LONG-TERM CARE
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

DESCRIPTION OF PROJECT

Project Type

[Check one]		[check one]	
☒	General Long-term Care	☒	Establishment of a new LTC facility
☐	Specialized Long-term Care	☐	Establishment of new LTC services
		☐	Expansion of an existing LTC facility or service
		☐	Modernization of an existing facility

Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.
Include: the number and type of beds involved; the actions proposed (establishment, expansion and/or modernization); the ESTIMATED total project cost and the funding source(s) for the project.

Project: Skilled Nursing Facility

Address: 100 Faith Dr. Highland, IL 6224

Requesting total LTC Beds: 74 Bed

Breakdown — Skilled Beds: 50 Beds

- Intermediate Care Beds: 10 Beds
- Dementia care Beds: 14 Beds

ATTACHMENT # 20

Criterion 1125.600 – Bed Capacity

Requested beds for Well Care Home, INC :: **74 LTC beds.**

Break Down of requested beds ::

Dementia Unit Beds : 14

Skilled Nursing Beds : 50

Intermediate Beds : 10

Total requested Beds:: 74

Facility/Project Identification

Facility Name: WELL CARE HOME NFP, INC
Street Address: 100 Faith Drive
City and Zip Code: Highland Illinois 62249
County: Madison Health Service Area: Health Planning Area:

Applicant /Co-Applicant Identification

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

Exact Legal Name: WELL CARE HOME NFP, INC
Address: 100 Faith Drive Highland Illinois 62249
Name of Registered Agent: Christopher Byron
Name of Chief Executive Officer: Ahsan Usman
CEO Address: 6 Indian Creek Lane Frontenac MO 63131
Telephone Number: 314-560-9648

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Ahsan Usman
Title: CEO
Company Name: WELL CARE HOME NFP, INC
Address: 100 Faith Drive Highland Illinois 62249
Telephone Number: 314-560-9648
E-mail Address:au.ahsanusman@gmail.com
Fax Number:NA

Additional Contact

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

Name: Rabia A Usman
Title: Vice President
Company Name: WELL CARE HOME NFP, INC
Address: 100 Faith Drive Highland Illinois 62249
Telephone Number: 314-560-9649
E-mail Address:rabiaaslamu@gmail.com
Fax Number: NA

Post Permit Contact

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

Name: Ahsan Usman
Title: CEO
Company Name: WELL CARE HOME NFP, INC
Address: 100 Faith Drive Highland IL 62249
Telephone Number:314-560-9648
E-mail Address: au.ahsanusman@gmail.com
Fax Number:NA

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ahsan Usman
Address of Site Owner: 6 Indian Creek Lane Frontenac MO 63131
Street Address or Legal Description of Site: 100 Faith Drive Highland IL 62249
Proof of ownership or control of the site is to be provided as. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: WELL CARE HOME NFP, INC

Address: 100 Faith Drive Highland IL 62249

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

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

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

Organizational Relationships

Provide (for each 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 #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 **(http://www.hfsrb.illinois.gov.** Before an application for permit involving construction will be deemed **COMPLETE** the applicant must **attest** that the project **is or is not in a flood plain,** and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2006-5**.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

State Agency Submittals

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

☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☐ All reports regarding outstanding permits

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

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of WELL CARE HOME NFP, INC * **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.**

Ahsan Usman
SIGNATURE

Ahsan Usman
PRINTED NAME

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20th day of September

Jashon Lawrence
Signature of Notary

"OFFICIAL SEAL"
JASHON LAWRENCE
Notary Public - State of Illinois
My Commission Expires June 29, 2027

Seal

SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

WELL CARE HOME NFP, INC

Ahsan Usman

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

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

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

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

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

   Alternative options **must** include:

   a. Proposing a project of greater or lesser scope and cost;

   b. Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

   c. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

   d. Provide the reasons why the chosen alternative was selected.

2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long

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

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

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

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

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

Criterion 1125.510 – Introduction

Bed Capacity

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
☒ **General Long-Term Care**		
☐ **Specialized Long-Term Care**		
☐		

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

Utilization

Utilization for the most current CALENDAR YEAR:

Category of Service	Year	Admissions	Patient Days
☒ **General Long Term Care**			
☐ **Specialized Long-Term Care**			

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

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

GENERAL LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	**Subject**
Establishment of Services or Facility	.520	Background of the Applicant
	.530(a)	Bed Need Determination
	.530(b)	Service to Planning Area Residents
	.540(a) or (b) + (c) + (d) or (e)	Service Demand – Establishment of General Long Term Care
	.570(a) & (b)	Service Accessibility
	.580(a) & (b)	Unnecessary Duplication & Maldistribution
	.580(c)	Impact of Project on Other Area Providers
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Expansion of Existing Services	.520	Background of the Applicant
	.530(b)	Service to Planning Area Residents
	.550(a) + (b) or (c)	Service Demand – Expansion of General Long-Term Care
	.590	Staffing Availability
	.600	Bed Capacity
	.620	Project Size
	.640	Assurances
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions

	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Continuum of Care – Establishment or Expansion	.520	Background of the Applicant
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Defined Population – Establishment or Expansion	.520	Background of the Applicant
	.560(b)(1) & (2)	Defined Population to be Served
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Modernization	.650(a)	Deteriorated Facilities
	.650(b) & (c)	Documentation
	.650(d)	Utilization
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SPECIALIZED LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	**Subject**
Establishment of LTC Developmentally Disabled – (Adult)	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(g)	Establishment of Beds – Developmentally Disable -Adult
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Establishment of LTC Developmentally Disabled - Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Establishment of Chronic Mental Illness	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(f)	Zoning
	.720(g)	Establishment of Chronic Mental Illness
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost

	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Establishment of Long Term Medical Care for Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(e)	Long-Term Medical Care for Children-Category of Service
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1125.530 - Planning Area Need

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

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

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

- **If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable.**
- **If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals.**

1. Document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: resident/patient origin by zip code; name and specialty of referring physician or identification of another referral source; and name and location of the recipient LTC facility.

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

3. Estimate the number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. Please note:

    - The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload.

    - The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion

    - Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address

4. Provide verification by the referral sources that the prospective resident referrals have not been used to support another pending or approved Certificate of Need (CON) application for the subject services.

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

    a. The applicant shall define the facility's market area based upon historical resident/patient origin data by zip code or census tract;

    b. Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area,by the U.S. Bureau of the Census or IDPH;

    c. Projections shall be for a maximum period of 10 years from the date the application is submitted;

    d. Historical data used to calculate projections shall be for a number of years no less

than the number of years projected;

e. Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

f. Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB, for each category of service in the application (see the HFSRB Inventory); and

g. Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB.

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

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

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

1. Historical Service Demand

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

   b. If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.

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

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

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

Criterion 1125.560 - Variances to Computed Bed Need

Continuum of Care:

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

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

2. The proposal shall be for the purposes of and serve only the residents of the housing complex

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

3. The applicant shall demonstrate that:

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

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

   c. Admissions to the LTC unit will be limited to current residents of the independent living units and/or congregate housing.

Defined Population:

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

1. The applicant shall document that the proposed project will serve a defined population group of a religious, fraternal or ethnic nature from throughout the entire health service area or from a larger geographic service area (GSA) proposed to be served and that includes, at a minimum, the entire health service area in which the facility is or will be physically located.

2. The applicant shall document each of the following:

   a. A description of the proposed religious, fraternal or ethnic group proposed to be served;

   b. The boundaries of the GSA;

   c. The number of individuals in the defined population who live within the proposed GSA, including the source of the figures;

   d. That the proposed services do not exist in the GSA where the facility is or will be located;

   e. That the services cannot be instituted at existing facilities within the GSA in sufficient numbers to accommodate the group's needs. The applicant shall specify each proposed service that is not available in the GSA's existing facilities and the basis for determining why that service could not be provided.

   f. That at least 85% of the residents of the facility will be members of the defined population group. Documentation shall consist of a written admission policy insuring that the requirements of this subsection (b)(2)(F) will be met.

   g. That the proposed project is either directly owned or sponsored by, or affiliated with, the religious, fraternal or ethnic group that has been defined as the population to be served by the project. The applicant shall provide legally binding documents that prove ownership, sponsorship or affiliation.

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

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

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

2. Additional documentation required:

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

   a. The location and utilization of other planning area service providers;

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

   f. An assessment of area population characteristics that document that access problems exist;

   g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see www.hfsrb.illinois.gov).

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

1. The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.

2. For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall provide assurance that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required.

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

Criterion 1125.650 - Modernization

1. If the project involves modernization of a category of LTC bed service, the applicant shall document that the bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

4. Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in Section 1125.210(c).

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

SPECIALIZED LONG-TERM

Criterion 1125.720 - Specialized Long-Term Care – Review Criteria

This section is applicable to all projects proposing specialized long-term care services or beds.

1. **Community Related Functions**

   Read the criterion and submit the following information:

   a. a description of the process used to inform and receive input from the public including those residents living in close proximity to the proposed facility's location;

   b. letters of support from social, social service and economic groups in the community;

   c. letters of support from municipal/elected officials who represent the area where the project is located.

2. **Availability of Ancillary and Support Services**

   Read the criterion, which applies only to ICF/DD 16 beds and fewer facilities, and submit the following:

   a. a copy of the letter, sent by certified mail return receipt requested, to each of the day programs in the area requesting their comments regarding the impact of the project upon their programs and any response letters;

   b. a description of the public transportation services available to the proposed residents;

   c. a description of the specialized services (other than day programming) available to the residents;

   d. a description of the availability of community activities available to the facility's residents.

   e. documentation of the availability of community workshops.

3. **Recommendation from State Departments**

   Read the criterion and submit a copy of the letters sent, including the date when the letters were sent, to the Departments of Human Services and Healthcare and Family Services requesting these departments to indicate if the proposed project meets the department's planning objectives regarding the size, type, and number of beds proposed, whether the project conforms or does not conform to the department's plan, and how the project assists or hinders the department in achieving its planning objectives.

4. **Long-term Medical Care for Children Category of Service**

Read the criterion and submit the following information:

   a. a map outlining the target area proposed to be served;

   b. the number of individuals age 0-18 in the target area and the number of individuals in the target area that require the type of care proposed, include the source documents for this estimate;

   c. any reports/studies that show the points of origin of past patients/residents admissions to the facility;

d. describe the special programs or services proposed and explain the relationship of these programs to the needs of the specialized population proposed to be served.

e. indicate why the services in the area are insufficient to meet the needs of the area population;

f. documentation that the 90% occupancy target will be achieved within the first full year o

5. **Zoning**

Read the criterion and provide a letter from an authorized zoning official that verifies appropriate zoning.

6. **Establishment of Chronic Mental Illness**

Read the criterion and provide the following:

a. documentation of how the resident population has changed making the proposed project necessary.

b. indicate which beds will be closed to accommodate these additional beds.

c. the number of admissions for this type of care for each of the last two years.

7. **Variance to Computed Bed Need for Establishment of Beds for Developmentally Disabled Placement of Residents from DHS State Operated Beds**

Read this criterion and submit the following information:

a. documentation that all of the residents proposed to be served are now residents of a DHS facility;

b. documentation that each of the proposed residents has at least one interested family member who resides in the planning area or at least one interested family member that lives out of state but within 15 miles of the planning area boundary where the facility is or will be located;

c. if the above is not the case then you must document that the proposed resident has lived in a DHS operated facility within the planning area in which the proposed facility is to be located for more than 2 years and that the consent of the legal guardian has been obtained;

d. a letter from DHS indicating which facilities in the planning area have refused to accept referrals from the department and the dates of any refusals and the reasons cited for each refusal;

e. a copy of the letter (sent certified--return receipt requested) to each of the underutilized facilities in the planning area asking if they accept referrals from DHS-operated facilities, listing the dates of each past refusal of a referral, and requesting an explanation of the basis for each refusal;

f. documentation that each of the proposed relocations will save the State money;

g. a statement that the facility will only accept future referrals from an area DHS facility if a bed is available;

h. an explanation of how the proposed facility conforms with or deviates from the DHS comprehensive long range development plan for developmental disabilities services.

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

✓	a.	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
———	b.	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
———	c.	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
———	d.	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.

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

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

Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

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

2. Variance

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

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

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 1.5 times for LTC facilities; or

   B. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

1. That the selected form of debt financing for the project will be at the lowest net cost available;

2. That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3. That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			$1,140,000
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			$2,350,000
TOTAL USES OF FUNDS			$3,490,000
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			**$3,490,000**
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			**$3,490,000**

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

APPENDIX B

Related Project Costs

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

Land acquisition is related to project ☒ Yes ☐ No
Purchase Price: $ 350,000
Fair Market Value: $ 5,000,000

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

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

Estimated start-up costs and operating deficit cost is $ 250,000.

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): 9/13/2023 obtained occupancy Permit

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

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

✓
- ☐ Project obligation will occur after permit issuance.

Cost Space Requirements

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

Not Reviewable Space [i.e., non-clinical]: *means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers.* [20 ILCS 3960/3]

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Nursing 74 Beds		39,867	39,867				
Total Clinical		39,867	39,867				
NON-REVIEWABLE							
Administrative		34,133	34,133				
Total Non-clinical		34,133	34,133				
TOTAL		**74,000**	**74,000**				

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

LTC APPLICATION FOR PERMIT
February 2021 Edition

APPENDIX E

SPECIAL FLOOD HAZARD AREA AND 500YEAR FLOOD PLAIN DETERMINATION FORM

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

1. Applicant: AHSAN USMAN 100 Faith Drive
(Name) (Address)
Highland IL 62249 314 560 9648
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 100 Faith Drive Highland IL
(Address) (City) (State)
Madison Helvetia
(County) (Township) (Section)

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

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

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No ✓
IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN

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

FIRM Panel Number:_____ Effective Date:_____

Name of Official:_____ Title: _____

Business/Agency:_____ Address:_____

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

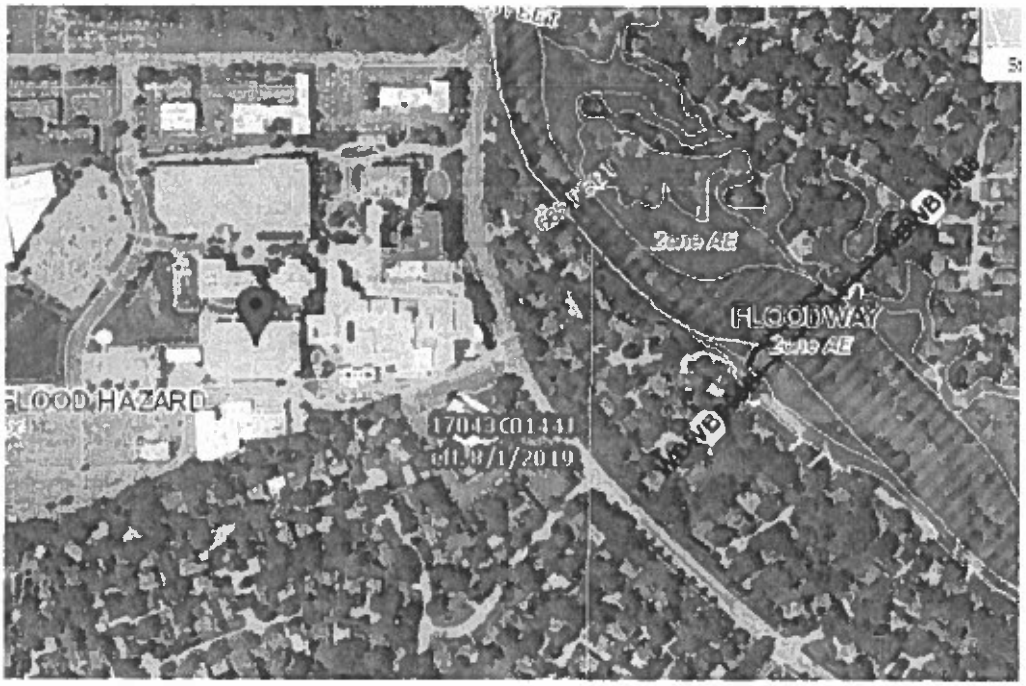
Signature:_____ Date: _____

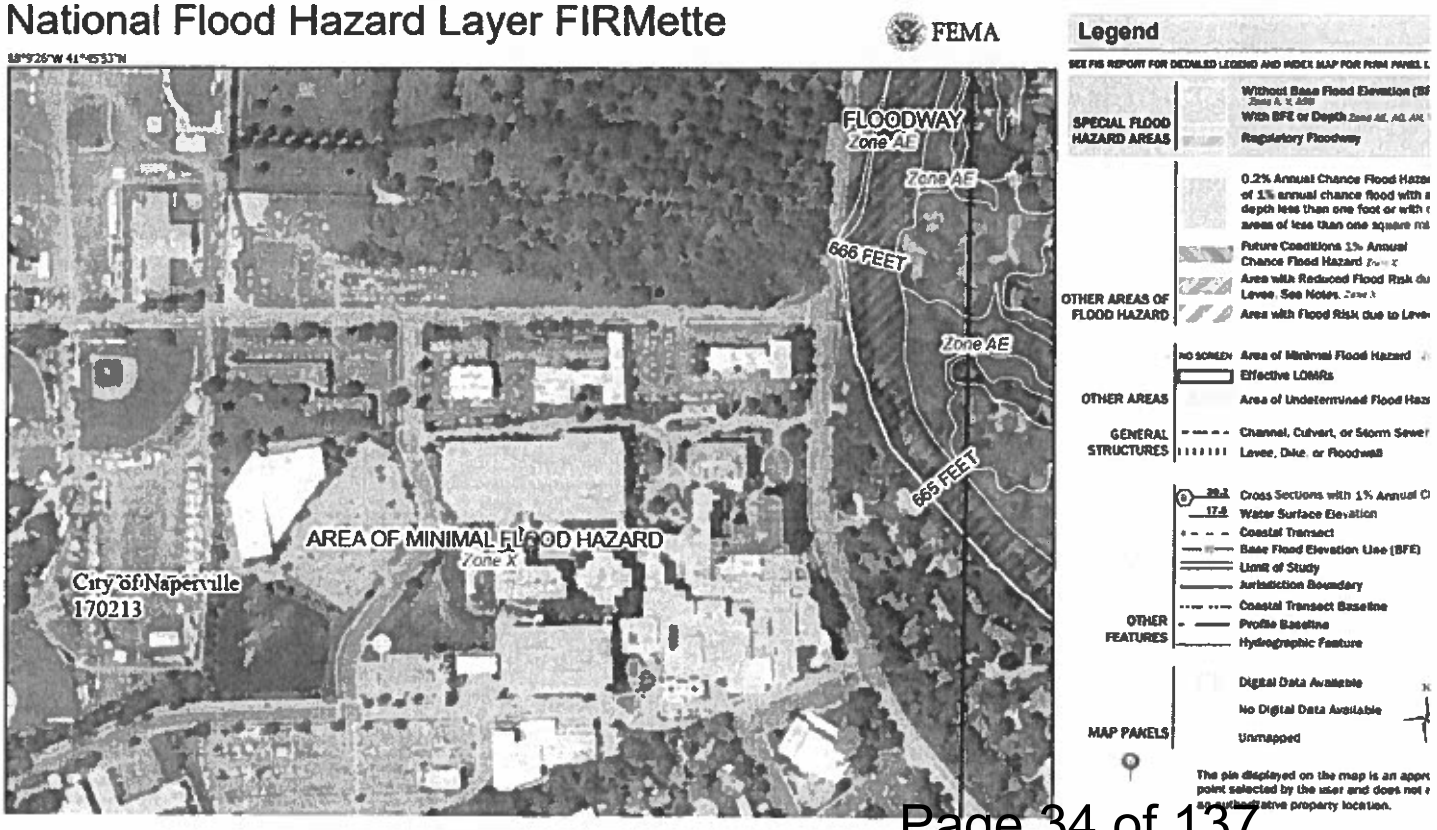
NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems. If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428.

SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

Floodplain Map Example

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





ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT

LONG-TERM CARE APPLICATION

FEBRUARY 2021 EDITION

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 WEST JEFFERSON STREET, 2nd FLOOR
SPRINGFIELD, ILLINOIS 62761
(217) 782-3516

INSTRUCTIONS
GENERAL

- The Application must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act, including those involving establishment, expansion or modernization of a service or facility.
- The person(s) preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1125 and 1130).
- **This Application does not supersede any of the above-cited rules and requirements that are currently in effect.**
- The application form is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Code 1125 (Long-Term Care)).
- Questions concerning completion of this form may be directed to the Health Facilities and Services Review Board staff at (217)782-3516.
- Copies of this application form are available on the Health Facilities and Services Review Board website www.hfsrb.illinois.gov.

