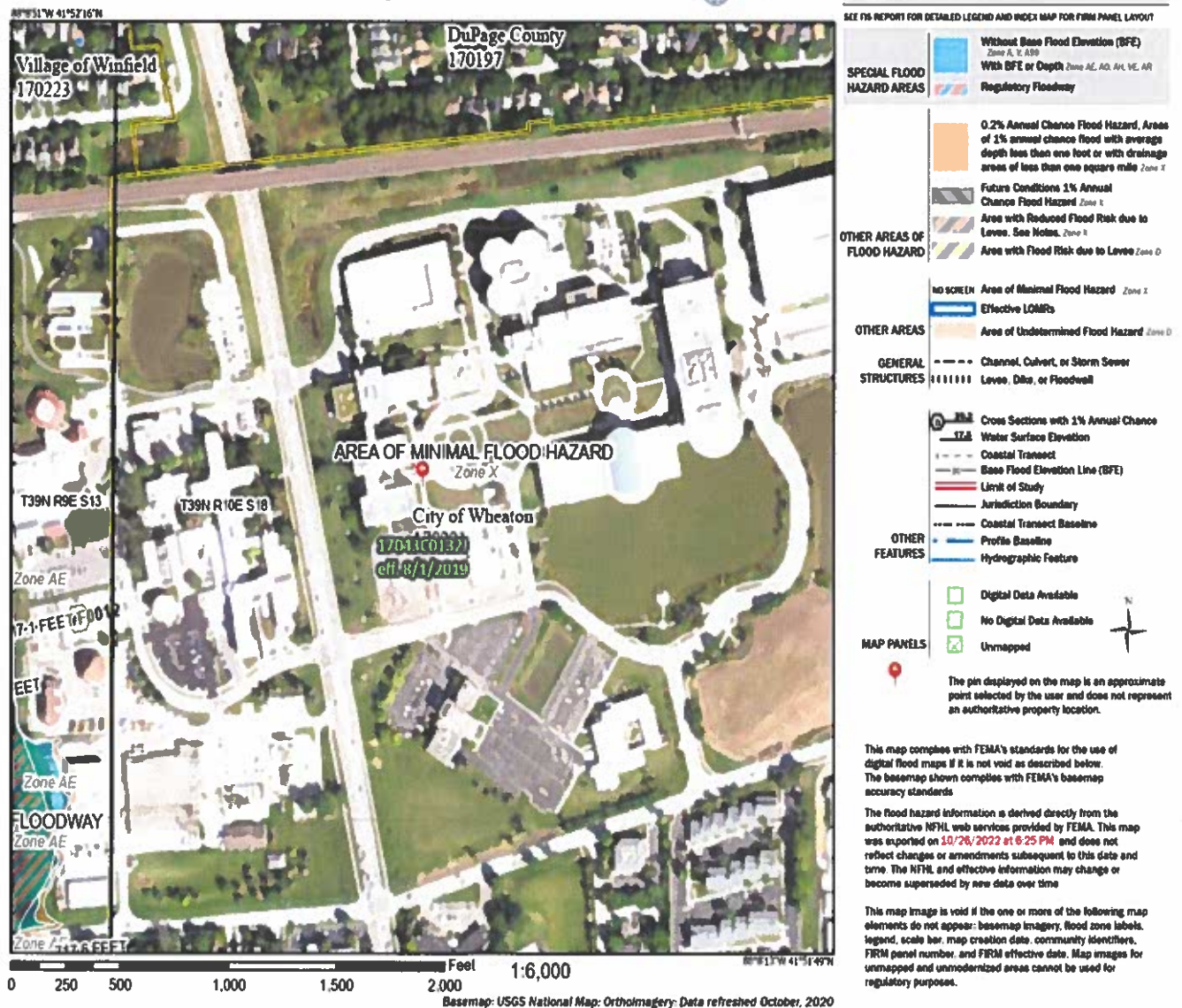
Notary Public



ATTACHMENT 5A Flood Plan Requirements

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

National Flood Hazard Layer FIRMette

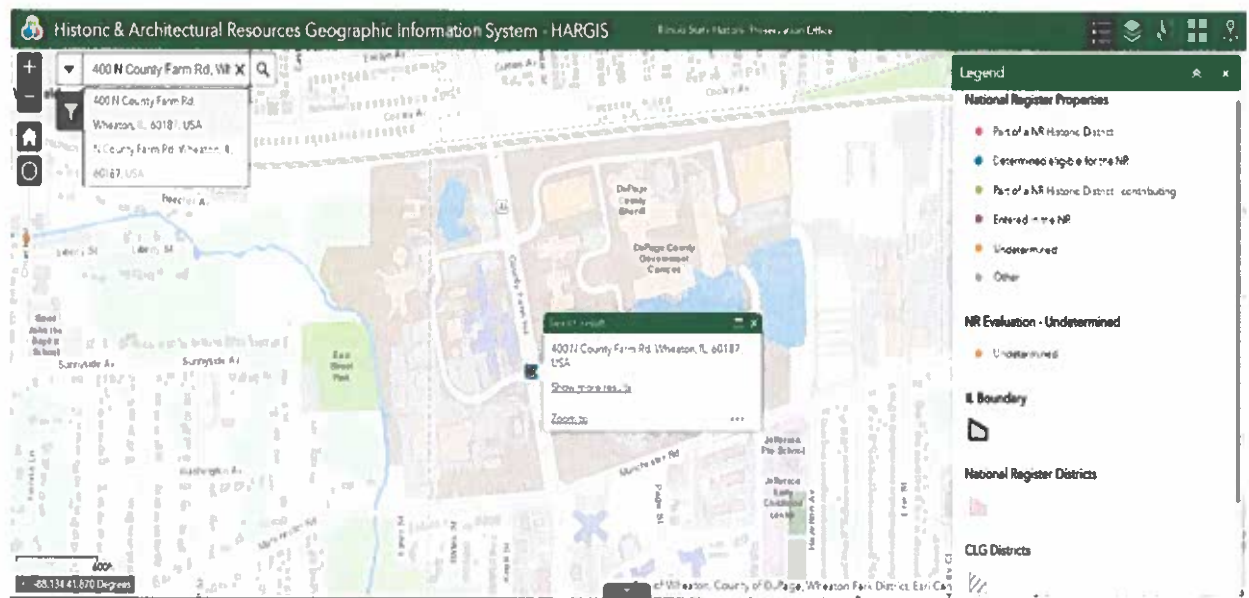


ATTACHMENT 6

Historic Resources Preservation Act Requirements

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

The County of DuPage Care Center is located at 400 N. County Farm Road and is situated within the boundary of the County of DuPage Government Campus. Having its beginnings in the 1888 as DuPage County Alms Farm to serve the indigent, the current facility has gone through several development and growth stages, and nothing remains of the original Alms Farm. There are no foreseeable issues with the Historical Resources Preservation Act. See Image below from HARGIS of the Illinois State Historic Preservation Office, with no historic preservation attributes to The County of DuPage Care Center.



ATTACHMENT 6A
Historic Resources Preservation Act Requirements

The following determination letter has been sent to the Historic Preservation Agency to confirm compliance with the requirements of the Historic Resources Preservation Act.



March 23, 2021

Jeff Kruchten
 Chief Archaeologist
 State Historic Preservation Office
 Attn: Review & Compliance
 1 Natural Resource Way
 Springfield, IL 62702

Subject: County of DuPage / DuPage Care Center

Dear Mr. Kruchten:

The applicant, County of DuPage / DuPage Care Center (Owner and operator/Licensee), an Illinois government long term care provider is proposing (through the certificate of need process) to modernize its existing long term care facility located at 400 N. County Farm Road, Wheaton, Illinois. The modernization of the existing 366 bed facility will include new finishes, remodeling of the existing nurse stations, updating components of the MEP/FP systems, remodeling of the entry lobby and the exterior vehicular / pedestrian accessway to include a covered drop off canopy.

The required information is as follows:

1. **General Project Address:** 400 N. County Farm Rd., Wheaton, Illinois.
 Appended as EXHIBIT I is a site plan with the legal description of the project location site.
2. **Map Showing the General Location of the Project:** Appended as EXHIBIT II is a map showing the general location of the project.
3. **Photographs of Standing Building within the Project Site:** Appended as EXHIBIT III are photos of the existing facility.
4. **Addresses for Buildings/Structures if Present**
 400 N. County Farm Rd (DuPage Care Center)
5. **Total Acres of Project:** Existing - 6.75 Acres
6. **Requested HARGIS Map:** Appended as EXHIBIT IV is the requested HARGIS map.

according to the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420et seq) and other applicable Illinois laws.

It is understood that you will review the attached information and provide evaluation comments with respect to any historic resources. If you have any questions, please don't hesitate to contact me.

Kind regards,

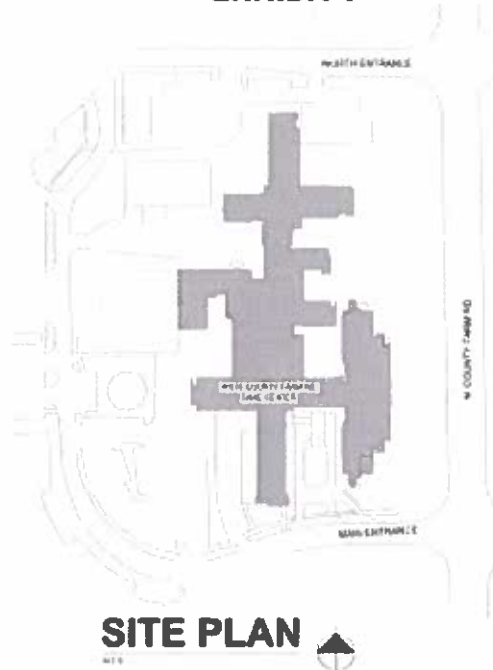
Roxanne M. Knapp
 Director of Architecture

WSP USA

WSP 3.00P

wsp

EXHIBIT I



SITE PLAN

That part of the Northwest quarter of Section 10, Township 39 North, Range 10, East of the Third Principal Meridian, described by commencing at the point of intersection of the center line of County Farm Road with the center line of Manchester Road and running thence North along the center line of County Farm Road, 725.00 feet for a place of beginning; thence West at right angles to said center line, 577.13 feet; thence North parallel with said center line, 251.01 feet; thence East at right angles to said center line, 142.66 feet; thence North 00 degrees 19 minutes 00 seconds West, 334.55 feet; thence North 88 degrees 48 minutes 10 seconds East, 79.60 feet; thence North parallel with said center line, 215.38 feet; thence East at right angles to said center line, 256.90 feet; thence South parallel with said center line, 48.00 feet; thence East at right angles to said center line, 99.84 feet to a point on said center line which is 754.51 feet North of the place of beginning; then South along said center line 754.51 feet to the place of beginning in DuPage County, Illinois.

