#24-020

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT

LONG-TERM CARE APPLICATION

ORIGINAL

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

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]	
xx	**General Long-term Care**	☐	Establishment of a new LTC facility
☐	Specialized Long-term Care	☐	Establishment of new LTC services
		xx	**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.

This substantive project seeks to expand the total Skilled Nursing Facility license count at Mason City Area Nursing Home (CCN 145616) from 73 general skilled nursing licensed beds to 97 general skilled nursing licensed beds. It should be noted that this facility has an existing request in process to increase from 66 general skilled nursing beds by 10% (7 beds) using the 20 Bed/10% rule. As of June 4th, 2024, this 10% increase has been approved by HFSRB and currently sits with IDPH Licensure office to be implemented.

This Certificate of Need requests an increase of 24 licensed general skilled nursing beds, which would bring the total number of licensed beds to 97 general skilled nursing beds. This increase will not require major construction, as there are currently 31 sheltered care licenses in place that the facility has operated for many decades and was built with SNF Life Safety requirements in mind.

The total cost of the project is expected to be less than $200,000, consisting mostly of furniture and operating equipment. The project will be self-funded by the Mason City Area Nursing Home Association, the non-profit owner of the facility.

Facility/Project Identification

Facility Name: Mason City Area Nursing Home
Street Address: 520 N. Price Avenue
City and Zip Code: Mason City, IL 62664
County: Mason Health Service Area: 3 Health Planning Area: Mason

Applicant /Co-Applicant Identification

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

Exact Legal Name: Mason City Area Nursing Home Association, Inc
Address: 520 N. Price Avenue, Mason City, IL 62664
Name of Registered Agent: David Underwood
Name of Chief Executive Officer: Benjamin Hart (Management Company)
CEO Address: 115 W. Jefferson Street, Suite 401, Bloomington, IL 61701
Telephone Number: (309) 828-4361

Type of Ownership (Applicant/Co-Applicants)

xx	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: Steven J. Hart
Title: Chief Operating Officer (Management Company)
Company Name: Heritage Operations Group
Address: 115 W. Jefferson Street, Suite 401, Bloomington, IL 61701
Telephone Number: (309) 665-2748
E-mail Address: sjhart@heritageofcare.com
Fax Number: (309) 829-5477

Additional Contact

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

Name: Daniel Curry
Title: Chief Financial Officer (Management Company)
Company Name: Heritage Operations Group
Address: 115 W. Jefferson Street, Suite 401, Bloomington, IL 61701
Telephone Number: (309) 823-7164
E-mail Address: dcurry@heritageofcare.com
Fax Number: (309) 829-5477

Post Permit Contact

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

Name: Steven J. Hart
Title: Chief Operating Officer (Management Company)
Company Name: Heritage Operations Group
Address: 115 W. Jefferson Street, Suite 401, Bloomington, IL 61701
Telephone Number: (309) 665-2748
E-mail Address: sjhart@heritageofcare.com
Fax Number: (309) 829-5477

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Mason City Area Nursing Home Association, Inc.
Address of Site Owner: 520 N. Price Avenue, Mason City, IL 62664
Street Address or Legal Description of Site: 520 N. Price Avenue, Mason City, IL 62664
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

Exact Legal Name: Mason City Area Nursing Home Association, Inc.
Address: 520 N. Price Avenue, Mason City, IL 62664

xx	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:

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

xx 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

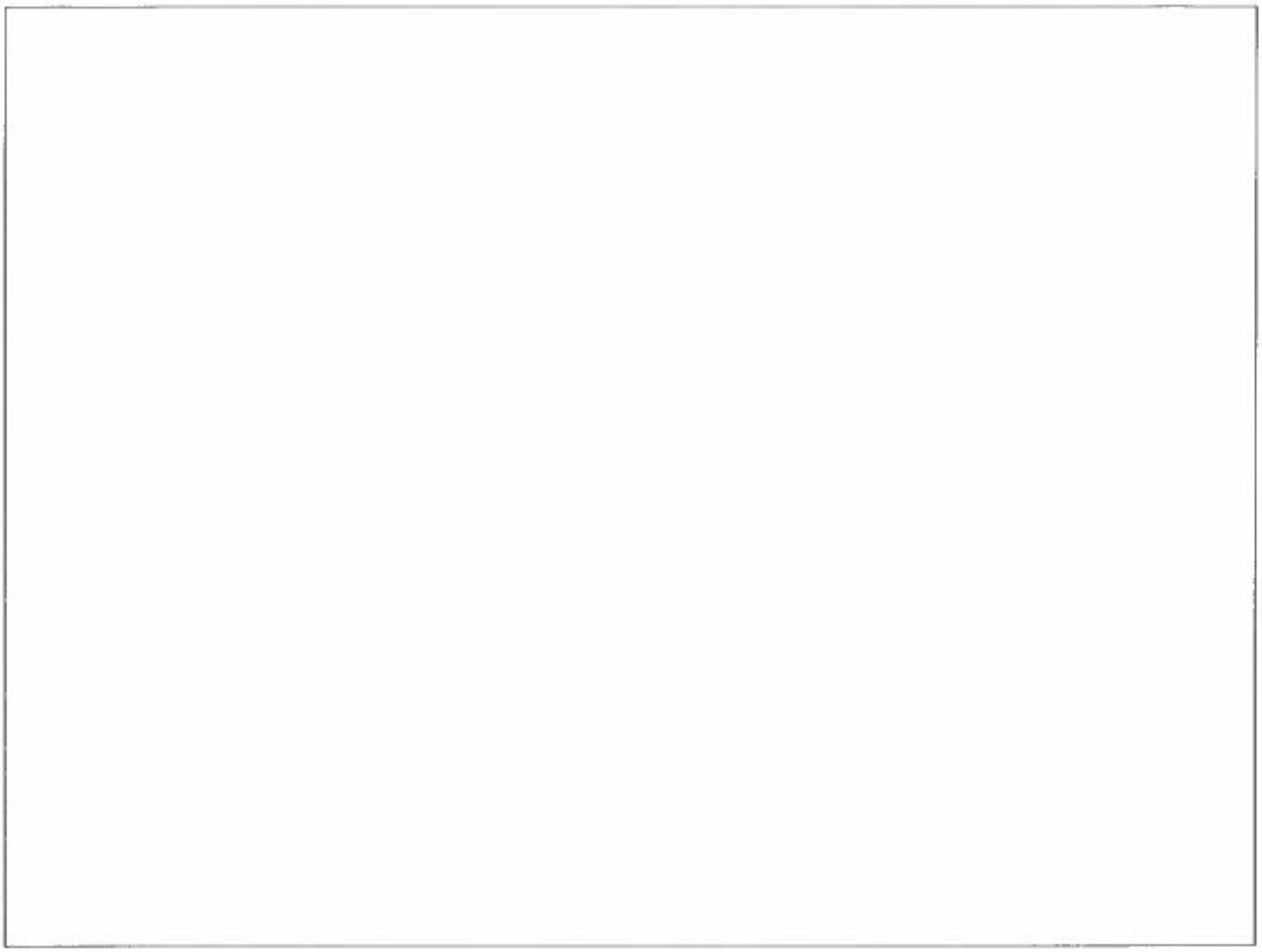
The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- 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 _Mason City Area Nursing Home Association, 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.

Rev James N Sprinkel	Robert L Griffin
SIGNATURE	SIGNATURE
Rev JAMES N SPRINKEL	Robert L. Griffin
PRINTED NAME	PRINTED NAME
Mgmt Board Pres.	Vice Pres.
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 3 day of June 2024	Notarization: Subscribed and sworn to before me this 3 day of June 2024
Judy Lea Miller	Judy Lea Miller
Signature of Notary	Signature of Notary
OFFICIAL SEAL JUDY LEA MILLER NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/23/24 Seal	OFFICIAL SEAL JUDY LEA MILLER NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/23/24 Seal

*Insert EXACT legal name of the applicant



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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

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

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

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

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

   Alternative options **must** include:

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

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

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

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

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

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

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

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

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

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

Criterion 1125.510 – Introduction

Bed Capacity

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
☐ **General Long-Term Care**	66 Beds in use *7 bed addition in process to be added through 10% rule **73 beds**	66 beds in use 7 beds through 10% rule 24 beds through CON **97 Beds**
☐ **Specialized Long-Term Care**	**0 Beds**	**0 Beds**
☐	**73 Beds**	**97 Beds**

***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**	**2023**	**74**	**20527**
☐ **Specialized Long-Term Care**		**0**	**0**

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 of

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:**

____$711,000____	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.
$711,000		**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).

Not applicable:
No new construction or modernization.
Existing building, no change in sq ft.

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.

APPENDIX A

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	$34,347.52	$22,983.91	$57,331.43
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$34,347.52	$22,983.91	$57,331.43
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$34,347.52	$22,983.91	$57,331.43
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$34,347.52	$22,983.91	$57,331.43

APPENDIX A

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 xx No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes xx 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 $ _____.

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

☐ Schematics xx Final Working

Anticipated project completion date (refer to Part 1130.140): ____Already Completed_____

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

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

☐ Project obligation will occur after permit issuance.

Not applicable

APPENDIX D

Cost/Space Requirements

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Resident Rooms	$33,688.55	3,733.64	3,733.64			3,733.64	
Shower Rooms	0	203.65	203.65			203.65	
Nurse Station	$658.97	102.5	102.5			102.5	
Med Room	0	29.16	29.16			29.16	
Total Clinical	$34,347.52	4,068.95	4,068.95			4,068.95	
NON CLINICAL							
Utility Rooms	$22,983.91	161.58	161.58			161.58	
Storage Rooms	0	331.25	331.25			331.25	
Restrooms	0	181.1	181.1			181.1	
Office	0	111.5	111.5			111.5	
Corridors	0	1,676	1,676			1,676	
Living Room	0	436	436			436	
All Seasons Porch	0	189.83	189.83			189.83	
Total Non-clinical	$22,983.91	3,087.26	3,087.26			3,087.26	
TOTAL	**$57,331.43**	**7,156.21**	**7,156.21**			**7,156.21**	

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: Steven Hart – Authorized representative (Name) 115. W. Jefferson Street, Bloomington, IL 61705 (Address)

Bloomington IL 61701 309 665 2748
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 520 N Price Ave (Address) Mason City IL (City) (State)

Mason (County) Mason City (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 xx
IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN - No

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)

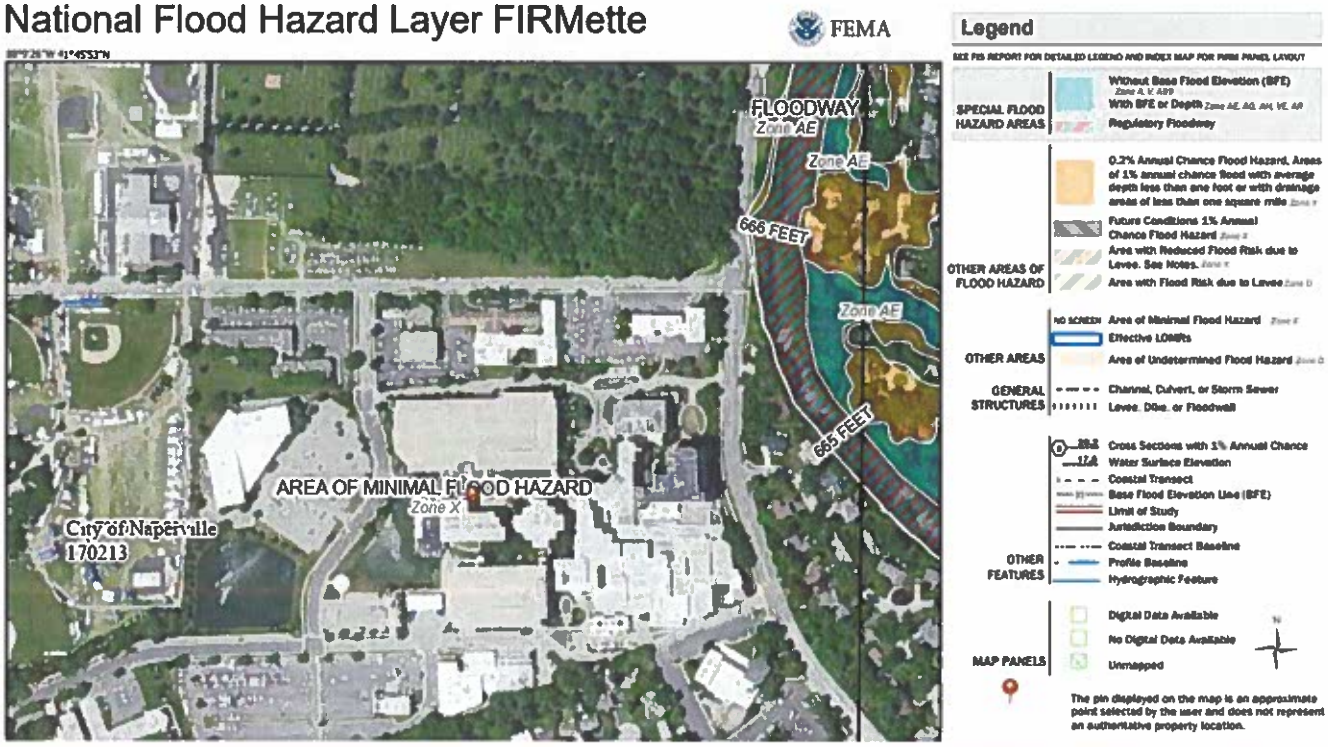
Signature:_____ Date: _____

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.

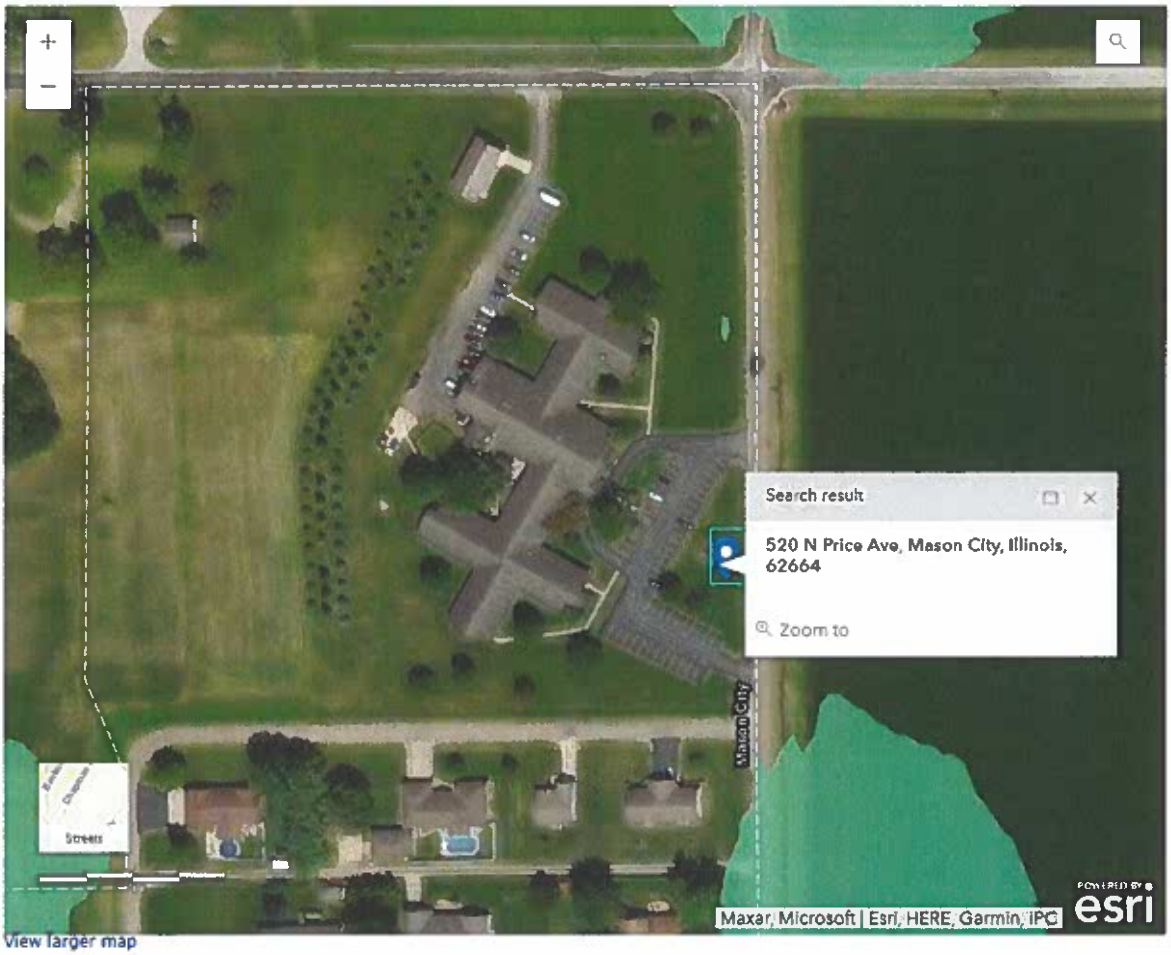


After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS

Flood
Plain

Navigate To An Area Of Interest Using This Interactive Map.



View larger map

File Number 5363-078-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MASON CITY AREA NURSING HOME ASSOCIATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1984, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* FEBRUARY *A.D.* 2024 .

Authentication #: 2404003222 verifiable until 02/09/2025
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ATTACHMENT - 1

Property Information

Parcel Number 20-08-200-023	**Site Address** 520 N PRICE IL	**Owner Name & Address** MASON CITY AREA NURSING HOME 520 N PRICE MASON CITY, IL, 62664
Tax Year 2022 (Payable 2023)		
Sale Status None	**Neighborhood Code**	**Land Use**
Property Class 0090 - Tax Exempt	**Tax Code** 09092 -	**Tax Status** Exempt
Net Taxable Value 0	**Tax Rate** 0.000000	**Total Tax** $0.00
Township Mason City Township	**Acres** 7.8300	**Mailing Address**
Alternate Parcel Number 09204002	**Lot Size**	**TIF Base Value** 0
Legal Description PT NE1/4 NE1/4 8 20 5 189		

Assessments

Level	Homesite	Dwelling	Farm Land	Farm Building	Mineral	Total
DOR Equalized	0	0	0	0	0	0
Department of Revenue	0	0	0	0	0	0
Board of Review Equalized	0	0	0	0	0	0
Board of Review	0	0	0	0	0	0
S of A Equalized	0	0	0	0	0	0
Supervisor of Assessments	0	0	0	0	0	0
Township Assessor	0	0	0	0	0	0
Prior Year Equalized	0	0	0	0	0	0

No Billing Information

Exemptions

Exemption Type	Requested Date	Granted Date	Renewal Date	Prorate Date	Requested Amount	Granted Amount
Exempt Parcel	1/1/2014	1/1/2014	2/9/2022		0	0

No Drainage / Special District Information

Related Names

Parcel Owner	MASON CITY AREA NURSING HOME 520 N PRICE MASON CITY, IL, 62664	
Mailing Flags	Tax Bill	Change Notice
	Delinquent Notice	Exemption Notice

Payment History

Tax Year	Total Billed	Total Paid	Amount Unpaid

ATTACHMENT - 2

Taxing Bodies

District	Tax Rate	Extension
MASON COUNTY	1.058900	$0.00
IMPERIAL VALLEY WATER AUTH	0.016400	$0.00
COUNTY AMBULANCE	0.154900	$0.00
MASON CITY CEMETERY DIST	0.024700	$0.00
UNIT SCHOOL 189	4.715700	$0.00
MASON CITY TWP	0.111800	$0.00
MASON CITY R&B	0.283600	$0.00
City-Mason City	1.723200	$0.00
MASON CITY FIRE	0.197900	$0.00
JC 526-LLCC	0.492200	$0.00
MASON CITY PARK	0.104800	$0.00
MASON CITY LIBRARY DIST	0.186700	$0.00
TOTAL	**9.070800**	**$0.00**

No data

No Redemptions

ATTACHMENT - 2

MANAGEMENT AGREEMENT FOR MASON CITY AREA NURSING HOME ASSOCIATION, INC.

THIS AGREEMENT entered into this 31st day of January, 2022 by and between **MASON CITY AREA NURSING HOME ASSOCIATION, INC.** an Illinois not-for-profit corporation, with principal office at 520 N. Price Avenue, Mason City, Illinois (hereinafter referred to as "Owner"), and **HERITAGE OPERATIONS GROUP, LLC**, an Illinois limited liability company whose principal place of business is located at 115 W. Jefferson St., Suite 401, Bloomington, Illinois, (hereinafter referred to as "Management").

WITNESSETH:

WHEREAS, Management is licensed to operate nursing homes in accordance with the laws of the State of Illinois and is engaged in the business of providing consultant and management services for the business of managing and operating nursing homes for the infirm, chronically ill and elderly; and,

WHEREAS, Owner owns a licensed nursing home known as Mason City Area Nursing Home located at 520 N. Price Avenue, Mason City, Illinois (hereinafter referred to as "Home") and desires to utilize the services of Management to manage and operate the Home and provide consulting services on behalf of Owner; and,

WHEREAS, Owner is governed by a Board of Directors and By-Laws of said corporation; and,

WHEREAS, Management is desirous of entering into an Agreement to provide management and consulting services to Owner all as hereinafter set forth in greater detail.

NOW, THEREFORE IT IS MUTUALLY AGREED by and between the parties hereto, for and in consideration of valuable consideration , the receipt of which is hereby acknowledged and the mutual promises and undertakings as hereinafter set forth in greater detail as follows:

SECTION 1 - DEFINITIONS

"ADMINISTRATOR" means the individual responsible for planning, organizing, directing and supervising the operation of the Home.

"BOARD" means the governing body of Owner and includes the Executive Committee through which all nursing home matters are originated and referred, and the Committee then makes recommendations and suggestions to the full Board.

"ILLINOIS FREEDOM OF INFORMATION ACT" means the law in relation to access to public records and documents as set forth in 5ILCS 140/1-101 of the Illinois Compiled Statutes.

"NURSING HOME CARE REFORM ACT" means the law in relation to the reform of nursing home care and long term care facilities as it appears in 210 ILCS 45/1-101 of the Illinois Compiled Statutes.

"NURSING HOME OPERATORS LICENSING ACT" means the Nursing Home Administrator's Licensing Act enacted by the General Assembly of the State of Illinois to license and regulate nursing home administrators as set forth in 225 ILCS 70/1 of the Illinois Compiled Statutes.

"OCCUPANCY AGREEMENT" means the agreement between Owner and the resident of the home relating the terms and conditions by which the resident is entitled to reside at the Home.

"NET PATIENT REVENUE" means gross funds billed for residents of Home, or third party payers on behalf of residents of the Home, less contractual discounts and other discounts of third party payers for services provided by Owner to the residents of the Home for care provided to them; less refunds of collected revenues to residents or third party payers, and less reserve for uncollected accounts, seasonally adjusted. Net patient revenue shall not include charitable contributions, or farm income.

SECTION 2 - EMPLOYMENT OF MANAGEMENT

Owner shall employ Management to manage and operate the Home, subject to the terms and provisions set forth in this Agreement.

In performing their respective duties and obligations hereunder, the parties to this Agreement are independent contractors, and as such they shall remain professionally and economically independent of each other. Nothing contained in this Agreement shall be deemed or construed to create a partnership, joint venture, employment relationship, or otherwise to create any liability for one party with respect to indebtedness, liabilities or obligations of the other party except as otherwise may be expressly set forth herein.

Management accepts such engagement and appointment and agrees to faithfully perform all services required of it and in accordance with the terms and conditions of this Agreement. The parties to this Agreement will perform their respective duties and obligations under this Agreement using reasonable care and in accordance with all applicable federal, state, and local laws and regulations. Management shall perform all services requested of it under this Agreement in accordance with generally accepted management, administrative, and accounting practices.

SECTION 3 - AUTHORITY OF MANAGEMENT

Owner hereby vests Management with full authority to make operating decisions, provided that Management shall take into consideration all reasonable requests and recommendations made by Owner, as they pertain to operating plans, procedures and admissions. Owner appoints Management its fiscal agent, in such capacity to receive all operating funds and make all operating disbursements. Owner appoints Management its contracting agent in such capacity that Management shall have authority to contract with vendors and third parties on behalf of Owner for the purpose and benefit of the Home and its residents. Owner shall furnish Management with a complete set of contracts, plans, and specifications in force and effect at the time of the execution of this Agreement. Management shall become thoroughly familiar with the character, location, construction, layout, plan and operation of the Home, the electrical, heating, plumbing, air-conditioning and ventilation systems, and all other mechanical equipment in the Home.

SECTION 4 - TERM

This term of this Agreement shall commence on January 31, 2022, and continue through January 30, 2027 for a period of five (5) years thereafter unless sooner terminated pursuant to provisions of Section 10.

SECTION 5 - COMPENSATION OF MANAGEMENT

Management shall be paid a fee of five percent (5.00%) of Net Patient Revenue per month. The aforesaid fee shall be paid monthly by the thirtieth (30^{th}) day of each month following rendition of service.

Management's fees generally cover everything but the following items:

(i) The administrator's direct salary and benefits;
(ii) Outside legal fees incurred in regard to operation of the Home and defense of action brought by government agencies or private parties against the Home, Owner or Manager for action arising out of operation of the Home;
(iii) Outside audit fees;
(iv) Outside tax preparation fees for federal and state returns;
(v) Owner's representation and administration of new construction projects, additions to the Home, renovation and remodeling projects to the Home, planning, consultation and supervision of construction services. Owner may request Management to provide a separate quotation to perform these services on Owner's behalf;
(vi) Information technology wiring and infrastructure work;

(vii) Specific contracts of consulting or fee for service work performed by third parties approved by Owner;

(viii) Goods procured by Management on behalf of Owner;

(ix) Usual and customary operational expenses as contained in the capital and operating budgets of the Home.

Management agrees and stipulates that any fees or charges beyond the base management fee will be itemized and approved by Owner prior to reimbursement.

SECTION 6 - SERVICES TO BE PROVIDED BY MANAGEMENT

Management will manage, operate, supervise, and provide all services and consulting necessary for the prompt and efficient operation of the Home, which shall include, but are not limited to, the following duties and responsibilities:

(A) Management shall, on behalf of Owner, interview, investigate, select, hire, train, supervise and discharge all personnel necessary to properly maintain the Home. Job descriptions and wage rates shall be developed by Management and be approved by Owner. All such persons shall be hired as employees of Owner and the compensation for such employees shall be considered an operating expense of the Home and shall be made on a regularly scheduled basis as determined by Owner.

(B) Recommend, prepare and furnish operating procedures, procedure manuals for each department, systems and controls, together with associated forms, for the purpose of providing effective management techniques for the Home.

(C) Furnish operating and procedure manuals for each department and controls, together with associated forms, for the purpose of providing effective management techniques for the Home.

(D) Develop and plan staffing patterns and working hours to provide the services needed by residents of the Home.

(E) Establish the menus for the food service department of the Home, and procure high quality food and supplies at the best possible price.

(F) Through competitive bidding and selection, Management shall employ suppliers, vendors, consultants and third parties to provide high quality services and supplies to the Home and its residents. This shall include the utilization of pharmacy services by Green Tree Pharmacy Inc. for the provision of medications to the residents of the Home.

(G) Conduct inspections of each department to determine their compliance with the standards set forth for the Home.

(H) To hold training sessions with the staff of each department and with department heads to provide them with the training and expertise to perform their respective jobs and correct deficiencies in their job performance.

(I) To obtain occupancy agreements and recruit new residents for the Home to reach and maintain as high a level of occupancy as possible.

(J) Prepare and keep all contracts, books, records, documents, policies and other information necessary for the lawful operation and sound financial management of the Facility. In response to Owner's reasonable request, information described in this section shall be provided to Owner at a reasonable time and place and in accordance with applicable law.

(K) Management shall do all things necessary to maintain a high quality of resident care and service including but not limited to receiving, considering and recording all residents' service requests in systematic fashion in order to show action taken with respect to each request.

(L) Unless mutually agreed otherwise, Administrator or a senior member of Management shall meet with Owner's Board of Directors once annually at such time and place as the Board of Directors shall reasonably request to advise Owner's Board of Director's regarding the financial status and operation of Home and will review with the Board of Directors such procedures and operational decisions as deemed appropriate by the Board of Directors.

(M) To study, determine and fix with Owner's assistance, all rates and charges to be made to the residents, subject to approval by the Owner's Board which approval shall not be unreasonably withheld so long as such rates or charges are competitive in the geographical areas served by the facility. Management is also authorized to request, demand, collect and receive any and all such carrying charges, rents, or other payments which at any time may become due to Owner.

(N) Assist Owner in preparing a capital expenditures budget for the Home and in obtaining competitive bids for equipment and/or capital improvements needed by the Home.

(O) Prepare and submit for review and approval by the Owner Board, the operating budget for each fiscal year, to include but not be limited to, itemized anticipated receipts and disbursements based upon the then current schedule of carrying charges taking into account the general condition of the Home and its objectives for the new fiscal year. The operating budget shall constitute the major control under which Management operates.

(P) Management shall procure and maintain for Owner all licenses, permits, authorizations, certifications, and accreditations necessary for Owner to own and operate the Home. Management shall be responsible for timely completion of all reports required by law.

(Q) To be available in case of emergency in order to provide the staff of the Home with guidance, assistance, or other support to handle said emergency.

(R) Management agrees to hire the Administrator as its employee and Owner shall reimburse Management monthly, the following:

(1) Administrator's salary; plus

(2) All employment taxes and workman's compensation insurance incident thereto; plus

(3) Health and accident insurance costs paid by Management for Administrator; plus

(4) All training, seminars, educational programs which Management pays for Administrator. Said costs to be the same as Management would provide for other Administrators employed by Management.

(S) To carry out a program of advertising and promotion, at the expense of Owner, designed to attract potential residents or staff, as may be necessary to the Home.

(T) Management shall ensure that the Home complies with all applicable federal and state laws, rules, regulations, procedures, and standards related to the Facility.

(U) Maintain all building equipment and grounds of the Home, and recommend to the Owner a maintenance program, together with capital improvements needed. All maintenance programs and capital improvements will be at the expense of Owner and must be approved by the Board before implementation.

(V) Submit to the Board of Directors of Owner, no more often than monthly, a profit and loss statement, Balance Sheet, and claims for all operating expenses incurred during the month. Management shall maintain adequate accounting records of the operation of the Home and submit all such records to the examination of auditors, lenders, guarantors and representatives of Owner as directed by Owner from time to time.

(W) Any employee of Management responsible for handling any funds of Owner shall, without expense to Owner, be bonded by Fidelity Bond in an amount reasonably acceptable to both Owner and Management.

(X) All purchases of equipment, tools, appliances, materials, and supplies, including information technology infrastructure hardware, non-Microsoft software and the licenses therefore, together with contracts for services for the Home shall be at the expense, and in the name of Owner. Expenditures in excess of TEN THOUSAND DOLLARS ($10,000) shall not be incurred without the prior advice, consent and approval of the Board of Directors of Owner.

(1) All information technology equipment and hardware using Microsoft operating systems will be purchased and owned by Management. A monthly usage fee will be paid by Owner. The usage fee will be determined by the total equipment cost divided over thirty-six (36) months. All Microsoft related licenses will be provided under Management's Microsoft

Services Provider License Agreement (SPLA), Monthly SPLA subscription fees will be paid by Owner.

(Y) Participate in the capacity of an advisor to the Board of Directors of Owner in labor negotiations with any union representing employees of the Home.

(Z) Management shall make all necessary provisions and procedures required for the prompt payment of all bills of Owner in a timely fashion, on or prior to the due date of any such bills, and will report to the Board of Directors of Owner any bills that are not paid when due and the reasons therefore on a monthly basis.

(AA) Management shall take all steps necessary to assure that no liens or encumbrances of any type attach to the assets of the Owner without the express written consent of the Board of Directors of Owner.

(BB) Management shall provide specialists from its staff for consultation for nursing and patient care, Medicare and Medicaid reimbursement and other technical areas necessary for the proper operation of the Home. Management shall perform and provide such other services and consultation to Owner, in addition to all other matters set forth hereinabove as are required to continue to operate the Home in a prompt, efficient and timely manner which includes, but is not limited to, all services set forth above.

SECTION 7 - INSURANCE

In accordance with the direction of, and in amounts deemed sufficient by Owner, Management shall, on behalf of Owner and at Owner's expenses, procure through a competitive bidding process and maintain in full force and effect during the term of this Agreement, such insurance to protect against risks and losses associated with Owner's operations including, but not limited to, general liability and property insurance, professional liability insurance and such other or additional insurance as Owner deems appropriate. Professional liability insurance shall cover Management, its employees, and contractors against errors and limits of liability in amounts deemed sufficient by Owner to protect against risks and losses associated with operation of the Facility.

Owner will include Management as additional insured on its public liability insurance and will provide a certificate of such insurance coverage to Management. Management shall maintain, at its own expense, liability insurance with a company and with limits reasonably acceptable to the Board of Directors of Owner and provide proof of such insurance to Owner when requested.

SECTION 8 - THE OBLIGATIONS AND RESPONSIBILITIES OF OWNER

The obligations and responsibilities of OWNER shall consist of the following:

(A) To allow Management to hire such operating staff and personnel as Management deems necessary to properly operate and maintain the Home and to meet the requirements and regulations established by the State of Illinois for operation of the Home. Owner shall also provide Management with all necessary facilities, equipment, funds and resources to perform the management services provided for herein and to comply with the health care legislation as enacted by the Illinois General Assembly and the Federal Government.

(B) To cooperate with Management in every respect and to furnish Management any and all information required by it for the performance of its duties and obligations hereunder.

(C) To provide funds for the operation and management of the Home. All funds are to be maintained by Management and all expenditures of such funds shall be in compliance with the rules and regulations of the Owner.

SECTION 9 - CORPORATE AUTHORITY

Each party to this Agreement shall deliver to the other party, on execution of this Agreement, a certified copy of a resolution of its Board of Directors, if said party is a corporation, wherein the appropriate officer of said corporation is authorized to execute this Agreement. Owner shall provide a certified copy of the resolution authorizing the execution of this Agreement to Management.

SECTION 10 – TERMINATION

This agreement may be terminated prior to the expiration of its term under the following terms and conditions.

(A) Upon the mutual consent of all parties.

(B) In the event of default by Management in performing its duties and responsibilities pursuant to the terms of this Agreement, only after Owner has provided written notice of the alleged default to Management in accordance with the terms hereof and has provided Management forty-five (45) days to cure said default. Management's failure to cure such default within (45) days after the date of written notice shall entitle Owner to terminate this Agreement immediately after the expiration of said (45) day period shall without further written notice.

(C) In the event of default by Owner in performing its duties and responsibilities pursuant to the terms of this Agreement, only after Management has provided written notice of the alleged default to Owner in accordance with the terms hereof

and has provided Owner forty-five (45) days to cure said default. Owner's failure to cure such default within (45) days after the date of written notice shall entitle Management to terminate this Agreement immediately after the expiration of said (45) day period shall without further written notice.

(D) Owner may terminate this Agreement, without cause, by providing written notice to Management, in accordance with the terms hereof, notifying Management that the Agreement will terminate on a date not less than one hundred eighty (180) days after the date of the notice. In the event Owner exercises its rights under this subparagraph (D) of Section 10, in addition to the fees due hereunder to the date of termination, Owner shall pay to Management a termination fee computed as follows: the average base fee set forth in Section 5 hereof shall be determined for all months of the Term prior to the termination date. Owner shall pay, as the termination fee, said average base monthly fee for one-half (1/2) of the months remaining in the original Term of this Agreement subsequent to the date of the termination set forth in the written notice. Such termination fee shall be paid within thirty (30) days after the date of termination set forth in the notice.

(E) Effect of Termination. If this Agreement is terminated by either party hereunder, then, on the effective date of such termination, Management shall: (i) deliver possession of the Home and of all of the personal property in possession of Management to Owner; (ii) deliver to Owner all resident, medical, operating and financial records relating to the Home and its residents which are in the possession of Management, including but not limited to a current listing of all accounts receivable and payable of the Home as of the effective date of termination; and (iii) deliver possession to Owner all of the resident trust funds and accounts and all other banking or other funds and accounts relating to the Home which are in the possession of Management, together with a true, accurate and complete accounting of same. Upon termination and compliance with Section 9 hereof, Management shall be relieved of all duties hereunder, including the continued billing and collection of accounts receivable or the procession and payment of employee payroll and accounts payable, except as may be expressly agreed upon by Owner and Management in a separate agreement to be executed in accordance with the termination of this Agreement.

(F) Cooperation Upon Termination. Upon the termination of this Agreement, including but not limited to a termination by Owner for cause, regardless of whether Management agrees with Owner's determination that cause for termination exists, Management shall cooperate with Owner in effecting an orderly transition to any new manager or managers of the Home in order to avoid any interruption in the rendering of services to Owner and residents of the Home. In connection therewith, Management shall surrender to Owner or its designee all contracts, documents, books, records, charts, forms and reports in the possession

of Management regarding the Home, including without limitation (i) all information necessary for the completion, on a timely basis, of all final cost reports required by Medicare, Medicaid or other third party payers covering any period or portion thereof for which Management served as manager of the Home, (ii) statements of year-to-date salaries and wages paid to employees of the Home, (iii) an open accounts payable report showing vendor names, invoice numbers and amounts due, and (iv) a current general ledger and accounts receivable detail as of the termination date. Such information shall be surrendered to Owner in paper form and, at Owner's request with respect to information maintained in electronic format, in electronic form transferable or convertible to such software as Owner shall reasonably select. All computer hardware and software purchased by Owner and used at or for the Home, shall remain the exclusive property of Owner. All computer hardware and software purchased or provided by Management shall remain the property of Management. In connection therewith, Owner shall surrender to Management all materials provided by Management in the course of operating the Home, including but not limited to, policy and procedures manuals, proprietary materials, instruction manuals and handbooks, operational forms. Additionally, Owner shall cease to use any trademarks, copy written materials, or intellectual property of Management.

SECTION 11 - DEFAULT

In the event Management fails to perform its duties and responsibilities pursuant to the terms and provisions hereof and such failure has not been corrected within forty-five (45) days after written notice from Owner to Management as set forth in the preceding section hereof, then Management shall be deemed to be in default, and Owner shall be at liberty to pursue all legal and equitable remedies available to it as a result of such default, including termination of this Agreement without payment of any termination fee to Management.

In the event Owner fails to perform its duties and responsibilities pursuant to the terms and provisions hereof and such failure has not been corrected within forty-five (45) days after written notice from Management to Owner as set forth in the preceding section hereof, then Owner shall be deemed to be in default, and Management shall be at liberty to pursue all legal and equitable remedies available to it as a result of such default, including termination of this Agreement without payment of any termination fee to Owner.

SECTION 12 - NON-SOLICITATION AND NON-COMPETE

Upon the termination of this Agreement and for a period of one (1) year after such termination or expiration, Management agrees that it shall not solicit, either directly or indirectly, any employee of Owner that is employed by Owner as of the date of such termination or expiration for a period of one (1) year after said termination or expiration. During the Term of this Agreement or any extension hereof, Management shall not manage any other nursing home in Mason City, Illinois without the expressed written consent of the Board of Directors of Owner.

It is agreed and understood that during the term of this Agreement and for a period of one year after the termination or expiration of this Agreement, any and all employees of Management are not eligible to: 1) be hired as employees of Owner, or 2) to be directly or indirectly retained under any contract for services or consulting agreement related to any aspect or operation of Owner without the expressed written permission of Management.

SECTION 13 - REVIEW

The Administrator hired by Management shall report to the Board of Owner at meetings held by the Board as to the current financial status and operation of the Home. In addition, at least quarterly, a member of management of Management shall attempt to meet with the Board to provide status reports as to the financial performance and operation of Owner and will review with the Board such procedures and operational decisions as deemed appropriate by the Board.

SECTION 14 - NOTICES

All notices and other communications hereunder shall be in writing and shall be deemed given:

(A) When delivered personally;

(B) The third business day after being deposited in the United States mail registered or certified with return receipt requested; or,

(C) The first business day after being deposited for overnight deliver with Federal Express or any other recognized overnight courier service; in each case to the parties at the following addresses or such other address for a party as shall be specified by like notice:

If to Owner: Mason City Area Nursing Home Association Inc.
c/o – Board President
520 N. Price Avenue
Mason City, Illinois 62664-0032
Mason County

With Copy To: _____

If to Management: HERITAGE OPERATIONS GROUP, LLC.
c/o - President
115 W. Jefferson St., Suite 401
Bloomington, IL 61701
Telephone No.: (309) 828-4361
Facsimile No.: (309) 829-5477

or to such other address or number as any party hereto will specify for itself by notice given pursuant to this section from time to time; provided, however, that notices of any change in an address or number will be effective until receipt.

SECTION 15 - MISCELLANEOUS

(A) Attorney's Fees. Should either Owner or Management be required to incur attorney's fees, court costs, or other expenses as a result of litigation based upon the other party's alleged failure to perform any obligation pursuant to the terms of this Agreement, the parties specifically agree that the prevailing party shall be entitled to an award by the Court having jurisdiction of reasonable attorney's fees, court costs, and other expenses from the non-prevailing party in such litigation.

(B) Force Majeure. Neither party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder for any reason strictly beyond its reasonable control, including without limitation, acts of God, war or governmental orders.

(C) Waiver. Any waiver by either party of any act, failure to act or breach on the part of the other party shall not constitute a waiver by such waiving party of any prior or subsequent act, failure to act or breach by such other party.

(D) Severability. The parties agree that if any provision contained in this Agreement is held by any court to be unenforceable or unreasonable, such restriction shall be severable therefrom and a lesser restriction be enforced in its place, and the remaining provisions contained herein shall be enforceable.

(E) Assignability. This Agreement shall be binding upon, and shall inure to the benefit of, the parties and their respective legal representatives, successors, and assigns. Neither party may assign this Agreement or any rights hereunder without the prior, written consent of the other.

(F) Binding Effect. This Agreement shall be binding upon and inure to the benefit of Owner and Management and their respective heirs, successors, personal representatives, and permitted assigns.

(G) Governing Law/Jurisdiction. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Illinois, and any action to enforce its terms, or to determine the rights or liabilities of the parties hereunder shall be brought in a court of competent jurisdiction with primary location in McLean County, Illinois.

(H) Complete Agreement. This Agreement supersedes any and all other agreements, either oral or in writing, between the parties hereto with respect to its subject matter and contains all of the agreements between the parties. Each party to this Agreement acknowledges that no representations, inducements, promises or agreements, oral or otherwise, have been made by any party or person, and that no other agreement, statement or promise not contained in this Agreement shall not be effective except in writing, executed by all the parties hereto.

(I) Revenues, Accounts and Depositories. Except as herein provided, all income or other monies received from the operations of the Home, together with any and all accounts and other receivables and other assets or property generated, created or which shall accrue from the operations of the Home shall belong to the Owner. Payment of all operating costs, wages, salaries, expenses and fees incurred or sustained in the operation of the Home is the obligation of Owner.

(J) Multiple Counterparts. This Agreement shall be deemed effective as of the date that the Agreement becomes fully-executed by representatives of Owner and Management. This Agreement may be executed in one or more counterpart copies. Each counterpart copy shall constitute an Agreement and all of the counterpart copies shall constitute one fully executed Agreement. The signature of any party to any counterpart shall be deemed a signature to, and may be appended to, any other counterpart. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.

(K) Titles and Headings. The titles and headings of sections of this agreement are intended for convenience only and shall not in any way affect the meaning or construction of any provision of this agreement.

(L) Indemnification. Management hereby agrees to indemnify and hold harmless Owner and its employees, officers, managers, directors, shareholders, agents and affiliates (the "Owner Indemnitees") from and against all charges, claims, causes of action, damages, expenses and liability (including reasonable attorneys' fees), asserted against, imposed upon, or incurred by, any Owner Indemnitee in connection with the death of, or injury to, any Person that arises or results from any breach by Management of its obligations under this Agreement. Notwithstanding the foregoing, Management shall not be responsible by indemnity or otherwise to the extent that any injury or death is caused by or results from an act or omission to act by an Owner Indemnitee or others who are

not agents, Employees or affiliates of Management. Owner hereby agrees to indemnify and hold harmless Management and its employees, officers, managers, directors, shareholders, agents and affiliates (the "Management Indemnitees"), from and against all charges, claims, causes of action, damages, expenses and liability (including reasonable attorneys' fees) asserted against, imposed upon, or incurred by, any Management Indemnitee in connection with the death of, or bodily injury to, any Person that arises or results from any breach by Owner of its obligations under this Agreement. Notwithstanding the foregoing, Owner shall not be responsible by indemnity or otherwise to the extent that any injury or death is caused by or results from an act or omission to act by a Management Indemnitee or others who are not agents, employees or affiliates of Owner.

IN WITNESS WHEREOF, the parties have signed this Agreement the day and year aforesaid.

MASON CITY AREA NURSING HOME ASSOCIATION INC.

By: _____

Its Pres.

HERITAGE OPERATIONS GROUP, LLC

By: _____

Its President

FIRST AMENDMENT TO MANAGEMENT AGREEMENT FOR MASON CITY AREA NURSING HOME ASSOCIATION

THIS FIRST AMENDMENT TO MANAGEMENT AGREEMENT (this "Amendment") is made as of the 17th day of July, 2023, by and among Heritage Operations Group, LLC, an Illinois limited liability company (hereinafter "HOG"), and Mason City Area Nursing Home Association, Inc., an Illinois not-for-profit corporation (hereinafter "MCANH"). HOG and MCANH may be referred to herein individually as a "Party" and collectively as the "Parties."

RECITALS:

A. The Parties are party to that certain Management Agreement dated January 31, 2022 (hereinafter "Agreement").

B. The Parties desire to amend the Agreement as more particularly set forth herein.

C. Unless otherwise provided herein, all capitalized words and terms used in this Amendment shall have the same meaning ascribed to such words and terms as in the Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

1. **Non-Solicitation and Non-Compete**. The second paragraph of Section 12 of the Agreement is hereby deleted and replaced with the following:

   "It is agreed and understood that during the term of this Agreement and for a period of one year after the termination or expiration of this Agreement, any and all employees of Management are not eligible to: 1) be hired as employees of Owner, or 2) to be directly or indirectly retained under any contract for services or consulting agreement related to any aspect or operation of Owner without the expressed written permission of Management. These provisions shall not apply to the current administrator, Kirbey Hull who may be hired and employed by MCANH upon termination of this Agreement."

2. No modification of this Amendment shall be of any force of effect unless in writing executed by all of the Parties hereto.

3. Except as amended hereby, the Agreement shall remain in full force and effect. This Amendment shall be binding upon and inure to the benefit of the Parties hereto and their respective successors and assigns under the Agreement. This Amendment does not constitute, directly or indirectly by implication or otherwise, an Amendment or waiver of any provisions of the Agreement, or any right, remedy, power, or privilege of any Party to the Agreement, except as expressly set forth herein. This Amendment shall be binding on the Parties. Any and all references to the Agreement following the date hereof shall be deemed to refer to the Agreement as amended by this Amendment.

[Signature Page to Follow]

ATTACHMENT - 2

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be signed as of the date and year first above written.

HERITAGE OPERATIONS GROUP, LLC

By: _____
Name: Benjamin Hart
Its: President and CEO

MASON CITY AREA NURSING HOME ASSOCIATION, INC.

By: _____
Name: JAMES N. SPRINKEL
Its: Pres. MCANH Board

5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

6. The above change was authorized by: *("X" one box only)*
   a. ☒ By resolution duly adopted by the board of directors. *(Note 5)*
   b. ☐ By action of the registered agent. *(Note 6)*

NOTE: When the registered agent changes, the signatures of both president and secretary are required.

7. *(If authorized by the board of directors, sign here. See Note 5)*
The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.

Dated September 20, (Month & Day), 2001 (Year) Mason City Area Nursing Home Association, Inc. (Exact Name of Corporation)

attested by Joann L. Renken, Secretary (Signature of Secretary or Assistant Secretary) by x A. Kraig Krause, President (Signature of President or Vice President)

Joann L. Renken Secretary (Type or Print Name and Title)

A. Kraig Krause, President (Type or Print Name and Title)

(If change of registered office by registered agent, sign here. See Note 6)
The undersigned, under penalties of perjury, affirms that the facts stated herein are true.

Dated 10/24/01 (Month & Day), ____ (Year) [redacted] (Signature of Registered Agent of Record)

NOTES

1. The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.

2. The registered office must include a street or road address; a post office box number alone is not acceptable.

3. A corporation cannot act as its own registered agent.

4. If the registered office is changed from one county to another, then the corporation must file with the recorder of deeds of the new county a certified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.

5. Any change of *registered agent* must be by resolution adopted by the board of directors. This statement must then be signed by the president *(or vice-president)* and by the secretary *(or an assistant secretary)*.

6. The registered agent may report a change of the *registered office* of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

C-135.14

ATTACHMENT - 2

DISPLAY THIS PART IN A CONSPICUOUS PLACE

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Dr. Sameer Vohra
Director

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

02/15/2025 | 0034256

~~UNRESTRICTED~~

Long-Term Care License
Skilled 66
Sheltered 31

97 Total Beds

~~BUSINESS ADDRESS~~ LICENSEE

Mason City Area Nursing Home Association, INC

Mason City Area Nursing Home
520 North Price Avenue, Box#32
Mason City, IL 62664

EFFECTIVE DATE: 02/16/2024

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

01/31/2024

Mason City Area Nursing Home
520 North Price Avenue, Box#32
Mason City, IL 62664

ATTACHMENT - 3

Attachment 4

Organizational Relationships

Mason City Area Nursing Home Association does not have any related persons or entities. This non-profit corporation is overseen by a Board of Directors comprised of community volunteers.

Mason City Area Nursing Home has entered into a management agreement with Heritage Operations Group, a provider of professional management services headquartered in Bloomington, Illinois. To remove all doubt, it should be made clear that Heritage Operations Group, nor any of its related entities or persons, do not have any ownership interests in Mason City Area Nursing Home Association.

Attachment 5

Flood Plain Requirements

I attest that due diligence has been completed to ensure that Mason City Area Nursing Home does not currently reside within a flood plain, as demonstrated through the image from FEMA.gov below. It should also be noted that this building has been required to comply with Illinois Executive Order #2006-5 as a critical facility since the executive order was communicated in 2006. Given that no major construction is expected to be needed as part of this project, it can be assumed that Mason City Area Nursing Home will remain compliant with the Flood Plain Rule.

Applicant Name: Steven J. Hart

Applicant Signature _____

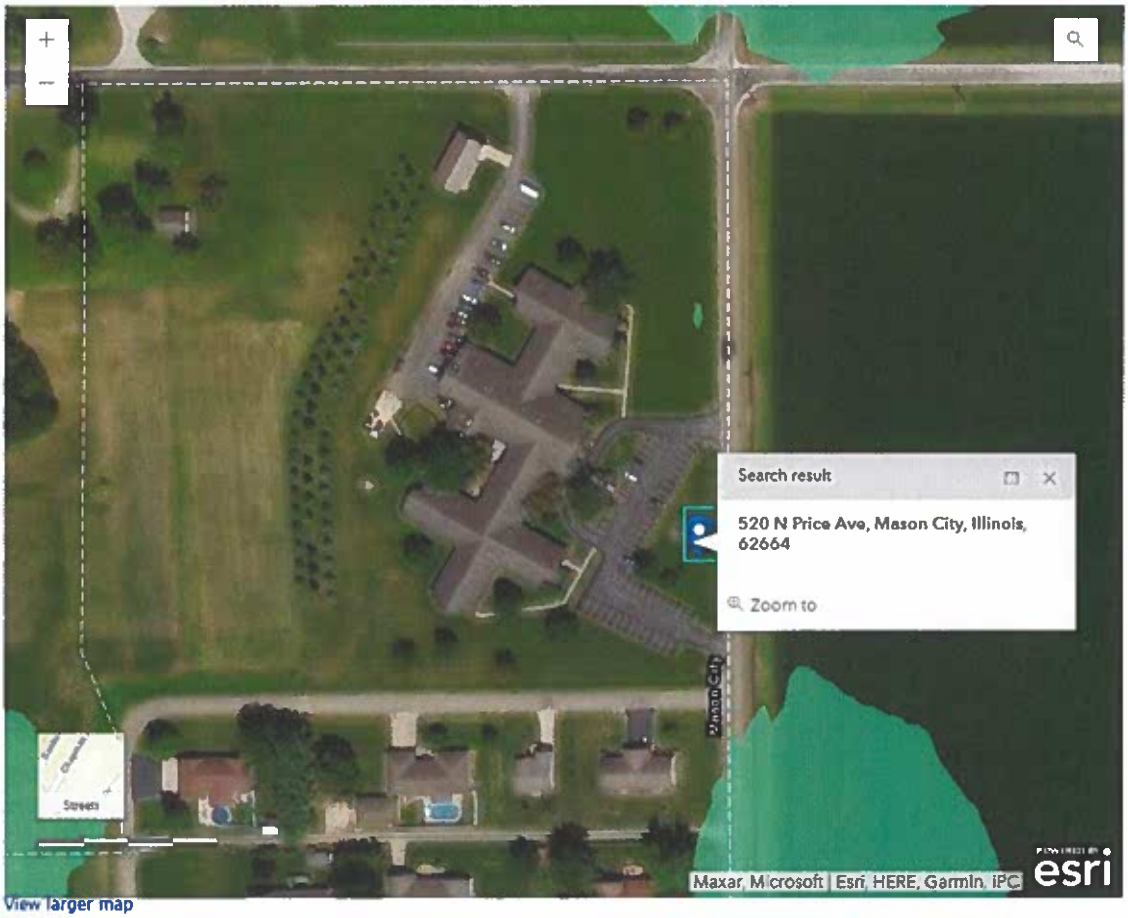
Witness Name: Cindy Jaskowiak

Witnesss Signature _____

"OFFICIAL SEAL"
CYNTHIA M JASKOWIAK
Notary Public, State of Illinois
My Commission Expires March 20, 2027

ATTACHMENT - 5

Navigate To An Area Of Interest Using This Interactive Map.



