25-040

RECEIVED
OCT 22 2025
HEALTH FACILITIES &

LONG-TERM CARE APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

DESCRIPTION OF PROJECT

Project Type

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

Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Include: the number and type of beds involved; the actions proposed (establishment, expansion and/or modernization); the ESTIMATED total project cost and the funding source(s) for the project.

Arcadia Care, Inc., Arc at Lincoln, LLC, and DYD Equities, LLC (collectively, the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish an 82 bed skilled nursing facility to be located at 1507 7th Street, Lincoln, Illinois 62656 (the "Project").

The total cost of the Project is $500,000.

The Project constitutes a substantive project because it proposes the establishment of a health care facility.

Facility/Project Identification

Facility Name: Arc at Lincoln
Street Address: 1507 7th Street
City and Zip Code: Lincoln, Illinois 62656
County: Logan Health Service Area: 3 Health Planning Area: Logan

Applicant /Co-Applicant Identification

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

Exact Legal Name: Arcadia Care, Inc.
Address: 4655 West Chase Avenue, Lincolnwood, Illinois 60712
Name of Registered Agent: Frederick Frankel
Name of Chief Executive Officer: Dovid Seitler
CEO Address: 4655 West Chase Avenue, Lincolnwood, Illinois 60712
Telephone Number: 217-408-7501 Ext. 501

Type of Ownership (Applicant/Co-Applicants)

- ☐ Non-profit Corporation
- ☒ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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: Meredith Duncan
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3602
E-mail Address: mduncan@polsinelli.com
Fax Number:

Additional Contact

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

Name: Frederick S. Frankel
Title: General Counsel
Company Name: 4655 West Chase Avenue
Address: Lincolnwood, Illinois 60712
Telephone Number: 847-262-3800 x351
E-mail Address: FFrankel@Kesser com
Fax Number:

Facility/Project Identification

Facility Name: Arc at Lincoln
Street Address: 1507 7th Street
City and Zip Code: Lincoln, Illinois 62656
County: Logan Health Service Area: 3 Health Planning Area: 107

Applicant /Co-Applicant Identification

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

Exact Legal Name: Arc at Lincoln, LLC
Address: 1507 7th Street, Lincoln, Illinois 62656
Name of Registered Agent: Frederick Frankel
Name of Chief Executive Officer: Dovid Seitler
CEO Address: 4655 West Chase Avenue, Lincolnwood, Illinois 60712
Telephone Number: 217-408-7501 Ext. 501

Type of Ownership (Applicant/Co-Applicants)

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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: Meredith Duncan
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3602
E-mail Address: mduncan@polsinelli.com
Fax Number:

Additional Contact

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

Name: Frederick S. Frankel
Title: General Counsel
Company Name: 4655 West Chase Avenue
Address: Lincolnwood, Illinois 60712
Telephone Number: 847-262-3800 x351
E-mail Address: FFrankel@Kesser.com
Fax Number:

Facility/Project Identification

Facility Name: Arc at Lincoln
Street Address: 1507 7th Street
City and Zip Code: Lincoln, Illinois 62656
County: Logan Health Service Area: 3 Health Planning Area: 107

Applicant /Co-Applicant Identification

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

Exact Legal Name: DYD Equities, LLC
Address: 4655 West Chase Avenue, Lincolnwood, Illinois 60712
Name of Registered Agent: Frederick Frankel
Name of Chief Executive Officer: Dovid Seitler
CEO Address: 4655 West Chase Avenue, Lincolnwood, Illinois 60712
Telephone Number: 217-408-7501 Ext. 501

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Meredith Duncan
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3602
E-mail Address: mduncan@polsinelli.com
Fax Number:

Additional Contact

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

Name: Frederick S. Frankel
Title: General Counsel
Company Name: 4655 West Chase Avenue
Address: Lincolnwood, Illinois 60712
Telephone Number: 847-262-3800 x351
E-mail Address: FFrankel@Kesser.com
Fax Number:

Post Permit Contact

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

Name: Frederick S. Frankel
Title: General Counsel
Company Name: 4655 West Chase Avenue
Address: Lincolnwood, Illinois 60712
Telephone Number: 847-262-3800 x351
E-mail Address: FFrankel@Kesser.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: 1507 7th Street, LLC
Address of Site Owner: 4655 West Chase Avenue, Lincolnwood, Illinois 60712
Street Address or Legal Description of Site: 1507 7th Street, Lincoln, Illinois 62656
Proof of ownership or control of the site is to be provided as . Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Arc at Lincoln, LLC	
Address: 1507 7th Street, Lincoln, Illinois 62656	
☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐ Other

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

State Agency Submittals

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

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

☒ All reports regarding outstanding permits

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

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Arcadia Care, 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.

SIGNATURE

Dovid Seitler
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of September 2025

Signature of Notary

OFFICIAL SEAL
ADRIANA ALVAREZ
Notary Public, State of Illinois
Commission No. 851164
My Commission Expires
May 09, 2029

SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Arc at Lincoln, LLC* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Dovid Seitler
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of September 2025

Signature of Notary

Seal

OFFICIAL SEAL
ADRIANA ALVAREZ
Notary Public, State of Illinois
Commission No. 851164
My Commission Expires
May 09, 2029

SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of DYD Equities, LLC* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Dovid Seitler

PRINTED NAME

Manager

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of September 2025

Signature of Notary

Seal

OFFICIAL SEAL
ADRIANA ALVAREZ
Notary Public, State of Illinois
Commission No. 851164
My Commission Expires
May 09, 2029

SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

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	0	82
☐ Specialized Long-Term Care		
☐		

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

Utilization

Utilization for the most current CALENDAR YEAR:

Category of Service	Year	Admissions	Patient Days
☒ General Long Term Care	N/A	N/A	N/A
☐ Specialized Long-Term Care			

Applicable Review Criteria - Guide

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

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

GENERAL LONG-TERM CARE

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

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

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

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

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

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

SPECIALIZED LONG-TERM CARE

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

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

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

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

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

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1125.530 - Planning Area Need

1. Identify the calculated number of beds needed (excess) in the planning area. See HFSRB website (http://hfsrb.illinois.gov) and click on "Health Facilities Inventories & Data".

2. Attest that the primary purpose of the project is to serve residents of the planning area and that at least 50% of the patients will come from within the planning area.

3. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used, as described in Section 1125.540.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

    e. Projections shall contain documentation of population changes in terms of births

deaths and net migration for a period of time equal to or in excess of the projection horizon;

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

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

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

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

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

1. Historical Service Demand

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

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

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

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

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

Criterion 1125.560 - Variances to Computed Bed Need

Continuum of Care:

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

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

2. The proposal shall be for the purposes of and serve only the residents of the housing complex and shall be developed either after the housing complex has been established or as a part of a total housing construction program, provided that the entire complex is one inseparable project, that there is a documented demand for the housing, and that the licensed beds will not be built

first, but will be built concurrently with or after the residential units.

3. The applicant shall demonstrate that:

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

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

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

Defined Population:

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

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

2. The applicant shall document each of the following:

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

   b. The boundaries of the GSA;

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

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

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

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

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

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

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

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

2. Additional documentation required:

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

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

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

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

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

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

The applicant shall document one of the following:

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

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

Criterion 1125.640 - Assurances

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

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

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

Criterion 1125.650 - Modernization

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

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

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

SPECIALIZED LONG-TERM

Criterion 1125.720 - Specialized Long-Term Care – Review Criteria

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

1. **Community Related Functions**

   Read the criterion and submit the following information:

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

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

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

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

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

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

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

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

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

   e. documentation of the availability of community workshops.

3. **Recommendation from State Departments**

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

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

Read the criterion and submit the following information:

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

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

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

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

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

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

$500,000	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.
$500,000	**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:				Year 2
Current Ratio				1.18
Net Margin Percentage				17.1%
Percent Debt to Total Capitalization				N/A
Projected Debt Service Coverage				112.6
Days Cash on Hand				30
Cushion Ratio				33

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

applicant and provide worksheets for each.

2. Variance

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

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

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing

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

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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

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	$37,126	$12,874	$50,000
Movable or Other Equipment (not in construction contracts)	$334,133	$115,867	$450,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$371,259**	**$128,741**	**$500,000**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$371,259	$128,741	$500,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$371,259**	**$128,741**	**$500,000**

APPENDIX B

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is $ 500,000.

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary

☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): February 28, 2027

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

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

☒ Project obligation will occur after permit issuance.

APPENDIX D

Cost/Space Requirements

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

		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							
Nursing	$358,736	40,220	40,220			40,220	
Therapy	$12,523	1,404	1,404			1,404	
Total Clinical	$371,259	41,624	41,624			41,624	
NON CLINICAL							
Activity Room	$11,774	1,320	1,320			1,320	
Chapel	$13,245	1,485	1,485			1,485	
Dining Room	$46,497	5,213	5,213			5,213	
Kitchen	$15,769	1,768	1,768			1,768	
Laundry	$963	108	108			108	
Hall	$5,833	654	654			654	
Lounge	$4,103	460	460			460	
Administration	$17,187	1,927	1,927			1,927	
Lobby	$13,370	1,499	1,499			1,499	
Total Non-clinical	$128,741	14,434	14,434			14,434	
TOTAL	**$500,000**	**56,058**	**56,058**			**56,058**	

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: Arc at Lincoln, LLC (Name) 1507 7th Street (Address)

Lincoln	Illinois	62656	217-408-7501
(City)	(State)	(ZIP Code)	(Telephone Number)

2. Project Location: 1507 7th Street (Address) Lincoln, Illinois (City) (State)

Logan	East Lincoln Township	
(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 X

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

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the

local community building or planning department for assistance.
If the determination is being made by a local official, please complete the following:

FIRM Panel Number:_____ Effective Date:_____

Name of Official:_____ Title:_____

Business/Agency:_____ Address:_____

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

Signature:_____ Date:_____

National Flood Hazard Layer FIRMette

FEMA

Basemap Imagery Source: USGS National Map 2023

Legend

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

- SPECIAL FLOOD HAZARD AREAS
  - Without Base Flood Elevation (BFE) Zone A, V, A99
  - With BFE or Depth Zone AE, AO, AH, VE, AR
  - Regulatory Floodway
- 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 AREAS
  - NO SCREEN Area of Minimal Flood Hazard Zone X
  - Effective LOMRs
  - Area of Undetermined Flood Hazard Zone D
- GENERAL STRUCTURES
  - Channel, Culvert, or Storm Sewer
  - Levee, Dike, or Floodwall
- OTHER FEATURES
  - 20.2 Cross Sections with 1% Annual Chance
  - 17.5 Water Surface Elevation
  - Coastal Transect
  - Base Flood Elevation Line (BFE)
  - Limit of Study
  - Jurisdiction Boundary
  - Coastal Transect Baseline
  - Profile Baseline
  - Hydrographic Feature
- MAP PANELS
  - Digital Data Available
  - No Digital Data Available
  - Unmapped

N

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 8/5/2025 at 7:45 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Appendix - E

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for Arcadia Care, Inc., Arc at Lincoln, LLC, and DYD Equities, LLC (collectively, the "Applicants") are attached at Attachment – 1.

Arc at Lincoln, LLC will be the operator/licensee of the skilled nursing facility.

As the entities with final control of the licensee and site owner respectively, Arcadia Care, Inc. and DYD Equities, LLC have been named as applicants for this application for permit.

Attachment - 1

File Number 7285-888-3

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*

ARCADIA CARE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 09, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS 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* 5TH *day of* AUGUST *A.D.* 2025 .

SEAL OF THE STATE OF ILLINOIS
UNION NATIONAL
1868 1818
AUG. 26TH 1818

Authentication #: 2521703314 verifiable until 08/05/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Attachment - 1

File Number 1657833-9

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*

ARC AT LINCOLN, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 29, 2025, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 5TH *day of* AUGUST *A.D.* 2025 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26 1818

Authentication #: 2521702696 verifiable until 08/05/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

File Number 1564072-3

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*

1507 7TH STREET, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 31, 2024, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 5TH *day of* AUGUST *A.D.* 2025 .

SEAL OF THE STATE OF ILLINOIS AUG. 26 1818

Authentication #: 2521702716 verifiable until 08/05/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

File Number 1319263-4

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*

DYD EQUITIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 28, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 5TH *day of* AUGUST *A.D.* 2025 .

Authentication #: 2521703282 verifiable until 08/05/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Section I, Identification, General Information, and Certification
Site Ownership

A copy of the filed quit claim deed for the site of the nursing home at 1507 7th Street, Lincoln, Illinois is attached at Attachment – 2.

Attachment - 2

202500000353
FILED FOR RECORD IN
LOGAN COUNTY, ILLINOIS
THERESA MOORE
02/04/2025 08:31 AM
ST TAX: 385.00
COUNTY TAX: 192.50
QUIT CLAIM DEED 650.50
ELECTRONICALLY RECORDED

PTAX-004740

[SPACE ABOVE THIS LINE IS FOR RECORDING INFORMATION]

CHRISTIAN HOMES, INC.,
an Illinois not-for-profit corporation,
debtor in Chapter 11 Bankruptcy case number 24-42473-659,
formerly known as The Christian Nursing Home, an Illinois Corporation

to

1507 7TH STREET, LLC,
an Illinois limited liability company

QUIT CLAIM DEED

Dated: As of January 31, 2025

Location: 200 North Postville Drive,
Lincoln, Illinois 62656

County: Logan County, Illinois

PREPARED BY:

Dentons US LLP
101 South Hanley Road, Suite 600
St. Louis, Missouri 63105
Attention: Thomas K. Vandiver

UPON RECORDATION RETURN TO:

Gutnicki LLP
4711 Golf Road, Suite 200
Skokie, Illinois 60076
Attention: Stacy J. Flanigan

QUIT CLAIM DEED

This QUIT CLAIM DEED, is made as of January 31, 2025, by CHRISTIAN HOMES, INC., an Illinois not-for-profit, debtor in Chapter 11 Bankruptcy case number 24-42473-659, formerly known as The Christian Nursing Home, an Illinois Corporation ("Grantor") to 1507 7TH STREET, LLC, LLC, an Illinois limited liability company ("Grantee").

Grantor is the Debtor in Possession in that certain bankruptcy proceeding *In re Midwest Christian Villages, Inc. et al.*, Case No. 24-42437-659. The United State Bankruptcy Court has authorized the transaction contemplated hereby pursuant to that certain Order (I) Approving the Asset Purchase Agreements Between the Debtors and the Successful Bidder; (II) Authorizing the Sale of Substantially All of the Assets of the 4 Illinois Market Rate Facilities and the Pharmacy; and (III) Granting Related Relief, as evidenced by that certain Memorandum of Order Authorizing Sale of Substantially All Assets of Christian Homes, Inc., Lewis Memorial Christian Village, River Birch Christian Village, LLC, Hickory Christian Village and Senior Care Pharmacy Services LLC Free and Clear of All Liens, Claims and Encumbrances to be recorded in the Official Records of Logan County concurrently herewith, each as filed November 27, 2024 in the United States Bankruptcy Court for the Eastern District of Missouri, Eastern Division.