SPECIFIC

- Use this form, as written and formatted.
- Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. **If a criterion is NOT APPLICABLE, label as such and state the reason why.**
- For all applications that time and distance are required for a criterion submit copies of all Map-Quest Printouts that indicate the distance and time from the proposed facility or location to the facilities identified.
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION FOR PERMIT. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION AND OR NUMBERING.**
- Attachments for each Section should be appended after the last page of the application for permit.
- Begin each Attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- For those criteria that require MapQuest printouts, physician referral letters and attachments, impact letters and documentation of receipt, include as appendices after that last attachment submitted with the application for permit. Label as Appendices 1, 2 etc.
- For all applications that require physician referrals the following must be provided: a summary of the total number of patients by zip code and a summary (number of patients by zip code) for each facility the physician referred patients in the past 12 or 24 months whichever is applicable.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The application must be signed by the authorized representative(s) of each applicant entity.
- Provide an original application and one copy - both **unbound.** **Label the copy of the application for permit** that contains the original signatures, as **"ORIGINAL".**

Failure to follow these requirements WILL result in the application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the application being declared null and void. Applicants are advised to read Part 1130 with respect to completeness (1130.620(d).

ADDITIONAL REQUIREMENTS

FLOOD PLAIN REQUIREMENTS

Before an application for permit involving construction will be deemed **COMPLETE,** the applicant must **COMPLETE SECTION E AND ATTEST** that the project **is or is not in a flood plain** and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2006-5**.

HISTORIC PRESERVATION REQUIREMENTS

In accordance with the requirements of the Illinois Historic Resources Preservation Act (IHRP), the Health Facilities Planning Board is required to advise the Historic Preservation Agency of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the IHRP Agency to determine if certain projects may impact upon historic resources. Such types of projects include:

1. Projects involving demolition of any structures; or
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the Illinois Historic Preservation Agency so known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The Historic Preservation Agency (HPA) will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from the HPA with the submission of the application for permit.

Information concerning the Historic Resources Preservation Act may be obtained by calling (217)782-4836 or writing Illinois Historic Preservation Agency Preservation Services Division, Old State Capitol, Springfield, Illinois 67201,

FEE

An application processing fee (refer to Part 1130.620(f) for the determination of the fee) must be submitted with most applications. If a fee is applicable, and initial fee of $2,500 MUST be submitted at the same time as submission of the application. **The application will not be declared complete and the review will not be initiated if the processing fee is not submitted.** HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **Payment may be by check or money order and must be made payable to the Illinois Department of Public Health**.

SUBMISSION OF APPLICATION

Submit an original and one copy of all Sections of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

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

INDEX OF ATTACHMENTS

32- Personal / owner's CV 74-82

33- Property Drawings + Pictures 83-96

34- Certificate of Occupancy Issued 9/13/2023 -

35- Architectural Survay Report - 98-9

ATTACHMENT # 1

Well Care Home NFP, INC is registered in the state of Illinois. Company is owned and operated by Ahsan Usman. (co-owners Rabia and Ahad Usman)

(Attached Company EIN and Article of Organization).

General Owners of the Well Care Home NFP, INC

Ahsan Usman 6 Indian Creek Lane, Frontenac, MO 63131

Rabia A Usman 6 Indian Creek Lane, Frontenac, MO 63131

Ahad Usman 6 Indian Creek Lane, Frontenac, MO 63131

Office of the Secretary of State
ilsos.gov

Business Entity Search

Entity Information

Entity Name	WELL CARE HOME NFP, INC.		
File Number	74285244	**Status**	ACTIVE
Entity Type	CORPORATION	**Type of Corp**	NOT-FOR-PROFIT
Incorporation Date (Domestic)	06-14-2023	**State**	ILLINOIS
Duration Date	PERPETUAL		
Annual Report Filing Date	00-00-0000	**Annual Report Year**	
Agent Information	CHRISTOPHER W. BYRON 411 SAINT LOUIS ST EDWARDSVILLE ,IL 62025-1907	**Agent Change Date**	06-14-2023

Services and More Information

Choose a tab below to view services available to this business and more information about this business.

Purchase Master Entity Certificate of Good Standing

Change of Registered Agent and/or Registered Office

Adopting Assumed Name

FORM **NFP 102.10**
ARTICLES OF INCORPORATION
General Not For Profit Corporation Act
File # **74285244**
Filing Fee: $50
Approved By: MAP

FILED
JUN 14 2023
Alexi Giannoulias
Secretary of State

Article 1.
Corporate Name: WELL CARE HOME NFP, INC.

Article 2.
Registered Agent: CHRISTOPHER W. BYRON

Registered Office: 411 SAINT LOUIS ST

EDWARDSVILLE IL 62025-1907 MADISON COUNTY

Article 3.
The first Board of Directors shall be 3 in number, their Names and Addresses being as follows

AHSAN USMAN, 6 INDIAN CREEK LANE, FRONTENAC, MO 63131

RABIA A. USMAN, 6 INDIAN CREEK LANE, FRONTENAC, MO 63131

AHAD USMAN, 6 INDIAN CREEK LANE, FRONTENAC, MO 63131

Article 4. Purpose(s) for which the Corporation is organized:
Charitable.

Is this Corporation a Condominium Association as established under the Condominium Property Act? ☐ Yes ☑ No
Is this a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? ☐ Yes ☑ No
Is this Corporation a Homeowner's Association, which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? ☐ Yes ☑ No

Article 5. Name & Address of Incorporator
The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

CHRISTOPHER W. BYRON
Name

411 ST. LOUIS STREET
Street

EDWARDSVILLE, IL 62025 Dated JUNE 14 , 2023
City, State, ZIP Month & Day Year

This document was created electronically at www.ilsos.gov

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06-21-2023

Employer Identification Number:
93-1999731

Form: SS-4

Number of this notice: CP 575 E

WELL CARE HOME NFP INC
174 BERRINGER DR
O FALLON, IL 62269

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-1999731. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

5

(IRS USE ONLY) 575E 06-21-2023 WELL O 9999999999 SS-4

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is WELL. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 06-21-2023
EMPLOYER IDENTIFICATION NUMBER: 93-1999731
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

WELL CARE HOME NFP INC
174 BERRINGER DR
O FALLON, IL 62269

ATTACHMENT # 2

Property at address: 100 Faith Drive, Highland, Illinois 62249
is owned by Well Care Home NFP, INC.

Assignment of Mortgage and Other loan Documents
UCC FInancing Statement Amendment
Electric Bill Copy as a proof of ownership
Legal Description of the asset. (Exhibit A).

DocId:8872647
Tx:4594732

This instrument prepared by:
Mooring Financial Corporation
45150 Russell Branch Pkwy, Ste 102
Ashburn, VA 20147

After recording, please return to:
Byron Carlson Petri & Kalb, LLC
Attn: Joseph R. Harvath
411 Saint Louis Street
Edwardsville, IL 62025

2023R17220
STATE OF ILLINOIS
MADISON COUNTY
06/29/2023 11:17 AM
LINDA A. ANDREAS
CLERK & RECORDER
REC FEE: 71.00
CO STAMP FEE:
ST STAMP FEE:
FF FEE:
RHSPS FEE: 9.00
OF PAGES: 4

750
Ckt 8617
8622

ASSIGNMENT OF MORTGAGE AND OTHER LOAN DOCUMENTS

FHA Project No.: 072-43119
Project Name: Faith Care
City, State: Highland, Illinois

MOORING NC I, LLC ("Mooring"), in consideration of Ten Dollars ($10.00) and other good and valuable consideration, hereby assigns, transfers, sets over and conveys to WELL CARE HOME NFP, INC. ("Assignee"), without recourse, the following:

1. that certain Mortgage executed by FAITH CARE, LLC, as Borrower, in favor of GERSHMAN INVESTMENT CORP., dated July 1, 2012 and recorded on July 30, 2012 as Document No. 2012R31464 in the Recorder's Office of Madison County, Illinois (the "Records"), as assigned to GREYSTONE FUNDING COMPANY, LLC by that certain Assignment of Mortgage dated October 23, 2020, effective November 1, 2020, and recorded on November 18, 2020 as Document No. 2020R42442 in the Records, as assigned to the SECRETARY OF HOUSING AND URBAN DEVELOPMENT, OF WASHINGTON, D.C., HIS/HER SUCCESSORS AND ASSIGNS by that certain Assignment of Mortgage dated May 17, 2021, recorded on June 11, 2021 as Document No. 2021R24899 in the Records, and as re-recorded on August 9, 2021, as Document No. 2021R33334, in the Records, as assigned to Mooring Capital Fund, LLC by that certain Assignment of Mortgage dated December 6, 2022, recorded on December 8, 2022, as Document No. 2022R38688 in the Records, as assigned to Mooring by that certain Assignment of Mortgage dated January 27, 2023, effective December 6, 2023, as Document No. 2023R02485, and as assigned, amended or modified from time to time (the "Mortgage"), which Mortgage secures that certain Mortgage Note dated as of July 1, 2012 in the original principal amount of $13,103,800.00 (the "Note") and all its right, title and interest in and to the property therein described, as more fully described in Exhibit A attached hereto and made a part hereof;

2. that certain UCC Financing Statement naming FAITH CARE, LLC, as debtor, and

GERSHMAN INVESTMENT CORP. as secured party, and the SECRETARY OF HOUSING AND URBAN DEVELOPMENT, OFFICE OF HEALTHCARE PROGRAMS, U.S. DEPT, OF HOUSING & URBAN DEVELOPMENT, THEIR SUCCESSORS AND ASSIGNS, AS THEIR INTERESTS MAY APPEAR as additional secured party, recorded on July 30, 2012 as Document No. 2012R31466 in the Records, as assigned to GREYSTONE FUNDING COMPANY, LLC, by that certain UCC Financing Statement Amendment recorded on April 16, 2021 as Document No. 2021R16761 in the Records, as assigned to SECRETARY OF HOUSING AND URBAN DEVELOPMENT, OF WASHINGTON, D.C., HIS/HER SUCCESSORS AND/OR ASSIGNS, AS THEIR INTERESTS MAY APPEAR, by that certain UCC Financing Statement Amendment recorded on June 17, 2021 as Document No. 2021R25920 in the Records, as assigned to Mooring Capital Fund, LLC, by that certain UCC Financing Statement Amendment recorded on December 28, 2022 as Document No. 2022R40527 in the Records, as assigned to Mooring by that certain UCC Financing Amendment recorded on March 3, 2023 as Document No. 2023R05769 in the Records, as and as assigned, amended or modified from time to time.

[INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, Mooring has caused this Assignment of Mortgage and Other Loan Documents to be executed and delivered under seal by its duly authorized agent as of the 14th day of June 2023.

WITNESS:

MOORING NC I, LLC

By: Mooring Fund Manager, LLC, Manager
By: Mooring Financial Corporation, Manager

By: _____
Name: Daniel J. Briotti
Title: Vice President, Asset Management

Name and Address of Assignee:

Well Care Home NFP, Inc.

ACKNOWLEDGEMENT

COMMONWEALTH OF VIRGINIA

CITY OF RICHMOND, ss:

The foregoing instrument was acknowledged before me on the 14 day of June 2023, by Daniel J. Briotti as Vice President, Asset Management of Mooring Financial Corporation, Manager of Mooring Fund Manager, LLC, the Manager of Mooring NC I, LLC.

_____
Notary Public

[SEAL]

My commission expires 1/31/2026

DANIEL SIMON
NOTARY PUBLIC
REGISTRATION # 8005578
COMMONWEALTH OF VIRGINIA
COMMISSION EXPIRES: 1/31/2026

#23-042

[redacted]

RECEIVED

IL SECRETARY OF STATE

UNIFORM COMMERCIAL CODE

06/22/2023 1:20 PM

$20.00 Electronic

09875165 AS

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Joseph R. Harvath 618-655-0600

B. E-MAIL CONTACT AT FILER (optional)
jharvath@bcpklaw.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
Byron Carlson Petri & Kalb, LLC
411 St. Louis Street
Edwardsville, IL 62025

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
17456474

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☑ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE:
Check one of these two boxes: AND Check one of these three boxes to:
This Change affects ☐ Debtor or ☐ Secured Party of record
☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c
☐ ADD name: Complete item 7a or 7b, and item 7c
☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)
6a. ORGANIZATION'S NAME
OR
6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME
Well Care Home NFP, Inc.
OR
7b. INDIVIDUAL'S SURNAME
INDIVIDUAL'S FIRST PERSONAL NAME
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX
7c. MAILING ADDRESS: 174 Berringer Drive | CITY: O'Fallon | STATE: IL | POSTAL CODE: 62269 | COUNTRY: USA

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor
9a. ORGANIZATION'S NAME
Mooring NC I, LLC
OR
9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
17456474

09875165 AS

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME
Mooring NC I, LLC

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR

13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:
☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest):

17. Description of real estate
The land referred to herein is situated in the City of Highland, County of Madison, and State of Illinois, and is described as follows:

A tract of land being a part of the Northwest 1/4 of the Northeast 1/4 of section 9, Township 3 North, Range 5 West of the Third Principal Meridian, Madison County, Illinois and being more particularly described as follows:

Commencing at the Northeast corner of said Northwest c of the Northeast c; thence South 00 degrees 42

18. MISCELLANEOUS:

Real Estate Description (continued from Item 17):
minutes 00 seconds East along the East line of the Northwest c of the Northeast c, a distance of 566.06 feet to the point of beginning of the tract herein being described; thence continuing South 00 degrees 42 minutes 00 seconds East along said East line of the Northwest c of the Northeast c, a distance of 453.62 feet; thence along a curve to the right having a radius of 166.00 feet, a chord bearing of North 60 degrees 10 minutes 11 seconds West and having a chord distance of 23.65 feet; thence along a curve to the left having a radius of 134.00 feet, a chord bearing of North 62 degrees 09 minutes 19 seconds West and a chord distance of 28.34 feet; thence North 89 degrees 20 minutes 41 seconds West, a distance of 612.65 feet; thence North 00 degrees 41 minutes 43 seconds West, a distance of 347.67 feet; thence North 30 degrees 07 minutes 10 seconds East, a distance of 293.72 feet; thence South 58 degrees 04 minutes 50 seconds East, a distance of 52.00 feet; thence North 31 degrees 54 minutes 43 seconds East, a distance of 165.62 feet; thence South 57 degrees 26 minutes 43 seconds East, a distance of 295.79 feet; thence South 31 degrees 54 minutes 56 seconds West, a distance of 45.87 feet; thence South 58 degrees 05 minutes 04 seconds East, a distance of 179.92 feet to a point of beginning.

Situated in Madison County, Illinois.

PPN: 01-1-24-08-00-000-002.005

Commonly Known as: 100 Faith Drive, Highland, IL 62249

Exhibit A

Legal Description

The land referred to herein is situated in the City of Highland, County of Madison, and State of Illinois, and is described as follows:

A tract of land being a part of the Northwest 1/4 of the Northeast 1/4 of Section 8, Township 3 North, Range 5 West of the Third Principal Meridian, Madison County, Illinois and being more particularly described as follows:

Commencing at the Northeast corner of said Northwest 1/4 of the Northeast 1/4; thence South 00 degrees 42 minutes 00 seconds East along the East line of the Northwest 1/4 of the Northeast 1/4, a distance of 566.06 feet to the point of beginning of the tract herein being described; thence continuing South 00 degrees 42 minutes 00 seconds East along said East line of the Northwest 1/4 of the Northeast 1/4, a distance of 453.62 feet; thence along a curve to the right having a radius of 166.00 feet, a chord bearing of North 60 degrees 10 minutes 11 seconds West and having a chord distance of 23.65 feet; thence along a curve to the left having a radius of 134.00 feet, a chord bearing of North 62 degrees 09 minutes 19 seconds West and a chord distance of 28.34 feet; thence North 89 degrees 20 minutes 41 seconds West, a distance of 612.65 feet; thence North 00 degrees 41 minutes 43 seconds West, a distance of 347.67 feet; thence North 30 degrees 07 minutes 10 seconds East, a distance of 293.72 feet; thence South 58 degrees 04 minutes 50 seconds East, a distance of 52.00 feet; thence North 31 degrees 54 minutes 43 seconds East, a distance of 165.62 feet; thence South 57 degrees 26 minutes 43 seconds East, a distance of 295.79 feet; thence South 31 degrees 54 minutes 56 seconds West, a distance of 45.87 feet; thence South 58 degrees 05 minutes 04 seconds East, a distance of 179.92 feet to the point of beginning.

Situated in Madison County,

Illinois. PPN: 01-1-24-08-00-000-

002.005

COMMONLY KNOWN AS: 100 Faith Drive, Highland, Illinois 62249

END OF DOCUMENT

CITY OF HIGHLAND

POWER COST ADJUSTMENT: SEPTEMBER 2023 0.0412

PLEASE SEE OTHER SIDE FOR ADDITIONAL BILLING INFORMATION

BILL DATE: 09/15/2023
NAME: WELL CARE HOME
SERVICE ADDRESS: 100 FAITH DR

ACCOUNT NUMBER: 023564-001

Meter Description	Meter Number	Previous Date	Previous Read	Current Date	Current Read	Type	Usage
Demand	77066854	08/07/2023	1.04	09/05/2023	1.25	Actual	250.0
Electric	77066854	08/07/2023	3,451	09/05/2023	3,957	Actual	101,200
Water	230650992 h	08/08/2023	25	09/07/2023	35	Actual	10,000
Water	230650992 L	08/08/2023	1,767	09/07/2023	2,609	Actual	84,200

CURRENT CHARGES	Amount
Electric	$8,795.87
Demand	$1,690.00
Tax	$313.32
Water	$759.03
Sewer	$829.54
Garbage	$270.00
Fire Protection	$84.61

NOTE:
A 1.5% late payment charge will be applied to any unpaid balance after the due date.

CURRENT CHARGES	$12,742.37	**TOTAL AMOUNT DUE BY 10/05/2023**	$30,354.87
PREVIOUS BALANCE	$17,612.50	**AFTER 10/05/2023**	$30,810.19

RETURN BOTTOM PORTION WITH CHECK PAYABLE TO CITY OF HIGHLAND AND MAIL IN ENCLOSED ENVELOPE

DETACH HERE

PLEASE DO NOT FOLD OR STAPLE

DETACH

City of Highland
1115 Broadway • PO Box 218
Highland, IL 62249
(618) 654-9891

ACCOUNT NUMBER: 023564-001
SERVICE ADDRESS: 100 FAITH DR

TOTAL AMOUNT DUE BY 10/05/2023 $30,354.87

GOOD SAMARITAN DONATION

AMOUNT PAID

0002399

2399 1 MB 0.561
WELL CARE HOME
6 INDIAN CREEK LN
SAINT LOUIS, MO 63131-3333

6 16 (0002399)
26-201-03

0235641 003035487 9

ATTACHMENT # 3

Illinois Certificate of Good Standing (see attachment #1)

Well Care Home NFP, INC is registered in the state of Illinois. Company is owned and operated by Ahsan Usman. (co-owners Rabia and Ahad Usman)

(Attached Company EIN and Article of Organization).

General Owners of the Well Care Home NFP, INC

Ahsan Usman 6 Indian Creek Lane, Frontenac, MO 63131

Rabia A Usman 6 Indian Creek Lane, Frontenac, MO 63131

Ahad Usman 6 Indian Creek Lane, Frontenac, MO 63131

ATTACHMENT # 4

Organizational Relationship

Property is owned by Well Care Home NFP, INC

Well Care Home NFP, INC is a Not For Profit Incorporation.
Address: 100 Faith Drive, Highland, Illinois 62249

Well Care Home NFP, INC purchased the building on 06/14/2023.
Well Care Home NFP, INC paid cash and no mortgage is on the building.

Ahsan Usman is a CEO of the company.
Rabia and Ahad Usman are the co-owners.

Ahsan Usman has been in a medical practice as a physician since 2003. Dr. Usman has been taking care of patient for the last twenty years and has been medical director for nursing homes. Dr. Usman has self-motivation, dedication and commitment to provide compassionate care to serve elderly senior citizens and dialysis patients.

Dr. Usman has fully funded the whole project and paid cash to purchase the building and renovated it completely.
Dr. Usman has set aside half million dollars as operating capital.

ATTACHMENT # 5

Flood Plain Requirement (please see attachment)

Attestation:

I, Ahsan Usman, owner of the Well Care Home NFP, INC attest and confirm that the project complies with the requirements of Illinois Executive order # 2006-5.

Project is located at 100 Faith drive, Highland IL 62249 is not in a flood plain and that the location of the proposed project complies with the floodplain rule under Illinois executive order # 2006-5.

Yours Truly,

Ahsan Usman.