ATTACHMENT - 5

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

520 price avenue, mason city | 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 MASON COUNTY

Show ALL Products » (https://msc.fema.gov/portal/availabilitySearch?addcommunity=17125C&communityName=MASON COUNTY#searchresults)

The flood map for the selected area is number **17125C0375D**, effective on **1/6/2012**

DYNAMIC MAP

PRINT MAP FIRMette (https://msc.fema.gov/portal/firmette?latitude=40.206600&longitude=-89.679385)

MAP IMAGE

DOWNLOAD FIRM PANEL (https://msc.fema.gov/portal/downloadProduct?productTypeID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL&productID=17125C0375D)

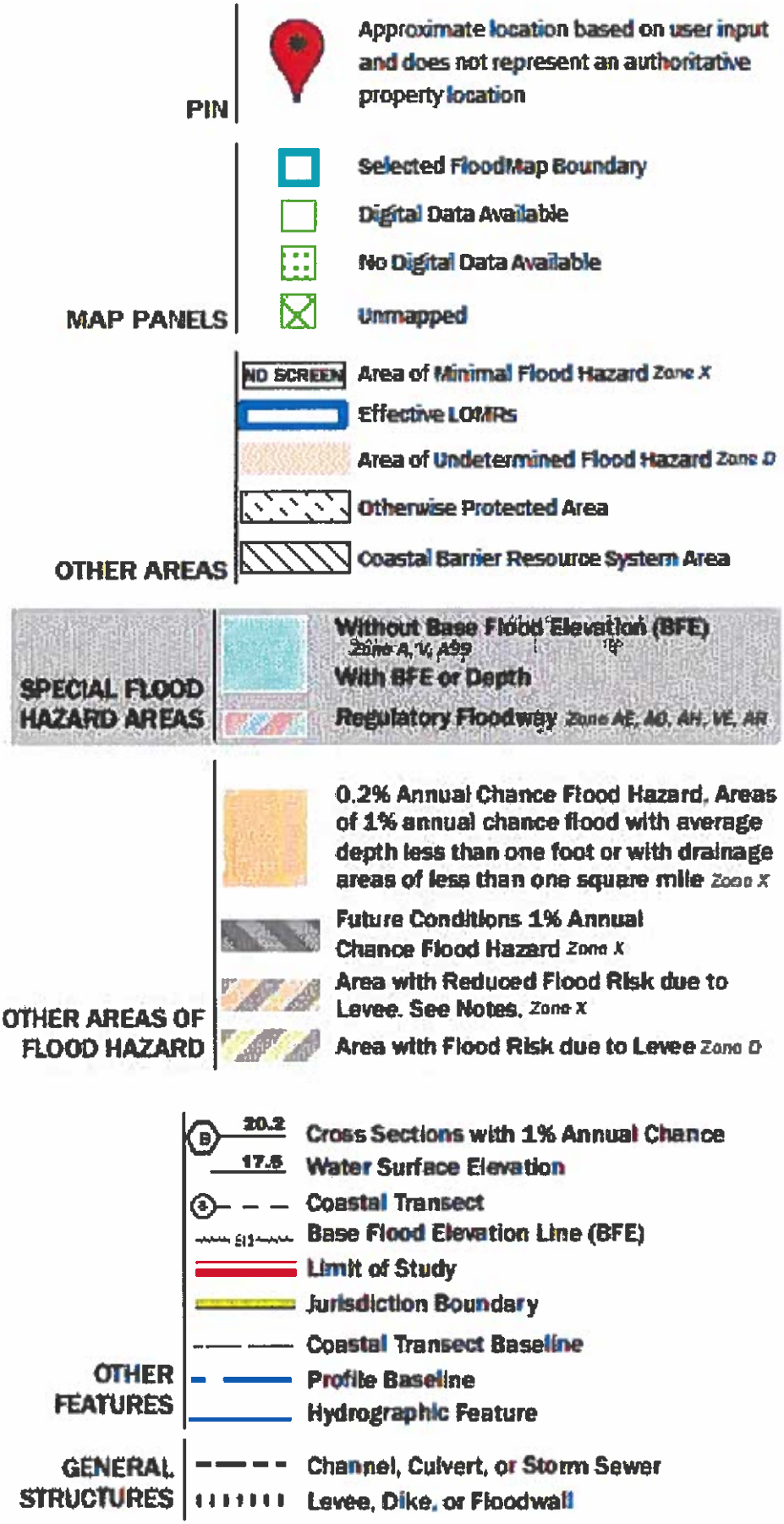
Changes to this FIRM

Revisions (0)
Amendments (1)
Revalidations (2)

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.

Go To NFHL Viewer » (https://hazards-fema.maps.arcgis.com/apps/webappviewer/index.html?id=8b0adb51996444d4879338b5529aa9cd&exte

ATTACHMENT - 5



ATTACHMENT - 5

Illinois Department of Natural Resources
JB Pritzker, Governor • Natalie Phelps Finnie, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Mason County
Mason City
Converting Sheltered Care Bed Licenses to Skilled Nursing Facility Bed Licenses and Interior Rehabilitation
520 N. Price Ave.
SHPO Log #007020924

February 22, 2024

Steven Hart
Heritage Operations Group, LLC
115 W. Jefferson St., Suite 401
Bloomington, IL 61701

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Rita Baker, Cultural Resources Manager, at 217/785-4998 or at Rita.E.Baker@illinois.gov.

Sincerely,

Carey L. Mayer

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

Attachment – 10

Purpose of the Project

The purpose of this project is to seek approval for the expansion of 24 general skilled nursing facility licensed beds at Mason City Area Nursing Home, in addition to the 66 general skilled nursing beds currently in use, and the additional 7 beds that have been approved by HFSRB using the 20 beds/10% rule.

The 7 beds approved in May 2024 through the 20 beds/10% rule currently are in process with the IDPH Licensure Office, and when submitted it was not believed that a Certificate of Need would also be submitted. We have chosen to move forward with both the 10% increase, and this certificate of need, because the 10% increase has interim benefit to current residents, as more private rooms will be immediately available to them.

These efforts for licensed bed expansion are taking place because a 31-bed sheltered care unit sits largely empty within Mason City Area Nursing Home. Prior to the recent COVID-19 pandemic, this facility's sheltered care wing was well occupied. As a result of COVID-19, preferences to reside in these sheltered care beds diminished and has remained woefully inadequate to justify retention of this service line. This facility has spent the past two years attempting to market its sheltered care wing, but has been unsuccessful in finding interested consumers.

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.***
    a. Approving 97 licensed beds will effectively allow a meaningful increase to private room offerings, as this facility would intent to house 85-90 residents, on average. By allowing 97 licensed beds, instead of a lower number, the HFSRB effectively allows for private rooms to "float" throughout the building by allowing 1 person to occupy a room certified for two beds. To approve a fewer number of licensed beds would require these private rooms to be "anchored" to an unmovable location, reducing residents' ability to express consumer choice.
    b. This facility regularly turns away resident referrals due to a lack of functional bed availability. It currently operates at its effective functional capacity.
    c. In early February 2024, it became public knowledge that Petersen Health Care intends to declare bankruptcy, triggering receivership of SNFs in nearby Pekin, East Peoria, Canton. A reasonable risk of disruption to the community's ability to access SNF services exists as a result of this business decision.
    d. SNF expansion would allow the facility to offer more private rooms than otherwise would have been available, increasing the opportunity for choice and well-being for the market area population.
    e. Mason City Area Nursing Home will attain increased financial stability, which was harmed as a result of an empty sheltered care unit and which may otherwise threaten access to care at this facility.
2. ***Define the planning area or market area, or other, per the application's definition.***

a. Mason City Area Nursing Home primarily services the rural areas of Mason County, Menard County, and Logan County.

3. ***Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.***
    a. This facility continues to turn away resident referrals due to lack of available beds.
    b. In the wake of COVID-19, this facility has found itself to be unable to offer any reasonable sheltered care service. This has resulted in an entire wing of Mason City Area Nursing Home that is unusable.
    c. There is potential for instability in the Skilled Nursing sector over the next few years. This facility seeks to bolster its non-profit service as skilled nursing services potentially become scarcer.
4. ***Cite the sources of the information provided as documentation.***
    a. This facility continues to turn away resident referrals due to lack of available beds.
        i. See attachment 10-(3a)
            1. In order to comply with CMS recommended staffing ratios, and to offer private room options, this facility strategically utilizes 58-60 of its current 66 licensed beds.
            2. Attachment 10-(3a) shows a sharp drop in census at the beginning of the COVID pandemic, and the facility's ability to adhere to this 58-60 resident goal.
    b. In the wake of COVID-19, this facility has found itself to be unable to offer any reasonable sheltered care service, which is the current licensure category for the building wing that would be converted into 31 additional SNF licensed beds. This has resulted in an entire wing of Mason City Area Nursing Home that is unusable.
        i. See attachment 10-(3a) to understand how COVID-19 affected this facility's ability to utilize its sheltered care wing. You will see a significant drop off in 2020.
    c. There is potential for instability in the Skilled Nursing sector over the next few years. This facility seeks to bolster its non-profit service as skilled nursing services potentially become more scarce.
        i. See attachment 10-(3b).
    d. This facility could offer more private rooms, and short-term rehab services, if it were approved for the 24 additional SNF licensed beds.
        i. See attachment 10-(3c)
5. ***Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.***
    a. The facility will have significantly increased SNF bed capacity so that it may turn away fewer individuals who require skilled nursing care.
    b. The facility will be able to utilize its empty sheltered care wing as a skilled nursing wing, instead of requiring the nursing unit to sit empty. Significant effort has been made to revitalize the sheltered care service line and it is clear that there are Assisted Living and Supportive Living services available in this area, making sheltered care designations obsolete and unattractive to consumers.
    c. Knowing that there is potential for access to SNF beds to diminish in this region, given the recent receivership and financial trouble of nearby Petersen Health Care facilities, expanding

access to care at Mason City Area Nursing Home would act as a safeguard for quality care in this geographic area.

6. ***Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.***
    - ***a.*** This facility will increase its average census from 58-60 residents to 85 residents within 18 months of an expansion's approval.
        - ***i.*** Operationally, this will be achieved by immediately migrating 30 residents to the newly certified SNF wing, and then allowing ~30 residents to remain on the current SNF wing. Census growth will then occur organically on the larger wing until a total census of 85 is achieved.
            1. This strategy allows for adherence to CMS recommended staffing ratios.
            2. This strategy removes the "Chicken or Egg" dilemma that often accompanies opening a new nursing unit.
                - ***a.*** Chicken or Egg = should staffing be implemented before resident numbers are increased? How do you increase staffing first without significant financial operating losses.

ATTACHMENT 10(3A)

Date: Feb 12, 2024
Time: 10:54:50 CT
User: Steven J Hart

Mason City Area Nursing Home Association Inc
Census vs Budget - By Payer Type
Yearly Census - Ending 2023

Facility # IL6011688

Period Ending	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	AVG	YTD		
Mason City Area Nursing Home Association Inc																3/1/2006
	97	97	97	97	97	97	97	97	97	97	97	97	97	97	BUDGET MIX	
Managed Care	0.45	0.14	0.77	0.32	0.79	0.98	0.70	0.25	0.19	0.22	0.56	0.73	0.51	0.73	0.40	0.44%
Medicaid	30.92	27.75	29.23	31.93	33.57	28.61	27.62	31.01	22.86	19.65	25.81	32.02	28.42	32.02	29.57	32.17%
Medicare A	5.54	6.17	4.61	4.15	3.34	3.31	3.61	2.88	2.33	3.94	4.50	3.32	3.97	3.32	3.51	3.82%
Other	-	-	-	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00	0.00%
Private	51.96	52.87	54.08	53.11	54.46	59.93	57.33	57.01	46.44	37.14	29.10	23.04	48.04	23.04	58.44	63.58%
TOTAL	**88.86**	**86.92**	**88.69**	**89.51**	**92.17**	**92.82**	**89.27**	**91.15**	**71.81**	**60.95**	**59.97**	**59.10**	**80.94**	**59.10**	**91.92**	**100.00%**
Occupancy %	91.61%	89.61%	91.43%	92.28%	95.02%	95.70%	92.03%	93.97%	74.04%	62.83%	61.82%	60.93%	83.44%	60.93%		
Admissions	92	113	88	80	83	104	101	63	65	53	50	46	78.17	46		
Discharges/Deaths	95	124	86	81	82	116	108	70	96	48	53	49	84.00	49		
Leaves/Room Reserves	33	54	62	59	46	48	70	38	25	23	35	27	43.33	27		
Return from Leaves	26	44	54	51	38	36	59	31	14	18	33	26	35.83	26		

#24-020

ATTACHMENT - 10
[Attachment 10(3a)]

Attachment 10 (3b)

Central Illinois nursing home company faces foreclosure on 17 properties

WCBU | By Tim Shelley

Published February 5, 2024 at 1:58 PM CST

Google Maps Street View

Fondulac Rehabilitiation and Health Care Center is located off Illini Drive in East Peoria.

Seventeen facilities owned by a Peoria-based nursing home and assisted living company are now in foreclosure proceedings after lenders allege a combined $51 million in debts went unpaid.

Petersen Health Care entered foreclosure proceedings with X-Caliber Funding and Capital Funding in two separate federal court cases last month. The story was first reported by the Peoria Journal Star.

A complaint filed Jan. 23 in the Illinois Northern District Court by X-Caliber Funding said Petersen Health Care defaulted on loans on Dec. 29, 2023. They're demanding a little more than $31.2 million.

Attorney Michael Flanagan is the court-appointed receiver managing the eight Petersen facilities in X-Caliber's case.

In a statement, Petersen Health Care said the lender "took a very aggressive action and placed facilities in El Paso, Flanagan, Kewanee, Knoxville, Monmouth, Galesburg, and Polo into receivership." They said X-Caliber's management company, Tutera Group, then visited the sites without their prior knowledge to assess and manage care.

But X-Caliber's attorneys told a different story in court documents they filed Jan. 23 in the Rockford division of the U.S. District Court of Northern Illinois. They said Petersen Health Care had claimed they suffered a ransomware attack in fall 2023 that took down their billing systems at several facilities and ultimately "crippled" the company's finances. X-Caliber said they didn't find out about that alleged attack until December.

"Upon Plaintiff's review of Defendants' books and records since that time, it became apparent that Defendants were actually diverting cash from their facilities to float operations at other facilities under common ownership and claiming an inability to pay the current expenses of the facilities," the attorneys wrote.

The company claimed Petersen's lack of liquidity and use of money transfers to pay off other debts were putting resident health and safety at risk. U.S. District Court Judge Iain D. Johnson appointed Flanagan receiver two days later.

ATTACHMENT - 10
[Attachment 10 (3b)]

WGLT
The 21st

Petersen Health Care says they still own those properties, and are working with the lender's management company to minimize the impact to staff and residents.

In the second complaint filed Jan. 31 in the Eastern Division of the U.S. District Court of Northern Illinois, Capital Funding alleges Petersen Health Care failed to pay up on more than $19 million in loans insured by the U.S. Department of Housing and Urban Development on Jan. 24.

Capital Funding has also requested a court-appointed receiver for the nine facilities listed in their compaint. Those include Timbercreek Rehab and Health Care in Pekin, Fondulac Fondulac Rehabilitiation and Health Care Center in East Peoria, and Sunset Rehabilitation and Health Care Center in Canton.

The lender said they also didn't know about the alleged fall 2023 ransomware attack until December. A Jan. 31 filing said Petersen Health Care lost its insurance in December after failing to make payments and hasn't been able to secure a replacement.

Petersen Health Care reportedly told Capital Funding that they plan to file for bankruptcy, but can't because they don't have insurance and can't find a new insurer. That's per Capital Funding's request for a court-appointed receiver.

U.S. District Court Judge Thomas Durkin is set to consider the motion for a receiver at a hearing on Feb. 7 in Chicago.

A spokesperson for Petersen Health Care didn't respond to a question about whether the company plans to file for bankruptcy, but their overall financial state was addressed in a a portion of a prepared statement.

"Inadequate state and federal funding and staffing issues continue to put pressure on healthcare providers and were significant factors leading to the current situation. We are working actively with our lenders and aim to find a solution to return these facilities to our management," the company stated.

Tags Illinois | Petersen Health Care | Nursing Home

ATTACHMENT - 10
[Attachment 10 (3b)]

Tim Shelley

Tim is the News Director at WCBU Peoria Public Radio.

See stories by Tim Shelley

Related Content

ATTACHMENT - 10
[Attachment 10 (3b)]

Heritage cuts administrative jobs amid sale of half its care facilities

New law provides $700 million for nursing home staffing

Peoria-based nursing home company found in violation of federal labor laws

New Illinois Data Show High Rate Of Unvaccinated Nursing Home Staff

Heritage Health To Mandate COVID Vaccines For All Employees

Stay Connected

Contact WGLT

EEO & FCC Public File

ATTACHMENT - 10
[Attachment 10 (3b)]

WGLT
The 21st

Contribute

Privacy Statement

ATTACHMENT - 10
[Attachment 10 (3b)]

Journal Star Follow 1.8K Followers

Nine more Petersen Health Care facilities are placed into receivership

Story by Leslie Renken, Peoria Journal Star 3d

IN THIS ARTICLE

SPE350-3S ▼ -0.35%

The corporate office of Petersen Health Care is in Peoria
© LESLIE RENKEN/JOURNAL STAR

PEORIA – Nine more financially ailing Petersen Health Care facilities in Illinois have been placed in receivership.

On Thursday afternoon, Judge Thomas Durkin with the U.S. District Court for the Northern District of Illinois, Eastern Division, granted an order for an emergency receivership for nine facilities, including those in Pekin, Canton and East Peoria.

Those facilities are: Batavia Rehabilitation & Health Care Center in Batavia; Timbercreek Rehab & Health Care in Pekin; Fondulac Rehabilitation & Health Care Center in East Peoria; Bloomington

ATTACHMENT - 10
[Attachment 10 (3b)]

Care Center in Canton; Eastside Rehabilitation & Health Care Center in Pittsfield; Cisne Rehabilitation & Health Care Center in Cisne; Benton Rehabilitation & Health Care Center in Benton; and Ozark Rehabilitation & Health Care Center in Osage, Missouri.

In that case, Capital Funding alleges Peoria-based Petersen Health Care owes more than $19 million in unpaid loans.

Creditors are also seeking an emergency receivership for Charleston Rehabilitation & Health Care Center in Charleston and Cumberland Rehab & Health Care Center in Greenup.

X-Caliber Capital alleges Petersen Health Care is in default for more than $5.5 million in loans to the Charleston and Cumberland facilities.

Related video: Are you a low-income individual? This program might be for you. (KERO 23 Bakersfield, CA)

KERO 23 Bakersfield, CA

Are you a low-income individual? This program migh be for you.

More: Petersen Health Care faces foreclosure on nearly $51 million in loans

According to the emergency motion for appointment of a receiver filed Feb. 6 in the U.S. District Court for the Central District of Illinois Urbana Division, the two facilities need a health care receiver "to protect the health and safety of the patients and residents of the facilities that are being placed in jeopardy by Defendants' lack of liquidity, Defendants' failure to maintain insurance, Defendants' failure to pay provider taxes, Defendant's failure to pay critical vendors, and Defendants' use of cash of these facilities to pay debts of their owners' other facilities."

The suit provided details about a ransomware attack that targeted Petersen Health Care in the fall of 2023. Access to billing systems was lost at several facilities, and afterward, insurance payments were not made. Insurance was canceled in December 2023, retroactive to January 2023.

In court filings, Petersen Health Care advised X-Caliber that it has limited cash flow and that "while they intend to file for bankruptcy, they are unable to do so because they do not have, and cannot secure, insurance," according to the lawsuit.

Petersen Health Care is also delinquent in paying provider taxes and its accounts payable are "significantly stretched." A look at the books found "significant co-mingling of funds," according to filings.

The suit also pointed out that the two facilities are poorly rated on Medicare.gov. Charleston has a one star out of five stars rating for poor health inspection results and below average quality measures. Cumberland scores the same, with an added red flag for complaints of abuse in the facility.

ATTACHMENT - 10
[Attachment 10 (3b)]

Eight other Petersen Health Care facilities were placed in receivership Jan. 25 because of similar issues. Those facilities are: El Paso Care Center, Flanagan Rehabilitation & Health Care Center, Courtyard Estates of Kewanee, Courtyard Estates of Knoxville, Courtyard Estates of Monmouth, Legacy Estates of Monmouth, Marigold Rehabilitation & Health Care in Galesburg, and Polo Continental Manor. In that case, X-Caliber Funding LLC claims that Petersen Health Care owes more than $31 million.

Petersen Health Care was founded in 1974 and owns nearly 100 senior living facilities in Illinois, Iowa and Missouri. The company is based in Peoria at 830 W. Trailcreek Drive. Mark Petersen is listed as CEO.

More: Woodford County health care facility with history of issues fined $75,000 for violations

This article originally appeared on Journal Star: Nine more Petersen Health Care facilities are placed into receivership

ATTACHMENT - 10
[Attachment 10 (3b)]

Cheese, Sour Cream and Yogurt are Being Recalled Nationwide—Here's What You Need to Know

Story by Nathan Hutsenpiller• 4d

yogurt
© Provided by Parade

Anytime the subject of food recallscomes up, the knee-jerk reaction is to think negatively of the product that is the cause of the recall. The truth is, however, that you always want to know about these recalls as they arise because it means that the companies behind the food you love are taking their role in the process seriously. With the way food is mass-produced in our modern world, contamination is unfortunately unavoidable. So it's up to the company to act swiftly and reassure consumers that their product is either safe to consume or being handled accordingly otherwise.

On February 5, Rizo-López Foods, Inc. (RLF) voluntarily announced a recall of the brand's dairy products due to a potential health risk. The announcement came after it was discovered that some of the brands cheese, yogurt and sour cream products had been potentially contaminated with *Listeria monocytogenes* The recalled products happened to be distributed nationwide by RLF, with products being sold through distributors and retail deli counters. Establishments such as El Super, Cardenas Market, Northgate Gonzalez, Superior Grocers, El Rancho, Vallarta, Food City, La Michoacana and Numero Uno Markets each received shipments of the products in question.

Related: Dog Food Is Being Recalled Nationwide—Here's What You Need to Know

Listeria monocytogenes is an unfortunately common organism that can cause serious and sometimes fatal infections in either young children, elderly people or those with a weakened immune system. Even healthy individuals can experience short-term symptoms such as high fever, severe headache, stiffness, nausea, abdominal pain and diarrhea. If left untreated, Listeria can lead to miscarriages and stillbirths among pregnant women.

ATTACHMENT - 10
[Attachment 10 (3b)]

Related video: The Technique You Can Only Learn From Grilled Cheese (Cameron Marti)

Specific products detailed in the recall include cheese, yogurt and sour cream sold under the brand names Tio Francisco, Don Francisco, Rizo Bros, Rio Grande, Food City, El Huache, La Ordena, San Carlos, Campesino, Santa Maria, Dos Ranchitos, Casa Cardenas and 365 Whole Foods Market. Images and details pertaining to the products in question can be found here, while consumers are encouraged to check their refrigerators and freezers for any of the above listed products and dispose of them immediately. Anyone with questions or concerns are also welcome to contact RLF at 1-833-296-2233. The line will be open and monitored 24 hours a day.

Up next: **I'm a Food Editor—Here's How I Make The Perfect Bowl of Oatmeal Every Morning**

ATTACHMENT - 10
[Attachment 10 (3b)]

Date: Feb 12, 2024
Time: 11:04:38 CT
User: Steven J Hart

Mason City Area Nursing Home Association Inc
Bed Certifications
Effective Date: 2/12/2024

Facility # IL6011688

room	Bed	Med. Certif.	Mcaid Certif.	Eff. Date	Ineff. Date
Unit: T WING					
101	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
102	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
103	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
104	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
105	1	N	N	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	N	N	1/27/2022	
		N	N	3/1/2006	1/26/2022
106	1	N	N	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	N	N	1/27/2022	
		N	N	3/1/2006	1/26/2022
107	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
108	1	N	N	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	N	N	1/27/2022	
		N	N	3/1/2006	1/26/2022
110	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
111	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
112	1	N	N	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	N	N	1/27/2022	
		N	N	3/1/2006	1/26/2022
113	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
114	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
115	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022

ATTACHMENT - 10
[Attachment 10 (3c)]

Date: Feb 12, 2024
Time: 11:04:38 CT
User: Steven J Hart

Mason City Area Nursing Home Association Inc
Bed Certifications
Effective Date: 2/12/2024

Facility # IL6011688

room	Bed	Med. Certif.	Mcaid Certif.	Eff. Date	Ineff. Date
Unit: T WING (continued)					
116	1	N	N	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	N	N	1/27/2022	
		N	N	3/1/2006	1/26/2022
117	1	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		N	N	3/1/2006	1/26/2022
16 room(s) 31 bed(s)					

ATTACHMENT - 10
[Attachment 10 (3c)]

Date: Feb 12, 2024
Time: 11:04:38 CT
User: Steven J Hart

Mason City Area Nursing Home Association Inc
Bed Certifications
Effective Date: 2/12/2024

Facility # IL6011688

room	Bed	Med. Certif.	Mcaid Certif.	Eff. Date	Ineff. Date
Unit: MEDICARE					
301	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
302	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
303	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
304	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
305	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
306	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
307	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
308	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
309	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
310	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
311	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
312	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
313	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
314	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022

ATTACHMENT - 10
[Attachment 10 (3c)]

Date: Feb 12, 2024
Time: 11:04:38 CT
User: Steven J Hart

Mason City Area Nursing Home Association Inc
Bed Certifications
Effective Date: 2/12/2024

Facility # IL6011688

room	Bed	Med. Certif.	Mcaid Certif.	Eff. Date	Ineff. Date
Unit: MEDICARE (continued)					
315	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
316	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
317	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
17 room(s) 33 bed(s)					

ATTACHMENT - 10
[Attachment 10 (3c)]

Date: Feb 12, 2024
Time: 11:04:38 CT
User: Steven J Hart

Mason City Area Nursing Home Association Inc
Bed Certifications
Effective Date: 2/12/2024

Facility # IL6011688

room	Bed	Med. Certif.	Mcaid Certif.	Eff. Date	Ineff. Date
Unit: X MEDICARE WING					
201	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
202	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
203	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
204	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
205	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
206	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
207	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
208	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
209	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
210	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
211	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
212	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
213	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
214	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022

ATTACHMENT - 10
[Attachment 10 (3c)]

Date: Feb 12, 2024
Time: 11:04:38 CT
User: Steven J Hart

Mason City Area Nursing Home Association Inc
Bed Certifications
Effective Date: 2/12/2024

Facility # IL6011688

room	Bed	Med. Certif.	Mcaid Certif.	Eff. Date	Ineff. Date
Unit: X MEDICARE WING (continued)					
215	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
216	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
217	1	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
	2	Y	Y	1/27/2022	
		Y	Y	3/1/2006	1/26/2022
17 room(s) 33 bed(s)					

ATTACHMENT - 10
[Attachment 10 (3c)]

Attachment 11

Alternatives

A list of alternatives to the proposed project has been produced, and thoroughly considered, that has would enable expanded access to skilled nursing services and improved patient outcomes.

Alternative A – Mason City Area Nursing Home proposing a project of greater or lesser scope and cost.

This alternative was rejected because the current project is effectively the most cost-effective way to expand access to SNF beds in the Health Planning Area. The physical plant was built with skilled nursing facility regulations in mind, so very few changes are necessary, and the nursing wing is sitting empty and available to be utilized.

A project of greater scope was not considered because it would require the construction of new resident rooms.

Alternative B – Mason City Area Nursing Home could develop alternative settings, or services, to fill its empty sheltered care wing.

This alternative was rejected because Mason City Area Nursing Home has spent the past two years attempting to reinvigorate its empty sheltered care wing, which had seen strong demand from consumers in the years leading up to the COVID-19 pandemic. These efforts have removed all hope that there is viability in a sheltered care service line, given that the price charged to the consumer would not produce as attractive of an alternative service as that provided at Assisted or Supportive Living facilities.

Alternative C-1 – Do not increase licensed SNF beds in the Mason Health Planning Area and allow the current licensed beds in the county to be occupied.

Knowing that there are 42 excess beds currently licensed in the Mason Health Planning Area, the practicality of this demand forecast should be questioned. Havana Health Care Center utilizes less than 60% of the 98 beds that it is licensed, while Mason City Area Nursing Home would utilize a much greater proportion of its licensed beds, if given the opportunity to do so.

This alternative would require an investment by Havana Health Care Center in staff and equipment that is equivalent to that which would be required by Mason City Area Nursing Home to expand bed utilization in equal proportion ($200,000). **This alternative was rejected** given that the owner of Havana Health Care Center has been sited in recent news articles indicating that Petersen Health Care expects to declare bankruptcy, which may disrupt Havana Health Care's ability to provide additional services to this Health Planning Area.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

General Long-Term Care Category of Service

12/20/2023
Page A-43

Planning Area: Mason

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
HAVANA HEALTH CARE CENTER	HAVANA	Mason County	98	20,484
MASON CITY AREA NURSING HOME	MASON CITY	Mason County	66	19,848
MASON DISTRICT HOSPITAL (SWING BEDS)	HAVANA	Mason County	0	489
		Planning Area Totals	164	40,821

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	5,831	9,800	595.0	256.1	683.0	595.0	8,700	5,177			
65-74 Years Old	4,860	1,700	2,858.8	2,666.4	7,110.4	2,858.8	1,700	4,860			
75+ Years Old	30,130	1,300	23,176.9	13,205.0	35,213.4	23,176.9	1,300	30,130			
						Planning Area Totals		40,167	110.0	122	42

Alternative C-2 – Do not increase licensed SNF beds in the Mason Health Planning Area and allow current licensed beds in surrounding counties to be utilized.

If the current Skilled Nursing Facilities located within the Mason Health Planning Area are unable to accommodate expected demand for services, the consumers could be expected to travel to surrounding Health Planning Areas to obtain skilled nursing facility services.

- Access to the North
  - Peterson Health Care owned facilities in Pekin and East Peoria are unlikely to be able to accept additional patient volume, given the expected declaration of bankruptcy by the organization.
- Access to the West
  - The Illinois River prohibits access to many resources available west of this health planning area. Significant drive time would be required to access appropriate bridges.
- Access to the East
  - The community of Lincoln, IL experienced the closure of a Christian Horizon's owned SNF in Q3 2023, which caused a rush for bed demand at other local SNFs, such as St. Clara's. Heritage Operations Group, which manages St. Clara's and Mason City Area Nursing Home, can confirm that frequently referrals are turned away due to no bed availability.
  - Logan County Excess Beds = Zero
- Access to the South
  - The community of Petersburg enjoys access to Sunny Acres Nursing Home, which is also managed by Heritage Operations Group. It is confirmed that bed availability at Sunny Acres is also frequently inaccessible due to high demand.
  - Recent closures of multiple Springfield-area nursing homes have resulted in greater local bed demand than available beds. Heritage Operations Group managed Regency Care, which very frequently turns away referral demand due to lack of bed availability. Effort has been made in the past year to expand the functional use of beds within this facility's current scope of license, which filled very quickly.
  - Menard County Excess Beds = Zero

This alternative was rejected due to the lack of bed availability in surrounding communities. While speculative in some instances, Heritage Operations group can attest that there is no meaningful, or sustainable, mutual benefit to additional bed growth at the surrounding Sunny Acres, Regency, or St. Clara's sites. The cost to build a new facility in the surrounding area will be greater than the cost associated with Mason City Area Nursing Home's proposed project ($200,000), which includes only purchasing furniture, hanging curtains, and other minor alterations.

Requirement D - Reasons why the current project was selected.

The proposed project was selected due to the low cost of entry, given that a nursing wing sits empty and available for use, as well as the belief that bed demand exists within the Health Planning Area that currently is unmet. This option was attractive because no major investment in property renovations were necessary. It can be self-funded by Mason City Area Nursing Home.

Empirical evidence that verifies improved quality of care as a result of this project.

As listed in the 2023 Inventory of Health Care Facilities and Services and Need Determinations.

- Mason County Excess Beds = 42
- Logan County Excess Beds = zero
- Menard County Excess Beds = zero
- Sangamon County Excess Beds = zero

Bed Demand in surrounding communities

- Logan County
  - St. Clara's Rehab & Senior Care
    - 99 functional beds
    - 92-95 target census
    - Average 2023 census (see attachment 11-A)
- Menard County
  - Sunny Acres Nursing Home
    - 99 functional beds
    - 90 target census
    - Average 2023 census (see attachment 11-B)
- Sangamon County
  - Regency Care Excess Beds
    - 99 functional beds
    - 88 target census, 99 beds sold (private conversions)
    - Average 2023 Census (see attachment 11-C)

ATTACHMENT - 11

Attachment 11-A

Date: Feb 12, 2024
Time: 13:28:22 CT
User: Steven J Hart

St Clara's Manor dba St. Clara's Rehab & Senior Care
Census vs Budget - By Payer Type
Yearly Census - Ending 2023

Facility # IL6008890

Period Ending	2023	AVG	YTD		
St Clara's Manor dba St. Clara's Rehab & Senior Care					**5/1/2006**
	99	99	99	BUDGET MIX	
Managed Care	1.92	1.92	1.92	1.88	2.14%
Medicaid	53.47	53.47	53.47	47.01	53.55%
Medicare A	5.50	5.50	5.50	5.99	6.82%
Other	-	0.00	0.00	0.00	0.00%
Private	30.25	30.25	30.25	32.91	37.49%
TOTAL	**91.14**	**91.14**	**91.14**	**87.79**	**100.00%**
Occupancy %	92.06%	92.06%	92.06%		
Admissions	95	95.00	95		
Discharges/Deaths	90	90.00	90		
Leaves/Room Reserves	74	74.00	74		
Return from Leaves	67	67.00	67		

ATTACHMENT - 11
[Attachment 11-A]

#24-020

Attachment 11-B

Date: Feb 12, 2024
Time: 13:27:32 CT
User: Steven J Hart

Sunny Acres dba Sunny Acres Nursing Home
Census vs Budget - By Payer Type
Yearly Census - Ending 2023

Period Ending	2023	AVG	YTD		
Sunny Acres dba Sunny Acres Nursing Home					**3/1/2015**
	106	106	106	BUDGET MIX	
Managed Care	2.63	2.63	2.63	3.75	3.91%
Medicaid	57.21	57.21	57.21	34.92	36.42%
Medicare A	8.07	8.07	8.07	7.29	7.60%
Other	-	0.00	0.00	0.00	0.00%
Private	19.35	19.35	19.35	49.93	52.07%
TOTAL	**87.25**	**87.25**	**87.25**	**95.89**	**100.00%**
Occupancy %	82.32%	82.32%	82.32%		
Admissions	117	117.00	117		
Discharges/Deaths	128	128.00	128		
Leaves/Room Reserves	229	229.00	229		
Return from Leaves	201	201.00	201		

ATTACHMENT - 11
[Attachment 11-B]

#24-020

Attachment 11-C

Date: Feb 12, 2024
Time: 13:29:47 CT
User: Steven J Hart

Rutledge-Regency Operations LLC dba Regency Care
Census vs Budget - By Payer Type
Yearly Census - Ending 2023

Facility # IL6008239

Period Ending	2023	AVG	YTD		
Rutledge-Regency Operations LLC dba Regency Care					**2/1/2015**
	99	99	99	BUDGET MIX	
Managed Care	4.67	4.67	4.67	5.94	7.24%
Medicaid	30.99	30.99	30.99	6.41	7.81%
Medicare A	9.89	9.89	9.89	11.69	14.25%
Other	-	0.00	0.00	0.00	0.00%
Private	44.26	44.26	44.26	58.02	70.70%
TOTAL	**89.81**	**89.81**	**89.81**	**82.06**	**100.00%**
Occupancy %	90.72%	90.72%	90.72%		
Admissions	237	237.00	237		
Discharges/Deaths	224	224.00	224		
Leaves/Room Reserves	235	235.00	235		
Return from Leaves	213	213.00	213		

ATTACHMENT - 11
[Attachment 11-C]

#24-020

Attachment 12

Background of the Applicant

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
    a. Mason City Area Nursing Home
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.
    a. None
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.
    a. None
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted
    a. The Board of Mason City Area Nursing Home provides authorization to HFSRB and DPH to access any documents necessary to verify the information submitted.
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.
    a. This is Mason City Area Nursing Home's first application in recent years.

I, Steven J. Hart, attest that the information stated above is accurate and true, to the best of my knowledge.

Witness

"OFFICIAL SEAL"
CYNTHIA M JASKOWIAK
Notary Public, State of Illinois
My Commission Expires March 20, 2027

ATTACHMENT - 12

Attachment 13

Planning Area Need

1. Identify the calculated number of beds needed (excess) in the planning area.
    a. 42 Excess Beds = Mason Health Planning Area
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.

It should be noted that the vast majority of resident admissions in the last 36 months have originated from within the local areas surrounding Mason City, and that this nursing facility is the closest available long-term care resource for the vast majority of residents it serves. The local communities are the primary consumers of skilled nursing services at Mason City Area Nursing Home. However, it should be made clear that Mason City's geographic placement in the southeast corner of Mason County naturally means that the local community extends into parts of northern Menard County and western Logan County. Attachment 15-2 clearly demonstrates that more than 50% of residents served at Mason City Area Nursing Home are of local origin. Due to this facility's geographic proximity, and the rural nature of Mason County, the stated question should be considered with reference to serving more than 50% of patients who reside nearby.

I attest that more than 50% of the patients served by Mason City Area Nursing Home are local to the Mason City area, or who find that Mason City Area Nursing Home is the closest skilled nursing facility to their place of residence.

Printed Name – Steven J. Hart

Signature 

Notary Name – Cindy Jaskowiak

Signature  Date: 6-7-24

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.
    a. Hospital Referral Sources (see Attachment 14)
        i. Memorial Medical Center – Springfield, IL
        ii. Lincoln Memorial Hospital – Lincoln, IL
        iii. Carle Health Pekin Hospital – Pekin, IL
        iv. Carle Health Methodist – Peoria, IL
        v. Carle BroMenn Medical Center – Bloomington, IL
        vi. Carle Health Proctor – Peoria, IL

1304 Franklin Ave | Normal, IL 61761 | (309) 454-1400 | carle.org

Carle
BROMENN MEDICAL CENTER

Carle Health

This referral letter is completed on behalf of Carle BroMenn Medical Center, Carle Health Methodist Hospital, Carle Health Proctor Hospital, and Pekin Hospital.

I have been approached by Steve Hart, Chief Operating Officer of Heritage Operations Group, with information related to a Certificate of Need application that he is completing on behalf of the Mason City Area Nursing Home Association. I support it's proposal to provide up to 31 additional SNF licensed beds in the Mason Health Planning Area and Health Service Area 3. It is my belief that this expansion will aid in Carle's efforts to ensure access to quality care for those visiting Peoria-area or Bloomington-area hospitals and reduce the number of unnecessary hospitalization days caused by a shortage of skilled nursing facility beds.

I attest that the information that Carle has provided to Mason City Area Nursing Home encompasses the total number of prospective residents, by zip code of residence, who have received care at existing long-term care facilities in the past 12 months.

I expect that the total number of patients referred to Mason City Area Nursing Home over the next 24 months will not decrease, but instead increase or remain similar to recent historical performance.

I verify that the prospective resident referrals used to support this Certificate of Need have not been used to support another pending, or approved, Certificate of Need application for long-term care services.

CEO Printed Name Colleen L. Kannaday

CEO Signature _____

Notary Name _____

Official Seal
Nancy J Kaufmann
Notary Public State of Illinois
My Commission Expires 3/30/2026

ATTACHMENT - 13

Memorial Health

This referral letter is completed on behalf of Springfield Memorial Hospital and Lincoln Memorial Hospital.

I have been approached by Steve Hart, Chief Operating Officer of Heritage Operations Group, with information related to a Certificate of Need application that he is completing on behalf of the Mason City Area Nursing Home Association. I support it's proposal to provide up to 31 additional SNF licensed beds in the Mason Health Planning Area and Health Service Area 3. It is my belief that this expansion will aid in Memorial Health's efforts to ensure access to quality care for those visiting Springfield or Lincoln hospitals and reduce the number of unnecessary hospitalization days caused by a shortage of skilled nursing facility beds.

I attest that the information that Memorial Health has provided to Mason City Area Nursing Home encompasses the total number of prospective residents, by zip code of residence, who have received care at existing long-term care facilities in the past 12 months.

I expect that the total number of patients referred to Mason City Area Nursing Home over the next 24 months will not decrease, but instead increase or remain similar to recent historical performance.

I verify that the prospective resident referrals used to support this Certificate of Need have not been used to support another pending, or approved, Certificate of Need application for long-term care services.

CEO Printed Name Edgar J. Curtis

CEO Signature

Notary Name Cindy Appenzeller

Official Seal
Cindy Appenzeller
Notary Public State of Illinois
My Commission Expires 08/12/2025

Cindy Appenzeller
2-15-2024

ATTACHMENT - 13

Attachment 14

Establishment of General Long Term Care

This section is not applicable given that this facility is not seeking to establish a new general LTC facility, nor is it seeking to establish a new category of service.

For clarification, this facility is seeking to expand its existing general LTC licensed bed count into an empty wing.

ATTACHMENT - 14

Attachment 15-1-A

Date: May 31, 2024
Time: 11:45:22 CT
User: Steven J Hart

Mason City Area Nursing Home Association Inc
Census vs Budget - By Payer Type
Yearly Census - Ending 2023

Facility # IL6011688

Period Ending	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	AVG	YTD		
Mason City Area Nursing Home Association Inc														3/1/2006
	97	97	97	97	97	97	97	97	97	97	97	97	BUDGET	MIX
Managed Care	0.77	0.32	0.79	0.98	0.70	0.25	0.19	0.22	0.56	0.73	0.55	?	0.40	0.44%
Medicaid	29.23	31.93	33.57	28.61	27.62	31.01	22.86	19.65	25.81	32.07	28.24	?	29.57	32.17%
Medicare A	4.61	4.15	3.34	3.31	3.61	2.88	2.33	3.94	4.50	3.32	3.60	?	3.51	3.82%
Other	-	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00	0.00%
Private	54.08	53.11	54.46	59.93	57.33	57.01	46.44	37.14	29.10	22.99	47.16	?	58.44	63.58%
TOTAL	**88.69**	**89.51**	**92.17**	**92.82**	**89.27**	**91.15**	**71.81**	**60.95**	**59.97**	**59.10**	**79.55**	**?**	**91.92**	**100.00%**
Occupancy %	91.43%	92.28%	95.02%	95.70%	92.03%	93.97%	74.04%	62.83%	61.82%	60.93%	82.01%	?		
Admissions	88	80	83	104	101	63	65	53	50	46	73.30	0		
Discharges/Deaths	86	81	82	116	108	70	96	48	53	49	78.90	0		
Leaves/Room Reserves	62	59	46	48	70	38	25	23	35	27	43.30	0		
Return from Leaves	54	51	38	36	59	31	14	18	33	26	36.00	0		

#24-020

ATTACHMENT - 15
(Attachment 15-1-A)

Attachment 15-1-B

Lead ID	Resident First Name Initial	Resident Last Name Initial	Resident Middle Name	Gender	ZIP Code	Lead Status Reason	Lead Date	Possible Placement Status	Possible Placement Status Reason	Primary Referred By
113651	R	S				Competitor	02/17/2021	Lost	Lost to competitor	OSF St Francis Medical Center-Peoria
113935	P	F				SNF - Expired	02/19/2021	Lost	SNF - Expired	OSF St Francis Medical Center-Peoria
114654	S	B		Female	62644	SNF - Expired	02/26/2021	Lost		Memorial Medical Center - Springfield
115582	M	P	E.	Female	62682		03/08/2021	Lost	Lost to sister facility	Memorial Medical Center - Springfield
115790	E	P				SNF - Clinical Denial - Behaviors/Wandering	03/10/2021	Denied	SNF - Clinical Denial - Behaviors/Wandering	Carle Health Methodist Hospital - Peoria
116017	R	M		Female	61546	SNF - Expired	03/12/2021	Lost	SNF - Expired	OSF St Francis Medical Center-Peoria
116636	K	K		Male	62656		03/18/2021	Won		Memorial Medical Center - Springfield
117263	D	B		Female		SNF - Expired	03/24/2021	Lost		HSHS St John's Hospital
117282	J	A	L	Male	62673		03/24/2021	Won		Memorial Medical Center - Springfield
117771	K	C		Male		SNF-Home	03/30/2021	Lost		Memorial Medical Center - Springfield
117931	R	G				SNF - Clinical Denial - Alcohol/Drug User	03/31/2021	Denied	SNF - Clinical Denial - Alcohol/Drug User	OSF St Francis Medical Center-Peoria
118220	J	G	D	Female	62656		04/02/2021	Won		HSHS St John's Hospital
118404	T	R				Competitor	04/06/2021	Lost	Lost to competitor	OSF St Francis Medical Center-Peoria
118511	J	F		Female	61554		04/06/2021	Won		OSF St Francis Medical Center-Peoria
118718	M	H		Male	60552	SNF - Cannot Meet Patient's Needs	04/08/2021	Denied	SNF - Cannot Meet Patient's Needs	OSF St Joseph Medical Center - Bloomington
119108	J	D				SNF - Clinical Denial - Behaviors/Wandering	04/12/2021	Denied	SNF - Clinical Denial - Behaviors/Wandering	OSF St Francis Medical Center-Peoria
119892	D	E				SNF - Cost of Care Exceeds Reimbursement - RX	04/19/2021	Denied		Memorial Medical Center - Springfield
120699	K	W		Female	61759		04/26/2021	Won		OSF St Joseph Medical Center - Bloomington
121256	A	H				Competitor	05/03/2021	Lost	Lost to competitor	OSF St Francis Medical Center-Peoria
121331	H	V				Competitor	05/03/2021	Lost	Lost to competitor	OSF St Francis Medical Center-Peoria
121731	M	H					05/05/2021	Won		OSF St Francis Medical Center-Peoria
121895	W	O				SNF - Cost of Care Exceeds Reimbursement - PA	05/07/2021	Denied		Memorial Medical Center - Springfield
122092	D	M					05/10/2021	Won		Memorial Medical Center - Springfield
122240	A	A		Female		SNF - Expired	05/11/2021	Lost		HSHS St John's Hospital
122782	E	B		Female	62664	Competitor	05/17/2021	Lost	Lost to competitor	Memorial Medical Center - Springfield
122810	M	V				Competitor	05/14/2021	Lost	Lost to competitor	OSF St Francis Medical Center-Peoria
122932	G	F		Female		SNF - Cost of Care Exceeds Reimbursement - PA	05/18/2021	Denied		Memorial Medical Center - Springfield
123316	P	M		Female		SNF - Clinical Denial - Behaviors/Wandering	05/21/2021	Denied		Memorial Medical Center - Springfield
123444	B	T		Female	62682		05/24/2021	Won		OSF St Francis Medical Center-Peoria
123475	H	A		Female			05/24/2021	Lost	Lost to sister facility	Memorial Medical Center - Springfield
123548	L	K				SNF - Cannot Meet Patient's Needs	05/24/2021	Denied	SNF - Cannot Meet Patient's Needs	OSF St Francis Medical Center-Peoria
123838	R	M		Male	62644	SNF - Clinical Denial - Behaviors/Wandering	05/26/2021	Denied		Memorial Medical Center - Springfield
123989	P	H				SNF - Clinical Denial - Behaviors/Wandering	05/27/2021	Denied	SNF - Clinical Denial - Behaviors/Wandering	Carle Health Methodist Hospital - Peoria
124669	R	B	W.	Male	62613		06/03/2021	Lost	Lost to sister facility	Memorial Medical Center - Springfield
124959	T	C		Male		Financial	06/07/2021	Denied		Memorial Medical Center - Springfield
125262	J	E		Female	62617		06/09/2021	Won		HSHS St John's Hospital
125442	K	D		Male	62702	SL - Age	06/10/2021	Denied		HSHS St John's Hospital
125710	L	K		Male		SNF - Cannot Meet Family's Needs	06/14/2021	Denied		HSHS St John's Hospital
126469	J	F		Male	62707		06/21/2021	Won		
127351	D	C		Male		SNF-Home	06/29/2021	Lost		HSHS St John's Hospital
127899	M	B				High Risk	07/06/2021	Denied	High Risk	Carle Health Methodist Hospital - Peoria
128008	J	G	FRANCES	Female	62702	SNF - Sub Part S/ Mental Illness	07/06/2021	Denied		HSHS St John's Hospital
128234	J	J				SNF - Clinical Denial - Behaviors/Wandering	07/07/2021	Denied	SNF - Clinical Denial - Behaviors/Wandering	OSF St Francis Medical Center-Peoria
128502	R	R				Competitor	07/09/2021	Lost	Lost to competitor	Memorial Medical Center - Springfield
128933	D	S				SNF-Home	07/14/2021	Lost	SNF - Home	OSF St Francis Medical Center-Peoria
128965	R	H				SNF - Clinical Denial - Alcohol/Drug User	07/14/2021	Denied		Memorial Medical Center - Springfield
129632	D	S	A	Female	61546	SNF - Clinical Denial - Behaviors/Wandering	07/21/2021	Denied	SNF - Clinical Denial - Behaviors/Wandering	Carle Health Methodist Hospital - Peoria
130784	J	M		Female		SNF - Cannot Meet Patient's Needs	08/02/2021	Denied		HSHS St John's Hospital
131313	C	J		Male		SNF - Clinical Denial - Alcohol/Drug User	08/05/2021	Denied		HSHS St John's Hospital
131507	A	S				Competitor	08/08/2021	Lost	Lost to competitor	OSF St Francis Medical Center-Peoria
131783	S	T		Male	62656	SNF - Cost of Care Exceeds Reimbursement - PA	08/10/2021	Denied		Memorial Medical Center - Springfield
131899	B	A		Female	62664	SNF - Cost of Care Exceeds Reimbursement - PA	08/11/2021	Denied		Memorial Medical Center - Springfield
132306	S	C		Female	62675	SNF - Cannot Meet Patient's Needs	08/11/2021	Denied	SNF - Cannot Meet Patient's Needs	OSF Transitional Care Hospital
132558	D	S				SNF - Clinical Denial - Alcohol/Drug User	08/17/2021	Denied		Memorial Medical Center - Springfield
133519	L	F		Female		SNF - Expired	08/26/2021	Lost		HSHS St John's Hospital
133892	T	S				SNF - Clinical Denial - Behaviors/Wandering	08/31/2021	Denied	SNF - Clinical Denial - Behaviors/Wandering	OSF St Francis Medical Center-Peoria
134117	S	D		Female		SNF-Home	09/01/2021	Lost		Memorial Medical Center - Springfield
134371	J	R				SNF - Clinical Denial - Behaviors/Wandering	09/03/2021	Denied	SNF - Clinical Denial - Behaviors/Wandering	OSF St Francis Medical Center-Peoria
134669	S	P		Female	62656		09/07/2021	Won		Memorial Medical Center - Springfield
134683	R	K		Female	62656	Financial	09/07/2021	Denied		HSHS St John's Hospital
134687	J	G	Lee	Male	62642	SNF - Clinical Denial - Behaviors/Wandering	09/07/2021	Lost		HSHS St John's Hospital
134841	S	B				High Risk	09/08/2021	Denied	High Risk	OSF St Francis Medical Center-Peoria
135041	D	H				SNF - Cannot Meet Patient's Needs	09/09/2021	Denied	SNF - Cannot Meet Patient's Needs	
135468	T	W	D	Female	62664		09/14/2021	Won		HSHS St John's Hospital
135559	M	S	J	Female	62664		09/15/2021	Won		Memorial Medical Center - Springfield
135809	P	F	J.	Female	61546	SNF - Expired	09/16/2021	Lost	SNF - Full - No Bed	Memorial Medical Center - Springfield
135933	S	C		Female	62675	SNF - Cannot Meet Patient's Needs	09/17/2021	Denied	SNF - Cannot Meet Patient's Needs	OSF St Francis Medical Center-Peoria
136648	D	N		Female	61554		09/23/2021	Denied		
136763	D	S		Female		SNF - Cost of Care Exceeds Reimbursement - RX	09/24/2021	Denied		HSHS St John's Hospital
136782	G	P		Male		SNF - Cannot Meet Patient's Needs	09/24/2021	Denied	SNF - Cannot Meet Patient's Needs	OSF Heart of Mary Medical Center
137052	T	S		Male	61704	Financial	09/28/2021	Denied	Financial	OSF St Joseph Medical Center - Bloomington
137139	T	J		Female		Financial	09/28/2021	Denied		HSHS St John's Hospital
138149	R	L	W	Male	61726	SNF - Clinical Denial - Behaviors/Wandering	10/08/2021	Denied	SNF - Clinical Denial - Behaviors/Wandering	OSF St Joseph Medical Center - Bloomington
138338	J	D		Male		SNF - Cannot Meet Patient's Needs	10/11/2021	Denied		HSHS St John's Hospital
149863	E	B		Female		SNF - Cost of Care Exceeds Reimbursement - PA	10/21/2021	Denied	SNF - Cost of Care Exceeds Reimbursement - PA	OSF St Francis Medical Center-Peoria
149865	B	S	Joan	Female	62702		10/25/2021	Won		Heritage Health - Springfield
149866	B	S	M	Male	62702		10/25/2021	Won		Heritage Health - Springfield
149968	M	P				SNF - No Payment Source	10/25/2021	Denied	SNF - No Payment Source	OSF St Francis Medical Center-Peoria
150548	N	S	L	Female	62664	SNF- No Longer Interested	10/28/2021	Lost		HSHS St John's Hospital
150799	L	B				SNF - Clinical Denial - Behaviors/Wandering	11/01/2021	Denied	SNF - Clinical Denial - Behaviors/Wandering	OSF St Francis Medical Center-Peoria
150835	A	S	R	Female	62704		11/01/2021	Won		Heritage Health - Springfield
151712	V	B	L	Female	62702		11/08/2021	Won		Heritage Health - Springfield
151759	T	N				SNF - Expired	11/08/2021	Lost	Passed Away	Memorial Medical Center - Springfield
151900	P	N		Male	62656	Financial	11/09/2021	Denied	Financial	OSF St Joseph Medical Center - Bloomington
152469	S	P		Female		Competitor	11/12/2021	Lost	Lost to competitor	Memorial Medical Center - Springfield
152524	T	T			62656	SNF - Background Hit	11/15/2021	Denied	SNF - Background Hit	OSF St Joseph Medical Center - Bloomington
152681	A	C		Female		SNF - Cannot Meet Patient's Needs	11/15/2021	Denied	SNF - Cannot Meet Patient's Needs	Memorial Medical Center - Springfield
152735	T	S		Male		SNF - Clinical Denial - Alcohol/Drug User	11/16/2021	Denied		HSHS St John's Hospital
153569	A	C	F	Female	62707	SNF - Cannot Meet Family's Needs	11/22/2021	Denied		Memorial Medical Center - Springfield
153855	P	Y		Female	62702	SNF - Clinical Denial - Behaviors/Wandering	11/24/2021	Denied		Memorial Medical Center - Springfield
154047	R	W	D	Male	62702	Competitor	11/29/2021	Lost	Lost to competitor	Memorial Medical Center - Springfield
154087	W	R	F	Male	62704	SNF - Cannot Meet Patient's Needs	11/29/2021	Denied		HSHS St John's Hospital
154137	D	M		Female		SNF - Clinical Denial - Behaviors/Wandering	11/29/2021	Denied		Memorial Medical Center - Springfield
154233	J	F		Female	62664		11/30/2021	Won		OSF St Francis Medical Center-Peoria
155111	J	M	R	Male	62682		12/07/2021	Won		HSHS St John's Hospital
155125	G	S					12/07/2021	Lost	SNF - Full - No Bed	OSF St Francis Medical Center-Peoria
155166	L	S				SNF - Full - No Bed	12/07/2021	Lost	SNF - Full - No Bed	OSF St Francis Medical Center-Peoria
155320	S	S		Female		Financial	12/08/2021	Denied		HSHS St John's Hospital
155372	L	H		Male		SNF - Full - No Bed	12/08/2021	Lost	SNF - Full - No Bed	Carle BroMenn Medical Center
155434	B	B		Female		SNF - Clinical Denial - Behaviors/Wandering	12/08/2021	Denied		Memorial Medical Center - Springfield
155559	J	D		Male		SNF - Clinical Denial - Behaviors/Wandering	12/09/2021	Denied		HSHS St John's Hospital
155621	I	G		Male	62656	SNF - Clinical Denial - Behaviors/Wandering	12/10/2021	Denied		Memorial Medical Center - Springfield
155948	S	D		Female	62642		12/14/2021	Lost	Lost to sister facility	Memorial Medical Center - Springfield
156131	A	D		Female		SNF - Clinical Denial - Behaviors/Wandering	12/15/2021	Denied		Memorial Medical Center - Springfield
156425	B	S	M	Male	62702		12/17/2021	Won		Memorial Medical Center - Springfield
156458	E	D		Female		SNF-Home	12/17/2021	Lost		Memorial Medical Center - Springfield
156626	D	S		Male		SNF - Clinical Denial - Behaviors/Wandering	12/20/2021	Denied	SNF - Clinical Denial - Behaviors/Wandering	Memorial Medical Center - Springfield
156768	O	P		Male		SNF - Clinical Denial - Behaviors/Wandering	12/21/2021	Denied		Memorial Medical Center - Springfield
156810	L	G		Female			12/21/2021	Denied		Memorial Medical Center - Springfield
156870	D	H		Female		Competitor	12/22/2021	Lost	Lost to competitor	HSHS St John's Hospital
157176	L	A		Female		Competitor	12/27/2021	Lost	Lost to competitor	Memorial Medical Center - Springfield
157177	B	C		Female		SNF - Cannot Meet Patient's Needs	12/27/2021	Denied		Memorial Medical Center - Springfield
157192	L	D		Female	62613	SNF - No Long Term Bed	12/27/2021	Lost	SNF - No Public Aid Bed	HSHS St John's Hospital
157726	P	H		Female	61554	SNF - Clinical Denial - Staffing	12/30/2021	Lost	SNF - Full - No Bed	OSF St Francis Medical Center-Peoria
157938	D	M				SNF - Expired	01/03/2022	Lost	SNF - Full - No Bed	Memorial Medical Center - Springfield
158003	K	S				SNF - Full - No Bed	01/04/2022	Lost	SNF - Full - No Bed	OSF St Francis Medical Center-Peoria
158353	J	G	Lee	Male	62642	Competitor	01/06/2022	Lost	Lost to competitor	HSHS St John's Hospital
158454	R	W	D	Male	62702		01/07/2022	Lost	SNF - Full - No Bed	OSF St Francis Medical Center-Peoria