Grantor, for and in consideration of the sum of Ten Dollars ($10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, by these presents does REMISE, RELEASE, and QUIT CLAIM unto the Grantee, all interest in:

> All of that certain real estate situated in the County of Logan, in the State of Illinois described in Exhibit A attached hereto and made a part hereof, together with all improvements and fixtures located thereon and owned by Grantor as of the date hereof and any rights, privileges and appurtenances pertaining thereto (the "Premises").

TO HAVE AND TO HOLD said Premises as described above, with the appurtenances unto, the Grantee forever.

This is a Quit Claim Deed. Grantor makes no representations whatsoever, express or implied, regarding the Premises, this Deed or any other matters.

[Remainder of page intentionally blank]

IN WITNESS WHEREOF, Grantor executed this Quit Claim Deed as of the day and year first above written.

GRANTOR:

CHRISTIAN HOMES, INC.,
an Illinois not-for-profit corporation,
debtor in Chapter 11 Bankruptcy case number 24-42473-659,
formerly known as The Christian Nursing Home,
an Illinois Corporation

By: _____
Kate Bertram
President and Chief Executive Officer

State of Illinois)

County of Cook)

The foregoing instrument was acknowledged before me this 30th day of January, 2025, by Kate Bertram, President and Chief Executive Officer of CHRISTIAN HOMES, INC. an Illinois not-for- profit corporation, debtor in Chapter 11 Bankruptcy case number 24-42473-659, formerly known as The Christian Nursing Home, an Illinois Corporation on behalf of such not-for-profit corporation.

_____, Notary Public

Printed Name: Vanessa Madrigal

My Commission Expires:
05/25/2027

OFFICIAL SEAL
VANESSA MADRIGAL
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 05/25/2027

Send Subsequent Tax Bills to:
1507 7TH STREET, LLC
c/o Arcadia Care
4655 West Chase Avenue
Lincolnwood, IL 60712
Attention: Dovid Seitler

EXHIBIT "A"
Legal Description

The Christian Village – Logan County, Illinois

Tract 1:

A part of the Northwest Quarter of the Northwest Quarter of Section 36, Township 20 North, Range 3 West of the Third Principal Meridian, Logan County, Illinois, described as follows, to-wit:

Beginning at the point of intersection of the East line of the right of way of U.S. Route 66 and the North line of the Northwest Quarter of said Section 36, which point of beginning is 132.70 feet East of a plate in the pavement marking the Northwest corner of said Section 36, running thence East along the North line of the Northwest Quarter of said Section 36, 381.10 feet to the West line of Evans Street (30 feet wide) as platted in Tobin's Resurvey of that part of the City of Lincoln embracing the Town of Postville; Knapp, Bird and Tinsley's Addition to Postville; Rautenberg's Survey and Melrose Addition, thence South along the West line of said Evans Street and said West line produced and extended 470.04 feet, thence West 180.00 feet, thence South 135.0 feet to the North line of Seventh Street as platted in said Tobin's Resurvey; thence West along the North line of said Seventh Street 200.64 feet to the East line of the right of way of U.S. Route 66, thence North along said right of way line 611.92 feet to the point of beginning.

Situated in LOGAN COUNTY, ILLINOIS.

Tract 2:

Part of the Northwest Quarter of the Northwest Quarter of Section 36, Township 20 North, Range 3 West of the Third Principal Meridian, Logan County, Illinois, in the City of Lincoln, the boundary of said part being further described as follows:

Beginning at an iron pin 183.00 feet South and 160.75 feet West of a concrete marker at the center of Seventh and Main Streets; thence West 349.02 feet to an iron pin; thence Northerly making an interior angle of 89 degrees 59 minutes 30 seconds with the last described course 152.85 feet to an iron pin on the South line of Seventh Street; thence Easterly along said South line making an interior angle of 90 degrees 01 minutes with the last described course, 348.76 feet to an iron pin; thence Southerly making an interior angle of 90 degrees 06 minutes with the last described course 153.00 feet to the point of beginning.

Situated in LOGAN COUNTY, ILLINOIS.

Tract 3:

Part of the Northwest Quarter of the Northwest Quarter of Section 36, Township 20 North, Range 3 West of the Third Principal Meridian, Logan County, Illinois, in the City of Lincoln, the boundary of said part being further described as follows:

Beginning at the intersection of the South line of Seventh Street with the West line of Main Street in Postville, now a part of the City of Lincoln, Logan County, Illinois, thence West along said South line of Seventh Street 119-1/2 feet; thence South parallel with Main Street 103.31 feet; thence East parallel with Seventh Street 119-1/2 feet to the said West line of Main Street; thence North along the said West line of Main Street 103.31 feet to the place of beginning.

Situated in LOGAN COUNTY, ILLINOIS.

Tract 4:

A part of the Northwest Quarter of the Northwest Quarter of Section 36, Township 20 North, Range 3 West of the Third Principal Meridian, Logan County, Illinois, described as follows, to-wit:

Beginning at a point of intersection of the North line of Seventh Street as platted in Tobin's Resurvey of that part of the City of Lincoln embracing the Town of Postville; Knapp, Bird and Tinsley's Addition to Postville; Rautenberg's Survey and Melrose Addition, and the West line of Evans Street (30 feet wide) as platted in said Tobin's Resurvey, which point of beginning is 513.80 feet East and 605.04 feet South of a plate in the pavement marking the Northwest corner of said Section 36, running thence West along the North line of Seventh Street 180.0 feet, thence North 135.0 feet, thence East 180.0 feet, thence South 135.0 feet to the point of beginning.

Situated in LOGAN COUNTY, ILLINOIS.

Tract 5:

A part of the Southwest Quarter of Section 25, Township 20 North, Range 3 West of the Third Principal Meridian, in the City of Lincoln, Logan County, Illinois and being further described as follows:

Commencing at a plate in the Southbound lane of U.S. Route 66, said plate being the Southwest corner of Section 25, Township 20 North, Range 3 West of the Third Principal Meridian; thence Easterly along the South line of Section 25 a distance of 132.70 feet to an iron pin, said pin being the point of beginning; thence continuing Easterly along said South line of Section 25 a distance of 355.57 feet to an iron pin; thence Northerly along a line forming an interior angle of 88 degrees 56 minutes 30 seconds with the last described course a distance of 324.97 feet to an iron pin; thence Westerly along a line forming an interior angle of 90 degrees 32 minutes 35 seconds with the last described course a distance of 355.57 feet to an iron pin; thence Southerly a distance of 321.60 feet to the point of beginning.

Situated in LOGAN COUNTY, ILLINOIS.

Tract 6:

A part of the Southwest Quarter of Section 25, Township 20 North, Range 3 West of the Third Principal Meridian, in the City of Lincoln, Logan County, Illinois, and being further described as follows:

Commencing at a plate in the Southbound lane of U.S. Route 66, said plate being the Southwest corner of Section 25, Township 20 North, Range 3 West of the Third Principal Meridian; thence Easterly along the South line of Section 25 a distance of 488.27 feet to an iron pin, said pin being the point of beginning; thence Easterly along said South line of Section 25 a distance of 134.69 feet to an iron pin; thence Northerly along a line forming an interior angle of 88 degrees 56 minutes 30 seconds with the last described course a distance of 326.25 feet to a point; thence Westerly along a line forming an interior angle of 90 degrees 32 minutes 35 seconds with the last described course a distance of 134.69 feet to an iron pin; thence Southerly a distance of 324.97 feet to the point of beginning.

Situated in LOGAN COUNTY, ILLINOIS.

Tract 7:

A part of the Southwest Quarter of Section 25, Township 20 North, Range 3 West of the Third Principal Meridian, in the City of Lincoln, Logan County, Illinois, more particularly described as follows:

Commencing at a plate in the Southbound lane of U.S. Route 66, said plate being the Southwest corner of said Section 25; thence North 90 degrees 0 minutes 0 seconds East upon the South line of said Section 25 a distance of 132.70 feet to an iron pin located on the East right of way line of Postville Drive; thence North 1 degree 03 minutes 30 seconds West upon said East right of way line a distance of 321.60 feet to an iron pin, the true point of beginning; thence continuing North 1 degree 03 minutes 30 seconds West upon said East right of way line a distance of 321.60 feet to an iron pin located at the intersection of the East right of way line of Postville Drive and the South line of Eleventh Street; thence North 89 degrees 00 minutes 51 seconds East upon said South line a distance of 150.00 feet to an iron pin; thence South 1 degree 03 minutes 33 seconds East a distance of 195.74 feet to an iron pin; thence North 88 degrees 44 minutes 08 seconds East a distance of 151.63 feet to an iron pin; thence South 1 degree 07 minutes 45 seconds East a distance of 51.31 feet to an iron pin; thence North 89 degrees 01 minutes 03 seconds East a distance of 25.00 feet to

an iron pin; thence South 1 degree 31 minutes 22 seconds East a distance of 78.37 feet to an iron pin; thence South 89 degrees 29 minutes 05 seconds West a distance of 328.22 feet to the point of beginning.

Situated in LOGAN COUNTY, ILLINOIS.

Tract 8:

Lots 1, 2, 3, 4, 5 and 6 in Kenning's Subdivision of Block 8 in Rautenberg's Survey of the City of Lincoln, Logan County, Illinois, as shown by Plat of said Subdivision recorded in Plat Book 12, page 101 of the Recorder's Office of Logan County, Illinois.

Situated in LOGAN COUNTY, ILLINOIS.

Tract 9:
That part of the West Half of the Northwest Quarter of Section 36, Township 20 North, Range 3 West of the Third Principal Meridian, Logan County, Illinois, more particularly described as follows:

Beginning at a point in the West line of Main Street 132.37 feet North of the intersection of the North line of Fifth Street with said West line of Main Street in Postville, now a part of the City of Lincoln, thence North 360 feet, more or less, to a point in said West line of Main Street which is 103.31 feet South of the intersection of the South line of Seventh Street in said City with said West line of Main Street, thence West parallel with said Seventh Street 119-1/2 feet, thence South parallel with Main Street 360 feet, more or less, opposite and Westerly of the point of beginning, on a line parallel with Fifth Street, thence East parallel with said Fifth Street, 119-1/2 feet to the place of beginning, said above described tract of real estate being part of the City of Lincoln

EXCEPT the following described tract:

Commencing at a railroad spike found in the center line intersection of Seventh Street and Main Stree, as such are now located; thence South along the center line of said Main Street a distance of 133.31 feet; thence South 89 degrees 59 minutes 34 seconds West parallel with said Seventh Street a distance of 30.00 feet to a 1/2 inch pin set; thence South along the West right of way line of said Main Street a distance of 366.14 feet to a 1/2 inch pin set; thence South 89 degrees 59 minutes 31 seconds West parallel with Fifth Street a distance of 50.75 feet to a 1/2 inch pin set at the point of beginning; thence North a distance of 7.20 feet to a 1/2 inch pin set; thence South 89 degrees 59 minutes 31 seconds West a distance of 80.00 feet to a 1/2 inch pin set; thence South a distance of 7.20 feet; thence North 89 degrees 59 minutes 31 seconds East a distance of 80.00 feet to the point of beginning, containing 0.013 acres more or less in said excepted tract.

Situated in LOGAN COUNTY, ILLINOIS.

Tract 10:

Beginning at the intersection of the South line of Seventh Street and the East line of the dedicated S.B.I. Highway, thence South along said East line of said S.B.I. Highway 150 feet, thence East parallel with the South line of Seventh Street 200 feet, thence North parallel with the East line of said S.B.I. Highway 150 feet to the South line of said Seventh Street, thence West along said line of Seventh Street 200 feet to the place of beginning, and being part of the Northwest Quarter of the Northwest Quarter of Section 36, Townshi 20 North, Range 3 West of the Third Principal Meridian, Logan County, Illinois, and late a part of Lots 1, 2, 3, 6, 7 and 8 in Block 15 in the Original Town of Postville and also the included alley and that part of McGraw Street abutting said block and since vacated, EXCEPT beginning at the intersection of the South line of Seventh Street in the City of Lincoln, with the East line of the State Highway (West Belt around Lincoln), thence East along said South line of Seventh Street 39 feet, thence South parallel with said East line of the State Highway 150 feet, thence West 39 feet to the East line of the State Highway, thence North along said East line 150 feet more or less to the point of beginning and being part of the Northwest Quarter of the Northwest Quarter of Section 36. Township 20 North, Range 3 West of the Third Principal Meridian.

Situated in LOGAN COUNTY, ILLINOIS.

Tract 11:

A strip of ground 50 feet wide fronting on Evans Street and 105 feet in depth abutting Ninth Street of the following described tract:

Lots 4 and 5 and the West Half of Lot 3 in Block 3 in Rautenberg's Survey in the City of Lincoln, Logan County, Illinois, (said Ninth Street being as shown on the original plat of Rautenberg's Survey but now known as Eighth Street).

Situated in LOGAN COUNTY, ILLINOIS

Tract 12:

A part of the existing right of way of Seventh Street located West of Main Street and East of Postville Drive and more particularly described as follows:

Part of the Northwest Quarter of the Northwest Quarter of Section 36, Township 20 North, Range 3 West of the Third Principal Meridian, Lincoln, Illinois, more particularly described as follows: Beginning at an iron pin found at the intersection of the South right of way line of Seventh Street and the West right of way line of Main Street; thence South 88 degrees 56 minutes 40 seconds West on said South right of way line a distance of 620.81 feet to an iron pin found; thence North 01 degrees 06 minutes 46 seconds West a distance of 60.04 feet to an iron pin found at the intersection of the East right of way line of Postville Drive and the North right of way line of Seventh Street; thence North 88 degrees 56 minutes 40 seconds East on said North right of way line a distance of 620.67 feet to an iron pin set at the intersection of said North right of way line and the West right of way line of Main Street; thence South 01 degrees 14 minutes 47 seconds East a distance of 60.04 feet to the point of beginning.

EXCEPT THE FOLLOWING TRACT: The East 88.63 feet of the North Half of Seventh Street lying West of the West right of way line of Main Street in Rautenburg's Survey of part of Lot 2 of the North Half of the Northwest Quarter of the Northwest Quarter of Section 36, Township 20 North, Range 3 West of the Third Principal Meridian, Lincoln, Illinois, recorded in the Logan County Recorder's Office in Plat Book 3, Page 68.

Situated in LOGAN COUNTY, ILLINOIS

For APN/Parcel ID(s): 12-036-025-00, 12-036-029-00, 12-036-024-00, 12-025-013-00, 12-025-012-50, 12-720-001-00, 12-720-006-00, 12-036-031-00, 12-036-028-00, 12-036-031-00; and 12-623-005-00.