Ahsan Usman, MD
Well Care Home NFP, INC
100 Faith Drive
Highland IL 62249
Cell: 314-560-9648

FEMA
(//www.fema.gov/)

FEMA Flood Map Service Center: Search By Address

Navigation

Search

MSC Home (/portal/)

MSC Search by Address (/portal/search)

MSC Search All Products (/portal/advanceSearch)

MSC Products and Tools (/portal/resources/productsandtools)

- Hazus (/portal/resources/hazus)
- LOMC Batch Files (/portal/resources/lomc)
- Product Availability (/portal/productAvailability)

MSC Frequently Asked Questions (FAQs) (/portal/resources/faq)

MSC Email Subscriptions (/portal/subscriptionHome)

Contact MSC Help (/portal/resources/contact)

Enter an address, place, or coordinates:

100 Faith drive Highland IL 62249 Search

Whether you are in a high risk zone or not, you may need flood insurance (https://www.fema.gov/national-flood-insurance-program) because most homeowners insurance doesn't cover flood damage. If you live in an area with low or moderate flood risk, you are 5 times more likely to experience flood than a fire in your home over the next 30 years. For many, a National Flood Insurance Program's flood insurance policy could cost less than $400 per year. Call your insurance agent today and protect what you've built.

Learn more about steps you can take (https://www.fema.gov/what-mitigation) to reduce flood risk damage.

Search Results—Products for **CLINTON COUNTY UNINCORPORATED AREAS**

Show ALL Products » (https://msc.fema.gov/portal/availabilitySearch?addcommunity=170436&communityName=MA

The flood map for the selected area is number **1704360040B**, effective on **4/15/1982**

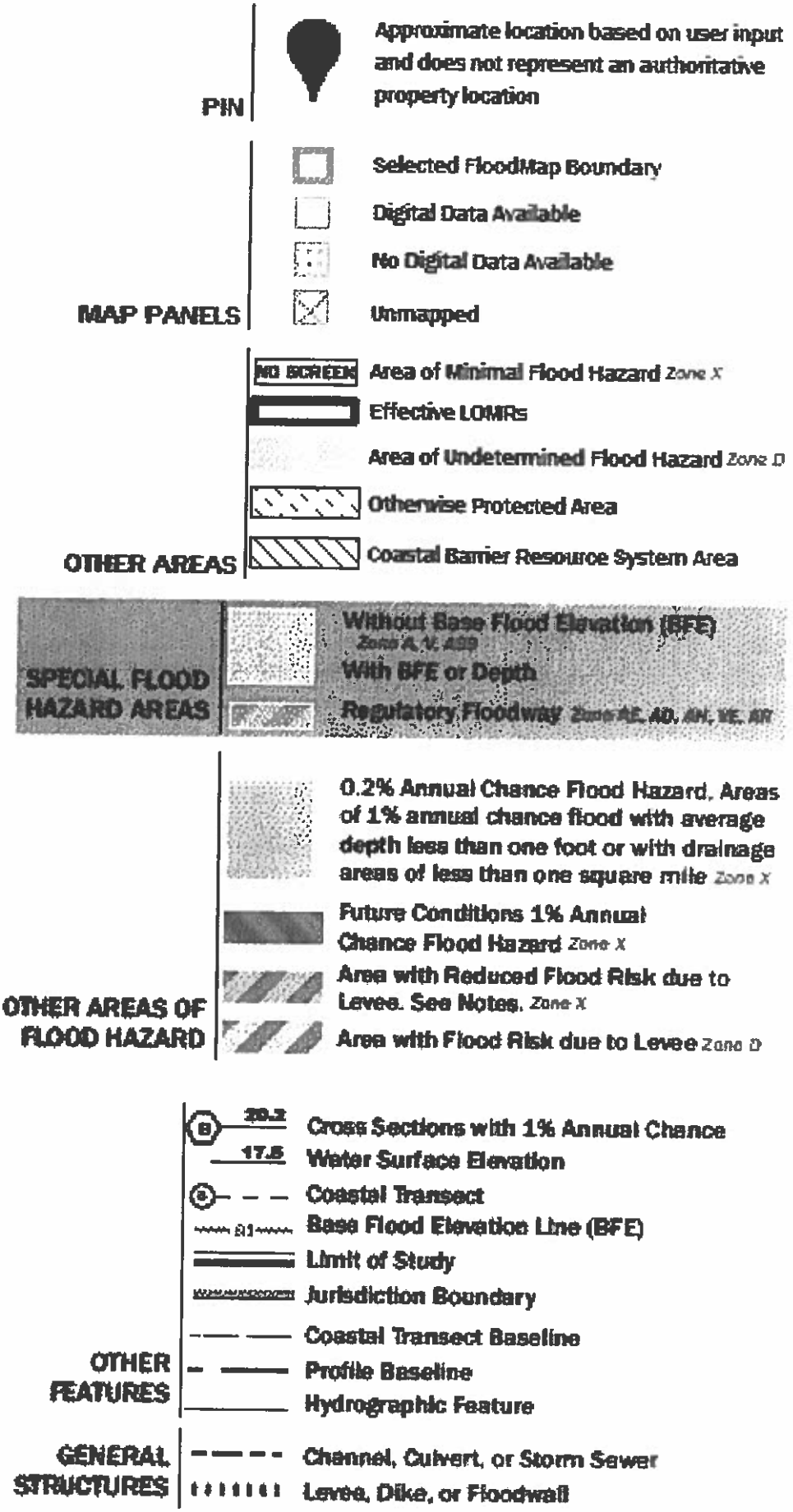
MAP IMAGE

VIEW/PRINT FIRM (https://msc.fema.gov/portal/viewProduct?productID=1704360040B) DOWNLOAD FIRM PANEL (https://msc.fema.gov/portal/downloadProduct?productTypeID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL&productID=1704360040B)

Changes to this FIRM

- Revisions (0)
- Amendments (1)
- Revalidations (0)

You can choose a new flood map or move the location pin by selecting a different location on the locator map below or by entering a new location in the search field above. It may take a minute or more during peak hours to generate a dynamic FIRMette.


PIN
Approximate location based on user input and does not represent an authoritative property location
MAP PANELS
Selected FloodMap Boundary
Digital Data Available
No Digital Data Available
Unmapped
OTHER AREAS
NO SCREEN
Area of Minimal Flood Hazard Zone X
Effective LOMRs
Area of Undetermined Flood Hazard Zone D
Otherwise Protected Area
Coastal Barrier Resource System Area
SPECIAL FLOOD HAZARD AREAS
Without Base Flood Elevation (BFE)
Zone A, V, A99
With BFE or Depth
Regulatory Floodway Zone AE, AO, AH, VE, AR
OTHER AREAS OF FLOOD HAZARD
0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
Future Conditions 1% Annual Chance Flood Hazard Zone X
Area with Reduced Flood Risk due to Levee. See Notes. Zone X
Area with Flood Risk due to Levee Zone D
OTHER FEATURES
Cross Sections with 1% Annual Chance
Water Surface Elevation
Coastal Transect
Base Flood Elevation Line (BFE)
Limit of Study
Jurisdiction Boundary
Coastal Transect Baseline
Profile Baseline
Hydrographic Feature
GENERAL STRUCTURES
Channel, Culvert, or Storm Sewer
Levee, Dike, or Floodwall

ATTACHMENT # 6

Historic Resources Preservation Act Requirements

Historic Preservation Requirements:

1. General Project Description and Address:

Well Care Home NFP, INC is a registered entity in the state of Illinois and in good standing has goals to serve and respect the senior citizens and disabled individuals by reopening a 74 beds long term care facility at 100 Faith Drive, Highland, IL.62249 There is an existing but vacant former long term care facility 74 beds operated in Madison County but shut down approximately 2 years ago.

Property address:: 100 Faith Drive, Highland, IL 62249 in Madison County.

By re-establishing and re-opening this long term care facility and addingback 74 beds as a long term care facility will not only meet local demand but also bring services to local communities close to their homes and loved ones. No one has to leave Highland, IL and surrounding cities to go to far away areas to seek long term care and rehabilitation.

2. Topographic or Metropolitan map:

Attached. Picture and Layout / Floor Plans.

Project Address::

100 Faith Drive, Highland, IL 62249 in Madison County.

Building Size : 74,000 sq feet.

Built as a Nursing Home and Assisted Living Facility in 2004.

Lot size: 7.8 Acres

Building name: Former Faith Countryside homes as a long term care facility.

Well Care Home, NFP, INC
100 Faith Drive
Highland, IL 62249
Cell: 314-560-9648

The purpose of this request is to gain permission to re-open this well built building as a healthcare facilty. Well Care Home NFP, INC will provide healthcare services to our senior citizens by obtaining state licenses for assisted living facility and skilled nursing facility.
Assisted Living Facility comprises 36 studio apartments.We will be able to provide physical therapy, rehabilitation, nursing care and help with medication intake.
Skilled nursing facility comprise 60 beds of long term care and 14 beds as dementia unit. We will be able to provide very comprehensive health care and rehabilitation. If state allows then goal is to provide dialysis onsite for residents who need hemodialysis or peritoneal dialysis. There are not even a single nursing home in miles radius who provide dialysis onsite. Well care home NFP, INC and city of highland will be known for this unique and very rare service available in the region.
Well Care Home NFP, INC will be operated by the licensed administrators, registered nurses, CNAs and LPNs. Dr. Ahsan Usman board certified physician will be the medical director available to serve our residents 24/7. Physician will be available after hours and over the weekends which will make us stand out even more as compared to any other nursing homes in the area. Our commitment and dedication to serve our community will be exceptional and exemplary.

Well Care Home NFP, INC will be able to create more than 50 jobs when it is fully operational. Local residents will not have to go out of town for job opportunities. This vacant building will become an asset for the city of Highland by retaining our senior citizens in town and receiving outstanding comprehensive health care services right here close to their loved ones.This facility will attract several senior residents and families to come to the city of Highland to seek unmatchable, extraordinary compationate care.

ATTACHMENT # 10

Section II: Purpose of the Project:

Well Care Home NFP, INC (WCH) is a registered entity in the state of Illinois and in a good standing. WCH has goals to serve and respect the senior citizens and disabled individuals by establishing a long term care facility in Highland, IL.
This is an existing but vacant former long term care facility 74 beds operated by Jackson County but shut down approximately 2 years ago.
Property address:: 100 Faith Drive, Highland, IL 62249 in Madison County.

By re-establishing and re-opening this long term care facility and adding 74 beds as a long term care facility will not only meet local demand but also bring services to local communities close to their homes and loved ones. No one has to leave Highland, IL and surrounding cities to go to far away areas to seek long term care and rehabilitation.

Planning Area and Market Area ::

Property address:: 100 Faith Drive, Highland, IL 62249 in Madison County.

Building Size : 74,000 sq feet.

Built as a Nursing Home Facility in 2004.

Lot size: 7.8 Acres

Building name: Former Faith Countryside homes as a long term care facility.

Having this former long term care facility shut down has caused a lack of healthcare services. There is a growing gap bigger and deeper due to lack of nursing services in the setting of growing elderly population and population in general. This is a huge problem that local senior citizens have to move far away from their families in the search of a long term care facility when they need their loved ones the most, close to their rehab and nursing facility.

Resources of Information::

One Local Nursing Home in the city of Highland (attached references from IDPH online home website).

Madison County Population is growing Elderly population (attached. United States Census).

Madison County, Illinois
Complete background, History, Geography, Climate and Weather, Demographics and Economy. (attached Wikipedia).

Goals to Achieve:

Adding 74 beds back to the community after 2 years of this long term care facility being shut down will provide following huge benefits not only to the local residents of Highland but also to several cities, townships in Madison County, IL.

There is one long term care facility in the city of Highland, IL.

1. This long term care facility will serve the need of such a facility to accommodate the growing elderly population in Madison County, IL.
2. Easy access to long term health care close to their homes.
3. Facility will provide nursing care.
4. Facility will provide rehabilitation , physical therapy services.

5. Facility will provide Palliative and comfort care services.
6. Facility will provide onsite dialysis facilities. Any senior resident in need of dialysis will get onsite dialysis instead of being dragged around to far away dialysis centers even during extreme weather conditions.
7. Facility will provide Social worker, dietitian and occupational services.
8. Facility will provide bathing, grooming and socialization with the same age group citizens.
9. Facility will provide three meals.
10. Facility will provide transport services for the residents of the Facility to catch up with their doctor appointments.
11. Facility will provide close physician monitoring and 24/7 physician availability even after hours and over the weekends as this particular facility will be owned and operated by a licensed and board certified physician.

Precisely, by not having another long term care facility in the city of Highland, IL, our local community is deprived of all the above mentioned services and benefits of such a much needed faciltiy.

Once CON is granted and IDPH approves to re-establish this long term care facility then this facility is ready to open and operate right away.

Occupancy permit issued by the city of HIghland is attached.

ATTACHMENT # 11

Criterion 1125.330 – Alternatives

Alternative Options to the proposed project:

Alternative Option # 1

Onsite Dialysis Service on the premises of a Long term care facility.

This is a well known fact and unacceptable reality that the majority of the long term care facilities do not have dialysis services onsite.
Elderly, frail, sick and weak residents at the LTC facility with multiple medical comorbidities have to be transported to dialysis facilities every other day under extreme weather conditions. It is a huge disrespect and lack of service which can be provided and save our elderly dialysis population from hassle and discomfort.

Precisely, adding a dialysis service to this proposed LTC facility will serve the additional valuable service that not even a single long term care facility provides in the whole Madison County, IL..
There is a Zero such LTC facility in Madison County and surrounding counties in IL.
This could be the very first facility to serve our respected elderly dialysis population requiring long term care facility and rehabilitation.

Additional Cost of the project to add an onsite dialysis facility for the first year will be $200,000 dollars.
Being a nephrologist myself, I can fund and operate such a much needed valuable dialysis service for the first time ever in the history of Madison county, IL.

Alternative Option # 2

Onsite Respiratory Care service / Ventilator management on the premises of a Long term care facility.

This is a well known fact and unacceptable reality that the majority of the long term care facilities do not have respiratory and ventilator services onsite.

Precisely, adding a respiratory and ventilator management service to this proposed LTC facility will serve the additional valuable service that not even a single long term care facility provides in the whole Madison County, IL.
There is a Zero such LTC facility in Madison County, IL.
This could be the very first facility to serve our respected elderly ventilator dependent population requiring long term care facility and rehabilitation.

Additional Cost of the project to add an onsite respiratory and ventilator management services for the first year will be $200,000 dollars.

With local community support, City of Highland and state grant and self funding, respiratory and ventilator services can be established.

Alternative Option # 3

Adding onsite Infusion center:

By adding onsite infusion center for long term course of Intravenous antibiotics, total parenteral nutrition (TPN), iron infusions for anemic patients, ESA therapy (anemia shots), Blood transfusion onsite and IV fluid infusion for dehydrated residents.

Cost to establish an infusion center for the first year is $50,000 dollars. It can be achieved with personal funding by me.

Adding alternative three services will make this long term care facility a very comprehensive long term care facility and state of the art care facility for the first time ever in the history.

Such a comprehensive care facility will provide chronic long term care that patients need for living. Dialysis and being on the ventilator are life saving. Without chronic dialysis and chronic ventilator, patients die in days and that is inevitable. There are no such facilities available and that is very unfortunate.

State should support and help to establish such comprehensive long term care facilities for our communities and to improve quality of care, accessibility of care and services.

Long term care facilities with onsite dialysis, ventilator management and infusion center will prevent frequent hospitalization, prolonged hospitalizations due to lack of such facilities who can accommodate sick patients early on, huge hospital costs and wastage of money and resources.
Lack of comprehensive care nursing facilities without much needed services are creating financial burden on medicare and healthcare expenses. Patients are staying longer in the hospitals and frequently getting re-hospitalized just because our state has no such comprehensive long term care facilities.

ATTACHMENT # 12

GENERAL LONG TERM CARE FACILITY

Criterion 1125.520 – Background of the applicant

Applicant name : Ahsan Usman
Profession : Board certified internal medicine Physician and board eligible fellowship trained nephrologist actively practicing medicine in the state of Illinois.

Ahsan Usman owns Well Care Home NFP, INC as a sole owner, registered in the state of Illinois.

Ahsan Usman or Well Care Home NFP, INC does not own or have shares in any long term care facility.

Ahsan Usman is a medical director and serving as a physician at two LTC facilities in IL.
Edwardsville Nursing and rehab in Maryville, IL
University Care Center Edwardsville, IL.

CV/ resume and Certificates Attached.

ATTACHMENT # 13

Criterion 1125.530 - Planning Area Need.

Proposed Project Address: 100 Faith Drive Highland IL 62249

County: Madison County

Population per US Census Bureau: 231,451 residents within 21 miles radius of Highland, IL.
Ju;y, 2022 population in the Madison county = 263,864

Total residents 65 + age in Madison county per US Census Bureau : 18.7% = 49,342 residents (report attached)

Total long term care available beds in the 21 miles radius from city of Highland, IL : 4,064 beds (per IDPH online homes report attached)

12 elderly residents (65+ age) in Madison County, IL have one long term care facility bed available.

Madison County currently has a calculated excess of 100 LTC beds.

Adding 74 more beds in Madison County, IL is much needed. Adding 74 more beds will not drop current utilization of existing beds in Madison County, IL as there are 12 residents 65+ age and have only one long term care bed availability in the whole Madison county.

Adding 74 more beds will definitely bring more accessibility and better healthcare services to the residents of Madison County, IL.

Adding 74 LTC beds as requested will also bring onsite dialysis opportunities for the first time ever in the history of Madison County, IL. No such LTC facility exists in the miles radius from Highland, IL and in Madison County.

Precisely, establishment and addition of 74 LTC beds will bring better health care access to Madison County residents.

Please see attached support letters from the community.
City of Highland administration and community of Highland is very excited and looking forward to seeing this facility re-opened soon.

ATTACHMENT # 14

Criterion 1125.540 - Service Demand - Establishment of LTC

Projected addition of LTC beds : 74
Projected Elderly Population 65+ : 49,342
Projected yearly Growth of 65+ age: 5000 per year in Madison county, IL

74 LTC Beds added	Number of LTC Beds Occupied	Percentage % Occupied Beds	Year
Year One	52	70%	2024
Year Two	67	90%	2025
Year Three	74	100%	2026

Annual Projected referrals : 40 per year / 10 per month

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

Well Care Home NFP, INC will provide hemodialysis service onsite. There is not even a single LTC facility in Madison county who provides such a much needed service. Most of the existing LTC facilities turn away dialysis patients needing LTC as it becomes a huge liability to transport dialysis residents back and

forth to the dialysis centers in all extreme weather conditions. It is clearly a hardship for our senior citizens by not having much needed service onsite at the LTC facilities.

70% referrals will come within the Madison county, IL
Referrals will come from local hospitals, Assisted Living Facilities, Dementia care facilities, Supportive living facilities and senior living communities in Madison County, IL.