158470	S	B		Female			01/07/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
158752	G	C		Male			01/10/2022	Denied		Memorial Medical Center - Springfield
158761	F	F		Female	62664		12/29/2021	Won		OSF St Francis Medical Center-Peoria
158879	M	C		Female		SNF-Home	01/11/2022	Lost		HSHS St John's Hospital
158972	A	S		Female		Competitor	01/12/2022	Lost	Lost to competitor	Memorial Medical Center - Springfield
159057	D	G	Jane	Female	62656	SNF - Cost of Care Exceeds Reimbursement - RX	01/13/2022	Denied		Memorial Medical Center - Springfield
159101	D	S		Male			01/13/2022	Denied	SNF - Transportation Issues	OSF Heart of Mary Medical Center
159168	I	W		Male		SNF - Cannot Meet Patient's Needs	01/13/2022	Denied		HSHS St John's Hospital
159372	D	C	M	Female	62704	SNF - Clinical Denial - Behaviors/Wandering	01/17/2022	Denied		Memorial Medical Center - Springfield
159453	D	K		Female		SNF - Cannot Meet Patient's Needs	01/17/2022	Denied	SNF - Clinical Denial - Staffing	HSHS St John's Hospital
159681	S	L	Joan	Female	62633	SNF - Cost of Care Exceeds Reimbursement - RX	01/18/2022	Denied		Memorial Medical Center - Springfield
159710	R	R				SNF-Home	01/18/2022	Lost		HSHS St John's Hospital
159812	C	J	C.	Male	62656	SNF - Inadequate Staffing Available	01/19/2022	Lost	SNF - Full - No Bed	Carle BroMenn Medical Center
159821	D	P		Male		SNF - Cannot Meet Patient's Needs	01/19/2022	Denied		HSHS St John's Hospital
159852	B	C		Female		SNF - Cannot Meet Patient's Needs	01/19/2022	Denied		HSHS St John's Hospital
159926	D	J					01/20/2022	Lost	SNF - Full - No Bed	OSF St Francis Medical Center-Peoria
160059	P	I				SNF - Inappropriate Referral	01/21/2022	Denied	SNF - Inappropriate Referral	OSF St Francis Medical Center-Peoria
160332	W	M		Male		SNF - Cost of Care Exceeds Reimbursement - RX	01/24/2022	Denied		HSHS St John's Hospital
160724	M	G	Richard	Male	61761		01/27/2022	Lost	Lost to sister facility	OSF St Joseph Medical Center - Bloomington
160814	D	H		Female		SNF - Cannot Meet Patient's Needs	01/27/2022	Denied		HSHS St John's Hospital
160823	N	A		Female	62643	Competitor	01/27/2022	Lost	Lost to competitor	Memorial Medical Center - Springfield
161011	K	C	Mae	Female	62703	Competitor	01/30/2022	Lost	Lost to competitor	HSHS St John's Hospital
161046	E	D		Female		SNF - No Appropriate Bed	01/31/2022	Denied	SNF - Clinical Denial - Staffing	Memorial Medical Center - Springfield
161134	P	B		Female	62613	SNF - No Appropriate Bed	01/31/2022	Lost		Memorial Medical Center - Springfield
161317	I	L		Female	62675	Financial	02/01/2022	Denied	SNF - Clinical Denial - Staffing	HSHS St John's Hospital
161398	L	S		Male		Competitor	02/02/2022	Lost	Lost to competitor	Memorial Medical Center - Springfield
161406	J	B	L	Male	61761	SNF - Inadequate Staffing Available	02/02/2022	Denied	SNF - Clinical Denial - Staffing	OSF St Joseph Medical Center - Bloomington
161418	W	N				SNF - Expired	02/02/2022	Lost	SNF - Expired	OSF St Francis Medical Center-Peoria
161428	G	G				Competitor	02/02/2022	Lost	SNF - Inadequate Staffing Available	OSF St Francis Medical Center-Peoria
161457	A	D		Female		SNF - Cannot Meet Patient's Needs	02/02/2022	Denied		HSHS St John's Hospital
161549	S	W				SNF - Inadequate Staffing Available	02/03/2022	Lost	SNF - Inadequate Staffing Available	OSF St Francis Medical Center-Peoria
161635	D	C		Female		SNF-Home	02/04/2022	Lost		HSHS St John's Hospital
161841	J	B		Male		SNF - Expired	02/07/2022	Lost		Memorial Medical Center - Springfield
162176	B	S	M	Male	62702		02/08/2022	Won		Memorial Medical Center - Springfield
162801	R	S					02/14/2022	Lost	SNF - Full - No Bed	OSF St Francis Medical Center-Peoria
163222	D	S		Male		SNF - Background Nit	02/16/2022	Denied		HSHS St John's Hospital
163319	J	C		Male		SNF - Cost of Care Exceeds Reimbursement - PA	02/17/2022	Denied		Memorial Medical Center - Springfield
163381	R	C		Male		SNF-Home	02/17/2022	Lost		HSHS St John's Hospital
163441	P	C	David	Male	62673		02/18/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
163778	L	S		Male			02/21/2022	Won		Memorial Medical Center - Springfield
164248	D	H				SNF - Inadequate Staffing Available	02/25/2022	Lost	SNF - Inadequate Staffing Available	OSF St Francis Medical Center-Peoria
164494	N	S	L	Female	62633		02/28/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
164762	D	S		Male		Competitor	03/01/2022	Lost	Lost to competitor	Memorial Medical Center - Springfield
165205	L	Z				SNF - Clinical Denial - Behaviors/Wandering	03/04/2022	Denied	SNF - Clinical Denial - Behaviors/Wandering	OSF St Francis Medical Center-Peoria
165961	J	M		Male	61761	SNF - No Public Aid Bed	03/10/2022	Lost	SNF - Full - No Bed	OSF St Joseph Medical Center - Bloomington
165994	T	P		Female		SNF - Cannot Meet Patient's Needs	03/10/2022	Denied		HSHS St John's Hospital
166437	B	S	M	Male	62702		03/14/2022	Won		Memorial Medical Center - Springfield
166438	T	B		Male		SNF - Clinical Denial - Alcohol/Drug User	03/14/2022	Denied		Memorial Medical Center - Springfield
166712	M	D		Female			03/16/2022	Open		
166716	M	M		Female			03/16/2022	Open		
166972	S	A		Male		SNF - Cannot Meet Patient's Needs	03/17/2022	Denied		HSHS St John's Hospital
166982	N	A		Female	62666	Financial	03/17/2022	Denied		HSHS St John's Hospital
167164	J	C	Wayne	Male	62675		03/18/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
167165	B	S	Joan	Female	62702		03/18/2022	Won		Memorial Medical Center - Springfield
167178	N	H		Female		SNF - Cannot Meet Patient's Needs	03/18/2022	Denied		HSHS St John's Hospital
167550	M	W				High Risk	03/22/2022	Denied	High Risk	OSF St Francis Medical Center-Peoria
167661	O	S		Male		SNF - Clinical Denial - Alcohol/Drug User	03/23/2022	Denied		HSHS St John's Hospital
167730	J	B	C	Female	62703	SNF - Cannot Meet Patient's Needs	03/23/2022	Denied		Memorial Medical Center - Springfield
167922	M	H	E	Female	62703	Financial	03/24/2022	Denied		HSHS St John's Hospital
168377	V	G		Female	61604	SNF - Clinical Denial - Behaviors/Wandering	03/29/2022	Denied	SNF - Clinical Denial - Behaviors/Wandering	OSF St Francis Medical Center-Peoria
168571	A	M		Female		SNF - Cannot Meet Patient's Needs	03/30/2022	Denied		HSHS St John's Hospital
168607	L	B		Male		SNF - Expired	03/30/2022	Lost		Memorial Medical Center - Springfield
168914	K	W		Female	61759		03/27/2022	Won		OSF St Francis Medical Center-Peoria
168928	L	M		Female			04/04/2022	Open		
169081	N	H		Female		SNF - Expired	04/04/2022	Lost		Memorial Medical Center - Springfield
169305	B	D	J	Female	62664		04/05/2022	Won		Memorial Medical Center - Springfield
169874	J	M	R	Male	62682		04/09/2022	Won		HSHS St John's Hospital
170201	K	W		Female	61759		04/08/2022	Won		OSF St Francis Medical Center-Peoria
170405	D	H	Leon	Male			04/14/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
170558	J	B		Male			04/15/2022	Denied	SNF - Clinical Denial - Alcohol/Drug User	
170844	N	P		Female			04/18/2022	Won		Memorial Medical Center - Springfield
170992	C	G	M	Female	62701	SNF - Cannot Meet Patient's Needs	04/19/2022	Denied		HSHS St John's Hospital
171143	E	H		Male	62671	SNF - Expired	04/20/2022	Lost		HSHS St John's Hospital
171188	M	B	A	Female	62664		04/21/2022	Won		Memorial Medical Center - Springfield
171195	L	H		Female	62664		04/21/2022	Won		Memorial Medical Center - Springfield
171383	B	D	Sue	Female	62664		04/22/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
172493	J	M	R	Male	62682		05/02/2022	Won		HSHS St John's Hospital
172918	J	G	Lee	Male	62642	SNF - Inadequate Staffing Available	05/05/2022	Lost		HSHS St John's Hospital
172967	W	S		Male		SNF - Clinical Denial - Behaviors/Wandering	05/05/2022	Denied		Memorial Medical Center - Springfield
173132	J	C		Female	61704	SNF - Cannot Meet Patient's Needs	05/06/2022	Denied		HSHS St John's Hospital
173431	R	R		Male		SNF - Inadequate Staffing Available	05/10/2022	Lost		HSHS St John's Hospital
173763	K	M		Male	61546	SNF - Clinical Denial - Behaviors/Wandering	05/12/2022	Denied	SNF - Cannot Meet Family's Needs	Carle Health Methodist Hospital - Peoria
173799	D	P		Female	62675		05/12/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
174140	G	W	A	Female	62704		05/16/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
174884	T	L	P	Female	62664	Competitor	05/23/2022	Lost	Lost to competitor	Memorial Medical Center - Springfield
175082	M	E		Female	62543		05/24/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
175294	R	W				SNF-Home	05/26/2022	Lost		Memorial Medical Center - Springfield
175431	I	S				Competitor	05/27/2022	Lost	SNF - Inadequate Staffing Available	OSF St Francis Medical Center-Peoria
175597	L	L		Male	61704	Insurance Denial	05/31/2022	Lost	Insurance Denial	Carle BroMenn Medical Center
175744	G	R		Male		SNF - Cannot Meet Family's Needs	05/31/2022	Denied		Memorial Medical Center - Springfield
175923	I	F		Male	62707		06/01/2022	Won		Memorial Medical Center - Springfield
176094	S	K		Female		SNF - Cannot Meet Patient's Needs	06/02/2022	Denied		HSHS St John's Hospital
176314	I	C		Male		SNF - Cannot Meet Patient's Needs	06/06/2022	Denied		Memorial Medical Center - Springfield
176631	R	L				SNF - Cannot Meet Patient's Needs	06/08/2022	Denied	SNF - Cannot Meet Patient's Needs	OSF St Francis Medical Center-Peoria
176732	J	D				Competitor	06/08/2022	Lost	SNF - Inadequate Staffing Available	
177019	C	C		Female	62664	SNF - Cannot Meet Patient's Needs	06/10/2022	Denied	SNF - Cannot Meet Patient's Needs	OSF St Joseph Medical Center - Bloomington
177345	B	S	L	Male	62664	Services	06/13/2022	Denied	Services	Memorial Medical Center - Springfield
177390	R	D	E	Male	62656	Competitor	06/13/2022	Lost	Lost to competitor	HSHS St John's Hospital
177530	F	P		Male	62642		06/14/2022	Lost	Lost to sister facility	HSHS St John's Hospital
177668	G	P		Female	62704		06/14/2022	Lost	SNF - Inadequate Staffing Available	OSF St Francis Medical Center-Peoria
177751	B	W	J	Female	62704		06/15/2022	Won		HSHS St John's Hospital
177817	J	W				SNF - Clinical Denial - Behaviors/Wandering	06/16/2022	Denied	SNF - Clinical Denial - Behaviors/Wandering	OSF St Francis Medical Center-Peoria
177965	B	W		Male	62561		06/17/2022	Won		Memorial Medical Center - Springfield
178483	N	P	J	Female	62664		06/21/2022	Won		Memorial Medical Center - Springfield
178554	N	P	J	Female	62664		06/22/2022	Won		
178769	E	W	Dense	Female	62704	SNF - Cannot Meet Patient's Needs	06/22/2022	Denied		HSHS St John's Hospital
178944	D	G		Male		SNF-Home	06/23/2022	Lost		Memorial Medical Center - Springfield
179172	G	S		Female			06/27/2022	Won		OSF St Francis Medical Center-Peoria
179427	K	S	L	Male	61550		06/28/2022	Won		
179660	C	C		Female		SNF - Cannot Meet Patient's Needs	06/29/2022	Denied		Memorial Medical Center - Springfield
179803	J	F		Female	62675	Competitor	06/29/2022	Lost	Lost to competitor	HSHS St John's Hospital
179931	S	H		Female	62656		06/30/2022	Won		Memorial Medical Center - Springfield
180141	F	K	M	Female	61550	Competitor	07/01/2022	Lost	Lost to competitor	OSF St Francis Medical Center-Peoria
180247	S	H		Female	62656		07/05/2022	Duplicate		
180483	S	H		Female			07/05/2022	Duplicate		
180505	I	S		Female			07/05/2022	Won		Memorial Medical Center - Springfield
180537	D	H				SNF - No Isolation Bed	07/06/2022	Lost	SNF - No Isolation Bed	Memorial Medical Center - Springfield
180680	T	H		Female			07/06/2022	Won		OSF St Francis Medical Center-Peoria
180790	J	F		Male	62707		07/07/2022	Won		Memorial Medical Center - Springfield
181243	R	M	K	Male	62675	Financial	07/11/2022	Denied		Memorial Medical Center - Springfield
181271	T	C		Female			07/11/2022	Open		HSHS St John's Hospital
										OSF St Francis Medical Center-Peoria

181432	L	M		Female		SNF-Home	07/12/2022	Lost		Memorial Medical Center - Springfield
181437	S	J		Female		Competitor	07/12/2022	Denied	SNF - Clinical Denial - Staffing	Memorial Medical Center - Springfield
181508	R	T		Male	61734		07/13/2022	Lost	Lost to sister facility	OSF St Francis Medical Center-Peoria
181607	J	T		Male	85295	SNF - Clinical Denial - Behaviors/Wandering	07/13/2022	Denied	SNF - Clinical Denial - Behaviors/Wandering	Carle BroMenn Medical Center
181845	K	M		Male	61546		07/15/2022	Won		OSF St Francis Medical Center-Peoria
182319	S	F	E	Male	62664		07/19/2022	Won		HSHS St John's Hospital
183209	D	O		Male		SNF - Cannot Meet Patient's Needs	07/25/2022	Denied		Memorial Medical Center - Springfield
183365	C	C		Male		SNF - Cannot Meet Family's Needs	07/26/2022	Denied	SNF - Clinical Denial - Staffing	OSF St Francis Medical Center-Peoria
184123	G	S		Female		Competitor	07/24/2022	Lost	Lost to competitor	OSF St Francis Medical Center-Peoria
184137	S	S				SNF - Cannot Meet Patient's Needs	08/02/2022	Denied		HSHS St John's Hospital
184268	S	B		Female		SNF - Cannot Meet Patient's Needs	08/02/2022	Denied		HSHS St John's Hospital
184271	D	A		Male		SNF-Home	08/02/2022	Lost		HSHS St John's Hospital
184472	N	P	J	Female	62664		08/03/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
184610	J	J		Male			08/04/2022	Won		HSHS St John's Hospital
184637	J	J	D	Male	62656		08/04/2022	Won		
185238	R	O		Male		SNF - Cannot Meet Patient's Needs	08/09/2022	Denied		Memorial Medical Center - Springfield
185262	J	S		Female			08/09/2022	Won		Memorial Medical Center - Springfield
186054	V	S				SNF - Full - No Bed	08/15/2022	Lost	SNF - Full - No Bed	OSF St Francis Medical Center-Peoria
186093	T	T	L	Male	62675		08/15/2022	Lost	Lost to sister facility	Memorial Medical Center - Springfield
186585	J	S		Female			08/18/2022	Won		Memorial Medical Center - Springfield
187307	M	G		Female	62702		08/24/2022	Won		Memorial Medical Center - Springfield
187428	C	J		Male	62712	SNF - Cannot Meet Patient's Needs	08/25/2022	Denied		HSHS St John's Hospital
187536	S	P		Female		Financial	08/26/2022	Denied		HSHS St John's Hospital
187542	C	W	T	Male	62711		08/26/2022	Lost	Lost to sister facility	HSHS St John's Hospital
187607	P	M				SNF - Sub Part S/ Mental Illness	08/26/2022	Denied	SNF - Sub Part S/ Mental Illness	OSF St Francis Medical Center-Peoria
187655	M	B				SNF - Inadequate Staffing Available	08/29/2022	Lost	SNF - Inadequate Staffing Available	OSF St Francis Medical Center-Peoria
187880	F	S		Male	62703	SNF - Cannot Meet Patient's Needs	08/30/2022	Denied		HSHS St John's Hospital
188112	L	B	E	Female	62642	Insurance Denial	08/31/2022	Lost	Lost to competitor	Memorial Medical Center - Springfield
188675	S	P		Female	62664		09/06/2022	Won		HSHS St John's Hospital
188816	S	F	E	Male	62664		09/07/2022	Won		HSHS St John's Hospital
189477	P	P	A	Female	62664		09/12/2022	Won		Memorial Medical Center - Springfield
189624	B	C	L	Female	62707	Financial	09/13/2022	Denied		Memorial Medical Center - Springfield
189770	L	V		Male	62548		09/14/2022	Open		
189825	R	P		Male		SNF-Home	09/14/2022	Lost		Memorial Medical Center - Springfield
190278	O	G	G	Female	62664	Competitor	09/19/2022	Lost	Lost to competitor	Memorial Medical Center - Springfield
190415	B	D					09/20/2022	Lost	SNF - Inadequate Staffing Available	OSF St Francis Medical Center-Peoria
190683	B	T		Female	62682		09/20/2022	Won		OSF St Francis Medical Center-Peoria
191298	S	T		Male		SNF - Cannot Meet Patient's Needs	09/27/2022	Denied		HSHS St John's Hospital
191357	R	M		Male	62704		09/27/2022	Lost	Lost to sister facility	HSHS St John's Hospital
191550	O	M		Male		Competitor	09/28/2022	Lost	Lost to competitor	Memorial Medical Center - Springfield
191960	O	C		Female	61568		10/03/2022	Lost	SNF - Inadequate Staffing Available	OSF St Francis Medical Center-Peoria
192093	J	F		Male	62707		10/03/2022	Won		Memorial Medical Center - Springfield
192408	C	R		Female		SNF - Cannot Meet Patient's Needs	10/06/2022	Denied		HSHS St John's Hospital
192613	B	C		Female		SNF - Cannot Meet Patient's Needs	10/07/2022	Denied		Memorial Medical Center - Springfield
192953	J	S	E	Female	62642		10/11/2022	Won		Memorial Medical Center - Springfield
193106	W	D	O	Male			10/13/2022	Won		
193432	B	C		Female		SNF - Clinical Denial - Behaviors/Wandering	10/17/2022	Denied	SNF - Clinical Denial - Staffing	Memorial Medical Center - Springfield
193486	I	G		Female			10/17/2022	Won		OSF St Francis Medical Center-Peoria
193565	S	J		Female		SNF-Home	10/17/2022	Lost		HSHS St John's Hospital
193793	R	A	E	Male	62633		10/19/2022	Won		OSF St Francis Medical Center-Peoria
193911	P	D		Female		SNF - Clinical Denial - Alcohol/Drug User	10/19/2022	Denied		HSHS St John's Hospital
194298	K	L		Female	61546		10/24/2022	Won		Unity Point Health - Pekin Hospital
194498	D	C		Female	61568	SNF - Cannot Meet Patient's Needs	10/25/2022	Lost	SNF - Location	Carle Health Proctor Hospital
194681	A	E		Female	62703	SNF - Cannot Meet Patient's Needs	10/27/2022	Denied	SNF - Cannot Meet Patient's Needs	
194759	S	T		Female	62682		10/27/2022	Won		OSF St Francis Medical Center-Peoria
194907	J	J		Male		SNF - Cannot Meet Patient's Needs	10/28/2022	Denied		HSHS St John's Hospital
194977	L	L		Female		SNF - Cannot Meet Patient's Needs	10/31/2022	Denied		Memorial Medical Center - Springfield
195118	A	E		Female	62703	SNF - Cannot Meet Patient's Needs	10/31/2022	Denied		Memorial Medical Center - Springfield
195800	P	T	D	Male	62642	Competitor	11/07/2022	Lost	Lost to competitor	Memorial Medical Center - Springfield
195887	S	P		Female		SNF - No Appropriate Bed	11/08/2022	Lost		HSHS St John's Hospital
196124	N	B		Female		SNF - Cannot Meet Patient's Needs	11/09/2022	Denied		Memorial Medical Center - Springfield
196946	M	P				SNF - Inadequate Staffing Available	11/17/2022	Lost	SNF - Inadequate Staffing Available	OSF St Francis Medical Center-Peoria
197103	E	B	J	Female	62664		11/18/2022	Won		Memorial Medical Center - Springfield
197349	K	A		Female		SNF - Cannot Meet Patient's Needs	11/21/2022	Denied		HSHS St John's Hospital
197722	E	M		Male	62656	SNF-Home	11/25/2022	Lost		HSHS St John's Hospital
197985	J	B		Male	61520	SNF - Sub Part S/ Mental Illness	11/28/2022	Denied		HSHS St John's Hospital
198233	O	L		Male	62675		11/29/2022	Lost	Lost to sister facility	HSHS St John's Hospital
198369	J	B		Male		SNF - Clinical Denial - Behaviors/Wandering	11/30/2022	Denied		HSHS St John's Hospital
198833	R	P		Male		SNF - Cannot Meet Patient's Needs	12/05/2022	Denied		Memorial Medical Center - Springfield
199068	T	T				Financial	12/07/2022	Denied	Financial	Carle Health Methodist Hospital - Peoria
200281	B	D		Female		SNF-Home	12/16/2022	Lost		HSHS St John's Hospital
200648	J	B		Male			12/20/2022	Denied		HSHS St John's Hospital
200677	B	R				SNF - Cannot Meet Patient's Needs	12/20/2022	Denied	SNF - Cannot Meet Patient's Needs	OSF St Francis Medical Center-Peoria
200776	J	R		Male		SNF - Cannot Meet Patient's Needs	12/21/2022	Denied		Memorial Medical Center - Springfield
200817				Male		SNF- No Longer Interested	12/21/2022	Lost	SNF - No Longer Interested	Carle BroMenn Medical Center
200939	M	P				SNF - COVID - No Beds	12/23/2022	Lost	SNF - COVID - No Beds	OSF St Francis Medical Center-Peoria
201334	F	K		Male		SNF - Cannot Meet Patient's Needs	12/27/2022	Denied		HSHS St John's Hospital
201926	G	K		Female		SNF - Cannot Meet Patient's Needs	01/03/2023	Denied		HSHS St John's Hospital
202906	O	P	M	Female	62691	SNF - Cannot Meet Patient's Needs	01/09/2023	Denied		Memorial Medical Center - Springfield
202921	D	H	A	Male	62664		01/09/2023	Won		Carle Health Methodist Hospital - Peoria
202981	G	G		Male		SNF - Cannot Meet Patient's Needs	01/09/2023	Denied		HSHS St John's Hospital
203063	J	D			62521	SNF - Clinical Denial - Behaviors/Wandering	01/10/2023	Denied		Memorial Medical Center - Springfield
203261	S	V		Male			01/11/2023	Won		OSF St Francis Medical Center-Peoria
203851	P	S	A	Female	61523		01/17/2023	Lost	SNF - Inadequate Staffing Available	Carle Health Proctor Hospital
204465	R	C	Bruce	Male	62642		01/23/2023	Lost	Lost to sister facility	Memorial Medical Center - Springfield
204519	B	D		Female		SNF-Home	01/23/2023	Lost		HSHS St John's Hospital
205697	J	B		Male		SNF - Cannot Meet Patient's Needs	02/01/2023	Denied		HSHS St John's Hospital
205845	W	F					02/02/2023	Lost		OSF St Francis Medical Center-Peoria
205942	R	S				SNF - Clinical Denial - Alcohol/Drug User	02/03/2023	Denied	SNF - Clinical Denial - Alcohol/Drug User	OSF St Francis Medical Center-Peoria
206311	D	R		Female		SNF - Sub Part S/ Mental Illness	02/03/2023	Denied		Memorial Medical Center - Springfield
206380	M	B	June	Female			02/03/2023	Won		HSHS St John's Hospital
206437	L	W			63702	SNF - Clinical Denial - Behaviors/Wandering	02/07/2023	Denied		Memorial Medical Center - Springfield
206950	L	B		Male		SNF-Home	02/10/2023	Lost		HSHS St John's Hospital
207010	R	S		Male		SNF - Cannot Meet Patient's Needs	02/10/2023	Denied		Memorial Medical Center - Springfield
207139	O	K				Competitor	02/13/2023	Lost	Lost to competitor	OSF St Francis Medical Center-Peoria
207395	O	K		Male		SNF - Cannot Meet Patient's Needs	02/15/2023	Denied	SNF - Cannot Meet Patient's Needs	Carle Hospital - Urbana
207517	L	S		Female		Competitor	02/16/2023	Lost	Lost to competitor	HSHS St John's Hospital
207874	O	C		Female	61568	SNF - Cannot Meet Patient's Needs	02/20/2023	Denied	SNF - Cannot Meet Patient's Needs	OSF St Francis Medical Center-Peoria
207972	L	L		Male	62664	SNF-Home	02/20/2023	Lost		Memorial Medical Center - Springfield
208091	M	L		Female		SNF - Sub Part S/ Mental Illness	02/21/2023	Denied		Memorial Medical Center - Springfield
208121	B	S		Female	62656		02/21/2023	Won		Memorial Medical Center - Springfield
208401	J	H	Ann	Female	62664		02/23/2023	Won		Memorial Medical Center - Springfield
208403	I	R	k	Female	62656	Competitor	02/23/2023	Lost	Lost to competitor	Memorial Medical Center - Springfield
208505	A	H		Male		SNF - Cannot Meet Patient's Needs	02/24/2023	Denied		HSHS St John's Hospital
208806	L	L		Male	62664		02/27/2023	Won		Memorial Medical Center - Springfield
208930	L	S	E	Female	62664		02/28/2023	Won		Memorial Medical Center - Springfield
208953	G	H		Male		SNF - Cannot Meet Patient's Needs	02/28/2023	Denied		HSHS St John's Hospital
209505	C	R			62521	SNF - Cannot Meet Family's Needs	03/06/2023	Denied	SNF - Cannot Meet Family's Needs	Carle BroMenn Medical Center
209511	D	H	A	Male	62664		03/06/2023	Won		Carle Health Methodist Hospital - Peoria
209649	M	H		Male		SNF - Cannot Meet Patient's Needs	03/06/2023	Denied	SNF - Cannot Meet Patient's Needs	Carle Hospital - Urbana
209847	W	B		Male		SNF - Cannot Meet Patient's Needs	03/08/2023	Denied	SNF - Clinical Denial - Alcohol/Drug User	HSHS St John's Hospital
210101	G	K	S	Male	62702	SNF - Cannot Meet Patient's Needs	03/10/2023	Denied		HSHS St John's Hospital
210450	M	B		Female		SNF - Cannot Meet Patient's Needs	03/13/2023	Denied	SNF - Clinical Denial - Behaviors/Wandering	Memorial Medical Center - Springfield
210822	L	H		Female	62664		03/16/2023	Won		OSF St Francis Medical Center-Peoria
211210	S	M		Female	62656	Competitor	03/20/2023	Lost	Lost to competitor	Memorial Medical Center - Springfield
211747	M	P		Female		SNF-Home	03/24/2023	Lost		Memorial Medical Center - Springfield
212359	E	H		Female			03/30/2023	Won		Memorial Medical Center - Springfield
212546	R	P		Male	62642		03/31/2023	Lost	Lost to sister facility	Memorial Medical Center - Springfield
213499	T	C		Female	62656		04/10/2023	Won		Memorial Medical Center - Springfield
213720	S	S		Female		SNF - Cannot Meet Patient's Needs	04/12/2023	Denied		HSHS St John's Hospital
214018	S	A		Female	62633		04/14/2023	Lost	Lost to sister facility	Memorial Medical Center - Springfield

214533	S	C		Female		SNF - Clinical Denial - Behaviors/Wandering	04/19/2023	Denied		HSHS St John's Hospital
215072	B	T		Female		Competitor	04/25/2023	Lost	Lost to competitor	HSHS St John's Hospital
216107	D	D		Male	61705	Competitor	05/04/2023	Lost	Lost to competitor	OSF St Joseph Medical Center - Bloomington
217484	S	D		Female		Competitor	05/19/2023	Lost	Lost to competitor	HSHS St John's Hospital
217801	B	R	D	Male	67656		05/23/2023	Lost	Lost to sister facility	Memorial Medical Center - Springfield
218176	R	A		Male		SNF - Cannot Meet Patient's Needs	05/26/2023	Denied		HSHS St John's Hospital
218253	C	L		Male	62642	Competitor	05/26/2023	Lost	Lost to competitor	Memorial Medical Center - Springfield
218703	E	K		Female		SNF - Cannot Meet Patient's Needs	06/01/2023	Denied		HSHS St John's Hospital
219312	S	W				Financial	06/08/2023	Denied		HSHS St John's Hospital
219378	S	S		Female		SNF-Home	06/08/2023	Lost		Memorial Medical Center - Springfield
220474	G	H		Male		SNF - Cannot Meet Patient's Needs	06/21/2023	Denied		Memorial Medical Center - Springfield
220562	D	R				SNF - Clinical Denial - Behaviors/Wandering	06/22/2023	Denied		HSHS St John's Hospital
221421	D	H		Male		SNF - Sub Part S/ Mental Illness	07/05/2023	Denied		Memorial Medical Center - Springfield
221463	C	T	Kay	Female	62675	SNF - Sub Part S/ Mental Illness	07/05/2023	Denied		Memorial Medical Center - Springfield
222256	R	C		Female		SNF - Cannot Meet Patient's Needs	07/18/2023	Denied		HSHS St John's Hospital
222503	F	H	D.	Female	62656		07/24/2023	Lost	Lost to sister facility	Memorial Medical Center - Springfield
223826	R	T		Female		Financial	08/15/2023	Denied		HSHS St John's Hospital
223828	A	W		Male		SNF - Clinical Denial - Behaviors/Wandering	08/15/2023	Denied		HSHS St John's Hospital
223958	E	F	Mae	Female	62656		08/17/2023	Lost	Lost to sister facility	HSHS St John's Hospital
223964	I	M	P	Male	73185	SNF - Cannot Meet Patient's Needs	08/17/2023	Denied		Carle Hospital - Urbana
224030	P	G		Male		SNF - Cannot Meet Patient's Needs	08/18/2023	Denied		HSHS St John's Hospital
226184	D	M		Male		SNF - Clinical Denial - Trach	09/29/2023	Denied		HSHS St John's Hospital
226426	C	D	J	Female	62664	SNF - Cannot Meet Patient's Needs	10/05/2023	Denied		HSHS St John's Hospital
227881	I	M		Female	62675		11/03/2023	Lost	Lost to sister facility	HSHS St John's Hospital
228615	I	G		Male		SNF - Clinical Denial - Behaviors/Wandering	11/16/2023	Denied		HSHS St John's Hospital
228972	I	H		Female		Competitor	11/27/2023	Lost	Lost to competitor	HSHS St John's Hospital
230591	B	C		Female		SNF - Full - No Bed	01/02/2024	Lost		HSHS St John's Hospital
232448	D	O		Male	62643		02/05/2024	Lost	Lost to sister facility	HSHS St John's Hospital

ATTACHMENT - 15
(Attachment 15-1-B)

Lead ID	Resident Su	Resident First Name Initial	Gender	City	County	State/Prov	ZIP Code	Lead Status	Lead Date
134669	P	S	Female	Lincoln	Logan	IL	62656	Won	09/07/2021
135468	W	T	Female	Mason City	Mason	IL	62664	Won	09/14/2021
135559	S	M	Female	Mason City	Mason	IL	62664	Won	09/15/2021
149865	S	B	Female	Springfield	Sangamon	IL	62702	Won	10/25/2021
149866	S	B	Male	Springfield	Sangamon	IL	62702	Won	10/25/2021
150835	S	A	Female	Springfield	Sangamon	IL	62704	Won	11/01/2021
151712	B	V	Female	Springfield	Sangamon	IL	62702	Won	11/08/2021
154233	F	J	Female	Mason City	Mason	IL	62664	Won	11/30/2021
155111	M	J	Male	San Jose	Mason	IL	62682	Won	12/07/2021
155948	D	S	Female	Greenview	Menard	IL	62642	Won	12/14/2021
156425	S	B	Male	Springfield	Sangamon	IL	62702	Won	12/17/2021
158761	F	J	Female	Mason City	Mason	IL	62664	Won	12/29/2021
160724	G	M	Male	Normal	McLean	IL	61761	Won	01/27/2022
162176	S	B	Male	Springfield	Sangamon	IL	62702	Won	02/08/2022
163441	C	P	Male	Oakford	Menard	IL	62673	Won	02/18/2022
163778	S	L	Male	Springfield	Sangamon	IL	62704	Won	02/21/2022
164494	S	N	Female	Easton	Mason	IL	62633	Won	02/28/2022
166437	S	B	Male	Springfield	Sangamon	IL	62702	Won	03/14/2022
167164	C	J	Male	Petersburg	Menard	IL	62675	Won	03/18/2022
167165	S	B	Female	Springfield	Sangamon	IL	62702	Won	03/18/2022
168914	W	K	Female	Minier	Tazewell	IL	61759	Won	03/27/2022
169305	D	B	Female	Mason City	Mason	IL	62664	Won	04/05/2022
169874	M	J	Male	San Jose	Mason	IL	62682	Won	04/09/2022
170201	W	K	Female	Minier	Tazewell	IL	61759	Won	04/08/2022
170844	P	N	Female	Petersburg	Menard	IL	62675	Won	04/18/2022
171188	B	M	Female	Mason City	Mason	IL	62664	Won	04/21/2022
171195	H	L	Female	Mason City	Mason	IL	62664	Won	04/21/2022
171383	D	B	Female	Mason City	Mason	IL	62664	Won	04/22/2022
172493	M	J	Male	San Jose	Mason	IL	62682	Won	05/02/2022
173799	P	D	Female	Petersburg	Menard	IL	62675	Won	05/12/2022
174140	W	G	Female	Springfield	Sangamon	IL	62704	Won	05/16/2022
175082	E	M	Female	Latham	Logan	IL	62543	Won	05/24/2022

#24-020

ATTACHMENT - 15
(Attachment 15-2)

Lead ID	Resident Su	Resident First Name Initial	Gender	City	County	State/Prov	ZIP Code	Lead Status	Lead Date
175923	F	J	Male	Springfield	Sangamon	IL	62707	Won	06/01/2022
177530	P	F	Male	Greenview	Menard	IL	62642	Won	06/14/2022
177751	W	B	Female	Springfield	Sangamon	IL	62704	Won	06/15/2022
177965	W	B	Male	Riverton	Sangamon	IL	62561	Won	06/17/2022
178483	P	N	Female	Mason City	Mason	IL	62664	Won	06/21/2022
178554	P	N	Female	Mason City	Mason	IL	62664	Won	06/22/2022
179172	S	G	Female	Maquon	Knox	IL		Won	06/27/2022
179427	S	K	Male	Morton	Tazewell	IL	61550	Won	06/28/2022
179931	H	S	Female	Lincoln	Logan	IL	62656	Won	06/30/2022
180505	S	J	Female	Greenview	Menard	IL	62642	Won	07/05/2022
180680	H	T	Female					Won	07/06/2022
180790	F	J	Male	Springfield	Sangamon	IL	62707	Won	07/07/2022
181508	T	R	Male	Delavan	Tazewell	IL	61734	Won	07/13/2022
181845	M	K	Male	Manito	Mason	IL	61546	Won	07/15/2022
182319	F	S	Male	Mason City	Mason	IL	62664	Won	07/19/2022
184472	P	N	Female	Mason City	Mason	IL	62664	Won	08/03/2022
184610	J	J	Male					Won	08/04/2022
184637	J	J	Male	Lincoln	Logan	IL	62656	Won	08/04/2022
185262	S	J	Female					Won	08/09/2022
186093	T	T	Male	Petersburg	Menard	IL	62675	Won	08/15/2022
186585	S	J	Female					Won	08/18/2022
187307	G	M	Female	Springfield	Sangamon	IL	62702	Won	08/24/2022
187542	W	C	Male	Springfield	Sangamon	IL	62711	Won	08/26/2022
188675	P	S	Female	Mason City	Mason	IL	62664	Won	09/06/2022
188816	F	S	Male	Mason City	Mason	IL	62664	Won	09/07/2022
189477	P	P	Female	Mason City	Mason	IL	62664	Won	09/12/2022
190683	T	B	Female	San Jose	Mason	IL	62682	Won	09/20/2022
191357	M	R	Male	Springfield	Sangamon	IL	62704	Won	09/27/2022
191960	C	D	Female	Tremont	Tazewell	IL	61568	Won	10/03/2022
192093	F	J	Male	Springfield	Sangamon	IL	62707	Won	10/03/2022
192953	S	J	Female	Greenview	Menard	IL	62642	Won	10/11/2022
193106	D	W	Male					Won	10/13/2022

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ATTACHMENT - 15
(Attachment 15-2)

Lead ID	Resident Su	Resident First Name Initial	Gender	City	County	State/Prov	ZIP Code	Lead Status	Lead Date
193486	G	I	Female					Won	10/17/2022
193793	A	R	Male	Easton	Mason	IL	62633	Won	10/19/2022
194298	L	K	Female	Manito	Mason	IL	61546	Won	10/24/2022
194759	T	S	Female	San Jose	Mason	IL	62682	Won	10/27/2022
197103	B	E	Female	Mason City	Mason	IL	62664	Won	11/18/2022
198233	L	D	Male	Petersburg	Menard	IL	62675	Won	11/29/2022
202921	H	D	Male	Mason City	Mason	IL	62664	Won	01/09/2023
203261	V	S	Male	Forest City		IL		Won	01/11/2023
203851	S	P	Female	Chillecothe	Peoria	IL	61523	Won	01/17/2023
204465	C	R	Male	Greenview	Menard	IL	62642	Won	01/23/2023
206380	B	M	Female	Middletown	Logan	IL		Won	02/07/2023
208121	S	B	Female	Lincoln	Logan	IL	62656	Won	02/21/2023
208401	H	J	Female	Mason City		IL	62664	Won	02/23/2023
208806	L	L	Male	Mason City	Mason	IL	62664	Won	02/27/2023
208930	S	L	Female	Mason City	Mason	IL	62664	Won	02/28/2023
209511	H	D	Male	Mason City	Mason	IL	62664	Won	03/06/2023
210822	H	L	Female	Mason City	Mason	IL	62664	Won	03/16/2023
212359	H	E	Female					Won	03/30/2023
212546	P	R	Male	Greenview	Menard	IL	62642	Won	03/31/2023
213499	C	T	Female	Lincoln	Logan	IL	62656	Won	04/10/2023
214018	A	S	Female	Easton	Mason	IL	62633	Won	04/14/2023
217801	R	B	Male	Lincoln	Logan	IL	62656	Won	05/23/2023
222503	H	J	Female	Lincoln	Logan	IL	62656	Won	07/24/2023
223958	F	E	Female	Lincoln	Logan	IL	62656	Won	08/17/2023
227881	M	J	Female	Petersburg	Menard	IL	62675	Won	11/03/2023
232448	O	D	Male	Hartsburg	Logan	IL	62643	Won	02/05/2024

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ATTACHMENT - 15
(Attachment 15-2)

Attachment 16

Defined Population

Not applicable, as there is no defined population that serves a group based on religious, fraternal, or ethnic affiliation.

Attachment 17

Service Accessibility

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.

Currently, access limitations exist at this facility for individuals who have long-term care coverage through Medicare and managed care replacement plans. To balance quality care, and the need to maximize patient accessibility, an emphasis in recent years has been on providing almost entirely long-stay services. Long-stay services could be better explained as skilled nursing facility services for those who seek to make the nursing home their permanent home.

This emphasis on long-stay services, at the determent of those seeking short-term therapy and skilled nursing care, is necessary for the facility's staffing needs to align with CMS recommendations for staffing. If the facility were to drastically increase its offering of short-stay skilled services, it would need to add an additional nurse to the daily schedule. It is unable to add an additional nurse to the daily schedule without compromising the financial viability, and long-term stability, of the non-profit nursing home.

For these reasons, access limitations exist. The expansion of 24 licensed skilled nursing beds would allow this facility to offer an increased number of short-stay beds, as staffing ratios and financial pressures would allow for a financially viable alternative using a different operating strategy.

Restrictive admission policies of existing providers

It was noted in recent years that Havana Health Care Center has not utilized bed licenses that are currently available to it. Given that Havana Health Care Center does not seek to utilize a significant portion of its licenses, this could be construed as restrictive admission policies.

2) 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:
   a. Havana Health Care Center
      i. Far west edge of Mason County, on the Illinois river.
      ii. 22 miles from Mason City
      iii. 2019 Patient Days = 19,472
         1. 54.44% utilization of licensed beds
            a. See attachment 17-A
      iv. 2020 Patient Days = 18,353
         1. 51.31% utilization of licensed beds
            a. See attachment 17-B
      v. 2021 Patient Days = 12,501
         1. 34.95% utilization of licensed beds
            a. See attachment 17-C

b. Patient/resident location information by zip code:
   a. See Attachment 15-2

c. Independent time-travel studies:
   a. Mason City to Petersburg = 21 miles / 26 minutes
   b. Mason City to Springfield = 32 miles / 44 minutes
   c. Mason City to Havana = 23 miles / 30 minutes
   d. Mason City to Peoria = 50 miles / 50 minutes
   e. Mason City to Lincoln = 20 miles / 26 minutes

d. Certification of a waiting list:
   a. This facility currently does not maintain a waiting list but would have no difficulty filling a waiting list of interested residents.

e. Admission restrictions that exist in area providers:
   a. Roughly half of Havana Health Care Center beds are unoccupied.

f. An assessment of area population characteristics that document that access problems exist:
   a. Based on recent referral volume across many different skilled nursing facilities in this area, it is clear that there is more demand for nursing home beds than available supply.

g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see www.hfsrb.illinois.gov).
   a. See Attachment 17-D, which contains the 2023 Long Term Care Inventory

Attachment 17-A

STATE OF ILLINOIS

Facility Name & ID Number Havana Health Care Center # 0053165 Report Period Beginning: 1/1/2019 Ending: 12/31/2019

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	20	Skilled (SNF)	20	7,300	1
2		Skilled Pediatric (SNF/PED)			2
3	78	Intermediate (ICF)	78	28,470	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	98	TOTALS	98	35,770	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF		3,802	1,315	5,117	8
9	SNF/PED					9
10	ICF	14,355			14,355	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,355	3,802	1,315	19,472	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 54.44%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
Jail Meals

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 3/1/2001

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3/1/2001 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 20 and days of care provided 1,259

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2019 Fiscal Year: 12/31/2019

* All facilities other than governmental must report on the accrual basis.