P.I.N. 05-10-107-001

Commonly known as 400 N. County Farm Road, Wheaton, Illinois

Page 2

ATTACHMENT 6A
Historic Resources Preservation
Act Requirements



EXHIBIT II

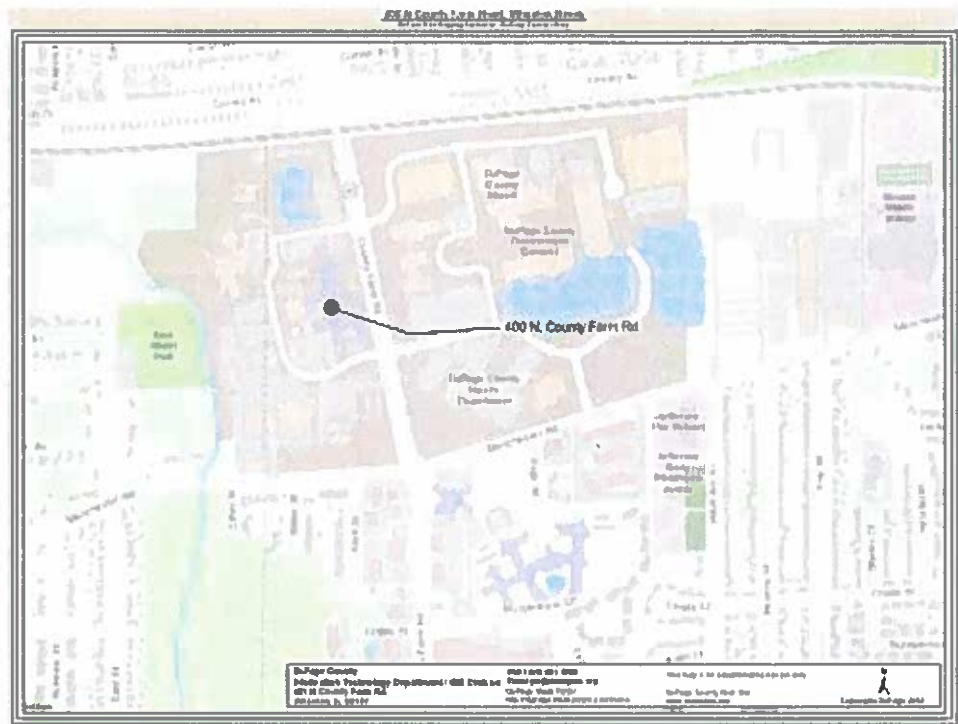




EXHIBIT III

DuPage Care Center
East View from North County Farm Road



Page 4



EXHIBIT III

**DuPage Care Center
East View from North County Farm Road**



Page 5



EXHIBIT III

DuPage Care Center
South View from Ring Road



Page 6



EXHIBIT III

DuPage Care Center
South View from Ring Road



Page 7



EXHIBIT III

**DuPage Care Center
South View from Ring Road**



Page 3



EXHIBIT III

**DuPage Care Center
North View from Ring Road**



Page 3

The screenshot shows the ArcGIS Online web interface. At the top, there is a search bar and a navigation menu. The main map area displays a satellite view of a residential neighborhood. A pop-up window is open over a specific parcel, showing details such as the address (4311 N. 1st St., Suite 100) and the owner's name (John Doe, Inc.). The interface includes a search bar, a legend, and a list of layers. The bottom of the screen shows the map's scale and coordinates.

GROUND PLAN

LEVEL 1

LEVEL 2

LEVEL 3

LEGEND

- GREEN: NORTH WALL
- YELLOW: EAST WALL
- BLUE: SOUTH WALL
- PURPLE: WEST WALL
- PINK: ROOF
- RED: FOUNDATION

ATTACHMENT 7
Project and Source of Funds Itemization.

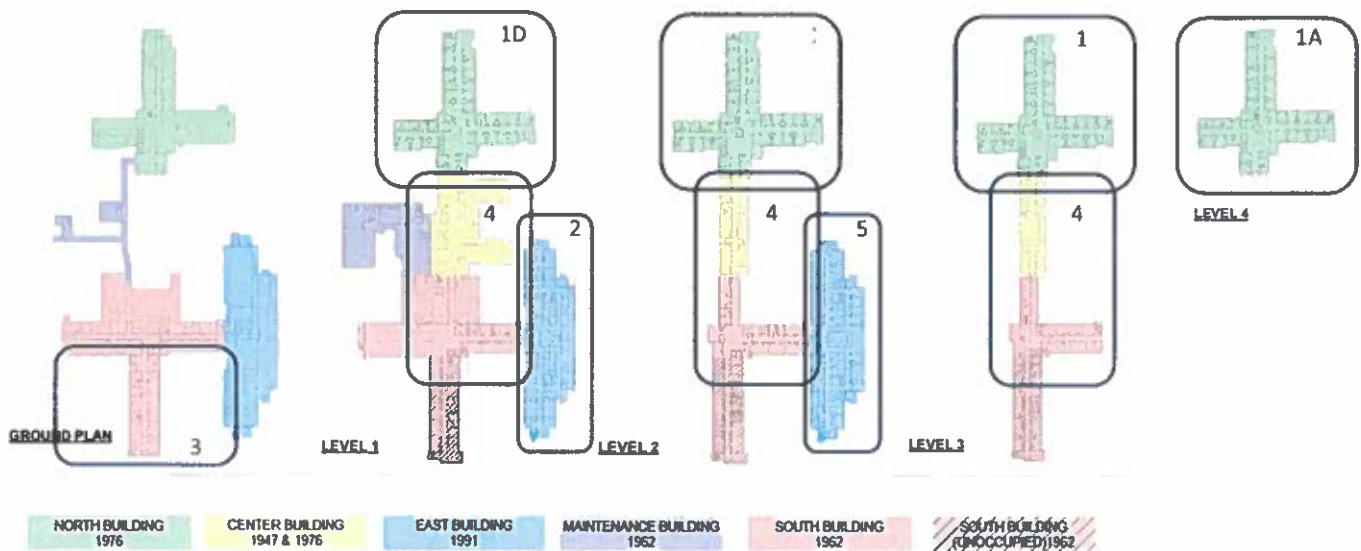
Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included 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 equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$184,200	\$276,300	\$460,500
Site Survey and Soil Investigation	\$0	\$10,000	\$10,000
Site Preparation	\$0	\$521,900	\$521,900
Off Site Work	\$0	\$0	\$0
New Construction Contracts		\$921,000	\$921,000
Modernization Contracts	\$9,598,504	\$14,397,756	\$23,996,260
Contingencies	\$1,166,600	\$1,749,900	\$2,916,500
Architectural/Engineering Fees	\$722,520	\$1,083,780	\$1,806,300
Consulting and Other Fees	\$0	\$0	\$0
Movable or Other Equipment (not in construction contracts)	\$0	\$0	\$0
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs to Be Capitalized	\$27,016	\$40,524	\$67,540
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$11,698,840	\$19,001,160	\$30,700,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	
Cash and Securities	\$426,900	\$93,250	\$520,150
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$2,000,000	\$2,000,000
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$10,071,940	\$15,107,910	\$25,179,850
Grants	\$0	\$0	\$0
Other Funds and Sources	\$1,200,000	\$1,800,000	\$3,000,000
TOTAL SOURCES OF FUNDS	\$11,698,840	\$19,001,160	\$30,700,000

ATTACHMENT 8 Project Status and Completion Schedules

The anticipated Project Phasing and Schedules are as follows:

	<u>Start</u>	<u>Completion</u>
Phase 1: North Wing		
4 th Floor	7/23	2/24
3 rd Floor	2/24	8/24
2 nd Floor	8/24	2/25
1 st Floor	2/25	8/25
Phase 2: East Wing		
1 st Floor	8/25	1/26
Phase 3: Exterior Access and Entrance Lobby	3/24	9/24
Phase 4: Central Wing		
2 nd & 3 rd Floor	1/26	5/26
1 st Floor	5/26	9/26
Phase 5: East Wing		
2 nd Floor	7/26	12/26



**ATTACHMENT 9
Cost Space Requirements**

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Building Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Resident Rooms	\$10,411,968	96,265	96,265	0	96,265	0	0
Nursing Stations	\$1,286,872	10,700	10,700	0	10,700	0	0
PT/OT	\$0	10,800	10,800	0	0	10,800	0
Total Clinical	\$11,698,840	117,765	117,765	0	106,965	10,800	
NON REVIEWABLE							
Lobby	\$650,000	2,300	2,300	0	2,300	0	0
Exterior Entrance	\$2,452,900	16,222	16,222	0	16,222	0	0
Pharmacy	\$0	1,790	1,790	0	0	1,790	0
Dining/Kitchen	\$0	13,892	13,892	0	0	13,892	0
Administration	\$250,000	13,697	13,697	0	2,055	11,642	0
Circulation	\$6,548,260	36,932	36,932	0	29,545	7,387	0
Laundry	\$600,000	2,900	2,900	0	580	2,320	0
Crafts / Activities Rooms	\$0	3,068	3,068	0	0	3,068	0
Other / Storage	\$0	58,334	58,334	0	0	58,334	0
Infrastructure systems (MEP/FP)	\$8,500,000	5,000	5,000	0	5000	0	0
Total Non- clinical	\$19,001,160	154,135	154,135	0	55,702	98433	0
TOTAL	\$30,700,000	271,900	271,900	0	162,667	109,233	0

ATTACHMENT 11 Background of Applicant

County of DuPage Care Center

The County of DuPage Care Center was originally built in 1888 as a County Alms House for the Indigent and became a nursing facility in the 1930's. It has gone through major expansions in 1964, 1979, and 1993. The facility provides subacute care, long term care and Alzheimer's special care. The facility has 366 beds and is home to 300 plus residents and provides an array of services. It complies with standards set by the Illinois Department of Public Health, the Centers for Medicare and Medicaid Services and the Joint Commission on Healthcare Accreditation.

HFSRB and DPH have authorization to access 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.

The DuPage Care Center is very proud of the services that they have provided to the community for over 100 years, and we have included documentation attesting to our 5 Star ratings.

Medicare.gov

Menu

Nursing home

Dupage Care Center

Overall rating:



LOCATION

400 N County Farm Rd
Wheaton, IL 60187

PHONE NUMBER

(630) 665-6400

Feedback

RATINGS

Overall rating



Much above average

Health inspections



Average

[View Inspection Results](#)

Staffing



Much above average

[View Staffing Information](#)

Quality measures



[Ratings](#) [Details](#) [Location](#)

[View Quality Measures](#)

ATTACHMENT 11A Background of Applicant - Revalidation



Wisconsin Physicians Service Insurance Corporation
A CMS Medicare Contractor
1717 W. Broadway | P.O. Box 1787 | Madison, WI 53701-1787

May 04, 2022

ATTENTION: VISALAKSHI RAJAGOPAL
DUPAGE COUNTY
400 N COUNTY FARM RD
WHEATON, IL 60187-3908

Reference #: 590049204

Dear Dupage County,

WPS Government Health Administrators 05901 has approved your revalidation application and forwarded it to the State Agency. The State Agency review has also been completed. Your Medicare enrollment information is provided below.