Common Address: 200 North Postville Drive, Lincoln, Illinois 62656 and 114 North Evans Street
Lincoln, Illinois 62656

THE BELOW IS AN ADDITIONAL PARCEL IN LOGAN COUNTY, IL:

Part of the Northwest 1/4 of section 36, Township 20 North, Range 3 West of the Third Principal Meridian, Lincoln, Logan County, Illinois, more particularly described as follows:

Commencing at an iron pin set at the intersection of the North right of way line of Fifth Street and the East right of way line of South Postville Road; thence North 12 degrees 28 minutes 03 seconds West on said East right of way line, a distance of 255.04 feet to an iron pin set at the point of beginning.

From said point of beginning, thence continuing North 12 degrees 28 minutes 03 seconds West on said East right of way line, a distance of 202.81 feet to an iron pin found; thence North 88 degrees 58 minutes 22 seconds East, a distance of 479.17 feet to an iron pin found; thence South 01 degree 01 minutes 20 seconds East, a distance of 198.73 feet; thence South 88 degrees 57 minutes 59 seconds West, a distance of 438.93 feet to the point of beginning.

Situated in LOGAN COUNTY, ILLINOIS.

For APN/Parcel ID(s): 12-036-037-00

Common Address: 200 North Postville Drive, Lincoln, Illinois 62656

PLAT ACT AFFIDAVIT
(Pursuant to 765 ILCS 205/1)

STATE OF ILLINOIS)
COUNTY OF LOGAN)

Midwest Christian Villages, Inc., the grantor or his/her agent, being duly sworn on oath, states that he/she resides at Two CityPlace Dive, 2nd Floor, St. Louis, Missouri 63141.
Affiant states that the attached deed is *not* a violation of 765 ILCS 205/1 for reason given below:

☑ A. The sale or exchange is of **an entire tract of land** not being a part of a larger tract of land and described in the same manner as title was taken by the grantor(s);

☐ B. *One* of the following exemptions from 765 ILCS 205/1 (b) applies:
- ☐ 1. The division or subdivision of land is into parcels or tracts of five acres or more in size which does not involved any new streets or easements of access.
- ☐ 2. The division is of lots or blocks of less than one acre in any recorded subdivision which does not involve any new streets or easements of access.
- ☐ 3. The sale or exchange of parcels of land is between owners of adjoining and contiguous land.
- ☐ 4. The conveyance is of parcels of land or interests therein for use as right of way for railroads or other public utility facilities, which does not involve any new streets or easements of access.
- ☐ 5. The conveyance is of land owned by a railroad or other public utility which does not involve any new streets or easements of access.
- ☐ 6. The conveyance is of land for highway or other public purposes or grants of conveyances relating to the dedication of land for public use or instruments relating to the vacation of land impressed with a public use.
- ☐ 7. The conveyance is made to correct descriptions in prior conveyances.
- ☐ 8. The sale or exchange is of parcels or tracts of land following the division into no more than two parts of a particular parcels or tract of land existing on July 17, 1959 and not involving any new streets or easements of access.
- ☐ 9. The sale is of a single lot of less than five acres from a larger tract, the dimensions and configurations of said large tract having been determined by the dimensions and configuration of said larger tract on October 1, 1973, and no sale, prior to this sale, or any lot or lots from said larger tract having taken place since October 1, 1973 and provided that this exemption does not invalidate any local requirements applicable to the subdivision of land (page 2).
- ☐ 10. The preparation of a plat for wind energy devices under Sec. 10-620 of the Property Tax Code.
- ☐ 11. Other: _____

☐ C. The division does not meet any of the above criteria and must have county approval (page 2).
Legal description prepared by: _____

AFFIANT further states that he/she makes this affidavit for the purpose of inducing the Recorder of Deeds of LOGAN County, State of Illinois, to accept the attached deed for recording.

SUBSCRIBED AND SWORN TO before me _____
this _____ day of _____, 20___.

_____ _____
Signature of Notary Public Signature of Affiant

Affiant further states that it makes this Affidavit on this 30th day of January, 2025 for the purpose of inducing the Recorder of Deeds of Logan County, Illinois, to accept the attached deed for recording.

MIDWEST CHRISTIAN VILLAGES, INC.,
an Illinois not-for-profit corporation,
debtor in Chapter 11 Bankruptcy case number 24-42473-659

By: _____
Kate Bertram
President and Chief Executive Officer

SUBSCRIBED AND SWORN TO BEFORE ME
this 30th day of January, 2025.

_____
Notary Public
My commission expires 05/25/2027

OFFICIAL SEAL
VANESSA MADRIGAL
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 05/25/2027

Section I, Identification, General Information, and Certification

Operating Identity/Licensee

The Illinois Certificate of Good Standing for Arc at Lincoln, LLC is attached at Attachment – 3.

Attachment - 3

File Number 1657833-9

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

ARC AT LINCOLN, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 29, 2025, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of AUGUST A.D. 2025 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Alexi Giannoulias
SECRETARY OF STATE

Authentication #: 2521702696 verifiable until 08/05/2026
Authenticate at: https://www.ilsos.gov

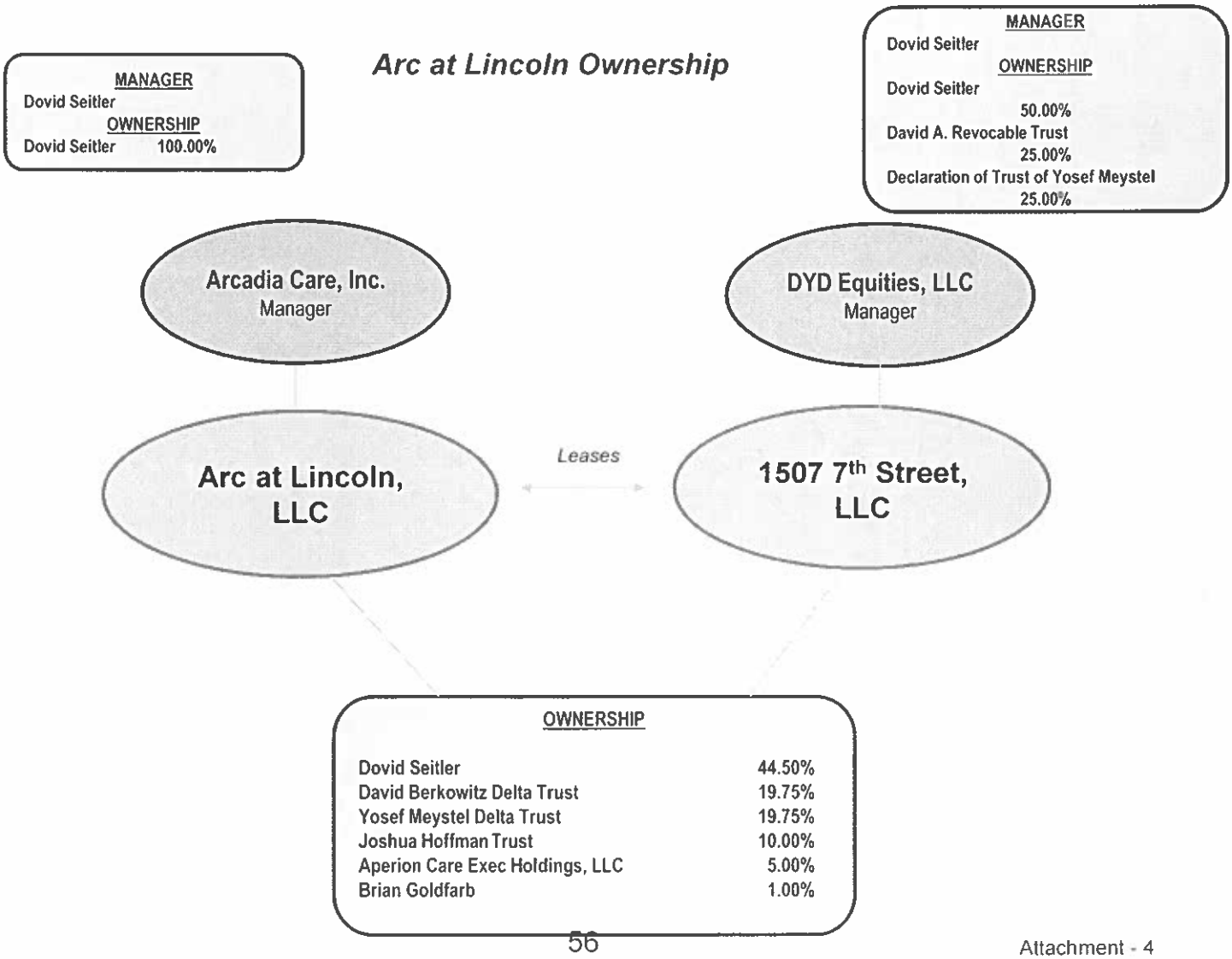
Attachment - 3

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

The organizational chart for Arc at Lincoln is attached at Attachment – 4.

Attachment - 4

Arc at Lincoln Ownership



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

The site of the planned nursing home complies with the requirements of Illinois Executive Order #2006-5. The nursing home will be located at 1507 7th Street, Lincoln, Illinois. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment - 5. The interactive map for Panel 17107C0145D reveals that this area is not included in a flood plain.

Attachment - 5

National Flood Hazard Layer FIRMette

FEMA

Legend

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

- SPECIAL FLOOD HAZARD AREAS
  - Without Base Flood Elevation (BFE) Zone A, V, A99
  - With BFE or Depth Zone AE, AO, AH, VE, AR
  - Regulatory Floodway
- 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 AREAS
  - NO SCREEN Area of Minimal Flood Hazard Zone X
  - Effective LOMRs
  - Area of Undetermined Flood Hazard Zone D
- GENERAL STRUCTURES
  - Channel, Culvert, or Storm Sewer
  - Levee, Dike, or Floodwall
- OTHER FEATURES
  - 20.2 Cross Sections with 1% Annual Chance
  - 17.5 Water Surface Elevation
  - Coastal Transect
  - Base Flood Elevation Line (BFE)
  - Limit of Study
  - Jurisdiction Boundary
  - Coastal Transect Baseline
  - Profile Baseline
  - Hydrographic Feature
- MAP PANELS
  - Digital Data Available
  - No Digital Data Available
  - Unmapped

N

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not voided as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 8/5/2025 at 7:45 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Attachment - 5

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

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

Attachment - 6

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

Logan County
Lincoln
CON - Establish a Skilled Nursing Facility, Arc at Lincoln
1507 7th St.

IHFSRB, SHPO Log #011080525

August 6, 2025

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

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 Steve Dasovich, Cultural Resources Manager, at 217/782-7441 or at Steve.Dasovich@illinois.gov.

Sincerely,

Carey L. Mayer

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

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

Purpose of the Project

1. The purpose of the Project is to address the need for 82 skilled nursing bed need in the Logan County Planning Area[1] by reopening the former Christian Nursing Home located at 1507 7th Street, Lincoln, Illinois, which closed on September 15, 2023. Importantly, in the five years proceeding the closure of Christian Nursing Home (2019 – 2023), the four skilled nursing facilities in the Logan County Planning Area[2] had an average daily census of 320. As a result of the closure of Christian Nursing Center, the remaining skilled nursing facilities collectively have 315 beds, which is insufficient to address Logan County's historical utilization.

   Skilled nursing facilities are a critical part of the long-term care continuum. However, since the start of the pandemic, workforce shortages, increasing inflation and operations costs, and chronic government underfunding have limited access to nursing home care. As a result, many nursing homes have downsized or closed their doors, displacing vulnerable residents, leaving seniors and their families waiting longer or searching farther for case. [3] According to data from the American Health Care Association ("AHCA"), since 2020 at least 774 nursing homes have closed, resulting in the displacement of over 28,000 residents and 20 percent of nursing homes have closed a unit, wing, or floor due to labor shortages. The combination of closure and downsizing has resulted in nearly 63,000 few skilled nursing beds.[4]

   Despite the rapidly aging population and increased demand for long-term acute and post-acute care, the number of new skilled nursing facilities decreased by 50 percent. from 2020 to 2023. According to AHCA data, 73 new skilled nursing homes opened in 2020, 71, in 2021, 55 in 2022, and only 37 in 2023.

   When skilled nursing beds are unavailable, hospitals must hold patients who have completed their acute treatment but still require skilled post-acute care, which can lead to increased hospital lengths of stay, delayed elective surgeries, and longer wait times in the emergency department. Additionally, decreases in skilled nursing beds can lead to an increase in patient rehospitalizations, especially for the most acutely ill patients.[5]

   Skilled nursing facilities located close to residents' families enable frequent visits, improve emotional well-being, support better communication with care staff, and allows for rapid response during emergencies. Frequent family visits provide residents with continuous emotional support, helping to reduce feelings of isolation, depression, and anxiety. Additionally, it allows family members to actively participate in care decisions and

---

1 Illinois Health Facilities and Services Review Board, Long-Term Care Facility Updates (Jul. 31, 2025).
2 Christian Nursing Home, Lincoln Village Healthcare f/k/a Generations at Lincoln, St. Clara's Rehab & Senior Care, and The Henry and Jane Vonderlieth Living Center.
3 AMERICAN HEALTH CARE ASSOCIATION, ACCESS TO CARE REPORT (Aug. 2024) *available at* https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/AHCA%20Access%20to%20Care%20Report%202024%20FINAL.pdf (last visited Sep. 10, 2025).
4 Id.
5 Katherine E. M. Miller, PhD, MSPH et al., *Trends in Supply of Nursing Home Beds, 2011 – 2019*, JAMA NETWORK OPEN, Mar. 1, 2023 *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2801837 (last visited Sep. 10, 2025).

communicate regularly with nursing staff, monitor care, advocate for the resident's needs, and quickly address concerns or changes in health status. Finally, families experience reduced stress and greater peace of mind knowing they can be involved in daily care and oversight without the burden of long-distance travel.

The planned Arc at Lincoln will address the need for skilled nursing beds in Logan County to ensure patients have access to long-term and post-acute care close to home.

2. Pursuant to Section 1100.510(d) of the State Board's rules, the intended geographic service area ("GSA") shall be a 21-mile radius from the planned Arc at Lincoln. A map of the GSA of the planned Arc at Lincoln is attached at Attachment - 10. Travel times to and from the Hospital to the GSA borders are as follows:

    - East: Approximate 21 miles to Clinton
    - Southeast: Approximate 21 miles to Warrensburg
    - South: Approximate 21 miles to Buffalo
    - Southwest: Approximate 21 miles to Athens
    - West: Approximate 21 miles to Salt Creek
    - Northwest: Approximate 21 miles to Malone
    - North: Approximate 21 miles to Hopedale
    - Northeast: Approximate 21 miles to McLean

3. The purpose of the Project is to address the need for 82 skilled nursing bed need in the Logan County Planning Area[6] by reopening the former Christian Nursing Home located at 1507 7th Street, Lincoln, Illinois, which closed on September 15, 2023. Importantly, in the five years proceeding the closure of Christian Nursing Home (2019 – 2023), the four skilled nursing facilities in the Logan County Planning Area[7] had an average daily census of 320. As a result of the closure of Christian Nursing Center, the remaining skilled nursing facilities collectively have 315 beds, which is insufficient to address Logan County's historical utilization.