#24-020

ATTACHMENT - 17
(Attachment 17-A)

STATE OF ILLINOIS

Facility Name & ID Number Havana Health Care Center # 0056523 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	20	Skilled (SNF)	20	7,300	1
2		Skilled Pediatric (SNF/PED)			2
3	78	Intermediate (ICF)	78	28,470	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	98	TOTALS	98	35,770	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF		3,058	1,532	4,590	8
9	SNF/PED					9
10	ICF	13,763			13,763	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,763	3,058	1,532	18,353	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 51.31%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
Jail Meals

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 3/1/2001

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3/1/2001 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 20 and days of care provided 1,467

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99) IL478-2471

#24-020

ATTACHMENT - 17
(Attachment 17-B)

STATE OF ILLINOIS

Facility Name & ID Number Havana Health Care Center # 0056523 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	20	Skilled (SNF)	20	7,300	1
2		Skilled Pediatric (SNF/PED)			2
3	78	Intermediate (ICF)	78	28,470	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	98	TOTALS	98	35,770	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF		1,203	693	1,896	8
9	SNF/PED					9
10	ICF	10,605			10,605	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	10,605	1,203	693	12,501	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 34.95%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Jail Meals

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 3/1/2001

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3/1/2001 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 20 and days of care provided 640

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2021 Fiscal Year: 12/31/2021

* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99) IL478-2471

#24-020

ATTACHMENT - 17
(Attachment 17-A)

Attachment - 17

Google Maps Mason City, Illinois 62664 to Petersburg, Illinois 62675

Drive 21.2 miles, 26 min

ATTACHMENT - 17

#24-020

Mason City
Illinois 62664

1. Head west on IL-10 W/W Chestnut St toward S Morgan St

0.9 mi

2. Turn left onto IL-29 S

13.2 mi

3. Turn right onto IL-123 W
Pass by Casey's (on the right in 6.8 mi)

6.9 mi

4. Turn left onto N 6th St

469 ft

Petersburg
Illinois 62675

ATTACHMENT - 17

#24-020

Google Maps Mason City, Illinois 62664 to Springfield, Illinois

Attachment - 17

Drive 33.1 miles, 44 min

Map data ©2024 Google 2 mi

ATTACHMENT - 17

#24-020

Mason City
Illinois 62664

Follow IL-29 S to J David Jones Pkwy in Springfield

33 min (28.8 mi)

1. Head west on IL-10 W/W Chestnut St toward S Morgan St

0.9 mi

2. Turn left onto IL-29 S

27.9 mi

Follow J David Jones Pkwy and N Walnut St to W Madison St in Springfield

4 min (2.0 mi)

3. Continue onto J David Jones Pkwy

1.2 mi

4. Continue onto N Walnut St

0.1 mi

5. Continue straight to stay on N Walnut St

0.6 mi

6. Turn left onto W Madison St

2 min (0.8 mi)

Follow N 5th St to E Myrtle St

5 min (1.6 mi)

7. Turn right onto N 5th St
   Pass by Subway (on the right in 1.1 mi)

1.5 mi

8. Turn right onto E Myrtle St

82 ft

Springfield

ATTACHMENT - 17

#24-020

Illinois

Google Maps Mason City, Illinois 62664 to Havana, Illinois

Attachment - 17

Drive 23.1 miles, 30 min

ATTACHMENT - 17

#24-020

Mason City
Illinois 62664

1. Head west on IL-10 W/W Chestnut St toward S Morgan St

11 min (8.2 mi)

Follow E Co Rd 1200 N to IL-97 N in Havana Township

10 min (8.6 mi)

2. Slight left onto W Main St

135 ft

3. Turn left onto S 4th St

446 ft

4. Continue onto W Park St

0.2 mi

5. Continue onto E Co Rd 1200N

0.3 mi

6. Continue onto 1200N/E Co Rd 1200 N
   Continue to follow E Co Rd 1200 N

8.0 mi

7. Turn right onto IL-97 N
   Pass by Pizza Hut (on the left in 5.5 mi)

7 min (5.6 mi)

Continue on S Schrader St. Drive to W Main St

2 min (0.6 mi)

8. Turn right onto S Schrader St

0.4 mi

9. Turn right onto W Main St

0.2 mi

Havana

ATTACHMENT - 17

#24-020

Illinois

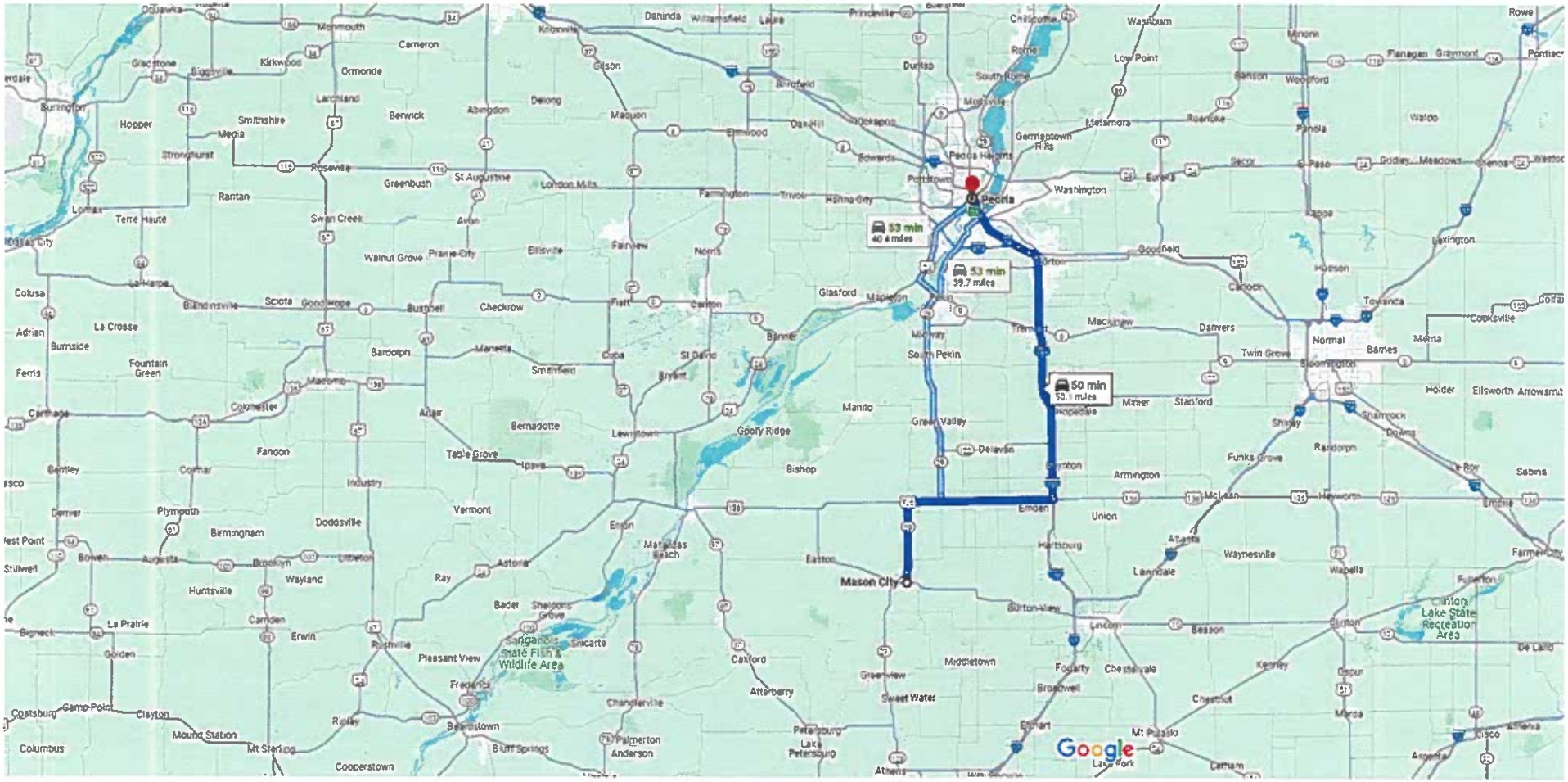
ATTACHMENT - 17

#24-020

Google Maps Mason City, Illinois 62664 to Peoria, Illinois

Attachment - 17

Drive 50.1 miles, 50 min



ATTACHMENT - 17

#24-020

Mason City
Illinois 62664

Get on I-155 N in Orvil Township from IL-29 N and US Hwy 136 E

23 min (20.4 mi)

1. Head east on W Chestnut St toward S Main St

92 ft

2. Turn left at the 1st cross street onto N Main St

0.9 mi

3. Turn right onto IL-29 N

6.2 mi

4. Turn right onto US Hwy 136 E

12.9 mi

5. Turn left to merge onto I-155 N toward Peoria

0.3 mi

Follow I-155 N and I-74 to Spalding Ave in Peoria. Take exit 93 from I-74

26 min (29.4 mi)

6. Merge onto I-155 N

21.4 mi

7. Use any lane to take the I-74 W exit toward Peoria

0.9 mi

8. Merge onto I-74

1.1 mi

9. Keep right to stay on I-74

6.0 mi

10. Take exit 93 for Adams St/U.S-24/IL-29 toward Jefferson Avenue/Downtown Peoria

0.2 mi

Drive to NE Jefferson St

ATTACHMENT - 17

#24-020

↑ 11. Continue straight onto Spalding Ave 54 sec (0.2 mi)

466 ft

↰ 12. Use the left 2 lanes to turn left onto NE Jefferson St

0.1 mi

Peoria
Illinois

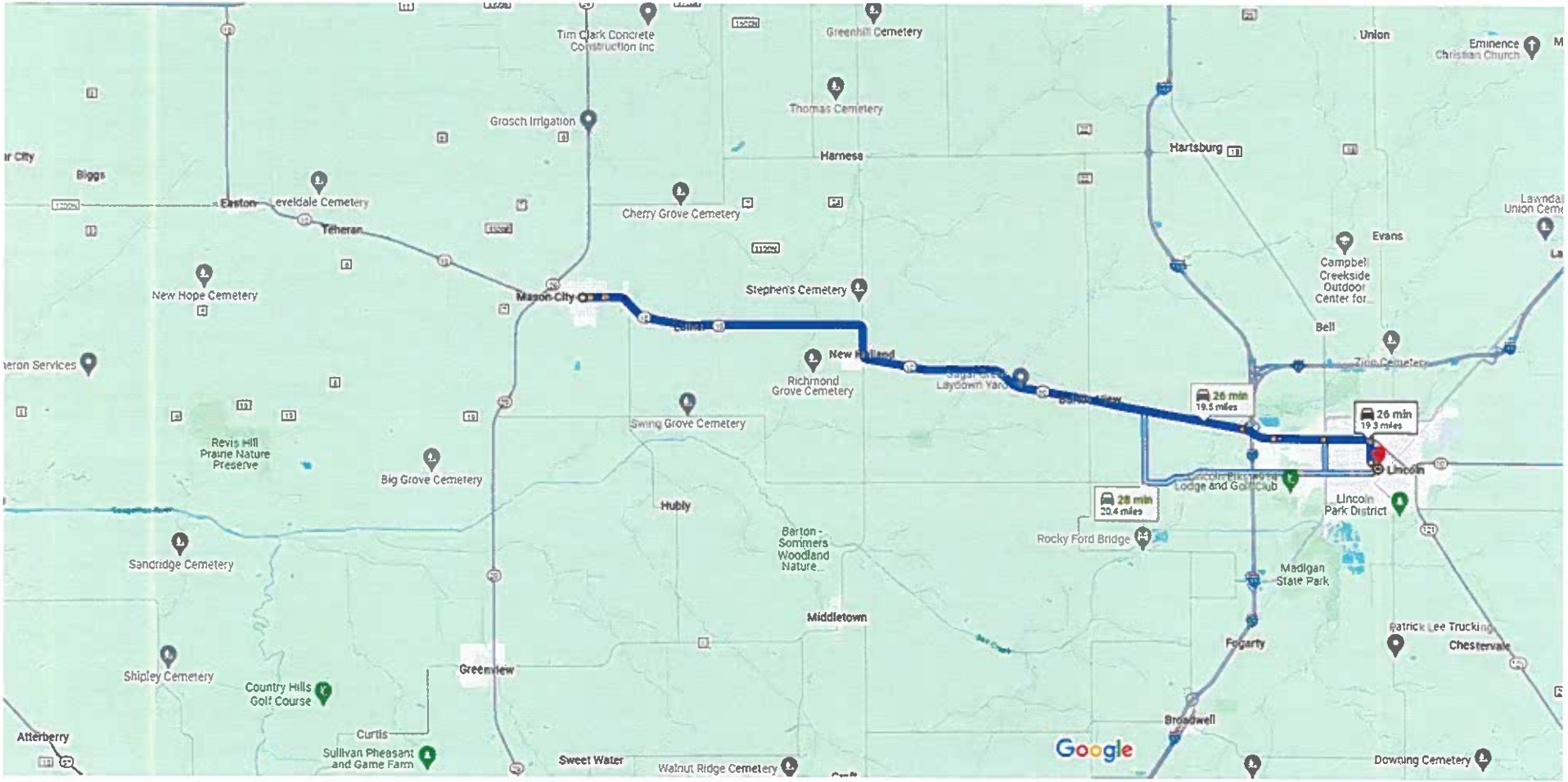
#24-020

ATTACHMENT - 17

Google Maps Mason City, Illinois 62664 to Lincoln, Illinois 62656

Attachment - 17

Drive 19.3 miles, 26 min



ATTACHMENT - 17

#24-020

Mason City
Illinois 62664

1. **Head east on IL-10 E/W Chestnut St toward S Main St**
   - Continue to follow IL-10 E
   - Pass by Subway (on the right)

   16.6 mi

2. **Continue straight onto Woodlawn Rd**
   - Pass by AutoZone Auto Parts (on the left in 0.8 mi)

   2.0 mi

3. **Turn right onto N Union St**

   0.5 mi

4. **Turn left onto Broadway St**

   0.2 mi

Lincoln
Illinois 62656

#24-020

ATTACHMENT - 17

Attachment 17-D

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS 2023

LONG-TERM CARE SERVICES

ATTACHMENT - 17
(Attachment 17-D)

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Nursing Care

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

12/20/2023

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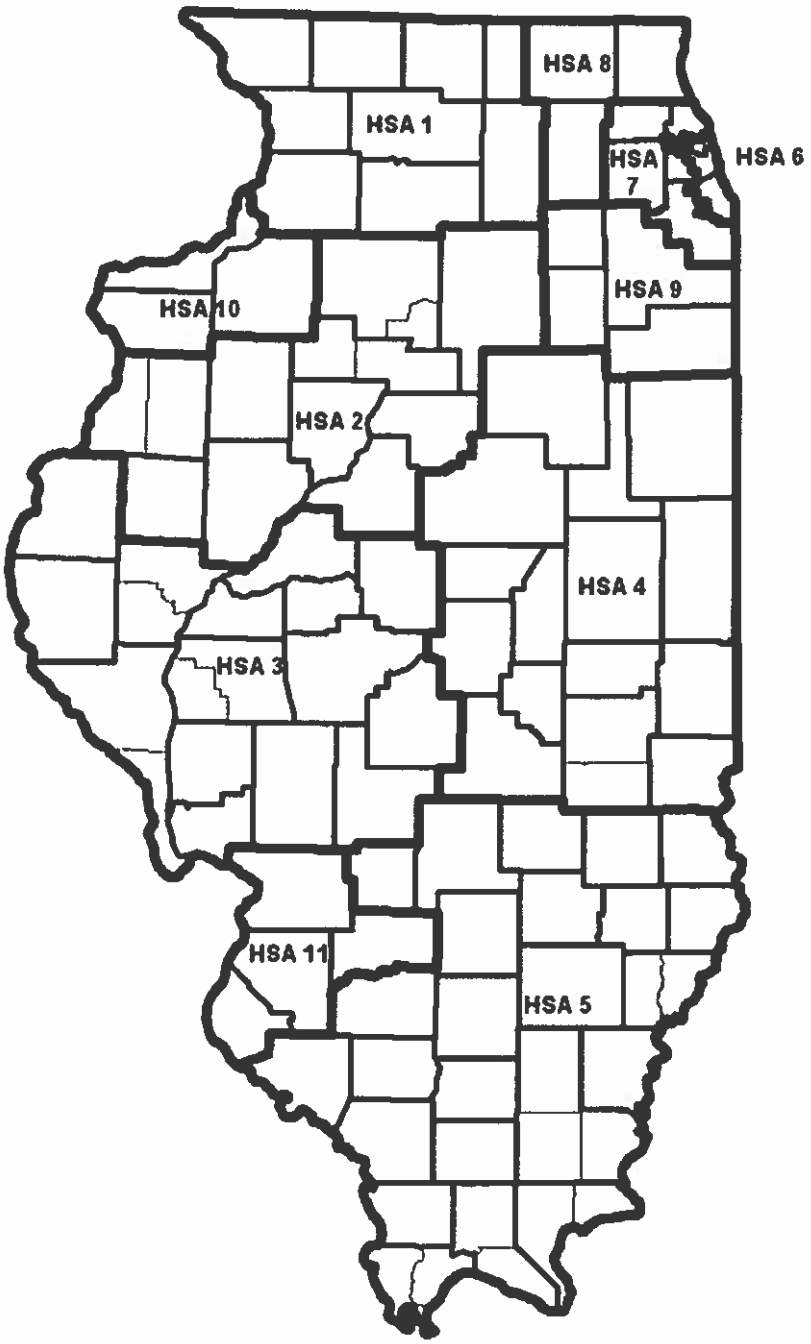
(Attachment 17-D)

Section A

GENERAL LONG-TERM NURSING CARE
Category of Service

ATTACHMENT - 17
(Attachment 17-D)

Planning Process for General Long-Term Care
Nursing Care Category of Service



ATTACHMENT - 17
(Attachment 17-D)

For the General Long-Term Care-Nursing Care Category of Service:

1. Planning areas have been established as depicted above and on detailed maps on following pages.

2. Occupancy target rates are 85% for modernization, 90% for additional beds.

3. Bed need for a planning area is calculated by first determining the minimum and maximum rates of utilization for the entire Health Service Area (HSA) where the planning area is located. These rates are determined for three age groups: 0-64 years, 65-74 years and 75 and over, by dividing the patient days for the age group by the HSA population for that age group. Minimum and maximum rates are set at 60% and 160% of the calculated HSA rate, respectively.

   Calculations are then made of the planning area rates of utilization for the three age groups. The calculated planning area rates are compared to the minimum and maximum rates for the HSA. If the planning area rate is less than the minimum, the minimum rate is used; if the area rate exceeds the maximum, the maximum is used; otherwise, the area rate is used.

   For each age group, the rate being used is multiplied by the projected area age group population to calculate projected age group patient days. The sum of these calculated patient days is first divided by 365 to determine the projected Average Daily Census, which is divided by 0.9 to adjust for the 90 percent target occupancy rate, to determine the projected number of beds needed for the planning area.

ATTACHMENT - 17
(Attachment 17-D)

Summary of General Long-Term Nursing Care Beds and Need by Health Service Area				
HEALTH SERVICE AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Health Service Area 1	5688	4770	100	1018
Health Service Area 2	6848	5822	0	1026
Health Service Area 3	5655	5154	312	813
Health Service Area 4	6329	5542	279	1066
Health Service Area 5	5840	5000	261	1101
Health Service Area 6	14110	12570	0	1540
Health Service Area 7	26289	21488	135	4936
Health Service Area 8	7882	6816	0	1066
Health Service Area 9	4092	3533	51	610
Health Service Area 10	1827	1400	0	427
Health Service Area 11	4484	3724	0	760
STATE TOTALS	89044	75819	1138	14363

#24-020

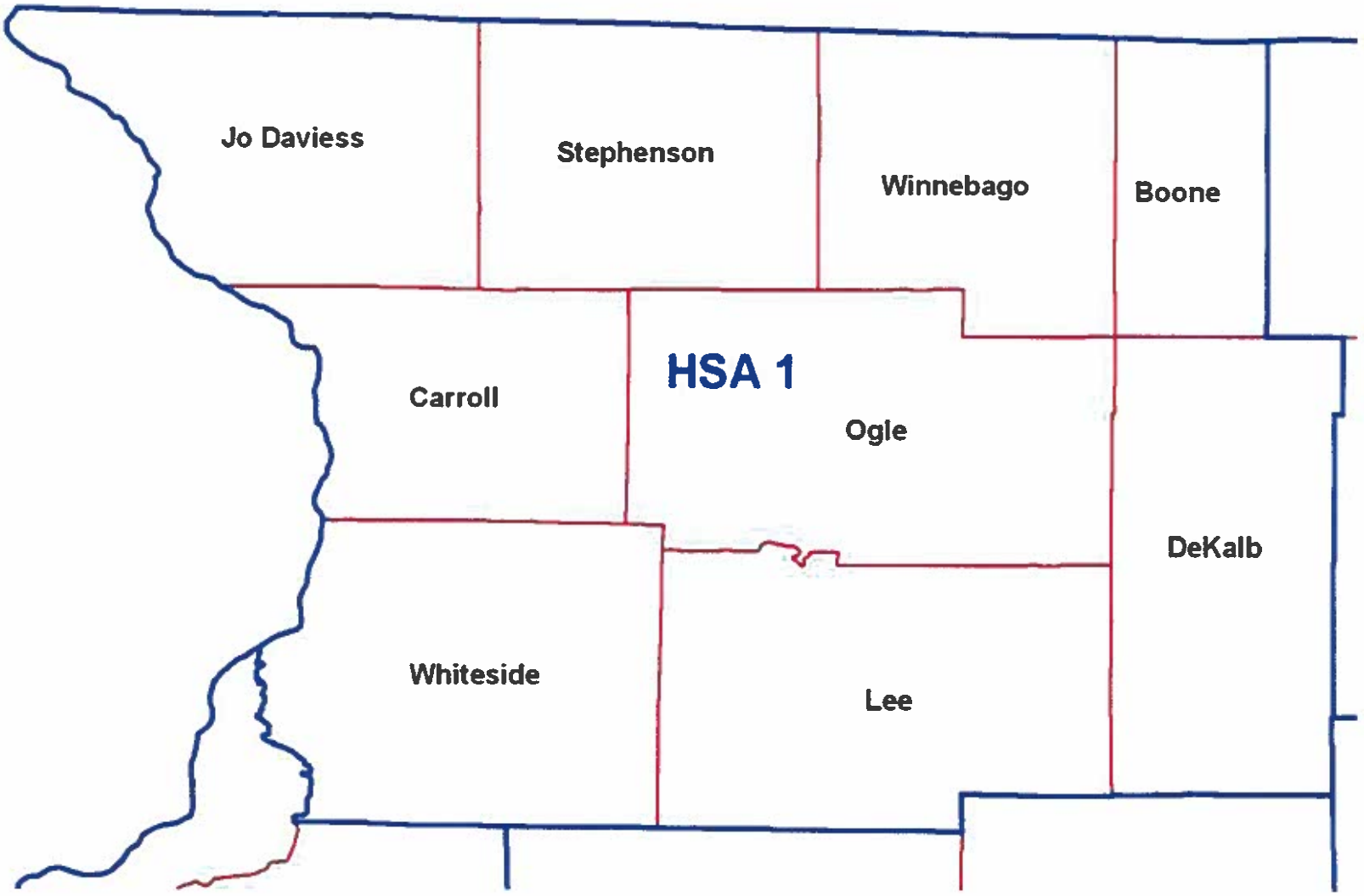
ATTACHMENT - 17
(Attachment 17-D)

INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 1

ATTACHMENT - 17
(Attachment 17-D)

Health Service Area 1



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ATTACHMENT - 17
(Attachment 17-D)

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 1				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2024	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Boone County	279	296	17	0
Carroll County	155	136	0	19
DeKalb County	742	734	0	8
Jo Daviess County	106	189	83	0
Lee County	256	242	0	14
Ogle County	657	503	0	154
Stephenson County	646	430	0	216
Whiteside County	680	418	0	262
Winnebago County	2164	1822	0	342
HSA 1 TOTALS	5688	4770	100	1018

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Boone

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
PARK PLACE OF BELVIDERE	BELVIDERE	Boone County	80	19,612
SYMPHONY MAPLE CREST	BELVIDERE	Boone County	86	27,278
SYMPHONY NORTHWOODS	BELVIDERE	Boone County	113	28,383
		Planning Area Totals	**279**	**75,273**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
001	0-64 Years Old	255,826	537,400	476.0	285.6	761.7
	65-74 Years Old	276,129	73,300	3,767.1	2,260.3	6,027.4
	75+ Years Old	857,220	52,600	16,297.0	9,778.2	26,075.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	9,409	44,700	210.5	285.6	761.7	285.6	44,900	12,825			
65-74 Years Old	18,426	5,200	3,543.5	2,260.3	6,027.4	3,543.5	5,900	20,906			
75+ Years Old	47,438	3,800	12,483.7	9,778.2	26,075.1	12,483.7	5,100	63,667			
						Planning Area Totals		**97,398**	**266.8**	**296**	**17**

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Planning Area: Carroll

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALLURE OF MOUNT CARROLL	MOUNT CARROLL	Carroll County	72	17,427
BIG MEADOWS, INC	SAVANNA	Carroll County	83	23,709
		Planning Area Totals	**155**	**41,136**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
001	0-64 Years Old	255,826	537,400	476.0	285.6	761.7
	65-74 Years Old	276,129	73,300	3,767.1	2,260.3	6,027.4
	75+ Years Old	857,220	52,600	16,297.0	9,778.2	26,075.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	3,335	11,500	290.0	285.6	761.7	290.0	10,700	3,103			
65-74 Years Old	8,524	2,400	3,551.7	2,260.3	6,027.4	3,551.7	2,500	8,879			
75+ Years Old	29,277	1,800	16,265.0	9,778.2	26,075.1	16,265.0	2,000	32,530			
						Planning Area Totals		**44,512**	**122.0**	**136**	19

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: DeKalb

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
APERION CARE DEKALB	DEKALB	DeKalb County	119	29,429
10/1/2021 Name Change Formerly Pine Acres Rehab & Living Center				
BETHANY REHAB & HEALTHCARE CENTER	DEKALB	DeKalb County	90	25,218
DEKALB COUNTY REHAB & NURSING	DEKALB	DeKalb County	190	51,560
DEKALB COUNTY REHAB & NURSING (PERMIT)	DEKALB	DeKalb County	0	
6/5/2018 18-005 Approved to add 18 Nursing Care beds to an existing facility; facility will have 208 Nursing Care beds upon project completion.				
12/31/2022 18-005 Abandoned permit to add 18 Nursing Care beds to existing facility. Facility has 190 licensed Nursing Care beds.				
KISHWAUKEE HOSPITAL (SWING BEDS)	DEKALB	DeKalb County	0	
OAK CREST	DEKALB	DeKalb County	73	24,513
PRAIRIE CROSSING LIVING & REHAB	SHABBONA	DeKalb County	91	21,428
SANDWICH REHAB & HLTHCARE	SANDWICH	DeKalb County	63	10,475
THE PAVILION ON MAIN STREET	SANDWICH	DeKalb County	116	28,554
		Planning Area Totals	**742**	**191,177**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
001	0-64 Years Old	255,826	537,400	476.0	285.6	761.7
	65-74 Years Old	276,129	73,300	3,767.1	2,260.3	6,027.4
	75+ Years Old	857,220	52,600	16,297.0	9,778.2	26,075.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	12,158	88,100	138.0	285.6	761.7	285.6	92,700	26,478			
65-74 Years Old	32,282	8,300	3,889.4	2,260.3	6,027.4	3,889.4	10,300	40,061			
75+ Years Old	146,737	5,400	27,173.5	9,778.2	26,075.1	26,075.1	6,700	174,703			
						Planning Area Totals		**241,242**	**660.9**	**734**	**8**

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Jo Daviess

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALLURE OF STOCKTON	STOCKTON	Jo Daviess County	49	13,597
10/10/2021 Name Change Formerly Waverly Place of Stockton				
ELIZABETH NURSING HOME	ELIZABETH	Jo Daviess County	0	18,226
GALENA-STAUSS NURSING HOME	GALENA	Jo Daviess County	57	16,603
MIDWEST MEDICAL CENTER (SWING BEDS)	GALENA	Jo Daviess County	0	1,669
		Planning Area Totals	**106**	**50,095**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
001	0-64 Years Old	255,826	537,400	476.0	285.6	761.7
	65-74 Years Old	276,129	73,300	3,767.1	2,260.3	6,027.4
	75+ Years Old	857,220	52,600	16,297.0	9,778.2	26,075.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	4,696	15,400	304.9	285.6	761.7	304.9	14,200	4,330			
65-74 Years Old	5,740	3,800	1,510.5	2,260.3	6,027.4	2,260.3	4,100	9,267			
75+ Years Old	39,659	2,700	14,688.5	9,778.2	26,075.1	14,688.5	3,300	48,472			
						Planning Area Totals		**62,069**	**170.1**	**189**	**83**

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Lee

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
DIXON REHAB & HEALTHCARE CENTER	DIXON	Lee County	97	27,484
FRANKLIN GROVE LIVING & REHAB CENTER	FRANKLIN GROVE	Lee County	132	29,736
HERITAGE SQUARE	DIXON	Lee County	27	7,930
KATHERINE SHAW BETHEA HOSP. (SWING BEDS)	DIXON	Lee County	0	
		Planning Area Totals	**256**	**65,150**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
001	0-64 Years Old	255,826	537,400	476.0	285.6	761.7
	65-74 Years Old	276,129	73,300	3,767.1	2,260.3	6,027.4
	75+ Years Old	857,220	52,600	16,297.0	9,778.2	26,075.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	3,320	27,000	123.0	285.6	761.7	285.6	26,000	7,426			
65-74 Years Old	10,374	4,200	2,470.0	2,260.3	6,027.4	2,470.0	4,700	11,609			
75+ Years Old	51,456	2,900	17,743.4	9,778.2	26,075.1	17,743.4	3,400	60,328			
						Planning Area Totals		**79,363**	**217.4**	**242**	14

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Ogle

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALLURE OF PINECREST	MOUNT MORRIS	Ogle County	125	38,164
GENERATIONS AT NEIGHBORS	BYRON	Ogle County	131	36,712
MANOR COURT OF ROCHELLE	ROCHELLE	Ogle County	92	1,367
OREGON LIVING & REHAB CENTER	OREGON	Ogle County	104	23,389
POLO REHAB & HEALTHCARE CENTER	POLO	Ogle County	81	14,166
ROCHELLE GARDENS CARE CENTER	ROCHELLE	Ogle County	74	20,052
ROCHELLE HOSPITAL (SWING BEDS)	ROCHELLE	Ogle County	0	
ROCHELLE REHAB & HEALTH CARE	ROCHELLE	Ogle County	50	12,471
		Planning Area Totals	**657**	**146,321**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
001	0-64 Years Old	255,826	537,400	476.0	285.6	761.7
	65-74 Years Old	276,129	73,300	3,767.1	2,260.3	6,027.4
	75+ Years Old	857,220	52,600	16,297.0	9,778.2	26,075.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	23,514	41,600	565.2	285.6	761.7	565.2	40,100	22,666			
65-74 Years Old	24,751	5,700	4,342.3	2,260.3	6,027.4	4,342.3	6,100	26,488			
75+ Years Old	98,180	4,400	22,313.6	9,778.2	26,075.1	22,313.6	5,200	116,031			
						Planning Area Totals		**165,185**	**452.6**	**503**	154

#24-020

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Stephenson

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ASCENSION SAINT JOSEPH VILLAGE	FREEPORT	Stephenson County	124	26,075
LENA LIVING CENTER	LENA	Stephenson County	101	20,647
MANOR COURT OF FREEPORT	FREEPORT	Stephenson County	117	32,562
PARKVIEW HOME-FREEPORT	FREEPORT	Stephenson County	45	9,871
PEARL PAVILION	FREEPORT	Stephenson County	109	20,981
STEPHENSON NURSING CENTER	FREEPORT	Stephenson County	150	14,009
		Planning Area Totals	**646**	**124,145**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
001	0-64 Years Old	255,826	537,400	476.0	285.6	761.7
	65-74 Years Old	276,129	73,300	3,767.1	2,260.3	6,027.4
	75+ Years Old	857,220	52,600	16,297.0	9,778.2	26,075.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	7,952	33,800	235.3	285.6	761.7	285.6	32,100	9,169			
65-74 Years Old	22,090	5,800	3,808.6	2,260.3	6,027.4	3,808.6	6,300	23,994			
75+ Years Old	94,103	4,700	20,021.9	9,778.2	26,075.1	20,021.9	5,400	108,118			
						Planning Area Totals		**141,281**	**387.1**	**430**	216

#24-020

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Whiteside

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALLURE OF PROPHETSTOWN	PROPHETSTOWN	Whiteside County	70	15,549
ALLURE OF STERLING	STERLING	Whiteside County	130	21,533
2/1/2022 Name Change Formerly Regency Care of Sterling				
2/15/2022 Name Change Formerly Serenity of Sterling				
CGH MEDICAL CENTER (SWING BEDS)	STERLING	Whiteside County	0	
MORRISON COMMUNITY HOSPITAL (SWING BEDS)	MORRISON	Whiteside County	0	
PLEASANT VIEW REHAB & HEALTHCARE CENTER	MORRISON	Whiteside County	74	12,925
RESTHAVE HOME - WHITESIDE COUNTY	MORRISON	Whiteside County	70	20,381
ROCK FALLS REHAB & HEALTHCARE	ROCK FALLS	Whiteside County	57	9,530
ROCK RIVER GARDENS	STERLING	Whiteside County	70	21,026
THE CITADEL OF STERLING	STERLING	Whiteside County	121	28,003
WINNING WHEELS	PROPHETSTOWN	Whiteside County	88	29,014
		Planning Area Totals	**680**	**157,961**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
001	0-64 Years Old	255,826	537,400	476.0	285.6	761.7
	65-74 Years Old	276,129	73,300	3,767.1	2,260.3	6,027.4
	75+ Years Old	857,220	52,600	16,297.0	9,778.2	26,075.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	59,916	43,200	1,386.9	285.6	761.7	761.7	40,600	30,924			
65-74 Years Old	31,006	6,900	4,493.6	2,260.3	6,027.4	4,493.6	7,300	32,803			
75+ Years Old	67,039	5,100	13,144.9	9,778.2	26,075.1	13,144.9	5,600	73,611			
						Planning Area Totals		**137,339**	**376.3**	**418**	262

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Winnebago

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALDEN DEBES REHAB AND HEALTHCARE CTR	ROCKFORD	Winnebago County	268	56,510
ALDEN-PARK STRATHMOOR	ROCKFORD	Winnebago County	189	52,726
ALPINE FIRESIDE HEALTH CENTER	ROCKFORD	Winnebago County	66	8,921
AMBERWOOD CARE CENTER	ROCKFORD	Winnebago County	141	41,929
ASCENSION COR MARIAE VILLAGE	ROCKFORD	Winnebago County	0	15,709
2/18/2021 Closure	**Facility closed; 73 Nursing Care beds and 61 Sheltered Care beds removed from inventory.**			
ASCENSION SAINT ANNE PLACE	ROCKFORD	Winnebago County	179	31,419
EAST BANK CENTER, LLC.	LOVES PARK	Winnebago County	54	11,018
FAIR OAKS REHAB & HCC	SOUTH BELOIT	Winnebago County	78	22,123
FAIRHAVEN CHRISTIAN RETIREMENT CENTER	ROCKFORD	Winnebago County	96	26,963
FOREST CITY REHAB & NURSING CENTER	ROCKFORD	Winnebago County	213	62,475
JAVON BEA HOSPITAL - ROCKTON CAMPUS (PERMIT)	ROCKFORD	Winnebago County	17	
MEDINA NURSING CENTER	DURAND	Winnebago County	89	22,819
PA PETERSON AT THE CITADEL	ROCKFORD	Winnebago County	129	42,461
RIVER BLUFF NURSING HOME	ROCKFORD	Winnebago County	304	64,938
RIVER CROSSING OF ROCKFORD	ROCKFORD	Winnebago County	120	26,820
6/1/2021 Name Change	**Formerly Carriage Rehab & Healthcare**			
ROCK RIVER HEALTH CARE	ROCKFORD	Winnebago County	130	26,558
WILLOWS HEALTH CENTER	ROCKFORD	Winnebago County	91	24,404
		Planning Area Totals	**2,164**	**537,793**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
001	0-64 Years Old	255,826	537,400	476.0	285.6	761.7
	65-74 Years Old	276,129	73,300	3,767.1	2,260.3	6,027.4
	75+ Years Old	857,220	52,600	16,297.0	9,778.2	26,075.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	128,284	232,100	552.7	285.6	761.7	552.7	224,400	124,028			
65-74 Years Old	120,580	31,000	3,889.7	2,260.3	6,027.4	3,889.7	34,800	135,361			
75+ Years Old	288,929	21,800	13,253.6	9,778.2	26,075.1	13,253.6	25,600	339,293			
						Planning Area Totals		**598,682**	**1,640.2**	**1,822**	342

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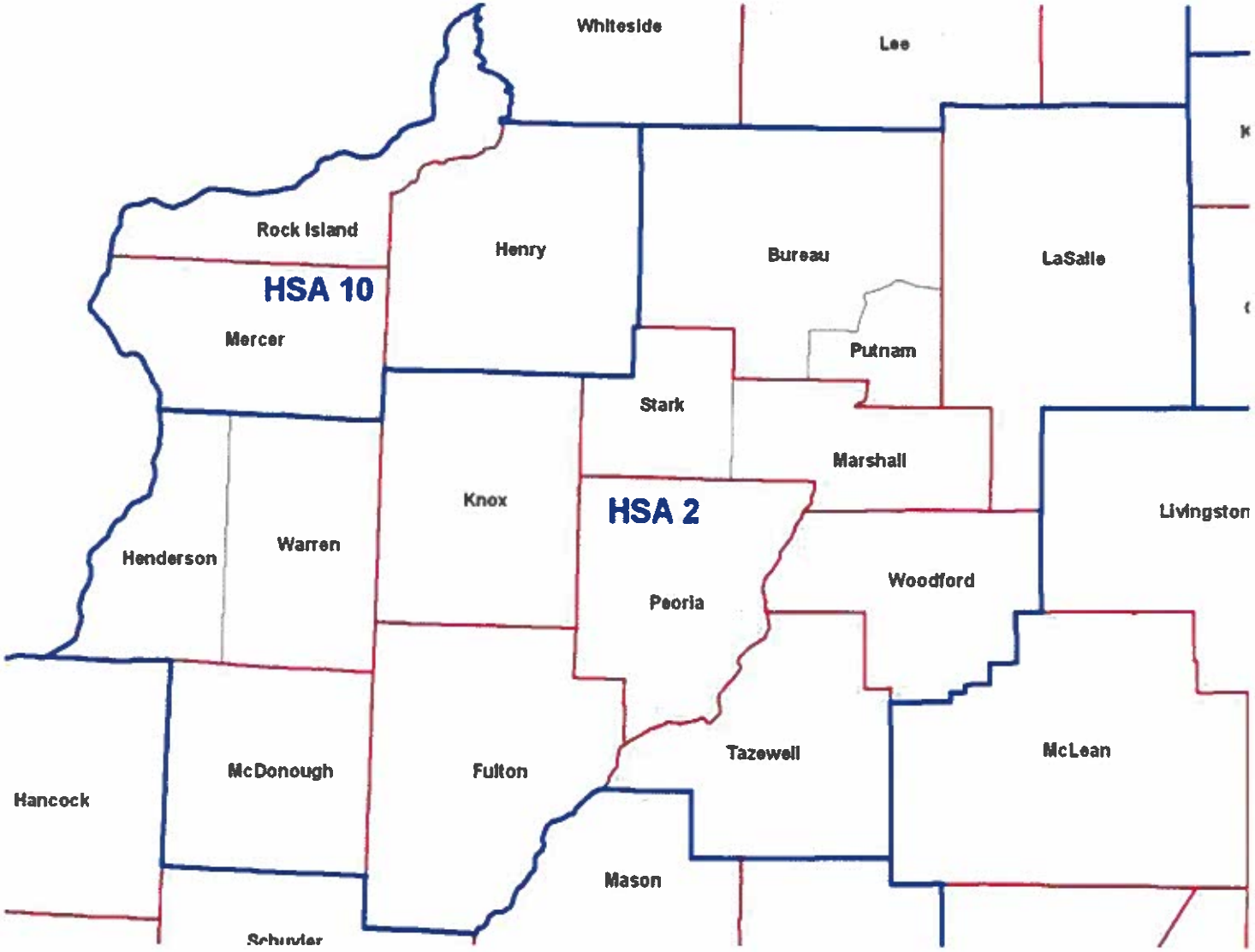
ATTACHMENT - 17
(Attachment 17-D)

INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 2

ATTACHMENT - 17
(Attachment 17-D)

Health Service Area 2



ATTACHMENT - 17
(Attachment 17-D)

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Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 2				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Bureau/Putnam Counties	377	356	0	21
Fulton County	466	370	0	96
Henderson/Warren Counties	216	190	0	26
Knox County	834	562	0	272
LaSalle County	1171	1027	0	144
McDonough County	360	318	0	42
Marshall/Stark Counties	427	284	0	143
Peoria County	1356	1354	0	2
Tazewell County	1095	847	0	248
Woodford County	546	514	0	32
HSA 2 TOTALS	6848	5822	0	1026

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Bureau/Putnam

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALLURE OF WALNUT	WALNUT	Bureau County	62	15,616
APERION CARE PRINCETON	PRINCETON	Bureau County	92	24,835
APERION CARE SPRING VALLEY	SPRING VALLEY	Bureau County	98	33,096
MANOR COURT OF PRINCETON	PRINCETON	Bureau County	125	31,183
PERRY MEMORIAL HOSPITAL(SWING BEDS)	PRINCETON	Bureau County	0	205
ST. MARGARET'S HOSPITAL(SWING BEDS)	SPRING VALLEY	Bureau County	0	
		Planning Area Totals	**377**	**104,935**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
002	0-64 Years Old	329,954	520,100	634.4	380.6	1,015.0
	65-74 Years Old	309,372	74,300	4,163.8	2,498.3	6,662.1
	75+ Years Old	1,141,533	54,500	20,945.6	12,567.3	33,512.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	17,771	29,800	596.3	380.6	1,015.0	596.3	28,300	16,876			
65-74 Years Old	24,541	5,000	4,908.2	2,498.3	6,662.1	4,908.2	5,600	27,486			
75+ Years Old	62,623	3,800	16,479.7	12,567.3	33,512.9	16,479.7	4,400	72,511			
						Planning Area Totals		**116,873**	**320.2**	**356**	21

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Fulton

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
FARMINGTON VILLAGE NRSG	FARMINGTON	Fulton County	92	25,338
GRAHAM HOSPITAL ASSOCIATION	CANTON	Fulton County	0	2,952
LOFT REHAB & NURSING OF CANTON	CANTON	Fulton County	90	18,106
RENAISSANCE CARE CENTER	CANTON	Fulton County	120	19,204
SUNSET REHABILITATION & HEALTH CARE	CANTON	Fulton County	115	34,220
THE CLAYBERG	CUBA	Fulton County	49	16,281
		Planning Area Totals	**466**	**116,101**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
002	0-64 Years Old	329,954	520,100	634.4	380.6	1,015.0
	65-74 Years Old	309,372	74,300	4,163.8	2,498.3	6,662.1
	75+ Years Old	1,141,533	54,500	20,945.6	12,567.3	33,512.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	21,975	26,300	835.6	380.6	1,015.0	835.6	25,300	21,139			
65-74 Years Old	20,876	4,100	5,091.7	2,498.3	6,662.1	5,091.7	4,400	22,404			
75+ Years Old	73,250	3,100	23,629.0	12,567.3	33,512.9	23,629.0	3,300	77,976			
						Planning Area Totals		**121,519**	**332.9**	**370**	96

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Henderson/Warren

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
HENDERSON COUNTY RETIREMENT CENTER	STRONGHURST	Henderson County	58	12,911
MONMOUTH NURSING HOME	MONMOUTH	Warren County	59	15,628
OSF HOLY FAMILY MEDICAL CENTER (SWING BEDS)	MONMOUTH	Warren County	0	625
ROSEVILLE REHAB & HEALTHCARE	ROSEVILLE	Warren County	99	21,536
		Planning Area Totals	**216**	**50,700**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
002	0-64 Years Old	329,954	520,100	634.4	380.6	1,015.0
	65-74 Years Old	309,372	74,300	4,163.8	2,498.3	6,662.1
	75+ Years Old	1,141,533	54,500	20,945.6	12,567.3	33,512.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	3,479	18,000	193.3	380.6	1,015.0	380.6	17,500	6,661			
65-74 Years Old	6,462	2,900	2,228.3	2,498.3	6,662.1	2,498.3	3,100	7,745			
75+ Years Old	40,759	2,300	17,721.3	12,567.3	33,512.9	17,721.3	2,700	47,848			
						Planning Area Totals		**62,253**	**170.6**	**190**	26

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Knox

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALLURE OF GALESBURG	GALESBURG	Knox County	108	29,096
4/2/2021 Name Change Formerly Serenity of Galesburg.				
ALLURE OF KNOX COUNTY	GALESBURG	Knox County	84	23,684
2/10/2022 Name Change Formerly Heartland of Galesburg				
ALLURE OF LAKE STOREY	GALESBURG	Knox County	180	21,000
4/2/2021 Name Change Formerly Serenity of Lake Storey.				
KNOX COUNTY NURSING HOME	KNOXVILLE	Knox County	169	34,547
MARIGOLD REHABILITATION HEALTHCARE CENTER	GALESBURG	Knox County	172	49,701
SEMINARY MANOR	GALESBURG	Knox County	121	15,118
		Planning Area Totals	**834**	**173,146**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
002	0-64 Years Old	329,954	520,100	634.4	380.6	1,015.0
	65-74 Years Old	309,372	74,300	4,163.8	2,498.3	6,662.1
	75+ Years Old	1,141,533	54,500	20,945.6	12,567.3	33,512.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	38,477	38,600	996.8	380.6	1,015.0	996.8	37,200	37,081			
65-74 Years Old	40,309	6,300	6,398.3	2,498.3	6,662.1	6,398.3	6,800	43,508			
75+ Years Old	94,360	4,800	19,658.3	12,567.3	33,512.9	19,658.3	5,300	104,189			
						Planning Area Totals		**184,779**	**506.2**	**562**	272

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: LaSalle

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALLURE OF MENDOTA	MENDOTA	LaSalle County	85	23,165
ALLURE OF PERU	PERU	LaSalle County	127	29,984
APERION CARE MARSEILLES	MARSEILLES	LaSalle County	103	24,582
ARC AT STREATOR	STREATOR	LaSalle County	130	32,582
ILLINOIS VALLEY COMM. HOSP. (SWING BEDS)	PERU	LaSalle County	0	92
ILLINOIS VETERANS HOME AT LASALLE	LASALLE	LaSalle County	190	51,016
LASALLE COUNTY NURSING HOME	OTTAWA	LaSalle County	79	15,673
MANOR COURT OF PERU	PERU	LaSalle County	130	38,426
6/1/2021 Bed Change	**Facility converted 4 Sheltered Care beds to Nursing Care; facility now licensed for 130 Nursing Care beds.**			
MENDOTA COMMUNITY HOSPITAL (SWING BEDS)	MENDOTA	LaSalle County	0	1,250
PARKER NURSING AND REHABILITATION CENTER	STREATOR	LaSalle County	102	16,366
PLEASANT VIEW LUTHERAN HOME	OTTAWA	LaSalle County	90	27,960
THE PAVILION OF OTTAWA	OTTAWA	LaSalle County	135	44,871
		Planning Area Totals	**1,171**	**305,967**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
002	0-64 Years Old	329,954	520,100	634.4	380.6	1,015.0
	65-74 Years Old	309,372	74,300	4,163.8	2,498.3	6,662.1
	75+ Years Old	1,141,533	54,500	20,945.6	12,567.3	33,512.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	22,597	87,600	258.0	380.6	1,015.0	380.6	84,200	32,050			
65-74 Years Old	42,935	12,300	3,490.7	2,498.3	6,662.1	3,490.7	13,300	46,426			
75+ Years Old	240,435	9,100	26,421.4	12,567.3	33,512.9	26,421.4	9,800	258,930			
						Planning Area Totals		**337,406**	**924.4**	**1,027**	144

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: McDonough

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
COUNTRYVIEW CARE CTR OF MACOMB	MACOMB	McDonough County	62	18,009
MACOMB POST ACUTE CARE CENTER	MACOMB	McDonough County	80	16,713
6/1/2021 Name Change Formerly Heartland of Macomb				
MCDONOUGH DISTRICT HOSPITAL (SWING BEDS)	MACOMB	McDonough County	0	88
PRAIRIE CITY REHABILITATION & HEALTH CARE	PRAIRIE CITY	McDonough County	47	10,283
THE ELMS	MACOMB	McDonough County	98	22,948
WESLEY VILLAGE	MACOMB	McDonough County	73	19,518
		Planning Area Totals	**360**	**87,559**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
002	0-64 Years Old	329,954	520,100	634.4	380.6	1,015.0
	65-74 Years Old	309,372	74,300	4,163.8	2,498.3	6,662.1
	75+ Years Old	1,141,533	54,500	20,945.6	12,567.3	33,512.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	14,877	22,300	667.1	380.6	1,015.0	667.1	22,900	15,277			
65-74 Years Old	14,026	3,000	4,675.3	2,498.3	6,662.1	4,675.3	3,700	17,299			
75+ Years Old	58,656	2,200	26,661.8	12,567.3	33,512.9	26,661.8	2,700	71,987			
						Planning Area Totals		**104,563**	**286.5**	**318**	42

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Marshall/Stark

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
APERION CARE TOLUCA	TOLUCA	Marshall County	104	28,732
HENRY REHAB AND NURSING	HENRY	Marshall County	94	21,704
6/1/2021 Name Change Formerly Heartland of Henry				
LACON REHAB AND NURSING	LACON	Marshall County	93	23,157
TOULON REHAB & HEALTH CARE CTR	TOULON	Stark County	136	32,136
		Planning Area Totals	**427**	**105,729**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
002	0-64 Years Old	329,954	520,100	634.4	380.6	1,015.0
	65-74 Years Old	309,372	74,300	4,163.8	2,498.3	6,662.1
	75+ Years Old	1,141,533	54,500	20,945.6	12,567.3	33,512.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	26,821	13,000	2,063.2	380.6	1,015.0	1,015.0	12,100	12,282			
65-74 Years Old	19,824	2,300	8,619.1	2,498.3	6,662.1	6,662.1	2,300	15,323			
75+ Years Old	59,084	1,800	32,824.4	12,567.3	33,512.9	32,824.4	2,000	65,649			
						Planning Area Totals		**93,254**	**255.5**	**284**	143

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Peoria

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ACCOLADE HEALTHCARE OF PEORIA	PEORIA	Peoria County	138	40,638
2/1/2022 Name Change Formerly Generations at Peoria				
APERION CARE PEORIA HEIGHTS	PEORIA HEIGHTS	Peoria County	110	31,090
APOSTOLIC CHRISTIAN SKYLINES	PEORIA	Peoria County	62	18,580
7/20/2021 Bed Change Facility added 5 Nursing Care beds. Facility now has 62 Nursing Care beds.				
ARC AT CHILLICOTHE	CHILLICOTHE	Peoria County	106	27,744
CHRISTIAN BUEHLER MEM HOME	PEORIA	Peoria County	78	19,224
CORNERSTONE REHABILITATION & HEALTHCARE	PEORIA HEIGHTS	Peoria County	94	20,561
HEDDINGTON OAKS	PEORIA	Peoria County	0	52,135
5/5/2022 21-035 Received permit for dsiscontinuation of facility with 214 General Long-Term Care beds.				
5/31/2022 Closure Facility closed; 214 Nursing Care beds removed from inventory.				
JOHN C PROCTOR ENDOWMENT HOME	PEORIA	Peoria County	59	17,287
MANOR COURT OF PEORIA	PEORIA	Peoria County	50	12,987
PROCTOR MEMORIAL HOSPITAL	PEORIA	Peoria County	0	9,469
1/31/2023 E-073-22 Approved to discontinue 43 bed Nursing Care category of service.				
RIVER CROSSING OF PEORIA	PEORIA	Peoria County	120	22,235
6/1/2021 Name Change Formerly University Rehab at Northmoor				
SHARON HEALTH CARE ELMS	PEORIA	Peoria County	98	25,177
SHARON HEALTH CARE PINES	PEORIA	Peoria County	116	34,889
SHARON HEALTH CARE WILLOWS	PEORIA	Peoria County	218	55,635
THE LUTHERAN HOME	PEORIA	Peoria County	107	24,829
		Planning Area Totals	**1,356**	**412,480**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
002	0-64 Years Old	329,954	520,100	634.4	380.6	1,015.0
	65-74 Years Old	309,372	74,300	4,163.8	2,498.3	6,662.1
	75+ Years Old	1,141,533	54,500	20,945.6	12,567.3	33,512.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	121,887	148,100	823.0	380.6	1,015.0	823.0	142,200	117,031			
65-74 Years Old	79,106	19,300	4,098.8	2,498.3	6,662.1	4,098.8	21,400	87,713			
75+ Years Old	211,487	13,400	15,782.6	12,567.3	33,512.9	15,782.6	15,200	239,896			
						Planning Area Totals		**444,640**	**1,218.2**	**1,354**	2

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Tazewell

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ACCOLADE HEALTHCARE OF EAST PEORIA	EAST PEORIA	Tazewell County	71	14,154
2/1/2022 Name Change Formerly Generations at Riverview.				
APERION CARE MORTON VILLA	MORTON	Tazewell County	106	29,795
APOSTOLIC CHRISTIAN RESTMORE	MORTON	Tazewell County	116	34,578
FONDULAC REHAB & HEALTHCARE CENTER	EAST PEORIA	Tazewell County	98	20,642
HALLMARK HEALTHCARE OF PEKIN	PEKIN	Tazewell County	71	18,421
HOPEDALE HOSPITAL (SWING BEDS)	HOPEDALE	Tazewell County	0	681
HOPEDALE NURSING HOME	HOPEDALE	Tazewell County	59	19,477
PEKIN MANOR	PEKIN	Tazewell County	130	29,096
RIVER CROSSING OF EAST PEORIA	EAST PEORIA	Tazewell County	120	27,128
6/1/2021 Name Change Formerly Lakeside Rehab & Healthcare.				
TIMBERCREEK REHAB & HEALTH CARE	PEKIN	Tazewell County	202	29,666
WASHINGTON SENIOR LIVING	WASHINGTON	Tazewell County	122	24,508
		Planning Area Totals	**1,095**	**248,146**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
002	0-64 Years Old	329,954	520,100	634.4	380.6	1,015.0
	65-74 Years Old	309,372	74,300	4,163.8	2,498.3	6,662.1
	75+ Years Old	1,141,533	54,500	20,945.6	12,567.3	33,512.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	34,827	105,200	331.1	380.6	1,015.0	380.6	101,700	38,711			
65-74 Years Old	39,577	14,900	2,656.2	2,498.3	6,662.1	2,656.2	16,400	43,561			
75+ Years Old	173,742	10,900	15,939.6	12,567.3	33,512.9	15,939.6	12,300	196,057			
						Planning Area Totals		**278,330**	**762.5**	**847**	248

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Woodford

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
APOSTOLIC CHRISTIAN HOME	ROANOKE	Woodford County	60	16,121
APOSTOLIC CHRISTIAN HOME OF EUREKA	EUREKA	Woodford County	100	30,766
ARC AT EL PASO	EL PASO	Woodford County	65	21,119
EL PASO HEALTH CARE CENTER	EL PASO	Woodford County	123	36,225
EUREKA HOSPITAL (SWING BEDS)	EUREKA	Woodford County	0	1,026
HERITAGE MANOR - MINONK	MINONK	Woodford County	0	11,581
7/7/2023 Closure	Facility closed; 49 Nursing Care beds removed from inventory.			
LOFT REHABILITATION & NURSING	EUREKA	Woodford County	92	26,006
SNYDER VILLAGE	METAMORA	Woodford County	106	33,252
		Planning Area Totals	**546**	**176,096**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
002	0-64 Years Old	329,954	520,100	634.4	380.6	1,015.0
	65-74 Years Old	309,372	74,300	4,163.8	2,498.3	6,662.1
	75+ Years Old	1,141,533	54,500	20,945.6	12,567.3	33,512.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	27,243	31,200	873.2	380.6	1,015.0	873.2	30,800	26,894			
65-74 Years Old	21,716	4,200	5,170.5	2,498.3	6,662.1	5,170.5	4,800	24,818			
75+ Years Old	127,137	3,100	41,011.9	12,567.3	33,512.9	33,512.9	3,500	117,295			
						Planning Area Totals		**169,007**	**463.0**	**514**	32

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ATTACHMENT - 17
(Attachment 17-D)

INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 3

ATTACHMENT - 17
(Attachment 17-D)

Health Service Area 3

ATTACHMENT - 17
(Attachment 17-D)

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Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 3				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Adams County	941	843	0	98
Brown/Schuyler Counties	179	133	0	46
Calhoun/Pike Counties	337	301	0	36
Cass County	150	96	0	54
Christian County	427	311	0	116
Greene County	119	117	0	2
Hancock County	0	110	110	0
Jersey County	363	308	0	55
Logan County	315	404	89	0
Macoupin County	606	465	0	141
Mason County	164	122	0	42
Menard County	106	114	8	0
Montgomery County	480	389	0	91
Morgan/Scott Counties	551	419	0	132
Sangamon County	917	1022	105	0
HSA 3 TOTALS	5655	5154	312	813

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Adams

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
BLESSING HOSPITAL	QUINCY	Adams County	0	5,575
GOLDEN GOOD SHEPHERD HOME	GOLDEN	Adams County	46	12,430
GOOD SAMARITAN HOME	QUINCY	Adams County	203	52,561
ILLINOIS VETERANS HOME AT QUINCY	QUINCY	Adams County	386	92,595
QUINCY HEALTHCARE & SR LIVING	QUINCY	Adams County	90	23,671
10/1/2021 Name Change	**Formerly St Vincent's Home.**			
SUNSET HOME	QUINCY	Adams County	132	43,982
7/23/2021 Bed Change	**Facility discontinued 28 Nursing Care beds; facility now has 132 Nnursing Care beds.**			
SUNSET HOME (PERMIT)	QUINCY	Adams County	-26	
1/31/2023 22-036	**Received permit to discontinue 26 Nursing Care beds; facility will have 106 Nursing Care beds.**			
TIMBER POINT HEALTHCARE CENTER	CAMP POINT	Adams County	110	25,947
		Planning Area Totals	**941**	**256,761**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	17,515	51,700	338.8	256.1	683.0	338.8	49,400	16,736			
65-74 Years Old	44,187	7,300	6,053.0	2,666.4	7,110.4	6,053.0	7,700	46,608			
75+ Years Old	195,059	6,300	30,961.7	13,205.0	35,213.4	30,961.7	6,900	213,636			
						Planning Area Totals		**276,980**	**758.8**	**843**	98

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Brown/Schuyler

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
MT STERLING HLTH AND REHAB CENTER	MOUNT STERLING	Brown County	80	14,807
RUSHVILLE NURSING & REHAB CENTER	RUSHVILLE	Schuyler County	99	23,630
SARAH CULBERTSON MEM HOSP (SWING BEDS)	RUSHVILLE	Schuyler County	0	
		Planning Area Totals	**179**	**38,437**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	6,910	10,600	651.9	256.1	683.0	651.9	10,600	6,910			
65-74 Years Old	9,069	1,400	6,477.9	2,666.4	7,110.4	6,477.9	1,600	10,365			
75+ Years Old	22,458	1,100	20,416.4	13,205.0	35,213.4	20,416.4	1,300	26,541			
						Planning Area Totals		**43,816**	**120.0**	**133**	46