Medicare Enrollment Information

Legal Business Name (LBN): Dupage County
Doing Business As Name (DBA): Dupage Care Center
Primary Practice Location Address: 400 N County Farm Rd, Wheaton, IL 60187-3908
Provider/Supplier Type: Skilled Nursing Facility
National Provider Identifier (NPI): 1649267980
Provider Transaction Access Number (PTAN): 145050
PTAN Effective Date: January 01, 1967

Changed Information:

- Practice Locations
- Ownership Interest & Managing Control Info (Organizations)
- Ownership Interest & Managing Control Info (Individuals)
- License Information
- Contact Person Information
- Organization Information

New DBA Name: Dupage Care Center
Current DBA Name: Dupage Convalescent Center
Date Application Received: March 15, 2022
Effective Date: May 04, 2022

Provider/Supplier Agreement Information

CMS Certification Number (CCN): 145050
Effective Date: January 01, 1967



**ATTACHMENT 11A
Revalidation**

Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

Enroll, make changes or view your existing enrollment information by logging into PECOS at <https://pecos.cms.hhs.gov>.

Submit updates and changes to your enrollment information within the timeframes specified at 42 CFR §424.516. For more information on the reporting requirements, go to Medicare Learning Network Article SE1617.

Find additional Medicare program information, including billing, fee schedules, and Medicare policies and regulations at <https://www.sgha.com> or <https://www.cms.gov>.

Right to Submit a Reconsideration Request:

You may request a reconsideration of this determination. This is an independent review conducted by a person not involved in the initial determination.

Reconsideration requests must:

- Be received in writing within 65 calendar days of the date of this letter and mailed or emailed to the address below.
- State the issues or findings of fact with which you disagree and the reasons for disagreement.
- Be signed by the provider or supplier, an authorized or delegated official that has been reported within your Medicare enrollment record, or an authorized representative.
 - If the authorized representative is an attorney, the attorney's statement that he or she has the authority to represent the provider or supplier is sufficient to accept this individual as the representative.
 - If the authorized representative is not an attorney, the individual provider, supplier, or authorized or delegated official must file written notice of the appointment of its representative with the submission of the reconsideration request.
 - Authorized or delegated officials for groups cannot sign and submit a reconsideration request on behalf of a reassigned provider/supplier without the provider/supplier submitting a signed statement authorizing that individual from the group to act on his/her behalf.

Providers and suppliers may:

- Submit additional information with the reconsideration that may have a bearing on the decision. However, if you have additional information that you would like a Hearing Officer to consider during the reconsideration or, if necessary, an Administrative Law Judge (ALJ) to consider during a hearing, you must submit that information with your request for reconsideration. This is your only opportunity to submit information during the administrative appeals process unless an ALJ allows additional information to be submitted.

- Include an email address if you want to receive correspondence regarding your appeal via email.

If a reconsideration is not requested, CMS deems this a waiver of all rights to further administrative review. More information regarding appeal rights can be found at 42 C.F.R. Part 498.

The reconsideration request should be sent to:

Centers for Medicare & Medicaid Services
Provider Enrollment & Oversight Group
ATTN: Division of Provider Enrollment Appeals
7500 Security Blvd.
Mailstop: AR-19-51
Baltimore, MD 21244-1850

Or emailed to:

ProviderEnrollmentAppeals@cms.hhs.gov

And

If you are also requesting a provider/supplier agreement reconsideration, you must submit a separate Reconsideration Request. Your requests must be e-mailed to:
CMS Chicago: ROCHISC@cms.hhs.gov

Your e-mail must include the following in the subject line: "Subject: Medicare Provider/Supplier Agreement Reconsideration Request"

For questions concerning this letter, contact WPS Government Health Administrators at 1-(866)-518-3285.

Sincerely,

Ong Thao
Provider Enrollment Analyst
WPS Government Health Administrators

CC:

JoAnne Bardwell BSN, RN
Illinois Department of Public Health
Office of Health Care Regulation
Bureau of Long Term Care, License and Certification
525 W. Jefferson, 5th Floor
Springfield, IL 62761

Mr. Steven Delich, Principal Program Representative
DSC
233 North Michigan, Suite 600
Chicago, IL, 60601

ATTACHMENT 12
Purpose of the Project

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

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

The purpose of the project is to improve the existing capital asset of the DuPage Care Center. To provide a level of repair, replacement and modernization that addresses the ongoing needs of the facility that has been hard hit by not only a long lifetime of daily use but the added abuse that the rigors of infection mitigation have required during the ongoing COVID-19 pandemic. This solution may not address some of the current "standards of living" that we as a society have come to expect, like private rooms and toilet rooms for each resident, but it will greatly improve the "standards of care" that each resident receives at the facility. New finishes with antimicrobial qualities that are easier to keep clean and maintain will be implemented to support the physical health of the residents; while also opening the opportunity to change the color and texture from the institutional primary colors to a warm and welcoming color pallet that promotes improved emotional and psychological welfare.

The proposed solution also allows for the re-evaluation of the operational/functional support spaces of the facility and the changing ways in which we interact between staff, residents, family, and community. By consolidating spaces and taking advantage of changing procedural needs, we are able to recapture underutilized space for enlarged social gathering spaces. This is true not only on each of the resident floors but also for the primary entrance, internal lobby and the open courtyard.

Modernization	.650(a)	Deteriorated Facilities	Attachment 12A – Executive Summary of intended Scope of Work
	.650(b) & (c)	Documentation	See Attachment 12B – IDPH Annual Licensure and Certification Survey
	.650(d)	Utilization	See Page 9 of this application for the Facility Bed Capacity and Utilization Chart.
	.600	Bed Capacity	See Page 9 of this application for the Facility Bed Capacity and Utilization Chart.
	.610	Community Related Functions	See Attachment 12C for information addressing Community Related Functions.
	.620	Project Size	See Attachment 14 – Project Size Chart
	.630	Zoning	See Attachment 12D for confirmation of conformance with Zoning

ATTACHMENT 12A Purpose of the Project

The following pages depict the current conditions of the DuPage Care Center and represent the areas of improvement that this modernization project plans to address as its scope of work.

Project	Funding Source	Priority	Impact	Other
1. Support for individuals in isolation or quarantine				
2. Enforcement of and Compliance with Public Health Orders				
3. Support for Vulnerable Populations to access Medical Services				
4. New Public Communications Efforts				
5. Public Health Surveillance				
6. Enhancement to Health Care Capacity (through Alternative Care Facilities)				
7. Implementing Infection Prevention & Mitigation Measures – (Disinfection of Matt.)				
8. Making Ventilation Improvements				
9. Physical Plant Improvements (Related to MEP Infrastructure Improvements)				
10. Telemedicine Opportunities				
11. Facilitating Distanced Learning (Visitation)				
12. Increased Solid Waste Disposal (Related to PPE)				
13. Technical Assistance				
14. Investments in infrastructure for Clean Water				
15. Broadband Infrastructure for underserved households and businesses				

This chart identifies the projects and the eligibility criteria associated with possible funding avenues for its repair or replacement. The information was extracted from the "Interim Final Rule" issued by the Department of the Treasury to implement the Coronavirus State Fiscal Recovery Fund and the Coronavirus Local Fiscal Recovery Fund established under the American Rescue Plan Act. (Published 5/17/2021)

+ Mission to Care for Underserved, Indigent and Low Income Residents

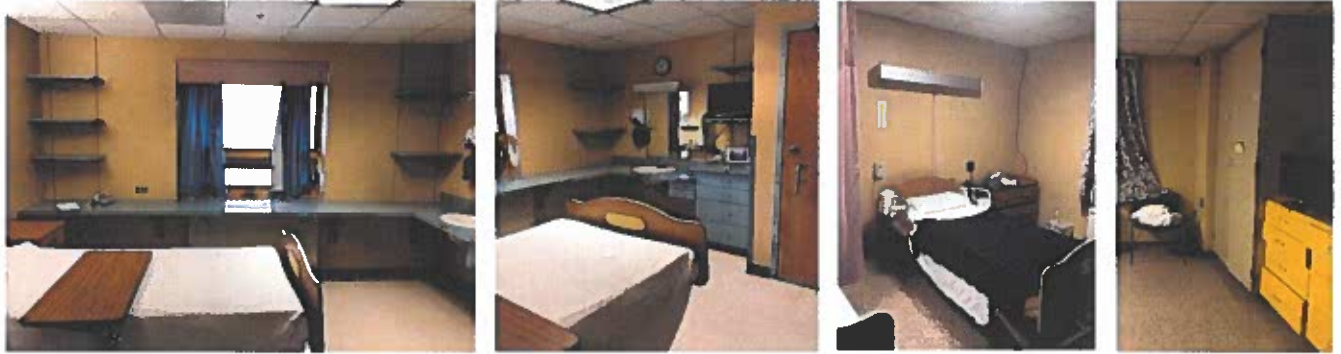
Recommendations:

According to F584 - Resident Right- Safe/Clean/Comfortable/Homelike/Sanitary Environment as outlined in the IDPH Surveyor Guidance, **A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. This condition should be addressed in conjunction with the desire to create safe conditions that are in compliance with F880 Infection Controlled-Environment.**

Facility wide interior finish guidelines should be developed based on improving resident room and common areas. The guidelines should include all finishes including: floors, ceilings, millwork, lighting, wall protection, plumbing fixtures, health care accessories as well as color schemes. The materials, color schemes, accessories and finish should **provide durability, protection and provide a contemporary residential atmosphere for all residents.** Once guidelines have been established a systematic upgrade of room finishes is recommended.

All new finishes should be specified to **meet current healthcare regulation grading.** Prior to and since the discovery of Covid-19 many manufacturers have stepped up to develop materials that specifically address infection prevention and mitigation measures.

Resident Rooms are located within all wings of the Kenneth Moy DuPage Care Center. The rooms vary in layout, size, and bed count depending on the date the wing was constructed. They are of the most efficient size to meet current Illinois Department of Public Health requirements. Since the last wing was constructed in 1991 the most current finishes are 30 years old. In addition to all finishes being dated, the color schemes vary throughout the facility.



Floors: Vinyl Composition Tile in poor condition, it shows cracking to various degrees. The Care Center has received citations through the years in relation to the potential hazards of the floor conditions. This is a trip hazard and an infection control issue.



Ceilings: The 2X2 acoustical ceiling tiles on suspension system in poor condition. The porous nature of this material warrants consideration as to its cleanliness after 30+ years of use. This is an infection control issue.



ATTACHMENT 12A
Purpose of the Project

Doors: Oak veneer with a light stain with varying degrees of chipped veneer and marred edges in poor condition. Covid cleaning detergents have worn away the protective sealants on the door surfaces. This poses skin tear and infection control risks.