4. Sources

    ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD, LONG-TERM CARE FACILITY UPDATES (Jul. 31, 2025).

    AMERICAN HEALTH CARE ASSOCIATION, ACCESS TO CARE REPORT (Aug. 2024) *available at* https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/AHCA%20Access%20 to%20Care%20Report%202024%20FINAL.pdf (last visited Sep. 10, 2025).

    Katherine E. M. Miller, PhD, MSPH et al., *Trends in Supply of Nursing Home Beds, 2011 – 2019.* JAMA NETWORK OPEN, Mar. 1, 2023 *available at* https://jamanetwork.com/journals/jamanetworkopen/ fullarticle/2801837 (last visited Sep. 10. 2025).

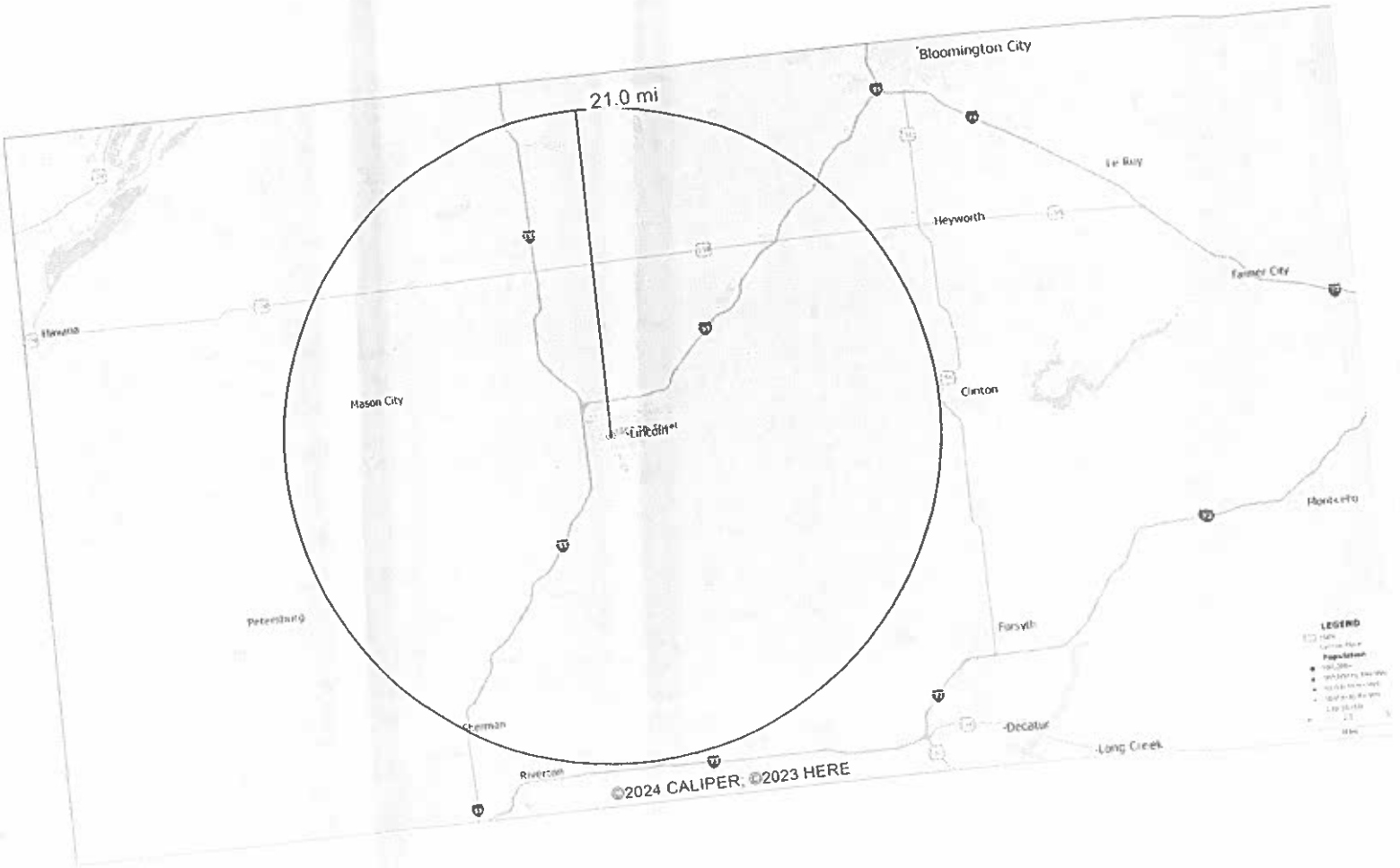
[6] Illinois Health Facilities and Services Review Board, Long-Term Care Facility Updates (Jul. 31, 2025).
[7] Christian Nursing Home, Lincoln Village Healthcare f/k/a Generations at Lincoln, St. Clara's Rehab & Senior Care, and The Henry and Jane Vonderlieth Living Center.

Joseph E. Gaugler, *Family Involvement in Residential Long-Term Care: A Synthesis and Critical Review*, 9 AGING MENT. HEALTH, 105-118 (2005).

5. The planned Arc at Lincoln will address the need for skilled nursing beds in Logan County to ensure patients have access to long-term and post-acute care close to home.

6. The planned Arc at Lincoln will improve access to skilled nursing beds in Logan County. Additionally, it will improve patient throughput at local hospitals by allowing patients no longer requiring acute care to be discharged for ongoing skilled post-acute care. This will decrease hospital lengths of stay, which in turn will reduce costs to the health care system, enhance access to elective surgeries, and improve wait times in the emergency department.

Finally, it will reduce stress and provide greater peace of mind to family members and loved ones knowing they can be involved in daily care. It will enable frequent family visits, improve emotional well-being, support better communication with care staff, and allow for rapid response during emergencies. Frequent family visits provide residents with continuous emotional support, helping to reduce feelings of isolation, depression, and anxiety. Additionally, it allows family members to actively participate in care decisions and communicate regularly with nursing staff, monitor care, advocate for the resident's needs, and quickly address concerns or changes in health status.


21.0 mi
Bloomington City
Le Roy
Heyworth
Farmer City
Havana
Mason City
Lincoln
Clinton
Petersburg
Forsyth
Decatur
Long Creek
Cherman
Riverton
LEGEND
©2024 CALIPER, ©2023 HERE

Section II, Project Purpose and Alternatives – Information Requirements
Criterion 1125.330 Project Purpose, Background, and Alternatives

After a thoughtful deliberation process, the Applicants determined that the planned Arc at Lincoln, in balance, the most effective and least costly alternative to the other alternatives considered when considering access, quality and cost. The following narrative evaluates each alternative that was considered:

1. **Maintain the Status Quo**

The Applicants considered doing nothing and maintaining the status quo. As discussed in Section 1125.320. There is currently a need for 82 skilled nursing bed need in the Logan County Planning Area,[8] which is due to the closure of the former Christian Nursing Home on September 15, 2023. Importantly, in the five years proceeding the closure of Christian Nursing Home (2019 – 2023), the four skilled nursing facilities in the Logan County Planning Area[9] had an average daily census of 320. Upon the closure of Christian Nursing Center, the remaining skilled nursing facilities collectively have 315 beds, which is insufficient to address Logan County's historical utilization.

When skilled nursing beds are unavailable, hospitals must hold patients who have completed their acute treatment but still require skilled post-acute care, which can lead to increased hospital lengths of stay, delayed elective surgeries, and longer wait times in the emergency department. Additionally, decreases in skilled nursing beds can lead to an increase in patient rehospitalizations, especially for the most acutely ill patients.[10]

Skilled nursing facilities located close to residents' families enable frequent visits, improve emotional well-being, support better communication with care staff, and allow for rapid response during emergencies. Frequent family visits provide residents with continuous emotional support, helping to reduce feelings of isolation, depression, and anxiety. Additionally, it allows family members to actively participate in care decisions and communicate regularly with nursing staff, monitor care, advocate for the resident's needs, and quickly address concerns or changes in health status. Finally, families experience reduced stress and greater peace of mind knowing they can be involved in daily care and oversight without the burden of long-distance travel.

This option does not address the need for skilled nursing beds in Logan County. For this reason, the option to do nothing was rejected.

There is no cost to this option.

2. **Utilize Other Providers**

As discussed more fully above, Christian Nursing Home closed on September 15, 2023, leaving a deficit of beds in the Logan County Planning Area. In the five years proceeding the closure of Christian Nursing Home (2019 – 2023), the four skilled nursing

8 Illinois Health Facilities and Services Review Board, Long-Term Care Facility Updates (Jul. 31, 2025).
9 Christian Nursing Home, Lincoln Village Healthcare f/k/a Generations at Lincoln, St. Clara's Rehab & Senior Care, and The Henry and Jane Vonderlieth Living Center.
10 Katherine E. M. Miller, PhD, MSPH et al., *Trends in Supply of Nursing Home Beds, 2011 – 2019*, JAMA NETWORK OPEN, Mar. 1, 2023 *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2801837 (last visited Sep. 10, 2025).

facilities in the Logan County Planning Area[11] had an average daily census of 320. Upon the closure of Christian Nursing Center, the remaining skilled nursing facilities collectively have 315 beds, which is insufficient to address Logan County's historical utilization.

This option will not address the bed deficit in the Logan County Planning Area. For this reason, the option to utilize other providers was rejected.

There is no cost to this option.

3. **Establish the Arc at Lincoln**

Currently, there is a need for 82 skilled nursing bed need in the Logan County Planning Area,[12] resulting from the closure Christian Nursing Home on September 15, 2023. Importantly, in the five years proceeding the closure of Christian Nursing Home (2019 – 2023), the four skilled nursing facilities in the Logan County Planning Area[13] had an average daily census of 320. The remaining skilled nursing facilities collectively have 315 beds, which is insufficient to address Logan County's historical utilization.

Skilled nursing facilities are a critical part of the long-term care continuum. However, since the start of the pandemic, workforce shortages, increasing inflation and operations costs, and chronic government underfunding have limited access to nursing home care. As a result, many nursing homes have downsized or closed their doors, displacing vulnerable residents, leaving seniors and their families waiting longer or searching farther for case. [14] According to data from the American Health Care Association ("AHCA"), since 2020 at least 774 nursing homes have closed, resulting in the displacement of over 28,000 residents and 20 percent of nursing homes have closed a unit, wing, or floor due to labor shortages. The combination of closure and downsizing has resulted in nearly 63,000 few skilled nursing beds.[15]

When skilled nursing beds are unavailable, hospitals must hold patients who have completed their acute treatment but still require skilled post-acute care, which can lead to increased hospital lengths of stay, delayed elective surgeries, and longer wait times in the emergency department. Additionally, decreases in skilled nursing beds can lead to an increase in patient rehospitalizations, especially for the most acutely ill patients.[16]

Skilled nursing facilities located close to residents' families enable frequent visits, improve emotional well-being, support better communication with care staff, and allow rapid response during emergencies. Frequent family visits provide residents with

---

[11] Christian Nursing Home, Lincoln Village Healthcare f/k/a Generations at Lincoln, St. Clara's Rehab & Senior Care, and The Henry and Jane Vonderlieth Living Center.

[12] Illinois Health Facilities and Services Review Board, Long-Term Care Facility Updates (Jul. 31, 2025).

[13] Christian Nursing Home, Lincoln Village Healthcare f/k/a Generations at Lincoln, St. Clara's Rehab & Senior Care, and The Henry and Jane Vonderlieth Living Center.

[14] AMERICAN HEALTH CARE ASSOCIATION, ACCESS TO CARE REPORT (Aug. 2024) *available at* https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/AHCA%20Access%20to%20Care%20Report%202024%20FINAL.pdf (last visited Sep. 10, 2025).

[15] Id.

[16] Katherine E. M. Miller, PhD, MSPH et al., *Trends in Supply of Nursing Home Beds. 2011 – 2019.* JAMA NETWORK OPEN, Mar. 1, 2023 *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2801837 (last visited Sep. 10, 2025).

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
5/1/2025	4/30/2026	0058735	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity	67		
Intermediate Care Capacity	53	**Total Licensed Beds**	**120**

LICENSEE NAME ARC AT BRADLEY,LLC

LICENSEE BUSINESS NAME
ARC AT BRADLEY
650 NORTH KINZIE
BRADLEY Illinois 60915

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
7/1/2025	6/30/2026	0058321	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 106

Total Licensed Beds **106**

LICENSEE NAME ARC AT CHILLICOTHE,LLC

LICENSEE BUSINESS NAME
ARC AT CHILLICOTHE
1028 HILLCREST DRIVE
CHILLICOTHE Illinois 61523

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
7/1/2024	8/31/2025	0058313	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 92

Total Licensed Beds **92**

LICENSEE NAME ARC AT DWIGHT,LLC

LICENSEE BUSINESS NAME
ARC AT DWIGHT
300 EAST MAZON AVENUE
DWIGHT Illinois 60420

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
7/1/2024	8/31/2025	0058305	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 65

Total Licensed Beds **65**

LICENSEE NAME ARC AT EL PASO,LLC

LICENSEE BUSINESS NAME
ARC AT EL PASO
555 EAST CLAY STREET
EL PASO Illinois 61738

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 OF IDPH

Issued under the authority of the
Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
6/2/2025	9/30/2025	3000501	Probationary

Category: Long Term Care

Skilled Nursing Capacity 64

Total Licensed Beds **64**

LICENSEE NAME Arc at Hickory Point LLC

LICENSEE BUSINESS NAME
Arc at Hickory Point
565 WEST MARION AVENUE
FORSYTH Illinois 62535

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
7/1/2024	8/31/2025	0058297	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 141

Total Licensed Beds **141**

LICENSEE NAME THE ARC AT NORMAL,LLC

LICENSEE BUSINESS NAME
ARC AT NORMAL, THE
509 NORTH ADELAIDE
NORMAL Illinois 61761

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
6/2/2025	1/31/2026	3000496	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 171

Total Licensed Beds **171**

LICENSEE NAME Arc at Sangamon Valley

LICENSEE BUSINESS NAME
Arc at Sangamon Valley
3400 WEST WASHINGTON
SPRINGFIELD Illinois 62711

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 OF IDPH

Issued under the authority of the
Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
7/1/2024	8/31/2025	0058271	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 130

Total Licensed Beds **130**

LICENSEE NAME ARC AT STREATOR,LLC

LICENSEE BUSINESS NAME
ARC AT STREATOR
1525 EAST MAIN STREET
STREATOR Illinois 61361

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 OF IDPH

Issued under the authority of the
Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
5/1/2025	4/30/2026	0057224	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 70

Total Licensed Beds **70**

LICENSEE NAME ARCADIA CARE AUBURN,LLC

LICENSEE BUSINESS NAME
ARCADIA CARE AUBURN
304 MAPLE AVENUE
AUBURN Illinois 62615

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
7/6/2024	8/31/2025	0056747	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 117