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Calhoun/Pike

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
BARRY HEALTHCARE & SR LIVING	BARRY	Pike County	76	19,179
CALHOUN NSG & REHAB CENTER	HARDIN	Calhoun County	80	24,652
EASTSIDE HEALTH & REHAB CENTER	PITTSFIELD	Pike County	92	17,766
ILLINI COMMUNITY HOSPITAL (SWING BEDS)	PITTSFIELD	Pike County	0	
PITTSFIELD MANOR	PITTSFIELD	Pike County	89	26,775
		Planning Area Totals	**337**	**88,372**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	4,960	14,700	337.4	256.1	683.0	337.4	14,200	4,791			
65-74 Years Old	15,781	2,300	6,861.3	2,666.4	7,110.4	6,861.3	2,400	16,467			
75+ Years Old	67,631	1,900	35,595.3	13,205.0	35,213.4	35,213.4	2,200	77,470			
						Planning Area Totals		**98,728**	**270.5**	**301**	36

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Cass

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
BEARDSTOWN HEALTH & REHAB CENTER	BEARDSTOWN	Cass County	79	17,676
WALKER NURSING HOME	VIRGINIA	Cass County	71	11,215
		Planning Area Totals	**150**	**28,891**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	0	10,500	0.0	256.1	683.0	256.1	10,000	2,561			
65-74 Years Old	4,483	1,400	3,202.1	2,666.4	7,110.4	3,202.1	1,400	4,483			
75+ Years Old	24,408	1,000	24,408.0	13,205.0	35,213.4	24,408.0	1,000	24,408			
						Planning Area Totals		**31,452**	**86.2**	**96**	54

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ATTACHMENT - 17
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Planning Area: Christian

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
PANA COMMUNITY HOSPITAL (SWING BEDS)	PANA	Christian County	0	446
PANA HEALTH AND REHAB CENTER	PANA	Christian County	128	31,679
PRAIRIE ROSE HEALTHCARE CENTER	PANA	Christian County	105	19,933
TAYLORVILLE CARE CENTER	TAYLORVILLE	Christian County	98	22,939
TAYLORVILLE MEMORIAL HOSPITAL (SWING BEDS)	TAYLORVILLE	Christian County	0	3,280
TAYLORVILLE SKILLED NURSING & REHAB	TAYLORVILLE	Christian County	96	18,883
		Planning Area Totals	**427**	**97,160**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	9,317	26,700	349.0	256.1	683.0	349.0	25,300	8,828			
65-74 Years Old	19,964	3,800	5,253.7	2,666.4	7,110.4	5,253.7	4,000	21,015			
75+ Years Old	67,879	3,100	21,896.5	13,205.0	35,213.4	21,896.5	3,300	72,258			
						Planning Area Totals		**102,101**	**279.7**	**311**	116

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Greene

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
THOMAS H BOYD MEMORIAL HOSP (SWING BEDS)	CARROLLTON	Greene County	0	651
WHITE HALL NSG & REHAB CENTER	WHITE HALL	Greene County	119	35,632
		Planning Area Totals	**119**	**36,283**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	3,819	9,400	406.3	256.1	683.0	406.3	8,800	3,575			
65-74 Years Old	8,116	1,400	5,797.1	2,666.4	7,110.4	5,797.1	1,400	8,116			
75+ Years Old	24,348	1,000	24,348.0	13,205.0	35,213.4	24,348.0	1,100	26,783			
						Planning Area Totals		**38,474**	**105.4**	**117**	2

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ATTACHMENT - 17
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Planning Area: Hancock

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
MEMORIAL HOSPITAL (SWING BEDS)	CARTHAGE	Hancock County	0	917
MONTEBELLO HEALTH CARE CENTER	HAMILTON	Hancock County	0	12,406
4/1/2021 Closure	Facility closed; 139 Nursing Care beds removed from inventory.			
		Planning Area Totals	**0**	**13,323**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	1,665	13,200	126.1	256.1	683.0	256.1	12,200	3,125			
65-74 Years Old	2,914	2,400	1,214.2	2,666.4	7,110.4	2,666.4	2,500	6,666			
75+ Years Old	8,743	1,800	4,857.2	13,205.0	35,213.4	13,205.0	2,000	26,410			
						Planning Area Totals		**36,201**	**99.2**	**110**	**110**

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Jersey

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
JERSEY COMMUNITY HOSPITAL (SWING BEDS)	JERSEYVILLE	Jersey County	0	70
JERSEYVILLE MANOR	JERSEYVILLE	Jersey County	154	50,042
1/24/2022 Bed Change	**Facility discontinued 6 Nursing Care beds. Facility now has 154 Nursing Care beds.**			
JERSEYVILLE NSG & REHAB CENTER	JERSEYVILLE	Jersey County	111	18,292
WILLOW ROSE REHAB & HEALTH CARE	JERSEYVILLE	Jersey County	98	17,776
		Planning Area Totals	**363**	**86,180**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	8,106	17,200	471.3	256.1	683.0	471.3	16,800	7,917			
65-74 Years Old	14,506	2,500	5,802.4	2,666.4	7,110.4	5,802.4	2,700	15,666			
75+ Years Old	63,568	1,800	35,315.6	13,205.0	35,213.4	35,213.4	2,200	77,470			
						Planning Area Totals		**101,054**	**276.9**	**308**	55

ATTACHMENT - 17
(Attachment 17-D)

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Planning Area: Logan

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ABRAHAM LINCOLN HOSPITAL (SWING BEDS)	LINCOLN	Logan County	0	2,264
CHRISTIAN NURSING HOME	LINCOLN	Logan County	0	34,488
9/15/2023 Closure	**Facility closed; 134 Nursing Care beds removed from inventory.**			
LINCOLN VILLAGE HEALTHCARE	LINCOLN	Logan County	126	33,353
6/1/2021 Name Change	**Formerly Generations at Lincoln**			
ST. CLARA'S REHAB & SENIOR CARE	LINCOLN	Logan County	99	32,244
1/24/2023 Bed Change	**Facility discontinued 7 Nursing Care beds. Facility now has 99 Nursing Care beds.**			
THE H & J VON DER LIETH LIVING CENTER	MOUNT PULASKI	Logan County	90	22,314
		Planning Area Totals	**315**	**124,663**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	20,274	22,700	893.1	256.1	683.0	683.0	22,600	15,436			
65-74 Years Old	19,411	2,900	6,693.4	2,666.4	7,110.4	6,693.4	3,300	22,088			
75+ Years Old	84,978	2,300	36,947.0	13,205.0	35,213.4	35,213.4	2,700	95,076			
						Planning Area Totals		**132,600**	**363.3**	**404**	**89**

ATTACHMENT - 17
(Attachment 17-D)

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Planning Area: Macoupin

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
CARLINVILLE AREA HOSPITAL (SWING BEDS)	CARLINVILLE	Macoupin County	0	1,312
CARLINVILLE REHAB & HCC	CARLINVILLE	Macoupin County	98	23,082
COMMUNITY MEMORIAL HOSP (SWING BEDS)	STAUNTON	Macoupin County	0	972
GILLESPIE HEALTH & REHAB CTR	GILLESPIE	Macoupin County	100	20,668
HALLMARK HC OF CARLINVILLE	CARLINVILLE	Macoupin County	49	5,561
LAKESIDE HEALTH & REHAB CENTER	CARLINVILLE	Macoupin County	95	27,053
ROBINGS MANOR RHC	BRIGHTON	Macoupin County	75	18,059
STAUNTON HEALTH AND REHAB CTR	STAUNTON	Macoupin County	90	20,415
SUNRISE SKILLED NURSING & REHAB	VIRDEN	Macoupin County	99	26,505
		Planning Area Totals	**606**	**143,627**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188.678	442.000	426.9	256.1	683.0
	65-74 Years Old	286.638	64.500	4.444.0	2,666.4	7.110.4
	75+ Years Old	1.038.796	47.200	22.008.4	13,205.0	35.213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	18.218	35.200	517.6	256.1	683.0	517.6	33.200	17.183			
65-74 Years Old	25.421	5.600	4.539.5	2.666.4	7.110.4	4,539.5	6.100	27.691			
75+ Years Old	99.988	3,800	26,312.6	13,205.0	35,213.4	26,312.6	4,100	107,882			
						Planning Area Totals		**152,755**	**418.5**	**465**	141

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Mason

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
HAVANA HEALTH CARE CENTER	HAVANA	Mason County	98	20,484
MASON CITY AREA NURSING HOME	MASON CITY	Mason County	66	19,848
MASON DISTRICT HOSPITAL (SWING BEDS)	HAVANA	Mason County	0	489
		Planning Area Totals	**164**	**40,821**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	5,831	9,800	595.0	256.1	683.0	595.0	8,700	5,177			
65-74 Years Old	4,860	1,700	2,858.8	2,666.4	7,110.4	2,858.8	1,700	4,860			
75+ Years Old	30,130	1,300	23,176.9	13,205.0	35,213.4	23,176.9	1,300	30,130			
						Planning Area Totals		**40,167**	**110.0**	**122**	42

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Menard

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
SUNNY ACRES NURSING HOME	PETERSBURG	Menard County	106	31,371
		Planning Area Totals	**106**	**31,371**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	2,037	9,800	207.9	256.1	683.0	256.1	9,500	2,433			
65-74 Years Old	3,667	1,500	2,444.7	2,666.4	7,110.4	2,666.4	1,600	4,266			
75+ Years Old	25,667	1,000	25,667.0	13,205.0	35,213.4	25,667.0	1,200	30,800			
						Planning Area Totals		**37,500**	**102.7**	**114**	**8**

ATTACHMENT - 17
(Attachment 17-D)

#24-020

Planning Area: Montgomery

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
AVENUES AT LITCHFIELD	LITCHFIELD	Montgomery County	65	23,079
HILLSBORO HOSPITAL (SWING BEDS)	HILLSBORO	Montgomery County	0	1,326
HILLSBORO REHAB & HEALTHCARE	HILLSBORO	Montgomery County	121	32,449
LITCHFIELD HEALTH & REHAB CTR	LITCHFIELD	Montgomery County	92	22,106
MONTGOMERY NURSING & REHAB CENTER	HILLSBORO	Montgomery County	110	32,139
NOKOMIS REHAB & HEALTH CARE CENTER	NOKOMIS	Montgomery County	92	12,838
ST. FRANCIS HOSPITAL (SWING BEDS)	LITCHFIELD	Montgomery County	0	757
		Planning Area Totals	**480**	**124,694**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	22,820	22,300	1,023.3	256.1	683.0	683.0	21,700	14,821			
65-74 Years Old	21,597	3,300	6,544.5	2,666.4	7,110.4	6,544.5	3,600	23,560			
75+ Years Old	80,277	2,600	30,875.8	13,205.0	35,213.4	30,875.8	2,900	89,540			
						Planning Area Totals		**127,921**	**350.5**	**389**	91

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(Attachment 17-D)

#24-020

Planning Area: Morgan/Scott

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ARCADIA CARE JACKSONVILLE	JACKSONVILLE	Morgan County	113	27,925
1/1/2022 Name Change Formerly Aperion Care Jacksonville.				
JACKSONVILLE SKILLED NURS & REHAB	JACKSONVILLE	Morgan County	88	26,439
PRAIRIE VILLAGE HEALTHCARE CENTER	JACKSONVILLE	Morgan County	126	25,659
SCOTT COUNTY NURSING HOME	WINCHESTER	Scott County	49	11,631
THE GROVE HEALTH & REHAB CENTER	JACKSONVILLE	Morgan County	175	36,326
		Planning Area Totals	**551**	**127,980**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	21,264	30,000	708.8	256.1	683.0	683.0	29,200	19,944			
65-74 Years Old	29,928	4,300	6,960.0	2,666.4	7,110.4	6,960.0	4,600	32,016			
75+ Years Old	76,788	3,500	21,939.4	13,205.0	35,213.4	21,939.4	3,900	85,564			
						Planning Area Totals		**137,523**	**376.8**	**419**	132

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Sangamon

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
APERION CARE CAPITOL	SPRINGFIELD	Sangamon County	251	34,677
ARCADIA CARE AUBURN	AUBURN	Sangamon County	70	18,803
11/1/2021 Name Change	**Formerly Auburn Rehab & Healhtcare Center**			
AVENUES AT SPRINGFIELD	SPRINGFIELD	Sangamon County	65	22,355
1/1/2022 Name Change	**Formerly Aperion Care Springfield.**			
CONCORDIA VILLAGE	SPRINGFIELD	Sangamon County	62	15,558
HERITAGE HEALTH - SPRINGFIELD	SPRINGFIELD	Sangamon County	0	47,050
12/2/2021 Closure	**Facility closed; 178 Nursing Care beds removed from inventory.**			
ILLINOIS PRESBYTERIAN HOME	SPRINGFIELD	Sangamon County	15	2,192
LEWIS MEM CHRISTIAN VILLAGE	SPRINGFIELD	Sangamon County	171	52,739
REGENCY CARE	SPRINGFIELD	Sangamon County	99	20,623
ST. JOSEPH'S HOME OF SPRINGFIELD	SPRINGFIELD	Sangamon County	0	19,061
12/3/2021 Closure	**Facility closed; 74 Nursing Care beds and 10 Sheltered Care beds removed from inventory.**			
THE BRIDGE CARE SUITES	SPRINGFIELD	Sangamon County	75	18,419
VILLA HEALTH CARE EAST	SHERMAN	Sangamon County	109	24,072
		Planning Area Totals	**917**	**275,549**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
003	0-64 Years Old	188,678	442,000	426.9	256.1	683.0
	65-74 Years Old	286,638	64,500	4,444.0	2,666.4	7,110.4
	75+ Years Old	1,038,796	47,200	22,008.4	13,205.0	35,213.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	45,925	158,200	290.3	256.1	683.0	290.3	150,900	43,806			
65-74 Years Old	62,868	22,700	2,769.5	2,666.4	7,110.4	2,769.5	25,800	71,453			
75+ Years Old	166,756	14,700	11,343.9	13,205.0	35,213.4	13,205.0	16,700	220,524			
						Planning Area Totals		**335,783**	**920.0**	**1,022**	**105**

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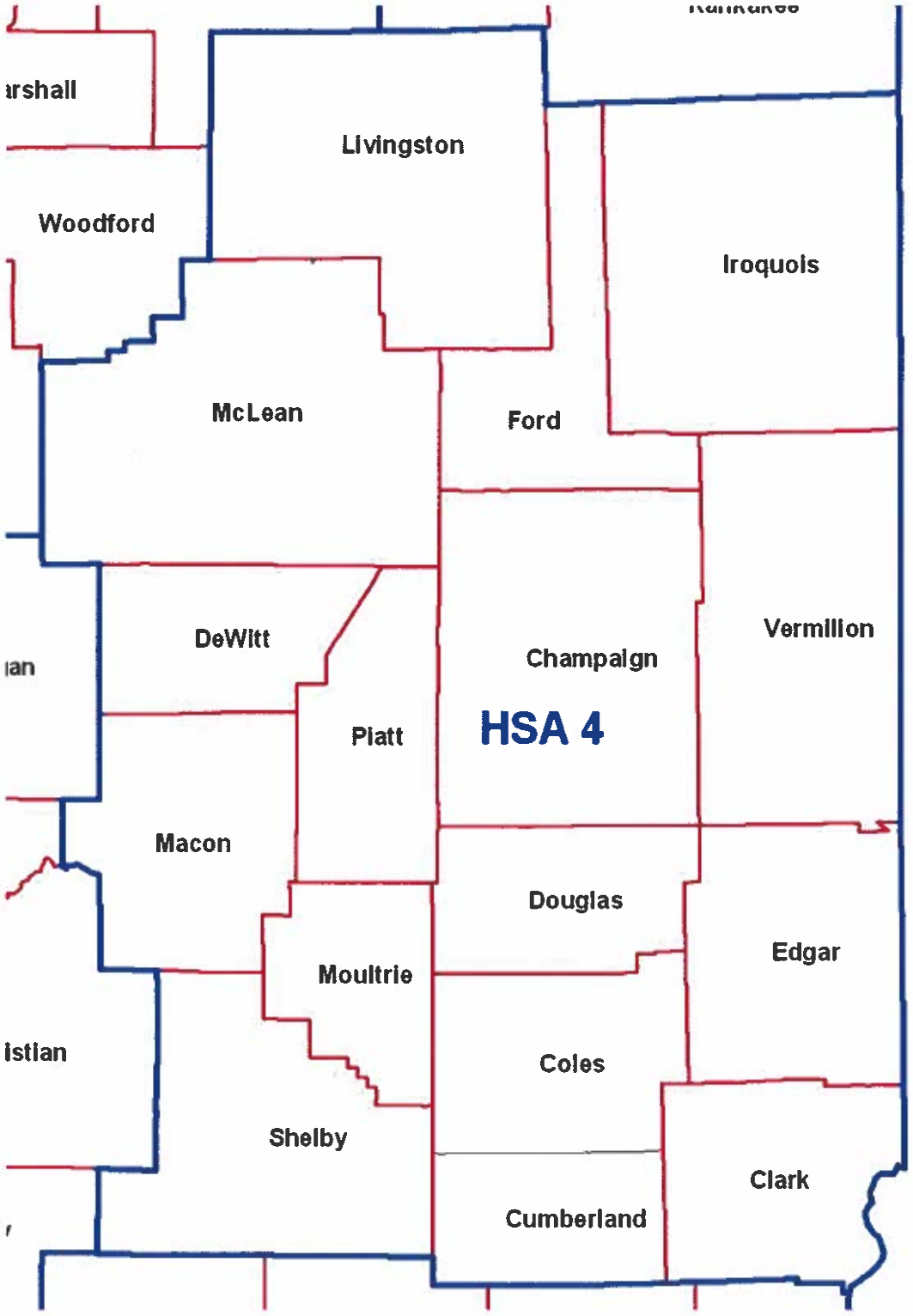
ATTACHMENT - 17
(Attachment 17-D)

INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 4

ATTACHMENT - 17
(Attachment 17-D)

Health Service Area 4



ATTACHMENT - 17
(Attachment 17-D)

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 4				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Champaign County	478	748	270	0
Clark County	225	168	0	57
Coles/Cumberland Counties	860	668	0	192
DeWitt County	190	174	0	16
Douglas County	233	192	0	41
Edgar County	299	216	0	83
Ford Counties	327	161	0	166
Iroquois County	446	322	0	124
Livingston County	422	431	9	0
McLean County	803	753	0	50
Macon County	835	680	0	155
Moultrie County	239	174	0	65
Piatt County	160	147	0	13
Shelby County	259	199	0	60
Vermilion County	553	509	0	44
HSA 4 TOTALS	6329	5542	279	1066

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Champaign

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ACCOLADE HEALTHCARE OF SAVOY	SAVOY	Champaign County	213	41,636
CLARK-LINDSEY VILLAGE	URBANA	Champaign County	116	26,724
6/2/2023 Bed Change	Added 11 Nursing Care beds; facility now has 116 Nursing Care beds.			
COUNTRY HEALTH	GIFFORD	Champaign County	89	28,384
ILLINI HERITAGE REHAB & HEALTHCARE CENTER	CHAMPAIGN	Champaign County	60	18,317
10/13/2021 Address Cha	Address changed to 1315 Curt Drive, Suite B, Champaign.			
UNIVERSITY REHAB	URBANA	Champaign County	0	51,354
6/2/2023 Closure	Facility closed; 243 Nursing Care beds removed from inventory.			
		Planning Area Totals	478	166,415

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	21,762	178,500	121.9	209.1	557.6	209.1	182,000	38,058			
65-74 Years Old	30,723	17,600	1,745.6	2,278.7	6,076.5	2,278.7	21,400	48,764			
75+ Years Old	113,930	11,200	10,172.3	11,858.7	31,623.3	11,858.7	13,400	158,907			
						Planning Area Totals		245,729	673.2	748	270

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Clark

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
CASEY HEALTHCARE CENTER	CASEY	Clark County	69	20,347
HEARTLAND NURSING & REHAB	CASEY	Clark County	81	16,255
MARSHALL REHAB & NURSING	MARSHALL	Clark County	75	16,024
		Planning Area Totals	**225**	**52,626**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	6,216	12,200	509.5	209.1	557.6	509.5	11,500	5,859			
65-74 Years Old	6,630	1,700	3,900.0	2,278.7	6,076.5	3,900.0	1,700	6,630			
75+ Years Old	39,780	1,400	28,414.3	11,858.7	31,623.3	28,414.3	1,500	42,621			
						Planning Area Totals		**55,111**	**151.0**	**168**	57

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Coles/Cumberland

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
CHARLESTON REHAB & HEALTH CARE CENTER	CHARLESTON	Coles County	139	27,616
CUMBERLAND REHAB & HEALTH CARE	GREENUP	Cumberland County	54	15,518
HEARTLAND SENIOR LIVING	NEOGA	Cumberland County	71	22,255
HILLTOP SKILLED NURSING & REHAB	CHARLESTON	Coles County	108	24,301
MATTOON REHAB & HEALTHCARE CENTER	MATTOON	Coles County	148	30,175
ODD FELLOW - REBAKAH HOME	MATTOON	Coles County	162	36,823
PALM TERRACE OF MATTOON	MATTOON	Coles County	178	44,324
		Planning Area Totals	**860**	**201,012**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	37,129	47,000	790.0	209.1	557.6	557.6	47,600	26,543			
65-74 Years Old	38,837	6,300	6,164.6	2,278.7	6,076.5	6,076.5	7,500	45,574			
75+ Years Old	125,046	4,500	27,788.0	11,858.7	31,623.3	27,788.0	5,300	147,276			
						Planning Area Totals		**219,393**	**601.1**	**668**	192

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: DeWitt

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
DR. JOHN WARNER HOSPITAL (SWING BEDS)	CLINTON	DeWitt County	0	
FARMER CITY REHAB & HEALTHCARE CENTER	FARMER CITY	DeWitt County	56	20,326
HAWTHORNE INN OF CLINTON	CLINTON	DeWitt County	134	48,974
		Planning Area Totals	**190**	**69,300**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	3,976	12,300	323.3	209.1	557.6	323.3	11,600	3,750			
65-74 Years Old	9,089	1,800	5,049.4	2,278.7	6,076.5	5,049.4	1,800	9,089			
75+ Years Old	56,235	1,300	43,257.7	11,858.7	31,623.3	31,623.3	1,400	44,273			
						Planning Area Totals		57,111	156.5	174	16

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Douglas

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ARCOLA HEALTHCARE CARE CENTER	ARCOLA	Douglas County	100	29,315
NEWMAN REHAB & HEALTHCARE CTR	NEWMAN	Douglas County	60	16,004
TUSCOLA HEALTH CARE CENTER	TUSCOLA	Douglas County	73	16,654
		Planning Area Totals	**233**	**61,973**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	10,637	16,100	660.7	209.1	557.6	557.6	15,700	8,755			
65-74 Years Old	14,800	2,100	7,047.6	2,278.7	6,076.5	6,076.5	2,200	13,368			
75+ Years Old	36,536	1,600	22,835.0	11,858.7	31,623.3	22,835.0	1,800	41,103			
						Planning Area Totals		**63,226**	**173.2**	**192**	41

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Edgar

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
PARIS COMMUNITY HOSPITAL (SWING BEDS)	PARIS	Edgar County	0	
PARIS HEALTH AND REHAB CENTER	PARIS	Edgar County	128	20,069
PLEASANT MEADOWS SENIOR LIVING	CHRISMAN	Edgar County	109	36,081
TWIN LAKES REHAB & HEALTH CARE	PARIS	Edgar County	62	15,936
		Planning Area Totals	**299**	**72,086**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	6,007	12,700	473.0	209.1	557.6	473.0	11,500	5,439			
65-74 Years Old	8,510	2,200	3,868.2	2,278.7	6,076.5	3,868.2	2,200	8,510			
75+ Years Old	57,569	1,700	33,864.1	11,858.7	31,623.3	31,623.3	1,800	56,922			
						Planning Area Totals		**70,871**	**194.2**	**216**	**83**

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Ford

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ACCOLADE HEALTHCARE OF PAXTON ON PELLS	PAXTON	Ford County	106	33,686
ACCOLADE PAXTON SENIOR LIVING	PAXTON	Ford County	75	21,614
GIBSON COMMUNITY HOSPITAL	GIBSON CITY	Ford County	0	4,655
GIBSON COMMUNITY HOSPITAL (SWING BEDS)	GIBSON CITY	Ford County	0	1,525
GIBSON COMMUNITY HOSPITAL ANNEX	GIBSON CITY	Ford County	26	7,790
GOLDWATER CARE GIBSON CITY	GIBSON CITY	Ford County	60	17,710
PIPER CITY REHAB & LIVING CENTER	PIPER CITY	Ford County	60	17,165
		Planning Area Totals	**327**	**104,145**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	8,365	10,900	767.4	209.1	557.6	557.6	10,500	5,855			
65-74 Years Old	17,567	1,400	12,547.9	2,278.7	6,076.5	6,076.5	1,500	9,115			
75+ Years Old	78,213	1,200	65,177.5	11,858.7	31,623.3	31,623.3	1,200	37,948			
						Planning Area Totals		**52,918**	**145.0**	**161**	166

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Iroquois

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ARCADIA CARE CLIFTON	CLIFTON	Iroquois County	99	21,153
GILMAN HEALTHCARE CENTER	GILMAN	Iroquois County	99	22,185
IROQUOIS MEMORIAL HOSPITAL (SWING BEDS)	WATSEKA	Iroquois County	0	
IROQUOIS RESIDENT HOME	WATSEKA	Iroquois County	35	10,435
PRAIRIEVIEW LUTHERAN HOME	DANFORTH	Iroquois County	90	23,422
SHELDON HEALTH CARE CENTER	SHELDON	Iroquois County	0	
2/11/2021 Closure	**Facility closed; 31 Nursing Care beds removed from Inventory.**			
WATSEKA REHAB & HEALTH CARE CTR	WATSEKA	Iroquois County	123	25,476
		Planning Area Totals	**446**	**102,671**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	13,132	20,800	631.3	209.1	557.6	557.6	19,300	10,762			
65-74 Years Old	17,112	3,300	5,185.5	2,278.7	6,076.5	5,185.5	3,300	17,112			
75+ Years Old	72,427	2,700	26,824.8	11,858.7	31,623.3	26,824.8	2,900	77,792			
						Planning Area Totals		**105,666**	**289.5**	**322**	124

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Livingston

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ACCOLADE HEALTHCARE OF PONTIAC	PONTIAC	Livingston County	97	28,092
ARC AT DWIGHT	DWIGHT	Livingston County	92	24,163
EVENGLOW LODGE	PONTIAC	Livingston County	48	16,363
1/1/2022 Bed Change	Facility discontinued 25 Nursing Care beds. Facility now has 48 Nursing Care beds and 141 Sheltered Care beds.			
FAIRVIEW HAVEN	FAIRBURY	Livingston County	52	18,454
FLANAGAN REHAB & HEALTH CARE CTR	FLANAGAN	Livingston County	43	15,893
GOLDWATER PONTIAC NURSING HOME	PONTIAC	Livingston County	90	19,178
OSF ST. JAMES MEDICAL CENTER	PONTIAC	Livingston County	0	
		Planning Area Totals	422	122,143

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	14,347	28,800	498.2	209.1	557.6	498.2	28,700	14,297			
65-74 Years Old	21,327	4,000	5,331.8	2,278.7	6,076.5	5,331.8	4,500	23,993			
75+ Years Old	86,469	3,100	27,893.2	11,858.7	31,623.3	27,893.2	3,700	103,205			
						Planning Area Totals		141,495	387.7	431	9

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: McLean

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ARCADIA CARE BLOOMINGTON	BLOOMINGTON	McLean County	117	23,215
BLOOMINGTON REHAB HLTHCARE CTR	BLOOMINGTON	McLean County	78	16,181
GOLDWATER CARE BLOOMINGTON	BLOOMINGTON	McLean County	88	21,884
LOFT REHAB & NURSING OF NORMAL	NORMAL	McLean County	116	29,817
LUTHER OAKS	BLOOMINGTON	McLean County	19	6,292
MCLEAN COUNTY NURSING HOME	NORMAL	McLean County	148	29,474
9/28/2021 Bed Change	**Facility discontinued 2 Nursing Care beds; facility now has 148 Nursing Care beds.**			
MEADOWS MENNONITE HOME	CHENOA	McLean County	0	23,001
5/9/2023 Removal	**130 Nursing Care beds removed from inventory.**			
5/9/2023 Removal	**130 Nursing Care beds removed from inventory.**			
ST. JOSEPH'S MEDICAL CENTER	BLOOMINGTON	McLean County	0	1,730
THE ARC AT NORMAL	NORMAL	McLean County	141	21,177
THE VILLAGE AT MERCY CREEK (PERMIT)	NORMAL	McLean County	0	
10/16/2022 19-016	**Relinquished permit to establish a facility with 40 General Long-Term Care beds.**			
10/19/2022 Relinquish	**Relinquished permit to establish a facility with 40 Nursing Care beds.**			
WESTMINSTER VILLAGE	BLOOMINGTON	McLean County	96	23,367
		Planning Area Totals	**803**	**196,138**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	27,568	148,100	186.1	209.1	557.6	209.1	153,300	32,057			
65-74 Years Old	28,924	15,200	1,902.9	2,278.7	6,076.5	2,278.7	18,700	42,611			
75+ Years Old	139,646	9,700	14,396.5	11,858.7	31,623.3	14,396.5	12,000	172,758			
						Planning Area Totals		**247,426**	**677.9**	**753**	50

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Macon

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
DECATUR REHAB & HEALTHCARE CENTER	DECATUR	Macon County	58	17,767
EASTERN STAR HOME	MACON	Macon County	48	2,402
FAIR HAVENS SENIOR LIVING	DECATUR	Macon County	154	36,139
HICKORY POINT CHRISTIAN VILLAGE	FORSYTH	Macon County	64	20,510
IMBODEN CREEK SENIOR LIVING	DECATUR	Macon County	95	24,621
3/1/2022 Name Change Formerly Imboden Creek Living Center.				
LOFT REHAB OF DECATUR	DECATUR	Macon County	150	29,362
7/1/2021 Name Change Formerly Villa Clara Post Acute				
LOFT REHAB OF ROCK SPRINGS	DECATUR	Macon County	195	49,707
7/1/2021 Name Change Formerly Prairie Creek Village				
MT ZION HEALTH & REHAB CENTER	MOUNT ZION	Macon County	71	22,813
		Planning Area Totals	**835**	**203,321**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	22,125	81,800	270.5	209.1	557.6	270.5	78,200	21,151			
65-74 Years Old	45,776	12,400	3,691.6	2,278.7	6,076.5	3,691.6	13,700	50,575			
75+ Years Old	135,420	9,200	14,719.6	11,858.7	31,623.3	14,719.6	10,300	151,612			
						Planning Area Totals		**223,338**	**611.9**	**680**	155

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Moultrie

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
EASTVIEW TERRACE	SULLIVAN	Moultrie County	63	20,675
MASON POINT	SULLIVAN	Moultrie County	0	29,583
8/9/2022 Closure	**Facility closed; 170 Nursing Care beds removed from inventory.**			
SULLIVAN REHAB & HEALTH CARE CTR	SULLIVAN	Moultrie County	123	28,175
THE ARTHUR HOME	ARTHUR	Moultrie County	53	16,168
		Planning Area Totals	**239**	**94,601**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	15,767	11,700	1,347.6	209.1	557.6	557.6	11,600	6,468			
65-74 Years Old	21,978	1,600	13,736.3	2,278.7	6,076.5	6,076.5	1,600	9,722			
75+ Years Old	56,856	1,200	47,380.0	11,858.7	31,623.3	31,623.3	1,300	41,110			
						Planning Area Totals		**57,301**	**157.0**	**174**	65

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Piatt

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
BEMENT HEALTH CARE CENTER	BEMENT	Piatt County	60	13,413
JOHN & MARY KIRBY HOSPITAL (SWING BEDS)	MONTICELLO	Piatt County	0	1,305
PIATT COUNTY NURSING HOME	MONTICELLO	Piatt County	100	28,615
		Planning Area Totals	**160**	**43,333**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	2,708	13,200	205.2	209.1	557.6	209.1	12,400	2,593			
65-74 Years Old	7,674	2,000	3,837.0	2,278.7	6,076.5	3,837.0	2,100	8,058			
75+ Years Old	32,951	1,400	23,536.4	11,858.7	31,623.3	23,536.4	1,600	37,658			
						Planning Area Totals		**48,309**	**132.4**	**147**	13

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Planning Area: Shelby

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
MOWEAQUA REHAB & HEALTHCARE CENTER	MOWEAQUA	Shelby County	70	11,080
SHELBY MEMORIAL HOSPITAL (SWING BEDS)	SHELBYVILLE	Shelby County	0	357
SHELBYVILLE MANOR	SHELBYVILLE	Shelby County	109	33,179
SHELBYVILLE REHAB & HLTHCARE CTR	SHELBYVILLE	Shelby County	80	14,845
		Planning Area Totals	**259**	**59,461**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	8,867	15,900	557.7	209.1	557.6	557.6	15,200	8,476			
65-74 Years Old	9,910	2,700	3,670.4	2,278.7	6,076.5	3,670.4	2,900	10,644			
75+ Years Old	40,684	2,200	18,492.7	11,858.7	31,623.3	18,492.7	2,500	46,232			
						Planning Area Totals		**65,352**	**179.0**	**199**	60

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Vermilion

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ACCOLADE HEALTHCARE DANVILLE	DANVILLE	Vermilion County	108	14,337
ARCADIA OF DANVILLE	DANVILLE	Vermilion County	200	45,180
GARDENVIEW MANOR	DANVILLE	Vermilion County	0	27,860
7/7/2023 Closure	Facility closed; 231 Nursing Care beds removed from inventory.			
GOLDWATER CARE DANVILLE	DANVILLE	Vermilion County	90	24,462
HAWTHORNE INN OF DANVILLE	DANVILLE	Vermilion County	80	22,879
HERITAGE HEALTH - HOOPESTON	HOOPESTON	Vermilion County	75	23,561
HOOPESTON COMMUNITY HOSPITAL (SWING BEDS)	HOOPESTON	Vermilion County	0	567
		Planning Area Totals	**553**	**158,846**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
004	0-64 Years Old	233,054	668,700	348.5	209.1	557.6
	65-74 Years Old	314,837	82,900	3,797.8	2,278.7	6,076.5
	75+ Years Old	1,160,180	58,700	19,764.6	11,858.7	31,623.3

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	34,448	58,700	586.8	209.1	557.6	557.6	55,600	31,004			
65-74 Years Old	35,980	8,600	4,183.7	2,278.7	6,076.5	4,183.7	9,100	38,072			
75+ Years Old	88,418	6,300	14,034.6	11,858.7	31,623.3	14,034.6	7,000	98,242			
						Planning Area Totals		**167,318**	**458.4**	**509**	44

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ATTACHMENT - 17
(Attachment 17-D)

INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 5

ATTACHMENT - 17
(Attachment 17-D)

Health Service Area 5

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ATTACHMENT - 17
(Attachment 17-D)

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 5				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Alexander/Pulaski Counties	0	63	63	0
Bond County	90	86	0	4
Clay County	206	105	0	101
Crawford County	122	131	9	0
Edwards/Wabash Counties	90	122	32	0
Effingham County	432	274	0	158
Fayette Counties	176	184	8	0
Franklin County	326	253	0	73
Gallatin/Hamilton/Saline Cos.	582	360	0	222
Hardin/Pope Counties	62	59	0	3
Jackson County	251	270	19	0
Jasper County	57	57	0	0
Jefferson County	336	369	33	0
Johnson/Massac Counties	291	286	0	5
Lawrence County	99	142	43	0
Marion County	509	469	0	40
Perry County	208	198	0	10
Randolph County	283	301	18	0

ATTACHMENT - 17
(Attachment 17-D)

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 5				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Richland County	275	126	0	149
Union County	271	233	0	38
Washington County	120	142	22	0
Wayne County	139	153	14	0
White County	343	180	0	163
Williamson County	572	437	0	135
HSA 5 TOTALS	5840	5000	261	1101

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Alexander/Pulaski

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
NO LICENSED FACILITIES		Alexander/Pulaski Countie	0	0
		Planning Area Totals	**0**	**0**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	0	7,700	0.0	256.6	684.3	256.6	7,100	1,822			
65-74 Years Old	0	1,500	0.0	2,697.7	7,193.8	2,697.7	1,800	4,856			
75+ Years Old	0	1,000	0.0	11,789.2	31,437.9	11,789.2	1,200	14,147			
						Planning Area Totals		**20,825**	**57.1**	**63**	**63**

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Bond

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
GREENVILLE NURSING & REHABILITATION	GREENVILLE	Bond County	90	13,909
GREENVILLE REGIONAL HOSPITAL (SWING BEDS)	GREENVILLE	Bond County	0	1,340
		Planning Area Totals	**90**	**15,249**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	0	13,300	0.0	256.6	684.3	256.6	13,000	3,336			
65-74 Years Old	2,983	2,000	1,491.5	2,697.7	7,193.8	2,697.7	2,300	6,205			
75+ Years Old	12,265	1,400	8,760.7	11,789.2	31,437.9	11,789.2	1,600	18,863			
						Planning Area Totals		**28,403**	**77.8**	**86**	4

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Clay

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
CLAY COUNTY HOSPITAL (SWING BEDS)	FLORA	Clay County	0	
FLORA GARDENS CARE CENTER	FLORA	Clay County	107	15,954
FLORA REHAB & HEALTH CARE CENTER	FLORA	Clay County	99	18,372
		Planning Area Totals	**206**	**34,326**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	4,904	10,500	467.0	256.6	684.3	467.0	10,100	4,717			
65-74 Years Old	7,628	1,600	4,767.5	2,697.7	7,193.8	4,767.5	1,700	8,105			
75+ Years Old	21,794	1,200	18,161.7	11,789.2	31,437.9	18,161.7	1,200	21,794			
						Planning Area Totals		**34,616**	**94.8**	**105**	101

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Crawford

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
CRAWFORD MEMORIAL HOSPITAL (SWING BEDS)	ROBINSON	Crawford County	0	1,142
RIDGEVIEW HEALTH & REHAB CENTER	OBLONG	Crawford County	55	17,226
12/3/2021 Name Change Formerly Ridgeview Care Center				
ROBINSON REHAB AND NURSING	ROBINSON	Crawford County	67	17,567
2/1/2022 Name Change Formerly Heritage Health - Robinson.				
		Planning Area Totals	122	35,935

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	449	14,900	30.1	256.6	684.3	256.6	14,400	3,695			
65-74 Years Old	4,492	2,100	2,139.0	2,697.7	7,193.8	2,697.7	2,300	6,205			
75+ Years Old	30,994	1,500	20,662.7	11,789.2	31,437.9	20,662.7	1,600	33,060			
						Planning Area Totals		42,960	117.7	131	9

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Edwards/Wabash

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
OAKVIEW NURSING & REHAB	MOUNT CARMEL	Wabash County	90	27,070
REST HAVEN MANOR	ALBION	Edwards County	0	6,085
6/30/2021 Closure	Facility ceased operations; 39 Nursing Care beds removed from inventory.			
WABASH GENERAL HOSPITAL (SWING BEDS)	MOUNT CARMEL	Wabash County	0	
		Planning Area Totals	**90**	**33,155**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	2,072	13,600	152.4	256.6	684.3	256.6	13,000	3,336			
65-74 Years Old	2,901	2,200	1,318.6	2,697.7	7,193.8	2,697.7	2,500	6,744			
75+ Years Old	28,182	1,700	16,577.6	11,789.2	31,437.9	16,577.6	1,800	29,840			
						Planning Area Totals		**39,920**	**109.4**	**122**	**32**

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Effingham

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
EFFINGHAM REHAB & HEALTH CARE CTR	EFFINGHAM	Effingham County	62	14,646
EVERGREEN NURSING & REHAB CENTER	EFFINGHAM	Effingham County	120	19,867
LAKELAND REHAB & HEALTHCARE	EFFINGHAM	Effingham County	154	31,456
LUTHERAN CARE CENTER	ALTAMONT	Effingham County	96	19,253
		Planning Area Totals	**432**	**85,222**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	8,667	28,100	308.4	256.6	684.3	308.4	26,700	8,235			
65-74 Years Old	16,852	3,700	4,554.6	2,697.7	7,193.8	4,554.6	3,900	17,763			
75+ Years Old	59,703	2,700	22,112.2	11,789.2	31,437.9	22,112.2	2,900	64,125			
						Planning Area Totals		**90,124**	**246.9**	**274**	**158**

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Fayette

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
APERION CARE ST. ELMO	ST. ELMO	Fayette County	60	16,239
FAYETTE COUNTY HOSPITAL (SWING BEDS)	VANDALIA	Fayette County	0	
FAYETTE COUNTY HOSPITAL NURSING HOME	VANDALIA	Fayette County	0	15,427
VANDALIA REHAB & HLTHCARE CTR	VANDALIA	Fayette County	116	20,766
		Planning Area Totals	**176**	**52,432**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	10,299	17,400	591.9	256.6	684.3	591.9	17,600	10,417			
65-74 Years Old	10,767	2,300	4,681.3	2,697.7	7,193.8	4,681.3	2,600	12,171			
75+ Years Old	31,366	1,900	16,508.4	11,789.2	31,437.9	16,508.4	2,300	37,969			
						Planning Area Totals		**60,558**	**165.9**	**184**	**8**

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Franklin

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
BENTON REHAB & HLTHCARE CTR	BENTON	Franklin County	67	15,699
FRANKFORT HLTHCARE & REHAB CTR	WEST FRANKFORT	Franklin County	0	8,100
FRANKLIN HOSPITAL (SWING BEDS)	BENTON	Franklin County	0	145
HELIA HEALTHCARE OF BENTON	BENTON	Franklin County	83	19,773
STONEBRIDGE NURSING & REHAB	BENTON	Franklin County	80	11,357
WESTSIDE REHAB & CARE CENTER	WEST FRANKFORT	Franklin County	96	23,008
		Planning Area Totals	**326**	**78,082**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	15,325	29,600	517.7	256.6	684.3	517.7	28,600	14,807			
65-74 Years Old	16,054	4,400	3,648.6	2,697.7	7,193.8	3,648.6	4,500	16,419			
75+ Years Old	46,703	3,500	13,343.7	11,789.2	31,437.9	13,343.7	3,900	52,040			
						Planning Area Totals		**83,267**	**228.1**	**253**	73

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Gallatin/Hamilton/Saline

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
CARRIER MILLS NURSING & REHABILITATION CENTE	CARRIER MILLS	Saline County	99	21,216
ELDORADO REHAB AND HEALTHCARE	ELDORADO	Saline County	99	24,063
FERRELL HOSPITAL (SWING BEDS)	ELDORADO	Saline County	0	1,165
GALLATIN MANOR	RIDGWAY	Gallatin County	71	14,549
HAMILTON MEMORIAL HOSPITAL (SWING BEDS)	MCLEANSBORO	Hamilton County	0	2,481
HARRISBURG MEDICAL CENTER (SWING BEDS)	HARRISBURG	Saline County	0	354
MCLEANSBORO REHAB & HLTHCARE CTR	MCLEANSBORO	Hamilton County	43	7,688
SALINE CARE NURSING & REHAB	HARRISBURG	Saline County	142	35,865
SHAWNEE ROSE CARE CENTER	HARRISBURG	Saline County	68	9,538
SILVER FOXES SENIOR LIVING & REHAB	MCLEANSBORO	Hamilton County	60	14,761
		Planning Area Totals	**582**	**131,680**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	19,940	21,200	940.6	256.6	684.3	684.3	20,800	14,233			
65-74 Years Old	35,366	3,100	11,408.4	2,697.7	7,193.8	7,193.8	3,100	22,301			
75+ Years Old	76,374	2,400	31,822.5	11,789.2	31,437.9	31,437.9	2,600	81,739			
						Planning Area Totals		**118,272**	**324.0**	**360**	222

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Planning Area: Hardin/Pope

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
HARDIN COUNTY HOSPITAL (SWING BEDS)	ROSICLARE	Hardin County	0	1,105
ROSICLARE REHAB & HLTHCARE CENTER	ROSICLARE	Hardin County	62	15,632
		Planning Area Totals	**62**	**16,737**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	1,674	5,200	321.9	256.6	684.3	321.9	4,700	1,513			
65-74 Years Old	4,184	1,200	3,486.7	2,697.7	7,193.8	3,486.7	1,300	4,533			
75+ Years Old	10,879	900	12,087.8	11,789.2	31,437.9	12,087.8	1,100	13,297			
						Planning Area Totals		**19,342**	**53.0**	**59**	3

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Jackson

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
INTEGRITY HEALTHCARE OF CARBONDALE	CARBONDALE	Jackson County	131	22,234
MANOR COURT OF CARBONDALE	CARBONDALE	Jackson County	120	33,096
ST. JOSEPH MEMORIAL HOSPITAL (SWING BEDS)	MURPHYSBORO	Jackson County	0	3,394
		Planning Area Totals	**251**	**58,724**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	14,681	44,200	332.1	256.6	684.3	332.1	44,200	14,681			
65-74 Years Old	16,840	5,400	3,118.5	2,697.7	7,193.8	3,118.5	6,700	20,894			
75+ Years Old	27,203	3,600	7,556.4	11,789.2	31,437.9	11,789.2	4,500	53,051			
						Planning Area Totals		**88,627**	**242.8**	**270**	**19**

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Jasper

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
HELIA HEALTHCARE OF NEWTON	NEWTON	Jasper County	57	15,290
		Planning Area Totals	**57**	**15,290**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	437	7,200	60.7	256.6	684.3	256.6	6,500	1,668			
65-74 Years Old	874	1,100	794.5	2,697.7	7,193.8	2,697.7	1,100	2,967			
75+ Years Old	13,979	800	17,473.8	11,789.2	31,437.9	17,473.8	800	13,979			
						Planning Area Totals		**18,614**	**51.0**	**57**	0

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Jefferson

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
CROSSROADS HOSPITAL (SWING BEDS)	MOUNT VERNON	Jefferson County	0	
MOUNT VERNON COUNTRYSIDE MANOR	MOUNT VERNON	Jefferson County	91	26,490
MT. VERNON HEALTH CARE CENTER	MOUNT VERNON	Jefferson County	106	26,457
NATURE TRAIL HEALTH AND REHAB	MOUNT VERNON	Jefferson County	74	38,452
5/1/2021 Name Change Formerly Nature Trail Health Care Center				
WHITE OAKS REHAB & HEALTH CARE	MOUNT VERNON	Jefferson County	65	15,831
		Planning Area Totals	**336**	**107,230**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	10,667	29,900	356.8	256.6	684.3	356.8	29,800	10,631			
65-74 Years Old	24,141	4,300	5,614.2	2,697.7	7,193.8	5,614.2	4,700	26,387			
75+ Years Old	72,422	3,100	23,361.9	11,789.2	31,437.9	23,361.9	3,600	84,103			
						Planning Area Totals		121,121	331.8	369	33

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Johnson/Massac

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
HILLVIEW SENIOR LIVING & REHAB	VIENNA	Johnson County	50	14,642
MASSAC MEMORIAL HOSPITAL (SWING BEDS)	METROPOLIS	Massac County	0	309
METROPOLIS NURSING & REHAB CENTER	METROPOLIS	Massac County	101	21,057
SOUTHGATE HEALTH CARE CENTER	METROPOLIS	Massac County	140	40,903
		Planning Area Totals	**291**	**76,911**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	4,623	21,500	215.0	256.6	684.3	256.6	21,300	5,466			
65-74 Years Old	10,507	3,200	3,283.4	2,697.7	7,193.8	3,283.4	3,400	11,164			
75+ Years Old	61,781	2,800	22,064.6	11,789.2	31,437.9	22,064.6	3,500	77,226			
						Planning Area Totals		**93,856**	**257.1**	**286**	5

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Lawrence

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
APERION CARE BRIDGEPORT	BRIDGEPORT	Lawrence County	99	24,198
LAWRENCE COUNTY HOSPITAL (SWING BEDS)	LAWRENCEVILLE	Lawrence County	0	315
UNITED METHODIST VILLAGE NORTH CAMPUS	LAWRENCEVILLE	Lawrence County	0	19,868
8/18/2021 Closure	Facility closed; 98 Nursing Care beds removed from inventory.			
		Planning Area Totals	99	44,381

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	7,173	12,400	578.5	256.6	684.3	578.5	12,000	6,942			
65-74 Years Old	8,517	1,600	5,323.1	2,697.7	7,193.8	5,323.1	1,600	8,517			
75+ Years Old	28,691	1,200	23,909.2	11,789.2	31,437.9	23,909.2	1,300	31,082			
						Planning Area Totals		46,541	127.5	142	43

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Marion

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
CENTRALIA MANOR	CENTRALIA	Marion County	120	33,179
DOCTORS NURSING & REHAB CENTER	SALEM	Marion County	120	25,873
FIRESIDE HOUSE OF CENTRALIA	CENTRALIA	Marion County	98	24,522
ODIN HEALTH AND REHAB CENTER	ODIN	Marion County	99	52,222
5/1/2021 Name Change Formerly Odin Health Care Center				
SALEM TOWNSHIP HOSPITAL (SWING BEDS)	SALEM	Marion County	0	
TWIN WILLOWS NURSING CENTER	SALEM	Marion County	72	11,841
		Planning Area Totals	**509**	**147,637**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	16,595	29,900	555.0	256.6	684.3	555.0	28,800	15,984			
65-74 Years Old	27,467	4,300	6,387.7	2,697.7	7,193.8	6,387.7	4,400	28,106			
75+ Years Old	103,575	3,200	32,367.2	11,789.2	31,437.9	31,437.9	3,500	110,033			
						Planning Area Totals		**154,123**	**422.3**	**469**	40

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Planning Area: Perry

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
DUQUOIN NURSING AND REHAB	DUQUOIN	Perry County	72	23,046
FAIRVIEW REHAB & HEALTHCARE	DUQUOIN	Perry County	76	13,971
MARSHALL BROWNING HOSPITAL (SWING BEDS)	DUQUOIN	Perry County	0	674
PINCKNEYVILLE COMM. HOSP. (SWING BEDS)	PINCKNEYVILLE	Perry County	0	1,967
PINCKNEYVILLE NURSING & REHAB	PINCKNEYVILLE	Perry County	60	16,461
		Planning Area Totals	**208**	**56,119**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	4,037	16,800	240.3	256.6	684.3	256.6	16,600	4,260			
65-74 Years Old	10,094	2,400	4,205.8	2,697.7	7,193.8	4,205.8	2,700	11,356			
75+ Years Old	41,988	1,700	24,698.8	11,789.2	31,437.9	24,698.8	2,000	49,398			
						Planning Area Totals		**65,013**	**178.1**	**198**	10

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Planning Area: Randolph

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
COULTERVILLE REHAB & HEALTH CARE CENTER	COULTERVILLE	Randolph County	75	22,666
COULTERVILLE REHAB & HEALTH CARE CENTER (PE	COULTERVILLE	Randolph County	25	
MEMORIAL HOSPITAL (SWING BEDS)	CHESTER	Randolph County	0	693
RANDOLPH COUNTY CARE CENTER	SPARTA	Randolph County	100	16,483
RED BUD REGIONAL CARE	RED BUD	Randolph County	0	24,113
6/5/2023 Closure	**Facility closed; 115 Nursing Care beds removed from inventory.**			
RED BUD REGIONAL HOSPITAL (SWING BEDS)	RED BUD	Randolph County	0	3,825
SPARTA COMMUNITY HOSPITAL (SWING BEDS)	SPARTA	Randolph County	0	932
THREE SPRINGS SENIOR LIVING & REHAB	CHESTER	Randolph County	83	21,237
		Planning Area Totals	**283**	**89,949**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	7,247	24,100	300.7	256.6	684.3	300.7	23,300	7,006			
65-74 Years Old	11,084	3,300	3,358.8	2,697.7	7,193.8	3,358.8	3,600	12,092			
75+ Years Old	71,618	2,600	27,545.4	11,789.2	31,437.9	27,545.4	2,900	79,882			
						Planning Area Totals		**98,980**	**271.2**	**301**	**18**

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ATTACHMENT - 17
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Planning Area: Richland

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
HELIA HEALTHCARE OF OLNEY	OLNEY	Richland County	118	30,456
RICHLAND MEMORIAL HOSPITAL	OLNEY	Richland County	0	
RICHLAND MEMORIAL HOSPITAL (SWING BEDS)	OLNEY	Richland County	0	1,107
RICHLAND NURSING & REHAB	OLNEY	Richland County	157	19,272
		Planning Area Totals	**275**	**50,835**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	15,593	12,300	1,267.7	256.6	684.3	684.3	11,400	7,801			
65-74 Years Old	13,099	1,700	7,705.3	2,697.7	7,193.8	7,193.8	1,600	11,510			
75+ Years Old	22,143	1,600	13,839.4	11,789.2	31,437.9	13,839.4	1,600	22,143			
						Planning Area Totals		**41,454**	**113.6**	**126**	149

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Union

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ILLINOIS VETERANS HOME - ANNA	ANNA	Union County	50	15,995
INTEGRITY HEALTHCARE OF ANNA	ANNA	Union County	70	17,078
INTEGRITY HEALTHCARE OF COBDEN	COBDEN	Union County	74	21,633
JONESBORO REHAB & HLTHCARE CTR	JONESBORO	Union County	77	20,766
UNION COUNTY HOSPITAL (SWING BEDS)	ANNA	Union County	0	
UNION COUNTY HOSPITAL LTC	ANNA	Union County	0	5,322
6/5/2023 Closure	Facility closed; 22 Nursing Care beds removed from inventory.			
		Planning Area Totals	**271**	**80,794**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	18,301	13,300	1,376.0	256.6	684.3	684.3	12,800	8,759			
65-74 Years Old	18,302	2,100	8,715.2	2,697.7	7,193.8	7,193.8	2,200	15,826			
75+ Years Old	44,191	1,700	25,994.7	11,789.2	31,437.9	25,994.7	2,000	51,989			
						Planning Area Totals		**76,575**	**209.8**	**233**	38