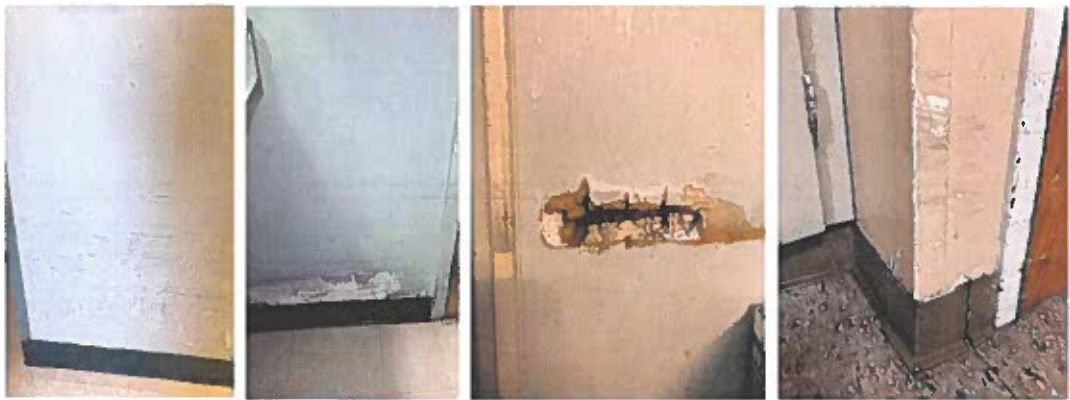


Light Quality: All rooms have natural light and ventilation. Light fixtures are fluorescent and range in size from 2 x 2, 2 x 4, wall and cove mount, and canister; surface and flush mount. Maintenance factor of fixtures includes age of ballast and discoloration of lenses and lamps. Energy Grants can be applied for by replacing with new LED fixtures.



Patient's/Resident Rooms	
• General (entire room)	20
• Observation-night lighting	3
• Reading location (reading lamp or overbed fixture)	30
Nursing Stations	
• General	30
• Desk	50
• Medication Station	75
Day Room/Dining Room	30
Corridors	
• Day	20
• Night	10
"Lighting for Hospitals and Healthcare Facilities" published by the Illumination Engineering Society of North America	

Walls: Walls have a painted finish with varying degrees of marring throughout, in poor to fair condition. Rubber Base, in poor to fair condition. This is an infection control issue.

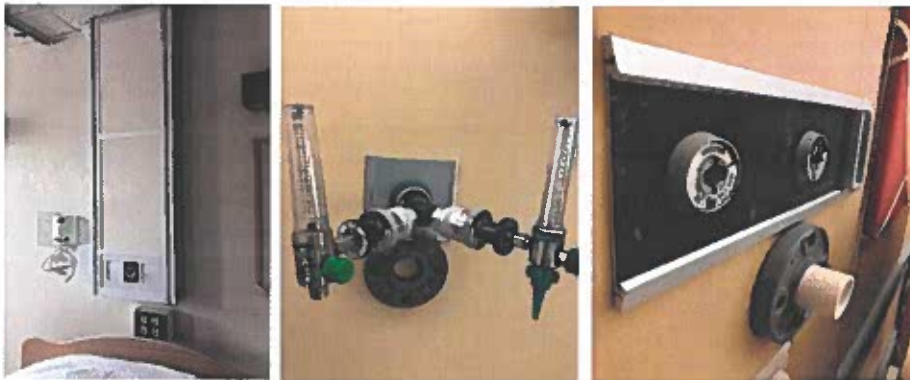


Sherwin Williams Paint Shield® microbicide paint which kills 99.9% of Staph (Staphylococcus aureus), E. coli (Escherichia coli), MRSA (Methicillin-resistant Staphylococcus aureus), VRE (Vancomycin-resistant Enterococcus faecalis) and Enterobacter aerogenes on painted surfaces within two hours of exposure and continues to kill 90% of bacteria for up to four years when the integrity of the surface is maintained.

Millwork: Millwork is of adequate size per Illinois Department of Public Health requirements. The millwork is not in serviceable condition; many have cracks and chips and water infiltration warping that contribute to possible collection and distribution of contaminants creating an infectious disease control issue.



Wall Mounted Medical Devices: Wall mounted medical devices for resident care are of varying type and finishes and are arranged in a non-standard configuration. The Facility currently has 206 ports but the demand for oxygen with Covid-19 has proven to be a new challenge in health care.



Oxygen and vacuum ports are located at the head wall of most of the resident rooms and have varying face plate types and mount conditions. The gas lines are run above the ceiling and drop down in the head wall. In locations where the oxygen gas was not part of the initial design, the oxygen drop is surface mounted and concealed via raceway.

The "Oxequip" ports are obsolete, and there are no retrofit kits for them. Staff noted that repairs for these are lengthy in time since parts are difficult to obtain.

Resident Room HVAC:

The perimeter heating and cooling system consists of hot water fin tube convection units for primary heating, all of which are original to the buildings' construction. The ventilation for the resident rooms is accomplished generally with a 100% outside air central forced air and exhaust system.



Site Observations:

There are several locations where fitting and valve replacement within the convector or console fan coil cabinets have been required due to unforeseen leaks at these locations and the operations of some valves is difficult and their performance for total shut-off is poor. It is apparent that these valves and fittings have exceeded their useful life.

Nurse Stations

There is one nurse station per level in the North Building which was constructed in 1976 and one nurse station in the East Building which was constructed in 1991. There is one nurse station in the South Building which was constructed in 1962. Based on these dates the most current finishes for the nurse's station are 30 years old with the oldest being 59 years old which would make them very dated. The nurse's stations located within the North Building and South Building are also deficient in size. The current configuration makes for insufficient workspace and storage space, making circulation within the space difficult. The nurse's stations located within the East Building are the most current and do provide ample workspace.



Site Visit Observations:

During the site investigation of the nurse's station staff were observed having a difficulty maneuvering within the space at the North Building nurse's station. The area appeared to be cramped and overwhelmed by storage needs. The nurse's stations in the East Building are more ample in size and the staff seems to function and circulate within the space well. That being said, the spaces are clearly dated and invoke an institutional atmosphere that is counter intuitive to the Homelike environment that is prescribed by the current regulations.

Much like the resident rooms: Floors are cracking and delaminating. Walls are severely scratched and chipped. Ceilings have water damaged tiles and grids. And the laminated millwork is worn and chipping creating an infection control issue. Many spaces are cluttered and overwhelmed with paperwork and staff activity.



Observations:

1. The need for support spaces to adequately lock down medications and supplies as well as for general storage is severely lacking.

2. Americans With Disabilities Act (ADA) compliant countertops must be no more than 36 inches from the floor, but certain counters can be two inches higher, and others can be as low as 34 inches from the floor. The ADA also requires minimum unobstructed areas in front of different counter types.



Fire Systems:

The wet suppression sprinkler system and associated combination standpipe risers and valve assemblies in the fire rated exit stairs throughout the building are original to the buildings' construction.



Site Observations:

There are several locations where pipe, fitting and valve replacement have occurred in recent years, reflecting that the piping in the sprinkler and standpipe system have reached and exceed its expected useful life. The associated required maintenance and repair cause costly and disruptive shut-downs, adding to the cost to own the system. Sprinklers have also been replaced in recent years due to leakage, also causing unexpected and costly repairs and replacements to the system.

This presents a Life Safety Concern.

Fire Panel Replacement:

The condition of the fire panel system has become problematic. They are experiencing mapping faults and ground faults multiple times a month resulting in an excessive number of unnecessary Fire Department responses. This is also difficult and dangerous for Residents who are enduring the affects of horns and strobes that are activated for long intervals while master resetting is undergone.



This presents a Life Safety Concern.

Replacement scope should include:

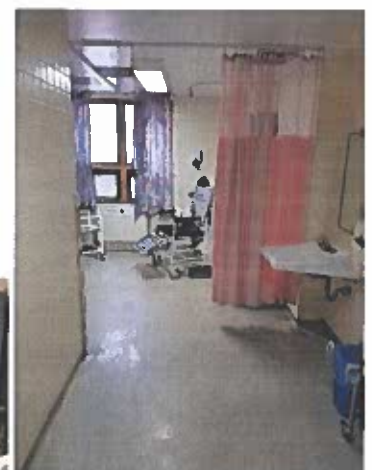
- All 4 new main control fire panels
- All 9 new nurses station annunciators
- New network controllers
- New (743) smoke detectors
- New surge detectors to help with the faults and condition to power New (66) duct detectors

Shower Rooms:

Shower rooms are located throughout the facility. The layout and circulation of the various shower/bathing areas are not optimal for the equipment being utilized and finishes and fixtures appear to be well past their useful life expectancy. There appear to be failures in the water mitigation methods that contain and direct all moisture to the plumbing system.

The shower rooms warrant a full study to address the layout of these areas with the ADA space requirements of the existing equipment in use or upgraded equipment.

New moisture mitigation methods should be implemented along with finish upgrades.



Building HVAC Systems:

Due to the different years of construction, there are multiple system types used at the CARE center to provide building heating, cooling, and ventilation.

[illegible]

Handrails:

Handrails are located all throughout the common areas of the facility's buildings. They are more for resident mobility assistance and offer little to no surface protection from wheelchairs and the various equipment moving throughout the facility. The current industry standard is a combination handrail/ protective guardrail made of vinyl and aluminum.

The handrails have been going through stringent sanitizing regiments and have become bleached due to the harsh disinfecting agents in addition to the existing chipped conditions creating risk of skin tears and blisters.



Laundry Equipment:

The laundry is located on the First Level of the Maintenance Building. The equipment consists of five dryers; four large capacity and one small capacity, this is the same for the washers. Based on the standard lifecycle of commercial washing machines of 10-14 years and dryers 20-25 years, both equipment types are at the max. or have exceeded their lifecycle. The washers are of a barrier type installation which is common in health care facilities. This installation allows for soiled linens loaded on one side of the barrier and clean linens unloaded on the other side. This avoids any chance of recontamination which has been highly commended by the IDPH.



ATTACHMENT 12A

Purpose of the Project

TV Digital Antenna System

There is currently a residential roof air antenna with a digital antenna attached to a pole (1 to the North and 1 to the East) Booster amplifiers are used to help get the signal through the building. The amps are also residential grade and must be changed frequently.

Each room is wired for Air Antenna and for Cable, but resident families are responsible for the cable so not all residents have it.

Covid-19 quarantine restrictions have caused increased depression due to isolation especially for the elderly and the infirmed. Broadband infrastructure improvements to the facility would increase the residents' ability to communicate with loved ones during this time.

Recommendations:

Consideration should be given to upgrading to an appropriate system to accommodate the institutional use of the facility and current technological standards. Cost to be determined pending study on signal, antenna, and equipment.