Total Licensed Beds **117**

LICENSEE NAME ARCADIA CARE BLOOMINGTON,LLC

LICENSEE BUSINESS NAME
ARCADIA CARE BLOOMINGTON
1509 NORTH CALHOUN STREET
BLOOMINGTON Illinois 61701

Attachment - 12E

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
8/6/2024	8/5/2025	0056838	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 99

Total Licensed Beds **99**

LICENSEE NAME CLIFTON OPERATIONS,LLC

LICENSEE BUSINESS NAME
ARCADIA CARE CLIFTON
1190 E 2900 NORTH RD

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
4/1/2025	11/30/2025	3000376	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity	20		
Intermediate Care Capacity	78	**Total Licensed Beds**	**98**

LICENSEE NAME Arcadia Care Havana LLC

LICENSEE BUSINESS NAME
Arcadia Care Havana
609 NORTH HARPHAM STREET
HAVANA Illinois 62644

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
3/1/2025	2/28/2026	0057307	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 113

Total Licensed Beds **113**

LICENSEE NAME ARCADIA CARE JACKSONVILLE,LLC

LICENSEE BUSINESS NAME
ARCADIA CARE JACKSONVILLE
1021 N CHURCH STREET
JACKSONVILLE Illinois 62650

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
4/1/2025	11/30/2025	3000381	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity	27		
Intermediate Care Capacity	57	**Total Licensed Beds**	**84**

LICENSEE NAME Arcadia Care Kewanee LLC

LICENSEE BUSINESS NAME
Arcadia Care Kewanee
144 JUNIOR AVENUE
KEWANEE Illinois 61443

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 OF IDPH

Issued under the authority of the
Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
2/1/2025	1/31/2026	0057315	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 123

Total Licensed Beds **123**

LICENSEE NAME ARCADIA CARE MORRIS,LLC

LICENSEE BUSINESS NAME
ARCADIA CARE MORRIS
1095 TWILIGHT DRIVE
MORRIS Illinois 60450

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
1/29/2025	9/30/2025	3000285	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 251

Total Licensed Beds **251**

LICENSEE NAME Arcadia Care On the Hill

LICENSEE BUSINESS NAME
Arcadia Care On the Hill
555 WEST CARPENTER ROAD
SPRINGFIELD Illinois 62702

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
4/1/2025	11/30/2025	3000384	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity	82		
Intermediate Care Capacity	54	**Total Licensed Beds**	**136**

LICENSEE NAME Arcadia Care Toulon LLC

LICENSEE BUSINESS NAME
Arcadia Care Toulon
HIGHWAY 17 EAST, PO BOX 249
TOULON Illinois 61483

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
7/31/2025	11/30/2025	3000333	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 123

Total Licensed Beds **123**

LICENSEE NAME Arcadia Care Watseka LLC

LICENSEE BUSINESS NAME
Arcadia Care Watseka
715 EAST RAYMOND ROAD
WATSEKA Illinois 60970

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
1/29/2025	9/30/2025	3000280	Probationary

Category: Long Term Care

Skilled Nursing Capacity 106

Total Licensed Beds **106**

LICENSEE NAME Arcadia Care Morton LLC

LICENSEE BUSINESS NAME
Arcadia Care Morton
190 EAST QUEENWOOD ROAD
MORTON Illinois 61550

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
1/29/2025	9/30/2025	3000277	Probationary

Category: Long Term Care

Skilled Nursing Capacity 110

Total Licensed Beds **110**

LICENSEE NAME Peoria Heights Nursing and Rehab LLC

LICENSEE BUSINESS NAME
Arcadia Care Peoria Heights
1629 EAST GARDNER LANE
PEORIA HEIGHTS Illinois 61616

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
1/1/2025	12/31/2025	0057331	Unrestricted

Category: Long Term Care

Intermediate Care Capacity	65	**Total Licensed Beds**	**65**

LICENSEE NAME AVENUES AT ARCADIA LITCHFIELD,LLC

LICENSEE BUSINESS NAME
AVENUES AT LITCHFIELD
1024 EAST TYLER
LITCHFIELD Illinois 62056

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
4/1/2025	11/30/2025	3000336	Unrestricted

Category: Long Term Care

Intermediate Care Capacity	63	**Total Licensed Beds**	**63**

LICENSEE NAME Avenues at Quad Cities LLC

LICENSEE BUSINESS NAME
Avenues at Quad Cities
1403 9TH AVENUE
SILVIS Illinois 61282

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
12/31/2024	12/30/2025	0057323	Unrestricted

Category: Long Term Care

Intermediate Care Capacity	65	**Total Licensed Beds**	**65**

LICENSEE NAME AVENUES AT ARCADIA SPRINGFIELD,LLC

LICENSEE BUSINESS NAME
AVENUES AT SPRINGFIELD
525 S MARTIN LUTHER KING DRIVE
SPRINGFIELD Illinois 62703

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
4/1/2025	11/30/2025	3000344	Unrestricted

Category: Long Term Care

Skilled Nursing Capacity 200

Total Licensed Beds **200**

LICENSEE NAME Avenues at Royal Oak LLC

LICENSEE BUSINESS NAME
Avenues at Royal Oak
605 EAST CHURCH ST, BOX 600
KEWANEE Illinois 61443

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
12/1/2024	12/1/2025	3000568	Active

Category: Assisted Living License

Alzheimer Units:	24	Regular Units	0
Floating Units:	0	**Total Units**	**24**

LICENSEE NAME Gardens at Kewanee LLC

LICENSEE BUSINESS NAME
Gardens Memory Care of Kewanee
141 Acorn St South
Kewanee Illinois 61443

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
5/1/2025	8/29/2025	3000565	Probationary

Category: Assisted Living License

Alzheimer Units:	9	Regular Units	29
Floating Units:	0	**Total Units**	**38**

LICENSEE NAME Villas at Bushnell LLC

LICENSEE BUSINESS NAME
Villas at Bushnell
1201 NCole St
Bushnell Illinois 61422

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
5/1/2025	8/29/2025	3000560	Probationary

Category: Assisted Living License

Alzheimer Units:	0	Regular Units	32
Floating Units:	0	**Total Units**	**32**

LICENSEE NAME Villas at Galva LLC

LICENSEE BUSINESS NAME
Villas at Galva
1000 Courtyard Estates
Galva Illinois 61434

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
1/31/2025	1/31/2026	3000613	Active

Category: Assisted Living License

Alzheimer Units:	0	Regular Units	12
Floating Units:	0	**Total Units**	**12**

LICENSEE NAME Villas at Lincoln LLC

LICENSEE BUSINESS NAME
Villas at Lincoln
302 S Main St
Lincoln Illinois 62656

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
1/31/2025	1/31/2026	3000645	Active

Category: Assisted Living License

Alzheimer Units:	0	Regular Units	10
Floating Units:	0	**Total Units**	**10**

LICENSEE NAME Villas at Sangamon Valley LLC

LICENSEE BUSINESS NAME
Villas at Sangamon Valley II
3408 W Washington St
Springfield Illinois 62711

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
1/31/2025	1/31/2026	3000592	Active

Category: Assisted Living License

Alzheimer Units:	18	Regular Units	30
Floating Units:	0	**Total Units**	**48**

LICENSEE NAME Villas at Hickory Point LLC

LICENSEE BUSINESS NAME
Villas at Hickory Point
565 W Marion Ave
Forsyth Illinois 62535

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
12/1/2024	12/1/2025	3000552	Active

Category: Assisted Living License

Alzheimer Units:	0	Regular Units	39
Floating Units:	0	**Total Units**	**39**

LICENSEE NAME Villas at Kewanee LLC

LICENSEE BUSINESS NAME
Villas at Kewanee
860 Sunset Dr
Kewanee Illinois 61443

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 OF IDPH

Issued under the authority of the Illinois Department of Public Health

EFFECTIVE DATE	EXPIRATION DATE	LICENSE NUMBER	STATUS
12/1/2024	12/1/2025	3000557	Active

Category: Assisted Living License

Alzheimer Units:	0	Regular Units	42
Floating Units:	0	**Total Units**	**42**

LICENSEE NAME Villas at Herscher LLC

LICENSEE BUSINESS NAME
Villas at Herscher
100 Harvest View Lane
Herscher Illinois 60941

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

Dear Chair Savage:

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

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("IIFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

DoVid Seitler
President
Arcadia Care, Inc.
Arc at Lincoln, LLC

Subscribed and sworn to me
This 22 day of September, 2025

Notary Public

OFFICIAL SEAL
ADRIANA ALVAREZ
Notary Public, State of Illinois
Commission No. 851184
My Commission Expires
May 09, 2029

10606431911

Section IV, Service Specific Review Criteria
Criterion 1125.530, Planning Area Need

1. According to the July 31,2025 monthly inventory update for general long-term care services, there is a need for 82 long-term care beds in the Logan County planning area. The planned Arc at Lincoln will address the need for long-term care beds in the planning area.

2. A letter from Springfield Memorial Hospital attesting it will refer 160 prospective residents to the planned Arc at Lincoln is attached at Attachment – 13.

September 30, 2025

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Arc at Lincoln

Dear Mr. Kniery:

On behalf of Springfield Memorial Hospital, I am writing in support of Arc at Lincoln, LLC's application for an 82 bed skilled nursing facility to be located at 1507 7th Street, Lincoln Illinois. We anticipate the Arc at Lincoln will be a critical discharge destination for patients recovering from injury, surgery or disease. Arc at Lincoln will improve access to high quality post-acute care, including much needed memory care, to patients residing in Lincoln and the surrounding area.

Over the last 12 months we referred 6,718 patients for post-acute care at existing skilled nursing facilities. The number of patients referred to skilled nursing facilities from August 2024 to July 2025 is provided at Attachment – 1. Springfield Memorial Hospital anticipates 160 patients will be referred annually to the Arc at Lincoln within 12 months of project completion.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

Springfield Memorial Hospital supports the establishment of Arc at Lincoln to increase access to skilled nursing care to patients residing in Lincoln and surrounding areas.

Sincerely,

Jay Roszhart
President/CEO
Springfield Memorial Hospital

Subscribed and sworn to me
This 13 day of October, 2025

Notary Public

Notary Public, State of Illinois
Official Seal
Quawan Michelle Sutton
Commission # 998457
My Commission Expires 10/15/2028

Attachment – 1

Facility	Referrals
Abbington Village Nursing & Rehab Center	11
ADDOLORATA VILLA	1
Ahva Care of Winfield	3
Alden Des Plaines Rehab & HC	3
Alden Estates of Barrington	4
Alden Estates of Evanston	3
Alden Estates of Naperville	4
Alden Estates of Shorewood	3
Alden Estates of Skokie	3
Alden Lakeland Rehab & HCC	3
Alden Lincoln Rehab & HC CTR	3
Alden Long Grove Rehab & HC CTR	3
Alden North Shore Rehab & HCC	3
Alden Northmoor Rehab & HCC	3
Alden of Waterford	4
Alden Orland Park Rehab & HCC	3
Alden Park Strathmoor	3
Alden Poplar Creek Rehabilitation and Health Care Center	4
Alden Terrace of McHenry Rehab	2
Alden Town Manor Rehab & HCC	3
Alden Valley Ridge Rehab & HCC	4
Alhambra Rehab and Healthcare	11
All American Village Nursing and Rehab	3
Alpine Fireside Health Center	1
Alton Memorial Rehab and Therapy	11
Ambassador Nursing and Rehabilitation Center	3
Amberwood Care Centre	1
Aperion Care - Chicago Heights	3
Aperion Care - Elgin	3
Aperion Care - Forest Park	3
Aperion Care - Midlothian	2
Aperion Care - Oak Lawn	2
Aperion Care - West Chicago	2
Aperion Care Burbank	2
Aperion Care Dekalb	3
Aperion Care Dolton	2
Aperion Care Fox River	3
Aperion Care International	4
Aperion Care Lakeshore	2
Aperion Care Niles	2
Aperion Care Wesley	2
Aperion Care Westchester	3
Aperion Care Wilmington	2

Facility	Referrals
Apostolic Christian Home Of Eureka	8
Apostolic Christian Home of Roanoke	7
Apostolic Christian Restmor	12
APOSTOLIC CHRISTIAN SKYLINES	8
Arc at Bradley	2
Arc At Chillicothe	5
Arc At Dwight	2
Arc At El Paso	10
Arc at Hickory Point	28
Arc at Sangamon Valley	432
Arc At Streator	2
Arcadia Care - Bloomington	11
Arcadia Care Aledo	2
Arcadia Care Auburn	158
Arcadia Care Havana	20
Arcadia Care Jacksonville	113
Arcadia Care Kewanee	3
Arcadia Care Morris	2
Arcadia Care on the Hill	175
Arcadia Care Peoria Heights	10
Arcadia Care Watseka	3
Archer Heights Healthcare	2
Arista Healthcare	3
Asbury Court Nursing and Rehabilitation	3
Asbury Gardens Nursing & Rehab	4
Ascension Living Nazarethville Place	2
Ascension Resurrection Life	2
Ascension Saint Anne Place	2
Ascension Saint Joseph Village	1
Astoria Place Living & Rehab	2
Atrium Health Care Center/StayCare Management Ltd	3
Autumn Meadows Of Cahokia	4
Avantara Aurora	3
Avantara Chicago Ridge	3
Avantara Elgin	3
Avantara Evergreen Park	3
Avantara Libertyville	2
Avantara Lincoln Park	2
Avantara Long Grove	2
Avantara Palos Heights	4
Avantara Park Ridge	2
Avenues At Litchfield	14
Avenues at Quad Cities	2
Avenues at Royal Oak	3
Avenues At Springfield	17
Aviston Countryside Manor	4
Avondale Estates Of Elgin	3

Facility	Referrals
Axiom Care of West Frankfort	2
Axiom Gardens of Flora	2
Axiom Healthcare of Flora	3
Axiom Healthcare of Harrisburg	3
Balmoral Nursing Home	2
Barry Healthcare & Sr Living	12
Beacon Care And Rehabilitation	3
Beacon Hill Health Center	4
Beardstown Health and Rehab	50
Beecher Manor	2
Bella Terra Bloomingdale	4
Bella Terra Elmhurst	3
Bella Terra LaGrange	3
Bella Terra Lombard	3
Bella Terra Morton Grove	2
Bella Terra Schaumburg	4
Bella Terra Streamwood	4
Bella Terra Wheeling	3
Belleville Healthcare Center	5
Benton Rehab & Hcc	2
Berkeley Nursing & Rehab Center	2
Bethany Health Care and Rehab Center	3
Big Meadows	2
Birch Hill Health Services	1
Birchwood Plaza Nursing Home	2
Blessing Hospital Skilled Nursing Unit	8
Bloomington Rehabilitation and Health Care	13
Brandel Health and Rehab	2
BRIA of Alton	14
Bria Of Belleville	8
Bria Of Cahokia	8
BRIA OF CHICAGO HEIGHTS	3
Bria Of Columbia	4
Bria of Elmwood Park	3
BRIA OF FOREST EDGE	3
BRIA of Geneva	4
BRIA of Godfrey	6
Bria of Mascoutah	5
BRIA of Palos Hills/Strive	3
BRIA of River Oaks	3
BRIA of Westmont	3
BRIA of Woodriver	8
Briar Place Nursing and Rehabilitation	2
Bridgeway Senior Living	3
British Home Rehab - A Service of Cantata Adult Life Sv	3
Brookdale Lisle Skilled Nursing	4