ZIP	City	State	County	Population
62249	HIGHLAND	IL	MADISON	16,721.00
62273	PIERRON	IL	BOND	0
62275	POCAHONTAS	IL	BOND	3,175.00
62061	MARINE	IL	MADISON	1,369.00
62281	SAINT JACOB	IL	MADISON	2,581.00
62001	ALHAMBRA	IL	MADISON	1,347.00
62293	TRENTON	IL	CLINTON	4,749.00
62230	BREESE	IL	CLINTON	6,674.00
62216	AVISTON	IL	CLINTON	2,359.00
62294	TROY	IL	MADISON	15,886.00
62289	SUMMERFIELD	IL	SAINT CLAIR	0
62074	NEW DOUGLAS	IL	MADISON	975
62046	HAMEL	IL	MADISON	0
62254	LEBANON	IL	SAINT CLAIR	5,488.00
62246	GREENVILLE	IL	BOND	8,426.00
62086	SORENTO	IL	BOND	1,357.00
62245	GERMANTOWN	IL	CLINTON	1,310.00
62058	LIVINGSTON	IL	MADISON	0
62097	WORDEN	IL	MADISON	2,924.00
62034	GLEN CARBON	IL	MADISON	14,555.00
62219	BECKEMEYER	IL	CLINTON	0
62062	MARYVILLE	IL	MADISON	8,455.00
62025	EDWARDSVILLE	IL	MADISON	34,223.00
62269	O FALLON	IL	SAINT CLAIR	36,464.00
62234	COLLINSVILLE	IL	MADISON	34,014.00
62215	ALBERS	IL	CLINTON	803
62026	EDWARDSVILLE	IL	MADISON	0
62253	KEYESPORT	IL	CLINTON	715
62225	SCOTT AIR FORCE	IL	SAINT CLAIR	5,101.00
62265	NEW BADEN	IL	CLINTON	4,377.00
62088	STAUNTON	IL	MACOUPIN	7,036.00
62218	BARTELSO	IL	CLINTON	1,408.00
62077	PANAMA	IL	MONTGOMERY	0
62266	NEW MEMPHIS	IL	CLINTON	0
62091	WALSHVILLE	IL	MONTGOMERY	401
62284	SMITHBORO	IL	BOND	517
62019	DONNELLSON	IL	MONTGOMERY	410
62231	CARLYLE	IL	CLINTON	7,631.00
Total				231,451.00

ID	FACNAME	ADDRESS	CITY	ZIP	Gen Beds
6004501	Hitz Memorial Home	201 Belle Street	Alhambra	62001-0000	67
6004014	Alhambra Rehab & Healthcare	417 East Main	Alhambra	62001-0000	84
6002778	Integrity Healthcare of Alton	3523 Wickenhauser	Alton	62002-0000	181
6002349	Dammert Geriatric Center	726 Community Drive	Belleville	62223-0000	57
6005474	Bria of Belleville	150 North 27th Street	Belleville	62223-0000	140
6001341	Midwest Rehab & Respiratory	727 North 17th Street	Belleville	62223-0000	180
6006704	Helia Healthcare of Belleville	40 North 64th Street	Belleville	62223-0000	122
6006035	Memorial Care Center	4500 Memorial Drive	Belleville	62226-5399	82
6009120	St. Paul's Senior Community	1021 West E Street	Belleville	62220-0347	108
6010391	Mercy Rehab and Care Center	100 Rosewood Village Dr	Belleville	62226	120
6001101	Breese Nursing Home	1155 North First Street	Breese	62230-0000	112
6001317	Autumn Meadows of Cahokia	#2 Annable Court	Cahokia	62206-0000	150
6007983	Bria of Cahokia	3354 Jerome Lane	Cahokia	62206-0000	133
6001473	Carlyle Healthcare & Sr. Living	501 Clinton Street	Carlyle	62231-0000	109
6010227	Caseyville Nursing & Rehab Ctr	601 West Lincoln	Caseyville	62232-0000	150
6007496	Collinsville Rehab & Health Care Center	614 North Summit	Collinsville	62234-0000	98
6014401	River Crossing of Edwardsville	6277 Center Grove Road	Edwardsville	62025-0000	120
6002711	University Nursing & Rehab	1095 University Drive	Edwardsville	62025-0000	122
6002729	Edwardsville Nsg & Rehab.	401 St. Mary Drive	Edwardsville	62025-0000	120
6015812	Meridian Village	399 N Meridian Rd	Glen Carbon	62034	70
6002679	Eden Village Care Center	400 South Station Road	Glen Carbon	62034-0000	128
6001986	Granite Nsg & Rehab Center	3500 Century Drive	Granite City	62040-0000	86
6010441	Stearns Nursing & Rehab Center	3900 Stearns Avenue	Granite City	62040-0000	109
6004493	Greenville Nursing & Rehab	400 E. Hillview Avenue	Greenville	62246-0000	90
6001663	Highland Health Care Center	1450 26th Street	Highland	62249-0000	128
6002869	Cedar Ridge Health & Rehab Center	One Perryman Street	Lebanon	62254-0000	116
6001044	Lebanon Care Center	1201 North Alton	Lebanon	62254-0000	90
6005961	Elmwood Nrsg. & Rehab Center	152 Wilma Drive	Maryville	62062-0000	104
6013189	Manor Court of Maryville	2133 Vadalbene Drive	Maryville	62062-0000	132
6005748	Mar-ka Nursing Home	201 South 10th Street	Mascoutah	62258-0000	76
6003768	Aperion Care Mascoutah	901 North Tenth Street	Mascoutah	62258-0000	55
6001887	Clinton Manor	111 East Illinois Street	New Baden	62265-0000	37
6000715	Heritage Health - Staunton	215 West Pennsylvania Avenue	Staunton	62088-0000	90
6009831	Swansea Rehab & Healthcare Center	1405 North 2nd Street	Swansea	62226-0000	94
6011340	Aviston Countryside Manor	300 W 1st St	Trenton	62293	97
6009260	Vandalia Rehab & Healthcare Center	1500 West St. Louis Avenue	Vandalia	62471-0000	116
6003123	Fayette Co Hosp Nursing Home	650 West Taylor	Vandalia	62471-0000	85
6009534	Integrity Healthcare of Wood River	393 Edwardsville Road	Wood River	62095-0000	106

4,064

Fsacil

Please note that new Connecticut county and township level geographies are not available within the map.

United States Census Bureau

QuickFacts

Madison County, Illinois; Highland city, Illinois

QuickFacts provides statistics for all states and counties, and for cities and towns with a ***population of 5,000 or more***.

Table

All Topics	Madison County, Illinois	Highland city, Illinois
Persons 65 years and over, percent	⚠ 18.7%	⚠ 18.2%
PEOPLE		
Population		
Population Estimates, July 1, 2022, (V2022)	⚠ 263,864	⚠ 10,009
Population estimates base, April 1, 2020, (V2022)	⚠ 265,858	⚠ 9,992
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022, (V2022)	⚠ -0.8%	⚠ 0.2%
Population, Census, April 1, 2020	265,859	9,991
Population, Census, April 1, 2010	269,282	9,919
Age and Sex		
Persons under 5 years, percent	⚠ 5.1%	⚠ 6.5%
Persons under 18 years, percent	⚠ 21.0%	⚠ 20.6%
Persons 65 years and over, percent	⚠ 18.7%	⚠ 18.2%
Female persons, percent	⚠ 51.0%	
Race and Hispanic Origin		
White alone, percent	⚠ 86.5%	
Black or African American alone, percent (a)	⚠ 9.6%	⚠ 3.5%
American Indian and Alaska Native alone, percent (a)	⚠ 0.4%	⚠ 0.0%
Asian alone, percent (a)	⚠ 1.1%	⚠ 2.4%
Native Hawaiian and Other Pacific Islander alone, percent (a)	⚠ 0.1%	⚠ 0.0%
Two or More Races, percent	⚠ 2.4%	⚠ 1.3%
Hispanic or Latino, percent (b)	⚠ 3.9%	⚠ 2.5%
White alone, not Hispanic or Latino, percent	⚠ 83.2%	⚠ 91.0%
Population Characteristics		
Veterans, 2017-2021	18,498	777
Foreign born persons, percent, 2017-2021	2.1%	2.5%
Housing		
Housing units, July 1, 2022, (V2022)	119,185	X
Owner-occupied housing unit rate, 2017-2021	72.9%	65.6%
Median value of owner-occupied housing units, 2017-2021	$142,100	$154,700
Median selected monthly owner costs -with a mortgage, 2017-2021	$1,337	$1,404
Median selected monthly owner costs -without a mortgage, 2017-2021	$551	$620
Median gross rent, 2017-2021	$869	$778
Building permits, 2022	413	X
Families & Living Arrangements		
Households, 2017-2021	108,237	4,553
Persons per household, 2017-2021	2.41	2.21
Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	86.8%	86.9%
Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	4.0%	4.9%
Computer and Internet Use		
Households with a computer, percent, 2017-2021	92.3%	90.9%
Households with a broadband Internet subscription, percent, 2017-2021	87.3%	89.4%
Education		
High school graduate or higher, percent of persons age 25 years+, 2017-2021	93.0%	95.8%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	28.5%	29.4%

Is this pa

Yes

About datasets used in this table

Value Notes

⚠ Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info ⓘ icon to the left learn about sampling error.

In Vintage 2022, as a result of the formal request from the state, Connecticut transitioned from eight counties to nine planning regions. For more details, please see the Vintage 2022 release notes available here: Release Not

The vintage year (e.g., V2022) refers to the final year of the series (2020 thru 2022). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2017-2021 ACS 5-year estimates to other ACS estimates. For more information, please visit the 2021 5-year ACS Comparison Guidance page.

Fact Notes

(a) Includes persons reporting only one race
(b) Hispanics may be of any race, so also are included in applicable race categories
(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

D Suppressed to avoid disclosure of confidential information
F Fewer than 25 firms
FN Footnote on this item in place of data
NA Not available
S Suppressed; does not meet publication standards
X Not applicable
Z Value greater than zero but less than half unit of measure shown
- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interv
N Data for this geographic area cannot be displayed because the number of sample cases is too small.

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Pove Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

ATTACHMENT # 18

Criterion 1125.580 – Unnecessary Duplication / Maldistribution

Data reports attached.

So there is no duplication of resources. Adding additional 74 LTC beds to Madison county will resolve the issue of maldistribution as the local area has been deprived of adequate LTC beds availability given the need in the area and living 49,342 elderly senior citizens out of 263,864 population in Madison County, IL.

There is zero LTC facility with hemodialysis service available onsite. This is going to be the very first LTC facility in Madison county and the city of Highland, IL.

There is no duplication of resources as there is no such kind of LTC existing in Madison county or neighboring counties. Lack of dialysis service onsite in nursing homes is clearly much needed service and not having such dialysis service onsite is a hardship for the aging population requiring dialysis.

ATTACHMNENT # 19

Criterion 1125.590 - Staffing Available

Former Faith Countryside homes / Nursing care and Rehabilitation center hosted 60 - 70 senior residents on average and was fully staffed for years before it was shut down two years ago..

There will be 50 to 60 jobs created in the City of Highland, IL and staffing will not be an issue as there is more supply of health care workers than the number of nursing LTC facilities in the area.

Well Care Home NFP, INC will employ me as a medical director and physician onsite with 24/7 availability to all the residents. All other staff, nurses, CNAs, etc.... Will be hired once state approval is granted for the facility establishment.

ATTACHMENT # 20

Criterion 1125.600 – Bed Capacity

Requested beds for Well Care Home, INC :: **74 LTC beds.**

Break Down of requested beds ::

Dementia Unit Beds : 14

Skilled Nursing Beds : 50

Intermediate Beds : 10

Total requested Beds:: 74

ATTACHMENT # 21

Criterion 1125.610 – Community Related Function

City of Highland community is excited and very welcoming to the opening of Well Care Home NFP, INC.

City of Highland

September 25, 2023

To whom it may concern:

Subject: Letter of Recommendation for Well Care Homes NFP Inc.

I'm writing this letter of recommendation for Well Care Homes NFP Inc. for their certificate of need for running a skilled nursing home and assisted living facility in the City of Highland, Illinois.

The City of Highland has had a big void in nursing home services since Faith Countryside Homes Nursing Care closed in 2020. Many of our residents used this facility in the past and had to look at out of city for facilities for their families.

I have personally had several members of my family use both the assisted living facility and the nursing home facility when it was called Faith Countryside Homes Nursing Care. It provided excellent care and was convenient for my family.

I have had many of our residents constantly ask me when this facility is going to reopen. They want to be able to see their loved one's without traveling to surrounding communities. This was an excellent facility before it closed and our residents are looking for a more home-like facility that can provide a more comfortable environment for our residents who are struggling being away from home.

As our aging population in the City of Highland continues to grow, there is certainly a need for this skilled nursing home to provide medical, health, and personal care, as well as supervision to the people of our community.

Lastly, this facility will provide economic benefits for the City of Highland through jobs, city services, and other medical facilities used as well as our local hospital.

Cordially yours,

Kevin B. Hemann

Mayor – City of Highland

1115 Broadway - P.O. Box 218 • Highland, Illinois 62249-0218
(618) 654-9891 • www.highlandil.gov

Highland
Chamber of Commerce

September 25, 2023

To whom it may concern:

The Highland Chamber of Commerce is pleased to support the opening of a nursing home in Highland. This nursing home would be a replacement for our previous Faith Countryside Nursing Home, which was home to many in our local area that needed this type of care. The Chamber supports the new jobs, visitors and of course living accommodation that the facility would bring. When the previous nursing home closed, it forced many of the residents to be rehomed in facilities that were not close to loved ones, friends, and neighbors that they were accustomed to and this facility would allow them the comfort of care that they so deserve. With the growing number of assisted living facilities in our area, and the natural progression of going into a nursing home once the assisted living facility accommodations are not viable, it would be of great benefit to have this facility available.

Thank you for your consideration,

Hillarie Holzinger

Hillarie Holzinger
Executive Director, Highland Chamber of Commerce

1216 Main Street
Highland, Illinois 62249
Phone: 618-654-3721
www.highlandillinois.com

City of Highland

September 25, 2023

RE: Letter of Support for Well Care Home NFP Inc. and the operation of a nursing home 100 Faith Drive, Highland, IL.

To whom it may concern,

Please accept this letter as a show of support for Well Care Home NFP Inc., in their application to operate a nursing home at 100 Faith Dr., Highland, IL 62249.

This property was formerly operated as a skilled nursing facility with options ranging from assisted living, skilled nursing care and up to and including dementia care. The neighborhood around the facility is used to and has the expectation that a skilled nursing facility would be operated out of the building and in the neighborhood.

Further, this facility will be offering on-site dialysis treatments which would be a level of care not currently available in Madison County. The addition of jobs and a local facility as an option for our aging population would be a welcome addition to our community.

Thank you for your time and consideration.

Respectfully,

Christopher Conrad
City Manager

1115 Broadway - P.O. Box 218 • Highland, Illinois 62249-0218
(618) 654-9891 • www.highlandil.gov

City of Highland

To whom it may concern:

I am writing this letter in support of the project for Well Care Homes NFP Inc. and its intention to reopen the former Faith Countryside nursing home by providing skilled nursing, assisted living quarters, and in-house dialysis services for residents. The proposed reopening of 100 Faith Drive will enhance our community in a number of ways.

The first benefit includes the reoccupation of a facility that has been vacant since 2020, as a result of the sudden closure of the nursing home operated by the previous owner. The applicant has already made vast improvements to ensure the building is up to standard for future residents and patients. Residents of our community would once again have the ability to "age in place" in the community that our citizens hold dear, remaining close to friends and family. Lastly, the project would provide an economic benefit, bringing back jobs that were lost just prior to the Covid pandemic. Several residents have already reached out to the City inquiring about potential job opportunities that may become available as a result of the project.

All of these factors demonstrate an extraordinary need for this project to move forward. For these reasons, I am in full support of this effort.

Sincerely,

Mallord Hubbard

Economic Development Coordinator

1115 Broadway - P.O. Box 218 • Highland, Illinois 62249-0218
(618) 654-9891 • www.highlandil.gov

P.O. Box 467
Highland, IL 62249
(618) 654-3467

9-25-2023

To whom it may concern,

I am writing in support of Well Care Home NFP's project located at 100 Faith Drive. It is my understanding that Dr. Usman intends to reopen the facility for nursing home and assisted living services. I am also of the understanding that hermodialysis and peritoneal dialysis will also be provided to potential residents, making it the only nursing home in Madison County to offer these services.

As the owner of multiple commercial and residential buildings in Highland, Frey Properties recognizes the importance of serving the community through development. The building, formerly operated as Faith Countryside nursing home, was vacated in 2020 and has proven to be a challenge to get the building reoccupied. This project would fill a much needed void for our community.

We are in full support of Well Care Home NFP's application and have full confidence it will be of benefit to our residents and community as a whole.

Thank you,

Gayle A. Frey
Frey Properties of Highland LLC
12359 St. Rt. 143
P.O. Box 467
Highland, IL 62249
1-618-654-3467
www.frey-properties.com

September 26, 2023

To Whom It May Concern:

I am writing this letter in support of the need for a skilled nursing and assisted living facility in the Highland, IL area. Well Care Home NFP Inc will be a great addition to the Highland Area. This beautiful facility was formerly known as Faith Countryside. When Faith Countryside closed during the Covid pandemic, many residents were forced to move elsewhere away from their family. Bringing this facility to Highland would create many jobs and answers to residents' needs.

Well Care Home NFP Inc would allow residents to age in place. Well Care Home NFP Inc will offer an Assisted Living facility, Skilled Nursing facility, and a locked dementia unit. Residents would be able to stay in one facility and have their needs accommodated. A locked dementia unit is not common in the Metro Region.

In addition to the previous mentioned accommodations, Well Care Home NFP Inc will offer on-site dialysis. This will allow the residents to be able to stay in the facility to receive their dialysis treatments. On-site dialysis is not offered in any nursing facilities in Madison County. Current dialysis residents have to be transferred to a dialysis center at all hours of the day and in all types of weather. Dialysis can take in upwards of 4-5 hours per treatment. Having an on-site dialysis, will allow residents a quicker return time to their normal activities.

Thank you for your consideration in this matter.

Sincerely,

Tisha Flowers

Marketing Director
Well Care Home NFP Inc
618-210-3235

September 26, 2023

To Whom It May Concern:

I am writing this letter in support of Well Care Home NFP Inc at 100 Faith Drive. When the property originally closed down in 2020, it affected many people not only at the facility but loved ones that would have to drive many more miles to see these individuals. At that time there were over one hundred residents placed in outside communities. Not to mention, at least that many employees were out of a job. It was a big hit on the community economy.

This particular facility has a lot to offer that others like it do not. Well Care Home will offer hemodialysis on-site, a locked Dementia Unit, Assisted Living, skilled and long term care beds. I have spoken with many hospitals in the area that have to send residents many miles away from their home due to lack of availability in the Madison, Clinton, and Bond counties

This property has been vacant for two years waiting to be reoccupied as what it once was. In the last two months we have had many people stop by to inquire when the property would be accepting new residents.

It is truly and exciting time for Highland and surrounding communities. The support has been overwhelming.

Thank you,

Susan Hulvey

Chief Operating Officer

Well Care Home NFP Inc

Cell: 618-406-8790

Well Care Home, NFP, INC
100 Faith Drive
Highland, IL 62249
Cell: 314-560-9648

The purpose of this request is to gain permission to re-open this well built building as a healthcare facilty. Well Care Home NFP, INC will provide healthcare services to our senior citizens by obtaining state licenses for assisted living facility and skilled nursing facility.
Assisted Living Facility comprises 36 studio apartments.We will be able to provide physical therapy, rehabilitation, nursing care and help with medication intake.
Skilled nursing facility comprise 60 beds of long term care and 14 beds as dementia unit. We will be able to provide very comprehensive health care and rehabilitation. If state allows then goal is to provide dialysis onsite for residents who need hemodialysis or peritoneal dialysis. There are not even a single nursing home in miles radius who provide dialysis onsite. Well care home NFP, INC and city of highland will be known for this unique and very rare service available in the region.
Well Care Home NFP, INC will be operated by the licensed administrators, registered nurses, CNAs and LPNs. Dr. Ahsan Usman board certified physician will be the medical director available to serve our residents 24/7. Physician will be available after hours and over the weekends which will make us stand out even more as compared to any other nursing homes in the area. Our commitment and dedication to serve our community will be exceptional and exemplary.

Well Care Home NFP, INC will be able to create more than 50 jobs when it is fully operational. Local residents will not have to go out of town for job opportunities. This vacant building will become an asset for the city of Highland by retaining our senior citizens in town and receiving outstanding comprehensive health care services right here close to their loved ones.This facility will attract several senior residents and families to come to the city of Highland to seek unmatchable, extraordinary compationate care.

ATTACHMENT # 22

Criterion 1125.620 – Project Size

Project Address::

100 Faith Drive, Highland, IL 62249

Building Size : 74,000 sq feet.

Built as a Nursing Home Facility and Assisted Living Facility with Dementia unit originally in 2004.

Lot size: 7.8 Acres

Building name: Former Faith Countryside Home long term care and rehabilitation facility.

Size of the building is appropriate to accommodate 74 LTC beds.

Clinical Space available and existing : 39,867 gsf.

Clinical Space / Number of BEDS = 39,867 / 74 = 539 per bed

ATTACHMENT # 23

Criterion 1125.630 – Zoning

Project Address::

100 Faith Drive, Highland, IL 62249

Zoning Information attached.

City of Highland

September 25, 2023

RE: Issuance of Special Use Permit to Well Care Home NFP Inc. and Rezoning of 100 Faith Drive to "R-3" Classification

To whom it may concern,

This letter regards the following bills for the issuance of a Special Use Permit to Well Care Home NFP Inc. and Rezoning of 100 Faith Drive to "R-3" Classification:

Bill #23-92/ORDINANCE Amending Zoning Classification of 100 Faith Drive from "R-1-C" Single Family Residential to "R-3" Multifamily Residential PIN# 01-1-24-08-00-000-002.005

Bill #23-93/RESOLUTION Making Separate Statement of Findings of Fact in Connection With an Ordinance Granting a Special Use Permit for a Planned Unit Development Within the R-3 Zoning District

Bill #23-94/ORDINANCE Granting a Special Use Permit for a Planned Unit Development to Well Care Home NFP Inc., for Convalescent Care within an R-3 Zoning District PIN# 01-1-24-08-00-000-002.005

The property is zoned appropriately under the ordinances of the City of Highland for the intended purpose. Please let me know if I can be of further assistance.

Sincerely,

Christopher Conrad
City Manager

ATTACHMENT # 24

Criterion 1125.640 – Assurances

Dated:09/18/2023

I, Ahsan Usman, sole owner of Well Care Home NFP, INC attest and confirm that by the second year of operation after the project completion, I will achieve and maintain the occupancy standards specified in section 1125.210(C).