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Washington

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
FRIENDSHIP MANOR HEALTH CARE	NASHVILLE	Washington County	120	32,384
WASHINGTON COUNTY HOSPITAL	NASHVILLE	Washington County	0	7,448
WASHINGTON COUNTY HOSPITAL (SWING BEDS)	NASHVILLE	Washington County	0	1,155
		Planning Area Totals	**120**	**40,987**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	3,416	10,800	316.3	256.6	684.3	316.3	10,400	3,289			
65-74 Years Old	4,879	1,600	3,049.4	2,697.7	7,193.8	3,049.4	1,800	5,489			
75+ Years Old	32,692	1,300	25,147.7	11,789.2	31,437.9	25,147.7	1,500	37,722			
						Planning Area Totals		**46,500**	**127.4**	**142**	**22**

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Planning Area: Wayne

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
APERION CARE FAIRFIELD	FAIRFIELD	Wayne County	104	27,811
CISNE REHAB & HEALTHCARE CENTER	CISNE	Wayne County	35	11,369
FAIRFIELD MEMORIAL HOSPITAL	FAIRFIELD	Wayne County	0	7,516
		Planning Area Totals	**139**	**46,696**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	5,785	12,500	462.8	256.6	684.3	462.8	11,900	5,507			
65-74 Years Old	10,331	1,900	5,437.4	2,697.7	7,193.8	5,437.4	1,900	10,331			
75+ Years Old	30,580	1,600	19,112.5	11,789.2	31,437.9	19,112.5	1,800	34,403			
						Planning Area Totals		**50,241**	**137.6**	**153**	**14**

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: White

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
CARMI MANOR REHAB & NURSING CENTER	CARMI	White County	74	19,256
ENFIELD REHAB & HLTHCARE CTR	ENFIELD	White County	47	8,658
MEADOWBROOK SKILLED NURSING & REHAB	GRAYVILLE	White County	66	10,776
6/24/2021 Bed Change — **Facility added 6 Nursing Care beds; facility now has 66 Nursing Care beds.**				
8/1/2021 Name Change — **Formerly Meadowood**				
WABASH CHRISTIAN RETIREMENT	CARMI	White County	156	48,324
		Planning Area Totals	**343**	**87,014**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200.364	468.500	427.7	256.6	684.3
	65-74 Years Old	304.389	67.700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007.978	51.300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	10,622	10,700	992.7	256.6	684.3	684.3	10,000	6,843			
65-74 Years Old	21,651	1,600	13,531.9	2,697.7	7,193.8	7,193.8	1,600	11,510			
75+ Years Old	54,741	1,300	42,108.5	11,789.2	31,437.9	31,437.9	1,300	40,869			
						Planning Area Totals		**59,222**	**162.3**	**180**	163

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Planning Area: Williamson

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
HEARTLAND REGIONAL MED. CTR. (SWING BEDS)	MARION	Williamson County	0	
HELIA HEALTHCARE OF ENERGY	ENERGY	Williamson County	98	22,784
INTEGRITY HEALTHCARE OF HERRIN	HERRIN	Williamson County	49	7,226
INTEGRITY HEALTHCARE OF MARION	MARION	Williamson County	125	24,129
PARKWAY MANOR	MARION	Williamson County	131	38,458
SHAWNEE SENIOR LIVING	HERRIN	Williamson County	159	34,748
SUNSHINE GARDENS NURSING & REHAB (PERMIT)	MARION	Williamson County	10	
8/29/2021 21-006	Received permit to establish a long-term care facility with 10 Nursing Care beds at 442 Comfort Drive in Marion.			
		Planning Area Totals	572	127,345

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
005	0-64 Years Old	200,364	468,500	427.7	256.6	684.3
	65-74 Years Old	304,389	67,700	4,496.1	2,697.7	7,193.8
	75+ Years Old	1,007,978	51,300	19,648.7	11,789.2	31,437.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	17,857	54,000	330.7	256.6	684.3	330.7	53,300	17,626			
65-74 Years Old	25,375	7,700	3,295.5	2,697.7	7,193.8	3,295.5	8,100	26,693			
75+ Years Old	84,113	5,600	15,020.2	11,789.2	31,437.9	15,020.2	6,600	99,133			
						Planning Area Totals		143,452	393.0	437	135

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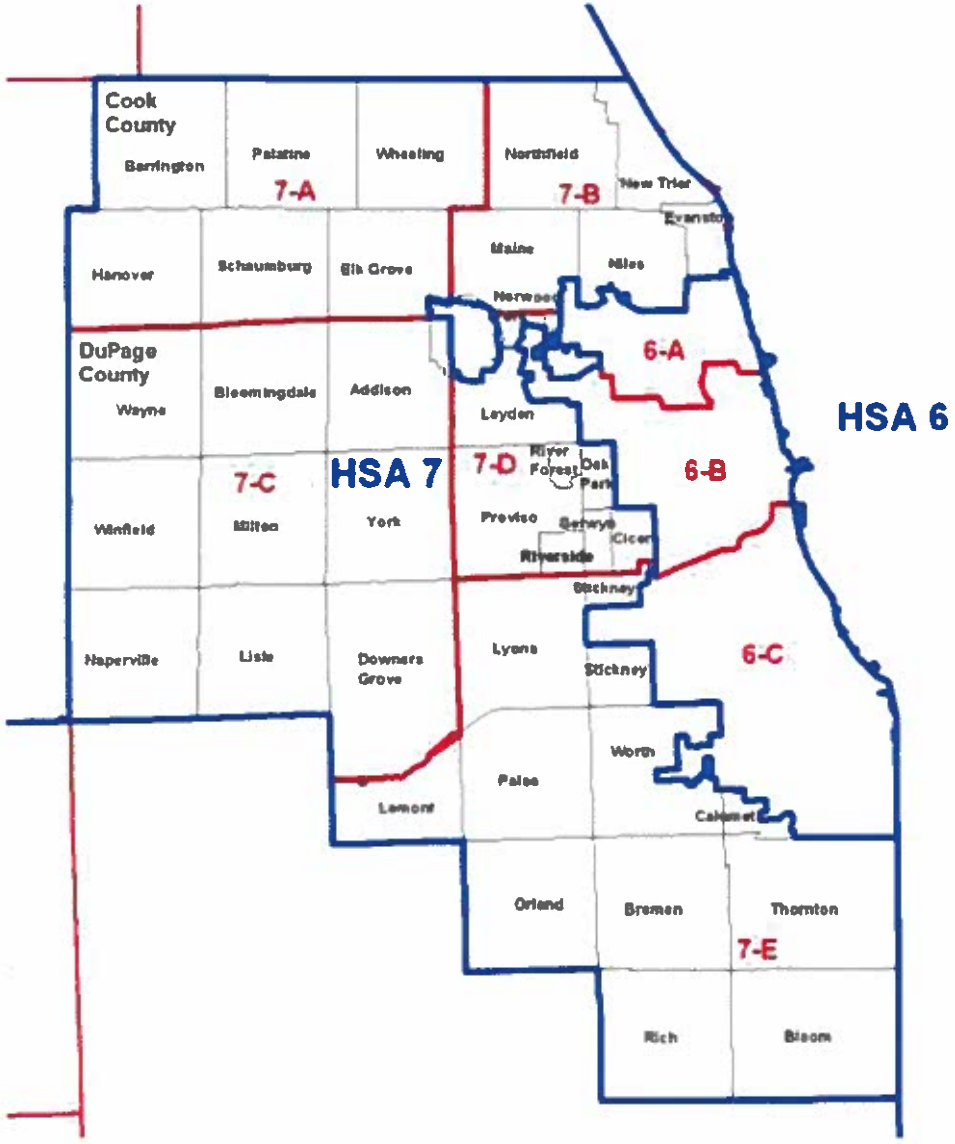
(Attachment 17-D)

INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 6

ATTACHMENT - 17
(Attachment 17-D)

Health Service Area 6



Planning Area 6-A consists of the following Chicago Community Areas: Rogers Park (1), West Ridge (2), Uptown (3), Lincoln Square (4), Edison Park (9), Norwood Park (10), Jefferson Park (11), Forest Glen (12), North Park (13), Albany Park (14), Portage Park (15), Irving Park (16), Avondale (21) and Edgewater (77).

Planning Area 6-B consists of the following Chicago Community Areas: North Center (5), Lakeview (6), Lincoln Park (7), Near North Side (8), Dunning (17), Montclare (18), Belmont Cragin (19), Hermosa (20), Logan Square (22), Humboldt Park (23), West Town (24), Austin (25), West Garfield Park (26), East Garfield Park (27), Near West Side (28), North Lawndale (29), South Lawndale (30), Lower West Side (31), Loop (32), and O'Hare (76).

Planning Area 6-C consists of the following Chicago Community Areas: Near North Side (8), Armour Square (34), Douglas (35), Oakland (36), Fuller Park (37), Grand Boulevard (38), Kenwood (39), Washington Park (40), Hyde Park (41), Woodlawn (42), South Shore (43), Chatham (44), Avalon Park (45), South Chicago (46), Burnside (47), Calumet Heights (48), Roseland (49), Pullman (50), South Deering (51), East Side (52), West Pullman (53), Riverdale (54), Hegewisch (55), Garfield Ridge (56), Archer Heights (57), Brighton Park (58), McKinley Park (59), Bridgeport (60), New City (61), West Elsdon (62), Gage Park (63), Clearing (64), West Lawn (65), Chicago Lawn (66), West Englewood (67), Englewood (68), Greater Grand Crossing (69), Ashburn (70), Auburn Gresham (71), Beverly (72), Washington Heights (73), Mount Greenwood (74) and Morgan Park (75).

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Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 6				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Planning Area 6-A	6410	5511	0	899
Planning Area 6-B	3136	2975	0	161
Planning Area 6-C	4564	4084	0	480
HSA 6 TOTALS	14110	12570	0	1540

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Planning Area: Planning Area 6-A

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALDEN ESTATES OF NORTHMOOR	CHICAGO	Area 12 - Forest Glen	198	58,065
ALDEN LAKELAND REHAB & CARE CENTER	CHICAGO	Area 3 - Uptown	300	51,411
ALL AMERICAN VILLAGE & NURSING HOME	CHICAGO	Area 77 - Edgewater	144	47,466
AMBASSADOR NURSING & REHABILITATION CENTE	CHICAGO	Area 14 - Albany Park	190	52,914
APERION CARE LAKESHORE	CHICAGO	Area 1 - Rogers Park	313	66,575
7/1/2021 Name Change Formerly The Mosaic of Lakeshore				
APERION CARE WEST RIDGE	CHICAGO	Area 1 - Rogers Park	136	40,019
ASCENSION RESURRECTION LIFE	CHICAGO	Area 10 - Norwood Park	157	47,583
ASTORIA PLACE LIVING & REHABILITATION	CHICAGO	Area 2 - West Ridge	164	47,128
ATRIUM HEALTH CARE CENTER	CHICAGO	Area 1 - Rogers Park	160	52,936
BALMORAL HOME	CHICAGO	Area 4 - Lincoln Square	213	62,827
BEACON CARE AND REHABILITATION	CHICAGO	Area 3 - Uptown	143	27,649
6/29/2021 Name Change Formerly Beacon Care Center				
BIRCHWOOD PLAZA	CHICAGO	Area 1 - Rogers Park	200	36,003
BUCKINGHAM PAVILION	CHICAGO	Area 2 - West Ridge	247	26,214
CHALET LIVING & REHAB	CHICAGO	Area 1 - Rogers Park	219	67,150
CLARK MANOR	CHICAGO	Area 1 - Rogers Park	267	88,444
CONTINENTAL NURSING & REHABILITATION CENTE	CHICAGO	Area 4 - Lincoln Square	208	52,505
ELEVATE CARE CHICAGO NORTH	CHICAGO	Area 2 - West Ridge	312	75,113
FAIRMONT CARE	CHICAGO	Area 14 - Albany Park	186	56,415
FARGO HEALTH CARE CENTER	CHICAGO	Area 1 - Rogers Park	99	30,920
1/1/2021 Name Change Formerly Arbour Healthcare Center.				
FOSTER HEALTH & REHAB CENTER	CHICAGO	Area 4 - Lincoln Square	46	12,861
HARMONY NURSING AND REHAB CTR	CHICAGO	Area 14 - Albany Park	180	41,971
IRVING PARK LIVING & REHAB CTR	CHICAGO	Area 16 - Irving Park	117	26,696
LAKEFRONT NURSING & REHABILITATION CENTER	CHICAGO	Area 1 - Rogers Park	99	32,885
MADO HEALTHCARE - UPTOWN	CHICAGO	Area 3 - Uptown	132	43,673
NORWOOD CROSSING	CHICAGO	Area 10 - Norwood Park	131	36,801
3/16/2022 Bed Change Facility discontinued 130 bed Sheltered Care category of service; facility now has 131 Nursing Care beds.				
OUR LADY OF RESURRECTION MEDICAL CENTER	CHICAGO	Area 15 - Portage Park	0	8,635
PARK VIEW REHABILITATION CENTER	CHICAGO	Area 77 - Edgewater	128	42,321
PAUL HOUSE & HEALTH CARE CENTER	CHICAGO	Area 16 - Irving Park	110	23,938
PETERSON PARK HEALTH CARE CENTER	CHICAGO	Area 13 - North Park	196	60,549
SELFHELP HOME OF CHICAGO	CHICAGO	Area 3 - Uptown	72	17,836
SHERIDAN VILLAGE NURSING & REHAB	CHICAGO	Area 77 - Edgewater	191	57,773
ST JOSEPH VILLAGE OF CHICAGO	CHICAGO	Area 21 - Avondale	54	16,510
THE ADMIRAL AT THE LAKE	CHICAGO	Area 3 - Uptown	36	11,099
THE CARLTON AT THE LAKE	CHICAGO	Area 3 - Uptown	244	65,852

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Planning Area: Planning Area 6-A

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
THE DANISH HOME	CHICAGO	Area 10 - Norwood Park	17	3,427
THE WATEREFORD CARE CENTER	CHICAGO	Area 1 - Rogers Park	141	46,654
UPTOWN CARE AND REHABILITATION	CHICAGO	Area 3 - Uptown	310	73,943
6/29/2021 Name Change Formerly Uptown Care Center				
WARREN PARK HEALTH & LIVING CENTER	CHICAGO	Area 2 - West Ridge	127	43,315
WESLEY PLACE	CHICAGO	Area 3 - Uptown	108	25,237
WESTWOOD VLGE NRSG AND REHAB CENTER	CHICAGO	Area 2 - West Ridge	115	29,884
		Planning Area Totals	**6,410**	**1,709,197**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
006	0-64 Years Old	1,480,545	2,373,700	623.7	374.2	998.0
	65-74 Years Old	988,846	215,000	4,599.3	2,759.6	7,358.9
	75+ Years Old	1,291,573	143,900	8,975.5	5,385.3	14,360.8

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	656,997	611,200	1,074.9	374.2	998.0	998.0	597,000	595,786			
65-74 Years Old	456,448	54,200	8,421.5	2,759.6	7,358.9	7,358.9	57,700	424,606			
75+ Years Old	612,262	38,700	15,820.7	5,385.3	14,360.8	14,360.8	55,000	789,843			
						Planning Area Totals		1,810,235	4,959.5	5,511	899

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Planning Area: Planning Area 6-B

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALDEN LINCOLN REHAB & HC CTR	CHICAGO	Area 6 - Lakeview	96	29,205
CALIFORNIA TERRACE	CHICAGO	Area 30 - South Lawndale	297	91,278
CENTER HOME HISPANIC ELDERLY	CHICAGO	Area 24 - West Town	156	33,215
CENTRAL NURSING HOME	CHICAGO	Area 19 - Belmont Cragin	245	75,029
ILLINOIS VETERANS HOME CHICAGO	CHICAGO	Area 17 - Dunning	200	0
LAKEVIEW REHAB & NURSING CENTER	CHICAGO	Area 7 - Lincoln Park	178	40,639
LITTLE SISTERS OF THE POOR	CHICAGO	Area 7 - Lincoln Park	76	19,039
LITTLE VILLAGE NURSING & REHAB CENTER	CHICAGO	Area 30 - South Lawndale	106	32,097
MAYFIELD CARE AND REHABILITATION	CHICAGO	Area 25 - Austin	156	44,181
6/29/2021 Name Change Formerly Mayfield Care Center				
RESTORATIVE CARE INSTITUTE (PERMIT)	CHICAGO	Area 8 - Near North Side	0	
10/24/2023 20-033 Relinquished permit to establish a facility with 98 General Long-Term Care beds.				
RYZE WEST	CHICAGO	Area 25 - Austin	234	79,837
ST ELIZABETH HOSPITAL	CHICAGO	Area 17 - Dunning	0	1,665
ST. JOSEPH HOSPITAL	CHICAGO	Area 6 - Lakeview	0	5,718
12/28/2022 E-081-22 Approved to close Nursing Care unit; 26 Nursing Care beds removed from inventory.				
SYMPHONY LINCOLN PARK	CHICAGO	Area 7 - Lincoln Park	248	66,405
TERRACES AT THE CLARE	CHICAGO	Area 8 - Near North Side	50	15,170
THE AUSTIN OASIS	CHICAGO	Area 25 - Austin	216	61,525
THE PAVILION OF LOGAN SQUARE	CHICAGO	Area 22 - Logan Square	222	64,233
THE PEARL OF MONTCLARE	CHICAGO	Area 18 - Montclare	96	28,040
WARREN BARR GOLD COAST	CHICAGO	Area 8 - Near North Side	271	63,586
WARREN BARR LINCOLN PARK	CHICAGO	Area 7 - Lincoln Park	109	25,040
WINSTON MANOR CONVALESCENT	CHICAGO	Area 24 - West Town	180	26,403
		Planning Area Totals	**3,136**	**802,305**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
006	0-64 Years Old	1,480,545	2,373,700	623.7	374.2	998.0
	65-74 Years Old	988,846	215,000	4,599.3	2,759.6	7,358.9
	75+ Years Old	1,291,573	143,900	8,975.5	5,385.3	14,360.8

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	275,481	842,800	326.9	374.2	998.0	374.2	805,000	301,261			
65-74 Years Old	219,159	66,600	3,290.7	2,759.6	7,358.9	3,290.7	71,500	235,283			
75+ Years Old	307,665	39,800	7,730.3	5,385.3	14,360.8	7,730.3	57,000	440,626			
						Planning Area Totals		**977,170**	**2,677.2**	**2,975**	161

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: **Planning Area 6-C**

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALIYA ON 87TH	CHICAGO	Area 70 - Ashburn	210	57,304
APERION CARE INTERNATIONAL	CHICAGO	Area 59 - McKinley Park	218	60,036
ARCHER HEIGHTS HEALTHCARE	CHICAGO	Area 56 - Garfield Ridge	249	73,205
BELHAVEN NURSING & REHAB. CENTER	CHICAGO	Area 75 - Morgan Park	221	60,997
BRIA OF FOREST EDGE	CHICAGO	Area 70 - Ashburn	328	99,341
COMMUNITY CARE NURSING CENTER	CHICAGO	Area 38 - Grand Boulevard	204	51,100
KENSINGTON PLACE NURSING & REHAB	CHICAGO	Area 35 - Douglas	155	37,434
MERCY CIRCLE	CHICAGO	Area 74 - Mount Greenwood	23	7,857
MONTGOMERY PLACE	CHICAGO	Area 41 - Hyde Park	40	9,212
MORGAN PARK HEALTHCARE	CHICAGO	Area 75 - Morgan Park	294	82,957
PARKSHORE ESTATES NURSING & REHAB	CHICAGO	Area 42 - Woodlawn	318	39,375
PAVILION OF SOUTH SHORE	CHICAGO	Area 43 - South Shore	118	47,078
PRINCETON REHAB & HEALTH CARE CENTER	CHICAGO	Area 69 - Gr. Grand Cross	225	59,347
RYZE ON THE AVENUE	CHICAGO	Area 35 - Douglas	302	91,942
SMITH VILLAGE	CHICAGO	Area 75 - Morgan Park	78	19,420
3/30/2021 Bed Change	**Facility discontinued 7 Nursing Care beds; facility now currently operating 93 Nursing Care beds.**			
12/13/2021 19-004	**As per project, facility discontinued 15 Nursing Care beds. Facility is now licenced for 78 Nursing Care beds.**			
SOUTH SHORE REHABILITATION	CHICAGO	Area 43 - South Shore	248	95,057
SOUTHPORT NURSING & REHABILITATION CENTER	CHICAGO	Area 73 - Washington Hts.	228	63,927
SOUTHVIEW MANOR	CHICAGO	Area 35 - Douglas	200	62,166
THE ESTATES OF HYDE PARK	CHICAGO	Area 39 - Kenwood	155	33,158
THE VILLA AT WINDSOR PARK	CHICAGO	Area 43 - South Shore	240	67,074
WARREN BARR SOUTH LOOP	CHICAGO	Area 33 - Near South Side	210	51,346
WENTWORTH REHAB & HEALTH CARE CENTER	CHICAGO	Area 69 - Gr. Grand Cross	300	63,619
		Planning Area Totals	**4,564**	**1,232,952**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
006	0-64 Years Old	1,480,545	2,373,700	623.7	374.2	998.0
	65-74 Years Old	988,846	215,000	4,599.3	2,759.6	7,358.9
	75+ Years Old	1,291,573	143,900	8,975.5	5,385.3	14,360.8

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	548,067	919,700	595.9	374.2	998.0	595.9	862,000	513,682			
65-74 Years Old	313,239	94,200	3,325.3	2,759.6	7,358.9	3,325.3	97,700	324,877			
75+ Years Old	371,646	65,400	5,682.7	5,385.3	14,360.8	5,682.7	88,500	502,915			
						Planning Area Totals		**1,341,475**	**3,675.3**	**4,084**	480

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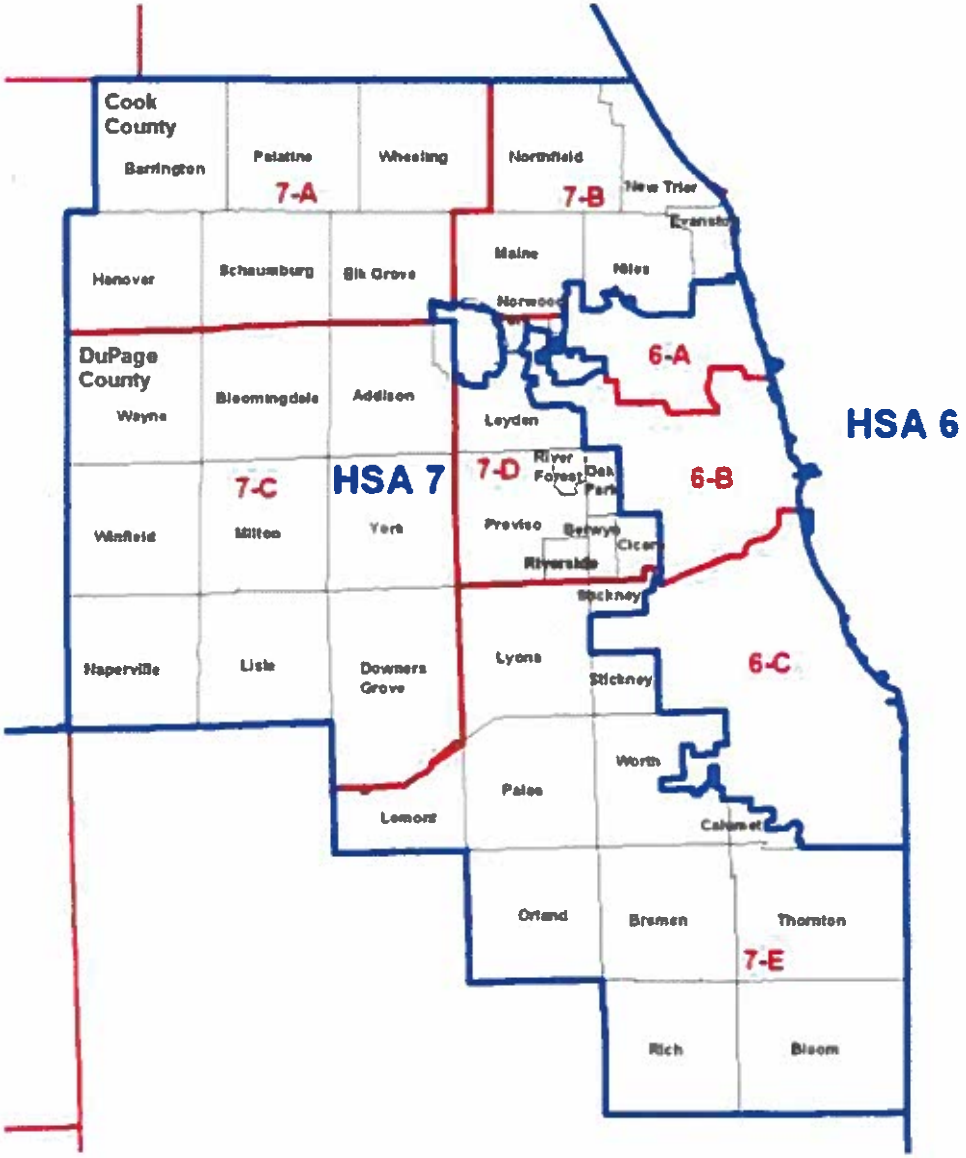
ATTACHMENT - 17
(Attachment 17-D)

INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 7

ATTACHMENT - 17
(Attachment 17-D)

Health Service Area 7



ATTACHMENT - 17
(Attachment 17-D)

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Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 7				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Planning Area 7-A	2989	3124	135	0
Planning Area 7-B	6163	4868	0	1295
Planning Area 7-C	5874	4705	0	1169
Planning Area 7-D	2768	2349	0	419
Planning Area 7-E	8495	6442	0	2053
HSA 7 TOTALS	26289	21488	135	4936

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(Attachment 17-D)

Planning Area: Planning Area 7-A

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ADDOLORATA VILLA	WHEELING	Wheeling Township	98	24,019
ALDEN ESTATES OF BARRINGTON	BARRINGTON	Barrington Township	150	44,723
ALDEN-POPLAR CREEK REHAB & HEALTHCARE	HOFFMAN ESTATES	Schaumburg Township	217	58,653
APERION CARE PLUM GROVE	PALATINE	Palatine Township	69	22,343
ASBURY COURT NURSING & REHAB	DES PLAINES	Elk Grove Township	79	14,842
1/8/2021 Bed Change	**Facility added 8 Nursing Care beds. Facility now has 79 Nursing Care beds.**			
BELLA TERRA SCHAUMBURG	SCHAUMBURG	Schaumburg Township	214	50,631
6/9/2021 Name Change	**Formerly Lexington of Schaumburg**			
BELLA TERRA STREAMWOOD	STREAMWOOD	Hanover Township	214	38,441
BELLA TERRA WHEELING	WHEELING	Wheeling Township	215	59,991
CHURCH CREEK	ARLINGTON HEIGHTS	Wheeling Township	0	10,062
5/7/2021 Closure	**Facility closed; 56 Nursing Care beds removed from inventory.**			
DIMENSIONS LIVING PROSPECT HEIGHTS	PROSPECT HGTS	Wheeling Township	30	7,219
2/1/2021 Name Change	**Formerly Brookdale Prospect Heights**			
FRIENDSHIP VILLAGE SCHAUMBURG	SCHAUMBURG	Schaumburg Township	169	56,466
3/23/2023 Bed Change	**Discontinued 81 Nursing Care beds; facility now has 169 Nursing Care beds.**			
GREEK AMERICAN REHAB & CARE CENTER	WHEELING	Wheeling Township	188	52,780
HEALTHBRIDGE OF ARLINGTON HEIGHTS	ARLINGTON HEIGHTS	Wheeling Township	120	20,585
IGNITE MEDICAL HANOVER PARK	HANOVER PARK	Hanover Township	150	30,226
INVERNESS HEALTH & REHAB	INVERNESS	Palatine Township	142	39,589
LITTLE SISTERS OF PALATINE	PALATINE	Palatine Township	59	18,195
LUTHERAN HOME FOR THE AGED	ARLINGTON HEIGHTS	Wheeling Township	354	103,900
MOORINGS OF ARLINGTON HEIGHTS	ARLINGTON HEIGHTS	Elk Grove Township	116	22,079
PROMEDICA SKILLED NURSING ARLINGTON HEIGHT	ARLINGTON HEIGHTS	Elk Grove Township	0	29,370
7/1/2021 Name Change	**Formerly Manorcare of Arlington Heights**			
6/15/2023 Closure	**Facility closed; 151 Nursing Care beds removed from inventory.**			
THE OAKS HEALTH CARE CENTER	BARTLETT	Hanover Township	60	9,649
4/14/2021 Name Change	**Formerly Assisi Health Care Center at Clare Oaks**			
THE PEARL OF ELK GROVE	ELK GROVE VILLG	Elk Grove Township	190	44,104
7/1/2021 Name Change	**Formerly Manorcare of Elk Grove Village**			
THE PEARL OF ROLLING MEADOWS	ROLLING MEADOWS	Palatine Township	155	41,702

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Planning Area: Planning Area 7-A

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
		Planning Area Totals	2,989	799,569

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
007	0-64 Years Old	1,660,522	2,827,800	587.2	352.3	939.5
	65-74 Years Old	1,387,977	358,200	3,874.9	2,324.9	6,199.8
	75+ Years Old	3,419,815	254,000	13,463.8	8,078.3	21,542.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	76,655	507,400	151.1	352.3	939.5	352.3	478,800	168,695			
65-74 Years Old	125,792	61,900	2,032.2	2,324.9	6,199.8	2,324.9	67,800	157,630			
75+ Years Old	597,122	45,300	13,181.5	8,078.3	21,542.1	13,181.5	53,100	699,938			
						Planning Area Totals		1,026,262	2,811.7	3,124	135

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Planning Area: Planning Area 7-B

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALDEN - DES PLAINES REHAB/HCC	DES PLAINES	Maine Township	110	14,955
ALDEN ESTATES OF EVANSTON	EVANSTON	Evanston Township	99	16,049
ALDEN ESTATES OF SKOKIE	SKOKIE	Niles Township	56	7,163
ALDEN NORTH SHORE REHAB & HC	SKOKIE	Niles Township	93	14,384
APERION CARE EVANSTON	EVANSTON	Evanston Township	57	19,392
APERION CARE NILES	NILES	Niles Township	99	24,163
ASCENSION NAZARETHVILLE PLACE	DES PLAINES	Maine Township	68	16,230
ASCENSION RESURRECTION PLACE	PARK RIDGE	Maine Township	298	59,023
ASCENSION SAINT BENEDICT	NILES	Niles Township	99	33,099
AVANTARA PARK RIDGE	PARK RIDGE	Maine Township	154	45,575
BELLA TERRA MORTON GROVE	MORTON GROVE	Niles Township	211	49,579
BRANDEL HEALTH AND REHAB	NORTHBROOK	Northfield Township	102	25,811
CELEBRATE SENIOR LIVING NILES	NILES	Niles Township	55	12,761
10/22/2021 Name Change Formerly Elevate St. Andrew Living Community.				
CITADEL CARE CENTER- WILMETTE	WILMETTE	New Trier Township	80	20,769
DEERFIELD CROSSING NORTHBROOK	NORTHBROOK	Northfield Township	147	31,683
6/1/2021 Name Change Formerly Lake Cook Rehab & Healthcare				
DOBSON PLAZA	EVANSTON	Evanston Township	97	23,816
ELEVATE CARE ABINGTON	GLENVIEW	Northfield Township	192	35,849
ELEVATE CARE NILES	NILES	Maine Township	302	67,800
ELEVATE CARE NORTH BRANCH	NILES	Niles Township	212	49,720
ELEVATE CARE NORTHBROOK	NORTHBROOK	Northfield Township	298	62,247
GENERATIONS AT REGENCY	NILES	Niles Township	300	70,649
GENERATIONS OAKTON PAVILLION	DES PLAINES	Maine Township	294	36,034
GLENVIEW TERRACE NURSING CTR	GLENVIEW	Northfield Township	314	76,774
LEE MANOR	DES PLAINES	Maine Township	262	86,084
LINCOLNWOOD PLACE	LINCOLNWOOD	Niles Township	40	7,690
NILES NURSING & REHABILITATION CENTER	NILES	Niles Township	304	84,886
PARK RIDGE HEALTHCARE CENTER	PARK RIDGE	Maine Township	46	14,030
THE CITADEL OF GLENVIEW	GLENVIEW	Northfield Township	135	23,301
THE CITADEL OF NORTHBROOK	NORTHBROOK	Northfield Township	158	49,070
THE CITADEL OF SKOKIE	SKOKIE	Niles Township	113	32,173
THE GROVE OF EVANSTON LIVING & REHAB	EVANSTON	Evanston Township	124	35,266
THE GROVE OF NORTHBROOK	NORTHBROOK	Northfield Township	134	41,756
THE GROVE OF SKOKIE	SKOKIE	Niles Township	149	50,990
THE MATHER EVANSTON	EVANSTON	Evanston Township	37	9,521
THE PEARL OF EVANSTON	EVANSTON	Evanston Township	154	35,846
6/27/2023 Bed Change Discontinued 4 Nursing Care beds; facility now has 154 Nursing Care beds				

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Planning Area: Planning Area 7-B

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
THREE CROWNS PARK	EVANSTON	Evanston Township	48	14,965
1/10/2022 Bed Change	Facility discontinued 1 Nursing Care bed. Facility now has 48 Nursing Care beds and 39 Sheltered Care beds.			
VI AT THE GLEN	GLENVIEW	Northfield Township	47	15,584
WARREN BARR LIEBERMAN	SKOKIE	Niles Township	240	79,287
8/1/2021 Name Change	Formerly Lieberman Center for Health & Rehabilitation			
WESTMINSTER PLACE	EVANSTON	Evanston Township	204	42,930
ZAHAV OF DES PLAINES	DES PLAINES	Maine Township	231	44,991
		Planning Area Totals	6,163	1,481,895

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
007	0-64 Years Old	1,660,522	2,827,800	587.2	352.3	939.5
	65-74 Years Old	1,387,977	358,200	3,874.9	2,324.9	6,199.8
	75+ Years Old	3,419,815	254,000	13,463.8	8,078.3	21,542.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	280,585	375,400	747.4	352.3	939.5	747.4	360,700	269,598			
65-74 Years Old	307,879	55,200	5,577.5	2,324.9	6,199.8	5,577.5	59,400	331,305			
75+ Years Old	893,431	47,700	18,730.2	8,078.3	21,542.1	18,730.2	53,300	998,320			
						Planning Area Totals		1,599,223	4,381.4	4,868	1,295

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Planning Area: Planning Area 7-C

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ABBINGTON REHAB & NURSING CTR	ROSELLE	Bloomingdale Township	82	22,364
AHVA CARE OF WINFIELD	WINFIELD	Winfield Township	138	45,344
6/24/2021 Name Change Formerly Winfield Woods Healthcare Center				
ALDEN ESTATES OF NAPERVILLE	NAPERVILLE	Naperville Township	203	45,317
ALDEN-VALLEY RIDGE REHAB &CARE	BLOOMINGDALE	Bloomingdale Township	207	54,815
APERION CARE WEST CHICAGO	WEST CHICAGO	Wayne Township	213	65,201
ARISTA HEALTHCARE	NAPERVILLE	Naperville Township	153	27,801
BEACON HILL	LOMBARD	York Township	110	36,829
BELLA TERRA BLOOMINGDALE	BLOOMINGDALE	Bloomingdale Township	166	31,302
6/9/2021 Name Change Formerly Lexington Health Care Center Bloomingdale				
BELLA TERRA ELMHURST	ELMHURST	York Township	145	27,206
6/9/2021 Name Change Formerly Lexington of Elmhurst				
BELLA TERRA LOMBARD	LOMBARD	York Township	224	43,458
6/9/2021 Name Change Formerly Lexington Health Care Center Lombard				
BRIA OF WESTMONT	WESTMONT	Downers Grove Township	215	31,063
BRIDGEWAY SENIOR LIVING	BENSENVILLE	Addison Township	226	65,700
BROOKDALE PLAZA LISLE SNF	LISLE	Lisle Township	55	12,938
BURGESS SQUARE HEALTHCARE CENTER	WESTMONT	Downers Grove Township	203	30,603
CHATEAU NRSG & REHAB CENTER	WILLOWBROOK	Downers Grove Township	150	29,770
COVENANT LIVING-WINDSOR PARK	CAROL STREAM	Bloomingdale Township	80	20,787
DIMENSIONS LIVING BURR RIDGE	BURR RIDGE	Downers Grove Township	29	7,567
2/1/2021 Name Change Formerly Brookdale Burr Ridge				
DOWNERS GROVE REHAB & NURSING	DOWNERS GROVE	Downers Grove Township	145	30,456
DUPAGE CARE CENTER	WHEATON	Milton Township	366	106,178
ELMHURST EXTENDED CARE CENTER	ELMHURST	York Township	108	18,031
FOREST VIEW REHAB & NURSING CENTER	ITASCA	Addison Township	144	41,045
MARIANJOY REHAB HOSPITAL	WHEATON	Milton Township	0	
1/6/2021 E-065-20 Hospital received exemption to discontinue 14 bed long-term care category of service.				
MEADOWBROOK MANOR-NAPERVILLE	NAPERVILLE	Naperville Township	245	64,906
OAK BROOK CARE	OAK BROOK	York Township	156	29,636
OAK TRACE	DOWNERS GROVE	Downers Grove Township	104	34,751
PARK PLACE CHRISTIAN COMMUNITY	ELMHURST	York Township	37	11,224
SPRINGS AT MONARCH LANDING	NAPERVILLE	Naperville Township	96	26,829
ST. PATRICK'S RESIDENCE	NAPERVILLE	Naperville Township	209	47,856
TABOR HILLS HEALTHCARE	NAPERVILLE	Naperville Township	169	44,653
THE GROVE OF ELMHURST	ELMHURST	York Township	180	55,445
THE PEARL OF HINSDALE	HINSDALE	Downers Grove Township	202	48,260
7/1/2021 Name Change Formerly Manorcare of Hinsdale				

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Planning Area: Planning Area 7-C

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
THE PEARL OF NAPERVILLE	NAPERVILLE	Naperville Township	118	15,580
THRIVE OF FOX VALLEY	AURORA	Naperville Township	68	0
THRIVE OF LISLE	LISLE	Lisle Township	68	3,186
WEST CHICAGO TERRACE	WEST CHICAGO	Winfield Township	120	35,878
WEST SUBURBAN NURSING & REHAB CENTER	BLOOMINGDALE	Bloomingdale Township	259	66,349
WESTMONT MANOR HEALTH & REHAB CENTER	WESTMONT	Downers Grove Township	149	2,152
WHEATON VILLAGE NURSING & REHAB	WHEATON	Milton Township	123	40,573
WYNSCAPE HEALTH & REHAB	WHEATON	Milton Township	209	29,472
		Planning Area Totals	**5,874**	**1,350,525**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
007	0-64 Years Old	1,660,522	2,827,800	587.2	352.3	939.5
	65-74 Years Old	1,387,977	358,200	3,874.9	2,324.9	6,199.8
	75+ Years Old	3,419,815	254,000	13,463.8	8,078.3	21,542.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	287,495	773,900	371.5	352.3	939.5	371.5	748,100	277,911			
65-74 Years Old	262,335	95,500	2,747.0	2,324.9	6,199.8	2,747.0	110,400	303,265			
75+ Years Old	800,695	62,100	12,893.6	8,078.3	21,542.1	12,893.6	74,800	964,444			
						Planning Area Totals		**1,545,620**	**4,234.6**	**4,705**	1,169

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Planning Area: Planning Area 7-D

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALDEN-TOWN MANOR REHAB & HHC	CICERO	Cicero Township	249	67,380
APERION CARE FOREST PARK	FOREST PARK	Proviso Township	232	67,208
APERION CARE HILLSIDE	HILLSIDE	Proviso Township	73	18,640
10/1/2021 Name Change Formerly Oakridge Healthcare Center				
APERION CARE WESTCHESTER	WESTCHESTER	Proviso Township	120	32,545
4/1/2021 Name Change Formerly Westchester Health & Rehab				
ASCENSION CASA SCALABRINI	NORTHLAKE	Proviso Township	229	68,838
BERKELEY NURSING & REHAB CENTER	OAK PARK	Oak Park Township	72	21,434
BRIA OF ELMWOOD PARK	ELMWOOD PARK	Leyden Township	245	56,953
CENTRAL BAPTIST VILLAGE	NORRIDGE	Norwood Park Township	116	37,560
CITY VIEW MULTICARE CENTER	CICERO	Cicero Township	485	111,200
GOTTLIEB MEMORIAL HOSPITAL	MELROSE PARK	Leyden Township	0	5,874
MACNEAL HOSPITAL	BERWYN	Berwyn Township	0	4,730
NORRIDGE GARDENS	NORRIDGE	Norwood Park Township	292	75,691
OAK PARK OASIS	OAK PARK	Oak Park Township	204	36,203
RUSH OAK PARK HOSPITAL	OAK PARK	Proviso Township	0	3,244
THE BRITISH HOME	BROOKFIELD	Riverside Township	72	15,745
THE GROVE OF BERWYN	BERWYN	Berwyn Township	145	39,254
THE PEARL OF HILLSIDE	HILLSIDE	Proviso Township	198	60,588
5/1/2021 Name Change Formerly Symphony at Aria				
THE SCOTTISH HOME	NORTH RIVERSIDE	Riverside Township	36	7,505
WEST SUBURBAN HOSPITAL & MEDICAL CENTER	OAK PARK	Oak Park Township	0	7,032
		Planning Area Totals	**2,768**	**737,624**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
007	0-64 Years Old	1,660,522	2,827,800	587.2	352.3	939.5
	65-74 Years Old	1,387,977	358,200	3,874.9	2,324.9	6,199.8
	75+ Years Old	3,419,815	254,000	13,463.8	8,078.3	21,542.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	235,329	417,400	563.8	352.3	939.5	563.8	395,900	223,207			
65-74 Years Old	168,854	45,700	3,694.8	2,324.9	6,199.8	3,694.8	51,000	188,437			
75+ Years Old	333,441	30,300	11,004.7	8,078.3	21,542.1	11,004.7	32,700	359,852			
						Planning Area Totals		771,496	2,113.7	2,349	419

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Planning Area: Planning Area 7-E

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
AHVA CARE OF STICKNEY	STICKNEY	Stickney Township	51	13,889
6/24/2021 Name Change Formerly Pershing Gardens Healthcare Center				
ALDEN ESTATES OF ORLAND PARK	ORLAND PARK	Orland Township	200	39,861
ALIYA OF HOMEWOOD	HOMEWOOD	Thornton Township	132	32,333
7/1/2021 Name Change Formerly Manorcare of Homewood				
ALIYA OF OAK LAWN	OAK LAWN	Worth Township	192	41,906
7/1/2021 Name Change Formerly Manorcare of Oak Lawn West				
ALIYA OF PALOS PARK	PALOS PARK	Palos Township	129	35,574
11/1/2021 Name Change Formerly Holy Family Villa				
APERION CARE BURBANK	BURBANK	Stickney Township	56	19,439
APERION CARE CHICAGO HEIGHTS	CHICAGO HEIGHTS	Bloom Township	200	69,350
APERION CARE DOLTON	DOLTON	Thornton Township	88	27,322
APERION CARE GLENWOOD	GLENWOOD	Bloom Township	184	39,980
APERION CARE MIDLOTHIAN	MIDLOTHIAN	Bremen Township	91	31,585
APERION CARE OAK LAWN	OAK LAWN	Worth Township	134	41,586
AVANTARA CHICAGO RIDGE	CHICAGO RIDGE	Worth Township	203	51,411
6/9/2021 Name Change Formerly Lexington of Chicago Ridge.				
AVANTARA EVERGREEN PARK	EVERGREEN PARK	Worth Township	242	47,262
AVANTARA PALOS HEIGHTS	PALOS HEIGHTS	Palos Township	184	39,540
7/1/2021 Name Change Formerly Manorcare of Palos Heights East				
BELLA TERRA LAGRANGE	LAGRANGE	Lyons Township	120	22,555
6/9/2021 Name Change Formerly Lexington of LaGrange				
BRIA OF CHICAGO HEIGHTS	S CHICAGO HTS	Bloom Township	112	30,649
BRIA OF PALOS HILLS	PALOS HILLS	Palos Township	207	53,951
7/22/2022 Bed Change Discontinued 15 Nursing Care beds; facility now has 207 Nursing Care beds.				
BRIA OF RIVER OAKS	BURNHAM	Thornton Township	309	88,286
BRIAR PLACE NURSING	INDIAN HEAD PK	Lyons Township	232	76,556
BURBANK REHABILITATION CENTER	BURBANK	Stickney Township	163	23,675
CHICAGO RIDGE SNF	CHICAGO RIDGE	Worth Township	231	68,798
7/1/2021 Name Change Formerly Chicago Ridge Nursing Center				
COUNTRYSIDE NURSING & REHAB CTR	DOLTON	Thornton Township	197	17,612
CRESTWOOD REHABILITATION CTR	CRESTWOOD	Bremen Township	303	65,681
CRESTWOOD TERRACE	CRESTWOOD	Bremen Township	126	36,256
ELEVATE CARE COUNTRY CLUB HILL	COUNTRY CLUB HILLS	Bremen Township	200	47,467
10/1/2021 Name Change Formerly Windsor Estates Nursing & Rehab				
ELEVATE CARE PALOS HEIGHTS	PALOS HEIGHTS	Worth Township	111	35,035
ELEVATE CARE SOUTH HOLLAND	SOUTH HOLLAND	Thornton Township	171	40,494
FRANCISCAN VILLAGE	LEMONT	Lemont Township	127	33,599
GENERATIONS AT APPLEWOOD	MATTESON	Rich Township	154	36,861

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Planning Area: Planning Area 7-E

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
HARMONY PALOS	PALOS HEIGHTS	Palos Township	130	32,747
7/1/2021 Name Change Formerly Manorcare of Palos Heights West				
HEATHER HEALTH CARE CENTER	HARVEY	Thornton Township	173	50,122
HICKORY VILLAGE NURSING & REHAB	HICKORY HILLS	Palos Township	74	23,444
KING-BRUWAERT HOUSE	BURR RIDGE	Lyons Township	42	14,895
KING-BRUWAERT HOUSE (PERMIT)	BURR RIDGE	Lyons Township	-7	
12/1/2021 21-031 Facility recived permit for modernization, including discontinuation of 7 Nursing Care beds; upon project completion, facility will have 42 Nursing Care beds.				
LANDMARK OF RICHTON PARK	RICHTON PARK	Rich Township	294	58,357
LEMONT NURSING & REHAB CENTER	LEMONT	Lemont Township	173	37,804
MEADOWBROOK MANOR LAGRANGE	LAGRANGE	Lyons Township	197	39,894
MIDWAY NEUROLOGICAL/REHAB CENTER	BRIDGEVIEW	Lyons Township	404	132,700
OAK LAWN RESPIRATORY & REHAB CENTER	OAK LAWN	Worth Township	143	16,641
PALOS HEIGHTS REHABILITATION	CRESTWOOD	Bremen Township	193	43,320
PINE CREST HEALTH CARE	HAZEL CREST	Bremen Township	199	61,260
PLYMOUTH PLACE	LAGRANGE PARK	Lyons Township	86	24,071
PRAIRIE MANOR NURSING & REHAB	CHICAGO HEIGHTS	Bloom Township	148	33,873
PRAIRIE OASIS	SOUTH HOLLAND	Thornton Township	135	33,085
ROSARY HILL HOME	JUSTICE	Lyons Township	29	10,339
SOUTH HOLLAND MANOR HEALTH & REHAB	SOUTH HOLLAND	Thornton Township	216	38,864
SOUTH SUBURBAN REHAB CENTER	HOMEWOOD	Bloom Township	259	58,055
THE GROVE OF LAGRANGE PARK	LAGRANGE PARK	Lyons Township	131	40,231
THE PAVILION OF BRIDGEVIEW	BRIDGEVIEW	Lyons Township	146	39,081
TRI-STATE VILLAGE NURSING & REHAB	LANSING	Thornton Township	84	23,961
WARREN BARR OAK LAWN	OAK LAWN	Worth Township	122	31,219
7/1/2021 Name Change Formerly Manorcare of Oak Lawn East				
WARREN BARR ORLAND PARK	ORLAND PARK	Orland Township	275	46,225
6/9/2021 Name Change Formerly Lexington of Orland Park				

ATTACHMENT - 17
(Attachment 17-D)

#24-020

Planning Area:	Planning Area 7-E			General Nursing Care	
Facility Name	City		County/Area	Beds	2020 Patient Days
			Planning Area Totals	8,495	2,098,701

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
007	0-64 Years Old	1,660,522	2,827,800	587.2	352.3	939.5
	65-74 Years Old	1,387,977	358,200	3,874.9	2,324.9	6,199.8
	75+ Years Old	3,419,815	254,000	13,463.8	8,078.3	21,542.1

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	776,170	753,700	1,029.8	352.3	939.5	939.5	699,400	657,115			
65-74 Years Old	521,202	99,900	5,217.2	2,324.9	6,199.8	5,217.2	108,400	565,549			
75+ Years Old	801,329	68,600	11,681.2	8,078.3	21,542.1	11,681.2	76,500	893,610			
						Planning Area Totals		2,116,274	5,798.0	6,442	2,053

ATTACHMENT - 17
(Attachment 17-D)

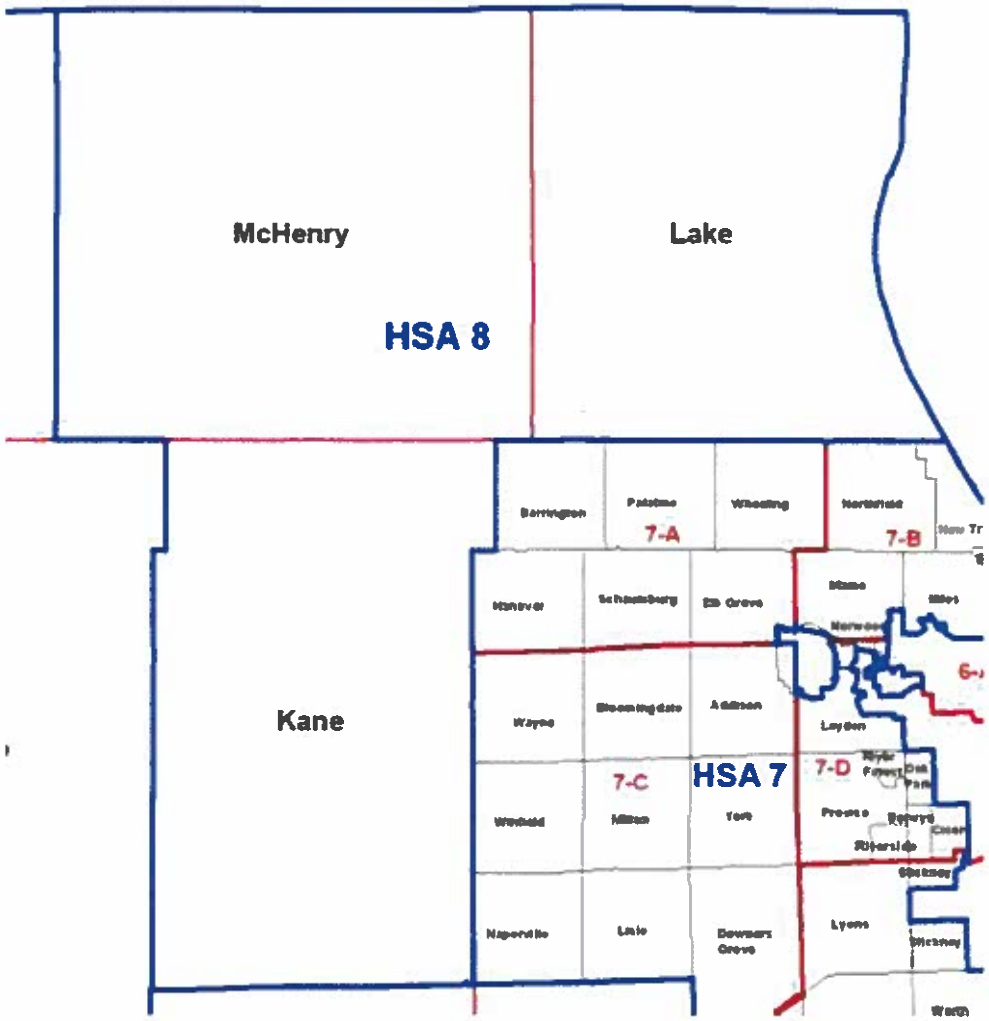
#24-020

INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 8

ATTACHMENT - 17
(Attachment 17-D)

Health Service Area 8



ATTACHMENT - 17
(Attachment 17-D)

#24-020

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 8				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Kane County	2951	2742	0	209
Lake County	3899	3221	0	678
McHenry County	1032	853	0	179
HSA 8 TOTALS	7882	6816	0	1066