Facility	Referrals
Buckingham Pavilion	2
Burbank Rehabilitation Center	2
Burgess Square Healthcare Center	3
Calhoun Nursing and Rehabilitation Center LLC/American Healthcare Management	11
California Terrace	2
Carlinville Rehab and Health Care Center	93
Carlyle Healthcare and Senior Living	3
Carmi Manor Rehab & Nursing Center	2
Carrier Mills Nsg & Rehab Ctr	3
Casey Rehab and Nursing	3
Caseyville Nursing and Rehab Center	5
Cedar Ridge Health Care Center	6
Celebrate Senior Living Niles	2
Center Home Hispanic Elderly	2
Central Baptist Village	2
Central Nursing Home	3
Centralia Manor	4
Chalet Living and Rehab Center	3
Charleston Rehabilitation and Health Care Center	5
CHATEAU NRSG & REHAB CENTER	3
Chateau Rehabilitation And Healthcare Center	1
Chicago Ridge Nursing and Rehab Center	2
CISNE REHABILITATION & HEALTH CENTER	2
Citadel at Casa Scalabrini	2
Citadel at Saint Benedict	2
Citadel Care Center Kankakee	2
Citadel Care Center Wilmette	2
Citadel of Glenview	2
Citadel of Northbrook	3
City View Multicare Center	3
Claridge Healthcare Center	1
Clark Lindsey Village	7
Clark Manor Rehab	3
Clinton Manor Living Center	7
Community Care Nursing Center	3
Community First Medical Center Extended Care Unit	2
Concordia Village	422
Continental Nursing and Rehab Center	3
Countryside	1
Countryside Meadows/American Senior Communities	1
COUNTRYSIDE NURSING & REHAB CTR	3
Covenant Living at Windsor Park	3
Crescent Care Of Elgin	3
Crestwood Rehabilitation Ctr	2
Crestwood Terrace	3
Crystal Pines Health Care Center	2

Facility	Referrals
Cumberland Rehab and Health Care Center	3
Decatur Rehab & Health Care Center	34
Dekalb County Rehab & Nursing	3
Dixon Rehab & Hcc	2
Dobson Plaza	2
Doctors Nursing and Rehabilitation Center	5
DuPage Care Center DuPage County	3
Duquoin Nursing & Rehab	2
East Bank Center, LLC	1
Eastside Health & Rehab Center	15
Eden Village	8
Eden Vista Burr Ridge	3
Eden Vista Prospect Heights	2
Effingham Rehab & Health C Ctr	7
El Paso Health Care Center	11
Elevate Care Abington	2
Elevate Care Chicago North	3
Elevate Care Country Club Hills	2
Elevate Care Niles	2
Elevate Care North Branch	2
Elevate Care Northbrook	1
Elevate Care Palos Heights	2
Elevate Care Riverwoods	1
Elevate Care South Holland	2
Elevate Care Waukegan	1
Elevate Care Windsor Park	2
Elmhurst Extended Care Center	2
Encore Village	4
Evenglow Lodge	4
Evercare of Collinsville	4
Evercare of Edwardsville	11
EverCare of Jerseyville	11
Evercare of Lebanon	6
EverCare Of Swansea	5
Evergreen Nursing & Rehab Center	6
Fair Havens Senior Living	4
Fair Havens Senior Living	34
Fair Oaks Health Care Center	1
Fair View Nursing And Rehabilitation Center	1
Fairfield Memorial Hospital	2
Fairfield Senior Living and Rehabilitation	3
Fairhaven Christian Ret Center	1
Fairview Haven	3
Fairview Rehab & Healthcare	2
Fargo Health Care Center	2
Fayette County Hospital	5
Fireside House Of Centralia	3

Facility	Referrals
Flanagan Rehabilitation & Hcc	3
Florence Home	1
Florence Nursing Home	2
Fondulac Rehabilitation & Hcc	8
Forest City Rehab & Nrsg Ctr	2
Forest View Rehab & Nursing Center	3
Foster Health and Rehab	2
Frankfort Healthcare & Rehab Center	2
Frankfort Terrace	2
Franklin Grove Living And Rehab	2
Freeburg Care Center	3
Friendship Manor	3
Friendship Manor Health Care	2
Galena Stauss Nursing Home	1
Gallatin Manor	2
Generations At Applewood	2
Generations at Oakton Pavillion	2
Generations at Regency	2
Generations At Rock Island Rehabilitation and Nursing	2
Gibson Community Hsp Annex	4
Gillespie Health and Rehab Center LLC	25
Gilman Healthcare Center	2
Glenview Terrace Nursing Center	2
Golden Good Shepherd Home	5
Goldwater Care Bloomington	14
Goldwater Care Clinton	25
Goldwater Care Danville	4
Goldwater Care Marseilles	2
Goldwater Care Pontiac	5
Goldwater Care Princeton	2
Goldwater Care Roseville	8
Goldwater Care Spring Valley	2
Goldwater Care Toluca	4
Goldwater Gibson City	4
Goldwater Peoria Heights	11
Good Samaritan Home	7
Gottlieb Hospital Transitional Care Unit ¿ 4 South	2
Graham Hospital	6
Granite Nursing and Rehabilitation	7
Greek American Rehabilitation and Care Centre	2
Greenfields of Geneva	4
Greenville Nursing & Rehab	5
Grove La Grange Park	3
Hallmark Healthcare of Carlinville	70
Hallmark Healthcare Of Pekin	11
Hammond Henry District Hsp	2
Harmony Palos Heights	3

Facility	Referrals
Haven of Arcola	7
Haven of Bement	11
Haven of Farmer City	9
Haven of Meadowbrook	5
Haven of St Elmo	8
Haven of Tuscola	6
Hawthorne Inn of Danville	4
HealthBridge of Arlington Heights, LLC	3
Heartland Nursing & Rehab	3
Heartland Senior Living, LLC	9
Helia Healthcare of Belleville	5
Helia Healthcare of Benton	2
Helia Healthcare Of Newton	3
Helia Healthcare Of Olney	2
Helia Southbelt Healthcare, LLC	3
Henderson County Ret Center	7
Henry Rehab and Nursing	3
Heritage Health Hoopeston	4
Heritage Square	2
Hickory Village Nursing and Rehabilitation	5
Highland Healthcare	8
HIGHLAND OAKS	3
Highlight Healthcare of Aurora	3
Highlight Healthcare of Morrison	2
Highlight Healthcare of Sterling	2
Highlight Healthcare of Woodstock	1
Hillcrest Home	2
Hillcrest Retirement Village	1
Hillsboro Rehab & Health Care Center	44
Hillside Manor Nursing Home	1
Hillside Rehab & Care Center	6
Hilltop Skilled Nursing & Rehab	4
Hitz Memorial Home	7
Hope Creek Nursing & Rehab	2
Ignite Medical Resort Mchenry	1
Ignite Medical Resorts - Hanover Park	4
Imboden Creek Senior Living	41
Independence Health Systems, Inc.	1
Integrity Hc Of Anna	3
Integrity Hc Of Carbondale	2
Integrity Hc Of Cobden	3
Integrity Health Care Of Herrin	2
Integrity Health Care Of Marion	3
Inverness Health & Rehab	3
Iroquois Memorial Hospital-Resident Home	3
Irving Park Living and Rehab Center	2
Jacksonville Skilled Nursing & Rehabilitation Center	131

Facility	Referrals
Jennings Terrace	3
Jerseyville Manor Of Liberty Village	14
Jerseyville Nursing and Rehabilitation Center	12
Kensington PL Nursing & Rehab	3
Kenwood Village Nursing and Rehabilitation Center	3
King-Bruwaert House	2
Knox County Nursing Home	4
La Bella Clifton	2
La Bella of Alton	7
La Bella of Danville	6
La Bella of Edwardsville	10
La Salle County Nursing Home	2
Lacon Rehab And Nursing	3
Lakefront Nursing and Rehab Center	3
Lakeland Rehab and Health Care Center	73
Lakeview Rehabilitation and Nursing Center	3
LAKEWOOD NRSG & REHAB CENTER	3
Landmark of Richton Park	2
Lee Manor Health Care and Rehabilitation Center	2
LEMONT NURSING & REHAB CENTER	3
Lena Living Center	1
LIBERTYVILLE MANOR EXT CARE	1
Lincoln Village Healthcare Center, LLC	101
Lincolnwood Place	2
Litchfield Health and Rehab LLC	52
Little Sisters Of The Poor	2
Little Sisters Of The Poor Of Palatine	2
Little Village Nursing and Rehabilitation Center	2
Loft Rehab and Nursing Of Canton	10
Loft Rehabilitation & Nursing	8
Luther Oaks	20
Lutheran Care Center	6
Lutheran Hillside Village	11
Macomb Post Acute Care Center	12
Mado Healthcare Uptown	2
Manor Court Of Freeport	1
Manor Court Of Princeton	2
Manor Court Of Rochelle	2
Marigold Rehabilitation & Health Care Center	4
Marshall Rehab & Nursing	2
Mason City Area Nursing Home	68
Mattoon Healthcare and Rehab Center	12
Mcleansboro Rehab & Hlth C Ctr	2
Meadowbrook Manor - Bolingbrook	3
Meadowbrook Manor - La Grange	3
Meadowbrook Manor - Naperville	4
Meadowbrook Skld Nsg & Rehab	2

Facility	Referrals
Medina Nursing Center	1
Memorial Hospital-Memorial Care Center	3
Mercer Manor Rehabilitation	4
Mercy Circle	3
Mercy Harvard Hospital Care Center	1
Mercyhealth Javon Bea Hospital Snf	1
Meridian Village	10
Metropolis Nursing and Rehabilitation Center	3
Michaelsen Health Center	3
Midway Neurological and Rehabilitation Center	3
Mill Creek Alzheimer's Special Care Center	8
Miller Health Care Center	2
Momence Meadows Nursing & Rehab	3
Monmouth Nursing Home	7
Montgomery Nursing and Rehab Center	30
Montgomery Place	2
Morgan Park Healthcare, LLC	2
Mount Sterling Health and Rehab Center	15
Mount Vernon Countryside Manor	2
Moweaqua Nursing and Retirement Center	41
Nature Trail Health And Rehab	2
Newman Rehabilitation Health Care Center / Petersen Health Care	4
Niles Nursing and Rehabilitation Center	2
Nokomis Rehab & Health Care Center	22
NORRIDGE GARDENS	2
Northbrook Health and Rehab	1
Oak Crest-Dekalb Area Retirement Center	3
Oak Hill / Evergreen Pointe Transitional Care	2
Oak Lawn Respiratory and Rehabilitation Center	2
Oak Park Oasis SNF	2
Oak Trace	3
Oakview Nursing & Rehab	2
Oregon Living And Rehabilitation Center	2
Pa Peterson At The Citadel	2
Palm Garden of Mattoon	7
Pana Health and Rehab Center	63
Paris Rehab and Health Care Center	4
Park Place Christian Community	3
Park Place Of Belvidere	2
Park Ridge Care Center	2
Parker Nursing & Rehab Center	2
Parkshore Estates Nursing and Rehab	3
Parkway Manor	4
Pavilion of Bridgeview	3
Pavilion Of Ottawa	2
Pavilion Of South Shore	2

Facility	Referrals
Pavilion Of Waukegan	1
Pearl Elk Grove	4
Pearl Hinsdale	3
Pearl Of Orchard Valley	3
Pearl Pavilion	1
Pekin Manor	16
Peterson Park Health Care Center	2
Piatt County Nursing Home	8
Pinckneyville Nursing & Rehab	2
Pine Crest Health Care	3
Pittsfield Manor	13
Pleasant Meadows Senior Living	3
Pleasant View Luther Home	2
Plymouth Place	3
Polo Rehabilitation & Hcc	2
Prairie Crossing Lvg & Rehab	2
Prairie Manor Nursing and Rehab Center	3
Prairie Oasis	2
Prairie Village Health Care Center	113
Prairieview At The Garlands (Internal Residents Only)	3
PRAIRIEVIEW LUTHERAN HOME	2
Princeton Rehab and Hcc	2
Quincy Healthcare & Sr Living	6
Radford Green at Sedgebrook	1
Randolph County Nursing Home	2
Renaissance Care Center Inc	8
Rensselaer Care Center	1
Renwick Nursing & Rehab	4
Resthave Home Whiteside County	2
Richland Nursing & Rehab	2
Ridgeview Health & Rehab Cntr	2
River Bluff Nursing Home	1
River View Rehab Center	3
Robinson Rehab And Nursing	2
Rock River Health Care	1
Rose Garden of Pana	45
Rushville Nursing and Rehab Center	15
RYZE at Homewood	2
Ryze at the Ridge LLC	3
RYZE on the Avenue LLC	3
RYZE West LLC	2
Saline Care Nursing & Rehab	3
Sandwich Rehab & Hcc	2
SCOTT COUNTY NURSING CENTER	40
SELFHELP HOME OF CHICAGO	2
Seminary Manor	5
Sharon Health Care Elms	10

Facility	Referrals
Sharon Health Care Pines	10
Sharon Health Care Willows	11
Shawnee Senior Living	3
Shelbyville Manor	14
Shelbyville Rehab & Hlth C Ctr	9
Sheridan Village Nursing and Rehab Center	4
Silver Foxes Senior Living	2
Smith Crossing	2
SMITH VILLAGE	2
Snyder Village	8
South Elgin Rehabilitation and Health Care Center	3
South Holland Manor Health & Rehab Center	2
South Shore Health & Rehabilitation Center	3
Southgate Health Care Center	3
Southpoint Nursing and Rehabilitation Center	3
SOUTHVIEW MANOR NURSING CENTER	2
Spring Creek Nursing and Rehabilitation	2
Springfield Suites Nursing and Rehab	526
St Anthony's Nsg & Rehab Ctr	2
St Joseph Village Of Chicago	2
St. Clara's Rehab and Senior Care	139
Staunton Health and Rehab Center	20
Stearns Nursing and Rehab Center	6
Stephenson Nursing Center	1
Stonebridge Nursing & Rehab	2
Sullivan Healthcare and Senior Living	10
Sunny Acres Nursing Home	151
Sunny Hill Nursing Home Of Will County	2
Sunrise Skilled Nursing & Rehabilitation Center	146
Sunset Home	6
Sunset Rehabilitation & Hlth C	10
Symphony Maple Crest	1
Symphony Northwoods	2
Symphony of Chesterton	1
Taylorville Care Center	89
Taylorville Skilled Nursing and Rehabilitation Center	156
The Admiral At The Lake	2
The Arc At Normal	10
The Arthur Home	10
The Austin Oasis	3
The Carlton at the Lake	2
The Citadel Of Bourbonnais	2
The Citadel Of Skokie	2
The Citadel Of Sterling	2
The Clayberg	9
The Elms	13
The Grove At The Lake	1