Distributed Antenna System (DAS)

- Ensure occupants have robust wireless connections throughout your building
- Reduce your dependency on overcapacity mobile towers for signal strength

Main Entrance / Exit - Reception:

The existing reception was constructed in 1981 as part of the South Building ground floor renovation. There is currently a security monitoring station folded into the Waiting Area rendering the space inadequate to support Social Distancing and creating a bottleneck at the primary entrance and exit to the facility for Residents who require external medical services like dialysis.



Primary Entrance:

First Impressions are an important element of how we relate to the world around us. As a "HOME" to over 300 DuPage Residents It is equally important to give the Care Center a "front door" that offers its inhabitants and staff a sense of dignity and Pride of Place that has long been missing.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 145050		MULTIPLE CONSTRUCTION A Building _____ B Wing _____		DATE OF REVISIT 12/13/2022	
NAME OF FACILITY DUPAGE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60157			

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0677	Correction	ID Prefix F0689	Correction	ID Prefix F0758	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed	483.45(c)(3)(e)(1)- Reg. # (5)	Completed
LSC	12/07/2022	LSC	12/07/2022	LSC	12/07/2022
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Sherry, Jill	DATE 12/15/2022
REVIEWED BY CMS RO <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE REGISTERED NURSE	

FOLLOWUP TO SURVEY COMPLETED ON **11/30/2022**

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☒ NO

Form CMS-2567 (02-7) (11/06)

Page 1 of 1

EventID: 053012

ATTACHMENT 12B
Purpose of the Project

Janette

RECEIVED DEC 06 2022



525-515 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

December 6, 2022

ELECTRONIC TRANSMISSION

Administrator
 Dupage Care Center
 400 N County Farm Rd
 Wheaton, IL 60187

REFERENCE:

Provider #: 145050/0008201
 Cycle Date: November 30, 2022
 Survey Date: November 30, 2022
 Survey Type: Annual Licensure and Certification Survey

Dear Administrator:

On November 30, 2022, an inspection was conducted at Dupage Care Center by staff of the Illinois Department of Public Health to determine compliance with federal certification requirements for nursing homes participating in the Medicare/Medicaid programs. As a result of that inspection, the facility was determined to not be in "Substantial Compliance" with regulatory requirements as found in Title 42, Code of Federal Regulations. See the Statement of Deficiencies (CMS 2567) attached. An explanation of the scope and severity assigned to each deficiency can be found in the attachment named Enclosure #2.

The facility must submit a Plan of Correction (POC) for all deficiencies at the "U" level or higher. Level "A" deficiencies must be corrected, but do not require a written POC. All required POCs must be submitted to the Department within 10 days after receipt of the written "Statement of Deficiencies" (CMS Form 2567L).

Please do not use proper names or trademarks in the POC. The POC is not to be used to dispute a deficiency or to make comments about the survey process. Information disputing a deficiency may be provided through the IDR process and comments about the survey process may be provided on the Provider Feedback Survey.

Each POC must include:

- Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice;
- How the facility will identify other residents having the potential to be affected by the same deficient practice;
- The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur. The facility must look at the existing system and determine if a change is necessary to correct the deficiency. If a system does not exist or if a revision to an existing system is necessary, then the facility must develop one.
- Quality Assurance Plans to monitor facility performance to make sure that corrections are achieved and are permanent.
- Dates when corrective action will be completed. To avoid remedies for this survey cycle, all deficiencies

ATTACHMENT 12B
Purpose of the Project

must be corrected no later than January 14, 2023.

Failure to submit a POC which includes the above-listed components within 10 days following receipt of the written "Statement of Deficiencies" may result in imposition of remedies, effective as soon as notice requirements are met.

Facilities with no deficiencies or deficiencies at the "A", "B", or "C" levels are considered to be in "Substantial Compliance" with the regulations and will continue to be certified. Facilities NOT in "Substantial Compliance", i.e., deficiencies at level "D" or above, may be subject to remedies, including:

- Denial of Payment for all new Medicare/Medicaid admissions;
- Denial of Payment for all current Medicare/Medicaid residents;
- Civil Money Penalties of up to \$10,000 per day per instance;
- Transfer of residents;
- Transfer of residents with facility closure;
- Termination of the provider agreement;
- Temporary management of the facility;
- State monitoring of the facility;
- Directed Plan of Correction;
- Directed In-Service training

Those facilities that have not achieved "Substantial Compliance" within 3 months following the survey will be subject to mandatory Denial of Payment for all New Program Admissions and Mandatory Termination from the Medicare/Medicaid programs if "Substantial Compliance" is not achieved within six months following the survey.

The facility will be allowed an "Opportunity to Correct" the cited deficiencies before remedies are actually imposed. If all deficiencies are found to be in "Substantial Compliance" by the opportunity to correct date, the Department will withdraw its proposal that remedies be imposed. If, however, upon revisit, "Substantial Compliance" with ALL regulations has not been achieved, the Department will impose or recommend to the federal Centers for Medicare and Medicaid Services (CMS) to impose the above-listed proposed remedies. The Department may also recommend or impose an increase or decrease in those proposed remedies based upon the results of the revisit. Generally, all imposed Civil Money Penalties will be effective from the date of the original survey and will accrue until the date the facility achieves "Substantial Compliance" with the regulations or is terminated from the Medicare/Medicaid programs.

An acceptable POC will also serve as the facility's "Allegation of Compliance" thereby signifying that the facility attests that it will be in "Substantial Compliance" with all federal certification requirements by the date stated in the above paragraph. The Department will presume that the facility will be in "Substantial Compliance" based upon the acceptable POC.

SUBMISSION OF EVIDENCE IN LIEU OF AN ONSITE FOLLOW-UP REVISIT

Based upon the scope and severity level of the deficiencies cited, the facility is considered eligible to submit evidence in lieu of an on-site re-visit for any of the health deficiencies cited. This evidence must be submitted within thirty days of the survey exit date, should be clearly separated by tag number, and should show that the facility has:

- Put into place systemic changes as identified in its Plan of Correction to ensure that the deficient practices will not recur; and;
- Initiated a program to monitor the continued effectiveness of its Plan of Correction.

Evidence of correction should include documentation such as copies of written policies and procedures,

completed (i.e., filled out) monitoring sheets, outline of in-service programs, in-service attendance sheets, quality assurance monitoring reports, committee minutes, licenses or other credentials, invoices, receipts, photographs or other credible evidence.

If the evidence that the facility submits is determined by the Department to show correction of the deficiencies, an on-site health revisit will not be conducted. If the evidence does not prove correction, or is not submitted in a timely manner, an on-site revisit will be scheduled.

Please attach the above evidence in ePOC as soon as possible after submission of the plan of correction. The desk revisit will not be conducted before it is received.

If the Life Safety Code portion of an Annual survey has deficiencies that are not in substantial compliance, the enforcement cycle may still continue after review of evidence for the health portion of the survey. Remedies may be imposed based upon the Life Safety Code survey if the facility remains not in substantial compliance after the Life Safety Code revisit.

Informal Dispute Resolution

The facility may request an "Informal Dispute Resolution" (See Enclosure #3) to challenge any deficiency cited on the Form CMS-2567. The request must be made within the same 10 calendar day period the facility has for submitting an acceptable plan of correction to the surveying entity. The request must be submitted in writing along with an explanation of the specific deficiencies that are being disputed. The Informal Dispute Resolution process will not delay the effective date of any enforcement action! If the facility requests an Informal Dispute Resolution without submitting an acceptable POC and the Department's decision, as a result of the dispute resolution process does not result in the deletion of the deficiency, please be advised that the Department will then proceed to impose or recommend imposition of the remedies.

Please submit all IDR requests and IDR evidence to: DPILLTCOA.IDR@illinois.gov.

If you have any questions concerning this notice, please contact my staff at the address above or telephone 217-782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,



Becky S. Drago, MSN, RN
Deputy Director - Office of Health Care Regulation
Illinois Department of Public Health

Enclosures
em

IL Department Health Care and Family Services
IL Department on Aging
BAEVID/LH

ENCLOSURE #2

Severity

Immediate Jeopardy to
resident health or safety

Actual Harm that is not an
Immediate Jeopardy

No actual harm with
potential for more than
minimal harm that is not an
Immediate Jeopardy

No actual harm with
potential for minimal harm

J	K	L
G	H	I
D	E	F
A No POC required. Commitment to correct	B	C
Isolated	Pattern	Widespread

SCOPE

***** Substandard Quality of Care 42 CFR 483.301 defines SQC as one or more deficiencies related to participation requirements under §483.10 "Resident rights", paragraphs (a)(1) through (n)(2), (b)(1) through (b)(2), (c) (except for (c)(2), (c)(7), and (c)(8)), (f)(1) through (f)(3), (i)(5) through (i)(8), and (j) of this chapter; §483.12 of this chapter "Freedom from abuse, neglect, and exploitation"; §483.24 of this chapter "Quality of life"; §483.25 of this chapter "Quality of care"; §483.40 "Behavioral health services", paragraphs (b) and (d) of this chapter; §483.45 "Pharmacy services", paragraphs (d), (e), and (f) of this chapter; §483.70 "Administration", paragraph (p) of this chapter, and §483.80 "Infection control", paragraph (d) of this chapter, which constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.

Enclosure 2 updated 01/31/2019

ATTACHMENT 12B
Purpose of the Project

ENCLOSURE #3

NOTICE OF AVAILABILITY OF INFORMAL DISPUTE RESOLUTION

Regulatory Authority:

Pursuant to 42 CFR 488.331, a facility is allowed one opportunity to dispute cited deficiencies upon receipt of a formal Statement of Deficiencies (SOD) (Form CMS-2567L). This process is made available by the Department to skilled nursing facilities, nursing facilities and dually certified facilities. The Informal Dispute Resolution (IDR) is not an evidentiary hearing; it is an *informal* exchange of information between the facility and the Department or designated outside entity to determine whether or not a deficiency existed at the time of the survey. Additionally, facilities that have received a "Substandard Quality of Care" (SQOC) or an "Immediate Jeopardy" deficiency may also challenge the scope and severity of that deficiency.

Exclusions from Informal Dispute Resolution:

Facilities may not challenge any other aspect of the certification survey process including:

- The scope and severity determinations of deficiencies other than Substandard Quality of Care and "Immediate Jeopardy" deficiencies
- Remedies proposed or imposed by the survey and/or certification agency;
- Failure of surveyors to comply with survey procedures or process;
- Lack of standardization in citing deficiencies among facilities; or
- The outcome of the IDR

Requests for Informal Dispute Resolution:

Facilities have a choice of having a telephonic or written (desk) IDR with CertiSurv on a fee-for-service basis, or having a written IDR with the Department at no cost. Please note that all deficiencies that a facility wishes to refute from a single survey must be refuted with either CertiSurv or the Department. In other words, while a facility can choose to refute some deficiencies telephonically with CertiSurv while refuting other deficiencies from the same survey in writing with CertiSurv, it cannot choose to refute some deficiencies with CertiSurv and other deficiencies from the same survey with the Department.