Yours Truly,

Ahsan Usman

Ahsan Usman, MD
100 Faith Drive
Highland, IL 62249
Cell: 314-560-9648

ATTACHMENT # 27

SECTION V - FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

Applicant Ahsan Usman and Well Care Home NFP, INC have fully funded the whole project. Well Care Home NFP, INC already has bought the former nursing home building and renovated the whole place.

The City of Highland, Illinois has issued an Occupancy Permit.

Former Nursing Home Building is located at:
100 Faith Drive, Highland, IL 62249

As the project is being fully funded by Ahsan Usman and Well Care Home NFP, INC section V does not need to be addressed.

A bank statement is attached which shows $600,000 dollars cash on hand as an operating capital once CON obtains and IDPH approves the project.

Former Nursing Home Facility is vacant but ready to get fully operational once all state approvals are obtained.

CHASE

Deposit Account Balance Summary

09/25/2023

Requestor information:

WELL CARE HOME NFP, INC.

174 BERRINGER DR
O FALLON, IL 62269-6778

Summary of Deposit Account				
Account Number	**Account Type**	**Open Date**	**Current Balance**	**Avg Balance (12 mos)**
5011298553	Chase Business Premier Savings	09/05/2023	$600,000.00	$0.00

Customer Information	
WELL CARE HOME NFP, INC.	Sole Owner
AHSAN USMAN	Signer

Deposit Account Balance Summary request completed by:

ANGELA WATSON
(618) 213-3070
Fairview Heights

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

CHASE

Deposit Account Balance Summary

09/25/2023

Requestor information:

WELL CARE HOME LLC

174 BERRINGER DR
O FALLON, IL 62269-6778

Summary of Deposit Account				
Account Number	**Account Type**	**Open Date**	**Current Balance**	**Avg Balance (12 mos)**
3983015216	Chase Business Premier Savings	04/06/2023	$200,008.03	$95,983.00

Customer Information	
WELL CARE HOME LLC	Sole Owner
AHSAN USMAN	Signer

Deposit Account Balance Summary request completed by:

ANGELA WATSON
(618) 213-3070
Fairview Heights

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

CHASE

Deposit Account Balance Summary

09/25/2023

Requestor information:

AHSAN USMAN

6 INDIAN CREEK LN
SAINT LOUIS, MO 63131-3333

Summary of Deposit Account				
Account Number	**Account Type**	**Open Date**	**Current Balance**	**Avg Balance (12 mos)**
3918801821	Chase Private Client Savings	12/23/2021	$701,938.01	$177,101.00

Customer Information	
RABIA A USMAN	Primary Joint Or
AHSAN USMAN	Secondary Joint Or

Deposit Account Balance Summary request completed by:

ANGELA WATSON
(618) 213-3070
Fairview Heights

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

CHASE

Deposit Account Balance Summary

09/25/2023

Requestor information:

AHSAN USMAN

6 INDIAN CREEK LN
SAINT LOUIS, MO 63131-3333

Summary of Deposit Account				
Account Number	**Account Type**	**Open Date**	**Current Balance**	**Avg Balance (12 mos)**
732949169	Chase Private Client Checking	01/16/2007	$197,317.16	$92,618.00

Customer Information	
RABIA A USMAN	Primary Joint Or
AHSAN USMAN	Secondary Joint Or

Deposit Account Balance Summary request completed by:

ANGELA WATSON
(618) 213-3070
Fairview Heights

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

PERSONAL FINANCIAL STATEMENT

IMPORTANT: Read these directions before completing this Statement

If you are applying for individual credit in your own name and are relying on your own income or assets and not the income of assets of another pe

If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.

We intend to apply for joint credit Ahsan Usman (Applicant) Well Care Home NFP, INC (Co-Applicant)

If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets

If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s) complete Section 1, Skip Section 2 and c

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, an record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physic address, date of birth, tax payer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

SECTION 1 - INDIVIDUAL INFORMATION (type or print)		SECTION 2 - OTHER PARTY INFORMATION (type or print)	
Name: Ahsan Usman	*Date of Birth:* 9/13/1973	*Name:*	*Date of Birth:*
Home Address: 6 Indian Creek Lane	*Years there:* since 2021	*Home Address:*	*Years there:*
City, State, Zip: Frontenac, MO 63131		*City, State, Zip:*	
Position or Occupation: Physician		*Position or Occupation:*	
Business Name: Well Care Home NFP, INC		*Business Name:*	
Business Address: 100 Faith Drive		*Business Address:*	
City, State, Zip: Highland, IL 62249		*City, State, Zip:*	
Home Phone: 314-560-9648	*Bus. Phone:*	*Home Phone:*	*Bus. Phone:*

IDENTIFICATION (Complete 1 of the following)			IDENTIFICATION (Complete 1 of the following)		
Driver's License OR State ID #: U255-0007-3261		*State:* IL	*Driver's License OR State ID #:*		*State:*
Issue Date: 3/10/2021	*Expiration Date:* 9/13/2025	*SSN:*	*Issue Date:*	*Expiration Date:*	*SSN:*
Passport #:		*Country:*	*Passport #:*		*Country:*
Issue Date:	*Expiration Date:*	*Individual Tax ID #:*	*Issue Date:*	*Expiration Date:*	*Individual Tax ID #:*
Other ID #:		*Issuer:*	*Other ID #:*		*Issuer:*
Issue Date:	*Expiration Date:*	*Individual Tax ID #:*	*Issue Date:*	*Expiration Date:*	*Individual Tax ID #:*

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF			
ASSETS *(do not include assets of doubtful value)*	**WHOLE DOLLARS** *(omit cents)*	**LIABILITIES**	**WHOLE DOLLAR** *(omit cents)*

Cash on Hand and in Banks	$1,699,263	Notes Payable to banks - secured	$1,100,000
U.S. Gov't & Marketable Securities - see Schedule A	$0	Notes payable to banks - unsecured	$0
Non-marketable Securities - see Schedule B	$0	Due to brokers	$0
Securities held by broker in margin accounts	$0	Amounts payable to others - secured	$0
Restricted or Control Accounts	$0	Amounts payable to others - unsecured	$250,000
Partial interest in Real Estate Equities - see Schedule C		Accounts and bills due	$0
Real Estate Owned - see Schedule D	$8,000,000	Unpaid income tax	$0
Loans Receivable		Other unpaid taxes and interest	$0
Automobiles and other personal property	$100,000	Partial mortgages payable -see schedule C	$0
Cash value, life insurance - see Schedule E	$0	Real Estate mortgages payable -see schedule D	$0
Other assets - itemize	$0	Other debts - itemize	$0
TOTAL ASSETS	$9,799,263	TOTAL LIABILITIES	$1,350,000
		NET WORTH	~~$8,449,263~~

SOURCES OF INCOME FOR YEAR ENDED	
Salary, bonuses & commissions	$500,000
Dividends	$0
Real Estate income	$0
Other income (alimony, child support, or separate mainte	$0
TOTAL INCOME	$500,000

CONTINGENT LIABILITIES	
Do you have any contingent liabilities?	No
~~If yes, describe:~~	
~~As endorser, co-maker or guarantor~~	
~~On leases or contracts~~	
~~Legal claims~~	
~~Other special debt~~	
~~Amount of contested income tax liens~~	

PERSONAL INFORMATION	
Do you have a will?	Nc
~~If so, name of executor:~~	
Are you a partner or officer in any other venture?	Nc
~~If yes, describe:~~	
Are you obligated to pay alimony, child support or separate maintenance payments?	Nc
~~If yes, describe:~~	
Are any assets pledged other than as described on Schedules?	Nc
Income tax settled through (date)	
Are you a defendant in any suits or legal actions?	Nc
~~If yes, describe:~~	
Personal bank accounts carried at:	
chase bank	
Have you ever been declared bankrupt?	No
~~If yes, describe:~~	

SCHEDULE A - U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	Held in the name of	Market Value	Is it pledged?
not applicable				

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SCHEDULE B - NON-MARKETABLE SECURITIES					
Number of Shares or Face Value (Bonds)	Description	Held in the name of	Source of Value	Market Value	Is it pledged
N/A					

SCHEDULE C - PARTIAL INTEREST IN REAL ESTATE EQUITIES					
Address & Property Type: N/A		*Held in the name of:*	*% of Ownership:*	*Date Acquired:*	*Cost:*
Market Value:	*Payment Amount:*	*Mortgage Amount:*	*Maturity Date:*	*Comments:*	
Address & Property Type:		*Held in the name of:*	*% of Ownership:*	*Date Acquired:*	*Cost:*
Market Value:	*Payment Amount:*	*Mortgage Amount:*	*Maturity Date:*	*Comments:*	
Address & Property Type:		*Held in the name of:*	*% of Ownership:*	*Date Acquired:*	*Cost:*
Market Value:	*Payment Amount:*	*Mortgage Amount:*	*Maturity Date:*	*Comments:*	
Address & Property Type:		*Held in the name of:*	*% of Ownership:*	*Date Acquired:*	*Cost:*
Market Value:	*Payment Amount:*	*Mortgage Amount:*	*Maturity Date:*	*Comments:*	

SCHEDULE D - REAL ESTATE OWNED					
Address & Property Type: 5485 Rockville road, Indianapolis, IN Motel 6		*Held in the name of:* Ahad and Ayaan Hospitality		*Date Acquired:* 5/1/2013	*Cost:* $4,000,000
Market Value: $4,000,000	*Payment Amount:* $15,000	*Mortgage Amount:* $1,100,000	*Maturity Date:* 10/31/2024	*Comments:* Performing	
Address & Property Type:		*Held in the name of:*		*Date Acquired:*	*Cost:*
Market Value:	*Payment Amount:*	*Mortgage Amount:*	*Maturity Date:*	*Comments:*	
Address & Property Type: 100 Faith Drive Highland, IL 62249 ALF and NH		*Held in the name of:* Well Care Home NFP, INC		*Date Acquired:* 6/14/2023	*Cost:* $3,000,000
Market Value: $3,000,000	*Payment Amount:* $0	*Mortgage Amount:* $0	*Maturity Date:* NA	*Comments:* 100% owned	
Address & Property Type: 1441 N 14 street, Murphysboro, IL 62269 Nursing Home		*Held in the name of:* AU Real Estate, LLC		*Date Acquired:* 4/14/2023	*Cost:* $1,000,000
Market Value: $1,000,000	*Payment Amount:* $0	*Mortgage Amount:* $0	*Maturity Date:* NA	*Comments:* 100% owned	

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE					
Name of Insurance Company	Owner of Policy	Beneficiary(s)	Face Amount	Cash Surrender Value	Poli Loa

SCHEDULE F - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED					
Name & Address of Lender	**Credit in the Name of**	**Secured or unsecured**	**Original Date**	**High Credit**	**Current Balan**
Heartland Bank and Trust	Ahad and Ayaan Hospitality	Secured	10/30/2019		$1,100,000

(USE ADDITIONAL SCHEDULES IF NECESSARY)

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with you on behalf of the undersigned, or persons, firms, or corporations in whose behalf the undersigned may, either severally or jointly with others, execute a guaranty in your favor. Each undersigned understa that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Ea undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us. W may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your cre report.

AUTHORIZED SIGNATURES

Ahsan Hsoren — *(Individual)*

9/25/23 — *Date*

(Other Party)

Date

Section V Financial and Economic Feasibility Review
WELL CARE HOME NFP, INC 100 Faith Drive Highland IL 62249

Asset Purchased	Money Spent	Project Cost
Land + Building	$2,350,000	$2,350,000
Renovation Completed		
Carpet replaced with vinyl floor	$200,000	$200,000
Sprinkler Repair	$40,000	$40,000
FireAlarm System repair	$20,000	$20,000
Fire Extinguishers Tagged	$5,000	$5,000
Elevators Repairs	$10,000	$10,000
Back up Generator	$15,000	$15,000
Plumbing repairs	$30,000	$30,000
Rooms repairs	$89,000	$89,000
Kitchen updates	$40,000	$40,000
Exterior building repairs	$29,000	$29,000
Dialysis Center Plumbing	$28,000	$28,000
Electricity Bill Paid three months	$34,000	$34,000
Operating Capital	$600,000	$600,000
Total Money spent Already to complete	**$3,500,000 already been spent**	**$3,500,000**

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Nursing Home - Operating Model

	Unit	FY2024	FY2025	FY2026	FY2027	FY2028
Profit & Loss (P&L)						
Revenue	**[USD]**	**4,560,150**	**5,236,884**	**5,636,887**	**5,913,900**	**6,199,738**
Supplies	[USD]	(1,414,000)	(1,592,000)	(1,680,000)	(1,728,000)	(1,776,000)
Food	[USD]	(1,414,000)	(1,592,000)	(1,680,000)	(1,728,000)	(1,776,000)
Total COGS	**[USD]**	**(2,828,000)**	**(3,184,000)**	**(3,360,000)**	**(3,456,000)**	**(3,552,000)**
Gross Profit	**[USD]**	**1,732,150**	**2,052,884**	**2,276,887**	**2,457,900**	**2,647,738**
% Gross Margin	*[%]*	*38.0%*	*39.2%*	*40.4%*	*41.6%*	*42.7%*
Salaries	[USD]	(1,023,528)	(1,083,650)	(1,107,838)	(1,132,586)	(1,157,906)
Marketing	[USD]	(91,203)	(104,738)	(112,738)	(118,278)	(123,995)
Admin	[USD]	(60,000)	(60,000)	(60,000)	(60,000)	(60,000)
Operations	[USD]	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)
Other	[USD]	(24,000)	(24,000)	(24,000)	(24,000)	(24,000)
Housekeeping	[USD]	(91,203)	(104,738)	(112,738)	(118,278)	(123,995)
Total operating expenses	**[USD]**	**(1,589,934)**	**(1,677,126)**	**(1,717,314)**	**(1,753,142)**	**(1,789,896)**
EBITDA	**[USD]**	**142,216**	**375,758**	**559,573**	**704,758**	**857,843**
% Margin	*[%]*	*3.1%*	*7.2%*	*9.9%*	*11.9%*	*13.8%*
Depreciation	[USD]	(68,750)	(68,750)	(68,750)	(68,750)	(68,750)
Operating Profit	**[USD]**	**73,466**	**307,008**	**490,823**	**636,008**	**789,093**
Interest expense	[USD]	-	-	-	-	-
Earnings Before Taxes	**[USD]**	**73,466**	**307,008**	**490,823**	**636,008**	**789,093**
Corporate taxes	[USD]	(15,428)	(64,472)	(103,073)	(133,562)	(165,709)
Net Income	**[USD]**	**58,038**	**242,537**	**387,750**	**502,446**	**623,383**

Balance Sheet		FY2024	FY2025	FY2026	FY2027	FY2028
Cash and cash equivalents	[USD]	2,526,788	2,838,075	3,294,575	3,865,772	4,557,905
Inventories	[USD]	-	-	-	-	-
Accounts receivables	[USD]	-	-	-	-	-
Current Assets	**[USD]**	**2,526,788**	**2,838,075**	**3,294,575**	**3,865,772**	**4,557,905**
Property and equipment	[USD]	481,250	412,500	343,750	275,000	206,250
Deferred Taxes Assets	[USD]	-	-	-	-	-

Nursing Home - Valuation

Assumptions

WACC	12.0%	*The weighted cost of capital (discount rate) investors use to discount future cash flows*
Long term growth rate	2.5%	*Growth rate investors use to calculate the Terminal value below*

Discounted Cash Flow Valuation

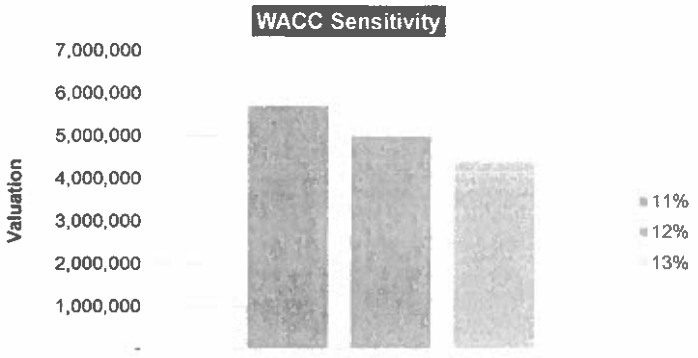
		Forecast					Extrapolation		
		2024	2025	2026	2027	2028	2029	2030	2031
Revenue	[USD]	4,560,150	5,236,884	5,636,887	5,913,900	6,199,738	6,349,565	6,426,289	6,465,115
% growth	*[%]*		*15%*	*8%*	*5%*	*5%*	2%	1%	1%
EBITDA	[USD]	142,216	375,758	559,573	704,758	857,843	878,574	889,190	894,562
% margin	*[%]*	*3%*	*7%*	*10%*	*12%*	*14%*	*14%*	*14%*	*14%*
Operating Profit	[USD]	73,466	307,008	490,823	636,008	789,093	808,163	817,928	822,870
% margin	*[%]*	*2%*	*6%*	*9%*	*11%*	*13%*	13%	13%	13%
Less Adjusted taxes*	[USD]	(15,428)	(64,472)	(103,073)	(133,562)	(165,709)	(169,714)	(171,765)	(172,803)
Net Operating Profit After Tax (NOPAT)	**[USD]**	**58,038**	**242,537**	**387,750**	**502,446**	**623,383**	**638,448**	**646,163**	**650,067**
Adjustments for non-cash charges:									
(+) D&A	[USD]	68,750	68,750	68,750	68,750	68,750	70,411	71,262	71,693
(+/-) Changes in Working Capital	[USD]	-	-	-	-	-	-	-	-
(-) Capital Expenditures (Capex)	[USD]	(550,000)	-	-	-	-	-	-	-
Unlevered Free Cash Flow (UFCF)	**[USD]**	**(423,212)**	**311,287**	**456,500**	**571,196**	**692,133**	**708,860**	**717,426**	**721,760**
Present Value of UFCF	[USD]	(377,868)	248,156	324,928	363,006	392,735	359,130	324,527	291,507
Terminal value	[USD]								3,068,491
(+) Sum of PV of UFCFs	[USD]	1,926,121							
(+) PV of Terminal Value	[USD]	3,068,491							
Implied Valuation today	**[USD]**	**4,994,612**							
Implied Revenue multiple	[x]	1.1x	1.0x	0.9x	0.8x	0.8x			
Implied EBITDA multiple	[x]	35.1x	13.3x	8.9x	7.1x	5.8x			

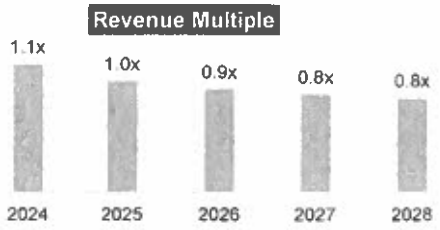
** adjusted for interest expenses*

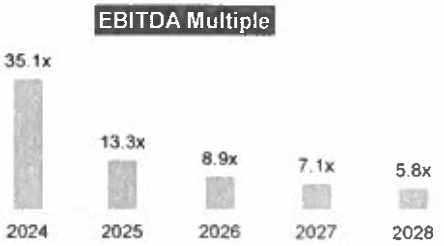
WACC Sensitivity

Here we calculate your business valuation by sensitizing 2 key parameters: the WACC and long term growth rate. By default, we assume a +/- 1% variance for WACC, and a +/-1% impact for LT growth rate

			Long term growth rate		
			1.5%	2.5%	3.5%
WACC	Low	11%	5,326,651	5,714,503	6,205,782
	Mid	12%	4,702,374	4,994,612	5,355,611
	High	13%	4,189,393	4,414,236	4,686,413


WACC Sensitivity
7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
-
Valuation
11%
12%
13%


Revenue Multiple
1.1x
1.0x
0.9x
0.8x
0.8x
2024
2025
2026
2027
2028


EBITDA Multiple
35.1x
13.3x
8.9x
7.1x
5.8x
2024
2025
2026
2027
2028

Nursing Home - Hiring Plan

Salaries

Caregivers

Number of caregivers	Team
Standard	Caregivers
Premium	Caregivers
Premium +	Caregivers
Total	

	Team	Salary	Starting	Taxes	Leaving
Caregivers	Caregivers	40,000		20%	

Input

Role	Team	Salary	Starting	Taxes	Leaving
Manager	Management + Support	110,000	Jan-22	20%	
Co-Manager	Management + Support	-	Jan-22	20%	
Marketing Manager	Marketing	84,000	Jan-22	20%	
Receptionist 1	Receptionists	42,000	Jan-22	20%	
Receptionist 2	Receptionists	-	Jan-22	20%	
Receptionist 3	Receptionists	-	Jan-22	20%	
Operations Manager	Operations	90,000	Jan-22	20%	
Operations Coordinator	Operations	80,000	Jan-22	20%	
Operations Coordinator	Operations	80,000	Jan-22	20%	
Finance Manager	Management + Support	-	Jan-22	20%	
HR Manager	Management + Support	-	Jan-22	20%	
Registered Nurse	Medical	90,000	Jan-22	20%	
Registered Nurse	Medical	90,000	Jan-22	20%	
Registered Nurse	Medical	90,000	Jan-22	20%	

Total

Management + Support
Receptionists
Operations
Medical
Caregivers
Salaries

71

Nursing Home - Settings

Settings

Company Name	Nursing Home
Start Date	1/1/2024
Fiscal Year End	31/12/2024
Currency	USD
Corporate Tax Rate	21.00%

Revenue

Monthly pricing

Category	2024	2025	2026	2027	2028
Standard	6,450	6,579	6,711	6,845	6,982
Premium	-	-	-	-	-
Premium +	-	-	-	-	-

Number of rooms

	Max. number of residents per room	2024	2025	2026	2027	2028
Standard	1.00	74	74	74	74	74
Premium	1.00	-	-	-	-	-
Premium +	1.00	-	-	-	-	-

Capacity

	2024	2025	2026	2027	2028
Standard	75%	85%	95%	95%	100%
Premium	0%	0%	0%	0%	0%
Premium +	0%	0%	0%	0%	0%

Hiring Plan

Teams

Management + Support
Receptionists
Operations
Medical
Caregivers

Caregivers

Max. number of residents per caregiver

Standard	15.00
Premium	15.00
Premium +	15.00

Expenses

Expenses categories

Marketing
Admin
Operations
Other
Housekeeping

COGS

Caregivers salaries	*See Hiring Plan*
Supplies cost per resident per month	2,000
Food cost per resident per month	2,000

Recurring expenses

Expense	Category	Calculation	Starts	Fixed Value	% Revenue	% growth p.a.