Facility	Referrals
The Grove Health and Rehab Center LLC	135
The Grove of Elmhurst	2
The Grove of Evanston	2
The Grove of Fox Valley	3
The Grove of Northbrook	2
The Grove of Skokie	4
The H & J Vonderlieth Lvg Ctr	121
The Haven Of Bridgeport	2
The Loft of East Peoria	8
The Loft of Peoria	10
The Loft Rehab Of Rock Springs	35
The Loft Rehabilitation & Nursing of Normal	9
The Loft Rehabilitation of Decatur	45
The Lutheran Home	1
The Mather Evanston	2
The Moorings of Arlington Heights	2
The Oaks at Bartlett	4
The Oaks Rehabilitation and Health Center	1
The Parc at Joliet	2
The Pavilion Of Logan Square	2
The Pavilion On Main Street	2
The Pearl at The Tillers	3
The Pearl Of Crystal Lake	1
The Pearl of Downers Grove	3
The Pearl of Elgin	3
The Pearl of Evanston	2
The Pearl of Hillside	2
The Pearl of Joliet	2
The Pearl of Montclare	2
The Pearl of Naperville	3
The Pearl of Rolling Meadows	4
The Pearl Of St Charles	3
The Springs at Monarch Landing	3
The Terrace Nursing and Rehabilitation	1
The Village At Victory Lakes	1
The Waterford Nursing and Rehabilitation Centre	2
Three Springs Sr Living & Rhab	2
Thrive Of Fox Valley	4
Thrive Of Lake County	1
Thrive of Lisle	3
TIMBER POINT HEALTHCARE CENTER	6
Timbercreek Rehab & Healthcare Center	13
Tower Hill Healthcare Center	4
Tri-State Nursing and Rehab/Care Center Inc	2
Twin Lakes Rehab & Health Care	3
Twin Willows Nursing Center	3
Uptown Care and Rehabilitation Center	1

Facility	Referrals
Valley Hi Nursing & Rehabilitation	1
Vandalia Healthcare & Senior Living	6
Vi At The Glen	2
Victorian Village Health and Wellness Center	3
Villa Health Care East	504
Wabash Senior Living and Rehabilitation	2
Warren Barr Buffalo Grove	1
Warren Barr Gold Coast	2
Warren Barr Lieberman	2
Warren Barr Lincoln Park	2
Warren Barr North Shore	1
Warren Barr Oak Lawn	3
Warren Barr Orland Park	3
Warren Barr South Loop	3
Warren Park Health and Living Center	3
Washington Senior Living	7
Wesley Village	8
West Chicago Terrace	3
West Suburban Hospital Medical Center-Subacute Rehab Unit	2
West Suburban Nursing & Rehab	5
WESTMINSTER PLACE	2
Westminster Village	16
Westmont Manor Health & Rehab Center	4
Westwood Vlge Nrsg And Rhb Ctr	3
Wheaton Village Nursing and Rehabilitation Center	3
White Hall Nursing and Rehabilitation Center	46
Whitehall Of Deerfield	1
WILLOWS HEALTH CENTER	1
Winning Wheels	2
Winston Manor Convalescent and Nursing Home	2
Wynscape Health and Rehabilitation at Wyndemere	3
Total	**6,718**

Section IV, Service Specific Review Criteria
Criterion 1125.540, Service Demand – Establishment of General Long-Term Care

A letter of support from Springfield Memorial Hospital attesting to the number of prospective residents that will be referred to the planned Arc at Lincoln is attached at Attachment – 13.

Section IV, Service Specific Review Criteria
Criterion 1125.570, Service Accessibility

Currently, there are three skilled nursing facilities in the Logan County planning area with combined bed capacity of 315 skilled nursing beds. In the five years proceeding the closure of Christian Nursing Home (2019 – 2023), the four skilled nursing facilities in the Logan County Planning Area[17] had an average daily census of 320. As a result of the closure of Christian Nursing Center, the remaining skilled nursing facilities collectively have 315 beds, which is insufficient to address Logan County's historical utilization.

As discussed in Section 1125.320, Skilled nursing facilities are a critical part of the long-term care continuum. However, since the start of the pandemic, workforce shortages, increasing inflation and operations costs, and chronic government underfunding have limited access to nursing home care. As a result, many nursing homes have downsized or closed their doors, displacing vulnerable residents, leaving seniors and their families waiting longer or searching farther for case.[18] According to data from AHCA, since 2020 at least 774 nursing homes have closed, resulting in the displacement of over 28,000 residents and 20 percent of nursing homes have closed a unit, wing, or floor due to labor shortages. The combination of closure and downsizing has resulted in nearly 63,000 few skilled nursing beds.[19]

When skilled nursing beds are unavailable, hospitals must hold patients who have completed their acute treatment but still require skilled post-acute care, which can lead to increased hospital lengths of stay, delayed elective surgeries, and longer wait times in the emergency department. Additionally, decreases in skilled nursing beds can lead to an increase in patient rehospitalizations, especially for the most acutely ill patients.[20]

Skilled nursing facilities located close to residents' families enable frequent visits, improve emotional well-being, support better communication with care staff, and allow for rapid response during emergencies. Frequent family visits provide residents with continuous emotional support, helping to reduce feelings of isolation, depression, and anxiety. Additionally, it allows family members to actively participate in care decisions and communicate regularly with nursing staff, monitor care, advocate for the resident's needs, and quickly address concerns or changes in health status. Finally, families experience reduced stress and greater peace of mind knowing they can be involved in daily care and oversight without the burden of long-distance travel.

The planned Arc at Lincoln will address the need for skilled nursing beds in Logan County to ensure patients have access to long-term and post-acute care close to home.

---

[17] Christian Nursing Home, Lincoln Village Healthcare f/k/a Generations at Lincoln, St. Clara's Rehab & Senior Care, and The Henry and Jane Vonderlieth Living Center.

[18] AMERICAN HEALTH CARE ASSOCIATION, ACCESS TO CARE REPORT (Aug. 2024) *available at* https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/AHCA%20Access%20to%20Care%20Report%202024%20FINAL.pdf (last visited Sep. 10, 2025).

[19] Id.

[20] Katherine E. M. Miller, PhD, MSPH et al., *Trends in Supply of Nursing Home Beds, 2011 – 2019.* JAMA NETWORK OPEN, Mar. 1, 2023 *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2801837 (last visited Sep. 10, 2025).

Section IV, Service Specific Review Criteria
Criterion 1125.580, Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication

   a. A list of all zip codes located, in whole or in part, within a 30-minute radius of the Nursing Home as well as the 2023 U.S. Census estimates for each zip code is provided in Table 1125.580(a)(1).

Table 1125.580(a)(1)
Population by Zip Code
30 Minutes of Arc of Lincoln

Zip Code	City	Population
61721	Armington	541
61723	Atlanta	2,255
61734	Delavan	2,500
61747	Hopedale	1,504
61749	Kenney	619
61751	Lawndale	58
61754	McLean	1,158
61778	Waynesville	461
62512	Beason	382
62518	Chestnut	376
62519	Cornland	53
62520	Dawson	1,453
62541	Lake Fork	41
62543	Latham	504
62548	Mount Pulaski	2,116
62561	Riverton	4,927
62613	Athens	3,659
62625	Cantrall	897
62634	Elkhart	1,141
62635	Emden	608
62642	Greenview	1,381
62643	Hartsburg	750
62656	Lincoln	18,364
62664	Mason City	2,848
62666	Middletown	483
62671	New Holland	472
62682	San Jose	745
62684	Sherman	5,422

Table 1125.580(a)(1) Population by Zip Code 30 Minutes of Arc of Lincoln		
Zip Code	**City**	**Population**
62693	Williamsville	1,871
62707	Springfield	8,168
Total		**65,757**

Source: U.S. Census Bureau, ACS Demographic and Housing Estimates 2023: ACS 5-Year Estimates Data Profiles *available at* https://data.census.gov/table/ACSDP5Y2023.DP05?q=ZCTA5+ (last visited Aug. 6, 2025).

b. The names and locations of all existing or approved long-term care facilities located within 30 minutes normal travel time from the site of the planned Arc at Lincoln is provided in table 1125.580(a)(3).

Table 1125.580(a)(1) Skilled Nursing Facilities 30 Minutes of Arc at Lincoln				
Faciiity Name	**Facility Address**	**Facility City**	**Facility Zip Code**	**Travel Time (Minutes)**
St. Clara's Rehab & Senior Care	1450 Castle Manor Drive	Lincoln	62656	3.24
Generations at Lincoln	2202 N Kickapoo Street	Lincoln	62656	5.59
The Henry and Jane Vonderlieth Living Center	1120 N Topper Drive	Mount Pulaski	62548	17.32
Villa Senior Care Community	100 Marian Parkway	Sherman	62684	21.80
Hopedale Nursing Home	122 NW Grove Street	Hopedale	61747	26.53
Manor Court of Clinton	1 Park Lane West	Clinton	61727	29.02

2. Maldistribution

The planned Arc at Lincoln will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of beds to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

a. Ratio of Beds to Population

As shown in Table 1125.580(b)(1), the ratio of acute mental illness beds to population is 133% of the State average. Accordingly, there is not a maldistribution of acute mental illness beds in the geographic service area.

Table 1125.580(b)(1)
Ratio of Beds to Population

	Population	Beds	Beds to Population
Geographic Service Area	65,757	625	1:105
State	12,549,689	89,044	1:140

b. Historic Utilization of Existing Facilities

The planned Arc at Lincoln will not result in an unnecessary duplication of services. As previously discussed, there are currently three skilled nursing facilities in the Logan County planning area with combined bed capacity of 315 skilled nursing beds. In the five years proceeding the closure of Christian Nursing Home (2019 – 2023), the four skilled nursing facilities in the Logan County Planning Area[21] had an average daily census of 320. As a result of the closure of Christian Nursing Center, the remaining skilled nursing facilities collectively have 315 beds, which is insufficient to address Logan County's historical utilization.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish an 82 bed skilled nursing facility. To achieve the State Board's 85% utilization standard within the first two years after project completion, the planned Arc at Lincoln would need approximately 145 referrals annually.

3. Impact on Other Providers

a. The planned Arc at Lincoln will not, within twenty-four months after project completion, the planned Arc at Lincoln will not lower the utilization of other area providers below the State Board's occupancy standard. As noted above, the existing skilled nursing facilities do not have the capacity to address Logan County's historical utilization.

b. The planned Arc at Lincoln will not within twenty-four months after project completion lower, to a further extent, the utilization of other area providers below the State Board's occupancy standard. As noted above, the existing skilled nursing facilities do not have the capacity to address Logan County's historical utilization.

[21] Christian Nursing Home, Lincoln Village Healthcare f/k/a Generations at Lincoln, St. Clara's Rehab & Senior Care, and The Henry and Jane Vonderlieth Living Center.

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

1. The planned Arc at Lincoln will be staffed in accordance with Illinois Department of Public Health staffing requirements. Table 1125.590 below provides the minimum staffing levels for the Arc at Lincoln.

Table 1125.590 The Arc at Lincoln Staffing Plan		
Department	**FTE #MIN (Projected)**	**Notes**
Registered Nurse (RN)	6.0	Minimum 1 RN per shift; coverage 24/7
Licensed Practical Nurse (LPN)	8.0	LPN coverage varies by shift; supplements RN
Certified Nursing Assistant (CNA)	30.0	Meets CNA HPRD (2.5+) requirement
Director of Nursing (DON)	1.0	Required leadership role
Administrator	1.0	Required for facility operations
Social Services	1.0	Required per OBRA regulations
Dietary Staff	6.0	Based on 3 meals/day + special diets
Housekeeping/Laundry	6.0	Covers daily cleaning & linen services
Activities	2.0	Meets CMS activity requirements
Therapy (PT/OT/ST)	5.0	Therapy staffing varies with caseload
Maintenance	2.0	Facility upkeep & safety compliance

2. To ensure the Arc at Lincoln delivers patient-centered care, the staffing plan described below is designed to meet the needs of residents while meeting or exceeding state and federal regulatory requirements.

1. Overview:

    a. We intend to implement a staffing model which is supported by various staffing analytics, census growth, and scheduling tools to ensure proper coverage across all shifts and departments.

2. Staffing Model:

    a. Determine the roles required in various departments to provide the necessary services to residents, i.e. RNs, LPNs, CNAs, Support Staff.

    b. Determine the shifts needed to provide around-the-clock care within each department efficiently.

    c. Determine the total number of Full Time Equivalent (FTE) Employees needed within based on the census and staffing ratios at facility.

    d. To address potential staffing shortages, we intend to maintain:

i. A pool of Pro Re Nata (PRN) staff members across nursing and support roles. PRN staff will not be a part of our regular full or part-time staff but instead be utilized as the need arises to ensure sufficient staffing coverage.

e. To monitor staffing and compliance needs, we will implement and conduct Daily Staffing Reports to ensure compliance with CMS and state guidelines.

3. Recruitment Strategy:

   a. Post the open position based on facility needs on multiple career / job seeking websites through the Applicant Tracking System.

   b. Partner with local schools and community resources to create and maintain a pipeline of candidates that can be hired and trained for the various predetermined roles.

   c. Review trends to ensure competitiveness in the market with offerings, including but not limited to Sign-On Bonuses, overall Benefits, and Compensation.

   d. Encourage Diversity, Equity and Inclusion within the talent pipeline through targeted outreach to universities or organizations with high populations of underrepresented groups, to recruit qualified applicants with diverse backgrounds.

   e. Partner with local schools to offer Tuition Reimbursement to candidates to become licensed or certified, in exchange for a commitment of years of service at company.

   f. Attract qualified candidates through promoting awareness of the organization's work, culture, and job openings through regular social media posts on various digital platforms, including Facebook, Instagram, LinkedIn, Google, Indeed and more.

4. Retention Strategy:

   a. Ensure competitive Compensation and Benefits Offerings to retain hired staff members:

   b. Wage analyses conducted for each department and wages are adjusted yearly to ensure competitiveness in the market.

   c. Lead the market in attractiveness of recruitment benefits offered such as the Highest Sign-On Bonuses, Retention Bonuses, Referral Programs

   d. Annual salary adjustments are made based on various factors such as performance reviews, promotions, additional roles and responsibilities and more.

Section IV, Service Specific Review Criteria
Criterion 1125.600, Bed Capacity

The maximum bed capacity of general long-term care facility is 250 beds. The planned Arc at Lincoln will include 82 skilled nursing beds. Accordingly, this criterion is met.

Section IV, Service Specific Review Criteria
Criterion 1125.610, Community Related Functions

Letters from community groups in support of the planned Arc at Lincoln are attached at Attachment – 21.