To request an IDR, facilities must complete an "Informal Dispute Resolution Request Form" (attached) for all deficiencies for which an IDR is requested. All information on the form must be provided in order for the refutation to be considered.

For all types of IDR's, the facility sends a request form to the Department within 10 days of receipt of the Statement of Deficiencies (2567L).

For CertiSurv IDR's, the facility sends the request form to both the Department and CertiSurv. One copy of any supporting documentation the facility wishes to have considered is sent directly to CertiSurv. All materials must be submitted to CertiSurv by the tenth calendar day after receipt of the Statement of Deficiencies (or the next working day if the due date is on a weekend or holiday). The facility administrator will be contacted by a CertiSurv representative to schedule the telephonic IDR.

Supporting documentation must be submitted to CertiSurv or the Department by the aforementioned time frames to be considered. The request for IDR may be submitted to the Department by email.

Please Note:

The Informal Dispute Resolution process does not delay the imposition of remedies including Civil Money Penalties, Denial of Payment for New Admissions, or Terminations of Medicare/Medicaid program participation.

In accordance with federal requirements, the Department must retain final authority over all IDR decisions. Consequently, CertiSurv recommendations will be reviewed by the Department before a final decision is made.

The facility will be notified of the IDR results. The facility will not receive the CertiSurv recommendation report.

Contact Information:

IDR's conducted by the Department:

Submit all IDR requests and IDR evidence to: DPH.LTCOA.IDR@ILLINOIS.GOV

IDR's to be conducted by CertiSurv:

Submit Request Form only via email to: idr-il@certisurv.com

Instructions will be provided for secure transfer of evidence after the Request Form is received.

Any questions specific to the CertiSurv process may be directed to CertiSurv at (931) 286-3825 or idr-il@certisurv.com.

The fee-for-service for a CertiSurv IDR is \$95 per hour. Billable time may include evidence/document management, pre-IDR evidence review, surveyor pre-IDR review, IDR meeting and report preparation. All fees will be billed and collected directly by CertiSurv.

Informal Dispute Resolution Request Form

This form must be used to request an "Informal Dispute Resolution" for Federal Medicare/Medicaid certification deficiencies. Requests for an "Informal Dispute Resolution" without a completed form will not be considered. Email this completed form to the Department within 10 days of receipt of the "Statement of Deficiencies" (CMS-2567) for all requests for IDR's. For CertiSurv IDR's, submit request form, and supporting documentation the facility wants to have considered directly to CertiSurv at the address below (See additional instructions on Enclosure #3). Facilities will be notified of IDR results, however, CertiSurv recommendation reports will not be provided.

IDR's to be conducted by Department:

Please submit all IDR requests to: DPH.LTCOA.IDR@ILLINOIS.GOV

IDR's to be conducted by CertiSurv:

Please submit all IDR Request Forms only via email to: idr-id@certsurv.com

Instructions will be provided for secure transfer of evidence after the Request Form is received.

Date of Request: _____ IDR Requested With: <div style="text-align: right; padding-right: 20px;"> <input type="radio"/> CertiSurv <input type="radio"/> IDPH </div>
Date of Survey: _____

Facility Name & Address: _____ _____ _____ Event #: _____ Provider #: _____ Contact Person Phone #: _____ Contact Person Email: _____ _____

Please list all tag numbers and scope/severity of deficiencies to be refuted under the appropriate type of IDR request.	
<input type="radio"/> Telephonic only) _____	(CertiSurv)
<input type="radio"/> Written (desk) _____	

REASON FOR REQUEST (Circle One): Errors in Citation Details Incorrect Scope Incorrect Severity
 Wrong Tag Code New Information Available Code Interpretation Other _____

ATTACHMENT 12B Purpose of the Project
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/08/2022
FORM APPROVED
OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER DUPAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60157		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
F000	INITIAL COMMENTS	F000			
F677 SS=D	<p>Annual Licensure and Certification</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance to eat for one of thirty-five residents (R70) reviewed for activities of daily living in the sample of 35.</p> <p>The findings include:</p> <p>On 11/28/22 at 10:32 AM, R70 was laying on her back alone in her room. The head of the bed was at a twenty-degree angle. R70's puree breakfast tray was on the over bed table. There were covers on the two full bowls of food on the tray and a lid covered R70's hot chocolate. R70 had a picture of a spoon on the wall over the head of the bed. V7 (CNA-Certified Nursing Assistant) entered the room and asked R70 if she was finished.</p> <p>On 11/28/22 at 10:34 AM, V7 CNA said, "[R70] feeds herself but she does not eat. The staff place her tray on the overbed table, she only drinks the liquids. We leave the tray until she finishes the liquids."</p>	F677			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Electronically Signed

Any Deficiency statement(s) entered into at least one (1) dataset a deficiency which the institution may be excluded from continuing provision of services determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for existing notices, the findings stated above are disclosed 90 days following the date of the survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed 14 days following the date these documents are made available to the facility. If deficiencies are closed, an approved plan of correction is required to continue program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. The electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

FORM CMS-2567(02-09) Previous Versions Obsolete

Rev 11/01 03/01/11

Facility ID: 11/0026/12

If continuation sheet Page 1 of 6

ATTACHMENT 12B
Purpose of the Project

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER DUPAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60187		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
F877	<p>Continued From page 1</p> <p>On 11/28/22 at 12:35 PM, V7 CNA said that the spoon above the bed shows the resident needs the staff to help them eat.</p> <p>On 11/30/22 at 9:22 AM, V8 RN (Registered Nurse) said, "[R70] needs to be assisted to eat using the recommended swallowing strategies."</p> <p>On 11/30/22 at 10:21 AM, V10 (Speech Therapist) said, "[R70] is an aspiration risk. [R70] is highly impulsive with rate and size and talks between bites. [R70] has delayed clearing of the food and liquids when swallowing. When drinking, [R70] will take a drink then start to talk, this opens her airway and increases risk for aspiration. She needs to take small sips, swallow and wait for the liquid to clear. With [R70's] cognition, she is unable to implement swallowing strategies independently. When it comes to swallowing, [R70] requires moderate cues for appropriate pacing, size of presentation and to decrease talking between bites."</p> <p>R70's Minimum Data Set, dated 10/22/22 showed, Brief Interview for Mental Status: Severely Impaired. Eating: Limited Assistance one-person physical assist.</p> <p>R70's Care Plan, revised 07/29/22, showed, Yellow Spoon protocol- see Activities of Daily Living Swallowing Instructions- Yellow Spoon for details.</p> <p>The facility's undated Yellow Spoon (Resident Information Sheet) showed, R70-FEED.</p>	F877			
F669 SS=D	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>483.25(d) Accidents The facility must ensure that -</p>	F669			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/08/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER DUPAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60187		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
F689	<p>Continued From page 2</p> <p>483.25(d)(1) The resident environment remains as free of accident hazards as is possible, and</p> <p>483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a fall precaution intervention was in place for 1 of 35 residents (R472) reviewed for safety in the sample of 35.</p> <p>The findings include:</p> <p>R472's Order Summary Report showed R472 had the following diagnoses: hemiplegia, hemiparesis following a cerebral infarction affecting the left side, history of a fall, and muscle weakness. The same document showed orders for fall precautions and for a bed and chair alarm.</p> <p>On 11/28/22 at 12:23 PM, R472 was sitting on a wheelchair in his room. On the back of R472's wheelchair was a cord. The cord was not plugged into anything.</p> <p>On 11/28/22 at 12:43 PM, V5 (Registered Nurse) said the cord was to the chair alarm sensor that R472 was sitting on. V5 said the cord should be plugged into the chair alarm box.</p> <p>R472's care plan showed R472 was at risk for falls because of mobility impairments from a stroke and a recent fall.</p>	F689			

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER(S) SIGNATURE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER DUPAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60187		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X5) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE	
F758 F758 SS=E	<p>Continued From page 3</p> <p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(e)(3)(e)(1)-(5)</p> <p>483.45(e) Psychotropic Drugs. 483.45(e)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that--</p> <p>483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in 483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should</p>	F758 F758			

1. SIGNATURE OF DIRECTOR OR PROVIDER/SUPPLIER/CLIA REPRESENTATIVE SIGNATURE

ATTACHMENT 12B
Purpose of the Project

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER DUPAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60187		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
F758	<p>Continued From page 4</p> <p>document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure as needed (PRN) psychotropic medications had a duration/stop date for 4 of 5 residents (R472, R160, R155 and R107) reviewed for pharmacy services in the sample of 35.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. R472's Order Summary Report, printed on 11/29/22, showed an order for PRN lorazepam (anti-anxiety psychotropic medication). The order had a start date of 11/9/22. There was no duration/end date associated with the order. 2. R107's Order Summary Report, printed 11/29/22, showed an order for PRN Ativan (anti-anxiety psychotropic medication). The order had a start date of 11/17/22. There was no duration/end date associated with the order. 3. R155's Order Summary Report, printed 11/29/22, showed an order for PRN lorazepam. The order had a start date of 3/24/22. There was no duration/end date associated with the order. 	F758			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 148050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER DUPAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60157		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
F758	<p>Continued From page 5</p> <p>4. R160's Order Summary Report listed active orders as of 11/1/22 that showed an order for lorazepam 0.25mg (milligrams) by mouth every 8 hours as needed with an order date of 9/17/22 and no stop date listed.</p> <p>On 11/30/22 at 9:22 AM, V4 Pharmacy Manager said psychotropic medications should have a 14-day stop date and are to be reviewed after that period to see if the medication is still necessary.</p> <p>The facility's Psychoactive Medication Program, with a review date of 10/13/22, showed when and why psychotropic medication is to be used and "length of therapy."</p>	F758			

LABORATORY DIRECTOR'S OR PROVIDER'S/CLIA IDENTIFICATION SIGNATURE

ATTACHMENT 12B
Purpose of the Project

PRINTED: 12/06/2022
FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER OUPAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60187		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Final Observations</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that criminal history background checks were completed and the Illinois Sex Offender Registration and Department of Corrections websites were checked within 24 hours of admission. This applied to 7 of 10 residents (R320, R321, R322, R323, R324, R472, & R473) reviewed for identified offenders/background checks in the sample of 35.</p>	S9999			
ILLINOIS DEPARTMENT OF PUBLIC HEALTH			TITLE		(X6) DATE
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			Electronic Signature		