Nursing Home - Revenue

	Unit	FY2024	FY2025	FY2026	FY2027
Residents					
Number of rooms					
Standard	[#]	74	74	74	74
Premium	[#]	0	0	0	0
Premium +	[#]	0	0	0	0
Capacity					
Standard	[%]	75%	85%	95%	95%
Premium	[%]	0%	0%	0%	0%
Premium +	[%]	0%	0%	0%	0%
Residents					
Standard	[#]	62	70	70	74
Premium	[#]	-	-	-	-
Premium +	[#]	-	-	-	-
Total	**[#]**	**62**	**70**	**70**	**74**
Revenue					
Pricing					
Standard	[USD]	77,400	78,948	80,527	82,137
Premium	[USD]	-	-	-	-
Premium +	[USD]	-	-	-	-
Total Revenue					
Standard	[USD]	4,560,150	5,236,884	5,636,887	5,913,900
Premium	[USD]	-	-	-	-
Premium +	[USD]	-	-	-	-
Total	**[#]**	**4,560,150**	**5,236,884**	**5,636,887**	**5,913,900**

CURRICULUM VITAE

AHSAN USMAN, M.D. MACP, MBBS(PAK), FCPS-1(PAK)
6 Indian Creek Lane
Frontenac, MO 63131
Cell: 314-560-9648
au.ahsanusman@gmail.com

Personal Data:

Date of birth:	September 13, 1973
Visa status:	US Citizen
Marital Status:	Married

Qualifications: American Diplomate- American Board of Internal Medicine Certified till 12/31/2029.

Nephrology Fellowship Trainings:
Washington University in St. Louis Nephrology Fellowship training
July, 2009 ---- June, 2011
St. Louis University Nephrology Fellowship Training
August, 2020 - July, 2021

Residency Training:

Internal Medicine Resident Physician July 2005 — June 2006 Department of Medicine University of Southern California Keck School of Medicine, Los Angeles, CA

Internal Medicine Resident Physician July 2003—June 2005 Department of Medicine Cleveland Clinic Health System, Cleveland, OH

House physician Internal Medicine Sept,1999---Feb, 2000 Mayo Hospital, Lahore, Pakistan.

House Physician Feb,1999---Feb,1999 Psychiatry Dept. Mayo Hospital, Lahore, Pakistan.

House Surgeon Aug,1998---Feb,1999 Neurosurgery Dept. Mayo Hospital, Lahore, Pakistan.

Certificates:

ECFMG Certificate – January 2003

ACLS Certificate – April, 2025

Fellow of College of Physicians and Surgeons - FCPS – 1, July 2000

Bachelor of Medicine, Bachelor of Surgery (M.B.B.S) University of Punjab – June 1998

F.Sc. (Pre-medical) – June 1992

Licensure:

Illinois Medical Board	07/2023) ACTIVE
Missouri State	01/2024 ACTIVE

Current Positions:

1. Nephrology Practice in Pekin, IL 2011 to present.
2. Medical Director for DaVita at Tazewell County Dialysis Center, Pekin, IL 2/2013 to Present.
3. Medical Director for DaVita at Sauget, IL
4. Medical Director, Edwardsville Nursing Home, Edwardsville, IL
5. Medical Director, University Care Center, Edwardsville, IL
6. Medical Director, Breeze Hospice in IL

Former Positions:

1. Medical Director Hospitalist Program Pekin Hospital, Pekin, IL May, 2008 --- 06/01/2017 I staffed, ran the hospitalist program for 9 years and met all the metrics of standard of care and quality core measures.
2. Medical Director, Harborlights Hospice Company Hospice company of America 2012 to 2018
3. Medical Director, Affiliated Home Hemodialysis company 2012 to 2018.
4. Attending Hospitalist Physician Sept, 2006 --- July, 2009 Department of Internal Medicine Marietta Memorial Hospital , Marietta , OH
5. Director, Medical Decision Unit Sept, 2007—Feb, 2008 Marietta Memorial Hospital Marietta, OH

Fellowship/ Residency Training: Nephrology Fellowship Training : July 2009- June 2011 Washington University in St. Louis Barnes – Jewish Hospital Nephrology Fellowship Training refresher one year training course as fellow 08/2020 - 07/2021.

Cardiology Research:

Research Fellow: January 2002—June 2003 Uri Elkayam, MD FACC Director, Heart Failure Program Department of Medicine, Division of Cardiology University of Southern California/ LAC + USC Medical Center

Academic Honors/Awards:

1. Awarded as "The Best Intern of the Year 2003-2004" at Cleveland Clinic Health System.
2. Awarded as "Honorable Mention Award 2005" in resident essay competition at Cleveland Clinic Health System. I wrote an essay on successful radiofrequency catheter ablation of the symptomatic ventricular tachycardia in a structurally normal heart.
3. 1st Prize winner in resident essay competition 2005 at Cleveland Clinic Health System. "Pheochromocytoma and Medullary Carcinoma of Thyroid presenting as MEN 2 Syndromes."
4. "Solid Rock Doc " at Pekin Hospital 12/2012. 5. "Growth Pillar Award" at Pekin Hospital 12/2011.

Publications:

1. The American Journal of Cardiology, "Comparison of Effects on Left Ventricular Filling Pressure of Intravenous Nesiritide and High-Dose Nitroglycerine in Patients With Decompensated Heart Failure". Uri Elkayam, M.D, Mohammed W. Akhter, M.D, Harpreet Singh,M.D, Salman Khan, M.D. and Ahsan Usman,MD , January 15, 2004, volume: 93, pages: 237-240

2. Journal of Cardiac Failure, 6th annual scientific meeting, heart failure society of America, "Use of Organic Nitrates in the Treatment of Chronic Heart Failure" Fahed Bitar,MD, Homan Siman, MD, Salman Khan MD, Harpreet Singh MD, Taj Khan MD, AhsanUsman MD, Uri Elkayam,MD, 09/2002,volume:8 No.4, pages:S60

3. Journal of the American College of Cardiology, "Pregnancy Associated Cardiomyopathy: Early Versus Late Presentation", Mohammed W. Akhter,MD, Avraham Shotan,MD, Afshan Hameed,MD, Harpreet Singh,MD, Salman Khan,MD, Ahsan Usman,MD, Muhammad T. Khan,MD, and Uri Elkayam,MD. J Am Coll Cardiol 41:6 (Suppl. A) 151 A, 2003, 1039-60

4. Journal of the American College of Cardiology, "Pregnancy Associated Cardiomyopathy: Clinical Profile in 137 Patients Diagnosed in United states, Mohammed W. Akhter,MD, Avraham Shotan,MD, Afshan Hameed,MD, Harpreet Singh,MD, Salman Khan,MD, Ahsan Usman,MD, Muhammad T. Khan,MD, and Uri Elkayam,MD. J Am Coll Cardiol 41:6 (Suppl. A) 184 A, 2003, 1136-76

CHAPTERS Published:

1. Electrolyte Abnormalities Accepted and published in " The Washington Manual of Critical Care" second edition 2011 chapter 23 Ahsan Usman,MD , Seth Goldberg, MD.

2. Renal Artery Stenosis and Renovascular Hypertension Accepted and published in "The Washington Manual- Nephrology Subspecialty Consult" Third edition Chapter 20 Ahsan Usman, MD.

Abstract And Poster Presentations:

Southern California ACP Chapter Region I, II, III, "A Broken Heart After A Broken Hip" (Taku-tsubo Cardiomyopathy). Presented on 10/21/2006. Ahsan Usman, MD (1st Author), Mazda Motallebi, MD, Enrique Ostrzega,MD

6TH Annual Scientific Meeting, Heart Failure Society of America, Boca Raton, Florida, September 2002. ▪ "The Use of Nitrates in The Treatment of Chronic Heart Failure" ▪ American College of Cardiology - 52nd Annual Scientific Sessions, Chicago, Illinois, March- April, 2003.

Abstract 1 : " Pregnancy Associated Cardiomyopathy : Clinical Profile in 137 Patients Diagnosed in the United States. "

Abstract 2 : " Pregnancy Associated Cardiomyopathy : Early versus Late Presentation. ▪ Ohio Family Physician Symposium April, 2005 Columbus, OH

Abstract 1 : "Successful radiofrequency catheter ablation of the symptomatic ventricular tachycardia in structurally normal heart.

Abstract 2 : "Pheochromocytoma and Medullary Carcinoma of Thyroid presenting as MEN 2 Syndromes."

Clinical Research Experience:

Jan,2002 - June, 2003 I worked on numerous clinical cardiology trials at University of Southern California.

1. REVIVE Study – clinical study protocol no.3001069. A Randomized, Multicenter EValuation of Intravenous LeVosimendan Efficacy versus placebo in the short term treatment of decompensated chronic heart failure (revive study) supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA.

2 . A-HeFT (African – American Heart Failure Trial). A placebo controlled trial of BiDil (combination of hydralazine and isosorbide dinitrate) Added to standard therapy in African American Patients with heart failure. supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA

3. AQUAVIT Clinical Trial Protocol no.DF14510 . A Multicenter, Randomized placebo-controlled, double blind trial to evaluate the effects of vasopressin V2 receptor antagonist(SR121463b) on clinical improvement in patients with severe chronic heart failure (AQUAVIT) supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA. Current status of the trial- Enrollment for the study closed on September 23,2002.

4. GENOMICS collaborative–clinical study protocol. O99302. Multi-center, multinational, open clinical study to explore relationships between genotypic (from DNA) and serologic(from serum) findings and phenotypic manifestations in a large cohort of participants supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA.

5. ESCAPE . The evaluation of the value of hemodynamic monitoring in early treatment of patients hospitalized with decompensated heart failure. Evaluation Study Of Congestive Heart Failure And Pulmonary Artery Catheterizaion Effectiveness (ESCAPE) supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA. This is a phase III trial that is designed to compare the efficacy of Pulmonary Artery Catheterization (PAC) directed treatment strategy to a non-invasive treatment strategy on morbidity and mortality in patients with severe class IV NYHA congestive Heart Failure.

6. TAKEDA research study- protocol no. 01-00-TL-OPI-504. A Randomized, Double-Blind, comparator-controlled study of Pioglitazone HCL vs Glyburide in the treatment of subjects with type 2 (Non-insulin dependent) Diabetes mellitus and mild to moderate congestive heart failure supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA.

7. REVERT (Reversal of Ventricular Remodeling with Toprol-xl). A Multicenter Double-Blind, Placebo-Controlled Randomized Trial to Evaluate the Effect of Extended Release Metoprolol Succinate (Toprol-xl) on cardiac remodeling in Asymptomatic Heart Failure Patients (NYHA Class 1) with Left Ventricular Dysfunction. supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA.

8. ACOMET/ ASTAR : efficacy and safety of azimilide for the treatment of patients with atrial fibrillation. A multicenter, six month, double blind placebo controlled, parallel group design clinical study to assess the efficacy and safety of a daily oral dose of 125mg of Azimilide Dihydrochloride for prophylactic treatment of atrial fibrillation & an open label follow up clinical phase to assess long term efficacy/safety of a daily oral dose of 125mg of Azimilide Dihydrochloride. Current status of the trialEnrollment stopped in April,2003.
9. VERITAS : a multicenter, double blind, randomized placebo controlled, parallel group study to assess the efficacy, safety and tolerability of tezosentan in patients with acute heart failure. Phase III trial on Tezosentan (Endothelin Receptor Blocker) studying its effects in patients with acute heart failure.
10. COMPASS-HF Chronicle offers management to patients with advanced signs and symptoms of heart failure. Medtronic, Inc. is sponsoring a prospective, multicenter, randomized, single blind parallel controlled clinical study of the Chronicle Implantable Hemodynamic Monitoring (IHM) System. This study will assess the safety and efficacy of the Chronicle IHM system in subjects diagnosed with moderate to severe heart Failure. Current status of the trial- Ongoing.
11. TOLVAPTAN (OPC-41061) Selective Antagonist of the Vasopressin V2 receptor. Multi-center, Randomized, Double blind, Placebo-Controlled study to evaluate the long term efficacy and safety of oral Tolvaptan tablets in subjects hospitalized with worsening congestive heart failure.
12. Effects of KW-3902 on diuresis and renal function in congestive heart failure patients. A randomized, double blind, placebo controlled dose-ranging study of the effects of kw- 3902, both as monotherapy and in combination with furosemide, on diuresis and renal function in patients with congestive heart failure and renal impairment treated with oral loop diuretics who require hospitalization for fluid overload. Current status of the trial- Ongoing
13. Carperitide for Decompensated Congestive Heart Failure. Alpha Human Atrial Natriuretic peptide preparation. Current status of the trial- Ongoing Extracurricular Activity: Heart Failure 2002 an update on therapy. I Participated in this educational activity on Jan. 26, 2002. Held by The Keck

School of Medicine of University of Southern California. Fighting Heart Disease and Stroke (held by American heart association) Attended the 70th fall symposium cardiology 2002 final program held on Oct.12, 2002 In Los Angeles, CA Heart Failure 2003, 2004, 2005, 2006 an update on therapy. I Participated in this educational activity held by The Keck School of Medicine of University Of Southern California Professional Society

Memberships:

Member of American Society of Nephrologists - ASN
Member of American College of Physicians- ACP
Member of American Medical Association-AMA
Member of Heart Failure Society of America - HFSA
Member of Northern Ohio Medical Association- NOMA
Member of The Academy of Medicine Cleveland
Member of King Edward Medical College Alumni Association of North America- KEMCAANA

General Interests:

Computer skills Windows-based applications (MS Word, MS Power Point, MS Excel)

Hobbies: Squash, Jogging, Chess, Reading and Teaching
Good communication skills

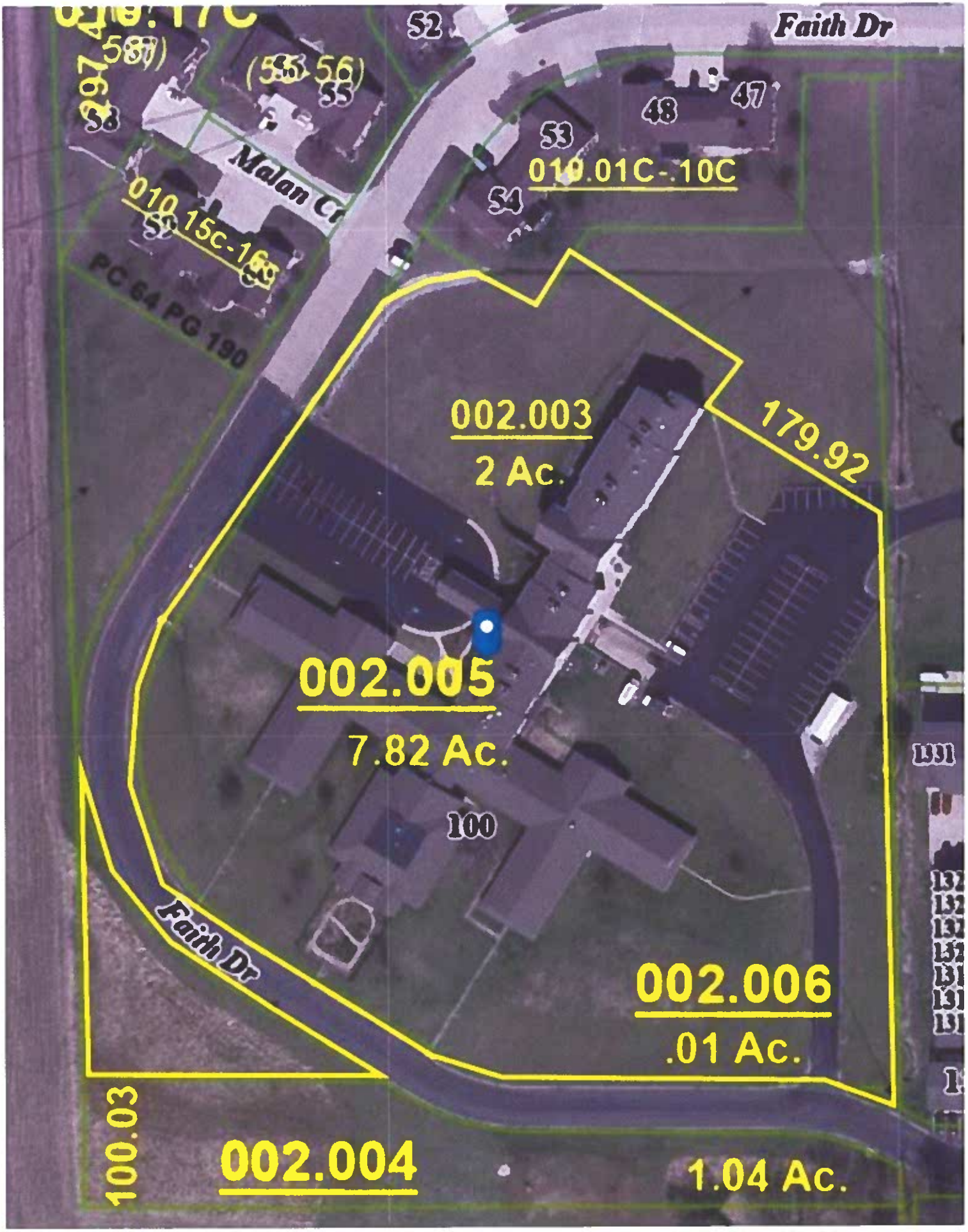
Languages: English, Urdu, Punjabi, Hindi

Referees:

Dr. Yaseen ADAM email: yaseenadam92@gmail.com Cell: 440-622-1040

Dr. Jamal F. Amanullah Hospitalist Physician Decatur Memorial Hospital, Decatur, IL Cell: 314-971-5717 email: residencyapplicant@yahoo.com