Attachment – 21

FAITH IN ACTION of Bloomington-Normal

"20 Years of Serving Seniors Faithfully"

July 28, 2025

To Whom it May Concern:

Faith in Action is a nonprofit organization that has served older adults in McLean County for 20 years. We rely on community support and partnerships to help older adults with medical transportation. We are deeply grateful for the generous and ongoing support of Arcadia Care and the strong community partnership we have built together.

Arcadia Care has been a dedicated sponsor since 2022, providing not only financial contributions but also meaningful hands-on support. Their commitment goes beyond dollars—several Arcadia employees have volunteered their time and talents to help further our mission. Claire and Mallary, in particular, have been invaluable, assisting with event setup, writing thank-you notes, and contributing to a variety of office projects that help us stay connected with our volunteers and supporters.

In addition to their volunteer work, Arcadia Care has generously donated prizes used to thank our volunteers and support our fundraising events. They have also played a pivotal role as a sponsor (and attendees) for our annual flower arranging fundraiser. Their leadership team has also shown strong support for our annual Take Action Luncheon, helping make it a successful and inspiring event year after year.

Arcadia's impact extends beyond their support of Faith in Action. They are active and engaged members of the Senior Care Network of McLean County, attending events, collaborating on philanthropic efforts, and even providing meals to support network activities. They participate in both our bingo event and our senior health fair. Last year, their dedication was recognized when Claire was nominated for the inaugural Member of the Year Award—a testament to the spirit of service and dedication that Arcadia brings to all they do. Through SCN they also provide support to many other community partners through their attendance at various events.

We are proud to partner with Arcadia Care and deeply appreciate their continued support, collaboration, and care for the senior community in McLean County.

Sincerely,

Darla Heath

Darla Heath
Executive Director, Faith in Action

Lincoln Memorial Hospital

April 10, 2025

To Whom It May Concern,

I am pleased to write this letter in support of the proposed opening of a skilled nursing facility located near Lincoln Memorial Hospital, led by Arcadia. This initiative represents a timely and much needed addition to our community's continuum of care.

As a healthcare professional with many years of experience at Lincoln Memorial Hospital, I have witnessed firsthand the critical need for high-quality, transitional care services that bridge the gap between acute hospitalization and a safe return home. The proposed skilled nursing facility aims to do exactly that by offering patient centered, post-acute care in a setting that promotes recovery, reduces unnecessary readmissions and support long term health outcomes.

The proximity of the facility to our hospital is particularly valuable, enabling better coordination of care, smoother transition for patients and more efficient resource utilization. I believe this project will significantly benefit both the hospital system and the residents of Arcadia, creating meaningful access to services while contributing positively to the healthcare ecosystem in our region.

I am confident that Arcadia has the vision, integrity and dedication to make this facility a success. I fully support this effort and recommend that the Department of Public Health give strong consideration to this approval.

Please feel free to contact me should you require any additional information.

Sincerely,

Dolan C. Dalpoas, FACHE
President and CEO

200 Stahlhut Drive
Lincoln, IL 62656
217-732-2161
memorial.health

LEAD
LINCOLN ECONOMIC ADVANCEMENT & DEVELOPMENT

September 3, 2025

Illinois Health Facilities and Services Review Board
525 W Jefferson St, 2nd Floor
Springfield, IL 62761

Dear IL Health Facilities and Services Review Board:

Lincoln Economic Advancement & Development (LEAD) is pleased to express our strong support for Arcadia Estates at Lincoln's application to expand into a Skilled Nursing Facility (SNF) with a Memory Care unit on their property at 1507 7th St, Lincoln, IL 62656. This expansion will address critical community needs while providing substantial economic benefits to our local economy.

LEAD is a 501(c)(3) local economic development organization committed to developing projects and programs that encourage community and economic development, support town revitalization, create jobs, expand housing options, and foster small business development. The expansion of Arcadia Estates at Lincoln as a skilled nursing facility directly aligns with these organizational priorities and addresses several urgent community needs.

Similar to national trends, Lincoln is experiencing significant growth in its senior population. Logan County's population aged 60 and older now comprises 26% of the total population, nearly one-third of our county residents (US Census, ACS, 2023). This represents a substantial increase from 22% just ten years ago (US Census, ACS, 2010). This rising number of seniors reflects a statewide trend in which, for the first time in Illinois' history, people aged 60 and older make up 23% of the state's population.

The need for skilled nursing services is particularly acute. According to the Illinois Department on Aging's State Plan (2025-2028), more than one-third of adults over 65 experience physical and mental disabilities, with increasing difficulties in independent living and self-care. As a rural community with a growing elderly population, skilled nursing facilities play a crucial role in meeting this essential demand. While seniors prefer to remain in their homes to receive care, many lack nearby family members or the financial resources to make this feasible.

LEAD also strongly supports this expansion due to its potential to create high-quality employment opportunities in our community. Logan County's July unemployment rate of 4.7% remains 0.5% above the national average, underscoring the importance of job creation (IDES, July 2025). According to the Center on Rural Innovation's Economic Development Dashboard (2024), Health and Human Services represents the fourth-largest employment sector in Logan County, and we have a strong, growing industry of healthcare professionals positioned to staff this facility.

The expansion creates an excellent opportunity for workforce development through existing partnerships. Heartland Community College in Normal offers an 8-week CNA program, and the Executive Director of Arcadia Estates has already met with the Director at Heartland Lincoln Center to discuss strategies for building a strong educational partnership. This collaboration will create a pipeline of trained healthcare workers while providing residents with accessible career pathways in the growing healthcare sector.

LEAD
LINCOLN ECONOMIC ADVANCEMENT & DEVELOPMENT

Arcadia Estates at Lincoln has demonstrated its commitment to being a responsible community partner. This expansion represents an opportunity to strengthen community relationships through:

- Healthcare System Integration: The SNF will complement existing medical services in Lincoln, creating continuity of care for residents transitioning from hospital to long-term care settings
- Family Support Services: By providing local skilled nursing options, the facility will allow families to remain close to their loved ones, reducing the emotional and financial burden of seeking care in distant communities
- Community Engagement: Skilled nursing facilities often become hubs for intergenerational programming, educational partnerships, and community health initiatives that benefit the broader population
- Local Business Partnerships: The facility will create opportunities for relationships with local pharmacies, medical suppliers, food service providers, and other businesses, strengthening our local economic ecosystem

LEAD believes this expansion addresses a critical and growing community need while providing substantial economic benefits to Logan County. Arcadia Estates at Lincoln has positioned itself as a committed community partner, and its proactive approach to workforce development partnerships demonstrates its long-term investment in our community's success.

We respectfully request that you consider this application favorably. LEAD stands ready to provide any additional information that may support your review process and looks forward to the positive impact this facility will have on our community.

Sincerely,

Andrea Runge

Andrea Runge
CEO
Lincoln Economic Advancement & Development
217-871-1439
arunge@thriveinlincoln.org

Section IV, Service Specific Review Criteria
Criterion 1125.620, Project Size

The Applicants propose to establish an 82 bed skilled nursing facility. Pursuant to Section 1125, Appendix A of the State Board's rules, the State standard is 350 - 570 gross square feet per skilled nursing bed for a total of 28,700 – 46,740 gross square feet for 82 skilled nursing beds. The total gross square footage of the clinical space of the Arc at Lincoln is 41,624 gross square feet (or 508 GSF per bed). Accordingly, the planned Arc at Lincoln meets State standard per bed.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
Skilled Nursing	41,624	47,250 – 76,380	-	Meets the State Standard

Section IV, Service Specific Review Criteria
Criterion 1125.630, Zoning

The site of the planned Arc at Lincoln is zoned as R-2, which permits skilled nursing facilities as R-2 conditional use. A copy of the City of Lincoln zoning map is attached at Attachment – 23.

ZONING MAP
CITY OF LINCOLN
December 31, 2017

Courtesy of Logan County G-S Committee and Logan County Highway Department

Section IV, Service Specific Review Criteria
Criterion 1125.640, Assurances

Attached at Attachment – 24 is a letter from Dovid Seitler, Manager, Arc at Lincoln, certifying the skilled nursing facility will achieve target utilization by the second year after project completion.

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

Re: Assurances

Dear Chair Savage:

Pursuant to 77 Ill. Admin Code §1125.640, I hereby certify that by the second year of operation after project completion, the annual utilization of operating rooms will meet or exceed the utilization standard specified in 77 Ill. Admin. Code §1100.

Sincerely,

Dovid Seitler
Manager
Arc at Lincoln, LLC

Subscribed and sworn to me
This 22 day of September, 2025

Notary Public

OFFICIAL SEAL
ADRIANA ALVAREZ
Notary Public, State of Illinois
Commission No. 851164
My Commission Expires
May 09, 2029

Section V, Financial and Economic Feasibility
Criterion 1125.800(c)(5), Availability of Funds

The project will be funded entirely with cash and cash equivalents. A statement from Raymond James demonstrating sufficient financial resources available to fund the Project will be submitted under separate cover, subject to privilege and non-disclosure.

Section V, Financial and Economic Feasibility
Criterion 1125.800(c)(7) Financial Viability

Arc at Lincoln, LLC is a newly formed entity and does not have audited financial statements. The proforma financial statements for the second year after project completion are attached at Attachment – 29.

Attachment – 28

Arcadia Lincoln SNF - 24 Month Projections

24 Month Projections

	Month Ending Month 12	Month Ending Month 24
	Projection	Projection
EBITDAR		
Net Resident Income		
Gross Resident Income	544,713	628,821
Nursing Home Fee	27,236	31,441
Ancillary Expenses	42,155	48,665
Total Net Resident Income	475,322	548,715
Operating Expenses		
Nursing Expenses	215,000	215,000
Housekeeping Expenses	10,500	10,500
Plant Expenses	13,000	13,000
Dietary Expenses	42,488	49,048
Employee Welfare Expenses	30,100	30,100
Laundry and Linen Expenses	5,000	5,000
Total Operating Expenses	316,088	322,648
Income Before General and Administrative Expenses	159,234	226,067
General and Administrative Expenses	55,000	55,012
Total Income Before Capital Expenses	104,234	171,055
Rent	30,000	30,000
Real Estate Tax - CY	2,500	2,500
Interest	800	800
Depreciation	990	990
Total Capital Expenses	34,290	34,290
Total Income Before Management Fees	69,944	136,765
Management Fees	27,236	31,441
Total Income Before Other Income	42,709	105,324
Other Income / Expenses		
Flu Vaccinations	0	0
Covid Vaccinations	0	0
Medical Records Income	0	0
Early Payment Discounts	20	20
QIP Revenue (Illinois)	2,299	2,299
C.N.A. Incentive Payments	9,356	9,356
Total Other Income / Expenses	11,675	11,675
Total Income Before Taxes	54,384	116,999
Net Income	54,384	116,999
EBITDAR Addback	31,790	31,790
EBITDAR	86,174	148,789

Arc at Lincoln
Financial Viability Ratios

	Standard	Year 2
Current Ratio		
Current Assets		$2,000,000
Current Liabilities		$1,700,000
Current Ratio	**> 1.5**	**1.18**
Net Margin Percentage		
Net Income		$ 1,059,606
Net Operating Revenues		$ 6,180,921
Net Margin Percentage	**> 2.5%**	**17.1%**
Long-Term Debt to Capitalization		
Long-Term Debt		$0
Equity		$200,000
Long-Term Debt to Capitalization	**< 80%**	**0%**
Projected Debt Service Coverage		
Net Income		$ 1,059,606
Depreciation/Amortization		11,880
Interest Expense		9,600
Interest Expense and Principal Payments		9,600
Projected Debt Service Coverage	**> 1.50**	**112.61**
Days Cash on Hand		
Cash		$ 314,286
Investments		$0
Board Designated Funds		$0
Operating Expense		$ 3,835,694
Depreciation		11,880
Days Cash on Hand	**> 45 Days**	**30**
Cushion Ratio		
Cash		$ 314,286
Investments		$0
Board Designated Funds		$0
Interest Expense and Principal Payments		9,600
Cushion Ratio	**> 3.0**	**33**

Section V, Financial and Economic Feasibility
Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 30A is the letter from Dovid Seitler, Manager, Arc at Lincoln attesting the Project will be funded with cash and cash equivalents.

Attachment – 30A

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

Re: Reasonableness of Financing Arrangements

Dear Chair Savage:

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

Sincerely,

Dovid Seitler
Manager
Arc at Lincoln, LLC

Subscribed and sworn to me
This 22 day of September, 2025

Notary Public

OFFICIAL SEAL
ADRIANA ALVAREZ
Notary Public, State of Illinois
Commission No. 851164
My Commission Expires
May 09, 2029

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

The Project will be funded entirely with cash and cash equivalents. Accordingly, this criterion is not applicable.

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

1. The Project does not include new construction or modernization. Accordingly, this criterion is not applicable.

2. As shown in Table 1120.140(c) below, the project costs are below the State Standard.

Table 1120.140(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
Consulting and Other Fees	$50,000	No State Standard	No State Standard
Moveable Equipment	$450,000	$6,491 per Bed = $6,491 x 134 Beds = $869,794	Below State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(d), Projected Operating Costs

Operating Expenses: $3,835,694

Resident Days: 22,644

Operating Expense per Resident Day: $169.39

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(e), Total Effect of Project on Capital Costs

Capital Costs:

Resident Days: 22,644

Capital Costs per Resident Day:

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			
Computer Software Fees – Licensing	$50,000		$50,000
Movable or Other Equipment (not in construction contracts)			
Fixed Medical	$100,000		$100,000
Furniture/Fixtures/Equipment	$200,000		$200,000
Information Technology	$150,000		$150,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$500,000**		**$500,000**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$500,000		$500,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$500,000**		**$500,000**

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	37 – 41
2	Site Ownership	42 – 52
3	Operating Identity/Licensee	53 – 54
4	Organizational Relationships	55 – 56
5	Flood Plain Requirements	57 – 58
6	Historic Preservation Act Requirements	59 – 60
	General Information Requirements	
10	Purpose of the Project	61 – 64
11	Alternatives to the Project	65 – 67
	Service Specific - General Long-Term Care	
12	Background of the Applicant	68 – 103
13	Planning Area Need	104 – 119
14	Establishment of General LTC Service or Facility	120
15	Expansion of General LTC Service or Facility	
16	Variances	
17	Accessibility	121
18	Unnecessary Duplication/Maldistribution	122 – 124
19	Staffing Availability	125 – 126
20	Bed Capacity	127
21	Community Relations	128 – 132
22	Project Size	133
23	Zoning	134 – 135
24	Assurances	136 – 137
25	Modernization	
	Service Specific - Specialized Long-Term Care	
26	Specialized Long-Term Care – Review Criteria	
	Financial and Economic Feasibility:	
27	Availability of Funds	138
28	Financial Waiver	
29	Financial Viability	139 – 141
30	Economic Feasibility	142 – 147
	APPENDICES	
A	Project Costs and Sources of Funds	148
B	Related Project Costs	
C	Project Status and Completion Schedule	
D	Cost/Space Requirements	
E	**Flood Plain Information**	35-36