PRINTED: 12/08/2022
FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER DUPAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60187	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The facility's admission/discharge report provided on 11/28/22 showed R320 was admitted to the facility on 11/9/22. The Illinois Sex Offender Registration and Department of Corrections sex registrant websites were not checked until 11/19/22 (10 days later). 2. The facility's admission/discharge report provided on 11/28/22 showed R321 was admitted to the facility on 11/10/22. The Illinois Sex Offender Registration and Department of Corrections sex registrant websites were not checked until 11/19/22 (9 days later). 3. The facility's admission/discharge report provided on 11/28/22 showed R322 was admitted to the facility on 11/10/22. The Illinois Sex Offender Registration and Department of Corrections sex registrant websites were not checked until 11/18/22 (9 days later). 4. The facility's admission/discharge report provided on 11/28/22 showed R323 was admitted to the facility on 11/15/22. Her background check was not done until 11/18/22 (3 days later). The Illinois Sex Offender Registration and Department of Corrections sex registrant websites were not checked until 11/18/22 (4 days later). 5. The facility's admission/discharge report provided on 11/28/22 showed R324 was admitted to the facility on 11/18/22. Her background check was not done until 11/18/22 (2 days later). The Illinois Sex Offender Registration and Department of Corrections sex registrant websites were not checked until 11/18/22 (3 days later). 	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Illinois Department of Public Health

PRINTED: 12/08/2022
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER DUPAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60187		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Continued From page 2</p> <p>6. The facility's admission/discharge report provided on 11/28/22 showed R472 was admitted to the facility on 11/8/22. The Illinois Sex Offender Registration and Department of Corrections sex registrant websites were not checked until 11/19/22 (10 days later).</p> <p>7. The facility's admission/discharge report provided on 11/28/22 showed R473 was admitted to the facility on 11/25/22. Her background check, Illinois Sex Offender Registration and Department of Corrections sex registrant websites were not checked until 11/28/22 (3 days later).</p> <p>On 11/28/22 at 1:51 PM, V6 (Admissions) stated that background checks, and the Illinois Sex Offender Registration and Department of Corrections sex registrant websites are checked within 24 hours of admission.</p>	S9999			

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ATTACHMENT 12C
Purpose of the Project
Community Related Functions

As a county-owned, non-profit, skilled nursing facility, the DuPage Care Center is a safety net in the community for the indigent senior and disabled populations. All 366 beds in the Care Center are dually certified for Medicaid and Medicare. Current Medicaid occupancy is greater than 80%. This strategy enables the Care Center to assist in meeting the growing need for Medicaid beds in DuPage County. Going forward there will be more individuals needing long term care services as well as Medicaid support in this community and beyond. The DuPage Care Center modernization will position the facility to meet the growing demand with an updated, infection-controlled, high quality care environment. The benefits of the construction project are many and include the following:

- Enhanced quality of life & environment for residents
- Provide a high-quality, clean, and safe home for the most underserved population in DuPage County and beyond
- Instill a greater sense of pride for employees
- Increase admissions by being competitive with neighboring facilities
- Ensure the sustainability of the Care Center for decades to come

ATTACHMENT 13 Alternatives of the Project

The following alternative project scopes have been considered:

Alternative 1: Limit the scope of work to Minimal Cleaning and Repairs

Because the facility is currently occupied and relocation of residents is logistically complicated, it is possible to limit the scope of work to be performed to basic cleaning and repairs that would allow most residents to either remain in place or have minimal displacement during the "construction" process. The Cost for this process would be considerably less than the proposed repairs and modernization and could be confined to a reduced budget. We would anticipate a reasonable budget of \$50/sf or \$5,100,000 for this option.

Although the initial costs would be considerably limited, this would ultimately be a short-term solution which would have to be redone over and over in a 3-5 year cycle. Over the course of 15-25 years the facility would be in considerably worse condition than it is today, and it could jeopardize the operational lifetime of the facility to the public as a whole further risking the stability of an already vulnerable senior and health adverse population.

Alternative 2: Expand the scope to include Full Facility Replacement

The County could consider the construction of a completely new facility that would be designed to meet all the current Healthcare Standards of Care and Recommendations. This new facility could incorporate sustainability opportunities and energy efficiencies that are not viable options in the modernization currently being considered. The new construction would have all new materials with full warranties providing for the longest timeframe until new money would need to be allocated for future repair or replacement. The Cost of new construction for a facility of this function and magnitude is estimated at +/- \$1,150/SF or roughly \$117,300,000 for a comparable size.

A new location would also have to be selected and purchased as the current County Campus does not have adequate space to remain functional during a major new construction project.

Capital Expenditure Comparisons						
	Alternate #1 Minimal Cleaning and Repairs		Proposed Capital Project		Alternate #2 Full Facility Replacement	
	Total Anticipated Cost	\$5,100,000	Total Anticipated Cost	\$31,500,000	Total Anticipated Cost	\$64,300,000.00
Scope of Work	<ul style="list-style-type: none">• Clean and Disinfect Existing Materials• Spot Repair/Replacement of Damaged Materials• Paint all walls with Antimicrobial Paint• Refinish Interior Doors, Replace Hdwr as needed• Repair/Replace Damaged Heating/Cooling Units• Re-laminate nurse stations• Repair Laundry Machines as needed to maintain operations		<ul style="list-style-type: none">• Repaint all walls with Antimicrobial Paint• Replace Flooring in its Entirety• Replace Ceiling Tiles - Grids to remain where possible• Replace all Millwork with New• Replace Doors and Hardware with non porous materials meeting current ADA requirements• Replace toilet room finishes and fixtures to meet current ADA standards• Reconfigure nurse stations and support spaces to meet current functional needs• Replace heating and cooling units with new• Provide new energy saving LED lighting• Open up community spaces to allow for greater social distancing• Replace Oxygen and Vacuum portals with new• Replace falling handrails with new• Provide new data and digital antenna infrastructure to support telemedicine and communication for individuals in quarantine• Replace aged and overtaxed laundry equipment with new• Modify the Entry Lobby to support increased secure access to vulnerable residents• Modify exterior spaces to accommodate socially distanced gatherings for residents in isolation• Update Fire Alarm and Protection systems		<ul style="list-style-type: none">• Full Facility Replacement• Purchase new property within the County limits• New Site-wide Utility/Infrastructure Improvements• Parking and Site Improvements	
Remarks	Pros: <ul style="list-style-type: none">• Limited initial Costs• Minor disruption to Residents		Pros: <ul style="list-style-type: none">• Consistent finishes in all resident rooms• Extended material life expectancy• Creates a comfortable Homelike Atmosphere• Limited resident displacement for maximum return		Pros: <ul style="list-style-type: none">• Room Size would meet current standards• Potential for dedicated toilet rooms with showers• Opportunity for new Isolation Rooms• Extended Material life expectancy	
	Cons: <ul style="list-style-type: none">• Short term solution will result in additional ongoing repair and replacement needs• Multiple disruptions to Residents over a longer period of time• Does not address aged internal concealed infrastructure		Cons: <ul style="list-style-type: none">• Does not allow for optimal redesign• Limits new growth to the confines of the existing structure• Does not address aged internal concealed infrastructure		Cons: <ul style="list-style-type: none">• Large Cost• No space for new construction on Campus - requires land acquisition• No additional resident capacity to justify the additional cost	
Requested ARPA Allocation			Requested ARPA Allocation		Requested ARPA Allocation	
			\$25,179,953			

ATTACHMENT 14 Size of the Project

The existing DuPage Care Center is composed of five major building sections constructed at different stages beginning in 1930 through 1993. The height varies from a single story up to five stories in height with a total square footage of 271,900 Building Gross Square Feet. The facility itself contains several functions outside of the immediate use of the General Long-Term Care services and a breakdown of the facility with focus on the departments serving this purpose results in a Departmental Gross Square Foot of 133,707 with 366 beds.

The intent of the project is to make significant "Modernization" improvements that will affect the daily lives of all facility residents and staff and is projected to "touch" nearly all parts of the building.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
North Wing	79,968 / 224 357	350-570 DGSF/Bed	7	Yes
East Wing	38,540 / 98 378	350-570 DGSF/Bed	28	Yes
Central Wing	15,199 / 44 380	350-570 DGSF/Bed	30	Yes

Section 1125.APPENDIX A Project Size Standards – Square Footage and Utilization

The following standards apply to new construction, the development of freestanding facilities, modernization, and the development of facilities in existing structures, including the use of leased space. For new construction, the standards are based on the inclusion of all building components and are expressed in building gross square feet (BGSF). For modernization projects, the standards are based upon interior build-out only and are expressed in departmental gross square feet (DGSF). Spaces to be included in the applicant's determination of square footage shall include all functional areas minimally required for the applicable service areas, by the appropriate rules, required for IDPH licensure and/or federal certification and any additional spaces required by the applicant's operational program.

Service Areas	Square Feet/Unit	Annual Utilization/Unit
General Long-Term Care	435-713 BGSF/Bed 350-570 DGSF/Bed	See Section 1125.210(c)

ATTACHMENT 15 Project Services Utilization

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.

Based on historical occupancy data as indicated on the annual Illinois Long Term Care Profiles and our continuation as a safety net for those needing Medicaid services in DuPage County, we expect our occupancy to increase to pre Covid historical levels.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC. (2019)	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1 - 2026	GENERAL LTC CENTER	116,070	87%	90%	No
YEAR 2 - 2027	GENERAL LTC CENTER	116,070	87%	90%	No

	2016	2017	2018	2019	2020	2021	2022
Patient Days	118,417	119,117	117,762	115,988	106,178	88,637	81,364
Average Daily Census	324	326	323	318	291	243	223

ATTACHMENT 20
Availability of Funds

<u>\$ 520,150</u>	b)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>\$ 0</u>	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
<u>\$2,000,000</u>	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
	e)	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: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>\$25,179,850</u>	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;
<u>\$ 0</u>	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>\$3,000,000</u>	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$30,700,000</u>	TOTAL FUNDS AVAILABLE	

The total estimated project cost is \$30,700,000.00. The Applicant will fund the project costs with funding from the American Rescue Plan Act, Capital Reserves, Donations, Finance surplus as outlined in the availability of Funds table.

Additionally, enclosed are letters confirming proof of project funding.

Expiration Date: April 30, 2025

U.S. DEPARTMENT OF THE TREASURY CORONAVIRUS LOCAL FISCAL RECOVERY FUNDS

Recipient name and address: [Recipient to provide]	DUNS Number: [Recipient to provide] Taxpayer Identification Number: [Recipient to provide] Assistance Listing Number: 21.027
---	--

Sections 602(b) and 603(b) of the Social Security Act (the Act) as added by section 9901 of the American Rescue Plan Act, Pub. L. No. 117-2 (March 11, 2021) authorize the Department of the Treasury (Treasury) to make payments to certain recipients from the Coronavirus State Fiscal Recovery Fund and the Coronavirus Local Fiscal Recovery Fund.

Recipient hereby agrees, as a condition to receiving such payment from Treasury to the terms attached hereto.

Recipient:

_____ Authorized

Representative:

Title:

Date signed:

U.S. Department of the Treasury:

_____ Authorized

Representative:

Title:

Date:

PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 15 minutes per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

U.S. DEPARTMENT OF THE TREASURY CORONAVIRUS LOCAL FISCAL RECOVERY FUND AWARD TERMS AND CONDITIONS

ATTACHMENT 20 Availability of Funds
--

1. Use of Funds.

- a. Recipient understands and agrees that the funds disbursed under this award may only be used in compliance with section 603(c) of the Social Security Act (the Act), Treasury's regulations implementing that section, and guidance issued by Treasury regarding the foregoing.
- b. Recipient will determine prior to engaging in any project using this assistance that it has the institutional, managerial, and financial capability to ensure proper planning, management, and completion of such project.