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Kane

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALDEN COURTS OF WATERFORD	AURORA	Kane County	60	12,102
4/2/2021 19-038 Completed project to convert 44 Sheltered Care beds to 40 Nursing Care; Facility now licensed for 60 Nursing Care beds.				
ALDEN ESTATES COURTS OF HUNTLEY	HUNTLEY	Kane County	170	25,530
ALDEN OF WATERFORD	AURORA	Kane County	99	25,359
APERION CARE ELGIN	ELGIN	Kane County	101	34,837
APERION CARE FOX RIVER	ELGIN	Kane County	94	23,831
ASBURY GARDENS NURS & REH CTR	NORTH AURORA	Kane County	75	21,376
AVANTARA AURORA	AURORA	Kane County	87	13,047
AVANTARA OF ELGIN	ELGIN	Kane County	112	4,280
AVONDALE ESTATES OF ELGIN	ELGIN	Kane County	120	17,862
BATAVIA REHAB & HLTHCARE CTR	BATAVIA	Kane County	63	14,457
BRIA OF GENEVA	GENEVA	Kane County	107	30,088
CRESCENT CARE OF ELGIN	ELGIN	Kane County	88	26,186
7/1/2021 Name Change Formerly Citadel Care Center-Elgin				
GREENFIELDS OF GENEVA	GENEVA	Kane County	43	13,984
GROVE OF ST. CHARLES	ST. CHARLES	Kane County	120	34,406
HIGHLAND OAKS	ELGIN	Kane County	52	15,887
4/1/2021 Bed Change Facility added 2 Nursing Care beds; facility now has 52 Nursing Care beds.				
HIGHLIGHT HEALTHCARE OF AURORA	AURORA	Kane County	68	13,378
IGNITE BATAVIA (PERMIT)	BATAVIA	Kane County	96	
6/27/2023 23-012 Received permit to establish a facility with 96 General Long-Term Care beds at 37W284 Main Street in Batavia.				
JENNINGS TERRACE	AURORA	Kane County	60	18,489
MICHAELSEN HEALTH CENTER	BATAVIA	Kane County	99	28,116
NORTH AURORA CARE CENTER	NORTH AURORA	Kane County	129	40,769
RIVER CROSSING OF ELGIN	ELGIN	Kane County	139	40,228
6/1/2021 Name Change Formerly Fox River Rehab & Healthcare				
RIVER CROSSING OF ST CHARLES	ST. CHARLES	Kane County	109	28,746
6/1/2021 Name Change Formerly Dunham Rehab & Healthcare				
RIVER VIEW REHAB CENTER	ELGIN	Kane County	203	60,110
SOUTH ELGIN REHAB & HLTHCARE CT	SOUTH ELGIN	Kane County	90	24,441
THE GROVE OF FOX VALLEY	AURORA	Kane County	158	43,341
THE PEARL OF ORCHARD VALLEY	AURORA	Kane County	203	45,446
TOWER HILL HEALTHCARE CENTER	SOUTH ELGIN	Kane County	206	54,012

ATTACHMENT - 17
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#24-020

Planning Area: Kane

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
		Planning Area Totals	2,951	710,308

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
008	0-64 Years Old	327,488	1,308,200	250.3	150.2	400.5
	65-74 Years Old	401,022	147,300	2,722.5	1,633.5	4,356.0
	75+ Years Old	1,098,451	93,600	11,735.6	7,041.4	18,776.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	140,790	441,000	319.3	150.2	400.5	319.3	438,900	140,120			
65-74 Years Old	168,344	48,000	3,507.2	1,633.5	4,356.0	3,507.2	58,100	203,766			
75+ Years Old	429,920	30,500	14,095.7	7,041.4	18,776.9	14,095.7	39,500	556,782			
						Planning Area Totals		900,668	2,467.6	2,742	209

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ATTACHMENT - 17
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Planning Area: Lake

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALDEN LONG GROVE REHAB/HC CENTER	LONG GROVE	Lake County	248	56,019
ALLURE OF ZION	ZION	Lake County	115	31,556
APERION CARE HIGHWOOD	HIGHWOOD	Lake County	104	29,451
AVANTARA LAKE ZURICH	LAKE ZURICH	Lake County	203	43,617
6/9/2021 Name Change Formerly Lexington of Lake Zurich				
AVANTARA LIBERTYVILLE	LIBERTYVILLE	Lake County	150	40,238
7/1/2021 Name Change Formerly Manorcare of Libertyville				
AVANTARA LONG GROVE	LONG GROVE	Lake County	195	53,804
CLARIDGE HEALTHCARE CENTER	LAKE BLUFF	Lake County	231	33,773
ELEVATE CARE RIVERWOODS	RIVERWOODS	Lake County	240	45,338
ELEVATE CARE WAUKEGAN	WAUKEGAN	Lake County	271	60,930
2/28/2021 Address Cha Facility address changed to 2222 Audrey Nixon Boulevard, Waukegan, IL 60085				
HILLCREST RETIREMENT VILLAGE	RND LAKE BEACH	Lake County	140	42,471
LAKE FOREST PLACE	LAKE FOREST	Lake County	50	16,582
LIBERTYVILLE MANOR EXTENDED CARE	LIBERTYVILLE	Lake County	174	17,567
PAVILION OF WAUKEGAN	WAUKEGAN	Lake County	112	29,626
PRARIEVIEW AT THE GARLANDS	BARRINGTON	Lake County	20	755
RADFORD GREEN	LINCOLNSHIRE	Lake County	84	20,451
THE GROVE AT THE LAKE	ZION	Lake County	244	50,604
THE TERRACE	WAUKEGAN	Lake County	115	27,558
THE VILLAGE AT VICTORY LAKES	LINDENHURST	Lake County	120	27,912
THRIVE OF LAKE COUNTY	MUNDELEIN	Lake County	185	39,986
WARREN BARR BUFFALO GROVE	BUFFALO GROVE	Lake County	200	51,742
WARREN BARR NORTH SHORE	HIGHLAND PARK	Lake County	215	51,299
WAUCONDA CARE	WAUCONDA	Lake County	149	29,871
2/6/2023 Bed Change Added 14 Nursing Care beds; facility now has 149 Nursing Care beds.				
WEALSHIRE CENTER FOR EXCELLENCE	LINCOLNSHIRE	Lake County	144	40,509
WHITEHALL OF DEERFIELD	DEERFIELD	Lake County	190	40,576

ATTACHMENT - 17
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Planning Area: Lake

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
		Planning Area Totals	3,899	882,235

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
008	0-64 Years Old	327,488	1,308,200	250.3	150.2	400.5
	65-74 Years Old	401,022	147,300	2,722.5	1,633.5	4,356.0
	75+ Years Old	1,098,451	93,600	11,735.6	7,041.4	18,776.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	158,735	605,500	262.2	150.2	400.5	262.2	601,600	157,713			
65-74 Years Old	184,252	68,000	2,709.6	1,633.5	4,356.0	2,709.6	81,100	219,748			
75+ Years Old	539,248	43,900	12,283.6	7,041.4	18,776.9	12,283.6	55,400	680,509			
						Planning Area Totals		1,057,969	2,898.5	3,221	678

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ATTACHMENT - 17
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Planning Area: McHenry

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	McHenry County	316	50,924
CRYSTAL PINES REHAB & HCC	CRYSTAL LAKE	McHenry County	112	23,036
8/22/2023 Bed Change Discontinued 2 Nursing Care beds; facility now has 112 Nursing Care beds.				
FAIR OAKS HEALTH CARE CENTER	CRYSTAL LAKE	McHenry County	51	12,839
FLORENCE NURSING HOME	MARENGO	McHenry County	56	13,188
HEARTHSTONE MANOR	WOODSTOCK	McHenry County	73	24,302
HIGHLIGHT HEALTHCARE OF WOODSTOCK	WOODSTOCK	McHenry County	115	30,736
IGNITE MEDICAL MCHENRY	MCHENRY	McHenry County	84	0
MERCY HARVARD HOSPITAL CARE CENTER	HARVARD	McHenry County	0	0
THE PEARL OF CRYSTAL LAKE	CRYSTAL LAKE	McHenry County	97	14,415
1/1/2022 Name Change Formerly The Springs at Crystal Lake.				
VALLEY HI NURSING HOME	WOODSTOCK	McHenry County	128	36,232
		Planning Area Totals	**1,032**	**205,672**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
008	0-64 Years Old	327,488	1,308,200	250.3	150.2	400.5
	65-74 Years Old	401,022	147,300	2,722.5	1,633.5	4,356.0
	75+ Years Old	1,098,451	93,600	11,735.6	7,041.4	18,776.9

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	27,369	261,700	104.6	150.2	400.5	150.2	260,400	39,112			
65-74 Years Old	48,701	31,300	1,555.9	1,633.5	4,356.0	1,633.5	37,700	61,583			
75+ Years Old	129,602	19,200	6,750.1	7,041.4	18,776.9	7,041.4	25,500	179,554			
						Planning Area Totals		**280,249**	**767.8**	**853**	179

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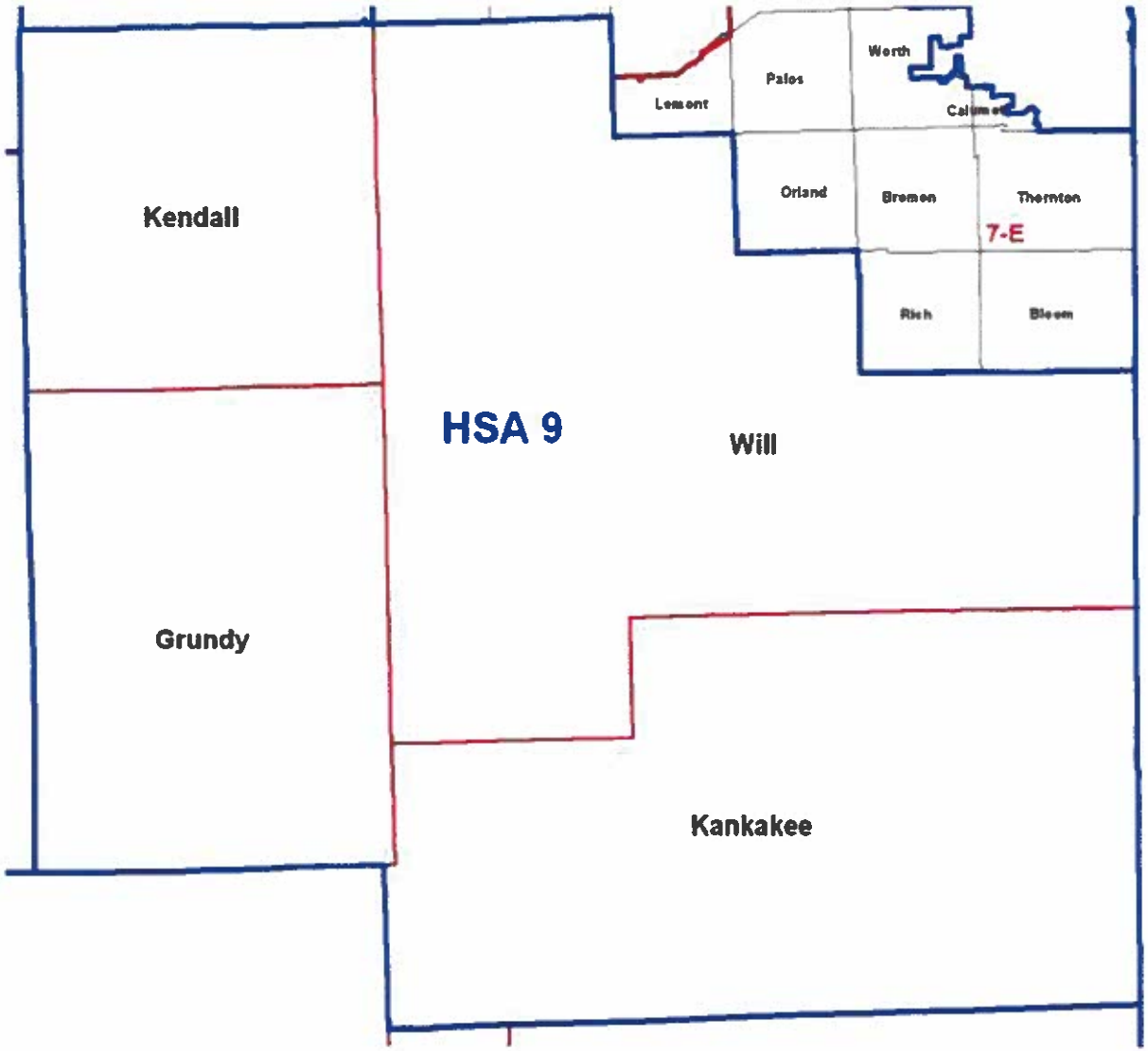
ATTACHMENT - 17
(Attachment 17-D)

INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 9

ATTACHMENT - 17
(Attachment 17-D)

Health Service Area 9



ATTACHMENT - 17
(Attachment 17-D)

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Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 9				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Grundy County	265	165	0	100
Kankakee County	989	661	0	328
Kendall County	184	235	51	0
Will County	2654	2472	0	182
HSA 9 TOTALS	4092	3533	51	610

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Grundy

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ARCADIA CARE MORRIS	MORRIS	Grundy County	123	28,573
2/1/2022 Name Change Formerly Regency Care of Morris				
MORRIS HOSPITAL (SWING BEDS)	MORRIS	Grundy County	0	
PARK POINTE HEALTHCARE & REHABILITATION	MORRIS	Grundy County	142	16,924
		Planning Area Totals	**265**	**45,497**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
009	0-64 Years Old	196,576	856,300	229.6	137.7	367.3
	65-74 Years Old	202,204	87,200	2,318.9	1,391.3	3,710.2
	75+ Years Old	549,120	55,300	9,929.8	5,957.9	15,887.7

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	5,648	44,800	126.1	137.7	367.3	137.7	44,700	6,157			
65-74 Years Old	8,472	4,800	1,765.0	1,391.3	3,710.2	1,765.0	5,500	9,708			
75+ Years Old	31,377	3,200	9,805.3	5,957.9	15,887.7	9,805.3	3,900	38,241			
						Planning Area Totals		**54,105**	**148.2**	**165**	100

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ATTACHMENT - 17
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Planning Area: Kankakee

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
APERION CARE BRADLEY	BRADLEY	Kankakee County	120	22,149
ASCENSION HERITAGE VILLAGE	KANKAKEE	Kankakee County	51	14,447
CITADEL CARE CENTER - KANKAKEE	KANKAKEE	Kankakee County	107	30,967
ILLINOIS VETERANS HOME AT MANTENO	MANTENO	Kankakee County	304	57,992
MILLER HEALTH CARE CENTER	KANKAKEE	Kankakee County	160	28,352
MOMENCE MEADOWS NURSING & REHAB	MOMENCE	Kankakee County	140	23,161
THE CITADEL OF BOURBONNAIS	BOURBONNAIS	Kankakee County	107	30,661
		Planning Area Totals	**989**	**207,729**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
009	0-64 Years Old	196,576	856,300	229.6	137.7	367.3
	65-74 Years Old	202,204	87,200	2,318.9	1,391.3	3,710.2
	75+ Years Old	549,120	55,300	9,929.8	5,957.9	15,887.7

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	26,215	88,500	296.2	137.7	367.3	296.2	86,300	25,563			
65-74 Years Old	51,634	10,900	4,737.1	1,391.3	3,710.2	3,710.2	12,200	45,264			
75+ Years Old	129,880	7,900	16,440.5	5,957.9	15,887.7	15,887.7	9,200	146,167			
						Planning Area Totals		**216,995**	**594.5**	**661**	328

ATTACHMENT - 17
(Attachment 17-D)

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Planning Area: Kendall

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
HILLSIDE REHAB & CARE CENTER	YORKVILLE	Kendall County	79	14,205
THE PEARL AT THE TILLERS	OSWEGO	Kendall County	105	23,678
		Planning Area Totals	**184**	**37,883**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
009	0-64 Years Old	196,576	856,300	229.6	137.7	367.3
	65-74 Years Old	202,204	87,200	2,318.9	1,391.3	3,710.2
	75+ Years Old	549,120	55,300	9,929.8	5,957.9	15,887.7

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	6,245	118,900	52.5	137.7	367.3	137.7	122,800	16,914			
65-74 Years Old	5,828	9,400	620.0	1,391.3	3,710.2	1,391.3	11,300	15,722			
75+ Years Old	25,810	5,600	4,608.9	5,957.9	15,887.7	5,957.9	7,500	44,684			
						Planning Area Totals		77,320	211.8	235	51

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Will

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALDEN COURTS OF SHOREWOOD	SHOREWOOD	Will County	50	14,445
ALDEN ESTATES OF SHOREWOOD	SHOREWOOD	Will County	100	23,405
ALDEN ESTATES-COURTS OF NEW LENOX (PERMIT)	NEW LENOX	Will County	0	
6/5/2018 18-009	**Approved to establish a facility with 166 Nursing Care beds at Cedar Crossing Drive adjacent to Silver Cross Hospital and Medical Center in New Lenox.**			
3/28/2023 18-009	**Relinquished permit to establish a facility with 166 General Long-Term Care beds.**			
APERION CARE WILMINGTON	WILMINGTON	Will County	171	44,214
ASCENSION VILLA FRANCISCAN	JOLIET	Will County	154	28,994
BEECHER MANOR NURSING & REHAB CTR	BEECHER	Will County	130	35,548
FRANKFORT TERRACE	FRANKFORT	Will County	120	36,427
JOLIET TERRACE	JOLIET	Will County	120	39,294
LAKEWOOD NURSING & REHAB CENTER	PLAINFIELD	Will County	131	35,054
MEADOWBROOK MANOR	BOLINGBROOK	Will County	298	65,054
OUR LADY OF ANGELS RETIREMENT HOME	JOLIET	Will County	0	26,480
2/23/2023 Closure	**Facility closed; 87 Nursing Care beds removed from inventory.**			
PARC JOLIET	JOLIET	Will County	203	43,794
RIVER CROSSING OF JOLIET	JOLIET	Will County	120	25,523
6/1/2021 Name Change	**Formerly Lakeshore Rehab & Healthcare**			
SALEM VILLAGE NURSING & REHAB	JOLIET	Will County	266	59,976
SMITH CROSSING	ORLAND PARK	Will County	92	15,420
SPRING CREEK	JOLIET	Will County	168	31,090
ST JAMES WELLNESS REHAB VILLAS	CRETE	Will County	110	30,074
SUNNY HILL NURSING HOME WILL COUNTY	JOLIET	Will County	157	49,084
THE PEARL OF JOLIET	JOLIET	Will County	214	36,768
7/1/2021 Name Change	**Formerly Symphony of Joliet**			
VICTORIAN VILLAGE HEALTH & WELLNESS	HOMER GLEN	Will County	50	16,327
		Planning Area Totals	**2,654**	**656,971**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
009	0-64 Years Old	196,576	856,300	229.6	137.7	367.3
	65-74 Years Old	202,204	87,200	2,318.9	1,391.3	3,710.2
	75+ Years Old	549,120	55,300	9,929.8	5,957.9	15,887.7

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	158,648	604,100	262.6	137.7	367.3	262.6	620,200	162,876			
65-74 Years Old	136,270	62,100	2,194.4	1,391.3	3,710.2	2,194.4	76,100	166,991			
75+ Years Old	362,053	38,600	9,379.6	5,957.9	15,887.7	9,379.6	51,400	482,112			
						Planning Area Totals		**811,979**	**2,224.6**	**2,472**	182

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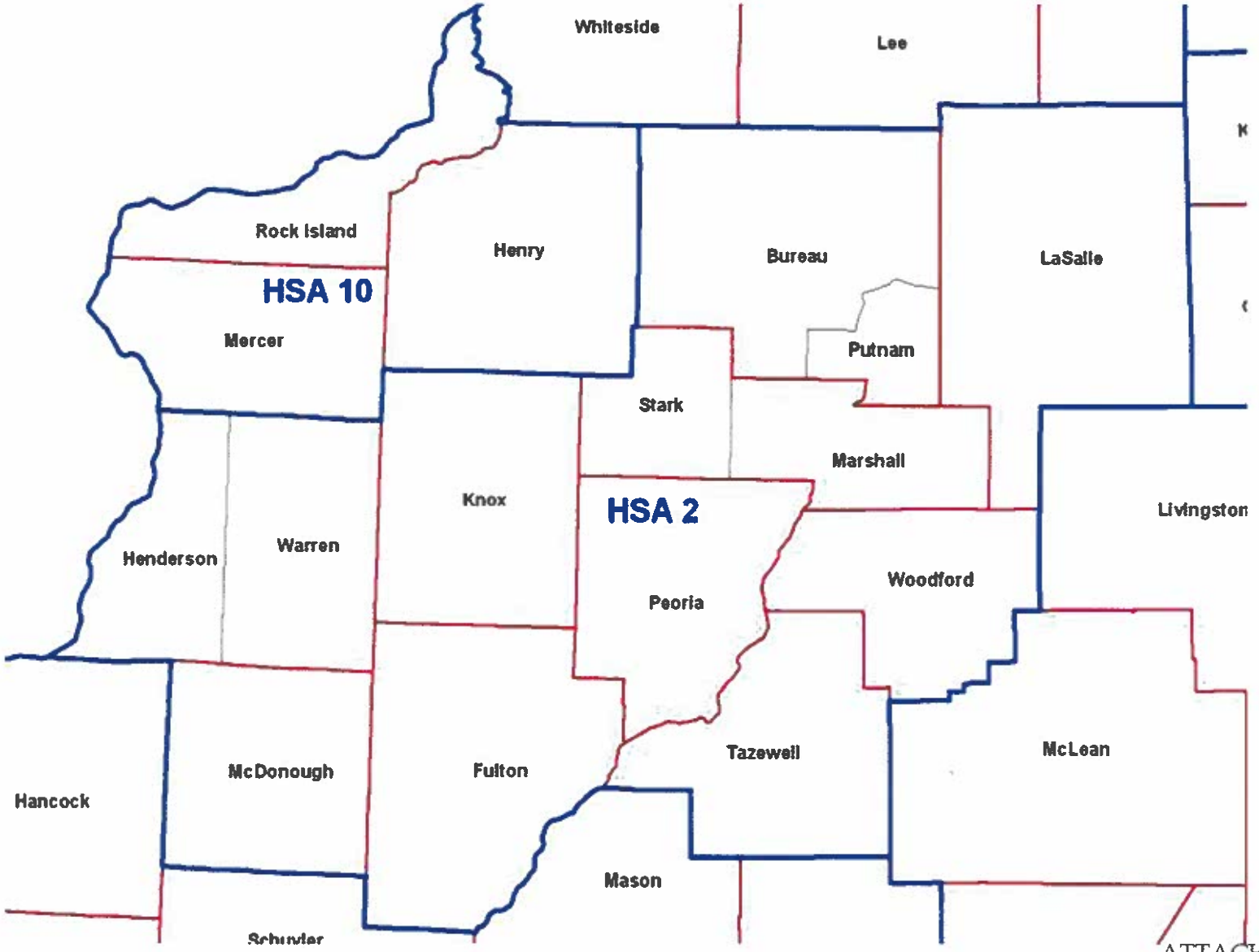
ATTACHMENT - 17
(Attachment 17-D)

INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 10

ATTACHMENT - 17
(Attachment 17-D)

Health Service Area 10



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ATTACHMENT - 17
(Attachment 17-D)

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 10				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Henry County	455	436	0	19
Mercer County	172	128	0	44
Rock Island County	1200	836	0	364
HSA 10 TOTALS	1827	1400	0	427

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Planning Area: Henry

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALLURE OF GENESEO	GENESEO	Henry County	72	16,140
HAMMOND-HENRY DISTRICT HOSP (SWING BEDS)	GENESEO	Henry County	0	425
HAMMOND-HENRY DISTRICT HOSPITAL	GENESEO	Henry County	0	13,035
HILLCREST HOME	GENESEO	Henry County	99	31,711
9/1/2023 Bed Change	**Discontinued 7 Nursing Care beds; facility now has 99 Nursing Care beds.**			
KEWANEE CARE HOME	KEWANEE	Henry County	84	22,536
KEWANEE HOSPITAL (SWING BEDS)	KEWANEE	Henry County	0	587
ROYAL OAKS CARE CENTER	KEWANEE	Henry County	200	51,388
		Planning Area Totals	**455**	**135,822**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
010	0-64 Years Old	85,762	165,200	519.1	311.5	830.6
	65-74 Years Old	88,494	24,800	3,568.3	2,141.0	5,709.3
	75+ Years Old	254,576	18,000	14,143.1	8,485.9	22,629.0

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	34,997	38,500	909.0	311.5	830.6	830.6	36,400	30,235			
65-74 Years Old	21,665	6,000	3,610.8	2,141.0	5,709.3	3,610.8	6,400	23,109			
75+ Years Old	79,160	4,400	17,990.9	8,485.9	22,629.0	17,990.9	5,000	89,955			
						Planning Area Totals		**143,299**	**392.6**	**436**	19

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Planning Area: Mercer

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALEDO REHAB & HEALTH CARE CTR	ALEDO	Mercer County	80	20,463
GENESIS MEDICAL CENTER (SWING BEDS)	ALEDO	Mercer County	0	
MERCER MANOR REHABILITATION	ALEDO	Mercer County	92	16,390
		Planning Area Totals	**172**	**36,853**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
010	0-64 Years Old	85,762	165,200	519.1	311.5	830.6
	65-74 Years Old	88,494	24,800	3,568.3	2,141.0	5,709.3
	75+ Years Old	254,576	18,000	14,143.1	8,485.9	22,629.0

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	4,769	12,100	394.1	311.5	830.6	394.1	11,700	4,611			
65-74 Years Old	7,371	1,900	3,879.5	2,141.0	5,709.3	3,879.5	2,000	7,759			
75+ Years Old	24,713	1,500	16,475.3	8,485.9	22,629.0	16,475.3	1,800	29,656			
						Planning Area Totals		**42,026**	**115.1**	**128**	44

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Planning Area: Rock Island

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALLURE OF MOLINE	EAST MOLINE	Rock Island County	120	22,128
4/2/2021 Name Change Formerly Serenity of Moline.				
ALLURE OF THE QUAD CITIES	MOLINE	Rock Island County	149	35,303
2/10/2022 Name Change Formerly Heartland of Moline				
ASPEN REHAB & HEALTH CARE	SILVIS	Rock Island County	63	14,176
FRIENDSHIP MANOR	ROCK ISLAND	Rock Island County	94	26,611
GENERATIONS AT ROCK ISLAND	ROCK ISLAND	Rock Island County	177	36,300
HOPE CREEK NURSING & REHAB	EAST MOLINE	Rock Island County	245	38,720
ILLINI RESTORATIVE CARE	SILVIS	Rock Island County	102	21,944
2/21/2023 Bed Change Converted 10 Sheltered Care beds to Nursing Care; facility now has 102 Nursing Care beds and 18 Sheltered Care beds.				
RIVER CROSSING OF MOLINE	MOLINE	Rock Island County	120	30,022
6/1/2021 Name Change Formerly Centennial Rehab & Healthcare				
ST. ANTHONY'S NURSING & REHAB CENTER	ROCK ISLAND	Rock Island County	130	30,953
		Planning Area Totals	**1,200**	**256,157**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
010	0-64 Years Old	85,762	165,200	519.1	311.5	830.6
	65-74 Years Old	88,494	24,800	3,568.3	2,141.0	5,709.3
	75+ Years Old	254,576	18,000	14,143.1	8,485.9	22,629.0

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	45,996	114,600	401.4	311.5	830.6	401.4	108,900	43,708			
65-74 Years Old	59,458	16,900	3,518.2	2,141.0	5,709.3	3,518.2	18,200	64,032			
75+ Years Old	150,703	12,100	12,454.8	8,485.9	22,629.0	12,454.8	13,400	166,894			
						Planning Area Totals		**274,634**	**752.4**	**836**	364

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INVENTORY OF HEALTH CARE FACILITIES

HEALTH SERVICE AREA 11

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(Attachment 17-D)

Health Service Area 11

ATTACHMENT - 17
(Attachment 17-D)

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 11				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Clinton County	355	278	0	77
Madison County	1919	1554	0	365
Monroe County	263	254	0	9
St. Clair County	1947	1638	0	309
HSA 11 TOTALS	4484	3724	0	760

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Planning Area: Clinton

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
AVISTON COUNTRYSIDE MANOR	AVISTON	Clinton County	97	22,281
BREESE NURSING HOME	BREESE	Clinton County	112	15,268
CARLYLE HEALTHCARE & SR LIVING	CARLYLE	Clinton County	109	26,297
10/1/2021 Name Change Formerly Carlyle Health Care				
CLINTON MANOR LIVING CENTER	NEW BADEN	Clinton County	37	9,785
		Planning Area Totals	**355**	**73,631**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
011	0-64 Years Old	252,077	488,500	516.0	309.6	825.6
	65-74 Years Old	232,417	63,000	3,689.2	2,213.5	5,902.7
	75+ Years Old	627,981	42,300	14,845.9	8,907.5	23,753.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	4,357	30,300	143.8	309.6	825.6	309.6	29,800	9,226			
65-74 Years Old	6,100	3,900	1,564.1	2,213.5	5,902.7	2,213.5	4,400	9,739			
75+ Years Old	63,174	2,800	22,562.1	8,907.5	23,753.4	22,562.1	3,200	72,199			
						Planning Area Totals		**91,165**	**249.8**	**278**	77

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Planning Area: Madison

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
ALHAMBRA REHAB & HEALTHCARE	ALHAMBRA	Madison County	57	13,156
1/24/2023 Bed Change	**Discontinued 25 Nursing Care beds; facility now has 59 Nursing Care beds.**			
5/18/2023 Bed Change	**Discontinued 2 Nursing Care beds; facility now has 57 Nursing Care beds.**			
ALTON MEMORIAL REHAB & THERAPY	ALTON	Madison County	64	20,358
BRIA OF ALTON	ALTON	Madison County	181	27,168
BRIA OF GODFREY	GODFREY	Madison County	68	19,769
BRIA OF WOODRIVER	WOOD RIVER	Madison County	106	30,814
COLLINSVILLE REHAB & HEALTH CARE CTR.	COLLINSVILLE	Madison County	98	22,562
EDEN VILLAGE CARE CENTER	GLEN CARBON	Madison County	107	22,990
1/1/2022 Bed Change	**Facility discontinued 21 Nursing Care beds. Facility now has 107 Nursing Care beds.**			
EDWARDSVILLE NSG & REHAB CTR.	EDWARDSVILLE	Madison County	120	25,103
ELMWOOD NRSG. & REHAB CENTER	MARYVILLE	Madison County	104	25,953
GRANITE NSG & REHAB CENTER	GRANITE CITY	Madison County	86	26,115
HIGHLAND HEALTH CARE CENTER	HIGHLAND	Madison County	128	27,433
HITZ MEMORIAL HOME	ALHAMBRA	Madison County	67	16,300
MANOR COURT OF MARYVILLE	MARYVILLE	Madison County	132	33,179
MERIDIAN VILLAGE CARE CENTER	GLEN CARBON	Madison County	70	18,915
RIVER CROSSING OF ALTON	ALTON	Madison County	180	40,012
6/1/2021 Name Change	**Formerly Riverside Rehab & Healthcare**			
RIVER CROSSING OF EDWARDSVILLE	EDWARDSVILLE	Madison County	120	36,139
6/1/2021 Name Change	**Formerly Care Center at Center Grove**			
ST. JOSEPH'S HOSPITAL (SWING BEDS)	HIGHLAND	Madison County	0	3,799
STEARNS NURSING & REHAB CENTER	GRANITE CITY	Madison County	109	31,280
UNIVERSITY NURSING & REHAB	EDWARDSVILLE	Madison County	122	28,646
		Planning Area Totals	**1,919**	**469,691**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
011	0-64 Years Old	252,077	488,500	516.0	309.6	825.6
	65-74 Years Old	232,417	63,000	3,689.2	2,213.5	5,902.7
	75+ Years Old	627,981	42,300	14,845.9	8,907.5	23,753.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	100,166	217,200	461.2	309.6	825.6	461.2	210,700	97,168			
65-74 Years Old	112,170	28,600	3,922.0	2,213.5	5,902.7	3,922.0	31,800	124,720			
75+ Years Old	257,355	19,700	13,063.7	8,907.5	23,753.4	13,063.7	22,100	288,708			
						Planning Area Totals		**510,597**	**1,398.9**	**1,554**	365

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Planning Area: Monroe

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
BRIA OF COLUMBIA	COLUMBIA	Monroe County	119	23,997
OAK HILL	WATERLOO	Monroe County	144	43,967
		Planning Area Totals	**263**	**67,964**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
011	0-64 Years Old	252,077	488,500	516.0	309.6	825.6
	65-74 Years Old	232,417	63,000	3,689.2	2,213.5	5,902.7
	75+ Years Old	627,981	42,300	14,845.9	8,907.5	23,753.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	4,643	28,500	162.9	309.6	825.6	309.6	28,600	8,855			
65-74 Years Old	8,865	3,900	2,273.1	2,213.5	5,902.7	2,273.1	4,600	10,456			
75+ Years Old	54,456	2,800	19,448.6	8,907.5	23,753.4	19,448.6	3,300	64,180			
						Planning Area Totals		**83,491**	**228.7**	**254**	9

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(Attachment 17-D)

Planning Area: St. Clair

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2020 Patient Days
AUTUMN MEADOWS OF CAHOKIA	CAHOKIA	St. Clair County	150	30,632
BELLEVILLE HEALTHCARE CENTER	BELLEVILLE	St. Clair County	180	45,580
BRIA OF BELLEVILLE	BELLEVILLE	St. Clair County	140	39,435
BRIA OF CAHOKIA	CAHOKIA	St. Clair County	133	42,375
BRIA OF MASCOUTAH	MASCOUTAH	St. Clair County	55	11,709
1/1/2022 Name Change	**Formerly Aperion Care Mascoutah.**			
CASEYVILLE NURSING & REHAB CTR	CASEYVILLE	St. Clair County	150	37,955
CEDAR RIDGE HEALTH & REHAB CENTER	LEBANON	St. Clair County	116	36,059
DAMMERT GERIATRIC CENTER	BELLEVILLE	St. Clair County	57	14,493
FREEBURG CARE CENTER	FREEBURG	St. Clair County	118	33,983
HELIA HEALTHCARE OF BELLEVILLE	BELLEVILLE	St. Clair County	122	20,101
HELIA SOUTHBELT HEALTHCARE	BELLEVILLE	St. Clair County	156	27,750
INTEGRITY HC OF SMITHTON	SMITHTON	St. Clair County	0	20,001
2/24/2023 Closure	**Facility closed; 101 Nursing Care beds removed from inventory.**			
LEBANON CARE CENTER	LEBANON	St. Clair County	90	24,481
MAR-KA NURSING HOME	MASCOUTAH	St. Clair County	76	12,122
MEMORIAL CARE CENTER	BELLEVILLE	St. Clair County	82	17,966
MERCY REHAB AND CARE CENTER	SWANSEA	St. Clair County	120	21,445
NEW ATHENS HOME	NEW ATHENS	St. Clair County	0	15,268
8/5/2022 Closure	**Facility closed; 53 Nursing Care beds removed from inventory.**			
ST. PAUL'S SENIOR COMMUNITY	BELLEVILLE	St. Clair County	108	29,520
SWANSEA REHAB & HEALTH CARE CENTER	SWANSEA	St. Clair County	94	20,314
		Planning Area Totals	**1,947**	**501,189**

HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
011	0-64 Years Old	252,077	488,500	516.0	309.6	825.6
	65-74 Years Old	232,417	63,000	3,689.2	2,213.5	5,902.7
	75+ Years Old	627,981	42,300	14,845.9	8,907.5	23,753.4

	2020 PSA Patient Days	2021 PSA Estimated Populations	2020 PSA Use Rates (Per 1,000)	2020 HSA Minimum Use Rates	2020 HSA Maximum Use Rates	2026 PSA Planned Use Rates	2026 PSA Projected Populations	2026 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	142,911	212,500	672.5	309.6	825.6	672.5	202,800	136,388			
65-74 Years Old	105,282	26,600	3,958.0	2,213.5	5,902.7	3,958.0	30,400	120,322			
75+ Years Old	252,996	17,000	14,882.1	8,907.5	23,753.4	14,882.1	18,900	281,272			
						Planning Area Totals		**537,982**	**1,473.9**	**1,638**	309

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ATTACHMENT - 17
(Attachment 17-D)

Section B

LONG-TERM CARE FOR DEVELOPMENTALLY DISABLED (Adult)
Category of Service

ATTACHMENT - 17
(Attachment 17-D)

Planning Process for Long-Term Care for the Developmentally Disabled (Adult)

For the Long-Term Care for the Developmentally Disabled (Children) category of service:

1. For facilities licensed as ICF/DD 16-bed or fewer, total bed need and the number of additional beds needed are determined by dividing the planning area's projected adult developmentally disabled population by 21.4 to determine the total number of beds needed for developmentally disabled adult residents in the area. The number of additional beds needed or excess beds is determined by subtracting the number of existing beds in ICF/DD 16-bed or fewer facilities from the total number of beds needed for developmentally disabled adult residents in the planning area.

ATTACHMENT - 17
(Attachment 17-D)

Example:

Projected Number of Developmentally Disabled Adults in year 2020 – HSA 1	DMH/DD Divisor	Number of "ICF/DD 16-bed or fewer" Beds Needed – HSA 1
5,336	21.4	249

The number of beds needed, 249, is compared to the sum of the existing and permit beds in the area, 335, to determine that there is an excess of 86 beds in that area.

2. For ICF/DD facilities with more than 16 beds, no bed need formula has been established.

ATTACHMENT - 17
(Attachment 17-D)

Summary of Long-Term Care for the Developmentally Disabled (Adult) 16 Beds and Under Facilities - Beds and Need by Planning Area				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Health Service Area 1	287	246	0	41
Health Service Area 2	208	236	28	0
Health Service Area 3	288	203	0	85
Health Service Area 4	64	306	242	0
Health Service Area 5	160	216	56	0
Health Service Areas 6, 7, 8 & 9	1006	3244	2238	0
Health Service Area 10	32	74	42	0
Health Service Area 11	256	216	0	40
STATE TOTALS	2301	4741	2606	166

Bed Need for Intermediate Care for Developmentally Disabled Adults applies only to facilities with 16 or fewer beds.
No bed need formula has been established for facilities with more than 16 beds.

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: HEALTH SERVICE AREA: 001 **Intermediate DD Nursing Care**

Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
ASHTON TERRACE	ASHTON	Lee County	16	4,439	0
BOYD AVENUE HOME	AMBOY	Lee County	6	1,686	2
CANTERBURY PLACE	ROCKFORD	Winnebago County	4	1,436	0
CASA WILLIS	STERLING	Whiteside County	16	4,790	1
DIVISION STREET HOME	AMBOY	Lee County	6	2,190	2
FIRST STREET GROUP HOME	ASHTON	Lee County	4	1,317	0
FRANKLIN GROVE GROUP HOME	FRANKLIN GROVE	Lee County	6	2,169	0
FREEPORT TERRACE	FREEPORT	Stephenson County	16	5,332	1
GLENWOOD VILLA	ROCKFORD	Winnebago County	6	2,010	0
GORDON JONES TERRACE	LANARK	Carroll County	16	5,565	1
HALLAM TERRACE	ROCKFORD	Winnebago County	16	5,427	0
HAMMETT HOUSE	STERLING	Whiteside County	16	5,724	0
MABLEY DEVELOPMENTAL CENTER	DIXON	Lee County	0	346,030	4
MILESTONE - ELMWOOD EAST	ROCKFORD	Winnebago County	12	4,025	0
MILESTONE - ELMWOOD HEIGHTS	ROCKFORD	Winnebago County	84	27,821	3
MILESTONE-SUN VALLEY	ROCKFORD	Winnebago County	8	2,706	0
NEW MAIN GROUP HOME	DIXON	Lee County	0	5,619	3
12/19/2022 Closure	**Facility closed; 16 ICF/DD Care beds removed from inventory.**				
OLSON TERRACE	ROCKFORD	Winnebago County	16	5,420	0
OTTAWA GROUP HOME	DIXON	Lee County	6	2,181	0
RACHUY HOUSE	STOCKTON	Jo Daviess County	15	4,748	0
RIDGE TERRACE	FREEPORT	Stephenson County	16	5,624	0
ROCKTON COURT	ROCKFORD	Winnebago County	6	2,190	0
SEABORG TERRACE	ROCKFORD	Winnebago County	16	5,477	0
SEARLES GROUP HOME	ROCKFORD	Winnebago County	12	3,265	0
STERN SQUARE	STERLING	Whiteside County	16	4,951	0
STOUFFER TERRACE	OREGON	Ogle County	16	4,803	1
STRIVE	PROPHETSTOWN	Whiteside County	16	5,751	0
WASSON STREET	AMBOY	Lee County	4	1,460	1
	Planning Area Totals - Facilities with 16 or fewer beds		287	100,305	12
	Planning Area Totals - Facilities with more than 16 beds		84	379,470	10

Projected Adult Developmentally Disabled Population	Mental Health Rate Factor	Beds Needed - 16 Bed and Fewer Facilities	Beds Existing - 16 Bed and Fewer Facilities	Excess Beds - 16 and Fewer Facilities
5,260	21.4	246	287	41

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Planning Area: HEALTH SERVICE AREA: 002 Intermediate DD Nursing Care

Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
APOS CHRISTIAN TIMBER RIDGE	MORTON	Tazewell County	74	25,564	4
BRIARBROOK PLACE	EAST PEORIA	Tazewell County	16	4,883	1
DAVIES SQUARE	PEKIN	Tazewell County	16	5,306	0
EMERALD ESTATES	CANTON	Fulton County	16	5,643	0
FROELICH HOUSE	GALESBURG	Knox County	16	5,702	0
HARRIS PLACE	EAST PEORIA	Tazewell County	16	4,996	0
KANTHAK HOUSE	OTTAWA	LaSalle County	16	5,403	1
LINDEN ESTATE	MORTON	Tazewell County	16	5,686	1
MARIGOLD ESTATES	PEKIN	Tazewell County	16	5,689	0
OAKWOOD ESTATES	MORTON	Tazewell County	16	4,392	0
PLONKA TERRACE	GALESBURG	Knox County	16	5,856	0
STEVENS HOUSE	GALESBURG	Knox County	16	5,842	0
TRULSON HOUSE	GALESBURG	Knox County	16	5,856	0
WALSH TERRACE	GALESBURG	Knox County	16	5,789	0
	Planning Area Totals - Facilities with 16 or fewer beds		208	71,043	3
	Planning Area Totals - Facilities with more than 16 beds		74	25,564	4

Projected Adult Developmentally Disabled Population	Mental Health Rate Factor	Beds Needed - 16 Bed and Fewer Facilities	Beds Existing - 16 Bed and Fewer Facilities	Additional beds Needed - 16 and Fewer Facilities
5,058	21.4	236	208	28

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: HEALTH SERVICE AREA: 003 **Intermediate DD Nursing Care**

Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
ADLOFF PLACE	SPRINGFIELD	Sangamon County	0	5,475	0
2/27/2023 Closure	**Facility closed; 16 ICF/DD Care beds removed from inventory.**				
ALVIN EADES CENTER	JACKSONVILLE	Morgan County	16	5,110	0
ANNA TERRACE	JACKSONVILLE	Morgan County	6	2,012	0
BEARDSTOWN TERRACE	BEARDSTOWN	Cass County	16	5,519	0
BROTHER JAMES COURT	SPRINGFIELD	Sangamon County	0	30,997	7
8/2/2022 Closure	**Facility closed; 99 ICF/DD Care beds removed from inventory.**				
CAMPBELL COURT	JACKSONVILLE	Morgan County	4	1,460	0
CARLINVILLE ESTATES	CARLINVILLE	Macoupin County	16	5,540	0
CARTHAGE TERRACE	CARTHAGE	Hancock County	16	4,934	0
CURTISS COURT	SPRINGFIELD	Sangamon County	16	4,153	2
DOUGLAS TERRACE	JACKSONVILLE	Morgan County	16	5,613	0
GAINES MILL PLAZA	SPRINGFIELD	Sangamon County	16	4,995	0
GLENWOOD TERRACE-SPRINGFIELD	SPRINGFIELD	Sangamon County	16	4,705	0
KEPLEY HOUSE	PITTSFIELD	Pike County	16	5,646	0
LAFAYETTE TERRACE	JACKSONVILLE	Morgan County	6	2,190	0
LAWRENCE PLACE	LINCOLN	Logan County	16	4,949	0
LINCOLN TERRACE	LINCOLN	Logan County	16	5,100	0
MAPLE TERRACE	QUINCY	Adams County	16	5,824	0
MONTGOMERY TERRACE	NOKOMIS	Montgomery County	0	5,418	0
1/29/2021 Closure	**Facility closed to convert to CILA; 16 ICF/DD beds removed from Inventory.**				
PARK PLACE	PANA	Christian County	16	5,043	0
QUINCY TERRACE	QUINCY	Adams County	16	5,278	0
TAYLOR HOUSE	SPRINGFIELD	Sangamon County	16	4,965	0
TAYLORVILLE TERRACE	TAYLORVILLE	Christian County	16	5,331	1
VAHLE TERRACE	JERSEYVILLE	Jersey County	16	5,840	0
VICTORIAN MANOR	TAYLORVILLE	Christian County	0	5,989	3
7/1/2023 Closure	**Facility closed; 16 ICF/DD Care beds removed from inventory.**				
		Planning Area Totals - Facilities with 16 or fewer beds	288	111,089	6
		Planning Area Totals - Facilities with more than 16 beds	0	47,879	10

Projected Adult Developmentally Disabled Population	Mental Health Rate Factor	Beds Needed - 16 Bed and Fewer Facilities	Beds Existing - 16 Bed and Fewer Facilities	Excess Beds - 16 and Fewer Facilities
4,339	21.4	203	288	85

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: HEALTH SERVICE AREA: 004 **Intermediate DD Nursing Care**

Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
FOX DEVELOPMENTAL CENTER	DWIGHT	Livingston County	0	34,675	0
HIGHVIEW TERRACE	PARIS	Edgar County	16	4,745	0
PATTERSON HOUSE	SULLIVAN	Moultrie County	16	4,472	1
SCHULTZ HOUSE	DANVILLE	Vermilion County	16	4,153	0
SPRING CREEK TERRACE	DECATUR	Macon County	0	5,290	1
TANNER PLACE	PARIS	Edgar County	16	4,817	0
	Planning Area Totals - Facilities with 16 or fewer beds		64	23,477	2
	Planning Area Totals - Facilities with more than 16 beds		0	39,965	1

Projected Adult Developmentally Disabled Population	Mental Health Rate Factor	Beds Needed - 16 Bed and Fewer Facilities	Beds Existing - 16 Bed and Fewer Facilities	Additional beds Needed - 16 and Fewer Facilities
6,548	21.4	306	64	242

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: HEALTH SERVICE AREA: 005 **Intermediate DD Nursing Care**

Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
BRAUNS TERRACE	GREENVILLE	Bond County	16	5,446	0
BRYAN MANOR	CENTRALIA	Marion County	100	34,706	0
CHOATE DEVELOPMENTAL CENTER	ANNA	Union County	0		
COUNTRYVIEW TERRACE	LOUISVILLE	Clay County	16	3,863	3
DIAMONDVIEW	CENTRALIA	Marion County	16	4,937	1
EFFINGHAM TERRACE	EFFINGHAM	Effingham County	16	5,110	0
JOSHUA MANOR	HOYLETON	Washington County	16	5,112	1
LYNWOOD ESTATES	SALEM	Marion County	16	4,828	0
MULBERRY MANOR	ANNA	Union County	51	16,664	4
6/22/2021 Bed Change	**Facility discontinued 13 ICF/DD beds; facility now has 51 ICF/DD beds.**				
PARK PLACE-CENTRALIA	CENTRALIA	Marion County	16	5,043	0
SPARTA TERRACE	SPARTA	Randolph County	16	4,906	0
WETHERELL PLACE	EFFINGHAM	Effingham County	16	5,475	0
WHISPERING OAKS	ROSICLARE	Hardin County	16	2,743	1
	Planning Area Totals - Facilities with 16 or fewer beds		160	47,463	6
	Planning Area Totals - Facilities with more than 16 beds		151	51,370	4

Projected Adult Developmentally Disabled Population	Mental Health Rate Factor	Beds Needed - 16 Bed and Fewer Facilities	Beds Existing - 16 Bed and Fewer Facilities	Additional beds Needed - 16 and Fewer Facilities
4,618	21.4	216	160	56

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ATTACHMENT - 17
(Attachment 17-D)

Planning Area: HEALTH SERVICE AREA: 006, 007, 008, 009 Intermediate DD Nursing Care

Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
ALDEN OF OLD TOWN EAST	BLOOMINGDALE	Bloomingdale Township	16	5,430	2
ALDEN OF OLD TOWN WEST	BLOOMINGDALE	Bloomingdale Township	16	5,836	0
ALDEN SPRINGS	BLOOMINGDALE	Bloomingdale Township	16	5,751	1
ALDEN TRAILS	BLOOMINGDALE	Bloomingdale Township	16	5,770	3
BELLWOOD DEVELOPMENTAL CENTER	BELLWOOD	Proviso Township	82	27,728	8
BENJAMIN GREEN-FIELD RESIDENCE	LIBERTYVILLE	Lake County	16	5,657	3
BESSER HOME	CHICAGO	Area 2 - West Ridge	15	0	0
6/12/2023 Establish	**Establish a facility with 15 ICF/DD Care beds at 6300 North Ridge Avenue in Chicago.**				
BETHSHAN ASSOCIATION	PALOS HEIGHTS	Worth Township	45	15,761	2
BJORKLUND HOUSE	OAK FOREST	Bremen Township	16	3,826	1
BRACH HOUSE	CHICAGO	Area 2 - West Ridge	12	4,392	0
BROADWAY TERRACE	CHICAGO HEIGHTS	Bloom Township	16	5,542	1
CALUMET CITY TERRACE	CALUMET CITY	Thornton Township	6	2,130	0
CAROLE LANE TERRACE	SAUK VILLAGE	Bloom Township	16	4,913	2
CARR HOME	CHICAGO	Area 2 - West Ridge	15	5,254	1
CHAMNESS SQUARE	BOURBONNAIS	Kankakee County	16	4,437	0
CLEARBROOK CENTER	ROLLING MEADOWS	Palatine Township	85	28,878	10
CLEARBROOK EAST	ROLLING MEADOWS	Palatine Township	16	5,840	0
CLEARBROOK WEST	ROLLING MEADOWS	Palatine Township	16	5,840	1
CLEARBROOK-WRIGHT HOME	GURNEE	Lake County	16	5,840	0
COLEMAN HOUSE	CHICAGO	Area 2 - West Ridge	12	4,392	0
COLLINS SQUARE	BRADLEY	Kankakee County	16	4,349	0
CONNELLY HOME	CHICAGO	Area 2 - West Ridge	16	5,490	0
CONRAD HOUSE	CHICAGO	Area 2 - West Ridge	12	4,265	0
COUNTRY CLUB TERRACE	CNTRY CLUB HILL	Rich Township	16	5,709	0
DANFORTH HOUSE	CHICAGO	Area 38 - Grand Boulevard	15	4,423	1
DAVIS HOUSE	CHICAGO	Area 38 - Grand Boulevard	15	4,757	0
DEARBORN COURT	KANKAKEE	Kankakee County	6	1,710	1
DOLTON COURT	DOLTON	Thornton Township	4	1,104	0
EAGLE COURT	KANKAKEE	Kankakee County	6	2,094	0
FLOSSMOOR TERRACE	FLOSSMOOR	Rich Township	4	1,464	0
GARDEN CENTER SERVICES	BURBANK	Stickney Township	15	5,215	0
GOLF VIEW DEVELOPMENTAL CENTER	DES PLAINES	Maine Township	135	44,894	8
HAMMOND HOUSE	CHICAGO	Area 68 - Englewood	0	3,678	0
8/9/2023 Closure	**Facility closed; 16 ICF/DD Care beds removed from inventory.**				
HARTEMAYER HOME	CHICAGO	Area 2 - West Ridge	15	5,182	1
HERBSTRITT HOUSE	CHICAGO	Area 2 - West Ridge	12	4,329	1
HOLLAND TERRACE	SOUTH HOLLAND	Thornton Township	16	4,407	0
HUNT TERRACE	KANKAKEE	Kankakee County	16	4,390	0
KANKAKEE COURT	KANKAKEE	Kankakee County	4	1,118	0
KAPERL HOME	CHICAGO	Area 2 - West Ridge	15	5,362	1
KILEY DEVELOPMENTAL CENTER	WAUKEGAN	Lake County	0	71,340	16
KNIGHT HOUSE	CHICAGO	Area 68 - Englewood	15	5,096	0

Planning Area: HEALTH SERVICE AREA: 006, 007, 008, 009

Facility Name	City	County/Area	Intermediate DD Nursing Care Beds	2020 Patient Days	2020 Admissions
LEWIS TERRACE	NORTH CHICAGO	Lake County	4	1,464	0
LUDEMAN DEVELOPMENTAL CENTER	PARK FOREST	Cook County	0	126,983	0
LYNWOOD TERRACE	LYNWOOD	Bloom Township	6	2,163	0
MAHONEY HOUSE	CHICAGO	Area 2 - West Ridge	12	4,392	0
MARIAN CENTER FOR ADULT RESIDENTS	CHICAGO	Area 2 - West Ridge	100	33,306	0
MARKLUND DREHER HOME	GENEVA	Kane County	16	5,681	2
MARKLUND HAVERKAMPF HOME	GENEVA	Kane County	16	5,822	1
MARKLUND RICHARD HOME	GENEVA	Kane County	16	5,730	2
MARKLUND SAYERS HOME	GENEVA	Kane County	16	5,490	0
MARKLUND TOMMY HOME	GENEVA	Kane County	16	5,856	0
MARKLUND VAN DER MOLEN HOME	GENEVA	Kane County	16	5,856	0
MATTESON COURT	MATTESON	Rich Township	16	5,634	2
MAZZA HOUSE	CHICAGO	Area 2 - West Ridge	12	4,392	0
MCGOWAN HOUSE	CHICAGO	Area 2 - West Ridge	16	5,856	0
MCNERNEY HOUSE	CHICAGO	Area 2 - West Ridge	12	4,159	0
MEADOWS	ROLLING MEADOWS	Palatine Township	99	33,235	1
MINIAT HOUSE	CHICAGO	Area 2 - West Ridge	12	4,090	0
MOORE HOUSE	CHICAGO	Area 46 - South Chicago	0	3,754	0
MOUNT ST. JOSEPH	LAKE ZURICH	Lake County	129	32,276	0
O'DONNELL HOUSE	CHICAGO	Area 2 - West Ridge	12	4,385	1
PARK LAWN CENTER	ALSIP	Worth Township	41	14,607	0
PARK LAWN HOME	ALSIP	Worth Township	15	5,490	0
PETERMAN HOUSE	CHICAGO	Area 2 - West Ridge	12	4,000	1
PINE TERRACE	WAUKEGAN	Lake County	16	5,113	0
POLK HOUSE	CHICAGO	Area 2 - West Ridge	12	4,392	0
PRAIRIE HOUSE	SAUK VILLAGE	Bloom Township	16	5,218	4
RAVISLOE TERRACE	COUNTRY CLUB HL	Rich Township	6	2,150	0
RICE HOUSE	CHICAGO	Area 2 - West Ridge	12	4,392	0
RIVER COURT	KANKAKEE	Kankakee County	4	857	1
RIVERSIDE FOUNDATION	LINCOLNSHIRE	Lake County	97	32,957	13
ROSE ANGELA HALL	CHICAGO	Area 15 - Portage Park	80	26,350	0
ROSEMARY HOME	CHICAGO	Area 2 - West Ridge	16	5,490	0
ROY COURT	BOURBONNAIS	Kankakee County	6	2,002	0
SEYMOUR TERRACE	NORTH CHICAGO	Lake County	6	2,177	0
SHADY OAKS EAST	LOCKPORT	Will County	16	5,475	0
SHADY OAKS WEST	LOCKPORT	Will County	16	5,840	0
SHANNON HOUSE	CHICAGO	Area 2 - West Ridge	12	4,392	0
SHAPIRO MH & DEV CENTER	KANKAKEE	Kankakee County	0	194,463	25
SHELTERED VILLAGE	WOODSTOCK	McHenry County	96	30,470	2
SHORE HOMES EAST	EVANSTON	Evanston Township	12	3,909	1
SPAULDING TERRACE	MARKHAM	Bremen Township	6	2,196	0
SPECIALIZED LIVING CENTER(PERMIT)	CHICAGO	Area Unknown	50		
STATION COURT	KANKAKEE	Kankakee County	6	2,192	0

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Planning Area: HEALTH SERVICE AREA: 006, 007, 008, 009 **Intermediate DD Nursing Care**

Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
TAC HOUSE	AURORA	Kane County	16	5,840	1
THOMAS HERBSTRITT HOUSE	MOMENCE	Kankakee County	16	4,990	0
THOMAS LOMBARD HOUSE	MOMENCE	Kankakee County	16	5,490	1
TIBSTRA HOUSE	SOUTH HOLLAND	Thornton Township	16	5,225	1
TORRENCE PLACE	SAUK VILLAGE	Bloom Township	16	5,397	0
TRINITY LIVING CENTER 1	JOLIET	Will County	16	5,914	2
TRINITY LIVING CENTER 2	JOLIET	Will County	16	5,595	4
WALSH HOME	CHICAGO	Area 2 - West Ridge	15	5,388	0
WAUKEGAN TERRACE	WAUKEGAN	Lake County	6	2,196	0
ZACHARY HOUSE	STREAMWOOD	Hanover Township	16	4,828	0
	Planning Area Totals - Facilities with 16 or fewer beds		1006	345,864	44
	Planning Area Totals - Facilities with more than 16 beds		1039	720,680	85

Projected Adult Developmentally Disabled Population	Mental Health Rate Factor	Beds Needed - 16 Bed and Fewer Facilities	Beds Existing - 16 Bed and Fewer Facilities	Additional beds Needed - 16 and Fewer Facilities
69,428	21.4	3,244	1,006	2,238

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(Attachment 17-D)

#24-020

Planning Area: HEALTH SERVICE AREA: 010 **Intermediate DD Nursing Care**

Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
NO DD FACILITIES WITH MORE THAN 16 BEDS			0		
ROSE HOUSE	MOLINE	Rock Island County	16	5,643	0
SMITH SQUARE	MOLINE	Rock Island County	16	5,541	0
		Planning Area Totals - Facilities with 16 or fewer beds	32	11,184	0
		Planning Area Totals - Facilities with more than 16 beds	0		

Projected Adult Developmentally Disabled Population	Mental Health Rate Factor	Beds Needed - 16 Bed and Fewer Facilities	Beds Existing - 16 Bed and Fewer Facilities	Additional beds Needed - 16 and Fewer Facilities
1,587	21.4	74	32	42

ATTACHMENT - 17
(Attachment 17-D)

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Planning Area: HEALTH SERVICE AREA: 011

Facility Name	City	County/Area	Intermediate DD Nursing Care Beds	2020 Patient Days	2020 Admissions
ABERDEEN TERRACE	ALTON	Madison County	4	1,460	0
ALTON BLUFF ESTATES	ALTON	Madison County	16	5,197	0
BELLEFONTAINE PLACE	WATERLOO	Monroe County	16	5,475	0
BEVERLY FARM FOUNDATION	GODFREY	Madison County	300	83,943	0
CLINTON MANOR LIVING CENTER - DD	NEW BADEN	Clinton County	51	18,400	1
EDWARDSVILLE TERRACE	EDWARDSVILLE	Madison County	16	5,840	0
FOSTERBURG TERRACE	ALTON	Madison County	16	5,444	0
FREEBURG TERRACE	FREEBURG	St. Clair County	16	5,475	0
GROUP HOME 1	GODFREY	Madison County	16	5,291	2
GROUP HOME 2	GODFREY	Madison County	16	4,858	3
GROUP HOME 3	GODFREY	Madison County	16	5,053	0
GROUP HOME 4	GODFREY	Madison County	16	4,749	1
GROUP HOME 5	GODFREY	Madison County	16	5,173	0
GROUP HOME 6	GODFREY	Madison County	16	5,335	0
LEBANON TERRACE	LEBANON	St. Clair County	16	5,408	0
LINTON TERRACE	WOOD RIVER	Madison County	4	1,460	0
MADISON TERRACE	WOOD RIVER	Madison County	4	1,460	0
MURRAY MH & DEV CENTER	CENTRALIA	Clinton County	0		
PERSHING TERRACE	WOOD RIVER	Madison County	4	1,460	0
PIASA MANOR	GODFREY	Madison County	16	4,745	1
THELMA TERRACE	WOOD RIVER	Madison County	16	5,840	0
TWIN RIVERS ESTATE	GODFREY	Madison County	16	4,371	0
	Planning Area Totals - Facilities with 16 or fewer beds		256	84,094	7
	Planning Area Totals - Facilities with more than 16 beds		351	102,343	1

Projected Adult Developmentally Disabled Population	Mental Health Rate Factor	Beds Needed - 16 Bed and Fewer Facilities	Beds Existing - 16 Bed and Fewer Facilities	Excess Beds - 16 and Fewer Facilities
4,620	21.4	216	256	40

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ATTACHMENT - 17
(Attachment 17-D)

Section C

LONG-TERM CARE FOR DEVELOPMENTALLY DISABLED (Children)
Category of Service

ATTACHMENT - 17
(Attachment 17-D)

Planning Process for Long-Term Care for the Developmentally Disabled (Children)

For the Long-Term Care for the Developmentally Disabled (Children) category of service:

1. The planning areas are the designated Health Service Areas.

2. Occupancy target rates are 80% for modernization, 93% for additional beds.

3. No formula bed need for this category of service has been developed. It is the responsibility of the applicant to document the need for the service by complying with all applicable review criteria contained in 77 Ill. Adm. Code 1125, Subpart E.