Dr. Maher Ahmad cell: 217-493-2316


Faith Dr
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Malan Cr
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010.15c-16c
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2 Ac.
179.92
002.005
7.82 Ac.
100
Faith Dr
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.01 Ac.
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002.004
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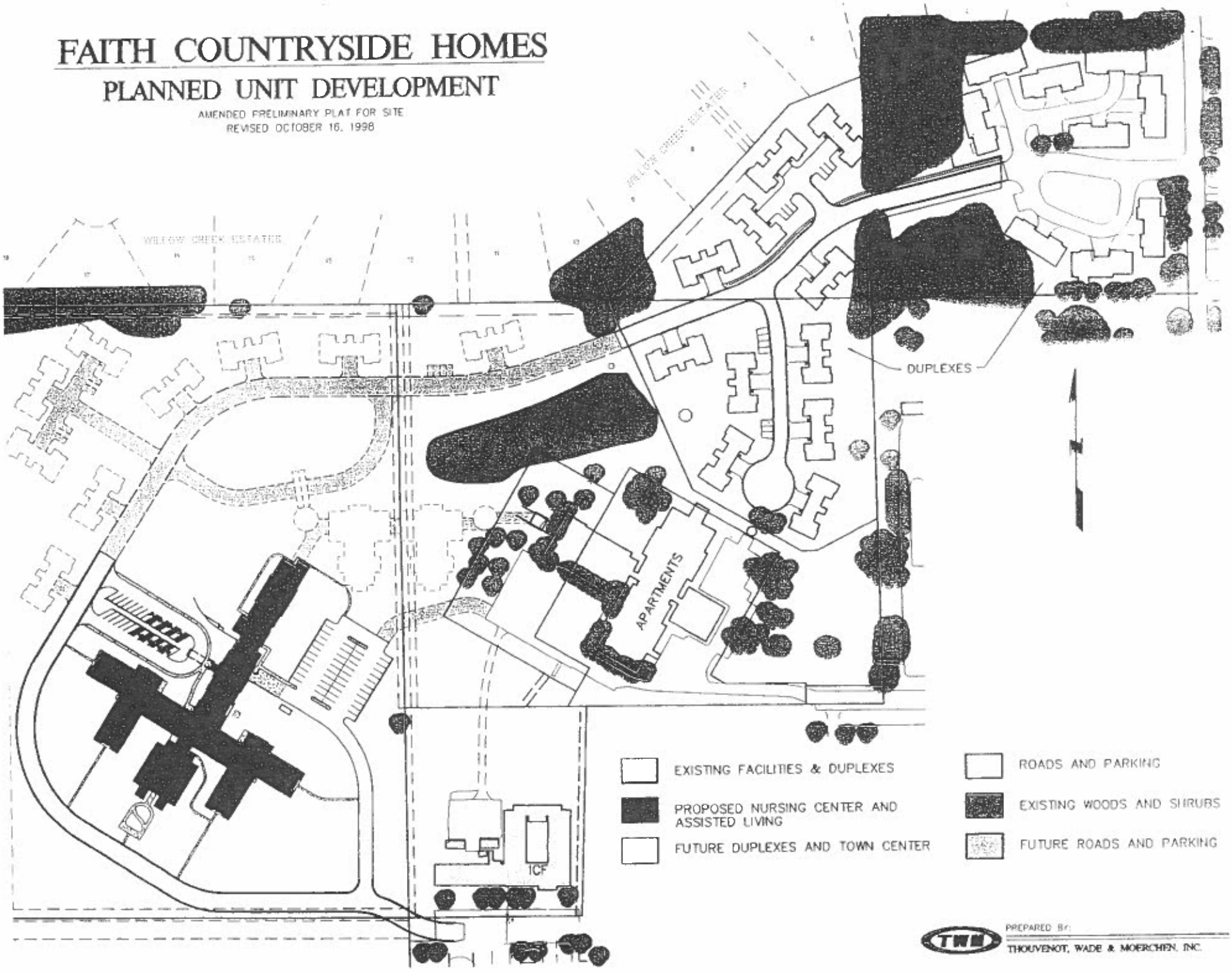
131

FAITH COUNTRYSIDE HOMES

PLANNED UNIT DEVELOPMENT

AMENDED PRELIMINARY PLAT FOR SITE
REVISED OCTOBER 16, 1998

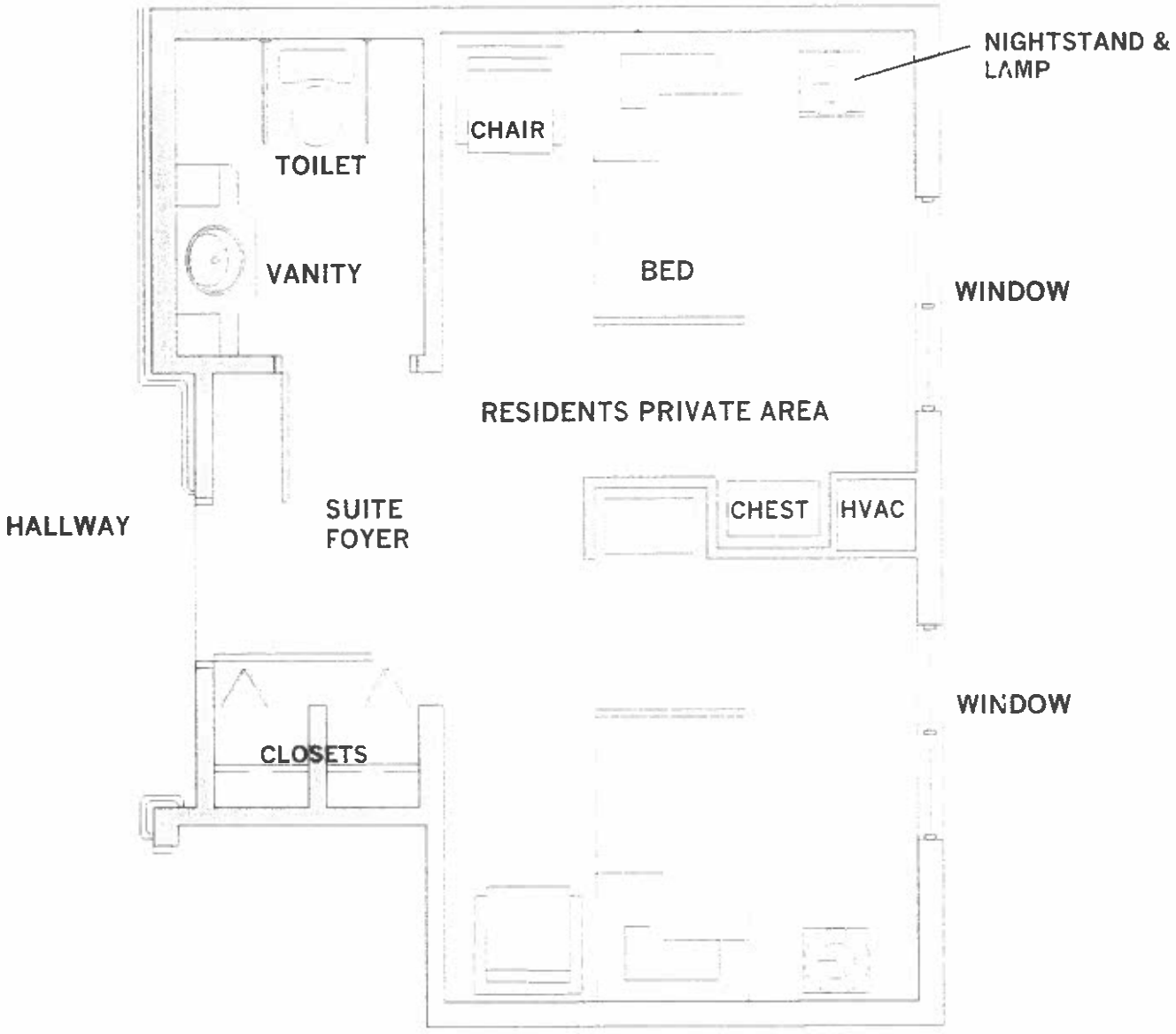


PREPARED BY:
THOUVENOT, WADE & MOERCHEN, INC.

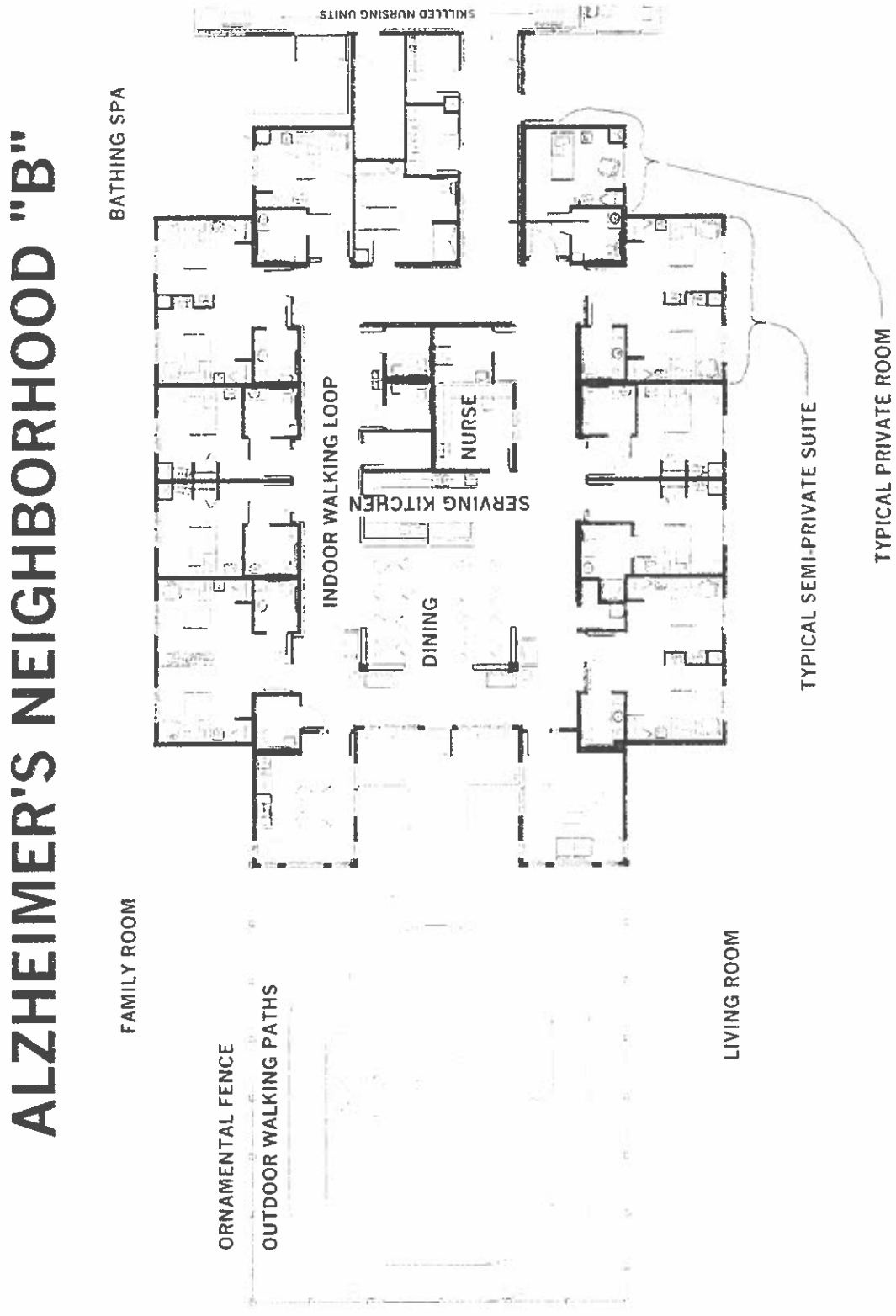
SKILLED NURSING
NEIGHBORHOOD
C
HUB
B
D
ASSISTED LIVING
APARTMENTS
(3 STORIES)
ALZHEIMER'S
NEIGHBORHOOD
A
SKILLED NURSING
NEIGHBORHOOD

PLAN VIEW

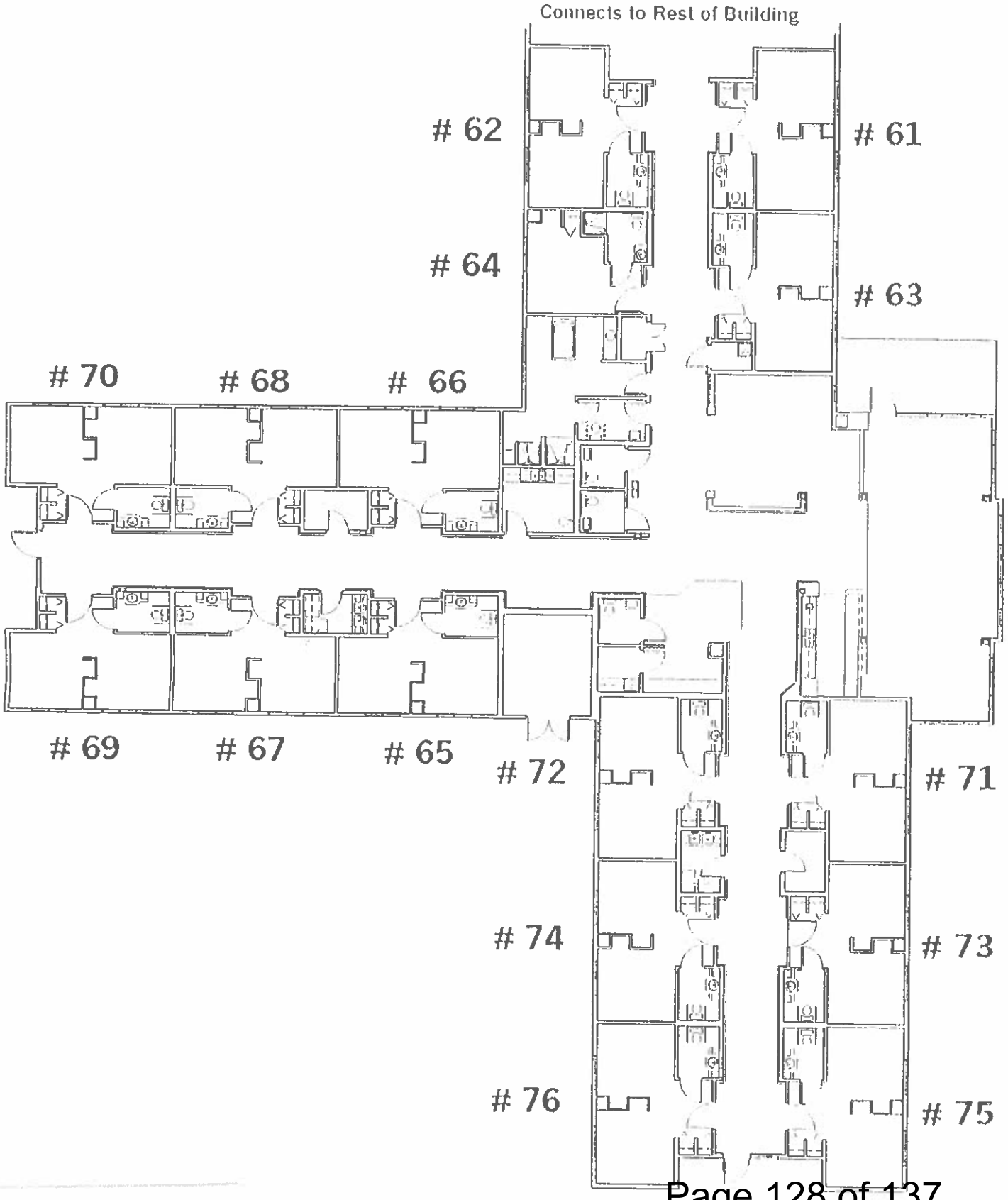
FAITH COUNTRYSIDE HOMES'
NEW SKILLED NURSING FACILITY

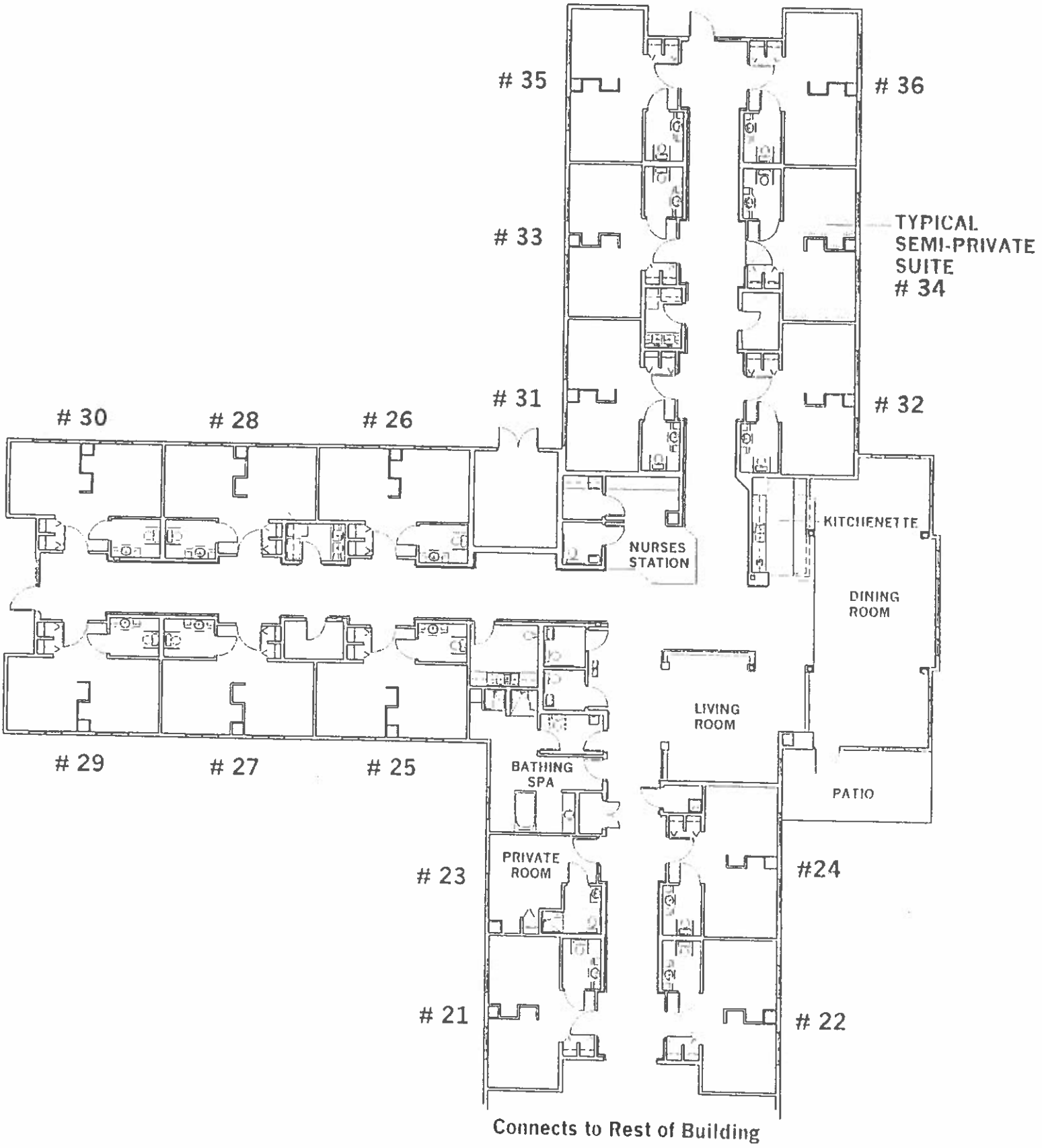


TYPICAL SEMI-PRIVATE SUITE

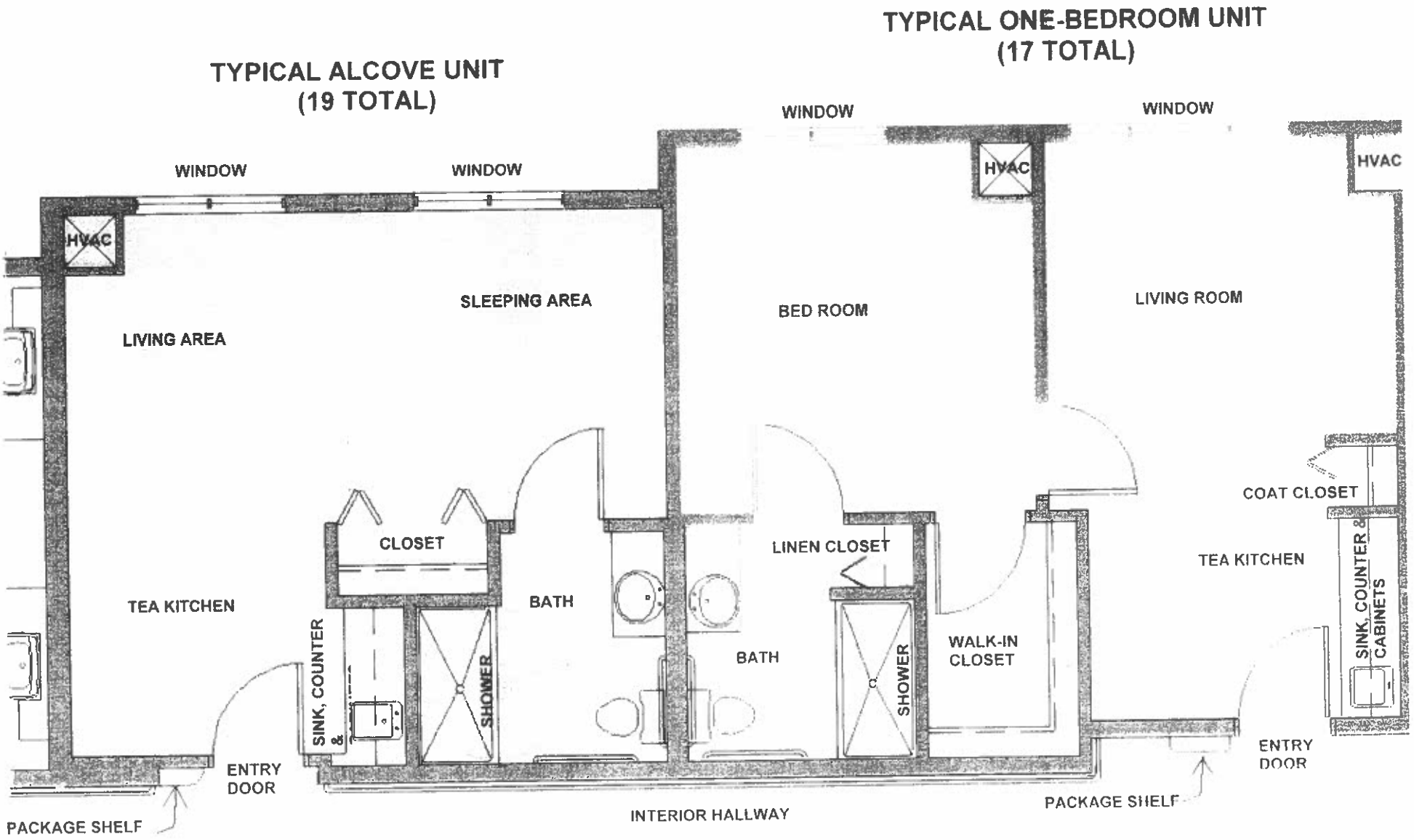

ALZHEIMER'S NEIGHBORHOOD "B"
SKILLED NURSING UNITS
BATHING SPA
INDOOR WALKING LOOP
NURSE
SERVING KITCHEN
DINING
TYPICAL SEMI-PRIVATE SUITE
TYPICAL PRIVATE ROOM
FAMILY ROOM
ORNAMENTAL FENCE
OUTDOOR WALKING PATHS
LIVING ROOM