2. Period of Performance. The period of performance for this award begins on the date hereof and ends on December 31, 2026. As set forth in Treasury's implementing regulations, Recipient may use award funds to cover eligible costs incurred during the period that begins on March 3, 2021, and ends on December 31, 2024.

3. Reporting. Recipient agrees to comply with any reporting obligations established by Treasury as they relate to this award.

4. Maintenance of and Access to Records

- a. Recipient shall maintain records and financial documents sufficient to evidence compliance with section 603(c) of the Act, Treasury's regulations implementing that section, and guidance issued by Treasury regarding the foregoing.
- b. The Treasury Office of Inspector General and the Government Accountability Office, or their authorized representatives, shall have the right of access to records (electronic and otherwise) of Recipient in order to conduct audits or other investigations.
- c. Records shall be maintained by Recipient for a period of five (5) years after all funds have been expended or returned to Treasury, whichever is later.

5. Pre-award Costs. Pre-award costs, as defined in 2 C.F.R. § 200.458, may not be paid with funding from this award.

6. Administrative Costs. Recipient may use funds provided under this award to cover both direct and indirect costs.

7. Cost Sharing. Cost sharing or matching funds are not required to be provided by Recipient.

8. Conflicts of Interest. Recipient understands and agrees it must maintain a conflict of interest policy consistent with 2 C.F.R. § 200.318(c) and that such conflict of interest policy is applicable to each activity funded under this award. Recipient and subrecipients must disclose in writing to Treasury or the pass-through entity, as appropriate, any potential conflict of interest affecting the awarded funds in accordance with 2 C.F.R. § 200.112.

9. Compliance with Applicable Law and Regulations.

- a. Recipient agrees to comply with the requirements of section 603 of the Act, regulations adopted by Treasury pursuant to section 603(f) of the Act, and guidance issued by Treasury regarding the foregoing. Recipient also agrees to comply with all other applicable federal statutes, regulations, and executive orders, and Recipient shall provide for such compliance by other parties in any agreements it enters into with other parties relating to this award.
- b. Federal regulations applicable to this award include, without limitation, the following:
 - i. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 C.F.R. Part 200, other than such provisions as Treasury may determine are inapplicable to this Award and subject to such exceptions as may be otherwise provided by Treasury. Subpart F – Audit Requirements of the Uniform Guidance, implementing the Single Audit Act, shall apply to this award.

- ii. Universal Identifier and System for Award Management (SAM), 2 C.F.R. Part 25, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 25 is hereby incorporated by reference.
 - iii. Reporting Subaward and Executive Compensation Information, 2 C.F.R. Part 170, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 170 is hereby incorporated by reference.
 - iv. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 C.F.R. Part 180, including the requirement to include a term or condition in all lower tier covered transactions (contracts and subcontracts described in 2 C.F.R. Part 180, subpart B) that the award is subject to 2 C.F.R. Part 180 and Treasury's implementing regulation at 31 C.F.R. Part 19.
 - v. Recipient Integrity and Performance Matters, pursuant to which the award term set forth in 2 C.F.R. Part 200, Appendix XII to Part 200 is hereby incorporated by reference.
 - vi. Governmentwide Requirements for Drug-Free Workplace, 31 C.F.R. Part 20.
 - vii. New Restrictions on Lobbying, 31 C.F.R. Part 21.
 - viii. Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (42 U.S.C. §§ 4601-4655) and implementing regulations.
 - ix. Generally applicable federal environmental laws and regulations.
- c. Statutes and regulations prohibiting discrimination applicable to this award include, without limitation, the following:
- i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury's implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the basis of race, color, or national origin under programs or activities receiving federal financial assistance;
 - ii. The Fair Housing Act, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), which prohibits discrimination in housing on the basis of race, color, religion, national origin, sex, familial status, or disability;
 - iii. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance;
 - iv. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.), and Treasury's implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age in programs or activities receiving federal financial assistance; and
 - v. Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), which prohibits discrimination on the basis of disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto.

10. **Remedial Actions.** In the event of Recipient's noncompliance with section 603 of the Act, other applicable laws, Treasury's implementing regulations, guidance, or any reporting or other program requirements, Treasury may impose additional conditions on the receipt of a subsequent tranche of future award funds, if any, or take other available remedies as set forth in 2 C.F.R. § 200.339. In the case of a violation of section 603(c) of the Act regarding the use of funds, previous payments shall be subject to recoupment as provided in section 603(e) of the Act.

11. Hatch Act. Recipient agrees to comply, as applicable, with requirements of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328), which limit certain political activities of State or local government employees whose principal employment is in connection with an activity financed in whole or in part by this federal assistance.
12. False Statements. Recipient understands that making false statements or claims in connection with this award is a violation of federal law and may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participating in federal awards or contracts, and/or any other remedy available by law.
13. Publications. Any publications produced with funds from this award must display the following language: "This project [is being] [was] supported, in whole or in part, by federal award number [enter project FAIN] awarded to [name of Recipient] by the U.S. Department of the Treasury."
14. Debts Owed the Federal Government.
 - a. Any funds paid to Recipient (1) in excess of the amount to which Recipient is finally determined to be authorized to retain under the terms of this award; (2) that are determined by the Treasury Office of Inspector General to have been misused; or (3) that are determined by Treasury to be subject to a repayment obligation pursuant to section 603(e) of the Act and have not been repaid by Recipient shall constitute a debt to the federal government.
 - b. Any debts determined to be owed the federal government must be paid promptly by Recipient. A debt is delinquent if it has not been paid by the date specified in Treasury's initial written demand for payment, unless other satisfactory arrangements have been made or if the Recipient knowingly or improperly retains funds that are a debt as defined in paragraph 14(a). Treasury will take any actions available to it to collect such a debt.
15. Disclaimer.
 - a. The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.
 - b. The acceptance of this award by Recipient does not in any way establish an agency relationship between the United States and Recipient.
16. Protections for Whistleblowers.
 - a. In accordance with 41 U.S.C. § 4712, Recipient may not discharge, demote, or otherwise discriminate against an employee in reprisal for disclosing to any of the list of persons or entities provided below, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract) or grant.
 - b. The list of persons and entities referenced in the paragraph above includes the following:
 - i. A member of Congress or a representative of a committee of Congress;
 - ii. An Inspector General;
 - iii. The Government Accountability Office;
 - iv. A Treasury employee responsible for contract or grant oversight or management;
 - v. An authorized official of the Department of Justice or other law enforcement agency;
 - vi. A court or grand jury; or
 - vii. A management official or other employee of Recipient, contractor, or subcontractor who has the responsibility to investigate, discover, or address misconduct.

- c. Recipient shall inform its employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce.

17. Increasing Seat Belt Use in the United States. Pursuant to Executive Order 13043, 62 FR 19217 (Apr. 18, 1997), Recipient should encourage its contractors to adopt and enforce on-the-job seat belt policies and programs for their employees when operating company-owned, rented or personally owned vehicles.
18. Reducing Text Messaging While Driving. Pursuant to Executive Order 13513, 74 FR 51225 (Oct. 6, 2009), Recipient should encourage its employees, subrecipients, and contractors to adopt and enforce policies that ban text messaging while driving, and Recipient should establish workplace safety policies to decrease accidents caused by distracted drivers.

Illinois	Cook County	\$1,000,372,385.00
Illinois	Crawford County	\$3,625,846.00
Illinois	Cumberland County	\$2,091,169.00
Illinois	De Witt County	\$3,037,498.00
Illinois	DeKalb County	\$20,375,013.00
Illinois	Douglas County	\$3,780,848.00
Illinois	DuPage County	\$179,266,585.00
Illinois	Edgar County	\$3,333,323.00
Illinois	Edwards County	\$1,242,154.00
Illinois	Effingham County	\$6,605,655.00
Illinois	Fayette County	\$4,144,268.00
Illinois	Ford County	\$2,517,522.00
Illinois	Franklin County	\$7,472,152.00



February 14th, 2023

Tim Harbaugh, P.E., DEE
Deputy Director of Facilities
421 County Farm Road
Wheaton, IL 60187
(630) 407-5700

To Whom it May Concern:

As representative of County of DuPage Care Center, an Applicant, I hereby attest that the County of DuPage Care Center ARPA Facility improvements will be \$30,700,000.00. DuPage Care Center, an Applicant will fund the entire project related capitalized cost internally from ARPA Funding, Capital reserves, and Gifts and bequests.

Sincerely,

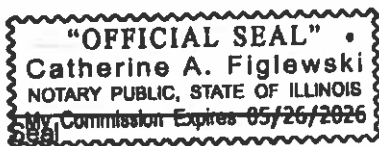
A blue ink signature of Tim Harbaugh, P.E., DEE, written over a horizontal line.

Tim Harbaugh, P.E., DEE

Subscribed and sworn to before me this
15 Day of Feb 2023

A black ink signature of Catherine A. Figlewski, written over a horizontal line.

Notary Public



ATTACHMENT 20
Availability of Funds

Care Center Building Improvement Fund Tracker FY22 - FY26						
Accounts	1100-1215-54010-COVID-19_DCC	1200-2040-54010	1200-2105-54010	1200-2040-54010		
	ARPA 79.94% of Project Total	Capital Reserves	Donation	Finance Surplus	Project Budget	
Beginning Balance	\$ 25,179,850.00	\$ 520,150.00	\$ 2,000,000.00	\$ 3,000,000.00	\$ 30,700,000.00	
WSP USA Design, Inc.	\$ (1,443,956.22)	\$ (362,343.78)			\$ (1,806,300.00)	FY22 - FY26
Wight Construction	\$ (658,179.59)	\$ (157,806.22)	\$ (7,356.19)		\$ (823,342.00)	FY22
	\$ (10,795,436.55)		\$ (1,992,643.81)	\$ (716,343.64)	\$ (13,504,424.00)	FY23
	\$ (7,613,102.69)			\$ (1,910,418.31)	\$ (9,523,521.00)	FY24
	\$ (4,669,174.95)			\$ (372,238.05)	\$ (5,041,413.00)	FY25
				\$ (1,000.00)	\$ (1,000.00)	FY26
Balance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
PERCENTAGE BREAKDOWN	82.0%	1.7%	6.5%	9.8%	100.0%	

ATTACHMENT 20A
Availability of Funds

The current County of DuPage bond rating documentation will be supplied as soon as it is available, if deemed necessary for the Permit Application Review, in that the proposed Modernization Project is being funded internally by the DuPage Care Center and the County of DuPage.

ATTACHMENT 24
Charity Care Information

CHARITY CARE			
	Year 2019	Year 2020	Year 2021
Net Patient Revenue	\$32,416,350	\$32,403,917	\$25,605,443
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

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