ATTACHMENT - 17
(Attachment 17-D)

Summary of Long-Term Care for the Developmentally Disabled (Children) Facilities and Beds by Health Service Area		
PLANNING AREA	EXISTING FACILITIES	EXISTING BEDS
Health Service Area 1	2	184
Health Service Area 2	1	74
Health Service Area 3	0	0
Health Service Area 4	1	123
Health Service Area 5	0	0
Health Service Area 6	2	275
Health Service Area 7	4	308
Health Service Area 8	0	0
Health Service Area 9	0	0
Health Service Area 10	0	0
Health Service Area 11	0	0
STATE TOTALS	10	964

ATTACHMENT - 17
(Attachment 17-D)

Planning Area: Health Service Area 001				Skilled Under 22 Nursing Care		
Facility Name	**City**	**County/Area**	**Beds**	**2020 Patient Days**	**2020 Admissions**
EXCEPTIONAL CARE AND TRAINING	STERLING	Whiteside County	85	28,432	7
5/9/2023 Relocate	Closed facility at 2601 Woodlawn Road, Sterling. Opened facility at West 23rd Street, Sterling. No change in b				
5/9/2023 23-014	Receive permit for a replacement facility on West 23rd Street in Sterling. No change in licensed beds.				
WALTER J LAWSON MEMORIAL HOME	ROCKFORD	Winnebago County	99	35,058	3
		Planning Area Totals	**184**	**63,490**	**10**

Planning Area: Health Service Area 002				Skilled Under 22 Nursing Care	
Facility Name	**City**	**County/Area**	**Beds**	**2020 Patient Days**	**2020 Admissions**
RENAISSANCE CARE CENTER - DD	CANTON	Fulton County	74	24,757	11
3/26/2021 Bed Change	Facility now has 74 licensed Skilled Under 22 beds.				
		Planning Area Totals	**74**	**24,757**	**11**

Planning Area: Health Service Area 003				Skilled Under 22 Nursing Care	
Facility Name	**City**	**County/Area**	**Beds**	**2020 Patient Days**	**2020 Admissions**
No Facilities Licensed for Skilled Under 22 care			0		
		Planning Area Totals	**0**		

Planning Area: Health Service Area 004				Skilled Under 22 Nursing Care	
Facility Name	**City**	**County/Area**	**Beds**	**2020 Patient Days**	**2020 Admissions**
SWANN SPECIAL CARE CENTER	CHAMPAIGN	Champaign County	123	41,482	4
		Planning Area Totals	**123**	**41,482**	**4**

Planning Area: Health Service Area 005				Skilled Under 22 Nursing Care	
Facility Name	**City**	**County/Area**	**Beds**	**2020 Patient Days**	**2020 Admissions**
No Facilities Licensed for Skilled Under 22 care			0		
		Planning Area Totals	**0**		

Planning Area: Health Service Area 006				Skilled Under 22 Nursing Care	
Facility Name	**City**	**County/Area**	**Beds**	**2020 Patient Days**	**2020 Admissions**
ALDEN VILLAGE NORTH	CHICAGO	Area 1 - Rogers Park	150	38,449	10
MCAULEY RESIDENCE	CHICAGO	Area 58 - Brighton Park	125	41,979	2
		Planning Area Totals	**275**	**80,428**	**12**

Planning Area: Health Service Area 007				Skilled Under 22 Nursing Care	
Facility Name	**City**	**County/Area**	**Beds**	**2020 Patient Days**	**2020 Admissions**
ALDEN VILLAGE HEALTH FACILITY	BLOOMINGDALE	Bloomingdale Township	126	43,326	21
CHILDREN'S HABILITATION CENTER	HARVEY	Thornton Township	67	22,872	4
MARKLUND CHILDREN'S HOME	BLOOMINGDALE	Bloomingdale Township	30	7,099	2
MARKLUND WASMOND CENTER	ELGIN	Hanover Township	61	20,847	0
3/12/2021 Bed Change	Facility added 4 Skilled Under 22 beds; facility now has 61 Skilled Under 22 beds.				
MARKLUND WASMOND CENTER (PERMIT)	ELGIN	Hanover Township	24		
3/21/2023 22-049	Facility received permit to add 24 beds to an existing facility.				
		Planning Area Totals	**308**	**94,144**	**27**

ATTACHMENT - 17
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Planning Area: Health Service Area 008			Skilled Under 22 Nursing Care		
Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
No Facilities Licensed for Skilled Under 22 care.			0		
		Planning Area Totals	0		

Planning Area: Health Service Area 009			Skilled Under 22 Nursing Care		
Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
No Facilities Licensed for Skilled Under 22 care.			0		
		Planning Area Totals	0		

Planning Area: Health Service Area 010			Skilled Under 22 Nursing Care		
Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
No Facilities Licensed for Skilled Under 22 care.			0		
		Planning Area Totals	0		

Planning Area: Health Service Area 011			Skilled Under 22 Nursing Care		
Facility Name	City	County/Area	Beds	2020 Patient Days	2020 Admissions
No Facilities Licensed for Skilled Under 22 care.			0		
		Planning Area Totals	0		

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ATTACHMENT - 17
(Attachment 17-D)

Section D

CHRONIC MENTAL ILLNESS CARE
Category of Service

ATTACHMENT - 17
(Attachment 17-D)

Planning Process for Chronic Mental Illness

For the Chronic Mental Illness category of service:

1. The entire state of Illinois is the planning area.

2. Occupancy target rates are 80% for modernization, 90% for additional beds.

3. No formula bed need for this category of service has been developed. It is the responsibility of the applicant to document the need for the service by complying with all applicable review criteria contained in 77 Ill. Adm. Code 1125, Subpart E

ATTACHMENT - 17
(Attachment 17-D)

Chronic Mental Illness Category of Service
Planning Area: State of Illinois

State-Operated Mental Health Centers			
Facility	**City**	**Beds**	**2020 Patient Days**
ALTON MENTAL HEALTH CENTER	ALTON	125	36,851
CHESTER MENTAL HEALTH CENTER	CHESTER	284	95,417
CHICAGO-READ MENTAL HEALTH CENTER	CHICAGO	148	3,918
CHOATE MENTAL HEALTH CENTER	ANNA	79	16,268
ELGIN MENTAL HEALTH CENTER	ELGIN	383	516
MCFARLAND MENTAL HEALTH CENTER	SPRINGFIELD	146	5,062
MADDEN MENTAL HEALTH CENTER	HINES	140	1,944
State Totals		1,305	364,607

ATTACHMENT - 17
(Attachment 17-D)

Attachment 18

Unnecessary Duplication/Maldistribution

1. Applicant shall provide the following
    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;
        i. 61501 61520 61532 61533 61534 61535 61539 61542 61543 61546 61547 61550 61554 61564 61567 61568 61607 61610 61611 61721 61723 61734 61747 61751 61754 61755 61759 61774 62512 62515 62548 62561 62612 62613 62617 62625 62627 62633 62634 62635 62642 62643 62644 62655 62656 62664 62666 62671 62673 62675 62677 62682 62684 62688 62693 62707
        ii. See attachment 18-A for population of each zip code

    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.
        i. Mason City Area Nursing Home
        ii. Sunny Acres
            1. Managed by same management company as Mason City Area Nursing Home. Turns away many referrals due to lack of bed availability.
        iii. Lincoln Village Healthcare
        iv. Havana Health Care Center
        v. Villa Health Care East
            1. Managed by same management company as Mason City Area Nursing Home. Turns away many referrals due to lack of bed availability.
        vi. St. Clara's Rehab & Senior Care
            1. Managed by same management company as Mason City Area Nursing Home. Turns away many referrals due to lack of bed availability.
        vii. Pekin Manor
        viii. Hallmark Healthcare of Pekin

2. The applicant shall document that the project will not result in maldistribution of services.
    a. I am very confident that there is significantly more demand for SNF beds in this area than there is capacity able to handle this demand. Heritage Operations Group oversees half of the facilities within 30 miles of this location, often with these homes competing against each other for referrals, and each location continues to regularly turn away referrals due to lack of bed availability. We do not expect that a maldistribution of services will occur, nor do we expect other locations to be adversely impacted.

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
      a. Given that Heritage Operations Group manages half of these locations for independent owners, we are confident that utilization in surrounding SNFs will not fall. Each is operating around 100% of it's desired occupancy level.

   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.
      a. We do not expect this to be an issue given our intimate knowledge of the referrals available in this area.

Attachment 18-A

Zip Code	Population
61501	1641
61520	16156
61532	475
61533	2198
61534	1622
61535	1748
61539	186
61542	3423
61543	110
61546	3886
61547	3757
61550	18488
61554	40854
61564	1002
61567	645
61568	4346
61607	10353
61610	4942
61611	23837
61721	565
61723	2266
61734	2597
61747	1471
61751	110
61754	1192
61755	4422
61759	1449
61774	949
62512	428
62515	909
62548	2145
62561	5229
62612	1774
62613	3869
62617	662
62625	817
62627	928
62633	617
62634	847
62635	718
62642	1344
62643	450
62644	4690
62655	566
62656	18634
62664	2712
62666	570
62671	515
62673	462
62675	6044
62677	2571
62682	745
62684	5469
62688	652
62693	1733
62707	7290

ATTACHMENT - 18
(Attachment 18-A)

Google Maps Mason City Area Nursing Home, 520 N Price St, Mason City, IL 62664 to Sunny Acres Nursing Home, 19130 Sunny Acres Rd, Petersburg, IL 62675 Drive 23.6 miles, 30 min

Map data ©2024 2 mi

ATTACHMENT - 18

#24-020

Mason City Area Nursing Home
520 N Price St, Mason City, IL 62664

Take N Co Rd 3600 E and 800N to IL-29 S in Salt Creek Township

7 min (4.5 mi)

1. Head northeast toward N Price St

194 ft

2. Turn right onto N Price St

0.4 mi

3. Continue onto 3600E/N Co Rd 3600 E
   Continue to follow N Co Rd 3600 E

1.5 mi

4. Turn right onto 800N

2.5 mi

Continue on IL-29 S to Menard County

19 min (17.6 mi)

5. Turn left onto IL-29 S

11.3 mi

6. Turn right onto IL-123 W

6.3 mi

Follow Sunny Acres Rd to your destination

3 min (1.5 mi)

7. Turn left onto Sunny Acres Rd

1.4 mi

8. Turn left

62 ft

9. Turn left
   Destination will be on the right

0.1 mi

ATTACHMENT - 18

#24-020

Sunny Acres Nursing Home

Google Maps Mason City Area Nursing Home, 520 N Price St, Mason City, IL 62664 to Lincoln Village Healthcare Center, 2202 N Kickapoo St, Lincoln, IL 62656 Drive 19.9 miles, 25 min

ATTACHMENT - 18

#24-020

Mason City Area Nursing Home
520 N Price St, Mason City, IL 62664

1. Head northeast toward N Price St
194 ft
2. Turn right onto N Price St
0.4 mi
3. Turn left onto IL-10 E
15.5 mi
4. Continue straight onto Woodlawn Rd
Pass by AutoZone Auto Parts (on the left in 0.8 mi)
1.0 mi
5. Turn left onto Lincoln Pkwy/Old Rte 66 E
2.8 mi
6. Turn right toward N Kickapoo St
144 ft
7. Turn left onto N Kickapoo St
Destination will be on the right
338 ft

Lincoln Village Healthcare Center
2202 N Kickapoo St, Lincoln, IL 62656

ATTACHMENT - 18

#24-020

Google Maps Mason City Area Nursing Home, 520 N Price St, Mason City, IL 62664 to Havana Health Care Center, 609 N Harpham St, Havana, IL 62644 Drive 27.5 miles, 32 min

Map data ©2024 Google 2 mi

ATTACHMENT - 18

#24-020

Mason City Area Nursing Home
520 N Price St, Mason City, IL 62664

Take IL-29 N to US Hwy 136 W in Allens Grove Township

10 min (7.8 mi)

1. Head northeast toward N Price St

194 ft

2. Turn left onto N Price St

397 ft

3. Turn left onto E Co Rd 1000N/E Roosevelt Rd

1.0 mi

4. Turn right onto N Main St

0.5 mi

5. Turn right onto IL-29 N

6.2 mi

6. Turn left onto US Hwy 136 W

17 min (17.1 mi)

Follow Mason St to N Harpham St in Havana

5 min (2.5 mi)

7. Turn right onto N County Rd 1800 E/Mason St

0.6 mi

8. Turn left onto E Mason St

1.8 mi

9. Continue onto E Franklin St

325 ft

10. Turn right onto N Harpham St

0.1 mi

Havana Health Care Center
609 N Harpham St, Havana, IL 62644

ATTACHMENT - 18

#24-020

Google Maps

Mason City Area Nursing Home, 520 N Price St, Mason City, IL 62664 to 100 Marion Pkwy, Sherman, IL 62684

Villa Health Care East

Drive 27.3 miles, 36 min

Mason City Area Nursing Home
520 N Price St, Mason City, IL 62664

Follow N Price St to 3600E/N Co Rd 3600 E

2 min (0.5 mi)

1. Head northeast toward N Price St

194 ft

2. Turn right onto N Price St

0.4 mi

Continue on N Co Rd 3600 E. Take Greenview Middletown Black Top, Peoria St and IL-124 E to St John Dr in Sherman

34 min (26.6 mi)

3. Continue onto 3600E/N Co Rd 3600 E
   Continue to follow N Co Rd 3600 E

3.4 mi

4. Continue onto Levee St

1.3 mi

5. Turn left onto Ohken Rd

0.5 mi

6. Ohken Rd turns slightly right and becomes John Hubly Rd

2.0 mi

7. Turn right onto N Middletown Rd

217 ft

8. Turn left onto Rathsack Rd

1.0 mi

9. Turn left at the 1st cross street onto Greenview Middletown Black Top

2.7 mi

10. Turn right onto Peoria St

6.7 mi

11. Slight right onto Co Hwy 3

1.1 mi

12. Continue onto Peoria St

0.5 mi

13. Continue onto Constant Rd/County Rd 2 1/4 E

Continue to follow Constant Rd

1.1 mi

14. Continue onto IL-124 E

5.6 mi

15. Turn right onto S Sherman Blvd

0.6 mi

Take Marion Ln/Marion Pkwy to your destination

2 min (0.2 mi)

16. Turn left onto St John Dr

230 ft

17. St John Dr turns right and becomes Marion Ln/Marion Pkwy

302 ft

18. Turn left

200 ft

19. Turn right

Destination will be on the left

187 ft

100 Marion Pkwy
Sherman, IL 62684

ATTACHMENT - 18

#24-020

Google Maps Mason City Area Nursing Home, 520 N Price St, Mason City, IL 62664 to St Clara's Rehab & Senior Care, 1450 Castle Manor Drive, Lincoln, IL 62656 Drive 17.8 miles, 23 min

#24-020

Mason City Area Nursing Home
520 N Price St, Mason City, IL 62664

Follow N Price St to IL-10 E

2 min (0.5 mi)

1. Head northeast toward N Price St

194 ft

2. Turn right onto N Price St

0.4 mi

Follow IL-10 E to Lincoln

19 min (16.5 mi)

3. Turn left onto IL-10 E

15.5 mi

4. Continue straight onto Woodlawn Rd
   Pass by AutoZone Auto Parts (on the left in 0.8 mi)

1.0 mi

Take Lincoln Pkwy/Old Rte 66 W and Stahlhut Dr to your destination

2 min (0.8 mi)

5. Turn right toward Lincoln Pkwy/Old Rte 66 W

125 ft

6. Turn right onto Lincoln Pkwy/Old Rte 66 W

0.3 mi

7. Turn right onto Stahlhut Dr

0.4 mi

8. Turn left
   Destination will be on the right

0.1 mi

#24-020

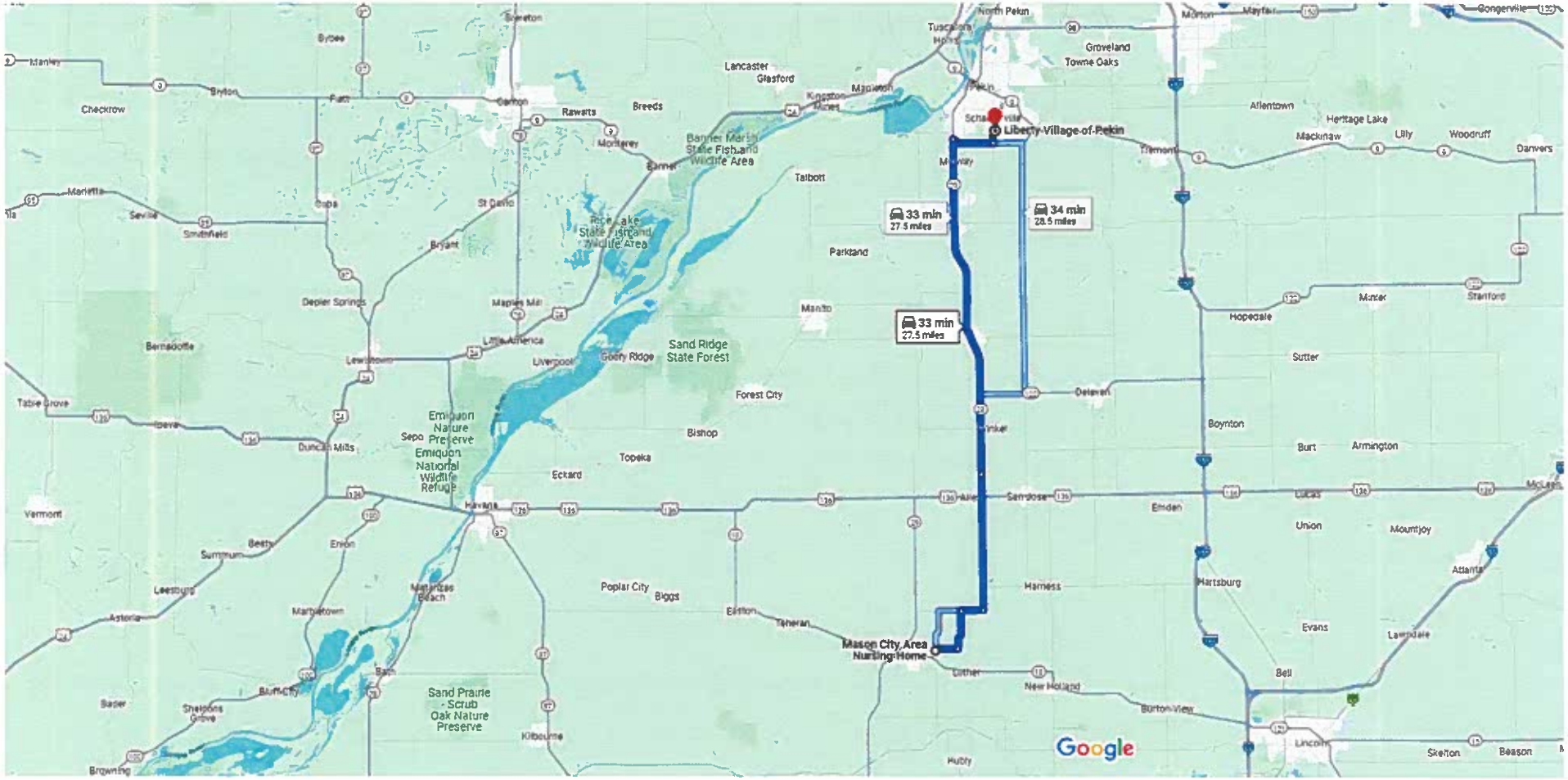
ATTACHMENT - 18

Google Maps

Mason City Area Nursing Home, 520 N Price St, Mason City, IL 62664 to Liberty Village of Pekin, 1520 El Camino Dr, Pekin, IL 61554

Drive 27.5 miles, 33 min

Pekin Manor



Map data ©2024 Google 2 mi

Mason City Area Nursing Home
520 N Price St, Mason City, IL 62664

ATTACHMENT - 18

#24-020

Take 3700E and N Co Rd 3800 E to IL-29 N in Allens Grove Township

12 min (9.9 mi)

1. Head northeast toward N Price St

194 ft

2. Turn left onto N Price St

397 ft

3. Turn right onto 1000N/E Co Rd 1000 N

1.0 mi

4. Turn left onto 3700E

1.7 mi

5. Turn right onto Cherry Grove Rd/E Co Rd 1200N

1.0 mi

6. Turn left onto 3800E/N Co Rd 3800 E
   Continue to follow N Co Rd 3800 E

6.0 mi

Continue on IL-29 N to Cincinnati Township

18 min (16.9 mi)

7. Continue onto IL-29 N

15.0 mi

8. Turn right onto VFW Rd

1.8 mi

Continue on S 14th St to your destination in Pekin

2 min (0.7 mi)

9. Turn left onto S 14th St

0.6 mi

10. Turn right onto El Camino Dr

325 ft

11. Turn right

177 ft

ATTACHMENT - 18

#24-020

12. Turn left

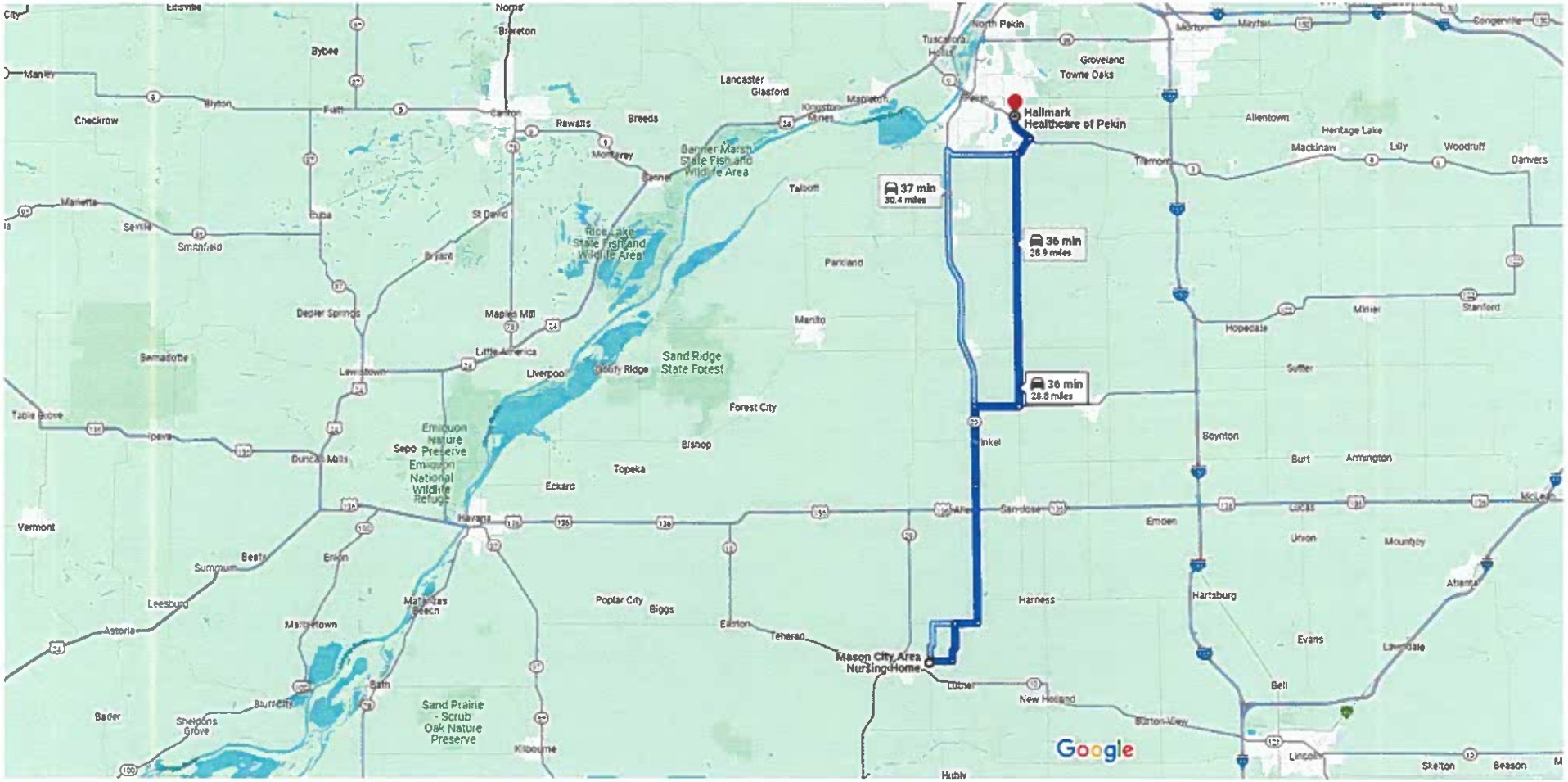
Destination will be on the right

190 ft

ATTACHMENT - 18

#24-020

Google Maps Mason City Area Nursing Home, 520 N Price St, Mason City, IL 62664 to Hallmark Healthcare of Pekin, 2501 Allentown Rd, Pekin, IL 61554 Drive 28.8 miles, 36 min



Map data ©2024 Google 2 mi

ATTACHMENT - 18

#24-020

Mason City Area Nursing Home
520 N Price St, Mason City, IL 62664

Follow 1000N/E Co Rd 1000 N and 3700E to Cherry Grove Rd/E Co Rd 1200N

4 min (2.8 mi)

1. Head northeast toward N Price St

194 ft

2. Turn left onto N Price St

397 ft

3. Turn right onto 1000N/E Co Rd 1000 N

1.0 mi

4. Turn left onto 3700E

1.7 mi

Take N Co Rd 3800 E, IL-29 N and County Rd 1700 E/Towerline Rd to Allentown Rd in Pekin

31 min (25.9 mi)

5. Turn right onto Cherry Grove Rd/E Co Rd 1200N

1.0 mi

6. Turn left onto 3800E/N Co Rd 3800 E
   Continue to follow N Co Rd 3800 E

6.0 mi

7. Continue onto IL-29 N

3.5 mi

8. Turn right onto IL-122 E

2.0 mi

9. Turn left onto County Rd 1700 E/Towerline Rd

11.1 mi

10. Slight right toward Veterans Dr

253 ft

11. Slight right onto Veterans Dr

0.9 mi

ATTACHMENT - 18

#24-020

12. Turn left onto Court St

1.3 mi

13. Turn right onto Allentown Rd

Destination will be on the left

18 sec (0.1 mi)

Hallmark Healthcare of Pekin
2501 Allentown Rd, Pekin, IL 61554

ATTACHMENT - 18

#24-020

Attachment 19

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.
    a. Staffing requirements were considered. Staffing requirements for this additional wing are as following.
        i. 3 RN Full-Time Equivalents will be hired.
        ii. 2 LPN Full-Time Equivalents will be hired.
        iii. 13.5 CNA Full-Time Equivalents will be hired.
        iv. 1.7 Housekeeping Full-Time Equivalents will be hired.

2. A narrative explanation of how the proposed staffing will be achieved.
    a. Staffing will initially be achieved through a combination of hiring efforts and contracted staff. In the months that follow this expansion, we expect contracted staff to no longer be necessary.

Attachment 20

Bed Capacity

It should be noted that this facility's licensed bed count will remain under 250 beds.

Quality care will be provided, as documented by a long history of satisfactory IDPH survey performance, quality measures, and lack of abuse findings.

To whom it may concern;

The City of Mason City support's the Mason City Area Nursing Home Association's proposed plans regarding the expansion of the nursing home's skilled nursing facility licensed bed count. We believe that this increase from 66 licensed beds to up to 97 licensed beds would enable residents of Mason City, and the surrounding area, access to long-term care services which may otherwise be unavailable. The City supports the Mason City Area Nursing Home Association's efforts to sustain quality healthcare services, and feel that it is a benefit to the community.

Thank you,

Printed Name Bruce A. Lowe

Title Mayor

Signature Bruce A. Lowe
By Michele Whitehead
City Clerk

Attachment 22

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:

No additional physical space required for this expansion of SNF licensed beds, as no major construction will take place. The building is already suitable for SNF use and has been in existence for more than 30 years.

Attachment 23

Zoning

This property currently has the appropriate zoning type to operate as a skilled nursing facility. No additional construction will take place and zoning will not change.

Attachment 24

Assurances

I, Steven J. Hart, understand that, by the second year of operation after the project completion, that the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c).

Steven J. Hart _____

Witness _____

"OFFICIAL SEAL"
CYNTHIA M JASKOWIAK
Notary Public, State of Illinois
My Commission Expires March 20, 2027

Date: 6-7-24

Attachment 25

Modernization

Modernization is not applicable for this project. The empty sheltered care unit is modern.

Attachment 26

Specialized Long-Term Care review Criteria

Not applicable, as this facility is not seeking specialized long-term care licenses.

Attachment 27

MASON CITY AREA NURSING HOME
Balance Sheet
For the Period Ending April 30, 2024

5/21/24
14:19

	Current Month	%	Prior Month	%	Prior Year End	%	Difference
ASSETS							
CURRENT ASSETS							
CASH	278,912	9.97%	288,452	10.42%	296,801	10.78%	17,889
CASH - RESTRICTED	417,925	14.94%	417,736	15.09%	473,633	17.20%	55,708
INVESTMENTS - SHORT TERM	14,519	0.52%	14,510	0.52%	14,483	0.53%	(36)
CASH FROM OPERATIONS	711,356	25.43%	720,698	26.04%	784,917	28.51%	73,561
ACCOUNTS RECEIVABLE - PRIVATE	139,431	4.98%	136,629	4.94%	91,650	3.33%	(47,782)
ACCOUNTS RECEIVABLE - MEDICARE	128,924	4.61%	99,459	3.59%	70,117	2.55%	(58,808)
ACCOUNTS RECEIVABLE - INCOME CREDIT	34,115	1.22%	50,529	1.83%	46,716	1.70%	12,601
ACCOUNTS RECEIVABLE - MEDICAID	346,706	12.39%	285,630	10.32%	276,915	10.06%	(69,791)
ACCOUNTS RECEIVABLE - ARPA GRANT	-	0.00%	-	0.00%	-	0.00%	-
MEDICARE COST REPORT RECEIVABLE	1,260	0.05%	1,260	0.05%	1,260	0.05%	-
A/R OTHER	(3,249)	-0.12%	4,567	0.17%	15,060	0.55%	18,309
ALLOWANCE FOR UNCOLLECTABLE	(94,006)	-3.36%	(92,006)	-3.32%	(86,006)	-3.12%	8,000
ACCOUNTS RECEIVABLE	553,181	19.78%	486,068	17.56%	415,712	15.10%	(137,470)
INVENTORY	50,397	1.80%	50,397	1.82%	50,397	1.83%	-
PREPAID EXPENSES	75,149	2.69%	88,175	3.19%	30,991	1.13%	(44,158)
OTHER CURRENT ASSETS	125,545	4.49%	138,572	5.01%	81,387	2.96%	(44,158)
CURRENT ASSETS	1,390,083	49.69%	1,345,338	48.60%	1,282,016	46.57%	(108,067)
RESTRICTED DEPOSITS AND FUNDED RESERVES:							
RESIDENTS FUNDS	13,657	0.49%	12,584	0.45%	17,014	0.62%	3,356
TOTAL RESTRICTED DEP & RESERVES	13,657	0.49%	12,584	0.45%	17,014	0.62%	3,356
FIXED ASSETS:							
LAND AND IMPROVEMENTS	109,405	3.91%	109,405	3.95%	109,405	3.97%	-
BUILDINGS AND IMPROVEMENTS	4,955,086	177.14%	4,953,647	178.97%	4,944,059	179.59%	(11,028)
EQUIPMENT AND FURNITURE	1,259,613	45.03%	1,259,613	45.51%	1,259,613	45.75%	-
WORK IN PROGRESS	-	0.00%	-	0.00%	-	0.00%	-
ACCUMULATED DEPRECIATION	(4,930,502)	-176.26%	(4,912,659)	-177.49%	(4,859,130)	-176.50%	71,372
NET FIXED ASSETS	1,393,603	49.82%	1,410,006	50.94%	1,453,947	52.81%	60,344
OTHER ASSETS:							
DEFERRED FINANCING COSTS - NET	-	0.00%	-	0.00%	-	0.00%	-
OTHER ASSETS	-	0.00%	-	0.00%	-	0.00%	-
TOTAL ASSETS	**2,797,343**	**100.00%**	**2,767,928**	**100.00%**	**2,752,977**	**100.00%**	**(44,366)**

#24-020

MASON CITY AREA NURSING HOME

Balance Sheet

For the Period Ending April 30, 2024

5/21/24
14:19

LIABILITIES & EQUITY	Current Month	%	Prior Month	%	Prior Year End	%	Difference
CURRENT LIABILITIES							
ACCOUNTS PAYABLE - OPERATIONS	205,372	7.34%	249,207	9.00%	223,489	8.12%	(18,117)
WAGES PAYABLE	188,607	6.74%	171,362	6.19%	205,432	7.46%	(16,825)
ACCRUED PAYROLL TAXES	29,027	1.04%	39,441	1.42%	1,196	0.04%	27,831
MISC ACCRUED EXPENSES	25,991	0.93%	26,771	0.97%	24,460	0.89%	1,531
ACCRUED INTEREST PAYABLE	-	0.00%	-	0.00%	-	0.00%	-
MEDICARE ADVANCE PAYMENTS LOAN	-	0.00%	-	0.00%	-	0.00%	-
CURRENT PORTION OF LT DEBT	-	0.00%	-	0.00%	-	0.00%	-
REAL ESTATE TAXES PAYABLE	723	0.03%	676	0.02%	536	0.02%	187
CURRENT LIABILITIES	449,720	16.08%	487,457	17.61%	455,113	16.53%	(5,393)
RESIDENT DEPOSITS HELD IN TRUST	13,657	0.49%	12,584	0.45%	17,014	0.62%	(3,356)
LONG-TERM LIABILITIES							
MORTGAGE PAYABLE, LESS CURRENT	-	0.00%	-	0.00%	-	0.00%	-
LONG-TERM LIABILITIES	-	0.00%	-	0.00%	-	0.00%	-
TOTAL LIABILITIES	463,377	16.56%	500,042	18.07%	472,126	17.15%	(8,749)
EQUITY							
FUND BALANCE - UNRESTRICTED	2,278,850	81.46%	2,278,850	82.33%	2,435,549	88.47%	(156,698)
PROFIT / LOSS FOR PERIOD	53,116	1.90%	(12,964)	-0.47%	(156,698)	-5.69%	209,814
TOTAL EQUITY	2,333,966	83.44%	2,267,887	0.819344	2,280,850	82.85%	53,116
TOTAL LIABILITIES & EQUITY	**2,797,343**	**100.00%**	**2,767,928**	**100.00%**	**2,752,977**	**100.00%**	**44,366**

#24-020

ATTACHMENT - 27

Attachment 28

Financial Viability

Mason City Area Nursing Home will pay for all expenses using internal cash, or cash equivalents. Given this fact, it is understood that this project is eligible for a financial viability waiver.

Attachment 29

Financial Ratios

Not applicable, as this facility will pay cash for all related expenses.

Attachment 30 - A

Economic Feasibility

I, Steven J. Hart, attest that Mason City Area Nursing Home, Inc. will fund the total estimated project costs with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation.

Signature: _____

Witness: _____

Date: 6-7-24

"OFFICIAL SEAL"
CYNTHIA M JASKOWIAK
Notary Public, State of Illinois
My Commission Expires March 20, 2027

Attachment 30-D

Mason City Area Nursing Home
97 Licensed Bed Expansion

	Total 365 Days	% PPD
ROUTINE SERVICE REVENUE	$ 7,078,642.74	230.87
NET ANCILLARY INCOME	$ 1,045,947.88	33.47
NET OPERATING INCOME	$ 8,119,684.90	264.82
EXPENSES		
GENERAL AND ADMINISTRATIVE EXPENSES	$ (1,984,064.62)	(64.71)
PROPERTY AND PLANT EXPENSES	$ (476,418.65)	(15.54)
DIETARY EXPENSES	$ (649,164.16)	(21.17)
LAUNDRY EXPENSES	$ (111,120.90)	(3.62)
HOUSEKEEPING EXPENSES	$ (181,616.19)	(5.92)
NURSING EXPENSES	$ (3,184,518.51)	(103.86)
OTHER SERVICE EXPENSES	$ (180,707.55)	(5.89)
TOTAL EXPENSES	$ (6,767,610.57)	(220.73)
GROSS MARGIN	$ 1,352,074.32	44.10
GROSS MARGIN PERCENTAGE	16.65%	
FINANCING AND MANAGEMENT EXPENSES		
MANAGEMENT FEES	$ (405,984.24)	(13.24)
RENT EXPENSE	$ -	0.00
INTEREST EXPENSE	$ -	0.00
DEPRECIATION	$ (239,340.00)	(7.81)
LOAN FEE AMORTIZATION	$ -	0.00
ALLOCATED INTEREST	$ -	0.00
INTEREST INCOME	$ 2,400.00	0.08
MISC NON OPERATING INCOME	$ -	0.00
DIRECTORS FEES	$ -	0.00
GAIN ON SALE OF ASSETS	$ -	0.00
FINANCING AND MANAGEMENT EXPENSES	$ (642,924.24)	(20.97)
INCOME BEFORE TAX & EXT	$ 709,150.08	23.13
INCOME TAXES AND EXTR ITEMS	$ -	0.00
NET INCOME	$ 709,150.08	23.13

ATTACHMENT - 30
(Attachment 30-D)

APPENDIX A

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	$34,347.52	$22,983.91	$57,331.43
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$34,347.52	$22,983.91	$57,331.43
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$34,347.52	$22,983.91	$57,331.43
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$34,347.52	$22,983.91	$57,331.43

APPENDIX A

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 xx No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes xx 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 $ _____.

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

☐ Schematics xx Final Working

Anticipated project completion date (refer to Part 1130.140): ____Already Completed_____

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

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

☐ Project obligation will occur after permit issuance.

Not applicable

APPENDIX D

Cost/Space Requirements

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
CLINICAL							
Resident Rooms	$33,688.55	3,733.64	3,733.64			3,733.64	
Shower Rooms	0	203.65	203.65			203.65	
Nurse Station	$658.97	102.5	102.5			102.5	
Med Room	0	29.16	29.16			29.16	
Total Clinical	$34,347.52	4,068.95	4,068.95			4,068.95	
NON CLINICAL							
Utility Rooms	$22,983.91	161.58	161.58			161.58	
Storage Rooms	0	331.25	331.25			331.25	
Restrooms	0	181.1	181.1			181.1	
Office	0	111.5	111.5			111.5	
Corridors	0	1,676	1,676			1,676	
Living Room	0	436	436			436	
All Seasons Porch	0	189.83	189.83			189.83	
Total Non-clinical	$22,983.91	3,087.26	3,087.26			3,087.26	
TOTAL	**$57,331.43**	**7,156.21**	**7,156.21**			**7,156.21**	

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: Steven Hart – Authorized representative 115. W. Jefferson Street, Bloomington, IL 61705
   (Name) (Address)
   Bloomington IL 61701 309 665 2748
   (City) (State) (ZIP Code) (Telephone Number)
2. Project Location: 520 N. Price Ave Mason City IL
   (Address) (City) (State)
   Mason Mason City
   (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 xx
IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN – NO

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)

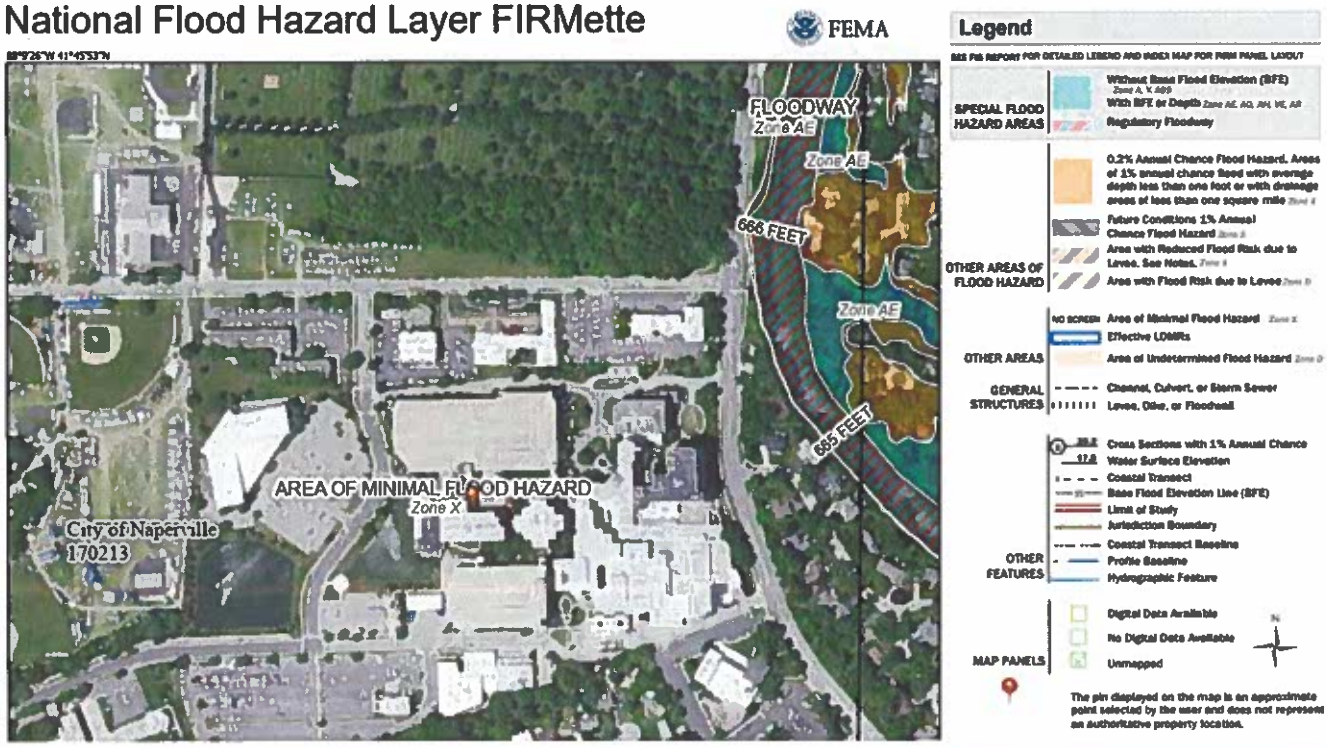
Signature:_____ Date: _____

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.



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

520 price avenue, mason city | 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 MASON COUNTY

Show ALL Products » (https://msc.fema.gov/portal/availabilitySearch?addcommunity=17125C&communityName=MASON COUNTY#searchresults)

The flood map for the selected area is number **17125C0375D**, effective on **1/6/2012**

DYNAMIC MAP

PRINT MAP/ FIRMette (https://msc.fema.gov/portal/firmette?latitude=40.206600&longitude=-89.679385)

MAP IMAGE

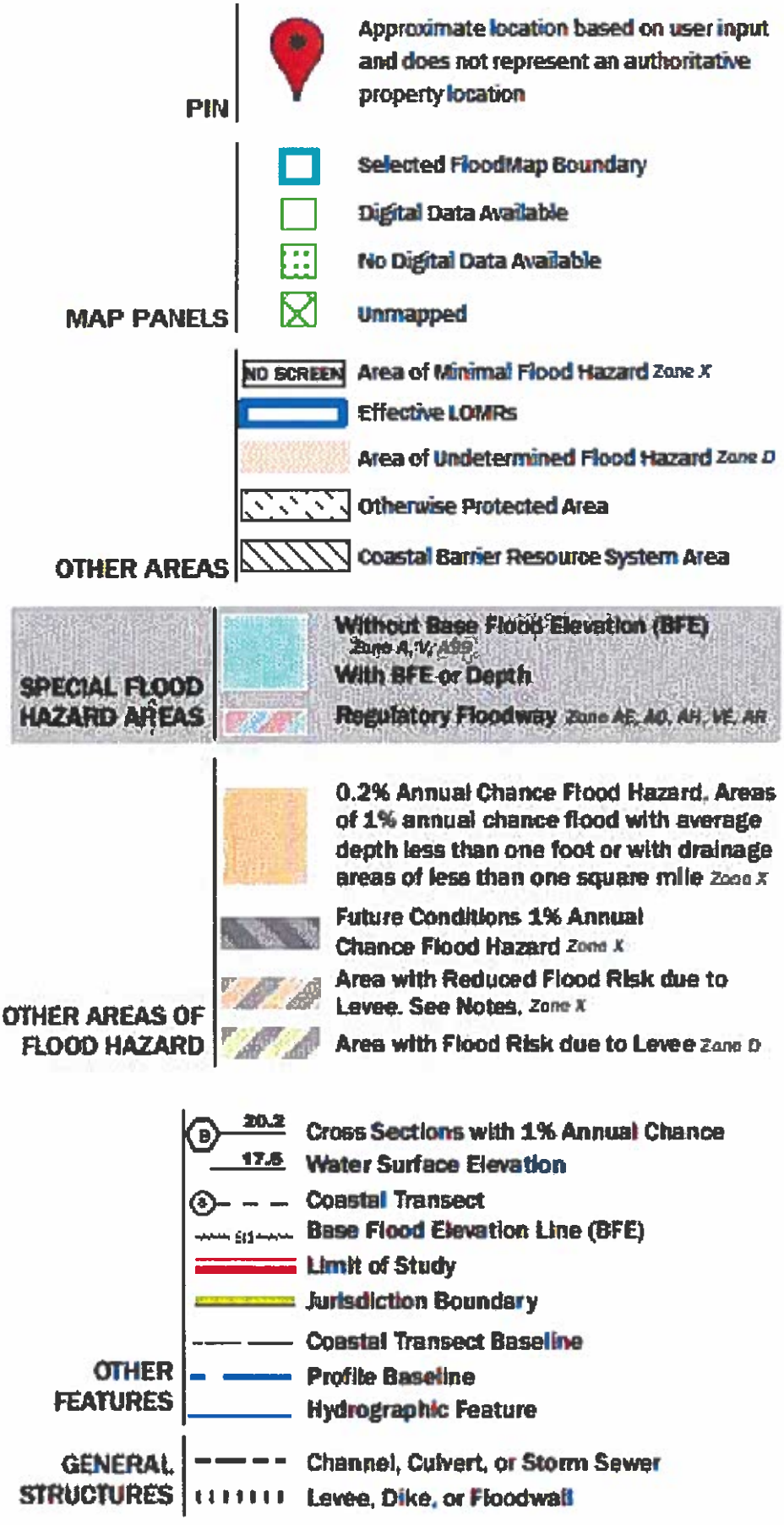
DOWNLOAD FIRM PANEL (https://msc.fema.gov/portal/downloadProduct?productTypeID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL&productID=17125C0375D)

Changes to this FIRM

Revisions (0)
Amendments (1)
Revalidations (2)

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.

Go To NFHL Viewer » (https://hazards-fema.maps.arcgis.com/apps/webappviewer/index.html?id=8b0adb51996444d4879338b5529aa9cd&exte


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
20.2
B
17.5
Cross Sections with 1% Annual Chance
Water Surface Elevation
Coastal Transect
513
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