SKILLED NURSING NEIGHBORHOOD "A"
(Houses 31 Residents)





SKILLED NURSING NEIGHBORHOOD "C"
(Houses 31 Residents)

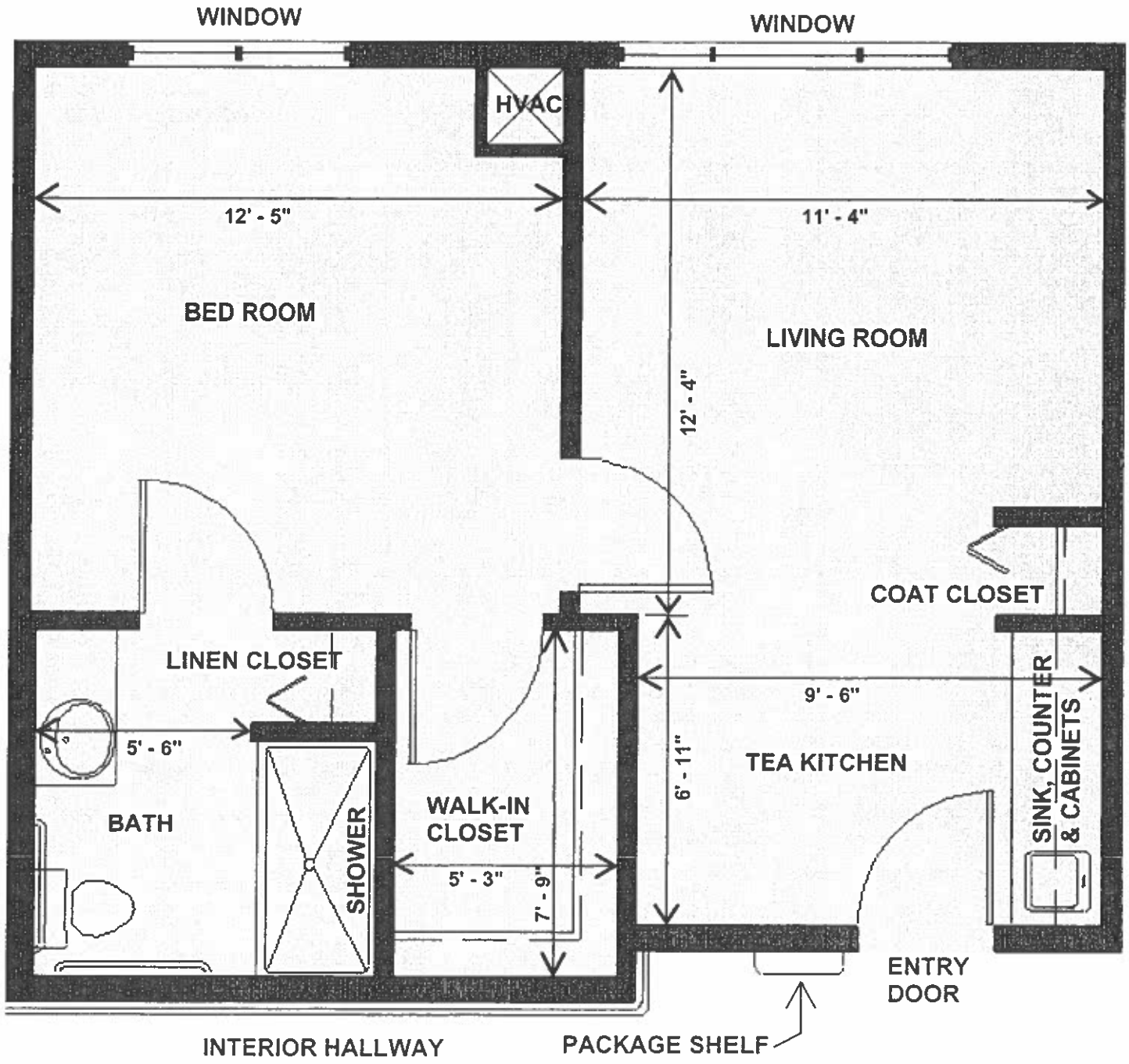


ASSISTED LIVING APARTMENT FLOOR PLANS

ALF - Typical Apartments.tif

PROVIDENCE PLACE

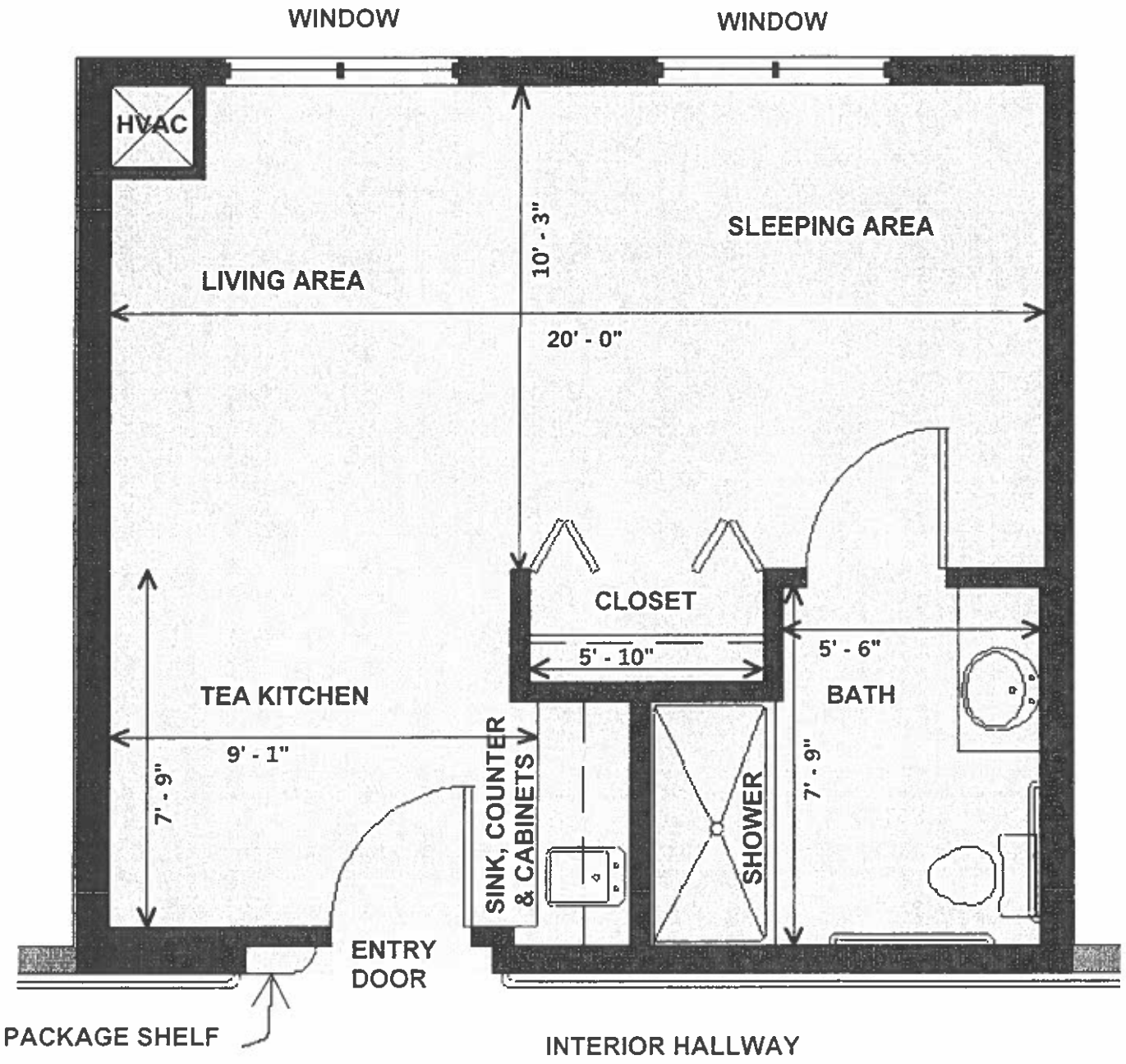
TYPICAL 1-BEDROOM APARTMENT
(approx. 480 s.f.)



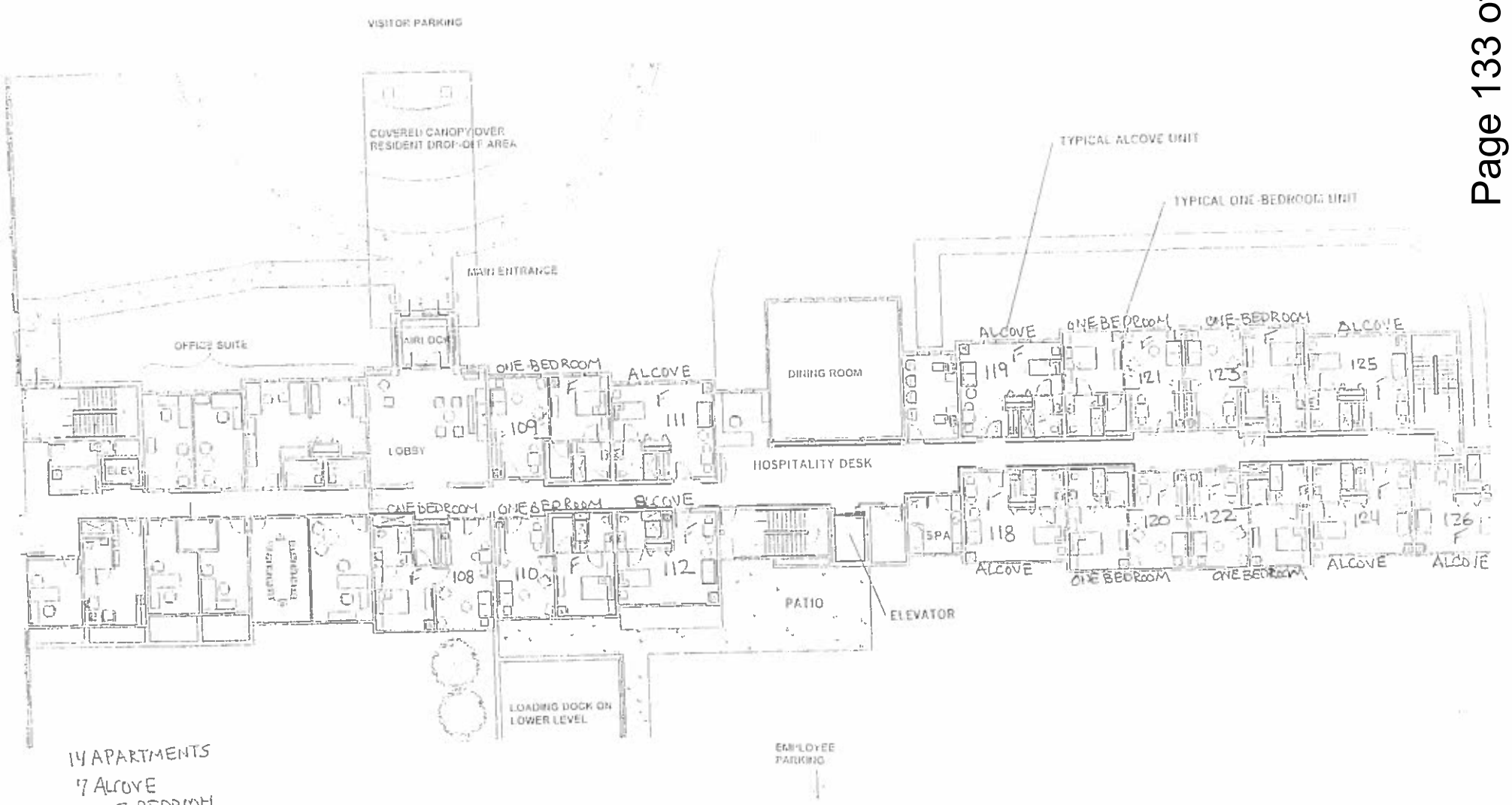
ASSISTED LIVING APARTMENT FLOOR PLAN

PROVIDENCE PLACE

TYPICAL STUDIO APARTMENT
(approx. 360 s.f.)

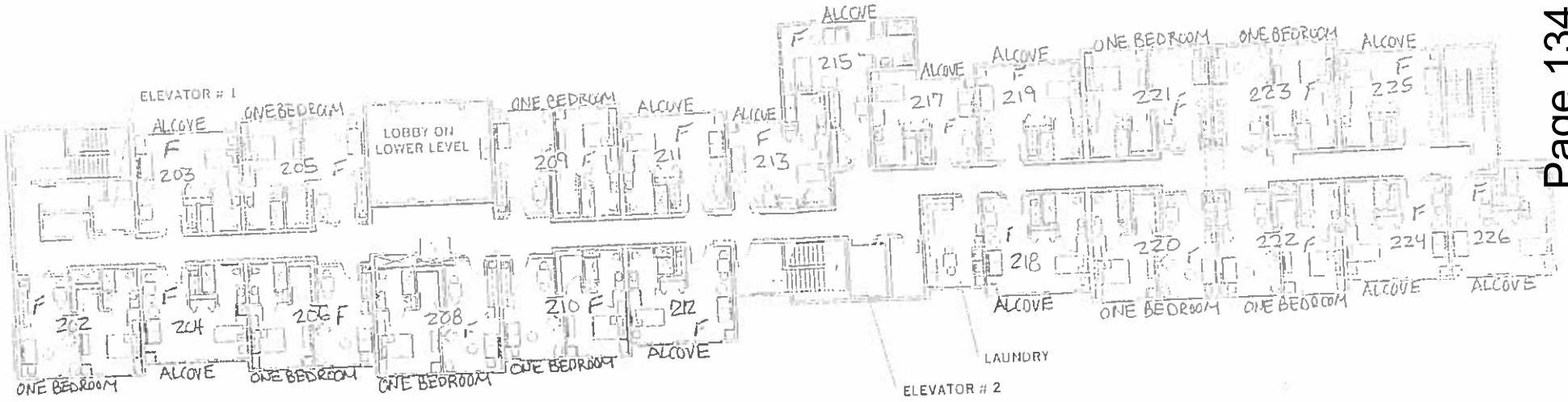


ASSISTED LIVING APARTMENT FLOOR PLAN



MAIN FLOOR OF THE ASSISTED LIVING WING
(THIS VIEW INCLUDES THE OFFICE SUITE, MAIN ENTRANCE AND ASSISTED LIVING AREA)

ALF - Main Floor.tif



UPPER FLOOR OF THE ASSISTED LIVING WING
(SECOND FLOOR)
FAITH CARE, LLC -- DIVISION OF FAITH COUNTRYSIDE HOMES

ALF - TOP FLOOR.tif

22 Apartments
12 Alcove
10 One Bedroom

Certificate of Occupancy

Failure to comply with all building and zoning conditions for the structure shall be cause to revoke this Certificate of Occupancy.
Certificate of Occupancy issue date is the date signed.

City of Highland

Parcel ID: 01-1-24-08-00-000-002.005

Property Address: 100 Faith Dr.
Highland, IL 62249

Owner: Well Care Home NFP Inc

Owner Address: 6 Indian Creek Ln
Frontenac, MO 63131

Contractor: Well Care Home NFP Inc

Issued Date: September 13, 2023

Fire Chief

Date 9/13/2023

The boiler inspection is scheduled with the Office of the State Fire Marshal

The cooking hood suppression system is scheduled for inspection with independent contractor.

POST IN A CONSPICUOUS PLACE

LEVINE
associates
2025 South Brentwood Boulevard, Suite 101
Saint Louis, Missouri 63144
Phone: 314-991-5600
www.levinearch.net

August 23. 2023

Dr. Ahsan Usman
Well Care Home
100 Faith Drive
Highland, IL 62249

RE: Architectural Survey
100 Faith Drive

I have visited the existing facility at 100 Faith Drive on august 23, 2023. The building consists of two wings. There is a two story building (with a basement) assisted living complex and an attached one story skilled nursing wing. The building was built approximately 20 years ago. It has been closed since the end of 2020 due to problems related to the Covid pandemic. However, it has been kept operational during that time with all systems maintained. The owner is currently making minor maintenance repairs to the facility.

The Nursing facility has74 beds in semi-private and private rooms, including a 14 bed dementia unit. The assisted living facility has 36 1-bedroom and studio units om two floors, and includes a full commercial kitchen, laundry, dining room, common areas and an administrative suite.

My site visit included visible inspection of building elements. The building appears to be fully operational and ready for occupancy. The following is a summary of items listed under IDPH Administrative Code Part 300 Skilled Nursing and Intermediate Care Facilities Code.

Elevator: The building has an elevator. However the nursing wing is a one-story building, attached to the assisted living building. The elevator is operational. The owner has obtained an inspection report from the vendor.

Handrails and grab bars: Handrails are properly installed where required in corridors and stairs, and correctly return to the wall at terminations. Grab bars are correctly located in toilet and shower rooms.

Ceilings: All ceilings are a minimum of 8'-0" high with no suspended impediments.

Doors and Windows: All entrance doors comply with egress requirements. Interior resident room and toilet doors comply with locking, closers, signaling and width requirements. Existing windows are intact, fitted with screens, weatherproof and operational.

Floors: All floors are vinyl tile. The owner is currently replacing existing carpeted corridors with vinyl plant flooring. All thresholds are flush.

Walls and Ceilings: Existing walls and ceilings look to be in good repair. According to original building drawings, the building is constructed with compliant fire and sound transmission ratings.
Nursing Unit Bedrooms: All resident bedrooms look to be compliant with the requirements for minimum area, doors, light and ventilation, wardrobe storage, nurse call and privacy dividers.

Bathrooms: Each bedroom has a private bath with a water closet and sink, with a mirror and light. Additional compliant bathing and shower facilities are located within the floor.

Nursing Stations: the facility has compliant nursing stations with work areas and sinks, an adjacent toilet room and clean and soiled utility rooms.

Mechanical Systems: All mechanical systems appear to be functional. The owner has had these inspected and is making any minor repairs. During the site visit all areas of the building were maintained at a comfortable temperature. The existing kitchen appears to be in good working order, including refrigeration units. The owner has obtained an inspection report for the kitchen hood and exhaust system and is making any required repairs.

Plumbing Systems: Plumbing systems appear to be in good working order, with operational bathrooms. The owner has had the fire sprinkler system (wet and dry) inspected and is making any required repairs.

Electrical Systems: All electrical appears to be in good working order. Lighting is in working order. The owner is currently replacing missing lightbulbs. The nurse call system, fire alarm system, door alarm system and other emergency systems all appear to be working properly. Additionally the facility has a backup generator. The owner is having this inspected and will make any required repairs.

In short, this facility looks to be ready for occupancy with minimal repairs, and only the usual maintenance work.

Sincerely,

Alvah Levine

Alvah M. Levine

9c